
MONROE COUNTY WEST VIRGINIA COMMUNITY NEEDS ASSESSMENT 2023-2024



Public Health
Prevent. Promote. Protect.

Monroe County Health Department

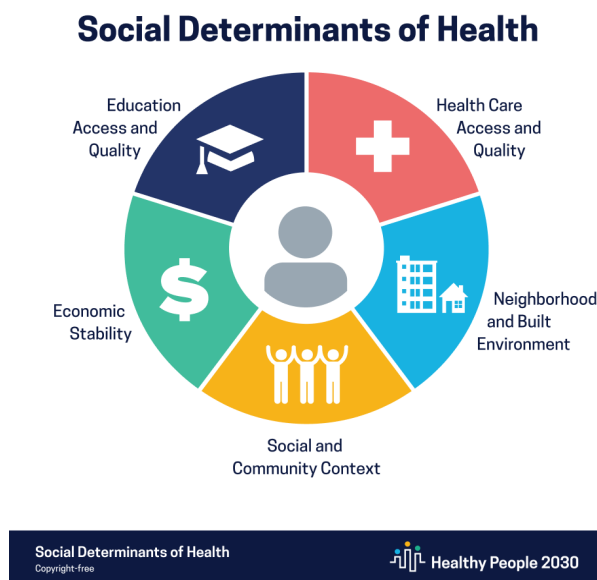
IN COLLABORATION WITH THE WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE CENTER FOR RURAL AND COMMUNITY
HEALTH
400 Lee Street North, Lewisburg, WV 24901

Executive Summary

Introduction

The 2023 – 2024 Monroe County Community Needs Assessment seeks to gather and analyze information to gain an understanding of the strengths, weaknesses opportunities, and challenges within a community. The goal of this assessment was to identify the point-in-time needs and priorities of Monroe County’s communities so that resources can be allocated effectively. Data gathered will be used to design service delivery to meet critical needs, engage in community partnerships to promote needed changes and continue to evaluate efforts for future profile revisions.

This assessment will discuss barriers and opportunities through the lens of social determinants of health (SDOH). SDOH are the conditions in which 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 (USDHHS OASH, 2023). SDOHs play a crucial role in determining an individual's overall well-being. The US Department of Health and Human Services (DHHS) Office of Disease Prevention and Health Promotion (OASH) addresses the impact of SDOH on health outcomes in Healthy People 2030.



Assessment Area

The communities explored in this assessment are those within the service area of the Monroe County Health Department.

Collaborations

The community needs assessment presented here results from a collaboration between the Center for Rural and Community Health at the West Virginia School of Osteopathic Medicine and the Monroe County Health Department with input from the following community partners:

Monroe County 911

Monroe County Office of Emergency Services

Monroe County Coalition for Children and Families (Family Resource Network)

Monroe Health Center

Monroe County Board of Education

Unicare Health Plan of West Virginia

Other community partners were invited to participate but were unable to attend, including Communities in Schools, Monroe County Commission, Monroe County Drug Court, and Monroe County Commission on Aging.

Data Sources

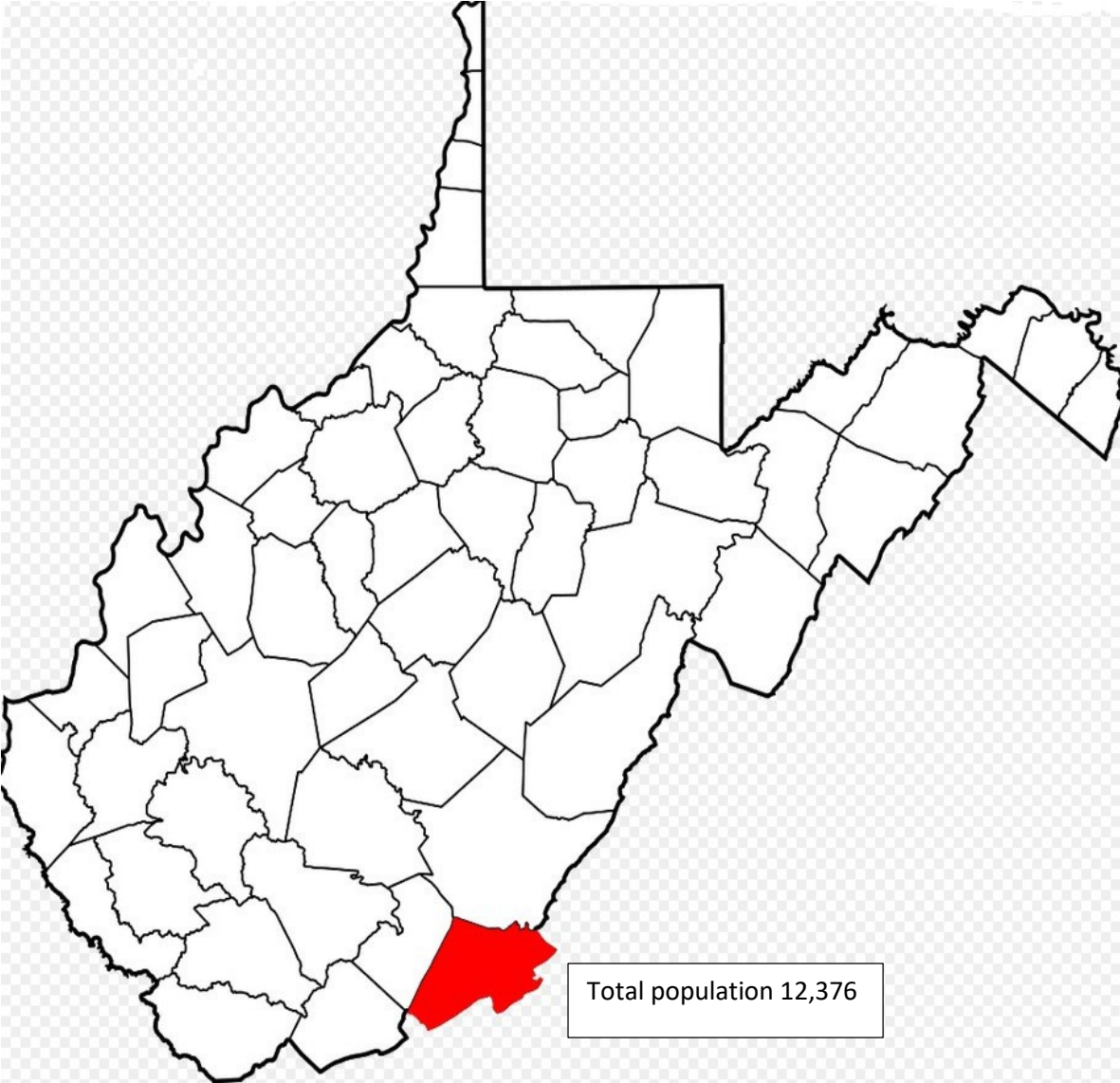
Numerous primary and secondary data sources were consulted for this assessment including:

- US Census Bureau
- US Health and Human Services Administration
- US Federal Reserve
- FRED Economic Data
- National Center for the Analysis of Healthcare Data
- National Rural Health Association

- Substance Abuse and Mental Health Services Administration
- The Robert Wood Johnson Foundation: County Health Rankings and Roadmaps
- West Virginia Bureau for Public Health
- West Virginia Department of Health and Human Resources
- West Virginia Rural Health Association
- Monroe County Health Department Customer Survey
- Monroe County Provider Survey
- Monroe County Community Partner Forum
- Community input results (e.g., community and provider surveys, and focus groups) were assessed as part of the final report.

All references were retrieved October – December, 2023.

Map 1: Monroe County, West Virginia



US Census Bureau, American Community Survey 2021

Profile of Monroe County

Critical Population Observations

Monroe County West Virginia is a county in the southeastern region of the state with 472.8 square miles of land area, making it the 20th largest county in West Virginia by total area. The total population of the county according to the 2020 Decennial Census was 12,376. 6,437 or 50.5 percent of the population is male and 5,894 or 49.5 percent is female. The population is 95.2 percent white and 1.1 percent Black or African American. 25.8 percent of the population is 65 years of age and over; 19.7 percent of the population is under the age of 18. 49.3 percent of the population is 19 to 64 years of age. 17.2 percent of the population is under the age of 65 with a diagnosed disability and 9.0 percent of the county is without health insurance coverage.

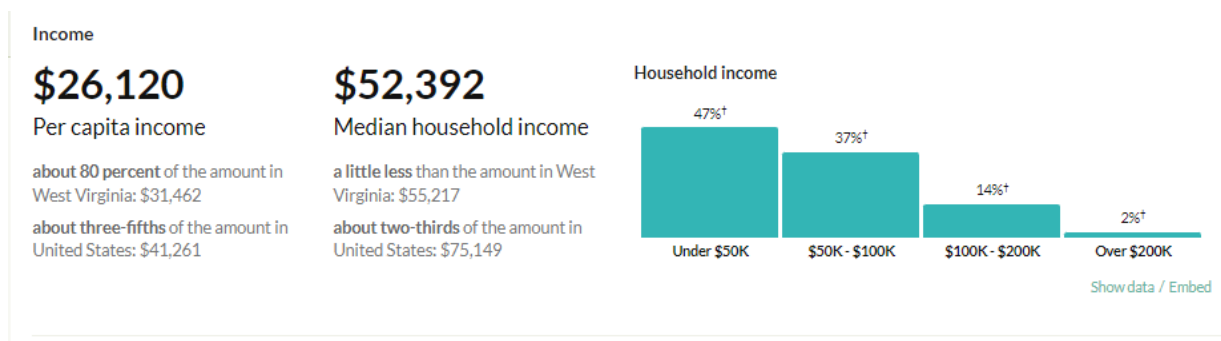
The presented population indicators give rise to certain concerns, namely:

- 17.2 percent of the population relies on disability income.
- 25.8 percent of the population is aged 65 years or older.
- 9.0 percent of the population lacks health insurance.
- Less than 50 percent of the population is in the current workforce which implies a higher tax burden on those who work.

The statistics collectively signal an escalating dependence on governmental expenditures for healthcare and infrastructure requirements and demands for families and/or friends to assume caretaking responsibilities for an aging population, which may not be met.

Income Data

The average household income for Monroe County in 2022 is \$52,392 which is 20 percent less than the average household income for West Virginia, and a per capita income of \$26,120.



14.4% of the population resides below the poverty line, which is a 1.9% increase from the previous year. According to the latest household data (January 2021), single-parent households constitute 42.55% of households with children (based on a 5-year estimate). Historically, the percentage of single-parent households peaked at 42.55% in January 2021 and hit a low of 17.8% in 2009. Notably, 17% of these single-parent households are led by single

females. Research suggests that households headed by single females face a higher risk of economic crisis compared to other household types with equivalent annual incomes. Additionally, 1713 individuals in Monroe County, WV, received SNAP benefits in the year 2021.

Poverty

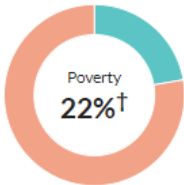
13.2%

Persons below poverty line

about 80 percent of the rate in West Virginia:
16.8%

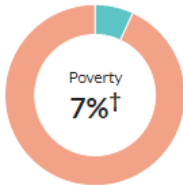
a little higher than the rate in United States: 12.5%

Children (Under 18)



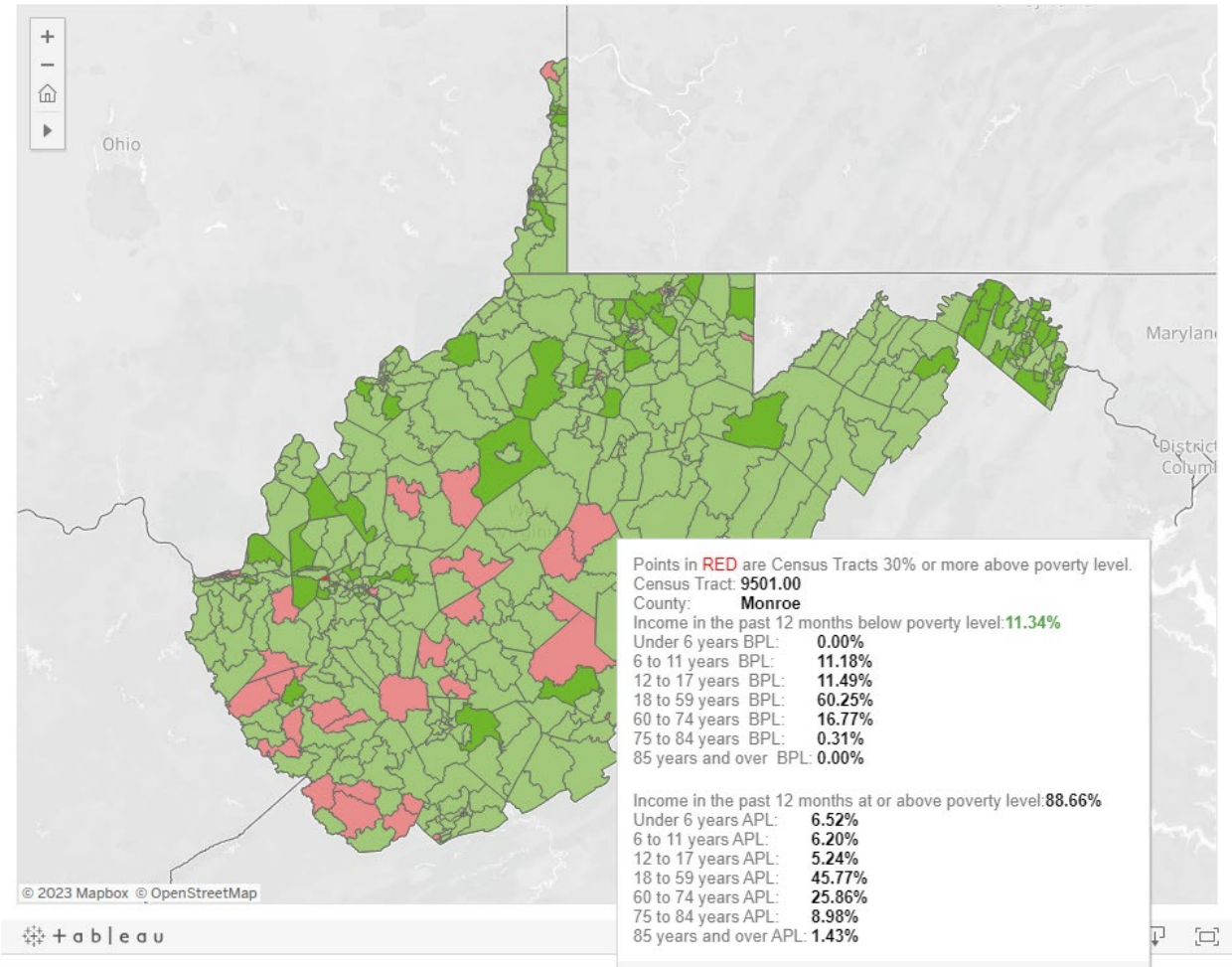
Poverty
Non-poverty

Seniors (65 and over)



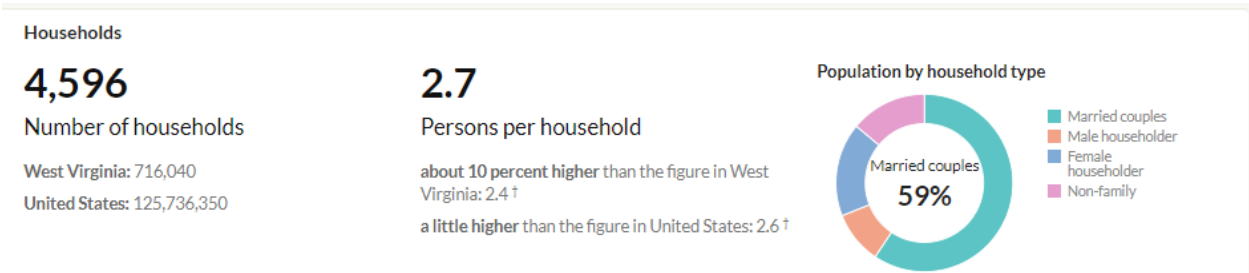
Poverty
Non-poverty

Poverty Level Percentages by Census Tracts - 2020 ACS Data.



Household Occupancy, Cost and Composition

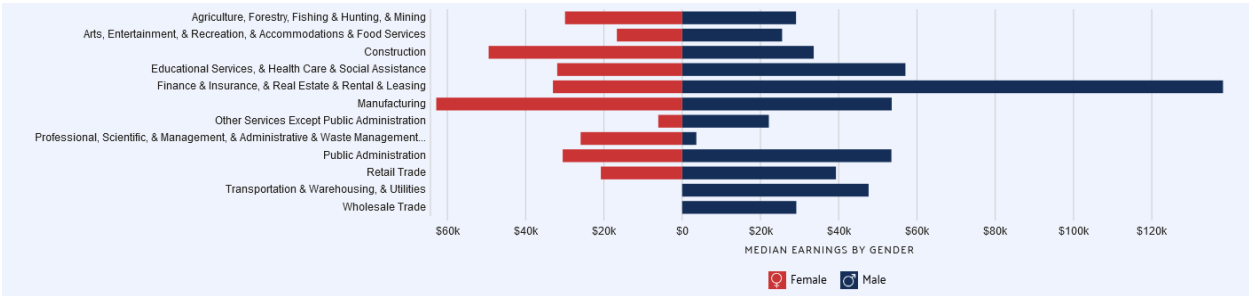
There are a total of 4596 households with an average of 2.7 individuals per household. 81.7 percent of individuals own their homes with an average mortgage cost for 2018 – 2022 of \$966.00 per month. Median gross rent for the period of 2018-2022 was \$658 per month.



Critical Economic Observations – Monroe County

In 2021, 4,061 individuals reported positive employment status. This is a decline from the previous year of -8.37 percent (538 individuals) but Monroe County has a lower unemployment rate than the national average.

Occupation Breakdown by Industry



US Census Bureau ACS 5-year Estimate

Employment by Major Industry

| 2021 Employment Data Monroe County West Virginia by | | | | |
|---|--|---------------------|---------|---------------------------------|
| | Current workforce percentage (Men and Women) | People in Workforce | Growth | Median Earnings (All Workforce) |
| Health Care & Social Assistance | 17.90% | 826 | -7.19% | \$85,455 |
| Manufacturing | 13.40% | 618 | -10.40% | \$116,396 |
| Construction | 13.40% | 615 | -12.40% | \$83,072 |
| Retail Trade | 10.00% | 461 | -17.70% | \$60,080 |
| Educational Services | 7.06% | 325 | -7.41% | \$95,495 |
| Agriculture, Forestry, Fishing & Hunting | 6.47% | 298 | 7.58% | \$57,961 |

| | | | | |
|--|-------|-----|---------|-----------|
| Accommodation & Food Services | 6.21% | 286 | 12.20% | \$18,838 |
| Professional, Scientific, & Technical Services | 6.10% | 281 | 37.10% | \$25,691 |
| Other Services, Except Public Administration | 5.51% | 254 | -17.50% | n/a |
| Public Administration | 3.30% | 152 | 0.00% | \$84,002 |
| Finance & Insurance | 2.41% | 111 | -28.40% | \$140,487 |
| Administrative Support & Waste Management Services | 2.11% | 97 | -9.35% | \$29,706 |
| Transportation & Warehouse | 1.95% | 90 | -38.40% | \$28,964 |
| Wholesale Trade | 1.52% | 70 | -23.9 | 29167 |
| Utilities | 0.96% | 44 | 2.33% | \$28,125 |
| Information | 0.74% | 34 | 17.20% | n/a |

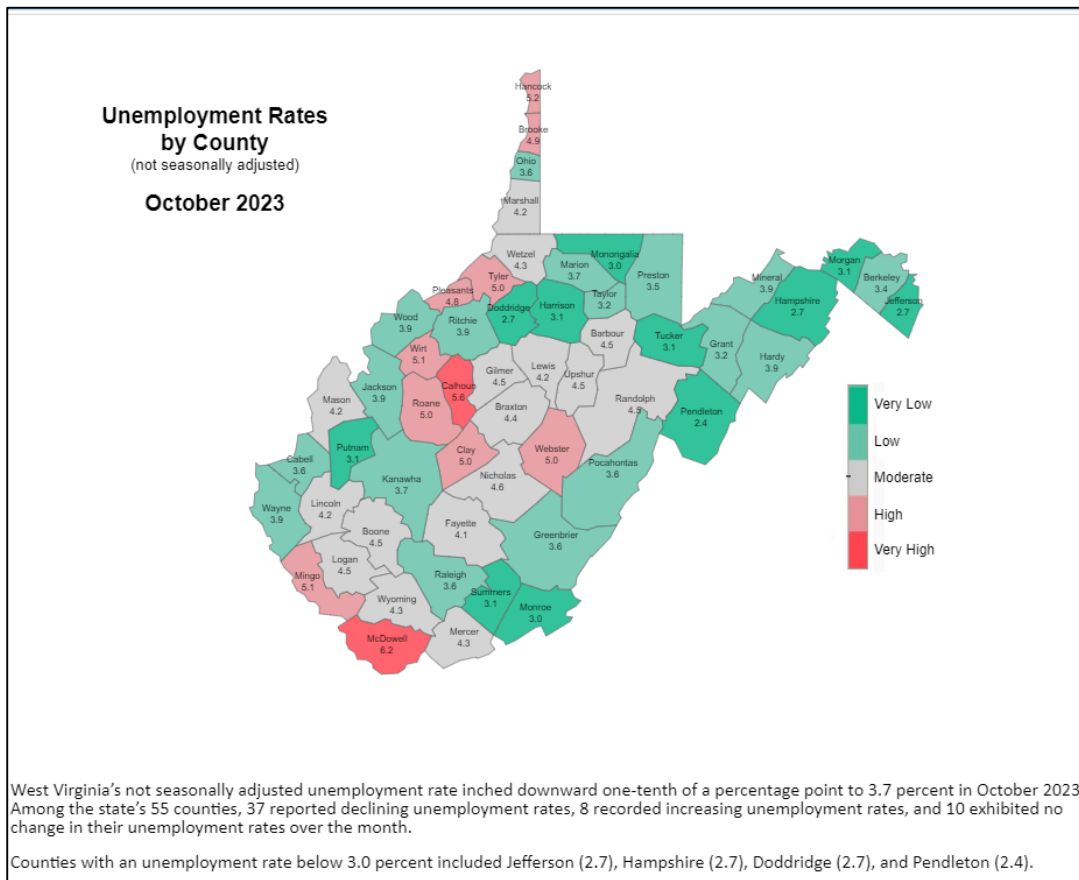
US Census Bureau ACS 5-year Estimate

The statistics indicate a decline in all top-paying industries in Monroe County for 2021. Employment declined at a rate of -8.37% from 5,003 to 4,061 employees from 2020 to 2021. The chart and related data track industry employment for individuals who live in Monroe County, WV. Some individuals may work outside of the county.

Unemployment Rates in Monroe County, WV compared to the United States

| Date | U.S. Unemployment Rates | Unemployment Rate in Monroe County, WV, Percent, Monthly, Not Seasonally Adjusted |
|------------|-------------------------|---|
| 2022-10-01 | 3.7 | 2.5 |
| 2022-11-01 | 3.6 | 2.5 |
| 2022-12-01 | 3.5 | 2.3 |
| 2023-01-01 | 3.4 | 3.1 |
| 2023-02-01 | 3.6 | 2.6 |
| 2023-03-01 | 3.5 | 2.6 |
| 2023-04-01 | 3.4 | 2.5 |
| 2023-05-01 | 3.7 | 2.5 |
| 2023-06-01 | 3.6 | 2.8 |
| 2023-07-01 | 3.5 | 2.9 |
| 2023-08-01 | 3.8 | 3.3 |
| 2023-09-01 | 3.8 | 2.9 |
| 2023-10-01 | 3.9 | 3.0 |

US Bureau of Labor Statistics



In 2022, unemployment rates in Monroe County were lower than in the United States but as noted above, less than 50 percent of the population participate in the current workforce.

Status of Children in Monroe County

Socioeconomic Status of Children

- WV KIDS COUNT reports that 1527 children were covered by WV Medicaid in 2022 and 1,539 in 2023.
- In 2023, children whose parents lack secure employment was 12.1%.
- In 2023, 26.5% of children live in poverty.
- In 2023, 19% of children live in households with a high housing cost burden.

Education

- 74.4 % of all fourth graders are not proficient in reading.
- 56% of all eighth graders are not proficient in Math.
- 1% of high school students are projected not to graduate on time in 2023.
- The overall graduation rate for Monroe County is 88%.

Birth Data

- 5.8% of all babies born in 2023 were considered low birth weight babies. This was down from 9% in 2022.

Family and Community Indicators

- 38.5% of all children in Monroe County live in single-parent homes.
- 5.3% of all Monroe County children live in families where the head of household lacks a high school diploma.
- 28.8 per 1,000 births are to teenagers 15 to 19 years old.
- 2021 data for abuse and neglect in Monroe County is 2.98954 per 1,000
- Food insecurities exist for 12% of Monroe County residents. This is equal to rates found in West Virginia and the United States.

Health Status Indicators

Health Outcomes

| Health Outcomes | | | |
|--|--------------------|---------------|---------------|
| Length of Life | Monroe (MO) County | West Virginia | United States |
| Premature Death  | 8,600 | 11,300 | 7,300 |
| In Monroe County, West Virginia, 8,600 years of life were lost to deaths of people under age 75, per 100,000 people. | | | |
| Definition: Years of potential life lost before age 75 per 100,000 population (age-adjusted). | | | |
| Error margin: Error margin: 6,700-10,400 | | | |
| Years of data used: 2018-2020 | | | |

The leading causes of death of individuals under the age of 75 years in Monroe County were as follows:

| Leading Causes of Death Under Age 75 | Deaths | Age-Adjusted Rate per 1,000 |
|--------------------------------------|--------|-----------------------------|
| Malignant Neoplasm | 59 | 91.3 |
| Diseases of heart | 38 | 64.3 |
| Accidents | 27 | 63.1 |
| Chronic lower respiratory diseases | 13 | Unreliable |
| Diabetes mellitus | 11 | Unreliable |

Quality of Life



In Monroe County, 20% of all adults reported that they consider themselves to be in fair to poor health. This is 8% higher than the national average but equal to all of West Virginia.

| Quality of Life | | | |
|---------------------------|-------------------|---------------|---------------|
| | Monroe County, WV | West Virginia | United States |
| Poor or Fair Health | 20% | 20% | 12% |
| Poor Physical Health Days | 4.5 | 4.4 | 3 |
| Poor Mental Health Days | 5.8 | 5.7 | 4.4 |
| Low Birthweight | 8% | 9% | 8% |

Additional Health Outcome Data

| Additional Health Outcomes (not included in overall ranking) | Monroe (MO) County | West Virginia | United States |
|--|--------------------|---------------|---------------|
| Life Expectancy | 76.5 | 74.3 | 78.5 |
| Premature Age-Adjusted Mortality | 430 | 530 | 360 |
| Child Mortality | | 60 | 50 |
| Infant Mortality | | 7 | 6 |
| Frequent Physical Distress | 14% | 14% | 9% |
| Frequent Mental Distress | 19% | 19% | 14% |
| Diabetes Prevalence | 12% | 13% | 9% |
| HIV Prevalence | 245 | 136 | 380 |

Health Factors

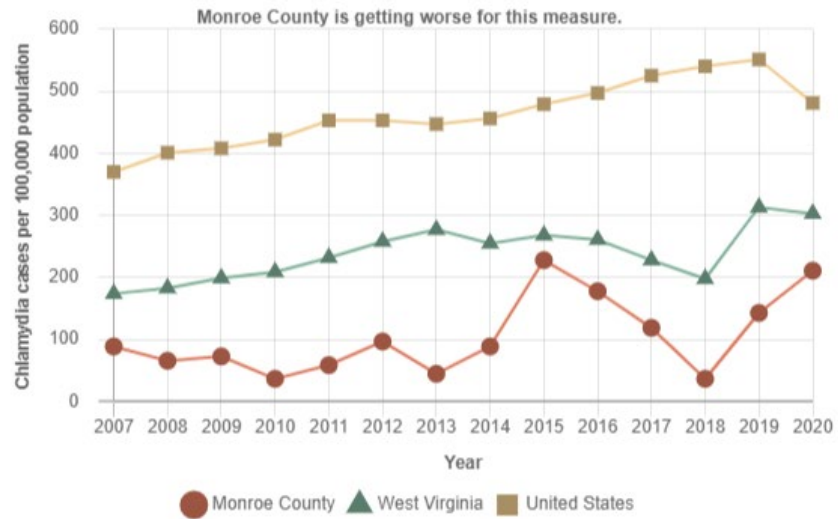
| Health Behaviors | Monroe (MO) County | West Virginia | United States |
|----------------------------------|---|---------------|---------------|
| Adult Smoking | 24% | 24% | 16% |
| Adult Obesity | 40% | 40% | 32% |
| Food Environment Index | 6.5 | 6.5 | 7.0 |
| Physical Inactivity | 29% | 27% | 22% |
| Access to Exercise Opportunities | 15% | 58% | 84% |
| Excessive Drinking | 13% | 14% | 19% |
| Alcohol-Impaired Driving Deaths |  23% | 26% | 27% |
| Sexually Transmitted Infections |  210.9 | 303.0 | 481.3 |
| Teen Births | 35 | 28 | 19 |

While life expectancy is 2.2 years higher than the West Virginia average of 74.3 years it is 2.0 years lower than life expectancy in the United States.

Other health factors affecting health outcomes in Monroe County include:

- 24% adult smoking rate which is 12% higher than rates found in the United States.
- 40% adult obesity rate.
- 29% physical inactivity rate.
- 15% report access to exercise opportunities. This is 43% lower than West Virginia averages and 69% lower than the United States average.
- 13% of adults report excessive drinking.
- Sexually transmitted infection rate is trending higher for Monroe County as of 2020.
- HIV rates were 245 cases versus 136 cases in West Virginia. This indicated that pre-exposure prophylactic (PrEP) medications are indicated.

Sexually Transmitted Infections in Monroe County, WV County, state and national trends



Notes:
Sexually transmitted infections should only be compared across states with caution.

Access to Care

| Clinical Care | | Monroe (MO) County | West Virginia | United States |
|----------------------------|--|--------------------|---------------|---------------|
| Uninsured | | 10% | 8% | 10% |
| Primary Care Physicians | | 2,650:1 | 1,270:1 | 1,310:1 |
| Dentists | | 6,170:1 | 1,710:1 | 1,380:1 |
| Mental Health Providers | | 1,540:1 | 620:1 | 340:1 |
| Preventable Hospital Stays | | 2,788 | 4,107 | 2,809 |
| Mammography Screening | | 37% | 36% | 37% |
| Flu Vaccinations | | 35% | 43% | 51% |

There is one primary care physician per 2,650 people in Monroe County for 2020. The West Virginia average is a ratio of 1,270:1 and the United States average is 1,310:1. This trend is reported to be worse over the long term but has improved in recent years.

The lack of mental health providers is also of concern with a ratio in 2022 of 1,540:1. This compares to West Virginia rates of 620:1 and a United States average of 340:1.

Preventable hospital stays for Monroe County is significantly better than the West Virginia average at 2,788 compared to 4,107.

There is a 6,170:1 ratio for dental providers in Monroe County compared to 1,710:1 for West Virginia and 1,380:1 in the United States.

Community Feedback

2023 Community Need Assessment Survey

A Community Needs Assessment survey was conducted in the fall of 2023. 50 individuals completed the 16 question survey.

Number of results returned: 50

Total number of records queried: 50

Where do you live? Enter your city and zip code in the space provided.

| Total Count (N) | Missing* |
|-----------------|----------|
| 50 | 0 (0.0%) |

| | |
|-----------------------|----|
| Caldwell | 1 |
| Alderson | 2 |
| Ballard | 2 |
| Beckley | 1 |
| Gap Mills | 2 |
| Glace | 1 |
| Greenville | 4 |
| Lewisburg | 1 |
| Lindside | 9 |
| Peterstown | 11 |
| Rich Creek | 1 |
| Sinks Grove | 3 |
| Union | 10 |
| Wayside | 1 |
| White Sulphur Springs | 1 |

What topics would you like to see more information or education about? Select three choices from the list below.

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 49 | 1 (2.0%) | 19 |

Counts/frequency:

Eating healthy (17, 34.7%),
 Exercising/physical fitness (21, 42.9%),
 Managing weight (24, 49.0%),
 Going to the doctor/dentist for yearly check-ups (2, 4.1%),
 Medical care while pregnant (3, 6.1%),
 The importance of disease prevention and screening. Examples would include immunizations, yearly exams and screening such as mammograms. (6, 12.2%),
 Safety topics (using child safety seats/seat belts, not texting and driving, how to give CPR, first aid, etc.) (4, 8.2%),
 How to quit smoking (5, 10.2%),
 Parenting skills (6, 12.2%),
 Caring for family members with special needs or disabilities (11, 22.4%),
 Preventing pregnancy or sexually transmitted infections (2, 4.1%),
 Substance abuse prevention (drugs and alcohol) (9, 18.4%),
 Substance abuse treatment and recovery resources or services (12, 24.5%),
 Suicide prevention (11, 22.4%),
 Stress or anger management (10, 20.4%),
 Basic life skills (5, 10.2%),
 Abuse/neglect (how to get help, community resources) (5, 10.2%),
 Crime prevention (5, 10.2%),
 Other (3, 6.1%)

If you selected "other" above, please explain.

| Total Count (N) | Missing* |
|-----------------|------------|
| 4 | 46 (92.0%) |

Caregiver classes or information for those caring for terminally ill patients.
 HIV Care
 Diabetes Education

Which three of the community issues below most affect the quality of life in Monroe County? Select three choices from the list below.

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 50 | 0 (0.0%) | 12 |

Counts/frequency:

Discrimination/racism (3, 6.0%),
Displaced youth (i.e. number of children in foster care) (11, 22.0%),
Domestic violence (18, 36.0%),
Dropping out of school (5, 10.0%),
Homelessness (3, 6.0%),
Hopelessness (14, 28.0%),
Lack of community support (12, 24.0%),
Lack of or inadequate health insurance coverage (10, 20.0%),
Low income/poverty (28, 56.0%),
Rape/sexual assault (0, 0.0%),
Substance misuse/abuse (drugs, alcohol) (35, 70.0%),
Crime/violence (6, 12.0%),
Other (3)

If you selected "other" in the question above, please explain below.

| Total Count (N) | Missing* |
|-----------------|------------|
| 4 | 46 (92.0%) |

Lack of cell service and poor internet.

Length of time it takes to get doctor appointments And/ or medical test that have been ordered by physician already. They say it will be within 2 weeks when you are lucky to get them within 4 to 6 weeks.

Aging population with inadequate care options.

Pre-teen and teen age pregnancies.

Do you have a primary care provider? This can be a physician, nurse practitioner, or physician assistant that you see for your health care needs.

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 50 | 0 (0.0%) | 2 |

Counts/frequency:

Yes (48, 96.0%), No (2, 4.0%)

If you answered "yes" to the question above, when was the last time you saw your primary care physician (PCP)?

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 49 | 1 (2.0%) | 5 |

Counts/frequency:

0-3 months ago (29, 59.2%),

4-6 months ago (14, 28.6%),

7-12 months ago (3, 6.1%),

One year or longer (1, 2.0%),

I only go when I am sick (2, 4.1%)

In the past 12 months, did you have a problem getting the care you needed for yourself or a family member?

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 49 | 1 (2.0%) | 2 |

Counts/frequency:

Yes (17, 34.7%), No (32, 65.3%)

If you answered yes to the question above, what type of health care did you have difficulty getting? Check all that apply.

| Total Count (N) | Missing* | Unique |
|-----------------|----------------------------|--------|
| 20 | 30 (60.0%) | 8 |

Counts/frequency:

Addiction/substance use (0, 0.0%),
Dental care (9, 45.0%),
Eye care (5, 25.0%),
General/family doctor (7, 35.0%),
Health care during pregnancy (0, 0.0%),
Mental health (4, 20.0%),
Pediatrician (0, 0.0%),
Pharmacy/prescriptions (2, 10.0%),
Specialist (4, 20.0%),
Urgent/emergency care (2, 10.0%),
Other (1, 5.0%)

If you selected "other" to the question above, please explain.

| Total Count (N) | Missing* |
|-----------------|----------------------------|
| 2 | 48 (96.0%) |

Appointments getting canceled and getting a new appointment!

Our pharmacy closed. Need more nearby pharmacies to service the population.

If you answered yes to the question #8, what prevented you from getting health care? Check all that apply.
(barrier)

| Total Count (N) | Missing* | Unique |
|-----------------|----------------------------|--------|
| 20 | 30 (60.0%) | 8 |

Counts/frequency:

No health insurance (2, 10.0%),
Insurance didn't cover what I needed (4, 20.0%),
The deductible or co-pay was too high (4, 20.0%),
My insurance was not accepted (4, 20.0%),
I did not have any transportation to get there (2, 10.0%),
I could not get an appointment (7, 35.0%),
The wait was too long (8, 40.0%),
Other (4, 20)

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 49 | 1 (2.0%) | 8 |

If you selected "other" to the question above, please explain in the text box below.

No dental insurance

Lack of specialists in the area (and surrounding areas) that are knowledgeable about my diagnosis

Inadequate/incomplete health care. No follow ups.

Was at Kilcollin dental in February 2022. They made an appointment for July to fix a tooth. In July they called and said they could not do it on the day of the appointment. Could not get another appointment. Got an appointment out of the area and got the tooth fixed.

What is your preferred method of communication to receive important information such as in case of emergencies, or special events? Please select one option below.

Counts/frequency:

Radio (1, 2.0%),
Social media (Facebook, Twitter) (30, 61.2%),
Television (5, 10.2%),
Website (3, 6.1%),
Word of mouth (1, 2.0%),
Local newspaper (2, 4.1%),
Flyers in centralized locations (post office, grocery stores) (1, 2.0%),
Other (6, 12.2%)

If you selected "other" above, please explain in text box below.

| Total Count (N) | Missing* |
|-----------------------|----------------------|
| 6 | <u>44</u> (88.0%) |

Text message

James Monroe Back to school fair

Text message

I came from a county that gave us emergency and important information via email, landline phone and text. This even included roadways that were blocked to boil water advisories.

Text messages

This is a real problem. Radio, Facebook, Twitter, television, websites, newspapers, and flyers do not work when there is no power! You will have to travel around the county and tell people on horseback. Our power grid is becoming more fragile every day!

Please use the space below to share anything additional you feel is important for community partners to know.

| Total Count (N) | Missing* |
|-----------------------|-------------------|
| 9 | <u>41</u> (82.0%) |

When specialized care is needed, it usually takes at least an hour or more travel time to see a specialist.

Transportation to physician visits to Blacksburg and We need a health department dentist!

Monroe County needs a fitness center

better announcements local events and true advertising for covid and other diseases outbreaks

need better and more substance abuse help in our area. maybe that would cut it down

I don't understand, the health centers and health departments in Monroe are 1 now? They don't make that clear. Also, I think I should be able to easily find out how much a service will be for me without the front desk getting snippy, no one wants to think they

are going to pay 5, then find out they have to pay much more. Figure it out and call me back when you have time I told her.

we need more for people living with hiv or diagnosed in Monroe County

It would be really nice to be able to go to the local clinic in Union. However unless an already established patient I cannot be seen. This has happened twice in past few years.

The hopelessness, low income/poverty is the deep top root of the substance abuse problem. The only way to solve the substance abuse problem is to kill the top root of hopelessness, low income/poverty! This means we need good industrial jobs. It is hard to have good industrial jobs because of the loud mouth green new deal anti-job Nazis. Poverty hustling poverty pimps/Marxist that fight anything that will create good jobs, like the Mountain Valley Pipeline! To you Green New Deal Marxists, the theory of human-induced global warming is not science because the research is based on a pre-ordained condition, huge bodies of evidence are ignored, and the analytical procedures are treated as evidence. "Alternative" energy systems such as wind and solar are environmentally disastrous. they cause loss of ecosystems, destruction of wildlife, sterilization of the land and inordinate costs that may not be retrieved during the life of the system. Furthermore, both wind and solar power are inefficient. They cant provide 24/7 base-load power and need backed up by coal fired electricity generating plants. In other words, solar does not produce any power at night, produces very little power on cloudy days when there are strong winds, the wind turbines lock-up and are frozen so they don't bear up. natural gas is also inefficient because it does not produce heat that coal does and natural gas can't be stored at the power plant like coal! Climate change catastrophism is the biggest scientific fraud that has ever occurred. Much climate "science" is a political ideology (Marxism) dressed up as science! Low cost energy is fundamental for employment, living in the modern world and for bringing the third world out of poverty! Without electricity, our modern lives come to a screeching halt, with serious life threatening consequences! Because of the fragile power grid, the schools need to be made into emergency shelters with large diesel generating units for times when there is no power. My work takes me many places! I have to travel! Green county, PA, has very little poverty because of the coal and natural gas industries! Green County is the home of the Bailey Mine complex at Enon, PA. The Bailey/Enlow Forks/Harvey mine complex is the largest underground coal mine in north America. This complex produces 26 million tons of coal per year! The Bailey and Harvey mines are in Greene county. The Bailey mine goes under Marshal county WV. The Enlow Forks mine is in Washington county. Greene county is also home of the Cumberland mine at Kirby, PA. This mine produces 5.5 million tons of coal per year. Waynesburg, PA now has smart sand, which supplies free sand to the natural gas industry. Smart sand gets unit trains of covered hoppers with frac sand. As a result of coal and natural gas, Greene County PA has a high standard of living! Monroe County, WV has a lot of nothing! The result is Monroe County has a very low standard of living with a lot

of poverty. This is the top root of the drug problem in Monroe County. Until Monroe County gets good industrial jobs, it will remain a poor county with a low standard of living with major drug problems and the crime that goes with the drug problem!

Monroe County Community Needs Assessment - Providers

A Needs Assessment was conducted with local healthcare providers. A total of 8 surveys were returned.

What is your title?

1. Psychologist provider
2. Family Nurse Practitioner
behavioral health provider FNP-BC,
Gap Provider Psychologist
3. physician
4. Therapist

How many years of experience do you have?

- | | |
|------------------------|--------------|
| 1. 12 years | 6. 40+ years |
| 2. 17 years | 7. 1.5 years |
| 3. 11 years | 8. 25 years |
| 4. 7 years | |
| 5. < less than 3 years | |

What is your specialty?

1. Behavioral health
2. Family Practice

In your opinion, what are the top three health concerns affecting our community? Physical Health –

- Diabetes, Chronic Pain, Addiction
- Mental Health – Depression, Anxiety,
- PTSD obesity cancer
- Diabetes, Drug Epidemic, Poverty
- lack of transportation, mental health, Substance use
- Trauma, diabetes/food insecurity
- Diabetes Heart Disease HTN
- Drug addiction Obesity Mental health
- Mental health, lifestyle (food choices, exercise opportunity, stress management, sleep, brushing teeth)

- Preventative care, poverty, mental health, lack of exercise
- Poverty, mental health, lack of education

Do you experience difficulty referring your patients to specialists?

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 8 | 0 (0.0%) | 1 |

Counts/frequency:

Yes (8, 100.0%),

No (0, 0.0%)

If you answered yes to the question above, please select all the reasons for the difficulties listed below.

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 8 | 0 (0.0%) | 5 |

Counts/frequency:

Excessive wait time for an appointment (7, 87.5%),

Specialist does not accept patient's insurance (6, 75.0%),

Travel distance is prohibitive for patient (7, 87.5%),

Patient does not keep appointments (4, 50.0%),

Other (1, 12.5%)

If you selected, "other" above, please use the space provided below to explain.

1. Limited providers. (example: finding a psychiatrist for a child/adolescent is very difficult.

How would you rate the community's access to healthcare services?

Counts/frequency:

Excellent (1, 12.5%)

Good (3, 37.5%),

Fair (4, 50.0%)

Poor (0, 0.0%)

Are there noticeable gaps in healthcare services or resources within the community?

1. yes - transportation is a big barrier leading to gaps in ability to seek out healthcare
 2. lack of specialists, lack of transportation, lack of coverage of medications
 3. Specialty placement for children experiencing severe behavior concerns.
 4. Rural communities have difficulty getting access to specialty services within a reasonable drive time to the appointment site.
 5. Yes
 6. no dentistry for Medicaid patients
 7. travel difficulties, especially for the elderly, to specialists
 8. very poor health literacy-
 9. knowledge of medications, healthcare terminology, basic self-care practices for simple injury, colds (apply ice, take motrin, etc.)
 10. cultural acceptance of practices such as not brushing teeth
 11. Too many to name
-

How important is social support in maintaining the well-being of community members?

1. extremely important, a good support system helps an individual bridge the gaps that would otherwise be a barrier to receiving treatment.
2. its important imperative
3. Possibly the most important aspect.
4. Social support is essential. Community involvement helps to motivate, encourage, and support people to make healthier lifestyles.
5. Moderate
6. very important. The way to change is by changing the culture of the community. Educating care givers, family members, etc. is the best way to care for patients as those are with our patients much more than we can be
7. Very important

To what extent do educational opportunities affect overall health of the community?

1. Many individuals do not have knowledge of services available to them and ways they can improve their health with support from the healthcare community. help educate public
2. they control the health of the community Education is shown to have some affect on

health.

3. Education level has been directly tied to health disparities. Providing extra food education opportunities in impoverished and rural communities can help to increase compliance and awareness of nutritional differences.
 4. Frequently
 5. most of those who really need the education will not go out of their way to get it. When the education comes to them, it may be more beneficial
 6. they affect it in any way at every level
-

How engaged do you feel the community is in promoting and maintaining good health practices?

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| 8 | 0 (0.0%) | 5 |

Counts/frequency:

Very engaged (1, 12.5%)
Somewhat engaged (1, 12.5%)
Neutral (3, 37.5%)
Not very engaged(2, 25.0%),
Not at all engaged (1, 12.5%)

What preventative health measures do you think could have the most significant impact on community health?

1. Normalizing seeking treatment for mental health, as well as access to dietician to guide decision making on nutrition and easy ways to modify food intake that will promote long term health.
 2. increased mental health services especially for addiction Suicide prevention and recognition programs such as assist.
 3. Healthy eating habits without shaming or making people feel like they are on a "diet".
 4. better food choices, brushing teeth, decreasing smoking, stress management, mental health teaching mental health skills in elementary school
-

Are there opportunities for collaborations between healthcare providers, community organizations, and other stakeholders to address health needs?

1. build a community YMCA or some type of health care activity opportunities are lacking
2. There is but these stakeholders tend to not work very well together.
3. Better access to healthy foods. Incentives to buy fresh foods rather than processed foods. Making fresh foods more affordable. Yes
4. I would love to see some work with the providers and local grocery stores, gas stations, etc to offer better food choices N/A

Do you believe Monroe County would benefit from a harm reduction program?

Counts/frequency:

Yes (6, 85.7%)

No (1, 14.3%)

If you answered, "no" to the question above, please explain.

1. Not at this time because community sentiment is negative towards harm reduction. Things that feel forced do not tend to work well. More education needs to be provided.

If you believe Monroe County would benefit from a Harm Reduction Program, which elements of a program would be most beneficial?

Counts/frequency:

Access to screening for infectious diseases (Hepatitis B, Hepatitis C, HIV, STDs) (7, 100.0%),

Access to vaccinations to prevent infectious disease (Hepatitis B, Hepatitis A) (6, 85.7%),

Access to a Peer Recovery Coach (7, 100.0%),

Access to Narcan (5, 71.4%),

Access to referral resources for recovery programs (7, 100.0%),

Access to clean needles (4, 57.1%),

Access to appropriate disposal methods for dirty needles (5, 71.4%),

Other (1, 14.3%)

If selected, "other" above, please explain.

Education programs that help distinguish between harm reduction programs and needle exchange programs. Often, they are viewed as interchangeable within the community.

Please share any additional comments, concerns or suggestions regarding community health that you think are important.

- No additional comments recorded.

Community Needs Assessment Forum

November 29th, 2023, at 1:00pm at the Monroe County Health Department

The Monroe County Health Department is required to complete a needs assessment every 3-5 years.

The health department focuses on health promotion, prevention, and education.

Health Department strengths:

- Provides service at the community level
- Social media presence
- Sanitation- (Have hired a full-time person for this)
- Great at handing out resources in the community
- People recognizing personnel in the community (Building trust within the community)

Things the health department does well:

- Great level of communication
- Emergency management
- When asked to do something, they always provide services
- Pre/post COVID

*Extra staffing has helped the H.D. and has helped improve outreach

Health Department issues:

- Lack of media
- Post COVID collaboration with partners needs strengthened again
- Reaching the audience that wants/ needs the help
- People not wanting the help
- Community doesn't know or understand the level of issues within the county
- Attendance at meetings (improving post-COVID response)
- Attendance at outreach/ events (improving post-COVID response)
- Organizations losing money from no attendance to meetings or outreach/ events
- Scheduling
- Transportation
- Staffing issues with other local organizations
- Staff turnover with other local organizations
- Other organizations not willing to accept help
- Not reaching a more diverse group of people

Monroe County major issues

- Transportation
- Low-income housing
- Drugs

Ways the Health Department shares information to residents:

- Social media (Facebook)
- Radio
- Newspaper
- Doing outreach/ engagement in the community
- Takes materials to share with other organizations

Possible solutions with transportation:

- Motive Care/ Uber
- Local organizations schedule a one-on-one meeting with the County Commissioners

Organizations that need the Health Department collaboration:

- HeadStart
- FRN
- School based centers

Local Monroe County meetings

TLC

- Meets monthly
- 25-30 people attend
- Agencies, organizations, and personnel in attendance
- Next meeting will be Monday December 4th, 2023, at 1:00pm at the Board of Education

Ministerial Outreach

- Meets monthly
- 3rd Friday of each month @ 10:00am. (location changes each month)
- 15 churches attend
- Can provide a list of all churches in the county
- Contact person: Lisa Jennings

Threat preparedness

- Meets quarterly

*Health Department is interested in a Community Health Fair in 2024

Key Areas of Opportunity

Access to Care

I. Promote telehealth opportunities –work with Monroe Health Center

To enhance healthcare accessibility and convenience, it is imperative to actively promote telehealth opportunities. Collaborating with Monroe Health Center represents a strategic partnership aimed at leveraging telehealth services to reach a broader audience by increasing access. By advocating for and facilitating the utilization of telehealth, individuals can benefit from remote medical consultations, virtual appointments, and telemedicine solutions offered by Monroe Health Department. This initiative not only embraces technological advancements in healthcare but also addresses the evolving needs of patients, ensuring that quality medical care is readily available, irrespective of geographical constraints. Together with Monroe Health Center, the promotion of telehealth opportunities emerges as a progressive step towards a more inclusive and patient-centric healthcare system.

II. Transportation

Addressing the current deficit in public transportation is a key priority for the Monroe Health Department with support from the Monroe County Commission. There is a need for Monroe County to financially commit to enhancing mobility and accessibility within the community. By acknowledging the existing gaps in public transportation services, the County Commission would be able to demonstrate a proactive approach to improving the overall transportation infrastructure. The introduction of innovative transportation solutions to meet the evolving needs of the residents would improve health outcomes and other deficiencies around transportation found in the county. Through these efforts, the County Commission could create a robust and efficient public transportation system, fostering connectivity and ensuring that transportation challenges are effectively tackled for the benefit of the community at large.

III. Community Health Fair

Plan and develop an annual community health fair with Monroe County Health Department partners. Community Health Fairs serve as a vital platform for educational outreach and health awareness. This initiative can be built around the current collaboration that Monroe Health Center has with West Virginia University Cancer Institute and their mobile mammogram unit, Bonnie's Bus. Bonnie's bus provides accessible mammogram services twice per year in two Monroe County locations, Union

and Peterstown. These types of events are instrumental in promoting preventive healthcare measures within the community. By organizing health fairs, the initiative aims to disseminate valuable information on various health-related topics, empowering individuals with knowledge about maintaining a healthy lifestyle. The inclusion of mammograms and other screening/testing underscores a commitment to health, facilitating early detection of cancers and other chronic conditions and encouraging proactive healthcare practices. Community members attending these events not only gain access to essential health screenings but also benefit from educational resources that empower them to make informed decisions about their well-being and provide information on available resources. Through the combination of educational outreach and the provision of tests and screenings, Monroe County Health Department through the Community Health Fairs will contribute significantly to fostering a culture of proactive health management and early detection within the community.

IV. Mobile unit

The necessity of a rural health department having access to a mobile unit is paramount in addressing the unique challenges faced by individuals in remote areas. In rural communities, geographical isolation often hinders residents from easily accessing healthcare facilities. A mobile health unit serves as a crucial solution, bringing medical services directly to individuals where they are. This approach is particularly vital for preventive care, health screenings, vaccinations, and outreach programs. The mobile unit becomes a lifeline for those who might otherwise face barriers in transportation or face long distances to reach a centralized health facility. By reaching individuals in their communities, a rural health department with a mobile unit not only improves healthcare accessibility but also establishes trust and rapport with the local population. It ensures that even in the remotest areas, residents receive timely and essential healthcare services, contributing to the overall well-being of the rural community.

Collaborative Partnerships

V. Monroe County Coalition for Children & Families (Family Resource Network)

The collaboration between the Monroe Health Department and the Family Resource Network (FRN) is of utmost importance in creating a comprehensive and holistic approach to community health. A family resource network is typically well-connected with local families and understands the unique needs and challenges they face. By partnering with the FRN, the health department gains valuable insights into the social determinants of health, family dynamics, and community-specific factors that influence well-being. This collaboration facilitates the development and implementation of targeted health initiatives that are culturally sensitive and tailored to the community's requirements. Additionally, the family resource network serves as a bridge between

healthcare providers and families, enhancing communication and trust. This synergistic relationship enables the health department to deliver more effective outreach programs, preventive services, and health education initiatives. Ultimately, the collaboration between the health department and a family resource network contributes significantly to fostering a healthier and more resilient community by addressing health disparities and promoting overall well-being. Other projects include healthy grand families program, monthly meetings for support and education, \$50 gift card to grocery stores to help individuals who may be food insecure obtain groceries, Community Baby Showers, Back-to-School Agency Fairs, food pantries, clothing/coat drives, hygiene kits for school.

VI. Volunteer Fire Departments and Emergency Medical Services

Volunteer Fire Departments and Emergency Medical Services are now and will continue to be a valued partner with the Monroe County Health Department. We will continue to explore opportunities for solutions to problems with the mobile unit/vans that need insurance coverage and change of ownership. Other areas of collaboration are as follows:

- **Emergency Response Planning:** The agencies can collaborate in developing and regularly updating emergency response plans. This includes coordinating protocols for disease outbreaks, natural disasters, and other public health emergencies.
- **Training and Education:** Joint training programs can be organized to enhance the skills of EMS and Fire Department personnel in managing health-related emergencies. This may involve training on infectious disease control, mass vaccination campaigns, and other public health interventions.
- **Public Health Outreach:** EMS and Fire Department personnel often have direct contact with the community. Collaborating with the local health department allows for the dissemination of public health information, promoting awareness, and educating the community on preventive measures.
- **Vaccination Clinics and Health Screenings:** In times of public health campaigns, such as vaccination drives or health screenings, EMS and Fire Department resources can be utilized to set up mobile clinics. This ensures that healthcare services are brought directly to the community, especially in underserved areas.
- **Data Sharing:** Collaborative efforts may involve sharing data and information on health trends and incidents. This helps in early detection of potential health threats and allows for a more proactive response.
- **Community Paramedicine Programs:** Some areas implement community

paramedicine programs where EMS personnel play a role in preventive healthcare. Collaboration with the local health department can enhance the effectiveness of such programs.

- **Resource Sharing:** In times of emergencies or increased demand for healthcare services, resource sharing agreements can be established to ensure that both EMS and the health department have the necessary personnel, equipment, and supplies.
- **Joint Exercises and Drills:** Conducting joint exercises and drills prepares all agencies for a coordinated response in real emergencies. This helps identify strengths, weaknesses, and areas for improvement in the response system.

VII. Unicare mobile unit – pilot project

Explore a pilot project with Unicare and their mobile units. This mobile unit, if equipped with medical facilities and personnel, can serve as a flexible and dynamic solution to reach underserved or remote communities. It brings healthcare directly to individuals where they live, work, or gather, overcoming barriers such as transportation challenges or geographical isolation. Mobile units are particularly valuable for offering preventive services, health screenings, vaccinations, and health education programs. This approach enhances accessibility, ensuring that a diverse range of populations can benefit from essential healthcare services. Whether deployed for community outreach, responding to public health emergencies, or addressing specific health concerns, the utilization of a mobile unit by a health department reflects a commitment to inclusivity and proactive healthcare delivery, ultimately contributing to the overall well-being of the community.

VIII. Community health promotion specialist through UniCare, WV.

The utilization of a health promotion specialist through UniCare of WV by the Monroe County Health Department offers several benefits for the community's health and well-being. Firstly, the specialist can leverage UniCare's resources and network to implement targeted health promotion initiatives tailored to the unique needs of Monroe County residents. This collaboration enhances the reach and effectiveness of health promotion programs, fostering a culture of preventive care and healthy living. Secondly, the specialist can work closely with UniCare to provide valuable health education and guidance, empowering individuals to make informed decisions about their health. This proactive approach not only improves health outcomes but also reduces the incidence of preventable diseases. Additionally, the partnership facilitates better coordination between the health department and a health insurance provider, ensuring seamless access to healthcare resources and services for the community. Ultimately, the utilization of a UniCare of WV health promotion specialist by the Monroe County Health Department strengthens the community's overall health infrastructure and contributes

to a healthier, more informed, and resilient population.

Collaborative Partnerships

1. Monroe Health Center & WVU Extension – FARMacy program to address food deserts, diabetes education, and food preparation.
2. Monroe County Council on Aging – working with local farmers to offer fresh produce when available, educational outreach, senior health fairs.
3. WVSOM – Searching grants available for potential programming, helping with community education and health promotion, as well as utilizing students when available.
4. Monroe County Coalition for Children and Families (FRN) – healthy grand families monthly meetings for support and education, \$50 gift card to grocery stores, community baby shower, food pantries.
5. FSC – Family Service Center- this is a new collaboration offering resources to families like food pantry, clothing, house equipment (supplies, appliances), and educational programs, both for adults and youth.
6. Drug Court – educational outreach with participants, women’s group meetings, and advisory board representation.
7. Emergency management- identifying and responding to emergency situations and solutions (flooding, storms, emergency preparedness), and identifying and securing needed resources.
8. Little League – CPR, concussion, NARCAN (Peterstown & Union).
9. Monroe County Library – Sanitarian provides food handlers classes through the adult education program.
10. Threat preparedness/Local Emergency Planning Committee (media, private businesses, community organizations) - identify threats to citizens of county and identify ways to mitigate.
11. Monroe County Schools- Kiddie Fair – annual child find for children 0 to 5 not in school system to do screenings – developmental, hearing, vision, immunization statuses. Vaping Taskforce. Teen Court.
12. Local fire and EMS – threat identification and emergency planning, training for responders.
13. Communities In Schools of Monroe County – explore future collaborations.
14. FRN - Point-in-time counts – Monroe Michelle Dalton, case worker
15. Teaming for Learning for the Community (TLC) – monthly meeting hosted by Monroe County Head Start Program. Serves as a contact point for numerous organizations to meet, highlight their programs/services, and networking opportunities.
16. WVU Extension – Be Wild, Be Wonderful, Be Healthy Initiative.

Focused Health Programs & strategic planning

Harm reduction:

The implementation of a harm reduction program is a pivotal step for the community's well-being, and the development of a formal program signifies a commitment to addressing substance use issues proactively. In this endeavor, there is a need to explore funding opportunities to ensure the sustainability and effectiveness of the harm reduction initiatives. Securing financial support can enable the program to expand its scope, offer comprehensive services, and reach a broader audience. Additionally, the utilization of a mobile unit can be integral to the success of the harm reduction program. A mobile unit provides flexibility in reaching marginalized or underserved populations, offering services such as needle exchange, overdose prevention education, and counseling directly to the community. This approach not only enhances accessibility to harm reduction services but also contributes to reducing the overall impact of substance use on individuals and the community at large. Through these combined efforts, the harm reduction program becomes a vital component of community health, fostering a compassionate and effective response to substance use issues.

Uninsured population and unhoused individuals

Catering to the healthcare needs of the uninsured population, particularly among transient individuals who are known as “couch surfers” and traditionally unhoused individuals, is a crucial mission for Monroe Health Center. Serving as a lifeline for those without stable housing, the health center plays a pivotal role in offering essential medical services and support to a vulnerable demographic. Recognizing the challenges faced by couch surfers and unhoused individuals, Monroe Health Center strives to ensure that individuals under the age of 18 have access to comprehensive healthcare services. A key focus is on facilitating their enrollment in healthcare coverage programs to guarantee continued access to medical care even after they age out. This proactive approach not only addresses immediate health concerns but also contributes to the long-term well-being of this marginalized population. By extending healthcare services and ensuring coverage continuity, Monroe Health Center becomes a beacon of support for individuals facing housing instability, promoting a more inclusive and compassionate healthcare system within the community.

Unmet Needs

HIV and HEP C focused testing

Presently, the Monroe Health Department faces a limitation in conducting rapid HIV and Hepatitis C testing independently. This testing necessitates state approval, a process that is hindered by the absence of a qualifying laboratory within the health department.

Consequently, the responsibility for conducting these crucial tests falls upon the Monroe Health Center. To address this issue, we recognize the importance of obtaining a Clinical Laboratory Improvement Amendments (CLIA) waiver, which would empower the health department to conduct these tests autonomously. Additionally, certain tests, such as those for tuberculosis and sexually transmitted infections, are outsourced to the Greenbrier County Health Department and Monroe Health Center, contributing to testing delays. Resolving these challenges is imperative for streamlining the testing process and ensuring timely access to essential healthcare services within the community.

Utilization of mobile van

Two vans were originally purchased by the Center for Threat Preparedness and assigned to regions with an understanding to eventually assign ownership to local health departments. The transfer of ownership and thus use is currently in limbo. This hampers programming for Monroe County Health Department.

Space Needs

Presently, there exists a need for additional space on the Health Department side of the building to facilitate the undertaking of essential projects, such as establishing an on-site laboratory and providing direct care to patients.

Updated radio equipment

The current state of radio communication for disasters is suboptimal, with equipment that is 15 years old or older and some rendered non-functional. To address this issue, there is an urgent need for new radios. Considering that Monroe County is expansive and experiences minimal cell coverage, effective communication becomes challenging, especially during emergency situations.

Summary

Monroe County Health Department has community trust and strong partnerships. While rural and with limited resources by most standards, Monroe County has many collaborative partnerships that share a common goal: increase access to information, services, and resources to empower our communities and residents. By focusing on the strengths of Monroe County, utilizing resources efficiently, and implementing a strong improvement plan, we can make small, daily impacts. The next step in the process is to utilize the data within this assessment to develop a Community Health Improvement Plan to address selected key areas.

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