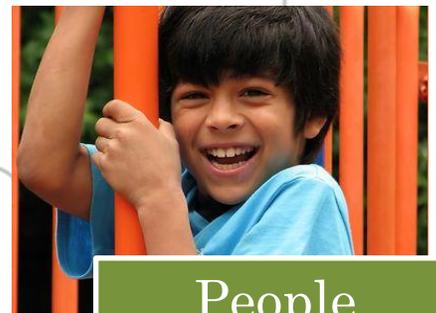


2012 West Virginia Findings of State Public Health System Partner Survey

Shaping safe and healthy communities



Healthy



People



Healthy



Communities

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EXECUTIVE SUMMARY

In 2012, the West Virginia Bureau for Public Health conducted a State Public Health System Assessment, a Public Health System Partner Survey, and created a State Health Profile. Together, these documents will be used to identify priorities and drive our State Public Health Improvement Plan. This report focuses specifically on the West Virginia Public Health System Partner Survey. The survey served as one of a variety of opportunities the West Virginia Bureau for Public Health employs to better understand various aspects of the existing public health system in West Virginia.

The purpose of the 2012 West Virginia Public Health System Partner Survey was to better understand key public health issues in the state from the perspective of our health system partners. The Public Health System consists of, but is not limited to, public health agencies, hospitals, primary care centers, health insurance companies, educational partners, home health, mental health, faith based institutions, nursing homes, civic groups, emergency medical services, law enforcement, drug treatment, physicians, non-profit organizations, neighborhood organizations, employers, among many others.

The survey consisted of the following components: respondent demographics, barriers to healthcare, factors influencing barriers to healthcare, populations having unmet health-related needs, health risks and risky behaviors, community and environmental factors impacting health, health related issues being well addressed in the state and the greatest public health issue. Survey data was collected from November 2012 to December 2012. A total of 238 partners responded to the survey.

SURVEY PROCESS OVERVIEW

The survey was conducted electronically using Qualtrics, a secure online survey software at Purdue University, without a systematic sampling technique. The survey was offered to state public health system partners attending the State Public Health System Assessment, as well as other partners selected by the West Virginia Bureau for Public Health. The survey included demographics, five public health related components and comments on public health-related successes and the greatest challenge in the state. A total of 238 partners started the survey and answered at least one question. Survey participation was voluntary and responses were not 'forced'; therefore, the total number of responses may vary by question. All data was collected and reported only in an aggregate manner.

SURVEY FINDINGS

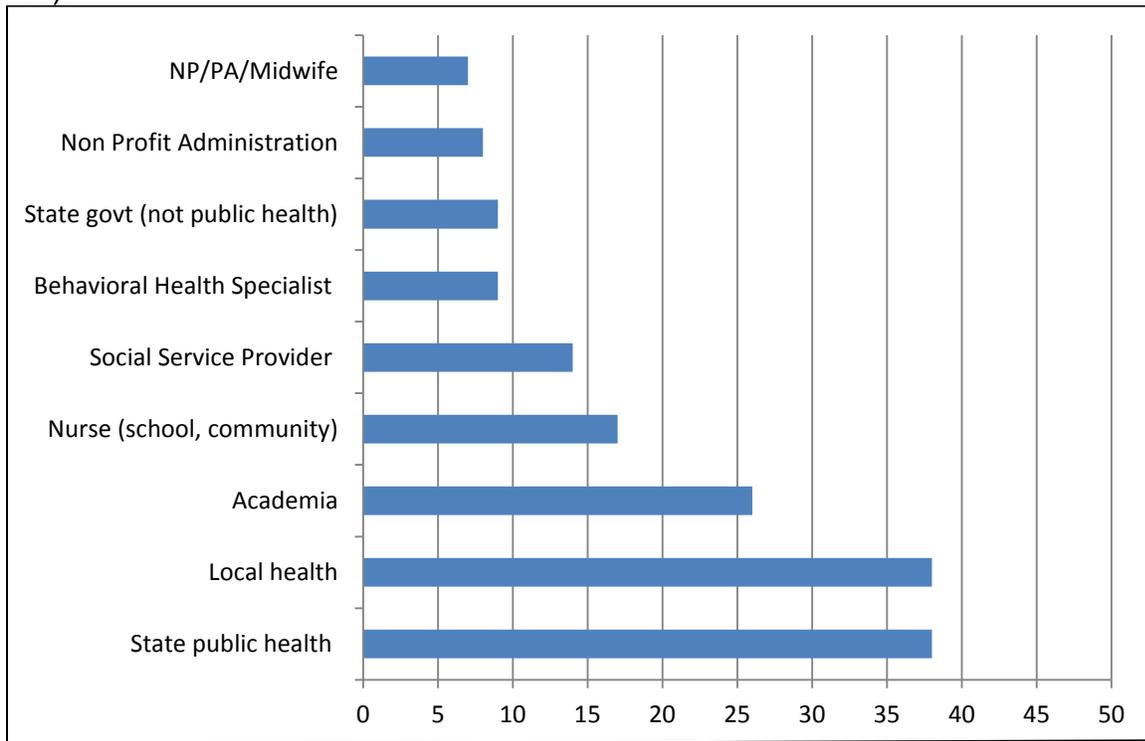
Descriptive data analyses were performed using the survey responses collected from the West Virginia 2012 Public Health System Partner Survey. Findings are presented here. Results are presented for demographics, the five public health related components, and comments on public health-related successes and the greatest public health challenge in the state.

RESPONDENT CHARACTERISTICS

Respondent Type/Professional Expertise

Each respondent was asked to provide his/her primary area of medical, public health or healthcare practice and/or professional expertise in order to characterize the respondent population. Of the 236 responding to this question, 17% of respondents represented state public health, 17% represented local health and 11% represented academia. Figure 1 displays the distribution of respondent expertise where more than five responses were reported. Table 1 displays all other responses with five or fewer responses.

Figure 1. Distribution of responses by respondent expertise (responses greater than five).



Source: West Virginia 2012 Public Health System Partner Survey

Table 1. Distribution of respondents by professional expertise (fewer than five responses).

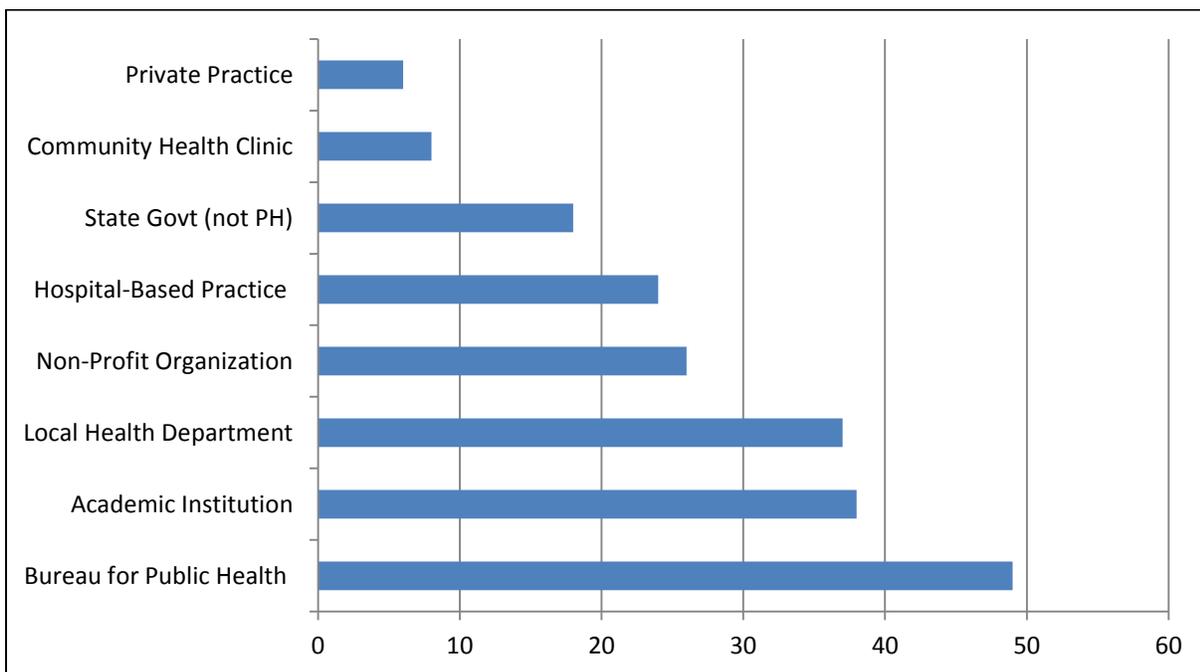
Type of Respondent Expertise	No. Responses
Nurse, public health	5
Physician, pediatrician	5
Physician, specialist	5
Emergency management/coordinator	4
Minority health	4
Laboratory	4
Dentist	3
Health insurance	3
Physician, family medicine	3
Physician, infection prevention	3
Dietician/nutritionist	2
End of life	2
Epidemiologist	2
Physician, ophthalmologist/optometry	2
QA specialist	2
Cancer registry	1
Case management	1
Child advocacy	1
Data evaluation	1
Early childhood	1
Faith-based leader	1
Grant administration	1
Health advocacy	1
Law enforcement	1
Local health officer	1
Long term care	1
Media	1
Mental health	1
Nurse (acute care)	1
Physician, internal medicine	1
Physician, obstetrics/gynecology	1
Physician, urgent care/emergency medicine	1
State health information exchange	1
Training specialist/technical assistance	1
Veteran's health	1
Virologist	1
TOTAL	70

Source: West Virginia 2012 Public Health System Partner Survey

Respondent Organizations

Survey respondents were asked to identify the type of organization they represented. The greatest proportion of responses were provided by those representing the WV Bureau for Public Health, academic institutions and local health. Additional organizations represented by responses included, but were not limited to, non-profit organizations, hospital-based medical practices, other state governmental agencies, community clinics and private practice. Figure 2 provides a summary of the types of organizations having more than five responses. Additional responses having fewer than five responses each are provided in Table 2.

Figure 2. Distribution of types of organizations represented by respondents (more than five responses).



Source: West Virginia 2012 Public Health System Partner Survey

Table 2. Distribution of types of organizations represented by respondents (fewer than five responses).

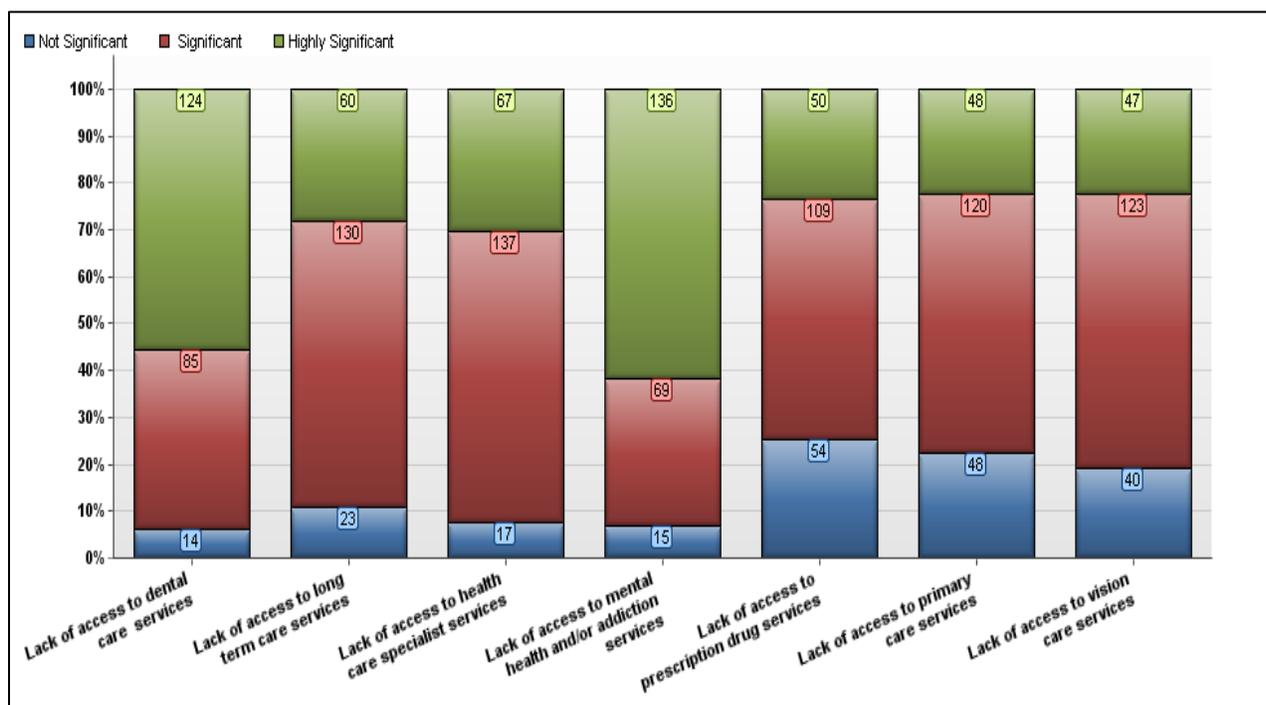
Respondent Organization Type (Less than five responses)	No. Responses
Health insurance	4
Quality Improvement Organization	3
Department of Education	2
Hospital	2
Independent consultant/Professional associate	2
Board of Dentistry	1
Federal government	1
Foundation	1
General public health	1
Health coalition	1
Law enforcement	1
Media	1
Non-profit policy organization	1
Religious organization	1
School	1

Source: West Virginia 2012 Public Health System Partner Survey

BARRIERS TO HEALTHCARE

Survey respondents were asked to identify barriers to healthcare in West Virginia. A list of barriers was provided, including lack of access to the following services: dental care, healthcare specialists, long term care, mental health and/or addiction, prescription drugs, primary care and vision care and other services not listed. Of those responding, 94% identified lack of access to dental care services as being significant or highly significant, and was thus the greatest barrier to healthcare. Additionally, 93% of respondents identified lack of access to mental/behavioral health services as being significant or highly significant and this was the second greatest barrier to healthcare. Lack of access to healthcare specialists and long term care were identified by 92% and 89% of respondents respectively as barriers to healthcare. Figure 3 and Table 3 provide summary of all responses. Table 4 provides additional information for ‘other’ barriers identified by respondents.

Figure 3. Distribution of responses for barriers to healthcare in West Virginia.



Source: West Virginia 2012 Public Health System Partner Survey

Table 3. Distribution of significant and highly significant barriers to healthcare in West Virginia.

Barrier	No. Responding Significant	% Responding Significant	No. Responding Highly Significant	% Responding Highly Significant	% Responding Significant or Highly Significant	Total Responses
Lack of access to dental care services	85	38%	125	56%	94%	224
Lack of access to mental health and/or addiction services	69	31%	137	62%	93%	221
Lack of access to health care specialist services	137	62%	68	31%	92%	222
Lack of access to long term care services	131	61%	60	28%	89%	214
Lack of access to vision care services	124	59%	47	22%	81%	211
Lack of access to primary care services	120	55%	49	23%	78%	217
Lack of access to prescription drug services	110	51%	50	23%	75%	214

Source: West Virginia 2012 Public Health System Partner Survey

Table 4. 'Other' barriers to healthcare identified by respondents.

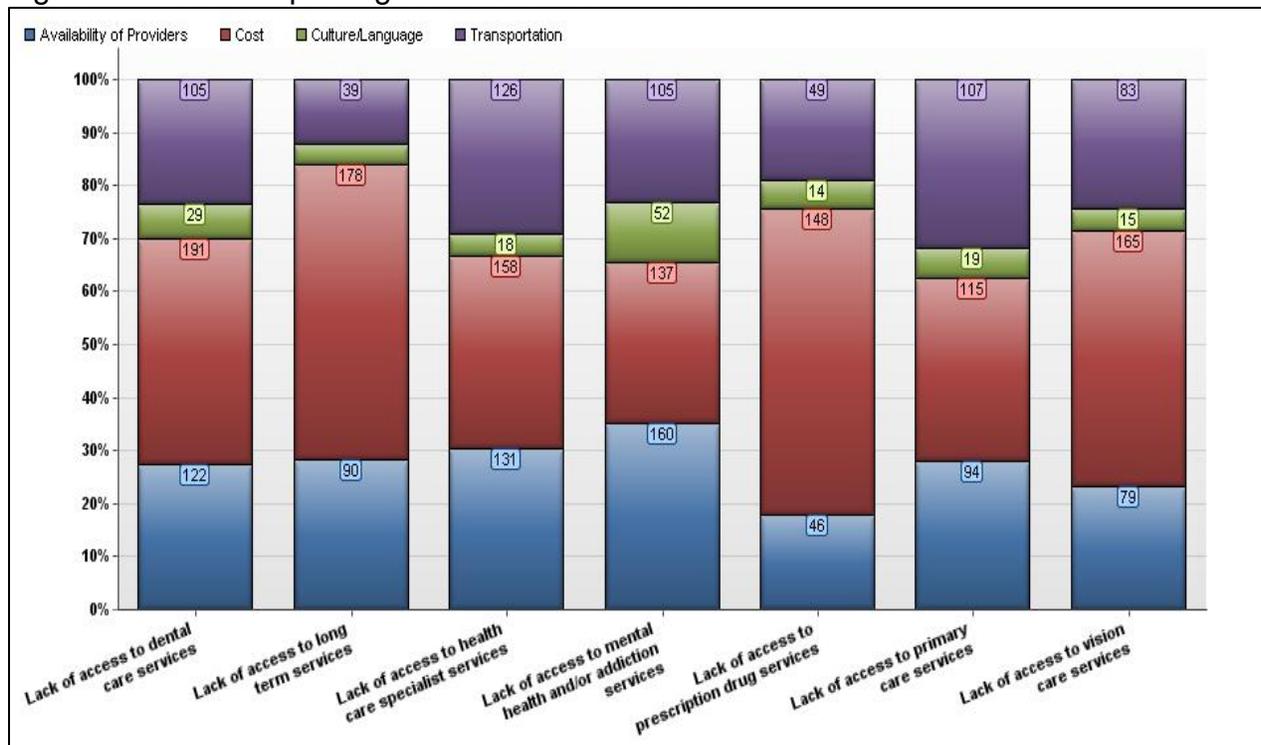
Other Responses	No. Responses
Lack of transportation	4
Lack of follow up to all healthcare services/case management	2
Lack of a coherent health care system	1
Lack of affordable healthcare	1
Lack of access to healthy foods	1
Lack of access to inpatient rehabilitation	1
Lack of access to nutrition services	1
Lack of access to trained healthcare workers	1
Lack of acute care services	1
Lack of all healthcare access	1
Lack of case management for co-morbid patient population	1
Lack of consistent and specific data from health discipline boards	1
Lack of knowledge of health care providers on chronic disease weight management counseling	1
Lack of pediatric specialists	1
Lack of pediatric vision care	1
Lack of well-trained geriatric physicians	1

Source: West Virginia 2012 Public Health System Partner Survey

FACTORS IMPACTING BARRIERS TO HEALTHCARE

Survey respondents were asked to identify factors impacting barriers to healthcare in West Virginia. Respondents were asked to select if the availability of providers, cost, culture/language, transportation or other factors significantly influenced the barriers listed in the previous question. Figure 4 and Table 5 summarize all responses for factors impacting barriers to healthcare in West Virginia.

Figure 4. Factors impacting barriers to healthcare.



Source: West Virginia 2012 Public Health System Partner Survey

Table 5. Factors impacting barriers to healthcare.

Barrier	Availability of Providers	Cost	Culture/ Language	Transportation	Other	Total Responses
Lack of access to mental health and/or addiction services	160*	137	52*	105	10	464
Lack of access to dental care services	122	191*	29	105	4	451
Lack of access to health care specialist services	131	158	18	126*	4	437
Lack of access to vision care services	79	165	15	83	4	346
Lack of access to primary care services	94	115	19	107	10	345
Lack of access to long term services	90	178	12	39	3	322
Lack of access to prescription drug services	46	148	14	49	4	261

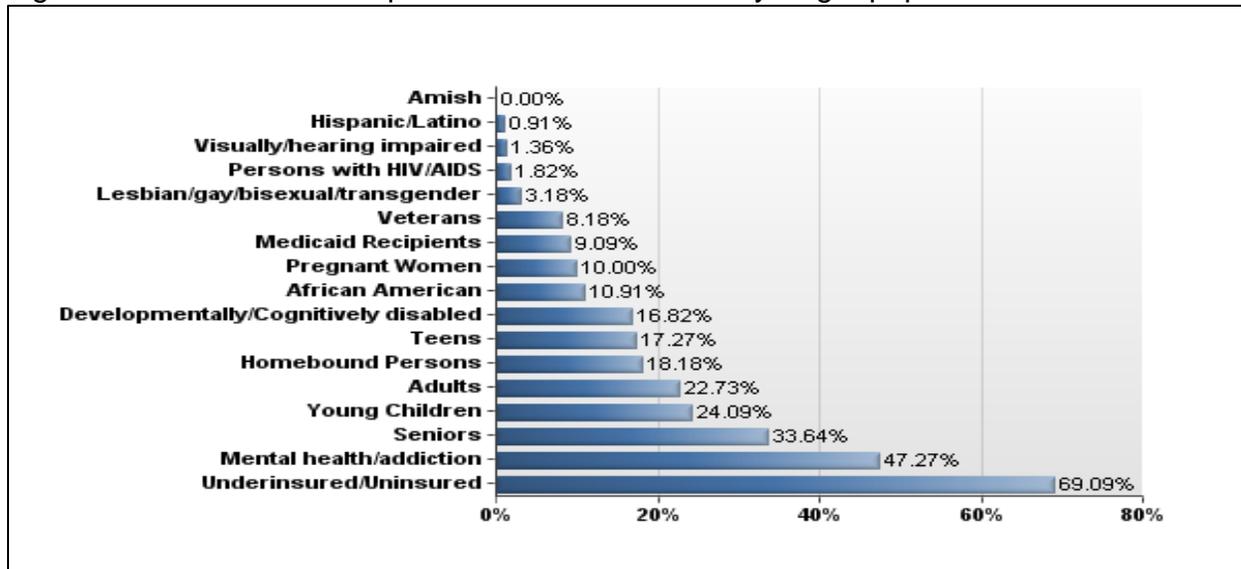
Source: West Virginia 2012 Public Health System Partner Survey

* Darker gray shading denotes the mode for each factor.

UNMET NEED

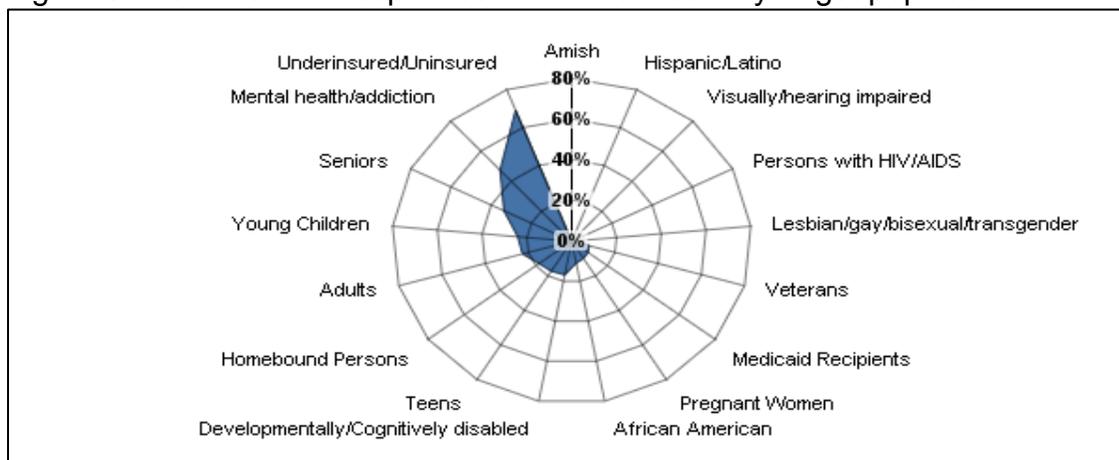
Survey respondents were asked to identify the top three target populations that they perceived to have the greatest unmet need or need additional public health/healthcare resources in West Virginia. Respondents were given a list of target populations to consider in responding, including adults, African American, Amish, Hispanic/Latino, homebound persons, lesbian/gay/bisexual/transgender, Medicaid recipients, mental illness/addictions, persons with HIV/AIDS, persons with mental health/addiction, pregnant women, seniors, teens, underinsured/uninsured, veterans, visual/hearing impaired and young children. The underinsured/uninsured were identified by 69% of respondents and was the population with the greatest unmet need. Individuals with mental/behavioral health needs/addictions were identified by 47.3% of respondents and seniors by 33.6% of respondents as having unmet need. Figures 5 and 6 display the distribution of responses for each of the target populations.

Figure 5. Distribution of responses for 'unmet need' by target population.



Source: West Virginia 2012 Public Health System Partner Survey

Figure 6. Distribution of responses for 'unmet need' by target population.

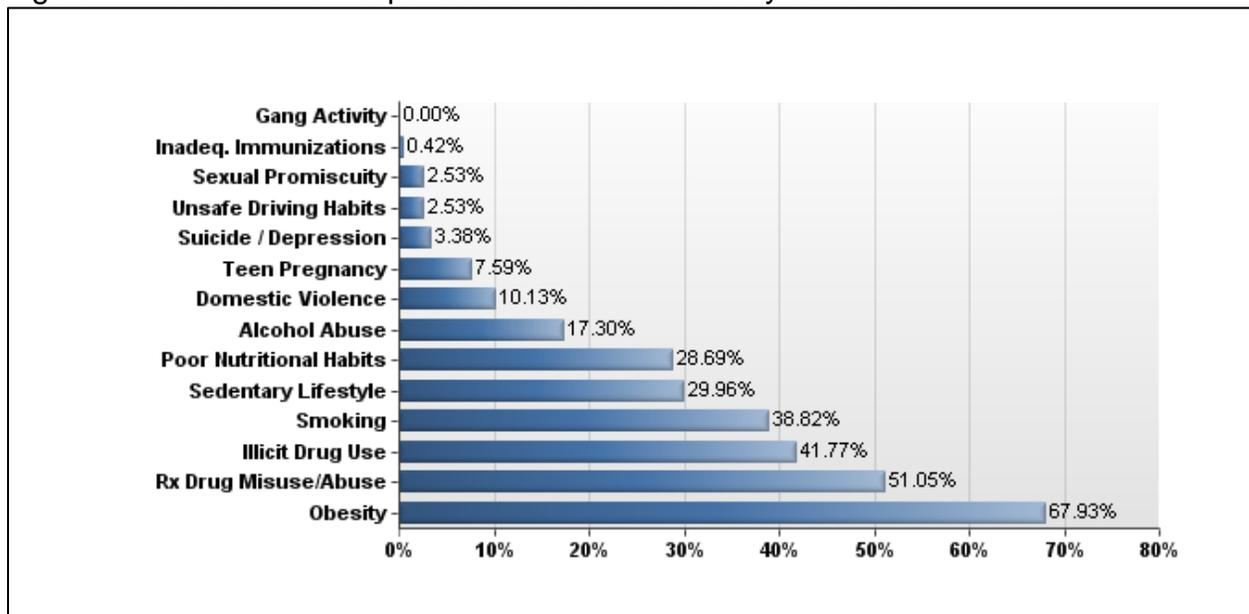


Source: West Virginia 2012 Public Health System Partner Survey

HEALTH RISKS AND RISKY BEHAVIORS

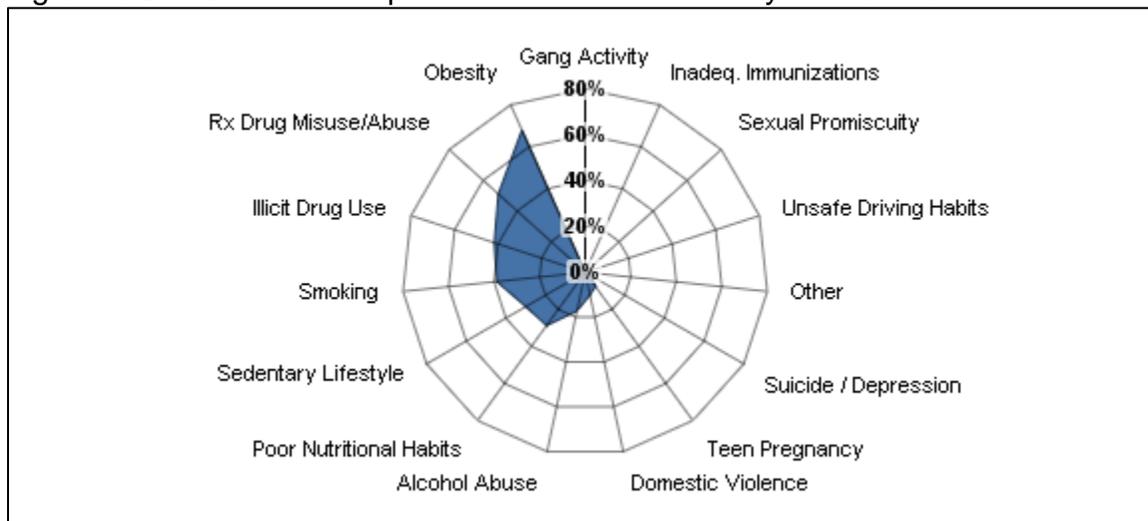
Survey respondents were asked to identify the top three health risks/risky behaviors that were most significant in West Virginia. Respondents were given a list of health risks/risky behaviors that included alcohol abuse, domestic violence, gang activity, illicit drug use, inadequate immunizations, obesity, poor nutrition habits, prescription drug use/misuse, sedentary lifestyle, sexual promiscuity, smoking, suicide ideation/depression, teen pregnancy and unsafe driving habits. Obesity and prescription drug misuse/abuse were identified by the greatest proportion of respondents as health risks/risky behaviors in West Virginia. Figures 7 and 8 display the distribution of respondents for health risks/risky behaviors.

Figure 7. Distribution of responses for health risks/risky behaviors.



Source: West Virginia 2012 Public Health System Partner Survey

Figure 8. Distribution of responses for health risks/risky behaviors.

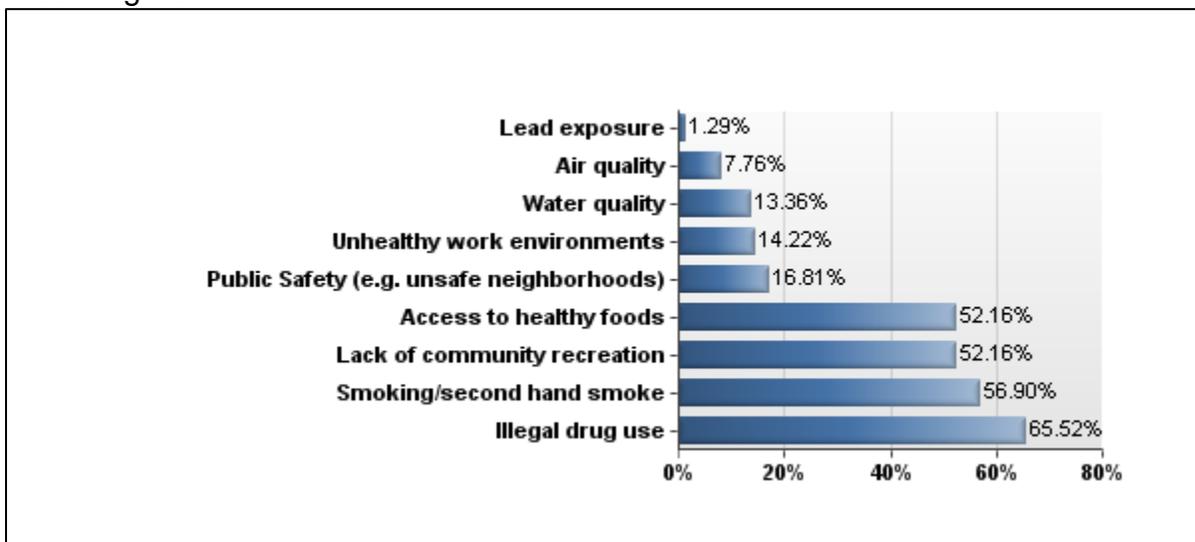


Source: West Virginia 2012 Public Health System Partner Survey

COMMUNITY AND ENVIRONMENTAL FACTORS

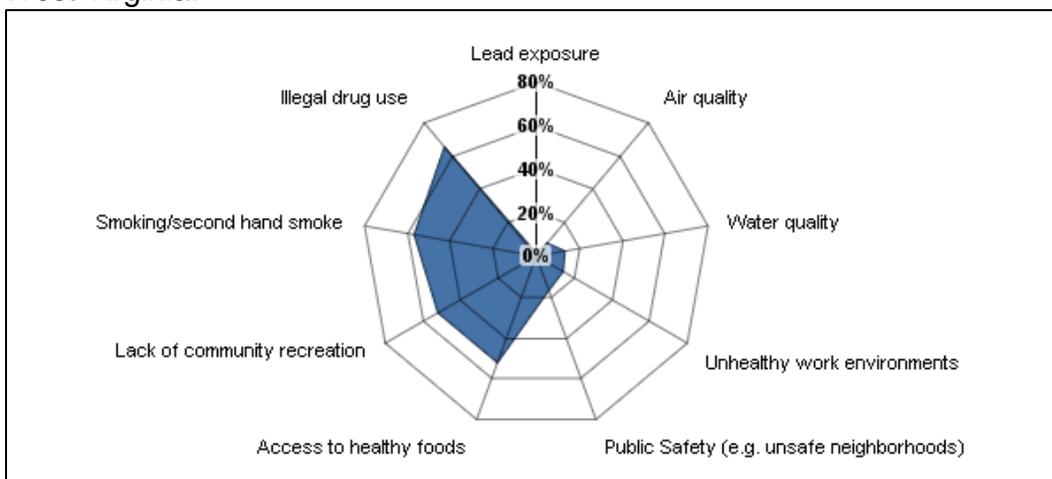
Survey respondents were asked to identify the top three community/environmental factors that are most significant in West Virginia. Respondents were given a list of factors that included access to healthy foods, air quality, community recreational space, illegal drug use, lead exposure, public safety, smoking/second hand smoke, unhealthy work environments and water quality. Illegal drug use, smoking/second hand smoke and lack of community recreation opportunities were identified by the greatest proportion of respondents as significant community/environmental factors in West Virginia. Figures 9 and 10 demonstrate the distribution of responses for community/environmental factors in West Virginia.

Figure 9. Distribution of responses for significant community/environmental factors in West Virginia.



Source: West Virginia 2012 Public Health System Partner Survey

Figure 10. Distribution of responses for significant community/environmental factors in West Virginia.

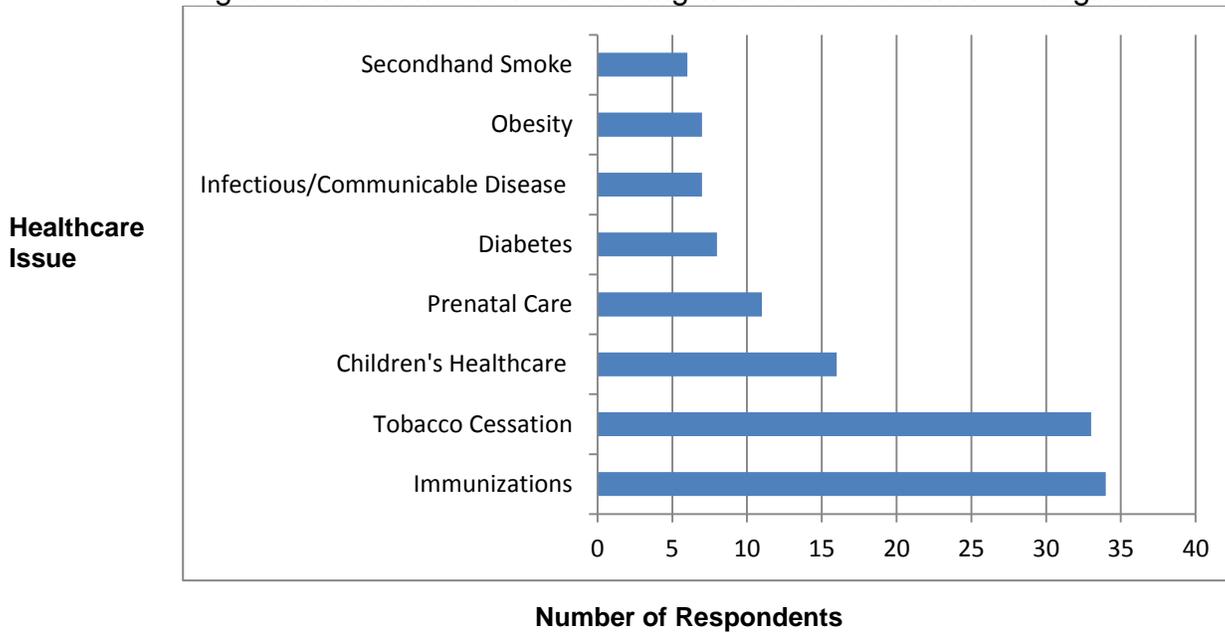


Source: West Virginia 2012 Public Health System Partner Survey

HEALTH CARE ISSUES BEING WELL ADDRESSED

Survey respondents were asked to identify which health care issues were being well addressed in West Virginia from their perspective. Respondents were not given a list of options to choose from. A text box was provided for collection of qualitative data responses. A total of 421 issues were identified by respondents. The greatest number of responses for health care issues being well addressed in West Virginia included tobacco cessation and immunizations. A summary of the responses, where greater than five responses were provided for an issue, are included in Figure 11. Where the issue response(s) totaled less than five, issues are summarized in Table 6.

Figure 11. Health care issues being well addressed in West Virginia.



Source: West Virginia 2012 Public Health System Partner Survey

Table 6. Other health care issues being well addressed in West Virginia.

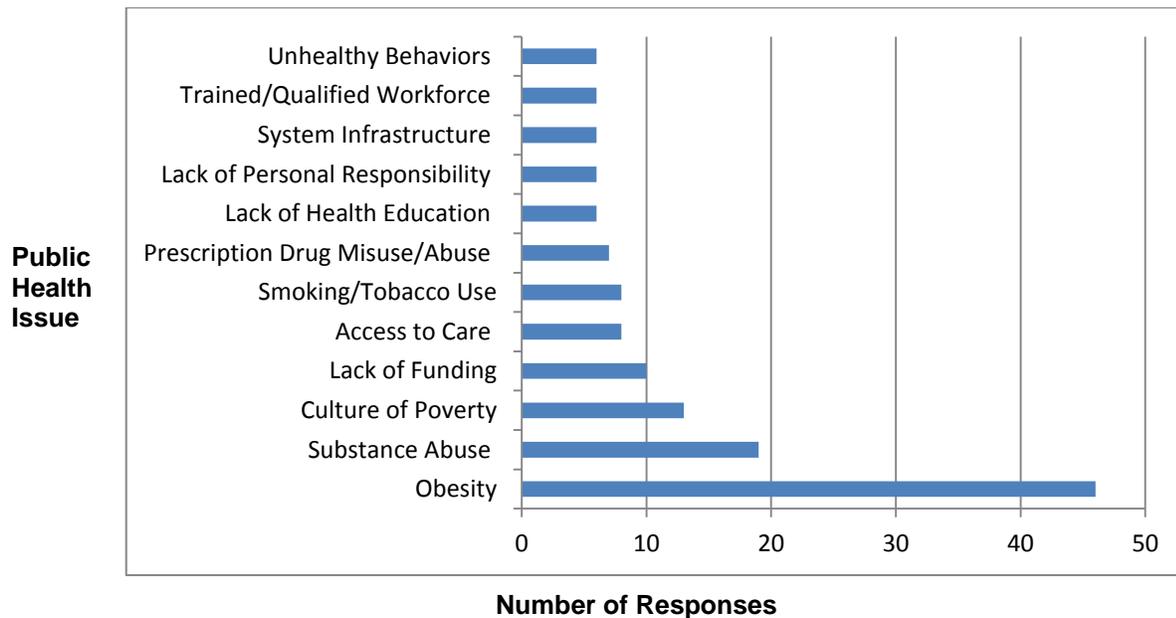
Other Health Issues Being Well Addressed (Five or Less Responses)	No. Responses
Emergency preparedness	5
Primary care	5
Domestic violence	3
Family planning	3
No issues are being well addressed	3
Oral health	3
Seniors	3
Tuberculosis	3
Child abuse	2
Chronic disease	2
Environmental issues	2
Healthy lifestyles	2
HIV/AIDS	2
Medicaid expansion	2
Sexually transmitted diseases	2
Substance abuse	2
A lot of surveys and planning to determine/meet needs.	1
Access to care	1
Availability of funds to low income individuals	1
Breast cancer	1
Cancer surveillance	1
Childcare/safety	1
e-Directive Registry	1
Early childhood education	1
Education	1
Emergency services	1
Health promotion	1
Heart disease	1
Insurance	1
Lead exposure	1
Local clinics in rural areas	1
Narcotic drug misuse	1
Obamacare	1
Perinatal partnership	1
Quality medical schools	1
Sanitation	1
School health	1
School nutrition	1
Segmented disease specific issues	1
Specific diseases w/minimal funding	1
Specialized medical services	1
Teens about smoking and eating habits	1
Transportation	1
Veterans	1
Water quality	1
Well clinic areas	1

Source: West Virginia 2012 Public Health System Partner Survey

GREATEST PUBLIC HEALTH ISSUE

Survey respondents were asked to identify the single greatest public health issue in West Virginia. A text box was provided for collection of qualitative data responses. The greatest public health issue identified by the most respondents was obesity. A summary of public health issues with more than five responses is displayed in Figure 12 and Table 7. A summary of public health issues with five or fewer responses is displayed in Table 11.

Figure 12. Single greatest public health challenge in West Virginia (for topics with more than five responses).



Source: West Virginia 2012 Public Health System Partner Survey

Table 7. Single greatest public health challenge in West Virginia (for topics with five or less responses).

Greatest Public Health Issue in West Virginia (Five or Less Responses)	No. Responses
Chronic disease	5
Limited resources	4
Access to care	3
Childhood obesity	3
Culture change	3
Inadequate health promotion	3
Healthcare costs	2
Coordination/sharing of data	2
Diabetes	2
Under/un-insured	2
Blaming/not solving issues	1
Decaying family structure	1
Dental care (adults)	1
Diet	1
Diseases spread by contact	1
Drug addiction in pregnancy	1
Environmental/industrial safety and health	1
Environmental pollution	1
Impact of physical environment on health	1
Inactivity	1
Insurance company monopolies	1
Lack of leadership	1
Politics	1
Poor health status	1
Poor mental health	1
Sustaining effective public health programs	1
Teen pregnancy	1
Transportation	1

Source: West Virginia 2012 Public Health System Partner Survey