



SJMH | STONEWALL JACKSON
MEMORIAL HOSPITAL

and

**Lewis County Health
Department
Community
Health Needs
Assessment**

2016

Lewis County, WV

**Stonewall Jackson Memorial Hospital/
Lewis County Health Department
Community Health Needs Assessment 2016**

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Executive Summary for Stonewall Jackson Memorial Hospital and Lewis County Health Department's Community Health Needs Assessment

Two leading Lewis County-based health care organizations have completed a community health needs assessment (CHNA) that began with a health care needs survey in the Summer of 2015.

Stonewall Jackson Memorial Hospital (SJMH) and the Lewis County Health Department (LCHD) conducted the assessment to identify and prioritize community health needs that each organization can use to better serve their Lewis County, West Virginia regional service area.

Stonewall Jackson is a 70-bed, not-for-profit, acute care hospital, with the mission of providing excellent care to all we serve. The vision of the Hospital is to be a thriving community healthcare organization of excellence ... every person, every time.

The facility is fortunate to have a number of specialists on staff, including three orthopedic surgeons, a pediatrician, two obstetrician/gynecologists, an otolaryngologist, a pulmonologist, a urologist, two internists, two general surgeons, and five family practitioners. A cardiologist, internist, family practitioner, and a pediatrician have private practices as well. The Hospital has several family practice clinics in the area, as well as a Home Care agency.

The mission of the Lewis County Health Department is "to protect, promote, and maintain the health of the entire population of Lewis County." This is accomplished by providing a healthier and safer environment, promoting healthier lifestyles, and providing services (i.e., immunizations, pediatric services, etc.) which will improve the health of citizens of the county, resulting in less illness, better overall health, and greater longevity of life. The Department employs a nurse and a sanitarian, as well as support staff.

The SJMH Marketing Department designed the CHNA in three parts – a compilation of federal, state and local information, followed by online and paper response surveys, and concluded with focus groups research.

The online and paper surveys in 2015 found that the overwhelming concerns of Lewis County area residents were: drug abuse, obesity, cancer, heart disease, diabetes, and high blood pressure in this order. Three years ago, the major concern was obesity, but there have been a number of drug arrests here in the County, which has brought drug abuse to the forefront.

Suggestions in the third component of the CHNA are gathered from a focus group held in January 2016 at SJMH with community leaders to discuss health issues

identified in the surveys and research. This information also shows that SJMH and LCHD have spent many years providing healthy education and screenings for our citizens. Both entities have been involved in a number of efforts to combat obesity and the lack of physical activity. However, combating drug abuse will be a whole new area to attack. There are some suggestions, which will be considered. Both entities will continue to help area residents tackle this epidemic.

Assessment Approach and Methods

The assessment was conducted in three phases.

The first phase was attaining background information on the health care problems of the local area and state. The data has been culled from national and state resources. In general, the health statistics for residents of Lewis County, West Virginia are poor.

The second phase of the assessment was a survey, conducted online and by paper distributed through churches, senior center, food pantry, and businesses in the area. The goal of the 2015 survey was to have at least 300 participants in the survey and we had 330 complete it. The population of the county is 16,500.

The last phase was a focus group conducted by an experienced mediator with a wide range of active and knowledgeable residents. Debbie Sizemore, of Williamsburg, WV, was our facilitator. She is a community health coordinator with twelve years of experience in this field. She has a master's degree in social work and is a licensed professional counselor in West Virginia. The third phase notes areas of concern for residents and also contains information on strategies to combat them. It also explains how the Community Health Needs Assessment (CHNA) results are distributed.

Phase One Information on the Health of Lewis County and WV Residents

Lewis County History and Geography

Located in North Central West Virginia, Lewis County has a total area of 390 square miles, of which 382 is land and 8 square miles is water. The county was created from part of Harrison County by an act of the Virginia General Assembly on December 18, 1816. (Wikipedia, 2012)

The county was named in honor of Colonel Charles Lewis (1733-1774), who was killed at the Battle of Point Pleasant in 1774. One of the first acts of the newly formed West Virginia state legislature was to change the name of the recently completed Trans-Allegheny Lunatic Asylum, in Weston, to the West Virginia Hospital for the Insane. It began operations in 1864 with nine patients. Later renamed Weston State Hospital, it continued to provide care for the mentally impaired until the old building closed in 1994. The William R. Sharpe Hospital was built as the modern replacement facility for services.

Stonewall Jackson Memorial Hospital and the Lewis County Health Department are both located within the city limits of Weston, WV. The Community Health Needs Assessment represents residents from this community.

First Phase of CHNA

The first step was the gathering of quantitative and qualitative information with data provided by the state of West Virginia, the federal government and other resources.

A tool used in this assessment was created by the Robert Wood Johnson Foundation. It is a health comparison called “County Health Rankings & Roadmaps.” The following graph provides a comparison of healthcare rankings between our last CHNA in 2013 and this year’s. The County has improved in some areas and fallen in others.

Rankings for Lewis County out of 55 WV Counties, comparing 2013 to 2016

| | 2013 | 2016 |
|-------------------|-------------|-------------|
| Overall Ranking | 43rd | 39th |
| Health Behaviors | 9th | 50th |
| Health Factors | 27th | 44th |
| Clinical Care | 54th | 49th |
| Socio/Economic | 24th | 31st |
| Physical Environ. | 17th | 26th |

In 2013, Lewis County, WV ranks 43rd overall out of 55 counties in the state according to this comparison. Only twelve counties had worse health categories than Lewis County. Lewis County ranked 9th in health behaviors and 27th in health factors. The County is 54th in clinical care; 24th in socio-economic factors; and 17th in physical environment. In 2016, Lewis County ranked 39th in health outcomes; 44th out of health factors; 50th in health behaviors; 49th in clinical care; 31st in social and economic factors; and 26th in physical environment. The areas “to explore” would be the adult smoking (27%); adult obesity (36%); sexually transmitted infections (372.6); teen births (60); and preventable hospital stays (137). Under the social and economic factors of concern would be the low rate of high school graduation (72%) and those with only some college (48%). The following is the pertinent information from the Rankings Roadmaps.

“County Health Rankings & Roadmaps”

| | Lewis County | Error Margin | WV | National Benchmark* | Trend | Rank (of 55) |
|------------------------|--------------|--------------|----|---------------------|-------|--------------|
| Health Outcomes | | | | | | 39 |

| | | | | | | |
|--------------------------------------|---------|--------------|---------|---------|--|-----------|
| Mortality | | | | | | 39 |
| Premature death | 10,600 | 8,600-12,500 | 9,700 | 5,000 | | |
| Quality of Life | | | | | | 40 |
| Poor or fair health | 22% | 21-23% | 24% | 12% | | |
| Poor physical health days | 4.9 | 4.7-5.1 | 5.0 | 2.9 | | |
| Poor mental health days | 5.7 | 4.5-4.9 | 4.7 | 2.8 | | |
| Low birth weight | 11% | 10-13% | 9% | 6.0% | | |
| Health Factors | | | | | | 44 |
| Health Behaviors | | | | | | 50 |
| Adult smoking | 27% | 16-28% | 27% | 14% | | |
| Adult obesity | 36% | 30-42% | 34% | 25% | | |
| Food environment index | 7.7 | | 7.3 | 8.3 | | |
| Physical inactivity | 32% | 27-39% | 32% | 20% | | |
| Access to exercise opportunities | 56 | | 58% | 91% | | |
| Excessive drinking | 11% | 10-11% | 12% | 10% | | |
| Alcohol-impaired drinking death | 39% | 30-48% | 33% | 14% | | |
| Sexually transmitted infections | 372.6 | | 277 | 134.1 | | |
| Teen birth rate | 60 | 51-68 | 45 | 19 | | |
| Clinical Care | | | | | | 49 |
| Uninsured | 17% | 15-19% | 17% | 11% | | |
| Primary care physicians | 1,650:1 | | 1,290:1 | 1,040:1 | | |
| Dentists** | 4,100:1 | | 2,030:1 | 1,340:1 | | |
| Mental Health Providers | 660:1 | | 910:1 | 370:1 | | |
| Preventable hospital stays | 137 | 120-153 | 81 | 38 | | |
| Diabetic screening | 79% | 67-90% | 84% | 90% | | |
| Mammography screening | 51% | 41-62% | 58% | 71% | | |
| Social & Economic Factors | | | | | | 31 |
| High school graduation** | 72% | | 82% | 93% | | |
| Some college | 48% | 41-56% | 53% | 72% | | |
| Unemployment | 6.2% | | 6.5% | 3.5% | | |
| Children in poverty | 28% | 21-35% | 25% | 13% | | |
| Income inequality | 4.6 | 3.9-5.3 | 4.9 | 3.7 | | |
| Children in single-parent | 32% | 24-39% | 33% | 21% | | |

| | | | | | | |
|-------------------------------|------|--------|------|------|--|-----------|
| households | | | | | | |
| Social associations | 17.0 | | 13.1 | 22.1 | | |
| Violent crime rate | 132 | | 311 | 59 | | |
| Injury deaths | 88 | 69-111 | 93 | 51 | | |
| Physical Environment | | | | | | 26 |
| Daily fine particulate matter | 13.2 | | 13.2 | 9.5 | | |
| Drinking water violations | No | | | | | |
| Severe housing problems | 9% | 7-12% | 11% | 9% | | |
| Driving alone to work | 86% | 81-91% | 82% | 71% | | |
| Long commute-driving alone | 37% | 31-42% | 33% | 15% | | |

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

** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data

Explanation of Information

The first entry for the County Health Ratings - premature death - is based on life lost before age 75 per 100,000 population. The Lewis County rate is almost twice the national average for premature death, which sets the tone for the rest of the statistics. Other entries are self-explanatory until the reader finds the percentages for diabetic screening and mammography screening. These numbers are based on individuals who are Medicare insured but do not take advantage of those screenings. So 90% of Americans, 84% of West Virginians, but only 79% of Lewis Countians, took advantage of the H1AC screening for diabetes. The statistic for mammography is poor, with only 51% of eligible Lewis County women taking advantage of the screening. This has fallen from 57% three years ago. Seventy-one percent (71%) of eligible patients took advantage of mammograms nationally.

The county located to the east of Lewis County is Upshur County. The County has approximately the same rates of adult smoking, adult obesity, high school graduation, and Come College. What stands out is that Upshur County has 241.0 for sexually transmitted infections compared to our number of 372.6 and Lewis County has almost double the rate of teen births – 35 in Upshur County and 60 here.

Physical inactivity in the county has risen since 2007 to about 32% - again, above the state and national averages.

The rate for preventable hospital stays in the county is also above the national average. This criterion is based on the hospitalization rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees.

The trend for children in poverty in the county has risen as much as the state and national averages, but is higher than either of those at almost 30% of our children living in poverty.

Lewis County Age, Health Providers and Cost, Income

| | Lewis County | WV |
|--|--------------|-----------|
| Demographics | | |
| Population | 16,416 | 1,855,364 |
| % below 18 years of age | 20.4% | 20.7% |
| % 65 and older | 18.3% | 16.2% |
| % Non-Hispanic African American | .6% | 3.5% |
| % American Indian and Alaskan Native | .2% | .2% |
| % Asian | .4% | .7% |
| % Native Hawaiian/Other Pacific Islander | 0% | 0% |
| % Hispanic | .8% | 1.3% |
| % Non-Hispanic white | 9.2% | 93% |
| % not proficient in English | 0% | 0.3% |
| % Females | 50.6% | 50.7% |
| % Rural | 69.0% | 51.3% |
| Healthcare Providers | | |
| Mental health providers | 16,379:1 | 11,104:1 |
| Health care costs | \$9,591 | \$9,671 |
| Uninsured adults | 24% | 22% |
| Uninsured children | 6% | 5% |
| Could not see doctor due to cost | 21% | 18% |
| Other Factors | | |
| Median household income | \$37,270 | \$38,587 |
| High housing costs | 18% | 23% |
| Children eligible for free lunch | 46% | 44% |
| Homicide rate | | 5 |

According to the above comparisons, Lewis County has a slightly higher percentage of residents who are 65 years and older and a higher percentage of people who cannot see a doctor due to cost. Another troubling statistic is the lack of mental health providers, though

we have had a mental health facility within the city for the past 160 years. Economically, the household income is lower than the state average and we have more children eligible for free lunches. The good news is that there were no homicides and the county seat, Weston, is considered one of the safest cities in the state.

Education in Lewis County, WV

According to information from the WV Department of Education for the year 2014, 15.9% of Lewis Countians had no high school education; 23.8% had some high school; 26.2 had some college; 707 of 16,971 had an Associate Degree; 16.2% had a bachelor degree; and 427 had a graduate or professional degree. The high school graduation rate is below the West Virginia average, so this could be part of the problem associated with Lewis Countians' poor health.

| | |
|-------------------------|-------|
| No High School | 1,017 |
| Some High School | 1,522 |
| Some College | 1,676 |
| Associate Degree | 707 |
| Bachelors Degree | 1,037 |
| Graduate Degree | 427 |

Lewis County is home to 4 elementary schools, 1 middle school, and 1 high school. Lewis County High School has 758 students, with a graduation rate of 72%, but the national average is 82.2%. The Math proficiency is 27% and Reading proficiency is 32%. The reduced free lunch at the school is 46.4% while the national average is 52%. The High School is ranked 109th in West Virginia with a rating of "D."

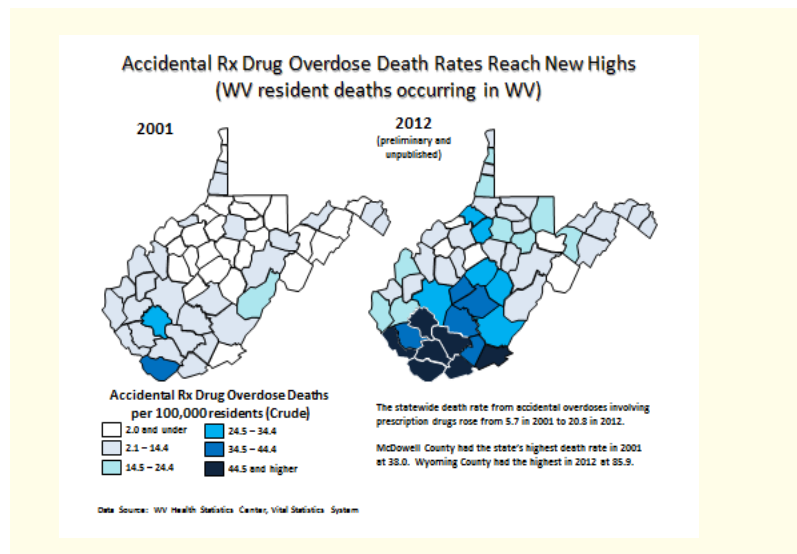
The enrollment for all Lewis County Schools for the 2014 school year is 2,624 students. The school system is ranked 49th in the state of 55 county school systems. Of the students currently enrolled, 55.2% are considered low income. This is slightly higher than the state average of 51.38%.

The only post-secondary education available in Lewis County is through classes offered by Pierpont Community & Technical College located at Lewis County High School.

Drug Information for Lewis County and West Virginia

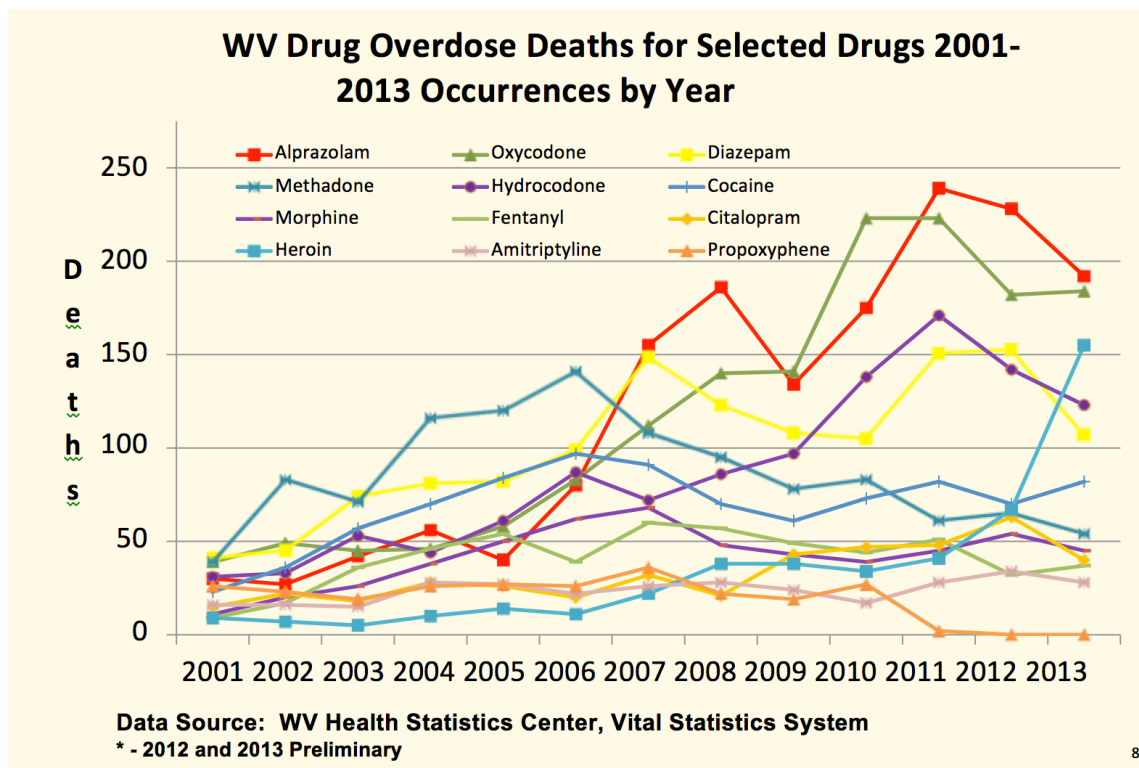
Drug Addiction

According to the 330 responses to our survey conducted for this Community Assessment, drug addiction is the most pressing problem facing Lewis County. Though the southern part of the state has seen the worst of this epidemic, every county has had serious issues with it.



According to the CDC Wonder, the 2014 mortality rate for West Virginia for all overdoses was 35.5 per 100,000, which was the highest in the nation. However, the rate in Lewis County was lower than the West Virginia average, but is still 10 per 100,000.

West Virginia has the Highest Drug Overdose Mortality Rate in the United States



West Virginia Behavioral Risk Factors

The State of West Virginia is in the midst of conducting the 2014 survey by the WV Bureau of Health on West Virginia Behavioral Risk Factors. Since they are in the middle of the survey, the state agency was able to provide a draft of the sections completed on Risk Factors. This tool was created by the Governor's Office as a strategy to gauge the health issues and successes in the state of West Virginia.

The survey is conducted by telephone and represents a collaborative effort between the West Virginia Health Statistics Center (WVHSC) and the Centers for Disease Control and Prevention (CDC) in Atlanta. Standardized survey methods are provided by CDC. All 50 states, the District of Columbia, and several U.S. territories now participate in the system, known as the Behavioral Risk Factor Surveillance System (BRFSS).

Though this is information obtained from a draft, it provides the most up-to-date information on the Risk Behaviors for West Virginians, which includes: Weight Status; Physical Activity; Tobacco Use; and Alcohol Consumption. It has been included in this CHNA so that readers can be aware of the health statistics for all West Virginians, not just those in the County of Lewis.

WEIGHT STATUS

Overweight

Body Mass Index (BMI) is a calculation that standardizes the meaning of the terms obesity and overweight, thereby improving the accuracy of comparisons. BMI is body weight in kilograms divided by height in meters squared ($BMI = \text{kg}/\text{m}^2$). Overweight is defined as a BMI of 25.0-29.9.

Prevalence **WV: 34.0%** (95% CI: 32.5-35.4)
 U.S.: 35.2% (95% CI: 34.9-35.5)

The prevalence of overweight in West Virginia was similar to that for the U.S. West Virginia ranked the 7th lowest among 53 BRFSS participants.

Gender **Men: 39.3%** (95% CI: 37.0-41.6)
 Women: 28.5% (95% CI: 26.7-30.3)

The prevalence of overweight was significantly higher among males than among females.

Race/Ethnicity **White, Non-Hispanic: 34.0%** (95% CI: 32.5-35.6)
 Black, Non-Hispanic: *34.4% (95% CI: 24.2-44.6)
 Other, Non-Hispanic: *24.2% (95% CI: 10.5-37.9)

Multiracial, Non-Hispanic: *48.1% (95% CI: 34.9-61.3)
Hispanic: *23.9% (95% CI: 8.7-39.1)

There was no race/ethnicity difference in the prevalence of overweight.

* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The prevalence of overweight increased with age with the lowest being among those 18-24 (26.7%) and the highest among those 65 and older (38.1%), a significant difference

The prevalence of overweight was significantly higher among those with a college degree (36.4%) than among those with less than a high school education (29.1%).

Income The prevalence of overweight was highest among those with an annual household income of \$75,000 or above (40.7%), significantly higher than among those with an annual household income of less than \$25,000.

Obesity

Body Mass Index (BMI) is a calculation that standardizes the meaning of the terms obesity and overweight, thereby improving the accuracy of comparisons. BMI is body weight in kilograms divided by height in meters squared ($BMI = \text{kg}/\text{m}^2$). Obese is defined as a BMI of 30 or higher.

Prevalence **WV: 35.7%** (95% CI: 34.2-37.2)
 U.S.: 28.9% (95% CI: 28.6-29.2)

The prevalence of obesity was significantly higher in West Virginia than in the U.S. West Virginia ranked the 2th highest among 53 BRFSS participants.

Gender **Men:** 35.3% (95% CI: 33.1-37.6)
 Women: 36.0% (95% CI: 34.0-38.0)

There was no gender difference in the prevalence of obesity.

Race/Ethnicity **White, Non-Hispanic:** 35.1% (95% CI: 33.6-36.6)
 Black, Non-Hispanic: *46.0% (95% CI: 35.7-56.4)
 Other, Non-Hispanic: *37.4% (95% CI: 20.2-54.7)
 Multiracial, Non-Hispanic: *36.5% (95% CI: 23.7-49.3)
 Hispanic: *44.9% (95% CI: 28.0-61.7)

There was no race/ethnicity difference in the prevalence of obesity.

* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The prevalence of obesity was lowest in those 18-24 (20.6%), which was significantly lower than all other age groups.

The prevalence of obesity was highest among those with a high school degree (37.5%), significantly higher than among those with a college degree (30.4%).

Income The prevalence of obesity was lowest among those with an annual household income of \$75,000 or more (32.2%), and highest among those with an annual household income of \$15,000 - \$24,999 (39.6%), a significant difference.

Overweight/Obesity

Body Mass Index (BMI) is a calculation that standardizes the meaning of the terms obesity and overweight, thereby improving the accuracy of comparisons. BMI is body weight in kilograms divided by height in meters squared ($BMI = \text{kg}/\text{m}^2$). Overweight or obese is defined as a BMI of 25.0 or higher.

Prevalence **WV: 69.6%** (95% CI: 68.1-71.1)
 U.S.: 64.1% (95% CI: 63.8-64.4)

The prevalence of overweight or obese in West Virginia was significantly higher than the U.S. prevalence. West Virginia ranked the 3rd highest among 53 BRFSS participants.

Gender **Men: 74.6%** (95% CI: 72.5-76.7)
 Women: 64.5% (95% CI: 62.5-66.5)

Men had a significantly higher prevalence of overweight or obese than women.

Race/Ethnicity **White, Non-Hispanic: 69.1%** (95% CI: 67.6-70.6)
 Black, Non-Hispanic: 80.4% (95% CI: 71.8-89.0)
 Other, Non-Hispanic: *61.6% (95% CI: 45.1-78.2)
 Multiracial, Non-Hispanic: 84.6% (95% CI: 76.5-92.7)
 Hispanic: *68.8% (95% CI: 51.9-85.7)

The prevalence of obese or overweight was significantly higher among Black, Non-Hispanics and Multiracial, Non-Hispanics than among White, Non-Hispanics.

* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

There were no consistent age differences in the prevalence of overweight or obese. The 18-24 age group had the lowest prevalence of overweight or obese (47.4%) and was significantly lower than all other age groups.

There was no significant difference in the prevalence of overweight or obese by educational attainment.

Income There were no significant differences in the prevalence of overweight or obese between income brackets.

Cigarette Use/Cessation

Current cigarette smoking is defined as smoking at least 100 cigarettes in one's lifetime and currently smoking every day or some days.

Prevalence **WV: 26.7%** (95% CI: 25.2-28.1)
 U.S.: 17.4% (95% CI: 17.1-17.6)

The West Virginia prevalence of current cigarette smoking was significantly higher than the national prevalence. West Virginia ranked the 2nd highest among the 53 BRFSS participants.

Gender **Men: 27.8%** (95% CI: 25.5-30.0)
 Women: 25.6% (95% CI: 23.8-27.4)

There was no gender difference in the prevalence of current cigarette smoking.

Race/Ethnicity **White, Non-Hispanic: 26.7%** (95% CI: 25.3-28.2)
 Black, Non-Hispanic: 25.7% (95% CI: 16.5-34.8)
 Other, Non-Hispanic: *30.6% (95% CI: 15.4-45.8)
 Multiracial, Non-Hispanic: *22.1% (95% CI: 10.9-33.3)
 Hispanic: *29.6% (95% CI: 13.5-45.8)

There was no race/ethnic difference in the prevalence of current cigarette smoking.

Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The prevalence of smoking was highest among those 25-34 (43.7%), significantly higher than all other age groups, and was lowest among those 65 and older (12.7%), which was significantly lower than all other age groups.

The prevalence of smoking decreased with increasing education. It was lowest among college graduates (13.0%) and was significantly lower than all other education groups. Adults with less than a high school degree had the highest prevalence of current cigarette smoking (42.2%) and the prevalence was significantly higher than all other education groups.

Income The prevalence of current smoking decreased as annual household income increased. The highest prevalence of smoking was among those earning less than \$15,000 per year (44.4%). The lowest prevalence of smoking was among adults earning \$75,000 or more per year (14.9%).

Smoking Cessation

Among current smokers, responding “Yes” to the question “During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?”

Prevalence **WV: 52.7%** (95% CI: 49.4-55.9)
 U.S.: 61.0% (95% CI: 60.3-61.7)

The U.S. prevalence of smoking cessation was significantly higher than the West Virginia prevalence. West Virginia ranked the lowest among 53 BRFSS participants.

Gender **Men:** 49.5% (95% CI: 44.6-54.4)
 Women: 56.0% (95% CI: 51.8-60.1)

There was no gender difference in the prevalence of smoking cessation.

Race/Ethnicity No race/ethnicity analysis was conducted for smoking cessation due to small sample size.

There was no age difference in the prevalence of smoking cessation.

There was no educational attainment difference in the prevalence of smoking cessation.

Income There was no annual household income difference in the prevalence of smoking cessation.

Drinking

Defined as the consumption of more than two drinks per day for men and more than one drink per day for women during the past month.

Prevalence **WV: 3.6%** (95% CI: 3.0-4.2)
 U.S.: 5.8% (95% CI: 5.7-5.9)

The U.S. prevalence of heavy drinking was significantly higher than the West Virginia prevalence. West Virginia ranked the 2nd lowest among the 53 BRFSS participants.

Gender **Men:** 5.2% (95% CI: 4.1-6.2)
 Women: 2.1% (95% CI: 1.5-2.8)

The prevalence of heavy drinking was significantly higher among men than women.

Race/Ethnicity **White, Non-Hispanic:** 3.5% (95% CI: 2.9-4.1)
 Black, Non-Hispanic: *5.1% (95% CI: 0.0-10.4)
 Other, Non-Hispanic: *6.0% (95% CI: 0.0-15.6)

Multiracial, Non-Hispanic: *7.4% (95% CI: 0.0-15.3)

Hispanic: *4.2% (95% CI: 0.0-12.2)

There was no race/ethnicity difference in the prevalence of heavy drinking.

* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The highest prevalence of heavy drinking was among those aged 18-24 (4.9%) and the lowest prevalence was among those aged 65 and older (1.9%), however this was not a significant difference. There was a significant difference in the prevalence of heavy drinking among those 65 and older (1.9%) and among those 45-54 (4.2%).

There was no educational attainment difference in the prevalence of heavy drinking.

Income There was no income difference in the prevalence of heavy drinking.

Binge Drinking

Defined as consumption of five or more alcoholic drinks for males, or four or more alcoholic drinks for females, on a single occasion during the past month.

Prevalence **WV: 9.6%** (95% CI: 8.6-10.6)

U.S.: 16.0% (95% CI: 15.7-16.2)

The U.S. prevalence of binge drinking was significantly higher than the West Virginia prevalence. West Virginia ranked the lowest among 53 BRFSS participants.

Gender **Men:** 14.5% (95% CI: 12.7-16.2)

Women: 5.0% (95% CI: 4.0-5.9)

Men had a significantly higher prevalence of binge drinking than women.

Race/Ethnicity **White, Non-Hispanic:** 9.4% (95% CI: 8.4-10.5)

Black, Non-Hispanic: *8.2% (95% CI: 2.3-14.1)

Other, Non-Hispanic: *8.1% (95% CI: 0.0-18.4)

Multiracial, Non-Hispanic: *12.1% (95% CI: 2.4-21.8)

Hispanic: *21.8% (95% CI: 6.4-37.3)

There was no race/ethnicity difference in the prevalence of binge drinking.

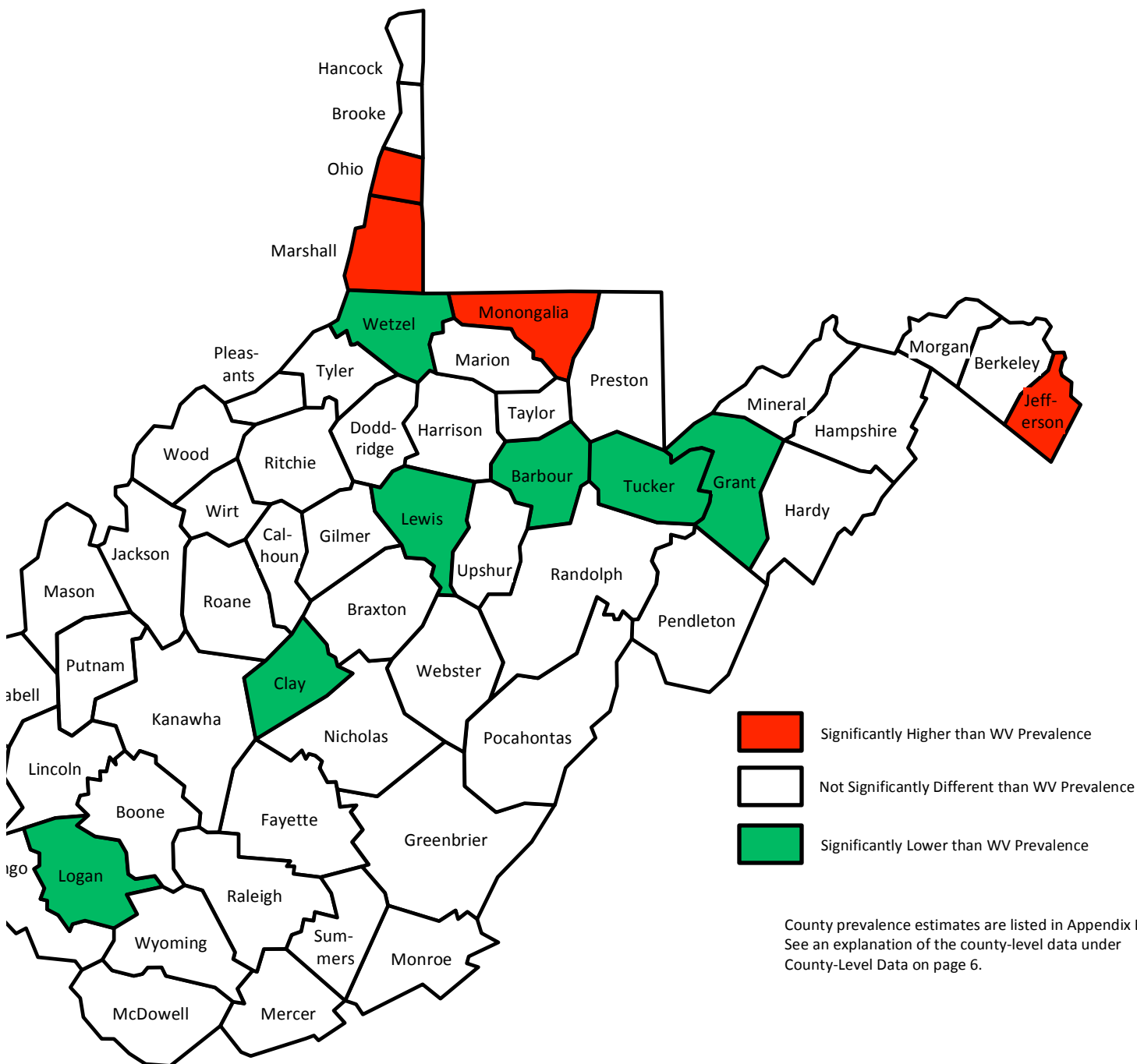
* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The prevalence of binge drinking decreased with increased age. The prevalence of binge drinking was significantly higher among those aged 18-24 (19.6%) than among those aged 35 and older.

There was no educational attainment differences in the prevalence of binge drinking.

Income There was no income difference in the prevalence of binge drinking.

U.S. Prevalence (2012) –16.8%
WV Prevalence (2010-2014) – 10.0%
(Significantly Lower than U.S.)



No Drinking

Defined as the consumption of no alcoholic drinks during the past month.

Prevalence **WV: 67.3%** (95% CI: 65.8-68.7)
 U.S.: 48.0% (95% CI: 47.7-48.3)

The West Virginia prevalence of no drinking in the past month was significantly higher than the U.S. prevalence. West Virginia ranked the 3rd highest among 53 BRFSS participants.

Gender **Men: 58.6%** (95% CI: 56.3-61.0)
 Women: 75.6% (95% CI: 73.9-77.3)

The prevalence of no drinking in the past month was significantly higher among women than men.

Race/Ethnicity **White, Non-Hispanic: 67.7%** (95% CI: 66.2-69.2)
 Black, Non-Hispanic: *66.2% (95% CI: 56.1-76.3)
 Other, Non-Hispanic: *67.2% (95% CI: 52.4-82.0)
 Multiracial, Non-Hispanic: *61.6% (95% CI: 48.7-74.4)
 Hispanic: *45.7% (95% CI: 29.2-62.2)

There was no race/ethnicity difference in the prevalence of no drinking.

* Use caution when interpreting and reporting this estimate. See discussion of unstable estimates on page 5.

The prevalence of no drinking in the past month generally increased with increasing age. The prevalence of no drinking in the past month was significantly higher among those aged 65 and older (80.4%) than among all other age groups. The prevalence of no drinking in the past month was significantly lower among those aged 18-24 (61.8%) and those 25-34 (55.8%) than among those aged 55 and older.

The prevalence of no drinking in the past month decreased significantly with for each level of educational attainment. The prevalence of no drinking in the past month was highest among those with less than a high school education (81.6%) and lowest among those with a college degree (49.5%).

Income The prevalence of no drinking in the past month was highest among those with an annual household income of less than \$15,000 (78.5%) and was significantly higher than the prevalence was among those with a household income of \$25,000 or more per year.

Other Highlights of West Virginia's State of Health

According to the most recent report of "America's Health Rankings" reported in 2015, there are strengths, highlights and challenges for health in West Virginia, such as:

Strengths

- Low incidence of infectious disease
- Low prevalence of excessive drinking
- High per capita public health funding

Challenges

- High prevalence of smoking
- High prevalence of diabetes
- Low immunization coverage among children

Highlights

1. In the past year, lack of health insurance decreased 20% from 14.2% to 11.3% of the population.
2. In the past 2 years, drug deaths increased 47% from 22.0 to 32.4 per 100,000 population.
3. In the past 10 years, children in poverty increased 43% from 18.0% to 25.7% of children.
4. In the past 5 years, infant mortality has not changed at 7.4 per 1,000 live births. In the past 20 years, low birth weight increased 31% from 7.2% to 9.4% of live births.

The State of West Virginia's health ranking nationally are:

47th - Overall

50th - Smoking

50th - Diabetes

49th - Obesity

West Virginia ranked first in the nation for the following conditions:

| | |
|------------------------|-------|
| Disability | 29.1% |
| Heart Attack | 7.4% |
| Heart Disease | 7.8% |
| Cardiovascular Disease | 14.1% |
| Diabetes | 14.1% |
| COPD | 13.5% |
| Arthritis | 40.0% |

| | |
|--|-------|
| And second highest for these conditions: | |
| Fair or Poor Health | 25.8% |
| Obesity | 35.7% |

| | |
|--|--------------------------|
| And among the top 10 in the following: | |
| Stroke | 4.6% (3 rd) |
| Depression | 23.6% (4 th) |
| Kidney Disease | 3.6% (4 th) |
| Cancer | 13.7% (5 th) |
| Current Asthma | 11.0% (6 th) |

Data Source: West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System, 2014

According to the most recent data, rates of obesity now exceed 35 percent in three states (Arkansas, West Virginia and Mississippi), 22 states have rates above 30 percent, 45 states are above 25 percent, and every state is above 20 percent. Arkansas has the highest adult obesity rate at 35.9 percent, while Colorado has the lowest at 21.3 percent. The data show that 23 of 25 states with the highest rates of obesity are in the South and Midwest.

<http://healthyamericans.org/reports/drugabuse2013/release.php?stateid=WV>

<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/popping-pills-prescription-drug-abuse-in-america>

Healthcare Needs for Region

In 2014, a local nonprofit organization dedicated to helping those in poverty conducted their own community assessment. Central WV Community Action (Clarksburg, WV) Needs Assessment Survey asked about the greatest challenges for health in our regional community and the answers were:

- Lack of medical insurance (46.72%)
- Affordability of prescription drugs (40.8%)
- Lack of free or low-cost medical services (39.2 percent)
- Lack of dental services (30.88%)
- Lack of healthcare providers who accept certain insurance (28.88 percent)
- Lack of substance abuse services (20.48%)
- Lack of healthcare providers in the area (17.76%)
- Lack of vision services (17.44%)
- Lack of mental health services (12.96%)
- Lack of adequate in-home care services (11.2%)
- Lack of healthcare services for people with disabilities (9.92%)
- Lack of parental care services (4.96%)
- Other (4.48%) Responses listed under other include: Cost of insurance is too high, Obamacare, lack of good doctors and hospitals, lack of dental and vision for Medicare insurance and services not being available after traditional work hours.

Phase Two – Surveying

Second Phase

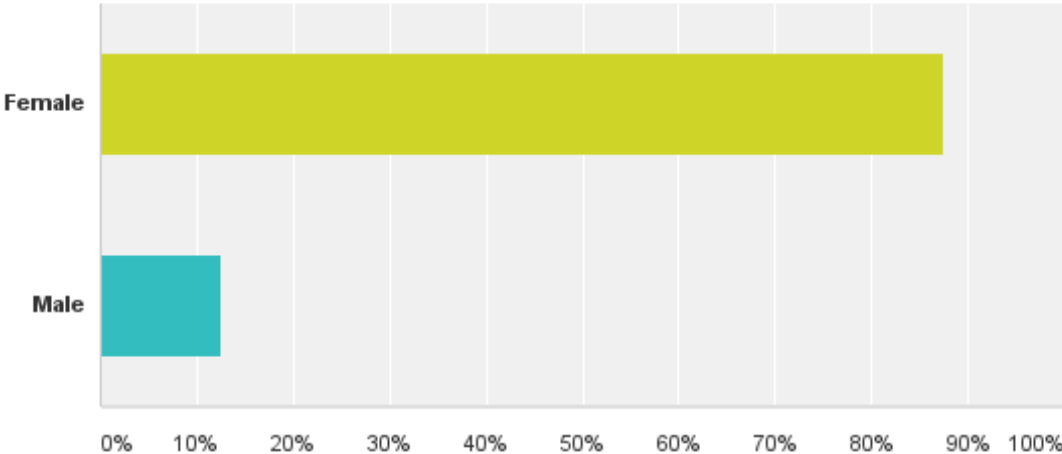
The second step of the Community Health Needs Assessment was to conduct a survey on health issues with public input leading the way. An online company, Survey Monkey, was used for an electronic survey. The survey was created by the SJMH Marketing Department using samples from other health care agencies. There were 37 questions included in the survey, with emphasis on the public's health concerns.

Procedure for Local Survey Collection

Three hundred thirty people participated in the survey during July/August 2015. The SJMH Marketing Department promoted the survey in the local newspaper with news stories, on the local radio station, on Facebook, and through email invitations. Approximately 260 people participated in the online survey. Another 70 paper surveys were completed at the Lewis County Health Department, the waiting areas in SJMH, physician offices, a senior center, and at "Our Neighbor" - a low-income, Goodwill-type store.

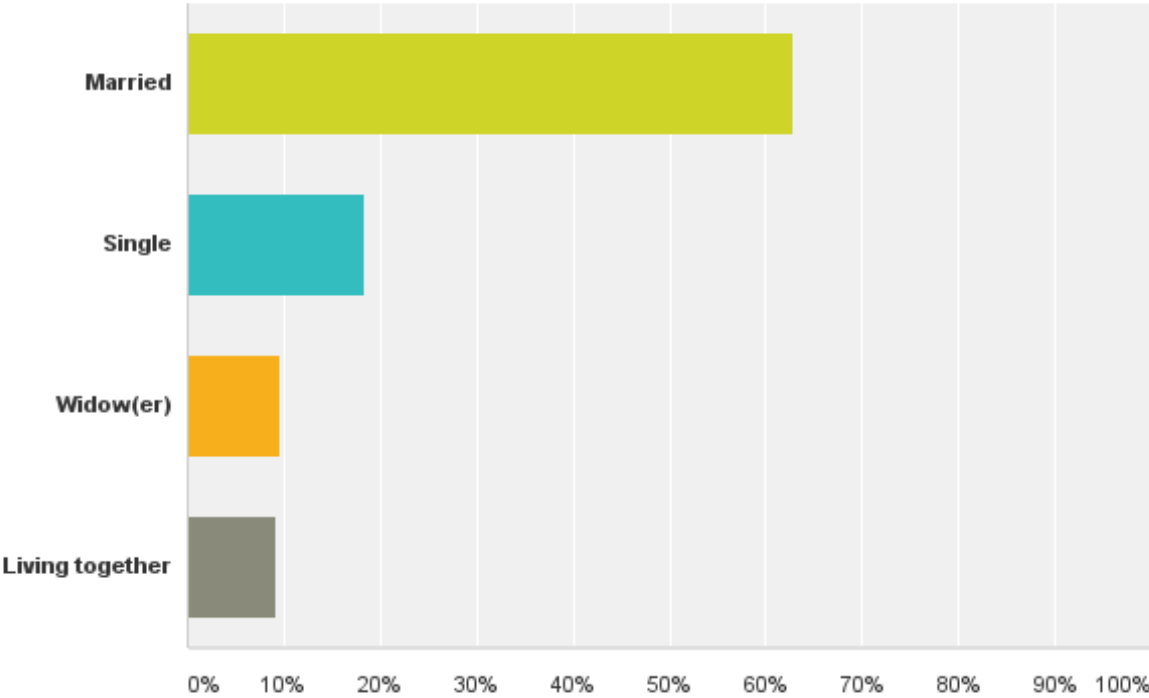
Q1 What is your gender?

Answered: 329 Skipped: 1



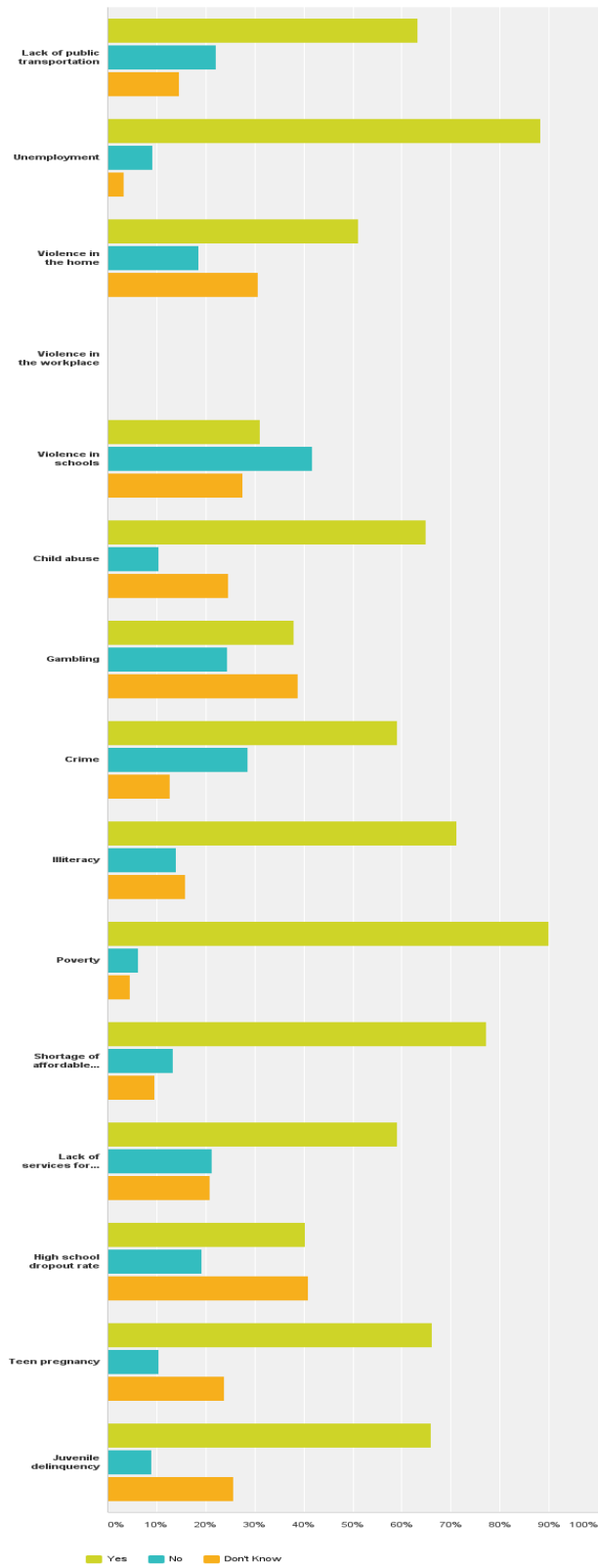
Q4 Marital status?

Answered: 326 Skipped: 4



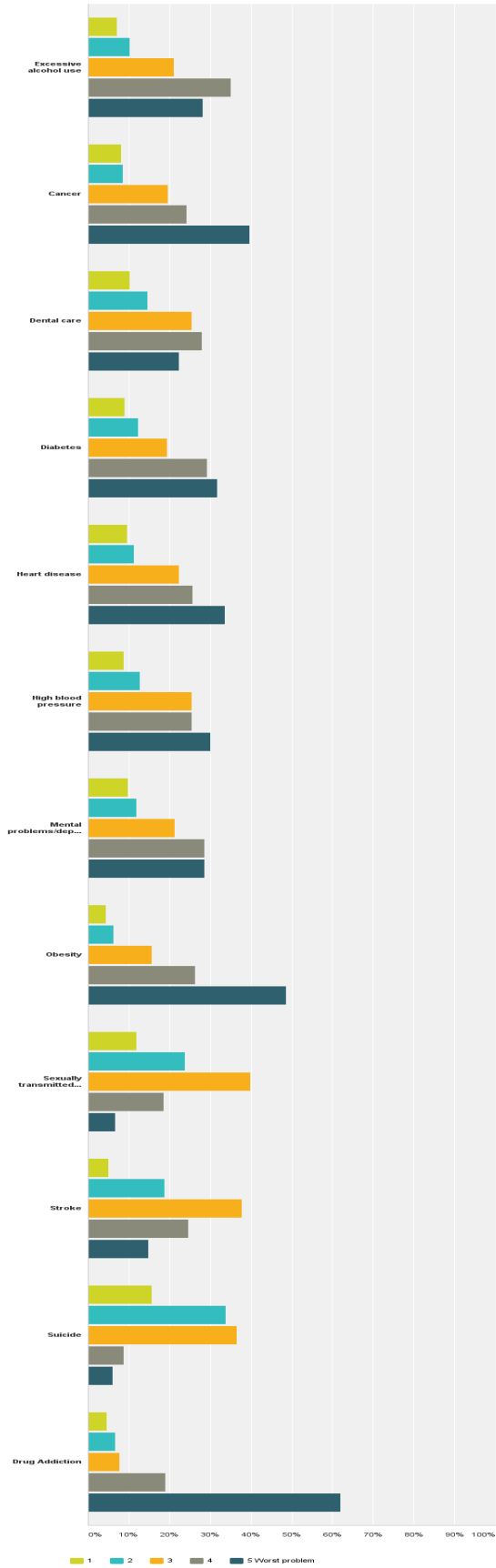
Q6 Please tell whether you believe the topics listed below are problems in this area?

Answered: 267 Skipped: 63



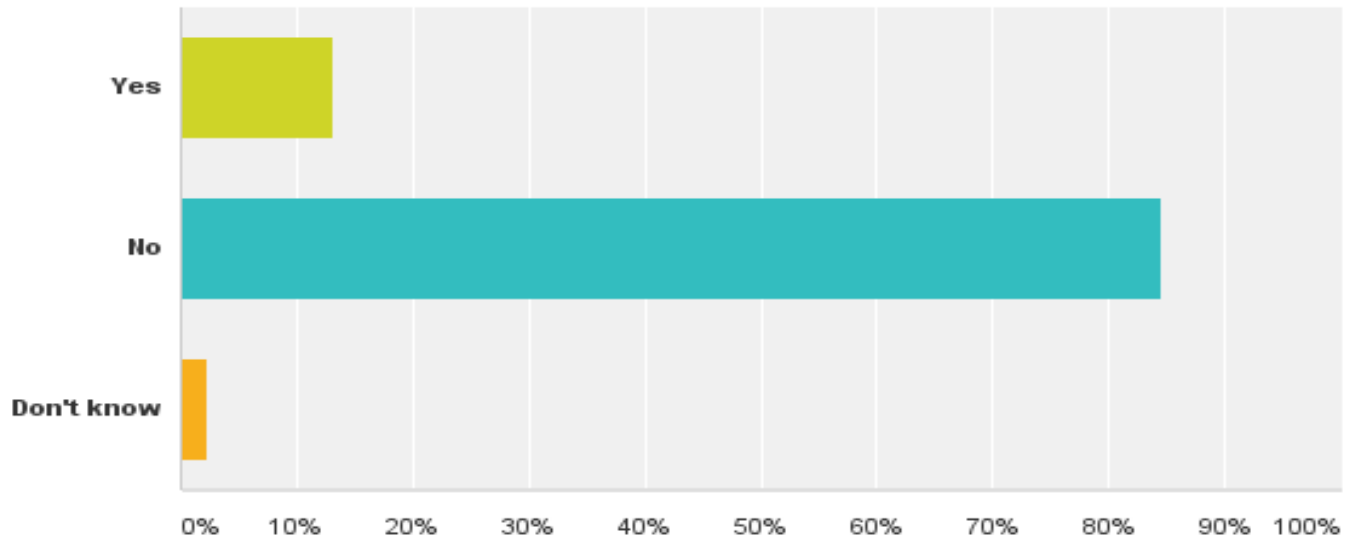
Q7 Below are some common health problems. Please rate on a scale from 1 to 5, with 5 being the worst problem in this area. You should mark only 5 items.

Answered: 329 Skipped: 1



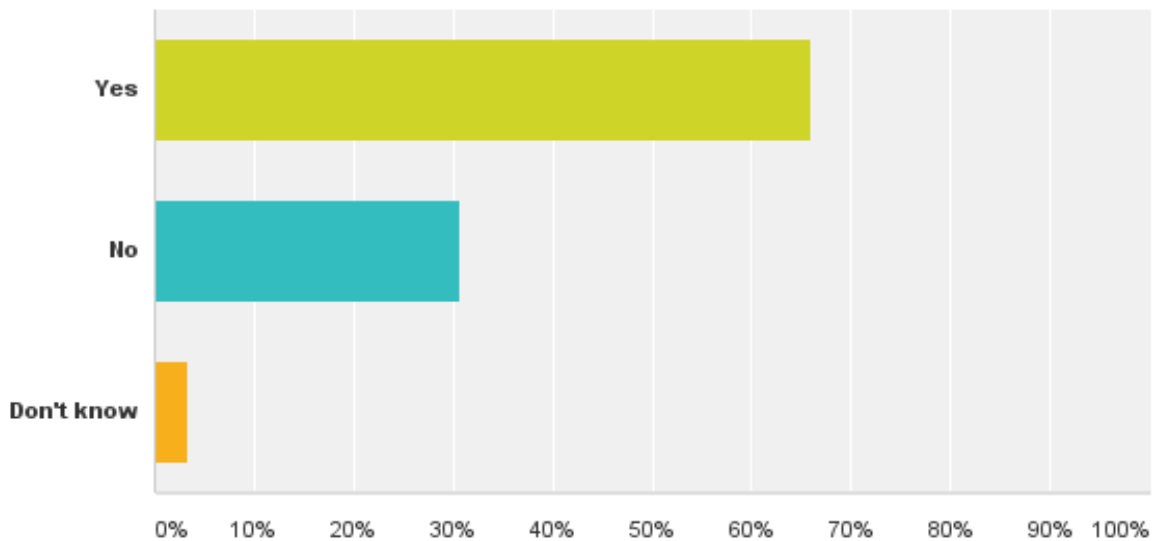
Q11 Do you have healthcare coverage through the Affordable Care Act?

Answered: 265 Skipped: 65



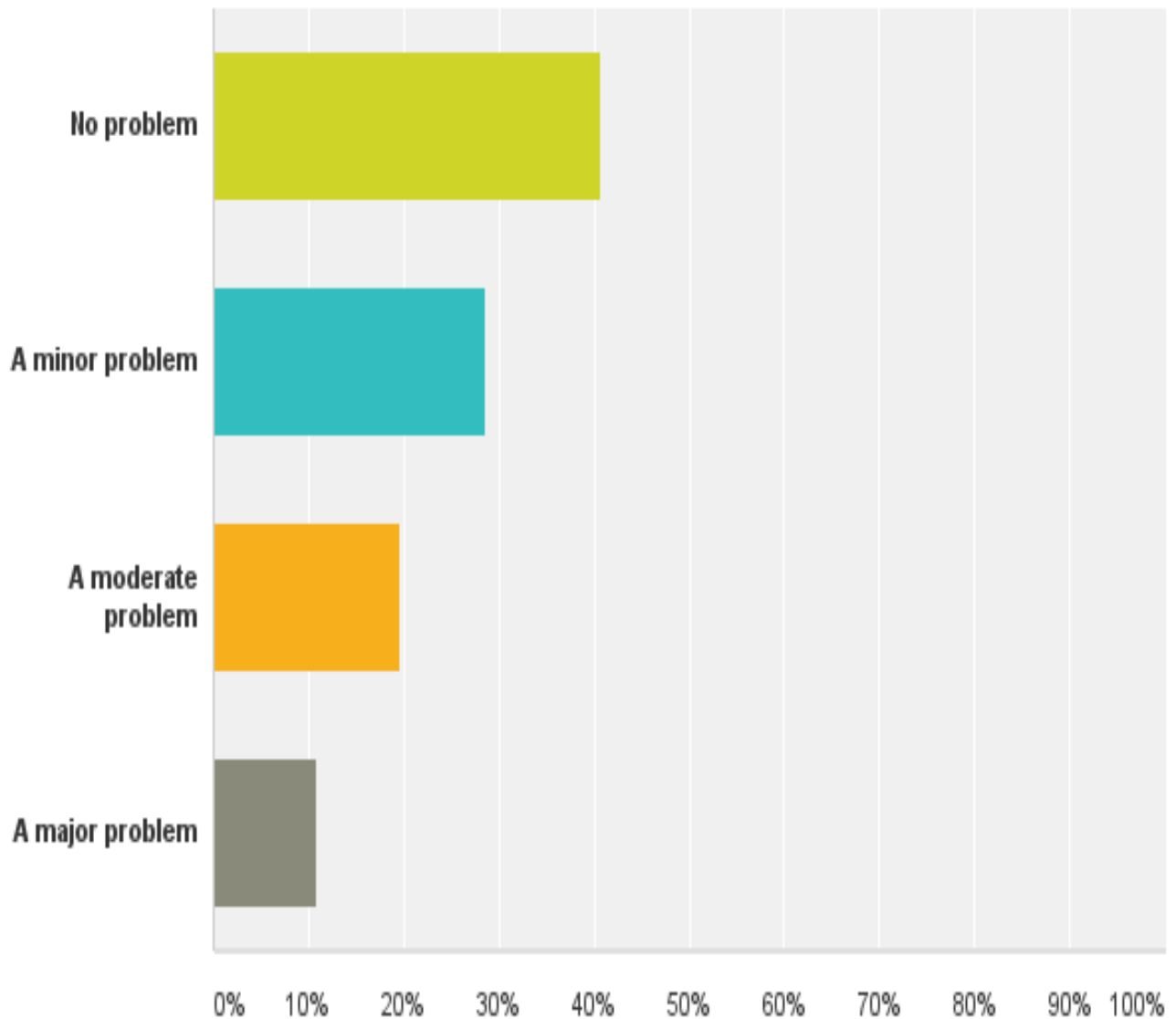
Q12 Do you consider your healthcare coverage "affordable" for your family?

Answered: 264 Skipped: 66



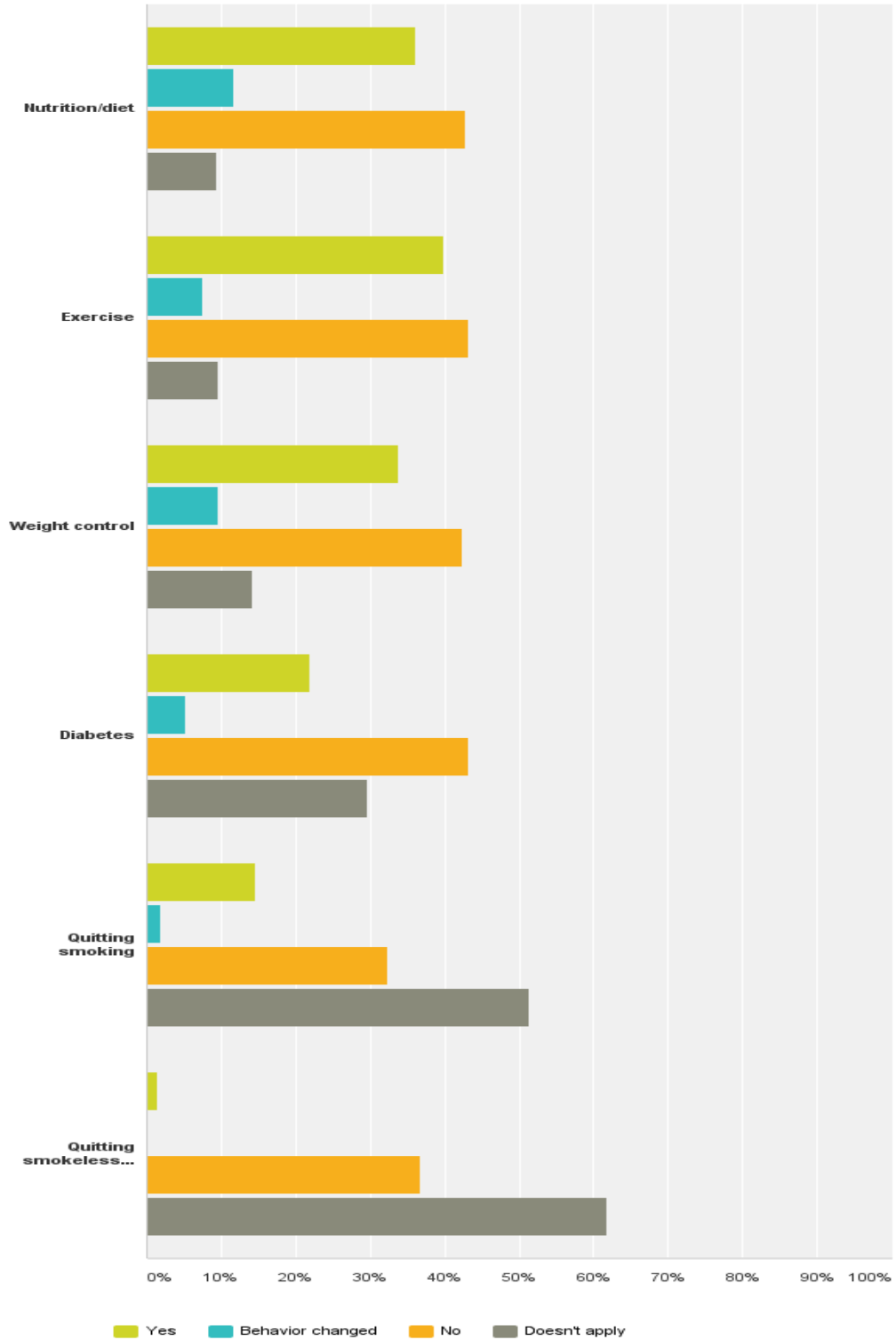
Q13 Because of financial considerations, has getting adequate care for you and your family been:

Answered: 265 Skipped: 65



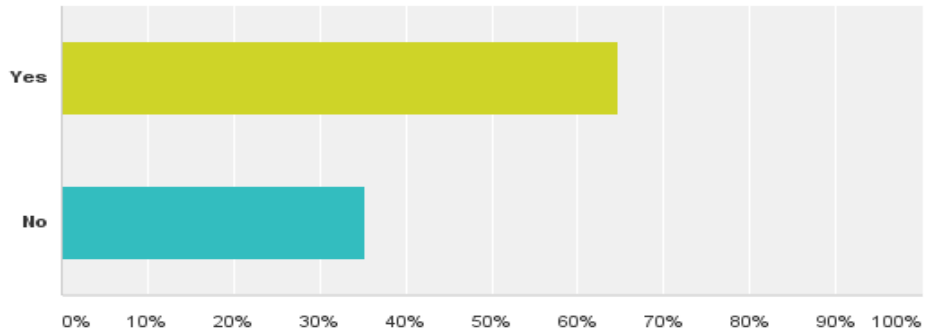
Q14 During the last three years, has your doctor or other health professional talked to you about any of the following? If you mark "yes", please check those in which your doctor's comments actually changed your behavior.

Answered: 311 Skipped: 19



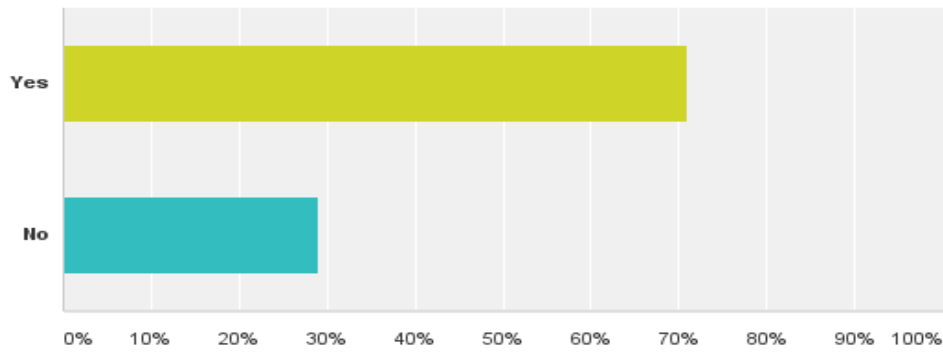
Q15 Do you visit a dentist regularly (at least once a year)?

Answered: 324 Skipped: 6



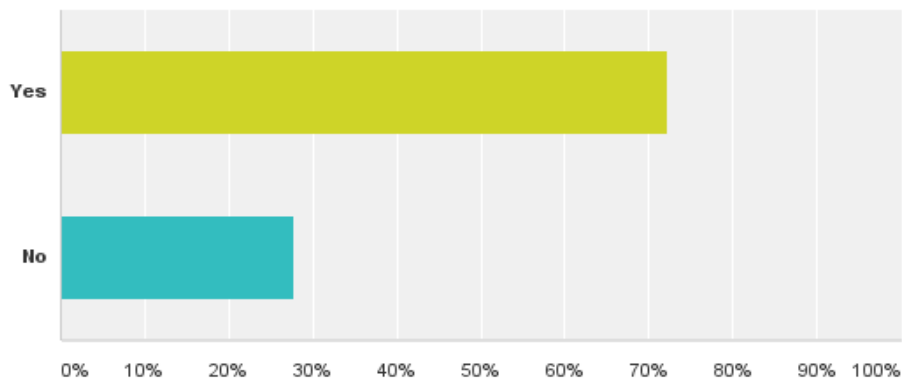
Q16 Do members of your household visit the dentist regularly?

Answered: 307 Skipped: 23



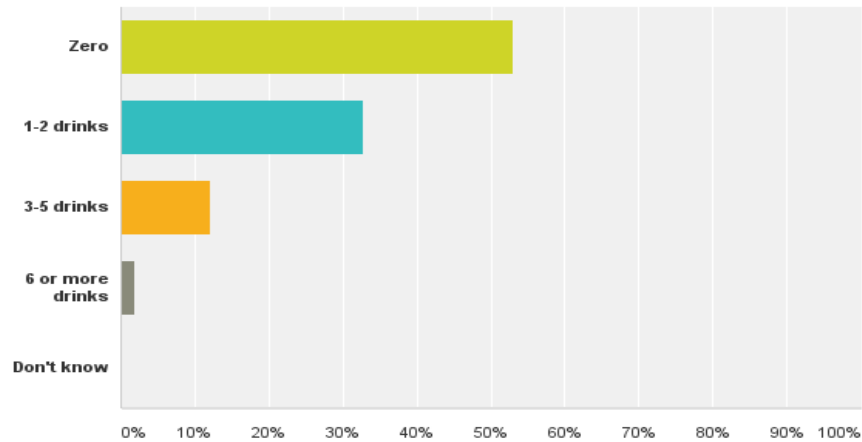
Q17 If you are employed, does your company have a health or wellness program that encourages healthy lifestyle choices?

Answered: 260 Skipped: 70



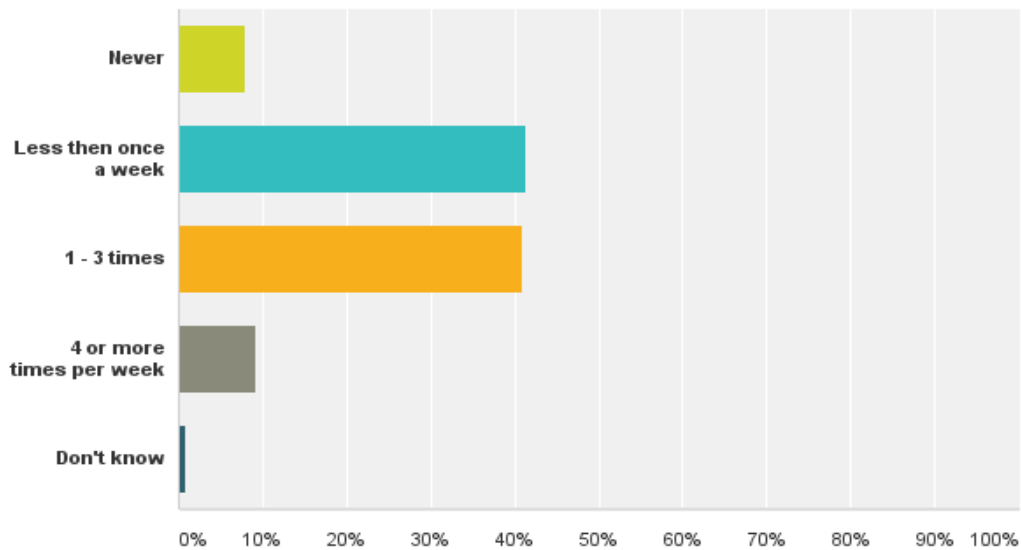
Q18 On an average day, about how many sodas (Coke, Pepsi, etc.) or sweetened drinks such as Gatorade, Red Bull, or Sunny Delight, do you drink? Do not include diet sodas or sugar-free drinks. Please count a 12-oz. as one drink.

Answered: 324 Skipped: 6



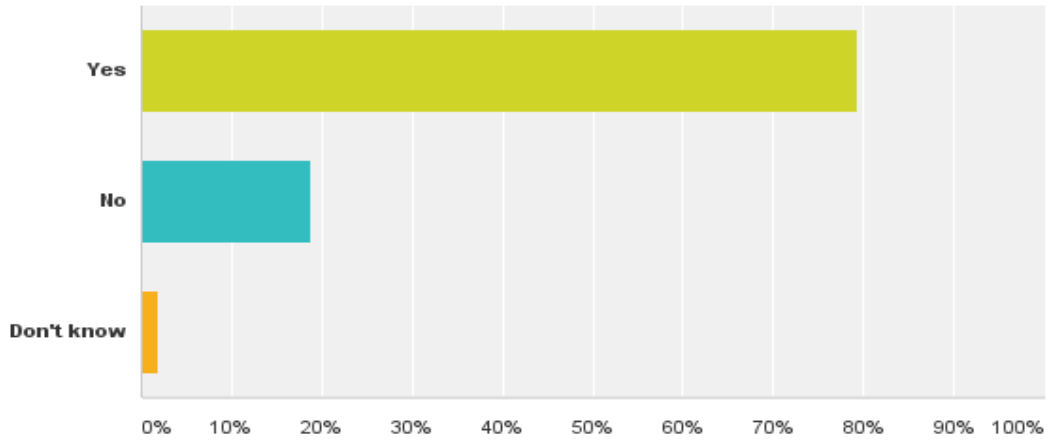
Q19 During an average week, how many times do you eat any food, including meals and snacks, from a fast food restaurant, like McDonalds, Taco Bell, Kentucky Fried Chicken or other similar places?

Answered: 264 Skipped: 66



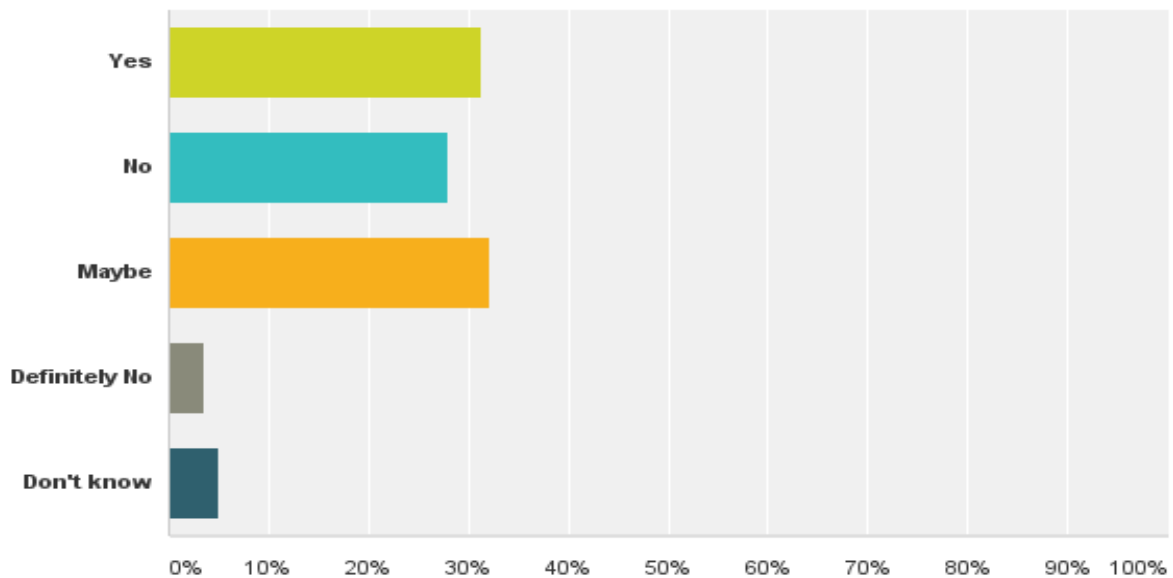
Q20 During the past month, did you participate in any leisure time or recreational activities such as walking, biking, gardening, or golf?

Answered: 265 Skipped: 65



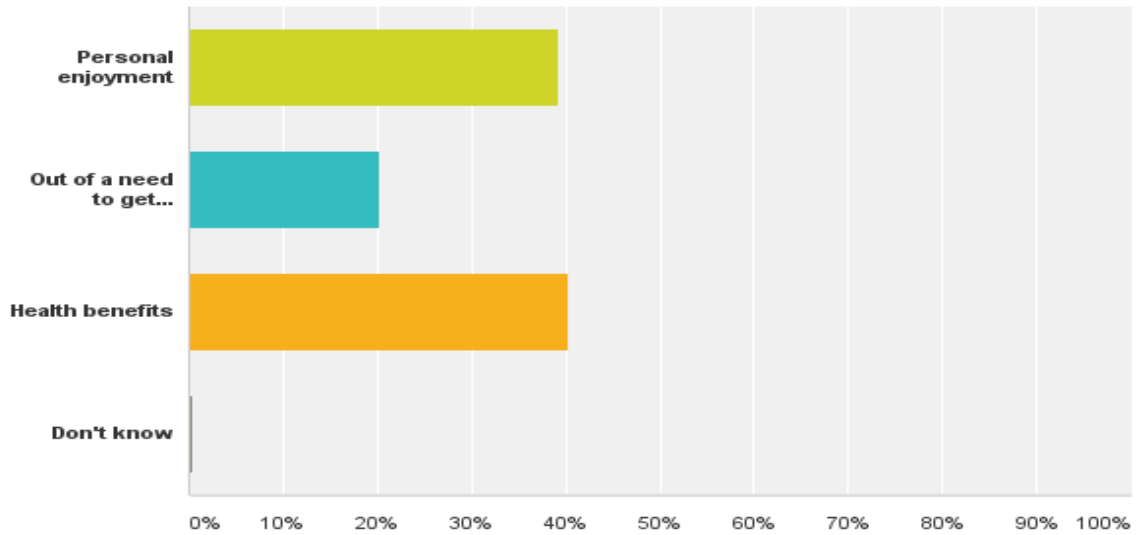
Q21 If community gardens were available locally, would you participate in the program to grow your own vegetables?

Answered: 261 Skipped: 69



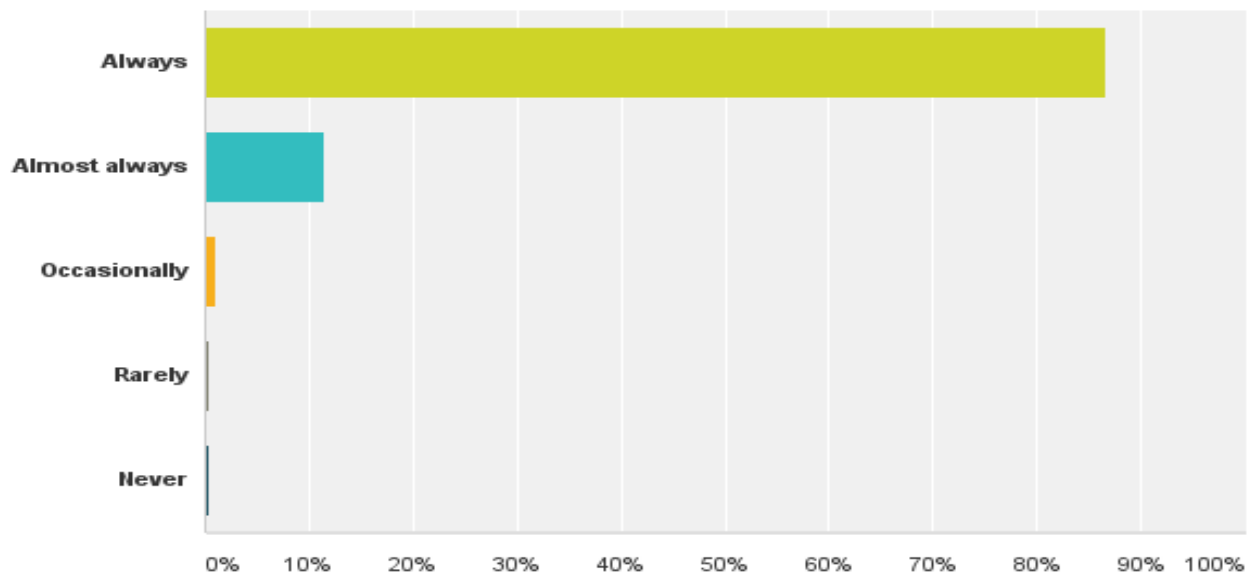
Q22 When you walk, is it normally for:

Answered: 263 Skipped: 67



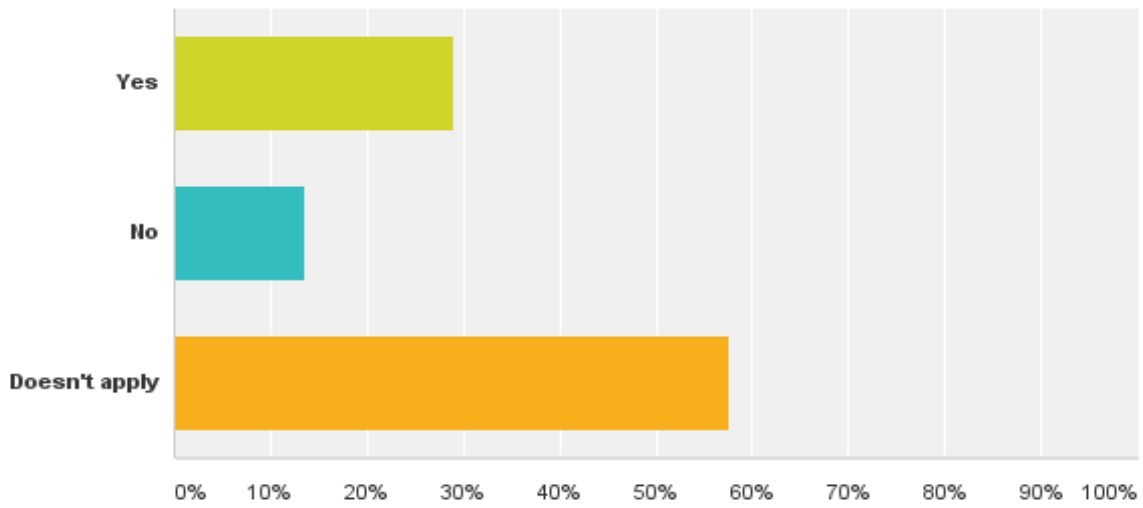
Q23 How often do members of your family use a seatbelt when riding in a car?

Answered: 263 Skipped: 67



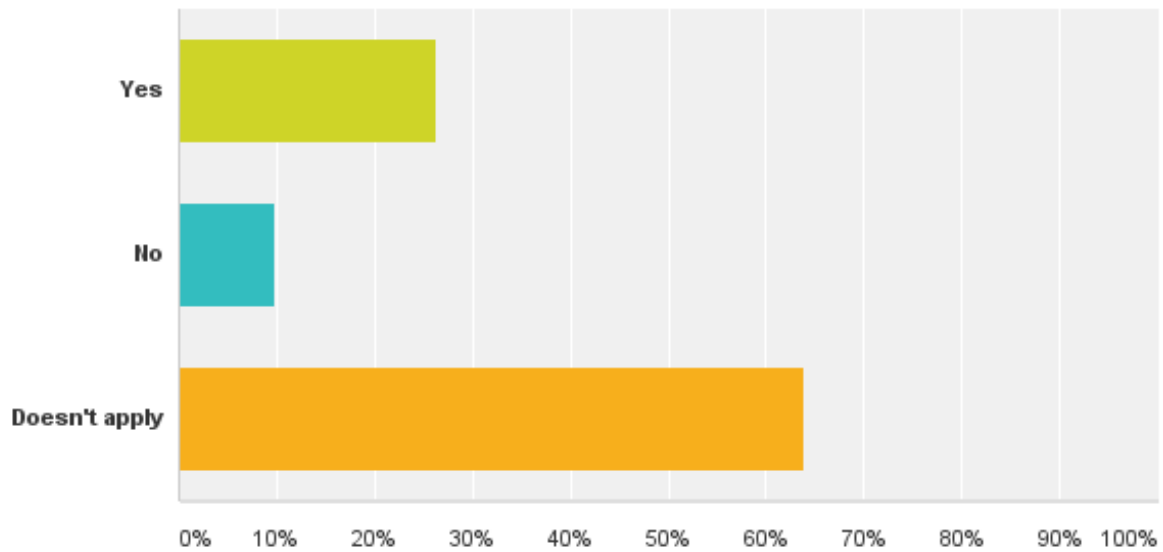
Q24 When riding a bicycle, do your children wear safety helmets?

Answered: 318 Skipped: 12



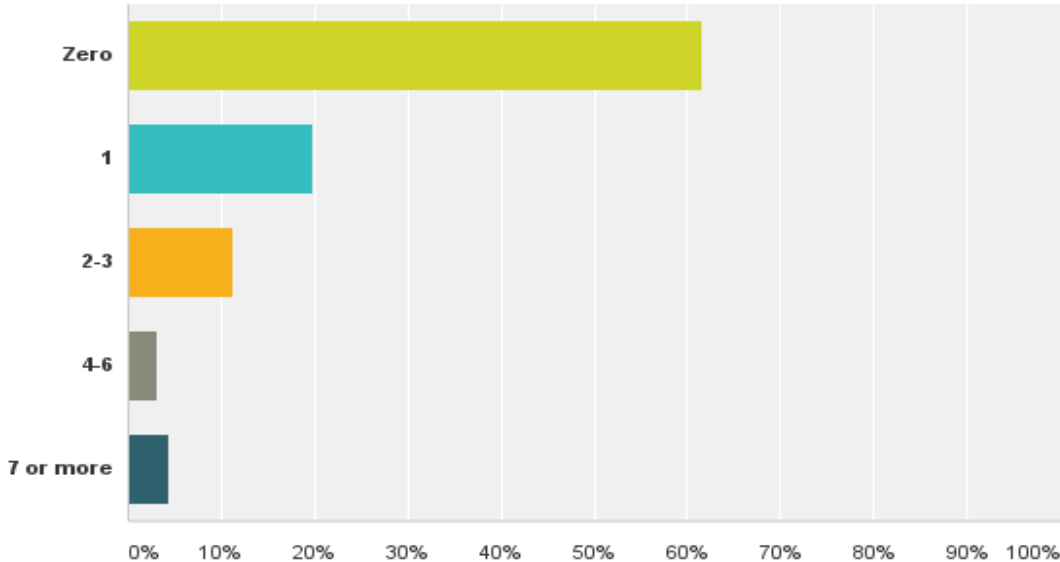
Q25 When riding an ATV do your children wear a safety helmet?

Answered: 315 Skipped: 15



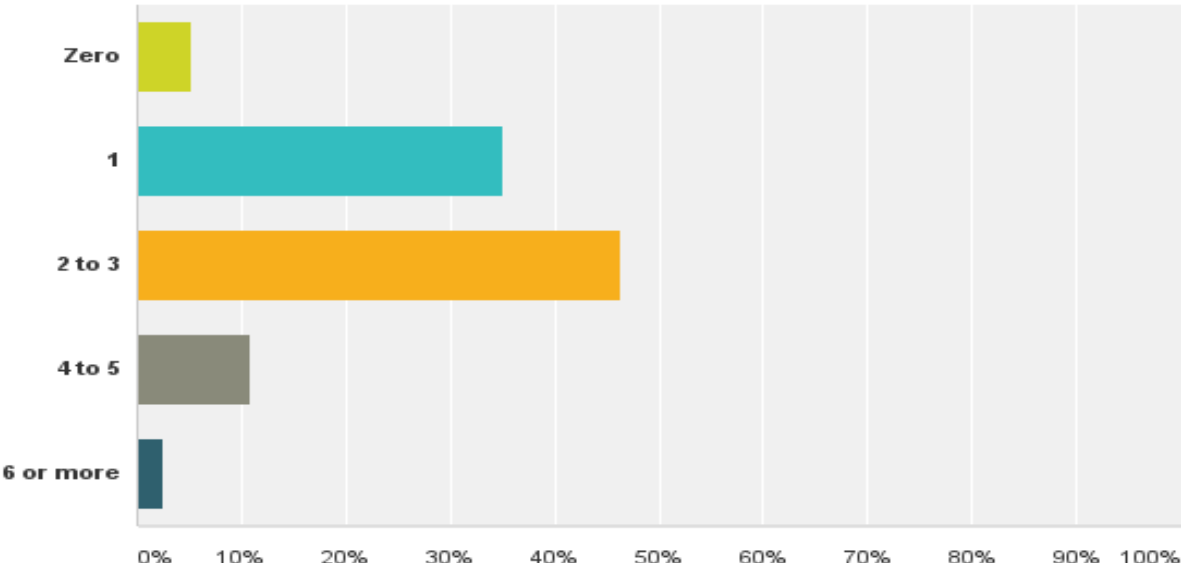
Q26 If you drink, how many drinks of alcoholic beverages do you have in a typical week? (A drink is one beer, or one cocktail)

Answered: 322 Skipped: 8



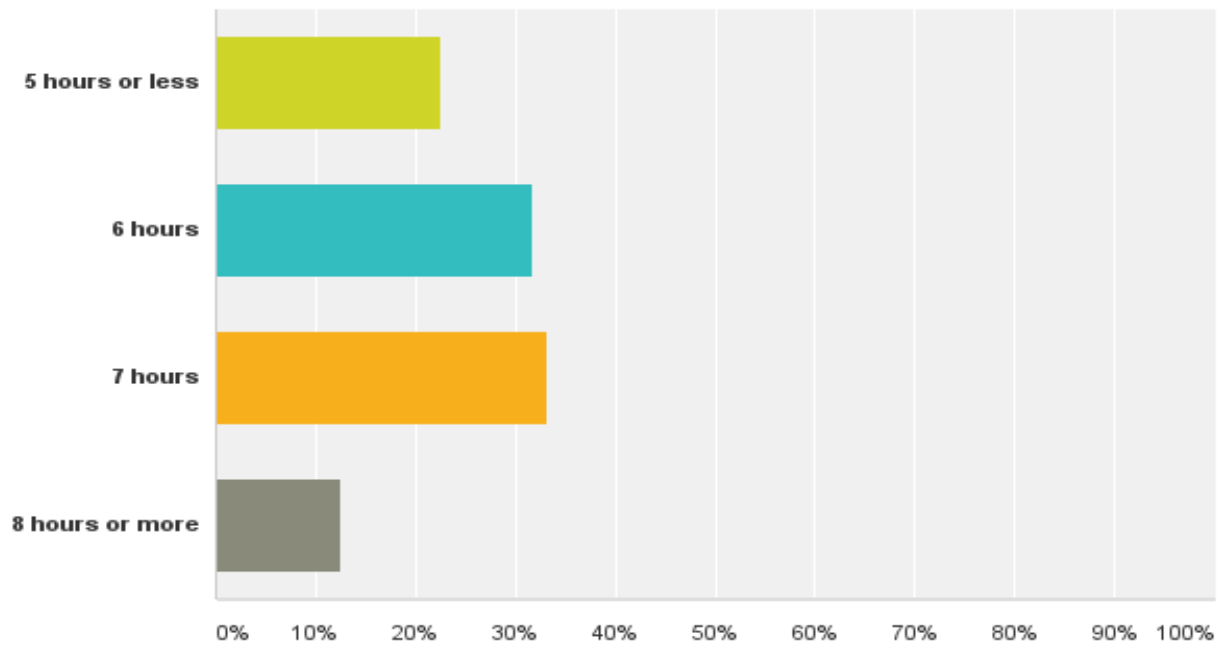
Q27 How many servings of fresh fruit or vegetables do you consume in a day? (a serving is a 1/2 cup)

Answered: 322 Skipped: 8



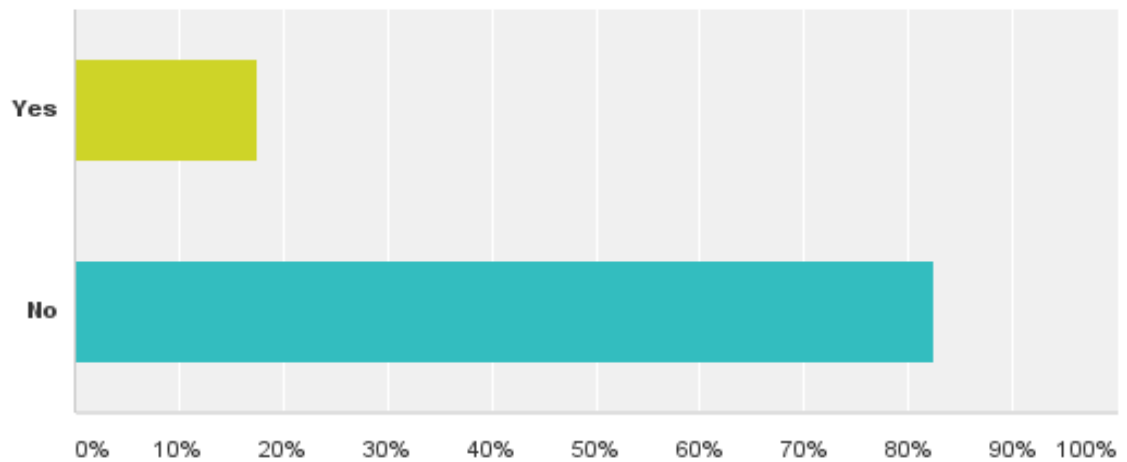
Q29 How many hours of sleep do you get each night?

Answered: 265 Skipped: 65



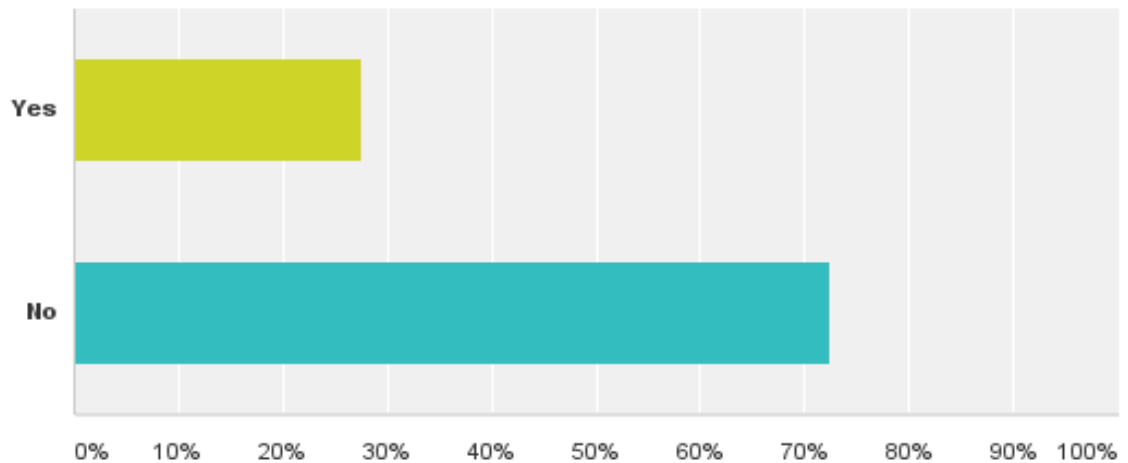
Q31 Do you smoke?

Answered: 261 Skipped: 69



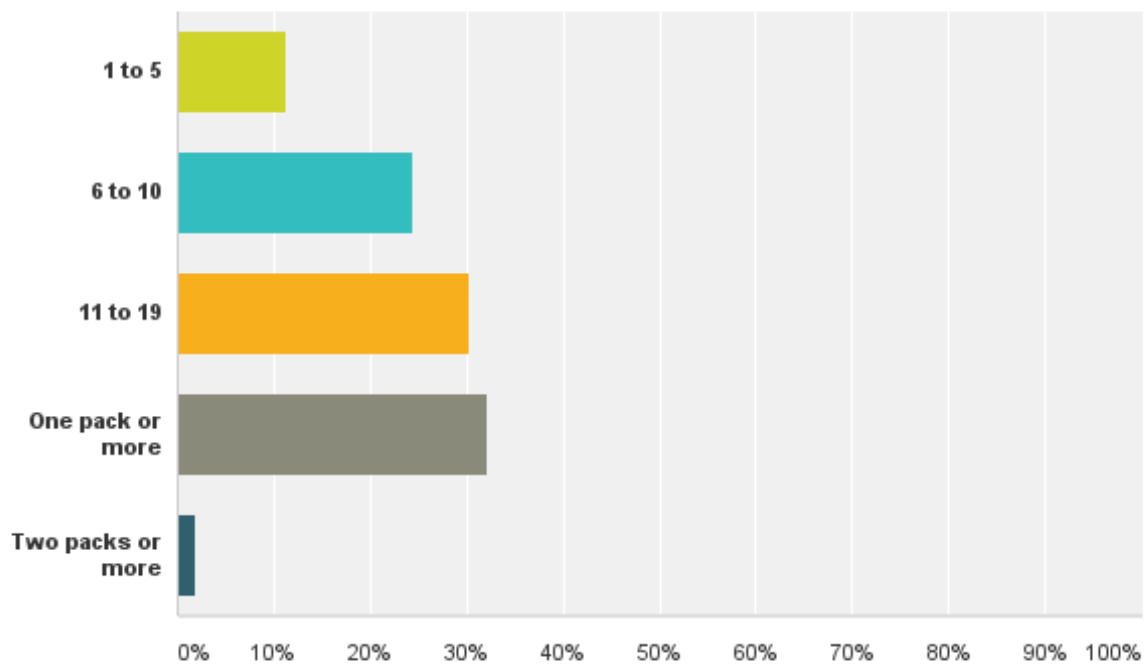
Q32 Did you smoke once, but have quit? If "yes" go to #37

Answered: 235 Skipped: 95



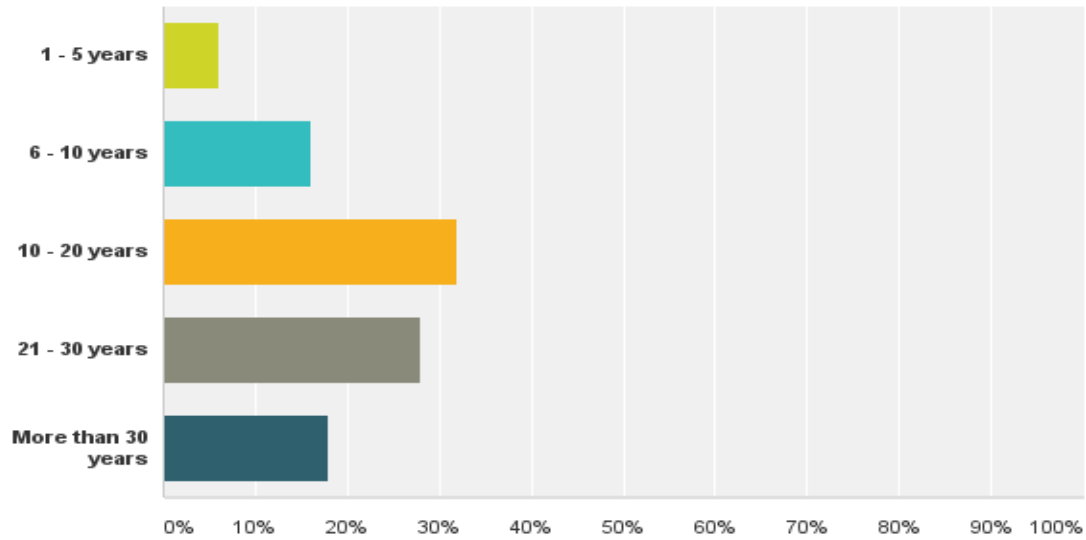
Q33 If you still smoke, on average, how many cigarettes do you smoke a day?

Answered: 53 Skipped: 277



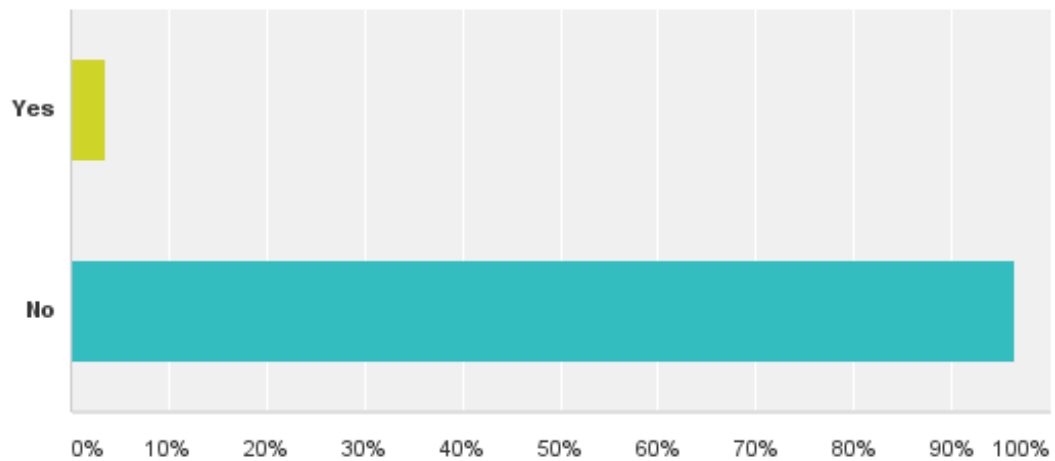
Q34 If you smoke, how many years have you smoked?

Answered: 50 Skipped: 280



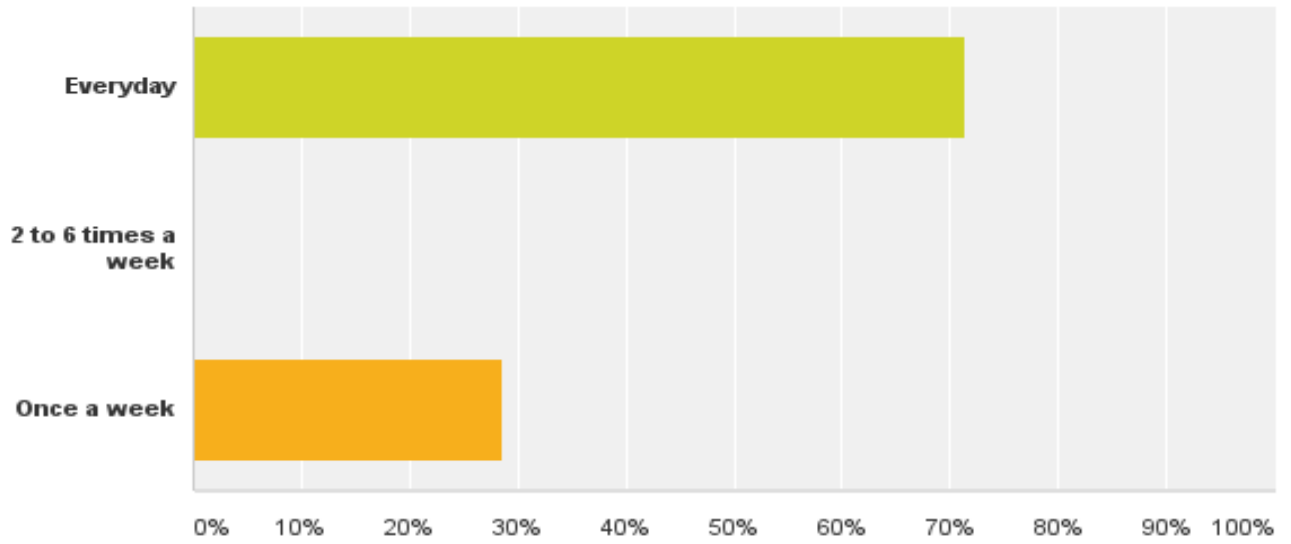
Q35 Do you use smokeless tobacco? If "yes", please answer the next question.

Answered: 223 Skipped: 107



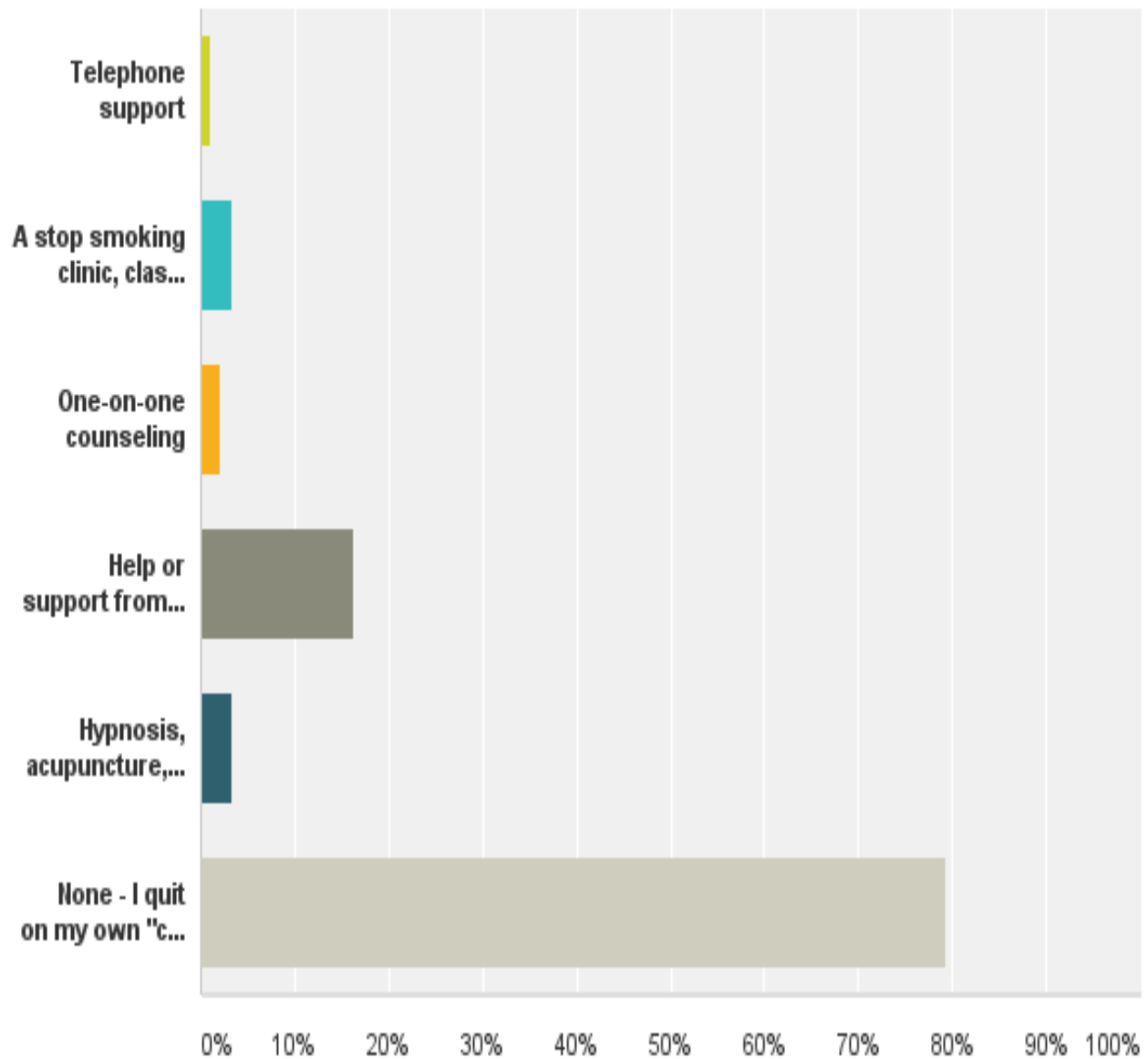
Q36 If you use smokeless tobacco, how often do you use it?

Answered: 7 Skipped: 323



Q37 You indicated that you once smoked, but quit. Thinking back to when you quit, which of the following did you find most helpful? (Check as many as apply)

Answered: 92 Skipped: 238



Phase Three – Focus Group and Implementation for Needs

The third step was for the two entities to meet with key health care and public service stakeholders to elicit feedback from them on the survey responses. Twenty community leaders met and discussed possible strategies for combatting the major health concerns in the county. This phase also details some of the efforts of the two healthcare organizations to combat these problems.

The focus group members included people from fraternal organizations, WVU Extension Service employees, 4-H leaders, Board of Education personnel, church members, a businesswoman, elementary school members, nurses, social workers, state employees, and a member of the WV Rehab Department.

The facilitator for the group meeting was community health coordinator Debra Sizemore.

Information from Focus Group Held on Friday, February 26, 2016

What are the health issues?

1. Poly Substance/Addiction
2. Obesity
3. Tobacco
4. Heart disease
5. Behavioral health (anxiety, depression)
6. Arthritis
7. Dental care – limited access to dentists, cost, meth issues, nutrition, other health issues
8. Diabetes
9. Teen Pregnancy
10. Arthritis
11. Alcohol abuse
12. Heart disease

Why are these issues?

Substance abuse –

- Obituaries in the newspaper
- Drug addicted babies
- Crimes associated with abuse
- Social media
- See it in the newspaper
- Children have nothing to do.

Obesity-Poor emotional regulation,
Lack of physical activity resources
Lack of coping skills
Self medication
Impacts many parts of a person's health
Mobility issues
Size of equipment has changed
Lack of education

Diabetes – see obesity

Tobacco –

- Adopt-a-highway evidence,
- Asthma
- Respiratory illness,
- Disease such as cancer
- COPD
- Dental issues
- Education level

COPD

- Lots of smokers
- Cost to patient
- Cost to society

Heart Disease

- Cost
- Lack of physical activity resources
- Necessity of drugs

Alcohol

- Suicide
- Abuse – whether domestic or child
- Self-medication
- Way to cope

What can be done?

Display a wrecked car along the road for discussion
Addicts speaking in schools
Education for parents
Go to ballgames with education
Creative education in beauty parlors, barbershops, food banks
Open a dialogue with children
Better rehab resources
Develop critical thinking/life skills

Why are these issues?

COPD – lots of smokers
Cancer – one in three in Lewis have cancer
Teen pregnancy – higher rate of teen babies than surrounding counties; cost to society; difficult life for child and mother
Nutrition – poor food choices, lack of education

Participants in 2016 Focus Group on February 26, 2016

Brenda Weaver, social worker; bweaver@stonewallhospital.com

Vinessia Skinner, Sharpe Hospital; vinessia.skinner@wv.gov

Chris Derico, LCBOE child nutrition; cderico@access.k12.wv.us

Susie Johnston-patient financial counselor; sjohnston@stonewallhospital.com

Kristi Gannon, 4-H leader, Cardiac program coordinator, cardiac rehab nurse;
kgannon@stonewallhospital.com

Avah Stalnaker, SJMH CEO; astalnaker@stonewallhospital.com

Robin Poling, Stonewall Resort; rpoling@benchmarkmanagement.com

Sherry Lambert, Lewis County Chamber; lcinfor@lcchamber.org

Liz Post, WVU Extension and 4-H; liz.post@gmail.wvu.edu

Mary Mazza Hendricks, St. Patrick school and church; mmazzahendricks@gmail.com

Sandra Mick, small businesswoman; spchurchweston@gmail.com

Kevin Stalnaker, SJMH COO; kstalnaker@stonewallhospital.com

Dianne Davisson, LC Health Dept.; Dianne.I.davisson@wv.gov

Dodie Arbogast, CPA at SJMH; darbogast@sjmhwv.com

Rhonda Hager, HR at SJMH; rhager@stonewallhospital.com

Julia Spelsberg, Weston mayor, hospital marketing director; jspelsberg@stonewallhospital.com

Implementation Strategies To Tackle The Significant Health Concerns

Three hundred twenty-nine individuals answered the question on common health problems. The top five concerns were:

- Drug Abuse
- Obesity (58.5%)
- Cancer (36.8%)
- Heart Disease (31.5%)
- Diabetes (29.8%)
- High Blood Pressure (29.2%)

Drug addiction is the number one health concern of our residents. The other concerns in order of importance were: obesity, cancer, heart diseases, diabetes, and high blood pressure.

Our next goal is to identify the methods and efforts, which Stonewall Jackson Memorial Hospital and the Lewis County Health Department can strategize to help the community with these issues.

This is a breakdown of the detailed efforts SJMH and the Health Department have developed to promote fitness and combat drug abuse, obesity, diabetes and other preventable illnesses.

Strategies for Combatting Drug Abuse

- SJMH's Emergency Department has adopted the West Virginia Hospital Association Guidelines for Prescribing Opiates.
- All nursing staff at SJMH is required to complete continuing education on "Drug Diversion Education on Opiates."
- All SJMH pharmacists are required to complete continuing education on "Drug Diversion Education on Opiates" when applying for their licensure.
- All SJMH physicians are registered with the West Virginia Board of Pharmacies.

Strategies for Combatting Obesity/Promoting Physical Activity

- SJMH has an Adult Fitness program, which is conducted Tuesdays and Thursdays in the morning in the Stonewall Jackson Memorial Hospital Cardiac Rehab Department. This is a very low-cost way to modify risk factors.
- SJMH received a sizeable grant to fund a walking program in the fall of 2012 – "Lewis County on the Move". Three hundred local people signed up and received a

pre-test of body mass index (BMI), blood pressure, blood sugar, waist circumference, weight, and height. They were provided with a free, quality pedometer and told to walk for six weeks. After the six weeks, they were provided the same screenings in a post-test and had some great results. One lady lost 20 pounds; another lost 8 inches on her waist. It was an opportunity for SJMH to educate residents on healthy habits.

- The SJMH Physical Therapy Department provides annual physicals for student athletes in the county at no cost to the child. The Department performed screenings for 152 students this past school year. The physical is comprised of monitoring lung and heart, and detailing a history of injury, or orthopedic problems.
- In April 2016, SJMH coordinated the ninth annual Weston 5K Run and Wellness Walk. The event was created to promote healthy lifestyle choices for local residents. Approximately 225 people registered for the event. There is also a Wee Run for children, which is a block-long sprint. The Hospital sells advertising on the back of the Run shirts top provide scholarships to local students in the Lewis County School system giving children the opportunity to participate at a cost of \$3.
- SJMH has created a safe walking path in the parking lot for the Hospital to promote physical activity for employees and the community.
- SJMH has a Wellness Committee that has created basketball teams for employees. The Wellness Committee also has made exercise equipment available to the entire SJMH staff for use.
- SJMH is working in cooperation with the City of Weston to refurbish an old school playground close to the Hospital's main campus. The goal is to provide a children's playground. The commercial playground was recently dedicated.
- SJMH is working on the completion of a natural playground/outdoor classroom at another location within the city limits.
- The Hospital offers a Public Employee Insurance Agency Weight Management Program.
- SJMH does not serve pop at activities.
- SJMH provides healthy snacks for a variety of children's events, especially those associated with the Lewis County 4-H program.
- SJMH now provides a healthy salad bar for employees and visitors.
- For three years, the Hospital has attended the Try This Conference in Buckhannon to learn about ways to create healthier choices for our communities, especially our children.

Strategies for Combatting Cancer:

- SJMH has participated in the WV Breast Cancer Awareness Day through promotion, advertising, management, and screenings. This will be the 19th year that SJMH will work on the project in October to provide education and screenings for women.
- For eighteen years, SJMH has been a major contributor to the American Cancer Society's Relay for Life of Lewis County. As well as having a big Relay team, the Hospital also contributes \$1,000 annually as a corporate sponsor; markets the event; and provides a survivors reception for the Relay.
- SJMH opened an oncology center here at the Hospital, which has provided great help for local cancer patients, so that they do not have to travel hours for treatment.
- SJMH is participating in the American Cancer Society's "80 by 2018" an effort to get eighty percent of appropriate patients to be screened for colon cancer by 2018.

Strategies for Combating Cardiac Disease:

- The SJMH Cardiac Department participates in the WV Cardiac Project created by West Virginia University to screen fifth-graders in the County for diabetes, hypertension and hyperlipidemia (cholesterol). This screening identifies the at-risk population and 171 students were enrolled this year.
- The Cardiac Rehab Department goes to Sharpe Hospital, the second largest employer in the county, for a Healthy Heart Fair every February to promote healthy lifestyle choices.
- SJMH has a Facebook page on which healthy heart suggestions are circulated.
- The Cardiac Department participates with a local college and federal correction center to do heart disease education.
- The Cardiac Department created a Cardiac Reunion program to encourage health, fitness, and wellness through continued exercise with Cardiac Rehab graduates.

Strategies for Combatting Diabetes:

- SJMH conducts three comprehensive blood screenings each year – two in the spring and one in the fall. This is done in cooperation with the Weston Rotary Club.

- The Lewis County Health Department provides very low cost screenings for the public during office hours. For example, a customer can receive a blood glucose test, blood pressure, weight, and height screening for free. The nurse director can provide nutritional education for customers. She also talks about exercise and educates on glucometer use.
- SJMH provides free annual blood screenings for the SJMH employees.

Strategies for Combatting High Blood Pressure:

- SJMH has a health fair for the public and provides glucose, blood sugar, blood pressure, and hearing screenings, as well as information from vendors for breast/cervical cancer, smoking cessation, and other cancers several times a year.

Strategies to Promote Healthy Choices:

- SJMH has taken a very proactive approach to the recent creation of a Farmers Market in the Weston Downtown area. The Hospital is providing a piece of fresh fruit for children visiting the market, as well as coffee for shoppers to sit and eat some home baked goods.
- The SJMH Marketing Department, in cooperation with the SJMH ED, conducts a Children's Safety Fair in October. There are a number of screenings available for children.
- SJMH has participated in a 340B prescription program for several years. Patients who are seen by SJMH physicians may participate in the low-cost prescription plan and save as much as 60% on their medications.
- The Marketing Department creates stories on promoting healthy lifestyle choices throughout the year.

Collaborators on these screenings and strategies:

- American Cancer Society
- Central West Virginia Community Action
- Center for Organ Recovery and Education (CORE)
- City of Weston, WV
- Comprehensive Pharmacy Services
- Lewis County Board of Education
- Partners in Health, Charleston, WV
- Saint Patrick School/Church

- Sharpe Hospital
- Stonewall Resort
- The HUB
- Try This Conference
- Weston Rotary Club
- West Virginia Department of Rehabilitation
- West Virginia Division of Tobacco Cessation
- West Virginia Breast and Cervical Cancer Screening Program
- West Virginia University Extension Service
- West Virginia Wellness Council

Distribution for Community Health Assessment Results:

The Stonewall Jackson Memorial Hospital/Lewis County Health Department Community Health Assessment was distributed to all employees of both organizations via email. The publication was also marketed in the local newspaper, on radio, and through Facebook. The publication was made available in all of the local physician offices and through email lists. The publication was posted on the Stonewall Jackson Memorial Hospital website – www.stonewallhospital.com and the Health Department's Facebook page. The results were also printed in a booklet and made available in all of the SJMH patient rooms.