

Health Priorities

The West Virginia Bureau for Public Health (WVBPH) has identified the following health priorities for its general population:

Health Priorities for the General Population
Chronic diseases
Health disparities
Obesity
Infant mortality
Tobacco use

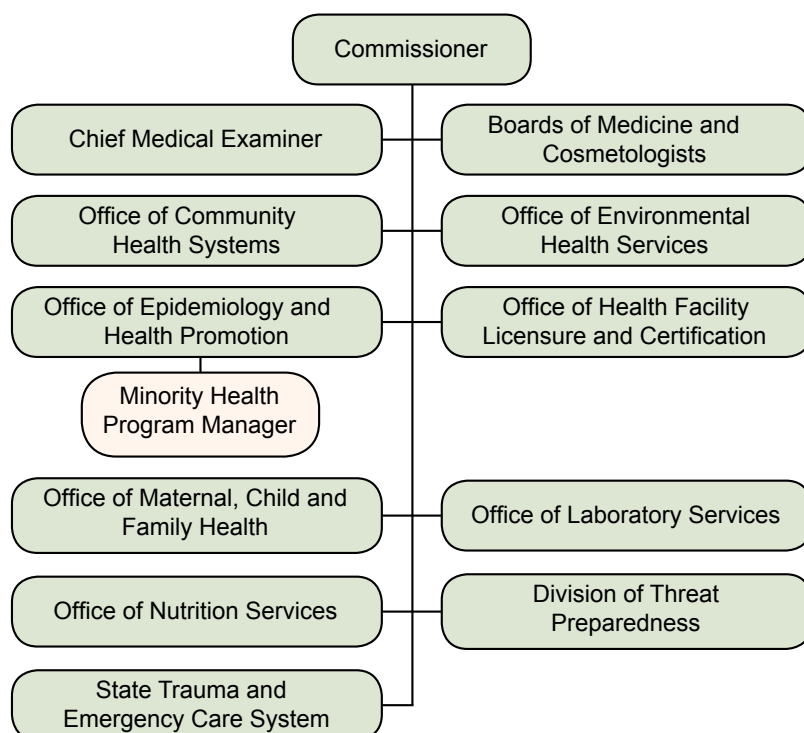
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
West Virginia	✓	✓	✗	✓	✗	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

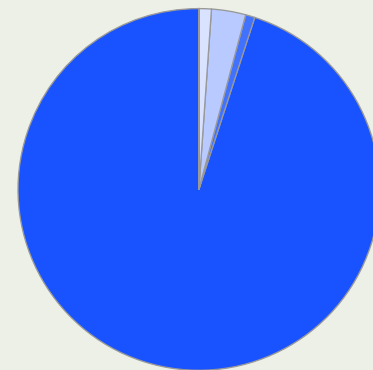
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and/or other key public health offices:

West Virginia Bureau for Public Health



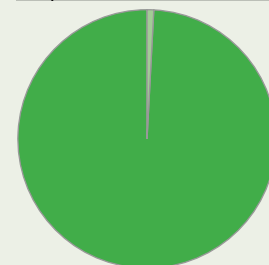
Total State Population:
1,818,470

Racial Distribution



- American Indian/Alaskan Native (0.2%)
- Asian (1%)
- Black/African American (3%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (0%)
- Two or More Races (1%)
- White (95%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (1%)
- Non-Hispanic/Latino Ethnicity (99%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Partnerships

- The West Virginia Bureau for Public Health (WVBPH) has a Minority Health Program Manager and Advisory Committee that advises leadership on minority health and health disparities (MH/HD) issues.
- MH/HD activities are conducted and coordinated across multiple WVBPH program offices: Behavioral Mental Health; Alcohol, Tobacco and Other Drugs (ATOD); Chronic Disease; Environmental Health; Epidemiology; Infectious Disease.
- The WVBPH has partnerships with external entities active in MH/HD including: community-based, non-profit and faith-based organizations.

Strategic Planning

The West Virginia Bureau for Public Health does not specifically address racial/ethnic health disparities in its Bureau-wide strategic plan, but its Minority Health Program Manager maintains the following goals and measures for achieving health equity in West Virginia:

Goal 1:	Chronic diseases self-management
Tracking Methods:	Process evaluation of chronic disease interventions, participant pre/post surveys
Goal 2:	Health literacy
Tracking Methods:	Process evaluation of health literacy activities
Goal 3:	Minority health and health disparities conference
Tracking Methods:	Process evaluation of conference planning and activities, attendee surveys
Goal 4:	Enhance racial and ethnic minority data collection
Tracking Methods:	Population-specific data reporting
Goal 5:	Capacity building to address health disparities throughout WVBPH and West Virginia
Tracking Methods:	Number of partnerships around health disparities, financial support for capacity building efforts

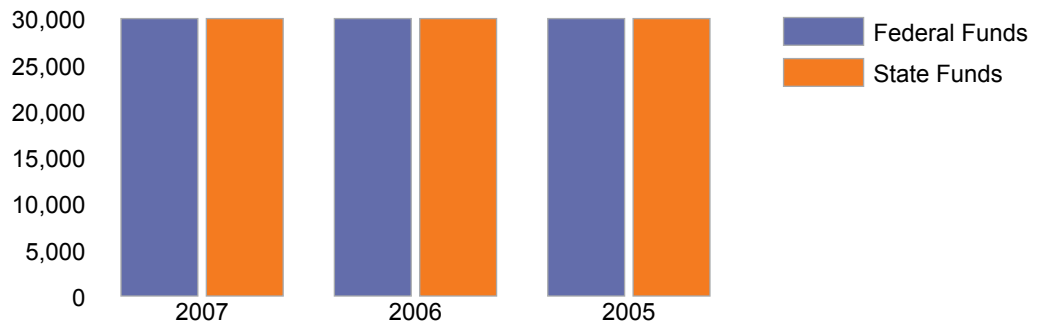
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD issues and activities at the WVBPH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%

Financial Investments

WVBPH reported the following annual budget for 2005 to 2007 for minority health/health disparities (MH/HD) activities (including funding from both federal and state sources). These totals may not include funding for specific activities related to MH/HD and may therefore be an underestimate of the total yearly investment in MH/HD activities.



Activities

West Virginia Minority Health Month Celebration and Health Fair

The WVBPH organized its first annual Minority Health Month Celebration and Health Fair in April of 2007. The purpose of the fair was to raise awareness about racial/ethnic health disparities in West Virginia and to provide education to prevent health conditions and behaviors that disproportionately impact minority populations such as diabetes, cardiovascular disease, stroke, tobacco use, cancer, Alzheimer's disease, mental health, HIV/AIDS, and rates of immunization. The WVBPH plans to host this celebration and health fair again in 2008.

Partners (and Funding)

Office of Minority Health/US Department of Health and Human Services (\$2,500); WVBPH's Tobacco Cessation, Immunization, HIV/AIDS, Mental Health and Cancer Registry Programs; West Virginia State University's Extension Program; Ferguson Memorial Baptist Church; Partnership of African American Churches; Ebenezer Medical Outreach; American Heart Association; American Alzheimer's Association; and the US Too Prostate Cancer Program

Activity Outcome

Increased awareness, education and health screenings to prevent and detect chronic illnesses and infectious diseases among minority populations in West Virginia

Evaluation Methods

Process evaluation

Disease Management Pilot Project

The WVBPH launched targeted health education and prevention activities in 2006 that focus on reducing disproportionately high rates of diabetes, cardiovascular disease and stroke among African Americans in McDowell County. Activities provide culturally-appropriate health education that promotes physical activity, healthy nutrition and health literacy among African Americans and provides health screenings for associated risk factors such as high blood pressure and high blood sugar.

Partners (and Funding)

WVBPH (\$10,000/yr), West Virginia Coalition for Minority Health, West Virginia Diabetes Prevention and Education Program, American Heart Association, American Stroke Association and West Virginia State University's Extension Service

Activity Outcomes

Participants expressed willingness to make lifestyle changes such as improving diets, increased physical activity, and regular monitoring of blood pressure and blood glucose levels. Results were used to measure effectiveness and feasibility of duplicating projects in other areas of the state with similar needs.

Evaluation Methods

Process evaluation and surveys

West Virginia's primary contact for racial/ethnic minority health and health disparities is:

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