



**Kanawha Coalition  
for Community Health Improvement**

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***KEY INFORMANT***  
***Opinions and Perceptions about***  
***Health Issues in***  
***Kanawha County***

***A Report by the  
Kanawha Coalition for  
Community Health Improvement***

***July 8, 2011***

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## INTRODUCTION, METHODOLOGY AND PURPOSE

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### **KEY INFORMANT** *Opinions and Perceptions about Health Issues in Kanawha County*

**Purpose:** The Kanawha Coalition for Community Health Improvement conducts a county-wide comprehensive health needs assessment every three years to identify top health problems in Kanawha County. The assessment process encompasses the following.

- The collection, compilation and analysis of existing secondary county health data
- A randomized household telephone survey to gain community input
- Key informant interviews to gain input from professionals representative of key sectors of the community
- A health issues forum to set priorities for the Coalition's work

This report summarizes the qualitative data derived from the key informant surveys conducted with 95 key informants in Kanawha County from March 1 and May 31, 2011.

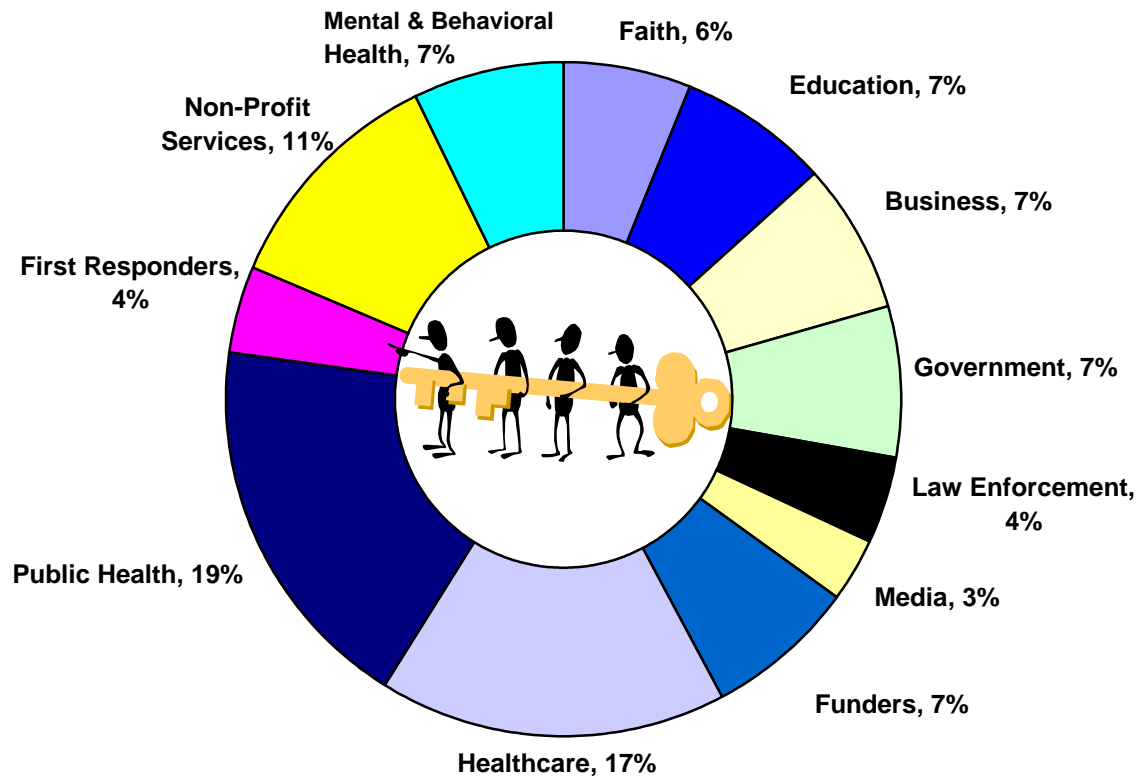
**Method:** In contrast with the structured randomized household survey, which is comprised of standardized questions to ensure consistent information was solicited on specific topics, the key informant survey is less structured, using open ended questions to elicit a full range of responses. Although this data is considered subjective and is non-numeric, it has been coded into numeric categories for analysis.

The Kanawha Coalition for Community Health Improvement's Steering Committee identified 160 key informants, consisting of individuals representing 12 sectors: business, government, law enforcement, faith, education, healthcare, public health, first responders, non-profit services, mental and behavioral health, media, and funders/foundations. A total of 95 key informants completed the survey with representation from all 12 sectors (Chart 1). Ten key informants were interviewed one-on-one and another 85 responded to an online survey. The online survey was developed due to difficulty in scheduling one-on-one interviews. The same interview questions were used for both the online survey and the one-on-one interviews.



## INTRODUCTION, METHODOLOGY AND PURPOSE

**Chart 1: Key Informants by Sector**



### **Reporting of Findings:**

Question 1 of the key informant survey asked for opinions about “Kanawha County’s greatest assets or strengths”. To provide clarification, key informants were prompted to share what makes this place such a great place to live and allow the people here to work together to get things done. Question 2 asked what they “believed to be the county’s biggest health problems” and to rank those in order of importance, with “1” being most important. Question 3 solicited opinions about the “challenges that prevent us from making changes or improving these issues” and Question 4 asked what they thought “needed to happen to address their top health concerns”. Key informants sometimes shared multiple responses to questions, therefore, each reference to specific county strengths, assets, and health problem were entered separately. These references were categorized and categorized by frequency (number of times referenced) and by key informant sectors. This report also attempts to reflect some of the most frequently expressed opinions through quotes from responders.



## KEY INFORMANT ACKNOWLEDGEMENT

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The Kanawha Coalition for Community Health Improvement extends its sincere gratitude to the following individuals for participating in the key informant survey.

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Alex Austin, Roark-Sullivan Lifeway Center, Inc.  
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Janet Briscoe, Kanawha-Charleston Health Dept.  
Cindy Burkholder, Charleston Area Medical Center  
Chris Callas, Board, United Way of Central WV  
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Martha Carter, FamilyCare HealthCenter  
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Patty Deutsch, Wellness Council of West Virginia  
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Melissa Doty, Covenant House  
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Michelle Easton, University of Charleston  
School of Pharmacy  
Krista Farley, Kanawha-Charleston Health Dept.  
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Margo Friend, United Way  
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Kathryn Gregory, The Charleston Gazette  
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Marsha Hopkins, Black Medical Society of WV  
Diana Hunt, Kanawha County Schools  
Mark Hunt, WV House of Delegates  
Brenda Isaac, Kanawha County Board of Health  
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United Methodist Church  
Jamie Jeffrey M.D, Charleston Area Medical Center  
Kimberly Johnson, Kanawha County Emergency  
Ambulance Authority  
Becky Jordan, Kanawha County Board of Education  
Sharon Lansdale, Center for Rural Health  
Development  
Mellow Lee, West Side Elementary School  
Scott McClanahan, Kanawha Valley Senior Services  
Jerry McGhee, Chief, Marmet Community Fire Dept.  
Larry McKay, Bristol Broadcasting  
David McWatters, Highland Hospital Association  
Dawn Miller, The Charleston Gazette  
Lillian Morris, Charleston Area Medical Center  
Frank Mullen, Mayor, City of South Charleston  
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School of Medicine  
Marcia Nutter, Kanawha County Schools  
Mike O'Neal, University of Charleston  
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Timothy O'Neal, Thomas Health System Inc.  
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American Churches  
Dennis Pease, Daymark Inc.  
Renate Pore, WV Center on Budget and Policy  
Anita Ray, Kanawha-Charleston Health Department  
Robin Rector, Kanawha County Board of Education  
Louise Reese, WV Primary Care Association  
Robert Reishman, Kanawha County Board of Health  
Tom Richmond, Captain, The Salvation Army  
David Sanders, WV Mental Health Consumers Assoc.

## Key Informants Continued

Elizabeth Sharman, WVU / WV Poison Control  
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Shannon Snodgrass, Kanawha County  
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Sgt. Valerie Strege, Charleston Police Department  
Debra Sullivan, Charleston Catholic High School  
Dennis Sutton, Children's Home Society of WV  
Margaret Taylor, YWCA Sojourner's Shelter  
Paula Taylor M.D., St. Francis Hospital  
Karen Thaxton, City of Charleston

Kim Tieman, Benedum Foundation  
Pat Tilley, South Charleston Community  
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Tom Tinder, Board, United Way of Central WV  
Amy Tolliver, WV State Medical Association  
Nancy Tolliver, WV Perinatal Partnership of WV -  
Community Voices, Inc.  
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Memorial Church  
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Dr. Edwin Welch, University of Charleston  
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Steve Wherle, H.B. Wherle Foundation  
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## ASSETS AND STRENGTHS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



What are some of the greatest assets or strengths of Kanawha County? (Some of the things that make this place such a great place to live and allow the people here to work together to get things done.)

Key informant survey questions were designed to be open ended to elicit a full range of responses therefore some respondents reported more than one asset or strength when answering this question. Each reference to an asset or strength was entered separately and table 1 below illustrates the number of times (frequency) each was mentioned.

**Table 1: Assets and Strengths of Kanawha County**

<b>Assets and Strengths of Kanawha County</b>	<b># of references</b>	<b>Percentage</b>
<b>Our people and friendly atmosphere</b>	68	23%
<b>Our leadership and ability to partner and collaborate</b>	51	18%
<b>Our location and size</b>	46	16%
Our healthcare system	19	7%
Our arts / sciences / cultural opportunities	16	6%
Our economy	15	5%
Our sports and outdoor activities	15	5%
Our transportation systems	13	4%
Our low crime rate	11	4%
Our clean and attractive landscape/surroundings	11	4%
Our educational systems	10	3%
Our diversity	7	2%
Our faith	3	1%
Our affordable housing	3	1%
Our charitable giving	2	1%
<b>Total number of responses</b>	<b>290</b>	<b>100%</b>



## ASSETS AND STRENGTHS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



#### **Our people and a friendly atmosphere**

By far, the highest percentage of responses pointed to the people of Kanawha County and the county’s friendly atmosphere. The sector with the highest percentage of respondents citing these as assets was education (83%), closely followed by the funder (80%), non-profit (60%) and healthcare (58%) sectors.

*“People care for one another”*

– Funder

The theme that was common across all sectors was the “close-knit” character of Kanawha County communities and the strong ties and values among the families living here. Key informants representing non-profits and funders reported observing a willingness of people in our county to care for one another in times of crisis and tragedy and to be charitable to one another and to special causes. They added that people seem to take great pride in Kanawha County and demonstrate great loyalty and commitment to the county.

*Small-town (atmosphere makes it) much easier to have a voice and an impact – Public Health*

#### **Our location and size**



Three-quarters of respondents from the healthcare sector (75%) sited the county’s location and size as top assets. Two of the three media respondents agreed, followed

by respondents from the education sector (67%), funder sector (60%), mental health sector (57%), public health sector (43%), government sector (43%), and first responder sector (40%). One-third (33%) of those responding from the faith sector included location and size as assets. Comments included the benefits of having the State’s capitol city, Charleston, located in the county which allows access to more services and presents a greater potential for collaboration. Also listed as assets were: the ease of “getting around”, close proximity to an airport, Interstates and river, and a minimal commute from home to work. A common theme was the county’s central location for services and amenities, including medical, social, retail, culture and entertainment. The size of Kanawha County was often compared to larger areas and said to be big enough to offer “big city” amenities but small enough that people know one another and work together on multiple issues.



## ASSETS AND STRENGTHS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



#### **Our leadership and ability to partner and collaborate**

Three of the four respondents from the law enforcement sector (75%) said that the leadership in Kanawha County and our ability to partner and collaborate were among the top assets. Two of the three media respondents agreed, followed by respondents from the mental health (43%), non-profit (40%), and first responders (40%) sectors. One-third of respondents from the area of education (33%) reported they too believed leadership and collaboration to be among the top assets.

Respondents gave what they believed to be examples of successful leadership in Kanawha County. These included comments about the Kanawha County Commission’s work to bring in new business, jobs, and provide a clean, safe environment and the Kanawha-Charleston Health Department’s leadership surrounding a strong clean indoor air regulation.

Examples of working collaborations included a strong not-for-profit network that provides services to persons in need; the Kanawha Coalition for Community Health

*“One of the greatest strength of the Kanawha County is that we are solution driven. The willingness of agencies, individuals, organizations, and businesses working together for a common cause”*  
– Non-Profit

*“Multiple groups focused on community renewal in areas of health care, business and property development, educational renewal and new school building, public safety initiatives”*  
– Faith

Improvement along with area hospitals and other partners who work to identify and address health issues in the county; school partnerships with health care institutions that provide cutting edge health programs and dental care to children; and the cooperation between stakeholders from disciplines including law enforcement, health care, mental health, prevention and rehabilitation, and the Judicial system.



## TOP RANKED HEALTH CONCERNS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



In your opinion, what are the biggest health problems in Kanawha County?

Key informants were asked what they believed to be the biggest health problems in Kanawha County and to rank them in order of importance, with “1” being the most important.

All 95 key informants listed at least one top health problem, with almost all (98%) listing a second and 88% a third. Below in Table 2-A are the top three issues listed by all 95 respondents in first, second and third order. Table 2-B illustrates the frequency of comments by health problem. Common themes emerged across the top three health problems as identified by key informants.

**Table #2-A: All Key Informant Responses: Top Three Health Problems**

FIRST	SECOND	THIRD
Obesity 54	Tobacco 19	Alcohol/Drugs 18
*Access to Healthcare 13	Obesity 16	Tobacco 12
Tobacco 10	Alcohol & Drugs 14	Heart Disease 9
Alcohol/Drugs 10	*Access to Healthcare 14	*Access to Healthcare 5
Heart Disease 5	Diabetes 6	Chronic Diseases 5

\*See Chart 2

**Table #2-B: Top Three Health Problems - Frequency**

Health Problem	Number of References (Frequency)
Obesity	70
Alcohol and Drugs	42
Tobacco	41
Access to Healthcare	32
Heart Disease	14
Diabetes	6
Other Chronic Disease (unspecified)	5
<b>Total # References</b>	<b>210</b>

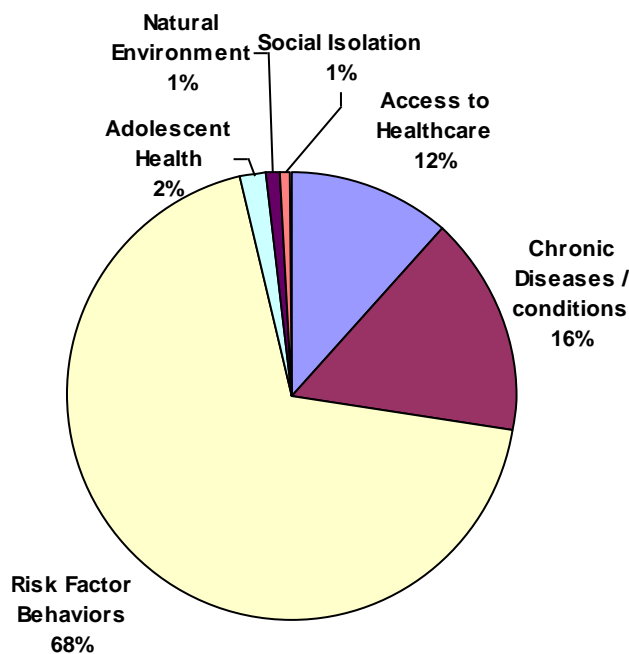


## TOP RANKED HEALTH CONCERNS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

To aid with analysis, the responses for health problems ranked number one (most important) by respondents were categorized by type of health problem. Chart 2 illustrates the break out by these categories. Examples of the types of responses can be found in the key for Chart 2. It is evident that the majority of key informants (68%) are concerned with behaviors that can be a risk to good health, such as tobacco use, poor diet, the lack of physical activity, and drug and alcohol abuse. Chronic diseases and conditions accounted for 16% of the responses. Only two key informants listed teen pregnancy (adolescent health) as their top health concern, one respondent listed air pollution (natural environment) and another one listed social isolation.

**Chart 2**  
**#1 Ranked Health Problems by Category**



**KEY: # 1 Ranked Health Problems**

**Risk Factor Behaviors** (Poor nutrition, lack of physical activity, obesity, tobacco use, alcohol abuse, drug abuse)

**Chronic Diseases/Conditions** (Heart disease, cancer, diabetes, lung disease)

**Access** (Hospital, emergency care, rural healthcare, mental health care treatment and services, substance abuse treatment, preventive care, transportation to care, affordable care)

**Adolescent Health** (Teen pregnancy)

**Natural Environment** (Air pollution)

**Social Isolation**



## TOP RANKED HEALTH CONCERNS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

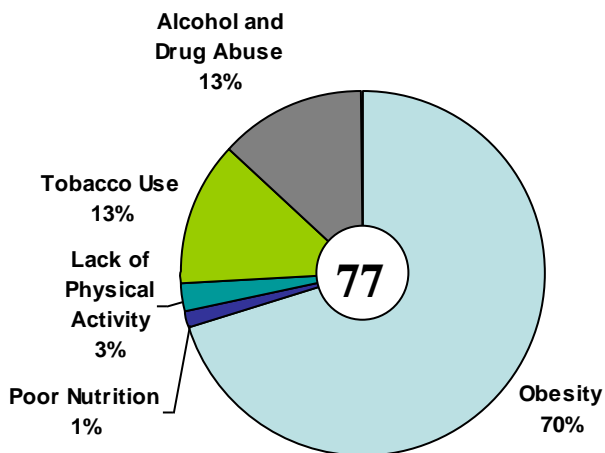
Of all 95 key informant respondents, 77 listed risk factor behaviors as their number 1 ranked health concerns and 15 listed chronic diseases and/or conditions. Charts 3 and 4 illustrate the breakout of their concerns by type of risk factor behavior (Chart 3) and disease or condition (Chart 4).

In Chart 3, obesity was the most frequently listed health problem reported by 70% of respondents. Alcohol and drug abuse, along with tobacco use comprise 13% of the responses. The lack of physical activity (3%) and poor nutrition (1%) were selected by only a few respondents. It is curious that so few selected physical activity and poor nutrition since both are known contributors to obesity. And one of the respondents who cited lack of physical activity as their number 1 health concern included it as a contributor to cardiovascular related illness rather than linking it to obesity. Further exploration may be needed to gain additional insight into how key informants correlate lack of physical activity and poor diet to obesity.

In Chart 4, of the 15 responses, 34% listed heart disease as the number 1 ranked health problem, cancer and lung disease placed second at 20%, and third was diabetes and other unspecified chronic disease or conditions each at 13%.

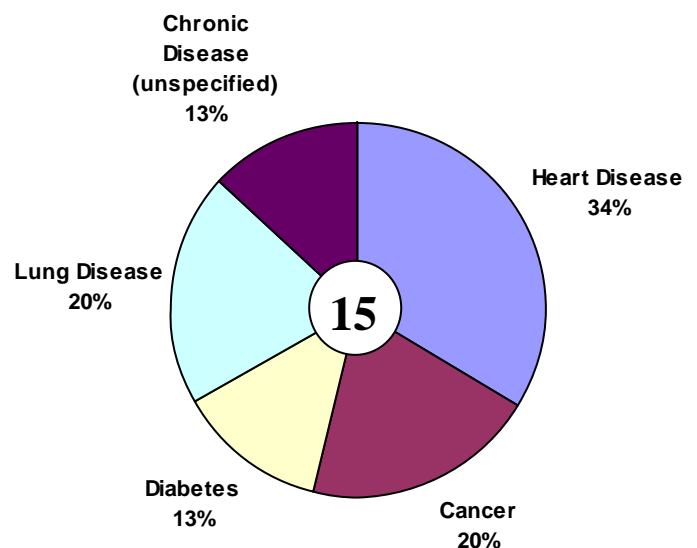
**Chart 3**

**Key Informant Survey – All Respondents  
#1 Ranked Risk Factor Behaviors**



**Chart 4**

**Key Informant Survey – All Respondents  
#1 Ranked Chronic Diseases/Conditions**



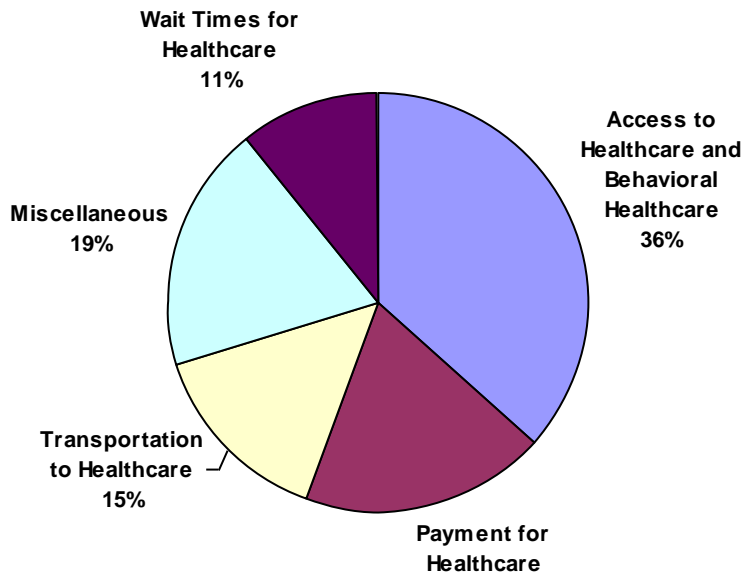


## TOP RANKED HEALTH CONCERNS

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

Thirteen key informants (12%) listed access as a top health concern. Among these key informants, five were from the mental health sector, four from the non-profit sector, and one each from the faith, government, healthcare, and first responder sectors. Common themes taken individual comments include: access to healthcare and behavioral health services, payment for healthcare, transportation to care and wait times for care. Chart 5 below illustrates the breakout of comments by these common themes.

**Chart 5**  
**Common Themes under Access to Healthcare**



Individual comments, in the order they were received and recorded, are in Table 3.



## TOP RANKED HEALTH CONCERNS

**Table 3**  
**Individual Comments Regarding Access to Healthcare (random order)**

Overcrowding in area hospitals, extended triage times
Poor patient-doctor communication
Lack of preventive care
Lack of reliable transportation resources for medical care
Access to transportation for medical appointments
Financing indigent care
Excessive entitlement program leads to "enablement" of poor health habits
Low income under-utilized services
No adequate behavioral health services that treat individuals and families from a systems perspective. Too much reliance on falsely prescribed medications without any real psychotherapy or community based services
Unavailable affordable health care, especially for substance abuse and mental health
The bad use of drugs acquired by paying money makers on the street for personal feelings and prescription drugs inappropriately provided by doctors or drugs improperly taken from parents and grandparents
Access for rural areas to fee based and free clinics
Lack of coordinated health care
<b>Respondents were permitted to list more than one health concern. Therefore, an additional seven respondents listed access to healthcare as their second or third ranked health concern.</b>
Lack of access to non-acute care resources
Lack of access to advanced healthcare services
Lack of tort reform to cap judgments against providers
A growing uninsured/under-insured population
Lack of treatment centers for addiction and mental health services (in a timely manner)
Ambulances are forced to wait extended periods of time in ER triage centers, sometimes as long as 1-4 hours
<b>Respondents were asked at the end of the survey for any additional comments. The following comments pertained to access to healthcare.</b>
Eliminate the referral system give patients direct access to physicians needed
An incentive-based model that invites competition in all aspects of healthcare and the choice clearly in the hands of the patients and direct providers--let them make the choices without bias
The state of WV needs to provide real assistance, money. The hospitals could do more within the communities, free screenings, education, do these things off site
Even with Kanawha County's public transportation system, there are still major access issues. There are also workforce issues in behavioral healthcare impacting access to services in a timely manner. An outpatient appointment to a mental health or addiction service provider can take from 2 to 6 weeks. This wait usually results in a crisis and in individuals being forced into inpatient settings when preventive services a few weeks earlier would have been sufficient
The health department offers a great service to the people in Kanawha County, but if the people doesn't take advantage of the services offered, or are not willing to accept change, it makes it very difficult to make a difference from the health care perspective
In the Charleston area, services are available for almost everyone if they can get to local clinics. I know a lot of individuals that do not seek health insurance because the clinics are so good and available
The lack of transportation and Extended Waiting time in clinics and Physician offices can also be a factor



## CHALLENGES AND BARRIERS TO IMPROVEMENT

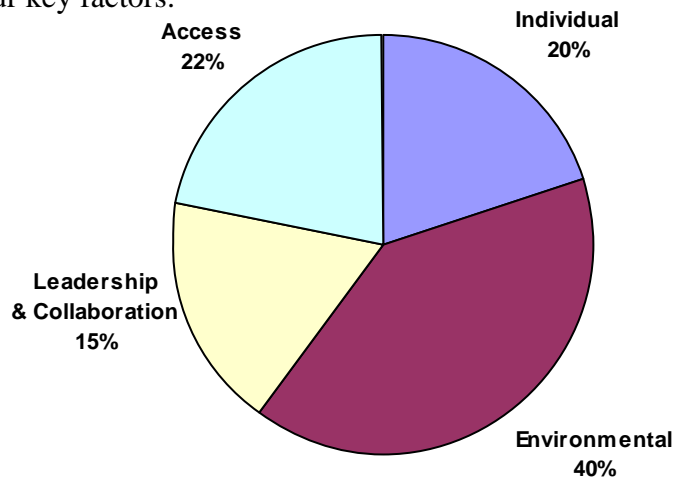
### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



What challenges prevent us from making changes or improving these issues?

Key informants were asked to share their opinions about the challenges (barriers) that prevent us (Kanawha County) from improving their top health concerns. Since all key informants had listed more than one top health concern, they also had multiple (210) responses for this question. For analysis, each response was first coded by category. Then the categories were placed under one of four main “key factors”; individual, environmental, leadership/collaboration, and access. The chart below illustrates the break out by these four key factors.

**Chart 5:**  
**All Key Informant Responses**  
**by Key Factors**



Individual Factors 42 (20%)	Environment Factors 84 (40%)	Leadership /Collaboration 38 (18%)	Access to Healthcare Services 46 (22%)
<ul style="list-style-type: none"> <li>• Apathy / Low motivation (16)</li> <li>• Cultural influence (15)</li> <li>• Personal habit (11)</li> </ul>	<ul style="list-style-type: none"> <li>• Public health education (30)</li> <li>• Poverty (17)</li> <li>• Natural environment (10)</li> <li>• Lack of physical activity (7)</li> <li>• Lack of healthy foods (7)</li> <li>• Lack of prevention education (7)</li> <li>• Availability and prevalence of drugs (3)</li> <li>• School drop-out (2)</li> <li>• Social isolation (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of leadership support (14)</li> <li>• Lack of accountability among those working on health improvement (8)</li> <li>• Enforcement of laws and regulations for tobacco (5)</li> <li>• Community engagement (3)</li> <li>• Policies (poor or lacking) (4)</li> <li>• Resistance to change by healthcare sector (4)</li> </ul>	<ul style="list-style-type: none"> <li>• Funding (17)</li> <li>• Access to care (10)</li> <li>• Cost of care (8)</li> <li>• Quality of care (3)</li> <li>• Preventive care (3)</li> <li>• Mental health (3)</li> <li>• Dental care (2)</li> </ul>



## CHALLENGES AND BARRIERS TO IMPROVEMENT

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

<p><b>Individual Factors</b></p> <p><b>42 (20%)</b></p> <ul style="list-style-type: none"> <li>• Apathy / Low motivation</li> <li>• Cultural influence</li> <li>• Personal habit</li> </ul>
---

Apathy, lack of personal motivation, reluctance to change, and a value system that doesn't support healthy living, were identified as key barriers to individual health improvement. Among all the responses categorized as "individual factors" there was an underlying theme that in Kanawha County there seemed to exist a "culture of poverty" along with an acceptance of "disability" as a lifestyle.

Comments about individual habits were mainly tied to cultural beliefs therefore were included together as individual factors for barriers to health improvement. These included references about food being tied to "comfort" and "fun, relaxation and play".

*“If a meal is your only indulgence of the day, day after day, you are going to make good and sure that you enjoy it”,* said a key informant from the media, *“It literally tastes and feels better for many people to eat bad food. It is a learned behavior. . a person’s taste buds and the pleasure of eating betrays us.”*

Another theme among responses was the opinion that bad habits begin early in life. Comments specially indicated that there seemed to be a cultural indifference to obesity, and tolerance of tobacco and alcohol use even at an early age.

Mentioned repeatedly, was the existence of a culture that does not value healthy lifestyles, preventive medical care or education. Also mentioned were a common fatalistic approach to life and a cultural thought process that makes people think they cannot change.

*“Culture and mindset must change to allow for improvement.”*  
**– First Responder**



## CHALLENGES AND BARRIERS TO IMPROVEMENT

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

Environment Factors 84 (40%)
<ul style="list-style-type: none"> <li>• Public health education</li> <li>• Poverty</li> <li>• Natural environment</li> <li>• Lack of physical activity</li> <li>• Lack of healthy foods</li> <li>• Lack of prevention education</li> <li>• Availability and prevalence of drugs</li> <li>• School drop-out</li> <li>• Social isolation</li> </ul>

Several key informants expressed a belief that some environmental issues exist that people have little or no control over, including the lack of time, especially for households with single parents or where both parents worked.

*They may still struggle to pay bills, but with the limited time between work and sleep, they must raise kids and do all the things that keep a household functioning, including plan, buy and prepare food. This is a recipe for poor habits. - Media*

Poverty was another common theme, with multiple references to the inability for low-income families to afford healthy foods, and the lack of grocery stores in low-income neighborhoods. Several believed poverty contributes to a sense of hopelessness, and lack of self-esteem.

The “built” environment, an environment that supports healthy living, was said to be lacking in areas of Kanawha County.

*Our daily lives and our communities are specifically designed to avoid regular, natural exercise. These two problems work together to cause or exacerbate our biggest health problems. - Media*

Lack of sidewalks, safe places for people to walk, grocery stores, decreased physical education and lack of healthy meals in schools were among the most common responses in this area. The popularity of video games, computers and other electronics were said to contribute to sedentary lifestyles.



## CHALLENGES AND BARRIERS TO IMPROVEMENT

### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*

Barriers identified by key informants included a belief that there is a lack of leadership and leadership support, both financially and politically, for changes that would improve health.

Noted perceptions were a lack of a comprehensive plan to address key health problems in Kanawha County, and a need for policies and systems to support prevention and intervention efforts, such as education and opportunities to engage in healthy activities. One key informant clarified by saying that there were too many groups working in isolation on an issue and not coordinating efforts to address the issues system-wide.

The most commonly mentioned barrier (8%) was reluctance among politicians to enact public policies. Multiple respondents said this was mainly due to the unpredictability of the political process. Comments included a perceived unwillingness to tax unhealthy behaviors, allocate appropriate funds to prevention, or to fully enforce existing laws. Lobbyist and special interest groups were specifically mentioned as contributing to this lack of political initiative.

<b>Leadership /Collaboration</b> <b>38 (18%)</b>
<ul style="list-style-type: none"> <li>• Lack of leadership support</li> <li>• Lack of accountability among those working on health improvement</li> <li>• Enforcement of laws and regulations for tobacco</li> <li>• Policies (poor or lacking)</li> <li>• Resistance to change by healthcare sector</li> <li>• Community engagement</li> </ul>

<b>Access to Healthcare Services</b> <b>46 (22%)</b>
<ul style="list-style-type: none"> <li>• Funding</li> <li>• Access to care</li> <li>• Cost of care</li> <li>• Quality of care</li> <li>• Preventive care</li> <li>• Mental health</li> <li>• Dental care</li> </ul>

A recurring theme under barriers to access to health care was the lack of funding for care. Several respondents listed cutbacks in Medicare and Medicaid as contributors to poor health. Insurance companies were cited by multiple respondents as not providing adequate incentives for healthy lifestyles.

Location of services was another theme under access. Comments included a need to take health care services to where residents live, learn (schools) and work.

***“Need to go out to provide services to people ---they cannot always come to you.” – First Responder***

Lack of programs to ease the cost of prescription drugs and programs to provide dental care were listed as being inadequate in Kanawha County. Other factors believed to contribute to the lack of citizens’ access to health care in Kanawha County were the lack of education, unemployment, and substance abuse among our population.



## SUGGESTED STRATEGIES & SOLUTIONS

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### KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County*



In your opinion, what do you think needs to happen in our county to address these issues?

Key informants were asked what they thought needed to happen in Kanawha County to address their top health concerns. All 95 key informants answered this question, providing a total of 208 specific references.

**LEADERSHIP:** By far the most comments were directed towards government leadership, County, State and even Federal. The common themes which emerged included a need for a shift from strictly programming to policy and environmental changes; a desire for new or enhanced health-related legislation; a need for healthcare reform; and a need for expanded behavioral health services and substance abuse prevention and rehabilitation services. Following is a list of individual key informant comments.

#### **Shift to a Health Focus**

- Shifting from program only to policy change at the practice, institutional, local and state level.
- Make health a priority in every new policy made by city councils or any legislative body.
- More fresh produce and physical activity options for our citizens.
- Develop the riverfront in St. Albans into a walking/biking trail. Walking, jogging, and biking areas to become part of any new housing/business developments.
- Cooperation between all the city's parks and recreation departments to focus on health and wellness.
- More collaboration between state and local agencies to prevent redundancy of services and programs.
- Increase farmers markets and/or start fresh fruit/veggie/produce co-ops.
- Projects such as "Rails to Trails" need to be given priority for completion.
- More fresh produce and physical activity options for our citizens.

#### **Legislation (Laws/Policies/Taxes)**

- Tax (financial disincentive) tobacco products, alcohol/sugary drinks, and unhealthy food choices.
- Increase the cigarette tax with enhanced opportunities for tobacco cessation.
- Tax cigarettes and use the money to build parks, trails and to support smoking cessation outreach programs.
- Taxes do change behavior-increase tax on alcohol, tobacco, sugar-sweetened beverages with NO food tax on fresh fruit/veggies, fresh produce, and dairy.
- Strong policies or laws with enforcement are more effective (than education) although few people want to take the lead in requiring changes in personal behavior.
- We need to have some reasonable legislation about smoking. In some ways, we can control the marketing of things that we know are bad.
- Stricter environmental regulations, monitoring of contaminants.



## **SUGGESTED STRATEGIES & SOLUTIONS**

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

#### **LEADERSHIP *continued***

##### **Healthcare Reform**

- Change the compensation system.
- Massive tort reform including major caps on jury awards, greater obstacles to lawsuits against providers in general, along with greater (as opposed to none) consequences for both lawyer and plaintiffs for frivolous lawsuits. There is no deterrent to suing providers repeatedly--by providing the ability to penalize the lawyers and people involved if they can't prove their case they would long think twice before proceeding.
- Personally don't have a primary care physician because mine left the state a couple of years ago. Recruitment to replace those that left like him would be good to see.
- Increase job pool (health careers). Increase pay scale for professionals.
- Expand Health Right clinic.
- Support local free services that are in place such as Health Right.
- Open conversations about chronic pain and what is needed. Open conversations about transforming maternity care. Sustained effort on oral health, not just one day fairs. Consumer voice in health system redesign.
- Kanawha County citizens need to support health care reform and the steps towards universal health care coverage.

##### **Behavioral Health / Substance Abuse**

- Take the control of behavioral health out the hands of the drug companies and physicians.
- Expansion of efforts for the treatment and prevention of mental health and substance abuse disorders.
- Law enforcement is clearly tasked with enforcing the laws associated with drug possession and illegal distribution. More funds need to be identified to help in the areas of prevention. Rehabilitation is necessary for the addicts.

##### **General**

- Continue our (Kanawha Coalition) workgroups. Get more buy-in and support from government leadership.
- State government attention on all the above.



## SUGGESTED STRATEGIES & SOLUTIONS

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

**FUNDING:** Key Informants expressed concerns about funding issues and suggested funding strategies that would appropriate funds for the expansion of low cost medical care for the indigent population and for increased funding to community health improvement groups for local education and awareness efforts. Government leaders were encouraged to lobby for funds to cover these approaches and an emphasis was placed on enhanced evaluation of health improvement efforts to better demonstrate effectiveness and in turn boost our County's ability of securing more funding.

Individual comments were:

- Lobby for (additional) funding to cover health issues.
- Lobby manufacturers to price medications in the U.S. at the same level as offered to foreign countries.
- Expand funding and capacity of indigent clinics.
- More funding for low cost medical services.
- Money appropriated to grass roots groups/organizations to reach people needing the help - awareness; incentives.
- Increase available funds for educating the public.
- Apply appropriate funding to the holistic treatment of emotional problems so that a true bio-psycho-social approach is taken rather than reliance on medications that are useful and necessary in some cases but not the majority.
- More evaluation of impact or success of various programs.
- Show results.



## **SUGGESTED STRATEGIES & SOLUTIONS**

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

**COLLABORATION:** Key Informants encouraged a more collaborative approach to health improvement. Three common themes emerged: a need for a multi-disciplinary approach to health improvement; an integrated approach amid the healthcare sector; and partnerships on specific issues such as lack of transportation to healthcare services and safe and affordable housing.

Individual key informant comments were:

- I think that the drug abuse crisis is even more complicated and difficult to address - will take a multi-disciplinary approach of law enforcement, social services, health, education, workforce investment to help people - one at a time.
- Increased partnering with business community.
- Bring public and private health care providers together to discuss sharing resources and forming partnerships.
- Integrate Behavioral Health Care and Primary Health Care.
- Create safe affordable housing.
- Improve transportation access for health care.
- A united front is needed from all disciplines.
- All interested organizations join together for a county wide campaign to encourage citizens to live healthy lifestyles.
- Partnership with cabs, buses or individuals for reimbursement for transportation.



## **SUGGESTED STRATEGIES & SOLUTIONS**

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

**EDUCATION OF OUR YOUTH:** Key informants placed a great deal of emphasis on the importance of health promotion and education at an early age. Two main themes surfaced; a belief that schools should focus more on health and wellness education, and parents should model better health behaviors for their children.

Below are key informant individual responses.

- Early childhood education.
- It would help if the school system provided a focus on health education on all levels from pre-school on.
- Early education.
- Greater awareness about poor health choices targeted at children and their parents.
- Parents need to be good role models and work with their kids to get them the facts and encourage them to use the facts to stay safe and healthy.
- Work with children in schools to improve their knowledge of health/wellness, self-esteem and empower them to change.
- Continued focus in schools on health/wellness.
- The daycare centers and schools in this county need to take a hard line on nutrition and exercise. When the Kanawha County lunch program is as unhealthy as it is, we set children up from the beginning to fail. (For example, why does gravy need to be placed on food in daycare centers? Why are preschoolers served fried foods? Why are physical education opportunities not being taken advantage of in the grade schools?)
- We need to stop children from even starting to smoke.
- More access to school children, more resources to identify and treat issues in early stages.
- More help from the schools, more emphasis on early intervention programs and family support programs.
- Health care needs to be in every school in our community.



## SUGGESTED STRATEGIES & SOLUTIONS

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

#### **EDUCATION OF OUR YOUTH *continued***

- School physical education, despite some improvements. What is very important is that we need to make our kids understand why they should avoid things that will have a bad effect on their bodies, particularly in Kanawha County, still does not reach students where they are, either in their physical or emotional development. If reading and math were taught with the same disregard for students' physical and emotional needs, people would be fired.
- Physical education should be about creating lifelong healthy eaters and exercisers, people taking care of them, not just sprinting toward short-term goals and measuring one kid's performance against another's.
- Our primary health issues in our county as well as our state relate to culture and mindset. It all begins at the early stages in our lives; children must be educated early in life the proper way to eat, the right foods, not to smoking and use alcohol and drugs.
- Drug and alcohol abuse education in schools, support of SADD (Students Against Destructive Decisions) chapters and other preventative programs.
- Parenting classes.
- Pregnancy prevention education and allowing condom distribution.
- Mandatory, strong, aggressive in school education about how to have healthy babies- for both boys and girl (birth control is part of this education).
- Parents need to be good role models and work with their kids to get them the facts and encourage them to use the facts to stay safe and healthy.
- I think the cities and county have done a pretty good job of making activities and facilities available for our citizens. What we need is more encouragement and support from parents.



## SUGGESTED STRATEGIES & SOLUTIONS

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### **KEY INFORMANT *Opinions and Perceptions about Health Issues in Kanawha County***

**COMMUNITY-BASED EDUCATION:** Key informants expressed a desire to see more community engagement in the actual planning and delivery of local health improvement efforts. They believe that involving residents would result in heightened awareness and greater capacity for sustaining these efforts. Emphasis was placed on the need for innovative approaches to encourage healthy behaviors, such as communal learning activities in settings such as worksites, schools, etc.

Key informant individual responses are listed below.

- Opportunities for health education in the community (eating disorders, substance abuse, etc.) must be maximized through alliances with congregations, nonprofits, corporations, businesses, and restaurants.
- Getting more of the public involved in recognizing the problems and enlist volunteers to do some educational events.
- A county wide campaign similar to the one that happened in Cabell County on nutrition and exercise.
- Keep educational efforts simple/single point lessons.
- Much more effort at community engagement, building capacity, improving social inclusion, increasing sustainable community development.
- We need to concentrate on making it possible and desirable for people of little or modest means to eat well and exercise and feel good and satisfied about it, not penalized and deprived. If there is a way to make it fun for families, parents and kids or spouses or friends, to get together and cook healthy meals ahead, that might be a step in the right direction. People who choose healthy foods, they tend to have the income to afford it, but if you think of it, they also tend to be people who have the time to take pleasure, in cooking, growing food and eating socially. A meal is an event shared. It takes longer. While one eats plenty at such a meal, one doesn't eat all one thing or too much or all at once. I don't know if it is possible to have cooking clubs, as people have book clubs or scrapbooking groups, but it might be.
- More education at the local level in schools and communities. It wouldn't necessarily be about teaching people how to cook healthy foods, though that is a possibility and has been done before. If there is a way to make healthy meal preparation something for busy parents to look forward to and enjoy, that might have potential.
- Educate the community regarding mental health and addiction services to help eliminate the stigma.
- More opportunities in the work place for exercise.
- It cannot be legislated. We must be about sharing and caring about our health and thinking about who we will become in 10 to 15 years. Teach how to take care of themselves and not just other family members, jobs or other responsibilities.



## OTHER COMMENTS (Individual)

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**Key informants were invited to share addition comments at the end of the survey. These comments, if shared by multiple respondents, are incorporated into the report, while individual comments shared by only one key informant are recorded below.**

- Kanawha County Ambulance service is outstanding.
- Kanawha County health care is probably some of the best in the state but is far from reaching a goal that has to be set. By leading the way it might be a shining example for the rest of the counties to follow.
- Encourage the Coalition to bring together all partners and stakeholders to develop a single campaign for healthy lifestyles.
- We need to find a way to reach people on the family level--if parents are able to model healthy lifestyles, children can carry it forward.
- We have a great start, we need to continue the focus by adding educational opportunities accessing the available school, church and community groups to spread the healthy living message
- Often times, groups addressing health care issues in the county overlap in work plans. Better collaboration and bringing like agencies to the table would smooth out work and increase successes.
- We have the ability to solve our system issues in advance of federal reform... then to drive the system as changes occur in the reform's financing of health care.
- We need to get the people who are working on these issues to share their best practices with others.
- Health issues affect the lower social economic members of our community, yet they are not the "power brokers" in the community who can make things happen. We need to unite, educate our "power brokers" about the issues and develop a strategic plan to address them.
- The hospitals could do more within the communities, free screenings, education, and do these things off site.
- Chemical plants have contributed to environmental hazards in past, even though more regulated now, still have potential to add to risk of cancer and respiratory diseases.
- Institutional bias (for example) spending more money for inpatient services when appropriate outpatient services are sufficient.



**NOTES**

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