

Minnie Hamilton Health System

Community Health Needs Assessment

Prepared for: Minnie Hamilton Health System, Grantsville, West Virginia

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Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition
ACA	Affordable Care Act
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
FQHC	Federally Qualified Health Center
Health Affairs	West Virginia University Health Affairs Institute
MHHS	Minnie Hamilton Health Systems
WVU	West Virginia University

Minnie Hamilton Health System
2025 Community Health Needs Assessment

1 Background and Introduction

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop a Community Health Improvement Plan (CHIP) at least every three years. This includes defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs. The Minnie Hamilton Health System (MHHS) CHNA identifies the following prioritized needs.

- Obesity
- Chronic Disease (Diabetes, Cardiovascular, Cancer)
- Access to Care

This document will inform creation of the CHIP, which will be developed following the completion of the 2025 CHNA. It will specify planned actions to be taken by MHHS and community partners, available resources, anticipated steps for planning and implementation of activities or programs, and a plan for evaluating these activities. MHHS partnered with West Virginia University's Health Affairs Institute to complete this CHNA. A CHNA leadership team including hospital and community representation was convened by MHHS to inform and guide the process.

1.1 About Minnie Hamilton Health System

Named after a beloved nurse, Minnie Hamilton Health Center was formed in 1983 and by 1987 became a community health center. With the closure of Calhoun General Hospital in 1995, the community along with local providers, consultants, and both federal and state government came together to transform the community health center into Minnie Hamilton Health Systems (MHHS). MHHS's mission is to improve the health quality of life of all people within the service area through an innovative delivery system of services and education. In the present, Minnie Hamilton Health System includes comprehensive vertically integrated health care delivery through a critical access hospital, community health center (FQHC), school-based health center sites, a nursing home unit, a swing bed unit, oral health care, rural health clinic, and 340B pharmacy services. The Minnie Hamilton Health System continues to evolve to respond to the needs of the region.

Previous MHHS CHNA Findings

The most recent CHNA was adopted in 2022. It included primary data collection via a community survey, and a review of secondary data to assess characteristics of and risk factors facing the community. Further resident input was gathered at a community meeting and survey data presentation hosted by MHHS. The final report identified three main health priorities, with the follow-up CHIP report detailing goals and strategies for each:

- Substance Use and Abuse (including tobacco and alcohol)
- Mental Health
- Obesity and Co-Morbid Chronic Disease

1.2 Definition of the Community Served

For the 2025 process, the CHNA leadership team considered community changes, other regional data collection potentially underway, and again defined the community served for this assessment as Calhoun, Gilmer, and Wirt counties in West Virginia.

Figure 1: MHHS Service Area

Minnie Hamilton Health System County Coverage



WVU Health Affairs Institute

Table 1 contains information from the [U.S. Census Bureau](https://www.census.gov) and shows the most current data for the three counties in Minnie Hamilton Health System’s service area.¹ It outlines some basic demographics, as well as information about health insurance coverage and poverty levels.

Table 1: US Census ACS Tables - WV Service Counties

	Calhoun, WV	Gilmer, WV	Wirt, WV
Population	6,229	7,376	5,131
Residents under 18	1,181	1,166	1,096

Non-white or +2 race	4.1%	18.1%	3.1%
Hispanic or Latino	0.5%	3.6%	0.0%
High school education or more	85.9%	81%	88.9%
Bachelor's degree or more	10.1%	19.9%	16.2%
Under 65 yrs. and no insurance	26.2%	16.9%	11.1%
Persons living in poverty	33.4%	12.9%	18.3%

2 Methodology and Community Input Process

The 2025 CHNA process started with a review of the previous cycle’s needs assessment priorities, activities over the previous few years, and changes to the community such as to population or employers. It also included review of publicly available secondary data related to counties within Minnie Hamilton Health System’s service areas. These data included the above US Census data and County Health Rankings Data (Appendix A).

Using these reports to begin, the leadership team started the initial discussion around health needs and lessons learned from the last CHNA cycle’s health topic prioritization and development of implementation activities. Primary data collection was conducted by surveying community members in the service area to gather information about health issues, quality of life, and other related topics. Survey data was analyzed and presented back to the leadership team and community partners of Minnie Hamilton Health System at a data presentation in November 2025. This presentation was focused on reviewing the survey data, discussing community assets, and existing essential services that may help inform community benefit planning for MHHS’s CHNA process, as well as discussing the needs of those not well-represented in the survey data.

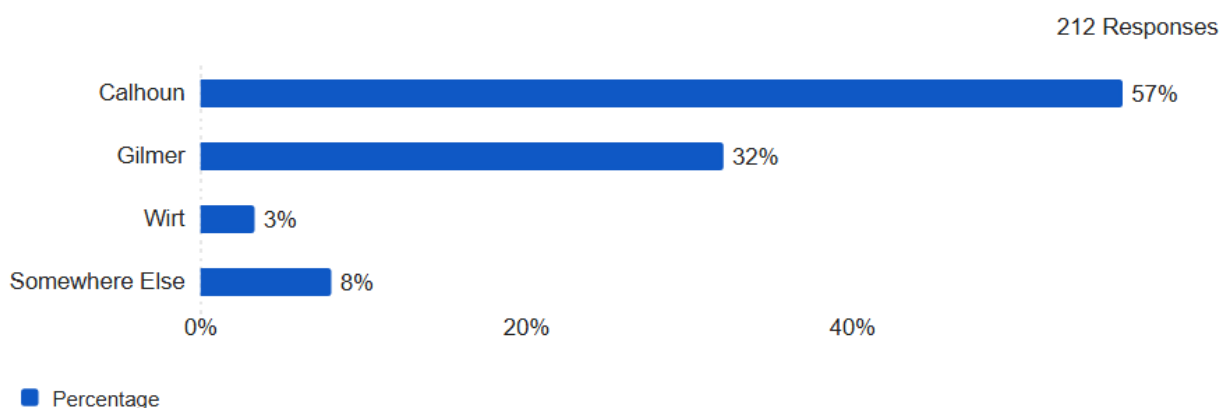
2.1 Primary Methods of Collecting and Analyzing Information

Two primary sources of data were used to prioritize health topics for development of community benefit activities: (1) a community health perceptions survey and (2) a data presentation to leadership and community partners. The community survey (Appendix B) was developed by WVU Health Affairs with the Minnie Hamilton Health System’s CHNA leadership team. Question topics included health concerns, access to care, life experiences such as food or housing insecurity, awareness of services in the area, questions about needs of the respondent and their

perceptions of needs of youth in the community. The survey also included questions about demographic information including gender and income - this allowed the HAI team to understand how well the data represented the overall community.

To collect this feedback, data was collected anonymously from residents aged 18 and older from October 6th - November 7th, 2025. The survey was shared via a web-based platform called Qualtrics, and it reached local residents via social media, other information channels, and with assistance from hospital staff, partners, and collaborating organizations. This survey was not intended to be a representative sample of residents of these three counties, but rather a way to understand perception of health needs. A total of 212 surveys were completed by community members from the area. Limitations included disproportionately low representation from males and from non-white community members.

Figure 2: Response by County



At the conclusion of the survey data collection, analysis was conducted by the WVU Health Affairs team. Results were presented back to the Leadership Team in aggregate (Appendix C), and broken down by income, age, and other demographics to ensure there was no significant variation in responses among groups (Appendix D). The team discussed the results alongside known health issues in the community, experiences in their own clinical and other professional settings, resources and essential services already in place to address some of the top issues, and initial thoughts about further addressing the most prevalent community concerns.

Additional information was collected through feedback and discussion at a data presentation hosted in November 2025. This meeting's discussion included input about community health needs and thoughts about groups and organizations already providing programs and activities addressing top health concerns of the community. Survey results were presented to this group, gaps and changes since last cycle were discussed, and strategies for improving health outcomes in the top areas were shared. More details on the makeup of this session are found below.

2.2 Leadership Team and Community Partners

Minnie Hamilton Health Systems’ CHNA leadership team and partners provided detailed input throughout the process of developing the CHNA. These individuals informed the community health perceptions survey and were key to sharing it into the community. They were also tasked as a group with collaborative discussion of primary and secondary data to determine health priorities, and worked to compile a list of existing resources, programs, and policies, as well as fresh ideas or potential partnerships for addressing each area of concern.

MHHS CHNA Process Leadership Team

- Grant Memorial Hospital
- Calhoun County Family Resource Network
- Calhoun County Schools
- Glenville State University
- Prime Energy Services
- St. Joseph’s Ambulance Services

3 Community Health Needs Prioritization

At the conclusion of the data presentation and discussion with community partners, the leadership team discussed data, presentation input, and the past few CHNA cycles’ lessons learned to identify priority areas that will be the focus of community benefit implementation strategies.

Leadership reviewed closely the top concerns raised across health categories.

Table 22: Community Health Perceptions - Health and Disease

Top Health Concerns	
Substance use/abuse	53%
Mental health problems	52%
Obesity	35%
Access to health care	27%
Diabetes	25%
Food insecurity or access to nutritious foods	24%

They also reviewed respondents’ selections about statements that applied to them: while most have health insurance (82%), have had a routine check-up in the past 12 months (73%), can access medical care (57%) including telehealth (60%), and have people to talk to in life (86%) and safe places to be outdoors (70%), there were many things to consider when it comes to

planning community benefit strategies. Forty-five percent of respondents are over 30 minutes from the nearest hospital, twelve percent say they need more information about telehealth medical services before deciding if they will use them, and either cannot afford or cannot access health insurance. Fifteen percent of respondents have worried that their food would run out at some point in the past 12 months, 31 percent have had a hard time paying for the basics such as food and housing in the past month, and six percent have missed an appointment in the past year because they did not have a way to get there.

When comparing across demographics, top health concerns remained largely consistent. For example, both men and women listed substance use/abuse and obesity among their top three concerns. Men also identified diabetes as a top concern, while women identified mental health issues. Substance use/abuse and obesity were among the top concerns of both white and non-white respondents, with respiratory issues rising to the top three for non-white respondents. Across age and income levels, substance use/abuse, mental health issues, and obesity were consistently among the top health concerns.

Respondents were asked to share who they trust when they have questions about their health. Top selections included “my own doctor” (88%), family or friends (37%), a different local clinic or medical provider (25%), federal organizations like the CDC (21%), and the local health department (15%). Some respondents used web-based resources the most (14%), while others turned to nonprofits such as the American Cancer Society (12%) when they need information. This information may help hospital leadership target outreach and education efforts within the community.

Survey respondents were also asked to share things that they need in their own lives, providing topics that fell into these three top categories: food, affordable health insurance coverage, transportation, and cost of health care. They were also asked to share perceptions of the needs of young people under the age of eighteen and provided suggestions in the following top categories: responses related to mental health, substance use, nutrition, health and sex education, community recreation, and tobacco/vaping.

When asked in an open-ended question for suggestions to address health concerns, those who took the survey frequently answered with ideas that fell into the following categories:

- Social Services - Including for seniors, lower income residents, and transportation needs
- Built environment - Trails, sidewalks, safe outdoor spaces for physical activity
- Access to care - Including cost, financial assistance, stigma, and access to mental health care
- Nutrition - Healthy restaurants and grocery options, food assistance, programs/classes for nutrition education
- Education - Including efforts to promote wellness, collaboration with youth education, and health literacy

3.1 Prioritization Process

Survey data, secondary data, data presentation discussion with partners, and lessons learned from the last CHNA cycle were all considered during Minnie Hamilton Health System’s prioritization decision-making. The group considered projects, or programs already underway for each, collaboration driven by partners and supported by MHHS, level of importance placed on each by the community relative to the reach of MHHS’s impact, and more.

Leadership paid particular attention to the demographics of respondents compared to the community (Appendix E) so they could understand gaps in community members’ representation – this was important for consideration when interpreting data response. They also closely reviewed feedback gathered about access to healthcare (Appendix F). Within this discussion of where and how the hospital can potentially affect community health outcomes, what could be accomplished in collaboration with new and existing partners, and what topics to monitor and potentially revisit later, the list of top health concerns was organized into three areas that will be the focus moving forward with implementation planning.

- Obesity
- Chronic Disease (Diabetes, Cardiovascular, Cancer)
- Access to Care

3.2 Potential Resources

The following table includes ideas for implementation strategy development and/or continuation. It will be used to springboard conversation at the implementation planning stage.

Table 33: Potential Community Resources

Potential Community Resources
Enhanced patient follow-up communication
Nutrition education programs
Telehealth medicine outreach education
WV Food FARMacy
Vandalia Health System partnership

4 Evaluation of Previous Activities

Minnie Hamilton Health System has provided community benefit during this implementation cycle through assorted programs and activities that aim to expand access to health care, offer community resources, and address priority health concerns. These include but are not limited to:

- Participation in FARMacy WV, a fresh produce program
- Provision of school-based health care including medical and dental services
- Diabetes Support Group

- Twice yearly blood drive
- Twice yearly community health fairs with low-cost lab work
- Veteran’s Day dental services
- R Moms program
- Freedom from Smoking program

MHHS also has policy and programming to lower prescription drug costs for patients, transportation assistance for patients, conducts social determinants screenings with patients to identify opportunities for outreach, and aims to increase access to health care by providing medical and dental services on a sliding scale.

5 Conclusion

Each of the top priorities identified in the 2025 CHNA are consistent with concerns raised in 2022. The 2025 CHNA identified four priorities to guide MHHS’s efforts to improve the health of community members:

- Obesity
- Chronic Disease (Diabetes, Cardiovascular, Cancer)
- Access to Care

Hospital leadership discussion of implementation planning steps is already underway, as is consideration of new program opportunities. The Health Affairs Team will work with the hospital to develop their Community Health Implementation Plan (CHIP), which will serve as their roadmap for continuing or building community benefit strategies.

6 Appendices

Appendix A - County Health Rankings & Roadmaps

Appendix B - Community Health Perceptions Survey

Appendix C - Aggregate Data

Appendix D - Demographic Breakdowns

Appendix E - Community Demographics vs. Response Demographics

Appendix F - Responses Regarding Access to Care



COUNTY
Calhoun, WV

2025 ▼

County Demographics

The health of a place results from past and present policies and practices. The land known as Calhoun County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Calhoun County, West Virginia is Rural. In Calhoun County, 100% of the population lives in a low population density area.

County Snapshot

This county's snapshot covers: Population Health and Well-being, Community Conditions

The skittles diagram, Areas to Explore, and Areas of Strength are based on our annual data update. However, individual measures may reflect more recent data releases to ensure the most accurate and up-to-date statistics available.

Calhoun County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Calhoun 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.

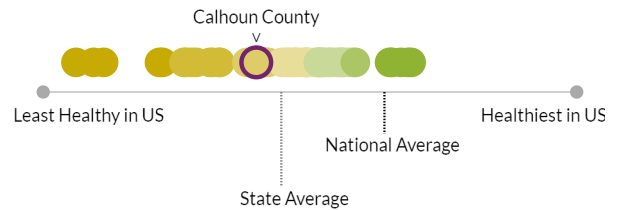


Diagram summarizes data released on 03/19/2025

Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Population Health and Well-being				
Length of life		Calhoun County	West Virginia	United States
Premature Death		16,600 ‡	13,000 ‡	8,100 ‡
Additional Length of life (not included in summary)		Calhoun County	West Virginia	United States
Life Expectancy		69.9 ‡	72.4 ‡	77.6 ‡
Premature Age-Adjusted Mortality		680 ‡	610 ‡	390 ‡
Child Mortality		‡	60 ‡	50 ‡
Infant Mortality		‡	7 ‡	6 ‡
Quality of life		Calhoun County	West Virginia	United States

Poor Physical Health Days		6.3	5.2	3.9
Low Birth Weight		8%	10%	8%
Poor Mental Health Days		7.3	6.7	5.1
Poor or Fair Health		29%	23%	17%
Additional Quality of life (not included in summary)		Calhoun County	West Virginia	United States
Frequent Physical Distress		19%	17%	12%
Diabetes Prevalence		15%	14%	10%
HIV Prevalence		94	150	387
Adult Obesity		45%	42%	34%
Frequent Mental Distress		25%	23%	16%
Suicides		35 †	19 †	14 †
Feelings of Loneliness		35%	31%	33%

Note: Blank values reflect unreliable or missing data.

Calhoun County Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

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

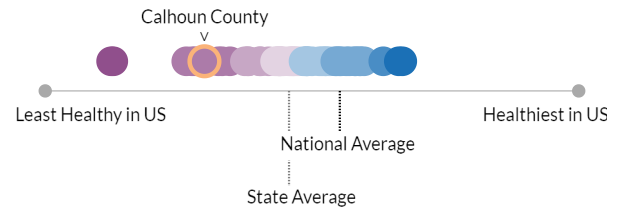








Diagram summarizes data released on 03/19/2025












[Show areas to explore](#) [Show areas of strength](#)  Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Community Conditions				
Health infrastructure		Calhoun County	West Virginia	United States
Flu Vaccinations		24%	41%	48%
Access to Exercise Opportunities		28%	59%	84%
Food Environment Index		4.9	6.5	7.4
Primary Care Physicians		1,520:1 †	1,250:1 †	1,310:1 †
Mental Health Providers		1,960:1 †	460:1 †	290:1 †
Dentists		1,490:1 †	1,680:1 †	1,340:1 †
Preventable Hospital Stays		1,776	3,938	2,666
Mammography Screening		44%	42%	44%
Uninsured		8%	7%	10%
Additional Health infrastructure (not included in summary)		Calhoun County	West Virginia	United States
Limited Access to Healthy Foods		13%	8%	6%

Appendix A - County Health Rankings

Food Insecurity		24%	15%	14%
Insufficient Sleep		44%	43%	37%
Teen Births		23	23	16
Sexually Transmitted Infections		148.3	250.7	495.0
Excessive Drinking		16%	16%	19%
Alcohol-Impaired Driving Deaths		43% ‡	27% ‡	26% ‡
Drug Overdose Deaths		‡	79 ‡	32 ‡
Adult Smoking		27%	22%	13%
Physical Inactivity		38%	28%	23%
Uninsured Adults		9%	9%	11%
Uninsured Children		2%	3%	5%
Other Primary Care Providers		590:1 †	470:1 †	680:1 †
Physical environment		Calhoun County	West Virginia	United States 
Severe Housing Problems		6%	11%	17%
Driving Alone to Work		92%	79%	70%
Long Commute - Driving Alone		56%	35%	37%
Air Pollution: Particulate Matter		6.8	6.7	7.3
Drinking Water Violations		Yes		
Broadband Access		73%	84%	90%
Library Access		<1	1	2
Additional Physical environment (not included in summary)		Calhoun County	West Virginia	United States 
Traffic Volume		0	49	108
Homeownership		82%	74%	65%
Severe Housing Cost Burden		4%	10%	15%
Access to Parks			15%	51%
Adverse Climate Events		0		
Census Participation		45.2%		65.2%
Voter Turnout		51.0%	55.6%	67.9%
Social and economic factors		Calhoun County	West Virginia	United States 
Some College		34%	57%	68%
High School Completion		86%	89%	89%
Unemployment		7.2%	3.9%	3.6%
Income Inequality		4.6	5.1	4.9
Children in Poverty		25%	20%	16%
Injury Deaths		167 ‡	151 ‡	87 ‡
Social Associations		4.9	12.6	9.1
Child Care Cost Burden		40%	36%	28%
Additional Social and economic factors (not included in summary)		Calhoun County	West Virginia	United States 
High School Graduation			91%	87%
Reading Scores				3.1
Math Scores		3.1	2.7	3.0
School Segregation			0.16	0.24
School Funding Adequacy		\$1,007	\$1,798	\$1,411

Appendix A - County Health Rankings

Children Eligible for Free or Reduced Price Lunch				55%
Gender Pay Gap		0.58	0.77	0.81
Median Household Income		\$45,800	\$55,900	\$77,700
Living Wage		\$40.80	\$41.54	
Child Care Centers			4	7
Residential Segregation - Black/White			61	63
Homicides		‡	6‡	7‡
Motor Vehicle Crash Deaths		23‡	16‡	12‡
Firearm Fatalities		‡	18‡	14‡
Disconnected Youth			8%	7%
Lack of Social and Emotional Support		27%	26%	25%

Note: Blank values reflect unreliable or missing data.

COUNTY
Gilmer, WV

2025 ▼

County Demographics

The health of a place results from past and present policies and practices. The land known as Gilmer County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Gilmer County, West Virginia is Rural. In Gilmer County, 100% of the population lives in a low population density area.

County Snapshot

This county's snapshot covers: Population Health and Well-being, Community Conditions

The skittles diagram, Areas to Explore, and Areas of Strength are based on our annual data update. However, individual measures may reflect more recent data releases to ensure the most accurate and up-to-date statistics available.

Gilmer County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

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

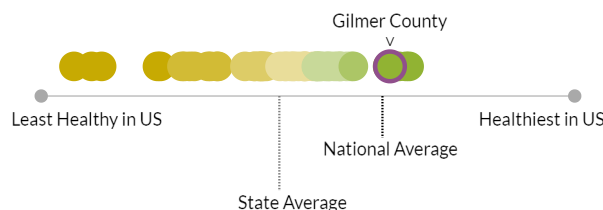






Diagram summarizes data released on 03/19/2025



Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Population Health and Well-being				
Length of life		Gilmer County	West Virginia	United States 
Premature Death		7,900 ‡	13,000 ‡	8,100 ‡
Additional Length of life (not included in summary)		Gilmer County	West Virginia	United States 
Life Expectancy		75.3 ‡	72.4 ‡	77.6 ‡
Premature Age-Adjusted Mortality		520 ‡	610 ‡	390 ‡
Child Mortality		‡	60 ‡	50 ‡
Infant Mortality		‡	7 ‡	6 ‡
Quality of life		Gilmer County	West Virginia	United States  15

Poor Physical Health Days		5.3	5.2	3.9
Low Birth Weight		7%	10%	8%
Poor Mental Health Days		6.3	6.7	5.1
Poor or Fair Health		24%	23%	17%
Additional Quality of life (not included in summary)		Gilmer County	West Virginia	United States
Frequent Physical Distress		16%	17%	12%
Diabetes Prevalence		13%	14%	10%
HIV Prevalence		290	150	387
Adult Obesity		40%	42%	34%
Frequent Mental Distress		21%	23%	16%
Suicides		‡	19 ‡	14 ‡
Feelings of Loneliness		32%	31%	33%

Note: Blank values reflect unreliable or missing data.

Gilmer County Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

Gilmer 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.

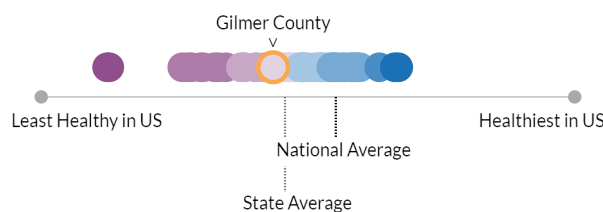








Diagram summarizes data released on 03/19/2025








[Show areas to explore](#) [Show areas of strength](#)  Trends Available

‡ Data updated 09/24/2025

‡ Data updated 11/04/2025

Community Conditions				
Health infrastructure		Gilmer County	West Virginia	United States
Flu Vaccinations		37%	41%	48%
Access to Exercise Opportunities		54%	59%	84%
Food Environment Index		5.7	6.5	7.4
Primary Care Physicians		2,440:1 ‡	1,250:1 ‡	1,310:1 ‡
Mental Health Providers		2,370:1 ‡	460:1 ‡	290:1 ‡
Dentists		3,630:1 ‡	1,680:1 ‡	1,340:1 ‡
Preventable Hospital Stays		3,074	3,938	2,666
Mammography Screening		38%	42%	44%
Uninsured		9%	7%	10%
Additional Health infrastructure (not included in summary)		Gilmer County	West Virginia	United States
Limited Access to Healthy Foods		31%	8%	6%

Appendix A - County Health Rankings

Food Insecurity		12%	15%	14%
Insufficient Sleep		43%	43%	37%
Teen Births		15	23	16
Sexually Transmitted Infections		204.8	250.7	495.0
Excessive Drinking		18%	16%	19%
Alcohol-Impaired Driving Deaths		67% ‡	27% ‡	26% ‡
Drug Overdose Deaths		‡	79 ‡	32 ‡
Adult Smoking		20%	22%	13%
Physical Inactivity		31%	28%	23%
Uninsured Adults		11%	9%	11%
Uninsured Children		3%	3%	5%
Other Primary Care Providers		1,020:1 †	470:1 †	680:1 †
Physical environment		Gilmer County	West Virginia	United States
Severe Housing Problems		8%	11%	17%
Driving Alone to Work		74%	79%	70%
Long Commute - Driving Alone		43%	35%	37%
Air Pollution: Particulate Matter		6.5	6.7	7.3
Drinking Water Violations		No		
Broadband Access		77%	84%	90%
Library Access		<1	1	2
Additional Physical environment (not included in summary)		Gilmer County	West Virginia	United States
Traffic Volume		0	49	108
Homeownership		76%	74%	65%
Severe Housing Cost Burden		4%	10%	15%
Access to Parks		4%	15%	51%
Adverse Climate Events		0		
Census Participation		50.5%		65.2%
Voter Turnout		40.4%	55.6%	67.9%
Social and economic factors		Gilmer County	West Virginia	United States
Some College		41%	57%	68%
High School Completion		81%	89%	89%
Unemployment		5.3%	3.9%	3.6%
Income Inequality		3.6	5.1	4.9
Children in Poverty		24%	20%	16%
Injury Deaths		90 ‡	151 ‡	87 ‡
Social Associations		5.5	12.6	9.1
Child Care Cost Burden		39%	36%	28%
Additional Social and economic factors (not included in summary)		Gilmer County	West Virginia	United States
High School Graduation		93%	91%	87%
Reading Scores				3.1
Math Scores		2.6	2.7	3.0
School Segregation			0.16	0.24
School Funding Adequacy		\$1,640	\$1,798	\$1,411

Appendix A - County Health Rankings

Children Eligible for Free or Reduced Price Lunch				55%
Gender Pay Gap		1.00	0.77	0.81
Median Household Income		\$43,700	\$55,900	\$77,700
Living Wage		\$39.89	\$41.54	
Child Care Centers		6	4	7
Residential Segregation - Black/White			61	63
Homicides		‡	6‡	7‡
Motor Vehicle Crash Deaths		19‡	16‡	12‡
Firearm Fatalities		‡	18‡	14‡
Disconnected Youth			8%	7%
Lack of Social and Emotional Support		27%	26%	25%

Note: Blank values reflect unreliable or missing data.

COUNTY
Wirt, WV

2025 ▼

County Demographics

The health of a place results from past and present policies and practices. The land known as Wirt County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Wirt County, West Virginia is Metropolitan. In Wirt County, 100% of the population lives in a low population density area.

County Snapshot

This county's snapshot covers: Population Health and Well-being, Community Conditions

The skittles diagram, Areas to Explore, and Areas of Strength are based on our annual data update. However, individual measures may reflect more recent data releases to ensure the most accurate and up-to-date statistics available.

Wirt County Population Health and Well-being

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers both quality of life and the ability of people and communities to contribute to the world. Population health involves optimal physical, mental, spiritual and social well-being.

Wirt County is faring about the same as the average county in West Virginia for Population Health and Well-being, and worse than the average county in the nation.

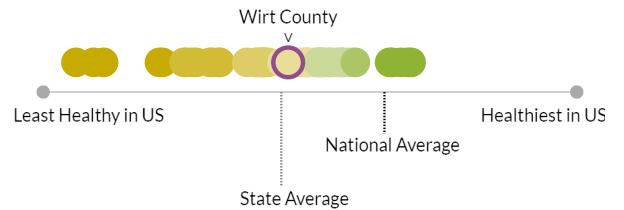






Diagram summarizes data released on 03/19/2025

Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Population Health and Well-being				
Length of life		Wirt County	West Virginia	United States 
Premature Death		13,800 ‡	13,000 ‡	8,100 ‡
Additional Length of life (not included in summary)		Wirt County	West Virginia	United States 
Life Expectancy		71.7 ‡	72.4 ‡	77.6 ‡
Premature Age-Adjusted Mortality		650 ‡	610 ‡	390 ‡
Child Mortality		‡	60 ‡	50 ‡
Infant Mortality		‡	7 ‡	6 ‡
Quality of life		Wirt County	West Virginia	United States 

Poor Physical Health Days		5.8	5.2	3.9
Low Birth Weight		8%	10%	8%
Poor Mental Health Days		7.1	6.7	5.1
Poor or Fair Health		28%	23%	17%
Additional Quality of life (not included in summary)		Wirt County	West Virginia	United States
Frequent Physical Distress		19%	17%	12%
Diabetes Prevalence		14%	14%	10%
HIV Prevalence			150	387
Adult Obesity		42%	42%	34%
Frequent Mental Distress		25%	23%	16%
Suicides		32 †	19 †	14 †
Feelings of Loneliness		35%	31%	33%

Note: Blank values reflect unreliable or missing data.

Wirt County Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health.

Wirt 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.

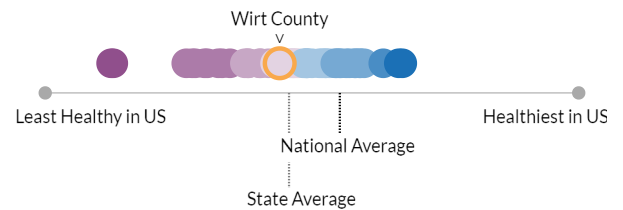








Diagram summarizes data released on 03/19/2025







Show areas to explore Show areas of strength  Trends Available

† Data updated 09/24/2025

‡ Data updated 11/04/2025

Community Conditions				
Health infrastructure		Wirt County	West Virginia	United States
Flu Vaccinations		30%	41%	48%
Access to Exercise Opportunities		47%	59%	84%
Food Environment Index		7.7	6.5	7.4
Primary Care Physicians		5,090:1 †	1,250:1 †	1,310:1 †
Mental Health Providers		980:1 †	460:1 †	290:1 †
Dentists		5,000:1 †	1,680:1 †	1,340:1 †
Preventable Hospital Stays		3,546	3,938	2,666
Mammography Screening		40%	42%	44%
Uninsured		7%	7%	10%
Additional Health infrastructure (not included in summary)		Wirt County	West Virginia	United States
Limited Access to Healthy Foods		1%	8%	6%

Appendix A - County Health Rankings

Food Insecurity		17%	15%	14%
Insufficient Sleep		44%	43%	37%
Teen Births		30	23	16
Sexually Transmitted Infections		137.5	250.7	495.0
Excessive Drinking		17%	16%	19%
Alcohol-Impaired Driving Deaths		33% ‡	27% ‡	26% ‡
Drug Overdose Deaths		73 ‡	79 ‡	32 ‡
Adult Smoking		26%	22%	13%
Physical Inactivity		36%	28%	23%
Uninsured Adults		9%	9%	11%
Uninsured Children		3%	3%	5%
Other Primary Care Providers		490:1 †	470:1 †	680:1 †
Physical environment		Wirt County	West Virginia	United States
Severe Housing Problems		11%	11%	17%
Driving Alone to Work		77%	79%	70%
Long Commute - Driving Alone		69%	35%	37%
Air Pollution: Particulate Matter		7.1	6.7	7.3
Drinking Water Violations		No		
Broadband Access		77%	84%	90%
Library Access		3	1	2
Additional Physical environment (not included in summary)		Wirt County	West Virginia	United States
Traffic Volume		1	49	108
Homeownership		86%	74%	65%
Severe Housing Cost Burden		8%	10%	15%
Access to Parks			15%	51%
Adverse Climate Events		0		
Census Participation		39.8%		65.2%
Voter Turnout		58.2%	55.6%	67.9%
Social and economic factors		Wirt County	West Virginia	United States
Some College		52%	57%	68%
High School Completion		89%	89%	89%
Unemployment		5.8%	3.9%	3.6%
Income Inequality		5.0	5.1	4.9
Children in Poverty		25%	20%	16%
Injury Deaths		124 ‡	151 ‡	87 ‡
Social Associations		7.9	12.6	9.1
Child Care Cost Burden		28%	36%	28%
Additional Social and economic factors (not included in summary)		Wirt County	West Virginia	United States
High School Graduation		93%	91%	87%
Reading Scores				3.1
Math Scores		2.3	2.7	3.0
School Segregation			0.16	0.24
School Funding Adequacy		-\$1,573	\$1,798	\$1,411

Appendix A - County Health Rankings

Children Eligible for Free or Reduced Price Lunch				55%
Gender Pay Gap		1.00	0.77	0.81
Median Household Income		\$54,500	\$55,900	\$77,700
Living Wage		\$38.02	\$41.54	
Child Care Centers		4	4	7
Residential Segregation - Black/White			61	63
Homicides		‡	6‡	7‡
Motor Vehicle Crash Deaths		‡	16‡	12‡
Firearm Fatalities		‡	18‡	14‡
Disconnected Youth			8%	7%
Lack of Social and Emotional Support		27%	26%	25%

Note: Blank values reflect unreliable or missing data.

Thank you for taking this survey - your thoughts are important to us, and your responses will help the people who live in your community. Survey results will be used to help guide Minnie Hamilton Health System's health programs and address community members' concerns.

This survey is anonymous - your answers will not be connected to you in any way.

You may skip any question that you do not want to answer, and you are encouraged to share this link with others in your local community. Thank you for your time and please contact us if you have any questions or need help completing this survey. communityhealth@hsc.wvu.edu

Q1) In what county do you live?

- Calhoun
- Gilmer
- Wirt
- Somewhere else _____

Q2) What is your age range?

- Less than 18 years
- 18 to 29 years
- 30 to 39 years
- 40 to 49 years
- 50 to 64 years
- 65 years or more

Q3) What do you think are the biggest health concerns for your local community? Please choose three.

- Substance use/abuse (including alcohol, tobacco, vaping)
- Obesity
- Cancer
- Diabetes
- Heart issues
- Respiratory issues
- Mental health issues
- Access to care
- Aging issues
- Food insecurity or access to nutritious foods
- Other _____

Q4) Please look at the statements below and choose all that apply to you.

- It takes me more than 30 minutes to reach the nearest hospital.

- I have seen a medical provider for a routine check-up in the past 12 months.
- I have health insurance coverage.
- My health insurance doesn't always cover the care I need.
- I cannot afford or do not have access to health insurance.
- I can get health care when/if I need it.
- I can get mental health care when/if I need it.
- I have access to in-home care or assistance when/if I need it.
- I have access to reliable high-speed internet and can attend telehealth appointments.
- I am comfortable with telehealth medical appointments.
- I need more information about telehealth medical care before deciding if I will use it.
- In the past 30 days, it has been hard to pay for basics like food, housing, and bills.
- In the past 12 months, I have gone without health care because I didn't have a way to get to my appointment.
- I do not have a place to live, or I am worried that I might lose my housing in the next two months.
- In the past 12 months, I have worried that my food would run out before I had the money to buy more.
- I believe the water in my community is safe to drink.
- I believe the air quality in my community is safe.
- I have a safe place to walk or do other outdoor activities.
- I have people in my life I can talk to, like family members, friends, neighbors, or a church community.

Q5) Please look at the specialty services below and select any that you know are available in your community.

- Behavioral health care
- Dental services
- Infusion services
- Long-term care
- Occupational therapy
- Orthopedics
- Physical therapy
- Speech pathology and audiology services
- Substance use disorder treatment
- Wound care

Q6) Who do you trust when you have questions about health? Please check all that apply.

- My own doctor
- My local health department
- A different local clinic or medical provider
- Nonprofit organizations like the American Cancer Society
- Federal organizations like the Centers for Disease Control (CDC)

- Web-based information (please provide examples like websites, social media platforms, or podcasts) _____
- Family or friends
- Other _____

Q7) What do you need in your everyday life that you don't have? Please provide examples like medical needs, daily needs like food or transportation, local resources or other needs you may have. _____

Q8) What do you think are the biggest health needs of young people in your local community? _____

Q9) Which of these groups best describes your race? Please check all that apply.

- White/Caucasian
- Asian
- Black or African American
- American Indian or Alaskan native
- Native Hawaiian or Other Pacific Islander
- Other (please specify) _____

Q10) Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

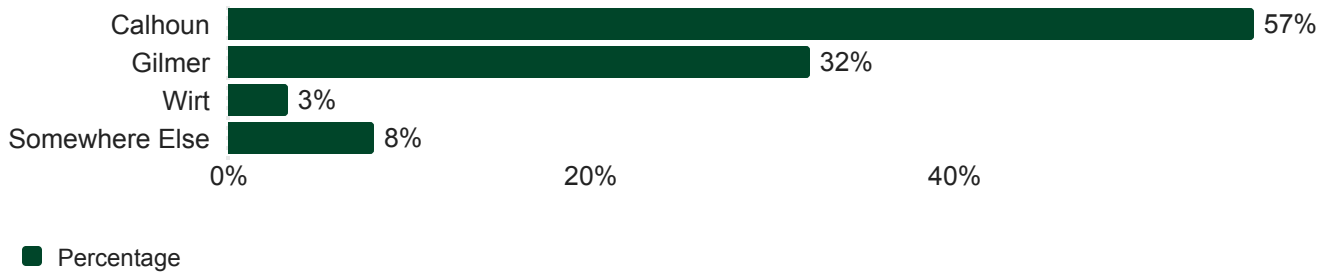
Q11) How do you describe yourself? (select one)

- Male
- Female
- Other

Q12) Is there anything else you would like to say about health in your community?

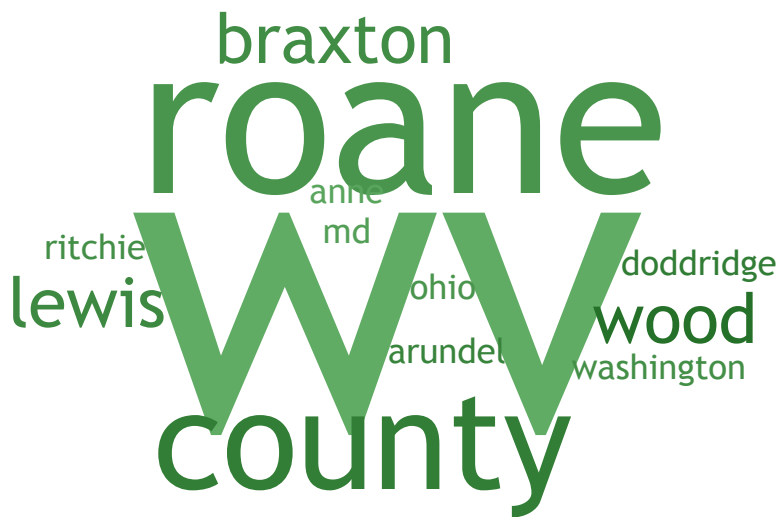
Q1 - In which county do you live?

212 Responses



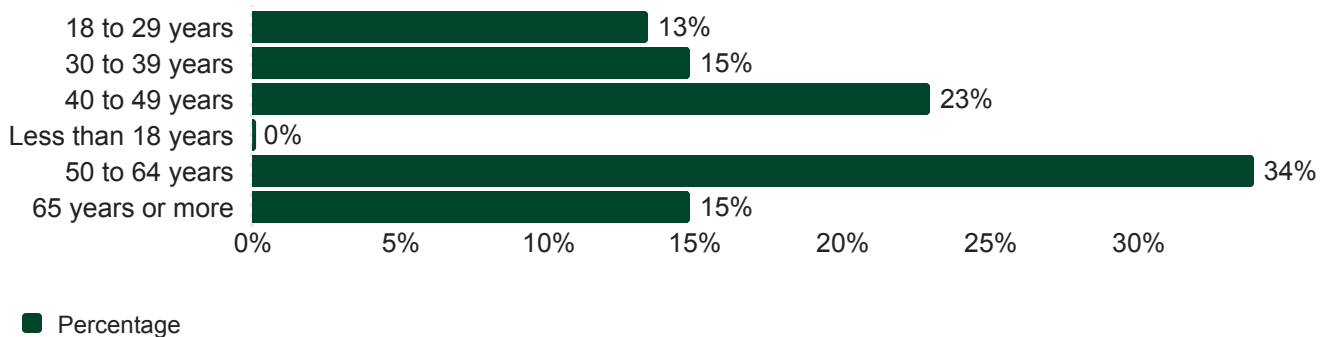
Q2 - "Somewhere else" responses to Q1.

16 Responses



Q3 - What is your age?

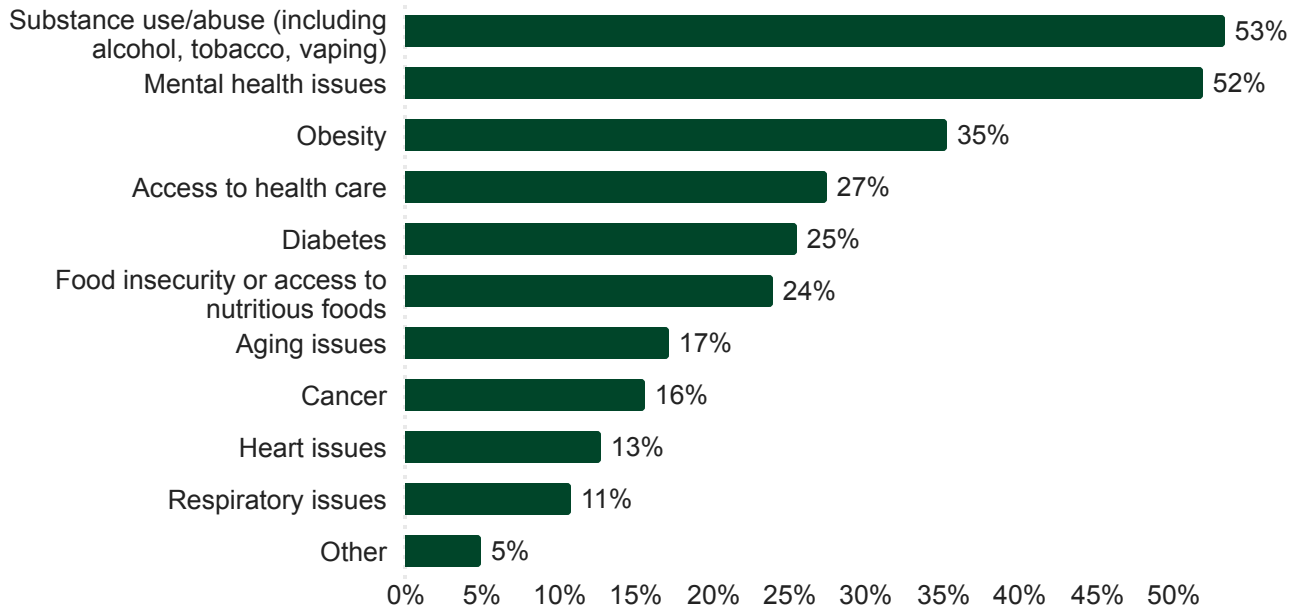
209 Responses



Q4 - What do you think are the biggest health concerns in your local community?

Please choose three.

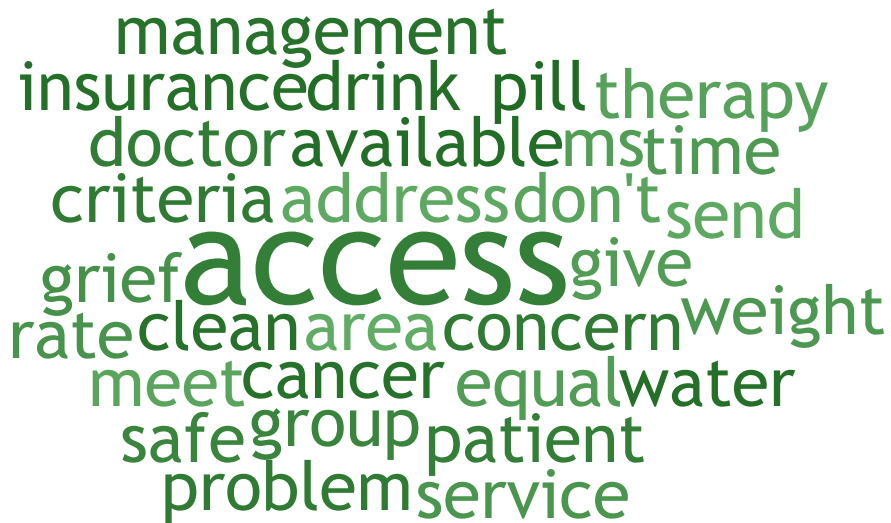
204 Responses



■ Percentage of Responses

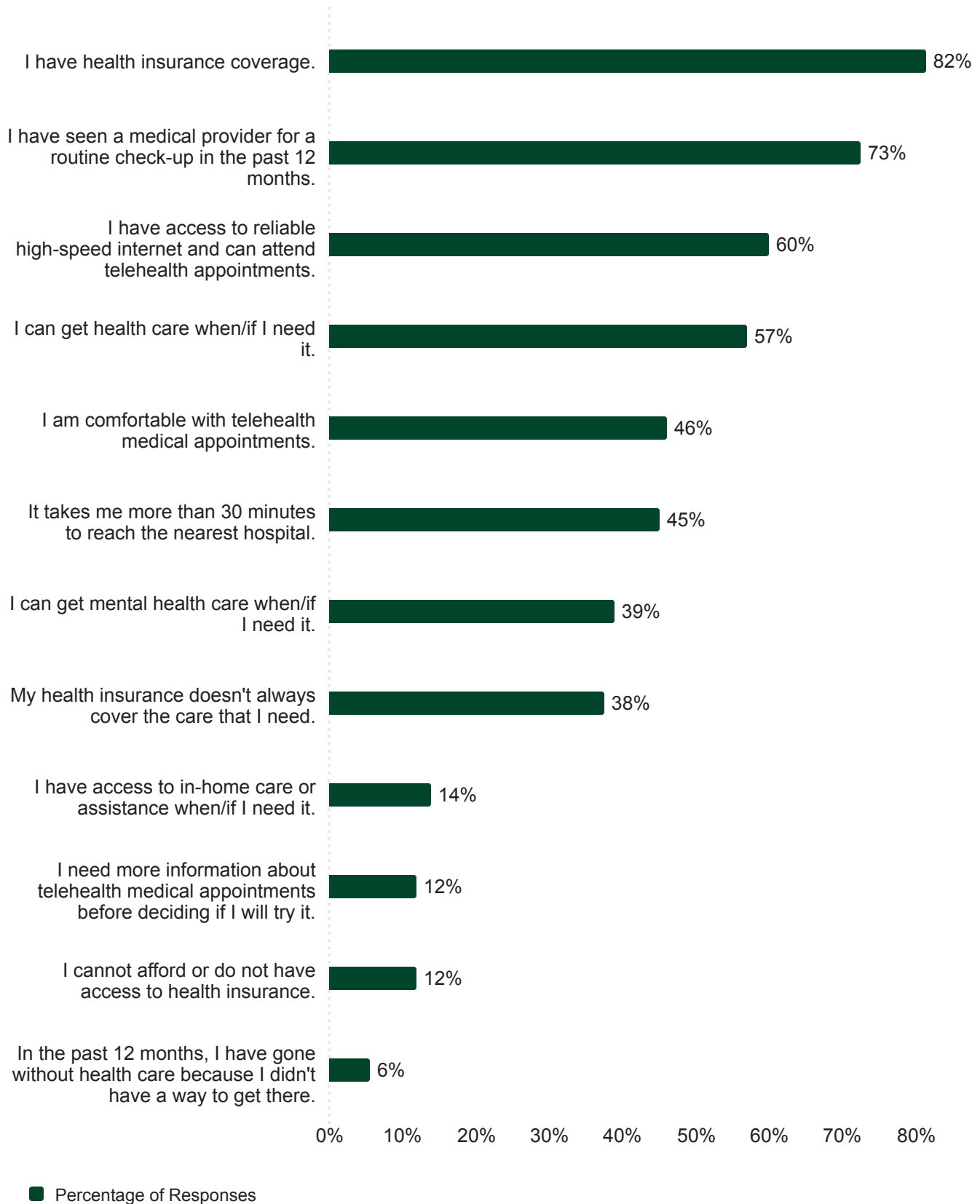
Q5 - What "other" health concerns would you like to share?

8 Responses

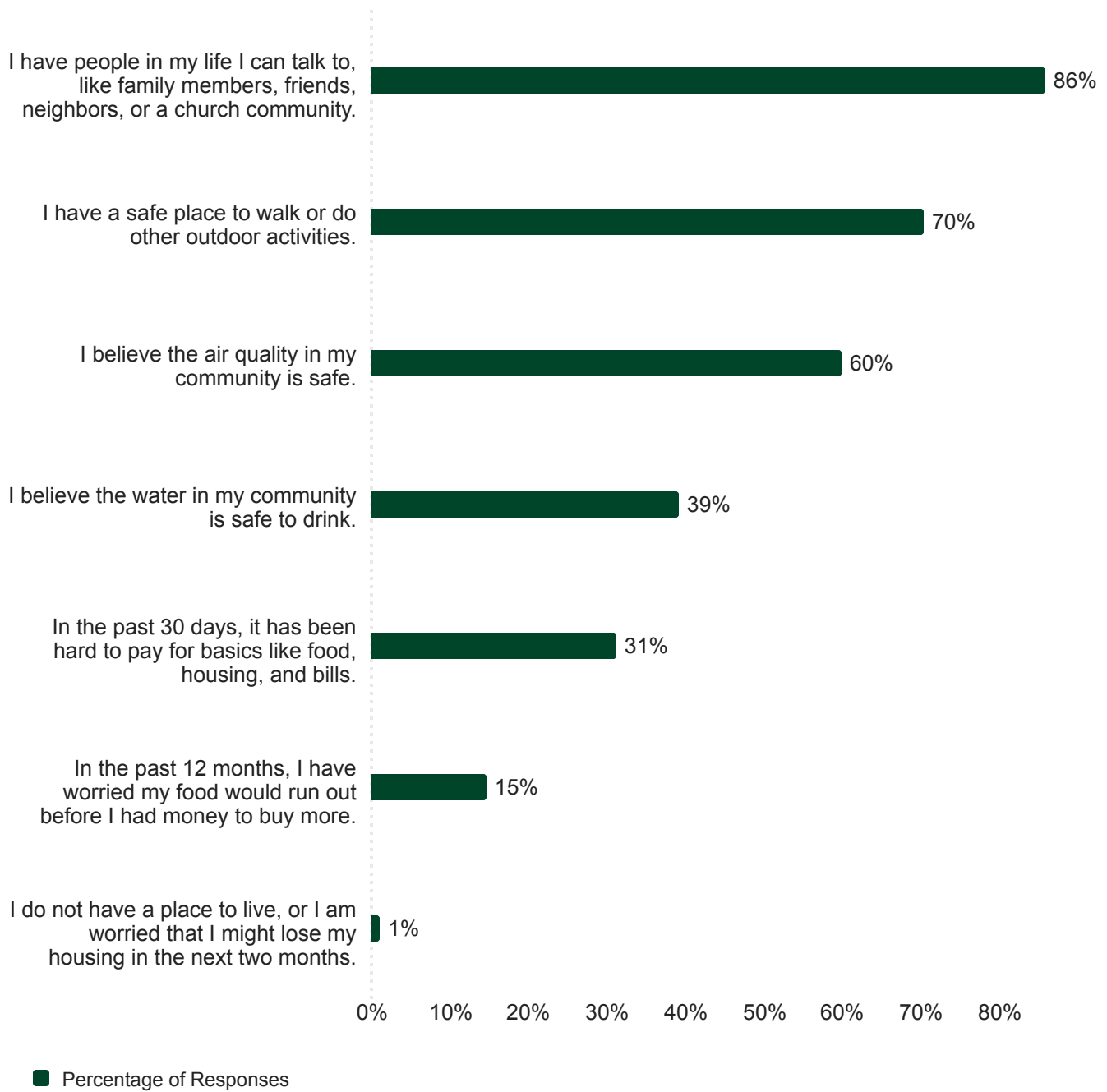


Q6 - Please look at the statements below and choose all that apply to you.

200 Responses

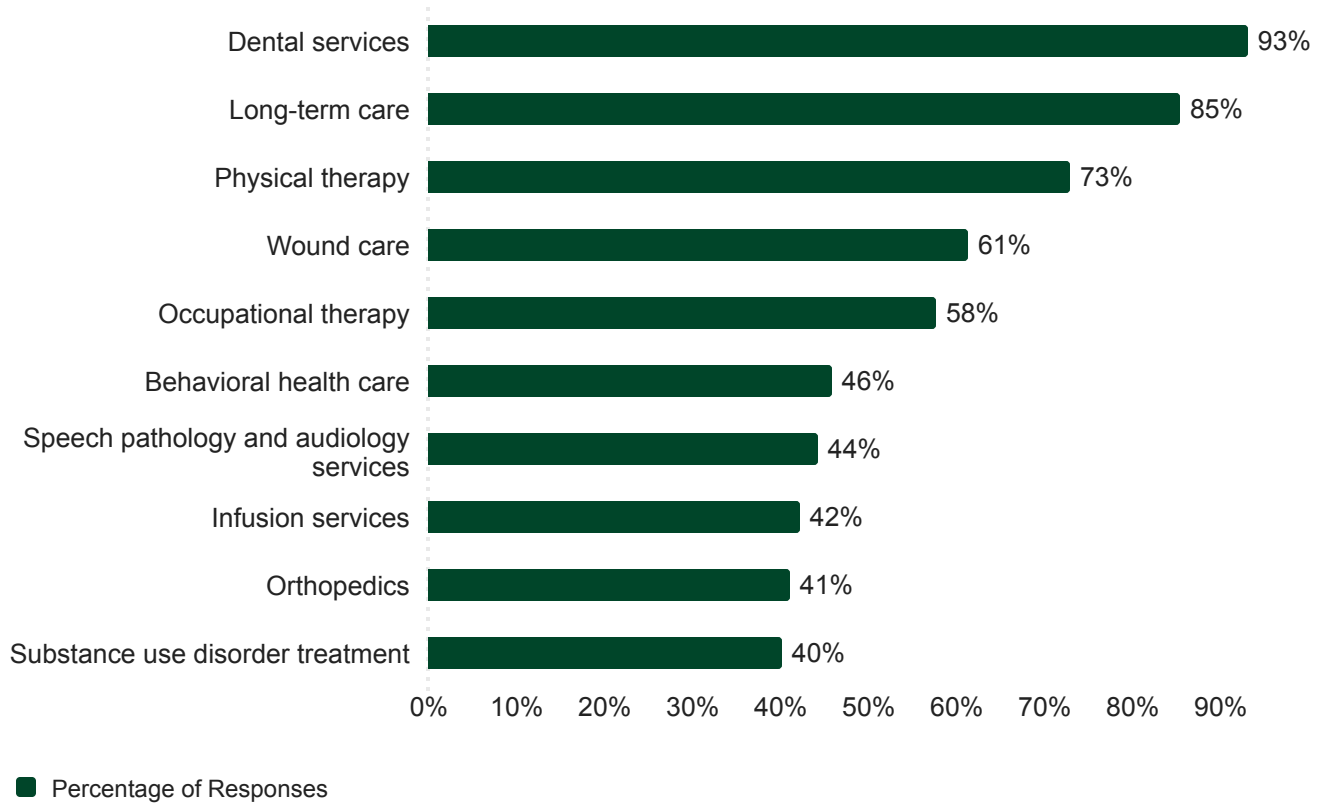


Q7 - Please look at the statements below and choose all that apply to you.



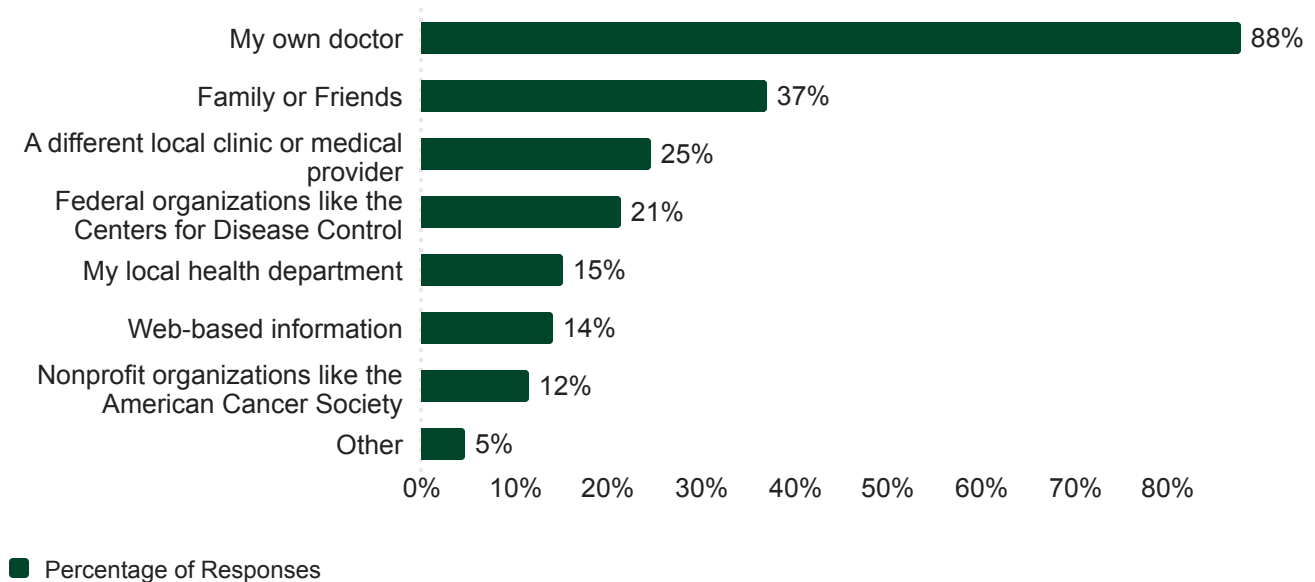
Q8 - Please look at the specialty medical services below and choose any that you know are available in your community.

192 Responses



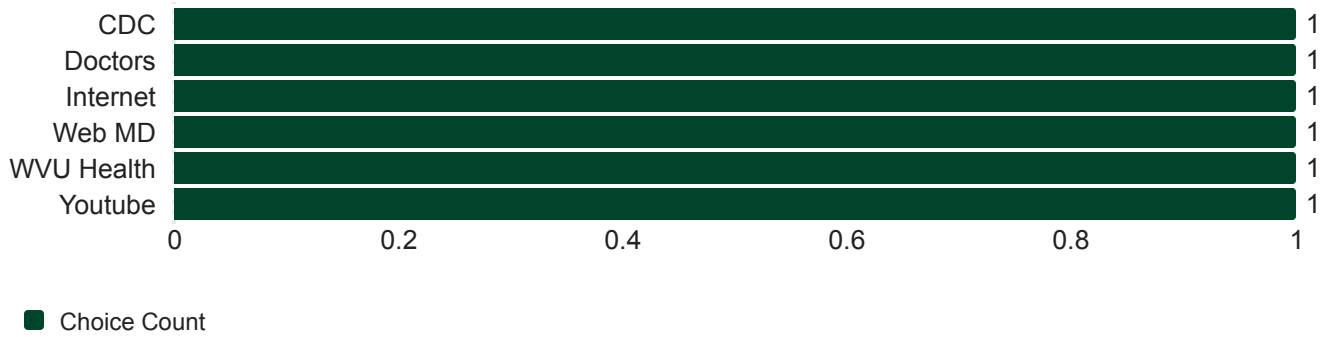
Q9 - Who do you trust when you have questions about health? Please check all that apply.

191 Responses



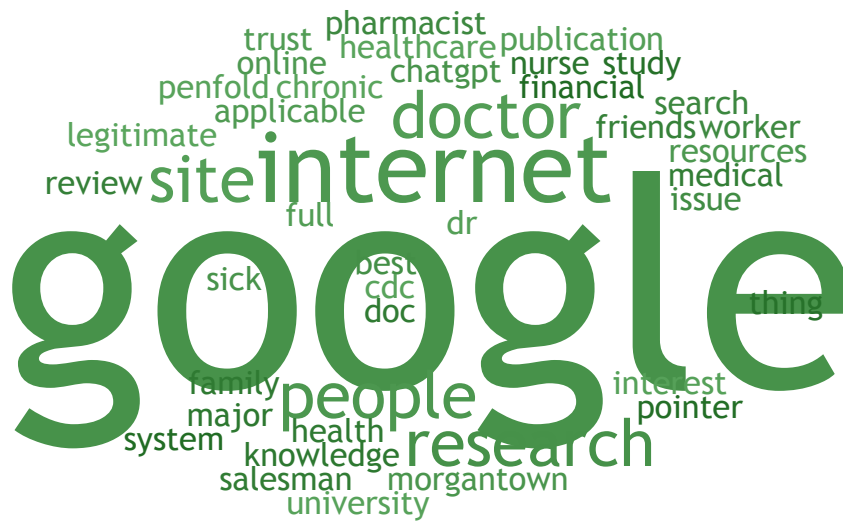
Q9 - Examples of web-based information sources used by respondents.

3 Responses



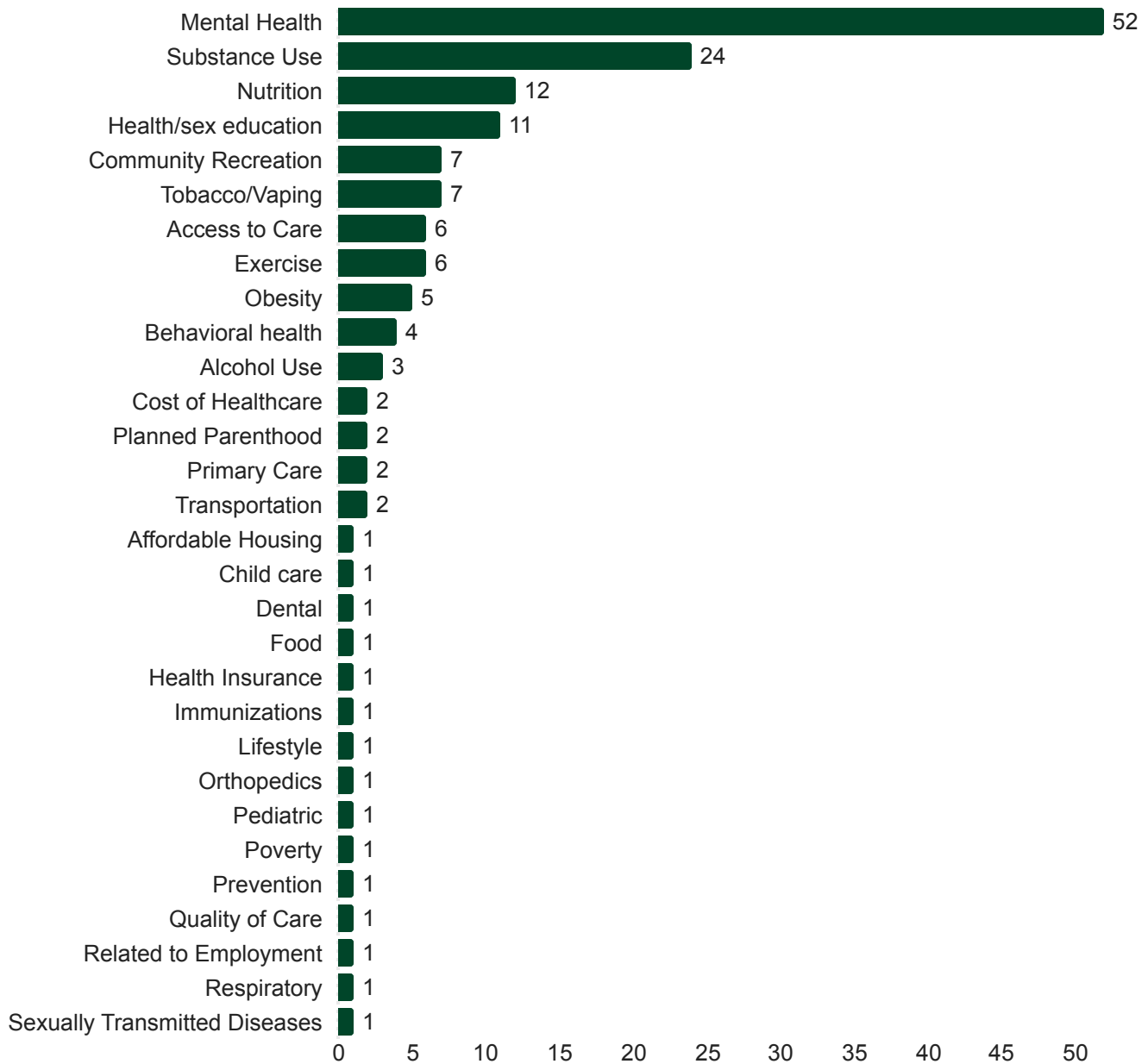
Q10 - What "other" sources of information do you use when you have questions about health?

23 Responses



Q12 - What do you think are the needs of young people under the age of 18 in your community? (Responses by topic category.)

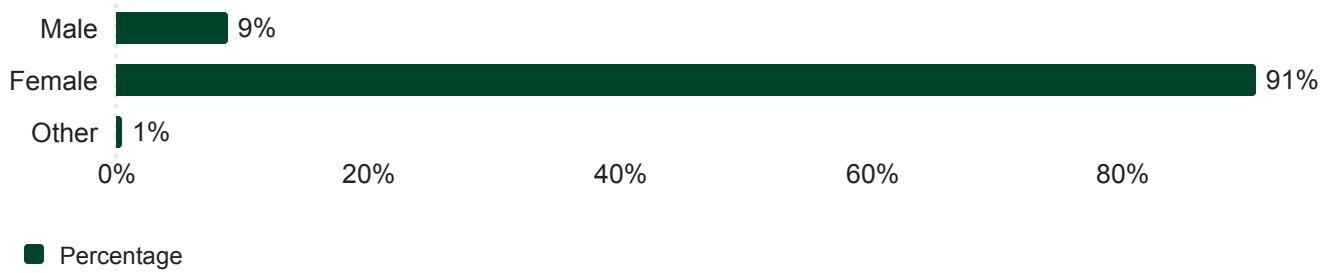
110 Responses



■ Choice Count

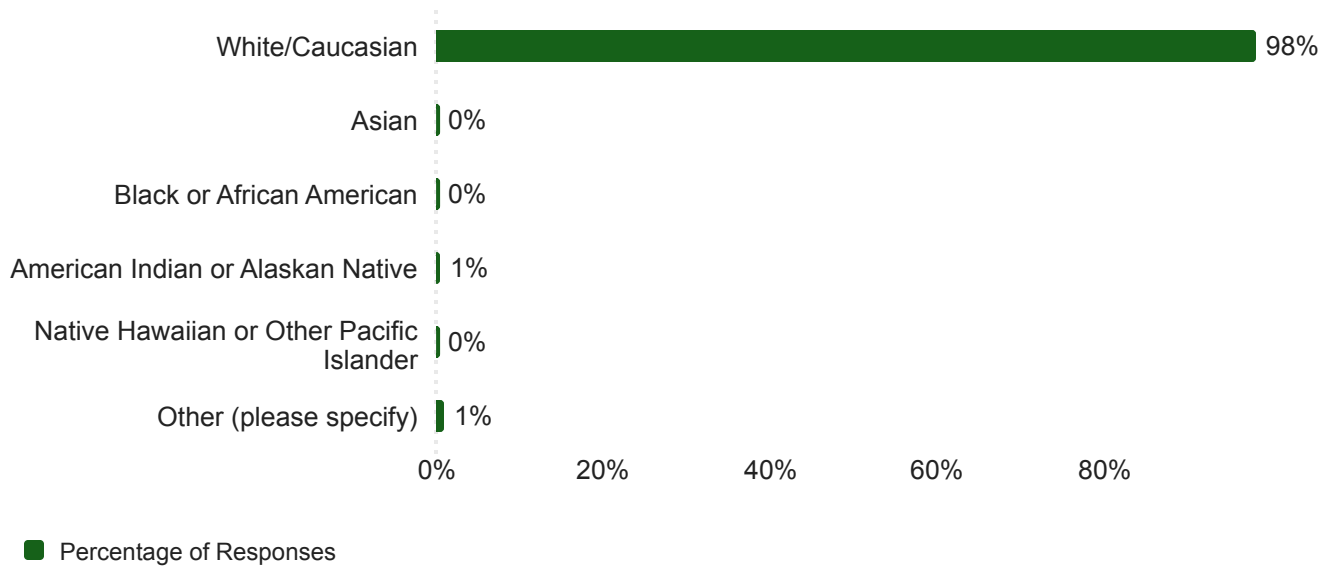
Q13 - How do you describe yourself?

192 Responses



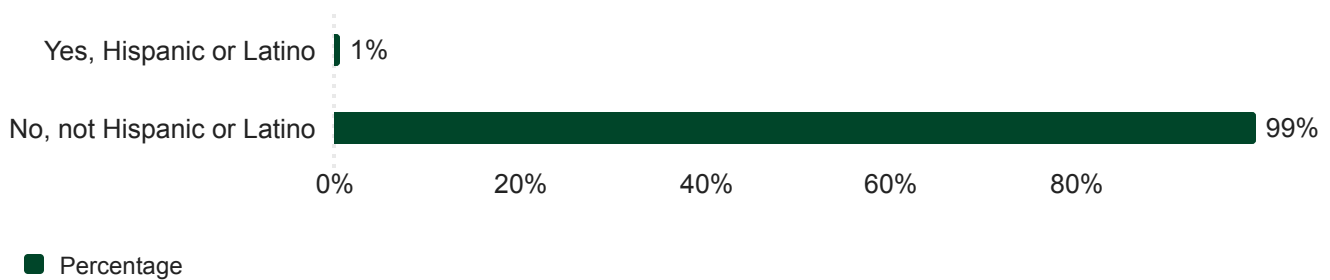
Q14 - Which of these groups best describes your race? Please select all that apply.

190 Responses



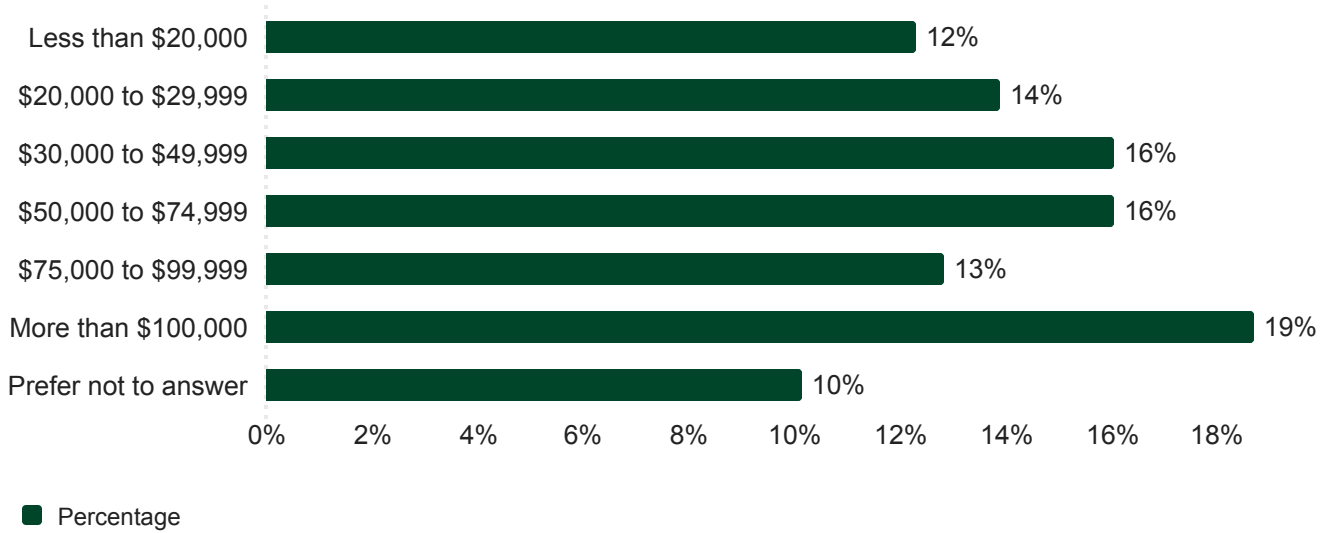
Q15 - Are you of Hispanic or Latino origin or descent?

182 Responses



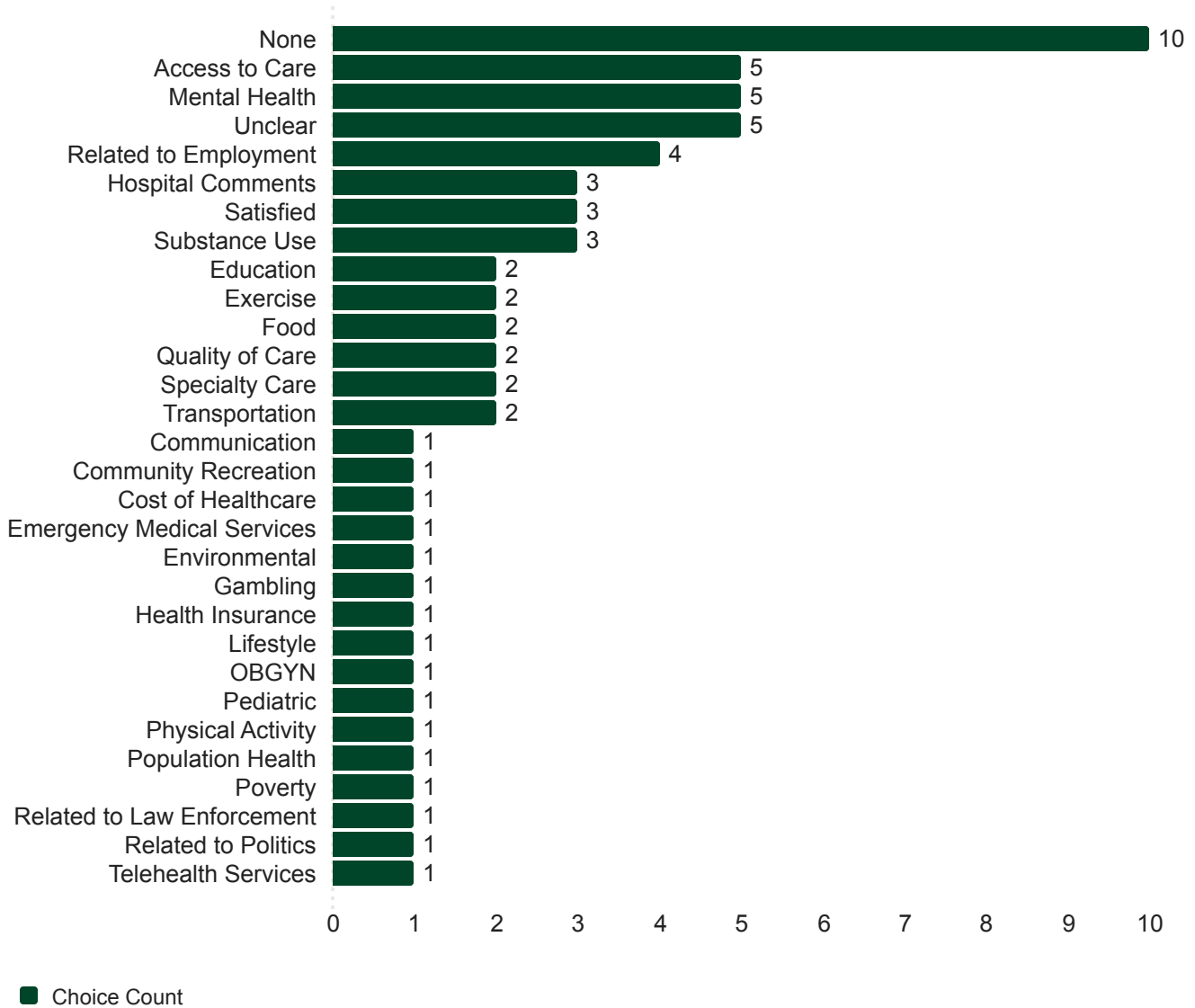
Q16 - What is your estimated yearly household income? (This will help us understand how well the collected survey data represent the overall community.)

187 Responses



Q17 - Is there anything else you would like to say about health in your community?
 (Responses by topic category.)

51 Responses



Top Health Concerns - Responses from Women

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Mental health issues	55%
Substance use/abuse (including alcohol, tobacco, vaping)	55%
Obesity	35%
Access to health care	27%
Diabetes	25%
Food insecurity or access to nutritious foods	25%
Aging issues	16%
Cancer	14%
Heart issues	12%
Respiratory issues	9%
Other	5%

Top Health Concerns - Responses from Men

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Obesity	53%
Substance use/abuse (including alcohol, tobacco, vaping)	41%
Diabetes	35%
Access to health care	35%
Cancer	29%
Aging issues	24%
Respiratory issues	18%
Mental health issues	18%
Food insecurity or access to nutritious foods	18%
Heart issues	12%
Other	6%

Top Health Concerns - Responses from Non-White Individuals

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Obesity	67%
Substance use/abuse (including alcohol, tobacco, vaping)	33%
Respiratory issues	33%
Mental health issues	33%
Heart issues	33%
Food insecurity or access to nutritious foods	33%
Diabetes	33%
Aging issues	33%
Other	0%
Cancer	0%
Access to health care	0%

Top Health Concerns - Responses from White Individuals

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Substance use/abuse (including alcohol, tobacco, vaping)	54%
Mental health issues	52%
Obesity	36%
Access to health care	28%
Diabetes	26%
Food insecurity or access to nutritious foods	24%
Aging issues	17%
Cancer	16%
Heart issues	11%
Respiratory issues	10%
Other	5%

Top Health Concerns - Responses from Those Under 65

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Mental health issues	55%
Substance use/abuse (including alcohol, tobacco, vaping)	54%
Obesity	37%
Access to health care	27%
Food insecurity or access to nutritious foods	25%
Diabetes	25%
Aging issues	16%
Cancer	13%
Heart issues	11%
Respiratory issues	10%
Other	5%

Top Health Concerns - Responses from Those 65+

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Substance use/abuse (including alcohol, tobacco, vaping)	50%
Mental health issues	33%
Cancer	33%
Access to health care	30%
Obesity	27%
Diabetes	27%
Aging issues	27%
Heart issues	20%
Respiratory issues	17%
Food insecurity or access to nutritious foods	17%
Other	3%

Top Health Concerns - Responses from Those Lower Income

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Mental health issues	49%
Substance use/abuse (including alcohol, tobacco, vaping)	47%
Obesity	39%
Food insecurity or access to nutritious foods	31%
Access to health care	29%
Diabetes	20%
Respiratory issues	12%
Cancer	12%
Aging issues	10%
Other	8%
Heart issues	8%

Top Health Concerns - Responses from Those Higher Income

Q4 - What do you think are the biggest health concerns in your local community?.

Field	Percentage of Responses
Substance use/abuse (including alcohol, tobacco, vaping)	60%
Mental health issues	57%
Obesity	40%
Access to health care	29%
Diabetes	26%
Aging issues	21%
Food insecurity or access to nutritious foods	19%
Cancer	17%
Respiratory issues	12%
Heart issues	10%
Other	2%

Demographic	Survey Response	Calhoun	Gilmer	Wirt
Men	9.00%	49.0%	60.0%	50.0%
Women	91.00%	51.0%	40.0%	50.0%
Age 65+	15.00%	26.0%	17.8%	22.2%
White alone	98.00%	95.9%	81.9%	96.9%
Non-White or 2+ races	2.00%	4.1%	18.1%	3.1%
Hispanic or Latino	1.00%	0.5%	3.6%	0.0%

Q6 - Please look at the statements below and choose all that apply to you.

200 Responses

Field	Percentage of Responses
It takes me more than 30 minutes to reach the nearest hospital.	45%
I have seen a medical provider for a routine check-up in the past 12 months.	73%
I have health insurance coverage.	82%
My health insurance doesn't always cover the care that I need.	38%
I cannot afford or do not have access to health insurance.	12%
I can get health care when/if I need it.	57%
I can get mental health care when/if I need it.	39%
I have access to in-home care or assistance when/if I need it.	14%
I have access to reliable high-speed internet and can attend telehealth appointments when/if needed.	60%
I am comfortable with telehealth medical appointments.	46%
I need more information about telehealth medical appointments before deciding if I will try it.	12%
In the past 12 months, I have gone without health care because I didn't have a way to get to my appointment.	6%

Q8 - Please look at the specialty medical services below and choose any that you know are available in your community.

192 Responses

Field	Percentage of Responses
Behavioral health care	46%
Dental services	93%
Infusion services	42%
Long-term care	85%

