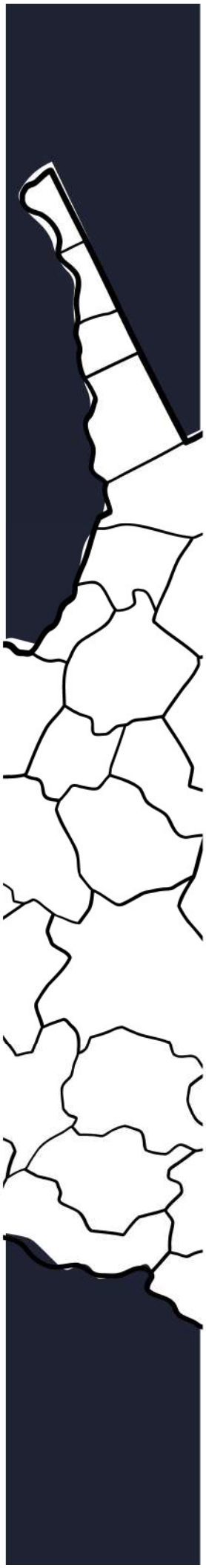
Northwood
HEALTH SYSTEMS

2025 Community Health Needs Assessment

Hancock, Brooke, Ohio, Marshall, and Wetzel Counties, West Virginia



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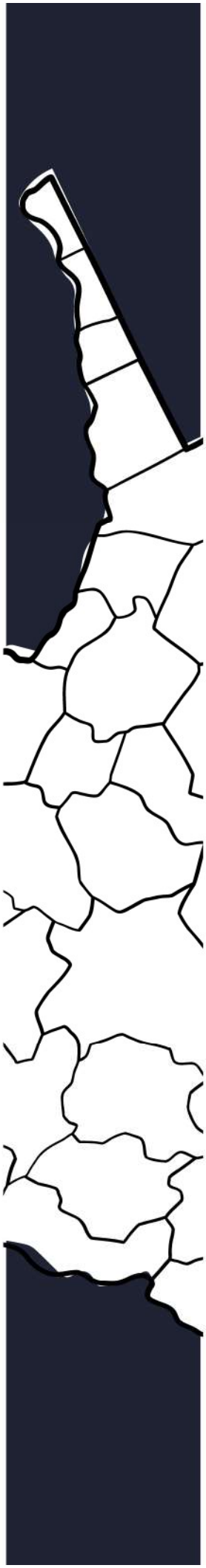

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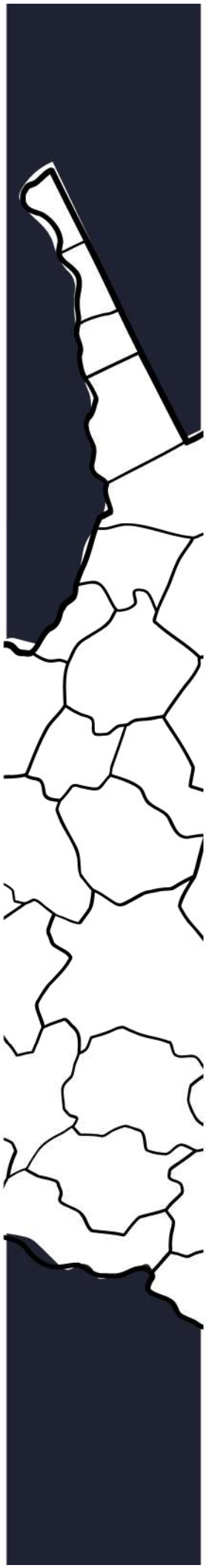

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Message to the Community

Northwood Health Systems is proud to present its 2025 Community Health Needs Assessment (CHNA) report. This triennial report provides a comprehensive analysis of health status indicators, as well as socioeconomic, demographic, and other qualitative and quantitative data from our primary service area, which includes Hancock, Brooke, Ohio, Marshall, and Wetzel counties in West Virginia. Our mission is to be a world-class organization dedicated to delivering cost-effective, high-quality care to individuals of all ages facing emotional challenges, intellectual disabilities, mental health issues, and substance use disorders. The data gathered in this assessment focuses on these areas, which were thoroughly analyzed to identify the key health needs and challenges affecting these populations.

The primary goal of this assessment is to pinpoint the specific health needs and concerns within the communities we serve. Additionally, the CHNA offers valuable insights for public health organizations, healthcare providers, policymakers, social service agencies, community groups, businesses, religious institutions, and individuals interested in enhancing the overall health of the region. The findings will assist Northwood Health Systems and other local providers in strategically identifying priority health issues, developing targeted interventions, and allocating resources to improve community health outcomes.

This report is also intended as a resource for those seeking to use this information to inform healthcare decisions and organizational planning.

At Northwood Health Systems, improving the health of our community and region is our top priority. In addition to the care and programs we already provide, we hope this information serves not only as a valuable resource but also as a catalyst for further collaborative efforts aimed at improving the health and well-being of our community.

Executive Summary

The 2025 Northwood Health Systems Community Health Needs Assessment (CHNA) was conducted to identify health issues and needs and to provide critical information to Northwood Health Systems and others in a position to make a positive impact on the health of the region's residents. The results enable Northwood and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of children, adolescents, adults, and senior citizens with emotional problems, intellectual disabilities, mental illness, and drug and alcohol addictions living in the Northwood Health Systems service area.

The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c) (3) tax-exempt hospitals. This Community Health Needs Assessment included a detailed examination of the following areas:

- Demographics
- General Health Status and Access to Care
- Chronic/Serious Mental Health
- Drug and Alcohol
- Other Environmental Factors and Indicators Impacting Mental and Physical Health

Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources, including the West Virginia Bureau of Public Health, Behavioral Risk Factor Surveillance Systems, SAMHSA, the Centers for Disease Control, and County Health Rankings, as well as a number of other reports and publications.

Data was collected for Hancock, Brooke, Ohio, Marshall, and Wetzel counties, although some selected state and national data is included where local / regional data was not available. Where updated information could not be obtained, information from previously collected data was included. Utilization data was included from Northwood Health Systems' patient records. Primary qualitative data collected specifically for this assessment included 3 focus groups, consisting of local organizations and professionals, behavioral health workers, and behavioral health consumers. 174 stakeholder interviews were completed, representing the needs and interests of various community groups, topic areas, and sub-populations. In addition to gathering input from focus groups and stakeholder interviews, input and guidance also came from health system leaders who served on the Steering Committee.

Key Findings

All primary and secondary data was reviewed and analyzed, then key issues, needs, and possible priority areas for intervention were identified. The Steering Committee prioritized and discussed the needs and identified expanding substance use disorder treatment and recovery services, overdose prevention, reducing barriers to mental health treatment caused by inadequate transportation, and flexible appointment options, additional psychological testing, and accessing safe and

affordable housing as the top priority areas in response to the needs identified in the assessment. The implementation strategies selected by Northwood Health Systems address these top needs in a variety of ways.

Needs identified in the CHNA report that are not being addressed in the implementation strategies are (1) already being addressed by current programs or existing community assets, (2) are lacking necessary resources to meet these needs, or (3) fall outside of the Northwood Health Systems mission.

Methodology

To guide this assessment, the project managers formed a Steering Committee that consisted of representatives who understood the various needs and issues of the service area population. The Steering Committee provided guidance on the various components of the Community Health Needs Assessment.

Service Area Definition

Consistent with IRS guidelines at the time of data collection, Northwood Health Systems defined the community by geographic location based on the primary service area of the organization. More specifically, the geographic boundary of the primary service area includes Hancock, Brooke, Ohio, Marshall, and Wetzel counties in West Virginia.

Asset Inventory

The Northwood Health Systems staff identified existing health care facilities and resources within the community available to respond to the health needs of the community. The information included in the asset inventory includes, but is not limited to, a listing of youth services, hospitals, homeless services, food services, family services, community services, and Intellectual/Developmentally Disabled (I/DD) services.

Qualitative & Quantitative Data Collection

In an effort to examine the health related needs of the residents of the county wide service area, and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff and Steering Committee members made significant efforts to ensure that the entire primary service territory, all socio-demographic groups, and all potential needs, issues, and underrepresented populations were considered in the assessment.

The secondary quantitative data collection process included obtaining demographic and socioeconomic data from the West Virginia Department of Human Services, Behavioral Risk Factor Surveillance Survey (BRFSS), data collected by the Centers for Disease Control and Prevention, and the National Survey on Drug Use and Health (NSDUH). The NSDUH Data are for the most recent summary period and include information from participants who were adults over the age of 18. In addition, various health and health-related data from the following sources were also utilized for the assessment: the U.S. Department of Agriculture and the 2024 County Health Rankings.

The primary data collection process included qualitative data from 174 stakeholder interviews and 3 focus groups conducted by CHNA project managers. Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, and the service area overall.

Needs/Issues Prioritization Process

In May 2025, the Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the community. The Steering Committee prioritized the needs and issues identified throughout the assessment in order to identify potential interventions and implementation. Three criteria, including accountable role (the extent to which the health system vs. another entity in the community should take a leadership role on the issue), magnitude of the problem, and capacity (systems and resources to implement evidence based solutions), were used to evaluate identified needs/issues.

Steering Committee members completed the prioritization exercise using a criteria matrix approach. The group identified (1) expanding substance use disorder treatment and recovery services, (2) prioritizing overdose prevention, (3) reducing barriers to mental health treatment caused by inadequate transportation and flexible appointment options, (4) providing additional psychological testing options, and (5) promoting access to available safe and affordable housing.

Implementation Strategy Development Process

Following the prioritization session and based on the greatest needs related to Northwood's mission, current capabilities and focus areas, staff and leadership within the partner organizations involved in the CHNA process identified implementation strategies to meet identified needs. The implementation strategies are outlined in a separate document not included in this CHNA report.

Assessment Report Review & Approval

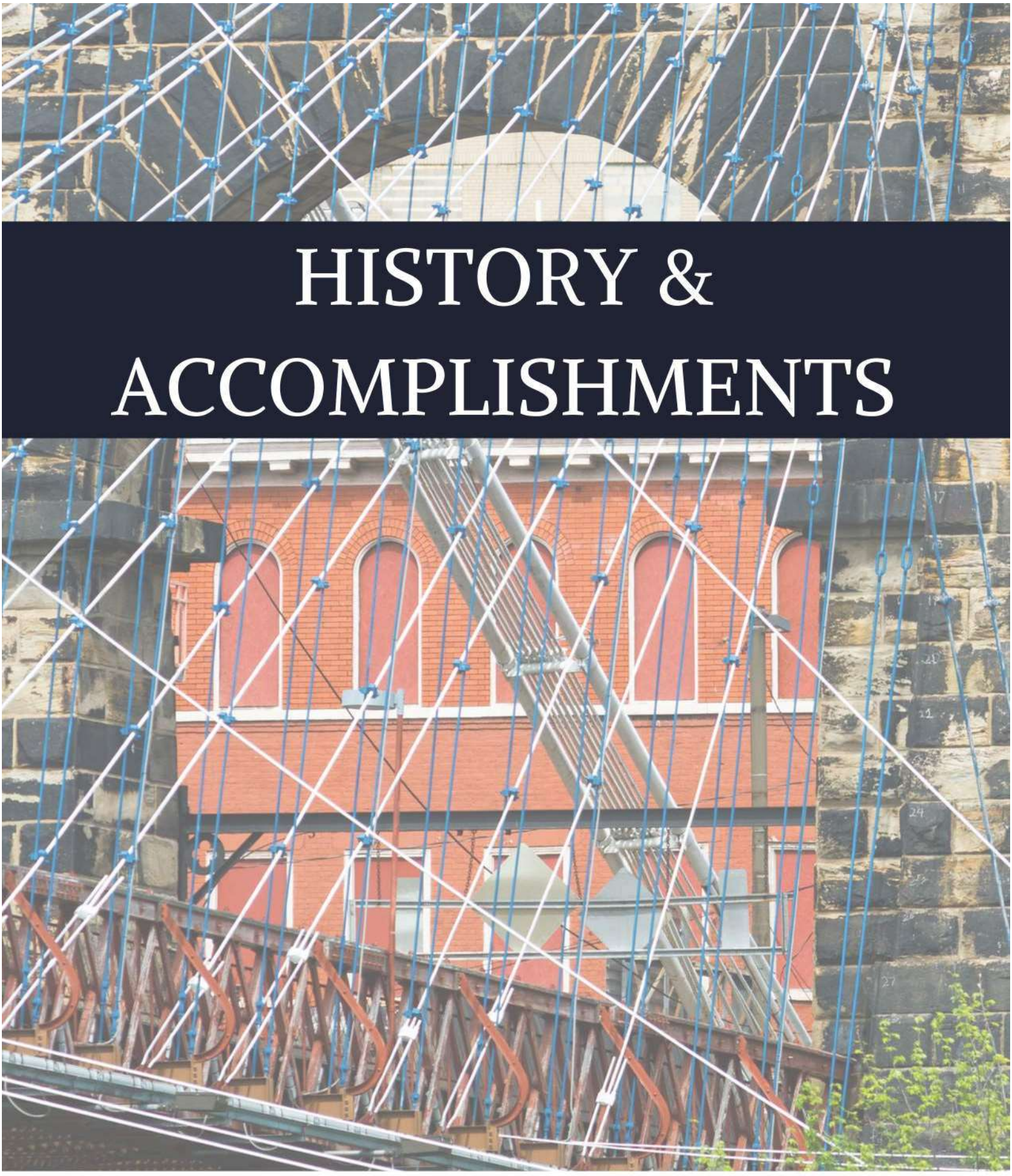
The Northwood Health Systems Board of Directors approved this Executive Summary on June 20, 2025.

Action Plan

Northwood Health Systems completed its most recent Community Health Needs Assessment (CHNA) in May 2025. The CHNA successfully identified several needs related to behavioral health in the community Northwood serves. The top priorities to be addressed were identified, and Northwood has developed an implementation plan to address those needs. Some of the identified needs were outside the scope of Northwood's mission, and others are more effectively addressed by other community organizations. Northwood believes the implementation plan will improve behavioral health in its community. Northwood Health Systems' Action Plan is not included as part of this CHNA report.

Action Plan Review & Approval

The 2025 Community Health Needs Assessment and Action Plan were presented and approved by the Northwood Health Systems Board of Directors on June 20, 2025. Following Board approval the 2025 Northwood Health Systems CHNA was published on the corporate website, making it available to the public.



HISTORY & ACCOMPLISHMENTS

Northwood HEALTH SYSTEMS

History & Recent Accomplishments

Community Health Needs Assessments are necessary to meet the regulatory requirements and guidelines for various healthcare organizations, and according to the community benefit provisions for tax-exempt hospitals recently established by the Internal Revenue Service, the Patient Protection and Affordable Care Act, non-profit hospitals are to conduct a community health assessment at least once every three years. A Community Health Needs Assessment (CHNA) must take into account the broad interests of the community served by the hospitals and must include individuals with expertise in public health. The Community Health Needs Assessment must be made widely available to the public and an action plan must be developed that identifies how the assessment findings are being implemented in a strategic plan.

Northwood Health Systems' mission is to be a world-class organization, dedicated to providing cost-effective, quality care for children, adolescents, adults, and senior citizens with emotional problems, intellectual and developmental disabilities, mental illness, and drug and alcohol addictions. Northwood Health Systems is committed to helping people achieve their highest possible quality of life. Northwood recognizes its role as an integral part of the communities it serves. Please review our website at www.northwoodhealth.com for more information on Northwood, its programs and services, and the many other contributions it makes to the community.

Charity Care

Many people face financial barriers that make it difficult to access the mental health services they need. Providing charity care to poor and indigent patients is a significant part of meeting Northwood's charitable mission. In fiscal year 2024, Northwood provided $1,032,839 in free clinical services for patients who neither have health insurance nor meet Medicaid eligibility criteria. This high level of charity care equates to 3.1% of Northwood's patient service revenue, and 3.0% of its total operating expenses. Northwood has historically provided substantially higher levels of charity care than any other major health care provider in our service area.

Northwood's Board of Directors and executive management believe that providing charity care to those in need is one of the company's greatest accomplishments.

Financial & In-Kind Contributions to Other Nonprofits

In addition to providing a high level of charity care to patients, Northwood has also made financial contributions to other nonprofit organizations to help them meet their charitable missions. In fiscal year 2024, Northwood made $3,093,550 in financial contributions to other nonprofit organizations. It is very rare for a nonprofit to make direct financial contributions to other nonprofit organizations, and Northwood's contributions have helped provide shelter, develop treatment programs, further education, and improve health for thousands in our communities. This unusual generosity by Northwood has been a significant community benefit.

Subsidized Health Services

Along with providing charity care and making financial contributions to other non-profits, in fiscal year 2024, Northwood also subsidized $838,512 in programs and services for which there is no, or very limited, reimbursement or funding. These subsidized programs and services, while a drain on Northwood's financial resources, play an important role in meeting the needs of the communities we serve. In other words, Northwood operates programs that lose money because those services are important in meeting the needs of the community.

Emergency Homeless Shelter

Northwood continually assesses the needs of the community. Our assessment showed that the collapse of the steel industry and devastation to other associated industries have resulted in significant job loss and economic depression over the past 50 years. This economic depression, coupled with the steep rise in substance use disorders, has resulted in a decrease in the service area's standard of living, a breakdown in family support systems, and ultimately a significant increase in homelessness. To better serve the community, Northwood made the decision to operate an emergency homeless shelter in the service area.

In fiscal year 2024, Northwood spent $272,727 to operate the emergency shelter and care for the homeless in the community. Northwood pays the full cost of operating the homeless shelter, and receives little to no reimbursement or funding for the service.

West Virginia Assessment & Taxes

Nonprofit health care corporations in the state of West Virginia are also faced with the additional burden of supporting many of the state's general revenue obligations through the imposition of taxes and assessments. Nonprofit corporations located in other states are not required to pay sales and other taxes. In fiscal year 2024, Northwood paid $390,888 in taxes and assessments to the state of West Virginia.

Conclusion

As our mission states, Northwood is committed to helping people achieve their highest possible quality of life. During fiscal year 2024, Northwood provided $5,676,426 in community benefits, which equates to 14.8% of our total revenue, and 15.8% of our total expenses. Northwood is not aware of any other non-profit health care provider that provided such a high level of quantifiable community benefits in fiscal year 2024.

Northwood has estimated that its federal and state income tax liability for fiscal year 2024 would have been $598,074 if Northwood had been a for-profit company. However, the community benefit provided by Northwood for fiscal year 2024 was $5,676,426. The community benefit provided by Northwood exceeded its federal and state income tax liability by $5,078,352 or 939%!

Undoubtedly, Northwood has provided a variety of valuable benefits to the community that far outweigh the value it receives from its status as a tax-exempt organization.

METHODOLOGY

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Methodology

Community Health Needs Assessment & Planning Approach

The 2025 Northwood Health Systems Community Health Needs Assessment (CHNA) process commenced in late 2024. Its goal was to thoroughly evaluate the health conditions and healthcare access needs of individuals residing in the primary service area of Northwood Health Systems.

This assessment and planning initiative plays a vital role in advancing Northwood Health Systems' mission to be a world-class organization dedicated to providing cost-effective, quality care for children, adolescents, adults, and senior citizens with emotional problems, intellectual/developmental disabilities, mental illness, and drug and alcohol addictions. This effort brought together health system leaders and other community figures to collaboratively:

- Assess the current health status of residents, including baseline data for future comparison and evaluation.
- Examine the availability of treatment services, identifying strengths, gaps, and opportunities.
- Identify unmet health needs and establish priorities.
- Formulate a plan to guide resource allocation and community benefits to address these needs.
- Strengthen strategic planning for future service offerings.

The Community Health Needs Assessment process creates a more efficient system to address community needs, reducing redundant efforts and maximizing resource efficiency. This initiative underscores the collective commitment of various community agencies and organizations working together to foster healthier communities. The CHNA process follows best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association, in their CHNA Toolkit, and aligns with the most current IRS 990 guidelines.

The Northwood Health Systems team assigned to the project included:

Jeremy Sagun, Project Lead and Director of Outpatient Services
Haley McLaughlin, Outpatient Clinic Manager
MaryEllen Gust, Utilization Manager
Rachel Tretow, Community Engagement Services Supervisor

Team members were responsible for conducting research, collecting and analyzing data, facilitating focus groups, and developing and writing reports.

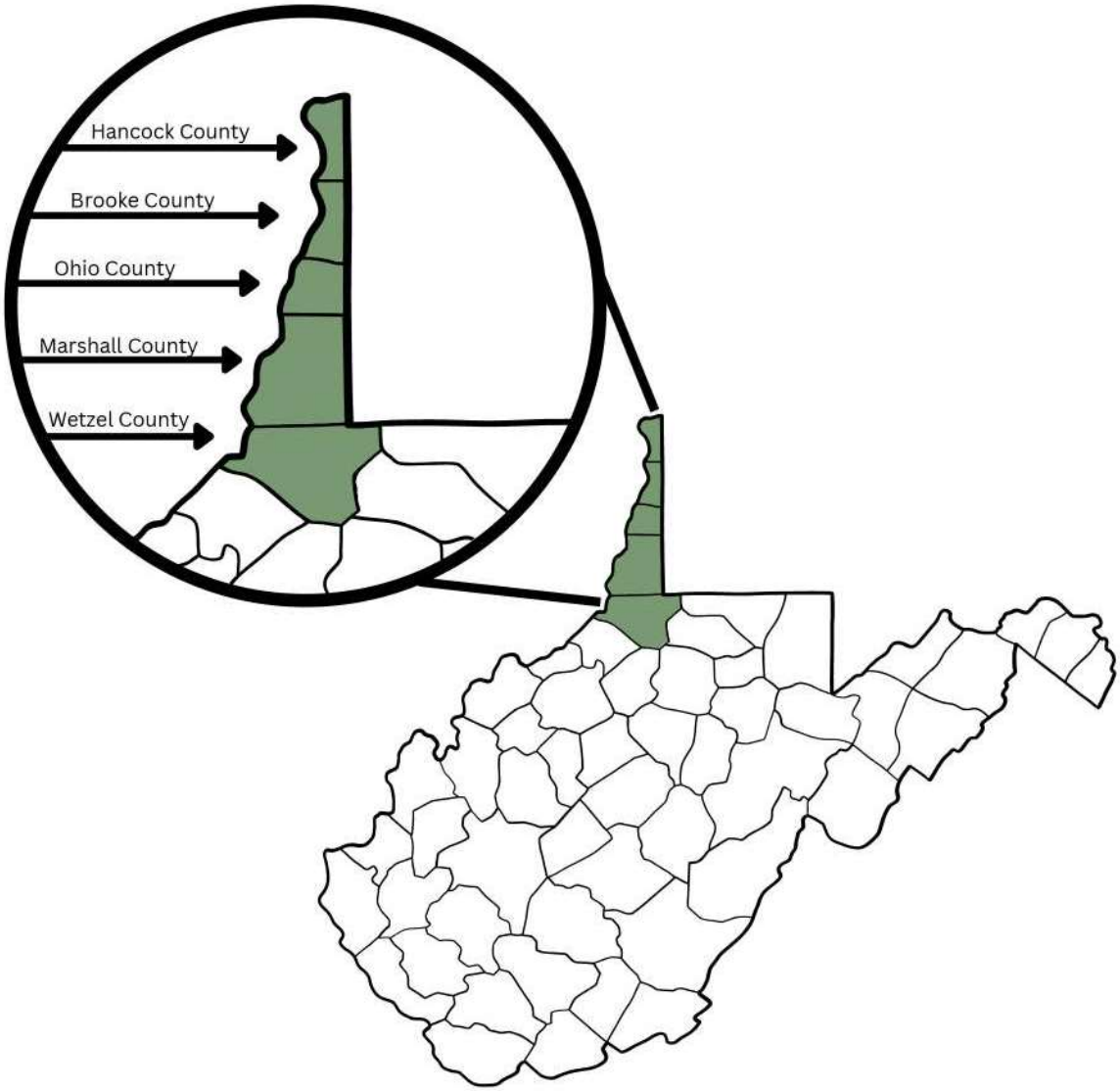
To support the CHNA process, Northwood Health Systems assembled a Steering Committee that included members of the management team. The Steering Committee membership is outlined in **Table 1**.

Table 1: Steering Committee Membership

Name	Title	Organization
April Kimble	Manager, Residential Services	Northwood Health Systems
Ed Nolan	Nurse, Assertive Community Treatment (ACT)	Northwood Health Systems
Jeremy Sagun	Project Lead and Director of Outpatient Services	Northwood Health Systems
Kristy Myers	Director of Crisis Services	Northwood Health Systems
Mark Games	President & CEO	Northwood Health Systems
Rich Stockley	Chief Financial Officer	Northwood Health Systems

Service Area Definition

The service area selected for the study is the primary service area of Northwood Health Systems. This area includes Hancock, Brooke, Ohio, Marshall, and Wetzel Counties in West Virginia.



Asset Inventory

Northwood Health Systems conducted an assessment of the existing healthcare facilities available to address the community's needs. The asset inventory encompasses a wide range of resources, including community clinics, support services, hospitals, youth programs, homeless assistance, food services, family support, substance abuse treatment, and services for individuals with intellectual disabilities.

Qualitative & Quantitative Data Collection

To assess the health-related needs of residents within the service area and ensure compliance with IRS guidelines, the assessment team utilized both qualitative and quantitative data collection and analysis methods. Qualitative methods, often used in interviews and focus groups, focus on exploratory questions to gain deeper insights. Quantitative data, on the other hand, is represented numerically and provides measurable insights. Additionally, the team incorporated secondary data, which refers to information previously gathered and published by other sources.

The assessment team and Steering Committee determined that the data collected would be defined within the following categories (that define the various chapters of this study):

- Demographics
- Stakeholder Survey Results
- Community Assets
- Access to Care
- Mental Health
- Substance Use
- Environmental Factors and Indicators Impacting Mental and Physical Health

The Steering Committee and assessment team made substantial efforts to ensure the study encompassed the entire primary service area, including all socio-demographic groups and underrepresented populations, to the extent possible within the project's resource constraints. This was achieved by engaging focus groups and key stakeholders representing diverse community subgroups. Furthermore, the process incorporated active participation from public health entities, utilizing extensive data from West Virginia and the Centers for Disease Control, as well as public health department involvement in the stakeholder interview process.

The primary data collection process included:

- A total of 174 individual stakeholder interviews conducted via electronic survey or by members of the Northwood Health Systems staff to gather a personal perspective from those who have insight into the health of a specific population group or issue, the community, or the region.
- A total of 3 focus group sessions were conducted, including 22 participants, to gather information directly from stakeholders representing a particular interest group or area. Each of the focus groups was facilitated by members of the Northwood Health Systems CHNA Project Staff.

Key Stakeholder Interviews

To gather comprehensive insights into the community's most significant challenges and assets, key stakeholder surveys were conducted with individuals representing critical topics, issues, or interests. The objective was to gain a comprehensive and varied understanding of healthcare, health-related behaviors, and the issues affecting residents within the service area.

Table 2: Key Stakeholder Survey Participants

Participant	Representing	Perspective
Lisa Werner	Wesbanco	Vice President
Claudia Raymer	Ohio County FRN	Executive Director
Lori Jones	YWCA	Executive Director
Julie Gomez	NAMI Ohio County	Executive Director
Howard Gamble	Ohio County Health Dept.	Administrator
Ashley Guiler	Wetzel County Health Dept.	RN/Administration
Kathie Brown	Wheeling Health Right	Executive Director
Shawn Schwertfeger	Wheeling Police Dept.	Chief of Police
Jill Eddy	Youth Services System	Chief Executive Officer
Jo Ann Dobbs	Marshall County Health Dept.	Administrator

Table 3 outlines a selection of community providers that supplied input and data to the CHNA process for Northwood Health Systems.

Table 3: Community Providers

Community Providers	
1st Circuit WV Family Treatment Court	Helping Heroes Inc.
1st Circuit WV Probation	Lee Day Report Center
2nd Circuit WV Family Treatment Court	NAMI of Greater Wheeling
Adult Protective Services - WVDHHR	Ohio County Family Resource Network
Brooke & Hancock Family Resource Network	Ohio County Health Department
Catholic Charities Neighborhood Center	Wesbanco Bank
Child Protective Services WV DHHR	West Liberty University Behavioral Health Clinic
City of Wheeling Fire Department	WV Department of Health and Human Resources
City of Wheeling Police Department	WVU Medicine - Reynolds Memorial Hospital
Easter Seals	WVU Medicine - Wheeling Hospital
First Choice Services West Virginia	Youth Services Systems
Harmony House Children Advocacy Center	YWCA Wheeling
Healthways, Inc	

Key Stakeholders & Community Providers Input

The group assessed the overall behavioral health status of the community as "fair", noting challenges ranging across public, judicial, and facility-based settings. They identified several key issues contributing to the rating, including gaps in services, longer waiting lists, and a growing number of individuals facing substance use disorders (SUD) and mental illness (MI) crises. Among the most significant factors affecting community behavioral health were narcotic and substance use, a lack of affordable and safe housing options, and transportation challenges.

The group highlighted that the greatest need in the community is an increased awareness of available services and supports, as many individuals are unaware of resources unless they are directly using them or working within agencies that provide these services. They also noted that many existing resources only assist people in getting by, rather than helping them thrive. The group proposed solutions to address these challenges, including expanding peer support services and increasing community relations efforts.

Another significant concern for the group was the current mental hygiene laws, which they felt were cumbersome and inefficient. They cited issues such as long wait times for hearings that put stress on emergency services, and challenges with placing individuals due to limited capacity at state hospitals. The group emphasized the need for improvements in the application process as well. They also discussed how an individual's awareness of available services is often tied to their personal health history, with those who have long-term struggles navigating the system more effectively than those with acute issues, who might be less familiar with the process.

Barriers to accessing resources included lack of knowledge about available services, transportation challenges, and limited access to communication tools (e.g., telephone, internet). The group stressed the need to raise awareness of resources and improve communication between service providers.

Key Points:

- Behavioral health status is rated as "fair," with challenges ranging across public, judicial, and facility-based settings.
- Major challenges include transportation, gaps in services, long waiting lists, and a rise in SUD/MI crises.
- Key impacts on community behavioral health: substance use, overdose, affordable housing, and transportation issues.
- Greatest need: increased knowledge and awareness of available services and supports.
- Top 5 mental health needs: substance abuse treatment/recovery services, transportation, affordable housing, and service awareness.

Focus Groups

In an effort to obtain in-depth feedback related to what community leaders and residents feel are the biggest challenges and assets in the community, a series of focus groups were conducted. The goal was to obtain a broad and diverse picture of health care, health-related behaviors, needs and issues that have an impact on the residents of the Northwood Health Systems Service Area. A total of 3 focus groups were completed over the course of the study.

Table 4 identifies the focus groups and number of participants in each group.

Table 4: Focus Group Participants

Attendees	Group	Department or Organization	Date
7	Northwood Health Systems Employees (Various Disciplines)	I/DD Waiver, Psychology, Day Treatment, Community Engagement, Patient Registration, Operations and Administration	1/31/2025
6	Northwood Health Systems Consumers (IOP)	Participants were members of an intensive outpatient program (IOP) for substance use disorder	1/31/2025
9	Ohio County Family Resource Network	NAMI, WV DHHR, Wheeling Fire Department, Wheeling Police Department, WVU Medicine - Reynolds Memorial Hospital Behavioral Health, Ohio County 911, Catholic Charities West Virginia	3/13/2025

Focus Group Input

The focus groups highlighted that multiple factors contribute to challenges in community behavioral health. Limited transportation, especially in rural areas, restricts access to care. Substance abuse remains a significant concern, often fueling cycles of poverty and instability. Economic hardship, including a lack of well-paying jobs, increases stress and mental health struggles. Individuals with criminal histories face employment barriers, leading to feelings of hopelessness and recidivism. Addressing these interconnected issues is essential for improving behavioral health outcomes.

According to the focus group interviewed, the greatest behavioral health needs in the community revolve around accessibility and service expansion. The focus groups noted that extended service hours would better accommodate those with work or family obligations. More services are needed in outlying areas, where distance and limited resources create barriers to care. Mental health support for minors is a critical gap, and transportation between counties remains a challenge.

The focus groups also identified the need for supported employment, affordable housing, in-home services, and case management to promote stability and access to care. Expanding therapy services is also necessary to meet the growing demand.

Several barriers prevent people from accessing services. Stigma discourages individuals from seeking help, while a lack of awareness leaves many unsure of available resources. Sometimes inflexible provider treatment schedules can conflict with work schedules, deterring engagement in care. Insurance complexities add another layer of difficulty, as individuals struggle to determine what services are covered. Reducing these barriers through education, flexible service options, and improved insurance transparency could help more people receive the support they need.

To improve behavioral health outcomes, community providers should seek to create a supportive and compassionate environment. Focus group participants stressed the importance of demonstrating genuine care, respect, and patience. A kind, nonjudgmental approach encourages individuals to open up and engage in treatment. Providers also need a strong mental health workforce with expertise to provide effective care. Building trust through empathy and knowledge can enhance service effectiveness and encourage more individuals to seek support.

Key points:

- Access Barriers: Lack of transportation, rural isolation, and limited service availability hinder care.
- Critical Needs: Expanded service hours, more therapy options, in-home services, and support for minors.
- Systemic Barriers: Stigma, lack of awareness, rigid treatment schedules, and insurance complications deter people from seeking help.
- Clinician Impact: Mental health providers must be friendly, compassionate, nonjudgmental, and well-informed to build trust and improve outcomes.

Electronic Survey Results - Summary

The survey captured responses from a diverse group of 174 individuals, providing insight into the community's demographics, housing situation, mental health status, and substance use behaviors. The full survey and comprehensive results can be found in the Stakeholder Survey Results chapter. A summary of key findings is provided here:

- **Demographics & Employment:** Most respondents were aged 25-64, predominantly female (67.8%) and Caucasian (89.5%). Nearly half were employed full-time (48.8%), with a significant portion (28.3%) having a household income under $15,000. Education levels varied, with 33.3% having a high school education and 32.8% holding a four-year degree or higher.
- **Mental Health & Substance Use:** Most respondents rated their personal mental health as "good" or "fair." Tobacco use was reported in 51.1% of households, while 20.1% reported excessive alcohol use.

A small percentage (5.7%) engaged in risky use of prescription medications or recreational drugs. Many cited barriers to mental health care, including transportation, cost, and lack of providers.

- **Community Health Concerns**: Substance abuse, domestic violence, access to safe housing, and unemployment were key issues impacting community mental health. The majority rated community health as "fair" or "poor" (59.5%).
- **Mental Health Services Awareness & Needs**: Awareness of local mental health services was mixed, with 39.1% rating it as "good." To improve service access, respondents emphasized the need for better community engagement, outreach, and digital media.
- **Community Health Interventions**: Key interventions needed included more transportation services (73.3%), expanded appointment availability, improved access to safe housing, and better addiction support. Increased resources for recreation, supported employment, and specialized provider support (trauma, addiction) were also noted as priorities.
- **Key Themes from Survey Responses**: Respondents were allowed to a free-text area to provide additional information they thought was important in the collection of data. What follows are the key themes from those responses:

Access & Availability

- Lack of consistent, long-term mental health providers.
- Limited access to trauma-informed, LGBTQ+, youth-specific, and substance-specific care.
- Shortage of inpatient, long-term, and crisis services—especially for youth and homeless populations.

System & Provider Issues

- Need for better-trained providers and broader treatment options.
- Services often minimal or ineffective; major networks limit choice.
- Court system involvement negatively affects recovery.

Youth & Community Needs

- Need for more youth programs, safe spaces, and recreational activities.
- More mental health support for juveniles in crisis.

Barriers to Care

- Transportation and disability access are major issues.
- Financial stress, homelessness, and stigma prevent people from seeking or maintaining care.

Broader Social Challenges

- Mental health deeply linked to poverty and unmet basic needs.
- More public education, housing, and financial literacy support needed.

The secondary data collection process included but was not limited to:

- Demographic and socioeconomic data obtained from the US Census Bureau (www.census.gov).
- Disease incidence and prevalence data obtained from the West Virginia Department of Health and West Virginia Vital Statistics.
- The Centers for Disease Control and Prevention (CDC) conducts an extensive Behavioral Risk Factor Surveillance Survey (BRFSS) each year. The BRFSS survey is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The health related indicators included in this report for West Virginia are BRFSS data collected by the CDC. CDC: (http://www.cdc.gov/brfss).
- County Health Rankings, A collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org.
- SAMHSA National Survey on Drug Use and Health (https://nsduhweb.rti.org/respweb/homepage.cfm)
- A variety of other reports and publications were utilized for selected data, as noted in the individual sections of the report.

Needs & Issues Prioritization Process

In May 2025, the Steering Committee conducted a comprehensive review of the primary and secondary data collected during the needs assessment process. They discussed the key needs and challenges affecting the community and prioritized these issues to develop potential intervention strategies and an actionable plan. The group identified criteria by which the issues would be evaluated. These criteria included:

Table 5: Evaluation Criteria

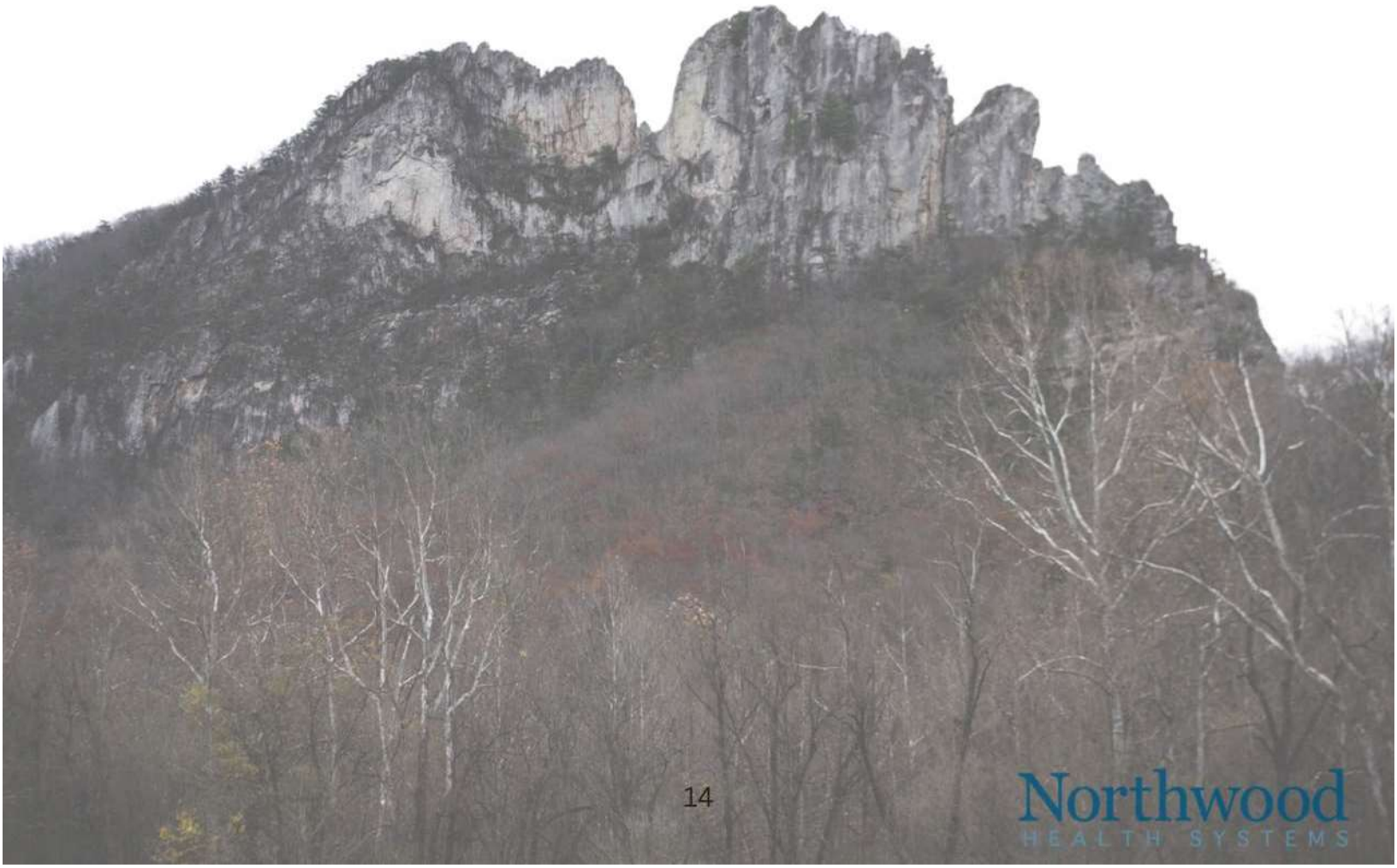
		Scoring		
Item	**Definition**	**Low (1)**	**Medium**	**High (10)**
1. Accountable Organization	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community.	This is an important priority for the community to address	This is important but is not for this action planning effort	This is an important priority for the health system(s)
2. Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
3. Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

Action Planning Process

After completing the prioritization process, Northwood Health Systems staff involved in the Community Health Needs Assessment (CHNA) convened to review the top priorities and propose potential intervention strategies and action plans. The discussion centered on the 4-5 highest-priority needs, focusing on those most aligned with the organization's mission, current capabilities, and strategic focus areas. Following these discussions, clinical and administrative leaders collaboratively developed an action plan, including specific timeframes and budget allocations for the proposed activities.

Review & Approval

The final implementation action plan was approved by the Northwood Health Systems Board of Directors on June 20, 2025



STAKEHOLDER SURVEY & RESULTS

Northwood HEALTH SYSTEMS

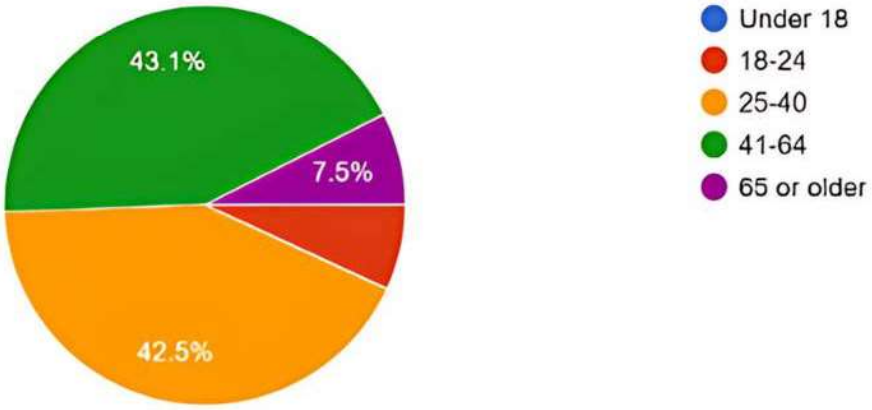
Survey Contents

The 2025 Community Health Needs Assessment Survey was published in February of 2025 with the goal of collecting demographic information and community feedback from the service areas of Brooke, Hancock, Marshall, Ohio, and Wetzel Counties; as well as some additional, surrounding counties in the States of Ohio and West Virginia. The survey was formatted in both paper and digital formats to promote inclusivity and was advertised in heavily trafficked locations in the service area.

Questions & Results

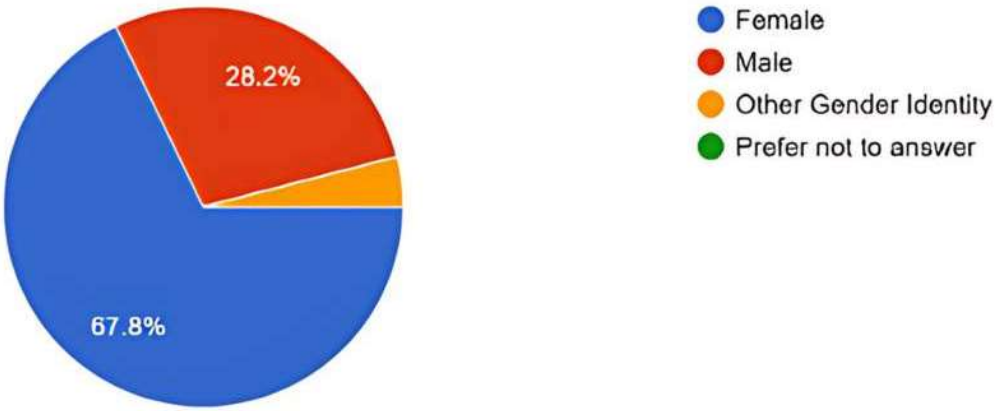
What is your current age group?

174 responses



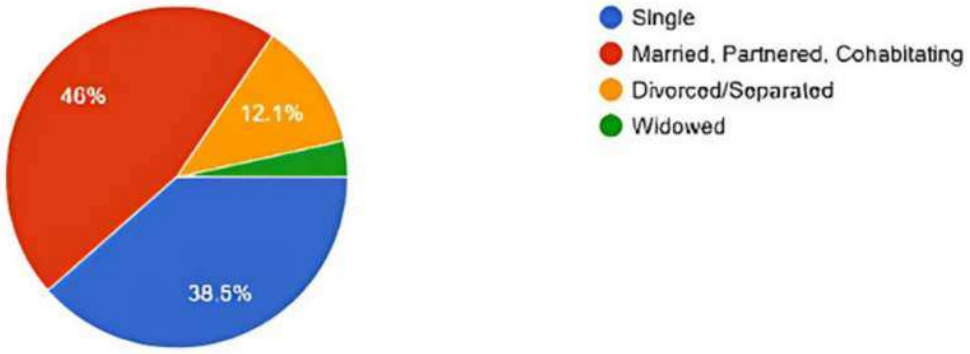
What is your gender?

174 responses



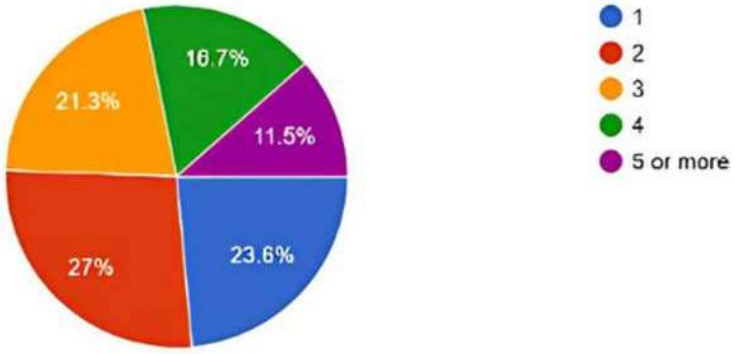
What is your marital status?

174 responses



How many people, including yourself, live in your household?

174 responses



Please select your ethnicity.

171 responses

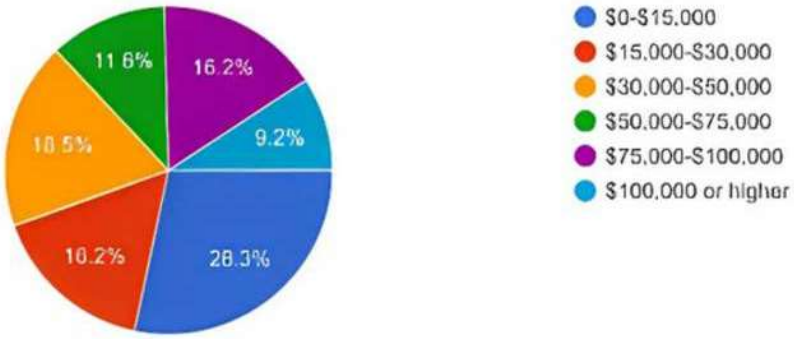
** Other results: Caucasian, American Indian/Alaska Native/Pacific Islander, Multi-racial; Mediterranean; Appalachian

What is your employment status?

172 responses

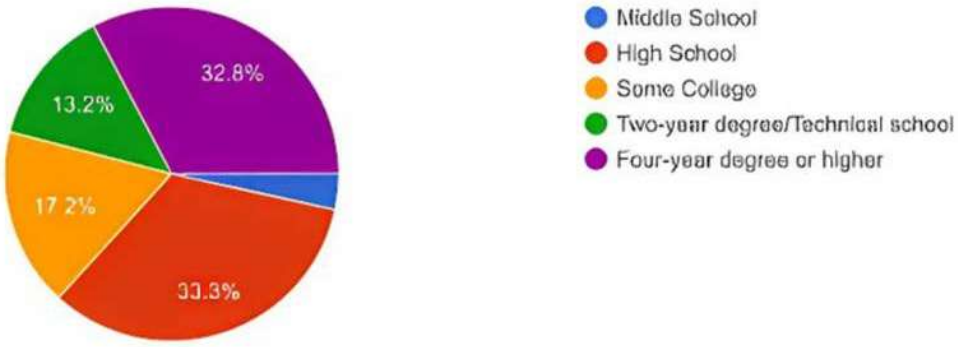
Please select the range of your yearly household income.

173 responses



What is the highest level of education you have completed?

174 responses



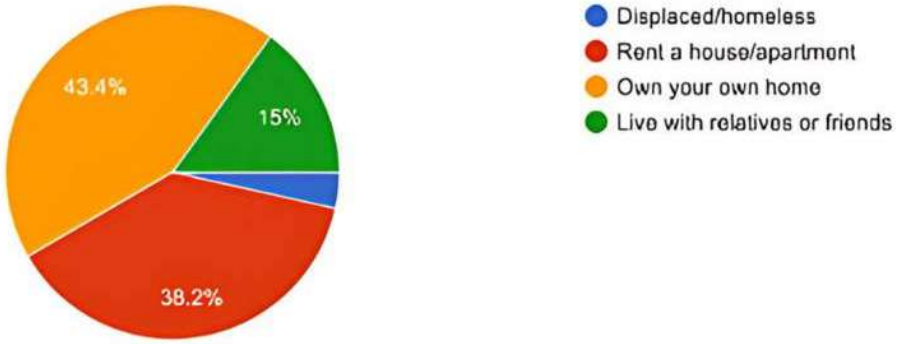
In what county do you live?

174 responses

**Other results: Washington County, PA; Jefferson County, OH; Guernsey County, WV; Belmont County, OH; Monroe County, OH; Jackson County, OH

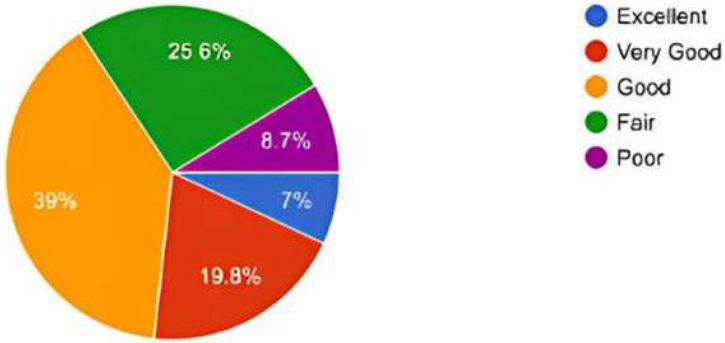
How would you describe your current housing situation?

173 responses



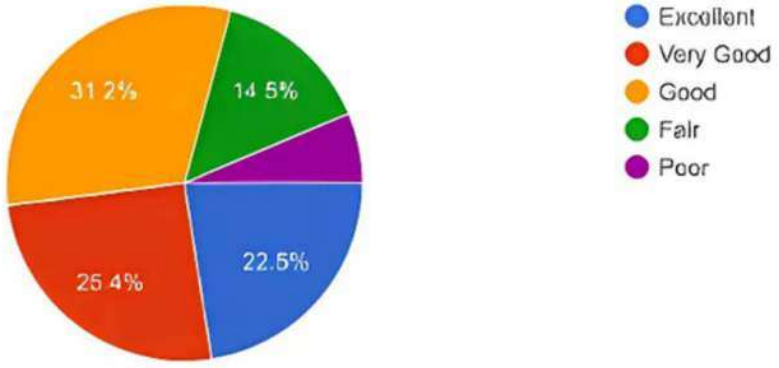
In general, how would you describe your personal mental health?

172 responses



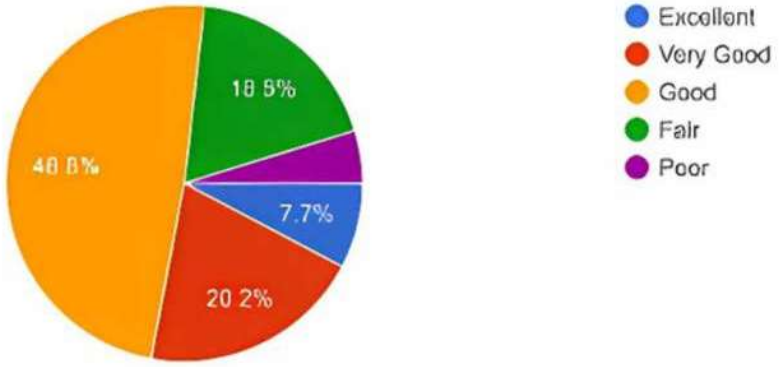
How would you rate your overall awareness of mental health services in your community?

173 responses



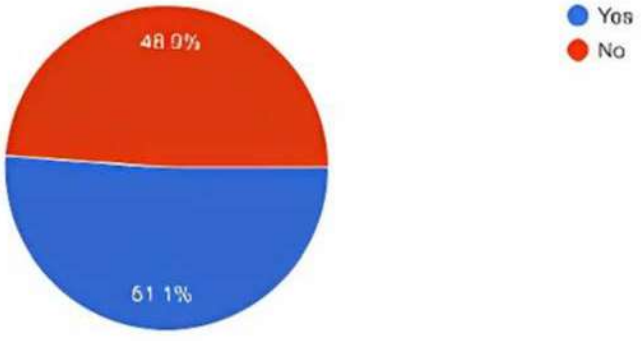
In general, how would you describe the mental health of other members of your household?

168 responses



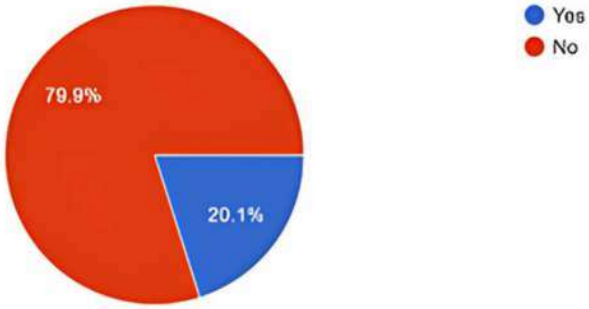
Have you or someone in your household used tobacco (cigarettes, vape, cigars, chewing tobacco) in the past 12 months?

174 responses



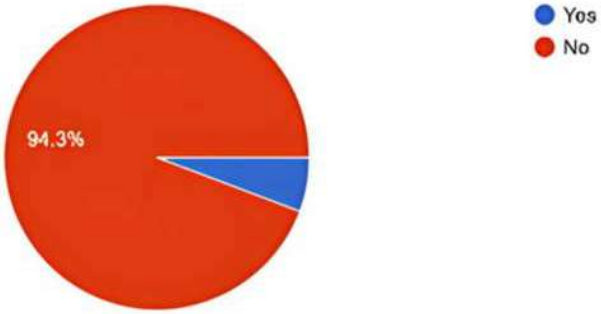
Have you or someone in your household used alcohol to excess in the past 12 months?

174 responses



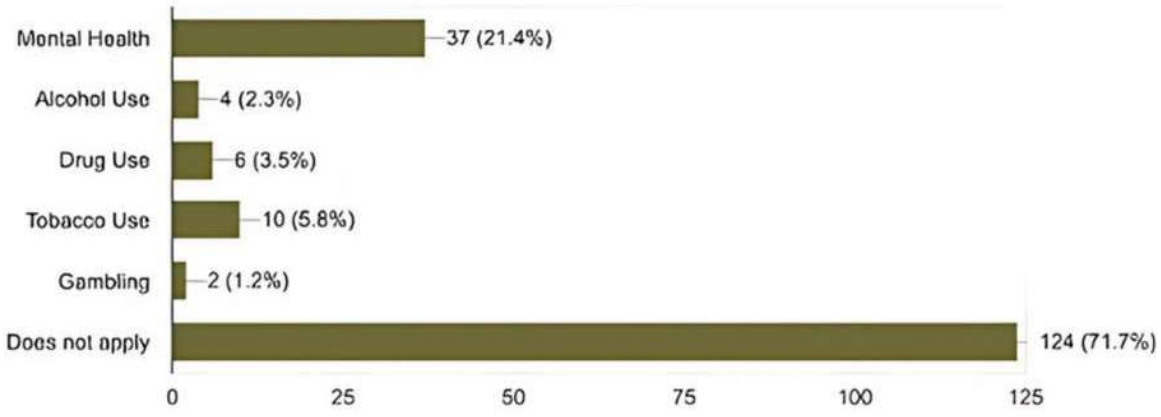
Have you or someone in your household engaged in risky use of prescription medications or recreational drugs in the past 12 months?

174 responses



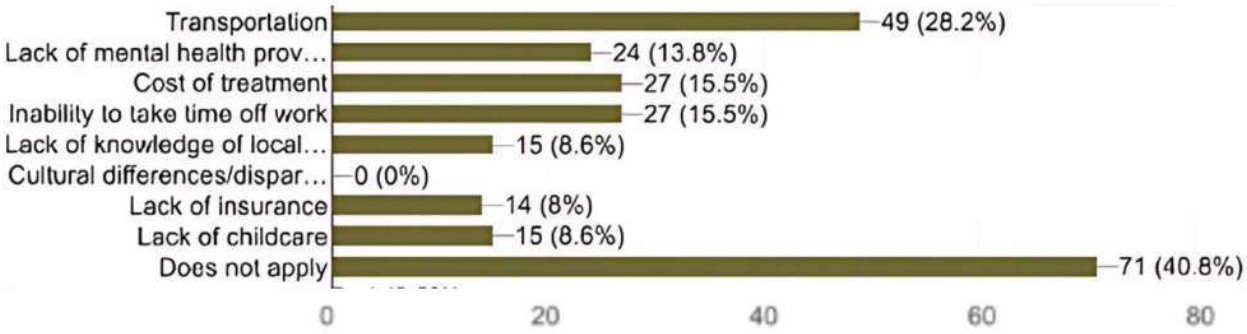
Do you or someone in your household need, but are not receiving, treatment for any of the following? Select all that apply:

173 responses



What barriers do you or your family face when seeking mental health treatment? Select all that apply:

174 responses

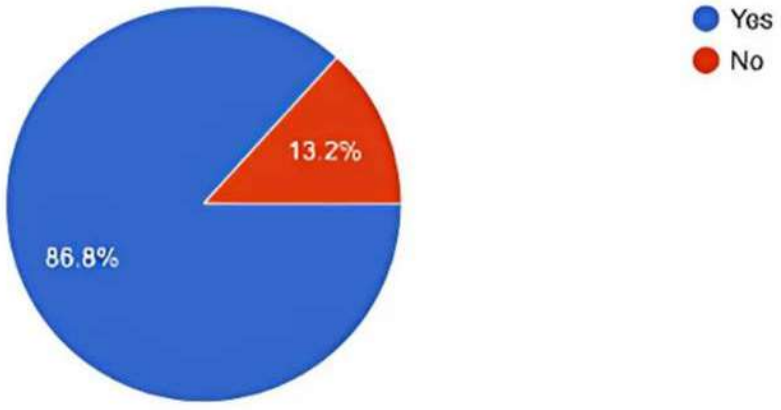


Possible Responses:

- Transportation
- Lack of mental health providers in my area
- Cost of treatment
- Inability to take time off work
- Lack of knowledge of local treatment resources
- Cultural differences/disparities
- Lack of insurance
- Lack of childcare
- Does not apply

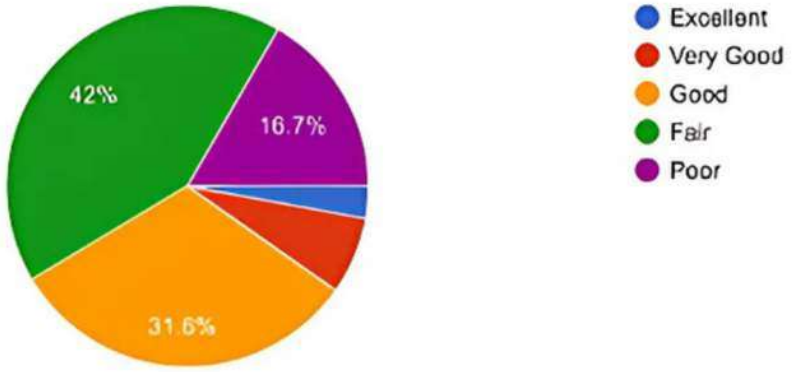
Does your household have access to the internet to allow for virtual appointments?

174 responses



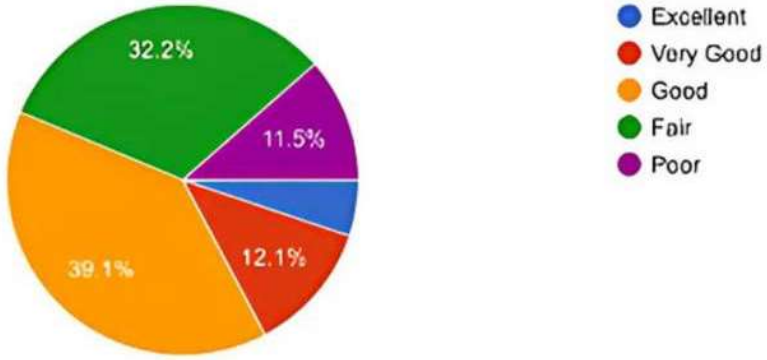
How would you rate the overall mental health of your community?

174 responses



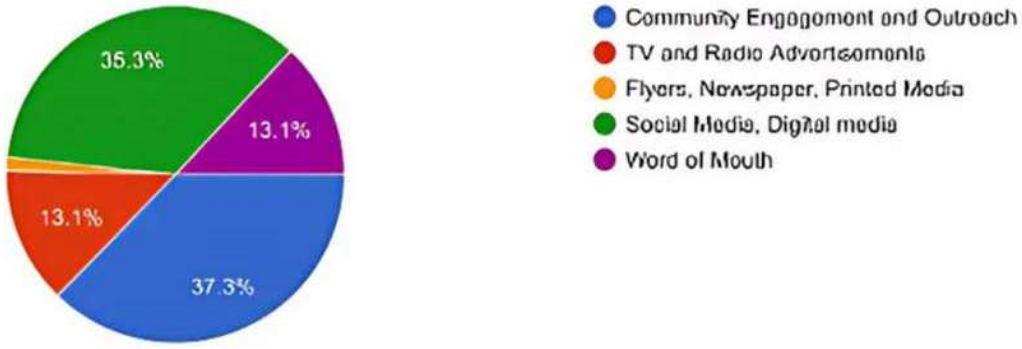
How would you rate overall awareness of mental health services in your community?

174 responses



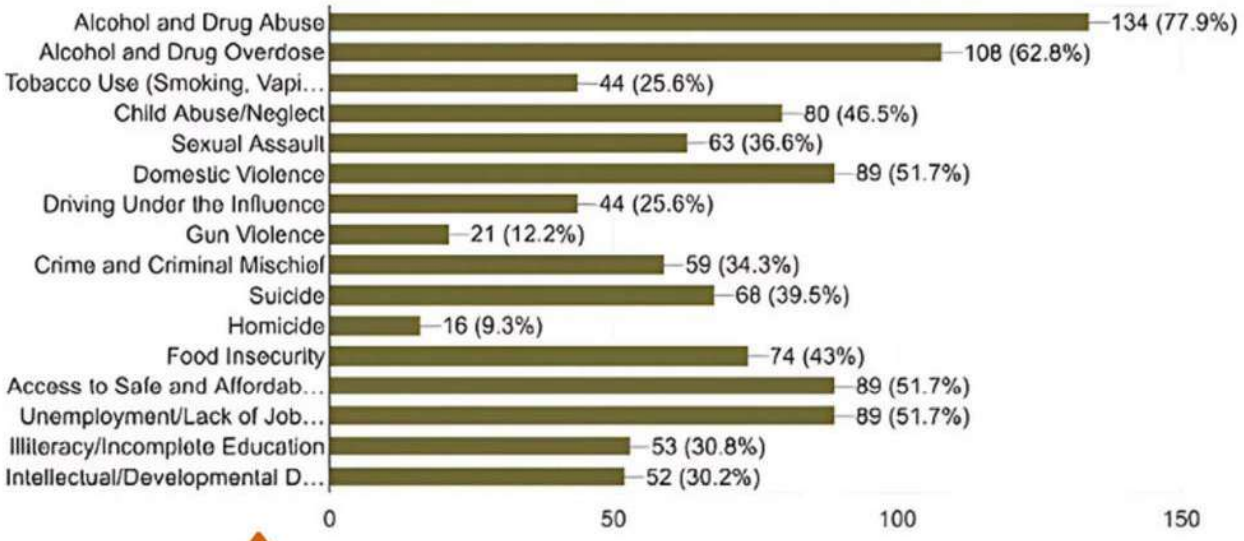
What approach do you believe is most effective in increasing overall awareness of mental health services in your community?

153 responses



In your opinion, which of the following most impacts the mental health of your community. Select all that apply:

172 responses

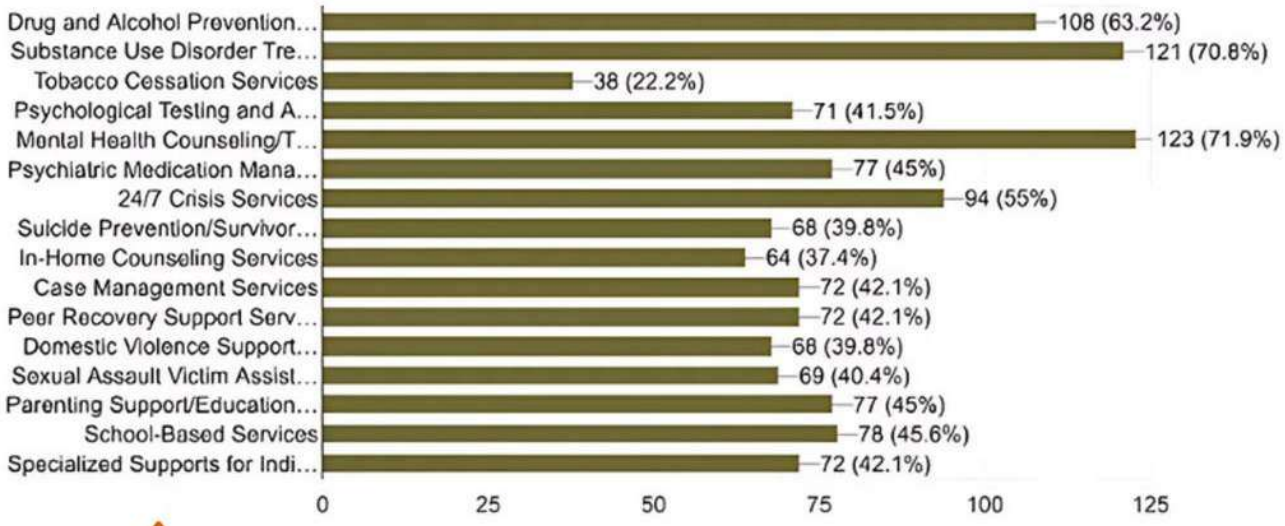


Non- Abbreviated Responses:

- Alcohol and Drug Abuse
- Alcohol and Drug Overdose
- Tobacco Use - Smoking, Vaping, Chewing
- Child Abuse/Neglect
- Domestic Violence
- Gun Violence
- Driving Under the Influence
- Sexual Assault
- Suicide
- Homicide
- Crime and Criminal Mischief
- Unemployment/Lack of Job Opportunities
- Food Insecurity
- Access to Safe and Affordable Housing
- Illiteracy/Incomplete Education
- Intellectual/Developmental Disability

Which of the following could best address the overall mental health needs in your community. Select all that apply:

171 responses

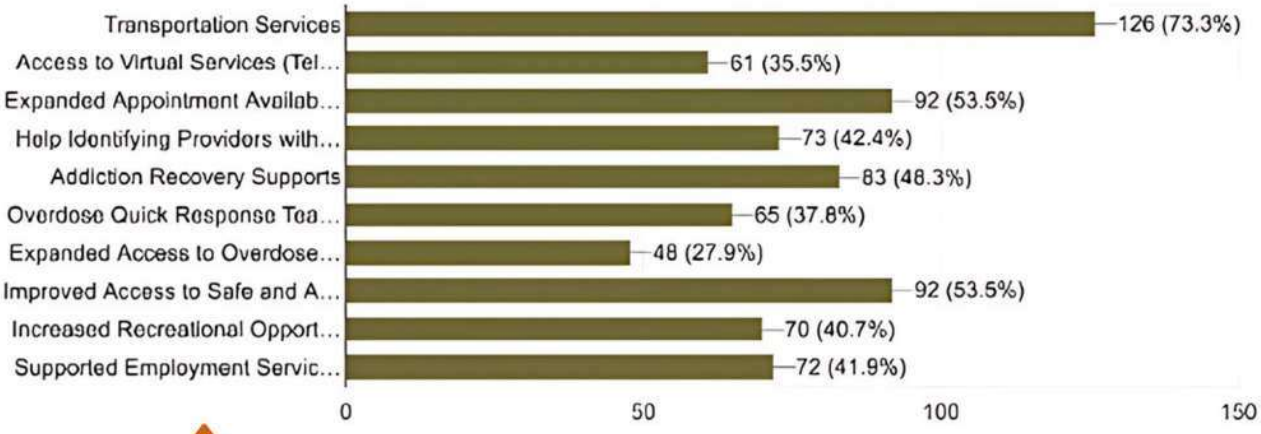


Non-Abbreviated Responses:

- Substance Use Disorder Treatment Services
- Mental Health Counseling/Therapy Services
- Tobacco Cessation Services
- Psychiatric Medication Management Services
- 24/7 Crisis Services
- Psychological Testing and Assessment
- Case Management Services
- Peer Recovery Support Services
- In-home Counseling Services
- Domestic Violence Support Services
- Sexual Assault Victim Assistance
- Parenting Support/Educational Services
- Suicide Prevention/Survivor Support
- Drug and Alcohol Prevention Services
- School-Based Services
- Specialized Supports for Individuals with Intellectual and Developmental Disabilities

Which of the following interventions are most needed in your community? Select all that apply:

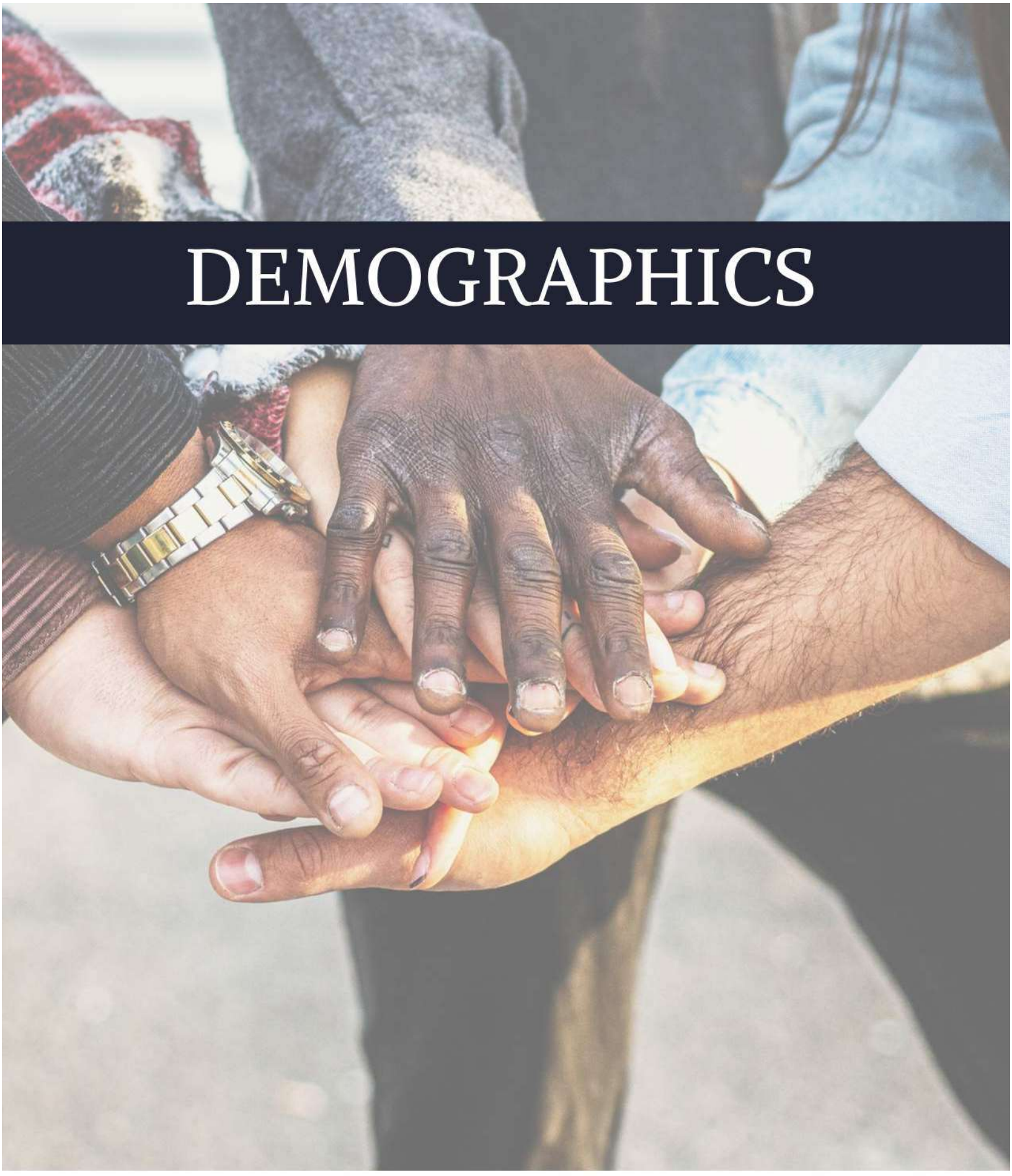
172 responses



Non-Abbreviated Responses:

- Transportation Services
- Access to Virtual Services (telehealth, telemedicine, etc.)
- Expanded Appointment Availability (afterhours, weekends, etc.)
- Help identifying providers with knowledge of specific issues (trauma, TBI, etc.)
- Increased Recreational Opportunities
- Overdose Quick Response Teams
- Addiction Recovery Supports
- Expanded Access to Overdose Reversal Medications (naloxone, Narcan, etc.)
- Supported Employment Services and Vocational training
- Improved Access to Safe and Affordable Housing

The final question of the survey asked "What else would you like to tell us about the mental health needs in your community?", wherein the participants had the opportunity to voice opinions on current community concerns and needs. A summary of responses is provided in the Methodology Chapter of this report.



DEMOGRAPHICS

Demographic & Socioeconomic Data

The geographic range of the assessment completed and of this study is defined as Brooke, Hancock, Marshall, Ohio, and Wetzel counties in West Virginia, additionally referred to as the service area, community, and/or region. The United States Census Bureau's 2020 Census indicates the total population for District 1 as 108,552. Belmont, Jefferson, & Monroe counties, adjacent counties in Ohio, represent 3% of the active client caseload.

Table 6: Summary Demographic Data

		Brooke	Hancock	Marshall	Ohio	Wetzel
Total Population		22,559	29,095	30,591	42,425	14,442
Race	**White**	92.7%	91.6%	94.1%	89.0%	95.2%
	Black	1.6%	2.4%	0.9%	3.9%	0.2%
	Other	5.7%	6.0%	5.0%	7.1%	4.6%
Median Age		47.10	46.90	46.10	43.20	47.00
Gender	**Male**	49.2%	48.9%	48.9%	48.6%	49.5%
	Female	50.8%	51.1%	51.1%	51.4%	50.4%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

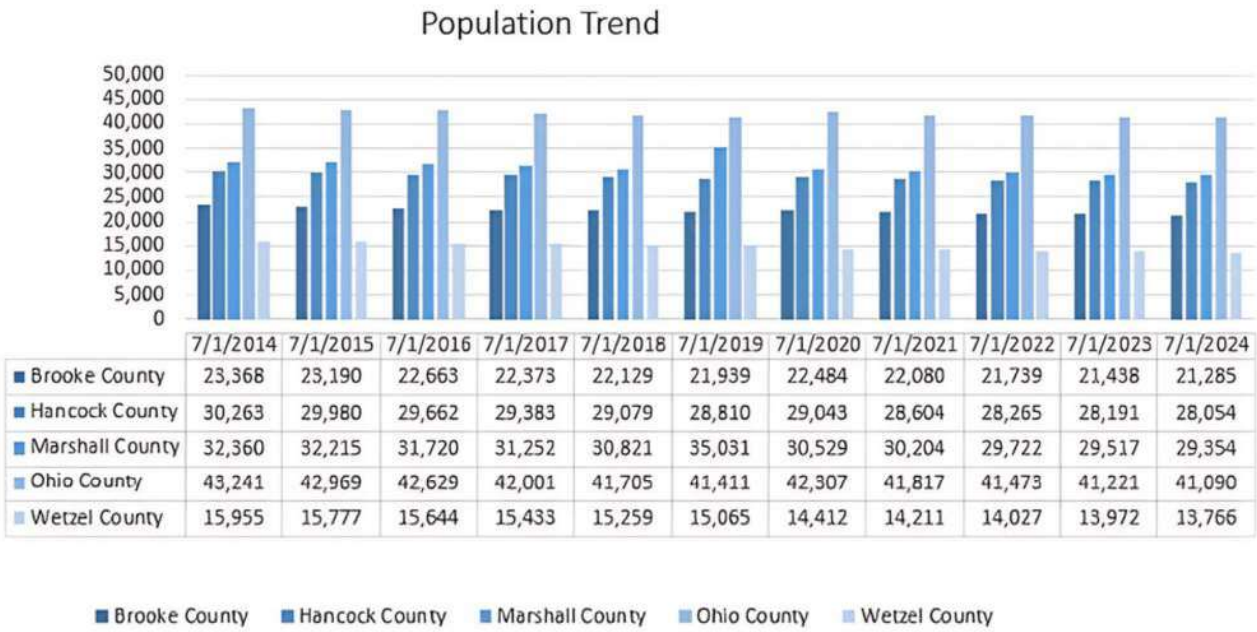
Table 7: Summary of Social & Economic Health Factors

	Brooke	Hancock	Marshall	Ohio	Wetzel
Unemployment Rate	5.9%	6.6%	3.9%	5.7%	5.1%
Median Household Income	$52,116	$61,017	$60,329	$57,867	$53,341
Income Below Poverty Level	12.1%	15.0%	15.0%	15.7%	16.6%
High School Graduate or Higher	92.3%	90%	92.8%	92.6%	90%
Commute Travel Time	23.9 min.	25.5 min.	25.4 min.	22.3 min.	29.7 min.

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 1 illustrates the Population Trend in Brooke, Hancock, Marshall, Ohio and Wetzel Counties from the 2010 & 2020 Census, as well as census.gov estimates from 2011 through 2019 and 2020 through 2024. In the last 10 years, population has declined by 8.91% in Brooke County, 7.29% in Hancock County, 9.28% in Marshall County, 4.97% in Ohio County, and 13.71% in Wetzel County creating an average decline of 8.83% across the district. The State of West Virginia experienced a decline in population in 48 of 55 counties.

Figure 1. Population Trend

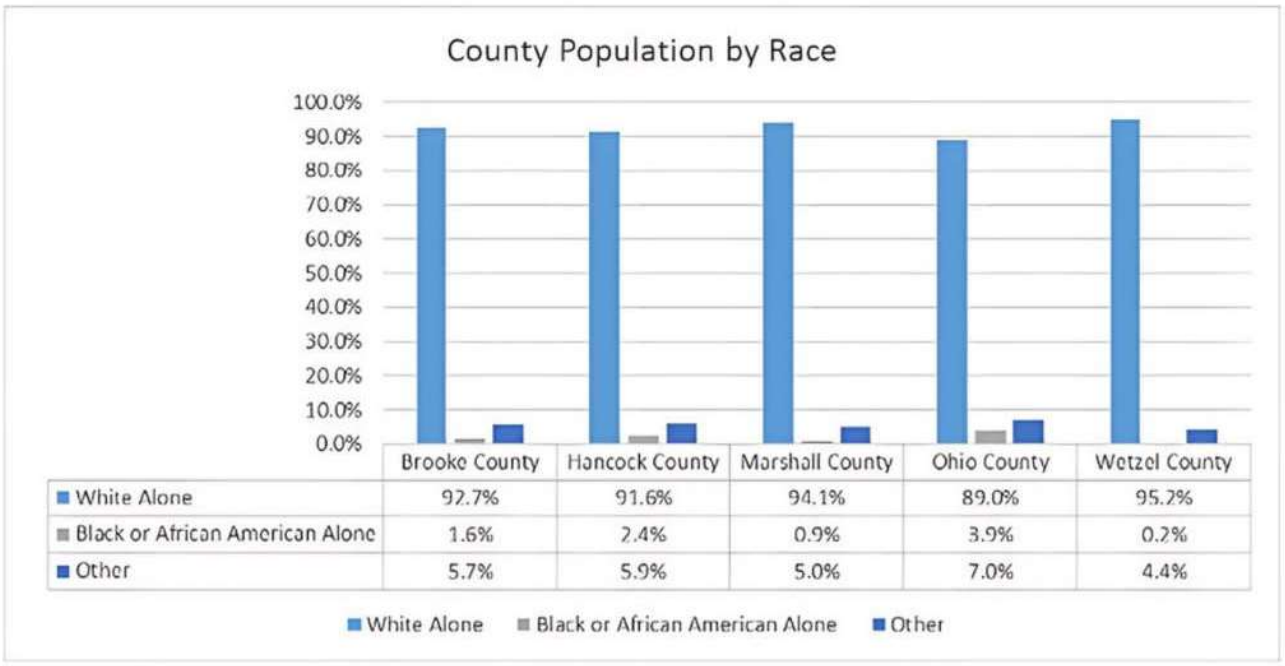


	7/1/2014	7/1/2015	7/1/2016	7/1/2017	7/1/2018	7/1/2019	7/1/2020	7/1/2021	7/1/2022	7/1/2023	7/1/2024
Brooke County	23,368	23,190	22,663	22,373	22,129	21,939	22,484	22,080	21,739	21,438	21,285
Hancock County	30,263	29,980	29,662	29,383	29,079	28,810	29,043	28,604	28,265	28,191	28,054
Marshall County	32,360	32,215	31,720	31,252	30,821	35,031	30,529	30,204	29,722	29,517	29,354
Ohio County	43,241	42,969	42,629	42,001	41,705	41,411	42,307	41,817	41,473	41,221	41,090
Wetzel County	15,955	15,777	15,644	15,433	15,259	15,065	14,412	14,211	14,027	13,972	13,766

Source: United States Census Bureau, 2010 to 2023 American Community Survey 5-Year Estimates

Figure 2 illustrates the County Population by Race according to 2023 Five-Year Estimates. The majority of the service population remains "White Alone", with Hancock, Brooke, Marshall, and Wetzel Counties being over 90% "White Alone" and Ohio County being 89% "White Alone".

Figure 2. County Population by Race

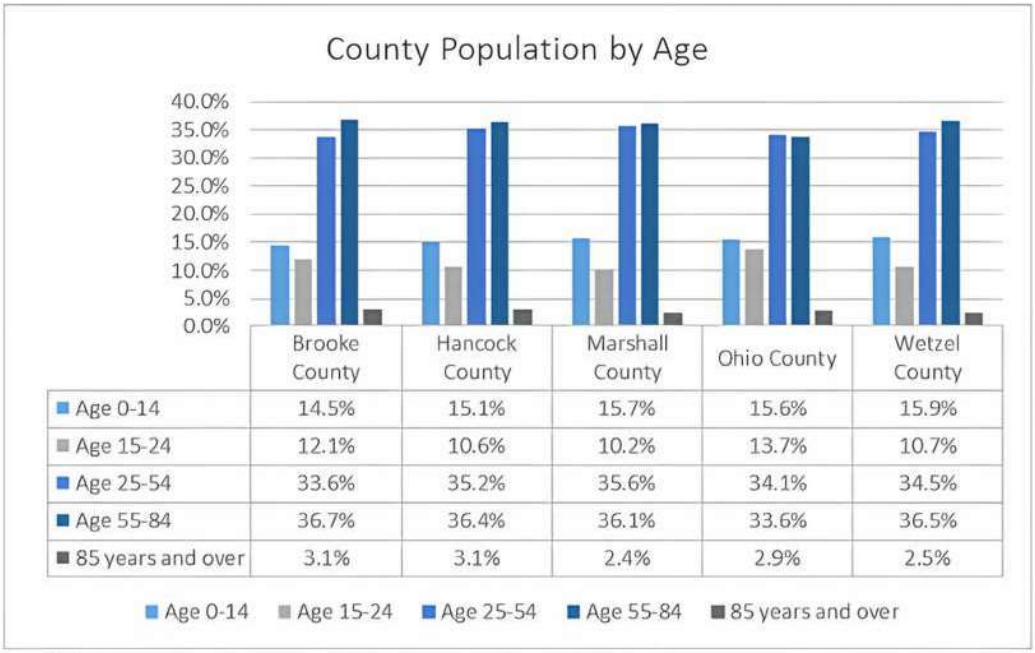


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
White Alone	92.7%	91.6%	94.1%	89.0%	95.2%
Black or African American Alone	1.6%	2.4%	0.9%	3.9%	0.2%
Other	5.7%	5.9%	5.0%	7.0%	4.4%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 3 illustrates the County Population by Age. The highest percentage of residents in Brooke (36.7%), Hancock (36.4%), Marshall (36.1%), and Wetzel (36.5%) Counties is between 55-84 years of age. Ohio county has a higher percentage of the population between 25-54. The lowest percentage of residents falls in the 85 and over age range across the entire service area.

Figure 3. County Population by Age

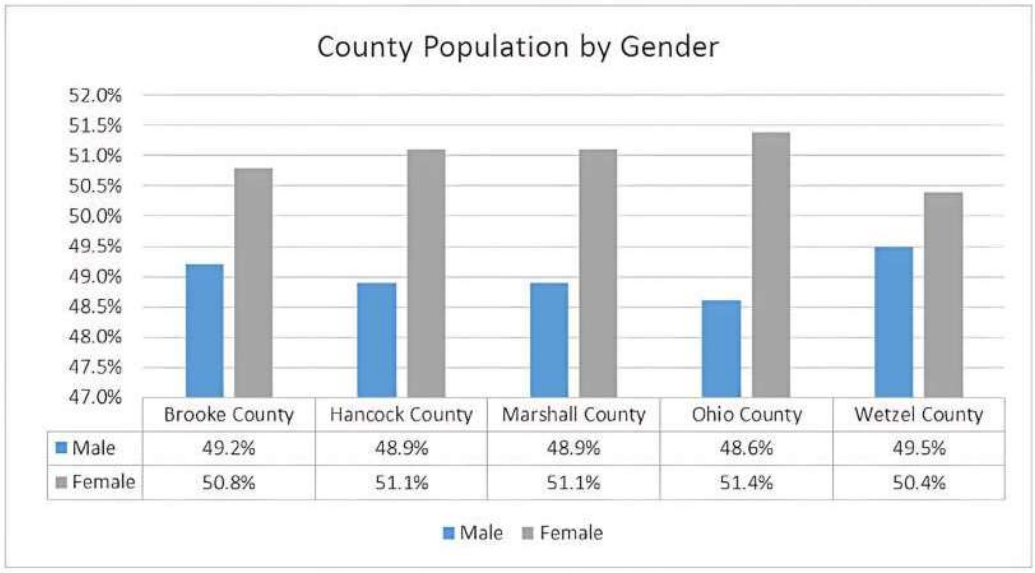


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Age 0-14	14.5%	15.1%	15.7%	15.6%	15.9%
Age 15-24	12.1%	10.6%	10.2%	13.7%	10.7%
Age 25-54	33.6%	35.2%	35.6%	34.1%	34.5%
Age 55-84	36.7%	36.4%	36.1%	33.6%	36.5%
85 years and over	3.1%	3.1%	2.4%	2.9%	2.5%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 4 illustrates County Population by Gender in the five county service area. All five counties have a higher Female Population than Male; Brooke (50.8%), Hancock (51.1%), Marshall (51.1%), Ohio (51.4%) and Wetzel (50.4%).

Figure 4. County Population by Gender

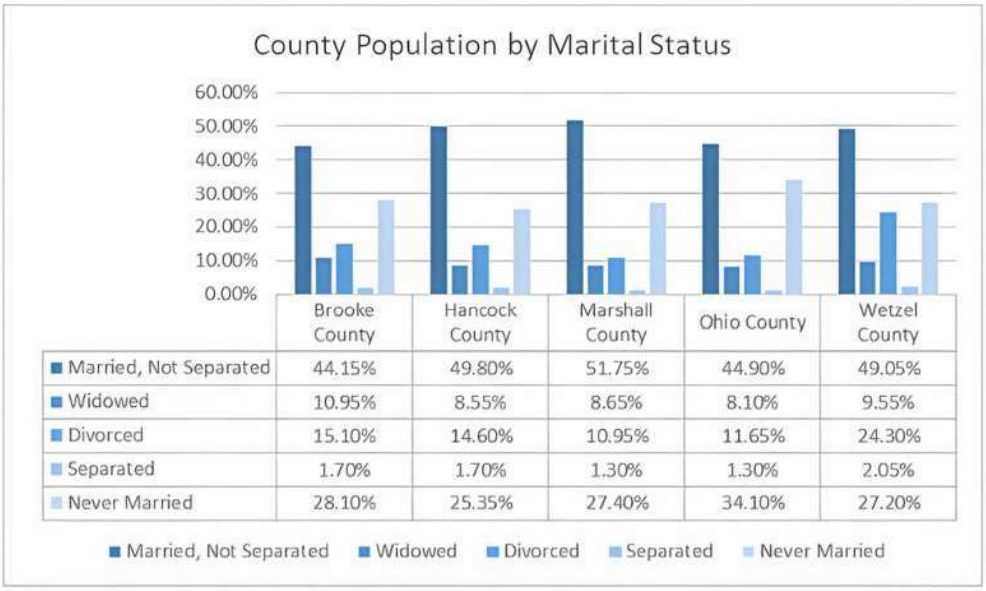


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Male	49.2%	48.9%	48.9%	48.6%	49.5%
Female	50.8%	51.1%	51.1%	51.4%	50.4%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 5 illustrates the County Population by Marital Status. Brooke (44.15%), Hancock (49.80%), Marshall (51.75%), Ohio (44.90%), and Wetzel (49.05%) Counties all have the highest percentage of population as Married, Not Separated. Ohio County has the highest percentage of population Never Married.

Figure 5. County Population by Marital Status

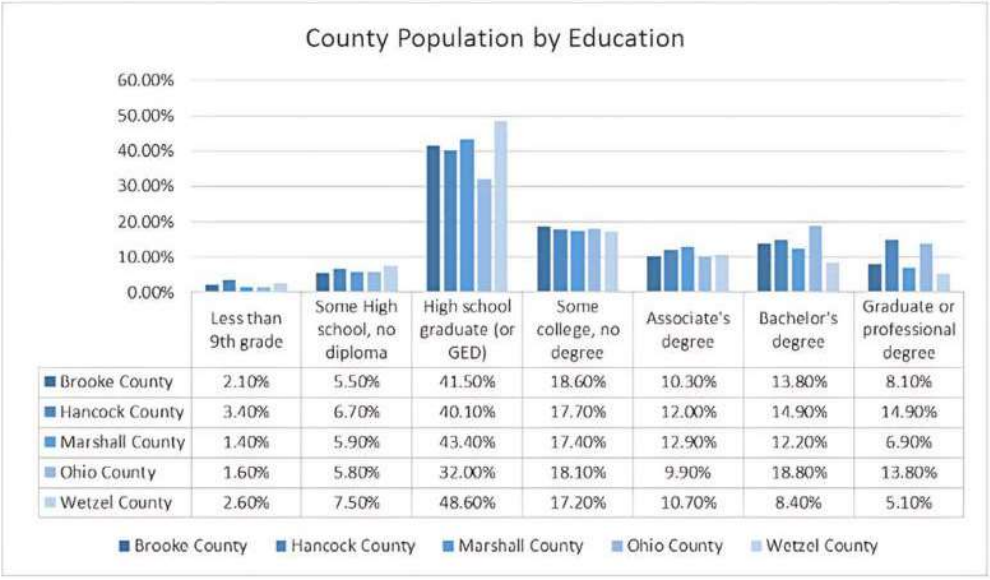


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Married, Not Separated	44.15%	49.80%	51.75%	44.90%	49.05%
Widowed	10.95%	8.55%	8.65%	8.10%	9.55%
Divorced	15.10%	14.60%	10.95%	11.65%	24.30%
Separated	1.70%	1.70%	1.30%	1.30%	2.05%
Never Married	28.10%	25.35%	27.40%	34.10%	27.20%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 6 illustrates County Population by Education Level. Across all counties, the most common education level achieved by population is a high school graduate or GED. Hancock and Wetzel Counties experienced the highest percentage of service population with only some high school, no diploma. Hancock (60.70%) and Ohio (60.60%) had the largest percentage of Higher Education degrees.

Figure 6. County Population by Education

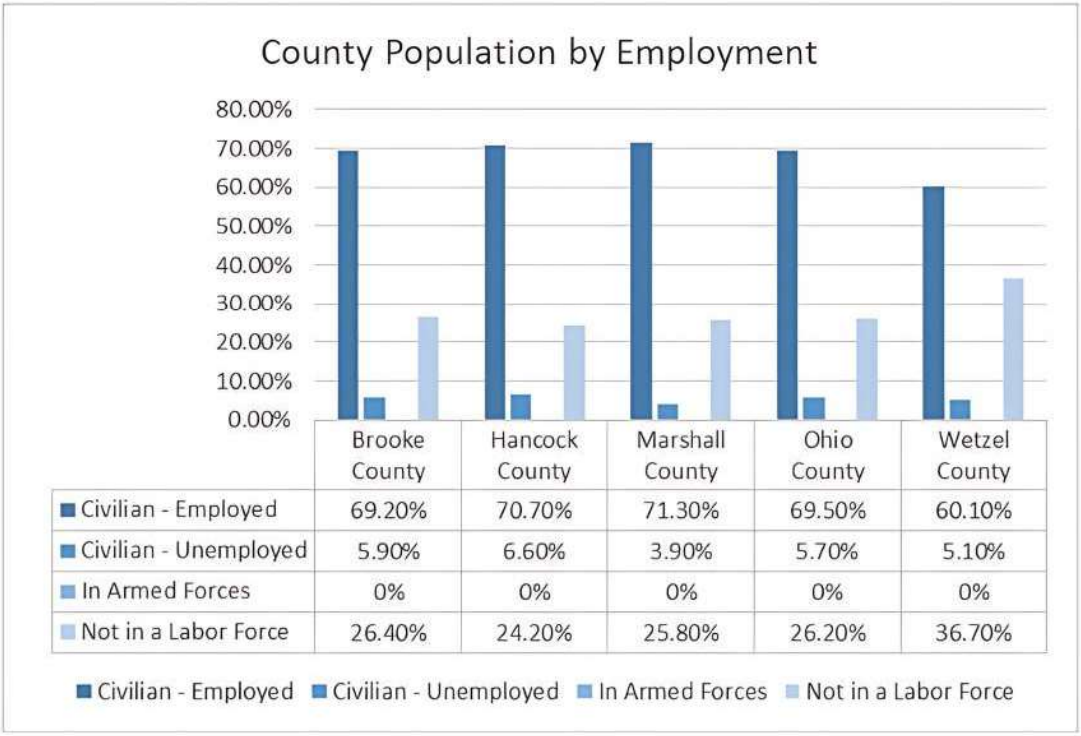


	Less than 9th grade	Some High school, no diploma	High school graduate (or GED)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Brooke County	2.10%	5.50%	41.50%	18.60%	10.30%	13.80%	8.10%
Hancock County	3.40%	6.70%	40.10%	17.70%	12.00%	14.90%	14.90%
Marshall County	1.40%	5.90%	43.40%	17.40%	12.90%	12.20%	6.90%
Ohio County	1.60%	5.80%	32.00%	18.10%	9.90%	18.80%	13.80%
Wetzel County	2.60%	7.50%	48.60%	17.20%	10.70%	8.40%	5.10%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 7 illustrates County Population by Employment. The majority of residents in Brooke (69.20%), Hancock (70.70%), Marshall (71.30%), Ohio (69.50%), and Wetzel (60.10%) Counties are Civilian - Employed; however, the highest percentage of service area population not in the Working Force is Wetzel County (36.70%).

Figure 7. County Population by Employment

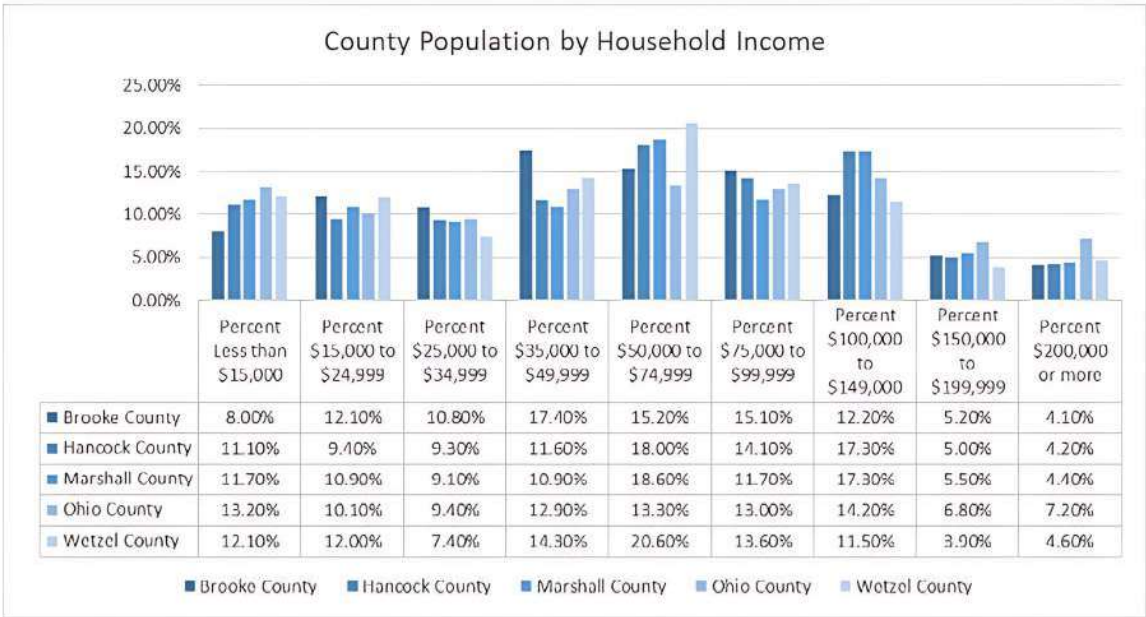


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Civilian - Employed	69.20%	70.70%	71.30%	69.50%	60.10%
Civilian - Unemployed	5.90%	6.60%	3.90%	5.70%	5.10%
In Armed Forces	0%	0%	0%	0%	0%
Not in a Labor Force	26.40%	24.20%	25.80%	26.20%	36.70%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 8 illustrates County Population by Household Income. Hancock (18.0%), Marshall (18.6%), and Wetzel (20.6%) counties have the highest percentage of households in the $50,000 to $74,999 income range, while Ohio (14.2%) county's highest percentage falls in the $100,000 to $149,999 income range, and Brooke (17.4%) county's highest percentage was in the $35,000 to $49,999 range. The highest percentage of the service population within the less than $15,000 income range was Ohio (13.2%) county; however, this is fairly close among all 5 counties.

Figure 8. County Population by Household Income

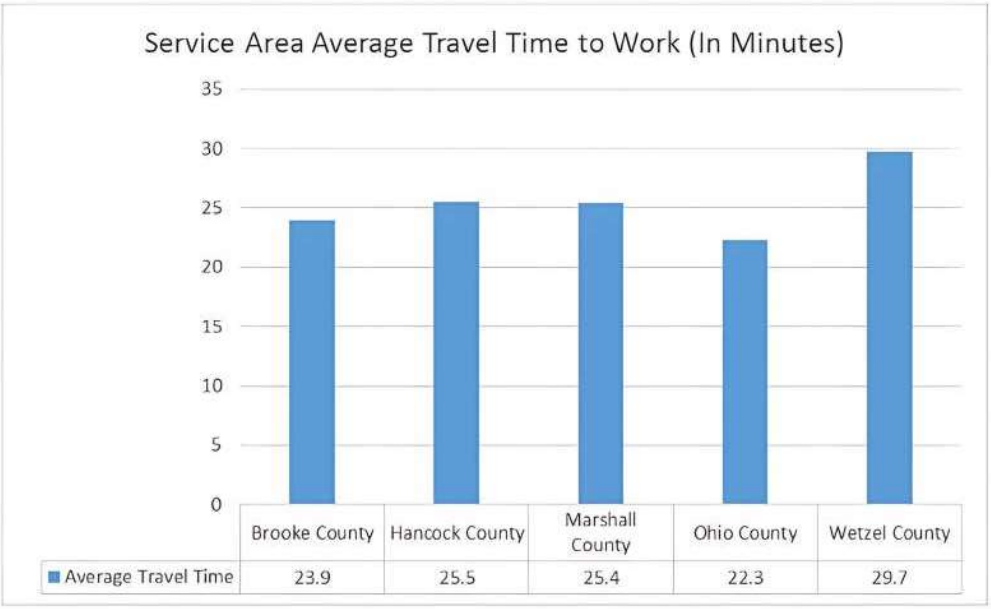


	Percent Less than $15,000	Percent $15,000 to $24,999	Percent $25,000 to $34,999	Percent $35,000 to $49,999	Percent $50,000 to $74,999	Percent $75,000 to $99,999	Percent $100,000 to $149,000	Percent $150,000 to $199,999	Percent $200,000 or more
Brooke County	8.00%	12.10%	10.80%	17.40%	15.20%	15.10%	12.20%	5.20%	4.10%
Hancock County	11.10%	9.40%	9.30%	11.60%	18.00%	14.10%	17.30%	5.00%	4.20%
Marshall County	11.70%	10.90%	9.10%	10.90%	18.60%	11.70%	17.30%	5.50%	4.40%
Ohio County	13.20%	10.10%	9.40%	12.90%	13.30%	13.00%	14.20%	6.80%	7.20%
Wetzel County	12.10%	12.00%	7.40%	14.30%	20.60%	13.60%	11.50%	3.90%	4.60%

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 9 illustrates the Travel Time to Work by residents in Brooke, Hancock, Marshall, Ohio and Wetzel Counties. The average travel time to commute to work in West Virginia is 27.7 minutes. Ohio county has the shortest average travel time of the service population with 22.3 minute commute, followed by Brooke with 23.9 minutes, Marshall with 25.4 minutes, Hancock with 25.5 minutes, and Wetzel County with 29.7 minutes.

Figure 9. Service Area Average Travel Time to Work (In Minutes)

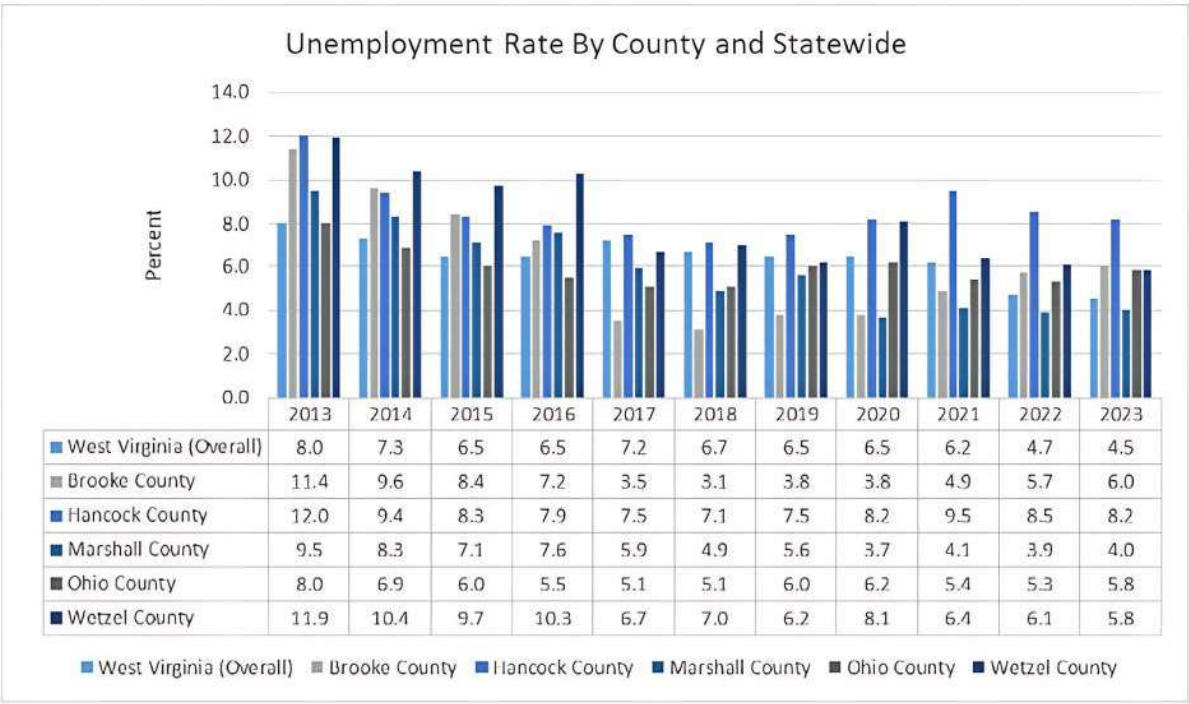


	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Average Travel Time	23.9	25.5	25.4	22.3	29.7

Source: United States Census Bureau, 2023 American Community Survey 5-Year Estimates

Figure 10 illustrates unemployment rates in West Virginia and the service area counties from 2013 to 2023. During the last 10 years the unemployment rate in West Virginia and in all five counties in the service area has decreased by an average of 4.41%. Hancock county (8.2%) experienced the highest unemployment rate, while Marshall county (4.0%) experienced the lowest unemployment rate in the service area.

Figure 10. Unemployment Rate By County and Statewide

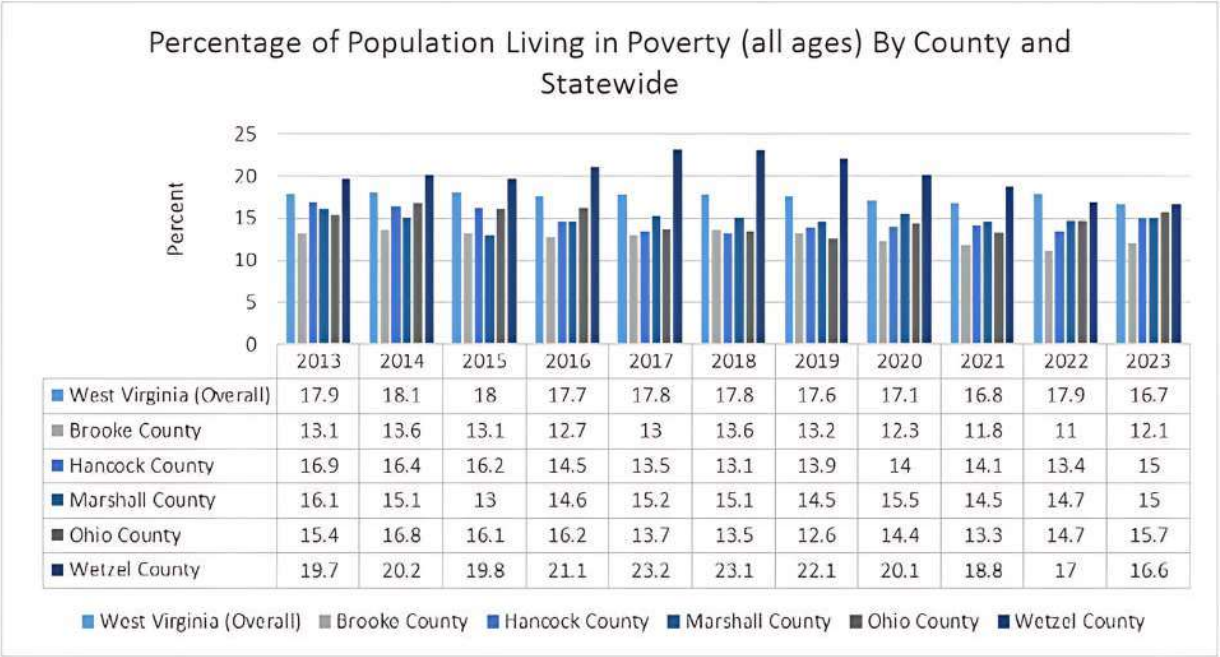


	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
West Virginia (Overall)	8.0	7.3	6.5	6.5	7.2	6.7	6.5	6.5	6.2	4.7	4.5
Brooke County	11.4	9.6	8.4	7.2	3.5	3.1	3.8	3.8	4.9	5.7	6.0
Hancock County	12.0	9.4	8.3	7.9	7.5	7.1	7.5	8.2	9.5	8.5	8.2
Marshall County	9.5	8.3	7.1	7.6	5.9	4.9	5.6	3.7	4.1	3.9	4.0
Ohio County	8.0	6.9	6.0	5.5	5.1	5.1	6.0	6.2	5.4	5.3	5.8
Wetzel County	11.9	10.4	9.7	10.3	6.7	7.0	6.2	8.1	6.4	6.1	5.8

Source: United States Census Bureau, 2013 -2023 American Community Survey 5-Year Estimates

Figure 11 illustrates the percentage of individuals living in poverty in West Virginia (overall), and in Brooke, Hancock, Marshall, Ohio, and Wetzel counties from 2013 through 2023. Ohio (15.7%) and Wetzel (16.6%) counties had the highest percentage of residents living in poverty as of 2023; however, these are below West Virginia's state average of 16.7%. Brooke county had the lowest percentage poverty rate of 12.1%. The United States average percentage for poverty level was 12.5% and Hancock, Ohio, Marshall, and Wetzel counties had higher percentages in 2023.

Figure 11. Percentage of Population Living in Poverty (all ages) By County and Statewide



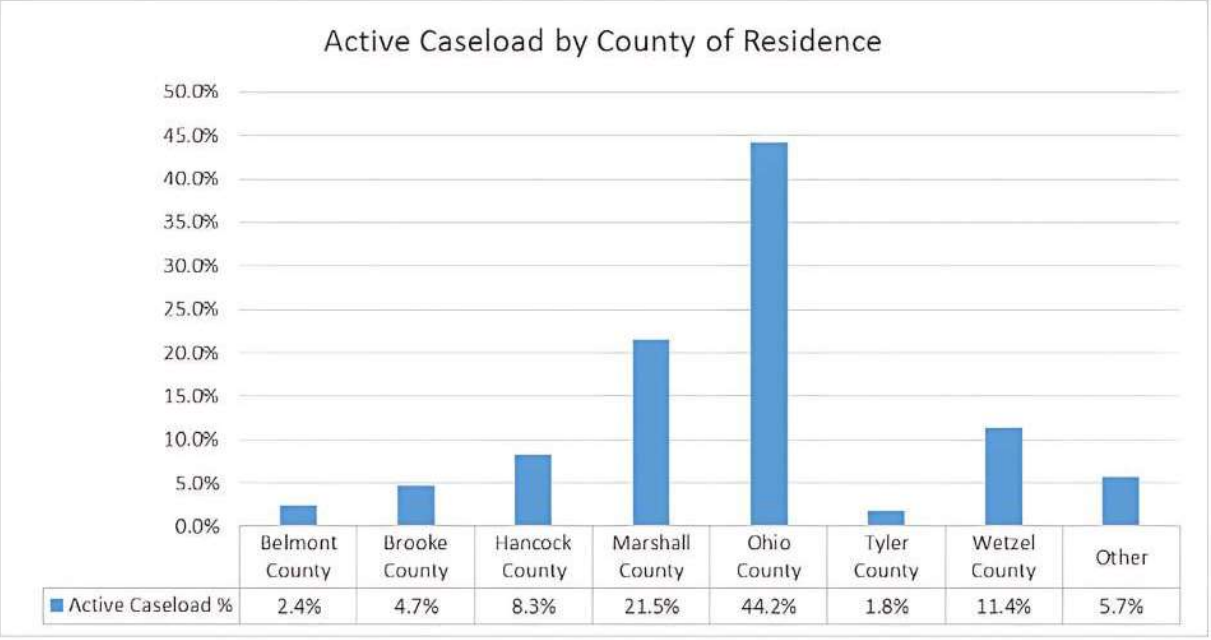
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
West Virginia (Overall)	17.9	18.1	18	17.7	17.8	17.8	17.6	17.1	16.8	17.9	16.7
Brooke County	13.1	13.6	13.1	12.7	13	13.6	13.2	12.3	11.8	11	12.1
Hancock County	16.9	16.4	16.2	14.5	13.5	13.1	13.9	14	14.1	13.4	15
Marshall County	16.1	15.1	13	14.6	15.2	15.1	14.5	15.5	14.5	14.7	15
Ohio County	15.4	16.8	16.1	16.2	13.7	13.5	12.6	14.4	13.3	14.7	15.7
Wetzel County	19.7	20.2	19.8	21.1	23.2	23.1	22.1	20.1	18.8	17	16.6

Source: United States Census Bureau, 2013 -2023 American Community Survey 5-Year Estimates

Active Caseload Demographics

The following figures encompass demographic information for Northwood Health System's active client caseload as of March 2025.

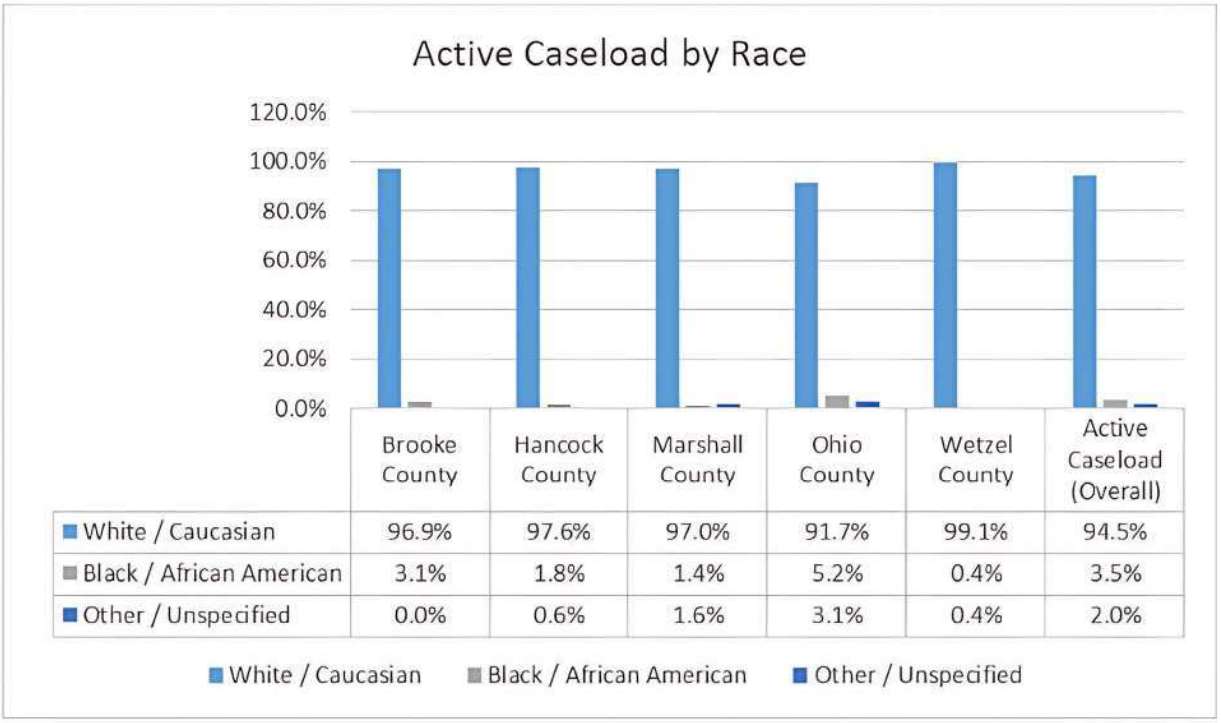
Figure 12. Active Caseload by County of Residence



	Belmont County	Brooke County	Hancock County	Marshall County	Ohio County	Tyler County	Wetzel County	Other
Active Caseload %	2.4%	4.7%	8.3%	21.5%	44.2%	1.8%	11.4%	5.7%

Source: Northwood Health Systems

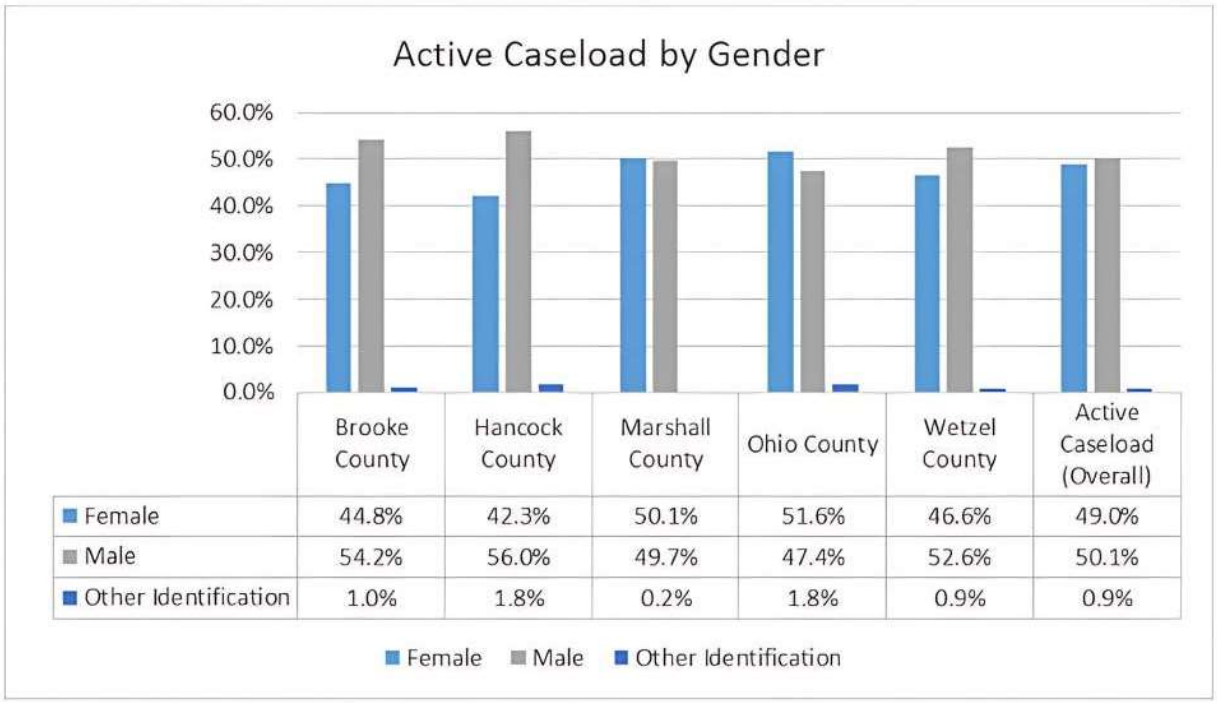
Figure 13. Active Caseload by Race



	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County	Active Caseload (Overall)
White / Caucasian	96.9%	97.6%	97.0%	91.7%	99.1%	94.5%
Black / African American	3.1%	1.8%	1.4%	5.2%	0.4%	3.5%
Other / Unspecified	0.0%	0.6%	1.6%	3.1%	0.4%	2.0%

Source: Northwood Health Systems

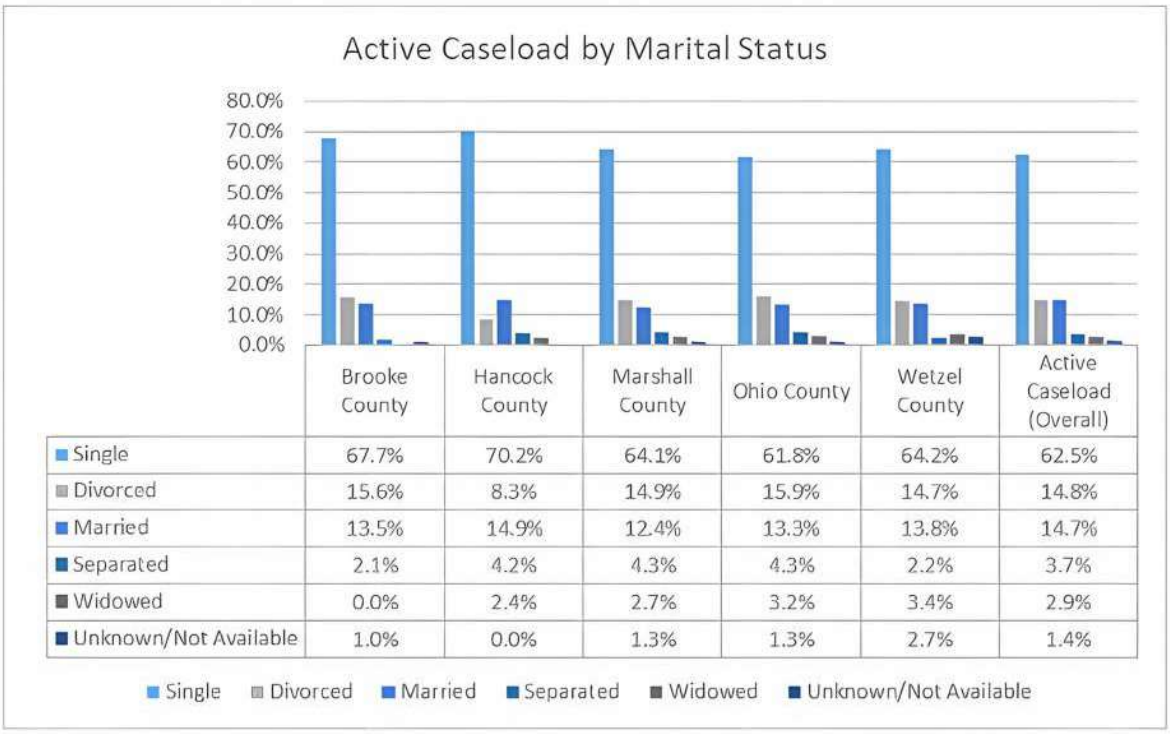
Figure 14. Active Caseload by Gender



	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County	Active Caseload (Overall)
Female	44.8%	42.3%	50.1%	51.6%	46.6%	49.0%
Male	54.2%	56.0%	49.7%	47.4%	52.6%	50.1%
Other Identification	1.0%	1.8%	0.2%	1.8%	0.9%	0.9%

Source: Northwood Health Systems

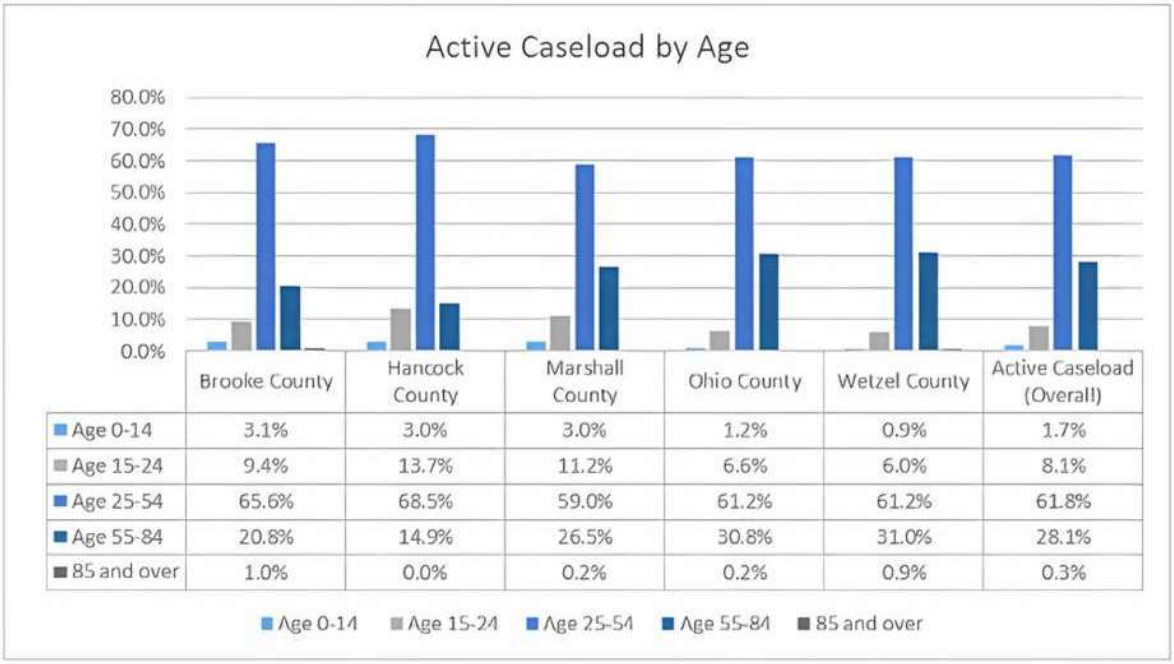
Figure 15. Active Caseload by Marital Status



	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County	Active Caseload (Overall)
Single	67.7%	70.2%	64.1%	61.8%	64.2%	62.5%
Divorced	15.6%	8.3%	14.9%	15.9%	14.7%	14.8%
Married	13.5%	14.9%	12.4%	13.3%	13.8%	14.7%
Separated	2.1%	4.2%	4.3%	4.3%	2.2%	3.7%
Widowed	0.0%	2.4%	2.7%	3.2%	3.4%	2.9%
Unknown/Not Available	1.0%	0.0%	1.3%	1.3%	2.7%	1.4%

Source: Northwood Health Systems

Figure 16. Active Caseload by Age



	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County	Active Caseload (Overall)
Age 0-14	3.1%	3.0%	3.0%	1.2%	0.9%	1.7%
Age 15-24	9.4%	13.7%	11.2%	6.6%	6.0%	8.1%
Age 25-54	65.6%	68.5%	59.0%	61.2%	61.2%	61.8%
Age 55-84	20.8%	14.9%	26.5%	30.8%	31.0%	28.1%
85 and over	1.0%	0.0%	0.2%	0.2%	0.9%	0.3%

Source: Northwood Health Systems

COMMUNITY ASSETS

Community Assets

Table 8 provides an inventory of community resources and assets for Northwood Health Systems' service area population. Those listed are identified as important to the health of the community by the Community Health Needs Assessment Steering Committee and the community resources are categorized by services provided: community clinics, community services, food services, homeless services, hospitals, intellectual disability services, substance abuse, and youth services.

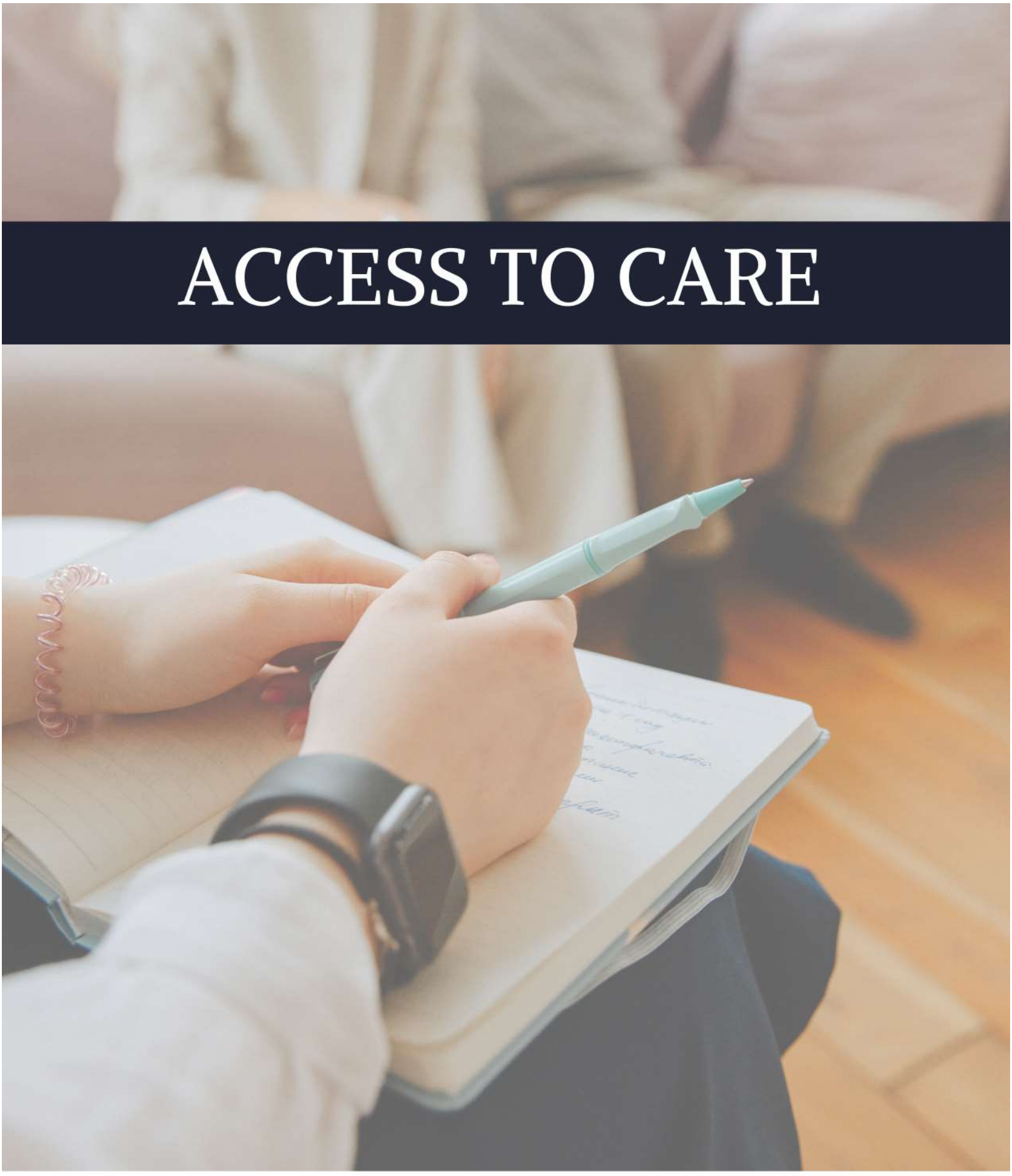
Table 8: Northwood Health Systems Community Assets

Northwood Health Systems Community Assets				
Company	**Address**	**City**	**State**	**Zip Code**
Community Clinics				
Brooke County Health Department	204 Courthouse Square	Wellsburg	WV	26070
Change, Inc.	1151 Washington Street	Newell	WV	26050
Change, Inc.	3136 West Street	Weirton	WV	26062
Hancock County Health Department	850 North Chester Street	New Cumberland	WV	26047
Marshall County Health Department	513 6th Street	Moundsville	WV	26041
Wetzel-Tyler County Health Department	425 S 4th Avenue	Paden City	WV	26159
Wheeling - Ohio County Health Department	1500 Chapline Street, Room 106	Wheeling	WV	26003
Wheeling Health Right	61-29th Street	Wheeling	WV	26003
Community Services				
Brooke - Hancock County Family Resource Network	1300 Potomac Street Suite C	Weirton	WV	26062
Family Services of the Upper Ohio Valley	2200 Main Street, 1st Floor	Wheeling	WV	26003
Marshall County Family Resource Network	1501 2nd Street	Moundsville	WV	26041
Ohio County Family Resource Network	141 Key Ave	Wheeling	WV	26003
United Way of the Upper Ohio Valley	1307 Chapline Street	Wheeling	WV	26003
Wetzel County Family Resource Network	128 Main Street	New Martinsville	WV	26155
YWCA Wheeling	1100 Chapline Street	Wheeling	WV	26003
Food Services				
Catholic Charities Neighborhood Center	125-18th Street	Wheeling	WV	26003
Helping Hand - Food Distribution Center	179 North Street	New Martinsville	WV	26155
Salvation Army - Brooke County	401 Commerce Street	Wellsburg	WV	26070
Salvation Army - Hancock County	794 Cove Road	Weirton	WV	26062
Shepard's Pantry	601 Jefferson Avenue	Moundsville	WV	26041
The Community Bread Basket	3545 Pennsylvania Ave	Weirton	WV	26062
The Soup Kitchen of Greater Wheeling	1610 Eoff Street	Wheeling	WV	26003

Northwood Health Systems Community Assets				
Company	**Address**	**City**	**State**	**Zip Code**
Homeless Services				
Greater Wheeling Coalition for the Homeless	84-15th Street	Wheeling	WV	26003
YWCA Wheeling	1100 Chapline Street	Wheeling	WV	26003
Hospitals				
East Liverpool City Hospital	425 W 5th Street	East Liverpool	OH	43920
Reynolds Memorial Hospital	90 N 4th Street	Glen Dale	WV	26038
Sistersville General Hospital	800 Wheeling Avenue	Sistersville	WV	26175
Trinity Health System, Medical Center East	380 Summit Avenue	Steubenville	OH	43952
Trinity Health System, Medical Center West	4000 Johnson Roach	Steubenville	OH	43952
Weirton Medical Center	601 Colliers Way	Weirton	WV	26062
Wetzel County Hospital	3 East Benjamin Drive	New Martinsville	WV	26155
Wheeling Hospital	1 Medical Park	Wheeling	WV	26003
Intellectual Disability Services				
ARC of Ohio County	439 Warwood Ave	Wheeling	WV	26003
Augusta Levy Learning Center	210 Anthoni Avenue	Wheeling	WV	26003
Brooke County Opportunity Center	71 22nd Street	Wellsburg	WV	26070
Coordinating Council for Independent Living	87 Swierkos Drive	Moundsville	WV	26041
Easter Seals	1305 National Road	Wheeling	WV	26003
Hancock County Opportunity Center	471 1/2 Cove Road	Weirton	WV	26062
Hancock County Sheltered Workshop	1100 Pennsylvania Avenue	Weirton	WV	26062
Linx Residential Service	249 Clark Street	New Martinsville	WV	26155
REM Community Options	748 McMechen Street	Wheeling	WV	26003
Russell Nesbitt Services	431 Fulton Street	Wheeling	WV	26003
Substance Abuse Services				
Change Inc.	3136 West Street	Weirton	WV	26062
Healthways, Inc.	501 Colliers Way	Weirton	WV	26062
Miracles Happen	201 Edgington Lane	Wheeling	WV	26003
ROOTS in Harmony	1100 Main Street	Wheeling	WV	26003
Serenity Hills Life Center	667 Stone Shannon Road	Wheeling	WV	26003
Wheeling Treatment Center	40 Orrs Lane	Tridelphia	WV	26059
Youth Service Systems, Inc.	87 15th Street	Wheeling	WV	26003
YSS Recovery Homes	Various	Wheeling	WV	26003
YWCA Women Inspired in New Directions	1100 Chapline Street	Wheeling	WV	26003

Northwood Health Systems Community Assets				
Company	**Address**	**City**	**State**	**Zip Code**
Youth Services				
WV CASA	1224 Chapline Street	Wheeling	WV	26003
Crittenton Services	2606 National Road	Wheeling	WV	26003
Genesis Mobile Crisis Response Unit	425 South 4th Avenue	Paden City	WV	26159
WV Birth to Three	2000 Main Street, Suite 121	Wheeling	WV	26003
Youth Services System, Inc.	87-15th Street	Wheeling	WV	26003

ACCESS TO CARE



Access to Care

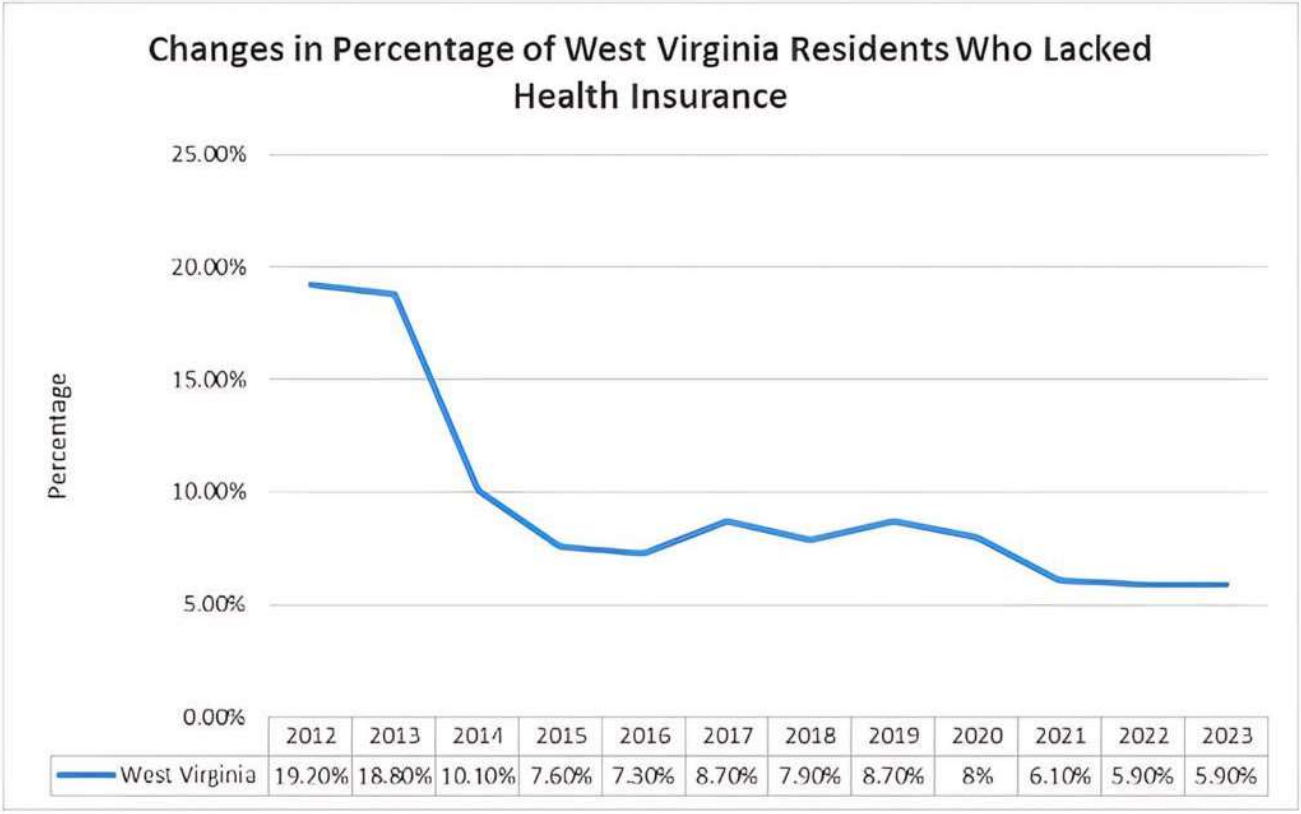
The U.S. Department of Health and Human Services, through the Office of Disease Prevention and Health Promotion (ODPHP), emphasizes that an individual's ability to access healthcare significantly impacts all aspects of their health. Key factors that contribute to access to care include coverage, workforce, availability of services, and the timeliness of receiving care.

Coverage

Individuals without health insurance are less likely to have a regular source of medical care, such as a Primary Care Practitioner (PCP), and are more inclined to skip routine medical visits due to cost concerns, which increases their risk for severe and disabling health conditions. When consumers do seek care, they often face significant medical bills and out-of-pocket expenses.

Health care coverage in West Virginia has improved dramatically since 2012. Figure 17 below shows a steep decline in the percentage of West Virginia residents who lacked health insurance, moving from 19.2% in 2012 down to 8% in 2020.

Figure 17. Change in Percentage of West Virginia Residents Who Lacked Health Insurance



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
West Virginia	19.20%	18.80%	10.10%	7.60%	7.30%	8.70%	7.90%	8.70%	8%	6.10%	5.90%	5.90%

Source: Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2012-2020 Survey Results and United States Census Bureau DP03

Figure 18 The following illustrates a notable increase in Medicaid coverage for West Virginia residents. From 2013 to 2024, Medicaid enrollment grew by over 45%, largely as a result of the Affordable Care Act's implementation and West Virginia's expansion of Medicaid coverage.

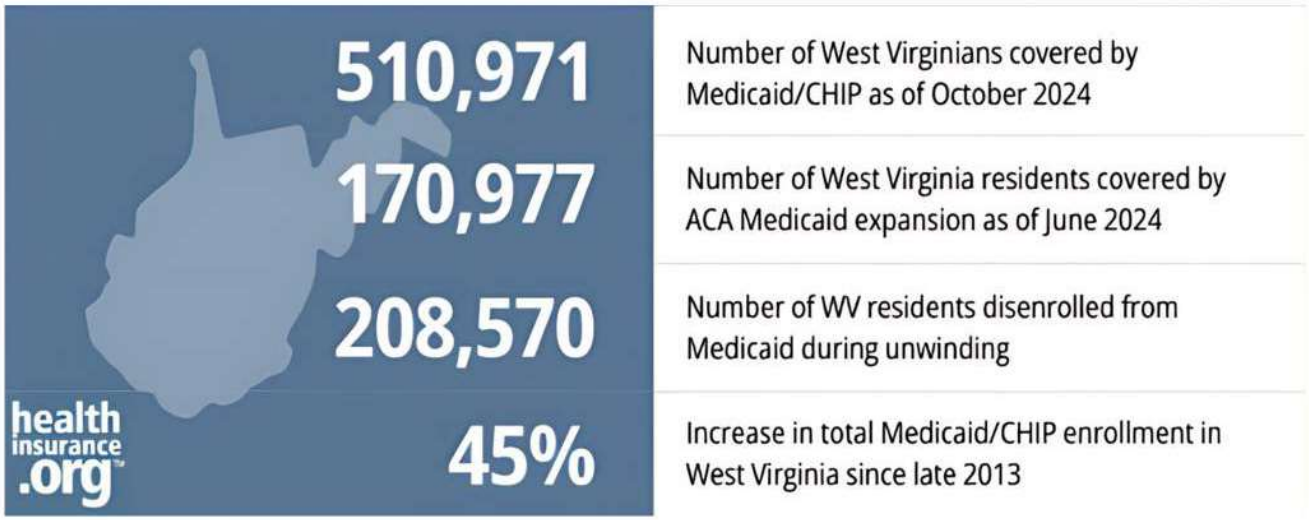
As of October 2024, 510,971 people in West Virginia were enrolled in Medicaid at some point during the year, accounting for approximately one-third of the state's population.

Additionally, one in five Medicare beneficiaries in West Virginia also receive Medicaid benefits. Medicaid enrollment surged during the pandemic, peaking in mid-2023, but decreased as the pandemic-era continuous coverage rule was unwound. As a result, 208,000 people were disenrolled from Medicaid during this process.

Half of all children in West Virginia are covered by Medicaid.

West Virginia has the second-lowest per capita income in the country, which contributes to its high federal Medicaid matching assistance percentage (FMAP) of 74.68% in 2022. For every $100 the state spends, the federal government matches with $290 in federal funds.

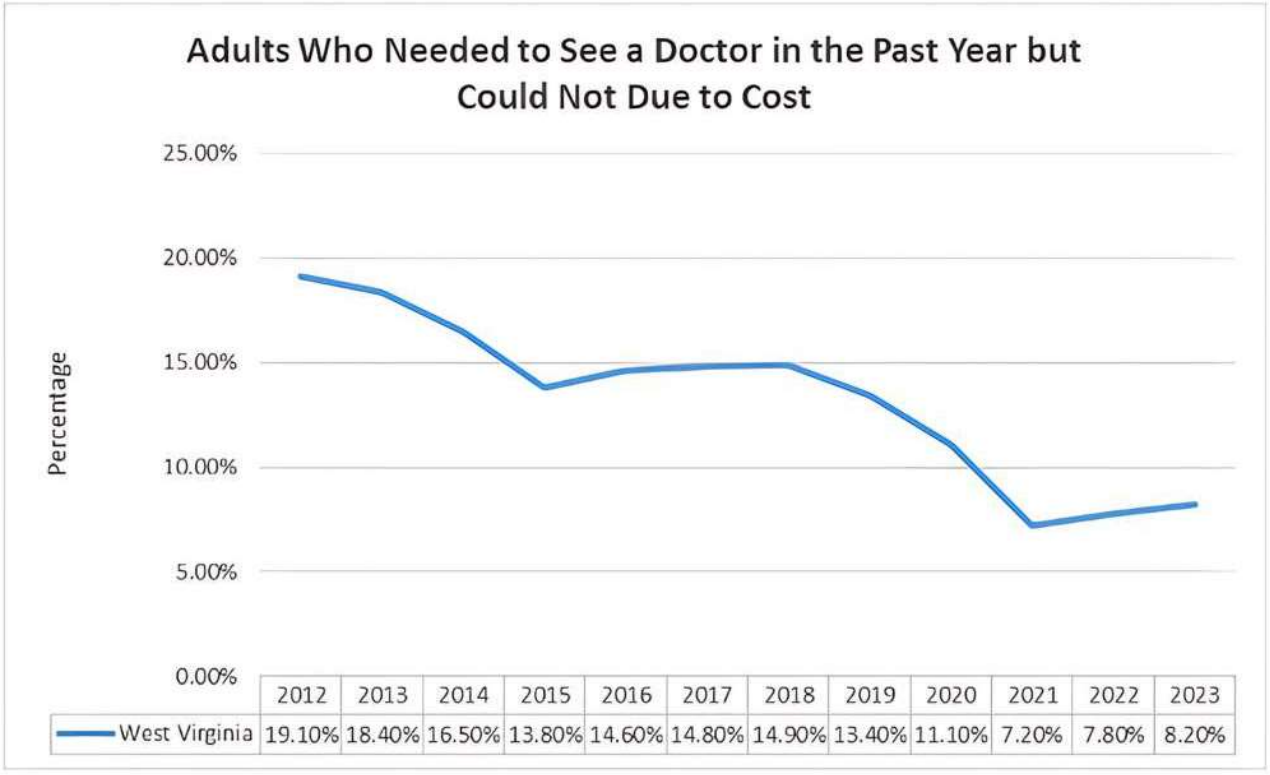
Figure 18. Change in Percentage of West Virginia Residents with Medicaid Coverage



Source: Healthinsurance.org

Figure 19 The following shows the percentage of adults who needed to see a doctor in the past year, but were unable to due to cost, for survey years 2012 through 2023. The highest percentage of residents reporting this issue occurred in 2012, at 19.1%. After a steady increase from 2007, the rates have generally decreased since 2012. This decline is likely attributed to the implementation of the Affordable Care Act and Medicaid expansion. However, starting in 2021, there has been a noticeable rise in this percentage, with an increase observed from 2021 to 2023.

Figure 19. Percentage of Adults Who Needed to See a Doctor in the Past Year but Could Not Due to Cost

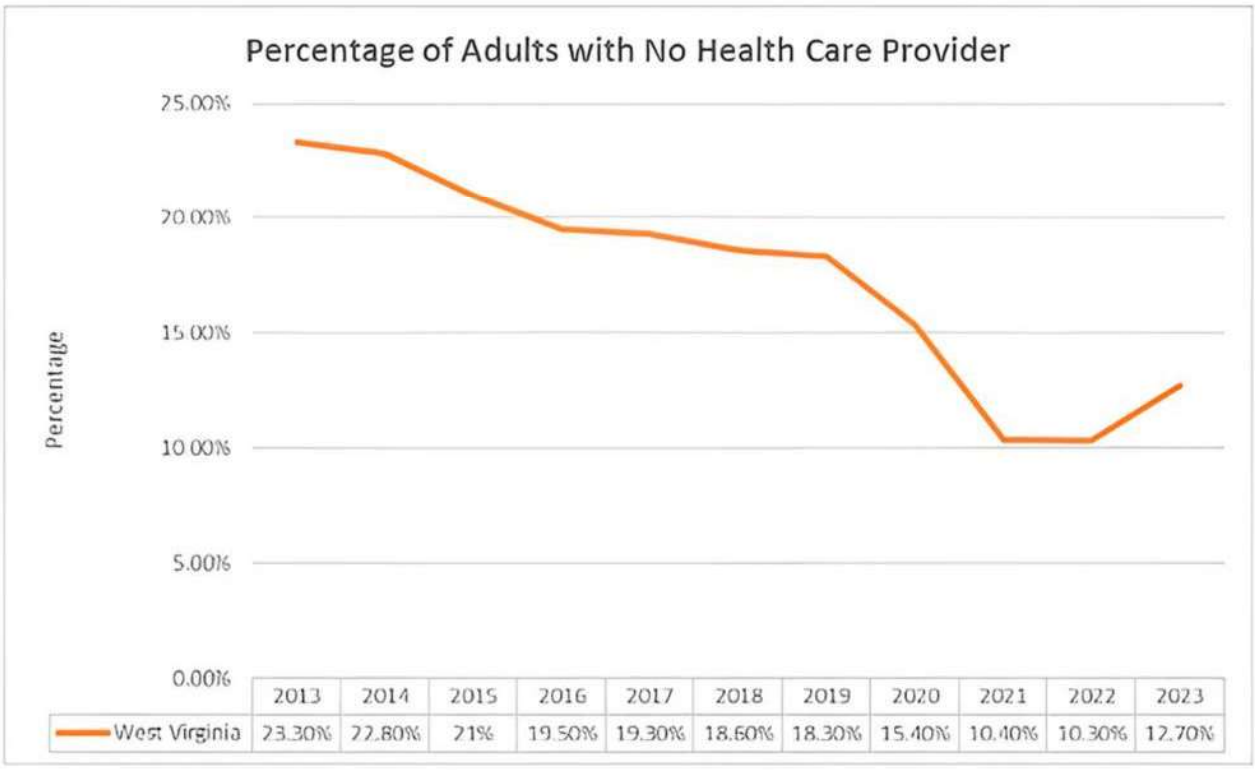


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
West Virginia	19.10%	18.40%	16.50%	13.80%	14.60%	14.80%	14.90%	13.40%	11.10%	7.20%	7.80%	8.20%

Source: Centers for Disease Control and Prevention (CDC)'s National Center for Health Statistics

Figure 20 The following shows the percentage of adults in West Virginia without a healthcare provider from 2013 to 2023. The highest percentage of residents without a healthcare provider occurred in 2013, when nearly one in four adults lacked access to one. In 2020, West Virginia exceeded the HealthyPeople.gov target of 16.1% for the first time. However, from 2022 to 2023, there has been an increase in this percentage, marking the first rise since 2013.

Figure 20. Percentage of Adults with No Health Care Provider



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
West Virginia	23.30%	22.80%	21%	19.50%	19.30%	18.60%	18.30%	15.40%	10.40%	10.30%	12.70%

Source: Kaiser Family Foundation, State Health Facts, Access to Care

Workforce

Access to care requires not only financial coverage, but also access to providers.

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services develops shortage designation criteria and uses them to decide whether or not a geographic area, population group, or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population.

Health Professional Shortage Areas (HPSA) are areas and population groups within the United States that are experiencing a shortage of health professionals. There are three categories of HPSA designation based on the health discipline that is experiencing a shortage: 1) primary medical; 2) dental; and 3) mental health.

According to information provided by the Health Resources and Services Administration, eighty-four percent of the West Virginia's counties (46 of 55 counties) are designated as a Mental Health Professional Shortage Area (HPSA).

Table 9 illustrates these federal shortage designations for Brooke, Hancock, Marshall, Ohio and Wetzel Counties as of September 2023. Hancock, Marshall, Ohio and Wetzel Counties are designated as shortage areas for Primary Care, Dental Health, and Mental Health. Brooke County is designated as a shortage area for Primary Care.

Table 9: Federal Shortage Designations 2023

Federal Shortage Designations					
2023					
	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Primary Care	Designated	Designated	Designated	Designated	Designated
Dental Health		Designated	Designated	Designated	Designated
Mental Health		Designated	Designated	Designated	Designated

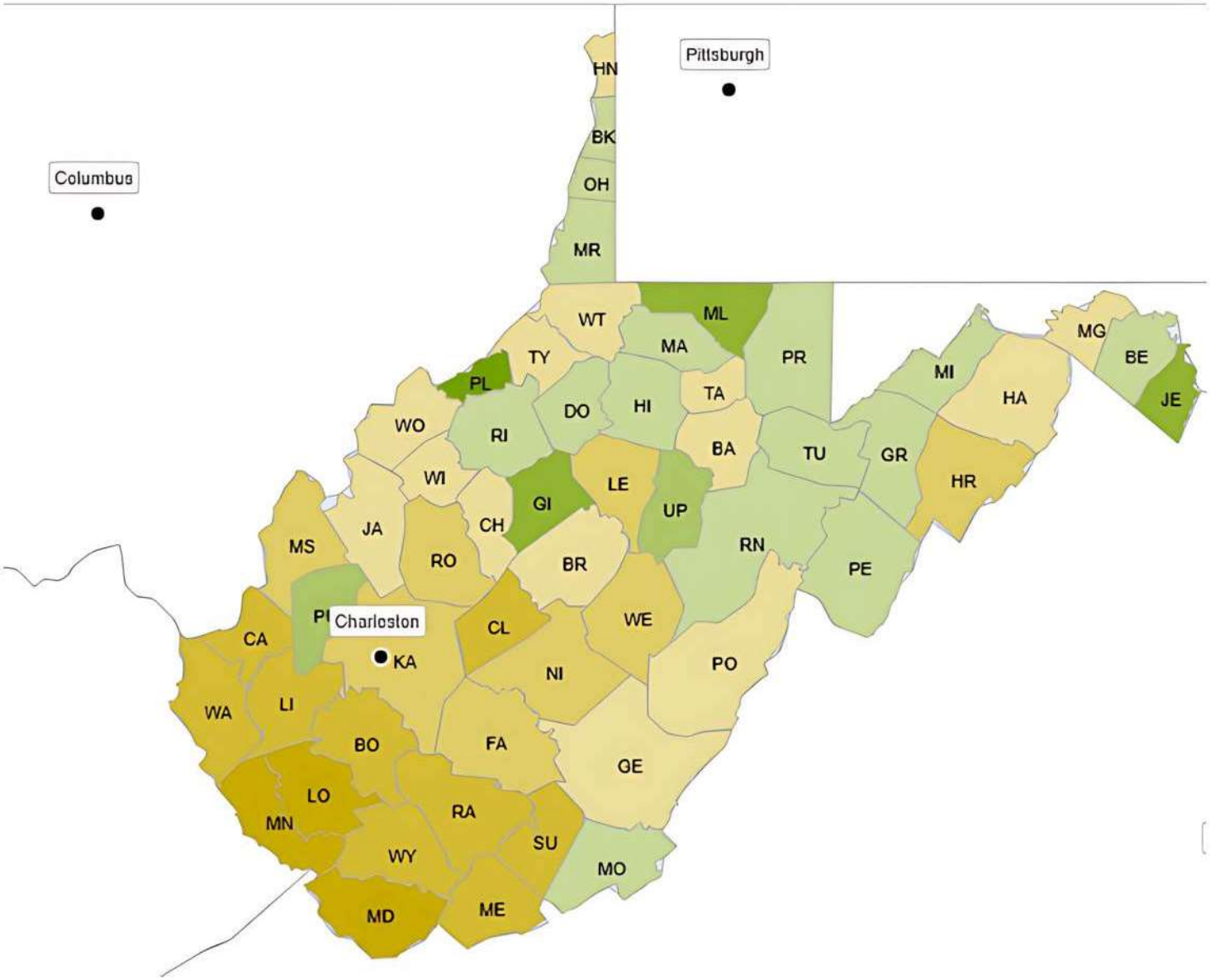
Source: Health Resources and Services Administration (data.HRSA.gov)

Mental Health Providers

According to the University of Wisconsin Population Health Institute, one of the factors that can be used to compare and objectively measure access to care is the ratio of the county population to the number of mental health providers, including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers who treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health. Using this measure for the service area counties, Brooke and Marshall Counties score lowest, followed by higher scores for Wetzel, Hancock and Ohio counties.

Figure 21. Mental Health Providers

County	Mental Health Providers	Number of Individuals Served by One Mental Health Professional
Wetzel	18	780
Ohio	156	270
Marshall	8	3,720
Hancock	47	600
Brooke	7	3,100

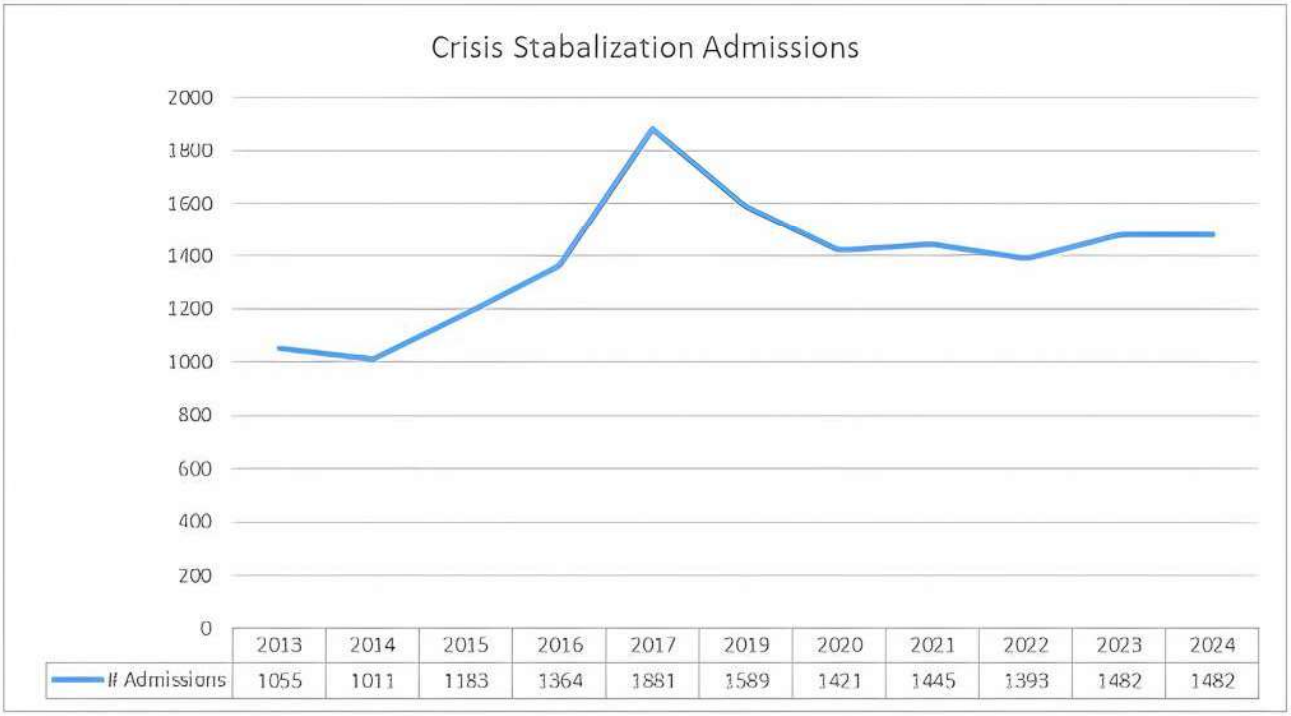


Source: 2021 County Health Rankings www.countyhealthrankings.org

Service Utilization

Figures 22 and 23 illustrate the Northwood program utilization of Crisis Stabilization Services and Psychiatric / Medication Management Services. Utilization of Crisis Stabilization Services steadily increased between fiscal years 2013 and 2017, after which it decreased through FY 2021. However, in 2023 Northwood had a slight increase in services.

Figure 22. Northwood Program Utilization – Crisis Services

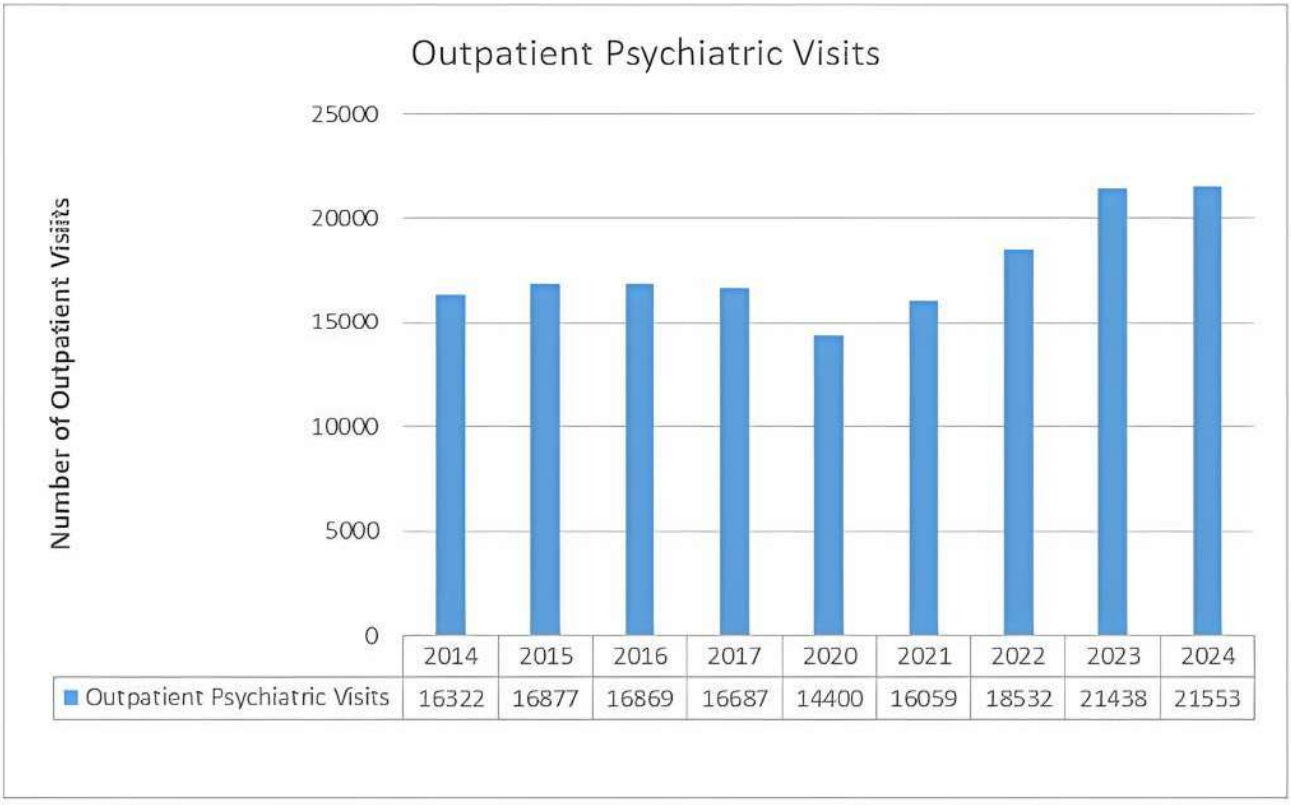


	2013	2014	2015	2016	2017	2019	2020	2021	2022	2023	2024
# Admissions	1055	1011	1183	1364	1881	1589	1421	1445	1393	1482	1482

Source: Northwood Health Systems

Figure 23. Northwood Program Utilization – Outpatient Psychiatric Visits

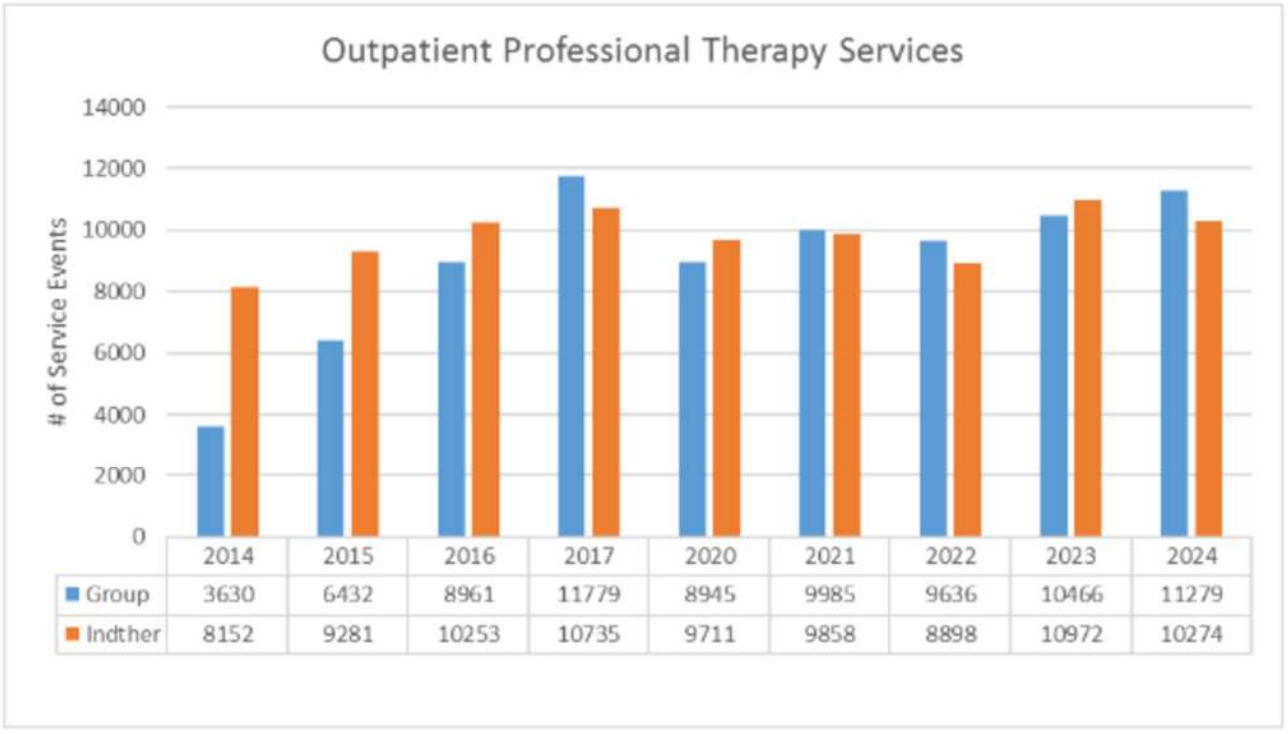
During fiscal years 2014 through 2021, the number of Outpatient Psychiatric services provided by Northwood has remained relatively stable, except for a volume reduction in FY 2020 corresponding to COVID restrictions. These visits are again trending upward since that time.



Source: Northwood Health Systems

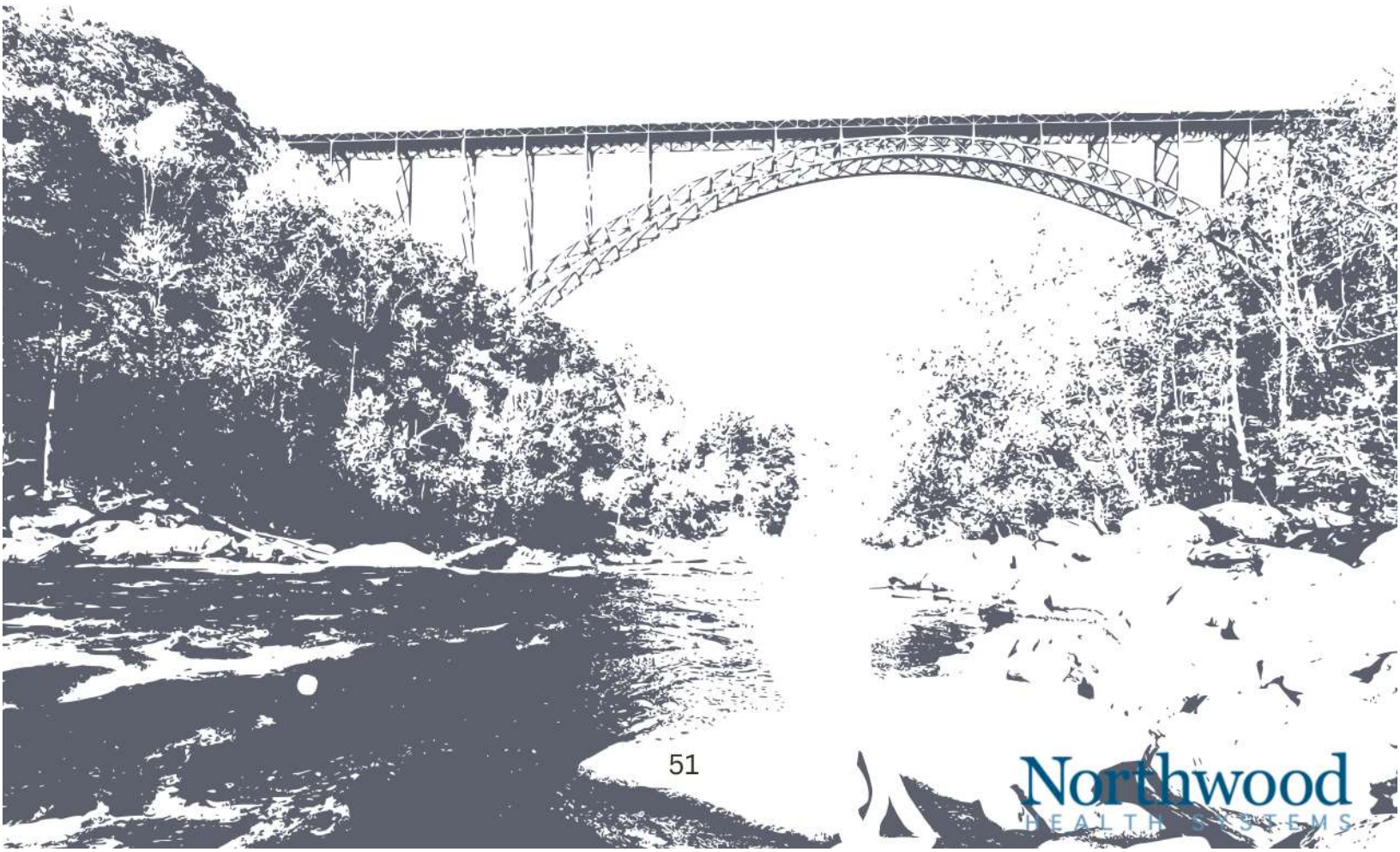
Figure 24 illustrates Northwood program utilization for Outpatient Group and Individual Professional Therapy Services. Utilization of both these services increased over the fiscal years from 2014 through 2017, with the largest increase in services for individuals with substance use disorders. Group and Individual Services dropped significantly in 2020 due to Covid restrictions. However, both services have trended upward since then.

Figure 24. Northwood Program Utilization – Outpatient Professional Therapy



	2014	2015	2016	2017	2020	2021	2022	2023	2024
Group	3630	6432	8961	11779	8945	9985	9636	10466	11279
Indther	8152	9281	10253	10735	9711	9858	8898	10972	10274

Source: Northwood Health Systems



CHRONIC & SERIOUS MENTAL HEALTH

Northwood
HEALTH SYSTEMS

Chronic & Serious Mental Health

Chronic diseases are conditions that persist over a long period, often relapse, and are marked by cycles of remission and ongoing persistence. Mental Health encompasses a wide range of activities that directly or indirectly impact mental well-being, as outlined in the World Health Organization's definition of health: “A state of complete physical, mental, and social well-being, and not merely the absence of disease.” It involves promoting well-being, preventing mental disorders, and providing treatment and rehabilitation for those affected by mental health conditions.

Health Days

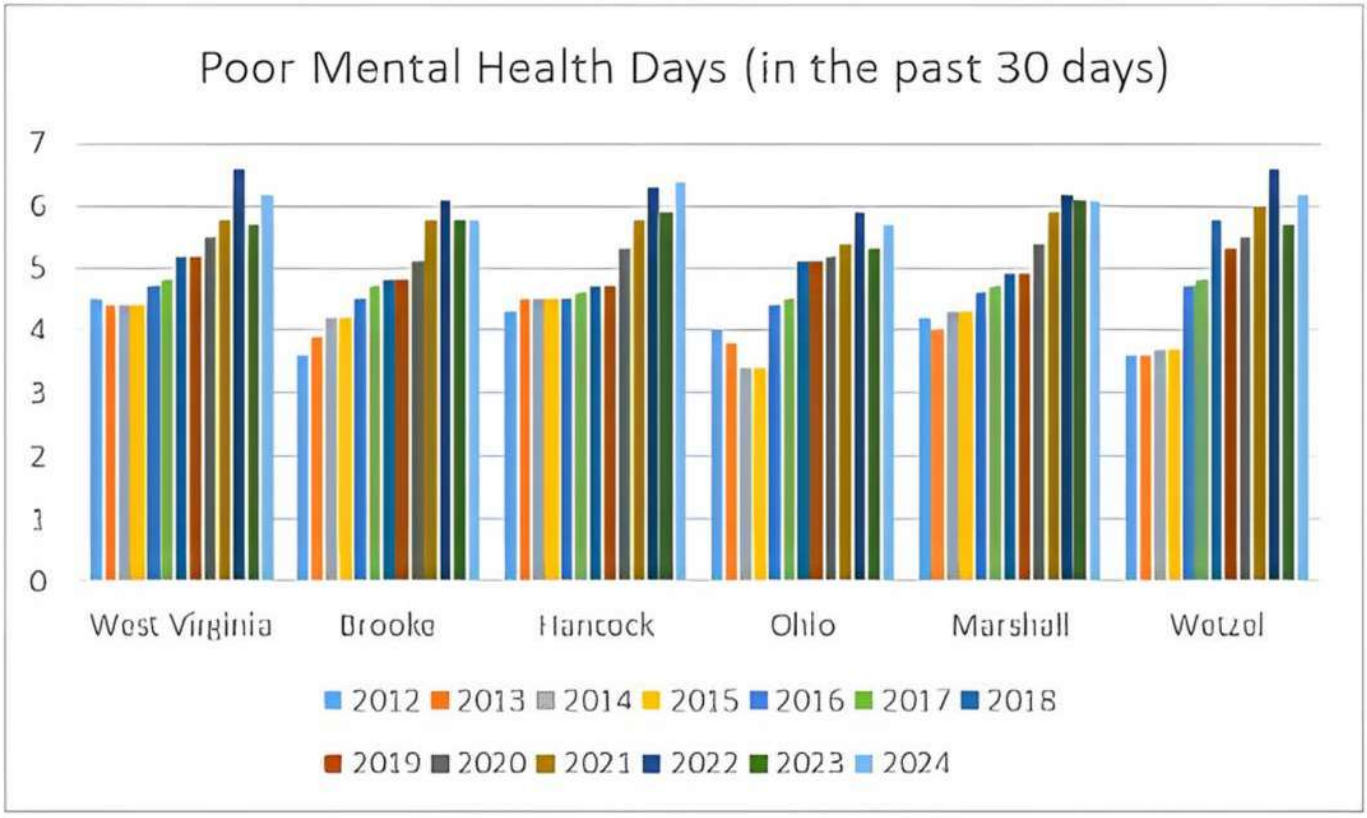
Healthy Days is a widely used public health metric that has been linked to self-reported overall physical health, life satisfaction, healthcare utilization, and depression. The main Healthy Days measurement evaluates an individual’s perceived well-being by asking about their health and the number of recent days when their physical or mental health was not optimal.

Poor Mental Health Days (in the past 30 days)

Poor Mental Health Days measures the number of days in the previous 30 days that a person indicates their activities were limited due to mental health difficulties. The measure provides a general indication of wellness, health-related quality of life, and mental distress. In 2024, West Virginia ranked worst of the 50 states in the number of poor mental health days in the past 30.

Figure 25 This chart shows the number of Poor Mental Health Days over the past 30 days for adults in the service area from 2012 to 2024. Overall, the number of Poor Mental Health Days peaked in 2022 for both the state and individual counties, reaching the highest levels in the past decade. Ohio County had seen a decline from 2012 to 2015 but increased to 5.9 days in 2022. While Poor Mental Health Days decreased in 2023, they rose again in 2024.

Figure 25. Poor Mental Health Days (in past 30 days)



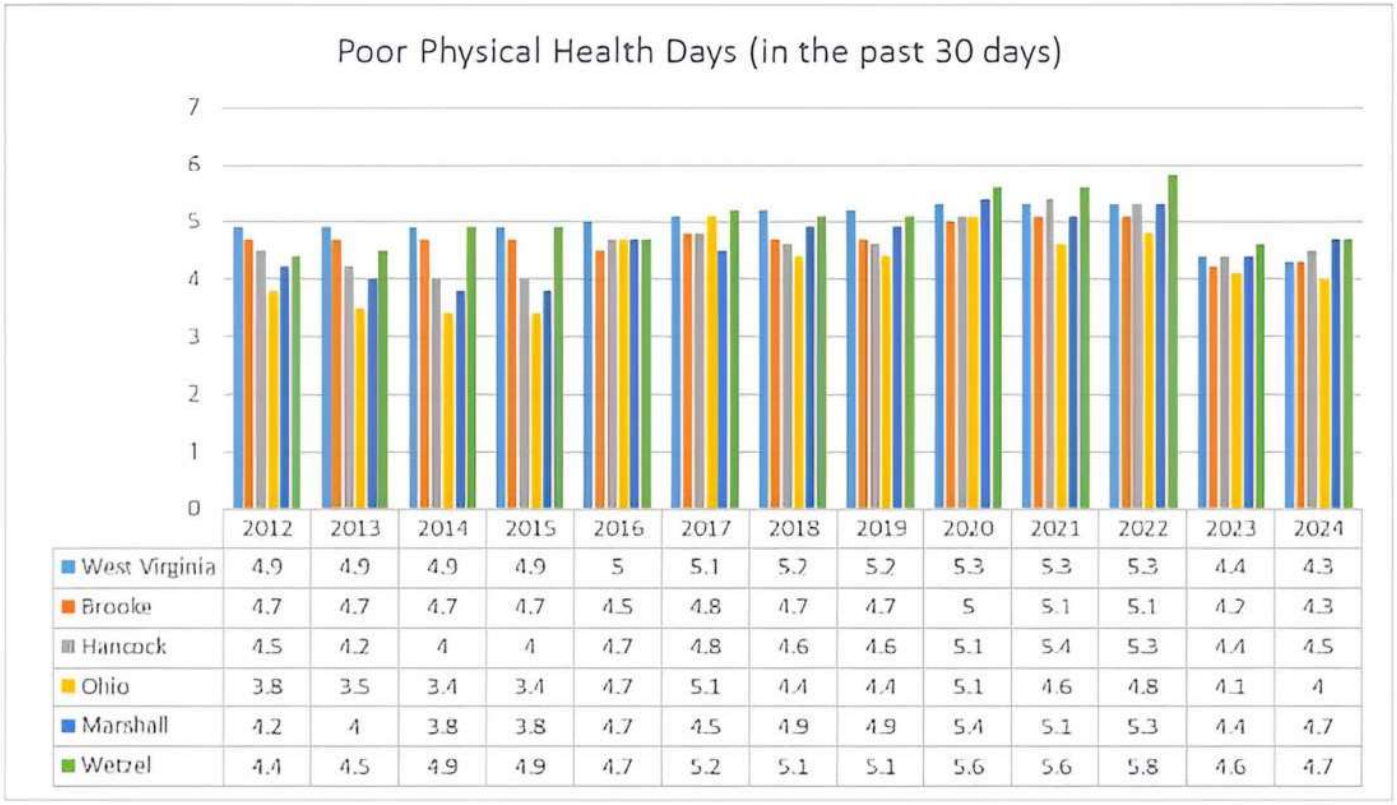
Sources: http://www.countyhealthrankings.org/

Poor Physical Health Days (in past 30 days)

Poor Physical Health Days is a general indicator of current health as well as the population's health related quality of life. Along with poor mental health days, it provides insight into overall health.

In 2024, West Virginia ranked worst of the 50 states in the number of poor physical health days in the past 30.

Figure 26. Poor Physical Health Days (in the past 30 days)



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
West Virginia	4.9	4.9	4.9	4.9	5	5.1	5.2	5.2	5.3	5.3	5.3	4.4	4.3
Brooke	4.7	4.7	4.7	4.7	4.5	4.8	4.7	4.7	5	5.1	5.1	4.2	4.3
Hancock	4.5	4.2	4	4	4.7	4.8	4.6	4.6	5.1	5.4	5.3	4.4	4.5
Ohio	3.8	3.5	3.4	3.4	4.7	5.1	4.4	4.4	5.1	4.6	4.8	4.1	4
Marshall	4.2	4	3.8	3.8	4.7	4.5	4.9	4.9	5.4	5.1	5.3	4.4	4.7
Wetzel	4.4	4.5	4.9	4.9	4.7	5.2	5.1	5.1	5.6	5.6	5.8	4.6	4.7

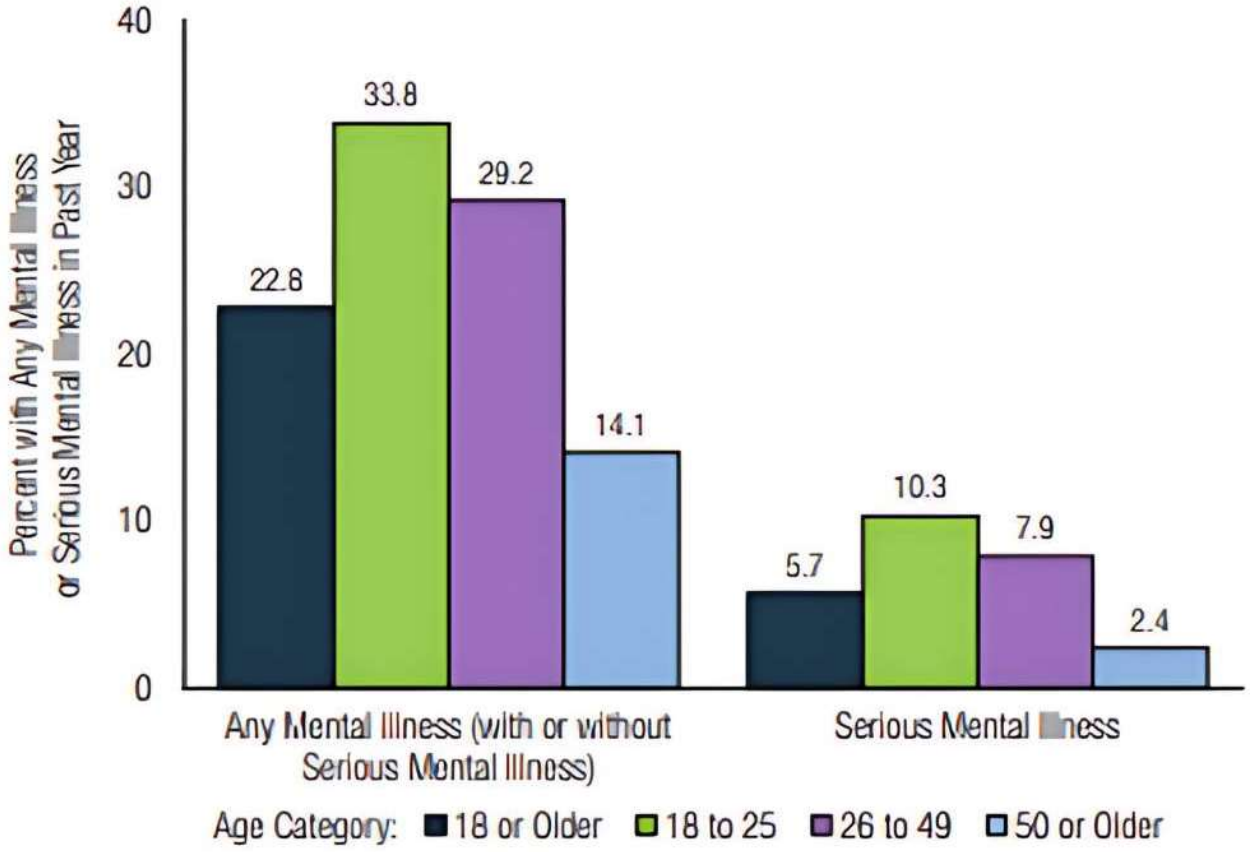
Sources: http://www.countyhealthrankings.org/

Any Mental Illness

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder." The Any Mental Illness measure includes persons with mild mental illness, moderate mental illness, and serious mental illness, based on the level of functional impairment.

In 2023, 22.8 percent of adults aged 18 and older (equivalent to 58.7 million people) experienced AMI in the past year (Figure 39 and Table A.21B). The highest percentage was observed in young adults aged 18 to 25, at 33.8 percent (or 11.5 million people), followed by adults aged 26 to 49 at 29.2 percent (or 30.3 million people), and adults aged 50 and older at 14.1 percent (or 16.9 million people).

Figure 27. Any Mental Illness in the Past Year among Persons Aged 18 or Older

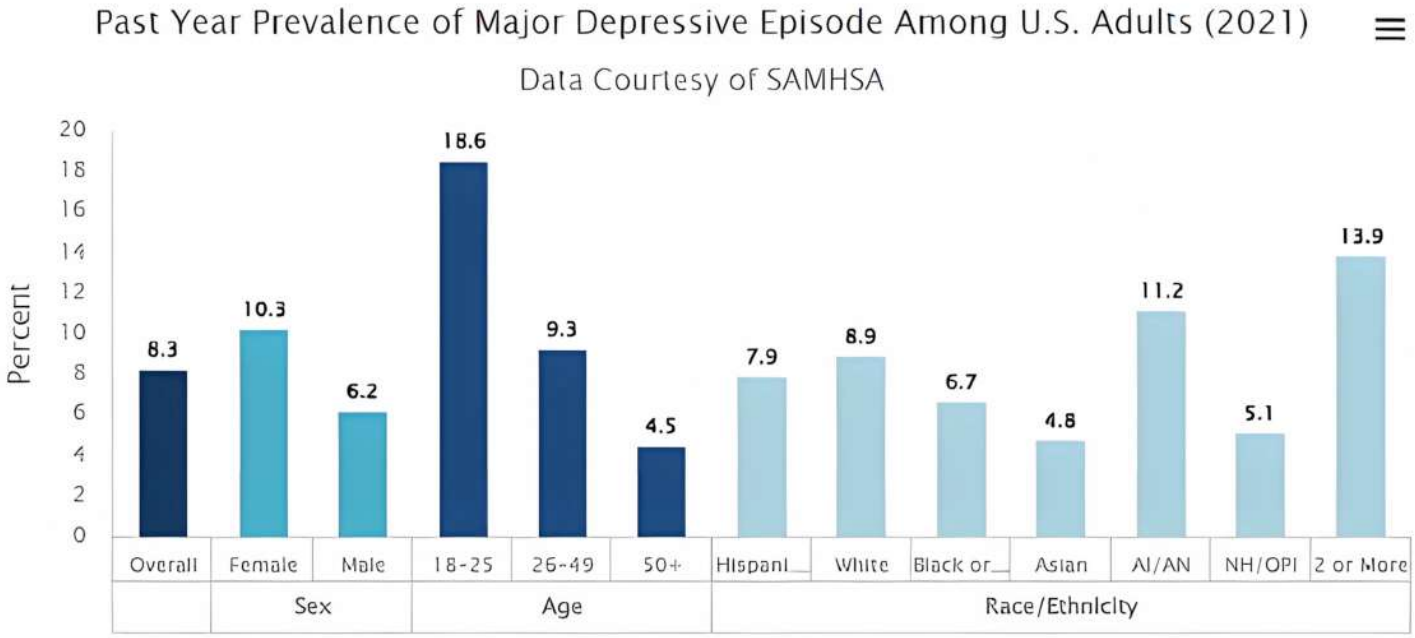


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2023

Past Year Mental Health Measures

Figure 28 illustrates the Past Year Prevalence of Major Depressive Episodes in U.S. adults aged 18 and older in 2021. An estimated 21.0 million adults in the U.S. experienced at least one major depressive episode, which accounted for 8.3% of the adult population. The prevalence was higher among females (10.3%) compared to males (6.2%). The highest prevalence of major depressive episodes was found in individuals aged 18-25 (18.6%). Additionally, those identifying as having multiple (two or more) races had the highest prevalence at 13.9%.

Figure 28. Past Year Prevalence of Major Depressive Episodes Among U.S. Adults (2021)



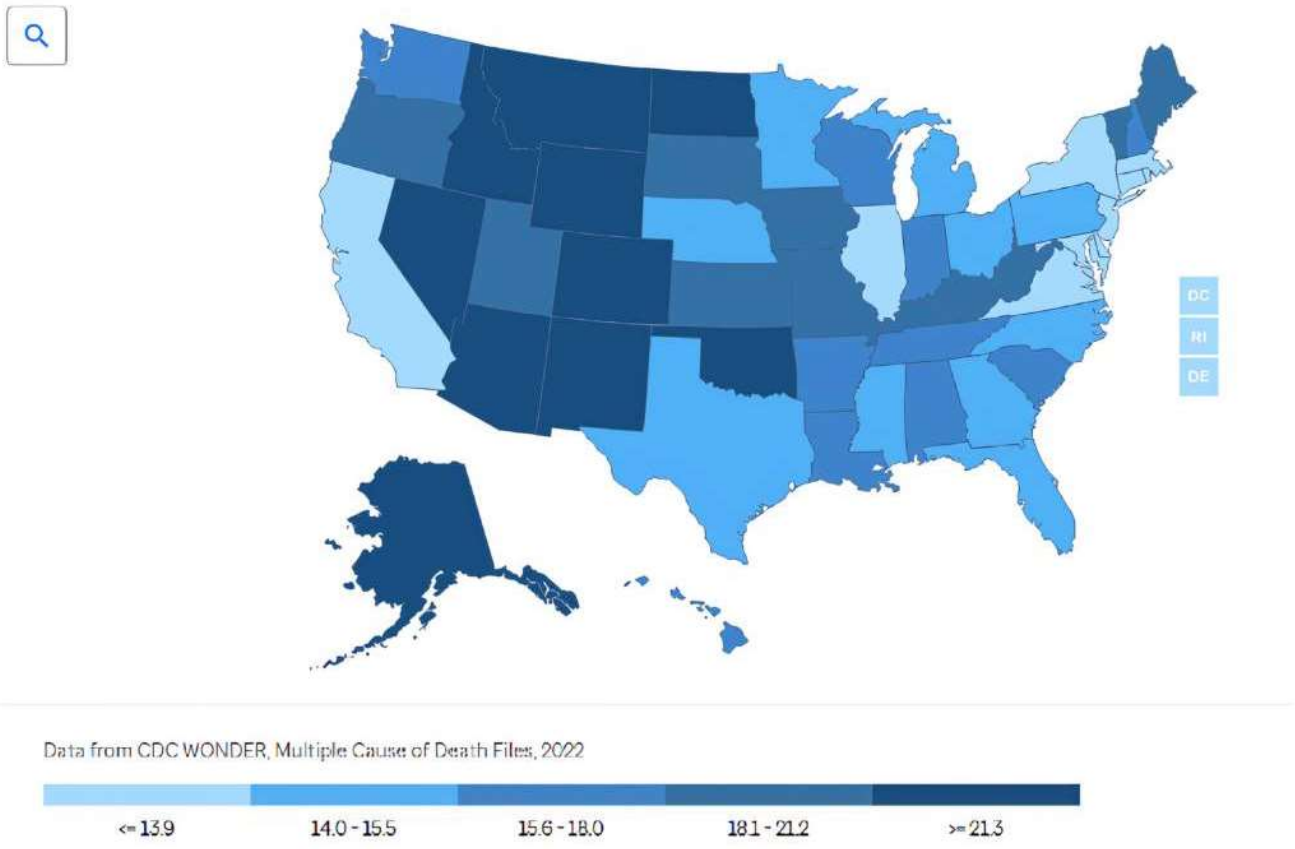
Source: National Institute of Mental Health, Mental Health Information

Suicide

Suicide is a major cause of death in the United States that affects people of all ages, races, and ethnicities. According to the Centers for Disease Control and Prevention, since 2008, suicide has ranked as the 10th leading cause of death for all ages in the United States. It is the second leading cause of death for ages 10–34. In 2020, the U.S. suicide rate declined by 3% from 2019 after increasing by 33% from 1999 through 2017. Suicide rates in 2020 were 3.9 times higher for males than for females. The suicide rate for the most rural areas is 1.4 times the rate for the most urban areas, and the suicide rate in 2017 for the most rural counties was 53% higher than the rate in 1999. According to the American Foundation for Suicide Prevention, there were nearly 46,000 deaths by suicide in 2020 and an estimated 1.2 million suicide attempts.

Figure 29 illustrates the Number of Deaths Due to Intentional Self-Harm per 100,000 Population. West Virginia ranks 36 of 50 amongst the states and has 19.9 deaths per 100,000 population.

Figure 29. Number of Deaths Due to Intentional Self Harm per 100,000 Population

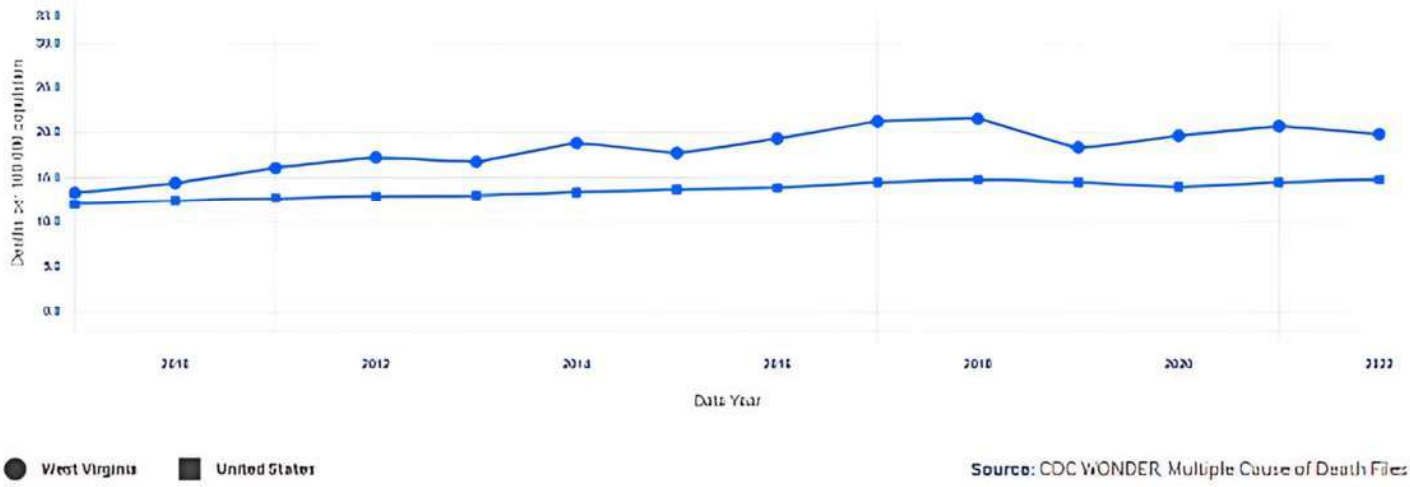


Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2022

West Virginia – Annual Suicide Deaths

According to the American Foundation for Suicide Prevention, suicide is the 10th leading cause of death in the US and the 12th leading cause of death overall in West Virginia. In West Virginia, the rate of suicide deaths is 19.9 per 100,000 population compared to a lower rate of 13.48 nationally for the most recent year available 2022. It is the second leading cause of death for ages 10 to 34.

Figure 30. Suicide Rates – United States and West Virginia



Source: America's Health Rankings, CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files

Table 10 illustrates the number and rates of deaths from suicide in each of the counties of the service area and West Virginia from 2008 to 2019. Ohio County had the highest number (76) of suicide deaths of the counties in the service area. Marshall County had the highest rate (20.3) of suicide deaths, followed by Brooke County (19.5). Brooke County, Hancock County, and Marshall County had a higher rate of suicide deaths than the state rate of 18.8. Ohio and Wetzel Counties all had rates below the state rate during this time period.

Table 10: Suicide Deaths 2008-2019

2008-2019 Suicide Deaths						
	West Virginia	Brooke County	Hancock County	Marshall County	Ohio County	Wetzel County
Number of Suicides	3,445	44	57	65	76	29
Rate per 100,000	17.8	19.5	19.0	20.3	17.7	18.3

Source: PreventSuicideWV.org

Leading Causes of Death by Age Group

According to the National Center for Health Statistics, unintentional injuries ranked first as the leading cause of death for West Virginians between the ages of 1 to 44 years, regardless of race, gender or economic status. Unintentional injury deaths result from a variety of causes but a majority of fatal unintentional injuries include motor vehicle traffic crashes, poisoning (including drugs and other substances), and falls.

Suicide is the second leading cause of death in West Virginia for ages 10 to 34.

Figure 31. Leading Causes of Death by Age Group

10 Leading Causes of Death, United States
2021, Both sexes, All ages, All races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 3,963	Unintentional Injury 1,299	Unintentional Injury 827	Unintentional Injury 915	Unintentional Injury 15,792	Unintentional Injury 34,452	Unintentional Injury 36,444	COVID-19 36,881	Malignant Neoplasms 108,023	Heart Disease 553,214	Heart Disease 695,547
2	Short Gestation 2,946	Congenital Anomalies 412	Malignant Neoplasms 347	Suicide 598	Homicide 6,635	Suicide 8,862	COVID-19 16,006	Heart Disease 34,535	Heart Disease 89,342	Malignant Neoplasms 446,354	Malignant Neoplasms 605,213
3	SIDS 1,459	Homicide 309	Homicide 188	Malignant Neoplasms 449	Suicide 6,528	Homicide 7,571	Heart Disease 12,754	Malignant Neoplasms 33,567	COVID-19 73,725	COVID-19 282,457	COVID-19 416,893
4	Unintentional Injury 1,306	Malignant Neoplasms 282	Congenital Anomalies 171	Homicide 298	COVID-19 1,401	COVID-19 6,133	Malignant Neoplasms 11,194	Unintentional Injury 31,407	Unintentional Injury 33,471	Cerebrovascular 139,257	Unintentional Injury 224,935
5	Maternal Pregnancy Comp. 1,113	Heart Disease 116	Heart Disease 66	Congenital Anomalies 179	Malignant Neoplasms 1,323	Heart Disease 4,155	Suicide 7,862	Liver Disease 10,501	Diabetes Mellitus 18,603	Chronic Low. Respiratory Disease 120,152	Cerebrovascular 162,890
6	Placenta Cord Membranes 672	Perinatal Period 68	COVID-19 53	Heart Disease 132	Heart Disease 944	Malignant Neoplasms 3,615	Liver Disease 5,833	Diabetes Mellitus 7,597	Liver Disease 17,664	Alzheimer's Disease 117,922	Chronic Low. Respiratory Disease 142,342
7	Bacterial Sepsis 557	Cerebrovascular 55	Chronic Low. Respiratory Disease 54	COVID-19 79	Congenital Anomalies 419	Liver Disease 1,833	Homicide 4,863	Suicide 7,401	Chronic Low. Respiratory Disease 17,620	Diabetes Mellitus 72,451	Alzheimer's Disease 119,399
8	Respiratory Distress 414	COVID-19 54	Cerebrovascular 35	Cerebrovascular 53	Diabetes Mellitus 345	Diabetes Mellitus 1,285	Diabetes Mellitus 2,961	Cerebrovascular 5,755	Cerebrovascular 14,634	Unintentional Injury 69,003	Diabetes Mellitus 103,294
9	Circulatory System Disease 402	Influenza & Pneumonia 47	Septicemia 28	Chronic Low. Respiratory Disease 45	Complicated Pregnancy 214	Complicated Pregnancy 797	Cerebrovascular 2,189	Chronic Low. Respiratory Disease 3,174	Suicide 7,267	Nephritis 44,013	Liver Disease 56,585
10	Intrauterine Hypoxia 358	Benign Neoplasms 37	Influenza & Pneumonia 27	Diabetes Mellitus 39	Cerebrovascular 220	Cerebrovascular 624	Septicemia 1,108	Homicide 2,768	Septicemia 6,477	Parkinson's Disease 37,568	Nephritis 54,358

** indicates Unstable values

Source: CDC, National Center for Health Statistics (NCHS), National Vital Statistics System

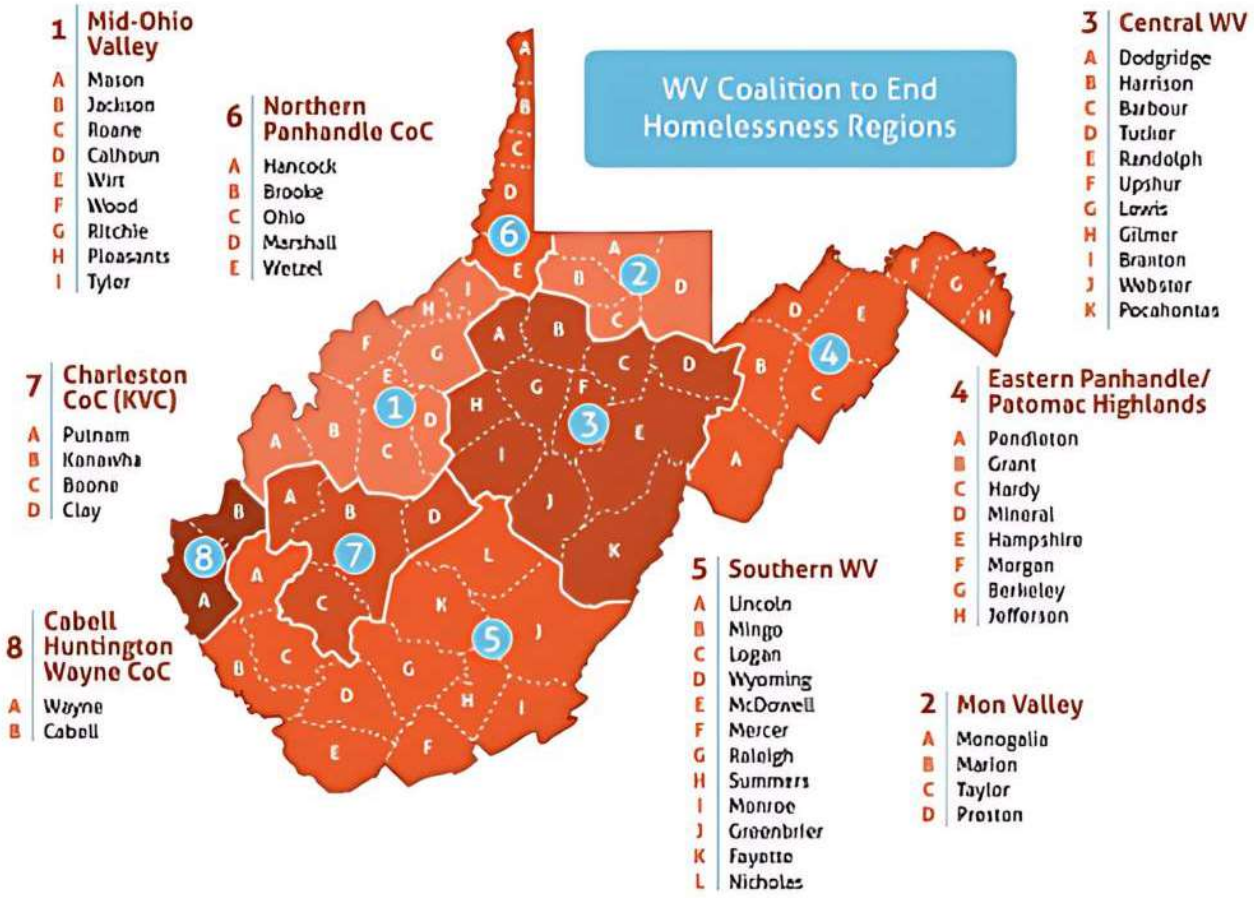
Homelessness & Mental Illness – West Virginia

As of January 2024, The United States Interagency Council on Homelessness reports that West Virginia had an estimated 1,563 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that total, 59 were family households, 132 were Veterans, 97 were unaccompanied young adults (aged 18-24), and 386 were individuals experiencing chronic homelessness.

HUD 2024 Continuum of Care point-in-time data indicates that, of these homeless individuals, 476 could be characterized as Seriously Mentally Ill, 428 as chronic substance abusers, and 281 were victims of domestic violence.

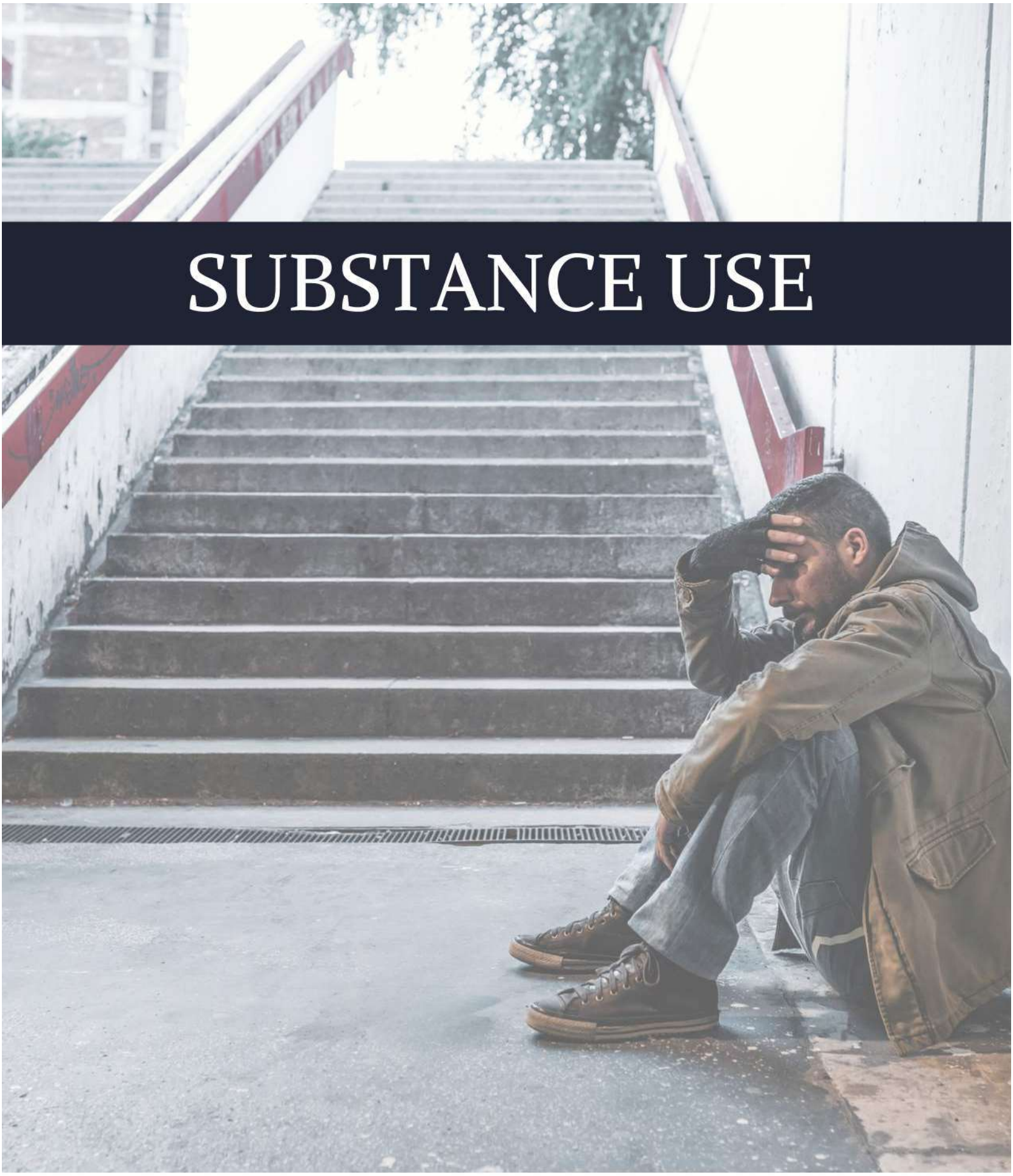
Northwood's service area includes the five counties that comprise the West Virginia Coalition to End Homelessness Region 6 Northern Panhandle Continuum of Care (Brooke, Hancock, Marshall, Ohio and Wetzel Counties).

Figure 32. Northern Panhandle Continuum of Care



Source: HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations

SUBSTANCE USE



Northwood
HEALTH SYSTEMS

Substance Use

According to the American Society of Addiction Medicine, addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances, or engage in behaviors that become compulsive, and often continue despite harmful consequences.

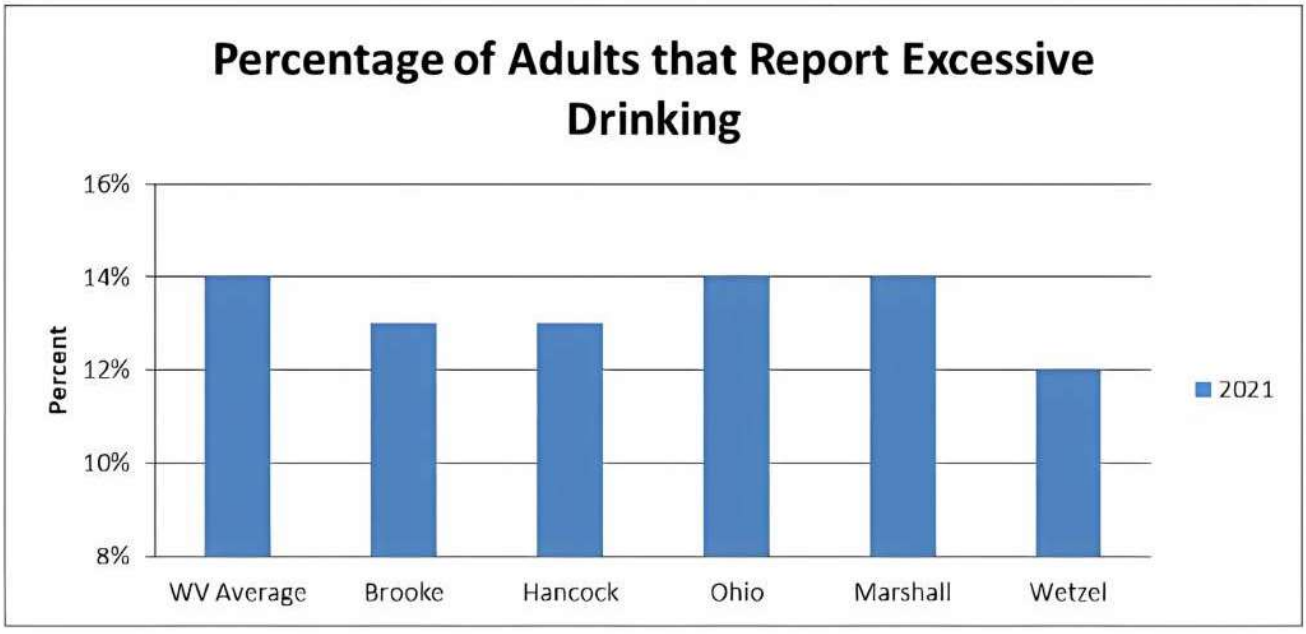
Addiction to substances like drugs and alcohol are categorized as substance use disorders and are treated as medical diseases. The data below explores the various addictive substances used locally, as well as prevalence, risks, and other related consequences individuals and communities share when addressing addiction.

*Note that due to limitations of data collected from the National Survey on Drug Use and Health (NSDUH) during the years involving the COVID-19 outbreak, several substate data elements were not reported. For these specific years and elements, this report instead presents comparisons between the US Region 3 states which include Delaware, DC, Maryland, Pennsylvania, Virginia, and West Virginia.

Alcohol Use

Figure 33 illustrates the Percentage of Adults that Report Excessive Drinking in the service area as compared to the state average using the most recent data available from 2021. Ohio and Marshall Counties showed a similar percentage compared to the WV state average of 14%.

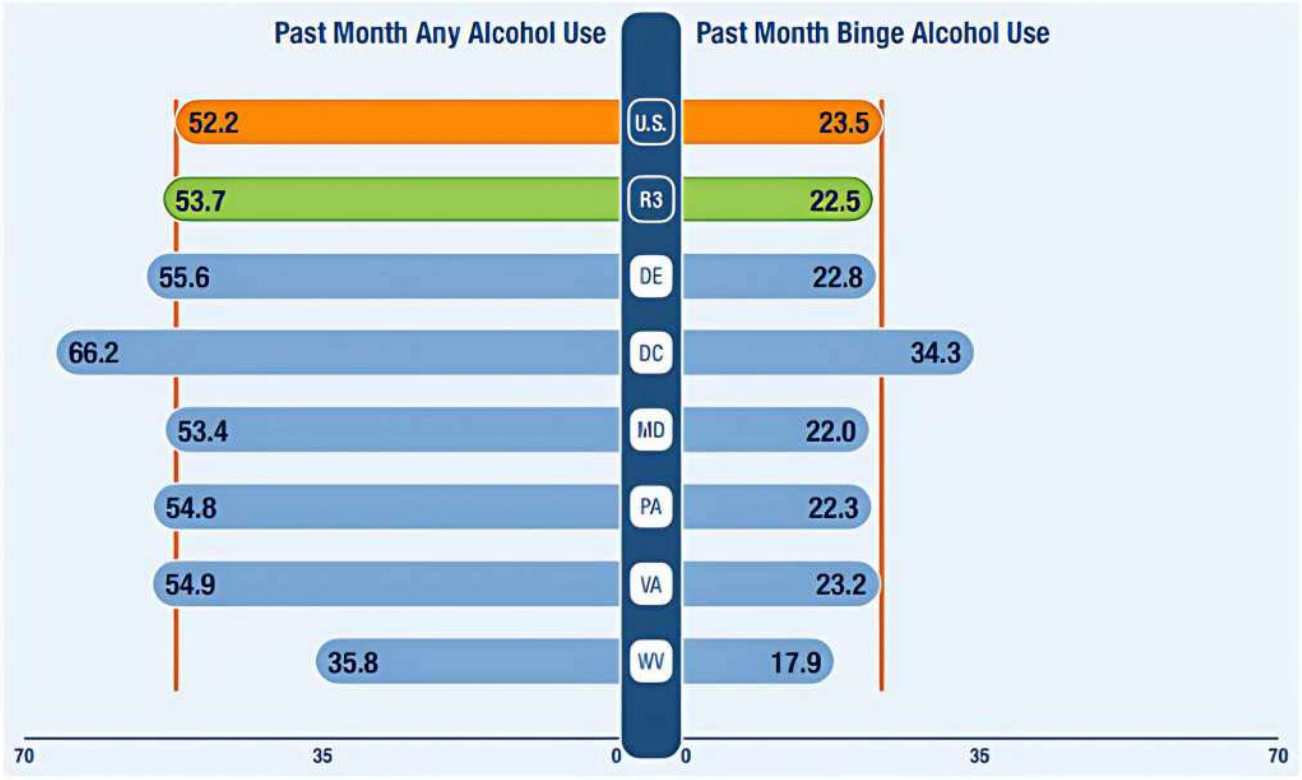
Figure 33. Percentage of Adults that Report Excessive Drinking



Source: 2024 County Health Rankings http://www.countyhealthrankings.org

Figure 34 illustrates the prevalence of Alcohol Use and Binge Alcohol Use in the Past Month in the Region 3 states in 2021-2022 among individuals aged 18 or older. Compared with both the national and regional average, the estimate was lower for West Virginia across both measures.

Figure 34. Alcohol Use/Binge Alcohol Use in the Past Month Aged 18 or Older



Note: Region 3 states include Delaware, DC, Maryland, Pennsylvania, Virginia, West Virginia.
Source: NSDUH 2021-2022 Behavioral Health Barometer , Region 3, Volume 7.

Alcohol Risk and Protective Factors

Table 11 compares Alcohol Perception of Risk and Protective Factors in West Virginia compared with the US national average between 2021-2022 and 2022-2023. The perception of risk in West Virginia was slightly lower than the national average, and both the US and West Virginia averages showed slightly positive trends year over year.

Table 11. Alcohol Perception of Risk and Protective Factors

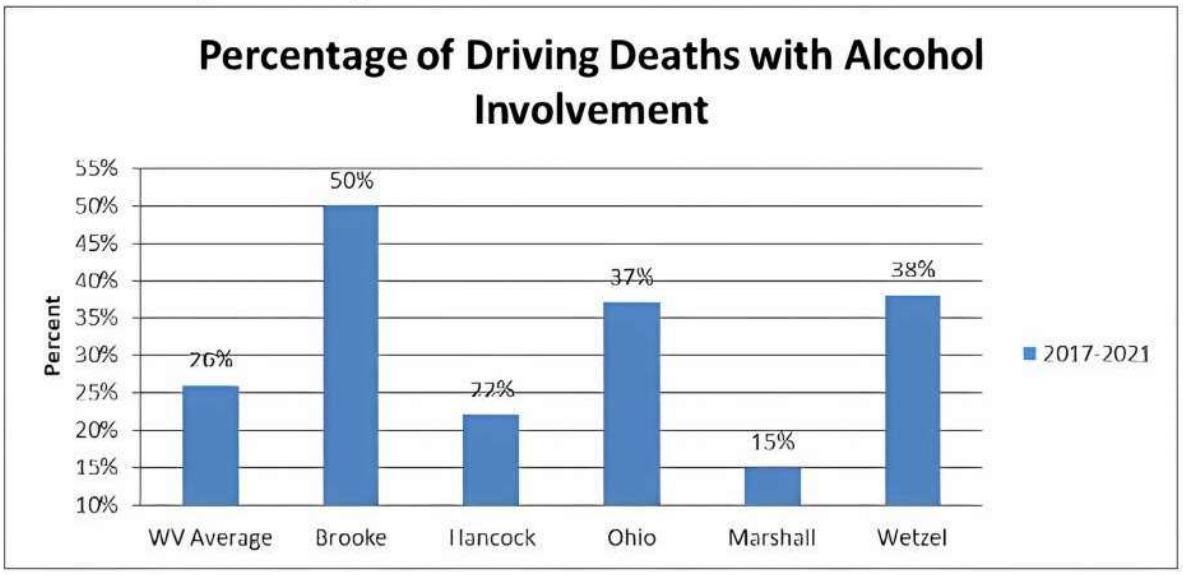
	2021-2022		2022-2023	
	US Average	West Virginia	US Average	West Virginia
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week among Individuals Aged 18 or Older	44.0%	43.4%	44.3%	43.7%

Source: NSDUH 2024

Alcohol Related Consequences

Figure 35 illustrates the Percentage of Driving Deaths with Alcohol Involvement by county using data from 2017-2021. 3 of 5 counties in the service area recorded percentages higher than the state average. Brooke, Ohio, and Wetzel County had the highest percentages reported.

Figure 35. Percentage of Driving Deaths with Alcohol Involvement

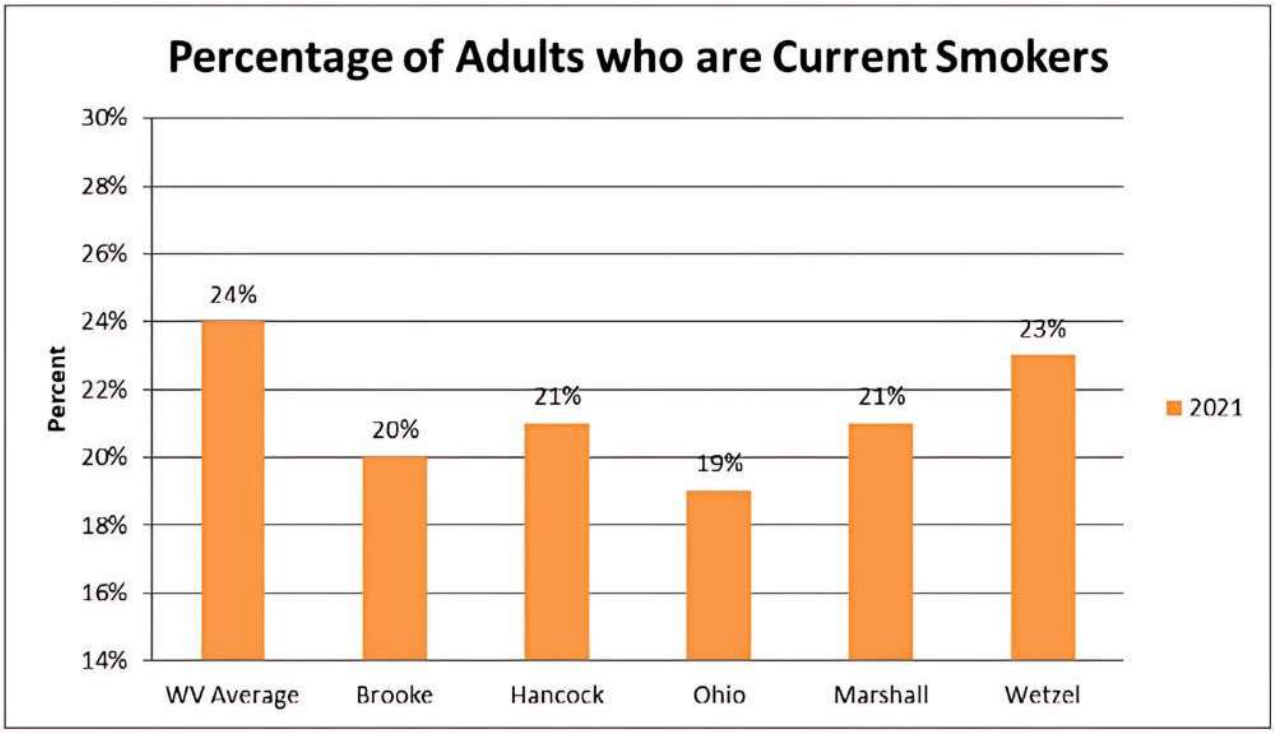


Source: 2024 County Health Rankings http://www.countyhealthrankings.org

Tobacco Use

Table 12 illustrates the Percentage of Adults who are Current Smokers in West Virginia and in Hancock, Brooke, Ohio, Marshall, and Wetzel counties. Of the 5 counties in the service area, none showed a higher percentage of adult smokers than the WV state average. Of the 5 counties in the service area, Ohio County has the lowest percentage of current adult smokers, while Wetzel County showed the highest.

Table 12. Percentage of Adults Who Are Current Smokers



Source: 2024 County Health Rankings http://www.countyhealthrankings.org

Figure 36 illustrates Tobacco Product / Cigarette Use in the Past Month among persons aged 18 or older in Region 3 states. Compared with the national and regional averages, the estimate was higher for West Virginia across both measures.

Figure 36. Tobacco Product / Cigarette Use in the Past Month Aged 18 or Older

Note: Region 3 states include Delaware, DC, Maryland, Pennsylvania, Virginia, West Virginia.
Source: NSDUH 2021-2022 Behavioral Health Barometer , Region 3, Volume 7.

Tobacco Risk and Protective Factors

Table 13 illustrates the percentage of residents aged 18 years or older who perceive great risk in smoking one or more packs of cigarettes per day. West Virginia is significantly below the US average of perceived risk of cigarette smoking for this estimate. However, West Virginia did show a slight trend increase of perceived risk of smoking one or more packs of cigarettes per day when comparing 2021-2022 to 2022-2023 data.

Table 13. Tobacco Risk and Protective Factors

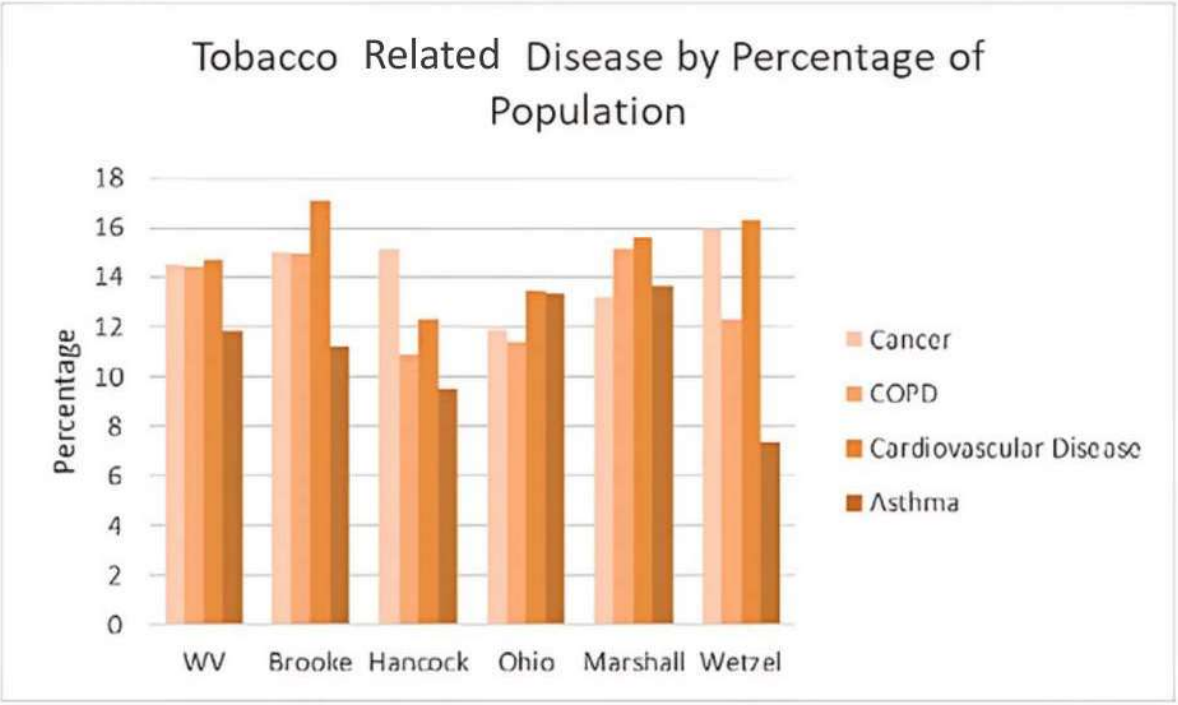
	2021-2022		2022-2023	
	US Average	West Virginia	US Average	West Virginia
Perceptions of Great Risk of Smoking One or More Packs of Cigarettes per day among Individuals Aged 18 or Older	69.2%	59.5%	69.1%	59.8%

Source: NSDUH 2024

Tobacco Consequences

Figure 37 illustrates prevalence rates of smoking related diseases across the state and service area. Brooke and Wetzel counties had a higher rate of cardiovascular disease than the state overall. None of the counties in the service area were identified as having a statistically higher rate of tobacco related disease than the state overall.

Figure 37. 2018 Tobacco Related Disease by Percentage of Population

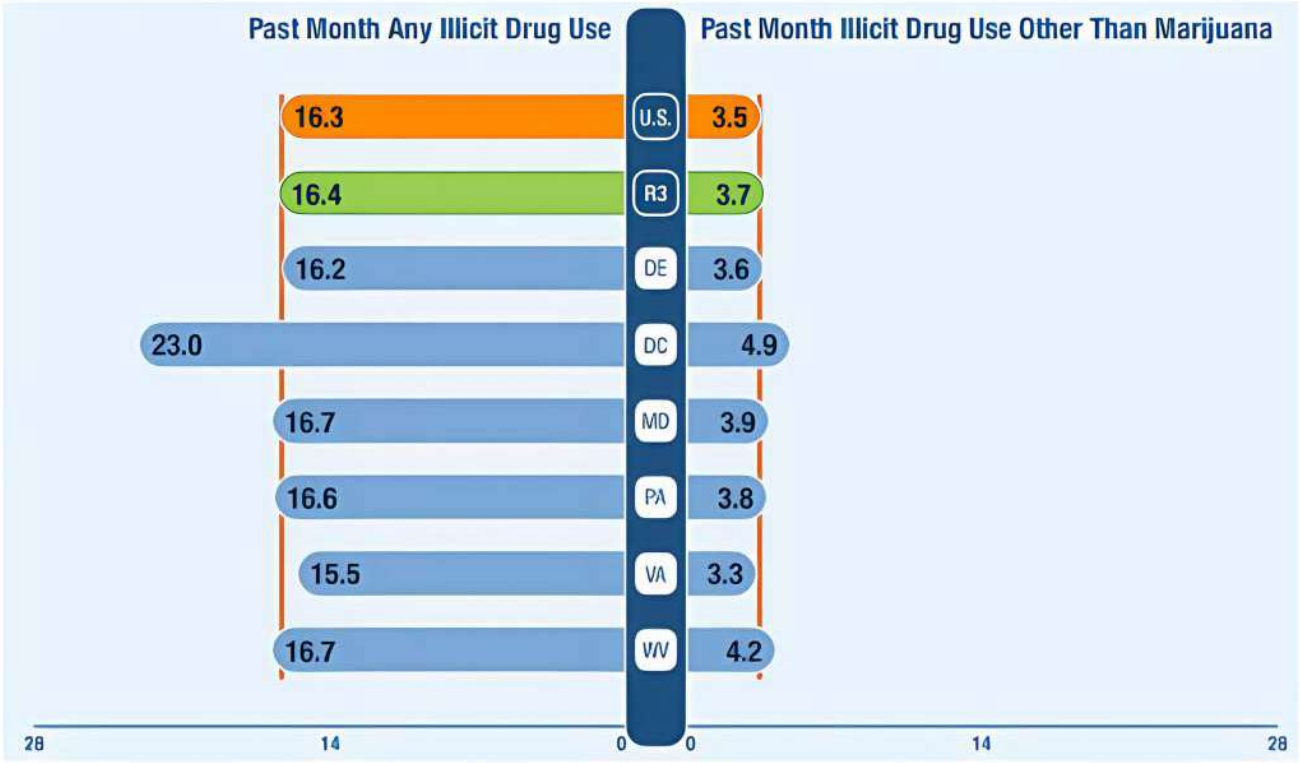


Source: West Virginia Behavioral Risk Factor Surveillance System Report, 2019.

Illicit Drug Use

Figure 38 shows percentage of Any Illicit Drug Use / Illicit Drug Use other than Marijuana in the Past Month for individuals aged 18 and older. Compared with the national and regional averages, the West Virginia estimates are similar across both measures.

Figure 38. Any Illicit Drug Use / Illicit Drug Use other than Marijuana in the Past Month Aged 18 and Older



Note: Region 3 states include Delaware, DC, Maryland, Pennsylvania, Virginia, West Virginia.
Source: NSDUH 2021-2022 Behavioral Health Barometer , Region 3, Volume 7.

Figure 39. Illicit Drug Use in the Past Year - Methamphetamine

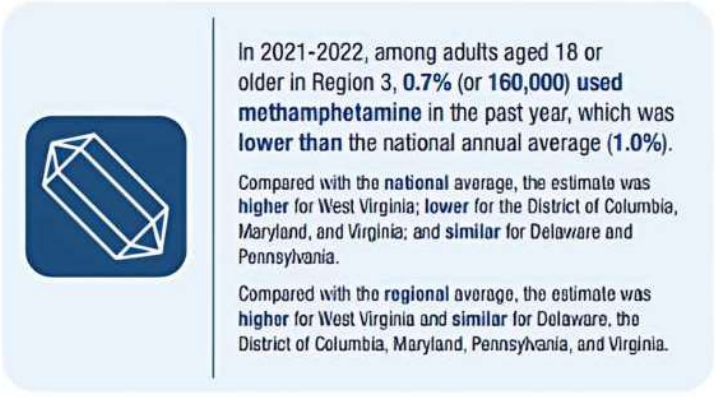


Figure 40. Drug Use Disorder in the Past Year

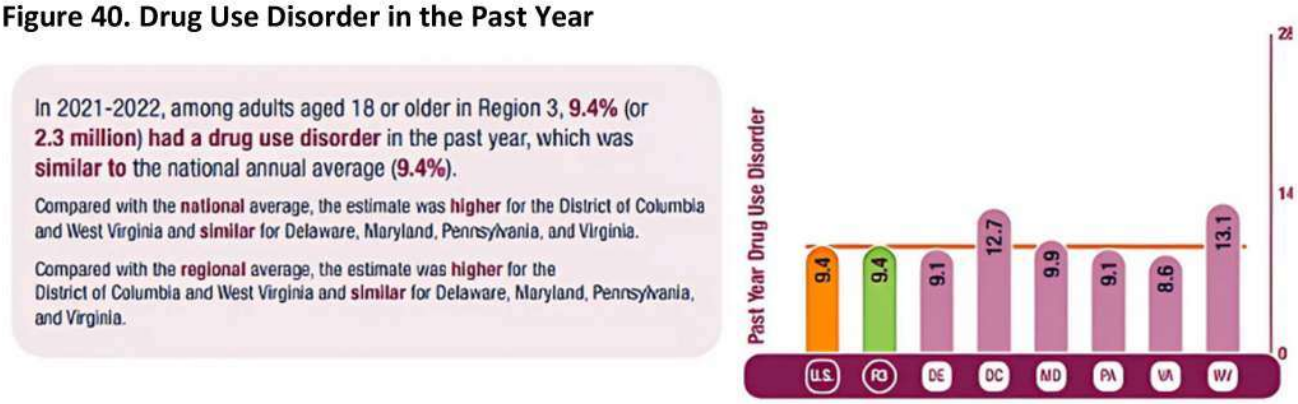
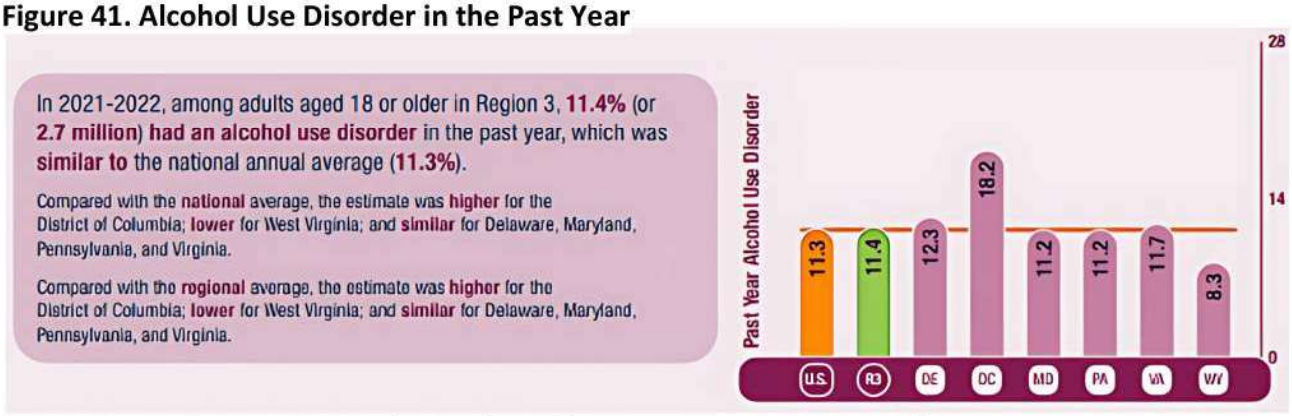


Figure 41. Alcohol Use Disorder in the Past Year



Source: NSDUH 2021-2022 Behavioral Health Barometer , Region 3, Volume 7.

Figure 42 shows the percentage of the population with an Opioid Use Disorder in the Past year. Compared with the national average, the estimate was higher for West Virginia. Compared with the regional average, the estimate was also higher for West Virginia.

Figure 42. Opioid Use Disorder in the Past Year

Source: NSDUH 2021-2022 Behavioral Health Barometer , Region 3, Volume 7.

Drug Use Risk and Protective Factors

Table 14 illustrates Drug Use Risk and Protective Factors among residents 18 years and older in West Virginia and the US between 2021-2023. Perceptions of great risk of smoking marijuana and using cocaine once a month both decreased across the state and the US averages. A higher percentage of West Virginia residents perceived cocaine use as a great risk versus the US average; but perceived marijuana use as less risky than the US average.

Table 14. Drug Use Risk and Protective Factors

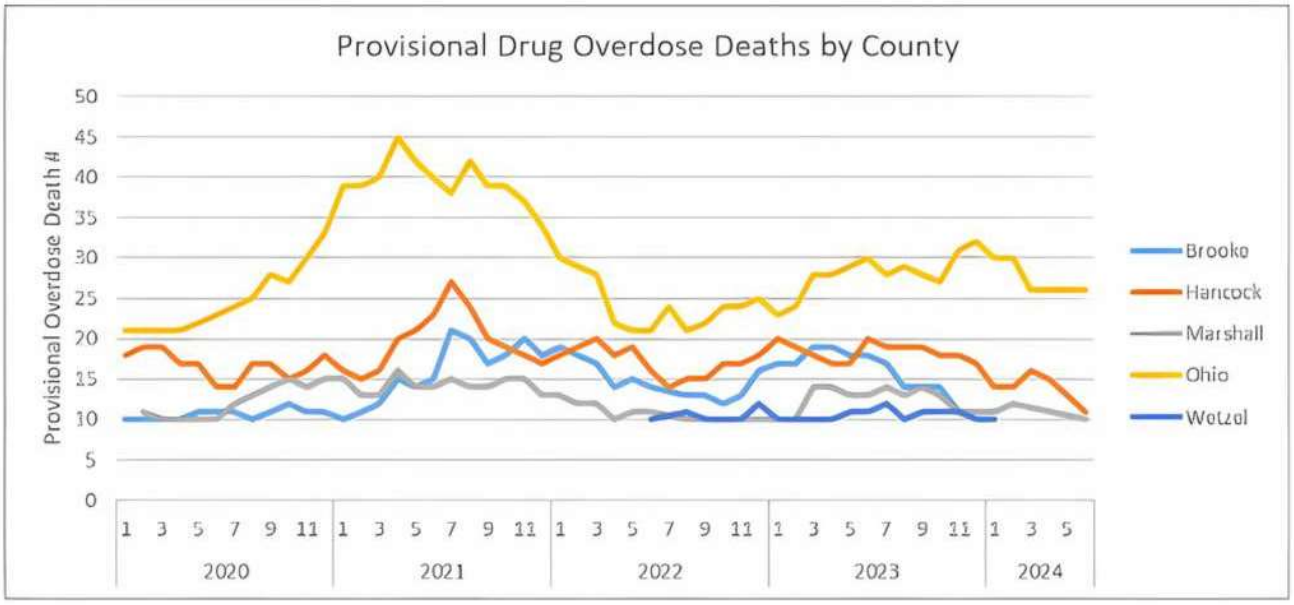
	2021-2022		2022-2023	
	US Average	West Virginia	US Average	West Virginia
Perceptions of great risk of smoking marijuana once a month (among persons 18 years or older)	21.0%	19.8%	20.4%	17.2%
Perceptions of great risk of using cocaine once a month (among persons 18 years or older)	67.8%	72.6%	67.1%	71.8%

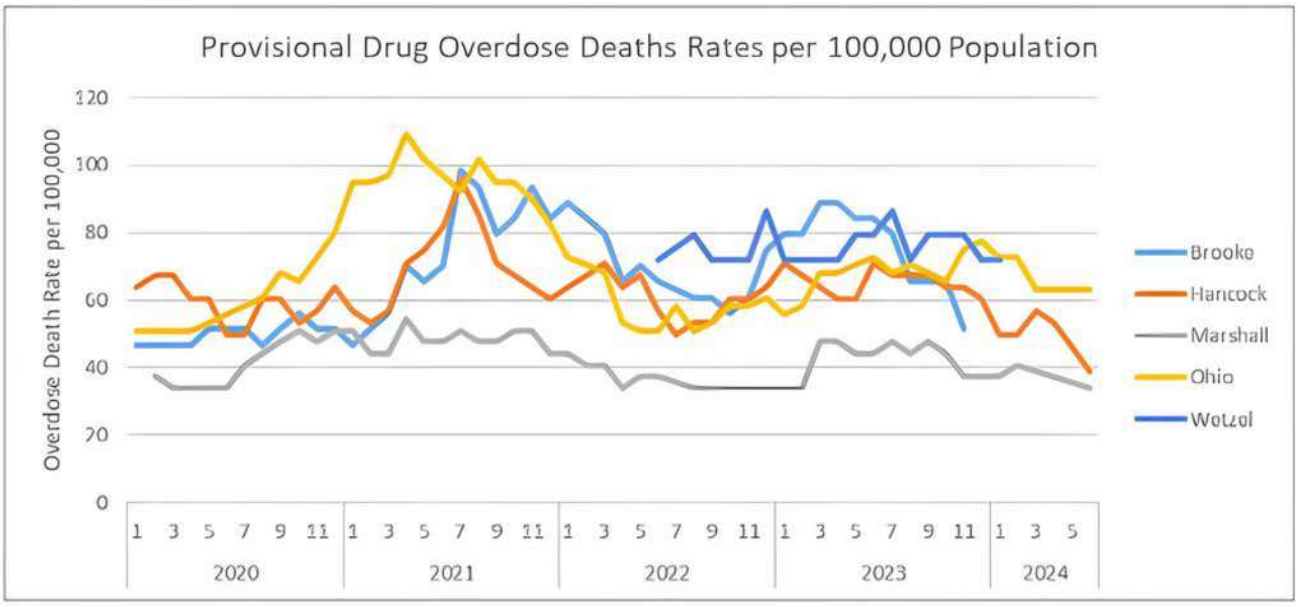
Source: NSDUH 2021-2023

Drug Use Consequences

Figures 43 and 44 show the number of overdose deaths in Region 1 counties using provisional data as of 2024. Figure 43 shows the raw count of overdoses while figure 44 compares the same data but calculated as a rate per 100,000 population. Ohio County shows the highest totals but in comparing rates per population, all counties were elevated on the measure.

Figure 43 and 44. Month-ending Provisional Counts of Drug Overdose Deaths for Region 1.

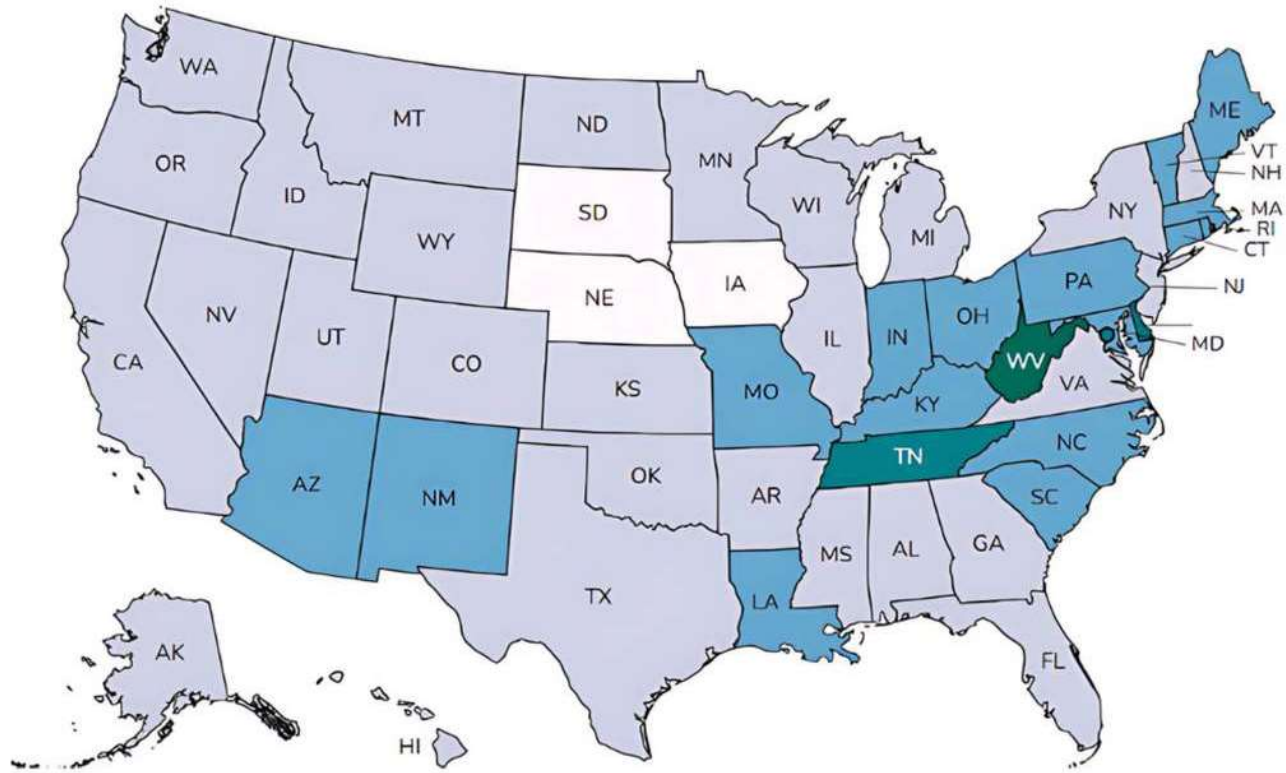




Source: CDC 2025 www.cdc.gov/nchs/nvss/vsrr/prov-county-drug-overdose.htm

Figure 45 illustrates the Number and Age-adjusted Rates of Drug Overdose Deaths by State in the United States in 2022. The 5 states with the highest drug overdose death rates were in rank order; West Virginia (80.9 per 100,000), DC (64.3 per 100,000), Tennessee (56 per 100,000), Delaware (55.3 per 100,000), and Louisiana (54.5 per 100,000).

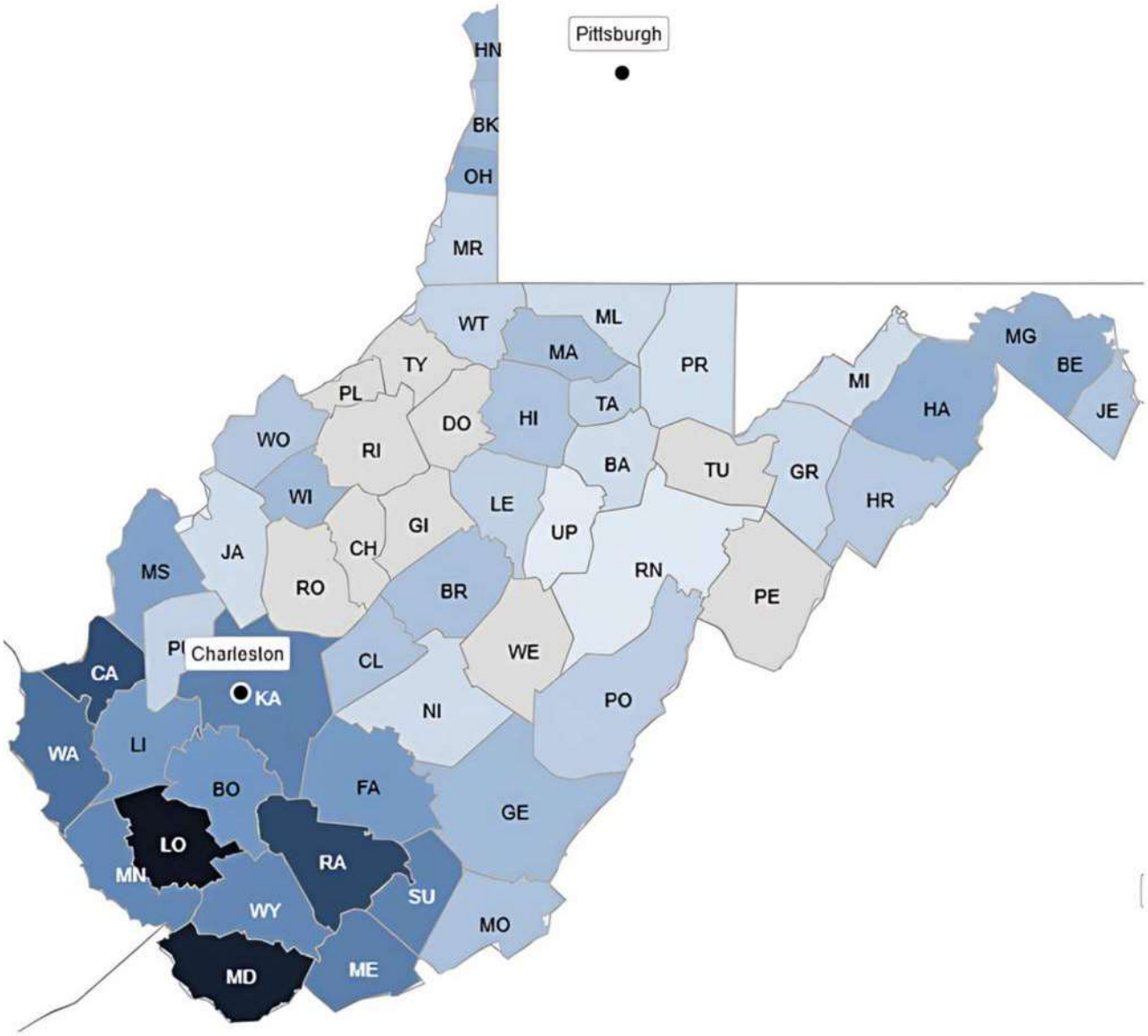
Figure 45. Number and Age-adjusted Rates of Drug Overdose Deaths by State, US 2022



Source: CDC, 2025, http://wonder.cdc.gov

Figure 46 illustrates the number of Drug Overdose Deaths by County in West Virginia as of 2024. Darker colors indicate higher overdose rates.

Figure 46. Drug Overdose Deaths by County in West Virginia, 2024



Source: 2024 County Health Rankings http://www.countyhealthrankings.org

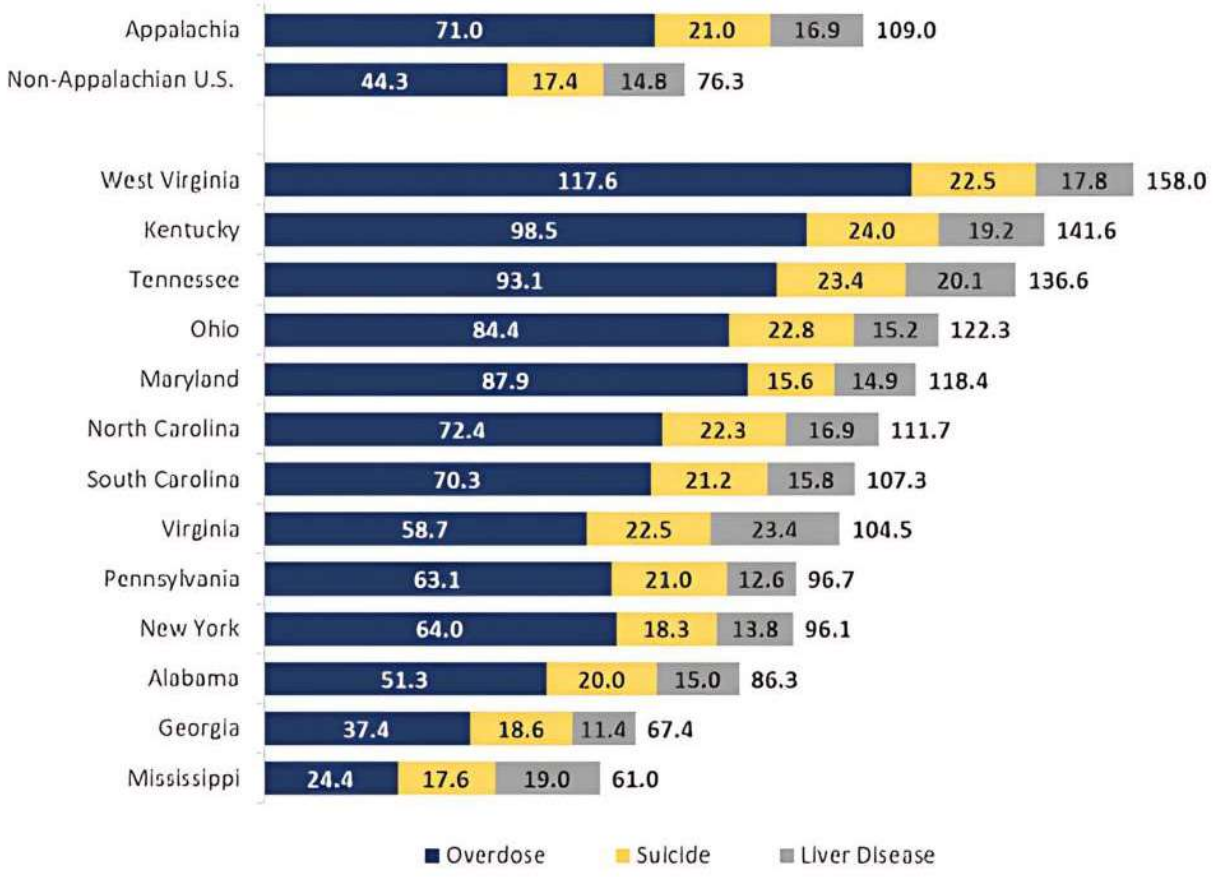
ENVIRONMENTAL FACTORS

The Appalachian Region and Diseases of Despair

Appalachia encompasses 423 counties across 13 states, covering 206,000 square miles from southern New York to northern Mississippi. The entire state of West Virginia falls within Appalachia and the counties served by Northwood Health Systems, namely Hancock, Brooke, Ohio, Marshall, and Wetzel, all fall within the North Central Appalachian Subregion.

Within the Appalachian Region, certain areas are disproportionately affected by diseases of despair, which include overdose, suicide, and liver disease. West Virginia had the highest combined mortality rates for diseases of despair among all Appalachian states at 158.0 deaths per 100,000 people. In West Virginia and the Appalachian areas of Maryland and Kentucky, overdoses accounted for at least 70% of deaths from diseases of despair.

Exhibit 1. Diseases of Despair Mortality Rates, Ages 15–64, by State^ and Disease (2022) ‡



^ For states within Appalachia, only the mortality rate for the Appalachian counties is shown.
‡ Rates are presented as deaths per 100,000 population, and are age-adjusted.
Source: Mortality Rates and Standard Errors provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed at http://wonder.cdc.gov/mcd-icd10.html.

Source: https://www.arc.gov/wp-content/uploads/2024/09/Appalachian-Diseases-of-Despair-Update_Sep182024_Final.pdf

Implications of COVID-19 for Mental Health and Substance Use

In March 2020, the World Health Organization declared COVID-19 a pandemic. As infection rates rose, businesses closed, leading to job losses and economic hardships. Schools shut down, leaving parents to balance remote work with childcare or homeschooling. To curb the spread of the virus, public health authorities imposed restrictions on social gatherings, encouraged people to stay home, and advised against interactions with those outside their households. These measures resulted in increased social isolation and heightened feelings of loneliness.

Based on the COVID-19 trends, the U.S. Department of Health and Human Services Public Health Emergency for COVID-19, declared by the Secretary of Health and Human Services, expired on May 11, 2023.

The pandemic highlighted the need for reliable and easily accessible digital tools for mental health support, but developing and deploying these interventions remains a challenge, particularly in resource-limited areas, such as West Virginia. Long-term effects on both physical and mental health post-pandemic continued to be studied.

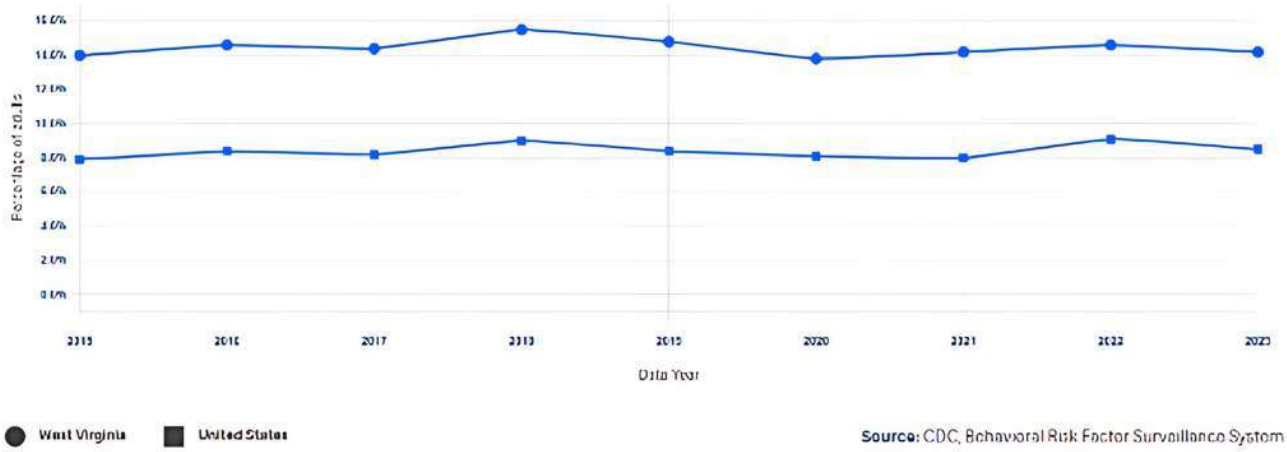
Cardiovascular Diseases

West Virginia consistently ranks high for cardiovascular disease (CVD) and heart disease mortality. West Virginia's heart disease mortality rate is significantly higher than the national average, with some studies indicating it's 19% higher. Several factors contribute to the high rates of CVD in West Virginia:

- Many residents live in rural areas with limited access to healthcare, nutritious foods, and opportunities for physical activity.
- High poverty rates and lower educational levels can lead to poorer health outcomes.
- Traditional diets and cultural factors may contribute to unhealthy habits.
- West Virginia has high rates of cardiovascular risk factors like high blood pressure, smoking, and obesity.

In 2023, West Virginia was ranked as the least healthy state with regard to cardiovascular disease in adults, with 14.2% of adults reporting they had been told by a healthcare professional that they had angina or coronary heart disease, a heart attack or myocardial infarction, or a stroke. The national average for cardiovascular disease in adults is 8.5%. In the United States, the direct and indirect costs of cardiovascular disease for the 2019-2020 fiscal year totaled approximately $422.3 billion.

Figure 47. Cardiovascular Diseases Trends, West Virginia, United States

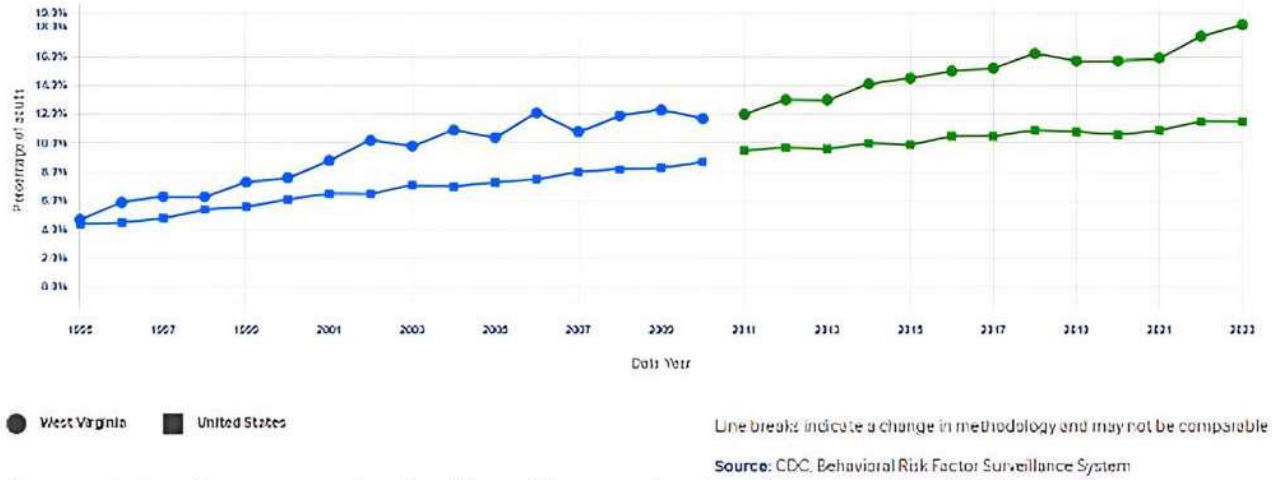


Diabetes

Diabetes was the 7th leading cause of death in the United States in 2023. In 2024, preliminary data indicated that diabetes remained the seventh leading cause of death, following heart disease, cancer, unintentional injuries, stroke, chronic lower respiratory diseases, and Alzheimer's disease. This consistency suggests that while diabetes continues to be a significant health concern, its relative position among leading causes of death has remained stable.

West Virginia has the highest adult diabetes prevalence rates in the nation. Approximately 18.2% of adults in the state have been diagnosed with diabetes, surpassing the national average of 11.5%. This marks an increase from previous years, highlighting a growing health concern in the region. Type 2 diabetes, which accounts for over 90% of diabetes cases, is largely preventable through lifestyle modifications. Key preventive measures include: weight management, physical activity, dietary choices, and avoiding tobacco use.

Figure 48 Illustrates the percent of adults in West Virginia with diabetes. In 2023 18.2% of West Virginia residents reported being told they have diabetes as compared to the national average at 11.5%.



Source: https://www.americashealthrankings.org/explore/measures/cvd/WV

Obesity Rates and Physical Inactivity

West Virginia faces significant challenges regarding obesity and physical inactivity, with rates surpassing national averages and ranking among the highest in the United States. As of 2023, West Virginia had the highest adult obesity rate in the nation, with 41.2% of adults classified as obese. This figure represents an increase from previous years, indicating a growing public health concern.

Approximately 32% of West Virginian adults reported no leisure-time physical activity in the past month, compared to the national median of 24.2%. The state's physical inactivity rate is among the highest in the country, contributing to its elevated obesity prevalence. West Virginia is one of only three states with an adult obesity prevalence of 40% or greater, alongside Arkansas and Mississippi. The state's physical inactivity rates are notably higher than the national average, exacerbating health risks associated with sedentary lifestyles.

Sources: https://www.wvlegislature.gov/legisdocs/reports/agency/H15_FY_2024_26550.pdf, https://www.statista.com/statistics/378988/us-obesity-rate-by-state/

Single Parent Households

Researchers have determined that children growing up with single parents have an elevated risk of cognitive, social, and emotional problems. In 2023, there were an estimated 7.8 million single-parent households in the US. Adults in single-parent households are more likely to report poor physical and mental health than other parents and have a higher risk of mortality. Children in single-parent households are more likely to be food insecure, use alcohol, and experience depressive symptoms. Implementing cross-sector strategies, including education, healthcare, social assistance, and child support programs, can help to address the inequities single-parent families may be more likely to experience.

Percentages of Single-Parent Households with Children:

- Hancock County: 40.36%
- Brooke County: 38.78%
- Marshall County: 39.64%
- Ohio County: 32.77%
- Wetzel County: 31.71%

Source: https://fred.stlouisfed.org/release/tables?eid=361614&rid=412&utm_source

Foster Care and Kinship Care Placements - Impact on Child Mental Health

Foster and kinship care significantly impact children's mental health, with outcomes influenced by the quality of care, pre-placement experiences, and available support.

These care arrangements can provide safety, stability, and access to mental health services, helping children recover from abusive or neglectful environments. Kinship care, in particular, preserves familial ties, fostering emotional well-being and reducing behavioral problems.

However, challenges such as pre-existing trauma, attachment issues, and identity struggles are common. Placement instability can disrupt relationships, leading to mistrust and emotional challenges. Many children in care face societal stigma and experience PTSD, anxiety, and behavioral difficulties. While kinship care promotes better mental health outcomes due to familiarity with caregivers, support may be limited. Foster care offers oversight but can lead to disruptions and instability. Stable placements, caregiver support, and mental health services are crucial for positive outcomes.

As of February 28, 2025, there were 5,897 children in foster care in West Virginia, with 32.2% aged 13–17 years. The number of children in state custody has declined from a peak of 7,433 in April 2020 to 5,991 in June 2024, marking the first time since 2017 that the figure dropped below 6,000.

Despite this decline, West Virginia continues to have the highest per capita rate of foster care in the United States, with 19.8 out of every 1,000 minors living apart from their birth families. Contributing factors include high poverty levels and the ongoing substance use crisis. Kinship care placements have increased, with over half of children in state custody now placed with relatives. However, there remains a critical need for foster parents willing to care for older youth, as only 25% of certified foster homes were willing to accept teens aged 13 or older at the start of 2023.

Sources: https://dhhr.wv.gov/News/2024/Pages/DoHS-Reduces-Number-of-Children-in-State-Custody%2C-Continues-CPS-Workforce-Vacancy-Improvements.aspx, https://cafo.org/foster-care-statistics, https://dhhr.wv.gov/News/2024/Pages/DoHS-Reduces-Number-of-Children-in-State-Custody%2C-Continues-CPS-Workforce-Vacancy-Improvements.aspx

Foster Care and Kinship Care Placements - Impact on Adult Mental Health

Adult mental health can be significantly and negatively impacted by whether or not a person was in foster or kinship care as a child. The long-term effects depend on several factors, including the quality of care received, the level of stability and support provided, and the presence of early trauma or adversity.

Adults who experienced unstable placements or disruptions in caregiving may struggle with forming secure attachments. This can lead to difficulties in maintaining healthy relationships and may contribute to feelings of mistrust or abandonment.

Children in foster or kinship care often have histories of abuse, neglect, or household dysfunction, which can result in lasting trauma. If unaddressed, these experiences can manifest as PTSD, anxiety, or depression in adulthood.

Adults with adverse childhood experiences (ACEs) related to foster or kinship care are at higher risk for substance use disorders, emotional dysregulation, and mental health issues.

Struggles with identity, particularly for those who lacked familial or cultural continuity in care, can affect self-esteem and lead to existential or emotional challenges in adulthood.

Interventions aimed at addressing childhood trauma, such as therapy or support groups, can help adults process their experiences and improve mental health outcomes. Building awareness of these challenges and ensuring access to resources can empower individuals to heal and thrive despite their early adversities.

Hepatitis C

Hepatitis C is a viral infection caused by the hepatitis C virus (HCV), which primarily affects the liver. It can lead to both acute and chronic infections. While some people with acute hepatitis C may clear the virus on their own without treatment, the majority develop chronic hepatitis C, which can result in serious health complications over time, including liver fibrosis, cirrhosis, and even liver cancer. Many people with hepatitis C remain asymptomatic for years, making early detection and treatment crucial to preventing long-term damage.

Hepatitis C is most commonly transmitted through blood-to-blood contact. The primary risk factors include sharing needles or other equipment for injecting drugs, receiving contaminated blood transfusions or organ transplants (especially before widespread screening in the early 1990s), and, less commonly, through sexual contact or from mother to child during childbirth.

West Virginia has some of the highest rates of hepatitis C in the United States, driven by a combination of social, economic, and public health factors. In 2020, West Virginia reported an acute hepatitis C rate of 5.3 cases per 100,000 population, placing it among the highest in the nation. In 2022, West Virginia was among the states with the highest rates of reported acute hepatitis C, with rates ranging from 2.9 to 6.8 cases per 100,000 population. That same year, West Virginia was among the jurisdictions with the highest hepatitis C-related mortality rates, ranging from 4.30 to 11.15 deaths per 100,000 population. The Appalachian region, including West Virginia, Kentucky, and Tennessee, has been notably affected by hepatitis C. These three states collectively accounted for 5.8% of persons with hepatitis C in the U.S., despite comprising only 4.0% of the population. 2020 Rates of Acute Hepatitis C Cases by State | CDC

Hepatitis C disproportionately affects West Virginia due to the opioid epidemic and high rates of injection drug use, which drive HCV transmission through shared needles. Rural areas lacking harm reduction programs, like needle exchanges, are especially vulnerable. Limited healthcare access further exacerbates the issue, as rural communities often lack facilities or specialists, and barriers like inadequate transportation and insurance prevent many from receiving testing and treatment.

High poverty and unemployment rates in West Virginia compound the problem, correlating with increased substance use and reduced access to consistent healthcare. Stigma around hepatitis C and substance use deters people from seeking care, while underfunded public health campaigns limit awareness of prevention and treatment options.

Advances in treatment, including direct-acting antiviral (DAA) medications, now offer over 90% cure rates with short treatment durations. Early treatment reduces liver-related complications and transmission risks, but many remain unaware they are infected. Chronic HCV infections strain healthcare systems and coincide with substance use disorders and socioeconomic disparities. Addressing these challenges through prevention, early detection, and access to care can significantly reduce the health and economic impact on affected communities.

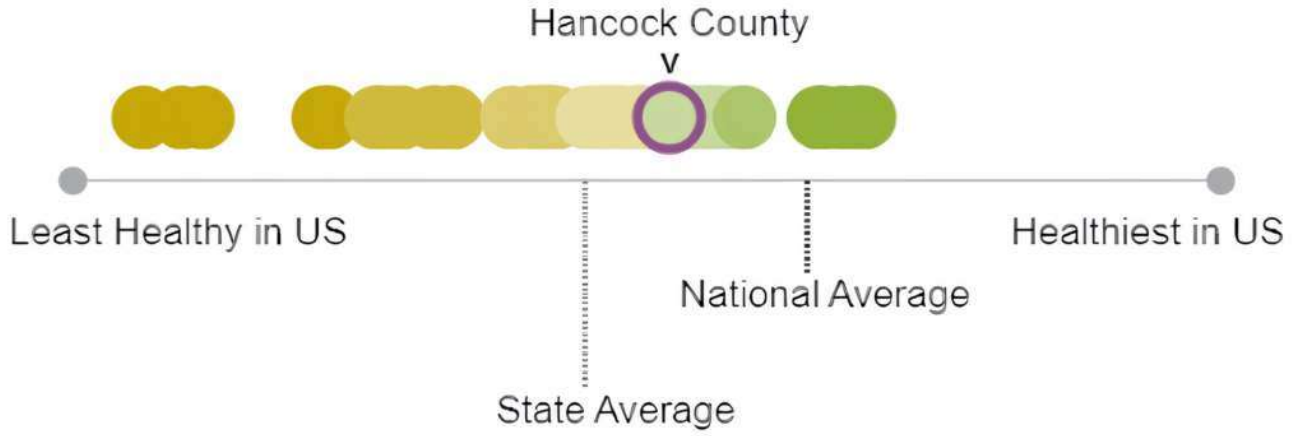
Population Health and Well-Being and Community Conditions

In further assessing and comparing the health of the counties served by Northwood Health Systems, it can be helpful to examine available health data through two lenses. The first lens considers population health and well-being, while the second considers community conditions.

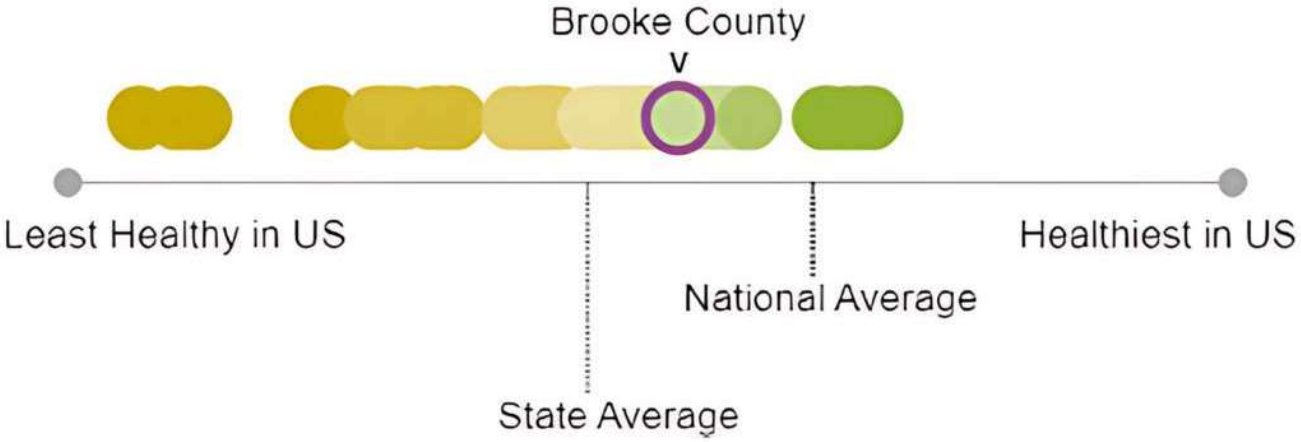
Population health and well-being are collective achievements shaped by society, rather than goals an individual can achieve solely in a clinic or bear responsibility for alone. Health encompasses more than the absence of disease or pain—it is the capacity to flourish. Well-being includes both the quality of life and the capacity of individuals and communities to make meaningful contributions to the world. Population health embodies the optimal integration of physical, mental, spiritual, and social well-being.

Population Health and Well-being by County Served

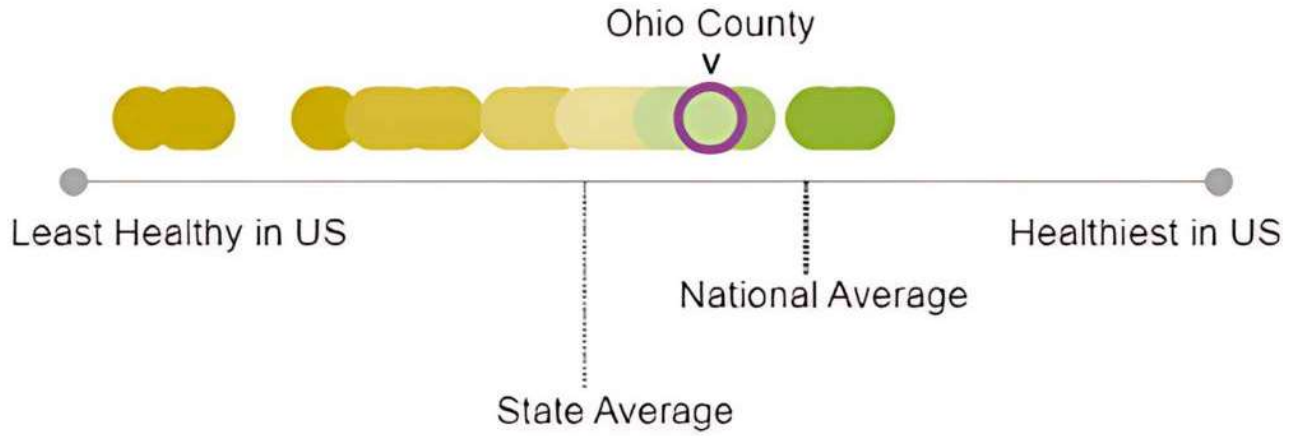
Hancock County is faring slightly better than the average county in West Virginia for Population Health and Well-being, and slightly worse than the average county in the nation.



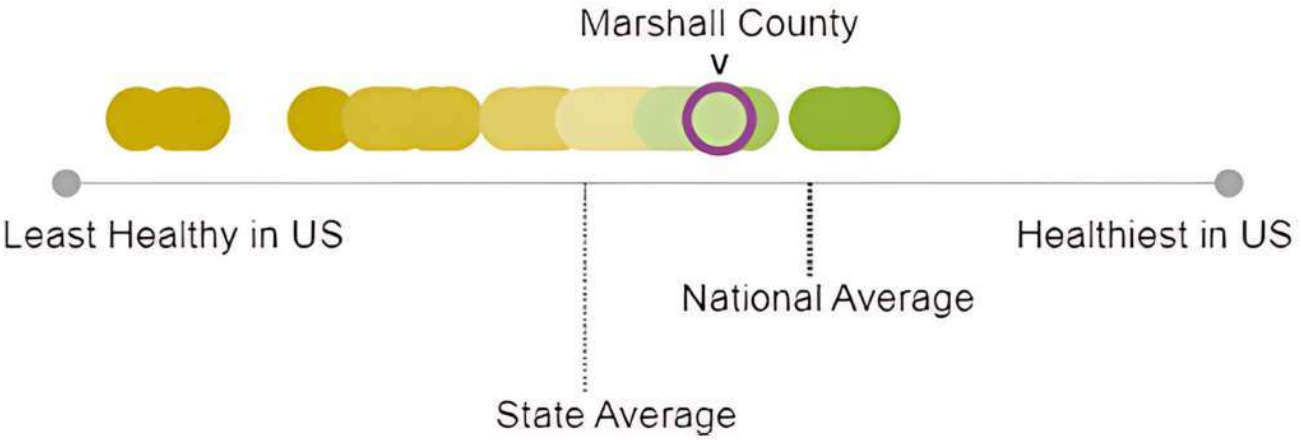
Brooke County is faring slightly better than the average county in West Virginia for Population Health and Well-being, and slightly worse than the average county in the nation.



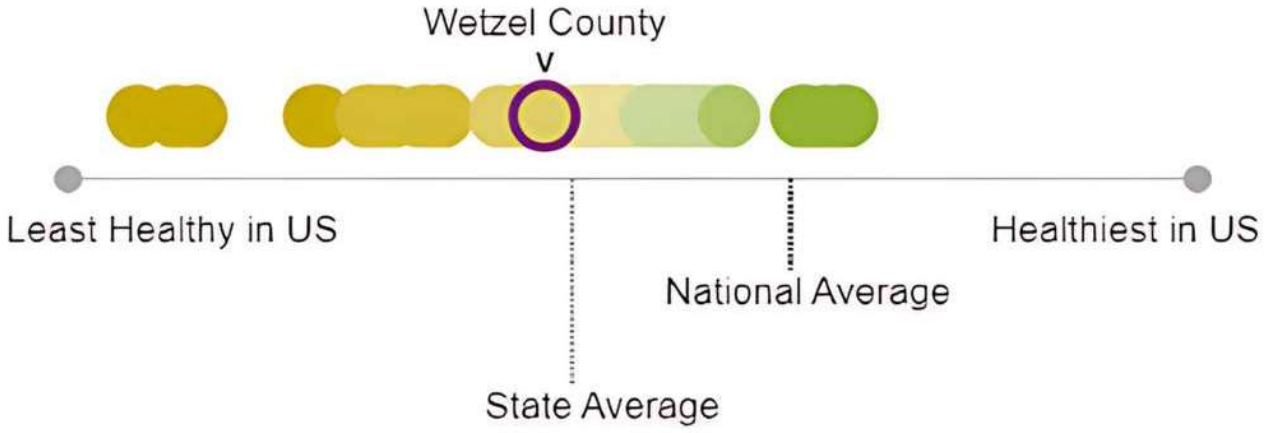
Ohio County is faring slightly better than the average county in West Virginia for Population Health and Well-being, and slightly worse than the average county in the nation.



Marshall County is faring slightly better than the average county in West Virginia for Population Health and Well-being, and slightly worse than the average county in the nation.



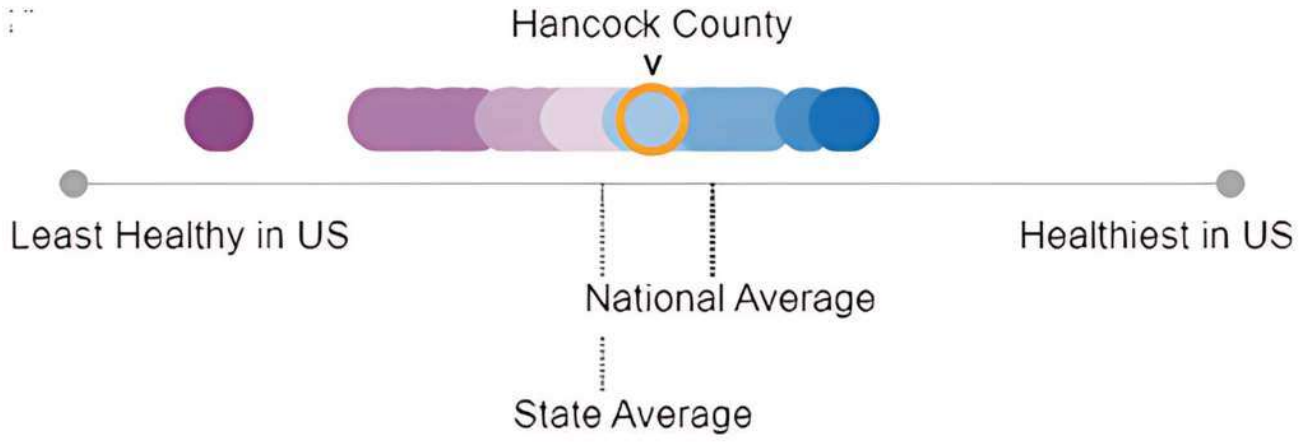
Wetzel County is faring slightly worse than the average county in West Virginia for Population Health and Well-being, and worse than the average county in the nation.



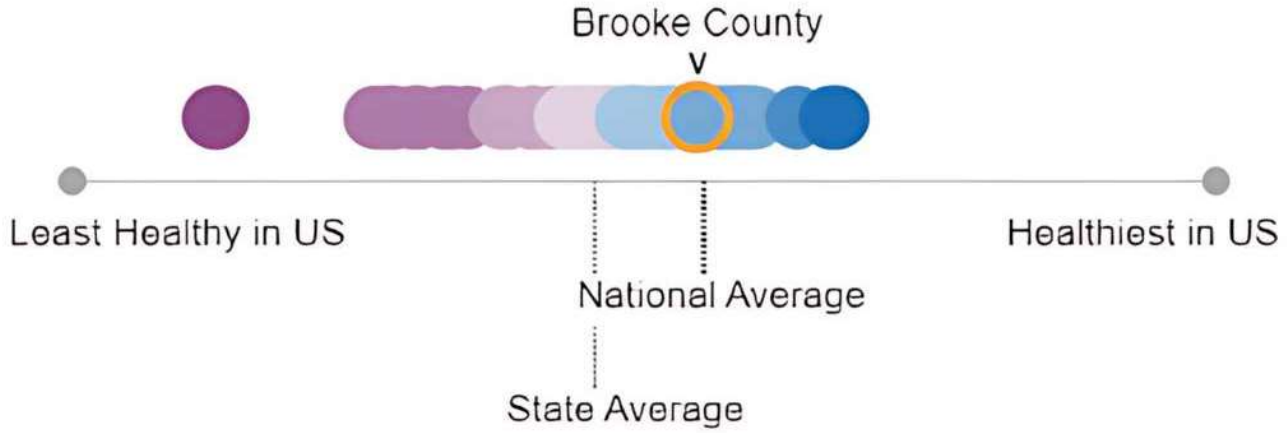
Community conditions encompass the social and economic factors, physical environment, and health infrastructure that shape the settings where people are born, live, learn, work, play, worship, and age. These conditions, often referred to as the social determinants of health, play a critical role in influencing overall health and well-being.

Community Conditions by County Served

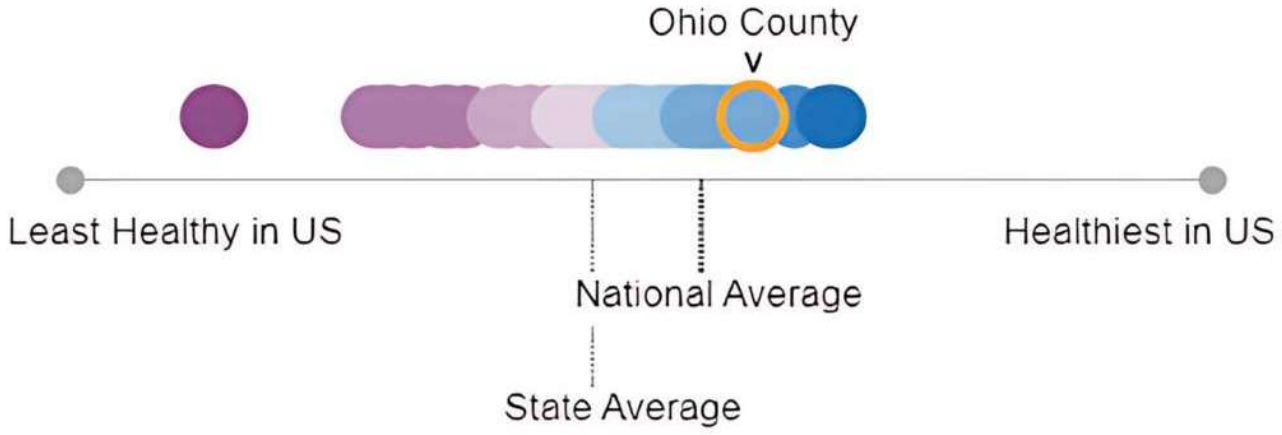
Hancock County is faring slightly better than the average county in West Virginia for Community Conditions, and slightly worse than the average county in the nation.



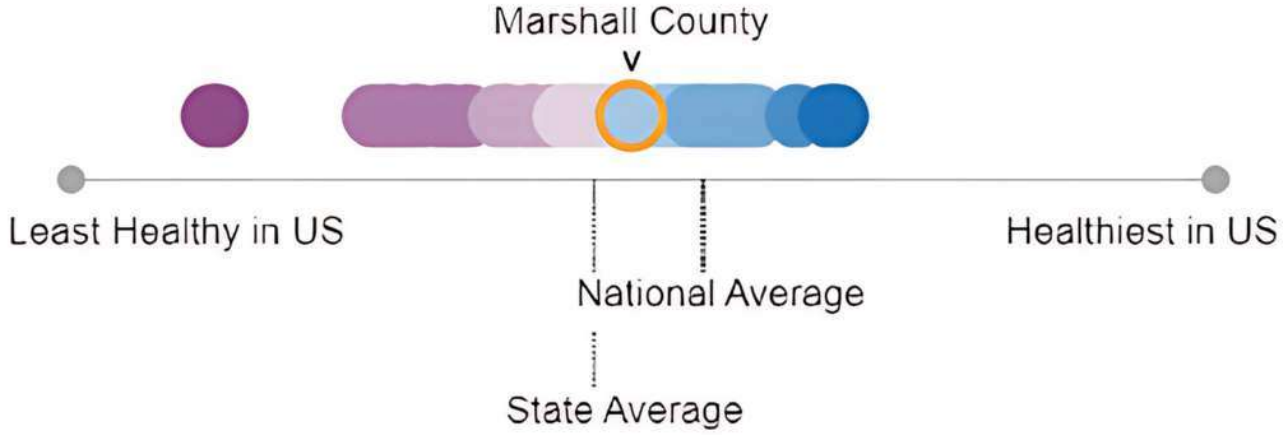
Brooke County is faring better than the average county in West Virginia for Community Conditions, and about the same as the average county in the nation.



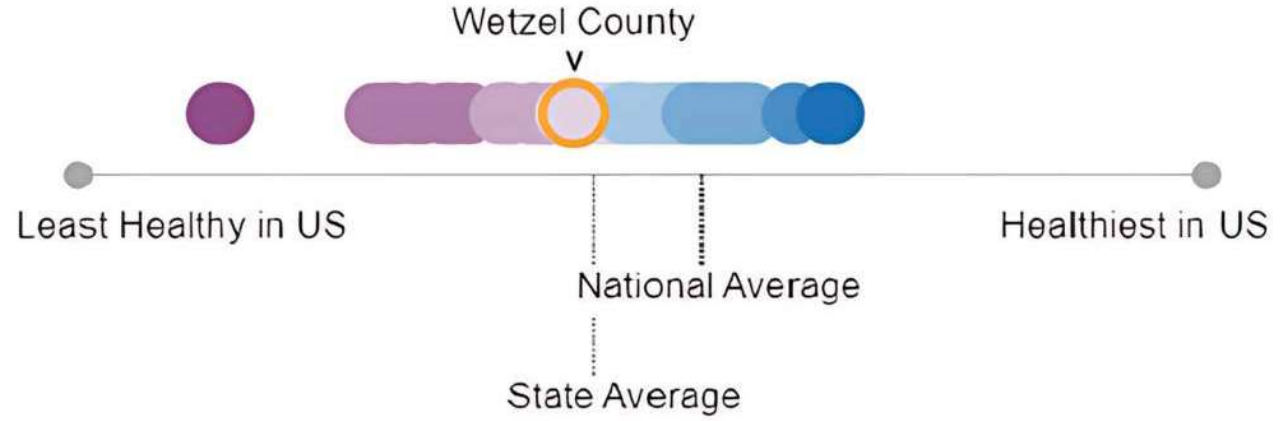
Ohio County is faring better than the average county in West Virginia for Community Conditions, and about the same as the average county in the nation.



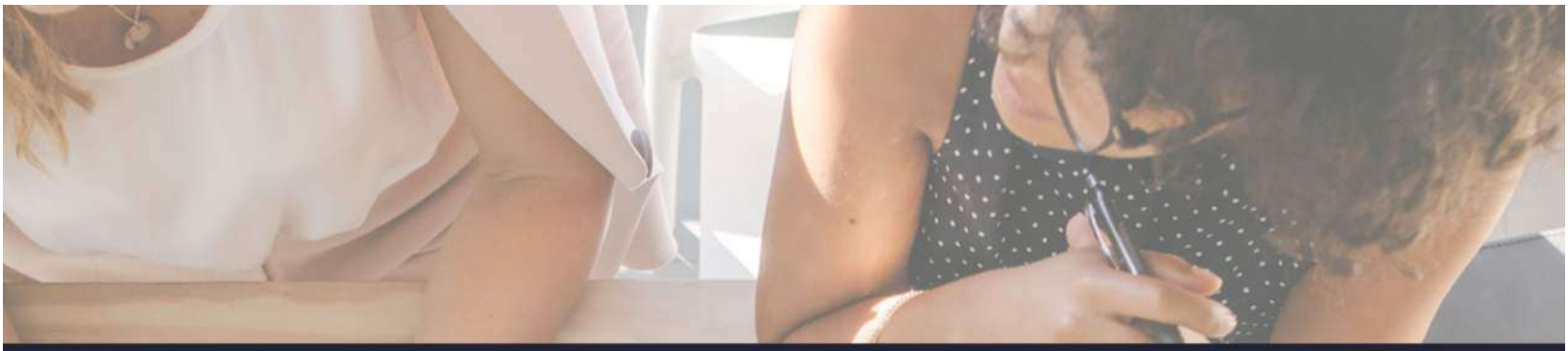
Marshall County is faring slightly better than the average county in West Virginia for Community Conditions, and slightly worse than the average county in the nation.



Wetzel County is faring about the same as the average county in West Virginia for Community Conditions, and worse than the average county in the nation.



Source: https://www.countyhealthrankings.org/health-data/west-virginia



CONCLUSIONS

Conclusions

Demographics Conclusions

There are a number of observations and conclusions that can be derived from the data related to Demographics. They include:

- Brooke and Ohio Counties have experienced population growth of over 1% since the 2020 census. Hancock, Marshall and Wetzel counties have shown a decline of 0.07%, 1%, and 5.5% respectively.
- While 'White alone' made up 61% of the United States population according to the 2020 United States Census, more than 91% of the service population is 'White alone'. All counties have had small increases in racial diversity since the 2020 census.
- More than 77% of the service area population is over 21 years of age.
- Females outnumber males in the service area by slightly less than 2%.
- An average of 47.93% of the service area population are Married, Not Separated. Marshall County (51.75%) has the highest population of Married, Not Separated while Brooke County (44.15%) has the lowest.
- An average of 91.5% of the service area population have a high school diploma or equivalency; however, Hancock (10.10%) and Wetzel (10.10%) have the highest percent of population without having obtained a diploma or GED. Hancock (60.7%) and Ohio (60.7%) Counties have the highest percentage in the service area population with higher education.
- Since the 2020 Census was published, unemployment rates have nearly doubled in the service area population. Previously, 14.6% of the community were unemployed. In the service area, 27.2% of the population are unemployed.
- Brooke (12.1%), Hancock (15.0%), Marshall (15.0%), Ohio (15.7%) and Wetzel (16.6%) counties are below average in West Virginia (16.7%) for population below the poverty range; however, all counties in the service area are above the national average of 12.5%.
- Active Northwood caseloads are highest for Ohio (44.12%) and Marshall (21.8%) Counties, which is consistent with these counties having the highest populations in the service area. Brooke (8.3%), Hancock (4.7), and Wetzel (11.4%) counties make up a much smaller percentage of the active caseload.
- The percentage of active Northwood caseload by gender are fairly even, with females representing 49.0% and males 50.1% of the population. Male cases greatly exceed females in Brooke (9.4%), Hancock (14.3%), and Wetzel (6.0%) counties. Female clients slightly outnumber males in Marshall and Ohio counties.
- Active Northwood cases report a much higher rate (62.5%) of never being married than that of the general service area (between 44.2% and 51.8%).
- Active Northwood cases have a much higher percentage of individuals aged 25-54 (61.8%) than that of the general service area (ranging from 33.6% to 35.6%).

Access to Care & General Health Status Conclusions

There are a number of observations and conclusions that can be derived from the data related to Access to Care. They include:

- In West Virginia, between 2012 and 2024, the percentage of West Virginia residents who lacked health insurance coverage dropped significantly and has remained steady the last 2 years.
- During this same time frame, 2012 to 2024, the percentage of West Virginia residents receiving Medicaid coverage increased by nearly 45%.
- In West Virginia, between 2012 and 2023, the percentage of adults who needed to see a doctor but could not due to cost dropped from 19.1 to 8.2, which we believe is due to implementation of the Affordable Care Act and Medicaid expansion. However, in 2021 we have seen the number increase from 7.2 to 8.2. We believe that this is due to the disenrollment of individuals from the Medicaid program due to a process called disenrollment.
- Between 2007 and 2024, the percentage of adults with no health care provider declined from 23.3% to 12.7%, which surpasses the Healthy People 2020 Goal of 16.1%.
- Hancock, Marshall, Ohio and Wetzel Counties are designated as shortage areas for Primary Care, Dental Health, and Mental Health. Brooke County is designated as a shortage area for Primary Care.
- Following a steady increase between 2013 and 2017, utilization of Crisis Stabilization services has decreased over the past 5 fiscal years.
- During fiscal years 2014 through 2017, utilization of Northwood psychiatric/medication management services remained relatively consistent. There was a decrease in outpatient medication management services related to COVID restrictions in fiscal year 2020, with service volume resuming the following year. There has been an upward trend of these services since 2021.
- Utilization of Group and Individual Outpatient Professional services has increased over the fiscal years from 2014 through 2017. Between 2020 and 2021 both group and individual professional service utilization is trending upward and has remained consistent.
- Northwood's professional therapy services for individuals with substance use disorders have been a significant component of this increase.

Chronic & Serious Mental Health Conclusions

Conditions that are long-lasting, relapse, and are characterized by remission and continued persistence are categorized as chronic diseases. Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

There are a number of observations and conclusions that can be derived from the data related to Chronic / Serious Mental Health and related issues. These include:

- In 2024, West Virginia ranked worst of the 50 states in the number of Poor Mental Health Days in the past 30.
- The number of poor mental health days in West Virginia and in the individual service area counties is highest on average in 2022 than at any time in the last ten years.
- In 2024, the number of poor mental health days out of the past 30 was slightly lower than the state rate for all counties in the service area except for Hancock, and Wetzel County.
- Adults in Brooke, Marshall and Ohio Counties have the best ratings of poor or fair health, compared to other counties in the service area, and all counties in the service area are better than West Virginia overall.
- In 2023, 22.8 percent of adults aged 18 and older experienced AMI in the past year. The highest percentage was observed in young adults aged 18 to 25, at 33.8 percent.
- Based on 2023 data, SAMHSA reported that West Virginia ranked highest of the 50 states in the percentage of persons with Serious Mental Illness.
- According to the American Foundation for Suicide Prevention, in 2023, suicide was the 12th leading cause of death overall in West Virginia.
- Suicide is the second leading cause of death for individuals aged 10 to 34 in West Virginia.
- Marshall County has the highest rate of suicide deaths in the counties served and is higher than the overall state rate.
- 30.5% of the homeless population in West Virginia can be characterized as Seriously Mentally Ill and 27.4% as chronic substance abusers.

Substance Use Conclusions

Substance use continues to stay elevated nationally, as well as state-wide and locally. The real life consequences of this trend are reflected in the data available. Though the available data may be lagging due to pandemic era data collection challenges, our local focus groups and stakeholders agree that substance use is an ongoing problem and a top priority for our communities.

Over the last 5 years, West Virginia has experienced a spike in overdose mortality rates due to the surge of synthetic opioids like fentanyl, but more recently this trend appears to be slowing and preliminary overdose data shows decreases across the state and nationally. However, even with these victories, West Virginia still leads the nation in overdose death mortality rates. Methamphetamine use has seen dramatic increase in our state according to the data, and locally our stakeholders have identified methamphetamine prevalence as equal in challenge to what we face with the opioid epidemic. While new treatment and recovery organizations have opened up in response, there still remain challenges and barriers to providing lifesaving evidence-based services to our communities.

Overall observations and findings from the data include:

- All counties in the service area showed a lower or equivalent percentage of adults who report excessive alcohol consumption compared to the WV state average with Ohio and Marshall County being the highest at 14%.
- West Virginia showed the lowest alcohol use or binge alcohol use rates compared to the Region 3 neighboring states and the national average.
- The perception of risk of using alcohol in West Virginia was slightly lower than the national average, and both the US and West Virginia averages showed slightly positive trends year over year.
- 3 of 5 counties in the service area recorded percentages higher than the state average for percentage of driving deaths with alcohol involvement. Brooke, Ohio, and Wetzel County had the highest percentages reported in the service area.
- Of the 5 counties in the service area, none showed a higher percentage of adult smokers than the WV state average. Of the 5 counties in the service area, Ohio County has the lowest percentage of current adult smokers, while Wetzel County showed the highest.
- Compared with the national and regional state averages, the prevalence of tobacco and cigarette use was higher for West Virginia across both measures.
- As compared to the national and regional state average, West Virginia showed higher rates of methamphetamine use, drug use disorders, and opioid use disorders. West Virginia showed lower rates of alcohol use disorder than the national and regional state averages.
- Ohio County shows the highest total of drug overdose deaths in the service area and, comparing rates per 100,000 population, all counties were higher than the national average overdose death rate.
- West Virginia ranked highest and had a significantly higher death rate from drug overdose than the rest of the US in the 2022 data.

Environmental Factors Conclusions

An analysis of environmental factors in West Virginia reveals that the overall health of the state's population lags behind national averages in numerous key categories. A significant number of West Virginians report their health as fair or poor, and the supporting data align with these self-assessments.

Overall observations and findings from the date include:

- West Virginia has the highest mortality rate for diseases of despair (overdose, suicide, liver disease) in the Appalachian region.
- Overdose deaths account for at least 70% of diseases of despair deaths.
- The COVID-19 pandemic worsened mental health and substance use issues in West Virginia due to social isolation, economic hardships, and lack of accessible mental health resources.
- West Virginia ranks poorly in heart disease mortality, with rates 19% higher than the national average.
- Contributing factors to heart disease mortality include rural location, poverty, limited access to healthcare, high rates of smoking, obesity, and hypertension.
- West Virginia has the highest adult diabetes prevalence in the U.S. at 18.2%, compared to the national average of 11.5%.
- West Virginia has the highest adult obesity rate in the U.S. at 41.2%.
- High physical inactivity rates contribute to poor overall health.
- High rates of single-parent households, e.g., 40.36% in Hancock County, correlates with increased risks of food insecurity, depression, and other health challenges for both parents and children.
- West Virginia has the highest per capita rate of children in foster care in the U.S. (19.8 per 1,000 children).
- Many children face long-term mental health issues due to early trauma, neglect, and instability, carrying into adulthood.
- Adults who were in foster care or kinship care as children are at higher risk for mental health challenges, including substance use disorders, emotional dysregulation, and difficulties forming stable relationships.
- The opioid epidemic has led to rising rates of hepatitis C, substance use disorders, and diseases of despair in West Virginia, further impacting overall health outcomes.
- West Virginia has some of the highest hepatitis C rates in the U.S., driven by the opioid epidemic and high rates of injection drug use. The state has a high rate of hepatitis C-related deaths, driven by delayed diagnoses and lack of widespread testing and treatment.
- High poverty and unemployment rates contribute to poor health outcomes, including chronic disease, substance abuse, and mental health disorders.

- Many rural counties in West Virginia face healthcare access challenges due to geographic isolation, leading to higher mortality rates and chronic conditions. Many West Virginians lack access to necessary preventive care, chronic condition treatment, and mental health services.
- In considering population health and well-being: Hancock, Brooke, Ohio, and Marshall Counties: Slightly better than West Virginia's average, slightly worse than the national average; Wetzel County: Slightly worse than West Virginia's average, and worse than the national average.
- In considering community conditions: Hancock County: Slightly better than West Virginia's average, slightly worse than the national average; Brooke and Ohio Counties: Better than West Virginia's average, about the same as the national average; Marshall County: Slightly better than West Virginia's average, slightly worse than the national average; Wetzel County: About the same as West Virginia's average, worse than the national average.

Key Findings and Next Steps

With input from stakeholders, Northwood Health Systems reviewed these key findings and identified a number of needs related to Northwood's mission and current capabilities. To address these needs, Northwood developed action steps that we believe will serve to improve the health in our region. These steps are contained in an implementation plan that is maintained separately from this document.