

Reynolds Memorial Hospital

Community Health Needs Assessment

Prepared for: Reynolds Memorial Hospital, Glen Dale, WV

Prepared by: West Virginia University Health Affairs Institute

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Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition
ACA	Affordable Care Act
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
Health Affairs	West Virginia University Health Affairs Institute
PCP	Primary Care Physician
RMH	Reynolds Memorial Hospital
SUD	Substance Use Disorder
WVU	West Virginia University
WVUHS	West Virginia University Hospital System

1 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 a Community Health Improvement Plan (CHIP) 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 2024 Reynolds Memorial Hospital (RMH) CHNA identifies the following prioritized needs

- Substance Use, Abuse, and Mental Health
- Cancer
- Diabetes, Obesity, and Nutrition

This document serves as a roadmap for the CHIP, which will be developed following the completion of the 2024 CHNA and will specify planned actions to be taken by RMH and community partners, available resources, anticipated steps, and a plan for evaluating these activities. To facilitate this goal, RMH partnered with West Virginia University's Health Affairs Institute to complete this CHNA using a robust community-based process designed to engage a broad representation of community members. A CHNA leadership team including hospital and community representation was convened by RMH to inform and guide the process.

1.1 About Reynolds Memorial Hospital

Reynolds Memorial Hospital has been providing quality care in Glen Dale for more than 100 years. The hospital began as God's Providence Home, an old farmhouse converted to an infirmary by B.M. Spurr, Archdeacon of the WV Episcopal Diocese. In 1899, Archdeacon Spurr founded the hospital through funding provided by Emily Van Buren Reynolds, daughter of U.S. President Martin Van Buren, in memory of her husband and sons. The current facility was constructed in 1963. On October 1, 2016, RMH became a WVU Medicine hospital. Since joining the WVU Medicine organization, Reynolds has continued to make capital investments behind the scenes, update and add additional services, and bring in new specialists. The mission of RMH is to provide quality care to patients and the community at a reasonable cost. In coordination with WVU Medicine, RMH provides the Ohio Valley with advanced care when people are sick and connects them with resources and access to preventive care to keep them healthy. RMH is governed by a 13-member volunteer board of directors and is licensed for 90 beds, including a 20-bed Skilled Nursing Unit.

1.2 Previous CHNA Findings

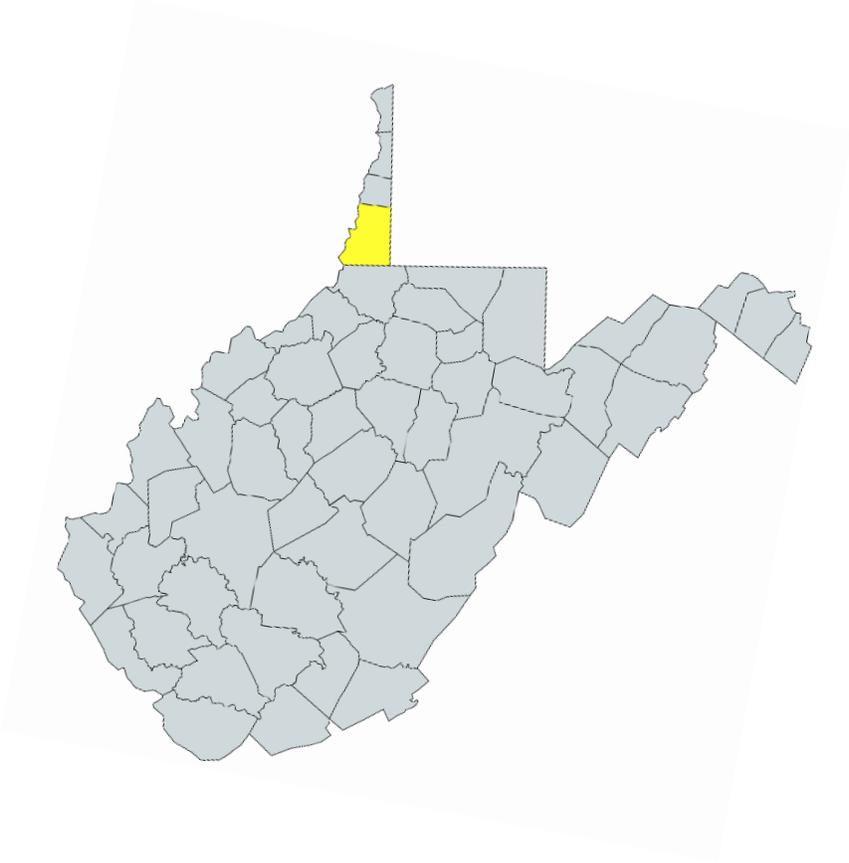
The most recent CHNA was adopted in 2021. It included a review of secondary data to assess socioeconomic characteristics, as well as key risk factors facing the community. Further resident input was gathered at a focus group of community partners and stakeholders. The final report identified five main health priorities, with goals and strategies for each:

- Substance Use/Abuse and Mental Health
- Obesity, Chronic Disease, and Nutrition
- Cancer

1.3 Definition of the Community Served

For the 2024 process, the CHNA leadership team defined the community served as Marshall County in West Virginia .

Figure 1: Service Area



The following table contains information from the US Census Bureau and shows the most current Quickfacts1 (Appendix A) for Marshall County in RMH's service area. It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Table 1: Select US Census Data - Marshall County

Demographic	Marshall County
Population	29,405
Residents under 18	18.7%
Non-white or 1+ race	3.3%
Hispanic or Latino	1.2%
High school education or more*	92.4%
Bachelor's degree or more*	19.0%
Under 65 yrs. and no health insurance	6.3%
Persons living in poverty	17.6%

¹ <https://www.census.gov/quickfacts/fact/table/US/PST045219>

2 Methodology and Community Input Process

The CHNA process began with a thorough review of the previous cycle's needs assessment priorities and included review of publicly available secondary data related to counties within

RMH's service area. These data included the above US Census data and County Health Rankings Data (Appendix B). Using these reports as a springboard, the leadership team started the initial discussion around health needs, changes in each hospital community's demographics over the previous few years, and lessons learned from the last CHNA cycle's health topic prioritization and development of implementation activities. Primary data collection was comprised of surveying community members to gather perceptions of health issues, quality of life, and other related topics. Survey data was analyzed and presented back to the leadership team and community partners. This presentation was focused on reviewing the survey data, discussing community assets that may help inform community benefit planning for RMHs CHNA process, as well as discussing the needs of those not well-represented in the survey data.

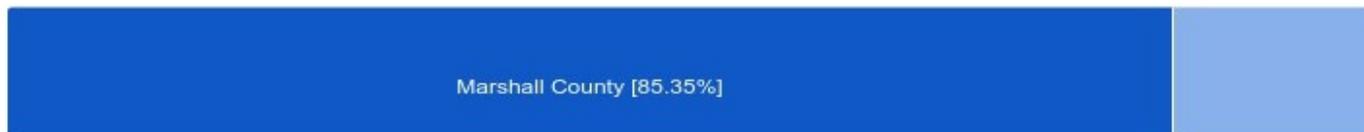
2.1 Primary Methods of Collecting and Analyzing Information

Two primary sources of data were utilized to inform the CHNA: (1) a public input survey and (2) a data presentation to leadership and community partners. The public input survey (Appendix C) was developed by Health Affairs with the RMH team. Survey topics included questions about specific health issues, thoughts on overall health of the community, quality of life, access to care, medical needs, demographic information, and more.

To gather public feedback, data was collected anonymously in October and November of 2024. They survey was disseminated via a web-based platform called Qualtrics, with most responses coming from Marshall County (Figure 2). Collection efforts included dissemination via social media, employers, local agencies, and information channels, and with assistance from hospital partners and civic organizations. They survey was not intended to be a representative, scientific sample of residents of Marshall County, but rather a mechanism to solicit the community's perception of health needs. A total of 201 surveys were completed by community members

from the area. Noteworthy limitations included disproportionately low representation from males, from the lower income population of this area, and from non-white community members.

Figure 2 - Response by County



At the conclusion of data collection, analysis was conducted by the Health Affairs team. Results were presented back to the leadership team in aggregate (Appendix D), and broken down by income, age, and other demographics to ensure there was no significant variation in responses among groups (Appendix E). The team discussed the data alongside known health issues in the community, experiences in their own clinical and other professional settings, resources already in place to address some of the top issues, and initial thoughts about further addressing the most prevalent community concerns.

Additional information was collected through feedback at a virtual data presentation hosted on November 13th, 2024. This session, with stakeholder representation from invested community partners, solicited input about community health needs and sought to identify groups and organizations already providing essential services. Survey results were presented to this group and strategies for improving health outcomes in the top areas were discussed. More details on the makeup of this session are found below. Community input from the event was compiled and will be used for reference at the community benefit planning stage.

2.2 Leadership Team and Community Partners

The following organizations were represented on RMH’s CHNA leadership team and provided detailed 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 attendees to the community meeting, and were charged as a group with collaborative discussion of primary and secondary data to determine health priorities.

Leadership Team

- WVU Medicine Reynolds Memorial Hospital
- United Way
- Marshall County Health Department
- Wheeling Health Right
- Wheeling YWCA
- Marshall County Schools

These organizations were integral to data collection efforts and were represented at the community meeting in November. Those in attendance were asked to speak to the experiences of the populations whom they serve or represent and to discuss the accuracy of the survey data in relation to their professional and personal experiences as community members. Additionally, the group worked to compile a list of existing resources, programs, and policies, as well as fresh ideas or potential partnerships for addressing each area of concern.

3 Community Health Needs Prioritization

Following the community meeting, the leadership team met to review all input together and identify priority areas to address through implementation strategies. Leadership reviewed closely the top concerns raised across all categories including health and disease, quality of life, environment, risky behaviors, and personal choice (see tables 2-4 below).

Table 2: Community Health Perceptions Survey - Health and Disease

Top Five Health and Disease Concerns	
Drug and alcohol use	72%
Mental health problems	53%
Cancers	40%
Obesity	34%
Aging problems	19%

Table 3: Community Health Perceptions Survey - Quality of Life and Environment

Top Five Quality of Life and Environmental Concerns	
Cost of health care and medications	65%
Lack of health insurance or limited health coverage	33%
Poverty	31%
Limited organized activities for children and teens	30%
Limited affordable/quality housing	26%

Table 4: Community Health Perceptions Survey - Risky Behaviors

Top Five Risky Behaviors and Personal Choices	
Drug use	70%
Child abuse and neglect	46%
Excessive alcohol use	37%
Impaired driving (drugs/alcohol)	25%
Lack of exercise	22%

Health issues were largely consistent when comparing datasets across demographics. For example, when asked to pick the three most important problems related to health and disease in their county both men and women listed drug and/or alcohol use, mental health problems, obesity, and cancer in their overall top concerns. Drug and alcohol abuse, mental health problems, and obesity were the top concern of both white and non-white respondents. Across income levels, and in households with and without children, drug and alcohol abuse and mental health were consistently the top health concern. Cancer and aging problems also appear throughout the top spots for these demographic groups. Even when accounting for age, we do not see a big difference in the “top” health topics. Respondents aged 65 or older tended to name drug and/or alcohol use, aging problems, cancer, and obesity as their top concerns. Those younger than age 65 tended to be concerned about drug and/or alcohol use, mental health problems, obesity, and cancer.

Similarly, when respondents were asked to pick the three most important problems related to quality of life and environment in their county, these also shared a common theme. Cost of health care and medications, lack of health insurance or limited coverage, poverty, and lack of job opportunities were all issues that appeared among top concerns. Limited access to transportation and care was also an important public concern to note.

When asked to pick the top three topics related to risky behaviors in their county, the respondents picked topics tied in directly with all the above. Drug use, excessive alcohol use, lack of exercise, child abuse and neglect, and impaired driving were issues that appeared at the top of all datasets. When asked in an open-ended question for suggestions to address these issues, those who took the survey frequently answered with ideas that fell into the following categories:

- Community Involvement and Recreation – activities and spaces for all ages; safe places for exercise and social connection
- Things to address cost of health care and cost of living
- Access to care – PCP and specialists
- Nutrition – healthier restaurant and grocery options, food assistance, programs/classes
- Education – public education systems, community education

3.1 Prioritization Process

The existing secondary data, new survey data, data presentation input, and lessons learned from the last CHNA cycle all factored into RMH leadership’s prioritization decisions. The group considered the degree to which the hospital can affect health outcomes for each topic, projects, or programs already underway for each, as well as level of importance placed on each by the community relative to the reach of the hospital’s impact. Leadership paid particular attention to the demographics of respondents compared to the community (Appendix F), and to new feedback gathered about access to health care and substance use treatment feedback (Appendix G). Within this discussion of where and how the hospital can realistically affect community wellbeing and health outcomes, what they could accomplish in collaboration with new and existing partners, and what topics to monitor and revisit later, the list of top health

concerns was organized into four areas that will be the focus moving forward with implementation planning.

Substance Use, Abuse, and Mental Health

The hospital leadership team has prioritized these topics in the past and will do so again this cycle, acknowledging ongoing and changing issues in these topic areas. Over the past cycle, availability of service and awareness of community needs in this area has changed, and RMH has continued to be involved in these efforts for all ages. RMH and community partners are aware of how these two topics can sometimes intersect, opportunity to meet needs there, and they have a lot of knowledge and experience with service delivery related to these issues. Within community benefit strategies to address SUD and mental health, RMH will work to ensure that access to care also receive attention within this topic.

Cancer

As a clinical hub of the Mid-Ohio Valley region, RMH is well-aware of ongoing community concerns related to cancer prevention, treatment, and access to services. They will continue ongoing community benefit activities related to these topics and connecting residents with services, education, and information to meet their needs and improve their access to and awareness of these services.

Diabetes, Obesity, and Nutrition

RMH leadership sees these health topics as very intertwined within their community. The team will continue to prioritize development of community benefit strategies to improve health in these areas, including broadly through access to care and initiatives that lend to community connection beyond the clinical realm.

3.2 Potential Resources

The following table documents ideas for implementation strategy development, as well as organizations identified during the community meeting whose missions are aimed at addressing top health concerns. These organizations could potentially aid in addressing health concerns identified in this CHNA.

Table 5: Potential Community Resources

Potential Community Resources
Breakthrough - Substance Abuse Program
Inpatient/Outpatient behavioral health services
Cancer Center
Diabetes Educator
School-based mental health transportation
Cancer supports through Good Samaritan fund

Free cancer screenings

SUD Prevention

Harm Reduction

Health Department screening programs

Reduced cost bloodwork

4 Conclusion

Each of the top priorities identified in the 2024 CHNA are consistent with concerns raised in 2021. The 2024 CHNA identified five priorities to guide Reynolds Memorial Hospital's efforts to improve the health of community members:

- Substance Use, Abuse, and Mental Health
- Cancer
- Diabetes, Obesity, and Nutrition

Hospital leadership will work to address access to care through each of the above health topics. Their discussion of implementation planning steps is already underway, as is consideration of new program opportunities with the Health Affairs team and with their external community partners. The Health Affairs Team will work with the hospital to develop their Community Health Implementation Plan (CHIP), which will serve as their roadmap for continuing or building community benefit strategies.

5 Appendices

Appendix A - US Census Quickfacts Data

Appendix B - County Health Rankings and Roadmaps Data

Appendix C - Community Health Perceptions Survey

Appendix D - Aggregate Survey Data

Appendix E - Top Health and Disease Demographic Breakdowns

Appendix F - Respondent Demographics vs. Community Demographics

Appendix G - Access to Care

QuickFacts

Marshall County, West Virginia; Ohio County, West Virginia; Tyler County, West Virginia; Wetzel County, West Virginia; West Virginia

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

All Topics 	Marshall County, West Virginia	Ohio County, West Virginia	Tyler County, West Virginia	Wetzel County, West Virginia	West Virginia
Population estimates, July 1, 2023, (V2023)	△ 29,405	△ 41,194	△ 7,919	△ 13,890	△ 1,770,07
PEOPLE					
Population					
Population estimates, July 1, 2023, (V2023)	△ 29,405	△ 41,194	△ 7,919	△ 13,890	△ 1,770,07
Population estimates base, April 1, 2020, (V2023)	△ 30,583	△ 42,440	△ 8,304	△ 14,453	△ 1,793,71
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	△ -3.9%	△ -2.9%	△ -4.6%	△ -3.9%	△ -1.3%
Population, Census, April 1, 2020	30,591	42,425	8,313	14,442	1,793,71
Population, Census, April 1, 2010	33,107	44,443	9,208	16,583	1,852,99
Age and Sex					
Persons under 5 years, percent	△ 4.5%	△ 4.8%	△ 4.6%	△ 5.7%	△ 4.9%
Persons under 18 years, percent	△ 18.7%	△ 19.5%	△ 19.4%	△ 21.0%	△ 19.9%
Persons 65 years and over, percent	△ 24.4%	△ 23.2%	△ 25.2%	△ 23.2%	△ 21.5%
Female persons, percent	△ 49.3%	△ 51.1%	△ 50.4%	△ 50.2%	△ 50.1%
Race and Hispanic Origin					
White alone, percent	△ 96.7%	△ 92.5%	△ 97.0%	△ 97.4%	△ 92.8%
Black or African American alone, percent (a)	△ 1.1%	△ 3.8%	△ 0.6%	△ 0.6%	△ 3.8%
American Indian and Alaska Native alone, percent (a)	△ 0.3%	△ 0.3%	△ 0.4%	△ 0.2%	△ 0.3%
Asian alone, percent (a)	△ 0.6%	△ 0.8%	△ 0.8%	△ 0.4%	△ 0.9%
Native Hawaiian and Other Pacific Islander alone, percent (a)	△ Z	△ Z	△ Z	△ 0.0%	△
Two or More Races, percent	△ 1.3%	△ 2.6%	△ 1.2%	△ 1.3%	△ 2.1%
Hispanic or Latino, percent (b)	△ 1.2%	△ 1.7%	△ 1.0%	△ 1.5%	△ 2.2%
White alone, not Hispanic or Latino, percent	△ 95.6%	△ 91.2%	△ 96.2%	△ 96.0%	△ 90.9%
Population Characteristics					
Veterans, 2018-2022	1,940	2,631	544	804	114,89
Foreign born persons, percent, 2018-2022	0.7%	2.0%	0.3%	0.3%	1.6%
Housing					
Housing Units, July 1, 2023, (V2023)	14,671	21,128	4,114	7,294	863,74
Owner-occupied housing unit rate, 2018-2022	79.6%	68.4%	88.7%	80.7%	74.2%
Median value of owner-occupied housing units, 2018-2022	\$130,500	\$153,000	\$109,800	\$106,100	\$145,80
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,072	\$1,143	\$972	\$979	\$1,18
Median selected monthly owner costs -without a mortgage, 2018-2022	\$383	\$436	\$344	\$353	\$37
Median gross rent, 2018-2022	\$788	\$773	\$642	\$701	\$83
Building Permits, 2023	6	3	0	1	4,01
Families & Living Arrangements					
Households, 2018-2022	12,055	17,487	2,948	5,861	716,04
Persons per household, 2018-2022	2.47	2.28	2.80	2.43	2.4
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	89.7%	88.4%	93.7%	92.6%	88.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	1.8%	2.9%	1.2%	0.5%	2.5%
Computer and Internet Use					
Households with a computer, percent, 2018-2022	86.1%	86.9%	89.6%	84.4%	88.8%
Households with a broadband Internet subscription, percent, 2018-2022	81.6%	83.5%	81.8%	76.7%	82.7%
Education					
High school graduate or higher, percent of persons age 25 years+, 2018-2022	92.4%	93.0%	90.9%	90.0%	88.4%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	19.0%	33.2%	16.4%	13.4%	22.7%
Health					
With a disability, under age 65 years, percent, 2018-2022	13.7%	9.9%	17.0%	14.5%	13.8%
Persons without health insurance, under age 65 years, percent	△ 6.3%	△ 6.6%	△ 5.6%	△ 6.3%	△ 7.5%

Appendix A - US Census Quickfacts

Economy						
In civilian labor force, total, percent of population age 16 years+, 2018-2022	53.6%	56.7%	45.6%	46.1%	53.1%	
In civilian labor force, female, percent of population age 16 years+, 2018-2022	48.1%	51.4%	42.6%	38.3%	49.3%	
Total accommodation and food services sales, 2017 (\$1,000) (c)	34,646	259,104	2,656	D	4,069,14	
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	98,084	822,115	24,806	59,393	15,236,90	
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	38,924	29,633	D	98,280	3,068,78	
Total retail sales, 2017 (\$1,000) (c)	354,885	876,950	44,681	223,123	23,057,77	
Total retail sales per capita, 2017 (c)	\$11,353	\$20,846	\$5,076	\$14,447	\$12,67	
Transportation						
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	25.2	21.1	33.1	28.5	26.	
Income & Poverty						
Median household income (in 2022 dollars), 2018-2022	\$58,129	\$55,521	\$59,167	\$50,715	\$55,21	
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$33,673	\$36,191	\$29,891	\$27,174	\$31,46	
Persons in poverty, percent	△ 17.6%	△ 14.8%	△ 15.3%	△ 20.8%	△ 16.7%	

 **BUSINESSES**

Businesses						
Total employer establishments, 2022	488	1,296	114	304	35,53	
Total employment, 2022	9,539	23,952	1,258	4,058	540,46	
Total annual payroll, 2022 (\$1,000)	506,712	1,188,414	76,355	196,458	26,501,43	
Total employment, percent change, 2021-2022	6.9%	1.6%	1.3%	2.9%	4.1%	
Total nonemployer establishments, 2021	1,175	2,562	351	517	91,01	
All employer firms, Reference year 2017	292	1,013	103	212	24,43	
Men-owned employer firms, Reference year 2017	145	522	S	131	14,79	
Women-owned employer firms, Reference year 2017	S	119	S	S	3,72	
Minority-owned employer firms, Reference year 2017	S	34	S	S	1,11	
Nonminority-owned employer firms, Reference year 2017	197	717	S	157	20,38	
Veteran-owned employer firms, Reference year 2017	S	52	S	S	1,87	
Nonveteran-owned employer firms, Reference year 2017	204	667	S	143	19,02	

 **GEOGRAPHY**

Geography						
Population per square mile, 2020	100.2	400.9	32.4	40.3	74.	
Population per square mile, 2010	108.4	420.0	35.9	46.3	77.	
Land area in square miles, 2020	305.43	105.83	256.30	358.07	24,041.1	
Land area in square miles, 2010	305.43	105.82	256.29	358.06	24,038.2	
FIPS Code	54051	54069	54095	54103	5	

Value Notes

 Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

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  icon to the left of each row in TAB learn about sampling error.

The vintage year (e.g., V2023) refers to the final year of the series (2020 thru 2023). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2022 5-year ACS Comparison Guidance](#) page.

Fact Notes

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

Value Flags

- D** Suppressed to avoid disclosure of confidential information
- F** Fewer than 25 firms
- FN** Footnote on this item in place of data
- NA** Not available
- S** Suppressed; does not meet publication standards
- X** Not applicable
- Z** Value greater than zero but less than half unit of measure shown

- N** Data for this geographic area cannot be displayed because the number of sample cases is too small.
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 interval of an open end

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 and Poverty Estimates, State Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Operations, Building Permits.

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Measuring America's People, Places, and Economy

QuickFacts

Marshall County, West Virginia; Ohio County, West Virginia; Tyler County, West Virginia; Wetzel County, West Virginia; Belmont County, Ohio; West Virginia

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

All Topics 	Marshall County, West Virginia	Ohio County, West Virginia	Tyler County, West Virginia	Wetzel County, West Virginia	Belmont County, Ohio	West Vi
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PEOPLE						
Population						
Population estimates, July 1, 2023, (V2023)	△ 29,405	△ 41,194	△ 7,919	△ 13,890	△ 64,918	
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Persons under 18 years, percent	△ 18.7%	△ 19.5%	△ 19.4%	△ 21.0%	△ 18.6%	
Persons 65 years and over, percent	△ 24.4%	△ 23.2%	△ 25.2%	△ 23.2%	△ 22.6%	
Female persons, percent	△ 49.3%	△ 51.1%	△ 50.4%	△ 50.2%	△ 48.2%	
Race and Hispanic Origin						
White alone, percent	△ 96.7%	△ 92.5%	△ 97.0%	△ 97.4%	△ 92.6%	
Black or African American alone, percent (a)	△ 1.1%	△ 3.8%	△ 0.6%	△ 0.6%	△ 4.6%	
American Indian and Alaska Native alone, percent (a)	△ 0.3%	△ 0.3%	△ 0.4%	△ 0.2%	△ 0.3%	
Asian alone, percent (a)	△ 0.6%	△ 0.8%	△ 0.8%	△ 0.4%	△ 0.5%	
Native Hawaiian and Other Pacific Islander alone, percent (a)	△ Z	△ Z	△ Z	△ 0.0%	△ Z	
Two or More Races, percent	△ 1.3%	△ 2.6%	△ 1.2%	△ 1.3%	△ 2.0%	
Hispanic or Latino, percent (b)	△ 1.2%	△ 1.7%	△ 1.0%	△ 1.5%	△ 1.4%	
White alone, not Hispanic or Latino, percent	△ 95.6%	△ 91.2%	△ 96.2%	△ 96.0%	△ 91.5%	
Population Characteristics						
Veterans, 2018-2022	1,940	2,631	544	804	3,885	
Foreign born persons, percent, 2018-2022	0.7%	2.0%	0.3%	0.3%	1.1%	
Housing						
Housing Units, July 1, 2023, (V2023)	14,671	21,128	4,114	7,294	31,512	
Owner-occupied housing unit rate, 2018-2022	79.6%	68.4%	88.7%	80.7%	74.5%	
Median value of owner-occupied housing units, 2018-2022	\$130,500	\$153,000	\$109,800	\$106,100	\$130,200	
Median selected monthly owner costs -with a mortgage, 2018-2022	\$1,072	\$1,143	\$972	\$979	\$1,124	
Median selected monthly owner costs -without a mortgage, 2018-2022	\$383	\$436	\$344	\$353	\$446	
Median gross rent, 2018-2022	\$788	\$773	\$642	\$701	\$754	
Building Permits, 2023	6	3	0	1	2	
Families & Living Arrangements						
Households, 2018-2022	12,055	17,487	2,948	5,861	25,974	
Persons per household, 2018-2022	2.47	2.28	2.80	2.43	2.42	
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	89.7%	88.4%	93.7%	92.6%	92.3%	
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	1.8%	2.9%	1.2%	0.5%	1.5%	
Computer and Internet Use						
Households with a computer, percent, 2018-2022	86.1%	86.9%	89.6%	84.4%	84.9%	
Households with a broadband Internet subscription, percent, 2018-2022	81.6%	83.5%	81.8%	76.7%	81.7%	
Education						
High school graduate or higher, percent of persons age 25 years+, 2018-2022	92.4%	93.0%	90.9%	90.0%	91.5%	
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	19.0%	33.2%	16.4%	13.4%	17.4%	
Health						
With a disability, under age 65 years, percent, 2018-2022	13.7%	9.9%	17.0%	14.5%	11.4%	
Persons without health insurance, under age 65 years, percent	△ 6.3%	△ 6.6%	△ 5.6%	△ 6.3%	△ 7.3%	

Appendix A - US Census Quickfacts

Economy						
In civilian labor force, total, percent of population age 16 years+, 2018-2022	53.6%	56.7%	45.6%	46.1%	54.3%	
In civilian labor force, female, percent of population age 16 years+, 2018-2022	48.1%	51.4%	42.6%	38.3%	50.2%	
Total accommodation and food services sales, 2017 (\$1,000) (c)	34,646	259,104	2,656	D	131,050	
Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	98,084	822,115	24,806	59,393	328,044	
Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	38,924	29,633	D	98,280	139,981	
Total retail sales, 2017 (\$1,000) (c)	354,885	876,950	44,681	223,123	1,125,963	
Total retail sales per capita, 2017 (c)	\$11,353	\$20,846	\$5,076	\$14,447	\$16,540	
Transportation						
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	25.2	21.1	33.1	28.5	26.0	
Income & Poverty						
Median household income (in 2022 dollars), 2018-2022	\$58,129	\$55,521	\$59,167	\$50,715	\$56,943	
Per capita income in past 12 months (in 2022 dollars), 2018-2022	\$33,673	\$36,191	\$29,891	\$27,174	\$30,563	
Persons in poverty, percent	△ 17.6%	△ 14.8%	△ 15.3%	△ 20.8%	△ 17.2%	

 **BUSINESSES**

Businesses						
Total employer establishments, 2022	488	1,296	114	304	1,374	
Total employment, 2022	9,539	23,952	1,258	4,058	17,878	
Total annual payroll, 2022 (\$1,000)	506,712	1,188,414	76,355	196,458	817,840	
Total employment, percent change, 2021-2022	6.9%	1.6%	1.3%	2.9%	2.2%	
Total nonemployer establishments, 2021	1,175	2,562	351	517	3,157	
All employer firms, Reference year 2017	292	1,013	103	212	1,081	
Men-owned employer firms, Reference year 2017	145	522	S	131	613	
Women-owned employer firms, Reference year 2017	S	119	S	S	S	
Minority-owned employer firms, Reference year 2017	S	34	S	S	S	
Nonminority-owned employer firms, Reference year 2017	197	717	S	157	827	
Veteran-owned employer firms, Reference year 2017	S	52	S	S	S	
Nonveteran-owned employer firms, Reference year 2017	204	667	S	143	803	

 **GEOGRAPHY**

Geography						
Population per square mile, 2020	100.2	400.9	32.4	40.3	125.0	
Population per square mile, 2010	108.4	420.0	35.9	46.3	132.3	
Land area in square miles, 2020	305.43	105.83	256.30	358.07	532.13	
Land area in square miles, 2010	305.43	105.82	256.29	358.06	532.13	
FIPS Code	54051	54069	54095	54103	39013	

Value Notes

 Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

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  icon to the left of each row in TAB learn about sampling error.

The vintage year (e.g., V2023) refers to the final year of the series (2020 thru 2023). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2022 5-year ACS Comparison Guidance](#) page.

Fact Notes

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

Value Flags

- D** Suppressed to avoid disclosure of confidential information
- F** Fewer than 25 firms
- FN** Footnote on this item in place of data
- NA** Not available
- S** Suppressed; does not meet publication standards
- X** Not applicable
- Z** Value greater than zero but less than half unit of measure shown
- 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 interval of an open-ended data for this geographic area cannot be displayed because the number of sample cases is too small.

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 and Poverty Estimates, State Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

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Measuring America's People, Places, and Economy

Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: ▼

Select Additional

		Marshall, WV	Belmont, OH	-----	-----
		Remove Location <input type="checkbox"/>	Remove Location <input type="checkbox"/>	Add Location <input type="checkbox"/>	Add Location <input type="checkbox"/>
Health Outcomes					
Length of Life		Marshall, WV	Belmont, OH		
Premature Death		10,700	10,000		
Quality of Life		Marshall, WV	Belmont, OH		
Poor or Fair Health		20%	17%		
Poor Physical Health Days		4.7	3.9		
Poor Mental Health Days		6.1	5.3		
Low Birthweight		9%	9%		
Health Factors					
Health Behaviors		Marshall, WV	Belmont, OH		
Adult Smoking		21%	22%		
Adult Obesity		40%	39%		
Food Environment Index		8.1	7.6		
Physical Inactivity		28%	29%		
Access to Exercise Opportunities		48%	57%		
Excessive Drinking		14%	16%		

Appendix B - County Health Rankings and Roadmaps

Alcohol-Impaired Driving Deaths		15%	42%		
Sexually Transmitted Infections		192.6	191.3		
Teen Births		23	22		
Clinical Care		Marshall, WV	Belmont, OH		
Uninsured		6%	8%		
Primary Care Physicians		2,740:1	3,660:1		
Dentists		2,480:1	2,110:1		
Mental Health Providers		3,720:1	400:1		
Preventable Hospital Stays		5,516	3,573		
Mammography Screening		40%	46%		
Flu Vaccinations		45%	42%		
Social & Economic Factors		Marshall, WV	Belmont, OH		
High School Completion		92%	91%		
Some College		60%	55%		
Unemployment		5.0%	5.2%		
Children in Poverty		27%	23%		
Income Inequality		5.6	4.2		
Children in Single-Parent Households		32%	23%		
Social Associations		12.6	13.2		
Injury Deaths		103	91		
Physical Environment		Marshall, WV	Belmont, OH		
Air Pollution - Particulate Matter		9.2	8.7		
Drinking Water Violations		No	No		
Severe Housing Problems		8%	7%		
Driving Alone to Work		83%	87%		
Long Commute - Driving Alone		35%	31%		

Note: Blank values reflect unreliable or missing data.

Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: ▼

To add any additional locations, an existing selection will need to be removed.

		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV
		Remove Location <input type="checkbox"/>			
Health Outcomes					
Length of Life		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
Premature Death		10,700	11,800	11,600	13,200
Quality of Life		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
Poor or Fair Health		20%	18%	19%	21%
Poor Physical Health Days		4.7	4.0	4.5	4.6
Poor Mental Health Days		6.1	5.7	6.1	6.2
Low Birthweight		9%	9%	9%	8%
Health Factors					
Health Behaviors		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
Adult Smoking		21%	19%	21%	23%
Adult Obesity		40%	39%	42%	41%
Food Environment Index		8.1	8.1	8.4	6.5
Physical Inactivity		28%	25%	28%	30%
Access to Exercise Opportunities		48%	90%	68%	59%

Appendix B - County Health Rankings and Roadmaps

Excessive Drinking		14%	14%	13%	12%
Alcohol-Impaired Driving Deaths		15%	37%	33%	38%
Sexually Transmitted Infections		192.6	318.4	134.9	183.5
Teen Births		23	17	36	32
Clinical Care		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
Uninsured		6%	6%	7%	8%
Primary Care Physicians		2,740:1	760:1	4,080:1	2,360:1
Dentists		2,480:1	900:1	8,180:1	1,750:1
Mental Health Providers		3,720:1	270:1	4,090:1	780:1
Preventable Hospital Stays		5,516	3,864	4,696	3,935
Mammography Screening		40%	47%	44%	39%
Flu Vaccinations		45%	48%	44%	41%
Social & Economic Factors		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
High School Completion		92%	93%	91%	90%
Some College		60%	68%	53%	47%
Unemployment		5.0%	4.0%	5.9%	5.6%
Children in Poverty		27%	19%	22%	27%
Income Inequality		5.6	5.8	4.6	4.7
Children in Single-Parent Households		32%	25%	17%	20%
Social Associations		12.6	20.3	15.9	18.3
Injury Deaths		103	128	112	134
Physical Environment		Marshall, WV	Ohio, WV	Tyler, WV	Wetzel, WV 
Air Pollution - Particulate Matter		9.2	8.1	7.9	7.9
Drinking Water Violations		No	Yes	Yes	No
Severe Housing Problems		8%	11%	5%	8%
Driving Alone to Work		83%	81%	85%	82%
Long Commute - Driving Alone		35%	22%	56%	38%

Note: Blank values reflect unreliable or missing data.



Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: 2024

Select Additional

	Marshall, WV	West Virginia	-----	-----
	Remove Location <input type="checkbox"/>	Remove Location <input type="checkbox"/>	Add Location <input type="checkbox"/>	Add Location <input type="checkbox"/>
Health Outcomes				
Length of Life	Marshall, WV	West Virginia		
Life Expectancy	74.3	72.9		
Premature Age-Adjusted Mortality	500	590		
Child Mortality	60	60		
Infant Mortality		7		
Quality of Life	Marshall, WV	West Virginia		
Frequent Physical Distress	14%	14%		
Frequent Mental Distress	20%	21%		
Diabetes Prevalence	12%	13%		
HIV Prevalence	99	143		
Health Factors				
Health Behaviors	Marshall, WV	West Virginia		
Food Insecurity	11%	12%		
Limited Access to Healthy Foods	4%	8%		
Drug Overdose Deaths	40	69		
Insufficient Sleep	37%	41%		

Appendix B - County Health Rankings and Roadmaps

Clinical Care		Marshall, WV	West Virginia		
Uninsured Adults		8%	9%		
Uninsured Children		3%	3%		
Other Primary Care Providers		1,060:1	520:1		
Social & Economic Factors		Marshall, WV	West Virginia		
High School Graduation		98%	91%		
Disconnected Youth			9%		
Reading Scores		3.0	2.9		
Math Scores		2.8	2.8		
School Segregation		0.05	0.16		
School Funding Adequacy		\$7,000	\$1,616		
Gender Pay Gap		0.74	0.76		
Median Household Income		\$51,900	\$54,100		
Living Wage		\$38.48	\$40.20		
Children Eligible for Free or Reduced Price Lunch					
Residential Segregation - Black/White		83	61		
Child Care Cost Burden		29%	29%		
Child Care Centers		4	4		
Homicides			6		
Suicides		27	20		
Firearm Fatalities		16	18		
Motor Vehicle Crash Deaths		11	16		
Juvenile Arrests		20			
Voter Turnout		56.7%	55.6%		
Census Participation		62.3%			
Physical Environment		Marshall, WV	West Virginia		
Traffic Volume		52	49		
Homeownership		80%	74%		
Severe Housing Cost Burden		11%	10%		
Broadband Access		82%	83%		
Demographics		Marshall, WV	West Virginia		

Appendix B - County Health Rankings and Roadmaps

Population		29,752	1,775,156		
% Below 18 Years of Age		18.7%	19.8%		
% 65 and Older		24.1%	21.2%		
% Non-Hispanic Black		1.0%	3.6%		
% American Indian or Alaska Native		0.3%	0.3%		
% Asian		0.6%	0.9%		
% Native Hawaiian or Other Pacific Islander		0.0%	0.0%		
% Hispanic		1.1%	2.1%		
% Non-Hispanic White		95.9%	91.2%		
% Not Proficient in English		0%	0%		
% Female		49.3%	50.1%		
% Rural		48.9%	55.4%		

Note: Blank values reflect unreliable or missing data.

Community Health Perceptions Survey 2024

Thank you for taking this Community Health Survey - your thoughts are important to us and will benefit the people who live in your County. Survey results will be used to help guide Reynolds Memorial Hospital's health programs and address community members' health concerns. This survey is anonymous - your answers will not be connected to you in any way. If you have recently completed this survey, there is no need to do so again. You may skip any question that you would prefer not to answer. Please feel free to share this link with other members of your community.

Thank you for your time and please contact us if you have any questions or need help completing this survey. Emily Sarkees, WVU Health Affairs Institute, emily.sarkees@hsc.wvu.edu.

In which county do you currently live?

- Marshall County
- Somewhere Else

(Display This Question: If "Somewhere Else" selected in Q1)

Q2 In which county and state do you live?

- County _____
- State _____

Q3 What is your age?

- Less than 18 years
- 18 to 29 years
- 30 to 39 years
- 40 to 49 years
- 50 to 64 years
- 65 years or more

(Skip To: End of Survey If What is your age? = Less than 18 years)

Q4 What do you think is the most important health problem or issue for the community where you live?

Q5 From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3.

- Aging problems
- Anxiety
- Cancers
- Chronic disease
- COVID-19
- Dental problems
- Diabetes ("sugar")
- Depression/hopelessness
- Drug and/or alcohol use
- Heart problems
- High blood pressure
- Mental health problems
- Obesity
- Respiratory/lung disease/asthma
- Unprotected or unsafe sexual behaviors
- Other _____

Q6 From the following list, which do you think are the 3 most important problems related to quality of life and environment in your county? Please choose ONLY 3.

- Chronic loneliness or isolation
- Cost of health care and/or medications
- Homelessness
- Lack of health insurance or limited health coverage
- Limited ability to get healthy food or enough food

- Limited access to transportation
- Limited affordable/quality housing
- Limited job opportunities
- Limited organized activities for children and teens
- Limited places to play or healthy activities for kids
- Limited safe places to walk, bike, etc.
- Limited social services or programs
- Poverty
- Water/air quality
- Other _____

Q7 From the following list, which do you think are the 3 most important risky behaviors in your county? Please choose ONLY 3.

- Excessive alcohol use
- Child abuse and neglect
- Crime
- Distracted driving (cellphone use)
- Domestic violence
- Drug use
- Gambling
- Impaired driving (drugs/alcohol)
- Lack of exercise
- Not getting recommended immunizations
- Overeating
- Tobacco
- Unhealthy eating choices
- Vaping
- Other _____

Q8 Can you think of something that would help improve the health of your community?

Q9 What type of health insurance coverage do you have? (Select all that apply)

- Private health insurance (e.g., through your employer, union, family member, or private plan)
- Public health insurance (e.g., Medicaid, Medicare, VA services, Tricare, Chip, or Indian Health Services)
- Uninsured (i.e., no health insurance coverage)
- Other (please specify) _____

Q10 I know how to access medical care in my community.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Q11 Please tell us your level of agreement with each of these sentences about your County:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have access to good health care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the medical care I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to afford medical care when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to afford medications when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to get medical care when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am able to see specialists when needed.

I am able to see my primary care doctor when needed.

I am able to get mental health care when needed.

I have access to a walk-in clinic or urgent care.

Q12 In the past 12 months, have you needed to access information or resources for substance use disorder (SUD) for yourself or someone else?

- Yes
- No

Q13 Please check all that apply to your need for SUD treatment or information for yourself or someone else.

- When I needed SUD treatment or resources for myself or someone else, I was able to access what was needed.
- I was able to find information or resources, but they were not affordable or were not covered by my insurance.
- I was able to find information or resources, but options were not accessible due to work, childcare, transportation, or another life situation.
- I was able to find information or resources, but there was not an available bed or wait times were too long.
- I was able to find information or resources, but not the kind of treatment that was needed or wanted.
- I was not able to find information or resources in the community where they were needed.
- I had help from a friend or family member when I needed to find this information.
- I had help from a medical provider, service provider, or someone else when I needed to find this information.
- I needed help figuring out my options, but did not know where to go for someone to help me.
- I was not able to find information or resources about SUD treatment when it was needed.
- Other _____

Q14 In the past 12 months, have you needed to access information or resources for any of the following for yourself or someone else?

- Breastfeeding Support
- Vaccinations
- Nutrition Support
- Women's Health (e.g. breast and cervical cancer screening)
- Family Planning
- Testing/Treatment for a Sexually Transmitted Disease (STD)
- Testing/Treatment for Hepatitis C
- Domestic Violence Support
- Radon Testing
- Harm Reduction (smoking cessation, safe drinking practices, needle exchange)
- Other _____

Q15 If you had problems or barriers that made it hard to get information or care that was needed, please share them here. _____

Q16 What medical services or specialties would you like to see offered in your area?

Q17 Please tell us about access to telehealth medical care in your home.

- I do not have access to high-speed internet at home and cannot access telehealth medical care.
- I have high-speed internet, but it is not reliable or fast enough to use for telehealth medical care.
- I have high-speed internet at home, but would prefer not to use it for telehealth medical care.
- I have high-speed internet at home, but need more information about telehealth medical care before deciding.
- I have high-speed internet at home, and would be comfortable attending a telehealth medical appointment this way.

Q18 In the past 12 months, have you seen a medical provider for a routine check-up, wellness visit, or other preventive care?

- Yes
- No
- If no, why not? _____

Q19 Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

- Often true
- Never true

Q20 Within the past 12 months we worried whether our food would run out before we got money to buy more.

- Often true
- Never true

Q21 What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

Q22 Think about the place you live. Do you have problems with any of the following? Choose all that apply.

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working

- Water leaks
- None of the above

Q23 In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- Already shut off

Q24 In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- Yes
- No

Q25 How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

- Very hard
- Somewhat hard
- Not hard at all

Q26 How often do you feel lonely or isolated from those around you?

- Never
- Rarely
- Sometimes
- Often
- Always

Q27 If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

- I don't need any help
- I get all the help I need

- I could use a little more help
- I need a lot more help

Q28 What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

Q29 How do you describe yourself? (select one)

- Male
- Female
- Transgender
- Do not identify as male, female, or transgender

Q30 Which of these groups best describes your race? Please select all that apply.

- White/Caucasian
- Asian
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other (please specify) _____

Q31 Are you of Hispanic or Latino origin or descent?

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

Q32 What is the highest level of education you have completed?

- Less than high school graduate
- High school diploma or equivalent (GED)
- Some college or certification
- Technical or vocational degree/certification

- Associate degree
- Bachelor's degree or higher (includes any advanced degrees)

Q33 What is your estimated yearly household income?

- Less than \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$25,000
- \$25,001 to \$30,000
- \$30,001 to \$35,000
- \$35,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,001 to \$70,000
- \$70,001 to \$85,000
- \$85,001 to \$100,000
- \$100,001 to \$150,000
- More than \$150,000
- Prefer not to answer

Q34 What is your marital status?

- Married or in a domestic partnership
- Divorced
- Never married
- Separated
- Widowed
- Other (please specify) _____

Q35 How many children under the age of 18 live in your household? Please enter a whole number even if you are not the primary caregiver or biological parent.

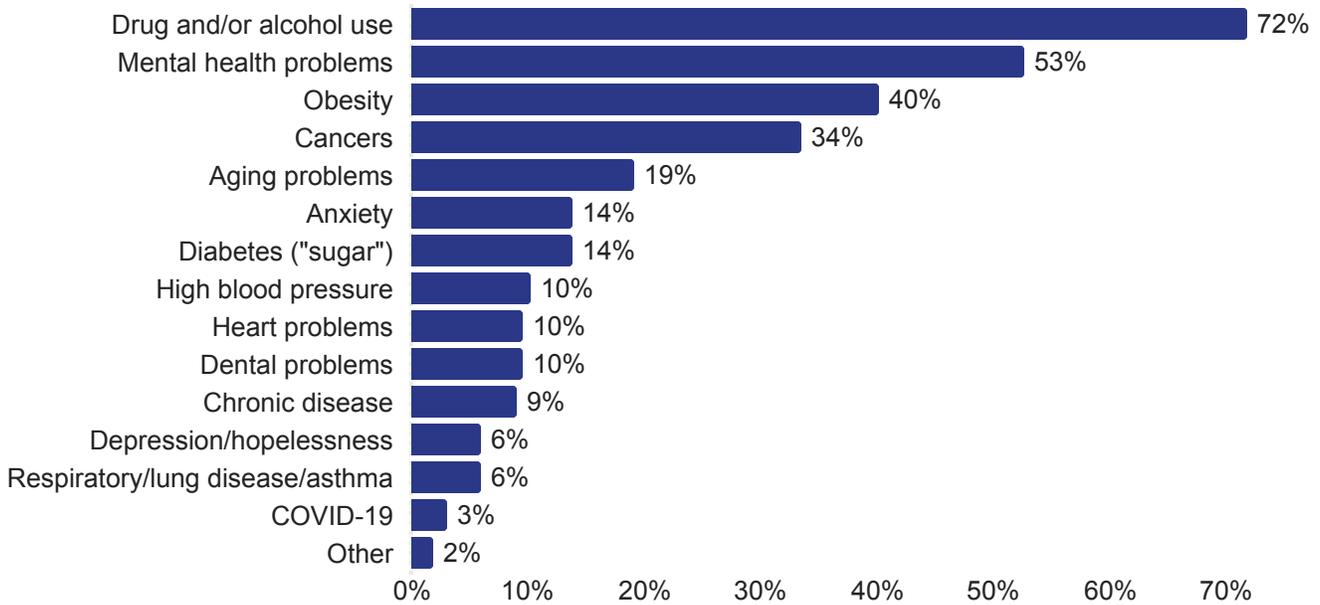
Q36 How were you invited to complete this survey?

- Invitation in my electronic medical record
- Personal email invitation
- My employer
- Social media
- Friend or family member
- Public school, library, or other community organization
- Other _____

Q37 Is there anything else you would like to say about health in your community?

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3.

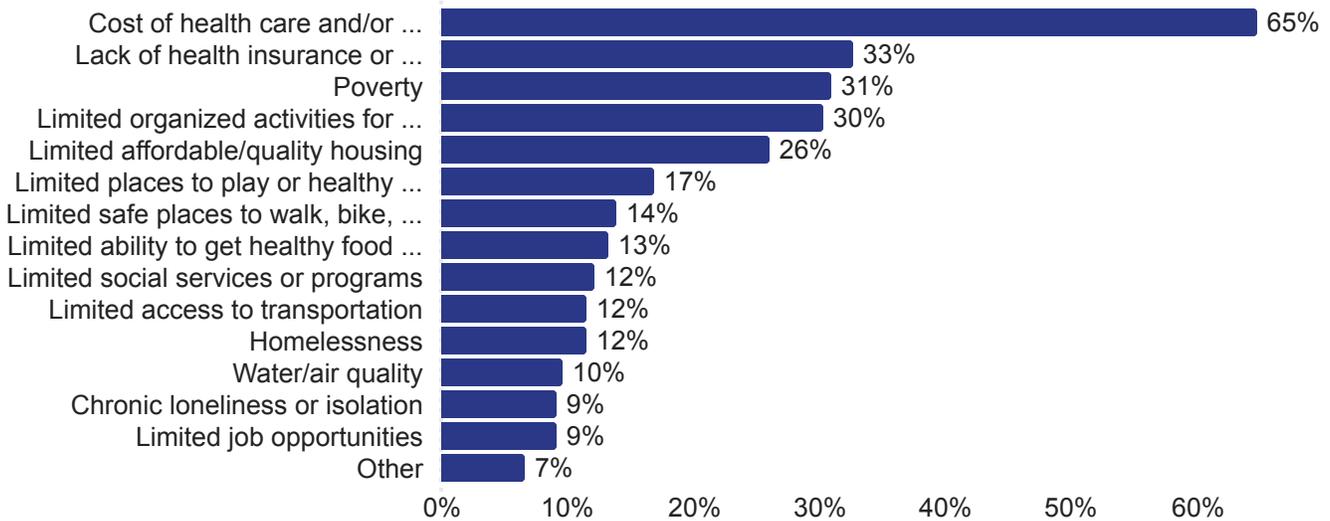
167 Responses



■ Percentage of Responses

Q6 - From the following list, which do you think are the 3 most important problems related to quality of life and environment in your county? Please choose ONLY 3.

165 Responses

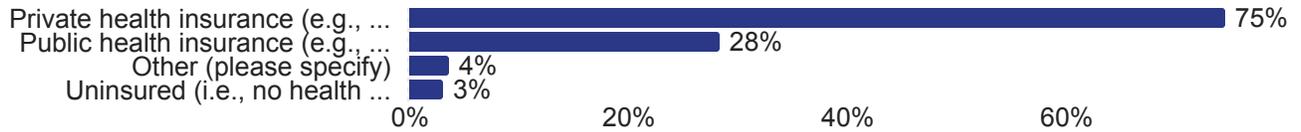


■ Percentage of Responses

Q9 - What type of health insurance coverage do you have? (Select all that apply) - Selected

Choice

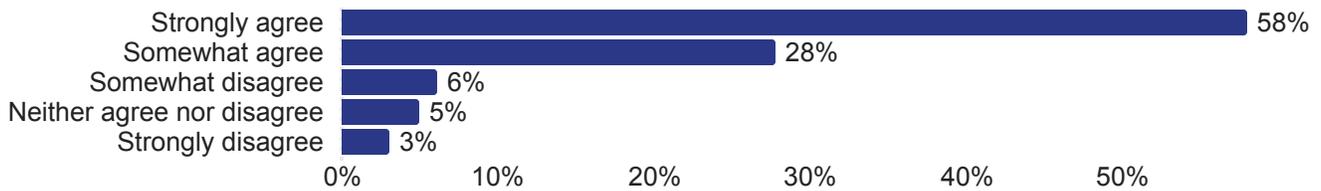
162 Responses



■ Percentage of Responses

Q10 - I know how to access medical care in my community.

162 Responses



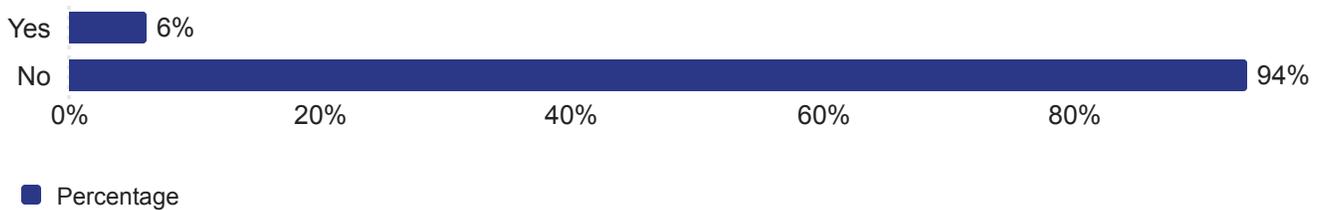
■ Percentage

Q11 - Please tell us your level of agreement with each of these sentences about your access to care.

Field	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have access to good health care.	6.17%	8.64%	10.49%	46.91%	27.78%
I am satisfied with the medical care I receive.	6.79%	11.11%	8.64%	53.09%	20.37%
I am able to afford medical care when needed.	10.49%	19.75%	9.88%	36.42%	23.46%
I am able to afford medications when needed.	6.83%	16.77%	9.94%	39.75%	26.71%
I am able to get medical care when I need it.	6.92%	11.95%	9.43%	40.25%	31.45%
I am able to see specialists when needed.	8.81%	16.98%	10.06%	42.77%	21.38%
I am able to see my primary care doctor when needed.	6.29%	5.66%	8.81%	34.59%	44.65%
I am able to get mental health care when needed.	11.88%	13.13%	35.00%	25.00%	15.00%
I have access to a walk-in clinic or urgent care.	1.86%	4.35%	5.59%	24.84%	63.35%

Q12 - In the past 12 months, have you needed to access information or resources for substance use disorder (SUD) for yourself or someone else?

163 Responses



Q13 - Please check all that apply to your need for SUD treatment or information for yourself or someone else. - Selected Choice

Field	Percentage of Responses
When I needed SUD treatment information or resources for myself or someone else, I was able to access what was needed.	20%
I was able to find information or resources, but they were not affordable or were not covered by my insurance.	20%
I was able to find information or resources, but options were not accessible due to work, childcare, transportation, or another life situation.	10%
I was able to find information or resources, but there was not an available bed or wait times were too long.	20%
I was able to find information and resources, but not the kind of treatment that was needed or wanted.	0%
I was not able to find information or resources in the community where they were needed.	10%
I had help from a friend or family member when I needed to find this information.	0%
I had help from a medical provider, service provider, or someone else when I needed to find this information.	0%
I needed help figuring out my options, but did not know where to go for someone to help me.	10%
I was not able to find information or resources about SUD treatment when it was needed.	0%
Other	10%

10 Responses

Percentage of Responses

20%

20%

10%

20%

0%

10%

0%

0%

10%

0%

10%

Q14 - In the past 12 months, have you needed to access information or resources for any of the following for yourself or someone else? (Please check all that apply.) - Selected Choice

97 Responses

Field	Percentage of Responses
Women's Health (e.g. breast and cervical cancer screening)	47%
Vaccinations	42%
Other	23%
Nutrition Support	15%
Harm Reduction (smoking cessation, safe drinking practices, needle exchange)	6%
Family Planning	6%
Radon Testing	4%
Domestic Violence Support	3%
Breastfeeding Support	3%
Testing/Treatment for Hepatitis C	2%
Testing/Treatment for a Sexually Transmitted Disease (STD)	2%

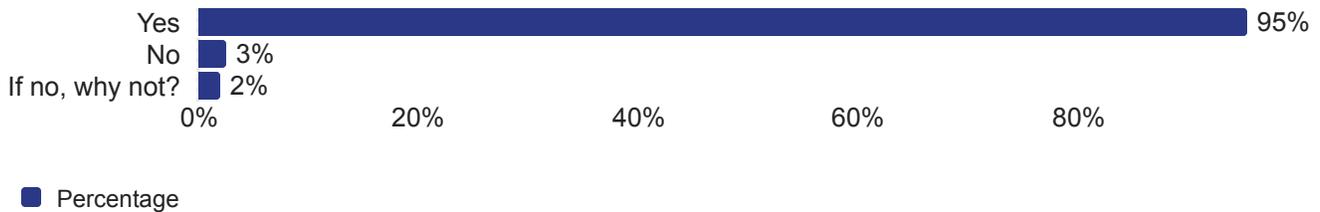
Q17 - Please tell us about access to telehealth medical care in your home.

153 Responses

Field	Percentage
I have high-speed internet at home, and would be comfortable attending a telehealth medical appointment this way.	44%
I have high-speed internet at home, but would prefer not to use it for telehealth medical care.	29%
I have high-speed internet at home, but need more information about telehealth medical care before deciding.	15%
I have high-speed internet, but it is not reliable or fast enough to use for telehealth medical care.	9%
I do not have access to high-speed internet at home and cannot access telehealth medical care.	3%

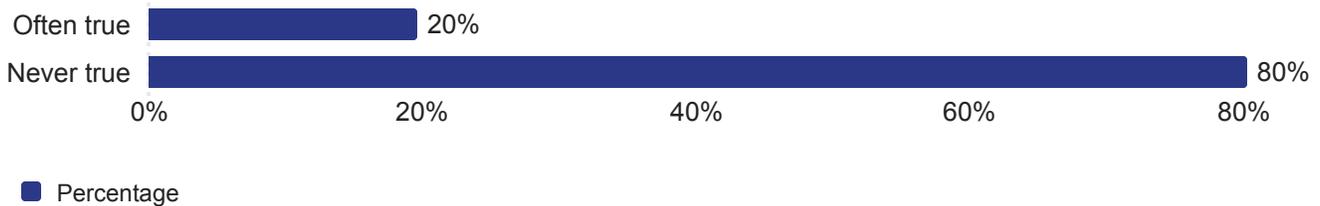
Q18 - In the past 12 months, have you seen a medical provider for a routine check-up, wellness visit, or other preventive care? - Selected Choice

154 Responses



Q19 - Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

153 Responses



Q20 - Within the past 12 months we worried whether our food would run out before we got money to buy more.

153 Responses

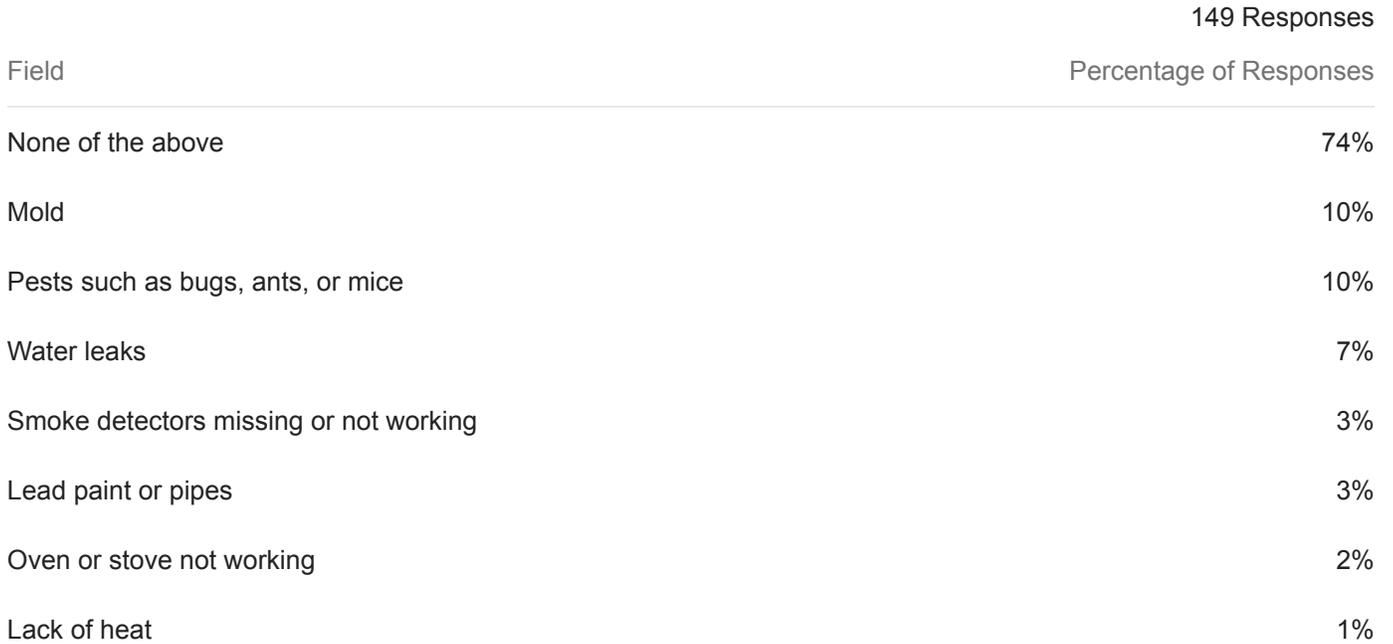


Q21 - What is your living situation today?

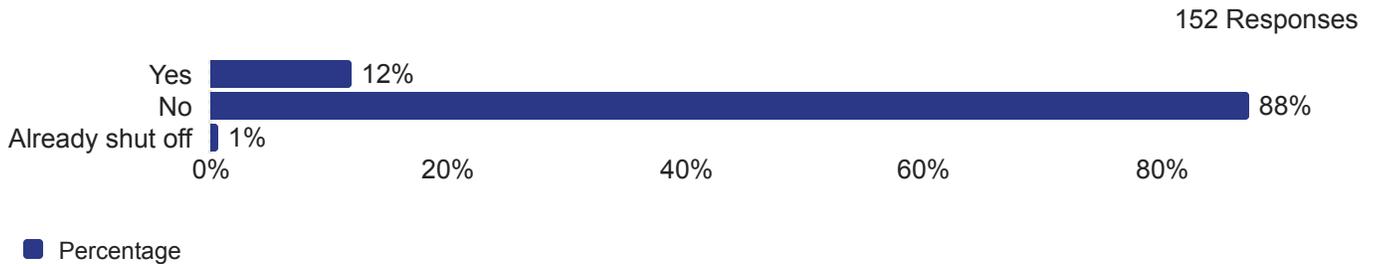
152 Responses

Field	Percentage
I have a steady place to live	93%
I have a place to live today, but I am worried about losing it in the future	7%
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	1%

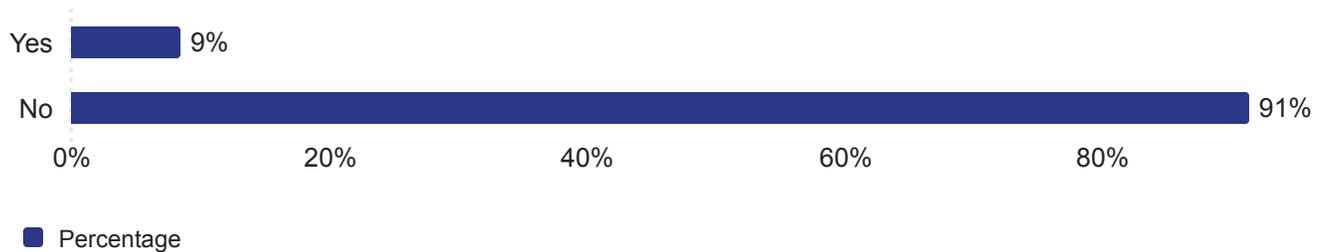
Q22 - Think about the place you live. Do you have problems with any of the following? Choose all that apply.



Q23 - In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

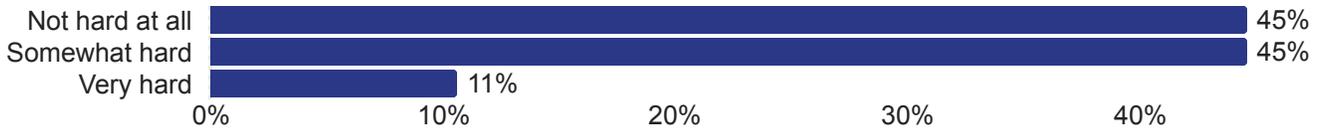


Q24 - In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?



Q25 - How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

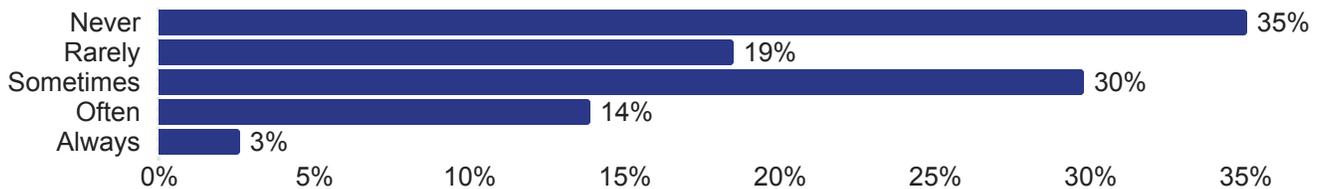
150 Responses



■ Percentage

Q26 - How often do you feel lonely or isolated from those around you?

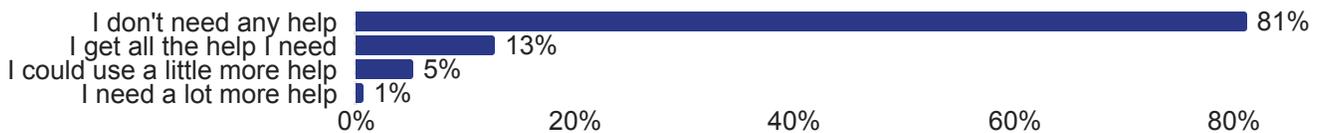
151 Responses



■ Percentage

Q27 - If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, managing finances, etc., do you get the help you need?

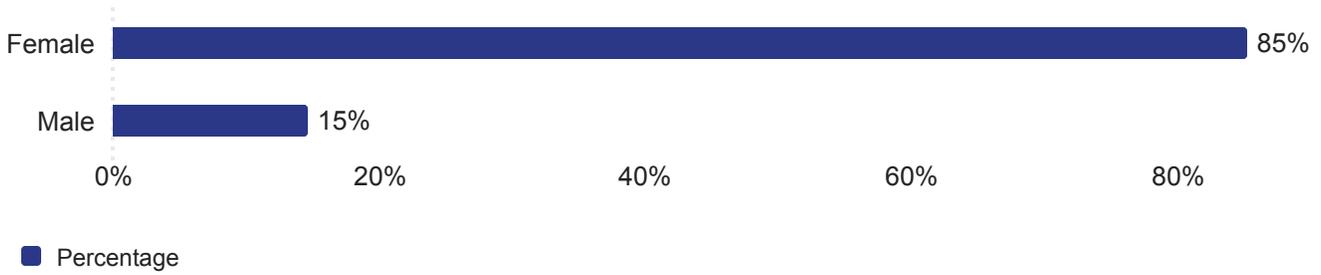
150 Responses



■ Percentage

Q28 - What sex were you assigned at birth, on your original birth certificate?

150 Responses



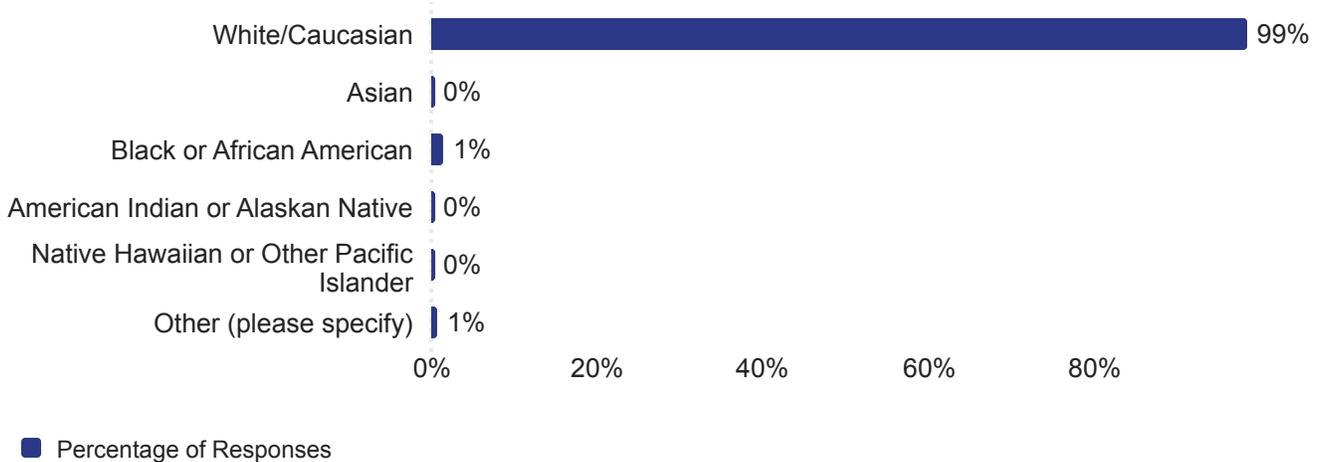
Q29 - How do you describe yourself? (select one)

150 Responses

Field	Percentage
Male	14%
Female	86%
Transgender	0%
Do not identify as male, female, or transgender	0%

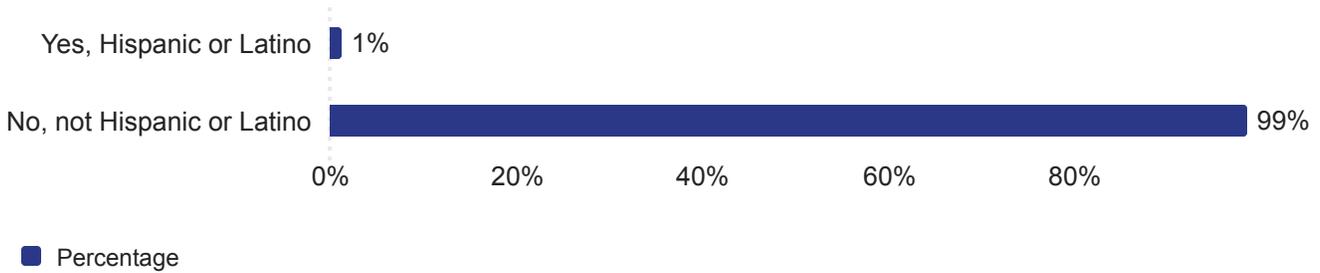
Q30 - Which of these groups best describes your race? Please select all that apply. - Selected Choice

150 Responses



Q31 - Are you of Hispanic or Latino origin or descent?

148 Responses



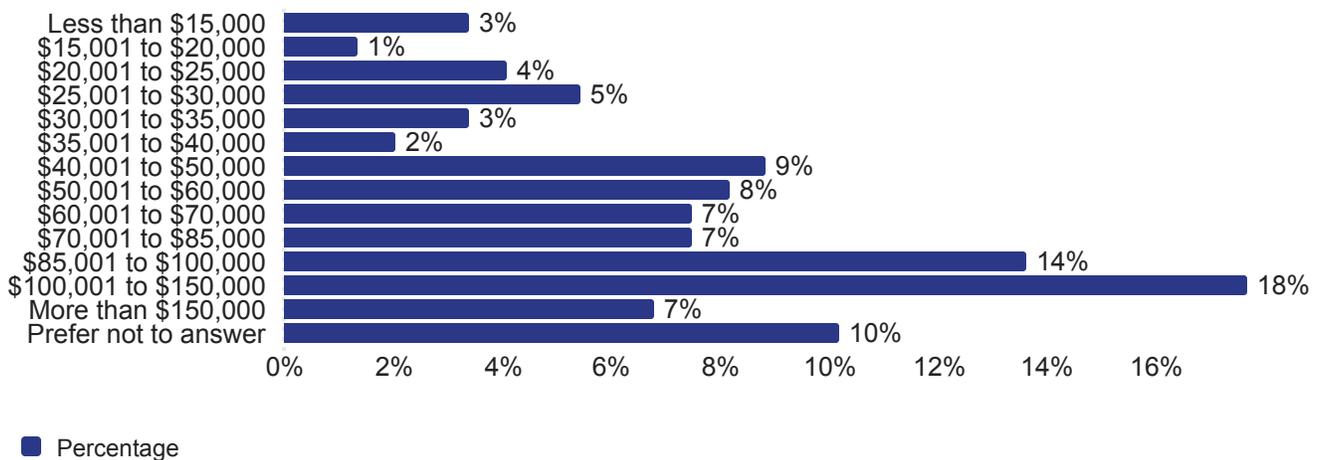
Q32 - What is the highest level of education you have completed?

150 Responses

Field	Percentage
Less than high school graduate	1%
High school diploma or equivalent (GED)	15%
Bachelor's degree or higher (includes any advanced degrees)	53%
Technical or vocational degree/certification	8%
Associate degree	8%
Some college or certification	14%

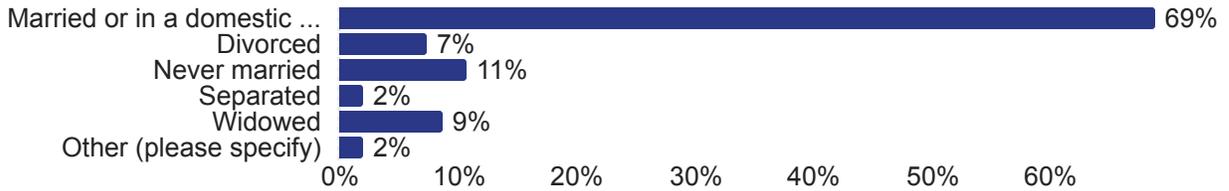
Q33 - What is your estimated yearly household income?

147 Responses



Q34 - What is your marital status? - Selected Choice

148 Responses



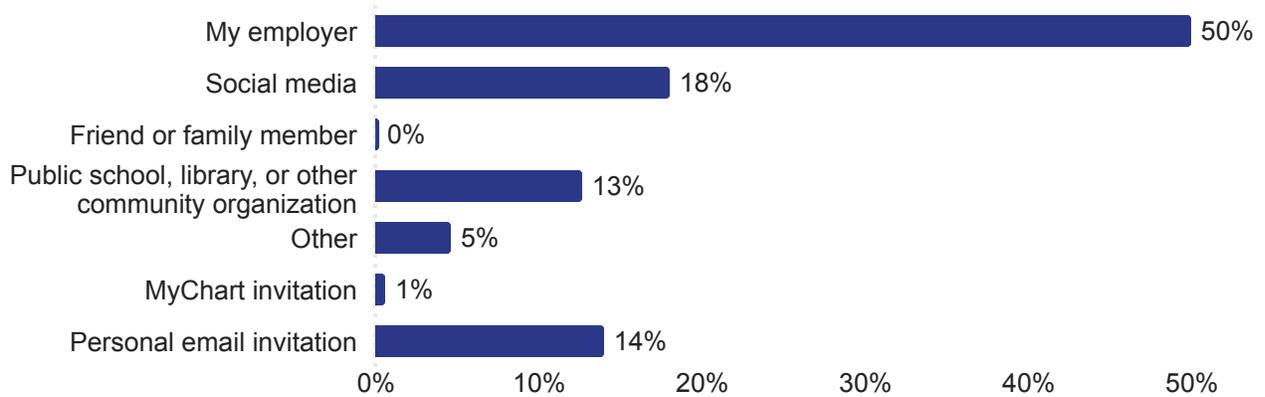
■ Percentage

Q35 - How many children under the age of 18 live in your household? Please enter a whole number even if you are not the primary caregiver or biological parent.

Field	Choice Count
0	73
1	23
2	29
3	7
4	1

Q36 - How were you invited to complete this survey? - Selected Choice

150 Responses



■ Percentage

Male Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	64%
Obesity	45%
Mental health problems	36%
Diabetes ("sugar")	36%
Cancers	27%
High blood pressure	23%
Aging problems	23%
Anxiety	14%
Depression/hopelessness	9%
Respiratory/lung disease/asthma	9%
Dental problems	9%
Heart problems	5%
COVID-19	0%
Chronic disease	0%
Other	0%

Female Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	73%
Mental health problems	57%
Cancers	38%
Obesity	37%
Aging problems	18%
Anxiety	14%
Chronic disease	10%
Heart problems	10%
Dental problems	10%
Diabetes ("sugar")	9%
High blood pressure	8%
Depression/hopelessness	6%
Respiratory/lung disease/asthma	6%
Other	2%
COVID-19	2%

4+ Year Degree Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	70%
Mental health problems	51%
Obesity	49%
Cancers	40%
Anxiety	16%
Diabetes ("sugar")	15%
Aging problems	15%
High blood pressure	11%
Chronic disease	9%
Heart problems	9%
Depression/hopelessness	5%
Respiratory/lung disease/asthma	5%
Dental problems	4%
Other	1%
COVID-19	0%

Less Than 4 Year Degree Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	73%
Mental health problems	57%
Cancers	31%
Obesity	26%
Aging problems	23%
Dental problems	17%
Anxiety	11%
Diabetes ("sugar")	11%
Heart problems	10%
Chronic disease	9%
Depression/hopelessness	9%
Respiratory/lung disease/asthma	9%
High blood pressure	9%
COVID-19	3%
Other	3%

Less Than 65 Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	73%
Mental health problems	60%
Obesity	40%
Cancers	32%
Anxiety	16%
Diabetes ("sugar")	13%
Chronic disease	11%
High blood pressure	11%
Dental problems	11%
Aging problems	11%
Heart problems	8%
Depression/hopelessness	6%
Respiratory/lung disease/asthma	5%
COVID-19	2%
Other	2%

65+ Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	69%
Aging problems	49%
Cancers	40%
Obesity	37%
Mental health problems	26%
Heart problems	17%
Diabetes ("sugar")	17%
Respiratory/lung disease/asthma	9%
High blood pressure	9%
COVID-19	6%
Anxiety	6%
Depression/hopelessness	6%
Dental problems	6%
Chronic disease	3%
Other	3%

Lower Income Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	67%
Mental health problems	62%
Aging problems	29%
Dental problems	24%
Cancers	24%
Depression/hopelessness	19%
Obesity	19%
Heart problems	19%
Anxiety	14%
Respiratory/lung disease/asthma	14%
COVID-19	5%
Diabetes ("sugar")	5%
Chronic disease	0%
Other	0%
High blood pressure	0%

Higher Income Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	81%
Mental health problems	58%
Obesity	45%
Cancers	40%
Anxiety	13%
Diabetes ("sugar")	12%
High blood pressure	10%
Aging problems	10%
Chronic disease	6%
Depression/hopelessness	6%
Dental problems	6%
Respiratory/lung disease/asthma	4%
Heart problems	4%
COVID-19	1%
Other	1%

Q6 - From the following list, which do you think are the 3 most important problems related to quality of life and environment in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
-------	-------------------------

Cost of health care and/or medications	63%
Limited organized activities for children and teens	42%
Poverty	33%
Lack of health insurance or limited health coverage	31%
Limited affordable/quality housing	19%
Limited ability to get healthy food or enough food	19%
Limited safe places to walk, bike, etc.	15%
Limited places to play or healthy activities for kids	13%
Limited social services or programs	12%
Limited access to transportation	10%
Water/air quality	10%
Chronic loneliness or isolation	9%
Limited job opportunities	9%
Other	7%
Homelessness	4%

Q7 - From the following list, which do you think are the 3 most important risky behaviors related to pers - Selected Choice

Field	Percentage of Responses
Drug use	70%
Child abuse and neglect	63%
Excessive alcohol use	42%
Poor nutrition	24%
Impaired driving (drugs/alcohol)	24%
Lack of exercise	21%
Domestic violence	13%

Appendix E - Top Health & Disease Breakdowns

Distracted driving (cellphone use)	13%
Vaping	9%
Crime	7%
Tobacco	6%
Other	4%
Gambling	3%
Not getting recommended immunizations	0%

Kids in Home Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	78%
Mental health problems	63%
Obesity	45%
Cancers	28%
Dental problems	17%
Diabetes ("sugar")	15%
Anxiety	13%
Depression/hopelessness	8%
Chronic disease	7%
Heart problems	7%
Aging problems	7%
High blood pressure	5%
Respiratory/lung disease/asthma	3%
COVID-19	2%
Other	2%

No Kids in Home Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	66%
Mental health problems	47%
Cancers	40%
Obesity	36%
Aging problems	25%
Anxiety	15%
High blood pressure	15%
Diabetes ("sugar")	12%
Chronic disease	11%
Heart problems	10%
Respiratory/lung disease/asthma	8%
Depression/hopelessness	7%
Dental problems	5%
Other	3%
COVID-19	1%

Non-White Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Dental problems	67%
Chronic disease	33%
Other	33%
Obesity	33%
Mental health problems	33%
Drug and/or alcohol use	33%
Cancers	33%
Aging problems	33%
COVID-19	0%
Anxiety	0%
Depression/hopelessness	0%
Respiratory/lung disease/asthma	0%
High blood pressure	0%
Heart problems	0%
Diabetes ("sugar")	0%

White Response

Q5 - From the following list, which do you think are the 3 most important problems related to health and disease in your county? Please choose ONLY 3. - Selected Choice

Field	Percentage of Responses
Drug and/or alcohol use	72%
Mental health problems	54%
Obesity	39%
Cancers	36%
Aging problems	18%
Anxiety	14%
Diabetes ("sugar")	14%
High blood pressure	10%
Heart problems	9%
Dental problems	9%
Chronic disease	8%
Depression/hopelessness	7%
Respiratory/lung disease/asthma	7%
COVID-19	1%
Other	1%

Reynolds Memorial Hospital - Marshall County, WV

Demographic	CHNA Responses	Census 2023
Men	15%	51%
Women	85%	49%
Age 65+	20%	24%
White Alone	99%	97%
Non-White	1%	3%
Hispanic Latinx	1%	1%
4 Year Degree or Higher	53%	19%

Access to Care

Q9 - What type of health insurance coverage do you have? (Select all that apply) - Selected Choice

Field	Percentage of Responses
Uninsured (i.e., no health insurance coverage)	3%
Private health insurance (e.g., through your employer, union, family member, or private plan)	75%
Other (please specify)	4%
Public health insurance (e.g., Medicaid, Medicare, VA services, Tricare, Chip, or Indian Health Services)	28%

Q10 - I know how to access medical care in my community.

Field	Percentage
Strongly disagree	3%
Somewhat disagree	6%
Neither agree nor disagree	5%
Somewhat agree	28%
Strongly agree	58%

Access to Care

Q11 - Please tell us your level of agreement with each of these sentences about access to care.

162 Responses					
Field	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I have access to good health care.	6.17%	8.64%	10.49%	46.91%	27.78%
I am satisfied with the medical care I receive.	6.79%	11.11%	8.64%	53.09%	20.37%
I am able to afford medical care when needed.	10.49%	19.75%	9.88%	36.42%	23.46%
I am able to afford medications when needed.	6.83%	16.77%	9.94%	39.75%	26.71%
I am able to get medical care when I need it.	6.92%	11.95%	9.43%	40.25%	31.45%
I am able to see specialists when needed.	8.81%	16.98%	10.06%	42.77%	21.38%
I am able to see my primary care doctor when needed.	6.29%	5.66%	8.81%	34.59%	44.65%
I am able to get mental health care when needed.	11.88%	13.13%	35.00%	25.00%	15.00%
I have access to a walk-in clinic or urgent care.	1.86%	4.35%	5.59%	24.84%	63.35%

Access to Care

Q12 - In the past 12 months, have you needed to access information or resources for substance use disorder (SUD) for yourself or someone else?

163 Responses



Q13 - Please check all that apply to your need for SUD treatment or information for yourself or someone else. - Selected Choice

10 Responses

Field	Percentage of Responses
When I needed SUD treatment information or resources for myself or someone else, I was able to access what was needed.	20%
I was able to find information or resources, but they were not affordable or were not covered by my insurance.	20%
I was able to find information or resources, but options were not accessible due to work, childcare, transportation, or another life situation.	10%
I was able to find information or resources, but there was not an available bed or wait times were too long.	20%
I was able to find information and resources, but not the kind of treatment that was needed or wanted.	0%
I was not able to find information or resources in the community where they were needed.	10%
I had help from a friend or family member when I needed to find this information.	0%
I had help from a medical provider, service provider, or someone else when I needed to find this information.	0%
I needed help figuring out my options, but did not know where to go for someone to help me.	10%
I was not able to find information or resources about SUD treatment when it was needed.	0%
Other	10%

Access to Care

Q14 - In the past 12 months, have you needed to access information or resources for any of the following for yourself or someone else? (Please check all that apply.) - Selected Choice

97 Responses

Field	Percentage of Responses
Breastfeeding Support	3%
Vaccinations	42%
Nutrition Support	15%
Women's Health (e.g. breast and cervical cancer screening)	47%
Family Planning	6%
Testing/Treatment for a Sexually Transmitted Disease (STD)	2%
Domestic Violence Support	3%
Radon Testing	4%
Harm Reduction (smoking cessation, safe drinking practices, needle exchange)	6%
Other	23%
Testing/Treatment for Hepatitis C	2%

Q15 - If you had problems or barriers that made it hard to get information or the care that was needed, please share them here.

33 Responses

