2018- 2021 Lynchburg Area Community Health Needs Assessment

City of Lynchburg &

Amherst, Appomattox,

Campbell and Pittsylvania

Counties

CENTRA

Lynchburg General Hospital
Virginia Baptist Hospital
Specialty Hospital

www.centrahealth.com/wellness/community-health-needs-assessment

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Acknowledgements

The 2018 Lynchburg Area Community Health Needs Assessment was the result of numerous hours of leadership and service by the following individuals, institutions, and partnerships.

Partnership for HEALTHY COMMUNITIES

CENTRA Foundation

CENTRA

Community Access Network

Central Virginia VDH Health District

Bedford Community Health Foundation

United Way of Central Virginia

Greater Lynchburg Community Foundation

Working Today For A Healthier Tomorrow
Piedmont Health District

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2018 Lynchburg Area Community Health Assessment Team			
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2018 Lynchburg Area Community Health Assessment Team			
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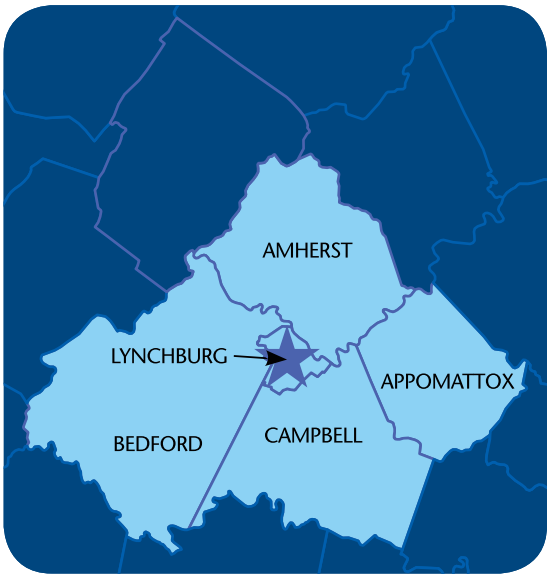
Jennifer	Williams	Centra	Faith-based
Jo Clare	Wilson	Cenra Pastoral Care	Faith-based
Pat	Young	CommunityWorks	Project Management Consultant

Executive Summary

Centra Health is pleased to provide the 2018-2021 Community Health Needs Assessment (CHNA) for Centra Lynchburg General, Virginia Baptist, and Centra Specialty Hospitals located in Lynchburg, Virginia. For the purposes of this report, the service area is referred to as the Lynchburg Area and includes the city of Lynchburg and the counties of Amherst, Appomattox, Campbell and Pittsylvania. The CHNA provides an overview of the health status of the communities served by the hospital system. It is the intent of this report to provide readers with a deeper understanding of the needs of the Lynchburg Area as well as to guide Centra Health, and its community partners and stakeholders, in developing an Implementation Plan to address the prioritized needs identified as a result of the assessment process. The Community Health Needs Assessment and Prioritization of Needs was approved by the Centra Community Benefit Committee on November 16, 2018, the Centra Foundation Board of Directors on December 12, 2018, and the Centra Board of Directors on December 17, 2018.



The Counties and City Centra Serves

In 2017, the Partnership for Healthy Communities was formed and is a planning initiative led by Centra, Centra Foundation, the Community Access Network and the Central Virginia, Piedmont, and Pittsylvania/ Danville Health Districts in collaboration with the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve. A Community Health Assessment Team composed of over 40 individuals with a broad representation of community leaders and cross-sector stakeholders acted to oversee, advise and support the CHNA activities.

The 2018 Lynchburg Area Community Health Needs Assessment focused on lifting the voice of the community through the collection of 2,345 Community Health Surveys as well as conducting stakeholder surveys, a stakeholder focus group, and target population focus groups. In addition, over 65 sources of publically available secondary data were collected.

Key Findings

The data for the Community Health Needs Assessment is reported using the framework for the County Health Rankings from the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation County Health Rankings and Roadmaps. These rankings, released annually, measure the health of a community and rank them against all other counties within a state. The 2018 County Health Rankings for the service area are in the 2nd to 3rd quartile for "Health Outcomes" (which is a measure of the morbidity and mortality of a county) and "Health Factors" (which represents what influences the health of a county including social and economic factors, health behaviors, clinical care, and physical environment).

2018 County Health Rankings

Locality	Health Outcomes Rank	Health Factors Rank
Amherst	55	74
Appomattox	79	72
Campbell	58	69
Lynchburg	91	82
Pittsylvania	70	87

Ranking Key - 1 = best; 133 = worst

Demographics, Social and Economic Status

The total population for the service area is 202,936 individuals where 48.1% of the population is male and 51.9% is female. The median age is 38.1 years. Approximately 17% of the population is 65 years of age or older which is slightly higher than those 65 years of age or older living in Virginia as whole (13.9%). Approximately 64.6% of those living in the service area are White, 19.4% are Black, and 2.2% are Hispanic or Latino.

The median household income in the service area is $45,196 as compared to $66,149 in Virginia. Approximately 38.2% of the population lives at or below 200% of the Federal Poverty Level as compared to 26.6% in Virginia. In Lynchburg, 44.9% of the population lives at or below 200% of the Federal Poverty Level. Additionally, approximately 35% of the 94,444 households in the service area are classified as Asset Limited, Income Constrained, Employed.

Of the public school-aged children in the service area, 60.25% (15,902) are eligible for free and reduced lunches as compared to 44.31% of children in the Commonwealth. This is even more pronounced for children attending Lynchburg City Schools where 78.31% are eligible for free and reduced lunches. Almost half of children (47.8%) living in the Lynchburg service area live at or below 200% of the Federal Poverty as compared to 34.0% in Virginia and is an estimated 23,537 children. The greatest concentration of these children are living in the city of Lynchburg and Pittsylvania County.

Although unemployment rates continue to decrease in the service area, they are higher across all localities compared to the rate of 3.8 in Virginia with the highest unemployment rate in Lynchburg (5.0). In the service area, of the population age 25 and over, educational

attainment is 14.9% for less than high school graduate; 32.0% for high school graduate or equivalency; 29.6% for some college or Associate's Degree; and 23.5% for Bachelor's Degree or Higher.

The majority of Community Health Survey respondents (89%) lived in the Lynchburg Area (including 8% in Bedford) with a median age of 47 years. A disproportionate number of females (79.6%) completed the survey as compared to males. More survey respondents were White or Black/African American as compared to the service area population as a whole and fewer were Hispanic or Latino. More than 40% of survey respondents reported an annual income of $30,000 or less per year and an additional 29% reported an annual income greater than $70,000. An estimated 42.8% of respondents lived no greater than 200% of the Federal Poverty Level. Survey respondents had higher education attainment rates than the population as a whole and over half were employed full-time. Over 25% of respondents reported not having enough money in the past 12 months to buy food or pay their rent or mortgage while over 20% could not afford to pay for their medications.

Health Behaviors

The obesity rate for the service area is 32% with the highest rates in Campbell County (34.2%) and Pittsylvania County (33.6%). Approximately 24% of Community Health Survey respondents reported being overweight while 46% reported being obese. A greater proportion of the population report no-leisure time physical activity especially in the more rural communities of Amherst (31%), Appomattox (30%) and Pittsylvania (31%) as compared to 22% of adults in the Commonwealth.

Approximately half of Community Health Survey respondents reported that their neighborhoods don't support healthy eating or physical activity while over 30% reported it is not easy to get affordable fresh fruits and vegetables in their neighborhoods. Although the large majority of respondents reported that they get their food from grocery stores, it is important to note that 20% use a Dollar Store, 12% use food banks and 11% use convenience stores for the food they eat. Additionally, the majority of respondents did not meet the minimum requirements for daily fruit and vegetable consumption. Secondary data reveals that 8.6% of the population in Lynchburg, 6.1% in Amherst, and 5.8% in Pittsylvania have limited access to healthy foods as compared to 4.3% in Virginia. This represents the percentage of the population that is low income and does not live close to a grocery store.

Data for the service area reveals that 15-17% report binge or heavy drinking while 16-18% are current tobacco smokers. More than 50% of Community Health Survey respondents reported using tobacco products, 42% reported binge drinking during one occasion, while less than 8% reported using illegal drugs in the past 30 days.

On June 1, 2017, based on a range of drug overdose indicators, the Virginia State Health Commissioner declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic. In the same year Lynchburg City had the highest mortality rate due to prescription opioids among service area localities while Amherst County had the highest mortality rate from Fentanyl and/or Heroin use.

Clinical Care

All of the localities in the service area, with the exception of Campbell County, are federally designated as Medically Underserved Areas and as Health Professional Shortage Areas for Primary Care. All localities, with the exception of Pittsylvania County, are designated as Health Professional Shortage Areas for Dental and all localities in the service area are designated as Mental Health Professional Shortage Areas. There are six Federally Qualified Health Centers (FQHCs) that serve the area, three FQHC Look-a-likes, and one Free Clinic.

Over 80% of Community Health Survey respondents reported having a usual source of medical care. Of those who use medical services, the large majority 56.8% get their care at a doctor's office however almost 25% also reported using the Emergency Room or an Urgent Care. Over 25% of respondents do not use dental services and of those who do, 37% reported not having a dental exam within the past 12 months. Even more striking is that over 80% of respondents reported not using mental health or substance use services within the past 12 months.

Fewer survey respondents (9.0%) were uninsured as compared to the service area as a whole (14.4%) while more respondents were publically insured (16.6% Medicaid, 18.5% Medicare) as compared to the service area (10.7%, 5.8% respectively). In June of 2018, the Virginia General Assembly expanded Medicaid coverage for individuals with incomes up to 138% of federal poverty level and now includes able-bodied adults without children who had previously been ineligible for coverage. In Virginia, it is estimated that an additional 400,000 residents will qualify. In the Lynchburg Area, it is estimated the number of uninsured residents who will be newly eligible for Medicaid is 11,620 with the largest majority living in the city of Lynchburg.

When asked which services are hard to get in the community, survey respondents reported (1) safe and affordable housing; (2) affordable food; (3) mental health/counseling; (4) adult dental care; and (5) transportation. When asked what prevents them from getting the services they need, survey respondents reported (1) cost; (2) high co-pays; (3) long waits for appointments; (4) lack of evening and weekend services; and (5) don't know what types of services are available.

Ten percent (10%) of survey respondents reported more than two weeks of physically unhealthy days while 15% reported more than two weeks of mentally unhealthy days in the past month. Additionally, survey respondents diagnosed with a chronic condition had high blood pressure, depression or anxiety, obesity/overweight, diabetes, or asthma most frequently. In the service area, death rates are higher for overall deaths; premature deaths; deaths due to injury; hypertension; stroke; and heart disease while cancer incidence rates are higher for lung, colon and rectal cancers as compared to Virginia as a whole. Three of the five area localities (Amherst, Campbell, and Pittsylvania) have suicide rates higher than the overall state rate. Infant mortality rates were lower and teen birth rates were higher for the service area as compared to Virginia as a whole.

Physical Environment

The physical environment can impact a wide range of health and quality-of-life outcomes and

include such factors as the natural environment, transportation, the built environment, housing, exposure to toxic substances, and physical barriers especially for those living with disabilities. In the service area, 13,695 households (14.5%) have severe housing problems with the largest number in the city of Lynchburg where 5,850 households (21.0%) have severe housing problems. Housing problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Additionally residential segregation (the degree to which two or more groups live separately from one another in a geographic area) is highest in Lynchburg. Regarding access to transportation, approximately 11% of Community Health Survey respondents do not own a car, 14.5% rely on friends and family for transport, and 7.3% use public transit.

Prioritization of Needs

Upon completion of primary and secondary data collection, the Lynchburg Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community on September 26, 2018. A "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

- Responses from the Community Health Survey (Top 25 responses)
  - Q5. Thinking about the community, what are the five most important issues that affect the health of the community?
- Responses from the Stakeholders' Survey and Focus Group Meeting (Top 25 responses)
  - Q1. What are the top 5 greatest needs in the community(s) you serve?

CHAT members were asked to rank the needs from 1 to 10, with 1 being the greatest need and 10 being the 10th greatest need.

The 2018 Prioritization of Needs Top 10 Rankings for the Lynchburg Area includes:

1. Poverty
2. Access to affordable health care
3. Access to affordable housing
4. Access to healthy food
5. Access to mental services; mental health problems
6. Transportation
7. Substance use; alcohol and illegal drug use
8. Overweight and obesity
9. Diabetes
10. Poor eating habits

Project Background

A. Organizational Overview

Centra Health (Centra) is the dominant regional nonprofit healthcare system based in Lynchburg, Virginia. The mission of the organization is "excellent care for life" with a vision "to be the most trusted provider of innovative healthcare." It was created with the merger of Lynchburg General Hospital (LGH) and Virginia Baptist Hospital (VBH) in 1987. In 2006, Southside Community Hospital in Farmville joined Centra as an affiliate. In 2014, Bedford Memorial Hospital in Bedford joined Centra's network and became the 4th hospital in the system. Altogether there are 685 licensed acute care beds throughout the system. In 2017, there were 29,744 medical/surgical, 2,591 psychiatry, 61 substance use, and 327 acute rehab discharges throughout the Centra network.

With more than 7,500 employees and a medical staff of nearly 700 providing care in 64 locations, Centra serves over 380,000 people throughout central and southside Virginia and provides a comprehensive array of medical services in a variety of convenient settings. Centra serves patients across 9000 square miles, a geographic area larger than the state of New Jersey. Centra's service to the community and commitment to excellent care are demonstrated by its many physician practices, outreach programs, screenings and diagnostic tests, educational media and publications, and community health programs. In addition to its hospitals, Centra owns Piedmont Community Health Plan, with a total fully-insured membership of 17,629; the Centra College of Nursing with campuses in Lynchburg and Bedford; and the Centra PACE program.

Centra Lynchburg General Hospital (LGH) maintains 385 licensed beds and is home to the Centra Stroobants Heart Center and the Stroobants Cardiovascular Pavilion, a national benchmark facility for cardiac care. Each year, heart specialists perform more than 5,000 major cardiac procedures. LGH is a Level II Trauma Center, offering emergency and critical care services, where the hospital's emergency department treats more than 92,000 patients each year. LGH has a pediatric center, outpatient surgery center, and offers orthopedic, neurology, oncology, neurosurgery, diabetes and pulmonary services.

Centra Virginia Baptist Hospital (VBH) three miles away, maintains 116 licensed beds and is home to the Birth Center, Women's and Children's Health, and the region's neonatal intensive care unit. VBH also serves as the primary regional provider of children and adult mental health services. VBH operates an outpatient surgery center and provides skilled care, rehabilitation, physical therapy, and ambulatory surgery. It is home to a variety of specialty services including the Breast Imaging Center, Heartburn Treatment Center, Center for Wound Care and Hyperbaric Medicine, Sleep Disorders Center and the Center for Pain Management. Centra Specialty Hospital is a 25-bed long-term acute care hospital located within Centra Virginia Baptist Hospital and provides longer-term acute care hospital services for ventilator dependent patients.

Since 2008, the Alan B. Pearson Regional Cancer Center located in Lynchburg has been providing medical oncology and radiation oncology services for central and southside Virginia. It has earned Accreditation with Commendation as a Comprehensive Community Cancer Program from the American College of Surgeons Commission on Cancer. In addition to radiation and medical oncologists, the multidisciplinary team includes a broad range of expertise from nurse practitioners and nurses to clinical trials, patient navigators, social workers, and chaplaincy staff members.

Centra Medical Group (CMG), with 450 employed advanced practice providers and physicians, is a network of local family practices, primary care physicians, and specialty practices in cardiology, gerontology, neurosurgery, orthopedics, physiatry, psychiatry, rehabilitation and urology covering the greater Lynchburg area and spanning to Amherst, Bedford, Big Island, Danville, Farmville, Gretna and Moneta. In addition, CMG- Lynchburg Family Medicine Residency is a training ground for future Family Physicians. Many of the physicians at the site hold academic appointments with the University of Virginia, Virginia Commonwealth University, Edward Via College of Osteopathic Medicine, and Liberty University.

Since 2014, Centra Medical Group has opened five primary care and multispecialty Medical Centers in areas of need including Gretna Medical Center in Pittsylvania County, Danville Medical Center, Amherst Medical Center, Farmville Medical Center, and Lynchburg Medical Center. The facilities offer primary care, diagnostic services and other specialty care under one roof. The Gretna Medical Center also includes a 10 room emergency department with two trauma bays, a CT scanner, on-site ambulance and helipad. Previously, residents in this rural region had to drive 30 minutes or more to the nearest hospital for emergency and diagnostic services.

Patient care encompasses wellness and prevention, recognition of disease and health, patient teaching and advocacy, spirituality and research. Under the auspices of Centra, physicians, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary team to achieve positive patient outcomes. Patient care at Centra occurs through organized and systematic processes designed to ensure safe and effective care and timely treatment. Patient care providers recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each patient served.

The mission of the Centra Foundation is to develop resources to enhance and enrich the services, programs and facilities of Centra Lynchburg General, Centra Virginia Baptist, Centra Bedford Memorial and Centra Southside Community hospitals and other subsidiaries in order to assist the Centra system in meeting and solving community health problems. To support community efforts in meeting the area's health needs, Centra established the Centra Community Health Initiative Fund. Administered by the Centra Foundation, this fund provides support to community organizations whose services align with the priorities established through the Community Health Needs Assessment.

B. Scope and Purpose of Community Health Needs Assessment

The scope of this Community Health Needs Assessment pertains to Centra Lynchburg General, Virginia Baptist, and Centra Specialty Hospitals.

Centra defines its triennial Community Health Needs Assessment (CHNA) as a continuous process for evaluating the health needs of the communities served. The reasons for doing this are varied, but most importantly it is to support the system's overall mission and vision to improve the health status of the community. The CHNA is a key driver of Centra's strategic planning process and is used to design and implement new services, programs, and partnerships in response to identified unmet community health needs. In addition, the CHNA and Implementation Plan are used to guide the actions of Centra Foundation's Community Health Initiative, which provides grant funding for the area non-profit organizations delivering needed healthcare services to the community. The fund supports community health projects and programs, consistent with the prioritized needs identified during the CHNA process. Lastly, the completion of both the triennial Community Health Needs Assessment and successful execution of the associated Implementation Plan ensures compliance with the Patient Protection and Affordable Care Act of 2010 which is promulgated in regulation by the Internal Revenue as documented annually in Centra's Form 990- Schedule H.

C. Project Overview

"Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be." (Healthy People 2020, Social Determinants of Health at https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)

"Hospitals and health systems have a tradition of serving their communities—of not only improving community health by providing health care services, but of bolstering the local economy and quality of life by hiring local workers and contractors, buying locally through their procurement strategies, and building new clinical facilities in neighboring communities. These activities often lead these hospitals to be called 'anchor institutions.' These increasing-

ly frequent forms of community investment by health care organizations typically flow either from their charitable purpose or from their long-term mission of providing community benefit. In places with relatively high-functioning systems, stakeholders from community organizations, government agencies, foundations, banks, and nonprofits collaborate to articulate clear community priorities, develop a pipeline of investable opportunities that advance those priorities, and shape the context of policies and processes so that investments can move forward." (Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems, Issue Brief- Robert Wood Johnson Foundation at https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf435716, pages 3-4)

In order to ensure we all have the opportunity to live in vibrant healthy communities, it is important to assess the strengths, weaknesses and unique resources across all sectors of each community and to listen to those who live, work and play there. A community-driven assessment provides the data and information that allows us to take action and develop goals and strategies that can contribute to long-lasting social changes and positive health outcomes. Recognizing the importance of these collaborative efforts, in 2017, Centra and the Centra Foundation contracted with the Community Access Network (CAN) in Lynchburg, Virginia to lead efforts for Centra's triennial Community Health Needs Assessment (CHNA) and Implementation Planning. CAN has proven experience in actively listening to community members and involving them in decision-making, resulting in programs and services that respond to the needs of the most vulnerable in the community.

The Community Access Network (CAN) was founded in 2015 as a 501(c)3 public benefit corporation and is the result of Centra's previous Lynchburg Area Community Health Needs Assessment. CAN began as a workgroup of primary care providers who came together in early 2014 to address the lack of access to primary care in the Lynchburg metropolitan area and the resultant inappropriate utilization of Centra's Lynchburg General Hospital Emergency Department (ED). CAN is the outgrowth of collaborative efforts between Centra, Centra Medical Group, the Free Clinic of Central Virginia, and other community leaders to address the needs of patients with complex medical, behavioral health and social needs. From these conversations, the Holcombe H. Hurt Community Health Center was born. In January 2018, the Community Health Center, which includes CAN, Hill City Pharmacy, the Free Clinic of Central Virginia, CARES (formerly Ryan White) and Horizon Behavioral Health opened, in large part due to Centra and Centra Foundation support, and exists to provide comprehensive and holistic solutions to those who lack access to healthcare.

In Virginia, a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are a Virginia Department of Health (VDH) requirement for all health districts every 5 years. This process is required to achieve health department accreditation as administered by the Public Health Accreditation Board (PHAB). In April of 2018, "the VDH and Virginia Hospital and Healthcare Association (VHHA) formed a new partnership to improve the population health in the Commonwealth. The Partnering for a Healthy Virginia Initiative will coordinate efforts between VHHA and its member hospitals and health systems, and VDH, local health departments, local jurisdictions, the medical community, and other stakeholders to address population health. This work will be informed by the findings of current and future community health needs assessments (CHNA)." A Memorandum of Agreement establishing this effort was signed by both the VDH and VHHA. (Virginia Hospital & Healthcare Association, Communications- Virginia Hospitals, Virginia Department of Health Partner on New Popula-

tion Health Effort. http://www.vhha.com/communications/virginia-hospitals-virginia-department-of-health-partner-on-new-population-health-effort/)

In the Lynchburg Area, the Central Virginia Health District (CVHD) is one of the 35 districts that comprise the Virginia Department of Health (VDH). The district serves the residents of the City of Lynchburg and the counties of Amherst, Appomattox, Bedford and Campbell. CVHD's mission is to nurture the community's well-being by practicing public health, meeting the needs of the present while planning for the future with a vision that one day, we will be as healthy as we can be. CVHD has been aligning their CHA/CHIP with the previous Centra CHNA's and Implementation Plans. In 2017, this relationship was formalized by a Memorandum of Understanding (MOU) with the Central Virginia Health District, CAN and Centra.

In addition to CVHD, CAN met with other organizations that conduct regular needs assessments including local foundations, community services boards, departments of social services, community action agencies, and safety net providers (free clinics and federally qualified health centers). It was found that the CHNA/Implementation Plan fulfilled their requirements and these organizations agreed the data from the CHNA would be used to develop organizational implementation plans that will feed into and support Centra's Implementation Plans for its three hospital service areas.

As a result, the "Partnership for Healthy Communities" was formed which is a planning initiative led by Centra, Centra Foundation, the Community Access Network, and the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts in collaboration with the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve.

For more than 30 years the Bedford Community Health Foundation (BCHF) has been supporting area organizations that provide health related services to the citizens of Bedford County. The foundation works to identify and address community health issues by leading initiatives and providing funding. In that time, BCHF has provided more than $5.5 million in grants and scholarships to Bedford residents. The Greater Lynchburg Community Foundation is committed to enhancing the lives of central Virginians through the provision of grants and scholarships to nonprofits and students in the city and the four surrounding counties. These totaled over $1.7 million last year alone and benefitted 169 different nonprofits and thousands of people. The United Way of Central Virginia's (UWCV) mission is to mobilize the compassionate power of our community to improve the quality of lives in Central Virginia. In the past year, UWCV funded 38 programs through its partner agencies, investing $1.5 million in the community impacting over 60,000 people living in the counties of Amherst, Appomattox, Bedford, and Campbell and the city Lynchburg.

A Core Team was developed with the Partnership for Healthy Communities partners and includes representatives from each of the entities involved. In addition, CAN contracted with CommunityWorks in Roanoke, Virginia for Project Management of the 2018 Community Health Needs Assessments and with Christopher Nye Consulting in Stuarts Draft, Virginia for data collection and analysis. Students from Centra College of Nursing, Liberty University and Virginia Commonwealth University contracted with CAN to perform data entry of the primary data.

In addition to the Core Team, a Community Health Assessment Team (CHAT) made up of over 40 individuals with a broad representation of community leaders and cross-sector stakeholders in the service area was developed. The role of the CHAT is to oversee, advise and assist in CHNA data collection activities, prioritize needs, and participate in the development of the Implementation Plan as appropriate. A list of these individuals is presented in the "Acknowledgements" section of this report.

CHNA activities began in March 2018 and concluded in September with the Prioritization of Needs. A timeline and work plan was created for the 2018-19 CHNA and Implementation Planning process for all Centra catchment areas. The work plan included an expansion of Centra's previous primary data collection to include a Community Health Survey, target population focus groups and stakeholders' focus group as well as secondary data collection.

Activity	Date
CHAT: Launch of CHNA activities Presentation of Draft Secondary Data	March 28, 2018
Data Collection: Primary & Secondary Data	April- July 2018
CHAT: Presentation of Community Health Survey Findings	August 29, 2018
CHAT: Presentation of Focus Group Summaries Prioritization of Needs	September 26, 2018
Centra Board Approval of CHNA • Community Benefit Committee • Centra Foundation Board of Directors • Centra Board of Directors	 November 16, 2018 December 12, 2018 December 17, 2018
Implementation Planning	January – April 2019
Centra Board Approval of Implementation Plan	By June 15, 2019

The Centra Executive Leadership Team received briefings during the assessment period prior to the launch of the CHNA activities on February 15, 2018 and again prior to the formal CHNA approval process on November 1, 2018. Several members of the Executive Leadership Team were also members of the Community Health Assessment Team.

The 2018 Lynchburg Area Community Health Needs Assessment and Prioritization of Needs was presented for approval to the Centra Community Benefits Committee on November 16, 2018, the Centra Foundation Board of Directors on December 12, 2018, and the Centra Board of Directors on December 17, 2018. Upon approval, the Community Health Needs Assessment was made publically available on the Centra website which was widely shared with Community Health Assessment Team and other key community stakeholders and leaders.

D. Service Area

The service area for the 2018 Lynchburg Area Community Health Needs Assessment includes the city of Lynchburg and the counties of Amherst, Appomattox, and Campbell (localities served by the Central Virginia Health District) and Pittsylvania County (served by the Pittsylvania/Danville Health District). The service area was determined by assessing 80% of the hospital discharges for Centra Lynchburg General, Virginia Baptist and Centra Specialy Hospitals by zip code and locality for the 2nd Quarter 2016 to 1st Quarter 2017 (Source: Virginia Health Information, Truven Health Analytics, January 2018).

The findings revealed:

Centra Hospital Discharge Summary		
	# of Discharges	% of Total Discharges
Locality		
Lynchburg	10,483	35.0%
Campbell	4,173	13.9%
Amherst	3,382	11.3%
Bedford	2,960*	9.9%
Pittsylvania	1,764	5.9%
Appomattox	1,123	3.8%
Prince Edward	311**	1.0%
Total	**24,196**	**80.9%**

*Bedford will be included in the 2018 Bedford Area (Centra Bedford Memorial Hospital) Community Health Needs Assessment.

**Prince Edward County will be included in the 2018 Farmville Area (Centra Southside Community Hospital Community Health Needs Assessment.

The Lynchburg Region (Metropolitan Statistical Area) is one of the loveliest parts of Virginia. Encompassing 2,122 square miles, the region includes the City of Lynchburg; the counties of Amherst, Appomattox, Bedford, and Campbell; and the towns of Altavista, Amherst, Appomattox, Bedford, and Brookneal. The diverse Region possesses an abundance of natural beauty history, culture, arts, and outdoor recreation including the including the Blue Ridge Mountains, Appalachian Trail, James River, Smith Mountain Lake (the largest man-made lake in the state), the Appomattox Court House National Historical Park and the D-Day Memorial. (www.insidelynchburgregion.com) The region is primarily rural in nature and Lynchburg serves as the urban hub of the region boasting a vibrant economy, nationally-ranked public schools, five colleges, a community college and trade schools. The city of 50 square miles is located near the geographic center of the state and is approximately 180 miles southwest of the nation's capital, Washington, D.C. and two hours from Richmond, the state capital. Lynchburg is the site of Centra's flagship hospital Lynchburg General and Virginia Baptist Hospital. (www.Lynchburgva.gov)

The largest county in Virginia, Pittsylvania County consists of 982 square miles. Situated in the south-central Piedmont plateau region, the rural land is rolling to hilly, borders the state of North Carolina and is adjacent to the City of Danville. Chatham, the county seat, is 140 miles from Richmond and 50 miles from Lynchburg. Like the Lynchburg Region, it is rich in outdoor

recreation, with numerous trail systems, rivers and lakes and is steeped in history. (www.pittsylvaniacountyva.gov)

E. Target Population

The target population is defined as (1) the medically underserved, low-income, or minority populations and those suffering from chronic disease; (2) the geographic area served by the hospital(s); and (3) targeted populations served by the hospital(s) (i.e. children, women, seniors, cancer patients).

F. Methodology

The 2018 Lynchburg Area Community Health Needs Assessment (CHNA) incorporated an expanded community "voice" (primary data) as well as the collection of over 65 sources of publically available secondary data. In addition, information regarding available community resources was gathered. Primary data included findings from a Community Health Survey; Stakeholders' Focus Group and Survey; and Target Population Focus Groups. Details on the specific methodology and findings of the primary and secondary data components are included in the following sections.

The data collected for the CHNA is reported using the framework for County Health Rankings and Roadmaps, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location or any other factor. Released annually, the rankings are based on a model of population health that emphasizes the many factors, that if improved, can help make communities healthier places to live, learn, work and play.

The County Health Rankings Model measures health outcomes and health factors for each community. Health outcomes represent how healthy a county is by determining:

- Length of Life (Mortality)
  - Premature death
- Quality of Life (Morbidity)
  - Health-related quality of life (overall health, physical and mental health)
  - Birth outcomes

Health factors represent what influences the health of a county and includes four types of factors:

- Social and Economic Factors (accounts for 40% of what influences health)
  - Community safety
  - Education
  - Employment
  - Family and social support
  - Income
- Health Behaviors (accounts for 30% of what influences health)
  - Alcohol and drug use
  - Diet and exercise
  - Sexual activity

- Tobacco use
- Other behaviors

• Clinical Care (accounts for 20% of what influences health)
- Access to care
- Quality of care

• Physical Environment (accounts for 10% of what influences health)
- Air and water quality
- Housing and transit

(http://www.countyhealthrankings.org/)

All of the data collected for the Community Health Needs Assessment was used to prioritize needs for the Lynchburg service area and will be used to development a 3-year Implementation Plan for the hospital system, community partners, and stakeholders in the Lynchburg service area.

PRIMARY DATA

Community Health Survey

A Community Health Survey was administered to Lynchburg Area community residents, 18 years of age and older, from April 15, 2018 to June 15, 2018. The survey tool was developed by Carilion Clinic and Healthy Roanoke Valley headquartered in Roanoke, Virginia and adopted by the Partnership for Healthy Communities. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2020, and the Youth Risk Behavior Surveillance System so that local data can be compared to state and national data, benchmarks and targets. The survey tool can be found in the Appendix.

The Community Health Survey was administered both electronically through a publically available link via Survey Monkey and through paper surveys (which were in turn entered into Survey Monkey). Paper surveys were available in both English and Spanish. All survey respondents were offered the opportunity to enter a raffle to win a $25 gift card if they completed the survey. In addition to marketing the survey to the general population, attempts were made to oversample the target population in the service area. Members of the Community Health Assessment Team (CHAT) who serve and represent the target population, were asked to assist in advertising and distributing the survey (both electronically and paper) to their client base. In addition, the survey link was advertised in local newspapers, on social media, and through a mass email to all Centra staff.

A total of 2,345 surveys were collected with an 87% completion rate (respondents could skip questions). All responses for the Lynchburg Community Health Survey can be found in the Appendix. Findings of the Community Health Survey were presented to the Lynchburg Area CHAT on August 29, 2018 based on the County Health Rankings' Health Factors (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment) as follows:

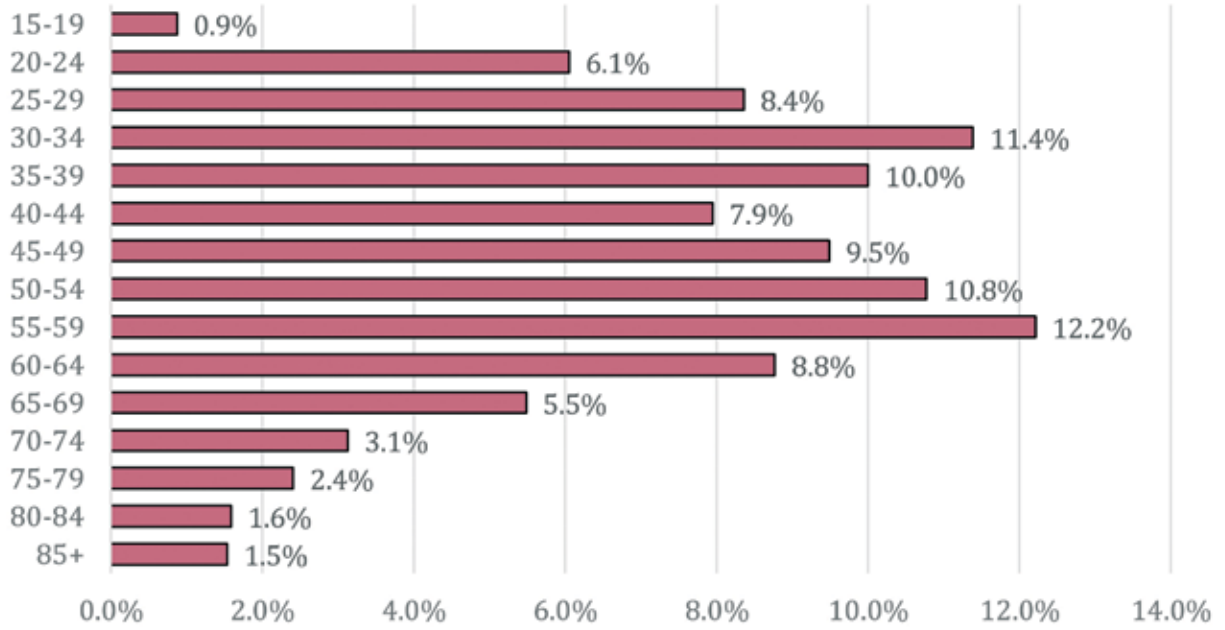
Social and Economic Status

Q25. What is your zip code?

Locality	% of Respondents
Lynchburg	53%
Amherst	12%
Bedford	8%
Pittsylvania	8%
Campbell	6%
Danville	1%
Appomattox	1%
Total	89%
Others: Franklin, Halifax, Henry, Nelson, Charlotte, Albemarle, Buckingham, Charlottesville, Nottoway, Prince Edward, Pulaski, Roanoke, Waynesboro	

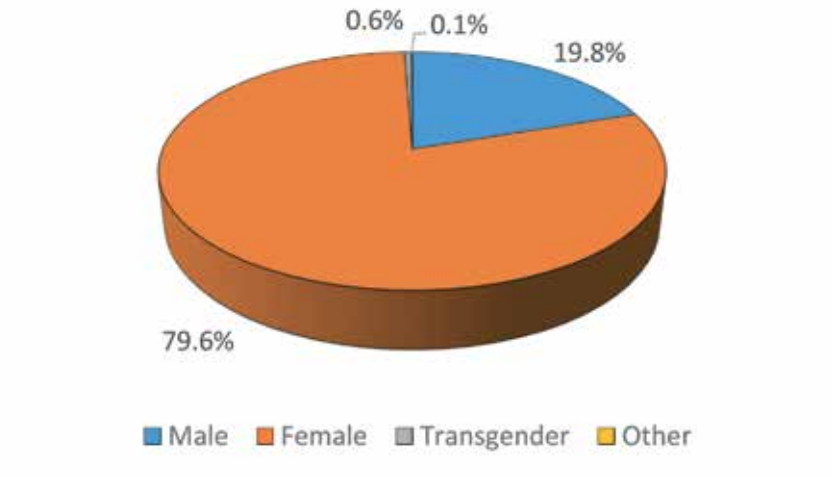
The majority of respondents lived in the service area.

Q26. What is your age?



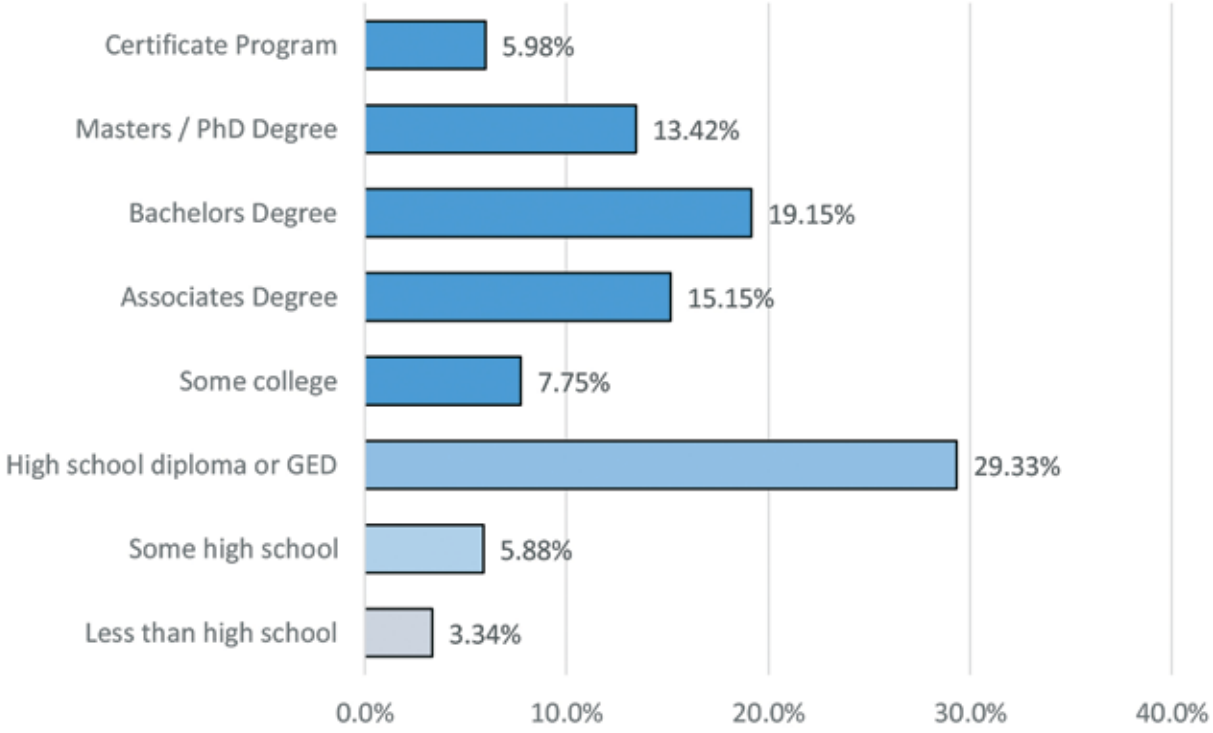
The median age of respondents was 47 years which is higher than the median age of 38.1 years for the service area population as a whole. (US Census. American Fact Finder. ACS Demographic and Housing Estimates. 2012-2016 American Community Survey Estimates)

Q27. What is your gender?



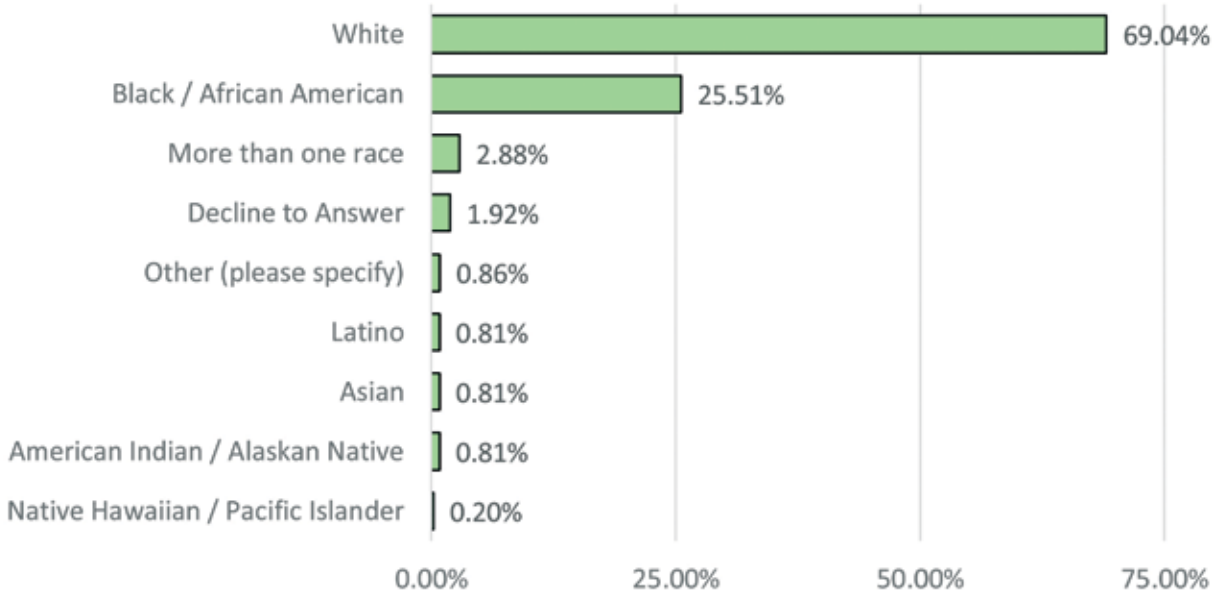
A disproportionate amount of females completed the survey as compared to males. In the service area, 48.4% of the population is male and 51.8% of the population is female (US Census. American Fact Finder. American Community Survey 2012-2016).

Q32. What is your highest education level completed?



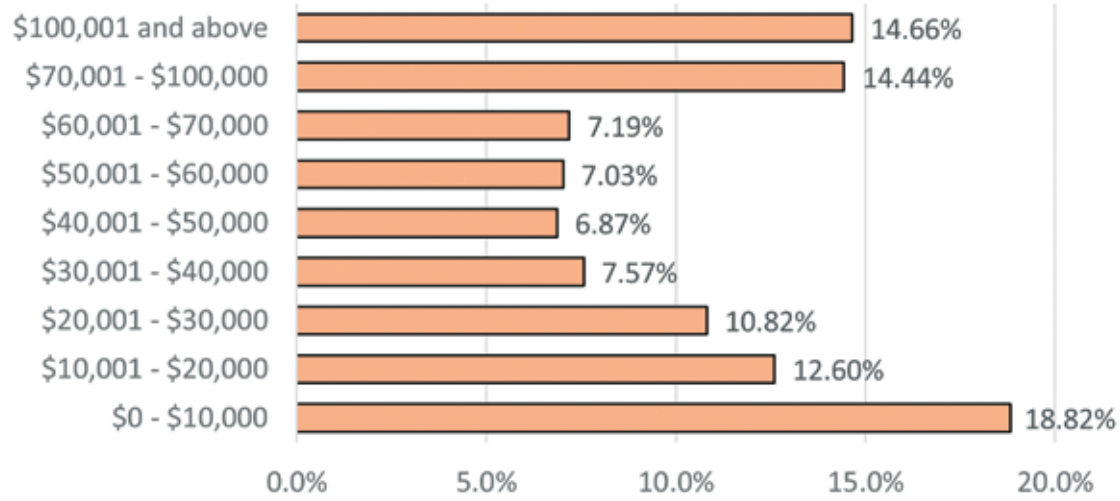
Survey respondents had higher education attainment rates than the population as a whole. In the service area, of the population age 25 and over, educational attainment is 14.9% for less than high school graduate; 32.0% for high school graduate or equivalency; 29.6% for some college or Associate's Degree; and 23.5% for Bachelor's Degree or higher. (US Census. American Fact Finder, Educational Attainment 2012-2016 American Community Survey 5-Year Estimates)

Q34. What ethnicity do you identify with? (Check all that apply)



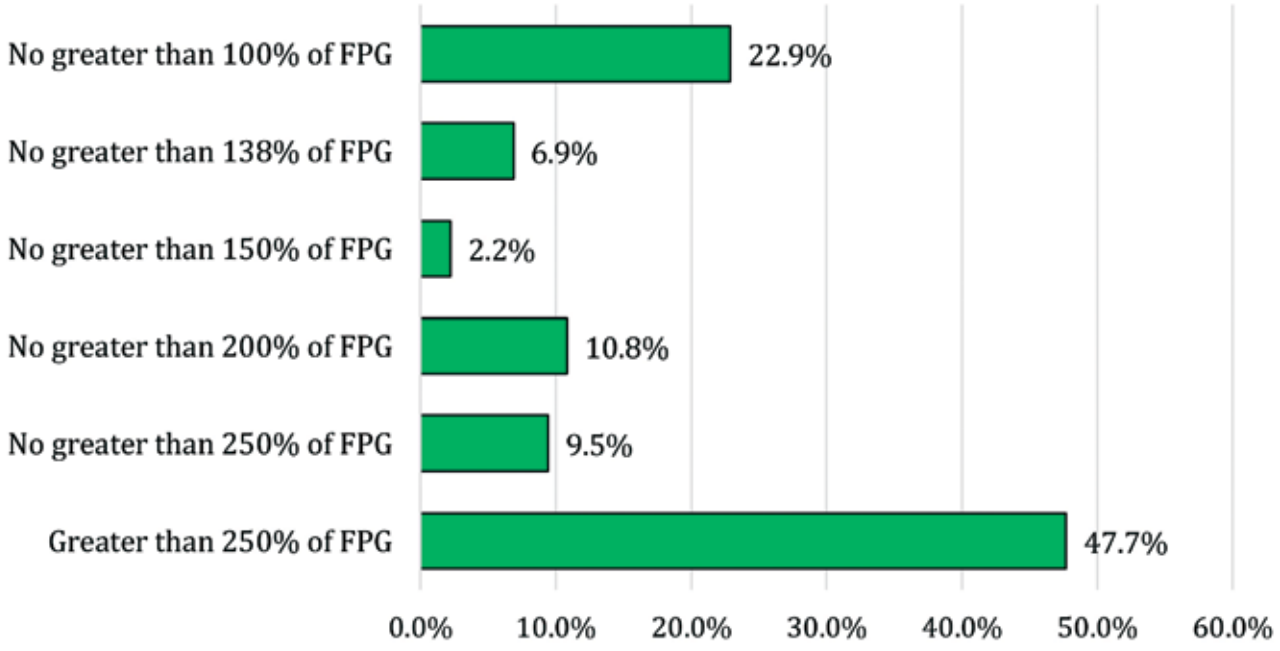
Of those completing the survey, 99.4% reported that English is their primary language (Q33). More survey respondents were White, Black/African American, American Indian, Native Hawaiian/Pacific Islander, and more than one race as compared to the population as a whole where 64.6% are White, 19.4% are Black/African American, 0.2% are American Indian, 0.0% are Native Hawaiian/Pacific Islander, and 2.1% are more than one race. Fewer were Latino and Asian as compared to the population as a whole (2.2% and 1.3% respectively). (US Census. American Fact Finder. Demographic and Housing Estimates. 2012-2016 American Community Survey 5-year Estimates)

36. What is your year household income?



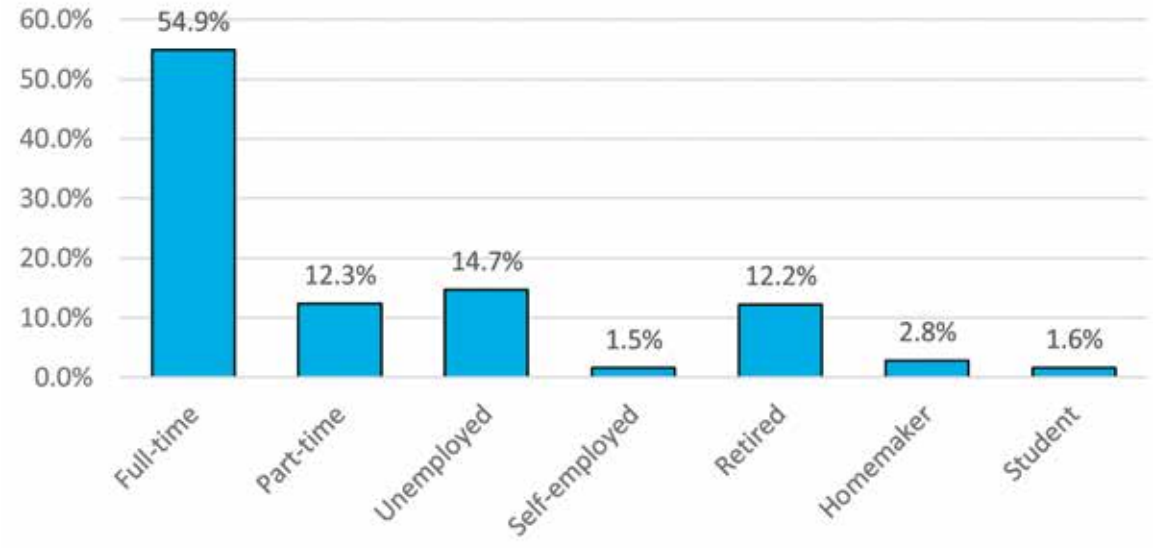
In the service area, the average total income is $45,196. (US Census. American Fact Finder. Median Income in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates). More than 40% of survey respondents reported an annual income of $30,000 or less per year and an additional 29% reported an annual income greater than $70,000.

Of respondents who reported the number living in their household (Q31), "Income as a Percent of Federal Poverty Guidelines" were estimated comparing the reported annual income with household size to the 2018 published Federal Poverty Guidelines (FPG).



Based on these estimates, more of the survey respondents (42.8%) lived no greater than 200% of the FPG's as compared to the population as a whole where 38.2% live below 200% of FPG's. (US Census. American Fact Finder, 2012-2016 American Community Survey 5-Year Estimates)

Q37. What is your current employment status?



Additionally, 13.0% of survey respondents reported receiving disability benefits (Q38) while 4.4% of survey respondents were Veterans (Q30).

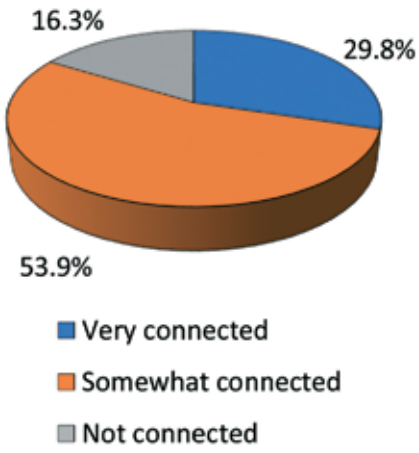
In addition to reporting their demographic and socioeconomic status, survey respondents were asked questions regarding the affordability of basic needs, their personal safety, and family and social support.

Question	Yes (%)	No (%)	N/A (%)
8(i) I can afford medicine needed for my health conditions.	57.47	21.00	21.53
8(p) Have there been times in the past 12 months when you did not have enough money to buy the food that you or family needed?	30.31	69.69	
8(q) Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?	24.83	72.51	2.66

Of those who responded, more than 20% cannot afford their medications while greater than 25% did not have enough money to buy food and/or pay their rent or mortgage in the past year.

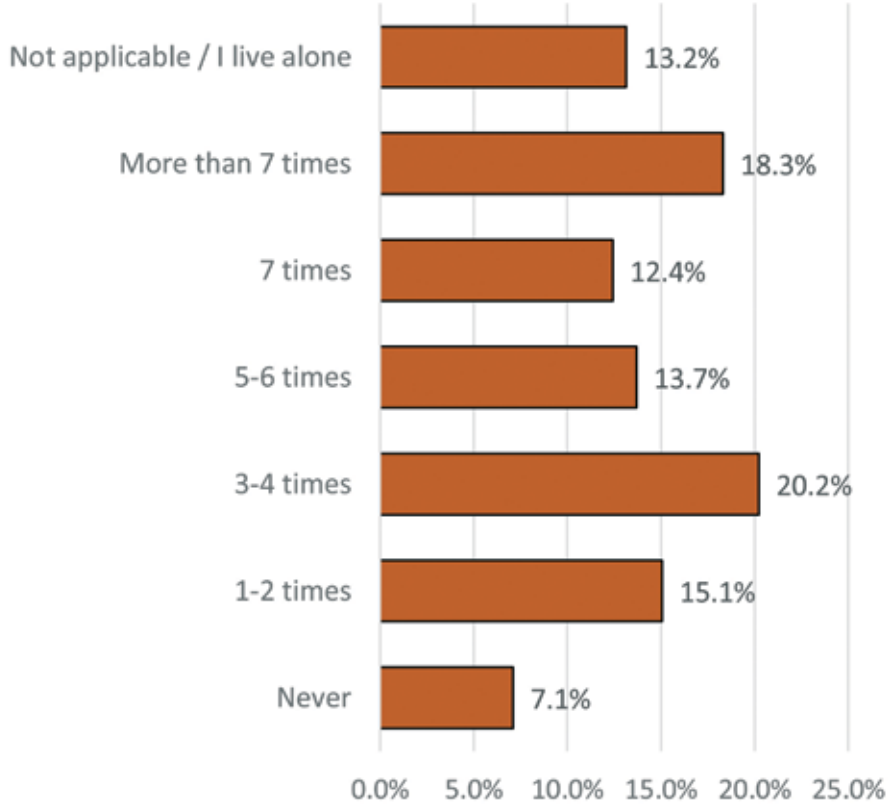
Question	Yes (%)	No (%)
8(f) I have been a victim of domestic violence or abuse in the past 12 months.	3.57	96.43
8(r) Do you feel safe in your neighborhood?	90.21	9.79

Q14. How connected do you feel with the community and those around you?



Over 70% of respondents feel somewhat or not connected to their community.

Q16. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?



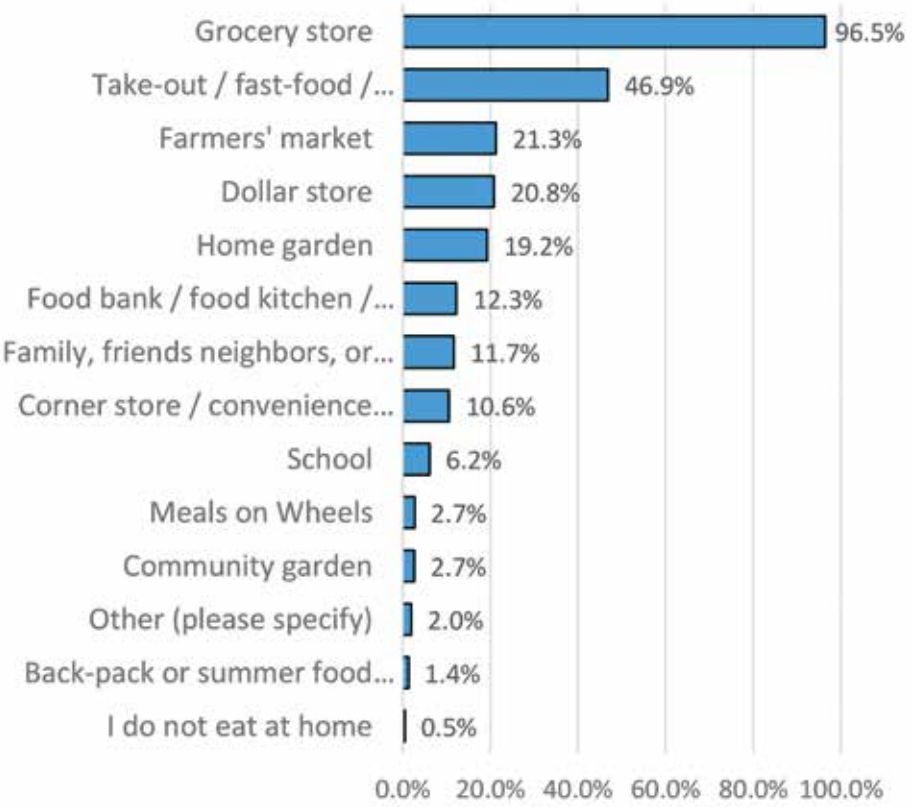
Eating meals together daily is associated with decreased risky behaviors especially in youth. Of those who responded to this question, greater than 42% ate meals together 3 to 4 times per week or less. (The Benefits of the Family Table, American College of Pediatricians, May 2014, https://www.acpeds.org/the-college-speaks/position-statements/parenting-issues/the-benefits-of-the-family-table.)

Health Behaviors

Question	Yes (%)	No (%)
8(m) Does your neighborhood support physical activity such as parks, sidewalks, bike lanes, etc.?	52.98	47.02
8(n) Does your neighborhood support healthy eating such as community gardens, farmers' markets, etc.?	46.83	53.17
8(o) In the area that you live, is it easy to get affordable fresh fruits & vegetables?	68.30	31.70

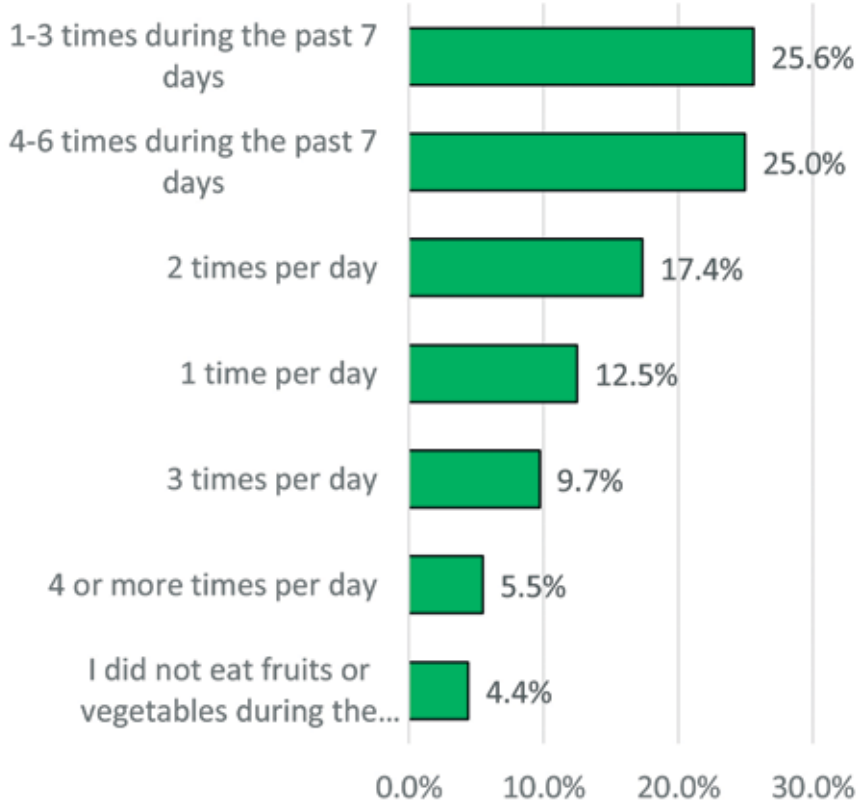
Approximately 50% of respondents reported that their neighborhoods don't support healthy eating or physical activity while over 30% reported it is not easy to get affordable fresh fruits and vegetables in their neighborhoods.

Q9. Where do you or your family get the food that you eat? (Check all that apply)



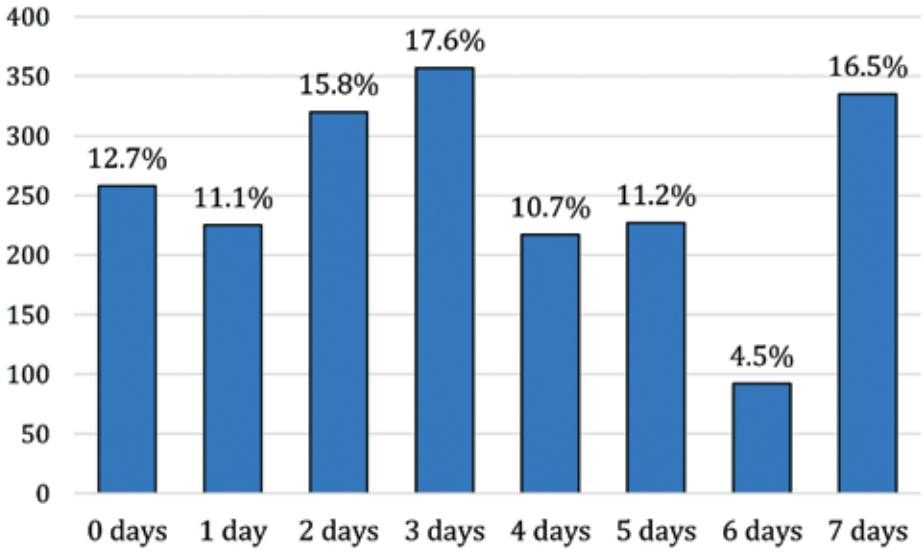
Although the large majority of respondents reported that they get their food from grocery stores, it is important to note that 20% use a Dollar Store, 12% use food banks/kitchens/pantries, and 11% use corner stores/convenience stores for the food they eat.

Q10. During the past 7 days, how many times did you eat fruits or vegetables (fresh or frozen)?



According to the USDA's MyPlate recommendations, adults should get 5 to 9 servings of fruits and vegetables daily. (https://www.choosemyplate.gov/) Survey responses revealed that the majority of respondents did not meet the minimum requirements for fruit and vegetable consumption.

Q15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

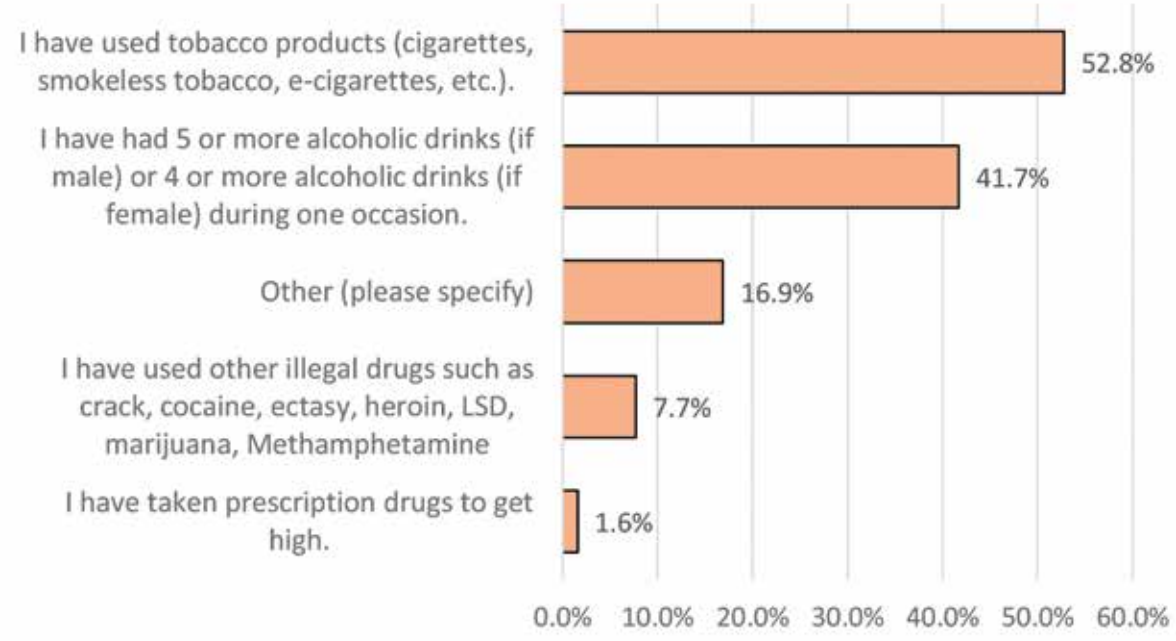


For most healthy adults, the Department of Health and Human Service recommends at least 150 minutes a week of moderate-intensity or 75 minutes a week of vigorous-intensity physical activity or an equivalent combination. (https://health.gov/dietaryguidelines/2015/guidelines/appendix-1/). Of the survey respondents, only 32% met the guidelines.

Survey respondents were asked to report their height and weight (Q28, Q29). From these responses, Body Mass Index was calculated and revealed that 24% of respondents were overweight and 46% were obese.

BMI Range	Percent of Population	Frequency
Underweight <19	5%	86
Normal Weight 19-25	26%	495
Overweight 26-30	24%	450
Obese >30	46%	867

Q20. During the past 30 days: (Check all that apply)

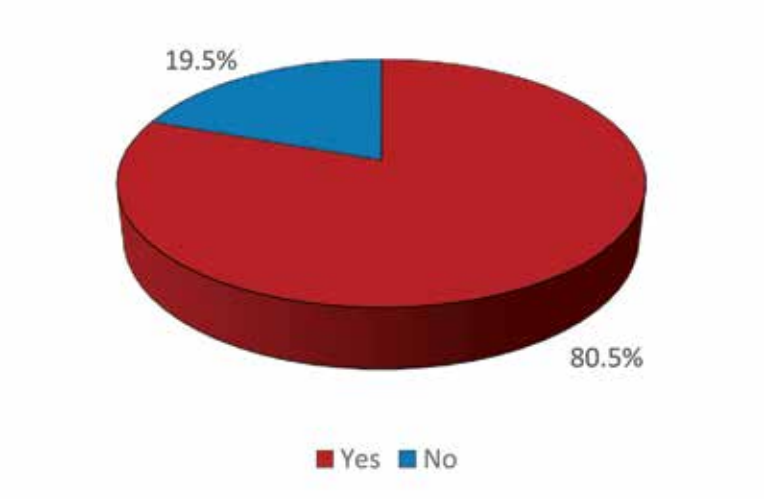


More than 50% of survey respondents reported using tobacco products, 42% reported binge drinking during one occasion, while less than 8% reported using illegal drugs in the past 30 days. The majority of those that reported "other" answered that the question was not applicable to them.

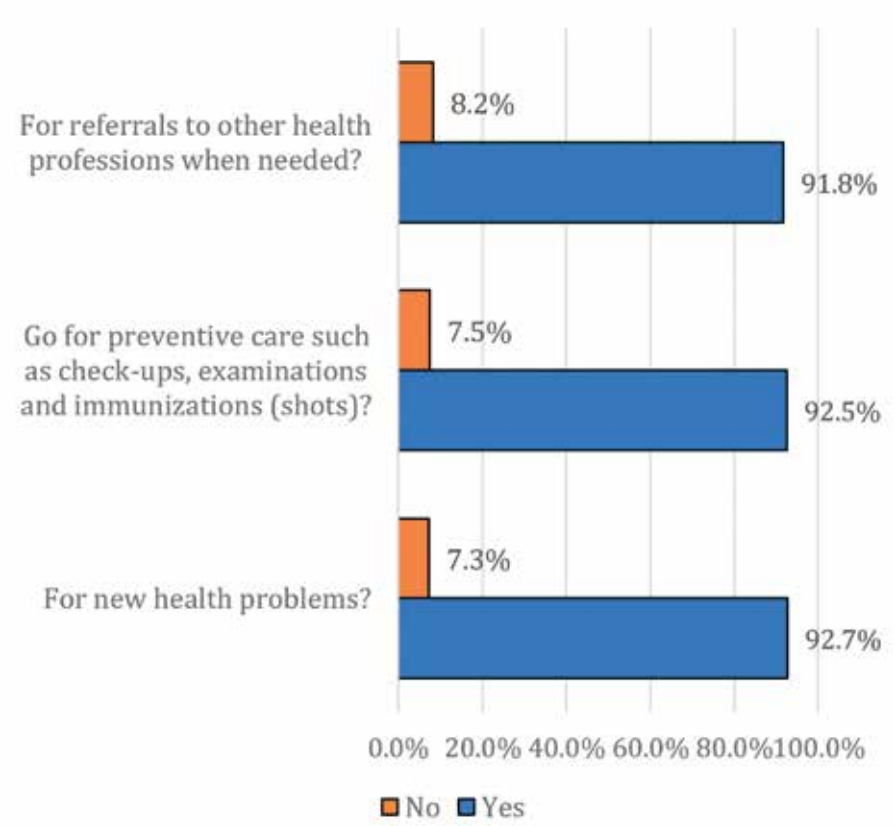
Clinical Care and Clinical Data

Access to Care

Q1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?



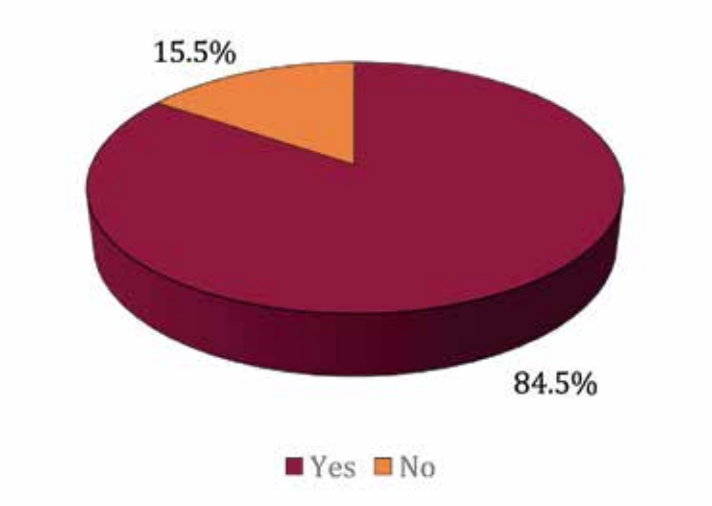
If you answered "Yes" is this where you go…



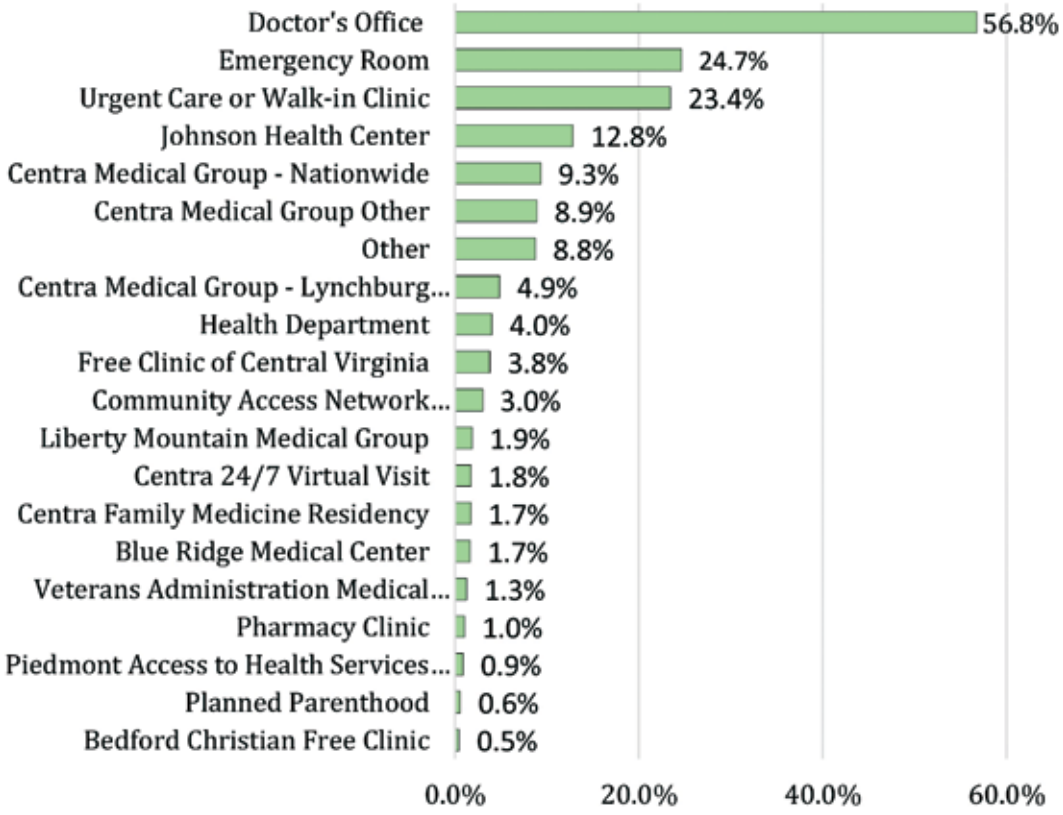
This question aligns with the Healthy People 2020 objective for "Access to Health Services-Increase the proportion of persons who have a specific source of ongoing care". (https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services/objectives#3970).

Almost 20% of survey respondents do not have a usual source of care.

Q2. Do you use medical services?

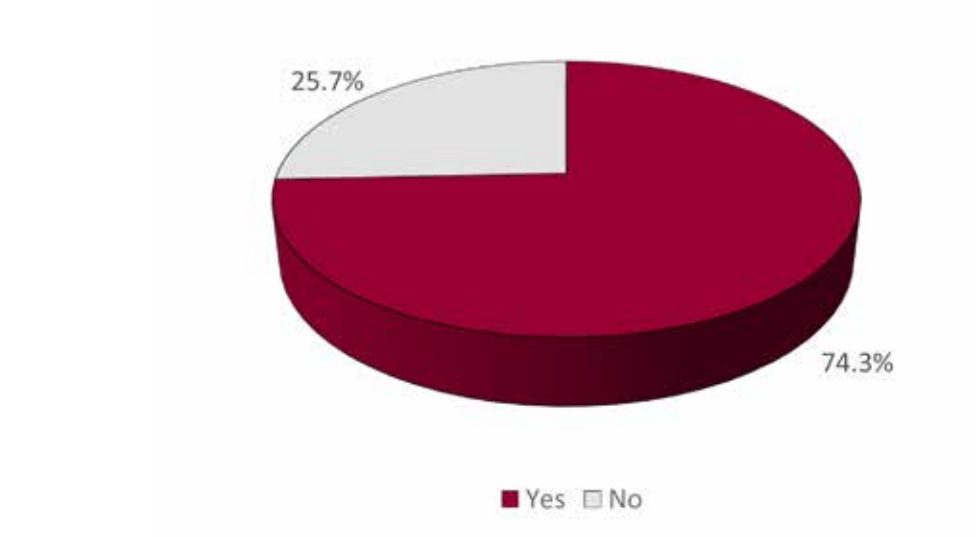


If you answered "Yes" to Question 2, check all that apply.



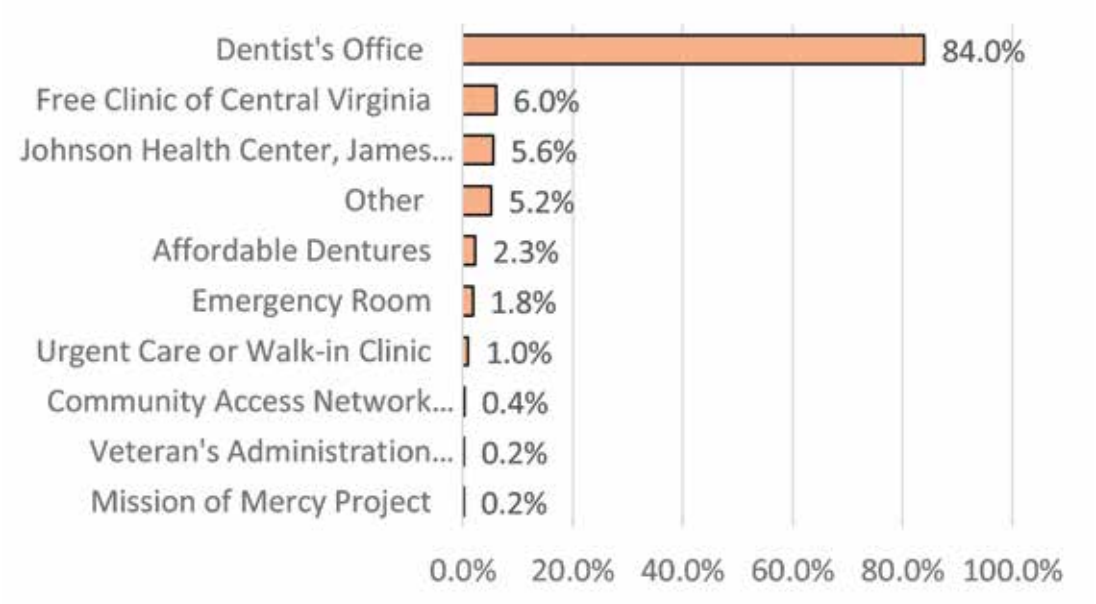
Of the survey respondents, almost 25% use the Emergency Room and/or Urgent Care or a Walk-in Clinic for medical services.

Q3. Do you use dental services?

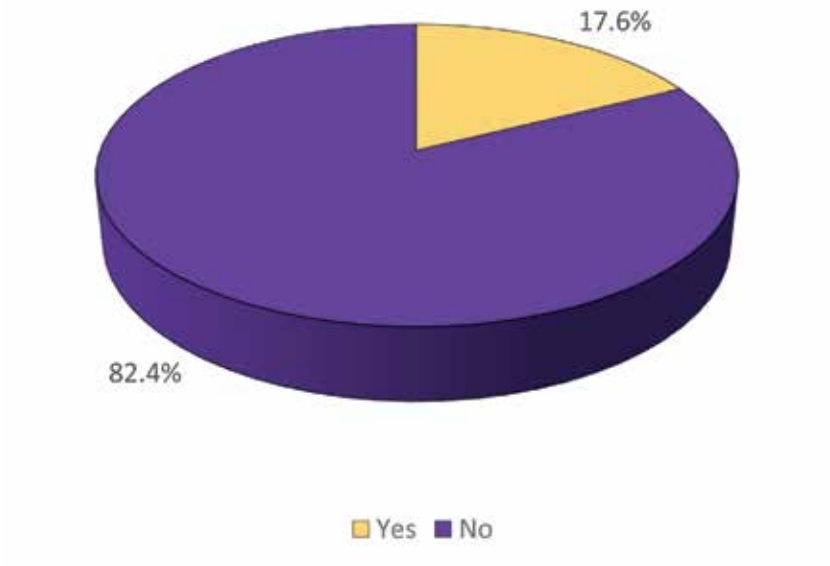


Over 25% of respondents do not use dental services.

If you answered "Yes" to Question 3, check all that apply.

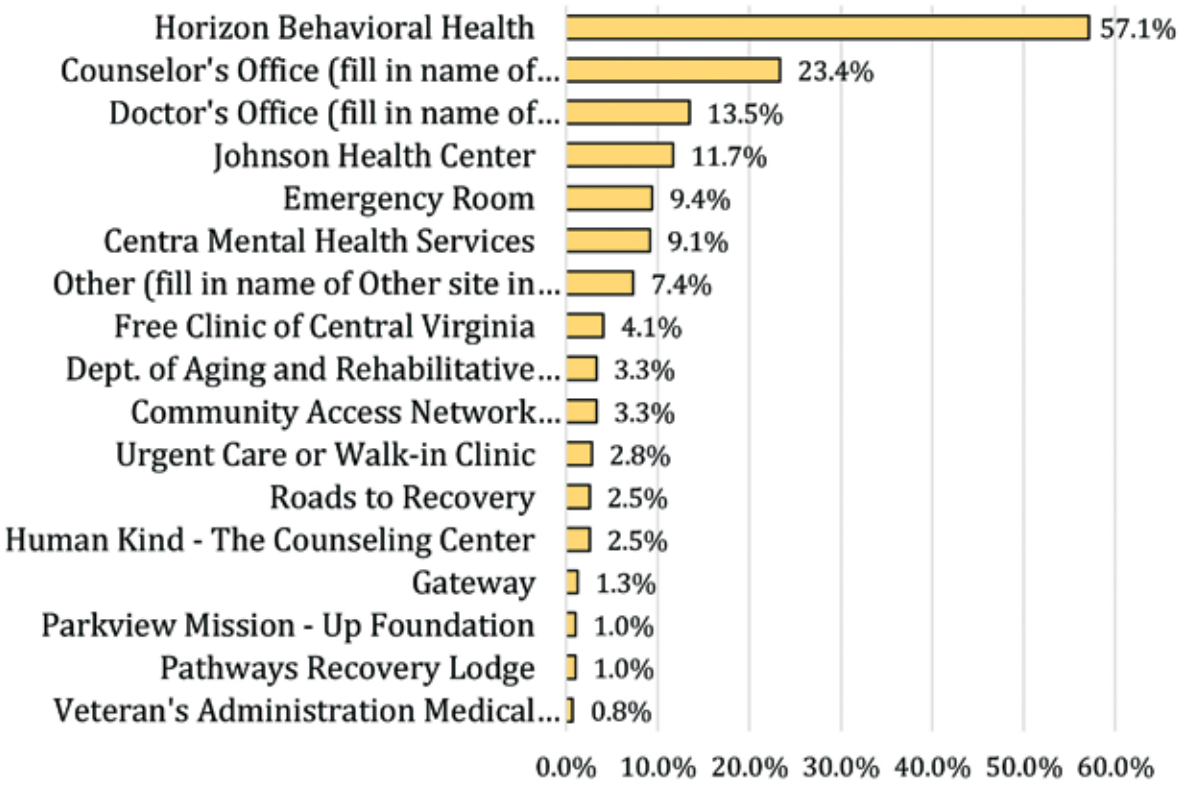


Q4. Do you use mental health, alcohol abuse, or drug abuse services?



Over 80% of respondents do not use mental health and substance use services.

If you answered "Yes" to Question 4, check all that apply.

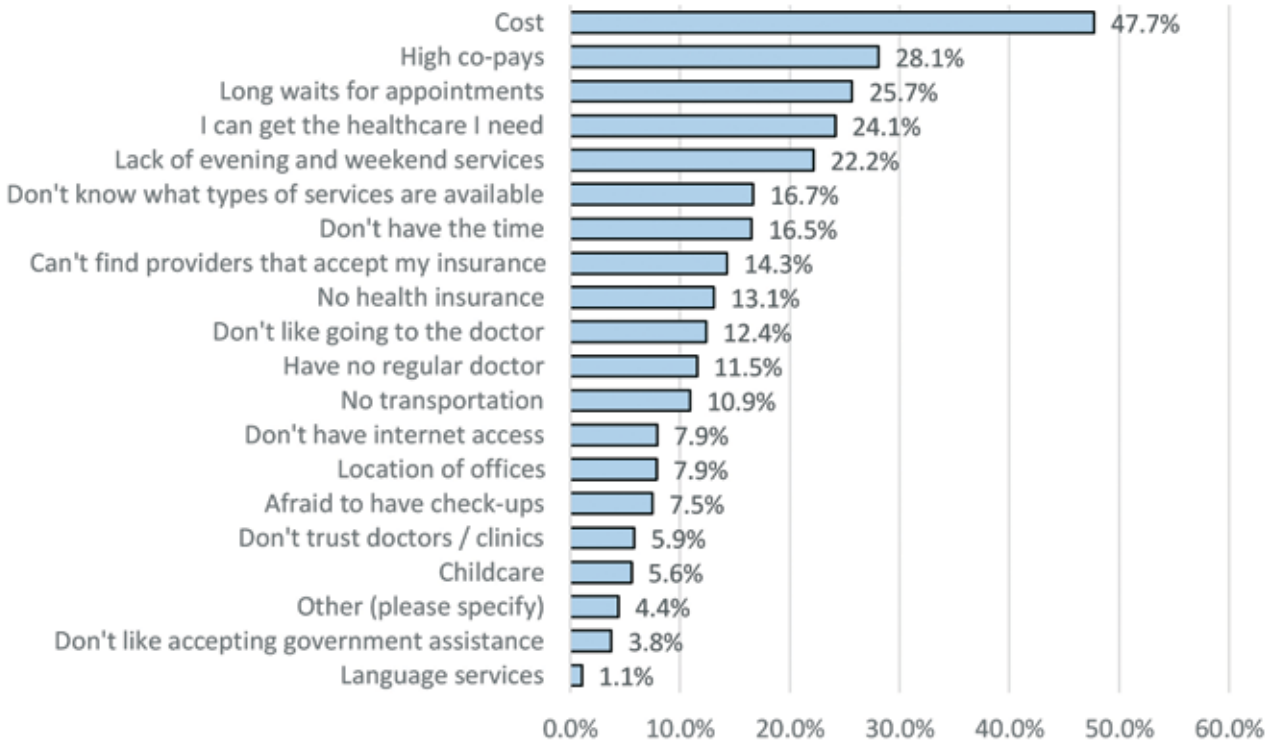


Q6. Which services are hard to get in our community? (Check all that apply)

	Percent
Housing - safe, affordable	38.02%
Food - affordable	32.53%
Mental health / counseling	28.29%
Dental care - Adults	28.09%
Transportation	24.32%
Alternative therapy (herbals, acupuncture, massage)	22.23%
Eldercare	20.35%
Nutrition and weight loss	18.51%
Medication / medical supplies	18.20%
Family doctor	17.10%
Substance abuse services - drug & alcohol	16.53%
Workforce readiness	16.06%
Specialty care such as for Asthma, Cancer care, Cardiology (heart) care, Dermatology (skin) care	15.38%
Ex-offender services	14.80%
Legal services	13.86%
Emergency Room care	13.08%
Vision care	12.34%
Domestic violence services	11.87%
Programs to quit using tobacco	11.56%

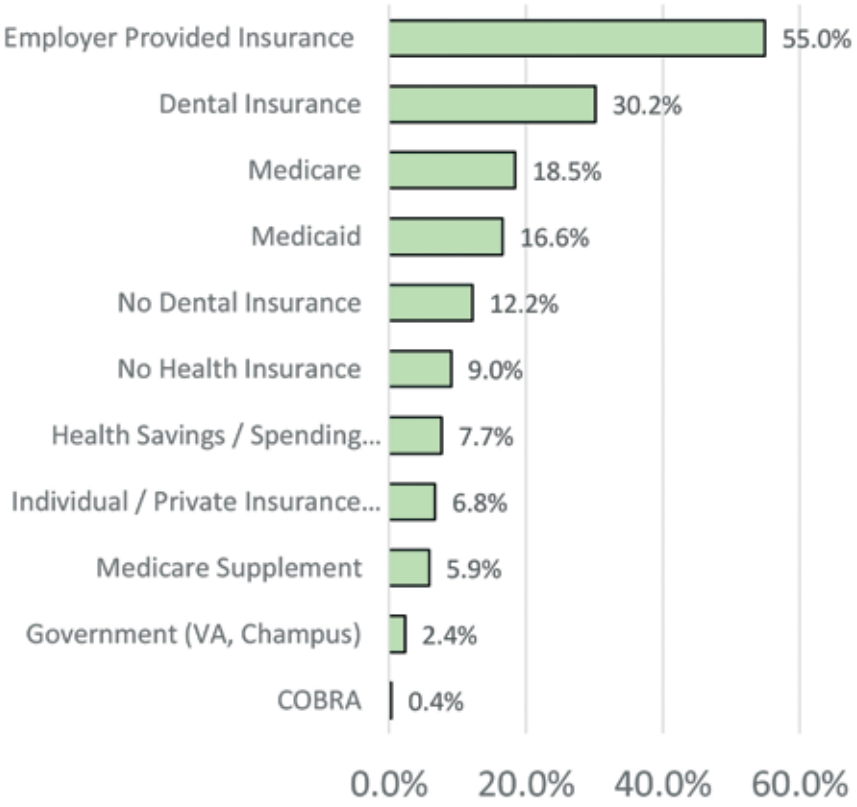
These responses represent the top 20 responses for this category. Of the top 10 responses, social determinants are addressed (safe and affordable housing, affordable food, and transportation) as well as access to care (mental health/counseling, dental services, family doctor, and medications/medical supplies).

Q7. What do you feel prevents you from getting the services you need? (Check all that apply)



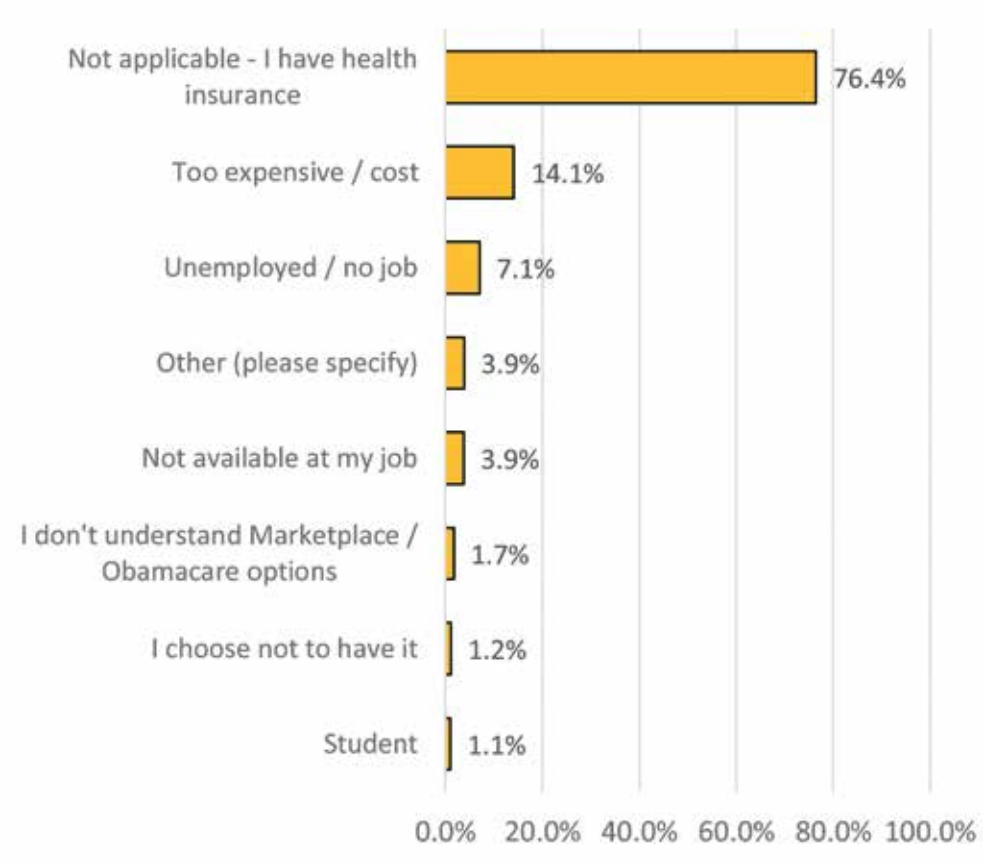
Health Insurance Status

Q23. Which of the following describes your current type of health insurance? (Check all that apply)



Fewer survey respondents (9.0%) were uninsured as compared to the service area as a whole (14.4%) (County Health Rankings for Virginia Localities 2015-2018. Small Area Health Insurance Estimates) while more respondents were publically insured (16.6% Medicaid, 18.5% Medicare) as compared to the service area (10.7%, 5.8% respectively) (US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates).

Q24. If you have no health insurance, why don't you have insurance? (Check all that apply)



Utilization of Services

Question	Yes (%)	No (%)
8(a). I have had an eye exam in the past 12 months.	57.46%	42.54%
8(b). I have had a mental health/substance abuse visit within the past 12 months.	18.47%	81.53%
8(c). I have had a dental exam within the past 12 months.	63.31%	36.69%
8(d). I have been to the Emergency Room in the past 12 months.	28.07%	71.93%
8(e). I have been to the Emergency Room for an injury in the past 12 months (such as motor vehicle crash, fall, poisoning, burn, cut, etc.).	8.57%	91.43%

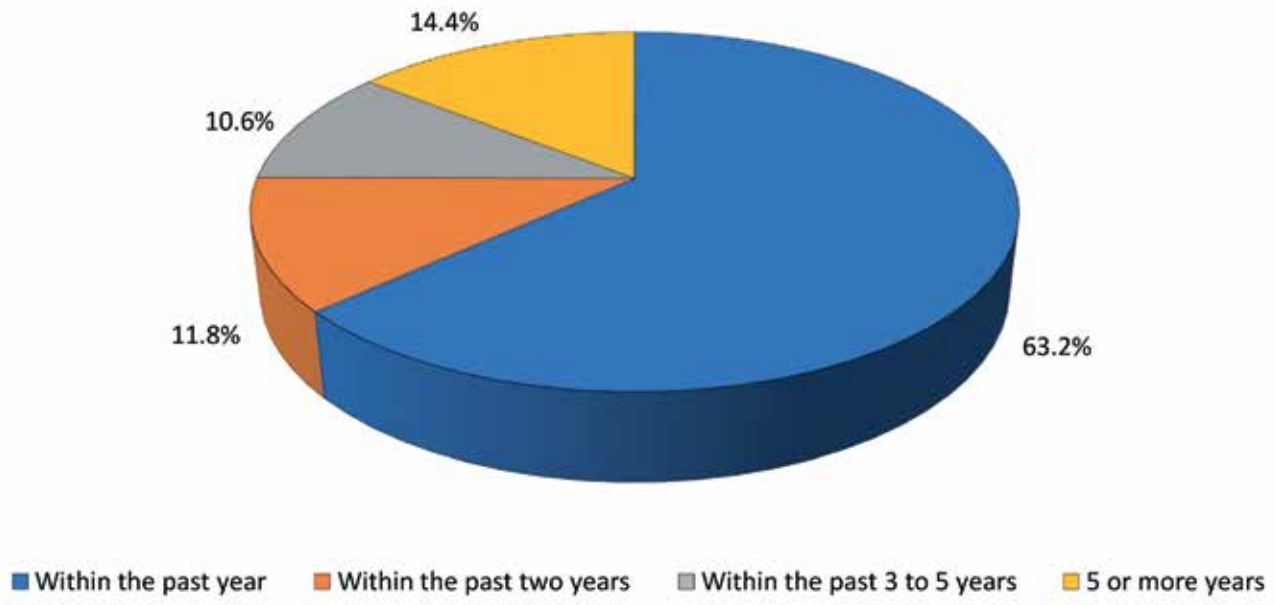
Utilization of Preventive Services

Question	Yes (%)	No (%)	N/A (%)
8(j). I am over 21 years of age and have had a pap smear in the past three years.	58.41	20.05	21.55
8(k). I am over 40 years of age and have had a mammogram in the past 12 months.	32.95	23.48	43.57
8(l). I am over 50 years of age and have had a colonoscopy in the past 10 years.	30.25	23.12	46.63

According to the US Preventive Services Task Force, cervical cancer screenings (Pap Smear) for women 21 to 65 years should occur every 3 years; biennial screening mammography for women aged 50 to 74 years; and colonoscopies for adults age 50 to 75 years every 10 years. (https://www.uspreventiveservicestaskforce.org/). For survey respondents where these screenings are applicable, over 20% are not meeting the recommendations.

Approximately 77.4% of respondents reported visiting a doctor for a routine check-up in the past year; 10.1% reported having a check-up within the past 2 years, 7.3% within the past 3 to 5 years, and 5.2% in 5 or more years (Q12).

Q13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.



Of survey respondents, almost 37% have not visited a dentist or dental clinic in over one year.

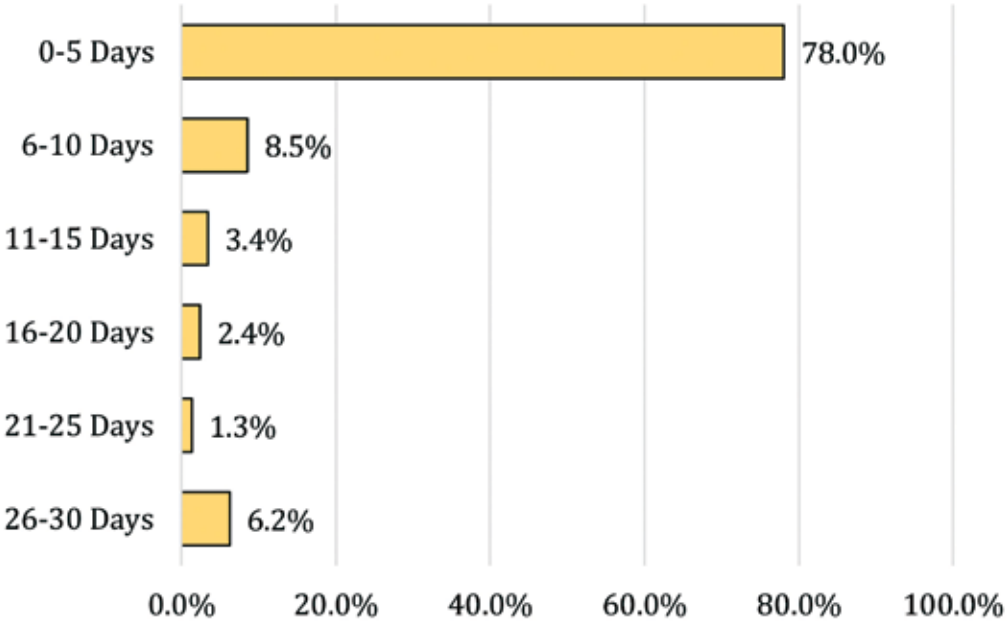
Chronic Disease

Question	Yes (%)	No (%)	N/A (%)
8(g). My doctor has told me that I have a long-term or chronic illness.	28.93%	71.07%	
8(h). I take the medicine my doctor tells me to take to control my chronic illness.	36.64%	23.18%	40.17%

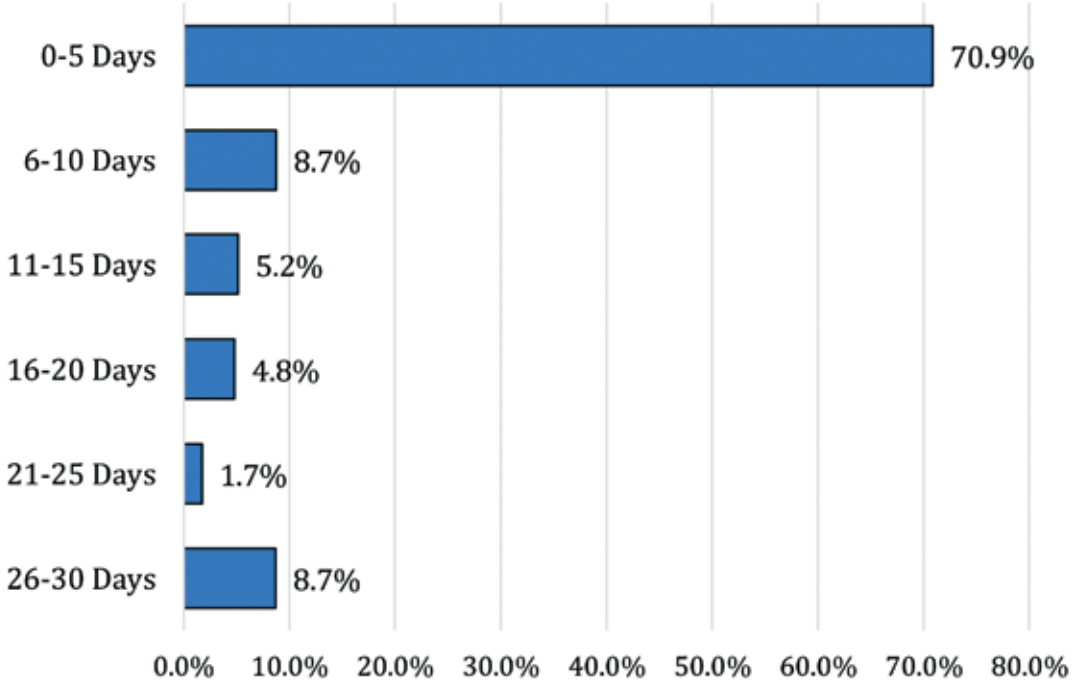
Q11. Have you been told by a doctor that you have…(Check all that apply)

	Percent
High blood pressure	32.76%
Depression or anxiety	32.24%
Obesity / Overweight	32.18%
I have no health problems	18.76%
Diabetes or high blood sugar	16.88%
Asthma	15.41%
Mental health problems	14.11%
Other (please specify)	13.01%
High Cholesterol	12.17%
Cancer	5.64%
Heart disease	4.08%
COPD/chronic bronchitis/emphysema	3.76%
Drug or alcohol problems	3.71%
Stroke / cerebrovascular disease	2.19%
HIV / AIDS	0.42%
Cerebral palsy	0.16%

Q18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?



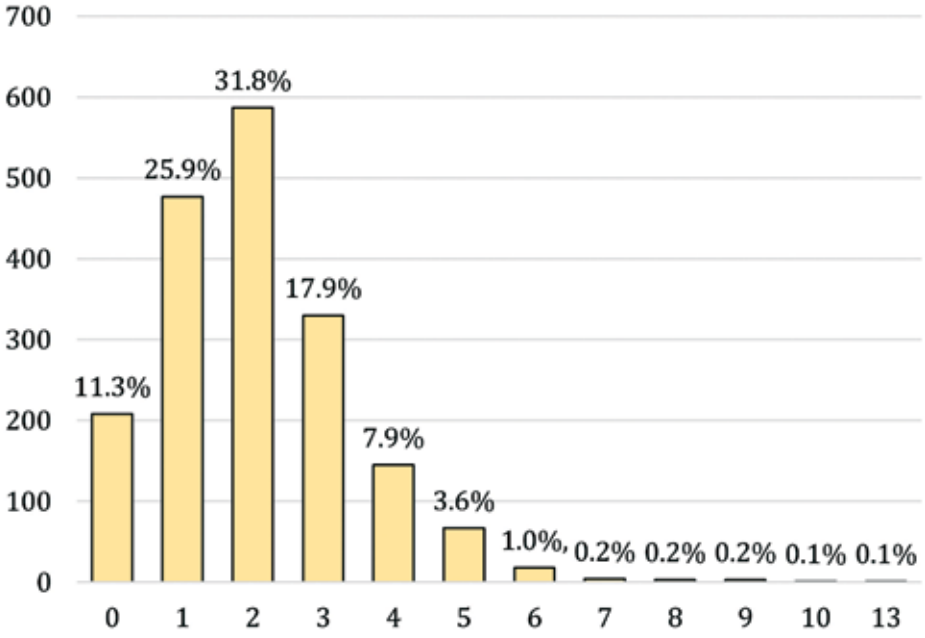
Q19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?



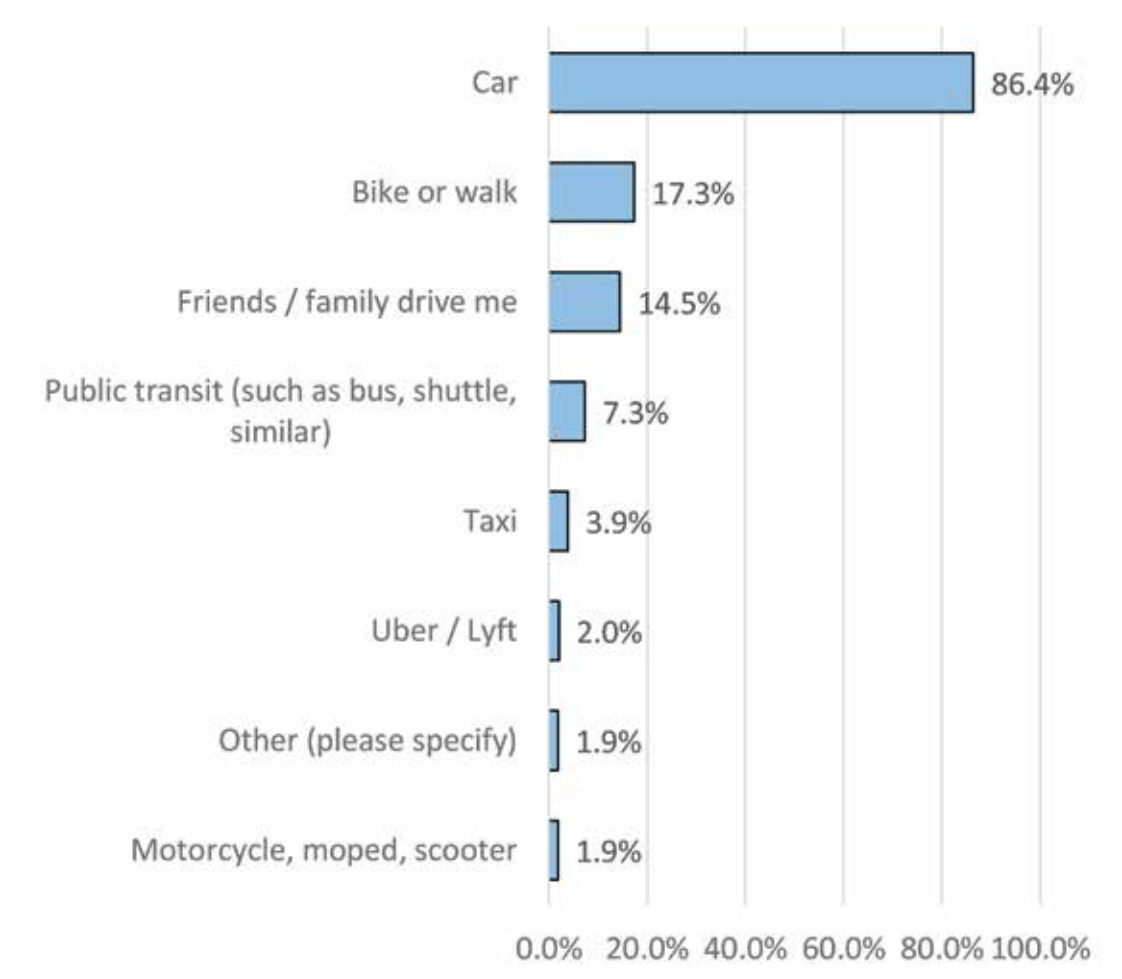
Ten percent (10%) of survey respondents reported more than two weeks of physically unhealthy days while 15% reported more than two weeks of mentally unhealthy days in the past month. These two indicators are used by the County Health Rankings to determine quality of life (morbidity) and are used to measure health-related quality of life.

Physical Environment

Q21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs.



Q22. What mode of transportation do you typically use? *Respondents were able to select more than one answer.



Top Needs

Q5. Thinking about the community, what are the five most important issues that affect the health of our community?

	Percent
Access to affordable health care	59.76%
Overweight/Obesity	31.38%
Alcohol and illegal drug use	30.47%
Mental Health problems	28.79%
Access to healthy foods	26.93%
Cancers	21.34%
Affordable housing	20.16%
Diabetes	19.12%
Poverty	16.67%
Lack of exercise	16.35%

Of the top 10 responses for the most important issues, survey respondents addressed social determinants of health (affordable housing, access to healthy foods, and poverty); healthy behaviors (lack of exercise, alcohol and illegal drug use); and clinical care and access to services (access to affordable health care; overweight/obesity; mental health problems; cancer; and diabetes).

In Their Own Words

Q39. Is there anything else we should know about your (or someone living in your home) needs in the Lynchburg Area?

Comments from respondents included the following:

- "Help!"

Housing

- Affordable accessible low income housing. Vouchers are never available, waiting lists are always closed. Apartments are full.
- Have not been able to find low income housing for 4 years. Living in temporary shelter.
- Cannot find a place for elderly relatives with Alzheimer's that will take them, and/or somewhere that we can afford.
- Housing for seniors. On fixed income paying $500 is a lot more than 1/3 of income.

Access to Care and Cost of Care

- Dental insurance lower. Mental Health services that accept Medicaid
- High deductible on insurance prevents us from going to the doctor. We have had several emergencies in the past year that have now put us in a financial bind because we pay high premiums and have such a high deductible that the insurance never covers any medical expenses.
- For me it would be having an OB appointment despite my inability to have children

or amount of income when I do not qualify for insurance through my employer. I feel penalized because I make a decent, honest wage.
- It would be great to get a Centra Primary Care office in Appomattox to have access to a PCP closer to home.
- Need a walk in doctors' office in Gretna/Hurt area, so everyone will use it instead of the Emergency room. There is a Centra doctors' office in Gretna but you have to have an appointment. People that get sick do not have time to take an appointment 2 weeks from that date, by then they are well or have went to the E.R.
- I need more help with my depression
- We need better psychiatric care and facilities as it is, but we really need a better inpatient program. This child is 6, and is currently on his 4th inpatient stay (3rd at VA Baptist), and each time they will only keep him for a week. He does not get the help he needs in only one week, nor is that adequate time for psychiatric medications to work. We need a real, separate inpatient facility for mental healthcare needs. We also need hours at PPC (for both therapists and psychiatrists) to extend beyond the M-F 8-5 shift as many work during this time.

Transportation
- I have access to the Medicaid cab, but 90% of the time they don't show.
- I need transportation to the grocery store

After reviewing the Community Health Survey data, Community Health Assessment Team (CHAT) members were to break out in small groups and address:
1. What trends, data jump out from the Community Health Survey?
2. What are actionable priorities based on current community resources?
3. Who else in the community is not in the room who can take action?

Trends/data:

Group 1: The need for affordable housing, transportation, and neighborhood support (physical activity, healthy eating, and fruit and vegetable consumption).

Group 2: Access to Mental Health services, transportation, heavy use of the Emergency Department and cost of healthcare. Centra's Lynchburg General Hospital's Emergency Department (ED) is one of the busiest in the state and the community stakeholders should increase the promotion of alternatives to the ED like the Community Access Network and other primary care practices. The cost of healthcare is too high and can be out of reach for low-income populations. Is it causing people to spend everything they have creating an even greater concern for an individual's health? Health literacy and healthy living is important for community members to understand.

Group 3: Lack of utilization of dental services is probably greater than the 25% reported in the Community Health Survey given the fact that few dentists in the area accept Medicaid and that currently there is not a comprehensive Medicaid adult dental benefit in Virginia. The group recommended breaking down the data addressing the need for affordable services and health insurance status by income of respondents as well as sorting the data by payer mix for those who reported using the ED for their medical, dental, and mental health care.

Group 4: CHAT members were surprised transportation was not more highly ranked as a barrier to accessing care especially in rural areas. Mental health problems and substance use is of great concern for survey respondents, but people who need these services are not utilizing available resources. The large prevalence of faith-based communities in the service area may have an impact on whether people delay health care treatment and preventive services due to specific beliefs, especially as it relates to mental health and substance use treatment. Another consideration is that survey respondents may use their faith leaders for mental health counseling rather than direct service providers.

Group 5: Although not strongly reflected in the Community Health Survey, transportation is a primary concern. CHAT members recommended transportation modifications include innovative programs like Uber, Lyft and a new program underway in Lynchburg involving sharing vehicles. In addition they recommended advertising and marketing healthcare facilities that have extended hours and are open late (in addition to the ED), such as the Community Access Network (CAN).

Group 6: There is a lack of knowledge about the services and resources available in the community. Our economy is bigger than most people can afford. There was also a concern regarding how many survey respondents may have a mental health issue but don't use the services available.

Actionable priorities:

- Communicate and define "physical activity and exercise" so that community members understand that active living can be a regular part of their daily life without having to join a gym.
- Develop a repository of resources that can be widely shared in the community. Develop strong marketing strategies on how to communicate this information.
- Educate community members and stakeholders on existing, accessible healthcare services and resources (i.e. Lynchburg City Schools, Lynchburg Police Department) as well as what is health literacy and healthy living (i.e. advertise in Lynchburg Business Magazine).
- Address accessible transportation from a regional perspective especially in rural areas.
- Increase the availability of free preventive care and services. Improve the response time for mental health services to avoid long waits for untreated illness.

Who else is needed to take action?

- Community members and grassroots advocates (boots on the ground)

Stakeholder Focus Group and Survey

In order to further understand the needs of the target populations in the Lynchburg Area and the factors that impact the health of these residents, a Stakeholder Focus Group meeting was held on May 21, 2018 at Lynchburg College in Lynchburg, Virginia. A total of 61 individuals attended the meeting including members of the Community Health Assessment Team and other identified cross-sector stakeholders, non-profit organizations, service providers, business leaders, and local government officials. A directory of participants can be found in the Appendix.

The focus group meeting was a two hour session. Participants were randomly assigned to a table at registration. During the session, there were small group break-outs at each table. Participants were asked to individually complete a Stakeholder's Survey and then have small group discussion about their responses. After the break-out session, each small group reported out to the larger group. Survey responses were collected after the meeting and entered into Survey Monkey. In addition, the Stakeholder's Survey was available on-line for individuals and/or organizations who were unable to attend the focus group meeting. All total, 56 surveys were completed. An example of the survey can be found in the Appendix.

Survey questions included:

1. What are the top 5 greatest needs in the community(s) you serve?
   a. Are there particular localities in the service area that have greater needs than others?
2. What do you see as the root cause of these needs?
3. What resources are available in the community to meet these needs?
4. What are the barriers to accessing these resources?
5. What is one issue/need we can work on together, to create a healthier community? How?

Responses for each survey question were sorted using an Excel workbook generated by Survey Monkey. Similar responses for each question were grouped together and coded by topic area so that the frequency of responses could be quantified by total number and percentage of responses for each question. In addition when applicable, pertinent comments depicting community need were noted.

Stakeholder Focus Group and Survey responses reflected many of the needs identified in the Community Health Survey and are delineated by question as follows.

1. What are the top 5 greatest needs in the community(s) you serve?

Area of Need	Number of Responses	% of Responses	Comments
Transportation	37	12.7%	Transportation to work & services; financial needs for transportation; reliable transportation.
Workforce Development	34	11.7%	Liveable wages; career training; employment opportunities; education; increase jobs skills training including production/ manufacturing; vocational training, non-college employment opportunities. Barriers include past criminal records, previous job history. Jobs needed for those coming out of prison.
Mental Health Services	24	8.2%	Access to services; lack of providers (psychiatrists); accountability. Mental health issues include bipolar & depression, substance use, PTSD, TBI, sexual trauma.
Childcare	23	7.9%	Affordable; infant childcare; knowledge of available services; early childhood development; quality childcare services.
Access to Housing	21	7.2%	Affordable; affordable housing for seniors, low wage working population, ex-offenders; more housing assistance; subsidized housing; safe & up to code; mixed income housing.
Access to Healthcare	20	6.9%	Affordable and accessible; limited healthcare opportunities in the surrounding counties; many providers do not accept Medicaid- long wait times; medication assistance; preventive and chronic disease management services.
Access to Food	20	6.9%	Affordable, high quality, healthy foods; need for more access especially in food deserts; quality nutrition for all ages.
Health Literacy	15	5.2%	Accessible health education & literacy; education & awareness of resources; chronic disease management education; language & interpretive services.

Area of Need	Number of Responses	% of Responses	Comments
Education	14	4.8%	Early childhood education & development; education readiness; summer enrichment program for children in need; skills based training; improved education attainment; funding; no vocational training for youth.
Substance Use	13	4.5%	Drug abuse, opioid crisis, prescription drugs; drug treatment services needed; violence & drug use.
Financial Security	12	4.1%	Liveable wages; lack of money for bills, basic needs.
Health Insurance	10	3.4%	Access for affordable options; Medicaid expansion; coverage for all; not affordable for low-income populations.
Poverty	10	3.4%	Address the root causes of poverty; generational poverty; historic concentrations of poverty in certain localities.
Public Safety	6	2.1%	Gang prevention; lack of reporting of community violence. Law enforcement- community partnerships.
Parenting Skills	4	1.4%	Seniors raising grandkids; youth transition training for parents.
Access to Programs	3	1.0%	Free services
Citizen Engagement	3	1.0%	Listen to them; offer a welcoming environment
Societal Culture	3	1.0%	Lack of stable home life; social isolation
Access	2	0.7%	
Access to Benefits	2	0.7%	SSI, SSDI
Access to Dental Care	2	0.7%	
Collaboration	2	0.7%	Community partnerships
Domestic Violence	2	0.7%	Services; child abuse
Infrastructure Development	2	0.7%	Funding; neighborhood revitalization
Lifestyle Management	2	0.7%	Obesity; workplace wellness

Area of Need	Number of Responses	% of Responses	Comments
Disability Services	1	0.3%	
Eldercare	1	0.3%	
Foster Care	1	0.3%	Lack of sufficient foster placements.
Health	1	0.3%	
Immigration	1	0.3%	
	291	**100.0%**	

1a. Are there particular localities in the service area that have greater needs than others?

Locality	Number of Responses	% of Responses	Comments
Lynchburg	44	48%	Downtown areas, pockets of poverty
Rural	14	15%	
Special Popula-tions	10	11%	Low income, Public Housing, Disabled, Youth, Elderly
Appomattox	4	4%	
Amherst	3	3%	
Campbell	3	3%	Access to care
White Rock	3	3%	
Nelson	2	2%	
Urban	2	2%	
Urban & Rural	2	2%	
All Localities	1	1%	For psychiatrists & nurses
Altavista	1	1%	
Bedford	1	1%	
Brookneal	1	1%	
	91	100%	

2. What do you see as the root cause of these needs?

	Number of Responses	% of Responses	Comments
Poverty	22	19.5%	Cycle of poverty; Downtown improvement; Generational; Income levels; PTSD from living in poverty
Education	14	12.4%	A roadmap for people to access a path to self-sustainability; Lack of education; Generational issue
Funding	7	6.3%	Money; Financial Health; Lack of funding from state & federal government; Lack of funds to pay for services; Lack of funds for early education
Lack of Resources	6	5.3%	Insufficient services in each locality; Lack of access
Employment	6	5.3%	Jobs; Lack of livable wage; Lack of skilled labor; Career training; Unemployment
Community Awareness	4	3.5%	Lack of trust, relationships, awareness & knowledge of how to receive services; Education
Racism/Segregation	4	3.5%	Lack of resources, knowledge of social injustices of the past; Residential segregation
Trust	4	3.5%	Lack of trust, relationships; Medical mistreatment
Transportation	3	2.7%	Transportation is lacking. Transportation services not of good quality.
Abuse/Neglect	2	1.8%	Systemic abuse & neglect.
Devalued Life	2	1.8%	
Entitlement	2	1.8%	Entitlement reality and mentality
Health Literacy	2	1.8%	Intergenerational information sharing and lifestyles; Lack of health related education
Life Skills	2	1.8%	
Perception	2	1.8%	
Status Quo	2	1.8%	Working to adjust understanding the status quo.
Accountability of Partners	1	0.9%	
Changing Demographics	1	0.9%	Area has not caught up with changing demographics
Collaboration (Lack of)	1	0.9%	Lack of coordination between stakeholders to join together to meet needs
Communication	1	0.9%	Disconnect

	Number of Responses	% of Responses	Comments
CUCC	1	0.9%	
Denial	1	0.9%	
Disabilities	1	0.9%	Illness
Insufficient Housing	1	0.9%	Insufficient housing & services in each locality.
Lack of Personal Responsibility	1	0.9%	
Lack of Opportunity	1	0.9%	
Medicaid	1	0.9%	
Political Divide	1	0.9%	Divided community due to political reasons
Poor Decision Making	1	0.9%	Life education- how to make wise decisions regarding the future
Provider Shortage	1	0.9%	
PTSD- Veterans	1	0.9%	I see layers & every individual I serve is different. For the population specific to veterans, the root cause would be military specific trauma, and transitioning back to civilian life.
Rural Needs Overlooked	1	0.9%	
Socioeconomic	1	0.9%	Factors include unemployment, poverty, income.
Stigma	1	0.9%	Stigma perpetuates poverty.
Systemic	1	0.9%	Underlying issues
Underground Economy	1	0.9%	"The hustle"
Underserving Populations	1	0.9%	Systemic underserving of populations.
VTI	1	0.9%	
Total	**113**	**100.0%**	

3. What resources are available in the community to meet these needs?

Resources	Number of Responses	% of Responses	Comments
Non-Profit Collaborations	17	10%	Community partnerships & collaboration. Community programs. Nonprofits in Bedford County should serve as a model for other counties (i.e. Lake Christian Ministries and Bedford Ministries) Non-profit and faith-based organizations need to step it up a notch.
Community Access Network	11	6%	
Horizon Behavioral Health	8	5%	
GLTC	7	4%	
United Way	6	3%	
Colleges and Universities	5	3%	Central Virginia Community College; Liberty University; University of Lynchburg
Education Systems	5	3%	Education readiness; public school systems & support.
Centra	4	2%	
Faith Community	4	2%	
Food Programs	4	2%	Feeding programs, food banks & pantries.
Centra Clinical Navigators	3	2%	
Child Care	3	2%	
HumanKind Transportation	3	2%	Good example of ways to work transportation services.
Johnson Health Center	3	2%	
Money	3	2%	Need better coordination of money resources.
Multiple Resources	3	2%	
Public Transportation/ Bus Lines	4	2%	
Workforce Development	3	2%	
211	2	1%	

Resources	Number of Responses	% of Responses	Comments
Behavioral Health Services	2	1%	
Business Community	2	1%	
Counseling	2	1%	
CRIA	2	1%	
Free Clinic of Central Virginia	2	1%	
Goodwill	2	1%	
Government	2	1%	
Home Health	2	1%	
Housing for Low-Income	2	1%	
Job Corps	2	1%	
LAVC	2	1%	Lynchburg Area Veterans Council
Lyn-CAG	2	1%	
Population/Citizens	2	1%	
Rush Homes	2	1%	
SNAP	2	1%	
Stable Homes	2	1%	
Stable Jobs	2	1%	
Transportation	2	1%	Transportation is still an issue
WIC	2	1%	
Aunt Bertha	1	1%	
Beacon Boys and Girls Club	1	1%	
Bedford Health	1	1%	
Bedford Ride	1	1%	
Big Brothers Big Sisters	1	1%	Changing outcomes for youth
Block Grant Funding	1	1%	
Central VA Community Health Center	1	1%	
Churches	1	1%	
Clothing Closets	1	1%	
Community Liaisons	1	1%	
DARS	1	1%	
DSS	1	1%	

Resources	Number of Responses	% of Responses	Comments
Early Childhood Education	1	1%	
Emergency Room	1	1%	
Faith Government	1	1%	
Health Centers	1	1%	
Health Department	1	1%	
Healthy Families	1	1%	
Homeless Services	1	1%	
Hope	1	1%	
Hospice Care	1	1%	
Housing for Ex-Offenders/Felons	1	1%	
IOA	1	1%	
Library	1	1%	
Lyn-cos	1	1%	
Meals on Wheels	1	1%	
Medical Providers	1	1%	
Medicare	1	1%	
Mobile Units	1	1%	
Newspaper	1	1%	
Patrick Henry	1	1%	
Salvation Army	1	1%	
Skilled Nursing Facilities	1	1%	
Social Services	1	1%	
Social Workers	1	1%	
Subsidies	1	1%	
Tech Hire	1	1%	
VDVS	1	1%	
Virginia Veteran and Family Support	1	1%	
VSO's	1	1%	
WIB	1	1%	
Total	**177**	**100%**	

4. What are the barriers to accessing these resources?

Barriers	Number of Responses	% of Responses	Comments
Transportation	18	14.8%	Childcare transportation
Community Awareness	15	12.3%	Education about resources; Limited knowledge about how to access available resources; Marketing of available resources needed (i.e. non-emergency department options for care); Messaging is powerful & impactful creating community intersection points that navigates families, individuals into greater success pathways, neighborhood by neighborhood
Funding	10	8.2%	Funding for collaborative services; Support for NPO's; Lack of state & federal funding; Money and financial need; Not enough funding available
Collaboration (Lack of)	9	7.4%	Collective collaboration among resources; Connecting & coordination of resources; Create community intersection points that navigates families/individuals into greater success pathways; Fragmentation of services; Recognize low hanging fruit & capitalize on existing networks. Highlight what is working to make equitable access to care & community services; Silos create gaps in meeting needs
Education	8	6.6%	Access to education; Education & exposure to a different way of life;
Availability of Resources	5	4.1%	Education regarding resources; Insufficient resources; Limitation of resources
Competition Between Non-Profits	4	3.3%	Competition for resources; Competition within communities
Mental Health	4	3.3%	Lack of psychiatrists; Need for greater access to services; Stigma
Shared Data	4	3.3%	Share eligibility forms, shared database
Aging Adults	3	2.5%	Focus on empowering seniors, healthy lives, resources; Illiterate seniors more hesitant to ask for help- will go hungry
Communication	3	2.5%	Outcome driven communications; Discussions on relations within community;
Fear	3	2.5%	Fear & distrust of the medical community; Fear of asking for help- embarrassment

Barriers	Number of Responses	% of Responses	Comments
Financial Health	3	2.5%	Credit; Lack of financial capacity
Stigma	3	2.5%	
Trust	3	2.5%	Lack of trust
Cultivating Grassroots Leadership	2	1.6%	
Employment	2	1.6%	Lack of job skills training; Need job options for lesser educated; Underserved economy
Lack of Motivation	2	1.6%	
Perception	2	1.6%	Judgement of those in need
Support Systems	2	1.6%	Positive support systems
Accessibility	1	0.8%	Access
Care Giver Support	1	0.8%	
Child Care	1	0.8%	
Civic Pride	1	0.8%	
Community Centers	1	0.8%	
Crisis Situations	1	0.8%	
Disabilities	1	0.8%	Physical, intellectual, mental
Documentation of Procedures	1	0.8%	
Gangs	1	0.8%	Gangs forming in 4th grade
Housing	1	0.8%	Need more housing & management services
Infrastructure	1	0.8%	Infrastructure not developed to meet all of these needs
Life	1	0.8%	
No Wrong Door	1	0.8%	
Philanthropic Structure	1	0.8%	Changing structure;
Place of Residence	1	0.8%	Neighborhood by neighborhood
Previous Police Record	1	0.8%	Felony convictions & associated policies that create barriers
Total	**122**	**100.0%**	

5. What is one issue/need we can work on together, to create a healthier community? How?

One Issue we can work on together	Number of Responses	% of Responses	Comments
Collaboration	7	15.22%	No wrong door program to connect local resources. Utilize community relationships to navigate access and/or wrap-around services. Look for intersections to improve outcomes; connect the dots. Corporate/healthcare/ community providers collectively address needs. Improve community relationships. Unite local government with faith community and non-profits to pull resources together & define priorities. Coordinate messaging & marketing of resources.
Education	7	15.22%	Education on resources. Public education. Early childhood education.
Job Training	3	6.52%	Promote trade education. Centra leads in being able to train and hire those with barriers
Better Low-Income Housing	2	4.35%	
Break Cycle of Poverty	2	4.35%	Decreasing poverty through specific policies such as developer incentives/requirements to develop affordable housing; increasing funds to GLTC to increase bus service; & raising the minimum wage.
Bridges Out of Poverty Training	2	4.35%	In all localities
Build Resource Manual	2	4.35%	Resource manual to identify community groups focused on addressing specific needs. Need to share resources.
Communication	2	4.35%	Communication within poverty areas for relationship building/creating engagement.
Transportation	2	4.35%	Ease transportation to health services. Create regional transportation solution for low income residents.
Access to Care	1	2.17%	
Affordability of Care	1	2.17%	
Community Awareness	1	2.17%	Create a culture of communication to increase awareness.

One Issue we can work on together	Number of Responses	% of Responses	Comments
Community Health Workers	1	2.17%	
Financial Health	1	2.17%	
Focus on Family Unit	1	2.17%	
Funding	1	2.17%	Funding for non-profits
Home Health	1	2.17%	Home visiting program to address social determinants in targeted populations.
Improve Effectiveness of 211	1	2.17%	
Increase Representation	1	2.17%	
Networking	1	2.17%	
Opioid Task Force	1	2.17%	Task force in each locality for fighting opioid epidemic (educating the communities as well as the doctors)
Peer Support	1	2.17%	
Racism/ Segregation	1	2.17%	Decrease segregation/stigma- decrease culture of poverty
Relationships/ Blog	1	2.17%	
Stable Food Sources	1	2.17%	
Take Action on Established Findings	1	2.17%	We know what to do and we know how to do it- why are we not doing it?
Total	**46**	**100.00%**	

Target Population Focus Groups

In order to further understand the needs of the target populations in the Lynchburg Area and the factors that impact the health of these residents, Target Population Focus Group meetings were conducted May- June 2018. All attempts were made to host four focus groups in the service area stratified by the life cycles (i.e. children, women of child-bearing years, adults and seniors) and/or other targeted populations. Participants were 18 years of age or older with no more than 10-15 participants/group. Focus groups were conducted at the following sites:

Site of Meeting	Date	Number of Participants	Cohort
HumanKind	5/17/2018	13	Clients & Staff
Blue Ridge Regional Correctional Facility	5/24/2018	9	Clients
5th Street Community Health Center- Community Access Network	5/25/2018	12	Patients & Staff
CVCC Lynchburg, Amherst Hall - Student Cohort	6/6/2018	10	Students
Total		**44**	

Each focus group meeting was a one hour face-to-face session in sites that were accessible and/or where participants already congregate. A facilitator conducted the meetings and a scribe captured the notes. Prior to beginning the meeting, the facilitator explained the format of the meeting and asked participants to sign a Confidentiality Statement. At the end of the meeting, participants were asked to complete a Community Health Survey if they had not done so already. Food and beverages were provided at each meeting. (The Target Population Focus Group Notes page and Confidentiality Statement can be found in the Appendix)

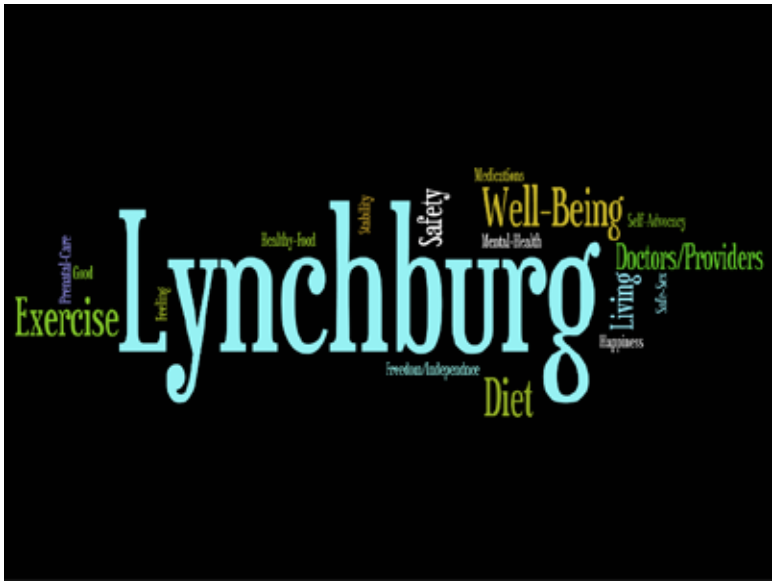
Focus group questions included:

1. In one to two words, what does health mean to you?
2. What resources/programs/services in your community help you and/or your family stay healthy?
3. How do you and/or your family know where to go for these resources/programs/services in your community?
4. What keeps you and/or your family from being healthy?
5. Is there anything else you would like to share?

Responses for each survey question were sorted using an Excel workbook. Similar responses for each question were grouped together and coded by topic area so that the frequency of responses could be quantified by total number and percentage of responses for each question. In addition when applicable, pertinent comments depicting community need were noted.

Target Population Focus Group responses reflected many of the needs identified in the Community Health Survey and Stakeholders Survey and Focus Group and are delineated by question as follows.

1. In one to two words, what does health mean to you?



What is health?	Number of Responses	% of Responses
Diet & Exercise	3	14%
Well-Being	3	14%
Doctors/Providers	2	9%
Living	2	9%
Safety/Being Careful	2	9%
Feeling Good	1	5%
Freedom/Independence	1	5%
Happiness	1	5%
Healthy Food	1	5%
Medications	1	5%
Mental Health	1	5%
Pregnancy Health	1	5%
Safe Sex	1	5%
Self-Advocacy	1	5%
Stability	1	5%
Total	22	100%

2. What resources/programs/services in your community help you and/or your family stay healthy?

Resources	Number of Responses	% of Responses
Medical Care/Hospital	7	12%
Trails/Outdoors/Parks	6	10%
Diet & Exercise	5	8%
Churches	2	3%
Community Agencies/Programs	2	3%
Health Insurance	2	3%
HumanKind	2	3%
YMCA	2	3%
Community Voice	1	2%
Dental Care	1	2%
Depends on Neighborhood	1	2%
Dialysis	1	2%
DSS	1	2%
Embrace Healthy Solutions	1	2%
Friends/Family	1	2%
Head Start	1	2%
Health Centers	1	2%
Health Department	1	2%
Horizon Behavioral Health	1	2%
Interfaith Community	1	2%
Jubilee Family Development Center	1	2%
Liberty University	1	2%
Lutheran Family Services	1	2%
Lyn-CAG	1	2%
Methadone	1	2%
Minute Clinics	1	2%
Motherhood Collective	1	2%
Organic Herb Stores	1	2%
Pathways Treatment Center	1	2%
Pediatrician	1	2%
Police	1	2%
Psychiatry	1	2%
Recreation Centers	1	2%
Red Cross	1	2%
Rivermont School	1	2%
Social Services	1	2%
Social Workers	1	2%

Resources	Number of Responses	% of Responses
Vision Care	1	2%
Volunteers	1	2%
Workplace Incentives	1	2%
Total	**60**	**100%**

3. How do you and/or your family know where to go for these resources/programs/services in your community?

How do you know about resources	Number of Responses	% of Responses
Neighbor/Friend/Word of Mouth/Family	8	21%
Internet	5	13%
Facebook/Social Media	3	8%
Newspaper	3	8%
Advertisements/Bulletin Boards	2	5%
Health Fairs	2	5%
Medical Providers/Staff	2	5%
Region 2000 Youth workers	2	5%
DSS	1	3%
211	1	3%
Centra	1	3%
Churches	1	3%
HumanKind	1	3%
Library	1	3%
Programs	1	3%
Radio	1	3%
Teachers	1	3%
Television	1	3%
Work	1	3%
Total	**38**	**100%**

4. What keeps you and/or your family from being healthy?

Barriers to health	Number of Responses	% of Responses	Comments
Transportation	6	9%	Access; lack of transportation; Medicaid cab unreliable; expense, time, & distance
Lack of Mental Health Resources for Children	3	5%	Lack of resources for autism; Resources that accept private insurance
Lack of Money	3	5%	Cannot afford it
Stress	3	5%	
Access to Affordable Care	2	3%	
Awareness	2	3%	Not knowing where to go, for what; obstacles & barriers
Criminal Record	2	3%	Getting assistance if you have a record (felony, misdemeanor, addictions) or have a male family member who is ineligible
Education	2	3%	No knowledge of how to eat healthy, obtain, store and prepare healthy foods.
Fear	2	3%	
High Deductible	2	3%	
Long Applications	2	3%	Navigating the ACA system and understanding the coverage you need
Long Wait Time/Lists	2	3%	
Navigating Health System	2	3%	Too much or confusing information; understanding Medicaid & meeting copays
Priorities/Responsibilities	2	3%	
Stigma	2	3%	Stigma about mental health; stigma of using services
Time	2	3%	Too busy
Alcohol/Tobacco/Drugs	1	2%	
Apathy	1	2%	
Authority	1	2%	
Bus Routes	1	2%	
Child Care	1	2%	
Children	1	2%	

Barriers to health	Number of Responses	% of Responses	Comments
Communication	1	2%	Lack of communication from service providers
Diet & Exercise	1	2%	Poor nutrition
Employment	1	2%	Work
Family Drama/Negative Relationships	1	2%	Friends & family are a negative influence
Fatigue	1	2%	
Isolation/Loneliness	1	2%	Lack of companionship
Lack of Freedom	1	2%	
Lack of Sidewalks	1	2%	
Language Barriers	1	2%	
Laziness	1	2%	
Medical Malpractice/Misdiagnosis	1	2%	
Mental Health	1	2%	Poor mental health
Non-Compliance	1	2%	Untreated medical issues
Policy	1	2%	Process, policies
Poverty	1	2%	Cycle of poverty
Racial Perceptions of Mental Health	1	2%	White/black different perceptions about mental health
Violence	1	2%	
Water Contaminants	1	2%	
Women	1	2%	
Total	**64**	**100%**	

5. Is there anything else you would like to share?

Other	Number of Responses	% of Responses	Comments
Domestic violence.	3	9%	Shelters available but no other support services
Dropping out of school.	2	6%	
Drug problems.	2	6%	
Health equity.	2	6%	Equity in care; have to be 100% healthy
Lack of understanding and judgment.	2	6%	There is lack of understanding, compassion, education about certain issues; judgmental (sic)
More assisted living and nursing care.	2	6%	Mindset around seniors/elderly. Therapy needed for long-term care residents once removed from rehab care. They become "warehoused" & no real rehab provided (partly because of insurance)
More programs for children with special needs.	2	6%	Programs through parks & rec
More programs for single mothers.	2	6%	
More programs.	2	6%	Existing programs do not cover all the needs. Social programs are not sufficient to promote health or benefits could be lost too early.
More social workers.	2	6%	
Sexual assault counseling.	2	6%	
Too much red tape to get services.	2	6%	Need easier path to get needed services (red tape, bias, process); too many closed doors
Expand dental and vision services.	1	3%	
Expand follow-up for mental health admissions.	1	3%	
Expand services for PTSD.	1	3%	
More collaboration.	1	3%	
More preventative vs. reactive services.	1	3%	

Other	Number of Responses	% of Responses	Comments
More resources for self-harmers.	1	3%	
No housing for LGBTQ.	1	3%	Extra challenges
Rapid rehousing	1	3%	Rapid rehousing is great but maybe they do not understand all the struggles.
Sexually transmitted diseases.	1	3%	
Total	**34**	**100%**	

Secondary Data

Introduction

Secondary data in this assessment includes population data for the Centra Lynchburg Service Area. The service area includes Amherst, Appomattox, Campbell counties, Lynchburg City and three zip codes in Pittsylvania County (24531, 24557, and 24563)

TABLE: Population by Age Category by Locality

	Amherst		Appomattox	
AGE GROUP	Number	Percent	Number	Percent
Under 5 years	1,682	5.3%	876	5.7%
5 to 9 years	1,601	5.0%	915	6.0%
10 to 14 years	1,918	6.0%	906	5.9%
15 to 19 years	2,258	7.1%	959	6.3%
20 to 24 years	2,045	6.4%	809	5.3%
25 to 34 years	3,166	9.9%	1,775	11.6%
35 to 44 years	3,797	11.9%	1,783	11.6%
45 to 54 years	4,750	14.8%	2,155	14.1%
55 to 59 years	2,353	7.4%	1,277	8.3%
60 to 64 years	2,392	7.5%	954	6.2%
65 to 74 years	3,494	10.9%	1,736	11.3%
75 to 84 years	1,956	6.1%	844	5.5%
85 years and over	587	1.8%	325	2.1%
Median Age	**43.9**	**100.0%**	**42.8**	**100.0%**
TOTAL	**31,999**		**15,314**	

Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2012-2016 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov

TABLE: Population by Age Category by Locality

	Campbell		Lynchburg		Pittsylvania (1)	
AGE GROUP	Number	Percent	Number	Percent	Number	Percent
Under 5 years	2,820	5.1%	4,693	6.0%	1,008	4.6%
5 to 9 years	3,320	6.0%	3,808	4.8%	1,070	4.9%
10 to 14 years	3,002	5.5%	4,363	5.5%	959	4.4%
15 to 19 years	3,287	6.0%	8,348	10.6%	1,217	5.6%
20 to 24 years	3,591	6.5%	13,543	17.2%	1,186	5.4%
25 to 34 years	6,660	12.1%	10,197	12.9%	2,237	10.3%
35 to 44 years	6,638	12.1%	6,937	8.8%	2,504	11.5%
45 to 54 years	8,026	14.6%	7,882	10.0%	3,168	14.5%
55 to 59 years	4,107	7.5%	4,324	5.5%	2,037	9.3%
60 to 64 years	3,628	6.6%	3,640	4.6%	1,516	7.0%
65 to 74 years	5,757	10.5%	5,533	7.0%	2,772	12.7%
75 to 84 years	3,232	5.9%	3,423	4.3%	1,678	7.7%
85 years and over	993	1.8%	2,064	2.6%	455	2.1%
Median Age	42.8	100.0%	28.6	100.0%	49.2	100.0%
TOTAL	**55,061**		**78,755**		**21,807**	

(24531, 24557, and 24563)

TABLE: Population by Age Category by Locality

Service Area			
AGE GROUP	Number	Percent	VA
Under 5 years	11,079	5.5%	6.1%
5 to 9 years	10,714	5.3%	6.3%
10 to 14 years	11,148	5.5%	6.2%
15 to 19 years	16,069	7.9%	6.6%
20 to 24 years	21,174	10.4%	7.1%
25 to 34 years	24,035	11.8%	13.8%
35 to 44 years	21,659	10.7%	13.2%
45 to 54 years	25,981	12.8%	14.2%
55 to 59 years	14,098	6.9%	6.7%
60 to 64 years	12,130	6.0%	5.9%
65 to 74 years	19,292	9.5%	8.2%
75 to 84 years	11,133	5.5%	4.0%
85 years and over	4,424	2.2%	1.7%
Median Age	**38.1**	**100.0%**	**100.0%**
TOTAL	**202,936**		

TABLE: Population by Sex

LOCALITY	Male	Percent	Female	Percent
AMHERST	15,346	48.0%	16,653	52.0%
APPOMATTOX	7,824	51.1%	7,890	51.5%
CAMPBELL	26,745	48.6%	28,316	51.4%
LYNCHBURG	36,987	47.0%	41,768	53.0%
PITTSYLVANIA	10,998	50.4%	10,809	49.6%
SERVICE AREA	**97,900**	**48.1%**	**105,436**	**51.9%**
VIRGINIA		**49.2%**		**50.8%**

Table Source: US Census. American Fact Finder. American Community Survey 2012-2016 Demographic and Housing Estimates. Table DP05.

TABLE: Population by Race

LOCALITY	White	Black	Asian	American Indian/ Alaskan Native	Native Hawaiian/ Pacific Isl.	Some Other Race	Two or More Races	Not Hispanic or Latino	Hispanic or Latino
AMHERST	24,195	5,710	95	185	14	34	1,067	699	31,300
APPOMATTOX	11,736	3,149	7	12	-	-	224	186	15,128
CAMPBELL	44,296	7,694	60	449	21	125	1,328	1,088	53,973
LYNCHBURG	49,615	22,231	201	2,089	14	106	1,869	2,630	76,125
PITTSYLVANIA	16,116	5,052	6	100	-	11	239	283	21,524
SERVICE AREA	**145,958**	**43,836**	**369**	**2,835**	**49**	**276**	**4,727**	**4,886**	**198,050**

TABLE: Population by Race by Percent of Total Population

LOCALITY	White	Black	Asian	American Indian/ Alaskan Native	Native Hawaiian/ Pacific Isl.	Some Other Race	Two or More Races	Not Hispanic or Latino	Hispanic or Latino
AMHERST	75.6%	17.8%	0.3%	0.6%	0.0%	0.1%	3.3%	2.2%	97.8%
APPOMATTOX	76.6%	20.6%	0.0%	0.1%	0.0%	0.0%	1.5%	1.2%	98.8%
CAMPBELL	80.4%	14.0%	0.1%	0.8%	0.0%	0.2%	2.4%	2.0%	98.0%
LYNCHBURG	63.0%	28.2%	0.3%	2.7%	0.0%	0.1%	2.4%	3.3%	96.7%
PITTSYLVANIA	73.9%	23.2%	0.0%	0.5%	0.0%	0.1%	1.1%	1.3%	98.7%
SERVICE AREA	**64.6%**	**19.4%**	**0.2%**	**1.3%**	**0.0%**	**0.1%**	**2.1%**	**2.2%**	**87.6%**
VIRGINIA	**63.1%**	**18.9%**	**0.2%**	**6.0%**	**0.1%**	**0.2%**	**2.8%**	**8.7%**	**91.3%**

Table(s) Source: US Census. American Fact Finder. Table DP05. Demographic and Housing Estimates. 2012-2016 American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov

TABLE: Language Spoken at Home

LOCALITY	Non-English Percent	Total Population	Non-English Speakers	% Non-English Speakers	Spanish	Asian or Pacific Isl.
AMHERST	4.0%	30,317	1,198	4.0%	99	125
APPOMATTOX	1.3%	14,438	191	1.3%	29	-
CAMPBELL	3.0%	52,241	1,551	3.0%	14	480
LYNCHBURG	7.3%	74,062	5,419	7.3%	1,998	1,463
PITTSYLVANIA	2.2%	21,470	463	2.2%		
SERVICE AREA	**4.6%**	**192,528**	**8,822**	**4.6%**	**3,440**	**2,068**
VIRGINIA	**15.5%**		**1,211,386**	**15.5%**		**287,396**

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S1601.

SOCIOECONOMIC FACTORS

Social Vulnerability Index

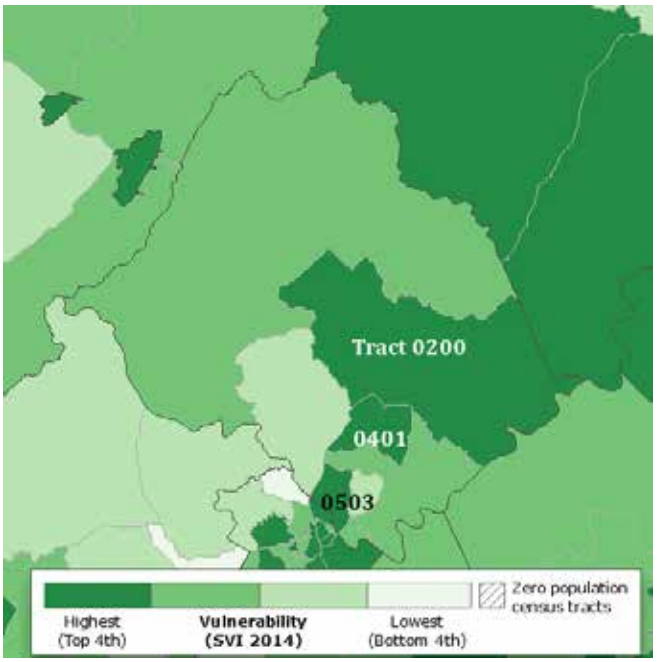
"What is Social Vulnerability? Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic (caused by human action or inaction) event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The Agency for Toxic Substances and Disease Registry's Geospatial Research, Analysis & Services Program (GRASP) created a tool to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. The Social Vulnerability Index (SVI) indicates the relative vulnerability of every U.S. Census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks the tracts on 15 social factors, including unemployment, minority status, and disability, and further groups them into four related themes. Thus, each tract receives a ranking for each Census variable and for each of the four themes, as well as an overall ranking. The Socioeconomic theme includes the American Community Survey's 5-year date for 2010-2014 for the following variables; below poverty, unemployed, income and no high school diploma."

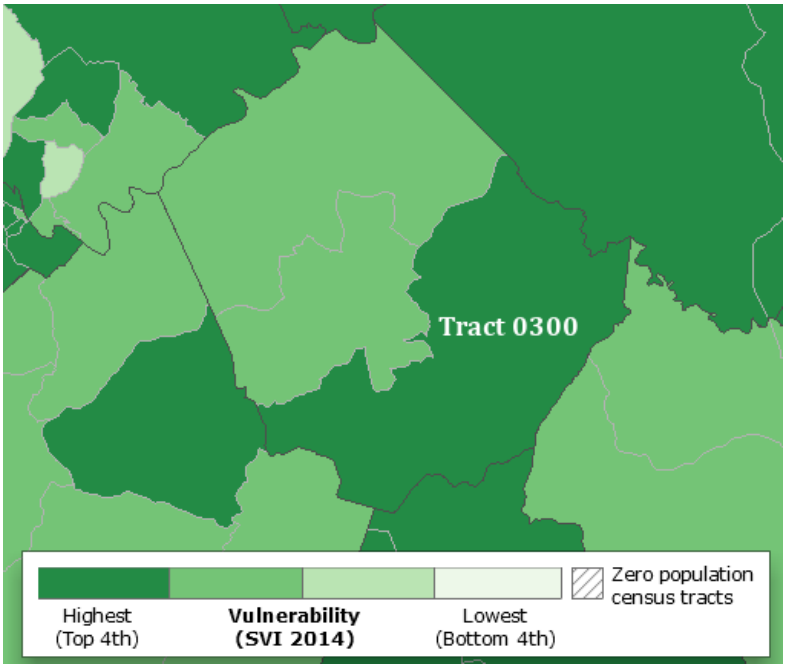
[Citation: Agency for Toxic Substances & Disease Registry. Social Vulnerability Index (SVI) Mapping Dashboard. Retrieved from https://svi.cdc.gov/map.aspx]

For purposes of this assessment, the maps provide visual representation of highest vulnerability combining the four Socioeconomic factors. The last four digits of the Census Tract are used for identification.

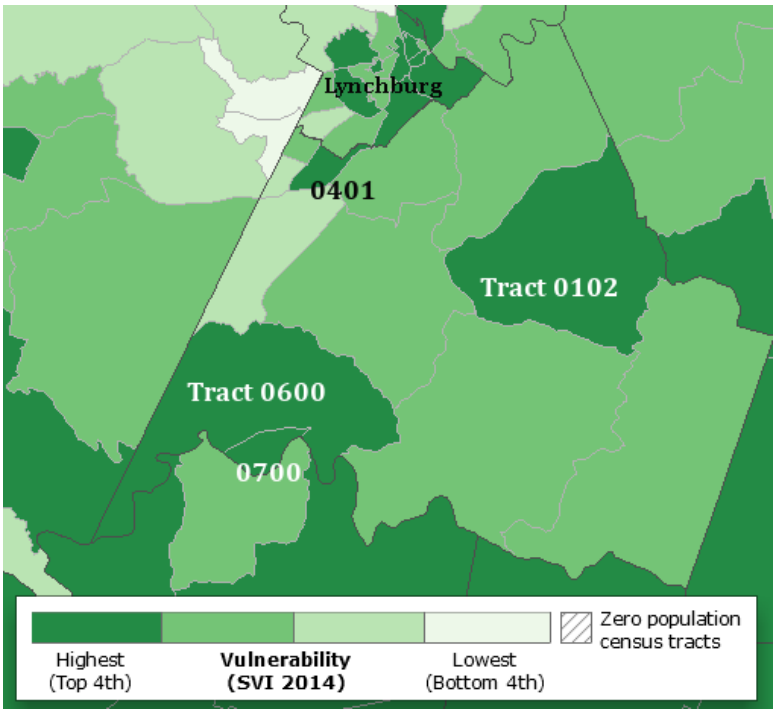
Amherst County – Population residing in highest quartile: 40% (12,936)



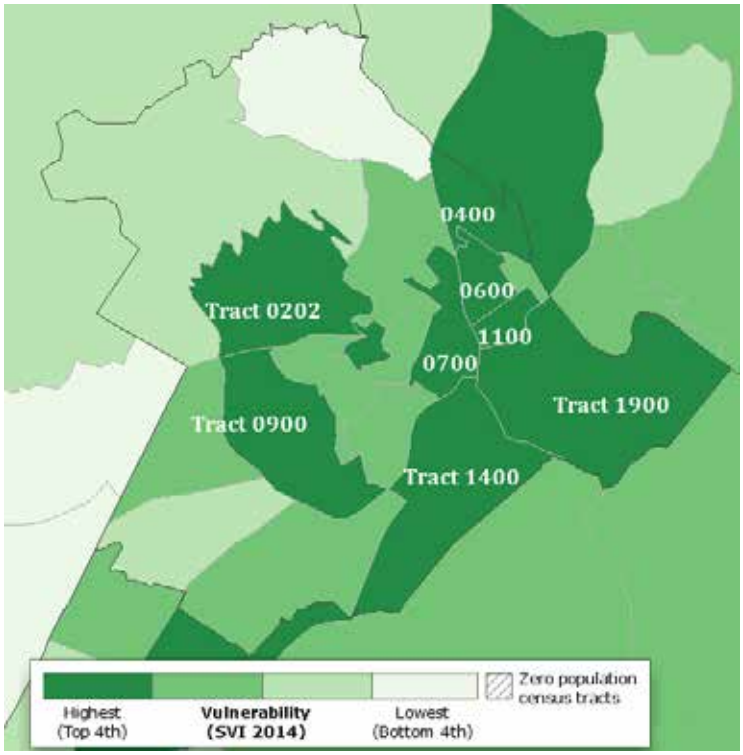
Appomattox County – Population residing in highest quartile: 28.3% (4,245)



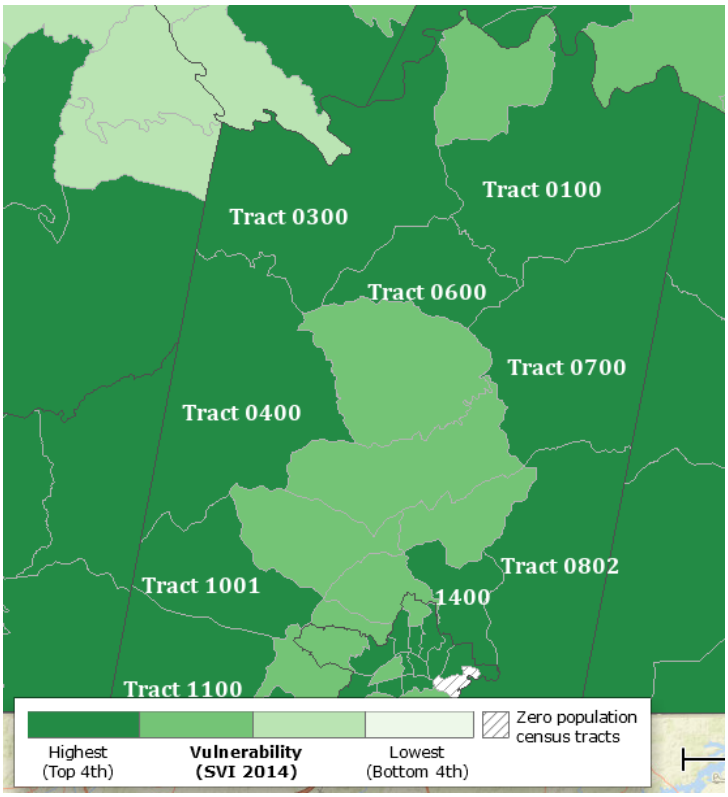
Campbell County – Population residing in highest quartile: 31.7% (17,396)



Lynchburg – Population residing in highest quartile: 48.7% (37,788)



Pittsylvania – Population residing in highest quartile: 55.5% (35,249)



SOCIOECONOMIC FACTORS

1. Education

"Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education. Research based on decades of experience in the developing world has identified educational status (especially of the mother) as a major predictor of health outcomes, and economic trends in the industrialized world have intensified the relationship between education and health. In the United States, the gradient in health outcomes by educational attainment has steepened over the last four decades [7,8] in all regions of the United States, [9] producing a larger gap in health status between Americans with high and low education. Among white Americans without a high school diploma, especially women, [10] life expectancy has decreased since the 1990s, whereas it has increased for others. [8] Death rates are declining among the most educated Americans, accompanied by steady or increasing death rates among the least educated. [11] The statistics comparing the health of Americans based on education are striking:

- At age 25, U.S. adults without a high school diploma can expect to die 9 years sooner than college graduates. [12]
- According to one study, college graduates with only a Bachelor's degree were 26 percent more likely to die during a 5-year study follow-up period than those with a professional degree. Americans with less than a high school education were almost twice as likely to die in the next 5 years compared to those with a professional degree. [13]

- Among whites with less than 12 years of education, life expectancy at age 25 fell by more than 3 years for men and by more than 5 years for women between 1990 and2008. [8]
- By 2011, the prevalence of diabetes had reached 15 percent for adults without a high school education, compared with 7 percent for college graduates. [14]

Citation: Zimmerman, E. B., Woolf, S.H., Haley, A. Agency for Healthcare Research and Quality. Population Health: Behavioral and Social Science Insights. Understanding the Relationship Between Education and Health. Accessed March 22, 2018. Retrieved from https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html. Footnotes in article - Missing Page. Content last reviewed July 2015. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/ref12/index.html

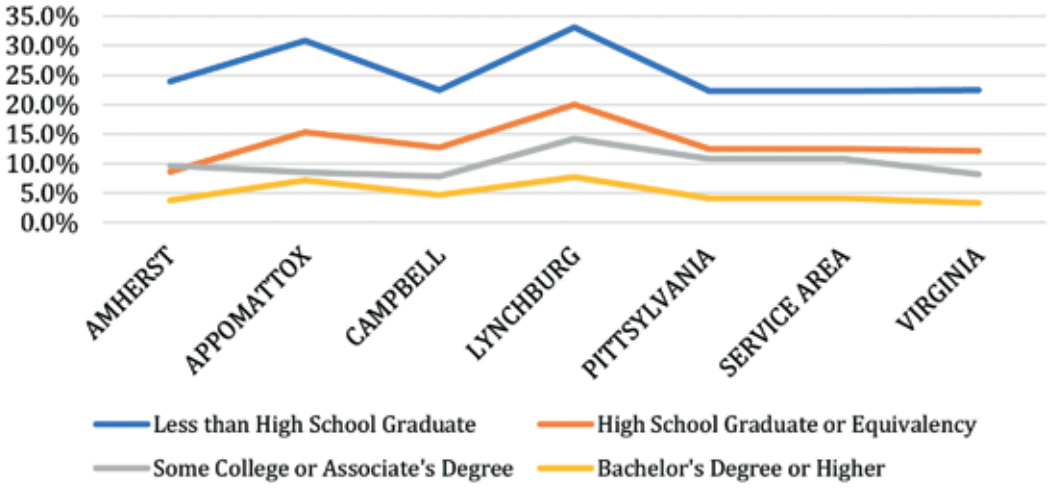
Poverty Status and Educational Attainment

TABLE: Poverty Rate for the Population 25 Years and Over and for Whom Poverty Status is Determined by Educational Attainment

LOCALITY	Less than High School Graduate	High School Graduate or Equivalency	Some College or Associate's Degree	Bachelor's Degree or Higher
AMHERST	23.9%	8.6%	9.7%	3.8%
APPOMATTOX	30.8%	15.3%	8.5%	7.2%
CAMPBELL	22.4%	12.7%	7.8%	4.7%
LYNCHBURG	33.1%	20.0%	14.2%	7.7%
PITTSYLVANIA	22.3%	12.5%	10.8%	4.1%
SERVICE AREA	**22.3%**	**12.5%**	**10.8%**	**4.1%**
VIRGINIA	**22.4%**	**12.1%**	**8.2%**	**3.3%**

Chart: Poverty Status by Educational Attainment

Table and Chart Source: US Census. American Fact Finder. Poverty Status in the last 12 months. 2012-2016. American



Community Survey 5-Year Estimates. Table S1701.

Among service area localities, 1 in 3 Lynchburg residents living in poverty have less than a high school education. Not far behind Lynchburg are persons living in poverty in Appomattox County where 3 in ten persons in poverty have less than a high school education. Across localities, the service area, and overall state rate, the largest difference is between those who have less than a high school education and those who have a high school education or equivalent – a stark representation of the value of achieving, at a minimum, a high school or equivalent education. Chart 1 provides a visual representation of the difference in poverty status based on educational attainment with a clear indication of the gulf between less than a high school education and those with a high school education.

Educational Attainment

TABLE: Educational Attainment by Locality for the Population Age 25 and Over

LOCALITY	Population 25Years and Over	Less than High School Graduate	High School Graduate or Equivalency	Some College or Associate's Degree	Bachelor's Degree or Higher
AMHERST	22,495	17.3%	34.9%	29.0%	18.9%
APPOMATTOX	10,849	16.4%	35.4%	28.6%	19.6%
CAMPBELL	39,041	14.6%	34.0%	31.1%	20.4%
LYNCHBURG	44,000	11.8%	25.5%	29.4%	33.3%
PITTSYLVANIA	16,367	20.1%	38.3%	28.1%	13.5%
SERVICE AREA	**132,752**	**14.9%**	**32.0%**	**29.6%**	**23.5%**
VIRGINIA		**11.4%**	**24.5%**	**27.2%**	**36.9%**

Table Source: US Census. American Fact Finder. Educational Attainment 2012-2016 American Community Survey 5-Year Estimates. Table S1501.

There is striking difference between the overall state rate across all attainment categories and the overall service area and localities that comprise the service area rates. Most glaring is the 1 in 5 Pittsylvania County (ZTCAs 24531, 24557, 24563) residents age 25 and older with less than a high school education. Amherst and Appomattox counties also have significantly higher rates than the overall state rate and the combined service area rate.

Graduation and Drop-Out Rates

TABLE: On-Time Graduation and Drop-Out Rates by School, by Locality by Race by Selected Subgroup by Percent

AMHERST

Amherst County High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	95.7%	93.2%	99.3%	95.2%	96.4%	95.7%	95.9%
Drop-out Rate	2.0%	2.9%	0.7%	1.7%	2.4%	0.8%	2.0%

APPOMATTOX

Appomattox Co. High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	95.1%	93.9%	96.6%	95.2%	97.4%	94.9%	0.0%
Drop-out Rate	1.6%	3.1%	0.0%	2.4%	0.0%	1.3%	13.3%

CAMPBELL

Altavista High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	93.3%	94.9%	91.3%	92.6%	93.3%	91.4%	93.8%
Drop-out Rate	1.9%	0.0%	4.3%	1.5%	3.3%	0.0%	6.3%

Brookville High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	93.1%	93.5%	92.7%	93.0%	95.8%	93.4%	91.9%
Drop-out Rate	3.3%	3.3%	3.3%	3.0%	0.0%	3.3%	8.1%

Rustburg High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	93.3%	90.6%	96.8%	93.6%	92.0%	89.7%	83.3%
Drop-out Rate	4.3%	5.1%	3.2%	4.1%	4.0%	4.4%	8.3%

William Campbell High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	89.6%	85.7%	92.3%	85.1%	100.0%	87.9%	NR
Drop-out Rate	7.5%	7.1%	7.7%	10.6%	0.0%	12.1%	NR

LYNCHBURG

E.C. Glass HS		Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disabilities
On-Time Grad. Rate	84.8%	79.9%	89.3%	95.6%	74.8%	73.3%	75.2%	63.6%
Drop-out Rate	9.1%	12.6%	5.9%	2.2%	14.2%	26.7%	12.8%	21.2%

Heritage High School		Male	Female	White	Black	Economically Disadvantaged	Disabilities
On-Time Graduation Rate	88.8%	86.9%	90.9%	93.8%	87.0%	87.9%	77.8%
Drop-out Rate	8.8%	10.0%	7.4%	6.2%	9.4%	9.1%	16.7%

PITTSYLVANIA

Chatham High School		Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disabilities
On-Time Grad. Rate	88.9%	88.9%	88.9%	86.9%	95.7%	90.0%	86.8%	73.5%
Drop-out Rate	4.8%	10.1%	11.1%	13.1%	4.3%	0.0%	12.1%	26.5%

Gretna High School		Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disabilities
On-Time Grad. Rate	90.1%	88.5%	92.5%	87.7%	93.2%		87.4%	85.7%
Drop-out Rate	8.4%	9.0%	7.5%	11.1%	4.5%		10.3%	14.3%

Table Source: Virginia Department of Education. Statistics and Reports. Graduation, Completion, Dropout & Postsecondary Date. 2013-2017 Cohort. Accessed March 22, 2018. Retrieved from http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml

Chronic Absenteeism

"Chronic absenteeism—or missing at least 10 percent of school days in a school year for any reason, excused or unexcused—is a primary cause of low academic achievement and a powerful predictor of those students who may eventually drop out of school. An estimated five to seven and a half million students miss 18 or more days of school each year, or nearly an entire month or more of school, which puts them at significant risk of falling behind academically and failing to graduate from high school. Because they miss so much school, millions of young people miss out on opportunities in post-secondary education and good careers.

Chronic absenteeism is also an equity issue, and it is particularly prevalent among students who are low-income, students of color, students with disabilities, students who are highly mobile, and/or juvenile justice-involved youth—in other words, those who already tend to face significant challenges and for whom school is particularly beneficial. Moreover, chronic absenteeism is often confused with truancy, which can lead to disproportionate suspensions and expulsions from school and inappropriate referrals of students and families to law enforcement."

[Citation: US Department of Education. Every Student, Every Day National Conference: Eliminating Chronic Absenteeism by Implementing and Strengthening Cross-Sector Systems of Support for All Students. June 2016. Retrieved from https://www2.ed.gov/about/inits/ed/chronicabsenteeism/index.html]

TABLE: Chronic Absenteeism by Percent

LOCALITY	2017-2016	2016-2015	2015-2014
AMHERST	14.2	21.2	14.0
APPOMATTOX	10.7	8.9	10.9
CAMPBELL	8.3	8.4	8.5
LYNCHBURG	12.7	12.0	12.0
PITTSYLVANIA	11.9	11.8	11.8
SERVICE AREA	**11.4**	**12.0**	**11.3**
VIRGINIA	**10.6**	**10.4**	**10.1**

Table Source: KIDS COUNT data center at https://datacenter.kidscount.org/data/tables/9607-chronic-absenteeism#detailed/5/6812-6821,6823-6945/false/1636,1635,1634/any/18819,18820

The chronic absenteeism rate in the service area is higher than the overall state rate. Absenteeism rates for the state, service area, or the localities that comprise the service area have generally remained steady over the four-year period (2014-2017). Amherst County has the second highest absenteeism rate and the highest percentage of persons age 25 and older who have less than a high school education. Paradoxically, while Lynchburg has the second-highest absenteeism rate, that figure is not reflected in the percentage of persons who have attained some college or a Bachelor's degree or higher.

Free and Reduced Lunch Data

"The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day. Participating school districts and independent schools receive cash subsidies and USDA Foods for each reimbursable meal they serve. In exchange, NSLP institutions must serve lunches that meet Federal meal pattern requirements and offer the lunches at a free or reduced price to eligible children. School food authorities can also be reimbursed for snacks served to children who participate in an approved afterschool program including an educational or enrichment activity. All NSLP lunches must meet Federal requirements, though decisions about the specific foods to serve and the methods of preparation are made by local school food authorities."

Eligibility

"Children may be determined 'categorically eligible' for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program (SNAP), or based on their status as a homeless, migrant, runaway, or foster child. Children enrolled in a federally-funded Head Start Program, or a comparable State-funded pre-kindergarten program, are also categorically eligible for free meals. Children can also qualify for free or reduced-price school meals based on household income and family size. Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduced price meals. Schools may not charge children more than 40 cents for a reduced-price lunch."

[Citation: United States Department of Agriculture. The National School Lunch Program. Retrieved from https://fns-prod.azureedge.net/sites/default/files/cn/NSLPFactSheet.pdf]

TABLE: Free and Reduced Lunch Program Statistics by Locality by School

AMHERST COUNTY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
MONELISON MIDDLE	Middle	551	265	48.09%	34	6.17%	299	54.26%
AMHERST ED CTR		37	27	72.97%	2	5.41%	29	78.38%
MADISON HEIGHTS ELEM	Elementary	443	279	62.98%	50	11.29%	329	74.27%
AMHERST MIDDLE	Middle	355	139	39.15%	24	6.76%	163	45.92%
TEMPERANCE ELEM	Elementary	113	51	45.13%	8	7.08%	59	52.21%
AMHERST COUNTY HIGH	High	1,160	415	35.78%	89	7.67%	504	43.45%
ELON ELEM	Elementary	316	104	32.91%	15	4.75%	119	37.66%
CENTRAL ELEM	Elementary	357	223	62.46%	31	8.68%	254	71.15%
AMELON ELEM	Elementary	443	192	43.34%	50	11.29%	242	54.63%
AMHERST ELEM	Elementary	291	114	39.18%	11	3.78%	125	42.96%
TOTAL		**4,066**	**1,809**	**44.49%**	**314**	**7.72%**	**2,123**	**52.21%**

APPOMATTOX COUNTY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
APPOMATTOX ELEM	Elementary	524	246	46.95%	37	7.06%	283	54.01%
APPOMATTOX MIDDLE	Middle	478	206	43.10%	18	3.77%	224	46.86%
APPOMATTOX PRIMARY	Elementary	565	279	49.38%	28	4.96%	307	54.34%
APPOMATTOX CO HIGH	High	694	271	39.05%	34	4.90%	305	43.95%
TOTAL		**2,261**	**1,002**	**44.32%**	**117**	**5.17%**	**1,119**	**49.49%**

CAMPBELL COUNTY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
BROOKVILLE MIDDLE	Middle	716	229	31.98%	48	6.70%	277	38.69%
CAMPBELL CO TECH CTR		246	93	37.80%	12	4.88%	105	42.68%
TOMAHAWK ELEM	Elementary	691	252	36.47%	30	4.34%	282	40.81%
CONCORD ELEM	Elementary	401	166	41.40%	21	5.24%	187	46.63%
ALTAVISTA HIGH	Combined	608	258	42.43%	37	6.09%	295	48.52%
RUSTBURG MIDDLE	Middle	605	246	40.66%	44	7.27%	290	47.93%
RUSTBURG HIGH	High	802	300	37.41%	53	6.61%	353	44.01%
WM CAMPBELL HIGH	Combined	408	211	51.72%	25	6.13%	236	57.84%
ALTAVISTA ELEM	Elementary	520	280	53.85%	40	7.69%	320	61.54%
BROOKNEAL ELEM	Elementary	374	219	58.56%	21	5.61%	240	64.17%

LEESVILLE ROAD ELEM	Elementary	665	248	37.29%	41	6.17%	289	43.46%
YELLOW BRANCH ELEM	Elementary	582	271	46.56%	30	5.15%	301	51.72%
BROOKVILLE HIGH	High	849	203	23.91%	52	6.12%	255	30.04%
RUSTBURG ELEM	Elementary	462	270	58.44%	31	6.71%	301	65.15%
TOTAL		**7,929**	**3,246**	**40.94%**	**485**	**6.12%**	**3,731**	**47.06%**

LYNCHBURG CITY	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL Eligibility	TOTAL Percent
LAUREL REG'L SPEC ED		57	32	56.14%	3	5.26%	35	61.40%
DEARINGTON INNOVAT.	Elementary	178	162	91.01%	0	0.00%	162	91.01%
T.C. MILLER INNOVAT	Elementary	246	224	91.06%	0	0.00%	224	91.06%
HERITAGE HIGH	High	1,055	591	56.02%	61	5.78%	652	61.80%
PAUL LAURENCE DUNBAR	Middle	657	600	91.32%	0	0.00%	600	91.32%
ROBERT S. PAYNE ELEM	Elementary	527	481	91.27%	0	0.00%	481	91.27%
WILLIAM M. BASS ELEM	Elementary	218	199	91.28%	0	0.00%	199	91.28%
E.C. GLASS HIGH	High	1,336	633	47.38%	55	4.12%	688	51.50%
PERRYMONT ELEM	Elementary	375	342	91.20%	0	0.00%	342	91.20%
BEDFORD HILLS ELEM	Elementary	440	197	44.77%	17	3.86%	214	48.64%
SHEFFIELD ELEM	Elementary	398	363	91.21%	0	0.00%	363	91.21%
CARL B. HUTCHERSON		170	155	91.18%	0	0.00%	155	91.18%
PAUL MUNRO ELEM	Elementary	335	306	91.34%	0	0.00%	306	91.34%
SANDUSKY MIDDLE	Middle	552	504	91.30%	0	0.00%	504	91.30%
LINKHORNE MIDDLE	Middle	594	542	91.25%	0	0.00%	542	91.25%
LINKHORNE ELEM	Elementary	452	412	91.15%	0	0.00%	412	91.15%
SANDUSKY ELEM	Elementary	344	314	91.28%	0	0.00%	314	91.28%
EMPOWERMENT ACAD		30	30	100%	0	0.00%	30	100.00%
HERITAGE ELEM	Elementary	505	461	91.29%	0	0.00%	461	91.29%
FORT HILL COMMUNITY		114	32	28.07%	5	4.39%	37	32.46%
TOTAL		**8,583**	**6,580**	**76.66%**	**141**	**1.64%**	**6,721**	**78.31%**

PITTSYLVANIA	School Type	SNAP Member	FREE Eligibility	FREE Percent	Reduced Eligibility	Reduced Percent	TOTAL F/R Elig.	TOTAL F/R %
CHATHAM ELEM	Elementary	235	142	60.43%	12	5.11%	154	65.53%
JOHN L. HURT ELEM	Elementary	272	170	62.50%	25	9.19%	195	71.69%
GRETNA ELEM	Elementary	558	342	61.29%	46	8.24%	388	69.53%
UNION HALL ELEM	Elementary	232	123	53.02%	31	13.36%	154	66.38%
MT. AIRY ELEM	Elementary	184	110	59.78%	15	8.15%	125	67.93%
GRETNA MIDDLE	Middle	471	271	57.54%	41	8.70%	312	66.24%
TOTAL		**3,554**	**1,934**	**54.42%**	**274**	**7.71%**	**2,208**	**62.13%**

Table Source: Virginia Department of Education retrieved from http://www.doe.virginia.gov/support/nutrition/statistics/index.shtml

The tables above compare Free and Reduced Program rates among localities and individual schools. This data is valuable in identifying school districts and their geographic boundaries that have higher rates of low income families and children. Overall, 60.8% of service area schools have free and reduced lunch eligibility rates of 50% or greater.

SOCIOECONOMIC FACTORS

2. Employment

"For millions of Americans, a steady job in safe working conditions means more than simply a paycheck—employment can also provide the benefits and stability critical to maintaining proper health. On the flip side, job loss and unemployment are associated with a variety of negative health effects.

A good-paying job makes it easier for workers to live in healthier neighborhoods, provide quality education for their children, secure child care services, and buy more nutritious food—all of which affect health. Good jobs also tend to provide good benefits. Higher earning also translates to a longer lifespan—since 1977, the life expectancy of male workers retiring at age 65 has risen 5.8 years in the top half of the income distribution, but only 1.3 years in the bottom half. By contrast, unemployed Americans face numerous health challenges beyond loss of income. Laid-off workers are far more likely than those continuously employed to have fair or poor health, and to develop a stress-related condition, such as stroke, heart attack, heart disease, or arthritis. With respect to mental health, a 2010 Gallup Poll found that unemployed Americans were far more likely than employed Americans to be diagnosed with depression and report feelings of sadness and worry."

[Citation: https://www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html]

"Research points to a link between an unhealthy workforce and unhealthy communities. [2] Even when an employer implements health-promoting strategies at the worksite, if employees then go home to unhealthy neighborhoods, the workplace progress is compromised. Improved community conditions for health, such as clean air laws, access to an abundance of healthy food options, clean and safe neighborhoods, and opportunities for exercise and physical activity, can help positively influence health behaviors and lead to a more productive workforce. Conversely, habits like cigarette smoking, nutritionally poor food intake, and insufficient exercise contribute to chronic health conditions that impact worker productivity and employer spending.[3]"

[Citation: Robert Wood Johnson Issue Brief: Why Healthy Communities Matter to Business. Retrieved from https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2016/rwjf428899]

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[2] Oziransky V, Yach D, Tsu-Yu T, Luterek A, ad Stevens D. Beyond the Four Walls: Why Community is Critical to Workforce Health. Vitality Institute; 2015.
[3] Centers for Disease Control and Prevention. Smoking & Tobacco Use. Last reviewed February 14, 2014. Accessed March 3, 2014.

Unemployment Rates

TABLE: Unemployment Rates 2014 to 2017

LOCALITY	Percent Change 2014 to 2017	2017	2016	2015	2014
AMHERST	-1.2	4.2	4.3	4.8	5.4
APPOMATTOX	-1.3	4.4	4.6	4.9	5.7
CAMPBELL	-1.2	4.2	4.4	4.7	5.4
LYNCHBURG	-1.5	5.0	5.2	5.6	6.4
PITTSYLVANIA	-2.3	4.1	4.7	5.3	6.4
VIRGINIA	-1.4	3.8	4.1	4.5	5.2
UNITED STATES	-1.9	4.4	4.9	5.3	6.2

Table Source: Virginia Employment Commission, Economic Information & Analytics, Local Area Unemployment Statistics.

TABLE: Employees and Wages

LOCALITY	Number of Employees	Average Hourly Wage*	Average Weekly Wage	Average Annual Wage*
AMHERST	8,192	$17.68	$707	$36,764
APPOMATTOX	3,274	$13.83	$553	$28,756
CAMPBELL	17,145	$21.05	$842	$43,784
LYNCHBURG	51,214	$20.08	$803	$41,756
PITTSYLVANIA	11,690	$16.40	$656	$34,112
SERVICE AREA	**91,515**	**$19.35**	**$774**	**$40,248**
VIRGINIA	**3,836,789**	**$26.30**	**$1,052**	**$54,704**

* Assumes a 40-hour week worked year-round.
Table Source: Virginia Employment Commission, Economic Information & Analytics, Local Area Unemployment Statistics.

While unemployment rates have declined from 2014 to 2017 a more important indicator is the wage information as this directly corresponds to income and a household's ability to purchase and acquire goods and services that impact health. State wages are impacted by areas within the commonwealth that have higher costs of living and therefore have higher wages such as Northern Virginia. Despite this fact, there are localities within the service area where wages are low relative to the costs of insurance, food and other commodities that impact health. The hourly wage in the service area is approximately $7.00 an hour less than the overall state hourly wage.

Largest Employers

TABLE: Largest Employers at the End of the Third Quarter 2017

AMHERST

Amherst County School Board	500 to 999 employees
Central Virginia Training Center	500 to 999 employees
Glad Manufacturing Company	250-499 Employees
Sweet Briar College	250-499 Employees
Greif Packaging LLC	250-499 Employees
County of Amherst	250-499 Employees
Wal Mart	250-499 Employees
Food Lion	100-249 Employees
Johnson Health Center	100-249 Employees
Centra Health	100-249 Employees
Caterpillar Clubhouse	100-249 Employees
Residential Care	100-249 Employees
Commercial Steel Erection	100-249 Employees
Lowes' Home Centers, Inc.	100-249 Employees
Bedford County Adult Detention	100-249 Employees
Odle Management Group LLC	100-249 Employees
Average Employment	**8,192**

APPOMATTOX

Appomattox County Schools	250-499 Employees
Wal Mart	100-249 Employees
Appomattox County Board of Supervisors	100-249 Employees
Kroger	50-99 Employees
Gretna Health Care Center	50-99 Employees
Virginia Department of State Police	50-99 Employees
Home Recovery	50-99 Employees
Farmers Bank of Appomattox	50-99 Employees
McDonald's	50-99 Employees
Petrochem Recovery Svc	50-99 Employees

Delta Response Team, LLC	50-99 Employees
Average Employment	**3,274**

CAMPBELL

Babcock & Wilcox Nuclear	1000 and over employees
Campbell County Schools	1000 and over employees
BGF Industries Inc.	500 to 999 employees
Abbott Laboratories	500 to 999 employees
Campbell County	250-499 Employees
Moore's Electrical and Mechanical	250-499 Employees
Wal Mart	250-499 Employees
Food Lion	250-499 Employees
Sensata Technologies, Inc.	100-249 Employees
The Babcock & Wilcox Co	100-249 Employees
M. H. Masonry & Associates, Inc.	100-249 Employees
RSG Landscaping and Lawn Care	100-249 Employees
YMCA	100-249 Employees
Banker Steel Co LLC	100-249 Employees
Thompson Trucking	100-249 Employees
Georgia Pacific Wood Prod	100-249 Employees
Sonny Merryman, Inc.	100-249 Employees
Foster Fuels Inc.	100-249 Employees
Capps Shoe Company	100-249 Employees
Autumn Corporation	100-249 Employees
Standard Insurance Company	100-249 Employees
Boxley Quarries	100-249 Employees
Progress Printing Company, Inc.	100-249 Employees
Care Advantage	100-249 Employees
Average Employment	**17,145**

LYNCHBURG

Centra Health	1000 and over employees
Lynchburg City Schools	1000 and over employees
City of Lynchburg	1000 and over employees
Areva NP Inc.	1000 and over employees
J. Crew Outfitters	1000 and over employees
GNA Corporation	500 to 999 employees
Lynchburg College	500 to 999 employees
Wal Mart	500 to 999 employees
Central Virginia Community Services	500 to 999 employees
Southern Air Inc.	250-499 Employees

Startek	250-499 Employees
Sodexho	250-499 Employees
Harris Corporation	250-499 Employees
Frito Lay Inc	250-499 Employees
Tri Tech Laboratories Inc	250-499 Employees
Kroger	250-499 Employees
Central Virginia Community College	250-499 Employees
Delta Star	250-499 Employees
R.R. Donnelley Printing	250-499 Employees
Westminster Canterbury	250-499 Employees
Young Men's Christian Association	250-499 Employees
Randolph-Macon Women's College	250-499 Employees
Star Mark Company	250-499 Employees
C.B. Fleet, Inc.	250-499 Employees
Division One Staffing	250-499 Employees
Old Virginia Candle Company	250-499 Employees
West End Orthopaedic Clinic	250-499 Employees
Giffin Pipe Products Co Inc	100-249 Employees
Labor ReadyMid-Atlantic, Inc.	100-249 Employees
Automated Conveyor System	100-249 Employees
Flowserve Red Corporation	100-249 Employees
Tessy Plastics LLC	100-249 Employees
Belvac Inc	100-249 Employees
Gretna Health Care Center	100-249 Employees
VDOT	100-249 Employees
System One Holding	100-249 Employees
Adecco	100-249 Employees
Azdel	100-249 Employees
Parker Hannifin Corp	100-249 Employees
Lowes' Home Centers, Inc.	100-249 Employees
Xcel Pharmaceuticals	100-249 Employees
Bedford County Adult Detention	100-249 Employees
Chick-fil-A at River Ridge Mall	100-249 Employees
Diversity Staffing Services,LLC	100-249 Employees
Bechtel: Engineering, Construction & Proj Mgmnt	100-249 Employees
The Home Depot	100-249 Employees
Air & Liquid Systems Corp	100-249 Employees
Postal Service	100-249 Employees
Flowers Baking Company	100-249 Employees

Food Lion	100-249 Employees
Average Employment	**51,214**

PITTSYLVANIA

Pittsylvania County School Board	1000 and over employees
Unique Industries	250-499 Employees
Swedwood Danville LLC	250-499 Employees
Pittsylvania County Board	250-499 Employees
Intertape Polymer Corp	250-499 Employees
Green Rock Correctional Center	250-499 Employees
Food Lion	250-499 Employees
Haynes Brothers	100-249 Employees
Times Fiber Communication	100-249 Employees
Owens Brockway Glass Contractors	100-249 Employees
Whittle Plywood	100-249 Employees
Debbie's Staffing Services	100-249 Employees
Elkay Wood Products Company	100-249 Employees
Gretna Health Care Center	100-249 Employees
Centra Health	100-249 Employees
Hickson Danchem Corporation	100-249 Employees
Average Employment	**11,690**

SOCIOECONOMIC FACTORS

3. Income

"The greater one's income, the lower one's likelihood of disease and premature death. [1] Studies show that Americans at all income levels are less healthy than those with incomes higher than their own.[2] Not only is income (the earnings and other money acquired each year) associated with better health, but wealth (net worth and assets) affects health as well. [3] Though it is easy to imagine how health is tied to income for the very poor or the very rich, the relationship between income and health is a gradient: they are connected step-wise at every level of the economic ladder. Middle-class Americans are healthier than those living in or near poverty, but they are less healthy than the upper class. Even wealthy Americans are less healthy than those Americans with higher incomes. Income is a driving force behind the striking health disparities that many minorities experience. In fact, although blacks and Hispanics have higher rates of disease than non-Hispanic whites, these differences are 'dwarfed by the disparities identified between high-and low-income populations within each racial/ethnic group.'[4] That is, higher-income blacks, Hispanics, and Native Americans have better health than members of their groups with less income, and this income gradient appears to be more strongly tied to health than their race or ethnicity."

[Citation: Virginia Commonwealth University Center for Society and Health and the Urban Institute. How are Income and Wealth Linked to Health and Longevity. April 2015. Retrieved from https://www.urban.org/sites/default/files/publication/49116/2000178-How-are-Income-and-Wealth-Linked-to-Health-and-Longevity.pdf]

References:

[2] Braveman, Paula A., Catherine Cubbin, Susan Egerter, David R. Williams, and Elsie Pamuk. 2010. "Socioeconomic Disparities in Health in the United States: What the Patterns Tell Us." American Journal of Public Health 100 (S1): S186–S196. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837459/.

[3] Pollack, C. E., C. Cubbin, A. Sania, M. Hayward, D. Vallone, B. Flaherty, and P. A. Braveman. 2013. "Do Wealth Disparities Contribute to Health Disparities within Racial/Ethnic Groups?" Journal of Epidemiology and Community Health 67 (5): 439–45. http://www.ncbi.nlm.nih.gov/pubmed/23427209.

[4] Dubay, Lisa C., and Lydie A. Lebrun. 2012. "Health, Behavior, and Health Care Disparities: Disentangling the Effects of Income and Race in the United States." International Journal of Health Services 42 (4): 607–25. http://www.pubfacts.com/detail/23367796/Health-behavior-and-health-care-disparities:-disentangling-theeffects-of-income-and-race-in-the-Uni.

"Americans living in poverty have significantly constrained budgets that severely limit their ability to pay out-of-pocket health care costs; those in deep poverty have literally no available income after they pay for their most basic necessities each month, necessities which do not include health care, child care, or transportation. People in poverty tend to be less healthy than those with higher incomes and therefore need more medical care. But people in poverty are often unable to afford even nominal premiums and copayments, and research shows that they may forgo necessary medical treatment as a result of required cost-sharing."

[Citation: US Department of Health & Human Services. Office of the Assistant Secretary for Planning and Evaluation. Financial Condition and Health Care Burdens of People in Deep Poverty. July 16, 2015. Retrieved from https://aspe.hhs.gov/basic-report/financial-condition-and-health-care-burdens-people-deep-poverty]

2018 Federal Poverty Guidelines

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/Household	**Poverty Guideline**
1	$12,140
2	$16,460
3	$20,780
4	$25,100
5	$29,420
6	$33,740
7	$38,060
8	$42,380

For families/households with more than 8 persons, add $4,320 for each additional person.
Source: https://aspe.hhs.gov/poverty-guidelines

TABLE: Number and Percent of Population at or Below 100% Poverty and at or Below 200% of Poverty

LOCALITY	Number at or Below 100% of Poverty	Percent at or Below 100% of Poverty	Number at or Below 200% of Poverty	Percent at or Below 200% of Poverty
AMHERST	4,406	14.1%	10,163	32.5%
APPOMATTOX	2,632	17.3%	5,119	33.7%
CAMPBELL	6,804	12.5%	18,449	33.9%
LYNCHBURG	16,576	24.3%	30,617	44.9%
PITTSYLVANIA	3,034	13.9%	8,619	39.5%
SERVICE AREA	**33,452**	**17.5%**	**72,967**	**38.2%**
VIRGINIA		**11.4%**		**26.6%**

Table Source: US Census, American Fact Finder. 2012-2016 American Community Survey 5-Year Estimates. Table 1701.

Persons in the service area living below 100% of the poverty level are 1.5 times higher than that found in the overall state at or below poverty percentage. In Lynchburg, close to 1 in 4 residents live at or below poverty. Every locality in the service area exceeds the state rate for both poverty groupings (100% and 200%).

TABLE: Median Household Income by Locality, by Race 2016-2012

LOCALITY	Median Household Income Total	Median Household Income White	Median Household Income Black	Median Household Income Hispanic
AMHERST	$47,002	$50,963	$31,648	$24,704
APPOMATTOX	$52,134	$58,947	$40,072	$61,083
CAMPBELL	$47,005	$48,338	$38,620	$70,982
LYNCHBURG	$40,728	$48,654	$26,153	$46,406
PITTSYLVANIA	$47,057	$51,547	$35,731	$35,391
SERVICE AREA	**$45,196**	**$51,788**	**$33,306**	**$50,776**
VIRGINIA	**$66,149**	**$71,220**	**$45,374**	**$61,545**

Table Source: US Census. American Fact Finder. Median Income in the Past 12 Months (in 2016 Inflation-Adjusted Dollars). 2012-2016 American Community Survey 5-Year Estimates. Table S1903.

Most striking is the difference between Household Income between Black and White households for each locality. The gap ranges from a low of $9,718 (Campbell County) to a high of $22,501 (Lynchburg) with an average difference of $17,245 by household. This difference is a significant factor when considering health outcomes and behaviors by race listed in the assessment.

With the cost of living higher than what most people earn, ALICE families – an acronym for Asset Limited, Income Constrained, Employed – have incomes above the Federal Poverty Level, but not high enough to afford a basic household budget that includes housing, child care, food, transportation, and health care. ALICE households live in every county and independent city in Virginia – urban, suburban, and rural – and they include women and men, young and old, and all races and ethnicities. While the Federal Poverty Level reports that 11 percent of Virginia households faced financial hardship in 2015, an additional 28 percent (859,079 households) qualified as ALICE. There are so many ALICE households in Virginia due to the fact that low wage jobs dominate the local economy; the basic cost of living outpaces wages; economic conditions worsened for these households during the Great Recession especially related to housing affordability, job opportunities and community resources; and public and private assistance do not provide financial stability for these households.

TABLE: ALICE Households by Locality by Percent, 2016

LOCALITY	Number of Households	ALICE Households #	ALICE Households %
Amherst	12,306	3,685	30%
Appomattox	5,972	1,461	24%
Campbell	22,294	6,984	31%
Lynchburg	27,545	12,760	46%
Pittsylvania	26,327	8,111	31%
Service Area	**94,444**	**33,001**	**35%**

Table Source: ALICE: Asset Limited, Income Constrained, Employed- Study of Financial Hardship, Virginia. United Ways of Virginia. Spring 2017. UnitedWayALICE.org/Virginia)

Impact of Poverty on Physical Health of Children

"Numerous studies have demonstrated that poverty is associated with higher rates of poor health and chronic health conditions in children. National surveys find that compared with parents who are not poor, parents who are poor more often rate their children's health as "fair" or "poor" and are less likely to rate their children's health as "excellent." [14] Children who are poor have higher rates of hospital admissions, disability days, and death rates. They have inadequate access to preventive, curative, and emergency care and are affected more frequently by poor nutrition, single-parent families, dysfunctional families, and poor housing. Exposure to lead hazards is an example of how poverty directly impacts child health. Four to 5 million children, the vast majority of whom are poor, reside in older homes with lead levels exceeding the accepted threshold for safety. More than 1.5 million of these children (younger than 6 years) have elevated blood lead levels. [15]

[Citation: Wood, David. American Academy of Pediatrics. Pediatrics. Effect of Child and Family Poverty on Child Health in the United States. September 2003, Volume 112/Issue Supplement 3. Retrieved from http://pediatrics.aappublications.org/content/112/Supplement_3/707]

References:
[14] Dawson DA. Family structure and children's health: United State, 1988. Vital Health Stat 10.1991;(178) :1– 47

[15] Brody DJ, Pirkle JL, Kramer RA, et al. Blood lead levels in the US population. Phase 1 of the Third National Health and Nutrition Examination Survey (NHANES III, 1988 to 1991). JAMA.1994;272 :277– 283

TABLE: Children that are Economically Disadvantaged

LOCALITY	Number at or Below 100% of Poverty	Percent at or Below 100% of Poverty	Number at or Below 200% of Poverty	Percent at or Below 200% of Poverty
AMHERST	1,132	17.0%	2,848	44.0%
APPOMATTOX	879	27.0%	1,418	43.0%
CAMPBELL	2,104	19.0%	4,727	42.0%
SERVICE AREA	**12,032**	**24.5%**	**23,537**	**47.8%**
VIRGINIA	**280,144**	**16.0%**	**621,843**	**34.0%**

LOCALITY	Number at or Below 100% of Poverty	Percent at or Below 100% of Poverty	Number at or Below 200% of Poverty	Percent at or Below 200% of Poverty
LYNCHBURG	4,735	32.0%	7,948	54.0%
PITTSYLVANIA	3,182	25.0%	6,596	53.0%
SERVICE AREA	**12,032**	**24.5%**	**23,537**	**47.8%**
VIRGINIA	**280,144**	**16.0%**	**621,843**	**34.0%**

Table Source: Kids Count Data Center; US Census Bureau, American Community Survey 2014 & 2015. Retrieved from https://vakids.org/wp-content/uploads/2015/09/Central-Region-1.pdf.

Approximately 1 in 4 children in the Service Area live at or below the Federal Poverty Level and *almost one-half live* at or below 200% of poverty. Higher rates are found among children residing in Appomattox and Pittsylvania counties and the City of Lynchburg. Children and adults between 200% and 300% of poverty are often economically vulnerable and may live "paycheck to paycheck". This reality suggests that more than 50% of the children residing in the service area are subject to the impact of living in or near poverty as described in the American Association of Pediatrics brief cited above and are at risk for poor health and issues associated with poverty.

Poverty and Seniors

"Payments from Social Security and Supplemental Security Income have played a critical role in enhancing economic security and reducing poverty rates among people ages 65 and older. Yet many older adults live on limited incomes and have modest savings. In 2016, half of all people on Medicare had incomes less than $26,200. This analysis provides current data on poverty rates among the 49.3 million seniors in the U.S. in 2016, as context for understanding the implications of potential changes to federal and state programs that help to bolster financial security among older adults.

The U.S. Census Bureau currently reports two different measures of poverty: the official poverty measure and the Supplemental Poverty Measure (SPM). Unlike the official poverty measure, the SPM reflects available financial resources and liabilities, including taxes, the value of in-kind benefits (e.g., food stamps), and out-of-pocket medical spending (generally higher among older adults), and geographic variations in housing costs. This analysis presents national and state estimates of poverty under both measures for adults ages 65 and older. Current estimates of poverty based on the SPM indicate that the share (and number) of older adults who are struggling financially is larger than is conveyed by the official poverty measure.

- Under the SPM, 7.1 million adults ages 65 and older lived in poverty in 2016 (14.5%), compared to 4.6 million (9.3%) under the official poverty measure.
- Nearly 21 million people ages 65 and older had incomes below 200% of poverty under the SPM in 2016 (42.4%), compared to 15 million (30.4%) under the official measure.
- Under both the official measure and the SPM, the poverty rate among people ages 65 and older increased with age and was higher for women, blacks and Hispanics, and people in relatively poor health.
- Under the SPM, 4.4 million older women lived in poverty in 2016, 1.5 million more than

under the official measure; 2.8 million older men lived in poverty under the SPM, 1.1 million more than under the official measure.
- Under the SPM, at least 15% of people ages 65 and older lived in poverty in 10 states (CA, FL, GA, HI, IN, LA, NJ, NM, TX, and VA) plus Washington, D.C. in 2016; under the official poverty measure, only D.C. had a poverty rate above 15% for older adults in 2016."

[Citation: Juliette Cubanski, Kendal Orgera, Anthony Damico, and Tricia Neuman, Kaiser Family Foundation. How Many Seniors Are Living in Poverty? National and State Estimates Under the Official and Supplemental Poverty Measures in 2016. March 2, 2018. Retrieved from https://www.kff.org/medicare/issue-brief/how-many-seniors-are-living-in-poverty-national-and-state-estimates-under-the-official-and-supplemental-poverty-measures-in-2016/]

TABLE: Person 65 Years and Over Below Poverty

LOCALITY	Persons Age 65 and Older Below Poverty	Percent Age 65 and Older Below Poverty
AMHERST	454	7.6%
APPOMATTOX	320	11.2%
CAMPBELL	789	8.0%
LYNCHBURG	1,107	10.7%
PITTSYLVANIA	461	9.7%
SERVICE AREA	3,131	9.3%
VIRGINIA	84,788	7.6%

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S1701.

4. Family Support

Local Departments of Social Services work to promote self-sufficiency while supporting residents throughout the service area. Services include financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; Medicaid and FAMIS (Family Access to Medical Insurance Security). Both Medicaid and FAMIS are health insurance programs. Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF); and state and local hospitalization. Local Departments of Social Services work to promote self-sufficiency while supporting residents throughout the service area. Services include financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; Medicaid and FAMIS (Family Access to Medical Insurance Security); Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF). Other support programs include adult and child protective services; prevention services for families; foster care and adoption services; and child care development.

TABLE: SNAP Participation Report

LOCALITY	% +/- 2018 - 2015	Mar 2018	Mar 2017	Mar 2016	Mar 2015
AMHERST	-6%	3,325	3,316	3,515	3,550
APPOMATTOX	-10%	2,182	2,381	2,441	2,428
CAMPBELL	-17%	6,217	6,623	7,074	7,462
LYNCHBURG	-16%	11,004	11,497	12,387	13,040
PITTSYLVANIA	-16%	8,237	8,580	9,196	9,822
SERVICE AREA	**-15%**	**30,965**	**32,397**	**34,613**	**36,302**
VIRGINIA	**-14%**	**736,973**	**771,192**	**827,483**	**855,200**

Table Source: Virginia Department of Social Services retrieved from http://www.dss.virginia.gov/files/about/reports/financial_assistance/food_stamps/participation/2016/03-2016.pdf.

As the economy has improved, SNAP participation rates fall. "The data needed to rigorously assess the causes of recent caseload trends won't be available for several years, but the economic recovery is likely playing a major role (in decline). SNAP caseloads have historically tracked economic conditions, rising when the economy weakens and then falling — with a several-year lag — when it recovers. The lag reflects the fact that people with lower education and skills aren't the first to benefit from an improving economy. One study, which tested different measurements of the economy and SNAP caseloads at the state and local level, found that the economy explained 70 to 90 percent of the increase in caseloads; it also found substantial lags — of up to two years — between changes in the economy and changes in SNAP participation."

[Citation: Center on Budget and Policy Priorities. SNAP Costs and Caseloads Declining – Trends Expected to Continue. March 8, 2016. Retrieved from https://www.cbpp.org/research/food-assistance/snap-costs-and-caseloads-declining]

TABLE: Food Insecurity Among Child Population Under Age 18 by Percent

LOCALITY	2015	2014	2013	2012
AMHERST	15.9	16.8	16.3	15.1
APPOMATTOX	18.2	20.1	20.9	19.2
CAMPBELL	16.8	19.0	19.4	17.1
LYNCHBURG	19.9	21.7	21.8	20.1
PITTSYLVANIA	**18.5**	**19.1**	**19.0**	**18.2**
VIRGINIA	**14.0**	**16.0**	**16.8**	**16.2**

Table Source: Map the Meal Gap: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016.

Despite the rate of decline in SNAP participation, the rate of food insecurity among children under age 18 has remained steady when 2015, ostensibly, would have begun to reflect an improving economy. The steady rate of food insecurity may also reflect the CBO's position that people with lower education and skills are not the first to benefit from an improving economy. Their dependents would also not experience any improvement. In fact, small economic improvement may result in the loss of eligibility for social benefit programs like SNAP.

TABLE: TANF Participation Report

	% +/- 2016 - 2013	Nov 2016	Nov 2015	Nov 2014	Nov 2013
AMHERST	-29%	134	162	188	189
APPOMATTOX	-64%	79	133	159	218
CAMPBELL	-32%	287	377	406	420
LYNCHBURG	-42%	605	870	915	1,038
PITTSYLVANIA	-34%	271	372	383	412
SERVICE AREA	**-40%**	**1,376**	**1,914**	**2,051**	**2,277**
VIRGINIA	**-34%**	**39,934**	**49,056**	**54,241**	**60,250**

Source: Virginia Department of Social Services retrieved from http://www.dss.virginia.gov/files/about/reports/financial_assistance/tanf/2016/tanf_2016_11.pdf

"The Temporary Assistance for Needy Families (TANF) block grant, created by the 1996 welfare law, is designed to provide a temporary safety net to poor families — primarily those with no other means to meet basic needs. But since the TANF block grant was created, its reach has declined dramatically. In 2016, for every 100 families in poverty, only 23 received cash assistance from TANF — down from 68 families when TANF was first enacted. This "TANF-to-poverty ratio" (TPR) reached its lowest point in 2014 and remained there in 2015 and 2016.

[Citation: Ife Floyd, LaDonna Pavetti, PhD., Liz Schott. Center on Budget and Policy Priorities. TANF Reaching Few Poor Families. December 13, 2017. Retrieved from https://www.cbpp.org/research/family-income-support/tanf-reaching-few-poor-families]

Foster Care Rates

Rate of Children Entering Foster Care per 1,000
2017 - 2015

Chart Source: KIDS COUNT data center Retrieved from https://datacenter.kidscount.org/data/tables/9176-foster-care-entry-rate?loc=48&loct=5#detailed/5/6812-6821,6823-6829,6831-6839,6842-6847,6849,6851,6853-6869,6871-6881,6883-6889,6891-6907,6909-6923,6925-6945/false/1624,1567,1528,1501,1335,1334,1333,1332,808/any/18196

TABLE: Rate of child abuse and neglect (founded number per 1,000 children)

LOCALITY	2016	2015	2014	2013
AMHERST	1.8	1.4	2.2	1.9
APPOMATTOX	1.8	2.7	3.9	2.1
CAMPBELL	1.6	3.0	4.5	7.4
LYNCHBURG	6.9	6.3	4.9	5.0
PITTSYLVANIA	1.3	1.5	1.8	2.7
SERVICE AREA	**2.7**	**3.0**	**3.5**	**3.8**
VIRGINIA	**2.5**	**2.2**	**2.3**	**3.0**

Table Source: KIDS COUNT data center. Retrieved from https://datacenter.kidscount.org/data/tables/3249-rate-of-child-abuse-and-neglect-founded-number-per-1000-children?loc=48&loct=5#detailed/5/6812-6945/false/870,573,869,36,868/any/18845

Child abuse and neglect is one cause of children entering the foster care system. Nationally, the rising abuse of opioids has led to more children entering foster care. The higher rate of child abuse and neglect among Lynchburg residents would appear to be an underlying factor in the higher rate of Lynchburg children entering foster care. "While most people in financial need do not maltreat their children, poverty can increase the likelihood of maltreatment, particularly when poverty is combined with other risk factors, such as depression, substance use, and social isolation."

[Citation: US Department of Health & Human Services. Administration for Children & Families. Children's Bureau. Child Welfare Information Gateway. Poverty and Economic Conditions. Retrieved from https://www.childwelfare.gov/topics/can/factors/contribute/environmental/poverty/]

HEALTH CARE FACTORS

1. Access

"Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Americans. This topic area focuses on 3 components of access to care: insurance coverage, health services, and timeliness of care. When considering access to health care, it is important to also include oral health care and obtaining necessary prescription drugs.

According to the Institute of Medicine's Committee on Monitoring Access to Personal Health Services, access to health services means "the timely use of personal health services to achieve the best health outcomes" [1] It requires 3 distinct steps:

1. Gaining entry into the health care system (usually through insurance coverage)
2. Accessing a location where needed health care services are provided (geographic availability)
3. Finding a health care provider whom the patient trusts and can communicate with (personal relationship) [2]

Access to health care impacts one's overall physical, social, and mental health status and quality of life.

Barriers to health services include:

1. High cost of care
2. Inadequate or no insurance coverage
3. Lack of availability of services
4. Lack of culturally competent care

These barriers to accessing health services lead to:

1. Unmet health needs
2. Delays in receiving appropriate care
3. Inability to get preventive services
4. Financial burdens
5. Preventable hospitalizations

Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location. [3]

[Citation: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services#2.]

References:
[1] Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Millman M, editor. Washington, DC: National Academies Press; 1993.

[2] National Healthcare Quality Report, 2013 [Internet]. Chapter 10: Access to Healthcare. Rockville (MD): Agency for Healthcare Research and Quality; May 2014. Retrieved from http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html

[3] Access and Disparities in Access to Health Care [Internet]. Rockville (MD): Agency for Healthcare Research and Quality; May 2016. Available from: http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html

Insurance Coverage

"Health insurance coverage helps patients gain entry into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Uninsured people are:

- More likely to have poor health status
- Less likely to receive medical care
- More likely to be diagnosed later
- More likely to die prematurely [4] [5] [6]

Health insurance coverage only 'helps' but does not guarantee entry into the health care system. Many health care providers are not required to accept all insurances. Persons with Medicaid coverage are the best example of persons who may have insurance coverage but have difficulty accessing community-based services as a result of lower Medicaid reimbursement rates.

References:

[4] Hadley J. Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. JAMA. 2007;297(10):1073-84.

[5] Institute of Medicine. Insuring America's health: Principles and recommendations. Acad. Emerg. Med. 2004;11(4):418-22.

[6] Durham J, Owen P, Bender B, et al. Self-assessed health status and selected behavioral risk factors among persons with and without healthcare coverage—United States, 1994-1995. MMWR. 1998 Mar 13;47(9):176-80.

TABLE: Uninsured Adults and Children by Year by Number by Percent

LOCALITY	2015			2014				
	Adults %	Adults #	Child %	Child #	Adults %	Adults #	Child %	Child #
AMHERST	15%	2,692	6%	390	17%	3,217	8%	502
APPOMATTOX	14%	1,316	7%	248	17%	1,523	8%	278
CAMPBELL	14%	4,855	6%	670	16%	5,398	6%	677
LYNCHBURG	14%	6,119	5%	788	16%	6,956	6%	956
PITTSYLVANIA	15%	5,340	5%	662	17%	6,339	6%	785
SERVICE AREA	**14.4%**	**20,322**	**5.5%**	**2,758**	**16.5%**	**23,433**	**6.4%**	**3,198**
VIRGINIA	**12%**	**870,511**	**5.0%**	**111,220**	**12%**	**878,267**	**6.6%**	**115,189**

LOCALITY	2013			2012				
	Adults %	Adults #	Child %	Child #	Adults %	Adults #	Child %	Child #
AMHERST	19%	3,615	7%	454	21%	3,877	7%	517
APPOMATTOX	20%	1,828	8%	270	21%	1,894	8%	278
CAMPBELL	18%	6,220	6%	696	19%	6,472	6%	766
LYNCHBURG	20%	8,462	6%	901	20%	8,522	5%	833
PITTSYLVANIA	19%	6,908	6%	805	20%	7,576	8%	1064
SERVICE AREA	**19.1%**	**27,033**	**6.4%**	**3,126**	**20.0%**	**28,341**	**6.5%**	**3,458**
VIRGINIA	**17.0%**	**870,511**	**6.0%**	**111,220**	**12.0%**	**878,267**	**5.0%**	**115,189**

Table Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015. Small Area Health Insurance Estimates.

For the Service Area, there has been a significant increase in the number of persons with insurance coverage. There has been a combined adult and child decline of 27.4% in the number of uninsured from 2012 to 2015. During this time, the Affordable Care Act (ACA) was passed. It is not known how many residents of the service area may have gained insurance through the insurance exchanges established under the ACA. Despite these gains, the service area still lags slightly behind the overall insured rate for Virginia for both adults and children. As Virginia works to implement Medicaid expansion passed by the Virginia General Assembly in the spring of 2018, the number of uninsured in the service area and the state should continue to decline.

TABLE: Private health Insurance Coverage by Type 2012-2016

LOCALITY	Percent with Private Health Insurance	Private Insurance that is Employer Based	Private Insurance that is Direct Purchase	Private Insurance - Tri-Care/Military
AMHERST	50.7%	89.4%	9.8%	0.8%
APPOMATTOX	53.6%	87.3%	8.5%	4.1%
CAMPBELL	54.9%	88.4%	10.5%	1.1%
LYNCHBURG	55.0%	80.5%	17.0%	2.5%
PITTSYLVANIA	47.3%	84.0%	14.4%	1.5%
SERVICE AREA	**53.4%**	**84.9%**	**13.2%**	**1.9%**
VIRGINIA	**59.7%**	**82.7%**	**10.7%**	**6.6%**

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2016-2012. Table S2703.

The overwhelming number of privately insured persons in the service area are utilizing insurance provided by employers (84.9%). This is slightly higher than the overall employer-provided insurance for all persons residing in Virginia. Offsetting this difference is the notable gap between service area residents provided Tri-Care insurance through the military. Persons purchasing insurance directly from a third-party insurer is higher in the service area than the overall Virginia rate. Private health insurance categories combined finds the service area with a difference of -6.3% for those with private health insurance compared with overall state rate. This difference is explained in the higher uninsured rates illustrated in Table 1 and those persons covered through Medicaid and Medicare indicated in the following Tables.

TABLE: Medicaid Coverage Alone

LOCALITY	Percent with Medicaid Coverage	Persons with Medicaid Coverage
AMHERST	10.4	3,321
APPOMATTOX	12.5	1,910
CAMPBELL	9.4	5,126
LYNCHBURG	11.6	8,996
PITTSYLVANIA	11.5	2,412
SERVICE AREA	**10.7**	**21,765**
VIRGINIA	**8.2**	**663,983**

Table Source: US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates. Table 2704.

"Medicaid is a joint federal and state program that: helps with medical costs for some people with limited income and resources and offers benefits not normally covered by Medicare, like nursing home care and personal care services."

[Citation: Medicare.gov. Retrieved from https://www.medicare.gov/your-medicare-costs/help-paying-costs/medicaid/medicaid.html].

Virginia Medicaid recipients must renew annually. Should a person's assets increase, the person may no longer be eligible for Medicaid. The Department of Medical Assistance Services (DMAS), the Virginia Medicaid agency now has an automatic renewal "for up to five years without having to complete a renewal form if nothing has changed and you check a box at the end of the form that allows us to look at your electronic income data each year, including information from tax returns".

[Citation: Cover Virginia. Renew my Coverage. Retrieved from https://www.coverva.org/apply_renew.cfm]

Based on the poverty rates among the localities that comprise the Lynchburg Service Area (see Socioeconomic Factors), the higher percentage of Medicaid recipients in each locality and in the service area than the overall rate of Medicaid recipients in Virginia is expected.

In June of 2018, the Virginia General Assembly expanded Medicaid coverage for individuals with incomes up to 138% of federal poverty level and now includes able-bodied adults without children who had previously been ineligible for coverage. In Virginia, it is estimated that an additional 400,000 residents will qualify.

TABLE: Estimated Percent of Uninsured who would be eligible for Medicaid upon Medicaid eligibility expansion.

LOCALITY	NUMBER OF NEWLY MEDICAID ELIGIBLE	ESTIMATED PERCENT OF UNINSURED COVERED
AMHERST	1,300	37%
APPOMATTOX	720	39%
CAMBELL	2,500	40%
LYNCHBURG	4,400	52%
PITTSYLVANIA	2,700	40%
TOTAL SERVICE AREA	**11,620**	**44%**

Table Source: TCI analysis of United States Census Bureau data. August 4, 2015 (updated). Retrieved from http://www.thecommonwealthinstitute.org/2014/02/04/interactive-map-virginians-eligible-for-medicaid-expansion-in-every-locality/

With Medicaid expansion, the range of uninsured residents that would be eligible for Medicaid is a low of 37% in Amherst County to a high of over one-half (52%) of Lynchburg uninsured residents. The range of uninsured by locality who would be eligible for Medicaid is a low of 25% to a high of 63%.

TABLE: Medicare Coverage Alone

LOCALITY	Percent with Medicare Coverage	Persons with Medicare Coverage
AMHERST	7.5	2,375
APPOMATTOX	6.3	967
CAMPBELL	6.1	3,314
LYNCHBURG	4.4	3,363
PITTSYLVANIA	8.6	1,806
SERVICE AREA	**5.8**	**11,825**
VIRGINIA	**4.0**	**322,475**

Table Source: US Census. American Fact Finder. Public Health Insurance Coverage by Type. 2012-2016 American Community Survey 5-Year Estimates. Table 2704.

HEALTH CARE FACTORS

2. Availability

Medically Underserved Areas/Populations

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area such as: a whole county; a group of neighboring counties; a group of urban census tracts; or a group of county or civil divisions.

TABLE: Medically Underserved Area/Population Designation Status

LOCALITY	DESIGNATION STATUS	SERVICE AREA NAME DESIGNATION
AMHERST	YES	Low Income
APPOMATTOX	YES	Low Income
CAMBELL	YES	
LYNCHBURG	YES	Census Tracts 004, 005, 0006, 0007, 0011, 0014, 0019
PITTSYLVANIA	YES	Pittsylvania/Danville

Source: Health Resources and Services Administration. Bureau of Health Workforce. Medically Underserved Areas and Populations (MUA/Ps). Accessed March 16, 2018. Retrieved from https://bhw.hrsa.gov/shortage-designation/muap

"Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:

- Primary care;
- Dental health; or
- Mental health

Shortages may be geographic, population, or facility-based. Explanations of these categories follow.

Geographic Area

A shortage of providers for the entire population within a defined geographic area.

Population Groups

A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

Facilities

Public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers. Medium to maximum security federal and state correctional institutions and youth detention facilities with a shortage of health providers. State or county hospitals with a shortage of psychiatric professionals (mental health designations only). A facility that is automatically designated as a HPSA by statute or through regulation without having to apply for a designation:

1. Federally Qualified Health Centers (FQHCs)—health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. All organizations receiving grants under Health Center Program Section 330 of the Public Health Service Act are FQHCs.
2. FQHC Look-A-Likes (LALs)—LALS are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. An example of a FQHC Look-A-Like is the Community Access Net work located in Lynchburg."

[Citation: Health Resources and Services Administration. HRSA Workforce. Retrieved from https://bhw.hrsa.gov/shortage-designation/hpsas]

LOCALITY	PRIMARY CARE DESIGNATION TYPE	SCORE
AMHERST	YES - Geographic Population	9
APPOMATTOX	YES - Geographic Population	12
CAMPBELL	NO	
LYNCHBURG	YES - Census Tract(s)	6
PITTSYLVANIA	YES - Census Tract(s)	9

LOCALITY	DENTAL HEALTH HPSA DESIGNATION TYPE	SCORE
AMHERST	YES - Low Income Population	15
APPOMATTOX	YES - Low Income Population	18
CAMPBELL	YES - Low Income Population	19
LYNCHBURG	YES - Population	19
PITTSYLVANIA	Not Listed	

LOCALITY	MENTAL HEALTH DESIGNATION TYPE	SCORE
AMHERST	YES - Low Income Population	17
APPOMATTOX	YES - Low Income Population	17
CAMPBELL	YES - Low Income Population	17
LYNCHBURG	YES - Single County	17
PITTSYLVANIA	YES - Low Income Population	14

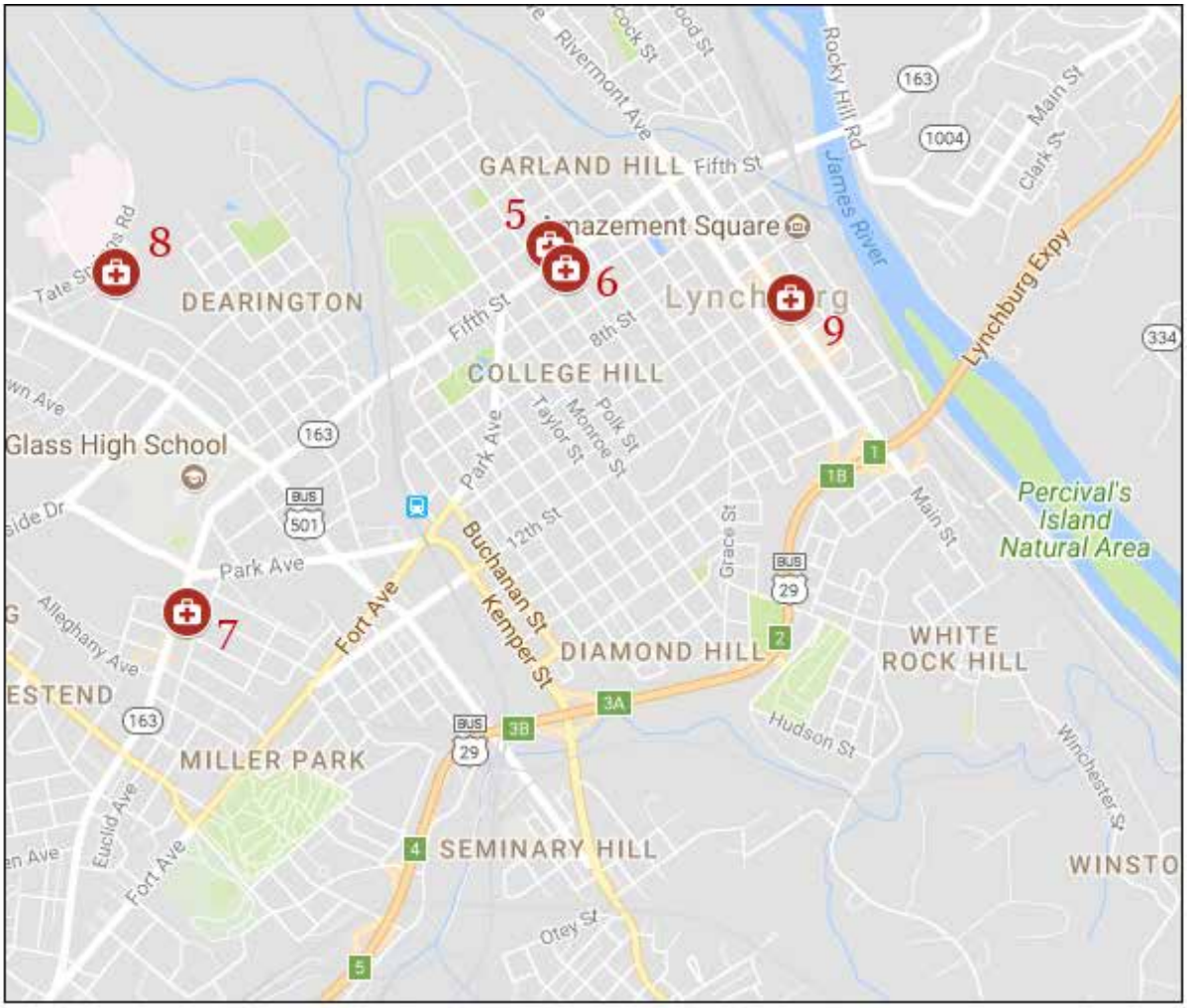
Source: Health Resources Services and Administration retrieved from https:// datawarehouse.hrsa.gov/ tools/analyzers/HpsaFindResults.aspx

Safety Net Facilities Serving the Area

There are six Federally Qualified Health Centers (FQHCs) that serve the area, three FQHC Lookalikes (FQHC LAL) and one Free Clinic serving the region. There are no CMS Certified Rural Health Clinics.

Community Safety Net Providers	Locality	Type
AMHERST WELLNESS CENTER	**Amherst County**	**FQHC**
Operated by BLUE RIDGE MEDICAL CENTER INC 120 W Commerce St Amherst, VA, 24521-1115		
AMHERST COUNTY COMMUNITY HEALTH CENTER	**Amherst County**	**FQHC**
Operated by JOHNSON HEALTH CENTER 134 Elon Rd Madison Heights, VA, 24572-2536		
JAMES RIVER DENTAL CLINIC	**Amherst County**	**FQHC**
Operated by JOHNSON HEALTH CENTER 239 Trojan Rd Madison Heights, VA, 24572-5346		
AMELON SQUARE IMMEDIATE CARE	**Amherst County**	**FQHC**
Operated by JOHNSON HEALTH CENTER 200 Amelon Square Madison Heights, VA, 24572-5981		
JHC PEDIATRIC/OB CLINIC	**Lynchburg**	**FQHC**
Operated by JOHNSON HEALTH CENTER 407 Federal St Lynchburg, VA, 24504-2459		
HOLCOMBE H HURT COMMUNITY HEALTH CENTER	**Lynchburg**	**FQHC LAL**
Operated by Community Health Access Network 800 5th St Ste A Lynchburg, VA, 24504-2848		
PARK VIEW	**Lynchburg**	**FQHC LAL**
Operated by Community Health Access Network 2420 Memorial Ave Lynchburg, VA, 24501-2620		
TATE SPRINGS ROAD	**Lynchburg**	**FQHC LAL**
Operated by Community Health Access Network 1900 Tate Springs Rd Ste 3 Lynchburg, VA, 24501-1115		
FREE CLINIC OF CENTRAL VIRGINIA	**Lynchburg**	**Free Clinic**
1016 Main St. Lynchburg, VA 24504		
RUSTBURG COMMUNITY HEALTH CENTER	**Campbell County**	**FQHC**
Operated by JOHNSON HEALTH CENTER 925 Village Hwy Rustburg, VA, 24588-4591		

MAP: Location of Safety Net Facilities (numbers correspond with Table above)



Dental Care Utilization

Persons who self-report that they have not visited a dentist, dental hygienist or dental clinic in the past year. This indicator could be as a result of a lack of availability of oral health providers, financial barriers to oral health care, or other barriers to seeking oral health care.

TABLE: Dental Care Utilization

	Adults without Recent Dental Exam	Adults without Recent Dental Exam
AMHERST	8,218	32.4%
APPOMATTOX	1,987	17.5%
CAMPBELL	11,004	26.2%
LYNCHBURG	19,446	32.9%
PITTSYLVANIA	13,137	26.6%
SERVICE AREA	**53,832**	**28.7%**
VIRGINIA	**1,481,707**	**24.4%**

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Retrieved from https://assessment.communitycommons.org/CHNA/report?page=4&id=519&reporttype=libraryCHNA

HEALTH BEHAVIOR and HEALTH INDICATOR FACTORS

Overall Health Rankings

"The overall rankings in *health outcomes* represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors."

[Citations: Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes and http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors]

TABLE: 2018 County Health Rankings
Ranking key – 1 = best; 133 = worst

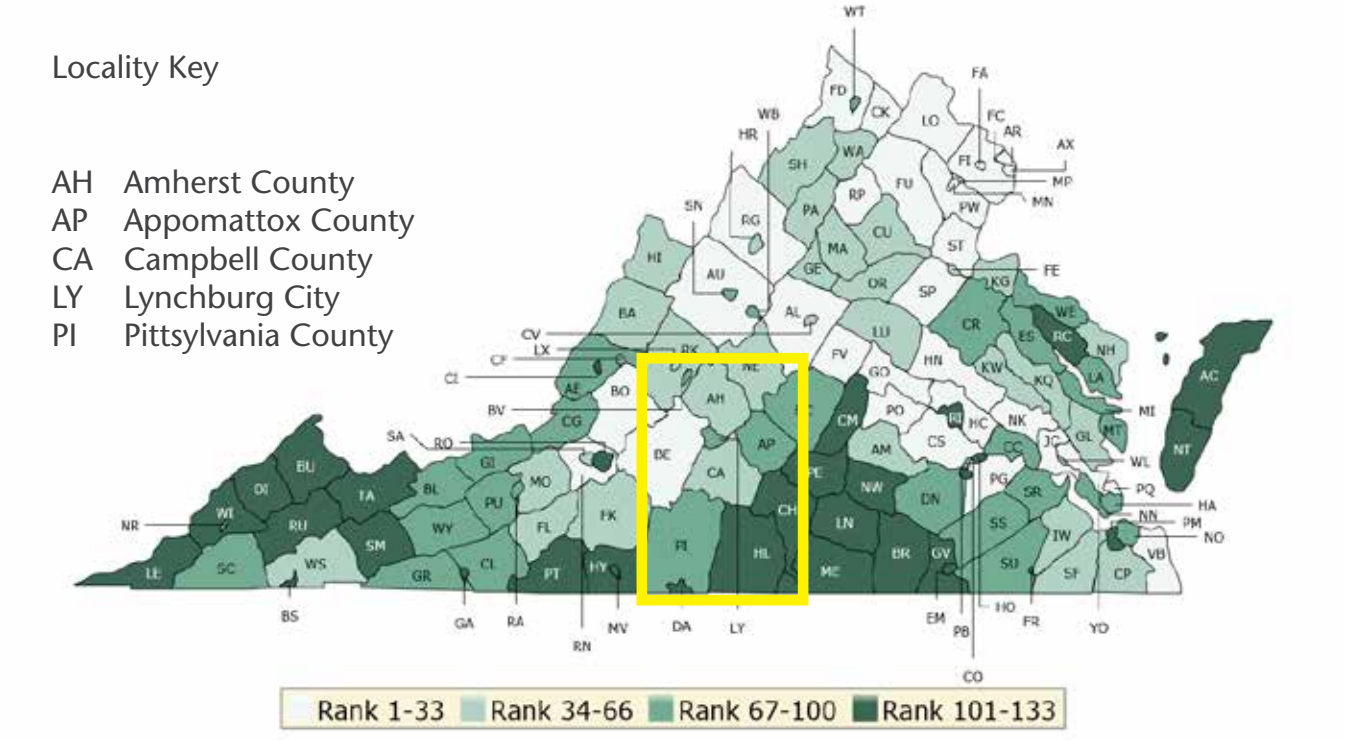
LOCALITY	Health Outcomes Rank	Health Factors Rank
AMHERST	55	74
APPOMATTOX	79	72
CAMPBELL	58	69
LYNCHBURG	91	82
PITTSYLVANIA	70	87

Table/Chart/Map Source: Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. 2018, 2015. Retrieved March 12, 2018. Accessed at http://www.countyhealthrankings.org/app/virginia/2018/overview*;* …/2015/overview*.*

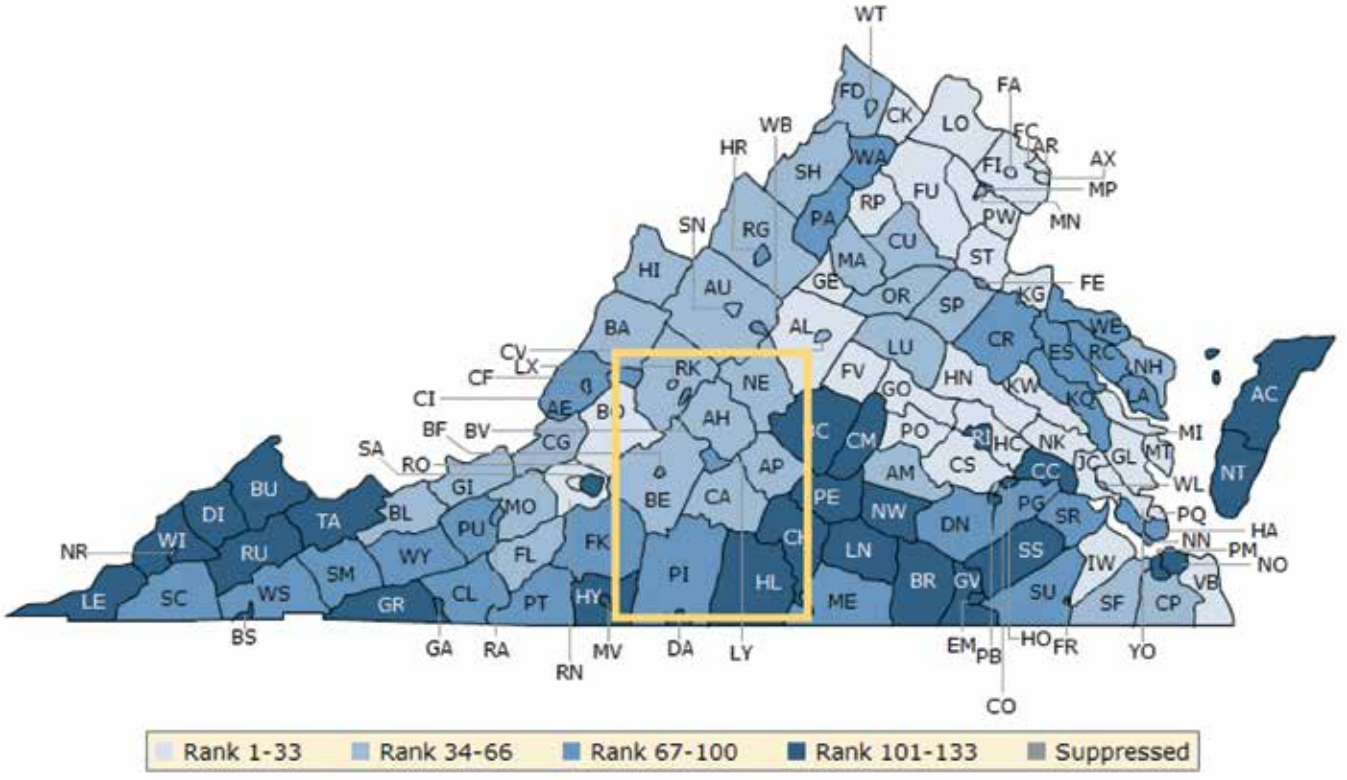
MAP: County Health Outcomes by Rank
Ranking key – 1 = best; 133 = worst

Locality Key

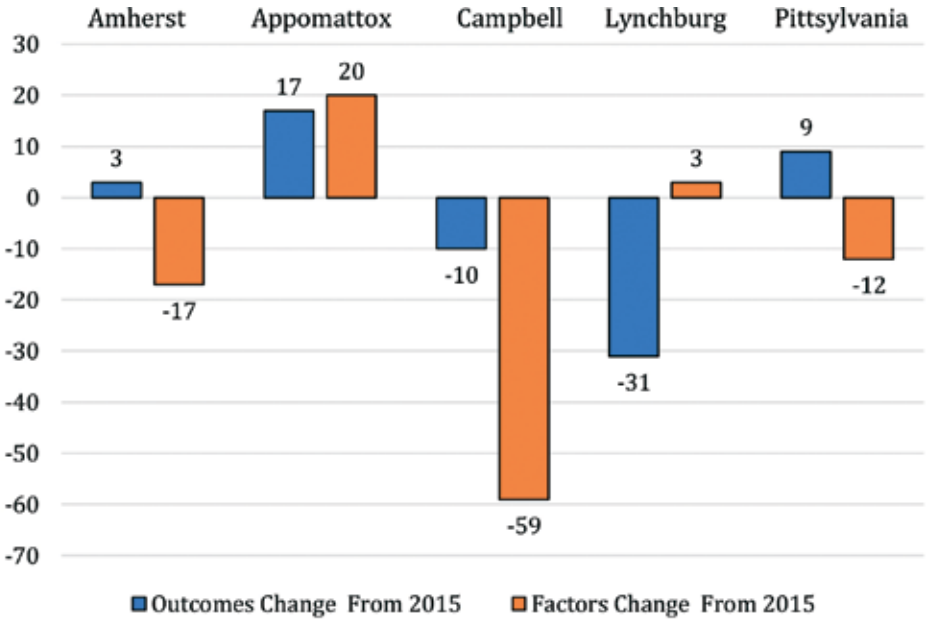
AH Amherst County
AP Appomattox County
CA Campbell County
LY Lynchburg City
PI Pittsylvania County



MAP: County Health Factors by Rank
Ranking key – 1 = best; 133 = worst



Changes in Health Rankings



The Lynchburg (Central Virginia Health District) shows health outcome improvement in Amherst and Pittsylvania counties. There is significant decline in health outcomes rank experienced by Lynchburg as the city fell 31 places. Despite its decline, Lynchburg is not in the lowest quartile (101-133) of Virginia localities.

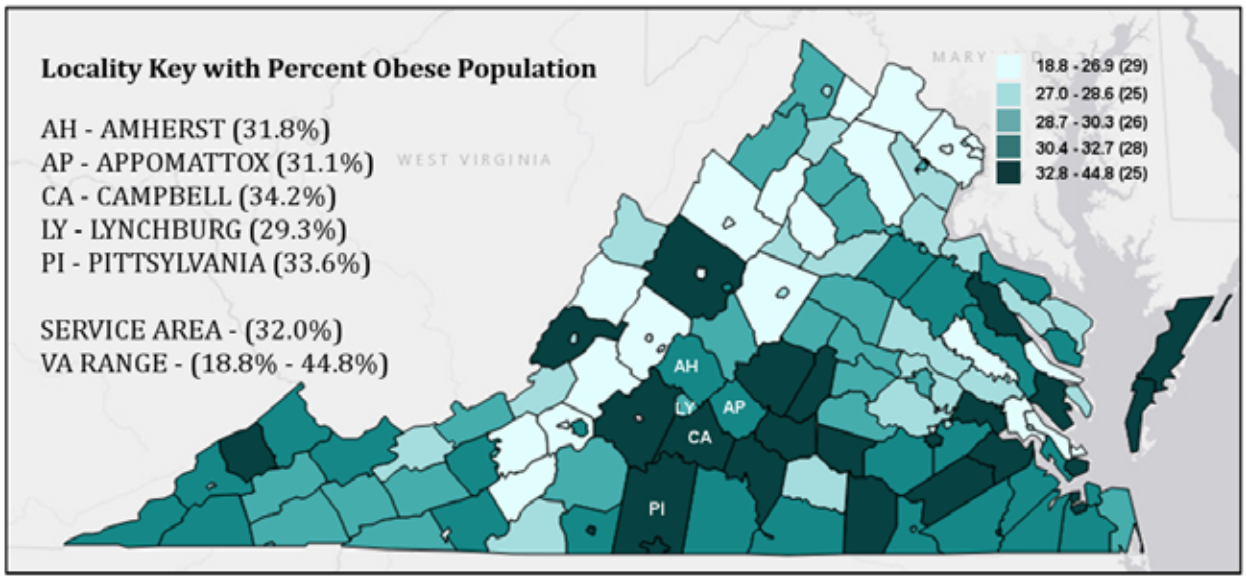
Campbell County matched its decline in health outcomes with a 10 position decline in health factor rankings. Appomattox County improved 20 positions despite falling 17 positions in health outcome rankings. Despite Amherst County improving 16 positions in health outcomes from 2015 to 2018 the county fell 23 positions in health factor rankings. The health outcome and health factor should be viewed in context of specific health and disease mortality and incidence data found in this assessment to evaluate their rankings.

Obesity

"Excess weight, especially obesity, diminishes almost every aspect of health, from reproductive and respiratory function to memory and mood. Obesity increases the risk of several debilitating, and deadly diseases, including diabetes, heart disease, and some cancers. It does this through a variety of pathways, some as straightforward as the mechanical stress of carrying extra pounds and some involving complex changes in hormones and metabolism. Obesity decreases the quality and length of life, and increases individual, national, and global healthcare costs. Losing as little as 5 to 10 percent of body weight offers meaningful health benefits to people who are obese, even if they never achieve their "ideal" weight, and even if they only begin to lose weight later in life."

[Citation: Harvard School of Public Health. Obesity Prevention Source. Retrieved from https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/]

MAP 1: Obesity by Percentage by Locality



Map and Table Data Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA

Two of the five localities in the Lynchburg Service Area are in the top 20% of most obese localities in Virginia (Campbell and Pittsylvania) and the remaining localities are in the top 40% of localities (Amherst, Appomattox, and Lynchburg) of obese population percentages.

Physical Activity

"Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities]

TABLE: Percentage of Adults age 20 and over Reporting No Leisure-Time Physical Activity

LOCALITY	2014	2013	2012	2011
AMHERST	31	30	30	29
APPOMATTOX	30	26	26	27
CAMPBELL	26	25	29	29
LYNCHBURG	24	21	22	24
PITTSYLVANIA	31	30	30	27
VIRGINIA	**22**	**21**	**22**	**22**

Table Source: Source: County Health Rankings 2018, 2017, 2016, 2015 from the CDC Diabetes Interactive Atlas

"Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities]

TABLE: Percentage of population with adequate access to locations for physical activity

LOCALITY	2010 & 2016
AMHERST	68
APPOMATTOX	56
CAMPBELL	36
LYNCHBURG	92
PITTSYLVANIA	20
SERVICE AREA	**63**
VIRGINIA	**83**

Table Source: County Health Rankings 2018 from Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files

"Limited Access to Healthy Foods is the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/diet-exercise/limited-access-to-healthy-foods]

TABLE: Percent with Limited Access to Healthy Food

LOCALITY	2015	2014	2010
AMHERST	6.1%	7.6%	7.6%
APPOMATTOX	1.0%	1.0%	1.0%
CAMPBELL	3.9%	6.2%	6.2%
LYNCHBURG	8.6%	12.4%	12.4%
PITTSYLVANIA	5.8%	4.8%	4.8%
VIRGINIA	**4.3%**	**3.7%**	**3.7%**

Alcohol Consumption

"Excessive alcohol consumption considers both the amount of alcohol consumed and the frequency of drinking. Although moderate alcohol use is associated with health benefits such as reduced risk of heart disease and diabetes, excessive alcohol use causes 88,000 deaths in the US each year. In 2015, 27% of people ages 18 and older reported binge drinking in the past month, while 7% reported heavy alcohol use in the past month. Over time, excessive alcohol consumption is a risk factor for hypertension, heart disease, fetal alcohol syndrome, liver disease, and certain cancers. In the short-term, excessive drinking is also linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, and motor vehicle crashes. Alcohol-impaired crashes accounted for nearly one-third of all traffic-related deaths in 2016—more than 10,000 fatalities."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/alcohol-and-drug-use]

TABLE: Percentage of Adults Reporting Binge or Heavy Drinking

LOCALITY	2016	2015	2014	2014
AMHERST	16	16	15	NR
APPOMATTOX	16	15	15	NR
CAMPBELL	17	15	15	11
LYNCHBURG	17	17	17	17
PITTSYLVANIA	15	15	14	9
VIRGINIA	**17**	**17**	**17**	**16**

Table Source: County Health Rankings 2018, 2017, 2016, 2015 from the Behavioral Risk Factor Surveillance System.

Tobacco Use

"Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

Tobacco is not only smoked. Smokeless tobacco, while less lethal than smoked tobacco, can lead to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.

Tobacco use has real economic impacts for individuals and communities. It costs the nation about $170 billion annually to treat tobacco-related illnesses, and another $156 billion in productivity losses. In 2006, over $5 billion of that lost productivity was due to secondhand smoke."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/tobacco-use]

TABLE: Percentage of Adults who are Current Smokers

LOCALITY	2016	2015	2014	2014
AMHERST	17	16	18	16
APPOMATTOX	17	17	20	25
CAMPBELL	16	17	19	22
LYNCHBURG	18	20	20	25
PITTSYLVANIA	18	17	19	23
VIRGINIA	**15**	**17**	**20**	**18**

Table Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015.

Drug Use

"In 2016, there were 1,130 opioid-related overdose deaths in Virginia—a rate of 13.5 deaths per 100,000 persons—compared to the national rate of 13.3 deaths per 100,000 persons. Since 2010, the number of heroin-related overdose deaths has increased from 45 to 450 deaths—a tenfold increase. Overdose deaths related to synthetic opioids have increased even more dramatically from 87 to 648 deaths." (Source: National Institute for Drug Abuse. Virginia Opioid Summary (revised 2018). Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/virginia-opioid-summary).

Note: the data below breaks out opioid deaths from Fentanyl/Heroin and prescription opioids. This would lead to differences among rates as noted in the National Institute for Drug Abuse rate noted above.

TABLE: Mortality Rates (per 100,000) for overdose from Fentanyl/Heroin use and prescription opioid use 2017.

LOCALITY	Overdose Mortality Rate Fentanyl and/or Heroin 2017	Overdose Mortality Rate Prescription Opioids 2017
AMHERST	6.3	3.2
APPOMATTOX	0	0
CAMBELL	5.5	0
LYNCHBURG	3.7	5.0
PITTSYLVANIA	1.6	1.6
TOTAL SERVICE AREA	**3.4**	**2.0**
VIRGINIA	**11.0**	**5.9**

*Table Source: Virginia Department of Health. Retrieved from h*http://www.vdh.virginia.gov/data/opioid-overdose/

Lynchburg City has the highest mortality rate due to prescription opioids among service area localities while Amherst County has the highest mortality rate from Fentanyl and/or Heroin use. The range of mortality by Virginia locality mortality rates from Fentanyl and/or Heroin use is 1.3 to 40.8 and 1.6 to 54.4 for mortality from prescription opioid use. On June 1, 2017, based on a range of drug overdose indicators, the Virginia State Health Commissioner declared a Public Health Emergency for Virginia as a result of the opioid addiction epidemic.

Sexually Transmitted Infections

TABLE: Gonorrhea Incidence Rate Per 100,000 Population

LOCALITY	4-Yr. Avg.	2016	2015	2014	2013
AMHERST	67.9	68.9	65.8	71.7	65.2
APPOMATTOX	58.7	77.9	64.9	45.9	46.0
CAMPBELL	58.5	63.5	41.8	67.1	61.7
LYNCHBURG	204.0	191.7	175.4	212.4	236.4
PITTSYLVANIA	74.9	61.1	110.9	56.0	71.7
SERVICE AREA	**92.8**	**92.6**	**91.8**	**90.6**	**96.2**
VIRGINIA	**103.0**	**132.2**	**96.6**	**99.1**	**84.1**

TABLE: Chlamydia Incidence Rate Per 100,000 Population

LOCALITY	4-Yr. Avg.	2016	2015	2014	2013
AMHERST	342.7	350.9	350.9	333.7	335.4
APPOMATTOX	391.4	363.3	415.2	419.2	367.9
CAMPBELL	300.0	275.9	286.8	357.5	279.7
LYNCHBURG	676.8	667.8	620.2	641.0	778.1
PITTSYLVANIA	303.2	262.1	297.5	339.0	314.1
SERVICE AREA	**299.1**	**384.0**	**394.1**	**418.1**	
VIRGINIA	**432.7**	**473.2**	**421.7**	**432.8**	**403.0**

Table(s) Source: US Department of Health & Human Services. Centers for Disease Control and Prevention, Atlas Plus retrieved from https://gis.cdc.gov/grasp/nchhstpatlas/maps.html.

Health Status

"Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of adult respondents who rate their health "fair" or "poor." The measure is modeled and age-adjusted to the 2000 US population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-outcomes/morbidity/health-related-quality-of-life/poor-or-fair-health]

TABLE: Persons Reporting Being in Poor or Fair Health by Percent

LOCALITY	Avg. Rate	2016	2015	2014	2006-2012
AMHERST	16.5	16	15	15	20
APPOMATTOX	15.0	16	15	16	13
CAMPBELL	15.8	16	15	16	16
LYNCHBURG	17.5	19	19	19	13
PITTSYLVANIA	17.8	18	17	17	19
SERVICE AREA	**16.5**	**17**	**16**	**17**	**16**
VIRGINIA	**16.5**	**16.0**	**15.0**	**17.0**	**14.0**

Table Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015 from Behavioral Risk Factor Surveillance System 2016, 2015, 2014, 2006-2012.

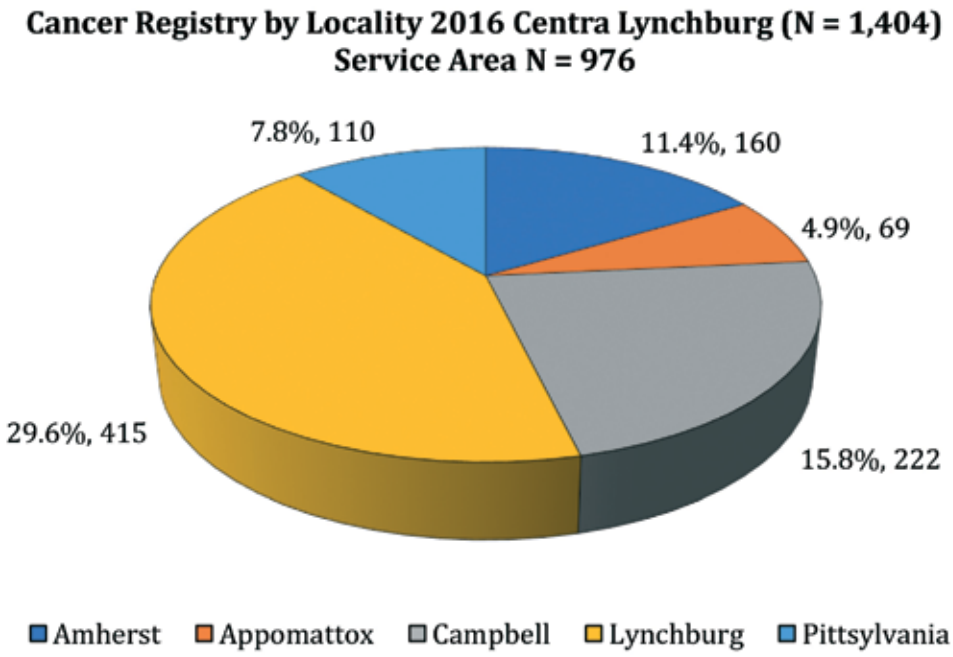
TABLE: Persons Reporting Physically Unhealthy Days In the Past Month

LOCALITY	Avg. Rate 2012-2015	2015	2014	2013	2012
AMHERST	3.4	3.6	3.3	3.4	NR
APPOMATTOX	3.4	3.7	3.6	3.6	2.5
CAMPBELL	3.7	3.5	3.5	3.5	4.1
LYNCHBURG	4.0	4.2	3.9	3.9	3.9
PITTSYLVANIA	3.7	3.8	3.8	3.5	3.8
SERVICE AREA	**3.6**	**3.8**	**3.6**	**3.6**	**3.6**
VIRGINIA	**3.3**	**3.5**	**3.2**	**3.5**	**3.2**

Table Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015 from Behavioral Risk Factor Surveillance System 2016, 2015, 2014, 2006-2012.

Incidence Rates

Centra Cancer Registry



All Cancers

TABLE: Incidence Rate Report for Virginia by County
All Cancers, 2011-2015

LOCALITY	Total	White	Black	Hispanic
AMHERST	421.9	420.6	435.3	S
APPOMATTOX	410.6	413.0	378.3	S
CAMPBELL	411.4	409.3	350.3	955.1
LYNCHBURG	428.5	431.2	419.1	668.3
PITTSYLVANIA	377.0	380.9	362.1	S
SERVICE AREA	**409.9**	**411.0**	**391.7**	**-**
VIRGINIA	**414.3**	**418.1**	**441.9**	**268.7**

Breast Cancer

TABLE: Incidence Rate Report for Virginia by County
Breast Cancer, 2011-2015

LOCALITY	Total	White	Black	Hispanic
AMHERST	105.3	112.0	81.6	S
APPOMATTOX	137.4	106.1	S	S
SERVICE AREA	**122.2**	**121.3**	**98.9**	**-**
VIRGINIA	**127.9**	**131.0**	**133.5**	**79.1**

LOCALITY	Total	White	Black	Hispanic
CAMPBELL	128.4	132.0	99.5	S
LYNCHBURG	128.9	142.8	109.6	S
PITTSYLVANIA	110.8	113.6	105.0	S
SERVICE AREA	**122.2**	**121.3**	**98.9**	**-**
VIRGINIA	**127.9**	**131.0**	**133.5**	**79.1**

Lung and Bronchus Cancer

TABLE: Incidence Rate Report for Virginia by County
Lung and Bronchus Cancer, 2011-2015

LOCALITY	Total	White	Black	Hispanic
AMHERST	72.4	66.7	61.9	S
APPOMATTOX	65.6	71.8	S	S
CAMPBELL	63.6	63.5	58.1	S
LYNCHBURG	68.3	62.5	76.8	S
PITTSYLVANIA	64.0	70.6	40.0	S
SERVICE AREA	**66.8**	**67.0**	**59.2**	**-**
VIRGINIA	**58.9**	**60.8**	**62.2**	**24.7**

Colon and Rectum Cancer

TABLE: Incidence Rate Report for Virginia by County
Colon and Rectum Cancer, 2011-2015

LOCALITY	Total	White	Black	Hispanic
AMHERST	37.6	35.9	48.5	S
APPOMATTOX	47.1	45.9	S	S
CAMPBELL	39.5	36.8	56.3	S
LYNCHBURG	42.0	39.1	49.5	S
PITTSYLVANIA	44.2	43.3	44.6	S
SERVICE AREA	**42.1**	**40.2**	**49.7**	**-**
VIRGINIA	**36.0**	**35.2**	**42.8**	**25.3**

Cancer Incidence Rate Tables Source: National Cancer Institute. State Cancer Profiles. Interactive maps retrieved from https://statecancerprofiles.cancer.gov

Death Rates

Standardizing death rates

"The numbers of deaths found in a population are influenced by the age distribution of the population. Two populations with the same age-specific mortality rates for a cause of death will have different overall death rates if the age distributions of their populations are different. Age-standardized mortality rates adjust for differences in the population age distribution - for instance the population in the service region age 65 and older is a greater percentage than that found in the overall state population – by applying the overserved age-specific mortality rates for each population to a standard population."

[Citation: Age-standardized death rates per 100,000 by cause. Retrieved from www.who.int/whois/whostat-2006AgeStandardizedDeathRates.pdf]

Standardizing rates allow the reviewer to make direct comparisons between two populations, regardless of population size and the age distribution of the population. The information in the charts and tables below represent the death rate from all causes per locality, the service area and statewide for every 1,000 persons.

TABLE: Deaths per 1,000 population (rate) 2015 - 2012

LOCALITY	4-Year Avg. Rate	2015	2014	2013	2012
AMHERST	10.2	9.8	10.2	10.4	10.5
APPOMATTOX	10.8	11.2	12.4	10.4	9
CAMPBELL	9.6	10.3	9.7	9.3	9.1
LYNCHBURG	10.2	9.8	10.8	10	10.1
PITTSYLVANIA	11.0	10.4	11.3	10.9	11.2
SERVICE AREA	**10.3**	**10.3**	**10.9**	**10.2**	**10**
VIRGINIA	**7.6**	**7.7**	**7.6**	**7.5**	**7.5**

CHART: Deaths per 1,000 population (rate) 2012 -2015

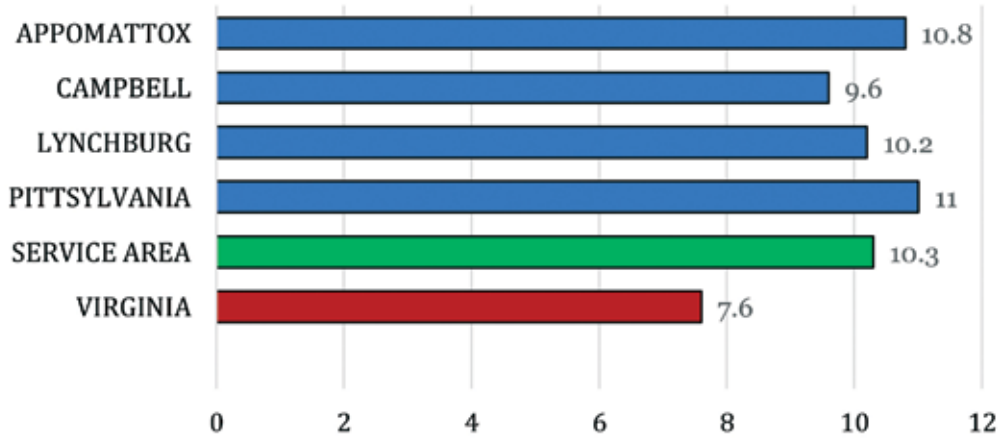


Table and Chart Source: Virginia Department of Health. Division of Health Statistics.

As a general health indicator each locality in the service area has a higher death rate among 1,000 residents than the overall state rate. Appomattox County has the highest death rate at 11.2 deaths – 3.5 deaths greater than the state rate and almost 1 death greater than that of the service area. And perhaps of greater concern, a rate that has increased 2.2/1000 from 2012 to 2015. Interestingly, despite having the highest poverty rate among service area localities at 24.3%, Lynchburg has the second lowest death rate among service area localities.

Death Rates by Race

Table 2 compares death rates among white, blacks, and other races as published by the Virginia Department of Health's, Division of Health Statistics. The death rate among Blacks in each of the three service areas approximates the death rate among Whites. The death rate among Blacks and Whites by individual locality are similar. "Other" races, where "Other" is the label used by the Virginia Department of Health, are lower than the death rate compared to Blacks and Whites. It should be noted that there were 52 data points for both Blacks and Whites for the four-year period and only 26 data points for "Other".

"African Americans have made significant gains in life expectancy, and the mortality gap between white and black Americans has been cut in half since 1999, the Centers for Disease Control and Prevention reported. Blacks experienced a 25 percent drop in their overall death rate, compared to a 14 percent decrease for whites, between 1999 and 2015. Deaths from heart disease, cancer and stroke declined sharply among blacks 65 and older, and in that age group, blacks now have a lower death rate than whites, the CDC (has stated)."[2]

[Citation: Achenbach, Joel. Life expectancy improves for blacks, and the racial gap is closing, CDC reports. The Washington Post. May 2, 2017]

TABLE: Avg. Death Rate Over 4 Years by Race

	2015 - 2012 Avg. Death Rate			
LOCALITY	Total	White	Black	Other
AMHERST	10.5	10.3	10.3	8.2
APPOMATTOX	10.8	11.0	9.9	
CAMPBELL	9.6	9.8	9.2	5.3
LYNCHBURG	10.2	11.3	9.0	1.9
PITTSYLVANIA	11	11.1	10.9	
SERVICE AREA	**10.3**	**10.7**	**9.8**	
VIRGINIA	**7.6**	**8.2**	**7.2**	**2.4**

Tables and Chart Source: Virginia Department of Health. Division of Health Statistics. Retrieved February 7, 2018. Accessed at https://www.vdh.virginia.gov/HealthStats/documents/pdf/bk1dth01.pdf.

Premature Death Rates

Premature age-adjusted mortality is an important and frequently referenced measure used to assess a population's health.

TABLE: Premature Age Adjusted Mortality Rate per 100,000 Mortality Rate less than 75 Years of Age

LOCALITY	4 Year Average	2018	2017	2016	2015
AMHERST	397.3	371	371	415	432
APPOMATTOX	409.3	456	413	371	397
CAMPBELL	352.3	378	363	330	338
LYNCHBURG	407.8	411	427	405	388
PITTSYLVANIA	397.8	388	389	407	407
SERVICE AREA	**404.1**	**395**	**366**	**428**	**427**
VIRGINIA	**316.0**	**317**	**314**	**315**	**318**

Table Source: Robert Wood Johnson Foundation. County Health Rankings & Roadmaps. 2018, 2017, 2016, 2015. Retrieved March 15, 2018. Accessed at http://www.countyhealthrankings.org/app/virginia/2018/overview; …/2017/overview; …/2016/overview; …/2015/overview.

Injury Death Rate

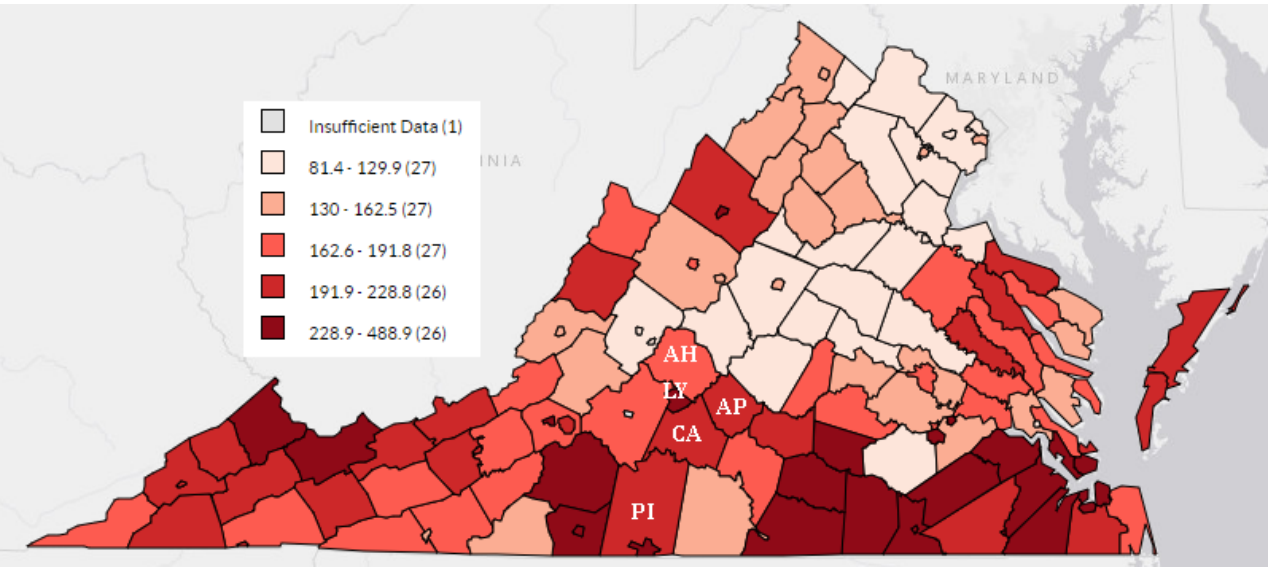
TABLE: Number of deaths due to injury per 100,000 population

LOCALITY	2016 -2012	2015 - 2011	2013 - 2009	2012 - 2008
AMHERST	62	62	64	72
APPOMATTOX	77	81	85	86
CAMPBELL	74	69	65	66
LYNCHBURG	57	58	53	56
PITTSYLVANIA	80	81	84	85
SERVICE AREA	**70**	**70**	**70**	**73**
VIRGINIA	**58**	**55**	**52**	**52**

Table Source: County Health Rankings for Virginia Localities 2018, 2017, 2016, 2015. CDC WONDER mortality data by four-year groupings

Hypertension

MAP/TABLE: Hypertension Death Rate per 100,000 (any mention), 35+, All Races/ Ethnicities, Both Genders, 2014-2016



Map Table Data

AMHERST	163.0
APPOMATTOX	228.8
CAMPBELL	205.6
LYNCHBURG	247.3
PITTSYLVANIA	199.6
SERVICE AREA	**208.9**
VIRGINIA RANGE	**167.4**

Map and Table Data Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA

Stroke Death Rate

TABLE: Stroke Death Rate per 100,000, Age 35+ by Race 2013-2015

LOCALITY	All Race, All Gender	White	Black	Hispanic
AMHERST	95.7	88.9	118.5	NR
APPOMATTOX	84.7	80.7	93.8	NR
CAMPBELL	84.3	87.7	99.7	NR
LYNCHBURG	104.1	90.7	136.0	NR
PITTSYLVANIA	82.8	82.0	87.9	NR
SERVICE AREA	**90.3**	**86.0**	**107.2**	**NR**
VIRGINIA	**73.5**	**70.7**	**95.4**	**41.9**

Table Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx. Accessed April 25, 2018.

TABLE: Heart Disease Death Rate per 100,000, Age 35+ by Race 2013-2015

LOCALITY	All Race, All Gender	White	Black	Hispanic
AMHERST	312.5	301.8	422.1	NR
APPOMATTOX	419.3	402.7	447.3	NR
CAMPBELL	377.7	361.7	409.4	NR
LYNCHBURG	356.0	328.9	420.3	NR
PITTSYLVANIA	342.5	336.8	379.0	NR
SERVICE AREA	**361.6**	**346.4**	**415.6**	**NR**
VIRGINIA	**301.5**	**302.2**	**370.4**	**130.1**

Table Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx. Accessed April 25, 2018.

Suicide Death Rate

According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2016:

- Suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (44,965) in the United States as there were homicides (19,362).

(National Institute of Mental Health, Suicide, https://www.nimh.nih.gov/health/statistics/suicide.shtml)

TABLE: Virginia Age-Adjusted Death Rates per 100,000 Population: Suicide 2008-2014

LOCALITY	Suicide Rate 2008-2014
AMHERST	14.2
APPOMATTOX	suppressed
CAMBELL	14.75
LYNCHBURG	10.86
PITTSYLVANIA	15.62
TOTAL SERVICE AREA*	**13.85**
VIRGINIA	**12.24**

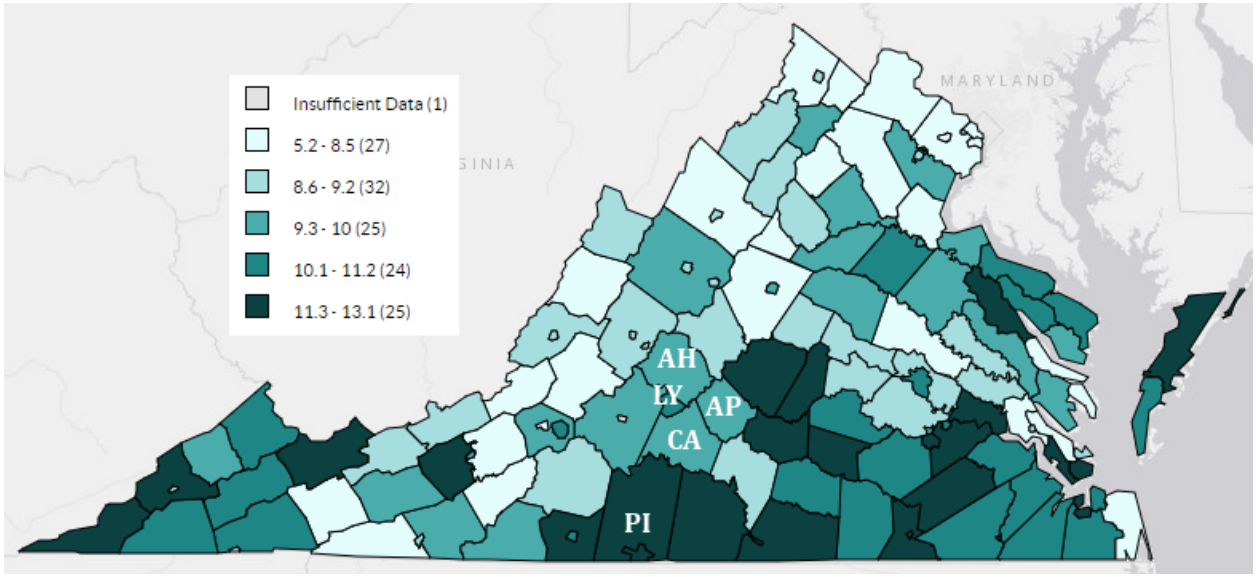
Table Source: Centers for Disease Control and Prevention. Retrieved from https://wisqars.cdc.gov:8443/cdcMap-Framework/mapModuleInterface.jsp

**Four localities only*

Rates based on 20 or fewer deaths over the period are considered unstable. These rates are therefore suppressed.

Three of the five service area localities have suicide rates higher than the overall state suicide rate. The state locality suicide mortality rate ranges from 5.74 to 17.92.

MAP/TABLE: Diabetes Percentage, Age Adjusted for the Population Age 20+: 2014



AMHERST (AH)	9.4%
APPOMATTOX (AP)	10.0%
CAMPBELL (CA)	9.3%
LYNCHBURG (LY)	10.4%
PITTSYLVANIA (PI)	11.4%
SERVICE AREA	**10.1%**
VIRGINIA RANGE	**5.2% - 13.1%**

Map Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

Maternal and Child Health Indicators

Maternal and Child Health Indicators

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation's most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006,1 and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.2

Each year, 12% of infants are born preterm and 8.2% of infants are born with low birth weight.3 In addition to increasing the infant's risk of death in its first few days of life, preterm birth and low birth weight can lead to devastating and lifelong disabilities for the child. Primary among these are visual and hearing impairments, developmental delays, and behavioral and emotional problems that range from mild to severe.

Preconception (before pregnancy) and interconception (between pregnancies) care provide an opportunity to identify existing health risks and to prevent future health problems for women and their children. These problems include heart disease, diabetes, genetic conditions, sexually transmitted diseases, and unhealthy weight."

[Citation: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. Retrieved from https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health]

Prenatal Care

TABLE: Prenatal Care Beginning in the First Trimester

LOCALITY	2015	2014	2013	2012
AMHERST	84.8	88.1	88.7	87.2
APPOMATTOX	83.2	89.3	90.6	88.3
CAMPBELL	85.8	89.7	90.9	91.5
LYNCHBURG	82.0	87.2	89.1	86.2
PITTSYLVANIA	88.2	78.3	80.3	78.0
SERVICE AREA				
VIRGINIA	**85.2**	**82.8**	**82.9**	**83.0**

Table Source: Virginia Department of Health, Division of Health Statistics

Low Birth Weight Births - 2012-2016

LOCALITY	TOTAL	WHITE	BLACK	OTHER
AMHERST	7.1%	6.5%	11.1%	0.0%
APPOMATTOX	8.1%	6.7%	14.0%	0.0%
CAMPBELL	7.5%	6.7%	11.6%	9.8%
LYNCHBURG	8.1%	5.7%	13.4%	5.9%
PITTSYLVANIA	7.8%	7.1%	10.6%	7.4%
SERVICE AREA	7.8%	6.4%	12.6%	6.2%
VIRGINIA	**8.0%**	**6.5%**	**12.7%**	**7.6%**

Infant Mortality Rate

TABLE: Four-Year Infant Mortality Rate by Total, by Race, Per 1,000 Live Births

LOCALITY	Infant Mortality Rate Total 2012-2015	Infant Mortality Rate White 2012-2015	Infant Mortality Rate Black 2012-2015	Infant Mortality Rate Other 2012-2015
AMHERST	6.1	3.8	13.3	0.0
APPOMATTOX	7.0	7.0	7.4	0.0
CAMPBELL	7.8	6.2	11.0	51.3
LYNCHBURG	4.4	1.4	10.0	8.0
PITTSYLVANIA	3.6	3.4	5.0	0.0
SERVICE AREA	**5.3**	**3.5**	**9.5**	**10.1**
VIRGINIA	**6.0**	**4.9**	**11.9**	**2.6**

Table Source: Virginia Department of Health, Division of Health Statistics

Teen Birth Rate

TABLE: Teen Birth Rate

LOCALITY	Total 2010-2016	White	Black
AMHERST	25.0	23.0	34.0
APPOMATTOX	31.0	31.0	33.0
CAMPBELL	24.0	23.0	32.0
LYNCHBURG	16.0	9.0	37.0
PITTSYLVANIA	23.0	20.0	29.0
SERVICE AREA	**23.8**	**21.2**	**33.0**
VIRGINIA	**21.0**	**NR**	**NR**

NR – Not Reported
Table Source: County Health Rankings, 2018

PHYSICAL ENVIRONMENT

The link between physical environment and health

"Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment. For example, millions of people in the United States live in places that have unhealthy levels of ozone or other air pollutants. In counties where ozone pollution is high, there is often a higher prevalence of asthma in both adults and children compared with state and national averages. Poor air quality can worsen asthma symptoms, especially in children.[2] Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality-of-life outcomes. Examples of physical determinants include:

- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches"

[Citation: Office of Disease Prevention and Health Promotion. HealthyPeople.gov. Retrieved from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health]

Reference:

[2] State of the Air [Internet]. Washington, DC: American Lung Association. Available from: http://www.stateoftheair.org

Water Quality

"Low pH (<6.5) can occur naturally in parts of Virginia geology. Although not a concern in itself, low pH can be a driver of how corrosive the water is, and once the water enters the house, can result in metals such as copper and lead leaching into the water from plumbing components that contain these metals, such as brass fittings or copper pipes. Total coliform bacteria presence is an indication that surface water may be entering a well and other more harmful microorganisms may be present. E. coli is a sign that human or animal waste is entering the water supply."

[Citation: Virginia Cooperative Extension. Virginia Household Water Quality Program. Retrieved from https://create.piktochart.com/output/10566195-vahwqp2009-2015amherst]

TABLE: Household water quality: Common Contaminants Percent of samples exceeding standard 2009-2015

LOCALITY	Low pH (<6.5)	Copper	Total coliform bacteria	Lead	Manganese	E. coli bacteria
AMHERST	49%	34%	25%	25%	11%	6%
APPOMATTOX	63%	21%	50%	19%	NR	4%
CAMPBELL	55%	26%	22%	22%	11%	NR
LYNCHBURG	NR	NR	NR	NR	NR	NR
PITTSYLVANIA	45%	20%	52%	18%		10%
VIRGINIA	**20%**	**9%**	**40%**	**10%**	**10%**	**8%**

Table Source: Virginia Cooperative Extension. Virginia Household Water Quality Program. Retrieved from https://www.wellwater.bse.vt.edu/resources.php

Housing Problems

"Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development."

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Residential segregation – non-white/white. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/physical-environment/housing-transit/severe-housing-problems]

TABLE: Housing with a least 1 of 4 Housing Problems

LOCALITY	2010 - 2014		2009 - 2013	
	No. Households with Severe Problems	% Households with Severe Problems	No. Households with Severe Problems	% Households with Severe Problems
AMHERST	1,520	12.0%	1,450	11.0%
APPOMATTOX	750	13.0%	755	13.0%
CAMPBELL	2,450	11.0%	2,520	12.0%
LYNCHBURG	5,850	21.0%	5,750	20.0%
PITTSYLVANIA	3,125	12.0%	3,090	12.0%
SERVICE AREA	**13,695**	**14.5%**	**13,565**	**14.4%**
VIRGINIA		**15.0%**		**15.0%**

Note: Housing Problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities

Table Source: County Health Rankings from US Department of Housing and Urban Development. Retrieved from http://www.countyhealthrankings.org/app/virginia/2018/measure/factors/136/data

Residential Segregation

"Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-white and white residents) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of white or non-white that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. Residential segregation remains prevalent in many areas of the country and may influence both personal and community well-being. Residential segregation is considered to be a fundamental cause of health disparities in the US and has been linked to poor health outcomes, including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions (emphasis added). [1,2] Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. [3] Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality healthcare and restrictions to upward mobility. [2,3]"

[Citation: Robert Wood Johnson Foundation. Community Health Rankings. Residential segregation – non-white/white. Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/social-and-economic-factors/family-social-support/residential-segregation-non-whitewhite]

References: [1] Gee G, Ford C. Structural racism and health inequities: Old issues, new directions. Du Bois Review. 2011;8:115-132. [2] Kramer MR, Hogue CR. Is segregation bad for your health? Epidemiol. Rev. 2009;31:178-194. [3] Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. Lancet. 2017;389:1453-1463.

TABLE: Residential Segregation - Non-white/White

LOCALITY	2016-2012	2015-2011	2014-2010
AMHERST	14.0	15.0	16.0
APPOMATTOX	5.0	6.0	6.0
CAMPBELL	23.0	22.0	23.0
LYNCHBURG	35.0	34.0	34.0
PITTSYLVANIA	21.0	21.0	24.0
SERVICE AREA	**19.6**	**19.6**	**20.6**
VIRGINIA	**41.0**	**41.0**	**42.0**

Note: A score of "1" would represent maximum segregation

Source: Community Health Rankings 2018, 2017, 2016 from American Community Survey, 5-year estimates.

Violent Crime

TABLE: Violent Crime Reported Offenses Rate per 100,000

LOCALITY	2014-2012	2012-2010
AMHERST	96	77
APPOMATTOX	63	86
CAMPBELL	144	123
LYNCHBURG	415	380
PITTSYLVANIA	72	73
SERVICE AREA	**158**	**148**
VIRGINIA	**194**	**200**

Source: County Health Rankings for Virginia Localities 2018 (2014-2012), and 2016 (2012-2010) from Uniform Crime Reporting - FBI

Prioritization of Needs

Upon completion of primary and secondary data collection, the Lynchburg Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community. A "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. Responses from the Community Health Survey (Top 25 responses)
   a. Q5. Thinking about the community, what are the five most important issues that affect the health of the community?
2. Responses from the Stakeholders' Survey and Focus Group Meeting (Top 25 responses)
   a. Q1. What are the top 5 greatest needs in the community(s) you serve?

The Lynchburg Area Prioritization of Needs Worksheet is available in the Appendix. For each "Area of Need" identified, the percentage of responses for each question from the Community Health Survey and/or Stakeholders' Survey and Focus Group Meeting were noted on the worksheet so that participants could see how they were prioritized by the appropriate community members.

At the September 26, 2018 CHAT meeting, members were asked to rank the needs from 1 to 10, with 1 being the greatest need and 10 being the 10th greatest need. In addition, the worksheet was available via a Survey Monkey link for those CHAT members who were unable to attend the meeting. Upon completing the ranking exercise, CHAT members discussed their rankings as a group. Many members expressed that many of the "Areas of Need" were interrelated (i.e. Access to Healthy Food, Lack of Exercise, and Overweight/Obesity) to other needs. Some members grouped similar items into one ranking when relevant.

Rankings by respondent for the "Areas of Need" were entered into Survey Monkey and analyzed using an Excel workbook. A total of 22 CHAT members completed the "Prioritization of Needs Worksheet". An average rank score per priority was calculated. Where an Area of Need was not ranked in the 10, the number 11 was assigned to adjust across all priority areas. The rankings were then summed and divided by 22 for an average rank score. When appropriate, Areas of Need ranked in the top 10 that had similarities were combined (i.e. Substance use and Alcohol and Illegal drug use).

The 2018 Prioritization of Needs Top 10 Rankings follow. Priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic Fac-

tors, Health Behaviors, Clinical Care, and Physical Environment. These rankings will be used by Centra, the Central Virginia Health District, Partnership for Healthy Communities partners, and community leaders/stakeholders to develop Implementation Plans that will respond to these needs.

Ranking n=22	Average Ranking n=22	Areas of Need	Community Health Survey Responses (%) n=2202	Stakeholder Survey Responses (%) n=291	Comments
1	5.68	Poverty	16.67%	3.4%	
2	5.84	Access to affordable health care & access to healthcare			Combined Access to affordable health care (#1, Ranking 2.82) and Access to healthcare (#11, Ranking 8.86)
	2.82	Access to affordable health care	59.76%		
	8.86	Access to Healthcare		6.9%	
3	6.32	Access to affordable housing	20.16%	7.2%	
4	6.82	Access to healthy food	26.93%	6.9%	
5	7.23	Access to mental health services & mental health problems			Combined Mental health problems (#3, Ranking 5.82) and Access to mental health services (#10, Ranking 8.64)
	5.82	Mental Health Problems	28.79%		
	8.64	Access to mental health services		8.2%	
6	7.45	Transportation	8.81%	12.7%	
7	7.52	Substance use: alcohol & illegal drug use			Combined Alcohol & Illegal Drug Use (#6; Ranking 6.82) and Substance Use (#9, Ranking 8.23)
	6.82	Alcohol and illegal drug use	30.47%		
	8.23	Substance Use		4.5%	

Ranking n=22	Average Ranking n=22	Areas of Need	Community Health Survey Responses (%) n=2202	Stakeholder Survey Responses (%) n=291	Comments
8	7.77	Overweight/Obesity	31.38%		
9	8.50	Diabetes	19.12%		
10	8.91	Poor Eating Habits	15.76%		

Community Resources

A list of resources was developed from the area 2-1-1 database, as well as from input from the Stakeholder Focus Group meeting and Surveys and the Target Population Focus Group meetings. This list will assist Centra, the Central Virginia Health District, the Partnership for Healthy Communities and other community stakeholders in identifying existing programs and community resources that are available to address the prioritized needs in the Implementation Plans. This list of Community Resources can be found in the Appendix.

Evaluation of Impact

The Lynchburg Area Community Health Needs Assessment and Implementation Plan was previously conducted in 2016 and identified three overarching priorities aimed at improving the health of the various communities served by Lynchburg General Hospital, Virginia Baptist and Centra Specialty hospitals. The areas identified were community support for self-advocacy; mental health education, awareness and access; and addiction education, prevention and access.

For the action plan priority regarding community support for self-advocacy, work began in 2017 around collaborating with key neighborhoods to identify communities and key leaders to assist in developing programs. This also holds true for the development of a healthcare community resources guide and partnership with 211 community partners. Centra did continue funding of "Live Healthy Lynchburg" which is a community impact collaboration group that provides transportation services, community gardens and encourages healthy children's play. Centra also participated in making Lynchburg a "Let's Move" city, a program intending to solve childhood obesity.

For the action plan priority regarding mental health education, awareness and access, "check up from the neck up" was implemented in primary care practices and key specialty service lines to help identity mental health issues during a regular office visit. Mental health services have also been integrated in select primary care offices and specialty care offices such as cardiology and bariatrics with an on-site mental health provider on staff for patients that need mental health services. To date, we have integrated mental healthcare services into six of our primary care and specialty care practices, including Nationwide Drive, Farmville, Bariatrics, Forest Women's Center and Stroobants Cardiology. Access to our mental health services at Piedmont Psychiatric Center has been increased by adding six new mental health providers in Lynchburg, as well as the continuation of providing telepsychiatry services to Bedford Memorial Hospital.

In the area of addiction education, awareness and access, Centra formed the Community Access Network partnership which resulted in the opening of the Community Health Center, a federally qualified health center look-a-like, in Lynchburg, VA. This community health center is located in an area that is below or at poverty level and serves everyone, regardless of age or insurance status. Centra provides mental health and addiction services to patients that visit this clinic. Centra also opened a facility for opioid addicted mothers as a place for them to recover from addiction. Piedmont Psychiatric Center has also added an outpatient office based

opioid treatment center where medication assisted treatment has been added to complete our continuum of care. Office based opioid treatment is the gold standard for treating opioid dependence and involves the use of medication like suboxone and therapy. Centra expanded their addiction service offerings to include an intensive outpatient program, inpatient medical stabilization program along with the addition of overall mind, body and spirit ancillary service offerings in their Pathways Recovery Lodge. Centra also partnered with the Attorney General, Mark Herring, to host an opioid abuse and addiction forum for anyone in the community to attend to raise awareness and education about the addiction crisis.

Appendix

1. Area Community Health Survey (English and Spanish)

SÓLO PARA USO INTERNO: Date:

La organización *The Partnership for Healthy Communities* está trabajando junto con los líderes en el área a fin de aprender más acerca de sus necesidades de atención médica. Favor de contestar las siguientes preguntas con la(s) mejor(es) respuesta(s). Todos los cuestionarios se mantendrán confidenciales. Gracias por tomar el tiempo de llenar este cuestionario. Se puede mandar el cuestionario al: Lynchburg Health Department, Attention Lindsey Cawood, 307 Alleghany Ave., Lynchburg, VA 24501. Usted tiene que ser mayor de 18 años para poder llenar este cuestionario. Favor de completar este cuestionario una sola vez.

CUESTIONARIO DE SALUD PARA LA COMUNIDAD DEL AREA DE LYNCHBURG

ACCESO Y BARRERAS A LA ATENCIÓN MÉDICA

1. ¿Hay una clínica médica, centro de salud u otro lugar específico donde usted usualmente va si está enfermo o necesita consejo acerca de su salud? ☐ **Sí** ☐ **No**

Pase a la pregunta 2 si marcó No. Si marcó Sí:

- **¿Es este el lugar adonde iría para tratar un nuevo problema de salud?** ☐ Sí ☐ No
- **¿Es este el lugar adonde iría para asistencia médica preventiva, tal como un chequeo, examen o inmunizaciones generales?** ☐ Sí ☐ No
- **¿Es este el lugar adonde iría para conseguir un referido a otra profesional de salud, si fuera necesario?** ☐ Sí ☐ No

2. ¿Usted utiliza servicios de atención médica? ☐ **Sí** ☐ **No**

Si sí, ¿adónde va para atención médica? ***(Marque todos los que apliquen)***

- ☐ Clínica médica_____
- ☐ Bedford Christian Free Clinic
- ☐ Blue Ridge Medical Center
- ☐ Centra Family Medicine Residency
- ☐ Centra Medical Group – Nationwide
- ☐ Central Medical Group – Lynchburg Family Medicine
- ☐ Centra Medical Group – Otro sitio_____
- ☐ Community Access Network Health Center
- ☐ Sala de emergencias
- ☐ Free Clinic of Central Virginia
- ☐ Departmento de salud
- ☐ Johnson Health Center
- ☐ Liberty Mountain Medical Group
- ☐ Clínica de farmacia
- ☐ Piedmont Access to Health Services (PATHS)
- ☐ Planned Parenthood
- ☐ Veterans Administration Medical Center
- ☐ Urgent Care o Clínica sin cita previa
- ☐ Centra 24/7 Virtual Visit
- ☐ Otro_____

3. ¿Usted utiliza servicios de atención dental? ☐ **Sí** ☐ **No**

Si sí, ¿adónde va para atención dental? ***(Marque todos los que apliquen)***

- ☐ Clínica del dentista_____
- ☐ Affordable Dentures
- ☐ Community Access Network Health Ctr
- ☐ Sala de emergencias
- ☐ Veterans Administration Medical Center
- ☐ Free Clinic of Central Virginia
- ☐ Mission of Mercy Project
- ☐ Urgent Care/Clínica sin cita previa
- ☐ Johnson Health Center, James River Dental Services
- ☐ Otro_____

4. ¿Usted utiliza servicios de salud mental, abuso de alcohol, o abuso de drogas? ☐ **Sí** ☐ **No**

Si sí, ¿adónde va para tales servicios? ***(Check all that apply)***

- ☐ Clínica del consejero_____
- ☐ Clínica médica_____
- ☐ Centra Mental Health Services
- ☐ Community Access Network Health Ctr
- ☐ DARS
- ☐ Sala de emergencias
- ☐ Free Clinic of Central Virginia
- ☐ Gateway
- ☐ Horizon Behavioral Health
- ☐ Human Kind – The Counseling Ctr
- ☐ Johnson Health Center
- ☐ Pathways Recovery Lodge
- ☐ Parkview Mission – Up Foundation
- ☐ Veterans Admin. Medical Center
- ☐ Roads to Recovery
- ☐ Urgent Care/Clínica sin cita previa
- ☐ Otro_____

5. ¿Qué piensa usted que son los asuntos más importantes que afectan la salud de nuestra comunidad? ***(Escoja solo cinco)***

- ☐ El acceso económico a atención médica
- ☐ El acceso a alimentos saludables
- ☐ Los accidentes en el hogar
- ☐ La vivienda económica
- ☐ Los problemas de envejecimiento
- ☐ El uso de alcohol y drogas ilícitas
- ☐ El asma
- ☐ El bullying
- ☐ El cáncer
- ☐ El uso de teléfonos celulares/el mandar mensajes mientras maneja
- ☐ El abuso/la negligencia de niños
- ☐ Los problemas dentales
- ☐ La diabetes
- ☐ La discriminación/segregación
- ☐ La violencia doméstica
- ☐ El índice de deserción escolar
- ☐ La salud ambiental (agua, aire
- ☐ La actividad de pandillas
- ☐ La enfermedad cardíaca y el derrame cerebral
- ☐ La hipertensión
- ☐ El VIH / el SIDA
- ☐ El homicidio
- ☐ La muerte infantil
- ☐ El desempleo
- ☐ La falta de ejercicio
- ☐ La enfermedad pulmonar
- ☐ Los problemas de salud mental
- ☐ La seguridad en el vecindario
- ☐ El no vacunarse para prevenir enfermedad
- ☐ El uso de opioides
- ☐ La salud ambiental (la calidad del agua y el aire, el uso de pesticidas)
- ☐ El no usar cinturones de seguridad, las sillas infantiles, los cascos)
- ☐ El uso de tabaco, incluso el fumar y el fumar cigarrillos electrónicos
- ☐ Otro_____
- ☐ El sobrepeso/la obesidad
- ☐ Los malos hábitos de alimentación
- ☐ La pobreza
- ☐ El abuso de drogas recetadas
- ☐ El apoyo social
- ☐ El apoyo sexual
- ☐ El abuso sexual
- ☐ El estrés
- ☐ El suicidio
- ☐ El embarazo adolescente
- ☐ La transportación
- ☐ El sexo seguro
- ☐ La transportación
- ☐ El sexo seguro

6. ¿Cuáles servicios son difíciles de conseguir en nuestra comunidad? ***(Marque todos los que apliquen)***

- ☐ Los servicios de ambulancia
- ☐ La atención quiropráctica
- ☐ La atención dental de adultos
- ☐ La atención dental de niños
- ☐ Los servicios para la violencia doméstica
- ☐ El cuidado de ancianos
- ☐ La atención en la sala de emergencias
- ☐ El cuidado del final de la vida, hospicio, paliativo
- ☐ Los servicios para los ex delincuentes
- ☐ Un médico de familia
- ☐ La planificación familiar/los anticonceptivos
- ☐ La comida a buen precio
- ☐ La vivienda (segura y económica)
- ☐ Las inmunizaciones
- ☐ La atención hospitalaria
- ☐ El análisis de laboratorio
- ☐ Los servicios legales
- ☐ Las mamografías
- ☐ La medicación/los suministros médicos
- ☐ La salud mental/la consejería
- ☐ La nutrición y la pérdida de peso
- ☐ La terapia física
- ☐ El cuidado prenatal
- ☐ El cuidado preventivo (p. ej. los chequeos)
- ☐ La terapia alternativa (herbaria, la acupuntura, el masaje)
- ☐ Los servicios de abuso de sustancias – drogas y alcohol
- ☐ Los programas para dejar el tabaco
- ☐ El cuidado especializado
  - El asma
  - El cuidado de cáncer
  - La cardiología
  - La dermatología
- ☐ La transportación
- ☐ El cuidado urgente/clínica sin cita previa
- ☐ El cuidado de la visión
- ☐ Los servicios de salud de mujeres
- ☐ La preparación para el empleo

7. ¿Qué cree usted que le impide conseguir los servicios que necesita? ***(Marque todos los que apliquen)***

- ☐ Miedo de ir a un chequeo
- ☐ No encuentro proveedores que acepten mi seguro
- ☐ El cuidado infantil
- ☐ El costo
- ☐ No sé cuáles servicios están disponibles
- ☐ No tengo acceso al internet
- ☐ No me gusta ir al médico
- ☐ No confío en los médicos/las clínicas
- ☐ No tengo un médico regular
- ☐ Pagos compartidos (*co-pays)*
- ☐ La ubicación de las oficinas
- ☐ Esperas muy largas para las citas
- ☐ No tengo seguro de salud
- ☐ No tengo transporte
- ☐ Puedo conseguir la atención

☐ No me gusta aceptar ayuda del gobierno
☐ No tengo el tiempo
☐ costosos
☐ Servicios de idioma
☐ Falta de servicios ofrecidos en la tarde/fin de semana
☐ médica que necesito
☐ Otro_____

PREGUNTAS GENERALES DE LA SALUD

8. Marque uno de los siguientes para cada declaración, por favor.	**Sí**	**No**	**No aplica**
He tenido un examen de mis ojos durante los últimos 12 meses.			
He ido a una cita de salud mental/abuso de sustancias durante los últimos 12 meses.			
He tenido un examen dental durante los últimos 12 meses.			
He ido a la sala de emergencias durante los últimos 12 meses.			
He ido a la sala de emergencias debido a una herida durante los últimos 12 meses (p. ej. un accidente de automóvil, una caída, una intoxicación, una quemadura, una incisión, etc.)			
He sido víctima de la violencia o abuso doméstico durante los últimos 12 meses.			
Mi médico me ha dicho que tengo una enfermedad crónica o a largo plazo.			
Me tomo el medicamento que mi doctor me ha recetado para controlar mi enfermedad crónica.			
Puedo pagar el medicamento que necesito para tratar mis condiciones médicas.			
Tengo más de 21 años y he tenido un examen de papanicolaou durante los últimos tres años (si usted tiene menos de 21 años o es varón, marque “No aplica”).			
Tengo más de 40 años y he tenido una mamografía durante los últimos 12 meses (si usted tiene menos de 40 años o es varón, marque “No aplica”).			
Tengo más de 50 años y he tenido una colonoscopia durante los últimos 10 años (si usted tiene menos de 50 años, marque “No aplica”).			
¿Apoya su vecindario la actividad física? (p. ej. tiene parques, aceras, carril de bici, etc.)			
¿Apoya su vecindario la alimentación sana? (p. ej. tiene jardines de comunidad, un mercado de agricultores, etc.)			
En el área en donde usted vive, ¿es fácil conseguir frutas y verduras frescas a buen precio?			
¿Ha habido ocasiones durante los últimos 12 meses cuando no le alcanzaba para poder comprar la comida que usted o su familia necesitaba?			
¿Ha habido ocasiones durante los últimos 12 meses cuando no le alcanzaba para poder pagar su renta o hipoteca?			
¿Se siente usted seguro/a en su vecindario?			

9. ¿De dónde consigue usted o su familia los alimentos que comen? (*Marque <u>todos</u> los que apliquen*)

☐ Los programas de comida de verano o de mochilas
☐ Un jardín de comunidad
☐ La tienda de la esquina/la gasolinera
☐ La tienda del dólar
☐ El mercado de agricultores
☐ El banco de alimentos/comedor comunitario
☐ El supermercado
☐ Su propia cosecha de jardín
☐ No como en casa
☐ Mi familia, mis amigos, mis vecinos, o mi iglesia
☐ Meals on Wheels
☐ La escuela
☐ Un restaurante/comida para llevar/comida rápida
☐ Otro_____

10. Durante los últimos 7 días, ¿cuántas veces ha comido usted fruta o verduras (frescas o congeladas)? El jugo de fruta o vegetales no cuenta. *(Marque <u>uno</u> por favor)*

☐ No comí ni frutas ni verduras durante los últimos 7 días
☐ 1 – 3 veces durante los últimos 7 días
☐ 4 – 6 veces durante los últimos 7 días
☐ 1 vez por día
☐ 2 veces por día
☐ 3 o más veces por día
☐ 4 o más veces por día

11. ¿Un médico le ha dicho que usted tiene…? (*Marque <u>todos</u> los que apliquen*)

- ☐ El asma
- ☐ El cáncer
- ☐ El parálisis cerebral
- ☐ La EOPC/la bronquitis crónica/el enfisema
- ☐ La depresión o la ansiedad
- ☐ La diabetes o el azúcar en sangre elevado
- ☐ Los problemas de drogas o alcohol
- ☐ Una enfermedad cardíaca
- ☐ La hipertensión
- ☐ El colesterol elevado
- ☐ El VIH / el SIDA
- ☐ Un problema de salud mental
- ☐ La obesidad/el sobrepeso
- ☐ El derrame/una enfermedad cerebrovascular
- ☐ No tengo ningún problema de salud
- ☐ Otro_____

12. ¿Cuándo fue la última vez que usted vio a un médico por motivo de un chequeo rutinario? *(Marque <u>uno, por favor</u>)*

- ☐ Durante el último año
- ☐ Durante los últimos dos años
- ☐ Durante los últimos 3 a 5 años
- ☐ Hace 5 años o más

13. ¿Cuándo fue la última vez que usted fue con un dentista o a una clínica dental por cualquier motivo? Incluya visitas a especialistas dentales, como un ortodoncista. *(Marque <u>uno</u>, por favor)*

- ☐ Durante el último año
- ☐ Durante los últimos dos años
- ☐ Durante los últimos 3 a 5 años
- ☐ Hace 5 años o más

14. ¿Qué tan conectado/a se siente usted con la comunidad y con los a su alrededor?

☐ Muy conectado/a ☐ Un poco conectado/a ☐ No conectado/a

15. Durante los últimos 7 días, ¿por cuántos días estuvo usted activo/a por un total de por lo menos 30 minutos? (Suma todo el tiempo que usted pasó en cualquier tipo de actividad física que elevó su ritmo cardíaco e hizo que usted respirara fuertemente por parte del tiempo).

☐ 0 día ☐ 1 día ☐ 2 días ☐ 3 días ☐ 4 días ☐ 5 días ☐ 6 días ☐ 7 días

16. Durante los últimos 7 días, ¿cuántas veces se ha juntado toda, o la mayoría, de la familia que vive en su hogar para comer juntos?

- ☐ Ninguna vez
- ☐ 1-2 veces
- ☐ 3-4 veces
- ☐ 5-6 veces
- ☐ 7 veces
- ☐ Más de 7 veces
- ☐ No se aplica/vivo solo/a

17. ¿Cómo está su salud en general?: *(Marque <u>uno</u>, por favor)*

☐ Excelente ☐ Muy buena ☐ Buena ☐ Más o menos ☐ Mala

18. Pensando en su salud física, la cual incluye las enfermedades y las heridas físicas, ¿por cuántos días durante los últimos 30 días considera usted que su salud física no estaba bien? _____ Días

19. Pensando en su salud mental, la cual incluye el estrés, la depresión y problemas emocionales, ¿por cuántos días durante los últimos 30 días considera usted que su salud mental no estaba bien? _____ Días

20. Durante los últimos 30 días: *(Marque <u>todos</u> los que apliquen)*

☐ Me he tomado 5 o más bebidas alcohólicas (si es varón) o 4 o más bebidas alcohólicas (si es mujer) durante una sola ocasión.

- [ ] He usado productos de tabaco (cigarrillos, tabaco sin humo, cigarrillos electrónicos, etc.)
- [ ] He usado las drogas recetadas para drogarme.
- [ ] He usado las drogas ilícitas como el crack, la cocaína, el éxtasis, la heroína, el LSD, la marihuana, la metanfetamina
- [ ] Otro_____

21. ¿Cuántos vehículos tiene usted o los que viven actualmente en su hogar a su alcance (sean propios, alquilados o disponibles para uso regular)? Asegúrese de incluir las motocicletas, las pasolas y las casas rodantes. _____Vehículos

22. ¿Qué tipos de transportación utiliza usted? *(Marque <u>todos</u> los que apliquen)*

- [ ] Bicicleta
- [ ] Caminar/a pie
- [ ] Carro
- [ ] Motocicleta, pasola, scooter
- [ ] Amigos o familiares que me llevan
- [ ] Transporte público (p. ej. autobús, shuttle, etc)
- [ ] Taxi
- [ ] Uber/Lyft
- [ ] Otro_____

23. ¿Cuál de los siguientes describe su tipo de seguro de salud actual? *(Marque <u>todos</u> los que apliquen)*

- [ ] COBRA
- [ ] Seguro dental
- [ ] Seguro proveído por el empleador
- [ ] Del gobierno (VA, Champus)
- [ ] Cuenta de ahorros para gastos médicos
- [ ] Seguro individuo/privado
- [ ] Marketplace/Obamacare
- [ ] Medicaid
- [ ] Medicare
- [ ] Suplemento de Medicare
- [ ] Ningún seguro dental
- [ ] Ningún seguro de salud

24. Si usted no tiene seguro de salud, ¿por qué motivo no lo tiene? *(Marque <u>todos</u> los que apliquen)*

- [ ] No aplica – tengo seguro
- [ ] No entiendo mis opciones del Marketplace/Obamacare
- [ ] No está disponible a través de mi trabajo
- [ ] Soy estudiante
- [ ] El costo/muy caro
- [ ] No tengo trabajo
- [ ] Decido no tenerlo
- [ ] Otro_____

25. ¿Cuál es su código postal? _____

26. ¿Cuál es su edad? _____

27. ¿Cuál es su género? ☐ Varón ☐ Mujer ☐ Transgénero ☐ Otro _____

28. ¿Cuál es su altura? _____

29. ¿Cuál es su peso? _____

30. ¿Es usted un veterano de los EEUU? ☐ Sí ☐ No

31. ¿Cuántas personas viven en su hogar (incluya a sí mismo/a)?

Núm. de entre 0-17 años:_____ Núm. de entre 18-64 años:_____ Núm. de 65 años o mayor:_____

32. ¿Cuál es su nivel más alto de educación completada?

- [ ] No llegué a la escuela secundaria
- [ ] Fui a la escuela secundaria pero no me gradué
- [ ] Recibí un diploma de secundaria o un GED
- [ ] Un título de 2 años (Associate's)
- [ ] Un título de 4 años (Bachelor's)
- [ ] Un título de maestría o doctorado
- [ ] Programa de certificado_____

33. ¿Cuál es su idioma principal? ☐ inglés ☐ español ☐ Otro_____

34. ¿Con qué grupo étnico se identifica usted? *(Marque <u>todos</u> los que apliquen)*

☐ Nativo de Hawái/las islas del Pacífico
☐ Indio americano/nativo de Alaska
☐ Asiático
☐ Latino
☐ Negro/afroamericano
☐ Más que una raza
☐ Blanco
☐ Se niega a responder
☐ Otro_____

35. ¿Cuál es su estado civil?

☐ Casado/a ☐ Soltero/a ☐ Divorciado/a ☐ Viudo/a ☐ Unión libre

36. ¿Cuánto es su ingreso familiar anual?

☐ $0 - $10,000 ☐ $10,001 - $20,000 ☐ $20,001 - $30,000 ☐ $30,001 – 40,000 ☐ $40,001 - $50,000
☐ $50,001 - $60,000 ☐ $60,001 - $70,000 ☐ $70,001 - $100,000 ☐ $100,001 o más

37. ¿Cuál es su estado laboral?

☐ Jornada completa ☐ De media jornada ☐ Desempleado/a ☐ Trabajador independiente ☐ Jubilado/a ☐ Amo/a de casa ☐ Estudiante

38. ¿Usted actualmente recibe beneficios de discapacidad? ☐ Sí ☐ No

39. ¿Hay algo más que deberíamos saber acerca de las necesidades de usted (o de alguien que vive en su hogar) en el área de Lynchburg?

¡Gracias por ayudar a hacer de su comunidad un lugar más sano para vivir, trabajar y jugar!

FOR OFFICE USE ONLY: Site of Collection: Date:

The Partnership for Healthy Communities is working with leaders in the area to learn more about your health care needs. Please answer the following questions with the best answer or answers. All surveys will be kept confidential. Thank you for taking the time to complete this survey. Surveys can be mailed to Lynchburg Health Department, Attention Lindsey Cawood, 307 Alleghany Ave., Lynchburg, VA 24501. You must be over 18 years of age to complete this survey. Please complete this survey only once.

LYNCHBURG AREA COMMUNITY HEALTH SURVEY

ACCESS AND BARRIERS TO HEALTHCARE

1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health? ☐ **Yes** ☐ **No**

Skip to question 2 if you answered No If you answered Yes:

- **Is this where you would go for new health problems?** ☐ Yes ☐ No
- **Is this where you would go for preventive health care such as general check-ups, examinations, and immunizations (shots)?** ☐ Yes ☐ No
- **Is this where you would go for referrals to other health professions when needed?** ☐ Yes ☐ No

2. Do you use medical care services? ☐ **Yes** ☐ **No**

If yes, where do you go for medical care? ***(Check all that apply)***

- ☐ Doctor's Office_____
- ☐ Bedford Christian Free Clinic
- ☐ Blue Ridge Medical Center
- ☐ Centra Family Medicine Residency
- ☐ Centra Medical Group - Nationwide
- ☐ Central Medical Group – Lynchburg Family Medicine
- ☐ Centra Medical Group – Other Site_____
- ☐ Community Access Network Health Center
- ☐ Emergency Room
- ☐ Free Clinic of Central Virginia
- ☐ Health Department
- ☐ Johnson Health Center
- ☐ Liberty Mountain Medical Group
- ☐ Pharmacy Clinic
- ☐ Piedmont Access to Health Services (PATHS)
- ☐ Planned Parenthood
- ☐ Veterans Administration Medical Center
- ☐ Urgent Care or Walk-in Clinic
- ☐ Centra 24/7 Virtual Visit
- ☐ Other_____

3. Do you use dental care services? ☐ **Yes** ☐ **No**

If yes, where do you go for dental care? ***(Check all that apply)***

- ☐ Dentist's Office_____
- ☐ Affordable Dentures
- ☐ Community Access Network Health Ctr
- ☐ Emergency Room
- ☐ Veterans Administration Medical Center
- ☐ Free Clinic of Central Virginia
- ☐ Mission of Mercy Project
- ☐ Urgent Care/Walk-in Clinic
- ☐ Johnson Health Center, James River Dental Services
- ☐ Other_____

4. Do you use mental health, alcohol abuse, or drug abuse services? ☐ **Yes** ☐ **No**

If yes, where do you go for mental health and substance use care? ***(Check all that apply)***

- ☐ Counselor's Office_____
- ☐ Doctor's Office_____
- ☐ Centra Mental Health Services
- ☐ Community Access Network Health Ctr
- ☐ DARS
- ☐ Emergency Room
- ☐ Free Clinic of Central Virginia
- ☐ Gateway
- ☐ Horizon Behavioral Health
- ☐ Human Kind – The Counseling Ctr
- ☐ Johnson Health Center
- ☐ Pathways Recovery Lodge
- ☐ Parkview Mission – Up Foundation
- ☐ Veterans Admin. Medical Center
- ☐ Roads to Recovery
- ☐ Urgent Care/Walk-in Clinic
- ☐ Other_____

5. What do you think are the most important issues that affect the health of our community?
(Check five only)

- ☐ Access to affordable healthcare
- ☐ Access to healthy foods
- ☐ Accidents in the home
- ☐ Affordable Housing
- ☐ Aging problems
- ☐ Alcohol and illegal drug use
- ☐ Asthma
- ☐ Bullying
- ☐ Cancers
- ☐ Cell phone use/texting while driving
- ☐ Child abuse/neglect
- ☐ Dental problems
- ☐ Diabetes
- ☐ Discrimination/Segregation
- ☐ Domestic violence
- ☐ Education-drop-out rates
- ☐ Environmental health (water, air
- ☐ Gang activity
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ HIV / AIDS
- ☐ Homicide
- ☐ Infant death
- ☐ Joblessness
- ☐ Lack of exercise
- ☐ Lung disease
- ☐ Mental health problems
- ☐ Neighborhood safety
- ☐ Not getting "shots" to prevent disease
- ☐ Opioid Use
- ☐ Environmental Health (water and air quality, use of pesticides)
- ☐ Not using seat belts, child safety seats, helmets
- ☐ Tobacco use including smoking and vaping
- ☐ Other_____
- ☐ Overweight/Obesity
- ☐ Poor eating habits
- ☐ Poverty
- ☐ Prescription drug abuse
- ☐ Social support
- ☐ Sexual support
- ☐ Sexual assault
- ☐ Stress
- ☐ Suicide
- ☐ Teenage Pregnancy
- ☐ Transportation
- ☐ Unsafe sex
- ☐ Transportation
- ☐ Unsafe sex

6. Which services are hard to get in out community? *(Check all that apply)*

- ☐ Ambulance services
- ☐ Chiropractic care
- ☐ Dental care – adults
- ☐ Dental care – children
- ☐ Domestic violence services
- ☐ Eldercare
- ☐ Emergency room care
- ☐ End of life, hospice, palliative care
- ☐ Ex-offender services
- ☐ Family doctor
- ☐ Family planning/birth control
- ☐ Food that is affordable
- ☐ Housing (safe and affordable)
- ☐ Immunizations
- ☐ Inpatient hospital
- ☐ Lab work
- ☐ Legal services
- ☐ Mammograms
- ☐ Medication/medical supplies
- ☐ Mental health/counseling
- ☐ Nutrition and weight loss
- ☐ Physical therapy
- ☐ Pregnancy care
- ☐ Preventive care (e.g. check-ups)
- ☐ Alternative therapy (herbal, acupuncture, massage)
- ☐ Substance abuse services – drug and alcohol
- ☐ Programs to quit tobacco
- ☐ Specialty care
  - Asthma
  - Cancer care
  - Cardiology
  - Dermatology
- ☐ Transportation
- ☐ Urgent care/walk-in clinic
- ☐ Vision care
- ☐ Women's health services
- ☐ Workforce readiness

7. What do you feel prevents you from getting the services you need? *(Check all that apply)*

- ☐ Afraid to have check-ups
- ☐ Can't find providers to accept my insurance
- ☐ Childcare
- ☐ Cost
- ☐ Don't know types of services available
- ☐ Don't like accepting government assistance
- ☐ Don't have the time
- ☐ Don't have internet access
- ☐ Don't like going to the doctor
- ☐ Don't trust doctors/clinics
- ☐ Have no regular doctor
- ☐ High co-pays
- ☐ Language services
- ☐ Lack of evening and weekend services
- ☐ Location of offices
- ☐ Long waits for appointments
- ☐ No health insurance
- ☐ No transportation
- ☐ I can get the healthcare I need
- ☐ Other_____

GENERAL HEALTH QUESTIONS

8. Please check one of the following for each statement.	Yes	No	Not Applicable
I have had an eye exam within the past 12 months.			
I have had a mental health / substance abuse visit within the past 12 months.			
I have had a dental exam within the past 12 months.			
I have been to the emergency room in the past 12 months.			
I have been to the emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).			
I have been a victim of domestic violence or abuse in the past 12 months.			
My doctor has told me that I have a long-term or chronic illness.			
I take the medicine my doctor tells me to take to control my chronic illness.			
I can afford medicine needed for my health conditions.			
I am over 21 years of age and have had a pap smear in the past three years (if male or under 21, please check "Not applicable").			
I am over 40 years of age and have had a mammogram in the past 12 months (if male or under 40, please check "Not applicable").			
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check "Not applicable").			
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)			
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)			
In the area that you live, is it easy to get affordable fresh fruits and vegetables?			
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?			
Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?			
Do you feel safe in your neighborhood?			

9. Where do you or your family get the food that you eat? ***(Check <u>all</u> that apply)***

- ☐ Back-pack or summer food programs
- ☐ Community garden
- ☐ Corner store / convenience store / gas station
- ☐ Dollar store
- ☐ Farmers' market
- ☐ Food bank /food kitchen /food pantry
- ☐ Grocery store
- ☐ Home garden
- ☐ I do not eat at home
- ☐ Family, friends, neighbors, or my church
- ☐ Meals on Wheels
- ☐ School
- ☐ Take-out / fast food / restaurant
- ☐ Other_____

10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. ***(Please check <u>one</u>)***

- ☐ I did not eat fruits and vegetables during the past 7 days
- ☐ 1 – 3 time during the past 7 days
- ☐ 4 – 6 times during the past 7 days
- ☐ 1 time per day
- ☐ 2 times per day
- ☐ 3 or more times per day
- ☐ 4 or more times per day

11. Have you been told by a doctor that you have… *(Check all that apply)*

- ☐ Asthma
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ COPD/chronic bronchitis/emphysema
- ☐ Depression or anxiety
- ☐ Diabetes or high blood sugar
- ☐ Drug or alcohol problems
- ☐ Heart disease
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ HIV / AIDS
- ☐ Mental health problems
- ☐ Obesity/overweight
- ☐ Stroke/cerebrovascular disease
- ☐ I have no health problems
- ☐ Other_____

12. How long has it been since you last visited a doctor for a routine checkup? *(Please check one)*

- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 3 to 5 years
- ☐ 5 or more years ago

13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. *(Please check one)*

- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 3 to 5 years
- ☐ 5 or more years ago

14. How well connected do you feel with the community and those around you?

☐ Very connected ☐ Somewhat connected ☐ Not connected

15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

☐ 0 days ☐ 1 day ☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days ☐ 6 days ☐ 7 days

16.During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

- ☐ Never
- ☐ 1-2 times
- ☐ 3-4 times
- ☐ 5-6 times
- ☐ 7 times
- ☐ More than 7 times
- ☐ Not Applicable/I live alone

17. Would you say that in general your health is: *(Please check one)*

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____ Days

19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____ Days

20. During the past 30 days: *(Check all that apply)*

- ☐ I have had 5 or more alcoholic drinks (if Male) or 4 or more alcoholic drinks (if female) during one occasion.
- ☐ I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)
- ☐ I have used prescription drugs to get high.
- ☐ I have used illegal drugs such as Crack, Cocaine, Ecstasy, Heroin, LSD, Marijuana, Methamphetamine.
- ☐ Other_____

21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs. _____**Vehicles**

22. What modes of transportation do you use? ***(Check <u>all</u> that apply)***

- ☐ Bike
- ☐ Walk
- ☐ Car
- ☐ Motorcycle, moped, scooter
- ☐ Friends / family drive me
- ☐ Public transit (i.e. bus, shuttle, similar)
- ☐ Taxi
- ☐ Uber/Lyft
- ☐ Other_____

23. Which of the following describes your current type of health insurance? ***(Check <u>all</u> that apply)***

- ☐ COBRA
- ☐ Dental Insurance
- ☐ Employer Provided Insurance
- ☐ Government (VA, Champus)
- ☐ Health Savings / Spending Account
- ☐ Individual/Private Insurance/ Marketplace/Obamacare
- ☐ Medicaid
- ☐ Medicare
- ☐ Medicare Supplement
- ☐ No Dental Insurance
- ☐ No Health Insurance

24. If you have no health insurance, why don't you have insurance? ***(Check <u>all</u> that apply)***

- ☐ Not applicable – I have insurance
- ☐ I don't understand Marketplace/Obamacare options
- ☐ Not available at my job
- ☐ Student
- ☐ Too expensive / cost
- ☐ Unemployed / no job
- ☐ I choose not to have it
- ☐ Other_____

25. What is your ZIP code? _____

26. What is your age? _____

27. What is your gender? ☐ Male ☐ Female ☐ Transgender ☐ Other _____

28. What is your height? _____

29. What is your weight? _____

30. Are you a Veteran? ☐ Yes ☐ No

31. How many people live in your home (including yourself)?

Number 0-17 years of age_____Number 18-64 years of age_____Number 65 years or older_____

32. What is your highest education level completed?

- ☐ Less than High School
- ☐ Some High School
- ☐ High School Diploma / GED
- ☐ Associates
- ☐ Bachelors
- ☐ Masters / PhD
- ☐ Certificate Program_____

33. What is your primary language? ☐ English ☐ Spanish ☐ Other_____

34. What ethnicity do you identify with? ***(Check <u>all</u> that apply)***

- ☐ Native Hawaiian/Pacific Islander
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Latino
- ☐ Black/African American
- ☐ More than one race
- ☐ White
- ☐ Decline to answer
- ☐ Other_____

35. What is your marital status?

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Domestic Partnership

36. What is your yearly household income?

☐ $0 - $10,000 ☐ $10,001 - $20,000 ☐ $20,001 - $30,000 ☐ $30,001 – 40,000 ☐ $40,001 - $50,000
☐ $50,001 - $60,000 ☐ $60,001 - $70,000 ☐ $70,001 - $100,000 ☐ $100,001 and above

37. What is your employment status?

☐ Full-time ☐ Part-time ☐ Unemployed ☐ Self-employed ☐ Retired ☐ Homemaker ☐ Student

38. Do you currently received disability benefits? ☐ Yes ☐ No

39. Is there anything else we should know about your (or someone living in your home) needs in the Lynchburg Area?

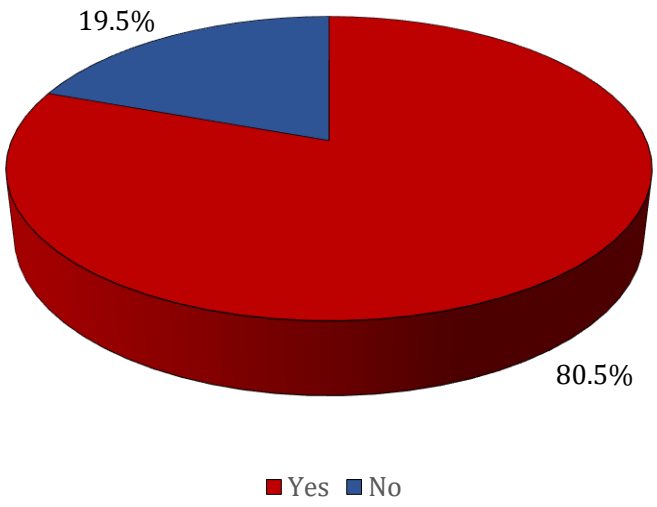
Thank you for helping make the Lynchburg Area a healthier place to live, work, and play!

2. Area Community Health Survey - Full Report

LYNCHBURG AREA COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

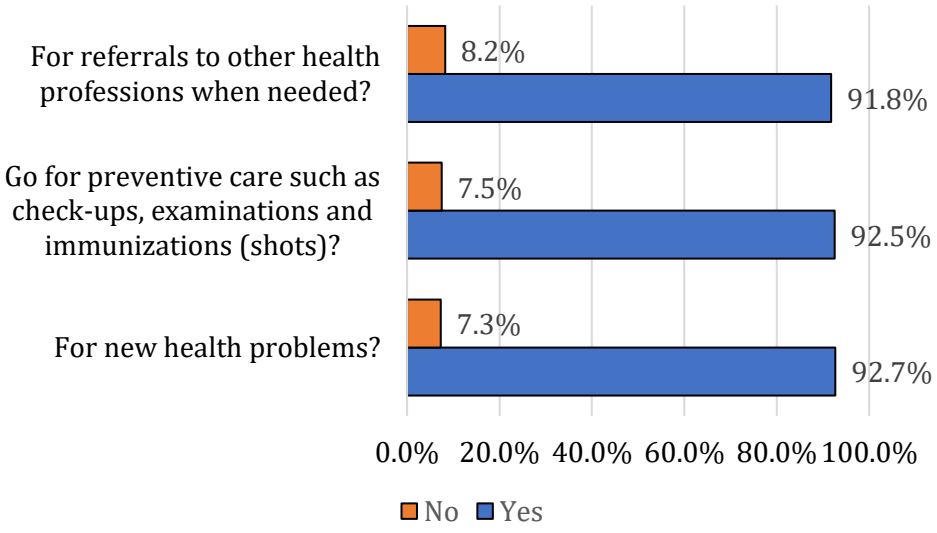
Q1. Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

Answered: 2,299 **Skipped: 48**



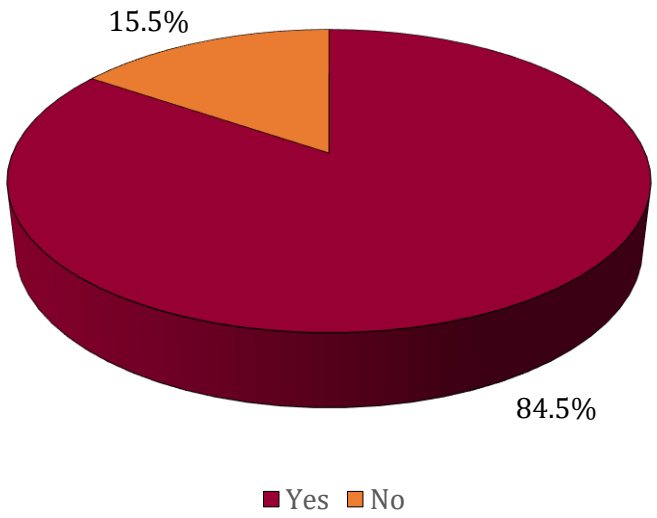
Q1. If you answered "Yes" is this where you go…

Answered: 1,866 **Skipped: 481**



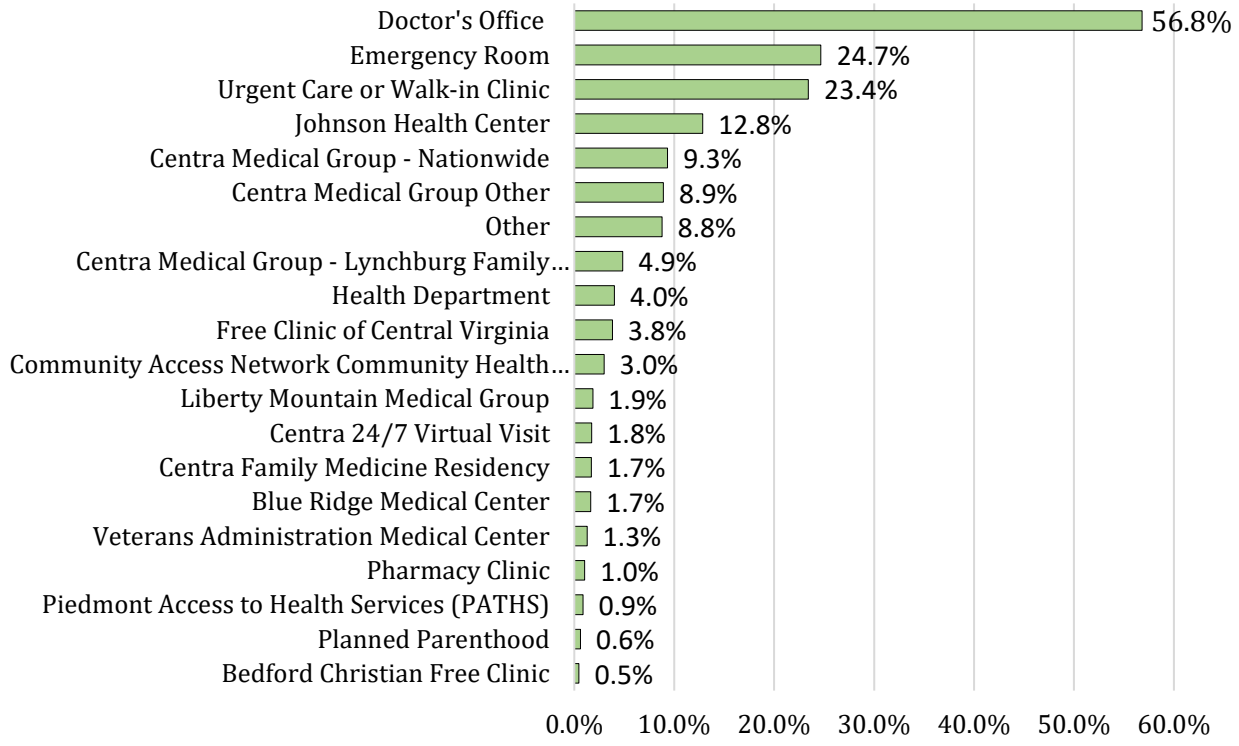
Q2. Do you use medical services?

Answered: 2,236 Skipped: 111



If you answered 'Yes' to Question 2 check all that apply.

Answered: 1,939 Skipped: 408



Q2. Doctor's Office		
Code	**Frequency**	**Valid Percent**
Blue Ridge Internal Medicine	14	12%
Central VA Family Physicians	13	11%
Appomattox Family Physicians	12	10%
CMG Nationwide	12	10%
Access Health Care	11	9%
Altavista Medical Center	7	6%
CMG	7	6%
CMG Amherst	6	5%
Carilion Clinic	4	3%
CMG Altavista	4	3%
CMG Brookneal	3	3%
Asthma & Allergy Associates Lynchburg	2	2%
Centra	2	2%
CMG Gretna	2	2%
Physicians Treatment Center	2	2%
Amherst County Health Department	1	1%
Appomattox Chiropractic & Rehab	1	1%
Centra Bariatric Surgery	1	1%
Centra Lynchburg Medical Group	1	1%
Centra Piedmont	1	1%
Centra Piedmont East	1	1%
Centra Urgent Care	1	1%
CMG Danville	1	1%
CMG PrimeCare East	1	1%
CMG PrimeCare Main	1	1%
CMG Southside	1	1%
CMG Stroobants Cardiovascular Center – Danville	1	1%
CMG Village	1	1%
Community Access Network	1	1%
Cone Health, Bindubal Balan, MD	1	1%
Johns Hopkins, John L Cameron, MD	1	1%
Unknown Provider	1	1%
Total	**118**	**100%**

Q2. Centra Medical Group Other		
Code	**Frequency**	**Valid Percent**
CMG Nationwide	75	23.44%
Unknown Provider	41	12.81%
CMG Amherst	26	8.13%
Central VA Family Physicians	20	6.25%
CMG Altavista	20	6.25%
Centra Gretna Medical Center	18	5.63%
CMG Lynchburg Family Medicine Residency	14	4.38%
Centra Lynchburg General Hospital	12	3.75%
CMG Women's Center	11	3.44%
Medical Associates Of Central Virginia	8	2.50%
Centra Piedmont	6	1.88%
CMG Danville	6	1.88%
CMG Stroobants Cardiovascular Center - Danville	6	1.88%
Multiple Providers	6	1.88%
Centra Urgent Care - Forest	4	1.25%
CMG	4	1.25%
CMG Urgent Care	4	1.25%
CMG Gretna	3	0.94%
CMG PrimeCare East	3	0.94%
No Medical Provider	3	0.94%
Centra Unspecified	2	0.63%
Centra Rehabilitation Atherholt	2	0.63%
CMG Brookneal	2	0.63%
CMG Neurology	2	0.63%
CMG Stroobants Cardiovascular Center - Lynchburg	2	0.63%
CMG Urology Center	2	0.63%
Johnson Health Center	2	0.63%
Blue Ridge Internal Medicine	1	0.31%
BWXT Wellness Clinic	1	0.31%
Centra Alan B. Pearson Regional Cancer Center	1	0.31%
Centra Danville Medical Center	1	0.31%
Centra Southside Community Hospitals	1	0.31%
CMG Dominion	1	0.31%
CMG Village	1	0.31%
CMG Farmville	1	0.31%
CMG Plastic Surgery Center	1	0.31%
CMG Southside Urology Center	1	0.31%
CMG Stroobants Cardiovascular Center - Gretna	1	0.31%

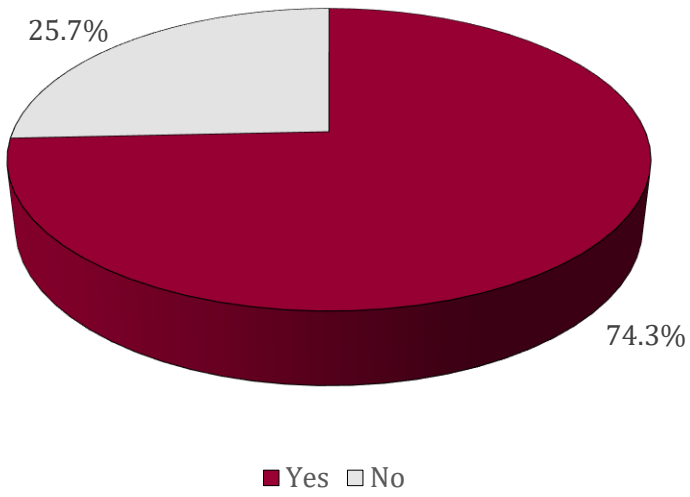
CMG Surgical Specialists 1906	1	0.31%
MedExpress	1	0.31%
Privia Medical Group	1	0.31%
Sovah Health	1	0.31%
UVA	1	0.31%
Total	**320**	**100.00%**

Q2. Other		
Code	**Frequency**	**Valid Percent**
Central VA Family Physicians	15	10%
Unknown Provider	14	9%
Women's Health Services of Central Virginia	10	7%
Physicians Treatment Center	9	6%
UVA	9	6%
Centra Lynchburg General Hospital	6	4%
Medical Associates Of Central Virginia	6	4%
OrthoVirginia: Lynchburg	6	4%
Centra 24/7	4	3%
Emergency Room Unspecified	4	3%
Multiple Providers	4	3%
Richeson Drive Pediatrics	4	3%
Duke Health	3	2%
Lynchburg Gynecology	3	2%
MedExpress	3	2%
Carilion Clinic	2	1%
Centra Gretna Medical Center	2	1%
Centra Piedmont	2	1%
Centra Unspecified	2	1%
CMG Stroobants Cardiovascular Center	2	1%
CVS/Walgreens	2	1%
Family Care Center Lynchburg	2	1%
Johnson Health Center	2	1%
Lynchburg Hematology & Oncology	2	1%
Lynchburg Pulmonary Associates, Inc.	2	1%
Sovah Health	2	1%
Veteran's Affairs	2	1%
Yoder, Jefferson & Associates	1	1%
Blue Ridge Ear, Nose, Throat & Plastic Surgery	1	1%
Centra Oncology	1	1%
Centra Online	1	1%
Centra Pearson	1	1%
Centra Women's Center	1	1%
Central Virginia Technical Center	1	1%
Chatham Family Medical Center	1	1%
CMG Midwifery	1	1%
CMG Nationwide	1	1%
CMG Village	1	1%

Dermatology, Grace A. Newton, MD	1	1%
F. Read Hopkins Pediatric Associates	1	1%
Free Clinic of Central Virginia	1	1%
Genoa Healthcare	1	1%
Gynecology, Dr. Diane Aslanis, DO	1	1%
Libbey Family Dentistry	1	1%
N/A	1	1%
Piedmont Access to Health Services	1	1%
Piedmont Eye Center	1	1%
Piedmont Pediatrics	1	1%
PRN	1	1%
Rehab Associates of Central Virginia	1	1%
Rheumatologist, Eric R. Kenny, MD	1	1%
Sentara Health	1	1%
Wiggington Road Family Practice	1	1%
Total	**150**	**100%**

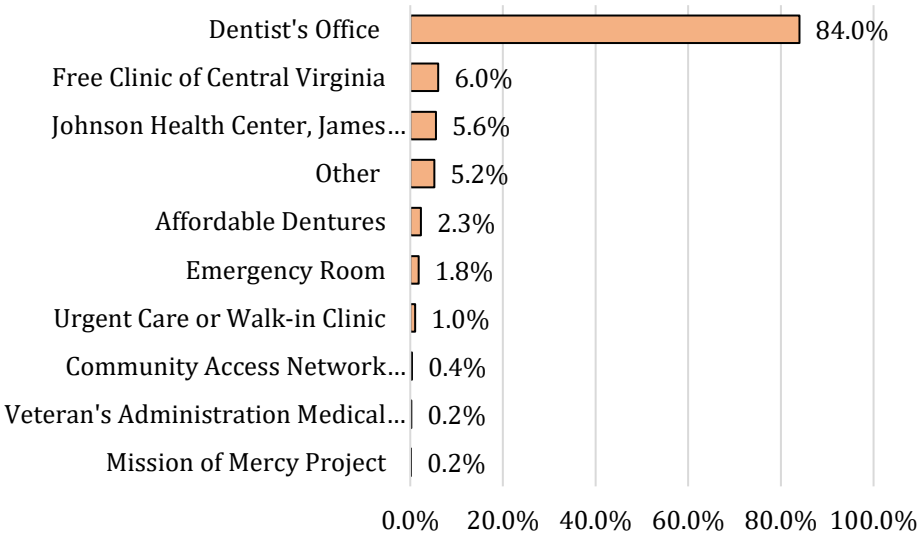
Q3. Do you use dental services?

Answered: 2,212 Skipped: 135



If you answered 'Yes' to Question 3 check all that apply.

Answered: 1,638 Skipped: 709



Q3. Dentist Office		
Code Used	**Frequency**	**Valid Percent**
Riley Dental Associates	79	6.45%
Forest Dental Center	74	6.05%
Lynchburg Dental Center	61	4.98%
Peery Family Dentistry	58	4.74%
Brady & Crist	57	4.66%
Patrick M. Todd DDS & Associates	50	4.08%
Holcomb Savage & Warwick DDS PC	41	3.35%
Central VA Family Dentistry	40	3.27%
Libbey Family Dentistry	40	3.27%
William Sutherland, DDS Madison Heights	35	2.86%
Forest Family Dentistry	32	2.61%
Danville Dental Associates	31	2.53%
Paul Harvey, DDS	31	2.53%
Kelly Golden, DDS	29	2.37%
Robert N. Sorenson, DDS	28	2.29%
Unknown Dental Provider	28	2.29%
Miller & Wolfe Family Dentistry	27	2.21%
Kyle Wheeler, DDS	26	2.12%
Parker Dental, PC	26	2.12%
O'Donnell Family Dentistry	22	1.80%
Kevin Midkiff, DDS	21	1.72%
Forest Smiles	20	1.63%
Tim Overby, DDS	20	1.63%
James Burton, DMD	19	1.55%
John Barrick, DDS	19	1.55%
Richard Poe, DDS	18	1.47%
Toone Family Dentistry	17	1.39%
Alta Vista Dental, Jullian Fields, DDS	16	1.31%
Michael Davis, DDS	16	1.31%
Lee Saunders, DDS	14	1.14%
Dale C. Evans, DDS	11	0.90%
Lynchburg Family Dentistry	11	0.90%
Riverview Dental Care Daleville	10	0.82%
W. Lee Phillips D.D.S.,P.C.	10	0.82%
Augustus Petticolas Jr., DDS	9	0.74%
Daniel Grabeel, DDS	9	0.74%
PeaksView Dentistry	9	0.74%
Timberlake Family Dentistry	8	0.65%
John E. Howard, DDS	7	0.57%
Amherst Family Dental Care	6	0.49%

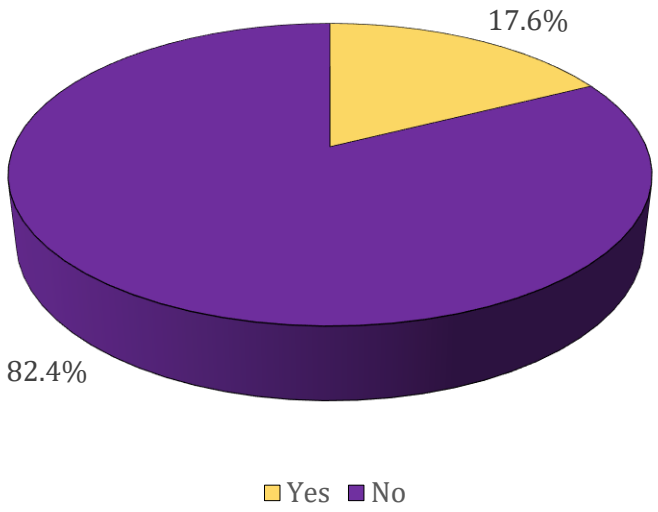
Charles West, DDS	6	0.49%
Kool Smiles	6	0.49%
Oldham Aesthetic & General Dentistry	6	0.49%
Allen Read, DDS	5	0.41%
Hendricksen Cosmetic & Family Dentistry	5	0.41%
Karen Perkins, DDS	5	0.41%
Kenneth Chalfant, DDS	5	0.41%
No Dental Care	5	0.41%
William White, DDS	5	0.41%
Brenda Elliot, DDS	4	0.33%
Children's Dental Health of Lynchburg	4	0.33%
Children's Dentistry & Orthodontics of Lynchburg	4	0.33%
Keith Austin, DDS	4	0.33%
Kimble, DDS	4	0.33%
Michael Bond, DDS	4	0.33%
Patrick King, DDS	4	0.33%
Periodontal Health Associates	3	0.25%
VSP Dental	3	0.25%
Andrew P. Johnson, DDS	2	0.16%
Arthur T Silvers, DMD, FAGD	2	0.16%
Blue Ridge Dental Group	2	0.16%
Charlote Primary Care	2	0.16%
David Childress, DDS	2	0.16%
Guy Walton Jr., DDS	2	0.16%
Johnson Health Center	2	0.16%
Lawrence Hayes, DDS Danville	2	0.16%
Multiple Dental Providers	2	0.16%
Paul Grekos, DDS PC	2	0.16%
Sandston Comprehensive Dentistry	2	0.16%
William Drake Jr., DDS	2	0.16%
Affordable Dentures & Implants	1	0.08%
Alexander N. Hawkins, DDS	1	0.08%
Amelia Family Dentistry	1	0.08%
Blue Ridge Medical Center	1	0.08%
Brandon Newcomb DDS & Walter Saxon Jr DDS	1	0.08%
Carilion Clinic	1	0.08%
Central Virginia Orthodontics	1	0.08%
Central Virginia Training Center	1	0.08%
Charles Swartz, DDS	1	0.08%
Dr. Quynhmai Truong, DDS	1	0.08%
Family Dentistry and Orthodontics: Kwang W. Kim, DDS	1	0.08%
Frant T. Grogan, DDS	1	0.08%

General Dentistry Ltd: Kevin R. Greenway DDS	1	0.08%
George A. Stermer Jr., DDS	1	0.08%
Gordon Roush, DDS Lima, Ohio	1	0.08%
Horzion Dental Center	1	0.08%
Hunting Hills Family Dentistry	1	0.08%
Ivy Dental Charlottesville	1	0.08%
James Pope, DDS Baton Rouge, LA	1	0.08%
Jose Mera, DDS	1	0.08%
Karen Kenny, DDS	1	0.08%
Lakeside Dental	1	0.08%
Free Clinic of Central Virginia	1	0.08%
Owensboro Family Dentistry Kentucky	1	0.08%
Rice & Rice Dentistry	1	0.08%
Robert Bunn, DDS	1	0.08%
Robert D. Covey, DDS	1	0.08%
Steven Janowitz, D.D.S. Rockville, MD	1	0.08%
Thomas Golden, DDS	1	0.08%
VCU School of Dentistry	1	0.08%
Wentz & Manry: Manry Herbert C DDS	1	0.08%
William Carvajal, DDS	1	0.08%
Winston-Salem Dental Care	1	0.08%
Total	**1224**	**100.00%**

Q3. Other		
Code	**Frequency**	**Valid Percent**
Periodontal Health Associates	7	14%
No Dental Care	6	12%
Forest Dental Center	4	8%
Kool Smiles	4	8%
Piedmont Access to Health Services	4	8%
Blanchette Orthodontics	2	4%
Children's Dentistry & Orthodontics	2	4%
Free Clinic of Central Virginia	2	4%
Johnson Health Center	2	4%
Unknown Dental Provider	2	4%
Aaron Periodontics & Dental Implants	1	2%
Appalachian Orthodontics of Lynchburg	1	2%
Blue Ridge Medical Center	1	2%
Central Virginia Oral and Facial Surgery	1	2%
Central Virginia Training Center	1	2%
CMG Nationwide	1	2%
Forest Smiles	1	2%
James L. Stanley, D.D.S., P.C.	1	2%
Libbey Family Dentistry	1	2%
Miller & Wolfe Family Dentistry	1	2%
Multiple Dental Providers	1	2%
Peery Family Dentistry	1	2%
Riley Dental Associates	1	2%
Timberlake Family Dentistry	1	2%
VCU School of Dentistry	1	2%
Total	**50**	**100%**

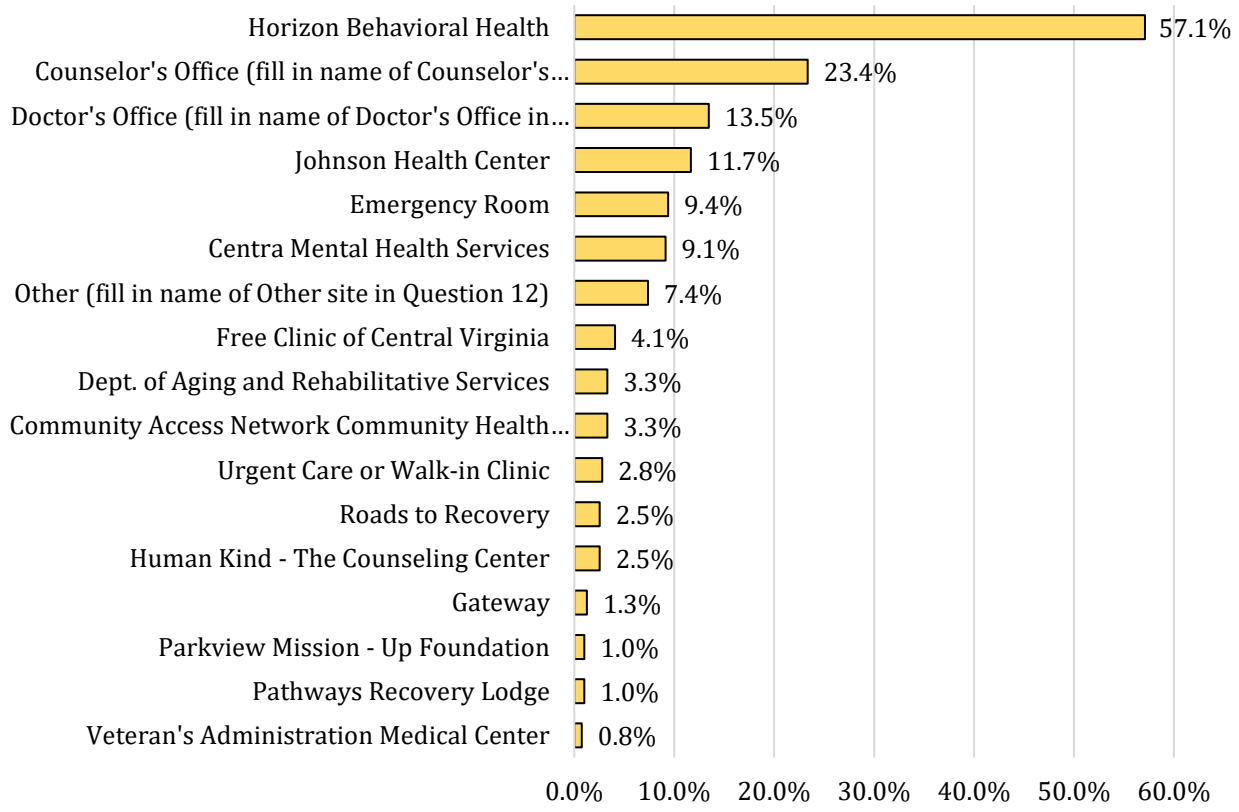
Q4. Do you use mental health, alcohol abuse, or drug abuse services?

Answered: 2,206 Skipped: 141



If you answered 'Yes' to Question 4 check all that apply.

Answered: 394 Skipped: 1,953



Q4. Counselor's Office		
Code	**Frequency**	**Valid Percent**
Centra Piedmont	12	14%
Wishing You Well Counseling Center	7	8%
Horizon Behavioral Health	5	6%
James River Counseling Center	5	6%
Light Counseling	5	6%
Jefferson & Associates Psychological Services	4	5%
Living Water Counseling Center	4	5%
Thriveworks Lynchburg	4	5%
Christian Counseling Services Inc	3	3%
Madeline Center	3	3%
Wyndhurst Counseling Center	3	3%
All Points EAP & Organizational Services, Inc.	2	2%
Central Virginia Counseling	2	2%
Daniel Owens, PhD, PC	2	2%
Family Insight, P.C.	2	2%
Peachtree Counseling Center	2	2%
Susan Roehrich, LPC	2	2%
Blue Ridge Medical Center	1	1%
Advanced Psychotherapeutics, PLLC.	1	1%
Centra Bridges Treatment Center	1	1%
Centra Pathways	1	1%
Central Virginia Psychiatry, Dr. George Luedke, MD	1	1%
CMG - Lynchburg Family Medicine	1	1%
Counseling Connections Lynchburg	1	1%
Dan River Church	1	1%
Johnson Health Center	1	1%
Liberty University Student Counseling Services	1	1%
Linda Fowler, LCSW	1	1%
Multiple Counselors	1	1%
Norma White LPC	1	1%
Parker Counseling & Consulting	1	1%
Thomas Road Baptist Church	1	1%
UVA	1	1%
Veteran's Affairs	1	1%
Sherry Parker, LCSW	1	1%
Southside Community Services Board	1	1%
Judith Campbell, LPC, LMFT, LSATP, CSAS	1	1%
Edgar Swoop, PhD	1	1%
Total	**88**	**100%**

Q4. Doctor's Office		
Code	**Frequency**	**Valid Percent**
Centra Piedmont	25	47%
Horizon Behavioral Health	6	11%
Central Virginia Psychiatry	5	9%
Central VA Family Physicians	4	8%
Access Health Care	2	4%
Centra Autism and Developmental Center	1	2%
CMG Forest Women's Center	1	2%
CMG Gretna	1	2%
CMG Nationwide	1	2%
Dr. Rufus Duffer	1	2%
F Read Hopkins Pediatric Associates	1	2%
Forest Family Physicians	1	2%
Go Docs - Karen McClure, FNP	1	2%
Johnson Health Center	1	2%
Piedmont Access to Health Services	1	2%
UVA	1	2%
Total	**53**	**100%**

Q4. Other		
Code	**Frequency**	**Valid Percent**
Centra Piedmont	4	13%
In Need of Services	3	9%
Support Group/AA	3	9%
Horizon Behavioral Health	2	6%
None	2	6%
Support Systems, Inc.	2	6%
Wishing You Well Counseling Center	2	6%
Church/Family	1	3%
Daniel Watts House Program	1	3%
Embrace Healthy Solutions	1	3%
Family Insight Crisis Stabilization	1	3%
Johnson Health Center	1	3%
Lynchburg College Student Counseling	1	3%
Lynchburg Gynecology, Dr. Lewis Dabney	1	3%
New Hope Support Services Roanoke	1	3%
Passion Community Church	1	3%
Strategic Therapy Associates	1	3%
The Village Children and Family Services	1	3%
Thomas Road Baptist Church	1	3%
Trish Kessler, LPC	1	3%
Veteran's Affairs	1	3%
Total	**32**	**100%**

Q5. Thinking about the community, what are the five most important issues that affect the health of our community?

Answered: 2,202 Skipped: 145

	Percent	Number
Access to affordable health care	59.76%	1316
Overweight/Obesity	31.38%	691
Alcohol and illegal drug use	30.47%	671
Mental Health problems	28.79%	634
Access to healthy foods	26.93%	593
Cancers	21.34%	470
Affordable housing	20.16%	444
Diabetes	19.12%	421
Poverty	16.67%	367
Lack of exercise	16.35%	360
Cell phone use/texting and driving/distracted driving	16.17%	356
Poor eating habits	15.76%	347
Stress	14.67%	323
Heart Disease and Stroke	14.40%	317
Aging problems	14.31%	315
Child abuse/Child neglect	14.03%	309
High Blood Pressure	13.90%	306
Opioid Use	12.94%	285
Joblessness	12.31%	271
Domestic violence	11.72%	258
Tobacco Use/Smoking/Vaping	10.72%	236
Bullying	10.22%	225
Dental problems	10.13%	223
Gang activity	9.26%	204
Transportation	8.81%	194
Prescription Drug Abuse	7.77%	171
Suicide	6.36%	140
Environmental Health (water quality, air quality, use of pesticides)	6.22%	137
Discrimination/Segregation	6.13%	135
Education - dropout rates	5.90%	130
Other	5.36%	118
Neighborhood Safety	5.27%	116
Social support (lack of)	5.27%	116
HIV/AIDS	5.00%	110
Unsafe Sex	4.95%	109
Not getting immunizations to prevent illness and disease	3.77%	83

Homicide	3.68%	81
Sexual assault	3.54%	78
Teenage Pregnancy	3.22%	71
Accidents in the home	2.91%	64
Not using seat belts, child safety seats, helmets	2.82%	62
Asthma	2.72%	60
Lung Disease	1.68%	37
Infant death	1.63%	36

Q5: Other		
Code	**Frequency**	**Valid Percent**
Decay of Family Unit/Loss of Morals/No Belief in God	9	17%
Personal Responsibility/Patient Accountability	5	9%
Affordable Prescriptions	4	8%
Quality Public Education/Rural Schools	4	8%
Access to Medical Care	3	6%
Health Literacy	3	6%
Drug Abuse	2	4%
Poverty/Low-Income	2	4%
Access to Behavioral Health Care	1	2%
Access to Disability Services	1	2%
Access to Eye Care	1	2%
Access to Healthy Foods	1	2%
Access to Home Health Care	1	2%
Access to Neurology/Alzheimer's Care	1	2%
Access to Pediatric Medical Care	1	2%
Access to Safe Abortions	1	2%
Bullying	1	2%
Cholesterol	1	2%
Depression and Anxiety	1	2%
Financial Education	1	2%
High Cost of Medical Care/Insurance	1	2%
Homelessness	1	2%
Hunger	1	2%
Lack of Social Skills	1	2%
Negative Pressure from Christian Community to Convert	1	2%
Negligent Parenting	1	2%
Support Groups for Renal Disease	1	2%
Taxation	1	2%
Unsafe Drivers	1	2%
Total	**53**	**100%**

Q6. Which services are hard to get in our community? *(Check <u>all</u> that apply)*

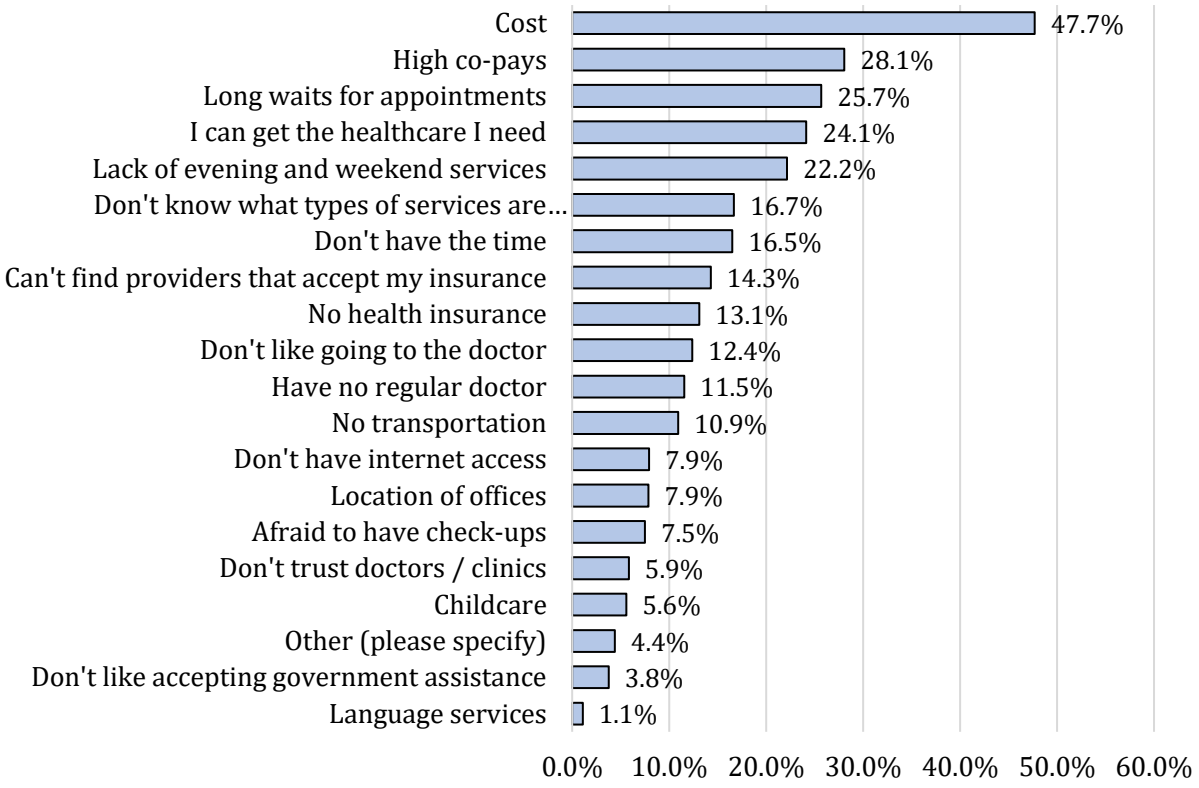
Answered: 1,912 Skipped: 435

	Percent	Number
Housing - safe, affordable	38.02%	727
Food - affordable	32.53%	622
Mental health / counseling	28.29%	541
Dental care - Adults	28.09%	537
Transportation	24.32%	465
Alternative therapy (herbals, acupuncture, massage)	22.23%	425
Eldercare	20.35%	389
Nutrition and weight loss	18.51%	354
Medication / medical supplies	18.20%	348
Family doctor	17.10%	327
Substance abuse services - drug & alcohol	16.53%	316
Workforce readiness	16.06%	307
Specialty care such as for Asthma, Cancer care, Cardiology (heart) care, Dermatology (skin) care	15.38%	294
Ex-offender services	14.80%	283
Legal services	13.86%	265
Emergency Room care	13.08%	250
Vision care	12.34%	236
Domestic violence services	11.87%	227
Programs to quit using tobacco	11.56%	221
Dental care - Children	9.94%	190
Preventive care (such as yearly check-ups)	9.52%	182
Urgent Care or Walk-in Clinic	9.47%	181
Women's health services	9.15%	175
Ambulance services	8.79%	168
Chiropractic care	7.06%	135
End of life, hospice, palliative (providing relief from the symptoms and stress of a serious illness) care	6.01%	115
Family planning / birth control	5.44%	104
Physical therapy	5.33%	102
Mammograms	4.45%	85
Other (please specify)	4.39%	84
Pregnancy care	4.13%	79
Lab work	4.03%	77
Inpatient hospital	3.56%	68
Immunizations (shots)	2.25%	43

Q6. Other		
Code	**Frequency**	**Valid Percent**
Reproductive/Women's Health Care	8	12%
Pediatric Medical Care	7	10%
Affordable, High-Quality Medical Care	5	7%
All Services	4	6%
Case Management/Social Services	4	6%
Community Awareness	4	6%
Resources for Low-Income People	4	6%
Programs for Elderly	3	4%
Dermatology	2	3%
Extended Hours Care	2	3%
Jobs	2	3%
Reliable Daycare	2	3%
Resources for Recreation and Physical Activity	2	3%
Special Needs Programs/Support	2	3%
Access to Alternative Treatment	1	1%
Apprenticeships	1	1%
Dental Care/Urgent Care	1	1%
Emergency Shelters	1	1%
Eye Glasses	1	1%
Gastroenterology	1	1%
Home Health Services	1	1%
Medical Transportation	1	1%
Modern Medical Equipment	1	1%
Nephrology	1	1%
Personal Responsibility and Motivation	1	1%
Positive Relationships with Psychiatrists	1	1%
Primary Schools/Education	1	1%
Sleep Medicine	1	1%
Specialty Medical Care	1	1%
Support Groups/AA	1	1%
Tobacco Cessation Programs	1	1%
Total	**68**	**100%**

Q7. What do you feel prevents you from getting the services you need? Check all that apply.

Answered: 1,931 **Skipped: 416**



Q7. Other		
Code	**Frequency**	**Valid Percent**
Cost of Medical Care/Insurance	12	18%
Doctor's Reputations	6	9%
Limited Time Off Work	6	9%
Appointment Availability	4	6%
High Deductible Plans	4	6%
Access to Behavioral Health Care	3	4%
Access to Dental Care	3	4%
Denials	3	4%
Provider Turnover	3	4%
Convenience of Care	2	3%
Did not specify	2	3%
Lack of Patient Education	2	3%
Pain	2	3%
Access to Respite Care	1	1%
Alcoholism	1	1%
Criminal Record	1	1%
Dishonesty	1	1%
Hateful People	1	1%
Health Care System	1	1%
Lack of Empathy	1	1%
Lack of Preventative Testing	1	1%
Lack of Programs	1	1%
Access to Reproductive/Women's Health Care	1	1%
Physician Assistants	1	1%
Pre-Authorization	1	1%
Referrals	1	1%
Trust	1	1%
Wait Times	1	1%
Total	**67**	**100%**

Question 8 – General Health Questions

I have had an eye exam in the past 12 months.

	Number	Percent
Yes	1,217	57.46%
No	901	42.54%
Total	2,118	

I have had a mental health/substance abuse visit within the past 12 months.

	Number	Percent
Yes	383	18.47%
No	1,691	81.53%
Total	2,074	

I have had a dental exam within the past 12 months.

	Number	Percent
Yes	1,327	63.31%
No	769	36.69%
Total	2,096	

I have been to the Emergency Room in the past 12 months.

	Number	Percent
Yes	585	28.07%
No	1,499	71.93%
Total	2,084	

I have been to the Emergency Room for an injury in the past 12 months (such as motor vehicle crash, fall, poisoning, burn, cut, etc.).

	Number	Percent
Yes	178	8.57%
No	1,898	91.43%
Total	2,076	

I have been a victim of domestic violence or abuse in the past 12 months.

	Number	Percent
Yes	74	3.57%
No	2,001	96.43%
Total	2,075	

My doctor has told me that I have a long-term or chronic illness.

	Number	Percent
Yes	595	28.93%
No	1,462	71.07%
Total	2,057	

I take the medicine my doctor tells me to take to control my chronic illness.

	Number	Percent
Yes	757	36.64%
No	479	23.18%
Not Applicable	830	40.17%
	2,066	

I can afford medicine needed for my health conditions.

	Number	Percent
Yes	1,188	57.47%
No	434	21.00%
Not Applicable	445	21.53%
	2,067	

I am over 21 years of age and have had a pap smear in the past three years.

	Number	Percent
Yes	1,209	58.41%
No	415	20.05%
Not Applicable	446	21.55%
	2,070	

I am over 40 years of age and have had a mammogram in the past 12 months.

	Number	Percent
Yes	682	32.95%
No	486	23.48%
Not Applicable	902	43.57%
	2,070	

I am over 50 years of age and have had a colonoscopy in the past 10 years.

	Number	Percent
Yes	628	30.25%
No	480	23.12%
Not Applicable	968	46.63%
Total	2,076	

Does your neighborhood support physical activity such as parks, sidewalks, bike lanes, etc.?

	Number	Percent
Yes	1,084	52.98%
No	962	47.02%
Total	2,046	

Does your neighborhood support healthy eating such as community gardens, farmers' markets, etc.?

	Number	Percent
Yes	952	46.83%
No	1,081	53.17%
	2,033	

In the area that you live, is it easy to get affordable fresh fruits and vegetables?

	Number	Percent
Yes	1,409	68.30%
No	654	31.70%
	2,063	

Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?

	Number	Percent
Yes	624	30.31%
No	1,435	69.69%
	2,059	

Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?

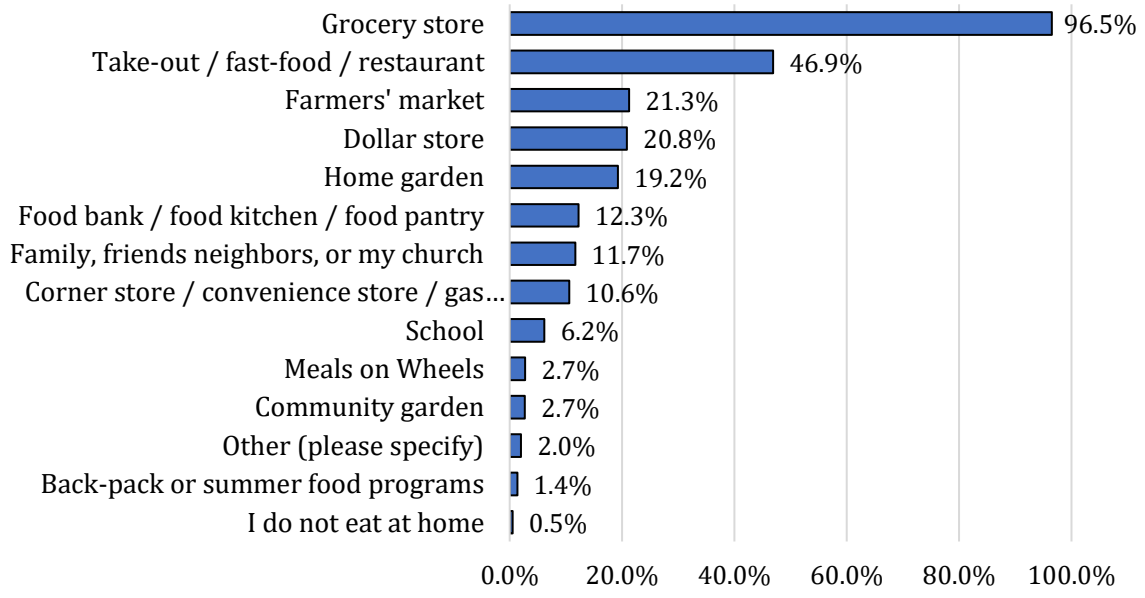
	Number	Percent
Yes	513	24.83%
No	1,498	72.51%
Not Applicable	55	2.66%
Total	2,066	

Do you feel safe in your neighborhood?

	Number	Percent
Yes	1,861	90.21%
No	202	9.79%
Total	2,063	

Q9. Where do you or your family get the food that you eat?

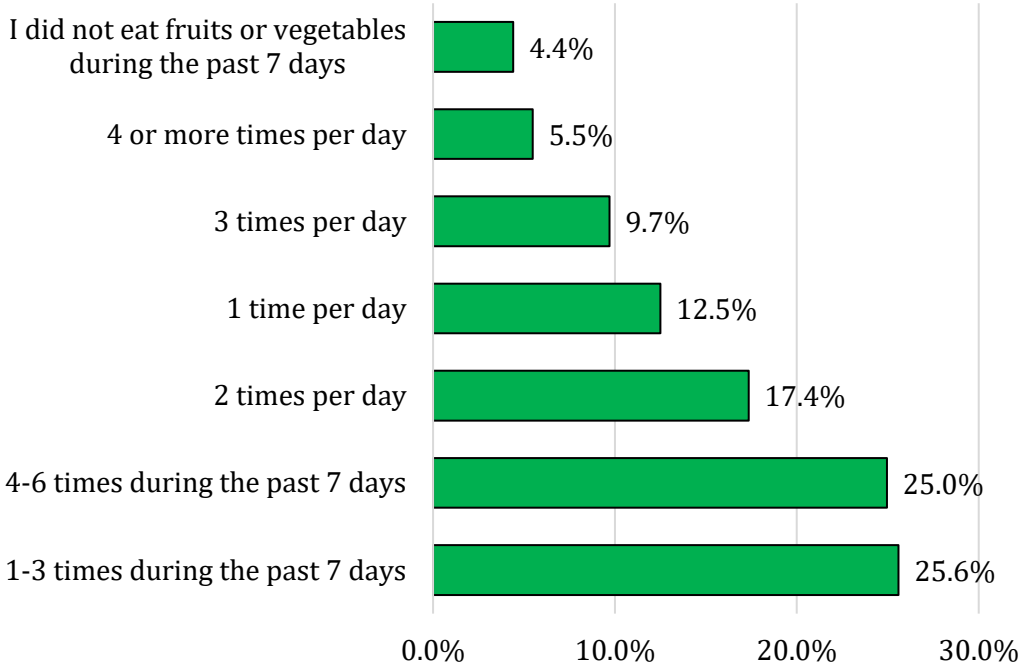
Answered: 2,073 **Skipped: 274**



Q9. Other		
Code	**Frequency**	**Valid Percent**
Work	6	15%
Local Farming/Hunting	5	13%
Other Online Meal Delivery	4	10%
Hudson House	2	5%
Did not specify	2	5%
SNAP	2	5%
Wal-Mart	2	5%
Multiple Grocery	2	5%
Dining Out	2	5%
Home Preparation	2	5%
Lynchburg Daily Bread	1	3%
Blue Apron	1	3%
Candle Light Ministries	1	3%
Horizon Behavioral Health	1	3%
All stores	1	3%
Rescue Mission Roanoke	1	3%
Assisted Living	1	3%
Sam's Club	1	3%
Food Lion	1	3%
Friends	1	3%
Total	**39**	**100%**

Q10. During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)?

Answered: 2,063 Skipped: 284



Q11. Have you been told by a doctor that you have… *(Check <u>all</u> that apply)*

Answered: 1,914 Skipped: 433

	Percent	Number
High blood pressure	32.76%	627
Depression or anxiety	32.24%	617
Obesity / Overweight	32.18%	616
I have no health problems	18.76%	359
Diabetes or high blood sugar	16.88%	323
Asthma	15.41%	295
Mental health problems	14.11%	270
Other (please specify)	13.01%	249
High Cholesterol	12.17%	233
Cancer	5.64%	108
Heart disease	4.08%	78
COPD/chronic bronchitis/emphysema	3.76%	72
Drug or alcohol problems	3.71%	71
Stroke / cerebrovascular disease	2.19%	42
HIV / AIDS	0.42%	8
Cerebral palsy	0.16%	3

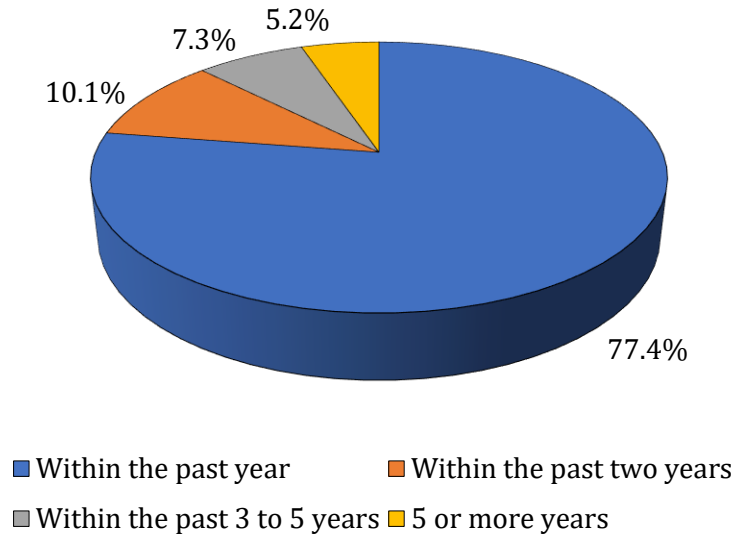
Q11. Other		
Code	**Frequency**	**Valid Percent**
Hyperlipidemia	24	9.6%
Hypothyroidism	14	5.6%
Unknown Thyroid Disease	10	4.0%
Fibromyalgia	8	3.2%
Arthritis	7	2.8%
GERD	7	2.8%
Multiple Sclerosis	7	2.8%
Polycystic Ovarian Syndrome	7	2.8%
Migraines	6	2.4%
Rheumatoid Arthritis	6	2.4%
Sleep Apnea	6	2.4%
Allergies	4	1.6%
Crohn's Disease	4	1.6%
Graves' Disease	4	1.6%
Bipolar Disorder	3	1.2%
Endometriosis	3	1.2%
Glaucoma	3	1.2%
Hashimoto's Disease	3	1.2%
Lupus	3	1.2%
None	3	1.2%
Pre-Diabetes	3	1.2%
PTSD	3	1.2%
Unknown	3	1.2%
ADD	2	0.8%
Anemia	2	0.8%
Arrhythmia	2	0.8%
Back Pain	2	0.8%
Celiac Disease	2	0.8%
Chronic Pain	2	0.8%
Degenerative Disc Disease/Sciatica	2	0.8%
Epilepsy	2	0.8%
Hypertension	2	0.8%
Hypoglycemia	2	0.8%
IBS	2	0.8%
Kidney Failure	2	0.8%
Lyme Disease	2	0.8%
Narcolepsy	2	0.8%
Osteoarthritis	2	0.8%
Psoriasis	2	0.8%
Unknown Sleep Disorder	2	0.8%
4+ Diagnoses	1	0.4%
5+ Diagnoses	1	0.4%

6+ Diagnoses	1	0.4%
ADHD	1	0.4%
Arrhythmia	1	0.4%
Arthritis/Hyperthyroidism/GERD	1	0.4%
Arthritis/Sjogren's Syndrome	1	0.4%
Arthritis/Unknown Thyroid Disease	1	0.4%
Asthmatic Bronchitis/Severe Psoriatic Arthritis	1	0.4%
Back and Joint Pain	1	0.4%
Breast Cancer, Remission	1	0.4%
Chondromalacia	1	0.4%
Crohn's Disease	1	0.4%
Colitis	1	0.4%
Connective Tissue	1	0.4%
Dystonia	1	0.4%
Eczema	1	0.4%
Edema	1	0.4%
End Stage Renal Disease	1	0.4%
Fatty Liver	1	0.4%
GERD/Hyperlipidemia	1	0.4%
GERD/Menopause	1	0.4%
GERD/Migraines	1	0.4%
GERD/Sciatica	1	0.4%
Gout	1	0.4%
Heart Failure	1	0.4%
Hepatitis C	1	0.4%
Hydrocele	1	0.4%
Hyperlipidemia/ADD/Stress	1	0.4%
Hypotension	1	0.4%
Hypothyroidism/Hashimoto's Thyroiditis/Pre-Diabetes/Severe Allergies	1	0.4%
Insomnia	1	0.4%
Iron Deficiency	1	0.4%
Kidney Failure/Arthritis	1	0.4%
Kidney Stones	1	0.4%
Melanoma	1	0.4%
Migraines/Anemia	1	0.4%
Migraines/Arthritis	1	0.4%
Migraines/Chiari Malformation/Syringomyelia	1	0.4%
Migraines/Kidney Stones	1	0.4%
Migraines/Pancreatitis	1	0.4%
Migraines/Unknown Sleep Disorder	1	0.4%
Multiple Sclerosis/Crohn's Disease	1	0.4%
Multiple Sclerosis/Migraines/Hypothyroidism	1	0.4%
Myasthenia Gravis	1	0.4%
Orthostatic Hypotension	1	0.4%

Osteoarthritis/Fibromyalgia	1	0.4%
Osteoarthritis/Fibromyalgia/Menopause	1	0.4%
Osteopenia	1	0.4%
Osteoporosis	1	0.4%
PAD	1	0.4%
Pancreatitis	1	0.4%
Reactive Airway Disease	1	0.4%
Rheumatoid Arthritis/Hyperlipidemia/Hypothyroidism	1	0.4%
Schizophrenia	1	0.4%
Scoliosis	1	0.4%
Seizure Disorder/Arthritis	1	0.4%
Situational Anxiety	1	0.4%
Sleep Apnea/Allergies/Syncope/Dry Eyes	1	0.4%
Spinal Stenosis	1	0.4%
spondylolysis	1	0.4%
Tachycardia/Hypothyroidism/Osteoarthritis	1	0.4%
Thalassemia	1	0.4%
Unknown Autoimmune Disease	1	0.4%
Unknown Autoimmune Disease/Hypothyroidism	1	0.4%
Unknown Autoimmune Disease/Unknown Thyroid Disease	1	0.4%
Unknown Blood Disorder	1	0.4%
Unknown Kidney Disease	1	0.4%
Unknown Liver Disease/Unknown Kidney Disease	1	0.4%
Unknown Spinal Injury	1	0.4%
Unknown Vision Problem/Unknown Heart Problem	1	0.4%
Unknown Vitamin Deficiency	1	0.4%
Vitamin D Deficiency	1	0.4%
Lymphoma	1	0.4%
Total	**249**	**100.0%**

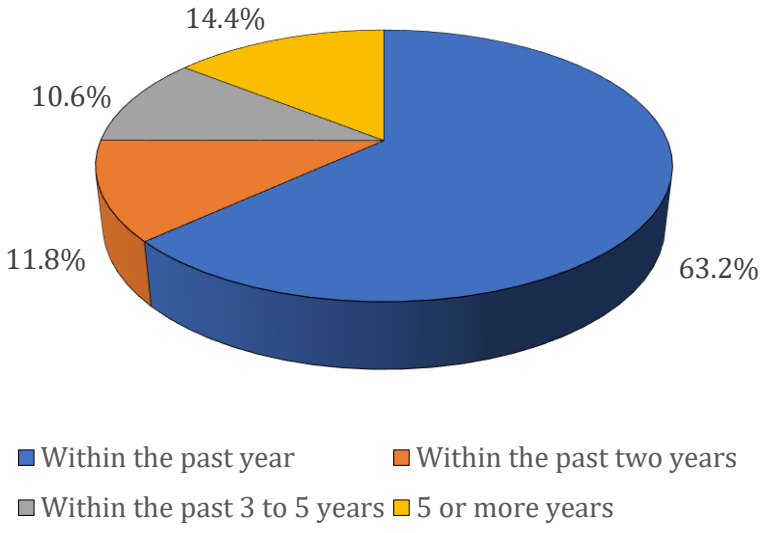
Q12. How long has it been since you last visited a doctor for a routine checkup?

Answered: 2,051 **Skipped: 296**



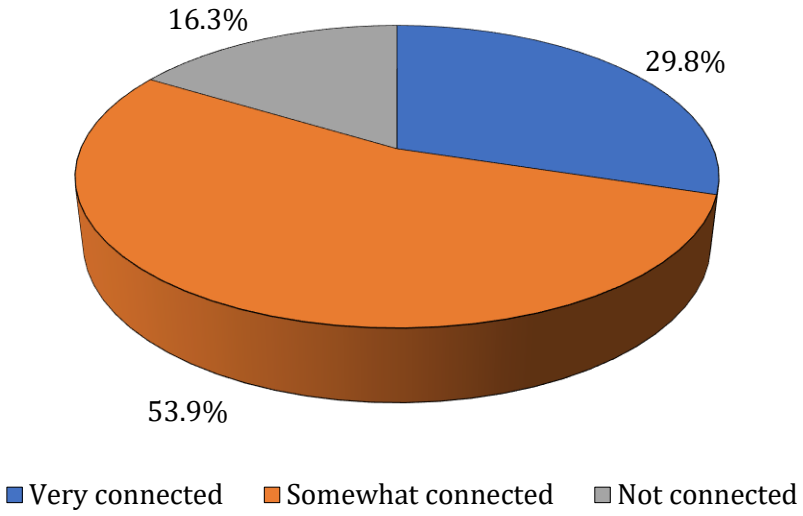
Q13. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

Answered: 2,034 **Skipped: 313**



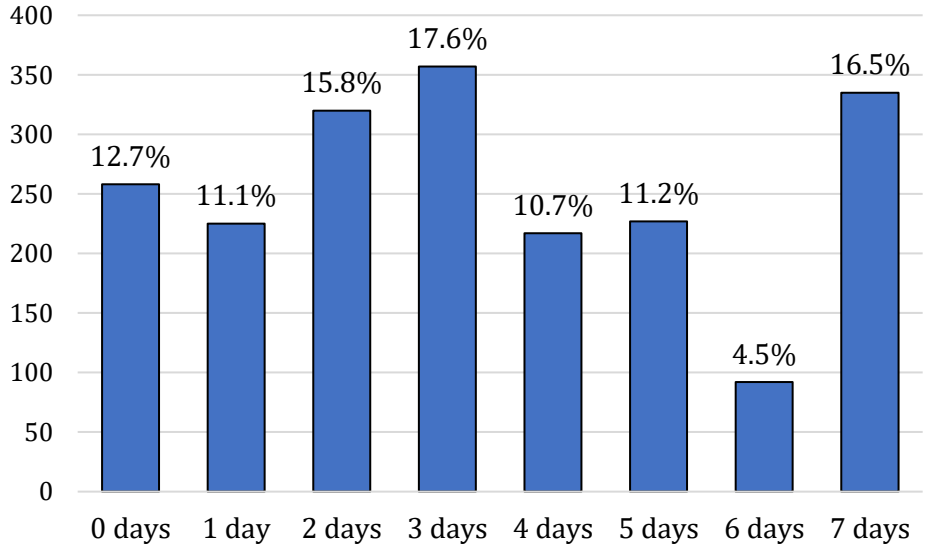
Q14. How connected do you feel with the community and those around you?

Answered: 2,040 **Skipped: 307**



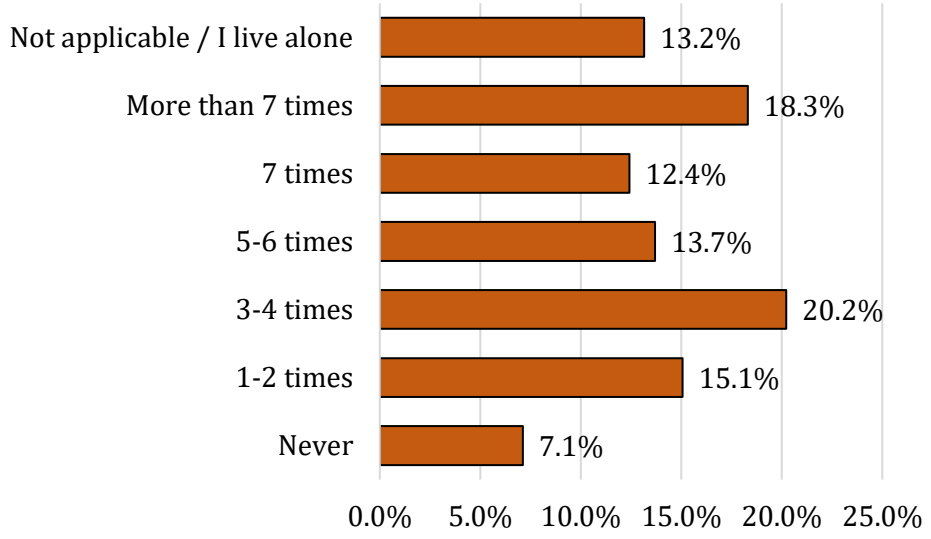
Q15. In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time).

Answered: 2,031 **Skipped: 316**



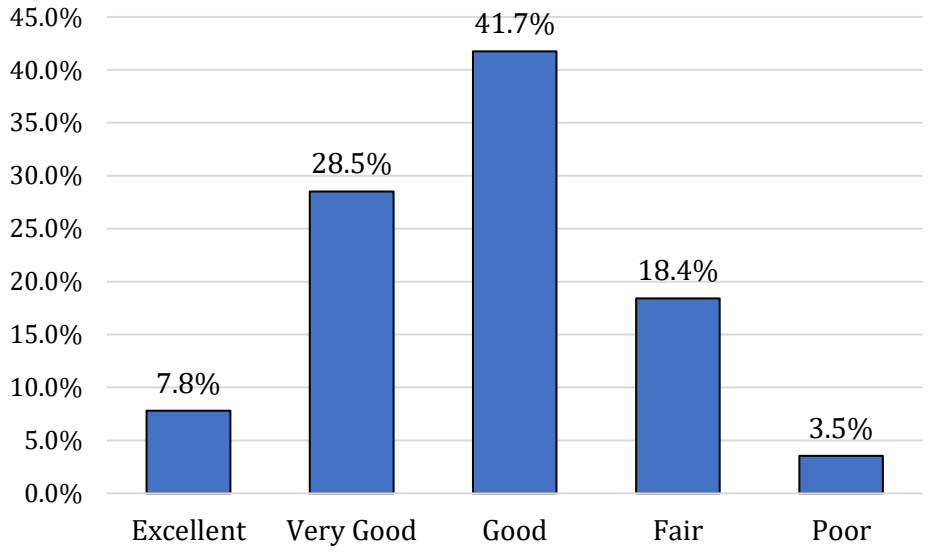
Q16. During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

Answered: 2,037 **Skipped: 310**



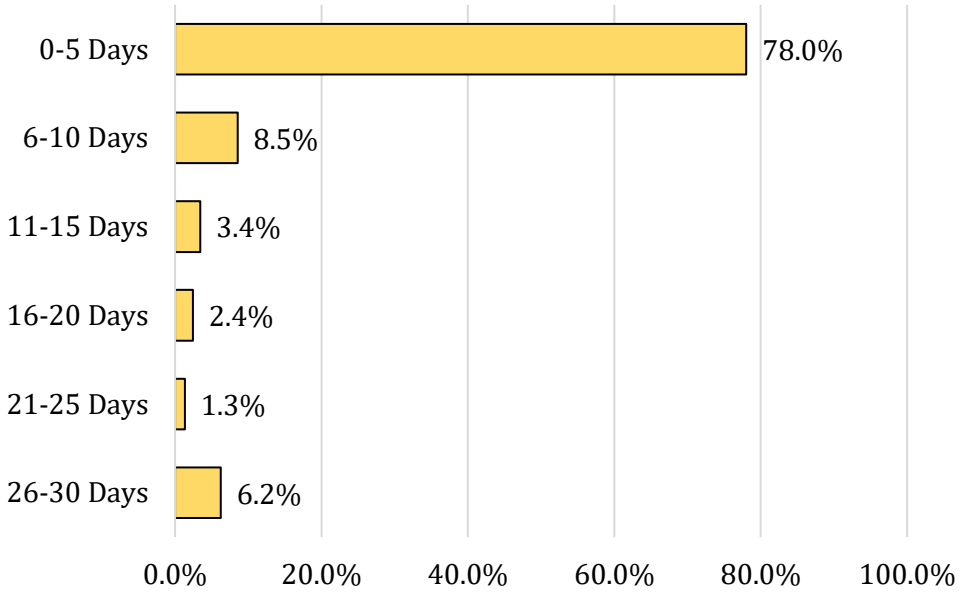
Q17. Would you say that in general your health is:

Answered: 2,041 **Skipped: 306**



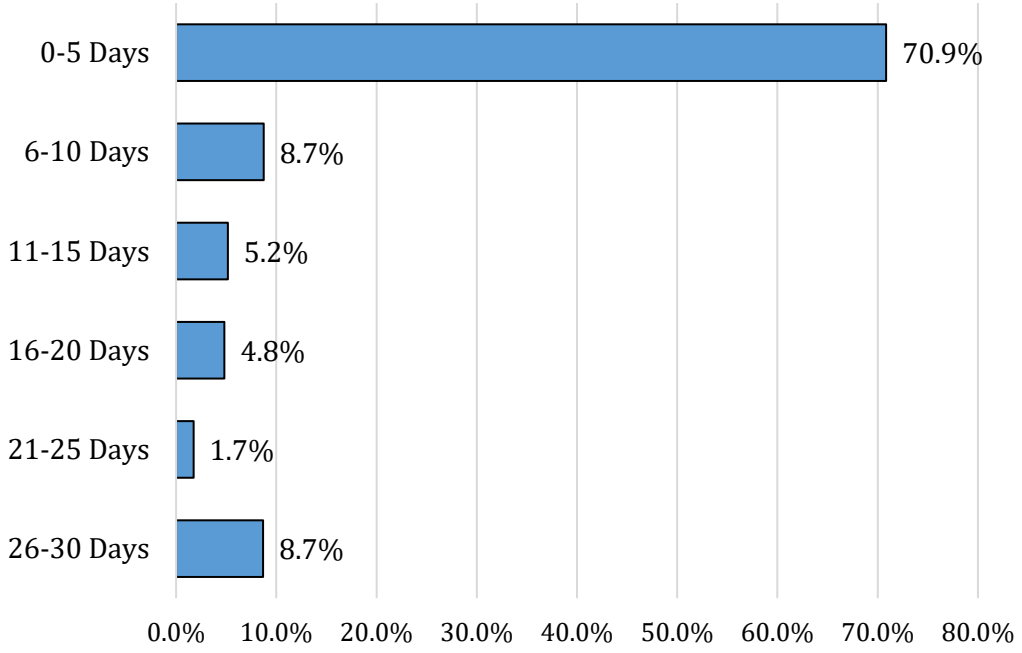
Q18. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Answered: 1,792 **Skipped: 555**



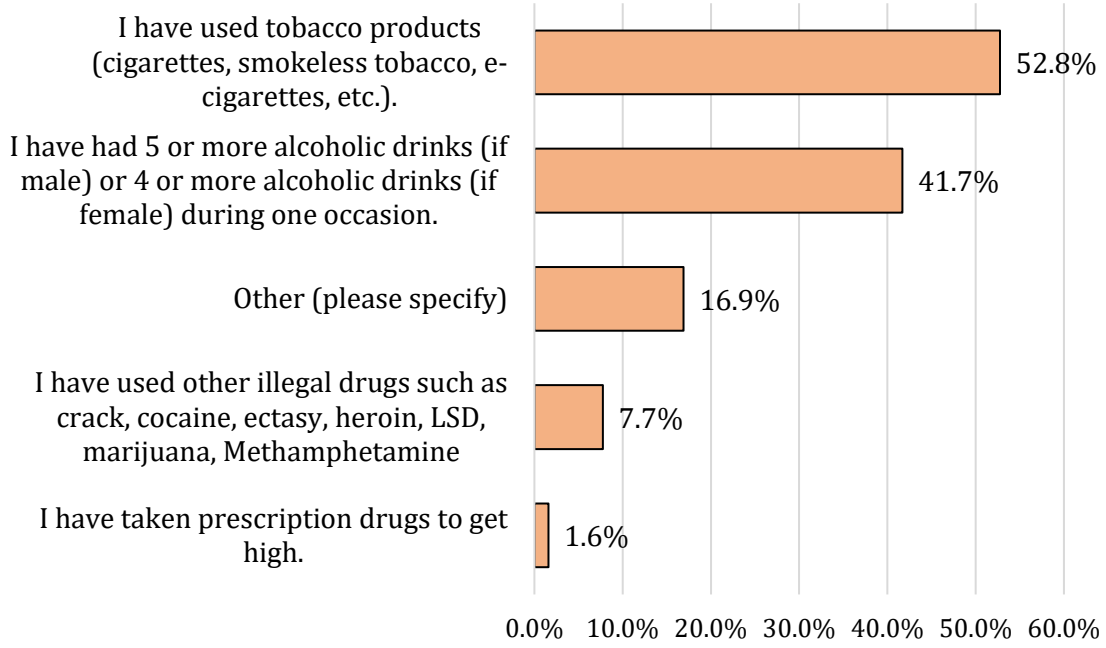
Q19. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Answered: 1,784 **Skipped: 563**



Q20. During the past 30 days: (Check all that apply)

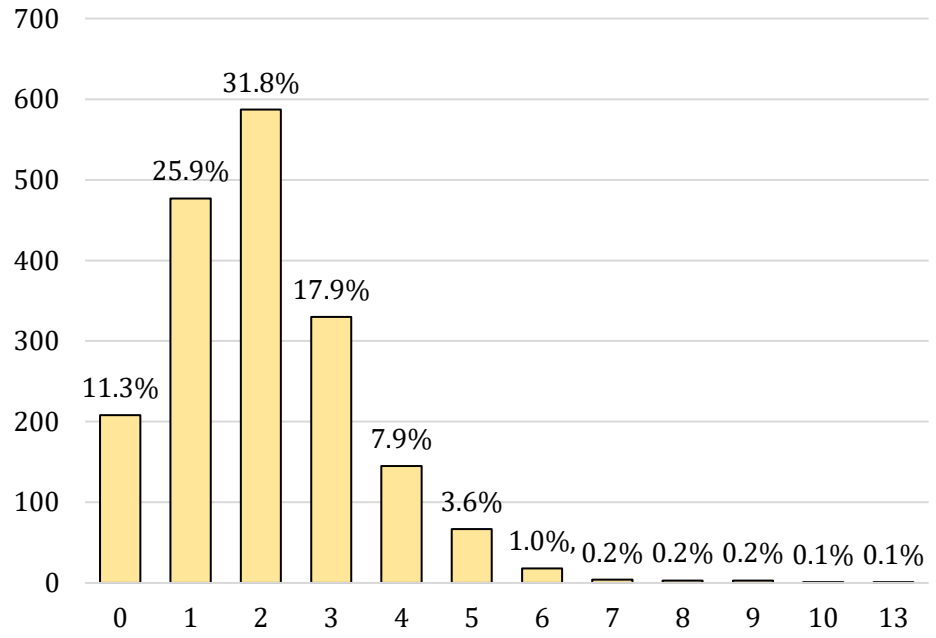
Answered: 633 **Skipped: 1,714**



Q20. Other		
Code	**Frequency**	**Valid Percent**
N/A	80	92%
Coffee	2	2%
Alcohol	3	3%
Unwilling to Disclose	2	2%
Total	**87**	**100%**

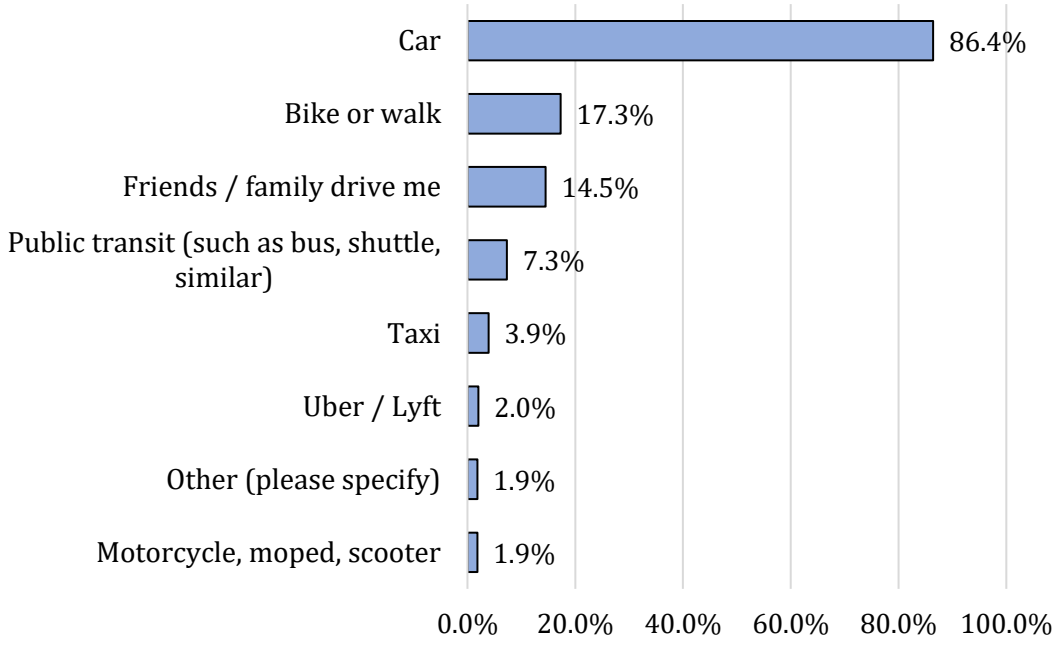
Q21. How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs.

Answered: 1,844 **Skipped: 503**



Q22. What mode of transportation do you typically use?

Answered: 1,995 **Skipped: 352**

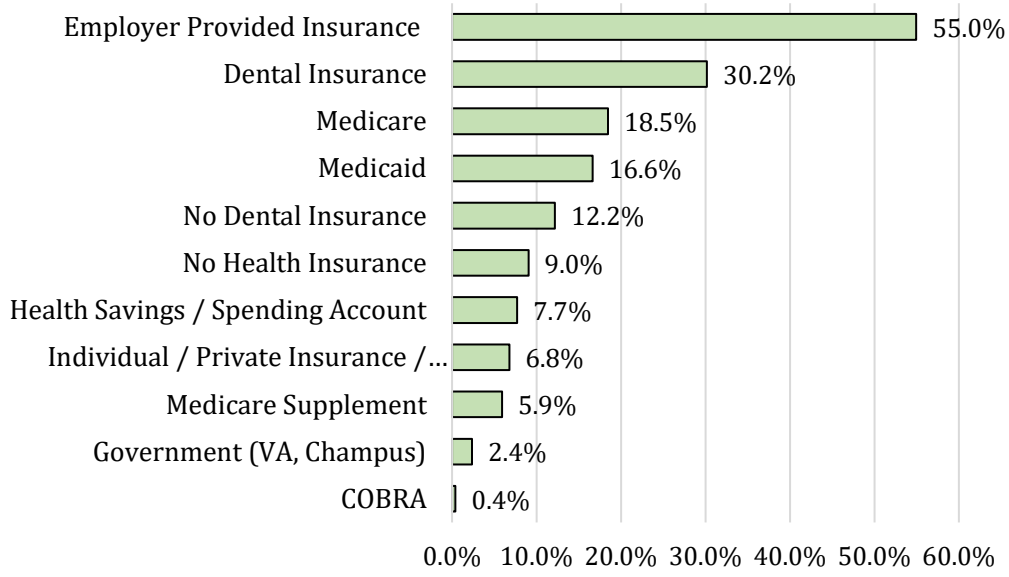


Note: Respondents were able to select more than one answer so the total will be more than 100%.

Q22. Other		
Code	**Frequency**	**Valid Percent**
Medicaid Transportation	7	21%
Personal Vehicle	6	18%
Unspecified Medical Transportation	4	12%
Caseworker/Support Systems Worker	2	6%
Greater Lynchburg Transit Company	2	6%
Lynchburg Redevelopment and Housing Authority	1	3%
Caregiver	1	3%
Dial-A-Ride - Central VA Alliance for Community Living	1	3%
Johnson Health Center	1	3%
Longboard Skateboard	1	3%
Premier Rental Company	1	3%
Hoveround Power chair	1	3%
Clinician	1	3%
Neighbor	1	3%
Day Support Aid	1	3%
Total	**33**	**100%**

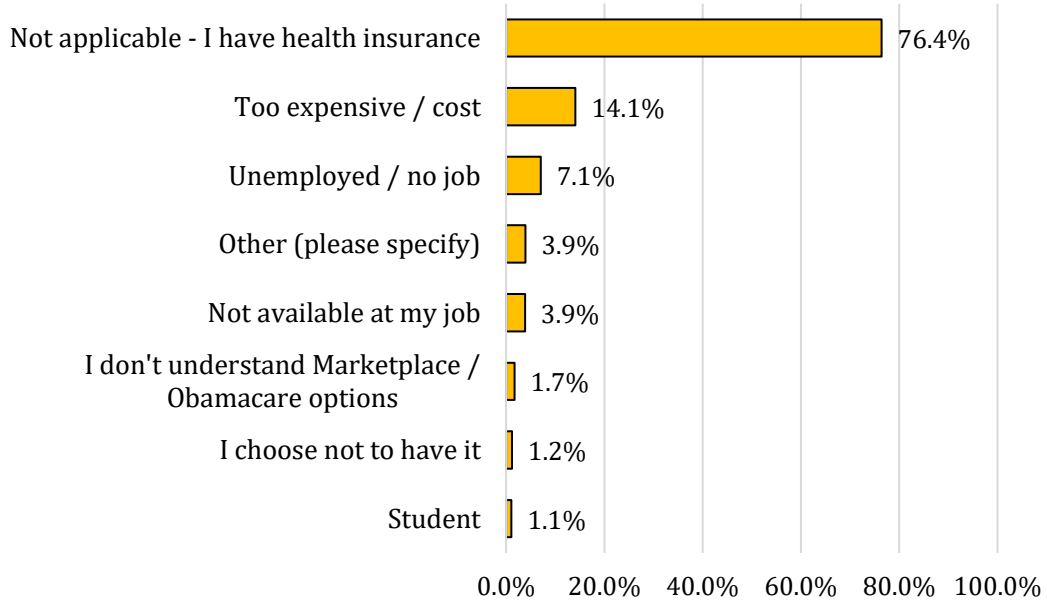
Q23. Which of the following describes your current type of health insurance? *(Check all that apply)*

Answered: 1,978 Skipped: 369



Q24. If you have no health insurance, why don't you have insurance? (Check all that apply)

Answered: 1,090 Skipped: 1,257



Q24. Other		
Code	**Frequency**	**Valid Percent**
Insured	11	34%
Did not specify	3	9%
Disability	3	9%
Income Too High for Subsidized Plans	2	6%
Ineligible for Employer Coverage	2	6%
Previous Incarceration	2	6%
Unemployed	2	6%
Failure to Complete Paperwork	1	3%
High Cost	1	3%
High Deductible	1	3%
Living with family	1	3%
Pending, Application Submitted	1	3%
Unable to select plan, out on FMLA leave	1	3%
Unsure, Application Submitted	1	3%
Total	**32**	**100%**

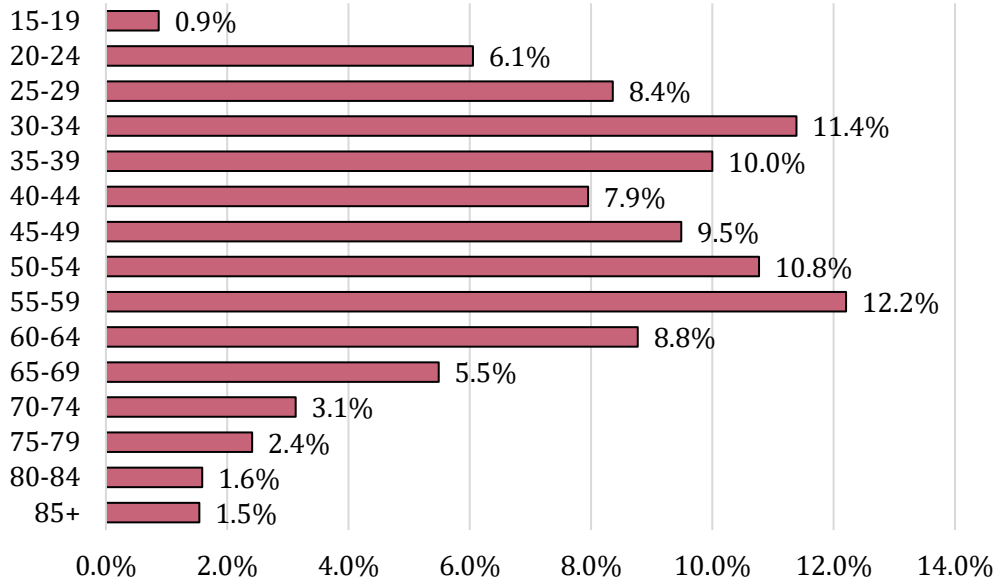
Q25. What is your Zip Code?

Answered: 1,977 Skipped: 369

Zip Code	Respondents	Percent	Zip Code Station	Locality
24502	348	17.6%	Lynchburg	Lynchburg
24501	343	17.4%	Lynchburg	Lynchburg
24503	193	9.8%	Lynchburg	Lynchburg
24504	153	7.7%	Lynchburg	Lynchburg
24572	153	7.7%	Madison Heights	Amherst
24522	82	4.2%	Bedford	Bedford
24588	76	3.8%	Rustburg	Campbell
24521	56	2.8%	Amherst	Amherst
24551	51	2.6%	Forest	Bedford
24563	35	1.8%	Hurt	Pittsylvania
24531	33	1.7%	Chatham	Pittsylvania
24517	32	1.6%	Altavista	Pittsylvania
24538	32	1.6%	Concord	Campbell
24574	27	1.4%	Monroe	Amherst
24528	20	1.0%	Brookneal	Pittsylvania
24541	18	0.9%	Danville	Danville
24523	15	0.8%	Bedford	Bedford
24593	15	0.8%	Spout Spring	Appomattox
24549	13	0.7%	Dry Fork	Pittsylvania
24571	11	0.6%	Lynch Station	Campbell
24527	10	0.5%	Blairs	Pittsylvania
24121	8	0.4%	Monet	Bedford
24586	8	0.4%	Ringgold	Pittsylvania
24565	6	0.3%	Java	Pittsylvania
24569	6	0.3%	Long Island	Pittsylvania
24104	5	0.3%	Huddleston	Bedford
	1,749	88.6%		

Q26. What is your age?

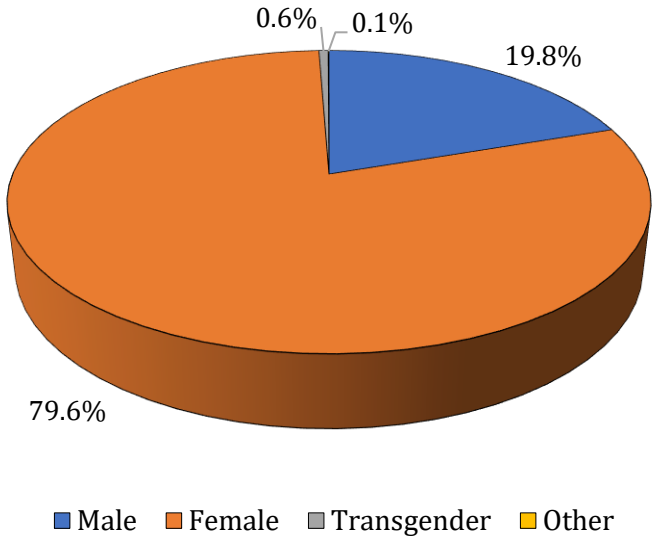
Answered: 1,805 Skipped: 109



Avg, age	47.3
Median Age	47
Mode	57
Range	15 - 97

Q27. What is your gender?

Answered: 1,989 Skipped: 358



Q28. What is your Height?

Answered: 1938 Skipped: 408

Q29. What is your Weight?

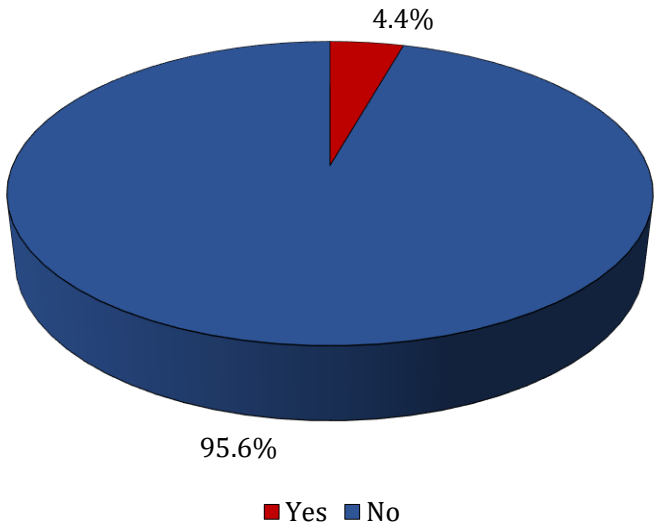
Answered: 1908 Skipped: 438

Respondents self-reported their height and weight. From these responses, Body Mass Index was calculated and are represented as follows:

BMI Range	Percent of Population	Frequency
Underweight <19	5%	86
Normal Weight 19-25	26%	495
Overweight 26-30	24%	450
Obese 30<	46%	867

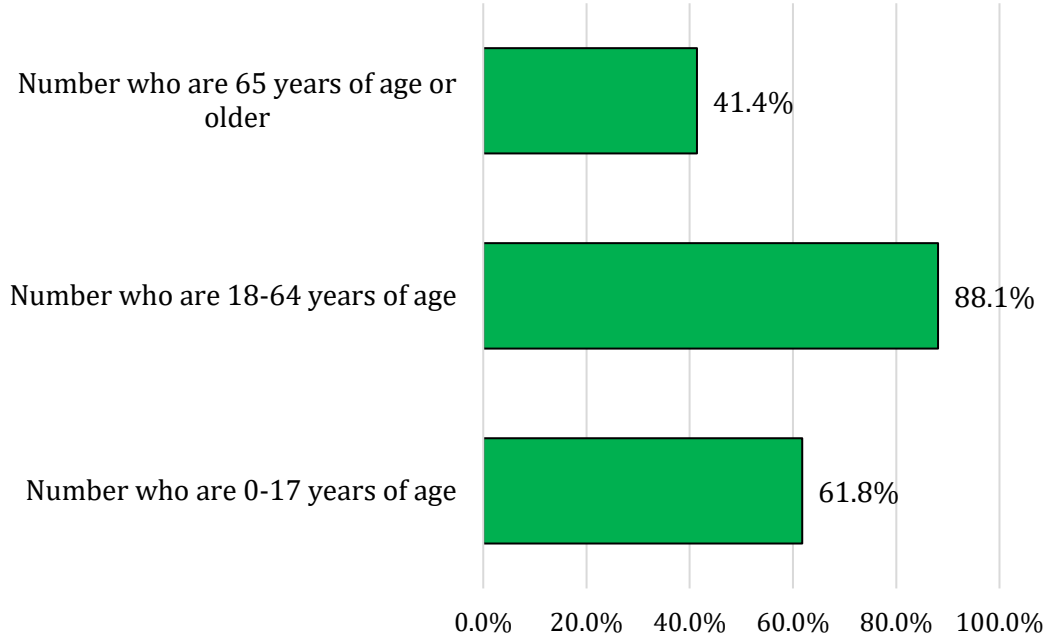
Q30. Are you a Veteran?

Answered: 1,968 Skipped: 379



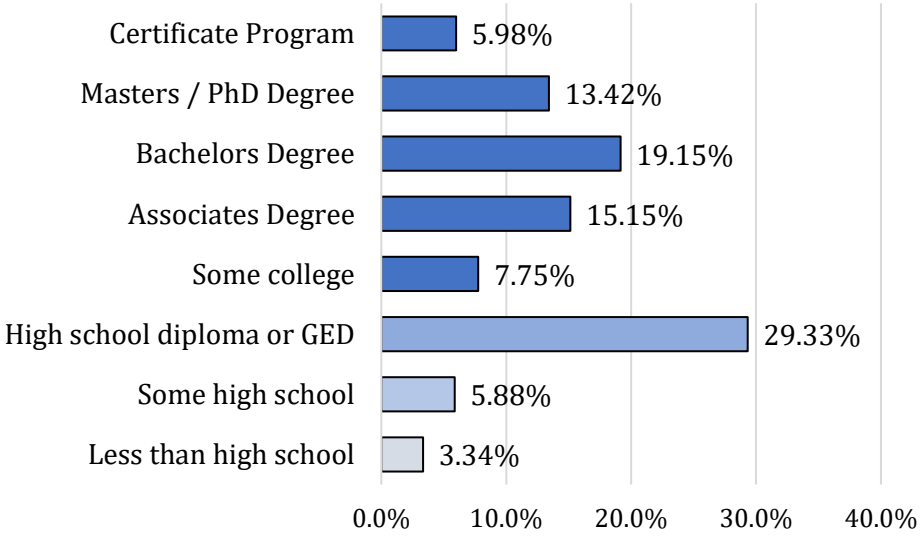
Q31. How many people live in your home including yourself?

Answered: 1,897 Skipped: 450



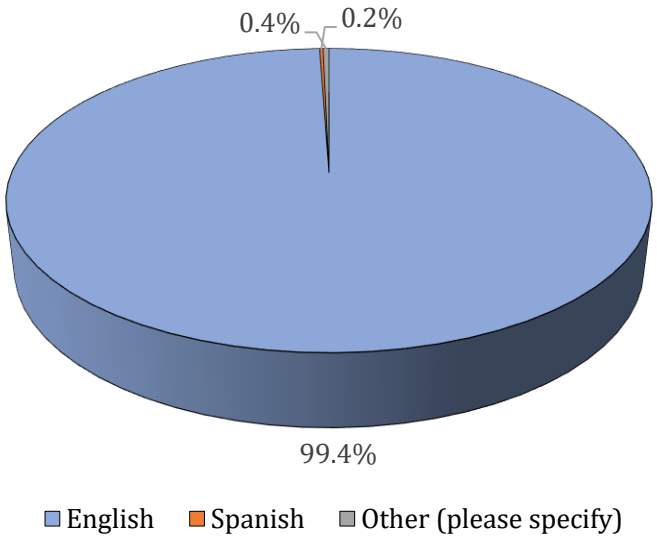
Q32. What is your highest education level completed?

Answered: 1,974 Skipped: 373



Q33. What is your primary language?

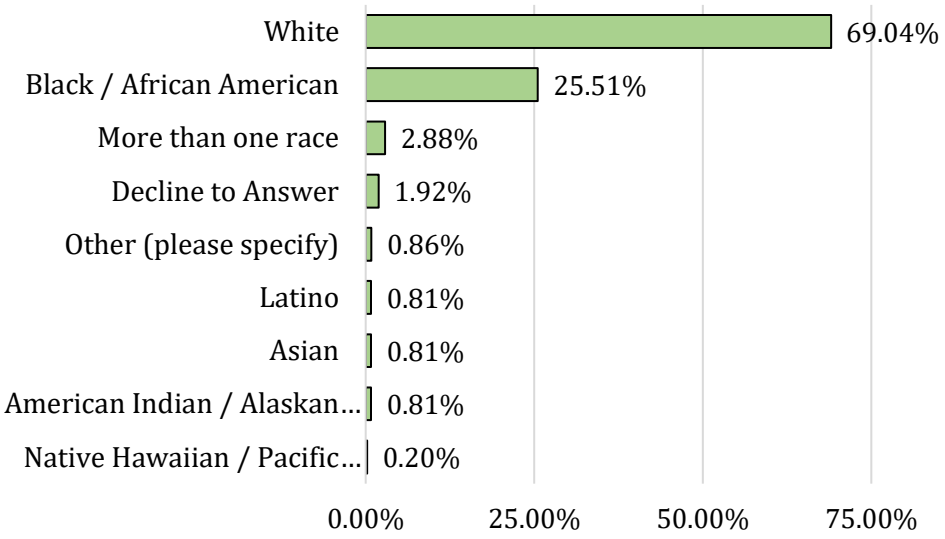
Answered: 1,978 Skipped: 369



Q33. Other		
Code	**Frequency**	**Valid Percent**
Bangali	1	17%
Spanish	1	17%
German	1	17%
Filipina	1	17%
Tagalog/Ilocano	1	17%
Turkish	1	17%
Total	**6**	**100%**

Q34. What ethnicity do you identify with? (Check all that apply)

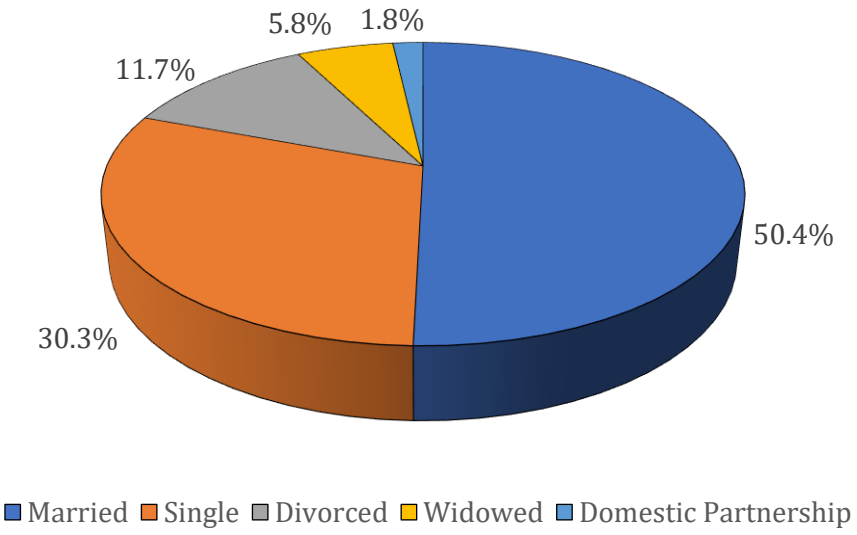
Answered: 1,980 Skipped: 367



Q34. Other		
Code	**Frequency**	**Valid Percent**
Hungarian	2	12%
Unspecified Mixed	2	12%
Black	1	6%
Caucasian	1	6%
Filipina	1	6%
Hebrew	1	6%
Indian/German	1	6%
Italian/Irish	1	6%
Native America	1	6%
Russian/Spanish	1	6%
Scandinavian	1	6%
Total	**17**	**100%**

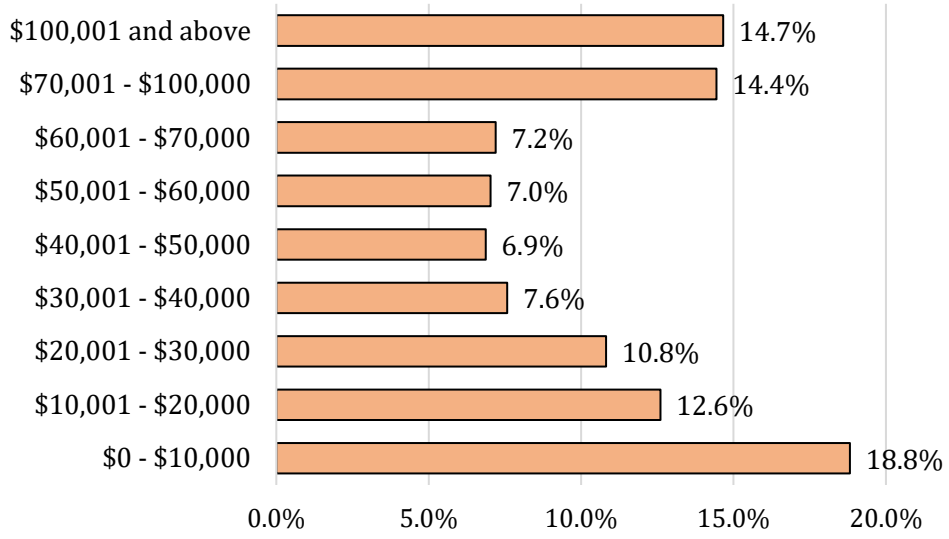
Q35. What is your marital status?

Answered: 1,988 Skipped: 359

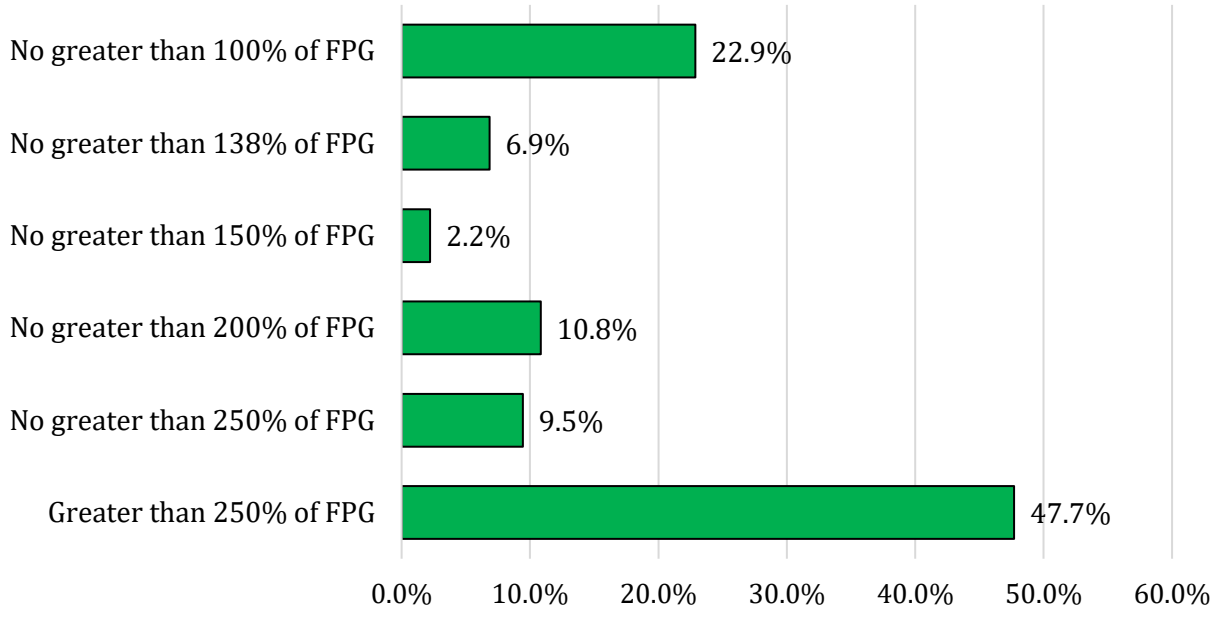


Q36. What is your yearly household income?

Answered: 1,849 Skipped: 498

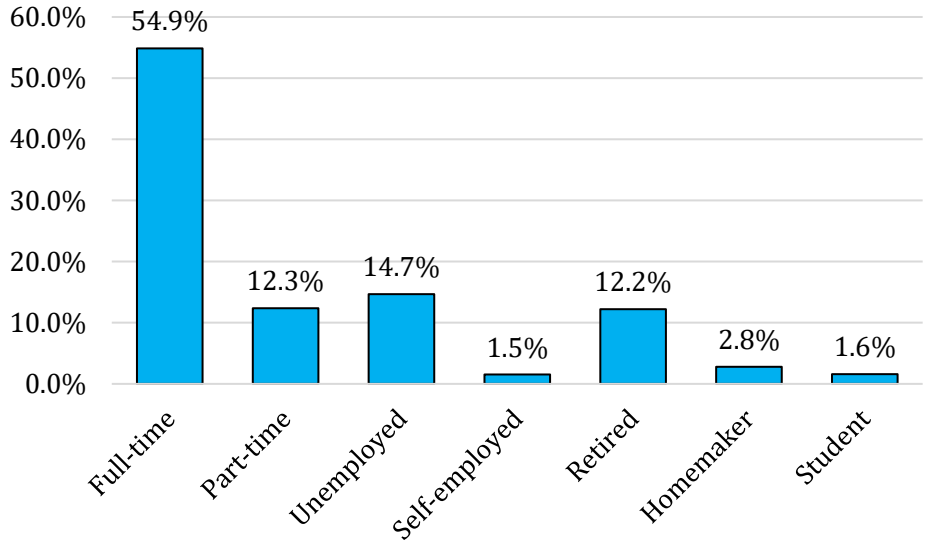


Income as a Percent of Federal Poverty Guidelines (FPG) According to Household Size (N = 1,661)



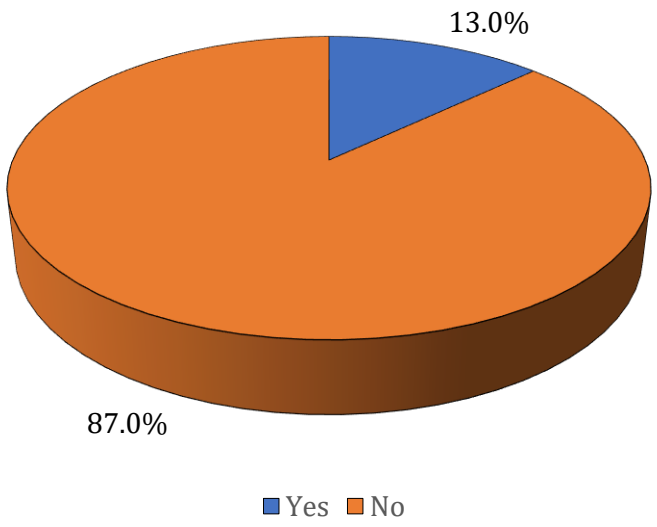
Q37. What is your current employment status?

Answered: 1,952 **Skipped: 395**



Q38. Do you currently receive disability benefits?

Answered: 1,961 Skipped: 396



Q39. Is there anything else we should know about your (or someone living in your home) needs in the Lynchburg Area?

Please refer to the data responses in the "Other" questions responses that are attached.

Code Used	Frequency	Valid Percent
Affordable Insurance	16	7.02%
Affordable Dental Care	14	6.14%
Affordable Mental Health Services	12	5.26%
Support for Physical Disabilities	11	4.82%
Affordable Housing	9	3.95%
Social Outlets/Activities	9	3.95%
Healthy Food	8	3.51%
Job Training	8	3.51%
Transportation	8	3.51%
Affordable Vision Care	7	3.07%
Trails/Walking Paths	6	2.63%
Assisted Living/Skilled Nursing Facility	5	2.19%
Child Care	5	2.19%
Support for Children with Special Needs	5	2.19%
Affordable Health Care	4	1.75%
Endocrinology	4	1.75%
Family Physicians	4	1.75%
Homeless Shelter	4	1.75%

Parks	4	1.75%
Affordable Prescriptions	3	1.32%
Family Services	3	1.32%
Home Health	3	1.32%
Lower Taxes	3	1.32%
Pediatric Medical Care	3	1.32%
Police	3	1.32%
Support for Adults with Autism	3	1.32%
Urgent Care	3	1.32%
Financial Assistance	2	0.88%
Foster Parenting	2	0.88%
Grocery Stores	2	0.88%
Higher Wages	2	0.88%
Legal Aid	2	0.88%
LGTBQ Support Services	2	0.88%
More Bus Stops	2	0.88%
Respite Care	2	0.88%
Summer Activities for Children	2	0.88%
Support Groups for Addiction/AA	2	0.88%
Volunteer Opportunities	2	0.88%
Women's Health Services	2	0.88%
Affordable Cancer Treatment	1	0.44%
Affordable Diabetic Supplies	1	0.44%
Affordable Pet Insurance	1	0.44%
Afterschool Programs	1	0.44%
Assisted Living/Skilled Nursing Facilities	1	0.44%
Better Medicaid Transportation	1	0.44%
Broader Insurance Coverage	1	0.44%
Centra Primary Care in Appomattox	1	0.44%
Chic-Fil-A	1	0.44%
Chiropractor	1	0.44%
Citizenship	1	0.44%
Cleft Lip/Palate Care	1	0.44%
CPR Classes	1	0.44%
Dermatology	1	0.44%
Dialysis	1	0.44%
Dialysis	1	0.44%
Dog Park	1	0.44%
Drug Task Force	1	0.44%
General Help	1	0.44%

Home Repairs	1	0.44%
Hospice Care	1	0.44%
Household Cleaner	1	0.44%
Johnson Health Center Walk-Ins Every Business Day	1	0.44%
Less Corporate Greed	1	0.44%
Lighting in Neighborhoods	1	0.44%
Marriage Counseling	1	0.44%
More Parking for Handicap	1	0.44%
Para Transit Services	1	0.44%
Psychiatry	1	0.44%
Rheumatology	1	0.44%
Shorter Wait Times/Customer Service Training	1	0.44%
Support for Victims of Sexual Abuse	1	0.44%
Support from Faith Groups	1	0.44%
TV in Waiting Room	1	0.44%
Unification of Races	1	0.44%
Veteran's Affairs	1	0.44%
Weight-Loss Clinics	1	0.44%
Total	**228**	**100.00%**

3. Area Stakeholders Directory

Please √	Partnership for Healthy Communities Stakeholder Directory - Lynchburg		
	Date: 5/21/18		
	Last Name	**First Name**	**Organization**
x	Abell	Randi	YMCA
x	Baker	Robin	The Arc of Central Virginia
x	Barret	Heath	
x	Bennett	Jeff	LRHA
x	Blackwell	Connie	
x	Booth	Brian	GLTC
x	Buchanan	Caleb	Centra
x	Campbell	Gary	Johnson Health Center
x	Cawood	Lindsey	Central VA Health District
x	Davidson	Mike	
x	Davis	Januwaa	Horizon BH
x	Delzingaro	Christina	CAN/ Free Clinic
x	Dendy	Bob	Human Kind
x	Diaz	Raul	Lynchburg Police
x	Dixon	Tracey	Daily Bread
x	Donaldson	Josh	Boy Scouts of America, Blue Ridge
x	Farmer	Shawne	Interfaith Outreach
x	Foster	Joan	Lynchburg Mayor
x	Gateley	Kerry	Central Virginia Health District
x	Gorman	Ash	Big Brothers Big Sisters of Central VA
x	Graham	George	Centra PACE Director (all 3 service areas)
x	Hamilton	Laura	Beacon of Hope
x	Harrison	Bethany	Commonwealth's Attorney
x	Hildebrand	Melissa	
x	Hitchcock	Kelly	Region 2000
x	Hughes	John	Asst. City Manager
x	Huyett	Sean	Westminster-Canterbury

x	Jones	Jenny	Centra Health Promoters
x	Kennedy	Jennifer	Lynchburg Parks and Rec
x	Lane	Richard	Liberty University
x	Lepper	Carolyn	Centra
x	Long	Shannon	Lynchburg City Schools
x	Lowe	Makayla	
x	Lucy	Melissa	
x	Ludwig	Diane	Centra
x	Marcouillier	Carley	HumanKind
x	Martin	Jennifer	LACIL
x	Mathew	Finny	Lighthouse Industries
x	McCormick	Michelle	American Red Cross of the Blue Ridge
x	Mikhaylyants	Vadim	Centra Intern
x	Nash	Barb	Piedmont?
x	Nolen	Kristen	Miriam's House
x	Owen	Neisa	Lynchburg City Schools
x	Parker	Jay	YMCA of Central Virginia
x	Patterson	Shauntee	Centra- Alan B. Pearson Cancer Center
x	Rice	Katherine (Kay	Centra- Alan B. Pearson Cancer Center
x	Roberts	Dennis	Holy Trinity Lutheran Church
x	Robertson	Kristen	TC Miller Elementary School
x	Rosser	Tamara	Lynchburg Department Social Services
x	Shabestar	Kris	Meals On Wheels
x	Sheehan	Mark	Boys and Girls Club
x	Smith	Jeff	Rush Homes
x	Svrcek	Bonnie	City
x	Taylor	Lisa	Community Access Network
x	Tibbs	EW	Centra
x	Upshur	Marjette	Economic Development
x	Varner	Bill	United Way of Central VA
x	Whisler	Jack	Centra Foundation
x	Williams	Darryl	

x	Williamson	Toby	Veterans
x	Young	Pat	CommunityWorks

Total Attendance 61

4. Stakeholder Survey

Partnership for HEALTHY COMMUNITIES

Stakeholders Focus Group Survey

Please complete the following questions:

What are the top 5 greatest needs in the community(s) you serve? 1. 2. 3. 4. 5.
Are there particular localities in the service area that have greater needs than others?
What do you see as the root cause of these needs?
What resources are available in the community to meet these needs?
What are the barriers to accessing these resources?
What is one issue/need we can work on together, to create a healthier community? How?

5. Target Population Focus Group Notes Page & Confidentiality Statement

TARGET POPULATION FOCUS GROUPS

MEETING NOTES

Name of Facilitator: _____

Name of Scribe: _____

Date of Meeting: _____

Site of Meeting: _____

Number of Participants: _____

1. In one to two words, what does health mean to you? *(Record on flip chart so that participants can see all responses)*
2. What resources/programs/services in your community help you and/or your family stay healthy?
3. How do you and/or your family know where to go for these resources/programs/services in your community?
4. What keeps you and/or your family from being healthy?
5. Is there anything else you would like to share?

CONFIDENTIALITY STATEMENT FOR FOCUS GROUP MEETING

Health starts in our homes, schools, workplaces, neighborhoods, and communities. The Partnership for Healthy Communities is committed to improving the health of the communities we serve. Please tell us what you need to be the healthiest you and your family can be!

Thank you for agreeing to be a part of this focus group meeting. During the meeting, you will be asked questions about yourself and/or your family. You will also hear answers by other people in the room. Please read the statements below and sign if you agree.

I have been told and understand that:

- I have been given the opportunity to ask questions about the purpose of the meeting.
- I am agreeing to have the meeting audio-taped.
- I will not talk about the information shared by me or others outside this meeting.
- My name (or the names of my family) will not be linked to the comments I make during this meeting.
- Information from this meeting will be included in a written report.

Signed _____ Date_____

Witness_____ Date_____

6. Area Prioritization of Needs Worksheet

Lynchburg Area Prioritization of Needs Worksheet
Rank the Top 10 Greatest Needs
2018
Instructions: Rank the following "Areas of Need" from 1 to 10
(1 is the greatest need)

Rank	Areas of Need	Community Health Survey Responses (%) n=2202	Stakeholder Survey Responses (%) n=291
	Access		0.7%
	Access to affordable health care	59.76%	
	Access to Benefits		0.7%
	Access to Dental Care		0.7%
	Access to Healthy Food	26.93%	6.9%
	Access to Healthcare		6.9%
	Access to Affordable Housing	20.16%	7.2%
	Access to Mental Health Services		8.2%
	Access to Programs		1.0%
	Aging problems	14.31%	
	Alcohol and illegal drug use	30.47%	
	Bullying	10.22%	
	Cancers	21.34%	
	Cell phone use/texting and driving/distracted driving	16.17%	
	Child abuse/Child neglect	14.03%	
	Childcare		7.9%
	Citizen Engagement		1.0%
	Collaboration		0.7%
	Dental Problems	10.13%	
	Diabetes	19.12%	
	Domestic violence	11.72%	0.7%
	Education		4.8%
	Financial Security		4.1%
	Gang Activity	9.26%	
	Health Insurance		3.4%
	Health Literacy		5.2%
	Heart Disease and Stroke	14.40%	
	High Blood Pressure	13.90%	
	Infrastructure Development		0.7%
	Joblessness	12.31%	
	Lack of exercise	16.35%	
	Lifestyle Management		0.7%
	Mental Health Problems	28.79%	
	Opioid Use	12.94%	
	Overweight/Obesity	31.38%	
	Parenting Skills		1.4%
	Poor Eating Habits	15.76%	
	Poverty	16.67%	3.4%
	Public Safety		2.1%
	Societal Culture		1.0%
	Stress	14.67%	
	Substance Use		4.5%
	Tobacco Use/Smoking/Vaping	10.72%	
	Transportation	8.81%	12.7%
	Workforce Development		11.7%
	Other:		
	Other:		
	Other:		

7. Area Community Resources

Lynchburg Area Community Resources 2018	
Adult Protective Services Adult Protective Services -DSS	**Housing Weatherization/Rehabilitation** Central Virginia Alliance for Community Living (Senior) Lynchburg Community Action Group Interfaith Rebuilds
Budget & Credit Counseling Money Management International Clearpoint Credit Counseling Solutions	**Job Counseling, Training, & Placement** Career Support Systems Central VA Community College Goodwill Industries HumanKind Job Corps Virginia Jubilee Family Center Lynchburg Community Action Group Lynchburg Sheltered Industries Virginia Career Works Virginia Department of Rehabilitative Services Virginia Employment Commission
Child Care Financial Assistance Lynchburg Community Action Group Lynchburg Social Services	**Housing Weatherization/Rehabilitation** Central Virginia Alliance for Community Living (Senior) Lynchburg Community Action Group Interfaith Rebuilds
Child Care Resources & Referrals Human Kind/Presbyterian Homes 2-1-1 Virginia	**Job Counseling, Training, & Placement** Career Support Systems Central VA Community College Goodwill Industries HumanKind Job Corps Virginia Jubilee Family Center Lynchburg Community Action Group Lynchburg Sheltered Industries Virginia Career Works Virginia Department of Rehabilitative Services Virginia Employment Commission
Child/Infant Car Seats Lynchburg Police Department Lynchburg Health Department	**Legal Assistance** Virginia Lawyer Referral Virginia Legal Aid Society
Child Protective Services CASA – Lynchburg Child Protective Services-DSS	**Local Government/Tourist Information** Lynchburg Regional Business Alliance Lynch's Landing Lynchburg Municipal Government Offices Visitors' Information Center
Children & Family Recreation Lynchburg Parks & Recreation Department YMCA Boys & Girls Club of Greater Lynchburg	**Medical/Dental Assistance** Community Access Network FAMIS Free Clinic of Central Virginia James River Dental Clinic Johnson Health Center Lynchburg Health Department VA Medical Center
Commonwealth's Attorney	**Parenting Skills/Family Support/Mental Health** Anderson Counseling Bridges Residential Treatment Center Community Access Network Family Preservation Services Boys & Girls Club of Greater Lynchburg Horizon Behavioral Health Lynchburg City Schools Parent Center Lynchburg College Center for Family Education

	Madeline Centre Couples and Kids HumanKind Patrick Henry Family Services
Community Partnerships & Coalitions Bridges of Central Virginia Bridges to Progress Blue Ridge Re-entry Council Central Virginia Public Information Network Healthy Individuals through Prevention & Education (HIPE) Lynchburg Community Care Collaborative School Health Advisory Board Live Healthy Lynchburg Central Virginia Continuum of Care Lynchburg Housing Collaborative The Partnership for Healthy Communities	**Prescription Assistance** FamilyWize Discount Card Free Clinic of Central Virginia/MedsHelp
Community Foundations Centra Foundation Greater Lynchburg Community Trust United Way Lynchburg City Schools Foundation	**Public Safety/Disaster Relief** American Red Cross – Historic Virginia Chapter Lynchburg Emergency Communication Center Lynchburg Emergency Management Lynchburg Police Department
Crisis Sexual Assault Response Program Suicide Hotline Family Violence & Sexual Assault Hotline	**Re-entry/Returning Citizens** Lynchburg Community Action Group, Inc. Interfaith Outreach Association Virginia Career Works Blue Ridge Re-entry Council Virginia Dept of Corrections
Disability Services/Rehabilitation ARC of Central Virginia Lynchburg Area Center for Independent Living (LACIL) Lynchburg Sheltered Industries Otter River Resource Center RUSH Homes VA Department of Rehabilitative Services ADRC-Aging and Disability Resource Center Special Olympics	**Senior Services** Adult Care Center of Central Virginia Central Virginia Alliance for Community Living /ADRC Generation Solutions Home Instead Senior Care Westminster-Canterbury Meals on Wheels Dept. of Aging & Rehabilitative Services
Economic/Neighborhood Development **Citiz**ens for a Clean Lynchburg Office of Economic Development – City of Lynchburg (Opportunity Lynchburg) Lynchburg Community Planning/Development Lynchburg Small Business Development Lynchburg Regional Business Alliance SCORE	**Shelters/Transitional Housing** Homeless Intake (CHIA) Salvation Army Hand Up Lodge Miriam's House The Gateway YWCA Domestic Violence Shelter YWCA Residential Housing
Education ACE of Central Virginia Lynchburg City Schools Lynchburg Beacon of Hope LCS Empowerment Center at Boys & Girls Club LCS Education Foundation Partners in Education (PIE) Hutcherson Early Learning Program Laurel Regional School Rivermont School (Centra)	**Social Services (SNAP, TANF, Medicaid) Assistance** Departments of Social Services: Campbell County Amherst County City of Lynchburg Appomattox County Community Access Network
Emergency Financial Assistance Interfaith Outreach Association Lynchburg Community Action Group Salvation Army	**Substance Abuse Treatment/Transitional Housing** Horizon Behavioral Health Courtland Center

Lynchburg Social Services United Way of Central Virginia	Pathways The Gateway Elim Home Oxford House Our Father's House The Haven UP Foundation Celebrate Recovery Roads to Recovery
Food/Food Pantries Blue Ridge Area Food Bank Court St. Baptist Church Daily Bread (Soup Kitchen) FARRR Foundation (The Lighthouse) Fairview Christian Church (Food Pantry/Soup Kitchen) Fairview UMC Fellowship Church of Christ Immanuel Baptist Interfaith Outreach Ministries Love & Truth Community Church Lynchburg First Church of Nazarene Minerva Glass Community Service Center Park View Community Mission (Food Pantry/Soup Kitchen) Red Truck Food Ministry Shekijah Preparation Assembly Salvation Army Smyrna Seventh Day Adventist Church Timberlake UMC Virginia Cooperative Extension	**Transportation** Greater Lynchburg Transit Company Logisticare
Health Department **Central Virginia Health District** Lynchburg Health Department Amherst County Health Department Campbell County Health Department Bedford County Health Department Buena Vista/Rockbridge Health Department Appomattox County Health Department Nelson County Health Department **Danville/Pittsylvania Health District** Danville Health Department Pittsylvania County Health Department	**Unemployment Assistance** Virginia Employment Commission Virginia Career Works Career Support Systems
Housing College Hill Apartments Hillcrest Apartments (Seniors) James Crossing Apartments Jericho Outreach Ministries Lynchburg Covenant Fellowship Lynchburg Redevelopment and Housing Authority Millwoods Apartments McGurk House (Seniors) RUSH Homes The Meadows Apartments (Disabled) USDA Rural Development Wesley Apartments (Seniors)	**Veterans** Lynchburg Area Veterans Council Virginia Dept of Veterans Services