

**Raleigh County
Community Action Association, Inc.**



2022 Community Needs Assessment

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Executive Summary

All Community Action Agencies must complete a Community Needs Assessment (CNA) to provide information and assist in agency/community planning and services. Raleigh County Community Action Association (RCCAA) completed this time-consuming and thorough assessment in 2022. The designated area of focus is Raleigh County, WV.

The primary indicators of poverty were the center of the process. Issues of concerns that assess underlying causes and conditions were also explored. Data was evaluated to help define the current situation and future indicators. The research and findings are for use and consideration by the entire area, not just the agency.

Surveys, a focus group, external data review and evaluation, and agency data were included. The results indicate that basic needs and low-income services offered by the agency are critical. Raleigh County was broken down into areas by school district and with an extra option for individuals that served multiple parts of the area or the entire county.

The Community Needs Assessment was intense and conducted over multiple months. Top county needs included:

1. Emergency Situations (**Family**)
 - a) Alcohol, drug use, and/or gambling
 - b) Access to medical emergency resources
 - c) Lack of emergency shelter

2. Health (**Community**)
 - a) Lack of dental services
 - b) Lack of health insurance
 - c) (Tie) Lack of free or low-cost medical services
 - d) (Tie) Lack of vision services

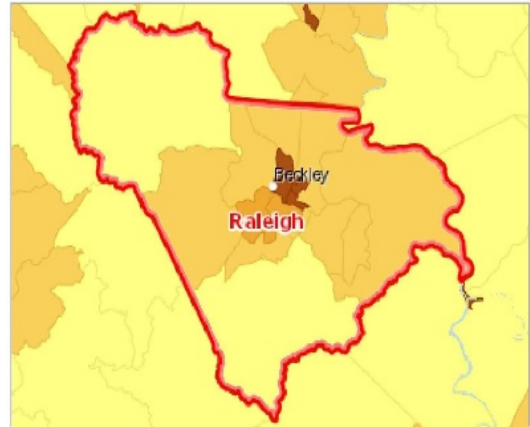
3. (Tie) Housing (**Community**)
 - a) Affordability of rent/house payments
 - b) Affordability of utilities, insurance, etc.
 - c) Lack of affordable/suitable housing

- (Tie for 3rd) Employment (**Agency**)
 - a) Lack of good paying jobs with benefits
 - b) Lack of employment opportunities
 - c) Lack of reliable transportation

The focus group discussion determined that one important service for RCCAA is to evaluate the growth of partnerships, collaborations, and information and referral (knowledge of resources). This is an **Agency** consideration for the planning process.

Introduction

Raleigh County Community Action Association, Inc. (RCCAA) was founded in 1964 as part of Lyndon B. Johnson's "War on Poverty". It serves the entirety of Raleigh County which is in southern West Virginia. Beckley is the county seat. The population is 74,452 people. The area is estimated at 123 people per square mile. This is greater than the national average population density of 92 people per square mile. Raleigh County is the largest county in the southern part of the state. It is located one hour south of Charleston, which is the state capital of West Virginia.



Mission

RCCAA provides services, leadership, collaborative resources, and advocacy in partnerships with community organizations to low-income individuals and families within Raleigh and surrounding counties to increase social and economic self-sufficiency.

Vision

Reduce the effects of poverty.



Never doubt that a small group of thoughtfully committed citizens can change the world. Indeed, it's the only thing that ever has.
~Margaret Mead

What is a Community Needs Assessment (CNA)?

A community needs assessment identifies the strengths and resources available in the community to meet the needs of individuals, children, youth, and families. The assessment focuses on the capabilities of the community, including its residents, agencies, and organizations. It provides a framework for developing and identifying services and solutions and building communities that support and nurture individuals, children, and families.

Community Action Requirements

Community Action Agencies (CAAs) are led by organizational standards to measure compliance and direction. This includes the Community Needs Assessment and the Strategic Plan. The Results Oriented Management and Accountability (ROMA) process was followed. The results of the Community Needs Assessment are integral to the strategic planning process.

Community Needs Assessment Process

RCCAA distributed a Request for Proposals (RFP) for the development of their Community Needs Assessment. MountainHeart Community Services, Inc. submitted the winning proposal.

The process included evaluation and review of primary and secondary data related to indicators of poverty causes and underlying conditions. A county-wide survey of needs and issues affecting Raleigh County and its' sub-regions was conducted. A focus group made up of interested/affected individuals was planned and held to gather additional input. Targeted stakeholders including public, private, education, faith-based and community organizations were actively represented. Low-income participants were included.

The Board of Directors and staff participated in the entire process. This includes the timeline and work plan for assessment, development of the survey and focus group questions.

RCCAA distributed the community surveys and provided intensive follow-up to see that the number and areas of response were moving forward. This was instrumental in achieving a strong assessment representative of the population of focus (low individuals and families).

The planning part of the process was extensive. MountainHeart Community Services, Inc. participated through research; facilitation of the focus group; development of survey and focus group questions; and collection, compilation and analysis of results and findings. Raleigh County Community Action Association, Inc. administration, board, and staff were integrally involved throughout the process.

The Community Needs Assessment focused on poverty-related indicators. This included: education, employment; income and poverty; housing; health (including physical, mental health, dental services, nutrition, and substance use disorder); transportation; and children's issues. Basic needs and social determinants of health were also concerns and considerations of the evaluation process. COVID -19 and its' ongoing corresponding impact are addressed throughout the assessment and evaluation.

Raleigh County Community Action Association, Inc.
2022 Community Needs Assessment

The survey was distributed online through the Agency website with QR Code, administration, and community partners. Paper copies were distributed to those without internet access or the ability to complete the form. These were entered into the online site.

Initial Community Needs Assessment Planning Committee

Crystal Alonso, Executive Director

Danielle Stewart, Board President

Leah Deitz-Jackson

Michael Horn

Peggy Lafferty

Consuelo Coulter

Brittany Caron

Angela Maxey-Adkins

Avis Salaam

Cynthia Heltzel, Chief Financial Officer

Violet Burdette, Facilitator

Programs and Services

Name	Program Description
Early Head Start	Services for children under the age of three years old.
Head Start	Head Start programs prepare America’s most vulnerable young children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way. Head Start primarily serves 3- and 4-year-old children.
Transportation	<p>The Raleigh County Community Action Association (RCCAA) provides public transportation services in Raleigh and Fayette County through a contractual arrangement with the New River Transit Authority (NRTA).</p> <p>Our priority is to support the NRTA in the provision of local and regional transportation opportunities for area residents by providing safe and efficient transit services.</p>
Contract Transportation	RCCAA provides limited contract transportation services in Raleigh County and other destinations in the immediate area for local organizations and groups.
SOR Grant Transportation Program	<p>This transportation initiative addresses the Bureau for Behavioral Health’s primary goals under the SOR Grant which includes:</p> <ul style="list-style-type: none"> • Increase access and utilization of evidence-based MAT (Medication Assisted Treatment) • Decrease opioid related overdose deaths • Decrease unmet treatment needs <p>RCCAA provides transportation services to individuals who are seeking treatment and recovery services related to Opioid Use Disorder (OUD) including evidence-based Medication Assisted Treatment.</p>
Emergency Housing Center (Homeless Shelter)	<p>Homelessness is a major hardship affecting over half a million Americans each day. Rural communities such as Raleigh County WV are not exempt from the unexpected crises and financial hardship that can leave entire families wondering where they will find a bed for the night. Our goals at Raleigh County Community Action Association include the elimination of homelessness, both chronic and short term. RCCAA’s emergency housing center is a homeless shelter that offers emergency shelter up to 150 men, women, children, and families. In addition to the emergency shelter, the emergency housing center aims to help others help themselves with assistance through case management, referral services, and crisis intervention.</p> <p>HYPERLINK https://web.archive.org/web/20170324201223/http://rccaa.org/wp-build/wp-content/uploads/2014/04/PINE-HAVEN-CENTER-RCCAA2.jpg</p>

	Flagship Programs at the Emergency Housing Center in Beckley are the Project for Assistance in Transitioning out of Homelessness (Path) and the Child Mentor Program.
Housing	RCCAA offers a variety of programs to help individuals gain and maintain permanent housing. RCCAA Housing Programs are aimed at eliminating homelessness through rental assistance, re-housing assistance, housing search and placement, and case management. Our goal is to improve WV communities by helping people help themselves. Programs include: Emergency Solutions Grant Program Permanent Supportive Housing Program Rapid Re-Housing

Data Sources

Primary

Assessment Documents – CSBG (Community Services Block Grant) Standards, ROMA Cycle; Head Start Standards
RCCAA Reports – Previous Needs Assessment and Strategic Plan; Agency Program Report; Head Start Reports; Inclusion of Management Supervisors and Staff to discuss organizational actions and community needs revealed through services requested and provided

Secondary

Beckley Appalachian Regional Hospital (BARH) 2022 Community Health Needs Assessment
Community Commons SPARK Report
National Community Action Partnership
Robert Wood Johnson Foundation County Rankings and Roadmaps
United States Census Bureau
United States Bureau of Labor Statistics
WV Center on Budget & Policy
WV (West Virginia) Community Action Partnership
WV Department of Education
WV FOODLINK
WV KIDS COUNT
Workforce WV
World Population Review

Raleigh County Community Action Association, Inc.



Raleigh County Information Secondary Data

2022 Community Needs Assessment

Raleigh County Profile

The following data is from local, regional, state, and national sources. It details Raleigh County demographic information and resources. Demographic data is also provided later in this document related to survey participants.

Table 1: **Race and Ethnicity:**

Area	Non-Latino White	Non-Latino Black	Non-Latino Asian	Non-Latino Native American or Alaska Native	Non-Latino Native Hawaiian or Pacific Islander	Non-Latino Some Other Race	Non-Latino Two or More Races	Hispanic or Latino
Raleigh County	86.91%	7.16%	0.74%	0.25%	0.00%	0.60%	2.72%	1.63%
West Virginia	91.55%	3.49%	0.77%	0.17%	0.03%	0.24%	2.17%	1.59%
United States	60.09%	12.25%	5.57%	0.64%	0.17%	0.31%	2.80%	18.18%

Raleigh County has a foreign-born population of 1.38% which is like the West Virginia rate of 1.64%. The United States population is significantly higher at 13.51%.

Table 2: **Gender**

Area	Male	Female
Raleigh County, WV	49.98%	50.02%
West Virginia	49.45%	50.55%
United States	49.24%	50.76%

Table 3: **Age**

Area	Age 0-4	Age 5 – 17	Age 18 - 24	Age 25 - 34	Age 35 - 44	Age 45 - 54	Age 55 – 64	Age 65+
Raleigh County	5.23%	15.45%	7.52%	12.10%	13.22%	12.01%	13.76%	20.70%
West Virginia	5.29%	14.91%	8.76%	11.87%	12.01%	12.93%	14.29%	19.93%
United States	6.02%	16.43%	9.32%	13.93%	12.66%	12.72%	12.89%	16.03%

The median age in Raleigh County is 42.3 years. In West Virginia is 42.7 and in the United States median age is 38.2 years old. Females are older than males in all areas. White people were older than all other races across most areas. The exception is Native American or Alaska Natives in West Virginia. However, this may be skewed by the small number of residents in that category.

The population of Raleigh County decreased by 5.41% from 2010 – 2020. This compares to the West Virginia loss of 3.20% and the national gain of 7.13%. These numbers do not reflect the impact of COVID on population loss.

Employment

The area Labor Participation Rate is 50.25%. This is worse than the West Virginia rate of 53.61% and the United States rate of 62.97%. The Labor Participation Rate measures the percentage of eligible job seekers who are not working or looking for work. This means that half of the potential workers are not in the job market.

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other factors contributing to poor health status. The Bureau of Labor Statistics report a 3.6% unemployment rate in Raleigh County, 4.0% in West Virginia and 3.2% in the United States. While these numbers are good, they do not address the Labor Participation Rate.

Economy

There is a higher percentage of students eligible for free or reduced lunch in Raleigh County than in West Virginia or the United States. The median household income is lower than both as Table 4 demonstrates.

Table 4: [Household Income](#)

Area	Total Households	Average Household Income	Median Household Income
Raleigh County	31,116	\$58,968	\$43,283
West Virginia	734,235	\$65,332	\$48,037
United States	122,354,219	\$91,547	\$64,994

The per capita income for Raleigh County is \$24,608. This compares negatively (-11%) to the state mean income of \$27,346 and 43.79% lower than the national average.

Table 5: [Household Size and Income](#)

Area	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-or More
Raleigh County	\$19,813	\$52,768	\$54,167	\$81,620	\$56,155	\$79,773	No Date
West Virginia	\$24,564	\$55,184	\$66,012	\$77,344	\$74,610	\$66,326	\$75,500
United States	\$33,265	\$72,238	\$84,033	\$97,660	\$90,979	\$88,413	\$94,924

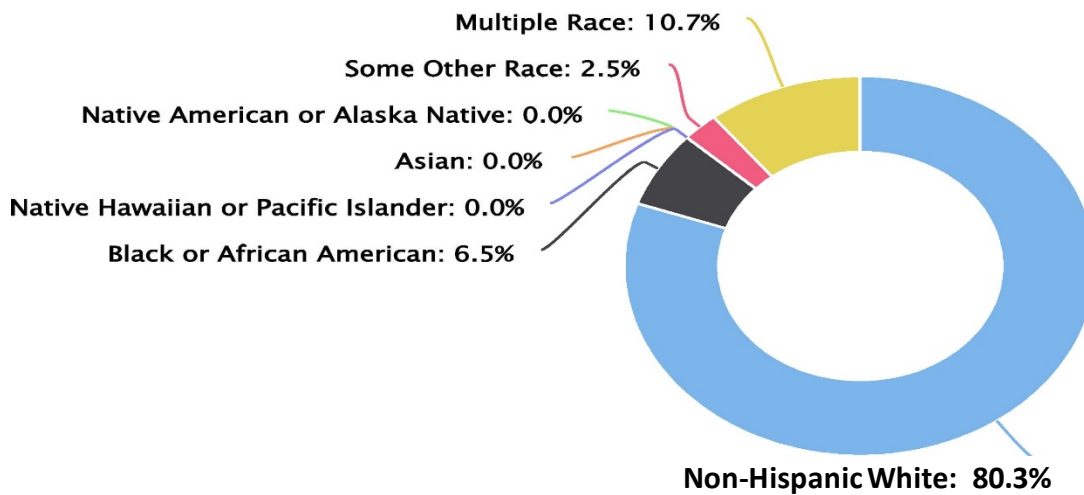
The average household size in 2021 was 3.35 persons.

Poverty

The charts and graphs below reflect percentages or numbers of children living in Raleigh County for the projected status. It does not reflect the whole county. For example, in the first chart below “Children in Poverty by Race” each category represents the percentage of children that are in poverty by race, not the race for total children in the county. Table 1 on page 14 identifies the number of children by race in the county.

Children in Poverty by Race

Total living in Raleigh County



Children in Poverty by Ethnicity

Raleigh County Children

Area	Hispanic or Latino in Poverty	Non-Hispanic or Latino in Poverty
Raleigh County	29.95%	
West Virginia	21.03%	
United States	24.68%	

For School Year 2020 – 2021, 56.4% of children in Raleigh County were eligible for free or reduced school lunch. The eligibility rate in West Virginia was 49.2% while the United States rate is 53.2%. Due to the extreme number of absences related to COVID, families were given an electronic banking card for food. This was extremely helpful, but made the loss felt more strongly when the program stopped. This combined with the phase out of the monthly Child Tax Credit program created a dramatic decrease in resources and a resulting increase in food insecurity and basic needs.

The poverty rate for all persons in Raleigh County was 18.6% in 2021. This increased to 27.5% of those under 18 years old. Double the number of single-family heads of household families

(38.8%) were living in poverty. All categories were significantly higher than the state and national rates.

Area Deprivation Index:

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education; Income & Employment; Housing; and Household Characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged). Raleigh County is in the bottom half of the state (57th percentile) and bottom quartile nationally (75th percentile).

Social Vulnerability Index:

The CDC's Social Vulnerability Index (SVI) summarizes the extent to which a community is socially vulnerable to disaster. The factors considered in developing the SVI (Social Vulnerability Index) include economic data and data regarding education, family characteristics, housing language ability, ethnicity, and vehicle access.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Raleigh County has a social vulnerability index score of 0.77, greater than the state average of 0.51. The U.S. average is 0.40. The county number is nearly double the national average.

Food Insecurity:

More than one-fifth (20.7%) of Raleigh County Residents receive Supplemental Nutrition Assistance Program benefits (SNAP). West Virginia Residents (17.1%) receive SNAP. In the United States, 11.7% receive SNAP benefits. The Raleigh County enrollment rate is nearly double the national rate. Over one-third (35.7%) of SNAP benefits are for children in Raleigh County. There are 35 retailers in the county that accept SNAP benefits.

Food insecurity has a negative influence on academic outcomes. Affected students experience more behavioral, emotional, and academic challenges at home and at school. Food insecurity is related to low academic performance, socialization problems, and poor health.

There are seventy-five (74.83) fast food restaurants per 100,000 population in the service area compared to 71.34 in West Virginia. The United States rate is 82.22 per 100,000 population. There are eight food pantries and three hot meal programs in Raleigh County.

Almost thirty thousand Raleigh County residents (29,962 persons) live in what is considered a food desert. There are seven census tracts in the county classified as food deserts by the United States Department of Agriculture (USDA). There are fewer grocery stores (15.22 per 100,000 population) than in West Virginia (16.73) or nationally (20.77). Most stores accept SNAP benefits.

Raleigh County has eight food pantries and three hot meal providers for low-income individuals and families. Seventy-four percent of students are eligible for free or reduced meals. There were 1,278 WIC (Women, Infants, and Children) average monthly cases in 2021 but only five WIC retailers. Only seven of Raleigh County's food retailers offer fresh produce.

Almost three-fourths (74.0%) of Raleigh County students were eligible for free school or reduced lunch. This is equal to over 8,500 students.

[Asset Limited, Income Constrained, Employed \(ALICE\)](#)

The West Virginia United Way Collaborative published the "ALICE in West Virginia: A Financial Hardship Study". It discusses the impact of COVID-19 on exposing and expanding disparities. Working individuals and families are facing hardships as well as the unemployed. It describes a household survival budget and demonstrates that minimum wage often will not sustain an individual or family. Raleigh County shows that 45% of the population are in poverty or below the income and asset levels needed for self-sustainability.

[Education](#)

Of children ages 3 – 4 years old in Raleigh County, 34.73% are enrolled in school. This is slightly higher than the West Virginia rate (32.81%). However, it is lower than the United States enrollment. The high school student Graduation on time rate is 87%. This compares closely to the WV and US rates. Less than one-fifth (19.87%) of people age 25+ have a bachelor's degree or higher. The West Virginia rate is 21.3% and the United States rate is 32.9% which is sixty percent higher than the county rate.

The percentage of residents aged 16 – 19 who are not in school and not employed is 11.13% compared to 9.30% in West Virginia. The national rate is 6.79% which is significantly lower.

[Head Start/Early Head Start](#)

Raleigh County Community Action is the Head Start/Early Head Start (HS/EHS) Provider in Raleigh County through collaboration with Raleigh County Schools and local child care centers. The program provides comprehensive services including child development and education, health (including physical, nutritional, and mental wellness) and family support to 316 preschool children, and 52 infants/toddlers each year in ten Head Start classrooms, seventeen elementary school Pre-K classrooms, and four infant/toddler sites.

The program uses the Creative Curriculum in both HS and EHS classrooms as the basis for the child development and education program. Education staff use developmental screening and assessment tools regularly to monitor child development and individualize services according each child's needs. A minimum 10% of total enrollment includes children with special needs.

At this time, one hundred percent of children in both programs have health insurance coverage and a medical home (a continuous, reliable source of medical care). The majority (97%) of Head Start children have a dental home and 88% of Early Head Start children have a dental

home (a continuous, reliable source of dental care); the lower percentage for EHS reflects infants not at the age to require dental services.

RCCAA provides healthy meals through the nutrition program to children, serving breakfast, lunch and snack daily. Staff and parents receive training on healthy eating habits and the importance of staying active. Children are also engaged in cooking and tasting activities within their classrooms.

Family Service staff provide individualized support to all HS/EHS families through goals developed in partnership with each family according to their strengths and needs. They provide training opportunities throughout the year based on expressed need and program requirements. Family service maintains a current list of available resources for families to assist in meeting needs, and works with community partners to strengthen the program overall.

There are a limited number of EHS eligible slots at this time, resulting in a continuous waitlist for EHS. The program intends to apply for further funding when expansion grants for EHS become available, and are also exploring ways to support expectant mothers through the existing EHS grant.

Internet Access

Slightly over one-fifth (20.3%) of Raleigh County residents do not have access to internet services which is comparable to both state and national levels. However, smartphone access is lower in Raleigh County than in other states or the nation. This is surprising since the county is the fifth most populous county in West Virginia.

Housing

Despite meaningful recovery in employment since the start of the pandemic, housing security continues to lag in West Virginia. Over the pandemic, the estimated percentage of West Virginians behind on rent or mortgage payments averaged 12.7%. Housing insecurity estimates averaged 20% in 2020. The most recent data collected during the week of April 27, 2022, averages just over six percent.

The most recent US Census data indicated that four percent of homeowners are behind on their mortgage, and an additional four percent have little or no confidence in their ability to pay it next month. However, the outcomes are much grimmer for renters: over the same period, 13% of renters indicated that they were behind on rent. Furthermore, a quarter of renters reported having little to no confidence in their ability to pay rent next month.

There is also a sizeable discrepancy in housing insecurity between adults with and without children. Households without children had a three percent housing insecurity rate in most recent estimates. However, in households with children, this rate jumped to 23 percent—over seven times the childless household rate.

Because of housing insecurity, homelessness severely threatens community wellness in West Virginia. As of January 2020, there were over 1,300 people who were without a home on any given night in the state.

These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

A family housing unit is one in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Two-thirds of total households in the area, state and county are family households with one third being Non-Family Households. Almost three-fourths (73.4%) of houses are owned with 46.2% having a mortgage. The median rent is \$693 per month. More than four in ten households (42.1%) have rental costs that exceed 35% of their income.

Raleigh County Households by Composition and Relationship to Householder

- ✓ Single Male Family Households: 4.5%
- ✓ Single Female Family Households: 12.8%
- ✓ Non-Family Households: 33.2%
- ✓ Married Family Households: 49.5%

Many families live in households in cost burdened homes where the housing costs exceed 30% of their monthly income. In Raleigh County, this is equal to 22.78% of total households. The West Virginia rate is 20.94% and the national rate is 30.35%. West Virginia has a high ownership rate, but the median home value is low. Nearly one-fourth (23.03%) of housing units have one or more substandard condition which is higher than the state and lower than the nation.

Eviction Rate Table:

Area	Eviction Filing Rate	Eviction Rate	Filing to Eviction
Raleigh County	5.57%	4.16%	74.69%
West Virginia	4.40%	3.52%	80.00.%
United States	6.12%	2.34%	38.24%

Clarification: The eviction filing rate in the United States is higher than the West Virginia and Raleigh County data. However, the eviction rate is lower. Three-fourths of all filings result in eviction in Raleigh County. This rises to 80% in West Virginia which is double the United States. This means that more eviction cases are filed in the United States than in Raleigh County or West Virginia. However, persons living in WV and Raleigh County are twice more likely to be evicted than elsewhere. This is a tragic number.

Veterans:

West Virginia has traditionally held the highest (or near highest) percentage of Veterans in the United States. Raleigh County has a Veteran population of 8.93% which is slightly higher than West Virginia (8.68%) and significantly higher than the United States (7.07%).

Transportation:

Nearly ten percent (9.2%) of Raleigh County households do not have a motor vehicle. This is higher than the West Virginia and national rates. Many vehicles are also aging and need repair. The cost of maintenance and rising cost of gas contribute to the rising burden of transportation. As younger people leave the area for employment, there is less informal support available to assist older individuals and those with disabilities. Public transportation is limited to set routes and times, except for medical appointments which must be arranged in advance.

The WV State Opioid Response Plan (SOR) plan now offers transportation options provided by RCCAA. Transportation is specifically for persons with an Opioid Use Disorder (OUD) seeking treatment and recovery services related to OUD including evidence-based Medication Assisted Treatment (MAT).

Health:

The county has two acute care hospitals, several community health center locations, urgent care clinics, primary care practices and specialists. Raleigh County health care providers serve adjacent county residents who do not have direct access to these services.

Medicare patients access preventive and screening services such as mammograms and diabetes Ha1c tests at the same rate as the state and national levels. Access to these types of services is key. However, the rate of preventable hospitalizations was significantly higher in Raleigh County at 5,619 per 100,000 population compared to 3,676 in West Virginia and 2,865 in the United States.

Disability

West Virginia has high rates of chronic disease and disability. One-quarter (23.5%) of Raleigh County residents have a disability. Many have multiple chronic diseases (including physical, mental, behavioral health, and substance use).

The leading causes of death in West Virginia include: *

1. Heart Disease
2. Cancer
3. Accidents
4. Chronic Lower Respiratory Diseases
5. COVID-19
6. Diabetes
7. Stroke
8. Alzheimer's Disease
9. Kidney Disease

10. Influenza/Pneumonia

*It is important to note that these types of statistics take time to collect and report. This is 2020 data from the National Vital Statistics System. Issues related to substance use disorders, for example, may be listed as accidental or under a different diagnosis that resulted in the death (such as gun violence).

Healthy Behaviors:

The percentage of Raleigh County residents reporting binge drinking was lower than the state rate and significantly lower than the U.S. rate. Nearly one-third (28.7%) of Raleigh County residents report no physical activity leisure time. This is higher than the state and national averages. Many areas do not have access to indoor facilities and outdoor walking areas are unlit and unsafe. The weather also prevents year-round outdoor activity. Males are more physically active than females, regardless of geographic location. The population of Raleigh County with HIV/AIDS is 202.8 per 100,000 persons compared to West Virginia at 122.20 per 100,000. The United States rate is 372.8 per 100,000 population. These numbers have increased every year from 2009 to 2018.

West Virginia and Raleigh County both have a higher rate of adult current smokers than the United States. One-quarter of Raleigh County Residents smoke, which is close to the state percentage. Over 40% of county and state residents also sleep less than seven hours per night. More County residents (38.7%) reported being obese compared to 34.6% in West Virginia and 27.6% in the nation.

Substance Use Disorders:

West Virginia leads the nation in Substance Use Disorder problems, including Opioid deaths. SUD affects the majority of state residents in one way or another. There is a tremendous financial, physical, and mental health burden related to this. Additional resources are needed to address this across the board – treatment, aftercare, education, training, and support.

Health Outcomes:

Almost 500 (499.3) persons per 100,000 in Raleigh County have cancer each year. West Virginia and the United States rates are lower. Top cancers in Raleigh County include Lungs and Bronchus; Breast; Colon & Rectum; Prostate; and Bladder Cancer. Asthma affects over 5% of county residents. The lung disease death rate in our service area is double the national rate. The unhealthy behaviors outlined above (smoking, obesity, and lack of exercise) contribute to poor outcomes. Over 10% of Raleigh County babies are born with low birthweight.

Heart disease rates are worse in Raleigh County than in the state or nation. Stroke rates are 10% higher in Raleigh County than the state rate. Poisoning rates are also higher (almost four times the national average). This potentially includes overdose deaths. The suicide rate is more than 20% higher than the state rate and nearly double the national rate. Homicides are also higher in Raleigh County. Many crimes involve substance use. Motor vehicle crashes are higher

in Raleigh County as well. Unintentional injury deaths are 40% higher in Raleigh County and 2.8 times the United States rate. The years of potential life lost is double in Raleigh County that of the national average (14,848 to 7,322 per 100,000 population).

Poor or fair general health was reported by 26.4% of county residents, 24.46% of West Virginians and 17.80% in the nation. Almost one-fourth (23.5%) of the Raleigh County population has a disability. In 2021, Raleigh County ranked 44th of 55 counties in health outcomes and 26th in health rankings.

COVID:

West Virginia was the first state to vaccinate all nursing home residents. However, community vaccination was more difficult. Vaccine hesitancy slowed the process. As of June 9, 2022, there were 32,323 confirmed cases per 100,000 population in Raleigh County. This is significantly higher than the West Virginia rate of 28,881. The national rate was 25,597. Two-thirds (64.30%) of Raleigh County adult residents have been fully vaccinated which is remarkably like the state rate and slightly lower than national coverage.

There was an average of 17 meals per month for needy students in 2021 related to COVID. COVID-19 continues to disrupt the lives of many in terms of physical and mental health. It has created long term chronic fatigue and pain. Many are experiencing a reduction in physical activity, which can lead to further health deterioration. Throughout 2022, there continued to be cases and spikes in COVID. It is now complicated by a climb in influenza cases and RSV (Respiratory Syncytial Virus).

In addition, social determinants of health (housing, education, employment, transportation, childcare, nutrition and health, and environment) have all been impacted. One of the largest and most noticeable changes has been in economic status.

Health Insurance:

The majority of Raleigh County Residents have health insurance (94.52%) which is better than both West Virginia and the United States. Of the 5.48% that do not have insurance coverage, only 1.5% of persons are over age 65, 18.8% are under age 18 years old and 89.6% are ages 18-64 years old.

Many private insurance carriers have cut back on services or increased copays and deductibles. This has forced decisions related to compliance. When there are competing expenses with limited resources, people must choose to forgo something. This may basic needs including rent, medication, and quality nutrition.

Children:

There are 10,778 children enrolled in Raleigh County schools for this fiscal year (October 2022). The attendance rate is 90.82%. The graduation rate is between 86% and 90%.

There are more low-birthweight babies in the county than in the state (10% higher) and the United States (20% higher). There are also more births to teens than in other areas.

The childcare cost burden is 34% in Raleigh County and West Virginia but is only 25% across the nation. There are 88 Childcare providers in Raleigh County. More than one thousand (1,021) children in the county are receiving subsidized care supporting low-income children and families.

The COVID essential worker program allowed above income individuals and families in certain fields to receive payment assistance that would not normally qualify. The program is being phased out.

When the Child Tax Credit monthly payment programs was discontinued on December 31, 2021, the impact was far greater than anticipated. The percentage of children in poverty increased in January 2022 by 4.9% in one month. This translates to an additional 3.7 million West Virginia children in poverty. Minorities experienced a higher percentage than white children.

Crime and Related Issues:

The violent crime rate in Raleigh County of 478 is significantly higher than the state rate of 330 (31%). It is also greater than the United States average by nearly 20%. Injury death are more than twice the national average and 25% higher than the state rate. The Homicide and Suicide fatalities are higher in Raleigh County than West Virginia or the United States. Firearm fatalities are also higher. Juvenile arrests are higher than the state, but lower than the national rate.

Environmental:

There are no issues related to poor air quality in the county or in the state. This is based on monitoring of daily air quality standards. Air pollution rates are low compared to other states and the nation. Chemical plants, coal plants, and other potential sources of air pollution do exist throughout the state

Water and sanitary systems are aging creating infrastructure issues, loss of service for extended periods, and potential water pollution concerns. Electrical access is available to the majority of county and state residents. However, the rising cost of water, sanitary services, heating and electricity creates significant access and delivery concerns.

Most residents in the county have access to broadband internet. Raleigh County is large enough to attract multiple internet providers. However, like most services, quality broadband is located within Beckley and adjacent areas. The more rural parts of the county have poor or no access. This applies to cellular telephone coverage as well.

There are only a limited number of recreational or physical fitness activity opportunities in the service area. Most are in the Beckley vicinity. The rate per 100,000 population in Raleigh County is 5.07. This compares to 6.80 for the state and 12.23 in the United States.

2022 Beckley Appalachian Regional Hospital Survey

Beckley Appalachian Regional Hospital (BARH) conducted its' 2022 Community Health Needs Assessment throughout the service area. They received 768 Responses. It was focused on health care issues. The top health challenges were high blood pressure, arthritis/joint pain, and overweight/obesity. These are chronic problems that contribute to long-term impact such as inability to work, multiple healthcare and risks, and disability. Quality of life decreases when facing chronic disease.

The survey respondents cited drug abuse; being overweight with poor eating habits and lack of exercise; and alcohol use. BARH asked participants to rate their own health and overall community health on a scale of 1 – 5 (with one being very unhealthy and five being very healthy). Respondents score their own health at 3.2 of 5 and the overall community health at 2.4 of 5.0. Most of the remaining survey findings were about hospital use and services.

ARH Identified priorities included:

1. Mental health
2. Obesity
3. Culture of Health/Healthy Lifestyle
4. Substance Use Disorder



Total Survey Results

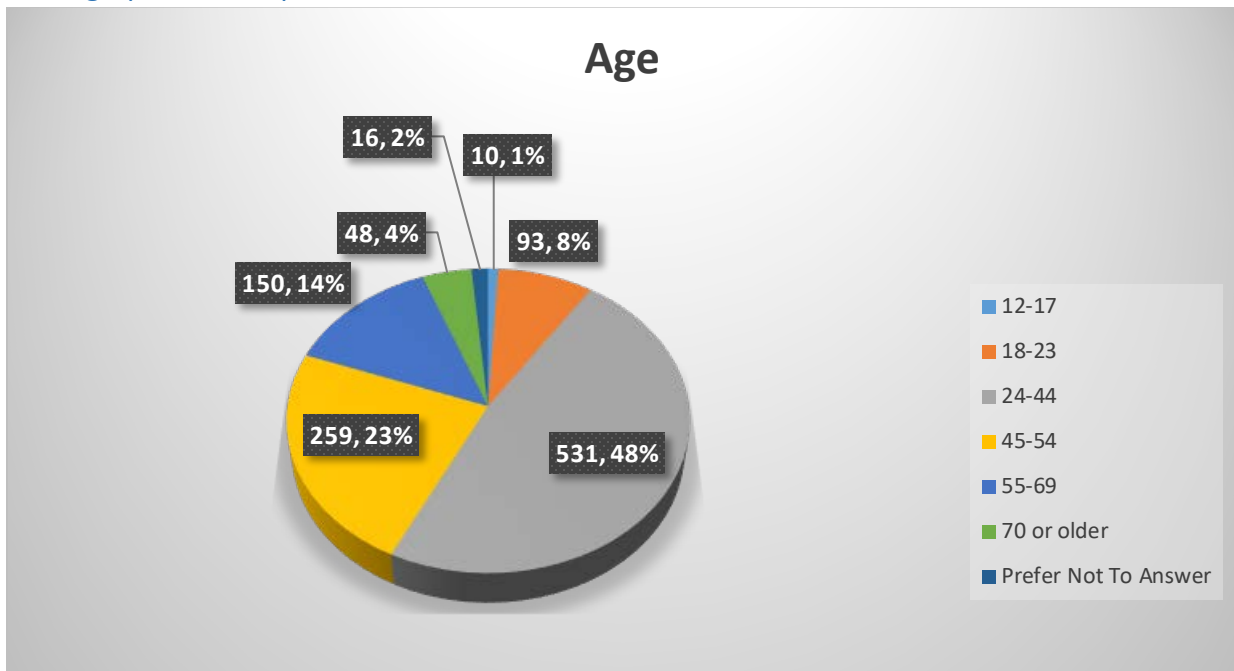
Overall Findings

There were 1,107 survey respondents. An additional 15 responses were received in paper format after the deadline but were not included in the reports because of the received date.

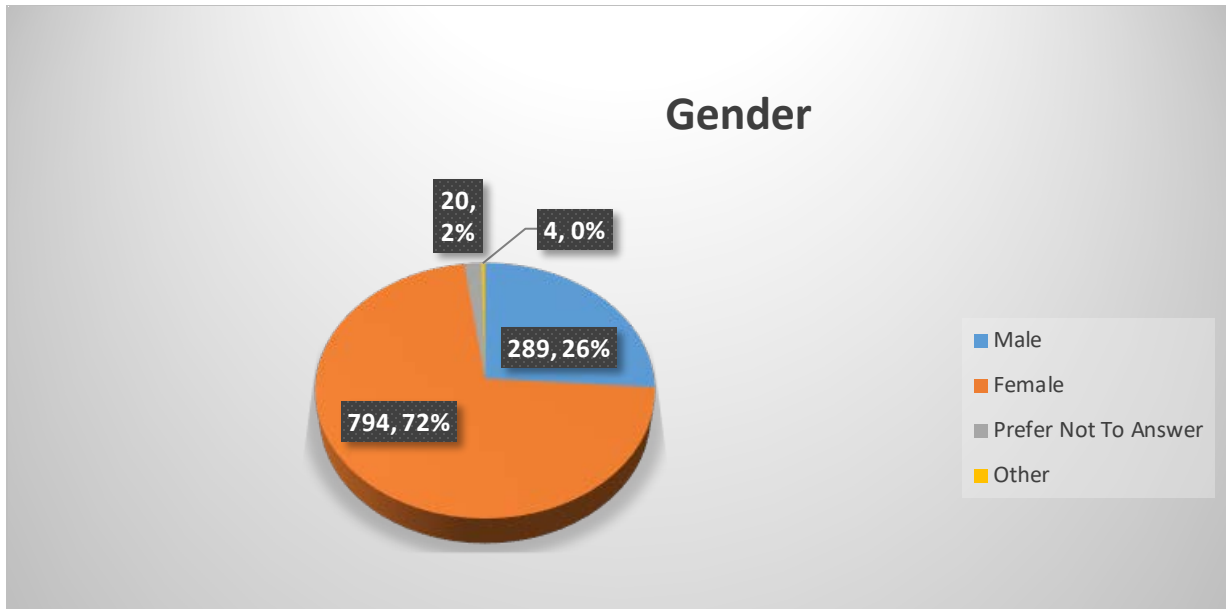
The chart below represents the breakdown of participants by location. As you can see, there was good representation from all areas. Raleigh County Community Action Association did an excellent job of dispensing the surveys to reach the entire service area.

The entire county was selected for persons who provide services or interact with overlapping areas. Respondents were asked to select the area that best represents their interests. The school districts were chosen to look at the county because they represent unique identifiable areas with unique needs. There are four high schools within the county, five middle schools and seventeen elementary schools. In addition, there is one vocational center located in Beckley on the campus of Woodrow Wilson High school. Beckley is the geographic center of Raleigh County. These demographics represent all Raleigh County combined survey responses.

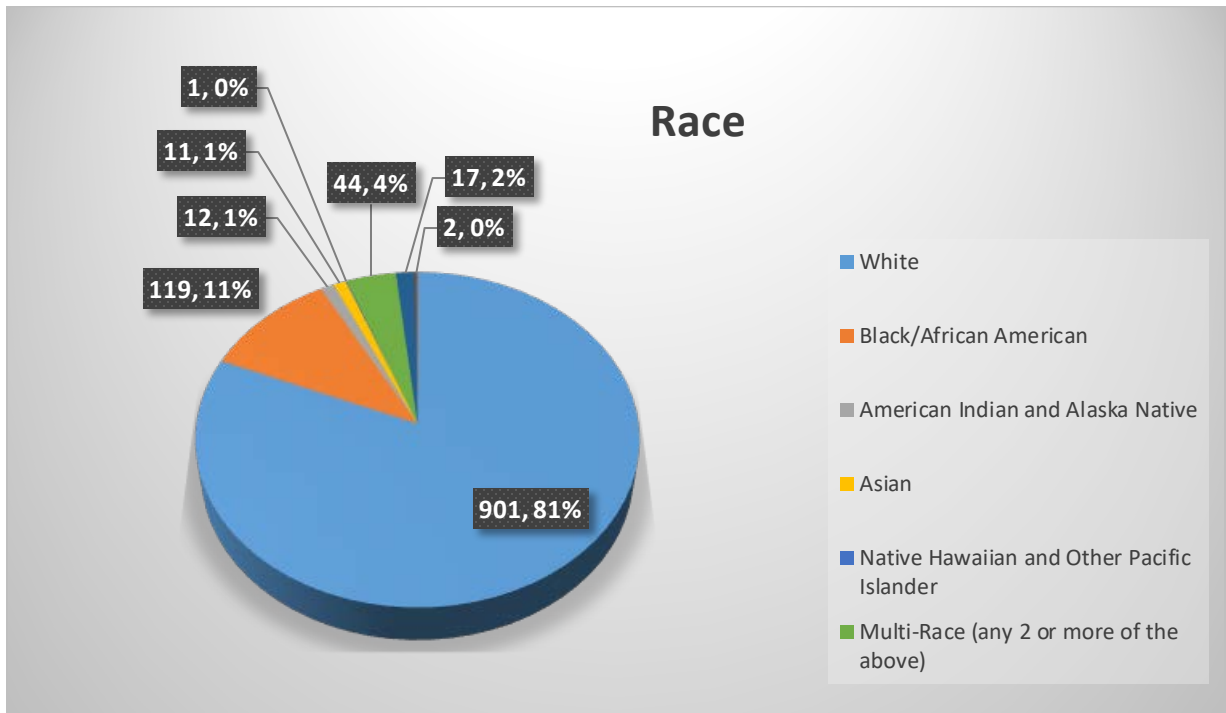
Demographics of Respondents



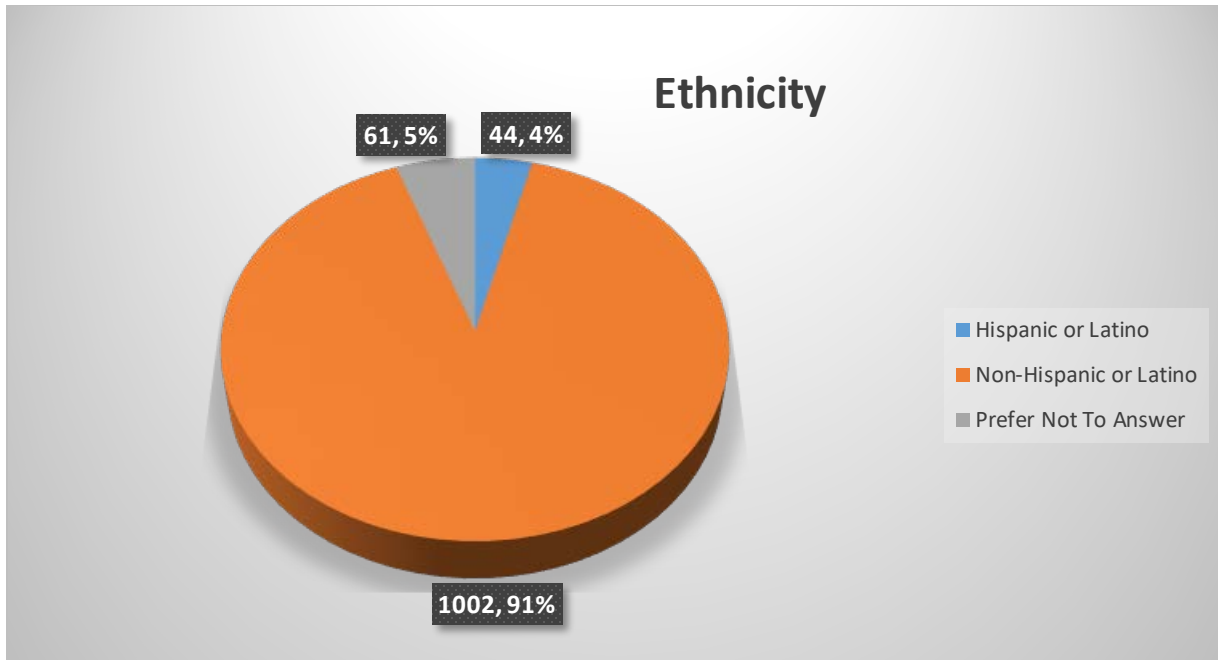
Less than ten percent of respondents were aged 23 or younger. Nearly half were between the ages of 24 – 44 years old. Approximately one-quarter were aged 45 and 54 years old. Eighteen percent were 55 years or older. Two percent did not answer this question.



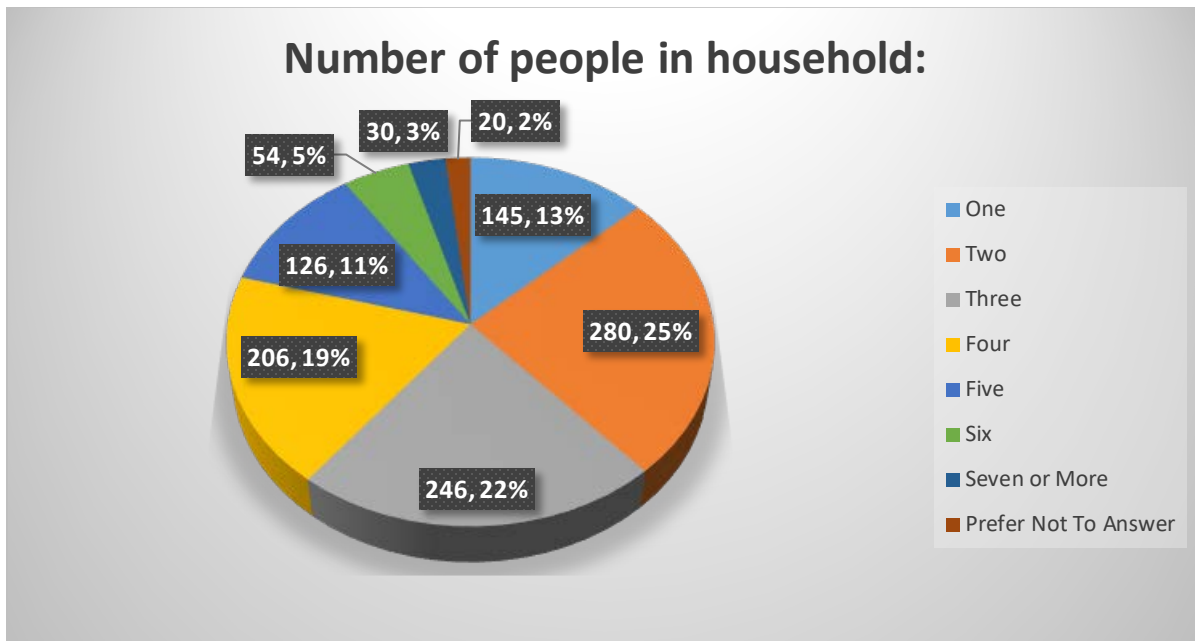
Almost three-quarters of the survey participants were female. This is higher than the area population, but females tend to respond to surveys at higher levels than men.



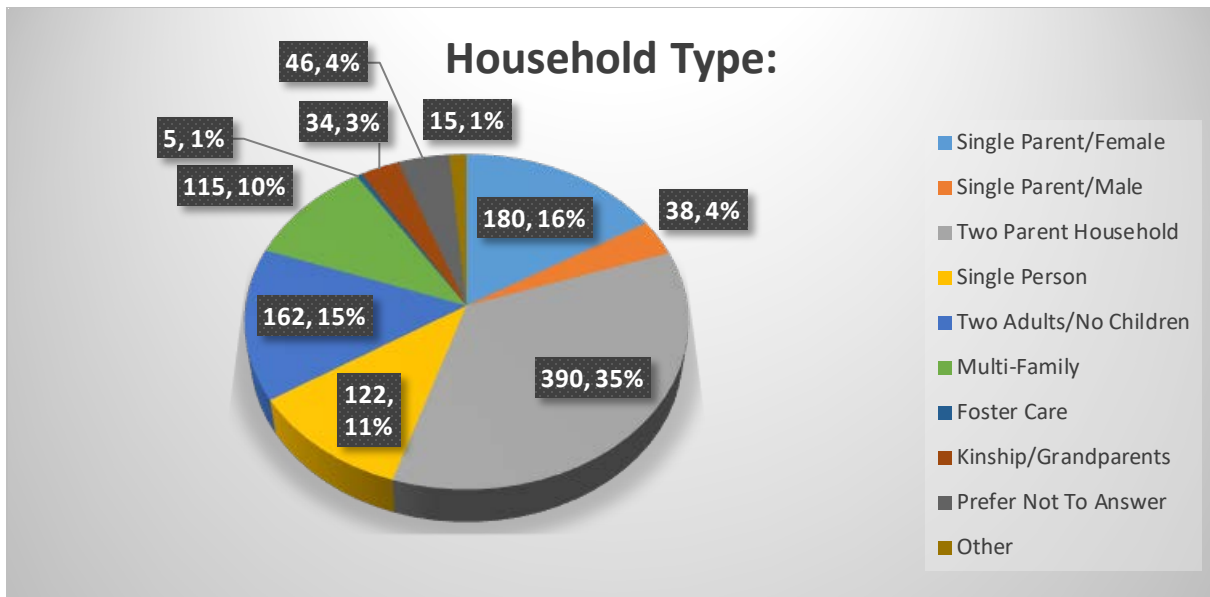
Twenty percent of respondents were non-white which is consistent with the percentage of the county population.



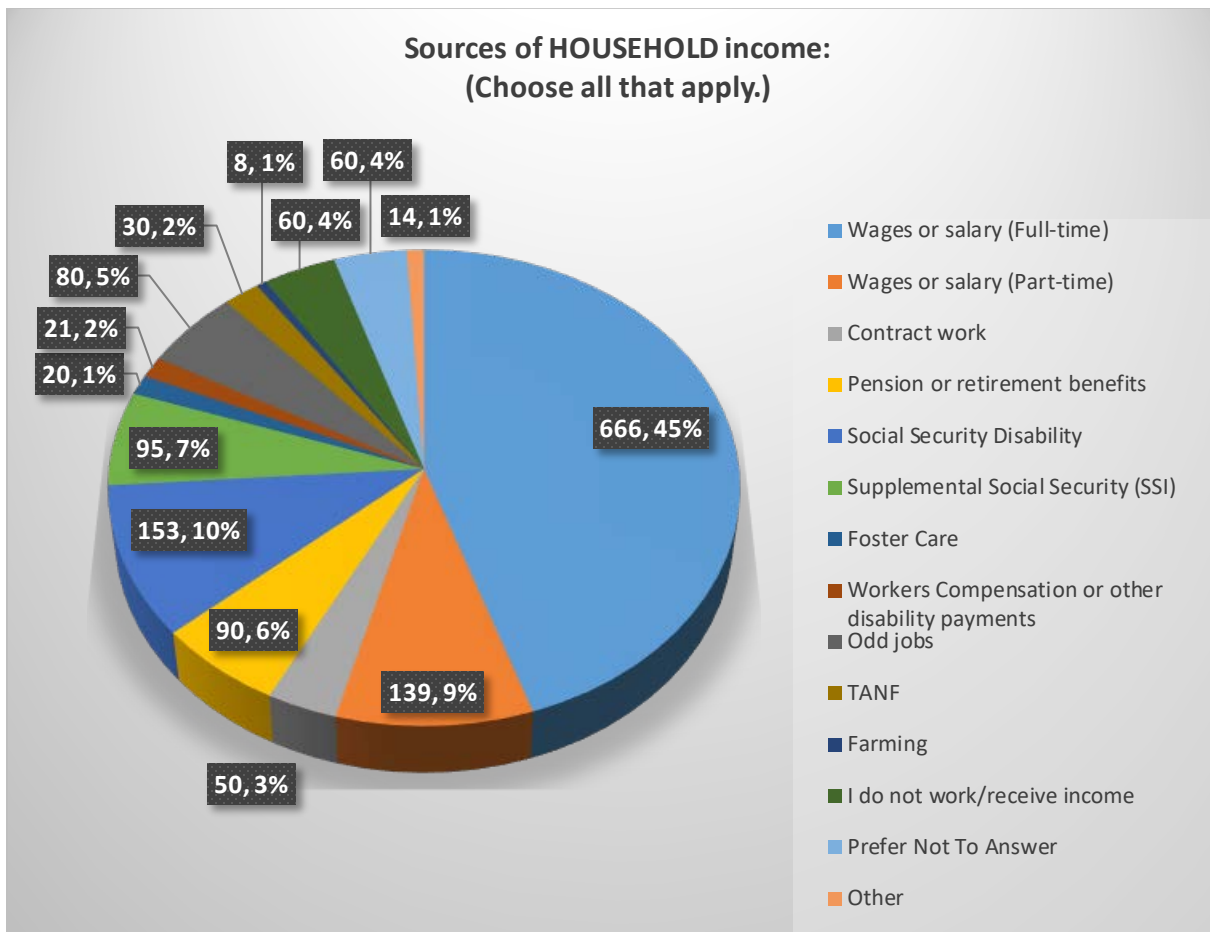
Most of the survey participants were non-Hispanic which is consistent with local and state numbers. Five percent of respondents were Hispanic.



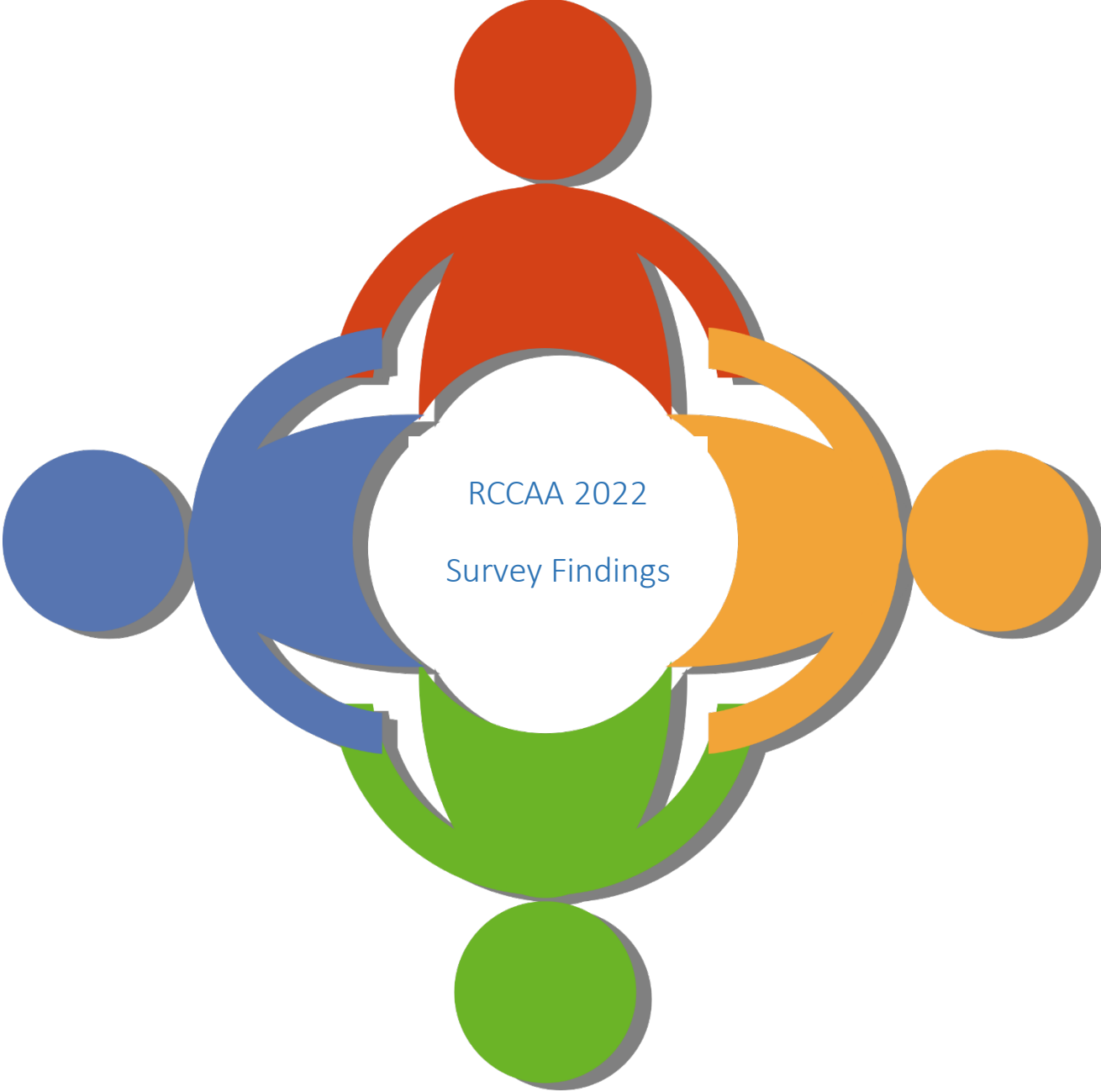
Less than fifteen percent of the survey participants were individuals. One-quarter were two-family households. Over 50% included three to five members. Only eight percent reported six or more in the household.

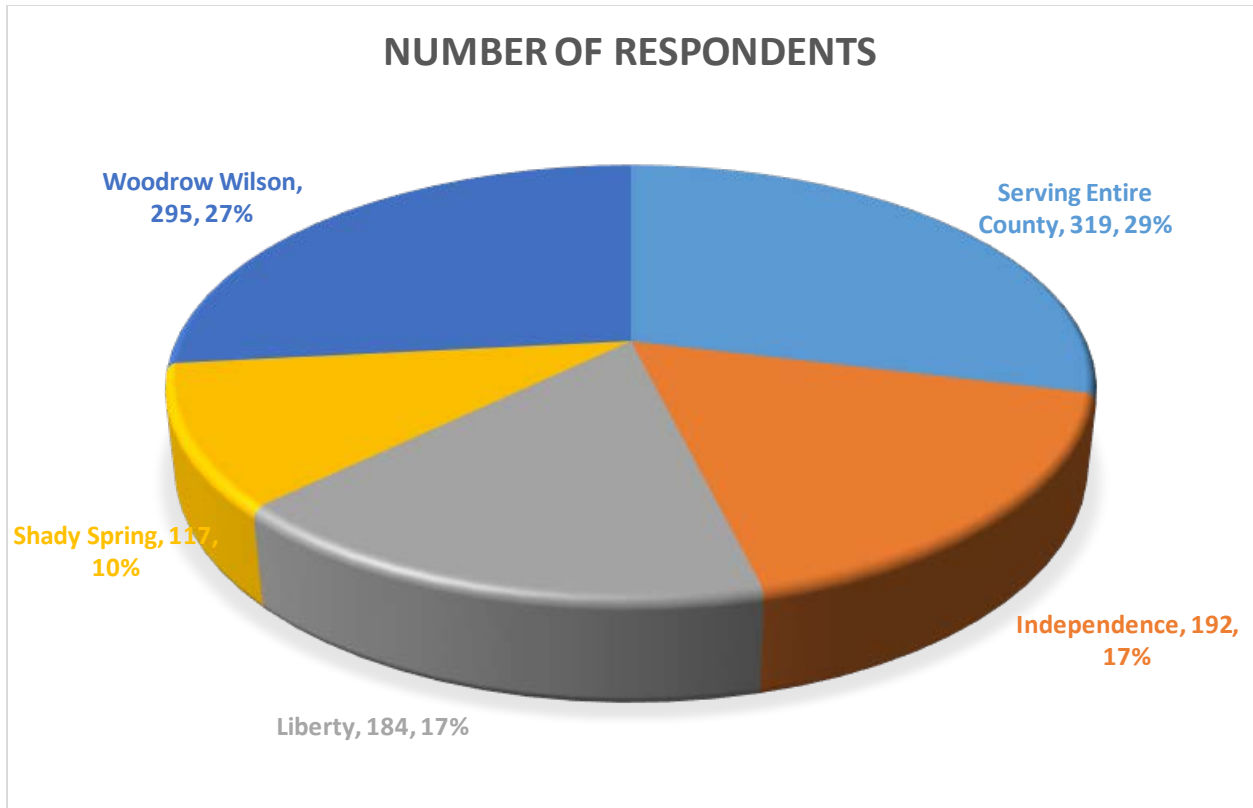


The largest group is the two-parent household. However, single parents represented 20% of households. Ten percent were multi-family households.



Less than half of the survey participants reported wages from full-time employment.



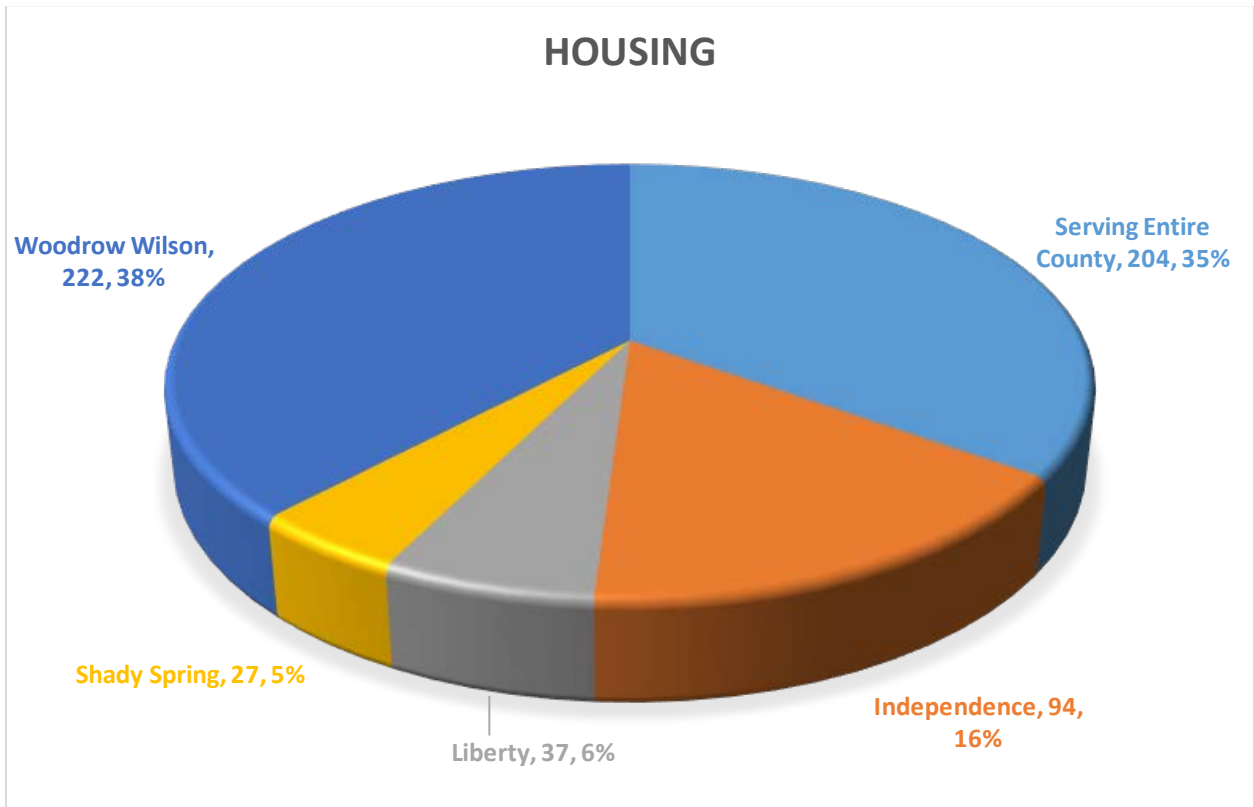
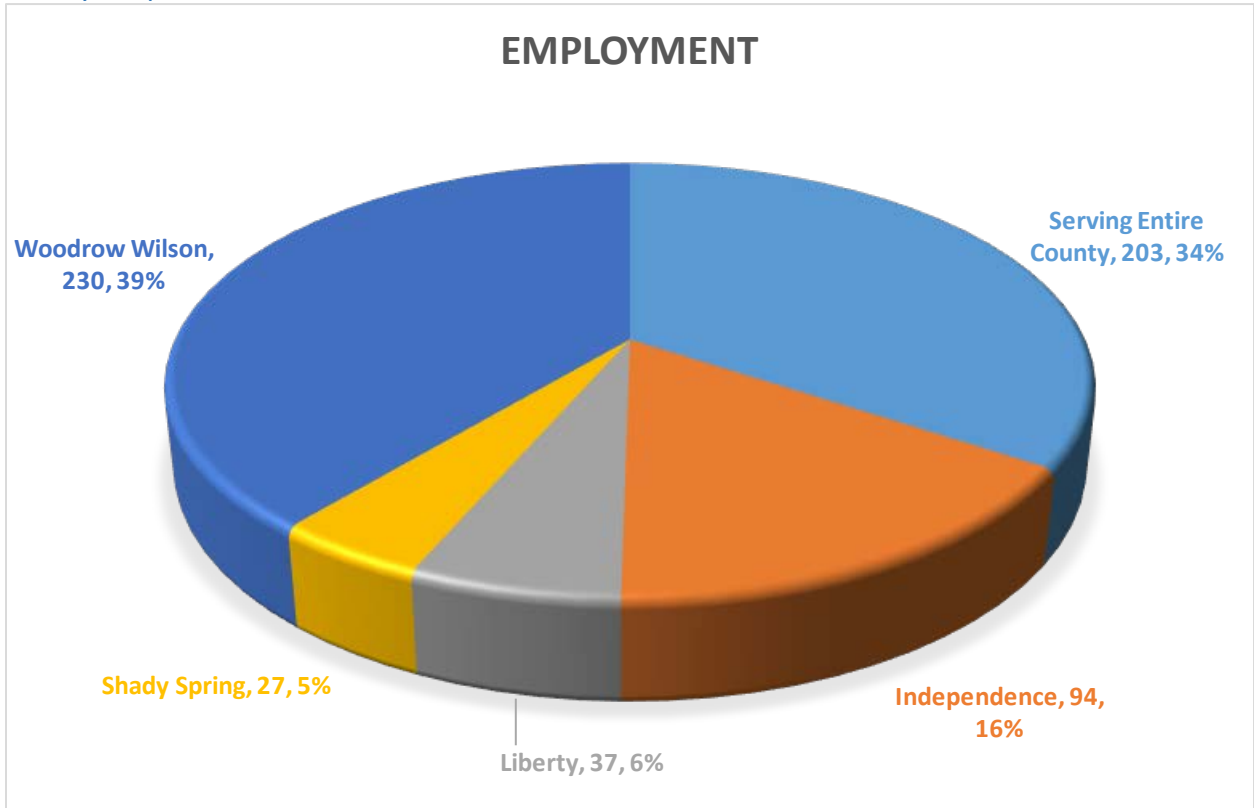


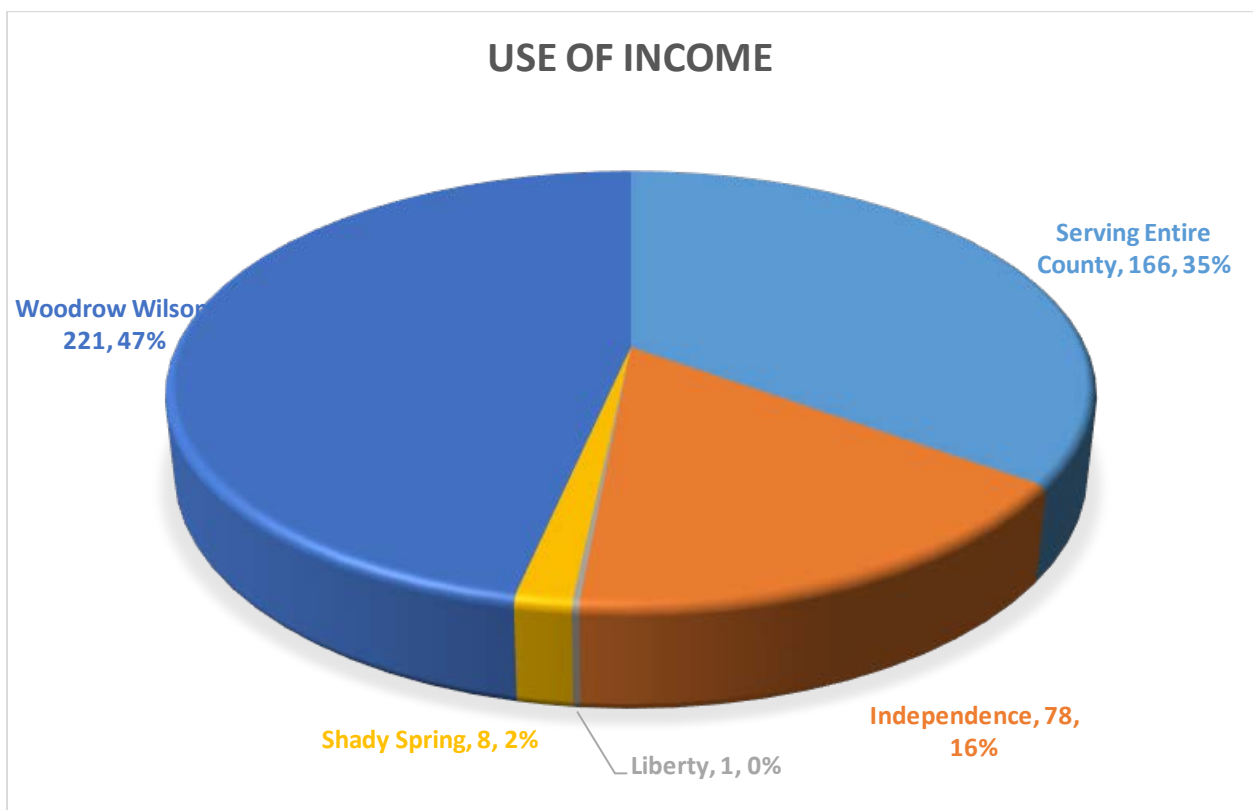
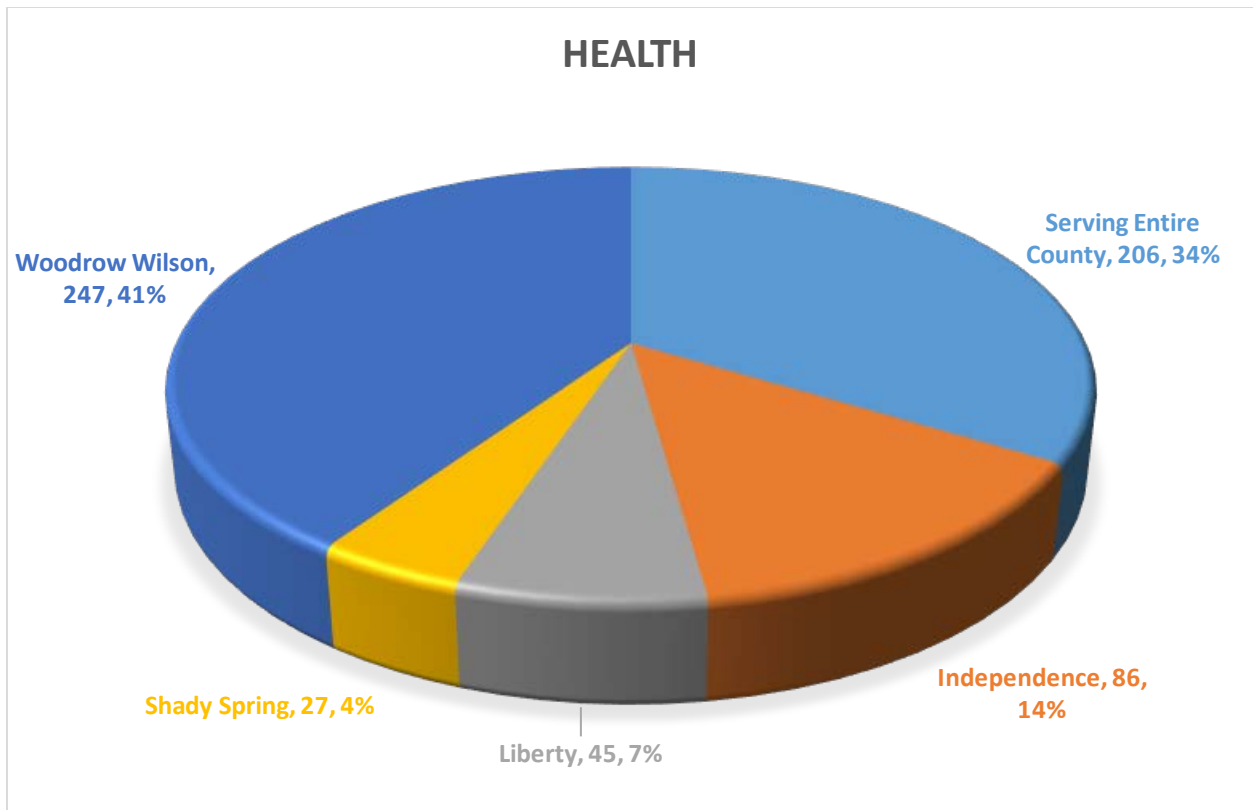
The County was divided into school district areas to allow for a more intense evaluation of similarities and differences within the areas. An additional category for the entire county was added for those who served broader than one area could represent (unspecified region). All five of these areas were included into the combined area findings and results of the Community Needs Assessment for Raleigh County. Raleigh County Community Action Association (RCCA) did an excellent job of collecting data from all locations throughout the county.

The appendices following the report include the survey utilized, the focus area questions and a supplemental report on each of the five service areas. This will allow for a closer review of the service area's needs and resources.

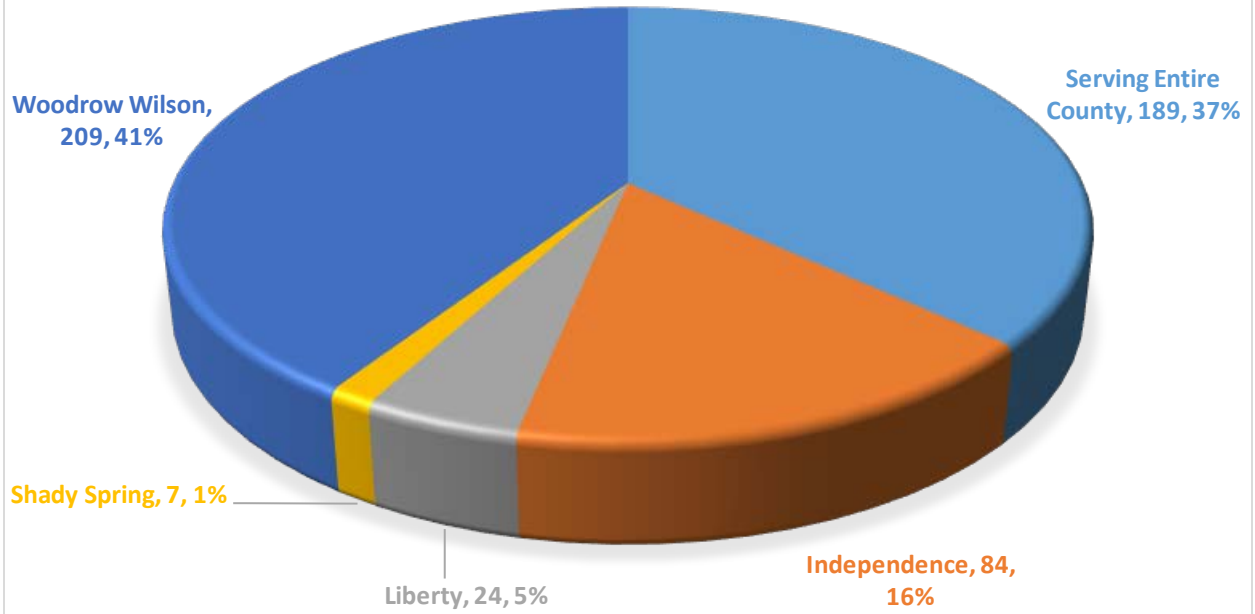
The following charts depict the total Raleigh County service area combined. A management supplement provided for Raleigh County Community Action Association, Inc. show chart findings by area served.

Survey Response Charts

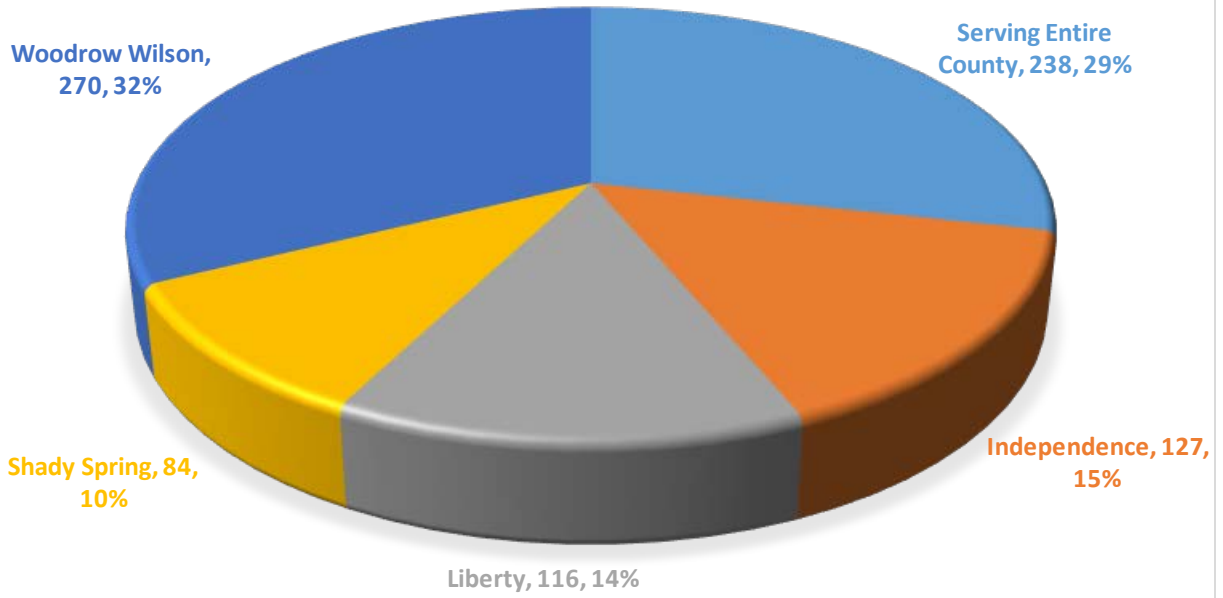


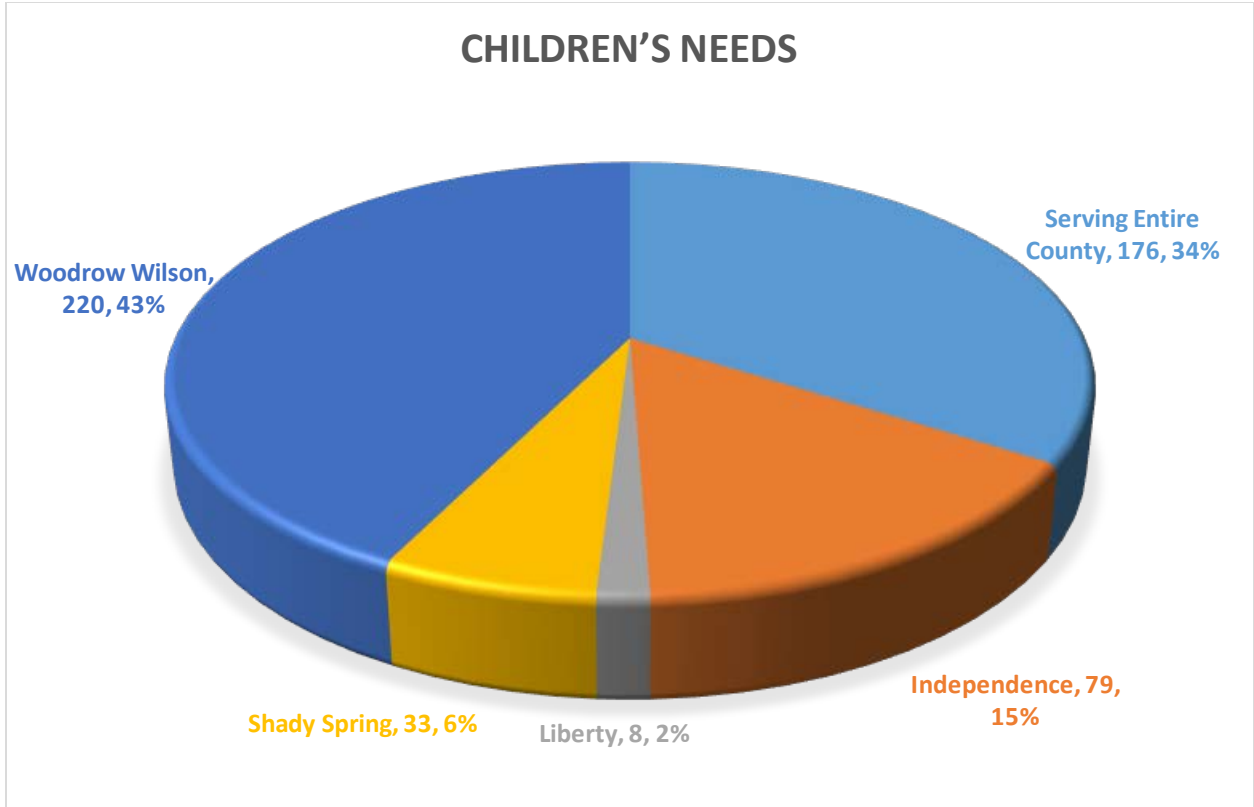


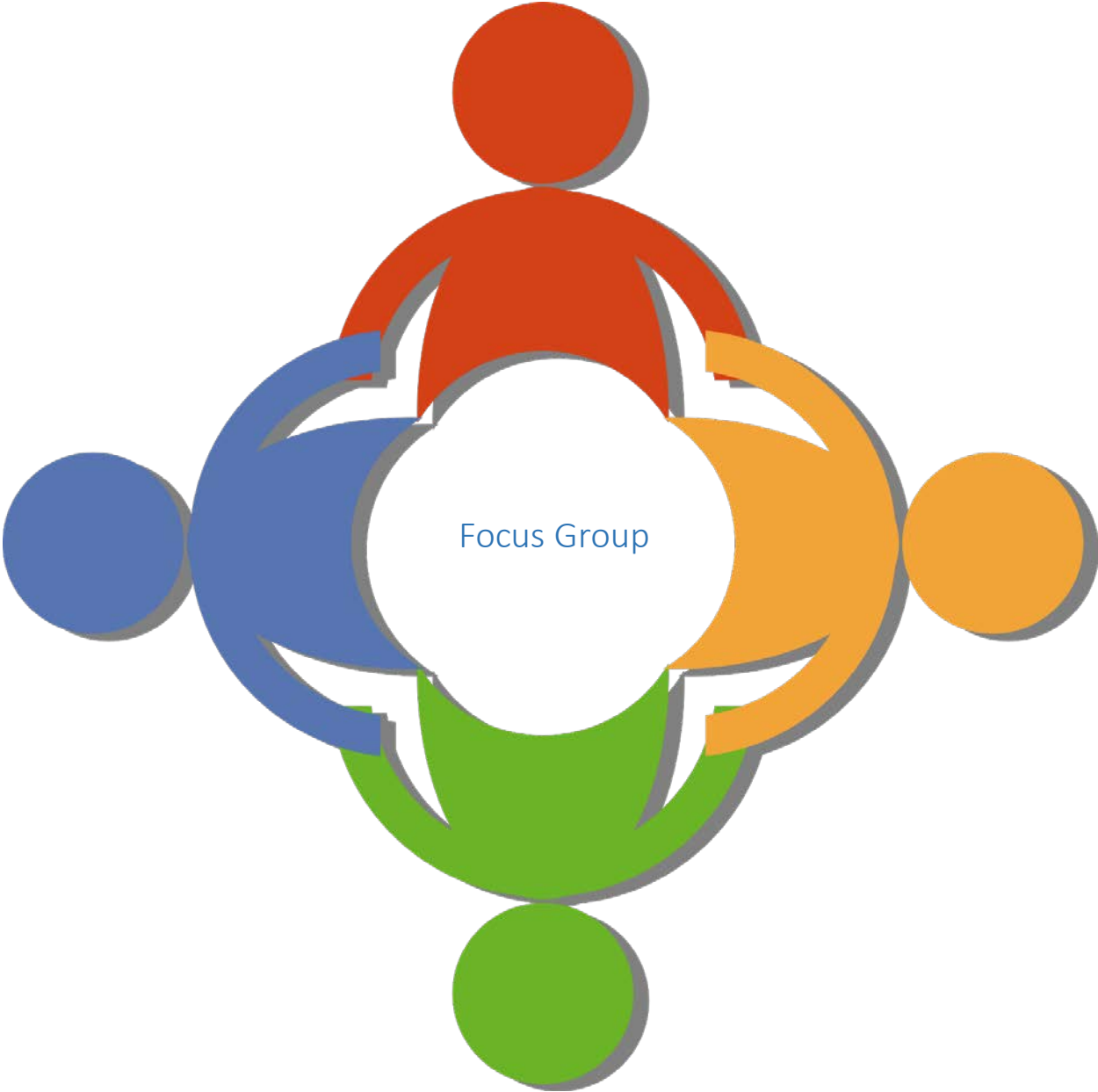
TRANSPORTATION



EMERGENCY SITUATIONS







RALEIGH COUNTY COMMUNITY ACTION ASSOCIATION FOCUS GROUP MEETING Sign-In Sheet
OCTOBER 25, 2022, 2:30 P.M.
OFFICE CONFERENCE ROOM

SIGN-IN SHEET

1. Crystal Alonso, Executive Director RCCAA
2. Pamela M. Cutler, HR Specialist/Deputy Director, RCCAA
3. Josh Maxon-Johnson, Head Start Director RCCAA
4. Lisa Tylea, Interim Director of Finance - RCCAA
5. Tammy Smith, Family Nurse Practitioner, Beckley Health Right
P@earthright.org
6. J. Salaam, Head Start Mental Health & Disabilities Spec
7. R. Meadows HS/EHS Education Coordinator
8. Mike Horn Director Homeless services
9. Danielle Stewart Chair, RCCAA
10. Crystal Foley RCCAA Social Worker
11. Rosetta Honaker
12. Michelle Leftwich
13. Jacklyn Taylor Raleigh Co Day Report
14. Stephanie Richardson Raleigh Co Day Report
15. Tim Luitkart Raleigh Co Probation - Drug Court
16. Greg Duckworth Raleigh Co Commission
17. Heather Lilly, WRT Community Planner
18. David Crone, RCCAA, Transportation
19. Jessie Gray Baker - City of Beckley

RCCAA Focus Group Meeting
2022 Sign-In Sheet

20. Christal Osborne

21. Kathy Reid

22. Mr. & Mrs. James Reid

23.* #22 is two people (Husband and Wife)

24. _____

25. _____

* There were 23 people present in addition to Violet Burdette, Facilitator from MountainHeart Community Services, Inc.

Focus Group Meeting Summary Notes
Location: Raleigh County Community Action Association
10/25/2022

Discussion Questions/Responses

1. What are the root causes/underlying conditions of poverty?

Lack of education
Generational Transference
Limited/lack of job skills
Low paying jobs
Lack of jobs
Prior Charges – from past criminal activity
Transportation
Safe housing – nowhere to go – support may be friends and family users
People in recovery – where to go – treatment, work, SUD support systems – no license or income
Substance Use – untreated conditions or lack of dual treatment
Lack of affordable childcare – hours not compatible or none located in rural parts of county
Lack of ability to leverage resources
COVID – past and ongoing impact
Social Media – Lack of appropriate social messaging
Incarceration
Child abuse – Grandparents caring for grandchildren
Child treatment centers

2. What are the primary needs (priorities)?

Transportation
After Hours Child Care
Affordable Housing
Childcare with extended hours
Co-occurring Illness
Knowledge of Resources
Regular Outreach
Financial Courses
Helping people get back on their feet – work cloths, clothing closet
More activities for kids
More help for seniors
More affordable health insurance covering mental health
Assistance obtaining ID/License
Get involved
Partner with other organizations

3. Existing Resources/Services?

Schools

Day Report Centers

Specialty Courts – Veterans, Treatment, Drug Court, and Family Treatment Court

Mental Health Counseling

Community Action – Head Start, Families, Community, Early Head Start

Transportation (limited) New River Transit

Churches

Food distribution

United Way

Resource and Referral 211 Hotline

Suicide Prevention Hotline - 988

Commission on Aging

Bleckley Health Right – expanded to 5 days/week; offering additional programs and bringing in outside resources (like vision and dental providers)

Department of Rehabilitation

Workforce WV

SOAR

Rehabilitation Services

The Homeless Shelter

Chamber of Commerce – Middle School Program – Get A Life

4. Gaps in Services/Care Delivery?

Waiting list for counseling and substance use treatment

Need more Facilities for treatment & SUD Support Groups

Mental health services for children

Children growing up in SUD homes – neglect and abuse

Services for children on spectrum need support

Not enough childcare facilities – hours

Lack of support groups in rural areas

Poor cell phone service/broadband access in more isolated parts of the county

Law enforcement – need more staff

COVID – isolation, food, limited resources

Need more youth activities, including non-sports related

Revise SNAP benefits to cover more and increase eligibility

Employment – access and training

HUD (Housing and Urban Development) approved rental housing

Housing rehabilitation (Zombie Homes)

Homeless issues and transition

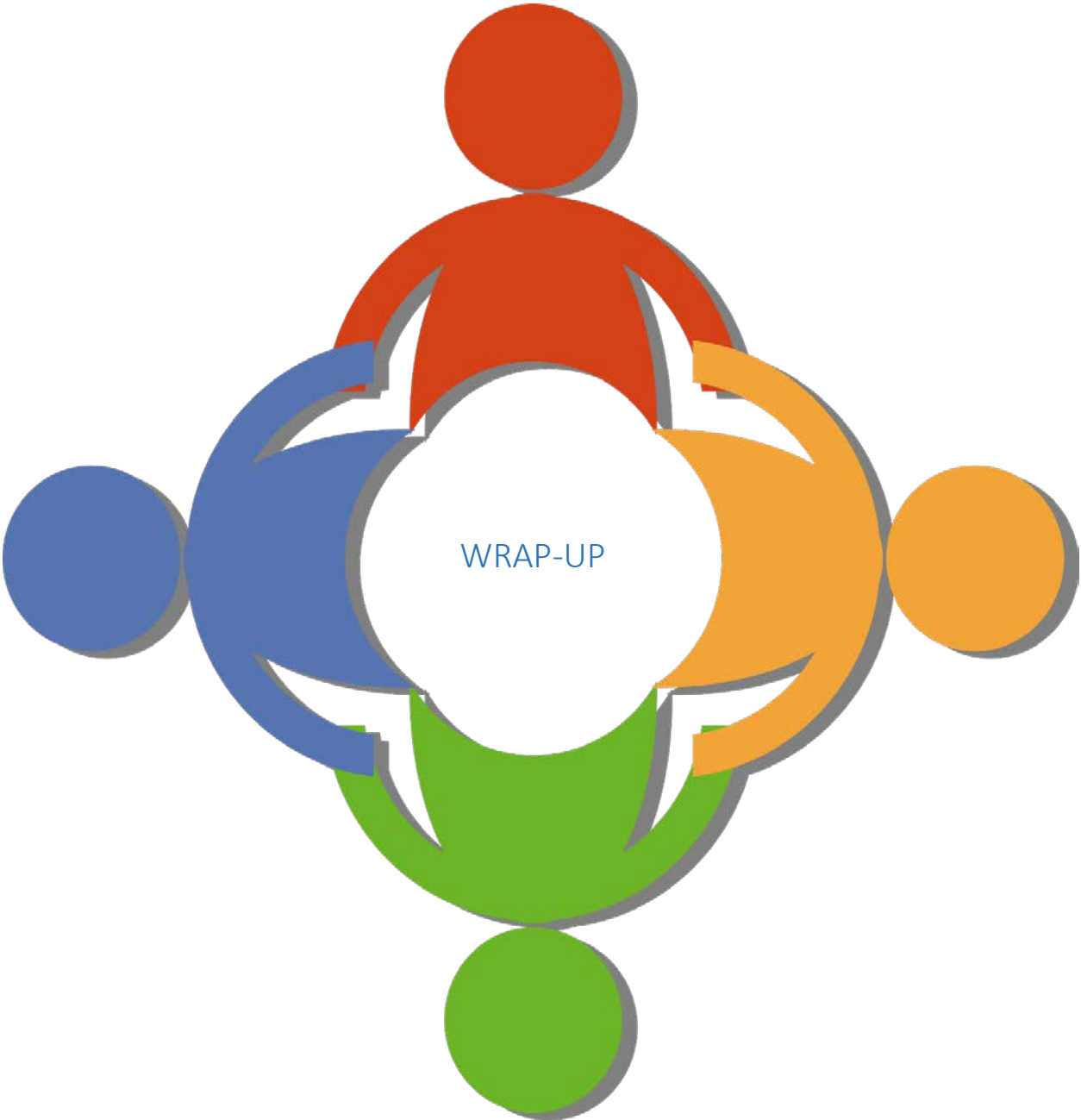
Lack of affordable, quality housing

Need more health care in rural areas

Support groups for young parents
Services for Grandparents needs expanded
Need program to cover home repairs and ramps
Foster parent education regarding SUD
Information and Referral dissemination
Aging in Place programs

5. Proposed Solutions

Increase interagency communication
Awareness of community resources
Quick Guide to take on visits and out in the community
Adding speakers/presenters and traveling throughout the county
Local media use – TV, Radio, Streaming, Podcasts, flyers at schools and community buildings
Resource Video on YouTube
Wrap around services
Life skills Activities (multiple weeks – certification?)
Focus on financial training activities
Expanding partnerships and improving collaborations
Supporting 211 – Keep information updated
Evaluate other services – expanding case management, handy man services, and more
Assess transportation and opportunities for expansion
Perform developmental screenings
Look at jobs and training for youth
Work with existing resources to enhance services
Attend local events and share knowledge of programs and services
Look at updated standards like ALICE (asset limited, income constrained, employed)



Conclusion

The planning process for the RCCAA Community Needs Assessment began in the spring of 2022. An initial meeting was held at the Raleigh County Community Action Association office. The process is outlined in the document. However, there are additional pieces that have made this a successful process.

Mountain Heart Community Services, Inc. had the privilege of facilitating and helping to develop this assessment. RCCAA administration and staff dedicated their effort to the process and demonstrated commitment to the Community Needs Assessment. The result was 1,107 surveys received and a plan that included low-income participants and representatives. The process was intense, focused, and extensive. An effort was made to evaluate any similarities and differences between areas of the county that are very rural and those that are more populated.

Community action eliminates poverty. The programs currently offered by Raleigh County Community Action Association target low-income individuals and families. The findings of the Community Needs Assessment will be shared throughout the community and used to address the upcoming Strategic Plan. It will also be used to strengthen community, local, regional, state, and national collaborations, and partnerships. The Community Needs Assessment and Strategic Plan are parts of the infrastructure used to improve capacity building and sustainability for the agency, individuals, families, and the community.

Raleigh County Community Action Association, Inc.



Appendices

2022 Community Needs Assessment

Appendix A: Survey

RCCAA 2022 Community Needs Assessment Survey

Introduction: This survey will help us to understand the causes and conditions of poverty in Raleigh County and to identify potential services to meet community needs. It will take approximately 10 minutes and must be completed in one sitting. Please choose the answers that best reflect your situation. Mark none for questions that do not apply. Thank you for your time and valuable input.

* Required

If you live or work in Raleigh County, which one area **BEST** represents you and your family (based on school districts). *

- Entire Raleigh County
- Independence - Amigo, Coal City, Crab Orchard, Glen White, Helen, Pemberton, Rhodell, Sophia
- Woodrow District - All of Beckley, Lanark, Piney Creek, Stanaford, surrounding area
- Liberty - Bolt, Clear Creek, Fairdale, Route 3 area
- Shady Spring - Beaver, Daniels, Cool Ridge, Shady Spring, Odd

If **EMPLOYMENT** is an issue for you or your family, please choose the three most important reasons why. *

- Lack of education to obtain a job
- Lack of training to obtain a job
- Lack of employment opportunities
- Lack of good-paying jobs with benefits
- Inability to retain a long-term job
- Lack of reliable transportation
- Lack of childcare (work-related)
- Cost of childcare (work-related)
- Lack of resume/job application/interview skills
- Physical or Mental Disabling Condition
- None
- Other

If **EDUCATION** is an issue for you or your family, please choose the three most important reasons why. *

- Lack of vocational skills or training
- Lack of GED/Adult Education classes
- Availability and/or location of classes
- Cost of schooling
- Unsafe Schools
- Programs for children from Birth to Age Five
- Lack of dropout prevention for youth
- Lack of computer access/broadband internet at home
- Lack of transportation (school-related)
- Lack of childcare (school-related)
- Poor communication with teachers, principals, counselors
- Lack of resources
- Lack of knowledge
- None
- Other

If **HOUSING** is an issue for you or your family, please choose the three most important reasons why.

- Affordability of rent/house payments
- Lack affordable/suitable housing
- Size doesn't meet family needs
- Affordability of needed repairs or weatherization
- Affordability of utilities, insurance, deposits, etc.
- Credit issues
- Domestic Violence/Personal Safety
- Lack of down payment on a house
- Lack of knowledge about buying a home
- Lack of temporary emergency housing
- Lack of funds to ensure energy efficiency
- Unsafe or substandard
- None
- Other

Current housing status *

- Own
- Rent
- Live with Family
- Live with Friends
- Live with Others
- Unhoused (Couch Surfing)
- Homeless

If **HEALTH** is an issue for you or your family, please choose the three most important reasons why. *

- Lack of health insurance
- Lack of healthcare providers
- Lack of healthcare providers accepting medical insurance
- Lack of free or low-cost medical services
- Affordability of prescription drugs
- Lack of dental services
- Lack of vision services
- Lack of healthcare services for individuals with disabilities
- Lack of adequate in-home care services for seniors
- Lack of adequate in-home programs for children
- Lack of prenatal care services
- Lack of mental health services
- Inadequate prevention services
- Inadequate emergency services
- Lack of local specialists
- None
- Other

If **SUBSTANCE USE DISORDER (SUD)** is an issue for you or your family, please choose the three most important reasons why. ☒*

- I am currently struggling with substance use disorder
- Family member is currently suffering with SUD
- Lack of inpatient treatment facilities
- Lack of outpatient treatment facilities
- Lack of recovery services
- Lack of aftercare programs
- Lack of counseling/mental health services
- Victim of SUD-related crime
- Criminal background related to use
- Inadequate insurance or no coverage
- Lack of appropriate housing
- Lack of employment opportunities
- Related stigma/bias
- Loss of friends/family support
- None
- Other

If COVID has been an issue for you or your family, please choose the three most important reasons why. *

- Someone in my home currently has COVID
- I experienced COVID
- Family member(s) experienced COVID
- Death of family or friends
- Ongoing physical health issues
- Ongoing mental health concerns
- Loss of employment
- Loss of home
- Loss of Utilities
- None
- Other

If **NUTRITION** is an issue for you or your family, please choose the three most important reasons why. *

- Food resources not available
- Not enough income to cover food cost
- Lack of transportation
- Lack of knowledge on healthy food choices
- Lack of time to prepare meals
- Not eligible for food stamps
- Lack of knowledge on available nutrition resources
- Not eligible for free or reduced school meals
- Unknown
- Lack of Food Budgeting Information
- Lack of healthy food options/grocery stores
- None
- Other

If **USE OF INCOME** is an issue for you or your family, please choose the three most important reasons why. *

- Lack of knowledge about possible resources
- Lack of knowledge on how to save/invest money
- Lack of knowledge about addressing credit issues
- Lack of knowledge about tax credits
- Lack of knowledge about money management
- Need for budget training
- Lack of interest in appropriate use of income
- Lack of knowledge on how to get/enforce child support
- None
- Other

If **TRANSPORTATION** is an issue for you and/or your family, please choose the three most important reasons why. ?*

- Lack of knowledge about available services
- Bus routes do not cover area
- Lack of knowledge about buying a vehicle
- Lack of credit to buy a vehicle
- Cost of vehicle repair
- Cost of owning and operating a vehicle
- Lack of valid driver's license
- Lack of help learning to drive/getting a license
- Do not like to rely on others for transportation
- Lack of public transportation
- Do not own a vehicle/No access to a vehicle
- None
- Other

Choose three **EMERGENCY SITUATIONS** most relevant in Raleigh County. *

- Lack of food
- Access to medical emergency resources, not covered by insurance
- Lack of emergency shelter
- Access to mental health services
- Lack of income for prescription drugs
- Alcohol, drug use and/or gambling
- Safety of home/community
- Lack of income for utilities/fuel
- No health insurance
- Lack of legal assistance
- Lack of local healthcare providers
- Losing/lost home
- None
- Other

If you have unmet **CHILDREN'S Needs** in the area, please select the three most important reasons. *

- Live in an unsafe area to raise children
- Not enough money for childcare
- Need more early child education programs (Age 0-5)
- Lack of knowledge about available childcare resources
- Lack of after school programs
- Inadequate childcare/daycare facilities
- Not enough safe, suitable recreation
- Need information on raising children
- Summer activities for children
- Money for child's physical and basic needs
- Knowledge about proper home nutrition
- Lack of money to provide for child's wants
- Lack of Family support in caring for children
- None
- Other

If there are children living in your household, please indicate how many are in each age group below. If none, skip this question.

Age	1	2	3	4	5 or more
0-2 Years	0	0	0	0	0
3-5 Years	0	0	0	0	0
6-11 Years	0	0	0	0	0
12-14 Years	0	0	0	0	0
15-17 Years	0	0	0	0	0
18-25 Years	0	0	0	0	0

Do children in your household attend an early child learning program such as Early Head Start or Head Start/Preschool?

- Yes
- No

If you indicated your children do not attend an early child learning program such as Early Head Start or Head Start/Preschool, what might prevent you?

- Not needed
- Lack of transportation
- No program available
- Not aware of program
- Do not want to participate
- Other

We are required to gather information so that we can describe the community picture. It is used for grants and funding; evaluation and reporting; and service planning. No individual data will be identified or shared. Please complete the following

Your age: *

- 12-17
- 18-23
- 24-44
- 45-54
- 55-69
- 70 or older

Your gender: *

- Male
- Female
- Other

Your Race: *

- White
- Black/African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Multi-Race (any 2 or more of the above)
- Other

Ethnicity: *

- Hispanic or Latino
- Non-Hispanic or Latino

Number of people in your household: *

- One
- Two
- Three
- Four
- Five
- Six
- Seven or More

Household Type: *

- Single Parent/Female
- Single Parent/Male
- Two Parent Household
- Single Person
- Two Adults/No Children
- Multi-Family
- Foster Care
- Kinship/Grandparents
- Other

Sources of HOUSEHOLD income:(Choose all that apply.) *

- Wages or salary (Full-time)
- Wages or salary (Part-time)
- Contract work
- Pension or retirement benefits
- Social Security Disability
- Supplemental Social Security (SSI)
- Foster Care
- Workers Compensation or other disability payments
- Odd jobs
- TANF (Temporary Assistance for Needy Families)
- Farming
- I do not work/receive any income
- Other

Monthly HOUSEHOLD income: *

- Less than \$100
- \$100 - \$250
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- \$1,001 - \$1,500
- \$1,501 - \$2,000
- \$2,001+
- Unknown
- Other

Highest Level of Education in Your HOUSEHOLD: *

- Elementary School
- High School/GED/TASC
- Some College
- Trade School
- Associate Degree
- Bachelor's Degree
- Graduate/Professional
- Other

Appendix B: Focus Group Questions

Focus Group Meeting Format

Date: 10/25/2022

Location: Raleigh County Community Action Association Office

- a. What are the root causes/underlying conditions of poverty?
- b. What are the primary needs (priorities)?
- c. Existing Resources/Services?
- d. Gaps in Services/Care Delivery?
- e. Proposed Solutions