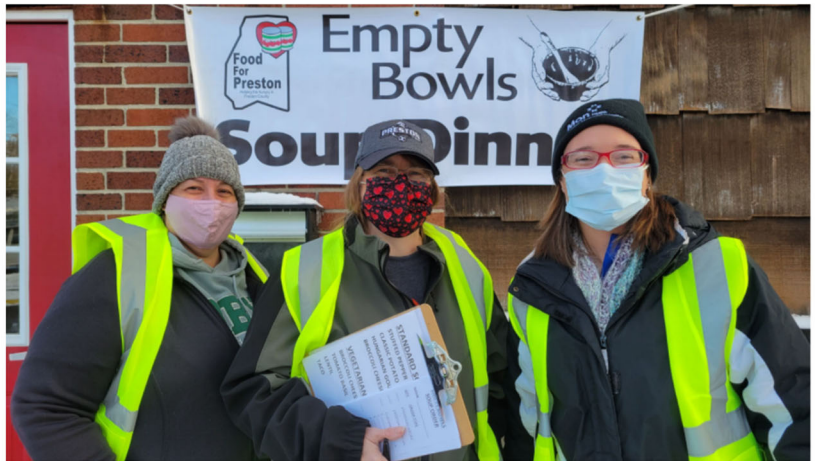


# Mon Health Preston Memorial Hospital

## 2022 Community Health Needs Assessment





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## Our Commitment to Community Health

Preston Memorial Hospital (PMH) is a state licensed, non-profit, 25-bed Critical Access Hospital located in Kingwood, WV. The original PMH opened its doors on July 16, 1955. Now part of the Mon Health System, PMH provides advanced medical services for the community with integrated physician and physical therapy centers, Olympus Integrated One-Touch Surgical Suites, an expanded emergency department, 25 all private patient rooms, and the most advanced equipment for our patients.

Preston Memorial Hospital is committed to improving the health of our community. Our staff of highly trained professionals works closely as a team to provide compassionate, professional healthcare that meets the highest standards of excellence. We work cooperatively with physicians, other health care providers, local businesses and industries, and community organizations to address community needs and to provide a continuum of care.

Preston Memorial Hospital is sincerely concerned with the health and well-being of each and every person in our community. We see the effects of unhealthy living and the toll that it takes on individuals as well as families. We want to encourage and instruct members to take control of their health and teach children to live healthy lifestyles that will stay with them throughout their lives.

### **Preston Memorial Hospital Mission:**

*To enhance the health of the communities we serve, one person at a time.*

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

We invite our community partners to learn more about the CHNA and opportunities for collaboration to address identified health needs. Please visit our website: [www.monhealth.com/preston-memorial](http://www.monhealth.com/preston-memorial) or contact Kim Liston, Community Programs Coordinator at [kliston@monhealthsys.org](mailto:kliston@monhealthsys.org).



## 2022 CHNA Executive Summary

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

### CHNA Leadership

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

#### CHNA Planning Committee

Tammy Barcus, Director of Quality and Patient Safety, Grafton City Hospital

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

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

Kim Liston, Community Programs Coordinator, Preston Memorial Hospital

### Our Research Partner

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



### Methodology and Community Engagement

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

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



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

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

### **Community Health Priorities**

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

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

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

### **Board Approval**

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

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

Following the Board's approval, the CHNA report was made available to the public via the PMH website at <https://www.monhealth.com/preston-memorial>.





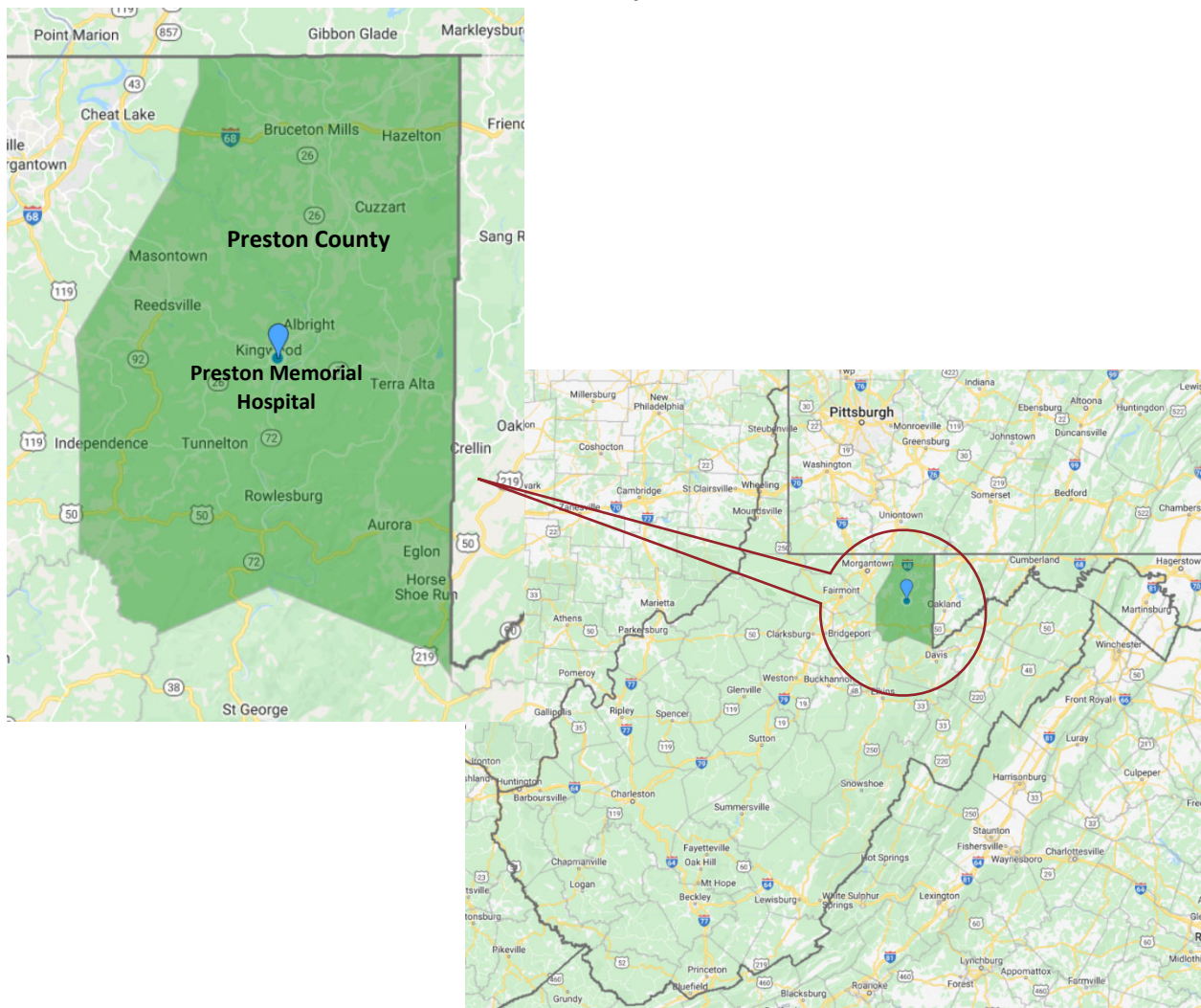
# Preston Memorial Hospital Service Area Description

Preston Memorial Hospital is part of Mon Health System, a system serving patients and their families in North Central West Virginia. Preston Memorial Hospital is located in Kingwood, the county seat of Preston County in West Virginia. Preston County is bordered by Pennsylvania to the north and Maryland to the east.

Preston Memorial Hospital is a not-for-profit Critical Access Hospital primarily serving residents of Preston County, shown in the map below. Between fiscal years 2019 and 2021, approximately 27% of hospital patients resided in Kingwood zip code 26537, the home zip code of PMH. Another 30-31% of patients resided in neighboring zip codes 26444, Tunnelton; 26547, Reedsville; and 26764, Terra Alta.

Preston County has long been a leader in buckwheat production statewide and is sometimes referred to as the state "Buckwheat Belt." The county is part of West Virginia's Mountaineer Country and is home to rich Appalachian views, abundant wildlife, and outdoor adventure.

**Preston Memorial Hospital Service Area**



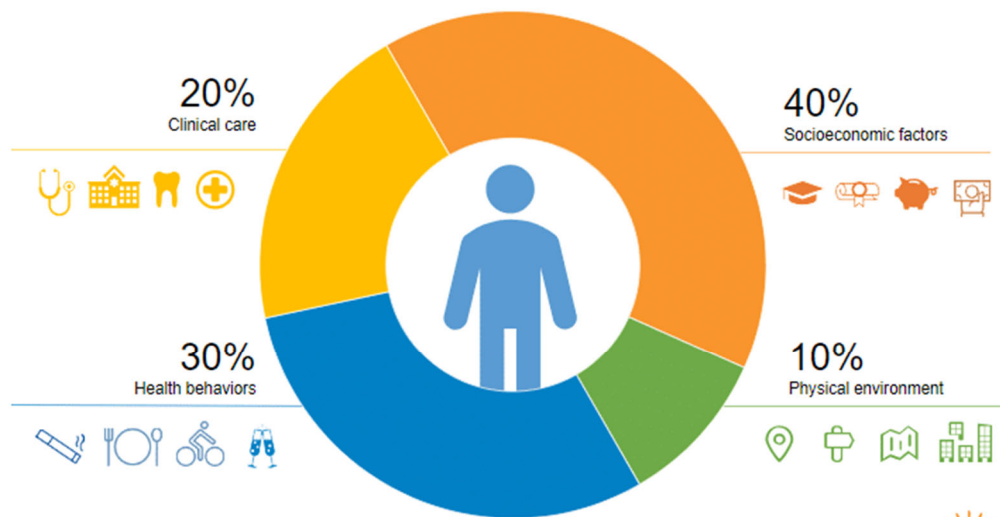


# Social Determinants of Health: The connection between our communities and our health

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

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

## WHAT MAKES US HEALTHY?



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Source: Centers for Disease Control



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

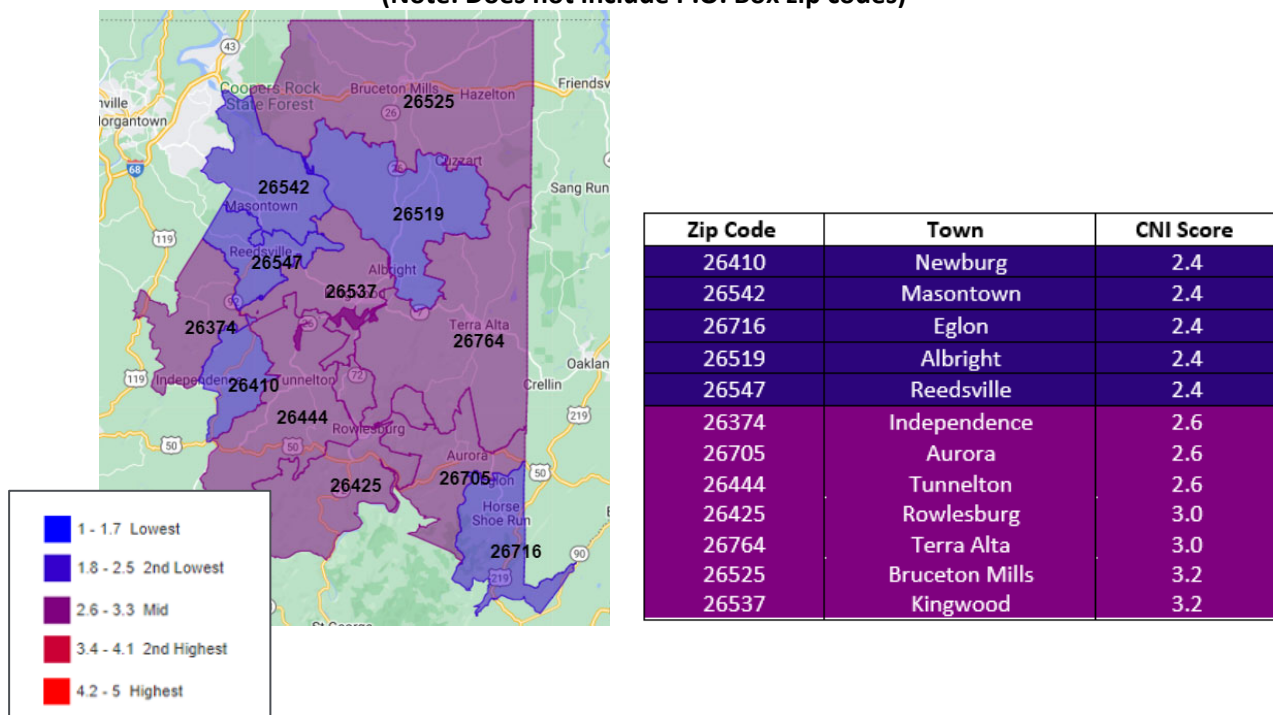


## Understanding Health Equity

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

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

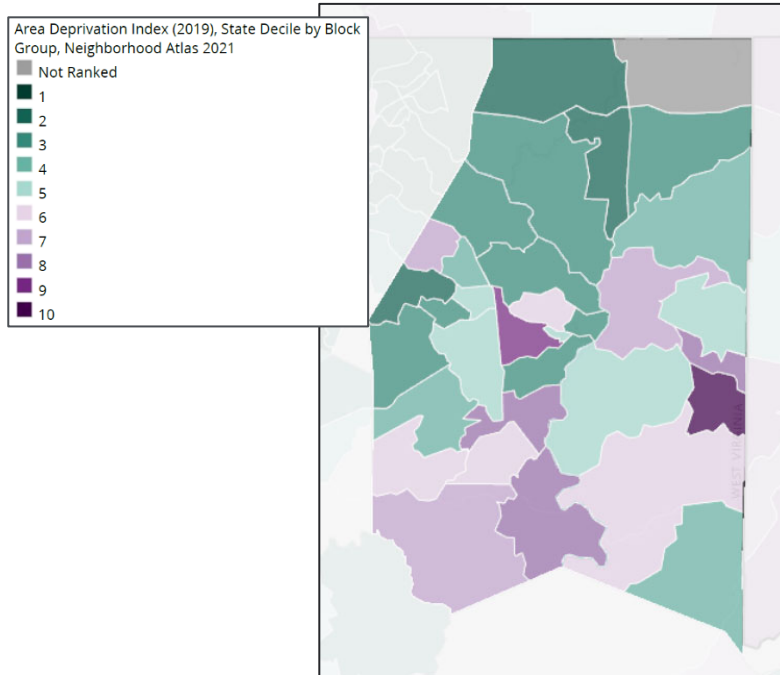
**Community Need Index for Preston County Zip Codes**  
(Note: Does not include P.O. Box zip codes)







### Area Deprivation Index for Preston County



**Preston County has an average CNI score of 2.8, indicating moderate community socioeconomic need. No zip code in Preston County has a high need CNI score of 3.4 or higher.**

Preston County zip codes 26525, Bruceton Mills and 26537, Kingwood have the highest CNI scores in the region of 3.2 out of 5. In Bruceton Mills, higher socioeconomic need is driven in part by lower educational attainment and higher uninsured compared to the state and nation. Residents of Bruceton Mills are more racially diverse than other Preston County residents with 21% identifying as Black/African American. These findings should be further explored as they are likely due in part to the two federal correctional institutions located within this community. Nationwide, people of color, particularly Black/African Americans, are disproportionately incarcerated, and on average, serve longer sentences for the same crimes committed by Whites.

Kingwood, the home of Preston Memorial Hospital, also reports lower educational attainment and higher poverty levels, particularly among children. **Within Kingwood, higher socioeconomic need is seen in the southern portion of the zip code, which has an Area Deprivation Index score of 9 out of 10.** It is worth noting that neighboring zip codes 26425, Rowlesburg and 26764, Terra Alta also report a high prevalence of childhood poverty at approximately 38%.

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



### 2016-2020 Preston County Social Determinants of Health by Geography

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	CNI Score
26525, Bruceton Mills	12.6%	13.4%	15.7%	9.1%	3.2
26537, Kingwood	18.8%	28.6%	14.8%	5.4%	3.2
26425, Rowlesburg	18.8%	38.5%	14.2%	8.4%	3.0
26764, Terra Alta	23.0%	37.6%	11.0%	8.0%	3.0
26374, Independence	12.9%	18.5%	14.0%	10.5%	2.6
26444, Tunnelton	11.6%	9.4%	20.7%	6.9%	2.6
26705, Aurora	12.3%	0.0%	8.2%	1.4%	2.6
26410, Newburg	9.0%	20.3%	5.5%	2.7%	2.4
26519, Albright	17.4%	22.2%	12.9%	2.1%	2.4
26542, Masontown	13.4%	1.2%	11.9%	8.4%	2.4
26547, Reedsville	14.4%	16.6%	7.1%	7.4%	2.4
26716, Eglon	0.0%	0.0%	7.3%	0.6%	2.4
West Virginia	17.1%	23.1%	12.4%	6.2%	N/A
United States	12.8%	17.5%	11.5%	8.7%	N/A

Source: US Census Bureau, American Community Survey

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

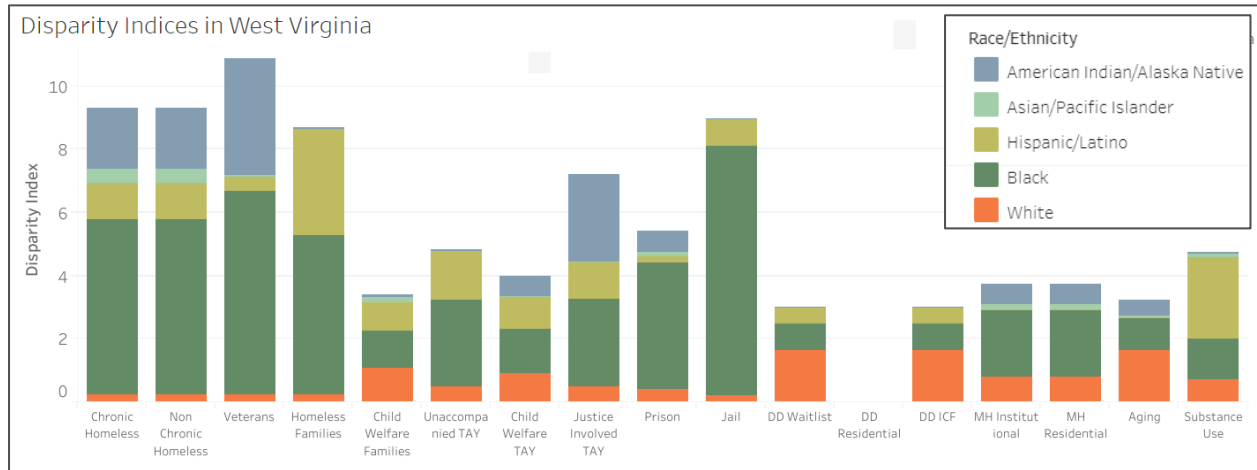
ZIP Code	Total Pop.	White	Black or African American	Two or More Races	Latinx origin (any race)
26525, Bruceton Mills	6,954	73.5%	21.3%	2.5%	6.8%
26537, Kingwood	5,607	96.7%	1.9%	0.1%	0.2%
26425, Rowlesburg	924	99.2%	0.0%	0.5%	0.0%
26764, Terra Alta	4,158	93.9%	0.4%	5.7%	0.1%
26374, Independence	1,613	99.4%	0.0%	0.6%	0.0%
26444, Tunnelton	3,762	97.8%	0.6%	1.3%	0.0%
26705, Aurora	664	100.0%	0.0%	0.0%	0.0%
26410, Newburg	926	99.0%	0.0%	0.1%	0.1%
26519, Albright	2,131	93.2%	0.0%	0.8%	0.0%
26542, Masontown	2,370	97.8%	0.0%	1.6%	0.0%
26547, Reedsville	3,058	98.6%	0.0%	1.4%	0.3%
26716, Eglon	691	100.0%	0.0%	0.0%	0.0%
West Virginia	1,807,426	92.5%	3.6%	2.4%	1.6%
United States	326,569,308	70.4%	12.6%	5.2%	18.2%

Source: US Census Bureau, American Community Survey

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



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



Source: Corporation for Supportive Housing

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

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

#### 2017-2019 Life Expectancy by Race and Ethnicity

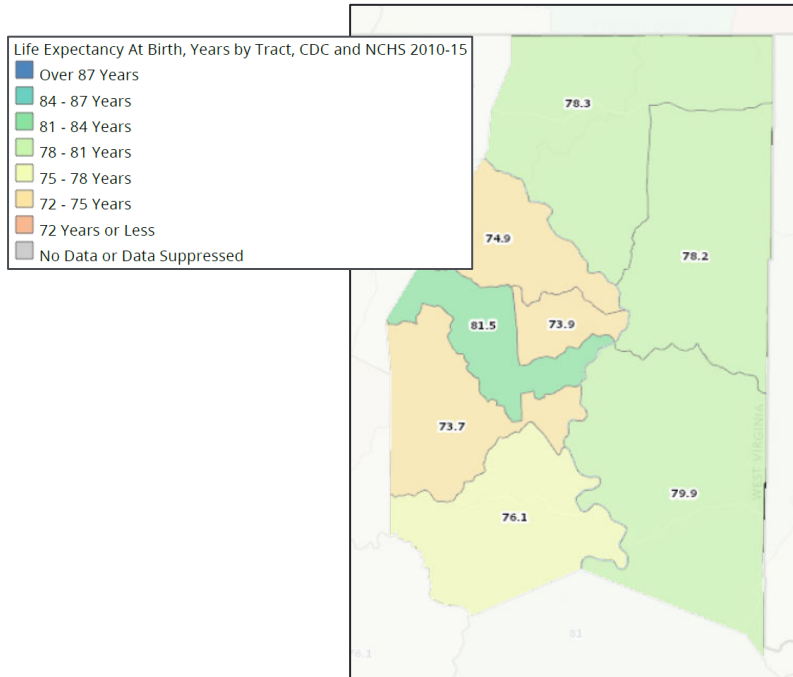
	Overall Life Expectancy	Asian	Black	White	Latinx origin (any race)
Preston County	77.1	NA	NA	NA	NA
Taylor County	77.6	NA	NA	NA	NA
West Virginia	74.8	88.3	72.7	74.7	102.9

Source: National Vital Statistics System



The following map shows average life expectancy at the census tract-level. Areas of lower life expectancy largely align with areas of socioeconomic disadvantage. Of note, **areas within Kingwood and Grafton previously identified as having higher socioeconomic need have an average life expectancy that is as much as 7 to 8 years less than neighboring communities.** In Preston County, communities in the western portion of the county have lower overall life expectancy than other parts of the county.

**2010-2015 Preston County Life Expectancy at Birth by Census Tract**



### COVID-19 Demonstrated Inequities

The COVID-19 pandemic both highlighted and deepened socioeconomic and health inequities. Unemployment increased nearly 40% in Preston County in 2020 and child food insecurity was projected to have increased 20%. Unemployment rates in Preston County were further impacted by the closure of Mylan Pharmaceuticals in neighboring Morgantown in 2021. The closure eliminated an estimated 1,400 workers, many of them Preston County residents.

While both indicators declined in 2021 to pre-pandemic levels, the potential long-term economic and social impacts from these experiences should continue to be monitored. Communities experiencing socioeconomic disparity before the pandemic were the most vulnerable to COVID-19 incidence and fatality and will likely require more time to fully recover.

The Preston County rate of COVID cases mirrored the national rate, but the death rate was higher, potentially indicating more severe disease incidence and/or delayed treatment. Preston County also had lower COVID vaccination, estimated at 59% of eligible residents in April 2022 compared to 60% statewide and 70% nationally.





## Priority Health Needs

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

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

### **Community Overview**

Preston County is a rural community located in West Virginia's scenic Mountaineer Country. The county had a total population of 34,216 as of the 2020 Census, and contrary to statewide population decline, saw small population growth of +2.1% from the 2010 Census. While most Preston County residents (90%) identify as White, consistent with the state, population growth occurred exclusively among non-White individuals. The Black/African American population more than quadrupled from the 2010 Census.

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

Positive SDoH indicators within Preston County include housing affordability and homeownership. More than 81% of residents own their home and 20% of homeowners are housing cost burdened compared to 27% nationally. Cost burden is defined as spending 30% or more of household income on housing.

Preston County differs from the state with a lower proportion of all residents and children living in poverty, although it continues to exceed national trends. Additionally, more than 13% of Preston County older adults live in poverty compared to 9-10% statewide and nationally. This finding is significant due to the large and growing proportion of older adult residents.

A zip code-level analysis found that residents of 26537, Kingwood experience more socioeconomic barriers than other Preston County residents. Within Kingwood, approximately 1 in 5 residents and 1 in 4 children live in poverty and nearly 15% of adults have not completed high school. The health impact of these indicators is demonstrated in life expectancy differences. Kingwood has an average life expectancy for residents of 73.9 years compared to 78.2 years or higher in other portions of the county.

### **Access to Care**

Access to healthcare is a significant need in Preston County. While the proportion of uninsured residents has declined and is lower than the national average, the county is a Health Professional Shortage Area (HPSA) for primary and dental services for low-income residents, and a mental healthcare HPSA for all residents. Approximately 56-57% of adults statewide and in Preston County receive annual dental



checkups compared to 66% nationally. While a higher proportion of adults receive physical checkups, this finding likely does not reflect provider access barriers for low-income individuals.

According to community partners, fewer people received routine preventive care during the pandemic. Telehealth services were available but limited among individuals with internet and/or device barriers. Health fairs have been an essential strategy to promote affordable and regular preventive screenings in the community, particularly for seniors. These events were cancelled due to pandemic-related restrictions, and shortages in clinical lab work supplies challenge the planning of future events.

### **Chronic Disease**

Preston County residents generally experience similar health risk factor and chronic disease disparities as West Virginia residents overall. Consistent with the state, residents are less likely to be physically active, more likely to smoke, and more likely to have high blood pressure and/or high cholesterol. Obesity and diabetes prevalence and death due to heart disease have increased in recent years and exceed national averages. Cancer death rates due to female breast and prostate cancers exceed state and national benchmarks, likely due in part to access to care barriers and delayed screening practices.

Respiratory health is a significant need in Preston County, due in part to high smoking rates. Consistent with the state, approximately 25% of adults smoke compared to 16% nationally. Nearly 11% of Preston County adults have been diagnosed with asthma compared to 8.9% nationally, and the rate of death due to chronic lower respiratory disease is more than 50% higher than the national death rate.

Chronic disease prevalence is also higher among Preston County's aging population. Approximately 22% of older adult Medicare beneficiaries manage six or more chronic conditions, a similar proportion as the state overall, but higher than the national average of 18%. Consistent with overall population trends, older adult Medicare beneficiaries have a higher prevalence of respiratory and heart diseases and diabetes. A contributor to disease prevalence is social isolation. Nearly 14% of Preston County older adults live alone, a similar proportion as the state, but higher than the national average of 11%.

### **Behavioral Health**

Socioeconomic and physical health outcomes are directly linked to behavioral health outcomes, and vice versa. Adults in West Virginia and Preston County report an average of six poor mental health days per month compared to a national average of four days, and a higher and increasing suicide death rate. Community partners shared that mental health concerns were exacerbated by the pandemic, particularly for youth and older adults. "Kids have given up. Previous straight-A students are not graduating." "A lot of people did not return to the senior centers because of depression."

Preston County has a lower proportion of adults who report excessive alcohol use than the nation, but a similar accidental drug overdose death rate. Consistent with the nation, the overdose death rate increased in 2020, likely due in part to the pandemic. Substance use disorder affects all ages and West Virginia overall has historically seen higher use rates among youth compared to the nation.

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

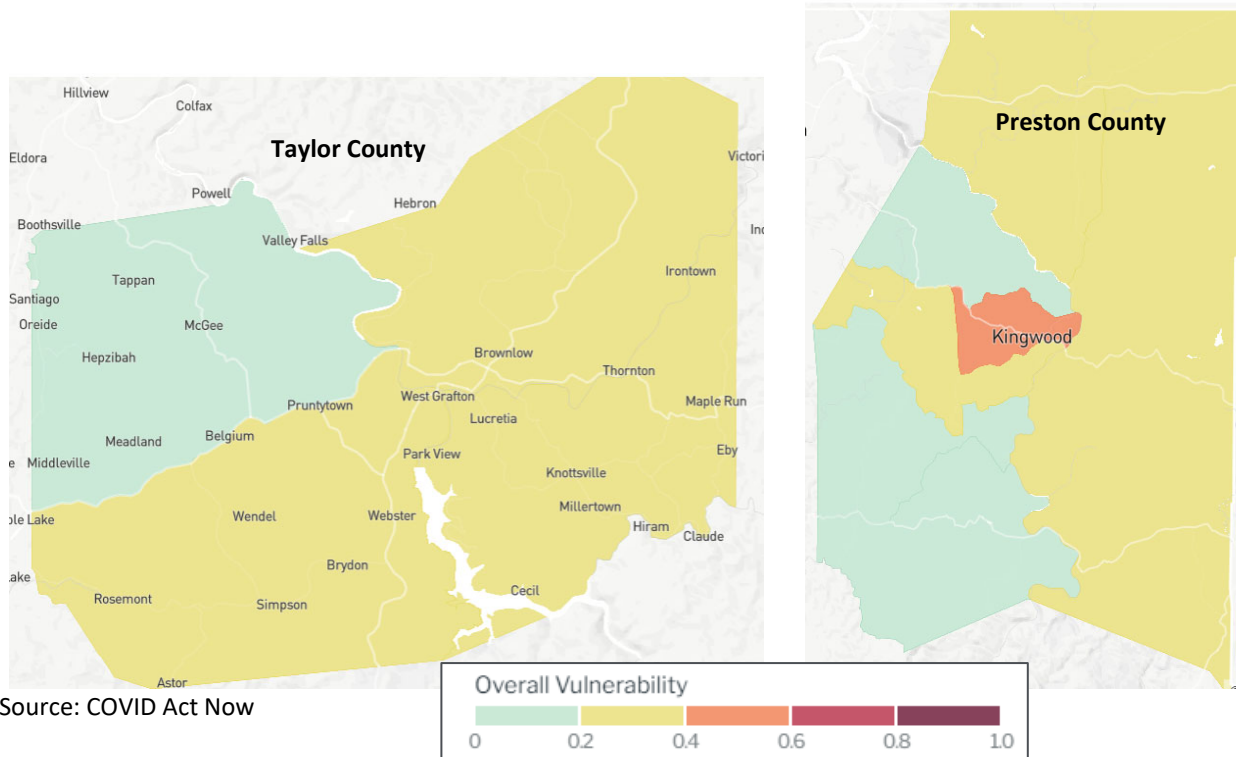


## COVID-19 Impact on Communities

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

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

### Preston and Taylor Counties: COVID-19 Community Vulnerability Index



Source: COVID Act Now



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

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

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

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

\*Calculated based on 2020 population counts.

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

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

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

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

Source: Center for Disease Control and Prevention





# Service Area Population Trends

## Demographics

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

### 2020 Total Population

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

Source: US Census Bureau, Decennial Census

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

### 2020 Population by Race and Ethnicity

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

Source: US Census Bureau, Decennial Census

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

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

Source: US Census Bureau, Decennial Census



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

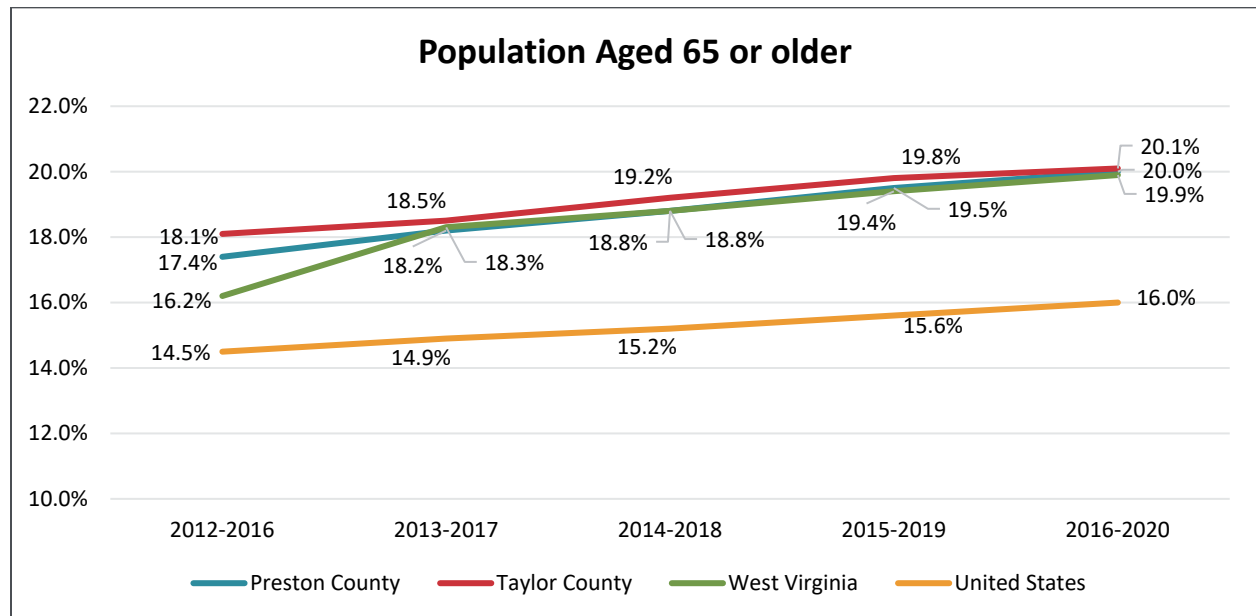
The proportion of older adult residents increased across Preston and Taylor counties, West Virginia, and the nation. Nationally, among older adults aged 65 or older, the 65-74 age category is the fastest growing demographic, largely due to the aging of the baby boomer generation.

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

**2016-2020 Population by Age**

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

Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey



## Income and Work

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

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

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

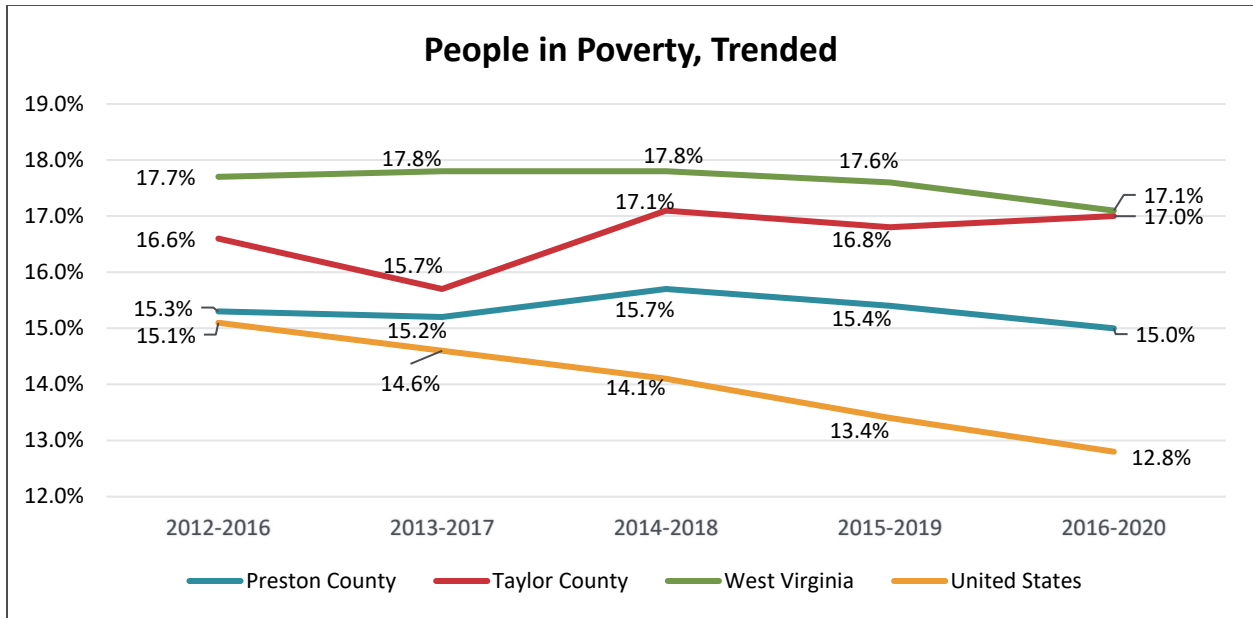
Note, income and poverty data reflect aggregated findings for 2016-2020 and may not demonstrate economic hardship experienced by individuals and families during the pandemic. Unemployment and food insecurity data for 2020 and 2021 provide insight into the economic impact of the pandemic.

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

### Economic Indicators

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

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



Source: US Census Bureau, American Community Survey

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

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

Source: US Census Bureau, American Community Survey

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

### Food Insecurity

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

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





### Trended and Projected Food Insecurity

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

Source: Feeding America

### Education

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

### 2016-2020 Educational Attainment

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

Source: US Census Bureau, American Community Survey

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

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

Source: US Census Bureau, American Community Survey

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



## Housing

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

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

### 2016-2020 Housing Indicators

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

Source: US Census Bureau, American Community Survey

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

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

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

### 2016-2020 Housing by Year Built

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

Source: US Census Bureau, American Community Survey



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

### 2019 High School Students Ever Diagnosed with Asthma

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

Source: Centers for Disease Control and Prevention, YRBS

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

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

### 2016-2020 Households by Digital Access

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

Source: US Census Bureau, American Community Survey



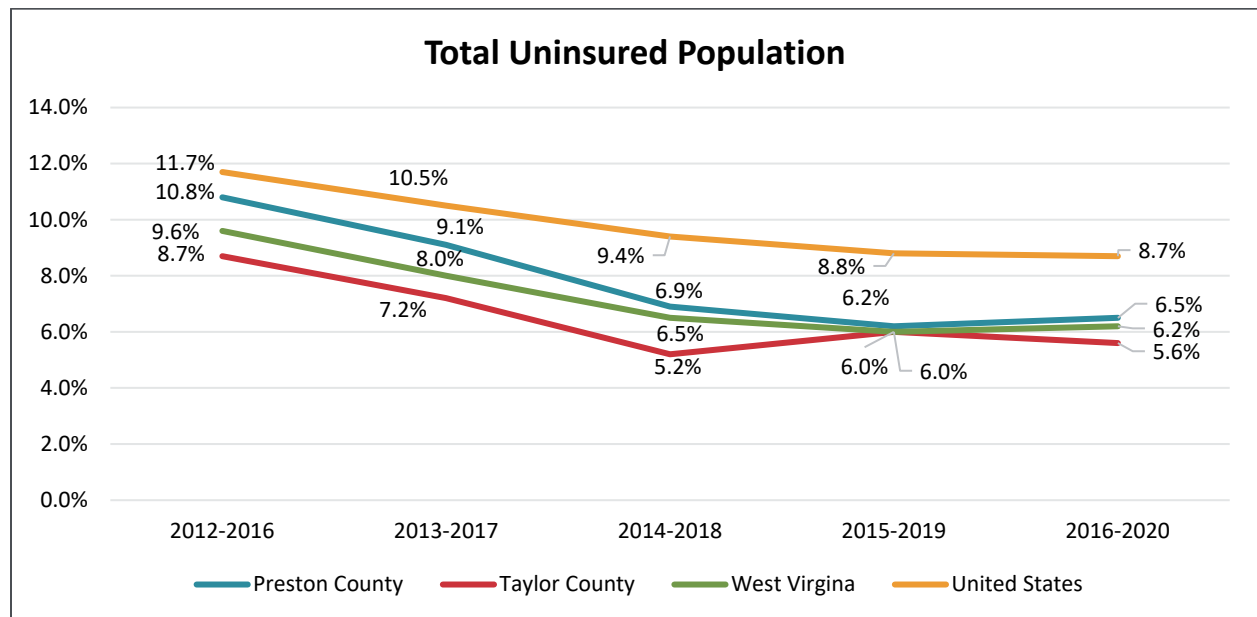
# Our Health Status as a Community

## Access to Healthcare

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

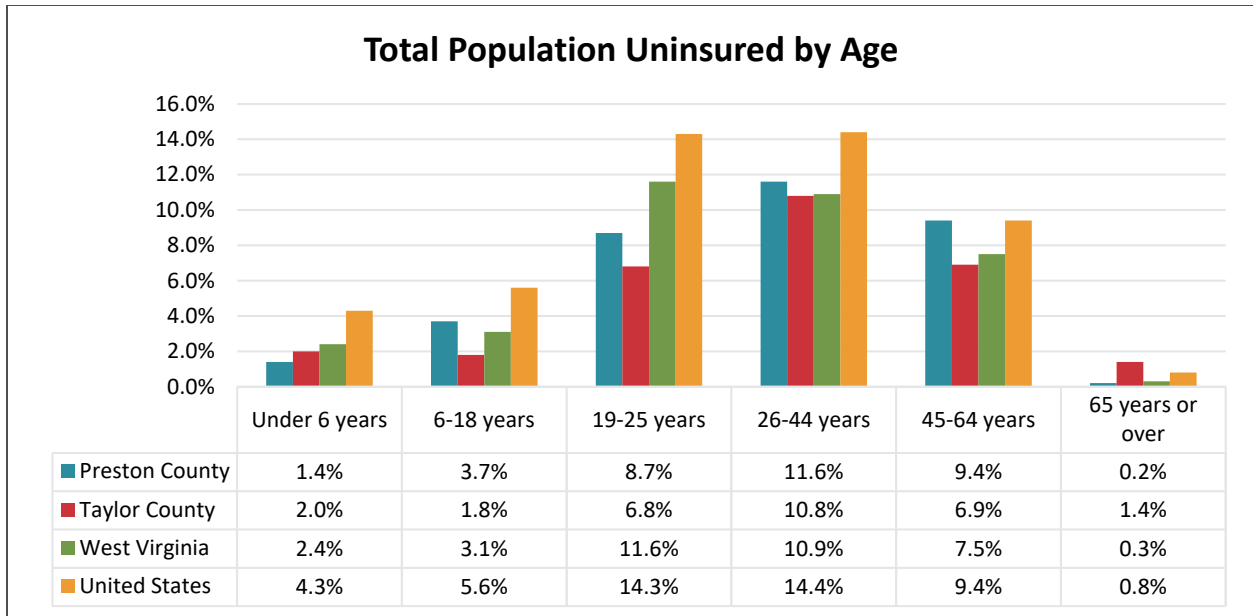
Among insured Preston and Taylor county residents, more than half have employer-based insurance, a similar proportion as the state and nation. Consistent with age demographics for the region, **approximately one-quarter of residents have Medicare insurance compared to 17.6% nationally.** A slightly higher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

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

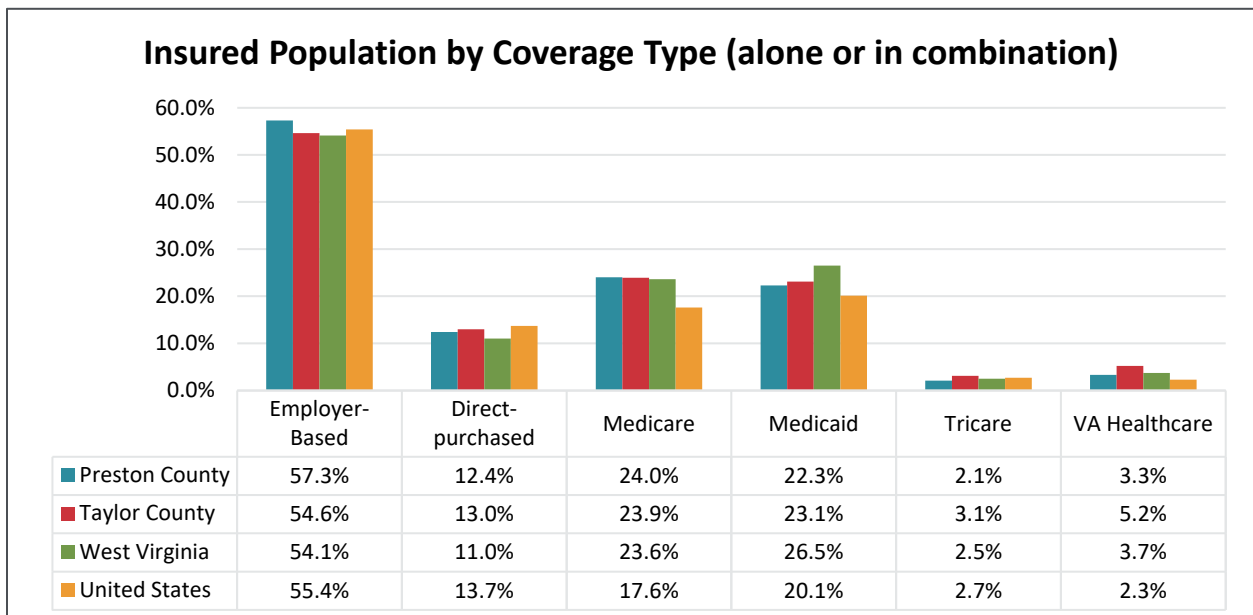


Source: US Census Bureau, American Community Survey





Source: US Census Bureau, American Community Survey



Source: US Census Bureau, American Community Survey

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



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

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

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

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

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

#### Health Risk Factors and Chronic Disease

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

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

#### 2019 Age-Adjusted Adult Health Risk Factors

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

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

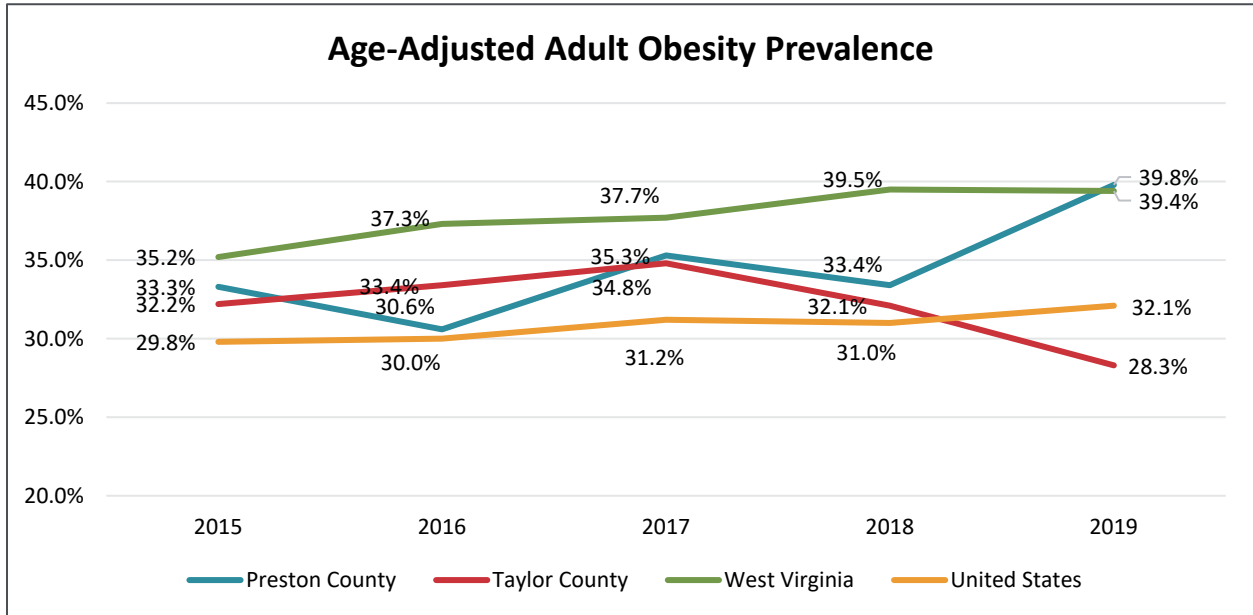
#### Obesity and Diabetes

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

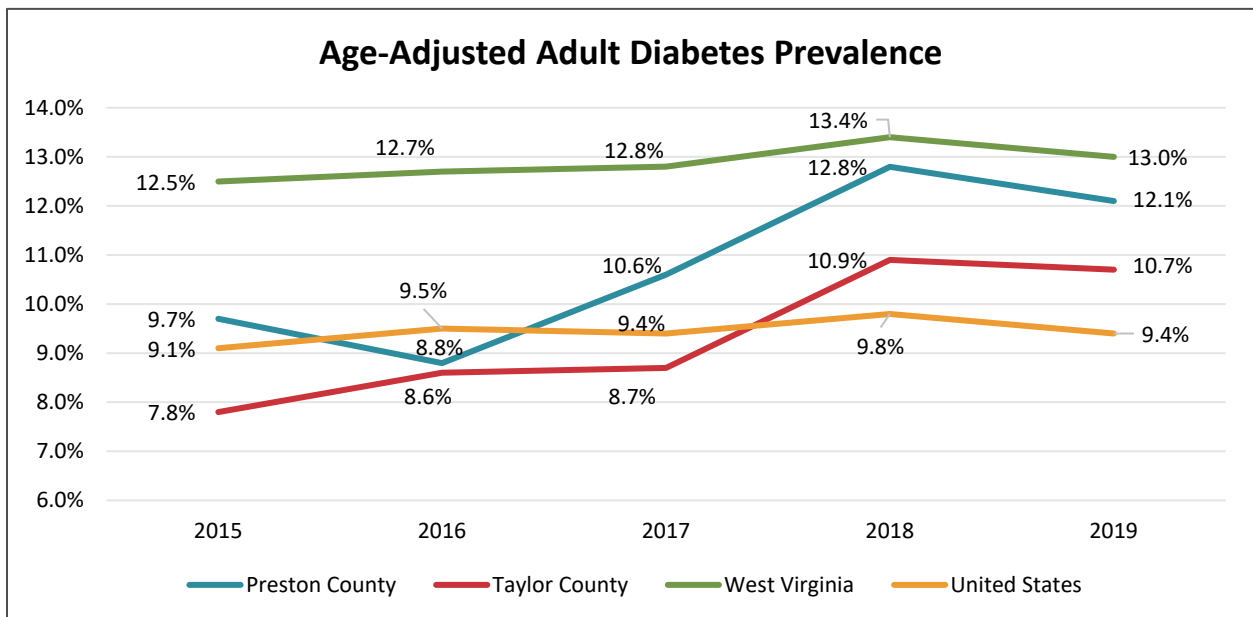


generally increased over the past five years. **Preston County also reports higher prevalence of obesity and diabetes, largely mirroring statewide averages in 2019**, although the death rate declined in recent years. **While Taylor County saw lower and declining obesity in 2018 and 2019, diabetes prevalence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

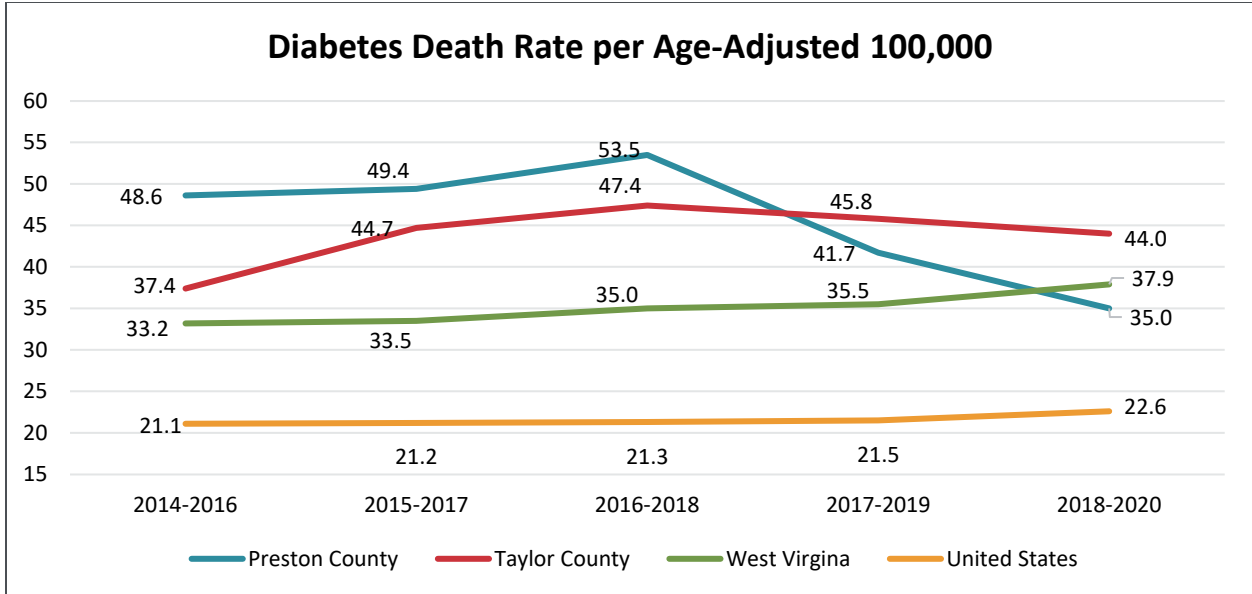
Statewide and nationally, the diabetes death rate for Black/African Americans is more than double the death rate for Whites. Data by race and ethnicity are not reported for Preston and Taylor counties due to low counts.



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention

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

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

Source: Centers for Disease Control and Prevention

#### Heart Disease

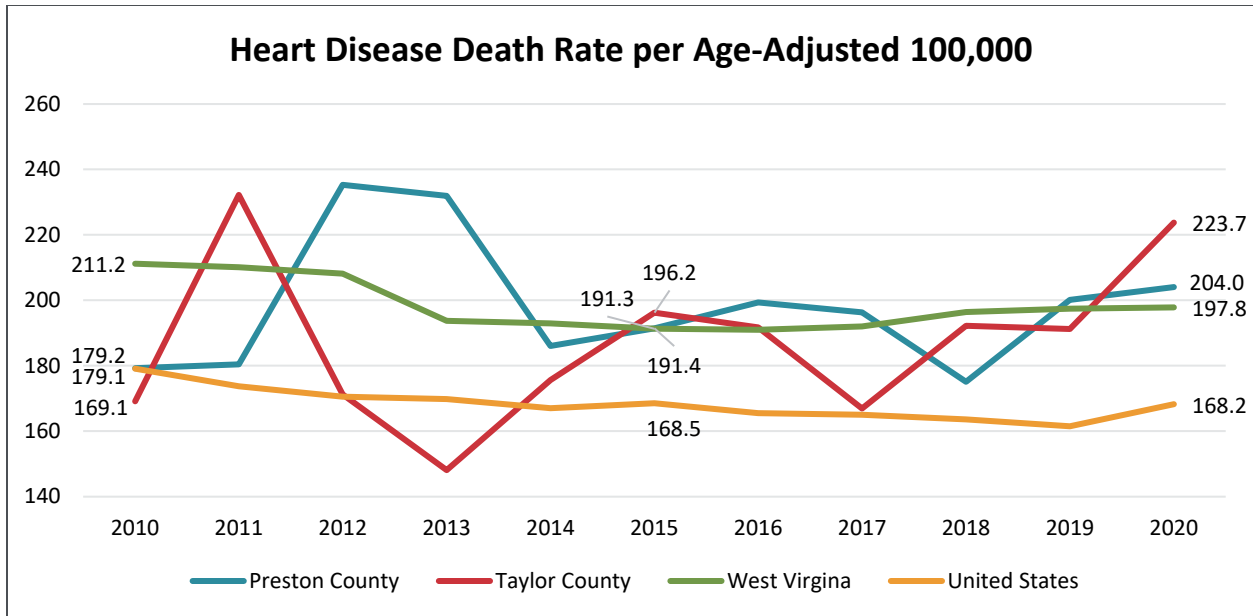
Heart disease is the leading cause of death nationally, and high blood pressure and high cholesterol are two of the primary causes. **Preston and Taylor counties have a similarly high prevalence of high blood pressure and high cholesterol as the state, and a higher heart disease death rate than the state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

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

#### 2019 Age-Adjusted Adult Heart Disease Risk Factors

	Adults with High Blood Pressure	Adults with High Cholesterol
Preston County	36.7%	30.3%
Taylor County	37.8%	34.2%
West Virginia	38.5%	33.5%
United States	29.6%	28.7%

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



Source: Centers for Disease Control and Prevention

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

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

Source: Centers for Disease Control and Prevention

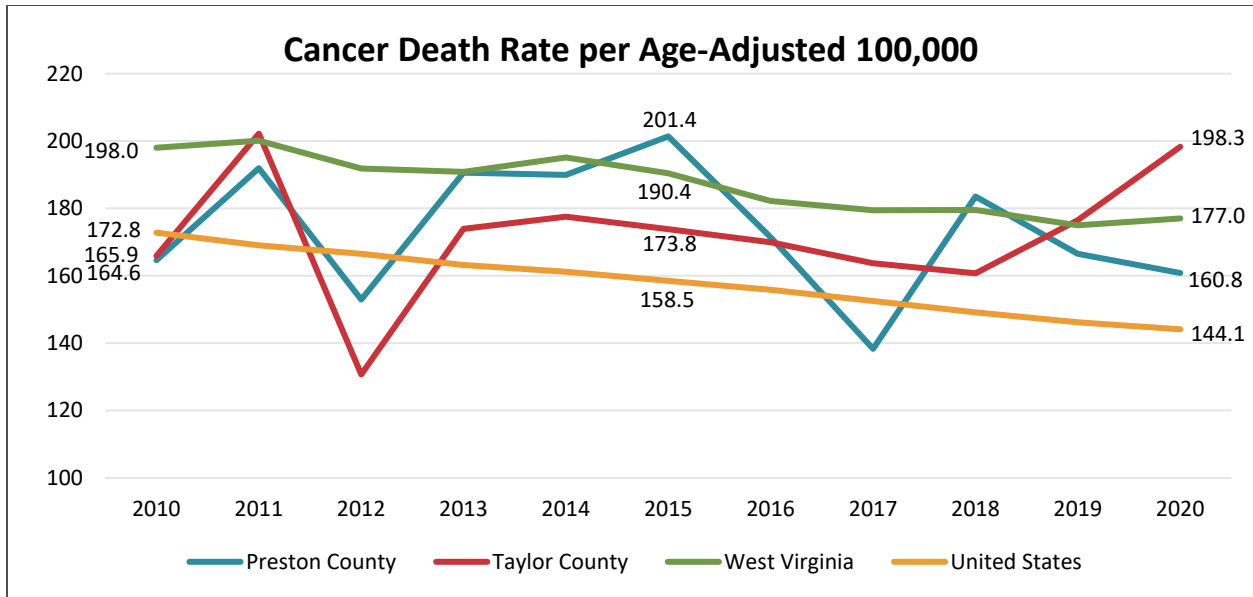
#### Cancer

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

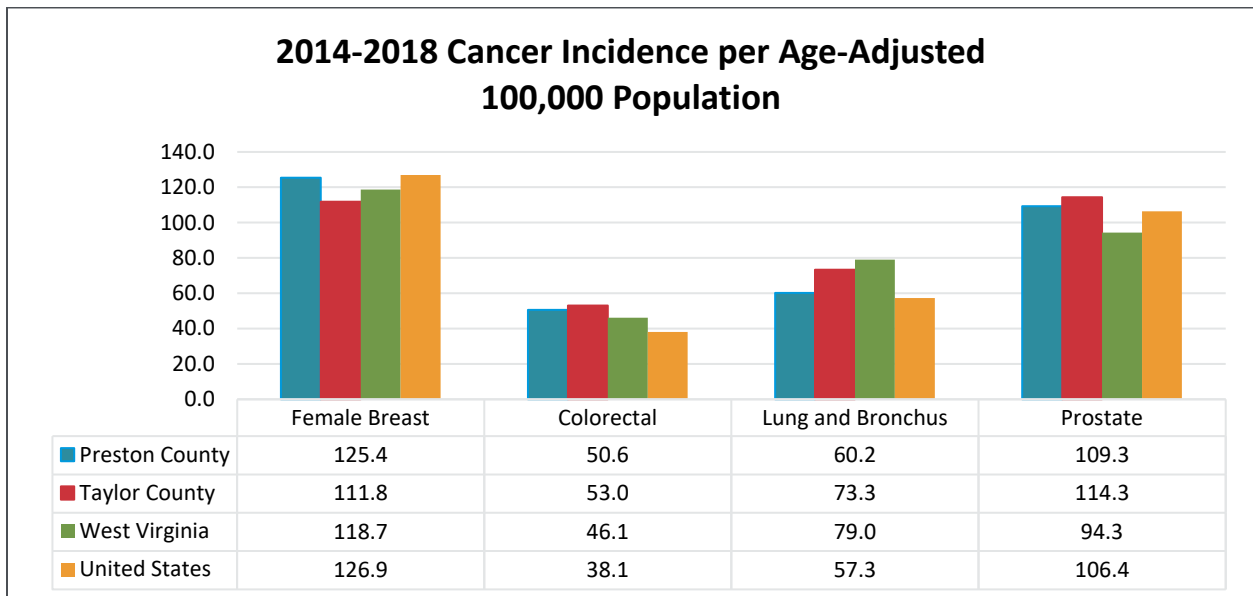
#### 2014-2018 Cancer Incidence (All Types) per Age-Adjusted 100,000

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

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

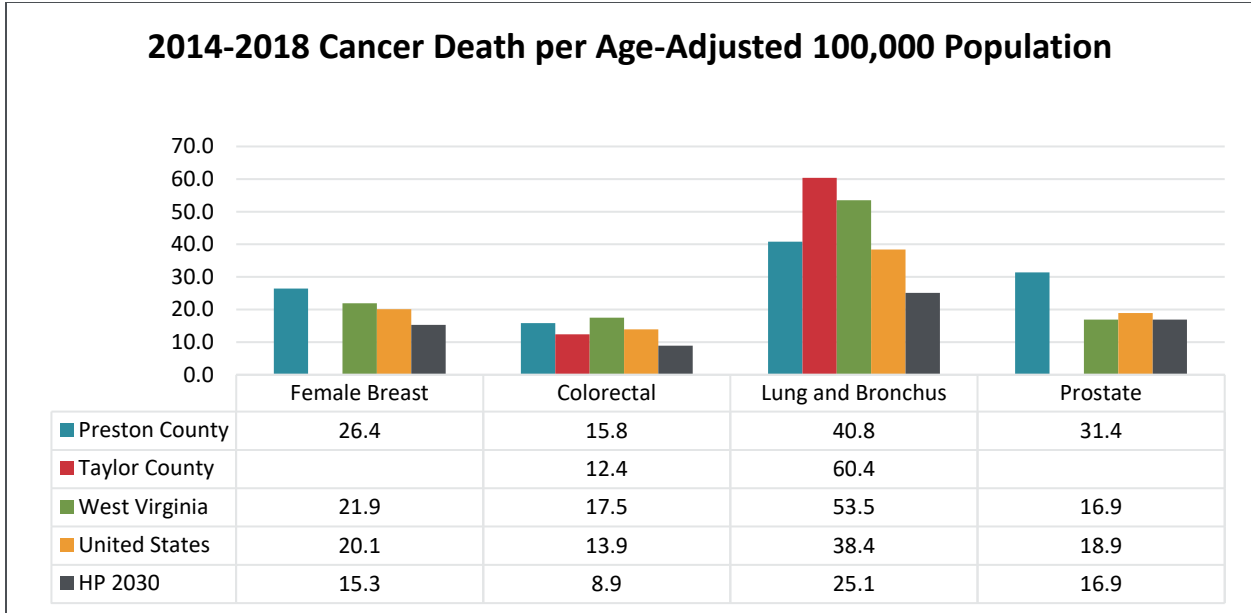


Source: Centers for Disease Control and Prevention



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





Source: Centers for Disease Control and Prevention  
 \*Data by county are reported as available.

#### Respiratory Disease

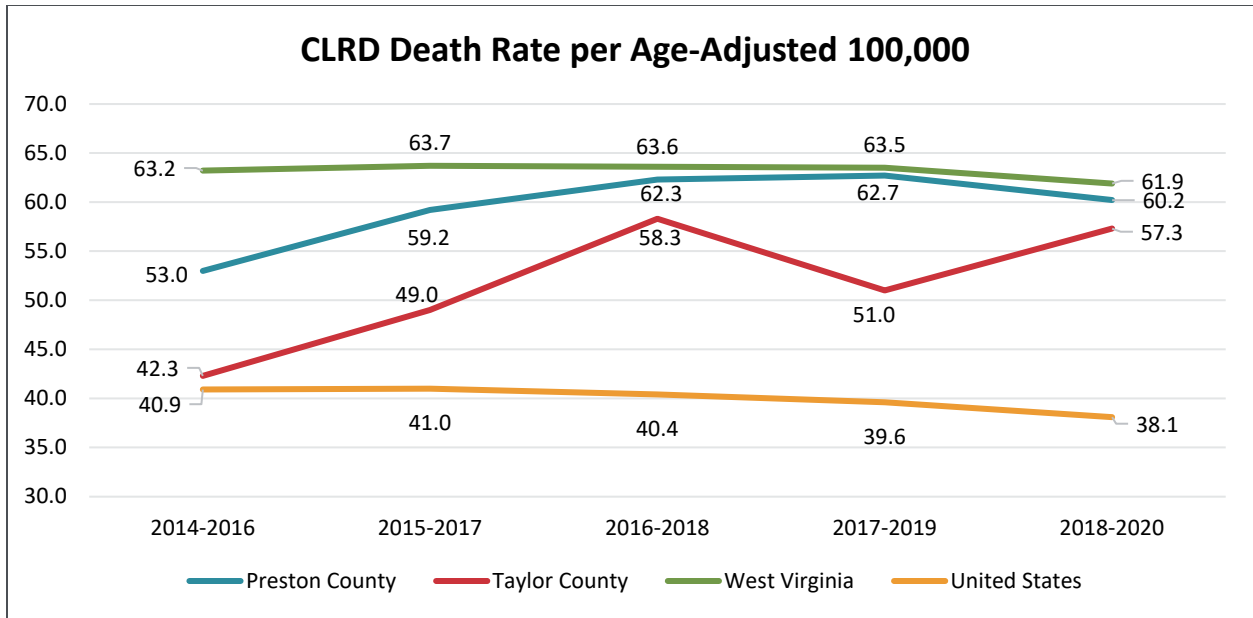
Chronic lower respiratory disease (CLRD) includes several chronic conditions of the respiratory tract, including chronic obstructive pulmonary disease (COPD). Adults living in West Virginia, including Preston and Taylor counties, have a higher prevalence of COPD than the nation overall. This finding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

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

#### 2019 Age-Adjusted Adult COPD Diagnosis

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

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



Source: Centers for Disease Control and Prevention

### Aging Population

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

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

#### 2018 Chronic Condition Comorbidities among Medicare Beneficiaries 65 Years or Older

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

Source: Centers for Medicare & Medicaid Services

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



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

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

Source: Centers for Medicare & Medicaid Services

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

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

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

Source: Centers for Medicare & Medicaid Services

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

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

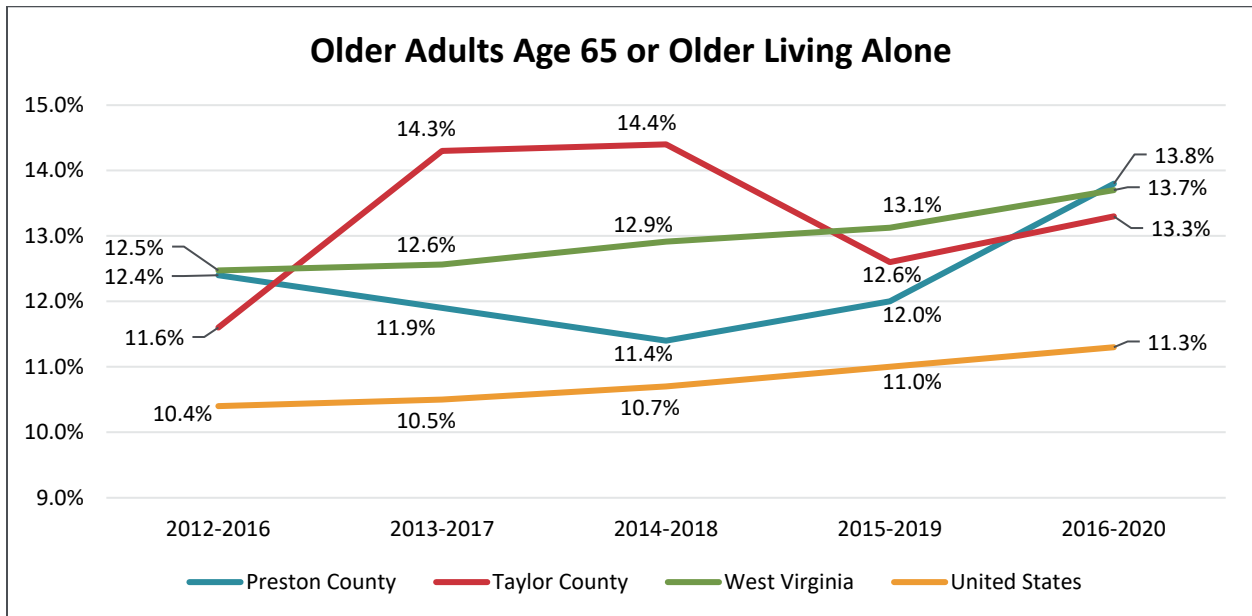
### 2018 Chronic Condition Prevalence among Medicare Beneficiaries Aged 65 Years or Older

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

Source: Centers for Medicare & Medicaid Services



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

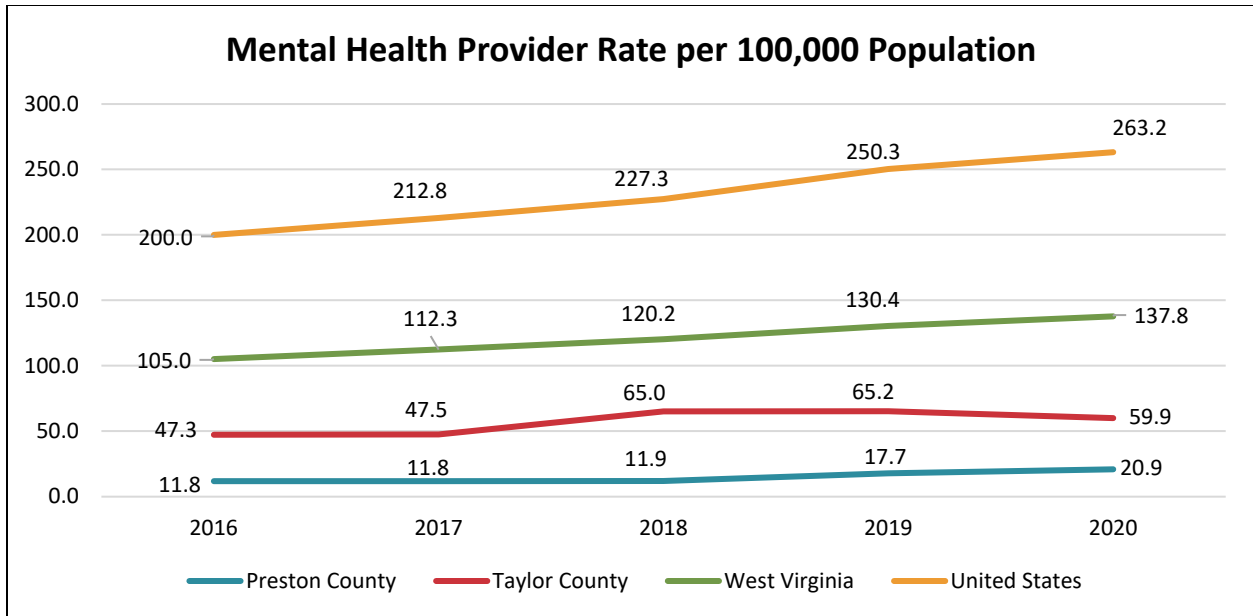


Source: US Census Bureau, American Community Survey

### Mental Health and Substance Use Disorder

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

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



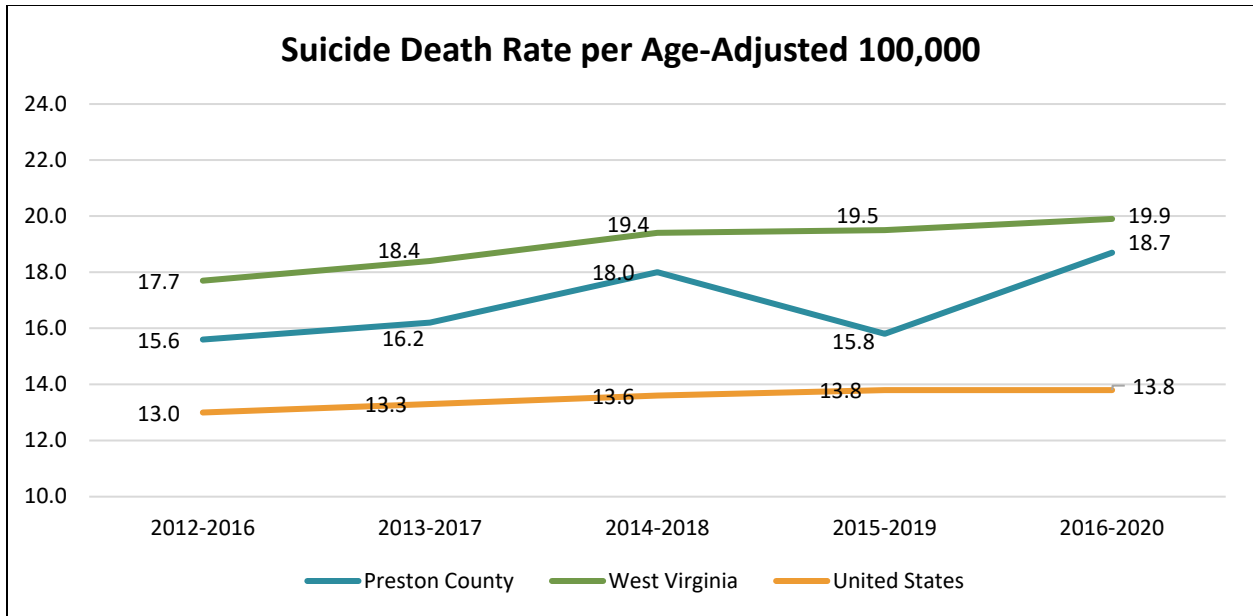
Source: Centers for Medicare and Medicaid Services

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

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

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

Source: Centers for Disease Control and Prevention, BRFSS



Source: Centers for Disease Control and Prevention

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

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

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

#### Alcohol Use Disorder Indicators

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

Source: Centers for Disease Control and Prevention, BRFSS

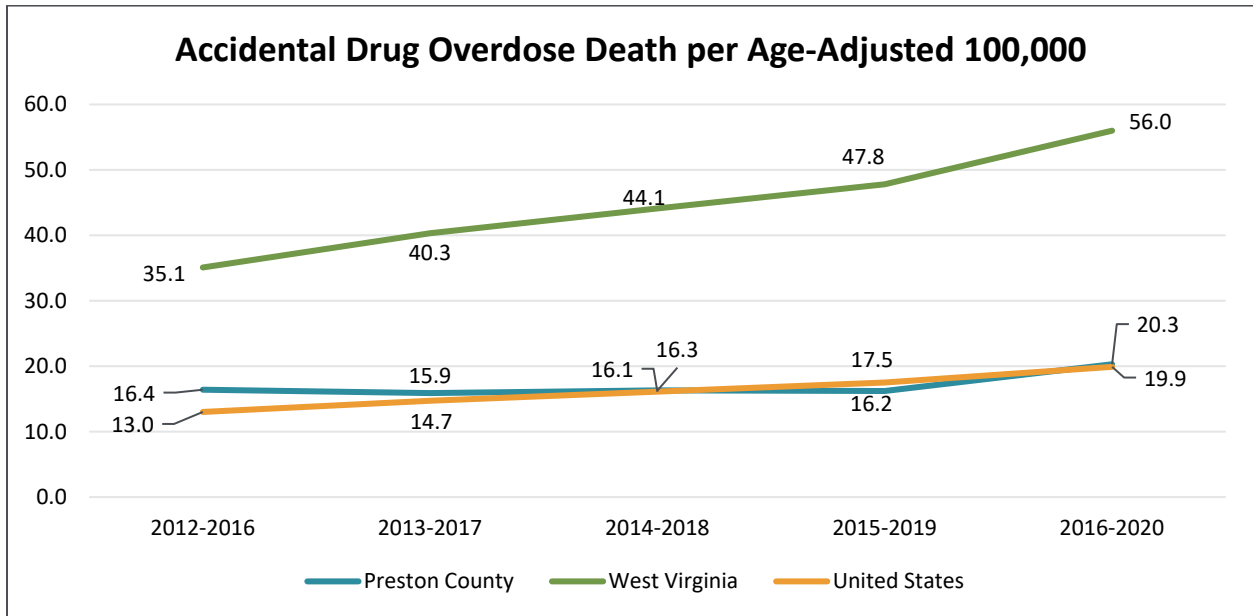
\*Includes males having five or more drinks on one occasion and females having four or more drinks on one occasion.

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





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



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

## Youth Health

### Overweight and Obesity

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

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

High School Students with Obesity

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

Source: Centers for Disease Control and Prevention, YRBS



### 2019 High School Students with Obesity

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

Source: Centers for Disease Control and Prevention, YRBS

### Behavioral Health and Substance Use Disorder

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

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

### High School Students Reporting an Attempted Suicide

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

Source: Centers for Disease Control and Prevention, YRBS

### 2019 High School Students Reporting an Attempted Suicide

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

Source: Centers for Disease Control and Prevention, YRBS



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

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

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

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

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

Source: Centers for Disease Control and Prevention, YRBS

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

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

Source: Centers for Disease Control and Prevention, YRBS

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

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

Source: Centers for Disease Control and Prevention, YRBS



## Maternal and Infant Health

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

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

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

Source: Centers for Disease Control and Prevention

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

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

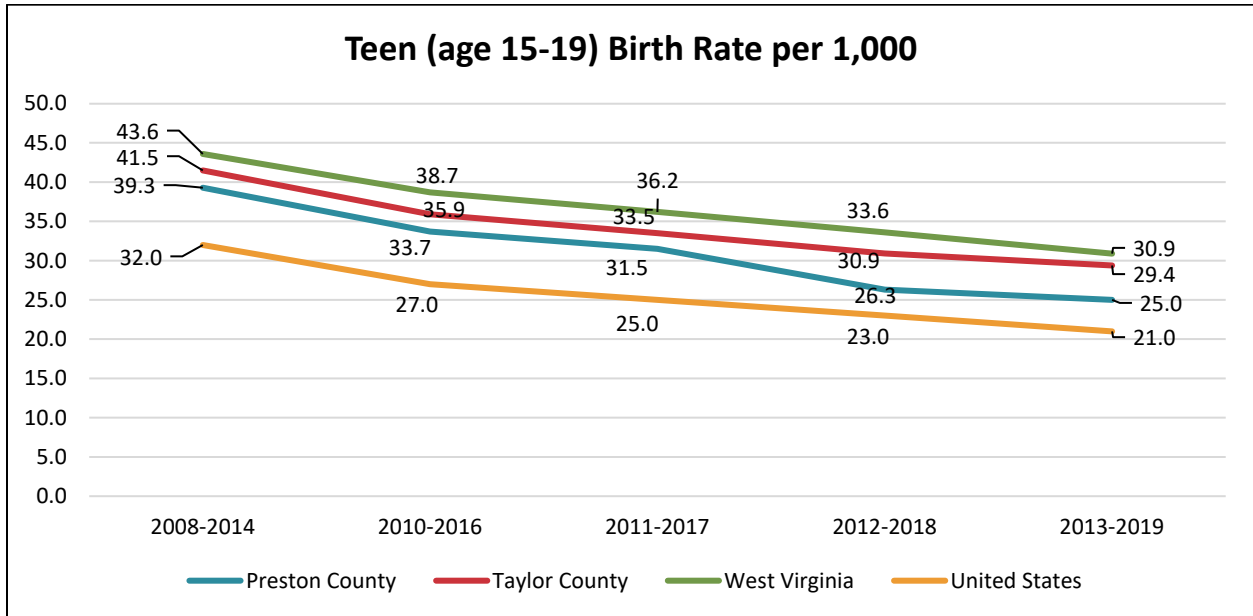
**2019 State and National Maternal and Infant Health Indicators by Race and Ethnicity**

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

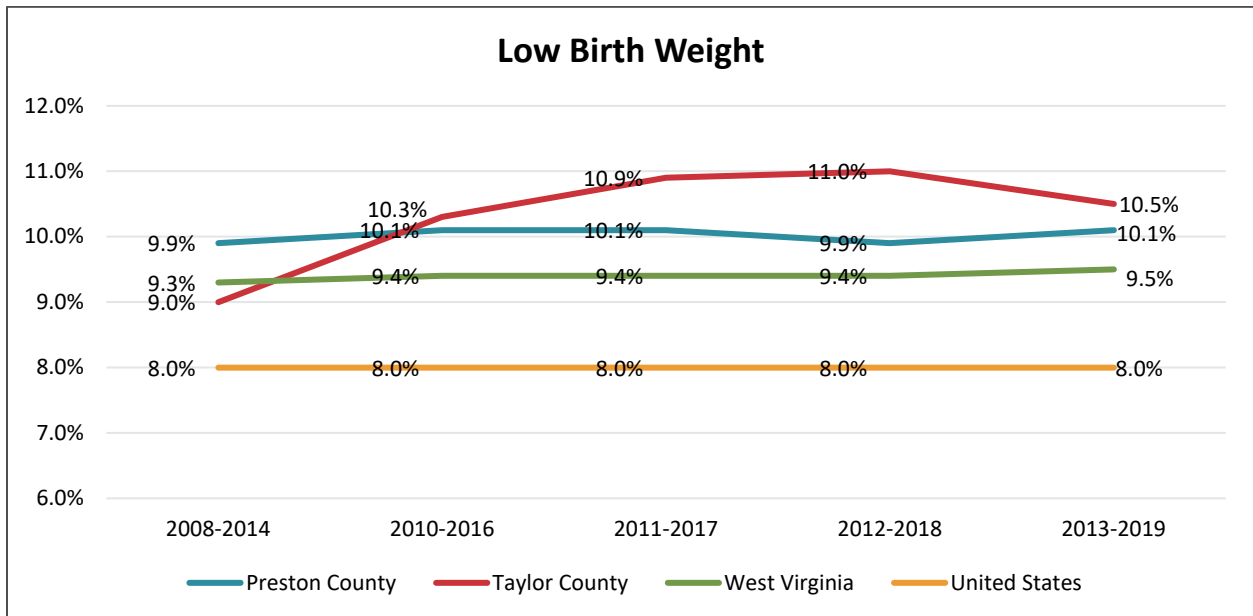
Source: Centers for Disease Control and Prevention



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



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



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



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

#### Infant and Child Deaths

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

Source: Centers for Disease Control and Prevention

#### 2019 Maternal Deaths\* per 100,000 Live Births

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

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

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

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





## Community Conversations

As part of the CHNA, PMH hosted a Partner Meeting on May 23, 2022. A total of 14 people attended representing health and social service agencies, education sectors, senior services, and civic organizations. The objective of the forum was to share data from the CHNA and garner feedback on community health priorities, as well as opportunities for collaboration among partner agencies.

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

### Community Partner Feedback

#### Challenges Brought About by COVID

- ▶ Preston County saw higher COVID-19 case and death rates due to several factors, including an older, more vulnerable population; low vaccination rates; and higher prevalence of chronic disease comorbidities
- ▶ Fewer people received routine preventive care during the pandemic, contributing to higher acuity from not having caught conditions in earlier stages; telehealth services were limited among individuals with internet and device barriers
  - Health fairs are an essential strategy to promote affordable and regular preventive screenings in the community, particularly for seniors. Residents can obtain needed screenings and lab services for approximately \$30 versus \$250 if they visited their regular provider. Health fairs were cancelled due to pandemic-related restrictions, and shortages in lab work supplies challenge the planning of future events.
- ▶ Lost learning among children and school students contributed to delays in social emotional learning and maturity and development; new shortages in bus drivers have caused cancelled school days and additional learning loss
- ▶ Youth mental health concerns, including anxiety and feelings of hopelessness, increased due to isolation and/or adverse experiences during the pandemic
  - “School is a happy place for some children. Their home life isn’t, and they were stuck.”
  - “Kids have given up. Previous straight-A students are not graduating.”
- ▶ Senior mental health concerns, particularly depression, also increased due to social isolation and fear of the pandemic
  - “A lot of people didn’t return to the senior centers because of depression.”
- ▶ Available mental health services are limited and have wait lists; residents travel to Morgantown or Huntington for care



### Increasing and Measuring Impact: Significant Accomplishments

- ▶ The Chamber of Commerce is working to improve healthcare access by offering an affordable member health insurance plan, targeting small employers that are not able to offer or subsidize plans for employees
- ▶ Preston County is one of the only West Virginia counties with a mobile food pantry, taking needed food resources directly to the consumers who need them
- ▶ Preston County Schools have access to substance use disorder prevention curriculum to increase awareness and provide intervention tactics to help reduce the appeal of substances
- ▶ Preston County High School offers career and technical courses that have been recognized as among the best in the state; programs include Medical Assistant and Certified Nursing Assistant programs to help promote healthcare careers
- ▶ The Preston County Youth Center is seen as a valuable resource for kids and working parents to promote engaging activities in a safe, nurturing environment
- ▶ Second Saturday street fairs have started in Kingwood, providing an opportunity for social connection and health improvement initiatives
- ▶ The Buckwheat Express provides reliable and affordable public transportation within Preston County and to and from Morgantown, including free services for individuals aged 60+ and reserved-ride medical, nutrition, and shopping transportation for seniors and individuals with disabilities

### Increasing and Measuring Impact: Building on Success

- ▶ Volunteers are an essential workforce for non-profit agencies and many individuals stopped volunteering during the pandemic; additional efforts are needed to promote the value of volunteer work and reengage this workforce
- ▶ Opportunities to connect available transportation services with medical offices should be explored to proactively address access barriers and limit no-show appointments
- ▶ A Harm Reduction Program (HRP) is being considered by the Kingwood Council; HRPs have successfully operated in West Virginia since 2011, providing safe injection sites and points of access to prevention, testing, and treatment for blood-borne diseases, as well as family planning and referrals to medical treatment and social services
- ▶ Drive-thru pandemic-related services were successful and should be considered as strategies to promote other services
- ▶ Future health fairs may be expanded to provide intentional opportunities for social interaction



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

In 2019, PMH completed a CHNA and developed a supporting three-year Implementation Plan for community health improvement. The Implementation Plan outlined our strategies for measurable impact on identified priority health needs, including Obesity, Chronic Lung Disease, Diabetes, Coronary Heart Disease, and Opioid Use Disorder. Within six months of the release of the 2019 Implementation Plan, the COVID-19 pandemic shifted the priorities of our community and PMH adapted our work to respond to the emergent needs of residents. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our communities.

## Priority – Obesity

Strategies implemented by PMH addressed the overarching goal to reduce obesity, with an emphasis on access to exercise opportunities. As part of the 2019-2022 Implementation Plan, PMH conducted the following programs and initiatives:

- ▶ Dietician assistance for healthy eating and physician guided weight-loss program
- ▶ Sponsored fitness center in Bruceton Mills, offering flexible hours and affordable memberships
- ▶ Support for Food for Preston, including food donations and sponsorship of the Backpack Program and annual Empty Bowls fundraiser
- ▶ Sponsorship of community races, youth summer camps, and other exercise opportunities
- ▶ Community-based educational presentations and Speakers Bureaus on physical activity and nutrition
- ▶ Support for school-based physicals and sports programming
- ▶ Support for After School Explorers, a federally funded 21st Century Community Learning Center program, promoting student and parent achievement and healthy lifestyles

## Program and Strategy Highlights:

Preston Memorial Hospital is a long-time partner and donor to Food for Preston Pantries and Backpack Program. The 11 food pantries serve just over 2,200 people each month. The year-round backpack program provides weekend food to Preston County students every week. School counselors & staff enroll students based upon need to maintain confidentiality. The program serves over 300 students, distributing over 14,000 bags of food throughout the year. Each bag contains two breakfasts, two lunches, two dinners, and two snacks. In March 2020, PMH employees donated \$700 to help support Food for Preston. In 2022, staff donated over 15 boxes of food for the food drive which included canned goods, pre-packaged items, baby formula, and pet food.

Preston Memorial Hospital works with all 10 public schools throughout Preston County to educate students on a variety of relevant health topics. Through many established collaborations to support each entity, PMH fills requests from schools based on need and availability. Topics for discussion include E-Cigarette/Vaping usage, stress management, minor first-aid education, exercise and nutrition, germ



prevention, healthy handwashing and more. Educational presentations are held during school hours, at special events, and during specific programs such as After School Explorers. Employees also engage students, guardians, and teachers through activities at back-to-school celebrations, parent-teacher conferences, Lights on After School, wellness family nights, and many other events.

### **Priority – Chronic Lung Disease**

Strategies implemented by PMH addressed the overarching goals to reduce disease prevalence through tobacco prevention and cessation, and to assist patients with chronic lung disease to better manage their condition. As part of the 2019-2022 Implementation Plan, PMH conducted the following programs and initiatives:

- ▶ School-based youth and parent e-cigarette and vaping prevention education
- ▶ Community-based educational presentations and Speakers Bureaus on chronic lung disease
- ▶ Free tobacco cessation classes for community members
- ▶ Healthcare career development through sponsorship of medical students and allied health professionals, including respiratory therapy students
- ▶ Provision of pulmonary rehabilitation center services at PMH
- ▶ Provision of a low-dose CT scan care pathway for patients with qualifying criteria and low self-pay pricing for patients not covered by insurance

### **Program and Strategy Highlights:**

The PMH pulmonary rehabilitation center is a program of exercise, education, and support to help patients learn to breathe—and function—at the highest level possible. At pulmonary rehabilitation, patients work with a team of specialists to improve their physical condition. During the 36-week program, professional staff monitor each patient closely and adjust the goals to fit each patient’s individual needs. Participants share the rehab experience and gain mutual support with other patients in the program. The program aims to help patients reach their maximum potential to participate in all activities of daily living, minimize episodes of feeling breathless, and reduce the need for hospital care.

### **Priorities – Diabetes and Coronary Heart Disease**

Strategies implemented by PMH addressed the overarching goals to reduce disease prevalence and assist patients with existing disease incidence to access care and manage their condition. As part of the 2019-2022 Implementation Plan, PMH conducted the following programs and initiatives:

- ▶ Free or reduced-cost community-based screenings, participation in health fairs, and educational presentations and Speakers Bureaus on stroke awareness, heart disease, and heart health
- ▶ Community presentations on affordable healthcare options and health insurance enrollment in partnership with community agencies
- ▶ Senior-targeted community health education, including stroke awareness, vital signs, and exercise
- ▶ Healthcare career development through sponsorship of interns, residents, and fellows, and participation in youth career workshops and fairs



- ▶ Sponsored blood drives in partnership with the American Red Cross
- ▶ Heartsaver First Aid and CPR courses for community members and healthcare providers
- ▶ Implemented pathway to quality program to achieve chest pain accreditation from the ACC for the Emergency Room

### **Program and Strategy Highlights:**

Preston Memorial Hospital is a Premier Blood Partner for the American Red Cross and has been hosting blood drives in conjunction with the organization for 39 years, since 1981. Prior to the pandemic, PMH strategically planned six annual blood drives to support the organization. The American Red Cross is currently in critical need of blood donations, making it very important that all blood drives are successful. In 2021, PMH hosted seven blood drives yielding 209 units; each unit can serve up to three people.

### **Priority – Opioid Use Disorder**

Strategies implemented by PMH addressed the overarching goals to prevent opioid use and to make treatment more accessible for the community. As part of the 2019-2022 Implementation Plan, PMH conducted the following programs and initiatives:

- ▶ Speakers Bureaus on opioid prevention and alternatives to pain management
- ▶ In partnership with the Medication-Assisted Treatment program, provided school-based youth education on drug prevention, positive coping techniques, and anti-bullying; education was provided at the high school and three middle schools in Preston County
- ▶ Implementation of the Recovery Care Program, providing support and services at the emergency room and in the community, including group therapy, weekly counseling, community-based meetings and recovery planning
- ▶ Implementation of a peer recovery program – Reverse the Cycle – to support and fast-track individuals with opioid use disorder to same day and ongoing treatment
- ▶ Provision of Medication-Assisted Treatment and detox and inpatient programming for patients experiencing opioid use disorder

### **Program and Strategy Highlights:**

The PMH Recovery Care Program, started in June 2021, provides several routes for those searching for treatment. Taking the first step can be difficult but it is ultimately the best step of a lifetime. A person can discuss treatment and referral options with their primary care physician but most frequently patients enter the program because of an emergency room visit. In the PMH Emergency Department they will be assessed for substance use disorder. At that time, a Peer Recovery Coach can help the patient decide what is the best treatment available - whether an inpatient 28-day program; detoxification program; or medication-assisted treatment (MAT), which is available at PMH. The patient will be referred to the most appropriate treatment option.

The number of patients varies in the Program because stages of treatment vary. In the first treatment stage, increased services such as group therapy, weekly counseling, and community-based meetings are



available. A Licensed Clinical Therapist is also on site to assist patients with recovery planning and for 1:1 counseling. During the patient recovery, the treatment team assists and supports with a number of living needs to aid in the success of the patient's recovery. Patients are welcomed to stay in the program as long as needed.

### COVID-19 Response

Preston Memorial Hospital has supported the community throughout the pandemic, providing education and supporting community-wide efforts for screening and vaccination. The following is a list of services provided by the hospital in response to COVID-19:

- ▶ COVID-19 screening in partnership with the Preston County Health Department
- ▶ COVID-19 vaccine scheduling for the Preston County Health Department and sponsorship of community vaccine clinics
- ▶ Served as a state sponsored testing location until June 2022
- ▶ Expansion of telehealth services for all primary care locations, including urgent care
- ▶ Development and provision of virtual health education materials

Preston Memorial Hospital welcomes your partnership to meet the health and medical needs of our community. We know we cannot do this work alone and that sustained, meaningful health improvement will require collaboration to bring the best that each of community organizations has to offer. To learn more about PMH's community health improvement work or to discuss partnership opportunities, please visit website: [www.monhealth.com/preston-memorial](http://www.monhealth.com/preston-memorial) or contact Kim Liston, Community Programs Coordinator at [kliston@monhealthsys.org](mailto:kliston@monhealthsys.org).





## Appendix A: Public Health Secondary Data References

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## Appendix B: Community Partner Meeting Attendees

- ▶ Shelley Graham, Preston Memorial Hospital
- ▶ David Hartley, West Virginia University Extension 4-H Youth Development
- ▶ Tammy Laney, Food for Preston
- ▶ Richelle Layman, Preston County Family Resource Network
- ▶ Kim Liston, Preston Memorial Hospital
- ▶ Kristen Logsdon, Buckwheat Express
- ▶ Stephanie Martin, Preston High School MA Instructor
- ▶ Amanda McCleary, Preston High School CNA Instructor/Preston Memorial Hospital Nurse Supervisor
- ▶ Brittany Reed, Preston County Schools After School Explorers
- ▶ Kim Riley, West Virginia Caring Hospice
- ▶ Grace Sypolt, North Central West Virginia Community Action
- ▶ Barb Thorn, Preston County Starting Points
- ▶ Jeannie Welch, Preston County Health Department
- ▶ Janie White, Preston County Senior Citizens/Buckwheat Express