



2022 Community Health Needs Assessment

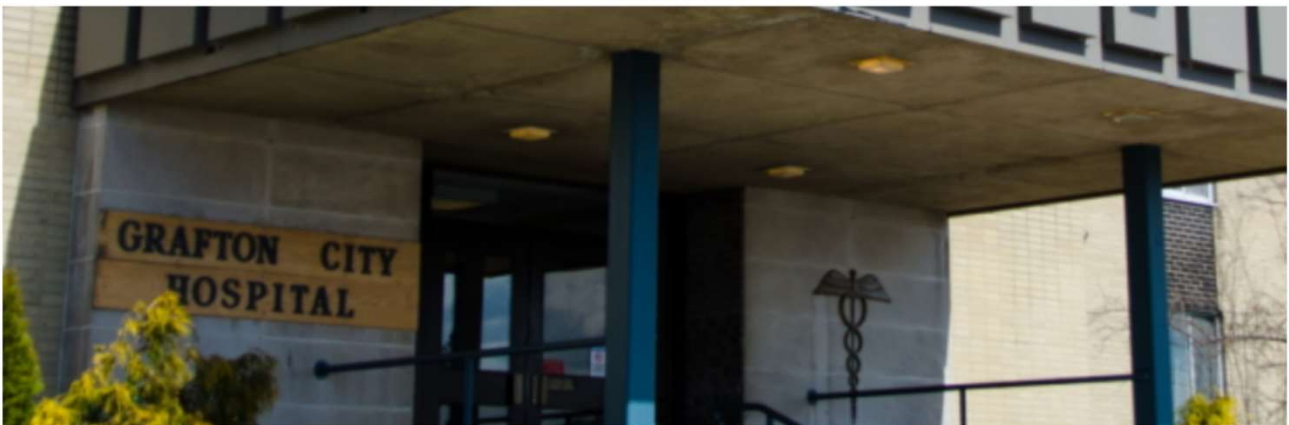




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Our Commitment to Community Health

Grafton City Hospital (GCH) is a governmental not-for-profit organization that was created and is owned by the City of Grafton, West Virginia. First opening its doors to the public over 100 years ago, GCH is a Critical Access Hospital in Taylor County. In September 2019, GCH became an affiliate of Mon Health System. This affiliation helps ensure that Grafton and Taylor County citizens continue to have an independent health care choice close to home.

Grafton City Hospital is committed to providing patient friendly, quality health care to its communities. The hospital provides a continuum of care that includes acute and ancillary services. These services span a rural health clinic, cardio-pulmonary therapy, diagnostic imaging, laboratory services, physical therapy, 24/7 emergency room, and rehabilitation and fitness center. Grafton City Hospital is essential to the community and continues to explore ways to be effective and efficient in providing necessary healthcare services.

Grafton City Hospital Mission:

*Our goal is to provide excellent care and hospitality
to the residents and guests of Taylor County and the surrounding communities.*

Every three years, GCH conducts a Community Health Needs Assessment (CHNA) to better understand and respond to the health and wellness concerns for our community. The 2022 CHNA builds upon previous assessments and will continue to guide our community benefit and community health improvement efforts. Consistent with previous assessments, the 2022 CHNA focused on the health needs of all residents of Taylor County.

We invite our community partners to learn more about the CHNA and opportunities for collaboration to address identified health needs. Please visit our website or contact Community Outreach at 304-265-0400.



2022 CHNA Executive Summary

The 2022 CHNA was conducted as a collaborative effort between Grafton City Hospital in Taylor County and Preston Memorial Hospital in Preston County. Preston Memorial Hospital is a member hospital of Mon Health System; Grafton City Hospital is an affiliate of Mon Health System. The goal of this collaboration was to identify common and unique challenges across neighboring communities and align health improvement efforts.

CHNA Leadership

The 2022 CHNA was overseen by a Steering Committee of representatives from both partner hospitals. These individuals served as liaisons to their organizations and the communities served by their entities.

CHNA Planning Committee

Tammy Barcus, Senior Director Administrative Services, Grafton City Hospital

Kevin Gessler, Chief Administrative Officer, Grafton City Hospital and Vice President, Preston Memorial Hospital

Shelley Graham, Budget & Decision Support Analyst, Preston Memorial Hospital

Kim Liston, Community Programs Coordinator, Preston Memorial Hospital

Our Research Partner

Grafton City Hospital and Preston Memorial Hospital contracted with Community Research Consulting to conduct the CHNA. CRC is a woman-owned business that specializes in conducting stakeholder research to illuminate disparities and underlying inequities and transform data into practical and impactful strategies to advance health and social equity. Our interdisciplinary team of researchers and planners have worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about our work at buildcommunity.com.



Methodology and Community Engagement

The 2022 CHNA included quantitative research methods and community conversations to determine health trends and disparities affecting Taylor County residents. Through a comprehensive view of statistical health indicators and community stakeholder feedback, a profile of priority areas was determined. The findings will guide healthcare services and health improvement efforts, as well as serve as a community resource for grant making, advocacy, and to support the many programs provided by health and social service partners.

Community engagement was an integral part of the 2022 CHNA. In assessing community health needs, input was solicited and received from persons who represent the broad interests of the community, as well as underserved, low-income, and minority populations. These individuals provided wide perspectives on health trends, expertise about existing community resources available to meet those needs, and insights into service delivery gaps that contribute to health disparities and inequities.



The following research methods were used to determine community health needs:

- ▶ Statistical analysis of health and socioeconomic indicators; a full listing of data references is included in Appendix A
- ▶ Partner Meeting conducted with Taylor County community agency representatives to engage them in the CHNA and garner insight on community health challenges and opportunities for partnership; a listing of meeting attendees is included in Appendix B

Community Health Priorities

To work toward health equity, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within the community. Priorities were determined by the GCH CHNA Planning Committee, taking into consideration research findings and feedback from community stakeholders.

Using feedback from community partners and stakeholders and taking into account the hospital's expertise and resources, GCH will focus efforts on the following community health priorities as part of its 2022-2025 Community Health Implementation Plan:

- ▶ Chronic disease prevention
- ▶ Mental health
- ▶ Substance use disorder

Board Approval

The 2022 CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The research findings will be used to guide community benefit initiatives for GCH and engage local partners to collectively address identified health needs.

Grafton City Hospital is committed to advancing initiatives and community collaboration to support the issues identified through the CHNA. The 2022 CHNA report was presented to the GCH Board of Directors and approved in June 2022.

Following the Board's approval, the CHNA report was made available to the public via the GCH website at <http://www.graftonhospital.com/>.



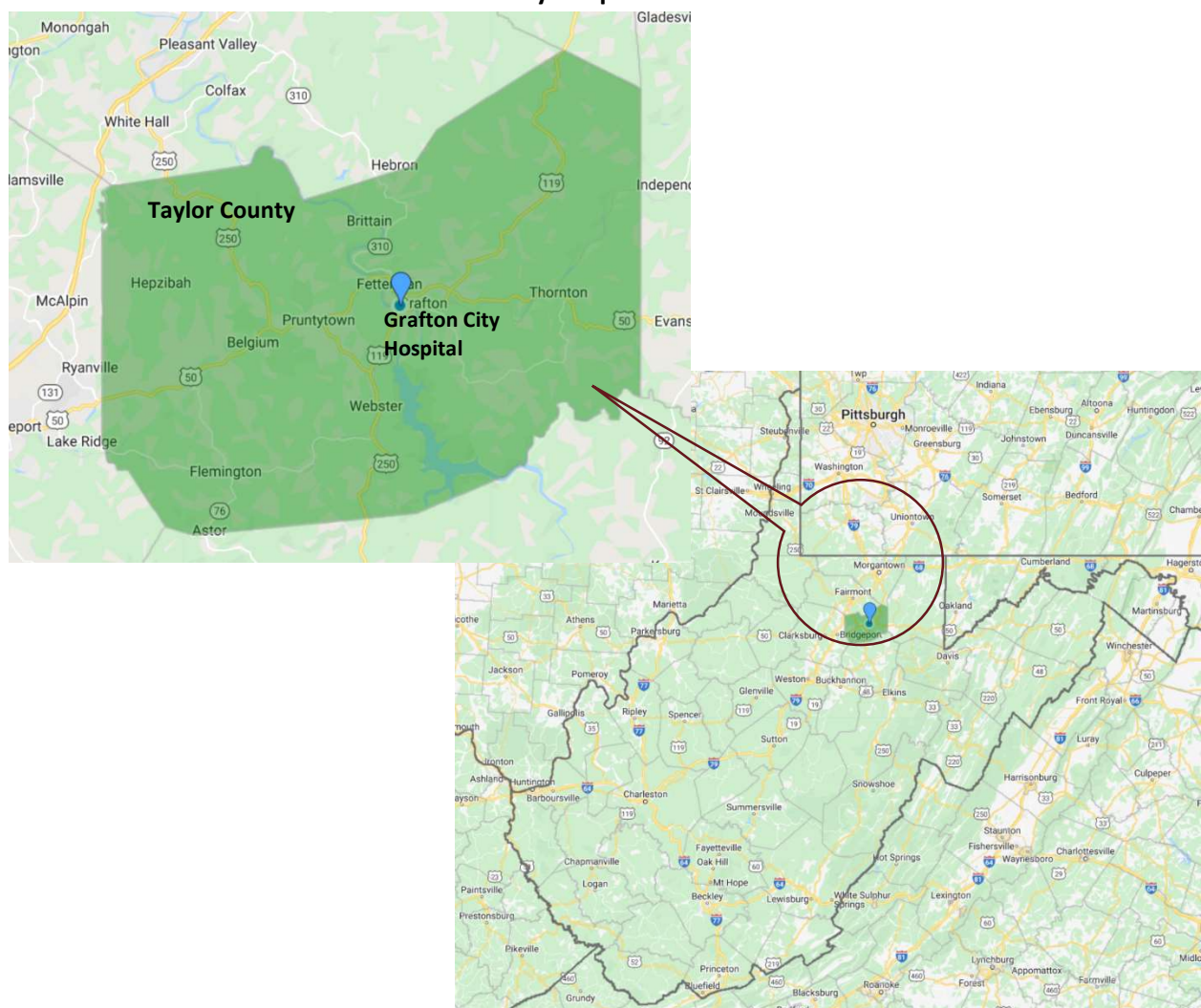
Grafton City Hospital Service Area Description

Grafton City Hospital is a not-for-profit Critical Access Hospital that was created and is owned by the City of Grafton, West Virginia. In September 2019, GCH became an affiliate of Mon Health System.

Grafton City Hospital primary serves residents of Taylor County in West Virginia, shown in the map below. The hospital is located in Grafton, the county seat of Taylor County. Between fiscal years 2019 and 2021, approximately 68-69% of hospital patients resided in Grafton zip code 26354, one of five zip codes in Taylor County and home to approximately 75% of county residents.

Manufacturing, government, health care facilities, and public utilities are Taylor County's top employment industries. The region also benefits from rich natural beauty and has well established recreation and tourism services. The Tygart Valley River flows through the county. In 1938, the US Army Corps of Engineers completed the Tygart Dam providing flood protection for the region and forming the Tygart Lake. The lake encompasses 1,750 acres and is a popular recreation area.

Grafton City Hospital Service Area



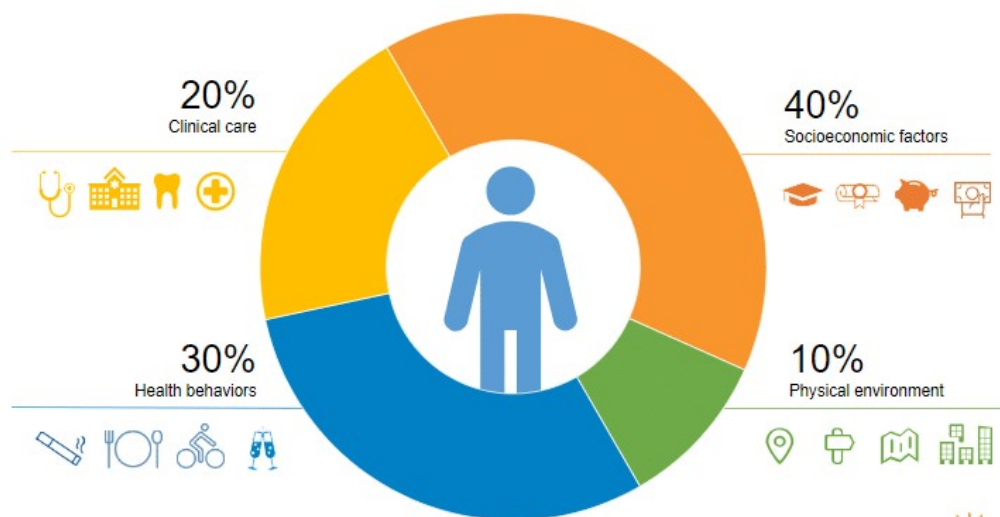


Social Determinants of Health: The connection between our communities and our health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health risks and outcomes. Healthy People 2030, the CDC’s national benchmark for health, recognizes SDoH as central to its framework, naming “social and physical environments that promote good health for all” as one of the four overarching goals for the decade. Healthy People 2030 outlines five key areas of SDoH: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

The mix of ingredients that influence each person’s overall health profile include individual behaviors, clinical care, environmental factors, and social circumstance. While health improvement efforts have historically targeted health behaviors and clinical care, public health agencies, including the US Centers for Disease Control and Prevention (CDC), widely hold that at least **50% of a person’s health profile is determined by SDoH.**

WHAT MAKES US HEALTHY?



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Source: Centers for Disease Control



Addressing SDoH is a primary approach to achieving *health equity*. Health equity encompasses a wide range of social, economic, and health measures but can be simply defined as “a fair opportunity for every person to be as healthy as possible.” In order to achieve health equity, we need to look beyond the healthcare system to dismantle systematic inequities born through racism and discrimination like power and wealth distribution, education attainment, job opportunities, housing, and safe environments, to build a healthier community for all people now and in the future.

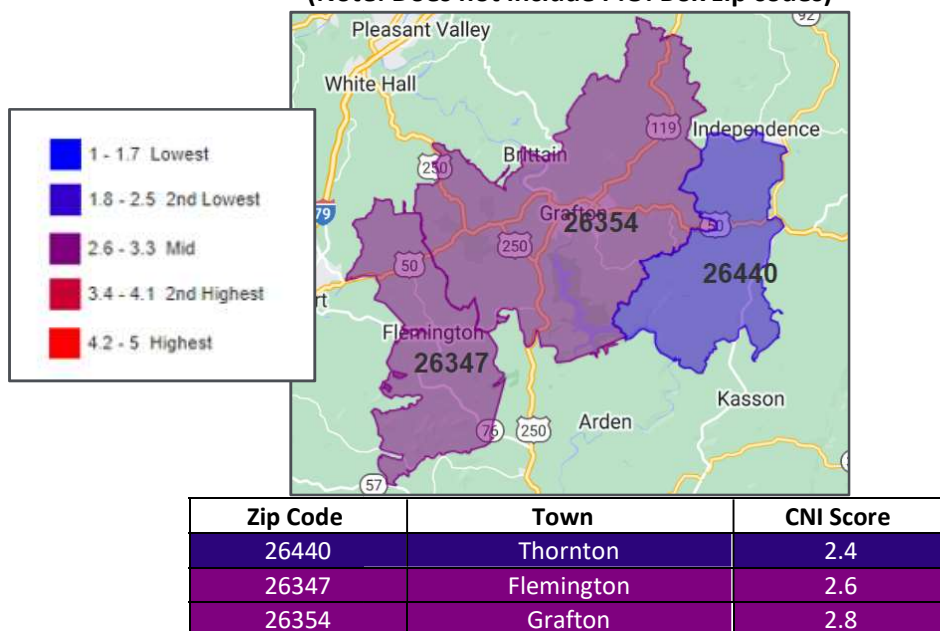


Understanding Health Equity

A host of indexes are available to illustrate the potential for health disparities and inequities at the community-level based on SDoH. A description of each index is provided below followed by data visualizations of each tool that show how well Taylor County fares compared to state and national benchmarks.

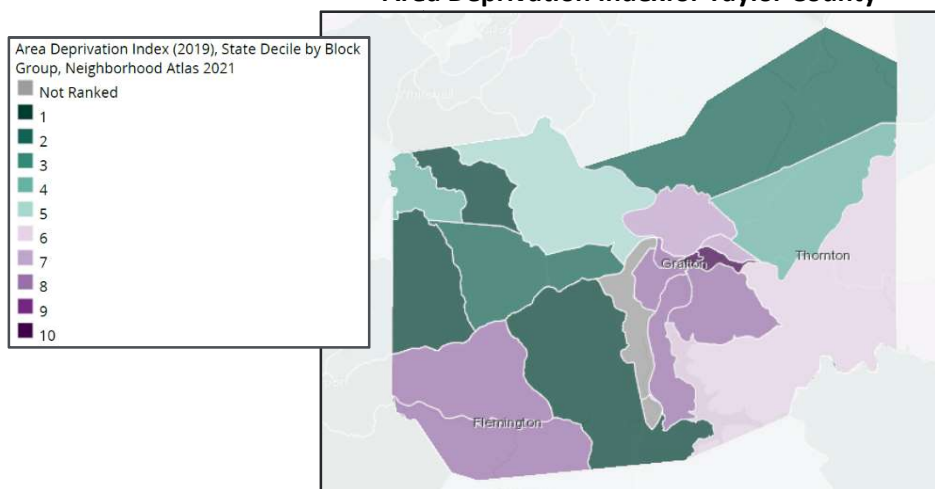
- ▶ **Community Need Index (CNI):** The CNI is a zip code-based index of community socioeconomic need calculated nationwide. The CNI scores zip codes on a scale of 1.0 to 5.0, with 1.0 indicating a zip code with the least need and 5.0 indicating a zip code with the most need compared to the US national average of 3.0. The CNI weights, indexes, and scores zip codes by socioeconomic barriers, including income, culture, education, insurance, and housing.
- ▶ **Area Deprivation Index (ADI):** The ADI provides a census block group measure of socioeconomic disadvantage based on income, education, employment, and housing quality. ADI scores are displayed at the block group level on a scale from 1 (least disadvantaged) to 10 (most disadvantaged). A block group is a subdivision of a census tract and typically contains between 250 and 550 housing units.
- ▶ **Racial Disparities and Disproportionality Index (RDDI):** The RDDI was developed by the Corporation for Supportive Housing (CSH) to assess unique systems and measure whether a racial and/or ethnic group's representation in a particular public system is proportionate to, over, or below their representation in the overall population. The index can be viewed as the likelihood of one group experiencing an event, compared to the likelihood of another group experiencing that same event. Results are provided on a state-by-state basis.

Community Need Index Taylor County Zip Codes
(Note: Does not include P.O. Box zip codes)





Area Deprivation Index for Taylor County



Taylor County has an average CNI score of 2.7, indicating moderate community socioeconomic need. No zip code in Taylor County has a high need CNI score of 3.4 or higher. However, despite this finding, high poverty rates are seen in zip codes 26354, Grafton and 26347, Flemington. More than one-third of children in both zip codes and one-quarter of all residents in Flemington live in poverty. **Within Grafton, the home of Grafton City Hospital, higher socioeconomic need is seen in the western portion of the city, south of Route 50. This area has a maximum Area Deprivation Index score of 10.**

The following table lists the social determinants that contribute to CNI scores and are often indicative of health disparities.

2016-2020 Taylor County Social Determinants of Health by Geography

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	CNI Score
26354, Grafton	17.8%	34.5%	9.3%	4.9%	2.8
26347, Flemington	25.3%	37.0%	5.2%	4.4%	2.6
26440, Thornton	11.4%	2.2%	19.6%	7.6%	2.4
West Virginia	17.1%	23.1%	12.4%	6.2%	N/A
United States	12.8%	17.5%	11.5%	8.7%	N/A

Source: US Census Bureau, American Community Survey

2016-2020 Taylor County Population (Pop.) by Prominent Racial and Ethnic Groups

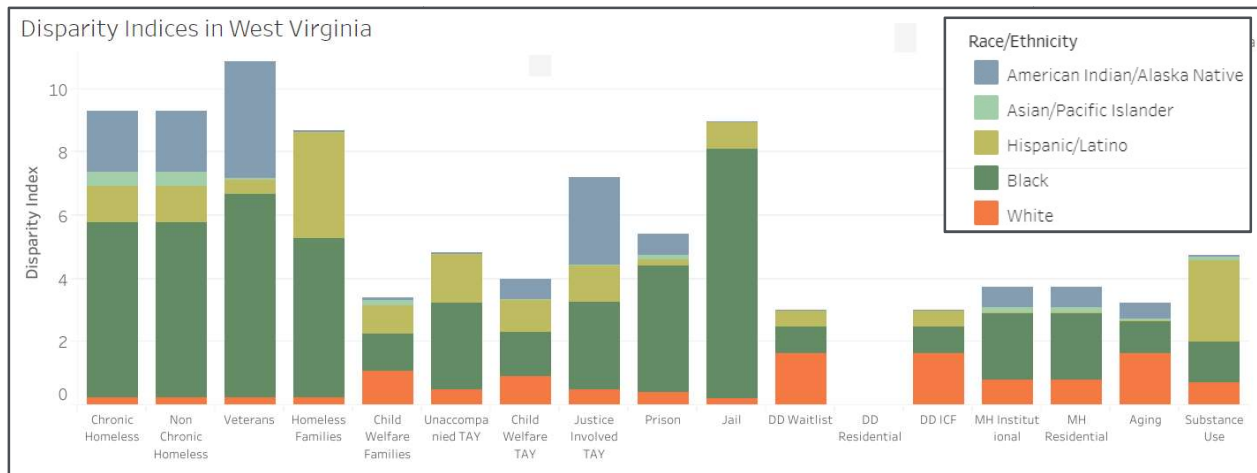
ZIP Code	Total Pop.	White	Black or African American	Two or More Races	Latinx origin (any race)
26354, Grafton	10,927	96.0%	0.9%	2.2%	1.2%
26347, Flemington	2,341	98.8%	0.3%	0.9%	0.4%
26440, Thornton	1,187	95.4%	0.0%	2.3%	0.0%
West Virginia	1,807,426	92.5%	3.6%	2.4%	1.6%
United States	326,569,308	70.4%	12.6%	5.2%	18.2%

Source: US Census Bureau, American Community Survey



The RDDI measures whether a racial group’s representation in a particular public system is proportionate to their representation in the overall population. Public systems include homelessness, veterans, prison/justice systems, child welfare, developmental disabilities, mental health institutions, aging population, and substance use. An index of 1 signifies equal representation; an index below 1 signifies underrepresentation and an index above 1 signifies overrepresentation in a system.

Across West Virginia, Black/African Americans have the highest index score of any other population group at 5.52. This finding indicates overrepresentation in public systems. **Black/African Americans are most often overrepresented among individuals experiencing homelessness and in prison and justice systems.** This finding is consistent with systemic issues of racism within the nation’s criminal justice system that leads to disproportionate incarceration and sentencing among people of color.



Source: Corporation for Supportive Housing

*TAY: Transition-age youth; DD: Developmental Disability; MH: Mental Health

Life expectancy is another measure of the impact of social determinants of health. **Taylor County has an average life expectancy that slightly exceeds the statewide average of 74.8 years.** Across West Virginia, life expectancy is highest for Latinx and Asian residents and lowest for Black/African American residents. Black/African Americans in West Virginia live an average of 2 years less than Whites. This disparity is reflected in mortality data presented in this report. Across West Virginia and the nation, Black/African Americans have a disproportionately higher all-cause death rate compared to other racial and ethnic groups.

2017-2019 Life Expectancy by Race and Ethnicity

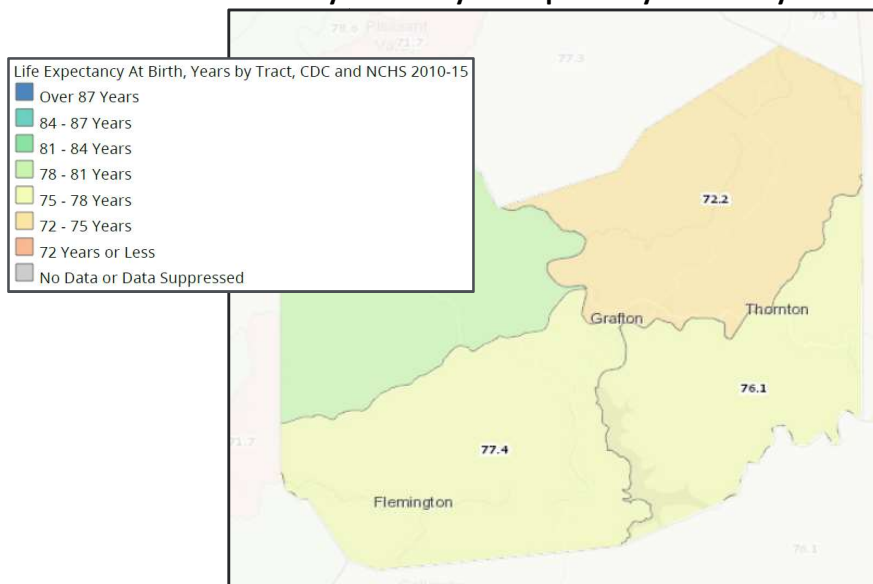
	Overall Life Expectancy	Asian	Black	White	Latinx origin (any race)
Taylor County	77.6	NA	NA	NA	NA
West Virginia	74.8	88.3	72.7	74.7	102.9

Source: National Vital Statistics System



The following map shows average life expectancy at the census tract-level. Areas of lower life expectancy largely align with areas of socioeconomic disadvantage. Of note, **areas within Grafton previously identified as having higher socioeconomic need have an average life expectancy that is as much as 5 to 7 years less than neighboring communities.**

2010-2015 Taylor County Life Expectancy at Birth by Census Tract



COVID-19 Demonstrated Inequities

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities. Unemployment increased by nearly 50% in Taylor County in 2020 and child food insecurity was projected to have increased nearly 25%. While both indicators declined in 2021 to pre-pandemic levels, the potential long-term economic and social impacts from these experiences should continue to be monitored. Communities experiencing socioeconomic disparity before the pandemic were the most vulnerable to COVID-19 incidence and fatality and will likely require more time to fully recover.

The Taylor County rate of COVID cases mirrored the statewide rate, but the death rate was higher, potentially indicating more severe disease incidence and/or delayed treatment. Taylor County also had lower COVID vaccination, estimated at 49.5% of eligible residents in April 2022 compared to 60% statewide and 70% nationally.



Priority Health Needs

It is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs within our community. In determining the issues on which to focus efforts over the next three-year cycle, Grafton City Hospital collected feedback from community partners and sought to align with existing or planned community initiatives. Grafton City Hospital will focus efforts on the following community health priorities over the next three-year cycle:

- ▶ Chronic disease prevention
- ▶ Mental health
- ▶ Substance use disorder

Community Overview

Taylor County is a rural community in the heart of Appalachia and surrounded by rich, natural beauty. The county had a total population of 16,705 as of the 2020 Census, a decline of -1.1% from the 2010 Census. While most Taylor County residents (94%) identify as White, consistent with West Virginia overall, population growth occurred exclusively among non-White individuals. Of note, the multi-racial population more than tripled from the 2010 Census.

Taylor County is an aging community. Approximately 20% of residents are aged 65 or older, an increase from prior years, and higher than the national average of 16%. While the older adult population increased, youth under age 18 also comprise approximately 20% of Taylor County residents, reinforcing the potential impact of upstream, preventative initiatives.

Positive SDoH indicators within Taylor County include housing affordability and homeownership. Approximately 79% of residents own their and fewer than 14% of homeowners are housing cost burdened compared to 27% nationally. Cost burden is defined as spending 30% or more of household income on housing and can negatively impact the health and quality of life of individuals and families.

While the cost of living in Taylor County is lower than national averages, consistent with West Virginia overall, a higher proportion of residents live in poverty. County-wide poverty rates have been generally stable over the past five years, contrary to national declines. Children are disproportionately affected by poverty, and 30% of Taylor County children live in poverty compared to 23% statewide and 17.5% across the US. Taylor County children are also more likely to experience food insecurity, estimated at 21%.

A zip code-level analysis found that poverty is concentrated in 26354, Grafton and 26347, Flemington, where more than one-third of children live in poverty. The health impact of these indicators is demonstrated in life expectancy differences. The area around Grafton has an average life expectancy for residents of 72.2 years compared to 76.1 years or higher in other portions of the county.

Latinx residents comprise a small proportion of the Taylor County population (1.1%), but they are one of the only growing populations. Data indicators for Taylor County Latinx residents are limited due to a small population count, but they should be monitored based on state and national disparities, including poverty and access to care barriers and poorer health outcomes like obesity and diabetes.



Access to Care

Access to healthcare is a significant need in Taylor County. While the proportion of residents without health insurance has declined and is lower than the national average, the county is a Health Professional Shortage Area (HPSA) for primary, dental, and mental healthcare services for low-income residents. Approximately 55-56% of adults statewide and in Taylor County receive annual dental checkups compared to 66% nationally. While a high proportion of county adults (78%) receive annual physical checkups, this finding likely does not reflect care access barriers for individuals with low income.

Lack of public transportation limits access to care and other services in Taylor County. Community partners discussed opportunities to leverage existing transportation providers, such as the senior center, to connect residents with medical services; federal funding initiatives to develop new transportation services; and Community Paramedicine programs to bring healthcare into the community.

Chronic Disease

Access to care barriers and other health risk factors contribute to higher prevalence and death due to chronic disease among Taylor County residents. Residents are less likely to be physically active, more likely to smoke, and more likely to have high blood pressure and/or high cholesterol. Diabetes prevalence has increased, and the diabetes death rate exceeds state and national death rates. Similarly, the heart disease death rate increased sharply since 2017 and exceeds state and national benchmarks.

Respiratory health is a significant need in Taylor County. Consistent with the state, more than 25% of adults smoke and 11% have been diagnosed with asthma. National benchmarks for these indicators are 16% and 8.9% respectively. Taylor County has an increasing rate of death due to chronic lower respiratory disease, and a higher rate of death due to lung cancer than the state and nation.

Chronic disease prevalence is also higher among Taylor County's aging population. Approximately 64% of older adult Medicare beneficiaries have hypertension, 30% have diabetes, and 16% have COPD. These findings are consistent with the state overall but exceed national averages. Taylor County also has a higher rate of emergency department visits among older adults, likely due in part to care access barriers. Other contributors to disease prevalence include social isolation. More than 13% of Taylor County older adults live alone, a similar proportion as the state, but higher than the national average of 11%.

Behavioral Health

Socioeconomic and physical health outcomes are directly linked to behavioral health outcomes, and vice versa. Adults in West Virginia and Taylor County report an average of six poor mental health days per month compared to a national average of four days. While a suicide death rate is not reportable for Taylor County due to low counts, it should be monitored in light of higher statewide death trends.

From 2016 to 2020, Taylor County had a total of 18 accidental drug overdose deaths. While a rate of death is not reported due to a low death count, community agencies have seen an increase in demand for treatment services, as well as community impact such as loss of family structure and grandfamilies.

A full summary of statistical data findings for Taylor County, with comparisons to Preston County, West Virginia, and the nation follows.

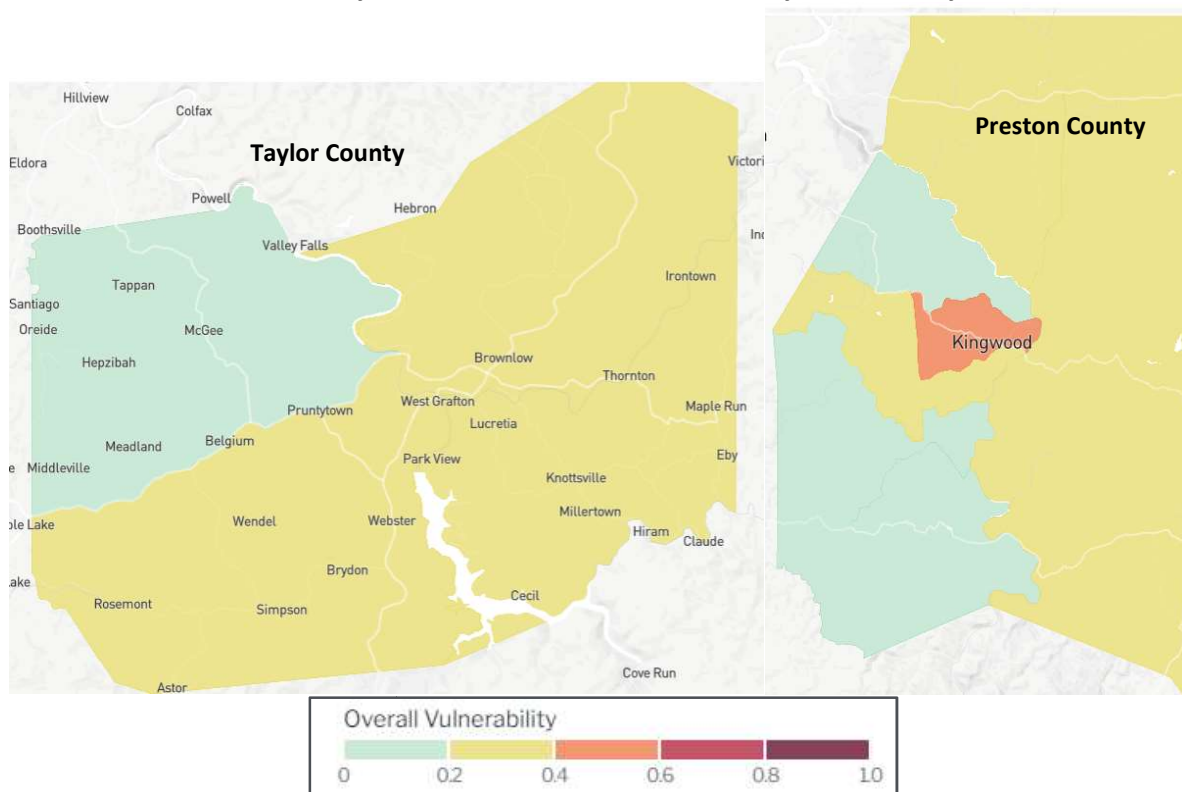


COVID-19 Impact on Communities

COVID-19 is the name of the disease caused by the SARS-CoV-2 virus. "CO" stands for corona, "VI" for virus, and "D" for disease. The number "19" refers to the year 2019 when the first case of COVID-19 was identified. COVID-19 has not impacted all people equally. Rather, certain structural issues—population density, low income, crowded workplaces, etc.—contribute to higher levels of spread and worse outcomes from COVID-19 in select communities. Surgo Ventures developed the Community Vulnerability Index to measure how well any community in the US could respond to the health, economic, and social consequences of COVID-19 without intentional response and additional support.

Using this scale, Preston and Taylor counties have “Low” vulnerability compared to other parts of the US. Among the factors impacting this score are health system resources and living and working conditions. Within the region, Kingwood has the highest vulnerability to COVID-19. This finding is consistent with existing socioeconomic disadvantages in Kingwood that may make it hard to respond to and recover from a COVID-19 outbreak.

Preston and Taylor Counties: COVID-19 Community Vulnerability Index



Source: COVID Act Now



As of April 8, 2022, Preston and Taylor counties had a combined 11,960 COVID-19 cases and 206 related deaths. Of note, **while Preston County had a higher COVID-19 case rate, Taylor County had a higher death rate that exceeded statewide and national benchmarks.** This finding may indicate more severe disease incidence and/or delayed care and treatment.

COVID-19 Cases and Death Rates per 100,000 (as of April 8, 2022)

	Total Confirmed Cases	Case Rate per 100,000*	Total Deaths	Death Rate per 100,000*
Preston County	8,221	24,027	133	389
Taylor County	3,739	22,383	73	437
West Virginia	395,346	22,041	6,753	376
United States	80,191,020	24,194	982,663	296

Source: West Virginia Department of Health & Human Resources, Center for Disease Control and Prevention

*Calculated based on 2020 population counts.

COVID-19 vaccination will be essential to managing the pandemic and healthcare resources. **Across West Virginia on April 8, 2022, there were 116 active COVID-19 hospitalizations and 55.2% of patients were unvaccinated.** The following table shows the percentage of eligible residents either partially or fully vaccinated.

West Virginia overall has lower COVID-19 vaccine coverage than the national average. While both Preston and Taylor counties have lower vaccine coverage than the state, **Taylor County falls well below the statewide average with less than 60% of residents fully vaccinated.**

COVID-19 Vaccination among Population Age 5 or Older (as of April 1, 2022)

	Total Vaccinated	
	Partially Vaccinated	Fully Vaccinated
Preston County	65.2%	58.6%
Taylor County	53.4%	49.5%
West Virginia	68.1%	60.3%
United States	81.8%	69.7%

Source: Center for Disease Control and Prevention



Service Area Population Trends

Demographics

Since 2010, West Virginia saw population decline of -3.2% compared to overall national population growth of +7.4%. Taylor County also saw population decline of -1.1%, while Preston County saw small population growth of +2.1%.

2020 Total Population

	Total Population	Percent Change Since 2010
Preston County	34,216	+2.1%
Taylor County	16,705	-1.1%
West Virginia	1,793,716	-3.2%
United States	331,449,281	+7.4%

Source: US Census Bureau, Decennial Census

Consistent with state and national benchmarks, population growth within Preston and Taylor counties occurred exclusively among non-White individuals. From 2010 to 2020, the White population declined approximately 5-6% in either county. In both counties, the multiracial population more than tripled and accounted for 3-5% of the total population in 2020. In Preston County, the Black/African American population more than quadrupled and accounted for 6% of the total population in 2020, a higher proportion than the state overall. Despite increasing diversity, Preston and Taylor counties and West Virginia continue to reflect a majority White population.

2020 Population by Race and Ethnicity

	White	Black or African American	Asian	American Indian / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Two or More Races	Latinx origin (any race)
Preston County	90.1%	6.0%	0.2%	0.2%	0.0%	0.2%	3.3%	2.0%
Taylor County	94.0%	0.7%	0.2%	0.1%	0.0%	0.2%	4.7%	1.1%
West Virginia	89.8%	3.7%	0.8%	0.2%	0.0%	0.7%	4.7%	1.9%
United States	61.6%	12.4%	6.0%	1.1%	0.2%	8.4%	10.2%	18.7%

Source: US Census Bureau, Decennial Census

Population Change among Prominent Racial and Ethnic Groups, 2010 to 2020

	White	Black or African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
Preston County	-5.8%	+465.7%	+18.8%	+32.1%	+334.5%	+203.5%
Taylor County	-4.7%	-8.8%	-31.7%	+100.0%	+357.9%	+25.2%
West Virginia	-7.4%	+4.3%	+21.8%	+111.1%	+213.0%	+56.4%
United States	-8.6%	+5.6%	+35.5%	+46.1%	+275.7%	+23.0%

Source: US Census Bureau, Decennial Census



Health needs change as individuals age. Therefore, the age distribution of a community impacts its social and healthcare needs. **The age distribution and median age of Preston and Taylor counties is similar to West Virginia overall and older than the nation.** Approximately 20% of county residents are aged 65 or older compared to 16% nationwide.

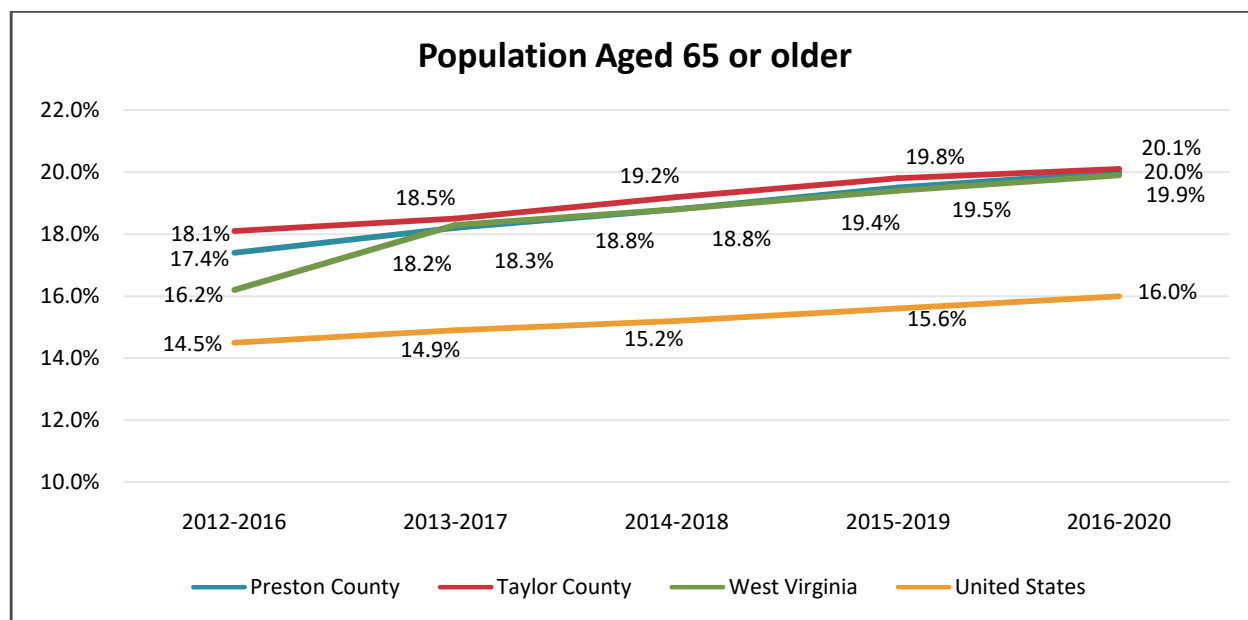
The proportion of older adult residents increased across Preston and Taylor counties, West Virginia, and the nation. Nationally, among older adults aged 65 or older, the 65-74 age category is the fastest growing demographic, largely due to the aging of the baby boomer generation.

While the older adult population increased in Preston and Taylor counties, youth under age 18 comprise approximately 1 in 5 residents. This finding reinforces the potential impact of upstream, preventative initiatives.

2016-2020 Population by Age

	Gen Z/ Gen C	Gen Z	Millennial	Millennial/ Gen X	Gen X	Boomers	Boomers/ Silent	Median Age
	Under 18 years	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and over	
Preston County	18.8%	6.7%	13.4%	13.2%	13.6%	14.4%	20.0%	43.3
Taylor County	20.0%	6.2%	12.9%	12.4%	13.9%	14.5%	20.1%	43.9
West Virginia	20.2%	8.8%	11.9%	12.0%	12.9%	14.3%	19.9%	42.7
United States	22.4%	9.3%	13.9%	12.6%	12.7%	12.9%	16.0%	38.2

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey



Income and Work

Consistent with West Virginia overall, a higher proportion of Preston and Taylor county residents live in poverty when compared to the nation. **Poverty within the state and region has been generally stable over the past five years, contrary to declines seen nationally.** Taylor County residents are slightly more likely to live in poverty (17%) than Preston County residents (15%).

Children are disproportionately affected by poverty, and nearly 23% of children in West Virginia live in poverty compared to 17.5% nationally. **Childhood poverty is higher in Taylor County at an estimated 30%. In Preston County, it is worth noting that more than 1 in 10 older adults live in poverty,** a higher proportion than the state or nation and significant due to the large and growing proportion of older adult residents.

Statewide and nationally, poverty has historically been disproportionately higher among people of color. Across West Virginia, Black/African Americans have the highest poverty rates at approximately 29% compared to 16.5% of Whites. Poverty data by race and ethnicity are not shown for Preston and Taylor counties due to low counts.

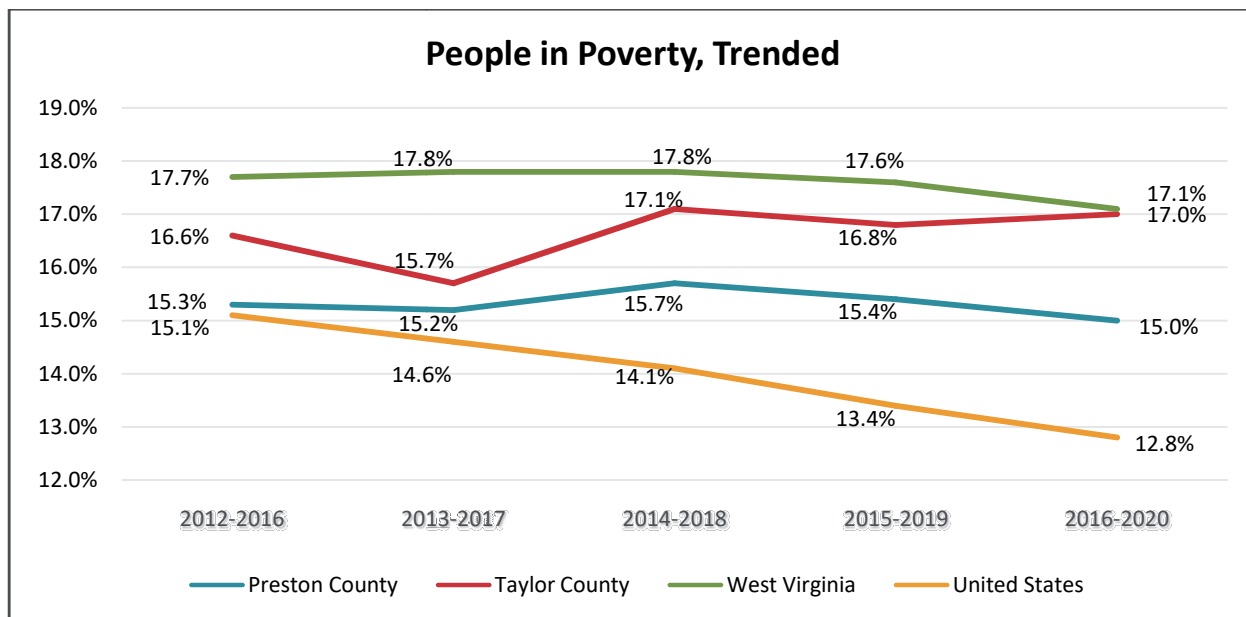
Note, income and poverty data reflect aggregated findings for 2016-2020 and may not demonstrate economic hardship experienced by individuals and families during the pandemic. Unemployment and food insecurity data for 2020 and 2021 provide insight into the economic impact of the pandemic.

COVID-19 had a significant impact on unemployment rates across the nation. By the end of 2020, average unemployment for the US was approximately double what it was at the beginning of the year. **Preston and Taylor counties had higher unemployment than the nation before than pandemic but saw smaller increases in unemployment in 2020.** Both counties averaged 7% unemployment in 2020 compared to the state and national average of 8%. Unemployment declined in 2021, falling below pre-pandemic levels and mirroring the national average, however, potential economic and social impacts from higher unemployment during the pandemic should continue to be monitored.

Economic Indicators

	Preston County	Taylor County	West Virginia	United States
Income and Poverty (2016-2020)				
Median household income	\$51,992	\$52,958	\$48,037	\$64,994
People in poverty	15.0%	17.0%	17.1%	12.8%
Children in poverty	19.9%	30.0%	23.1%	17.5%
Older adults (65+) in poverty	13.3%	5.0%	9.8%	9.3%
Unemployment				
January 2020	5.2%	5.5%	5.7%	4.0%
2020 average	7.3%	7.4%	8.2%	8.1%
January 2022	4.5%	4.3%	4.4%	4.4%

Source: US Census Bureau, American Community Survey & US Bureau of Labor Statistics



Source: US Census Bureau, American Community Survey

2016-2020 People in Poverty among Prominent Racial and Ethnic Groups

	White	Black / African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
West Virginia	16.5%	29.0%	14.6%	28.0%	24.0%	18.9%
United States	10.6%	22.1%	10.6%	19.7%	15.1%	18.3%

Source: US Census Bureau, American Community Survey

*Data are not reported for Preston and Taylor counties due to low counts.

Food Insecurity

Food insecurity is defined as not having reliable access to a sufficient amount of nutritious, affordable food. Food insecurity is associated with lower household income and poverty, as well as poorer overall health status. Similar to unemployment rates, COVID-19 had a profound impact on food insecurity, particularly among children. **From 2019 to 2020, the percentage of food insecure children was projected to increase approximately 4 percentage points across Preston and Taylor counties and West Virginia.** Prior to 2020, food insecurity among all residents and children was declining.

Projected food insecurity declined in 2021 but should continue to be monitored for long-term health impacts. **Consistent with having higher reported child poverty, Taylor County has a higher proportion of food insecure children than other reported geographies, estimated at nearly 21%.**



Trended and Projected Food Insecurity

	Preston County	Taylor County	West Virginia	United States
All Residents				
2021 (projected)	11.6%	13.5%	14.0%	12.9%
2020 (projected)	13.2%	15.1%	15.6%	13.9%
2019	11.0%	12.9%	13.5%	10.9%
Children				
2021 (projected)	17.6%	20.9%	19.2%	17.9%
2020 (projected)	20.8%	24.2%	22.5%	19.9%
2019	17.0%	20.2%	19.0%	14.6%

Source: Feeding America

Education

Educational attainment is one of the strongest predictors of longevity and economic stability. While a similar or higher percentage of Preston and Taylor county adults complete high school when compared to the state and nation, fewer adults pursue higher education. **Approximately 16% of Preston County adults and 19% of Taylor County adults have a bachelor's degree or higher compared to 33% nationwide.** Educational attainment data by race and ethnicity are not shown for Preston and Taylor counties due to low counts. Statewide and nationally, significant educational attainment disparities affect people of color, particularly Black/African Americans and Latinx.

2016-2020 Educational Attainment

	Less than high school diploma	High school graduate (includes GED)	Some college or associate's degree	Bachelor's degree	Graduate or professional degree
Preston County	13.4%	49.0%	21.3%	10.0%	6.3%
Taylor County	9.2%	43.6%	28.3%	12.3%	6.5%
West Virginia	12.4%	40.0%	26.3%	12.7%	8.6%
United States	11.5%	26.7%	28.9%	20.2%	12.7%

Source: US Census Bureau, American Community Survey

2016-2020 Population with a Bachelor's Degree by Prominent Racial and Ethnic Group

	White	Black / African American	Asian	Other Race	Two or More Races	Latinx origin (any race)
West Virginia	21.1%	17.1%	64.1%	22.5%	23.5%	23.8%
United States	34.4%	22.6%	55.0%	13.1%	29.7%	17.6%

Source: US Census Bureau, American Community Survey

*Data are not reported for Preston and Taylor counties due to low counts.



Housing

Housing is the largest single expense for most households and should represent no more than 30% of a household's monthly income. West Virginia overall has a lower median home value than the nation and Preston and Taylor counties have a lower median home value than the state. **Residents of both counties are more likely to own their home, and fewer homeowners are considered housing cost burdened compared to state and national benchmarks.** The median rent in Preston and Taylor counties is also lower than state and national medians and fewer renters are considered housing cost burdened.

It is worth noting that Preston County residents are more likely to experience housing cost burden than Taylor County residents, despite having a similar median household income and median home value. This finding should be further explored as it may indicate a wealth gap among Preston County residents and those who can and cannot afford their housing.

2016-2020 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Home Value	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Preston County	81.3%	\$121,300	19.9%	18.7%	\$662	38.5%
Taylor County	78.8%	\$116,000	13.3%	21.2%	\$664	26.1%
West Virginia	73.7%	\$123,200	21.1%	26.3%	\$732	47.7%
United States	64.4%	\$229,800	27.4%	35.6%	\$1,096	49.1%

Source: US Census Bureau, American Community Survey

*Defined as spending 30% or more of household income on rent or mortgage expenses.

Consistent with West Virginia overall, Preston and Taylor counties have older housing stock than the nation with less than 5% of housing units built after 2009. Taylor County has older housing stock than Preston County with 61% of units built before 1980.

Quality housing has a direct impact on health. Housing built before 1979 may contain lead paint and other hazardous materials like asbestos and can put residents at risk of health issues including lead poisoning, asthma, injury, and other chronic diseases. Relative to asthma, residents of West Virginia and Preston and Taylor counties have a higher prevalence than their peers nationwide. As of 2019, 11.6% of West Virginia adults reported having a current asthma diagnosis compared to 8.9% nationally. Within Preston and Taylor counties, 10.6% and 11.0% of adults have asthma, respectively.

2016-2020 Housing by Year Built

	Before 1980	1980-1999	2000-2009	2010-2013	2014 or Later
Preston County	52.3%	29.6%	13.7%	2.1%	2.3%
Taylor County	61.0%	26.0%	9.6%	2.5%	0.9%
West Virginia	58.8%	25.7%	11.3%	2.3%	1.8%
United States	52.9%	27.3%	13.6%	2.7%	3.5%

Source: US Census Bureau, American Community Survey



Asthma is the most common chronic condition among children, and a leading cause of hospitalization and school absenteeism. In 2019, nearly 1 in 4 children in West Virginia had been diagnosed with asthma, a similar proportion as the nation overall. Nationally, Black/African American children have a disproportionately higher prevalence of asthma compared to other racial and ethnic groups. This finding can be partially attributed to social determinants of health barriers and inequities such as living in lower quality and older housing.

2019 High School Students Ever Diagnosed with Asthma

	West Virginia	United States
Total	22.7%	21.8%
Black or African American	N/A	29.2%
White	22.0%	19.8%
Latinx origin (any race)	N/A	21.0%

Source: Centers for Disease Control and Prevention, YRBS

Related to housing concerns is access to computers and internet service. Termed the "digital divide," there is a growing gap between the underprivileged members of society—especially poor, rural, elderly, and disabled populations—who do not have access to computers or the internet and the wealthy, middle-class, and young Americans living in urban and suburban areas who have access.

West Virginia overall has lower digital access than the nation with approximately 86% of households reporting access to a computer device and 79% reporting access to broadband internet. **Taylor County has higher digital access than the state, more closely mirroring national averages, while Preston County has lower digital access than the state and nation.**

2016-2020 Households by Digital Access

	With Computer Access			With Internet Access	
	Computer Device	Desktop / Laptop	Smartphone	Internet Subscription	Broadband Internet
Preston County	85.1%	68.6%	68.5%	78.7%	77.5%
Taylor County	89.3%	68.5%	74.8%	83.7%	83.5%
West Virginia	86.2%	68.6%	73.0%	79.2%	78.9%
United States	91.9%	78.3%	83.7%	85.5%	85.2%

Source: US Census Bureau, American Community Survey



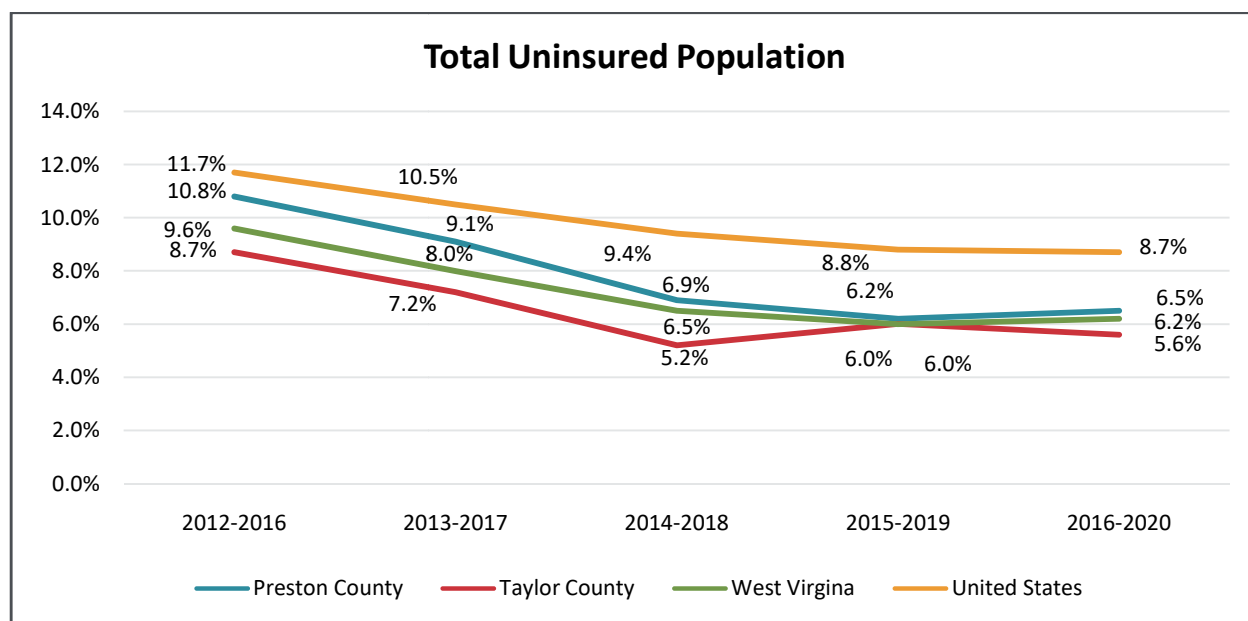
Our Health Status as a Community

Access to Healthcare

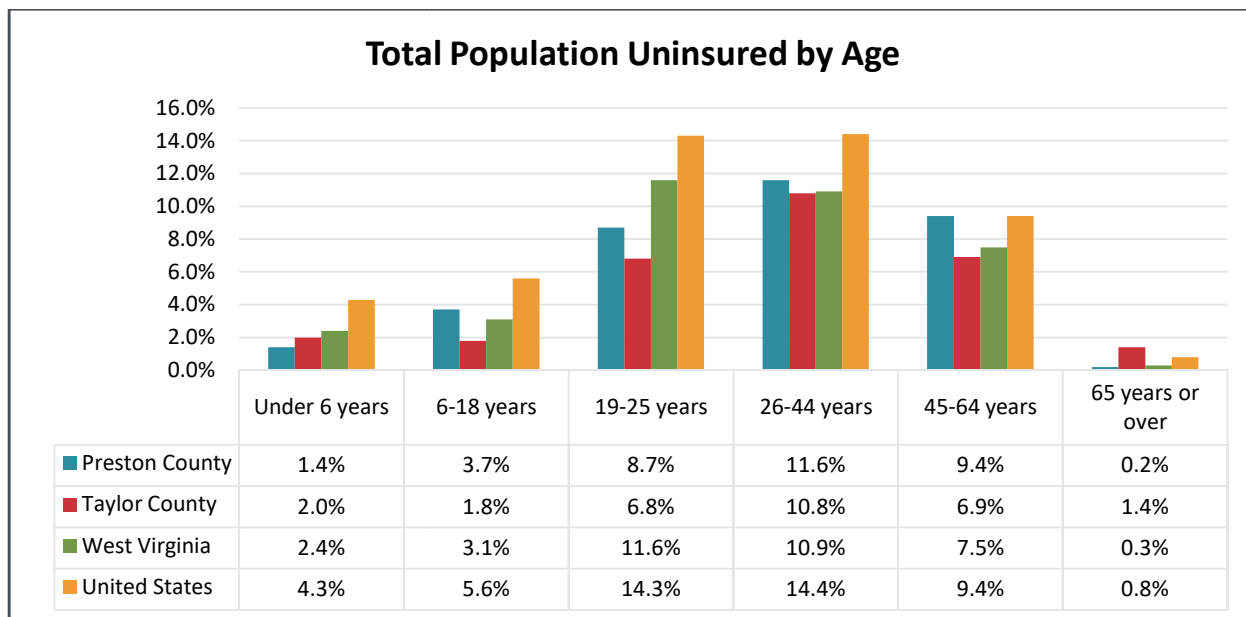
West Virginia, including Preston and Taylor counties, continues to have a lower percentage of uninsured residents than the nation and meets the HP2030 goal of 92.1% insured residents. When considered by age group, Preston and Taylor counties have lower uninsured rates than the nation for all age groups, excluding adults aged 45-64 in Preston County and seniors in Taylor County.

Among insured Preston and Taylor county residents, more than half have employer-based insurance, a similar proportion as the state and nation. Consistent with age demographics for the region, **approximately one-quarter of residents have Medicare insurance compared to 17.6% nationally.** A slightly higher proportion of residents are Medicaid insured (22-23%) compared to the nation (20%).

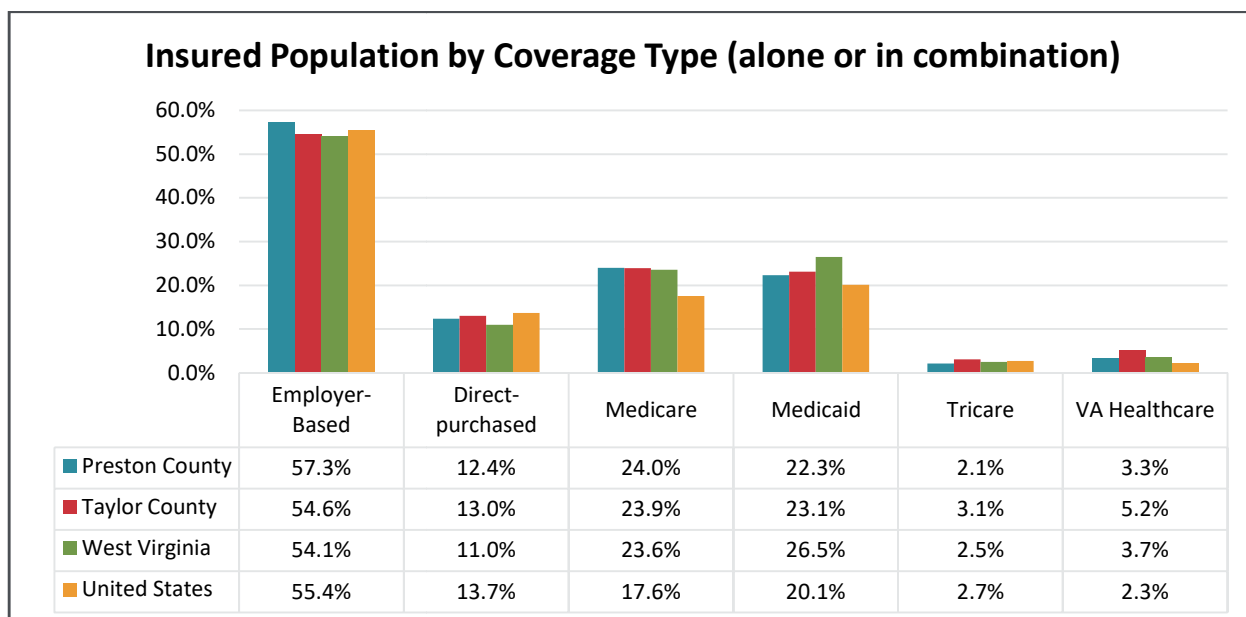
Uninsured data by race and ethnicity are not shown for Preston and Taylor counties due to low counts. Nationally, Latinx have the highest uninsured rate of any racial or ethnic group, estimated at 17.7% compared to the White uninsured rate of 7.6%. This finding is of note for Preston County, where the Latinx population more than doubled from 2010 to 2020.



Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

Availability of healthcare providers also impacts access to care and health outcomes. Preston and Taylor counties have fewer primary care providers than the state and nation, as indicated by the rate of primary care physicians per 100,000 population, and **both counties are designated as Health Professional Shortage Areas (HPSAs) for low-income populations. Despite this finding, approximately 78% of adults reported having a routine checkup in 2019**, a similar or higher proportion than the state and nation.



Preston and Taylor counties also have fewer dentists than the state and nation and are designated HPSAs for low-income populations. Consistent with the state, fewer adults in either county receive regular dental care.

COVID-19 had a significant impact on access to care. Nationally, the percentage of adults receiving a routine physical checkup declined from 77.6% in 2019 to 76% in 2020. West Virginia differed from the nation in that the percentage of adults receiving a routine physical checkup increased from 77.6% in 2019 to 79.3% in 2020. Note: county-level data for 2020 are not yet available.

Primary and Dental Provider Rates and Age-Adjusted Adult Healthcare Access

	Primary Care		Dental Care	
	Physicians per 100,000 Population (2018)	Routine Checkup within Past Year (2019)	Dentists per 100,000 Population (2019)	Dental Visit within Past Year (2018)
Preston County	41.4	78.2%	26.9	57.1%
Taylor County	35.6	78.0%	29.9	54.6%
West Virginia	78.2	77.6%	56.8	56.0%
United States	75.8	75.0%	71.4	66.2%

Source: Health Resources and Services Administration & Centers for Disease Control and Prevention, PLACES & BRFSS

Health Risk Factors and Chronic Disease

Residents of Preston and Taylor counties have more health risk factors and higher prevalence and mortality due to chronic disease. **In 2019, approximately one-third of county adults reported being physically inactive compared to one-quarter of adults nationally. Similarly, one-quarter of county adults reported smoking compared to less than one-fifth of adults nationally.**

The following report sections further explore health risk factors and chronic disease, and their connection to underlying social determinants of health. Social determinants of health not only lead to poorer health outcomes and the onset of disease, but they are also likely to impede disease management and treatment efforts, further exacerbating poorer health outcomes.

2019 Age-Adjusted Adult Health Risk Factors

	No Leisure-Time Physical Activity in Past 30 Days	Current Smokers
Preston County	31.5%	24.8%
Taylor County	33.0%	25.6%
West Virginia	29.2%	25.4%
United States	25.6%	15.7%

Source: Centers for Disease Control and Prevention, PLACES & BRFSS

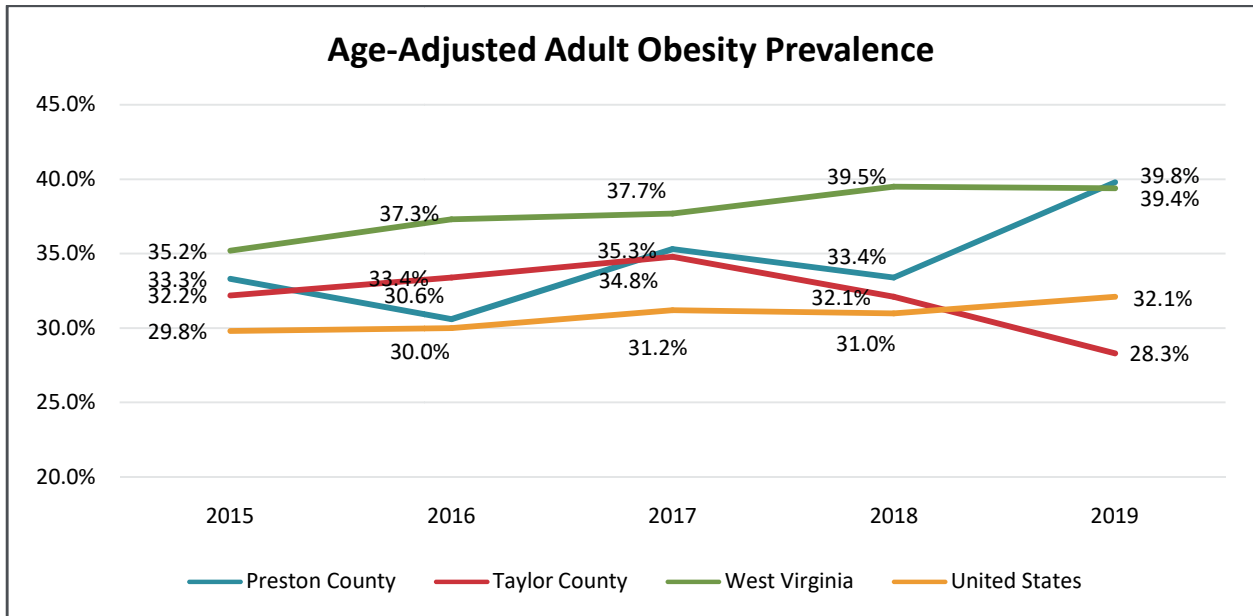
Obesity and Diabetes

West Virginia adults have historically higher prevalence of obesity and diabetes, and a higher death rate due to diabetes, compared to national benchmarks. Statewide prevalence and death rates have

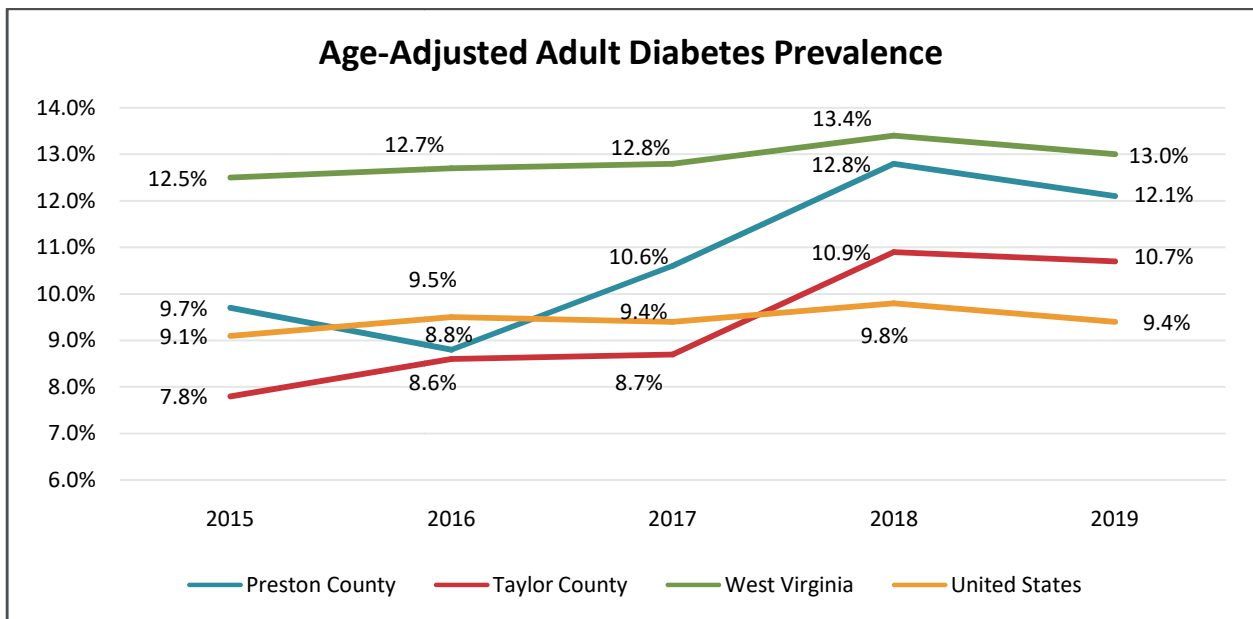


generally increased over the past five years. **Preston County also reports higher prevalence of obesity and diabetes, largely mirroring statewide averages in 2019**, although the death rate declined in recent years. **While Taylor County saw lower and declining obesity in 2018 and 2019, diabetes prevalence continued to exceed the nation and the diabetes death rate exceeds state and national benchmarks.**

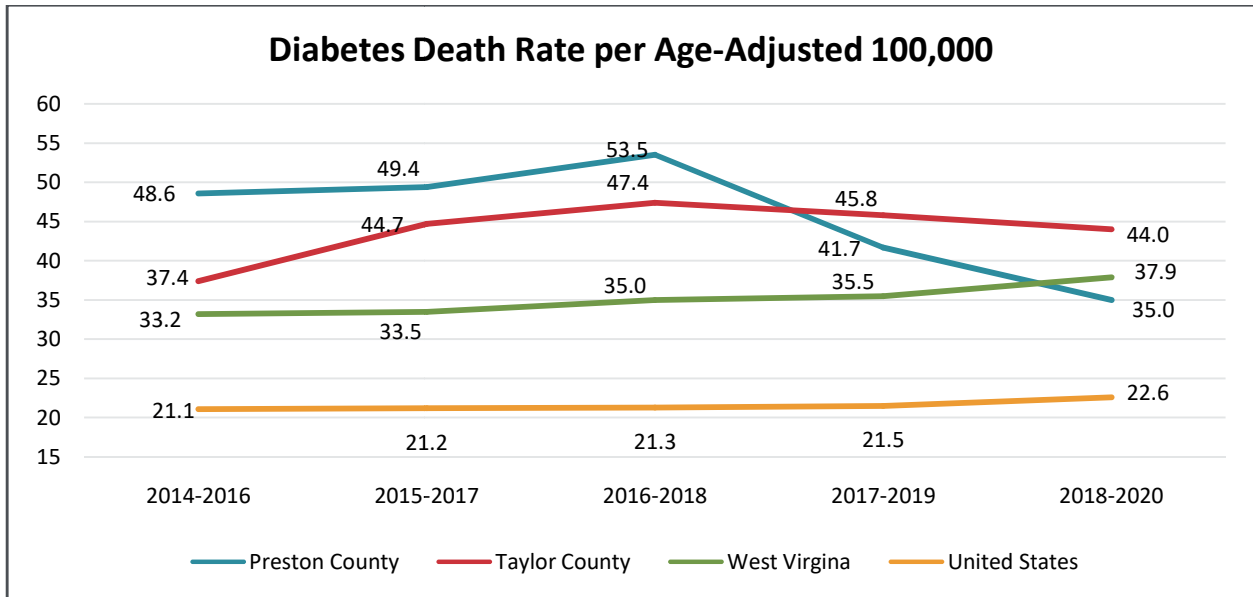
Statewide and nationally, the diabetes death rate for Black/African Americans is more than double the death rate for Whites. Data by race and ethnicity are not reported for Preston and Taylor counties due to low counts.



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention

2018-2020 Diabetes Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Preston County	Taylor County	West Virginia	United States
Total Population	35.0	44.0	37.9	22.6
White, Non-Hispanic	35.5	45.0	37.6	19.7
Black or African American, Non-Hispanic	NA	NA	67.1	41.3
Latinx origin (any race)	NA	NA	NA	27.2

Source: Centers for Disease Control and Prevention

Heart Disease

Heart disease is the leading cause of death nationally, and high blood pressure and high cholesterol are two of the primary causes. **Preston and Taylor counties have a similarly high prevalence of high blood pressure and high cholesterol as the state, and a higher heart disease death rate than the state and nation.** While the heart disease death rate increased in both counties in recent years, it increased more than 50 points in Taylor County between 2017 and 2020.

Nationally, the heart disease death rate is higher for Black/African Americans than other racial groups. West Virginia differs from the nation with a similar death rate for Whites and Black/African Americans.

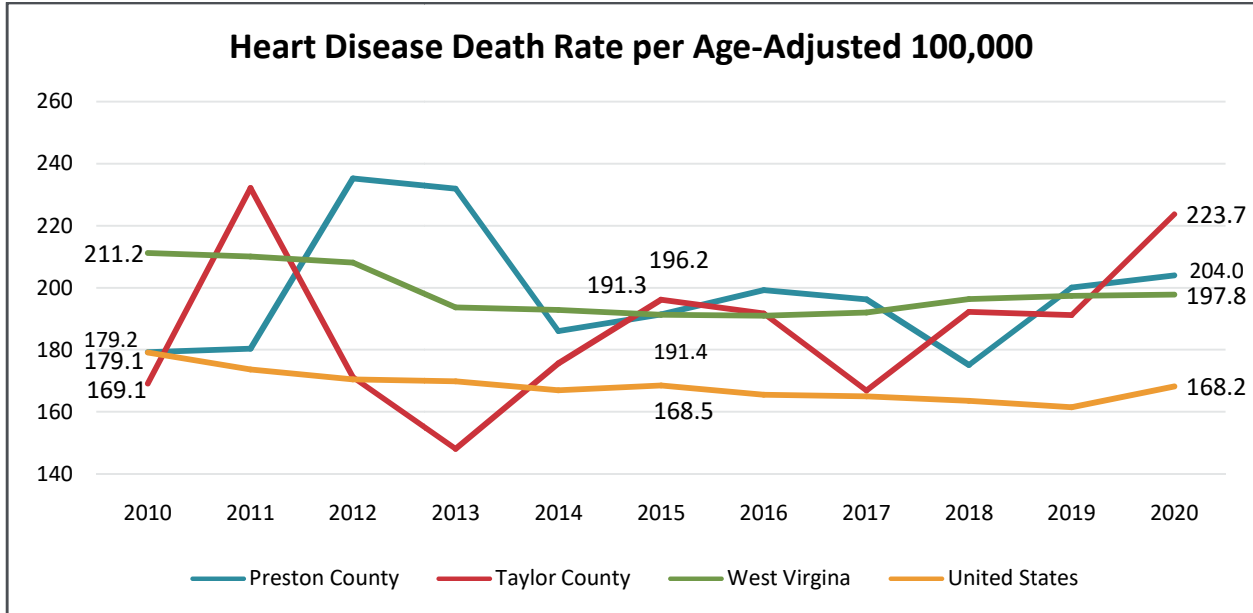
2019 Age-Adjusted Adult Heart Disease Risk Factors

	Adults with High Blood Pressure	Adults with High Cholesterol
Preston County	36.7%	30.3%
Taylor County	37.8%	34.2%
West Virginia	38.5%	33.5%



United States	29.6%	28.7%
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Source: Centers for Disease Control and Prevention, PLACES & BRFSS



Source: Centers for Disease Control and Prevention

2020 Heart Disease Death Rate per Age-Adjusted 100,000 by Race and Ethnicity

	Preston County	Taylor County	West Virginia	United States
Total Population	204.0	223.7	197.8	168.2
White, Non-Hispanic	204.7	224.8	200.1	170.1
Black or African American, Non-Hispanic	NA	NA	205.3	228.6
Latinx origin (any race)	NA	NA	NA	122.7

Source: Centers for Disease Control and Prevention

Cancer

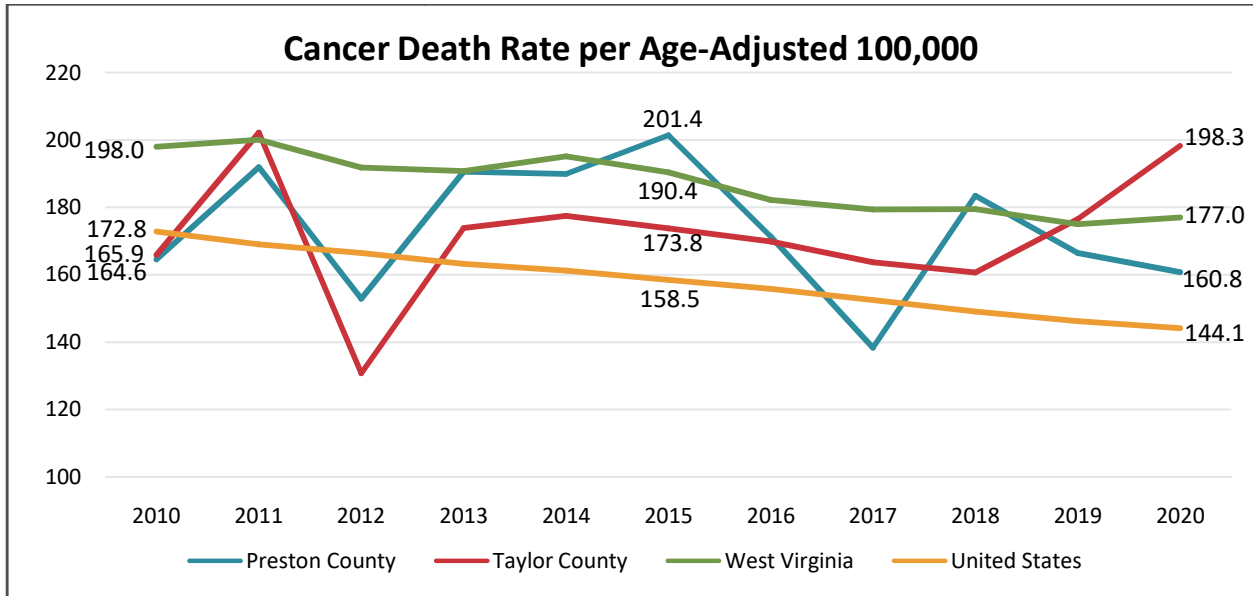
Cancer is the second leading cause of death nationally. **Preston and Taylor counties have a similar cancer incidence rate as the nation overall, but historically higher death rates. This finding is often indicative of delayed screening practices and later stage diagnosis.** Cancer death rates have been variable in Preston and Taylor counties over the past decade, but the Taylor County death rate increased nearly 40 points from 2018 to 2020 and should continue to be monitored. Cancer deaths in Taylor County are largely due to disparities in lung cancer. The lung cancer death rate is nearly 60% higher in Taylor County compared to the nation. In Preston County, there are notable disparities in deaths due to female breast and prostate cancers, which may be due in part to delayed screening practices.

2014-2018 Cancer Incidence (All Types) per Age-Adjusted 100,000

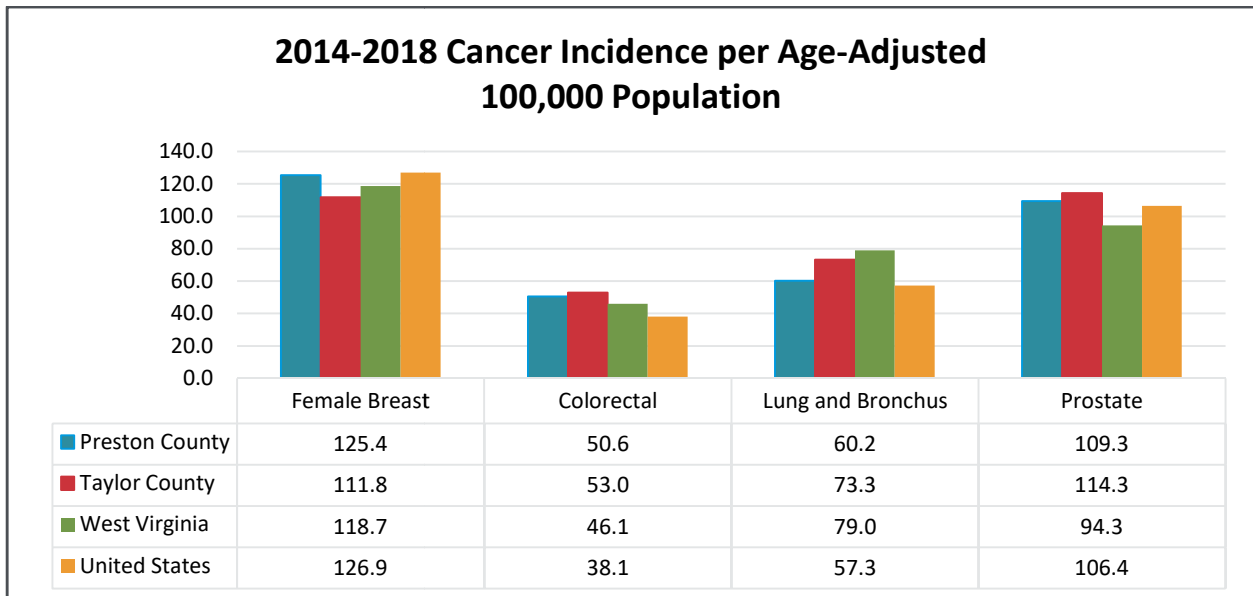
Preston County	Taylor County	West Virginia	United States
456.8	464.3	483.5	448.6



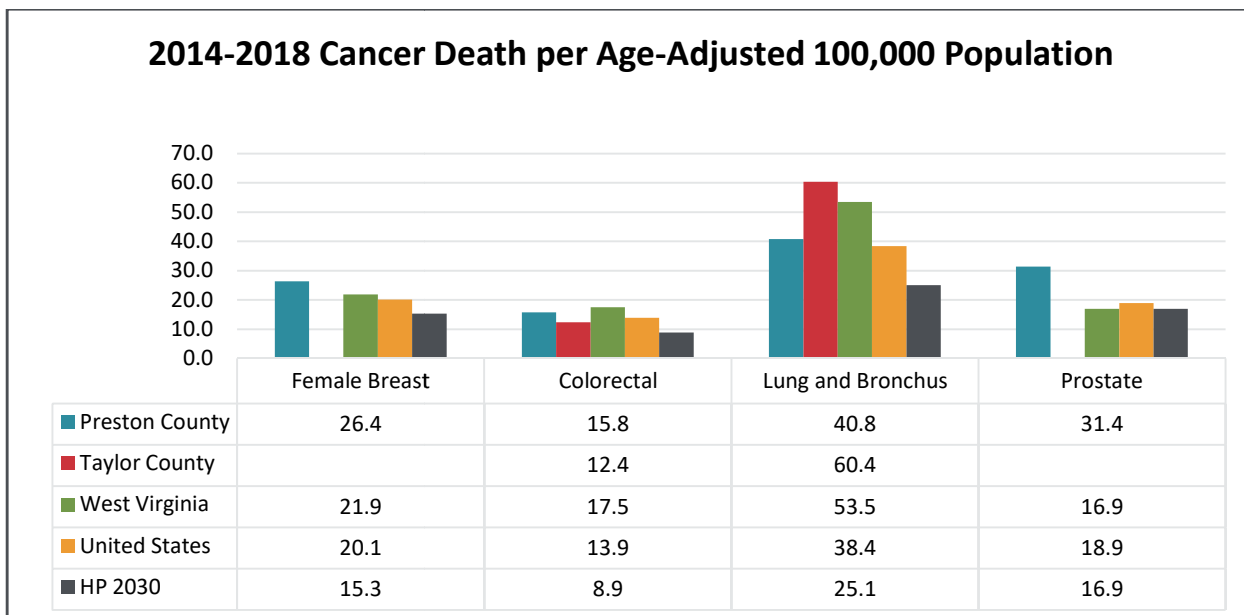
Source: Centers for Disease Control and Prevention, United States Cancer Statistics



Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention, United States Cancer Statistics



Source: Centers for Disease Control and Prevention

*Data by county are reported as available.

Respiratory Disease

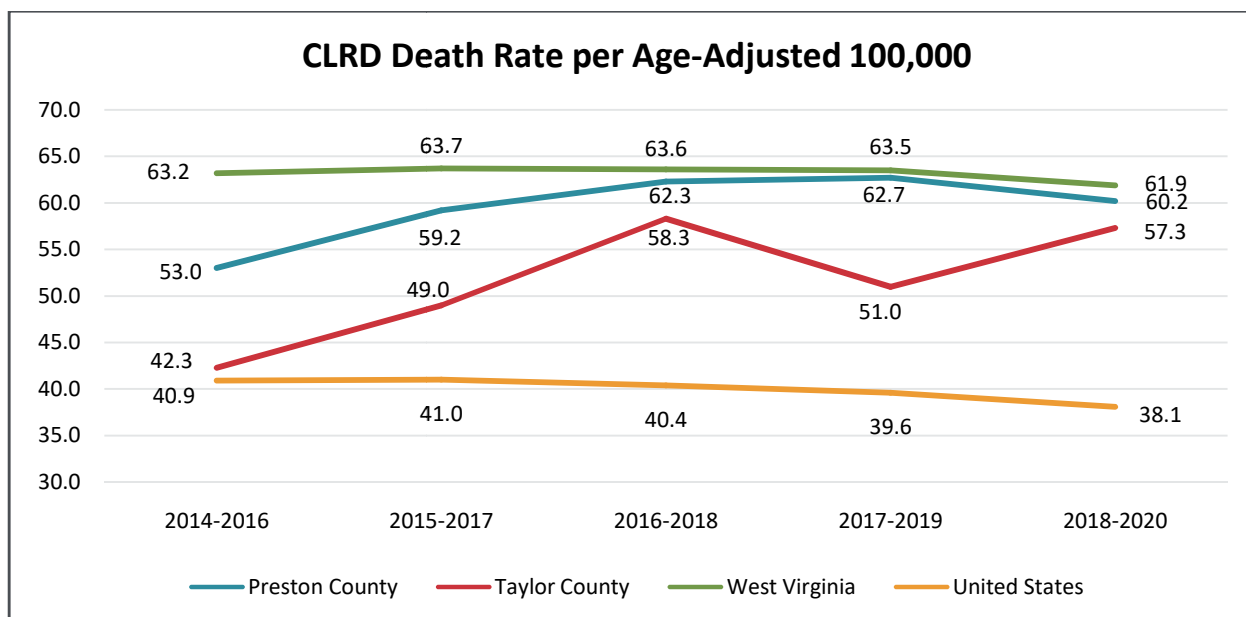
Chronic lower respiratory disease (CLRD) includes several chronic conditions of the respiratory tract, including chronic obstructive pulmonary disease (COPD). Adults living in West Virginia, including Preston and Taylor counties, have a higher prevalence of COPD than the nation overall. This finding is consistent with higher reported tobacco use among residents.

Consistent with the state, Preston and Taylor counties also have a higher rate of death due to CLRD than the nation. State and county death rates have generally increased or been stagnant in recent years, contrary to national trends.

2019 Age-Adjusted Adult COPD Diagnosis

	Adults with COPD
Preston County	9.2%
Taylor County	9.6%
West Virginia	10.5%
United States	5.9%

Source: Centers for Disease Control and Prevention, PLACES & BRFS



Source: Centers for Disease Control and Prevention

Aging Population

Preston and Taylor counties are aging at a faster rate than the nation overall, and older adults residing in these communities are generally less healthy than their peers nationally.

Among Medicare beneficiaries aged 65 or older, approximately 74% in Preston County and 71% in Taylor County have two or more chronic conditions compared to the national average of 70%. **In addition to having an overall higher proportion of older adult Medicare beneficiaries with multiple chronic conditions than the nation, Preston County has a higher proportion with six or more conditions.**

2018 Chronic Condition Comorbidities among Medicare Beneficiaries 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Preston County	26.2%	28.7%	23.4%	21.7%
Taylor County	29.4%	29.5%	21.9%	19.1%
West Virginia	24.9%	27.6%	24.8%	22.7%
United States	29.7%	29.4%	22.8%	18.2%

Source: Centers for Medicare & Medicaid Services

Older adult healthcare utilization and costs increase significantly with a higher number of reported chronic diseases. Tracking these indicators helps plan allocation of resources to best anticipate and serve need in the community. When compared to the nation, **Preston and Taylor counties generally have similar or lower per capita spending among older adult Medicare beneficiaries. Contrary to this finding, both counties, particularly Taylor County, have a higher rate of emergency department (ED) visits among beneficiaries.** This finding may be due in part to overall access to care barriers experienced by residents in these communities.



2018 Per Capita Standardized Spending* for Medicare Beneficiaries Aged 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Preston County	\$1,419	\$4,525	\$10,330	\$28,052
Taylor County	\$1,534	\$5,469	\$10,370	\$31,297
West Virginia	\$1,410	\$4,470	\$9,084	\$26,896
United States	\$1,944	\$5,502	\$10,509	\$29,045

Source: Centers for Medicare & Medicaid Services

*Standardized spending takes into account payment factors that are unrelated to the care provided (e.g. geographic variation in Medicare payment amounts).

2018 ED Visits per 1,000 Medicare Beneficiaries Aged 65 Years or Older

	0 to 1 Condition	2 to 3 Conditions	4 to 5 Conditions	6 or More Conditions
Preston County	120	355	665	1,852
Taylor County	186	420	833	2,382
West Virginia	134	352	672	1,916
United States	123	318	621	1,719

Source: Centers for Medicare & Medicaid Services

Nationally, the most common chronic conditions among older adult Medicare beneficiaries, in order of prevalence, are hypertension, high cholesterol, and arthritis. This finding is consistent for West Virginia and Preston and Taylor counties.

West Virginia older adult Medicare beneficiaries have a higher prevalence of chronic conditions compared to their peers across the nation, with few exceptions. **Across West Virginia and Preston and Taylor counties, older adult Medicare beneficiaries have a notably higher prevalence of arthritis, COPD, depression, diabetes, high cholesterol, hypertension, and/or ischemic heart disease.**

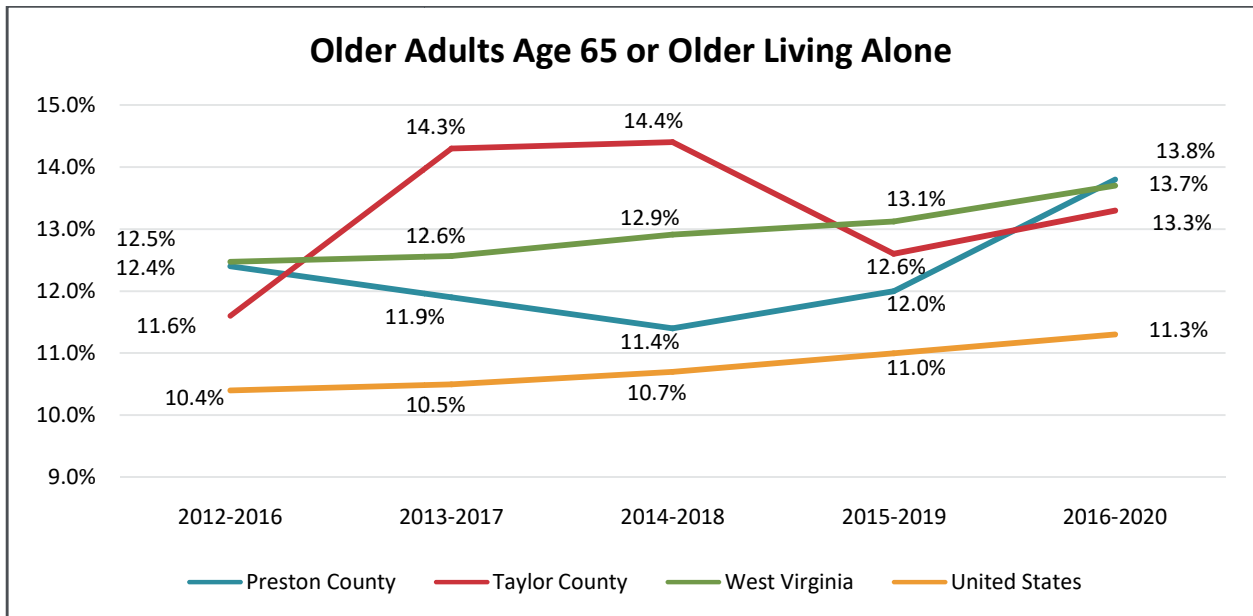
2018 Chronic Condition Prevalence among Medicare Beneficiaries Aged 65 Years or Older

	Preston County	Taylor County	West Virginia	United States
Alzheimer's Disease	10.1%	12.5%	12.1%	11.9%
Arthritis	37.6%	40.6%	38.8%	34.6%
Asthma	5.1%	4.1%	4.5%	4.5%
Cancer	9.2%	8.4%	8.4%	9.3%
Chronic Kidney Disease	23.7%	20.2%	27.8%	24.9%
COPD	15.1%	15.6%	17.1%	11.4%
Depression	18.8%	17.8%	19.5%	16.0%
Diabetes	30.1%	30.4%	31.3%	27.1%
Heart Failure	16.4%	15.5%	16.5%	14.6%
High Cholesterol	55.3%	46.5%	54.8%	50.5%
Hypertension	66.0%	64.1%	66.1%	59.8%
Ischemic Heart Disease	35.2%	30.4%	34.5%	28.6%
Stroke	3.2%	2.7%	3.9%	3.9%

Source: Centers for Medicare & Medicaid Services



In older adults, chronic illness often leads to diminished quality of life and increased social isolation. Social isolation may also impede effective chronic illness management and accelerate the negative impact of chronic diseases. One indicator of social isolation among older adults is the percentage of adults aged 65 or older who live alone. **West Virginia and Preston and Taylor county older adults are more likely to live alone when compared to their peers across the nation.** Consistent with the nation, the proportion of older adults living alone generally increased despite variability across reporting years.

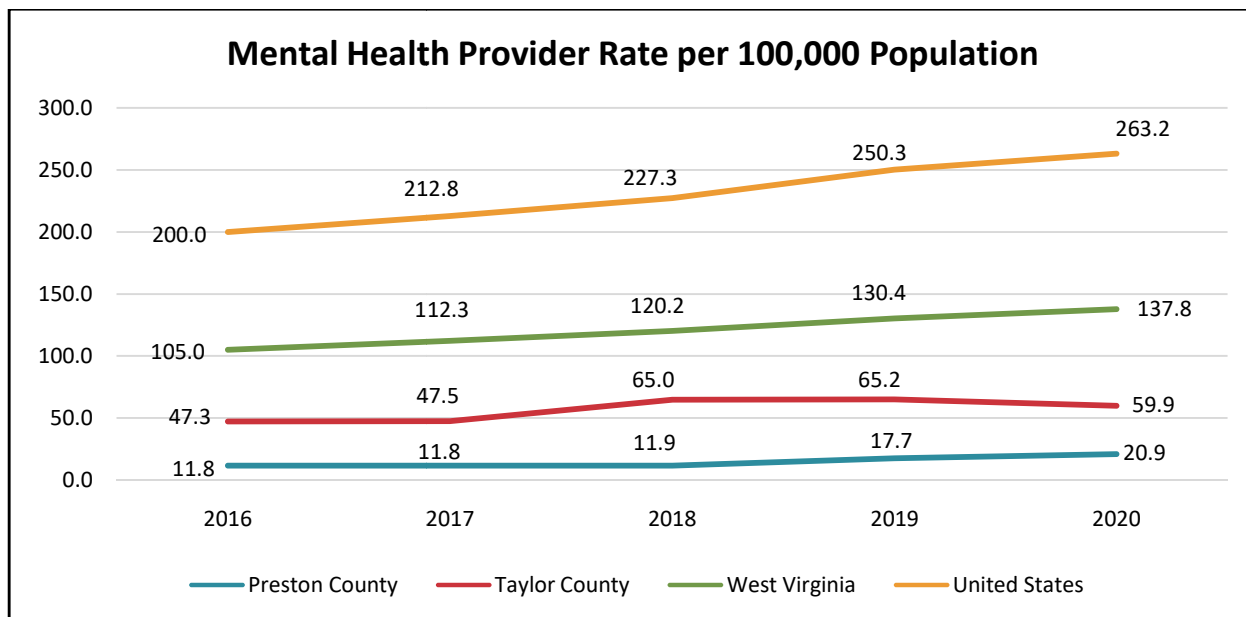


Source: US Census Bureau, American Community Survey

Mental Health and Substance Use Disorder

Access to mental health providers is improving across West Virginia, although the state continues to have a lower rate of providers than the nation. **Preston and Taylor counties have a lower rate of mental health providers than the state and are designated HPSAs.** The Preston County mental health provider rate is less than one-fifth the statewide rate; the county is a mental healthcare HPSA for all populations, regardless of income. The Taylor County mental health provider rate is less than one-half the statewide rate; the county is a mental healthcare HPSA for low-income populations.

Note: The mental health provider rate includes psychiatrists, psychologists, licensed clinical social workers, counselors, and mental health providers that treat alcohol and other drug abuse, among others. It does not account for potential shortages in specific provider types.



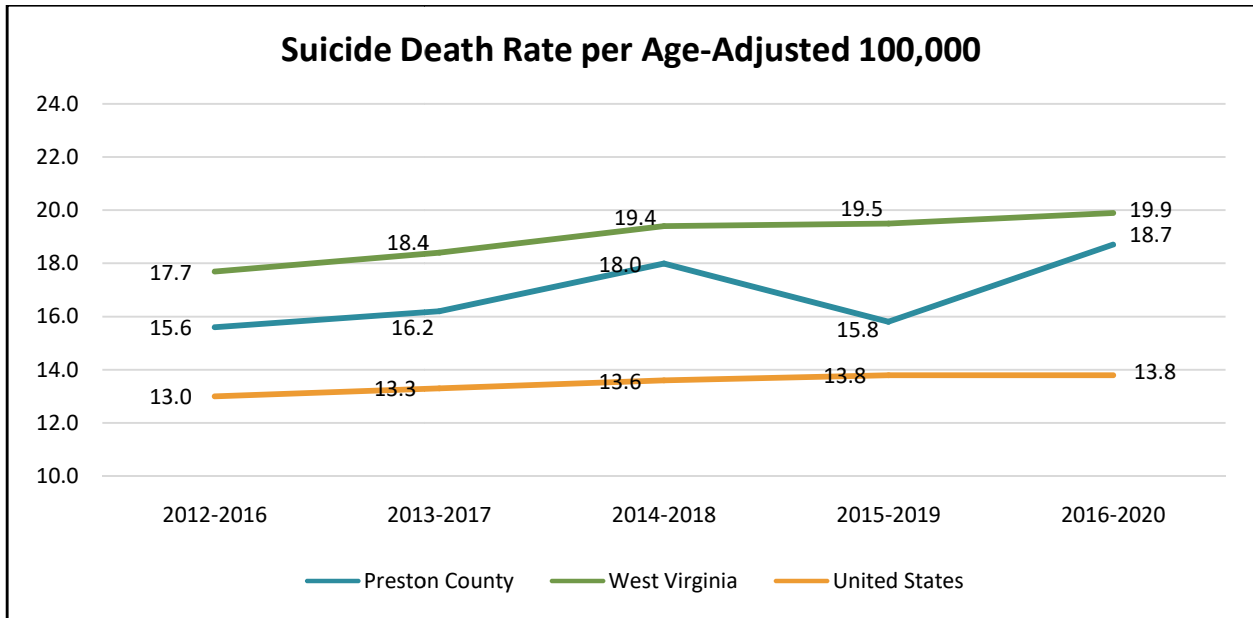
Source: Centers for Medicare and Medicaid Services

Adults in West Virginia and Preston and Taylor counties report an average of six poor mental health days per month, a higher average than the nation overall. Frequent mental distress is a risk factor for suicide. **West Virginia has historically had a higher suicide death rate than the nation, and the death rate increased over the last decade. Preston County has also historically reported a higher suicide death rate, generally mirroring statewide trends.** In Preston County from 2016 to 2020, there were 31 suicides, with a higher number occurring among males (20) versus females (11). Taylor County data are not report due to low death counts (n=16).

2018 Age-Adjusted Adult (Age 18+) Poor Mental Health Days

	Average Mentally Unhealthy Days per Month
Preston County	5.7
Taylor County	5.9
West Virginia	5.8
United States	4.1

Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention

*Taylor County data are not reported due to low death counts.

Substance use disorder affects a person’s brain and behaviors and leads to an inability to control the use of substances which include alcohol, marijuana, and opioids, among others. Alcohol use disorder is the most prevalent addictive substance used among adults.

Consistent with West Virginia overall, **Preston and Taylor counties have a lower proportion of adults who report binge drinking than the national average.** Despite this finding, both counties report a higher proportion of driving deaths due to alcohol impairment, although the proportions are based on small death counts.

Alcohol Use Disorder Indicators

	2019 Adults Reporting Binge Drinking* (age-adjusted)	2015-2019 Driving Deaths due to Alcohol Impairment
Preston County	15.0%	42.3% (n=11)
Taylor County	15.0%	75.0% (n=3)
West Virginia	14.1%	25.2%
United States	17.9%	27.0%

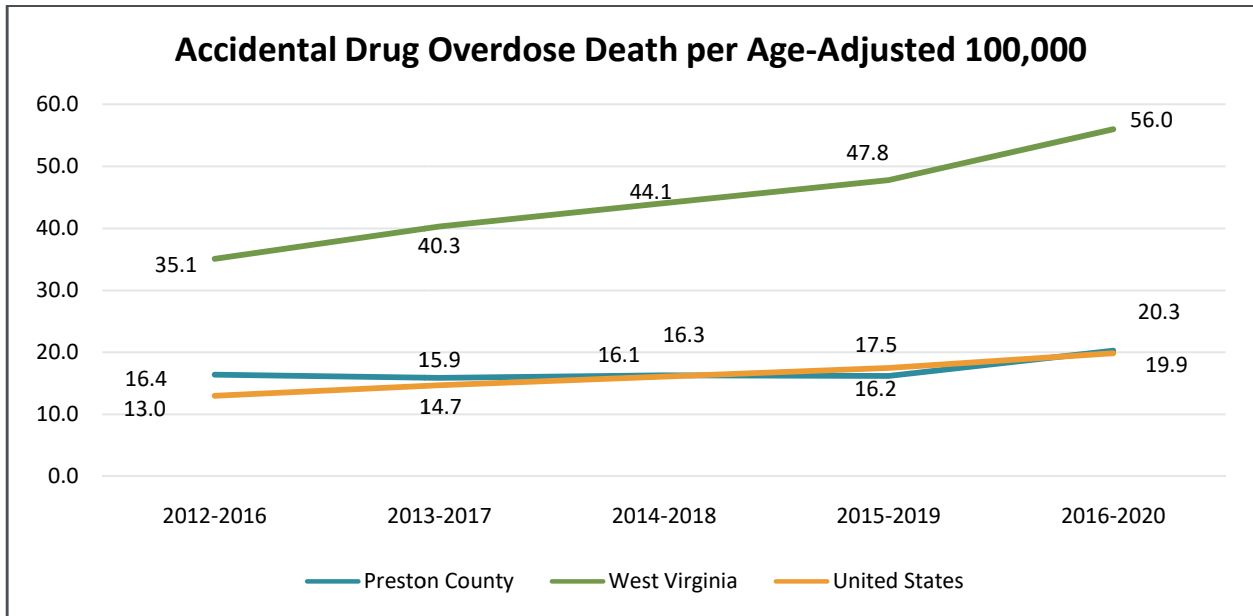
Source: Centers for Disease Control and Prevention, BRFSS

*Includes males having five or more drinks on one occasion and females having four or more drinks on one occasion.

Provisional data released by the CDC predicts that 2020 and 2021 brought the highest number of overdose deaths ever in the US. West Virginia has historically had more accidental drug overdose deaths than the nation and saw a significant increase in deaths in 2020. **From 2019 to 2020, the number of accidental overdose deaths occurring within West Virginia increased 55% from 826 to 1,283.**



Preston and Taylor counties differ from the state with fewer reported drug overdose deaths. During a five-year period, from 2016 to 2020, there were a total of 33 deaths in Preston County and 18 deaths in Taylor County. **The Preston County death rate has historically mirrored the national rate and increased in 2020, likely due in part to the COVID-19 pandemic.** Among the 33 deaths occurring in Preston County from 2016 to 2020, the majority occurred among males (26) versus females (7). Detailed Taylor County data are not report due to low death counts.



Source: Centers for Disease Control and Prevention
 *Taylor County data not reported due to low death counts.

Youth Health

Overweight and Obesity

Childhood obesity is a persistent and significant threat to the long-term health of today’s youth. The CDC reports that children who have obesity are more likely to have high blood pressure and high cholesterol; glucose intolerance, insulin resistance, and type 2 diabetes; breathing problems like asthma and sleep apnea; joint and musculoskeletal problems; and psychological and social problems, such as anxiety, depression, low self-esteem, and bullying; among other concerns.

West Virginia high school students have historically higher prevalence of obesity than the nation, and prevalence increased annually since 2013. In 2019, nearly 1 in 4 high school students in West Virginia had obesity. The most at-risk populations for youth obesity in West Virginia in 2019 were males, Black/African Americans, and students identifying as lesbian, gay, or bisexual (LGB).

High School Students with Obesity

	2013	2015	2017	2019
West Virginia	15.6%	17.9%	19.5%	22.9%
United States	13.7%	13.9%	14.8%	15.5%

Source: Centers for Disease Control and Prevention, YRBS



2019 High School Students with Obesity

	West Virginia	United States
Gender		
Female	20.2%	11.9%
Male	25.5%	18.9%
Race and Ethnicity		
White	22.4%	13.1%
Black or African American	N/A	21.1%
Latinx origin (any race)	N/A	19.2%
Sexual Identity		
Lesbian, Gay, Bisexual (LGB)	27.1%	21.0%
Straight	21.7%	14.4%

Source: Centers for Disease Control and Prevention, YRBS

Behavioral Health and Substance Use Disorder

West Virginia students have also historically reported more suicide attempts compared to the nation overall, and the percentage increased through 2019. **In 2019, more than 11% of West Virginia high school students reported an attempted suicide, an increase from 7.5% in 2013.** Consistent with the nation, suicide attempts were more likely among females and students identifying as LGB.

Suicide attempts among youth may be due in part to consistent feelings of sadness or hopelessness. **The proportion of students feeling consistently sad or hopeless increased nearly 10 points in West Virginia from 2013 to 2019, from 27.5% to 36.4%.**

High School Students Reporting an Attempted Suicide

	2013	2015	2017	2019
West Virginia	7.5%	9.9%	N/A	11.2%
United States	8.0%	8.6%	7.4%	8.9%

Source: Centers for Disease Control and Prevention, YRBS

2019 High School Students Reporting an Attempted Suicide

	West Virginia	United States
Gender		
Female	13.3%	11.0%
Male	8.5%	6.6%
Race and Ethnicity		
White	10.1%	7.9%
Black or African American	NA	11.8%
Latinx origin (any race)	NA	8.9%
Sexual Identity		
Lesbian, Gay, Bisexual (LGB)	32.1%	23.4%
Straight	7.3%	6.4%

Source: Centers for Disease Control and Prevention, YRBS



West Virginia high school students generally report higher use of substances, including traditional cigarettes, e-cigarettes, and alcohol, than their peers across the nation.

The proportion of West Virginia high school students using traditional cigarettes declined from 2013 to 2019, although it remains higher than the nation (13.5% vs. 6%). **West Virginia high school students are slightly more likely to report using e-cigarettes, with approximately one-third of students reporting use in 2019.** Reported use was generally higher among White students and students identifying as LGB.

Consistent with the nation, alcohol is the most commonly used substance among West Virginia high school students. **Contrary to national trends, overall alcohol use increased in 2019, a trend that should continue to be monitored.**

High School Students Reporting Current (within past 30 days) E-Cigarette Use

	2015	2017	2019
West Virginia	31.2%	14.3%	35.7%
United States	24.1%	13.2%	32.7%

Source: Centers for Disease Control and Prevention, YRBS

2019 High School Students Reporting Current (within past 30 days) E-Cigarette Use

	West Virginia	United States
Gender		
Female	36.2%	33.5%
Male	34.7%	32.0%
Race and Ethnicity		
White	36.7%	38.3%
Black or African American	NA	19.7%
Latinx origin (any race)	NA	31.2%
Sexual Identity		
Lesbian, Gay, Bisexual (LGB)	40.3%	34.1%
Straight	34.7%	32.8%

Source: Centers for Disease Control and Prevention, YRBS

High School Students Reporting Current (within past 30 days) Alcohol Use

	2013	2015	2017	2019
West Virginia	37.1%	31.1%	27.9%	30.0%
United States	34.9%	32.8%	29.8%	29.1%

Source: Centers for Disease Control and Prevention, YRBS



Maternal and Infant Health

Consistent with the nation, the birth rate has declined across West Virginia. As of 2020, West Virginia had a slightly lower birth rate than the nation with the highest rate of births among Latinx. This finding is consistent with racial and ethnic population and growth trends.

2020 Births and Birth Rate per 1,000 Population by Race and Ethnicity

	Total Births	Birth Rate per 1,000	White, Non-Hispanic Birth Rate	Black/African American, Non-Hispanic Birth Rate	Latinx Birth Rate
West Virginia	17,323	9.7	9.6	9.5	11.7
United States	3,613,647	11.0	9.4	12.8	14.1

Source: Centers for Disease Control and Prevention

Consistent maternal and infant health needs in West Virginia include teen births and smoking during pregnancy, although both declined since 2015. The teen birth rate is 50% higher in West Virginia than the nation. Approximately 23% of pregnant West Virginia residents report smoking during pregnancy.

West Virginia also experiences disparate outcomes for premature and low birth weight births relative to the nation overall. **While both White and Black/African American residents of West Virginia experience higher rates of premature birth and low birth weight, these outcomes disproportionately affect Black/African Americans.** Nearly 1 in 5 Black/African American infants in West Virginia are born premature and/or with low birth weight compared to approximately 1 in 10 White infants. It is worth noting that these disparities exist despite overall positive prenatal care access among pregnant people.

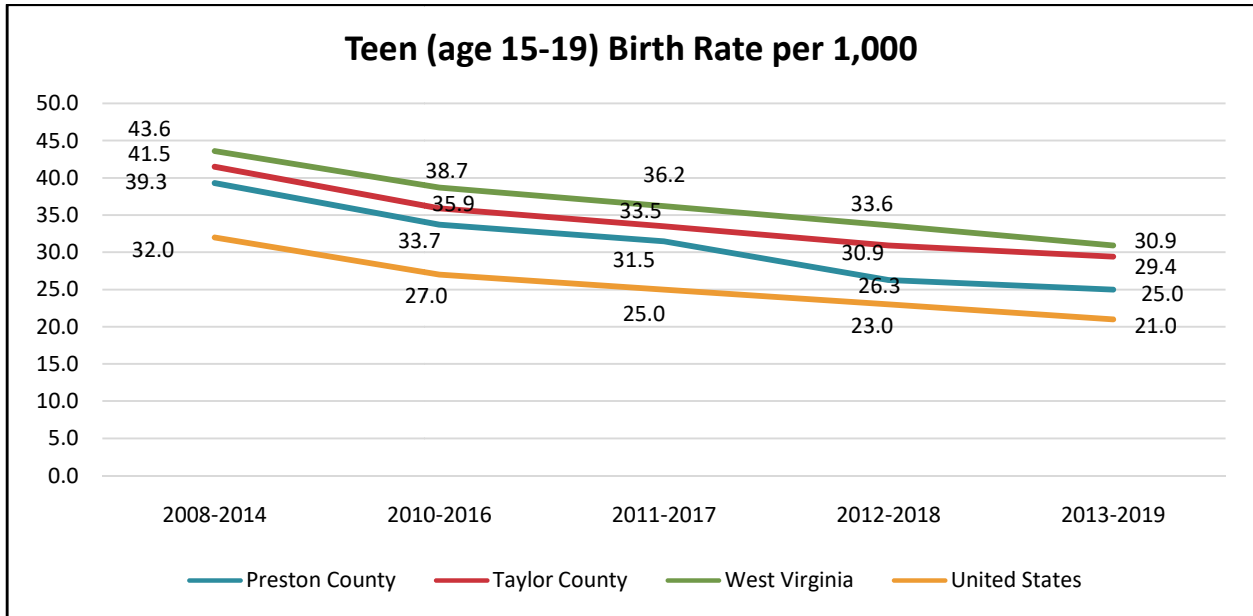
2019 State and National Maternal and Infant Health Indicators by Race and Ethnicity

	Teen (15-19) Birth Rate per 1,000	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking during Pregnancy
West Virginia	25.2	79.6%	12.6%	9.8%	77.0%
White, Non-Hispanic	25.2	80.3%	12.5%	9.5%	76.7%
Black/African American, Non-Hispanic	25.9	77.4%	17.6%	17.1%	80.5%
Latinx (any origin)	20.0	67.1%	8.4%	6.8%	88.3%
United States	16.7	77.6%	10.2%	8.3%	94.0%
White, Non-Hispanic	11.4	82.8%	9.3%	6.9%	91.2%
Black/African American, Non-Hispanic	25.8	67.6%	14.4%	14.2%	95.2%
Latinx (any origin)	25.3	72.1%	10.0%	7.6%	98.5%
HP2030 Goal	NA	80.5%	9.4%	NA	95.7%

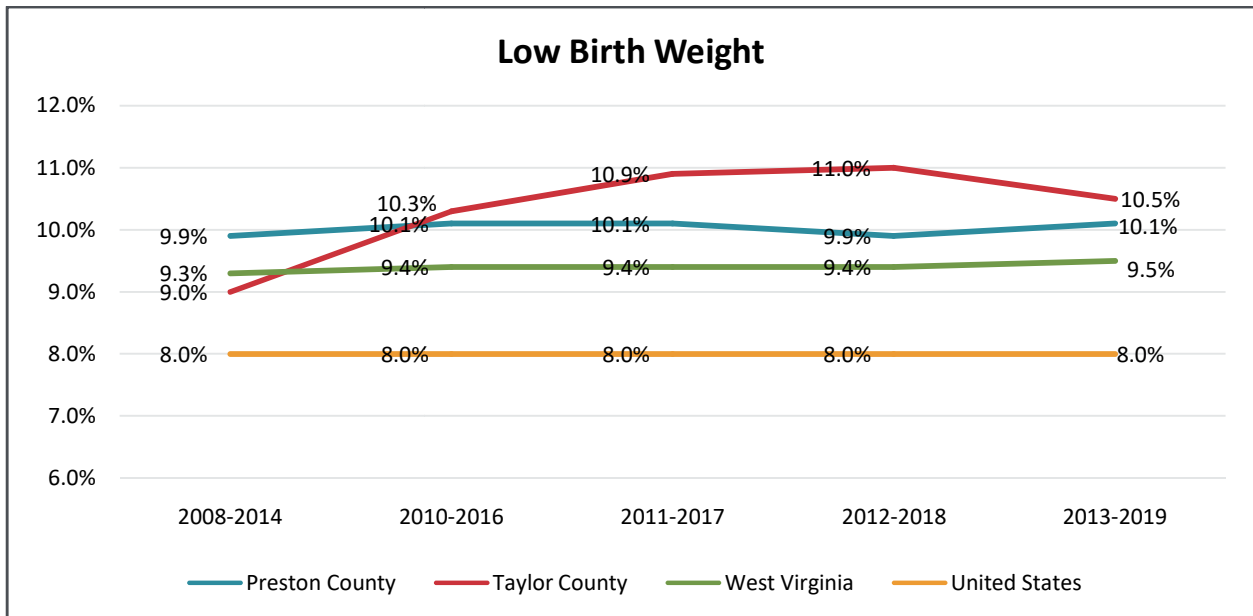
Source: Centers for Disease Control and Prevention



Select maternal and infant health data for Preston and Taylor counties are trended as available. Consistent with the state and nation, teen births declined in Preston and Taylor counties. Both counties have a higher rate of teen birth than the nation, but a lower rate than the state overall. A higher proportion of infants in Preston and Taylor counties are born with low birth weight when compared to the state and nation. The proportion has been stable in Preston County, but generally increased in Taylor County, a trend that should continue to be monitored.



Source: Centers for Disease Control and Prevention, National Vital Statistics



Source: Centers for Disease Control and Prevention, National Vital Statistics



The tables below depict infant, child, and maternal death rates by geography as available. West Virginia has a similar overall infant death rate as the US, but consistent with national disparities, the death rate is twice as high for Black/African Americans than Whites. A similar disparity is seen for child and maternal death rates. Of note, Preston County reports a higher child death rate than both the state and nation. A total of 16 child deaths occurred in Preston County from 2016 to 2019.

Infant and Child Deaths

	2013-2019 Infant Deaths per 1,000 Live Births	2016-2019 Child Deaths Under Age 18 per 100,000
Preston County	NA	61.9 (n=16)
Taylor County	NA	NA
West Virginia	7.0 (n=955)	57.5 (n=844)
White, Non-Hispanic	6.8	56.0
Black/African American, Non-Hispanic	12.3	101.0
Latinx (any origin)	NA	36.7
United States	6.0	50.0
HP2030 Goal	5.0	NA

Source:Centers for Disease Control and Prevention

2019Maternal Deaths* per 100,000 Live Births

	Total Death Rate	White, Non-Hispanic	Black/African American, Non-Hispanic	Latinx Death Rate
West Virginia	NA	NA	NA	NA
United States	20.1	17.9	44.0	12.6
HP2030 Goal	15.7	--	--	--

Source: Centers for Disease Control and Prevention, America’s Health Rankings

*Maternal deaths include deaths of pregnant people or within 42 days of termination of pregnancy, from any cause related to pregnancy or its management.

Research findings from secondary data analysis were compared to community partner feedback to compare perceptions to statistical data, identify root causes, and contextualize data trends and contributing factors for identified health needs.



Community Conversations

As part of the CHNA, GCH hosted a Partner Meeting on May 24, 2022. A total of 13 people attended representing health and social service agencies, education sectors, senior services, and civic organizations. The objective of the forum was to share data from the CHNA and garner feedback on community health priorities, as well as opportunities for collaboration among partner agencies.

Research from the CHNA was presented at the session. Group dialogue was facilitated to discuss research findings, existing resources and initiatives to address priority areas, the impact of COVID-19 on communities and services, and new or innovative opportunities for cross-sector collaboration. A summary of the small group discussion follows.

Community Partner Feedback

Challenges Brought About by COVID

- ▶ Lost learning among children and school students contributed to delays in social emotional learning and maturity and development
- ▶ Infrastructure issues that challenge social interaction, including internet and device access and transportation, were exacerbated by the pandemic
- ▶ Small businesses are struggling to compete with employee salary requirements; unemployment benefits during the pandemic paid higher wages that were not consistent with the lower cost of living in Taylor County
 - “People go to work for eight weeks, then go back to unemployment.”
- ▶ Substance use disorder issues were exacerbated by the pandemic; the community has a shortage of support services and transportation to connect residents with services
 - Additional services like detox and rehab are needed in Taylor County; these services need to be available in the community as individuals are less likely to complete treatment if they are disconnected from their social support networks
 - An initiative by GCH to use their van to transport patients to the recovery program resulted in zero no-show appointments
- ▶ Senior health and social needs increased during the pandemic; staffing shortages at the senior center and other community providers have limited available services
 - “We’re seeing more seniors using food pantries.”
 - “We have more non-traditional families, including grandfamilies.”



Increasing and Measuring Impact: Significant Accomplishments

- ▶ New technology and virtual capabilities created new ways of engaging residents and enhanced service delivery
- ▶ First Friday street fairs provide an opportunity for social connection and health improvement initiatives
- ▶ WV Caring's Camp Caring was redesigned as CAMP IN A Box, providing youth bereavement support in the safety of their homes during the pandemic
- ▶ Grafton High School offers career and technical courses designed to prepare young people for productive futures while meeting the commonwealth's need for well-trained and industry-certified technical workers
- ▶ Grafton City Hospital expanded drug treatment services in 2018 to provide holistic patient care, including psychiatric evaluation and therapy, social services and case management, and connections to rehab, detox, and sober living services; the hospital is working to implement peer recovery and additional detox services

Increasing and Measuring Impact: Building on Success

- ▶ Expanded career and technical courses at Grafton High School, in partnership with local universities and employers, may help develop needed workforces and address long-term staffing shortage issues
- ▶ Developing transportation options that connect residents with social opportunities and needed services was seen as "key to health;" partners can explore local models like the Buckwheat Express and Here and There Transit, as well as federal funding initiatives
- ▶ Opportunities to connect available senior center transportation services with medical and dental offices should be explored to proactively address access barriers and limit no-show appointments
- ▶ Community partners can explore funding and partnership models for a Community Paramedicine program to allow paramedics and EMTs to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations
- ▶ The community would benefit from more indoor recreation facilities (e.g., swimming pool, senior facilities) and health education to promote healthier lifestyles year round
- ▶ Community partners may benefit from quarterly meetings to network, collaborate, and share resources; other partners like the Federally Qualified Health Center and library should be included as hubs for social and healthcare resources for underserved populations



Evaluation of Health Impact: 2019-2022 Community Health Improvement Plan Progress

In 2019, GCH completed a CHNA and developed a supporting three-year Implementation Plan for community health improvement. The Implementation Plan outlined our strategies for measurable impact on identified priority health needs, including Access to Care, Behavioral Health, and Drug and Alcohol Use Disorder. Within six months of the release of the 2019 Implementation Plan, the COVID-19 pandemic shifted the priorities of our community and GCH adapted our work to respond to the emergent needs of residents. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our communities.

Priority – Access to Care

Access to Care strategies implemented by GCH addressed the overarching goal to make care more accessible for our patients and community. As part of the 2019-2022 Implementation Plan, GCH conducted the following programs and initiatives:

- ▶ Free or reduced-cost community-based screenings with our Health Fairs, and health services such as the Free Monthly Blood Pressure clinics at the Taylor County Senior Center, targeting underserved and at-risk populations
- ▶ Expansion of the Telehealth program in response to the COVID-19 pandemic to facilitate patient care in the Tygart Valley Total Care Clinics and with Primary Care Providers
- ▶ Expansion of the Telehealth Program in Grafton Recovery Center to facilitate access of care and continued treatment for Drug and Alcohol Addiction
- ▶ Provision of Sleep Studies in patient homes to facilitate patient care, access, and comfort
- ▶ Expansion of Specialty Clinics with the addition of Cardiology and Orthopedics services, allowing patients to receive specialty care in their own community and avoiding hardships associated with traveling outside the community
- ▶ Financial counseling to assist people seeking healthcare to acquire insurance coverage

Program and Strategy Highlights:

The COVID-19 pandemic changed the way healthcare services were offered and provided to our community and patients, but the overarching need for free or reduced-cost community-based screenings and health services remained high. Grafton City Hospital offered scheduled appointments for services traditionally provided at in-person health fairs. These services were provided in the parking lot of the free-standing Lab building. The hospital also purchased a free-standing, mobile building to provide laboratory services such as blood draws, COVID swabs, etc., and engaged nursing staff to administer COVID vaccines to homebound older adults. These efforts limited foot traffic in the hospital and reduced the potential for exposure to COVID for patients and staff, while providing needed community services.



Grafton City Hospital's Telehealth program was expanded during the COVID-19 pandemic to ensure ongoing access to care for our community while honoring patients' health and safety choices. The program was promoted in the community via staff members, targeted advertisements, and social media to encourage and facilitate visits with primary care practices in our Rural Health Clinics. The expanded Telehealth program was received with positive feedback from our patients and community.

Priority – Behavioral Health and Drug and Alcohol Use Disorder

Behavioral health and drug and alcohol abuse strategies implemented by GCH addressed the overarching goal to make treatment more accessible for our patients and community. As part of the 2019-2022 Implementation Plan, GCH conducted the following programs and initiatives:

- ▶ Expansion of the Telehealth Program in The Grafton Recovery Center to facilitate access to care and continued treatment for Drug and Alcohol Addiction during the pandemic
- ▶ Provision of Medication-Assisted Treatment (MAT) for patients experiencing alcohol and/or opioid addiction
- ▶ Provision of adult inpatient short-stay program offering 24-hour support, supervision, and nursing care, with the goal of helping individuals through a period of acute/significant withdrawal symptoms from alcohol and/or opioids
- ▶ Evidence-based programs for compassionate care for people with opioid use disorder
- ▶ Financial counseling to assist people seeking assistance to acquire insurance coverage
- ▶ Screenings and follow up care to identify and support people experiencing mental health and/or substance use disorders

Program and Strategy Highlights:

The Grafton Recovery Center, a unit of GCH, is dedicated to improving continuity of care, promoting a culture of inclusion, and creating an environment that supports treatment and recovery from alcohol and substance use disorder. This service is critical to improving the health and safety of our community as West Virginia and Appalachia continue to experience disproportionately negative outcomes from the opioid epidemic.

Grafton City Hospital is uniquely positioned to identify and respond to the mental health and substance use disorder needs of our community and patients. Our Detox beds provide adult inpatient short-stay, 24-hour support, supervision, and nursing care, with the goal of helping individuals through a period of acute and/or significant withdrawal symptoms. Grafton City Hospital's Detox beds provide around-the-clock care for safe medical withdrawal, with an average length of stay of four days or less. After detoxification, patients generally attend group and individual sessions in the Grafton Recovery Center and are referred to onsite or community-based consultants as needed. Medication-Assisted Treatment is provided as needed.



COVID-19 Response

Grafton City Hospital has supported the community throughout the pandemic, providing financial assistance, education, and social and emotional support, among other items. The following is a list of services provided by the hospital in response to COVID-19:

- ▶ COVID-19 testing at GCH, either in the parking lot or free-standing Lab building. From March 2020 to April 2022, GCH provided testing for 13,401 individuals.
- ▶ COVID-19 vaccination of 760 individuals at GCH from December 2020 to present. In conjunction with our community health partners, Grafton Taylor Health Department and Preston-Taylor Medical Center, the hospital also staffed and administered 8,225 vaccinations between February and May 2021 at community-based clinics.
- ▶ Supported COVID-19 disease and vaccination education in partnership with community agencies

Grafton City Hospital welcomes your partnership to meet the health and medical needs of our community. We know we cannot do this work alone and that sustained, meaningful health improvement will require collaboration to bring the best that each of community organizations has to offer. To learn more about GCH's community health improvement work or to discuss partnership opportunities, please visit our website: www.GraftonHospital.com or contact Community Outreach at 304-265-0400.



Appendix A: Public Health Secondary Data References

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Appendix B: Community Partner Meeting Attendees

- ▶ Tammy Barcus, Grafton City Hospital
- ▶ Andy Berardinelli, MD, Grafton City Hospital
- ▶ Cathy Coontz-Griffith, Family Resource Network
- ▶ Melissa Garvin, Taylor County Senior Citizens
- ▶ Nelda Grymes, Grafton-Taylor Health Department
- ▶ Tom Hart, All Aboard Grafton
- ▶ Brian LaRue, Taylor County Emergency Squad
- ▶ Michelle Mayle, Taylor County Emergency Squad
- ▶ Michelle Mouser, Leer Mining
- ▶ Melanie Saffle, Grafton High School
- ▶ Renee Taylor, Taylor County Senior Citizens
- ▶ Boyd Vanhorn, Grafton-Taylor Health Department
- ▶ Cindy Woodyard, West Virginia Caring Hospice