CABELL COUNTY COMMUNITY HEALTH ASSESSMENT UPDATE

Regional Health Connect

September 2015
COLLABORATING ORGANIZATIONS

Addiction Recovery Centers
Aetna/Coventry Cares
American Addiction Centers
American Heart Association/American Stroke Association
Bellefonte Hospital, KY
Cabell County Community Service Organization
Cabell County Emergency Medical Services
Cabell County Family Resource Network
Cabell County Schools
Cabell County Substance Abuse Prevention Partnership
Cabell-Huntington Health Department
Cabell-Huntington Health Department Board of Health
Cabell Huntington Hospital - Center for Lung Health
Cabell Huntington Hospital - Chief Medical Officer
Cabell Huntington Hospital - Strategic Marketing and Planning
Chamber of Commerce
Chertow Diabetes Center
City of Huntington
CONTACT Rape Crisis Center
Ebenezer Medical Outreach, Inc.
Family Care Health Centers
First Choice Services
First Steps
Greater Huntington Parks and Recreation District
Greif Recovery After a Substance Passing - GRASP
HER Place
Herald Dispatch
Hoops Family Children’s Hospital
Hospice of Huntington
Huntington Facing Hunger Foodbank
Huntington VAMC
Huntington's Kitchen
Information and Referral
Information and Referral
Joan C. Edwards School of Medicine
Joan C. Edwards School of Medicine - Community and Family Health
Joan C. Edwards School of Medicine - Family and Community Health
Joan C. Edwards School of Medicine - Geriatrics
Joan C. Edwards School of Medicine - Internal Medicine
Joan C. Edwards School of Medicine - Pediatrics
Kanawha Charleston Health Department
King's Daughters Medical Center, KY
KVC Behavioral Healthcare
Lily's Place
Marshall University
Marshall University Childhood - Development Academy
Marshall University - Exercise Science
Marshall University - College of Health Sciences
Marshall University - Informatics
Marshall University - President
Marshall University - Recreation Center
Marshall University School of Pharmacy
Marshall University - School of Physiotherapy/Geriatrics
Marshall University - Student Health
Mayor of Ashland, KY
Mayor of Huntington, WV
Mayor's Office of Drug Control Policy
Mayor's Office of Drug Control Policy/Huntington Fire Department
Mission Tri-State
Neighboring Initiative
PEIA
Phil Cline Family YMCA
Prestera Center
Recovery Point Huntington
Senator Manchin
Skills for Success/Hospice of Southern West Virginia
St. Mary's Medical Center - Care Coordination Program
St. Mary's Medical Center - Hospitalist Program
St. Mary's Medical Center - Marketing and Communication
St. Mary's Medical Center - Foundation
St. Mary's Medical Center - Patient Experience Program
St. Mary's Medical Center
St. Mary's Medical Center
St. Mary's/ Marshall University Cooperative School of Respiratory Care
State Health Commissioner
TEAM for WV Children/MSHF
The Word House
Trinity Church
United Way of the River Cities
Valley Health Systems
Verizon Wireless
Wayne County Health Department
West Moreland Teen Center
Western Regional Jail/CHHD Board Member
WV Bureau for Behavioral Health and Health Facilities-Office of Consumer Affairs and Community Outreach
WV Bureau for Public Health
WV Local Health Inc.
Phil Cline Family YMCA
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EXECUTIVE SUMMARY

This report is an update of the 2013 community health assessment completed by Cabell-Huntington Health Department, in collaboration with the Center for Entrepreneurial Studies and Development, Inc. (CESD), located at West Virginia University. The current process of updating the assessment enables review of health issues facing Cabell County, to support agreement on priorities and resource allocation for health improvement. The overall purpose of the needs assessment process was to support rational, data-driven allocation of resources, identify high-need areas, support planning, improve coordination of services, and assess the gap between need, resources, and capacity. The needs assessment process is considered to be as important as the product that is generated. The results of this updated community assessment report will determine the scope of health improvement efforts in Cabell County that are reflected in a written community health improvement plan.

Health outcomes in Cabell County can be improved only by first determining the current status and needs of the population and then setting priorities in order to align programs, policies, and resources. Local level performance measures will be used to monitor progress toward each priority, and will be monitored along with state and national trends. The performance measures included in the community health improvement plan, combined with evidence-based practices, will guide the decisions made by Regional Health Connect partners in implementing the most effective programs and policies to promote the health of the residents in the county.

The needs assessment process is also designed to strengthen partnerships among Regional Health Connect members. Recognizing the value and importance of all local public health system partners and stakeholders, the Cabell-Huntington Health Department (CHHD) integrally worked with these partners throughout the update of this needs assessment process and seeks to support opportunities for collaboration among partners to shape the RHC-related work on health improvement.

During the needs assessment process, CHHD operated under the premise that the results of the needs assessment would guide the work of RHC, and would be updated annually with new data to inform decision making. Each step of the assessment update process was intended to help narrow the focus to the areas of greatest need, and lead to a final selection of priorities with development of an action plan to address each priority, considering both capacity and resources in the process.
HIGHLIGHTS OF FINDINGS

Socioeconomic Indicators

- 44.4% of individuals in the County, aged 16 and older, are not in the labor force. This is significantly higher when compared to the U.S.
- 35.9% of individuals in the county are receiving some level of supplemental Social Security Income.
- The proportion of adults having less than a high school education is 13.7% as compared to 16.1% for West Virginia and 13.9% for the U.S. and about 1 in 3 adults in Cabell County have a college degree, as compared to about 1 in 4 in the state and about 1 in 3 for the U.S.
- Median income in 2013 was $38,374, compared to $41,043 for West Virginia and $53,046 for the U.S.
- 22.1% of the population has an annual household income of less than $14,999 as compared to 12.6% in the U.S.
- The number of individuals living in poverty increased by nearly 5% in just 36 months, from 20.6% in 2010 to 25.2% in 2013. 1 in every 4 individuals and 1 in every 3 children in the County are living in poverty.
- The rate of uninsured increased from 14.4% in 2012 to 15.2% in 2013, while rates remained constant in West Virginia (14.4%) and the U.S.
- While there are adequate numbers of healthcare providers in the County, there are still a high proportion of individuals not accessing care due to cost barriers.

Causes of Death

- The leading causes of deaths in 2011 were: (1) Diseases of the Heart, (2) Malignant Neoplasms (cancer), (3) Chronic Lower Respiratory Disease, (4) Accidents, (5) Dementia, and (6) Stroke.
- This order is comparable to that for West Virginia with one exception: dementia is the fifth leading cause of death, occurring at a rate that is significantly higher than the state rate. The same is true for Alzheimer’s disease, the eighth leading cause of death.
- The percent of deaths occurring in 2011 were slightly higher than the percentage occurring in the state for the following age groups: 15 to 19, 35 to 44, 45 to 54, and 75 to 84 years of age.
- Life expectancy for females is 78 years of age and is the same as the median for the U.S.; however, for men, life expectancy is only 71 years, compared to the U.S. median of 75 years.

Communicable Disease

- Chlamydia rates have increased from a rate 3.5 in 2008 to 4.9 in 2012.
- The rate of gonorrhea has also increased from a rate of 0.8 in 2010 to 1.4 (nearly double) in 2012.
- The prevalence of HIV/AIDS in Cabell County as of 12/31/14 remains relatively low compared to other regions of the state.
- From 2012 to June 30, 2015, the County consistently had 8 to 10 cases of acute Hepatitis B and one case of chronic Hepatitis B reported each year.
- From 2012 to June 30, 2015, there was an increase in the number of confirmed cases of acute Hepatitis C. For cases of confirmed chronic Hepatitis C in individuals less than or equal to 25 years of age, the rate doubled from 2012 to 2013.

Chronic Disease Prevalence
• The biggest increase in chronic disease has been asthma rates, which have increased from 7.9% to 11.3% in just three years.
• Rates of diabetes and arthritis have remained unchanged, but are still significantly higher than national rates.
• While rates of heart disease continue to decrease, rates remain significantly higher than national rates.
• There have been modest decreases in rates of breast, colon-rectal, lung, and prostate cancer.

Behavioral Risk Factor Prevalence
• 1 in 3 people in Cabell County do not engage in regular physical exercise.
• In 2013, 84% of residents (nearly 9 out of every 10) were not eating 5 or more servings of fruits and vegetables daily.

Intermediate Risk Factor Prevalence
• From 2010 to 2013, the percentage of the respondents rating their health status as fair or poor increased from 22.3% to 24.6%.
• In Cabell County, nearly 1 in 4 residents have no consistent source of primary care, consistent with state and national statistics.
• Obesity rates increased from 23.2% in 2001 to 33.2% (1 in 3) in 2013, while state and national rates have leveled off.
• Hypertension among county residents has increased from 31.7% in 2009 to 33.7% for combined years of 2009-2013 and nearly 20% of Cabell County residents with hypertension were not taking an antihypertensive medication.
• High cholesterol rates remain at about 41%.

Quality of Life and Mental Health
• The total percent of adults reporting fair or poor health in Cabell County for 2006 to 2012 was 21.1%.
• 23.6% of the population in the region (1 in 4 people) has had some mental illness in the past year.
• 6.5% of the population in Region 5 (including Cabell County) has had a serious mental illness in the past year, compared to 5.9% for the state.
• The percentage of individuals having serious thoughts of suicide in Cabell County (2008-2010) was 4.0%, consistent with the percentage for the state of 4.2%.

Maternal Child Health
• 10.7% or more than 1 in every 10 newborns born in Cabell County are of low birthweight.
• Teen birth rates in Cabell County over the past 5 years have ranged from 43.9 to 48.3, while the U.S. had the lowest teen birth ever reported at 29.4 last year.
• In Cabell County in 2011, 24.9%, or 1 in every 4 pregnant women, used tobacco during pregnancy, compared to only 10.7% for the U.S.
• Cabell County is meeting Healthy People 2020 targets for the number of women receiving PAP screening tests.

Addiction
• Most recent trends in tobacco use for Cabell County depict an increase in use from 25.2% in 2010 to 29.3% in 2011.
• For binge drinking, most recent data depicts a slight increase from 9.9 in 2008 to 11.0 for the combined years of 2009-2013; however, this rate is below both state and national rates.
• A significant increase in heroin use, property crimes, 911 calls, and deaths due to overdose have been well documented and are currently receiving significant attention. Overdose rates are far greater than rates reported in other cities across the country.

Environmental Health

• 70% of Huntington residents live within ¾ of a mile of a park in the city itself, and 31% of people living in the county are located within one half mile from a park.

• In Cabell County, the annual average concentration of PM2.5 was 13.3. When compared to ‘like’ counties in the U.S., Cabell ranks in the least favorable quartile, and in fact, is ranked near the bottom of that quartile.

• Based on 2008-2012 combined data, in Cabell County, the percentage of homes built prior to 1950 was 32.7%, the percentage of homes built between 1950 and 1979 was 40.1%, and the percent of vacant residential properties was 12.3%.

• In Cabell County, only 3.3% of people who are low-income ‘do not’ live close to a grocery store.

• In Cabell County, the percent of the population living within 150 meters of a Highway in 2010 was 4.0%.
DESCRIPTION OF COMMUNITY

Cabell County, West Virginia is the community defined for evaluation of new and/or updated data reflecting the health of the population for this 2015 Community Health Assessment Update. Located in the southwestern portion of West Virginia, the County borders Kentucky and Ohio. The County is 281 square miles in size, with 342.8 persons per square mile, compared to the West Virginia average of 77.1 persons per square mile, making it one of the most populated counties in the state (U.S. Census Bureau, 2010). The total estimated population of the County in 2014 was 97,109 (U.S. Census Bureau, 2014). The County has one city (Huntington), one town (Milton), one village (Barboursville), 15 unincorporated communities, and four census-designated places (U.S. Census Bureau, 2014).

Cabell County lies along the Ohio River, and is considered to be a ‘tristate area’ with regard to health care services due to its proximity to the borders of Kentucky and Ohio. In 2015, the County Health Rankings, sponsored by the Robert Wood Johnson Foundation, ranked Cabell County as the 39th healthiest county in West Virginia of all 55 counties for health outcomes (a gauge of the health status of a county) and 22nd healthiest for health factors (those factors that influence the health of a county). The CDC’s 2015 Health Status Indicator Profile for Cabell County, which rated a total of 43 health indicators by comparing the county to all other counties in the U.S., reported 6 indicators (14%) to be in the highest or most favorable quartile, 13 (30%) to be in the middle quartiles, and 24 indicators (56%) to be in the lowest quartile. As of July 1, 2015, Cabell County was listed in the Federal Register as a Health Professional Shortage Area (HPSA) for primary care and mental health (Health Resources and Services Administration, 2015). Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).
SOCIOECONOMIC INDICATORS

Updated data, as compared to the 2012 Community Health Assessment, was examined for the following topics to examine changes in various socio-economic indicators having implications for health: 1) employment; 2) education; 3) household income and population in poverty; and 4) health insurance coverage. Evaluation and analysis of this updated data is important due to important changes in Cabell County in each of the four areas and their influence on health.

Employment
In Cabell County, the total labor force was estimated to be 44,363 (55.6%) in 2013, with 51.2% of the labor force employed, 4.3% unemployed, and 0.1% in the Armed Forces (Table 1). A total of 44.4% of the population in Cabell County, aged 16 years and older, were not in the labor force and 35.9% of the population of Cabell County was noted to be receiving some level of supplemental Social Security Income (Table 1). The proportion of the population not currently in the workforce in 2013 was significantly higher in Cabell County when compared to the U.S. While unemployment rates were notably higher during the recession in 2010, rates have more recently decreased and are lower than the national rate (Figure 1 and Figure 2). When compared to all other counties in the U.S. using Community Health Status Indicators, Cabell County is in the most favorable quartile (Figure 3).

Table 1. Employment status, Cabell County, West Virginia, and U.S., 2013.

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Cabell County</th>
<th>West Virginia</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 16 or more yrs in work force</td>
<td>55.6%</td>
<td>54.6%</td>
<td>64.3%</td>
</tr>
<tr>
<td>Employed</td>
<td>51.2%</td>
<td>50.0%</td>
<td>57.6%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4.3%</td>
<td>4.6%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not in Labor Force</td>
<td>44.4%</td>
<td>45.4%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Receiving SSI</td>
<td>35.9%</td>
<td>38.4%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau
Figure 1. Unemployment Rates for Cabell County, 2001, 2008, 2010 and 2015.

Source: U.S. Census Bureau


Source: U.S. Census Bureau

Figure 3. Cabell County unemployment rate compared to peer counties in U.S., 2013.

Source: CDC, CHSI
Education

U.S. Census data for 2013 demonstrated that in Cabell County, 13.7% of adults have less than a high school diploma, 32.8% earned a high school degree, 27.6% have some college education or an Associate’s degree, and 25.9% earned a Bachelor’s degree or higher (Table 2, Figure 4). The proportion of adults in Cabell County having less than a high school education is 13.7% as compared to 16.1% for West Virginia and 13.9% for the U.S. High school graduation rates (completing high school on time in four years) for Cabell County have increased from 76.1% in 2009-2010 to 83.3% in 2013-2014 (Figure 5). However, when compared to peer counties, Cabell County is in the least favorable quartile for on time graduation rates (Figure 7). High school dropout rates for Cabell County have decreased from 2.8% in 2012-2013 to 1.9% in 2013-2014; however, rates have fluctuated up and down over the past four years (Figure 6). The high school dropout rate of 1.9% in 2013-2014 is higher than the West Virginia dropout rate of 1.3% for the same year (Figure 6). Taken together, about 1 in 3 adults in Cabell County have a college degree, as compared to about 1 in 4 in the state and about 1 in 3 for the U.S. (Table 2).


<table>
<thead>
<tr>
<th>Level of Educational Attainment</th>
<th>2000</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cabell Co</td>
<td>WV</td>
<td>U.S.</td>
</tr>
<tr>
<td>Less than 9th grade</td>
<td>6.8%</td>
<td>10.0%</td>
<td>7.6%</td>
</tr>
<tr>
<td>9th to 12th grade, no diploma</td>
<td>13.3%</td>
<td>14.8%</td>
<td>12.0%</td>
</tr>
<tr>
<td>HS Graduate (includes equiv.)</td>
<td>33.9%</td>
<td>39.4%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Some college; no degree</td>
<td>20.2%</td>
<td>16.6%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>4.9%</td>
<td>4.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>12.1%</td>
<td>8.9%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Graduate or prof degree</td>
<td>8.8%</td>
<td>5.9%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau
Figure 4. Level of educational attainment, Cabell County, West Virginia, and U.S., 2010, 2010, 2013.

Source: U.S. Census Bureau

Figure 5. High school graduation rates (4 years), Cabell County, West Virginia, U.S., 2010-2014.

Source: West Virginia Department of Education

Figure 6. High school dropout rates, Cabell County and West Virginia, U.S., 2011-2014.

Source: West Virginia Department of Education

Figure 7. Cabell County on time graduation rates compared to peer counties in U.S., 2013.

Source: CDC, CHSI
Household Income and Population in Poverty

Cabell County’s median income in 2013 was $38,374, compared to the median income of $41,043 for West Virginia and the U.S median income of $53,046 (Figure 8 and Table 3). This median income and per capita income for Cabell County represent a continued trend of increasing income as compared to the 2012 community health assessment; however, overall this indicator is significantly less than that for the U.S. (Figure 14 and Table 6).

**Table 3.** Per capita income, Cabell County, 1990-2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>Per Capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>$12,068</td>
</tr>
<tr>
<td>2000</td>
<td>$17,638</td>
</tr>
<tr>
<td>2010</td>
<td>$21,907</td>
</tr>
<tr>
<td>2013</td>
<td>$23,647</td>
</tr>
</tbody>
</table>

The 2013 U.S. Census data indicated that the largest percentage of household incomes in Cabell County (15.8%) fell between $50,000 and $74,999, consistent with that observed in the U.S (Figure 9 and Figure 10). However, disparities are noted for the proportion of the population (22.1%) with annual household incomes of less than $14,999 as compared to 12.6% in the U.S. Similarly, households with annual household income in the range of $100,000 to $149,999 comprised only 7.2% of the population in Cabell County, as compared to 12.9% in the U.S. (Figure 11, Figure 12, and Figure 13).
Figure 9. Household income, by level of income, Cabell County, 2013.

Source: U.S. Census Bureau

Figure 10. Household income, by level of income, U.S., 2013.

Source: U.S. Census Bureau

Figure 11. Household income, by level of income, U.S., 2013.

Source: U.S. Census Bureau
In Cabell County, the number of individuals living in poverty increased by nearly 5% in just 36 months, from 20.6% in 2010 to 25.2% in 2013 (Figure 12 and Figure 13). One in every four people in Cabell County is now living in poverty (Figure 12 and Figure 13). The rate of children living in poverty have remained relatively constant, yet is even higher, with about one in every three children living in poverty and some census tracts in the county having even higher rates (Figure 14 and Figure 16). The percentage of households receiving food stamps (SNAP) continues to be about one in every five people in the County, as compared to about one in every ten people in the U.S. (Figure 15). In addition, about 1 in 10 adults over the age of 65 are living below poverty level, with some census tracts in Cabell County much higher (> 14.5%) (Figure 17). Finally, the percentage of children living in single-parent households in Cabell County was 38.6% for 2008-2012, with the county ranked in the least favorable quartile when compared to peer (like) counties (Figure 18).
Figure 16. Percentage of children under age 18 living below poverty level by census tract, Cabell County, 2012.

Source: CDC CHSI

Figure 17. Percentage of adults aged 65 years and older living below poverty level, Cabell County, 2008-2012.

Source: CDC CHSI

Figure 18. Percentage of children living in single parent households, Cabell County, 2008-2012.

Source: CDC CHSI
Health Insurance Coverage and Health Care Access

A variety of health insurance coverage options exist, including employer-provided plans, independently purchased plans, health savings accounts, government-subsidized and government-funded plans. It is well known that lack of health insurance coverage presents significant risk to those needing health care services. According to a Harvard Medical School study, approximately 45,000 adults die each year as a result of not having health insurance coverage. This means that an American dies every 12 minutes of every year because they have no health care insurance coverage.

Since the completion of the Cabell County assessment in 2012, the Affordable Care Act (ACA) was implemented, with the availability of subsidized marketplace plans for purchase in West Virginia, as well as significant Medicaid expansion. While Figure 18 below provides the most recent data publically available at this time for health care coverage among adults aged 18 to 64 years, further evaluation will be needed when 2014 data is available in order to more fully understand the influence of the ACA on health insurance coverage rates. In Cabell County, the rate of those uninsured increased from 14.4% in 2012 to 15.2% in 2013, while rates remained constant in West Virginia (14.4%) and in the U.S. (14.9%).

Figure 19. Percentage of adults aged 18 to 64 years without healthcare insurance coverage, Cabell County, 2008-2013.

Source: U.S. Census Bureau
The primary care provider rate for Cabell County was 230.7 per 100,000 in 2011. Compared to peer counties, Cabell County not only is ranked in the highest quartile, but ranks highest among all peer counties (Figure 19). However, when considering cost barriers to accessing care, the percentage of adults who did not see a doctor due to cost in Cabell County was 20.1%. For this indicator, Cabell County ranks near the bottom of the lowest quartile when compared to like (peer) counties.

**Figure 20.** Primary care provider rate, Cabell County, 2011.

**Figure 21.** Percentage of adults who did not see a doctor due to cost, Cabell County, 2006-2012.

Source: CDC CHSI
CAUSES OF DEATH

Much of the data in this section compares Cabell County’s mortality rates to those for the state of West Virginia and the U.S. All data presented in this section, unless otherwise noted, is from the 2011 West Virginia Vital Statistics Report. Unless otherwise noted, all of the mortality rates in this section are age-adjusted deaths per 100,000 people. Age-adjusted mortality rates provide rates of death while controlling for changes in the age distribution over time. Age-adjustment also affords comparison of death rates among communities with different age distributions.

This section details information related to deaths occurring in Cabell County in 2011. The percent of deaths occurring in Cabell County in 2011 were slightly higher than the percentage occurring in the state for the following age groups: 15 to 19 years of age, 35 to 44 years of age, 45 to 54 years of age, and 75 to 84 years of age (Figure 22).

Figure 22. Percentage of deaths by age for Cabell County, 2011.
Ranked Causes of Death

Ranking the leading causes of death is one way of tracking those conditions that affect the population the most at any moment in time. Although cause-of-death is only one indicator of the health status of a given population, it is the most significant and severe indicator, and is therefore included in considering health priorities. Leading causes of death, and leading morbidities, vary by multiple factors, including age, race/ethnicity, gender, income, geographic location and access to healthcare resources.

The leading causes of death for Cabell County were again examined in order to detect any changes in the past three years since the 2012 Community Health Assessment. The top leading causes for 2011 were: (1) Diseases of the Heart, (2) Malignant Neoplasms (cancer), (3) Chronic Lower Respiratory Disease, (4) Accidents, (5) Dementia, and (6) Stroke. This order is comparable to that for West Virginia with one exception: dementia is the fifth leading cause of death, occurring at a rate that is significantly higher than the state rate. In addition, although stroke is the sixth leading cause of death, this rate is also higher than the state rate. The same is true for Alzheimer’s disease, the eighth leading cause of death.

Table 4. Top 10 Leading Causes of Death, Cabell County, West Virginia, and U.S., 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cabell County</th>
<th>West Virginia</th>
<th>U.S.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of the heart</td>
<td>248.3</td>
<td>Diseases of the heart</td>
</tr>
<tr>
<td>2</td>
<td>Malignant neoplasms</td>
<td>229.7</td>
<td>Malignant neoplasms</td>
</tr>
<tr>
<td>3</td>
<td>Chr. Lower resp. dx</td>
<td>85.9</td>
<td>Chr. lower resp. dx</td>
</tr>
<tr>
<td>4</td>
<td>Accidents</td>
<td>80.7</td>
<td>Accidents</td>
</tr>
<tr>
<td>5</td>
<td>Dementia</td>
<td>77.6</td>
<td>Stroke</td>
</tr>
<tr>
<td>6</td>
<td>Stroke</td>
<td>65.2</td>
<td>Dementia</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>43.5</td>
<td>Diabetes</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer’s Disease</td>
<td>43.5</td>
<td>Alzheimer’s Disease</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis/Nephrosis</td>
<td>35.2</td>
<td>Influenza/Pneumonia</td>
</tr>
<tr>
<td>10</td>
<td>Chronic liver disease</td>
<td>19.7</td>
<td>Nephritis/Nephrosis</td>
</tr>
</tbody>
</table>

Note. Data developed from the 2011 West Virginia Vital Statistics Report.
*Dementia not available for U.S.
Life Expectancy

Life expectancy is defined as the age from birth that individuals are expected to survive. Between 2000 and 2007, life expectancies in more than 80% of United States counties fell in standing against the average of the 10 nations with the best life expectancies in the world. In Cabell County, life expectancy for females is 78 years of age, compared to the median age for the U.S. which is 78 years (Figure 23). For men, life expectancy in Cabell County is only 71 years, as compared to the U.S. median of 75 years (Figure 24). When compared to peer counties, life expectancy in Cabell County falls in the least favorable quartile, with life expectancy for men the lowest of all peer counties (Figure 23 and Figure 24).

**Figure 23.** Life expectancy for females, Cabell County, 2010.

![Figure 23](image_url)

Source: CDC CHSI

**Figure 24.** Life expectancy for men, Cabell County, 2010.

![Figure 24](image_url)

Source: CDC CHSI
1. Diseases of the Heart
Heart disease, including ischemic heart disease, is the number one cause of death for Americans and the number one cause of death in Cabell County. Age-adjusted rates of death due to diseases of the heart of 248.5 are lower than for West Virginia; however, rates remain significantly higher than the age adjusted rate of 191.4 for the U.S, even with a consistent decreasing trend over the past 15 years (Figure 25 and Figure 26).

**Figure 25.** Age-adjusted death rate due to diseases of the heart, 2011.

![Bar chart showing age-adjusted death rate due to diseases of the heart for Cabell Co, WV, and US in 2011.]


**Figure 26.** Age-adjusted death rate due to diseases of the heart, 2001-2011.

![Line chart showing age-adjusted death rate due to diseases of the heart for Cabell Co, WV, and US from 2001 to 2011.]

2. Malignant Neoplasms (Cancers)
Cancer is the second leading cause of death in the U.S., accounting for about one out of four deaths each year. While the 5-year relative survival rate for cancer has improved, the mortality rate associated with cancer remains fairly high. With an age-adjusted rate of 229.7, Cabell County has a lower cancer mortality rate than West Virginia (257.6), but much higher than the U.S. (184.6) (Figure 24). While rates of cancers have decreased over the past 15 years, the rate of decline has slowed in Cabell County in recent years. Cancers having the highest age-adjusted mortality rates include respiratory/intrathoracic (85.4) (trachea, bronchus, lung), digestive (38.4) (colon, pancreas), genitourinary (29.1), breast (16.6), and prostate (9.3). The overall age-adjusted rate of deaths due to cancer established by Healthy People 2020 as a goal for all counties is 161.4 per 100,000.

Figure 27. Age-adjusted death rate due to cancer, 2011.


Figure 28. Overall age-adjusted cancer death rate, Cabell County, 2005-2011.

Source: CDC CHSI
3. Chronic Lower Respiratory Disease

Chronic lower respiratory disease includes chronic bronchitis, asthma, emphysema, and other chronic lower respiratory diseases. Overall, Cabell County has a slightly higher mortality rate of 85.9 for chronic lower respiratory disease than West Virginia (77.9), but significantly higher (over double) when compared to the U.S. rate of 41.4, even with decreasing rates in the county since 2008 (Figure 29 and Figure 30). According to the CDC Community Health Status Indicators, for the years 2005-2011, the rate of deaths due to chronic lower respiratory disease was 68.1 and noted to be in the least favorable quartile (Figure 31).

Figure 29. Age-adjusted death rate due to chronic lower respiratory disease, 2011.


Figure 30. Age-adjusted death rate due to chronic lower respiratory disease, 2001-2011.


Figure 31. Age-adjusted death rate due to chronic lower respiratory disease, 2005-2011.

Source: CDC CHSI
4. **Accidents**

The mortality rate for accidents includes unintentional that result in death, including but not limited to falls, poisoning, burns, firearm discharges, and drowning. Deaths due to accidents are the fourth leading cause of death in Cabell County. The rate of 80.7 is slightly higher than the state rate of 77.9 and significantly higher (more than double) when compared to the U.S. rate of 39.4 (Figure 32). Figure 28 below further depicts the types of unintentional accidents leading to death, poisonings, falls and suicide are the leading causes.

**Figure 32.** Age-adjusted death rate due to accidents, 2011.

![Graph showing age-adjusted death rate due to accidents in Cabell County, West Virginia, and the U.S. in 2011.]


**Figure 28.** Rate and percent of age-adjusted death rates by cause of accident, 2011.

![Pie chart showing the distribution of death rates by cause of accident in 2011.]

5. and 8. Dementia and Alzheimer’s Disease
Dementia and Alzheimer’s disease are progressive incurable diseases characterized by memory loss and impaired intellectual functioning. Slowly, the symptoms result in an adult’s inability to complete daily tasks of living and function independently. In 2011, dementia was the 5th leading cause of death in Cabell County and Alzheimer’s was the 8th leading cause of death. As demonstrated in Figure 29 below, the rate of deaths due to dementia was 77.6 compared to the state rate of 54.4. Similarly, the rate of Alzheimer’s disease was 43.5 compared to the state rate of 32.8 and the U.S. rate of 27.2 (Figure 30). According to the CDC, the overall age adjusted death rate for Alzheimer’s disease in Cabell County for 2005-2011 ranks the county in the least favorable quartile among peer counties.


Source: CDC CHSI
6. Stroke
The age-adjusted rates of death due to stroke of 65.2 is higher in Cabell County than the state rate of 56.2 and is significantly higher than the U.S. rate of 41.4 (Figure 30). This is consistent with other leading causes of death for the county that are related to vascular diseases. When compared to peer (like) counties, Cabell County ranks in the least favorable quartile for deaths due to stroke.

Figure 32. Age-adjusted death rate due to stroke, Cabell County, 2011.


Figure 33. Age-adjusted death rate due to stroke, Cabell County, 2005-2011.

Source: CDC CHSI
7. Diabetes

Diabetes is not only a risk factor for many other co-morbidities, physical complications and illnesses, it is the 7th leading causes of death in Cabell County. Diabetes is a chronic illness marked by resistance to insulin, insulin deficits, or both, causing high blood sugar levels. The number of people diagnosed with diabetes has increased steadily over the years in the U.S. Nationally the mortality rate for diabetes in 2011 was 23.5. In Cabell County however, the age-adjusted death rate due to diabetes was 43.5 is nearly double the national rate, and was consistent with the rate of 42.7 for West Virginia. Compared to peer counties, Cabell County was ranked in the bottom quartile for deaths due to diabetes.

Figure 34. Age-adjusted death rate due to diabetes, 2011.

![Figure 34](image1)


Figure 35. Age-adjusted death rate due to diabetes, 2005-2011.

![Figure 35](image2)

Source: CDC CHSI
9. Nephritis

Death rates due to nephritis in Cabell County of 35.2 were substantially higher than the state rate of 23.9. Nephritis represents another cause of death in Cabell County that is over double the national rate of 14.7. According to CDC compared to peer counties, Cabell County was ranked in the bottom quartile for deaths due to chronic kidney disease in 2015 for the combined years of 2005-2011.

**Figure 36.** Age-adjusted death rate due to nephritis, Cabell County, 2011.

![Bar chart showing age-adjusted death rate due to nephritis in Cabell County, 2011.](chart1.png)

*Source: 2011 WV Vital Statistics Report*

**Figure 37.** Age-adjusted death rate due to chronic kidney disease, Cabell County, 2005-2011.

![Bar chart showing age-adjusted death rate due to chronic kidney disease in Cabell County, 2005-2011.](chart2.png)

*Source: CDC CHSI*
10. Chronic Liver Disease and Cirrhosis

Chronic liver disease and cirrhosis is the 10th leading cause of death in Cabell County. Currently, data for state and national levels are not reported identically and additional analysis is warranted to further understand the magnitude of death due to liver disease. No peer county data is available for this cause of death.

Figure 38. Age-adjusted death rate due to chronic liver disease and cirrhosis, Cabell County only, 2011.

COMMUNICABLE DISEASE

According to the CDC, the cost of sexually transmitted diseases to the U.S. health care system is estimated to be as much as $15.9 billion annually. Sexually transmitted diseases (STDs) that are left untreated can lead to serious long-term health consequences. The CDC estimates that undiagnosed and untreated STDs cause at a minimum, 24,000 women in the U.S. to become infertile. The most recent community health assessment in 2012 revealed rates of sexually transmitted diseases, such as chlamydia, gonorrhea, and syphilis in Cabell County, to be higher than state rates and consistent with national rates. Therefore, additional 2012 data was examined for further trends in disease rates.

Chlamydia

With additional data available reflecting chlamydia rates for 2012, a continued increase in chlamydia rates in Cabell County are noted, from a rate 3.5 in 2008 to 4.9 in 2012. While rates for Cabell County of 4.9 are consistent with the U.S. rate of 4.6, the overall rate for West Virginia is much lower at 2.6.

Figure 39. Chlamydia rates, Cabell County, West Virginia, and U.S., 2001-2012.

**Gonorrhea**
Consistent with chlamydia is an increase in the rate of gonorrhea in Cabell County. While decreasing rates are noted from 1.6 in 2008 to 0.8 in 2010, rates are noted to increase to 1.4 (nearly double) in 2012. In addition, rates of gonorrhea are noted to have risen above national rates. When compared to peer counties, Cabell County ranked at the bottom of the lowest quartile.

**Figure 40.** Gonorrhea rates, Cabell County, West Virginia, and U.S., 2001-2012.


**Figure 41.** Cabell County gonorrhea rates compared to peer counties, 2012.

Source: CDC CHSI
HIV/AIDS

Based on the most recent data available from the West Virginia Bureau for Public Health, the prevalence of HIV/AIDS in Cabell County as of 12/31/2014 remains relatively low compared to some other regions of the state. However, given increasing rates of other infectious diseases such as Hepatitis, analysis of HIV/AIDS trends will be evaluated in an ongoing manner. According to the CDC, when compared to peer counties in other states, Cabell County ranked in the least favorable quartile.

Figure 42. HIV/AIDS prevalence, West Virginia, 2014.


Figure 43. Rate of persons living with diagnosed HIV in Cabell County, 2011

[Bar chart showing rate of persons living with diagnosed HIV in Cabell County, 2011, source: CDC CHSI]
Hepatitis B

The Cabell-Huntington Health Department and the West Virginia Bureau for Public Health collect and monitor the number of laboratory reports of persons testing positive for Hepatitis B and Hepatitis C. This is a very sensitive indicator of an individual’s risky behavior that could lead to HIV infections among the general population. From 2012 to June 30, 2015, Cabell County consistently had 8 to 10 cases of acute Hepatitis B and one case of chronic Hepatitis B reported each year (Figure 36 and Figure 37).

Figure 44. Acute, confirmed cases of Hepatitis B reported in Cabell County, 2012-2015.

Figure 45. Chronic, confirmed cases of Hepatitis B reported in Cabell County, 2012-2015.

Source: Cabell Huntington Health Department
Hepatitis C

In Cabell County, from 2012 to June 30, 2015, there was an increase in the number of confirmed cases of acute Hepatitis C (Figure 46). Confirmed cases of chronic Hepatitis C were noted to increase in 2014, but to date are projected to decrease in 2015 (Figure 47). For cases of confirmed chronic Hepatitis C in individuals less than or equal to 25 years of age, the rate doubled from 2012 to 2013, and has remained relatively consistent with new cases reported each year at the higher rate (Figure 48). (Note: 2015 is a projected data point based on 209 cases in the first 6 months of the year for this Figure).

**Figure 46.** Acute, confirmed cases of Hepatitis C reported in Cabell County, 2012-2015.

![Graph of acute confirmed cases of Hepatitis C](image1)

Source: Cabell-Huntington Health Department

**Figure 47.** Chronic, confirmed cases of Hepatitis C reported in Cabell County, 2012-2015.

![Graph of chronic confirmed cases of Hepatitis C](image2)

Source: Cabell-Huntington Health Department

**Figure 48.** Chronic, confirmed cases of Hepatitis C reported in Cabell County, 2012-2015.

![Graph of chronic confirmed cases of Hepatitis C](image3)

Source: Cabell-Huntington Health Department
CHRONIC DISEASE PREVALENCE

As all chronic diseases examined for the 2012 assessment revealed prevalence rates to be higher than national rates, each was updated with most current available data to assess changes in the past three years. Prevalence of diabetes and arthritis have remained essentially unchanged in Cabell County (Figure 49 and Figure 51). Most notable have been decreases in the prevalence of heart disease, from 12.7% in 2010 to 8.7% in 2012 in the County (Figure 50). While the prevalence of invasive cancers has remained unchanged, some decreases in individual cancer prevalence (breast, colon-rectal, lung, and prostate) have seen modest decreases (Figure 52 and Figure 54). However, it should be noted that prevalence rates due to asthma have increased in Cabell County from 7.9% to 11.3% in just three years (Figure 53). These trends suggest the need for continued and/or additional efforts to sustain positive changes and reverse the adverse consequences of chronic disease prevalence trends, as rates for all chronic diseases remain higher than national rates in Cabell County (Table 5).

Table 5. Chronic Disease Prevalence

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cabell County</th>
<th>West Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>13.1%</td>
<td>12.4%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>8.7%</td>
<td>7.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Asthma</td>
<td>11.3%</td>
<td>8.9%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>31.4%</td>
<td>35.7%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Invasive Cancer</td>
<td>575.0</td>
<td>477.9</td>
<td>450.6</td>
</tr>
</tbody>
</table>

Source: CDC, Behavioral Risk Factor Surveillance Survey (BRFSS)
**Figure 51.** Arthritis prevalence, 2001-2013.

![Arthritis prevalence graph](image)

Source: CDC, BRFSS

**Figure 52.** Prevalence of invasive cancers, 2000-2011.

![Cancer prevalence graph](image)

Source: CDC, BRFSS

**Figure 53.** Prevalence of asthma, 2001-2013.

![Asthma prevalence graph](image)

Source: CDC, BRFSS

**Figure 54.** Cancer prevalence by type, 2006-2011.

![Cancer type prevalence graph](image)

Source: CDC, BRFSS

**Figure 55.** Percent of adults living with diagnosed diabetes, Cabell County, 2005-2011.

![Diabetes prevalence graph](image)

Source: CDC CHSI
BEHAVIORAL RISK FACTOR PREVALENCE

This section relates to updating of data about behavioral aspects of health in Cabell County. It should be noted that behaviors related to alcohol and tobacco use will now be reflected in the section of this report entitled, ‘Addiction’. Also, no additional data was available for severe psychological distress. The remaining factors on exercise and nutrition were updated with the most current available data to assess changes in the past three years. Overall, negative trends continue to be observed in Cabell County.

Table 6. Behavior risk factor prevalence.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Cabell County</th>
<th>West Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Exercise</td>
<td>30.5%</td>
<td>32.7%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>84.0%</td>
<td>85.1%</td>
<td>76.3%</td>
</tr>
<tr>
<td>Severe Psychological Distress</td>
<td>12.6%*</td>
<td>14.0%</td>
<td>11.3%</td>
</tr>
<tr>
<td></td>
<td>(2003-2004)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Regional Data

Lack of Exercise
The 2012 report indicated that lack of exercise was increased significantly in Cabell County from 2001-2010, consistent with statewide trends, but opposite nationwide trends. From 2010 to data representing 2009-2013 combined data, 30.5% of the population in Cabell County responded ‘No’ to the question, “During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?” While the percentage not exercising in West Virginia and nationwide remained relatively constant, in Cabell County the rate of individuals not exercising continued to increase over the past three years from 27.3% to 30.5%, widening the gap between county and national statistics (Figure 47). Compared to peer counties, Cabell county is noted to be in the middle two quartiles according to the CDC.

Figure 56. Prevalence for lack of leisure exercise, 2001-2013.

Source: CDC, BRFSS
Figure 57. Percent of adults who report no leisure time physical activity, Cabell County, 2006-2012.

Source: CDC CHSI

Nutritional Habits

Nutritional habits were previously examined and reported in the 2012 community health assessment using a question from the CDC Behavioral Risk Factor Surveillance Study that asked if individuals had consumed fewer than five servings of fruits and vegetables on a daily basis in the past month. Whereas, in 2009, 80.2% of participants from Cabell County responded ‘Yes’, they did not eat 5 servings, this percentage increased to 84.0% in 2013. This is compared to state and national rates which remained relatively constant at 85.1% and 76.3% respectively. Similar to the trends for lack of exercise, the gap between county and national rates for not eating 5 servings of fruits and vegetables on a daily basis in the past month widened in most recent years.

Figure 57. Prevalence for not eating 5 servings of fruits and vegetables daily, 2009-2013.

Source: CDC, BRFSS
INTERMEDIATE RISK FACTOR PREVALENCE

Certain indicators that appear statistically (are highly correlated) to having a direct influence on the health of a population, were included in the 2012 assessment. These included rating (self-perception) of health status as fair or poor, overweight and obesity, hypertension, and cholesterol. It should be noted that for purposes of this 2015 update report to the original assessment, the factor of ‘no health care insurance’ is reflected in the socioeconomic factor section. Additional new data added to this section includes no consistent source of primary care and adults with hypertension not taking medication.

Health Status Rating

The rating of fair or poor health by individuals is a self-reported description of health status that has remained steady for the past decade in Cabell County, West Virginia, and the U.S. When most recent data is reflected for the combined years of 2009 to 2013, this trend has not changed. From 2010 to 2013, the percentage of the respondents rating their health status as fair or poor increased from 22.3% to 24.6% over recent years (Figure 58).

![Figure 58. Prevalence of persons rating health status as fair or poor, 2001-2013.](image)

Source: CDC, BRFSS

Consistent Source of Primary Care

Making regular visits to a primary care provider is beneficial for health and wellness. Individuals having a primary care provider have better management of chronic diseases, lower overall health care costs, and a higher level of satisfaction with care. In Cabell County, nearly 1 in 4 residents have no consistent source of primary care, consistent with state and national statistics (Figure 59). As more recent data is available, it will be important to monitor this trend as the Affordable Care Act is implemented.
Overweight and Obesity

The 2012 assessment revealed that there was no data available for Cabell County on persons being overweight, though rates of overweight people appeared to be trending slightly downward for the state and nation. For the years 2011-2012 county specific data was identified as being available for this assessment update and the prevalence of overweight persons in Cabell County was consistent with West Virginia and the U.S. (Figure 60). For obesity, the addition of the most recent data clearly indicates a continued increase in obesity from 2011 to 2013 (Figure 61). In fact, rates have increased overall from 23.2% in 2001 to 33.2% (1 in 3) in 2013, while state and national rates have leveled off (Figure 61). Compared to peer counties, Cabell County is noted to be in the middle two quartiles for adult obesity prevalence (Figure 62).
Hypertension

In 2012, it was noted that hypertension appeared to be markedly more prevalent among Cabell County residents and West Virginians in 2009 than in 2007, but that rates were climbing higher and faster statewide than at the county or national level. At the time of this update, prevalence of hypertension for Cabell County residents has increased from 31.7% in 2009 to 33.7% for the combined years 2009-2013 (Figure 63). While prevalence rates are not as high as the 40.0% prevalence rate for West Virginia, rates remain higher than for the U.S. In addition, new data reflecting adults having hypertension and not taking medication was added to this updated report, revealing that for the years 2006-2010, nearly 20% of Cabell County residents with hypertension were not taking an antihypertensive medication (Figure 64).

Figure 63. Prevalence of hypertension, 2001-2013.
Hypercholesterolemia

At the time of the 2012 community health assessment, high cholesterol rates at state and national levels in 2009 were higher or equal to rates in 2001. At the time of this update, the addition of more recent data indicate that rates for county, state and national levels remain steady, without decreasing. Rates remain at about 41% in Cabell County (Figure 65).

Figure 65. Prevalence of adults with high cholesterol rates, 2001-2012.
QUALITY OF LIFE AND MENTAL HEALTH

Quality of Life

According to the CDC, health-related quality of life (HRQOL) measures of perceived physical and mental health and function have become an important component of health surveillance and are generally considered valid indicators of service needs and intervention outcomes. Self-assessed health status has also proven to be a more powerful predictor of mortality and morbidity than many objective measures of health. The CDC reports that the average number of reported mentally unhealthy days per month among adults 18 years and over in Cabell County, for the years 2006 to 2012, was 4.7 days per person. Likewise, the average number of reported physically unhealthy days per month among adults in Cabell County for the same years was 5.0 days per person. The total percent of adults reporting fair or poor health in Cabell County for 2006 to 2012 was 21.1%. One in every five adults in the county rate their health as being fair or poor. When compared to peer counties on overall rating of health, Cabell County is in the least favorable quartile (Figure 66).

Figure 66. Percentage of adults rating health as fair or poor, Cabell County, 2006-2012.

Source: CDC CHSI
Mental Health

Updated data is available from the National Survey on Drug Use and Health (NSDUH), reporting the percentage of mental illness in the past year, among persons aged 12 and older, in Region 5 of West Virginia where Cabell County is included. Based on this most recent data, 6.5% of this population in Region 5 have had a serious mental illness in the past year, compared to 5.9% for the state (figure 67). A total of 23.6% of the population in the region have had some mental illness as compared to 22.5% for the state (Figure 67). In addition, the percentage having at least one major depressive episode has decreased from 9.0% in 2006-2008 to 8.1% in 2008-2010, consistent with a slight decrease from 8.5% to 7.6% for West Virginia (Figure 68). The percentage of individuals having serious thoughts of suicide in Cabell County (2008-2010) was 4.0%, consistent with the percentage for the state of 4.2% (Figure 69).

Figure 67. Percentage of individuals, 12 and older, with any or a serious mental illness, Region 5, 2008-2010.

Source: NSDUH

Figure 68. Percentage of individuals, 12 and older, having at least one major depressive episode in past year, 2006-2010.

Source: NSDUH

Figure 69. Percentage of individuals, 12 and older, having serious thoughts of suicide in past year, Region 5, 2008-2010.

Source: NSDUH
MATERNAL CHILD HEALTH

Maternal child health outcomes can be improved only by first determining the current needs of the maternal child health population and then setting priorities as determined to be appropriate and based on the analysis of most recent available data. In Cabell County, maternal child health was re-assessed for purposes of updating the 2012 assessment, using the trimester prenatal care was started, use of tobacco and alcohol during pregnancy, teen birth rate, low birth weight, and infant mortality. One new item of PAP screening was added.

Total Births and Low Birthweight

In 2011, there were a total of 1,214 births in Cabell County with birth rates remaining stable over the past five years (Figure 70). Of births in 2011, 9.0% (nearly one of every ten) of newborns were low birthweight compared to 9.6% in West Virginia and 8.2% in the U.S. (Figure 71). Low birthweight is defined as infants born less than 2,500 grams, or 5 pounds 8 ounces. However, in 2012, the most recent (new) available data indicates that the low birthweight in Cabell County has increased to 10.7%, while West Virginia saw a slight decline from 9.4% to 9.2%, and the rate remained steady for the U.S. at 8.2% (Figure 71).

**Figure 70.** Number births by year in Cabell County, 2007-2011.


**Figure 71.** Low birthweight rates for Cabell County, West Virginia, and US, 2011-2012.
Teen Pregnancy

Teen pregnancy rates over the past seven years have ranged from 43.9 to 48.3 in Cabell County, similar to West Virginia rates. However, in 2012, the U.S. had the lowest teen birth ever reported at 29.4 (Figure 72). Compared to peer counties for 2005-2012, Cabell County is in the middle two quartiles for teen pregnancy (Figure 73).

Figure 72. Teen birth rates for Cabell County, West Virginia, and U.S., 2007-2012.


Figure 73. Teen birth rates for Cabell County, 2005-2011.

Source: CDC CHSI
Prenatal Care

Prenatal care — especially care beginning in the first trimester—allows health care providers to identify and manage a woman’s risk factors and health conditions and to provide expectant parents with relevant health care advice. Based on most recent data from 2011, the initiation of prenatal care in Cabell County is similar to West Virginia (Figure 74). According to the CDC, nationally the most recent data available is for 2006, at which time 83.2% of mothers received care in the first trimester.

**Figure 74.** Trimester prenatal care started, Cabell County and West Virginia, and U.S., 2011.

Maternal Behaviors during Pregnancy

Maternal behaviors during pregnancy also influence health outcomes of infants. In Cabell County in 2011, 24.9%, or 1 in every 4 pregnant women, used tobacco during pregnancy, compared to 26.1% of women in West Virginia (Figure 75). Of significance however, is that the smoking rate among pregnant women in the U.S. in 2011 was only 10.7% (Figure 75). Use of alcohol during pregnancy among pregnant women in Cabell County was 0.2% in 2011, less than the rate of 0.4% for the state.

![Figure 75. Tobacco use during pregnancy for Cabell County, West Virginia, and U.S., 2011.](image)

Routine PAP Screening

The BRFSS survey questionnaire includes two questions pertaining to PAP test screening, including "A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? And " How long has it been since you had your last Pap test?" While county specific data is not available through the West Virginia Health Statistics Center for these questions, according to the CDC, for the years 2006 to 2012, Cabell County rates for PAP test screening not only are consistent with the national percentage of women receiving this cancer screening test, but is meeting (and below) the Healthy People 2020 established goal (Figure 76). Figure 76 depicts that Cabell County is in the lower of the middle two quartiles for this indicator.

![Figure 76. Percentage of adult women who report having routine pap tests in Cabell County, 2006-2012.](image)

Source: CDC CHSI
ADDICTION

According to a recent 2015 report released by the Institute of Medicine, ‘addiction’, defined as misuse and/or abuse of nicotine, alcohol, and other drugs, is a prevalent and rapidly growing public health issue in many states in the U.S. It is estimated that each year, substance abuse and addiction costs in the U.S are greater than $500 billion. Subsequently, this updated community health assessment establishes a new section of the report focused solely on addiction in Cabell County in order to better understand the magnitude and scope of the issues around addictive behaviors, specifically tobacco use, alcohol dependence/misuse, and drug dependence/illicit use.

Tobacco Use

Most recent trends in tobacco use for Cabell County depict an increase in use from 25.2% in 2010 to 29.3% in 2011, greater than both the overall rate of 27.3% in West Virginia, the overall rate of 18.1% for the U.S., and greater than any single state in the country (Figure 77). No new data on smokeless tobacco was available at the time of this report but will be monitored given recent known trends in use of electronic cigarettes. Of note is that when compared to peer counties for the years 2005-2011, the Cabell County smoking rate is noted to be 25.2% and the county is ranked in the middle quartiles (Figure 78). However, if the most recent smoking rate of 29.3% is appropriately plotted on the comparison chart, Cabell County more accurately is in the lowest quartile and consistent with peer counties having the highest smoking rates (Figure 78).

Figure 77. Tobacco use for Cabell County, West Virginia, and U.S., 2001-2011.
**Figure 78.** Percent of adults who report smoking cigarettes, Cabell County, 2005-2011 and 2009-2013.

Source: CDC CHSI

**Alcohol Dependence/Misuse**

Updated data was available for binge drinking, defined as consuming five or more alcoholic drinks for males, or four or more alcoholic drinks for females, on a single occasion during the past month. Most recent data depicts a slight increase in the County from 9.9 in 2008 to 11.0 for the combined years of 2009-2013, although rates remain below those of the state and U.S. (Figure 79) In fact, when compared with peer counties, rates for Cabell County rank it in the most favorable quartile (Figure 80).

**Figure 79.** Binge drinking for Cabell County, West Virginia, and U.S., 2001-2011.


**Figure 80.** Percent of adults who report binge drinking, Cabell County, 2006-2012.

Source: CDC CHSI
Drug Dependence/Illicit Use

The public health issue of drug dependence or addiction, specifically heroin use/abuse, has received significant attention in Cabell County in 2015. While data collection to understand the issue has improved this year, there is still more than can and will be done to fully understand the scope and magnitude of drug dependence and illicit drug use prevalence and trends in the county. The Huntington Mayor’s Office on Drug Control Policy tracks data and monitors trends. New data have been reported this year, and represents significantly new trends since the 2012 assessment. Such data demonstrate that there has been a substantial increase in drug offenses geographically from 2004 to 2014 (Figure 81 and Figure 82). The known grams of heroin seized from 2010 to 2013 are well documented, as is the increase in number of 911 overdose calls (Figure 83 and Figure 84). Most astounding is the rate at which heroin overdose deaths are occurring and the estimated medical costs of substance abuse in Huntington and Cabell County (Figure 85 and Figure 86). Ongoing data collection will support further analysis to understand prevalence and trends over time of drug dependence and substance abuse in Cabell County for heroin as well as other substances.

Figure 81. Drug offenses geographically, Cabell County, 2004.

Figure 82. Drug offenses geographically, Cabell County, 2014.

Source: Huntington Mayor’s Office on Drug Control Policy, 2015

Source: Huntington Mayor’s Office on Drug Control Policy, 2015
**Figure 83.** Grams of heroin seized per year in Huntington, 2010-2013.

Source: Huntington Mayor’s Office on Drug Control Policy, 2015

**Figure 84.** Drug overdose 911 calls, Cabell County, 2007-2014.

Source: Huntington Mayor’s Office on Drug Control Policy, 2015
Figure 85. Drug overdose death rates, Huntington compared to other cities, 2014-2015.

Source: Huntington Mayor’s Office on Drug Control Policy, 2015

Figure 86. Projected medical-related costs in Huntington due to substance abuse, 2015.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cost per</th>
<th>Est number</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose</td>
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<td>$770,000.00</td>
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<td>Overdose w/Hospital Admittance</td>
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<td>Complication - Cellulitis</td>
<td>300.00</td>
<td>1000</td>
<td>$300,000.00</td>
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<td>Complication - Abscess Complex</td>
<td>15,000.00</td>
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<td>Complication - Endocarditis</td>
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<td>Complication - Osteomyelitis &amp; Vascular</td>
<td>46,900.00</td>
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<td>Birth Cost Infant NAS</td>
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<td>Hepatitis B w/o Transplant</td>
<td>65,000.00</td>
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<td>$6,500,000.00</td>
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<td>Hepatitis C w/o Transplant</td>
<td>84,000.00</td>
<td>100</td>
<td>$8,400,000.00</td>
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<td>Liver Transplant</td>
<td>598,000.00</td>
<td>6</td>
<td>$3,588,000.00</td>
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</table>

Total: $49,882,000.00
ENVIRONMENTAL HEALTH

Environmental health is a new section of the assessment, as an update to the 2012 report. For purposes of this report, assessment of the physical environment includes the following: access to parks, annual average PM2.5 (particulate matter) concentration, housing stress, food insecurity measured as limited access to healthy foods, and living near highways.

Access to Parks

Safe, accessible, and affordable environments for physical activity (parks, playgrounds, community centers, schools, fitness centers, trails, and gardens) can increase activity levels. According to the City of Huntington, about 70% of Huntington residents live within ¾ of a mile of a park in the city itself (Figure 87). In addition, according to the CDC which evaluated this indicator for the County, when compared to other ‘like’ counties in the U.S., Cabell County ranks in the most favorable (upper) quartile, with 31% of people living in the county being located within one half mile from a park (Figure 88). The Paul Ambrose Trail for Health (PATH), supported by the City of Huntington and the Rahall Transpiration Institute, is under construction as a bicycle and pedestrian trail system to provide healthy recreational opportunities for the residents of the City. To date, 16.34 miles are complete, and an additional 26 miles of ‘PATH’ proposed. This effort will further support safe, accessible, and affordable recreational environments in Cabell County.

Figure 87. Green space in Huntington, WV.
Figure 88. Percent of people in Cabell County living within a half mile of a park, Cabell County and peer counties, 2010.

Source: CDC CHSI
Annual Average PM2.5 (Atmospheric Particulate Matter) Concentration

According to the CDC, poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. Particulate matter are microscopic solid or liquid matter suspended in the Earth's atmosphere. While some matter results from natural occurrences in the environment, other is manmade (e.g. burning of fossil fuels in vehicles and power plant emissions).

The size of the particle is the primary determining factor regarding where in the respiratory tract the particle will come to rest when inhaled. Fine PM, particles smaller than 2.5 micrometers, PM2.5, are able to penetrate into the gas exchange regions of the lungs and thus, the measure of ‘annual average PM2.5’ reflects the environment for this indicator. Progress has been made to reduce unhealthy air emissions, but, in 2008, approximately 127 million people lived in U.S. counties that exceeded national air quality standards. In Cabell County, the annual average concentration of PM2.5 was 13.3 (µg/m3) in 2008 when the most recent data is available. The number of days when the maximum ozone concentrations exceeded the regulatory standard established by the EPA in 2008 was 1.0 days and the number of days the air was rated unhealthy for PM2.5 was 0 days. When compared to ‘like’ counties in the U.S., Cabell ranks in the least favorable quartile, and in fact, is ranked near the bottom of that quartile (Figure 89).

Figure 89. Annual average concentration of PM2.5, Cabell County, 2008

Source: CDC CHSI
Housing Stress

According to the CDC, the physical living environment, which includes housing and institutional settings, can support health. The quality of housing in a community has been directly associated with positive physical and mental well-being. The way in which homes are designed, constructed, and maintained, as well as their physical characteristics, and presence or absence of safety devices can influence illness, injury, and health status. For purposes of this assessment, ‘housing stress’, as an indicator of health in a community, is defined as homes built before 1950, homes built between 1950 and 1979, and vacant residential properties to derive an overall.

Based on 2008-2012 combined data, in Cabell County, the percentage of homes built prior to 1950 was 32.7%, compared to the peer median of 9.6% for like counties and the U.S. median of 18.8%. The percentage of homes built between 1950 and 1979 was 40.1%, compared to the peer median of 36.3% and the U.S. median of 36.9%. Also, the percent of vacant residential properties was 12.3%, compared to the peer median of 12.7% and the U.S. median of 14.7%. Overall, for Cabell County, the percent of housing defined as stressed is 27.3% or about 1 in every 4 homes. For ‘housing stress’, Cabell County is ranked in the middle two quartiles (Figure 90).

Figure 90. Percent of housing defined as stressed, Cabell County, 2008-2012).

Source: CDC CHSI
Food Insecurity (Limited Access to Healthy Foods)
According to the CDC, low-income and minority neighborhoods are less likely to have access to recreational facilities and full-service grocery stores and more likely to have higher concentrations of retail outlets for tobacco, alcohol, and fast foods. In Cabell County, a total of only 3.3% of people who are low-income ‘do not’ live close to a grocery store. For this indicator, when compared to ‘like’ counties, Cabell County is ranked in the most favorable quartile (Figure 91). It should be noted that this measure of food insecurity takes both proximity to healthy foods and income into account. However access to or use of food stamps among eligible families is not considered.

Figure 91. Percent of low-income individuals ‘not’ living near a grocery store, Cabell County, 2010).

Source: CDC CHSI
Living Near Highways
According to the CDC, numerous studies have documented that concentrations of traffic-related pollutants are highest in the near-road environment. A recent review determined that there is sufficient evidence of a causal association between exposure to traffic-related air pollution and asthma exacerbation. Furthermore, there is suggestive evidence of a causal association for onset of childhood asthma, non-asthma respiratory symptoms, impaired lung function, all-cause mortality, cardiovascular mortality, and cardiovascular morbidity. In Cabell County, the percent of the population living within 150 meters of a Highway in 2010 was 4.0%. Compared to like counties for this physical environment indicator, Cabell County is ranked in the least favorable quartile (Figure 92).

Figure 91. Percent of individuals living within 150 meters of a highway, Cabell County, 2010.)
CDC COMMUNITY HEALTH STATUS INDICATORS

In 2015, updated Community Health Status Indicator (CHSI) profiles were released by the Centers for Disease Control and Prevention. The CHSI establishes a health status profile for each of the 3,143 counties in the U.S. and the District of Columbia. As such, the Cabell County profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and Healthy People 2020 targets.

The table that follows provides a summary comparison of the value of each of the indicators in the 2015 report for Cabell County with demographically similar ‘peer counties’ across the U.S., as well as to the U.S. as a whole, and to HP 2020 targets. Peer county values for each indicator were ranked and then divided into quartiles with ‘better’ representing the upper or most favorable quartile, ‘moderate’ representing the middle quartiles, and ‘worse’ representing the bottom or least favorable quartile for Cabell County. Individual indicators and graphics have been incorporated throughout this report, where appropriate.
<table>
<thead>
<tr>
<th>Mortality</th>
<th>Better</th>
<th>Moderate</th>
<th>Worse</th>
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</thead>
<tbody>
<tr>
<td>Motor vehicle deaths</td>
<td>Coronary heart disease deaths</td>
<td>Alzheimer’s disease deaths</td>
<td>Cancer deaths</td>
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<td></td>
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<td>Male life expectancy</td>
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<td></td>
<td></td>
<td></td>
<td>Stroke deaths</td>
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<td></td>
<td></td>
<td></td>
<td>Unintentional injury</td>
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<td></td>
<td></td>
<td></td>
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<td>Adult overall health status</td>
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<td></td>
<td></td>
<td></td>
<td>Alzheimer’s diseases/deaths</td>
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<td></td>
<td>Cancer</td>
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<td>HIV</td>
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<td></td>
<td></td>
<td></td>
<td>Older adult depression</td>
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<td></td>
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<td></td>
<td>Preterm births</td>
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<td></td>
<td></td>
<td></td>
<td>Syphilis</td>
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<tr>
<td>Morbidity</td>
<td>Adult obesity</td>
<td>Older adult asthma</td>
<td>Cost barrier to care</td>
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<td>------------------------</td>
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</tr>
<tr>
<td>Health Care Access/Quality</td>
<td>Primary care provider access</td>
<td>Older adult preventable hospitalizations</td>
<td>Uninsured</td>
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<tr>
<td>Health Behaviors</td>
<td>Adult binge drinking</td>
<td>Adult female routine pap smears</td>
<td>Adult physical inactivity</td>
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<td></td>
<td></td>
<td>Adult smoking</td>
<td>Teen births</td>
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<td>Social Factors</td>
<td>Unemployment</td>
<td>High housing costs</td>
<td>Children in single-parent households</td>
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<tr>
<td></td>
<td></td>
<td>Inadequate social support</td>
<td>On time high school graduation</td>
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<tr>
<td></td>
<td></td>
<td>Violent crime</td>
<td>Poverty</td>
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<tr>
<td>Physical Environment</td>
<td>Access to parks</td>
<td>Housing stress</td>
<td>Annual average PM2.5 concentration</td>
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<tr>
<td></td>
<td>Limited access to healthy food</td>
<td></td>
<td>Living near highways</td>
</tr>
</tbody>
</table>
COMMUNITY ASSETS AND RESOURCES

The documentation of assets and resources in a community, as part of a community health assessment process, provides a data set or evidence base upon health improvement strategies can be based. This assures that the plan that is ultimately developed is realistically achievable, and does not merely represent what people would like to see done. When establishing specific health improvement efforts it also enables identification of what additional resources are needed.

In Cabell County, the Cabell County Family Resource Network established the ‘Cabell County Quick Guide’ as an at a glance phone list of organizations serving the county (Appendix A). The list is comprised of various organizations and entities within the community, as well as the services they offer. This resource can be easily accessed by anyone online at the Cabell County Family Resource Network (CCFRN) website (http://www.cabellfrn.org/resources). It is also regularly updated and distributed annually through the mail to over 500 establishments in a community resource packet.

The ‘Guide’ includes resources for the following:

- City Offices
- Community Services Organizations
- Counseling and Behavioral Health
- County Offices
- Crisis and Emergency Needs
- Disability Organizations/Resources
- Drug Crimes Hotlines
- Early Childhood/Development/Day Care
- Health Care/Nutrition
- Education, Employment & Training
- Federal Offices
- Hospitals
- Housing/Home Ownership
- Legal Issues
- Recreation
- Senior Services
- Social Security
- Social Services & Assistance
- State Offices
- Substance Abuse – Prevention & Treatment
- Transportation
PRIORITIZATION PROCESS AND CRITERIA
DESCRIPTION OF PRIORITIZED NEEDS
### Cabell County Quick Guide - Last Updated: March 2015

<table>
<thead>
<tr>
<th>CITY OFFICES</th>
<th>COMMUNITY SERVICE ORGANIZATIONS</th>
<th>COUNSELING BEHAVIORAL HEALTH</th>
<th>HEALTH CARE/NUTRITION</th>
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<tbody>
<tr>
<td>NOTE: All area codes are (304) unless noted.</td>
<td>Cabell Co. Family Resource Network 697-0255</td>
<td>Cabell Huntington Hospital Pastoral Care 526-2049</td>
<td>American Cancer Society (24 hr. cancer resources, prevention, early detection info) 1-800-225-2345</td>
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<td></td>
<td>Cabell Hunt. Coalition for the Homeless 523-2764</td>
<td>Family Service of Goodwill Industries 523-9454</td>
<td>American Heart Association 1-800-926-4278</td>
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<td>Communities In Schools of Cabell Co 697-0256</td>
<td>Homeless Veterans Outreach Center 529-9142</td>
<td>Cabell-Hunt. Health Department 523-6483</td>
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<td>KISRA 529-0038</td>
<td>Huntington Behavioral Health 523-1142</td>
<td>Disease Control AIDS &amp; STD, Hep B 523-3380</td>
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<td></td>
<td>Marcum Terrace Family Resource Center 526-4471</td>
<td>KVC Behavioral Health Care 272-5517</td>
<td>Disease Infectious 523-6783</td>
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<td>Mission WV 562-0723</td>
<td>Life Encouragement Outreach @ Christ Temple (counseling &amp; support groups) 781-6526</td>
<td>Ebenezer Medical Outreach 529-0753</td>
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<td>United Way, Cabell Co. Substance Abuse Prevention Partnership, Education Matters, Financial Stability, &amp; Success by 6 523-8929</td>
<td>Marshall University Psychology Clinic 696-2772</td>
<td>Family Planning Women’s Health 523-3380</td>
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<tr>
<td></td>
<td>Volunteer WV &amp; AmeriCorps 800-WV-HELP</td>
<td>Oak Ridge Treatment Center, Inc (PAIS) 522-8646</td>
<td>Hospice of Huntington 529-4217</td>
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<td></td>
<td>WV National Guard Family Program 561-6545</td>
<td>Oasis Behavioral Health 733-3331</td>
<td>The Leukemia &amp; Lymphoma Society 502.719.0547</td>
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<td><strong>COUNSELING BEHAVIORAL HEALTH</strong></td>
<td>Prester Center for Mental Health Services 525-7851</td>
<td>Make-A-Wish Foundation 1-304-342-9474</td>
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<td><strong>CRISIS &amp; EMERGENCY NEEDS</strong></td>
<td>Problem Gamblers Help Network of WV 1-800-426-2537</td>
<td>Marshall University Speech &amp; Hearing Clinic 696-3641</td>
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<td><strong>COUNTY OFFICES</strong></td>
<td>Starlight Behavioral Health Services 302-2078</td>
<td>Medicaid 528-5800 (DHHR)</td>
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<tr>
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<td>(See Blue Pages under Huntington, City of)</td>
<td>The Word House 523-9673</td>
<td>Medicare 1-800-MEDICARE</td>
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<td><strong>DISABILITY</strong></td>
<td>VH-Aging Disability &amp; Resource Center 304-390-0075</td>
<td>National Poison Control Center 1-800-222-1222</td>
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<td>Workforce WV Disability Navigator 528-5525</td>
<td>Right from the Start 302-0810</td>
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<td><strong>DRUG CRIMES HOTLINES:</strong> If you are aware of crimes or suspicious activities, you can call the confidential hotlines:</td>
<td>University Physicians 691-1000 &amp; Surgeons 691-1600</td>
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<tr>
<td></td>
<td></td>
<td>Huntington Police Department 696-4444</td>
<td>University Pediatrics – Main Office 691-1300</td>
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<td></td>
<td>Cabell Sheriff’s Office 526-8442</td>
<td>University Pediatrics- Parent Partners in Ed 691-1393</td>
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<td><strong>EARLY CHILDHOOD/DEVELOPMENT/DAY CARE</strong></td>
<td>Valley Health System (main #, sites below) 525-3334</td>
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<td>A New Beginning Crisis Pregnancy Center 697-0411</td>
<td>o VH-A Women’s Place 697-2014</td>
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<td>Birth to Three 523-5444</td>
<td>o VH-Cabell Midland 743-7495</td>
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<td>Head Start &amp; Pre-K 697-4600</td>
<td>o VH-Diagnostics Lab 525-0573</td>
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<td>LINK Child Care Resource &amp; Referral 1-800-894-9540</td>
<td>o VH - East Huntington 399-3310 &amp; Dental 399-3311</td>
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<td>River Valley Child Dev 523-3417</td>
<td>o VH-Harmony House Homeless Health Care 523-2764</td>
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<td>TEAM for WV Children (CASA - Court Appointed Special Advocate, Mountain State Healthy Families) 523-9587</td>
<td>o VH-Highlawn 781-5138</td>
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<td>WV Aging Disability &amp; Resource Center 304-390-0075</td>
<td>o VH-Huntington 525-0572</td>
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<tr>
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<td></td>
<td>Workforce WV Disability Navigator 528-5525</td>
<td>o VH-Huntington High 528-6445</td>
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<td><strong>HEALTH CARE/NUTRITION</strong></td>
<td>o VH-Huntington Middle, Southside Elem 528-2070</td>
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<td>(See Counseling)</td>
<td>o VH- Milton 743-1407</td>
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<td>o VH at Prestera BRIGHT Program 399-7770</td>
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<td>o VH-Pharmacy 525-4112</td>
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<td>o VH – Southside 529-0645 &amp; Dental 523-6955</td>
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<td>WIC-Cabell 1-800-953-1009, 302-2013</td>
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<td>WV Organ Donor Affiliates 523-5775</td>
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<tr>
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<td></td>
<td>WV Breast &amp; Cervical Cancer Screening 558-5388</td>
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• Family Advocacy Support & Training …..1-866-255-4370
• Goodwill Industries……………………………………523-7461
• Grace Gospel Ministries (Deaf Services)………522-8635
• Green Acres Regional Center………………………762-2520
• Human Resource Development Foundation ………429-1085
• Marshall –Disabled Student Services……………..696-2271
• Mountain State Centers for Independent Living…525-3324
• ResCare/Voca Corp……………………………………522-3548
• Tangible Alternatives…………………………………523-7670
• WV Rehabilitation……………………………………528-5585

• WV Children’s Health Project………..1-877-WVA-CHIP
• WV Veterans Home of Barboursville………………736-1027

** NOTE: If you cannot find a service or specialized service listed, i.e. support groups, Medicaid waiver providers, & referrals - CALL 2-1-1, Information & Referral 528-5660, or search their database at http://services.cabell.lib.wv.us/
Cabell Co. FRN: www.cabellfrn.org - Look for Quick Guide, and resource website links
# FEDERAL OFFICES
- Unlimited Future, Inc. ……….697-3007
- WV Insurance Dept………..1-888-879-9842
- Family Court Judge…………….526-8535
- Goodwill Industries…………….523-7461
- Mountwest Community & Tech College…….866-676-5533
- RESA II…………………………….529-6205
- Region II Workforce Investment Bd……..429-5900
- Southern Community Action Council……525-5151
- Tri-State Literacy Council…………..528-5700
- Unlimited Future, Inc……………………697-3007
- Workforce WV, Huntington Job Services……528-5525
- WVU Cooperative Extension Services……..743-7131

# STATE OFFICES (See Blue Pages under US Government)
- Cabell Huntington Hospital……………526-2000
- Health South Rehabilitation Center……..733-1060
- Mildred Mitchell Bateman Hospital……….525-7801
- River Park Hospital……………………526-9111
- St. Mary’s Medical Center…………….526-1234
- VA Medical Center………………….429-6741

# HOUSING/ HOME OWNERSHIP
- Cabell, Huntington, Wayne Housing Consortium (home buyer program)…………….696-4457
- Huntington Housing Authority…………524-4400
- Habitat for Humanity-Cabell………….523-4822

# LEGAL ISSUES
- Child Support Enforcement…………..1-800-249-3778
- Family Court Judge………………….526-8535
- Legal Aid of WV 697-2070 & applications 1-866-255-4370
- Juvenile Court Referee…………………….526-8617
- Ombudsman services Legal Aid…………526-8354
- WV Consumer Hotline (Attorney General) 1-800-368-8808
- WV Insurance Dept………………….1-888-879-9842
- WV State Free Legal Info…………….1-800-642-3671 (Tues. 6-8pm)
- WV State Bar, Lawyer Referral Services…………1-304-558-7991
- WV Legislative Info…………………http://www.legis.state.wv.us/

# RECREATION
- Convention & Visitors Bureau…………525-7333
- Heritage Farm and Museum…………..522-1244
- Huntington Museum of Art………………529-2701
- Park District (Greater Huntington)……..696-5954
- State of WV (Tourism)……………1-800-CALL-WVA

# SENIOR SERVICES
- Cabell Co. Community Service Organization…529-4952
- Hanshaw Geriatric Center ……………….691-1010
- Meals on Wheels…………………………529-4952
- Metro Area on Aging-Eldercare…………1-800-677-1116
- WVU Center on Aging……………………1-304-293-2968

# SOCIAL SECURITY
- US Social Security Administration (Local)….1-866-931-7078
- US Social Security (Gen. Info.) (7am-7pm)………………………………….1-800-772-1213

# SOCIAL SERVICES & ASSISTANCE
- Braley & Thompson/ResCare (Youth service & Foster care, Disability Waiver, Home Care)…………744-2155
- Salvation Army………………………529-2401
- ECCHO (Eastern Cabell Co. Humanities Org)…………..743-9238
- WV Dept. of Health & Human Resources/Welfare……528-5800

# TRANSPORTATION
- City Buses, Tri-State Transit Authority……529-7433
- Dial-A-Ride (Pre-registration needed)……..529-7700
- Yellow Cab……………………………529-7131
- WV Dept. Transportation Road Conditions.1-877-982-7623
- WV Motor Vehicles Division………………1-800-642-9066

This information is not a comprehensive listing of services. It has been compiled by Information & Referral, Cabell Co. Family Resource Network, Cabell Co. Dept. of Health & Human Resources, Mountain State Healthy Families & United Way Cabell Co. Substance Abuse Prevention Partnership. **RESOURCES SITES**: CCFRN does not accept responsibility for the content or accuracy of any of the other sites.
Ages & Stages Child Development: http://agesandstages.com
AARP Foundation Benefits Quick: http://www.benefitscheckup.org
Cabell County Library: http://cabell.lib.wv.us/
Cabell Co. Student Empowerment Team: www.cabellempower.org
Child Abuse Prevention: www.preventchildabusewv.org
Dollar Energy Fund (Utility assistance): http://www.dollarenergy.org
Discovering What kids need to succeed: http://www.search-institute.org
Legal Aid of free advocacy services: www.lawv.net
LINK Childcare Resource & Referral: http://linkccrr.org
Medicaid providers: http://www.mountainhealthtrust.com
Medicine discount: http://www.needymeds.org & www.familywize.org
Military OneSource: www.militaryonesource.com

National Family Caregiver Assoc: www.nfcacares.org
“Parenting Counts” Teaching Strategies: http://www.talaris.org
The Leukemia & Lymphoma Society: www.LLS.ORG
Retirement, Senior info: http://www.55communityguide.com/
United Way of the River Cities: http://www.unitedwayrivercities.org
WV Aging & Disability Resource Ctr: http://www.wvnavigate.org
WV Strengthening Families: www.strengtheningfamilieswv.org
WV CHIP: http://www.chip.wv.gov
WV Children’s Trust Fund: http://www.wvctf.org
WV National Guard Bureau Support: www.jointservicessupport.org
