



VIEW*S* & VISIONS

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Honoring the Human Side of Health and Human Resources

Bill J. Crouch, Cabinet Secretary
West Virginia Department of Health and Human Resources

Bill J. Crouch was appointed Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR) in January 2017 by Governor Jim Justice.

Early in his career, and after earning his bachelor's degree from Mars Hill College, Crouch spent several years working as a nuclear medicine technologist and as a laboratory technician in acute care hospitals. During this time, he also earned a Master of Public Health degree (MPH) from the University of Tennessee.

Crouch put his public health care knowledge to use in West Virginia for 10 years, first at the West Virginia State Health Department, Office of Community Health Services, and later as the first Executive Director of what is now the West Virginia Health Care Authority, where he stayed through 1986.

In 1987, he started his consulting firm, and for the next 30 years provided health care management and consulting services to hospitals, long-term care facilities, ambulatory care clinics and physicians. In addition, he was a partner in a long-term care company that owned and managed nursing facilities and assisted living communities in West Virginia. He retired in 2016.

As Cabinet Secretary of DHHR, Crouch is dedicated to protecting the health and well-being of all West Virginians, and, where possible, improving the health of our citizens.

I began my public health career more than 35 years ago at the West Virginia Department of Health, which, over time, evolved into the West Virginia Department of Health and Human Resources (DHHR). While I am pleased and fortunate to be back, one of my first thoughts after being appointed Cabinet Secretary was this: how do you improve the health of residents in a state that ranks last in so many of the categories used to measure the health of a population? How do you change someone's behavior?

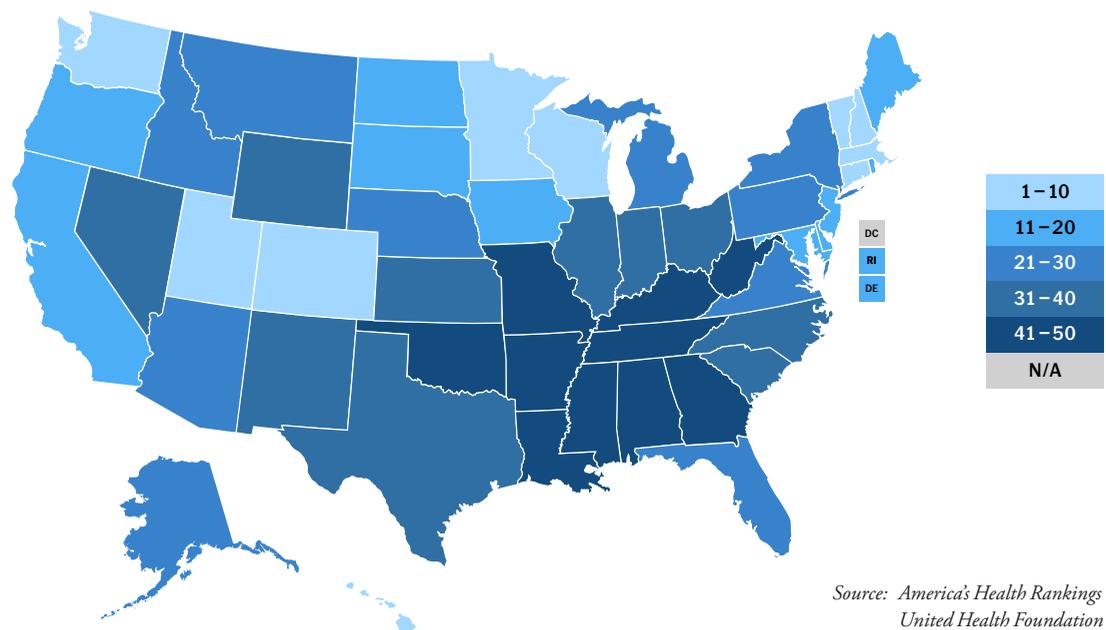
While in graduate school, I remember being concerned that the health of our citizens in West Virginia did not fare well in comparison to other states. When I first joined the department in 1979, the statistics did not paint a pretty picture. Measures of physical and mental health related to lifestyle choices were grim. We ranked 14th in the nation in deaths due to diabetes, 21st in

deaths due to hypertension and 22nd in suicides. Are things any better today? According to America's Health Rankings (AHR), the longest running state-by-state assessment of our nation's health, West Virginia ranked 47th out of 50 states for behavioral determinants of health in its last annual report. It's no surprise that we suffer from poor rankings in obesity, smoking and physical inactivity, just to name a few. Although there are a handful of bright spots in the AHR report, we West Virginians, in general, are still not a healthy lot.

West Virginia now leads the nation in drug overdose deaths, a subject of only passing interest when I was in graduate school. Drug deaths in our state are now at 41.5 deaths per 100,000 people, compared to 16.3 per 100,000 for the country.

Where do we go from here? Interestingly, we have fallen even further behind on those

A Comprehensive Analysis of Population Health On A National and State-By-State Basis Across 53 Measures of Health



Source: America's Health Rankings
United Health Foundation



Photo Credit: West Virginia Division of Tourism

A few months ago, I was in a meeting in the Governor's office. Governor Jim Justice asked everyone what they thought his priorities should be to help the citizens of our state. The answers were varied, but my response was... *build roads*. The Governor's vision of the road bond made sense to me, not just because it would create jobs and improve economic development, but also because it could help our citizens be proud of their communities again. As a result, they may be less inclined to use drugs and more inclined to take better care of themselves, their families and their communities.

We can improve our health and our quality of life. We can fix our drug problem. We can strengthen our communities and infrastructure. We must regain pride in ourselves, each other and our communities. West Virginians can be proud to live in a state filled with spectacular beauty, rich natural resources and people with a unique, resilient and independent strength of spirit.

When I accepted this position, I immediately focused on how to help people be healthier and how to bring us up from last place, or at least show improvement, in our health rankings. What I've come to realize is there is a reason why this Department is named Health AND Human Resources. We cannot separate the two and expect to improve one's health and well-being. ▽

indicators that most individuals have the ability to address through changes in behaviors and lifestyle choices. We lead the list in obesity, diabetes, cardiovascular disease and tobacco use. All of these indicators can be impacted to some degree and, in many instances, significantly, by changing one's behavior and making better decisions regarding diet and exercise.

There are obvious changes one could make to his or her lifestyle that could result in a huge improvement in health and longevity. Why, then, are West Virginians not making these changes? How do we reverse these trends? How can the decisions that I make, as DHHR's Cabinet Secretary, raise awareness and influence the people of our state to make healthier decisions for themselves? Just looking at health indicators is obviously not telling the whole story.

In the latest Gallup-Sharecare Well-Being Index, West Virginia had the lowest well-being score for the seventh straight year. What does this mean and how can we fix it? The Gallup-Sharecare Well-Being Index is a measure or metric of the following elements:

- **Purpose:** liking what you do each day and being motivated to achieve your goals
- **Social:** having supportive relationships and love in your life
- **Financial:** managing your economic life to reduce stress and increase security
- **Community:** liking where you live, feeling safe and having civic pride
- **Physical:** having good health and enough energy to get things done daily

Note that only one of these indicators references physical health. The other four are about an individual's overall well-being, primarily social determinants about quality of life. Convincing someone to eat better when they don't have a job, or to exercise when they are unhealthy or live in a community that is unsafe for their children is challenging at best. Not until the other social determinants are addressed can this be resolved.