

Better Health Workgroup July Survey Results

Survey Response Rate	46%
Survey Respondents	34
Workgroup Membership	74

There is no significant difference in the answers of those who attended and those who did not attend the July workgroup meeting.

Table 1: Meeting Attendance Figures

	Attendees	Percentage
Attended Meeting	25	69%
Did Not Attend Meeting	11	31%

Table 2: How Attendees Participated

	Attendees	Percentage
In-Person	21	84%
Electronically	4	16%

Reminder: Consensus is a two-thirds majority (i.e., seven (7) or more on 10-point Likert Scale)

1 – Strongly Disagree

5 – Do Not Agree or Disagree

10 – Strongly Agree

Workgroup Charter Question 1: In reviewing the population health assessment, what are the most significant lifestyle issues that underlie the prioritized health improvement conditions identified in the State Health Improvement Plan?

- **8.65 Score** - West Virginians often have poor diet, nutritional habits
- **8.38 Score** - West Virginians generally have a sedentary lifestyle
- **8.09 Score** - West Virginian's fatalistic attitude can create a road block to changing unhealthy behavior(s)
- **7.79 Score** - West Virginia's health care delivery system focuses on treating symptoms, not the underlying disease
- **7.26 Score** - West Virginia's health care system(s) lack accountability / support to ensure patients are meeting benchmarks or goals established in consultation with their health care provider(s)
- **7.24 Score** - Some West Virginians have a fear of or aversion to visiting a health care provider
- **6.74 Score** - West Virginians lack access to programming, resources to change unhealthy lifestyles or behavior(s) **(Does not meet consensus)**

Workgroup Charter Question 2: What are the barriers to effectively modifying behaviors that lead to healthier lifestyles?

- **8.65 Score** - West Virginia typically separates mental health diagnoses and treatment from primary care, making it difficult to coordinate care and adequately address the health care needs of that population
- **8.21 Score** - There exists a strong marketing / media presence for unhealthy foods and behaviors
- **8.15 Score** - West Virginia has a culture that does not place a high priority on public health, healthy living and wellness
- **8.15 Score** - Political leaders have not made healthy living / lifestyles areas of legislative priority
- **7.41 Score** - West Virginia has many "food deserts," which makes finding healthy food a challenge
- **7.26 Score** - West Virginia consumers may lack the public health knowledge to make better nutritional choices
- **6.85 Score** - West Virginians have limited access to appropriate health interventions and resources **(Does not meet consensus)**

Workgroup Charter Question 3: What are the patient engagement and education needs to accomplish the health improvement objectives?

- **8.41 Score** - West Virginia needs a more whole-person orientation to health care
- **8.06 Score** - West Virginia must better integrate community-based institutions, such as public schools, into the health care delivery system
- **8.00 Score** - West Virginia political leaders making it a priority to change the status quo of the health care delivery system
- **7.71 Score** - West Virginia should include a cultural component to health care coordination and throughout service delivery layers
- **7.68 Score** - West Virginia should incorporate comparative effectiveness research into the training of health care providers to increase awareness of best practices
- **7.65 Score** - West Virginia should provide community-based care coordinators to provide direction / guidance regarding a patient's care to avoid duplicative services, unnecessary costs and reduce the burden to the health care system

Workgroup Charter Question 4: What is the focus population for our approach? What are the prioritized recommendations of this workgroup to engage our population in improving health?

- **8.68 Score** - West Virginia should focus on age bands and develop different strategies for these five groups: 1. Prenatal, 2. Early Childhood, 3. Youth / Adolescent, 4. Adult and 5. Senior, with specialized outreach to those in those age bands for minority populations
- **8.09 Score** - Target West Virginians of low socio-economic status
- **8.00 Score** - Emphasize engagement of the decision makers in families, such as patriarchs / matriarchs
- **7.88 Score** - Focus on West Virginia children--the younger the intervention, the better
- **7.59 Score** - West Virginia should focus on super utilizers of the health care system

Workgroup Charter Question 5: How should the interventions be prioritized at the patient level for impactful population health change?

- **8.68 Score** - West Virginia's care coordination model should seek to link patients to community-based resources
- **8.65 Score** - West Virginia should look to implement interventions that intersect and are applicable for several targeted or chronic diseases / comorbidities
- **8.32 Score** - West Virginia should develop a community care team that best addresses the mix of providers needed in a given region or locale--not a one-size fits all care coordination model
- **8.03 Score** - West Virginia should track obesity, nutrition, tobacco use / substance abuse as a "vital sign" and chart for every patient encounter

Tobacco Tax Specific Questions

Table 3: Support for Increasing WV Tobacco Tax

	Response	Percentage
In Favor	32	94%
Not In Favor	2	6%

Tobacco Tax Increase Follow Up Question: How much of an increase in the tobacco tax do you think would be needed to change behavior to meet the goals discussed by the Better Health Workgroup?

- Mean is **\$1.33**; Mode is **\$1.25** and Median is **\$1.25**. The largest submission amount was **\$3.00**.
- Survey respondents may not have been aware of West Virginia's current rate of tobacco taxation, which is \$0.55, when providing an answer. The average of all state's tobacco taxes is \$1.60.