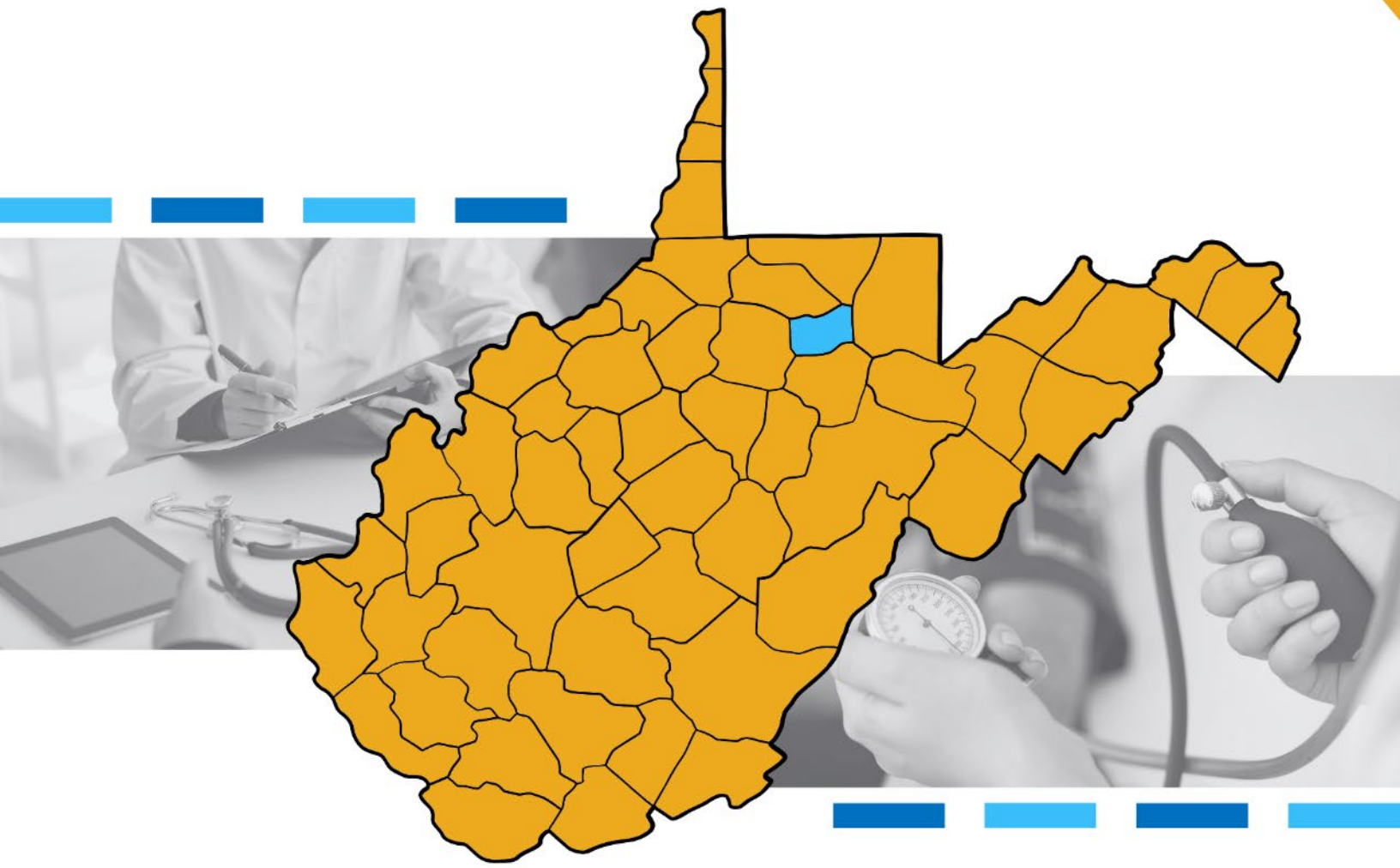
GRAFTON
TAYLOR COUNTY
HEALTH
DEPARTMENT



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Hartley Health Solutions
Bridging Systems & Communities

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Hartley Health Solutions
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At Hartley Health Solutions, our mission is to improve community health outcomes through tailored, innovative consulting that addresses the specific needs of underserved populations. We value collaboration, data-driven insights, and a commitment to equity in healthcare access. Our unique approach involves leveraging technology and community engagement to develop sustainable, preventative solutions. By focusing on strategic partnerships and local resource optimization, we empower organizations to better serve their populations. We are dedicated to transforming healthcare delivery in rural and provider-shortage areas with a focus on long-term impact.

HartleyHealth.org

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COMMITMENT TO HEALTH EQUITY

Grafton-Taylor County Health Department (GTCHD) is a governmental organization that was created to serve the City of Grafton and Taylor County, West Virginia. It is the mission of the GTCHD to maintain the quality and equitable delivery of all health and environmental services offered through this health department to the people of Taylor County.

Health equity is defined as the attainment of the highest level of health for all people, ensuring that every individual has the opportunity to achieve their full health potential, regardless of social, economic, or environmental factors. It requires the elimination of health disparities that are often influenced by conditions such as race, ethnicity, income, education, geographic location, and other social determinants of health.

The GTCHD works to accomplish their mission by using the core public health functions of assessment, policy development, and assurance. It is dedicated to providing these services to all individuals equally, by education-prevention-direct care and follow-up, impressing upon the people that they exist to serve them, care, and help. The GTCHD also cooperates with all other health, mental health, and environmental health agencies, as well as the community, state, and federal government agencies. In carrying out its mission GTCHD hopes to build a healthier, more informed population, and to make Taylor County a safer county in which to live, work, and play.

Aligned with GTCHD's Health Equity Policy, and GTCHD's commitment to ensuring the community's voice is central to all efforts, the 2024 Community Health Needs Assessment (CHNA) incorporates health information gathered directly from Taylor County residents and organizations serving diverse sectors of the community. By actively engaging individuals and community stakeholders, the CHNA reflects the unique perspectives, challenges, and priorities of those who live and work in Taylor County. This collaborative approach ensures the assessment identifies health needs and opportunities that truly matter to the community, guiding equitable and impactful health improvement strategies.

Every five years, the GTCHD conducts a CHNA to gain deeper insights into the health and wellness priorities of the community. The last CHNA was completed in 2022 in partnership with Grafton City Hospital. The 2024 CHNA, an extension of the 2022 CHNA, builds on the foundation of this previous assessment to include primary data to meet the standards set by the Public Health Accreditation Board, and will continue to guide efforts in community health improvement and benefit initiatives.

As in past assessments, the 2024 CHNA places a strong focus on understanding and addressing the health needs of all Taylor County residents. Community partners are encouraged to explore the CHNA findings and collaborate to address the identified health priorities. For more information or to get involved, visit www.taylorcountyhdwv.gov, or contact 304-265-1288.

EXECUTIVE SUMMARY

The 2024 Community Health Needs Assessment (CHNA) for Grafton-Taylor County Health Department (GTCHD) represents a crucial endeavor aimed at identifying and addressing the most pressing health needs of Taylor County residents. This assessment adheres to the standards set by the Public Health Accreditation Board and utilizes a rigorous, community-driven approach to enhance public health strategies and promote health equity.

Data Collection Methods: To ensure a comprehensive understanding of community health dynamics, a combination of secondary data review and two targeted surveys (the Partner Survey and the Community Survey) was employed, incorporating both quantitative and qualitative data collection and analysis. This multi-source data collection strategy provided a robust dataset for analyzing the health status and needs of the population.

Stakeholder Engagement: The CHNA Stakeholder Steering Committee comprised local healthcare providers, non-profit organizations, government officials, business leaders, and community members. These stakeholders were integral in both the data collection phase and the subsequent analysis, bringing a wealth of local knowledge and insight that significantly enriched the assessment process.

Prioritization Process: After the initial data review and analysis, the CHNA Stakeholder Steering Committee utilized a structured prioritization matrix to evaluate the identified health issues based on their urgency, impact on the community, and the feasibility of addressing them within the scope of GTCHD resources. This methodical approach ensured that resource allocation and strategic planning efforts were focused on the most significant health challenges.

From this thorough evaluation, the four main health priorities identified were: access to health providers, obesity, diabetes, and heart disease. These issues will be the primary focus of the upcoming Community Health Improvement Plan (CHIP), which will detail specific, actionable steps and measurable objectives aimed at mitigating these concerns.

As the development of the CHIP proceeds, set to commence in January 2025, involvement and input from all community sectors continue to be welcomed. By maintaining a collaborative approach, the goal is to transform the insights gained from the CHNA into effective, sustainable health improvements for all Taylor County residents.

For further details or to participate in this initiative, please contact the GTCHD at 304-265-1288, or visit www.taylorcountyhdwv.gov. Through collective efforts, a healthier future for Taylor County can be achieved.

INTRODUCTION

The Grafton-Taylor County Health Department (GTCHD) conducted the 2024 Community Health Needs Assessment (CHNA) to identify and prioritize the health needs of Taylor County residents. This assessment aligns with the Public Health Accreditation Board (PHAB) standards, ensuring a comprehensive evaluation of health trends, resource gaps, and opportunities to enhance public health services.

The 2024 CHNA aims to:

- **Engage the community and stakeholders** to gather diverse perspectives on pressing health issues.
- **Utilize data-driven insights** to identify health disparities, emerging threats, and barriers to care.
- **Foster collaborative planning and resource alignment** with local partners to address identified priorities effectively.
- **Support evidence-based decision-making** for programs, policies, and services that promote health equity and improve community outcomes.

This process will guide GTCHD in strengthening its strategic initiatives and fulfilling its mission to protect and enhance the health and well-being of Taylor County's population. By adhering to PHAB guidelines, GTCHD ensures accountability, transparency, and a focus on continuous quality improvement.

The GTCHD serves as a cornerstone for public health services in Taylor County, West Virginia. Like many local health departments across the United States, its creation was driven by the need to address critical health challenges within the community, such as communicable diseases, sanitation, and access to health resources. Over the years, GTCHD has expanded its role to include a variety of health services such as immunizations, health screenings, environmental health oversight, and community education.

The department has also adapted to modern public health challenges, including opioid addiction, chronic disease prevention, and emergency preparedness. GTCHD has been a vital partner in addressing regional health disparities and has focused on improving communication, outreach, and data management to better serve the community.

The mission of GTCHD is rooted in improving the health and well-being of Taylor County residents. It achieves this through education, prevention, direct care, and collaboration with local, state, and federal agencies. The department focuses on a wide range of public health services, including immunizations, family planning, environmental health, threat preparedness, and harm reduction efforts.

GTCHD has recently expanded its programs and services to better address the needs of the community. These include offering mobile health clinics, walk-in vaccination services, and a

strong emphasis on addiction resources, environmental health, and communicable disease control. The department also works closely with community partners to ensure effective service delivery and promote a healthier, safer environment for residents to live, work, and play; therefore, the GTCHD has engaged their community partners in developing the 2024 CHNA.

CHNAs are essential tools for improving public health outcomes by systematically identifying and addressing the health challenges faced by a community. They provide critical insights into priority health issues, resource gaps, and disparities among vulnerable populations, ensuring that public health efforts are data-driven and equitable. Through robust community engagement, CHNAs foster collaboration with stakeholders, amplify the voices of residents, and build trust, ensuring that health strategies align with community needs. These assessments also guide the allocation of resources, helping to focus efforts where they are most needed, and inform the development of policies and programs that address both immediate concerns and the underlying social determinants of health. By adhering to national standards, such as those outlined by the PHAB, CHNAs enhance accountability and support continuous quality improvement, ultimately strengthening public health infrastructure and improving the overall well-being of the community. The GTCHD's 2024 CHNA reflects this commitment, serving as a foundation for strategic planning and action to achieve meaningful health improvements for all Taylor County residents.

METHODS

Secondary Data Analysis

This Community Health Needs Assessment (CHNA) used secondary data, which refers to data previously collected and made available by other researchers, organizations, or public agencies. The aim was to extract meaningful insights, identify trends, and draw informed conclusions to complement the primary data collected for the CHNA.

Data Sources

The primary sources of secondary data were selected based on their credibility, relevance, and recency. Government reports and datasets were prioritized for their accuracy and objectivity.

Data Analysis

Aggregated data were collected from the data sources to report percentages, counts, and other relevant metrics for key indicators. The analysis focused on factors including demographics, social determinants of health, chronic diseases, infectious diseases, and behavioral health. Descriptive statistics were applied to examine patterns and trends over the most recent time periods; however, in some instances, data from other years or periods were used based on availability or other factors. Taylor County was compared to its neighboring counties—Barbour and Preston—as well as to state and national estimates, when applicable. Statistical comparisons were based on the available estimates for each indicator.

Limitations

Data limitations included suppressed or missing data for some counties, particularly when the number of reported cases was low (e.g., less than 5). Additionally, some datasets may not have been available at the county level for certain years, and in some cases, state or national-level data were also unavailable because the data were collected and/or presented for certain geographical areas but not others. The results were presented and interpreted with these limitations in mind, and the findings are reflective of the available data at the time of analysis.

Stakeholder Engagement

The Grafton-Taylor County Health Department (GTCHD) utilized the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) framework to develop its CHNA. MAPP is a community-driven strategic planning process that emphasizes health equity by engaging diverse stakeholders and employing a structured approach to prioritize health issues. The framework empowers communities to identify critical health challenges and align resources across sectors for collaborative action.

Central to the MAPP process is robust stakeholder engagement, which ensures the inclusion of diverse perspectives and fosters meaningful participation from all community groups. By engaging a wide range of stakeholders, the process addresses root causes of health disparities

through policy, systems, and environmental changes while aligning efforts to achieve sustainable outcomes.

The CHNA development process began with a community-wide visioning exercise involving all GTCHD staff, which set the foundation for the initiative. GTCHD leadership—including the Administrator, Finance/Human Resource Director, and Nurse Director—then conducted a facilitated brainstorming session to identify key partners for the CHNA Stakeholder Steering Committee. This committee was comprised of representatives from various sectors and organizations whose details are listed in Appendix A.

The CHNA Stakeholder Steering Committee convened for three key meetings:

Meeting One: The committee was introduced to the MAPP framework and reviewed the tools for engaging community voices, specifically the Partner Survey and Community Survey. Members helped identify organizations to participate in the Partner Survey, provided feedback on the Community Survey, and actively promoted the Community Survey participation through platforms such as social media and websites.

Meeting Two: The committee reviewed the findings from the surveys, contextualized the results with their expertise, and prioritized identified health issues using a structured prioritization process. This step ensured alignment between the data and the lived experiences and expertise of the stakeholders.

Meeting Three: The committee provided feedback on the draft CHNA, discussed opportunities for improvement, and brainstormed strategies to expand engagement beyond the health sector during the subsequent Community Health Improvement Plan (CHIP) process.

By leveraging the expertise and networks of the CHNA Stakeholder Steering Committee, the CHNA process exemplified the value of cross-sector collaboration, community input, and structured engagement in addressing health inequities and setting the stage for meaningful improvements in population health.

Primary Data Collection & Analysis

Partner Survey

Survey Development

The Partner Survey tool was adapted from the MAPP 2.0 Community Partner Assessment to ensure relevance and alignment with the goals of the GTCHD CHNA process. GTCHD leadership reviewed the original MAPP assessment and refined it to focus on key topic areas identified as priorities for the department. This collaborative review ensured that the survey addressed the

specific needs and context of the community while maintaining alignment with the broader MAPP framework.

The final GTCHD Partner Survey emphasized the following areas:

- History and interest in collaborating on the CHNA process.
- Characteristics of the service population.
- Commitment to equity and addressing disparities.
- Engagement in policy development and advocacy efforts.
- Capacity for data collection and sharing.

This tailored approach allowed the survey to gather meaningful insights from community partners while streamlining the tool to focus on areas critical to the CHNA's success. A complete version of the Partner Survey is provided in Appendix B.

Data Collection

Fourteen community partner organizations were identified to receive the Partner Survey through a brainstorming session with the GTCHD CHNA Stakeholder Steering Committee. The goal was to select partners representing a board range of community sectors. The online survey (Qualtrics) was distributed to the community partners outlined in Appendix A, via email. The selected partners were given 12 days (10 business days) to complete the 20-minute survey. Two reminder emails were sent to the community partners five days and three days before the survey closed. The GTCHD Nurse Director called the partners who had not responded the day before the survey closed to encourage them to complete the survey. The final response rate was 87% (n = 12).

Analysis

The quantitative data from the Partner Survey were analyzed using the Qualtrics analytics suite. This comprehensive analysis involved calculating response frequencies, means, averages, and medians, which facilitated effective summarization and interpretation of the data. These descriptive statistics highlighted key trends and patterns, providing a solid foundation for deeper analysis and informed decision-making in the CHNA process. Concurrently, all qualitative data from the survey were examined through thematic analysis, which involved identifying and interpreting recurrent themes to gain further insights into the underlying narratives and perspectives within the responses.

Limitations

The process for identifying survey participants relied on a brainstorming session among community leaders, which could have introduced selection bias. This approach may have inadvertently excluded potential partners who were not immediately recognized or connected

to the brainstorming group. Additionally, the reliance on identified partners may have limited the diversity of perspectives and experiences represented in the survey responses.

Community Survey

Tool Development

The Community Survey tool (Appendix C) was developed through a comprehensive and collaborative process to ensure its relevance and validity in assessing the health needs of the community. Survey topics were identified by reviewing previous CHNAs conducted by GTCHD and other counties in West Virginia. This review provided a foundation of commonly assessed health areas and ensured alignment with regional priorities.

Additional feedback on potential areas of investigation was solicited from the CHNA Stakeholder Steering Committee, whose members provided valuable insights into emerging community health concerns and priorities. Their input informed the inclusion of new topics to enhance the survey's comprehensiveness.

Validated survey questions from the literature were identified and incorporated to assess the identified health areas effectively. This evidence-based approach ensured that the questions used in the survey were reliable, comparable to other assessments, and supported by best practices in public health research.

This iterative and collaborative development process resulted in a robust Community Survey tool with 41 quantitative and qualitative questions, specifically tailored to capture the unique needs and perspectives of the population served.

Data Collection

The Community Survey was conducted online using the Qualtrics platform, employing a convenience sampling approach to gather input from a broad range of residents. To maximize participation, the survey was promoted through multiple channels, including social media platforms, organizational websites, a local newspaper article, and a letter distributed to the families of all school-aged children in the county. This multi-faceted promotional strategy aimed to increase awareness of the survey and encourage diverse community participation. A total of 137 responses from the survey were collected, with 125 respondents completing over 70% of the survey.

Analysis

The quantitative data from the Community Survey were analyzed using the Qualtrics analytics suite, enabling a detailed examination of response frequencies, means, averages, and medians. To further explore health inequities, detailed subgroup analyses were performed using R, stratifying the data by age (65 and older) and income (less than $49,999) for specific questions related to transportation and health issues. Fisher's Exact Test was applied to assess differences

across age and income groups, ensuring statistical rigor in identifying disparities, with significance assessed by p values ≤ .05. In parallel, all qualitative data from the survey were subjected to thematic analysis, a process that involved identifying and interpreting recurring themes and patterns. This methodical approach provided a comprehensive understanding of the textual responses, enhancing the overall depth of the survey analysis.

Health Issue Prioritization

The GTCHD CHNA Stakeholder Steering Committee utilized a prioritization matrix to identify the top health priorities for inclusion in the Taylor County CHIP. While more complex than alternative methods, the prioritization matrix provided a structured and visual approach for ranking health issues and accounted for varying degrees of importance among selected criteria.

The process began with the CHNA Stakeholder Steering Committee identifying three sets of criteria to evaluate the top eight health issues derived from primary and secondary data analysis. These criteria, agreed upon for their relevance to the community, were:

- **Significance to Public Health**
- **Ability to Impact the Issue**
- **Capacity to Address the Issue**

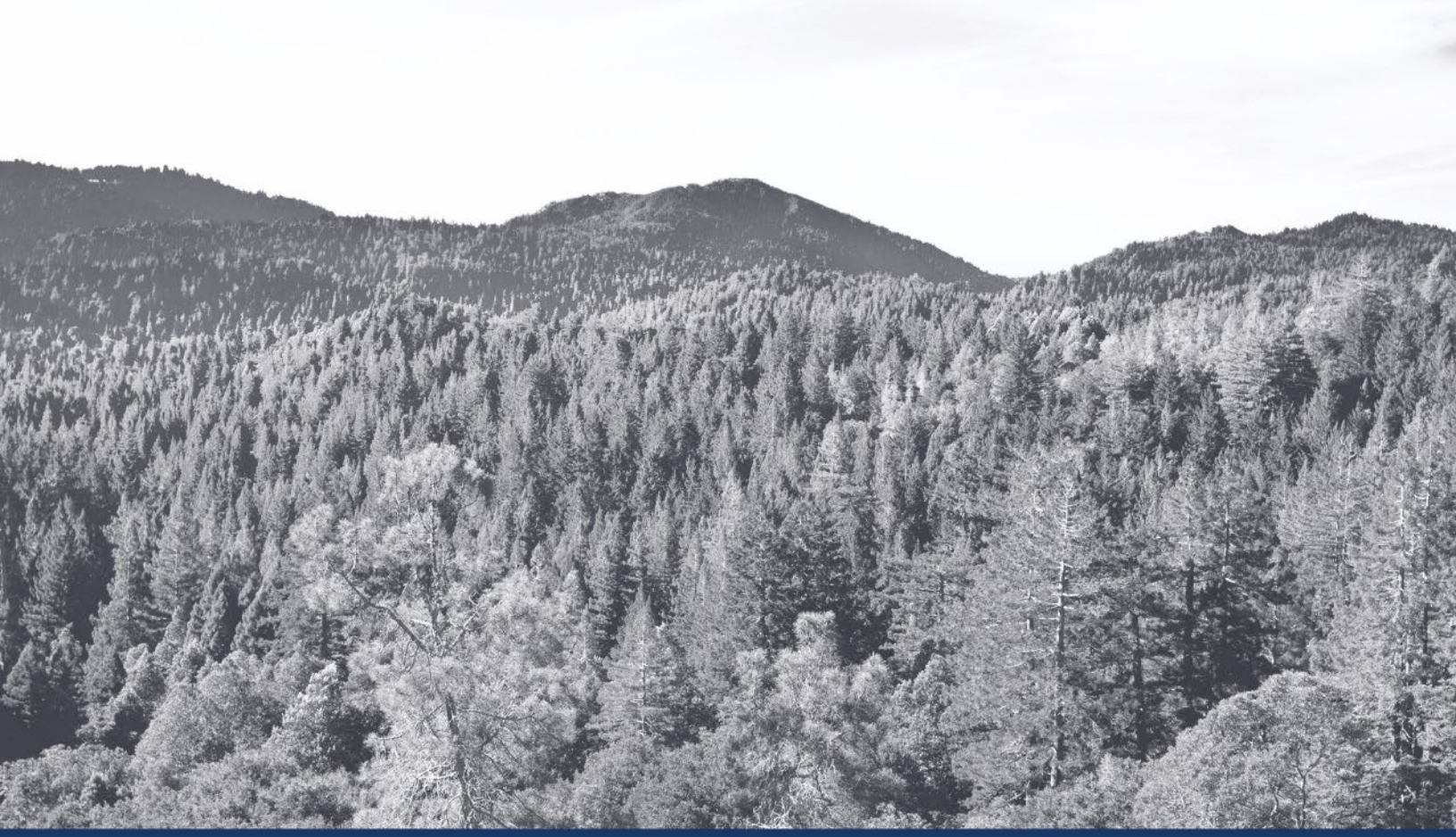
The committee assigned weightings to these criteria to reflect their relative importance:

Ability to Impact the Issue was weighted higher than **Significance to Public Health**.

Capacity to Address the Issue received the highest weighting, emphasizing feasibility and community readiness for action.

Each health issue was scored against these criteria on a scale from 1 to 5, where 1 indicated “No,” 3 indicated “Somewhat,” and 5 indicated “Yes.” The scoring process took place during the second stakeholder meeting, where participants engaged in group discussions and a "thumb talk" approach to build consensus on the scores.

The scores were totaled for each health issue, and the four highest-scoring issues were selected as priority areas for the CHIP. This systematic and collaborative method ensured that the selected priorities were both evidence-based and aligned with community values and capacities for action.



SERVICE AREA

Taylor County, served by the Grafton-Taylor County Health Department (GTCHD), is located in north-central West Virginia. The county is predominantly rural, encompassing approximately 175 square miles of rolling hills, forested landscapes, and small towns, with Grafton serving as the county seat. Taylor County is bordered by Monongalia County and by Marion, Barbour, Preston, and Harrison Counties, which share similar rural characteristics and economic challenges. For context, this report highlights Preston and Barbour Counites as points of comparison (Figure 1). While the region, which is nestled in the Appalachian Mountains, enjoys remarkable natural beauty and a close-knit community, its rural geography presents barriers to accessing essential services, including healthcare and transportation.

The economic climate in Taylor County reflects a blend of small-scale agriculture, manufacturing, and service industries. However, like many rural areas in Appalachia, the county faces economic struggles, including limited job opportunities, declining industries, and lower household incomes compared to state and national averages. Neighboring counties share these economic challenges, contributing to a regional cycle of poverty and limited upward mobility. The area's economic conditions are compounded by a lack of robust infrastructure, such as reliable public transportation and broadband access, which further isolate residents from essential resources and opportunities for economic growth.

These geographic and economic factors significantly contribute to health disparities in Taylor County and the surrounding region. Residents face higher rates of chronic diseases such as diabetes, heart disease, and obesity,[1] often exacerbated by limited access to primary care providers and preventative services.[2] Transportation challenges hinder timely medical care, while economic hardships make it difficult for many families to afford healthy foods or necessary medical treatments.[1,3]

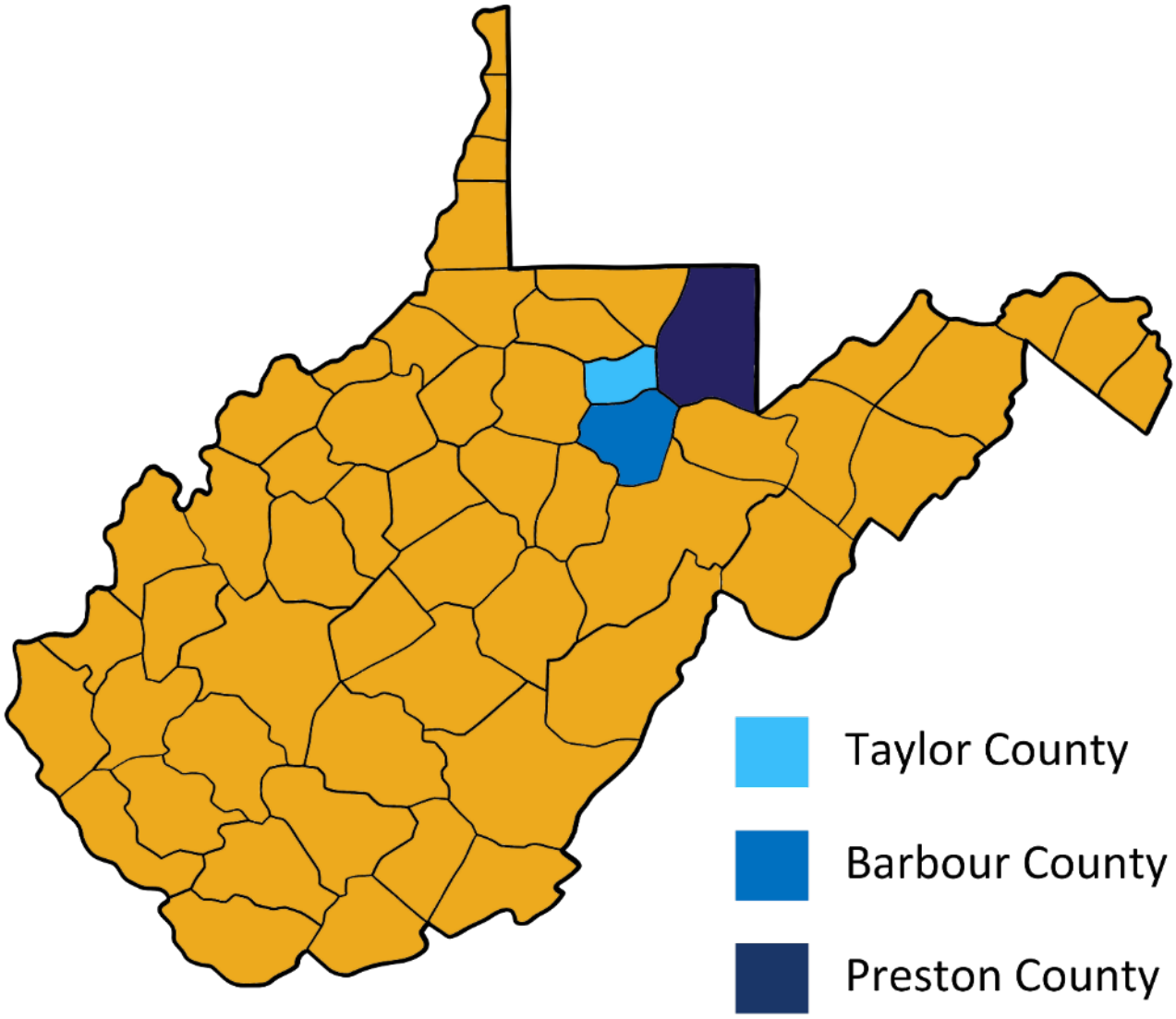
Taylor County also faces challenges related to its aging population; a trend mirrored across much of rural West Virginia. With a higher-than-average proportion of residents aged 65 and older, the county is experiencing a growing demand for direct service care tailored to older adults. This demographic shift places additional strain on an already limited healthcare infrastructure, particularly in areas such as home health care, long-term care facilities, and support services for managing chronic conditions. Many older residents face transportation barriers, social isolation, and financial constraints that limit their ability to access the care they need. These challenges underscore the importance of addressing the unique health needs of

[1]Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online comparison report]. Published 2024. Accessed December 5, 2024. places.cdc.gov/?view=county
[2]Health Resources & Services Administration. Area Health Resources Files [online tool]. Published July 31, 2023. Accessed December 5, 2024. data.hrsa.gov/topics/health-workforce/ahrf
[3]United States Census Bureau. 2018-2022 American Community Survey 5-Year Estimates [online table]. Accessed December 10, 2024. data.census.gov/table.

the aging population as a critical component of public health planning and service delivery in Taylor County.

In summary, Taylor County's rural geography, economic challenges, and aging population collectively contribute to significant health disparities that impact the well-being of its residents. Barriers such as limited healthcare access, transportation issues, and economic instability exacerbate chronic health conditions and hinder preventative care efforts. The aging population further amplifies these challenges, increasing the demand for specialized services and support. Despite these obstacles, the GTCHD remains committed to addressing these issues through strategic partnerships, targeted programs, and a focus on promoting health equity across all populations. By leveraging community resources and regional collaboration, GTCHD strives to build a healthier future for Taylor County and its surrounding areas.

Figure 1. County Map of West Virginia.



DEMOGRAPHICS

Understanding the demographics of Taylor County provides a clearer picture of the community's social and economic landscape. As part of the broader trends in West Virginia, the county has experienced modest shifts in population and demographics over the last decade. While the national population grew by 7.4% between 2010 and 2020, Taylor County saw a slight decrease of 1.1%. This population decline, coupled with an aging demographic, has the potential to strain local resources and increase demand for healthcare services. Analyzing the county's composition—including sex, household size, age, racial and ethnic diversity, languages spoken, veteran status, and marital status—helps identify emerging challenges and pinpoint areas where tailored policies and interventions may be needed to enhance the county's quality of life in the future.

Total Population

Taylor County's total population in 2020 was **16,705**

While the United States (U.S.) population grew by 7.4% between 2010 and 2020, Taylor County experienced a slight decline of 1.1%, decreasing from 16,895 in 2010 to 16,705 in 2020. This mirrors the broader trend in West Virginia, which saw a 3.2% decrease, and is also reflected in neighboring Barbour County, which experienced a 6.8% decline. In contrast, Preston County, another neighboring area, saw growth during this period, with its population increasing by 2.1%. These changes in population can present challenges for healthcare services. For example, a smaller population may lead to a reduced workforce, making it harder to meet the demand for care, and can result in fewer resources available to support the community's healthcare needs. For further details, see Table 1.

Table 1. Population Change from 2010 to 2020 by Area/Geography

Area/Geography	2010 Total Population	2020 Total Population	Percent Change (%)
Taylor County	16,895	16,705	-1.1
Barbour County	16,589	15,465	-6.8
Preston County	33,520	34,216	+2.1
West Virginia	1,852,994	1,793,716	-3.2
United States	308,745,538	331,449,281	+7.4

Source: United States Census Bureau, 2010 & 2020 Decennial Census

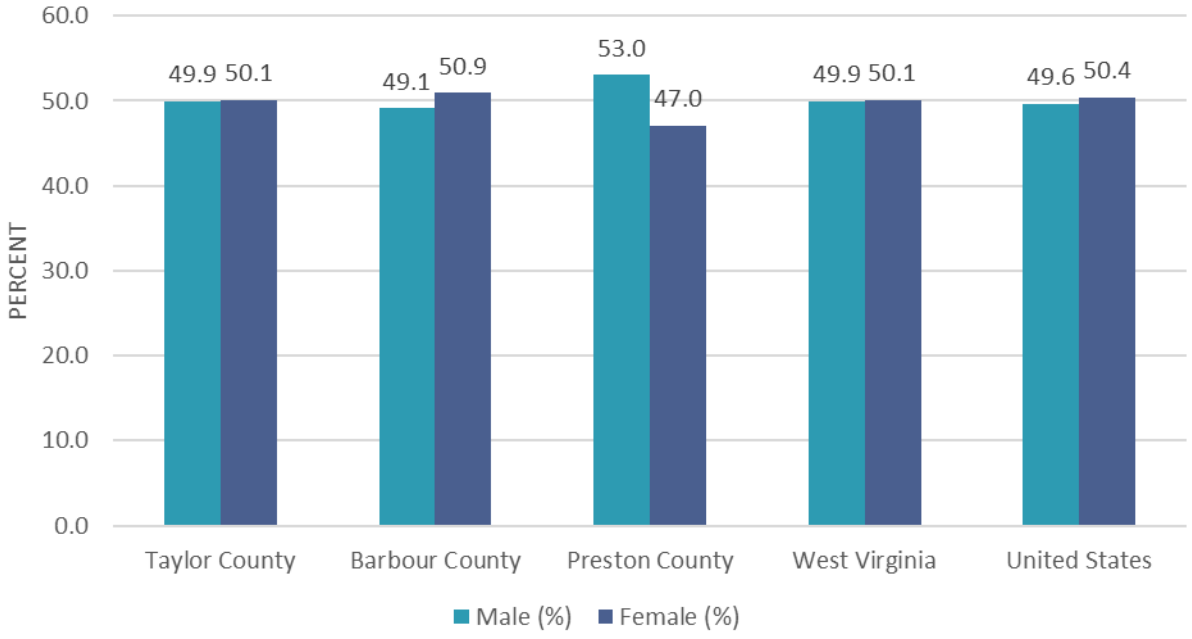
Sex

Understanding the percentage of the population by biological sex is important, as biological sex can influence various health outcomes, including the risk of certain diseases.[4] In Taylor County, during the 2018-2022 period, the number of males and females was almost equal, with 49.9%

[4]Sex & Gender. National Institutes of Health, Office of Research on Women's Health. Accessed January 10, 2025. https://orwh.od.nih.gov/sex-gender#ref-4-foot

of the population being male and 50.1% being female. This aligned with the broader distribution in West Virginia, where the composition was identical at 49.9% male and 50.1% female. Compared to Taylor County, neighboring Barbour County had a slightly higher percentage of females, with 49.1% male and 50.9% female. Conversely, neighboring Preston County had a notable difference, with 53.0% male and 47.0% female, reflecting a higher proportion of males. Nationally, the U.S. population was 49.6% male and 50.4% female, closely mirroring Taylor County's composition. For further details, see Figure 2.

Figure 2. Biological Sex Composition by Area/Geography, 2018-2022.



Note. Estimates based on total population for area/geography.
Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Household Size

Household size is an important factor in healthcare, as smaller households may face greater challenges related to limited social connections and caregiving resources, which can affect both mental and physical health. In Taylor County, the average household size was 2.42 people in 2018-2022, which is lower than neighboring Barbour County, where the average household size was 2.58 people. Both Taylor County and neighboring Preston County had similar household sizes, with Preston County's average at 2.43 people, just slightly higher than Taylor County's. The average household size in West Virginia was also slightly higher than Taylor County's, while the U.S. average was higher at 2.57 people. For further details, see Figure 3.

Figure 3. Average Household Size by Area/Geography, 2018-2022.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Age

Age plays a role in determining healthcare needs, as different age groups require varying levels of care. Older populations, in particular, tend to need more healthcare services due to age-related conditions like chronic illnesses and mobility issues. In Taylor County, during the 2018-2022 period, the median age was 44.3 years, which is higher than both the state median of 42.6 years and the national median of 38.5 years. This suggests a relatively older population compared to both the state and the nation. In fact, 20.5% of Taylor County's residents were aged 65 and older, a proportion higher than both West Virginia (20.4%) and the nation (16.5%). Meanwhile, the percentage of residents under 18 years was 20.2%, and those aged 18-24 years made up just 6.4%, which was lower than the national figure of 9.4%.

These figures reflect a broader trend in the area. Over the past several years, the percentage of residents aged 65 and older in Taylor County has increased. This trend is consistent with broader demographic shifts in West Virginia and the U.S., where the aging population has grown. As Taylor County's population continues to age, healthcare systems will need to adapt to meet the growing demand for services addressing chronic conditions and long-term care. Understanding these trends is essential for effective healthcare planning and resource allocation. For further details, see Table 2 and Figure 4.

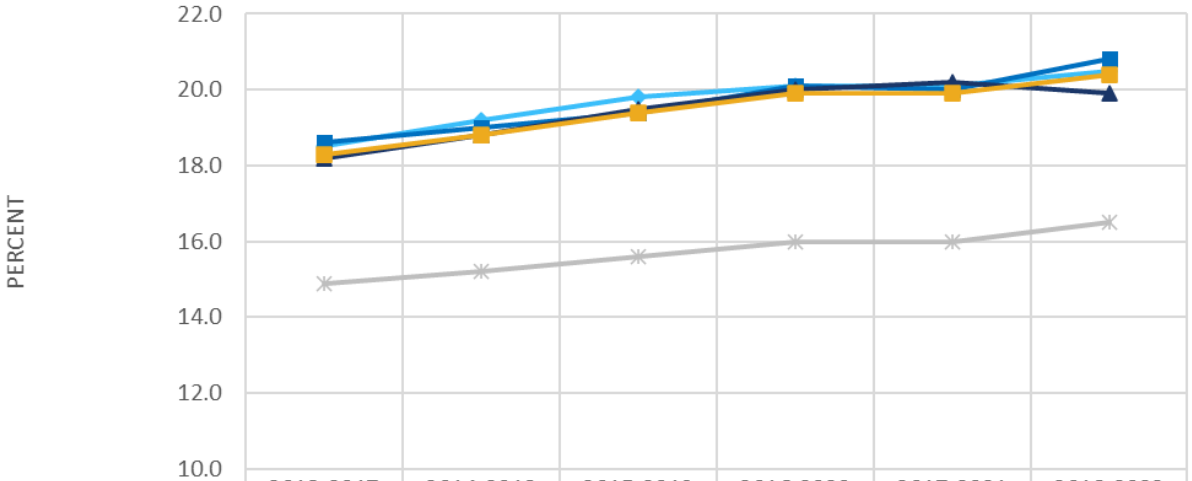
Table 2. Age Distribution by Area/Geography, 2018-2022

Area/Geography	Median Age	< 18 Years (%)	18-24 Years (%)	25-34 Years (%)	35-44 Years (%)	45-54 Years (%)	55-64 Years (%)	≥ 65 Years (%)
Taylor County	44.3	20.2	6.4	12.3	12.2	13.7	14.6	20.5
Barbour County	42.6	20.1	11.6	10.4	10.9	12.4	13.6	20.8
Preston County	42.5	18.3	7.0	14.4	13.5	13.2	13.7	19.9
West Virginia	42.6	20.1	9.0	11.8	12.0	12.7	14.0	20.4
United States	38.5	22.1	9.4	13.7	12.9	12.4	12.9	16.5

Note. Estimates based on total population for area/geography.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Figure 4. Population Age 65 or Older by Area/Geography, 2013-2017 to 2018-2022.



	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Taylor County	18.5	19.2	19.8	20.1	20.1	20.5
Barbour County	18.6	19.0	19.4	20.1	20.0	20.8
Preston County	18.2	18.8	19.5	20.0	20.2	19.9
West Virginia	18.3	18.8	19.4	19.9	19.9	20.4
United States	14.9	15.2	15.6	16.0	16.0	16.5

Source: United States Census Bureau, 2013-2017, 2014-2018, 2015-2019, 2016-2020, 2017-2021, and 2018-2022 American Community Survey 5-Year Estimates

Race and Ethnicity

Race and ethnicity are often associated with differences in access to healthcare, health outcomes, and the prevalence of certain conditions. These disparities can be influenced by factors such as socioeconomic status, systemic inequality, and cultural barriers to healthcare. Understanding the racial and ethnic composition of a population is essential for identifying health disparities and addressing the specific needs of different groups.

In Taylor County, the majority of the population (94.0%), identified as White in 2020

In Taylor County, the majority of the population, 94.0%, identified as White in 2020, which aligns with the broader distribution in West Virginia but contrasts with the U.S. population, where only 61.6% identified as White. A smaller portion of Taylor County's population identified as Black or African American (0.7%), American Indian and Alaska Native (0.1%), and Asian (0.2%). Additionally, 4.7% of Taylor County's population identified as two or more races, and 1.1% identified as Latinx, regardless of race. Compared to neighboring counties, Taylor County's

racial composition was similar to Barbour County, where 93.5% of the population was White. However, Taylor County had a lower percentage of residents who were Black or African American than both Barbour and Preston Counties. For further details, see Table 3.

Table 3. Racial and Ethnic Composition by Area/Geography, 2020

Area/Geography	White (%)	Black or African American (%)	American Indian and Alaska Native (%)	Asian (%)	Native Hawaiian and Other Pacific Islander (%)	Some Other Race (%)	Two or More Races (%)	Latinx Origin (Any Race, %)
Taylor County	94.0	0.7	0.1	0.2	0.0	0.2	4.7	1.1
Barbour County	93.5	1.8	0.2	0.2	0.0	0.3	4.0	1.2
Preston County	90.1	6.0	0.2	0.2	0.0	0.2	3.3	2.0
West Virginia	89.8	3.7	0.2	0.8	0.0	0.7	4.7	1.9
United States	61.6	12.4	1.1	6.0	0.2	8.4	10.2	18.7

Note. Estimates based on total population for area/geography.
Source: United States Census Bureau, 2020 Decennial Census

Population changes in Taylor County and neighboring counties between 2010 and 2020 revealed shifts in racial and ethnic demographics, with a decline in the White population in all three counties. In Taylor County, the White population decreased by 4.7%, while the Black or African American population declined by 8.8%. Notably, the multiracial population saw a dramatic increase of 357.9%, representing a small but growing portion of the county's population. In comparison, Barbour County experienced a substantial increase in its Black or African American population (118.5%), and its multiracial population grew by 155.3%. Preston County, similar to Taylor County, saw a decline in its White population, but a large rise in the Black or African American population (465.7%) and multiracial population (334.5%). Statewide, West Virginia followed similar trends, with the White population decreasing by 7.4%, while the multiracial population grew by 213.0%. Despite these changes, Taylor, Preston, and Barbour Counties, along with the state, remained predominantly White, consistent with national patterns. These demographic shifts highlight the ongoing diversification of rural communities, although they still reflect a majority White population. For further details, see Table 4.

Table 4. Population Change from 2010 to 2020 for Racial and Ethnic Groups by Area/Geography

Area/Geography	White	Black or African American	American Indian and Alaska Native	Asian	Some Other Race	Two or More Races	Latinx Origin (Any Race)
Taylor County	-4.7	-8.8	-51.3	-31.7	+100.0	+357.9	+25.2
Barbour County	-10.0	+118.5	-61.5	-5.9	+44.8	+155.3	+100.0
Preston County	-5.8	+465.7	+20.6	+18.8	+32.1	+334.5	+203.5
West Virginia	-7.4	+4.3	-2.1	+21.8	+111.1	+213.0	+56.4
United States	-8.6	+5.6	+27.1	+35.5	+46.1	+275.7	+23.0

Notes. Estimates based on total population for area/geography. Native Hawaiian and Other Pacific Islander not reported because of counts fewer than 9 for county-level data.
Source: United States Census Bureau, 2010 & 2020 Decennial Census

Languages Spoken

In addition to race and ethnicity, language spoken is another important factor that can impact healthcare access and services. For example, individuals who speak a language other than English may face challenges in understanding medical instructions, accessing translation services, or communicating effectively with healthcare providers. In Taylor County, 99.1% of residents spoke English at home in 2018-2022, which aligns with broader patterns in West Virginia and neighboring Barbour and Preston Counties. Additionally, less than 1% of Taylor County's population spoke Spanish (0.5%), other Indo-European languages (0.2%), Asian and Pacific Islander languages (0.1%), or other languages (0.1%). Compared to the U.S., Taylor County has a much lower percentage of Spanish and other non-English languages spoken at home. For further details, see Table 5.

Table 5. Types of Languages Spoken at Home by Area/Geography, 2018-2022

Area/Geography	Only English (%)	Spanish (%)	Other Indo-European Languages (%)	Asian and Pacific Islander Languages (%)	Other Languages (%)
Taylor County	99.1	0.5	0.2	0.1	0.1
Barbour County	98.0	0.9	0.5	0.6	0.0
Preston County	98.0	1.5	0.3	0.2	0.1
West Virginia	97.5	1.0	0.7	0.5	0.3
United States	78.3	13.3	3.7	3.5	1.2

Note. Estimates based on population 5 years and over for area/geography.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Veteran Status

Veterans often face unique health challenges, including mental health concerns and chronic conditions, which can impact their need for specialized care. In Taylor County, 9.2% of the civilian population aged 18 years and over were veterans in 2018-2022, a higher percentage than in neighboring Barbour (8.1%) and Preston (7.8%) Counties. This estimate also surpassed the state estimate of 8.0% for West Virginia. Nationally, 6.6% of the civilian population aged 18 years and over were veterans. Understanding this demographic is essential for ensuring veterans receive the healthcare services and support they need. For further details, see Table 6.

In 2018-2022, more than

1 in 12 (9.2%)

of Taylor County's civilian population aged 18 years and over were veterans

Table 6. Veteran Status by Area/Geography, 2018-2022

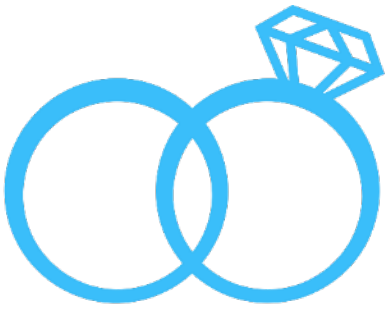
Area/Geography	Civilian Population 18 Years and Over	Civilian Veterans (%)
Taylor County	13,222	9.2
Barbour County	12,406	8.1
Preston County	27,963	7.8
West Virginia	1,430,786	8.0
United States	256,649,167	6.6

Note. Estimates based on civilian population 18 years and over for area/geography.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Marital Status

Marital status is another important factor to consider, as it has been linked to health outcomes and mortality, with marriage often associated with better health outcomes.[5] In Taylor County, during the 2018-2022 period, 50.8% of individuals aged 15 years and over were currently married (except separated), slightly higher than the 48.1% in neighboring Barbour County and 48.3% in West Virginia. The percentage of widowed individuals in Taylor County was 7.7%, lower than Barbour County's 10.8% but higher than the national estimate of 5.6%. Taylor County had a higher percentage of divorced individuals (12.7%) compared to neighboring Preston County (11.0%). Additionally, 27.3% of individuals in Taylor County had never been married, similar to Preston County's 27.7%, but notably lower than the national estimate of 34.1%. For further details, see Table 7.



In 2018-2022, about **half (50.8%)** of Taylor County individuals aged 15 years and over were currently married

Table 7. Marital Status by Area/Geography, 2018-2022

Area/Geography	Now Married (Except Separated, %)	Widowed (%)	Divorced (%)	Separated (%)	Never Married (%)
Taylor County	50.8	7.7	12.7	1.5	27.3
Barbour County	48.1	10.8	13.2	1.0	26.9
Preston County	51.5	8.0	11.0	1.9	27.7
West Virginia	48.3	7.9	13.4	1.3	29.1
United States	47.8	5.6	10.7	1.7	34.1

Note. Estimates based on population 15 years and over for area/geography.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

[5]Robards J, Evandrou M, Falkingham J, Vlachantoni A. Marital status, health and mortality. *Maturitas*. 2012;73(4): 295-299. doi:10.1016/j.maturitas.2012.08.007

SOCIAL DETERMINANTS OF 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, functioning, and quality-of-life outcomes and risks."[6, para 1] Rather than solely focusing on individual health behaviors, access to healthcare, and other medical factors, SDoH encompass broader societal conditions that shape an individual's health throughout their life.

There are five primary areas of SDoH:[7]

Economic Stability – Includes factors such as income, employment status, financial security, and economic resources.

Education Access and Quality – Includes factors like educational attainment, quality of education, and health literacy.

Healthcare Access and Quality – Includes factors such as availability of healthcare facilities, affordability, health insurance coverage, and quality of care.

Neighborhood and Built Environment – Includes factors such as housing quality, safety, access to parks and recreational spaces, availability of healthy food, and exposure to environmental hazards.

Social and Community Context – Includes factors such as social support, community engagement, social cohesion, and the presence of discrimination.

To improve health outcomes and achieve health equity, it is crucial to address SDoH. This involves creating policies and practices that reduce economic and educational disparities, improve access to healthcare, and ensure that everyone has access to healthy living environments and supportive communities. Focusing on these broader factors helps ensure that all individuals, regardless of their background or circumstances, have an equal opportunity to live a healthy life.

Economic Stability

Economic stability encompasses factors such as income, employment, and financial security, all of which play a crucial role in accessing essential resources like healthcare, nutritious food, and housing. When individuals experience economic stability, they are more likely to make healthier choices, manage stress effectively, and enjoy better overall health. In contrast, economic instability, such as unemployment or low income, often leads to limited access to care, poor

[6]Social Determinants of Health. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed January 9, 2025. odphp.health.gov/healthypeople/priority-areas/social-determinants-health

[7]Social Determinants of Health Literature Summaries. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed January 9, 2025. odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries#block-sdohinfographics

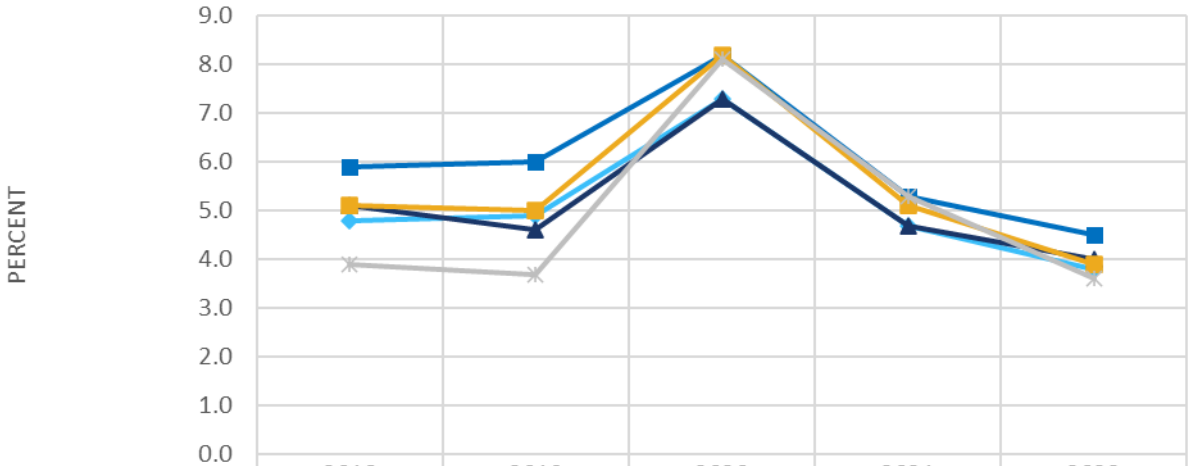
nutrition, and substandard living conditions, increasing the risk of chronic illnesses. Achieving economic stability is vital for improving health outcomes and reducing health disparities.

Unemployment

Unemployment is a key factor that impacts economic stability and, in turn, health outcomes. When individuals are unemployed, they often experience financial strain, which can limit their access to healthcare, healthy food, and other essential resources. The stress and uncertainty associated with unemployment can also contribute to mental health issues and worsen existing health conditions. Understanding and addressing unemployment rates is therefore needed for improving economic stability and better addressing this SDoH.

Unemployment rates in an area are a key indicator of economic stability, as they reflect the availability of employment opportunities. In 2020, Taylor County's unemployment rate rose to 7.3%, up from 4.8% in 2018, primarily due to the economic effects of the coronavirus disease 2019 (i.e., COVID-19) pandemic. However, by 2022, the rate had decreased to 3.8%. From 2018 to 2022, Taylor County's unemployment rate followed a relatively similar pattern to its neighboring counties of Barbour and Preston, with all three counties experiencing a peak in 2020. Additionally, Taylor County's 3.8% unemployment rate in 2022 was slightly lower than West Virginia's rate of 3.9% during the same period. For further details, see Figure 5.

Figure 5. Annual Average Unemployment Rate by Area/Geography, 2018-2022.

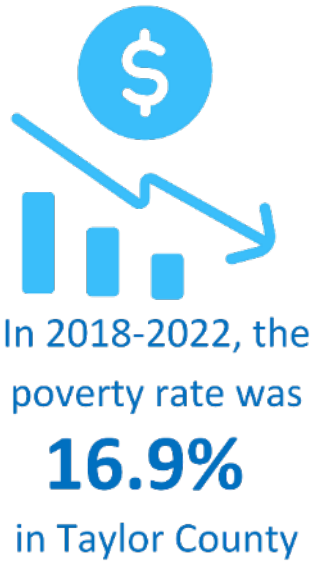


	2018	2019	2020	2021	2022
Taylor County	4.8	4.9	7.3	4.7	3.8
Barbour County	5.9	6.0	8.2	5.3	4.5
Preston County	5.1	4.6	7.3	4.7	4.0
West Virginia	5.1	5.0	8.2	5.1	3.9
United States	3.9	3.7	8.1	5.3	3.6

Source: U.S. Bureau of Labor Statistics, 2018-2022 Local Area Unemployment Statistics

Household Income and Poverty

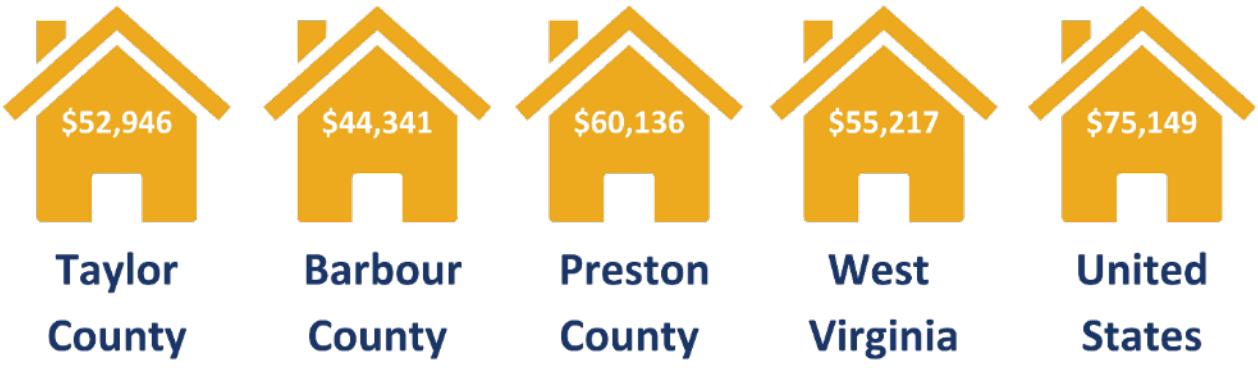
In addition to unemployment rates, household income and poverty are other key indicators of economic stability. Higher household incomes typically correlate with better access to healthcare, education, and overall quality of life, while poverty can limit access to essential resources, contributing to poorer health outcomes and reduced opportunities. Understanding income levels and poverty rates is needed to assess the economic health of a community.



In Taylor County, the median household income in 2018-2022 was $52,946, which was higher than Barbour County ($44,341) but lower than Preston County ($60,136). Compared to West Virginia ($55,217) and the nation ($75,149), Taylor County's median household income was lower than both, suggesting potential challenges in economic stability and access to resources for its residents.

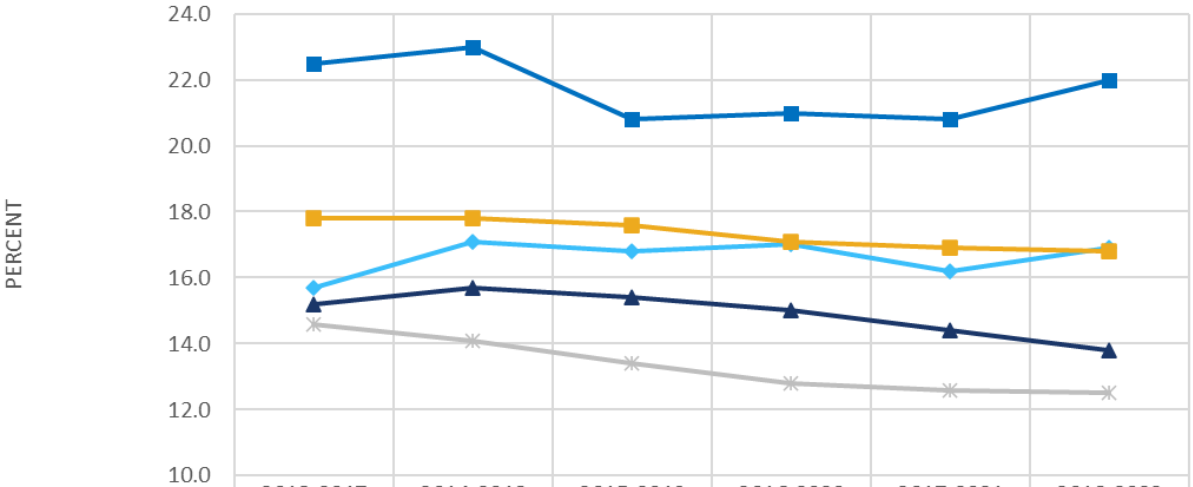
Looking at poverty rates, Taylor County's poverty rate increased from 15.7% in 2013-2017 to 16.9% in 2018-2022. Throughout this period, Taylor County's poverty rate consistently remained higher than the national rate and lower than neighboring Barbour County's rate, but still higher than neighboring Preston County's rate. Notably, Taylor County's 2018-2022 poverty rate was just slightly above the state rate of 16.8%, indicating that while the county faces economic challenges, it is on par with much of West Virginia. For further details, see Figures 6 and 7.

Figure 6. Median Household Income by Area/Geography, 2018-2022.



Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Figure 7. Percent Below Poverty Level by Area/Geography, 2013-2017 to 2018-2022.



	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Taylor County	15.7	17.1	16.8	17.0	16.2	16.9
Barbour County	22.5	23.0	20.8	21.0	20.8	22.0
Preston County	15.2	15.7	15.4	15.0	14.4	13.8
West Virginia	17.8	17.8	17.6	17.1	16.9	16.8
United States	14.6	14.1	13.4	12.8	12.6	12.5

Source: United States Census Bureau, 2013-2017, 2014-2018, 2015-2019, 2016-2020, 2017-2021, and 2018-2022 American Community Survey 5-Year Estimates

Education Access and Quality

Education access and quality influence both individual and community well-being. High-quality education provides individuals with the knowledge, skills, and opportunities necessary to improve their quality of life and economic stability. Conversely, limited access to quality education can perpetuate cycles of poverty and poor health, contributing to disparities in both social and health outcomes. To gain a better understanding of how education impacts health and economic outcomes, it is important to examine educational attainment data and trends.

In 2018-2022, almost

1 in 5 (18.3%)

individuals aged 25 years and over in Taylor County held a bachelor's degree or higher

In Taylor County, data from 2018-2022 indicate that a significant portion of the population held high school diplomas or its equivalent, with 41.4% graduating. Additionally, 20.4% of individuals had some college experience without completing a degree. Regarding higher education, 6.8% of Taylor County residents had an associate's degree, and almost one in five held a bachelor's degree or higher. In comparison to neighboring counties, Taylor County had a lower percentage

of residents with high school diplomas or its equivalent but a higher percentage with a bachelor's degree or higher. While Taylor County exceeded West Virginia's high school graduation rate of 39.5%, it lagged behind in the percentage of residents with a bachelor's degree or higher when compared to both the state and nation, highlighting the need for continued investment in educational opportunities. For further details, see Table 8.

Table 8. Educational Attainment by Area/Geography, 2018-2022

Area/Geography	Less Than 9th Grade (%)	9th-12th Grade, No Diploma (%)	High School Graduate (Includes Equivalency, %)	Some College, No Degree (%)	Associate's Degree (%)	Bachelor's Degree (%)	Graduate or Professional Degree (%)
Taylor County	2.9	10.1	41.4	20.4	6.8	12.4	5.9
Barbour County	3.6	8.5	54.0	15.7	6.5	6.9	4.9
Preston County	4.5	8.7	46.6	17.9	4.7	11.2	6.4
West Virginia	3.6	7.9	39.5	18.2	8.0	13.5	9.2
United States	4.7	6.1	26.4	19.7	8.7	20.9	13.4

Note. Estimates based on population 25 years and over for area/geography.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Healthcare Access and Quality

Access to healthcare and the quality of care are critical components of an individual's overall health and well-being. The ability to obtain timely and appropriate healthcare services can greatly impact health outcomes, especially for those with chronic conditions, disabilities, or other special health needs. To effectively address healthcare access and quality, it is important to evaluate indicators associated with it, including insurance coverage, service utilization, and healthcare provider availability.

In 2018-2022, more than

8 in 9 (94.4%)

individuals in Taylor County had health insurance coverage

Health Insurance Coverage

Access to healthcare is heavily influenced by whether individuals have health insurance coverage. Health insurance provides access to medical services, enabling individuals to receive timely care, preventative services, and treatment for chronic conditions. In Taylor County, a high percentage of individuals (94.4%) had health insurance in 2018-2022, which was consistent with neighboring Barbour (94.5%) and Preston (93.4%) Counties, as well as West Virginia (93.6%) and the nation (91.3%). While most individuals were insured, the type of insurance coverage varied. In Taylor County, the majority of insured individuals relied on

employer-based health insurance (51.1%), followed by Medicaid (25.7%) and Medicare (25.5%). However, many folks in all these areas still faced challenges, as a percentage of residents remained uninsured, including 5.6% in Taylor County during the 2018-2022 period. This lack of insurance can result in delays in seeking care, financial strain, and poorer health outcomes. For further details, see Table 9 and Figure 8.

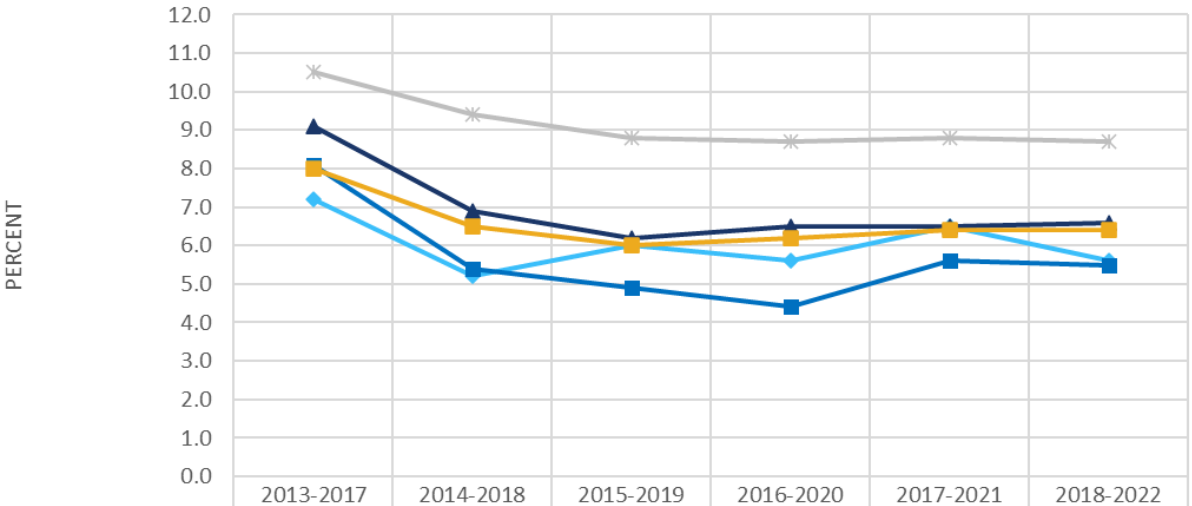
Table 9. Health Insurance Status and Type of Health Insurance by Area/Geography, 2018-2022

Area/Geography	Health Insurance Coverage (%)	Private Health Insurance Coverage (Alone or in Combination)			Public Health Insurance Coverage (Alone or in Combination)		
		Employer-based Health Insurance (%)	Direct-purchase Health Insurance (%)	Tricare/military Health Coverage (%)	Medicare (%)	Medicaid (%)	VA Health Care (%)
Taylor County	94.4	51.1	13.7	4.0	25.5	25.7	4.0
Barbour County	94.5	47.1	9.5	2.5	24.3	29.6	3.8
Preston County	93.4	57.9	11.3	2.9	24.3	22.3	3.3
West Virginia	93.6	54.0	11.3	2.6	24.0	26.7	3.6
United States	91.3	55.3	13.5	2.7	17.9	20.4	2.2

Notes. VA = Veterans Affairs. Data estimates for civilian noninstitutionalized population.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Figure 8. Percent Uninsured by Area/Geography, 2013-2017 to 2018-2022.



	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	2018-2022
Taylor County	7.2	5.2	6.0	5.6	6.5	5.6
Barbour County	8.1	5.4	4.9	4.4	5.6	5.5
Preston County	9.1	6.9	6.2	6.5	6.5	6.6
West Virginia	8.0	6.5	6.0	6.2	6.4	6.4
United States	10.5	9.4	8.8	8.7	8.8	8.7

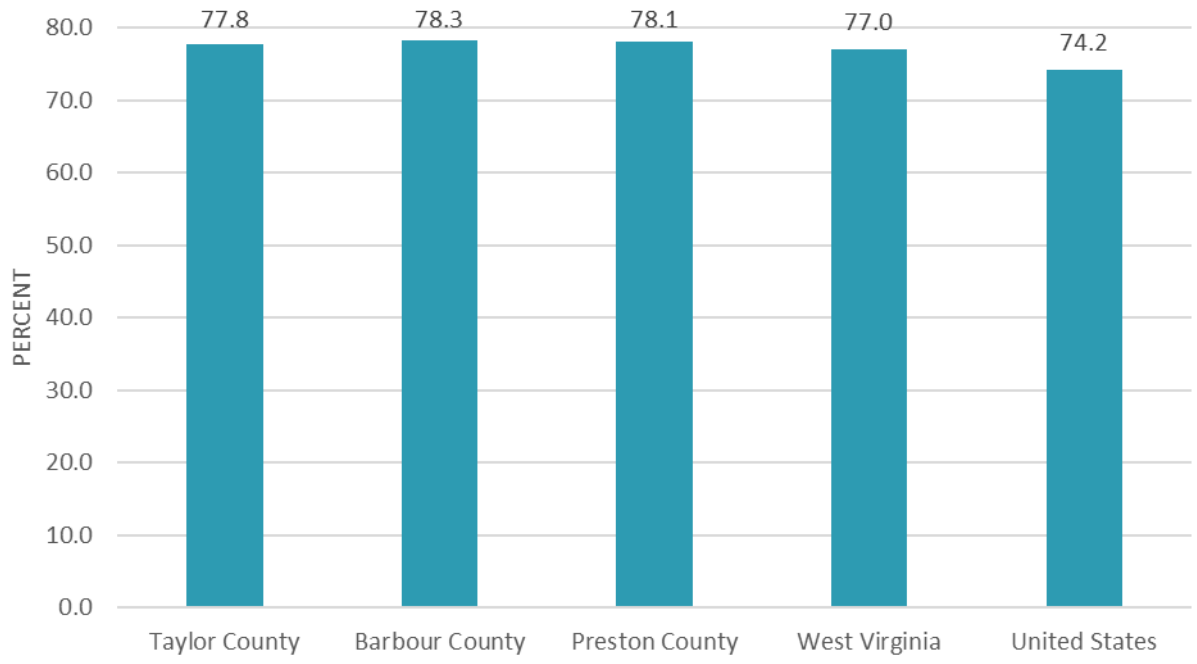
Note. Data estimates for civilian noninstitutionalized population.

Source: United States Census Bureau, 2013-2017, 2014-2018, 2015-2019, 2016-2020, 2017-2021, and 2018-2022 American Community Survey 5-Year Estimates

Healthcare Service Utilization

Access to healthcare is not only determined by health insurance coverage but also by how often individuals seek care. Routine checkups are an important measure of healthcare access, as they allow for early detection of health issues and provide an opportunity for preventive care. In 2022, 77.8% of adults in Taylor County reported having a routine checkup within the past year, which was slightly below neighboring Barbour (78.3%) and Preston (78.1%) Counties. This estimate was also slightly above the state prevalence for West Virginia, which was 77.0%. Notably, Taylor County's routine checkup prevalence surpassed the national estimate of 74.2%. These findings indicate that the majority of Taylor County residents have access to and utilize healthcare services for routine care, although there remains potential for improvement. Analyzing these patterns is key to identifying barriers to care and improving health outcomes for the community. For further details, see Figure 9.

Figure 9. Age-adjusted Prevalence of Having Been to a Doctor for a Routine Checkup Within the Past Year Among Adults, by Area/Geography, 2022.

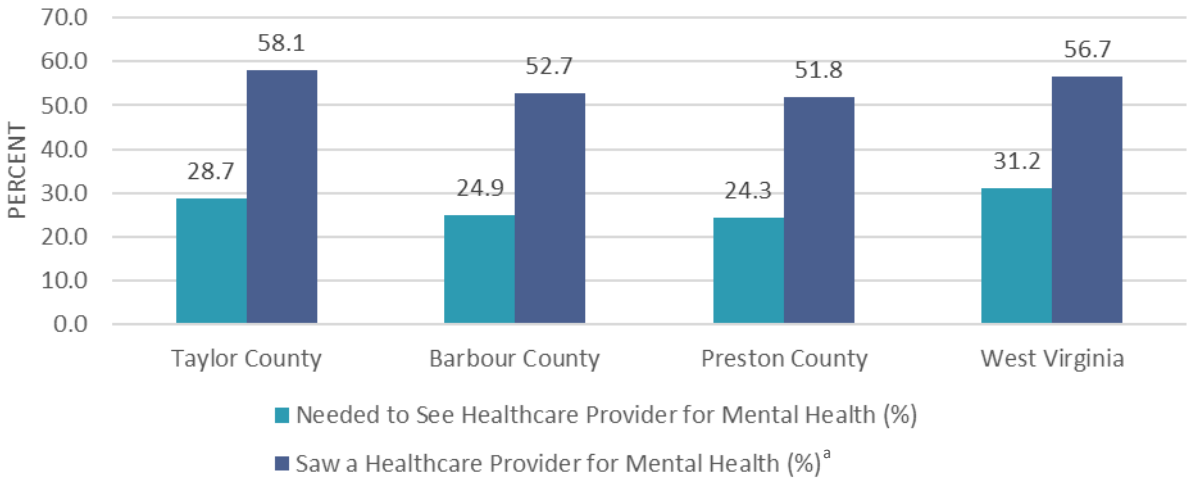


Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Access to healthcare also includes access to mental health services. In Taylor County, 28.7% of adults reported needing mental health care in the past 12 months, and of those, 58.1% were able to see a healthcare provider, per the 2021 Mountain State Assessment of Trends in Community Health (MATCH) survey. While this is a positive sign, it still highlights challenges in fully meeting the mental health needs of the population. When comparing Taylor County's estimate of receiving needed mental health care to those of neighboring Barbour (52.7%) and

Preston (51.8%) Counties, as well as the overall state of West Virginia (56.7%), it is evident that while Taylor County's estimate is higher, there is still room for improvement. For further details, see Figure 10.

Figure 10. Weighted Prevalence of Needing and Receiving Needed Mental Health Care in the Past 12 Months Among Adults, by Area/Geography, MATCH 2021.

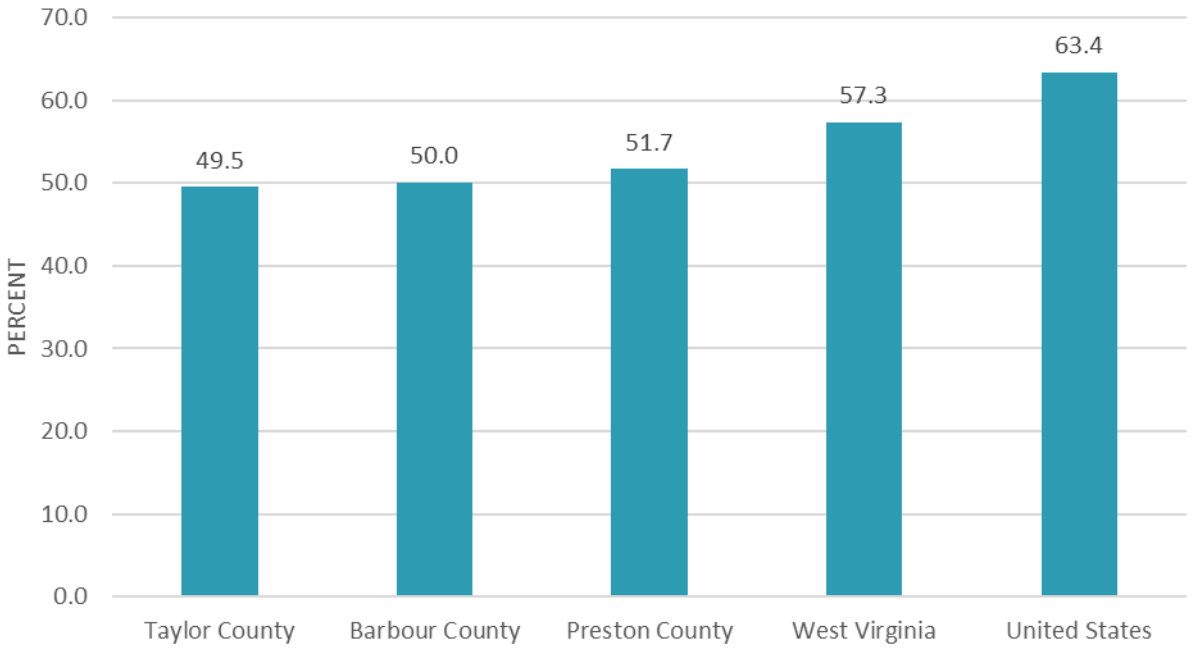


Note. United States estimates not available in the 2021 MATCH dataset.
[a]Denominators in the estimates are based on a response to a preceding question in the survey (needed to see healthcare provider for mental health) and were not answered by all respondents.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

Access to healthcare also extends beyond routine checkups to include other essential services, such as dental care. Regular dental visits are important for maintaining oral health and preventing long-term issues. In Taylor County, 49.5% of adults reported visiting a dentist or dental clinic in the past year, based on 2022 estimates, which was slightly lower than the prevalence in neighboring Barbour (50.0%) and Preston (51.7%) Counties. Additionally, Taylor County's prevalence was below both the state prevalence of 57.3% for West Virginia and the national prevalence of 63.4%. These estimates highlight a potential gap in access to dental care, which can affect overall health outcomes. Improving access to healthcare, including dental care, is important for enhancing the health and well-being of Taylor County residents and addressing healthcare disparities. For further details, see Figure 11.

In 2022, about **half (49.5%)** of adults in Taylor County reported visiting a dentist or dental clinic in the past year

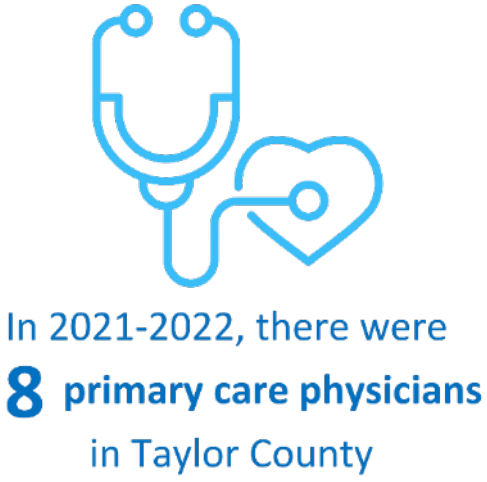
Figure 11. Age-adjusted Prevalence of Visiting Dentist or Dental Clinic in the Past Year Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Healthcare Provider Availability

While seeking care for needed services is important, the availability of healthcare professionals is equally essential, as care cannot be received without sufficient providers to deliver it. In Taylor County, the relatively small number of healthcare providers, compared to the state rate, can limit access to necessary services and create challenges in meeting the healthcare needs of residents. For instance, there were only 8 primary care physicians in Taylor County in 2021-2022, translating to a rate of 48.5 primary care physicians for every 100,000 people, which was lower than the West Virginia rate of 98.3 primary care physicians for every 100,000 people.



Similarly, the county had only 1 psychiatrist (6.1 psychiatrists for every 100,000 people) and 7 active dentists (42.4 dentists for every 100,000 people) in 2021-2022, all of which were below the state rates in these respective fields. This shortage of healthcare professionals emphasizes the importance of expanding the healthcare workforce to meet the community's needs. For further details, see Table 10.

Table 10. Health Profession Counts and Rates by Type, by Area/Geography, 2021-2022

Area/Geography	Primary Care		Psychiatry		Dental	
	Primary Care Physicians	Primary Care Physician Rate (per 100,000 Population)	Psychiatrists	Psychiatrists Rate (per 100,000 Population)	Total Active Dentists	Total Active Dentist Rate (per 100,000 Population)
Taylor County	8	48.5	1	6.1	7	42.4
Barbour County	8	51.7	1	6.5	2	12.9
Preston County	16	46.6	0	0.0	7	20.4
West Virginia	1,752	98.3	195	10.9	866	48.6
United States	NA	NA	NA	NA	NA	NA

Notes. NA = Not Available in the 2021-2022 Area Health Resources Files. Stakeholder group verified that the table overestimates current providers, as the data source does not reflect change within the last two years.
Source: Health Resources & Services Administration, 2021-2022 Area Health Resources Files

Neighborhood and Built Environment

Neighborhood and built environment refer to the physical and social characteristics of the places where people live, such as housing quality, access to transportation, availability of healthy food, and the safety of the community. These factors can significantly influence health outcomes, as environments that are safe, well-maintained, and have easy access to necessary services promote better physical and mental health. Conversely, poorly designed or neglected neighborhoods can contribute to a range of health problems, including chronic diseases and mental health issues.

Housing

One key component of the neighborhood environment is housing, which is typically the largest expense for most households. It is generally recommended that housing costs should not exceed 30% of a household's monthly income to avoid being cost-burdened.[8] When housing expenses exceed this threshold, families may experience increased stress and have less financial flexibility, which can negatively affect their overall health and well-being. Ensuring affordable housing options within a community is vital for supporting residents' health and economic stability.

In Taylor County, during the 2018-2022 period, the percentage of owner-occupied housing units (80.3%) was higher than that of neighboring Barbour County (75.1%), West Virginia (74.2%), and the nation (64.8%). The median home value in Taylor County was $138,100, below neighboring Preston County's $147,400 and well below the national median of $281,900.

[8]Cromwell M. Housing Costs a Big Burden on Renters in Largest U.S. Counties. United States Census Bureau. December 8, 2022. Accessed January 9, 2025. www.census.gov/library/stories/2022/12/housing-costs-burden.html

Homeowners in Taylor County also faced fewer housing cost burdens than those in Barbour and Preston Counties, West Virginia, and the nation. On the rental side, 19.7% of Taylor County's housing units were renter-occupied, with a median rent of $702. The percentage of renters who were cost-burdened in Taylor County (32.1%) was also lower than in Barbour and Preston Counties, West Virginia, and the nation. For further details, see Table 11.

Table 11. Indicators for Owner- and Rent-Occupied Housing Units by Area/Geography, 2018-2022

Area/Geography	Owner-Occupied Housing Units (%)	Owners			Renter-Occupied Housing Units (%)	Renters	
		Median Home Value (Dollars)	Cost-Burdened (%), Housing Units with Mortgage[a]	Cost-Burdened (%), Housing Units Without Mortgage[a]		Median Rent (Dollars)	Cost-Burdened (%)[b]
Taylor County	80.3	138,100	17.6	9.3	19.7	702	32.1
Barbour County	75.1	119,000	21.3	13.0	24.9	665	40.9
Preston County	80.7	147,400	20.6	11.6	19.3	738	45.1
West Virginia	74.2	145,800	20.3	9.6	25.8	831	48.9
United States	64.8	281,900	27.3	13.6	35.2	1,268	49.9

[a]Spending 30% or more of household income on monthly housing-related expenses.

[b]Spending 30% or more of household income on rent expenses, including utilities.

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

The quality of housing can potentially affect health and well-being. Older homes, particularly those built before 1979, may contain lead-based paint and hazardous materials like asbestos. Exposure to these substances can increase the risk of lead poisoning, respiratory issues, injuries, and chronic diseases such as asthma. Additionally, poorly maintained housing may have mold, inadequate heating or cooling systems, and structural issues that can contribute to poor health outcomes. Ensuring safe, well-maintained housing is essential for promoting better physical and mental health, especially for vulnerable populations such as children, older adults, and those with pre-existing health conditions.

In 2018-2022, more than **half (54.2%)** of housing units in Taylor County were built in 1979 or earlier

During the 2018-2022 period, 54.2% of housing units in Taylor County were built in 1979 or earlier, a higher percentage than in neighboring Preston County (48.7%) and the nation (51.3%). As a result, a greater portion of Taylor County's housing may contain materials that pose health risks, such as lead paint or asbestos. Newer homes built from 2000 onward made up 17.7% of Taylor County's housing stock, which was a lower percentage than in Preston County and the nation. For further details, see Table 12.

Table 12. Percent of Housing Units by Year Built, by Area/Geography, 2018-2022

Area/Geography	1979 or Earlier (%)	1980 to 1999 (%)	2000 to 2009 (%)	2010 to 2019 (%)	2020 or Later (%)
Taylor County	54.2	28.2	11.8	5.8	0.1
Barbour County	61.8	25.3	8.0	4.4	0.5
Preston County	48.7	28.7	15.1	7.1	0.4
West Virginia	57.5	25.4	11.2	5.7	0.2
United States	51.3	26.4	13.5	8.2	0.6

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Technology Access

Limited access to computers and the internet can impact individuals and communities by restricting opportunities for education, employment, healthcare, and social connection. In today's digital age, access to technology is essential for participating in many aspects of daily life, from applying for jobs and accessing online learning resources to managing finances and communicating with others. Without reliable internet and computer access, individuals are at a disadvantage, particularly in rural and low-income areas where such resources may be less readily available. This digital divide can exacerbate existing inequalities, making it harder for residents in these communities to thrive in an increasingly connected world.

Many households in Taylor County have computer access, with 88.0% owning at least one device in 2018-2022. The most common device was a smartphone (78.6%), followed by desktops or laptops (65.2%), and tablets or other portable wireless computers (61.0%). A small percentage of households (2.2%) used other types of computers. Compared to neighboring Barbour and Preston Counties, Taylor County had a higher percentage of households with smartphones. However, it lagged behind the nation, where 88.2% of households had access to a smartphone. While the percentage of households without a computer in Taylor County was relatively low at 12.0%, it was higher than in Preston County (11.5%), the state (11.2%), and the nation (6.0%). For further details, see Table 13.

Table 13. Household Computer Access by Type of Device, by Area/Geography, 2018-2022

Area/Geography	Households With No Computer (%)	Households With a Computer			
		Desktop or Laptop (%)	Smartphone (%)	Tablet or Other Portable Wireless Computer (%)	Other Computer (%)
Taylor County	12.0	65.2	78.6	61.0	2.2
Barbour County	13.4	63.0	75.6	54.9	0.0
Preston County	11.5	69.3	75.3	54.4	1.3
West Virginia	11.2	69.0	79.3	56.1	1.7
United States	6.0	79.3	88.2	63.4	2.6

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

While many households in Taylor County have access to computers, a higher percentage lack internet access. In Taylor County, during the 2018-2022 period, 17.5% of households did not have an internet subscription, which was higher than those in neighboring Preston County (16.4%), the state (17.0%), and the nation (11.5%). Of the Taylor County households with internet subscriptions, the majority had broadband internet (82.4%), which was comparable to Preston County (82.5%) and just slightly below the estimate for West Virginia (82.7%). Additionally, among households with internet subscriptions, there was minimal use of dial-up internet in Taylor County, with only 0.1% of households reporting this type of connection. Comparatively, Taylor County's internet access aligns with regional patterns but still falls short of the United States (U.S.) for household internet access. For further details, see Table 14.

Table 14. Internet Coverage and Type of Internet Coverage, by Area/Geography, 2018-2022

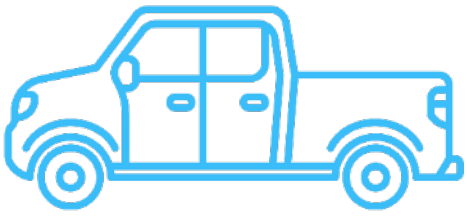
Area/Geography	Households With No Internet Subscription (%)	Households With Internet Subscription	
		Broadband Internet (%)	Dial-up With No Other Type of Internet Subscription (%)
Taylor County	17.5	82.4	0.1
Barbour County	21.1	78.4	0.4
Preston County	16.4	82.5	1.1
West Virginia	17.0	82.7	0.3
United States	11.5	88.3	0.2

Source: United States Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Transportation Access

Transportation aids in accessing essential services, such as healthcare. When transportation options are limited or inadequate, it can create significant barriers to accessing these services and participating in daily activities, leading to missed medical appointments, job opportunities, social interactions, and other engagements. In areas with limited public transit, individuals must rely more on car ownership, particularly in rural communities where transportation options are often scarce.

In Taylor County, transportation access is shaped by several factors, including the area's rural nature and the availability of local services. In 2022, 11.0% of adults in Taylor County lacked reliable transportation in the past 12 months,



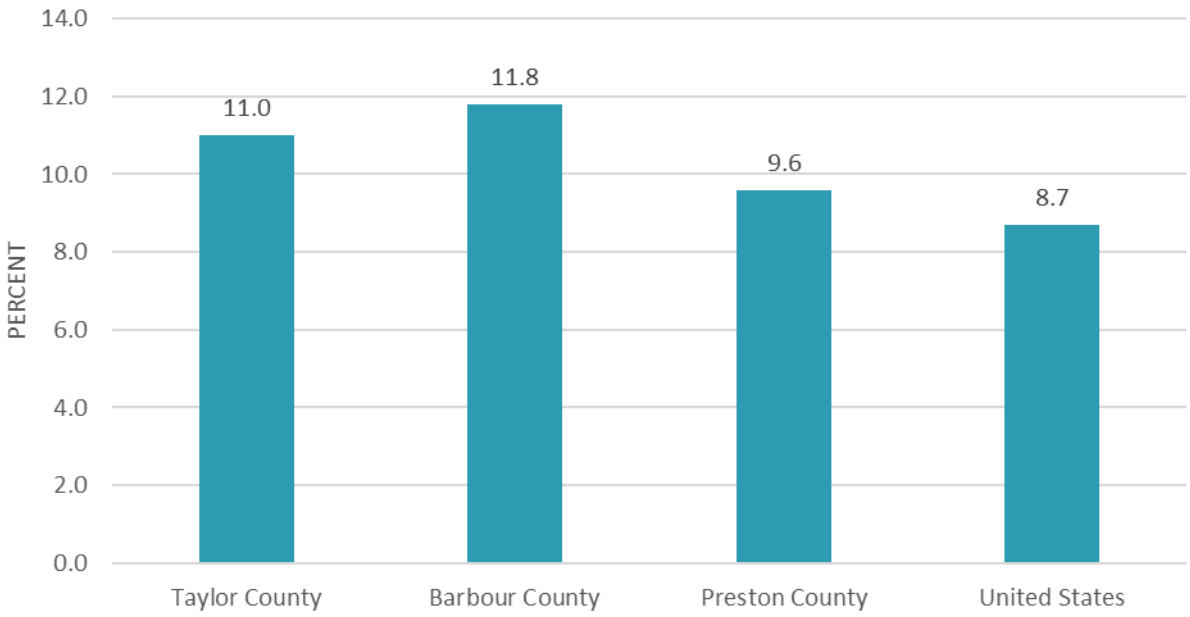
In 2022, more than

1 in 10 (11.0%)

adults in Taylor County lacked reliable transportation in the past 12 months

slightly lower than neighboring Barbour County (11.8%) but higher than in neighboring Preston County (9.6%) and the U.S. (8.7%). While many individuals in the county have access to reliable transportation, not everyone does, emphasizing the need for improved transportation options to better connect residents to essential services. For further details, see Figure 12.

Figure 12. Age-adjusted Prevalence of Lack of Reliable Transportation in the Past 12 Months Among Adults, by Area/Geography, 2022.



Note. West Virginia state estimate not available in Centers for Disease Control and Prevention, 2022 PLACES.
Source: Centers for Disease Control and Prevention, 2022 PLACES

Food Insecurity

Food insecurity refers to the lack of consistent access to enough nutritious food for a healthy life. It is influenced by factors like economic instability, limited access to affordable food, and transportation barriers. Food insecurity can lead to poor nutrition, chronic diseases, and mental health issues, worsening health disparities in affected communities. To assess food insecurity, two important indicators are the food insecurity rate and the prevalence of households that cut the size of meals or skip meals due to a lack of money.

In Taylor County, the food insecurity rate increased from 10.6% in 2021 to 14.2% in 2022, reflecting a growing concern about access to sufficient food. The 2022 rate was higher than that of neighboring Preston County (12.6%). When compared to the state of West Virginia, which saw a similar rise from 11.7% in 2021 to 15.0% in 2022, Taylor County's 2022 rate was more favorable, although still higher than the national rate of 13.5% for 2022. These figures highlight ongoing food insecurity in the region, with Taylor County performing better than some areas, such as Barbour County, but still facing significant need. For further details, see Table 15.

Table 15. Food Insecurity Rate by Area/Geography, 2021 and 2022

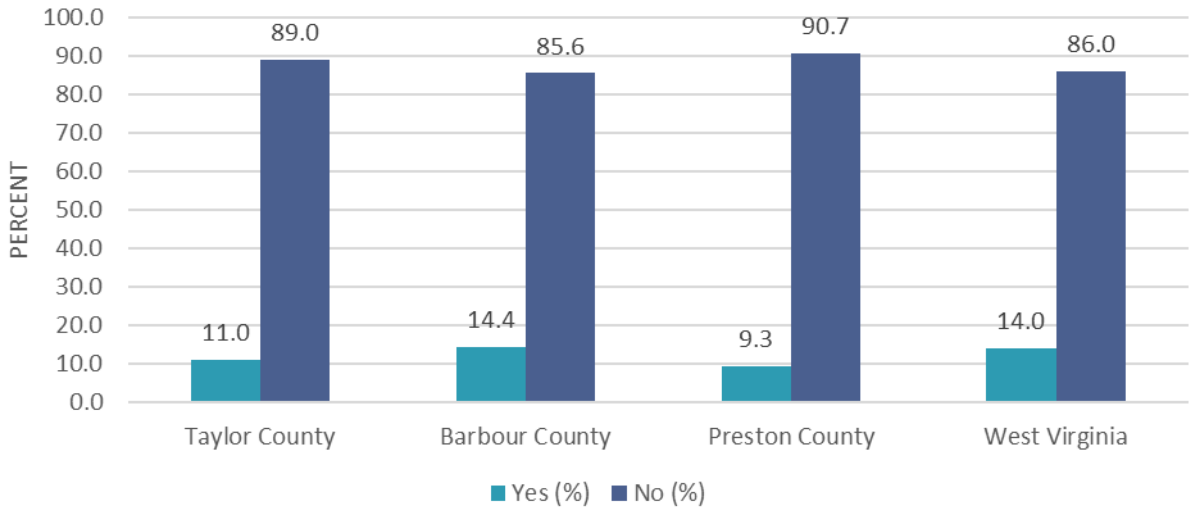
Area/Geography	2021	2022
Taylor County	10.6	14.2
Barbour County	12.5	15.9
Preston County	9.6	12.6
West Virginia	11.7	15.0
United States	10.4	13.5

Note. Data estimates for the overall population for area/geography.

Source: Feeding America, 2021 & 2022 Map the Meal Gap

In addition to the rising food insecurity rate, many households in Taylor County are also cutting meal sizes or skipping meals due to financial constraints. In Taylor County, the prevalence of the household cutting the size of meals or skipping meals due to a lack of money in the past 30 days was 11.0%, according to the 2021 MATCH survey. This prevalence was lower than that of neighboring Barbour County (14.4%) but higher than that of neighboring Preston County (9.3%). When compared to the state of West Virginia, which had a prevalence of 14.0%, Taylor County's prevalence was more favorable. These figures underscore the challenges individuals face in accessing sufficient food, with financial limitations continuing to impact many families across the region. For further details, see Figure 13.

Figure 13. Weighted Prevalence of the Household Cutting the Size of Meals or Skipping Meals Due to Lack of Money During the Past 30 days by Area/Geography, 2021 MATCH.



Note. United States estimates not available in the 2021 MATCH dataset.

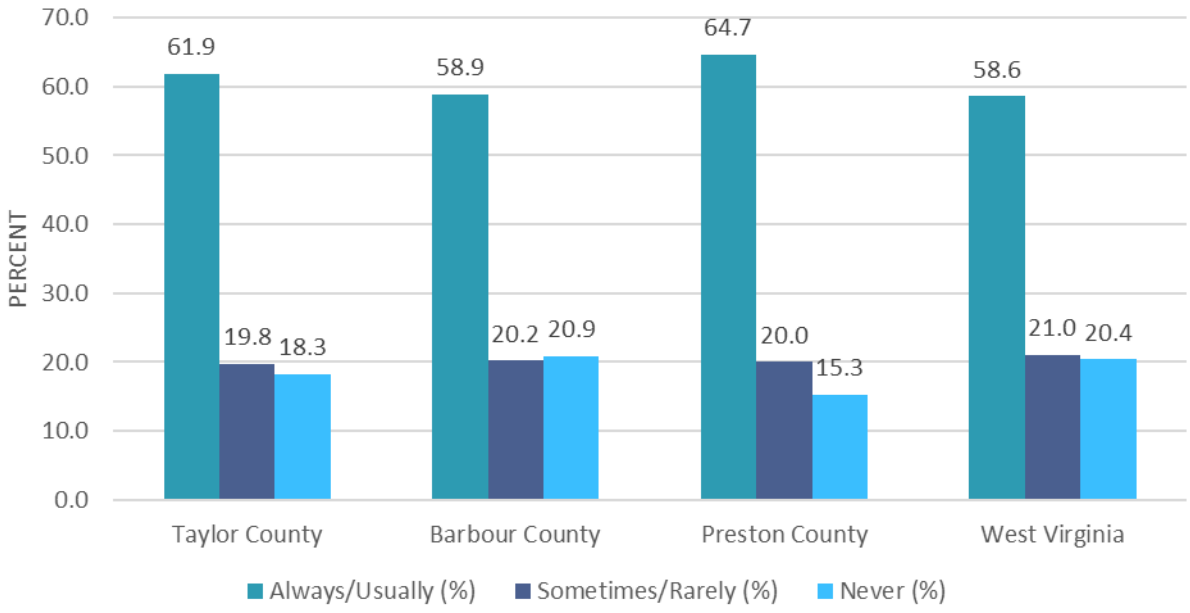
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

Social and Community Context

Social and community context plays a role in shaping an individual's overall well-being and includes factors such as social support, community engagement, safety, and access to resources. These elements can either enhance or hinder a person's health, with positive connections often leading to better outcomes, while isolation and lack of support can contribute to poor health. One important aspect of this context is emotional support, which can help individuals cope with stress and maintain mental well-being.

In Taylor County, 61.9% of adults reported receiving needed emotional support "always" or "usually," according to the 2021 MATCH survey. This prevalence was higher than neighboring Barbour County (58.9%) and lower than neighboring Preston County (64.7%). When compared to the state of West Virginia, where 58.6% of adults reported receiving needed emotional support “always” or “usually,” Taylor County's prevalence was more favorable. These figures highlight that a majority of adults in Taylor County received consistent emotional support, although challenges remain, with close to one in five adults reporting not receiving the emotional support they needed. For further details, see Figure 14.

Figure 14. Weighted Prevalence of Frequency of Receiving Needed Emotional Support Among Adults, by Area/Geography, 2021 MATCH.



Note. United States estimates not available in the 2021 MATCH dataset.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) data

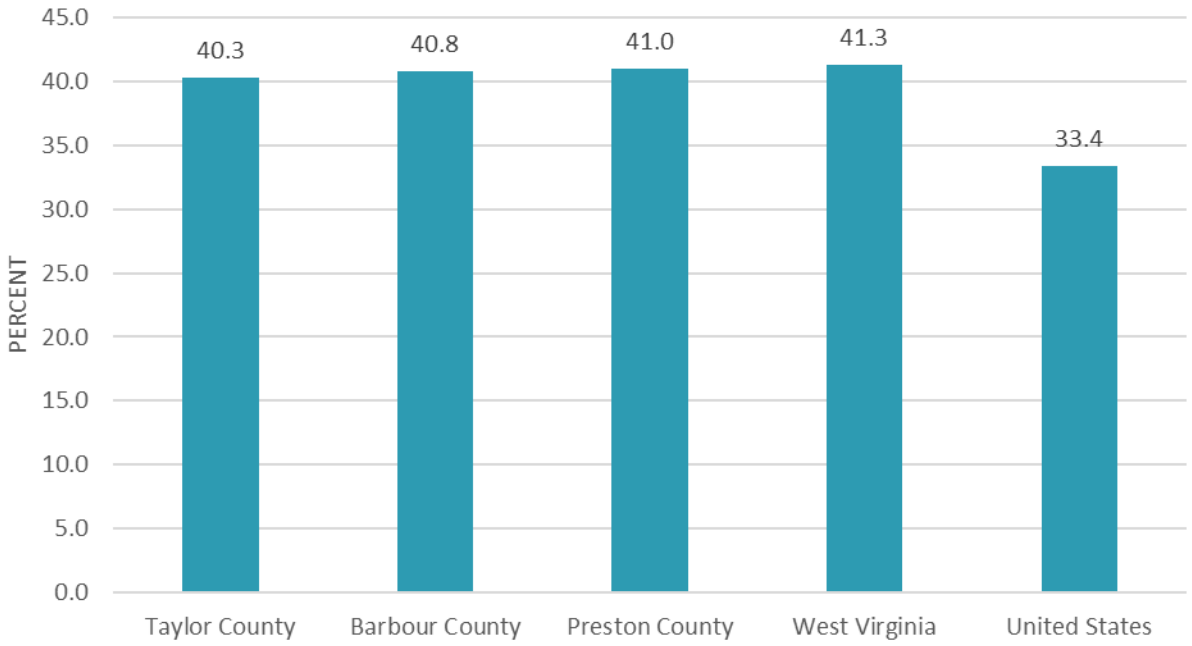
CHRONIC DISEASES

Chronic diseases are public health concerns that affect many communities. These long-term conditions often require ongoing management and can limit a person's quality of life. In Taylor County and the surrounding areas, chronic diseases (i.e., obesity, diabetes, heart disease, cancer, and respiratory disease) have shown varying trends, with some conditions remaining stable while others continue to present challenges. The following sections present data on the prevalence or incidence, death rates, and health impacts of these diseases, providing a closer look at how they affect the local population in comparison to state and national estimates.

Obesity

Obesity is an important public health issue because it can lead to serious conditions like diabetes, heart disease, and high blood pressure. In 2022, the age-adjusted prevalence of obesity among adults in Taylor County was 40.3%, slightly lower than the state prevalence of 41.3% in West Virginia. Compared to neighboring counties, Taylor County's prevalence was also lower than Barbour (40.8%) and Preston (41.0%) Counties. While Taylor County's obesity prevalence was somewhat better than its neighbors and the state, it remained notably higher than the national prevalence of 33.4%. For further details, see Figure 15.

Figure 15. Age-adjusted Prevalence of Obesity Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Diabetes

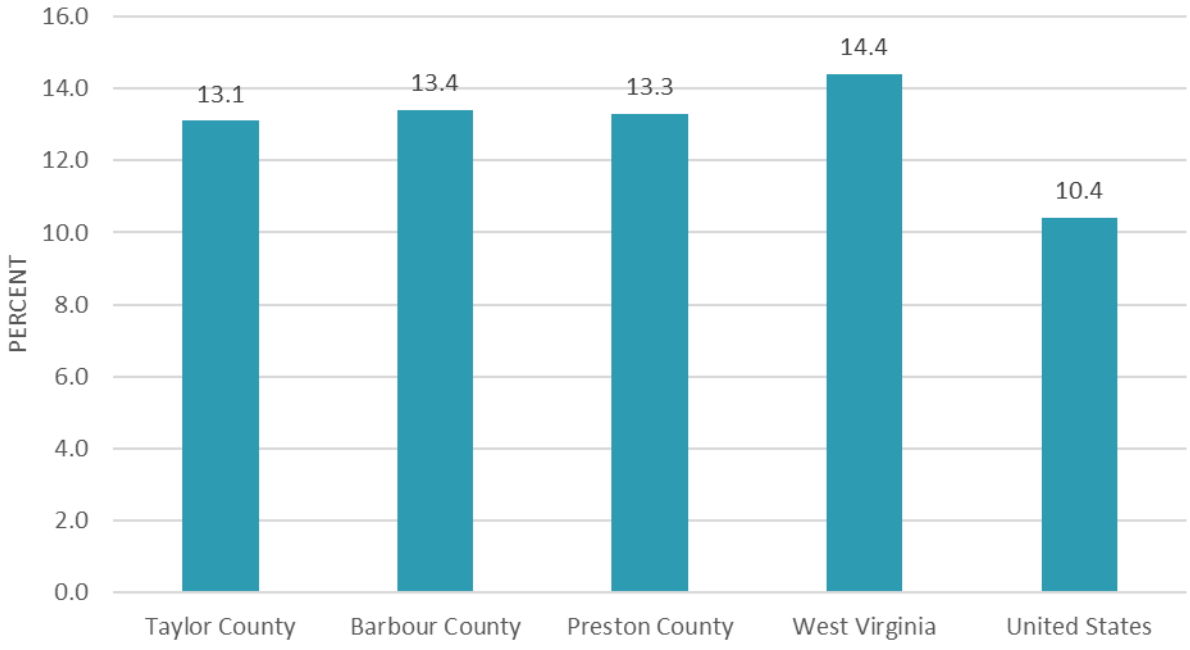
Diabetes is a health issue that can lead to complications such as heart disease, kidney failure, and vision loss. In 2022, the age-adjusted prevalence of diagnosed diabetes among adults in Taylor County was 13.1%, which was lower than the state prevalence of 14.4% in West Virginia. Taylor County's prevalence was also slightly lower than neighboring Barbour (13.4%) and Preston (13.3%) Counties. However, all of these counties had higher diabetes prevalences than the national prevalence of 10.4%. This suggests that although Taylor County has a slightly lower prevalence than its neighbors and the state, it still experiences a higher diabetes burden compared to the country as a whole. For further details, see Figure 16.

In 2022, more than

1 in 8 (13.1%)

adults in Taylor County had diagnosed diabetes

Figure 16. Age-adjusted Prevalence of Diagnosed Diabetes Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Diabetes death rates reflect the severity of the disease in a population and its impact on public health. During the 2018-2022 period, Taylor County had an age-adjusted rate of 40.6 diabetes-related deaths for every 100,000 people each year, which was higher than neighboring Barbour (39.7 deaths per 100,000) and Preston (36.8 deaths per 100,000) Counties. In contrast, the age-adjusted death rate for West Virginia was 40.4 deaths per 100,000, close to Taylor County's rate, while the national rate was notably lower at 23.5 deaths per 100,000. Although Taylor County's rate is comparable to the state, it is still much higher than the national rate, highlighting the ongoing challenge of diabetes in the region. For further details, see Table 16.

Table 16. Diabetes Death Rates by Area/Geography, 2018-2022

Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Taylor County	40.6	10	*	*
Barbour County	39.7	9	*	*
Preston County	36.8	17	*	*
West Virginia	40.4	1,043	rising ↑	5.0
United States	23.5	95,854	rising ↑	2.4

Notes. Includes all ages. *Data suppressed to ensure confidentiality and stability of rate estimates. Data may also be suppressed until more complete data become available.

Source: National Institute on Minority Health and Health Disparities, 2018-2022 HD*Pulse* Data Portal

Heart Disease

Heart disease, a leading public health issue,[9] refers to a range of conditions affecting the heart, including coronary artery disease, heart failure, and arrhythmias (irregular heartbeats).[10] West Virginia has long faced higher prevalences of heart disease and related conditions, such as high cholesterol and high blood pressure, compared to national prevalences.[11] At the county level, in 2021, Taylor County had a high cholesterol prevalence of 34.6% among adults who had ever been screened, which was higher than the state prevalence of 34.1% and well above the national prevalence of 30.4%. Additionally, in 2021, the prevalence of high blood pressure among adults in

In 2021, more than

1 in 3 (36.9%)

adults in Taylor County had high blood pressure

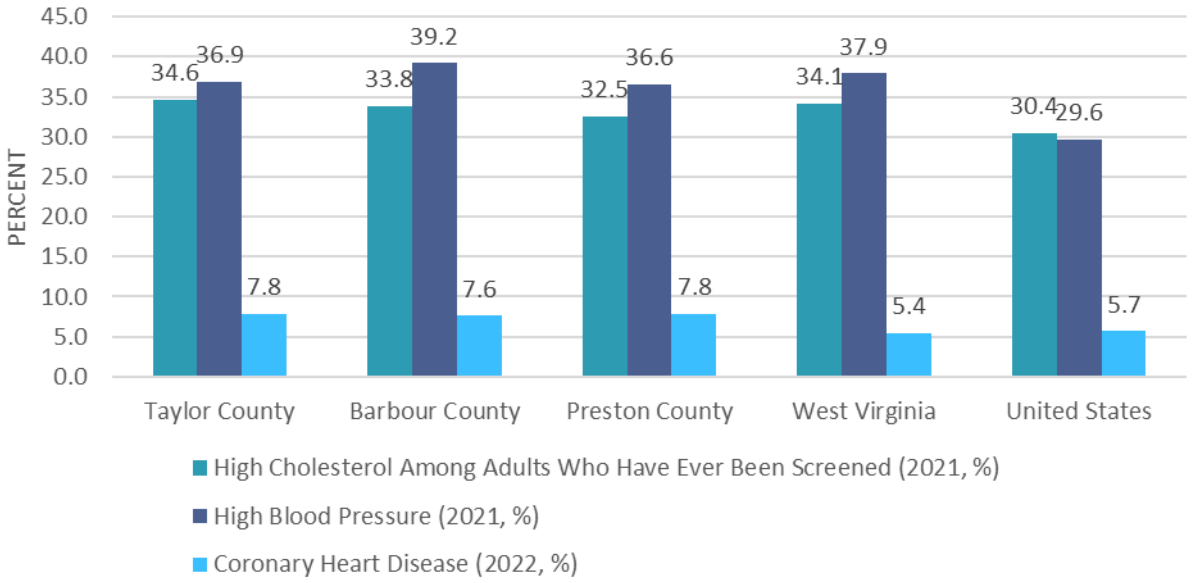
[9]Our Biggest Health Challenges. National Institutes of Health. Accessed January 9, 2025. www.nih.gov/about-nih/what-we-do/nih-turning-discovery-into-health/our-biggest-health-challenges

[10]Heart Disease. National Cancer Institute. Accessed January 9, 2025. www.cancer.gov/publications/dictionaries/cancer-terms/def/heart-disease

[11]Shanholtzer BA. *The Burden of cardiovascular disease in West Virginia*. March 2011. Accessed January 9, 2025. https://www.wvdhhr.org/bph/hsc/pubs/other/burdenofcvd2010/cvh_burden_2010.pdf

Taylor County was 36.9%, lower than the state prevalence of 37.9%, but still notably higher than the national prevalence of 29.6%. The prevalence of coronary heart disease among adults in Taylor County was 7.8% in 2022, slightly higher than neighboring Barbour County (7.6%) and the same as neighboring Preston County (7.8%). Both Taylor County and its neighboring counties had coronary heart disease prevalences exceeding the state prevalence of 5.4% and the national prevalence of 5.7%. These data highlight the need for continued efforts to address coronary heart disease, high cholesterol, and high blood pressure, and improve cardiovascular health in the region. For further details, see Figure 17.

Figure 17. Age-adjusted Prevalence of High Cholesterol, High Blood Pressure, and Heart Disease Among Adults, by Area/Geography, 2021 & 2022.



Source: Centers for Disease Control and Prevention, 2021 and 2022 BRFSS (state data) & 2021 and 2022 PLACES (all other estimates)

Heart disease remains a leading cause of death in the United States (U.S.),[12] and West Virginia continues to face higher rates compared to national rates. At the county level, during the 2018-2022 period, Taylor County had an age-adjusted rate of 209.4 heart disease-related deaths for every 100,000 people each year, which was higher than neighboring Barbour County at 198.2 deaths per 100,000 but lower than neighboring Preston County at 211.9 deaths per 100,000. While Taylor County's rate has remained stable over the past five years, it is still much higher than the national rate of 167.5 deaths per 100,000 and also higher than the state rate of 204.8 deaths per 100,000. These figures highlight that, despite the stability in Taylor County, heart disease remains a significant health challenge. For further details, see Table 17.

[12]Heart Disease Facts. Centers for Disease Control and Prevention. October 24, 2024. Accessed January 9, 2025. www.cdc.gov/heart-disease/data-research/facts-stats/index.html

Table 17. Heart Disease Death Rates by Area/Geography, 2018-2022

Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Taylor County	209.4	50	stable →	1.3
Barbour County	198.2	44	falling ↓	-1.8
Preston County	211.9	97	stable →	0.7
West Virginia	204.8	5,233	rising ↑	1.5
United States	167.5	681,931	stable →	-0.2

Note. Includes all ages.

Source: National Institute on Minority Health and Health Disparities, 2018-2022 HD*Pulse* Data Portal

Cancer

Cancer is a leading cause of illness and death in the U.S.,[13, 14] and its impact varies at the local level. In Taylor County, during the 2017-2021 period, the age-adjusted rate of new cancer cases (i.e., incidence) was 516.5 cases for every 100,000 people per year, which was higher than both the national rate of 444.4 cases per 100,000 and the state rate of 489.8 cases per 100,000. Compared to neighboring counties, Taylor County also had a higher incidence rate than Barbour (513.1 cases per 100,000) and Preston (474.1 cases per 100,000) Counties. While the cancer incidence rate in Taylor County has been rising with a recent trend of 3.3%, the state and national trends have been more stable or declining. These figures highlight the growing cancer burden in Taylor County, with a rate higher than both the state and national rates. For further details, see Table 18.

Taylor County's 2017-2021 age-adjusted cancer incidence rate was **516.5** cases per 100,000

[13]Cancer Deaths. Centers for Disease Control and Prevention, National Center for Health Statistics. Updated June 2023. Accessed January 9, 2025. www.cdc.gov/nchs/hus/topics/cancer-deaths.htm

[14]Cancer. Centers for Disease Control and Prevention. February 9, 2024. Accessed January 9, 2025. www.cdc.gov/environmental-health-tracking/php/data-research/cancer.html

Table 18. Cancer Incidence by Area/Geography, 2017-2021

Area/Geography	Age-Adjusted Incidence Rate[a] (cases per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Taylor County	516.5	123	rising ↑	3.3
Barbour County	513.1	109	stable →	0.5
Preston County	474.1	225	stable →	0.5
West Virginia	489.8	12,357	stable →	-0.1
United States	444.4	1,744,459	falling ↓	-0.5

Note. Includes all ages.

[a]Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified.

Source: National Cancer Institute and Centers for Disease Control and Prevention, 2017-2021 State Cancer Profiles

Cancer incidence rates vary by type and region. In Taylor County, during the 2017-2021 period, the age-adjusted incidence rates revealed notable differences across cancer types. The lung and bronchus cancer rate was 82.4 cases per 100,000, and the prostate cancer rate was 128.4 cases per 100,000, both higher than those in neighboring Barbour and Preston Counties, as well as the state and national rates. Additionally, Taylor County had a colon and rectum cancer rate of 44.9 cases per 100,000, which was higher than the national rate of 36.4 cases per 100,000 but close to the state rate of 44.3 cases per 100,000. For breast cancer (female), Taylor County's rate was 129.5 cases per 100,000, slightly lower than the national rate of 129.8 cases per 100,000. These estimates suggest that Taylor County has higher rates of lung and bronchus, prostate, and colon and rectum cancers compared to national rates, with some differences when compared to neighboring counties. For further details, see Table 19.

Table 19. Cancer Incidence by Type, by Area/Geography, 2017-2021

Area/Geography	Age-Adjusted Incidence Rate[a] (cases per 100,000)			
	Breast Cancer (Female)	Colon & Rectum	Lung & Bronchus	Prostate (Male)
Taylor County	129.5	44.9	82.4	128.4
Barbour County	153.1	63.8	71.6	94.1
Preston County	137.3	44.6	63.3	125.0
West Virginia	124.7	44.3	76.1	99.7
United States	129.8	36.4	53.1	113.2

Note. Includes all ages.

[a]Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified.

Source: National Cancer Institute and Centers for Disease Control and Prevention, 2017-2021 State Cancer Profiles

Cancer death rates remain a public health concern, with varying trends across different areas. At the county level, during the 2018-2022 period, Taylor County had an age-adjusted rate of 181.8 cancer-related deaths for every 100,000 people each year, which was lower than neighboring Barbour County's rate of 202.4 deaths per 100,000 but higher than the national rate of 146.0 deaths per 100,000, the state rate of 178.2 deaths per 100,000, and neighboring Preston County's rate of 164.1 deaths per 100,000. Despite this higher rate, Taylor County's cancer death rate has remained stable over the past five years, with a very slight decrease of 0.1%. In comparison, the national rate and the state rate have both been falling, with the national rate seeing a larger decrease. These figures suggest that while the cancer death rates in Taylor County have remained steady, they still exceed both state and national rates, highlighting the ongoing public health challenge of cancer in the area. For further details, see Table 20.

Table 20. Cancer Death Rates by Area/Geography, 2018-2022

Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Taylor County	181.8	46	stable →	-0.1
Barbour County	202.4	45	stable →	-0.3
Preston County	164.1	79	stable →	-0.9
West Virginia	178.2	4,702	falling ↓	-1.0
United States	146.0	602,955	falling ↓	-1.5

Note. Includes all ages.

Source: National Institute on Minority Health and Health Disparities, 2018-2022 HD*Pulse* Data Portal

Cancer death rates can vary by type, and Taylor County's rates for specific cancers paint an important picture. During the 2018-2022 period, the age-adjusted death rates in Taylor County were 19.1 deaths per 100,000 for colon and rectum cancer and 54.0 deaths per 100,000 for lung and bronchus cancer. Both of these were higher than the national rates of 12.9 deaths per 100,000 and 32.4 deaths per 100,000, respectively. Compared to neighboring counties, Barbour County had a higher rate for colon and rectum cancer (24.0 deaths per 100,000) but a lower rate for lung and bronchus cancer (48.4 deaths per 100,000), while Preston County had lower rates for both cancers. When looking at the state, Taylor County's rates for these two cancers were higher than the state's rates of 16.7 deaths per 100,000 for colon and rectum cancer and 49.1 deaths per 100,000 for lung and bronchus cancer. These figures show that Taylor County's death rates for both cancers surpass state and national rates and vary from those of neighboring counties, highlighting the need for targeted public health interventions. For further details, see Table 21.

Table 21. Cancer Death Rates by Type of Cancer, by Area/Geography, 2018-2022

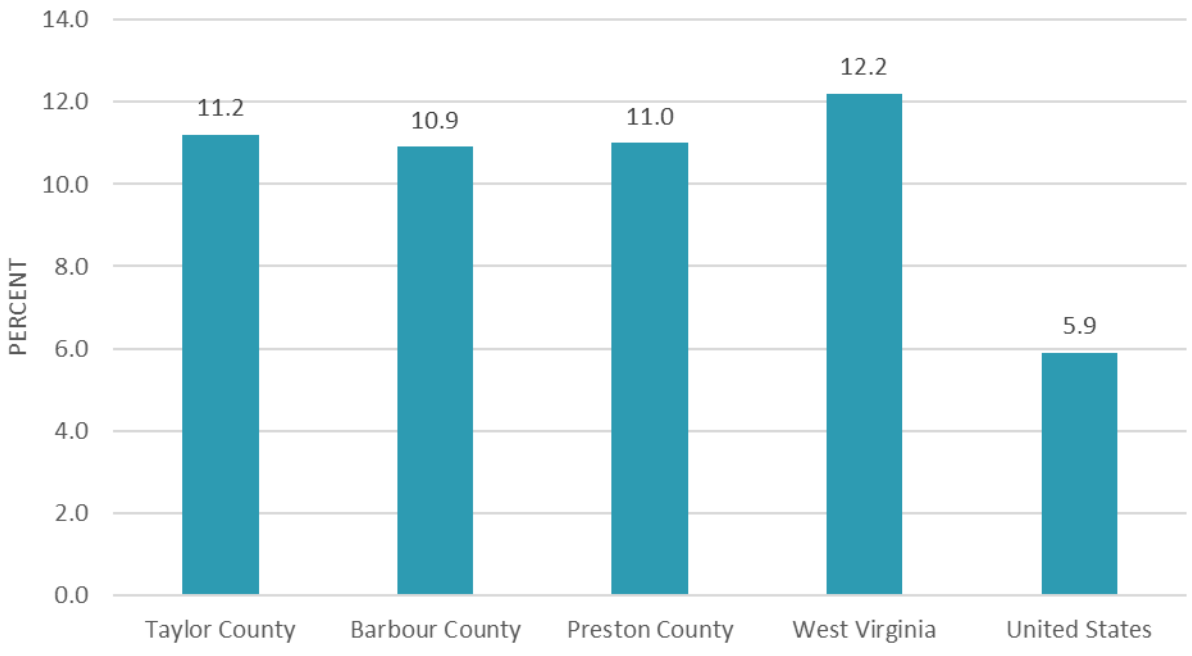
Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)			
	Breast Cancer (Female)	Colon & Rectum	Lung & Bronchus	Prostate (Male)
Taylor County	*	19.1	54.0	*
Barbour County	*	24.0	48.4	*
Preston County	17.2	14.7	39.7	17.1
West Virginia	21.1	16.7	49.1	18.0
United States	19.3	12.9	32.4	19.0

Notes. Includes all ages. *Data has been suppressed to ensure confidentiality and stability of rate estimates.
Source: National Cancer Institute and Centers for Disease Control and Prevention, 2018-2022 State Cancer Profiles

Respiratory Disease

Chronic respiratory diseases, such as chronic obstructive pulmonary disease (COPD), are long-term health conditions that can severely affect a person's ability to breathe and lead a normal life. COPD remains a concern in West Virginia, including Taylor County. In 2022, Taylor County had an age-adjusted COPD prevalence of 11.2% among adults, which was higher than the national prevalence of 5.9% and slightly below the state prevalence of 12.2%. Compared to neighboring counties, Taylor County's prevalence was slightly higher than Barbour (10.9%) and Preston (11.0%) Counties. These figures indicate that COPD is a notable health challenge in Taylor County, with a prevalence higher than the national prevalence and slightly above that of neighboring counties. For further details, see Figure 18.

Figure 18. Age-adjusted Prevalence of COPD Among Adults, by Area/Geography, 2022.



Note. COPD = Chronic Obstructive Pulmonary Disease.
Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

While the prevalence of COPD in Taylor County highlights a significant health concern, the impact of chronic respiratory diseases can extend beyond daily struggles, potentially leading to death. During the 2018-2022 period, Taylor County had an age-adjusted rate of 63.4 chronic lower respiratory disease (CLRD)-related deaths for every 100,000 people each year, higher than both the national rate of 36.9 deaths per 100,000 and the state rate of 61.3 deaths per 100,000. However, compared to neighboring counties, Taylor County's rate was lower than Barbour County's 82.4 deaths per 100,000 and Preston County's 65.7 deaths per 100,000. Despite these variations, Taylor County's CLRD death rate has remained stable over the last five years, showing only a slight increase of 0.2%. In comparison, the national rate has decreased by 4.1%. These figures highlight the ongoing challenge of CLRD in Taylor County, where the death rate remains above both the state and national rates, despite minimal changes in recent years. For further details, see Table 22.

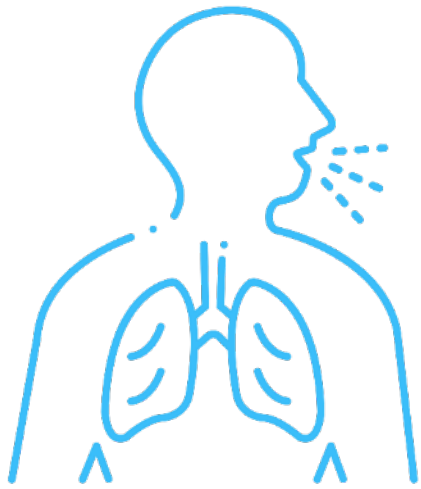
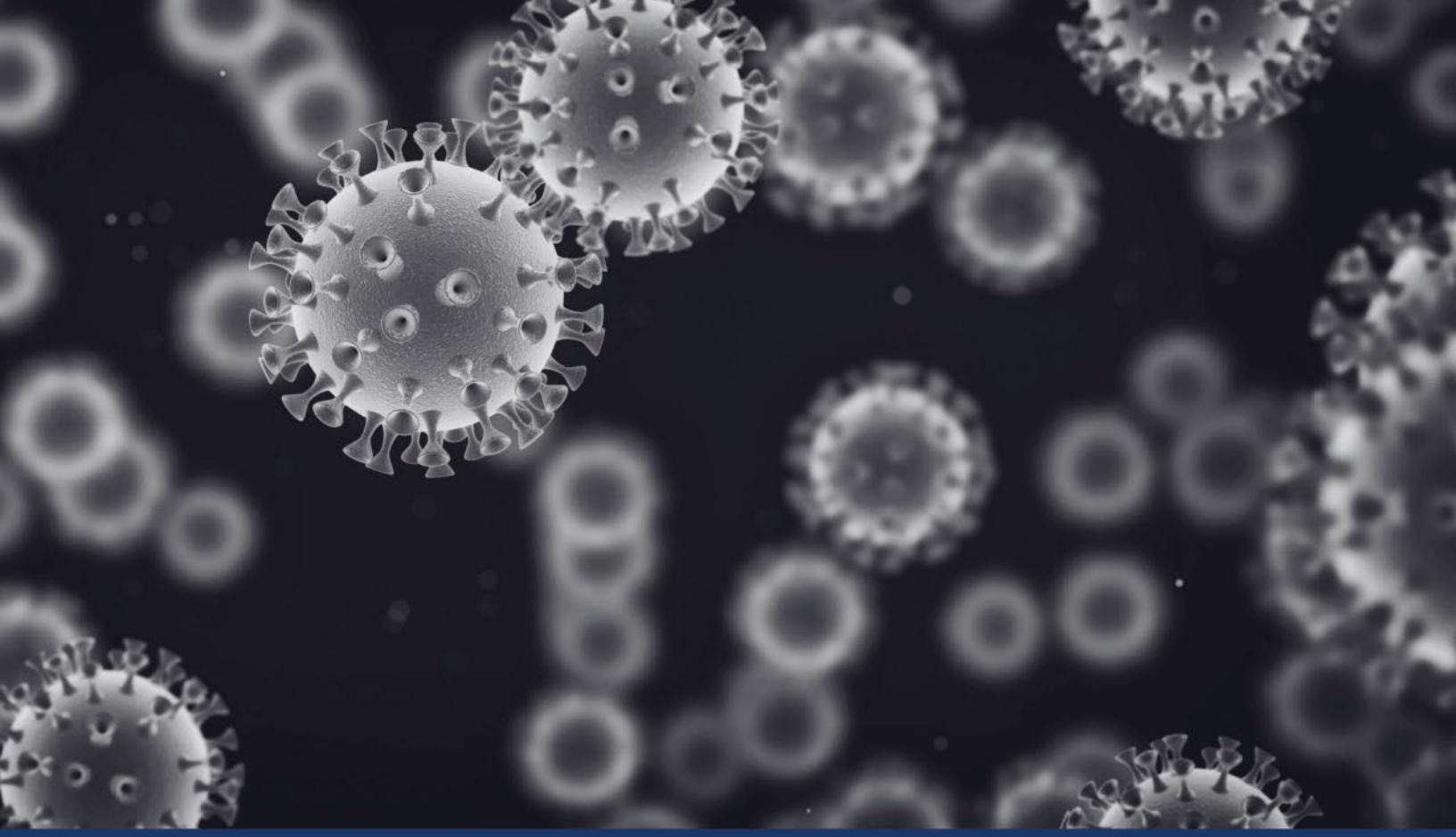


Table 22. Chronic Lower Respiratory Disease Death Rates by Area/Geography, 2018-2022

Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Taylor County	63.4	16	stable →	0.2
Barbour County	82.4	19	stable →	1.5
Preston County	65.7	32	rising ↑	1.7
West Virginia	61.3	1,648	stable →	-2.1
United States	36.9	151,766	falling ↓	-4.1

Note. Includes all ages.

Source: National Institute on Minority Health and Health Disparities, 2018-2022 HD*Pulse* Data Portal



INFECTIOUS DISEASES

Infectious diseases remain a concern in Taylor County, with certain diseases posing greater risks due to local factors such as substance use and healthcare access. Among these, human immunodeficiency virus (HIV) and hepatitis C virus (HCV) have been of particular concern, often linked to unsterile injection drug use.[15] These conditions, if not managed or prevented, can lead to widespread transmission, impacting both individuals and the broader community.

In 2016-2017, Taylor County ranked 10th out of 55 counties in West Virginia for vulnerability to the rapid spread of HIV and HCV via unsterile injection drug use, placing it among the most vulnerable counties.[16, 17] Neighboring Preston County ranked 14th, categorizing it among the more vulnerable counties, while neighboring Barbour County ranked 27th, categorizing it among the vulnerable counties.[17] This ranking underscores Taylor County's heightened risk for outbreaks of these infections, emphasizing the need for targeted interventions to reduce transmission and protect public health.

Human Immunodeficiency Virus (HIV)

Ongoing monitoring of HIV is essential at the national, state, and county levels to track trends, assess risk, and ensure timely interventions, especially in areas where local conditions can impact the spread and prevalence. According to the 2021 Mountain State Assessment of Trends in Community Health (MATCH) survey, Taylor, Barbour, and Preston Counties each had a weighted prevalence of 0.0% for HIV/acquired immunodeficiency syndrome (AIDS) among adults, indicating no respondents in these counties reported being diagnosed with HIV/AIDS. In contrast, the state of West Virginia had a weighted prevalence of 0.3%, suggesting a very small percentage of the adult population affected by HIV/AIDS. For further details, see Figure 19.

In contrast to these data, HIV cases were diagnosed in Taylor County in 2021, 2022, and 2023, and in neighboring Preston County in 2021 and 2022, though the data for these periods were suppressed due to fewer than five cases. In comparison, no HIV cases were diagnosed in neighboring Barbour County during the same time period. These data underscore the importance of continued monitoring and prevention efforts to maintain these low cases in the area. For further details, see Table 23.

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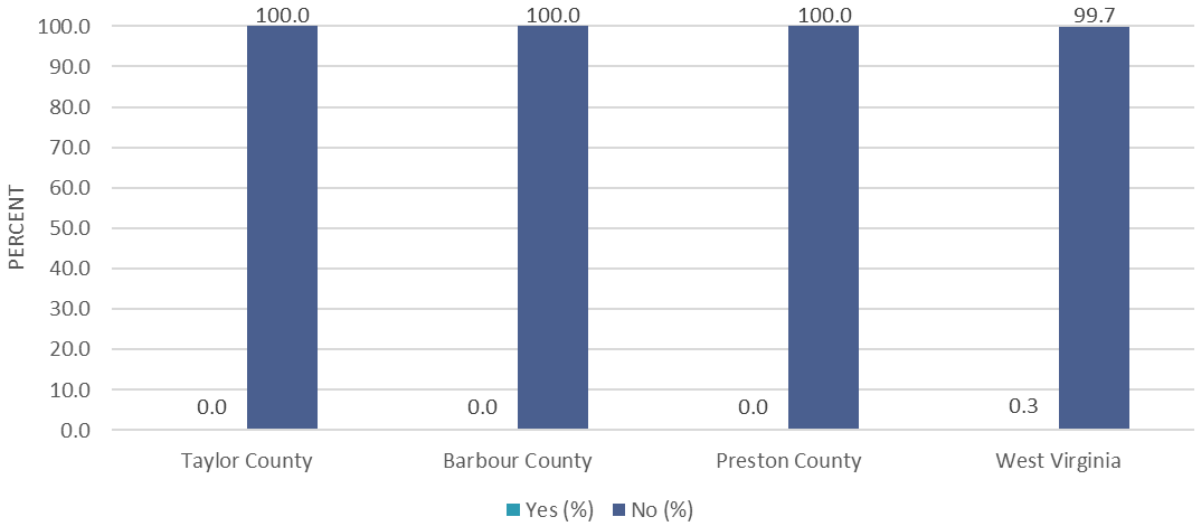
[15]Viral Hepatitis Among People Who Use or Inject Drugs. Centers for Disease Control and Prevention. May 14, 2024. Accessed January 9, 2025. www.cdc.gov/hepatitis/hcp/populations-settings/pwid.html

[16]Batdorf S. County-level vulnerability to HIV, HCV, and overdose mortality: West Virginia, 2016-2017. PowerPoint presented at: Statewide Epidemiological Outcomes Workgroup Meeting; January 13, 2020. Accessed January 9, 2025. dhhr.wv.gov/BBH/DocumentSearch/SEOW/Meeting%20Docs/SEOW%202020/1.13.20%20County%20Level%20Vulnerability%20to%20HIV%2C%20HCV%20and%20Overdose%20Mortality.pdf

[17]*County-level vulnerability to rapid transmission of HIV and hepatitis C in West Virginia*. West Virginia Department of Health and Human Resources, Bureau for Public Health. n.d. Accessed January 9, 2025. oeps.wv.gov/hcv/documents/data/WV_Vulnerability_Assessment.pdf

Figure 19. Weighted Prevalence of HIV/AIDS Among Adults, by Area/Geography, 2021 MATCH.



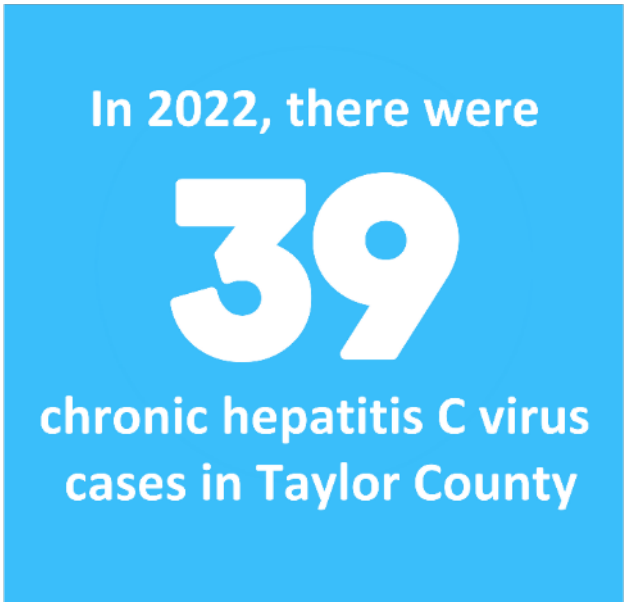
Notes. HIV = Human Immunodeficiency Virus, AIDS = Acquired Immunodeficiency Syndrome. United States estimates not available in the 2021 MATCH dataset.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

Table 23. HIV Diagnoses by Area/Geography, 2016-2023

County (or State) of Residence at Time of HIV Diagnosis	2016-2020 Average Number of Cases per Year	2021		2022		2023	
		Total Cases	Cases Reporting IDU[a]	Total Cases	Cases Reporting IDU[a]	Total Cases	Cases Reporting IDU[a]
Taylor County	0	*	*	*	0	*	*
Barbour County	0	0	0	0	0	0	0
Preston County	2	*	0	*	0	0	0
West Virginia	108	153	100	136	96	100	55
United States	NA	NA	NA	NA	NA	NA	NA

Notes. HIV = Human Immunodeficiency Virus, IDU = Injection Drug Use, NA = data not available in the report. Data are preliminary. Data are released bi-weekly and are subject to change as information continues to be collected and analyzed.
*Indicates that data are suppressed (1-4 diagnoses of HIV); therefore, reports of * cases does not represent an absence of cases in that county.
[a]Cases with self-reported IDU as an exposure category and those attributed to male-to-male sexual contact and IDU (both risk factors reported), and those infections linked to IDU (person did not report IDU as a risk factor but is linked to a person whose diagnoses is attributed to IDU).
Source: West Virginia Department of Health, Bureau for Public Health, Office of Epidemiology and Prevention Services, HIV Diagnoses by County, West Virginia, 2021-2024 (as of May 30, 2024) [Report]

Hepatitis C Virus (HCV)



As with HIV, ongoing monitoring and targeted prevention efforts are essential to control the spread of HCV. In Taylor County, chronic HCV cases increased steadily from 33 in 2020 to 34 in 2021 and to 39 in 2022. Similarly, neighboring Preston County saw a rise, though more pronounced, with chronic HCV cases increasing from 112 in 2020 to 149 in 2021 and 164 in 2022. Neighboring Barbour County, on the other hand, saw an increase from 26 cases in 2020 to 45 cases in 2021, followed by a decrease to 39 cases in 2022. On a broader scale, West Virginia initially saw a rise in chronic HCV cases from 3,872 in 2020 to 4,793 in 2021, before decreasing to 3,854 in 2022. While Taylor County's chronic HCV numbers remain lower than those of Preston County, this upward trend in cases highlights the importance of continued public health efforts, especially in a region vulnerable to the spread of infectious diseases like HIV and HCV. These estimates reinforce the need for sustained monitoring and prevention to curb further transmission within the community. For further details, see Table 24.

Table 24. Chronic Hepatitis C Virus (HCV) Case Counts by Area/Geography, 2020-2022

Area/Geography	Count in 2020[a]	Count in 2021[a]	Count in 2022[a]
Taylor County	33	34	39
Barbour County	26	45	39
Preston County	112	149	164
West Virginia	3,872	4,793	3,854
United States	NA	NA	NA

Note. NA = Data not available in the reports.

[a]case count may include confirmed and probable cases. West Virginia's 2020 count included 2,145 confirmed and 1,727 probable cases, West Virginia's 2021 count included 2,718 confirmed and 2,075 probable cases, and West Virginia's 2022 count included 2,314 confirmed and 1,540 probable cases.

Source: West Virginia Department of Health, Bureau for Public Health, Office of Epidemiology and Prevention Services, Viral Hepatitis in West Virginia: 2020 Surveillance Summary (Pack K, & Hudson A), Viral Hepatitis in West Virginia: 2021 Surveillance Summary (Pack K, & Boston S), and Viral Hepatitis in West Virginia: 2022 Surveillance Summary (Boston S, & Pack K) [Reports]

BEHAVIORAL HEALTH

Mental Health

In Taylor County, more than

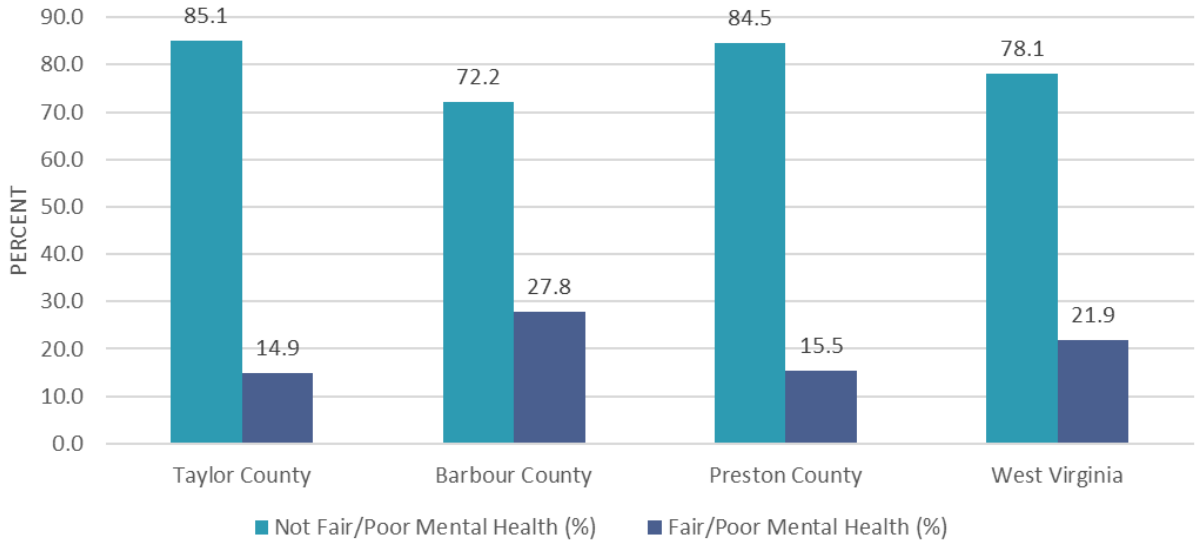
1 in 8 (14.9%)

adults reported fair or poor mental health, per the 2021 MATCH survey

Mental health is an essential aspect of overall well-being, impacting individuals' emotional, psychological, and social functioning. It influences how people manage stress, relate to others, and make choices, affecting many areas of life, such as work, relationships, and daily routines. When mental health is compromised, consequences can include difficulties in maintaining relationships, functioning at work, and managing daily tasks. The mental health of a community often reflects the general health of its population, and understanding the prevalence and trends of mental health challenges can provide valuable insights into the well-being of residents.

In Taylor County, mental health challenges are reflected in the 14.9% prevalence of fair or poor mental health among adults, per the 2021 Mountain State Assessment of Trends in Community Health (MATCH) survey. This prevalence was slightly lower than neighboring Preston County (15.5%) and much lower than neighboring Barbour County (27.8%). Taylor County's prevalence was also below the state prevalence of 21.9%, but still indicative of a need for ongoing attention to mental health services and support. For further details, see Figure 20.

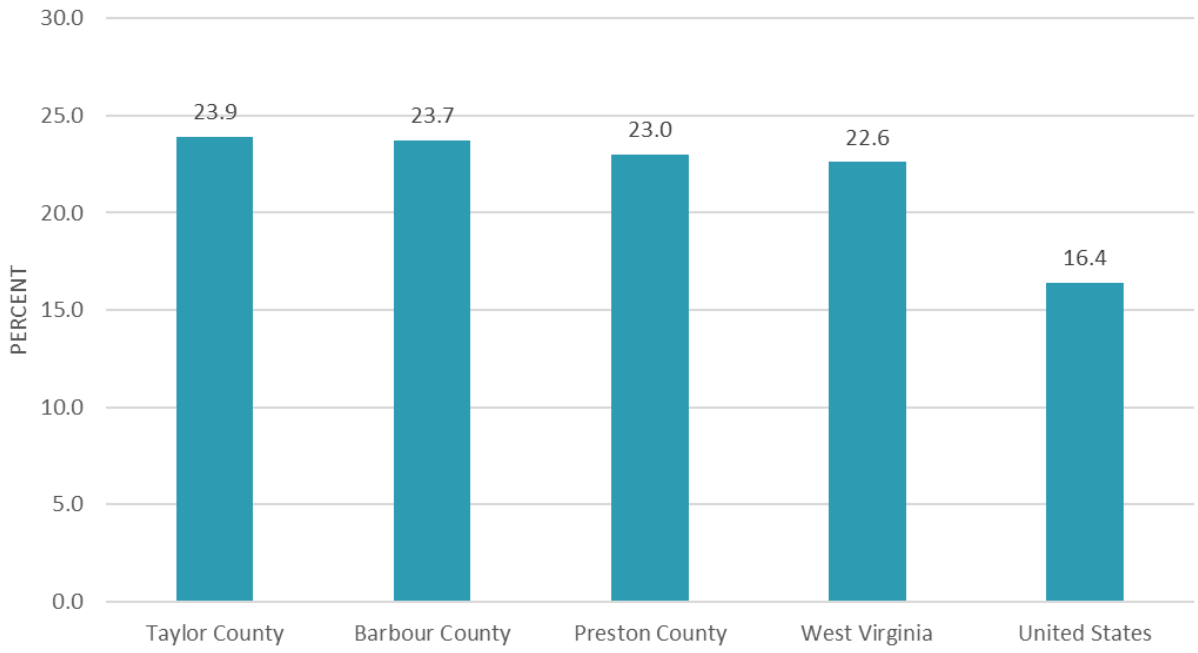
Figure 20. Weighted Prevalence of Fair or Poor Mental Health Among Adults, by Area/Geography, 2021 MATCH.



Note. United States estimates not available in the 2021 MATCH dataset.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

Mental health challenges in Taylor County are not only evident in the prevalence of fair or poor mental health but also in the prevalence of frequent mental distress experienced by adults. Frequent mental distress, defined as reporting mental health as not good for 14 or more days during the past 30 days, serves as a key indicator of the mental health burden within a community. In 2022, Taylor County's prevalence of 23.9% for frequent mental distress among adults was slightly higher than neighboring Barbour (23.7%) and Preston (23.0%) Counties, and above the state prevalence of 22.6%. These estimates highlight the persistence of mental health challenges in Taylor County and neighboring counties, particularly when compared to the national prevalence of 16.4%. For further details, see Figure 21.

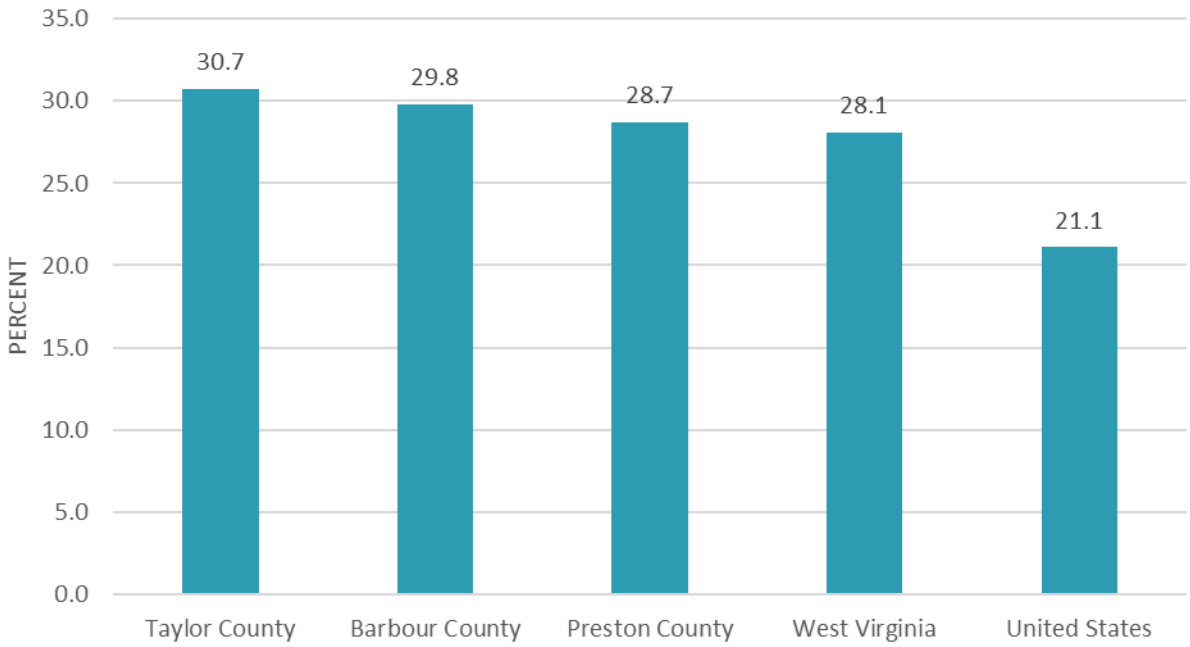
Figure 21. Age-adjusted Prevalence of Frequent Mental Distress Among Adults, by Area/Geography, 2022.



Note. Mental health was not good for 14 or more days during the past 30 days.
Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Given that mental distress is often associated with conditions like depression, it is also important to assess the prevalence of depression in the region. In 2022, Taylor County's age-adjusted prevalence of depression among adults was 30.7%, higher than the prevalences in neighboring Barbour (29.8%) and Preston (28.7%) Counties, as well as the state prevalence of 28.1%. Taylor County's prevalence was also notably above the national prevalence of 21.1%, further underscoring the mental health concerns in Taylor County. For further details, see Figure 22.

Figure 22. Age-adjusted Prevalence of Depression Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Suicide

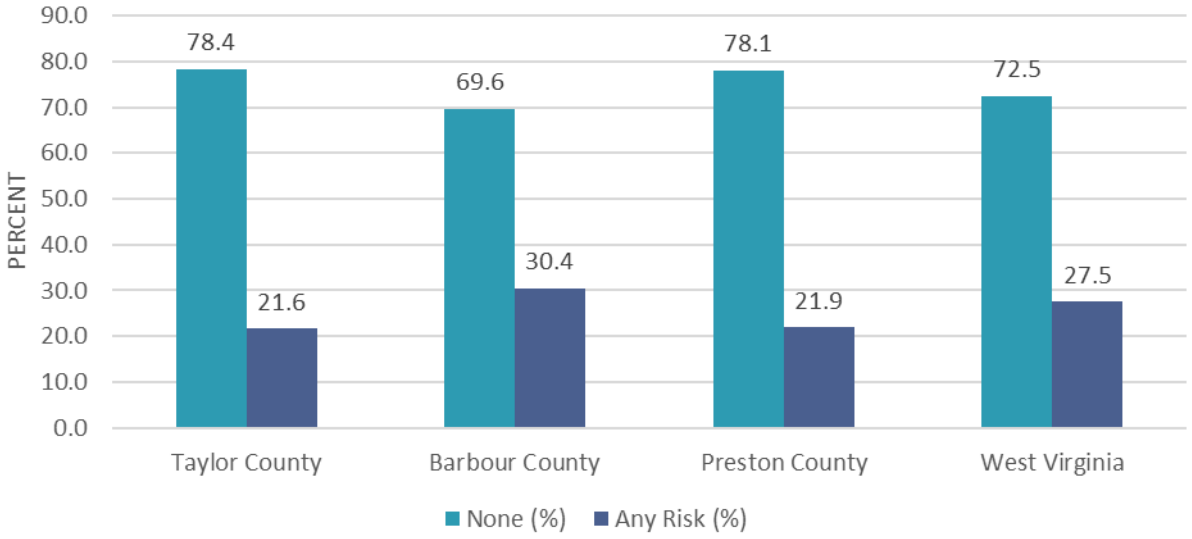
The mental health struggles in Taylor County extend beyond depression and frequent mental distress to include a concerning prevalence of lifetime suicide risk, reflecting those who have experienced thoughts, plans, or attempts. Per the 2021 MATCH survey, 21.6% of adults in Taylor County reported experiencing some level of suicide risk at some point in their lives. While this prevalence was lower than that in neighboring Barbour (30.4%) and Preston (21.9%) Counties, as well as the state (27.5%), it still highlights the ongoing need for targeted mental health interventions. Addressing this risk requires strong prevention strategies and accessible mental health resources to support those in need. For further details, see Figure 23.

In Taylor County, more than

1 in 5 (21.6%)

adults have ever thought about, planned, or attempted suicide, per the 2021 MATCH survey

Figure 23. Weighted Prevalence of Suicide Risk Among Adults, by Area/Geography, 2021 MATCH.



Note. United States estimates not available in the 2021 MATCH dataset.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

The prevalence of lifetime suicide risk in Taylor County points to a significant mental health challenge within the community. This concern becomes even more evident when looking at actual suicide and self-inflicted injury death rates. During the 2018-2022 period, Taylor County had an age-adjusted rate of 25.0 suicide and self-inflicted injury-related deaths for every 100,000 people each year, which was higher than both the state rate of 19.5 deaths per 100,000 and the national rate of 13.9 deaths per 100,000. While these numbers reflect a concerning reality, they also highlight the need for increased support and resources. In comparison, Barbour County's rate was slightly higher at 26.2 deaths per 100,000, and Preston County's rate was somewhat lower at 22.8 deaths per 100,000. These statistics underline the importance of continuing to focus on mental health support to help reduce the impact of suicide on the community. For further details, see Table 25.

Table 25. Suicide & Self-Inflicted Injury Death Rates by Area/Geography, 2018-2022

Area/Geography	Age-Adjusted Death Rate (deaths per 100,000)	Average Annual Count	Recent Trend	Recent 5-Year Trend in Death Rates
Taylor County	25.0	4	*	*
Barbour County	26.2	4	*	*
Preston County	22.8	8	*	*
West Virginia	19.5	361	stable →	-1.6
United States	13.9	47,896	stable →	0.3

Notes. Includes all ages. *Data has been suppressed to ensure confidentiality and stability of rate estimates. Data may also be suppressed until more complete data become available.
Source: National Institute on Minority Health and Health Disparities, 2018-2022 HD*Pulse* Data Portal

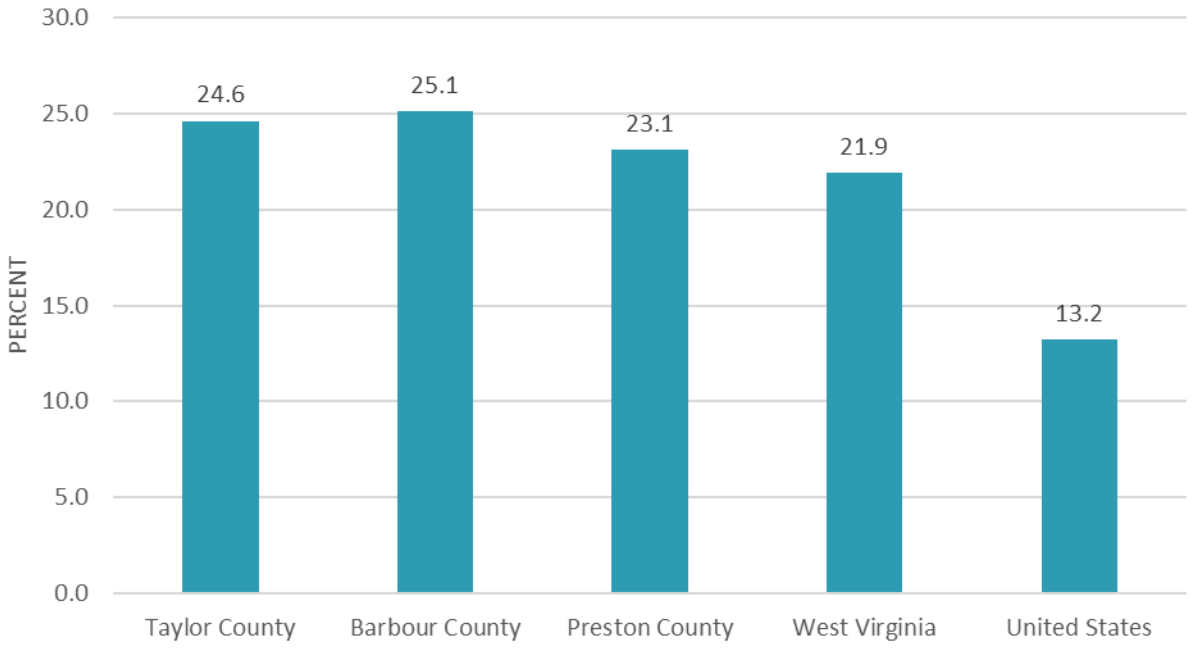
Substance Use

Substance use, including smoking, alcohol consumption, and drug use, is a significant public health issue that affects communities across the United States, including Taylor County and its neighboring areas. These behaviors contribute to a range of physical, mental, and social health problems, such as chronic diseases, an increased risk of mental health issues, and premature death. Monitoring these behaviors provides valuable insights into the health challenges faced by a community and helps inform effective public health interventions.

Cigarette Use

Cigarette smoking is one of the most common and preventable risk factors for chronic disease,[18] and in Taylor County, it remains prevalent. In 2022, nearly a quarter (24.6%) of Taylor County adults reported current cigarette smoking. This prevalence was notably higher than the state prevalence of 21.9% and almost double the national prevalence of 13.2%. It also exceeded the prevalence of current cigarette smoking in neighboring Preston County (23.1%). This prevalence in Taylor County highlights the need for more robust smoking cessation programs and targeted public health campaigns to reduce tobacco use and prevent related health issues, such as heart disease and lung cancer. For further details, see Figure 24.

Figure 24. Age-adjusted Prevalence of Current Cigarette Smoking Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

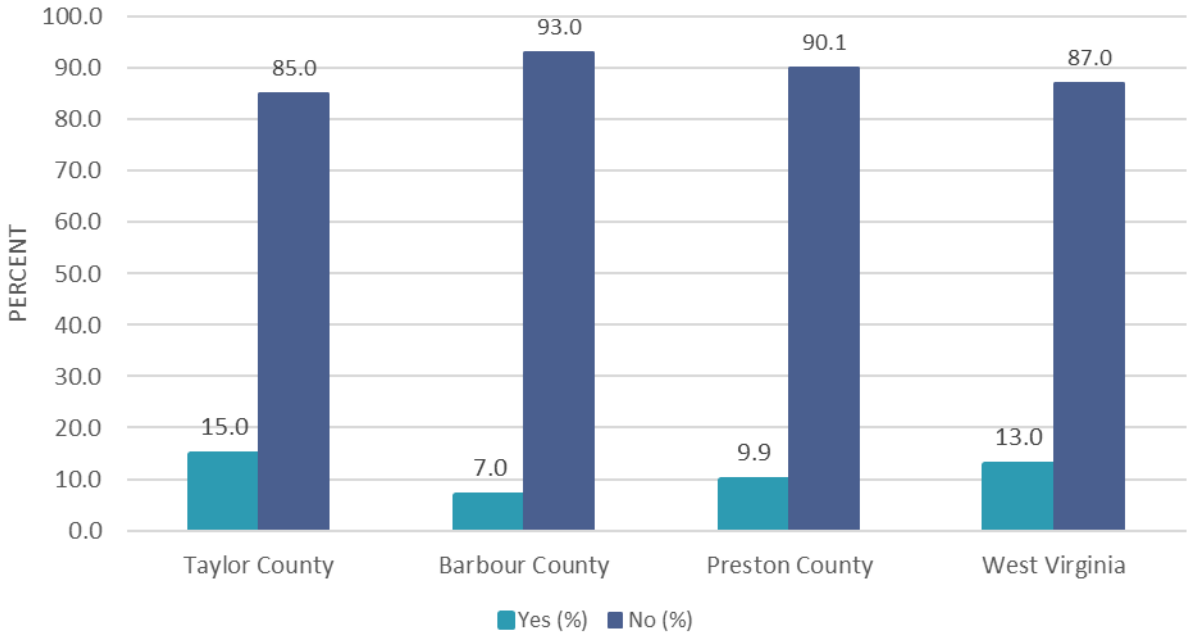
[18]Preventing Chronic Diseases: What You Can Do Now. Centers for Disease Control and Prevention. May 15, 2024. Accessed January 9, 2025. www.cdc.gov/chronic-disease/prevention/index.html

Marijuana Use

15% of Taylor County adults used marijuana in the past 12 months, per the 2021 MATCH survey

West Virginia's Medical Cannabis Act, passed in 2017, allows residents with qualifying conditions to use marijuana for medical purposes.[19] While use of medical marijuana has grown, recreational use also remains a part of the broader landscape. Per the 2021 MATCH survey, 15.0% of adults in Taylor County reported using marijuana in the past 12 months, though this estimate does not distinguish between medical and recreational use. In comparison, this estimate exceeded the state estimate of 13.0%, as well as those for neighboring Barbour (7.0%) and Preston (9.9%) Counties. Despite the growing trend toward legalization in many areas, marijuana use continues to pose public health risks, such as impaired cognitive function, mental health issues, and an increased risk of motor vehicle accidents.[20] Ongoing monitoring and targeted education are needed to address these risks and minimize the potential harms associated with its use. For further details, see Figure 25.

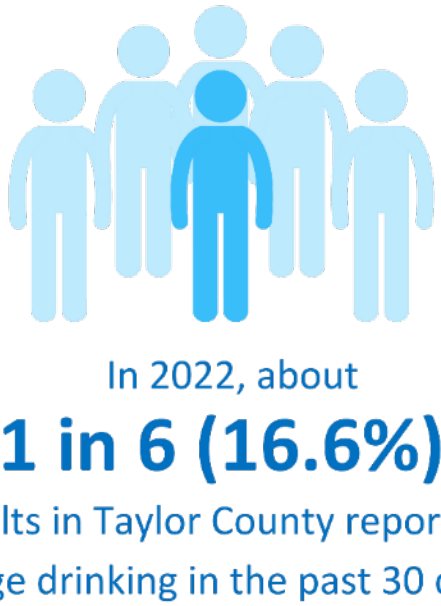
Figure 25. Weighted Prevalence of Marijuana Use in the Past 12 Months Among Adults, by Area/Geography, 2021 MATCH.



Note. United States estimates not available in the 2021 MATCH dataset.
Source: 2021 Mountain State Assessment of Trends in Community Health (MATCH) dataset

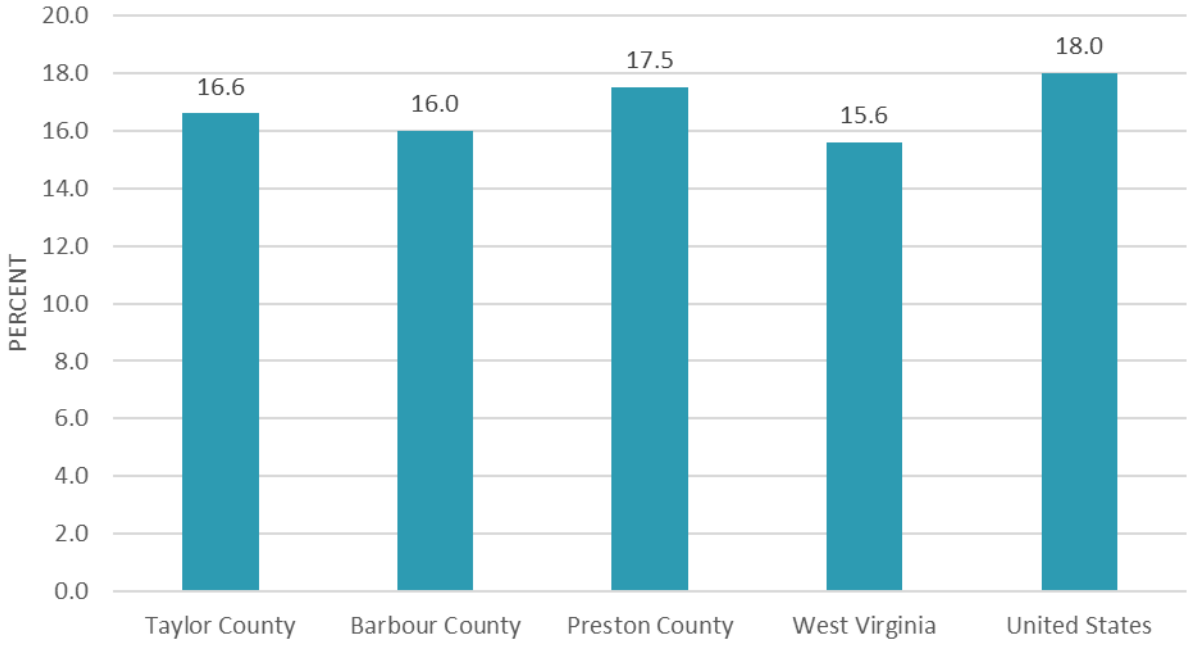
[19]Act/Rules. West Virginia Department of Health, Office of Medical Cannabis. Accessed January 9, 2025. omc.wv.gov/rules/Pages/default.aspx
[20]Cannabis (Marijuana). National Institute on Drug Abuse. September 2024. Accessed January 9, 2025. nida.nih.gov/research-topics/cannabis-marijuana#cannabis

Alcohol



Alcohol use, particularly binge drinking, is another substance-related challenge in the region. In 2022, 16.6% of adults in Taylor County reported engaging in binge drinking in the past 30 days, a pattern of alcohol consumption that poses serious health risks, including accidents, violence, and long-term liver disease. While this prevalence was slightly higher than the state prevalence of 15.6%, it was lower than the national prevalence of 18.0%. It was also higher than the prevalence in neighboring Barbour County (16.0%) but lower than the prevalence in neighboring Preston County (17.5%). These statistics highlight the importance of continued education and intervention efforts aimed at reducing binge drinking in Taylor County to mitigate its harmful effects on both individuals and the broader community. For further details, see Figure 26.

Figure 26. Age-adjusted Prevalence of Binge Drinking in the Past 30 Days Among Adults, by Area/Geography, 2022.



Source: Centers for Disease Control and Prevention, 2022 BRFSS (state data) & 2022 PLACES (all other estimates)

Overdose

The overdose crisis has been a pervasive issue across West Virginia for years, with communities throughout the state grappling with the devastating effects of substance use and misuse. Taylor County, like many other parts of the state, has felt the impact of this ongoing epidemic. In 2021, Taylor County saw an increase in overdose deaths, with 8 fatalities reported, compared to 1-4 deaths in previous years. This uptick in overdose deaths in Taylor County, as well as in Barbour County, Preston County, and the state, indicates a need for enhanced prevention and treatment efforts. For further details, see Table 26.

Table 26. Overdose Deaths by Area/Geography, 2017-2021

Area/Geography	Count in 2017	Count in 2018	Count in 2019	Count in 2020	Count in 2021
Taylor County	1-4	1-4	1-4	1-4	8
Barbour County	1-4	1-4	5	5	7
Preston County	6	1-4	6	6	16
West Virginia	1,019	909	885	1343	1537
United States	NA	NA	NA	NA	NA

Notes. NA = Data not available in the statistical file. Data include all manners of drug overdose deaths. Data reflect deaths that occurred in West Virginia.

Source: West Virginia Department of Health, Bureau for Public Health, Health Statistics Center, WV Overdoses 2001-2024 Selected Drugs 2024 12 13 Public [Statistical File]

The opioid epidemic has impacted communities across West Virginia, and Taylor County is no exception. In 2021, Taylor County reported 5 opioid-related overdose deaths, a slight increase from the 1-4 deaths in previous years. Neighboring Preston County saw 12 opioid-related overdose fatalities in 2021, while the state experienced a total of 1,265 opioid-related overdose fatalities during the same period. These statistics emphasize the need to continue addressing the opioid crisis through prevention, treatment, and recovery initiatives. For further details, see Table 27.

Table 27. Opioid-Related Overdose Deaths by Area/Geography, 2017-2021

Area/Geography	Count in 2017	Count in 2018	Count in 2019	Count in 2020	Count in 2021
Taylor County	1-4	1-4	1-4	1-4	5
Barbour County	1-4	1-4	1-4	5	5
Preston County	1-4	1-4	5	1-4	12
West Virginia	874	736	676	1,145	1,265
United States	NA	NA	NA	NA	NA

Notes. NA = Data not available in the statistical file. Data include all manners of drug overdose deaths. Data reflect deaths that occurred in West Virginia.

Source: West Virginia Department of Health, Bureau for Public Health, Health Statistics Center, WV Overdoses 2001-2024 Selected Drugs 2024 12 13 Public [Statistical File]

COMMUNITY VOICE

Partner Survey

The purpose of the Partner Survey was to assess the capacity and ability of organizations to meet essential health service needs across Taylor County while also exploring their understanding of health equity and perceived health disparities. By evaluating existing resources, capabilities, and areas of expertise, the survey aimed to identify strengths and gaps in service delivery that impact the health of the community. Additionally, the survey sought to capture diverse perspectives from various sectors working to meet community needs, providing valuable insights into how organizations perceive and address health inequities. This engagement was a critical component of the Community Health Needs Assessment (CHNA) process, fostering collaboration, ensuring a wide range of voices were represented, and strengthening partnerships essential for developing a comprehensive and equitable approach to improving community health.

Respondent Characteristics

The Partner Survey received responses from 12 community partners, reflecting a diverse range of sectors and perspectives dedicated to serving Taylor County. The following sectors were represented: nonprofit organizations (n = 5), emergency response services (n = 2), education (n = 2), faith-based organizations (n = 2), along with a mental health provider, a public hospital, a private health clinic, a government agency, a community action agency, and a public health agency, offering a comprehensive view of the resources and expertise available across sectors. Notably, five of the partners reported having experience with the Community Health Improvement Plan (CHIP) process, while five were unsure, and two indicated no prior experience. This diversity in experience provides an opportunity to leverage existing expertise while fostering broader engagement and understanding of the CHIP process.

The survey also highlighted the primary interests of participating organizations in joining the CHIP process. Respondents expressed a strong desire to obtain or provide essential services, emphasizing the need to address gaps in community resources. Many partners recognized the value of pooling resources, leveraging collective strengths to achieve greater impact than working independently. Breaking down silos between organizations emerged as another key priority, with a shared goal of fostering collaboration and seamless service delivery. Additionally, respondents identified the importance of developing and utilizing political power to advocate for services and other benefits that address the community's pressing health needs. These interests underscore the commitment of community partners to work together toward a shared vision of improved health and well-being for Taylor County residents.

Populations Served

The organizations participating in the Partner Survey serve a wide array of populations across Taylor County, demonstrating a commitment to inclusivity and equity. All respondents

indicated that they provide services to individuals of all races and ethnicities, reflecting their dedication to addressing diverse community needs. Seven organizations reported working directly with immigrants, refugees, and populations who speak English as a second language (i.e., ESL), while three were unsure of their engagement with these groups. To support non-English-speaking populations, four organizations had staff fluent in Spanish, two had staff proficient in French or French Creole, and two had staff trained in sign language. Additionally, four organizations provided publicly available materials translated into other languages, and seven had access to interpretation and translation services, ensuring effective communication and accessibility for all clients.

When respondents were asked about their priority populations served through an open-response question, most indicated that they prioritize serving all individuals in need of services. Although, some organizations specifically highlighted children and families, low-income populations, and older adults as their primary focus. This feedback underscores the shared commitment to addressing the needs of vulnerable groups while ensuring services remain accessible to all.

Regarding services for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+) community, four organizations specifically tailored services to meet the needs of this population, while six provided general services accessible to LGBTQIA+ individuals. Two organizations were unsure about their level of engagement with the LGBTQIA+ community. This range of capabilities highlights both the inclusivity of services offered and opportunities for growth in targeted outreach and support for specific populations. Together, these organizations represent a comprehensive network addressing the diverse health and social needs of Taylor County residents.

Service Capacity

When asked whether their organization possesses sufficient capacity to meet the needs of their clients or members—specifically in terms of staffing, funding, and support—responses were mixed. Half of the organizations indicated that they had adequate capacity, while four responded “no” and two expressed uncertainty or indicated “maybe.” One open-response comment noted that “funding is always difficult, staffing is fluctuating and usually on the low side,” capturing the ongoing struggle many organizations, especially nonprofit organizations, face in maintaining stable resources. Despite these capacity challenges, nearly all organizations reported regularly engaging in community assessments, demonstrating a commitment to understanding and addressing local needs. Additionally, all organizations indicated that they were involved in policy efforts in some capacity, suggesting a collective willingness to influence and inform community-level change.

The organizations reported a wide range of health focus areas. Between three and seven organizations indicated that they provide services related to cancer, chronic disease

management, immunizations and screenings, infectious disease prevention and control, tobacco cessation, mental health support, human immunodeficiency virus (i.e., HIV)/sexually transmitted disease prevention, and family health. In contrast, only two organizations addressed physical activity and the Special Supplemental Nutrition Program for Women, Infants, and Children (i.e., WIC). Three of the organizations noted that they did not provide direct health services; however, one of these three reported making referrals to ensure community members receive the care and resources they need. Together, this distribution of services highlights both the variety of health concerns being addressed and the gaps where additional resources may be needed, such as in physical activity.

Health Equity

When asked about health equity as a priority, three of the 12 organizations reported addressing health equity as a specific focus, while two indicated that their organization had established a common definition of equity or health equity. It is important to interpret these findings with caution. The limited number of organizations identifying health equity as a defined topic should not be taken to mean that equity principles are absent from their work. Rather, these results suggest that enhanced education, dialogue, and capacity building may help organizations and community members in Taylor County develop a more unified and informed understanding of equity and health equity. Such efforts could ultimately support more deliberate, cohesive, and meaningful integration of equity-focused approaches into local health initiatives and policymaking.

Community Survey

The Community Survey was designed to capture the perspectives of Taylor County residents on local health issues, behaviors, and unmet needs. By combining both quantitative and qualitative data, this survey provided a more comprehensive understanding of community perceptions and priorities. Through this approach, the survey aimed to identify key concerns, inform decision-making, and support efforts to improve community health and well-being.

Demographics

As displayed in Table 28, the majority of Community Survey respondents (86%) were Taylor County residents, predominantly between the ages of 40 and 49 years, and generally older than the county's overall population. In addition, these participants tended to be more highly educated than the community at large, with only 1% not having a high school diploma or high school equivalency, compared to 13% of the county's residents lacking that level of education, as reported by the American Community Survey. Consistent with higher educational attainment, respondents also reported higher incomes than the county's median household income of $52,946. Given these demographic differences, it is important to interpret the survey findings with caution; challenges such as food insecurity, housing instability, and limited health

care access may be underrepresented by this relatively more advantaged sample of respondents.

Table 28. Community Survey Demographics by County, Age, Education, Income, and Employment

County of Residence					
Taylor	*Monongalia*	*Preston*	*Barbour*	*Harrison*	*Marion*
86%	4%	2%	2%	3%	3%
Age in Years					
<17	*18-29*	*30-39*	*40-49*	*50-64*	*64+*
<1%	1%	15%	27%	21%	19%
Education					
Some High School	*High School Diploma/GED*	*Some College or Certification*	*Technical or Vocational Degree*	*Associate Degree*	*Bachelor's Degree or Higher*
1%	20%	15%	8%	12%	42%
Income					
< $25,000	*$25,000 - $49,999*	*$50,000 - $74,999*	*$75,000 - $99,999*	*$100,000 ≥*	*No Response*
11%	21%	21%	9%	25%	13%
Employment					
Full-time	*Part-time*	*Self-employed*	*Retired*	*Unemployed or Homemaker*	*Disabled*
60%	10%	2%	21%	8%	6%

Note. GED = General Educational Development.

When reviewing the Community Survey responses by race, ethnicity, marital status, and sex assigned at birth (Table 29), a few notable patterns emerge. First, a higher percentage of respondents identified as White or Caucasian than the overall Taylor County population, and no respondents identified as Black or African American when about 0.7% of Taylor County residents are Black or African American per the Census data for the county. Additionally, most respondents reported being married and female at birth, which is relevant given that married individuals often experience better health outcomes than their unmarried counterparts, and females generally have a longer life expectancy than males. These demographic factors are important to keep in mind when interpreting the survey findings. Furthermore, when examining responses related to gender identity, approximately 3% of respondents identified as part of the LGBTQIA+ community, reflecting some level of diversity within the sample.

Table 29. Community Survey Demographics by Race and/or Ethnicity, Marital Status, Sex, and Gender

Race and/or Ethnicity				
White or Caucasian	*Black or African American*	*American Indian or Indigenous*	*Asian or Southeast Asian*	*No Response*
96%	0%	2%	1%	3%
Marital Status				
Married	*Widowed*	*Divorced*	*Domestic Partnership*	*Never Married*
69%	2%	15%	2%	12%
Sex at Birth				
Male	*Female*	*No Response*	-	-
23%	74%	2%	-	-
Gender				
Male	*Female*	*Non-binary/Third Gender*	*Prefer Not to Say*	*Other*
22%	74%	1%	1%	2%

Community Health

The Community Survey sought to gauge perceptions of health within Taylor County, asking residents to rate their community's overall health. The majority of respondents characterized the county as ranging from somewhat unhealthy to very unhealthy, as detailed in Figure 27. This assessment prompts a deeper analysis of the factors contributing to a healthy community, which typically includes access to medical care, healthy food, recreational opportunities, and effective management of chronic diseases.

Further insights were gathered by asking respondents to identify the most pressing health issues in their area by asking “What do you think is the most important health problem where you live?” A word cloud was created from their responses (Figure 28). A word cloud visually represents the frequency of word occurrences in a text by varying the size of each word; larger sizes indicate higher frequencies. To interpret a word cloud, focus on the largest words as they represent the most commonly used terms, giving a quick insight into the key themes or prominent topics within the dataset. The Word Cloud in Figure 28, highlights obesity, drugs, diabetes, and mental health as the most frequently mentioned health concerns. These issues reflect significant challenges that can impact a community's overall well-being and productivity. Some specific quotes from the community highlighting these themes are below:

“Lack of proactive health information in regards to improving health!”

"Drugs and the lack of being able to pay for health services. Even with insurance, prices are sometimes outrageous."

"Based on what I have seen in this community most are going to say drug use, but that is just people attempting to self-medicate. The real issue I think is a lack of mental health providers and the ability to get help for those issues in the community. Many of them either don't have coverage for it or they do but can't get out of town to see a provider."

To prioritize these concerns, respondents were asked to rank various health issues. The results identified drug and substance use, homelessness, and access to mental and behavioral healthcare, as the top three concerns categorized as "major issues." Additionally, when asked about potential improvements, health access and education emerged as common themes, alongside physical activity and healthy food options. Responses also included diverse suggestions for enhancing physical activity in the community.

When respondents were asked, "What is something you believe would help improve the health of your community," seven themes emerged from the responses (See Figure 29). These themes were: (1) people don't know; (2) healthy food, physical activity, & community involvement; (3) better access to health care; (4) mental health and addiction services; (5) more education and jobs; (6) addressing homelessness and transportation issues; and (7) better politics. Specific quotes from the community respondents further illustrating these themes are below:

"Access to healthier foods and education on nutrition and physical activity"

"Family doctors who are actively involved in community events, desire to build relationships with patients, and can provide total care here in Grafton at high quality facilities."

"Maybe a detox and treatment center closer to Taylor County or in the county"

Figure 27. Responses to the Question "How would you rate your county as a 'healthy community'?"

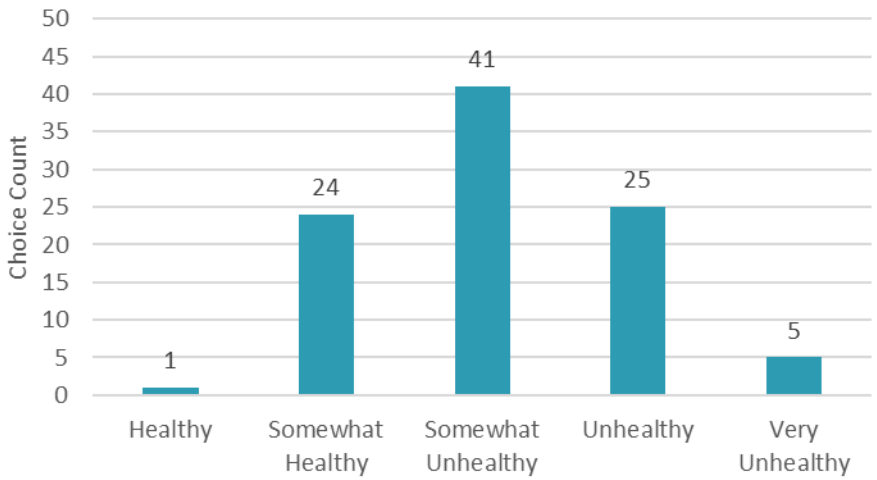


Figure 28. Responses to the Question "What do you think is the most important health problem where you live?"

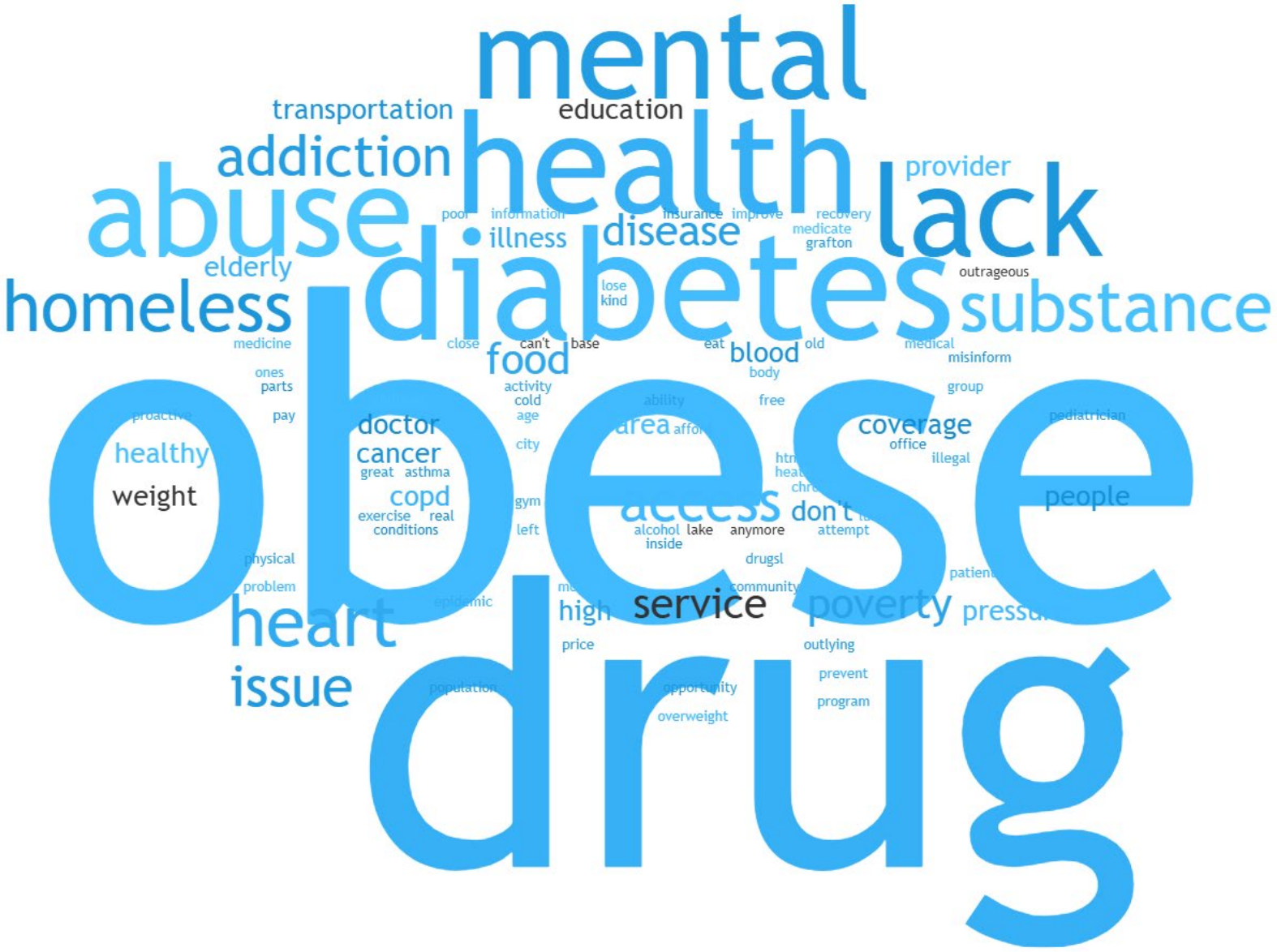


Figure 29. Responses to the Question "What is something you believe would help improve the health of your community?"

Transportation

Transportation plays a crucial role in healthcare access, significantly influencing the ability of residents to seek timely medical care, attend health-related appointments, and maintain overall well-being. The findings from the Community Survey underscore the impact of transportation barriers on health access within the community. According to the survey, 10% of respondents reported having to reschedule healthcare appointments due to transportation issues. This not only delays necessary medical care but also adds to the stress and logistical complications in managing health conditions.

Moreover, these transportation challenges extend beyond healthcare, affecting broader aspects of life. The same 10% of respondents indicated that their transportation difficulties had adverse effects on their relationships with others, potentially due to missed social interactions and obligations, which can lead to social isolation and decreased mental health.

Compounding these issues, 13% of survey participants reported that transportation barriers prevented them from leaving their house whenever needed. This limitation can severely restrict access to essential services, including but not limited to healthcare, and can contribute to a sense of helplessness and reduced quality of life. These statistics highlight the critical need for improved transportation solutions in Taylor County to ensure that all residents can access healthcare services and participate fully in community life. Addressing these transportation issues is not just a matter of convenience but a fundamental aspect of enhancing public health and ensuring equity in healthcare access.

Healthcare Access

Access to healthcare is a fundamental component of community well-being, influencing overall health outcomes, disease prevention, and quality of life. The Community Survey provides essential insights into healthcare access within the community, illustrating both strengths and areas for improvement.

A positive aspect highlighted in the survey is that a significant majority of respondents, 93%, reported having health insurance. The types of health insurance prevalent in the community are detailed in Figure 30, reflecting a range of coverage that facilitates access to medical services. Additionally, a robust 89% of respondents indicated they have a regular doctor, a key factor in maintaining continuous and preventative healthcare. Of those with a regular doctor, 95% visited their doctor at least once in the past year, demonstrating a high level of engagement with primary healthcare services.

However, the survey also revealed substantial challenges related to geographic access to healthcare providers. A notable 58% of respondents reported the necessity to leave the county to access healthcare for themselves, and 46% had to do so for family members. The types of healthcare services requiring travel outside the county include visits to primary care providers,

dentists, pediatricians, optometrists, and specialists, as shown in Tables 30 and 31. These findings indicate that while primary healthcare is the most utilized outside the county, there is also a significant reliance on external providers for specialized medical services. Notably, none of the respondents reported being able to stay within the county for all their healthcare needs, underscoring a gap in local healthcare provision.

These findings highlight the critical importance of accessible healthcare services within Taylor County. While insurance coverage and primary care access are strong, the need to travel outside the county for specialized services can pose logistical challenges, add financial burdens, and potentially delay necessary medical care. Addressing these gaps by enhancing local healthcare services, especially in specialized areas, could significantly improve health outcomes and ensure all residents have convenient access to the care they need.

Figure 30. Counts of the Types of Health Insurance Reported by Respondents with Health Insurance.

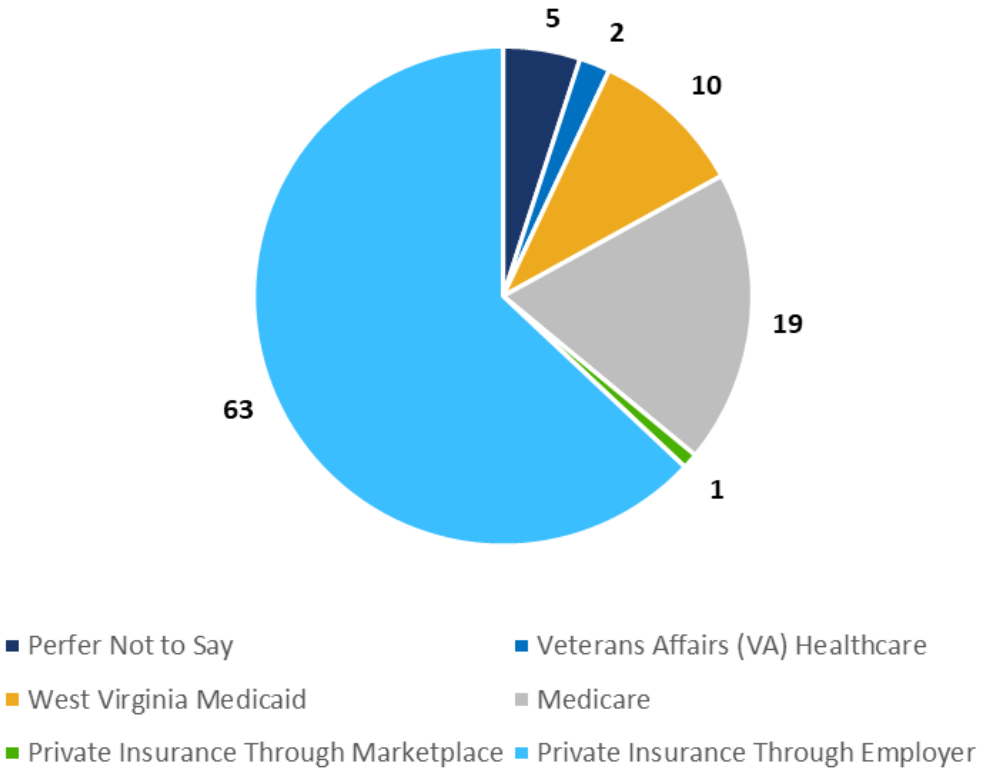


Table 30. Percentage of Respondents Reporting Out-of-County Visits by Health Provider Type

Provider Type	Response Percent
Primary Care Provider	51%
Obstetrician	17%
Dentist	31%
Mental/Behavioral Health Provider	20%
Optometrist	49%
Ophthalmologist	10%
Oncologist	11%
General Surgeon	11%
Cardiologist	23%
Endocrinologist	13%
Urologist	7%
Other	37%
I don't leave the county to see a provider	0%

Table 31. Percentage of Respondents Traveling Outside the County for Family Member Healthcare, by Provider Type

Provider Type	Response Percent
Primary Care Provider	58%
Pediatrician	36%
Obstetrician	6%
Dentist	40%
Mental/Behavioral Health Provider	13%
Optometrist	32%
Ophthalmologist	13%
Oncologist	8%
General Surgeon	8%
Cardiologist	25%
Endocrinologist	13%
Urologist	13%
Other	15%
I don't leave the county to see a provider for a family member	2%

Physical Health & Activity

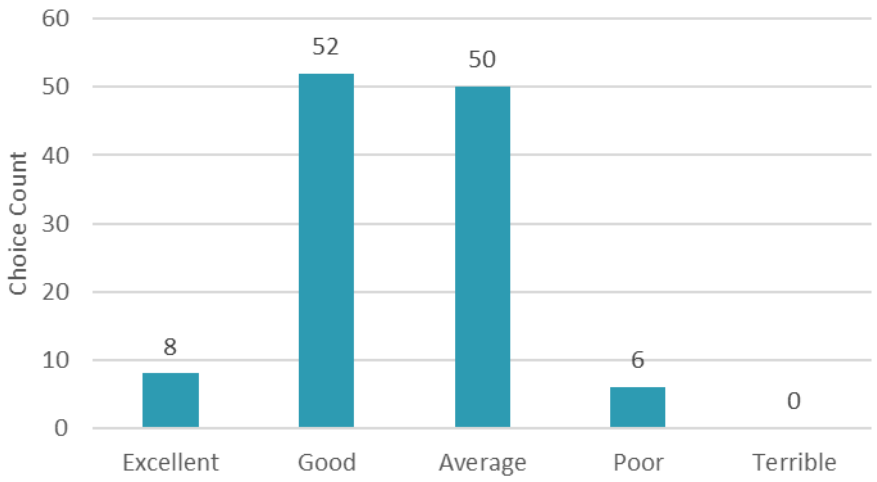
The recent Community Survey has provided insightful data on the health conditions and behaviors of its residents. Most respondents rated their overall health as somewhere between good and average (Figure 31). However, prevalent health conditions identified include high blood pressure (47%), obesity (44%), arthritis (29%), and diabetes (23%). These conditions are significant as they are often influenced by lifestyle factors such as physical activity.

Physical activity is crucial for preventing and managing many health conditions, including those most commonly reported by the respondents. Despite its known benefits, the survey revealed that only half of the participants engage in regular physical activity to improve their health. This underscores a critical gap in public health engagement and highlights the need for targeted health education.

Community feedback also emphasized the importance of providing more education about physical activity and creating safe and accessible places for exercise. There is a particular need for facilities that can be used year-round, including during the winter months, to maintain consistent physical activity levels. Addressing these needs can significantly impact public health by reducing the prevalence of chronic diseases and improving the overall health of Taylor County residents.

Enhancing access to safe exercise spaces and increasing health education efforts could empower residents to adopt more active lifestyles, which in turn would likely lead to improvements in the community's health profile. This approach aligns with the feedback from community members who clearly express a desire for improved health education and appropriate physical activity resources. These efforts should be a priority in ongoing health improvement strategies to ensure a healthier future for all residents of Taylor County.

Figure 31. Respondents' Responses to "How would you rate your overall health?"



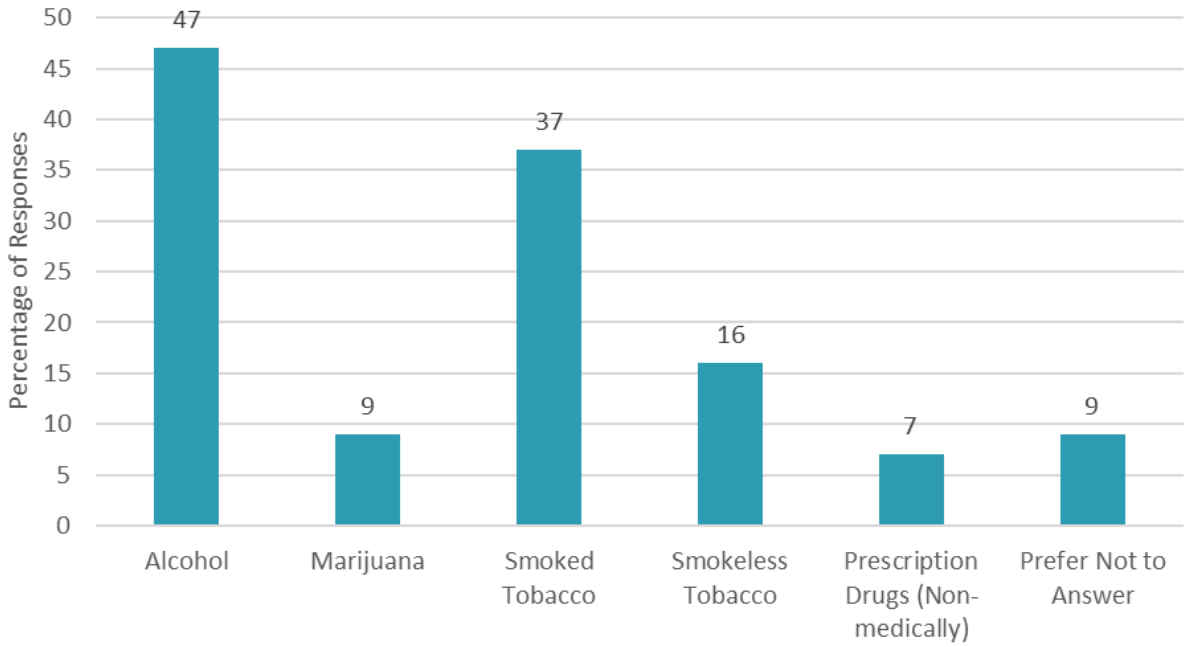
Mental Health & Substance Use

The Community Survey provided important insights into the mental and behavioral health challenges faced by the community. A significant portion of the respondents, 43%, reported being diagnosed with depression or another mental health condition, highlighting mental health as a critical area of concern. This aligns with community feedback which identifies drug use and the need for more comprehensive drug prevention strategies as major public health issues.

Substance use patterns among the respondents also underscore the urgency of addressing these challenges. Alcohol was the most commonly used substance, with 47% of participants reporting use in the past 30 days, followed by smoked tobacco at 37%, and smokeless tobacco at 16%. Notably, 7% of respondents reported the non-medical use of prescription drugs, a particularly concerning statistic given West Virginia's high rates of opioid use and related overdoses. This data is illustrated in Figure 32, which provides a visual representation of substance use patterns within the community.

These findings suggest a strong link between mental health issues and substance use, reinforcing the community's call for enhanced drug prevention and mental health services. Addressing these intertwined issues requires a comprehensive approach that includes increased education on substance use and misuse, improved access to mental health services, and robust community support systems. By integrating these elements into public health strategy, Taylor County can better support its residents' mental and behavioral health, ultimately leading to a healthier community overall. This holistic approach is crucial for tackling both the symptoms and the root causes of these pervasive health challenges.

Figure 32. Substance Use Among Respondents in the Last 30 Days by Percentage.



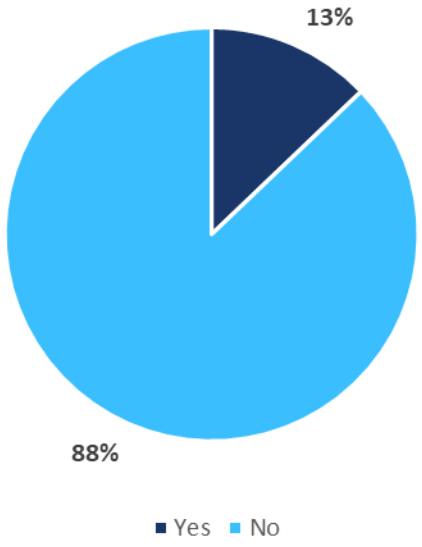
Dental Health

The Community Survey identified important challenges related to dental health, particularly for low-income populations and those needing to travel outside the county for care. According to the survey, 13% of respondents needed dental care within the last 12 months but were unable to access services (Figure 33). This issue is particularly acute given the broader context of community feedback, which indicates a substantial number of residents must leave the county to find adequate dental services.

Cost barriers were the most significant impediment, cited by 56% of those unable to access dental care, highlighting the financial challenges that prevent many from seeking necessary treatment. Additionally, 22% of respondents struggled to find a local dentist who accepted their insurance, such as Medicaid, further complicating access to care. This is especially problematic in a rural setting where provider options are limited, and transportation to distant providers poses an additional hurdle.

These findings underscore the critical need for improved dental health services within Taylor County, particularly affordable and accessible options for low-income residents. Enhancing local dental care facilities, expanding insurance coverage, and integrating dental health into broader health promotion efforts could help address these disparities. Ensuring that residents do not have to leave the county for basic dental services is an essential step towards improving overall health outcomes and reducing the inequities in healthcare access experienced by the community.

Figure 33. Percentage of Respondents Unable to Access Needed Dental Care in the Last 12 Months.



Vulnerable Populations

The section on vulnerable populations in Taylor County focuses on disparities in transportation, health issues, and health behaviors among different age and income groups. A detailed analysis revealed distinct patterns that underscore the challenges faced by these groups.

Age-Related Health Disparities: The analysis segmented by age showed significant differences in the prevalence of certain health conditions that typically worsen with age. Notably, the incidence of heart disease was significantly higher in individuals over 65 years of age (25.0%) compared to those 65 years and younger (6.9%) [p = .001]. Similarly, arthritis was more prevalent in the older age group (50.0%) compared to the younger age group (21.8%) [p = .001]. These findings highlight the increased burden of age-related diseases in the older population of Taylor County.

Income-Related Disparities: When examining the data by income, stark differences emerged, particularly in transportation-related challenges and health outcomes between lower income groups (earning less than $49,999) and higher income groups. Those in the lower income bracket faced more frequent transportation issues, including the need to reschedule appointments, skipping trips, and the inability to leave the house due to transportation problems. Additionally, these transportation issues were reported to significantly affect their relationships and emotional well-being [p = .004], with respondents feeling inconvenienced and burdened by their lack of adequate transportation.

Health Issues and Income: Health disparities were also pronounced in terms of medical conditions. Individuals in the lower income group reported a significantly higher prevalence of respiratory diseases (26.7% compared to 1.9% in the higher income group [p = .001]) and mental health conditions, including depression (63.3% compared to 32.1% in the higher income group [p = .002]). These statistics not only reflect the greater health burden on those with lower incomes but also highlight the critical need for targeted health interventions and support services in these communities.

Overall, the disparities revealed through the Community Survey underscore the urgent need for tailored strategies to address the specific challenges faced by older adults and residents with lower incomes in Taylor County, ensuring equitable access to health care and transportation resources.

OUTCOMES AND NEXT STEPS

The comprehensive evaluation of secondary data, complemented by insights from the Partner and Community Surveys, has culminated in the identification of eight critical health issues within Taylor County. These issues—obesity, diabetes, substance use, mental health, heart disease, access to health providers, transportation, and homelessness—underwent meticulous scrutiny by the Community Health Needs Assessment (CHNA) Stakeholder Steering Committee. Using a structured prioritization matrix, as detailed in the Methods section, these concerns were systematically assessed to gauge their urgency and potential impact on the community.

This rigorous prioritization process led to the selection of four key health issues that will be the focus of targeted interventions and resources to significantly enhance community health outcomes. These priorities are:

- **Access to Health Providers**
- **Obesity**
- **Diabetes**
- **Heart Disease**

The CHNA Stakeholder Steering Committee has proposed innovative solutions to address these issues, including expanding telehealth services, developing educational campaigns about transportation options and local farmers markets, implementing community weight loss initiatives, enhancing food pantry services, and incorporating a diabetes educator within the health department's offerings. These initiatives will form the cornerstone of the forthcoming Community Health Improvement Plan (CHIP).

As the development phase of the CHIP approaches, slated to begin in January 2025, the CHNA stakeholder group has committed to continue their involvement. This group will expand to include additional community members from Taylor County and Flemington Emergency Medical Services, as well as representatives from the Preston-Taylor Community Health Centers, Inc., the county's Federally Qualified Health Center. The CHIP will focus on developing actionable plans and measurable objectives tailored to address these prioritized health issues over the next three to five years. Strategic actions, resource allocation, and continuous evaluations will be integral to this plan, ensuring not only the effective implementation of health interventions but also significant, measurable health improvements. This concentrated approach leverages the insights gained from community engagement and thorough data analysis, setting the foundation for profound and lasting health advancements in Taylor County.

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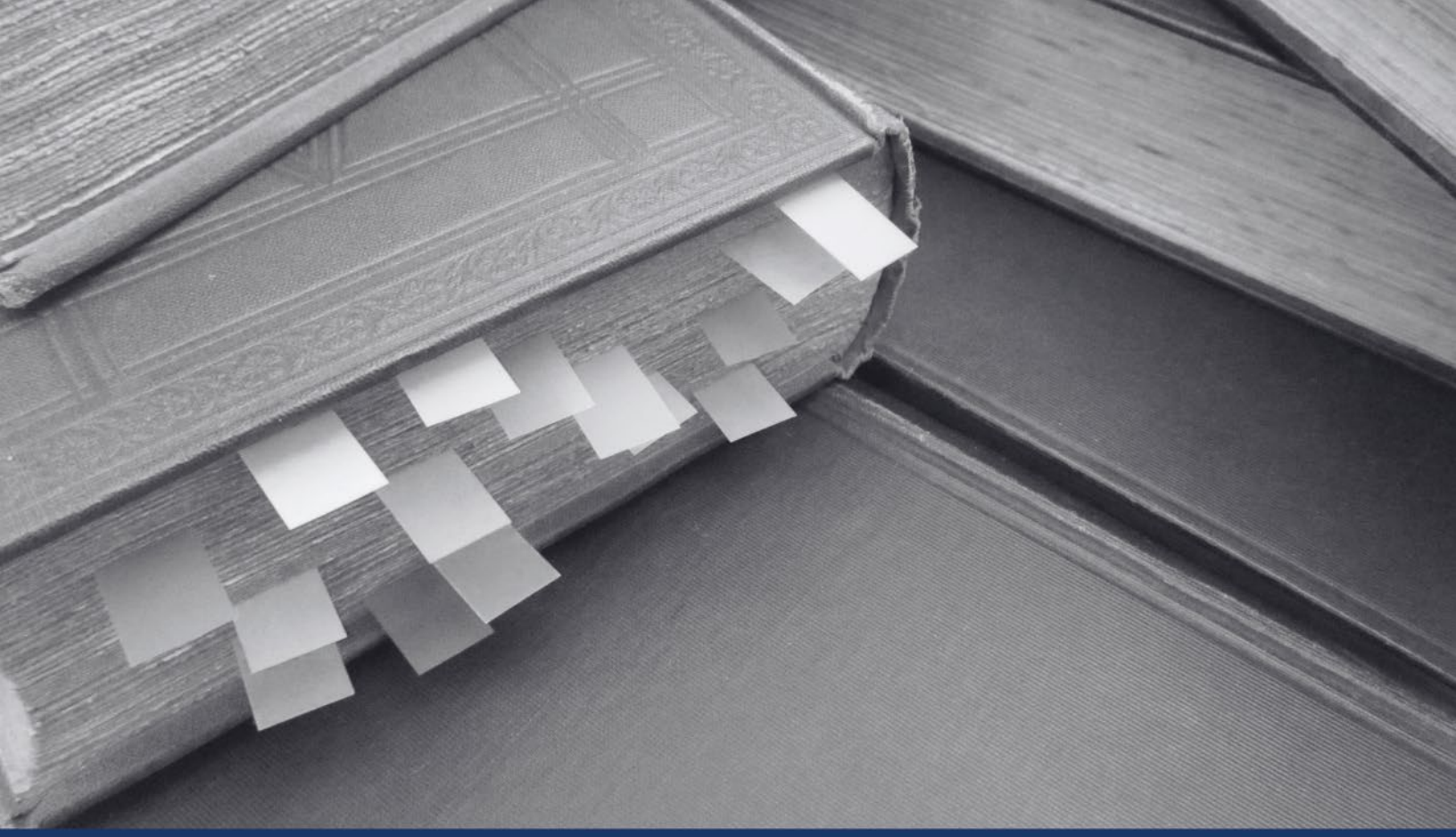

APPENDICES

APPENDIX A: Stakeholders and Community Partners

2024 Community Health Needs Assessment Stakeholder Steering Committee

Organization, Role, & Contact

1. Grafton-Taylor County Health Department, Administrator, Annie Kennedy *(Host)*
2. Grafton-Taylor County Health Department, Nurse Director, Nelda Grymes *(Host)*
3. Grafton-Taylor County Health Department, Finance/Human Resource Director, Marian Browning *(Host)*
4. Grafton City Hospital, Emergency Department Director, Peggy Behan *(Participant)*
5. Taylor County Collaborative/Family Resource Network (FRN), Director, Cathy Coontz-Griffith *(Participant)*
6. Grafton Fire Department, Chief, Ryan Roberts *(Participant)*
7. Taylor County Senior Center, Director, Renee Taylor *(Participant)*
8. Taylor County Board of Education, Superintendent, Dr. John Stallings *(Participant)*
9. Hartley Health Solutions, President, Summer Hartley *(Facilitator)*
10. Hartley Health Solutions, Senior Associate, Angela Dyer *(Facilitator)*

Community Partner Survey

Organization & Contact

1. Community Action; Contact: Jamie Wright (jwright@ncwvcaa.org)
2. Taylor County Emergency Squad; Contact: Monica Rouzee (mrouzee@taylorcoems.org)
3. Mountain Heart; Contact: Janie Johnston (Janie.m.johnston@wv.gov)
4. Police Department; Contact: Coleman Durrett (cyd.gpd@gmail.com)
5. Taylor County Commission; Contact: Patricia Henderson (hendersonp@frontier.com)
6. Taylor County Arts Council; Contact: Diane Parker (dcrparker@gmail.com)
7. Taylor County Development Authority; Contact: Patricia Henderson (hendersonp@frontier.com)
8. Flemington Emergency Medical Services (EMS); Contact: Kelly Marshall (kgmemt@cebridge.net)
9. Preston-Taylor Community Health Centers, Inc.; Contact: June Griffith (jgriffith@ptchc.com)
10. Pinewood Medical Center; Contact: Teresa Bolyard (Teresa.bolyard@wvumedicine.org)
11. Burlington Family Services; Contact: Pam Larew (plarew@bumfs.org)
12. Planned Approach to Community Health (PATCH) Coalition of Taylor County; Contact: Alicia Lyons (Alicia.A.Lyons@wv.gov)
13. Horizons Church; Contact: Pastor Fred Guidi (pastorfred@horizonschurch.net)
14. All About Grafton; Contact: Thomas Hart (thomashart124@gmail.com)

APPENDIX B: Partner Survey

About Your Organization

Thank you for taking the time to participate in this Partner Assessment Survey, conducted by the Grafton-Taylor County Health Department as part of our community health needs assessment initiative. Your input is essential in helping us better understand the organizations in our community, the populations you serve, and how we can improve collaboration to address local health needs.

This survey should take less than 20 minutes to complete and will cover your organization's background, the populations you serve, data sharing and systems, and your involvement in policy development. The responses you provide will remain confidential and will only be used for program improvement purposes. We greatly appreciate your time and insights!

GRAFTON
TAYLOR COUNTY
HEALTH
DEPARTMENT

This section asks questions about your organization and clients and populations you serve.

What is the full name of your organization?

Which best describes your position or role in your organization? Please choose the option that best describes your primary role, even if you serve in multiple roles.

- ○ Administrative Staff
- ○ Front Line Staff
- ○ Supervisor (not senior management)
- ○ Senior management level/unit or program lead
- ○ Leadership team
- ○ Community Member
- ○ Community leader
- ○ Other, please describe

Has your organization ever participated in a community health improvement process?

- ○ Yes
- ○ No
- ○ Unsure

Which of the following best describe(s) your organization? Please check all that apply.

- ☐ County health department
- ☐ Other city government agency
- ☐ Other county government agency
- ☐ Private hospital
- ☐ Public hospital
- ☐ Private clinic
- ☐ Public clinic
- ☐ Emergency response
- ☐ Schools/education (PK-12)
- ☐ College/university
- ☐ Library
- ☐ Non-profit organization
- ☐ Grassroots community organizing group/organization
- ☐ Tenants' association

- [ ] Social service provider
- [ ] Housing provider
- [ ] Mental health provider
- [ ] Neighborhood association
- [ ] Foundation/philanthropy
- [ ] For-profit organization/private business
- [ ] Faith-based organization
- [ ] Center for Independent Living
- [ ] _____ Other, please describe

What are your organization's top-three interests in joining a community health improvement partnership? Please rank the following options from most important (1) to least important (13).

To deliver programs effectively and efficiently and avoid duplicated efforts

To pool resources

To increase communication among groups

To break down stereotypes

To build networks and friendships

To revitalize low energy of groups who are trying to do too much alone

To plan and launch community-wide initiatives

To develop and use political power to gain services or other benefits for the community

To improve the line of communication from communities to government decision-making

To improve the line of communication from government to communities

To create long-term, permanent social change

To obtain or provide services

Other, please describe

What are your agency's 1-3 most valuable resources and strongest assets you would like other agencies to know about? (i.e., what makes your organization great?)

The next set of questions ask about the demographics and characteristics of the clients/members served or engaged by your organization.

What racial/ethnic populations does your organization work with? Please check all that apply.

- ☐ Black/African American
- ☐ African
- ☐ Native American/Indigenous/Alaska Native
- ☐ Latinx/Hispanic
- ☐ Asian
- ☐ Asian American
- ☐ Pacific Islander/Native Hawaiian
- ☐ Middle Eastern/North African
- ☐ White/European
- ☐ _____ Other, please describe.

Who are your priority populations served?

Does your organization work with immigrants, refugees, and other populations who speak English as a second language?

- ○ No
- ○ Unsure
- ○ Yes

Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

- ○ Yes - we provide services specifically for the LGBTQIA+ community
- ○ Somewhat - we provide general services and LGBTQIA+ individuals could use those services
- ○ No - LGBTQIA+ populations are not welcome
- ○ Unsure

Does your organization have access to interpretation and translation services?

- ○ _____ Yes. Please describe.
- ○ No
- ○ Unsure

What do you do to reach/engage/work with your clientele or community? Please check all that apply.

- ☐ We hire staff from specific racial/ethnic groups that mirror our target populations
- ☐ We hire staff/interpreters who speak the language(s) of our target populations
- ☐ We support leadership development in our target populations
- ☐ We have leadership who speak the language(s) of our target populations
- ☐ Our organization is physically located in neighborhood(s) of our target populations
- ☐ We receive many clients from our target populations
- ☐ We receive many referrals from our target populations
- ☐ We work closely with community organizations from our target populations
- ☐ We have done extensive outreach to our target populations
- ☐ _____ Other, please describe.

What languages do staff at your organization speak? Please check all that apply.

- [ ] English
- [ ] Spanish
- [ ] Chinese (Mandarin, Cantonese, Hokkien, etc)
- [ ] Tagalog (Filipino)
- [ ] Vietnamese
- [ ] French and French Creole
- [ ] Arabic
- [ ] Sign language
- [ ] _____ Other, please describe.

Which of the following categories does your organization work on/with? Please check all that apply.

- [ ] Arts and culture
- [ ] Businesses and for-profit organizations
- [ ] Criminal legal system
- [ ] Disability/independent living
- [ ] Early childhood development/childcare
- [ ] Education
- [ ] Community economic development

- [ ] Economic security
- [ ] Environmental justice/climate change
- [ ] Faith communities
- [ ] Family well-being
- [ ] Financial institutions (e.g., banks, credit unions)
- [ ] Food access and affordability (e.g., food bank)
- [ ] Food services/retaurants
- [ ] Gender discrimination/equity
- [ ] Government accountability
- [ ] Healthcare access/utilization
- [ ] Housing
- [ ] Human Services
- [ ] Immigration
- [ ] Jobs/labor conditions/wages and income
- [ ] Land use planning/development
- [ ] LGBTQIA+
- [ ] Parks, recreation, and open space
- [ ] Public health
- [ ] Public safety/violence
- [ ] Racial justice
- [ ] Seniors/elder care
- [ ] Transportation
- [ ] Utilities
- [ ] Veterans' Issues
- [ ] Violence
- [ ] Youth Development and Leadership
- [ ] _____ Other, please describe.

Which of the following health topics does your organization work on? Please check all that apply.

- ☐ Cancer
- ☐ Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- ☐ Family/maternal health
- ☐ Immunizations and screenings
- ☐ Infectious disease
- ☐ Injury and violence prevention
- ☐ HIV/STD prevention
- ☐ Healthcare access/utilization
- ☐ Health equity
- ☐ Health insurance/Medicare/Medicaid
- ☐ Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- ☐ Physical activity
- ☐ Tobacco and substance use and prevention
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- ☐ None of the above/not applicable
- ☐ _____ Other, please describe.

If your organization has a shared definition of equity or

health equity, please copy and paste it below.

In 1-2 sentences, please describe the people impacted by your organization and the work you are doing.

Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

- ○ Yes
- ○ No

To whom is your organization accountable? By accountable we mean whom your organization must report to because they determine or oversee your funding as an organization, determine your priorities, etc. This could be who has power over your organization's decision-making—for example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. Please check all that apply.

- ☐ Mayor, governor, or other elected executive official
- ☐ City council, board of supervisors/commissioners, or other elected legislative officials
- ☐ State government
- ☐ Federal government
- ☐ Tribal government
- ☐ Foundation
- ☐ Community members
- ☐ Board of directors/trustees
- ☐ Shareholders
- ☐ Voters
- ☐ Voting members
- ☐ National/parent organization
- ☐ Other government agencies
- ☐ _____ Other, please describe.

The next section relates to your organizational capacities as aligned with the 10 essential public health services.

One goal of our assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions have an impact on the public's health.

The statements below describe activities needed for a strong public health system (e.g., assessment, communication, community engagement).

Please select whether your organization regularly does the following activities. Please check all that apply.

- [ ] Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
- [ ] Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting the population.
- [ ] Communication and Education: My organization works to communicate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve it.
- [ ] Community Engagement and Partnerships: My organization works to strengthen, support, and mobilize communities and partnerships to improve health and well-being.
- [ ] Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- [ ] Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- [ ] Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- [ ] Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- [ ] Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- [ ] Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- [ ] Unsure

Are there any other core competencies or strengths not included on the list above that your organization does?

- ○ [ ] Yes. If yes, please list.
- ○ No

Does your organization have sufficient capacity to meet the needs of your clients/members? For example, do you have enough staff/funding/support to do your work?

- ○ [ ] No. Please elaborate.
- ○ [ ] Maybe. Please elaborate.
- ○ Yes
- ○ [ ] Unsure. Please elaborate.

The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support the community health improvement process by doing that task.

Following the set of questions is space for comments or questions.

Does your organization conduct assessments (e.g., of basic needs, community health, neighborhood)?

- ○ No
- ○ Unsure.
- ○ [ ] Yes, please describe.

Would you be willing to share the assessments you described above with the Grafton Taylor County Health Department?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable - my organization does not conduct assessments

What data does your organization collect? Please check all that apply.

- [ ] Demographic information about clients or members
- [ ] Access and utilization data about services provided and to whom
- [ ] Evaluation, performance management, or quality improvement information about services and programs offered
- [ ] Data about health status
- [ ] Data about health behaviors
- [ ] Data about conditions and social determinants of health (e.g., housing, education, or other conditions)
- [ ] Data about systems of power, privilege, and oppression
- [ ] We don't collect data
- [ ] _____ Other. Please describe.

Can you share any of that data with the Graton Taylor Health Department?

- ○ Yes, already being shared
- ○ Yes, can share
- ○ _____ No. Please explain.
- ○ Unsure

How does your organization collect data? Please check all that apply.

- [ ] Surveys

- [ ] Focus groups
- [ ] Interviews
- [ ] Feedback forms
- [ ] Photovoice or other participatory research
- [ ] Notes from community meetings
- [ ] Videos
- [ ] Secondary data sources
- [ ] Electronic health records
- [ ] Data tracking systems
- [ ] Other. Please describe.

What data skills does your organization have? Please check all that apply.

- [ ] Survey design and analysis
- [ ] Secondary data analysis
- [ ] Needs assessment
- [ ] Focus group facilitation
- [ ] Interviewing
- [ ] Detailed note-taking or transcription
- [ ] Participatory research
- [ ] Facilitators of community or town hall meetings
- [ ] Asset mapping
- [ ] Mapping/visualization skills

- [ ] Other quantitative or qualitative methods. Please describe.

Which of the following methods of community engagement does your organization use most often? Please check all that apply.

- [ ] Customer/patient satisfaction surveys
- [ ] Fact sheets
- [ ] Open houses
- [ ] Presentations
- [ ] Billboards
- [ ] Videos
- [ ] Public comment
- [ ] Focus groups
- [ ] Community forums/events
- [ ] Surveys
- [ ] Community organizing
- [ ] Advocacy
- [ ] House meetings
- [ ] Interactive workshops
- [ ] Polling
- [ ] Memorandums of understanding (MOUs) with community-based organizations
- [ ] citizen advisory committees
- [ ] Open planning forums with citizen polling

- [ ] Community-driven planning
- [ ] Consensus building
- [ ] Participatory action research
- [ ] Participatory budgeting
- [ ] Social media
- [ ] Other. Please describe.

Please add comments about how your organization could support community engagement in the community health improvement process:

What policy/advocacy work does your organization do? Please check all that apply.

- [ ] Develop close relationships with elected officials
- [ ] Educate decision-makers and respond to their questions
- [ ] Respond to requests from decision-makers
- [ ] Use relationships to access decision-makers
- [ ] Write or develop policy

- [ ] Advocate for policy change
- [ ] Build capacity of individuals/communities to advocate for policy change
- [ ] Lobby for policy change
- [ ] Mobilize public opinion on policies via media/communications
- [ ] Contribute to political campaigns/political action committees (PACs)
- [ ] Voter outreach and education
- [ ] Legal advocacy
- [ ] Not applicable
- [ ] Unsure
- [ ] _____ Other. Please describe.

Please review the following statements. For each one, select "strongly agree", "agree", "neither agree nor disagree", "somewhat disagree", "strongly disagree", or "unsure".

	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Unsure
Our organization has a strong presence in local media (print/radio/TV).	○	○	○	○	○	○
Our organization has strong communications infrastructure and capacity.	○	○	○	○	○	○

	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Unsure
Our organization has a clear communications strategy.	○	○	○	○	○	○
Our organization has good relationships with other organizations who can help share information.	○	○	○	○	○	○
Our organization has a clear equity lens that we use for our external communications and engagement work.	○	○	○	○	○	○

If your organization has publicly available materials, are they translated into other languages?

- ○ All publicly available materials are translated into other languages
- ○ Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- ○ Few publicly available materials are translated into other languages (e.g., only when requested)
- ○ No publicly available materials are translated into other languages
- ○ Not applicable (we do not have publicly available materials)

Please describe if and how your organization would like to be involved in or support policy, advocacy, or communications in the community health improvement process:

Please add any questions, comments, or suggestions about the community health improvement process and our next steps together to improve community health:

Thank you for completing the Community Partner Assessment Survey!

Your participation is invaluable in shaping the community health needs assessment led by the Grafton-Taylor County Health Department. By providing insight into your organization's work, you've contributed to a more comprehensive understanding of the needs and resources in our community. This information will help us identify gaps, enhance partnerships, and improve health outcomes for all. We are committed to keeping you informed, and a final report summarizing the findings will be shared with you in December. Thank you again for your important contribution!

GRAFTON
TAYLOR COUNTY
HEALTH
DEPARTMENT

APPENDIX C: Community Survey

Survey Start

Thank you for participating in Taylor County's Community Health Assessment Survey, led by the Grafton-Taylor County Health Department as part of our community health needs assessment initiative.

Your feedback is critical in helping us understand the health needs and priorities of our community. By sharing your insights, you are playing a vital role in shaping the future of health planning and improvement efforts for our county.

This survey should take less than 15 minutes to complete, and all responses are confidential. The information you provide will only be used for planning and health improvement activities to better serve our community. We greatly appreciate your time and input!

GRAFTON TAYLOR COUNTY HEALTH DEPARTMENT

In which county do you currently live?

- ○ Taylor County
- ○ Monongalia County
- ○ Preston County
- ○ Barbour County
- ○ Harrison County
- ○ Marion County

What is your age?

- ○ 17 or less years
- ○ 18-29 years
- ○ 30-39 years
- ○ 40-49 years
- ○ 50-64 years
- ○ 65 years or older

Do you have a regular doctor (i.e., primary care provider)?

- ○ Yes
- ○ No
- ○ Don't know

Did you visit your regular doctor (i.e., primary care doctor) within the last year?

- ○ Yes
- ○ No
- ○ I don't know

Do you leave the county to see a health provider?

- ○ Yes
- ○ No
- ○ Don't know

Please select which type of provider you left the county to visit. Please select all that apply.

- ☐ Primary care provider
- ☐ Obstetrician (treats pregnant women)
- ☐ Dentist
- ☐ Mental/behavioral health provider

- [ ] Optometrist (eye doctor)
- [ ] Ophthalmologist (eye surgeon)
- [ ] Oncologist (cancer doctor)
- [ ] General surgeon
- [ ] Cardiologist (heart doctor)
- [ ] Endocrinologist (treats thyroid, glands, and hormones)
- [ ] Urologist (kidney doctor)
- [ ] Other (please describe)
- [ ] I don't leave the county to see a provider.
- [ ] Click to write Choice 14

Do you leave the county to see a health provider for a family member?

- ○ Yes
- ○ No
- ○ Don't know

Please select which type of provider you left the county to visit for your family member. Please select all that apply.

- [ ] Primary care provider
- [ ] Pediatrician (treats children only)
- [ ] Obstetrician (treats pregnant women)

- [ ] Dentist
- [ ] Mental/behavioral health provider
- [ ] Optometrist (eye doctor)
- [ ] Ophthalmologist (eye surgeon)
- [ ] Oncologist
- [ ] General surgeon
- [ ] Cardiologist (heart doctor)
- [ ] Endocrinologist (treats thyroid, hormones, and glands)
- [ ] Urologist (kidney doctor)
- [ ] Other (please describe) _____
- [ ] I don't leave the county to visit a provider for my family.

How would you rate your overall health?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible

Do you have any of the following conditions? Please select all that apply.

- [ ] Obesity

- [ ] High blood pressure
- [ ] Diabetes
- [ ] Heart disease
- [ ] Asthma
- [ ] Respiratory condition other than asthma. Please describe.

  [ ]
- [ ] Sleep apnea
- [ ] Cancer
- [ ] Migraines
- [ ] Arthritis
- [ ] Autoimmune disease
- [ ] [ ] Other. Please describe.

Have you been diagnosed with depression or any other mental health condition?

- ○ Yes
- ○ No
- ○ Don't know

In the past 30 days, have you used the following substances? (select all that apply)

- [ ] Alchohol

- [ ] Marijuana
- [ ] Smoked tobacco (i.e., cigarettes, cigars, etc)
- [ ] Smokeless tobacco (i.e., vape pens, e-ciagarettes)
- [ ] Prescription drugs (used non-medically)
- [ ] None of the above
- [ ] Prefer not to answer

In the last 7 days, in total, how many hours did you spend being physically active for sport, exercise, or recreation in the past week?

Do you exercise to improve your health?

- ○ Yes
- ○ No
- ○ Don't know

In the last 7 days, in total, how many hours did you spend exercising to improve your health in the past week?

In the last 12 months, was there a time when you needed dental care but could not get it?

- ○ Yes
- ○ No
- ○ Don't know

What are the major difficulties you have in seeing a dentist, or other dental professional, as often as you need? Please select all that apply.

- ☐ I cannot provide a dentist who provides the services I need
- ☐ I cannot afford to go to the dentist
- ☐ It is too hard to find a dentist that accepts my dental plan (e.g., Medicaid)
- ☐ I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours)
- ☐ I cannot travel to a dentist easily (e.g., do not have transportation, located too far away)
- ☐ I am afraid of going to the dentist
- ☐ No difficulties
- ☐ Other. Please describe.

Which of the following would help you to see a dentist, or other dental professional, as often as you need? Please mark all that apply.

- [ ] I cannot find a dentist.
- [ ] Help with transportation to the dental visit
- [ ] Reminders to visit the dentist
- [ ] More dentists who accept my insurance
- [ ] More dentists in my area
- [ ] More convenient office hours
- [ ] Dental insurance
- [ ] None of the above. I see the dentists as often as I need.
- [ ] Other. Please specify. _____

What service(s) have you gone to or used at the Grafton-Taylor County Health Department? Select all that apply.

- [ ] Immunization(s)
- [ ] Community outreach event(s)
- [ ] Community education event(s)
- [ ] Environmental service(s)
- [ ] Nursing services (lab draws, drug screening, injections, blood pressure checks)

- [ ] Women's health services
- [ ] STI (Sexually Transmitted Infections) testing
- [ ] _____ Other. Please describe.
- [ ] I have not used services from my local heath department.

What services would you like to see offered by Grafton-Taylor Health County Department? Select all that apply.

- [ ] Well visits
- [ ] Sports physicals
- [ ] Veteran support services
- [ ] Travel medicine
- [ ] _____ Other. Please describe.
- [ ] None

The next set of statements ask about transportation. To get to the places they need to go, people might walk, bike, take a bus, drive a car, or get a ride. In the past 30 days, how often:[21]

[21]Adapted 6-item Transportation Security Index (TSI-6). TSI-6: copyright (c) 2018 The Regents of the University of Michigan; CC-BY-NC-ND; (1) Gould-Werth, Alix, Jamie Griffin, and Alexandra K. Murphy. 2018. "Defining a New Measure of Transportation Insecurity: An Exploratory Factor Analysis." *Survey Practice,* 11:2, pp. 1-36.; (2) Murphy, Alexandra K, Alix Gould-Werth, and Jamie Griffin. 2021. "Validating the Sixteen Item Transportation Security Index in a Nationally Representative Sample: A Confirmatory Factor Analysis" *Survey Practice.;* (3) MacDonald-Lopez, Karina, Alexandra K. Murphy, Jamie Griffin, Michael Bader, Alix Gould-Werth, and Nicole Kovski. 2023. "A Driver in Health Outcomes: Developing Discrete Categories of Transportation Insecurity." *American Journal of Epidemiology.*; and (4) Murphy, Alexandra K., Alix Gould-Werth, & Jamie Griffin. 2024. "Using a Split-Ballot Design to Validate an Abbreviated Categorical Measurement Scale: An Illustration Using the Transportation Security Index." *Survey Practice,* 1-17.

	Often	Sometimes	Never
Did you have to reschedule an appointment because of a problem with transportation?	○	○	○
Did you skip going somewhere because of a problem with transportation?	○	○	○
Were you not able to leave the house when you wanted to because of a problem with transportation?	○	○	○
Did you feel bad because you did not have the transportation you needed?	○	○	○
Did you worry about inconveniencing your friends, family, or neighbors because you needed help with transportation?	○	○	○
Did problems with transportation affect your relationships with others?	○	○	○

The next set of questions ask about your community.

How would you rate your county as a "health community"?

- ○ Healthy
- ○ Somewhat healthy
- ○ Somewhat unhealthy
- ○ Unhealthy
- ○ Very unhealthy

What do you think is the most important health problem where you live?

On a scale of 1 to 3, with 1 being "not an issue" and 3 being a "major issue", how much of an issue are the following in your community?

	1 = not an issue	2 = somewhat of an issue	3 = major issue
Drug and substance abuse	○	○	○
Unemployment	○	○	○
Crime and saftey	○	○	○

	1 = not an issue	2 = somewhat of an issue	3 = major issue
Access to healthcare for physical health	○	○	○
Access to healthcare for mental or behavioral health	○	○	○
Access to healthcare for baby or child health	○	○	○
Access to healthcare for pregnancy care	○	○	○
Homelessness	○	○	○
Quality of education	○	○	○
Environmental pollution	○	○	○
Infrastructure (roads, bridges, etc)	○	○	○
Transportation	○	○	○

How would you rate the availability of community services (e.g., parks, libraries, social services) in your community?

- ○ Excellent
- ○ Good
- ○ Average
- ○ Poor
- ○ Terrible

What community services do you think need improvement or are lacking?

On a scale of 1 to 3, with 1 being "not an issue" and 3 being a "major issue", how much of a health issue are the following in your community?

	1 = not an issue	2 = somewhat of an issue	3 = major issue
Asthma/COPD	○	○	○
Cancer	○	○	○
Infectious Diseases	○	○	○
Obesity	○	○	○
Diabetes	○	○	○
Heart Disease	○	○	○
Alcohol use	○	○	○
Drug use	○	○	○

	1 = not an issue	2 = somewhat of an issue	3 = major issue
Hypertension/high blood pressure	○	○	○

What do you consider to be the most pressing health issue in your community?

What is something you believe would help improve the health of your community?

Any additional comments or concerns regarding your community that you want us to know?

The next set of questions helps us understand more about you.

What race and/or ethnicity best describes you? Please select all that apply.

- [ ] White or Caucasion
- [ ] Black or African American
- [ ] American Indian
- [ ] Alaska Native
- [ ] Indigenous
- [ ] East Asian
- [ ] South Asian
- [ ] Southeast Asian
- [ ] Hispanic or "Latinx, Latino, Latina, or Latine"
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] _____ Other. Please describe.
- [ ] I prefer not to say.

What is your employment status? Please select all that apply.

- [ ] Full-time
- [ ] Part-time
- [ ] Self-employed

- [ ] Retired
- [ ] Unemployed
- [ ] Student
- [ ] Disabled
- [ ] Homemaker

Do you work multiple jobs?

- ○ Yes
- ○ No

How many jobs do you work?

- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more

What is the highest level of education you have completed?

- ○ Junior high or less
- ○ Some high school
- ○ High school diploma/GED

- ○ Some college or certification
- ○ Technical or vocational degree/certification
- ○ Associate degree
- ○ Bachelors degree or higher

What is your current marital status?

- ○ Married
- ○ Widowed
- ○ Divorced
- ○ Separated
- ○ Domestic partnership
- ○ Never married

Do you have health insurance

- ○ Yes
- ○ No
- ○ Don't know

What kind of health insurance do you have? Please select all that apply.

- ☐ Private insurance through employer

- [ ] Private insurance through marketplace
- [ ] Medicare
- [ ] WV Medicaid
- [ ] VA Healthcare
- [ ] Prefer not to say

What was your sex at birth?

- ○ Male
- ○ Female
- ○ Prefer not to say

What gender best describes you?

- ○ Male
- ○ Female
- ○ Non-binary / third gender
- ○ Agender
- ○ Questioning or unsure
- ○ Prefer not to say
- ○ Additional gender category/identity not listed (please specify below)

What is your estimated yearly household income?

- ○ Less than $25,000
- ○ $25,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 or more
- ○ I prefer not to say