

Kanawha County

2022

Community Health Assessment

Report

Summary of Findings

October 2022

Our Mission: To identify, evaluate and coordinate resources to make sustainable improvement to community conditions that impact the health of the people who live, learn, work, and play in Kanawha County.



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**Kanawha Coalition
for Community Health Improvement**

PO Box 1547 Charleston, WV 25326
(304) 388-7557
<https://www.kcchi.info>

Steering Committee

Nicole Christian, President
Charleston Area Alliance

Julia Blackwood, Executive Assistant
to the Health Officer
Kanawha-Charleston Health Department

Kerri Cooper, Community Impact Director
United Way of Central West Virginia

Katie Knapp, RHIT
Director of Corporate Compliance & HIM
Systems
Thomas Health Systems

David Ferretti, Attorney
Spilman Thomas & Battle, PLLC

Andrew Dunlap, Vice President of Economic
Development
Charleston Area Alliance

Tamara Fuller, Chief Strategy Officer
Charleston Area Medical Center

James Vance, Assistant Director
**Division of Health Promotion and Chronic
Disease, WV Bureau for Public Health**

Melanie Seiler, Executive Director
Active Southern West Virginia

Alicia Warden BSN, RN, NCSN
Lead School Nurse
Kanawha County Schools Health Services

Aaron Alexander, Vice President for Legal
Thomas Health Systems

Margaret Ann O'Neal, President
United Way of Central West Virginia

Reverend James Patterson, President
Partnership of African American Churches

David Ramsey, Chief Executive Officer
Charleston Area Medical Center

Arthur B. Rubin, Board of Health President
Kanawha-Charleston Health Department

Sheryn Carey, Director
**Division of Health Promotion and Chronic
Disease, WV Bureau for Public Health**

Sherri A. Young, DO, MBA, FAAFP, DHL
**Associate Chief Medical Officer
CAMC Health**

Special Thanks to these Individuals & Organizations

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TABLE OF CONTENTS

Acknowledgements	2
Introduction:	4-8
Organizational Background	5
Community of Excellence	5,6
Social Determinants of Health	7
KCCHI Key Work Systems	8
The Community Health Needs Assessment (CHNA) Process	9,10
Kanawha County: Challenges/Opportunities	11-36
LIVE: Health & Social	12-15
LIVE: Safety & Infrastructure	16-20
LEARN	21-25
WORK	26-29
PLAY	30-34
Top KCCHI Priorities 2020-2023	34-36
Community Input on Top Priorities	37-64
Demographics of Respondents	37-45
LIVE: Health & Social	46-48
LIVE: Safety & Infrastructure	48-54
LEARN	55-57
WORK	58-64
PLAY	65-68
Appendices	
A: Kanawha County 2022 Health Rankings	
B: Expert Opinion Survey Instrument	
C: Community Survey Instrument	
D: Focus Group Project Discussion Guide	
E: Quick Facts: Kanawha County	
F: Kids Count Data: Kanawha County 2022	
G: West Virginia High School Youth Risk Behavior Survey (YRBS)	
H: Health Rankings Pre-Mature Deaths Before 75	
I: West Virginia Health Rankings by Age	
J: West Virginia Death by Age & Gender 2020	

Kanawha County
Community Health Needs Assessment (CHNA)
Executive Summary Conducted July 1 – October 31, 2022
Final Report to be available by January 1, 2023, available online at <https://www.kcchi.info>

INTRODUCTION



ORGANIZATIONAL BACKGROUND / ASSESSMENT HISTORY

The Kanawha Coalition for Community Health Improvement (KCCHI), which was founded in 1994, has been the impetus behind our community's efforts to recognize and address health problems in Kanawha County. Its objective is to pinpoint health issues and organize resources so that inhabitants of Kanawha County experience measurable health gains. Hospitals, a behavioral health center, a federally qualified health center, United Way, a local health agency, a school system, a faith-based collaboration, the Charleston Area Business Alliance, and the State Bureau for Public Health are represented in our leadership group. (For a complete list of members, please go to the acknowledgement page at the start of this report.)

The 9th triennial Community Health Needs Assessment (CHNA) was just completed by KCCHI. The CHNA process has evolved over time via numerous cycles of learning into a strict evidence-based approach that has been acknowledged as a national role model process by both the National Quality Forum (NQF) and the Centers for Disease Control (CDC).

Over time, KCCHI has modified its tools and methods to stay on top of new trends and technology. For faster data entry, KCCHI started using scannable surveys in 2006. In 2010, we started using an online survey platform to gather survey replies. And in 2013, when the number of homes with landlines fell because of an increase in cellular phone use, KCCHI started sending postcards to randomly choose homes without landlines that contained links to an online survey portal.

To get the perspectives and concerns of low-income, underinsured, or uninsured communities, KCCHI hosted its first focus groups in 2010 after realizing that some subgroups were underrepresented in its home surveys procedure. We included single parents, African Americans, and lower income households to our focus groups in 2013. Additionally, in 2013 KCCHI established a cooperation with the Capito Department of Nursing at the University of Charleston by involving its fourth-year nursing students in the data collection procedure. Students helped with the execution of focus groups and phone interviews. To get feedback from communities in some of our county's more rural and unincorporated areas, KCCHI expanded its focus groups in 2016–2017 and 2019-2020. (Cross Lanes, Kanawha City, Elkview, London, Marmet, and Miami).

Through ongoing enhancements to both its evaluation procedure and overall operations, KCCHI is still dedicated to excellence today. The highlights of our 2022 CHNA are presented in this report. The community, experts, and focus groups will all contribute to this year's CHNA. Charts, graphs, or opinions will be used to depict each group in the data to show how closely each group represents its ideas and perspectives.

COMMUNITIES OF EXCELLENCE

Our leadership understands that the challenges our community faces today and those we will have in the future will require a high level of performance – a commitment to community performance excellence that grows out the recognition that the social determinants of educational achievement, economic vitality, and health status are inextricable interwoven. We understand that these challenges require a commitment among leaders across sectors and generations to take a systems approach to community performance.

In 2017 the Kanawha Coalition for Community Health Improvement joined the first Cohort of Communities in the Nation to embark on a journey to performance excellence by helping refine and improve the Communities of Excellence Framework and better understand the key requirements needed to successfully adopt and sustain positive change in communities.

The Communities of Excellence Framework has helped the Kanawha Coalition for Community Health Improvement further enhance its triennial Community Health Needs Assessment (CHNA) process. The following section highlights improvements that have been incorporated into our 2022 CHNA.



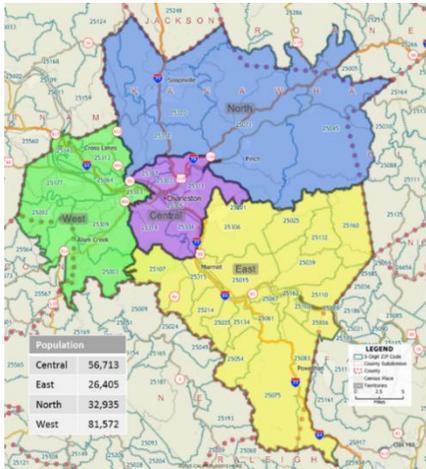
Figure P.1-4 Community Groups

Community Group	Recent Changes	Need	Key Requirements
North	Rural; Small towns; Most residents are descendants from the area; High rate of home ownership; Strong local governments; Strong community leadership; Declining population; Inadequate broadband	Decline in coal resulting in loss of jobs and impact on the economy; Flood recovery	<ul style="list-style-type: none"> • Feel valued • Input and inclusion • Involvement of local champions
West	Bedroom communities of Charleston; High traffic area in Cross Lanes; Strong local identity; Chemical industry; Higher education presence; West End of Charleston focus for grants and improvement efforts	New sports complex; New chemical business	<ul style="list-style-type: none"> • Integrated with Charleston
Central	Most population density and diversity; Business hub; State, county and city government; Losing population; Higher education presence, Health care hub	Population loss in the city of Charleston; New industry and innovation in the Civic Center design	<ul style="list-style-type: none"> • Voice from all segments of the community • Desire to make Charleston a better place
East	Most rural; Most residents are descendants from the area; High rate of home ownership; Economy fluctuates with the coal industry; Lower income; Feel isolated; Inadequate broadband; Suspicious of outsiders; Internally focused; Everyone knows everyone	Decline in the coal industry; Local college left the area	<ul style="list-style-type: none"> • Feel valued and connected • Create inclusion without coming to Charleston to participate • Maintain confidentiality



Improvements to our 2022 CHNA Process

Kanawha Coalition leaders identified varying requirements among community groups in Kanawha County based on geography. We enlisted the aid of the County Commissioners, local mayors, and community leaders to identify key challenges and potential solutions under the new priority areas for LIVE, LEARN, WORK and PLAY.



In our county, we conducted three listening initiatives in rural and centralized locations. Even though our local partners helped us find venues and spread the word about the listening sessions in their neighborhoods, only 20 people showed up for the entire event. To fully represent the voice of the people living in our community, KCCHI responded by extending our data collection methods. There were also opportunities for locals to use QR codes at local events and fairs to participate in community surveys online, which were then posted on city Facebook pages and regional periodicals.

Our Customers

The Kanawha Coalition has broadened its definition of its target audience to include, in addition to locals, employers, tourists, commuters from nearby counties who come here for work, and lawmakers. The Kanawha Coalition has utilized interviewing techniques to get feedback on our priorities under LIVE, LEARN, WORK, and PLAY from each of these client segments

Groups	Key Requirements and Expectations
Residents	<ul style="list-style-type: none"> • Safe communities • Employment/jobs • Quality healthcare • Quality education • Places to Worship, Recreation, Arts, Culture
Employers	<ul style="list-style-type: none"> • Skilled available workforce • Quality healthcare • High speed internet and telecommunications access
Seniors	Resident Requirements and Expectations plus: <ul style="list-style-type: none"> • Access to public transportation • Quality healthcare • Access to social services • Access to food • Access to safe, affordable housing and long-term care
Other Customers (Commuters, legislators, visitors)	<ul style="list-style-type: none"> • Hotels/motels • Restaurants • Transportation • Accessible cultural, arts, entertainment opportunities • High speed internet and telecommunications access
Stakeholders (Contiguous counties)	<ul style="list-style-type: none"> • Safe roads • Accessible cultural, arts, entertainment opportunities • Variety of options for shopping • Accessibility to quality healthcare

Social Determinants of Health

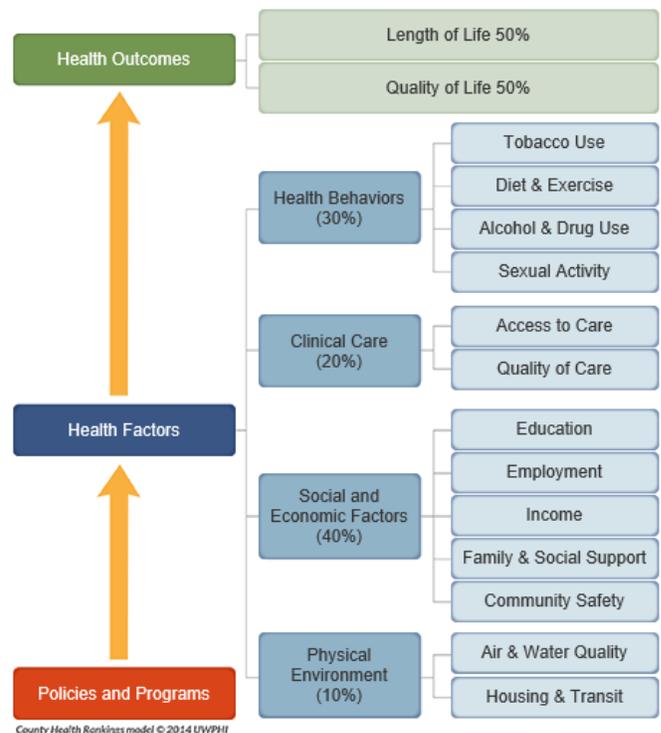
The World Health Organization defines Social Determinants of Health as circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations, and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. (www.healthypeople.gov)



The [County Health Rankings \(CHR\)](#) program measures the health of nearly all counties in the Nation. CHR is the collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

This report shares findings from the Kanawha Coalition’s 2022 Community Health Needs Assessment (CHNA) which include surveying community key informants, a randomly selected household survey, and holding community focus groups. The report will provide these findings within the context of the Social Determinants of Health and include data measured by the 2022 County Health Rankings. By aligning the primary data collected through our CHNA with secondary data measured by the County Health Rankings, we strive to present a more robust interpretation. (See Appendix A for Kanawha County Health Rankings.)



Revisions include an expansion from a health focused model to one that assesses issues across social determinates of health under the categories of Live, Learn, Work and Play. Live is broken into two distinct sections: Health and Social and Safety and Infrastructure.

GREAT Place to Live

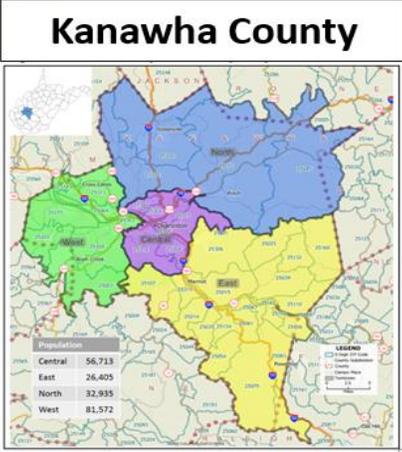
Community Health & Social
Key Requirements:

- Care for aging population
- Substance use treatment and recovery
- Prevention of chronic diseases /Health Promotion (K-HIP)
- Food access
- Safe/affordable Housing
- Social gathering places
- Diversity and culture

Community Safety & Infrastructure
Key Requirements:

- Transportation
- Road Safety
- Safe Air & Water
- Connectivity (fiber optics)
- Emergency Preparedness
- Response to Homelessness

Kanawha County



Population	
Central	56,713
East	26,405
North	32,935
West	81,572

GREAT Place to Learn

Education
Key Requirements:
Quality of and Availability to:

- Childcare / Pre-K
- K-12 education
- Career & Technology
- College

GREAT Place to Work

Employment
Key Requirements:

- Qualified/prepared workforce
- Drug free workforce
- Retention of young people

GREAT Place to Play

Attractions
Key Requirements:

- Arts/Culture
- Entertainment
- Dining
- Shopping
- Sports/Recreation

**Kanawha Coalition
for Community Health Improvement**

Revised January 24, 2019

Our Key Community Work Systems



COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

This process was designed to engage the local governments and major employers in the area and the residents of Kanawha. The following are those who aided in the dissemination of this survey:

- Kanawha County Commissioners Office
- City of Saint Albans Mayors Office
- City of South Charleston Mayors Office
- City of Montgomery Mayors Office
- Charleston Parks & Recreation
- Thomas Health Systems
- City of Charleston Mayors Office
- City of Dunbar Mayors Office
- City of Elkview Mayors Office
- City of Smithers Mayors Office
- Charleston Area Medical Center
- Kanawha County Board of Education

From July 1 to October 31, 2022, the KCCHI leadership assessed the health needs of the community. Kanawha County residents who were 18 and older were the intended audience (177,952 persons, based on 2021 census data.) To allow all Kanawha County residents to participate, the survey was widely disseminated. Email, social media, and publications from local communities were used to publicize the survey. Social media groups, church groups, and other public spaces were used to disseminate social media flyers throughout the county. Through an online link, the main survey was carried out. The survey asked 69 questions covering the following topics:

Section 1: **Live**

Section: **Learn**

Section: **Work**

Section: **Play**

Following the completion of the survey, the information was gathered by the KCCHI Executive Director and shared with the CAMC Strategic Planner to assess the results and establish the initial objectives that would be presented and discussed at the KCCHI Steering Committee in the coming months.

Survey Highlights

In total, 1191 replies from the 177,952-target population (or.66%) were obtained. As is customary with surveys, some respondents declined to participate or provide their information. There were 1166 respondents (or.65%) still responding to the survey's final question when it was over. The responses gave sufficient information to analyze community needs.

The Kanawha Coalition investigated many avenues for involving important stakeholders and sector specialists in our efforts to enhance the health of Kanawha County. The members of our leadership team invited professionals in the fields of Live, Learn, Work, and Play to take part in our Expert Opinion Survey. There were fifty-two participants. As a result, important sectors were well represented.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

Method: The Kanawha Coalition's Steering Committee designated Key Experts, and 52 of those identified completed the online poll. To elicit a wide range of replies, the survey contained both standardized questions and open-ended questions.

The Kanawha Coalition improved the way interested parties and professionals from important sectors can participate in our efforts to improve the health in Kanawha County. Out of the 60 specialists our leadership team had chosen, 52 agreed to take part in our expert opinion survey on the topics of Live, Learn, Work, and Play. As a result, important sectors were well represented. Additionally, participants were asked to discuss the main issues that they believed to exist in Kanawha County with reference to risky behaviors for health, medical treatment, social and economic aspects, and the physical environment.

They were requested to discuss the difficulties and impediments they see, as well as their ideas for how to get through them. We questioned these professionals about the major issues they saw in Kanawha County.

Focus Groups:

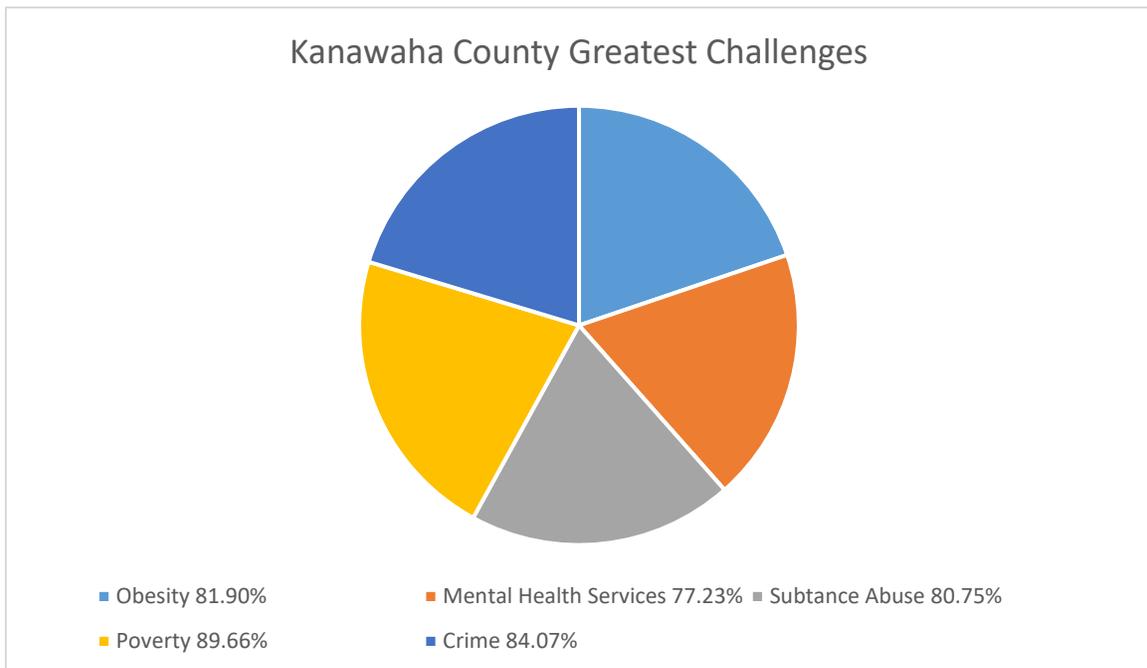
In October 2022, focus groups were held in Kanawha County to better understand local needs. Focus groups provide insight into the needs, concerns, and experiences of people whose voices are not frequently heard as part of the Coalition's assessment. Focus groups typically consist of a small number of people from a target or vulnerable community. Residents from towns spread across the county's many geographic regions participated in the focus groups that were created in this instance. It is crucial to remember that while the findings may reflect the opinions of certain community members in Kanawha County, they may not necessarily be representative of all of them.

Method: Three focus groups were organized in succession. Discussion topics that might influence community members' health were the focus of the gathering. Focus groups in the community included a total of 30 participants. In these three groups residents from the following areas attended: Elkview, Clendenin, Dunbar, Westside of Charleston, Malden, Marmet, Charleston, and St. Albans.

Kanawha County Challenges/Opportunities

1). Community/Environmental in Kanawha County the biggest concerns:

- Obesity/Chronic Diseases
- Substance Abuse/ Homelessness
- Crime/ Violence in Communities
- Mental Health/ Adults & Children
- Poverty/ Hunger



2) In General (Across all challenges)

- Cohesion/Lack of community, city government, and business cohesion
- Resource coordination
- New Ideas among people in authority
- Funding for new ideas
- Access to less restrictive funding
- Plan/Development of a Master Plan to Improve the General Health of Kanawha County

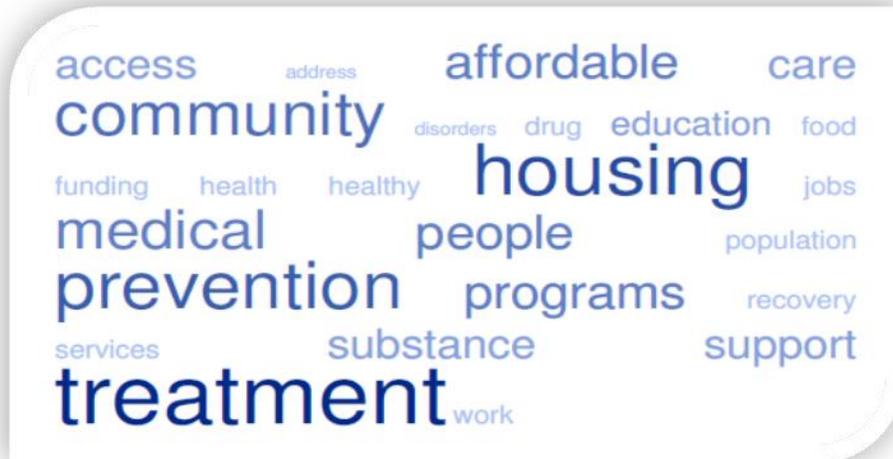


LIVE: Health and Social

Community Based, Focus Group & Experts Opinions

Substance Abuse/Addiction/ Treatment & Recovery

Top Contributing Factors:



- Adverse Childhood Experiences/Trauma—increases the number of people with substance use disorders—Availability of drugs and supporting those who use them—Lack of facilities/limited long-term treatment beds
- Limitation of law enforcement owing to extensive drug use
- Lack of mental health awareness/treatment •Lack of information of substance abuse disorders & addiction/reentry from corrections •Untreated trauma/sense of hopelessness
- Limitation of law enforcement due to widespread drug use

Resolution to this issue?

- Long-term facility with comprehensive care
- Access to Medication Assisted Treatment (MAT) and more reasonably priced long-term treatment programs
- Intensive substance abuse interventions and employer hiring programs for former drug addicts and inmates
- Act against drug distributors, identify the distributors through investigation, and deploy police
- Create a comprehensive plan to meet the needs of displaced children, including resources for grand families, youth-driven programs, and high school rehabilitation facilities.
- Continued reassignment and treatment for the homeless and drug users

How other communities have successfully addressed this issue:

- Programs that reduce harm, lower the risk of infectious diseases, and link people to treatment options
- Rehabilitation programs put an emphasis on the full individual, including coaching, employment, medical care, housing, and health.
- Increasing MAT (Medically Assisted Treatment), Peer Recovery Coaches, and Mental Health services
- Motivational interviewing for the prevention and treatment of drug misuse

Access To Health Promotion & Chronic Disease Prevention Education

Top contributing factors:

- Lack of healthcare coverage, an unwelcoming medical style of treatment, a lack of early intervention, inadequate prevention education, and accessibility
- Lack of access to cheap and preventative healthcare
- Lack of walking streets/Lack of grocery stores/Expand where fresh produce can be sold
- Engaging community suffering health inequities
- Culture that does not promote healthy living/ Environment that does not support healthy living

Resolutions to this issue?

- Expand prevention care, hold community events focusing on chronic diseases, and provide free access to free clinics in rural locations.
- Increase spending on prevention, including programs to combat diabetes, obesity, and provide more opportunities for exercise
- Employer participation in prevention programs, provision of medical insurance and education, accessibility to physical activity, expansion of walkable and bike paths, prevention for the uninsured and underinsured, information on how to obtain insurance, and education on chronic diseases are just a few of the things that can be done to promote healthier lifestyles.
- Support and encouragement of healthy practices from community leaders (healthy options at festival events, improve safe walkability throughout the county, increase drinking water availability, etc.)
- Eliminate food deserts, increase employment, and offer inexpensive, nutritious options.
- Fund population health education through private donations.
- Require that it be offered in Kanawha County for a specified period.

How other communities have successfully addressed this issue:

- SNAP stretch program expansion, healthy food markets in schools, nursing homes, and hospitals, pharmacy initiatives, and pop-up farmers markets using vouchers are some examples.
- Create an initiative that local government, communities, and companies can support. Promote physical activity in the county. Educate the public about chronic diseases. Provide opportunities for physical activity in local communities. Remove barriers.
- Poverty & Affordable Housing

Top contributing factors:

- A lack of wages that are sufficient to support a family
- Homelessness brought on by a lack of affordable housing or the inability or unwillingness to work
- Inequality in wealth and a lack of marketable skills
- A rise in homeless people because of poverty and livable salaries
- Homelessness and serious mental illness
- A lack of mental health diagnosis and care
- Criminal activity and squatters; dilapidated and abandoned housing
- Criminal conduct that has not been addressed/people who are hesitant to positively cooperate with police or report crimes

What needs to happen to resolve this issue?

- Skilled labor job training programs/dissemination of training information
- Intentional and coordinated effort led by an organization with access to funding, leadership, and contacts to address the deteriorating (and unsafe) housing stock in the area.
- Address the blight and delaminated buildings in the community.
- Destroy dilapidated housing and fine the owners of said property.
- Building a housing strategy that considers those who are homeless, in recovery, or leaving the justice system; and
- Advice on housing. Help with the first down payment and navigating the process of locating inexpensive homes are also available. Utility providers are also subject to regulations to control costs.

How other communities have successfully addressed this issue:

- The West Side of Charleston's leaders have drawn attention to their issue and are working to increase funds for initiatives that will benefit the community.
- Housing First Housing Initiatives, poverty tax breaks, existing-home rehabilitation aid, home maintenance support, identify funds for neighborhood housing

Lack Of Services for Senior Population

Top contributing factors:

- Altering demographics, an aging population, population decline, middle-aged families departing West Virginia for employment, a lack of community services to assist an older population
- Seniors receive few services, and those who earn more than the federal poverty level but still require assistance have little resources.
- Medical treatment is unaffordable/going without food and utilities to pay for drugs isolation/Transportation concerns/Geographic barriers
- Senior centers/cost of meals, transport, gasoline, and human resources exceed reimbursement

Resolution to this issue?

- Increase federal funding for meal programs, dementia care, and in-home caregiving services.
- Create an elderly workforce.
- Reach out to and educate employers.
- Expand state-funded support services.
- Deliveries of food, medications, and transportation to appointments and elder care.
- Transportation.
- A program that allows seniors to ride public transportation for free.
- Funding to local communities. An expansion of transportation services.
- Medical transports.

How other communities have successfully addressed this issue:

New York is adjusting for its senior population by:

- creating curb cuts for walkers and wheelchairs/ seating at bus shelters
- Free or reduced priced admission to cultural activities/ “senior-only” hours at public facilities.
- Enhancing neighborhood health services/Improving public transportation.

Other cities are looking at the following:

- Reducing the distance between transport stops, shops, benches, trees for shade, public toilets and improving pavements and allowing more time to cross the road
- Long Term Service and Supports have been placed under managed care contracts.
- Designing urban living for senior/Senior towns or senior living areas



LIVE: Safety and Infrastructure

Community Based, Focus Group & Expert Opinions

Crime/Homelessness/Connectivity/ Transportation



In General: Online survey, focus groups and experts gave their opinion that the following topics needed to be discussed in more open and honest ways, and that legislators and legislators needed to be made aware of these issues.

Crime

Top Contributing Factors:

- Homelessness
- Unemployment
- Substance Abuse
- Poverty
- Affordable Housing

Resolution to this issue?

- Create a housing program/designed for the homeless/Temporary to Permanent housing
- Generalized location for the homeless/Community Health workers to attend/Check for Services needed Homeless population/Drug Population continue reallocation & treatment
- Substance abusers' intensive intervention/Employer program to hire those recovering from drug abuse disorder & prison
- Job pays a living wage/Job training (skilled labor)
- Affordable housing/Training on how to buy a home/Tiny Homes Program

How other communities have successfully addressed this issue:

- Pay attention to hotspots: There is empirical evidence that focusing on "hot people" and hotspots can prevent or minimize violence.
- Treat violence as a public health issue: To reach every child and family in Kanawha County, we must use campaigns and technology.
- Be proactive: You must systematically invest in protective factors.
- Shift away from the emphasis on poverty: Criminalizing areas or communities makes it more difficult for people to live in peace, and stressing poverty is misguided.

Homelessness

Top Challenges:

- Homelessness
- Lack of affordable housing
- Crime
- Lack of Mental Health Services

Top Contributing Factors:

- Community stigma, lack of empathy and understanding, complacency
- Society that enables/People with drug abuse disorder not adhering to shelter rules
- Low paying jobs, lack of benefits
- Affordable housing, lack of government support for housing and urban renewal
- Lack of community resources to manage population appropriately/Homeless have moved into neighborhoods and communities

Resolution to this issue?

- Build a housing program for the homeless that transitions from temporary to permanent residence.
- A greater sense of empathy and compassion/More resources
- Restructuring of programs/locations established for homeless services
- Mental health care given the same priority as physical health; collaboration with groups to support those in need of mental health support; more programs for addiction treatment and long-term recovery; community education campaigns to combat stigma associated with homelessness and drug abuse disorder
- Investment in industry/manufacturing to offer living wages
- Laws must be passed to stop panhandlers
- Law enforcement must have the means and authority to act
- Generalized location for homeless people, community health workers, and services need assessment
- Inpatient counseling and treatment for mental illness
- Addiction shelters that connect clients to therapeutic services
- Arresting thieves and enforcing harsher penalties after multiple convictions

- Government funding for housing revitalization initiatives/the Housing First Policy
- A transitional program with possibilities for rehabilitation must be developed to help people leave a life of homelessness behind.

How other communities have successfully addressed this issue:

- **Houston, Texas:** Houston has been successful in lowering its homeless population by 55% in less than ten years. Its Housing First Policy, which attempts to swiftly transition homeless persons from shelters to permanent housing, is responsible for this accomplishment. The numbers show that the method is effective. It is praised as one of the best methods for putting an end to homelessness.
- **Salt Lake City, Utah:** The city launched a homeless campaign with housing for the homeless as a top priority. They constructed residences that homeless people would genuinely want to live in rather than the standard run-of-the-mill housing in a sketchy area of the city. They are of average quality, attractive, and most importantly, reasonably priced for those utilizing housing programs.

Connectivity (fiber optics)

Top contributing factors:

- Lack of connectivity (fiber optics/Internet)
- Lack of government resources for connectivity
- Lack of fiber-optics in rural communities
- Lack of connectivity due to geography
- Towers not high enough or with insufficient range to accommodate rural low-lying areas
- Lack of connectivity due to outdated infrastructure
- Lack of competition/New competitors
- Lack of connectivity due to poorly managed corporate subsidies for broadband

Resolution to this issue?

- Incentives or fees for extending (or not extending) broadband connectivity to consumers/
- Supporting alternative methods (Wi-Fi beaming) if cable is not commercially viable are some of the government's broad band policies.
- Government action to increase broadband availability and quality
- Priority should be given to expanding access to technology in remote areas
- Hold current organizations accountable for the subpar service

How other communities have successfully addressed this issue:

- **South Carolina:** has increased their connectivity so high-speed internet is available throughout the State. This happened with Governor and legislative support and oversight. This solved the situation of poor medical care in rural areas due to transportation issues.
- **Satellite Internet:** is the only internet option that is universally accessible in the US. As a result, individuals who reside in rural locations may have no other choice but to use satellite for internet access. Through a satellite in Earth's orbit, a satellite provides you an internet signal.

Transportation

Top contributing factors:

- Lack of public transportation in rural and remote areas of the county
- lack of infrastructure operating a transit system at a high cost
- unreliable transportation
- few available public transportation coupons.

Resolution to this issue?

- Funding, promotion, and "normalization" of public transportation (most people are not even aware of its existence). bus halts, timetables, etc.
- Government action to increase accessibility of public transportation and provision of funding to pay drivers
- Employment opportunities/programs with integrated transportation
- Provide more accessible, inexpensive transportation to remote places.
- More public transit options/use of the current rail system
- Expand the KRT Bus Routes; additionally, incentives should be provided to help users save money, such free or discounted public transportation passes.

How other communities have successfully addressed this issue:

Singapore: Rebuild mass transit and boost multimodality

- A. Use existing rail system to expand mass transit program
- B. Work with hiring more drivers with other organizations (Faith in Action, Kanawha Senior Services, etc.)

Infrastructure Improvements

Top contributing factors:

- Cost of infrastructure
- Insufficient budget for maintaining and repairing roads
- Absence of maintenance checks
- Years of carelessness
- Environment-related factors and climate change
- Demand for better, slower-degrading road surfacing materials

Resolution to this issue?

- Use Funding available for road repairs
- More funding for infrastructure improvements
- Smart materials in roads

How do other communities successfully address this issue:

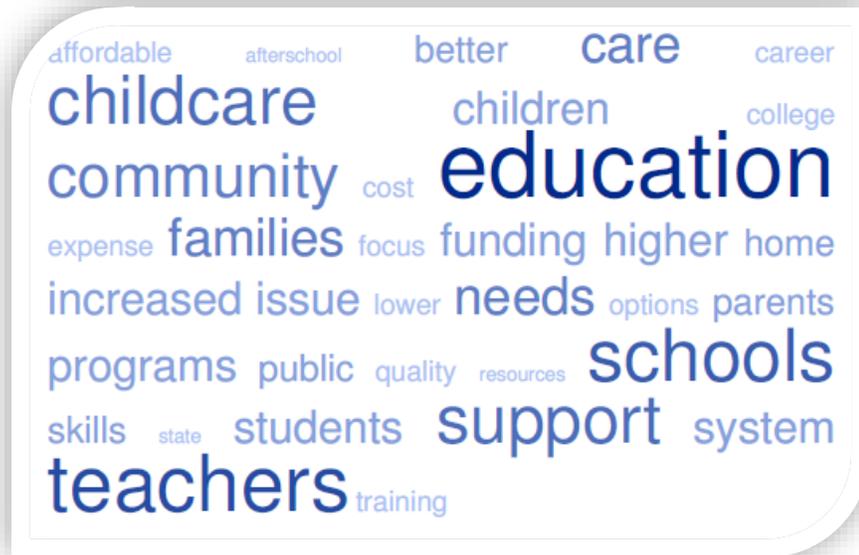
- Governmental transportation professionals advise rural governments to make the most of their limited funding by investing in technology that enhance traffic flow and repaving and upgrading two-lane highways to reduce congestion. "States and localities can better serve the freight, agricultural, and energy industries and make rural towns an even more crucial link in the nation's supply chain by enhancing the roadways in, around, and through them."
- Automated monitoring systems are already scanning for bridge deterioration in areas like Hong Kong and Taiwan to make bridges smarter.



LEARN

Community Based, Focus Group & Expert Opinions

Early Childhood Education/Affordable Childcare



In General (across all challenges)

Both the education community and the lack of broadband availability prevent fresh ideas from being examined

Top Challenges:

- Lack of access to affordable higher education
- lack of excellent childcare choices
- lack of assistance for kids and families
- lack of career/technology education to fulfill labor market demands
- lack of cooperation among higher education institutions

Quality Education/Affordable Childcare

Top Contributing Factors:

- Childcare is expensive and not very flexible, and it is not often available outside of regular office hours. Payment for a week is necessary, although you can only use the facilities 1-2 days each week.

- Lack of technology, lack of broadband connectivity, lack of smart boards in classrooms, lack of childcare choices for remote families, lack of funding for high-quality daycare, lack of after-school care
- Making Pre-K a compulsory and providing after-school care for Pre-K students are three strategies that can be implemented.

Resolution to this issue?

- Community support for programs after hours/increased local, state, and federal funding for childcare/afterschool care
- Professional development for teachers, childcare/afterschool care providers, and other staff to effectively engage parents in their children's education
- Increase broadband services/invest in cutting-edge technologies for Kanawha County schools
- Expand high school/college credit programs E-learning/Broadband Services

How other communities have successfully addressed this issue:

- Self-organized learning environments, or SOLEs as they are more widely known, are a novel and innovative method of education and learning where kids educate themselves online on whatever they are interested in. Professor Sugata Mitra, the creator of SOLEs, learned through his own research that kids can teach themselves everything they want to know if you provide them the resources to do so.
- Similar to SOLE, the Smart School Alliance method maintains the regular structure of school while allowing students to educate themselves online. Teachers from urban regions or those with specialized knowledge link with SSA-affiliated rural schools and instruct the students through video. This helps close the achievement gap between rural and urban areas by enabling kids to receive the same, or at least a similar level of education, as their urban counterparts.

Support For Children & Families

Top contributing factors:

- Families struggling to survive/Parents and guardians are underemployed or unemployed
- Multiple demands on parents' time and energy, particularly for working poor parents
- Need for strong school counseling/Mentoring/Coaching going into college age
- Difficulty working with students due to their lives having traumatizing circumstances, such as poverty

Resolution to this issue?

- Better home and school environments for children to improve overall learning.
- Home visits by the DHHR or education officials. Improved access to case management for children in the foster care system.
- Better curricula for teaching the necessary skills for life as an adult.
- Coordinated community response.
- Have the school boards address the community involvement.

How other communities have successfully addressed this issue:

- Developing a personalized care plan that considers each family's particular culture, needs, and strengths
- Creating connections with local housing, food, clothing, mental health, addiction treatment, and other services resources and services
- Assisting families in identifying and enlisting their own resources, such as their church or a neighbor who can offer advice on parenting and child development, or by implementing other measures to increase parental involvement in their children's school communities to increase child safety.

Support For Quality K-12 Education

Top contributing factors:

- Lack of county/county standards; accountability for results; a more difficult student population
- Lack of public funding for public schools; reduction in corporate taxes over time
- inducements to recruit teachers to underperforming schools/Understaffing and underpaid teachers
- Lack of support staff for teachers
- Lack of qualified teachers in the K–12 system; teacher evaluation procedures
- Teachers pay structure/Teacher training and salaries
- Enough numbers of math and science instructors/Inadequate resources and assistance in schools
- Lack of financing for the K–12 system and support for present teachers to have the resources they need (including continuing education) to excel

Resolution to this issue?

- Increased salary for all teachers/Incentivized bonus pays for better results
- Standardized instruction/better emphasis on science and math curricula
- Lower ratios/more options for schooling
- Using retired people and volunteers to help vulnerable populations
- Increased local, state, and federal funding to place highly qualified teachers in low performing schools. Giving teachers a greater voice in curriculum needs, to promote the efficacy of learning.
- Rewarding teachers in economically depressed areas. Directing some more accountability toward parents and guardians.
- Rewarding educators, encouraging institutions to experiment, investing in technology, and maximizing county resources

How other communities have successfully addressed this issue:

- Fostering a compassionate environment
- Enhancing learning and development through the curriculum; Routinely evaluating each child's learning and development
- Establishing connections with families.
- Usage of eLearning tools

Career & Technical Education To Meet Workforce Demand

Top contributing factors:

- Lack of emphasis on the value of trade skills and a lack of interest in blue-collar jobs are two issues. Students also lack knowledge of expanding job areas.
- Limited availability of evening and vocational sessions
- High cost of vocational training
- Limited alignment of specialty education for community requirements

Resolution to this issue?

- Community colleges should take an innovative approach to vocational and technology education.
- The state government should increase financing for existing programs and create more technical ones.
- Community support for programs after hours/lower cost/vision of a career path and mentoring
- Better internet, training programs/need to draw businesses that need skilled labor
- Place value on trade skills industry/develop better career pathways based on passion to lead to employment opportunities

How other communities have successfully addressed this issue:

- **European Communities:** Expanded access to traditional vocational and technical education to a younger population and as a result, youth unemployment in Germany, Switzerland and Finland are among the lowest in Europe.
- **New York:**
 - Students get the chance to learn about computer graphics and car mechanics at the Alfred E. Smith Career and Technical Education High School.
 - To set pupils on the route to a nursing career, the HERO High School has agreements with the Montefiore Hospital.
 - Students at the High School for Computers and Technology can gain practical experience by collaborating with companies like Verizon while learning how to repair computers.
- **Expansion of Vocational and Technical Education:**
 - The development of alliances with labor unions is necessary for the countywide expansion of career and technical education to be successful. High school students would have the opportunity to work closely with tradespeople and learn the ropes while still earning credits toward their diploma. They would be prepared to begin careers and apprenticeships in their field after graduation.



WORK

Community Based, Focus Group & Expert Opinions

Workforce Development/Jobs/Wages



In General (Across all challenges)

- A lack of drive, long-term thinking, vision, and innovation
- Lack of legislative awareness/political disinterest

Top Challenges:

- Lack of a drug-free workforce
- Poor retention of young people in our local job market
- Shortage of skilled workers due to insufficient education and training
- Absence of opportunities for on-the-job education and training
- Workforce readiness
- Inability to find and keep a job
- Lack of diverse job opportunities/Low wages

Workforce Development

Top Contributing Factors:

- It's difficult for our present staff to deal with substance abuse and addiction.
- Extremely low rate of labor force participation/Few job opportunities for graduates
- Inadequate pay and perks
- Not all occupations provide for professional growth

- Cultural and lifestyle restrictions, exclusionary legislation, and the pay disparity for professionals
- a concentrated effort to embrace singles and highlight the advantages of our lifestyle
- Lack of modern occupations, an industry to keep young professionals, recreational opportunities to keep them active, access to inexpensive housing in secure neighborhoods, etc.
- High criteria for flexible daycare
- Vocational training (hands-on) is not given enough priority.
- Expansion of non-degree training possibilities
- Managers that refuse to train new hires to be stronger in their position's proper managerial education and ongoing learning
- Lack of funding for training and education/Lack of family support/Fragmented families trying to survive/ Lack of mentoring programs/Lack of training programs/Lack of vocation training.
- The following issues must be addressed: structural racism, economic exploitation, economic inequality, social economic plight, welfare generations, hopelessness, and the value of education; misinterpretation of mental health issues in the workplace; trauma and family support services; stagnant funding for non-profits; difficulty competing with for-profit entities; and a lack of prison reform.

Resolution to this issue?

- A range of treatment choices, increased public spending on drug misuse prevention, education of employers about substance abuse and addiction, and willingness of companies to hire persons in recovery
- Public/private investment, clean-living incentives, stronger early childhood education programs, improved pay to compete with other states, and incentives for our young professionals to remain in West Virginia
- Legislative initiatives to recruit young families and workers, as well as expectations and support for professionals
- Deficient property owners must be held accountable, and dilapidated structures must be converted into affordable accommodation for young professionals, empty nesters, and small families.
- Vocational training is prioritized in the educational system, and work preparedness is emphasized in high schools.
- Break the chain of family dependence on social service programs/Workforce training in convenient locations/Train people to think critically
- Comprehensive plan for building intercultural competency
- Cost containment with for profits, medical practices, utility companies/Pilot programs and measure outcomes
- Corporations need to accept their responsibility for paying workers the true value of their skills
- Evaluation of labor market requirements and creation of planned career training pathways
- Informing pupils of apprenticeships and 2-year degrees by high school age
- Affordable/free community/technical education and more in-demand certificate programs

- Programs for internships and apprenticeships; increased technical training; addressing the demands of the labor market with educational institutions; highlighting the skill sets of offenders to company owners to generate employment prospects; grant programs
- Education of the current workforce on mental health illnesses and accommodations for those employees Families must have the resources to care for themselves in terms of food, clothing, and housing

How other communities have successfully addressed this issue:

- *CORE (Creating Opportunities for Recovery Employment)* and *SOAR (Solutions Oriented Addiction Response)* in Kanawha County
- **More vibrant communities:** While vibrant communities are necessary to draw young people, large cities are not necessarily necessary. Notable examples include Thomas, Lewisburg, and Fayetteville. Elk City and Capitol Street in Charleston, and Pullman Square in Huntington are all excellent instances of active neighborhood development.
- **Low Wages:** As case studies for Charleston, consider cities like Raleigh-Durham, Charlotte, NC, Lexington, KY, and Charlottesville, VA. These are thriving, flourishing villages in Appalachian states.
- **Workforce Development:** By putting more emphasis on workforce development, several communities participating in the NLC's Equitable Economic Mobility Initiative (EEMI) are increasing the economic mobility of their citizens. They are achieving this by acting on data that highlights the limitations of COVID-19-created programs, investing to ensure that economic development projects are fairly increasing the economic mobility of more residents, and ensuring that the beneficiaries of programs designed to give families a leg up are reached.
- The United Way of Roanoke Valley helped Roanoke understand that the city's ALICE (asset limited, income constrained, employed) population might find work in the Innovation Corridor. Working in collaboration with their regional WIB, the Greater Roanoke Workforce Development Board, the city is supplementing its American Rescue Plan Act investment with money obtained through EEMI in order to provide additional support services that will allow people who successfully complete their training and are hired to have access to ongoing support and services for an extended period of time. These initiatives are meant to stop families from losing essential benefits because of their increased income.
- **Job Training Opportunities:** Companies can move away from actively seeking out new talent and toward continuously upskilling both current staff and prospects, which benefits everyone. Employees gain the skills they need to advance into complicated roles while companies retain personnel and cut the cost of employing new employees. Companies can also develop the precise skills they require in new hires by onboarding entry-level talent in apprentice roles, lowering hiring risks and filling skills shortages.

LACK OF DIVERSE JOB OPPORTUNITIES

Top contributing factors:

- Diverse workplaces, less possibilities, and a lack of diversity
- Lack of high-skill positions in the economy
- Lack of investment in creative and varied firms
- The need for funding for small business expansion, entrepreneurship, and tourism.

What needs to happen to resolve this issue?

- We need to attract more businesses than just manufacturing and extraction.
- We also need to invest in attracting new industry and creating new employment opportunities.
- We need to strengthen the connections between local businesses, communities, and corrections.
- We need to promote OJT (On the Job) opportunities for criminals who are still behind bars in areas that need to be rehabilitated.
- Fight ageism and racism

How other communities have successfully addressed this issue:

- Increase in entrepreneurial activity like the Raleigh-Durham area has experienced in recent decades
- Blue Zone Communities-Loma Linda, California



PLAY

Community Based, Focus Group & Expert Opinions

The Arts/Leisure & Physical Activities



In General (Across all challenges):

- Lack of diversity, restricted activities, strategic marketing, public safety, increased government focus and support, a
- Lack of community collaboration and planning, limited access
- High travel costs to West Virginia are all factors.

Top Challenges:

- Lack of access to opportunities for the arts, culture, and entertainment for all
- Lack of funding to support the arts, culture, and entertainment
- Decline in shopping opportunities
- Lack of support for small businesses
- Absence of adequate and safe recreational areas in neighborhoods
- Underutilization of community centers in Kanawha County
- Population decline affecting ability to support the arts, culture, and entertainment
- Lack of shopping opportunities

Access TO The Arts, Culture & Entertainment Opportunities

Top Contributing Factors:

- Affordability, ensuring that arts organizations have the resources to stage events and supporting them in other ways so that residents are not overcharged
- Physical education and the arts are underrepresented in the educational system, and the arts are too regionally focused (spread out into communities)
- Limited financial resources make it difficult to bring events to our region, and there is a need for additional cheap ticket options.
- Larger venues frequently only host one night a week or during the off-season.
- Culture and the arts are not valued or promoted.

Resolution to this issue?

- Make the arts a priority in every child's education, support the arts in healthcare, incorporate the arts into city planning at an early stage, market arts & culture, receive government financing, and provide transportation support for mobile productions.

How other communities have successfully addressed this issue:

- Studies demonstrate that pupils who engage in the arts perform better than their peers on every metric, with students from poorer socioeconomic backgrounds benefiting the most. Making the arts a part of PreK–12 education is both necessary and cost-effective if we want a creative future workforce with outstanding critical thinking skills.
- Patients heal more quickly and with less pain medication in hospitals with art on the walls, music programs, and other forms of the arts. The arts provide elders with opportunities for social engagement, connection, and physical and cerebral stimulation that keeps them healthy, including lowering dementia. Arts enhance mental health and aid in the recovery of those who battle addiction. When people use movement, imagery, and the calming effects of the arts to promote healing, they become healthier.
- It fosters civil discourse, communicates respect, and unites individuals under a sense of shared responsibility. Inspiring original thinking and bridging divides, the arts enable community development.
- Cities can promote the arts by incorporating them in community calendars, including them in advertising campaigns, or simply by having civic officials enthusiastically bring up the arts on a regular basis.
- Government funding also focuses on underserved populations' access to the arts for both children and adults, including those who are incarcerated. All significant performing arts facilities get government funding, which is more than made up for in tax receipts from patron purchases at restaurants, parking lots, stores, and motels. Smaller arts organizations will benefit from city subsidies for facilities, which also assist surrounding communities and commercial areas.

Strategically utilizing public support has significant positive effects on improving equity and inclusion, fostering social cohesiveness among citizens, and stimulating the economy.

Shopping/Business Opportunities

Top contributing factors:

- The Charleston Town Center, like other malls nationwide, is a dying resource that needs to be renovated and reimagined
- Small businesses are not supported by the state government, and small businesses are struggling. Smaller businesses are overtaxed while big businesses receive tax benefits

Resolution to this issue?

- Diversifying the population and job opportunities helps sustain local businesses
- Policies that encourage small enterprises
- Encourage investment in alternative food sources even at the business level.
- Attract new firms
- Reimagine the Charleston Town Center/Build a sports complex.
- Provide housing.
- Rearrange the central commercial district.

How other communities have successfully addressed this issue:

- **Identify and Build on Existing Assets:** Develop support plans for the assets that have the greatest potential for growth after identifying them. Natural beauty, outdoor activities, historic downtowns, or organizations dedicated to the arts and culture can all be considered assets.
- **Engage All Members of the Community to Plan for the Future:** Communities that effectively retool their economies involve locals, business owners, and other stakeholders in creating a vision for the future of the town. Stakeholder involvement ensures that plans reflect the interests, needs, and goals of the community and fosters public support that can keep the momentum for change implementation going through election cycles and staff turnover in the city.
- **Take Advantage of Outside Funding:** All communities, regardless of size, benefit from philanthropic, federal, and state funding, but smaller communities can use it to address issues like outdated infrastructure, vacant and potentially contaminated properties, and a lack of amenities to draw in new residents and businesses. A community's vision and ambitions can be supported by even a little amount of outside funding when used effectively. This can also encourage private investment.

- **Create Incentives for Redevelopment and Encourage Investment in the Community:** By making it simpler for interested firms and developers to invest in the community in ways that promote the community's long-term interests, many communities reinvent their economies. The simplification of the development process, the provision of technical support, and the production of informational guides are strategies to encourage private-sector participation. Redevelopment can also be aided by financial incentives.

RECREATIONAL SPACES IN NEIGHBORHOODS

Top contributing factors:

- Expansion of nearby recreational sites
- lack of bike lanes or walking paths outside of downtown areas
- lack of money for additional recreation projects like parks
- the socioeconomic makeup of the population
- lack of awareness of recreation options

What needs to happen to resolve this issue?

- Marketing of existing recreational community centers/parks
- Complete streets concepts
- Supporting green infrastructure/recreational planning
- More teen and young adult recreational programs
- More awareness to build interest
- Athletic fields to accommodate larger groups of people
- Gazebos or shaded areas/Playground equipment for families
- Group fitness systems for people of all ages

How other communities have successfully addressed this issue:

- Making sure locals, especially young people, have connections to and possibilities connected to local outdoor resources can help to promote neighborhood pride, responsible management, and local economic gains.
- Establishing or growing trail networks to draw overnight guests, new enterprises, and encourage locals to use them.
- The construction of in-town amenities, such as broadband access, electric vehicle charging stations, housing, or businesses like restaurants and breweries, to support the community's current residents and draw in new ones who are interested in the area's natural resources.
- Collaborating with the community to create a shared understanding of how to manage outdoor assets to prevent conflicts and maintain resource sustainability.

- Ensuring equal access to and participation in the expanding outdoor recreation economy for all locals and visitors, particularly for those who have not traditionally participated in outdoor recreation and Main Street redevelopment initiatives.

Online Survey Expert Opinions & Focus Groups

LIVE: Health and Social

- Access to Substance Use/Addiction Treatment
- Access to Health Promotion and Prevention Chronic Disease Prevention Education (including Dental)

LIVE: Safety and Infrastructure

- Homelessness-Treatment, Recovery and Housing, Mental health services
- Increase in Crime

LEARN

- Lack of Education Programs to Meet Workforce Demand
- Lack of Affordable Childcare Options
- Lack of Knowledge of the Importance of Early Childhood Education

WORK

- Workforce Readiness, Inability to Obtain and Keep Jobs
- Shortage of Skilled Workforce Due to Inadequate Education/Training (Vocational Training)
- Lack of Job Education and Training Opportunities

PLAY

- Lack of Access and Affordability and Funding for all the Arts, Cultural and Entertainment Opportunities
- Lack of/Decline in Shopping Opportunities and Lack of Support in Small Businesses
- Lack of Usage/Knowledge of Community Centers

Top Results/Community/Experts

LIVE: Health and Social Top Challenge	
Poverty	89.68%
Access to Health Promotion and Prevention Chronic Disease Prevention Education (Obesity)	81.83%
Substance Abuse/Addiction Treatment	80.79%
Affordable Housing	78.95%

LIVE: Safety and Infrastructure Top Challenge	
Homelessness	94.65%
Mental Health for Adults and Children	77.29%
Crime	84%

LEARN Top Challenge	
Education on Early Childhood Education	80%

WORK Top Challenge	
Employer Health Checks for Employees/Incentive Programs	80.42%
Shortage of Skilled Workforce Due to Inadequate Education/Training - Along with Lack of Job Education and Training Opportunities	67.65%
Lack of Infrastructure	64.71%
Transportation/Use of rail system as part of public transportation	61.77%

PLAY Top Challenge	
Lack of sharing information of activities in Kanawha County	83.33%
Lack of Access and Affordability and Funding for all the Arts, Cultural/Entertainment Opportunities/Physical Activities	75%
Lack of Usage/Knowledge of Community Center (based on focus groups)	65%

TOP KCCHI PRIORITIES 2022

Live: Health and Social

Wellness Promotion and Chronic Disease Prevention Education (Obesity)

Live: Safety and Infrastructure

Mental Health (children & Adults)

LEARN

Education Families on the Importance of Early Childhood Education

WORK

Employer Wellness Programs

PLAY

Expand Usage/Knowledge of Community Center for Social and Recreational Activities in Kanawha County

COMMUNITY/**Expert** INPUT ON TOP PRIORITIES

OVERALL RESPONDENT DEMOGRAPHICS:

(Assessment includes statistically significant data, more than five percentage point difference)

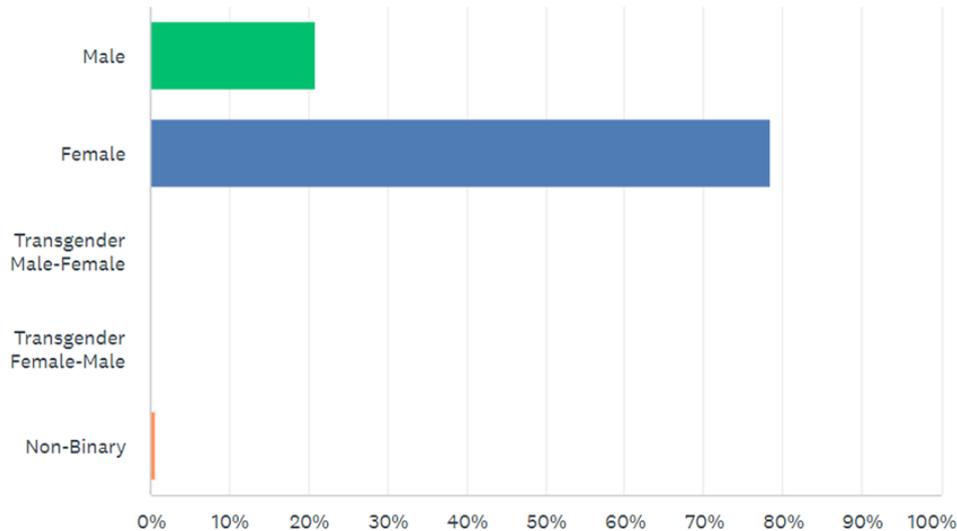
Kanawha County was covered by the online community poll. Caucasians made up many respondents to the study (84.57%), followed by African Americans (9.98%) and other persons of color (1.82%). highlighting the value and necessity of conducting community surveys.

Race/Ethnicity	Online Survey Averages
Caucasian	84.57%
African American	9.98%
Asian American	0.82%
Hispanic/Latino	0.64%
Indigenous person	0.27%
Pacific Islander	0.09%
No Answer	1.81%

Online surveys reached a considerable number of people who both lived and worked in Kanawha County.

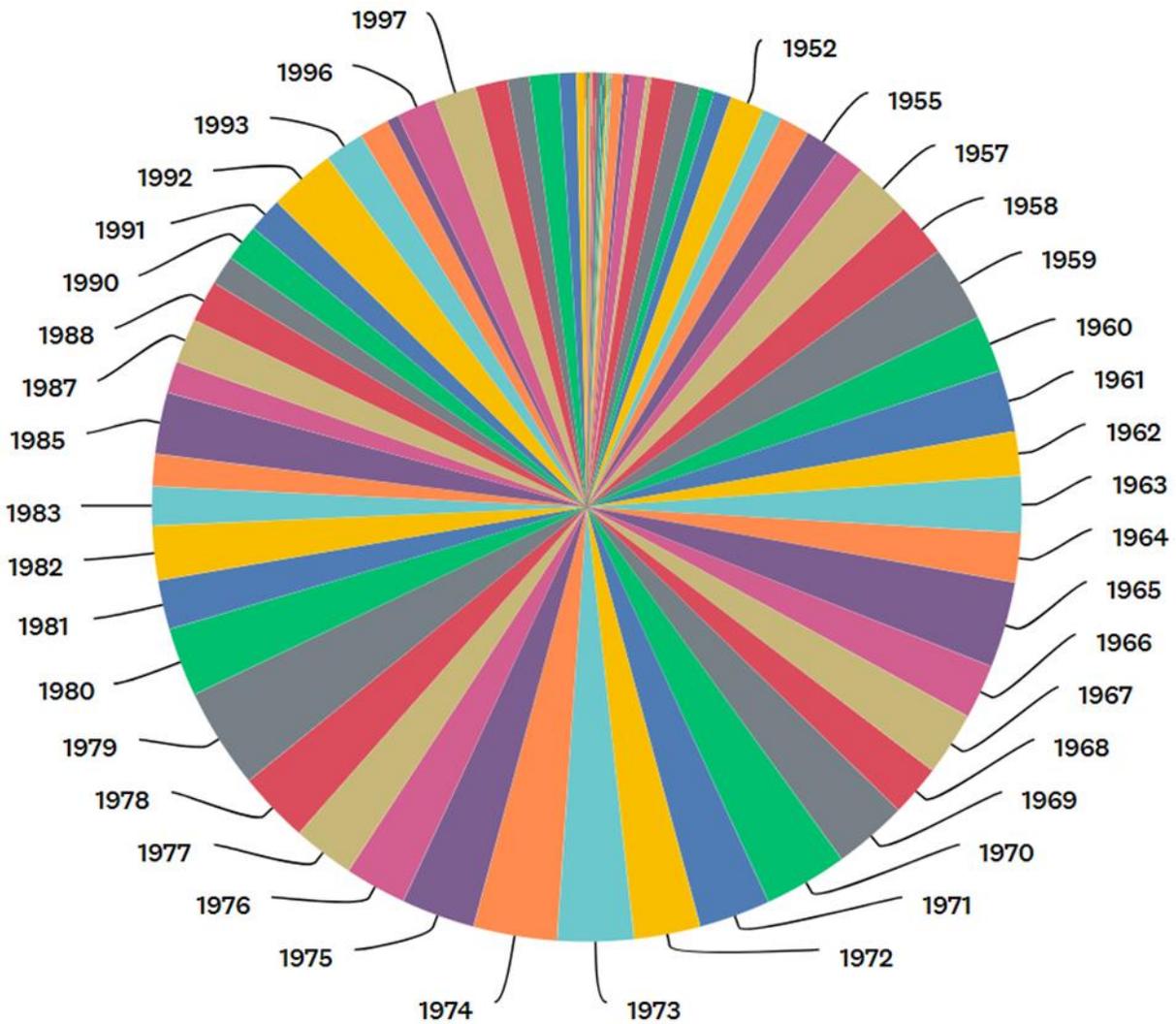
Online Survey	
Responses -Community	98.56%
Responses-Expert	100%

The online community survey was sent out to whole of Kanawha County, but the male representation was lacking.

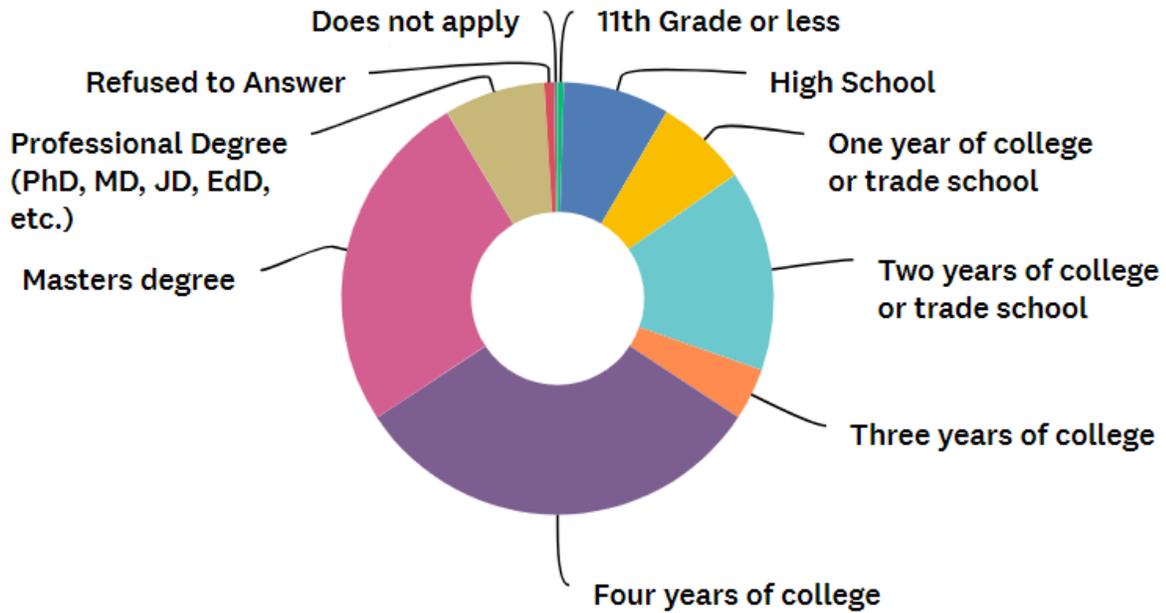


ANSWER CHOICES	RESPONSES	
Male	20.85%	230
Female	78.51%	866
Transgender Male-Female	0.00%	0
Transgender Female-Male	0.00%	0
Non-Binary	0.63%	7
TOTAL		1,103

Demographics: Chart represents the largest sections of the population that participated in the online survey.

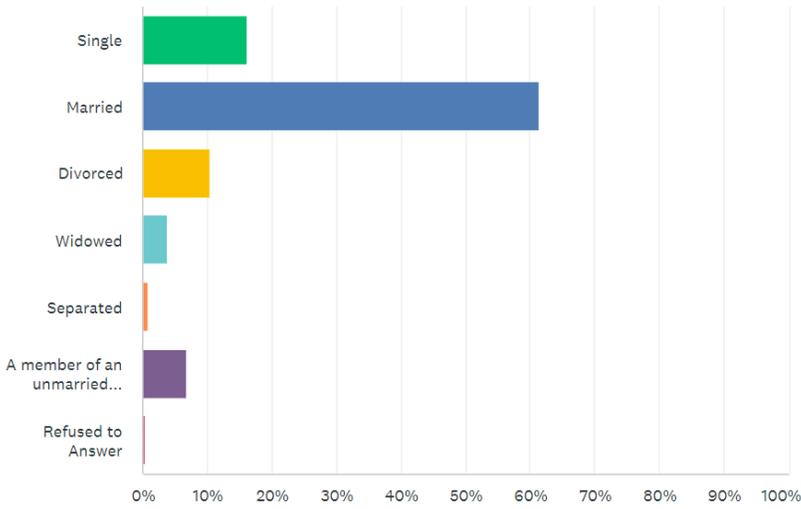


Education Level

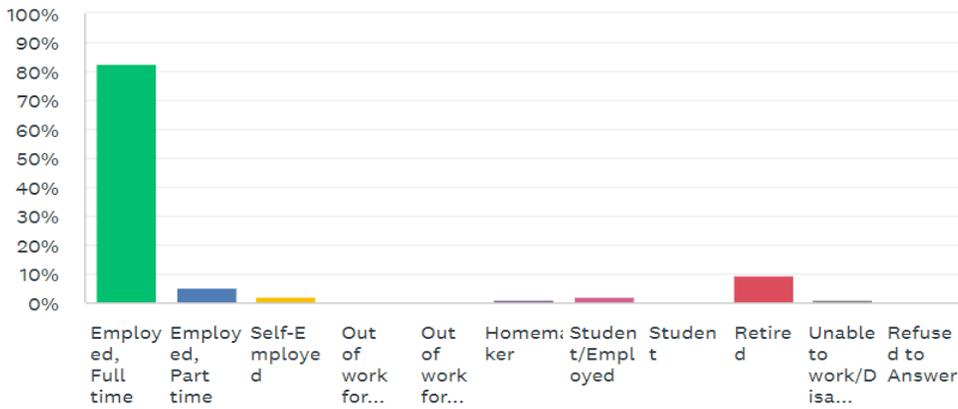


ANSWER CHOICES	RESPONSES
11th Grade or less	0.45% 5
High School	7.98% 88
One year of college or trade school	6.89% 76
Two years of college or trade school	15.05% 166
Three years of college	3.90% 43
Four years of college	31.46% 347
Masters degree	25.75% 284
Professional Degree (PhD, MD, JD, EdD, etc.)	7.52% 83
Refused to Answer	0.73% 8
Does not apply	0.27% 3
TOTAL	1,103

Marital/Employment Status



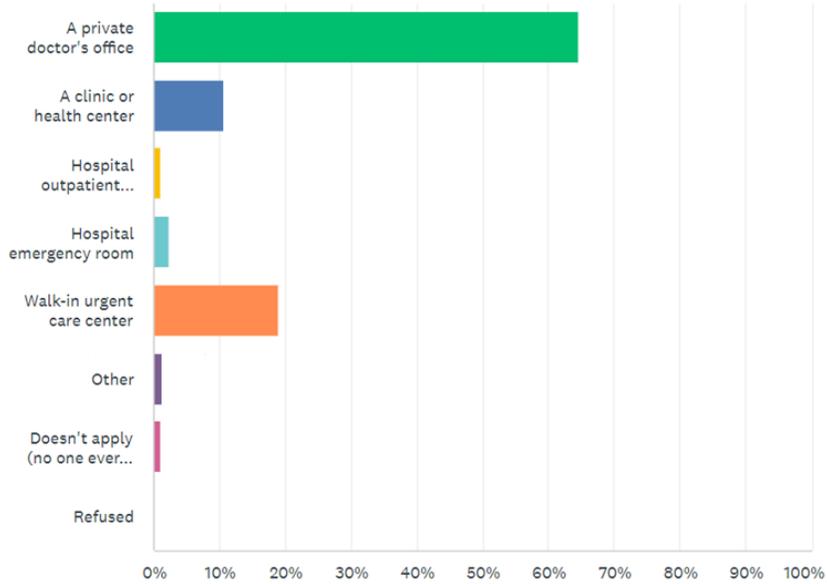
ANSWER CHOICES	RESPONSES	
Single	16.12%	178
Married	61.50%	679
Divorced	10.42%	115
Widowed	3.80%	42
Separated	0.82%	9
A member of an unmarried couple	6.88%	76
Refused to Answer	0.45%	5
TOTAL		1,104



ANSWER CHOICES	RESPONSES	
Employed, Full time	82.41%	909
Employed, Part time	5.17%	57
Self-Employed	1.90%	21
Out of work for more than one year	0.54%	6
Out of work for less than one year	0.54%	6
Homemaker	0.91%	10
Student/Employed	2.18%	24
Student	0.54%	6
Retired	9.70%	107
Unable to work/Disabled	1.00%	11
Refused to Answer	0.45%	5
Total Respondents: 1,103		

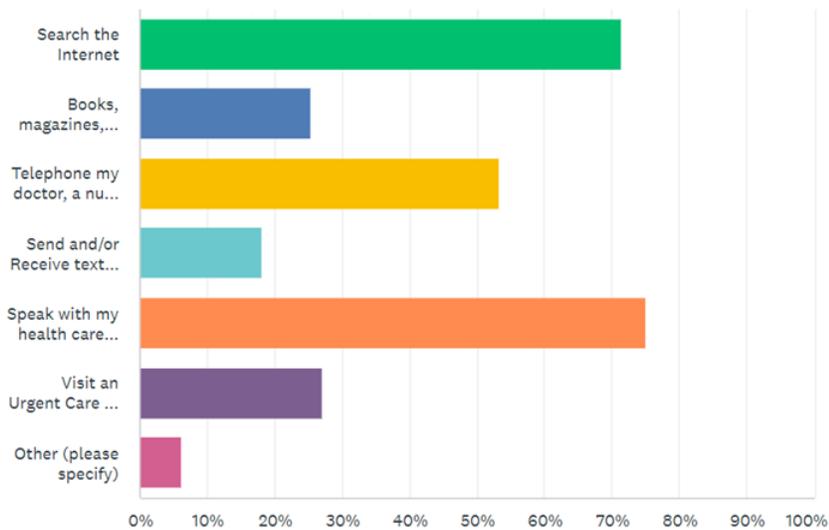
Healthcare

The community was asked in the online survey if they or someone in their family were ill or required medical attention where do they go?



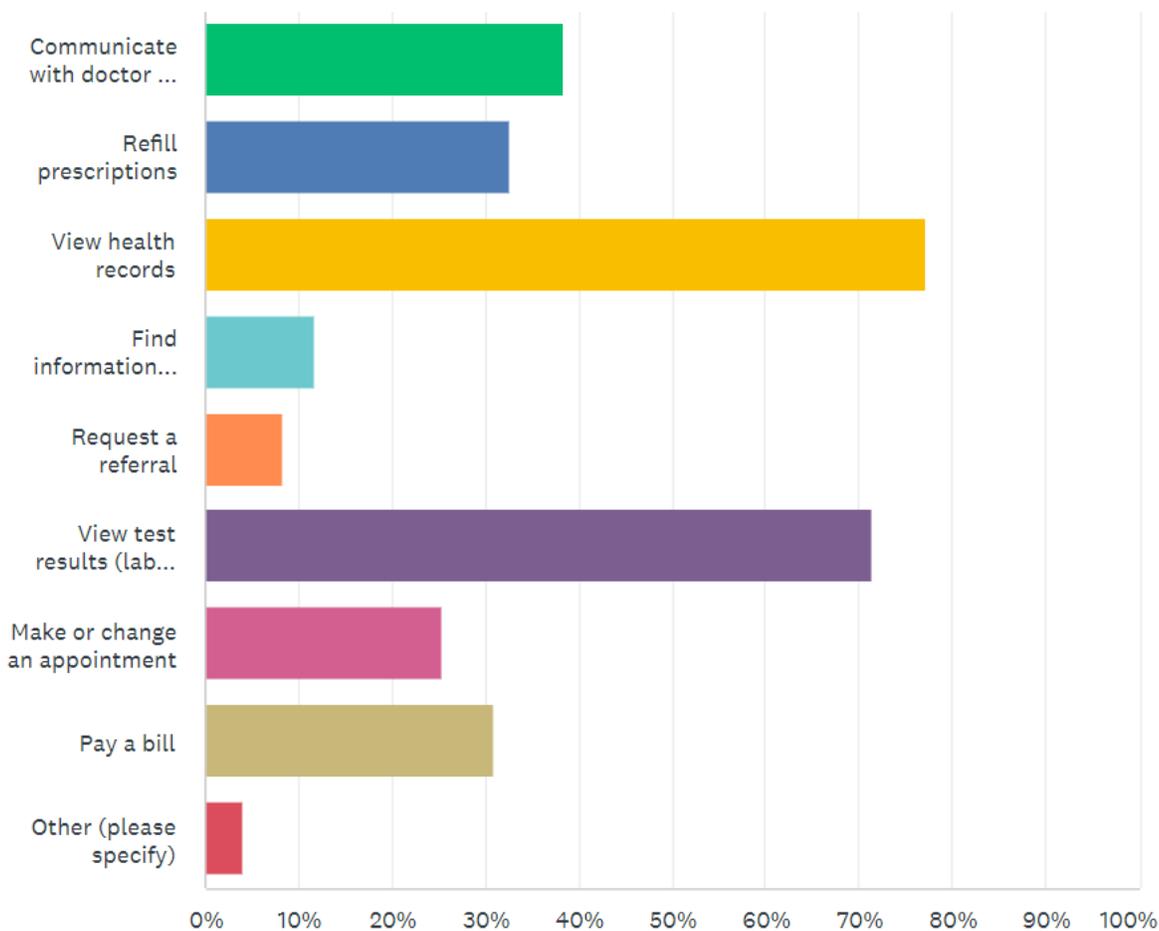
ANSWER CHOICES	RESPONSES	
▼ A private doctor's office	64.59%	538
▼ A clinic or health center	10.68%	89
▼ Hospital outpatient clinic	0.96%	8
▼ Hospital emergency room	2.28%	19
▼ Walk-in urgent care center	18.97%	158
▼ Other	1.32%	11
▼ Doesn't apply (no one ever requires treatment)	0.96%	8
▼ Refused	0.24%	2
TOTAL		833

Community respondents indicated that they accessed health information through the following.



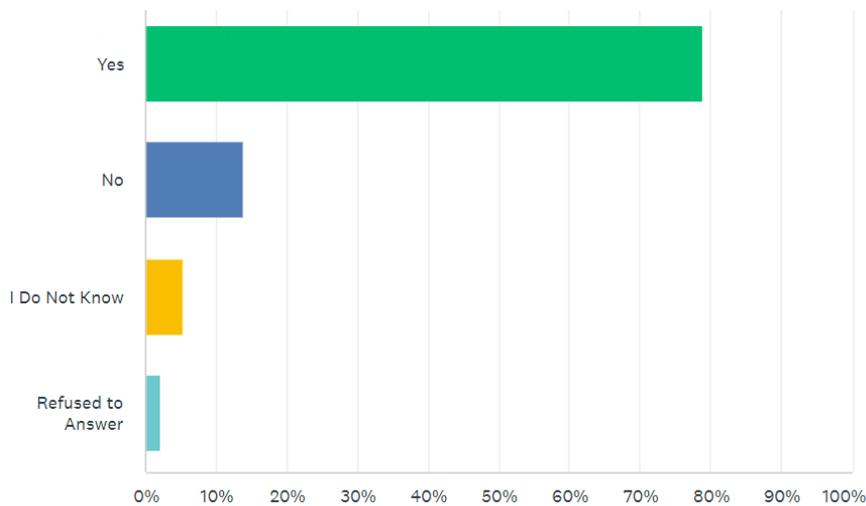
ANSWER CHOICES	RESPONSES	
Search the Internet	71.41%	592
Books, magazines, brochures or other printed materials	25.33%	210
Telephone my doctor, a nurse on-call, or other health care provider	53.32%	442
Send and/or Receive texts from my health care provider on my cellular phone	18.09%	150
Speak with my health care provider when I am at his/her office	75.03%	622
Visit an Urgent Care or Emergency Room	27.14%	225
Other (please specify)	Responses 6.15%	51
Total Respondents: 829		

Community respondents indicated that they use patient portal for the following services. There were also respondents (30) stating that they did not understand how to use a patient portal.



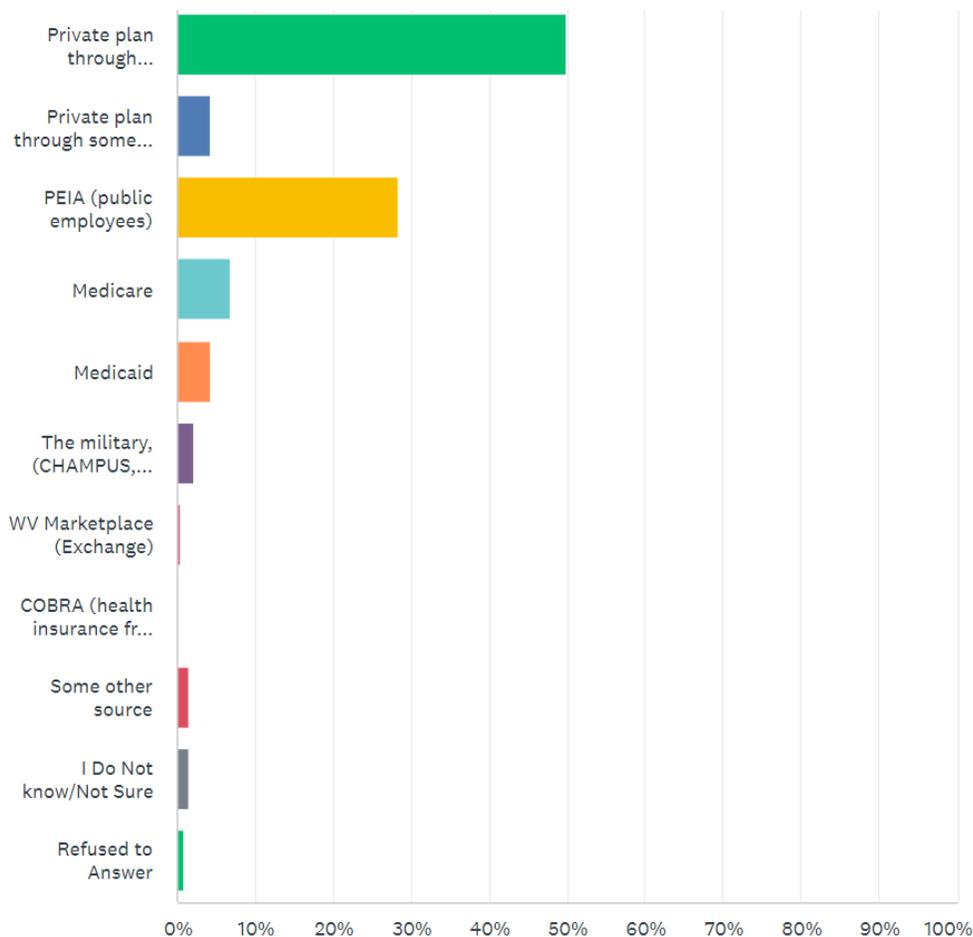
ANSWER CHOICES	RESPONSES	
Communicate with doctor or nurse	38.41%	290
Refill prescriptions	32.72%	247
View health records	77.22%	583
Find information about a health issue	11.79%	89
Request a referral	8.21%	62
View test results (lab, X-ray, etc.)	71.39%	539
Make or change an appointment	25.43%	192
Pay a bill	30.99%	234
Other (please specify)	Responses 3.97%	30
Total Respondents: 755		

Community respondents were asked do they feel they and family members received quality healthcare in Kanawha County.



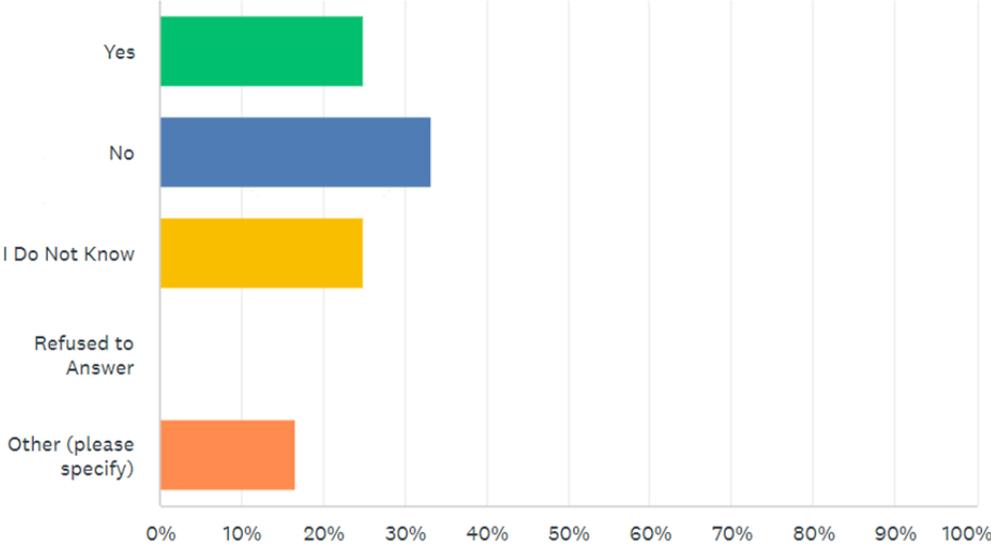
ANSWER CHOICES	RESPONSES	
Yes	78.82%	655
No	13.84%	115
I Do Not Know	5.29%	44
Refused to Answer	2.05%	17
TOTAL		831

Community Respondents were asked what type of healthcare coverage they used when paying for their healthcare cost with.



ANSWER CHOICES	RESPONSES
Private plan through employer	49.88% 412
Private plan through someone else's employer	4.24% 35
PEIA (public employees)	28.45% 235
Medicare	6.78% 56
Medicaid	4.36% 36
The military, (CHAMPUS, TriCare, or the VA)	2.06% 17
WV Marketplace (Exchange)	0.48% 4
COBRA (health insurance from a former employer that you now pay 100% yourself)	0.00% 0
Some other source	1.45% 12
I Do Not know/Not Sure	1.45% 12
Refused to Answer	0.85% 7
TOTAL	826

Experts were asked their opinion, do the residents of Kanawha County have access to affordable quality healthcare.



ANSWER CHOICES	RESPONSES
Yes	25.00% 3
No	33.33% 4
I Do Not Know	25.00% 3
Refused to Answer	0.00% 0
Other (please specify)	Responses 16.67% 2
TOTAL	12



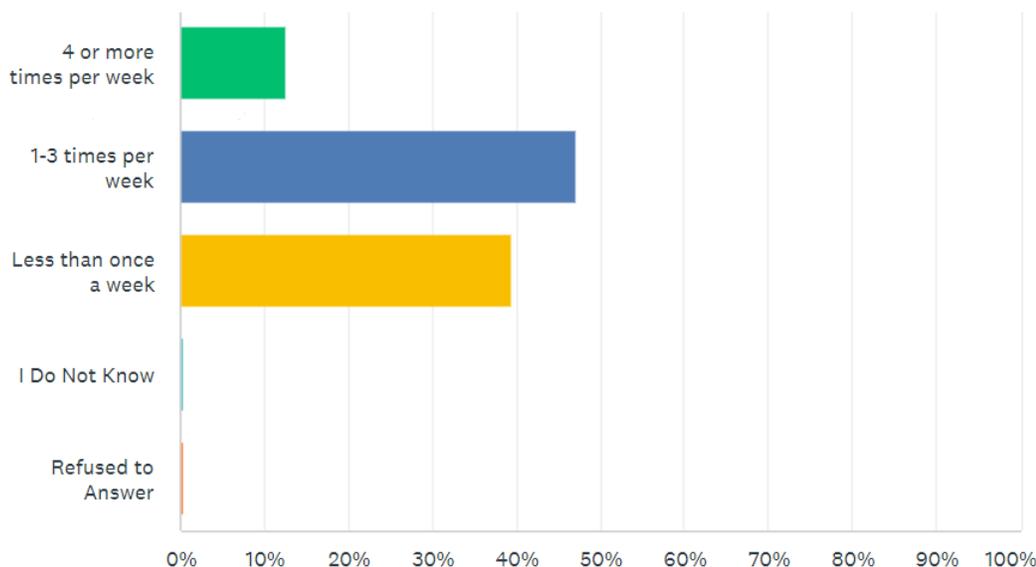
Priority: Wellness promotion and chronic disease prevention education

Obesity, diabetes, heart disease, and high blood pressure were among the chronic health issues or chronic diseases that were examined in this survey. These illnesses were chosen because the Centers for Disease Control and Prevention recognized them as the leading causes of death among Americans. (Centers for Disease Control, 2022. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>).

We were able to collect more information via online survey, and made the following findings:

53.33% of respondents said they learned about health from their doctors or other healthcare providers, the health department, or because they themselves work in the medical field, while 75.09% of respondents said they get their information online and from talking to healthcare providers, 71.34% from searching the internet. We were able to poll workers at two significant local hospitals, the county health department, and neighborhood clinics in Kanawha County using the online survey. Only 25.27% of respondents said they obtained knowledge via books, periodicals, pamphlets, or other printed items.

It is noteworthy that 90.65% of those who responded to the online survey had completed college-level coursework; this may also have an impact on their access to health education or other resources, given the substantial correlation between lower educational attainment and poor health outcomes. According to the online study, obesity is one of the top issues. The statistics demonstrate why the state's obesity rates are rising when fast food is considered. Respondents in the community-based survey were asked 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 another similar type of place?



ANSWER CHOICES	RESPONSES	
▼ 4 or more times per week	12.58%	101
▼ 1-3 times per week	47.20%	379
▼ Less than once a week	39.35%	316
▼ I Do Not Know	0.37%	3
▼ Refused to Answer	0.50%	4
TOTAL		803

This is also impacted by the lack of exercise 64.70% and poor eating habits 70.91% have led to the increase in our obesity levels.

Additional Resource: <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>

It is also significant to note that 84.57% of respondents who identified as Caucasian completed the online poll. 9.98% of respondents who identified as African American completed the online poll. When comparing health and educational outcomes, this should be considered because minority populations have greater obstacles to overcome in terms of health. This may be a need in our community that needs to be filled to improve health disparities among minority communities, low-income populations, and populations at risk.

Additional Resources:

<https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=57>

To better understand the needs of the community and spot any potential gaps, we were able to ask more detailed questions on awareness and engagement in the neighborhood through our online survey. When asked if they would know who to contact if they had questions regarding access to health information, 75% of community members said their healthcare provider or a provider portal would be the source of their information. This has a direct connection to the data acquired about the dissemination of health information and demonstrates how, in some instances, the gap has been closed. In some situations, such as those involving African American communities and low-income residents, we are still behind where we ought to be in terms of access to health information for all members of our community, which has an impact on health outcomes.

Summary

Potential Gaps and Other Considerations:

The Live: Health and Social study highlights several gaps, such as the need to expand access to health education and awareness among all populations, the possibility of collaborating with medical and

community health professionals to improve the information provided at doctor's visits, the need to increase advertising, and the need to investigate new channels for publicizing and communicating about health issues. This might also be an area to investigate because vulnerable groups including low-income people, seniors, and single parents need additional tools and supports to access health information to promote good health decisions.

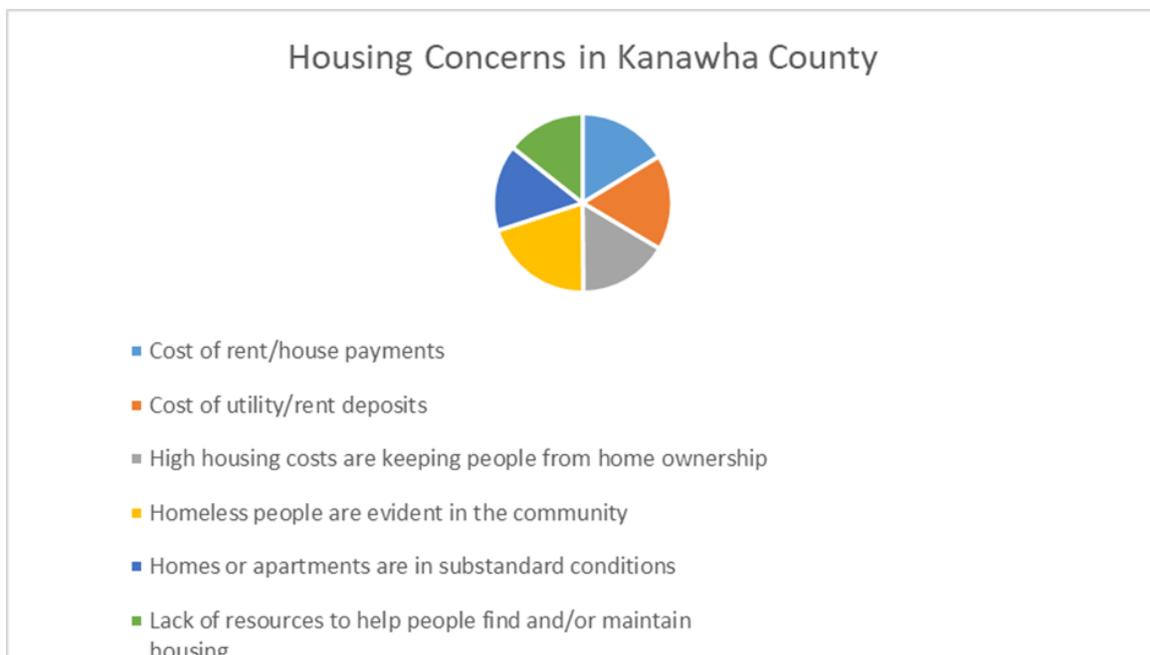


Priority: Homelessness Population (Mental Health/Treatment/Crime)

According to Continuums of Care's report to the U.S. Department of Housing and Urban Development in January 2020, West Virginia had an estimated 1,341 people who were homeless on any given day (HUD). Of that total, fifty-eight were family households, 104 were veterans, 112 were young adults (18–24) living alone, and 174 were those who were chronically homeless.

The online survey community 94.64% stated that the homeless population has increased and more visible in the community. The Community survey also stated that 76.68% of the respondents thought that cost of rent/housing were high and 73.74% of the Homes or apartments are in substandard conditions (poor condition).

Public school data reported to the U.S. Department of Education during the 2018-2019 school year shows that an estimated 10,522 public school students experienced homelessness over the course of the year. Of that total, 279 students were unsheltered, 834 were in shelters, 259 were in hotels/motels, and 9,150 were doubled up.



	YES	NO	I DO NOT KNOW	TOTAL
Cost of rent/house payments	76.68% 730	10.50% 100	12.82% 122	952
Cost of utility/rent deposits	81.13% 774	7.23% 69	11.64% 111	954
High housing costs are keeping people from home ownership	76.94% 734	11.74% 112	11.32% 108	954
Homeless people are evident in the community	94.64% 901	2.21% 21	3.15% 30	952
Homes or apartments are in substandard conditions (poor condition)	73.74% 705	9.21% 88	17.05% 163	956
Lack of resources to help people find and/or maintain housing	67.43% 644	12.46% 119	20.10% 192	955
Lack of shelters for emergency situations (domestic violence)	53.87% 515	21.55% 206	24.58% 235	956
Lack of shelter for emergency situations (natural disaster)	54.61% 521	18.13% 173	27.25% 260	954

Homelessness Statistics for West Virginia

Total Homeless Population	1,341
Total Family Households Experiencing Homelessness	58
Veterans Experiencing Homelessness	104
Persons Experiencing Chronic Homelessness	174
Unaccompanied Young Adults (Aged 18-24) Experiencing Homelessness	112
Total Number of Homeless Students	10,522
Total Number of Unaccompanied Homeless Students	951
Nighttime Residence: Unsheltered	279
Nighttime Residence: Shelters	834
Nighttime Residence: Hotels/motels	259
Nighttime Residence: Doubled up	9,150

Crime in Kanawha County, West Virginia

- Crime is ranked on a scale of 1 (low crime) to 100 (high crime)
- Kanawha County violent crime is 18.9. (The US average is 22.7)
- Kanawha County property crime is 35.3. (The US average is 35.4)

Kanawha County Crime Breakdown

The tables below show which crimes are used to calculate the Crime Grades above. All crime rates are shown as the number of crimes per 1,000 Kanawha County residents in a standard year. **The online community survey 84% respondents thought crime was a problem in Kanawha County**

Violent Crime Rates

Crime Type	Crime Rate
Assault	2.106
Robbery	0.2245
Rape	0.3592
Murder	0.0360
Total Violent Crime	2.726 (B)

Property Crime Rates

Crime Type	Crime Rate
Theft	12.87
Vehicle Theft	0.3247
Burglary	3.180
Arson	0.2265
Total Property Crime	16.60 (B-)

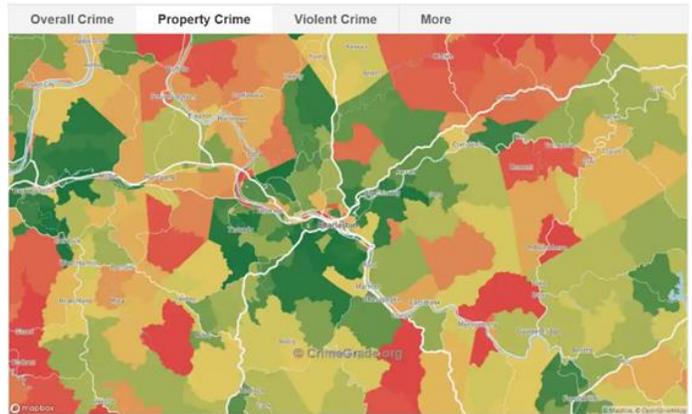
Other Crime Rates

Crime Type	Crime Rate
Kidnapping	0.0891
Drug Crimes	1.382
Vandalism	7.889
Identity Theft	0.7244
Animal Cruelty	0.0151
Total "Other" Rate	10.10 (C+)

Overall Crime



Property Crime



Violent Crime



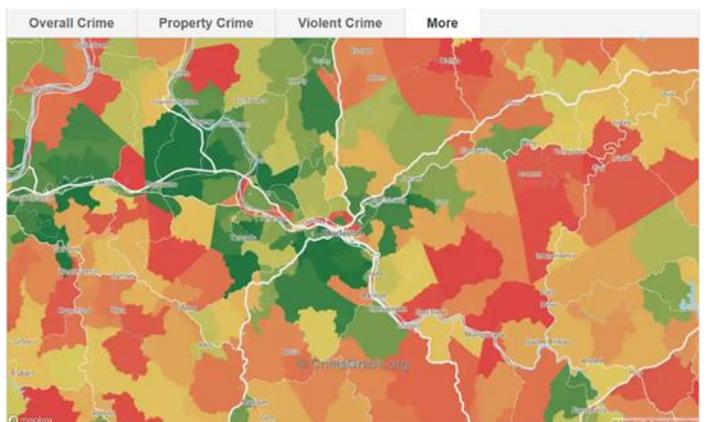
Murder Crime



Theft Crime



Burglary Crime



Crime Grades



A+ (dark green) areas are safest

The B rating indicates that the county's crime rate is slightly lower than the national average. In terms of safety, Kanawha County is in the 66th percentile, which indicates that 34% of counties are safer and 66% are more hazardous. Only the legal borders of Kanawha County are covered by this analysis. In a typical year, Kanawha County experiences 29.43 crimes for per 1,000 residents. Residents of Kanawha County typically believe that the southwest region of the county is the safest. In Kanawha County, your likelihood of becoming a victim of crime can range from 1 in 70 in the southwest to 1 in 22 in the southeast neighborhoods. However, comparing crime rates or any other crime rates is not as simple as it may seem. For more information, check the link below in additional resources.

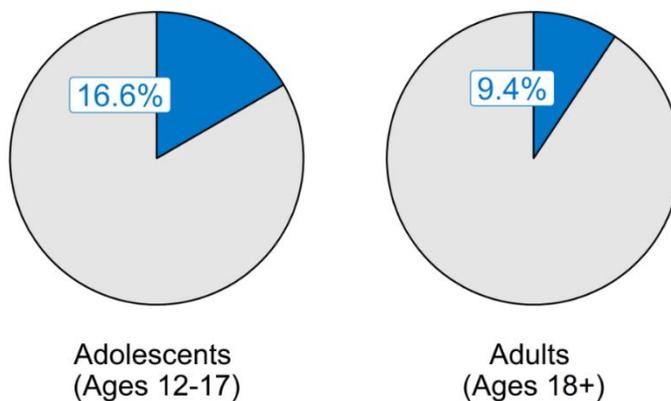
Mental Illness Prevalence

Diagnoseable diseases that influence a person's emotional, psychological, and social wellbeing as well as frequently their behavior are mental illnesses, which can be either acute or chronic. These ailments include, among others, mood or personality disorders, schizophrenia, anxiety, and depression. In the wake of the COVID-19 pandemic, mental health issues have gotten worse. Since May 2020, more than three out of ten adults in the United States have disclosed having an anxiety or depression condition. In contrast, about one in ten persons in 2019 reported having an anxiety or depressive condition.

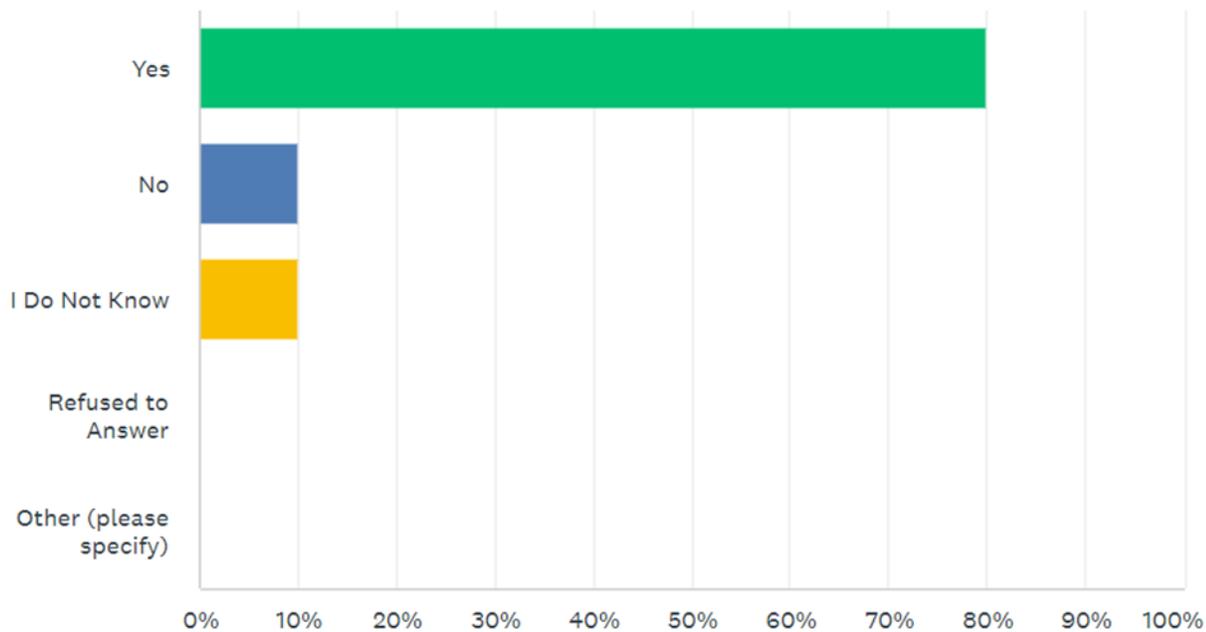
In comparison to adults in the United States, individuals in West Virginia reported symptoms of anxiety and/or depressive illness at a rate of 31.7% from September 29 to October 11, 2021, as indicated in the graph below.

Even before the pandemic, many people reported experiencing a mental disorder. In 2018–2019, there were 24.6% of adults in West Virginia who had a mental illness of some kind, which was higher than the national average of 19.9%. In West Virginia, major depressive episodes were reported by 16.6% of teenagers and 9.4% of adults in the year before to the pandemic, which was comparable to U.S. rates (15.1% and 7.5%, respectively).

Individuals in West Virginia Reporting a Major Depressive Episode in the Past Year, by Age Group, 2018-2019



Among the question was asked with the online survey is there a lack of metal health services for adults and children. 78.37% of respondents indicated yes for a lack of services for adults and 76.20% of respondents indicated Yes there was a lack of services for children as well. When asking the Experts on this opinion they indicated the following:



ANSWER CHOICES	RESPONSES	
▼ Yes	16.67%	2
▼ No	75.00%	9
▼ I Do Not Know	8.33%	1
▼ Refused to Answer	0.00%	0
▼ Other (please specify)	Responses 0.00%	0
TOTAL		12

Additional Resources:

For information on Crime/Mental Health in Kanawha County

<https://crimegrade.org/safest-places-in-kanawha-county-wv/>

<https://www.neighborhoodscout.com/wv/charleston/crime>

<https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/west-virginia/>

<https://www.usich.gov/homelessness-statistics/wv/>

Summary

Potential Gaps and Other Considerations

More focus on specific crimes committed in the Kanawha County region may have been given in the online community poll. There have been theft and property damage events in Dunbar, St. Albans, and Charleston, which have been committed by people with drug use disorder, homeless individuals, and those with unstable mental health. Many of these situations cannot be handled by the police because of the type of crime, or lack thereof. It is true that Kanawha County needs to reform its local laws and policies as well as work with the residents in these local communities.

a centralized area where assistance is available for the homeless Additionally, a centralized facility where people with mental instability can be transported to get services or held until a family member can be called to pick them up is required. Dealing with open drug users in local areas requires more effort. To prevent them from openly using in the public in parks and playgrounds, local laws need to be changed or enforced.



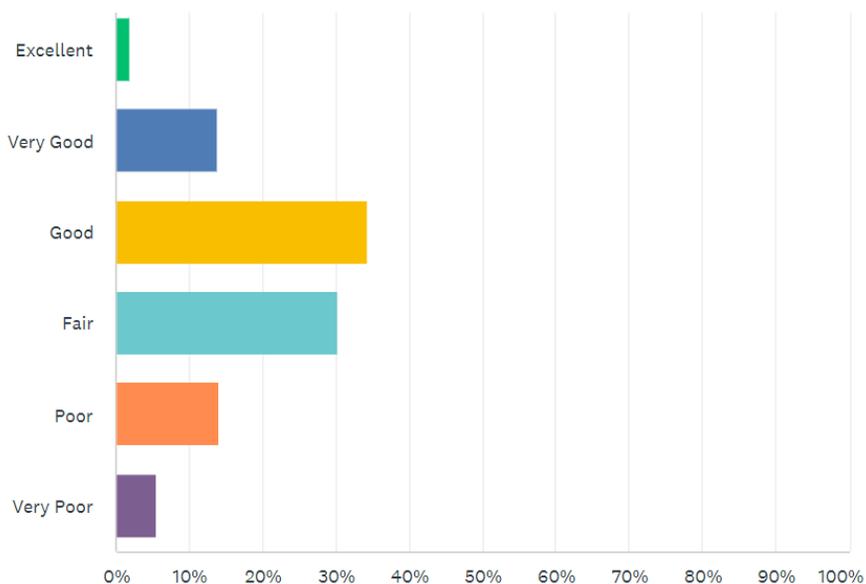
Priority: Educating Families on the Importance of Early Childhood Education/Daycare

Early childhood education, such as daycare and preschool programs, are essential to a young child's development because they pave the way for the formation of appropriate behaviors as well as a healthy mental and physical growth (ODPHP).

Our evaluation includes inquiries regarding families' access to sufficient and inexpensive early childhood education options considering education as a social determinant of health.

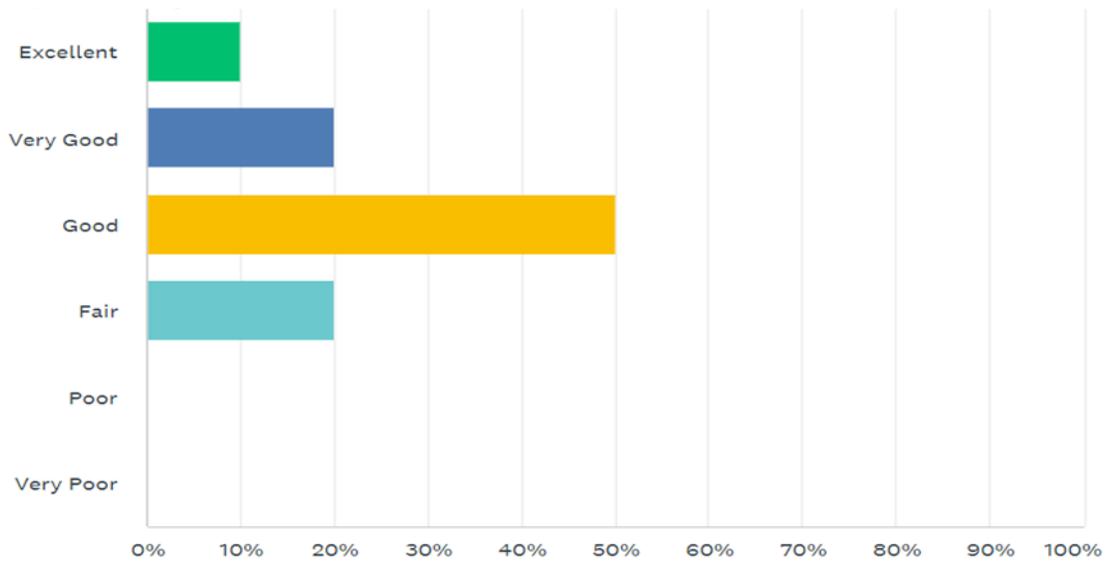
When asked if they thought Kanawha County citizens had access to inexpensive, high-quality daycare, the expert online survey respondents gave the following answers: 33.33% said no, and 41.67% said they were unsure if such childcare was available. This was a subject that was discussed in the focus groups more could be done to make childcare more accessible. According to the Experts in the Learning online survey, 80% of respondents said that early childhood education should be made mandatory. Future assessments should make more of an effort to include parents of young children to better grasp the problems in our communities.

The Kanawha County residents were asked to rate the quality of the Kanawha County School system.



This same question was asked of the **Experts**.

ANSWER CHOICES	RESPONSES
Excellent	1.90% 15
Very Good	13.96% 110
Good	34.26% 270
Fair	30.33% 239
Poor	14.09% 111
Very Poor	5.46% 43
TOTAL	788



ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	10.00%	1
I Do Not Know	10.00%	1
Refused to Answer	0.00%	0
Other (please specify)	Responses 0.00%	0
TOTAL		10

Overall Niche Grade
How are grades calculated?
Data Sources

Kanawha County Schools is a public school district located in CHARLESTON, WV. It has 24,721 students in grades PK, K-12 with a student-teacher ratio of 14 to 1. According to state test scores, 42% of students are at least proficient in math and 47% in reading.



Kanawha County Schools Rankings

Niche ranks nearly 100,000 schools and districts based on statistics and millions of opinions from students and parents.

Most Diverse School Districts in West Virginia
#3 of 55

Best School Districts for Athletes in West Virginia
#9 of 55

Districts with the Best Teachers in West Virginia
#18 of 55

Additional Resources:

<https://nca.school/15-reasons-why-preschool-is-one-of-the-most-important-decisions-you-can-make/>

<https://www.nccp.org/demographic/?state=WV&id=7>

<https://www.niche.com/k12/d/kanawha-county-schools-wv/#rankings>

Summary

Potential Gaps and Other Considerations

More attention is needed in the fields of early childhood education and childcare, according to focus groups, expert online surveys, and the community online survey. Because Pre-K often dismisses around noon, which interferes with a parent's work schedule, these two topics are related. This also includes the cost-effectiveness of childcare.

The Online Community Survey suggests that additional work should be done between daycare providers and families using the services to understand the needs and challenges, as well as that more effort should be made to include parents of young children in future assessments to better understand the problems in our community. Families' top concerns are affordability and service hours, therefore there may be chances to examine adjustments to policies, systems, and environmental factors to make services more beneficial and affordable for families while also increasing provider profitability.



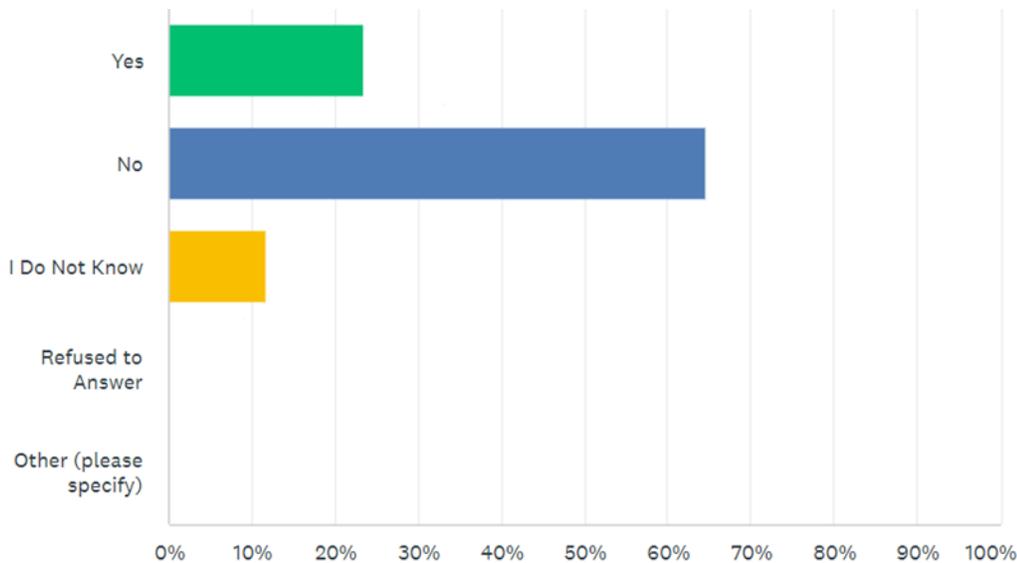
Priority: Transportation/Infrastructure/Worksite Wellness

Transportation

A person's life is impacted by transportation in many ways, and thriving communities depend on having accessible, reliable transportation services. A person's ability to get healthcare services may be hampered by transportation problems. These problems may lead to postponed or missed doctor's appointments, higher healthcare costs, and generally worse health results. As a tool for wellbeing, transportation can also be used. The ability to be healthy for both individuals and communities is influenced by several important economic and social factors, including transportation.

Services like public transit, especially in rural places, may literally be a lifesaver for people who have no other way to go around their neighborhood. People can engage in activities that are both life-sustaining and enriching thanks to accessible services. A sense of purpose can be created, improved mental outlook and cognitive function, improved physical health, and access to meals, personal appointments, and social events, among other things.

Looking to the **Expert's** opinion with the online survey: they were asked in their opinion was their adequate public transportation in Kanawha County?



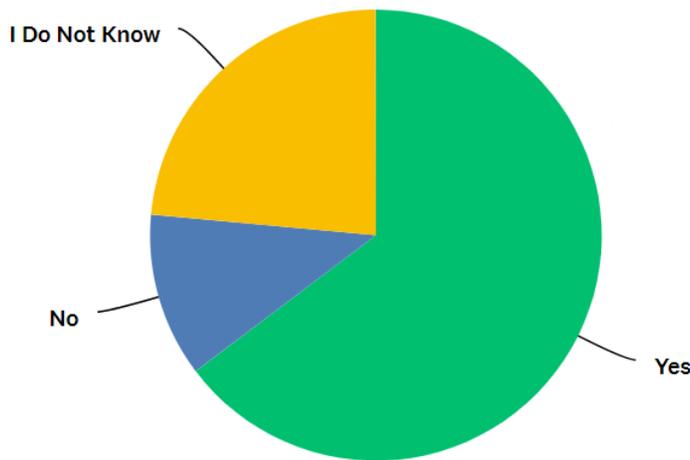
ANSWER CHOICES	RESPONSES
Yes	23.53% 4
No	64.71% 11
I Do Not Know	11.76% 2
Refused to Answer	0.00% 0
Other (please specify)	0.00% 0
TOTAL	17

The Kanawha Valley Regional Transportation (KRT) is a staple in Kanawha County and is the main source of public transportation. KRT has their regular routes which all buses are off the road by 1:55 am. In many areas the buses run every 30 minutes and as the day goes on, they are cut to every hour. KRT also has two programs to accommodate Kanawha County. KAT- curb-to-curb transportation service for eligible passengers



(based upon criteria established by the Americans with Disabilities Act) who are unable to utilize the regular KVRTA fixed route service. This service is set up for those living off the bus route and who need transportation to the closest bus route and for those who are disabled. They do have another program with money given by State Public Health Dept. to aid those in recovery programs to go to the doctor, pharmacy or to selected recovery sites for free. Public transportation has dipped since the Covid 19 pandemic.

Experts were asked should utilization of the existing rail system in Kanawha County be considered for public transportation.



ANSWER CHOICES	RESPONSES	
Yes	64.71%	11
No	11.76%	2
I Do Not Know	23.53%	4
Refused to Answer	0.00%	0
Other (please specify)	Responses	0
TOTAL		17

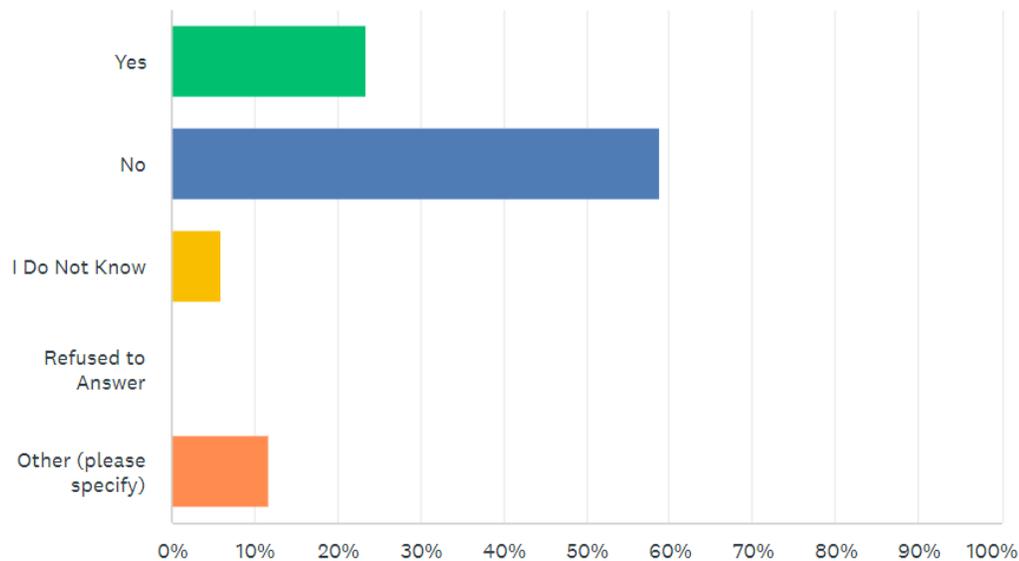
Infrastructure: To aid in public transportation other organizations joined in aiding transportation to seniors such as Kanawha Senior Services and Faith in Action. These two organizations have become vital as part of our public transportation system, by providing transportation to medical appointment, grocery shopping and day to day transportation needs.

Kanawha county is looking to improve around infrastructure and working on current projects. the department of highways is set with several paving project throughout Kanawha County. over 800 miles-worth of roadways will be

resurfaced this year, with projects taking place in all 55 counties across the state. In Kanawha County lighting along major highway (I-77) was upgraded to increase visibility and overall safety for commuters in the area. The safety levy was just passed which provides vital support for county’s emergency ambulance system, our public transportation system as well as financial support for more than 40 police and fire departments in Kanawha County.

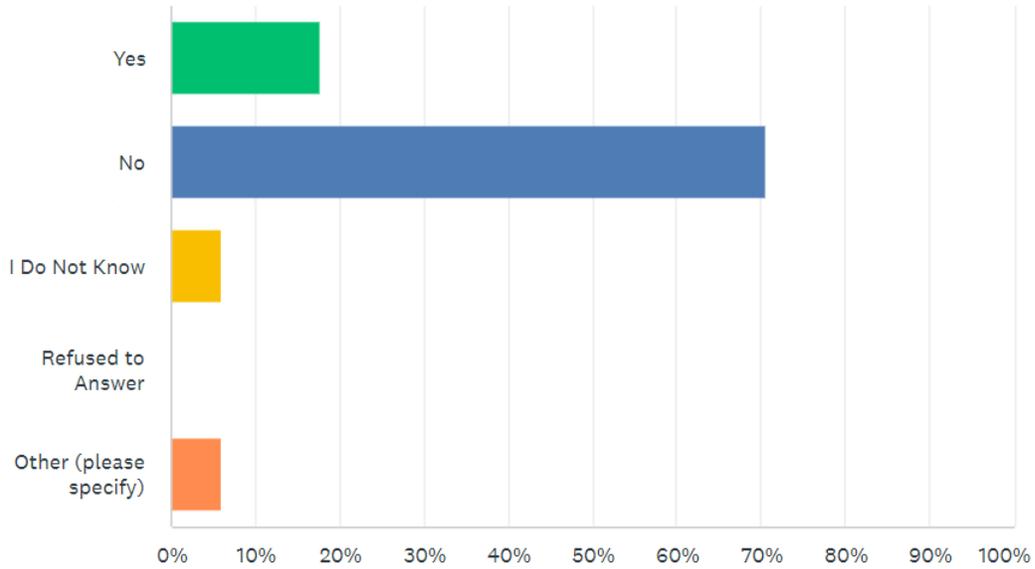
Experts were also asked their opinion on infrastructure meeting the demands of the population in Kanawha County? (Transportation, Roads, and Broadband access)

Projects	Project Cost
Widen WV 601 to correct offset intersection and grade, separate CSX crossing	\$55 million
Construct new bridge over Elk Rive & upgrade connecting roads	\$9 million
Construction RHL Blvd connector from shops at Trace Fork WV to 601	\$10 million
Add 3 lanes to US 119 northbound from Cantley Drive to McCorkle and improve operation.	\$5.6 million
Add lanes to US 119 (corridor G) from Lawndale Lane to McCorkle Ave and to the I-64 connector. Install Cantley flyover, build underpass at Lucado road and Oakwood Road and improve operation.	\$34.7 million
Improve intersection of WV 622 and WV 62 in Cross Lanes, including single improvements and turn lanes.	\$4.7 million
Widen and upgrade the 3rd street rail underpass in St. Albans.	\$9.6 million
Add Southbound left turn lane on WV 62 (W. Washington St.) at Woodrum Lane.	\$0.6 million
The MacCorkle Avenue ADA ramp project is in conjunction with two other major upgrade projects on MacCorkle Avenue, which include repaving the highway from 40th Street to 56th Street, and a drainage correction and reconstruction project from 33rd Street to 40th Street. install 105 curb cuts along MacCorkle Avenue from 35th Street to 58th Street in Kanawha Cty. The project is part of an ongoing plan to bring all West Virginia highways into compliance with the Americans with Disabilities Act of 1990.	\$570,000
Total Transportation Safety Projects	\$1,29,770,000



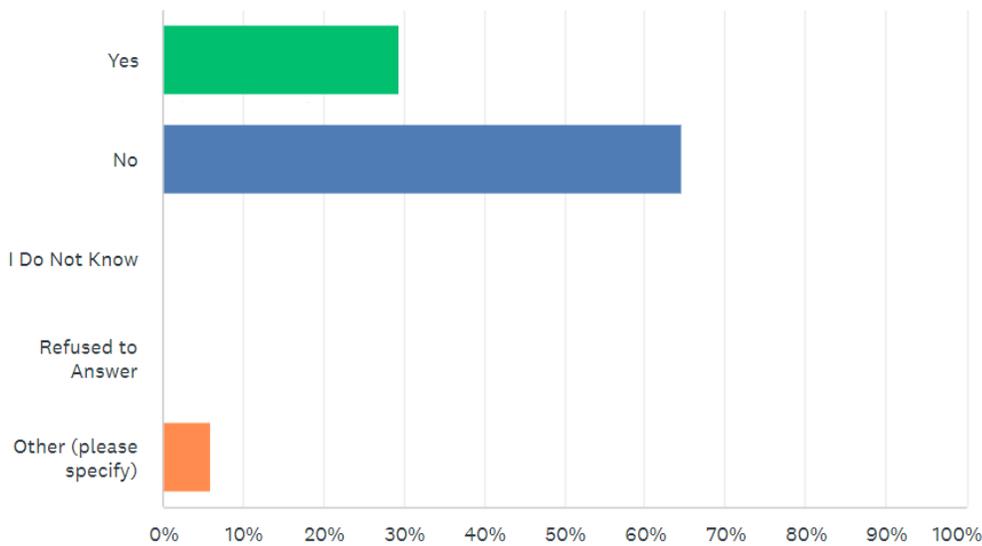
ANSWER CHOICES	RESPONSES
Yes	29.41% 5
No	64.71% 11
I Do Not Know	0.00% 0
Refused to Answer	0.00% 0
Other (please specify)	5.88% 1

Experts were asked do residents have the resources to maintain a high quality of life.



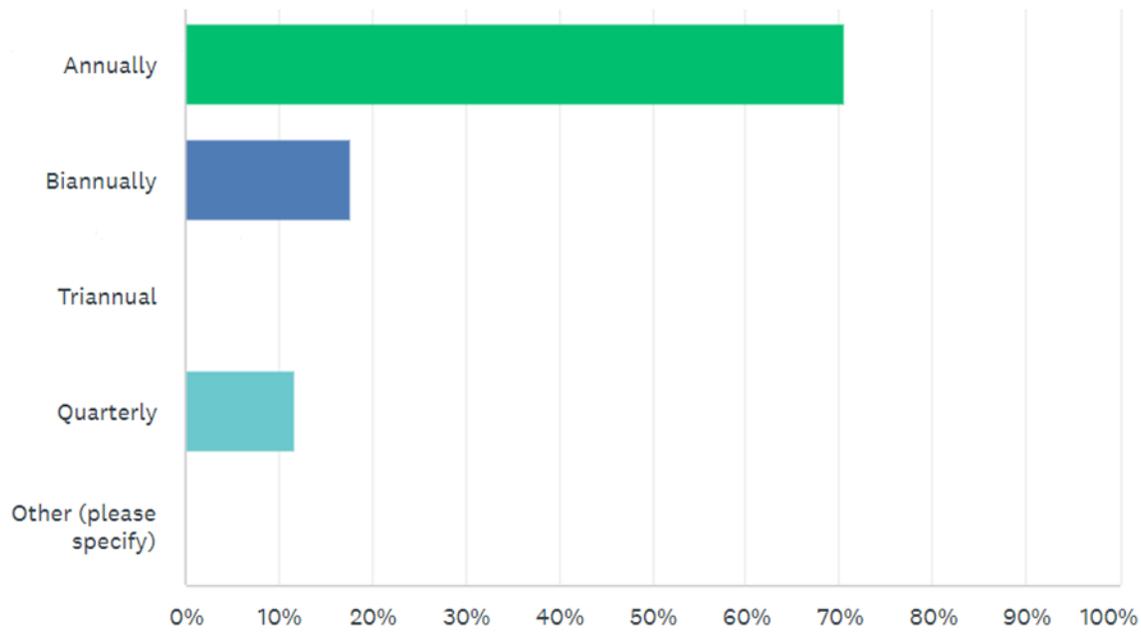
ANSWER CHOICES	RESPONSES
Yes	17.65% 3
No	70.59% 12
I Do Not Know	5.88% 1
Refused to Answer	0.00% 0
Other (please specify)	Responses 5.88% 1
TOTAL	17

Experts were also asked their opinion of residents have steady jobs and financial stability.



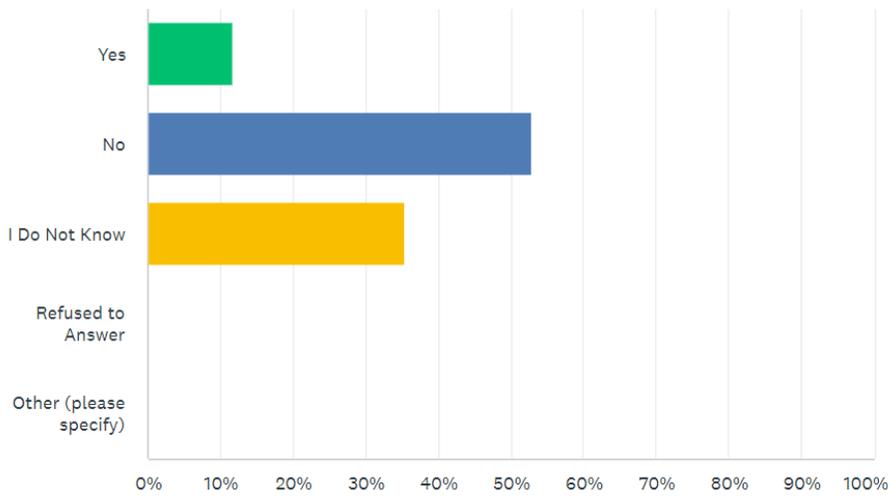
ANSWER CHOICES	RESPONSES
Yes	29.41% 5
No	64.71% 11
I Do Not Know	0.00% 0
Refused to Answer	0.00% 0
Other (please specify) Responses	5.88% 1
TOTAL	17

Experts also indicated that employers should provide annual health checks to employees.



ANSWER CHOICES	RESPONSES
Annually	70.59% 12
Biannually	17.65% 3
Triannual	0.00% 0
Quarterly	11.76% 2
Other (please specify) Responses	0.00% 0
TOTAL	17

Experts were asked do enough employers in Kanawha County provide employee health programs to aid in their wellbeing.



ANSWER CHOICES	RESPONSES
Yes	11.76% 2
No	52.94% 9
I Do Not Know	35.29% 6
Refused to Answer	0.00% 0
Other (please specify)	0.00% 0
TOTAL	17

Additional Resources

<https://nationalcenterformobilitymanagement.org/transportation-supports-integration-into-the-community/>

<https://corporatefinanceinstitute.com/resources/management/employee-wellness-programs/>

Summary

Potential Gaps and Other Considerations:

The online community survey fell short in its questioning of transportation, but the focus group session revealed that for seniors’ transportation is still a challenge in making appointments, going to the

supermarket and day to day activities. Also, the online Expert surveys reveal more in transportation level of living in Kanawha County. utilization of public transit, road safety, and road design.

People who use their own vehicles were more concerned about the problems caused by road construction, while those who depend on public transportation expressed worries about its accessibility and availability to satisfy their daily demands. Both difficulties present prospective research subjects in the fields of policy, systems, and environment, such as collaborating with local authorities and infrastructure systems to assist development and transformation to satisfy local requirements.

The benefits of having a worksite wellness program may be hard for an employer to see as it related to money put in, but the benefits to the employer will be well worth the cost over the long haul as well as with the county.



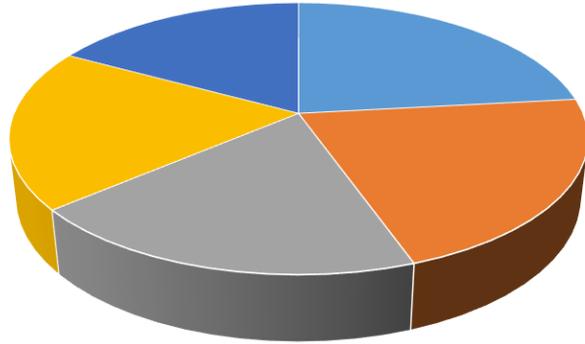
Priority: Expand Usage/Knowledge of Community Centers for Social and Recreational Activities

In our Play study, we questioned survey participants about their availability to safe recreational spaces in their neighborhoods, the sorts of recreational facilities they had access to, and any potential problems with outdoor leisure.

From the online survey done throughout Kanawha County, residents were asked the following: What would keep them from walking? The reasons were: work schedule 64% and family responsibilities 55.36%

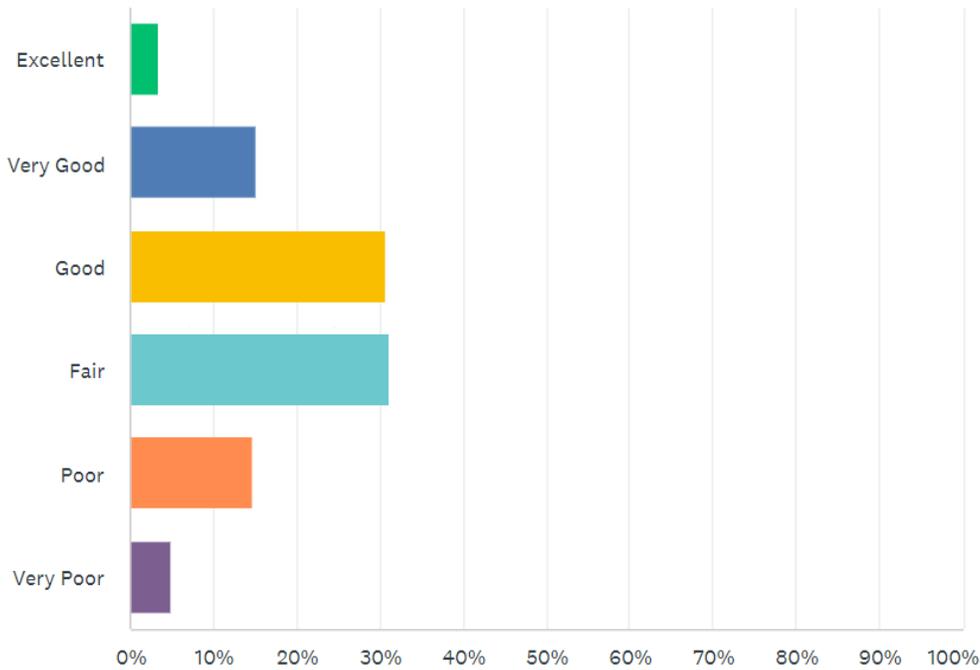
	YES-	NO-	I DO NOT KNOW-	REFUSED TO ANSWER-	TOTAL-	WEIGHTED AVERAGE-
- No facilities/trails nearby	24.65% 194	72.94% 574	1.78% 14	0.64% 5	787	1.78
- An unsafe neighborhood due to crime	28.72% 224	69.23% 540	1.79% 14	0.26% 2	780	1.74
- Unsafe street traffic	33.84% 265	64.88% 508	1.02% 8	0.26% 2	783	1.68
- No sidewalks	41.25% 323	57.22% 448	1.02% 8	0.51% 4	783	1.61
- Ice/snow on sidewalks	29.37% 227	67.79% 524	2.33% 18	0.52% 4	773	1.74
- Lack of crosswalks	16.69% 129	81.11% 627	1.68% 13	0.52% 4	773	1.86
- Too hilly or steep	28.00% 217	70.19% 544	1.29% 10	0.52% 4	775	1.74
- No scenery to enjoy	12.27% 95	85.40% 661	1.94% 15	0.39% 3	774	1.90
- Lack of lighting	29.25% 227	68.69% 533	1.68% 13	0.39% 3	776	1.73
- No one to walk with	38.30% 298	60.28% 469	1.16% 9	0.26% 2	778	1.63
- Family responsibilities	55.36% 434	43.11% 338	1.15% 9	0.38% 3	784	1.47
- Work schedule	64.09% 505	34.64% 273	1.02% 8	0.25% 2	788	1.37

The following are the top conditions keep Kanawha County residents from participating in recreational or leisure activities?



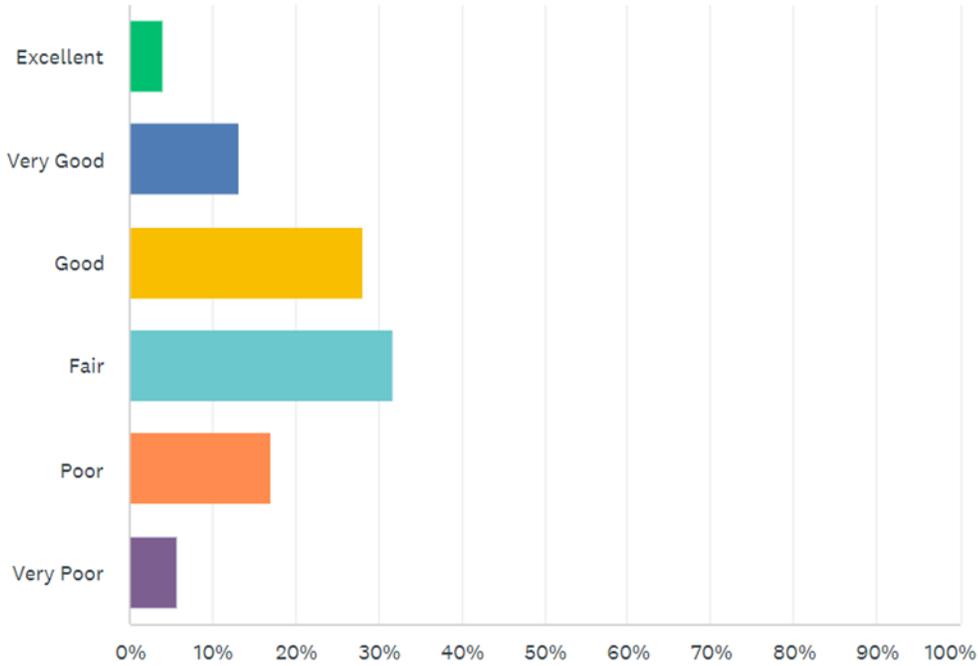
- Health Problems 90.91%
- Knowledge of Activities 83.33%
- Unsafe Area 75.00%
- Expense 75.00%
- Transportation/Distance 66.67%

Community opinions on rating activities in Kanawha County as follows:



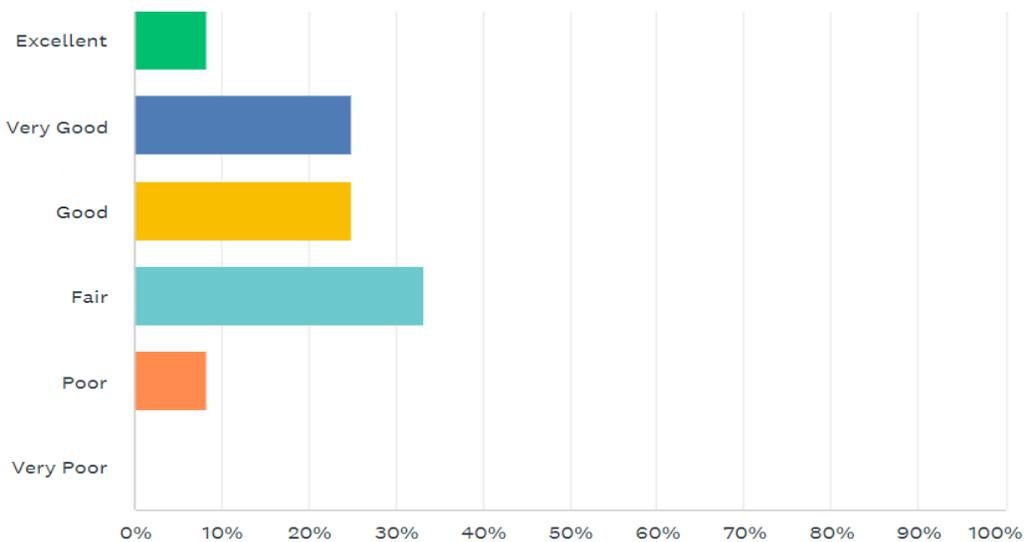
ANSWER CHOICES	RESPONSES	
▼ Excellent	3.39%	27
▼ Very Good	15.18%	121
▼ Good	30.74%	245
▼ Fair	31.12%	248
▼ Poor	14.68%	117
▼ Very Poor	4.89%	39
TOTAL		797

The community online survey asked residents to rate the availability of activities conducted in a safe place for children and adults to have recreation.



ANSWER CHOICES	RESPONSES
Excellent	4.15% 33
Very Good	13.21% 105
Good	28.18% 224
Fair	31.70% 252
Poor	16.98% 135
Very Poor	5.79% 46
TOTAL	795

The **Expert** surveys were not far off from the community-based surveys



ANSWER CHOICES	RESPONSES	
▼ Excellent	8.33%	1
▼ Very Good	25.00%	3
▼ Good	25.00%	3
▼ Fair	33.33%	4
▼ Poor	8.33%	1
▼ Very Poor	0.00%	0
TOTAL		12

Additional Resources

<https://extension.wvu.edu/community-business-safety/tourism-hospitality/west-virginias-wild-and-wonderful-state-parks>

Summary

Potential Gaps and Other Considerations:

Informing residents about available activities and cost was the issue that came up most often when it came to using existing recreational venues. Although there seems to be ample recreation area in cities like Charleston, accessibility is obviously a problem. To fill a research gap in our study and better understand the requirements of the larger Kanawha County, more focus needs to be paid to surveying people in other sections of Kanawha County who cannot access Charleston or other major towns for recreational options. Considering the existing recreational facilities, initiatives, and plans to raise public awareness of events, leisure, and travel, as well as the prospect of locating financing to support this work.

Summary

The CHNA report included an online community survey and expert surveys in the areas of live, learn, work, and play. In addition, CHNA considered the views of the three focus groups, which included a combined total of 30 participants from various areas of Kanawha County. The areas of concern have not changed in the past three years, but the severity has. Residents in Kanawha County have been consistent with previous study done in areas of Live, Learn, Work and Play. partially because of the Covid- 19 outbreak and the nationwide halt campaign. This office's efforts to enhance the quality of life for Kanawha County citizens will continue in many of these areas in the coming year.

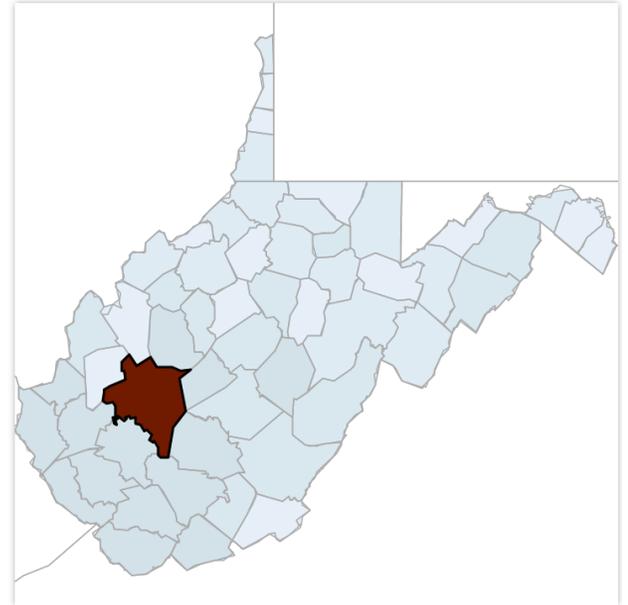
Appendices

APPENDIX A: Kanawha County 2022 Health Rankings

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Kanawha (KA) is ranked in the lower middle range of counties in West Virginia (Lower 25%-50%).



Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Kanawha (KA) is ranked in the higher middle range of counties in West Virginia (Higher 50%-75%).



County Demographics

	County	West Virginia
Population	176,253	1,784,787
% Below 18 years of age	19.8%	20.0%
% 65 and older	21.7%	20.9%
% Non-Hispanic Black	7.6%	3.5%
% American Indian & Alaska Native	0.2%	0.3%
% Asian	1.1%	0.9%
% Native Hawaiian/Other Pacific Islander	0.0%	0.0%
% Hispanic	1.2%	1.8%
% Non-Hispanic White	87.5%	91.8%
% Not proficient in English	0%	0%
% Females	51.9%	50.5%
% Rural	25.2%	51.3%

County Snapshot

Show areas to explore Show areas of strength Trends Available

Health Outcomes

Length of Life

Kanawha (KA) County

West Virginia

United States

Premature death



13,400

11,300

7,300

Years of potential life lost before age 75 per 100,000 population (age-adjusted).

In Kanawha County, West Virginia, 13,400 years of life were lost to deaths of people under age 75, per 100,000 people.

Error margin: 12,700-14,000

Years of data used: 2018-2020

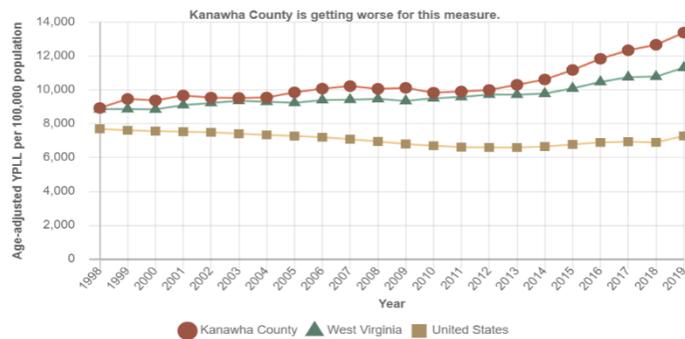
Leading Causes of Death under age 75 in Kanawha (KA) County

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	813	102.5
Diseases of heart	676	90.2
Accidents	577	119.4
Chronic lower respiratory diseases	256	29.5
Diabetes mellitus	217	28.9

Source: [CDC WONDER](#). Premature Mortality includes all deaths among people under age 75 and the rates are age-adjusted to the US 2000 population. Since counties have different age make-ups, age-adjustment can help in comparing health measures between counties.

Disaggregated by Race	Value	Error Margin
Years of Potential Life Lost Rate	13,400	12,700-14,000
Black	17,100	14,700-19,500
White	13,400	12,700-14,100

Premature death in Kanawha County, WV Years of Potential Life Lost (YPLL): county, state and national trends



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

Notes:
Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016).

Deaths under age 75 due to COVID-19 in Kanawha (KA) County

Deaths Under Age 75 due to COVID-19	Deaths	Age-Adjusted Rate per 100,000
COVID-19	70	8.8

View [FAQs](#) to see how this is calculated.

- Learn more about this measure's [methods and limitations](#).
- View [map](#) of premature death in West Virginia counties.

Quality of Life

Kanawha (KA) County

West Virginia

United States

Poor or fair health	23%	24%	17%	▼
Poor physical health days	5.2	5.3	3.9	▼
Poor mental health days	6.2	6.6	4.5	▼
Low birthweight	10%	9%	8%	▼

Additional Health Outcomes (not included in overall ranking)	Kanawha (KA) County	West Virginia	United States	—
COVID-19 age-adjusted mortality	70	56	85	▼
Life expectancy	72.5	74.3	78.5	▼
Premature age-adjusted mortality	600	530	360	▼
Child mortality	60	60	50	▼
Infant mortality	7	7	6	▼
Frequent physical distress	16%	17%	12%	▼
Frequent mental distress	20%	22%	14%	▼
Diabetes prevalence	12%	13%	9%	▼
HIV prevalence	238	129	378	▼

Health Factors

Health Behaviors	Kanawha (KA) County	West Virginia	United States	—
Adult smoking	24%	26%	16%	▼
Adult obesity	39%	40%	32%	▼
Food environment index	7.5	6.6	7.8	▼
Physical inactivity	30%	30%	26%	▼
Access to exercise opportunities	63%	50%	80%	▼
Excessive drinking	16%	15%	20%	▼
Alcohol-impaired driving deaths	 18%	26%	27%	▼
Sexually transmitted infections	 458.7	313.0	551.0	▼
Teen births	31	28	19	▼

Additional Health Behaviors (not included in overall ranking)	Kanawha (KA) County	West Virginia	United States	—
Food insecurity	13%	14%	11%	▼
Limited access to healthy foods	9%	8%	6%	▼
Drug overdose deaths	82	57	23	▼
Motor vehicle crash deaths	13	16	12	▼
Insufficient sleep	41%	43%	35%	▼

Clinical Care	Kanawha (KA) County	West Virginia	United States	—
Uninsured	 8%	8%	11%	▼
Primary care physicians	 740:1	1,270:1	1,310:1	▼
Dentists	 1,110:1	1,740:1	1,400:1	▼
Mental health providers	440:1	670:1	350:1	▼
Preventable hospital stays	 5,063	5,472	3,767	▼
Mammography screening	 41%	41%	43%	▼
Flu vaccinations	 48%	42%	48%	▼

Social & Economic Factors		Kanawha (KA) County	West Virginia	United States	—
High school completion		89%	88%	89%	✓
Some college		60%	57%	67%	✓
Unemployment		8.9%	8.3%	8.1%	✓
Children in poverty		20%	20%	16%	✓
Income inequality		5.1	5.0	4.9	✓
Children in single-parent households		30%	24%	25%	✓
Social associations		18.1	13.1	9.2	✓
Violent crime		616	330	386	✓
Injury deaths		167	133	76	✓

Additional Social & Economic Factors (not included in overall ranking)		Kanawha (KA) County	West Virginia	United States	—
High school graduation		86%	91%	86%	✓
Disconnected youth		12%	9%	7%	✓
Reading scores		2.9	2.9	3.1	✓
Math scores		3.0	2.8	3.0	✓
School segregation		0.15	0.16	0.25	✓
School funding adequacy		\$2,828	\$2,907	\$741	✓
Gender pay gap		0.77	0.73	0.81	✓
Median household income		\$47,800	\$49,200	\$67,300	✓
Living wage		\$36.56	\$36.52	\$38.11	✓
Children eligible for free or reduced price lunch		52%	52%	52%	✓
Residential segregation - Black/White		50	61	63	✓
Residential segregation - non-white/white		40	46	46	✓
Childcare cost burden		35%	34%	25%	✓
Childcare centers		7	4	6	✓
Homicides		10	5	6	✓
Suicides		22	20	14	✓
Firearm fatalities		22	18	12	✓
Juvenile arrests		30	10	19	✓

Physical Environment		Kanawha (KA) County	West Virginia	United States	—
Air pollution - particulate matter		8.6	7.6	7.5	✓
Drinking water violations		No			✓
Severe housing problems		12%	11%	17%	✓
Driving alone to work		82%	82%	75%	✓
Long commute - driving alone		22%	34%	37%	✓

Additional Physical Environment (not included in overall ranking)	Kanawha (KA) County	West Virginia	United States	—
Traffic volume	476	203	395	▼
Homeownership	70%	74%	64%	▼
Severe housing cost burden	11%	10%	14%	▼
Broadband access	81%	79%	85%	▼

Note: Blank values reflect unreliable or missing data.

<https://www.countyhealthrankings.org/explore-health-rankings/west-virginia/kanawha?year=2022>

APPENDIX B: Online Expert Opinion



Kanawha Coalition for Community Health Improvement

Kanawha County Health Assessment-Live

Live

Please note that your name and affiliation will be included on a list of all survey participants. However, your individual responses will not be shared. The information collected in this survey will be reported out in aggregate form only.

Thank you for taking the time to take this important survey. You have been identified as a leader in Kanawha County whose opinions about existing live-related issues and concerns should be taken into consideration. You will be invited to share your opinions in the following areas:

Live

Your name will be listed as a Key Informant in the Kanawha Coalition's assessment report. Responses will be reported in aggregate form only. No individual names will be associated with responses.

1. Enter the following information

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

2. How would you rate Kanawha County as a place to live?

- Excellent
- Good
- Fair
- Poor
- I Do Not Know
- Refused to Answer
- Other (please specify)

3. In your opinion are seniors able to maintain an independent way of life in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

4. Is there a lack of service for seniors in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

5. Do residents of Kanawha County have access to affordable, quality healthcare?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

6. Do residents of Kanawha County have access to affordable, quality childcare?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

7. In your opinion does Kanawha County have an air or water pollution problem?

- Air
- Water
- Both
- Neither
- I Do Not Know
- Refused to Answer
- Other (please specify)

8. In your opinion are there adequate services for those with disabilities in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

9. Does Kanawha County have adequate mental health services available to the residents?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

10. Do residents of Kanawha County have access to affordable, quality housing?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

11. In your opinion is homelessness a problem in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

12. Does Kanawha County have enough job opportunities and growth for those coming out of trade school or higher learning?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

13. In your opinion is violence in the Kanawha County a problem?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

14. In your opinion is poverty a problem in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

15. What do you think the biggest health problem is in Kanawha County?

- I Do Not Know
- Refused to Answer
- Other (please specify)



Kanawha Coalition for Community Health Improvement

Kanawha County Health Assessment Expert Opinion-Work

Work

Please note that your name and affiliation will be included on a list of all survey participants. However, your individual responses will not be shared. The information collected in this survey will be reported out in aggregate form only.

Thank you for taking the time to take this important survey. You have been identified as a leader in Kanawha County whose opinions about existing work-related issues and concerns should be taken into consideration. You will be invited to share your opinions in the following areas:

Work

Your name will be listed as a Key Informant in the Kanawha Coalition's assessment report. Responses will be reported in aggregate form only. No individual names will be associated with responses.

1. Enter the following information

Name

Title

Organization

2. In your opinion is there adequate public transportation in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

3. Should Kanawha County look into utilizing the rail system as a means of public transportation throughout the county?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

4. In your opinion is the infrastructure efficient enough to meet the needs of the population in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

5. Does Kanawha County have steady jobs and financial stability?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

6. In your opinion do residents of Kanawha County have the resources to maintain a high quality of life

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

7. In your opinion is the income level where it should be In Kanawha County to meet the needs of a family of 3 to 4?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

8. In your opinion do enough companies in Kanawha County provide employee health programs to aid in their well being?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

9. Should employers provide employee health checks?

- Annually
- Biannually
- Triannual
- Quarterly
- Other (please specify)

10. Should an employer provide an incentive for participating in an employee health program?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)



Kanawha Coalition for Community Health Improvement

Kanawha County Health Assessment Expert Opinion-Learn

Learn

Please note that your name and affiliation will be included on a list of all survey participants. However, your individual responses will not be shared. The information collected in this survey will be reported out in aggregate form only.

Thank you for taking the time to take this important survey. You have been identified as a leader in Kanawha County whose opinions about existing health-related issues and concerns should be taken into consideration. You will be invited to share your opinions in the following areas:

Learn

Your name will be listed as a Key Informant in the Kanawha Coalition's assessment report. Responses will be reported in aggregate form only. No individual names will be associated with responses.

1. Enter the following Information

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

2. How would rate the quality of the public educational system in Kanawha County?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Very Good | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Good | <input type="checkbox"/> Very Poor |

3. Do you believe children in Kanawha County are safe at school?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="radio"/> Very Safe | <input type="radio"/> Unsafe |
| <input type="radio"/> Safe | <input type="radio"/> Very Unsafe |
| <input type="radio"/> Indifferent | |

4. Rate the quality of the curriculum of Kanawha County Schools

- Very Low
- Low
- Medium
- High
- Very High

5. In your opinion do teachers have the basic necessities to teach their classes?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

6. In your opinion are teachers being asked to do more without pay to compensate for their time?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

7. In your opinion are teachers having enough time to go over their curriculum for their students?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

8. In your opinion should early childhood education be a requirement rather than an option?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

9. In your opinion should eLearning be apart of the normal process of learning spectrum?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

10. In your opinion what are the greatest challenges that Kanawha County schools are facing?



Kanawha Coalition for Community Health Improvement

Kanawha County Health Assessment Expert Opinion-Play

Play

Please note that your name and affiliation will be included on a list of all survey participants. However, your individual responses will not be shared. The information collected in this survey will be reported out in aggregate form only.

Thank you for taking the time to take this important survey.

You have been identified as a leader in Kanawha County whose opinions about existing play-related issues and concerns should be taken into consideration. You will be invited to share your opinions in the following areas:

Play

Your name will be listed as a Key Informant in the Kanawha Coalition's assessment report. Responses will be reported in aggregate form only. No individual names will be associated with responses.

1. Enter the following Information

Name

Title

Organization

2. Do you participate in community based activities in Kanawha County?

- Yes
- No
- I Do Not Know
- Refused to answer
- Other (please specify)

3. During the past month, have you participated in any leisure time or recreational activities such as walking, biking, gardening or golf?

- Yes
- No
- I Do Not Know
- Refused to Answer

4. In your opinion approximately how many times per week should Kanawha County residents engage in leisure time or recreational activities

- 3 or more days/week
- 1 to 2 days/week
- 0 to 1 day/week
- Other (please specify)
- Never
- I Do Now Know
- Refused to Answer

5. In you opinion do the following conditions keep Kanawha County residents from participating in recreational or leisure activities?

	Yes	No	I Do Not Know	Refused to Answer
Unsafe Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of Crosswalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Sidewalks (cracked or broken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Facilities or walking trails near by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unmarked Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expense for the Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaware of Activities Going on In Kanawha County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

6. Are there any activities in Kanawha County that are not available to the residents? And if so what? Answer second question in the box below

- Yes
- No
- Other (please specify)

7. In your opinion are there enough recreational activities made available to the Kanawha County residents?

- Yes
- No
- Other (please specify)

8. In your opinion are the activities in Kanawha County conducted in a safe environment for adults and children alike?

- Yes
- No
- Other (please specify)

9. Overall how would you rate Kanawha County for activities?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very Good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Very Poor |

10. In your opinion does the method in which activities information is disbursed within Kanawha County needs to be changed?

- Yes
- No
- I Do Not Know
- Refused to Answer
- Other (please specify)

Appendix C: Community Online Survey



Kanawha Coalition for Community Health Improvement

Kanawha Coalition for Community Health Improvement 2022 Survey

1. Kanawha Coalition for Community Health Improvement Community Health Assessment

The Kanawha Coalition for Community Health Improvement is a community organization that conducts a needs assessment every three years and uses its findings to identify top health issues in Kanawha County. By completing the survey you are helping to make Kanawha County a healthier place to live, work, learn and play. Workgroups will be developed to address the top health issues. All survey results are confidential and no names or other identifying information are associated with responses. If you have any questions, please call (704) 352-6678 and leave a message with name and number to be reached or email kcchi@camc.org.

1. I was referred to this online survey through:

- I received a postcard in the mail directing me to this survey
- Someone called my home and asked me to take the survey
- I heard about this survey from a friend, family member or neighbor
- I am a KCCHI Volunteer Interviewer and I am entering responses for someone without Internet access
- I found this survey on social media (Facebook, Twitter, etc.)
- Other (please specify)

2. I give permission to use the information I provide for the betterment of Kanawha County. In saying yes, the survey aids organizations to develop initiatives and programs to better service Kanawha County

- Yes
- No

2. Demographics

First, here are several questions for statistical purposes.

3. Which of the following describes your household best?

- An adult living alone Single-parent household
 Two or more adults without children Two or more adults with a child(ren)

4. What is your 5 digit zip code?

5. In what year were you born?

6. Are you:

- Male Transgender Female-Male
 Female Non-Binary
 Transgender Male-Female

7. Which one of these groups would you say best represents your race?

- White Native Hawaiian or other Pacific Islander
 Black or African American American Indian or Alaska Native
 Hispanic or Latino Refused to Answer
 Asian or Native of India
 Other (please specify)

8. Are You?

- Single Separated
 Married A member of an unmarried couple
 Divorced Refused to Answer
 Widowed

9. What is the last grade you completed in school or highest degree received?

- 11th Grade or less Four years of college
 High School Masters degree
 One year of college or trade school Professional Degree (PhD, MD, JD, EdD, etc.)
 Two years of college or trade school Refused to Answer
 Three years of college Does not apply

10. What is your employment status? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed, Full time | <input type="checkbox"/> Out of work for less than one year | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed, Part time | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unable to work/Disabled |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Student/Employed | <input type="checkbox"/> Refused to Answer |
| <input type="checkbox"/> Out of work for more than one year | <input type="checkbox"/> Student | |

11. For statistical purposes, please indicate your annual household income:

- | | |
|---|---|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> More than \$50,000 but less than \$100,000 |
| <input type="radio"/> More than \$10,000 but less than \$15,000 | <input type="radio"/> More than \$100,000 but less than \$200,000 |
| <input type="radio"/> More than \$15,000 but less than \$35,000 | <input type="radio"/> \$200,000 or more |
| <input type="radio"/> More than \$35,000 but less than \$50,000 | <input type="radio"/> Refused to Answer |

12. Do you believe you and members of your household are better off than you were one year ago?

- Yes
- No

3. Work

13. Does the company you work for have a health or wellness program that encourages employees to do any of the following?

	Yes, this is offered but I DID NOT CHANGE my behavior	Yes, this is offered and I DID CHANGE my behavior	No, this is not offered
Obtain health care screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve dietary habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain health information at the worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does Not Apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Live - Issues Facing Kanawha County

Here is a list of topics, for each one please indicate whether you personally believe it is a problem in Kanawha County.

14. How would you describe Kanawha County as a place to live?

- Excellent
 Fair
 Good
 Poor

15. Please think about the degree to which individuals and families are able to be self-sufficient in Kanawha County. Please rate your level of agreement or disagreement as you read the following statements using a scale of 1 to 5, with 5 being TOTALLY AGREE and 1 being TOTALLY DISAGREE.

1-Totally Disagree ----- 5 - Totally Agree

	1	2	3	4	5
People in Kanawha County have steady jobs and financial stability	<input type="radio"/>				
People in our county have housing that is safe, affordable and appropriate	<input type="radio"/>				
People in our county have resources to be able to maintain a high quality of life	<input type="radio"/>				
People with disabilities in our county maintain independent living and well-being	<input type="radio"/>				
People in our county are prepared to handle unexpected crises	<input type="radio"/>				

16. Please tell me whether you personally believe the topics below are problems in Kanawha County. Please answer Yes, No or Don't Know for each item.

	Yes	No	Do Not Know
Having access to affordable, quality after school care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to affordable, quality childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having access to			

physical activity opportunities in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water Pollution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School Drop Out Rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illiteracy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Juvenile Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of mental health services for children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of services for the elderly population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of substance abuse treatment and recovery services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial or Ethnic Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for People with Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortage of Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teenage Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment/Lack of Jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of employment opportunities for people with criminal records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of job skills training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in the Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Violence in the Home

Violence in Workplace

17. Please consider the following potential HOUSING concerns and indicate whether you believe they are a problem in Kanawha County. Please answer Yes, No or Don't Know, for each item.

	Yes	No	I Do Not Know
Cost of rent/house payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of utility/rent deposits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High housing costs are keeping people from home ownership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless people are evident in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homes or apartments are in substandard conditions (poor condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of resources to help people find and/or maintain housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of shelters for emergency situations (domestic violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of shelter for emergency situations (natural disaster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Health Problems/Risk to Health

18. What do you believe is the biggest health problem in Kanawha County?

I do Not Know

List 1 Top Health Problem Only

19. Here are some common health problems. Please rate the health problems below on a scale of 1 to 5, with 5 being a big problem in Kanawha County and 1 being no problem.

HEALTH PROBLEMS

1 - NO Problem.....5 - BIG Problem

	1	2	3	4	5
Asthma, COPD	<input type="radio"/>				
Arthritis	<input type="radio"/>				
ATV accidents	<input type="radio"/>				
Motorcycle Accidents	<input type="radio"/>				
Cancer	<input type="radio"/>				
Car accidents	<input type="radio"/>				
Dental problems	<input type="radio"/>				
Diabetes	<input type="radio"/>				
Depression	<input type="radio"/>				
Anxiety	<input type="radio"/>				
Other mental health problems	<input type="radio"/>				
Heart disease	<input type="radio"/>				
High blood pressure	<input type="radio"/>				
HIV infection/AIDS	<input type="radio"/>				
Infant death	<input type="radio"/>				
Lung disease	<input type="radio"/>				
Obesity	<input type="radio"/>				
Sexually transmitted diseases such as gonorrhea	<input type="radio"/>				
Stroke	<input type="radio"/>				
Substance Use Disorder (Addiction)	<input type="radio"/>				
Unintentional Injuries	<input type="radio"/>				

20. Below are various types of behavior that could affect health or be a risk to good health. Please rate the risky behaviors below on a scale of 1 to 5, with 1 being a No problem in Kanawha County and 5 being BIG problem.

BEHAVIORS THAT COULD AFFECT HEALTH

1 - NO Problem.....5 - BIG Problem

	1	2	3	4	5
Alcohol abuse (excess drinking) among adults	<input type="radio"/>				
Alcohol use under age 21	<input type="radio"/>				
Drinking and driving	<input type="radio"/>				
Driving or riding on an ATV without a helmet	<input type="radio"/>				
Being overweight	<input type="radio"/>				
Exposure to secondhand tobacco smoke	<input type="radio"/>				
Heroin use	<input type="radio"/>				
Marijuana use	<input type="radio"/>				
Illegal drug use (other than heroin or marijuana)	<input type="radio"/>				
Lack of exercise	<input type="radio"/>				
Misuse or abuse of prescription drugs	<input type="radio"/>				
Poor eating habits	<input type="radio"/>				
Smoking	<input type="radio"/>				
Use of smokeless tobacco	<input type="radio"/>				
Riding a bike without a helmet	<input type="radio"/>				
Driving under the influence of drugs	<input type="radio"/>				

21. Do you currently smoke cigarettes, use other tobacco products, use electronic cigarettes or vape pens?

	Yes	No, Never Used	No, I Quit
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other types of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use electronic cigarettes/vape pens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Would you say that in general your health is:

- Excellent Fair
 Very Good Poor
 Good

6. Access to Healthcare

23. About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition.

- Less than 12 months Never
 1 year but less than 2 years Do Not Know
 2 years but less than 5 years Refused to Answer
 5 years or more

24. Has anyone in your family needed mental health services and/or substance abuse services in the last year?

- Yes, and we received them Don't know/Not sure
 No, these types of services were not needed Refused to Answer
 We needed these types of services but COULD NOT get them

25. Where did they receive these services. (Check all that apply)

- School Community mental health center
 Primary care provider's office Detox Center
 Therapists office Hospital
 Other (please specify)

26. Have you or someone in your household or family have been in need of mental health services and/or substance abuse services but could not receive them. Please indicate why you or they could not get these services. (check all that apply)

- No health insurance
- Insurance didn't cover these services
- The deductible /co-pay was too high
- Our insurance or Medicaid wasn't accepted
- The services we needed were not available in Kanawha County
- Had no way to get there
- The wait list for services was too long
- Did not want to seek help because of the stigma attached to these type of services
- Did not want to be embarrassed
- Didn't know where to go
- Does Not Apply
- Other (please specify)

27. Where do you access health information? (Check all that apply)

- Search the Internet
- Books, magazines, brochures or other printed materials
- Telephone my doctor, a nurse on-call, or other health care provider
- Send and/or Receive texts from my health care provider on my cellular phone
- Speak with my health care provider when I am at his/her office
- Visit an Urgent Care or Emergency Room
- Other (please specify)

28. Do you have access to a secure patient portal that allows you 24/7 access to your personal health information?

- Yes
- No
- I Do Not Know
- Refused to Answer

29. When you used your Patient Portal, for which services did you use it? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Communicate with doctor or nurse | <input type="checkbox"/> Request a referral |
| <input type="checkbox"/> Refill prescriptions | <input type="checkbox"/> View test results (lab, X-ray, etc.) |
| <input type="checkbox"/> View health records | <input type="checkbox"/> Make or change an appointment |
| <input type="checkbox"/> Find information about a health issue | <input type="checkbox"/> Pay a bill |
| <input type="checkbox"/> Other (please specify) | |

30. Please answer the following statements based on your own experiences. In your household or immediate family and I receive quality health care in Kanawha County.

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I Do Not Know |
| <input type="radio"/> No | <input type="radio"/> Refused to Answer |

31. The health care services my family and I need are available here in Kanawha County.

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I Do Not Know |
| <input type="radio"/> No | <input type="radio"/> Refused to Answer |

32. You indicated that there were health care services you needed but were unable to get in Kanawha County. What type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you needed to see but we do not have listed, enter it under "other"

- Dentist
- Primary Care Provider
- Eye care / optometrist / ophthalmologist
- Pharmacy / prescriptions
- Pediatrician
- OB/GYN
- Health Department
- Hospital
- Urgent Care Center
- Medical Clinic
- Mental Health Provider
- Other (please specify)

33. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you or your family member had a problem that we do not have listed here, please add it other "other".

- No health insurance
- Insurance didn't cover what I/we needed
- My/our share of the cost (deductible/co-pay) was too high
- Doctor would not take my/our insurance or Medicaid
- Hospital would not take my/our insurance
- Pharmacy would not take my/our insurance or Medicaid
- Dentist would not take my/our insurance or Medicaid
- No way to get there
- Didn't know where to go
- Other (please specify)

34. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

- Private plan through employer
- Private plan through someone else's employer
- PEIA (public employees)
- Medicare
- Medicaid
- The military, (CHAMPUS, TriCare, or the VA)
- WV Marketplace (Exchange)
- COBRA (health insurance from a former employer that you now pay 100% yourself)
- Some other source
- I Do Not know/Not Sure
- Refused to Answer

35. How would you best describe your health insurance status? Are you:

- Well-insured
- Adequately insured
- Under-insured
- Uninsured
- Not sure

36. Please answer the following questions based on your personal experience.

	Yes	No	I Do Not Know
Was there any time during the last 12 months that you did not have health insurance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was there a time during the last 12 months you needed to see a doctor, but could not because of cost?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Does your health insurance provide coverage for medication prescribed by your healthcare provider?

- Yes
- No
- Refused to Answer

38. Has a healthcare provider prescribed medications for you or members of your family?

- Yes, and we take them
- Yes, but we do not take them/only take some
- No
- Refused to Answer

39. Do you or any members of your family take all the medication your doctor has prescribed? What is the principal cause of this?

- Yes, I take what is prescribed by my provider
- I do not need them
- The cost is too high, even with insurance coverage
- No
- No prescription drug coverage
- Other (please specify)

40. Do you have ONE PERSON you think of as your personal doctor or primary healthcare provider?

- Yes
- Not Sure
- No
- Refused to Answer

41. You indicated that there was no "one" person you thought of as your personal doctor or primary healthcare provider, was this because you:

- Have more than one
- Have none
- Does Not Apply

42. During the past 12 months, how many times have you or a family member sought care at an emergency room?

- None
- 1 time
- 2-3 times
- 4- 6 times
- More than 6 times

43. When you or someone in your family is ill or requires medical care, where do you usually go?

- A private doctor's office
- A clinic or health center
- Hospital outpatient clinic
- Hospital emergency room
- Walk-in urgent care center
- Other
- Doesn't apply (no one ever requires treatment)
- Refused

7. Health and Nutrition

The Next Questions are About Overall Health, Diet and Nutrition.

44. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- 0 days
 6-10 days
 1-2 days
 11-20 days
 3-5 days
 20+ days

45. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions. Please answer Yes, No, Don't Know or Refused.

	Yes	No	I Do Not Know	Refused to Answer
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autoimmune disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight or Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina / Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. During the last three years, has your doctor or other health professional talked to you about any of the following? If you don't have any of these, just answer "doesn't apply".

	Yes, we discussed but I DID NOT CHANGE my behavior	Yes, we discussed and I DID CHANGE my behavior	No, we have not discussed this	Doesn't apply (Don't have it)
Nutrition/diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quitting smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quitting smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. Have you visited a dentist in the past 12 months?

- Yes
- No

48. If you did not answer Yes to the above question that you do visit the dentist regularly. Why not? (Check all that apply)

- Cost/Expense
- Insurance doesn't cover dental care
- Dental care is not a priority
- Have dentures (no natural teeth)
- Frightened
- I Do Not Know
- No insurance
- Embarrassed
- Refused to Answer Question
- Other (please specify)

49. If you or someone you know wanted to quit using tobacco, where would you suggest going?

- Call a Quit Line
- Talk to a Pharmacist
- I don't know
- Go to the doctor
- Go to a private counselor / therapist
- Not applicable; I don't want to quit
- Talk to someone where you worship
- Go to the Health Department

50. On an average day, about how many sugary drinks such as regular sodas or other sweetened drinks such as Gatorade, Red Bull, or sweetened tea or coffee do you drink? Do not include diet sodas or sugar-free drinks. Please count a 12-ounce can, bottle or glass as one drink.

- Zero (0)
- 1-2 drinks
- 3-5 drinks
- 6 or more drinks
- I Do Not Know
- Refused to Answer

51. 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 another similar type of place?

- 4 or more times per week
- Less than once a week
- Refused to Answer
- 1-3 times per week
- I Do Not Know

52. In your opinion, are there people in Kanawha County who have problems with hunger; not being able to put enough food on their tables?

- Yes
- I Do Not Know
- No
- Refused to Answer

53. What are some of the reasons people might suffer from hunger in Kanawha County?
(check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Not enough money left over each month after paying bills | <input type="checkbox"/> Food costs too much |
| <input type="checkbox"/> Poor money management; spend money irresponsibly | <input type="checkbox"/> Not enough food pantries for people with low incomes |
| <input type="checkbox"/> Can't afford transportation (bus fare, gas, taxi) to get to and from a grocery store or market | <input type="checkbox"/> Not enough free meals in the community (churches, community centers) |
| <input type="checkbox"/> Other (please specify) | |

8. Play

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

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I Do Not Know |
| <input type="radio"/> No | <input type="radio"/> Refused to Answer |

55. Approximately how many times per week do you engage in these types of leisure time or recreational activities?

- | | |
|---|---|
| <input type="radio"/> 3 or more days/week | <input type="radio"/> Never |
| <input type="radio"/> 1 to 2 days/week | <input type="radio"/> I Do Not Know |
| <input type="radio"/> Less than once a week | <input type="radio"/> Refused to Answer |

56. In the past month did you engage in any vigorous activities that caused a large increase in your breathing or heart rate, for example: swimming, aerobics, weight lifting, jogging, dancing?

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I Do Not Know |
| <input type="radio"/> No | <input type="radio"/> Refused to Answer |

57. On average, how many days per week do you engage in these vigorous types of activities?

- | | |
|---|---|
| <input type="radio"/> 3 or more days/week | <input type="radio"/> Never |
| <input type="radio"/> 1 to 2 days/week | <input type="radio"/> I Do Not Know |
| <input type="radio"/> Less than once a week | <input type="radio"/> Refused to Answer |

58. Have any of the following conditions ever kept you from walking?

	Yes	No	I Do Not Know	Refused to Answer
No facilities/trails nearby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An unsafe neighborhood due to crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe street traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ice/snow on sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of crosswalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too hilly or steep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No scenery to enjoy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one to walk with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loose dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

59. Overall how would you rate your community for activities?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very Good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Very Poor |

60. Overall how would you rate your community on the availability of safe places for children and adults to have recreation?

- | | |
|---------------------------------|---------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very Good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Very Poor |

9. Health & Safety

61. Do you have substance use or mental health issues which limit your ability to get services?

- Yes
- No

62. If you have a mental health or substance abuse issue, do you feel like there is a stigma in the community which creates a barrier in you getting the services you need?

- Yes
- No
- Does Not Apply

63. Have you received your Covid 19 vaccine?

- No
- Yes, with 1 booster
- Yes, initial shot(s) only
- Yes, with 2 boosters

64. Do your children have all of their recommended vaccinations?

- Yes
- Refused to Answer
- No
- Does Not Apply
- I Do Not Know

65. Have your children received a Covid 19 vaccine?

- Yes, first initial shots
- No
- Yes, with 1st booster
- Does Not Apply
- Yes, with 2nd booster

66. Here is a list of health problems that children and adolescents often experience. Has a medical doctor ever told you that anyone in your household, under the age of 18, had any of the following: Please answer Yes or No after reading each item.

	Yes	No	Refused to Answer
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes or pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight or obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Deficit Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Deficit Disorder (ADD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does Not Apply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. As a parent or guardian of children under age 18, are there any resources, tools, programs that could help you better care for them? Please list below.

- Yes
 I Do Not Know/Not Sure
 No, I have all I need
 Does Not Apply
 Other (please specify)

10. Learn

68. How would you rate the quality of the public educational system in Kanawha County?

- Excellent
 Fair
 Very Good
 Poor
 Good
 Very Poor

69. Do you believe children in Kanawha County are safe at school?

- Very satisfied
 Dissatisfied
 Satisfied
 Very dissatisfied
 Neither satisfied nor dissatisfied

APPENDIX D: Focus Group Project Discussion Guide

Group 1: Access to Health Promotion and Prevention Chronic Disease Prevention Education (including Dental)

“What are your initial thoughts about what this means- what does ‘health promotion’ and ‘chronic disease prevention’ mean to you?”

“Do you hear about prevention or education efforts in your community?”

“Do you feel like you/your family knows much about health promotion and chronic disease prevention?”

“What do you struggle with? Access to education, treatment, prevention resources?”

“Do you feel that there are places or people in your community that work on this?”

“Is this a bigger challenge in your community, or do certain populations struggle with it more?”

“Are you better off or worse off in _____ than in other parts of Kanawha co?”

Group 2: Safe Roads

“What are your initial thoughts about what this means- what comes to mind when you think of safe roads?”

Prompts:

- Driving on the roads?
- Pedestrians on the roads?
- The actual road conditions.
- Construction/road work?
- Accessibility/getting to main roads?
- Public transportation options?
- Distracted driving?

“Do you commute to work?”

“Do you depend on public transit?”

“What unsafe road conditions have you encountered?”

“Do you feel that there are places or people in your community that work on this?”

“Is this a bigger challenge in your community, or do certain populations struggle with it more?”

“Are you better off or worse off in _____ than in other parts of Kanawha co?”

Group 3: Childcare options and affordability

“What are your initial thoughts about what this means- what comes to mind when you think of childcare?”

“Are you parent/care provider for children?”

“Does your family struggle to find affordable childcare?”

“Is the childcare available to you cost prohibitive/too expensive, or are there other barriers to finding childcare?”

“Do you qualify for childcare assistance, and are there enough providers available?”

“Are you satisfied/are your childcare needs met?”

“Do you feel that there are places or people in your community that work on this?”

“Is this a bigger challenge in your community, or do certain populations struggle with it more?”

“Are you better off or worse off in _____ than in other parts of Kanawha co?”

Group 4: Barriers to employment

“What are your initial thoughts about what this means- what comes to mind when you think of barriers to employment?”

“What is your employment status, or do you know people that struggle with sufficient employment?”

“What are the barriers to employment?” (Prompts)

- Are there enough jobs? Or are there more jobs available that are unfilled?
- Criminal records
- Ability to get to work, transportation problems?
- Lack of ID, proof of residency, etc.?
- Lack of available employment, scheduling problems,
- Are there jobs available for people with varying education levels?
- Are there opportunities for advancement, further training, and growth in your job?
- Lack of educational opportunities?
- What are causes/contribution to lack of sustainability, is employment sustainable?

“Do you feel that there are places or people in your community that work on this?”

“Is this a bigger challenge in your community, or do certain populations struggle with it more?”

“Are you better off or worse off in _____ than in other parts of Kanawha co?”

Group 5: Lack of Safe and Adequate Recreational Spaces in Neighborhoods

“Do you have safe places to be physically active and have fun outdoors in your community?” Examples- river access, parks, playgrounds, walking and bike paths, etc.?

Yes-what are your main safety concerns and barriers?

-Do you use them, what are they?

No-why not? Are they accessible? Do you feel like you need more public recreation space where you live?

“Do you feel that there are places or people in your community that work on this?”

“Is this a bigger challenge in your community, or do certain populations struggle with it more?”

“Are you better off or worse off in _____ than in other parts of Kanawha co?”

Appendix E: Quick Facts, Kanawha County

<https://www.census.gov/quickfacts/fact/dashboard/kanawhacountywestvirginia>

Population Estimates, July 1 2021, (V2021)	177,952
PEOPLE	
Population	
Population Estimates, July 1 2021, (V2021)	177,952
Population estimates base, April 1, 2020, (V2021)	180,745
Population, percent change - April 1, 2020 (estimates base) to July 1, 2021, (V2021)	-1.5%
Population, Census, April 1, 2020	180,745
Population, Census, April 1, 2010	193,063
Age and Sex	
Persons under 5 years, percent	4.9%
Persons under 18 years, percent	19.9%
Persons 65 years and over, percent	21.6%
Female persons, percent	51.5%
Race and Hispanic Origin	
White alone, percent	88.6%
Black or African American alone, percent (a)	7.5%
American Indian and Alaska Native alone, percent (a)	0.2%
Asian alone, percent (a)	1.1%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	2.6%
Hispanic or Latino, percent (b)	1.2%
White alone, not Hispanic or Latino, percent	87.5%
Population Characteristics	
Veterans, 2016-2020	11,240
Foreign born persons, percent, 2016-2020	1.8%

<https://www.census.gov/quickfacts/fact/dashboard/kanawhacountywestvirginia>

Housing	
<i>i</i> Housing units, July 1, 2021, (V2021)	90,398
<i>i</i> Owner-occupied housing unit rate, 2016-2020	70.3%
<i>i</i> Median value of owner-occupied housing units, 2016-2020	\$115,300
<i>i</i> Median selected monthly owner costs -with a mortgage, 2016-2020	\$1,053
<i>i</i> Median selected monthly owner costs -without a mortgage, 2016-2020	\$370
<i>i</i> Median gross rent, 2016-2020	\$749
<i>i</i> Building permits, 2021	221
Families & Living Arrangements	
<i>i</i> Households, 2016-2020	78,137
<i>i</i> Persons per household, 2016-2020	2.28
<i>i</i> Living in same house 1 year ago, percent of persons age 1 year+, 2016-2020	89.7%
<i>i</i> Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	2.3%
Computer and Internet Use	
<i>i</i> Households with a computer, percent, 2016-2020	87.7%
<i>i</i> Households with a broadband Internet subscription, percent, 2016-2020	80.7%
Education	
<i>i</i> High school graduate or higher, percent of persons age 25 years+, 2016-2020	89.3%
<i>i</i> Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	26.4%
Health	
<i>i</i> With a disability, under age 65 years, percent, 2016-2020	13.3%
<i>i</i> Persons without health insurance, under age 65 years, percent	 7.9%
Transportation	
<i>i</i> Mean travel time to work (minutes), workers age 16 years+, 2016-2020	21.4
Income & Poverty	
<i>i</i> Median household income (in 2020 dollars), 2016-2020	\$47,122
<i>i</i> Per capita income in past 12 months (in 2020 dollars), 2016-2020	\$29,981
<i>i</i> Persons in poverty, percent	 15.7%

Economy	
<i>i</i> In civilian labor force, total, percent of population age 16 years+, 2016-2020	55.3%
<i>i</i> In civilian labor force, female, percent of population age 16 years+, 2016-2020	52.5%
<i>i</i> Total accommodation and food services sales, 2017 (\$1,000) (c)	577,522
<i>i</i> Total health care and social assistance receipts/revenue, 2017 (\$1,000) (c)	D
<i>i</i> Total transportation and warehousing receipts/revenue, 2017 (\$1,000) (c)	1,021,549
<i>i</i> Total retail sales, 2017 (\$1,000) (c)	3,151,412
<i>i</i> Total retail sales per capita, 2017 (c)	\$17,172

BUSINESSES

Businesses	
<i>i</i> Total employer establishments, 2020	4,571
<i>i</i> Total employment, 2020	76,904
<i>i</i> Total annual payroll, 2020 (\$1,000)	3,506,006
<i>i</i> Total employment, percent change, 2019-2020	-3.3%
<i>i</i> Total nonemployer establishments, 2019	8,942
<i>i</i> All employer firms, Reference year 2017	3,624
<i>i</i> Men-owned employer firms, Reference year 2017	2,030
<i>i</i> Women-owned employer firms, Reference year 2017	434
<i>i</i> Minority-owned employer firms, Reference year 2017	208
<i>i</i> Nonminority-owned employer firms, Reference year 2017	2,551
<i>i</i> Veteran-owned employer firms, Reference year 2017	219
<i>i</i> Nonveteran-owned employer firms, Reference year 2017	2,460

GEOGRAPHY

Geography	
<i>i</i> Population per square mile, 2020	200.5
<i>i</i> Population per square mile, 2010	214.1
<i>i</i> Land area in square miles, 2020	901.65
<i>i</i> Land area in square miles, 2010	901.59
<i>i</i> FIPS Code	54039

APPENDIX F: KIDS COUNT Data – Kanawha County

Kanawha County

Total Population	Population Under 18	% Under 18
181014	36205	20.0

National Child Well-Being Indicators		Data	State Rank
<i>(1st Best)</i>			
ECONOMIC WELL-BEING	Children in poverty	23.6	28
	Children with parents lacking secure employment	14.6	36
	Children in households with high housing cost burden	20.0	N/A
EDUCATION	Young children not in school	0.75	38
	4th graders not proficient in reading	66.23	31
	8th graders not proficient in math	73.5	16
	HS students not graduating on time	12.5	42
HEALTH	Low-birth weight babies	10.7	41
	Children without health insurance	2.3	16
	Child and teen deaths per 100,000 (rate)	32.5	17
	Teens who abuse alcohol or drugs	N/A	N/A
FAMILY AND COMMUNITY	Children in single-parent families	44.1	N/A
	Children in families where household head lacks high school diploma	7.5	N/A
	Teen births per 1,000 (rate)	22.6	28

THE STATE OF WEST VIRGINIA'S 2022 Data Book

% Minority	Enrolled in Medicaid	Overall Ranking
12.6	24189	42

Emerging WV Child Well-Being Indicators	Data	State Rank
<i>(1st Best)</i>		
Infant mortality per 1,000 live births (rate)	6.8	17
Children who are homeless	2.0	N/A
Children in foster care under Medicaid	13.2	33
Children with dental care under Medicaid	51.6	19
Children with well-child exams under Medicaid	55.0	13
Children living with grandparents	7.3	29
Children with central fluoridation water	100	1
Babies with neonatal drug exposure	3.8	N/A
Babies with any drug exposure	15.3	N/A
Juvenile court petitions involving illicit drug or alcohol	N/A	N/A
Child abuse / neglect court cases	1.8	38
Adoption cases	301	N/A
4-year-olds enrolled in pre-kindergarten	57.6	30
Child immunization rate	N/A	N/A

Note 1: ** Data suppressed due to small population size
 Note 2: N/A means data not available

APPENDIX G: West Virginia High School Youth Risk Behavior Survey (YRBS)

West Virginia, High School Youth Risk Behavior Survey, 2019	
Question	Totals
Unintentional Injuries and Violence	
Rarely or never wore a seat belt (when riding in a car driven by someone else)	9.7 (7.2–13.1) 1,397 [†]
Rode with a driver who had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey)	11.3 (9.8–13.2) 1,392
Drove when they had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	4.5 (3.3–6.1) 807
Texted or e-mailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	36.8 (30.5–43.5) 832
Carried a weapon (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	19.3 (16.6–22.4) 1,386
Carried a weapon on school property (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	2.8 (1.7–4.5) 1,381
Carried a gun (on at least 1 day during the 12 months before the survey, not counting the days when they carried a gun only for hunting or for a sport such as target shooting)	6.5 (4.9–8.4) 1,398
Were threatened or injured with a weapon on school property (such as a gun, knife, or club, one or more times during the 12 months before the survey)	7.5 (6.0–9.3) 1,388
Were in a physical fight (one or more times during the 12 months before the survey)	20.7 (18.4–23.1) 1,371
Were in a physical fight on school property (one or more times during the 12 months before the survey)	8.0 (6.7–9.6) 1,368
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey)	18.4 (16.0–21.1) 1,394
Were bullied on school property (during the 12 months before the survey)	22.7 (20.7–24.9) 1,394
Did not go to school because they felt unsafe at school or on their way to or from school (on at least 1 day during the 30 days before the survey)	10.5 (8.0–13.6) 1,391
Were ever physically forced to have sexual intercourse (when they did not want to)	9.7 (8.3–11.3) 1,364
Experienced sexual violence by anyone (including kissing, touching, or being physically forced to have sexual intercourse when they did not want to, one or more times during the 12 months before the survey)	11.7 (10.3–13.3) 1,366
Experienced sexual dating violence (being forced to do sexual things (counting such things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	7.3 (5.9–8.9) 912

Experienced physical dating violence (being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey)	8.9 (7.0–11.2) 926
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey)	36.4 (34.5–38.3) 1,371
Seriously considered attempting suicide (during the 12 months before the survey)	20.9 (19.2–22.7) 1,383
Made a plan about how they would attempt suicide (during the 12 months before the survey)	13.9 (12.4–15.6) 1,381
Actually attempted suicide (one or more times during the 12 months before the survey)	11.2 (9.0–13.7) 1,207
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey)	3.7 (2.6–5.3) 1,204
Tobacco Use	
Ever tried cigarette smoking (even one or two puffs)	38.5 (33.7–43.6) 1,333
First tried cigarette smoking before age 13 years (even one or two puffs)	12.7 (10.4–15.4) 1,342
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	13.5 (11.1–16.3) 1,351
Currently smoked cigarettes frequently (on 20 or more days during the 30 days before the survey)	5.4 (3.6–7.8) 1,351
Currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	4.2 (2.6–6.7) 1,351
Smoked more than 10 cigarettes per day (on the days they smoked during the 30 days before the survey, among students who currently smoked cigarettes)	12.3 (7.0–20.8) 173
Ever used electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods)	62.4 (57.6–67.0) 1,345
Currently used electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, on at least 1 day during the 30 days before the survey)	35.7 (30.7–41.1) 1,148
Currently used electronic vapor products frequently (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, on 20 or more days during the 30 days before the survey)	16.7 (12.3–22.3) 1,148
Currently used electronic vapor products daily (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, on all 30 days during the 30 days before the survey)	12.6 (9.2–17.0) 1,148
Usually got their own electronic vapor products by buying them in a store (such as a convenience store, supermarket, discount store, gas station, or vape store, including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, during the 30 days before the survey, among the __% of students nationwide who currently used electronic vapor products and who were aged < 18 years)	7.7 (4.7–12.3) 326
Currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs, not counting any electronic vapor products, on at least 1 day during the 30 days before the survey)	9.5 (7.5–12.0) 1,367

Currently smoked cigars (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days before the survey)	10.9 (8.7–13.4) 1,382
Currently smoked cigars frequently (cigars, cigarillos, or little cigars, on 20 or more days during the 30 days before the survey)	1.3 (0.9–2.1) 1,382
Currently smoked cigars daily (cigars, cigarillos, or little cigars, on all 30 days during the 30 days before the survey)	1.1 (0.8–1.7) 1,382
Currently smoked cigarettes or cigars (on at least 1 day during the 30 days before the survey)	17.2 (14.5–20.3) 1,349
Currently smoked cigarettes or cigars or used smokeless tobacco (on at least 1 day during the 30 days before the survey)	20.9 (18.0–24.1) 1,339
Currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products (on at least 1 day during the 30 days before the survey)	40.6 (35.4–46.1) 1,159
Currently smoked cigarettes or used electronic vapor products (on at least 1 day during the 30 days before the survey)	38.0 (32.7–43.5) 1,157
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, ever during the 12 months before the survey, among students who used any tobacco products during the 12 months before the survey)	47.0 (42.5–51.6) 501
Alcohol and Other Drug Use	
Had their first drink of alcohol before age 13 years (other than a few sips)	15.9 (13.2–19.0) 1,331
Currently drank alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey)	30.0 (25.6–34.7) 1,293
Currently were binge drinking (four or more drinks of alcohol in a row for female students or five or more drinks of alcohol in a row for male students, that is, within a couple of hours, on at least 1 day during the 30 days before the survey)	16.4 (12.5–21.1) 1,273
Usually obtained the alcohol they drank by someone giving it to them (during the 30 days before the survey, among students who currently drank alcohol)	35.5 (27.9–43.9) 356
Reported that the largest number of drinks they had in a row was 10 or more (within a couple of hours, during the 30 days before the survey)	5.0 (3.7–6.8) 1,218
Ever used marijuana (also called pot, weed, or cannabis, one or more times during their life)	37.7 (32.6–43.1) 1,349
Tried marijuana for the first time before age 13 years (also called pot, weed, or cannabis)	7.5 (5.6–9.9) 1,355
Currently used marijuana (also called pot, weed, or cannabis, one or more times during the 30 days before the survey)	18.9 (15.1–23.4) 1,379
Ever used synthetic marijuana (also called "Spice," "fake weed," "K2," "King Kong," "Yucatan Fire," or "Skunk," one or more times during their life)	10.4 (8.7–12.5) 1,373
Ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and Percocet, one or more times during their life)	11.7 (10.6–13.0) 1,362
Currently took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (one or more times during the 30 days before the survey)	–

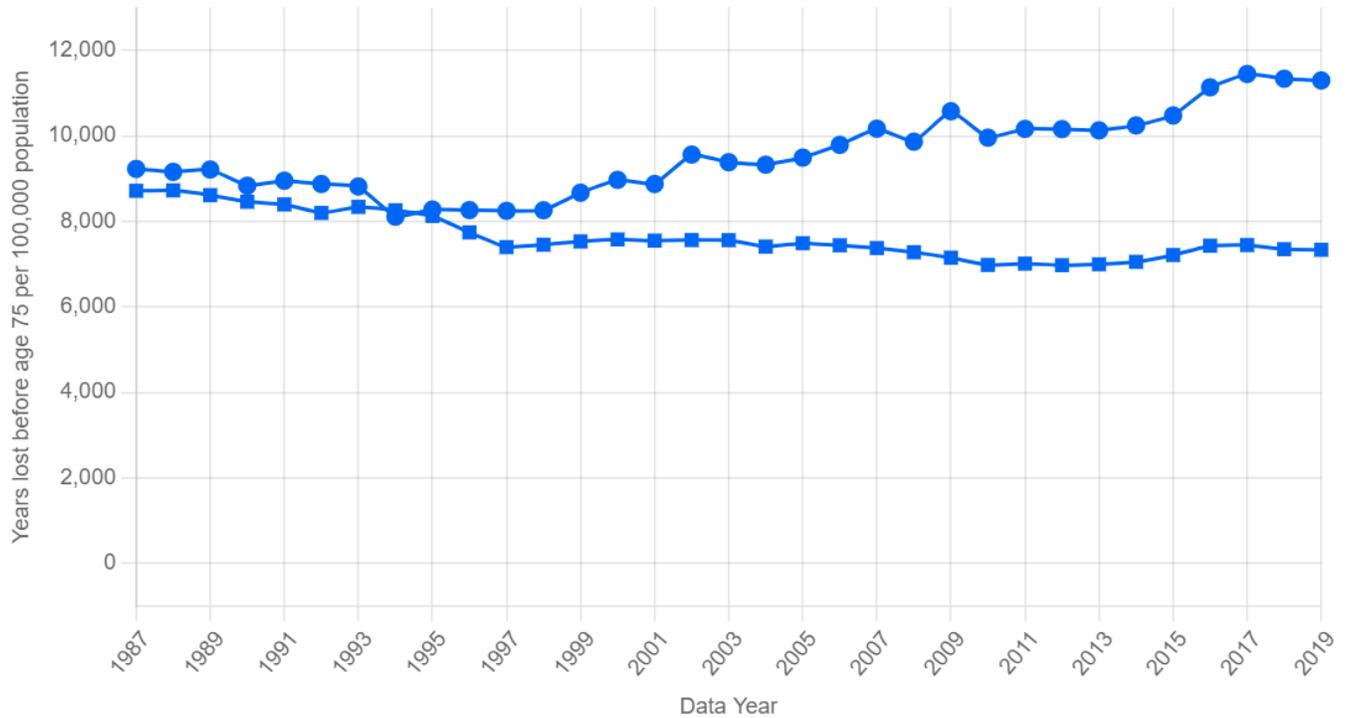
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)	4.6 (3.5–6.0) 1,376
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)	7.3 (5.9–9.0) 1,374
Ever used heroin (also called "smack," "junk," or "China White," one or more times during their life)	2.8 (1.9–4.0) 1,371
Ever used methamphetamines (also called "speed," "crystal meth," "crank," "ice," or "meth," one or more times during their life)	3.5 (2.5–5.0) 1,378
Ever used ecstasy (also called "MDMA," one or more times during their life)	5.0 (3.8–6.5) 1,377
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms, one or more times during their life)	–
Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)	3.8 (2.8–5.0) 1,374
Ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)	2.7 (1.9–3.8) 1,382
Were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	23.9 (21.4–26.6) 1,365
Ever used select illicit drugs (counting cocaine, inhalants, heroin, methamphetamines, ecstasy, or hallucinogens, one or more times during their life)	–
Sexual Behaviors	
Ever had sexual intercourse	48.9 (43.0–54.8) 1,212
Had sexual intercourse for the first time before age 13 years	3.8 (2.9–5.0) 1,214
Had sexual intercourse with four or more persons (during their life)	11.7 (9.2–14.7) 1,211
Were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey)	35.8 (30.0–42.1) 1,214
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	48.4 (41.3–55.6) 388
Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	71.8 (65.6–77.3) 381
Did not use an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	91.4 (86.6–94.6) 381
Did not use birth control pills; an IUD (e.g., Mirena or ParaGard) or implant (e.g., Implanon or Nexplanon); or a shot (e.g., Depo-Provera), patch (e.g., OrthoEvra), or birth control ring (e.g., NuvaRing) before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	57.7 (51.9–63.2) 381
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	13.9 (9.3–20.2) 387
Were never tested for human immunodeficiency virus (HIV) (not counting tests done if they donated blood)	85.7 (82.3–88.4) 1,362

Were not tested for a sexually transmitted disease (STD) other than HIV (such as chlamydia or gonorrhea, during the 12 months before the survey)	85.3 (81.6–88.4) 1,346
Dietary Behaviors	
Did not eat fruit or drink 100% fruit juices (such as orange juice, apple juice, or grape juice, not counting punch, Kool-Aid, sports drinks, or other fruit-flavored drinks, during the 7 days before the survey)	10.3 (7.8–13.7) 1,373
Did not eat vegetables (green salad, potatoes (not counting French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey)	9.8 (7.6–12.5) 1,354
Did not drink milk (counting milk in a glass or cup, from a carton, or with cereal and the half pint of milk served at school as equal to one glass, during the 7 days before the survey)	26.6 (23.8–29.6) 1,365
Drank soda or pop (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	75.5 (73.1–77.8) 1,377
Drank a can, bottle, or glass of soda or pop one or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	27.9 (24.6–31.5) 1,377
Drank a can, bottle, or glass of soda or pop two or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	20.6 (17.4–24.4) 1,377
Drank a sports drink (such as Gatorade or Powerade, not counting low-calorie sports drinks such as Propel or G2, during the 7 days before the survey)	–
Drank a can, bottle, or glass of a sports drink one or more times per day (such as Gatorade or Powerade, not counting low-calorie sports drinks such as Propel or G2, during the 7 days before the survey)	–
Drank a can, bottle, or glass of a sports drink two or more times per day (such as Gatorade or Powerade, not counting low-calorie sports drinks such as Propel or G2, during the 7 days before the survey)	–
Did not drink a bottle or glass of plain water (counting tap, bottled, and unflavored sparkling water, during the 7 days before the survey)	–
Did not eat breakfast (during the 7 days before the survey)	16.2 (13.8–18.9) 1,381
Did not eat breakfast on all 7 days (during the 7 days before the survey)	71.3 (67.6–74.7) 1,381
Physical Activity	
Did not participate in at least 60 minutes of physical activity on at least 1 day (in any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	14.7 (11.8–18.3) 1,368
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	53.1 (48.6–57.5) 1,368
Were not physically active at least 60 minutes per day on all 7 days (in any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey)	73.7 (70.2–76.8) 1,368
Did not do exercises to strengthen or tone muscles on three or more days (such as push-ups, sit-ups, or weight-lifting, during the 7 days before the survey)	–
Played video or computer games or used a computer 3 or more hours per day (counting time spent playing games, watching videos, texting, or using social media on their smartphone, computer, Xbox, PlayStation, iPad, or other tablet, for something that was not school work, on an average school day)	41.7 (38.5–45.0) 1,374
Watched television 3 or more hours per day (on an average school day)	20.8 (19.0–22.8) 1,363

Did not attend physical education (PE) classes on 1 or more days (in an average week when they were in school)	62.1 (55.3–68.5) 1,356
Did not attend physical education (PE) classes on all 5 days (in an average week when they were in school)	72.6 (65.9–78.5) 1,356
Did not play on at least one sports team (counting any teams run by their school or community groups, during the 12 months before the survey)	48.6 (43.9–53.3) 1,345
Had a concussion from playing a sport or being physically active (one or more times during the 12 months before the survey)	15.8 (13.3–18.8) 1,370
Obesity, Overweight, and Weight Control	
Had obesity (students who were \geq 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	22.9 (19.8–26.4) 1,312
Were overweight (students who were \geq 85th percentile but $<$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)	16.5 (14.2–19.1) 1,312
Described themselves as slightly or very overweight	37.3 (34.6–40.1) 1,369
Were not trying to lose weight	49.6 (46.5–52.6) 1,370
Other Health Topics	
Ever told by a doctor or nurse that they had asthma	22.7 (19.6–26.2) 1,363
Never saw a dentist (for a check-up, exam, teeth cleaning, or other dental work)	1.7 (0.9–3.4) 1,375
Did not get 8 or more hours of sleep (on an average school night)	80.8 (78.2–83.1) 1,365
Used an indoor tanning device (such as a sunlamp, sunbed, or tanning booth, not counting getting a spray-on tan, one or more times during the 12 months before the survey)	–
Rarely or never wear sunscreen with an SPF of 15 or higher (when being outside for more than one hour on a sunny day)	–
Had to avoid some foods because eating the food could cause an allergic reaction (such as skin rashes, swelling, itching, vomiting, coughing, or trouble breathing)	–

Appendix H: Health Rankings Pre-Mature Deaths Before 75

Least-healthy State: West Virginia: 11,297



Years of potential life lost before age 75 per 100,000 population (one-year estimate)

● West Virginia ■ United States

Strengths

- Low prevalence of excessive drinking
- Low prevalence of high-risk HIV behaviors
- Low percentage of severe housing problems

Challenges

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Measure	Rating	2021 Value	2021 Rank
Social and Economic Factors *	+	-0.648	47
Community and Family Safety - Annual *	+++	-0.084	29
Occupational Fatalities	+	9.0	49
Public Health Funding	+++++	\$181	8
Violent Crime	+++	317	23
Economic Resources - Annual *	+	-1.245	47
Economic Hardship Index	+	83	47
Crowded Housing †	+++++	1.2%	1
Dependency †	+	40.5%	42
Education - Less Than High School †	+	12.9%	43
Per Capita Income †	+	\$27,446	48
Poverty †	+	16.7%	47
Unemployment †	+	6.2%	49
Food Insecurity	+	15.1%	49
Homeownership †	+++++	73.4%	1

Homeownership †	+++++	73.4%	1
Homeownership Racial Disparity †	++++	31.8	15
Income Inequality	++	4.90	40
Education - Annual *	+++++	0.605	10
Fourth Grade Reading Proficiency †	+	30.3%	44
High School Graduation	+++++	91.3%	3
High School Graduation Racial Disparity	++	16.5	34
Social Support and Engagement - Annual *	+	-1.056	49
Adverse Childhood Experiences	+	20.6%	46
High-speed Internet	+	85.6%	44
Residential Segregation - Black/White	++++	60	19
Volunteerism	++	32.1%	35
Voter Participation (Average)	+	50.1%	49

Physical Environment *		++	-0.044	36
Air and Water Quality - Annual *		++	-0.105	34
Air Pollution		+++	8.3	30
Drinking Water Violations		+	10.2%	50
Non-smoking Regulation †		+++	65.1%	28
Risk-screening Environmental Indicator Score		+++	3,400,148	23
Water Fluoridation		++++	90.7%	12
Climate Change *		•	•	•
Climate Change Policies †		++	0	36
Transportation Energy Use †		++	10.3	37
Housing and Transit - Annual *		+++	0.037	27
Drive Alone to Work		++	82.0%	38
Housing With Lead Risk		++	21.8%	36
Severe Housing Problems		+++++	11.1%	1

Clinical Care *		++	-0.263	35
Access to Care - Annual *		+++	0.055	30
Avoided Care Due to Cost		++	11.1%	35
Providers - Annual *		++	-0.350	37
Dental Care Providers		+	50.6	42
Mental Health Providers		+	149.7	48
Primary Care Providers		++++	294.6	11
Uninsured		++++	6.7%	18
Preventive Clinical Services - Annual *		++	-0.457	36
Colorectal Cancer Screening		++	70.7%	38
Dental Visit		+	57.7%	46
Immunizations - Annual *		++	-0.168	32
Childhood Immunizations		++++	79.8%	14
Flu Vaccination		+++	46.6%	29
HPV Vaccination		+	43.4%	49
Quality of Care - Annual *		+	-0.470	43
Dedicated Health Care Provider		++++	81.7%	14

Behaviors *		+	-0.889	44
Nutrition and Physical Activity - Annual *		+	-1.703	49
Exercise		+	17.1%	45
Fruit and Vegetable Consumption		+	5.2%	47
Physical Inactivity		+	29.7%	47
Sexual Health - Annual *		+++++	0.813	9
Chlamydia		+++++	313.0	4
High-risk HIV Behaviors		+++++	4.0%	1
Teen Births		+	25.2	45
Sleep Health - Annual *		+	-2.000	49
Insufficient Sleep		+	39.2%	49
Smoking and Tobacco Use - Annual *		+	-2.000	49
E-cigarette Use †		•	6.3%	•
Smoking		+	22.6%	50
All Determinants - Annual *		+	-0.588	47

Health Outcomes *		+	-0.834	48
Behavioral Health - Annual *		++	-0.243	37
Depression †		+	26.4%	50
Drug Deaths †		+	50.4	50
Excessive Drinking		+++++	12.1%	1
Frequent Mental Distress		+	17.5%	48
Non-medical Drug Use - Past Year		+	14.1%	42
Suicide †		++	18.4	34
Mortality - Annual *		++	-0.670	40
Premature Death		+	11,297	50
Premature Death Racial Disparity ^[23]		+++++	1.1	3
Physical Health - Annual *		+	-1.246	49
Frequent Physical Distress		+	15.8%	50
High Health Status †		+	44.7%	50
Low Birthweight		+	9.8%	44
Low Birthweight Racial Disparity		+++++	1.8	10

Multiple Chronic Conditions	+	18.8%	50
Arthritis †	+	38.0%	50
Asthma †	+	12.4%	50
Cancer †	+	7.8%	47
Cardiovascular Diseases †	+	13.8%	50
Chronic Kidney Disease †	+	4.6%	50
Chronic Obstructive Pulmonary Disease †	+	13.6%	50
Diabetes †	+	15.7%	50
Risk Factors - Annual *	+	-1.800	49
High Blood Pressure †	+	43.8%	49
High Cholesterol †	+	39.5%	49
Obesity	+	39.1%	49

Overall - Annual *

• -0.624 •

Demographics - Annual *

• • •

Total Population †	•	1,784,787.0	•
Population - Children Ages <18 †	•	20.0%	•
Population-Adults Ages 18-64 †	•	59.1%	•
Population Ages 65+ †	•	20.9%	•
Rural Population †	•	50.8%	•

<https://www.americashealthrankings.org/explore/annual/state/WV>

Appendix J: WV Death by Age & Gender 2020



WEST VIRGINIA DEATHS BY AGE AND GENDER

Rank is determined by official CDC final death total and certain causes such as types of heart disease and cancer are split out for age adjusted death rate rankings. CDC release date 12/21...for current Covid Data see [Research and Features](#).

WEST VIRGINIA

11/13/2022		TOTAL DEATHS BY AGE AND GENDER																	
8:36:48 AM		Choose gender select age <input type="button" value="FEMALE"/> <input checked="" type="button" value="BOTH"/> <input type="button" value="MALE"/> Choose gender select age																	
CAUSE OF DEATH RANKING	All Ages		0 - 14		15 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65 - 74		75 +		
	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	Rnk	Deaths	
CORONARY HEART DISEASE	1	3,200	3	0	7	0	10	0	5	38	2	154	1	460	1	736	1	1,812	
LUNG DISEASE	2	1,583	4	0	8	0	11	0	18	0	9	51	3	242	3	442	4	848	
COVID-19	3	1,478	5	0	9	0	12	0	14	11	6	56	8	121	4	350	2	940	
LUNG CANCERS	4	1,333	6	0	10	0	13	0	19	0	8	53	2	316	2	493	6	471	
POISONINGS	5	1,290	7	0	1	45	1	309	1	388	1	316	4	186	25	46	37	0	
DIABETES MELLITUS	6	1,064	8	0	11	0	14	0	9	27	4	76	5	183	5	327	7	451	
STROKE	7	944	9	0	12	0	15	0	13	13	13	34	11	92	6	179	5	626	
ALZHEIMERS	8	926	10	0	13	0	16	0	20	0	27	0	41	0	18	61	3	865	
HYPERTENSION	9	816	11	0	14	0	17	0	4	39	3	83	6	134	7	161	8	399	
KIDNEY DISEASE	10	558	12	0	15	0	18	0	21	0	14	29	12	57	9	137	9	335	
ENDOCRINE DISORDERS	11	528	13	0	16	0	19	0	8	29	10	47	9	100	10	114	12	238	
INFLUENZA & PNEUMONIA	12	444	14	0	17	0	6	11	12	14	18	26	15	51	12	100	11	242	
COLON-RECTUM CANCERS	13	436	15	0	18	0	20	0	22	0	15	29	10	96	8	138	14	173	
FALLS	14	403	16	0	19	0	21	0	23	0	28	0	23	34	15	71	10	298	
LIVER DISEASE	15	385	17	0	20	0	22	0	7	30	5	58	7	129	11	110	26	58	
SUICIDE	16	342	18	0	3	40	2	66	2	63	7	54	14	52	26	42	32	25	
PANCREAS CANCER	17	288	19	0	21	0	23	0	24	0	16	29	13	56	13	87	17	116	
ROAD TRAFFIC ACCIDENTS	18	285	20	0	2	42	3	41	3	53	11	39	19	39	29	37	30	34	
BREAST CANCER	19	262	21	0	22	0	24	0	15	11	19	23	17	49	14	79	18	100	
PARKINSON'S DISEASE	20	258	22	0	23	0	25	0	25	0	29	0	42	0	27	41	13	217	
LYMPHOMAS	21	242	23	0	24	0	26	0	26	0	23	10	20	39	19	60	15	133	
OTHER INJURIES	22	221	24	0	25	0	7	11	11	21	12	35	22	35	21	57	25	62	
PROSTATE CANCER	23	197	25	0	26	0	27	0	27	0	30	0	31	14	22	52	16	131	
INFLAMMATORY/HEART	24	190	26	0	27	0	28	0	28	0	21	16	24	33	20	59	20	82	
LIVER CANCER	25	189	27	0	28	0	29	0	29	0	31	0	18	40	16	69	22	80	
LEUKEMIA	26	165	28	0	29	0	30	0	30	0	32	0	27	22	24	49	19	94	
OESOPHAGUS CANCER	27	163	29	0	30	0	31	0	31	0	22	12	21	38	17	63	28	50	
OTHER NEOPLASMS	28	152	30	0	31	0	32	0	32	0	33	0	29	21	23	50	21	81	
BLADDER CANCER	29	130	31	0	32	0	33	0	33	0	34	0	30	19	28	38	24	73	

SKIN CANCERS	30	99	32	0	33	0	34	0	34	0	35	0	28	22	32	23	27	54
ALCOHOL	31	94	33	0	34	0	35	0	35	0	17	27	16	49	34	18	39	0
MALNUTRITION	32	91	34	0	35	0	36	0	36	0	36	0	43	0	37	11	23	80
HOMICIDE	33	91	35	0	4	12	4	23	6	30	20	16	36	10	42	0	43	0
OVARY CANCER	34	89	36	0	36	0	37	0	37	0	37	0	25	25	31	27	29	37
ORAL CANCER	35	56	37	0	37	0	38	0	38	0	38	0	26	25	30	31	38	0
UTERIN CANCER	36	51	38	0	38	0	39	0	39	0	39	0	34	11	33	20	33	20
DIARRHOEAL DISEASES	37	48	39	0	39	0	40	0	40	0	40	0	44	0	35	16	31	32
STOMACH CANCER	38	40	40	0	40	0	41	0	41	0	41	0	37	10	36	12	34	18
DRUG USE	39	38	41	0	41	0	5	17	10	21	24	0	38	0	43	0	44	0
CONGENITAL ANOMALIES	40	31	1	31	5	0	8	0	16	0	25	0	39	0	44	0	45	0
SKIN DISEASE	41	25	42	0	42	0	42	0	42	0	42	0	45	0	38	10	35	15
LOW BIRTH WEIGHT	42	16	2	16	6	0	9	0	17	0	26	0	40	0	45	0	46	0
CERVICAL CANCER	43	12	43	0	43	0	43	0	43	0	43	0	32	12	39	0	40	0
FIRES	44	12	44	0	44	0	44	0	44	0	44	0	33	12	40	0	41	0
MULTIPLE SCLEROSIS	45	11	45	0	45	0	45	0	45	0	45	0	35	11	41	0	42	0
RHEUMATIC/HEART	46	11	46	0	46	0	46	0	46	0	46	0	46	0	46	0	36	11
TUBERCULOSIS	47	0	47	0	47	0	47	0	47	0	47	0	47	0	47	0	47	0
SYPHILIS	48	0	48	0	48	0	48	0	48	0	48	0	48	0	48	0	48	0
CHLAMYDIA	49	0	49	0	49	0	49	0	49	0	49	0	49	0	49	0	49	0
HIV/AIDS	50	0	50	0	50	0	50	0	50	0	50	0	50	0	50	0	50	0
UNITED STATES	All Ages	0 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 +									
FEMALE	POPULATION	900,511	142,992	104,464	103,853	105,118	112,216	128,699	116,238	86,931								
MALE	POPULATION	884,276	150,538	111,506	110,868	106,371	113,000	121,593	105,938	64,462								
BOTH	POPULATION	1,784,787	293,530	215,970	214,721	211,489	225,216	250,292	222,176	151,393								

<https://www.worldlifeexpectancy.com/usa/west-virginia-adult-overweight-obesity-rate>

NOTES



**Kanawha Coalition
for Community Health Improvement**

P.O. Box 1547
Charleston, WV 25326
Phone: 304.388.7557
<https://www.kcchi.info>