

KANAWHA COALITION FOR COMMUNITY
HEALTH IMPROVEMENT (KCCHI):
2016 HEALTH CARE ACCESS DATA BOOK
FOR ANALYSIS

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KANAWHA COALITION FOR COMMUNITY HEALTH IMPROVEMENT

Table of Contents

Profile on Health Care Access	2
Health Insurance Coverage.....	3
Affordable and Accessible Providers.....	4
Medical	4
Dental.....	6
Mental/Behavioral Health.....	7
HPSA Scores.....	8
Access to Preventive Care Services.....	9
Medicare Discharges and Preventable Hospitalizations.....	12
Health Care Facilities.....	15
Key Informant Survey Findings.....	16
Respondent Characteristics.....	17
Unmet Need.....	18
Health Risks and Risky Behaviors.....	21
Community and Environmental Factors.....	24
Access to Health Care Services.....	28
Social and Economic Factors.....	30
Community Assets and Strengths	32
Health Issues.....	33
Greatest Public Health Issue	34
Public Health System Assessment: Linking People to Needed Services	35
Identifying Personal Health Service Needs of the Population.....	36
Ensuring People Are Linked to Personal Health Services	37

PROFILE ON HEALTH CARE ACCESS

Health Insurance Coverage

	2010	2011	2012	2013	2014
All ages, no health insurance	Kanawha County	NA	NA	24,813 (13.0%)	24,389 (12.8%)
	West Virginia	NA	NA	14.4%	14.2%
	U.S.	NA	NA	14.9%	14.2%
Under 18 years, no health insurance	Kanawha County	NA	NA	1,371 (3.5%)	1,489 (3.7%)
	West Virginia	NA	NA	4.9%	4.8%
	U.S.	NA	NA	8.1%	7.6%
All ages, public insurance	Kanawha County	NA	NA	66,499 (34.8%)	67,102 (35.2%)
	West Virginia	NA	NA	36.4%	37.0%
	U.S.	NA	NA	29.4%	30.2%
18-64 years, health insurance coverage by employment status, Kanawha County	Employed	NA	NA	14,059 (17.0%)	13,456 (16.4%)
	Unemployed	NA	NA	3,678 (56.0%)	3,824 (58.6%)
	Not in labor force	NA	NA	5,600 (18.6%)	5,473 (18.0%)
18-64 years, health insurance coverage by employment status, West Virginia	Employed	NA	NA	19.0%	18.9%
	Unemployed	NA	NA	53.5%	53.3%
	Not in labor force	NA	NA	20.0%	20.0%
18-64 years, health insurance coverage by employment status, U.S.	Employed	NA	NA	17.4%	17.5%
	Unemployed	NA	NA	46.4%	45.9%
	Not in labor force	NA	NA	21.7%	21.8%
Percentage of Medicare Enrollees in Charleston	7.40%				

Source: American Community Survey

Affordable and Accessible Providers

Medical

Primary Care Provider Ratio

<i>Population to Primary Care Provider Ratio</i>				
<i>Location</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
Kanawha County	832:1	805:1	754:1	740:1
West Virginia	1,310:1	1,306:1	1,299:1	1,290:1
US Top Performers	1,067:1	1,051:1	1,045:1	1,040:1

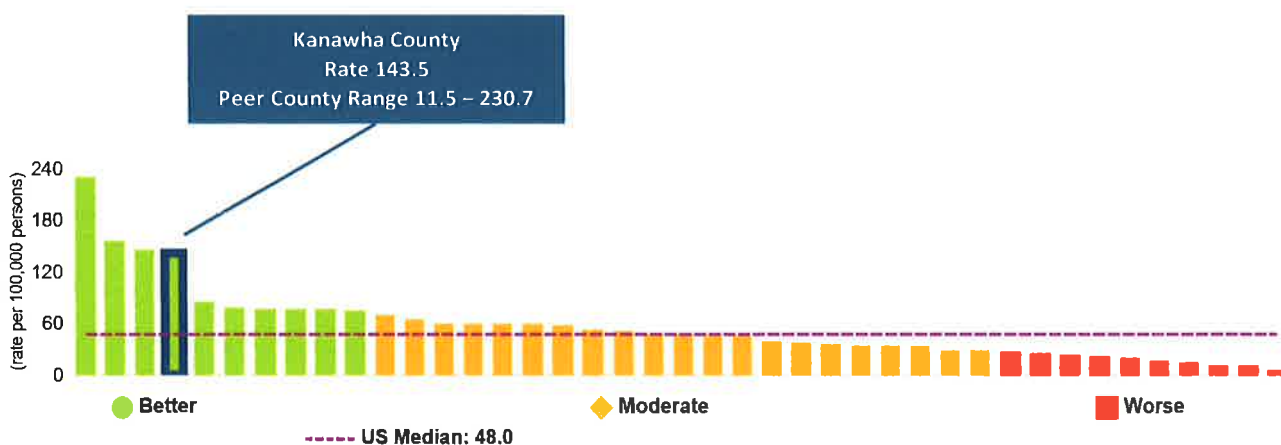
County Health Rankings

Physician Capacity for All Physicians, Psychiatrists, Specialists, and Surgeons

Indicator (by referral area)	Charleston (2006)	Charleston (2011)	U.S.
All physicians per 100,000 residents	195.1	198.3	207.1
Psychiatrists	7.1	8.4	10.9
All specialists	112.9	117.8	131.3
Surgeons by Specialty - Overall	41.5	41.8	40.5
Cardiovascular	1.5	1.3	1.2
General	9.2	10	6.7
Neurosurgery	1.4	1.3	1.3
Obstetrics/Gynecology	55.4	56.8	57
Ophthalmology	4.2	4.1	4.9
Orthopedic	5.6	5.1	6.3
Pediatric	0.2	0.2	0.2
Plastics	1.5	1.7	1.9
Urology	3.4	2.7	2.6
Vascular	0.3	0.8	0.8

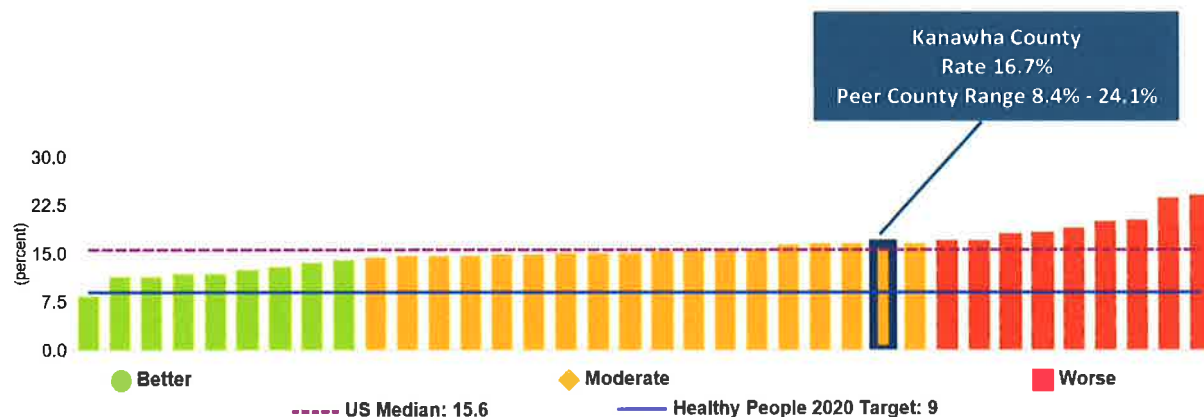
Source: Dartmouth Atlas

Primary care provider access (rate per 100,000 persons), Kanawha County, 2011, when compared to peer counties in U.S.



Community Health Status Indicators

Cost barrier to care (percent) of adults who did not see a doctor due to cost in the past 12 months in Kanawha County, 2006-2012, when compared to peer counties in U.S.



Source: Community Health Status Indicators

Trimester Care First Provided During Pregnancy, Kanawha County, 2011-2013

		2011	2012	2013
Parentage of pregnant women beginning care by trimester	1st Trimester	83.3%	81.7%	82.2%
	2nd Trimester	13.5%	14.1%	13.5%
	3rd Trimester	2.4%	3.4%	3.4%
	No care	0.8%	0.8%	0.9%

Source: West Virginia Vital Statistics Reports

Dental

Dental Provider Ratio

<i>Population to Dental Care Provider Ratio</i>					
<i>Location</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>
Kanawha County	1,430:1	NA	NA	1,338:1	1,290:1
West Virginia	2,245:1	NA	NA	2,065:1	2,030:1
US Top Performers	1,482:1	NA	NA	1,377:1	1,340:1

Source: County Health Rankings



The dentist provider rate for Kanawha County, WV is **72.8** (per 100,000) (2011), ranking Kanawha County in the most favorable quartile when compared to peer counties, according to the CDC Community Health Status Indicators

Medicaid-Enrolled Children Under 5 Years Receiving Dental Care

<i>Medicaid-enrolled children under 5 who receive dental care</i>					
<i>Location</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>
Kanawha County	NA	34.0%	39.0%	39.8%	NA
West Virginia	NA	29.9%	38.4%	38.2%	NA
US Top Performers	NA	NA	NA	NA	NA

Source: County Health Rankings

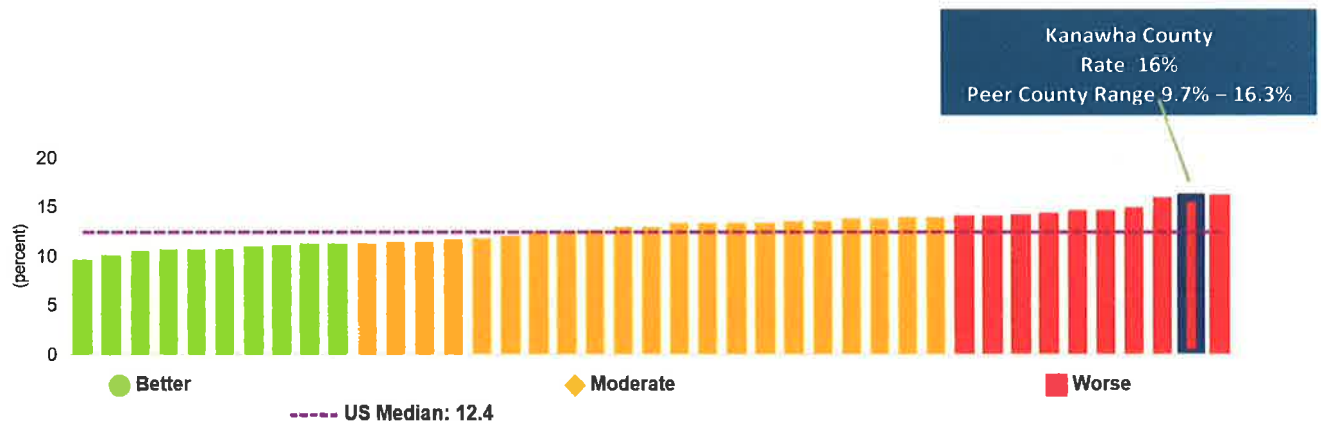
Mental/Behavioral Health

Mental Health Provider Ratio

Ratio of population to mental health providers					
Location	2011	2012	2013	2014	2015
Kanawha County	NA	NA	850:1	631:1	610:1
West Virginia	NA	NA	1,291:1	963:1	910:1
US Top Performers	NA	NA	521:1	386:1	310:1

Source: County Health Rankings

Percent of Older Adults Living with Depression in Kanawha County, WV, 2012



Source: Community Health Status Indicators

HPSA Scores

HPSA Scores are developed for use by the National Health Services Corps (NHSC) and Health Resources and Services Administration (HRSA) to prioritize the need of designations. Based on the severity of a health professional shortage, scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The higher the score, the greater the need for additional medical services, which increases an area's priority for placement of new practitioners (eligibility for acquiring NHSC recruits is typically a score of 14 or higher) to improve access to services. Several factors go into determining a score, such as providers-to-population ratios, poverty levels, and the incidences of infant mortality or low-birth weights (HRSA, 2016).

Kanawha County Designated HPSA Facilities

Designation	Location	HPSA Score	Date
Primary Care	WV Health Right	12	2013
Primary Care	Cabin Creek Health Center	17	2014
Dental Health	WV Health Right	14	2013
Dental Health	Cabin Creek Health Center	18	2014
Mental Health	Highland Behavioral Health Services	15	2014
Mental Health	Cabin Creek Health Center	19	2014
Mental Health	Presteria	15	2012

Source: HRSA

Access to Preventive Health Services

Screening for Diabetes

<i>Percentage of diabetes Medicare enrollees ages 65-75 that receive HbA1c</i>					
<i>Location</i>	2009	2010	2011	2012	2013
Kanawha County	83%	82%	84%	85%	83%
West Virginia	83%	83%	83%	84%	84%
US Top Performers	89%	90%	90%	90%	90%

Source: Dartmouth Health Atlas

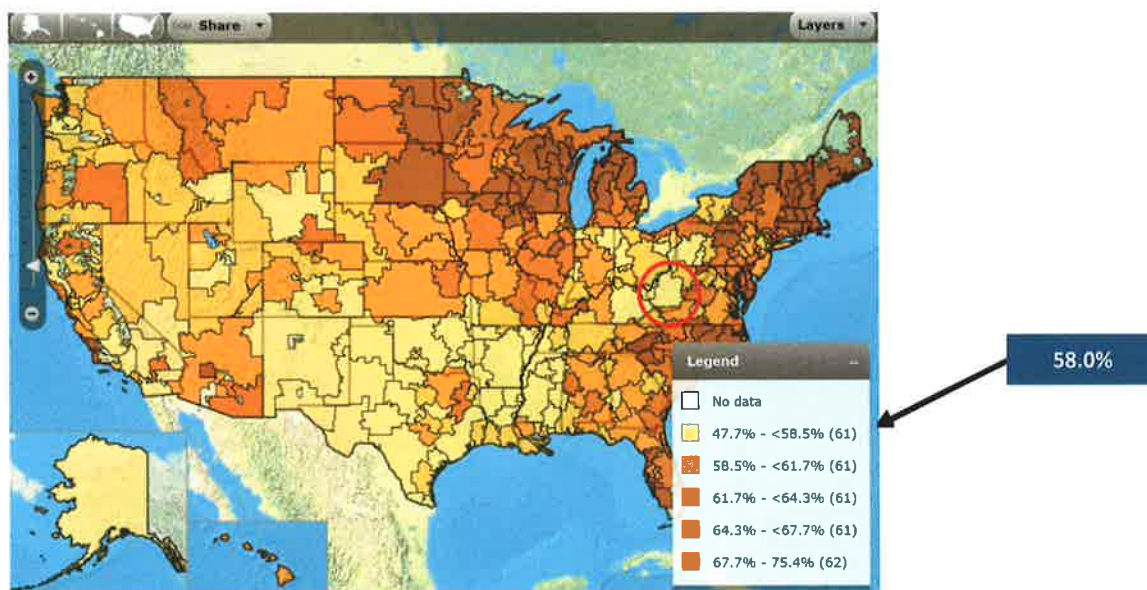
Mammography Screening

Percentage of Female Medicare Enrollees Receiving Mammography

<i>Percentage of female Medicare enrollees ages 67-69 that receive mammography screening</i>					
<i>Location</i>	2009	2010	2011	2012	2013
Kanawha County	61.7%	60.3%	58.7%	57.9%	56%
West Virginia	62.1%	60.7%	57.4%	58.3%	58%
US Top Performers	74.5%	73.0%	70.7%	70.7%	71%

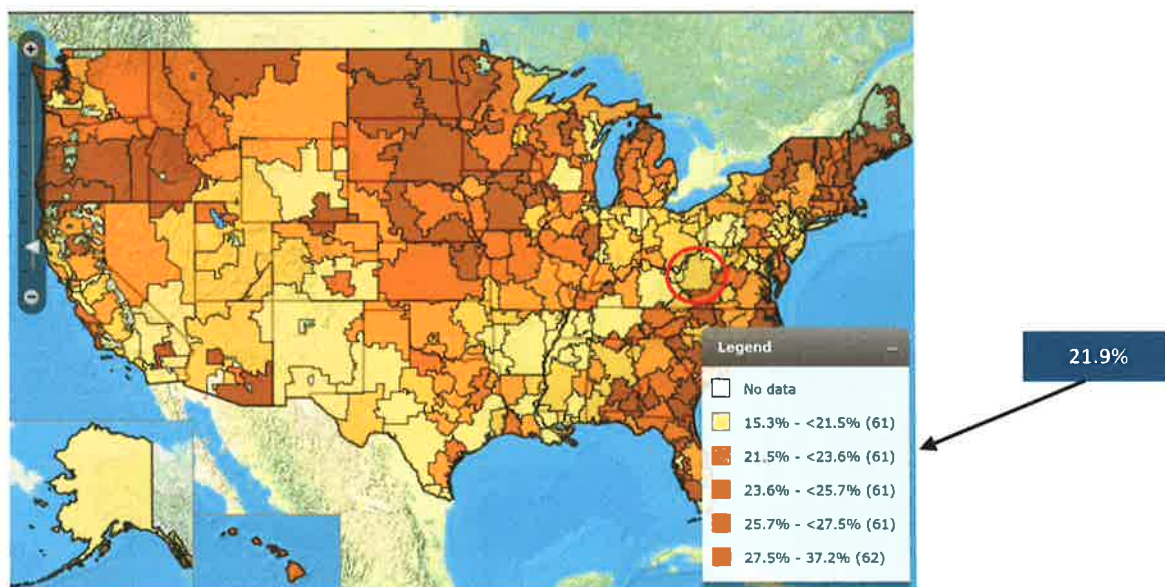
Source: Dartmouth Atlas

Percent of Female Medicare Enrollees, Age 67-69, Having at Least One Mammogram Every Two Years, Overall, 2012, Charleston WV, by Referral Region



Source: Dartmouth Atlas

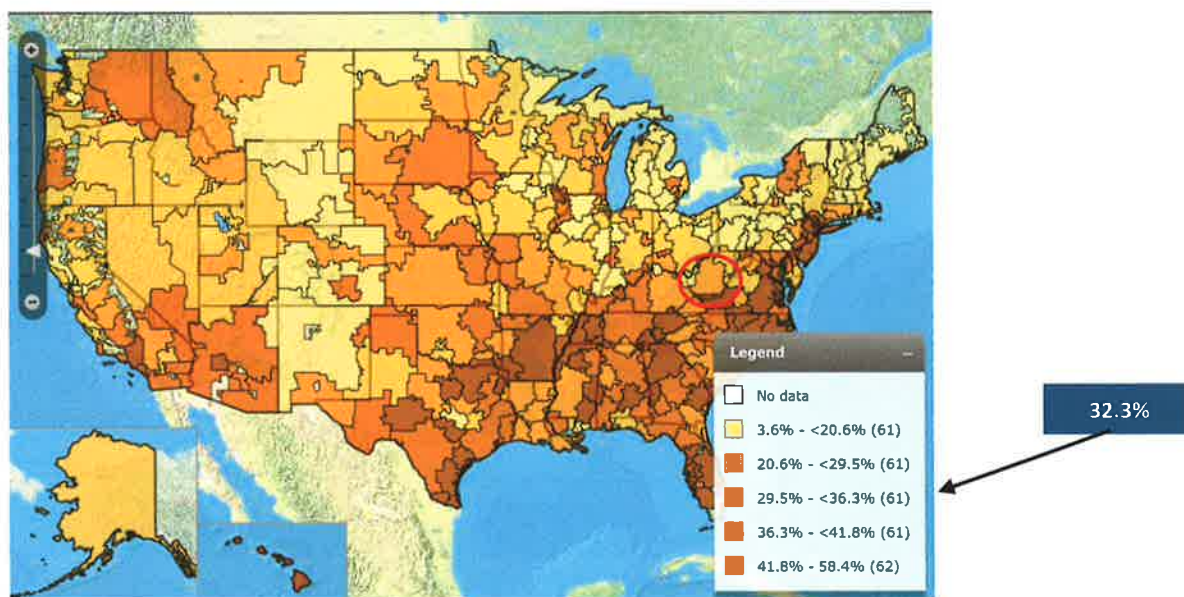
Percent of Female Medicare Beneficiaries, Age 75 and Older, Having a Screening Mammogram, 2012, Charleston WV, by Referral Region



Source: Dartmouth Atlas

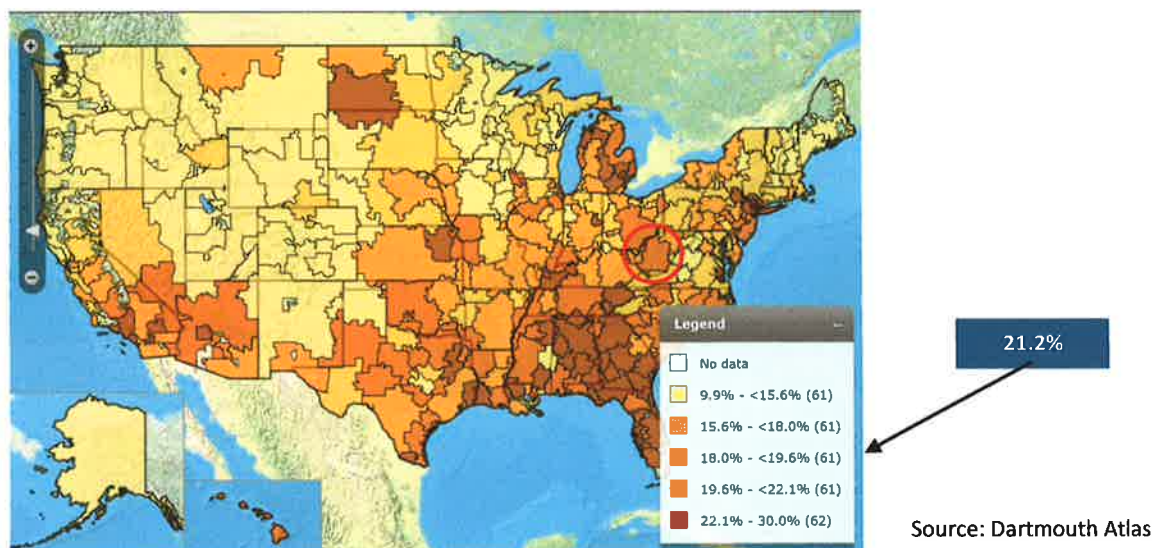
PSA Screening

Percent of Male Medicare Beneficiaries Age 68-74 Having a Screening PSA Test, 2010, Charleston, by Referral Region



Source: Dartmouth Atlas

Percent of Male Medicare Beneficiaries Age 75 and Older Having a Screening PSA Testing a Screening PSA Test, 2010, Charleston, by Referral Region



Male prostate cancer (rate per 100,000 persons)

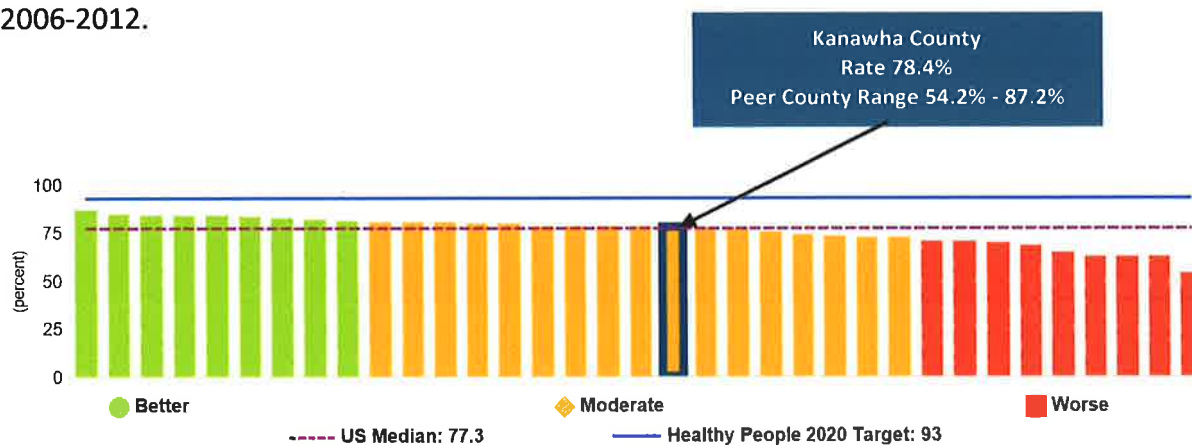
The age adjusted prostate cancer incidence rate Kanawha County, WV is:

155.2 (per 100,000)

Source: Community Health Status Indicators

PAP Test Screening

78.4% percent of women age 18+ report having a Pap test in the last 3 years, Kanawha County, 2006-2012.



Source: Community Health Status Indicators

Medical Discharges Among Medicare Enrollees

Medical Discharges per 1,000 Medicare Enrollees, Overall and by Gender, 2008-2012, by Hospital Referral Region

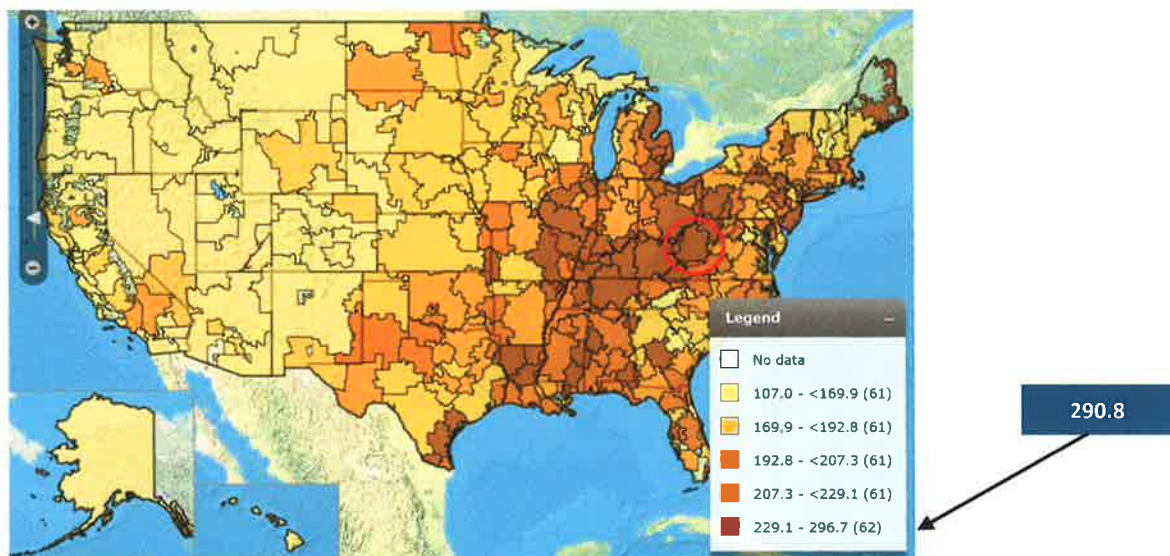
Medical Discharges, Overall and by Gender					
	2008	2009	2010	2011	2012
Charleston, WV - overall	323.4	313.9	318.6	318.2	290.8
Charleston, WV - male	295.5	281.9	283.8	286.2	257.4
Charleston, WV - female	344.5	338.5	345.6	343.5	317.5
U.S.	236.9	228.4	225.9	228.4	209.0

Medical Discharges per 1,000 Medicare Enrollees, Overall and by Race, 2008-2012, by Hospital Referral Region

Medical Discharges, Overall and by Race					
	2008	2009	2010	2011	2012
Charleston, WV - overall	323.4	313.9	318.6	318.2	290.8
Charleston, WV - nonblack	316.6	307.1	311.0	310.8	283.3
Charleston, WV - Black	341.1	323.4	350.0	351.6	343.8
U.S.	236.9	228.4	225.9	228.4	209.0

Source: Dartmouth Atlas

Medical Discharges per 1,000 Medicare Enrollees, by Gender, Overall, 2012 by Referral Region



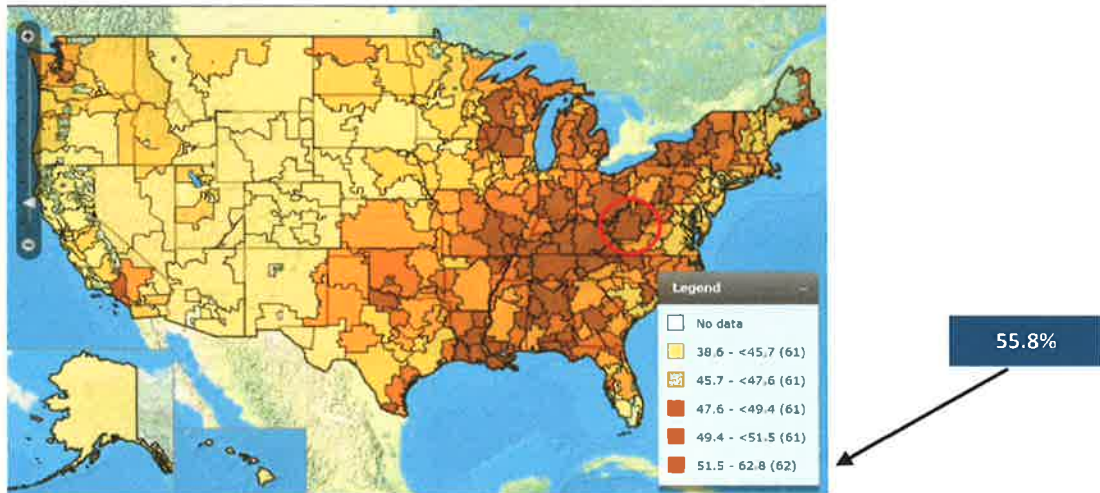
Source: Dartmouth Atlas

Older adult preventable hospitalizations (rate of 83.1 per 1,000 Medicare enrollees age 65 years or older), 2011.



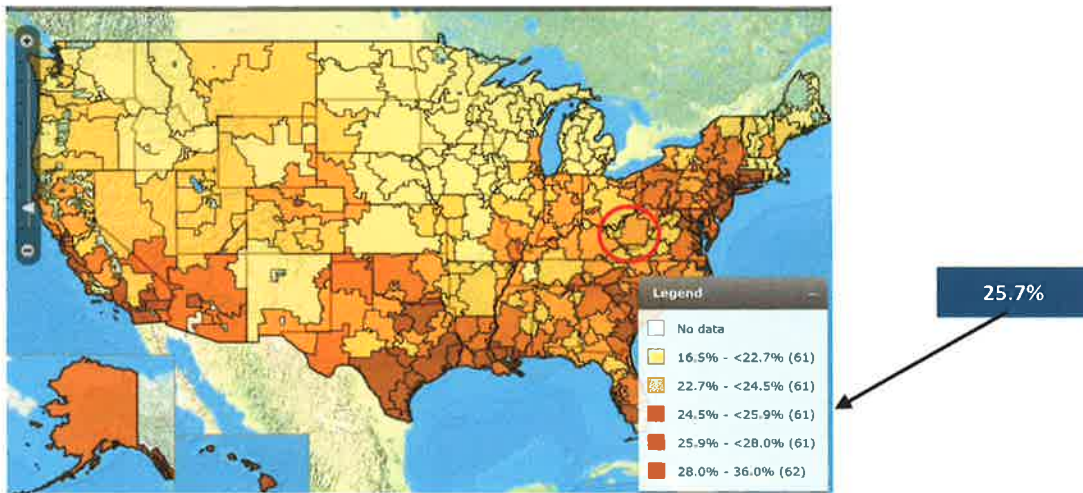
Prescription Usage Among Medicare Beneficiaries

Total 30-Day Prescription Fills per Beneficiary (Year: 2010; Region Level: HRR)



Source: Dartmouth Atlas

Proportion of 30-Day Prescriptions Filled with Brand-Name Products, 2010, by Referral Region



Source: Dartmouth Atlas

Health Care Facilities

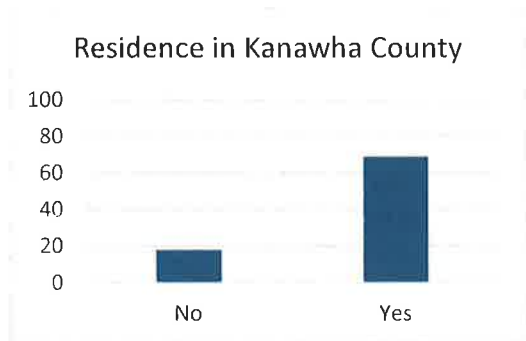
Hospital Capacity			
Indicator (by referral area)	Charleston (2006)	Charleston (2011)	U.S.
Acute care hospital beds per 1,000 residents		3.2	2.0
Hospital-based RN's per 1,000 residents		5.4	4.2
FTE Hospital employees per 1,000 residents	17.9	19.6	NA

Source: Dartmouth Atlas

KEY INFORMANT SURVEY FINDINGS

Respondent Characteristics

"Do you live in Kanawha County?"



"Please select one response that best represents your primary area of professional expertise and/or practice."

Area of Expertise	Response Percent	Response Count
Nonprofit Services/Organization	16.1%	14
Health Care Organization	11.5%	10
Government	8.0%	7
Public Health	8.0%	7
Business	6.9%	6
Health Care Provider	6.9%	6
Mental/Behavioral Health	5.7%	5
Academia	4.6%	4
Advocacy	1.1%	1
Education	4.6%	4
Faith-Based Organization	4.6%	4
First Response	4.6%	4
Funder	4.6%	4
Human Services and/or Charity	3.4%	3
Legal	2.3%	2
Youth Development	2.3%	2
Economic/Philanthropic	1.1%	1
Law Enforcement	1.1%	1
Pharmacy	1.1%	1
Veterans' Services	1.1%	1
Media	0.0%	0
Disability Services	0.0%	0
Recreation & Arts	0.0%	0
<i>answered question</i>		87
<i>skipped question</i>		0

UNMET NEED

Target Populations with Greatest Unmet Need

A total of 86 partners responded to identifying the top three target populations having the greatest unmet need or in need of additional public health/health care resources in Kanawha County. Of those, 54 (62.8%) identified mental health/addiction as the top target population having unmet needs. Also identified were individuals of low income (34.9%) and children (32.6%).

Top Target Populations with Unmet Need	# Respondents	% Respondents
Mental Health/Addictions	54	62.8%
Low Income	30	34.9%
Children	28	32.6%

Challenges/Barriers Preventing Changes or Improvements in Needs of Specific Populations

Of the 86 respondents, 81 provided a text response for challenges/barriers preventing change or improvements in unmet needs. The four most common themes identified were: 1) lack of affordability or ability to pay for health care services, 2) lack of awareness and/or existing misperceptions about the needs of populations with unmet need, 3) lack of employment options in Kanawha County and 4) lack of adequate funding, resources, facilities, and capacity to adequately address unmet needs of specific populations. Other themes that were identified included stigmas associated with populations having unmet need, lack of/poor role models for children, lack of coordination of care, and lack of insurance coverage. The text analysis for barriers/challenges is provided below.

Text Analysis for Barriers/Challenges

Insurance Parenting Programs Government
Transportation Income Resources Low
Services Jobs Funding Social Access
Communication Money Motivation Financial Trust Facilities

Suggestions for Areas of Improvement

Respondents were also asked what needed to happen to meet the needs of specific populations and 81 provided a text response for suggested improvements. Responses focused on the following themes. First, the most commonly cited recommendation was to identify additional funding resources. Second, there was an overwhelming number of suggestions to establish a strategic plan of action consisting of clearly identifying problems, and developing specific goals and strategies for populations having unmet needs. This was further supported by recommendations to build networks, to increase coordination and communication within the system, and gain community buy-in. Additional strategies related to this theme included utilizing community-based outreach, focusing on prevention/screening, and providing education on available resources and how to access them. Third, increasing awareness and highlighting to the community issues around unmet needs was identified, with recommendations for obtaining more information from the populations experiencing unmet need and working to reduce stigmas. Fourth, the theme of increasing job opportunities for those with unmet need was again recommended.

Text Analysis for Areas of Improvement for Populations with Unmet Need

Resources Support Job Effective Awareness Low Income
Community Substance Abuse Increased Outreach
Services Address Funding Identify Health
Coordinated Providers Economic Growth Programs
Affordable Housing Willing Addicted Education Government
Efforts

All Responses for Identifying Populations with Greatest Unmet Need

Answer Options	Response Percent	Response Count
Mental Health/Addictions	62.8%	54
Low Income	34.9%	30
Children	32.6%	28
Seniors	25.6%	22
Uninsured/Underinsured	22.1%	19
Adolescents	18.6%	16
Homeless	14.0%	12
Adults	11.6%	10
Victims of Abuse/Neglect	11.6%	10
Developmentally Disabled/Cognitively Disabled	3.5%	3
Veterans	10.5%	9
Homebound Persons	9.3%	8
Disabled - Unable to Work	8.1%	7
End of Life (individuals with end of life needs)	7.0%	6
Lesbian/Gay/Bisexual/Transgender	3.5%	3
Persons with HIV/AIDS/Hepatitis	2.3%	2
Pregnant Women	2.3%	2
Visually/Hearing Impaired	2.3%	2
Low income needing dental care	1.2%	1
Parents	1.2%	1
Publically intoxicated	1.2%	1
Racial/ethnic minorities	1.2%	1
Single parents	1.2%	1
Un/underemployed	1.2%	1
answered question		86

HEALTH RISKS AND RISKY BEHAVIORS

Health Risks/Risky Behaviors

A total of 87 partners responded to identifying the top three health risks/risky behaviors that are most significant in Kanawha County. Of those, 79.31% identified drug use (illicit) as a top priority, 60.92% identified drug use (prescription medications) as a top priority, and 39.08% identified obesity as a top priority health risk. It should be noted that this aligns with the current priority workgroups for health improvement established following the 2012 community needs assessment.

Top Health Risks/Risky Behaviors	# Respondent Comments	% Respondent Comments
Drug Use – Illicit Drugs	69	79.31%
Drug Use – Prescription Medications	53	60.92%
Obesity	34	39.08%

Challenges/Barriers Preventing Changes or Improvements in Health Risks/Risky Behaviors

Of the 87 respondents, 81 provided a text response for challenges/barriers preventing change or improvements for the top identified health risks/risky behaviors.

Substance Abuse: The most common themes challenges/barriers related to substance abuse were 1) lack of options, resources and/or access to treatment and 2) factors influencing decision to use, such as lack of role model, parents using and children affected, lack of motivation to change, economic environment (poverty, jobs, low education level, etc.) and tendency to relapse.

Obesity: The most common challenges/barriers related to obesity were : 1) the need for additional exercise opportunities and education on healthy choices, 2) lack of healthy options for eating and an environment not conducive to an active lifestyle, and 3) access to safe walking trails.

Text Analysis of Challenges/Barriers Preventing Changes or Improvements in Health Risks/Risky Behaviors

Poverty Understanding Motivation Knowledge Issues Generational
 Poor Enforcement Support Healthy Options Access
 Walking Paths Jobs Mental Health Education
 Low Workforce Participation Funding Model Drug
 Future Cultural Problems Barriers Risks Money Illnesses

Suggestions for Areas of Improvement of Health Risks/Risky Behaviors

A total of 81 responses were received with suggestions for improvement of the identified health risks/risky behaviors and largely focused on substance abuse.

Substance Abuse: Areas of improvement focused primarily on four themes. The first theme was education, which included community awareness, targeting youth and parents, addressing stigmas, education of alternatives, and the use of educational and marketing campaigns. The second theme was the use of policy and law to address substance abuse in terms of an enhanced drug court program, higher tax on tobacco and vaping products and stricter law on prescribing by physicians. The third theme was the need for a systems level collaborative approach with strong leadership and the community working together in a coordinated manner. The need for funding from all levels and improving economic opportunities was also identified.

Obesity: Suggestions for improvement related to obesity focused on incentivizing healthy behaviors and a stronger push for fresh fruits and vegetables.

Text Analysis for Areas of Improvement of Health Risks/Risky Behaviors

Economic Culture Health Government Increased Healthy
Treatment Facilities Community Risks Drugs
Children Education Address Funding Better
Role Models Schools Approach Jobs Tighter Tobacco Plans
Programs

All Responses for Identification of Top Health Risks/Risky Behaviors

Answer Options	Response Percent	Response Count
Drug Use - Illicit drugs	79.3%	69
Drug Use - prescription medications	60.9%	53
Obesity	39.1%	34
Tobacco Use - smoking	34.5%	30
Child abuse/neglect	23.0%	20
Alcohol abuse	18.4%	16
Sedentary lifestyle	16.1%	14
Poor nutrition habits	10.3%	9
Suicide ideation/depression	5.7%	5
Unsafe driving habits	5.7%	5
Teen pregnancy	4.6%	4
Sexual promiscuity	3.4%	3
Tobacco Use - smokeless tobacco products	3.4%	3
Education (dropout rates, low completion)	2.3%	2
Inadequate immunizations	2.3%	2
Domestic Violence	1.1%	1
Good Insecurity	1.1%	1
Gang activity	1.1%	1
Lack of family environment	1.1%	1
Unemployment/Underemployment	1.1%	1
Unsafe structures (sewage discharges)	1.1%	1
Other (too hard to select 3)	1.1%	1
answered question		87

COMMUNITY AND ENVIRONMENTAL FACTORS

QUALITY OF LIVING IN KANAWHA COUNTY

Respondents were asked to rate the quality of living in Kanawha County. Based on 87 responses, 65 (74.72%) rated the quality of living as excellent (8.05%) or good (66.67%). About one of four respondents (25.29%) rated the quality of living as fair or poor.

Rating Quality of Living in Kanawha County	# Respondent Comments	% Respondent Comments
Excellent	7	8.05%
Good	58	66.67%
Fair	21	24.14%
Poor	1	1.15%

IDENTIFICATION OF TOP PROBLEMS IN KANAWHA COUNTY

Key informants were asked to identify from a list, the top five topics they believed to be problems in Kanawha County. The top two problems identified were addiction and substance abuse treatment and recovery services, identified by 67.52% and 57.47% respectively. The other three top issues identified were unemployment/lack of jobs (by 40.23%, poverty (by 32.18%) and mental health – lack of adult services (by 27.59%). All remaining topics were identified by 0 to 20.69% of the key informants.

Top Five Problems in Kanawha County	# Respondent Comments	% Respondent Comments
Addiction	59	67.82%
Substance Abuse Treatment and Recovery Services	50	57.47%
Unemployment/Lack of Jobs	36	41.38%
Poverty	28	32.18%
Mental Health – Lack of Adult Services	24	27.59%

All Responses for Identification of Top Five Problems in Kanawha County

Answer Options	Response Percent	Response Count
Addiction	67.8%	59
Substance abuse treatment and recovery services. lack of	57.5%	50
Unemployment/lack of jobs	41.4%	36
Poverty	32.2%	28
Mental health, lack of adult services	27.6%	24
Life skills, lack of	20.7%	18
Mental health, lack of children's services	18.4%	16
Access to physical activity opportunities in the community	16.1%	14
Access to affordable, quality child care	14.9%	13
Smoking/secondhand smoke	14.9%	13
Elderly, lack of services for	13.8%	12
Affordable housing, shortage of	12.6%	11
Access to healthy foods	11.5%	10
Crime	11.5%	10
High school dropout rate	11.5%	10
Public safety - unsafe neighborhoods	11.5%	10
Access to affordable, quality after school care	10.3%	9
Bullying	8.0%	7
Homelessness	8.0%	7
Services for people with disabilities	8.0%	7
Child abuse	6.9%	6
Illiteracy	6.9%	6
Juvenile delinquency	6.9%	6
Pollution, water	6.9%	6
Violence in the community	6.9%	6
Violence in the home	6.9%	6
Worksite wellness, lack of	6.9%	6
Public transportation, lack of	5.7%	5
Teenage pregnancy	5.7%	5
End of life resources and education	4.6%	4
Pollution, air	3.4%	3
Racial or ethnic discrimination	3.4%	3
Access to health care in general	1.1%	1
Access to services lacking – no proper funding	1.1%	1
Oral health – adults	1.1%	1
Violence in schools	1.1%	1
Violence in the workplace	1.1%	1
Gambling	0.0%	0
Lead exposure	0.0%	0
answered question		87
skipped question		0

HOUSING CONCERNS

Key informants were asked to identify from a list, the top housing concerns they believed to be a problem in Kanawha County. The top problems identified were need for repairs by 49.43%, availability of affordable housing by 48.28%, cost of utility/rent deposits by 34.38%, lack of housing/shelters for homeless by 22.99% and lack of shelters for emergency situations by 21.84%.

Top Housing Concerns	# Respondents	% Respondents
Need for repairs (roof, foundation, plumbing, etc.)	43	49.43%
Availability of affordable housing	42	48.28%
Cost of utility/rent deposits	30	34.38%
Lack of housing/shelters for homeless	20	22.99%
Lack of shelters for emergency situations (domestic violence)	19	21.84%

Challenges/Barriers Preventing Changes or Improvements Related to Housing Concerns

Of the 87 respondents, 67 provided a text response for challenges/barriers related to housing concerns. The greatest challenge/barrier identified was funding/financial, with additional factors influencing that identified as poverty, unemployment, high utility rates, and shortage of good rental properties. Also identified were an increasing number of individuals needing shelter/housing, lack of political lack of a coordinated effort to address housing. A number of key informants responded they were uncertain what the challenges/barriers were.

Text Analysis of Challenges/Barriers Preventing Changes or Improvements Related to Housing Concerns

Cost Landlords Housing Community Jobs Poverty Money
Low Income Funding Absentee Services Coordination
Financial Resources

Suggestions for Areas of Improvement Related to Housing

A total of 59 responses were received with suggestions for improvement of housing in Kanawha County. Areas of improvement focused primarily on three themes. The first theme was community engagement/action to establish a coordinated approach to community development to address housing needs. The second theme was focused on economic factors such as creation of new jobs and capping utilities. The third theme was focused on the individuals needing housing, recommending education, life skills training, communication of available resources in the community, and personal accountability. The need for county/state leadership to support such efforts was an additional suggestion.

Text Analysis for Suggestions of Areas of Improvement Related to Housing

Care Support School Services Jobs Engagement Resources
Economy **Community** Economic Funding
Involved **Housing** Life County Skills Utility
Companies Business

ACCESS TO HEALTH CARE SERVICES

CLINICAL CARE

Key respondents were asked to rate a set of barriers to health care as being not significant, significant, or highly significant in Kanawha County. A total of 85 key informants responded. Those services where respondents identified the barriers as the most significant were lack of access to mental health and/or addiction services, as well as lack of access to long term care services and lack of access to dental services. However, it should be noted that at least 50% of respondents identified all 9 of the health care services as having significant or highly significant barriers.

Answer Options	Not Significant			Significant	Highly Significant	% Identifying Services as Having Sig or Highly Sig Barriers	Rating Average Scale 1 to 3	Response Count
	1	2	3					
Lack of access to mental health and/or addiction services	4	24	57	95.3%	2.62	85		
Lack of access to long term care services	17	47	19	77.6%	2.02	83		
Lack of access to dental services	22	43	20	74.1%	1.98	85		
Lack of access to health care specialist services	24	38	22	70.6%	1.98	84		
Lack of access to preventive health screenings/services	26	46	12	68.2%	1.83	84		
Lack of access to primary care services	33	39	11	58.8%	1.73	83		
Lack of access to end of life care/services	35	36	12	56.5%	1.72	83		
Lack of access to prescription drug services	35	34	12	54.1%	1.72	81		
Lack of access to vision care services	37	35	9	51.8%	1.65	81		
answered question							85	
skipped question							2	

Challenges/Barriers Preventing Access to Appropriate Clinical Care

Of the 87 respondents, 51 provided a text response for challenges/barriers preventing access to appropriate clinical care. The greatest challenges/barriers identified were transportation and cost/affordability of care in Kanawha County. Key informants also identified lack of coordination across health care settings and an ineffective 'system of care' and lack of Medicaid providers to manage the demand created by Medicaid expansion. Less frequent, but still cited challenges/barriers, included inadequate specialty care, lack of health care coverage for dental and vision care, wait times, high co-pays and deductibles, lack of knowledge about the populations that need to be served, and inappropriate use of 911 and emergency departments due to lack of another alternative to receive care.

Text Analysis for Challenges/Barriers Preventing Access to Appropriate Clinical Care

Access Dental Vision Insurance Cost Care Funding
Transportation Shortage Services Pay
Medicaid

Suggestions for Areas of Improvement Related Access to Appropriate Clinical Care

A total of 52 responses were received with suggestions for improvement regarding access to appropriate clinical care with a number of themes arising. These included: 1) increase education to those in need on the resources available; 2) refocus care on prevention and healthy lifestyles and including youth and schools; 3) increase alternatives for transportation to receive care; 4) enhance capacity for the provision of care by increasing utilization of pharmacists, nurse practitioners, and professional volunteers, increasing the number of rural providers, increasing the number of providers willing to accept Medicaid, and implementing telehealth technology; 5) strengthening the coordination of care across the health care system, including medical homes and utilization of electronic health records; and 6) increasing resources and availability of vision and dental care services. Additional suggestions less frequently cited, but still made included taking care out into the community, the need for additional funding for all services among low income individuals/families, and the need for community involvement.

Text Analysis for Suggestions for Improvement Related Access to Appropriate Clinical Care

Transportation Community Education Medical Care
Healthy Services Providers Health Low Income
Families Preventive Resources Increase

SOCIAL AND ECONOMIC FACTORS

Key informants were provided opportunity to answer an open-ended question to identify the most pressing social and economic factors facing Kanawha County and its residents. A total of 71 key informants provided a response to this question. From those responses the following themes emerged: 1) jobs - lack of jobs and high unemployment, low wages and lack of good jobs, and the need for job training and job skills development; 2) addiction - the prevalence of drug addiction and substance abuse with associated social stigmas, impact on families, and child abuse; 3) the economic environment - poor economy, high rate of poverty, loss of economic drivers (e.g. coal), economic disparities, diminishing population base, and difficulty affording housing; 4) education - lack of education and low educational attainment rates; 5) barriers to health - high health care costs, high disease rates, mental illness, lack of adequate access to care, and the need for a focus on prevention; and 6) lack of a vision for a better future.

Text Analysis for Social and Economic Factors Facing Kanawha County.

Education Salaries Unemployment Employment Poverty
Substance Abuse **Drug** Industries **Jobs** Health
Economy Living **Addiction** Economic

Challenges/Barriers Preventing Changes or Improvements to Social and Economic Factors

Of the respondents, 64 provided additional identification of challenges and/or barriers that prevent change or improvement in the identified social and economic barriers. The key challenges/barriers were:

1) The economic environment, which encompassed overall poor economic conditions, poverty, a depressed job market without enough good paying jobs, no new industries, and no plan or vision for long term economic development and the magnitude of change needed monumental; 2) Culture – including multigenerational behaviors/issues, lack of personal responsibility, lack of role models, broken family unit, lack of emphasis on education, poor life decisions, lack of motivation for change, addiction, hopelessness, disengagement, and characterization as being ‘deep-rootedness’; and 3) an element of the political/funding climate, including recent budget cuts as contributing challenges/barriers.

Text Analysis for Challenges/Barriers Preventing Changes or Improvement in Social and Economic Factors Facing Kanawha County

Drug Abuse Problems Training Mental Culture Issues
Funding County Education Access Jobs
Economy Economic Business Industry Health
Coal Knowledge Leadership Population Long Term

Suggestions for Improvement of Social and Economic Factors

Key informants were also provided an opportunity to offer suggestions for improvement of social and economic factors, for which 60 provided a response. Key themes were: 1) economic development, including jobs and job training; 2) coordination of assets and resources at a systems level, 3) leadership, and 4) addiction treatment.

Text Analysis for Suggestions for Improvement of Social and Economic Factors

Children Priority Treatment Opportunities Development
Diversification Coordination Reform Community
Plan Education New Leadership Jobs Business
Programs Companies Economy Families
Economic Vote Training Support Care Government

COMMUNITY ASSETS AND STRENGTHS

Key informants were provided opportunity to identify health care and/or public health issues being well addressed in Kanawha County. A total of 59 provided a response.

Immunizations Shots Food Addiction Services Clean
Indoor Air Care Smoking Bans Health EMS
Access Medicaid Program Tobacco Obesity Cancer

HEALTH ISSUES

Key informants were asked to rate a set of health issues on a scale of 1 to 5 with 1 being no problem and 5 being a big problem. The top five health issues identified as being the biggest problems were Addiction, Obesity/Overweight, Diabetes, Heart Disease and High Blood Pressure.

Answer Options	1	2	3	4	5	Percent Identifying Issue as 4 or 5	Rating Average	Response Count
Addiction	1	0	2	6	76	96.50%	4.84	85
Obesity/Overweight	0	2	5	19	59	91.80%	4.59	85
Diabetes	0	1	9	27	44	87.70%	4.41	81
Heart Disease	0	1	13	38	27	82.30%	4.15	79
High Blood Pressure	0	2	16	37	23	76.90%	4.04	78
Cancer	0	3	16	32	30	76.50%	4.10	81
Depression	0	2	17	36	26	76.50%	4.06	81
Other Mental Health Problem	0	4	22	22	31	67.10%	4.01	79
Dental Problems	3	8	18	36	17	64.60%	3.68	82
Chronic Pain	0	11	31	27	12	60.50%	3.49	81
COPD	1	8	25	35	10	57.00%	3.57	79
Stroke	2	10	24	27	13	52.60%	3.51	76
Hepatitis	4	16	27	17	14	39.70%	3.27	78
Suicide	1	13	33	23	8	39.70%	3.31	78
Anxiety	0	12	37	28	3	38.80%	3.28	80
Car Accidents	1	18	36	20	4	30.40%	3.10	79
ATV Accidents	3	18	35	20	2	28.20%	3.00	78
Asthma	3	21	33	18	4	27.80%	2.99	79
Arthritis	3	13	44	13	4	22.10%	3.03	77
HIV Infections/AIDS	9	29	28	10	2	15.40%	2.58	78
Infant Deaths	7	31	28	9	1	13.20%	2.55	76
Sexually Transmitted Disease	6	15	38	13	4	22.40%	2.92	76
<i>answered question</i>								
85								

GREATEST PUBLIC HEALTH ISSUE

Key respondents were asked to identify the single greatest public health issue in Kanawha County. Of the 79 respondents for this questions, 52 (65.8%) overwhelmingly identify drug addiction as the single greatest public health threat.

Response Text	No. Responses	% Responses
Drug addiction	52	69.6%
Obesity	6	7.6%
Depression	2	2.5%
Mental health services	2	2.5%
Adult oral health	1	1.3%
Cancer	1	1.3%
Diabetes	1	1.3%
Dissolving of the family unit/structure	1	1.3%
Getting people who need services connected to those available	1	1.3%
Hepatitis	1	1.3%
Intergenerational child abuse/neglect/dysfunction	1	1.3%
Lack of coordination in systems of care	1	1.3%
Lack of proper sewage disposal in answered areas	1	1.3%
Low education attainment	1	1.3%
Pediatric Diabetes	1	1.3%
Poor nutrition for children	1	1.3%
Prescription Drug use is the most reported issue	1	1.3%
Related chronic diseases	1	1.3%
Smoking	1	1.3%
Smoking in pregnancy	1	1.3%
Unhealthy lifestyles	1	1.3%

PUBLIC HEALTH SYSTEM ASSESSMENT

IDENTIFICATION OF PERSONAL HEALTH SERVICE NEEDS OF POPULATIONS

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.1		Model Standard: Identification of Personal Health Service Needs of Populations	
At what level does the Kanawha County public health system:		Response Average	Response Range
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	69%	
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	56%	
7.1.3	Defines roles and responsibilities for partners to respond to the unmet needs of the community?	56%	
7.1.4	Understand the reasons that people do not get the care they need?	50%	

No Activity	0-25% Minimal Activity	26-50% Moderate Activity	51-75% Significant Activity	76-100% Optimal Activity

Strengths	Challenges	Opportunities	Threats
<ul style="list-style-type: none"> KCCHI Long history of partnerships 	<ul style="list-style-type: none"> No formal system What are the pieces of the system? How can people see everything that is available? Who has the lead role in the 'system'? How do we understand the connections and linkages in the system? Is information and referral (211) part of the system? 	<ul style="list-style-type: none"> Developing a 'System of Care Model' – how do we begin to put this together in Kanawha County? Start with the health care system 	<ul style="list-style-type: none"> Capacity Size of 'the system' Sustainability

ENSURING PEOPLE ARE LINKED TO PERSONAL HEALTH SERVICES

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

7.2 Model Standard: Assuring the Linkage of People to Personal Health Services

At what level does the Kanawha County public health system:		Response Average	Response Range
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	56%	
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	67%	
7.2.3	Help people sign up for public benefits that are available to them (e.g. Medicaid or Medical and Prescription Assistance Programs)?	50%	
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25%	

No Activity	0-25% Minimal Activity	26-50% Moderate Activity	51-75% Significant Activity	76-100% Optimal Activity

Strengths	Challenges	Opportunities	Threats
<ul style="list-style-type: none"> Envision a system's based approach to coordination of care and services. 	<ul style="list-style-type: none"> Coordination is 'where we fall down' Social services follow up The system doesn't 'do' 7.2.4. Independent organizations do it. We are not a system We are fragmented 	<ul style="list-style-type: none"> Develop a true system Put the patient in the center Create a visual of the system that should exist and function Use the visual above to identify barriers to access ED utilization another future opportunity 	<ul style="list-style-type: none"> There are many care managers Duplication of services