AN ANALYSIS OF UNMET HEALTH NEEDS IN YORK COUNTY, VIRGINIA

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Executive Summary

In September 1998, we were asked by York County’s Department of Community Services to provide an analysis of unmet health needs in the County. Our study is designed to provide a foundation for a future full-scale study of health needs in York County. In performing this analysis, we focused on four major tasks:

1. Interviewing relevant health providers, County officials, and agency heads in order to get their ideas of unmet health needs in the County
2. Analyzing health data from York County and the surrounding areas
3. Providing a geographic representation of areas with vulnerable populations with the use of GIS analysis
4. Developing a survey of residents to be used in a future study of unmet needs, and providing recommendations based on our findings

During the past three months, we conducted over thirty interviews. We found that many providers and agency heads feel that York County residents do have unmet health needs, but the anecdotal evidence was somewhat conflicting. Many respondents noted that York County residents experience access problems due to a lack of transportation, a lack of insurance, and a lack of primary and dental care providers that accept Medicaid insurance or bill on a sliding scale. Other respondents felt that there are few unmet needs in the County and that agencies such as Olde Towne Medical Center, the Peninsula Health District, and Dr. Shaw’s Free Family Health Clinic were able to meet the health needs of most citizens.

In our analysis of health indicators from York County and the surrounding areas, we found that overall, York County is a rather healthy community. Statistics from birth outcomes and rates of illness and disease show that on average, York has lower mortality and morbidity rates than the surrounding area. However, the indicators also showed that in 1995, York County had high rates of hospitalization for conditions that normally
should not require hospitalization. This is the only piece of empirical evidence that suggests that some York County residents may lack access to medical care outside hospitals.

We also studied the potential for Geographic Information Systems (GIS) to enhance analysis and planning of community health in York County. Using GIS, we were able to show geographically the locations of health service providers and vulnerable populations. We found that the area with the lowest income was fifteen to twenty miles from Olde Towne Medical Center and the Peninsula Health District, two of the agencies designed to serve low-income residents. However, none of the maps present conclusive evidence of unmet needs or barriers to access to care. Since we were unable to collect much recent, individual-level data on York County residents, these maps serve primarily as a demonstration of the potential for GIS when appropriate data become available.

Finally, we developed a number of recommendations based on our interviews, the analysis of health data, and results from GIS. We strongly encourage York County to conduct a comprehensive survey of residents in order to get the most accurate information on unmet health needs as well as the current locations of vulnerable groups. We also recommend greater interaction with the community through focus groups and increased collaboration with Olde Towne Medical Center, the Peninsula Health District, and other agencies.

Overall, our study concludes that there is little evidence that suggests the existence of County-wide unmet needs. However, pockets of the population may experience barriers to accessing the health care system. The next step in the analysis should concentrate on these vulnerable populations.
Previous Studies

The study that we are conducting for York County is not the first assessment of health policy in the county. In fact, there have been at least three other studies within the past ten years that have provided some information concerning access and delivery. However, none of the studies could conclude with certainty the existence or the extent of unmet health needs. In 1993, in response to concerns expressed by members of the community and the Board of Supervisors, a team of York citizens and county staff conducted a general study of health issues that included a comprehensive description of services and resources. A survey was distributed to 275 participants of health programs; however, the small number of responses (96) limited the usefulness of the survey. The general conclusion of the research team from interviews and the survey was that there was a general sense of unmet health needs in York County, but no hard evidence emerged during the course of the study to confirm this. However, a number of possible barriers to access were identified:

- The changing nature of employment in the York County area (the expansion of the service sector) has had a detrimental effect on health care insurance coverage.
- Medicaid provides a health care “safety net” only for the extremely needy.
- Access depends on transportation.

The need for greater public education of health care was noted, and in response, York County began a television program called “Health Beat” which airs on channel 36 each month.

In 1995, the United Way of Greater Williamsburg and the Williamsburg Community Hospital conducted a community-wide needs assessment of the City of Williamsburg, James City County, and Upper York County. While this was not a study of York County in particular, it provides insight on the health concerns within the region.
A more comprehensive survey of 200 residents found that many families did not have enough money to pay medical bills. The study quoted figures from the Virginia Employment Commission, which estimated that approximately 10,000 jobs* in the Williamsburg area do not have health benefits out of a total workforce of 40,000, indicating a greater need for publicly sponsored health services.** It was recommended that the United Way and Williamsburg Community Hospital increase funding for health services for low-income residents, and initiate and enhance programs that emphasize preventive care to help reduce unnecessary health expenditures.

Finally, in early 1997, York County again conducted a study to assure that the County’s investment in publicly sponsored health care is fiscally appropriate and meets the needs of its citizens. The study concluded that there was no evidence to support a substantial increase in York’s contributions for publicly sponsored health care and that the current level of funding should be maintained with reasonable annual increases. This study also questioned the figures cited in the 1995 United Way/Williamsburg Community Hospital report. It also opposed a proposal to have Olde Towne Medical Center run a clinic in the Health Services Building on Goodneck Road. It was also recommended that York County should negotiate with the Health District in an attempt to maintain basic health care systems while securing adequate services and appropriate levels of contributions. Should this effort not be successful, it was recommended that the County consider recreating the former Colonial Health District.

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* We could not find any evidence to support or refute this figure.
** We are defining publicly sponsored to include all agencies that receive public funding to provide health care services to York County residents.
Working Definitions of Unmet Health Needs

The concept "unmet health needs" and its close relation, "access to care," are complex terms. They do not offer specific or narrow definitions of how to analyze health in a given locale. Four recent studies that discuss these terms suggest that policymakers, health providers, related professions, and residents must first evaluate the particular features that shape the health statuses of individuals and the overall population of their respective community.

First, in a 1993 report, the Institute of Medicine defined access to care as "the timely use of personal health services to achieve the best possible outcomes." (Lurie 1997). A second study dissected the term "access to care" with three cogent questions (Lurie, 1997):

1. Access to "what" type of care—any care or certain kinds of care?
2. "When" is this access necessary or desirable?
3. By "whom" do we measure levels of necessary access—individuals or populations?

A third study suggests that if the concept of unmet health needs is expanded beyond medical and surgical procedures to include supplementary services, such as dental care, prescription drugs, eyeglasses, and mental health, the level of need will increase (Berk et al., 1995). Others discuss access to care in terms of current methods of measuring it.

One such set of measurements considers five elements (Stewart, 1997):

1. Availability of facilities, services, and providers in an area
2. Individual financial factors affecting how likely one is to obtain care (e.g. income and health insurance)
3. Presence of a regular place or provider
4. Convenience of getting to one’s regular place
5. Rates of utilization among those who need care
We suggest that York County use these definitions of access to care to conceptualize its analysis of unmet health needs. Before a full-scale analysis is feasible, the County must decide which measures are appropriate for its particular demographic, economic, geographic, and political characteristics. Similarly, the County must also decide which levels of these measures are acceptable to all stakeholders—public servants, health service providers, and the residents whom York County government serves.
Interviews

Rationale

We conducted a series of personal and telephone interviews to evaluate the thoughts and experiences of health and human service personnel. These key informants work directly with or administer programs serving the health needs of York County residents. These interviews are a first step to assess recent changes in the delivery of public health services. Additionally, these interviews lay the groundwork for York County agencies, both private and public, to further expand existing relationships and to develop new partnerships.

These interviews were designed to examine three issues that each respondent addresses in his/her professional work. (See Appendix III for the questionnaire used to shape the interviews.)

1. Impact of the closing of the Grafton office of the Peninsula Health District
2. Eligibility criteria and actual participation rates in the various programs
3. Any problems and suggestions to improve access and utilization of health services by York County residents

Sample and Methodology

The interview process began with agencies affiliated with or directed by the York County Community Services Department: Aging and Health Services, Children’s Services, Colonial Services Board, Olde Towne Medical Center, Peninsula Agency on Aging, and York-Poquoson Social Services. Informants from these agencies provided suggestions and contacts for other agencies and individuals working in health and human services on the Peninsula. This next set of contacts generated additional referrals, most of whom were contacted during this initial stage in the fall of 1998.
From September through November, 1998, over 30 personal or telephone interviews were conducted with numerous agencies that are either currently or potentially serving the health needs of York County residents. These agencies span the Peninsula region, and are located in York County, James City County, Newport News, Hampton, and Williamsburg. These agencies’ clientele and the types of services they provide represent nine different yet related areas of health and human services. (See Appendices I and II for names of specific agencies and personnel interviewed.)

**Health and human services categories**
- Children and Families
- Community Development
- Dental Clinic
- Elderly
- Emergency Medical Services
- Medical Care Providers
- Mental Health
- Public Health
- Social Services

**Findings: Eight Themes and Two Suggestions**

These interviews generated broad themes that appear in varying degrees of intensity, depending upon whom was interviewed and which agency they represent. All of these themes indicate that pockets of York County residents continue to face barriers in accessing health care services. Some informants required anonymity before discussing their views and experiences. Thus, to honor these requests and to maintain uniformity, this next section does not include specific references to individuals’ names or their positions.
Eight Themes

1. Aging Population

   The predicted sizable increase of 42% between 1996 and 2000 (VHHA, 1998) in the number of elderly residents over the next decade is expected to strongly impact York County’s health needs. In particular, the County is likely to need increased home health care and adult day care services. Finding adequate resources to meet the health needs of the elderly population will take on ever increasing importance in future health policies in York County.

2. Health Insurance Estimates

   An accurate estimate of the percentage of York County residents who do not have health insurance continues to be a great unknown for both private agencies and County departments. Many informants believe that having such an accurate figure would help their agencies better serve the unmet health needs of the County. Recent research also indicates that such estimates can be used to explain barriers to accessing the health care system. A discussion of the Robert Wood Johnson Foundation’s 1994 National Access to Care Survey states “it is clear that income, having a usual source of care, and insurance status continue to play a crucial role in explaining variations in access to care” (Berk et al., 1995).

3. Information and organizational issues

   Organizational changes in the administration of Medicaid insurance, from fee-for-service to managed care arrangements, have created additional information and access barriers for many enrollees. However, it is important to note that this issue is not unique to York County. According to a health services researcher, Medicaid enrollees and low-
income groups have traditionally had difficulty negotiating the health care system. These recent changes—which translate into increased organizational roadblocks—may make access to care more difficult (Lurie, 1997). Thus, the current transition period from fee-for-service to managed care, which is affecting many Americans, seems to impact more strongly the enrollees in publicly sponsored health insurance programs.

Additionally, residents who use publicly sponsored health facilities do not seem to have the most complete, accurate, and up-to-date knowledge about the delivery of preventive and primary care, and dental services available at these agencies. Furthermore, the perceived stigma that is associated with using publicly sponsored programs may cause some eligible residents to choose not to access them. All of these information gaps may be inter-related or independent of one another. Nonetheless, they seem to diminish residents’ abilities to access the health care system.

On a positive note, many agency personnel do communicate with each other to provide referrals, to share information, and to leverage resources. This cooperative approach seems to indicate that health and human services personnel do collaborate in their work with residents who are medically indigent or are enrolled in public health insurance. In particular, agencies serving children seem to employ this interactive approach.

4. Regular place for preventive and primary care

Use of hospital and clinic emergency rooms for non-emergency situations, chronic conditions, and primary care indicates that many residents do not access the health services system in a cost-effective manner. It seems the lack of health insurance, coupled with not having a regular primary care provider, creates situations in which
people turn to the emergency room as the only option for accessing needed health care. This inappropriate use of the emergency room seems to indicate unmet health needs. For example, one health services researcher asserts that policymakers need to be mindful that commonly used measures of "access," such as self-reported satisfaction with access to care, may not be as meaningful. She suggests looking at indicators such as hospital discharge data and other individual-level data from health providers (Lurie, 1997).

5. Dental Care

The lack of dentists in or around York County, who accept Medicaid clients, seems to limit reasonable access to dental care for children using public health insurance. Medically indigent and low-income adults also face serious limitations in finding dental care they can afford or securing transportation to dental facilities that will serve them. As one informant stated, problems with dental care center on "availability, affordability, and travel distance."

Again, this situation is not unique to York County. According to "A Study of Dentist Participation and Payment Rates for Medicaid in Virginia," there are 20 localities in Virginia that do not have a Medicaid participating dentist. Even if these localities do have geographic access to dental care in neighboring communities, Medicaid enrollees may face difficulties in traveling to these sites. By comparison, Medicaid patients across Virginia seeking a new dentist find that they are limited to approximately 20% of the dentists available to the general state population (Williamson Institute for Health Studies, 1997).
6. Mental Health and Substance Abuse

The limited number of sessions covered by insurance and the waiting lists for publicly sponsored mental health programs appears to negatively impact the quality of life for County residents who are medically indigent or are covered by publicly sponsored health insurance. The limited number of mental health care sessions covered by many private insurance plans is a concern.

7. Transportation

Lack of transportation is a perennial problem as it is cited as a significant reason for missed appointments. The current solution is for the Community Services Department to provide transportation grants to agencies. This approach appears to work for some residents, but many appear to continue to face various difficulties in getting to health related appointments.

8. Particular communities with need

When asked specifically about unmet health needs in the County, many respondents discussed particular neighborhoods located in central and lower York County: Lackey, Washington Square, and Bethel Manor. Some respondents expressed serious concerns that subsidized housing in York County may be phased out.

Suggestions

1. Talk to the residents

Several informants suggested directly speaking with County residents about their views and experiences with health care. In particular, agency personnel who administer programs for families and children suggested talking with residents enrolled in various public assistance health programs and government-sponsored education programs. While
this suggestion is beyond the scope of this current analysis, incorporating this procedure into a future, more in-depth analysis is highly recommended. Recommendations for this process of eliciting residents’ experiences, needs, and concerns about health issues in York County are described in detail in the Recommendations section of this report.

2. Demographic data

Several informants supported the idea of using various forms of individual-level data about residents to determine York County’s health needs, including those needs currently served by the health care system and those still unmet. Using the data to find connections among demographic categories and health is a reasonable approach to determining the level of and types of unmet health needs. However, administrative constraints and confidentiality concerns limited most informants from providing their agency’s data directly to us. Some agencies project that upcoming improvements in managing data should allow them to share this information for future analysis. Additionally, inter-agency cooperation to make such individual-level data accessible for analysis seems possible.
An Analysis of Health Indicators

Studies designed to examine health needs at the local level are usually statistically weak for a number of reasons. First, appropriate and accurate data are often not available or do not exist. Second, even when data are available, they are typically not recent enough to be used in current policymaking. Finally, providers are often reluctant to release individual-level data due to the confidential nature of the information. Despite the inherent difficulty in gathering accurate and timely health data, it is important for localities to have access to quantitative indicators of health outcomes and services. These statistics may provide an indication of unmet need, or act as a means of comparison between localities of similar size and economic status.

The comparative approach to needs assessment contrasts the outcomes and services in one area with those received in other areas (Stevens, 1998). Even if nothing else is known about the optimum service to be provided, there is at least reason for investigation if the level of service differs markedly from one area to another. Although these indicators require sensitive interpretation, the comparative approach may help identify deficiencies in provision of services by examining health outcomes. In this section, we will compare York County to other local cities and counties. Appendix IV contains additional comparison figures for cities and counties throughout the state, as requested by York County staff. Our analysis consists of four sets of indicators:

- Demographics
- Birth Outcomes
- Prevalence of Disease
- Ambulatory Sensitive Hospitalizations

The data presented were provided by the Virginia Health Department's Office of Vital Records and Health Statistics, the Virginia Health Department's Office of Family
Services, the Virginia Hospital and Healthcare Association’s (VHHA) *Indicators of Healthy Communities 1997*, and York County’s *Indicators of Healthy Communities 1997—Correction Report of Health Indicators*. Upon review of these health indicators, we determined that most data show that York County is a rather healthy community. In fact, many of the indicators show that York has healthier outcomes than the surrounding area. However, the 1995 ambulatory sensitive conditions indicators show that York County had higher hospitalization rates for conditions that should not necessarily require treatment in a hospital. One possible conclusion from this finding is that some York County residents may lack access to non-emergency health providers. The preliminary data for the 1997 ambulatory sensitive conditions, however, do not show that York County has higher rates of hospitalization for these conditions. It will be important for the County staff to monitor these indicators closely in the future. It will ultimately be up to the County to determine what levels of morbidity and mortality are acceptable to the community and to what extent concern will be given to the high rates of hospitalization for ambulatory sensitive conditions. Given the competition for scarce financial resources, these will be rather difficult decisions to make.

I. Demographic Indicators

The first set of charts shows demographic indicators of the County. The data used were compiled by the Virginia Hospital and Healthcare Association (VHHA) in an attempt to describe the “healthiness” of Virginia’s cities and counties. The 1997 compilation of indicators was the VHHA’s first attempt to gather these statistics, and it was noted that they are neither a definitive set of indicators nor the first choice of the Association. In January 1998, York County produced a report that corrected a number of
figures incorrectly reported for the County. The figures that we use in our compilation are the County's corrected figures. To the best of our knowledge, these are the most accurate data. Figures for the state median indicate the value of the indicator for the median county or city.

- Chart One shows per capita income rates for 1996. The VHHA figure for York County ($18,864) has been questioned by York County's correction report. Their corrected figure of $23,418 is used here.
- Chart Two shows the percentage of the population below the poverty line in 1996. The percentage shown here for York County represents the corrected figure used in the 1998 correction report (5.6%). The VHHA figure was 4.8%.
- Chart Three shows the percentage of the population on Medicaid in 1996.
- Chart Four shows the expected growth in the elderly population (65 and over) between 1996-2000. The figure of 41.8% for York County has not been supported or refuted by the County, but the increase is much higher than in the surrounding areas. This figure is still subject to question.

Chart One

![Graph showing per capita income](image)

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Source: The Virginia Hospital and Healthcare Association's *Indicators of Healthy Communities, 1997 & York County's Correction Information for the County of York, Virginia.*
Chart Two

% of Population Below the Poverty Line (1996)

Source: The Virginia Hospital and Healthcare Association's *Indicators of Healthy Communities, 1997* & York County's *Correction Information for the County of York, Virginia.*

Chart Three

% of Population on Medicaid (1996)

Source: The Virginia Hospital and Healthcare Association's *Indicators of Healthy Communities, 1997.*
II. Birth Outcomes

The next set of charts displays indicators of birth outcomes. The data were provided by the Virginia Department of Health’s Office of Family Health Services. York County’s figures are, on average, healthier than the district average, yet York’s figures do not consistently meet Virginia’s health goals for the year 2000. York County has wider fluctuations than the district because of the small number of births in the County each year. Data for the district include data from York County, James City County, Hampton City, Newport News City, Poquoson City, and Williamsburg City.

- Chart Five shows the number of low birth weight babies as a percentage of all births. Virginia’s statewide goal for the year 2000 is to have this percentage at or below five percent.
- Chart Six shows the number of infant deaths (under one year) as a percentage of all births. Virginia’s statewide goal for the year 2000 is to have this percentage down to .75 percent.
- Chart Seven shows the actual number of infant deaths in York County.
- Chart Eight shows the number of teen births as a percentage of all births.
Chart Five

Percentage Born With Low Birth Weight

Source: Virginia Department of Health, Office of Vital Records and Health Statistics.

Chart Six

Infant Mortality Rates

Source: Virginia Department of Health, Office of Vital Records and Health Statistics.
Chart Seven

York infant mortality

Source: Virginia Department of Health, Office of Vital Records and Health Statistics.

Chart Eight

Teen Births

Source: Virginia Department of Health, Office of Vital Records and Health Statistics.

III. Prevalence of Disease

The next set of indicators was chosen by VHHA to reflect the burden of disease and illness placed on the overall health of the community. The conditions are considered preventable with appropriate care, education, and health-conscious behaviors. The morbidity and mortality rates for York are lower than most of the surrounding areas, suggesting that York does not suffer from an alarming rate of disease or illness.
- Chart Nine reflects the number of heart disease deaths per 100,000 population in 1995. VHHA reported that York County had a death rate of 114.3 per 100,000 population, but this number was corrected to 71 in York County’s correction report. The corrected information is displayed in the chart.

- Chart Ten shows the number of Lung Cancer Deaths per 100,000 population in 1995. Data to verify or dispute York’s figure of 34.7 could not be found.

- Chart Eleven displays the number of AIDS and STD cases reported per 100,000 population in 1995. The VHHA figure for York (0.3) was challenged by the 1998 correction publication. The corrected figure of 1.2 is used in this diagram.

**Chart Nine**

![Heart Disease Deaths per 100,000 (1995)](chart)

Source: The Virginia Hospital and Healthcare Association’s *Indicators of Healthy Communities, 1997 & York County’s Correction Information for the County of York, Virginia.*
Chart Ten

Lung Cancer Deaths per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association's Indicators of Healthy Communities, 1997.

Chart Eleven

AIDS and STDs per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association's Indicators of Healthy Communities, 1997 & York County's Correction Information for the County of York, Virginia.
IV. Ambulatory Sensitive Conditions

The final set of indicators displays the number of hospital discharges per 100,000 population for a number of different ambulatory sensitive conditions in 1995. Ambulatory sensitive conditions are conditions in which hospitalization can largely be prevented with consistent, available ambulatory care and adherence to treatment and self-care protocols. According to the health care literature, the hospital admissions may indicate access problems, a lack of insurance, few options for service, or the presence of social issues that can influence patient adherence to medical regimes (homelessness, inconsistent caregivers, etc.) (VHHA, 1998). York has higher rates of hospitalization for preventable conditions than many of the surrounding areas. These high hospitalization rates may indicate an access problem in the County or the lack of utilization of health care providers. This is the only quantitative evidence of unmet needs that we found in our research; however, these results must be interpreted carefully. Rates based on numerators less than 25 may be statistically unreliable. Second, from year to year, some hospitals submit incomplete or inaccurate records (Carswell, 1998).

- Chart Twelve shows the number of hospital discharges per 100,000 population for asthma in 1995.
- Chart Thirteen displays the number of hospital discharges per 100,000 population for hypertension in 1995.
- Chart Fourteen shows the number of hospital discharges per 100,000 population for diabetes in 1995.
- Chart Fifteen shows the number of hospital discharges per 100,000 population for extreme prematurity in 1995.
- Chart Sixteen shows the number of hospital discharges per 100,000 population for psychoses in 1995.
Chart Twelve

Asthma--Hospital Discharges per 100,000

Source: The Virginia Hospital and Healthcare Association’s *Indicators of Healthy Communities, 1997.*

Chart Thirteen

Hypertension--Hospital Discharges per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association’s *Indicators of Healthy Communities, 1997.*
Chart Fourteen

Diabetes--Hospital Discharges per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association’s Indicators of Healthy Communities, 1997.

Chart Fifteen

Extreme Prematurity--Hospital Discharges per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association’s Indicators of Healthy Communities, 1997.
Chart Sixteen

Psychoses--Hospital Discharges per 100,000 (1995)

Source: The Virginia Hospital and Healthcare Association's Indicators of Healthy Communities, 1997.

It deserves mentioning that we have recently received the preliminary ambulatory sensitive conditions statistics for 1997. These figures show that York County's hospitalization rates have declined quite dramatically. However, at least one area hospital has not yet submitted all of its data, and consequently these figures should be interpreted with caution. While York County's improvement in this area is notable, these indicators need to be carefully monitored in future years.

- Chart Seventeen shows the preliminary number of hospital discharges per 100,000 population for asthma in 1997.
- Chart Eighteen shows the preliminary number of hospital discharges per 100,000 population for hypertension in 1997.
- Chart Nineteen shows the preliminary number of hospital discharges per 100,000 population for diabetes in 1997.
- Chart Twenty shows the preliminary number of hospital discharges per 100,000 population for psychoses in 1997.
Chart Seventeen

Asthma--Hospital Discharge
Rate per 100,000 (1997)

Source: Virginia Department of Health, Office of Family Health Services.

Chart Eighteen

Hypertension--Hospital Discharge
Rates per 100,000 (1997)

Source: Virginia Department of Health, Office of Vital Records and Health Statistics.
Chart Nineteen

Diabetes--Hospital Discharge
Rates per 100,000 (1997)

Source: Virginia Department of Health, Office of Family Health Services.

Chart Twenty

Psychoses--Hospital Discharge
Rates per 100,000 (1997)

Source: Virginia Department of Health, Office of Family Health Services.
Geographic Information Systems (GIS) Analysis

Background and Necessary Resources

The third component of our study is to explore the potential of Geographic Information Systems (GIS) for enhancing analysis and planning of community health in York County. A GIS is a powerful tool for collecting, synthesizing, and displaying data geographically. This tool can reveal spatial relationships that would otherwise remain masked by tabular data. The technology required for GIS analysis consists of a GIS software, such as ArcView or ArcInfo, a Windows-driven PC, and ideally a color printer. York County Computer Support Services already owns this technology, and greatly assisted us in creating our maps (we used ArcView). The Peninsula Health District (PHD) possesses GIS capabilities as well, and has begun conducting its own analyses. There is considerable time and training involved in learning how to use ArcView, but it offers tremendous benefits in monitoring and evaluating community health needs.

Applications of GIS in Public Health

While GIS analysis alone is not a panacea, it is increasingly being used by public health professionals in community health planning, and has a wide range of possible applications. Perhaps the most common use of GIS is in the realm of epidemiology, including the surveillance of diseases, exposure to electromagnetic fields, lead hazards in a neighborhood, and the analysis of disease policy and planning (Clarke et al., 1996). Many of the leading national health organizations are beginning to realize the potential of GIS analysis. The Centers for Disease Control (CDC) employs GIS to monitor many diseases, such as malaria and Lyme disease, as well as to examine environmental risks of childhood lead exposures and occupational health and related injuries. The American
Public Health Association (APHA) now incorporates workshops on the use of GIS in public health surveillance and protection into its annual meetings. The National Association of County and City Health Officials (NACCHO) advocates the integration of public health prevention programs and GIS applications by local health departments. In addition, a variety of other organizations, including the Environment Protection Agency (EPA) and the American Society of Civil Engineers (ASCE), conduct environmental health assessments with the aid of GIS (ATSDR, 1998).

PHD recently completed a GIS analysis of its blood pressure screening programs in Newport News, in which it mapped the distribution of populations at high risk for high blood pressure, number of screenings, and populations with high blood pressure, each by zip code.\(^*\) When comparing these maps, it became clear that zip code 23602 had a large high-risk population, but very few screenings were conducted there. A geographic correlation between locations of high-risk populations and populations with high blood pressure emerged, and based on these conclusions, PHD began revising its screening programs to better reach zip code 23602 (PHD, 1998). In the past, PHD has employed GIS for a Hepatitis A disease cluster investigation and a mapping of immunization rates in Newport News by census tract. PHD’s future GIS plans include a similar analysis of high-risk populations for the entire Peninsula, an assessment of cancer incidence, a mapping of enteric disease incidence, and several GIS analyses of environmental issues (Jindal, 1998).

\(^*\) Based on the literature and Virginia’s Cardiovascular Risk Reduction Program (CRRP), PHD defined “high-risk” populations as males over 45, females over 55, and African-Americans over 18. These are the populations considered to be at high risk for having high blood pressure.
GIS Demonstrations

While epidemiology is an area with great potential for GIS, our study has focused on questions of access to health care. Therefore, our GIS analysis addresses this access issue. The literature suggests that access to care may be related to geographic factors such as distance from health care facilities, as well as to demographic variables such as age, race, gender and income. Unfortunately, the evidence with regard to these relationships is mixed, partly due to the wide variability from one community to the next. Another difficulty in assessing access to care lies in the fact that data on utilization of services say nothing about reasons for non-utilization (Joseph and Phillips, 1984). The best way to test the importance of these factors for York County is to collect and analyze empirical data on residents in York County. Nevertheless, we have produced a series of maps that demonstrate the potential of GIS in assessing the health needs of York County’s residents.

As mentioned earlier, our interviews revealed that access to transportation to health care is a key but unresolved debate in York County. If utilization of health care declines with distance from health care facilities, then lack of reliable transportation could be a crucial issue. A second central point of contention is the number of uninsured in York County. According to a recent Urban Institute study, unemployment is an important predictor of uninsurance (Marsteller, 1998). Overall, the unemployment rate in York County is low, but there may be pockets of unemployment, as well as uninsurance, within the County. Displaying these pockets in relation to health care facilities may uncover an access problem in terms of financial resources.

Since we were unable to collect much recent individual-level data on York County residents, we relied primarily on demographic data from the 1990 U.S. Census.
Head Start for York County and the Peninsula Agency on Aging (PAA) provided us with locations of their clients (whose identities were kept anonymous). We combined these data sets with locations of health agencies and service providers, culled largely from our interviews. These agency locations do not represent an exhaustive list of health agencies serving York County, but they do provide an indication of the health care options available to York County residents. We were unable to garnish any reliable recent data on transportation, uninsurance or unemployment, but have instead used existing data to create maps that provide some indicators of possible areas of concern and potential areas of future analysis.

The following is a list of the maps we created with GIS:

- Map 1: York County by Census Tract
- Map 2: Median Household Income by Census Tract
- Map 3: Median Household Income by Block Group
- Map 4: Hospitals and Publicly-Sponsored Primary Care Providers
- Map 5: Dentists and Eye Doctors Who Accept Medicaid Insurance or Bill on a Sliding Scale
- Map 6: Aging Services
- Map 7: Males Over 45
- Map 8: Females Over 55
- Map 9: African-Americans Over 18
- Map 10: Children
- Map 11: Health and Human Service Agencies

Census tract 505 ($17,589), and in particular 505 Block Group 1 ($9,185), in central York County, had the lowest median incomes in the County in 1990. The main providers of primary care for York County are Olde Towne Medical Center, located just outside the northern end of York County; the Peninsula Health District (PHD), located in Newport News; and the Peninsula Institute on Community Health (PICH), also located in
Newport News. Tract 505 is equally distant from each agency (approximately 15-20 miles as the bird flies).*

As mentioned earlier, PHD has recently changed its focus from mostly clinical care to mostly outreach. It also appears that not many York residents are aware of the services available to them at PICH. Located near tract 505 (in tract 504.02) is the Free Family Clinic, which Dr. Shaw operates out of the Charles Brown Park Community Center, but the Clinic is only open Thursday nights from 6-8 p.m. On the other hand, outside of the northwestern end of the County, York County residents can utilize Olde Towne Medical Center for primary care services.

None of these findings constitute hard evidence that there is an unmet need in tract 505 in terms of access to care. Nor do these results resolve the transportation debate. Nevertheless, Maps 2-4 do represent an indicator of the presence of a needy population in this tract, who may not have adequate access to health care. Interestingly, there are no hospitals located within York County’s borders. Yet, as noted earlier, York County has relatively high hospital discharge rates for ambulatory sensitive conditions, which is another indicator of a lack of access to conventional primary care. Since this discharge rate is County-wide, it is impossible to glean where in York County these discharges are coming from. Nevertheless, this figure does suggest that low-income residents in York County have adequate access to hospitals, a claim that was backed up by an EMS technician during an interview.

An aspect of health care that was almost universally cited in our interviews as an unmet need was supplemental health care, especially dental services. The Yorktown

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*In the near future, York County should have the capability of measuring the actual driving distance between two points on a GIS map, which will aid future analysis of geographic access to care issues.
Elementary School-Based Clinic gave us a list of dentists and eye doctors in the area who accept Medicaid (either Sentara or Healthkeepers Plus), bill on a sliding scale, or provide free services. There are very few dentists or eye doctors that fit this description, and all of them operate outside of York County. The Free Dental Clinic, described earlier, operates in Newport News. Dental services and optometry are quite expensive, and Medicaid does not cover adults 21 and over. Given scarce resources, a trip to the dentist or eye doctor may be a low priority for many. These factors, combined with a small number of service providers and the well-recognized fear of the dentist, may result in few residents seeing the dentist for regular checkups, instead only going when it is a crisis.

Map 6 presents the locations of retirement homes, agencies that serve the elderly, and PAA’s clients. PAA is situated in lower York, where the vast majority of its clients and most of the retirement homes are. Lower York is also home to large numbers of elderly, so PAA and the retirement homes seem to be well-placed geographically.

We next used GIS to examine the distribution of high-risk groups in York County (Maps 7, 8, and 9), as defined by PHD in its analysis of its Newport News screening programs (males over 45, females over 55, and African-Americans over 18). These data are outdated, but this indicates the kind of analysis of which GIS is capable.

It is interesting to note that census tract 507 has a large older population, many of whom are 65 and above, but PAA has only two clients there. Tract 507 has a relatively high median household income ($69,003 in 507 Block Group 1), and so the elderly population in tract 507 may be self-sufficient, but it still may be appropriate to target preventive health efforts in this area, if this is not already being done. Tracts 504.01 and 504.02 contain substantial high-risk populations as well. These maps suggest that York
County and PAA should examine these issues more closely, particularly in light of the predicted large increase in the elderly population in York County. A worthwhile application of GIS that York County can undertake immediately would be to overlay the PAA clients onto Maps 2 and 3 (median household income by census tract and block group). Such an effort would highlight geographic areas in need of attention with regard to screening programs and other forms of preventive medicine.

In Map 9, census tract 505 again emerges as an area of concern, as 875 African-Americans over 18 live there, constituting 41.2 percent of tract 505’s population. This, coupled with a very low median household income, is a strong indicator that tract 505 deserves a great deal of attention from the County and its health providers.

Finally, Map 10 shows the distribution of Head Start clients in relation to key children’s agencies. There are two CHIP offices, one at Olde Towne Medical Center and the other at the Yorktown Elementary School-Based Clinic, which only serves elementary school children, not Head Start children. Since Head Start eligibility is based on income, having children in the Head Start program can be used as a rough proxy of low-income families. The cluster of Head Start children around the Griffin-Yeates Head Start office is a good sign that this office is well placed to serve these clients. However, the wide spread of Head Start children across Lower York raises some concern that these children and their parents may not have sufficient access to health care. The only primary care provider located in lower York is Dr. Shaw’s Free Family Clinic, which has limited hours. The CHIP office at Olde Towne is some distance away from these families. PHD is nearby in Newport News, but its emphasis has shifted away from
clinical services. PICH is also in Newport News, but there is some question as to how
much awareness there is among York County residents of the services offered by PICH.

**Future Potential of GIS in York County**

These maps are intended primarily as demonstrations of the potential of GIS. It
should be mentioned that it is not possible for us to determine at this time what distance
from service providers is “too far,” and what levels of unmet needs are acceptable. These
are ultimately decisions for the community to make. It should also be reemphasized that
all of the demographic data in our maps are from the 1990 Census, which is now eight
years old. The next Census will not be available until 2003. For this kind of analysis to
be meaningful, it should be based on current, accurate data.

There are a variety of options for obtaining these data. Over the last several
years, the Virginia Department of Health’s Office of Vital Records and Health Statistics
has been coding its birth and death statistics by census tract for Richmond and Newport
News. That office is experimenting with software that will allow them to do this for the
entire state. Should this project come to fruition, the County could use this as a source
for monitoring the geographic distribution of birth and death trends.

The Census Bureau makes all of its data available in digitized format for GIS
purposes. It uses TIGER/Line files, which can be imported into ArcView. The problem
here is that the TIGER/Line files are also based on the 1990 Census, so the only option
would be to wait until the next Census is released. Alternatively, York could wait until
the results of the Williamsburg Community Health Foundation’s assessment of health
care in the Greater Williamsburg area are released sometime in January or February,
1999, but that study only covers the Bruton District of York County.
The most effective option is for York County to conduct its own survey. This is the only way to get current, accurate data at the individual level on demographics including income, education, race, gender, and age, which can then be used to map the distribution of each demographic group for effective community health assessment and planning. Using GIS in conjunction with a survey would greatly assist York in answering such difficult questions as how many people are unemployed, uninsured, and do not have access to reliable transportation. York County’s GIS efforts would in turn be helped substantially if the County came to an information-sharing agreement with its affiliated agencies.

Since PHD has already begun some work with GIS, York County and PHD should coordinate their efforts to avoid duplicative analyses. If PHD is already planning to conduct an assessment of its screening programs in York County, then there is no reason for York County to do so. Working closely with PHD in GIS efforts could bring great benefits to the County in terms of improved information for disease prevention and planning, enhanced targeting of education and outreach efforts, and identification of any alarming trends that may develop (such as a tuberculosis outbreak), among many other benefits.
Recommendations

Focus groups and telephone survey

York County has commissioned numerous studies over the last several years to determine whether York County residents have financial and geographic barriers to accessing health care. Administrative databases provide useful information about residents who access publicly sponsored health care, but say little about those residents who do not access these services. The most effective method for determining the existence or extent of these barriers is to ask residents directly. A crucial next step in the analysis process is to talk directly with a representative sample of York County residents about their experiences, needs, and concerns about health issues in the County. We recommend holding off on any future qualitative assessments (with the exception of focus groups) until such a scientific survey is conducted.

This interactive step between the County and its residents should incorporate a dual approach—focus groups and telephone surveys that reflect a representative sample of the diverse residents of the County. The Community Services Department and personnel from its affiliated agencies and programs can conduct focus groups to engage directly in dialog with the residents. These sessions will give the residents the opportunity to share their individual thoughts, experiences, and views about health needs in York County.

A telephone survey will have two primary benefits. First, it will provide accurate health indicators of County residents. According to a health policy researcher, “subjective ratings of health status [are] powerful predictors of future outcomes over and above numerous more objective health status indicators.” (Stewart et al., 1997). Local health officials on the Peninsula use this approach to monitor the health of their residents.
Second, a survey is the most effective method for collecting current, accurate individual-level demographic data on York County residents. Most importantly, a survey can provide reliable information about access to care and unmet health needs, in particular how many residents are unemployed or uninsured, and whether they have adequate transportation. These data can be analyzed empirically, and can also be mapped with GIS.

**Expand the level of communication and interaction among various health and human service agencies that serve York County residents**

Regardless of each respective agency’s location and mission, increased communications would smooth the delivery of health services, particularly to residents enrolled in public assistance programs. The Community Services Department should work with other localities and agencies to address problems in the structure of managed care for Medicaid enrollees.

**Form new collaborations/working relationships with health providers and insurance companies that serve York County residents**

Specifically, the County should strive to achieve stronger relationships with Peninsula Institute on Community Health, Mary Immaculate, Riverside, Ask-A-Nurse, Sentara Family Care, and Healthkeepers Plus. Additionally, the County should inform York County residents about these medical care and insurance providers. The County can negotiate with these providers to share data about York County residents who receive services.

In addition, the Department of Community Services should create and update lists of all medical and dental care providers located on the Peninsula. Such data-sharing arrangements will expand the GIS mapping capabilities demonstrated in this report,
thereby enhancing planning and targeting of services. To avoid duplication of these mapping efforts, the County should coordinate with other agencies, especially the Peninsula Health District, who are conducting similar analyses.

Carefully examine the need for dental care provision for the medically indigent and for children enrolled in Medicaid.

Results from our interviews suggest that many residents lack reasonable access to dental care. To determine if this is a source of unmet needs, we recommend that the County assess the frequency with which residents seek routine dental care. The most effective means for collecting this information is a telephone survey of York County residents.

Monitor health indicators

Although we found that on average York County has more positive health outcomes than many of the surrounding areas, the Department of Community Services needs to continue to monitor health indicators as they become available. In particular, we recommend careful surveillance of hospitalization rates for ambulatory sensitive conditions.
Conclusion

Our research revealed no evidence to suggest that York County has unmet health needs in the aggregate. However, we found that there may be pockets of populations that face obstacles in accessing health care. Based on our interviews, we have anecdotal evidence that suggests that some residents are unable to obtain the care that they need, due to financial and transportation difficulties. Although the health indicators we examined showed that York County is a rather healthy community in comparison to others in the region, the high rates of hospitalization for ambulatory sensitive conditions may indicate access problems. The GIS component of our analysis revealed geographically the pockets of vulnerable populations mentioned in the interviews. Census tract 505 is a particularly needy region, and residents there may confront serious barriers to access to health care.

We believe that the present study was a successful first step towards conclusively answering the questions of unmet health needs and access to care. We hope that York County will take steps to implement our recommendations in its future health policy decision-making. In particular, a survey and focus groups are essential for laying the groundwork for a comprehensive quantitative analysis of unmet health needs in York County.
Bibliography

Books


Internet Search


Journal Articles


Previous Studies


The Williamson Institute for Health Studies, “A Study of Dentist Participation and Payment Rate for Medicaid in Virginia,” a study submitted to The Department of Medical Assistance Services, September 1997.

Data Sources


Virginia Department of Health, Vital Records and Health Statistics. Data on birth outcomes over a fifteen year time period, received November 9, 1998.


Interviews

See Appendix I
## Appendix I

### List of Key Informants and Others Who Provided Assistance

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Notes</th>
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Appendix II
List of Agencies Interviewed by Category

- Children and Families
- Community Development
- Dental Clinic
- Elderly
- Emergency Medical Services
- Medical Care Providers
- Mental Health
- Public Health
- Social Services

List of Agencies Interviewed by Category

1. **Children and Family Services**
   Child Development Resources
   CHIP of Greater Williamsburg
   Interagency Council of Young Children
   York County Children’s Services
   York County Head Start

2. **Community Development**
   York County Planning Division
   York County Housing and Neighborhood Revitalization
   Hampton Neighborhood Department

3. **Elderly**
   Peninsula Agency on Aging
   York County Aging and Health Services

4. **York County Emergency Medical Services**

5. **Medical Care Providers**
   Peninsula Institute on Community Health
   Olde Towne Medical Center
   Riverside Hospital

6. **Mental Health**
   Colonial Services Board

7. **Public Health**
   Peninsula Health Department

8. **Social Services**
   York Poquoson Social Services
Appendix III
Questionnaire for Interviews

York County Officials

Respondent’s Name:
Respondent’s Title
Respondent’s Department:
Respondent’s Job Responsibilities:

PROGRAM: (Description, Participation, Administration)

Description

Describe your agency’s health-related programs.

How and when were your agency’s programs started? (Who was involved? Why?)

What are eligibility criteria? (Do these programs target specific populations?)

Where do you refer residents who do not meet program’s eligibility criteria?

Once eligibility is determined, what is the time frame for program participation?

Is there a waiting list?

What are hours of service delivery?

How many people are currently served by your agency’s health programs?

How many people have been served by your agency’s health programs since its inception?

Do you believe your agency is serving all persons eligible for services? If not, why not?

Plans for changes in these programs?

Ideas or plans for new programs?
Participation

Program participants?

Average income
Age range
Family structure/ size
Race
Residence: Specific areas w/in county?

How long do residents participate in programs? On Average?

Describe reasons why people leave the program(s).

How do program participants get to the service delivery site?
(Is transportation provided?)

Administration

How do residents find out about health programs?

Is there an information gap?

How does your agency educate the residents about its programs?

Please describe the staff who administer these programs?
Qualifications and background?
Turnover rates?

What are the sources of funding for your agency’s health-programs?
Are they adequate?

What other resources (i.e. building space, equipment and materials, volunteers) do your health programs use?

Health Service in York County

Many citizens receive health services from state and fed programs like Medicaid and Medicare. What are your agency’s roles in federal and/or state health programs?

What other local health programs and services are available to York County Residents?
(Other county or Peninsula district or non-profit)

How does your agency work with local programs to provide these services?

What services do York County residents need that they are currently not receiving?
Has serving these unmet health needs been viewed as a priority for the County?

What sorts of obstacles are causing these unmet health needs in York County?

Can you suggest sources for additional information about health needs of York County residents?

For the purposes of this York County study, can your agency provide some statistics on your health programs: Administrative databases would be especially helpful for laying the ground work for on-going analysis of health needs in York County. Currently, we are working with Jeff Duncan to gather geographic information that will be used for long-term evaluation of health needs of York County residents.

ASSURE CONFIDENTIALITY.

funding,
enrollment,
location of programs,
location of participants (i.e “districts“),
names and addresses of participants

Is there anything else you think we need to know?

THANK YOU FOR YOUR TIME AND PARTICIPATION!
Appendix IV
Additional Health Indicators

We have compiled additional comparison diagrams for a number of counties and cities at the request of York County officials. The following statistics represent demographics and health outcomes of: York County, the state median for the particular statistic, Poquoson, James City County, Hampton, Newport News, Williamsburg, Suffolk, Portsmouth, Norfolk, Virginia Beach, Hanover, Fauquier, Stafford, Spotsylvania, Albermarle, and the state average. The indicators are the same used in the Health Indicators Section, however, the fifteen year trends in birth outcomes were not available for these localities.

Demographic Data

% of Population on Medicaid (1996)

Source: VHHA Indicators of Healthy Communities 1997
% Below Poverty Level (1996)

Source: VHHA Indicators of Healthy Communities 1997

Change in Population > 65 (1996-2000)

Source: VHHA Indicators of Healthy Communities 1997
Prevalence of Disease

Source: VHHA Indicators of Healthy Communities 1997

Heart Disease Deaths per 100,000 (1995)

Source: VHHA Indicators of Healthy Communities 1997
AIDS and STDs per 100,000 (1995)

Source: VHHA Indicators of Healthy Communities 1997

Lung Cancer Deaths per 100,000 (1995)

Source: VHHA Indicators of Healthy Communities 1997
Ambulatory Sensitive Hospitalizations

Diabetes—Hospital Discharges per 100,000 (1995)

Source: VHHA Indicators of Healthy Communities 1997

Asthma Hospital Discharges per 100,000 (1995)

Source: VHHA Indicators of Healthy Communities 1997
Extreme Prematurity--Hospital Discharges per 100,000 (1995)

*Data for Williamsburg was not available.
Source: VHHA Indicators of Healthy Communities 1997
Appendix V
GIS Maps
York County
by Census Tract
Male High-Risk Groups by Census Tract

Tract 507:
888 Males over 45

Tract 504.01:
555 Males over 45

Tract 504.02:
576 Males over 45

Percent of Census Tract Population

- 2.5% - 3.7%
- 3.7% - 12.8%
- 12.8% - 14.6%
- 14.6% - 16.7%
- 16.7% - 19.4%
High-Risk Groups:
African-Americans over 18

Tract 505:
875 African-Americans over 18

Percent of Census Tract Population
- 2.2% - 3%
- 3% - 7.5%
- 7.5% - 11.2%
- 11.2% - 21.8%
- 21.8% - 41.2%
Appendix VI
Proposed Telephone Survey  DRAFT
This instrument is adapted from the 1998 Behavioral Risk Factors Surveillance Study and the 1998 Williamsburg Community Health Foundation Project Survey.

NOTE: Future drafts need to include skip patterns.

Introduction
Hello, my name is ___________ and I am calling from the [College of William and Mary]. We are conducting a study of health needs of the people living in York County. This information will help the County government and other agencies better serve York County residents. Your answers are completely confidential and will only be used to help York County work more closely with its residents. This interview will take about [10-15] minutes. May I ask you a few questions?

First, are you 18 years or older?
If NO→ May I please speak with someone in this household who is 18 or older?

Introduction #1 (for new respondent)
Hello, my name is ___________ and I am calling from the [College of William and Mary]. We are conducting a study of health needs of the people living in York County. This information will help the County government and other agencies better serve York County residents. Your answers are completely confidential and will only be used to help York County work more closely with its residents. This interview will take about [10-15] minutes. May I ask you a few questions?

Transition--Before we actually begin the interview, I need to ask you a few background questions to make sure that our study includes all people living in York County.

Demographics
First, Do you live in York County? If not, may I speak with someone at this residence who lives in York County?

What is your gender?
Male 1
Female 2

What is your age (in years)?
65+ 1
54-65 2
45-54 3
35-44 4
25-34 5
18-24 6
Don’t know 8
Refused to answer 9
How many people live in your household, counting yourself?
1-4 1
5-8 2
8+ 3
Don't know 8
Refused to answer 9

How many are
65+ 1
44-65 2
44-66 3
25-44 4
18-24 5
6-17 6
0-5 7
Don't know 8
Refused to answer 9

What is the highest level of education you have received?
Less than high school 1
High school graduate 2
Some college 3
College graduate 4
Graduate degree 5
Other 6
Don't know 8
Refused to answer 9

Are you of Hispanic origin?
Yes 1
No 2
Don't know 8
Refused to answer 9

What is your race? Would you say?
White 1
Black 2
Asian or Pacific Islander 3
American Indian 5
Don't know 8
Refused to answer 9

What is your marital status?
Never been married 1
Married 2
Not married, living with a partner 3
Separated 4
Divorced 5
Widowed 6
Don’t know 8
Refused to answer 9

Which of the following categories most accurately describes your current employment
Full-time 1
Part-time 2
Temporary/Seasonal 3
Retired 4
Disabled 5
Homemaker 6
Unemployed 7
Don’t know 8
Refused to answer 9

Which of these income groups represent your total combined household income for the last 12 months? *what are the appropriate ranges?*
less than 10,000? 1
10,000 to 15,000? 2
15,000 to 20,000? 3
20,000 to 30,000 4
30,000 to 40,000 5
40,000 to 50,000 6
50,000 + 7
Don’t know 8
Refused to answer 9

What is your zip code?

What would you say is the name of your neighborhood or development?

Talking point—Now I’ll ask you some questions about health care coverage.
## Health Insurance/Health Care Coverage

First, do you (or any members of your household) have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

If you and/or members of your household do not have health insurance, what would you say is the main reason why you do not have health insurance?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never thought about getting health insurance</td>
<td>1</td>
</tr>
<tr>
<td>Thought no need</td>
<td>2</td>
</tr>
<tr>
<td>Cannot afford it/ cost too much</td>
<td>3</td>
</tr>
<tr>
<td>Employer does not offer health insurance</td>
<td>4</td>
</tr>
<tr>
<td>Rejected because poor health, current illness</td>
<td>5</td>
</tr>
<tr>
<td>Rejected because of age</td>
<td>6</td>
</tr>
<tr>
<td>Rejected because unemployed</td>
<td>7</td>
</tr>
<tr>
<td>Rejected from public insurance, wages too high</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
<tr>
<td>Do not know</td>
<td>8</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>9</td>
</tr>
</tbody>
</table>

Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

What type of health care coverage do you use to pay for most of your medical care?

<table>
<thead>
<tr>
<th>Coverage Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your employer</td>
<td>1</td>
</tr>
<tr>
<td>Someone else’s employer</td>
<td>2</td>
</tr>
<tr>
<td>A plan that you or someone else buys on your own</td>
<td>3</td>
</tr>
<tr>
<td>Medicare</td>
<td>4</td>
</tr>
<tr>
<td>Medicaid or Medical Assistance</td>
<td>5</td>
</tr>
<tr>
<td>The military, CHAMPUS, TriCare, or the VA</td>
<td>6</td>
</tr>
<tr>
<td>The Indian Health Service</td>
<td>7</td>
</tr>
<tr>
<td>Some other source</td>
<td>10</td>
</tr>
<tr>
<td>None</td>
<td>11</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

Who is the insurance carrier for this plan?
**What type of service or care does the plan pay for?**

<table>
<thead>
<tr>
<th>Service</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive care</td>
<td>1</td>
</tr>
<tr>
<td>Catastrophic care only</td>
<td>2</td>
</tr>
<tr>
<td>Dental care only</td>
<td>3</td>
</tr>
<tr>
<td>AIDS care only</td>
<td>4</td>
</tr>
<tr>
<td>Cancer treatment</td>
<td>5</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>6</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>7</td>
</tr>
<tr>
<td>Long term care</td>
<td>10</td>
</tr>
<tr>
<td>Disability insurance</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**During the past 12 months, was there any time that you did not have any health insurance or coverage?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**What was the main reason you /or member of household lost coverage?**

**About how long has it been since you had health care coverage?**

**Read Only if Necessary**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the past 6 months (1 to 6 months ago)</td>
<td>1</td>
</tr>
<tr>
<td>Within the past year (6 to 12 months ago)</td>
<td>2</td>
</tr>
<tr>
<td>Within the past 2 years (1 to 2 years ago)</td>
<td>3</td>
</tr>
<tr>
<td>Within the past 5 years (2 to 5 years ago)</td>
<td>4</td>
</tr>
<tr>
<td>5 or more years ago</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

**Have you received care from an emergency room, free clinic, or sliding fee clinic because you had no medical insurance?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>8</td>
</tr>
</tbody>
</table>
Refused 9
* Within the past year, have you received help from any public or private social service agency for any of the following?
Food 1
Heat 2
Medication 3
Housing 4
Shelter 5
Counseling 6
Child Care 7
Other 10
Don't Know 8
Refused to answer 9

If yes, how did you learn about the agency where you received service?
Answer: 
Don’t know 8
Refused 9

On a scale of 1-5, one being very satisfied, 5 being no satisfaction, how satisfied were you with the service?

Talking point: Now I am going to ask you some questions about the health care you receive.

**Health Care Utilization**
Is there a particular clinic, hospital, or doctor’s office, or other place that you go to for health care?
Yes 1
No 2
Not applicable (never gone for health care) 3
Don’t know 8
No answer 9

Where? What kind of place do you go for health care?
*Do or Do not read list? If not read list, probe?*
Private doctor’s office (solo or group practice) 1
that is not part of a hospital
Private practice in Mary Immaculate Hospital 2
Private practice in Riverside ______
Home health provider 4
Olde Town Medical Center 5
Yorktown Elementary School-based Health Clinic 6
Peninsula Institute for Community Health (PICH) in Newport News 7
Peninsula Health District in Newport News 10
Many people do not have a place to go for regular health care. What is the primary reason you (and members of your household) do not have place to go for health care?

*Read responses or not? probe?*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>not able to find a health care provider</td>
<td>1</td>
</tr>
<tr>
<td>previous health care provider no longer available</td>
<td>2</td>
</tr>
<tr>
<td>recently moved to the area</td>
<td>3</td>
</tr>
<tr>
<td>no health insurance</td>
<td>4</td>
</tr>
<tr>
<td>can’t afford health care</td>
<td>5</td>
</tr>
<tr>
<td>religious reasons</td>
<td>6</td>
</tr>
<tr>
<td>don’t need/hasn’t been sick/no reason to seek health care</td>
<td>7</td>
</tr>
<tr>
<td>too busy/not enough time</td>
<td>10</td>
</tr>
<tr>
<td>don’t like doctors/medical professionals</td>
<td>11</td>
</tr>
<tr>
<td>No place is available/close enough/convenient</td>
<td>12</td>
</tr>
<tr>
<td>hard to get an appointment/</td>
<td>13</td>
</tr>
<tr>
<td>recent changes in the health insurance plans and HMOs</td>
<td>14</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>9</td>
</tr>
</tbody>
</table>

(If have place to go for regular care)

Thinking of the distance or time you travel to get to the place you usually go to for regular health care, how would you rate the convenience of that place? Would you say:

*Please Read*

<table>
<thead>
<tr>
<th>Rating</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Very Good</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
<tr>
<td>Don’t have usual place</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

Now thinking about all medical facilities—hospitals, doctor’s offices, clinics—what is the closest medical facility to your household?

Do you and other members of your household use this facility?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

If not, what is the main reason you and/or members of your household do not use this facility?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>have not inquired about facility’s services</td>
<td>1</td>
</tr>
<tr>
<td>costs too much</td>
<td>2</td>
</tr>
<tr>
<td>do not have health insurance insurance</td>
<td>3</td>
</tr>
</tbody>
</table>
do not accept my insurance plan
were denied care before
had a prior negative experience at this facility
don’t know
refused to answer

What other hospital and medical facilities do you and members of your household use, that are near your household, both inside and outside of York County boundaries?
List: 
Not use other facilities
Don’t know
Refused

If use these facilities, for what reasons use these facilities?
List: 
Don’t know
Refused to answer

If not use these facilities, for what reasons?
List: 
Don’t know
Refused to answer

Talking point: Now I’d like to ask you some questions about preventive health procedures.

Risk conditions and preventive measures
Have you ever had your blood cholesterol checked?
Yes
No
Don’t Know
Refused

Have you ever been told by a doctor or other health professional that your blood cholesterol is high?
Yes
No
Don’t Know
Refused

Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?
No
Yes, by a doctor
Not sure/Don’t Know
Refused
Have you ever been told by a doctor that you have diabetes?
Yes 1
No 2
Don't Know 3
Refused 4

How long, if ever, has it been since you had your last prostate cancer screening? (ask only of men)
Within the past year 1
1-2 years ago 2
3-4 years ago 3
more than 4 years ago 4
never 5
Don’t know 8
refused to answer 9

A Mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
Yes 1
No 2
Don’t know/Not sure 8
Refused 9

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
Yes 1
No 2
Don’t know/Not sure 8
Refused 9

A pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
Yes 1
No 2
Don’t know/Not sure 8
Refused 9

Have you had a hysterectomy?
Yes 1
No 2
Don’t know/Not sure 8
Refused 9

To your knowledge, are you now pregnant?
Yes 1
No 2
Have you ever been told by a doctor that you have diabetes?
Yes 1
No 2
Don't Know 3
Refused 4

How long, if ever, has it been since you had your last prostate cancer screening? (ask only of men)
Within the past year 1
1-2 years ago 2
3-4 years ago 3
more than 4 years ago 4
never 5
Don't know 8
refused to answer 9

A Mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
Yes 1
No 2
Don't know/Not sure 8
Refused 9

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
Yes 1
No 2
Don't know/Not sure 8
Refused 9

A pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
Yes 1
No 2
Don't know/Not sure 8
Refused 9

Have you had a hysterectomy?
Yes 1
No 2
Don't know/Not sure 8
Refused 9

To your knowledge, are you now pregnant?
Yes 1
No 2
Do you require special care due to physical or health problems?
yes 1
no 2
don’t know 8
not answer 9

If yes, continue with next question, if no go to 2 ahead:
How often do you require special care?
One time or less per week 1
2 to 4 times per week 2
greater than 4 times per week 3
don’t know 8
refused to answer 9

Do you provide care for someone in your family who has a disability or health problem
yes 1
no 2
don’t know 8
not answer 9

Talking point--Now we have some questions about dental care.

Oral Health
1. How long has it been since you last visited the dentist or a dental clinic?
Read Only if Necessary
Within the past year (1 to 12 months ago) 1
Within the past 2 years (1 to 2 years ago) 2
Within the past 5 years (2 to 5 years ago) 3
5 or more years ago 4
Don’t know/Not sure Go to Q3 8
Never 10
Refused Go to Q3 9

2. What is the main reason you have not visited the dentist in the last year?
Read Only if Necessary
Fear, apprehension, nervousness, pain, dislike going 1
Cost 2
Do not have/know where dentists are 3
Cannot get to the office/clinic (too far away, no transportation,no appointments available) 4
child care problems 5
not know if dentist will accept Medicaid insurance 6
No reason to go (no problems, no teeth) 7
Other priorities 10
Have not thought of it 11
Other 12
Additional Information about Suggested Contacts

Bethany Balmer was contacted by Karin Willner, in attempts to learn about the other health providers that York County residents may access. Karin briefly inquired about the nature of the records the Ask-A-Nurse service maintains for each call received. Perhaps the York County Community Services Department may pursue this possible source of data, as it may provide further insights into the types of health services County residents need.

Peninsula Institute on Community Health provides medical care on a sliding fee scale, serves as a primary care provider for Medicaid enrollees. Karin Willner interviewed Berry Sullivan. She expressed clear and strong interested in promoting knowledge of PICH’s sliding fee scale services to York County residents. The original PICH facility is located at 4714 Marshall Avenue, near the Hampton boundary. In spring 1998, a second PICH facility opened on 15425 Warwick Boulevard. Located in the Stoneybrook section of Newport News, this medical facility is ten to fifteen miles (or less) from central York County. These two facilities seem to be another option for primary and preventive care for York County residents who are medically indigent, low-income, or Medicaid enrollees.

Sr. Barbara Ann, the Senior Vice President for Community Commitment at Mary Immaculate Hospital, was not directly contacted. Karin Willner left a few messages with her voice mail. Sr. Barbara Ann was described as a long-time community member, who is likely to know many more contacts and have a wealth of information about health care on the Peninsula.

Miriam Stevens was suggested by both Berry Sullivan, of PICH, and by Sydney Mason, of the Hampton Neighborhood Department. A graduate of the Hampton
Neighborhood College, Miriam is quite active in the Hampton area. Given her position with Sentara, one of the two Medicaid HMO’s, Miriam is likely to have information, perspectives, and contacts in the insurance industry.
Appendix VIII
Lynchburg Welfare Reform Research Project
§ 63.1-1.1:1

Authority of Department to request and receive information from other agencies; use of information so obtained

The Department of Social Services may request and shall receive from the records of all departments, boards, bureaus or other agencies of this Commonwealth and of other states such information as is necessary for the purpose of carrying out the provisions and programs of this title, and the same are authorized to provide such information; provided that, a written statement from the requesting party stating the reason for seeking such record is submitted and filed with the record sought. The Department may make such information available only to public officials and agencies of this Commonwealth, and other states, and political subdivisions of this Commonwealth and other states, where the request for information relates to administration of the various public assistance programs.
(ii) The risks in disclosing patient identifying information are outweighed by the potential benefits of the research.

(b) A person conducting research may disclose patient identifying information obtained under paragraph (a) of this section only back to the program from which that information was obtained and may not identify any individual patient in any report of that research or otherwise disclose patient identities.

HISTORY:

AUTHORITY:
AUTHORITY NOTE APPLICABLE TO ENTIRE PART:
Have you ever been told by a doctor that you have diabetes?
- Yes: 1
- No: 2
- Don't Know: 3
- Refused: 4

How long, if ever, has it been since you had your last prostate cancer screening? (ask only of men)
- Within the past year: 1
- 1-2 years ago: 2
- 3-4 years ago: 3
- more than 4 years ago: 4
- never: 5
- Don’t know: 8
- refused to answer: 9

A Mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- Yes: 1
- No: 2
- Don’t know/Not sure: 8
- Refused: 9

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?
- Yes: 1
- No: 2
- Don’t know/Not sure: 8
- Refused: 9

A pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
- Yes: 1
- No: 2
- Don’t know/Not sure: 8
- Refused: 9

Have you had a hysterectomy?
- Yes: 1
- No: 2
- Don’t know/Not sure: 8
- Refused: 9

To your knowledge, are you now pregnant?
- Yes: 1
- No: 2
3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?
Number of drinks ________
Don’t know/Not sure 8
Refused 9

4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
Number of times
None 7
Don’t know/Not sure 8
Refused 9

Talking point- now some questions about your overall health.

Overall health status
Would you rate your overall health as
Poor 1
fair 2
good 3
excellent 4
don’t know 8
refused to answer 9

Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for many days during the past 30 days was your mental health not good?
Number: ________
none 7
don’t know 8
refused to answer 9

Are you limited in any way due to a disability or health problem?
yes 1
no 2
don’t know 8
not answer 9

Have you been limited for
Less than 1 year? 1
Between 1 and 3 years 2
More than 3 years 3
Don’t know 8
Refused to answer 9
Do you require special care due to physical or health problems?
- Yes 1
- No 2
- Don’t know 8
- Not answer 9

If yes, continue with next question, if no go to 2 ahead:
How often do you require special care?
- One time or less per week 1
- 2 to 4 times per week 2
- Greater than 4 times per week 3
- Don’t know 8
- Refused to answer 9

Do you provide care for someone in your family who has a disability or health problem?
- Yes 1
- No 2
- Don’t know 8
- Not answer 9

Talking point—Now we have some questions about dental care.

**Oral Health**

1. How long has it been since you last visited the dentist or a dental clinic?

   **Read Only if Necessary**

   - Within the past year (1 to 12 months ago) 1
   - Within the past 2 years (1 to 2 years ago) 2
   - Within the past 5 years (2 to 5 years ago) 3
   - 5 or more years ago 4
   - Don’t know/Not sure Go to Q3 8
   - Never 10
   - Refused Go to Q3 9

2. What is the main reason you have not visited the dentist in the last year?

   **Read Only if Necessary**

   - Fear, apprehension, nervousness, pain, dislike going 1
   - Cost 2
   - Do not have/know where dentists are 3
   - Cannot get to the office/clinic 4
     (too far away, no transportation, no appointments available)
   - Child care problems 5
   - Not know if dentist will accept Medicaid insurance 6
   - No reason to go (no problems, no teeth) 7
   - Other priorities 10
   - Have not thought of it 11
   - Other 12
<table>
<thead>
<tr>
<th>Don’t know/Not sure</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>

If use dental services, where is your dentist or dental hygienist located?
| York County        | 1 |
| Newport News       | 2 |
| Williamsburg       | 3 |
| James City County  | 4 |
| Hampton            | 5 |
| Other              | 6 |
| Not know           | 8 |
| Refused            | 9 |

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
| Yes                  | 1 |
| No                   | 2 |
| Don’t know/Not sure  | 8 |
| Refused              | 9 |

How do you and other members of the household usually get to medical or dental appointments?
| drive myself         | 1 |
| family or friends’ drive | 2 |
| taxi                 | 3 |
| public transportation | 4 |
| walk                 | 5 |
| other                | 6 |
| don’t know           | 8 |
| refused to answer    | 9 |

Now, I’d like to ask you about your thoughts about overall health in York County?

Perceptions of health in York County

**Public Policy Students’ suggestions**

How would you rate your overall satisfaction with the health care system in and around York County?
| Excellent            | 1 |
| Very Good            | 2 |
| Good                 | 3 |
| Fair                 | 4 |
| Poor                 | 5 |
| Not applicable/don’t use any health services | 6 |
| Don’t know/Not sure  | 8 |
| Refused              | 9 |
In your opinion, what is the most pressing health problem in your neighborhood?

What is the most pressing health problem in York County?

What role do you think York County government should have in meeting these health problems?

What role do you think private doctors should have in meeting these health problems?

What other organizations and agencies do you think should have a role in addressing these problems?

**Additional Demographics**

Talking point--Now, some final questions to make sure our study covers everyone living in York County.

Which ever demographic questions not asked at the beginning of the interview.

**Thank you for your participation.**
### Appendix VII

**Suggested Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. Barbara Ann</td>
<td>Mary Immaculate Hospital Senior Vice President Community Commitment Two Bernadine Drive Newport News, VA</td>
<td>757-886-6364</td>
</tr>
<tr>
<td>Dr. Gail Funke</td>
<td>Lynchburg Welfare Reform Research Project (LWRRP) Department of Sociology Lynchburg College 1501 Lakeside Drive Lynchburg, VA 24501</td>
<td>804-544-8181</td>
</tr>
<tr>
<td>Dr. Thomas Seaman</td>
<td>Lynchburg Welfare Reform Research Project (LWRRP) Department of Sociology Lynchburg College 1501 Lakeside Drive Lynchburg, VA 24501</td>
<td>804-544-8327</td>
</tr>
<tr>
<td>Miriam Stevens</td>
<td>Sentara Account Representative 2nd Floor Marketing 3000 Coliseum Drive Hampton, VA 23666</td>
<td>757-827-2342 (w) 757-554-6719 (bp)</td>
</tr>
<tr>
<td>Berry Sullivan</td>
<td>Peninsula Institute on Community Health Clinical Case Manager 4714 Marshall Avenue Newport News, VA 23607</td>
<td>757-380-8709, ex. 342</td>
</tr>
</tbody>
</table>
Additional Information about Suggested Contacts

Bethany Balmer was contacted by Karin Willner, in attempts to learn about the other health providers that York County residents may access. Karin briefly inquired about the nature of the records the Ask-A-Nurse service maintains for each call received. Perhaps the York County Community Services Department may pursue this possible source of data, as it may provide further insights into the types of health services County residents need.

Peninsula Institute on Community Health provides medical care on a sliding fee scale, serves as a primary care provider for Medicaid enrollees. Karin Willner interviewed Berry Sullivan. She expressed clear and strong interested in promoting knowledge of PICH’s sliding fee scale services to York County residents. The original PICH facility is located at 4714 Marshall Avenue, near the Hampton boundary. In spring 1998, a second PICH facility opened on 15425 Warwick Boulevard. Located in the Stoneybrook section of Newport News, this medical facility is ten to fifteen miles (or less) from central York County. These two facilities seem to be another option for primary and preventive care for York County residents who are medically indigent, low-income, or Medicaid enrollees.

Sr. Barbara Ann, the Senior Vice President for Community Commitment at Mary Immaculate Hospital, was not directly contacted. Karin Willner left a few messages with her voice mail. Sr. Barbara Ann was described as a long-time community member, who is likely to know many more contacts and have a wealth of information about health care on the Peninsula.

Miriam Stevens was suggested by both Berry Sullivan, of PICH, and by Sydney Mason, of the Hampton Neighborhood Department. A graduate of the Hampton
Neighborhood College, Miriam is quite active in the Hampton area. Given her position with Sentara, one of the two Medicaid HMO's, Miriam is likely to have information, perspectives, and contacts in the insurance industry.
Appendix VIII
Lynchburg Welfare Reform Research Project
Welfare Reform Research

The Lynchburg Welfare Reform Research Project is an ambitious and far-reaching approach to study the impact of welfare reform. Its focus is on the improvement of Services and Service Delivery to persons making the transition from welfare dependency to a more self-sufficient lifestyle. This focus as well as the study approach itself makes this project unique in the emerging research on welfare reform.

In October, 1995, the City of Lynchburg became the first city in Virginia to implement the work component of the Virginia Independence program. Although Lynchburg has been quite successful in implementing the VIEW (Virginia Initiative to Eliminate Welfare) program employment goals, it is clear that community resources must be more targeted and delivered in a strategic manner that promotes independence.

The project is a partnership that reaches across Virginia, although the research will be conducted in the City of Lynchburg. The Virginia Department of Social Services, the University of Virginia, Lynchburg College, and the City of Lynchburg are all active partners in planning and structuring the research and will continue this relationship in the implementation phase.

Indeed, implementation of necessary changes in services and delivery structure constitute the guiding rationale for this project. The results will be used to develop new and innovative ways of providing coordinated, efficient and effective services to TANF (Temporary Assistance to Needy Families) recipients, consistent with the new goals of Welfare Reform: to serve as a resource to other communities that are providing similar services to similar populations; and to position the City of Lynchburg as a leader in the restructuring of services and service delivery to TANF recipients.

The Project Staff

The Project Director is Dr. Gail Funke. Gail is a social scientist and holds a Ph.D. in Economics, with an emphasis on policy research from the City University of New York. She has considerable experience in criminal justice system research and analysis, and works with policy makers at the local, state, and federal levels. She has taught at colleges and universities in New York and Virginia and currently provides management consulting services to public and private organizations.

The Research Director is Dr. Tom Seaman. Tom is Professor of Sociology at Lynchburg College and Director of the College’s Center for Community Development and Leadership. He is a graduate of Lynchburg College and holds a M.A. and Ph.D. in sociology from the University of Maryland. Tom has many years of social research experience in the Central Virginia area.

Project Design & Timeline

The Lynchburg Welfare Reform Research Project (LWRP) is divided into four related studies spread over approximately 18 months. The project got under way in January of this year.
§ 63.1-1.1:1

Authority of Department to request and receive information from other agencies; use of information so obtained

The Department of Social Services may request and shall receive from the records of all departments, boards, bureaus or other agencies of this Commonwealth and of other states such information as is necessary for the purpose of carrying out the provisions and programs of this title, and the same are authorized to provide such information; provided that, a written statement from the requesting party stating the reason for seeking such record is submitted and filed with the record sought. The Department may make such information available only to public officials and agencies of this Commonwealth, and other states, and political subdivisions of this Commonwealth and other states, where the request for information relates to administration of the various public assistance programs.
§ 2.52 Research activities.

(a) Patient identifying information may be disclosed for the purpose of conducting scientific research if the program director makes a determination that the recipient of the patient identifying information:

(1) Is qualified to conduct the research;

(2) Has a research protocol under which the patient identifying information:

(i) Will be maintained in accordance with the security requirements of § 2.16 of these regulations (or more stringent requirements); and

(ii) Will not be redisclosed except as permitted under paragraph (b) of this section; and

(3) Has provided a satisfactory written statement that a group of three or more individuals who are independent of the research project has reviewed the protocol and determined that:

(i) The rights and welfare of patients will be adequately protected; and
(ii) The risks in disclosing patient identifying information are outweighed by the potential benefits of the research.

(b) A person conducting research may disclose patient identifying information obtained under paragraph (a) of this section only back to the program from which that information was obtained and may not identify any individual patient in any report of that research or otherwise disclose patient identities.

HISTORY:

AUTHORITY:
AUTHORITY NOTE APPLICABLE TO ENTIRE PART:

212 words
Study 1. A Literature Review. Its goals include:

A. Identifying factors associated with and predictors of success and failure in making the transition from welfare-to-work.
B. Identifying patterns of resource/service utilization among welfare recipients.
C. Reviewing existing and/or proposed innovative models for the design and delivery of resources/services to welfare recipients.

Study 1 will produce an annotated bibliography identifying and summarizing sources that focus on the above goals. It will be used:

A. To inform the project staff and leadership team.
B. To guide Lynchburg research and planning.
C. To provide material for community education through the project newsletter and other forms of dissemination.

The literature review is underway and will continue throughout the project.

Study 2. The Community Impact Study. Its goals include:

A. Mapping the public and privately supported resources and services available to TANF recipients in Lynchburg.
B. Measuring and describing the frequency and extent of resource/service utilization by TANF recipients both prior to and since the onset of welfare reform.
   1. Are there identifiable patterns?
   2. What is the usage of resource/services by TANF recipients vs. others?
   3. Has there been a change since the onset of reform?

Study 2 will produce:

A. A functional map of the provider network in Lynchburg.
B. An empirical description of the frequency, extent, and patterns of resources/services utilization by TANF recipients prior to and since reform.

These findings will be used:

A. To guide policy makers in the redesign and delivery of resources/services that implement the predictors of successful transition from welfare-to-work.
B. To guide policy makers in efforts to design and deliver services that address the predictors of failure in the welfare-to-work transition.
C. To inform the project staff and leadership team.
D. To foster community education through the newsletter and other means of dissemination.

Study 2 is underway and will be completed by December of 1998.

Study 3. The TANF Family Study. Its goals include:

A. An evaluation and refinement of the literature-identified factors that predict success or failure in making the transition from welfare-to-work.
B. Identifying TANF recipient perceptions of resources/services needed for success or that may lead to failure in making the transition for welfare-to-work.
C. Identifying TANF recipient perceptions of specific services and the delivery system.
D. Identifying TANF recipient perceptions of needed but unavailable resources/services.
E. Identifying TANF recipient perceptions of needed changes in services “mix” and/or methods of delivery.

Study 3 will produce:

A. A list and description of factors that will predict success or failure in the welfare-to-work transition.
B. A list and description of perceived unmet needs and obstacles to success in welfare-to-work transition.

These findings will be used:

A. To guide policy makers in the redesign and delivery of resources/services that implement the predictors of successful transition from welfare-to-work.
B. To guide policy makers in efforts to design and deliver services that address the predictors of failure in the welfare-to-work transition.
C. To inform the project staff and leadership team.
D. To foster community education through the newsletter and other means of dissemination.

Study 3 will begin in the fall of 1998 and be completed during the winter.

Study 4. The TANF Service Provider Study. The goals include:

A. Gathering reactions of service providers to the results of Studies 1, 2, and 3.
B. Identifying service/program delivery problems.
C. Gathering ideas and insights for the improvement of services/program delivery.
3 Lynchburg Welfare Reform Research Project

Study 4 will produce:

A. A list and description of service and delivery problems.
B. An analysis of provider reactions to the findings of Studies 1, 2, and 3.
C. A collection of ideas and insights for redesigning services and delivery systems.

The findings will be used:

A. To guide policy makers in the redesign and delivery of resources/services that implement the predictors of successful transition from welfare-to-work.
B. To guide policy makers in efforts to design and deliver services that address the predictors of failure in the welfare-to-work transition.
C. To inform the project staff and leadership team.
D. To foster community education through the newsletter and other means of dissemination.

Study 4 will begin in the winter of 1998 and will be completed in the spring of 1999.

The Leadership Team

Another unique feature of this project is the close working relationship established between a number of community leaders and other project partners. This team was formed to (1) provide guidance to the project; (2) to facilitate linkages to the City of Lynchburg and the State of Virginia; and (3) meet the requirements for an accurate assessment of the program. The Leadership Team consists of:

Members of the Leadership Team are: Mr. Charles Church, Lynchburg City Manager; Ms. Diana Trent, Director of Human Services; Col. Charles Bennett, Chief of Police; Dr. Barry Campbell, Deputy Superintendent of Schools; Mr. Pat Haley, Director of Juvenile Services; Mr. Mark Johnson, Director of Social Services; Mr. Glenn Sullivan, Department of Social Services; Ms. Sharon Swedlow, Department of Social Services; Mr. John Thomas, Director, Weldon Cooper Center for Public Service and the Virginia Institute of Government of the University of Virginia; Dr. Nancy Gansneder, Director, Internship Program, University of Virginia; Ms. Tamara Rosser, Department of Youth and Prevention; Mr. Augustus Fagan, Executive Director, Central Virginia Community Services Board; Dr. Peter Houck, Centra Health; Dr. JoAnna Harris, Lynchburg Health Department; and Dr. Connie Hall, Virginia Department of Social Services.

Research Rights & Responsibilities

The Leadership Team and project staff recognize and have discussed at some length the sensitive nature of this project. The outcome of that discussion has been the development and adoption of "A Statement of Research Rights and Responsibilities" found below.

The Lynchburg Welfare Reform Research Project (LWRRP) will gather and examine personal information on the lives of family members who have received benefits from the Lynchburg Department of Social Services between 1993 and 1998. Delving into personal matters is unavoidable if we are to determine the volume and patterns of resource utilization of these families.

The Virginia Statute 63.1-111.11 (found in Selected Virginia Social Service Laws and Related Statutes: 1994) and Federal Statute 2.52 (found in Subpart D of the Code of Federal Regulations, Vol. 42, Ch. 1) gives the Department of Social Services and other agencies the right to gather and share information on client families. The LWRRP intends to comply with these laws as it assembles and analyzes the information deemed necessary for the successful completion of our research and policy goals.

At the same time, we recognize the sensitive nature of the information in question and the clients' right to privacy. We therefore commit ourselves to abide by the following principles:

1. Among those working on the project, the fewest number of individuals as possible will have access to client names and these staff members pledge total individual confidentiality.
2. Among those working on the project, those who have no need to know names will work with anonymous information.
3. All statistical information that is made publicly available will be in aggregate form making it impossible to identify specific clients.
4. When information is needed directly from clients, the researchers will secure the clients' informed consent at the onset of the interview.
5. There will be no electronic transfer of data that identifies clients by name.
6. Only composite case histories will be made public and all possible identifiable information will be omitted or changed.
7. All project staff will be made aware of and required to agree to these principles.
Want to Hear More?

We can schedule a project briefing for your group. Drs Seaman and Funke have briefed several community groups, including the Lynchburg City Council. Please call us for more details.

If you know of others who should receive this newsletter, please let us know.

This newsletter was compiled and written by Dr. Thomas Seaman and Dr. Gail Funke. Any comments or suggestions should be sent to the addresses listed below:

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