Clay County Health Department

Community Health Needs **Assessment**

2018

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EXECUTIVE SUMMARY

The Clay County Health Department (CCHD) enlisted the assistance of Kingery and Company, LLC, to conduct a community health assessment in Clay County. The project included surveying residents, conducting secondary data research, facilitating an analysis retreat, and providing a summary report with key findings and recommendations.

Goal:
Plan and conduct an all-inclusive Community Health Assessment for Clay County Health Department.

Objectives:

- Collect *primary* data by gathering external community feedback through quantitative surveys and qualitative questionnaires with key stakeholders, etc.
- Collect *secondary* data by researching national, state and local health data resources.
- Facilitate an analysis process that identifies priority health issues and mobilizes CCHD and community resources in a plan to address the issues.

Coverage Area: Clay County, West Virginia

CCHD Overview:
The mission of the CCHD is to provide resources to prevent adverse health effects from disease outbreaks, unsafe food and water, environmental hazards, injuries, chronic diseases, and risky health behaviors; promote health; and protect people from health problems and hazards that already exist. This is accomplished by providing a healthier and safer environment, promoting healthier lifestyles, and providing services (i.e., immunizations, family planning, public facility inspections, etc.) which improves the health of citizens of the county, results in less illness, results in better overall health and well-being and promotes greater longevity of life. The CCHD offers health services free of charge or for a small fee based on income.

CCHD Programs:

CCHD Service Divisions			
HEALTH SERVICES	**ENVIRONMENTAL**	**THREAT PREPAREDNESS**	**EPIDEMIOLOGY**
General Health and Wellness	Inspect Public Facilities including Waste and Sewage Systems	Family Readiness	Investigate Outbreaks

Gynecological	Well Inspections/permits (Fee)	Business Readiness	Detect Outbreaks of Communicable Disease
Community Health Services	Water Sampling (Fee)	Wide Area Rapid Notification	Public Information
Influenza/Pneumococcal	Food Retail and Service Inspections/permits	Public Information	
Right From the Start	Indoor Air Quality		
STD	Complaint Investigations		
Tuberculosis	Pool Inspections		
WIC	Child Care Inspections		
Immunization	Animal Encounter Investigations		
Acute Care	Campground Inspections		
Primary Care			

Community health assessments can and should be more than just a gathering and analyzing of data; they can also be a basis for creating change. A comprehensive community-based health assessment can help an organization address community and family health needs by providing a snapshot of the community and families within that community, including their economic well-being, educational status, health, and welfare. A comprehensive health assessment can provide important community information not only to the Health Department, but to potential community partners, that will enable all partners to work together to address particular health issues and gaps in community services. It provides a mechanism to meet and develop partnerships with other community groups interested in strengthening services to citizens in the area. Finally, a comprehensive community health assessment can help an organization in its planning process by providing the foundation for strategic and operational planning, assessing the organization's impact on meeting the health needs of the community, determining what programs or strategies may have become obsolete, and deciding what strategies may provide new opportunities for the organization and the community.

A multi-level community health assessment approach was used to provide guidance in the planning process for improving services and programs to Clay County. The comprehensive health assessment can be used for a variety of situations, including the following:

- Guide board governance in sound decision making
- Create opportunities for community buy-in to the agency's planning process
- Create opportunities for alliances and connections with new partners
- Form successful strategies
- Build credibility

- Provide a foundation for pursuing different funding
- Guide staff training and educational planning
- Enhance CCHD's capacity to respond to change
- Generate authentic input from stakeholders

Assessing Needs - The Four Step Process

Step One: Develop a Plan
The first step with any project begins with development of a plan, a plan that maintains focus on the big picture all the while accounting for every detail. A work plan comprised of tasks, timelines, responsible persons, and progress updates served to guide the health needs assessment process.

Step Two: Collect Data

Primary and Secondary Data Collection
The next step in our process was to determine primary data collection sources. Primary sources included gathering quantitative and qualitative feedback through surveys.

Survey Results
The Health Assessment Steering Committee provided input into the development of survey questions and identified survey distribution partners throughout the county. As a result, there were 91 health assessment survey respondents, with the largest segment of respondents ages 46-65 years. The majority were female, white, had a yearly household income of less than $50,000, and listed high school/GED as the highest level of education.

Survey respondents were asked to identify health issues that are a problem in the area they live. The top four issues that were identified as a 'major problem' were:

1. Tobacco use (smoking, chewing, or dipping)
2. Illegal drug/substance use
3. Prescription drug abuse
4. Overweight/obesity in adults

Survey respondents also identified services that are a problem to find or use in their community. The top three services that were identified as a 'major problem' to find or use in their community were:

1. Job opportunity
2. Public transportation
3. Recreation Opportunity
4. Parks, greenways, and sidewalks

Secondary Data Collection
Secondary data collection included gathering relevant and current statistics and research from reliable sources such as other social agencies and government entities to supplement the

survey results and community stakeholder feedback. Research on health was compiled and is presented in detail in the report.

Data sources included:

Centers for Disease Control and Prevention
County Health Rankings & Roadmaps
Healthy People
United States Census Bureau and the American Community Survey
United States Department of Labor
U.S. Department of Health & Human Services.
Workforce West Virginia.
WV Bureau for Behavioral Health and Health Facilities
WV Department of Education
WV KIDS COUNT FUND

Step Three: Analyze Data

As part of a one-day debriefing retreat with the Health Assessment Steering Committee that took place on, Kingery & Company presented primary and secondary data.

The Steering Committee focused on the top three heath issues identified, by discussing how Clay County HD could improve current programs, add programs or partner with other organizations to better meet the needs of Clay County residents. Committee members were then tasked with developing a plan of action that included identification of the greatest challenge and potential solutions for the each of the identified health issue. The plans of action conclude in this report.

Step Four: Take Action

The report is where it all comes together to tell the needs assessment story that captures the process, results, and action plans. The report that you are reading now provides a succinct record of the four step process: 1-Develop a plan; 2-Collect data; 3-Analyze results; and 4-Take action.

The final report was shared with the Health Assessment Steering Committee in advance of the public release. Steering Committee members were asked to share the report with other organizations and groups in an effort to mobilize community resources to address health needs beyond that of CCHD. Although CCHD spearheaded the needs assessment project, the organization considers the report as the 'community's report'. Results will be shared in a news release and electronic copies will be made available upon request. In addition, the report will be incorporated into the next CCHD strategic planning process.

CCHD PROFILE & SERVICES

The mission of the CCHD is to provide resources to prevent adverse health effects from disease outbreaks, unsafe food and water, environmental hazards, injuries, chronic diseases, and risky health behaviors; promote health; and protect people from health problems and hazards that already exist.

Currently CCHD offers the following programs:

- Clinical
  - General Health
  - Immunizations
  - Gynecological
  - Influenza
  - Tuberculosis
  - STD's
  - WIC
  - Right From The Start
  - Acute Care
  - Primary Care Services
- Environmental
  - The integrity of the food and water supplies
  - Neighborhood cleanliness
  - A hazard-free work place
  - And proper disposal of wastes
- Threat Preparedness and Disaster Family readiness

Local boards of health in West Virginia must provide the three areas of basic public health services described in the table below (West Virginia Code § 16-2-2(a)):

SERVICES INCLUDED	BASIC PUBLIC HEALTH SERVICES		
	Communicable and Reportable Disease Prevention and Control	Community Health Promotion	Environmental Health Protection
	• Disease Surveillance • Case Investigation and Follow Up • Outbreak Investigation • Response to Epidemics • Prevention and Control of Rabies • Sexually Transmitted Diseases • Vaccine Preventable Diseases • HIV/AIDS • Tuberculosis • Communicable and Reportable Diseases	• Assessing and Reporting Community Health Needs to Improve Health Status • Facilitating Community Partnerships—identifying the community's priority health needs • Mobilization of a Community Around Identified Priorities • Monitoring the Progress of Community Health Education Services	• Efforts to Protect the Community from Environmental Health Risks • Inspection of Housing, Institutions, Recreational Facilities, and Sewage and Wastewater Facilities • Inspection and Sampling of Drink Water Facilities • Response to Disease Outbreaks or Disasters

CCHD Service Divisions			
HEALTH SERVICES	**ENVIRONMENTAL**	**THREAT PREPAREDNESS**	**EPIDEMIOLOGY**
General Health and Wellness	Inspect Public Facilities including Waste and Sewage Systems	Family Readiness	Investigate Outbreaks
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Immunization	Animal Encounter Investigations		
Acute Care	Campground Inspections		
Primary Care			

Areas to Explore	Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data ** Data should not be compared with prior years	2018

Children and Teen Health Statistics

The following health information on children and teens was obtained from the WV KIDS COUNT annual data book.

Percent low birth-weight babies Rank 39			
	2005		**2015**
Clay County	8.6%		10.3%
West Virginia			9/4%

Infant Mortality Rate (per 1,000 live births) Rank 49			
	2005		**2015**
Clay County	2.9%		12.9%
West Virginia			7.2%

Child and Teen Death Rate (ages 1-19 per 100,000 children) Rank 39		
	2005	**2015**
Clay County	46.1%	46.7%
West Virginia		35.1%

*The rate reflects a broad array of factors. Accidents, primarily those involving motor vehicles, are the leading cause of death for children in the United States.

Teen Birth Rate (ages 15-19 per 1,000 females) Rank 24		
	2005	**2015**
Clay County	42.4%	35.6%
West Virginia		37.4%

(per 1,000 live births)

Percent births to mothers with less than a 12th grade education Rank 50		
County	**2005**	**2015**
Clay County	23.7%	20.7%
West Virginia		14.7%

BEHAVIORAL HEALTH:

The West Virginia Bureau of Behavioral Health and Health Facilities (BHHF) is the designated host agency for the State Epidemiological Outcomes Workgroup (SEOW), a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The SEOW was assembled to lead the statewide systematic process to gather, review, analyze, translate, and disseminate information about substance use and abuse and mental health in West Virginia. The following data has been developed based upon the most current and available data on substance use and its related consequences (Clay County Behavioral Health County Profile,).

Health Conditions 2012-2016

Indicator	Clay	Rank in WV *
Fair or poor health	32.7%	10
No health insurance (ages 18-64)	16.6%	29
No leisure exercise	37.9%	7
Obesity	36.6%	31
Diabetes	14.4%	27
Cardiovascular Disease	16.7%	11
Depression	24.3%	16
Cancer	9.0%	55
Current asthma	*6.5%	53
Arthritis	39.6%	29

Source: WV Department of Health and Human Resources, Health Statistics Center. (2018). West Virginia Behavioral Risk Factor Surveillance System Report, 2016.

Behavioral Risk Factors 2006-2010

Indicator	Clay	Rank in WV*
Cigarette smoking	26.5%	33
Smokeless tobacco use	15.2%	5
Binge drinking	*7.8%	42

*Source: WV Behavioral Risk Factor Survey, WV Bureau for Public Health, Health Statistics Center. *Ranking in WV is based on 36 geographic entities. Entities include 12 groups of counties and 24 stand-alone counties. Rankings based on prevalence; 1st highest rate and 36th lowest rate.*

Alcohol Use in the Past Month among Persons 12-20 Years, 2008-2010

Indicator	Region 5	West Virginia
Alcohol use	23.5%	23.4%
Binge drinking	16.4%	15.9%

DUI Arrests, 2010-2012

Indicator	2010	2011	2012
Clay DUI arrests	15	18	32
Clay rate per 10,000	16	19.2	34.4
WV DUI arrests	6,134	6,680	7,355
WV rate per 10,000	33.1	36.0	39.6

Tobacco Consequences: Mortality Rates per 100,000 population 2006-2010

Indicators	Clay	West Virginia	Rank*
Lung/Bronchus/Trachea Cancer	108.6	83.7	7
Chronic Obstructive Pulmonary Disease	91.9	76.7	12
Cardiovascular Disease	311.2	367.3	47

**1 being the highest rate, 55 being the lowest rate.*

Marijuana Use in the Past Month among Persons Aged 12 Years or Older, 2008-2010

Region 5	West Virginia
6.1%	5.8%

Many types of prescription drugs are abused. Currently there is a growing, deadly epidemic of prescription painkiller abuse in West Virginia and across the country. In the US, nearly three out of four prescription drug overdoses are caused by painkillers- also called Opioid Painkillers. More than 12 million people reported using prescription painkillers non-medically across the US in 2010, that is, using them without a prescription or for the feeling they cause. (County Behavioral Health County Profile, 2014

Drug Overdose Deaths 2001-2010

Year	# of Clay Deaths	Rate of Clay Deaths	# of WV Deaths	Rate of WV Deaths
2001-02	0	0	388	2.2
2003-04	*	*	599	3.3
2005-06	*	*	807	4.4

2007-08	*	*	961	5.2
2009-10	*	*	989	5.3

Source: WV Bureau for Public Health, Health Statistics Center
Note: Rates are number of death per 10,000
**Values based on 5 or fewer deaths are suppressed to protect the confidentiality of the person.*

Suicide is fatal, but it is 100% preventable. A history of depression or other mental illness can increase a person's risk for committing suicide. The National Violent Death Reporting System reported in a recent study that 1/3 of those who died by suicide tested positive of alcohol at the time of death.

2006-2010 Suicide Deaths per 100,000 population

	Clay	West Virginia	Rank*
Rate per 10,000	25.1	15.9	3

**1 being the highest rate, 55 being the lowest rate. Source: WV Bureau for Public Health, Health Statistics Center*

Step Three

Analyze Data

STEP THREE: Analyze Data

As part of a one-day debriefing retreat with the Health Assessment Steering Committee that took place on June 7th, 2018, Kingery & Company presented primary and secondary data.

The Steering Committee focused on the top three heath issues identified, by discussing how CCHD could improve current programs, add programs or partner with other organizations to better meet the needs of Clay County residents. Committee members were then tasked with developing a plan of action that included identification of the greatest challenges and potential solutions for the each of the identified health issue.

1. Tobacco use (smoking, chewing, or dipping)
2. Illegal drug/substance use
3. Prescription drug abuse
4. Overweight/obesity in adults

CCHD
ACTION PLAN

Issue #1: Tobacco Use (smoking, chewing or dipping)
Challenges: • Generations of tobacco users • Ease of access • Payment of cessation aids • Lack of interest of current tobacco users in cessations
Solutions: • Early childhood prevention activities • Promotion of free and low-cost cessation aids
CCHD Role: • Prevention activities for all ages • Collaborating with partners to increase access to cessation items
Issue #2: Illegal Drug/Substance Use
Challenges: • Lack of access to proper treatment • High incidences of mental health disorders and high unemployment rates • Lack of support from external agency • User's readiness to receive assistance

Solutions:

- Increase access to mental health and substance abuse treatment
- Increase job opportunities
- Increase access to family support networks
- Increase availability of recreational activities for youth
- Increased prosecution of drug dealers

CCHD Role:

- Prevention activities for all ages groups
- Collaborate with external agencies to increase access to mental health services
- Provide educational activities such as: naloxone administration training, proper disposable techniques for unwanted medications,

Issue #3: Prescription Drugs

Challenges:

- Ease of access
- Lack of treatment facilities

Solutions:

- Increase access to treatment
- Prosecution of person responsible for increased availability and drug dealers

HD ROLE:

- Provide education to local providers on proper opioid prescribing practices
- Provide prevention activities to all age group especially children
- Provide family support training including parent education on signs to look for in children with substance abuse
- Collaborate with local pharmacies on way to meet identified needs

Issue #4: Overweight/Obesity in Adults

Challenges:

- Limited health food choices
- Limited knowledge on healthy diet
- Limited access to physical activities

Solutions:

- Increase fresh produce options
- Increase access to physical activities
- Provide education on proper diet and nutritional intake

CCHD Role

- Provide education on proper diet and nutritional intake to all ages groups

- Promote community physical activities
- Promote local farmers markets and access to fresh produce

Step Four

Take Action

STEP FOUR: Take Action

A Community Health Assessment report explains the process, identifies the people involved, succinctly presents primary and secondary data, includes an analysis of the results and concludes with overall recommendations on how best Clay Health Department can meet the needs of Clay County. This report serves as the final written report.

The report is where it all comes together to tell the needs assessment story that captures the process, results and action plans. The report that you are reading now provides a succinct record of the four step process: 1-Develop a plan; 2-Collect data; 3-Analyze results; and 4-Take action.

The final report was shared with the Health Assessment Steering Committee in advance of the public release. Steering Committee members were asked to share the report with their own organizations and other groups in an effort mobilize community resources to address health needs beyond that of CCHD. Although CCHD spearheaded the needs assessment project, the agency considers the report the 'community's report'. Results will be shared in a news release and electronic copies will be made available upon request. In addition, the report will be incorporated into the next agency-wide strategic planning process.

APPENDIX A: CLAY COUNTY Health Assessment Survey

DEMOGRAPHICS

* 1. Your age:

- 12-17
- 18-30
- 31-45
- 46-65
- Over 65

* 2. Your gender:

- Male
- Female

* 3. Your ethnic background:

- White
- Black/African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Multi-Race (any 2 or more of the above)
- Other (please specify)

* 4. Employment Status:

- Full Time
- Part Time
- Disabled
- Student
- Retired
- Unemployed
- Homemaker

5. If employed, which of the following best describes your current occupation?

- Management Occupations
- Business and Financial Operations Occupations
- Computer and Mathematical Occupations
- Architecture and Engineering Occupations
- Life, Physical, and Social Science Occupations
- Community and Social Service Occupations
- Legal Occupations
- Education, Training, and Library Occupations
- Arts, Design, Entertainment, Sports, and Media Occupations
- Healthcare Practitioners and Technical Occupations
- Healthcare Support Occupations
- Protective Service Occupations
- Food Preparation and Serving Related Occupations
- Building and Grounds Cleaning and Maintenance Occupations
- Personal Care and Service Occupations
- Sales and Related Occupations
- Office and Administrative Support Occupations
- Farming, Fishing, and Forestry Occupations
- Construction and Extraction Occupations
- Installation, Maintenance, and Repair Occupations
- Production Occupations
- Transportation and Materials Moving Occupations
- Other (please specify)

* 6. Estimated Yearly HOUSEHOLD Income:

- ◯ Under $15,000
- ◯ $15,000 - $30,000
- ◯ $30,001 - $50,000
- ◯ Over $50,000
- ◯ Prefer not to answer
- ◯ I don't know how much my parents/guardians make

* 7. How many people does this income support?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ More than 5

* 8. Highest Level of Education You Completed:

- ◯ High School/GED
- ◯ Some College
- ◯ Associates Degree
- ◯ Bachelors Degree
- ◯ Masters Degree
- ◯ Doctorate

* 9. What county do you live?

- ◯ Braxton
- ◯ Clay
- ◯ Gilmer
- ◯ Nicholas
- ◯ Randolph
- ◯ Tucker
- ◯ Webster

* 10. Total number of years lived in your county?

- ◯ Under 1 year
- ◯ 1-10 years
- ◯ 10-25 years
- ◯ Over 25 years

* 11. Do you work in the county in which you live?

- ◯ Yes
- ◯ No

* 12. Do you have a regular doctor that you go to when you are sick?

- ◯ Yes
- ◯ No

* 13. Do you have health insurance?

- ◯ Yes
- ◯ No

* 14. If you have health insurance, what kind do you have? (Choose all that apply.)

- ☐ PEIA
- ☐ Private insurance that I bought for myself
- ☐ Private insurance through my employer/spouse employer
- ☐ Medicare
- ☐ Medicaid
- ☐ VA Healthcare
- ☐ Other (please specify)

* 15. In your opinion, are the following health issues a problem in the area where you live? (Select one answer for each.)

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
Heart Disease	○	○	○	○
Cancer	○	○	○	○
Stroke	○	○	○	○
Lung Disease (emphysema)	○	○	○	○
Diabetes	○	○	○	○
Unintentional injuries	○	○	○	○
Motor vehicle injuries	○	○	○	○
Alzheimer's disease	○	○	○	○
Pneumonia and influenza	○	○	○	○
Suicide	○	○	○	○
HIV/AIDS	○	○	○	○
Chronic liver disease	○	○	○	○
Dental problems	○	○	○	○
Infant deaths	○	○	○	○
Mental health problems including depression and anxiety	○	○	○	○
Post-Tramatic Stress Disorder	○	○	○	○
Asthma	○	○	○	○
Overweight/Obesity in Adults	○	○	○	○
Overweight/Obesity in Children	○	○	○	○
Sexually transmitted diseases	○	○	○	○
Teen pregnancy	○	○	○	○
Disease outbreaks, passed person to person	○	○	○	○
Regular physical activity or exercise	○	○	○	○

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
Eating habits/nutrition	○	○	○	○
Tobacco use (smoking, chewing, or dipping)	○	○	○	○
Alcohol abuse	○	○	○	○
Underage drinking	○	○	○	○
Binge drinking	○	○	○	○
Illegal drug use/substance abuse	○	○	○	○
Prescription drug abuse	○	○	○	○
Driving or riding in a car without using seatbelts	○	○	○	○
Drinking and driving	○	○	○	○

Other (please specify)

* 16. Is it a problem for you to find or use the following? (Select one answer for each.)

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
Education and job training for adults	○	○	○	○
Job opportunities	○	○	○	○
Public transportation	○	○	○	○
Recreation opportunities	○	○	○	○
Parks, green ways and sidewalks	○	○	○	○
Access to a doctor	○	○	○	○
Access to a dentist	○	○	○	○
Access to mental health care	○	○	○	○
Access to prescription medications	○	○	○	○
Private health insurance coverage	○	○	○	○
Doctors/dentists who accept Medicaid/Medicare	○	○	○	○
Doctors/dentists who see people without insurance	○	○	○	○
Affordable housing	○	○	○	○
Utilities assistance	○	○	○	○
Food assistance	○	○	○	○
Available quality foods (e.g. fresh fruits and vegetables)	○	○	○	○
Affordable child care	○	○	○	○
Available child care	○	○	○	○
Affordable elder care	○	○	○	○
Available elder care	○	○	○	○
Doctors/dentists who speak my language and understand my culture	○	○	○	○

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)	○	○	○	○

Other (please specify)

* 17. Of the topics listed below, please choose the most important MENTAL HEALTH issue for your community to address. (Please choose only one.)

- Depression
- Suicide
- Alcohol/Drug Use
- Post-Tramatic Stress Disorder

* 18. Of the topics listed below, please choose the most important ENVIRONMENTAL HEALTH issue for your community to address. (Please choose only one.)

- Food Safety
- Air Pollution
- Lead Poisoning
- Litter

* 19. Of the topics listed below, please choose the most important SAFETY issue for your community to address. (Please choose only one.)

- Drinking and Driving
- All-Terrain Vehicle Safety
- Illegal Drug Activity
- Gang Activity
- Crime
- Child Abuse / Domestic Violence
- Assault / Rape
- Internet safety
- Disaster Preparedness (Hurricane, hazardous materials incidents)
- 911 Emergency Services (fire, police, EMS)
- Safe Roads and Bridges

* 20. Of the topics listed below, please choose the most important ECONOMIC issue for your community to address. (Please choose only one.)

- Job Opportunities
- Public Transportation
- Affordable Housing
- Business or Industry Development
- Homelessness
- Rapid Population Growth
- Poverty
- Food, Housing, & Utility Assistance
- Alcohol/Drug Use

- Animal Control/Stray Animals
- Cleanliness and protection of rivers, strea
- Recycling
- Wastewater (sewage) Disposal
- Solid Waste Disposal

* 21. Of the topics listed below, please choose the most important EDUCATION issue for your community to address. (Please choose only one.)

- ◯ School Dropout Rate
- ◯ Children Prepared for Kindergarten
- ◯ Students Prepared for Higher Education or Employment
- ◯ Overcrowded Schools
- ◯ After school/Summer Programs
- ◯ Technical Job Training for Adults
- ◯ Affordable Higher Education for Adults
- ◯ Available Continuing Education and Learning Opportunities for Adults
- ◯ Adult Literacy

* 22. Have you ever been to or used a service of your local Health Department?

- ◯ Yes
- ◯ No

23. If you have been to or used a service of the Health Department, what service did you use? (Choose all that apply.)

- ☐ Communicable Disease, Surveillance and Investigation
- ☐ Community Health Promotion (participation in health fairs and other community events)
- ☐ Environmental Service (food service inspections, septic tank inspection & approval, water samples, retail food store inspections, milk samples, investigation of complaints, animal bites)
- ☐ Threat Preparedness and Disaster Response
- ☐ Immunizations (children and adults)
- ☐ HIV/AIDS Testing, Counseling, Treatment
- ☐ Tuberculin Skin Testing (contacts to TBC) Chest X-ray and Diagnostic Clinics
- ☐ Classes (or written test) for Foodhandlers, issue cards
- ☐ Family Planning Clinics (pap smears, referral for mammogram, supplies, treatment)
- ☐ Cancer Control Clinics for Women (same as above – age requirements)
- ☐ Wise Woman Program (follow-up on Hypertension and other heart related problems with women enrolled in CCP clinic)
- ☐ Women, Infants, and Children Program (WIC) breast feeding support, formula, juice, cereal, milk, for children up to age 5 and pregnant women (based on income and nutritional needs)

APPENDIX B: Resources

Centers for Disease Control and Prevention. *Data and Statistics: Overweight & Obesity*. Retreived April 2018 from: http://www.cdc.gov/obesity/data/index.html

County Health Rankings & Roadmaps. *Clay County Profile*. Retrieved March 2018 from http://www.countyhealthrankings.org/app/west-virginia/2018/overview
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