



**Greenbrier Valley
Medical Center**

 **Vandalia Health**

2024 Community Health Needs Assessment *and* 2025-2027 Implementation Strategies

Approved by the CAMC Greenbrier Valley Medical Center Board of Trustees, December 16, 2024

The Community Benefit Report is made available to the public via the CAMC Health System website at www.camc.org and is available upon request from the hospital facility.

CAMC Greenbrier Valley Medical Center 2024 Community Health Needs Assessment and 2025 – 2027 Implementation Strategies

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

CAMC Greenbrier Valley Medical Center conducted its first community health needs assessment process utilizing data from the Greenbrier County Health Department (2023 Community Needs Assessment Forum), the Robert C. Byrd Clinic, Greenbrier Valley Medical Center and the Greenbrier County Health Department (2024 Community Health Forums), North Central West Virginia Community Action Association (2024 Community Needs Assessment), SparkMap data for Greenbrier County, United for ALICE Research Center, Workforce West Virginia, the West Virginia Department of Health and Human Resources (Office of Drug Control Policy Dashboards), and the West Virginia Board of Pharmacy. Key leaders, from the organizations listed below, in Greenbrier County identified and prioritized community health needs. Through CAMC Greenbrier Valley Medical Center's strategic planning process, the community health needs assessment and prioritized community health needs are used to set community health implementation strategies for CAMC Greenbrier Valley Medical Center.

The Greenbrier County needs assessment was coordinated using input from the following organizations:

- The United Way of Greenbrier Valley
- Greenbrier County Health Department
- CAMC Greenbrier Valley Medical Center
- Robert C. Byrd Clinic
- North Central West Virginia Community Action Association
- United for ALICE Research Center
- White Sulphur Springs Emergency Services
- Greenbrier County Homeland Security
- Greenbrier County Law Enforcement



The following information was reviewed for Greenbrier County. Unless otherwise noted, this data is from Spark Map (a product of CARES University of Missouri Extension) and the sources listed above.

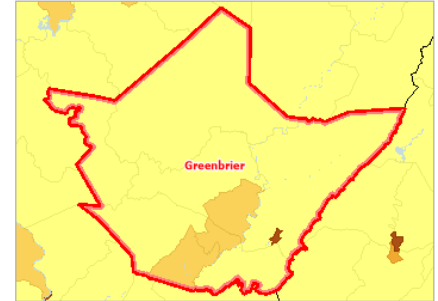
DEMOGRAPHICS FOR GREENBRIER COUNTY

Total Population

A total of 32,995 people live in the 1,019.82 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 32 persons per square mile, is less than the national average population density of 94 persons per square mile.

Total Population

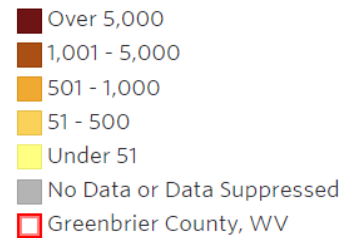
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (per Square Mile)
Greenbrier County	32,995	1,019.82	32
West Virginia	1,792,967	24,041.22	75
United States	331,097,593	3,533,269.34	94



Population, Density (Persons per Sq Mile) by Tract, ACS 2018-22

Total Population by Gender, Percent

Report Area	Male	Female	Male Percent	Female Percent
Greenbrier County	16,010	16,985	48.52%	51.48%
West Virginia	894,772	898,195	49.90%	50.10%
United States	164,200,298	166,897,295	49.59%	50.41%



Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Greenbrier County	5.31%	14.06%	6.67%	11.27%	11.28%	12.36%	15.46%	23.59%
West Virginia	5.04%	15.03%	9.02%	11.76%	12.00%	12.72%	14.00%	20.44%
United States	5.74%	16.37%	9.45%	13.71%	12.93%	12.41%	12.86%	16.53%

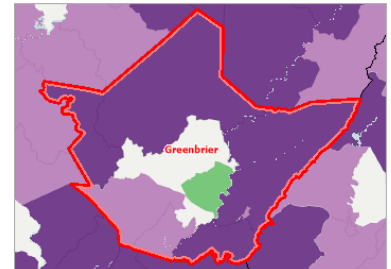
Total Population by Race Alone, Percent

Report Area	White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Greenbrier County	93.01%	2.09%	0.79%	0.20%	0.00%	0.37%	3.54%
West Virginia	91.43%	3.41%	0.76%	0.10%	0.04%	0.53%	3.73%
United States	65.88%	12.47%	5.77%	0.84%	0.19%	6.05%	8.80%

Change in Total Population

According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area fell by -2,503 persons, a change of -7.05%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change 2010-2020	Percent Population Change
Greenbrier County	35,480	32,977	-2,503	-7.05%
West Virginia	1,852,994	1,793,716	-59,278	-3.20%
United States	312,471,161	334,735,155	22,263,994	7.13%

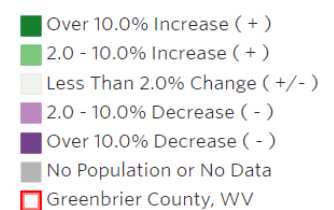


Population Change, Percent by Tract, US Census Bureau 2010 - 2020

Urban and Rural Population (2020) - Rural

Of the report areas, 57,440 population, 37,945 or 66.06% of the population is classified urban while 19,495 or 33.94% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Pop, Percent	Rural Pop, Percent
Greenbrier County	32,977	7,227	25,750	21.92%	78.08%
West Virginia	1,793,716	800,857	992,859	44.65%	55.35%
United States	331,449,281	265,149,027	66,300,254	80.00%	20.00%

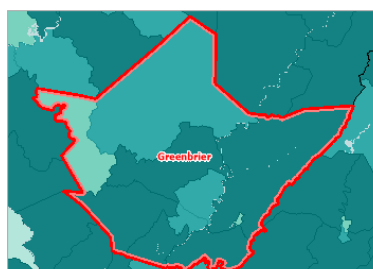


Report Area	Urban			Rural		
	Population Under Age 18	Population Age 18-64	Population Age 65+	Population Under Age 18	Population Age 18-64	Population Age 65+
Greenbrier County	21.05%	21.51%	23.80%	78.95%	78.49%	76.20%
West Virginia	45.15%	45.52%	42.32%	54.85%	54.48%	57.68%
United States	80.65%	81.09%	76.25%	19.35%	18.91%	23.75%

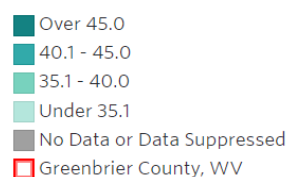
This indicator reports population median age based on the 5-year American Community Survey estimate.

Report Area	Total Population	Median Age	Median Income
Greenbrier County	32,995	46.6	\$45,519
West Virginia	1,792,967	42.6	\$55,217
United States	331,097,593	38.5	\$75,149

Data Source: US Census Bureau, American Community Survey. 2018-22



Median Age by Tract, ACS 2018-22



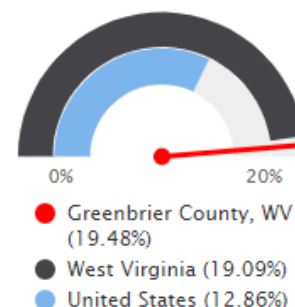
Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 32,407 for whom disability status has been determined, of which 6,313 or 19.48% have any disability. This indicator is relevant because disabled individuals may require targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Greenbrier County	32,407	6,313	19.48%
West Virginia	1,759,522	335,936	19.09%
United States	326,147,510	41,941,456	12.86%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Population with a Disability, Percent



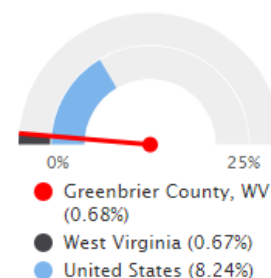
Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well." This indicator is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education.

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	% Population Age 5+ with Limited English Proficiency
Greenbrier County	31,243	211	0.68%
West Virginia	1,702,587	11,366	0.67%
United States	312,092,668	25,704,846	8.24%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Population Age 5+ with Limited English Proficiency, Percent



Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 26,604 population of the report area, 2,157 or 8.11% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Greenbrier County	26,604	2,157	8.11%
West Virginia	1,430,786	130,536	8.03%
United States	256,649,167	17,038,807	6.64%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Income and Economics

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

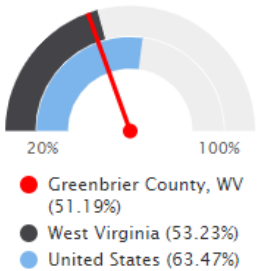
Employment-Labor Force Participation Rate

The table below displays the labor force participation rate for the report area. According to the 2018 – 2022 American Community Survey, of the 27,397 working age population, 14,025 are included in the labor force. The labor force participation rate is 51.19%.

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Greenbrier County	27,397	14,025	51.19%
West Virginia	1,476,838	786,112	53.23%
United States	266,411,973	169,093,585	63.47%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Labor Force Participation Rate



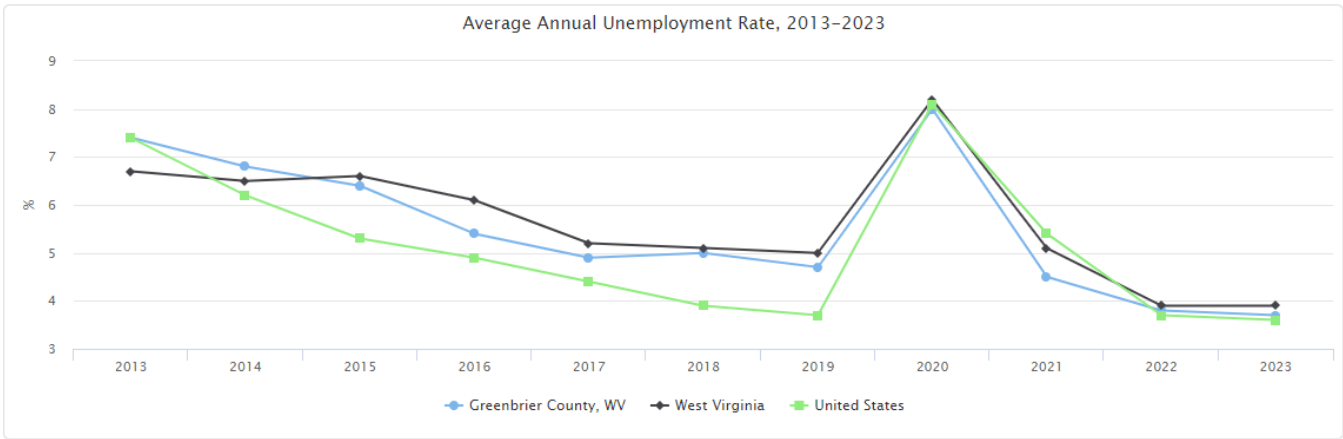
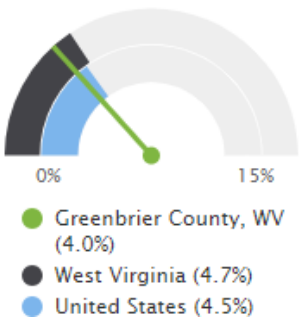
Employment-Unemployment Rate

Total unemployment in the report area for the current month equals 607, or 4.0% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Greenbrier County	15,119	14,512	607	4.0%
West Virginia	797,954	760,742	37,212	4.7%
United States	170,919,060	163,162,476	7,756,582	4.5%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2024 July.

Unemployment Rate: %

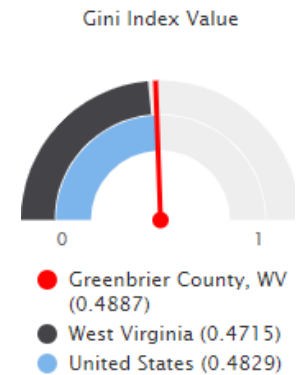


Income-Inequality (GINI Index)

This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.

Report Area	Total Households	Gini Index Value
Greenbrier County	14,724	0.4887
West Virginia	716,040	0.4715
United States	125,736,353	0.4829

Data Source: US Census Bureau, American Community Survey. 2018-22.

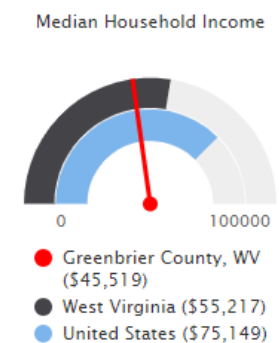


Income-Median Household Income

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. There are 14,724 households in the report area, with an average income of \$66,046.35 and a median income of \$45,519.

Report Area	Total Households	Average Household Income	Median Household Income
Greenbrier County	14,724	\$66,046.35	\$45,519
West Virginia	716,040	\$75,574.59	\$55,217
United States	125,736,353	\$105,833.04	\$75,149

Data Source: US Census Bureau, American Community Survey. 2018-22.

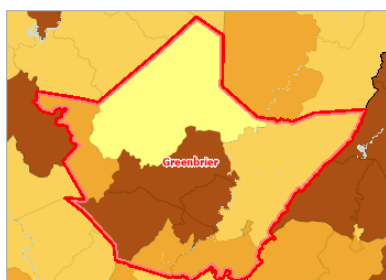
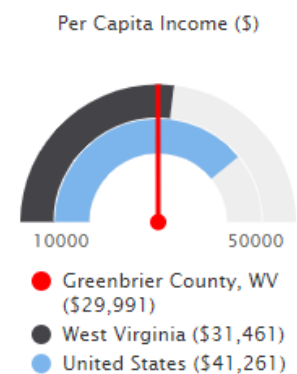


Income-Per Capita Income

The per capita income for the report area is \$29,991. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Greenbrier County	32,995	\$989,583,600	\$29,991
West Virginia	1,792,967	\$56,410,026,000	\$31,461
United States	331,097,593	\$13,661,572,219,300	\$41,261

Data Source: US Census Bureau, American Community Survey. 2018-22.



Per Capita Income by Tract, ACS 2018-22

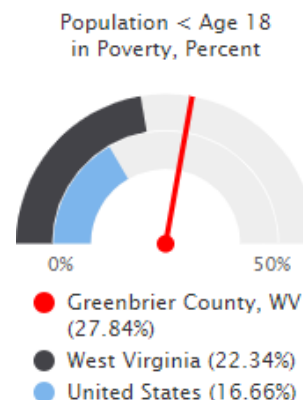
- Over \$30,000
- \$25,000 - \$30,000
- \$20,000 - \$24,999
- Under \$20,000
- No Data or Data Suppressed
- Greenbrier County, WV

Poverty-Children Below 100% FPL

In the report area 27.84% or 1,691 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Greenbrier County	32,140	6,074	1,691	27.84%
West Virginia	1,736,883	350,767	78,374	22.34%
United States	323,275,448	72,035,358	12,002,351	16.66%

Data Source: US Census Bureau, American Community Survey. 2018-22.

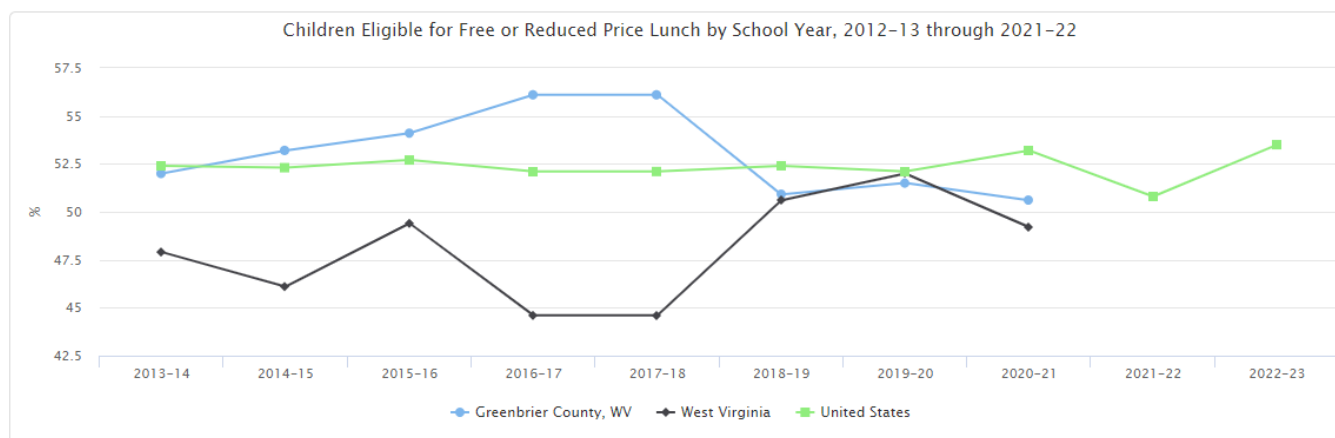


Children Eligible for Free/Reduced Price Lunch

This indicator reports the percentage of public school students eligible for free or reduced price lunches. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. The table below shows local, state, and national trends in student free and reduced lunch eligibility by percent.

Report Area	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Greenbrier County	52.0%	53.2%	54.1%	56.1%	56.1%	50.9%	51.5%	50.6%	No data	No data
West Virginia	47.9%	46.1%	49.4%	44.6%	44.6%	50.6%	52.0%	49.2%	No data	No data
United States	52.4%	52.3%	52.7%	52.1%	52.1%	52.4%	52.1%	53.2%	50.8%	53.5%

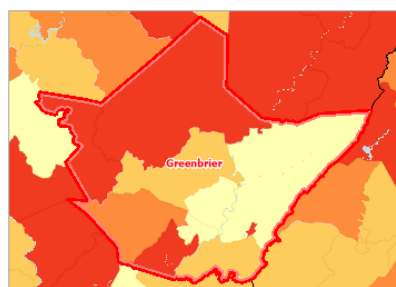
Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-23.



Poverty-Households in Poverty by Family Type

Report Area	Total Households	Households in Poverty	Non-Family Households in Poverty – Including Persons Living Alone	Married Couples in Poverty	Male Head of Household in Poverty	Female Head of Household in Poverty
Greenbrier County	8,468	2,618	1,4554	582	97	484
West Virginia	449,704	121,734	68,062	22,297	7,135	24,240
United States	81,432,908	15,616,265	8,465,098	2,666,469	783,254	3,701,444

Data Source: US Census Bureau, American Community Survey. 2018-22.



Married Family Households Living Below the Poverty Level, Percent by Tract, ACS 2018-22

- Over 9.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%
- No Married Families Reported
- No Data or Data Suppressed
- Greenbrier County, WV

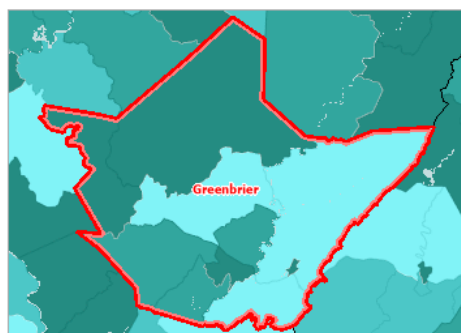
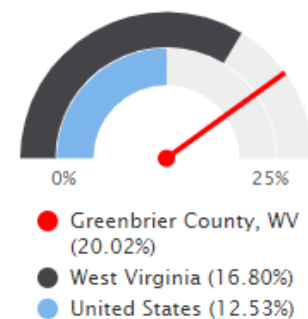
Poverty-Population Below 100% FPL

Poverty is considered a key driver of health status. Within the report area 20.02% or 6,434 individuals for whom poverty status is determined are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Greenbrier County	32,140	6,434	20.02%
West Virginia	1,736,883	291,860	16.80%
United States	323,275,448	40,521,584	12.53%

Data Source: US Census Bureau, American Community Survey. 2018-22.

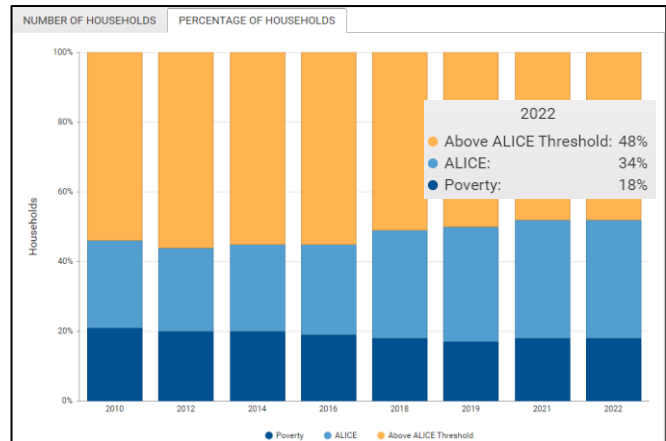
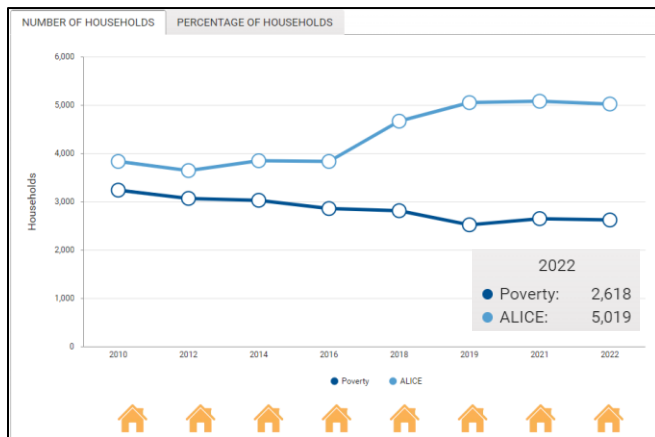
Population in Poverty, Percent



Population Below the Poverty Level, Percent by Tract, ACS 2018-22

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Greenbrier County, WV

ALICE households are Asset Limited, Income Constrained, Employed — earning more than the Federal Poverty Level, but not enough to afford the basics where they live. ALICE households and households in poverty are forced to make tough choices, such as deciding between quality child care or paying the rent — choices that have long-term consequences not only for their families, but for all.



Group	% Below ALICE Threshold	Group	% Below ALICE Threshold
Single or Cohabiting (no children)	52%	Under 25	83%
Married (no children)	33%	25 to 44 Years	57%
Single-Female-Headed (with children)	83%	45-64 Years	44%
Single-Male-Headed (with children)	60%	65 Years and Over	52%

The Cost of Basics Outpaces Wages

The Household Survival Budget reflects the minimum cost to live and work in the current economy and includes housing, child care, food, transportation, health care, technology, and taxes. It does not include savings for emergencies or future goals like college or retirement. In 2022, household costs in every county in West Virginia were well above the Federal Poverty Level of \$13,590 for a single adult and \$27,750 for a family of four.

Household Survival Budget, Greenbrier County, West Virginia, 2022								
Monthly Costs and Credits	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing - Rent	\$442	\$352	\$352	\$352	\$418	\$418	\$442	\$352
Housing - Utilities	\$163	\$258	\$258	\$258	\$310	\$310	\$163	\$258
Child Care	\$0	\$234	\$625	\$0	\$469	\$1,250	\$0	\$0
Food	\$428	\$725	\$651	\$784	\$1,319	\$1,165	\$395	\$724
Transportation	\$407	\$540	\$540	\$647	\$1,057	\$1,057	\$343	\$519
Health Care	\$183	\$407	\$407	\$407	\$713	\$713	\$528	\$1,057
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$171	\$260	\$292	\$256	\$440	\$503	\$196	\$303
Tax Payments	\$294	\$630	\$714	\$397	\$889	\$1,069	\$359	\$642
Tax Credits	\$0	(\$214)	(\$217)	\$0	(\$427)	(\$433)	\$0	\$0
Monthly Total	\$2,174	\$3,278	\$3,708	\$3,217	\$5,304	\$6,168	\$2,512	\$3,971
ANNUAL TOTAL	\$26,088	\$39,336	\$44,496	\$38,604	\$63,648	\$74,016	\$30,144	\$47,652
Hourly Wage	\$13.04	\$19.67	\$22.25	\$19.30	\$31.82	\$37.01	\$15.07	\$23.83

Education

This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

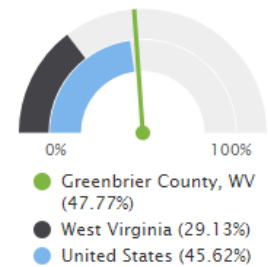
Access – Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Report Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percent
Greenbrier County	381	182	47.77%
West Virginia	35,381	10,306	29.13%
United States	7,958,841	3,631,021	45.62%

Data Source: US Census Bureau, *American Community Survey*. 2018-22.

Percentage of Population Age 3-4 Enrolled in School



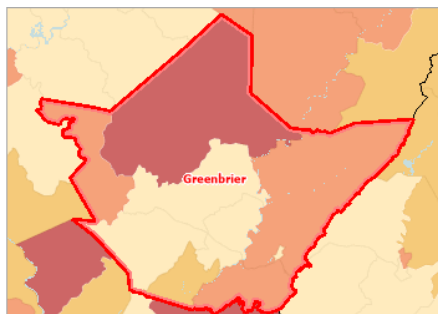
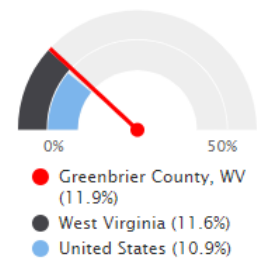
Attainment-Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old, and is an estimated average for the period from 2018 to 2022. For the selected area, 12.2% have at least a college bachelor's degree, while 40.9% stopped their formal educational attainment after high school.

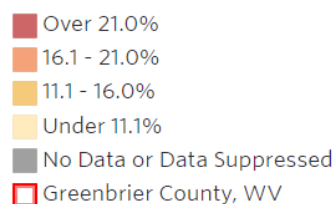
Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelor's Degree	Graduate or Professional Degree
Greenbrier County	11.9%	40.9%	18.0%	8.4%	12.2%	8.7%
West Virginia	11.6%	39.5%	18.2%	8.0%	13.5%	9.2%
United States	10.9%	26.4%	19.7%	8.7%	20.9%	13.4%

Data Source: US Census Bureau, *American Community Survey*. 2018-22.

Percent Population with No High School Diploma



Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2018-22



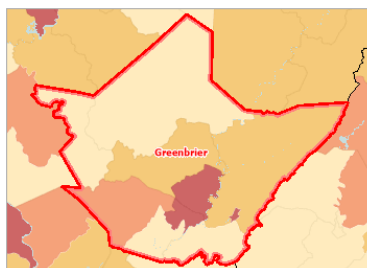
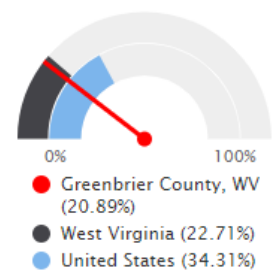
Attainment - Bachelor's Degree or Higher

20.89% of the population aged 25 and older, or 5,099 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

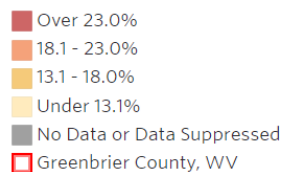
Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Greenbrier County	24,403	5,099	20.89%
West Virginia	1,271,529	288,779	22.71%
United States	226,600,992	77,751,347	34.31%

Data Source: US Census Bureau, *American Community Survey*. 2018-22.

Population Age 25+ with Bachelor's Degree or Higher, Percent



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2018-22



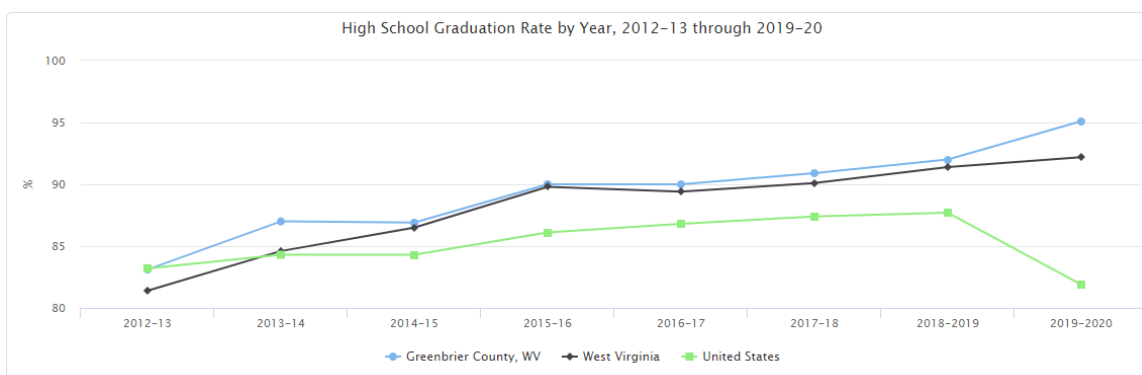
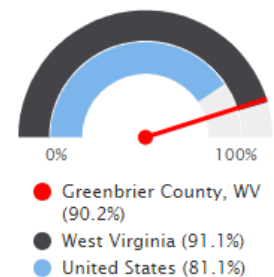
Attainment-High School Graduation Rate

The adjusted cohort graduation rate (ACGR) is a graduation metric that follows a “cohort” of first-time 9th graders in a particular school year, and adjusts this number by adding any students who transfer into the cohort after 9th grade and subtracting any students who transfer out, emigrate to another country, or pass away. The ACGR is the percentage of the students in this cohort who graduate within four years. In the report area, the adjusted cohort graduation rate was 90.2% during the most recently reported school year. Students in the report area performed worse than the state, which had an ACGR of 91.1%.

Report Area	Adjusted Student Cohort	Number of Diplomas Issued	Cohort Graduation Rate
Greenbrier County	315	284	90.2%
West Virginia	18,199	16,582	91.1%
United States	3,448,175	2,795,415	81.1%

Data Source: US Department of Education, *EDFacts*. Additional data analysis by *CARES*. 2020-21.

Adjusted Cohort Graduation Rate



Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like homeownership rates and housing prices are key for economic analysis.

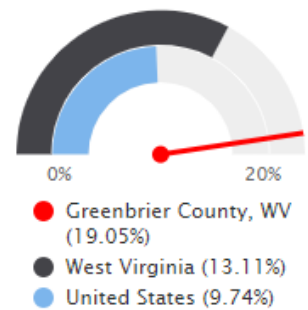
Housing Units – Overview (2020)

This indicator reports the total number of housing units and their occupancy status in the report area. Data are obtained from the U.S. Census Bureau Decennial Census 2020. Of all the 17,807 housing units in the report area, 14,414 or 80.95% are occupied and 3,393 or 19.05% are vacant.

Report Area	Total Housing Units	Occupied, Total	Vacant, Total	Occupied, Percent	Vacant, Percent
Greenbrier County	17,807	14,414	3,393	80.95%	19.05%
West Virginia	855,635	743,442	112,193	86.89%	13.11%
United States	140,498,736	126,817,580	13,681,156	90.26%	9.74%

Data Source: US Census Bureau, Decennial Census 2020.

Percentage of Housing Units Vacant

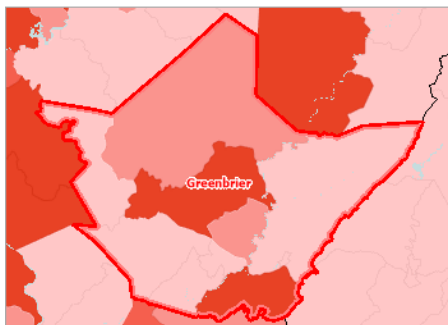


Households and Families - Overview

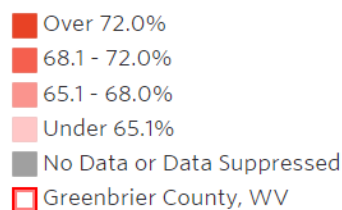
This indicator reports the total number and percentage of households by composition (married couple family, nonfamily, etc.). According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption*. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Households	Family Households	Family Households, Percent	Non-Family Households	Non-Family Households, Percent
Greenbrier County	14,724	8,468	57.51%	6,256	42.49%
West Virginia	716,040	449,704	62.80%	266,336	37.20%
United States	125,736,353	81,432,908	64.76%	44,303,445	35.24%

Data Source: US Census Bureau, American Community Survey. 2018-22.



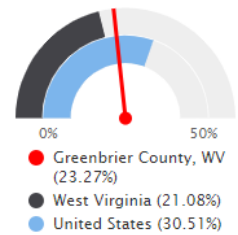
Family Households, Percent by Tract, ACS 2018-22



Housing Costs-Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 14,724 total households in the report area, 3,427 or 23.27% of the population live in cost burdened households.

Percentage of Households where Housing Costs Exceed 30% of Income



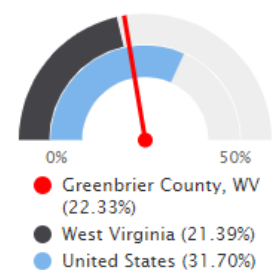
Report Area	Total Households	Cost Burdened Households (Housing Costs Exceed 30% of Income)	% of Cost Burdened Households (Over 30% of Income)
Greenbrier County	14,724	3,427	23.27%
West Virginia	716,040	150,906	21.08%
United States	125,736,353	38,363,931	30.51%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Housing Quality-Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. Of the 14,724 total occupied housing units in the report area, 3,288 or 22.33% have one or more substandard conditions.

Occupied Housing Units with One or More Substandard Conditions, Percent



Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Greenbrier County	14,724	3,288	22.33%
West Virginia	716,040	153,186	21.39%
United States	125,736,353	39,858,044	31.70%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

This indicator reports the percentage of total occupied housing units by number of substandard conditions.

Report Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Greenbrier County	77.67%	21.94%	0.39%	0.00%
West Virginia	78.61%	20.61%	0.78%	0.00%
United States	68.30%	29.31%	1.78%	0.01%

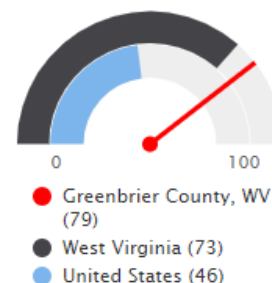
Other Social & Economic Factors

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Area Deprivation Index

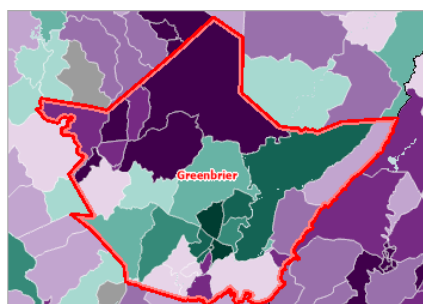
This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Area Deprivation Index Score (National Percentile)

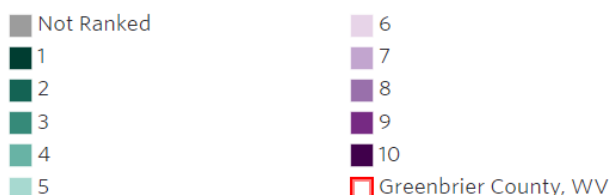


Report Area	Total Population	State Percentile	National Percentile
Greenbrier County	32,977	57	79
West Virginia	1,793,716	50	73
United States	331,129,211	51	46

Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2022.



Area Deprivation Index (2020), State Decile by Block Group, UW_ADI 2022



Population Percentages by Tiered Area Deprivation Index

This indicator reports the population percentages for four types of neighborhoods (least disadvantaged, most disadvantaged, and two middle groups) based on tiered Area Deprivation Index (ADI national percentile) for all the block groups in the selected area.

Report Area	Least Disadvantaged	Moderately Disadvantaged	Highly Disadvantaged	Most Disadvantaged
Greenbrier County	0.00%	3.86%	27.73%	68.41%
West Virginia	0.56%	9.90%	30.34%	59.20%
United States	27.23%	27.91%	24.52%	20.34%

Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas 2022.

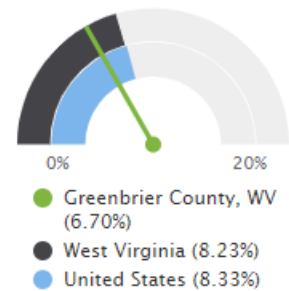
Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. Of the 14,724 total households in the report area, 987 or 6.70% are without a motor vehicle.

Report Area	Total Occupied Households	Households with No Motor Vehicle	% Households with No Motor Vehicle
Greenbrier County	14,724	987	6.70%
West Virginia	716,040	58,902	8.23%
United States	125,736,353	10,474,870	8.33%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Percentage of Households with No Motor Vehicle



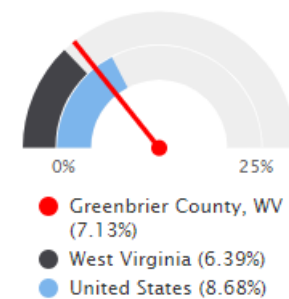
Insurance – Uninsured Population (ACS)

The lack of health insurance is considered a key driver of health status. In the report area 7.13% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 6.39%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
Greenbrier County	32,407	2,311	7.13%
West Virginia	1,759,522	112,496	6.39%
United States	326,147,510	28,315,092	8.68%

Data Source: US Census Bureau, American Community Survey. 2018-22.

Uninsured Population, Percent



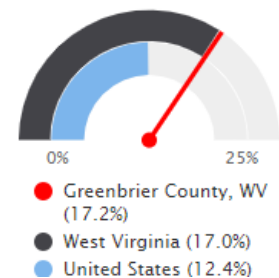
SNAP Benefits-Population Receiving SNAP

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Greenbrier County	32,977	5,657	17.2%
West Virginia	1,793,716	305,371	17.0%
United States	331,449,281	41,030,381	12.4%

Data Source: US Census Bureau, *Small Area Income & Poverty Estimates*. 2021.

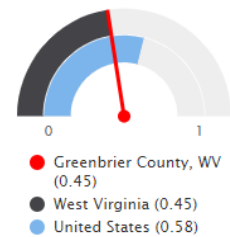
Percentage of Total Population Receiving SNAP Benefits



Social Vulnerability Index (SoVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.45, which is less than the state average of 0.45.

Social Vulnerability Index Score



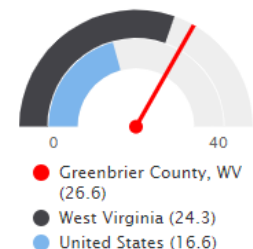
Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Greenbrier County	32,995	0.58	0.35	0.22	0.45	0.45
West Virginia	1,807,426	0.51	0.37	0.23	0.57	0.45
United States	326,569,308	0.54	0.48	0.71	0.62	0.58

Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, [CDC GRASP](#). 2020.

Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2016-2022) and are used for the 2024 County Health Rankings. In the report area, of the 6,094 total female population age 15-19, the teen birth rate is 26.6 per 1,000, which is greater than the state's teen birth rate of 24.3.

Teen Birth Rate Per 1,000 Female Population, Ages 15-19



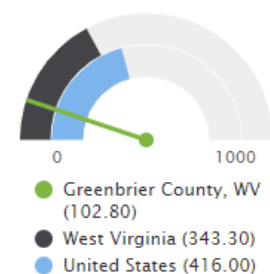
Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Greenbrier County	6,094	26.6
West Virginia	362,458	24.3
United States	72,648,322	16.6

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [County Health Rankings](#). 2016-22.

Violent Crime - Total

Violent crime includes homicide, rape, robbery, and aggravated assault. Within the report area, the 2015-2017 three-year total of reported violent crimes was 113, which equates to an annual rate of 102.80 crimes per 100,000 people, lower than the statewide rate of 343.30.

Violent Crime Rate (Per 100,000 Pop.)



Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Greenbrier County	36,628	113	102.80
West Virginia	1,842,012	18,973	343.30
United States	366,886,849	4,579,031	416.00

Data Source: Federal Bureau of Investigation, [FBI Uniform Crime Reports](#). Additional analysis by the [National Archive of Criminal Justice Data](#). Accessed via the [Inter-university Consortium for Political and Social Research](#). 2015-17.

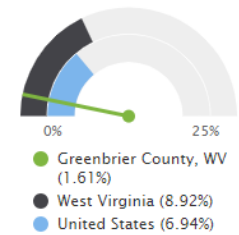
Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 1,367 between the ages, of which 22 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Greenbrier County	1,367	22	1.61%
West Virginia	91,618	8,174	8.92%
United States	17,571,402	1,220,306	6.94%

Data Source: US Census Bureau, *American Community Survey*. 2018-22.

Population Age 16-19 Not in School and Not Employed, Percent



Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

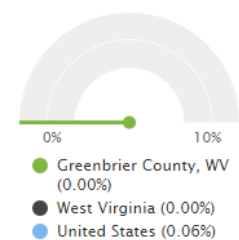
Air & Water Quality – Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
Greenbrier County	35,480	6.90	0.00	0.00%	0.00%
West Virginia	1,852,994	7.62	0.00	0.00%	0.00%
United States	308,464,901	8.64	0.00	0.06%	0.06%

Data Source: Centers for Disease Control and Prevention, *National Environmental Public Health Tracking Network*. 2019.

Percentage of Days Exceeding Standards, Pop. Adjusted Average



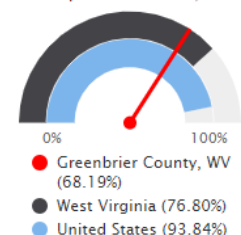
Built Environment-Broadband Access

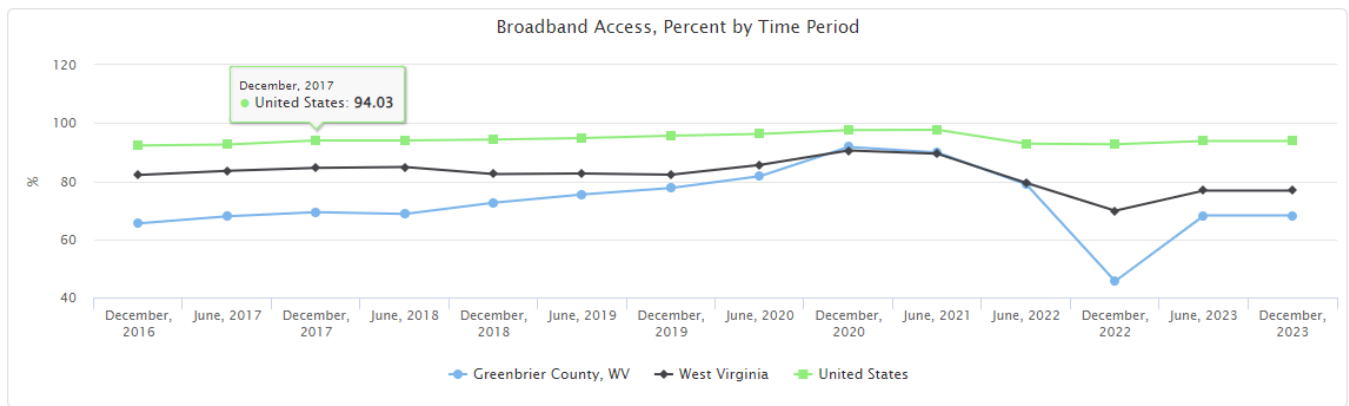
This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. These data represent both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Report Area	Total Number Broadband Serviceable Locations	Access to DL Speeds >= 25MBPS and UL Speeds >= 3MBPS	Access to DL Speeds >= 100MBPS and UL Speeds >=10MBPS
Greenbrier County	20,135	68.19%	60.40%
West Virginia	906,872	76.80%	73.62%
United States	115,342,228	93.84%	91.20%

Data Source: FCC FABRIC Data. Additional data analysis by CARES. December 2023

Percentage of Population with Access to Broadband Internet (DL Speeds > 25MBPS)





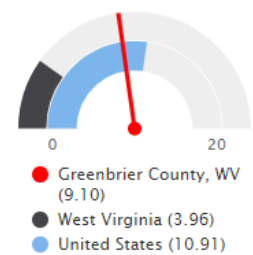
Built Environment-Liquor Stores

There are 3 establishments in the report area primarily engaged in retailing packaged alcoholic beverages, such as ale, beer, wine, and liquor. The number of liquor stores per 100,000 population provides a measure of environmental influences on dietary behaviors and the accessibility of healthy foods. Note this data excludes establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 10,000 Population
Greenbrier County	32,977	3	9.10
West Virginia	1,793,716	71	3.96
United States	331,449,275	36,173	10.91

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2022

Liquor Stores, Rate per 100,000 Population



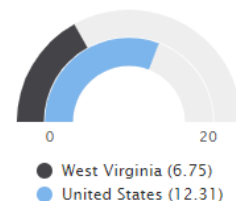
Built Environment-Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 10,000 Population
Greenbrier County	32,977	Suppressed	Suppressed
West Virginia	1,793,716	123	6.86
United States	266,610,714	39,359	14.76

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2021

Recreation and Fitness Facilities, Rate per 100,000 Population



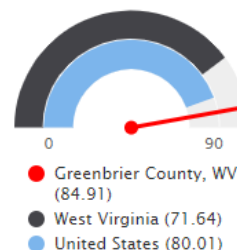
Food Environment-Fast Food Restaurants

This indicator reports the number of fast food restaurants per 100,000 population. The prevalence of fast food restaurants provides a measure of both access to healthy food and environmental influences on dietary behaviors. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 10,000 Population
Greenbrier County	32,977	28	84.91
West Virginia	1,793,716	1,285	71.64
United States	331,449,275	265,275	80.01

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2022

Fast Food Restaurants, Rate per 100,000 Population



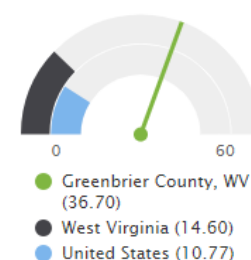
Food Environment-SNAP-Authorized Food Stores

This indicator reports the number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits. The report area contains a total of 59 SNAP-authorized retailers with a rate of 36.70.

Report Area	Total Population (2020)	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 10,000 Population
Greenbrier County	16,076	59	36.70
West Virginia	1,466,236	2,140	14.60
United States	236,977,224	262,606	10.77

Data Source: US Department of Agriculture, Food and Nutrition Service, *USDA - SNAP Retailer Locator*. Additional data analysis by CARES, 2024.

SNAP-Authorized Retailers, Rate (Per 10,000 Population)



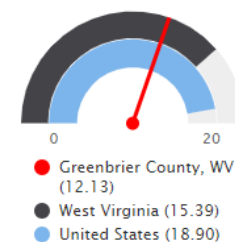
Food Environment-Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. There are 4 grocery establishments in the report area, a rate of 12.13 per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Greenbrier County	32,977	4	12.13
West Virginia	1,793,716	276	15.39
United States	331,449,275	62,647	18.90

Data Source: US Census Bureau, *County Business Patterns*. Additional data analysis by CARES, 2022.

Grocery Stores, Rate per 100,000 Population



Greenbrier County Top Employers

1. Greenbrier Hotel Corporation, DBA
2. Greenbrier County Board of Education
3. CAMC Greenbrier Valley Medical Center Inc.
4. Greenbrier VMC, LLC, TA
5. West Virginia School of Osteopathic Medicine
6. Wal-Mart Associates Inc.
7. West Virginia Department of Highways
8. Rainelle Medical Center Inc.
9. WVNH EMP LLC
10. H2 HOLDCO Inc.

Greenbrier County Schools

Elementary Schools

- Alderson
- Crichton
- Frankford
- Lewisburg
- Rainelle
- Ronceverte
- Rupert
- Smoot
- White Sulphur

Middle Schools

- Eastern Greenbrier
- Western Greenbrier

High Schools

- Greenbrier East
- Greenbrier West

District - Greenbrier - School Year 2022 - 2023

Elementary Schools Enrollment	9 2,213	Middle Schools Enrollment	2 996	High Schools Enrollment	2 1,414	Total Schools Enrollment	14 4,652
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1 Alternative School(s) with enrollment of 29 included in District Totals

[State](#) / [District Summary](#)

Greenbrier



District Information

	Total Enrollment (October FY23)	4,652
	Total Enrollment - Full Academic Year (FY23)	4,100
	Attendance Rate (FY23)	89.36 %
	Graduation Rate - 4 Year Cohort	88.15 %
	Graduation Rate - 5 Year Cohort	90.79 %
\$	Per Pupil School Level Expenditures - Federal \$	\$2,291.25
\$	Per Pupil School Level Expenditures - State/Local \$	\$8,740.96
\$	Per Pupil District Level Expenditures - Federal \$	\$867.21
\$	Per Pupil District Level Expenditures - State/Local \$	\$4,435.08
\$	Per Pupil Expenditures - Total \$	\$16,334.50
	Per Pupil Expenditures reflect unaudited FY2023 financial data	

Greenbrier County Public Safety

The mission of the Greenbrier County Homeland Security & Emergency Management Agency and the 911 Center is to maintain a high level of emergency and disaster preparedness, to protect the citizens of Greenbrier County, to mitigate loss of life and assets prior to and during a disaster and in the following disaster aftermath, and to facilitate the recovery of our communities in the mid-term and long-term intervals following a disaster.



Our 911 Center is a "life-line" to our citizens, as well as to our first responders and other public service organizations. The Greenbrier County Homeland Security & Emergency Management Agency (GCHSEMA) has the responsibility of coordinating all of the county's emergency response plans. GCHSEMA's responsibilities include identifying potential vulnerabilities, effectively mitigating disasters, conducting public education programs, responding to all-hazardous and emergency situations, and to ensure continuity of government and government business during emergencies and disasters, while facilitating an effective recovery. GCHSEMA coordinates with local, state and federal agencies, as well as private entities, to develop, maintain, and implement the Emergency Operations Plans for Greenbrier County.

The GCHSEMA is committed to supporting and managing the county's Emergency Operations Center (EOC) and the 911 Center is fully operational 24-hours a day and 365 days a year to serve the citizens of Greenbrier County and to fulfill our agency's public safety mission

The mission of Greenbrier County Emergency Communications Center is to serve as the critical link between our citizens and public safety providers with the highest level of integrity. We are dedicated to supporting all public safety departments in their quest of protecting life, saving property and assisting the public. Our standard is excellence and our model of success is TEAMWORK. Greenbrier County Emergency Communications Center is responsible for the uninterrupted flow of information in the area of emergency communication. We are committed to maximize effective and efficient public service, while respecting the diversity of our community and recognizing our employees as our most valuable resource.



- The Greenbrier County Emergency Communication Center is staffed 24/7, 365 days a year.
- Telecommunicators are responsible for communicating with 9 Police Agencies, 15 Fire Departments, and 3 EMS Agencies.
- They also Dispatch and make notifications to; Animal Control, Natural Resource Police, Towing/Wrecker Services, City/Municipal Governments, Water departments, Department of Highways, and Environmental Services.
- The total average of Emergency calls that Telecommunicators handle in Greenbrier county is around 30,000-40,000 a year.

COMMUNITY NEEDS ASSESSMENT PROCESS

The assessment process encompassed the following:

- **Greenbrier County Survey Results and Data Dashboards**
 - **Greenbrier County Health Department Community Needs Assessment Forum**
 - **Robert C. Byrd, Greenbrier Valley Medical Center & Greenbrier County Health Department Community Forums**
 - **North Central West Virginia Community Action Association Community Needs Assessment**
 - **WV Department of Health and Human Resources Office of Drug Control Policy Data Dashboard**
 - **WV Board of Pharmacy Opioid Indicators Dashboard**
 - **Department of Health and Human Services emPOWER Emergency Planning de-identified data set**
- **Community Health Need Assessment for Greenbrier County utilizing SparkMap**
- **Social Service Agency utilization**

Greenbrier County Survey Results and Data Dashboards

A. Survey Data – The **Greenbrier County Health Department** held a community health needs assessment forum on May 25, 2023. The forum was held to determine where to focus time, funding and resources over the next 3 years. There were approximately 38 people involved representing various agencies in the community. An initial discussion was held to discuss overall community concerns of participants. The discussion led to a process to identify and prioritize the highest level of health care needs within the community. The general list of concerns included:

- | | |
|---|--------------------------------------|
| • Staffing-mental health/EMS | • Grandparents as parents |
| • Wages | • Life Skills |
| • Transportation | • Financial exploitation |
| • Food desert/food insecurity | • Patient transfers–EMS availability |
| • Lack of funds | • EMS & Fire |
| • Polysubstance use (tobacco/vaping) | • Nutrition |
| • Feeling of an overwhelming need for resources | • Disaster relief |
| • Immunizations | • Specialty care |
| • Poverty | • Finding jails |
| • Mental health (children) | • Infectious Disease |
| • Homelessness | • Unemployment |
| • Lack of resources/education | • STD's-syphilis |
| • Behavior disorders in children (NAS) | • Systems issues |
| • Finding caring and compassionate staff | |

Once the thorough discussion of overall concerns and needs in Greenbrier County occurred, focus was placed on specific areas of highest need. Participants were broken into groups for in depth discussion of these specific issues. The groups reported back to all participants.

Following the very interactive discussion, each participant ranked the specific issues as either first or highest priority, second or third in priority. Following are the results of that process:

- Access to Care including Transportation and Insurance
- Mental Health including Suicide and Depression
- Poly Substance Misuse
- Threat Prep/Disaster Relief
- Life Skills
- Healthy Lifestyles including Obesity, Diabetes, Diet and Tobacco
- Infectious Disease
- Homelessness

The final ratings identified the top 3 issues to include:

- Polysubstance Misuse
- Mental Health
- Homelessness

B. Survey Data – The Robert C. Byrd Clinic, Greenbrier Valley Medical Center, and the Greenbrier County Health Department joined forces to host five community health forums across Greenbrier County in 2024 (Alderson City Hall, Williamsburg Community Center, Marvel Cafeteria in Rupert, Clingman Center in Lewisburg and Renick Community Center). The purpose of the forums was to provide individuals with an opportunity to share their thoughts, concerns and ideas for improvement to better understand and address local healthcare issues. Local healthcare leaders facilitated discussions centered around the following key questions:

- What do you need from your healthcare provider?
- Are there healthcare services your family needs that are currently unavailable in the county?
- Have you faced any challenges in accessing healthcare? What improvements can be made to enhance the overall experience?
- Are you familiar with the Greenbrier County health needs assessment and community health improvement plan?

Key issues or concerns were expressed about each entity and include:

- Greenbrier County Health Department
 - Visit local communities to provide vaccines and other essential services
 - Feeling isolated due to limited access to medical services
 - Lack of ambulance service, as emergency assistance is now located at a considerable distance
- Greenbrier Valley Medical Center
 - Long ER wait times
 - Limited availability of specialists to provide necessary care
- Robert C. Byrd Clinic
 - Referral process was slow and led to worsening health conditions while waiting for appointments
 - Lack of timely communication including delayed callbacks/prescription handling
 - Better utilizing the mobile unit to offer a wider range of services

C. North Central West Virginia Community Action Association with the help of Kingery and Company, LLC, conducted a community needs assessment in Barbour, Greenbrier, Marion, Monongalia, Pocahontas, Preston, Randolph, Taylor, Tucker and Webster counties in 2022. A Needs Assessment Steering Committee, comprised of NCWVCAA staff, board members and community representatives, was responsible for attending meetings, identifying community partners to host focus groups, reviewing the data and determining priority community needs. The areas of focus included:

- Employment
- Education
- Housing
- Health
- Nutrition
- Use of Income
- Transportation
- Emergency Situations
- Children's Needs

A primary source of quantitative data was through a community survey which had 633 respondents. In addition, a quantitative service provider survey was completed to assess needs from a service provider perspective to identify services already provided and potential gaps in services. There were 42 service provider respondents. A third form of primary data collection came from holding focus groups with community members in various settings within the service area. 55 people participated in the focus groups. As a result of analyzing the data listed above, the priority needs identified for the service area (Barbour, Greenbrier, Marion, Monongalia, Pocahontas, Preston, Randolph, Taylor, Tucker & Webster counties) include the following:

1. Housing (Affordability & Accessibility)
2. Emergency Situations (Funding & Eligibility)
3. Health/Behavioral Development (Geographical Resources)
4. Children (Nutrition, Behavioral, Daily Needs)

The priority needs identified for Greenbrier County include:

1. Transportation (Very large county, Mountain transit routes limited, Gas is expensive)
2. Housing (WVSOM creates/drives up the price of rentals, Need low income housing)
3. Employment (Transportation, Childcare, Family reputation)
4. Children (Small town mindset, Family reputation)

The community survey common themes and takeaways for the region include:

- 26.60% of survey participants said **Health** was an issue with top reasons why:
 - Affordability of prescription drugs
 - Lack of dental services
 - Lack of free or low-cost medical services
- 15.01% of survey participants said **Income** was an issue with top reasons why:
 - Lack of knowledge about money management
 - Lack of knowledge on how to save/invest money
 - Lack of knowledge about addressing credit issues
- 13.67% of survey participants said **Transportation** was an issue with top reasons why:
 - Cost of vehicle repair
 - Cost of owning and operating a vehicle
 - Lack of public transportation

The service provider common themes and takeaways for the region include:

- **Use of Income** (Assistance with problem-solving credit issues, Assistance on getting/enforcing child support, Assistance accessing resources (food stamps, medical coverage, etc.))
- **Transportation** (Assistance on how to buy a vehicle, Assistance on building credit to buy a vehicle, Assistance learning how to drive or get a driver's license)
- **Employment** (Assistance with education to obtain a job, Assistance with training to obtain job, Assistance with managing cost of childcare)

Focus Group common themes and takeaways for the region include:

- Elderly struggling to pay rent and for medicine
- Taking care of elderly parents
- Obtaining health insurance
- Food insecurities
- Drug epidemic
- Babies born addicted to drugs
- Grandparents raising grandchildren
- Petty crimes associated with drugs
- Youth mental health
- Job opportunities for young adults
- Education system
- Safe place to socialize

D. WVDHHR Office of Drug Control Policy and the West Virginia Board of Pharmacy reported the following information for Greenbrier County and West Virginia:

- **WVDHHR Office of Drug Control Policy Data Dashboard** - The WV Office of Drug Control Policy reported the following information for Emergency Medical Services Responses to Suspected Overdoses and ER Visits Related to Overdose:

	Greenbrier County			West Virginia		
	2022	2023	2024 (thru July)	2022	2023	2024 (thru July)
Emergency Medical Services Responses for Suspected Overdoses						
Responses to Date	188	196	75	9,037	8,837	3,752
Percent Given Naloxone	72.3%	80.6%	73.3%	71.1%	70.6%	63.8%
Treated and Transported	72.3%	66.3%	68.0%	63.4%	63.0%	67.5%
Refused Care	17.6%	19.4%	9.3%	21.1%	19.1%	13.4%
Treated and Released AMA	5.9%	9.2%	17.3%	12.1%	11.1%	6.5%
Dead on Scene	2.7%	4.1%	4.0%	2.6%	3.3%	4.1%
Evaluated No Treatment	1.6%	1.0%	1.3%	0.8%	1.0%	0.5%
Percent Male	60.6%	62.9%	54.7%	59.8%	60.3%	55.9%
Percent Female	39.4%	37.1%	45.3%	37.5%	36.6%	37.4%
ER Visits Related to Overdoses						
Visits to Date	143	141	58	6,090	7,390	3,673
Discharged	83.5%	77.2%	77.8%	73.4%	74.1%	74.9%
Transferred	13.7%	17.6%	22.2%	17.0%	17.6%	19.2%
Admitted		2.2%		8.2%	7.0%	4.5%
Deceased	2.2%	2.9%		1.5%	1.3%	1.3%

- **WV Board of Pharmacy Opioid Indicators Dashboard** - Prescription drug overdoses continues to be a major issue in West Virginia. Preliminary data from DH's Health Statistics Center shows that in 2022, more than 1,400 people died in association with drug misuse (including prescription and illicit drugs) with a rate of 86.1 per 100,000 population. This is over two and a half times the national average.

	Greenbrier County		West Virginia
	Rate/Percent	Rank*	Rate/Percent
Rate of opioid analgesic prescriptions per 1,000 state residents	606	14	529
Percent of patients receiving more than an average daily dose of 90 morphine milligram equivalents (MME)	6%	10	4%
Rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies in a 6-month period) per 100,000 residents – <i>Increase from 2022</i>	3	8	2
Percent of opioid naïve patients prescribed long-acting/extended release opioids	6%	44	12%
Percent of patient prescription days with overlapping opioid prescriptions	6%	27	8%
Percent of patients prescription days with overlapping opioid & benzodiazepine prescriptions	7%	30	11%
Percentage of residents with a controlled substance prescription	25%		23.3%
Percentage of residents with an opioid prescription	15.5%		14.3%
Percentage of residents with a benzodiazepine prescription	7.1%		6.4%
*The county rank is from 1 to 55, where a rank of 1 is the highest (worst) rate or percentage and a 55 is the lowest (best) rate or percentage.			

- E. HHS emPOWER Map Data – Department of Health and Human Services emPOWER Program** provides de-identified data to help communities protect the health of at-risk Medicare beneficiaries, including those individuals who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and/or certain essential health care services. The data is updated monthly and is from August 2024. The findings are as follows:

	Greenbrier County	West Virginia
# Medicare Beneficiaries	9,054	447,121
Electricity-Dependent DME All	883	36,265
Facility ESRD Dialysis Any DME	44	447
O2 Services Any DME	337	13,542
Home Health Services Any DME	187	3,532
At-Home Hospice Any DME	33	380
Any Health Care Service Any DME	641	15,947

Community Health Need Assessment for Greenbrier County utilizing SparkMap

SparkMap is a product of the Center for Applied Research and Engagement Systems (CARES) and hosted by the University of Missouri. SparkMap is a tool for enhanced community impact. It uses reliable and timely secondary data from the US Census Bureau, American Community Survey (ACS), Centers for Disease Control and Prevention (CDC), United States Department of Agriculture (USDA), Department of Transportation, Federal Bureau of Investigation, and more. Data geographies range from state, county, city, census tract, school district and zip code levels. The data for Greenbrier County was reviewed for favorable and unfavorable trends. There were unfavorable trends for most of the categories. The trends include the following:

- Employment to include Labor Force Participation, Income and Poverty
- Educational Attainment
- Housing Costs and Substandard Housing
- Teen births
- Broadband Access
- Chronic Conditions to include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease and Stroke
- Physical Inactivity
- Tobacco Use

Additional data from the *Community Health Needs Assessment through SparkMap* can be found in Appendix A.

Social Service Agency Utilization

To further identify primary and chronic disease needs and other health issues of uninsured, low-income persons, and minority groups, the beneficiary utilization of 211 West Virginia - United Way services for Fayette County was reviewed. Between September 5, 2023 and September 3, 2024, there were 734 requests for Greenbrier County compared to 57,347 requests for the entire state of West Virginia. The services utilized and the number of beneficiaries for Greenbrier County included:

1. Utility Assistance (i.e. Water, Electric) (299)
2. Housing & Shelter (i.e. Rent assistance, home repair/maintenance) (215)
3. Food (i.e. Food pantries, Holiday meals) (44)
4. Healthcare & COVID-19 (30)
5. Employment & Income (i.e. Tax preparation, financial assistance) (28)
6. Clothing & Household (17)
7. Transportation Assistance (14)
8. Mental Health & Addictions (7)
9. Government & Legal (4)
10. Other (72)

The assessment process findings were systematically analyzed to develop a list of the top community issues for Greenbrier County. These issues (in alphabetical order) include:

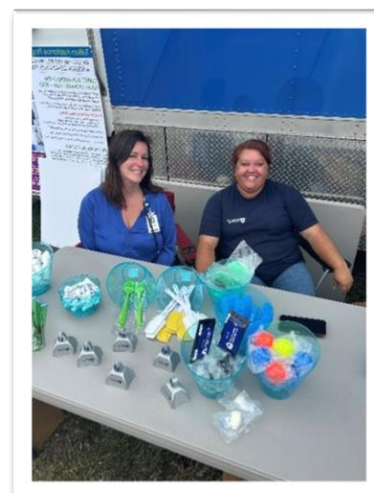
Access to Affordable Health Care
Access to Affordable Prescription Drugs
Access to Health Care to include Specialty Care, Dental & Mental Health
Affordable and Accessible Childcare
Affordable Housing
Chronic Conditions to include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease and Stroke
Education and Job Skills Training for Higher Paying Jobs
Elderly Care including Financial Struggles
Financial Management (Invest & Save, Credit Issues)
Food Insecurities
Homelessness
Job Opportunities for Young Adults
Lack of Public Transportation
Long ER Wait Times
Obtaining Health Insurance
Polysubstance Misuse (Babies born addicted to drugs)

A survey, utilizing survey monkey, was sent to key community partners/stakeholders to prioritize the community health issues for Greenbrier County. Below is the priority matrix that was used in the survey.

Scale 1 = Completely Disagree 2 = Strongly Disagree 3 = Disagree 4 = Neither Agree nor Disagree 5 = Agree 6 = Strongly Agree 7 = Completely Agree	1. Problem is greater in Greenbri er County compared to state or region.	2. CAMC Greenbrier Valley Medical Center can reduce long- term cost to the community by addressing this problem.	3. CAMC Greenbrier Valley Medical Center can create a major improvement in the quality of life by addressing this problem.	4. CAMC Greenbri er Valley Medical Center can solve this problem .	5. CAMC Greenbrier Valley Medical Center can do something about this problem with existing leadership and resources.	6. CAMC Greenbrier Valley Medical Center can make progress on this problem in the short- term.	Total
Access to Affordable Health Care							
Access to Affordable Prescription Drugs							
Access to Health Care to include Specialty Care, Dental & Mental Health							
Affordable and Accessible Childcare							
Affordable Housing							
Chronic Conditions to include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease and Stroke							
Education and Job Skills Training for Higher Paying Jobs							
Elderly Care including Financial Struggles							
Financial Management (Invest & Save, Credit Issues)							
Food Insecurities							
Homelessness							
Job Opportunities for Young Adults							
Lack of Public Transportation							
Long ER Wait Times							
Obtaining Health Insurance							
Polysubstance Misuse (Babies born addicted to drugs)							

The ranking of results follows:

Rank	Issue	Score
1	Long ER Wait Times	33.60
2	Access to Health Care to include Specialty Care, Dental & Mental Health	31.70
3	Chronic Conditions to include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease and Stroke	31.50
4	Job Opportunities for Young Adults	31.30
5	Polysubstance Misuse (Babies born addicted to drugs)	30.30
6	Education and Job Skills Training for Higher Paying Jobs	30.00
7	Access to Affordable Prescription Drugs	29.10
8	Obtaining Health Insurance	29.10
9	Access to Affordable Health Care	28.50
10	Affordable and Accessible Childcare	27.50
11	Elderly Care including Financial Struggles	27.00
12	Food Insecurities	26.00
13	Lack of Public Transportation	25.50
14	Affordable Housing	24.40
15	Homelessness	23.80
16	Financial Management (Invest & Save, Credit Issues)	23.70



CAMC GREENBRIER VALLEY MEDICAL CENTER COMMUNITY NEEDS PLANNING

Approved by the CAMC Greenbrier Valley Medical Center Board of Trustees, December 16, 2024

OVERVIEW and MISSION

CAMC Greenbrier Valley Medical Center focuses on the health of our patients and our community. Our mission is “The Choice for community, patients, employees, and providers with a commitment to a full-service patient-centered community hospital delivering safe, high quality and innovative team focused healthcare with high reliability.”

Our vision and values also show our commitment to our community:

CAMC Greenbrier Valley Medical Center, the best health care provider in West Virginia, strives to be the:

- **Best place to receive patient-centered care.**
- **Best place to work.**
- **Best place to practice medicine.**
- **Best place to learn.**
- **Best place to refer patients.**

Values: **Quality, Service with Compassion, Respect, Integrity, Stewardship, Safety**

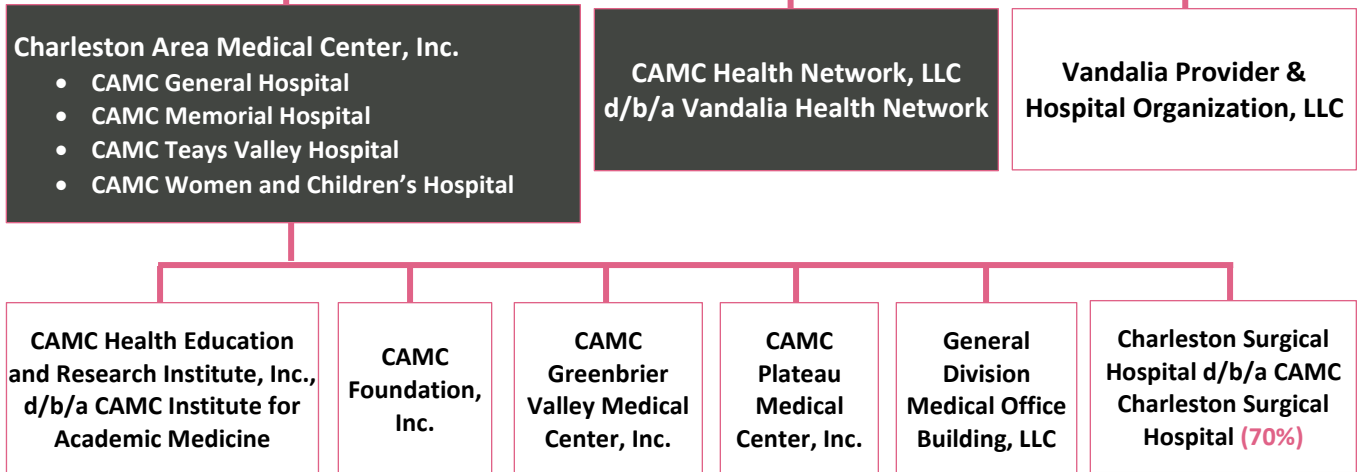
Approximately 200 doctors and 47 APPs have privileges to practice at CAMC Greenbrier Valley Medical Center. Nearly 540 nurses and non-clinical staff serve the residents of Greenbrier County with emergency services and other specialized care including cardiology, general surgery, surgical and endoscopy services, internal medicine, medical intensive care, ophthalmology, pediatrics, nephrology, orthopedics, primary care, pulmonary, radiology, urology and wound care services as well as emergency, outpatient lab, physical therapy, and ambulatory infusion. CAMC Greenbrier Valley Medical Center has recently obtained a Level IV Trauma Status Emergency Room.

Based on the West Virginia Hospital Association data for 2023, CAMC Greenbrier Valley Medical Center had 2,069 inpatient admissions, 51,204 outpatient visits, and 15,156 visits to our Emergency Department. CAMC Greenbrier Valley Medical Center’s inpatient payer mix is 48% Medicare, 21% Medicaid, 15% Commercial, 7% PEIA, 7% Government and 2% Self-Pay. CAMC Greenbrier Valley Medical Center’s outpatient payer mix is 46% Medicare, 19% Medicaid, 18% Commercial, 9% PEIA, 6% Government, and 2% Self-Pay.

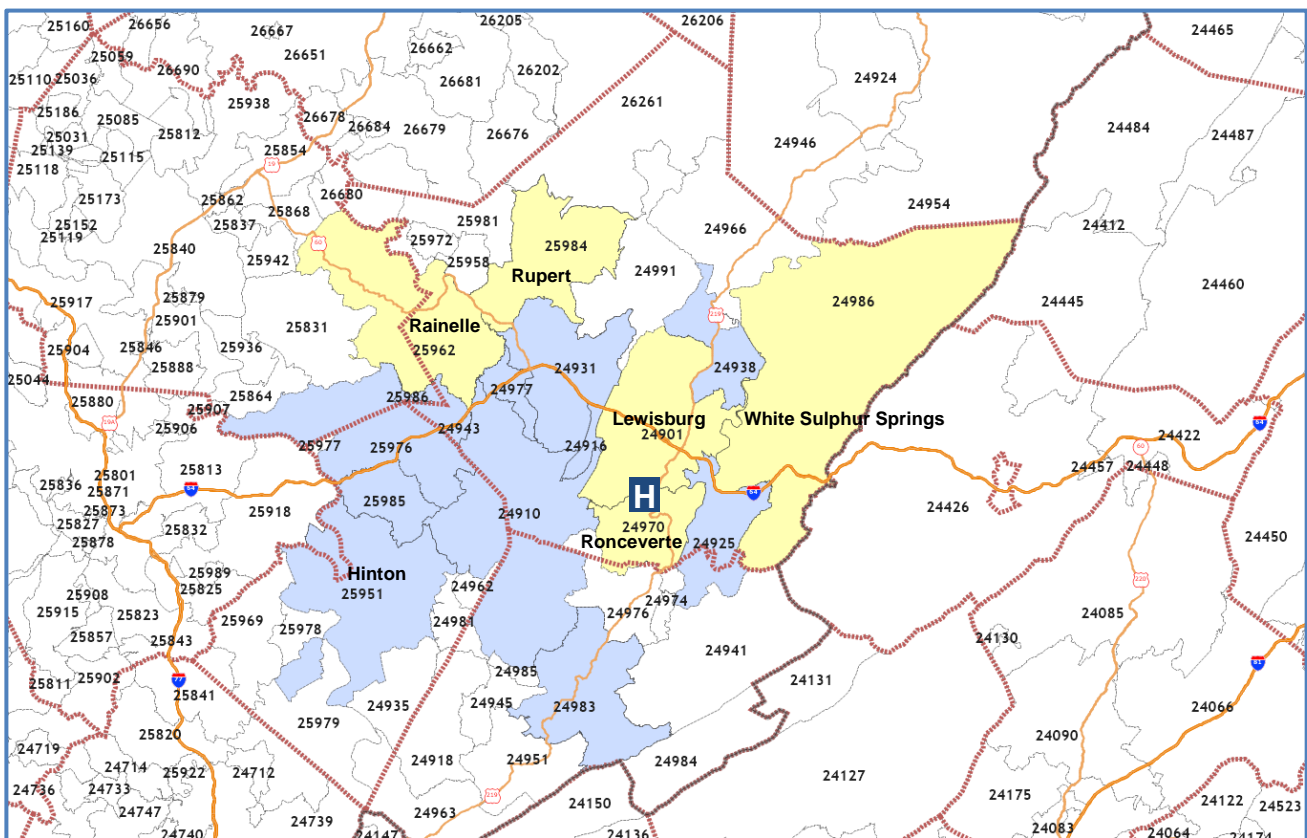
CAMC Greenbrier Valley Medical Center joined Charleston Area Medical Center on January 1, 2023, marking a new beginning for health care in our region.



Vandalia Health Inc.



For community benefit purposes, CAMC Greenbrier Valley Hospital completes a community needs assessment for its service area of Greenbrier County in its role as an acute care hospital. The community needs assessment is completed in conjunction with other community organizations in Greenbrier County.



 **Primary Service Area**  **Secondary Service Area**

COMMUNITY BENEFIT

The residents of Greenbrier County depend on CAMC Greenbrier Valley Medical Center to provide convenient, quality and compassionate care – care delivered regardless of a patient’s ability to pay.

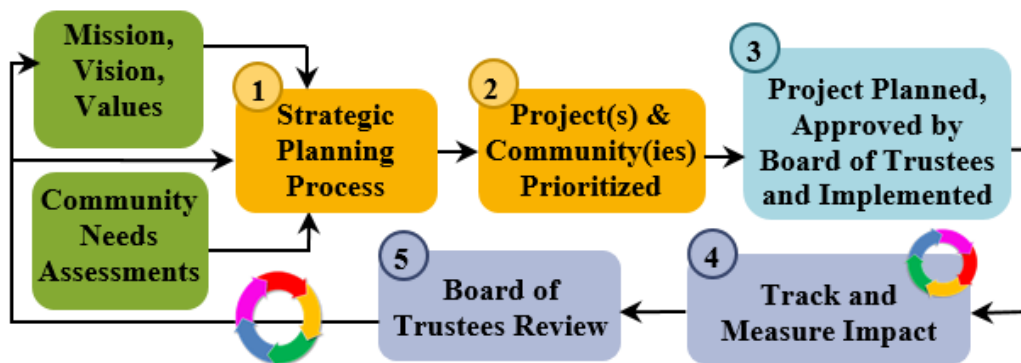
Our programs and services go well beyond the traditional health care we think of when we consider hospital care and are delivered both inside and outside the walls of our hospitals. They are driven by our mission, *The Choice for community, patients, employees, and providers with a commitment to a full-service patient-centered community hospital delivering safe, high quality and innovative team focused healthcare with high reliability.*

Community benefit is defined as a program or activity that provides treatment and/or promotes health and healing as a response to an identified community need and seeks to achieve at least one community benefit objective:

- *Improve access to health care services*
- *Enhance health of the community*
- *Advance medical or health knowledge*
- *Relieve or reduce the burden of government or other community efforts (CHA website)*

CAMC Greenbrier Valley Medical Center further refines this definition to include community benefits as programs or services that address community health and health-related needs and provide measurable improvement in health access, health status, and the use of health resources.

The following outlines CAMC Greenbrier Valley Medical Center's community support process:



CAMC Greenbrier Valley Medical Center supports and strengthens the Greenbrier County community through our annual planning process ^① where we review the needs assessment findings and priorities to develop our community strategy and the community(ies) within Greenbrier County that are impacted. ^② This strategy is based on issues identified through the needs assessment process and supplemented with findings from review of our internal data. Strategies are identified and plans are funded, implemented, ^③ tracked and measured. ^④ The CAMC Greenbrier Valley Medical Center Board of Trustees approves the plan and reviews plan progress annually. ^⑤ In addition to addressing community needs and contributing financially, CAMC Greenbrier Valley Medical Center's Vice President, Chief Nursing Officer, and Associate Administrator serve in key leadership roles for community activities, programs and organizations as well as support the workforce in participating in many community benefit activities.

As part of the strategic planning process, CAMC Greenbrier Valley Medical Center determines if there are additional areas of support that can be provided to address the identified community health needs assessment issues. The following table lists programs and support already in place provided by CAMC Greenbrier Valley Medical Center that address these community priorities, and are identified and funded as part of operational and community benefit planning by the CAMC Greenbrier Valley Medical Center Board of Trustees.

	NEED ADDRESSED BY CAMC GREENBRIER VALLEY MEDICAL CENTER	RANKING SCORE	How Addressed by CAMC Greenbrier Valley Medical Center
#1	Long ER Wait Times	33.60	<ul style="list-style-type: none"> • Consistent provider staffing to include all employed providers. (no travelers) • Intentional increases to staffing levels • Constant monitoring and performance improvement initiatives to include lab turnaround times, and radiology read turnaround times.
#2	Access to Health Care to include Specialty Care, Dental & Mental Health	31.70	<ul style="list-style-type: none"> • Currently providing general surgery, orthopedics, ophthalmology, pediatrics, OBGYN, ENT, cardiology, internal medicine, pulmonology and primary care. • Neurology and Nephrology consults available via telemedicine. • Mental health consults provided on site and via telehealth. • Pediatric dentistry procedures performed in the OR
#3	Chronic Conditions to include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease and Stroke	31.50	<ul style="list-style-type: none"> • Sports physicals and annual wellness physicals • Smoking cessation program • Community show cases for local high school students • Increased access on weekends for echocardiograms • Consults with social worker, case management, and patient navigator as needed • Cardiopulmonary rotations for nursing, respiratory, paramedic students • Educational materials provided to local employers, including federal prison
#4	Job Opportunities for Young Adults	31.30	<ul style="list-style-type: none"> • Tuition assistance program • Resident sponsorship opportunities • Clinical rotations for nursing, radiology, and respiratory students • High School career fairs and show cases highlighting all departments • Job shadowing
#5	Polysubstance Misuse (Babies born addicted to drugs)	30.30	<ul style="list-style-type: none"> • Prenatal risk screening instrument • 911 Advisory Committee • WIC and Right from the Start Programs for Medicaid patients. • Continued education and referral management by program director/social worker. • Opioid treatment navigation team available • Smoke free campus for employees • Smoking cessation to patients and employees

			<ul style="list-style-type: none"> CAMC Wellness Center
#6	Education and Job Skills Training for Higher Paying Jobs	30.00	<ul style="list-style-type: none"> HOSA – Health Occupations Students Association Staff on the LPN & Nursing Assistant Advisory Committees Provide clinical site for vocational trade school LPN, Nursing Assistants Program, and Radiology Provide Clinical Training for Nursing, Radiology, Respiratory and Dietitian students Family medicine resident program Annual clinical skills competency training for nurses Hands-on education provided by specialty physicians to residents on new procedures.
#7	Access to Affordable Prescription Drugs	29.10	<ul style="list-style-type: none"> 340-B pharmacy services
#8	Obtaining Health Insurance	29.10	<ul style="list-style-type: none"> ACA certified financial counselors to assist patients with Medicaid applications and eligibility Financial assistance programs
#9	Access to Affordable Health Care	28.50	<ul style="list-style-type: none"> Affordable laboratory services, and cash lab options. 340-B pharmacy Sports physicals and annual wellness physicals Enrollment assistance for patients and families for health coverage Financial assistance programs Currently providing general surgery, orthopedics, ophthalmology, pediatrics, OBGYN, ENT, cardiology, internal medicine, pulmonology and primary care. Neurology and Nephrology consults available via telemedicine.
#12	Food Insecurities	26.00	<ul style="list-style-type: none"> Donated spaghetti and salad supplies to local boy scout chapter for annual conference. Donated supplies for hot chocolate to Santa's workshop Donated 70 boxed lunches and drinks to the Community Baby Shower. This is geared towards low-income mothers. Special Olympics event held at GVMC track, for National Disability Recognition Day. Food provided to participants and care takers. Sponsored homecoming football game for local middle school, providing food for over 300 people. Cooking demonstrations at State Fair by Food Services Director geared towards healthy living. Cooking samples provided by Food Services Director at local events.

The following community needs are not addressed by CAMC Greenbrier Valley Medical Center and the rationale is provided for each.

NEED NOT ADDRESSED		RANKING SCORE	REASON NOT ADDRESSED
#10	Affordable and Accessible Childcare	27.50	CAMC GVMC does not have the capability or funding to address this issue.

#11	Elderly Care including Financial Struggles	27.00	CAMC GVMC does not have the capability or funding to address this issue.
#13	Lack of Public Transportation	25.50	CAMC GVMC does not have the capability or funding to address this issue.
#14	Affordable Housing	24.40	This issue is addressed by other organizations in our community.
#15	Homelessness	23.80	This issue is addressed by other organizations in our community.
#16	Financial Management (Invest, Save, Credit Issues)	23.70	This issue is addressed by other organizations in our community.

CAMC HEALTH SYSTEM INFRASTRUCTURE TO ADDRESS COMMUNITY NEED

As part of the CAMC Health System, CAMC Greenbrier Valley Medical Center has access to a number of resources that support community need.

The CAMC Health System provides quality care for our community residents throughout every stage of life focused on our key strengths of (1) clinical and technical excellence, (2) performance excellence culture and infrastructure and (3) education. We understand the leadership role that health care must play in providing exceptional medical care, charity care, education, corporate contributions and creating community partnerships to address the lives of the real people we care for everyday. What sets us apart is our strong track record of developing partnerships to address health issues. Our creative investment of time and dollars will be even more important to our ongoing work as health care reform results in declining reimbursement and growing need for access to services. CAMC Health System's history is one of establishing programs and services to meet the needs of the citizens of our community. From the beginning, our focus has been on assessing needs and working to provide the needed services, either solely or in partnership with others. We recognize the responsibility we have serving the central and southern part of West Virginia. Our patients reside in the Appalachian valleys and mountains in sometimes still difficult to access remote areas. The CAMC Health System, as professionals individually and collectively, believe it is our responsibility to influence the quality of life in ways that transcend the role of a typical hospital. We seek to innovate and implement programs to assure that our people can enjoy all that West Virginia has to offer through the greatest possible health and well-being.



SAFETY NET SERVICES

Charleston Area Medical Center provides trauma, NICU and PICU safety net services to central and southern West Virginia.

MEDICAL EDUCATION

CAMC Greenbrier Valley Medical Center sponsors two ACGME (Accreditation Council for Graduate Medical Education) programs, Family Medicine and ONMM. CAMC Greenbrier Valley Medical Center works with education affiliates such as West Virginia School of Osteopathic Medicine and the University of Charleston.



CLINICAL TRAINING SITE

CAMC Greenbrier Valley Medical Center serves as a clinical training site for more than 100 student learners per year through educational affiliations from West Virginia and regional colleges and universities. Currently, there are 4 affiliations with health professions programs in multiple disciplines including nursing, respiratory therapy, radiology and other health disciplines.

RESEARCH/CLINICAL TRIALS

CAMC Health Education and Research Institute, Inc., a sister company to CAMC Greenbrier Valley Medical Center, is actively engaged in clinical trials as well as epidemiological investigations and has active research protocols in oncology, cardiology/cardiovascular research, medicine and medicine subspecialties, behavioral health community medicine, pediatrics, nursing research and trauma/pain. The majority of this research is conducted at CAMC hospitals.

ALTHOUGH NOT COUNTED AS CAMC GREENBRIER VALLEY MEDICAL CENTER COMMUNITY BENEFIT, CAMC HEALTH SYSTEM COMPANIES PLAY A SIGNIFICANT ROLE IN COMMUNITY HEALTH IMPROVEMENT:

CAMC Health Education and Research Institute serves as the education and research arm of the CAMC Health System. The Institute promotes the health of the community by:



**Institute for
Academic Medicine**

 **Vandalia Health**

- Sponsoring programs training that train the region's health professionals.
- Providing continuing education to health professionals in the community, region and state.
- Sponsoring management and leadership development programs.
- Sponsoring prevention and community health education programs for community members.
- Conducting clinical and health services research targeted to improve health and health services delivery for our patients and community.
- Pursuing special program funding and grants to support education and research programs.
- Sponsoring simulation training experiences for regional education affiliates and community groups.
- Promoting and sustaining networks and partnerships that improve access to clinical trials and research funding opportunities.

CAMC Foundation, Inc. is the fund-raising organization for Charleston Area Medical Center (CAMC), including CAMC Greenbrier Valley Medical Center. The foundation works with donors to secure current and future support for CAMC programs and services to improve the health of the people in West Virginia. Looking to the future of health care in southern West Virginia, the CAMC



**CAMC
Foundation**

 **Vandalia Health**

Foundation serves as the conduit for charitable care; to help CAMC deliver high-level clinical health care, to provide educational opportunities for practitioners to become healers, and to fund social medical services for those in need. The foundation's mission is to support and promote Charleston Area Medical Center's delivery of excellent and compassionate health services and its contributions to the quality of life and economic vitality of the region.

The CAMC Foundation is guided by a volunteer board of directors representing many facets of our community, as well as a staff of individuals with many years' experience and strong community ties and loyalty.

CAMC Greenbrier Valley Medical Center Ambulatory Services consists of multiple physician specialty departments, which exists to support the mission of CAMC Greenbrier Valley Medical Center, *The Choice for community, patients, employees, and providers with a commitment to a full-service patient-centered community hospital delivering safe, high quality and innovative team focused healthcare with high reliability.*

When the CAMC Health System identifies an essential physician need, an access issue for patients, or when the existing providers in the community cannot provide an essential service, CAMC Ambulatory Services works to fill the gaps. Currently, CAMC Ambulatory Services provides a number of specialty medical staff for CAMC Greenbrier Valley Medical Center as well as CAMC in Charleston and surrounding areas. Overall, CAMC Ambulatory Services see a disproportionate share of the uninsured and underinsured in their practice locations.

INPUT RECEIVED ON THE COMMUNITY HEALTH NEEDS ASSESSEMENT AND IMPLEMENTATION STRATEGIES FROM THE PUBLIC

CAMC Greenbrier Valley Medical Center's Community Benefit Reports, which include the Community Needs Assessment and Implementation Strategies, are made widely available on CAMC Health System's website at www.camc.org. CAMC Greenbrier Valley Medical Center has not received any input from the public through the website.

INPUT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN CAMC GREENBRIER VALLEY MEDICAL CENTER'S PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT

This is the first community health needs assessment for CAMC Greenbrier Valley Medical Center. The Community Health Needs Assessment is conducted every three years. Progress toward achievement of prior year implementation strategies identified in CAMC Greenbrier Valley Medical Center's Community Health Needs Assessment and report on the Implementation Strategies will be considered in the following ways:

- a. Progress toward achievement of each implementation strategy will be reviewed and assessed to determine if further action could bring additional improvement.
- b. Once the current year CHNA top issues are identified from the community health needs assessment and analysis of CAMC Greenbrier Valley Medical Center's service area, the issues will be compared to the prior implementation strategies to determine if continued focus is warranted for any of the issues or if new strategies need to be developed.

2025 – 2027 CAMC GREENBRIER VALLEY MEDICAL CENTER COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

The following community health strategies have been developed through Steps 1-3 of the Community Support Process. These strategies have been funded and are being implemented. The CAMC Greenbrier Valley Medical Center Board of Trustees approved the implementation strategies and reviews plan progress annually.

#1	CAMC Greenbrier Valley Medical Center
COMMUNITY HEALTH NEED	#1 ER Wait Times
IDENTIFIED HEALTH ISSUE	Delayed access to emergency care and trauma care, which can compromise patient outcomes
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Reduce ED wait times to improve patient access to emergency care and trauma care.
STRATEGIC OBJECTIVE	REDUCE PATIENT WAIT TIMES TO IMPROVE ACCESS TO EMERGENCY CARE.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> • Providers and nursing to remain fully staffed. • Shift providers start times and extend hours from 10 to 12 hours. • Modified version of PIT to provider in triage during peak hours. • Discharge from triage keeping patients virtual based on presenting complaint. • Developed ED collaborative team for strategies around lab and radiology turnaround times and provider TAT's. • Improve door to discharge times • Change telemedicine groups for faster turnaround times.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • ED Door to Doc • Ambulance off-load times
TIMELINE	2025-2027
RESOURCES	CAMC GVMC operational budget
PARTNERS/COLLABORATORS	EMS, Transfer Center, GVMC Emergency Providers

#2	CAMC Greenbrier Valley Medical Center
COMMUNITY HEALTH NEED	#2 Access to Health Care to Include Specialty Care, Dental & Mental Health
IDENTIFIED HEALTH ISSUE	Access to Specialty Care
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	GVMC has recruited 23 new providers to the hospital system since 01/01/23. Areas covered are general surgery, orthopedics, ophthalmology, pediatrics, OBGYN, ENT, cardiology, internal medicine, pulmonology, plastics, nephrology, and primary care. To

	address other community needs not counted above we have contracted for coverage in the hospital for Neurology and mental health. Additionally, Pediatric Dentistry provided in the OR.
STRATEGIC OBJECTIVE	PROVIDE THE COMMUNITY THE SPECIALIST THEY WANT CLOSE TO HOME
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> • Provide the community care needed close to home. • Provide Growth in the medical community. • Improve access by centralizing all specialists in one location.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • All specialties centralized in one location by 2027 • Medical staff recruited to serve community needs based on the patient population requiring transport to other hospitals
TIMELINE	Ongoing
RESOURCES	Medical staff recruitment and loan expenses; income guarantees, capital funding.
PARTNERS/COLLABORATORS	CAMC/Vandalia CAMC Neurology Seneca Health

#3	CAMC Greenbrier Valley Medical Center
COMMUNITY HEALTH NEED	#3 Access to Care and Treatment for Chronic Conditions to Include Cancer, Diabetes, Heart Disease, High Blood Pressure, Lung Disease, and Stroke
IDENTIFIED HEALTH ISSUE	Prostate and lung cancer are the two most prevalent cancer diagnosis in our region.
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Improve access, testing, and treatment for specialized care surrounding prostate and lung cancer.
STRATEGIC OBJECTIVE	<ul style="list-style-type: none"> • ADOPT PET PSMA TESTING FOR EARLY DETECTION OF PROSTATE CANCER. • ADOPT LOW DOSE LUNG CANCER SCREENINGS VIA CT FOR EARLY DETECTION OF LUNG CANCER. • EXPAND INFUSION SERVICES TO INCLUDE IV MEDICATIONS TO TREAT UROLOGIC CANCER. • INCREASE ACCESS TO SPECIALIZED UROLOGICAL CARE. • OBTAIN STROKE-READY CERTIFICATION.
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> • Educate referring providers on radiology services to include PET PSMA and low dose CT • Improve access to include local clinic for complex urological cases. • Add cancer treatment infusion services to the infusion center formulary. • Achieve level 4 trauma certified facility status.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Consolidate specialty providers into multispecialty office building.

	<ul style="list-style-type: none"> • Monitor volume and evaluate trends in specialty care and treatment. • Maintain level 4 trauma status. • Maintain stroke-readiness certification.
TIMELINE	Ongoing
RESOURCES	CAMC GVMC Rural Health Grant Funding, CAMC Neurology
PARTNERS/COLLABORATORS	State of WV, Vandalia Health

#4	CAMC Greenbrier Valley Medical Center
COMMUNITY HEALTH NEED	#4 Job Opportunities for Young Adults
IDENTIFIED HEALTH ISSUE	Lack of professional job opportunities for young adults in the tri-county area
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Tuition assistance programs to include providers, nursing, radiology, laboratory, and respiratory professionals.
STRATEGIC OBJECTIVE	CREATE A PIPELINE OF YOUNG ADULTS ACROSS ALL DISCIPLINES BY PROVIDING TUITION ASSISTANCE FOR PROGRAMS OF INTEREST FOR A WORK COMMITMENT
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> • Improve staffing across all disciplines. • Eliminate agency traveling resources across all disciplines. • Host annual high school career showcase
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Evaluate retention across all disciplines. • Evaluate the financial impact of removing agency travelers. • Evaluate the efficiency of operations according to staffing levels. • Number of students in attendance to the high school showcases.
TIMELINE	Ongoing
RESOURCES	CAMC tuition assistance program
PARTNERS/COLLABORATORS	WVSOM, New River Community and Technical College, University of Charleston, Bluefield State College, Local High Schools and HOSA programs.

#5	CAMC Greenbrier Valley Medical Center
COMMUNITY HEALTH NEED	#5 Polysubstance Misuse (Babies Born with Addiction)
IDENTIFIED HEALTH ISSUE	Substance Abuse/Addiction
COMMUNITY SERVED	Primary and Secondary Service Area
PROGRAM DESCRIPTION AND RATIONALE	Polysubstance Program
STRATEGIC OBJECTIVE	TO IDENTIFY AND PROVIDE RESOURCES TO SUPPORT BABIES BORN WITH ADDICTION
GOALS TO ADDRESS THE HEALTH NEED	<ul style="list-style-type: none"> • Early intervention. • Continued monitoring and education throughout infancy.

	<ul style="list-style-type: none"> Offering mental health and emotional support to the mothers while providing safe haven for the babies.
MEASURE TO EVALUATE THE IMPACT	Evaluate number of participants in the polysubstance program.
TIMELINE	Ongoing
RESOURCES	Licensed Social Worker, Case Management
PARTNERS/COLLABORATORS	Seneca Mental Health, Dr. Noel Jewel

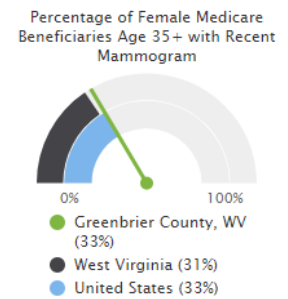
APPENDIX A

Clinical Care and Prevention

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 9,316 Medicare beneficiaries in the report area, and 33% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report area was higher than the state rate of 31% during the same time period.



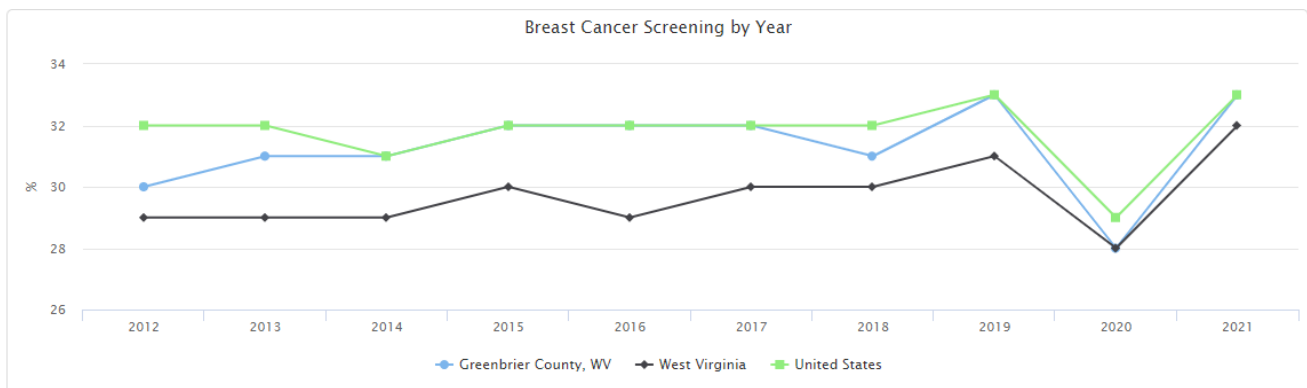
Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
Greenbrier County	12,288	33%
West Virginia	427,400	31%
United States	58,652,883	33%

Data Source: Centers for Medicare and Medicaid Services, [Mapping Medicare Disparities Tool](#), 2021.

Breast Cancer Screening by Year

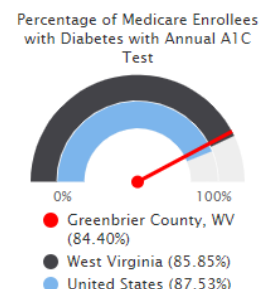
The table and chart below display local, state and national trends in annual breast exam rates among female Medicare beneficiaries age 35 and older.

Report Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Greenbrier County	30%	31%	31%	32%	32%	32%	31%	33%	28%	33%
West Virginia	29%	29%	29%	30%	29%	30%	30%	31%	28%	32%
United States	32%	32%	31%	32%	32%	32%	32%	33%	29%	33%



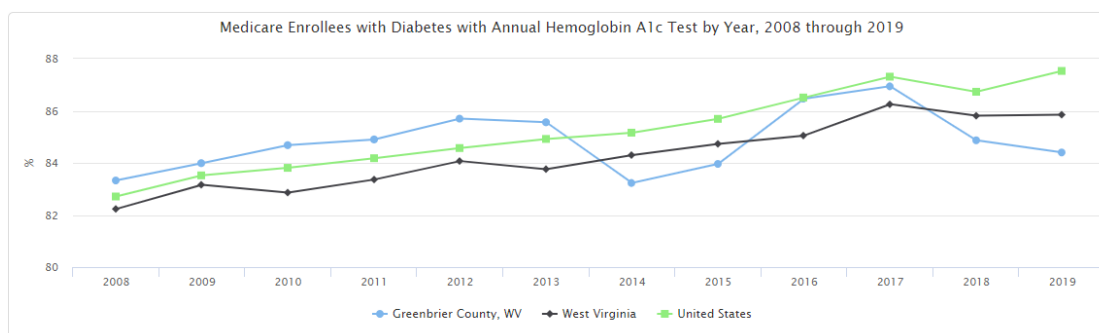
Diabetes Management – Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. Data is obtained from the Dartmouth Atlas Data - Selected Primary Care Access and Quality Measures (2008-2019). This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. As of year 2019, 660 or 84.40% Medicare enrollees with diabetes have had an annual exam out of 782 Medicare enrollees with diabetes in the report area.



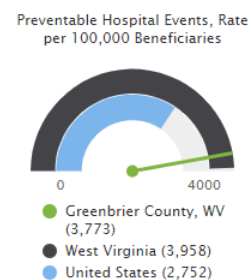
Report Area	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
Greenbrier County	782	660	84.40%
West Virginia	31,995	27,468	85.85%
United States	6,792,740	5,945,988	87.53%

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2019.



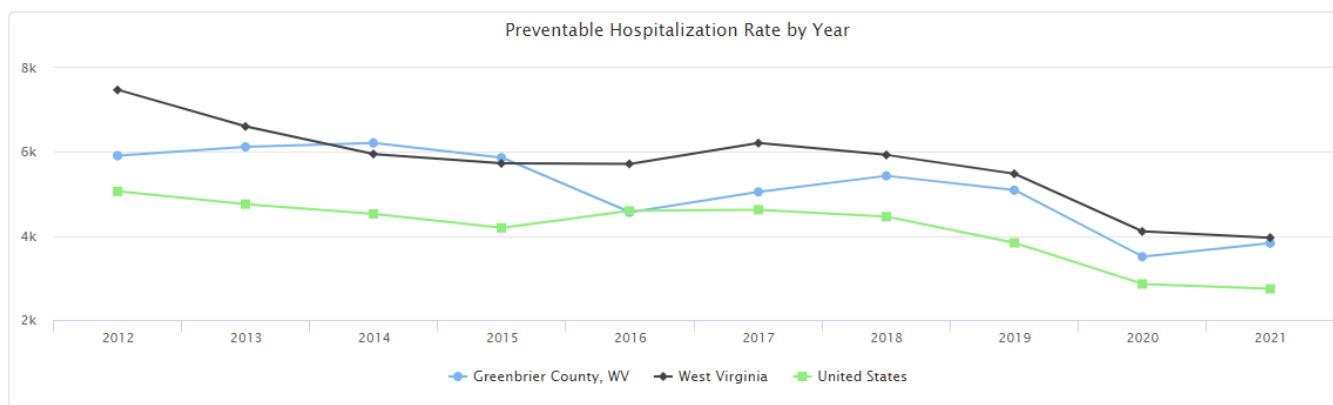
Hospitalizations – Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 9,316 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,773. The rate in the report area was lower than the state rate of 3,958 during the same time period.



Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Greenbrier County	9,316	3,773
West Virginia	427,400	3,958
United States	58,652,883	2752

Data Source: Centers for Medicare and Medicaid Services, *Mapping Medicare Disparities Tool*. 2021.

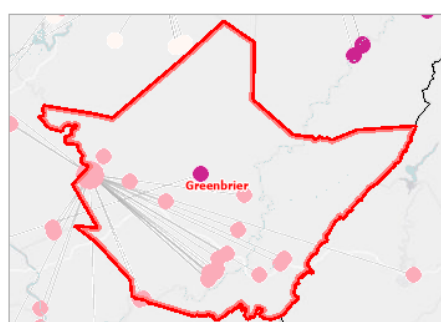


Health Care - FQHC Area Served

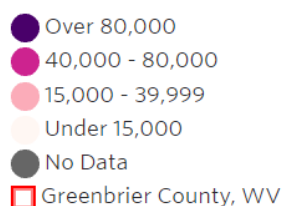
This indicator provides details about the area served by Federally Qualified Health Centers (FQHC) and/or FQHC Look-alikes that operate within the report area. An FQHC is a federally funded nonprofit health center or clinic that serves a medically underserved area or populations. Federally qualified health centers provide primary care services regardless of ability to pay. Services are provided on a sliding scale fee based on ability to pay. An FQHC may operate one or more service delivery sites and provide services to individual in multiple cities and/or counties. The list below displays the service-area (county based) of the FQHCs who operate any service-delivery sites within the report area.

Provider Name	Number of Service-Delivery Sites	Area Served (Counties)
Community Health Systems, Inc.	28	Fayette, Greenbrier, McDowell, Mercer, Raleigh
Rainelle Medical Center, Inc.	34	Alleghany VA, Fayette, Greenbrier, Monroe, Summers

Data Source: US Department of Health & Human Services, Health Resources and Services Administration 2023



HRSA Facility Data - Total Patients, Total Patients, HRSA - Uniform Data System 2023



Health Care – FQHC Patient Profile

This indicator provides a demographic profile of patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.

Report Area	Total Patients	Under Age 18	Age 18-64	Age 65 and Older
Greenbrier County	62,930.00	16.27%	57.41%	26.33%
West Virginia	610,997.00	23.93%	57.03%	19.04%
United States	29,685,584.67	29.30%	58.95%	11.93%

FQHC Patient Profile - Payer and Insurance Status

Report Area	Medicare	Medicaid/CHIP	Other Third Party	Uninsured
Greenbrier County	28.12%	28.01%	39.21%	4.67%
West Virginia	19.35%	34.27%	37.84%	8.54%
United States	11.16%	50.10%	21.14%	17.65%

Health Care – FQHC Patient Services Profile

This indicator provides an overview of patient services provided to individuals seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area. Percentages may exceed 100% as patients may be seen for more than one type of service.

Report Area	Total Patients	Medical Patients	Dental Patients	Mental Health Patients
Greenbrier County	62,930.00	94.39%	4.15%	8.39%
West Virginia	610,997.00	91.85%	12.76%	7.05%
United States	29,685,584.67	84.98%	20.17%	8.97%

Health Care – FQHC Preventative Services

This indicator provides an overview of the prevalence of select preventative services utilization among patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area. Percentages may exceed 100% as patients may be seen or more than one type of service.

Report Area	Total Patients	Cervical Cancer Screening	Breast Cancer Screening	Colorectal Cancer Screening	Childhood Immunization Status
Greenbrier County	62,930.00	60.41%	53.79%	51.14%	17.70%
West Virginia	610,997.00	47.61%	52.39%	45.05%	25.45%
United States	29,685,584.67	53.97%	51.42%	40.26%	31.44%

Health Care – FQHC Maternal and Child Health

This indicator provides an overview of the prenatal and perinatal health measures among prenatal care patients seen in Federally Qualified Health Centers or FQHC Look-alikes that operate one or more service delivery sites within the report area.

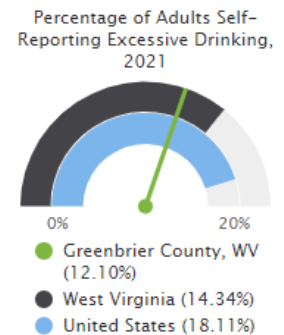
Report Area	Total Prenatal Care Patients	Early Entry into Prenatal Care	Low and Very Low Birth Weight
Greenbrier County	1,407	81.73%	7.77%
West Virginia	6,223	87.16%	10.76%
United States	557,069	79.82%	8.62%

Health Behaviors

Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Alcohol – Heavy Alcohol Consumption

In the report area, 3,188, or 12.10% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 14.34%. Data for this indicator were based on survey responses to the 2021 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2024 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking; examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

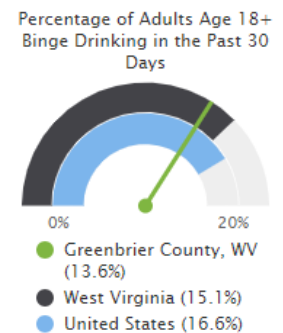


Report Area	Adult Population	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Greenbrier County	26,358	3,188	12.10%
West Virginia	1,429,492	205,030	14.34%
United States	259,746,218	47,041,079	18.11%

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2021.

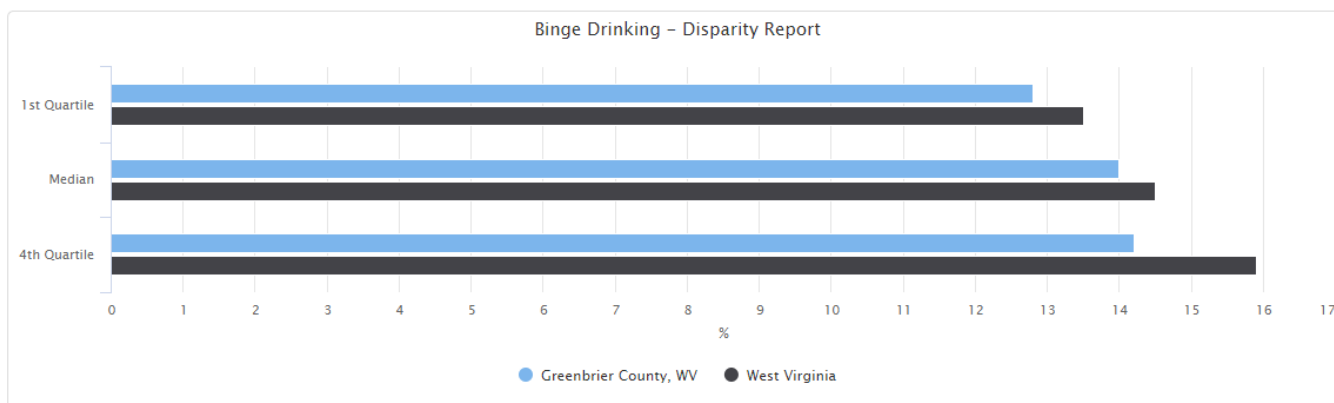
Alcohol – Binge Drinking

This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Within the report area there are 13.6% adults age 18+ who reported having four or more drinks in the last month of the total population age 18+.



Report Area	Total Population	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)
Greenbrier County	32,435	13.6%	16.4%
West Virginia	1,775,156	15.1%	14.0%
United States	333,287,557	16.6%	1.0%

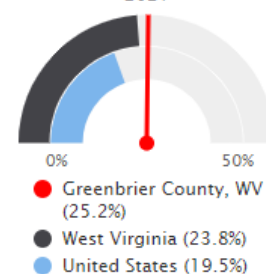
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Places Data Portal](#). 2022



Physical Inactivity

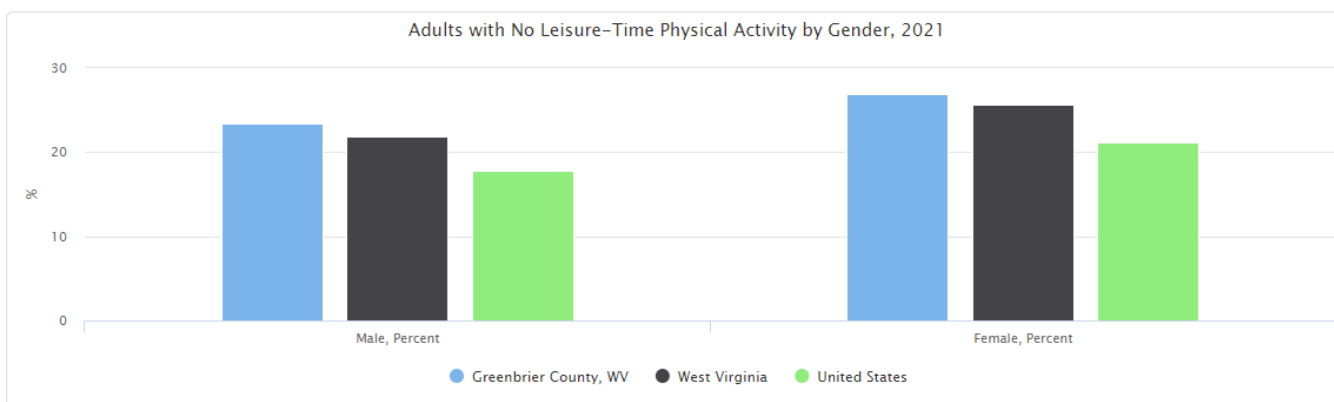
Within the report area, 7,120 or 25.2% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Percentage of Adults with No Leisure-Time Physical Activity, 2021



Report Area	Population Age 20+	Adults Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Greenbrier County	25,612	7,120	25.2%
West Virginia	1,381,111	353,488	23.8%
United States	232,759,569	47,072,403	19.5%

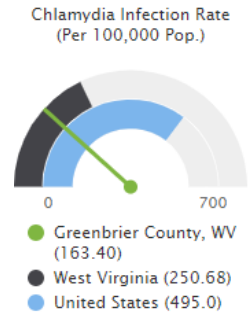
Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*, 2021.



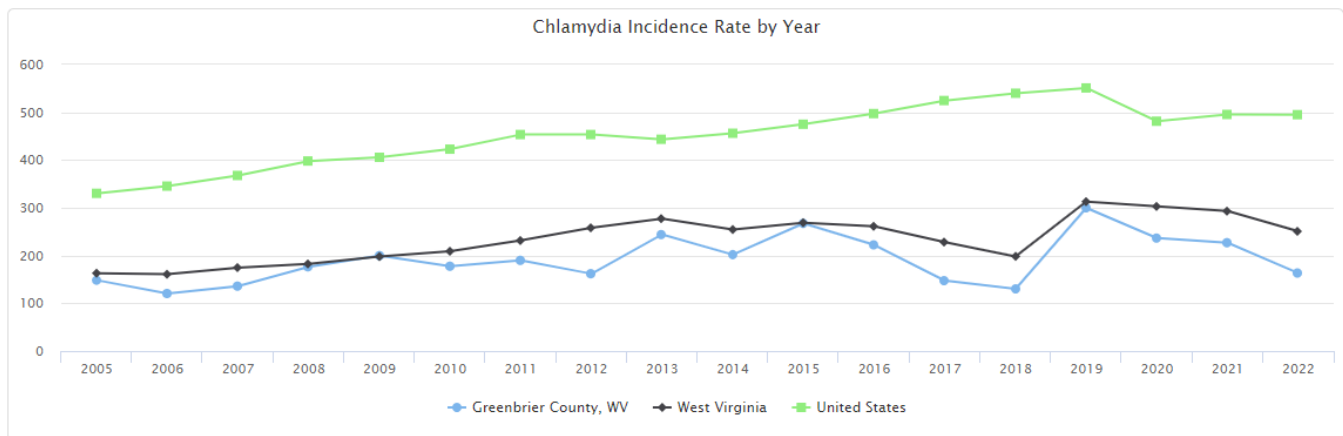
STI – Chlamydia Incidence

This indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections Rate per 100,000 Pop.
Greenbrier County	32,435	53	163.40
West Virginia	1,775,156	4,450	250.68
United States	333,287,447	1,649,716	495.0



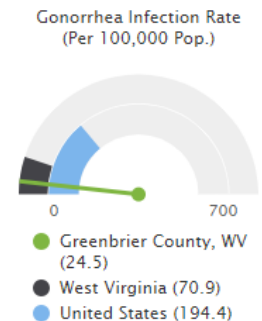
Data Source: Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. 2022.



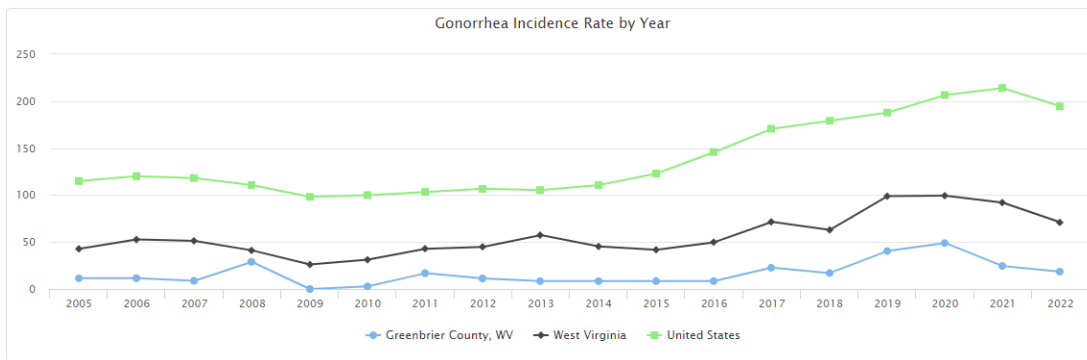
STI – Gonorrhea Incidence

This indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population. The number of cases is based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections Rate per 100,000 Pop.
Greenbrier County	32,608	8	24.5
West Virginia	1,775,156	1,258	70.9
United States	333,287,557	648,056	194.4



Data Source: Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. 2022.

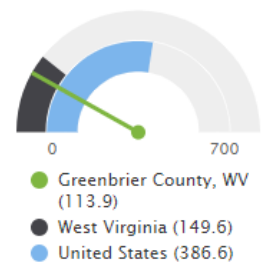


STI – HIV Incidence

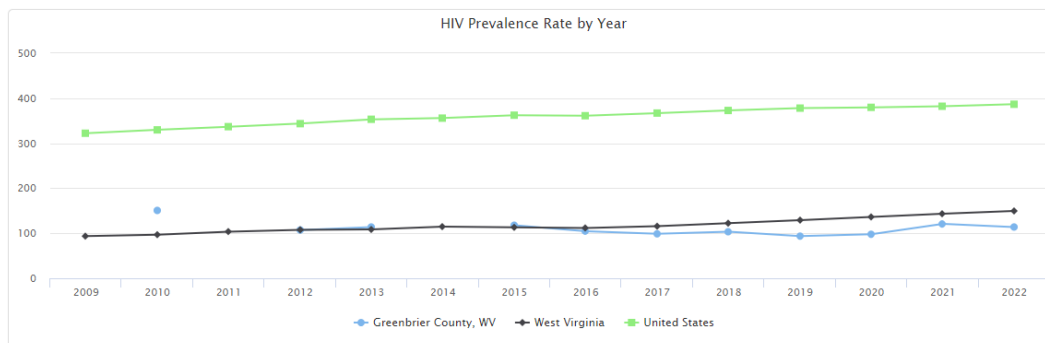
This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS Rate per 100,000 Pop.
Greenbrier County	28,106	32	113.9
West Virginia	1,530,380	2,289	149.6
United States	282,494,087	1,092,023	386.6

Population with HIV / AIDS, Rate per 100,000 Pop.



Data Source: Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2022.

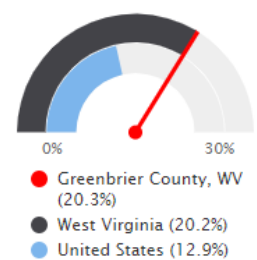


Tobacco Usage - Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Within the report area there are 20.3% adults age 18+ who have smoked and currently smoke of the total population age 18+.

Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Greenbrier County	32,435	20.3%	21.6%
West Virginia	1,775,156	20.2%	21.0%
United States	333,287,557	12.9%	13.2%

Percentage of Adults Age 18+ who are Current Smokers



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [PLACES data Portal](#). 2022.

Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationship may emerge, allowing a better understanding of how certain community health needs may be addressed.

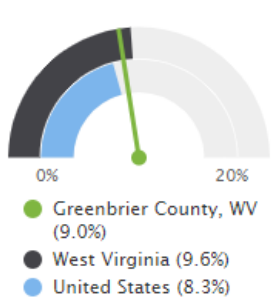
Birth Outcomes - Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2016-2022) and are used for the 2024 County Health Rankings. Within the report area, there were 216 infants born with low birth weight. This represents 9.0% of the total live births.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Greenbrier County	2,298	216	9.0%
West Virginia	125,531	12,062	9.6%
United States	26,262,906	2,190,533	8.3%

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2016-2022.

Percentage of Infants with Low Birthweight: %



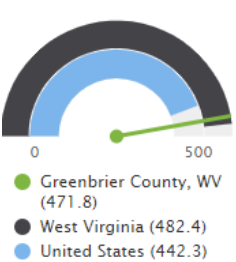
Cancer Incidence – All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 pop. per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 251 new cases of cancer reported. This means there is a rate of 471.8 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Greenbrier County	53,200	251	471.8
West Virginia	2,523,631	12,174	482.4
United States	383,976,486	1,698,328	442.3

Data Source: [State Cancer Profiles](#), 2016-20.

Cancer Incidence Rate (Per 100,000 Pop.)



Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2016-2020.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Greenbrier County, West Virginia	1 - Lung & Bronchus (All Stages^), 2016-2020	43	75.1
Greenbrier County, West Virginia	2 - Breast (All Stages^), 2016-2020	32	124.3
Greenbrier County, West Virginia	3 - Colon & Rectum (All Stages^), 2016-2020	25	44
Greenbrier County, West Virginia	4 - Prostate (All Stages^), 2016-2020	24	81.3
Greenbrier County, West Virginia	5 - Melanoma of the Skin (All Stages^), 2016-2020	13	25

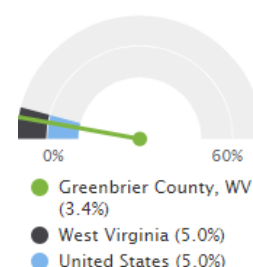
Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
U.S.	1 - Breast (All Stages^), 2016-2020	249,750	127
U.S.	2 - Lung & Bronchus (All Stages^), 2016-2020	215,307	54
U.S.	3 - Prostate (All Stages^), 2016-2020	212,734	110.5
U.S.	4 - Colon & Rectum (All Stages^), 2016-2020	138,021	36.5
U.S.	5 - Melanoma of the Skin (All Stages^), 2016-2020	83,836	22.5

Chronic Conditions – Asthma (Medicare Population)

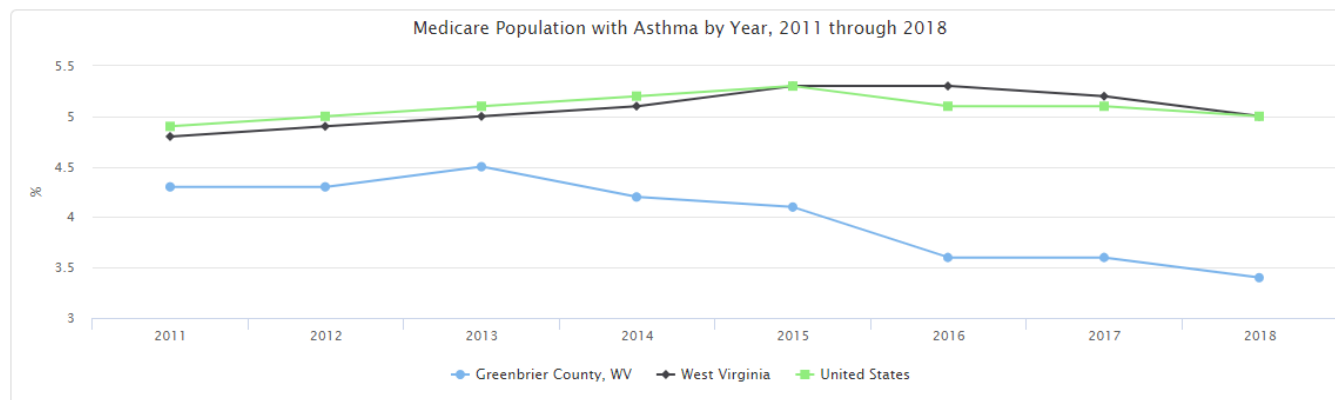
This indicator reports the number and percentage of the Medicare Fee-for-Service population with asthma. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the report area, there were 234 beneficiaries with asthma based on administrative claims data in the latest report year. This represents 3.4% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Greenbrier County	6,833	234	3.4%
West Virginia	276,812	13,901	5.0%
United States	33,499,472	1,665,694	5.0%

Percentage of Medicare Beneficiaries with Asthma



Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#), 2018.

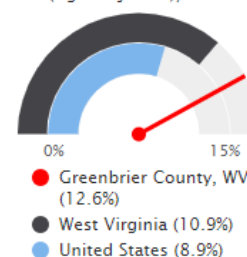


Chronic Conditions – Diabetes Prevalence (Adult)

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Within the report area, 4,141 of adults age 20 and older have diabetes. This represents 12.6% of all the adults age 20+.

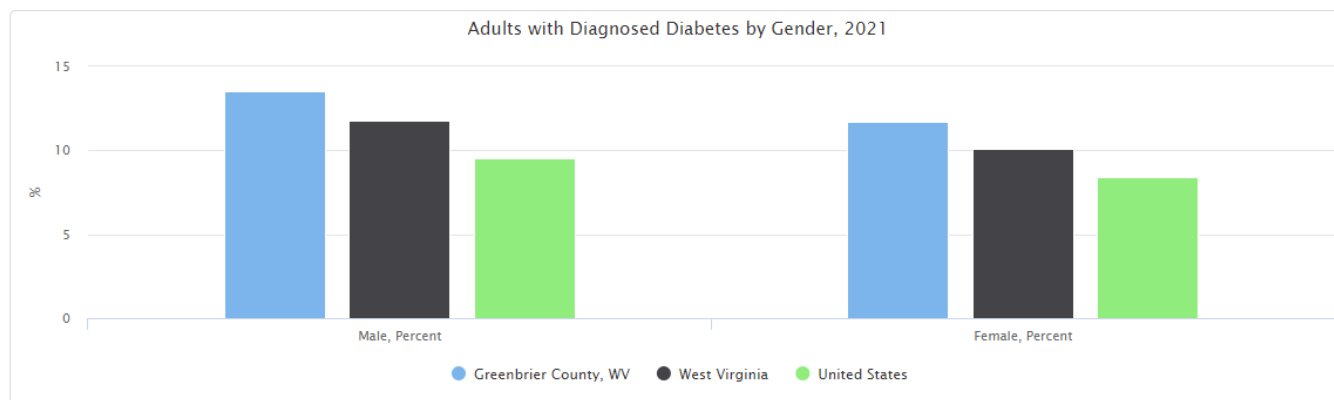
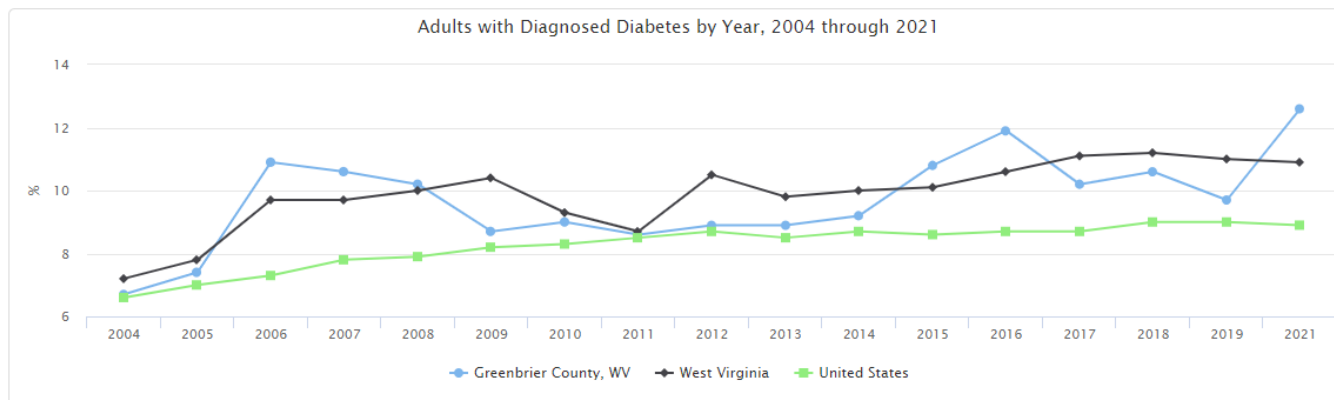
Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Greenbrier County	25,720	4,141	12.6%

Percentage of Adults Age 20+ with Diagnosed Diabetes (Age-Adjusted), 2021



West Virginia	1,380,294	183,606	10.9%
United States	232,706,003	23,263,962	8.9%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.



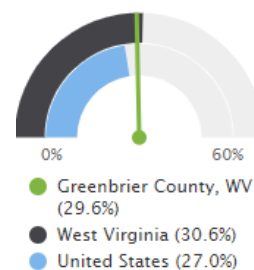
Chronic Conditions - Diabetes Prevalence (Medicare Population)

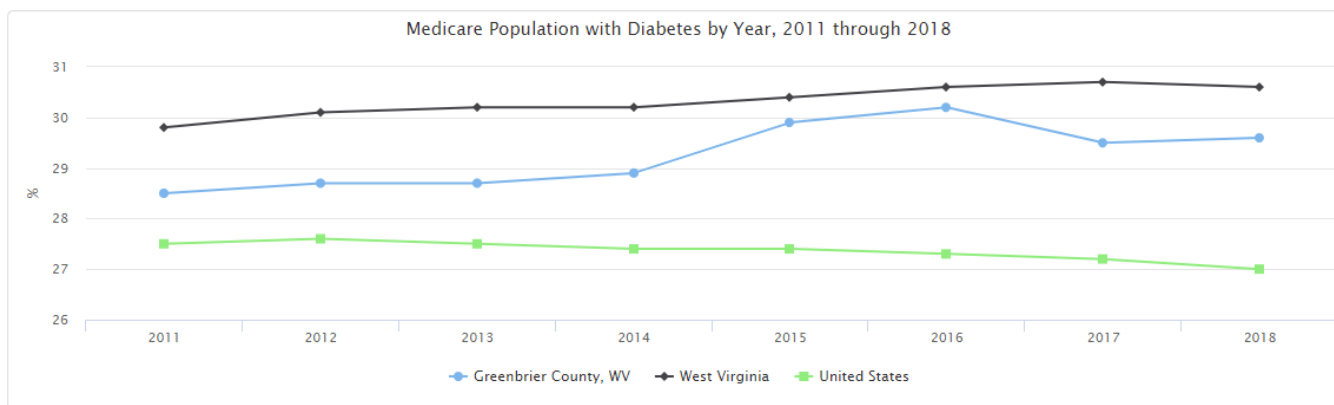
This indicator reports the number and percentage of the Medicare Fee-for-Service population with diabetes. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the report area, there were 2,024 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 29.6% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Greenbrier County	6,833	2,024	29.6%
West Virginia	276,812	84,660	30.6%
United States	33,499,472	9,029,582	27.0%

Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File. 2018

Percentage of Medicare Beneficiaries with Diabetes





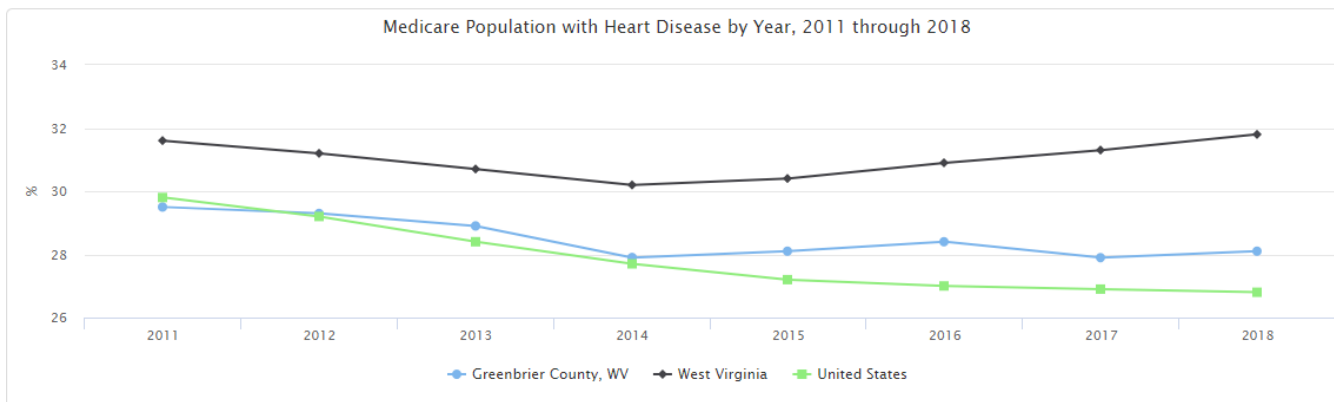
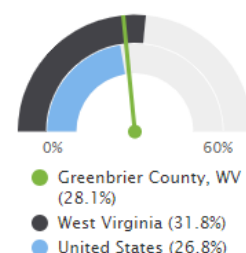
Chronic Conditions - Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare Fee-for-Service population with ischemic heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the report area, there were 1,918 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 28.1% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Greenbrier County	6,833	1,918	28.1%
West Virginia	276,812	88,002	31.8%
United States	33,499,472	8,979,902	26.8%

Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#), 2018

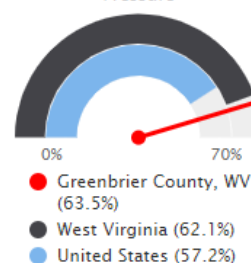
Percentage of Medicare Beneficiaries with Heart Disease



Chronic Conditions - High Blood Pressure (Medicare Population)

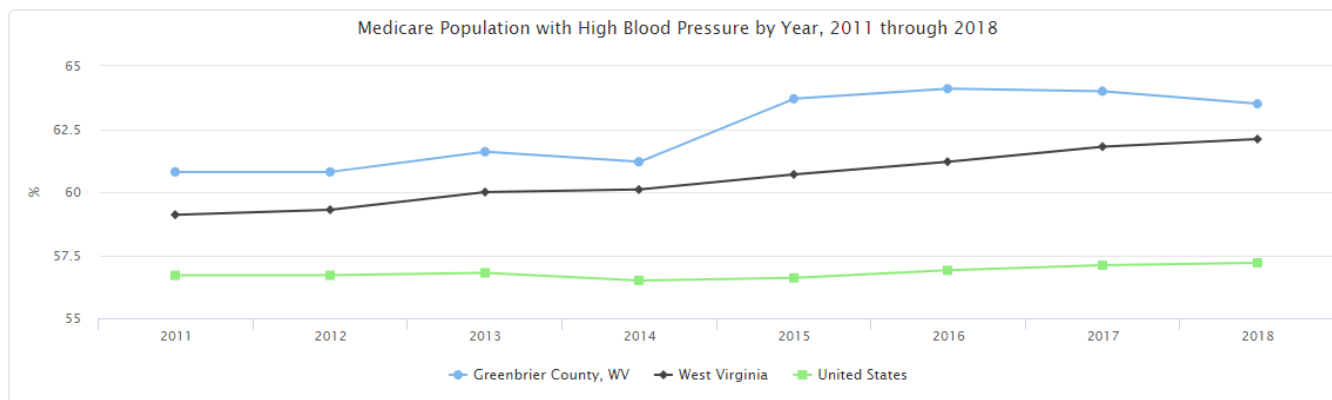
This indicator reports the number and percentage of the Medicare Fee-for-Service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the report area, there were 4,340 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 63.5% of the total Medicare Fee-for-Service beneficiaries.

Percentage of Medicare Beneficiaries with High Blood Pressure



Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
Greenbrier County	6,833	4,340	63.5%
West Virginia	276,812	171,904	62.1%
United States	33,499,472	19,162,770	57.2%

Data Source: Centers for Medicare and Medicaid Services, *Chronic Conditions*, 2018.

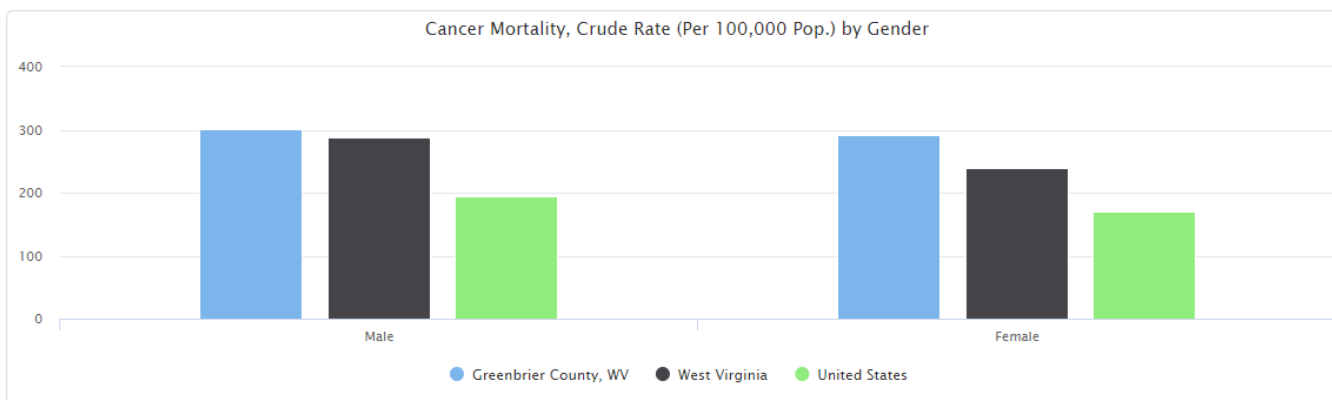


Mortality – Cancer

This indicator reports the 2018-2022 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States. Within the report area, there are a total of 500 deaths due to cancer. This represents a crude death rate of 296.2 per every 100,000 total population.

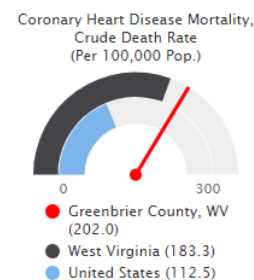
Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	500	296.2
West Virginia	1,788,176	23,510	262.9
United States	330,014,476	3,014,809	182.7

Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*. Accessed via *CDC WONDER*, 2018-2022.



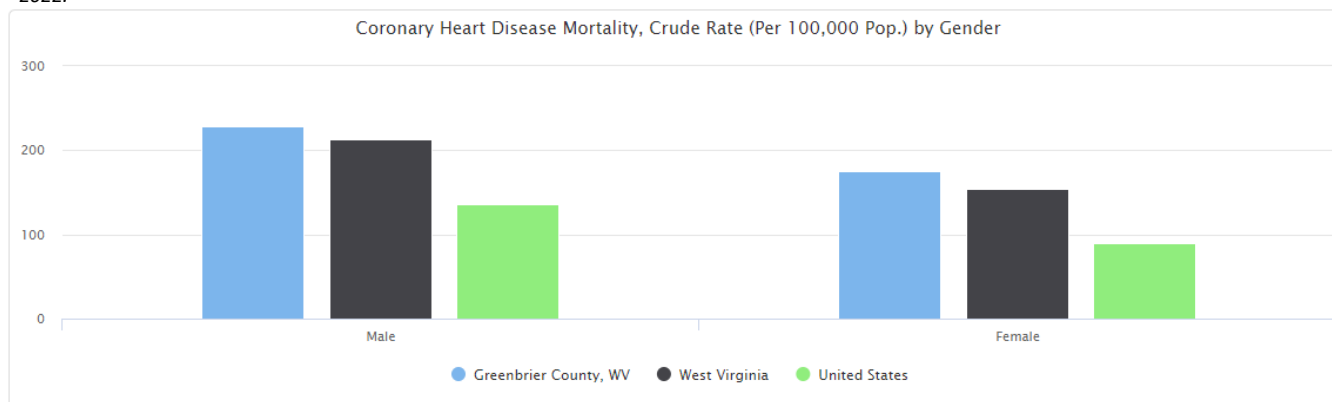
Mortality – Coronary Heart Disease

This indicator reports the 2018-2022 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States. Within the report area, there are a total of 341 deaths due to coronary heart disease. This represents a crude death rate of 202.0 per every 100,000 total population.



Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	341	202.0
West Virginia	1,788,176	16,387	183.3
United States	330,014,476	1,856,446	112.5

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2018-2022.

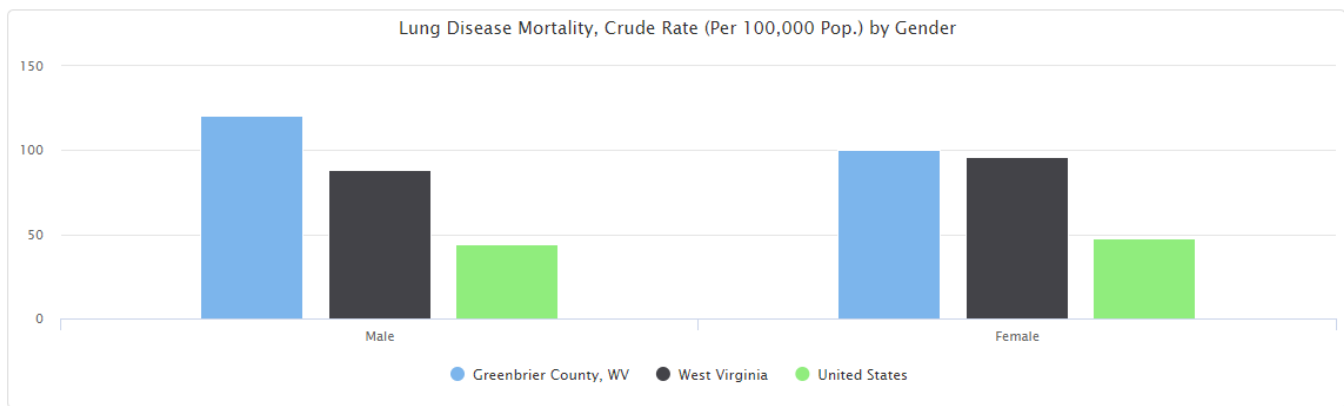


Mortality - Lung Disease

This indicator reports the 2018-2022 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 186 deaths due to lung disease. This represents a crude death rate of 110.2 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	186	110.72
West Virginia	1,788,176	8,242	92.2
United States	330,014,476	758,846	46.0

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2018-2022.



Mortality – Motor Vehicle Crash

This indicator reports the 2018-2022 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death. Within the report area, there are a total of 28 deaths due to motor vehicle crash. This represents a crude death rate of 16.6 per every 100,000 total population. Fatality counts are based on the decedent's residence and not the location of the crash.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	28	16.6
West Virginia	1,788,176	1,417	15.8
United States	330,014,476	206,222	12.5

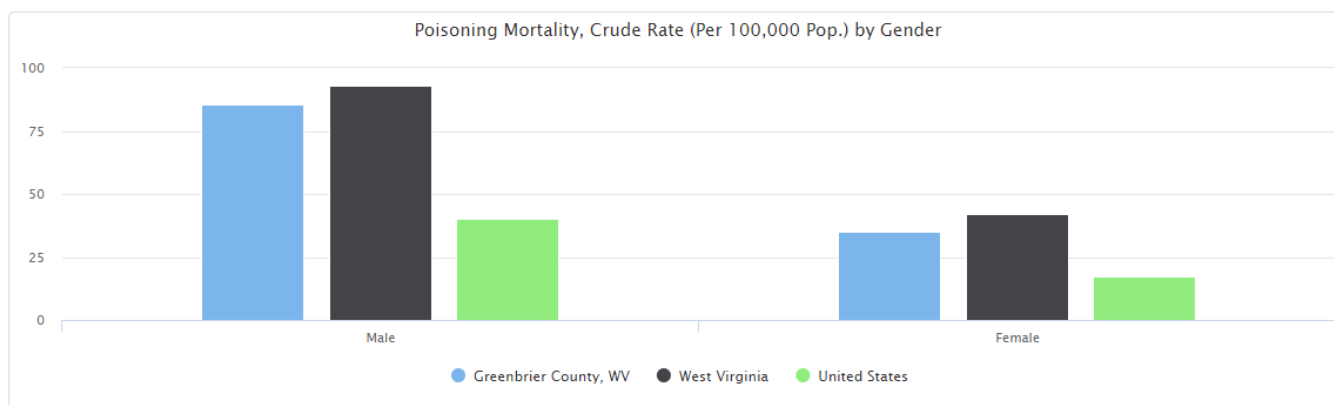
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.

Mortality – Poisoning

This indicator reports the 2018-2022 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because poisoning deaths, especially from drug overdose, are a national public health emergency. Within the report area, there are a total of 101 deaths due to poisoning. This represents a crude death rate of 59.8 per every 100,000 total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	101	59.8
West Virginia	1,788,176	6,026	67.4
United States	330,014,476	469,860	28.5

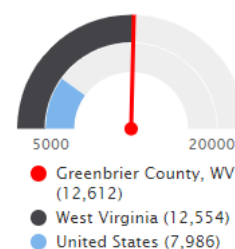
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.



Mortality – Premature Death

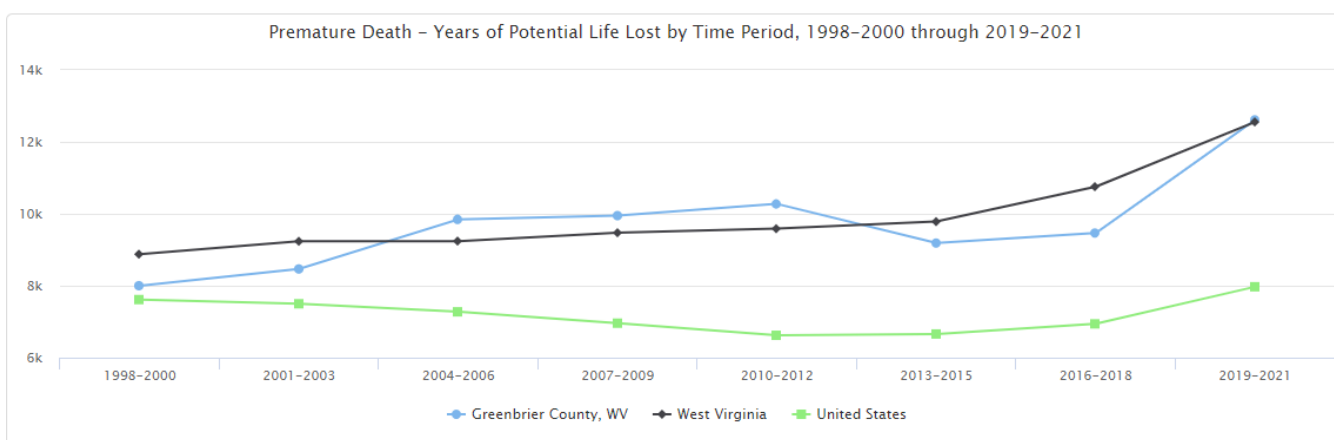
This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2019-2021) and are used for the 2024 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. Within the report area, there are a total of 820 premature deaths from 2019 to 2021. This represents an age-adjusted rate of 12,612 years potential life lost before age 75 per every 100,000 total population.

Years of Potential Life Lost Rate Per 100,000 Population



Report Area	Premature Deaths, 2019-2021	Years of Potential Life Lost, 2019-2021	Years of Potential Life Lost, Rate per 100,000 Population
Greenbrier County	820	11,550	12,612
West Virginia	40,230	617,087	12,554
United States	4,535,347	73,613,082	7,986

Data Source: Centers for Disease Control and Prevention, CDC National Vital Statistics system. Accessed via County Health Rankings. 2019-2021.

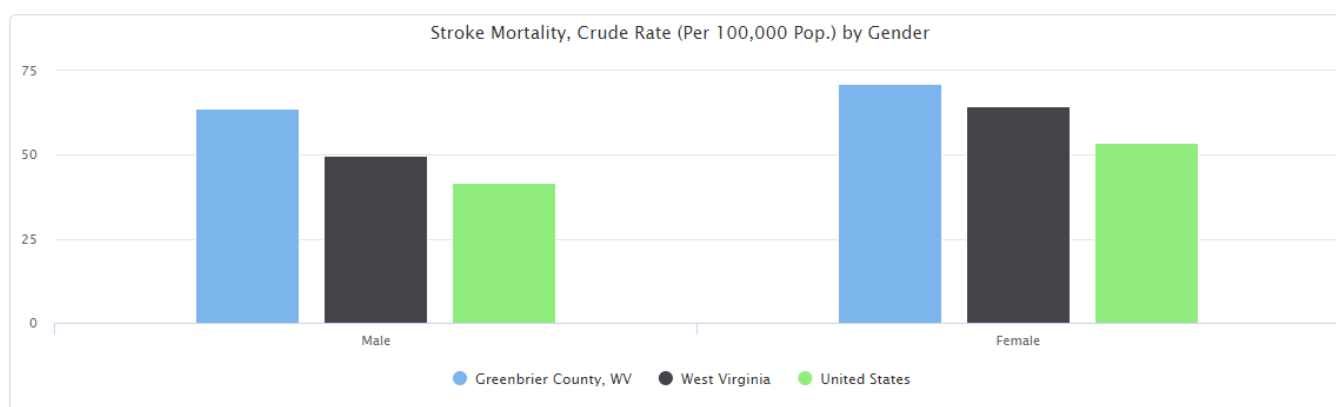


Mortality - Stroke

This indicator reports the 2018-2022 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States. Within the report area, there are a total of 114 deaths due to stroke. This represents a crude death rate of 67.5 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	114	67.5
West Virginia	1,788,176	5,115	57.2
United States	330,014,476	786,362	47.7

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.



Mortality - Suicide

This indicator reports the 2018-2022 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health. Within the report area, there are a total of 36 deaths due to suicide. This represents a crude death rate of 21.3 per every 100,000 total population.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	36	21.3
West Virginia	1,788,176	1,807	20.2
United States	330,014,476	239,493	14.5

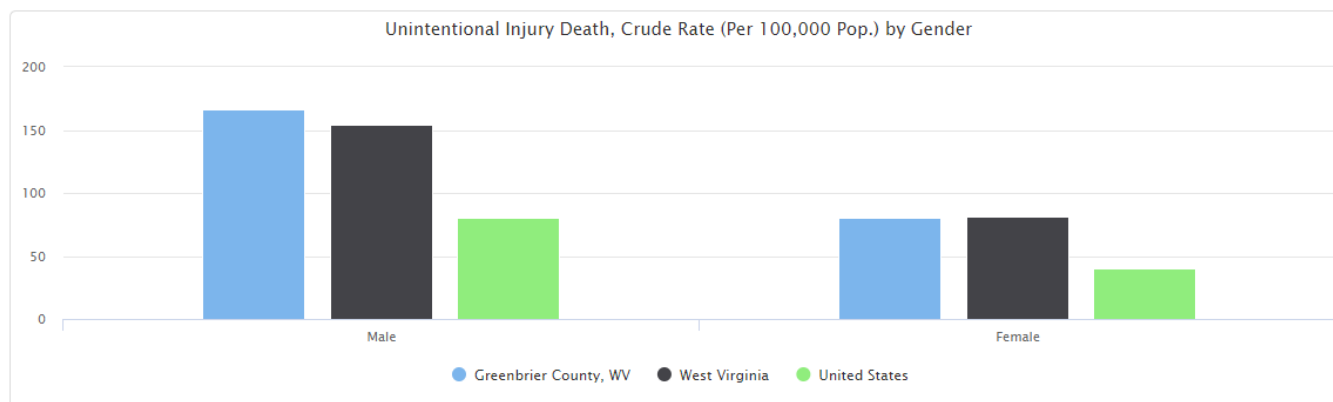
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2018-2022.

Mortality – Unintentional Injury (Accident)

This indicator reports the 2018-2022 five-year average rate of death due to unintentional injury per 100,000 population. Figures are reported as crude rates. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because unintentional injuries are a leading cause of death in the United States. Within the report area, there are a total of 207 deaths due to unintentional injury. This represents a crude death rate of 122.6 per every 100,000 total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)
Greenbrier County	33,762	207	122.6
West Virginia	1,788,176	10,529	117.8
United States	330,014,476	993,096	60.2

Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*. Accessed via *CDC WONDER*. 2015-2022.

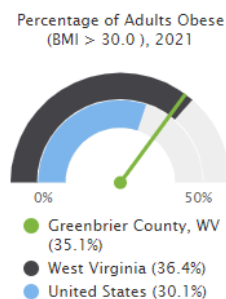


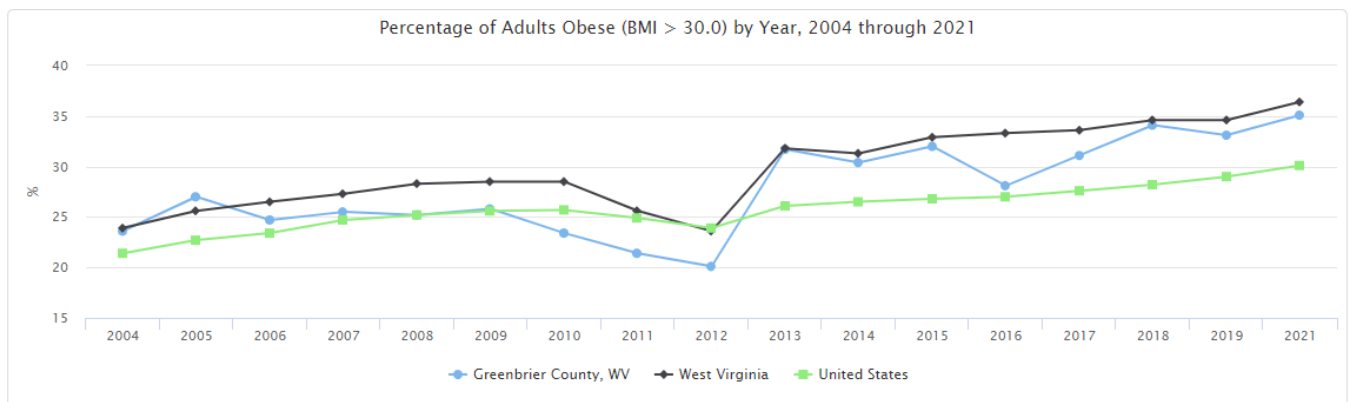
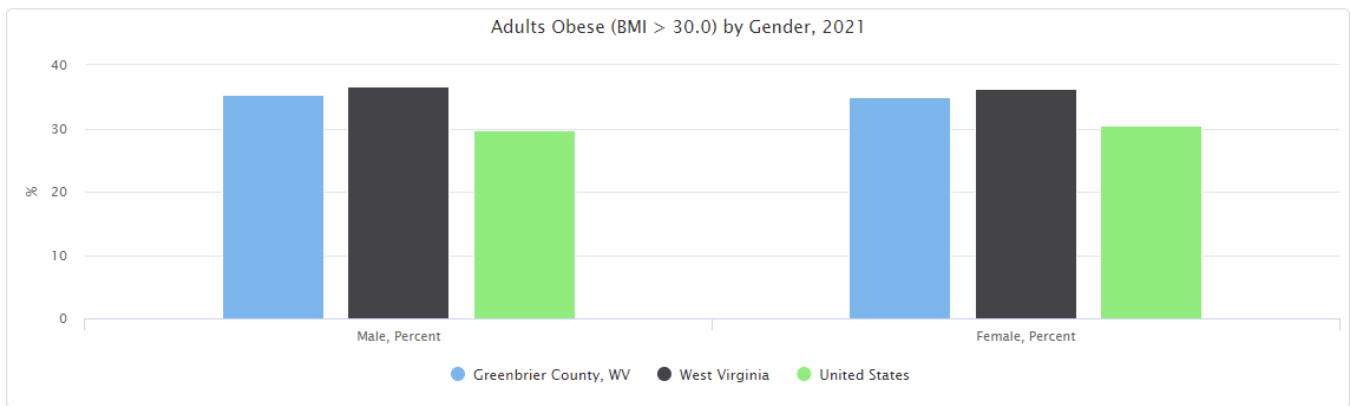
Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Within the report area, there are a total of 9,005 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 35.1% of the survey population.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Greenbrier County	25,655	9,005	35.1%
West Virginia	1,381,296	503,126	36.4%
United States	232,757,930	70,168,831	30.1%

Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*. 2021.



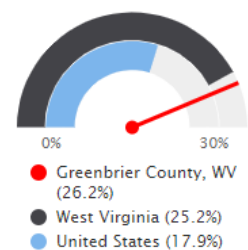


Poor or Fair Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor.” In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 26.2%.

Report Area	Population Age 18+	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Greenbrier County	32,435	26.2%	23.9%
West Virginia	1,775,156	25.2%	23.3%
United States	333,287,557	17.9%	17.0%

Percentage of Adults Age 18+ with Poor or Fair General Health



Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via [County Health Rankings](#). 2022.

Special Topics – COVID-19

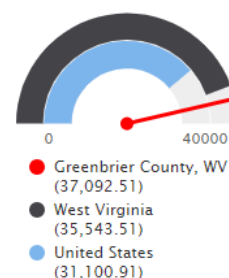
COVID-19 – Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator reflect the total confirmed cases since the start of the COVID-19 pandemic until the dataset discontinuation in March, 2023. Data are obtained from the Johns Hopkins University data feed. In the report area, there have been 12,903 total confirmed cases of COVID-19. The rate of confirmed cases is 37,092.51 per 100,000 population, which is greater than the state average of 35,543.51. Data are current as of 03/10/2023.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Greenbrier County	34,786	12,903	37,092.51	03/10/2023
West Virginia	1,805,832	641,856	35,543.51	03/10/2023
United States	326,262,499	101,470,604	31,100.91	03/10/2023

Data Source: [Johns Hopkins University](#). Accessed via [ESRI](#). Additional data analysis by [CARES](#). 2022.

COVID-19 Cases, Rate per 100,000 Population



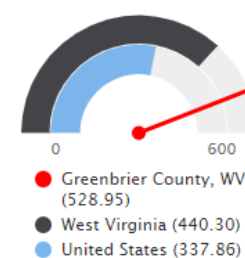
COVID-19 – Mortality

This indicator reports mortality rate from patients with confirmed COVID-19 disease per 100,000 population. Data for this indicator reflect the total deaths since the start of the COVID-19 pandemic until the dataset discontinuation in March, 2023. Data are obtained from the Johns Hopkins University data feed. In the report area, there have been 184 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 528.95 per 100,000 population, which is greater than the state average of 440.30. Data are current as of 03/10/2023.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Greenbrier County	34,786	184	528.95	03/10/2023
West Virginia	1,805,832	7,951	440.30	03/10/2023
United States	326,262,499	1,102,319	337.86	03/10/2023

Data Source: [Johns Hopkins University](#). Accessed via [ESRI](#). Additional data analysis by [CARES](#). 2022.

COVID-19 Deaths, Crude Rate per 100,000 Population



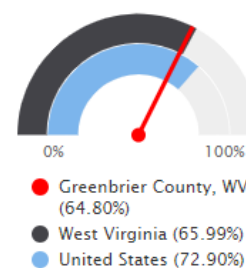
COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how concerning vaccine rollout may be in some communities compared to others, with values ranging from 0 (least concerning) to 1 (most concerning).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Greenbrier County	64.80%	10.42%	0.37	09/28/2022
West Virginia	65.99%	9.92%	0.32	09/28/2022
United States	72.90%	10.33%	0.44	09/28/2022

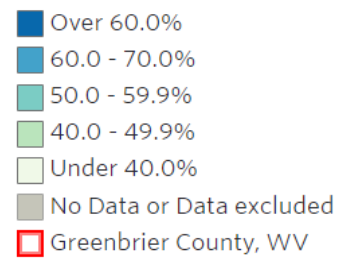
Data Source: [Centers for Disease Control and Prevention](#) and the [National Center for Health Statistics](#), [CDC GRASP](#). 2018-22.

Fully Vaccinated Adults





Fully Vaccinated Adults (COVID-19), Percent by County, CDC 2022



Report prepared by [Spark Map](#).

Quick Guide to Greenbrier County Community Services

Provided by the

Family Resource Network (FRN) of Greenbrier County PO Box 623 Lwbg

greenbrierfrn@yahoo.com

APRIL 2022

(Information is apt to change at any time) NOTE: All numbers are 304 area code unless otherwise noted

WV COALITION AGAINST HOMELESSNESS INTAKE NUMBER (833) 722-2014

MOUNTAINEER RENTAL ASSISTANCE PROGRAM at <https://www.wvdhf.com/program/mountaineer-rental-assistance-program>

ADOPTION & FOSTER CARE

Children's Home Society.....647-3430
Mission WV562-0723
WV DHHR.....647-7476

CHILDREN'S SERVICES

Burr Rabbit Child Development Ctr.536-4260
CASE Right from the Start.....438-5810
Creative Works Birth to Three.....645-1163
Headstart/PreK.....647-7105
Joyful Noise After School Program 647-4140
Kingdom Kids Childhood Center....793-2327
Lit'l Britches Child Care Center.....793-5347
Little Learners Day Care.....647-3750
Lit'l Rascal Daycare.....645-5590
Make a Wish Foundation.....(800) 664-9474
Mountain Heart Child Care Resource & Referral.....647-3800
Northern Greenbrier Latchkey Kids.497-3392
Parents as Teachers.....651-1898
Parent's Morning Out.....645-2727
The Preschool at LUMC.....645-2727
WV Birth to 3 Regional RAU.....647-3810

ADDICTIONS/MENTAL HEALTH SERVICES

AA (800)333-5051 & NA (800) 766-4442
Chestnut Ridge.....598-6364
Child and Youth Advocacy Center...645-4668
Crosswinds Center.....497-2850
Davis Stuart.....647-5577
Encouraging Words Counseling.....645-5355
Family Refuge Center.....645-6334
Fruits of Labor.....438-7425
God's Way Home.....646-6655
Pyramid Counseling LLC.....645-5558
R.A.F.T. (Resources for Adolescents & Family Transitions).....256-7139
RMC School-Based Health438-6188ext3308
Seneca Health Services.....497-0500
Suicide Prevention Hotline(800)273-8255
The Oaks by FMRS (various programs) 256-17100
Turning Pointe for Families.....252-6783
WV DHHR.....647-7476
HELP4WV HOTLINE.....844-435-7498

CLOTHING

Greenbrier Better Living.....647-3003
Old Stone Americana Shop.....645-2676

DISASTER SERVICES

American Red Cross.....(681) 220-0681
Emergency Management.....645-5444

EDUCATION/TRAINING

GED/TASC Program.....647-6458
Carnegie Hall.....645-7917
Communities In Schools.....661-1018
Greenbrier County Board of Ed.....647-6470
Greenbrier Valley Theatre.....645-3838
High Rocks Educational Corp.....653-4891
Mountaineer Challenge Academy 981-0059
MODIFY.....(866)720-3605
THINK (Teaching Health Instead of Nagging Kids) RMC.....575-7617
WVU Extension Service.....647-7408
WVSOM.....645-6270

EMPLOYMENT

Gateway Industries, Inc.....645-3165
Open Doors.....645-2130
WV Division of Rehabilitation.....647-7515
Workforce WV (Employment)....647-7410
WVU Ctr. Excellence in Disability- 222-0811

FINANCIAL ASSISTANCE

Greenbrier Better Living Center....647-3003
North Central Community Action. 647-5106
Salvation Army.....647-4590
Wellspring.....392-2095
Western Greenbrier Ministerial...438-8711
WV DHHR.....647-7476

FOOD/NUTRITION

Alderson Food Pantry.....445-5231
Lewisburg/Fairlea Food Pantry....645-2676
Quinwood Food Pantry.....667-7160
Rainelle Food Pantry.....438-6311
Renick Food Pantry.....497-3515
Roncerverte Food Pantry.....647-5482
Wellspring (Food pantry & hot meals) 392-2095
Williamsburg Food Pantry.....392-5537
WSS Food Pantry.....536-1291
WSS Pentecostal Food Pantry.....661-1960
Gbr. County Committee on Aging. 392-5138
Women, Infant & Children (WIC)...647-7430

HOUSING also see above

Alderson Manor.....445-7473
Bethlemen Farm.....445-7143
Emergency House (was Pinehaven) 255-9138
Habitat for Humanity.....647-3342
Fort Springs Apartments.....645-5884
Lewisburg Manor.....645-1308
Lewis Terrace.....645-3311
Morgan Manor Apartments.....645-2680
Raleigh County Housing Authority....
...(for Gbr County HUD vouchers. 255-5164
Ridgeview Estates.....647-3883
Roncerverte Village Apartments..645-1671
Spruce Cove.....645-5699
Wilshire Landing.....645-4111

LEGAL SERVICES

ACLU OF West Virginia.....345-9246
Court Appointed Special Advocates for Children (CASA).....645-5437
Greenbrier County Day Report Center...647-1389
Legal Aid of WV, Inc.....(866) 401-9391
WV Advocates-Disability Rights
WV.....800-950-5250
WV College of Law Child & Family Law Clinic.....293-5301

MEDICAL SERVICES

Drug Free Mother/Baby Program...647-1166
Greenbrier County Health Dept.....645-1787
Greenbrier Valley Medical Center...647-4411
Kanawha Hospice Care.....645-2700
Rainelle Medical Center.....438-6188
Robert C. Byrd Clinic.....645-3220
Shriner's Hospital.....(800)237-5055
WV Breast and Cervical Cancer Program....
.....(800) 642-8522
Breast Health Initiative.....(304)556-4808
WV Children's Health Ins.(877) 982-2447
WV Statewide Charitable Mail Order
Pharmacy.....414-5935
WVSOM Center for Rural & Community Health.....793-6571
WVU Center of Excellence in Disabilities.....293-2914

NURSING HOMES

Autumn Way.....392-5566
Genesis Healthcare.....536-4661
Greenbrier Health Care Center645-3076
Stonerise Lewisburg.....645-7270
Stonerise Rainelle.....438-6127

SENIOR SERVICES

Greenbrier County Committee on Aging...
...Lwbg 645-1978 or Rupert.....392-5138
Home Care Plus.....645-1706
Shepherd's Center of Gbr.Valley....645-4196
WV Dept.of Veterans Affairs.....647-7500

SUPPORT GROUPS

Celebrate Recovery.....645-6999

TRANSPORTATION

Good News Mountaineer Garage (866) 448-3227
Mountain Transit Authority.....872-5872
Rural Health Disparities Transportation Program (WVSOM)793-6588