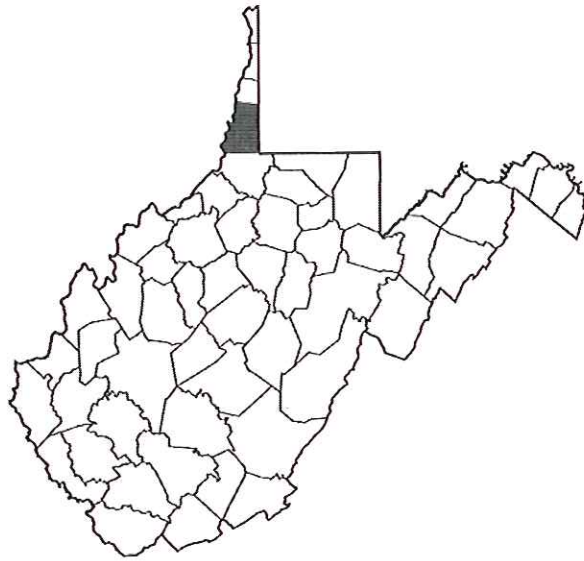


Marshall County



Community Health Needs Assessment

2016



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Executive Summary

A community health assessment is defined as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

A Marshall County community health needs assessment was conducted with the engagement of community members in survey participation and the collaborative participation of West Liberty University and Grand Vue Park.

The compilation and analyzation of Marshall County data and survey results identify priority health outcomes and Healthy People 2020 Objectives to address the community's health needs. The Healthy People 2020 initiative provides measurable objectives that reflect high-priority health issues and communicate actions that can address them.

Healthy People 2020 Goals

High-quality, longer lives free of preventable disease, disability, injury, and premature death
Health equity, the elimination of disparities, and the improved health of all groups
Quality of life, healthy development, and healthy behaviors across all life stages
Social and physical environments that promote good health for all

Physical Environment

Marshall County is a largely rural county in the northern panhandle of West Virginia with a total area of 312 square miles. Neighboring counties include Belmont County, OH, Greene County, PA, Ohio County, WV, Wetzel County, WV, Monroe County, OH, and Washington County, PA. Moundsville, the county seat, is home to the largest conical burial mound in North America. Notable recreational locations in Marshall County include Grand Vue Park; the Evan G. Roberts Recreational Center; the Sam Shaw Memorial Park; the Moundsville Country Club Golf Course; the Sanford Community Center; community parks, pools, and ballfields; hiking and walking trails; the Ohio River, streams, creeks and lakes that include public fishing and boating areas.

Marshall County has one hospital, Reynolds Memorial Hospital, located in the city of Glen Dale, and two urgent care facilities. Two hospitals, and additional urgent care facilities are located in neighboring Ohio County.

Eight public elementary schools, two parochial elementary schools, two public middle schools, two public high schools, one parochial high school, and one alternative school are located in Marshall County.

Marshall County ranks 52 of 55 West Virginia counties in physical environment. Factors rated include air pollution, drinking water violations, housing and commuting. (County Health Rankings & Roadmaps, countyhealthrankings.org) With an Air Quality Index (AQI) of 49.0, Marshall County ranks 23 of 55 West Virginia counties. (Local Data Search, usa.com) The AQI measures five criteria air pollutants: particulate matter, sulfur dioxide, carbon monoxide, nitrogen dioxide, and ozone. The West Virginia Department of Environmental Protection reports that Marshall County recorded 213 Good AQI days and 152 Moderate AQI days in 2013 with SO₂ and PM_{2.5} pollutants considered. (2013 Air Quality Annual Report, dep.wv.gov) The Good category is defined as air quality is good with no precautions to take. The Moderate category is defined as air quality is a concern for people who are extra sensitive to air pollution with the precaution that people extra sensitive to air pollution: Plan strenuous outdoor activities when air quality is better.

The United States Environmental Protection Agency (EPA) estimates that about 20,000 lung cancer deaths each year in the U.S. are radon-related. Exposure to radon is the second leading cause of lung cancer after smoking. The EPA identifies areas of the U.S. with the potential for elevated indoor radon levels.

Marshall County is within Zone 1, which are counties having a predicted average indoor radon screening level greater than 4 pCi/L (picocuries per liter). Because there is no known safe level of exposure to radon, the EPA recommends homes be repaired if the radon level is 4 pCi/L or more and homes be considered for repair for radon levels between 2-4 pCi/L.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Demographics

Topic	Marshall County West Virginia
<i>Population</i>	
Population Estimates (July 1, 2015)	31,978
Population Estimates (July 1, 2014)	32,416
<i>Age & Sex</i>	
Persons Under 5 Years (July 1, 2014)	5.3%
Persons Under 18 Years (July 1, 2014)	20.1%
Persons 65 Years and Over (July 1, 2014)	19.6%
Female Persons (July 1, 2014)	50.7%
<i>Race and Hispanic Origin</i>	
White Alone (July 1, 2014)	97.6%
Black or African American Alone (July 1, 2014)	0.7%
American Indian and Alaska Native Alone (July 1, 2014)	0.2%
Asian Alone (July 1, 2014)	0.4%
Two or More Races (July 1, 2014)	1.0%
Hispanic or Latino (July 1, 2014)	1.0%
White Alone, not Hispanic or Latino (July 1, 2014)	96.7%
<i>Population Characteristics</i>	
Veterans (2010-2014)	3,050
Foreign Born Persons (2010-2014)	0.8%

(United States Census Bureau QuickFacts, census.gov)

Year	Total Population Marshall County, WV
July 2014	32,416
June 2012	32,674
June 2010	33,107
July 2008	32,766
July 2007	33,112
July 2006	33,481
July 2005	33,883
July 2004	34,341
July 2003	34,609
July 2002	34,827
July 2001	35,161
July 2000	35,395

(United States Census Bureau QuickFacts, census.gov)

There continues to be a steady decline in total population in Marshall County since 2000.

West Virginia's population is among the oldest in the country and the median age of West Virginia residents is rising, increasing from 38.9 in 2000 to 41.3 in 2010. According to the 2010 U.S. Census, West Virginia was one of only seven states with a median age above 40. Such an aging population requires greater emphasis on providing services and resources.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Social and Economic Factors

Topic	Marshall County West Virginia	West Virginia	Rank (of 55)
<i>Social & Economic Factors</i>			
High School Graduation	84%	82%	
Unemployment	7.6%	6.5%	
Children in Poverty	21%	25%	
Income Inequality	4.2%	4.9%	
Children in Single-Parent Households	31%	33%	
Social Associations	12.9%	13.1	
Violent Crime	190	311	
Injury Deaths	76	93	
<i>Additional Social & Economic Factors</i>			
Median Household Income	\$43,400	\$41,000	
Children Eligible for Free Lunch	50%	47%	

(County Health Rankings & Roadmaps 2016, countyhealthrankings.org)

Topic	Marshall County West Virginia
<i>Social & Economic Factors</i>	
Housing Units (July 1, 2014)	15,824
Owner-Occupied Housing Unit Rate (2010-2014)	77.2%
Median Value of Owner-Occupied Housing Units (2010-2014)	\$88,800
Median Gross Rent (2010-2014)	\$545
Households (2010-2014)	13,847
Persons Per Household (2010-2014)	2.33
Language Other Than English Spoken at Home, % of Persons Age 5yrs + (2010-2014)	1.8%
High School Graduate or Higher, % of Persons Age 25yrs + (2010-2014)	88.9%
Bachelor's Degree or Higher, % of Persons Age 25yrs + (2010-2014)	15.9%
With a Disability, Under Age 65yrs, % (2010-2014)	12.5%
Persons Without Health Insurance, Under Age 65yrs, % (2010-2014)	16.6%
In Civilian Labor Force, Total, % of Population Age 16yrs + (2010-2014)	54.4%
In Civilian Labor Force, Female, % of Population Age 16yrs + (2010-2014)	48.5%
Mean Travel Time to Work (Minutes) Workers Age 16yrs + (2010-2014)	22.5
Median Household Income (In 2014 Dollars) (2010-2014)	\$41,978
Persons in Poverty, % (2010-2014)	15.2%

(United States Census Bureau QuickFacts, census.gov)

West Virginia's population has a large disparity in level of education. The highest education level achieved by the majority of the population is a high school diploma (41.3%). Compared to this, a significantly small percentage of the population has completed either an associate's degree (5.8%) or a bachelor's degree (10.6%). These numbers are especially low when compared to the United States population, of which 28.4% have earned a high school diploma; 7.8% and 17.9% have an associate's degree and a bachelor's degree respectively.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

In 2011, 18.9% of West Virginia's population reported some type of disability, compared to 12.1% of the United States population. These percentages of individuals with disabilities bring additional challenges for healthcare. Those with disabilities are more likely to have poor health overall, to be physically inactive and to smoke. They may also have less access to healthcare or health insurance and may not be able to afford the care they need. In addition, those with disabilities may suffer from multiple secondary conditions that decrease their quality of life and require additional medical treatment.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Babies born to teenage mothers represented 12.9% of the infants born in West Virginia in 2009. This percentage is well above the national rate of 10% in 2009. In 2011, 50.9% of West Virginia high school students reported having sexual intercourse at some point in their lives, compared to 47.4% of students nationwide. Of the West Virginia high school students surveyed, 39.7% reported not using a condom during their last sexual encounter, 74.5% did not use birth control pills, and 7.5% did not use any method to prevent pregnancy. Nationally, 39.8% did not use a condom in their last sexual encounter, 82% did not use birth control pills, and 12.9% did not use any method of birth control.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Health Factors

Topic	Marshall County West Virginia	West Virginia	Rank (of 55)
<i>Health Factors</i>			23
<i>Health Behaviors</i>			13
Adult Smoking	22%	27%	
Adult Obesity	33%	34%	
Food Environment Index	6.8	7.3	
Physical Inactivity	28%	32%	
Access to Exercise Opportunities	56%	58%	
Excessive Drinking	12%	10%	

Alcohol Impaired Driving Deaths	38%	33%	
Sexually Transmitted Infections	244.8	277.0	
Teen Births	42	45	
<i>Additional Health Behaviors</i>			
Food Insecurity	14%	16%	
Limited Access to Healthy Foods	12%	6%	
Drug Overdose Deaths	23	32	
Motor Vehicle Crash Deaths	13	18	
Insufficient Sleep	36%	37%	
<i>Clinical Care</i>			43
Uninsured	17%	17%	
Primary Care Physicians	2,030:1	1,290:1	
Dentists	2,490:1	2,030:1	
Mental Health Providers	5,400:1	910:1	
Preventable Hospital Stays	92	81	
Diabetic Monitoring	75%	84%	
Mammography Screening	57%	58%	
<i>Additional Clinical Care</i>			
Uninsured Adults	20%	21%	
Uninsured Children	6%	6%	
Health Care Costs	\$9,781	\$9,872	
Other Primary Care Providers	4,052:1	922:1	

(County Health Rankings & Roadmaps 2016, countyhealthrankings.org)

Adult Behavioral Health Risk Factors

Indicator	Marshall County		Rank (of 55)
	West Virginia	West Virginia	
Fair/Poor Health	19.6%	23.6%	43
No Health Insurance (Ages 18-64)	22.3%	21.7%	31
No Leisure Time Physical Activity	31.4%	32.1%	31
Obesity	29.0%	31.8%	46
Diabetes	9.8%	11.8%	44
Cardiovascular Disease	11.9%	12.6%	38
Hypertension	32.0%	34.6%	44
High Cholesterol	46.6%	39.9%	11
Current Asthma	9.1%	8.8%	30
Disability	20.5%	28.4%	52
Arthritis	42.1%	35.2%	10
Binge Drinking	11.6%	9.4%	7
Cigarette Smoking	24.1%	26.9%	37

Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System.

There are 55 counties in West Virginia; 1st highest rate and 55th lowest rate.

(Behavioral Health Epidemiological County Profile 2014, dhr.wv.gov/bhhf)

West Virginia's population ranks among the bottom tier of states in health risk factor categories such as the state's obesity rate, which exceeds 30% and is among the highest in the nation. Obesity prevalence in West Virginia does not vary by gender, education or income. Among the 54 states and territories, West Virginia had the 3rd highest percentage of inactivity in 2010. Prevalence of physical

inactivity is not affected by gender, but does increase with age. West Virginia's residents are not eating the recommended amount of fruits and vegetables on a daily basis. 84% of adults consume fewer than five servings of fruit or vegetables per day. And, in West Virginia, 38.6% of residents in 2010 responded that it had been more than a year since they had their teeth cleaned by a dentist or dental hygienist, compared to the national percentage of 32.1%.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Tobacco use is the single largest preventable cause of death in the United States. In West Virginia, an average of 3,785 residents die each year from diseases related to smoking and about 19% of all deaths (nearly 1 in 5) are caused by cigarette smoking. West Virginia has one of the highest smoking-attributable mortality rates in the nation. West Virginia's prevalence of smoking rate is 26.8%. In 2011, 47.1% of West Virginia high school students had ever tried smoking (compared to 44.7% nationwide), and 19.1% had smoked a cigarette in the past 30 days (10.3% nationally). Also in 2011, 14.4% of West Virginia students reported using smokeless tobacco at least once in the past 30 days and 27.2% reported using some type of tobacco product in the past 30 days. Nationwide, 7.7% used smokeless tobacco and 23.4% used some type of tobacco product in the last 30 days.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

West Virginia also has the nation's highest per capita rate of deaths due to overdose. West Virginia's alcohol consumption remains among the lowest in the United States. However, low prevalence rates do not mean alcohol consumption is not a health concern in West Virginia. In West Virginia in 2009, 27.2% of mothers reported smoking during pregnancies, and 0.3% reported using alcohol.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

In 2010, 21.4% of West Virginia adults aged 18-64 did not have any kind of health care coverage. This rate is much higher than the national rate of 18.1%. In 2010 nearly 18% of all adults needed to see a doctor sometime during the past 12 months and did not because of cost. Notionally, only 14.6% of adults did not receive needed health care due to cost. In 2010, 24.1% of West Virginia's population did not have one or more medical professional they considered a personal doctor or health care provider. This rate is higher than the national rate of 18.2%. In 2011, West Virginia had 107.2 primary care physicians for every 100,000 population. This number ranks West Virginia 32nd nationally and is lower than the national rate of 120 physicians per 100,000 population. In 2011, West Virginia had 100.7 preventable hospitalizations per 1,000 Medicare enrollees. The national rate of preventable hospitalizations was 68.2.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Health Outcomes

Topic	Marshall County West Virginia	West Virginia	Rank (of 55)
<i>Health Outcomes</i>			16
<i>Length of Life</i>			13
Premature Death	8,100	9,700	
<i>Quality of Life</i>			22
Poor or Fair Health	21%	24%	
Poor Physical Health Days	4.7	5.0	
Poor Mental Health Days	4.6	4.7	
Low Birthweight	9%	9%	
<i>Additional Health Outcomes</i>			
Premature Age-Adjusted Mortality	420	470	
Frequent Physical Distress	14%	16%	
Frequent Mental Distress	14%	16%	
Diabetes Prevalence	12%	12%	
HIV Prevalence	114	103	

(County Health Rankings & Roadmaps 2016, countyhealthrankings.org)

Alcohol, Tobacco, Drug Consequences & Suicide

Indicator		Marshall County West Virginia	West Virginia	Rank (of 55)
Alcohol Related Diagnosis	Morbidity Rate/10,000	362.8	407.9	21
Alcohol Dependence Diagnosis	Morbidity Rate/10,000	188.3	236.6	27
Chronic Liver-Cirrhosis	Mortality Rate/100,000	12.0	13.4	31
Lung/Bronchus/Trachea Cancer	Mortality Rate/100,000	70.7	83.7	43
Chronic Obstructive Pulmonary Disease	Mortality Rate/100,000	85.1	76.7	20
Cardiovascular Disease	Mortality Rate/100,000	429.7	367.3	11
Drug Related Diagnosis	Morbidity Rate/10,000	434.2	506.5	25
Drug Overdose	Mortality Rate/100,000	19.2	26.8	33
Suicide	Mortality Rate/100,000	13.2	15.9	41

Source: WV Health Statistics Center, Vital Statistics/WV Health Care Authority.
There are 55 counties in West Virginia; 1st highest rate and 55th lowest rate.

(Behavioral Health Epidemiological County Profile 2014, dhhr.wv.gov/bhbf)

The three leading causes of death in Marshall County are (1) cardiovascular disease, (2) malignant neoplasms, which are cancerous tumors which can invade nearby tissue and spread throughout the body, and (3) chronic lower respiratory diseases. Marshall County is one of 13 counties in the state with the highest heart disease mortality rates, greater than 325.0. (West Virginia Vital Statistics 2012, wvdhhr.org/bph/hsc)

Selected Causes of Death	Marshall County	
	Number	Rate
Major Cardiovascular Disease	149	456.0
Malignant Neoplasms	91	278.5
Chronic Lower Respiratory Diseases	24	73.5

(West Virginia Vital Statistics 2012, wvdhhr.org/bph/hsc)

West Virginia's rates for all leading causes of death are significantly higher than those of the United States as a whole. The leading cause of death in West Virginia is heart disease, followed closely by cancer. Each of these claim more than 250 out of every 100,000 lives in West Virginia, compared to the national rates, which are both under 200 per 100,000. In 2009, 37.6% of West Virginia adults reported ever being told they have high blood pressure, a significantly higher rate than the United States percentage of 28.7. Marshall County is one of five counties in the state with a significantly lower prevalence of hypertension than the state. Among those who had their cholesterol checked in West Virginia in 2009, 38.5% had high cholesterol, compared to 37.4% of adults in the United States. West Virginia's rate for the prevalence of coronary heart disease (angina) among adults is 6% in 2010. By comparison, the rate of angina among adults in the United States was 4.1% in 2010. West Virginia's rate was higher than the rate in the United States every year. Cancer accounts for approximately 22% of all deaths in the state. The five leading cancer diagnoses in West Virginia are cancers of the prostate, female breast, lung and bronchus, colon and rectum and uterus. Lung and bronchus cancer is the leading cause of cancer deaths for both men and women in West Virginia. Cigarette smoking is the most important risk factor for lung cancer.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

The next highest causes of death in West Virginia are chronic lower respiratory disease, accidents and stroke, with rates of 60 to 84 residents per 100,000. West Virginia's age-adjusted mortality rates for Chronic Obstructive Pulmonary Disease (COPD), a term referring to two lung diseases: chronic bronchitis and emphysema, in 2008 were 68.5 deaths per 100,000 population, a 19% increase from the previous year. Smoking is the leading risk factor for COPD. Approximately 80-90% of COPD deaths are caused by smoking. In 2010, 10.7% of West Virginia adults had ever been diagnosed with asthma while 7.3% currently had asthma, compared to 13.8% and 9%, respectively, of United States adults.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

In 2009, 33.9% of West Virginia adults reported ever being told they have arthritis, compared to 25.9% of adults in the United States. In 2010, 11.7% of West Virginia adults reported having been diagnosed with diabetes, compared to 8.7% of adults in the United States.

(West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

In 2010, West Virginians reported the highest average of poor mental health days in the nation, at 4.5 poor mental health days out of the previous 30. The national

average is 3.5. 14% of a sample of 423 Marshall County residents reported no social/emotional support.
 (West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

West Virginia’s HIV incidence rate is 5.7 cases per 100,000 population in 2010, and is consistently lower than the incidence rate for the United States. West Virginia’s TB incidence rate was 0.8 cases per 100,000 population in 2010, and is also consistently lower than the TB rate for the United States. West Virginia’s chlamydia, gonorrhea and syphilis incidence rates have been consistently lower than rates for the United States, while Hepatitis B and C virus incidence rates have been consistently higher than rates for the United States.
 (West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Marshall County Community Needs Assessment Survey Results

Data compiled from 300 2016 Marshall County Community Needs Assessment surveys identifies perceived primary areas of health concern in Marshall County.

When asked what the number one health problem in Marshall County was, participants responded:

Obesity	20.66%
Other: Drug Usage	18.6%
Cancer	14%
Tobacco Usage	11%
Heart Problems	6.33%
Diabetes	4%
Lung Diseases	4%
Alcohol Usage	4%
Poor Dental Health	3%
Dementia	1%

Less Than 1%	
Infectious Disease	
Teen Pregnancy	
Arthritis	
Hypertension	
Elevated Cholesterol	
Pollution	
Allergies	
Poor Access to Home Health	

When asked what three changes citizens would like to see in the health of Marshall County residents in the next 5 years, participants responded:

Less Drug Use	38%
Less Tobacco Use	31%
Weight Loss	25%
More Physically Active	23%
More Health Awareness	14%
Better Eating Habits	12%
Dental Care	7%
Less Cancer	6%
More Community Involvement	6%
Cleaner Environment	5%
Less Teen Pregnancy	5%
Better Air Quality	3%
More Clinics	3%
Safer Roads	2%
Less Heart Problems	2%
Affordable Medications	2%
Improved Mental Health	2%
Less Dementia Cases	1%
More Family Physicians	1%
Proper Child Care	1%
Improved Attitudes	1%

Less Than 1%	
Less Lung Problems	
Lower Cholesterol	
Less Bullying	
Less Strokes	
Less Disability	
Less STD Cases	
Better AA Facilities	

When survey participants were asked if they went to Grand Vue Park, located in Marshall County, and what they liked about the park, 89 participants responded that they do not go to the park. 211 participants responded that they do go to the park. Common themes were (1) the facilities are well maintained and clean; (2) the park is affordable; (3) the array of activities is nice; (4) the proximity to home is convenient; and (5) the festivals held there are nice.

When asked what changes participants would like to see at the park, responses included (1) more trails and better signage on the trails; (2) partner with the city of Moundsville to sponsor events; (3) create a larger banquet hall; (4) have a farmers market; (5) add batting cages; (6) add restrooms throughout the park; (7) offer transportation to and from the park; (8) add a pond or small lake; (9) offer different seasonal packages and offer winter activities; and (10) add a waterpark or amusement park.

When asked what activities they participate in at the park, participants responded:

Walking Trail	111
Exercise Classes	16
Pool	106
Mountain Biking	11
Frisbee Golf	13
Mini Golf	16
Cabins	8
Shelters	25
Playground	22
Geocaching	2
Zipline	18
Craft Shows	2
Par 3 Golf Course	11
Banquet Hall	20
SWAT Training	1
Feeding Deer	3
Overlook	1
Bird Watching	1
Bingo	4

When asked to rate the conditions of the trails on a scale of 1-10 with 1 being the worst and 10 the best, participants responded:

1	2	3	4	5	6	7	8	9	10
0.8%	0%	0.8%	3.3%	8.3%	9.2%	13.3%	27.5%	15.8%	20.8%

When asked if they participated in any of these activities at other locations within Marshall County, participants responded:

No	Yes
52%	48%

When asked where they participated in these activities, participants responded:

Glen Dale/Moundsville Trail	40%
Sam Shaw Fitness Trail	22%
Home	12%
Four Seasons Pool	12%
Wood Fitness Center	4%
Oglebay	4%
John Marshall High School	3%
Marshall County Fairgrounds	3%
Valley Fitness	1%
Anytime Fitness	1%
Limestone Community Center	1%
Fish Creek	1%
Benwood Pool	1%
Cameron Pool	1%

Less Than 1%	
Other Hiking Trails	
Road Biking	
Roller Derby	
Marshall County Special Olympics	
Ryan Ferns Healthplex	
Moundsville Country Club	
Benwood City Park	
Reynolds Memorial Hospital Fitness Center	

When asked what activities they participated in at places other than Grand Vue Park, participants responded:

Walking	58%
Swimming	21%
Exercising	16%
Biking	7%
Playgrounds	3%
Sports	3%
Running	3%
Golf	2%
Tennis	2%
Zumba	2%
Hiking	1%

Less Than 1%	
Roller Blading	
Fishing	
Water Aerobics	

Community-Based Health

The Healthy People 2020 initiative indicates educational and community-based health programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health and quality of life rely on many community systems and factors, not simply on a well-functioning health and medical care system. Making changes within existing systems, such as improving school health programs and policies, can effectively improve the health of many in the community.

For a community to improve its health, its members must often change aspects of the physical, social, organizational, and even political environments in order to eliminate or reduce factors that contribute to health problems or to introduce new elements that promote better health. Changes might include (1) instituting new programs, policies, and practices, (2) changing aspects of the physical or

organizational infrastructure, or (3) changing community attitudes, beliefs, or social norms.

Educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings outside of traditional health care settings. Each setting provides opportunities to reach people using existing social structures. This maximizes impact and reduces time and resources necessary. People often have high levels of contact with these settings, both directly and indirectly. Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

In cases where community health promotion activities are initiated by a health department or organization, organizers have a responsibility to engage the community. Realizing the vision of healthy people in healthy communities is possible only if the community, in its full cultural, social, and economic diversity, is an authentic partner in changing the conditions for health.

(Healthy People 2020, [healthypeople.gov/2020](https://www.healthypeople.gov/2020))

Opportunities for physical activity are available at recreational locations in Marshall County include Grand Vue Park, the Evan G. Roberts Recreational Center, the Sam Shaw Memorial Park, the Moundsville Country Club Golf Course, the Sanford Community Center, community parks, pools, and ballfields, hiking and walking trails, the Ohio River, streams, creeks and lakes that include public fishing and boating areas.

Examples of community collaboratives targeting health and wellness in Marshall County include the Healthy Children and Families Coalition, the Marshall County Substance Abuse Prevention Coalition and many Students Against Destructive Decisions (SADD) chapters.

The Marshall County Health Department offers clinical services, immunizations, environmental services, threat preparedness planning and exercises, disease investigation, oral health promotion and services, community health promotion, and disease prevention. Examples of employers in Marshall County providing workplace wellness programs include Axial and Covestro. Many community-based organizations provide educational and community-based health programs. The regional Adolescent Health Initiative Coordinator is active in Marshall County. The Marshall County WVU Extension office offers the ServSafe Training

and Certification Program, the WE CAN Food Preservation program, Dining with Diabetes, Germ City: Clean Hands, Healthy People Program, and the West Virginia Family Nutrition Program. In addition, Marshall County Schools; early childhood education services, like Northern Panhandle Head Start; senior services; and other community-based organizations offer educational programs, health promotion activities and provide information and referral services.

The following are all Centers for Disease Control approved steps toward a healthier community. Seasonal farmers' markets are available to Marshall County residents. Many sports leagues, non-traditional sports, for example, disc-golf at Grand Vue Park and a youth Archery Club, and summer programs exist. The Sanford Community Center has a gymnasium available for public use year-round, and Marshall County Schools offers shared-use agreements to use public school gymnasiums after hours, as well as school gardening and farm-to-table programs. Marshall County Schools provides free breakfast to all students, salad bars have been introduced into school lunch programs, teachers have been trained in Action-Based Learning, incorporating physical activity into the classroom, and physical education programs support national initiatives, like Jump Rope for Heart.

Conclusions

Our many educational and community-based health programs play a key role in preventing disease and injury, improving health, and enhancing quality of life in Marshall County. Other identified strengths include Marshall County's overall high ranking in West Virginia in both health behaviors (13 of 55) and health outcomes (16 of 55). Fewer Marshall County residents report poor or fair health days, poor physical health days, and physical inactivity than compared to West Virginia. (County Health Rankings & Roadmaps 2016, countyhealthrankings.org) And, fewer Marshall County residents report disability, diabetes, obesity and hypertension than compared to West Virginia. (Behavioral Health Epidemiological County Profile 2014, dhhr.wv.gov/bhhf) Marshall County is one of five counties in West Virginia with a significantly lower prevalence of hypertension than the state. (West Virginia State Health Profile 2012, dhhr.wv.gov/publichealthquality/statepublichealthassessment)

Challenges include a U.S. EPA Zone 1 designation, identifying Marshall County as having the potential for elevated indoor radon levels. As well, Marshall County has a poor (52 of 55) physical environment ranking considering the factors of air pollution, drinking water violations, housing and commuting. (County Health Rankings & Roadmaps 2016, countyhealthrankings.org) Other challenges include

fewer Marshall County residents report diabetic monitoring and access to exercise opportunities than the state, and more Marshall County residents report excessive drinking, preventable hospital stays, and limited access to healthy foods than West Virginia. In fact, limited access to healthy foods is two times the rate compared to West Virginia. (County Health Rankings & Roadmaps 2016, countyhealthrankings.org) Marshall County residents also have greater rates of binge drinking, arthritis, and high cholesterol when compared to state rates, as well as higher chronic obstructive pulmonary disease mortality rates and cardiovascular disease mortality rates. (Behavioral Health Epidemiological County Profile 2014, dhhr.wv.gov/bhhf)

Identified priority health outcomes are the three leading causes of death in Marshall County, which are (1) cardiovascular disease, (2) malignant neoplasms, which are cancerous tumors which can invade nearby tissue and spread throughout the body, and (3) chronic lower respiratory diseases. Marshall County is one of 13 counties in the state with the highest heart disease mortality rates, greater than 325.0. (West Virginia Vital Statistics 2012, wvdhhr.org/bph/hsc)

Marshall County Community Needs Assessment Survey results indicate the perceived number one health problem in Marshall County is obesity. 25% of survey participants responded they would like to see “weight loss” and 23% responded “more physically active” when asked “what three changes citizens would like to see in the health of Marshall County residents in the next five years.” In addition, 31% of survey participants responded they would like to see “less tobacco use.” Objectives and strategies targeting healthy body weight, physical activity and tobacco use impact all three of the identified priority health outcomes in Marshall County. Additional objectives and strategies impacting cardiovascular disease include managing diabetes, blood pressure, and stress.

Healthy People 2020

Healthy People provides science-based national objectives for improving the health of all Americans and has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Healthy People 2020 strives to provide measurable objectives and goals that are applicable at the national, state, and local levels.

Identified priority Healthy People 2020 objectives:

Nutrition and Weight

NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older

Physical Activity

PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity

Tobacco Use

TU-11 Reduce the proportion of nonsmokers exposed to secondhand smoke

Resources

Centers for Disease Control and Prevention

American Lung Association

American Heart Association

American Cancer Association

United States Census Bureau

United States Department of Environmental Protection Agency

United States Department of Health and Human Services

West Virginia Department of Health and Human Resources

West Virginia Bureau for Public Health

West Virginia Bureau for Behavioral Health and Health Facilities

West Virginia Health Statistics Center

West Virginia Department of Environmental Protection

West Virginia Division of Tobacco Prevention

County Health Rankings

Marshall County Health Department

Marshall County WVU Extension Service

West Virginia Adolescent Health Initiative

West Virginia Substance Abuse Prevention Services

Healthy People 2020