Spotlight on Logan County’s Home Visiting and Community Response to COVID-19

Alison McClay and Sarah Crowne

As part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Health Equity COVID Response Project, our team identified a subset of counties across the United States with disproportionate COVID-19 impacts that are served by MIECHV-funded evidence-based home visiting programs. Using a range of data on social determinants of health outcomes, COVID-19 outcomes, and demographic characteristics, we identified 70 counties across the United States that were especially vulnerable to disproportionate impacts of COVID-19 and challenges related to social determinants of health. The project team, in partnership with the Health Resources and Services Administration (HRSA), further narrowed this list down to select five communities to engage in a case study. As a result of this process, Logan County, WV, was selected as a case study community. Once

What is home visiting?

Home visiting is a voluntary support provided to pregnant people and new parents. Providers regularly come to the family and provide information about prenatal and early childhood care and general socioemotional support. Home visiting aims to meet families where they’re at and provide support where families say they need it. Home visitors are often connected to an extensive network of community supports and are seen as a trustworthy source of information.

The MIECHV Program.

The Health Resources and Services Administration (HRSA), in partnership with the Administration for Children and Families (ACF), administers home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. MIECHV aims to provide support specifically to families and children who live in communities that face greater barriers to achieving positive maternal and child health outcomes.

MIECHV Health Equity COVID Response Project.

This project examined how lessons learned during the COVID-19 pandemic in communities with MIECHV-funded home visiting programs can help us understand the role home visiting plays in advancing health equity. All of the case study profiles produced through this work are available here.
Logan County was selected, our team began reviewing policies and news articles to see how the community responded to the pandemic. Our team also met regularly with the staff from Healthy Families Mountain State—the MIECHV-funded local implementing agency in Logan County—to learn more about the community, plan for a site visit, and identify key leaders in the county and across West Virginia to interview for greater context. To support a community-engaged approach, local community members were hired as community researchers to assist with on the ground recruitment and to provide the project team with information about their community. The project team was also advised by a board consisting of MIECHV awardees, equity experts, COVID-19 researchers, and parents/families.

Our project team visited Logan County, WV, from April 11–13, 2023. During the site visit, we conducted focus groups with families, home visitors, and other service providers; toured Healthy Families Mountain State; and worked with our community researchers to learn more about the Logan County community. This profile was developed based on what we learned from these activities.

Logan County is a small community where people care about each other, but that closeness and isolation also create some distrust.

Tucked in the mountains of southwestern West Virginia, in the Appalachia region of the eastern U.S., Logan County is home to over 32,000 residents, with about 5 percent of the counties’ population being children under 5 years and nearly 97 percent reported as White. Residents describe Logan County as a place where people are kind, resilient, and willing to help—the community takes care of each other. Firmly in the “Bible belt,” faith and family play a role in how people make decisions in the community. As one resident reflected, southern West Virginia, particularly Logan County, falls inside the “slaw line” of helpfulness—the people from Logan County will both ask for slaw on their hot dogs and will stop on the side of the road to help you out if your car is broken down. However, the closeness of this community and geographical isolation has created some distrust of others and systems as well as resource gatekeepers.
To hear what one of the Logan County community researchers has to say about her community, view this video: https://youtu.be/m_m7wM6cSUM

TEAM for West Virginia Children offers home visiting to families in Logan County through the Healthy Families Mountain State program. Located right in downtown Logan, two trained home visitors and one supervisor provide visits to families that focus on sharing information and providing support to help parents with pregnancy and birth, child development, parent-child interaction, school readiness, home safety, discipline, frustration, and connection with other families. They also build connections to community resources for families. Participating families felt very supported by their home visitors; one family shared, "She knows so many resources. She has been the biggest help I think that I've ever had."

A long history of being under-resourced put Logan County in a precarious position before the pandemic.

External forces and social determinants of health affecting the community

The county has a long history of coal mining—billboards advertising jobs for the coal and steel industry greet you when you drive into the county seat of Logan. At the center of the county, Chief Logan State Park is home to not only outdoor recreation but also old coal mine structures and a former coal seam—but the decline in coal production and coal prices in the U.S. has greatly impacted the financial well-being of this area. The population of Logan County dropped from a high of 77,391 in 1950 to 32,657 in 2020, with the county losing 11 percent of its population since 2010 alone. Additionally, the net migration rate for Logan County indicates a greater percentage of residents moving out of the county (-7.0%) than the state (-1.5%) or nation (-0.2%). Combined with the isolated nature of Logan County's geographic location, the decline of coal production has affected the availability and reliability of resources—including broadband internet access, transportation, food, child care, and specialized health care—within the community. Additionally, the legacy of coal production has also

---

*a U.S. News analyzed data from the Internal Revenue Service to calculate the net migration rate, which reflects the change in population due to migration—that is, people moving into/out of community—for U.S. counties between 2009-2010 and 2018-2019 and is expressed as a percent change.*

---

Healthy Families Mountain State and many other community services are located on Stratton Street in downtown Logan.
left Logan County as a community that has faced environmental health hazards with presence of abandoned mine land left by legacy coal mining operations, a history of drinking water violations, and a prevalence of asthma and chronic obstructive pulmonary disease.

West Virginia has some of the slowest Internet in the U.S.—the slowest in 2022 at an average download speed of 60.7 Mbps according to HighSpeedInternet.com. Additionally, West Virginia is suffering in terms of internet value compared to the rest of the nation, ranking fifth from the bottom in the United States—35 percent below U.S. average—in internet value based on Surfshark’s 2022 Internet Value Index. Many families live in areas where there is no internet access nor cell phone reception, further isolating county residents.

In 2019, Logan County was the sixth most food insecure county in West Virginia (out of 55 counties), while West Virginia was the second most food insecure state in the nation. More recently, America’s Health Rankings reported that 14 percent of West Virginia households are food insecure (national average = 10.4%; WV is ranked 47), and access to sufficient good, nutritious meals is also lower for West Virginia children (67.7%; ranked 39) than the U.S. as a whole (71.9%). Within the county, 900 families currently receive WIC, but only 4 stores in the county accept WIC. As of fall 2022, all students enrolled in Logan County Public Schools are eligible to receive free daily breakfast and lunch, which offers some relief to families experiencing food insecurity.

Transportation is one of families’ greatest challenges. Even for services that provide transportation, such as the Department of Health and Human Resources (DHHR), a family has to call and schedule the pickup at least five days in advance and the provided transportation can only accommodate the patient plus one more family member at most. This creates a barrier for many families. The local bus system has limited routes, which can sometimes take up to three hours for a family to get to their appointment and even turn a trip to Walmart or the grocery store into a full-day excursion.

There is a shortage of affordable and available housing units within West Virginia and Logan County, and the shortage results in housing cost burdens, especially for households at or below the poverty line. For those families who are searching for affordable housing, many apartments on the HUD-approved list don’t have the 3+ bedrooms families need. Many community service providers in Logan County provide families transitional housing, permanent supportive housing, and county financing for housing as part of their work.

---

b HighSpeedInternet.com defines good internet speed as at least 100 Mbps download and fast internet as 100 Mbps and up.
Table 1. The affordable housing shortfall in Logan County is greater than both the state and nation’s

<table>
<thead>
<tr>
<th>Affordable Housing Shortfall</th>
<th>Logan County, WV</th>
<th>West Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-91.2</td>
<td>-67.8</td>
<td>-61.4</td>
</tr>
</tbody>
</table>

Note: The affordable housing shortfall reflects the availability of affordable housing for families that earn 30% or less of the median area income, with positive numbers indicating greater supply than demand and negative numbers indicating a shortfall.


Sixty-four percent of West Virginians live in a child care desert compared to 51 percent of people in the U.S., according to the Center for American Progress, and rural families feel this more—78 percent of rural West Virginia families live in areas without enough child care providers. According to WV DHHR, Logan County had the capacity to serve 295 children. Infant and toddler care is particularly lacking—only 5.5 percent of infants and toddlers (children under the age of 3) in Logan County could be served by the existing licensed child care supply, compared to 19.5 percent of West Virginia children and 23 percent for U.S. children. Additionally, maternal labor force participation for mothers of children younger than 6 is lower in Logan County (55%) compared to the rest of West Virginia (65%), perhaps due in part to child care shortages.

Logan Regional Medical Center is a large health care facility in the middle of Logan; however, few families use it—a striking juxtaposition in a county where residents have many preexisting health conditions. Families expressed needs for specialty care for their children that no one in the county was equipped or trained to provide, so families leave the county and drive more than an hour to Charleston or Huntington to see doctors and access the quality care their families need. In addition, doctors and other providers move in and out of the area, so even if a family can establish a relationship with a provider locally, it’s likely they will not stay long-term. Families also shared that some of the dental and eye care offices in the county do not accept Medicaid, so families sometimes go without preventative, routine visits or pay out of pocket if they stay within the county.

Further, like many areas in rural Appalachia, Logan County has not been immune to the opioid and related drug epidemics, ranking third highest per capita statewide for reported overdoses in 2022, and West Virginia currently ranks highest nationwide in reported overdoses. County metrics for deaths of despair—meaning, those from drug overdose (including alcohol overdose), suicide, and alcoholic liver disease—far outpace those of the state and national averages. As one home visitor shared, “The addiction crisis in our area—it’s just bad. It’s every family. Every family is touched in one way or the other…”

![Map](https://bit.ly/46fZTJ)
Table 2. Deaths of Despair, 2022

<table>
<thead>
<tr>
<th></th>
<th>Logan County, WV</th>
<th>West Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths of despair (deaths per 100,000)</td>
<td>126.2</td>
<td>85.9</td>
<td>47.5</td>
</tr>
</tbody>
</table>


When the pandemic began, many of the health resource limitations in Logan County were further exacerbated, making it harder for service providers to meet the needs of all its residents.

In their own words: Impacts of COVID-19

“Covid-19 was devastating to our community... The area was disproportionately affected due to lack of resources, lack of transportation, socioeconomic status of many in the area and the many food deserts that we had prior to Covid-19. In short, it whooped us, but many were blinded by the ongoing events as they were too involved in misinformation being shared in the community. Previous events in the past have caused us to have a lower starting point of being affected by the pandemic, such as food deserts, child care deserts, medical treatment deserts.”

-Community Service Provider

Spotlight on health outcomes and disparities: County health rankings

Logan County, WV, has long been ranked among the least healthy counties according to County Health Rankings data and is currently ranked 54 of 55 counties in the state. Focusing on 2019, 2021, and 2023—two years that bookend the pandemic and one captured in the midst of the pandemic—we can see how Logan County, WV, compares to West Virginia and the United States as a whole in key health outcomes and health factors. Few indicators did show improvement during this time; one example, percentage of children in poverty, declined in Logan County, WV, West Virginia, and the United States as a whole.

—County Health Rankings defines health outcomes as a measure of how healthy a county is in a particular moment of time—both in terms of length of life and quality of life—and health factors as those things that can be modified to improve the length and quality of life for residents.
Table 3. Snapshot of select Logan County, West Virginia health outcomes and health factors before, during, and following the COVID-19 pandemic

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Death (deaths of people under age 75, per 100,000)</td>
<td>15,700</td>
<td>10,500</td>
<td>6,900</td>
<td>16,400</td>
<td>10,800</td>
<td>6,900</td>
<td>18,500</td>
<td>11,300</td>
<td>7,300</td>
</tr>
<tr>
<td><strong>Quality of Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or Fair Health</td>
<td>28%</td>
<td>24%</td>
<td>--</td>
<td>30%</td>
<td>24%</td>
<td>17%</td>
<td>25%</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>22%</td>
<td>25%</td>
<td>--</td>
<td>29%</td>
<td>27%</td>
<td>17%</td>
<td>30%</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>Food environment index (0 = worst, 10 = best)</td>
<td>7.6</td>
<td>6.9</td>
<td>7.7</td>
<td>7.1</td>
<td>6.9</td>
<td>7.8</td>
<td>6.5</td>
<td>6.5</td>
<td>7.0</td>
</tr>
<tr>
<td>Teen births (per 1,000 females ages 15–19)</td>
<td>59</td>
<td>36</td>
<td>25</td>
<td>50</td>
<td>31</td>
<td>21</td>
<td>44</td>
<td>28</td>
<td>19</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured (% under 65 without health insurance)</td>
<td>7%</td>
<td>7%</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
<td>10%</td>
<td>9%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>2,410:1</td>
<td>1,270:1</td>
<td>1,330:1</td>
<td>2,170:1</td>
<td>1,280:1</td>
<td>1,320:1</td>
<td>1,860:1</td>
<td>1,270:1</td>
<td>1,310:1</td>
</tr>
<tr>
<td></td>
<td>2019</td>
<td>2021</td>
<td>2023</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Logan County</td>
<td>West Virginia</td>
<td>United States</td>
<td>Logan County</td>
<td>West Virginia</td>
<td>United States</td>
<td>Logan County</td>
<td>West Virginia</td>
<td>United States</td>
</tr>
<tr>
<td>Dentists</td>
<td>10,980:1</td>
<td>1,860:1</td>
<td>1,460:1</td>
<td>8,000:1</td>
<td>1,760:1</td>
<td>1,400:1</td>
<td>7,980:1</td>
<td>1,710:1</td>
<td>1,380:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,430:1</td>
<td>830:1</td>
<td>440:1</td>
<td>1,190:1</td>
<td>730:1</td>
<td>380:1</td>
<td>1,000:1</td>
<td>620:1</td>
<td>340:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>12,432</td>
<td>5,683</td>
<td>--</td>
<td>13,770</td>
<td>5,748</td>
<td>4,236</td>
<td>8,017</td>
<td>4,107</td>
<td>2,809</td>
</tr>
<tr>
<td>(per 100,000 Medicare enrollees)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu vaccinations</td>
<td>33%</td>
<td>41%</td>
<td>--</td>
<td>33%</td>
<td>42%</td>
<td>48%</td>
<td>36%</td>
<td>43%</td>
<td>51%</td>
</tr>
<tr>
<td>(percentage of Medicare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>enrollees that received an</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>annual flu vaccine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social & Economic Factors**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2021</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>7.5%</td>
<td>5.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td></td>
<td>6.0%</td>
<td>4.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>6.6%</td>
<td>5.0%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>38%</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>30%</td>
<td>21%</td>
<td>17%</td>
</tr>
</tbody>
</table>

When the COVID-19 pandemic hit Logan County, existing challenges were exacerbated.

The county’s first COVID case was recorded on March 25, 2020—one week after West Virginia reported its first confirmed case, becoming the last state to do so, and about two weeks after COVID-19 was declared a pandemic by the World Health Organization. Like other health care access issues, access to testing for COVID-19 was limited across Logan County, despite the high rates of COVID-19 cases and deaths compared to the rest of West Virginia. Figures 1 and 2 show COVID-19 cases per 100,000 (dashed line) compared to COVID-19 deaths per 100,000 (solid line). Compared to the West Virginia state average (Figure 1), Logan County experienced a significant spike in COVID-19 deaths in 2020 (Figure 2).

**Figure 1.** West Virginia state-average COVID-19 cases and deaths per 100,000

![Graph showing COVID-19 cases and deaths per 100,000](source)


**Figure 2.** Logan County COVID-19 cases and deaths per 100,000

![Graph showing COVID-19 cases and deaths per 100,000](source)

A mother’s reflection on the emergence of COVID-19 in Logan County

“More like when COVID... when it was a big thing, just coming about. And I know when they would do the numbers and stuff, like, ‘This many people have COVID in Logan County or whatever,’ I don’t feel that it was accurate because when—you know how other states were like, ‘Okay, this many people has COVID here.’ West Virginia, we didn’t have a case forever and it’s like, ‘Okay well, it’s not here.’ But that’s not the reality of it. It’s just that I don’t think we had the resources. And the accuracy, I don’t think people were getting tested for it. I think that it was here long before the numbers came out.”

The realities of business and school closures introduced new stressors and challenges like fear of getting sick and social isolation. Many of the specific challenges varied across families, but the pandemic also highlighted persistent needs in the county including Internet, transportation, and health care.

Particularly in the beginning of the pandemic, fear and isolation disrupted support systems and family structures within the community. One mother of young children described how COVID-19 health fears affected interaction with others, “I know when it first came out and they were like, ‘We’re going to shut everything down,’ I think that was fear. That’s how I felt. It’s like, ‘Oh, my god.’ I was like, ‘They’re going to shut the grocery stores down. How are we going to buy what we need?’ So definitely fear at first. Yes. And I know my kids were younger. Let’s see. They were two at the time. So the development, not interacting with other people; and being scared of going out in public and letting them play with other kids; and things like that. Just all I could think of is fear.”

Like families across the country, families in Logan County struggled with making decisions during the COVID-19 pandemic. Families, particularly with young children, had to make decisions about how

In their own words: Fear of getting sick

“It’s like, okay. Well, do we get together for Christmas? Do we get together for Easter? Do we get together for Mother’s Day? Do we have all those little get-togethers still even though you have that—you have COVID as a risk factor and have to take that into consideration?” - Parent

“And then just family get togethers didn’t happen. Half the family still hasn’t met him because they’re scared to get sick.” - Parent

Figure 3. Families have felt lonely due to social distancing, stay-at-home-orders, and quarantines

Community service provider ratings

Figure 4. Families have felt more stress or discord on their relationships due to COVID-19

Community service provider ratings

Source: MIECHV COVID Community Service Provider and Home Visitor Survey (n = 14)
and when they could interact with others. Families with school-age children faced additional challenges带来的 by prolonged school closures. As one mother shared about her experience with school-aged children, “There’s no cell service up there. So when the internet goes out there’s no backup. And then the school would do free internet so the kids would come sit in the parking lot and do their school in the parking lot. If there’s no internet at my house… we had to load them all up and just go and sit somewhere so they could get Wi-Fi.”

Throughout the pandemic period, families needed more financial assistance but faced challenges when enrolling in social services and government programs. One mother shared how completing paperwork to participate in services with the county DHHR office is like “jumping through hoops” to access available resources. Another shared, “DHHR is there, but their programs are, well, a little bit stressful to even want to get through... It’s stressful. You try to do it and they just keep asking more questions, more things that they add to it. Paperwork that you know you turned in, but the sender didn’t get—it’s more stressful than what it’s worth.”

As vaccine availability began to roll out across the country in 2021, families in Logan County reported significant vaccine hesitancy, attributed in large part to persistent misinformation, religious pressure, and limited health care education and access.

One mother reflected on the vaccine rollout, noting “Yeah, a lot of scare tactics were taken. And it’s just like, well, which side is it? Do you trust the vaccine, or do you trust these people who are having negative experiences?”

Another mother described her hesitancy for vaccinating her children, “I would rather wait to see how it affects other people who have gotten it years down the road, rather than get it now and regret it later. That’s my thing. I don’t want to get my kids vaccinated, unless something were to happen and COVID will become more risky later on... But it’s just the unknown that scares me, I think.”

Home visiting responds: Healthy Families

Mountain State supported families during the pandemic.

Home visiting is one type of community program focused on supporting pregnant and parenting families. Typically providing education and support in a family’s home, COVID-19 safety restrictions forced programs to pivot and provide services virtually, typically via phone or video. Healthy Families Mountain State provided home visits to families in Logan County throughout the pandemic, varying whether they were virtual or in-person based on local and state restrictions and individual family preferences.

In their own words: Virtual visits

“We stayed with— we did stay virtual before they were allowed to do in-home visits. But if we could— when we were able to do the in-home visits, ... we done porch visits. We made sure that we were all—we had masks and stuff on.”

- Healthy Families Mountain State Home Visitor
In a community with so many identified health inequities, half of community service providers indicated that home visiting meets the needs of families experiencing a disproportionate impact of health inequities. One way home visiting meets these needs is through identifying appropriate community resources and services, when available.

For example, one key support home visitors provided during the pandemic was securing items families needed such as food, diapers, baby food, and formula. As one mother described, “[Home visitor] was able to get me in reach with people who helped with diaper supplies and things like that. So, I mean, there was kind of a few tight spots that [Home visitor] was able to make connections with that.”

Healthy Families Mountain State staff reported referral and coordination with multiple types of service providers and community agencies in Logan County (Figure 6).
In their roles as home visitors, Healthy Families Mountain State staff also provided access to available services in the community that families might not be aware of. Families enrolled in home visiting tended to be connected to more local resources than families not enrolled. One mother described, “[My home visitor] has told me about a ton of different resources that I had no idea about. So there’s mileage reimbursement forms if somebody has to take you to the doctor and you can’t give ‘em gas money, they fill that stuff out. But then that’s another hoop to jump through. But it’s there...”
This approach to connecting families with resources also included providing information to families about vaccines. For example, one home visitor described how she “just presented the information for the same as I would any other—a food bank or a family event coming up or anything. This is the information. I give this to all my families. You do with it what you want.” Home visitors felt they were able to provide research and factual information to families during a time when there was considerable misinformation in the community.

One of the biggest resources that community service providers shared that home visitors provide to Logan County is the community baby shower, an annual event that Healthy Families Mountain State hosts. When asked about the event, the Healthy Families Mountain State supervisor shared that, “Different partners provide the bags and we fill them with essential baby items. Everyone also goes home with usually either a pack-n-play, car seat, or some other big ticket item. We provide lunch and guest speakers that offer a variety of educational topics related to parenting. We also have community partners set up tables at the event and discuss their particular services with families.” One community service provider shared their reflections on the event: “It helps so many people. The event that they put on last year—that was one of the most organized, beneficial things. It was just amazing... probably the best one in all the years that they’ve been doing it... one of the best events... I’d like to see that happen like a couple of times of year.”
The Logan County community stepped up.

Service providers reported greater coordination and response.

Local community service providers, including home visitors from Healthy Families Mountain State, collaborate through a Family Resource Network (FRN) to provide a range of services to families. As one member shared, “The FRN acts as a hub for establishing collaborative efforts between providers. The FRN refers community members to the providers that offer their respective needs.” The most common type of services that the Family Resource Network connects community members with are social services, behavioral health, and child services.

Community service providers shared that their connection with the Family Resource Network enables them to help more families: “We’re ready to jump in anywhere and help anybody to—this is what we can offer you. This is what we know that’s out there. And you got to have that to make a difference anywhere you’re at.” Additionally, FRN members look to the possibility of their work: “I think the more we collaborate, the less work we end up doing in the long run. It is going to take time and effort to get the foundation laid, but once that’s done, it’ll be better for everybody because we’ll all reap the benefits from it. I mean, it’s like a garden. It takes time and effort to put a garden in, and all that. But when fall comes and you get to harvest, it’s real nice.”

Pandemic-era policies, programs, and relief funds helped meet family needs as well as community members who saw a need and did what they could to help their neighbors.

Outside of the FRN, some systems and individuals worked to respond to challenges that the pandemic highlighted, such as health care response, internet/broadband access, and pharmacy and grocery pickup, through policies and programming.

Drive-thru testing became available in the county on April 13, 2020, with Mountain Laurel Integrated Health (formerly, Logan Mingo Area Mental Health [LMAMH]) being the first in the area to offer the service. With assistance from the West Virginia National Guard, LMAMH staff were able to provide testing for people living in Logan County as well as surrounding counties in southern West Virginia. When Logan County experienced its first surge in COVID-19 cases in August 2020, the West Virginia National Guard supported a drive-thru testing event organized by the West Virginia DHH, Logan County Health Department, and Logan County Emergency Management.

West Virginia National Guard supported COVID-19 testing in Logan County

Note: By Wriston, E. L., 2020, West Virginia National Guard.
https://www.wv.ng.mil/News/Photos/lgphoto/2002472079/
Before the pandemic, public libraries and schools did not have public internet. Since March 2020, significant investments\(^d\) have been made in the county (and across the state) to expand internet access, and school and library wireless networks were unlocked and opened so families could access the internet without a password—even from the parking lot.

In addition to policy changes and grant investments that expanded broadband internet access, new state programs and policies helped provide rental assistance for families suffering from a financial hardship caused by the pandemic and food assistance to students enrolled in Logan County Schools.\(^{32,36}\) The American Rescue Plan also provided Logan County with significant investments for recovery and infrastructure.\(^{36}\) Logan County will receive an estimated $6.21 million and the cities and towns of Chapmanville, Logan, Man, Mitchell Heights, and West Logan will receive an estimated $460,000, $610,000, $260,000, $110,000, and $150,000, respectively, in direct relief funding.\(^{36}\) In the fall of 2022, it was announced that Logan County will receive additional American Rescue Plan funds to construct a new water treatment plant, which is expected to create new jobs in the county.\(^{37}\) Logan County is one of 21 economically distressed and coal-impacted counties in southern West Virginia that will see an increase in clean and green economy jobs through one of the $1 billion Build Back Better Regional Challenge coalitions,\(^{38}\) Appalachian Climate Technology Coalition (ACT Now).\(^{39}\)

Churches were already providing food, clothing, and baby items through food pantries and housing community projects, like the Gabriel Project and the Logan Co Baby Pantry, prior to March 2020, and were able to serve more families in need throughout the pandemic. Additionally, before the pandemic there was no grocery pickup, but it now exists at Walmart and Kroger; and residents can now get their prescriptions mailed to them or through curbside pickup at the pharmacy. Before the pandemic, they had to go inside. Also, as one home visitor shared, “some people started [delivery] businesses just because they saw a need,” including an individual who worked to deliver food, pharmacy goods, and medical transportation for people during the pandemic.

\(^d\) In August 2020, the West Virginia Kids Connect Initiative invested $6 million in CARES act funding to add 1,000 wireless hotspots across West Virginia located in parking lots at public schools, higher education institutions, libraries, and state parks.\(^{27,28}\) Logan County received almost $375,000 in state grant funding to provide internet access to low-income families in September 2020.\(^{29}\) Additionally, $19.7 million in grant funding from the U.S. Department of Commerce’s National Telecommunications was announced in February 2022 to provide high speed broadband access to Logan and Mingo Counties through the Logan & Mingo Counties’ Fiber to the Premises Project.\(^{30,31}\)

\(^e\) Logan County Schools provided nearly 6,500 meals to students each day across 17 schools at no cost at the start of the 2022–2023 school year through USDA’s Community Eligibility Provision (CEP) program.\(^{33,34}\) USDA funding also enabled WV DHHR and the West Virginia Department of Education’s Office of Child Nutrition to administer Pandemic Electronic Benefit Transfer (P-EBT) benefits during the summers of 2020, 2021, 2022, and 2023.\(^{35}\)
Ultimately, what drives many in the community to serve Logan County is their heart for their work and their community. As the following quotes illustrate, their passion for the work continues to motivate them during times of hardship, like the pandemic, and is what allows them to connect with so many families in Logan County:

- “You’ve got to be able to have that friendship, that network, and not make it, I’m out to put a name for myself. You’ve got to do it from the heart…”
- “You have to have a heart to be able to do it because if you don’t, you may make it for a little while, but it’ll come crumbling down and people’s going to hurt and then they’re not going to want it.”
- “If... you just want your name out there, this is not the place for you. We don’t need that. We need people who are going to work for this community.”

**Looking ahead in Logan County**

Three years later, the memories of the supply shortages, isolation, and unknowns of the pandemic have had a lasting impact on families. Logan County families’ needs for social services, health care, and child services were persistent long before the pandemic, and any progress made by home visitors (and other community service providers) to address disparities in access to care during the pandemic is now being challenged with the rollback of COVID benefits. Recent inflation is also making it harder on families to pay all their bills and provide food for everyone in their household. One mother stated, “Talking financially, ‘cause now, I know I got a notice about our food stamps because they’ve lifted all these restrictions and those things they had gave out because of COVID, like the stimulus check. Those things really helped families... I can understand it but at the same time, to give us that because of COVID but to not think about the inflation and what they give for food stamps... now it’s like, ‘Okay, we’re so used to having this much to spend on groceries per month, so now because the restrictions are lifted, now that cuts us down.”

When needs increase, families look to community service providers for help. However, the rollback of pandemic resources and increasing number of families looking for support have challenged community service providers’ ability to help families in the same ways they were able to do so throughout the pandemic. A community service provider shared, "You can’t meet needs. You can’t find the resources out there like before. There’s more stricter guidelines now to get since pandemic’s over, you can call an organization that would bring in truckloads of food and say, ‘Hey, this is what I got.’ ‘Well, sorry, I can’t. This is what you’ve got to do now.’ And it’s just harder. It’s so much harder to get the red tape cut.”

COVID-19 affected this community and the families and service providers who live in Logan County in many unique ways, and many of the experiences that residents in Logan County encountered during the pandemic likely parallel the experiences others in the United States faced since March 2020. Within Logan County, it is clear that home visitors play a vital role in many families’ lives and as a piece of the broader community system to strengthen and support families. However, home visiting alone cannot address the systemic issues in Logan County that contribute to persistent disparities in health outcomes for families and children. Instead, home visiting provides needed resources and support to families at some of the greatest risk of poor health outcomes. In Logan County, home visiting has a continued opportunity to build and strengthen the systems that support families. In doing so, home visiting may contribute to reducing the impact of persistent inequities in the community.
Contributions

The authors would like to thank Ashley Lyall at Healthy Families Mountain State in Logan, WV and community researchers Katherine Muncey and Andrea Sheldon for their contributions and review of this profile. Project team members Danielle Hegseth, Dianne Maglaque, and Winnie Li contributed to the review and figure development of this profile.

Acknowledgments

The authors would like to thank project consultants Bita Amani, Karen Howard, and Deborah Stark for their contributions to the implementation of this project. The authors would also like to thank the project’s Community Advisor Workgroup who provided input on the project design and reviewed project products. The authors also thank the following project team members who contributed to the conceptualization and implementation of this project: Deana Around Him, Erin Bultinck, Madeline Carter, Annie Davis Schoch, Maeve Day, Katy Falletta, Jessica Goldberg, Ilana Huz, Keiyitho Omonuwa, Christina Padilla, Katelyn Rust, and Jessica Warren. Lastly, the authors would like to thank all of the participating families and staff in Logan County who shared their perspectives during data collection.

This document was prepared for the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), by Child Trends, under HRSA contract number 75R60219D00026. The views expressed do not reflect the position of HRSA or HHS.

Suggested citation

References


35. West Virginia Department of Education. (n.d.) West Virginia Pandemic EBT. https://wvde.us/wv-pebt/


