CENTRA


# LYNCHBURG-AREA
# Community Health Needs Assessment
# 2024–2027

**CITY OF LYNCHBURG AND AMHERST, APPOMATTOX, CAMPBELL AND PITTSYLVANIA COUNTIES**

www.CentraHealth.com/Community-Resources/Community-Health#CHNA

**Centra Lynchburg General Hospital | Centra Virginia Baptist Hospital**

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# ACKNOWLEDGEMENTS

# ACKNOWLEDGEMENTS

The 2024 Lynchburg Area Community Health Needs Assessment (CHNA) was the result of numerous hours of leadership and service by the following individuals, institutions, and partnerships.

| 2024 Lynchburg Area Community Health Assessment Team | | | |
|---|---|---|---|
| *Last Name* | *First Name* | *Organization* | *Area of Expertise* |
| **Anderson** | **Cali** | Central Virginia Health District | Public Health |
| **Ballagh** | **Tracey** | Rush Homes | Housing |
| **Blades** | **Shelley** | Lynchburg Grows | Non-profit Organization |
| **Blake** | **Todd** | Park View Community Mission | Non-profit Organization |
| **Bonnette** | **Amy** | Camp Kum Ba Yah | Non-profit Organization |
| **Bowman** | **Maria** | Blue Ridge Area Food Bank | Non-profit Organization |
| **Brebner** | **Alec** | Central Virginia Planning District Commission | Local Government |
| **Brown** | **Martha** | Lighthouse Community Center | Non-profit Organization |
| **Bryant** | **James** | Centra – Vice President Emergency Services | Healthcare |
| **Callaham** | **Veronica** | Lynchburg Area Center for Independent Living | Non-profit Organization |
| **Cassidy** | **Mike** | YMCA of Central Virginia | Non-profit Organization |
| **Chapman** | **Trish** | Westminster-Canterbury | Aging & Eldercare |
| **Childress** | **Alisha** | Freedom First Credit Union | Banking |
| **Chocklett** | **Erin** | Liberty University – Public & Community Health | Higher Education |
| **Coffey** | **Mike** | Centra – Process Engineering Corporate Director | Healthcare |
| **Coffman** | **Jessie** | Freedom First Credit Union | Banking |
| **Coleman** | **Stephanie** | YWCA of Central Virginia | Non-profit Organization |
| **Connelly** | **Carrington** | Harvest Outreach Center | Behavioral Health |
| **Corneal** | **Arnold** | Lynchburg City Schools | Public School System |
| **Creammer** | **Molleigh** | Centra – Pearson Cancer Center | Healthcare |
| **Damiani** | **Galyn** | Centra – Senior Director Service Line Strategy | Healthcare |
| **Davis** | **Januwaa** | Horizon Behavioral Health | Behavioral Health |
| **Delaney** | **Tom** | Centra Foundation | Philanthropy |
| **Dillon** | **Jeff** | Centra – Process Engineering | Healthcare |
| **Dixon** | **Claude** | Campbell County Economic Development | Economic Development |
| **Dixon** | **Tracey** | Lynchburg Daily Bread | Non-profit Organization |
| **Dyke-Harsley** | **Kimberly** | Johnson Health Center – Community Health Worker | Healthcare |
| **Esswein** | **Katie** | HumanKind | Non-profit Organization |
| **Farmer** | **Shawne** | Interfaith Outreach | Faith-based Organization |
| **Ferguson** | **Cindy** | University of Lynchburg | Higher Education |
| **Flores** | **Julie** | Centra – Southside Community Hospital (SCH) Spiritual Care & Interim Director | Healthcare |

| 2024 Lynchburg Area Community Health Assessment Team | | | |
|---|---|---|---|
| ***Last Name*** | ***First Name*** | ***Organization*** | ***Area of Expertise*** |
| **Foster** | **Kim** | Central Virginia Health District | Public Health |
| **Fowlkes** | **Takisha** | Red Hill – Patrick Henry National Memorial | Non-profit Organization |
| **Frischeisen** | **Rachel** | City of Lynchburg – City Planner | Local Government |
| **Gama** | **Ismael** | Centra – Vice President Behavioral Health Services | Healthcare |
| **Gateley** | **Kerry** | Central Virginia Health District | Public Health |
| **Gillette** | **Jodi** | Central Virginia Community College Education Foundation | Higher Education |
| **Golden** | **Wendy** | Meals on Wheels | Non-profit Organization |
| **Gonzales** | **Caesar** | Centra – Vice President Chief Medical Officer | Healthcare |
| **Grandstaff** | **David** | Johnson Health Center | Healthcare |
| **Graves** | **Kathy** | Centra – Community Benefits Committee | Healthcare |
| **Hall** | **Michelline** | Academy Center of the Arts | Arts & Culture |
| **Harris** | **Cassidy** | Liberty University – Public & Community Health | Higher Education |
| **Hayden** | **Maria** | The Motherhood Collective | Non-profit Organization |
| **Heck** | **Timothy** | Campbell County Department of Social Services | Department of Social Services |
| **Hinkley** | **Joel** | Lynchburg Police Department | Public Safety |
| **Horacek** | **Madison** | Central Virginia Health District | Public Health |
| **Johnson** | **Raven** | FIVE18 Family Services | Non-profit Organization |
| **Jordan** | **Allison** | IRON Lives | Non-profit Organization |
| **Joseph** | **Joyce** | Centra | Healthcare |
| **Kable** | **Lynn** | Amherst Glebe Arts Response | Arts & Culture |
| **Kain** | **Betty** | Diamond Hill Health and Wellness | Faith-based Organization |
| **Kennedy** | **Christine** | Lynchburg Regional Business Alliance | Public Service & Government Agency |
| **Kershner** | **Lauren** | Meals on Wheels | Non-profit Organization |
| **Kondzella** | **Elizabeth** | Lighthouse Community Center | Non-profit Organization |
| **Langlois** | **Courtney** | Lynchburg City Schools | Public School System |
| **Leger** | **Nick** | Lynchburg Police Department | Public Safety |
| **Lester** | **Charlotte** | City of Lynchburg – Neighborhood Planner | Local Government |
| **Lewis** | **Chris** | Centra – Senior Vice President Chief Clinical Officer | Healthcare |
| **Link** | **Brenna** | Pittsylvania-Danville Health District | Public Health |
| **Lucas** | **Danielle** | Tri-County Community Action Agency | Community Action Group |
| **Lucy** | **Christy** | Community Volunteer | Volunteer |
| **Lyttle** | **Tiffany** | Centra – Patient Education Coordinator | Healthcare |
| **Marshall** | **Nat** | BWXT | Business |
| **Massey** | **Neal** | No Walls Ministry | Faith-based Organization |
| **McKee** | **Michael** | Blue Ridge Area Food Bank | Non-profit Organization |

| 2024 Lynchburg Area Community Health Assessment Team | | | |
|---|---|---|---|
| ***Last Name*** | ***First Name*** | ***Organization*** | ***Area of Expertise*** |
| **Meador** | **Alisha** | City of Lynchburg – Economic Development | Economic Development |
| **Meador** | **Tracy** | FREE Foundation | Non-profit Organization |
| **Miller** | **Darren** | Centra | Healthcare |
| **Morrison-Shetlar** | **Alison** | University of Lynchburg – President | Higher Education |
| **Murphy-Anderson** | **Cheryl** | Central Virginia Alliance for Community Living | Aging & Eldercare |
| **O'Brien** | **Mark** | Gleaning for the World | Non-profit Organization |
| **Patterson** | **Shauntee** | Centra – Pearson Cancer Center | Healthcare |
| **Pavao** | **Adam** | Impact Living Services | Non-profit Organization |
| **Phelps** | **Joan** | United Way of Central Virginia | Philanthropy |
| **Pike** | **Carolann** | Central Virginia Health District | Public Health |
| **Poron** | **Amber** | Enroll Virginia/VA Poverty Law Inc. | Healthcare |
| **Price** | **Kim** | Centra – Women and Children's Services | Healthcare |
| **Price** | **Tonya** | University of Lynchburg | Higher Education |
| **Quarantotto** | **Sarah** | Miriam's House | Non-profit Organization |
| **Ramsey** | **Robin** | FREE Foundation | Non-profit Organization |
| **Rexrode** | **Lorna** | Court Appointed Special Advocates (CASA) | Non-profit Organization |
| **Reynolds** | **Katie** | Court Appointed Special Advocates (CASA) | Non-profit Organization |
| **Rezai** | **Nina** | Centra – Community Benefits Committee | Healthcare |
| **Richardson** | **Maggie** | The Health Collaborative | Coalition |
| **Roberts** | **Wren** | Centra – Senior Director Support Services Lynchburg General Hospital (LGH) Nutrition | Healthcare |
| **Robertson** | **Eric** | Roads to Recovery | Non-profit Organization |
| **Robertson** | **Paul** | Virginia Legal Aid Society | Legal Services |
| **Robey** | **Jeffrey** | Central Virginia Alliance for Community Living | Aging & Eldercare |
| **Robinson** | **Dianya** | YWCA of Central Virginia | Non-profit Organization |
| **Rosser** | **Tamara** | Lynchburg Community Action Group | Community Action Group |
| **Sajadian** | **Mort** | Amazement Square | Arts & Culture |
| **Sanford** | **Marianne** | Westminster-Canterbury | Aging & Eldercare |
| **Seavers** | **Leanne** | Centra – Pearson Cancer Center | Healthcare |
| **Sellers** | **Verna** | Centra – Community Benefits Committee | Healthcare |
| **Shabestar** | **Kris** | Meals On Wheels | Non-profit Organization |
| **Shelton** | **Cassandra** | Institute for Advanced Learning and Research (IALR) | Higher Education |
| **Smiley-Mason** | **Jeanell** | Gleaning for the World | Non-profit Organization |
| **Smith** | **Jeanell** | Virginia Cooperative Extension | Virginia Extension Services |
| **Smith** | **Stephany** | Johnson Health Center | Healthcare |
| **Snapp** | **Kara** | Blue Ridge Area Food Bank | Non-profit Organization |
| **Snow** | **Jeffrey** | Interfaith Outreach | Faith-based Organization |
| **Snyder** | **Dannie** | Virginia Cooperative Extension | Virginia Extension Services |

| 2024 Lynchburg Area Community Health Assessment Team | | | |
|---|---|---|---|
| ***Last Name*** | ***First Name*** | ***Organization*** | ***Area of Expertise*** |
| **Sorensen** | **Kim** | United Way of Central Virginia | Philanthropy |
| **Spillmann** | **Scott** | Pittsylvania-Danville Health District | Public Health |
| **Sprouse** | **Tabatha** | Centra – Ground Transport / Call Center | Healthcare |
| **Stokes** | **Zoe** | Lynchburg City Schools | Public School System |
| **Stronza** | **Allison** | Court Appointed Special Advocates (CASA) | Non-profit Organization |
| **Suess** | **Rosemary** | YMCA of Central Virginia | Non-profit Organization |
| **Svrcek** | **Bonnie** | Centra – Board of Directors | Healthcare |
| **Sweeney** | **Lori** | Westminster-Canterbury | Aging & Eldercare |
| **Taylor** | **Lisa** | Bank of the James | Banking |
| **Taylor Aguilera** | **Grace** | Girls on the Run of Central Virginia | Non-profit Organization |
| **Turner** | **Robin** | FREE Foundation | Non-profit Organization |
| **Upshur** | **Marjette** | City of Lynchburg – Economic Development | Economic Development |
| **Vail** | **Elizabeth** | American Heart Association | Non-profit Organization |
| **Waldron** | **Charity** | Virginia Amateur Sports | Non-profit Organization |
| **Warner** | **Sarah** | Lynchburg Department of Social Services | Department of Social Services |
| **Watkins** | **James** | N-Ward Solutions | Community Advocate |
| **Watson** | **April** | Lynchburg Department of Social Services | Department of Social Services |
| **Watts** | **Shannon** | Grant Writer | Grant Writer |
| **Webb** | **Jen** | Free Clinic of Central Virginia | Healthcare |
| **Wesley** | **Karen** | United Way of Central Virginia | Philanthropy |
| **West** | **Kristi** | Blue Ridge Area Food Bank | Non-profit Organization |
| **White** | **Mikayla** | Virginia Cooperative Extension | Virginia Extension Services |
| **Williams** | **Diane** | Virginia Amateur Sports | Non-profit Organization |
| **Williams-LaPrade** | **Kim** | Centra – Lynchburg Family Medicine Residency (LFMR) Clinical Social Worker | Healthcare |
| **Woodley** | **Kimberly** | Centra – PACE | Healthcare |
| **Woody** | **Dana** | Liberty University | Higher Education |
| **Yarzenbinski** | **Kathryn** | Greater Lynchburg Community Foundation | Philanthropy |
| **Zuidema** | **Ryan** | Lynchburg Police Department – Chief of Police | Public Safety |

| 2024 Centra CHNA Team | | |
|---|---|---|
| *Last Name* | *First Name* | *Role* |
| **Bennett** | **Mikayla** | Patient Experience Partner<br>Patient Experience |
| **Broocks** | **Carter** | Community Relations Program Manager<br>Marketing |
| **Bunting** | **Melinda** | Coordinator<br>Community Health Services |
| **Byrum** | **Lauren** | Communications & Public Relations Specialist<br>Marketing |
| **Cooke** | **Taylor** | Marketing Business Partner<br>Marketing |
| **Culbertson** | **Tab** | Lynchburg General Hospital/Virginia Baptist Hospital President<br>Lynchburg Acute Care (LAC) Hospital Administration |
| **Davis** | **Jaylin** | Administrative Senior Assistant<br>Community Health Services |
| **Dorcely** | **Lentz** | Corporate Director<br>Infection Prevention |
| **Gwynn** | **Emelyn** | Communications & Public Relations Specialist<br>Marketing |
| **Hunter** | **Coral** | Senior Director Nursing<br>LAC Nursing Administration |
| **Jack** | **Alex** | Community Health Worker<br>Community Health Services |
| **Jarrell** | **Joan** | Coordinator<br>Community Health Services |
| **Mabus** | **Abigail** | RN Admission Discharge & Transfer<br>Patient Education |
| **Rioux** | **Jade** | Coordinator<br>Community Health Services |
| **Smith** | **Cami** | Digital Marketing Specialist<br>Marketing |
| **Smith** | **Jacob** | Graphic Designer<br>Marketing |
| **Young** | **Patricia** | Vice President<br>Community Health Services |



| 2024 Virginia Department of Health | | |
|---|---|---|
| *Last Name* | *First Name* | *Role* |
| **Anderson** | **Cali** | Epidemiologist<br>Central Virginia Health District |
| **Currie** | **Sandie** | Program Administration/Outreach<br>Pittsylvania-Danville Health District |
| **Foster** | **Kim** | Population Health Manager/PIO<br>Central Virginia Health District |
| **Fowler** | **Wanda** | Population Health Coordinator<br>Pittsylvania-Danville Health District |
| **Gateley** | **Kerry** | Health District Director<br>Central Virginia Health District |
| **Harris** | **Megan** | Community Engagement Specialist<br>Central Virginia Health District |
| **Hemke** | **Jen** | Population Health Community Coordinator<br>Central Virginia Health District |
| **Horacek** | **Madison** | Population Health Community Coordinator<br>Central Virginia Health District |
| **Howard** | **Jacqueline** | Community Health Worker<br>Central Virginia Health District |
| **Link** | **Brenna** | Population Health Manager<br>Pittsylvania-Danville Health District |
| **Montesgaldamez** | **Jennyfer** | Community Health Worker<br>Pittsylvania-Danville Health District |
| **Pike** | **Carolann** | COVID Containment Operations Manager<br>Central Virginia Health District |
| **Price** | **Consuelo** | Program Coordinator/Outreach<br>Pittsylvania-Danville Health District |
| **Smith** | **Sophie** | Community Health Worker<br>Central Virginia Health District |
| **Spillmann** | **Scott** | Health District Director<br>Pittsylvania-Danville Health District |
| **Terry** | **Destanee** | Community Health Worker<br>Pittsylvania-Danville Health District |
| **Wooten** | **Billy** | Marketing Specialist<br>Pittsylvania-Danville Health District |

| 2024 Data Consultants | | |
|---|---|---|
| ***Last Name*** | ***First Name*** | ***Role*** |
| **Herrick** | **Jeffrey** | Executive Dean University Research Center University of Lynchburg |
| **Kurdi** | **Zakaria** | Associate Professor, Department Chair Computer Science University of Lynchburg |
| **Lewis** | **Ghislaine** | Associate Professor Communications University of Lynchburg |
| **Nye** | **Christopher** | Health Access Strategies |

| 2024 CHNA Publishing | | |
|---|---|---|
| ***Last Name*** | ***First Name*** | ***Role*** |
| **Goff** | **Ashley** | Project Manager, Blair Marketing |
| **Krisko** | **Kyle** | Art Director, Blair Marketing |
| **Smith** | **Kip** | Creative Director, Blair Marketing |

| 2024 Data Entry Team | | |
|---|---|---|
| ***Last Name*** | ***First Name*** | ***Role*** |
| **Basnet** | **Christina** | University of Lynchburg |
| **Chuchna** | **Francesca** | University of Lynchburg |
| **Davis** | **Jaylin** | Centra Community Health Services |
| **Dierro** | **Abiba** | University of Lynchburg |
| **Dulal** | **Yujan** | University of Lynchburg |
| **Fitzgerald** | **Shannon** | University of Lynchburg |
| **Geier** | **Lisa** | Medical Reserve Corps Volunteer |
| **Indelicato** | **Sara** | University of Lynchburg |
| **Lopez-Camacho** | **Jhadiel** | University of Lynchburg |
| **Rahman** | **Sameen** | University of Lynchburg |
| **Shams** | **Mir** | University of Lynchburg |
| **Snyder** | **Richie** | University of Lynchburg |
| **Stone** | **Jackson** | University of Lynchburg |
| **Tavernier** | **Zakiya** | Medical Reserve Corps Volunteer |
| **Walsh** | **Sophie** | University of Lynchburg |
| **Wise** | **Michael** | Medical Reserve Corps Volunteer |

# EXECUTIVE SUMMARY

# EXECUTIVE SUMMARY

Centra Health is pleased to provide the triennial 2024 Community Health Needs Assessment (CHNA) for Centra Hospital (Centra Lynchburg General and Virginia Baptist 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 health 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 Implementation Plans to address the prioritized needs identified as part of the assessment process. The Community Health Needs Assessment and Prioritization of Needs was approved by the Centra Community Benefit Committee on November 22, 2024, and the Centra Board of Directors on December 9, 2024.

The impact of the COVID-19 pandemic was a key component of the 2021 Community Health Needs Assessment. While the immediate crisis phase has passed, COVID-19's ripple effects continue to shape Virginia's public health landscape and policy priorities. Since 2022, the impact of COVID-19 on the health of Virginians has evolved significantly. While the severity of the illness has generally declined due to increased vaccination and the availability of effective treatments, COVID-19 continues to affect public health and social systems. Virginia experienced a reduction in severe cases and deaths compared to earlier years, largely attributed to widespread immunity from vaccination and previous infections. However, the virus still poses challenges, particularly for vulnerable populations such as the elderly and those with preexisting conditions.

The state's public health policy has transitioned from emergency measures to integrated management of COVID-19 alongside other respiratory illnesses like influenza. This includes continued vaccine availability, updated booster recommendations, and increased access to testing and treatment options. The Virginia Department of Health has also shifted towards tracking COVID-19 data through broader respiratory illness dashboards and wastewater surveillance to monitor trends.

The pandemic has also highlighted social determinants of health, with lasting impacts on mental health, educational attainment, and healthcare access. Virginia's response included increased support for mental health services, efforts to mitigate educational disruptions, and policies aimed at addressing disparities exposed by the pandemic. The state has adapted social policies, promoting telehealth and flexible work arrangements, which have had positive long-term effects on health equity and access.

In 2024, a Community Health Assessment Team (CHAT) composed of over 140 individuals with a broad representation of community leaders and cross-sector stakeholders acted to oversee, advise, and support the CHNA activities. On average, 72 individuals attended each of the four meetings conducted throughout the assessment. This team was committed to regional alignment of a collaborative and rigorous needs assessment process that result in action-oriented solutions to improve the health of the communities they serve. The Central Virginia and Pittsylvania/Danville Health Districts served as pivotal partners in 2024, participating in the planning of the CHNA as well as leading efforts in the collection of our primary data. In addition, the University of Lynchburg's Research Center team was engaged in the revisions and analysis of the primary data.

The 2024 Lynchburg Area Community Health Needs Assessment focused on lifting the voice of the community through the collection of 2577 Community Health Surveys as well as conducting a stakeholder focus group and 6 target population focus groups. In addition, over 75 sources of publicly 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. Until 2024, these rankings, released annually, measure the health of a community, and rank them against all other counties within a state. In Virginia, there are 133 localities that are ranked annually. The County Health Rankings for the Lynchburg service area for 2021-2023 are in the 2nd to 3rd quartile for "Health Outcomes", which is a measure of morbidity and mortality and how healthy a locality is today, and the 2nd to 4th quartile for "Health Factors", which represent the factors that influence the health of a community in the future.

## County Health Rankings

| Locality | 2021 | | 2022 | | 2023 | | 3 YR Change | |
|---|---|---|---|---|---|---|---|---|
| | Health Outcomes | Health Factors | Health Outcomes | Health Factors | Health Outcomes | Health Factors | Health Outcomes | Health Factors |
| **Amherst** | 55 | 70 | 65 | 65 | 64 | 69 | 9 | -1 |
| **Appomattox** | 75 | 86 | 72 | 79 | 76 | 75 | 1 | -11 |
| **Campbell** | 44 | 74 | 50 | 75 | 45 | 77 | 1 | 3 |
| **Pittsylvania** | 90 | 98 | 98 | 101 | 95 | 103 | 5 | 5 |
| **Lynchburg City** | 72 | 60 | 73 | 53 | 74 | 48 | 2 | -12 |

**Note:** "1" equals best; "133" equals worst. In Virginia, Health Outcome and Health Factor Ranks are by quartiles as follows 1st quartile (1 to 33); 2nd quartile (34 to 66); 3rd quartile (67 to 100); 4th quartile (101 to 133).

| |
|---|
| WORSE |
| BETTER |

**Change:** 'minus (-)' equals improving; 'plus (+)' equals worsening

In 2024, the County Health Rankings & Roadmaps introduced several key updates to enhance the assessment and comparison of health across U.S. counties. Notably, the changes include a shift from purely state-based comparisons to tools that allow for direct comparisons across all counties nationwide. This new approach aims to provide a more comprehensive understanding of health outcomes regardless of state boundaries. Counties are assigned composite scores for health outcomes and health factors that fall into (1 of 10) for health outcomes and/or (1 of 9) for health factors, grouping localities in terms of healthiest to least healthiest counties in the country. The lower the number, the healthier the locality. For health outcomes, communities ranked 1–5 are the healthiest, with those ranked 6–10 being the least healthy. For health factors, communities ranked 1–5 are the healthiest, while those ranked 6–9 are the least healthy.

The updated framework now emphasizes factors like housing affordability, income levels, educational attainment, and access to recreational spaces. Additionally, the data incorporates more nuanced racial and ethnic groupings, better reflecting diverse community identities based on updated census information. New visualization tools also help to present data on health outcomes (like life expectancy) and health determinants more clearly, aiming to support local and national initiatives for health equity.

The County Health Rankings for the Lynchburg Area for 2024 reveal distinct changes in which locality is considered healthier as compared to similar localities nationally. Based on these new metrics, Pittsylvania County is the healthiest locality for both "Health Outcomes" and "Health Factors". With the previous methodology, Pittsylvania County was the least healthy locality.

| *Health Outcomes* | | |
|---|---|---|
| *County* | *National Group Rank* | *Health Group Range* |
| **Pittsylvania** | 5 | 0.22 to 0.56 |
| **Lynchburg City** | 6 | -0.1 to 0.21 |
| **Amherst** | 6 | -0.1 to 0.21 |
| **Appomattox** | 7 | -0.4 to -0.11 |
| **Campbell** | 7 | -0.4 to -0.11 |

| *Health Factors* | | |
|---|---|---|
| *County* | *National Group Rank* | *Health Group Range* |
| **Pittsylvania** | 4 | 0 to 0.23 |
| **Appomattox** | 5 | -0.22 to 0 |
| **Amherst** | 5 | -0.22 to 0 |
| **Lynchburg City** | 6 | -0.44 to -0.22 |
| **Campbell** | 6 | -0.44 to -0.22 |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

Four major categories contribute to the Health Factors rankings for a community. Forty percent (40%) of these factors are impacted by social and economic factors; 30% by health behaviors; 20% by clinical care; and 10% by physical environment.

## Demographics, Social and Economic Status

According to the U.S. Census, the total population for the service area is 242,904 where 48.3% of the population is male and 51.9% is female. The median age for the service area is 41.3 years and ranges from 28.4 years in Lynchburg to 48 years in Pittsylvania County. The median age in Virginia is 38.7. Approximately 19.4% of the population is 65 years of age or older which is a slight increase since the 2021 needs assessment and slightly higher than those 65 years of age or older living in Virginia (16%). Approximately 73.5% of those living in the service area are White, 19.2% are Black, and 3.1% are Hispanic or Latino.

The median household income in the service area is $57,042 as compared to $85,873 in Virginia with whites and Hispanic populations having higher median household incomes than blacks. Approximately 34.3% of the population lives at or below 200% of the Federal Poverty Level as compared to 36.6% in Virginia. In Lynchburg, 38.1% and in Pittsylvania County 42% of the population live at or below 200% of the Federal Poverty Level. Additionally, approximately 36% of the 95,227 households in the service area are classified as ALICE (Asset Limited, Income Constrained, Employed) as compared to 29% of households in Virginia. ALICE is a way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic household needs (i.e., cost of living outpaces what they earn).

Of the public school-aged children in the service area, 86% (25,644) are eligible for free and reduced lunches as compared to 58.1 % of children in the Commonwealth. This is even more pronounced for children attending Lynchburg City Schools where 100% are eligible for free and reduced lunches due to the Community Eligibility Provision (CEP). The CEP in Virginia allows high-poverty schools to provide free breakfast and lunch to all students without collecting individual applications. Almost 1 in 5 children under 18 years of age (18.5%) live below the Federal Poverty Level in the Lynchburg service area as compared to 12.8% in Virginia. This is even more pronounced in Pittsylvania and Appomattox counties (23.3% and 22.4% respectively) and the city of Lynchburg (21.9%).

Although unemployment rates were decreasing in 2018 and 2019 across the Commonwealth, there was an almost doubling of these rates in 2020 because of the COVID-19 pandemic at 6.4% in the service area. However, these rates have slowly improved since the end of the pandemic with the service area rate at 3.5% in 2023 as compared to 2.9% in Virginia. Lynchburg City had the highest unemployment rate at 4.2% in 2023. In the service area, of the population age 25 and over, educational attainment is 11.5% for less than high school graduate; 34.5% for high school graduate or equivalent; 30.5% for some college or associate's degree; and 23.5% for bachelor's degree or higher. These statistics have improved slightly since they were last reported in the 2021 Community Health Needs Assessment.

Most 2024 Community Health Survey respondents (88%) lived in the Lynchburg Area. US Census data for the service area population was used as a comparison to determine whether there was a good representation of residents living in the region. More survey respondents lived in Lynchburg (50%) as compared to 33% of the service area population living in Lynchburg (US Census). Fewer respondents reported living in other localities as compared to the US Census statistics. Most notably, 4% of the respondents reported living in Pittsylvania County although the US Census reports that 25% of the service area population lives there. In 2024, 50% of respondents reported their age as 25-54 years and 42% reported their age as 55 and older. In comparison, the US Census reports that 34% of the service area population is aged 25-54 years and 33% of the population is aged 55 and older. In 2021, 40% of respondents were 25-34 years of age while the US Census reports that only 12% of the service area population is 25-34 years of age, which reflects a significantly younger demographic as compared to the 2024 respondents. In 2024, we saw a 50% decrease in the number of male respondents (21%) as compared to 42% of respondents in 2021. Conversely, 77% of respondents were female in 2024 as compared to 55% in 2021. More survey respondents were White (73%) and Black/African American (16%) as compared to 2021 respondents. Three percent (3%)

of respondents reported being Hispanic/Latino. The reported race/ethnicity of respondents aligned closely with US Census data for the service area. The shift in survey demographics in 2024 may be because there was still a "stay at home" mandate in 2021 when the previous survey was collected, and younger respondents may have been more likely to complete it while at home and not in the workforce.

Fewer survey respondents in 2024 (12%) reported an annual income of $20,000 or less per year as compared to 2021 (17%). In addition, there was a significant decrease in the number of respondents who reported incomes of $20,001 to $40,000 in 2024 (16%) as compared to 2021 (29%). This may reflect a decrease in the number of respondents who are ALICE (Asset Limited, Income Constrained, Employed). There was a marked increase in the number of those reporting household incomes of over $101,000 or more per year in 2024 (28%) as compared to 2021 (12%). Survey respondents continued to have higher education attainment rates with a spike in those reporting a Master/PhD degree in 2024 (23%) versus 2021 (12%). Over half in 2024 were employed full-time similar to 2021, while there was a 15% increase in those who reported being retired (22%), and 4% reported being unemployed in 2024 as compared to 7% in 2021. In 2024, 19% of respondents reported not having enough money in the past 12 months to pay for rent or mortgage while 24% reported not having enough money in the past 12 months to buy food, a decrease from 2021. Approximately 17% could not afford to pay for their medications in 2024 similar to 2021 responses.

There was a marked decrease in the number of respondents that reported being a victim of domestic violence or abuse in the past 12 months from 4% in 2024 as compared to 26% in 2021. Slightly fewer reported that they did not feel safe where they lived in 2024 (7%) as compared to 2021 (11%). When asked which social/support resources are hard to get in the community, the top 5 resources included (1) affordable/safe housing; (2) childcare; (3) healthy food; (4) rent/utilities assistance; and (5) transportation.

# Health Behaviors

According to County Health Rankings data, the obesity rate for the service area is 38% with the highest rates in Appomattox (40%) and Pittsylvania County (42%) while a greater proportion of adults in the service area population report no-leisure time physical activity (25%) as compared to 20% in the Commonwealth. More Lynchburg Area Community Health Survey respondents (34%) met physical activity guidelines of 150 minutes of aerobic activity weekly in 2024 as compared to 29% in 2021.

Approximately 40% of Community Health Survey respondents reported that their neighborhoods don't support physical activity (as compared to 19% in 2021) while 20% in 2024 reported that it is not easy to get affordable fresh fruits and vegetables in their neighborhoods (similar to 2021). There was a significant increase in the number of respondents who reported that they get their food from grocery stores (93% in 2024 compared to 47% in 2021) and take-out/fast food/ restaurants (41% in 2024 compared to 28% in 2021) and a decrease in those who reported using corner stores, Meals on Wheels and Back-pack or summer food programs. Additionally, many respondents did not meet the minimum requirements for daily fruit and vegetable consumption in 2024.

Data for the service area reveals that 16% of adults binge or drink heavily (18% in Virginia) while 18% are current tobacco smokers (13% in Virginia). In 2024, 10% of Community Health Survey respondents reported using tobacco products and 12% reported binge drinking during one occasion in the past month, a significant decrease compared to responses in 2021 (33% and 28% respectively). There was a significant decrease in the number who reported taking prescription drugs to get high (1% in 2024 compared to 14% in 2021); while 6% used marijuana and 1% used other illicit drugs in the past month in 2024 (compared to 10% and 3% respectively in 2021).

Since 2021, the opioid epidemic in Virginia has remained a severe public health crisis. Opioid-related deaths continue to be alarmingly high, driven largely by fentanyl or analogs. In 2022, the opioid-related death rate in Virginia was approximately 26 per 100,000 residents. Opioid overdose death rates in the Lynchburg service area were 18.9 per 100,000 representing a change of 11.3 per 100,000 from 2018 to 2022. The highest number of deaths occurred in the city of Lynchburg (29.4 per 100,000) and Appomattox County (24.9 per 100,000) in 2022.

In 2022, diagnoses rates for Chlamydia and Gonorrhea, both sexually transmitted illnesses, were 388.58 per 100,000 and 110.32 per 100,000 as compared to rates of 593.1 per 100,000 and 155.7 per 100,000 in Virginia respectively. The 3-year average rates of newly diagnosed cases of HIV were higher in the service area (11.1 per 100,000) compared to Virginia (9.7 per 100,000). The rate was highest in the city of Lynchburg at 19.0 per 100,000.

# Clinical Care

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

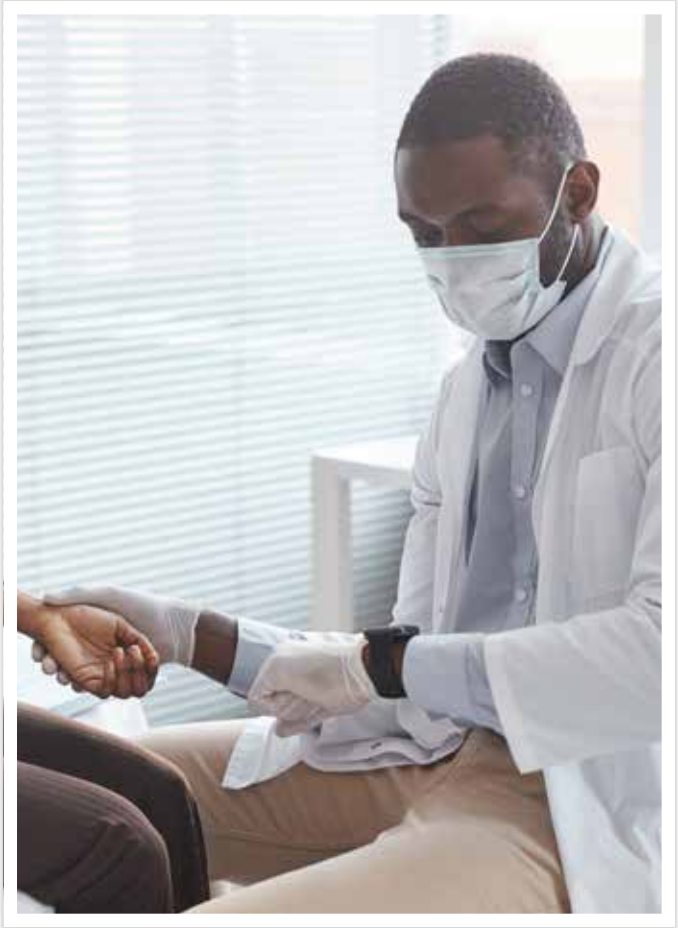
Over 93% of Community Health Survey respondents reported using medical services. Of those who use medical services, 51% reported "Centra Medical Group" as their top choice for care while there was an increase in the use of Urgent Care (45%), Doctor's Office (43%), Central Virginia Family Physicians (36%) and Emergency Rooms (27%), and telehealth (17%). There was a slight decrease in the utilization of Free Clinics, Federally Qualified Health Centers (FQHC) and Health Departments as compared to 2021 survey responses.

Respondents reported a slight increase in utilization of dental services from 81% in 2021 to 88% in 2024. Of those who use dental services, 72% reported having a dental exam within the past 12 months, an increase from 40% in 2021. More used a Dentist Office (93%) and fewer used the Free Clinic, FQHC's, Emergency Room and Urgent Care for dental care as compared to respondents in 2021.

The number of respondents indicating that they use mental health, alcohol or drug abuse services decreased from 47% in 2021 to 25% in 2024. Approximately 64% who did utilize these services used Doctor/Counselor's office for care and 20% used online, telehealth, or virtual visits for their care while the use of FQHC's, Free Clinics, the Emergency Room, Veterans Administration Medical Center declined. The use of the area Community Services Board remained the same at 11% in 2024.

Insurance status reported by 2024 survey respondents, included 54% with Employer provided insurance (46% in 2021), 30% with dental insurance (25% in 2021), 27% with Medicare (25% in 2021) and 14% with Medicaid (16% in 2021). Three percent (3%) of respondents reported having no health insurance (4% in 2021). In comparison, according to the County Health Rankings in 2024, 10.4% of adults under age 65 in the service area are uninsured compared to 9% in Virginia. Additionally, the US Census reports that 8.3% of those living in the service area have Medicare, 11.4% have Medicaid, and 65.8% are privately insured.

When asked which healthcare services are hard to get in the community, survey respondents reported (1) mental health/counseling; (2) primary care provider; (3) adult dental care; (4) urgent care and walk-in clinic; (5) emergency department care. When asked what prevents them from being healthy, survey respondents reported (1) long waits for appointments; (2) cost; (3) lack of doctors/dentists accepting new patients; (4) lack of evening and weekend services; and (5) high co-pay for healthcare.



# 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. Data for the service area reveals that 11% of households have severe housing problems with the largest number in the city of Lynchburg (15%). 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 at a segregation index of 46 as compared to 51 in Virginia.

Community Health Survey respondents were asked where they sleep most often. In 2024, 92% of respondents slept most often in their own homes, an increase of 30% from 2021. There was a significant decrease in the percent of respondents who reported staying with friends or family because of financial issues, in a shelter or transitional home, or in a group home/ treatment program as compared to respondents in 2021.

Approximately 95% of respondents in 2024 indicated that they had access to reliable transportation compared to 89% in 2021. When asked what type of transportation they use most often, 81% indicated that they drove (30% increase from 2021), biked/walked (4%); relied on others to drive them (8%) or used public transit (3%).

Since the onset of the COVID-19 pandemic, Virginia has significantly accelerated efforts to expand broadband access, recognizing its essential role in education, telehealth, and economic activities. Virginia aims to achieve universal broadband coverage using public and private sources including federal COVID relief funds. According to County Health Rankings, 81% of households in the Lynchburg Area have broadband internet connection for the years 2018-2022 as compared to 89% in Virginia.

# Health Outcomes

Health Outcomes rankings are determined by length of life and quality of life measures and reflect the physical and mental well-being of residents within a community.

## Length of Life

In the service area, the life expectancy by average number of years lived is 76.1 years as compared to 78.1 in Virginia. The lowest life expectancy rates are in Lynchburg (74.1 years) and Pittsylvania County (75.3 years). Disparities can be found with lower life expectancy for blacks living in the service area (74.7 years). The premature death rate per 100,000 population for the service area is 441.5 as compared to 361.9 in Virginia with the highest rates in Lynchburg (541.4) and Pittsylvania County (480.5). Again, these rates are higher for blacks living in the service area (503.4 per 100,000). In the service area, death rates are higher for overall deaths; deaths due to injury; stroke; heart disease; and hypertension. Service area death rates for heart disease and stroke were higher especially in blacks compared to whites. Overall cancer incidence rates are higher for lung, colon and rectal cancers as compared to rates in Virginia while cancer incidence rates are higher for blacks in the service area for all cancers, prostate, breast, lung, and colon and rectal cancers.

Suicide rates in the service area per 100,000 population are higher (18.5) than the overall state rate (13.4) with the highest rates in Amherst (20.6), Appomattox (20.6) and Pittsylvania County (23.2).

## Quality of Life

Low birth weights by percent of total live births on average were slightly higher in the service area (8.8%) as compared to the Commonwealth (8.3%). Racial disparities exist however for black and "other" races where low birth weight percentages are significantly higher than percentages for whites. These disparities are also evident for teen birth rates where the service area rate (number of births per 1,000 female population ages 15-19) is higher (18 per 1,000) compared to the rate in Virginia (13 per 1,000). These rates are even more pronounced for black teens at 25 per 1,000 births.

In 2024, when thinking about their health in the past month, 42% of survey respondents reported that their physical health was not good for 1 to 13 days and 11% reported their physical health was not good for 14 to 30 days. When thinking about their mental health in the past month, 38% reported their mental health was not good for 1 to 13 days and 12% reported their mental health was not good for 14 to 30 days. Secondary data for the service area revealed that persons reporting the average number of physically unhealthy days (4.0) and average number of poor mental health days (5.2) in the past month was higher for the service area as compared to Virginia (3.2 and 4.9).

Survey respondents diagnosed with a chronic condition reported having high blood pressure, obesity/overweight, depression or anxiety, high cholesterol, and arthritis most frequently.

One Stakeholder and six Target Population focus group meetings were held in the Lynchburg Area. The Stakeholders' focus group meeting was held with 65 cross-sector non-profit organizations, service providers, business leaders, and local government officials. The Target Population focus group meetings were held with 47 residents who represented each county and Lynchburg city and various demographic characteristics (i.e. race/ethnicity, gender and age). Participants were asked questions regarding the needs in the community, resources available to address those needs (including any gaps in resources), and how we can work together to create healthier communities. Areas of need identified by both stakeholders and target populations included access to healthcare; mental health care and drug abuse treatment; transportation; and economic disparities. Additionally, stakeholders identified affordable housing, food insecurity and affordable childcare. The target population also focused on clinical care issues (cost of services, health education, chronic disease management, preventive care, recruiting providers to rural areas, language barriers and lack of trust in the healthcare system), eldercare, civic infrastructure in the areas where they live (i.e. sidewalks, water quality), affordable recreational opportunities, and teen pregnancy support.

# Community Need

The 2024 Community Health Survey respondents were asked what are the most important issues that affect health in our community by ranking both health factors and health conditions/ outcomes. The top 10 responses were as follows:

| | *Health Factors* | |
|---|---|---|
| 1 | **Access to affordable housing** | 55% |
| 2 | **Access to healthy foods** | 54% |
| 3 | **Alcohol and illegal drug use** | 53% |
| 4 | **Aging problems (support for older adults)** | 52% |
| 5 | **Poor eating habits** | 50% |
| 6 | **Lack of exercise (physical inactivity)** | 44% |
| 7 | **Distracted driving (cell phone use/texting and driving)** | 38% |
| 8 | **Homelessness** | 37% |
| 9 | **Tobacco use/ smoking/ vaping** | 33% |
| 10 | **Domestic violence** | 33% |

| | *Health Conditions or Outcomes* | |
|---|---|---|
| 1 | **Mental health problems** | 65% |
| 2 | **Overweight/obesity** | 63% |
| 3 | **Diabetes** | 60% |
| 4 | **Drug/ alcohol problems** | 55% |
| 5 | **Cancers** | 53% |
| 6 | **Heart disease and stroke** | 52% |
| 7 | **High blood pressure** | 52% |
| 8 | **Stress** | 48% |
| 9 | **Sedentary lifestyle (physical inactivity)** | 44% |
| 10 | **Alzheimer's/ Dementia** | 42% |

# *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 detailed "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**
    a. Q3A: What do you think are the most important issues that affect health in our community? (Health Factors) (n= 2216 survey respondents)
    b. Q3B: What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 2204 survey respondents)
    c. Q4: Which healthcare services are hard to get in our community? (n= 2202 respondents)
    d. Q5: Which social/support resources are hard to get in our community? (n= 2188 respondents)
    e. Q6: What keeps you from being healthy? (n=1945)
2. **Responses from the Stakeholders' & Target Population Focus Groups**
    a. Q1: Stakeholders - What are the top 5 greatest needs in the community(s) you serve? (n= 65 participants, 1 meeting conducted)
    b. Q1: Target Population - What are the top 5 greatest needs in your community(s) around health and wellness? (n=47 participants, 6 meetings conducted)

To develop a list of priority needs for 2024, the top 10 responses to the five survey questions (Q3A-Q6) were sorted in an Excel workbook along with the top 8 community needs identified by the Stakeholder Focus Group and the top 16 community needs identified by the 6 Target Population Focus Groups (Q1). In addition, the top 10 Priority Areas of Need for the Lynchburg Service Area in 2021 were included. Altogether there were 19 Areas of Need.

On September 26, 2024, an in-person CHAT meeting was held to prioritize the top 10 priority areas of need for the 2024 Lynchburg Area Community Health Needs Assessment. There were 65 in attendance and members were asked to rank the 19 Areas of Need from 1 to 10. The answer choice with the most responses had the largest weight and was ranked as #1 and the answer choice with the least responses had the smallest weight and was ranked as #19.

The top 10 priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment. At Centra, we view all these health factors through the lens of equity, inclusion, and diversity.

The following table presents the final Top 10 Priority Areas of Need for 2024 as compared to the priorities in 2021. New priority areas for 2024 include:

- **Coordination of Resources & Outreach**
- **Transportation**

## Lynchburg Area Top 10 Priority Areas of Need | *2021 and 2024 Compared*

| *Ranking* | *2021* | *2024* |
|---|---|---|
| 1 | **Access to healthcare services** | **Access to Healthcare Services** |
| 2 | **Mental Health and Substance Use Disorders & Access to Services** | **Mental Health and Substance Use Disorders & Access to Services** |
| 3 | **Issues Impacting Children & their Families:<br>Childcare<br>Child abuse/neglect** | **Food Insecurity and Nutrition** |
| 4 | **Poverty** | **Homelessness & Housing** |
| 5 | **Aging and Eldercare** | **Issues Impacting Children & their Families:<br>Child Abuse & Neglect<br>Childcare** |
| 6 | **Housing** | **Aging and Eldercare** |
| 7 | **Financial Stability** | **Coordination of Resources & Outreach** |
| 8 | **Chronic Disease** | **Chronic Disease** |
| 9 | **Food Insecurity and Nutrition** | **Transportation** |
| 10 | **Equity, Inclusion & Diversity** | **Financial Stability & Assistance** |

# PROJECT BACKGROUND

This section highlights Centra's services and programs, a project overview, and description of the service area, target population and methodology for the 2024 Lynchburg-Area Community Health Needs Assessment.

# PROJECT BACKGROUND

## *Organizational Overview*

Centra Health (Centra) is a regional nonprofit healthcare system based in Lynchburg, Virginia. With more than 7,500 employees, 550 employed providers and physicians and a medical staff of nearly 1,100 providing care in 50 locations, Centra serves over 500,000 people as the dominant provider of critical medical services in central and southern Virginia. Over the last three years, the system's net revenue grew from $1.2 billion in 2020 to $1.3 billion in 2023.

Centra was created in 1987 through the merger of Lynchburg General (LGH) and Virginia Baptist (VBH) Hospitals. In 2006, Southside Community Hospital (CSCH) in Farmville became a Centra affiliate. In 2014, Centra acquired full ownership of Bedford Memorial Hospital (BMH), in the town of Bedford, which is its fourth hospital. In addition to these flagship facilities, the system includes Centra Specialty Hospital, a long-term acute care hospital, a regional standalone emergency department, health and rehabilitation centers, a cancer center, a nursing school and sites and providers serving a geography of approximately 9,000 square miles. Centra services also include residential and outpatient mental health facilities, home health and hospice programs, mammography centers, a sleep disorders center and a center for wound care and hyperbaric medicine. Centra is home to the Central Virginia Center for Simulation and Virtual Learning, the only center in Virginia that offers a full range of simulation experiences. In October 2024, Centra welcomed Richard Tugman to the role of president and Chief Executive Officer.

***Centra Lynchburg General Hospital (LGH),*** a 358-bed facility, features ten operating rooms, eight medical-surgical units, four critical care units, three intermediate care units and a dedicated pediatric unit, making it the core provider of acute inpatient care in central Virginia. In addition to housing a cardiovascular pavilion, electrophysiology (EP) lab and the commonwealth's first Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) Unit for patients experiencing mental health crises, LGH is also a Level II Trauma Center and a Certified Thrombectomy-Capable Stroke Center (TSC), delivering emergency and critical care services to over 100,000 patients annually.

***Centra Virginia Baptist Hospital (VBH),*** a 161-bed facility located three miles from LGH, includes 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 acute rehabilitation, physical therapy and ambulatory surgery. VBH is home to a variety of specialty services, including the Breast Imaging Center, Sleep Disorders Center and the Center for Pain Management.

At the ***Alan B. Pearson Regional Cancer Center*** that opened in 2008, Centra caregivers treat a broad range of cancers, including lung, prostate, breast, brain, kidney, bladder, ovarian, lymphoma, leukemia, colon, uterine and rectal. The Cancer Center brings radiation and medical oncology together in one facility

for patient convenience. Centra's comprehensive cancer services and treatments range from the newest minimally invasive robotic surgery and Trilogy linear accelerator to chemotherapy; biological and targeted drug therapies; genetic testing; and clinical trials.

***Centra College*** offers four nursing programs: Registered Nurse to Bachelor of Science in Nursing (RN-BSN), Associate Degree in Nursing (ADN), Practical Nursing Program (PN) and Nurse Aide Education Program. The College incorporates the various aspects of the Professional Practice Model developed and implemented by Centra for the purpose of educating nursing students to provide safe, quality, patient-centered care based on best practices.

***Centra Heart and Vascular Institute (HVI)*** is home to many heart and vascular services. In addition to providing general cardiology care, HVI includes cardiothoracic surgery, vascular surgery, bariatrics, endocrinology and wound care specialties. They also offer advanced cardiac imaging and other diagnostic tests. HVI has locations throughout the Centra footprint including Lynchburg, Farmville, Gretna, Moneta, Bedford and Amherst.

***Centra Medical Group (CMG)*** is a network of local family practices, primary care providers and medical and surgical specialists. With almost 600 employed providers, specialists and surgeons covering the greater Lynchburg area and spanning from Danville to Farmville, Moneta and Bedford, CMG provides the community with primary care providers, cardiologists, cardiothoracic surgeons, gerontologists, neurosurgeons, physiatrists, psychiatrists, therapists and urologists. CMG-Lynchburg Family Medicine Residency is a training ground for future Family Physicians. Many of the physicians at the side hold academic appointments with the University of Virginia, Virginia Commonwealth University, Edward Via College of Osteopathic Medicine or Liberty University.

***The Centra Foundation*** was established in 1993 to develop and direct resources for the support of Centra. Over the past five years, on average the Centra Foundation contributed $4 million annually in support of Centra programs to help our regional not-for-profit healthcare system provide quality care and meet the critical healthcare needs of over 500,000 people in our local communities, regardless of ability to pay. The Centra Foundation has a net asset portfolio of $84 million and gifts in 2023 totaled $3.66 million.

***Centra's Community Health Services,*** formed in 2020, exists "to improve the health and quality of life for the communities we serve". This includes system-wide triennial Community Health Needs Assessments (CHNA) and Implementation Plans, community-based grants, and Community Benefit Reporting. From 2021-2023, Centra awarded over $3.8 million in community grants to our non-profit partners, addressing the CHNA priority needs in the community and projects of regional importance. In 2024, we anticipate awarding $1.5 million in grants. For more information, please visit https://www.centrahealth.com/community-resources/community-health to review the 2021-2023 Centra Community Benefit and Impact Report.

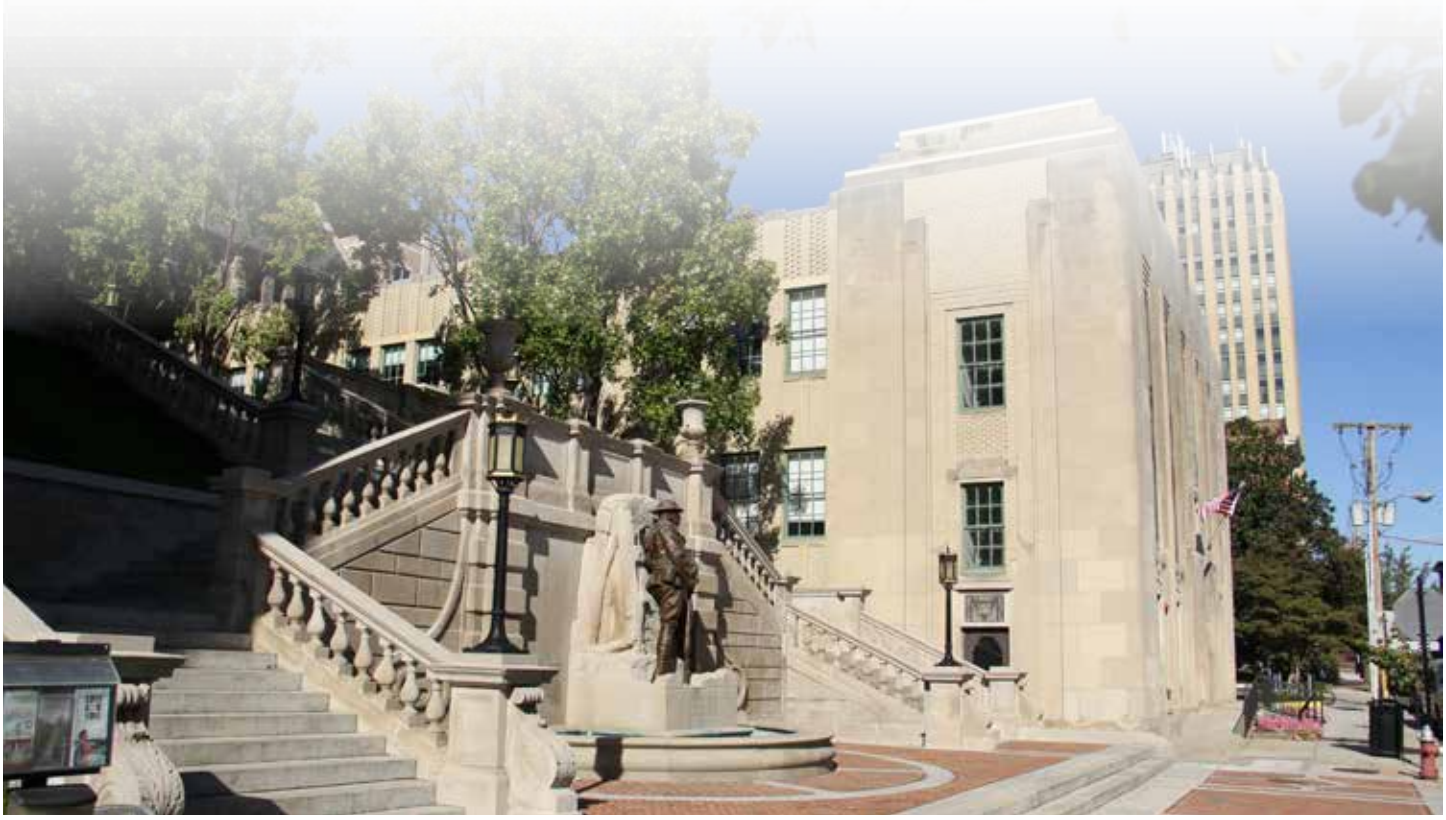
***Central Virginia Accountable Care Collaborative (CVACC),*** or Centra Alliance, which is an accountable care organization (ACO) was formed to collectively create processes and clinical initiatives that are designed to control costs, improve quality of care of the community and improve the patient experience. Centra will develop the expertise to manage risk as it transitions from a "volume to value" orientation and focuses on population health. Centra Alliance will further the adoption of new models of reimbursement, care management, electronic record integration, data analysis, and physician alignment to support high-quality, affordable care to the communities we serve.

# 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. Most importantly it is to support the system's "Just Cause" which is "partnering with you to live your best life." Centra's new Strategic Plan, launched in 2022, serves as our compass, guiding us toward the mission "to improve the health and quality of life for the communities we serve." Our vision is to "Pursue Excellence. Inspire Hope. Advance Health and Healing." Guided by the 2021 Community Health Needs Assessment (CHNA), the plan emphasizes Community Heath and Value-Based Care as one of 5 key pillars. The plan focuses on addressing local and regional health needs by fostering strategic partnerships, expanding access, and creating value to transform community health. Diversity, Equity, and Inclusion (DE&I) is embedded across all efforts, ensuring we meet the diverse needs of those we serve. Through collaboration with stakeholders, Centra remains committed to improving health and quality of life for all. For more information on Centra's Strategic Plan, please visit https://www.centrahealth.com/strategic-plan.

In addition, the CHNA and Implementation Plan is used to guide the actions of the Centra Board of Directors' Community Benefit Committee, which provides community-based grant and sponsorship funding to area non-profit organizations addressing prioritized needs identified through the triennial CHNA. 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 Service as documented annually in Centra's Form 990- Schedule H.



# Project Overview

Social Determinants of Health (SDOH) are non-medical factors that influence health outcomes, including the environments in which people are born, grow up, work, live, and age. These factors include:

- **Economic stability**
- **Education and employment access**
- **Neighborhood and physical environment**
- **Social connectedness**
- **Access to quality healthcare**

These conditions together shape the well-being and quality of life of individuals and communities while contributing to major health disparities. For instance, individuals in neighborhoods with limited access to nutritious food or safe recreational spaces are more likely to experience chronic diseases such as obesity and diabetes. Conversely, environments that promote physical activity, such as those with bike lanes and parks, encourage healthier lifestyles and reduce risks of illness.

Marginalized groups, such as those in low-income or rural areas, often face systemic barriers to these determinants, resulting in poorer outcomes and shorter life expectancies. Addressing these disparities requires collaboration between public health organizations and partners in sectors like education, transportation, and housing to enhance social supports, improve infrastructure, and ensure equitable access to essential resources.

*Source: Centers for Disease Control and Prevention (CDC) – Social Determinants of Health: Know What Affects Health. https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease/index.html*
*Data Retrieved: 11/15/2024*

*Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries*
*Data Retrieved: 11/15/2024*

Hospitals and health systems play a vital role in serving their communities by addressing social needs, ensuring equitable access to care, improving population health outcomes, and "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 increasingly 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."

*Source: Center for Community Investment, Initiative for Responsible Investment, & Robert Wood Johnson Foundation. Improving Community Health by Strengthening Community Investment. https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf435716*
*Data Retrieved: 11/15/2024*

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. Overseen by the Public Health Accreditation Board, these processes are crucial for identifying and addressing health disparities across the state. A key initiative in this work is "Partnering for a Healthy Virginia," launched in 2018. This partnership, forged between the Virginia Department of Health (VDH) and the Virginia Hospital and Healthcare Association (VHHA), coordinates efforts of hospitals, local health departments, and community stakeholders to enhance population health through shared resources, technical support, and best practices and address community health improvement.

The COVID-19 pandemic underscored the importance of leveraging data and building strong community partnerships to improve health outcomes. In response, in September 2022, VDH and VHHA launched the Virginia Community Health Improvement Data Portal, developed in partnership with the Center for Applied Research and Engagement (CARES), to improve access to health data. The Virginia Community Health Improvement Data Portal is a tool that provides users with comprehensive information on the health status of their communities, from chronic disease to infant mortality.

*Source: Virginia Department of Health. https://www.vdh.virginia.gov/blog/2022/10/17/vdh-and-the-virginia-hospital-healthcare-association-launch-community-health-data-portal/; https://www.vdh.virginia.gov/community-health-assessments/*
*Data Retrieved: 11/15/2024*

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 act and develop goals and strategies

that can contribute to long-lasting social changes and positive health outcomes. Recognizing the importance of these collaborative efforts, Centra, local Health Districts, University of Lynchburg, and other community stakeholders partnered in 2024 to conduct Community Health Needs Assessments across Centra's service region.

***The Central Virginia Health District (CVHD)*** serves Lynchburg City and Amherst, Appomattox, Bedford, and Campbell counties. There is a health department in each locality with the mission to "nurture the community's wellbeing by practicing public health, meeting the needs of the present while planning for the future". CVHD's broad scope of services includes Nursing, WIC, Environmental Health, Infant & Toddler Connection, Population Health (community engagement, CHW's, PRS', public relations) , and Vital Records. Many programs and services take place in the community and in collaboration with partnering organizations. The addition of Community Health Workers over the past few years has enhanced targeted outreach and the ability to reach more community members who face disparities and inequities. CVHD will use the CHNA to develop a community health improvement plan that is data driven and will help guide their work over the next three years.

***The Pittsylvania-Danville Health District*** serves Pittsylvania County and Danville City with a population of approximately 101,400. The City of Danville is more of an urban area, while Pittsylvania County is very rural; Pittsylvania County is the largest county by landmass in the state of Virginia. The Health District offers a variety of services including vital records services; Women, Infants, and Children (WIC); family planning clinics; restaurant, campground, hotel, jail, pool, migrant labor camp, and summer camp inspections; onsite well and septic services; rabies investigations; infectious disease tracing; outreach; and vaccinations. The Health District plans on working with community partners, including The Health Collaborative, to evaluate the CHNA and the identified areas of focus with the goal of improving the overall health of the community. The Health Collaborative is a health focused working group consisting of members from various sectors in Pittsylvania, Danville, and Caswell, NC whose mission is to improve the health and wellbeing of the areas they serve.

Centra engaged with the ***University of Lynchburg Research Center (URC)*** to support and guide primary data collection for the Community Health Survey, Stakeholder Focus Groups, and Target Population Focus Groups, including analyzing the Bedford Area Community Health Survey and Focus Groups. Located in Lynchburg, Virginia, the University of Lynchburg, established in 1903, is a private institution known for its commitment to diversity, inclusivity, and academic excellence across undergraduate, graduate, and doctoral programs. The URC is a vital hub for research, fostering collaboration among faculty, students, and external partners to promote intellectual inquiry and community engagement. Its work aligns closely with the university's mission to support scholarly collaboration and address pressing community needs.

A ***Community Health Assessment Team (CHAT)*** with over 140 individuals and 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. On average, 72 individuals attended each of the four meetings conducted throughout the assessment. A list of these individuals is presented in the "Acknowledgements" section of this report.

CHNA activities began in September 2023 and concluded in late September 2024 with the Prioritization of Needs. A timeline and work plan were created for the 2024-2025 CHNA and Implementation Planning (IP) process for all Centra catchment areas. The work plan included primary data collection (Community Health Survey, Stakeholders' Focus Group, and Target Population Focus Groups) as well as secondary data collection. Due to the lifting of COVID-19 restrictions, we were able to host six target population focus group meetings for this CHNA, unlike in 2021 when these in-person meetings were not possible. This allowed us to engage more directly with the community and gather valuable input.

| *2024-2025 Lynchburg-Area CHNA & IP Activities* | *Date* |
|---|---|
| **Data Collection: Primary & Secondary Data** | September 2023 – April 2024 |
| **CHAT: Launch of CHNA activities** | January 25, 2024 |
| **CHAT: Stakeholder Focus Group Meeting** | April 26, 2024 |
| **CHAT: Presentation of Primary & Secondary Data** | August 22, 2024 |
| **CHAT: Prioritization of Needs** | September 26, 2024 |
| **Target Population Focus Groups** | March 2024 – May 2024 |
| **Approval by Community Benefit Committee**<br>**Presentation to Centra Executive Leadership**<br>**Approval by Centra Board of Directors** | November 22, 2024<br>December 4, 2024<br>December 9, 2024 |
| **Implementation Planning** | January 2025 – April 2025 |
| **Centra Board Approval of Implementation Plan** | By May 15, 2025 |

Centra Board of Directors, Community Benefit Committee, and Executive Leadership have been kept informed of the 2024 CHNA process through updates from the Community Benefit Chair and Vice President of Community Health.

The 2024 Lynchburg Area Community Health Needs Assessment (CHNA) and Prioritization of Needs (PON) was approved by the Centra Community Benefit Committee on November 22, 2024. This committee includes members of both the Centra Board of Directors and the Centra Foundation Board of Directors and provides oversight of the health system's community benefit activities. Final approval of the 2024 CHNA and PON by the Centra Board of Directors occurred on December 9, 2024. The Community Health Needs Assessment was made publicly available on the Centra website prior to December 31, 2024, and was widely shared with the Community Health Assessment Team and other key community stakeholders and leaders.

# Service Area

The service area for the 2024 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 Hospital (Lynchburg General, Virginia Baptist and Centra Specialty Hospitals) by zip code and locality for the years of 2021 – 2023.

*Source: Cerner EMR Data via Enterprise Data Warehouse*
*Data Retrieved: January 18, 2024*

The findings revealed:

## Discharge Summary by Zip Codes Representing 80% of Discharges

| Locality | # of Discharges | % of Total Discharges |
|---|---|---|
| **Amherst** | 36,996 | 12.78 |
| **Appomattox** | 10,758 | 3.72 |
| ***Bedford** | 24,688 | 8.53 |
| **Campbell** | 35,953 | 12.43 |
| **Pittsylvania** | 8,642 | 2.99 |
| **Lynchburg, City** | 117,439 | 40.61 |
| **Total** | 234,476 | 81.06 |

**Bedford and the town of Bedford will be included in the 2024 Centra Bedford Area 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 hiking in the Blue Ridge Mountains or on the Appalachian Trail; swimming and boating on Smith Mountain Lake, one of the country's largest man-made bodies of water; skiing at nearby Wintergreen Resort; or taking in a minor-league baseball game at the city-managed stadium. The region offers a blend of both rural and modern scenery, with its rich history and cultural vibrancy balanced by picturesque natural landscapes. Lynchburg serves as the urban hub of the region boasting a vibrant economy, nationally ranked public schools, and five public/private colleges and universities. 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. (https://www.lynchburgva.gov)

Pittsylvania County, the largest county in Virginia, spans 969 square miles and is in the south-central Piedmont Plateau region. The county features a blend of rural landscapes, rolling hills, and scenic waterways, including the Dan River and various reservoirs, which provide ample outdoor recreation such as fishing, boating, and hiking. It borders North Carolina and is adjacent to Danville, Virginia. The county seat, Chatham, is 140 miles from Richmond and 50 miles from Lynchburg. Like the Lynchburg region, Pittsylvania County is rich in outdoor opportunities, with numerous trails, rivers, and lakes, while also being steeped in historical significance (www.pittsylvaniacountyva.gov)

# 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).

# Methodology

The 2024 Lynchburg Area Community Health Needs Assessment (CHNA) "lifted the voice of the community" (primary data) and included a collection of over 75 sources of publicly available secondary data. In addition, information about existing community resources was gathered. Primary data included findings from a Community Health Survey, Stakeholders' Focus Group, and Target Population Focus Groups. Details on the specific methodology and findings of the primary and secondary data components are included in following sections of this assessment.

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

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

- **Length of Life** (Mortality)
- **Quality of Life** (Morbidity)

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

- **Social and Economic Factors**
  (accounts for 40% of what influences health)
- **Health Behaviors**
  (accounts for 30% of what influences health)
- **Clinical Care**
  (accounts for 20% of what influences health)
- **Physical Environment**
  (accounts for 10% of what influences health)

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

# PRIMARY DATA

Collection of primary data allows us to “lift the voice of the community” by engaging with vulnerable populations and cross-sector stakeholders who serve these populations. It is a key driver in the development of prioritized needs for each of Centra’s service regions. In 2024, a Community Health Survey, stakeholder focus groups, and target population focus groups provided primary data that was used for identification and prioritization of needs.

# COMMUNITY HEALTH SURVEY

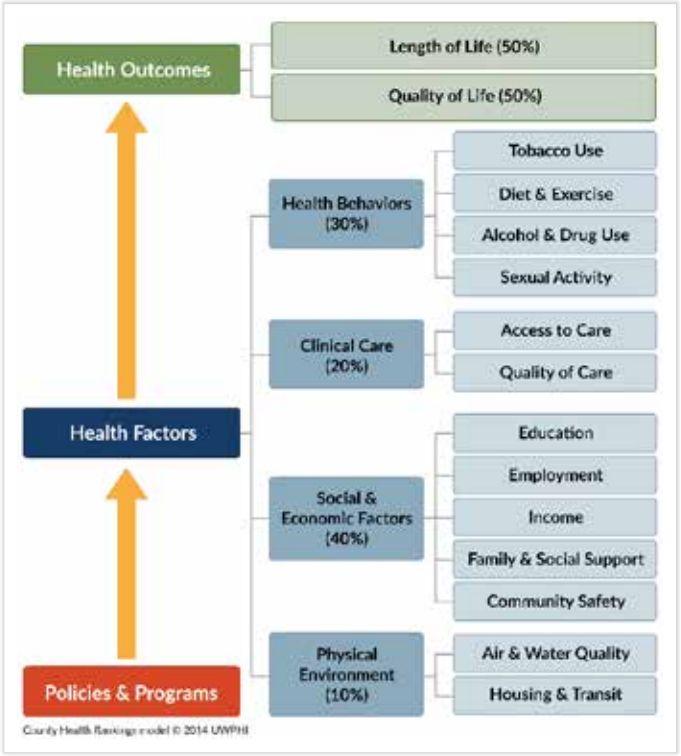
A Community Health Survey was administered to Lynchburg Area residents, 18 years of age and older, from February 1, 2024 to March 31, 2024. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment) and health outcomes (Length of Life and Quality of Life). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2030, and the Behavior Risk Factor Surveillance System so that local data can be compared to state and national data, benchmarks and targets. In 2024, Centra, local Health Districts, and the University of Lynchburg conducted comprehensive reviews and revisions of the survey questions to reduce bias and enhance accessibility. Key updates included adding more response options to questions related to health behaviors, health factors, health conditions, and available community services. Many of these response options align with those used by the CDC's National Health and Nutrition Examination Survey (NHANES). Additionally, the "gender" question was expanded to better reflect diverse identities, now including non-binary, transgender, and genderqueer options.

The Community Health Survey was administered both electronically through a publicly 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 to address possible technology barriers that impact our target populations (i.e. lack of broadband internet access, lack of access to smartphones, challenges related to usability). These issues are amplified for rural populations, where broadband access is often limited. Older adults and people with disabilities often struggle with internet access and usability due to limited digital literacy. Even when they have internet access, many lack the technical skills to navigate online platforms effectively. Additionally, concerns about online security and privacy further discourage these groups from engaging with digital services, especially those with low health literacy. Language barriers also affect non-native English speakers. In total, 2,577 surveys were collected, including 526 paper surveys (constituting 20% of responses), while 2,051 were completed electronically. All survey respondents were offered the opportunity to enter a raffle to win a $15 gift card if they completed the survey.

The survey link was advertised in local newspapers, on social media, on Centra's website, flyers, billboards, podcasts, and through a mass email to all Centra staff. 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.

This year's 2024 survey presented some challenges, including inconsistencies in how paper surveys were collected and instances where respondents selected multiple options on paper surveys when they were asked to "check one". Additionally, while 20% of responses were paper surveys, community outreach to our target populations was less than anticipated as evidenced by our survey respondents' demographic information. While our community partners who serve our target populations contributed to the distribution of paper surveys, the sampling underrepresented certain pockets of our target population. However, these insights offer valuable lessons for future improvements. For the 2027 Community Health Needs Assessment, we aim to strengthen outreach strategies to better reach our target populations and will work closely with key stakeholders for recommendations on improving survey collection. To reduce errors and speed up data analysis, we plan to collect all surveys electronically using a boots on the ground approach to sampling our target population. We also will continue to align survey questions with national databases like the U.S. Census, Virginia Vital Statistics, Centers for Disease Control and Prevention (CDC), National Health and Nutrition Examination Survey (NHANES), and Healthy People 2030. Additionally, we may consider streamlining the survey by reducing the number of questions to encourage higher completion rates.

The County Health Rankings Model was used as the framework to summarize the findings of the 2024 Lynchburg Community Health Survey that follow. This framework is based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

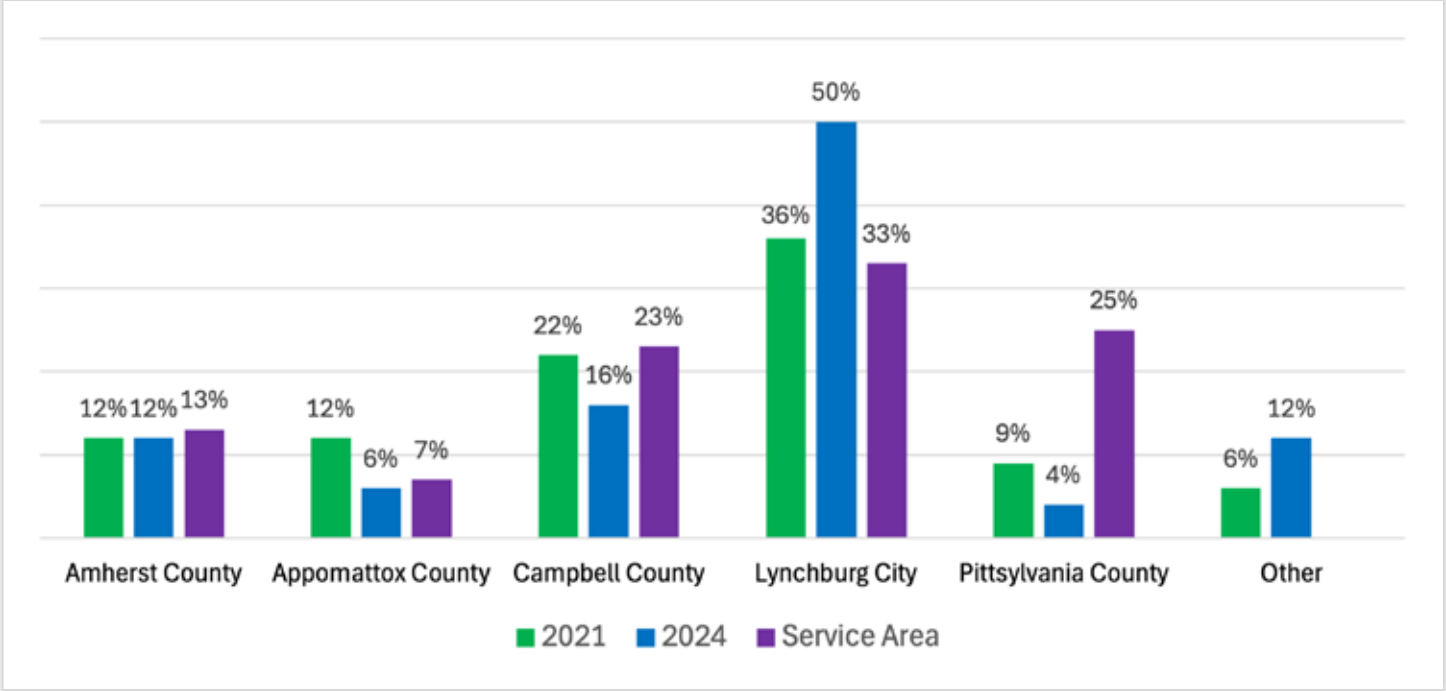



*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. Retrieved 10/30/24 www.countyhealthrankings.org*

# Demographic Profile of Respondents

The demographic profile of respondents compares trends from the 2021 and 2024 surveys, highlighting changes over time. U.S. Census data is also incorporated for the Lynchburg Service Area, which includes Lynchburg and nearby regions like Amherst, Appomattox, Campbell, and Pittsylvania counties. This broader data helps contextualize survey results, offering a clearer view of the population characteristics across the communities served.

## Where do you live?

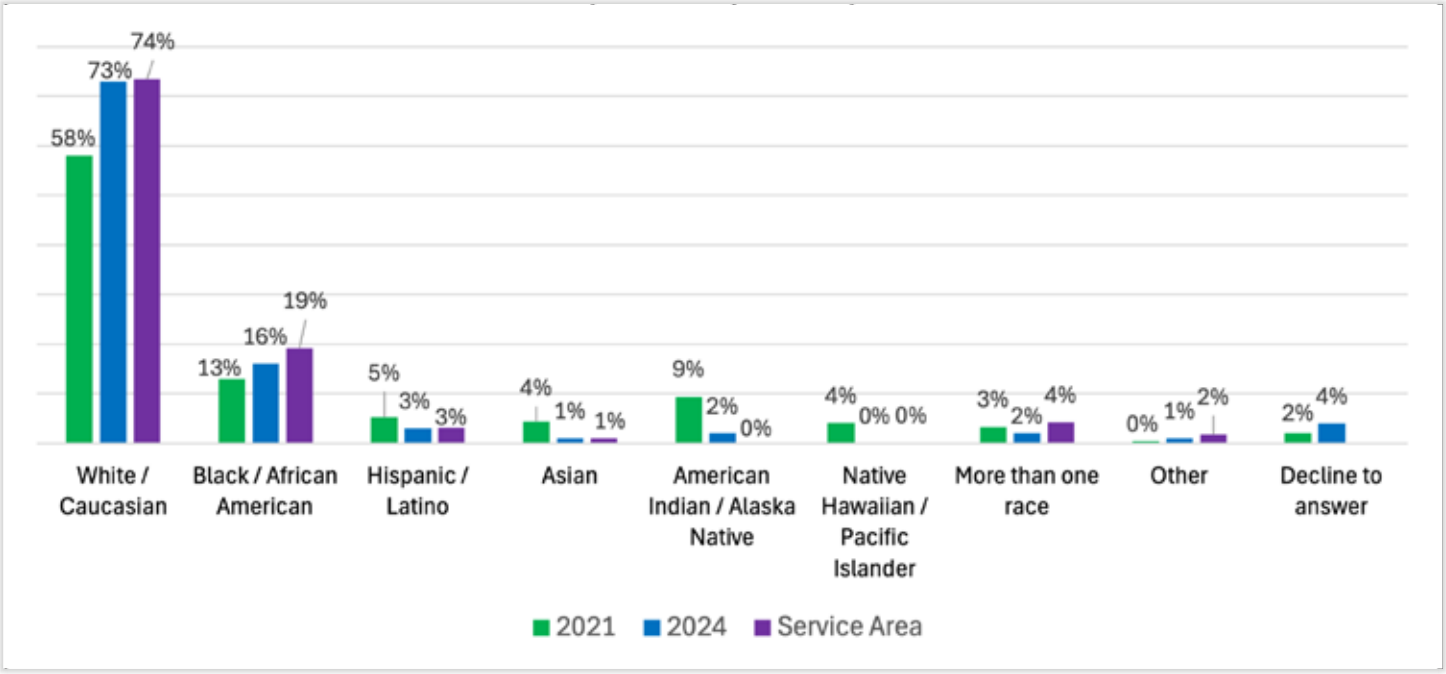



| Where do you live? | 2021 | 2024 | Service Area (U.S. Census) |
|---|---|---|---|
| **Amherst County** | 12% | 12% | 13% |
| **Appomattox County** | 12% | 6% | 7% |
| **Campbell County** | 22% | 16% | 23% |
| **Lynchburg City** | 36% | 50% | 33% |
| **Pittsylvania County** | 9% | 4% | 25% |
| **Other** | 6% | 12% | |
| **Total Answered** | 4,407 | 2,561 | |
| **Skipped** | 43 | 16 | |

*Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov 04/09/2024*

Most respondents were from the Service Area, with a notable increase in Lynchburg City respondents—from 36% in 2021 to 50% in 2024—despite Lynchburg making up just 33% of the area's population. Amherst County remained consistent for 2021 and 2024, with 12% of respondents. Appomattox and Campbell counties saw declines, with responses falling to 6% and 16%, respectively, in 2024. Pittsylvania County was significantly underrepresented, with only 4% of respondents, despite making up 25% of the Service Area population. Respondents from other localities made up 12% of the survey responses.

## What race/ethnicity do you identify with?




| *What race/ethnicity do you identify with?* | *2021* | *2024* | *Service Area (U.S. Census)* |
|---|---|---|---|
| **White / Caucasian** | 58% | 73% | 74% |
| **Black / African American** | 13% | 16% | 19% |
| **Hispanic / Latino** | 5% | 3% | 3% |
| **Asian** | 4% | 1% | 1% |
| **American Indian / Alaska Native** | 9% | 2% | 0% |
| **Native Hawaiian / Pacific Islander** | 4% | 0% | 0% |
| **More than one race** | 3% | 2% | 4% |
| **Other** | 0% | 1% | 2% |
| **Decline to Answer** | 2% | 4% | |
| **Total Answered** | 4,344 | 1,914 | |
| **Skipped** | 95 | 663 | |

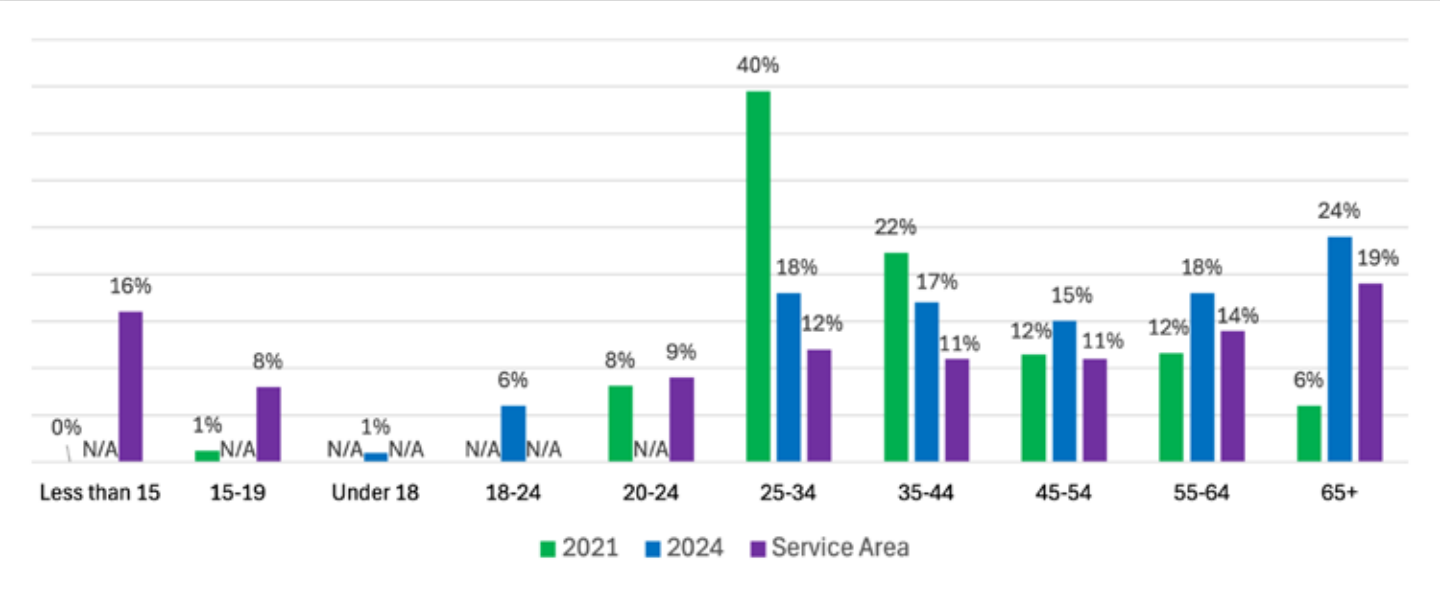
*Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov 04/09/2024*

In 2021, the population identifying as White/Caucasian was 58%, rising significantly to 73% in 2024. This aligns closely with the White population in the Service Area– 74% (U.S. Census). Respondents who indicated that they identify as Black/ African American has seen growth, from 13% in 2021 to 16% in 2024, although still under the 19% represented in the Service Area.

There has been a slight decline in the number of Hispanic/Latino respondents, going from 5% in 2021 to 3% in 2024. This aligns with the 3% in the Service Area, indicating stability within this demographic but a continued need for outreach to maintain or grow participation. In the Lynchburg Service Area, there was a small collection of Spanish surveys, which were not included in our analysis due to the small sampling size and risk of impacting confidentiality of respondents.

There was a significant drop in those reporting to be Asian (1%), American Indian/Alaska Native (2%), and Native Hawaiian/ Pacific Islander (0%) in 2024 as compared to 2021 (4%; 9%; and 4% respectively). Service Area population numbers for these groups were 1% Asian, 0% American Indian/Alaskan Native, and 0% for Native Hawaiian/Pacific Islander.

## What is your age?



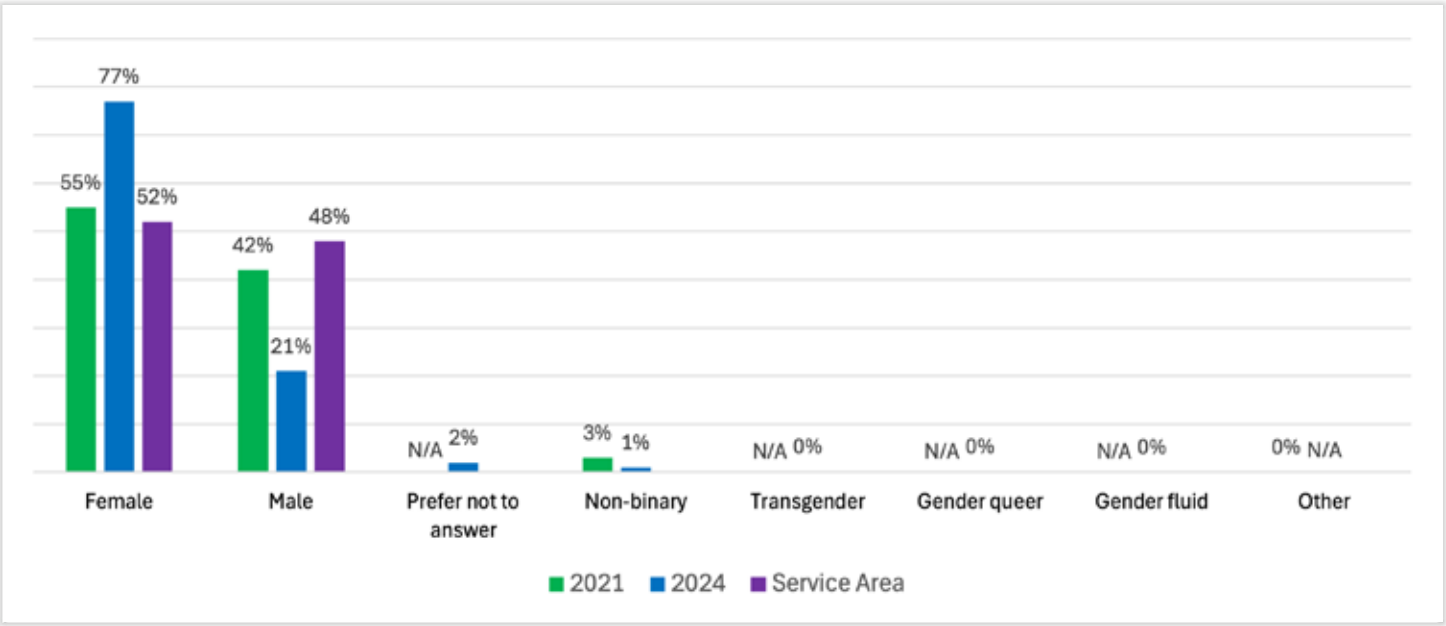

| What is your age? | 2021 | 2024 | Service Area (U.S. Census) |
|---|---|---|---|
| **Less than 15** | 0% | N/A | 16% |
| **15-19** | 1% | N/A | 8% |
| **Under 18** | N/A | 1% | N/A |
| **18-24** | N/A | 6% | N/A |
| **20-24** | 8% | N/A | 9% |
| **25-34** | 40% | 18% | 12% |
| **35-44** | 22% | 17% | 11% |
| **45-54** | 12% | 15% | 11% |
| **55-64** | 12% | 18% | 14% |
| **65+** | 6% | 24% | 19% |
| **Total Answered** | 3,996 | 2,566 | |
| **Skipped** | 337 | 11 | |

*Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov 04/09/2024*

The "N/A" values in the data reflect a change in how age groups were categorized, moving from an open-ended format to predefined single choices in the 2024 Community Health Needs Assessment. This shift may explain some of the gaps in data for younger populations.

The percentage of respondents aged 25 to 34 was the largest in 2021, at 40%. In 2024, it decreased to 18% but remains over-represented compared to the Service Area's 12%. Representation of respondents aged 45 to 54 remains relatively consistent between 2021 (12%) and 2024 (15%). Respondents aged 65 and older increased significantly, from 6% in 2021 to 24% in 2024. This is now slightly above the 19% representation in the Service Area, pointing to growing participation from senior citizens.

## What is your gender identity?



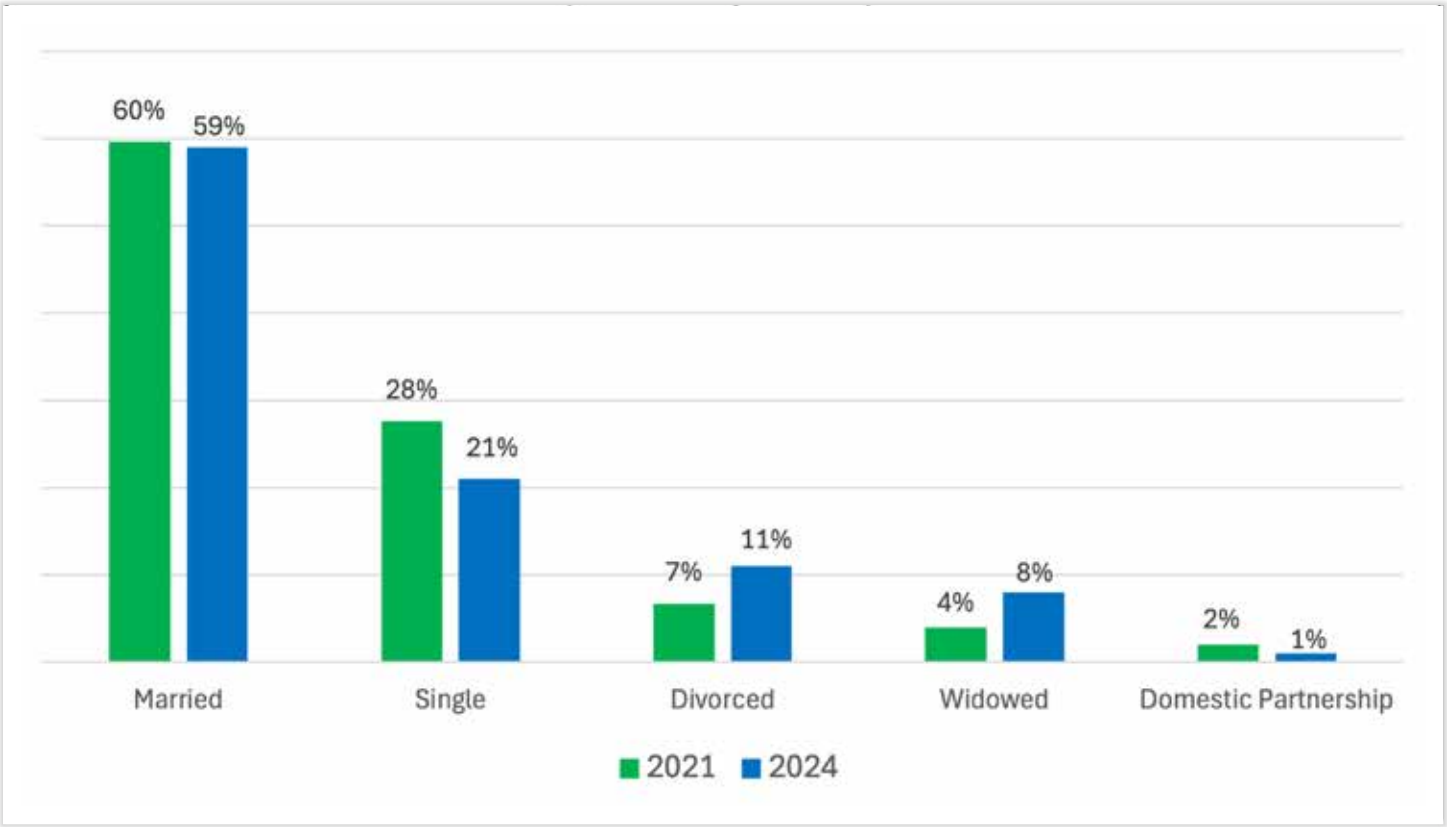

| *What is your gender identity?* | *2021* | *2024* | *Service Area (U.S. Census)* |
|---|---|---|---|
| **Female** | 55% | 77% | 52% |
| **Male** | 42% | 21% | 48% |
| **Prefer not to answer** | N/A | 2% | |
| **Non-binary** | 3% | 1% | |
| **Transgender** | N/A | 0% | |
| **Gender queer** | N/A | 0% | |
| **Gender fluid** | N/A | 0% | |
| **Other** | 0% | N/A | |
| **Total Answered** | 4,343 | 1,912 | |
| **Skipped** | 96 | 665 | |

*Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates. Retrieved from https://factfinder.census.gov 04/09/2024*

The percentage of female respondents increased significantly from 55% in 2021 to 77% in 2024, which is above the Service Area average of 52%. In 2021, 42% respondents identified as male. In 2024, this dropped to 21%, which is now notably lower than the 48% representation of males in the Service Area.

The introduction of new categories in 2024, including "Transgender (0%)" "Gender queer (0%)" and "Gender fluid (0%)" reflects a recognition of broader gender diversity. The sexual orientation & gender identity estimate in Virginia is 7.2% (Source: U.S. Census. Sexual Orientation and Gender Identity in the Household Plus Survey. Characteristics of the LGBTQ+ adult population. Retrieved 08/09/24, https://www.census.gov/quickfacts/).

## What is your marital status?




| *What is your marital status?* | *2021* | *2024* |
|---|---|---|
| **Married** | 60% | 59% |
| **Single** | 28% | 21% |
| **Divorced** | 7% | 11% |
| **Widowed** | 4% | 8% |
| **Domestic Partnership** | 2% | 1% |
| **Total Answered** | 4,330 | 1,916 |
| **Skipped** | 109 | 661 |

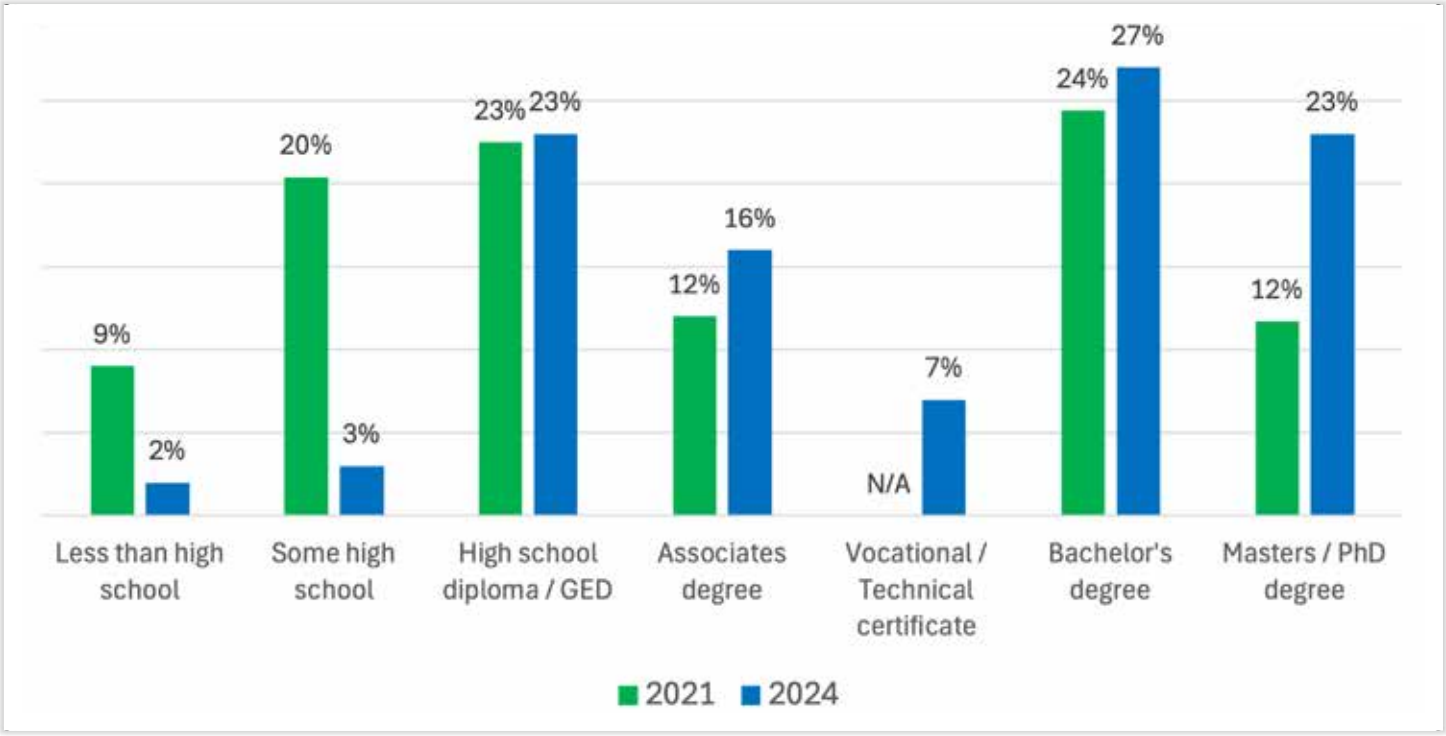
The percentage of persons responding that they were married in the 2024 Community Health Needs Assessment remained consistent with only a 1% decrease from the 2021 response (60%). Those indicating they were single decreased from 28% in 2021 to 21% in 2024. The percentage of divorced respondents increased from 7% in 2021 to 11% in 2024. The number of windowed respondents also increased to 8% of 2024 respondents from 4% of 2021 respondents.

# HEALTH FACTORS

## *Social and Economic Factors*

### EDUCATION

## What is your highest education level completed?



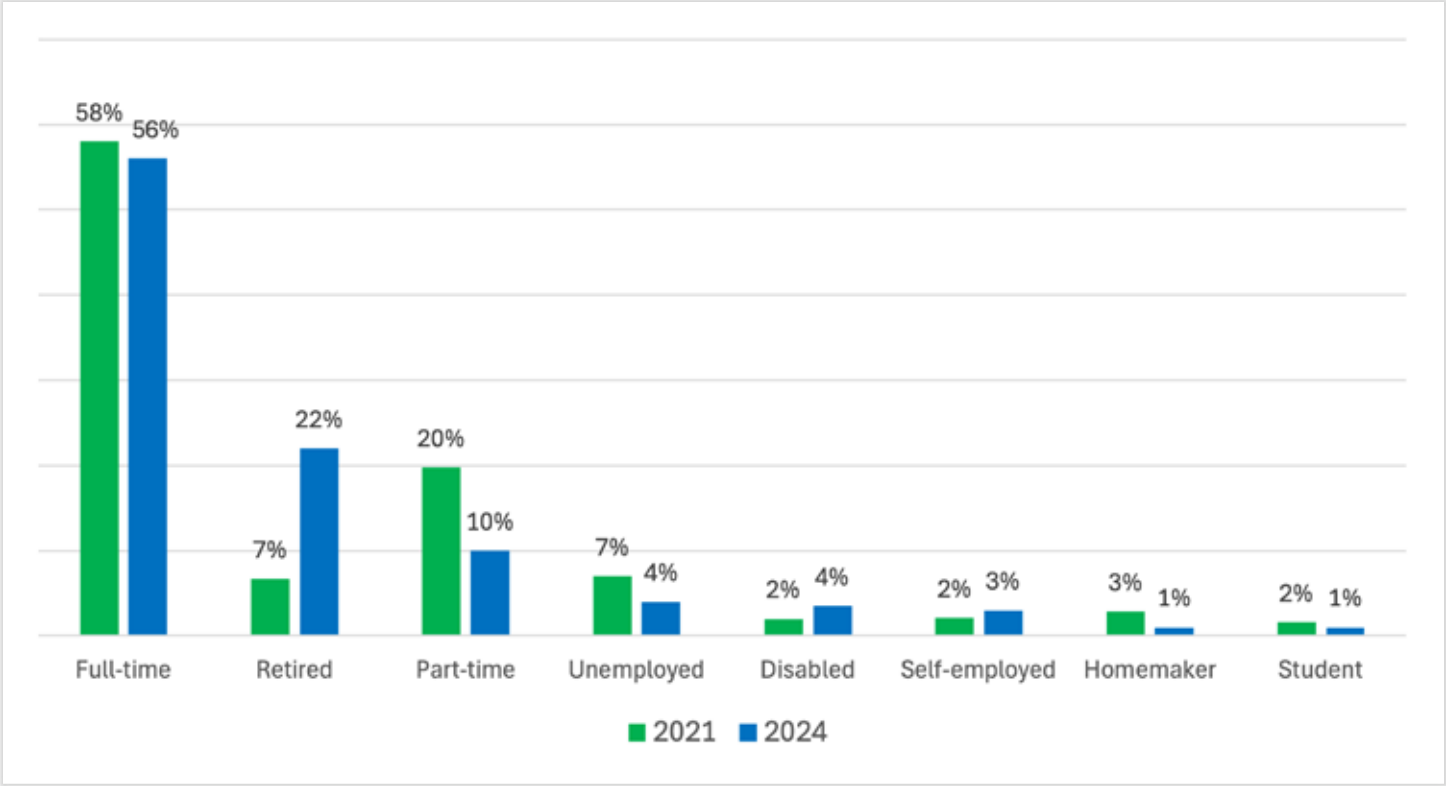

| *What is your highest education level completed?* | *2021* | *2024* |
|---|---|---|
| **Less than high school** | 9% | 2% |
| **Some high school** | 20% | 3% |
| **High school diploma / GED** | 23% | 23% |
| **Associates degree** | 12% | 16% |
| **Vocational / Technical certificate** | N/A | 7% |
| **Bachelor's degree** | 24% | 27% |
| **Masters / PhD degree** | 12% | 23% |
| **Total Answered** | 4,312 | 1,908 |
| **Skipped** | 127 | 669 |

In 2024, 2% of respondents reported having less than a high school diploma or GED, down from 9% in 2021. Those with some high school education dropped from 20% to 3%. The percentage of respondents with a high school diploma or GED stayed steady at 23%.

A new response option, vocational/technical certificates, was introduced in 2024, with 7% of respondents obtaining one, highlighting the growing value of non-traditional education. "Middle-skill jobs" (those requiring some education beyond high school but not a 4-year degree) make up 52% of the U.S. labor market (Source: National Skills Coalition, The Roadmap for Racial Equality, Retrieved 10/27/2024, https://nationalskillscoalition.org/wp-content/uploads/2020/12/Racial-Equity-Report_6x9_web.pdf).

The number of respondents with higher degrees (Associates to Master's or PhDs) increased, with the most significant jump among those holding a master's or PhD, rising from 12% in 2021 to 23% in 2024

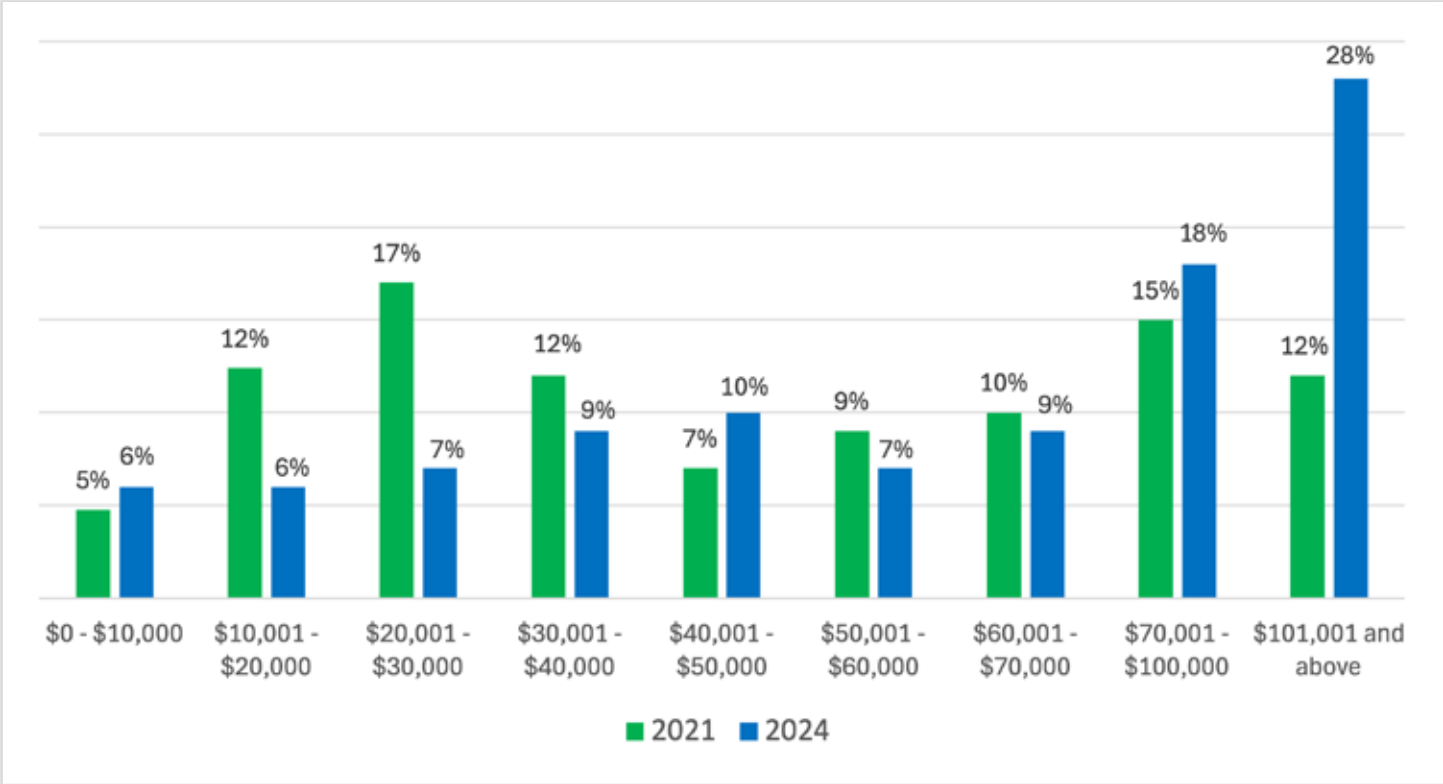
## What is your current employment status?




| *What is your current employment status?* | *2021* | *2024* |
|---|---|---|
| **Full-time** | 58% | 56% |
| **Retired** | 7% | 22% |
| **Part-time** | 20% | 10% |
| **Unemployed** | 7% | 4% |
| **Disabled** | 2% | 4% |
| **Self-employed** | 2% | 3% |
| **Homemaker** | 3% | 1% |
| **Student** | 2% | 1% |
| **Total Answered** | 4,307 | 1,856 |
| **Skipped** | 132 | 721 |

The rate of 2024 respondents employed full-time was consistent with 2021 respondents for this status (56% compared to 58%). The number of unemployed in 2024 (4%) reduced in number compared to 2021 (7%). The number of part-time employed respondents was 10% in 2024 compared to 20% in 2021, which could indicate a shift to full-time employment or retirement. The 2024 survey reflected a significant rise in retired respondents, increasing from 7% in 2021 to 22% in 2024.

## What is your yearly household income?



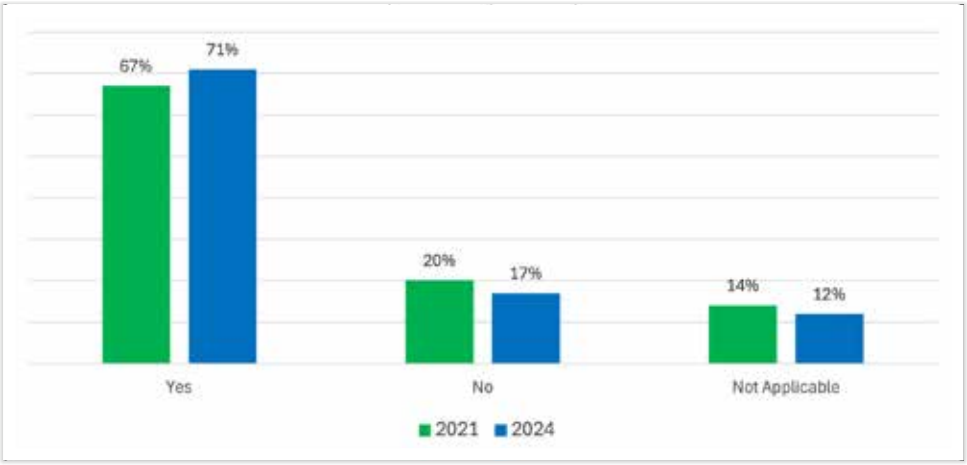

| *What is your yearly household income?* | *2021* | *2024* |
|---|---|---|
| **$0 - $10,000** | 5% | 6% |
| **$10,001 - $20,000** | 12% | 6% |
| **$20,001 - $30,000** | 17% | 7% |
| **$30,001 - $40,000** | 12% | 9% |
| **$40,001 - $50,000** | 7% | 10% |
| **$50,001 - $60,000** | 9% | 7% |
| **$60,001 - $70,000** | 10% | 9% |
| **$70,001 - $100,000** | 15% | 18% |
| **$101,001 and above** | 12% | 28% |
| **Total Answered** | 4,216 | 1,856 |
| **Skipped** | 223 | 721 |

Respondents in 2024 comprised a lower percentage of households from $20,001 to $40,000 (16%) than in 2021 (29%). The number of respondents with a household income of over $100,000 was significantly higher in 2024 (28%) than that of 2021 respondents (12%).

## AFFORDABILITY AND SAFETY

Respondents were asked about the affordability of medications, rent/mortgage, and food, as well as personal and community safety and social connectedness. In 2024, "not applicable" responses were factored into the analysis, and a new Likert scale question on social connectedness was added to the survey.

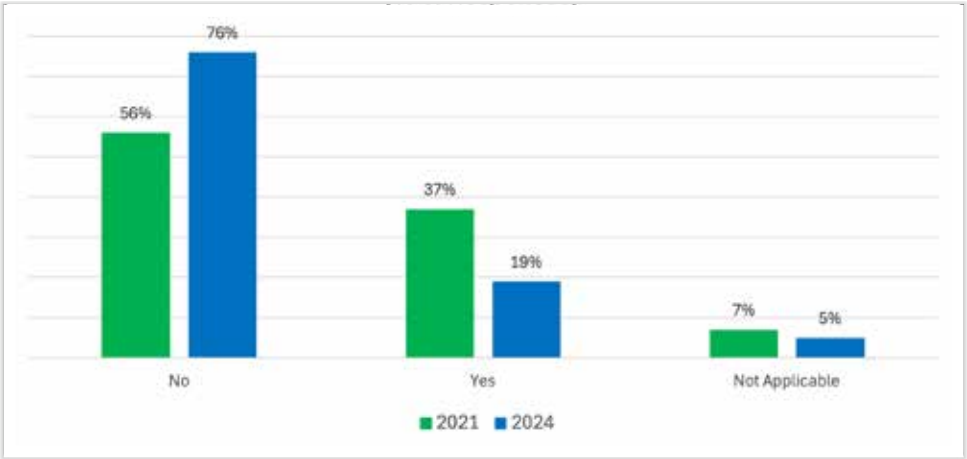
### I can afford the medicine needed for my health conditions.




| *I can afford the medicine needed for my health conditions.* | *2021* | *2024* |
|---|---|---|
| **Yes** | 67% | 71% |
| **No** | 20% | 17% |
| **Not Applicable** | 14% | 12% |
| **Total Answered** | 4,303 | 1,906 |
| **Skipped** | 136 | 671 |

The number of respondents indicating that they can afford the medicine needed for their health conditions increased from 67% in 2021 to 71% in 2024 while those reporting "no" in 2021 was 20% and 17% in 2024.

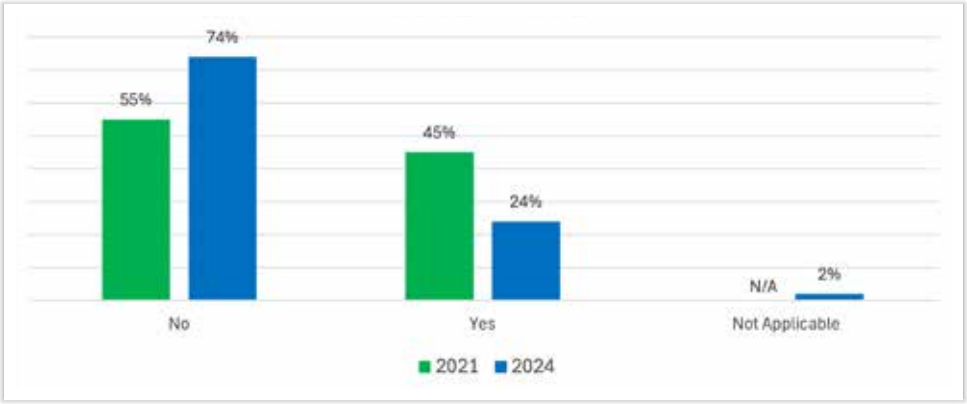
## Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?




| *Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?* | *2021* | *2024* |
|---|---|---|
| **No** | 56% | 76% |
| **Yes** | 37% | 19% |
| **Not Applicable** | 7% | 5% |
| **Total Answered** | 4,319 | 1,927 |
| **Skipped** | 120 | 650 |

In 2024, the percentage of respondents who reported not having enough money to pay rent or mortgage dropped to 19%, down from 37% in 2021. Conversely, those who answered "no" increased to 76% in 2024, compared to 56% in 2021.

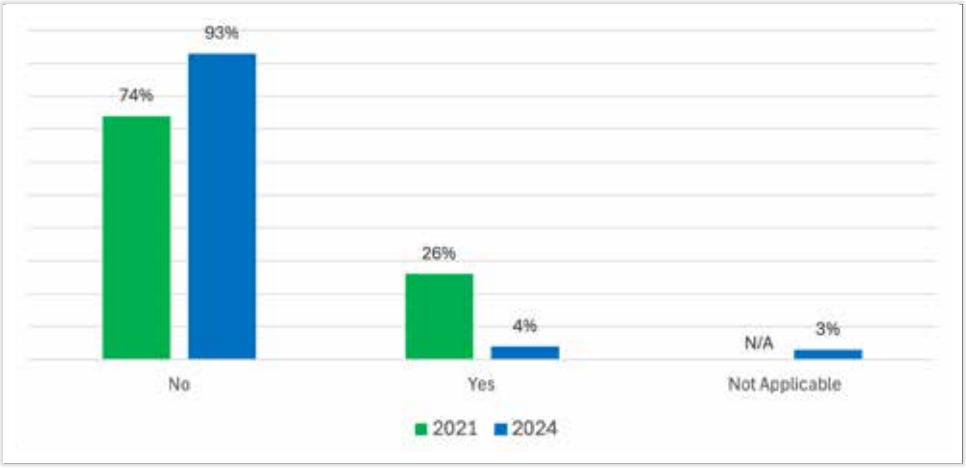
## Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?




| *Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?* | *2021* | *2024* |
|---|---|---|
| **No** | 55% | 74% |
| **Yes** | 45% | 24% |
| **Not Applicable** | N/A | 2% |
| **Total Answered** | 4,323 | 1,928 |
| **Skipped** | 116 | 649 |

The number of respondents who indicated that there had been times when they did not have enough money to buy the food they or their family needed decreased from 2021 (45%) to 2024 (24%). Those who answered "no" increased to 74% in 2024, compared to 55% in 2021.

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

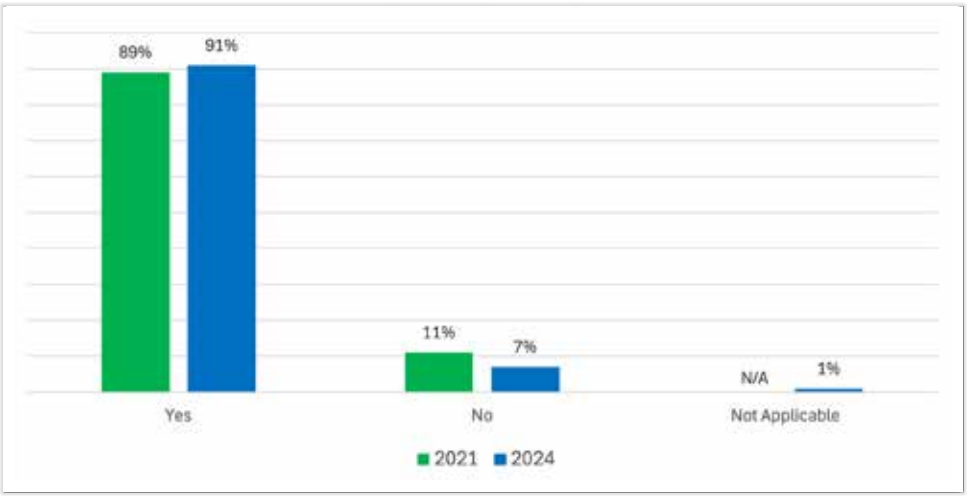



| *I have been a victim of domestic violence or abuse in the past 12 months.* | *2021* | *2024* |
|---|---|---|
| **No** | 74% | 93% |
| **Yes** | 26% | 4% |
| **Not Applicable** | N/A | 3% |
| **Total Answered** | 4,321 | 1,919 |
| **Skipped** | 118 | 658 |

The percentage of respondents reporting experiences of domestic violence or abuse dropped significantly from 26% in 2021 to 4% in 2024. Additionally, those reporting no experience with domestic violence increased from 74% to 93% over the same period. While these findings suggest a positive shift in the experiences of our respondents, it's crucial to acknowledge that domestic violence remains a persistent issue in the broader community. The discrepancy between the 2021 and 2024 results may be influenced by several factors. One possible reason is the change in the demographic profile of survey respondents in 2024. Another factor could be that in 2021, the COVID-19 stay-at-home orders impacted domestic violence rates, as victims were confined with abusers without safe places to go.

There were approximately 1,370,440 domestic violence victimizations in the United States in 2022, indicating that this issue continues to affect many individuals (Source: Bureau of Justice Statistics, Criminal Victimization, 2022, Retrieved 10/27/24, https://bjs.ojp.gov/document/cv22.pdf). In Virginia, from 2021-2023 domestic violence and sexual assault hotlines experienced a high demand for assistance for those impacted including emergency temporary shelter, transitional and self-supported housing. (Source: RD841-2023 Annual Report on Domestic and Sexual Violence in Virginia, Retrieved 10/31/24, https://rga.lis.virginia.gov/Published/2023/RD841). Despite the decline in self-reported domestic violence victimization seen in our local survey data, this broader context emphasizes the ongoing need for strong support systems and resources to assist victims and address domestic violence.

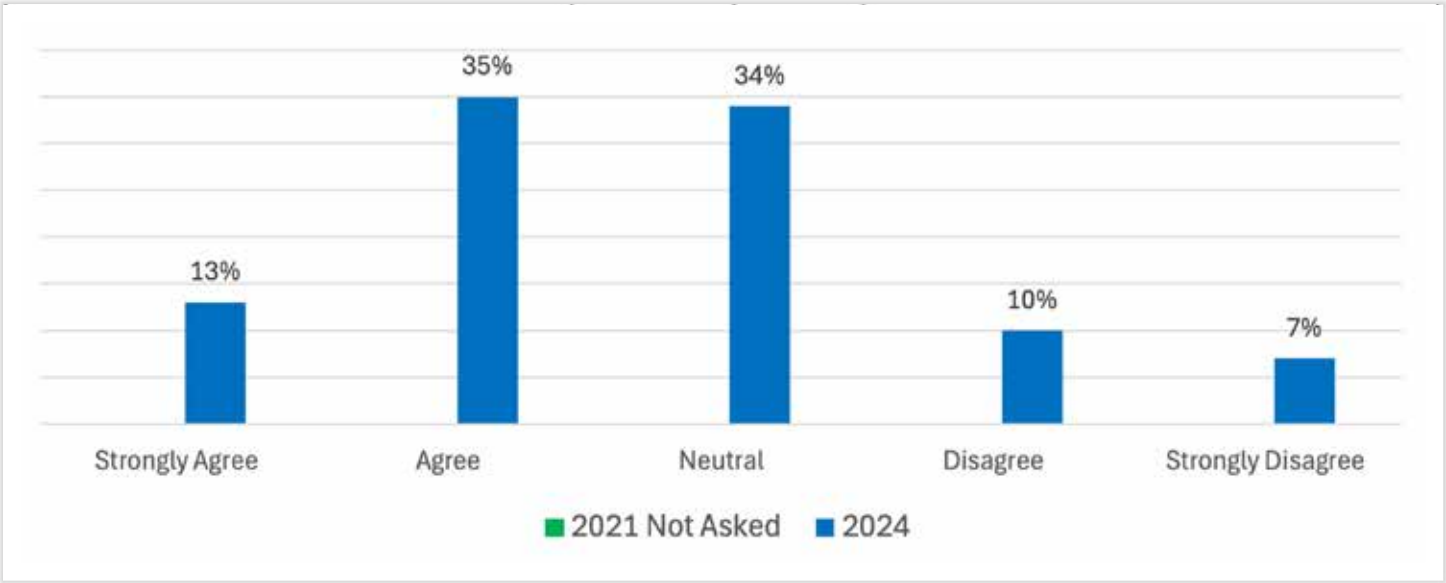
## Do you feel safe where you live?




| *Do you feel safe where you live?* | *2021* | *2024* |
|---|---|---|
| **Yes** | 89% | 91% |
| **No** | 11% | 7% |
| **Not Applicable** | N/A | 1% |
| **Total Answered** | 4,329 | 1,934 |
| **Skipped** | 110 | 643 |

The number of respondents who felt safe where they live remained essentially the same from 2021 (89%) to 2024 (91%). Those who responded "no" declined from 11% in 2021 to 7% in 2024.

## I feel socially connected to the community and those around me.




| *I feel socially connected to the community and those around me.* | *2021 Not Asked* | *2024* |
|---|---|---|
| **Strongly Agree** | | 13% |
| **Agree** | | 35% |
| **Neutral** | | 34% |
| **Disagree** | | 10% |
| **Strongly Disagree** | | 7% |
| **Total Answered** | | 1,926 |
| **Skipped** | | 651 |

In 2024, many respondents expressed a positive sense of social connection to the community and those around them, with 35% agreeing and 13% strongly agreeing. However, 34% of respondents remained neutral, indicating they neither agreed nor disagreed. 10% of respondents disagreed and 7% strongly disagreed with feeling socially connected.

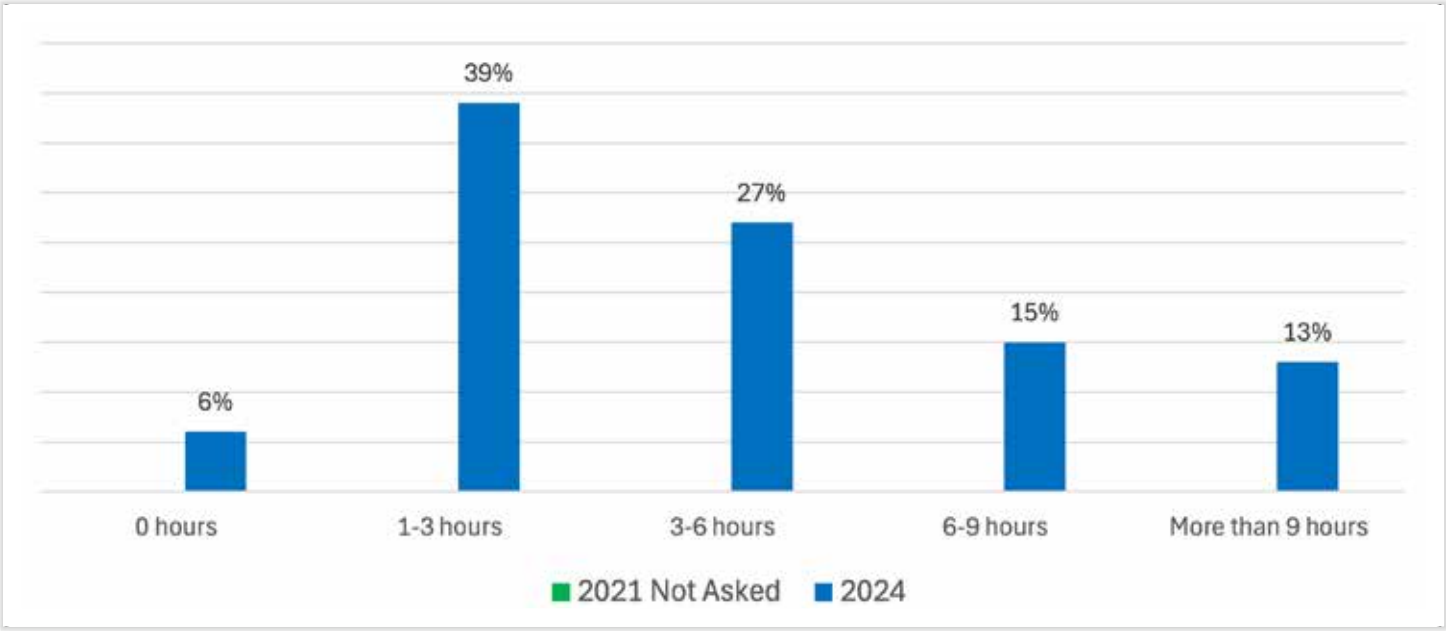
## USE OF TECHNOLOGY

In the 2024 Community Health Needs Assessment, respondents were asked two new questions about their technology usage outside of school or work: overall technology use and social media use.

The rise of technology and social media has significantly impacted community health and individual well-being. As of 2024, technology is integral to daily life, influencing how people access health information and connect with services. While social media can foster support networks and promote healthy behaviors, excessive use may lead to negative outcomes, such as increased anxiety and social isolation.

Research indicates that moderate social media use can enhance social connectedness and provide valuable health information, but excessive use is linked to issues like depression and sleep disturbances (Source: Pew Research Center, Social Media Use in 2021, Retrieved 10/27/24, https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/).

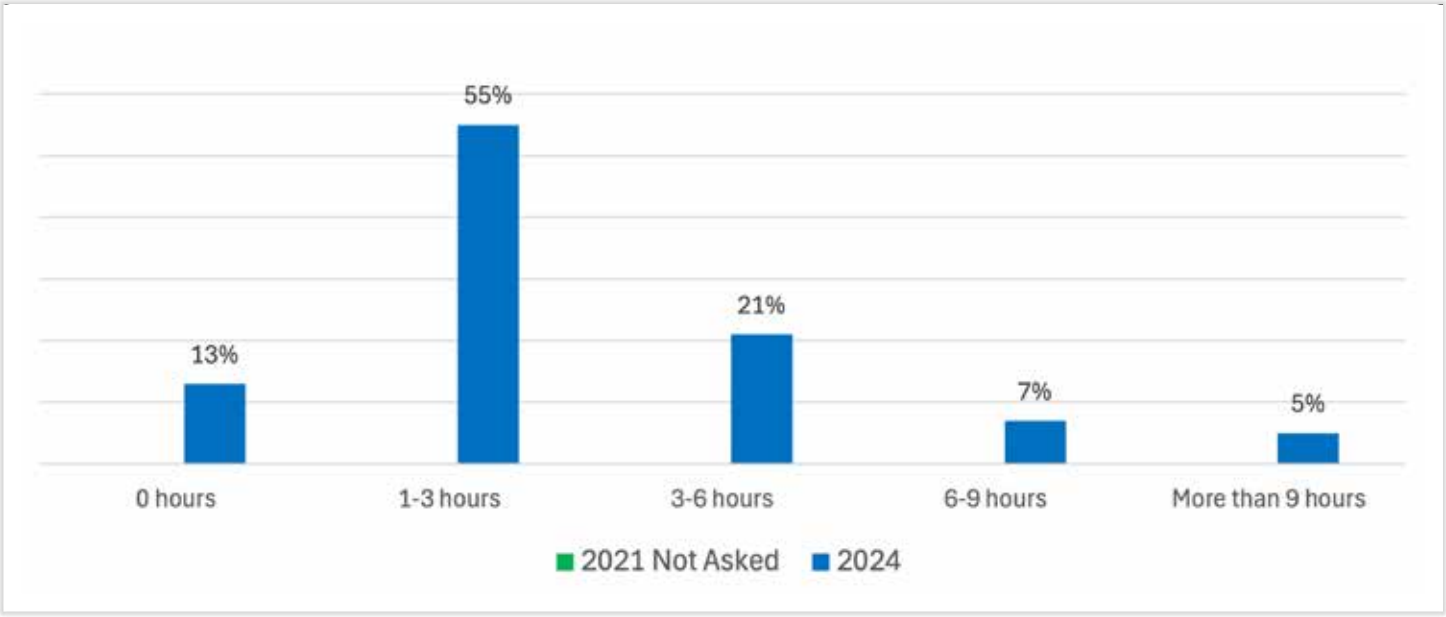
### Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?




| *Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?* | *2021 Not Asked* | *2024* |
|---|---|---|
| **0 hours** | | 6% |
| **1-3 hours** | | 39% |
| **3-6 hours** | | 27% |
| **6-9 hours** | | 15% |
| **More than 9 hours** | | 13% |
| **Total Answered** | | 1,996 |
| **Skipped** | | 561 |

Only 6% of respondents reported spending no time on technology. The largest group, 39%, spent 1 to 3 hours per day, while 27% spent 3 to 6 hours. Those who used technology for 6 to 9 hours made up 15%, and 13% reported using it for more than 9 hours daily.

## Over the past 7 days, how many hours per day do you spend using social media outside of school or work?



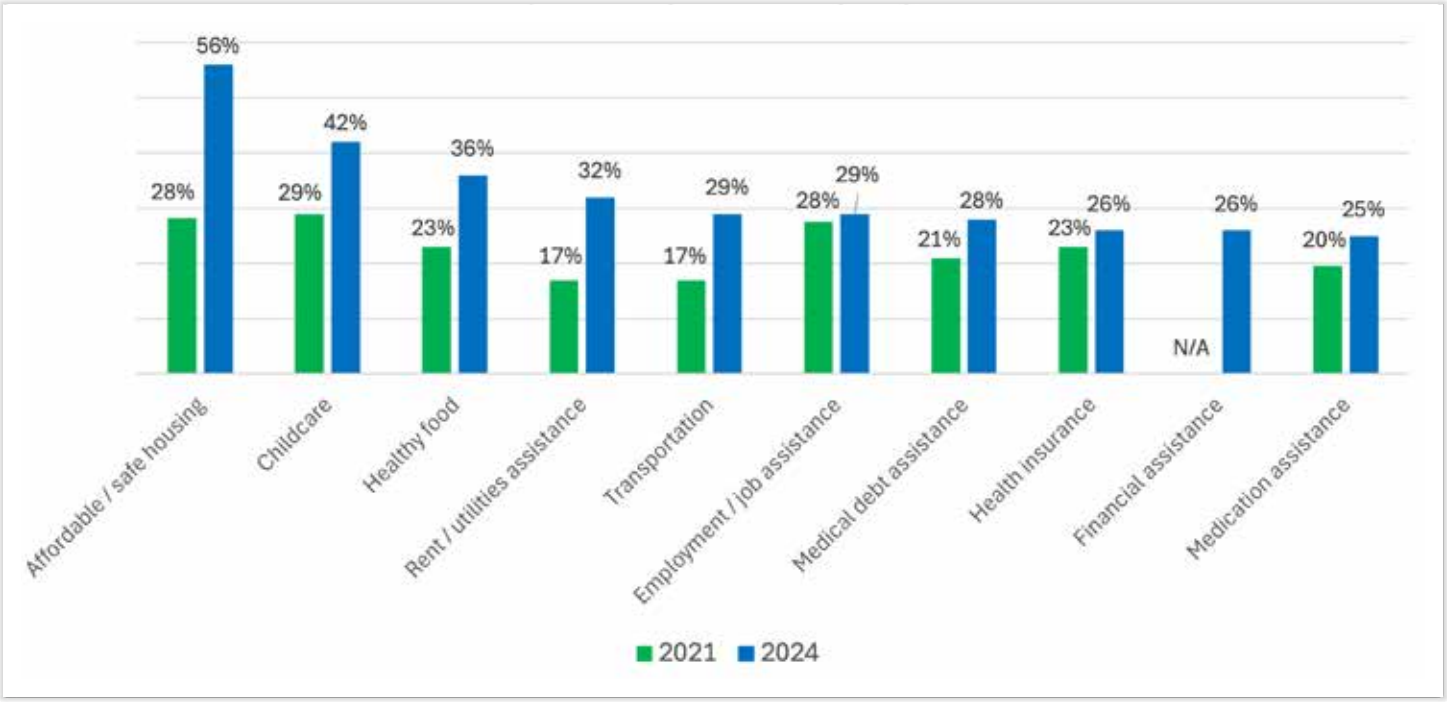

| *Over the past 7 days, how many hours per day do you spend using social media outside of school or work?* | *2021 Not Asked* | *2024* |
|---|---|---|
| **0 hours** | | 13% |
| **1-3 hours** | | 55% |
| **3-6 hours** | | 21% |
| **6-9 hours** | | 7% |
| **More than 9 hours** | | 5% |
| **Total Answered** | | 1,945 |
| **Skipped** | | 632 |

For social media usage, 13% of respondents reported no daily use. The majority, 55%, spent 1 to 3 hours on social media, while 21% used it for 3 to 6 hours. A smaller percentage, 7%, spent 6 to 9 hours on social media, and 5% indicated usage of more than 9 hours per day.

## SOCIAL/SUPPORT RESOURCES IN THE COMMUNITY

Respondents were asked to identify which social and/or support resources are difficult to access in the community, with the option to select multiple responses. The 2024 survey refined the 2021 response options, splitting "Banking/ financial assistance" into "Financial assistance (26%)" and "Banking services (7%)" and "Education and literacy" into "Education (GED, high school, college) (11%)" and "Reading and writing support (11%)" Additionally, the 2024 survey omitted the response option "COVID-19 has made one or more of the services I selected hard to get," reflecting the easing of strict COVID-19 protocols and restrictions.

### Which social/support resources are hard to get in our community? (Check all that apply) — *Top 10 responses shown*



| *Which social/support resources are hard to get in our community? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Affordable / safe housing** | 28% | 56% |
| **Childcare** | 29% | 42% |
| **Healthy food** | 23% | 36% |
| **Rent / utilities assistance** | 17% | 32% |
| **Transportation** | 17% | 29% |
| **Employment / job assistance** | 28% | 29% |
| **Medical debt assistance** | 21% | 28% |
| **Health insurance** | 23% | 26% |
| **Financial assistance** | N/A | 26% |
| **Medication assistance** | 20% | 25% |
| **Domestic violence victim assistance** | 25% | 24% |
| **Veteran's services** | 12% | 20% |
| **Grief / bereavement counseling** | 20% | 19% |
| **Legal services** | 17% | 18% |
| **Food benefits (SNAP, WIC)** | 18% | 18% |
| **TANF (Temporary Assistance for Needy Families)** | 12% | 13% |
| **Unemployment benefits** | 12% | 12% |
| **Reading and writing support** | N/A | 11% |
| **Education (GED / high school / college)** | N/A | 11% |
| **Banking services** | N/A | 7% |
| **Other** | 2% | 7% |
| **Education and literacy** | 21% | N/A |
| **Banking / financial assistance** | 22% | N/A |
| **COVID-19 has made one or more of the services I selected hard to get** | 14% | N/A |
| **Total Answered** | 4,227 | 2,188 |
| **Skipped** | 212 | 389 |

In 2024, the top challenges cited by the community were affordable and safe housing (56%), childcare (42%), access to healthy food (36%), and rent/utilities assistance (32%). Housing concerns have surged, up from 28% in 2021, intensifying other critical needs like childcare and food security. Childcare access, now a barrier for 42% of respondents (up from 29% in 2021), especially affects working parents, limiting employment opportunities and housing stability.

With 36% of respondents reporting limited access to healthy food, financial strain from high housing and childcare costs further limits families' ability to afford nutritious options. According to the U.S. Department of Agriculture (USDA), in 2023, 13.5% of U.S. households were food insecure at some time (Source: U.S. Department of Agriculture, Economic Research Service, Food Security Status of U.S. Households in 2023, Retrieved 10/30/24 https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/).

Rent and utilities assistance, cited by 32% of respondents, has doubled in demand since 2021 due to rising living costs. These interconnected challenges create a cycle of hardship, where gaps in any one area undermine overall family well-being.

# Health Behaviors

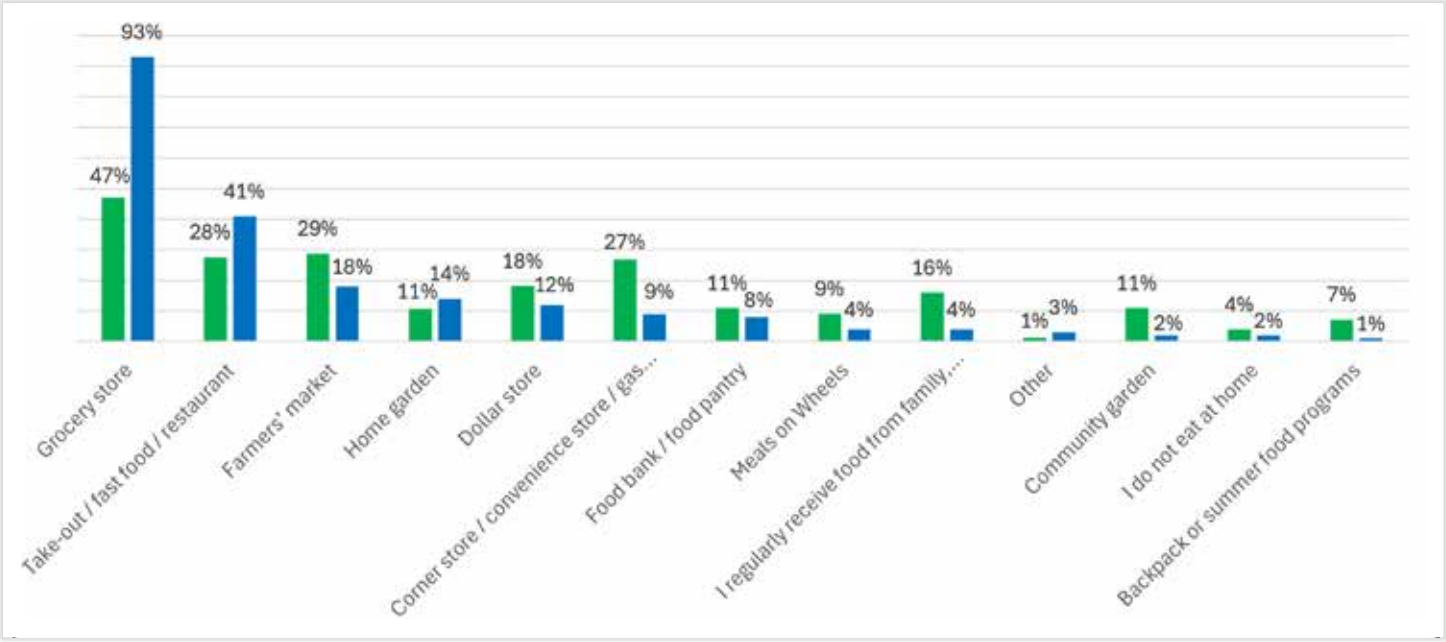
## DIET AND EXERCISE

In 2024, respondents were asked a series of questions regarding food availability, fruit and vegetable consumption, family meal patterns, and physical activity. A new question was introduced, asking how often respondents walked for at least 10 minutes continuously over the past seven days.

## Body Mass Indices of Respondents

**Please note:** As in 2018 and 2021, we asked Community Health Survey respondents to self-report their height and weight to determine their Body Mass Index (BMI). (Please refer to Questions 20 and 21 in the Survey included in the Appendix of this report.) BMI is used to determine healthy weight versus underweight or overweight/obesity status of an individual. We included the option in 2024 to report height and weight as either imperial measurements (pounds and feet/inches) or metric measurements (kilograms/centimeters). Unfortunately, there were significant discrepancies identified with the responses for these two options that led to questioning the validity of the data across all three CHNA service areas. Based on these discrepancies, it was decided not to include this data set in the 2024 Community Health Survey summaries. However, there is information presented in the Secondary Data section in this report addressing obesity levels by locality.

## Where do you get the food that you eat at home? (Check all that apply)

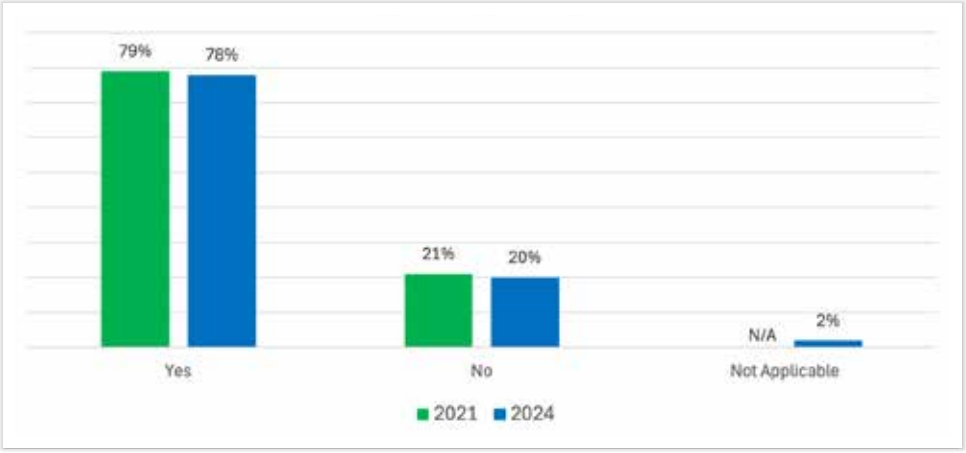



| *Where do you get the food that you eat at home? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Grocery store** | 47% | 93% |
| **Take-out / fast food / restaurant** | 28% | 41% |
| **Farmers' market** | 29% | 18% |
| **Home garden** | 11% | 14% |
| **Dollar store** | 18% | 12% |
| **Corner store / convenience store / gas station** | 27% | 9% |
| **Food bank / food pantry** | 11% | 8% |
| **Meals on Wheels** | 9% | 4% |
| **I regularly receive food from family, friends, neighbors, or my church** | 16% | 4% |
| **Other** | 1% | 3% |
| **Community garden** | 11% | 2% |
| **I do not eat at home** | 4% | 2% |
| **Backpack or summer food programs** | 7% | 1% |
| **Total Answered** | 4,331 | 1,954 |
| **Skipped** | 78 | 623 |

In 2021, 47% of respondents got food from grocery stores, a figure that more than doubled to 93% in 2024. Meanwhile, food sourcing from dollar stores dropped from 18% to 12%. Fewer respondents used community gardens in 2024 (2% vs. 11% in 2021), while home garden use rose slightly (14% vs. 11%). Take-out/restaurant food consumption increased from 28% in 2021 to 41% in 2024.

Additionally, fewer respondents received food from family, friends, or their church (4% in 2024 vs. 16% in 2021), and reliance on Meals on Wheels and food programs also decreased. Lastly, in 2024, only 2% reported not eating at home, down from 4% in 2021.

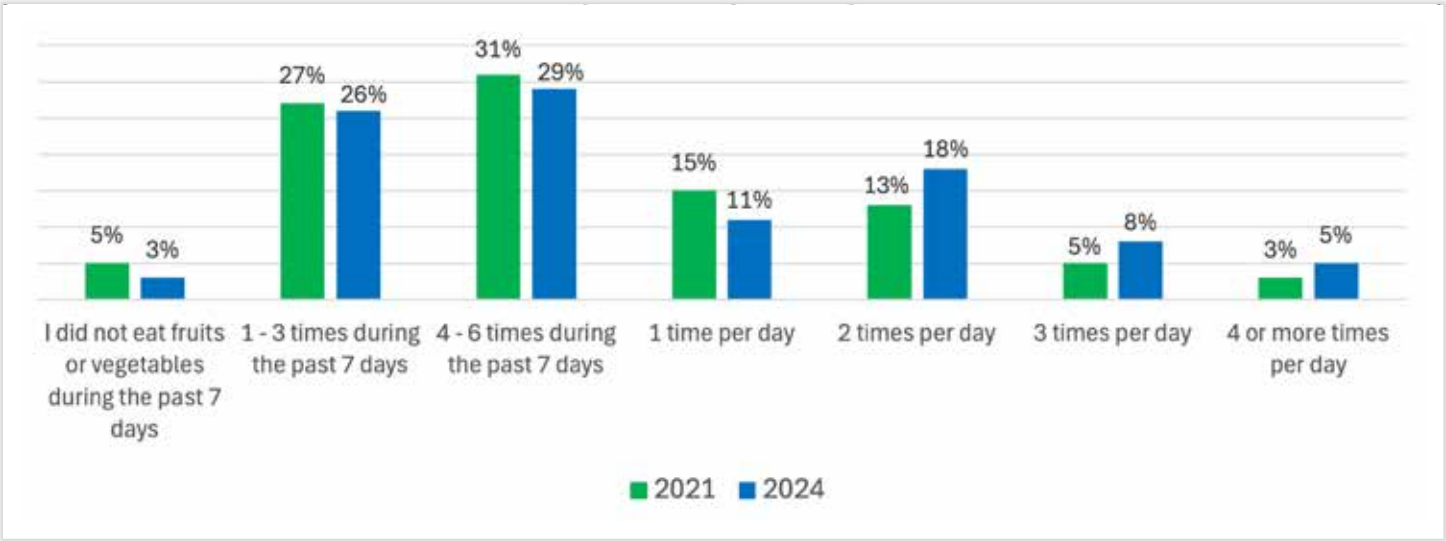
## In the area where you live, is it easy to get fresh fruits and vegetables?




| *In the area where you live, is it easy to get fresh fruits and vegetables?* | *2021* | *2024* |
|---|---|---|
| **Yes** | 79% | 78% |
| **No** | 21% | 20% |
| **Not Applicable** | N/A | 2% |
| **Total Answered** | 4,315 | 1,925 |
| **Skipped** | 134 | 652 |

The percentage of respondents finding it easy to get affordable fresh fruits and vegetables slightly decreased from 79% in 2021 to 78% in 2024.

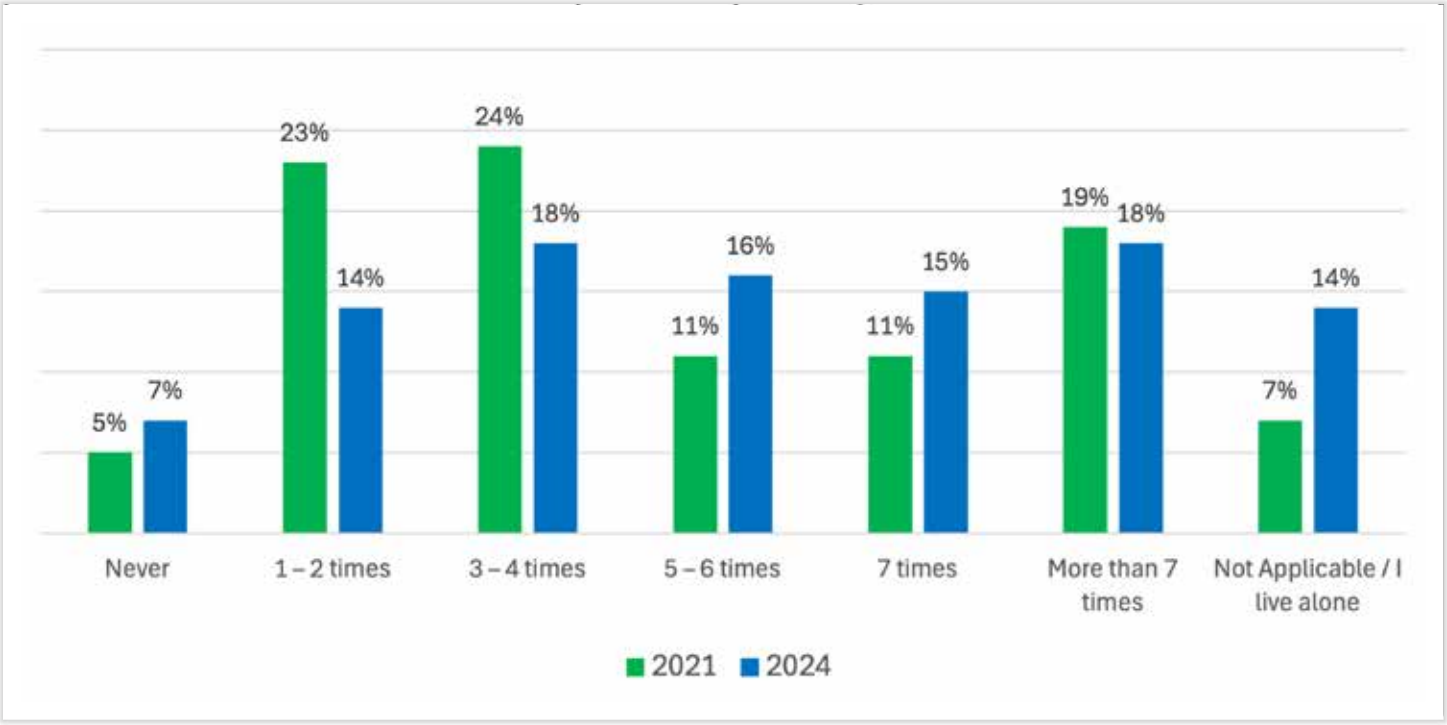
## During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice/supplements. (Check one)




| *During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice/supplements. (Check one)* | *2021* | *2024* |
|---|---|---|
| **I did not eat fruits or vegetables during the past 7 days** | 5% | 3% |
| **1 - 3 times during the past 7 days** | 27% | 26% |
| **4 - 6 times during the past 7 days** | 31% | 29% |
| **1 time per day** | 15% | 11% |
| **2 times per day** | 13% | 18% |
| **3 times per day** | 5% | 8% |
| **4 or more times per day** | 3% | 5% |
| **Total Answered** | 4,350 | 1,951 |
| **Skipped** | 89 | 626 |

Between 2021 and 2024, fruit and vegetable consumption improved. The percentage of respondents not eating any fruits and vegetables dropped from 5% to 3%, while those eating them at least twice daily increased from 13% in 2021 to 18% in 2024. Moderate consumption (4 to 6 times per week) declined slightly from 31% to 29%, but daily consumption of four or more times rose from 3% to 5%.

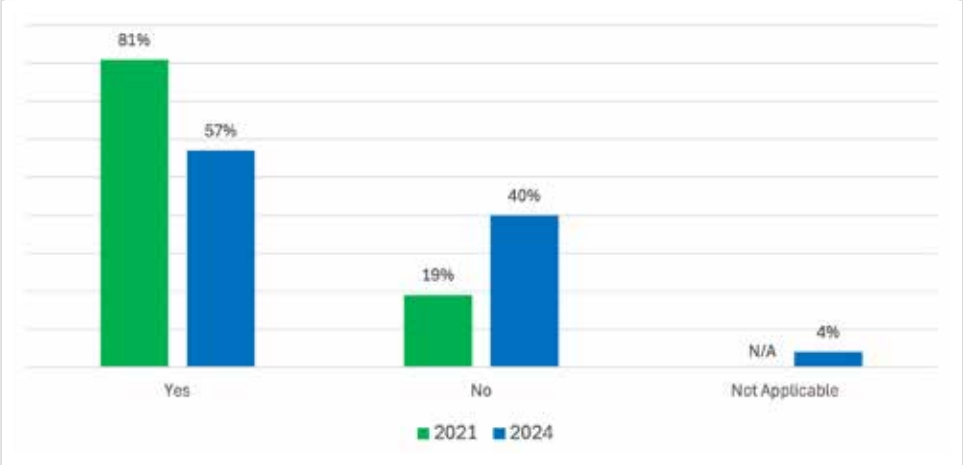
## In the past 7 days, how many times did all or most of the people living in your house eat a meal together?




| *In the past 7 days, how many times did all or most of the people living in your house eat a meal together?* | *2021* | *2024* |
|---|---|---|
| **Never** | 5% | 7% |
| **1 – 2 times** | 23% | 14% |
| **3 – 4 times** | 24% | 18% |
| **5 – 6 times** | 11% | 16% |
| **7 times** | 11% | 15% |
| **More than 7 times** | 19% | 18% |
| **Not Applicable / I live alone** | 7% | 14% |
| **Total Answered** | 4,338 | 1,950 |
| **Skipped** | 101 | 627 |

34% of respondents had meals with their families between three and six times a week. Those eating meals together seven or more times per week in 2024 was 33% compared to 30% in 2021. Frequent family meals are linked to numerous health benefits, including improved nutrition and better family dynamics. Studies indicate that families who share meals regularly tend to consume more fruits and vegetables, contributing to healthier eating habits and lower obesity rates among children (Source: FMI, New Study Confirms Value of Family Meals, Retrieved 10/30/24, https://www.fmi.org/newsroom/news-archive/view/2020/03/10/new-study-confirms-value-of-family-meals).

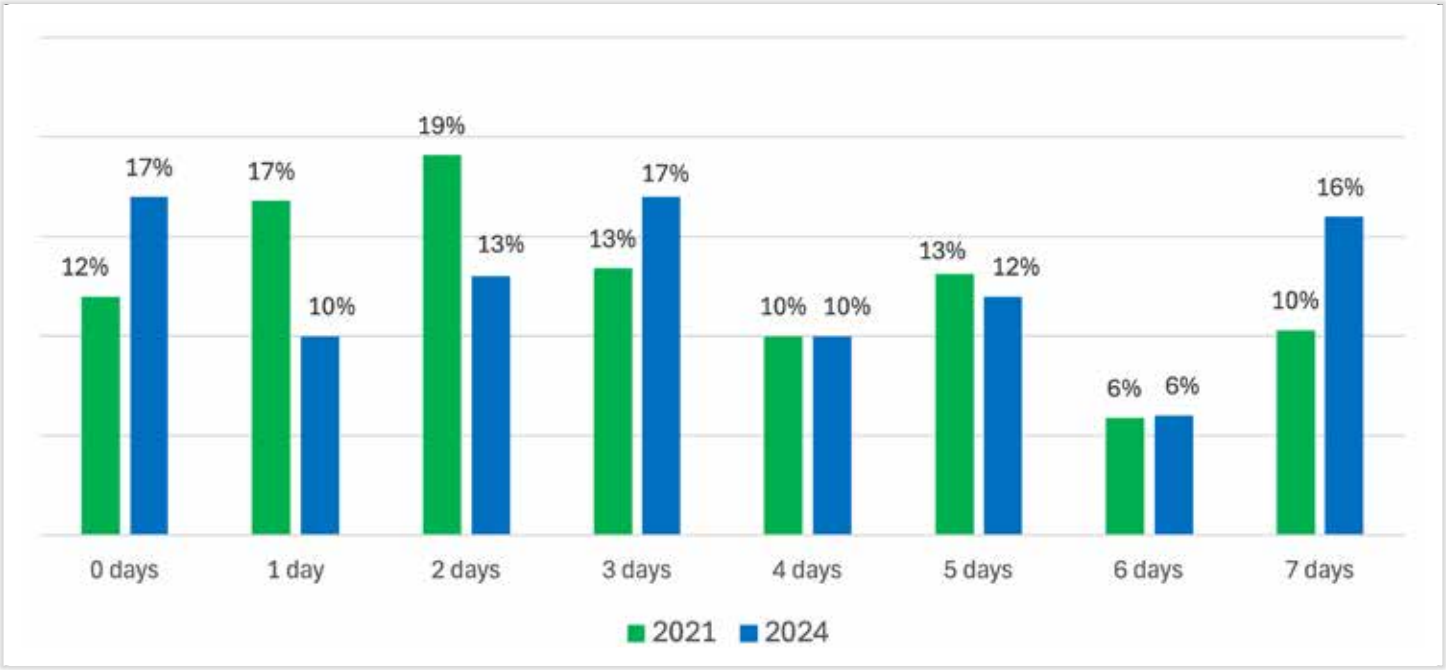
## Does your community neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)




| *Does your community neighborhood support physical activity? (e.g., parks, sidewalks, bike lanes, etc.)* | *2021* | *2024* |
|---|---|---|
| **Yes** | 81% | 57% |
| **No** | 19% | 40% |
| **Not Applicable** | N/A | 4% |
| **Total Answered** | 4,308 | 1,916 |
| **Skipped** | 131 | 661 |

In 2024, only 57% of respondents reported that their community neighborhood supported physical activity through amenities like parks, sidewalks, and bike lanes, a notable drop from 81% in 2021. This decline indicates a growing concern among community members about the accessibility and availability of resources for physical activity. Correspondingly, the percentage of those answering "no" to the question about community support jumped from 19% in 2021 to 40% in 2024.

## Over the past 7 days, how many days were you physically active for a total of at least 30 minutes?

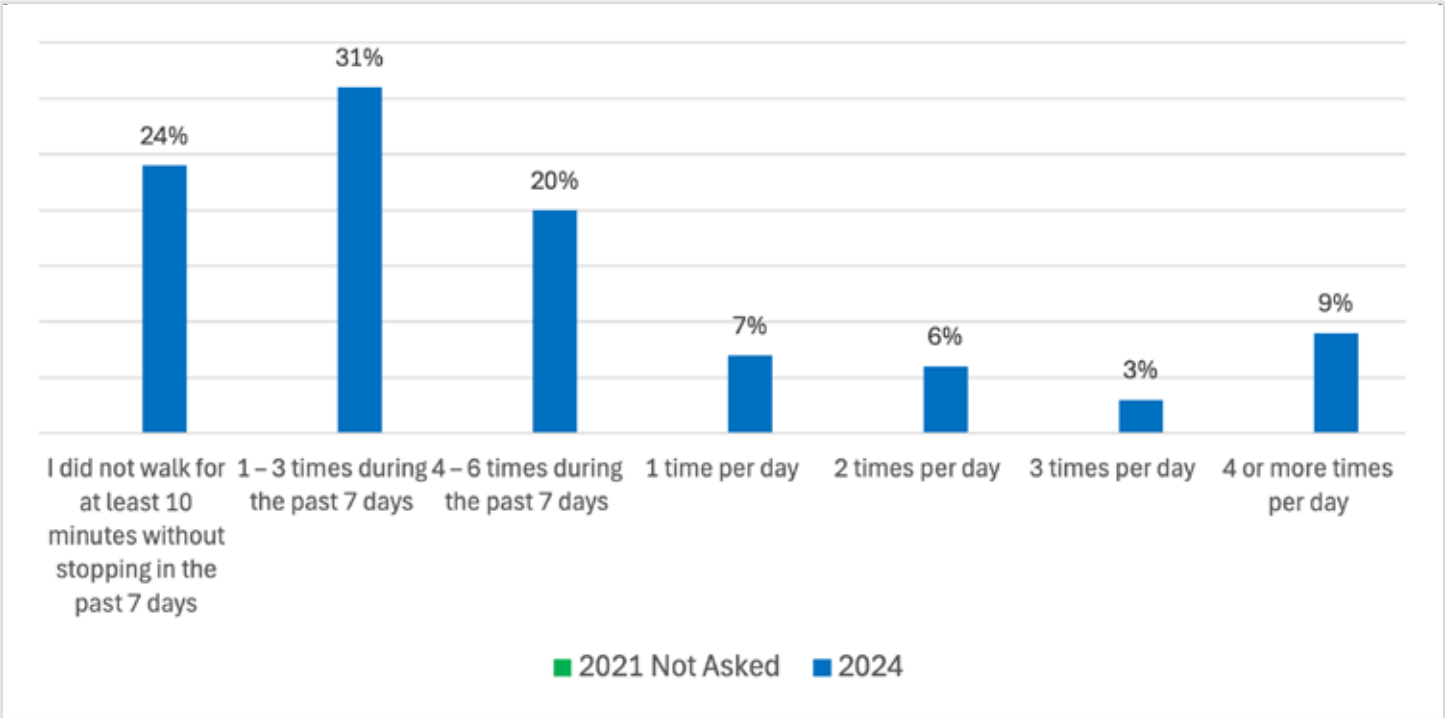



| *Over the past 7 days, how many days were you physically active for a total of at least 30 minutes?* | *2021* | *2024* |
|---|---|---|
| **0 days** | 12% | 17% |
| **1 day** | 17% | 10% |
| **2 days** | 19% | 13% |
| **3 days** | 13% | 17% |
| **4 days** | 10% | 10% |
| **5 days** | 13% | 12% |
| **6 days** | 6% | 6% |
| **7 days** | 10% | 16% |
| **Total Answered** | 4,326 | 1,934 |
| **Skipped** | 113 | 643 |

Respondents' physical activity habits from 2021 to 2024 show a positive trend in engagement with regular exercise. The percentage of individuals active five or more days a week increased from 29% in 2021 to 34% in 2024, indicating a growing commitment to maintaining a consistent physical activity routine. Similarly, those active three to four days a week rose from 23% to 27%, further reflecting an increase in regular exercise among respondents.

Conversely, the number of respondents who reported being active only one or two days a week declined significantly from 36% in 2021 to 23% in 2024. This decrease suggests that fewer individuals are engaging in minimal physical activity, which is a positive sign for overall health outcomes.

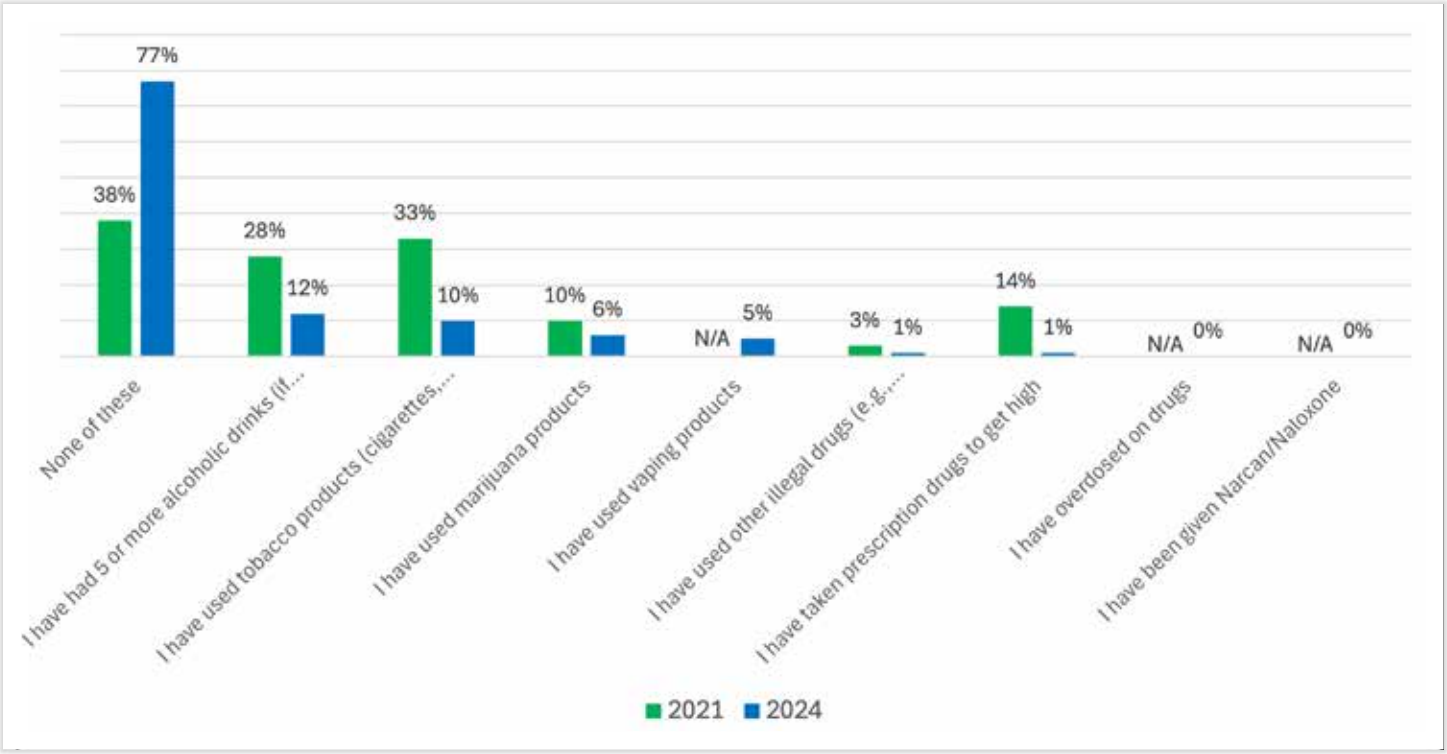
## During the past 7 days, how many times did you walk for at least 10 minutes without stopping?




| *During the past 7 days, how many times did you walk for at least 10 minutes without stopping?* | *2021 Not Asked* | *2024* |
|---|---|---|
| **I did not walk for at least 10 minutes without stopping in the past 7 days** | | 24% |
| **1 – 3 times during the past 7 days** | | 31% |
| **4 – 6 times during the past 7 days** | | 20% |
| **1 time per day** | | 7% |
| **2 times per day** | | 6% |
| **3 times per day** | | 3% |
| **4 or more times per day** | | 9% |
| **Total Answered** | | 1,922 |
| **Skipped** | | 655 |

24% of respondents did not walk for at least 10 minutes in the past week, indicating significant inactivity. The most common response, 31%, was walking 1 to 3 times per week. About 20% walked 4 to 6 times per week. Daily walking was less frequent, with 7% walking once per day, 6% twice per day, and 3% three times per day. Additionally, 9% walked four or more times daily.

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



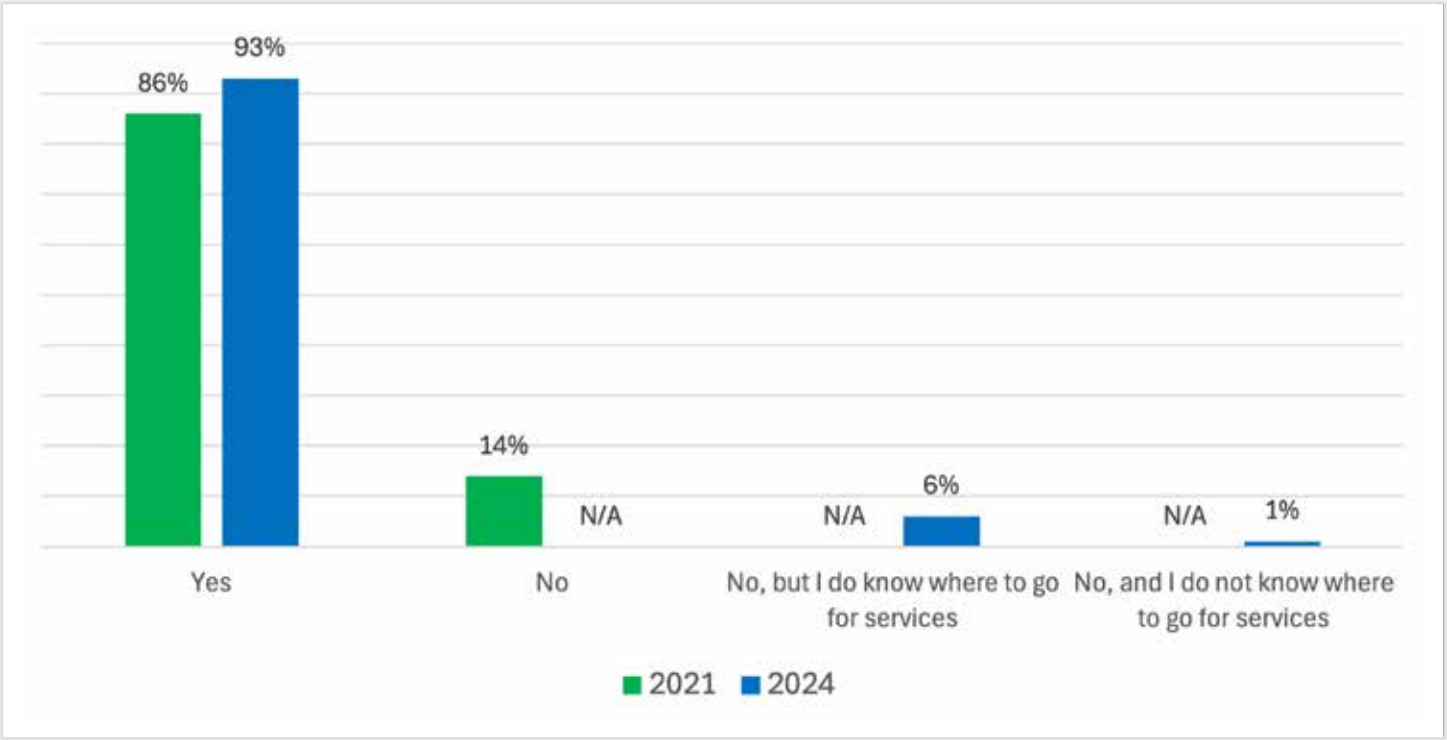

| *During the past 30 days: (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **None of these** | 38% | 77% |
| **I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion** | 28% | 12% |
| **I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)** | 33% | 10% |
| **I have used marijuana products** | 10% | 6% |
| **I have used vaping products** | N/A | 5% |
| **I have used other illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)** | 3% | 1% |
| **I have taken prescription drugs to get high** | 14% | 1% |
| **I have overdosed on drugs** | N/A | 0% |
| **I have been given Narcan/Naloxone** | N/A | 0% |
| **Total Answered** | 4,310 | 1,907 |
| **Skipped** | 129 | 670 |

Respondents were asked about their alcohol, tobacco, and substance use over the past 30 days, with new questions in 2024 addressing vaping, drug overdoses, and the administration of Narcan/Naloxone. Binge drinking dropped significantly, with 28% of respondents in 2021 reporting they had 5 or more drinks (if male) or 4 or more drinks (if female) during one occasion, compared to just 12% in 2024. There was a sharp decrease in the number of respondents who indicated that they used tobacco products from 2021 (33%) to 2024 (10%). Marijuana use similarly saw a decline, from 10% in 2021 to 6% in 2024. In 2024, 5% of respondents reported using vaping products, and only 1% of respondents reported using other illegal drugs or taking prescription drugs to get high. 0% of respondents reported overdosing on drugs or receiving Narcan/Naloxone.

## ACCESS AND UTILIZATION OF SERVICES

Survey respondents were asked about their use of medical, dental, and mental health, alcohol use, or drug use services. In the 2021 survey, respondents were asked to indicate their use of services by answering simple "yes" or "no" questions. For 2024, these questions were restructured to provide more detailed insights. Instead of merely selecting "no," respondents could specify whether they knew where to access services. This change explains the absence of a straightforward "no" option in the 2024 results, as responses were divided into more specific categories. This adjustment offers a nuanced understanding of barriers to service access.

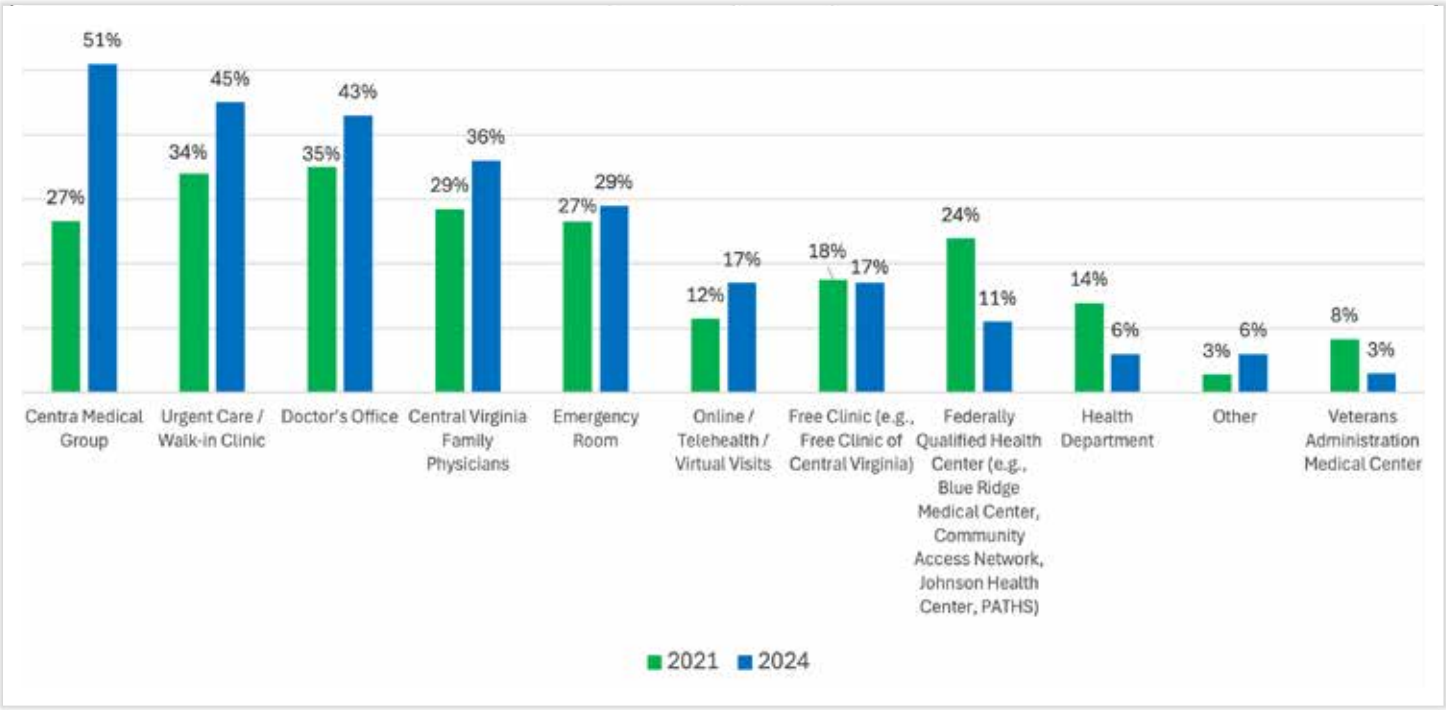
### Do you use medical care services?




| Do you use medical care services? | 2021 | 2024 |
|---|---|---|
| **Yes** | 86% | 93% |
| **No** | 14% | N/A |
| **No, but I do know where to go for services** | N/A | 6% |
| **No, and I do not know where to go for services** | N/A | 1% |
| **Total Answered** | 4,042 | 2,412 |
| **Skipped** | 396 | 165 |

The proportion of respondents using medical services grew from 86% in 2021 to 93% in 2024. In 2021, 14% had indicated they didn't use medical services. By 2024, this was broken down further: 6% knew where services were available but didn't use them, while 1% were unsure where to go for services.

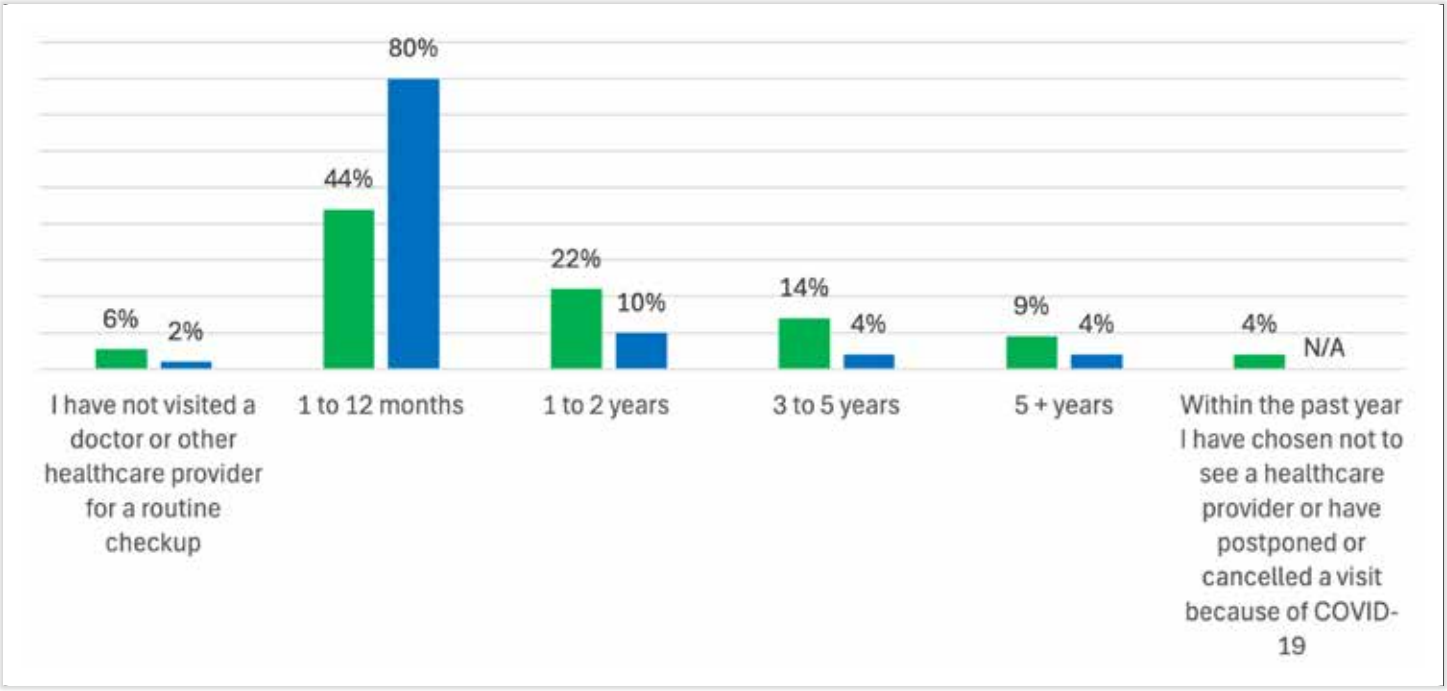
## Please check all the medical care services you use.




| *Please check all the medical care services you use.* | *2021* | *2024* |
|---|---|---|
| **Centra Medical Group** | 27% | 51% |
| **Urgent Care / Walk-in Clinic** | 34% | 45% |
| **Doctor's Office** | 35% | 43% |
| **Central Virginia Family Physicians** | 29% | 36% |
| **Emergency Room** | 27% | 29% |
| **Online / Telehealth / Virtual Visits** | 12% | 17% |
| **Free Clinic (e.g., Free Clinic of Central Virginia)** | 18% | 17% |
| **Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)** | 24% | 11% |
| **Health Department** | 14% | 6% |
| **Other** | 3% | 6% |
| **Veterans Administration Medical Center** | 8% | 3% |
| **Total Answered** | 4,092 | 1,629 |
| **Skipped** | 347 | 783 |

When asked what type of medical services they use, Central Medical Group was the top response in 2024 (51%) compared to the generic "Doctor's Office" as the top 2021 response (35%). Respondents selecting urgent care/walk-in clinic increased to 45% in 2024 from 34% in 2021. Respondents indicating they used the emergency room stayed about the same from 27% in 2021 to 29% in 2024. The use of the region's Federally Qualified Health Center's (FQHC) declined significantly from 24% in 2021 to 11% in 2024. Those who use online/telehealth/virtual visits increased slightly from 12% in 2021 to 17% in 2024.

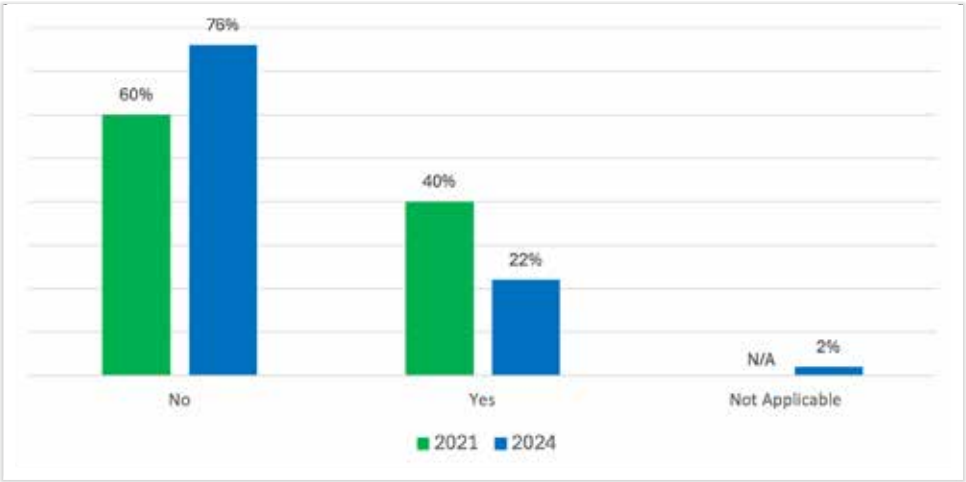
## How long has it been since you last visited a doctor or other healthcare provider for a routine checkup?




| *How long has it been since you last visited a doctor or other healthcare provider for a routine checkup?* | *2021* | *2024* |
|---|---|---|
| **I have not visited a doctor or other healthcare provider for a routine checkup** | 6% | 2% |
| **1 to 12 months** | 44% | 80% |
| **1 to 2 years** | 22% | 10% |
| **3 to 5 years ago** | 14% | 4% |
| **5 + years** | 9% | 4% |
| **Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19** | 4% | N/A |
| **Total Answered** | 5,164 | 1,914 |
| **Skipped** | 73 | 663 |

The number of respondents indicating that they last visited a healthcare provider for a routine check-up within the past year increased dramatically from 44% in 2021 to 80% in 2024. The number of respondents who had not visited a healthcare provider for a routine check-up within the past five years decreased from 9% in 2021 to 4% in 2024. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 4% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

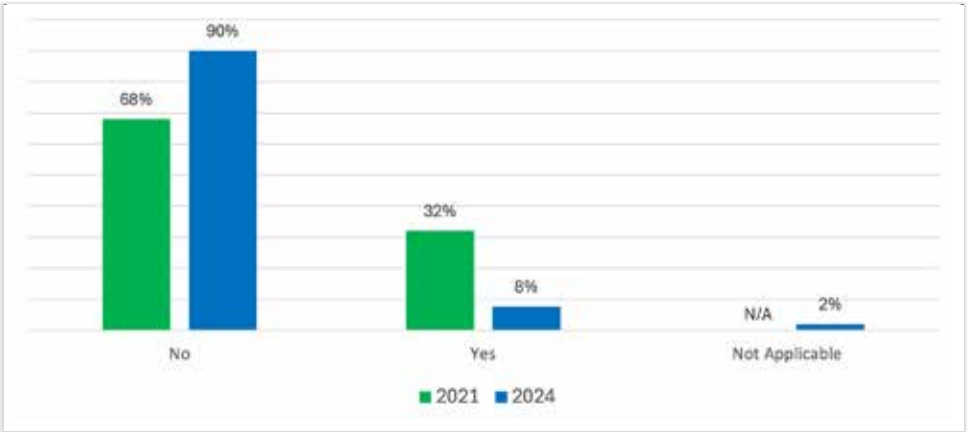
## I have been to the emergency room in the past 12 months.




| *I have been to the emergency room in the past 12 months.* | *2021* | *2024* |
|---|---|---|
| **No** | 60% | 76% |
| **Yes** | 40% | 22% |
| **Not Applicable** | N/A | 2% |
| **Total Answered** | 4,317 | 1,940 |
| **Skipped** | 122 | 637 |

The number of respondents who indicated that they had been to the Emergency Room in the past 12 months decreased from 40% in 2021 to 22% in 2024. Those who answered "no" increased to 76% in 2024 compared to 60% in 2021.

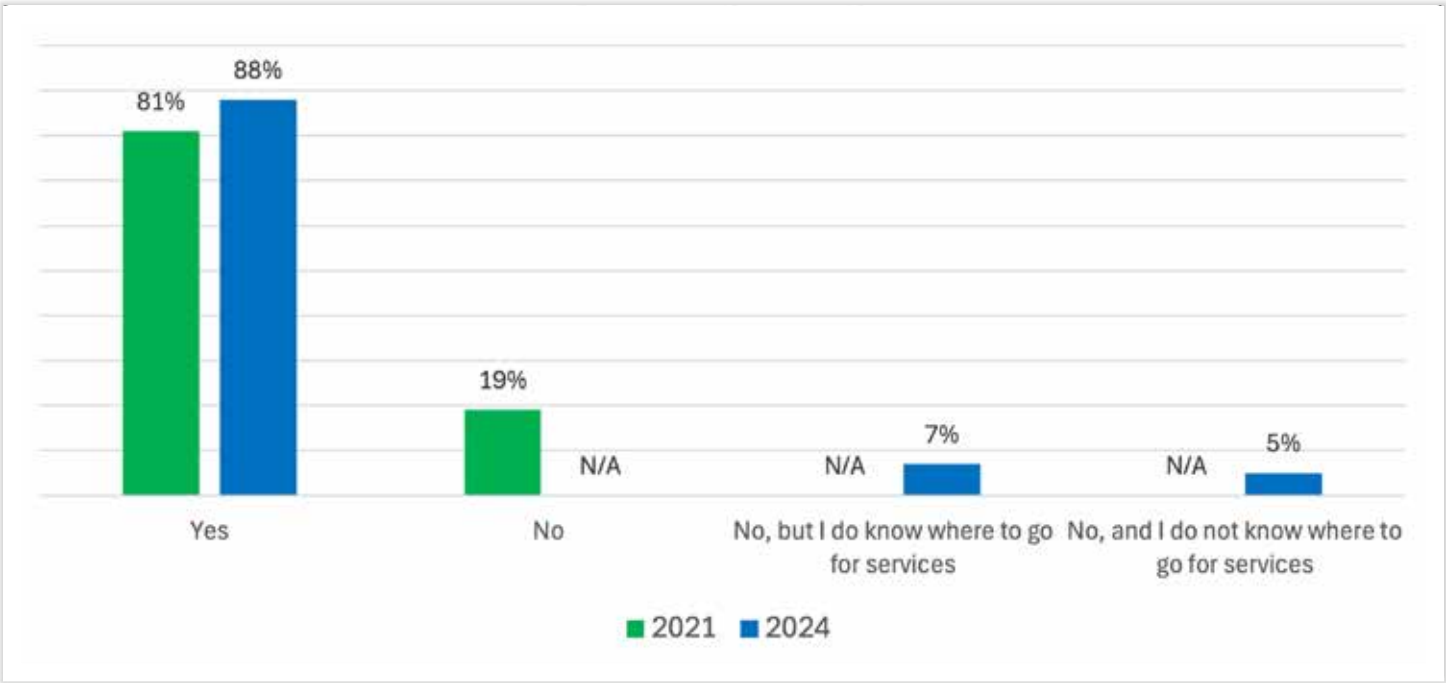
## I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).




| *I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).* | *2021* | *2024* |
|---|---|---|
| **No** | 68% | 90% |
| **Yes** | 32% | 8% |
| **Not Applicable** | N/A | 2% |
| **Total Answered** | 4,319 | 1,931 |
| **Skipped** | 120 | 646 |

In 2024, only 8% of respondents reported visiting the emergency room for an injury in the past year, down significantly from 32% in 2021. The percentage of those who indicated they had not gone to the emergency room for injuries rose from 68% in 2021 to 90% in 2024.

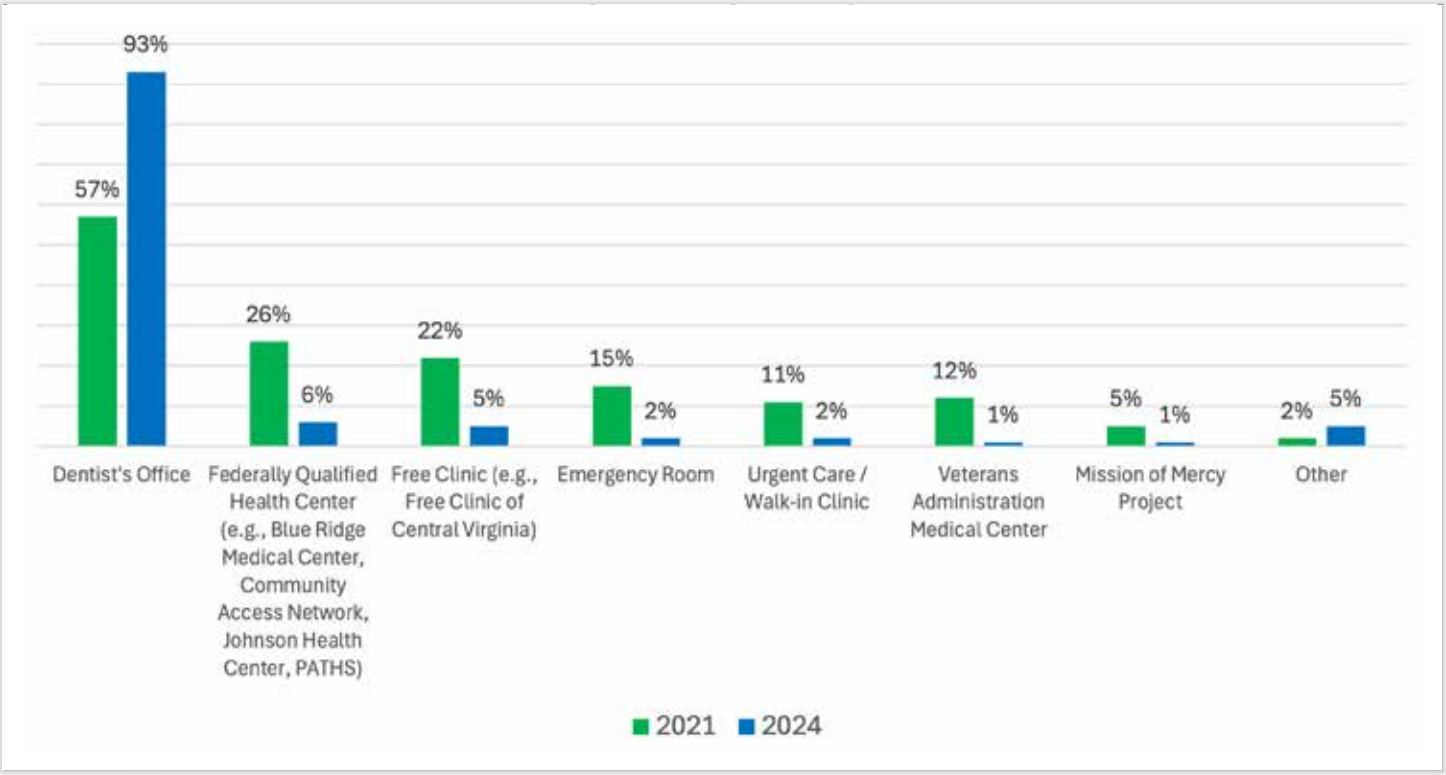
## Do you use dental care services?




| *Do you use dental care services?* | *2021* | *2024* |
|---|---|---|
| **Yes** | 81% | 88% |
| **No** | 19% | N/A |
| **No, but I do know where to go for services** | N/A | 7% |
| **No, and I do not know where to go for services** | N/A | 5% |
| **Total Answered** | 4,176 | 1,959 |
| **Skipped** | 263 | 618 |

The number of respondents indicating that they use dental care services increased from 81% in 2021 to 88% in 2024. In 2021, 19% answered "no". For 2024, this was broken down further: 7% reported not using services but knowing where to go, while 5% said they did not know where to go for assistance.

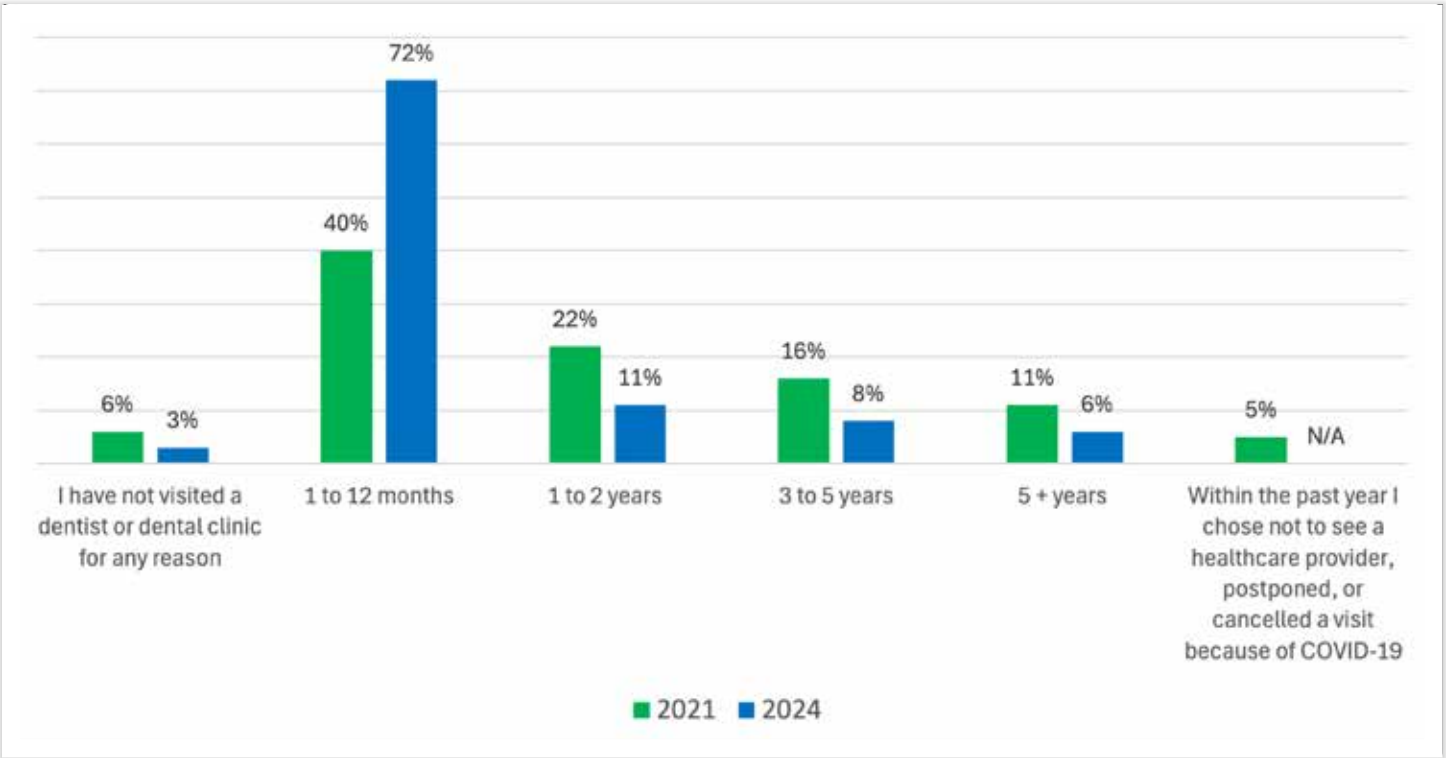
## Please check all the dental care services you use.




| *Please check all the dental care services you use.* | *2021* | *2024* |
|---|---|---|
| **Dentist's Office** | 57% | 93% |
| **Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)** | 26% | 6% |
| **Free Clinic (e.g., Free Clinic of Central Virginia)** | 22% | 5% |
| **Emergency Room** | 15% | 2% |
| **Urgent Care / Walk-in Clinic** | 11% | 2% |
| **Veterans Administration Medical Center** | 12% | 1% |
| **Mission of Mercy Project** | 5% | 1% |
| **Other** | 2% | 5% |
| **Total Answered** | 3,939 | 1,652 |
| **Skipped** | 500 | 618 |

Respondents were asked what type of dental services they use. The number of respondents selecting the generic response "Dentist's Office" rose tremendously from 57% in 2021 to 93% in 2024. The use of "Free Clinic" for dental services decreased in 2024 to 5% from 22% in 2021. Respondents using Federally Qualified Health Center's (e.g., Johnson Health Center or Community Access Network) also took a significant drop from 2021 (26%) to 6% in 2024.

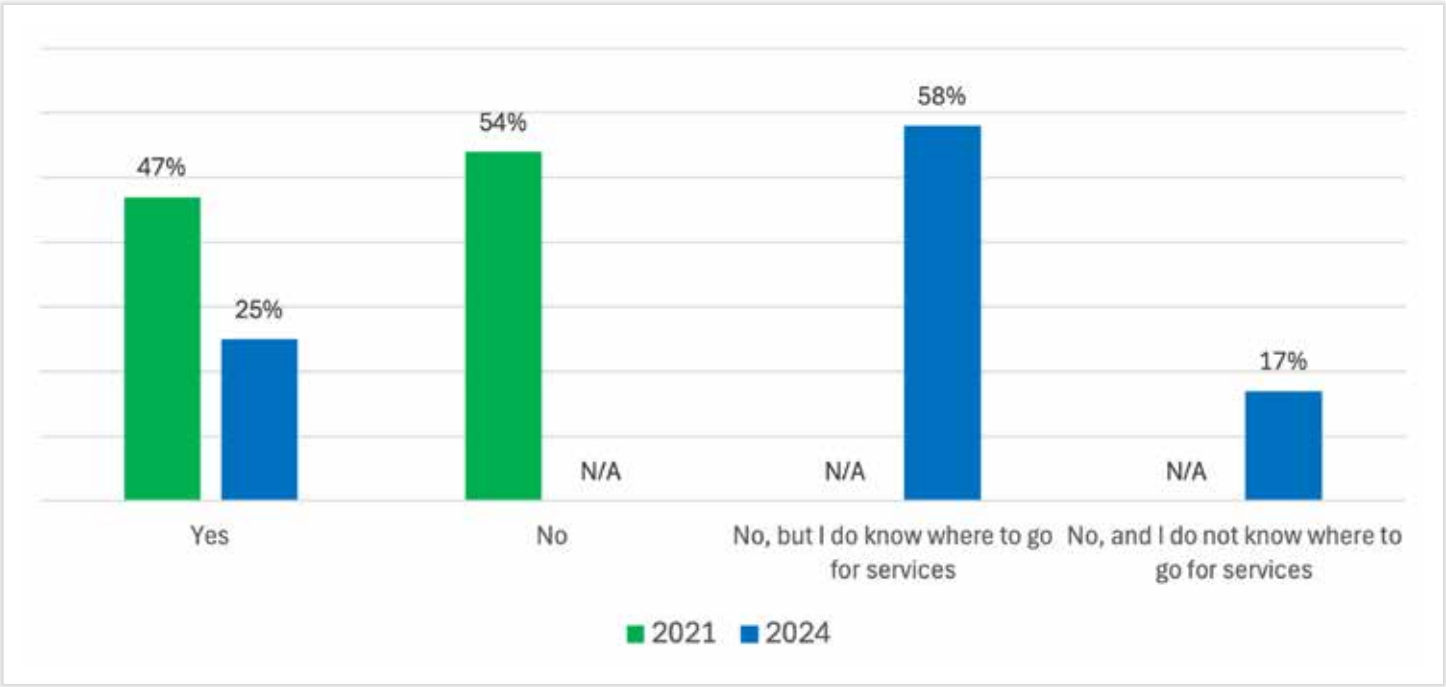
## How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist).




| *How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist).* | *2021* | *2024* |
|---|---|---|
| **I have not visited a dentist or dental clinic for any reason** | 6% | 3% |
| **1 to 12 months** | 40% | 72% |
| **1 to 2 years** | 22% | 11% |
| **3 to 5 years** | 16% | 8% |
| **5 + years** | 11% | 6% |
| **Within the past year, I chose not to see a healthcare provider, postponed or canceled a visit because of COVID-19** | 5% | N/A |
| **Total Answered** | 5,103 | 1,928 |
| **Skipped** | 84 | 649 |

The number of respondents who have visited a dentist or dental clinic in the last 12 months increased from 40% in 2021 to 72% in 2024. More people reported having not visited the dentist or dental clinic within the past two years in 2021 (22%) than in 2024 (11%) as well as within the past 5 years (16% in 2021 compared to 8% in 2024). The number of respondents who had not visited a dentist or dental clinic in the past five or more years decreased from 11% in 2021 to 6% in 2024. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 5% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

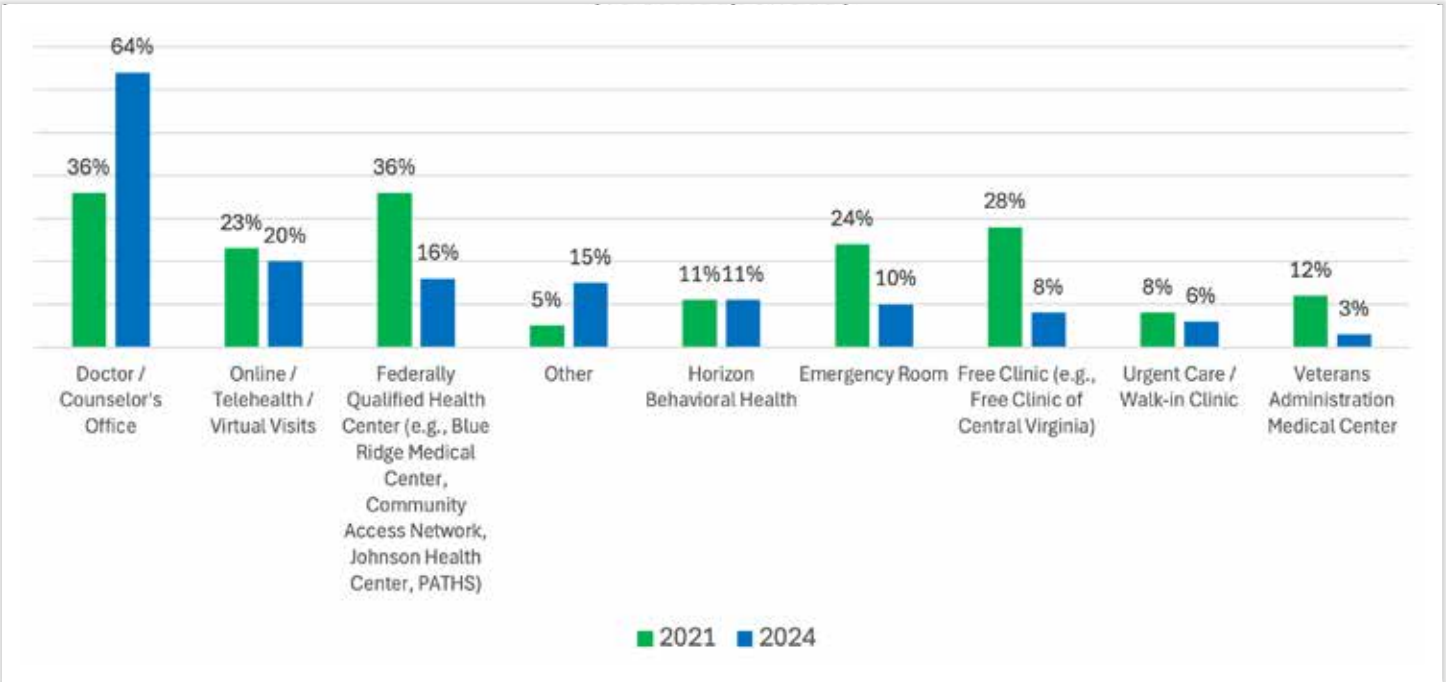
## Do you use mental health, alcohol use, or drug use services?




| *Do you use mental health, alcohol use, or drug use services?* | *2021* | *2024* |
|---|---|---|
| **Yes** | 47% | 25% |
| **No** | 54% | N/A |
| **No, but I do know where to go for services** | N/A | 58% |
| **No, and I do not know where to go for services** | N/A | 17% |
| **Total Answered** | 4,257 | 1,937 |
| **Skipped** | 182 | 640 |

The percentage of respondents using mental health, alcohol, or drug use services dropped significantly from 47% in 2021 to 25% in 2024. In 2021, 54% answered "no". For 2024, this was broken down further: 58% reported not using services but knowing where to go, while 17% said they did not know where to go for assistance.

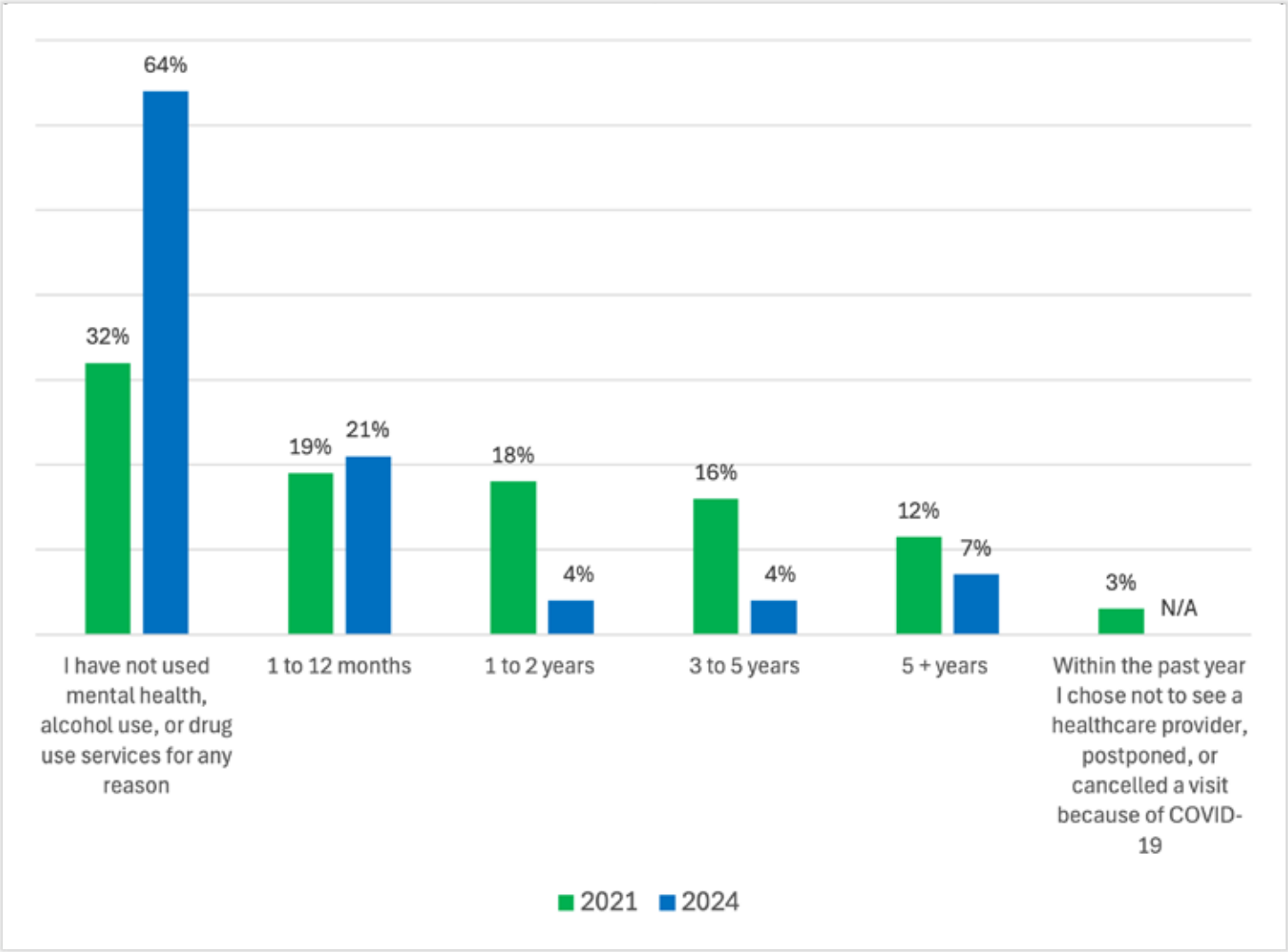
## Please check all the mental health, alcohol use, or drug use services you use.




| *Please check all the mental health, alcohol use, or drug use services you use.* | *2021* | *2024* |
|---|---|---|
| **Doctor / Counselor's Office** | 36% | 64% |
| **Online / Telehealth / Virtual Visits** | 23% | 20% |
| **Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)** | 36% | 16% |
| **Other** | 5% | 15% |
| **Horizon Behavioral Health** | 11% | 11% |
| **Emergency Room** | 24% | 10% |
| **Free Clinic (e.g., Free Clinic of Central Virginia)** | 28% | 8% |
| **Urgent Care / Walk-in Clinic** | 8% | 6% |
| **Veterans Administration Medical Center** | 12% | 3% |
| **Total Answered** | 2,707 | 518 |
| **Skipped** | 1,742 | 640 |

The number of respondents utilizing a "Doctor or Counselor's Office" for services saw a substantial increase, rising from 36% in 2021 to 64% in 2024. In contrast, the use of the Free Clinic and Federally Qualified Health Centers (FQHC) saw sharp declines. Respondents accessing the Free Clinic dropped from 28% in 2021 to just 8% in 2024, while those using FQHCs decreased from 36% to 16%. The use of Horizon Behavioral Health remained steady at 11% across both years. Meanwhile, emergency room use for mental health or substance services dropped significantly, from 24% in 2021 to 10% in 2024. 15% of respondents reported using "Other" services, pointing to a diverse range of additional care options not captured in the primary categories.

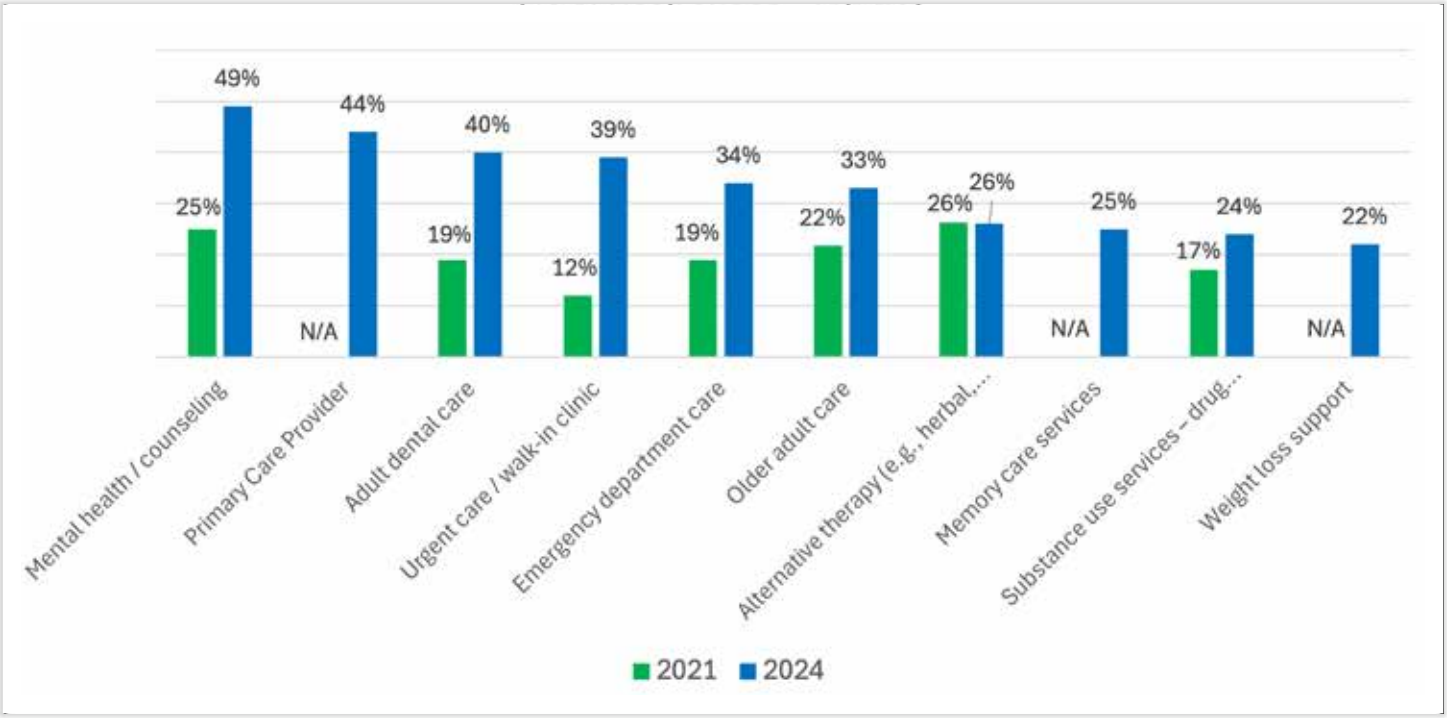
## How long has it been since you last used mental health, alcohol use, or drug use services for any reason?




| *How long has it been since you last used mental health, alcohol use, or drug use services for any reason?* | *2021* | *2024* |
|---|---|---|
| **I have not used mental health, alcohol use, or drug use services for any reason** | 32% | 64% |
| **1 to 12 months** | 19% | 21% |
| **1 to 2 years** | 18% | 4% |
| **3 to 5 years** | 16% | 4% |
| **5 + years** | 12% | 7% |
| **Within the past year, I chose not to see a healthcare provider, postponed or canceled a visit because of COVID-19** | 3% | N/A |
| **Total Answered** | 4,834 | 1,913 |
| **Skipped** | 295 | 664 |

In 2024, 64% of respondents reported not using mental health, alcohol, or drug use services, a significant increase from 32% in 2021. Short-term gaps in service use (1-12 months) remained fairly consistent, with 19% in 2021 and 21% in 2024. However, long-term gaps saw a sharp decline, with only 4-7% reporting 1-5 year gaps in 2024, compared to 18% (1-2 years), 16% (3-5 years), and 12% (5+ years) in 2021. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 3% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

## Which healthcare services are hard to get in our community? (Check all that apply) — *Top 10 responses shown*

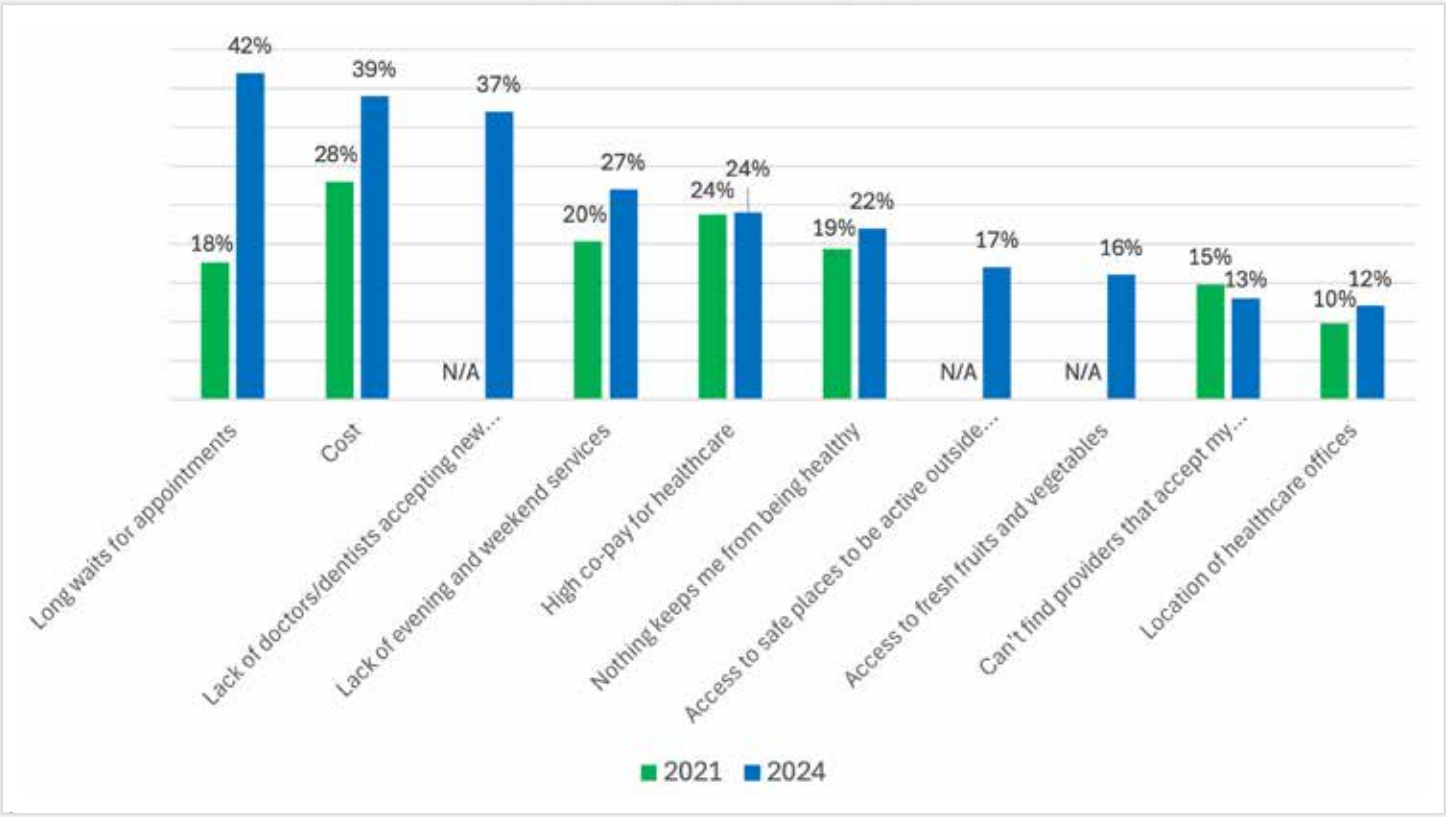



In 2024, survey respondents highlighted significant barriers to accessing healthcare services, with mental health and counseling being the most challenging, reported by 49% of respondents—up sharply from 25% in 2021. The 2024 survey introduced primary care as a new option, with 44% of respondents citing difficulty in accessing these services. The demand for adult dental care nearly doubled, rising from 19% to 40%, while challenges in accessing urgent care increased from 12% to 39%. Emergency department care also became more difficult to access, with reports of difficulty rising from 19% in 2021 to 34% in 2024.

New or revised categories introduced in 2024 included memory care services (25%), weight loss support (22%), exercise professionals (13%), COVID-19/Long COVID care (10%), blood work (9%), and respiratory care (8%).

| *Which healthcare services are hard to get in our community? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Mental health / counseling** | 25% | 49% |
| **Primary Care Provider** | N/A | 44% |
| **Adult dental care** | 19% | 40% |
| **Urgent care / walk-in clinic** | 12% | 39% |
| **Emergency department care** | 19% | 34% |
| **Older adult care** | 22% | 33% |
| **Alternative therapy (e.g., herbal, acupuncture, massage)** | 26% | 26% |
| **Memory care services** | N/A | 25% |
| **Substance use services – drug and alcohol** | 17% | 24% |
| **Weight loss support** | N/A | 22% |
| **Cancer care** | 21% | 19% |
| **Domestic violence services** | 20% | 19% |
| **Women's health services** | 11% | 19% |
| **Prescription medication / medical supplies** | 12% | 18% |
| **Dermatology (skin care)** | 19% | 18% |
| **Child dental care** | 18% | 17% |
| **LGBTQ support** | 12% | 15% |
| **Yearly check-ups** | 12% | 14% |
| **Exercise professional** | N/A | 13% |
| **Hospital care (staying overnight)** | 10% | 13% |
| **Vision (eye) care** | 8% | 12% |
| **Programs to stop using tobacco products** | 14% | 12% |
| **End of life / hospice /palliative care** | 13% | 11% |
| **Physical therapy or physical rehabilitation** | 8% | 11% |
| **COVID-19 / Long COVID-19 care** | N/A | 10% |
| **Chiropractic care** | 16% | 10% |
| **X-rays / mammograms** | 7% | 10% |
| **Ambulance services** | 18% | 10% |
| **Blood work** | N/A | 9% |
| **Other** | 3% | 9% |
| **Respiratory (lung) care** | N/A | 8% |
| **Immunizations (vaccines)** | 11% | 5% |
| **None** | 5% | 3% |
| **Specialty care (e.g., heart doctor)** | 13% | N/A |
| **COVID-19 has made one or more of the services I selected hard to get** | 14% | N/A |
| **Lab work** | 7% | N/A |
| **Total Answered** | 4,325 | 2,202 |
| **Skipped** | 114 | 375 |

## What keeps you from being healthy? (Check all that apply) — *Top 10 responses shown*



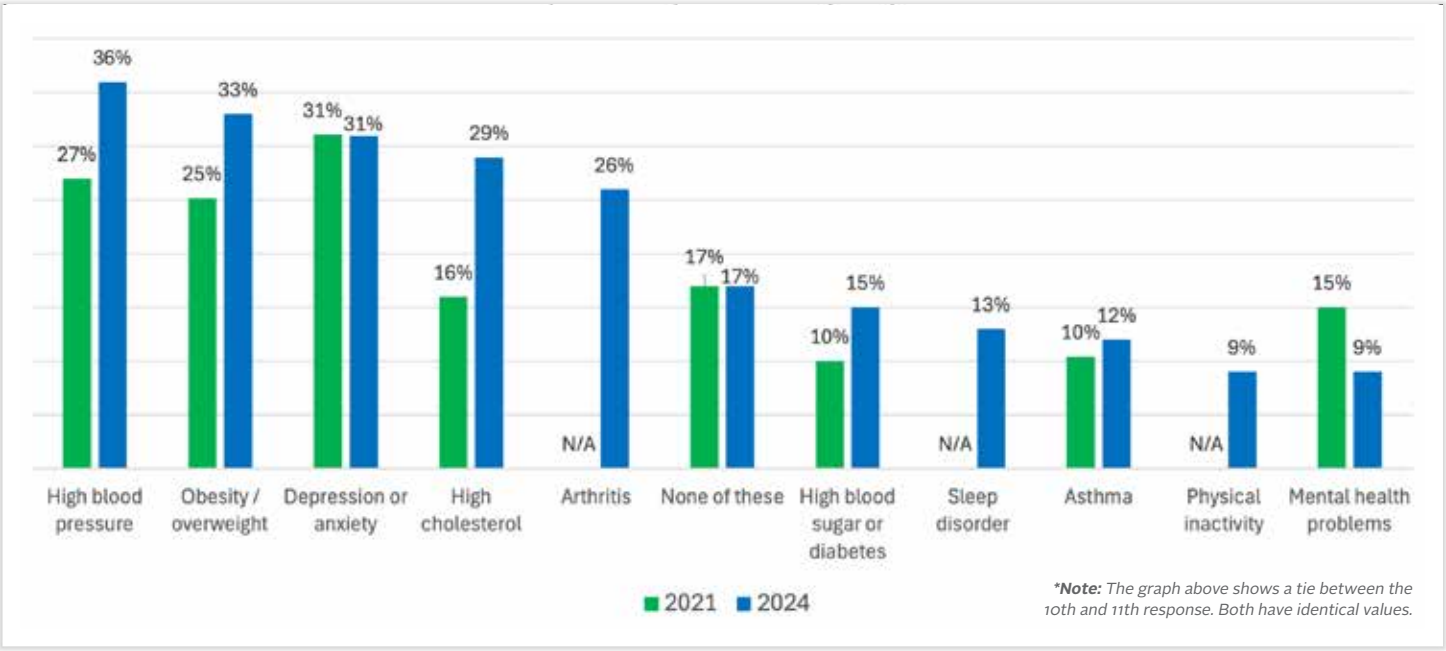
| *What keeps you from being healthy? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Long waits for appointments** | 18% | 42% |
| **Cost** | 28% | 39% |
| **Lack of doctors/dentists accepting new patients** | N/A | 37% |
| **Lack of evening and weekend services** | 20% | 27% |
| **High co-pay for healthcare** | 24% | 24% |
| **Nothing keeps me from being healthy** | 19% | 22% |
| **Access to safe places to be active outside (parks, sidewalks)** | N/A | 17% |
| **Access to fresh fruits and vegetables** | N/A | 16% |
| **Can't find providers that accept my insurance** | 15% | 13% |
| **Location of healthcare offices** | 10% | 12% |
| **Other** | 3% | 10% |
| **Don't trust my insurance to help** | N/A | 8% |
| **Afraid to have check-ups** | 11% | 8% |
| **Childcare** | 14% | 7% |
| **Don't trust doctors / clinics** | N/A | 7% |
| **No transportation** | 8% | 7% |
| **Have no regular source of healthcare** | 17% | 7% |
| **Don't like accepting government assistance** | 14% | 5% |
| **No health insurance** | 10% | 5% |
| **Unable to learn about medical condition because of difficulty understanding spoken or written information** | N/A | 3% |
| **Language services (access to interpreter)** | 7% | 2% |
| **Don't trust doctors / clinics / my insurance** | 15% | N/A |
| **Don't know what types of services are available** | 20% | N/A |
| **Total Answered** | 4,311 | 1,945 |
| **Skipped** | 128 | 632 |

The 2024 survey data reveals notable changes in reported health barriers compared to 2021. "Long waits for appointments" saw a significant rise, from 18% in 2021 to 42% in 2024, while concerns about "Cost" increased from 28% to 39%, underscoring growing issues with access and affordability. Additionally, 27% of respondents cited a "Lack of evening and weekend services," pointing to a need for more flexible healthcare options.

Fewer respondents reported "No regular source of healthcare" (dropping from 17% to 7%) and "No health insurance" (down from 10% to 5%). New barriers introduced in 2024 included "Lack of doctors/dentists accepting new patients" (37%), "Access to fresh fruits and vegetables" (16%), and "Access to safe places to be active outside" (17%).

The option "Don't trust doctor/clinics/my insurance" was split in 2024 into "Don't trust my insurance to help" (8%) and "Don't trust doctors/clinics" (7%). The response option "Don't know what services are available" was removed from the 2024 survey.

## Have you been told by a doctor that you have... (Check all that apply) — *Top 10 responses shown*



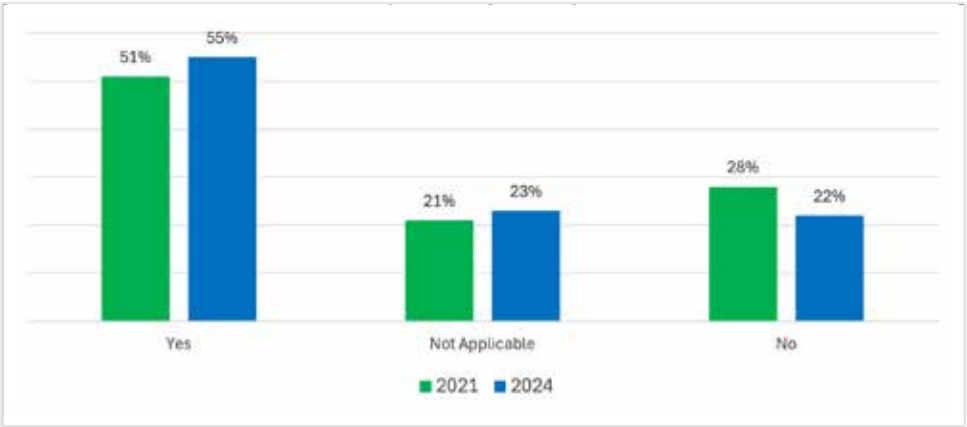

***Note:** The graph above shows a tie between the 10th and 11th response. Both have identical values.*

| *Have you been told by a doctor that you have... (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **High blood pressure** | 27% | 36% |
| **Obesity / overweight** | 25% | 33% |
| **Depression or anxiety** | 31% | 31% |
| **High cholesterol** | 16% | 29% |
| **Arthritis** | N/A | 26% |
| **None of these** | 17% | 17% |
| **High blood sugar or diabetes** | 10% | 15% |
| **Sleep disorder** | N/A | 13% |
| **Asthma** | 10% | 12% |
| **Physical inactivity** | N/A | 9% |
| **Mental health problems** | 15% | 9% |
| **Walking or moving problems** | N/A | 8% |
| **Cancer** | 10% | 7% |
| **Heart disease** | 13% | 7% |
| **Other** | 4% | 7% |
| **Eating disorder** | N/A | 4% |
| **Drug or alcohol problems** | 14% | 3% |
| **Stroke / cerebrovascular disease** | 6% | 2% |
| **Long COVID-19** | N/A | 2% |
| **Alzheimer's / Dementia** | N/A | 2% |
| **Sexually transmitted infections** | N/A | 1% |
| **HIV / AIDS** | 4% | 1% |
| **Cerebral palsy** | 1% | 1% |
| **Total Answered** | 4,294 | 1,945 |
| **Skipped** | 145 | 632 |

The 2024 survey highlights important shifts in diagnosed health conditions. Reports of "High blood pressure" increased from 27% to 36%, and "High cholesterol" rose from 16% to 29%. "Obesity/overweight" also saw a rise, from 25% to 33%, emphasizing growing weight-related health concerns. In contrast, "Mental health problems" dropped from 15% to 9%, and "Drug or alcohol problems" significantly decreased from 14% to 3%.

Newly added conditions like "Long COVID-19" and "Alzheimer's/Dementia" were each reported by 2% of respondents. Despite some improvements, "Depression or anxiety" remained prevalent at 31%, indicating ongoing mental health challenges. Other newly reported conditions in 2024 included "Arthritis" (26%), "Sleep disorder" (13%), "Physical inactivity" (9%), "Walking or moving problems" (8%), "Eating disorder" (4%), and "Sexually transmitted infections" (1%).

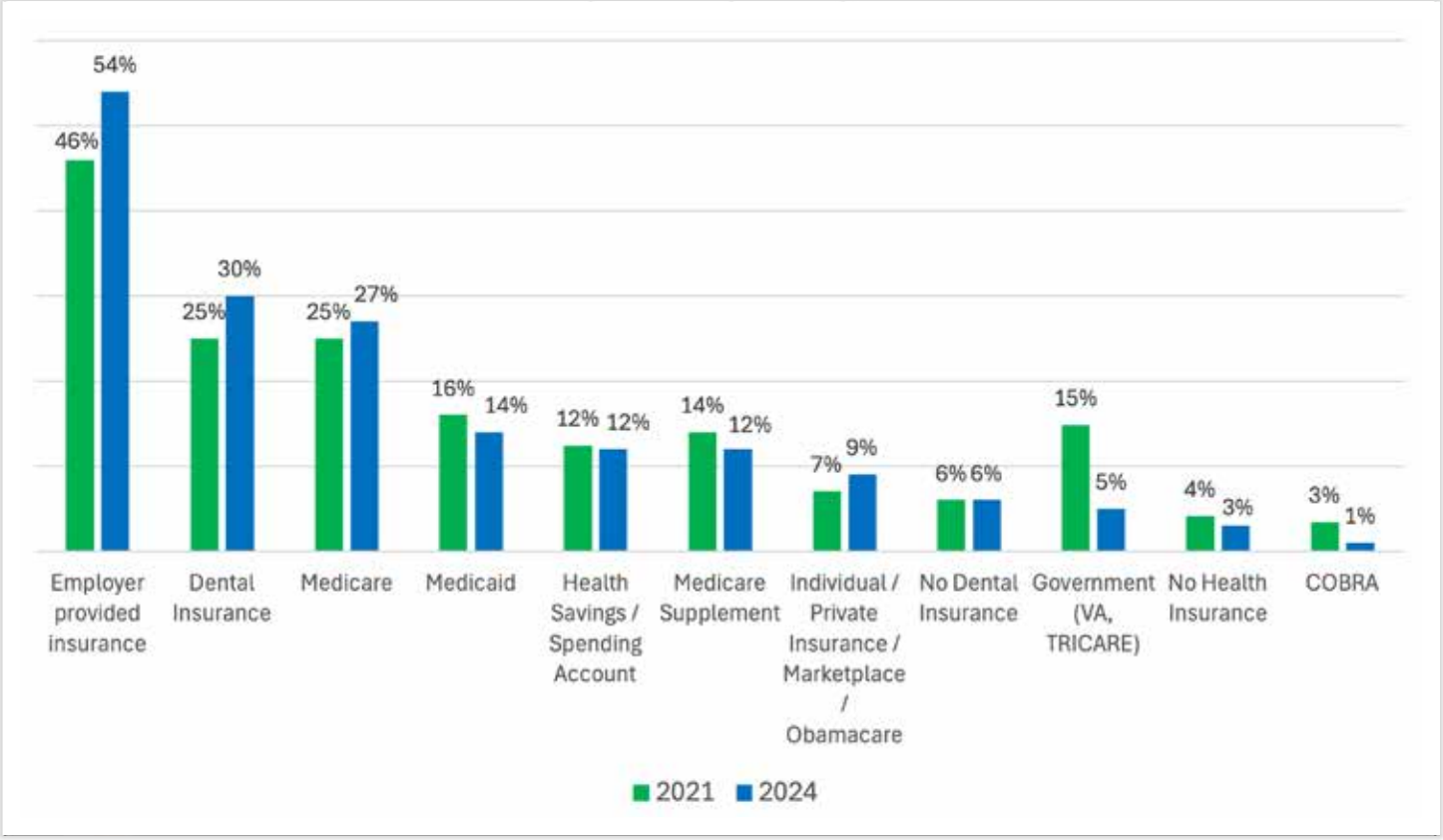
## I take the medicine my doctor tells me to take to control my chronic illness.




| *I take the medicine my doctor tells me to take to control my chronic illness.* | *2021* | *2024* |
|---|---|---|
| **Yes** | 51% | 55% |
| **Not Applicable** | 21% | 23% |
| **No** | 28% | 22% |
| **Total Answered** | 4,297 | 1,916 |
| **Skipped** | 142 | 661 |

Respondents were asked whether they take the medicine their doctor prescribes to manage their chronic illness. In 2024, 55% reported taking their prescribed medications, up from 51% in 2021. Those who did not follow their prescribed treatment decreased from 28% in 2021 to 22% in 2024. The percentage of respondents who found the question "not applicable" increased slightly from 21% to 23%, indicating a small rise in those who may not have chronic illnesses or are not prescribed medication.

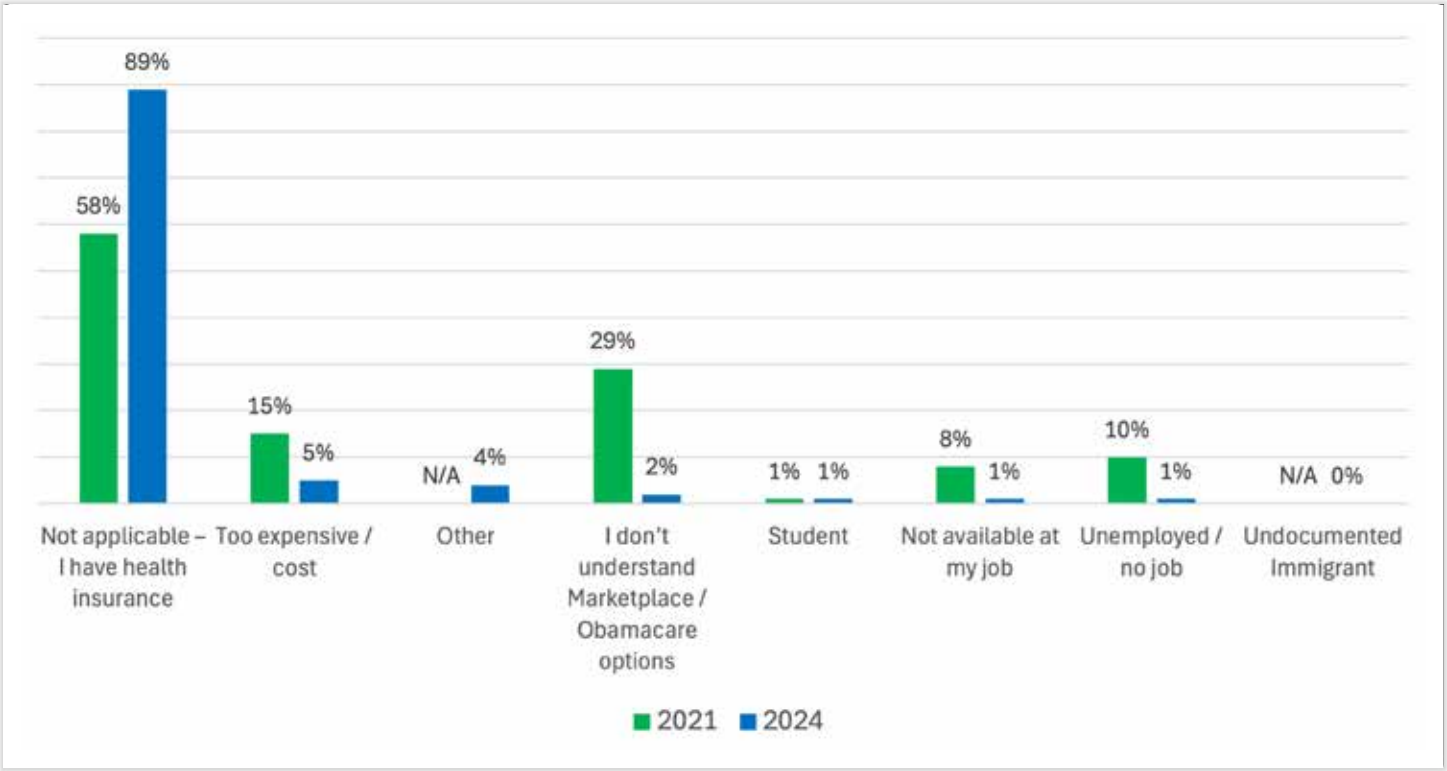
## Which of the following describes your current type of health insurance? (Check all that apply)




| *Which of the following describes your current type of health insurance? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Employer provided insurance** | 46% | 54% |
| **Dental Insurance** | 25% | 30% |
| **Medicare** | 25% | 27% |
| **Medicaid** | 16% | 14% |
| **Health Savings / Spending Account** | 12% | 12% |
| **Medicare Supplement** | 14% | 12% |
| **Individual / Private Insurance / Marketplace / Obamacare** | 7% | 9% |
| **No Dental Insurance** | 6% | 6% |
| **Government (VA, TRICARE)** | 15% | 5% |
| **No Health Insurance** | 4% | 3% |
| **COBRA** | 3% | 1% |
| **Total Answered** | 4,350 | 1,908 |
| **Skipped** | 89 | 669 |

The 2024 survey shows notable changes in health insurance coverage. More respondents reported having employer-provided insurance, rising from 46% in 2021 to 54% in 2024. The percentage of uninsured respondents slightly decreased from 4% to 3%. Additionally, dental insurance coverage grew from 25% in 2021 to 30% in 2024. However, those with government insurance, such as TRICARE, dropped significantly from 15% in 2021 to 5% in 2024.

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

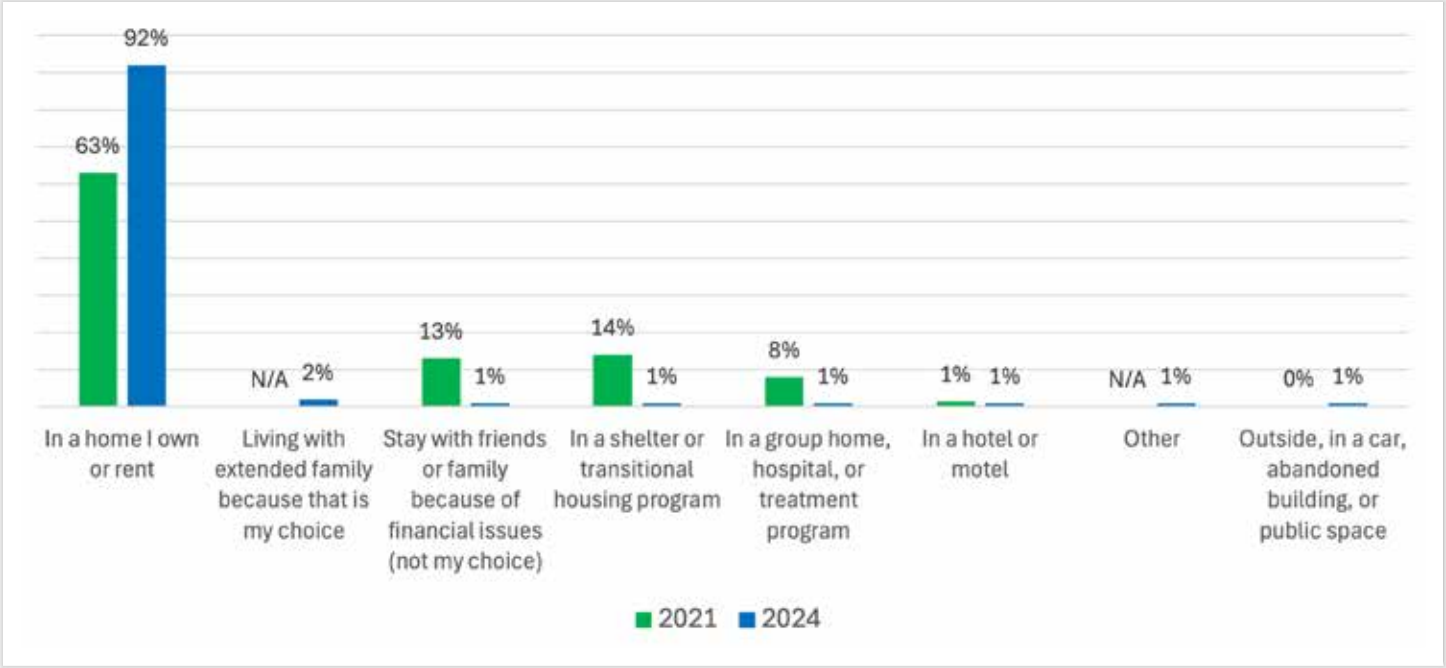



| *If you have no health insurance, why don't you have insurance? (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Not applicable – I have health insurance** | 58% | 89% |
| **Too expensive / cost** | 15% | 5% |
| **Other** | N/A | 4% |
| **I don't understand Marketplace / Obamacare options** | 29% | 2% |
| **Student** | 1% | 1% |
| **Not available at my job** | 8% | 1% |
| **Unemployed / no job** | 10% | 1% |
| **Undocumented Immigrant** | N/A | 0% |
| **Total Answered** | 3,688 | 1,770 |
| **Skipped** | 712 | 807 |

The 2024 survey data reflects a positive trend in health insurance coverage, with a significant increase in respondents indicating they have insurance, as shown by the rise in "not applicable" responses from 58% in 2021 to 89% in 2024. This suggests that more people have gained access to health coverage over time. Among those without insurance, the percentage citing cost as a barrier dropped from 15% to 5%. A new response option, "undocumented immigrant," was introduced in 2024, though 0% of respondents selected this option.

## HOUSING

### Where do you sleep most often? (Check one)

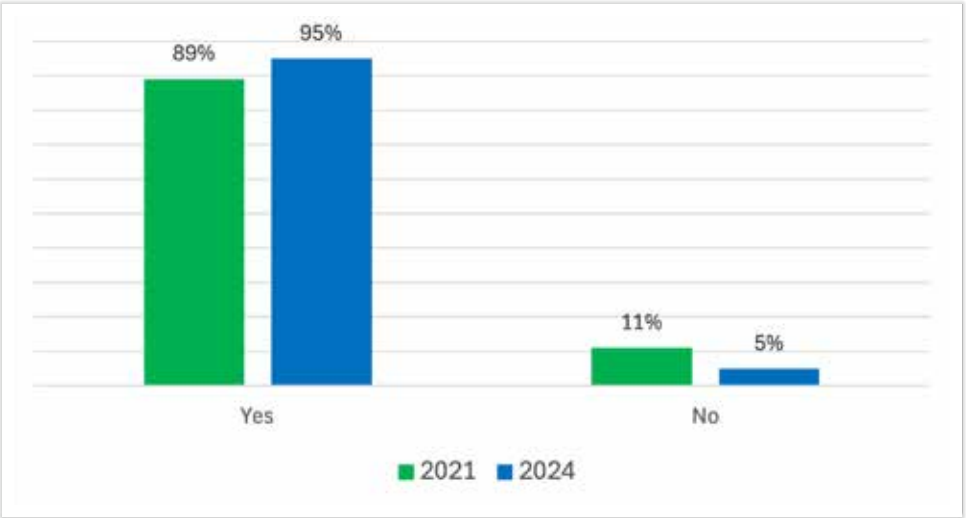



| *Where do you sleep most often? (Check one)* | *2021* | *2024* |
|---|---|---|
| **In a home I own or rent** | 63% | 92% |
| **Living with extended family because that is my choice** | N/A | 2% |
| **Stay with friends or family because of financial issues (not my choice)** | 13% | 1% |
| **In a shelter or transitional housing program** | 14% | 1% |
| **In a group home, hospital, or treatment program** | 8% | 1% |
| **In a hotel or motel** | 1% | 1% |
| **Other** | N/A | 1% |
| **Outside, in a car, abandoned building, or public space** | 0% | 1% |
| **Total Answered** | 4,353 | 1,956 |
| **Skipped** | 86 | 621 |

In 2024, 92% of participants reported sleeping in their own homes, up from 63% in 2021. Additionally, those indicating they stayed with friends or family due to financial issues decreased from 13% to just 1%, and the percentage residing in shelters or transitional housing also fell significantly from 14% to 1%. Again, this is most likely related to the demographics of the respondents completing the survey in 2024.

Despite this decline in homelessness reported by respondents in 2024, housing insecurity has likely worsened overall due to escalating housing costs. The demand for affordable housing has increased dramatically in the United States, as nearly 40% of renters now find themselves cost-burdened – spending more than 30% of their income on housing (Source: U.S. Census Bureau, Retrieved 10/30/24, https://www.census.gov/newsroom/press-releases/2022/renters-burdened-by-housing-costs.html).

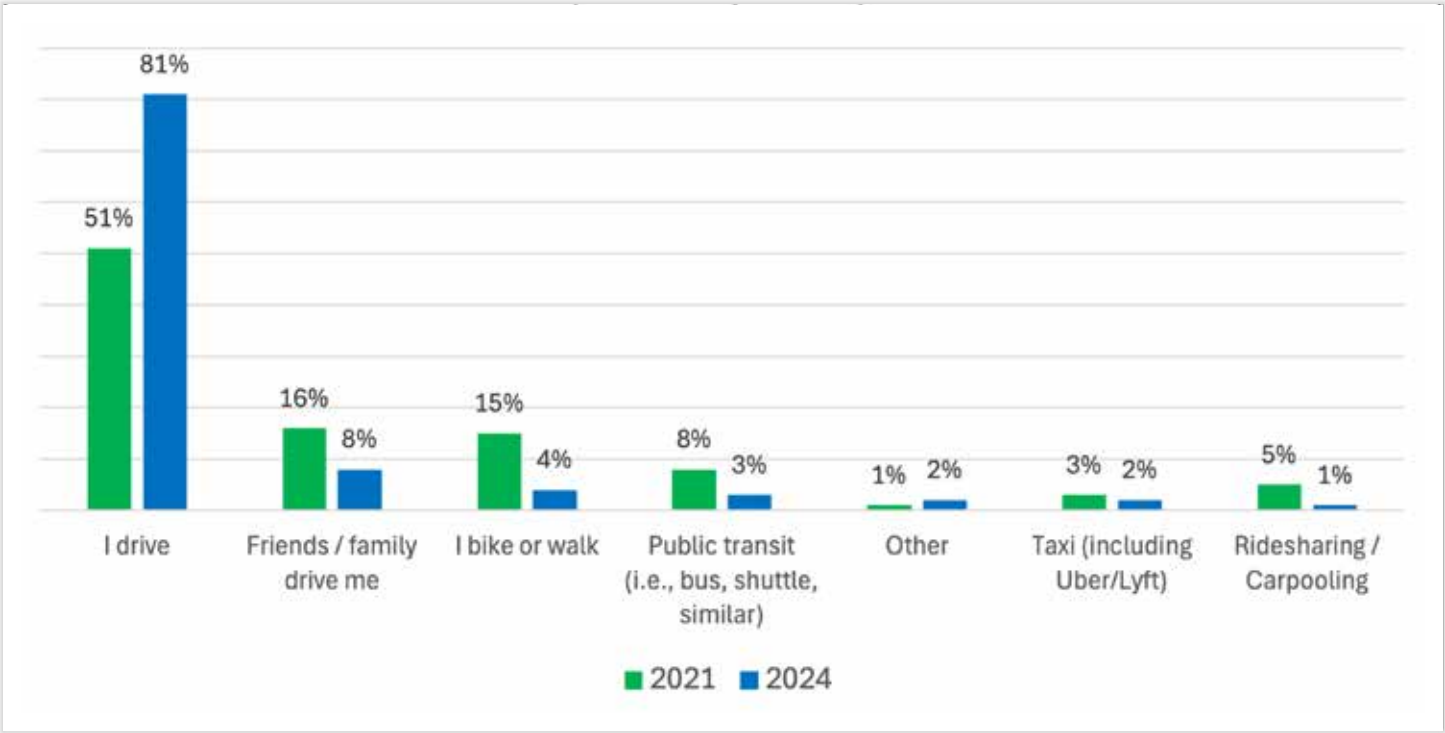
## Do you have access to reliable transportation?




| *Do you have access to reliable transportation?* | *2021* | *2024* |
|---|---|---|
| **Yes** | 89% | 95% |
| **No** | 11% | 5% |
| **Total Answered** | 4,339 | 1,938 |
| **Skipped** | 100 | 639 |

In 2024, 95% reported having access to reliable transportation, an increase from 89% in 2021. Those who responded "no" decreased from 11% in 2021 to 5% in 2024.

## What type of transportation do you use most often?




| What type of transportation do you use most often? | 2021 | 2024 |
|---|---|---|
| **I drive** | 51% | 81% |
| **Friends / family drive me** | 16% | 8% |
| **I bike or walk** | 15% | 4% |
| **Public transit (i.e., bus, shuttle, similar)** | 8% | 3% |
| **Other** | 1% | 2% |
| **Taxi (including Uber/Lyft)** | 3% | 2% |
| **Ridesharing / Carpooling** | 5% | 1% |
| **Total Answered** | 4,300 | 1,952 |
| **Skipped** | 139 | 625 |

In 2024, when asked about their primary mode of transportation, 81% of respondents indicated they drove, a significant increase from 51% in 2021. Conversely, the percentage of respondents who rely on family or friends for rides decreased from 16% in 2021 to 8% in 2024. Additionally, those who walked or biked also saw a decline, dropping from 15% in 2021 to just 4% in 2024.

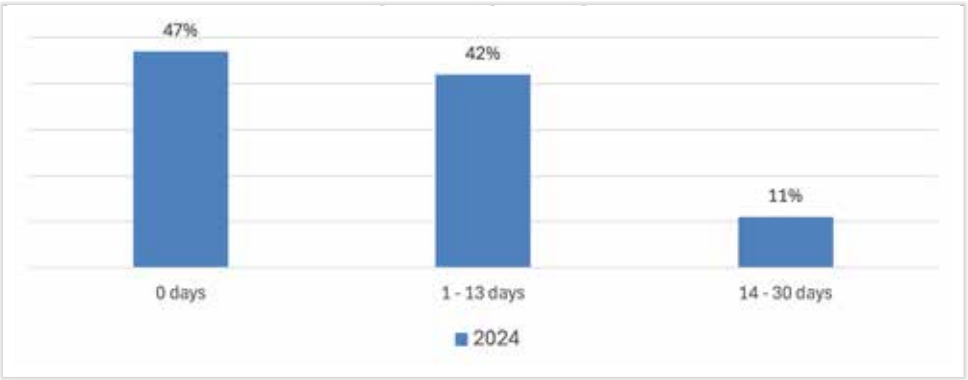
# HEALTH OUTCOMES

## *Quality of Life*

### PHYSICALLY AND MENTALLY UNHEALTHY DAYS

Respondents were asked whether their physical and mental health was not good over the past 30 days. The 2024 survey revised the response options from "0 days," "1 to 2 days," and "3 to 5 days" in 2021 to "0 days," "1 to 13 days," and "14 to 30 days."

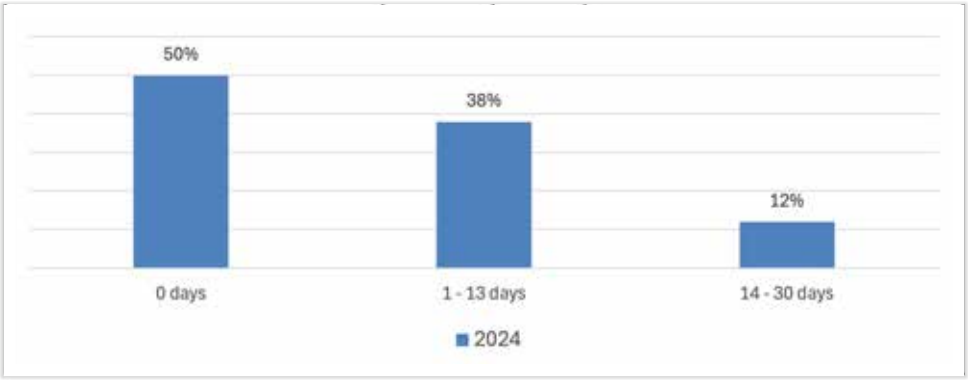
### How many days during the past 30 days was your physical health not good? (Check one)




| *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? (Check one)* | *2024* |
|---|---|
| **0 days** | 47% |
| **1-13 days** | 42% |
| **14-30 days** | 11% |
| **Total Answered** | 1,914 |
| **Skipped** | 663 |

In 2024, 47% of respondents reported having no days of poor physical health, while 42% experienced 1 to 13 days of poor health. Only 11% indicated that their physical health was not good for 14 to 30 days.

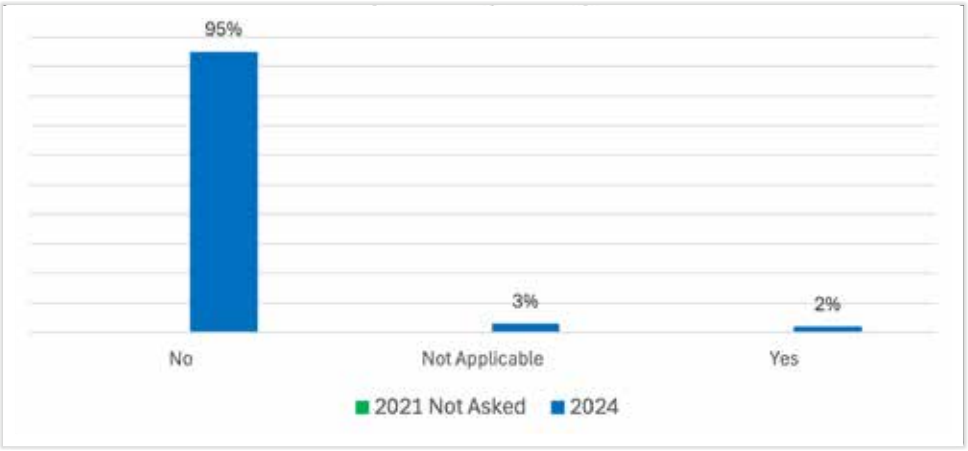
## How many days during the past 30 days was your mental health not good? (Check one)




| *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? (Check one)* | *2024* |
|---|---|
| **0 days** | 50% |
| **1-13 days** | 38% |
| **14-30 days** | 12% |
| **Total Answered** | 1,915 |
| **Skipped** | 662 |

In 2024, 50% of respondents reported no days of poor mental health. Meanwhile, 38% experienced 1 to 13 days of poor mental health, and 12% reported more than 14 to 30 days of poor mental health.

## I have attempted suicide in the past 12 months.



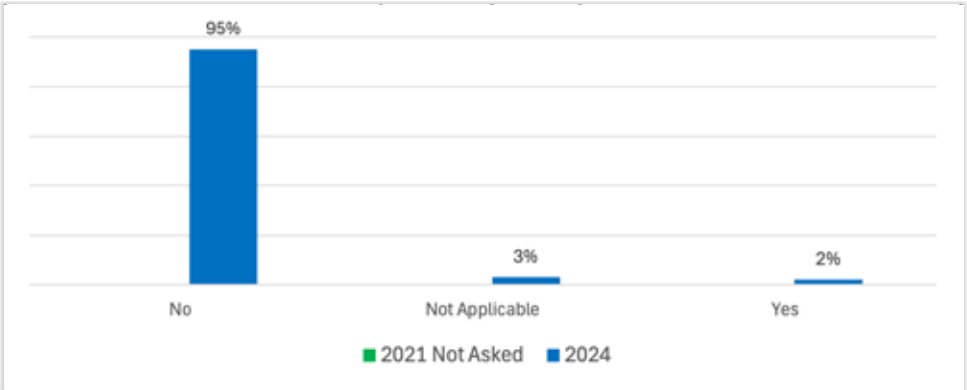

| *I have attempted suicide in the past 12 months.* | *2021 Not Asked* | *2024* |
|---|---|---|
| **No** | | 95% |
| **Not Applicable** | | 3% |
| **Yes** | | 2% |
| **Total Answered** | | 1,932 |
| **Skipped** | | 645 |

In 2024, respondents were asked if they had attempted suicide in the past 12 months—a question not included in the 2021 survey. Of those surveyed, 95% reported no attempts, 2% reported they had attempted suicide, and 3% selected "not applicable."

Suicide and self-harm are key indicators of community health in Virginia, reflecting broader societal, economic, and mental health challenges. Monitoring these behaviors offers insight into the state's public health and the effectiveness of prevention efforts.

Virginia's suicide rate has fluctuated in recent years. In 2022, the state recorded 1,208 suicide deaths, with a rate of 13.3 per 100,000 people—marking a 22% increase over the past two decades (Source: USA Facts, Retrieved 10/31/24, https://usafacts.org/answers/how-many-people-die-by-suicide/state/virginia/). Nationally, the age-adjusted suicide rate in 2022 was 14.3 per 100,000, placing Virginia slightly below the national average (Source: CDC National Vital Statistics System, Provisional Monthly and Quarterly Estimates of Mortality by Cause, Retrieved 10/31/24, https://www.cdc.gov/nchs/data/vsrr/vsrr034.pdf). These trends emphasize the critical need for continued mental health support and suicide prevention programs across the state.

## I have attempted self-harm in the past 12 months.




| *I have attempted self-harm in the past 12 months.* | *2021 Not Asked* | *2024* |
|---|---|---|
| **No** | | 95% |
| **Not Applicable** | | 3% |
| **Yes** | | 2% |
| **Total Answered** | | 1,929 |
| **Skipped** | | 648 |

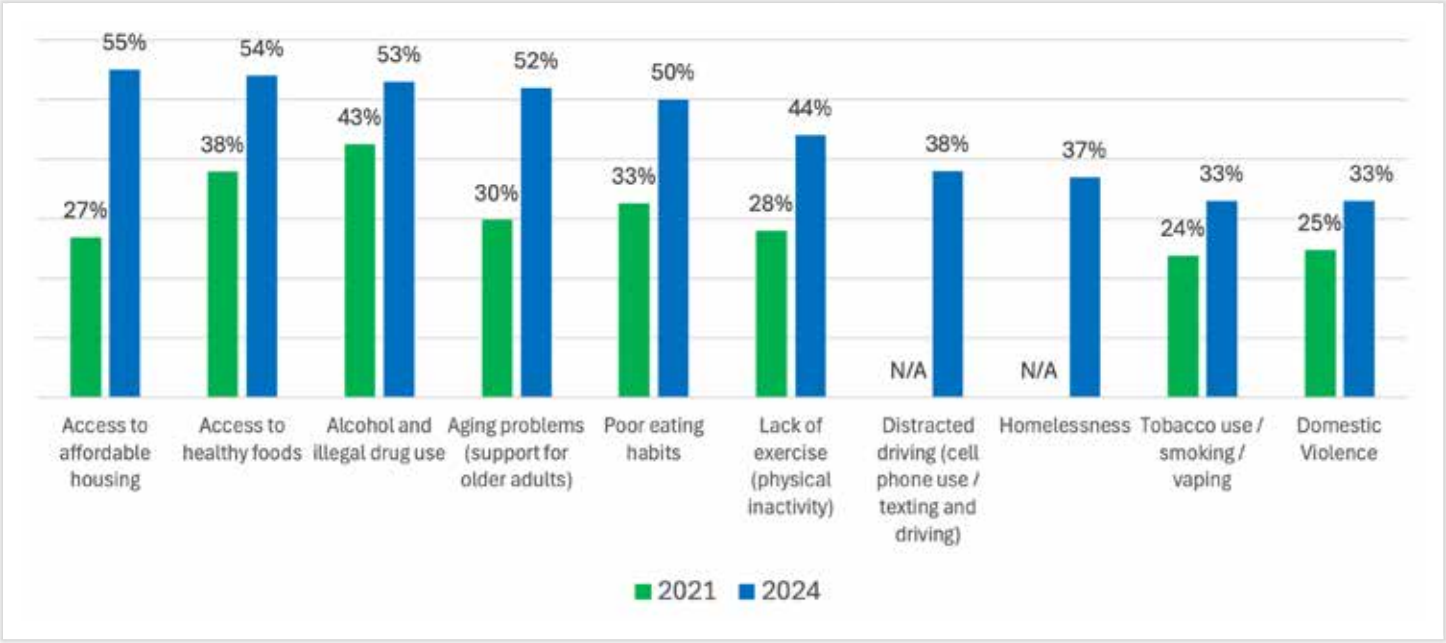
In 2024, respondents were asked if they had attempted self-harm in the past 12 months—a question not included in the 2021 survey. Of those surveyed, 95% reported no self-harm, 2% reported attempts, and 3% selected "not applicable."

In Virginia, self-harm rates have shown significant trends, particularly among youth. According to the Virginia Department of Health, from 2015 to 2021, emergency department (ED) visits for self-harm among individuals aged 9 to 18 increased sharply—from about 300 visits per 100,000 people in 2015 to over 500 per 100,000 in 2021. This rise was especially notable among females aged 13 to 15 (Source: Virginia Department of Health, Injury and Violence Data, Retrieved 10/31/24, https://www.vdh.virginia.gov/injury-and-violence-prevention/surveillance-and-data/). These trends highlight the growing concern of self-harm behavior among Virginia's youth, highlighting the need for targeted mental health interventions and support.

# Community Need

In the 2024 survey, respondents were asked to identify which health factors and health conditions had the most significant impact on community health. This year's survey included several new response options to capture a broader range of health issues and their effects on the community. These new categories reflect an effort to better understand the multifaceted nature of community health, which is vital for developing targeted interventions and resource allocations.

## What do you think are the most important issues that affect health in our community? Health Factors (Check all that apply) — *Top 10 responses shown*



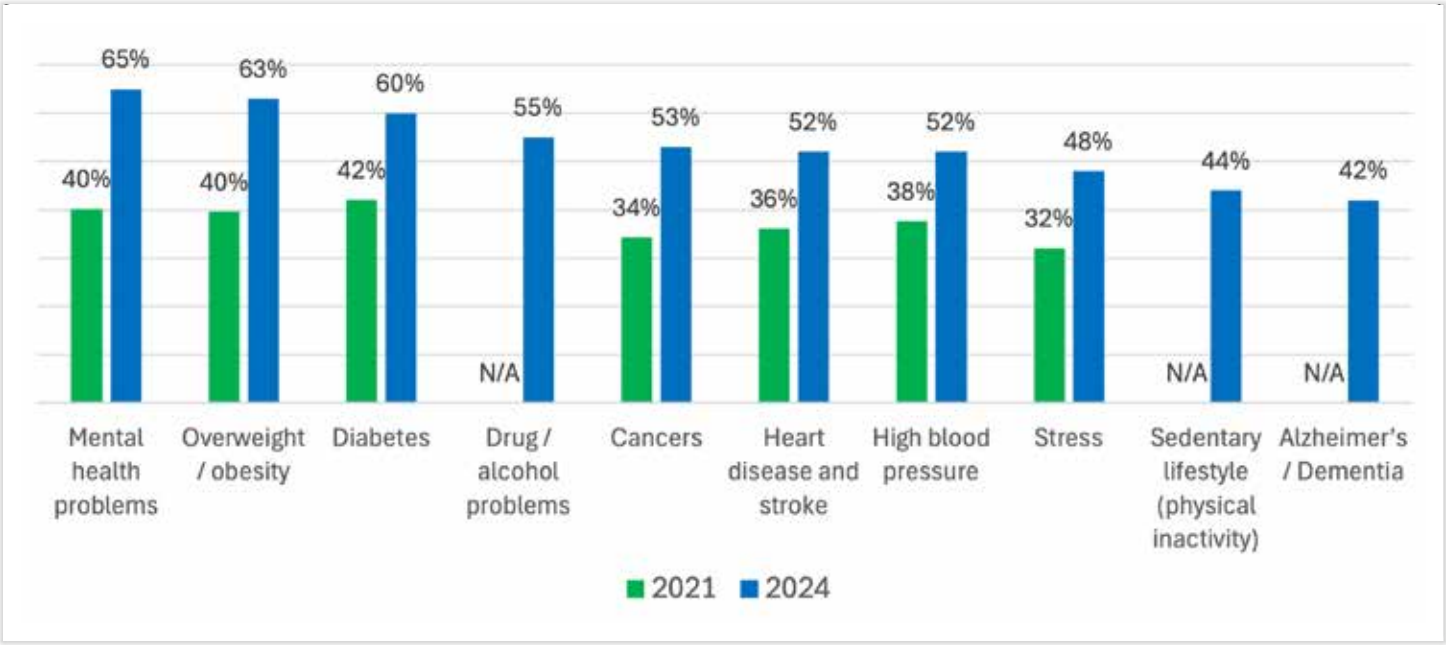

The 2024 survey highlights significant increases in community concerns regarding "Access to affordable housing," which surged from 27% in 2021 to 55% in 2024. Additionally, worries about "Access to healthy food" rose from 38% to 54%, and concerns about "Aging problems (support for older adults)" climbed from 30% to 52%. These trends underscore critical socioeconomic and support service challenges facing the community.

Notable health concerns in 2024 include a rise in reported "Poor eating habits" (from 33% to 50%) and "Lack of exercise" (from 28% to 44%), highlighting lifestyle factors that negatively impact health. New socioeconomic and safety issues have also emerged, with "Distracted driving" (38%) and "Homelessness" (37%) among key concerns. The 2024 survey introduced several new response options, such as "Gun violence" (30%), "Access to safe places to exercise" (23%), and "Gender identification" (11%). Existing categories were refined for clarity—for example, "Distracted driving" (38%) and "Cell phone use (social media)" (29%) were split into distinct categories. The broader category of "Neighborhood safety" now includes sidewalks, roads, and lighting, (24%). Additional issues identified in 2024 include "Injuries" (17%), "Poor water and/or air quality" (14%), and "Gambling" (11%).

Access to affordable housing has become a pressing issue, with over half of respondents indicating concern. The shortage of affordable housing limits families' and individuals' choices about where they live, often relegating lower-income families to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion (e.g., parks, bike paths, recreation centers and activities). (Source: Robert Wood Johnson Foundation, Housing and Health, Retrieved 10/30/24, https://www.rwjf.org/en/insights/our-research/2011/05/housing-and-health.html).

| *What do you think are the most important issues that affect health in our community? Health Factors (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Access to affordable housing** | 27% | 55% |
| **Access to healthy foods** | 38% | 54% |
| **Alcohol and illegal drug use** | 43% | 53% |
| **Aging problems (support for older adults)** | 30% | 52% |
| **Poor eating habits** | 33% | 50% |
| **Lack of exercise (physical inactivity)** | 28% | 44% |
| **Distracted driving (cell phone use / texting and driving)** | N/A | 38% |
| **Homelessness** | N/A | 37% |
| **Tobacco use / smoking / vaping** | 24% | 33% |
| **Domestic Violence** | 25% | 33% |
| **Gun violence** | N/A | 30% |
| **Cell phone use (social media)** | N/A | 29% |
| **Child abuse / neglect** | 26% | 29% |
| **Social isolation** | 17% | 28% |
| **Housing problems (e.g., mold, bed bugs, lead paint)** | 19% | 28% |
| **Transportation problems** | 18% | 26% |
| **Prescription drug abuse** | 21% | 25% |
| **Gang activity** | 14% | 25% |
| **Bullying** | 18% | 24% |
| **Neighborhood is not safe (sidewalks, roads, crossings, street lighting)** | N/A | 24% |
| **Access to safe places to exercise** | N/A | 23% |
| **Not getting “vaccine shots” to prevent disease** | N/A | 22% |
| **Accidents in the home (e.g., falls, burns, cuts)** | 23% | 18% |
| **Injuries (car accident, workplace injuries, home accidents)** | N/A | 17% |
| **Sexual assault** | 14% | 17% |
| **Homicide** | 11% | 16% |
| **Unsafe sex** | 10% | 15% |
| **Not using seat belts / child safety seats / helmets** | 12% | 14% |
| **Poor water quality and/or poor air quality** | N/A | 14% |
| **Gender identification** | N/A | 11% |
| **Gambling (slot machines, sports betting, lottery tickets)** | N/A | 11% |
| **Other** | 2% | 11% |
| **Environmental health (e.g., water quality, air quality, pesticides, etc.)** | 22% | N/A |
| **Cell phone use / texting and driving / distracted driving** | 27% | N/A |
| **Not getting "shots" to prevent disease** | 17% | N/A |
| **Neighborhood safety** | 16% | N/A |
| **Total Answered** | 4,403 | 2,216 |
| **Skipped** | 34 | 361 |

## What do you think are the most important issues that affect health in our community? Health Conditions/Health Outcomes (Check all that apply) — *Top 10 responses shown*




The 2024 survey reveals a sharp increase in community concerns about health conditions. "Mental health problems" rose significantly from 40% to 65%, while concerns about "Overweight/obesity" grew from 40% to 63%. Chronic conditions like "Diabetes" saw a marked rise from 42% to 60%, and "Heart disease and stroke" increased from 36% to 52%. Newly introduced concerns for 2024 include "Drug/alcohol problems" (55%) and "Alzheimer's/Dementia" (42%). Additional new response options highlighted in the survey include "Sedentary lifestyle (44%)," "Back, hip, knee pain (32%)," "Sleep problems (24%)," "Long COVID-19 (24%)," "Kidney disease (22%)," "Sexually transmitted infections (14%)," and "Stomach disease (11%)."

Research shows that mental health issues are often intertwined with socioeconomic challenges such as poverty, housing instability, and lack of access to healthcare. These conditions can lead to increased rates of depression and anxiety, which further exacerbate health disparities within the community. For instance, the World Health Organization highlights that mental health is influenced by various structural and social determinants, including economic status and access to community resources, indicating that addressing mental health is essential for improving overall community health outcomes (Source: World Health Organization, Mental health, Retrieved 10/30/24, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response).

| *What do you think are the most important issues that affect health in our community? Health Conditions/Health Outcomes (Check all that apply)* | *2021* | *2024* |
|---|---|---|
| **Mental health problems** | 40% | 65% |
| **Overweight / obesity** | 40% | 63% |
| **Diabetes** | 42% | 60% |
| **Drug / alcohol problems** | N/A | 55% |
| **Cancers** | 34% | 53% |
| **Heart disease and stroke** | 36% | 52% |
| **High blood pressure** | 38% | 52% |
| **Stress** | 32% | 48% |
| **Sedentary lifestyle (physical inactivity)** | N/A | 44% |
| **Alzheimer's / Dementia** | N/A | 42% |
| **Back, hip, knee pain** | N/A | 32% |
| **Disability** | 25% | 29% |
| **Suicide** | 17% | 27% |
| **Dental problems** | 25% | 26% |
| **Sleep problems** | N/A | 24% |
| **COVID-19 / coronavirus / Long COVID-19** | N/A | 24% |
| **Grief** | 16% | 23% |
| **Kidney disease** | N/A | 22% |
| **Lung Disease** | 18% | 19% |
| **Teenage pregnancy** | 10% | 14% |
| **Sexually transmitted infections** | N/A | 14% |
| **Stomach disease** | N/A | 11% |
| **HIV / AIDS** | 18% | 11% |
| **Infant death (less than 1 year old)** | 11% | 8% |
| **Other** | 1% | 5% |
| **COVID-19 / coronavirus** | 44% | N/A |
| **Total Answered** | 4,373 | 2,204 |
| **Skipped** | 66 | 373 |

## 2024 LYNCHBURG AREA COMMUNITY HEALTH SURVEY RESPONDENTS

"Access to dental care is really limited in this community."

"More access to primary care and continuity of care. More preventative care and partnerships between gyms, fitness centers, nutritionists, PT/OT, and healthcare teams."

"Wait times are awful, when we get sick unexpectedly, we cannot get doctor's appointments. We must go to urgent care or the emergency department if we need care that day."

"There is regular violence in the neighborhood of my child's school (R.S. Payne), and I worry for their safety when the kids are outside—especially after Kingston was murdered so close to the school."

# FOCUS GROUPS

# FOCUS GROUPS

Focus groups are a cornerstone of the Community Health Needs Assessment (CHNA) process and serve as a powerful platform for diverse voices to share their perspectives and experiences. These groups foster in-depth discussions that unveil nuanced insights into the challenges and needs of the community, which would not be captured through quantitative data alone. By directly engaging with community stakeholders and target population members, focus groups help identify priority issues, root causes, and potential solutions from the community's viewpoint. This participatory approach ensures that the resulting data is rich and reflects the real-life experiences of those most affected by the issues within each service area. Ultimately, the insights gained from focus groups empower stakeholders to make more informed decisions, enabling them to develop targeted, effective interventions that address the community's specific needs. This process is crucial for community development, as it ensures that the strategies implemented are grounded in community members' actual needs and preferences, fostering more sustainable and impactful growth.

To ensure regional alignment of a collaborative and rigorous needs assessment process, Centra, the Central and Pittsylvania/Danville Health Districts, and University of Lynchburg Research Center led focus group efforts in 2024. A retrospective review of the 2018 and 2021 Centra CHNA focus groups format was conducted. A notable change in 2024 was that questions asked were similar for both the stakeholder and target population groups. In doing so, it is easier to compare the perspectives of those directly impacted (target population) with those involved in policymaking, funding, and service provision (stakeholders). This process helps identify gaps between perceived needs and the solutions offered.

Evidence of consistency in responses between these groups can validate the findings, making the data more reliable. Discrepancies can highlight areas where communication or understanding needs improvement. This method provides a holistic picture of the community's needs, capturing lived experiences and strategic viewpoints. It ensures that the voices of those experiencing and addressing the issues are heard and considered.

Understanding each group's perspectives fosters collaboration and ensures the data collected is aligned. This data alignment allows stakeholders to tailor their programs and initiatives better to meet the actual needs and priorities of the target population. In addition, decision-makers can use this aligned data to create more effective, targeted interventions that will likely gain community support and engagement. This confidence in the alignment of data ensures that the voices of those experiencing the issues and those addressing them are heard and considered, fostering a sense of trust and confidence in the decision-making process. This dual approach enhances the depth and breadth of the Community Health Needs Assessment, leading to more informed, inclusive, and effective community development strategies.

On Friday April 26, 2024, a Stakeholder Focus Group meeting was held at the Lynchburg Regional Business Alliance in Lynchburg, Virginia. A total of 65 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 led by the University of Lynchburg Research Center. An overview of the process included the format of the break-out session and tips and guidelines for facilitating the focus groups. Participants were randomly assigned to a table at registration. A volunteer facilitator and scribe facilitated and recorded the discussion at each table. A 40-minute break-out session occurred where participants were asked a series of questions including:

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 do we get started?**

Report outs from each table were presented to those present and discussion followed. Notes were taken during the break-out session on a form available at each table. These notes were transcribed and analyzed.

## STAKEHOLDER FOCUS GROUP ANALYSIS

An analysis of the Stakeholder Focus Groups was conducted by the University of Lynchburg using the following process:

1. **Review all the focus group responses to understand the consistent content across the groups.**
2. **Develop a coding sheet.**
3. **Re-review the gathered data and apply the coding sheet.**
4. **Group the data and identify recurring patterns.**
5. **Note the outliers in the data.**
6. **Create a report that includes quantitative analysis ranking responses and qualitative summaries of the conversations.**
7. **Compare the greatest needs identified by stakeholders to those identified by target population participants.**

## STAKEHOLDER FOCUS GROUP FINDINGS

### Community Need

The Lynchburg Area Stakeholder Focus Group identified the following as the most critical needs within the community:

| *Areas of Need* | *Percent of Responses* |
|---|---|
| **Access to healthcare** | 16% |
| **Affordable housing** | 14% |
| **Transportation** | 12% |
| **Food insecurity** | 9% |
| **Mental health care & drug abuse treatment** | 7% |
| **Affordable childcare** | 7% |
| **Poverty** | 5% |
| **Cost of living** | 4% |

These critical areas highlight the multifaceted challenges that Lynchburg Area residents face daily. **Access to healthcare** remains a significant concern, with many participants noting the difficulties in obtaining timely and affordable medical services. **Affordable housing** is another pressing issue, as rising costs have made it increasingly difficult for families to secure stable and

safe living conditions. **Transportation** barriers further exacerbate these problems, limiting individuals' access to essential services and employment opportunities. **Mental health care & drug abuse treatment** emerged as a crucial need, reflecting the growing recognition of their impact on overall well-being. **Food insecurity** plagues communities, with many residents struggling to afford and access nutritious food.

In addition to these primary needs, the focus groups highlighted other significant concerns, including **affordable childcare, addressing poverty, and the high cost of living.** Affordable childcare is essential for working families, enabling parents to maintain stable employment while ensuring their children are cared for in a safe environment. The pervasive issues of poverty and the escalating cost of living were also emphasized, demonstrating the broader economic challenges affecting all aspects of life. By addressing these intertwined needs, the community can work towards creating a more supportive and sustainable environment for all its residents, fostering resilience and improving quality of life across the board.

## Community(s) with Greatest Need

According to Stakeholders, **The City of Lynchburg** has the highest needs, particularly in underserved neighborhoods like **White Rock, Diamond Hill, and Dearington.** These areas face significant challenges, including inadequate access to healthcare, high rates of poverty, and limited resources for education and employment. **Campbell County, Bedford County, and Amherst County** also exhibit considerable need. Stakeholders indicated residents needed help with affordable housing, access to transportation, and food insecurity in these regions. The disparities in these communities underscore the importance of targeted interventions and collaborative efforts to address the systemic issues and improve the quality of life for all its residents. By focusing on these areas of greatest need, stakeholders can work towards creating a more equitable and supportive environment across the service area.

**Note:** There was limited stakeholder representation from Pittsylvania and Appomattox counties. In addition, a separate Stakeholder Focus Group was held in Bedford County as part of the 2024 Bedford Area Community Health Needs Assessment.

## Root Causes of Community Need

The Lynchburg Area Stakeholder Focus Group identified the following as the top root causes that have an impact on the needs of the community.

| *Root Cause* | *Percent of Responses* |
|---|---|
| **Poverty** | 27% |
| **Educational disparities** | 20% |
| **Lack of public services & infrastructure funding** | 17% |
| **Limited access to care** | 13% |
| **Lack of transportation** | 13% |
| **Economic disparities** | 10% |

These fundamental issues create significant barriers for area residents, challenging their ability to achieve and maintain a good quality of life. **Poverty** remains a pervasive problem, limiting individuals' ability to afford essential services such as healthcare, housing, and transportation. **Educational disparities** further exacerbate the situation, as unequal access to quality education hampers future employment opportunities and economic mobility. The chronic lack of **public services and infrastructure funding** contributes to insufficient transportation options and inadequate access to facilities, leaving many residents needing more resources to thrive.

Stakeholders also identified additional root causes of need in the region, such as **economic disparities, a reliance on public assistance, systemic statewide challenges, class stratification, and the accessibility of services.** Dependence on public aid shows a broader economic struggle within the community, signaling deeper systemic issues that require comprehensive solutions to address inequality and create sustainable opportunities for the wider Lynchburg Area communities. **Systemic statewide challenges and class stratification** highlight structural inequities perpetuating the Lynchburg region's needs. **Social isolation** in the wake of the COVID-19 pandemic and **lack of employment** opportunities further compound these issues, making it difficult for residents to access the support and resources they need. **Food insecurity, lack of internet access, crime and violence, health literacy, mental health issues, and the sustainability of plans** also emerged as critical concerns for stakeholders. Addressing these root causes requires a comprehensive and collaborative approach that includes improving economic conditions, expanding educational opportunities, enhancing public services, and fostering community trust.

## Community Resources

The Lynchburg Area Stakeholder Focus Group identified the following as the top resources that impact the needs of the community.

| *Community Resources* | *Percent of Responses* |
|---|---|
| **Nonprofit organizations** | 33% |
| **Community agencies (i.e., state funded entities including Department of Social Service, Virginia Department of Health, Community Services Board)** | 17% |
| **Healthcare organizations** | 9% |
| **Higher education & early learning programs** | 8% |
| **Transportation services** | 6% |
| **Eldercare services** | 5% |
| **Community volunteers** | 5% |
| **Neighborhood centers** | 3% |

There is a **robust network of resources** to address community health needs in the Lynchburg Area. Stakeholders indicated that nonprofit organizations are critical in providing diverse services ranging from food assistance to housing support for those in need. Some frequently mentioned nonprofits bridging community needs include **United Way, Lynchburg Grows, Share Greater Lynchburg, and HumanKind.** Additionally, **neighborhood centers** serve as hubs for local engagement and support, fostering a sense of community and belonging among residents. **Community health workers** provide essential health services and outreach, and their service is complemented by many healthcare organizations. Some healthcare organizations highlighted include **Centra, Johnson Health Center, Community Access Network, the Free Clinic of Central Virginia, Central Virginia Health District, and Horizon Behavioral Health.** Religious organizations are deeply integrated into the service area's social fabric and contribute to residents' spiritual and social well-being; many operate food banks, clothing drives, and shelters, directly supporting those in need. The **seven higher education organizations and targeted early childhood learning programs** in the region are focused on enhancing learning opportunities and reducing educational disparities. Crisis centers like the **YWCA Central Virginia, Lynchburg Daily Bread, and Miriam's House** offer crucial support to individuals in immediate need, addressing issues such as domestic violence, mental health crises, food and housing insecurity. Transportation services provided by organizations like **Greater Lynchburg Transit Company, Move Up, and Central Virginia Alliance for Community Living** ensure that residents can access these vital resources. Organizations like the **Area Agency on Aging, Meals on Wheels and Program of All-Inclusive Care for the Elderly (PACE),** focus on the needs of the aging population. Community agencies like **Job Corps,** which coordinate jobs, provide essential services that enhance the quality of life for vulnerable populations. The collective efforts of **community volunteers** play an indispensable role in maintaining the community network in the Lynchburg Area, ensuring that help reaches those who need it most.

## Barriers to Accessing Community Resources

The Lynchburg Area Stakeholder Focus Group identified the following as the top barriers to accessing community resources that impact the needs of the community.

| *Barriers to Accessing Community Resources* | *Percent of Responses* |
|---|---|
| **Navigating the system** | 35% |
| **Poverty** | 18% |
| **Internet & phone access** | 16% |
| **Transportation** | 14% |
| **Education & skills training** | 6% |
| **Community Health Worker funding** | 4% |
| **Mental & physical capabilities** | 2% |

The Lynchburg Area stakeholders identified several significant barriers to accessing resources within the community. **Navigating complex processes** was highlighted as the primary barrier often required when individuals seek necessary support and services. **Poverty** emerged as another significant barrier reflecting the financial constraints that limit access to essential resources. Additionally, a **lack of internet and phone access** indicates the digital divide that further marginalizes residents. Stakeholders identified **transportation** as a barrier, underscoring the challenges in reaching services and facilities essential for community well-being. Additional barriers include **education and skills training** needed to prepare individuals for jobs, lack of funding for **Community Health Workers** whose role is to help those they serve navigate the system, and the challenges often faced by residents with **mental and physical limitations.** These barriers collectively highlight the multifaceted issues that need addressing to improve resource accessibility in the Lynchburg Area.

## Areas for Collaboration

The Lynchburg Area Stakeholder Focus Group identified the following as areas for collaboration to the needs of the community.

| *Collaboration Opportunities* | *Percent of Responses* |
|---|---|
| **Organizational collaboration** | 39% |
| **Access to care** | 25% |
| **Community Health Workers** | 14% |
| **Poverty** | 7% |
| **Educational programs** | 7% |
| **Community garden development** | 4% |

Stakeholders identified several key areas where collaborative efforts can significantly enhance community well-being. The most important among these was better **organizational collaboration and communication among agencies,** which stakeholders felt was crucial for addressing various community needs. At the same time, they emphasized the necessity of **improving access to health care** and highlighted the importance of increasing **Community Health Workers** to ensure more comprehensive, holistic care. Additionally, stakeholders pointed to collaborative efforts focused on eradicating **poverty** and creating more **educational programming.** Supporting **community garden development** was also seen as a way to promote and ensure local food security while providing educational opportunities for long-term sustainable living. By working together on these critical issues, stakeholders believe they can significantly improve access to resources and address the pressing needs within the Lynchburg Area.

# Target Population Focus Groups

From April to May, six Target Population Focus Group meetings were held throughout the Lynchburg service area. The Central Virginia and Pittsylvania/Danville Health Districts identified targeted populations, recruited participants, and facilitated the focus group meetings, often using their Community Health Workers to conduct the meetings. No more than 12 participants were recruited for each meeting. All attempts were made to use groups that already meet/gather in areas and times convenient for the participants. The University of Lynchburg created a training video, "Focus Groups & Strategies for Community Engagement" for facilitation of these focus groups to ensure there was consistency in the process and cultural awareness. Meetings were audiotaped and there was a facilitator and scribe from the Health District present. Each participant was asked to complete a consent form prior to the meeting to ensure they understood the purpose and confidential nature of each meeting.

Target Population Focus Groups were on average one hour in length and participants were asked a series of questions as follows:

1. **What are the top 5 greatest needs in your community(s) around health and wellness?**
2. **What do you see as the 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?**
6. **Is there anything else you would like to share? (optional depending on time)**

All notes and audio recordings were sent to the University of Lynchburg's team for analysis.

## TARGET POPULATION FOCUS GROUP ANALYSIS

An analysis of the Target Population Focus Groups was conducted by the University of Lynchburg using the following process:

1. **Review all the focus group responses (audio recording and notes) to understand the content across the groups.**
2. **Audio recordings were analyzed using transcription software and listening to the recording after this transcription process to ensure that the nuances of the conversations were accurately captured.**
3. **Create a report that includes qualitative analysis of the key responses and summaries of the conversations as well as quotes from focus group participants. Unlike the Stakeholder Focus Group meeting, these responses were not ranked.**
4. **Compare the greatest needs identified by stakeholders to those identified by target population participants.**

## DESCRIPTION OF TARGET POPULATION FOCUS GROUPS

In the Lynchburg service area, comprehensive focus group discussions were conducted with various target populations, including residents of rural Amherst, Appomattox, Campbell and Pittsylvania counties, the cities of Danville and Lynchburg. A total of 47 community members participated. These discussions provided invaluable qualitative data, offering deep insights into these populations' specific challenges and needs. By engaging directly with community members, the focus groups allowed for a nuanced exploration of local issues, from healthcare accessibility and infrastructure deficits to cultural and language barriers. This analysis aims to synthesize the key findings from these discussions, highlighting unique and shared concerns across different groups and identifying potential areas for community collaboration and intervention.

A summary of the populations of focus for each group is as follows:

| *County/City* | *Population of Focus* | *Number Attended* | *Estimated Age Range* | *Estimated Race/ Ethnicity/Gender* |
|---|---|---|---|---|
| **Amherst** | Rural | 4 | 50-70 | White, rural |
| **Appomattox** | Seniors | 13 | 60+ | Equal mix of White and Black participants; 11 women, 2 men |
| **Campbell** | Men | 5 | 45-60 | Black, rural, men |
| **Lynchburg** | Hispanic/Latino | 10 | 30-65 | Hispanic or Latino |
| **Danville** | Seniors | 4 | Seniors | White & Black |
| **Pittsylvania** | Rural, Black | 11 | Not reported | African American |

# AMHERST COUNTY

**Site of Meeting:** St. Mark's Episcopal Church, Clifford, Virginia

**Number of Participants:** 4 (Rural, estimated age 50-70 years, White Residents)

## Community Need in Amherst County

During this target population focus group, Clifford residents identified several critical community needs. One of the most pressing issues is the **underutilization of a medical facility in the southern part of Amherst,** that closes at 3 p.m. on weekdays and is closed on the weekends. These limited hours have exacerbated the limited availability of medical services and specialists and forced residents to travel long distances for essential healthcare. The focus group highlighted additional challenges particularly in **attracting healthcare practitioners (both medical and dental)** to Clifford. They discussed the potential for the health department and Centra to make the Amherst area more appealing by offering incentives and ensuring well-equipped offices to draw medical professionals. They proposed proactively recruiting from medical schools, rather than waiting for practitioners to relocate to the area of their own volition, to address the healthcare provider shortage. They also noted a pressing need for more **educational opportunities for high school students interested in medical fields** to address the shortage of healthcare workers. The conversation also covered perceived issues at Centra Health, including the high cost of medical malpractice insurance and competition with other cities and health systems. Participants noted the **need to reduce healthcare costs** and the impact of inflation on medical expenses, as well as their perceived prevalence of uninsured residents, which leads to higher emergency room visits and overall difficulty accessing healthcare. The discussion also emphasized the need for policy changes to address and ease these financial challenges and improve healthcare accessibility.

**Transportation** also emerged as a significant concern, with the absence of mass transportation and the need for reliable medical transport being particularly problematic. Many residents, especially those living outside the town of Amherst, depend on family members or transport services to reach healthcare providers, leading to missed appointments and deteriorating health.

Additionally, participants raised concerns about the **lack of accessible places for exercise,** such as walking trails, which limit physical activity and wellness opportunities. Concerns about **water quality** further compound these challenges, as residents are wary of potential contaminants and the overall safety of their drinking water. The need for more **grocery shopping options** is another area for improvement, as limited choices impact residents' ability to access nutritious food and their overall health. There were also concerns about **inadequate police coverage** in rural areas, which affects the overall safety and security of the community.

## Root Causes of Community Need in Amherst County

The root causes of community need in Clifford as identified by target population residents, are deeply intertwined with several socio-economic and infrastructural challenges. A primary issue is **population stagnation,** driven by anti-growth sentiments that hinder development and expansion. This reluctance to embrace growth leads to **insufficient infrastructure,** exacerbating the community's struggles. Young people frequently leave the area for better opportunities elsewhere, resulting in a diminished workforce and a less vibrant local economy. The **lack of local doctors and medical facilities** forces residents to rely heavily on medical transport services, highlighting the severe shortage of accessible healthcare options within the community, including only one eye doctor, two dentists, and a lack of primary care physicians. These intertwined factors create a cycle of limited opportunities and unmet needs, contributing to the ongoing struggles faced by Clifford's residents.

## Community Resources in Amherst County

Target population participants in Clifford highlighted several community resources that can be leveraged to improve health and wellness in their community. They suggested incorporating **health education into current school curriculums.** This initiative could be a cost-effective way to promote health awareness among young students, instill good health practices early, and leverage existing educational structures. Moreover, participants proposed that the County **hold work sessions to engage citizens in discussions about community needs.** They emphasized the success of new facilities, such as a youth center on Main Street, in providing activities for teenagers. However, they also identified a need for more recreational options, like skate parks, to offer teenagers safe, constructive activities. These community resources and initiatives demonstrated residents' call for a more proactive approach to addressing health and wellness needs by fostering engagement and utilizing existing infrastructure.

## Barriers to Accessing Community Resources in Amherst County

Participants were generally hesitant to answer this question. Upon further reflection, participants noted that the resources available in Clifford to help address health and wellness needs expressed uncertainty about the effectiveness and visibility of social services provided by the county. They noted that while some outreach programs exist, there is a general perception that the county relies heavily on rescue squads to fill medical service gaps. The conversation underscored the need for better communication and awareness of available resources among residents. Clifford's target population participants highlighted a **significant reliance on emergency medical services (EMS)** because of the area's lack of local doctors and transportation options. EMS is often overworked, especially in rural areas where volunteer staff cover night shifts. In addition, peddler ambulances, intended for rural regions, frequently assist in Madison Heights, leaving their areas in Clifford vulnerable and with a pressing need for more comprehensive medical and transport services. *Note: Peddler ambulances in rural areas refer to a mobile medical unit, often operated by a volunteer or small team, that travels to remote areas to provide basic medical care.* (National Advisory Committee on Rural Health and Human Services, https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/access-to-ems-rural-communities.pdf, Accessed 11/25/2024)

In addition to the reliance on EMS and private ambulance services, focus group participants highlighted other barriers to accessing care including **insufficient medical staff and not knowing what resources are available.** They noted that the **county government's resistance to growth and lack of infrastructural development** exacerbated these challenges. They expressed frustration over the county's anti-growth attitude and inadequate support for infrastructure development. They gave examples of vacant industrial parks and a failure to attract businesses due to poor infrastructure, such as the lack of sewer lines and interstate access. These deficiencies hinder the community's ability to attract and retain professionals and businesses, ultimately impacting overall access to care.

Additionally, the discussion revealed **challenges related to transportation and employment.** The absence of public transport and rail access hampers economic development and complicates residents' commutes. Many residents work in neighboring cities like Lynchburg or Charlottesville, highlighting a pressing need for better local job opportunities and infrastructure locally. Clifford residents noted that these transportation barriers affect economic growth and limit access to essential services, further stressing the need for comprehensive infrastructure improvements in Clifford.

## Areas for Collaboration in Amherst County

Participants suggest **using county officials and community members to collaboratively** discuss findings and potential solutions from the 2024 Community Health Needs Assessment. They emphasize the importance of **addressing both urban and rural healthcare needs and the potential for regional collaboration on medical facilities.** The conversation highlighted other successful regional collaborations, such as constructing a correctional center, and suggested similar efforts for healthcare facilities. They stressed the importance of **utilizing existing facilities to prevent deterioration and improve community health services.** They noted that by working together, the community can leverage resources and expertise to address healthcare needs more effectively and ensure that both urban and rural areas receive adequate attention and support.


# APPOMATTOX COUNTY

**Site of Meeting:** Central Virginia Alliance for Community Living, Senior Nutrition Site, Appomattox, Virginia

**Number of Participants:** 13 (Seniors, estimated age 60+ years, 50% White & 50% Black Residents, 11 women, 2 men)

## Greatest Need in Appomattox County

Target Population Focus Group participants noted the following as the greatest needs in their community:

- **Access to Healthcare**
- **Transportation**
- **Infrastructure (Neighborhoods)**
- **Elder Care**

Respondents noted that **access to healthcare and transportation** is critical in Appomattox County. They said **securing timely appointments with doctors** is a primary issue exacerbated by the area's physician shortage. They note an apparent demand for more **medical facilities operating during off-hours and establishing an urgent care clinic** to address immediate health concerns. **Transportation services, especially for seniors** who cannot drive, make it difficult for them to access medical appointments and other necessary services. Additionally, the community highlights the poor condition of sidewalks, which affects mobility and safety. Focus group participants also underlined the need for **better social services and volunteer support** to assist with home maintenance tasks, ensuring that elderly and vulnerable residents receive the help they need to maintain their homes and overall well-being.

## Root Causes of Community Need in Appomattox County

Focus group participants highlighted that the root causes of need in Appomattox County stem from **a severe shortage of primary care physicians.** This shortage has led to difficulty securing timely medical appointments, and residents often face long wait times for necessary care, exacerbating health issues. The **need for transportation** options makes it challenging for residents, especially seniors, to access healthcare facilities and other essential services. Additionally, **inadequate walk-in clinics** further limit immediate healthcare access, compelling residents to rely on overburdened emergency services or forego care altogether. These factors collectively contribute to the pressing healthcare needs within the community.

## Community Resources in Appomattox County

In Appomattox County, the focus group participants said an essential resource for them is the **Central Virginia Alliance for Community Living,** which provides vital services and support to older adults and those with disabilities. The wider community also heavily relies on **volunteers and personal networks** to fill the gaps in formal services. **Churches and local nonprofit** organizations are crucial, offering emergency funds, transportation, and other assistance. These grassroots efforts are vital, providing a safety net for residents who might otherwise go without the necessary support. The strong sense of community and willingness to help one another is a critical asset in Appomattox County.

## Barriers to Accessing Community Resources in Appomattox County

In Appomattox County, several barriers significantly impede access to healthcare and essential services. Participants highlighted the **high costs of services and the rural location** as primary obstacles, with the need to **travel to Lynchburg for specialized medical care** being a significant challenge. **Transportation** is another barrier to access, as the lack of reliable options makes it hard for residents to attend medical appointments or visit urgent care facilities. Even though Farmville is only 25 miles away, many residents need adequate transportation. Geographic distances to care (i.e. to Lynchburg), coupled with the **high cost of gas,** exacerbate the difficulty in accessing necessary healthcare. The **financial strain** on those with fixed incomes further complicates access to essential services. Participants described their difficult choices, such as buying groceries or purchasing expensive medications. Additionally, help is needed navigating the healthcare billing process especially for low-income, uninsured residents. These economic challenges underline the broader issues of affordability and accessibility within the community.

## Areas for Collaboration in Appomattox County

Participants in the focus group highlighted the potential for collaborative efforts to improve community health by suggesting the **implementation of accessible transportation services to grocery stores and medical appointments.** They reflected on the past success of services like Dial Ride, which had provided essential transportation support to residents. Reviving or enhancing such services could benefit those struggling to access these critical services. They discussed the creation of Squad Care, **a membership program designed to alleviate the financial burden of emergency medical transport.** This program minimizes the cost of transportation not covered by insurance, making emergency care more accessible. By focusing on these collaborative efforts and programs, Appomattox County can work towards a more accessible and supportive healthcare environment for its residents.

# CAMPBELL COUNTY

**Site of Meeting:** Campbell County Health Department, Rustburg, Virginia

**Number of Participants:** 5 (Rural, Men, 30-65 years, Black Residents)

## Community Need in Campbell County

Focus group members expressed a pressing need for quick access to various health services. They emphasized **regular checkups, including access to semi-annual blood work, high-quality X-ray machines, and reliable, affordable healthcare providers.** While primary care is generally accessible within Altavista (Campbell County), specialty care necessitates travel to Lynchburg, which can be a significant inconvenience. There is also a call for **more focused health information** on prostate cancer and other health issues prevalent among black males, with residents noting that while national data is available, localized, easily accessible information is challenging to source. Residents stressed the importance of **improving local advertising of health resources** and **addressing the ongoing turnover in specialist healthcare providers,** which causes continuous uncertainty and concern within the community.

Moreover, the community points to the need for **better support for seniors and those with disabilities.** Residents highlighted the challenges faced by older people who are not adept with technology and thus miss out on important health information, which is increasingly disseminated through digital platforms. The **inefficiency of local nursing homes,** attributed to high turnover rates and organizational buyouts, has led to a decline in care quality and state ratings. These inefficiencies require families to spend more time assisting their loved ones, who often face transportation challenges.

Participants also emphasized the importance of **affordable physical fitness options**, especially for individuals with disabilities who require reduced rates for gym memberships.

## Root Causes of Community Need in Campbell County

The causes of the community's health and wellness needs in Campbell County are multifaceted. Participants expressed frustration about the need **for more communication and dissemination of vital information about available health resources.** Many feel that essential details are buried in extensive documents that residents are unlikely to read. Additionally, the high turnover of case managers, exacerbated by the COVID-19 pandemic, has led to inconsistencies in care and support. Another significant issue is the **limited insurance coverage**, which often results in residents facing unexpected costs at pharmacies. The requirements needed to **navigate complex online systems** add to the frustration among residents and highlight the challenges in accessing and managing healthcare in the community.

## Community Resources in Campbell County

In Campbell County, some residents find **valuable resources in their primary healthcare providers, particularly nurse practitioners.** One participant highlighted the comprehensive care and thoroughness of their nurse practitioner, who conducts extensive tests, provides detailed information, and offers excellent referrals and regular checkups. This level of personalized care from nurse practitioners is a significant resource in meeting healthcare needs within the community. However, there is a notable need for **more visibility and awareness regarding available health resources.** Participants mention the scarcity of public health advertisements compared to those for real estate, indicating a need for a more prominent promotion of health services. Centra Health Medical Center in Altavista is recognized as a critical resource for primary care and emergencies, but there needs to be more awareness of other local health services. The reliance on social media for information dissemination is problematic for many,

particularly seniors who are less engaged with digital platforms. Additionally, one participant noted that a local facility provides free medical equipment with a doctor's note. However, it remains underutilized due to its obscurity; it is known primarily through word-of-mouth.

## Barriers to Accessing Resources in Campbell County

According to focus group respondents, there are significant barriers to accessing healthcare resources some of which stem from the prolonged wait times at emergency rooms. Lynchburg General is the hospital that supports Campbell County, **but focus group respondents indicate that patients can expect to wait in the Emergency Department anywhere from four to 12 hours or more. Residents report indifference from staff toward patients in the waiting area, further highlighting inefficiencies.** Additionally, the lack of local healthcare facilities forces residents to travel long distances, such as an hour to Centra Gretna Medical Center in Pittsylvania County for emergency services. The absence of doctors in smaller areas like Johnsontown and the **lack of walk-in clinics or urgent care centers** exacerbate the problem, especially after regular business hours when the closest option is the emergency room.

The **high costs associated with emergency services** and the general healthcare system present another substantial barrier to access for residents. Previously, local lifesaving crews operated on donations and did not charge for non-transport services. Now, residents are charged $100 just for a visit, regardless of transportation access. As a result, many residents avoid seeing doctors due to the lack of insurance and the prohibitive healthcare costs.

Focus group participants surmised that the **excessive malpractice insurance costs** prevent young doctors from practicing in the area, leading to a shortage of medical professionals. Additionally, systemic issues such as **racism in the healthcare system and the profit-driven nature of medical practices** further hinder equitable access to healthcare. This multifaceted problem is compounded by a lack of information and awareness about available resources, leaving many residents without the care they need.

## Areas for Collaboration in Campbell County

Participants agreed that one key area for community collaboration is **improving information dissemination and accessibility to healthcare facilities.** Emphasizing prevention and health education, mainly through consistent follow-ups and incorporating **Community Health Workers**, will help with the early detection of serious ailments. They also noted a need to **extend the availability of resources like the YMCA** and offer discounted rates for specific groups at certain times. Reviving community organizations such as the Rotary and Lions Clubs, which used to help fill health care gaps like the provision of eye care, can help to support the county. Encouraging **increased volunteerism,** especially among younger generations, and **increased engagement with churches, barber shops, and car washes** can also effectively disseminate information and rally community support. Additionally, **fostering relationships and accountability among young people** is vital. Educational institutions can be valuable in promoting youth engagement and community service.

# CITY OF LYNCHBURG

**Site of Meeting:** Iglesia de las Americas, Lynchburg, Virginia

**Number of Participants:** 10, (Spanish Speaking Population ages 30-65 years, Hispanic or Latino Residents)

***Bilingual facilitator and scribe conducted the meeting.***

## Community Need for the Spanish-Speaking Community in Lynchburg

The greatest needs in the Lynchburg community among the Spanish-speaking population revolve significantly around the following:

- **Access to Healthcare**
- **Economic Disparities**
- **Language Barriers**

Focus group participants indicated they could not make medical appointments due to a **lack of money, employment, and limited language-specific information.** Undocumented respondents noted that access issues are exacerbated by an **absence of Spanish-speaking interpreters at medical providers,** including urgent care centers, emergency rooms, and pharmacies, making it challenging for them to receive adequate care and obtain necessary medications. The community also **lacks resources for mental health support tailored explicitly to Spanish speakers. Legal advice and assistance with immigration paperwork are also scarce,** leaving many without the necessary support. The long wait times at medical facilities further complicate access, especially for those with children. **Economic constraints impact dietary habits,** with fresh fruits and vegetables being unaffordable compared to cheaper junk food, leading to unhealthy eating patterns affecting adults and children.

## Root Causes of Community Need for the Spanish-Speaking Community in Lynchburg

The root causes of the increased community need for Spanish-speaking residents in Lynchburg are linked to the **rapid growth of this demographic and a lack of preparation in the city** to accommodate the change. Among focus group participants, there was a **lack of knowledge about the available resources** in the city, including funding and programs. There is also **fear when accessing medical care about how they will be treated by medical personnel.** Focus group participants emphasized that doctors often do not take their symptoms seriously, leading to mistrust in the healthcare system. Another root cause of need stems from **cultural barriers to access.** As several respondents noted, hospitals are only utilized when they are seriously ill; as a result, visits are fraught with anxiety. There is also limited availability of multilingual local information and educational resources for this demographic of participants.

## Community Resources for the Spanish-Speaking Community in Lynchburg

The resources available for the Spanish-speaking community in Lynchburg to meet their health and wellness needs could be improved. Several focus group participants said they needed to **learn about existing community resources,** indicating a significant gap in local information dissemination. **Blue Ridge Medical Center in Nelson County** was identified as a helpful resource. However, it is not equipped to handle major injuries or serious illnesses and is in a remote area, making accessibility challenging. There is a strong need for **more educational outreach to inform this community about available services.** Currently, the few programs known to residents are typically discovered through word-of-mouth, underscoring the necessity for better communication and resource visibility. Providing

comprehensive information and directing individuals to appropriate services is crucial to effectively addressing this community's needs.

## Barriers to Accessing Community Resources for the Spanish-Speaking Community in Lynchburg

The Spanish-speaking community in Lynchburg faces significant barriers to accessing healthcare, primarily due to **language difficulties and a lack of health insurance.** The **absence of interpreters at medical facilities,** such as urgent care centers, hospitals, and pharmacies, severely limits their ability to communicate with healthcare providers and understand medical instructions. This language barrier results in missed medical appointments, prescription misunderstandings, and reduced access to necessary healthcare services. Additionally, **the high cost of medical care and the need for more transparency regarding medical expenses create substantial financial obstacles.** Many community members receive medical treatment only to face unexpectedly large bills afterward, leading to economic strain and reluctance to seek further care. The **scarcity of medical resources in Spanish** and the absence of clear, accessible information exacerbates these issues, leaving many individuals feeling unsupported and isolated during medical emergencies.

## Areas for Collaboration for the Spanish-Speaking Community in Lynchburg

Community collaboration can focus on **increasing access to healthcare information in Spanish, reducing the fear of seeking care.** Healthcare providers **can open channels for Spanish-speaking patients,** especially for crucial health services like mammograms and mental health care for children, through targeted community campaigns on topics such as annual gynecological checkups. These changes would help build trust and encourage more regular healthcare visits. Additionally, **educating the community about the importance of preventive care** versus emergency care can promote healthier lifestyles and prevent severe illnesses. Improving doctor-patient communication and training doctors to provide better service could alleviate Lynchburg's healthcare frustrations. **Increasing access to 24-hour pharmacies and expanding dental care services for the under- or uninsured,** possibly through community events like dental fairs, could also be beneficial. These fairs could offer services such as braces, implants, and other essential dental care, addressing significant needs within the community.

## Additional Challenges for the Spanish-Speaking Community in Lynchburg

The major challenge reiterated by focus group participants is changing the community's perspective toward healthcare. **Building trust and creating a positive association with healthcare** through community education and supportive healthcare experiences is crucial. Long wait times in emergency rooms and doctor's offices also pose a significant barrier, often resulting in patients feeling neglected. There is a desire for more personal and faster medical attention, with doctors who show genuine care and empathy. Additionally, the need for services for older adults is expected to grow, highlighting the lack of access to Medicare, Medicaid, Social Security, and retirement benefits for many in the community. The community also faces **significant literacy and language barriers among Spanish speakers** and those needing reading or writing help. Resources that can support these groups and ensure their needs are heard and met should be highly prioritized. The recent **influx of Venezuelan immigrants has added to the community's needs,** requiring more resources and assistance. Innovative healthcare models like Kaiya Health, which offers services for a monthly fee without insurance, are promising solutions. Expanding such models, particularly for dental health, could significantly improve access to care for many in the community.

# CITY OF DANVILLE
## (PART OF THE PITTSYLVANIA/ DANVILLE HEALTH DISTRICT)

**Site of Meeting:** West Main Street, Danville, VA

**Number of Participants:** 4 (Seniors, White & Black Residents)

## Community Need in Danville

According to target population focus group participants, the greatest needs in Danville are:

- **Access to healthcare**
- **Lack of trust in the local health system**

The Danville community faces a significant challenge in **accessing healthcare,** particularly securing timely appointments with primary care physicians and specialists. A pronounced shortage of doctors forces residents to seek alternative immediate care and affects the availability of regular physicians and specialists, including those necessary for cancer treatment. This shortage creates a bottleneck, complicating healthcare access and delaying essential medical attention. The requirement of referrals to see specialists adds further complexity and delays, exacerbating the difficulty in accessing care. Additionally, there needs to be **more trust in the local hospital, Sovah Health.** Many community members **prefer seeking treatment outside Danville due to long emergency room wait times and poor aftercare.** This distrust is underscored by incidents where inadequate discharge procedures have resulted in severe injuries. Addressing the **shortage of healthcare providers and improving the quality and trustworthiness of local healthcare facilities** are critical needs for the Danville community.

## Root Causes of Community Need in Danville

The target population focus group participants in Danville identified several root causes for the community's healthcare needs. One major issue is the **outflow of doctors to larger cities for better opportunities,** which reduces the number of available healthcare providers in Danville. This exodus creates a significant gap in primary and specialist care. **Insurance companies** were also identified as a significant barrier to adequate healthcare. Participants noted that insurance policies often dictate the duration of hospital stays and the type of care provided, limiting the quality and timeliness of care. There were personal accounts of insurance hindering timely diagnostic testing, such as MRIs, which could save lives by enabling earlier diagnosis and treatment.

Participants expressed a **sense of needing to be heard by their healthcare providers.** They feel doctors must do more than they could or should be doing, particularly in ordering necessary tests. There is frustration with the **limited time allocated for appointments,** typically around 15 minutes, which needs to be increased for more comprehensive and personalized care. This limited interaction time and strict rescheduling policies for late arrivals exacerbate the issue. Participants also noted a **decline in the thoroughness of physical examinations,** with doctors providing less hands-on care than in the past.

## Community Resources in Danville

The Danville community has several resources available to support health needs, though there are areas that require improvement and expansion. **Local businesses** like the new casino have been suggested as potential funding sources for healthcare improvements. Allocating some of their profits could help address some of the community's pressing health issues.

Participants in the focus group emphasized the importance of better education on **Medicare and Medicaid plans, particularly Medicare Advantage plans,** which can be confusing and often lead to inadequate coverage for those with health problems. A consensus is that more educational programs are needed to help residents make informed decisions about their healthcare options. Expanding community programs is also seen as a crucial step in addressing healthcare needs. The Senior Center is highlighted as a valuable resource that offers various programs, but expanding its services and increasing outreach is necessary to serve the community better. **Churches and faith-based organizations** are also identified as key players in healthcare, suggesting they increase their involvement post-COVID to provide more regular health programs. The pandemic has significantly altered community engagement, particularly among older adults who may still hesitate to return to in-person activities.

## Barriers to Accessing Community Resources in Danville

**Transportation** poses a significant barrier to accessing healthcare in Danville. While seniors can arrange rides to medical appointments, uncertainties about the cost and wait times for return trips complicate the situation. More awareness and education about available transportation services are critical. **Financial constraints** are another significant barrier; higher income often translates to better access to appointments and care, highlighting the disparity in healthcare accessibility based on economic status. **Effective communication systems** ensure that vulnerable populations have consistent access to essential services. The discussion highlighted the need for improved communication and support systems, mainly providing daily necessities like food for older adults. Ensuring these systems are robust and well-publicized can help bridge the gap in service accessibility.

**In-home support services** like Meals on Wheels are crucial but face challenges including accessibility issues and waitlists. **Safety concerns with in-home assistant care** are prevalent, with suggestions like using hidden cameras to monitor care quality. Agencies must be responsible for the caregivers they send. The **lack of family involvement** in nursing homes raises concerns about patient safety and care quality. **Inadequate staffing in nursing homes** is a critical issue in Danville. Too many patients are assigned to one nurse, leading to job dissatisfaction and high turnover rates. The heavy workload affects the quality of care and drives nurses to seek better-paying jobs elsewhere.

## Areas for Collaboration in Danville

During the discussion, the group identified **better healthcare infrastructure** as a critical issue they can address together to improve community health. There was a unanimous consensus on the need for more doctors and enhanced hospital facilities. They focused on how they could work to create a welcoming community to **attract and retain more local doctors** and reduce dependency on external specialists. This approach would improve accessibility to medical care and ensure continuity and consistency in patient care. Another critical area for collaboration identified was the **frequent sale and rebranding of the local hospital,** currently known as Sovah Health. This constant change has led to instability and fluctuating service quality, undermining community trust in local healthcare facilities. The need for a stable and consistent healthcare provider that the community can rely on was highlighted. Fostering stability in the local hospital's management and operations will help rebuild trust and ensure a higher standard of healthcare services. A **collaborative strategy involving local government, healthcare providers, and community organizations** is essential to address these issues effectively. By working together, target population residents and stakeholders can develop a comprehensive plan to attract more medical professionals to the area, invest in healthcare infrastructure, and ensure stable, high-quality healthcare services.


# PITTSYLVANIA COUNTY

**Site of Meeting:** Vance Street Baptist Church, Danville, Virginia

**Number of Participants:** 11 (Rural, Black Residents)

## Community Need in Pittsylvania County

The top needs among focus group participants representing Pittsylvania County, are:

- **Access to healthcare**
- **Chronic Diseases**
- **Mental Health and Substance Use Support**
- **Teen Pregnancy Support**

**Access to healthcare** is a significant need for black residents in Pittsylvania County. Most importantly, **chronic diseases like high blood pressure, diabetes, and heart disease** are of even greater concern to focus group participants including a **critical need for improved information and services for managing the rising rate of these chronic diseases.** These conditions require ongoing care and monitoring, yet many residents lack the necessary resources and support. Additionally, **cancer,** specifically colon, breast, and ovarian cancers, pose a significant challenge in the community. Many individuals neglect symptoms, and there is a notable gap in testing for early detection. Addressing this issue requires **more robust cancer awareness programs and accessible screening services** to ensure early diagnosis and treatment, which can significantly improve survival rates.

**Mental health and substance use management** is a critical need, especially transportation to appointments, activities for seniors, and programs for youth. The increasing rates of bullying and suicide among youth necessitate immediate intervention. Improving school attendance, tackling opioid abuse, and increasing the availability of mental health information in schools are also crucial steps.

**Teen pregnancy rates** are on the rise in low-income areas of Pittsylvania County, highlighting the need for targeted assistance and education. Providing **resources and support for teenage parents, along with comprehensive sexual education and access to contraceptives,** can help reduce these rates and support young individuals in making informed decisions about their reproductive health.

## Root Causes of Community Need in Pittsylvania County

Target Population Focus Group respondents note that the root causes of the need for the black community in Pittsylvania County are:

- **Lack of Education of Resources**
- **Scarcity of Resources**
- **Poverty**
- **Limited Volunteers**
- **Lack of Empathy and Motivation**

A significant root cause of community need among Black residents in Pittsylvania County is the **lack of education,** which leads to the underutilization of available resources. Many individuals are **unaware that healthcare, financial, and social services are accessible,** resulting in a gap between existing support systems and those in need. Enhancing educational outreach and awareness programs can bridge this gap and empower residents to take full advantage of the resources designed to support their well-being. **The community's scarcity of resources** poses a substantial barrier to its members' overall well-being. Limited access to healthcare, nutritious food, and social services exacerbate health disparities and hinder the community's ability to thrive.

**Poverty and a lack of financial resources** make it challenging for residents to afford necessary healthcare, housing, and other vital services. This economic strain is particularly pronounced in low-income households, where budgeting for healthcare and other essential

needs can be overwhelming. The community also needs **more volunteers,** to ensure the success of delivering services effectively and fostering community engagement targeting those most in need. There is a notable **lack of empathy** towards both physical and mental health issues within the community. This lack of compassion and understanding contributes to the stigma surrounding mental health and deters individuals from seeking necessary care. Additionally, there is less motivation among community members to help these persons, further exacerbating the challenges faced by vulnerable populations.

## Community Resources in Pittsylvania County

Pittsylvania County offers various supportive resources through its **Social Services department,** including family and individual waivers and other community assistance. **Utility work and support services** are available within the community but often must be administered more effectively. Seniors in Pittsylvania County can access programs like **Meals on Wheels and Medicaid Assistance.** However, these services must be adequately supported in the county, leaving many seniors needing essential aid. A **stable youth center** offers a safe and supportive environment for young people. This resource is crucial in providing recreational activities, educational support, and a sense of community for the youth. **Pittsylvania County's Parks and Recreation Department** offers public transportation services essential for residents who lack personal transportation. These services enable residents to access healthcare, employment, and other basic services.

## Barriers to Accessing Community Resources in Pittsylvania County

**Political dynamics** within Pittsylvania County create significant obstacles to securing the necessary resources to support the community effectively. These political barriers often lead to inadequate aid and support distribution, hindering residents' well-being. **Inflation** has exacerbated residents' difficulties obtaining essential affordable services, such as housing and food assistance. This rising cost of living makes it increasingly challenging to afford necessities, thereby increasing dependence on external support and resources, which are often limited. **Networking deficits regarding available resources** within the county significantly hinder access. **Time constraints and the limited availability of services** pose substantial barriers to accessing resources. For example, lunch breaks at facilities often coincide with individuals' limited time to seek services, forcing them to postpone their visits. This scheduling conflict prevents timely access to essential services. Pittsylvania County is rural in nature, and **transportation** remains a significant barrier to work attendance and accessing community services. The lack of reliable and affordable transportation options makes it difficult for residents to reach healthcare providers, employment opportunities, and other essential services. A pervasive **lack of trust** in healthcare professionals in the area critically impacts residents' willingness to seek and receive services. **Current requirements for governmental assistance create limitations for pregnant mothers** seeking appropriate services and care. These stringent criteria often exclude those most in need, preventing them from obtaining necessary support during a critical time.

## Areas for Collaboration in Pittsylvania County

Black focus group participants in Pittsylvania County identified **effective communication regarding community resources and services within the community** as an area for collaboration. Improving communication is essential for fostering a healthier community, allowing residents to voice their needs, access crucial information, and build robust support networks.

In line with this, participants recommended collaboration on **improving educational outreach regarding community resources and healthcare topics** ensuring that residents receive reliable and comprehensive information to better understand and utilize available resources.

## LIFTING THE VOICE OF THE COMMUNITY- TARGET POPULATION QUOTES

**"(Need) People who speak Spanish in clinics... I think that suddenly the population grew and the system was not prepared for that growth of the Hispanic population."**

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**"Because I recently went on some diabetes medication, and I'm getting the same calls about, do you need lancets, and do you need test strips? Uh huh. How do they know I have diabetes? So that goes back to trust. Can we trust our personal information?"**

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**"Okay, you need more doctors, because it's so hard to get an appointment, even with the doctors you go to regularly. You know, you call, you got something wrong, they can't see you before, what, two weeks, and then you go to immediate care, something that's not your regular doctor."**

# *Analysis of Similarities between Stakeholders and Target Populations' Community Needs*

| *2024 Lynchburg Area Community Health Needs Assessment Focus Groups Greatest Needs in the Community* | |
|---|---|
| ***Stakeholder Focus Group*** | ***Target Population Focus Groups*** |
| **Access to healthcare**<br>Affordable childcare<br>**Affordable housing**<br>**Food insecurity**<br>**Mental health care & drug abuse treatment**<br>**Poverty & cost of living**<br>**Transportation** | **Access to healthcare**<br>• Chronic disease management<br>• Cost of care- insurance & services<br>• Health education<br>• Lack of trust in healthcare system<br>• Preventative care<br>• Recruiting providers to rural areas<br>Civic infrastructure- sidewalks, water quality<br>**Economic disparities- cost of food, cost of housing**<br>Eldercare<br>Language barriers<br>**Mental health care & drug abuse treatment**<br>Population & economic decline<br>Recreational/physical activity spaces & affordable options<br>Teen pregnancy support<br>**Transportation-** medical |

By comparing the perspectives of the stakeholders and the target population in the 2024 Lynchburg Area Community Health Needs Assessment, it is possible to comprehensively understand the community's health needs. Stakeholders may have a broader or more strategic view of the issues, while the target population provides insight into residents' immediate, day-to-day challenges. This dual perspective ensures that all aspects of community well-being are considered.

In the Lynchburg Area, both Stakeholder and Target Population Focus Groups identified the following areas of community need:

- **Access to healthcare**
- **Affordable housing**
- **Food insecurity**
- **Mental health care & drug abuse treatment**
- **Poverty and cost of living/ economic disparities**
- **Transportation**

Stakeholders also identified affordable childcare as a need.

In addition to the overlaps in community needs with the Stakeholder Focus Group findings, the Target Population Focus Groups participants identified additional needs as follows:

- **Access to healthcare (details of need)**
  - **Chronic disease management**
  - **Cost of care- insurance & services**
  - **Health education**
  - **Lack of trust in healthcare system**
  - **Preventative care**
  - **Recruiting providers to rural areas**
- **Civic infrastructure- sidewalks, water quality**
- **Eldercare**
- **Language barriers (Spanish-Speaking population)**
- **Population & economic decline**
- **Recreational/physical activity spaces & affordable options**
- **Teen pregnancy support**

# Recommendations for 2027 Focus Groups

To ensure a balance between stakeholder and target population voices, the following recommendations should be considered for the future:

- **Use neutral third-party facilitators to guide the focus group discussions. This will ensure that participants are asked probing questions revealing the community's needs and that everyone feels heard and included.**
- **Consider a joint focus group session in each locality, including stakeholders and target population respondents.**
- **Record target population and stakeholder group conversations to ensure the collected data is aligned to facilitate a more cohesive analysis process.**
- **Ensure target population focus groups include diverse representations to gather a more holistic picture of the community's needs.**

# SECONDARY DATA

Secondary data in this assessment includes population data for the Centra Lynchburg Service Area. The service area includes the following counties: Amherst, Appomattox, Campbell, Pittsylvania, and the City of Lynchburg.

# Health Equity

Since 1980, Healthy People is a national initiative led by the U.S. Department of Health and Human Services that sets data-driven objectives to improve the health and well-being of Americans each decade. It builds on previous iterations of the Healthy People program, focusing on addressing health disparities, improving health equity, and fostering environments that promote good health. It is updated every 10 years. The initiative identifies key areas such as social determinants of health, health literacy, and preventive care, aiming to achieve a society where everyone can live healthier lives.

Healthy People incorporated a stronger focus on health equity beginning with Healthy People 2020, which explicitly identified the elimination of health disparities as a key objective. This effort was expanded further in Healthy People 2030, which emphasizes health equity as a foundational goal, aiming to ensure all individuals can achieve their full potential for health and well-being. Health equity is defined as the attainment of the highest level of health for all people, requiring efforts to address avoidable health disparities and social determinants of health. It includes eliminating structural barriers, addressing injustices, and ensuring equal access to health resources. The initiative focuses on reducing health disparities—differences in health outcomes that are closely linked to social, economic, or environmental disadvantages. Central themes include addressing social determinants of health such as education access, economic stability, healthcare quality, and neighborhood environments. Additionally, the initiative integrates health literacy as a crucial factor in advancing equity by ensuring individuals can access and understand health information effectively.

*Source: Office of Disease Prevention and Health Promotion, Health People 2030, https://odphp.health.gov/*
*Data Retrieved: 11/27/2024*

Since 2021, the impact of COVID-19 in Virginia has been significant, with the pandemic continuing to influence public health, economic activity, and societal behavior. In 2021, the state experienced surges related to the Delta variant, followed by Omicron in late 2021 and early 2022. The Omicron variant resulted in record-high case numbers, but relatively lower hospitalization and mortality rates compared to earlier waves due to increased vaccination coverage and prior immunity. Vaccination efforts have been central to mitigating severe outcomes. By early 2023, over 77% of Virginians had received at least one vaccine dose, with disparities in vaccine uptake observed among racial and ethnic groups.

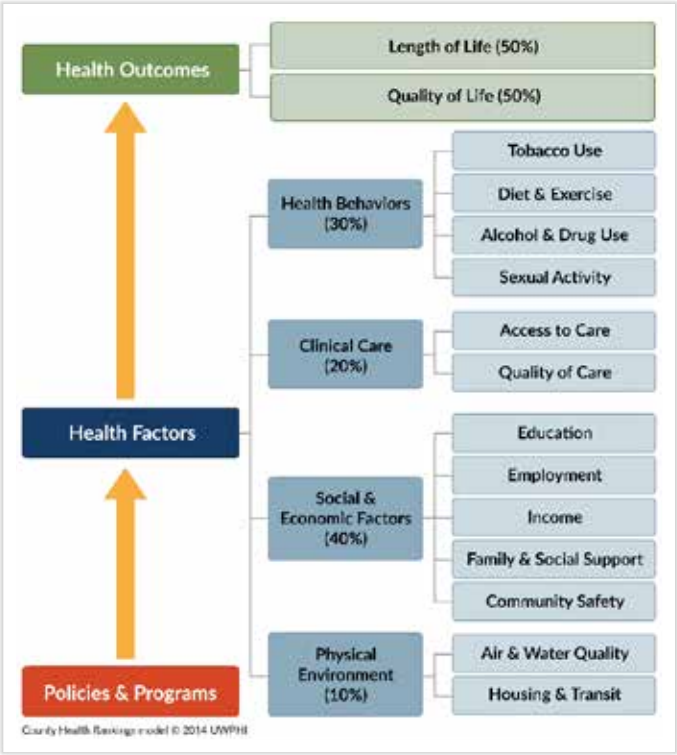
The prevalence of long COVID has become a significant health issue. Many Virginians experience lingering symptoms such as fatigue, respiratory issues, and cognitive difficulties, impacting quality of life and increasing the burden on healthcare systems. Although acute COVID-19 cases have decreased, the healthcare system continues to feel pressure from residual effects, including delayed treatments for other conditions due to prior disruptions and a surge in respiratory infections like RSV and flu. The lifting of most COVID-19 restrictions in Virginia, including mask mandates and social distancing measures, has led to a return to normalcy but also to periodic surges of infection. The end of the federal Public Health Emergency (PHE) in May 2023 resulted in changes to testing, vaccination coverage, and treatment access, particularly impacting those without insurance or in low-income communities.

Disproportionate impacts of the pandemic were particularly pronounced among minority populations, with higher rates of infection, hospitalization, and mortality early in the pandemic due to factors such as healthcare access, employment in essential industries, and socioeconomic disparities. Vulnerable groups, such as the elderly and those with pre-existing conditions, remain at higher risk. Additionally, the pandemic exacerbated mental health issues among Virginians. Increased stress, anxiety, and depression have been notable, especially among healthcare workers, students, and vulnerable populations.

While acute impacts of COVID-19 have declined, the ongoing effects on social determinants of health and healthcare access continue to shape the well-being of Virginians especially among racial and ethnic minority groups in Virginia. COVID-19 exacerbated economic disparities, especially affecting low-income families and communities of color. Job losses, inflation, and reduced financial support after the Public Health Emergency (PHE) have heightened economic stress, affecting health outcomes. Medicaid expansion in Virginia before the pandemic helped improve access to care, but the end of continuous enrollment policies during the PHE led to many losing coverage. This loss impacts preventive care and access to treatment for COVID-related complications. Prolonged school closures and disruptions have had lasting effects on children's health, including mental health challenges and learning losses. While schools have fully reopened, the pandemic's impact on educational outcomes continues to be a concern. Rising housing costs and inflation have intensified issues of housing insecurity and food access, key social determinants of health. Programs like expanded SNAP benefits during the PHE helped temporarily but post-pandemic cuts have left many families vulnerable.

*Source: Virginia Department of Health, COVID-19 in Virginia, https://www.vdh.virginia.gov/coronavirus/see-the-numbers-covid-19-in-virginia/*
*Source: Johns Hopkins Bloomberg School of Public Health, COVID-19 in 2022, A Year-End Wrap-up, https://publichealth.jhu.edu/2022/covid-year-in-review*
*Data Retrieved: 11/27/2024*

# County Health Rankings




*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. Retrieved 10/30/24 www.countyhealthrankings.org*

The County Health Rankings & Roadmaps initiative, launched by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation, provides data and resources to improve health at the county level across the United States. Since its inception in 2010, the program has ranked counties based on a variety of health factors and outcomes, offering insight into disparities and actionable strategies to address them. The County Health Rankings in Virginia, up to 2023, utilize a comprehensive methodology to assess health outcomes (length and quality of life) and health factors (determinants that influence outcomes) across counties. These factors include social and economic elements, clinical care, health behaviors, and the physical environment. In Virginia, County Health Rankings were determined for 133 localities in the Commonwealth annually, with the healthiest county ranked as #1.

In 2024, the County Health Rankings & Roadmaps program introduced significant updates to its approach for evaluating county health. One of the key changes was the shift from ordinal rankings, which previously compared counties only within their respective states, to a more comparative framework that evaluates counties across state lines. This update aims to more accurately reflect regional health disparities and enable counties with similar conditions to collaborate on addressing shared health inequities. These changes have led to shifts in how counties are assessed and ranked. Previously ranked "healthy" counties may now appear less healthy due to adjustments in data presentation and evaluation criteria.

Counties are assigned composite scores for health outcomes and health factors that fall into (1 of 10) for health outcomes and or (1 of 9) for health factors, grouping localities in terms of healthiest to least healthiest counties in the country. The lower the number, the healthier the locality.

The updated framework now emphasizes factors like housing affordability, income levels, educational attainment, and access to recreational spaces. Additionally, the data incorporates more nuanced racial and ethnic groupings, better reflecting diverse community identities based on updated census information. New visualization tools also help to present data on health outcomes (like life expectancy) and health determinants more clearly, aiming to support local and national initiatives for health equity.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org*
*Source: Wisconsin Health News, County Health Rankings & Roadmaps takes new approach to rankings, May 26, 2024, https://wisconsinhealthnews.com/2024/03/26/county-health-rankings-roadmaps-takes-new-approach-to-rankings/*
*Data Retrieved: 11/27/2024*

## Lynchburg County Health Rankings

| Locality | 2021 | | 2022 | | 2023 | | 3 YR Change | |
|---|---|---|---|---|---|---|---|---|
| | Health Outcomes | Health Factors | Health Outcomes | Health Factors | Health Outcomes | Health Factors | Health Outcomes | Health Factors |
| **Amherst County** | 55 | 70 | 65 | 65 | 64 | 69 | 9 | -1 |
| **Appomattox County** | 75 | 86 | 72 | 79 | 76 | 75 | 1 | -11 |
| **Campbell County** | 44 | 74 | 50 | 75 | 45 | 77 | 1 | 3 |
| **Pittsylvania County** | 90 | 98 | 98 | 101 | 95 | 103 | 5 | 5 |
| **Lynchburg City** | 72 | 60 | 73 | 53 | 74 | 48 | 2 | -12 |

*Table Source: 2021 – 2023 County Health Rankings, https://www.countyhealthrankings.org/health-data*
*Data Retrieved: 11/07/2024*

| |
|---|
| WORSE |
| BETTER |

The health rankings show mixed trends. Amherst and Appomattox Counties saw slight worsening in outcomes but improvements in factors (1- and 11-point gains, respectively). Campbell and Pittsylvania Counties worsened in both areas, with Pittsylvania facing a 5-point decline in each. Lynchburg City made significant progress in health factors (12-point improvement) despite a 2-point decline in outcomes. These results highlight successes in addressing underlying health predictors while emphasizing areas needing targeted interventions.

## 2024 County Health Rankings

| Health Outcomes Groupings | | |
|---|---|---|
| County | Group Range Rank | Health Group Range |
| **Pittsylvania** | 5 | 0.22 to 0.56 |
| **Lynchburg City** | 6 | -0.1 to 0.21 |
| **Amherst** | 6 | -0.1 to 0.21 |
| **Appomattox** | 7 | -0.4 to -0.11 |
| **Campbell** | 7 | -0.4 to -0.11 |

| Health Outcomes Groupings | | |
|---|---|---|
| | Group Range Rank | Group Range |
| **Healthiest** | **1** | 2.02 to 2.99 |
| | **2** | 1.42 to 2 |
| | **3** | 0.95 to 1.42 |
| | **4** | 0.56 to 0.95 |
| | **5** | 0.22 to 0.56 |
| **Least Healthy** | **6** | -0.1 to 0.21 |
| | **7** | -0.4 to -0.11 |
| | **8** | -0.72 to -0.4 |
| | **9** | -1.09 to -0.72 |
| | **10** | -1.76 to -1.1 |

| Health Factors Groupings | | |
|---|---|---|
| County | Group Range Rank | Health Group Range |
| **Pittsylvania** | 4 | 0 to 0.23 |
| **Appomattox** | 5 | -0.22 to 0 |
| **Amherst** | 5 | -0.22 to 0 |
| **Lynchburg City** | 6 | -0.44 to -0.22 |
| **Campbell** | 6 | -0.44 to -0.22 |

| Health Factors Groupings | | |
|---|---|---|
| | Group Range Rank | Group Range |
| **Healthiest** | **1** | 0.75 to 1.11 |
| | **2** | 0.47 to 0.75 |
| | **3** | 0.23 to 0.47 |
| | **4** | 0 to 0.23 |
| | **5** | -0.22 to 0 |
| **Least Healthy** | **6** | -0.44 to -0.22 |
| | **7** | -0.67 to -0.44 |
| | **8** | -0.96 to -0.67 |
| | **9** | -1.62 to -0.97 |

The County Health Rankings for the Lynchburg Area for 2024 reveal distinct changes in which locality is considered healthier as compared to similar localities nationally. Based on these new metrics, Pittsylvania County is the healthiest locality for both “Health Outcomes” and “Health Factors”. With the previous methodology, Pittsylvania County was the least healthy locality.

## HEALTH OPPORTUNITY INDEX

Like the County Health Rankings, Virginia's Health Opportunity Index (HOI) is a data-driven tool that evaluates health risks among populations by considering various social determinants of health. It is designed to identify areas and communities that may face greater health challenges due to factors such as socioeconomic status, access to healthcare, and environmental conditions.

The HOI uses a range of indicators, including:

1. **Demographics:** Age, race, and ethnicity statistics to understand the diverse needs of the population.
2. **Health Access:** Data on insurance coverage, availability of healthcare providers, and access to preventive services.
3. **Socioeconomic Factors:** Information on income levels, education, employment status, and poverty rates.
4. **Health Outcomes:** Prevalence of chronic diseases, infant mortality rates, and other health indicators.

This index enables public health officials and policymakers to identify high-risk areas, allocate resources effectively, and design targeted interventions to address health disparities.

The HOI is reported at both the census tract and county/independent city level. Numeric scores are based on 134 Virginia localities with the highest scores (worst) labeled as Very Low Opportunity to the lowest scores (best) labeled as Very High Opportunity. The HOI score helps to identify localities where there are barriers to achieving the highest level of health possible. As an example, currently Arlington County is ranked number 1 in the Commonwealth of Virginia indicating that the community members have the highest opportunity to live long and healthy lives based on the Social Determinants of Health. Lynchburg City, in the Lynchburg Service Area, is currently ranked number 36, meaning their community members have a high opportunity to live long and healthy lives. Localities in the service area vary in rating from low, average, and high.

*Source: https://apps.vdh.virginia.gov/omhhe/hoi/dashboards*
*Data Retrieved: 10/23/24*

| *Health Opportunity Index* | | |
|---|---|---|
| *Locality* | *Rank* | *Rating* |
| **Amherst County** | 73 | Avg |
| **Appomattox County** | 101 | Low |
| **Campbell County** | 63 | Avg |
| **Lynchburg City** | 36 | High |
| **Pittsylvania County** | 86 | Low |

*Table Source: Virginia Department of Health. Virginia Health Opportunity Index. https://apps.vdh.virginia.gov/omhhe/hoi/dashboards/counties*
*Data Retrieved: 08/09/2024*

# Demographics

## Lynchburg Population by Age Group by Locality

| Age Group | Amherst | | Campbell | | Lynchburg | | Pittsylvania | |
|---|---|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| **Under 5 years** | 1,652 | 5.26% | 2,831 | 5.10% | 4,635 | 5.85% | 2,488 | 4.11% |
| **5 to 9 years** | 1,694 | 5.39% | 3,321 | 5.98% | 3,717 | 4.70% | 3,004 | 4.96% |
| **10 to 14 years** | 1,859 | 5.92% | 2,805 | 5.05% | 4,257 | 5.38% | 3,337 | 5.51% |
| **15 to 19 years** | 2,029 | 6.46% | 3,392 | 6.11% | 8,971 | 11.33% | 3,363 | 5.55% |
| **20 to 24 years** | 1,871 | 5.95% | 3,157 | 5.69% | 13,404 | 16.93% | 3,391 | 5.60% |
| **25 to 29 years** | 1,672 | 5.32% | 3,635 | 6.55% | 6,561 | 8.29% | 3,096 | 5.11% |
| **30 to 34 years** | 1,717 | 5.46% | 3,626 | 6.53% | 4,727 | 5.97% | 2,927 | 4.83% |
| **35 to 39 years** | 1,730 | 5.50% | 2,831 | 5.10% | 3,580 | 4.52% | 3,161 | 5.22% |
| **40 to 44 years** | 1,888 | 6.01% | 3,474 | 6.26% | 3,629 | 4.58% | 3,427 | 5.66% |
| **45 to 49 years** | 1,809 | 5.76% | 3,322 | 5.98% | 3,112 | 3.93% | 3,940 | 6.51% |
| **50 to 54 years** | 2,051 | 6.53% | 3,665 | 6.60% | 3,484 | 4.40% | 4,333 | 7.16% |
| **55 to 59 years** | 2,440 | 7.76% | 3,889 | 7.00% | 4,053 | 5.12% | 4,227 | 6.98% |
| **60 to 64 years** | 2,351 | 7.48% | 4,102 | 7.39% | 3,728 | 4.71% | 5,600 | 9.25% |
| **65 to 69 years** | 2,154 | 6.85% | 3,128 | 5.63% | 3,184 | 4.02% | 4,638 | 7.66% |
| **70 to 74 years** | 1,649 | 5.25% | 3,347 | 6.03% | 2,871 | 3.63% | 3,578 | 5.91% |
| **75 to 79 years** | 1,298 | 4.13% | 2,034 | 3.66% | 2,218 | 2.80% | 2,955 | 4.88% |
| **80 to 84 years** | 860 | 2.74% | 1,550 | 2.79% | 1,292 | 1.63% | 1,988 | 3.28% |
| **85 years and over** | 702 | 2.23% | 1,409 | 2.54% | 1,743 | 2.20% | 1,088 | 1.80% |
| **Median Age** | 43.9 | | 43.1 | | 28.4 | | 48 | |
| **Total** | 31,426 | 100% | 55,518 | 100% | 79,166 | 100% | 60,541 | 100% |

| Age Group | Appomattox | | Service Area | | Virginia | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| **Under 5 years** | 1,005 | 6.20% | 12,611 | 5.20% | 494,148 | 5.73% |
| **5 to 9 years** | 895 | 5.50% | 12,631 | 5.20% | 511,965 | 5.94% |
| **10 to 14 years** | 1,087 | 6.70% | 13,345 | 5.50% | 545,595 | 6.33% |
| **15 to 19 years** | 907 | 5.60% | 18,662 | 7.70% | 573,642 | 6.65% |
| **20 to 24 years** | 868 | 5.30% | 22,691 | 9.30% | 580,019 | 6.73% |
| **25 to 29 years** | 1,005 | 6.20% | 15,969 | 6.60% | 579,897 | 6.72% |
| **30 to 34 years** | 891 | 5.50% | 13,888 | 5.70% | 590,216 | 6.84% |
| **35 to 39 years** | 938 | 5.80% | 12,240 | 5.00% | 588,506 | 6.82% |
| **40 to 44 years** | 958 | 5.90% | 13,376 | 5.50% | 556,645 | 6.45% |
| **45 to 49 years** | 1,019 | 6.30% | 13,202 | 5.40% | 541,770 | 6.28% |
| **50 to 54 years** | 1,032 | 6.30% | 14,565 | 6.00% | 561,174 | 6.51% |
| **55 to 59 years** | 931 | 5.70% | 15,540 | 6.40% | 576,469 | 6.68% |
| **60 to 64 years** | 1,383 | 8.50% | 17,164 | 7.10% | 543,459 | 6.30% |
| **65 to 69 years** | 1,217 | 7.50% | 14,321 | 5.90% | 453,677 | 5.26% |
| **70 to 74 years** | 715 | 4.40% | 12,160 | 5.00% | 365,967 | 4.24% |
| **75 to 79 years** | 695 | 4.30% | 9,200 | 3.80% | 251,265 | 2.91% |
| **80 to 84 years** | 418 | 2.60% | 6,108 | 2.50% | 158,796 | 1.84% |
| **85 years and over** | 289 | 1.80% | 5,231 | 2.20% | 151,301 | 1.75% |
| **Median Age** | 43.1 | | 41.3 | | 38.7 | |
| **Total** | 16,253 | 100% | 242,904 | 100% | 8,454,463 | 100% |

*Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2018 - 2022 American Community Survey 5-Year Estimates. https://factfinder.census.gov*
*Data Retrieved: 04/04/2024*

Lynchburg has a notably younger population compared to neighboring localities, with a median age lower than Amherst (43.9) and Campbell (43.1). Higher percentages in the 15 to 19 and 20 to 24 age groups, exceeding those of the service area and state, suggest the presence of higher education institutions and a vibrant young adult community. In contrast, the proportion of seniors in Lynchburg is lower than in the service area and state, potentially reflecting factors such as economic opportunities and a lifestyle that appeals more to younger residents.

## Lynchburg Population by Sex

| Locality | Male | | Female | |
|---|---|---|---|---|
| | Number | % | Number | % |
| Amherst County | 14,973 | 47.7% | 16,453 | 52.4% |
| Appomattox County | 7,910 | 48.7% | 8,343 | 51.3% |
| Campbell County | 27,091 | 48.8% | 28,427 | 51.2% |
| Lynchburg City | 36,734 | 46.3% | 42,553 | 53.7% |
| Pittsylvania County | 30,142 | 49.8% | 30,399 | 50.2% |
| Service Area | 23,370 | 48.3% | 25,235 | 51.9% |
| Virginia | 4,159,173 | 49.2% | 4,295,290 | 50.8% |

*Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 - 2022 Demographic and Housing Estimates https://factfinder.census.gov*
*Data Retrieved: 04/09/2024*

Across the listed localities and the state of Virginia, females consistently outnumber males, reflecting a broader demographic trend. In Lynchburg City, females make up 53.7% of the population, 7.4 percentage points higher than males—the largest gender gap among the localities. In contrast, Pittsylvania County shows near gender parity, with only a 0.4 percentage point difference. Lynchburg also has the largest total population of both males (36,734) and females (42,553), while Appomattox County has the smallest (7,910 males and 8,343 females). Statewide, females outnumber males by 136,117, with Virginia's population split at 49.2% male and 50.8% female. This data highlights Lynchburg's notable gender imbalance and its alignment with the broader trend across Virginia.

## Sexual Orientation and Gender Identity Estimate

| Locality | Population 18 and Older | LGBTQI+ Estimate |
|---|---|---|
| Amherst County | 25,180 | 1,813 |
| Appomattox County | 13,508 | 973 |
| Campbell County | 44,327 | 3,192 |
| Lynchburg City | 64,423 | 4,638 |
| Pittsylvania County | 49,146 | 3,539 |
| Service Area | 196,584 | 14,154 |
| Virginia | | 7.2% |

*Table Source: U.S. Census. Quick Facts. Population estimates, July 1, 2023. https://www.census.gov/quickfacts/*
*Data Retrieved: 08/09/2024*
*Table Source: U.S. Census. Sexual Orientation and Gender Identity in the Household Plus Survey. Characteristics of the LGBTQ+ adult population. https://www.census.gov/quickfacts/*
*Data Retrieved: 08/09/2024*

Beginning in 2021, the US Census Bureau began collecting Sexual Orientation and Gender Identity (SOGI) data to advance equity for lesbian, gay, transgender, queer and intersexual (LGBTQI+) individuals. In Virginia, it is estimated that 7.2% of the population 18 years of age and older identify as LGBTQI+. Using this estimate, we can determine the Service Area data for the population 18 years of age and older who identify as LGBTQI+.

*https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html*

## Lynchburg Population by Race

| Locality | White | Black | American Indian / Alaskan Native | Asian | Native Hawaiian or Pacific Islander | Some Other Race | Two or More Races | Hispanic or Latino | Not Hispanic or Latino | Total Population |
|---|---|---|---|---|---|---|---|---|---|---|
| **Amherst County** | 23,551 | 5,726 | 238 | 226 | 22 | 555 | 1,108 | 839 | 30,587 | 31,426 |
| **Appomattox County** | 12,621 | 2,943 | 1 | 51 | 0 | 340 | 297 | 352 | 15,901 | 16,253 |
| **Campbell County** | 43,776 | 7,823 | 103 | 555 | 24 | 383 | 2,854 | 1,701 | 53,817 | 55,518 |
| **Lynchburg City** | 48,863 | 20,680 | 181 | 1,712 | 295 | 2465 | 5,091 | 3,898 | 75,389 | 79,287 |
| **Pittsylvania County** | 45,165 | 11,842 | 38 | 288 | 0 | 830 | 2378 | 1760 | 58,781 | 60,541 |
| **Service Area** | 173,976 | 28,334 | 561 | 2,832 | 341 | 4,573 | 11,728 | 8,550 | 234,475 | 243,025 |
| **Virginia** | 5,473,610 | 1,630,355 | 23,728 | 591,088 | 6,185 | 576,163 | 341,207 | 865,015 | 7,759,496 | 8,624,511 |

*Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2018 - 2022 American Community Survey 5-Year Estimates https://factfinder.census.gov Data Retrieved: 04/18/2024*

## Lynchburg Population by Race by Percent of Total Population

| Locality | White | Black | American Indian / Alaskan Native | Asian | Native Hawaiian or Pacific Islander | Some Other Race | Two or More Races | Hispanic or Latino | Not Hispanic or Latino |
|---|---|---|---|---|---|---|---|---|---|
| **Amherst County** | 74.9% | 18.2% | 0.8% | 0.7% | 0.1% | 1.8% | 3.5% | 2.7% | 97.3% |
| **Appomattox County** | 77.7% | 18.1% | 0.0% | 0.3% | 0.0% | 2.1% | 1.8% | 2.2% | 97.8% |
| **Campbell County** | 78.9% | 14.1% | 0.2% | 1.0% | 0.0% | 0.7% | 5.1% | 3.1% | 96.9% |
| **Lynchburg City** | 61.6% | 26.1% | 0.2% | 2.2% | 0.4% | 3.1% | 6.4% | 4.9% | 95.1% |
| **Pittsylvania County** | 74.6% | 19.6% | 0.1% | 0.5% | 0.0% | 1.4% | 3.9% | 2.9% | 97.1% |
| **Service Area** | 73.5% | 19.2% | 0.2% | 0.9% | 0.1% | 1.8% | 4.2% | 3.1% | 96.9% |
| **Virginia** | 63.5% | 18.9% | 0.3% | 6.9% | 0.1% | 6.7% | 4.0% | 10.0% | 90.0% |

*Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2018 - 2022 American Community Survey 5-Year Estimates, https://factfinder.census.gov Data Retrieved: 04/18/2024*

Lynchburg City is the most diverse locality within its service area, with the highest numbers of both White (48,863) and Black residents (20,680), making up 61.6% and 26.1% of its population, respectively. In contrast, Appomattox has the smallest and least diverse population, with 12,621 White and 2,943 Black residents. While the White population remains the largest racial group in each locality, Amherst and Campbell have the highest percentages of White residents. The service area overall shows a strong presence of both White and Black populations, with a smaller but notable Hispanic or Latino population. Virginia, however, is more racially and ethnically diverse, driven by larger Hispanic and Asian populations, highlighting Lynchburg's position as a regional hub of diversity within a predominantly homogenous area.

## Lynchburg Limited English-Speaking Households

| Locality | Total | | | Alternate Language | | |
|---|---|---|---|---|---|---|
| | Total Population Over Five | Speaks English Less than Very Well | Percent | Spanish | Asian and Pacific Isl. | Other |
| **Amherst County** | 29,774 | 130 | 0.40% | 99 | 33 | 9 |
| **Appomattox County** | 15,248 | 42 | 0.30% | 33 | 0 | 9 |
| **Campbell County** | 52,687 | 1,174 | 2.20% | 539 | 294 | 341 |
| **Lynchburg City** | 74,531 | 1,350 | 1.80% | 709 | 319 | 148 |
| **Pittsylvania County** | 58,053 | 844 | 1.45% | 694 | 69 | 81 |
| **Service Area** | 99,055 | 1,346 | 1.23% | 1,365 | 396 | 440 |
| **Virginia** | 8,130,363 | 477,522 | 5.90% | 246,030 | 118,157 | 113,365 |

*Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2018 - 2022.*
*Data Retrieved: 04/18/2024*

A "limited English-speaking" household is one in which all members aged 14 and older have at least some difficulties with English. The U.S. Census Bureau defines "limited English-speaking" household as one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." (https://www.census.gov/topics/population/language-use/about/faqs.html Retrieved 10/23/24)

In the Lynchburg service area, 1.23% of residents speak English less than very well, compared to Virginia's 5.9% average. Campbell County has the highest rate locally at 2.2%, while Amherst and Appomattox report the lowest at 0.4% and 0.3%. Lynchburg City's rate is 1.8%, with 1,350 individuals, mostly Spanish speakers (709), followed by Asian and Pacific Islander languages (319) and other languages (148). Spanish speakers are the largest group across all localities, while Lynchburg has a higher proportion of Asian and Pacific Islander speakers. This reflects Lynchburg's linguistic diversity within a predominantly English-speaking region, contrasting with Virginia's broader diversity.

## Population Projections by Locality, 2030-2050

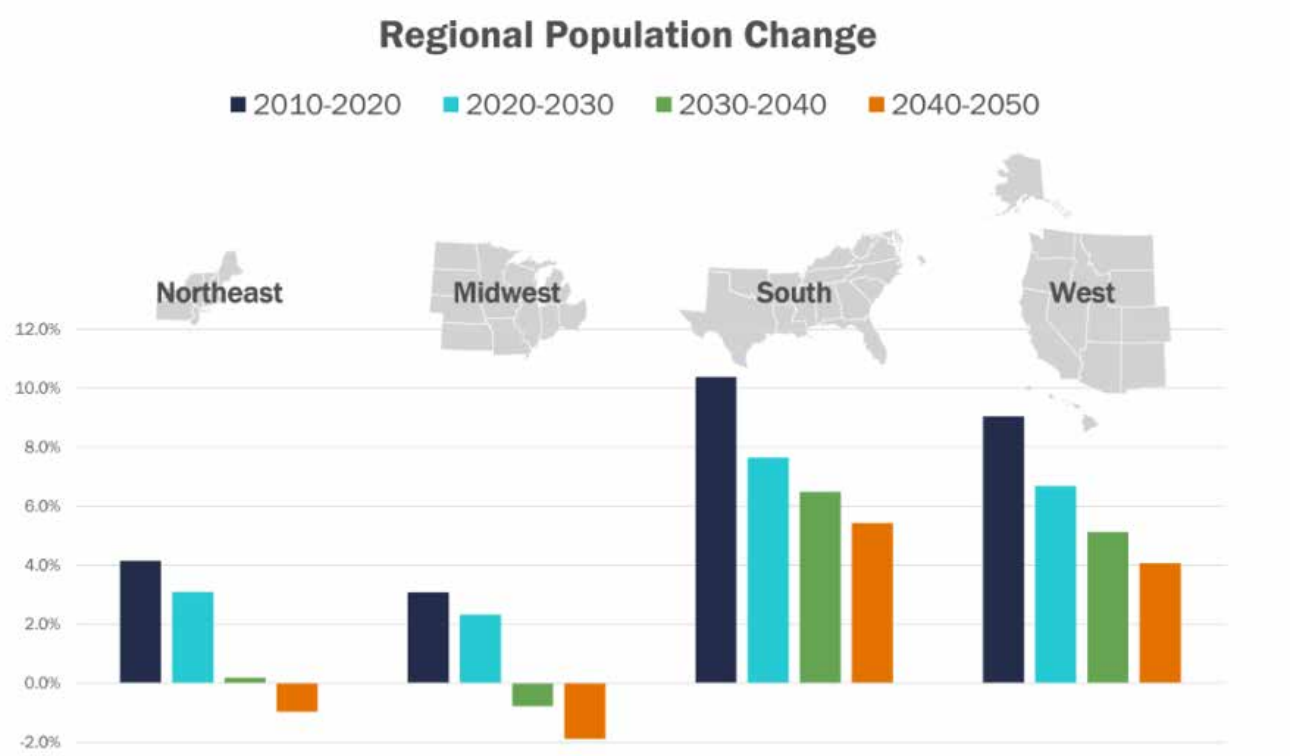
| Locality | 2030 | 2040 | 2050 | +/- |
|---|---|---|---|---|
| Amherst | 29,827 | 29,098 | 28,805 | -3% |
| Appomattox | 17,018 | 17,956 | 19,163 | 13% |
| Campbell | 55,739 | 57,192 | 59,501 | 7% |
| Pittsylvania | 56,672 | 55,223 | 54,601 | -4% |
| Lynchburg City | 81,268 | 86,838 | 93,708 | 15% |
| Service Area | 240,524 | 246,307 | 255,778 | 6% |
| Virginia | 9,129,002 | 9,759,371 | 10,535,810 | 15% |

*Table Source: Weldon Cooper Center for Public Service : https://www.coopercenter.org/virginia-population-projections*
*Years Measured: 2030-2050. Data Retrieved: 07/16/2024*

Population projections for 2030 to 2050 indicate mixed trends within the Lynchburg service area. Lynchburg City is expected to grow by 15%, from 81,268 to 93,708, closely mirroring Virginia's overall growth rate of 15%. Appomattox and Campbell Counties will also experience growth, at 13% and 7%, respectively. In contrast, Amherst and Pittsylvania Counties are projected to decline, with losses of 3% and 4%, highlighting potential challenges for these localities. The overall service area is projected to grow by 6%, significantly slower than the statewide average, emphasizing Lynchburg as the primary driver of regional growth in an area otherwise growing at a more modest pace compared to Virginia as a whole.

Between now and 2050, the overall population of the United States is expected to increase, from 331 million in 2020 to 349 million in 2030 and 371 million in 2050. In continuation of the well-established trend of slowing growth rates, we may see the national rate of growth decrease from nearly 10% in 2000-2010 to 7.4% over 2010-2020 to an anticipated 5.5% over 2020-2030. Most states will also experience similar deceleration as per the projections. This pattern can be partially attributed to the lower level of immigration as well as the accompanying lower birth rates and older age profile over the recent decades. The change in the total U.S. population is of course not uniformly distributed across all geographies. This variation can be demonstrated in multiple ways, by regions and by states. A comparison across the regions in the United States reveals that population growth over the next several decades is expected to continue to move towards the South and West, with both regions experiencing 6-8% increase in the current decade until 2030. Between 2040-2050 the Northeast is expected to see a slight population decline, whereas the Midwest is expected to shrink even earlier and see negative population change over 2030-2040.

*Source: https://www.coopercenter.org/research/national-50-state-population-projections-2030-2040-2050*
*Data Retrieved: 10/23/2024*



# HEALTH FACTORS

The County Health Rankings measure Health Factors, which are elements influencing a community's overall health. These factors fall into four broad categories and each health factor is assigned different weights to reflect its estimated contribution to overall health outcomes.

1. **Social and Economic Factors (40%):** Social determinants of health like education level, employment rates, income inequality, family support, and community safety.
2. **Health Behaviors (30%):** Indicators such as smoking rates, physical activity levels, diet, alcohol use, and sexual activity patterns.
3. **Clinical Care (20%):** Access to and quality of healthcare services, including the number of uninsured individuals and the ratio of healthcare providers to the population.
4. **Physical Environment (10%):** Environmental conditions such as air and water quality, housing affordability, and access to transportation and healthy foods.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org,*
*Data Retrieved 10/23/2024.*

## *Social and Economic Factors*

Social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety, and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress. Social and economic opportunities help communities live longer and healthier lives. For example, a living wage shapes opportunities for housing, education, childcare, food and medical care. Strategies to improve these factors can have a greater impact on health than strategies that target individual behaviors. Communities that have been cut off from investments or who have experienced discrimination have fewer social and economic opportunities. These gaps disproportionately affect people of color and people living in rural areas. Children may be especially impacted.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors*
*Data Retrieved: 10/23/2024*

### EDUCATION

The relationship between education and health is well-documented, with numerous studies showing that higher levels of education are linked to better health outcomes. This connection stems from various factors, including access to resources, health knowledge, and social determinants of health.

People with higher levels of education are more likely to engage in healthier behaviors. They tend to have better knowledge of health practices, such as the importance of regular exercise, a balanced diet, and preventive care. Education also improves critical thinking skills, which helps individuals make informed health decisions. Research shows that higher educational attainment is associated with lower rates of smoking, obesity, and other risky behaviors. Education can play a protective role in mental health. Higher educational attainment has been linked to lower rates of depression, anxiety, and psychological distress. The cognitive and social skills acquired through education help individuals manage stress more effectively and access mental health resources when needed. Education is strongly correlated with income levels, and higher income provides better access to healthcare services, nutritious food, and healthier living environments. People with more education are more likely to secure jobs that offer health insurance, paid sick leave, and less physically taxing working conditions, all of which contribute to better health.

*Sources: Cutler, D. M., Huang, W., & Lleras-Muney, A. (2021). Economic approaches to understanding and reducing health disparities. JAMA, 326 (7), 637-638; Galama, T. J., & van Kippersluis, H. (2019). A theory of socio-economic disparities in health over the life cycle. The Economic Journal, 129 (617), 338-374; Hamad, R., Penner, E. C., & Tylavsky, F. A. (2019). The effects of cumulative and intergenerational education on health in young adulthood. Social Science & Medicine, 222, 1-9; Zimmerman, E., Woolf, S. H., & Haley, A. (2020). Understanding the relationship between education and health: A review of the evidence and an examination of community perspectives. Health Affairs, 39 (6), 1019-1025.*
*Data Retrieved: 10/23/24*

## Educational Attainment by Locality for the Population Age 25 and Over

| Locality | Population 25 Years and Over | Less than High School Graduate | High School Grad or Equivalent | Some College of Associate's Degree | Bachelor's Degree or Higher |
|---|---|---|---|---|---|
| **Amherst** | 22,321 | 12.3% | 37.9% | 27.9% | 21.9% |
| **Appomattox** | 11,491 | 10.1% | 39.7% | 30.9% | 19.3% |
| **Campbell** | 40,012 | 9.6% | 34.3% | 31.5% | 24.6% |
| **Lynchburg** | 42,958 | 9.7% | 22.6% | 31.0% | 36.7% |
| **Pittsylvania** | 44,958 | 15.8% | 38.1% | 31.2% | 15.0% |
| **Service Area** | 161,740 | 11.5% | 34.5% | 30.5% | 23.5% |
| **Virginia** | 5,919,142 | 9.9% | 23.9% | 26.3% | 41.0% |

*Table Source: US Census. American Fact Finder. EDUCATIONAL ATTAINMENT 2018 -2022. American Community Survey 5-Year Estimates.*
*Data Retrieved: 05/27/2024*

Educational attainment varies significantly across the Lynchburg service area. Lynchburg City leads the region with 36.7% of residents holding a bachelor's degree or higher, close to Virginia's average of 41.0%, but has a lower percentage of high school graduates. In contrast, Pittsylvania County has the highest rate of individuals with less than a high school diploma (15.8%) and the lowest with a bachelor's degree or higher (15.0%). The service area lags behind the state average in higher education, reflecting a mixed profile where Lynchburg outperforms in educational attainment while other localities, like Pittsylvania, face challenges.

## 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 | Some college, associate's degree | Bachelor's degree or higher |
|---|---|---|---|---|
| **Amherst** | 19.3% | 12.9% | 5.1% | 4.8% |
| **Appomattox** | 26.1% | 12.3% | 9.0% | 5.5% |
| **Campbell** | 20.3% | 10.1% | 8.6% | 3.0% |
| **Lynchburg** | 24.4% | 18.6% | 10.8% | 6.0% |
| **Pittsylvania** | 27.3% | 15.3% | 11.2% | 6.8% |
| **Service Area** | 23.5% | 13.8% | 8.9% | 5.2% |
| **Virginia** | 23.4% | 13.0% | 9.2% | 3.4% |

*Table Source: US Census. American Fact Finder. POVERTY STATUS IN THE PAST 12 MONTHS 2018 - 2022. American Community Survey 5-Year Estimates.*
*Data Retrieved: 05/09/2024*

Poverty rates decrease as educational attainment increases. Individuals with less education face higher poverty rates compared to those with higher education levels. The state-wide average for Virginia generally reflects the trend seen in other areas but with slightly lower poverty rates in higher education categories. Those without a high school diploma face the highest rates, led by Pittsylvania (27.3%) and Appomattox (26.1%). High school graduates in Lynchburg (18.6%) and those with some college in Pittsylvania (11.2%) also exceed regional and state averages. Bachelor's degree holders see the lowest rates, with Campbell at 3.0% and Pittsylvania at 6.8%. Lynchburg and Pittsylvania exhibit more pronounced disparities, highlighting the critical role of education in addressing poverty and socio-economic challenges in the region.

## ON TIME GRADUATION AND DROP-OUT RATES

The Virginia On-Time Graduation Rate defines graduates as students who earn Advanced Studies, Standard, International Baccalaureate (IB), or Applied Studies Diplomas for students who entered the ninth grade for the first time together and were scheduled to graduate four years later. The formula also recognizes that some students with disabilities and limited English proficient (EL) students are allowed more than the standard four years to earn a diploma and counts those students as 'on-time' graduates.

### Amherst County

| Amherst County High | Total | Female | Male | White | Black | Hispanic | Economically Disadvantaged | Disability |
|---|---|---|---|---|---|---|---|---|
| On Time Graduation | 95.99% | 95.74% | 96.20% | 94.76% | 97.37% | 100.00% | 94.29% | 94.44% |
| Drop-out Rate | 2.34% | 2.13% | 2.53% | 2.86% | 2.63% | 0.00% | 3.81% | 5.56% |

### Appomattox County

| Appomattox County High | Total | Female | Male | White | Black | Hispanic | Economically Disadvantaged | Disability |
|---|---|---|---|---|---|---|---|---|
| On Time Graduation | 90.68% | 94.59% | 87.36% | 89.32% | 94.74% | < | 83.08% | 89.47% |
| Drop-out Rate | 4.97% | 1.35% | 8.05% | 4.85% | 2.63% | < | 7.69% | 10.53% |

### Campbell County

| Altavista High | Total | Female | Male | White | Black | Hispanic | Economically Disadvantaged | Disability |
|---|---|---|---|---|---|---|---|---|
| On Time Graduation | 85.87% | 92.31% | 81.13% | 82.46% | 92.00% | < | 80.85% | 93.33% |
| Drop-out Rate | 7.61% | 2.56% | 11.32% | 7.02% | 8.00% | < | 10.64% | 6.67% |
| **Brookville High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 91.35% | 92.55% | 90.35% | 92.62% | 94.44% | 68.75% | 87.95% | < |
| Drop-out Rate | 2.88% | 1.06% | 4.39% | 2.01% | 5.56% | 12.50% | 4.82% | < |
| **Rustburg High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 99.49% | 100.00% | 98.98% | 99.36% | 100.00% | < | 98.70% | 100.00% |
| Drop-out Rate | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | < | 0.00% | 0.00% |
| **William Campbell High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 96.61% | 95.45% | 97.30% | 97.14% | 100.00% | < | 94.12% | < |
| Drop-out Rate | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | < | 0.00% | < |

### Lynchburg City

| E.C. Glass High | Total | Female | Male | White | Black | Hispanic | Economically Disadvantaged | Disability |
|---|---|---|---|---|---|---|---|---|
| On Time Graduation | 80.87% | 83.23% | 78.65% | 93.66% | 70.13% | 63.16% | 71.76% | 57.89% |
| Drop-out Rate | 6.09% | 2.99% | 8.99% | 0.70% | 10.39% | 15.79% | 5.88% | 15.79% |
| **Heritage High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 84.75% | 85.00% | 84.57% | 85.39% | 84.56% | 75.00% | 85.09% | 78.38% |
| Drop-out Rate | 7.80% | 7.50% | 8.02% | 5.62% | 9.56% | 10.00% | 3.11% | 16.22% |

## Pittsylvania County

| Chatham High | Total | Female | Male | White | Black | Hispanic | Economically Disadvantaged | Disability |
|---|---|---|---|---|---|---|---|---|
| On Time Graduation | 92.22% | 92.59% | 91.86% | 91.82% | 93.02% | 90.91% | 86.76% | 90.00% |
| Drop-out Rate | 6.59% | 4.94% | 8.14% | 7.27% | 6.98% | 0.00% | 11.76% | 10.00% |
| **Dan River High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 86.88% | 82.14% | 92.11% | 88.68% | 83.33% | < | 78.87% | 88.46% |
| Drop-out Rate | 8.13% | 9.52% | 6.58% | 6.60% | 11.90% | < | 14.08% | 11.54% |
| **Gretna High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 89.21% | 91.07% | 87.95% | 85.88% | 95.56% | < | 87.18% | 91.30% |
| Drop-out Rate | 7.19% | 8.93% | 6.02% | 10.59% | 0.00% | < | 7.69% | 4.35% |
| **Tunstall High** | **Total** | **Female** | **Male** | **White** | **Black** | **Hispanic** | **Economically Disadvantaged** | **Disability** |
| On Time Graduation | 92.75% | 96.55% | 89.62% | 92.90% | 85.00% | 100.00% | 88.37% | 80.95% |
| Drop-out Rate | 6.22% | 2.30% | 9.43% | 6.45% | 10.00% | 0.00% | 9.30% | 19.05% |

***Note: < Indicates insufficient data from VDOE***
*Table Source: Virginia Department of Education. Statistics and Reports. Graduation, Completion, Dropout & Postsecondary Date. 2023. https://p1pe.doe.virginia.gov/apex/f?p=246:1:::::p_session_id,p_application_name:14515291606537576 2,cohortgrad*
*Data Retrieved: 05/23/2024*

For the 2023-2024 school year, the Virginia Department of Education (VDOE) published on-time graduation and dropout rates for various student demographics across the state. Key data include:

- **Total Graduation Rate:** 92.8%, with a dropout rate of around 4.5%.
- **By Gender:** Female students typically graduate at slightly higher rates than male students.
- **By Race/Ethnicity:** White students generally have higher graduation rates than Black and Hispanic students.
- **By Economic and Disability Status:** Economically disadvantaged and students with disabilities have lower graduation rates and higher dropout rates than their peers.

*Source: Virginia Department of Education, https://www.doe.virginia.gov/, Graduation and Dropout Reports*
*Data Retrieved: 10/25/2024*

## FREE AND REDUCED LUNCH RATES

The Free and Reduced Lunch (FRL) rate from the Virginia Department of Education (VDOE) refers to the percentage of students in a school or school district who qualify for free or reduced-price meals under the National School Lunch Program (NSLP). This rate serves as an indicator of student economic need within schools and districts.

Eligibility for free or reduced-price meals is based on household income and family size, using federal poverty guidelines:

- **Free lunch:** Students from households with income at or below 130% of the federal poverty line.
- **Reduced-price lunch:** Students from households with income between 130% and 185% of the federal poverty line.

The FRL rate is commonly used as a socioeconomic metric in school reporting, and it can have an impact on funding, resource allocation, and the development of educational programs targeted at reducing educational inequities.

In Virginia, some districts report the same Free and Reduced Lunch (FRL) rates across all schools due to a program called the Community Eligibility Provision (CEP). Under CEP, schools or districts with a high percentage of low-income students can offer free breakfast and lunch to all students, regardless of individual eligibility. This eliminates the need for families to apply individually, which can help reduce administrative burdens and stigma associated with free meals.

CEP-eligible districts calculate a district-wide FRL rate based on the proportion of students directly certified for free meals, such as those enrolled in specific assistance programs (e.g., SNAP, TANF). The VDOE then applies this rate uniformly across all schools in the CEP district for reporting purposes, even though the actual economic need might vary slightly among individual schools.

| *School Division Number* | *District* | *School Nutrition Program Membership (Number)* | *Total FRL Eligible (Number)* | *Total FRL Eligible (%)* |
|---|---|---|---|---|
| **5** | **Amherst County Public Schools** | 3,967 | 3,180 | 80.2% |
| **6** | **Appomattox County Public Schools** | 2,326 | 1,864 | 80.1% |
| **16** | **Campbell County Public Schools** | 7,813 | 6,180 | 79.1% |
| **71** | **Pittsylvania County Public Schools** | 7,833 | 6,733 | 86.0% |
| **115** | **Lynchburg City Public Schools** | 7,687 | 7,687 | 100.0% |
| | **Service Area** | 29,626 | 25,644 | 86.6% |
| | **Virginia Public School Division** | 1,257,975 | 730,844 | 58.1% |

*Table Source: Virginia Department of Education retrieved from https://www.doe.virginia.gov/programs-services/school-operations-support-services/school-nutrition/program-statistics-reports. Data for the 2023 - 2024 School Year. Data Retrieved: 05/16/2024*

Of the public school-aged children in the service area, 86.6% (25,644) are eligible for free and reduced lunches as compared to 58.1% of children in the Commonwealth. This is even more pronounced for children attending Lynchburg City Public Schools where 100% are eligible for free and reduced lunches due to the Community Eligibility Provision (CEP).

## CHRONIC ABSENTEEISM

Since the COVID-19 pandemic, Virginia has experienced a significant increase in chronic absenteeism among K-12 students. In the 2021-2022 school year, chronic absenteeism—defined as missing 10% or more of school days—reached nearly double pre-pandemic levels, with around 20% of students meeting this threshold. This surge has been linked to various pandemic-related issues, including mental health challenges, disrupted routines, and economic difficulties that impacted family stability and student engagement. Nearly all school divisions in the 2021–22 school year experienced surges in chronic absenteeism, with just three divisions experiencing a decrease. While COVID-19 quarantines contributed to increased absenteeism, school staff indicated other factors contributed as well. More students also exhibited disruptive behavior as they returned to in-person instruction, according to school staff (though quantifying the increase is difficult because of data limitations). School staff were asked to rate the seriousness of 15 issues they faced, such as teacher compensation, student academic progress, lack of respect from parents, and concerns about health during the pandemic. Student behavior problems were rated as the most serious of all 15 issues listed. Principals and teachers cited months spent out of the physical classroom as the main reason for increased student behavioral problems.

*Source: Commonwealth of Virginia, Joint Legislative Audit & Review Commission, Pandemic Impact on Public K-12 Education, 2022, https://jlarc.virginia.gov/pdfs/reports/Rpt568-1.pdf*

To address this, the Virginia Department of Education (VDOE) under Governor Glenn Youngkin established the Chronic Absenteeism Task Force under its "ALL IN VA" plan. This task force works with schools and community organizations to re-engage students and support families, emphasizing the importance of consistent attendance, especially in elementary grades, where absenteeism has remained a persistent issue.

*Source: Virginia Department of Education, Chronic Absenteeism Task Force, https://www.doe.virginia.gov/teaching-learning-assessment/all-in-va/attendance-matters/chronic-absenteeism-task-force*

By the 2023-2024 academic year, chronic absenteeism rates in Virginia showed some improvement, falling to 15.1% from a high of 19.3% the previous year, although rates remain above pre-pandemic averages. The VDOE has continued to focus on long-term solutions, such as mental health resources and family engagement programs, to further reduce absenteeism and support students' educational outcomes.

| *Division* | *Chronic Absenteeism Rate 2023-2024* |
|---|---|
| **Amherst County Public Schools** | 20.8% |
| **Appomattox County Public Schools** | 17.3% |
| **Campbell County Public Schools** | 17.3% |
| **Lynchburg City Public Schools** | 22.6% |
| **Pittsylvania County Public Schools** | 14.9% |
| **Virginia** | 15.1% |

*Table Source: Virginia Department of Education, School Quality Profiles, https://schoolquality.virginia.gov/download-data*
*Data Retrieved: 10/27/2024*

Chronic absenteeism is defined by VDOE as the number of students missing 10% or more of days enrolled. For the percentage, this number is then divided by student enrollment.

In the 2023-2024 school year, all school divisions in the service area, apart from Pittsylvania County, had higher chronic absenteeism rates as compared to the rate in Virginia.

## EMPLOYMENT

Employment trends in Virginia following the COVID-19 pandemic reveal both shifts and resilience across various sectors. Virginia has benefited from a strong tech and professional services presence, which buffered the state from the worst job losses seen in other regions, especially due to its high number of remote-capable jobs. This has been particularly evident in sectors like Information Technology, which saw stable or increased demand due to Virginia's large data center industry.

Conversely, tourism, hospitality, and retail sectors were hard-hit initially. Hotels and restaurants faced significant challenges, with some establishments permanently closing. However, these sectors are rebounding, though not fully to pre-pandemic levels, as reduced business travel and a shift towards remote work diminished demand for in-person services. Additionally, there has been increased investment in automation and e-commerce, which has expanded warehouse and transportation roles to meet rising online shopping demand. However, these trends also mean that traditional retail and low-wage service positions are unlikely to return to former levels, and job growth is concentrated in higher-wage positions.

As of recent data from the Bureau of Labor Statistics, Virginia's unemployment rate has stabilized, with industries like construction, healthcare, and technology continuing to show resilience. Construction alone saw nearly a 5.4% increase year-over-year, while the manufacturing and trade sectors are growing but at a slower pace. This dynamic landscape indicates a broader trend of employment recovery, tempered by a shift towards automation and remote work.

*Sources: Virginia Business, The great transformation, February 28, 2021, https://virginiabusiness.com/the-great-transformation/; McKinsey Global Institute, The future of work after COVID-10, February 18, 2021, https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19; US Bureau of Labor Statistics, Economy at a glance, Virginia, https://www.bls.gov/eag/eag.va.htm*
*Data Retrieved: 10/27/24*

## UNEMPLOYMENT RATES

Unemployment is associated with adverse health effects. Prolonged unemployment increases the risk of mental health issues, including depression and anxiety, and is correlated with higher rates of substance use and mortality. Physical health can deteriorate due to factors like stress-induced health conditions and lack of access to employer-based health insurance. Research indicates that unemployed individuals may experience a 20-30% increase in mortality risk compared to those employed.

*Source: Virginia Business, The great transformation, February 28, 2021, https://virginiabusiness.com/the-great-transformation/; McKinsey Global Institute, The future of work after COVID-10, February 18, 2021, https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19*
*Data Retrieved: 10/27/24*

## Unemployment Rates by Locality by Percent

| *Locality* | *2020* | *2021* | *2022* | *2023* |
|---|---|---|---|---|
| **Amherst County** | 5.8 | 3.7 | 3 | 3.2 |
| **Appomattox County** | 5.9 | 3.8 | 3.1 | 3.6 |
| **Campbell County** | 6 | 3.8 | 3 | 3.3 |
| **Lynchburg City** | 7.5 | 5 | 3.8 | 4.2 |
| **Pittsylvania County** | 6.7 | 4 | 3 | 3.1 |
| **Service Area** | 6.4 | 4.1 | 3.2 | 3.5 |
| **Virginia** | 6.5 | 3.9 | 2.8 | 2.9 |

*Table Source: Virginia Works. Current Local Area Unemployment Statistics (LAUS). https://virginiaworks.com/Local-Area-Unemployment-Statistics-LAUS.*
*Data Retrieved: 06/10/2024*

Unemployment rates in the Lynchburg service area have improved since 2020, dropping from 6.4% to 3.5% in 2023, though they remain above Virginia's state average of 2.9%. Lynchburg City has consistently reported the highest rates in the region, from 7.5% in 2020 to 4.2% in 2023. While rates in the service area rose slightly in 2023, they remain well below 2020 levels, reflecting ongoing recovery but slower progress compared to the state, likely due to differing local economic conditions.

## WAGES

The nature and quality of employment also plays a crucial role in health outcomes. Jobs with high levels of stress, poor working conditions, or lack of autonomy can negatively impact health. For example, low-wage or high-stress positions often lead to burnout and physical health issues, such as cardiovascular problems. Meanwhile, secure, well-compensated jobs with good working conditions are associated with better health outcomes, as they afford employees the means and time to prioritize health.

*Source: US Bureau of Labor Statistics, Economy at a glance, Virginia https://www.bls.gov/eag/eag.va.htm*
*Data Retrieved: 10/27/24*

## Annual Employment and Wage Statistics by Locality in 2023

| Locality | Annual Establishments | Annual Average Employment | Total Annual Wages | Annual Average Weekly Wage | Annual Wages per Employee |
|---|---|---|---|---|---|
| **Amherst** | 839 | 7,826 | $351,979,675.00 | $865.00 | $44,978.00 |
| **Appomattox** | 586 | 3,584 | $140,559,284.00 | $754.00 | $39,219.00 |
| **Campbell** | 2,008 | 18,234 | $1,004,485,920.00 | $1,059.00 | $55,088.00 |
| **Lynchburg** | 2,748 | 48,525 | $2,723,362,092.00 | $1,079.00 | $56,123.00 |
| **Pittsylvania** | 1,479 | 12,836 | $602,357,885.00 | $902.00 | $46,928.00 |
| **Service Area** | 1,532 | 18,201 | $964,548,971.20 | $931.80 | $48,467.20 |
| **Virginia** | 322,450 | 4,048,268 | $300,603,986,144.00 | $1,428.00 | $74,255.00 |
| **United States** | 11,916,357 | 153,087,529 | $11,076,974,138,515.00 | $1,391.00 | $72,357.00 |

*Table Source: Total Covered, 10 Total, all industries, All Counties in Virginia 2023 Annual Averages, All establishment sizes*
*Source: Quarterly Census of Employment and Wages - Bureau of Labor Statistics (bls.gov),*
*https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=2&st=51&year=2023&qtr=A&own=0&ind=10&supp=1.*
*Data Retrieved: 07/16/2024*

In 2023, Lynchburg City had the highest employment (48,525) and wages ($56,123 annually) in the region, followed closely by Campbell County ($55,088). In contrast, Appomattox reported the lowest wages ($39,219) and smallest employment base. Lynchburg's larger, more diverse economy drives its regional leadership, though wages across the service area remain below Virginia's ($74,255) and the U.S. average ($72,357). Virginia's higher wages reflect a stronger state economy compared to the national average.

## Largest Employers by Locality

| *Amherst County Top 10 Employers (2024)* | |
|---|---|
| **1** | Amherst County School Board |
| **2** | Sweet Briar College |
| **3** | Air & Liquid Systems Corp |
| **4** | County of Amherst |
| **5** | Glad Manufacturing Company |
| **6** | Greif Packaging LLC |
| **7** | Wal Mart |
| **8** | Johnson Health Center |
| **9** | Food Lion |
| **10** | Caterpillar Clubhouse |

The top industries with the greatest number employed in Amherst County include "Government, Local Government, Accommodation & Food Service, Healthcare & Social Assistance, Manufacturing, and Retail Trade".

| *Appomattox County Top 10 Employers (2024)* | |
|---|---|
| **1** | Appomattox County Schools |
| **2** | Wal Mart |
| **3** | Appomattox County Board of Supervisors |
| **4** | Delta Response Team, LLC |
| **5** | Petrochem Recovery Svc |
| **6** | Kroger |
| **7** | Appomattox Health & Rehabilitation Center |
| **8** | Virginia Department of State Police |
| **9** | Donald R Murry Jr DDS PC |
| **10** | Farmers Bank of Appomattox |

The top industries with the greatest number employed in Appomattox County include "Government, Local Government, Health Care & Social Assistance, Accommodation & Food Service, and Retail Trade".

| *Campbell County Top 10 Employers (2024)* | |
|---|---|
| **1** | Babcock & Wilcox Nuclear |
| **2** | Campbell County Schools |
| **3** | Abbott Laboratories |
| **4** | Campbell County |
| **5** | BGF Industries Inc. |
| **6** | Moore's Electrical and Mechanical |
| **7** | Wal Mart |
| **8** | Food Lion |
| **9** | Foster Fuels Inc. |
| **10** | Lowes' Home Centers, Inc. |

The top industries with the greatest number employed in Campbell County include "Government, Local Government, Manufacturing, Construction, and Retail Trade".

| *Pittsylvania County Top 10 Employers (2024)* | |
|---|---|
| **1** | Pittsylvania County School Board |
| **2** | Pittsylvania County Board |
| **3** | Unique Industries |
| **4** | Intertape Polymer Corp |
| **5** | Tyson Farms |
| **6** | Green Rock Correctional Center |
| **7** | Food Lion |
| **8** | Hughes Center, LLC |
| **9** | Whittle Plywood |
| **10** | Administaff |

The top industries with the greatest number employed in Pittsylvania County include "Government, Local Government, Retail Trade, Manufacturing, and Health Care & Social Assistance".

## Largest Employers by Locality *(continued)*

| *Lynchburg City Top 10 Employers (2024)* | |
|---|---|
| **1** | Centra Health |
| **2** | Lynchburg City Schools |
| **3** | City of Lynchburg |
| **4** | Areva NP Inc. |
| **5** | Wal Mart |
| **6** | Lynchburg College |
| **7** | J. Crew Outfitters |
| **8** | Frito Lay Inc |
| **9** | Sodexo |
| **10** | Delta Star |

The top industries with the greatest number employed in Lynchburg City include "Health Care & Social Assistance, Retail Trade, Accommodation & Food Services, Manufacturing, and Government".

*Table Source for all localities: Virginia Works, Economic Information & Analytics, Quarterly Census of Employment and Wages (QCEW), 2nd Quarter (April, May, June) 2024, https://virginiaworks.com/community-profiles*
*Data Retrieved: 10/26/2024*

## INCOME

The link between poverty and health is a critical public health issue, as poverty has consistently been shown to negatively impact health outcomes. Poverty influences health through multiple pathways, including limited access to healthcare, poor living conditions, inadequate nutrition, and increased exposure to stress.

People living in poverty often lack access to affordable healthcare. Without health insurance or financial resources, they are less likely to receive preventive services, timely medical treatment, and necessary medications. This delay in care can lead to the progression of preventable diseases and worse health outcomes. Studies show that uninsured individuals are more likely to experience poor health and higher mortality rates. Poverty is associated with chronic stress, which negatively affects both physical and mental health and is impacted by financial insecurity, food scarcity, and unsafe living environments. Chronic stress has been linked to an increased risk of mental health issues, including depression, anxiety, and substance abuse disorders. Furthermore, long-term exposure to stress hormones can lead to the development of chronic diseases like hypertension and diabetes.

Poverty is associated with higher rates of chronic diseases such as heart disease, diabetes, and respiratory disorders. Low-income individuals often face barriers to managing these conditions, including limited access to medications, healthy food, and safe places to exercise. Additionally, poverty exacerbates the impact of these diseases because of delayed diagnosis and inadequate treatment. Recent studies show that individuals in the lowest income bracket have a significantly higher risk of developing chronic diseases compared to wealthier counterparts.

Poverty affects not just the individual but also subsequent generations. Children raised in poverty are more likely to experience poor health, educational deficits, and reduced economic opportunities as adults. This cycle of poverty and poor health continues across generations, perpetuating health disparities. Exposure to adverse childhood experiences (ACEs), which are more common in low-income households, can lead to lifelong health issues like cardiovascular disease and mental health disorders. Addressing poverty is essential for improving public health and reducing health disparities.

*Sources: Boehm, J. K., & Kubzansky, L. D. (2020). The heart's content: The association between positive psychological well-being and cardiovascular health. Psychological Bulletin, 146(8), 617–644; Braveman, P., & Gottlieb, L. (2019). The social determinants of health: It's time to consider the causes of the causes. Public Health Reports, 129(1), 19-31; Fiscella, K., & Sanders, M. R. (2019). Racial and ethnic disparities in the quality of health care. Annual Review of Public Health, 37, 375-394; Garner, A. S., Forkey, H., & Szilagyi, M. (2021). Translating developmental science to address childhood adversity. Pediatrics, 147(2), e2020040282; Seligman, H. K., & Berkowitz, S. A. (2019). Aligning programs and policies to support food security and public health goals. Annual Review of Public Health, 40, 319-337.*
*Data Retrieved: 10/23/24*

## Median Household Income ($) by Locality, by Race 2022

| Locality | Households | White | Black | Hispanic |
|---|---|---|---|---|
| **Amherst County** | 64,454 | 69,153 | 42,308 | |
| **Appomattox County** | 60,041 | 64,515 | 42,278 | 78,654 |
| **Campbell County** | 59,022 | 60,469 | 53,324 | 49,522 |
| **Pittsylvania County** | 52,619 | 56,049 | 38,443 | 53,623 |
| **Lynchburg City** | 49,076 | 56,650 | 34,012 | 91,216 |
| **Service Area** | 57,042 | 61,367 | 42,073 | 68,254 |
| **Virginia** | 85,873 | 91,924 | 60,526 | 84,525 |

*Table Source: US Census. American Fact Finder. Median Income in the Past 12 Months. 2018-2022 American Community Survey 5-Year Estimates*
*Data Retrieved: 05/07/2024*

In 2022, significant racial income disparities existed across the Lynchburg service area. White households had the highest median incomes, ranging from $56,049 in Pittsylvania to $69,153 in Amherst, while Black households earned considerably less, from $34,012 in Lynchburg to $53,324 in Campbell. Hispanic households showed notable variation, with the highest incomes in Lynchburg ($91,216) and Appomattox ($78,654). The service area's median income ($57,042) lags behind Virginia's ($85,873), with Black households particularly earning well below the state average ($60,526). These figures highlight persistent racial and geographic income disparities in the region.

## 2024 Health & Human Services (HHS) Poverty Guidelines

| Persons in Family/Household | Poverty Guideline |
|---|---|
| 1 | $15,060 |
| 2 | $20,440 |
| 3 | $25,820 |
| 4 | $31,200 |
| 5 | $36,580 |
| 6 | $41,960 |
| 7 | $47,340 |
| 8 | $52,720 |
| For families/households with more than 8 persons, add $5,380 for each additional person. | |

*Table Source: https://aspe.hhs.gov/poverty-guidelines*
*Data Retrieved: 05/07/2024*

The 2024 HHS Poverty Guidelines show the annual income thresholds considered to be at or below the poverty line in the United States, based on family size. The poverty guideline increases as the number of people in the household increases. For each additional person, the amount added to the guideline is $5,380, reflecting the higher cost of living for larger households. The poverty guideline shows a progressive increase as household size grows. For a single-person household, the guideline is $15,060, while for an 8-person household, it is $52,720. This difference highlights the increased financial needs of larger households. These guidelines are often used to determine eligibility for various federal programs and benefits. Households with income below these thresholds might qualify for assistance programs designed to help low-income individuals and families.

## Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level

| Locality | All People | Persons Age 65 Years and Over | Persons Under 18 Years | Families with female householder, no spouse present |
|---|---|---|---|---|
| **Amherst** | 11.3% | 9.0% | 13.6% | 15.1% |
| **Appomattox** | 13.8% | 12.5% | 22.4% | 25.9% |
| **Campbell** | 10.0% | 10.2% | 11.1% | 15.1% |
| **Lynchburg** | 17.5% | 7.9% | 21.9% | 29.0% |
| **Pittsylvania** | 16.4% | 15.3% | 23.3% | 28.6% |
| **Service Area** | 13.8% | 11.0% | 18.5% | 22.7% |
| **Virginia** | 10.0% | 8.0% | 12.8% | 21.1% |

*Table Source: US Census, American Fact Finder. Selected Economic Characteristics 2018-2022 American Community Survey 5-Year Estimates. Table DP03*
*Data Retrieved: 01/02/2024*

In the Lynchburg service area, poverty rates exceed Virginia's averages across most categories, with notable disparities between localities. Lynchburg has the highest overall poverty rate (17.5%) and stands out for elevated rates among children (21.9%) and female-headed households (29.0%), significantly exceeding state averages of 12.8% and 21.1%, respectively. Pittsylvania also shows high poverty, particularly among seniors (15.3%) and children (23.3%). In contrast, Campbell has the lowest overall poverty rate (10.0%), matching the state average, and lower rates among children (11.1%) and female-headed households (15.1%). Amherst and Appomattox report moderate rates, though Appomattox has higher child poverty (22.4%). These trends highlight Lynchburg and Pittsylvania as areas of concern, especially for children and female-headed households, while Campbell demonstrates relative economic stability.

Children living in households headed by single mothers without a spouse present often face various health challenges compared to those in two-parent households. Research indicates that these children are more likely to experience adverse physical and mental health outcomes, including higher rates of depression, anxiety, and stress-related disorders. They are also more vulnerable to food insecurity and unhealthy behaviors such as poor dietary habits, which can have long-term impacts on their well-being. These outcomes are often linked to socioeconomic factors, as single-mother households frequently experience higher rates of poverty, reduced access to healthcare, and limited social support. Despite these risks, some studies have highlighted protective factors, such as strong maternal engagement and community resources, which can mitigate these challenges and promote resilience in children.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org; BMJ Open, Health outcomes, healthcare use and development in children born into or growing up in single-parent households, a systemic review study protocol, https://bmjopen.bmj.com/content/11/2/e043361*
*Data Retrieved: 12/11/2024*

| Locality | Percent Population Between 100% and 200% of Poverty Level |
|---|---|
| **Amherst County** | 18.4% |
| **Appomattox County** | 16.4% |
| **Campbell County** | 21.4% |
| **Lynchburg City** | 20.6% |
| **Pittsylvania County** | 25.6% |
| **Service Area** | 20.5% |
| **Virginia** | 26.6% |

*Table Source: US Census, American Fact Finder. 2018 - 2022 American Community Survey 5-Year Estimates*
*Data Retrieved: 05/02/2024*

Living between 100% and 200% of the federal poverty level means having an income that is above the official poverty line but still relatively low, often making it difficult to afford basic necessities like housing, healthcare, and food without financial strain. Although people in this range are above the poverty line, they still often struggle with "near-poverty" conditions, where they may not qualify for some government assistance programs but face financial challenges with rising living costs, such as rent, healthcare, and childcare. They are also more vulnerable to financial instability in the event of unexpected expenses or emergencies.

In the Lynchburg service area, the percentage of the population living between 100% and 200% of the poverty level is generally lower than Virginia's average of 26.6%. Pittsylvania County has the highest rate in the region at 25.6%, approaching the state average, while Amherst (18.4%) and Appomattox (16.4%) have the lowest rates, reflecting relatively better economic conditions. Campbell (21.4%) and Lynchburg City (20.6%) align closely with the service area average of 20.5%. While the region overall fares better than the state, the data highlights significant economic variation among localities.

## ALICE HOUSEHOLDS

An ALICE household refers to a group of individuals or families who are ***A***sset ***L***imited, ***I***ncome ***C***onstrained but ***E***mployed. These households earn above the federal poverty level but still do not make enough to cover basic living costs such as housing, food, healthcare, childcare, and transportation. ALICE families struggle financially despite working, often because their jobs pay low wages, offer limited benefits, or are unstable.

The concept of ALICE helps to shed light on the struggles of households that do not fall under traditional definitions of poverty but are still financially unstable. These families often don't qualify for public assistance but still struggle to afford everyday necessities. The ALICE population is significant in many regions, highlighting how economic challenges extend beyond just those living below the poverty line.

In 2022, 40% of Virginia households faced financial hardship, meaning they either lived in poverty or were part of the ALICE (Asset Limited, Income Constrained, Employed) population. Out of Virginia's 3.3 million households:

- 11% (359,347 households) lived below the Federal Poverty Level (FPL), struggling with extreme financial hardship.
- 29% (977,828 households) were ALICE, meaning they earned more than the FPL but not enough to cover basic living costs like housing, healthcare, childcare, and transportation.
- The remaining 60% of households were above the ALICE threshold, having enough income to meet their essential needs.

The ALICE population includes many essential workers, such as childcare providers and home health aides, who often live paycheck to paycheck despite being employed. The economic challenges for these households have been exacerbated by rising living costs and the rollback of pandemic-related financial supports.

*Source: https://unitedforalice.org/virginia*
*Data Retrieved 10/24/24*

## ALICE Households by Locality by Percent, 2022

| Locality | Total Households | Poverty Households | Poverty Households % | ALICE Households | Above ALICE Households | Percent ALICE Households |
|---|---|---|---|---|---|---|
| **Amherst County** | 12,615 | 1,388 | 11% | 4,289 | 8,326 | 34% |
| **Appomattox County** | 6,535 | 915 | 14% | 2,157 | 4,378 | 33% |
| **Campbell County** | 22,409 | 2,241 | 10% | 7,843 | 14,566 | 35% |
| **Lynchburg City** | 29,181 | 5,836 | 20% | 11,089 | 18,092 | 38% |
| **Pittsylvania County** | 24,487 | 4,408 | 18% | 8,570 | 15,917 | 35% |
| **Service Area** | 95,227 | 14,787 | 16% | 33,948 | 61,279 | 36% |
| **Virginia** | | | 11% | | | 29% |

*Table Source: United for ALICE, Research Center- Virginia, https://unitedforalice.org/virginia*
*Data Retrieved: 10/24/2024*

In 2022, ALICE households made up 36% of households in the Lynchburg service area, exceeding Virginia's 29% average. Lynchburg City had the highest percentage of ALICE households (38%) and the highest poverty rate (20%), reflecting significant financial challenges. Across the region, many households fall above poverty but still struggle to meet basic needs.

## FAMILY & SOCIAL SUPPORT

The Virginia Department of Social Services (VDSS) provides a wide range of services designed to assist residents with basic needs, promote family stability, and ensure child and adult welfare. Services include financial assistance programs (Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Emergency Assistance Program); child and family services (Child Protective Services, Foster Care and Adoption, Childcare Subsidy Program); adult services (Adult Protective Services, Home and Community Based Services); housing and homelessness services (Housing Assistance Programs, Emergency Assistance); employment and workforce development (Virginia Initiative for Employment not Welfare, Workforce Services); health and wellness programs (Medicaid, Child Support services) and funding for Community Action Programs.

VDSS plays a crucial role in helping Virginia's most vulnerable populations by offering a comprehensive range of programs and services aimed at promoting economic stability, protecting vulnerable children and adults, and supporting healthy families.

*Source: Virginia Department of Social Serviceshttps://www.dss.virginia.gov/*
*Data Retrieved: 10/24/24*

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) provides low-income individuals and families with monthly benefits to purchase food. During the COVID-19 pandemic, the U.S. government introduced emergency SNAP EBT benefits to provide additional financial support to families struggling with food insecurity. These benefits were part of the federal response to the economic challenges created by the pandemic, ensuring that vulnerable populations had enough resources to purchase food. In Virginia, these emergency benefits ended in 2023 with the lifting of the public health emergency due to the pandemic. After the emergency allotments ended, SNAP recipients in Virginia returned to receiving the regular benefit amount based on their income, household size, and expenses, which for many meant a significant reduction in monthly benefits. The reduction in benefits has been substantial for many families, especially those who had been receiving the maximum monthly amount during the pandemic. Some households experienced a decrease of hundreds of dollars per month, making it harder to afford groceries as food prices remained high due to inflation. Since that time, community organizations, food banks, and local governments have been working to provide additional support for families in need, though the transition has been difficult for many households relying on the enhanced benefits.

## SNAP Participation Report

| *Locality* | *2020* | *2021* | *2022* | *2023* | *4 YR Change* |
|---|---|---|---|---|---|
| **Amherst County** | 10.9% | 11.0% | 10.1% | 9.2% | -1.7% |
| **Appomattox County** | 11.5% | 11.4% | 10.2% | 9.0% | -2.5% |
| **Campbell County** | 11.1% | 11.3% | 10.5% | 9.4% | -1.7% |
| **Pittsylvania County** | 11.2% | 10.7% | 10.9% | 9.8% | -1.4% |
| **Lynchburg City** | 13.9% | 13.9% | 13.4% | 13.4% | -0.5% |
| **Service Area** | 11.7% | 11.7% | 11.0% | 10.2% | -1.6% |
| **Virginia** | 13.2% | 13.1% | Not available | Not available | Not available |

*Table Source: Virginia Department of Social Services retrieved from https://www.dss.virginia.gov/geninfo/reports/financial_assistance/snap_participation.cgi*
*Data Retrieved: 05/16/2024*

From 2020 to 2023, SNAP participation decreased across the Lynchburg service area by 1.6 percentage points, from 11.7% to 10.2%, reflecting trends in most localities. Appomattox County experienced the largest decline (-2.5%), while Lynchburg City, with consistently the highest participation at 13.4% in 2023, showed the smallest change (-0.5%). These variations suggest differing factors influencing SNAP reliance across the region, even as overall participation trends downward.

There has been an uptick in the use of food pantries/food banks in the area since the reduction in SNAP benefits.

## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

The Temporary Assistance for Needy Families (TANF) program in Virginia provides financial assistance and supportive services to low-income families with children to help them achieve self-sufficiency. The program offers temporary cash benefits and aims to reduce dependency on government aid by promoting job preparation, work, and family stability.

## TANF Participation Report - Total Persons

| Locality | April 2021 | April 2022 | April 2023 | 3 YR Change |
|---|---|---|---|---|
| **Amherst County** | 112 | 140 | 178 | 66.00 |
| **Appomattox County** | 85 | 92 | 80 | -5.00 |
| **Campbell County** | 304 | 347 | 281 | -23.00 |
| **Pittsylvania County** | 250 | 333 | 271 | 21.00 |
| **Lynchburg City** | 687 | 948 | 864 | 177.00 |
| **Service Area** | 288 | 372 | 335 | 47.20 |
| **Virginia** | 37,229 | Not available | Not available | Not available |

*Table Source: https://www.dss.virginia.gov/geninfo/reports/financial_assistance/tanf.cgi*
*Data Retrieved: 05/16/2024*

From 2021 to 2023, TANF participation in the Lynchburg service area showed mixed trends. Lynchburg City had the highest participation in 2023 with 864 individuals, an increase of 177 over three years, while Amherst County rose from 112 to 178. In contrast, Appomattox and Campbell Counties saw slight decreases, dropping to 80 and 281 participants, respectively. Overall, the service area experienced a modest increase, reflecting variations likely driven by economic conditions, policy changes, or eligibility shifts. Statewide data beyond 2021 is unavailable for comparison.

## CHILD ABUSE AND NEGLECT

From 2021 to 2023, Virginia saw fluctuations in child abuse and neglect reports, heavily influenced by the COVID-19 pandemic and systemic challenges within the child welfare system. The number of reports of abuse and neglect decreased during the pandemic, likely due to reduced in-person interactions with mandated reporters such as educators. In Virginia, "founded cases" of child abuse and neglect refer to cases where the evidence gathered during an investigation meets the "preponderance of the evidence" standard. This means it is more likely than not that the abuse or neglect occurred. These determinations are made after a thorough review of facts by Child Protective Services (CPS). Founded cases typically lead to interventions to ensure the child's safety, which may include family services, legal actions, or other protective measures. In contrast, "unfounded" cases lack sufficient evidence to substantiate the allegation.

*Source: Virginia Department of Social Services, Child Maltreatment Death Investigations in Virginia during State Fiscal Year 2021, July 2022, https://www.dss.virginia.gov/files/about/reports/children/cps/all_other/2022/FINAL_Report_on_CDI_for_SFY21_COMBINED.pdf; Family and Children's Trust Fund, Report of the Child Abuse and neglect Advisory Committee Citizen Review Panel, May 2023, https://www.fact.virginia.gov/wp-content/uploads/2023/05/FACT.CAN_.CAPTA-2023-Final.-Report.051223.pdf*
*Data Retrieved: 12/11/2024*

## Founded Cases of Child Abuse and Neglect

| Locality | 2023 | 2022 | 2021 |
|---|---|---|---|
| **Amherst** | 17 | 24 | 7 |
| **Appomattox** | 7 | 5 | 3 |
| **Campbell** | 16 | 35 | 26 |
| **Lynchburg** | 64 | 40 | 60 |
| **Pittsylvania** | 14 | 10 | 17 |
| **Service Area** | 118 | 114 | 113 |
| **Virginia** | 2913 | 3161 | 3360 |

*Table Source: https://cpsaccountability.dss.virginia.gov/index-social-services.html/ Virginia Social Services CPA Reports*
*Data Retrieved: 10/28/2024*

In 2023, the Lynchburg service area recorded 118 founded cases of child abuse and neglect, showing little change from 114 in 2022. Lynchburg City consistently had the highest numbers, with 64 cases in 2023, up from 40 in the previous year. Other localities, like Appomattox and Amherst, reported significantly fewer cases. Statewide, Virginia saw a steady decline in cases, dropping from 3,360 in 2021 to 2,913 in 2023.

## FOSTER CARE

Since 2022, the number of children in Virginia's foster care system has remained relatively stable. In April 2023, there were 4,973 children in foster care, compared to 4,948 in April 2022. Of these, more than half were placed in non-relative foster homes, indicating a persistent reliance on traditional placements over kinship care options. Virginia's implementation of the federal Family First Prevention Services Act emphasized keeping children with their families and providing in-home services. While this approach seeks to reduce reliance on foster care, concerns persist about its long-term effects on child safety and well-being, including inconsistencies in local application and the capacity of families to meet children's needs without robust support. Governor Glenn Youngkin's Safe and Sound Task Force seeks to improve housing placements for foster children. However, systemic issues such as funding limitations and lack of sufficient foster family recruitment persist.

*Source: Virginia Department of Social Services, Foster Care by the Numbers, https://www.dss.virginia.gov/fosterVA/fostercare_facts.html*
*Source: Final Report of the Virginia Commission on Youth, Improving Virginia's Foster Care System, https://vcoy.virginia.gov/Improving%20Virginia%20Foster%20Care%20System%20-%20Final%20Report%20-%202023.pdf*
*Source: Family and Children's Trust Fund, Report of the Child Abuse and neglect Advisory Committee Citizen Review Panel, May 2023, https://www.fact.virginia.gov/wp-content/uploads/2023/05/FACT.CAN_.CAPTA-2023-Final.-Report.051223.pdf*
*Data Retrieved: 12/11/2024*

## Rate of Children Entering Congregate Foster Care per 1,000

| Locality | 3-Yr. Avg. | 2023 | 2022 | 2021 |
|---|---|---|---|---|
| **Amherst** | 1.8 | 2.1 | 1.3 | 2.1 |
| **Appomattox** | 1.9 | 1.9 | 1.7 | 2.0 |
| **Campbell** | 1.7 | 1.6 | 1.8 | 1.8 |
| **Lynchburg** | 1.5 | 1.7 | 1.5 | 1.4 |
| **Pittsylvania** | 3.0 | 1.5 | 7.0 | 0.6 |
| **Service Area** | 2.0 | 1.8 | 2.7 | 1.6 |
| **Virginia** | 1.5 | 1.6 | 1.5 | 1.5 |

*Table Source: https://www.dss.virginia.gov/geninfo/reports/children/fc.cgi*
*Data Retrieved: 10/29/2024*

From 2021 to 2023, the rate of children entering congregate foster care per 1,000 in the Lynchburg service area showed fluctuations, averaging 2.0 compared to Virginia's stable rate of 1.5. Pittsylvania County had the highest variability, with a dramatic drop from 7.0 in 2022 to 1.5 in 2023. Amherst and Appomattox Counties maintained relatively steady rates around 1.8 to 2.1. Lynchburg City consistently aligned with the state average, with a slight increase to 1.7 in 2023. These trends reflect regional differences and potential shifts in local child welfare practices or family dynamics.

## CHILDCARE

Childcare in Virginia is a significant financial burden for families and presents challenges in terms of availability. On average, families spend $12,000 to $15,000 annually per child for childcare, which surpasses the cost of in-state tuition at many Virginia colleges. This expenditure accounts for roughly 12-15% of the median household income of married couples, which is higher than the 7% affordability benchmark set by the U.S. Department of Health and Human Services. In terms of availability, Virginia has about 5-8 childcare centers per 1,000 children under the age of five, varying by county. This measure reflects center-based childcare facilities and does not include in-home or informal care options. However, this number does not fully capture issues such as affordability, quality, or capacity, all of which significantly affect families' access to adequate childcare.

In May 2024, Virginia's General Assembly approved a biennial budget allocating over $1.1 billion to early childhood education for fiscal years 2025 and 2026. This historic investment includes state general fund contributions of $366 million for FY25 and $461 million for FY26. The funding aims to support more than 42,000 children in FY25 and 45,000 in FY26 through the Child Care Subsidy Program, with additional resources directed toward the Mixed Delivery Program and the Virginia Preschool Initiative. These investments reflect Virginia's commitment to expanding access to quality early childhood education, benefiting families across the Commonwealth.

*Source: Child Care VA, Virginia Department of Education, Estimating the Cost of High-Quality Early Childhood Care and Education, https://www.childcare.virginia.gov/reports-resources/research-reports-and-resource/virginia-s-cost-estimation-model*
*The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org*
*Source: Virginia Promise Partnership, Gotta Have Child Care- Virginia Early Childcare Advocates Laud Historic Childcare Investments in Biennial Budget, https://vapromisepartnership.org/news-events*
*Data Retrieved: 12/11/14*

## Childcare Cost Burden- % Household Income Required for Child Care Expenses

| Locality | 2022 & 2023 |
|---|---|
| **Amherst** | 20 |
| **Appomattox** | 21 |
| **Campbell** | 22 |
| **Lynchburg City** | 27 |
| **Pittsylvania** | 25 |
| **Service Area** | 23 |
| **Virginia** | 26 |

*Table Source: 2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2022 & 2023. Data Retrieved: 11/12/2024*

## Number of Childcare Centers per 1,000 Population under 5 years old

| Locality | 2010–2022 | |
|---|---|---|
| | Number of Child Care Centers | Childcare Centers per 1,000 Children |
| **Amherst** | 15 | 9 |
| **Appomattox** | 6 | 6 |
| **Campbell** | 20 | 7 |
| **Lynchburg City** | 37 | 8 |
| **Pittsylvania** | 13 | 5 |
| **Service Area** | 91 | 7 |
| **Virginia** | - | 7 |

*Table Source: 2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2010-2022. Data Retrieved: 11/12/2024*

Childcare cost burden and availability vary significantly across the Lynchburg service area. Lynchburg City has the highest childcare cost burden, requiring 27% of household income, above the service area average of 23% and Virginia's 26%. Costs are slightly lower in Amherst (20%) and Appomattox (21%), but these counties also have fewer childcare centers, with 9 and 6 centers per 1,000 children under 5, respectively. While Campbell County has a moderate cost burden (22%) and matches Virginia's average of 7 centers per 1,000 children, Pittsylvania shows a higher cost burden (25%) and the lowest childcare availability at 5 centers per 1,000 children. Across the service area, childcare accessibility and affordability remain challenges, particularly in areas with fewer centers and higher costs, like Lynchburg and Pittsylvania.

Head Start programs support children's growth from birth to age 5 through services centered around early learning and development, health, and family well-being. Head Start staff actively engage parents, recognizing family participation throughout the program as key to strong child outcomes. Head Start services are available at no cost to children from birth to 5 years of age in eligible families. Eligible participants include children whose families meet the federal low-income guidelines — that is, whose incomes are at or below the federal poverty guidelines or who receive Temporary Assistance for Needy Families, Supplemental Security Income, or Supplemental Nutrition Assistance Program public assistance services. Other eligible participants include children who are in the foster care system or experiencing homelessness. Programs may also accept a limited number of children who do not meet any of those eligibility criteria.

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. The federal-to-local model allows local leaders to create a Head Start experience that is responsive to the unique and specific needs of their community. Many programs combine funding from federal, state, and local sources to maximize service delivery and continuity. Head Start Collaboration Offices facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

Head Start preschool services work with children ages 3 to 5 and their families. Early Head Start services work with families that have children ages birth to 3, and many also serve expectant families. Many programs operate both Head Start preschool and Early Head Start services. Programs deliver child development services in center-based, home-based, or family childcare settings. Head Start programs operate in every state, many tribal nations, and several U.S. territories, including Puerto Rico. All Head Start programs continually work toward the mission for eligible children and families to receive high-quality services in safe and healthy settings that prepare children for school and life.

*Source: US Department of Health & Human Services, Office of Head Start, Head Start Services, https://www.acf.hhs.gov/ohs/about/head-start*
*Data Retrieved: 12/11/2024*

Lynchburg Community Action Group (Lyn-CAG) and HumanKind are key providers of Head Start and Early Head Start programs in the Lynchburg region, offering vital early childhood education and family support to low-income families. Lyn-CAG operates Head Start programs serving children aged three to five in multiple locations, including the city of Lynchburg, Amherst County, and Bedford County. Lyn-CAG serves over 100 children annually, with all programs adhering to state licensing standards. HumanKind provides Early Head Start programs for infants and toddlers up to age three, with its Lynchburg and Bedford centers. The program accommodates up to 48 children and offers year-round services. HumanKind also equips families with tools for at-home learning and provides affordable childcare options, including access to Virginia's Child Care Subsidy Program. These programs promote school readiness through a focus on cognitive, social, and emotional development while emphasizing parental involvement.

*Source: Lyn-CAG Head Start https://lyncagkidz.org/lyn-cag-head-start*
*Source: HumanKind Early Head Start https://www.humankind.org/early-head-start/*
*Data Retrieved: 12/16/2024*

## DOMESTIC VIOLENCE

Domestic violence, as defined by the U.S. Department of Justice's Office on Violence Against Women, is "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner." It can include physical, sexual, emotional, economic, or psychological abuse. Domestic violence remains a critical issue in Virginia, with approximately 33.6% of women and 28.6% of men experiencing intimate partner violence, rape, and/or stalking during their lifetimes.

Domestic violence prevention programs are federal-and state-funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports public awareness initiatives and the statewide Family Violence and sexual assault hotlines.

In Virginia, the Domestic Violence Program is administered by the Virginia Department of Social Services which identifies, mobilizes, and monitors resources for victims of domestic violence. Over 20,000 women and children are served annually across the Commonwealth.

Additionally, according to Virginia Commonwealth University:

- More than 30% of Virginia's homicides are domestic violence related.
- About 56% of domestic violence homicides involve firearms.
- About 80% of domestic violence homicides happen in people's homes.
- About 40% of domestic violence homicides happen during or after a relationship breakup.
- More than 20% of domestic violence homicides involve a homicide-suicide.
- Women make up 51% of Virginia's population but account for 63% of the people killed by firearms in intimate partner-related homicides.

*Source: Office of Violence Against Women, US Department of Justice, Domestic Violence, https://www.justice.gov/ovw/domestic-violence*
*Source: Commonwealth of Virginia. Virginia Department of Social Services. Domestic Violence. https://www.dss.virginia.gov/family/domestic_ violence/index.cgi.*
*Source: World Population Review. Domestic Violence by State 2024. https://worldpopulationreview.com/state-rankings/domestic-violence-by-state*
*Source: Virginia Commonwealth University, Domestic Violence in Virginia: Statistics and Resources, https://onlinesocialwork.vcu.edu/blog/domestic-violence-virginia/?emci=ffe4e379-addd-ee11-85fb-002248223794&emdi=772712f0-14de-ee11-85fb-002248223794&ceid=8284860*
*Data Retrieved: 11/05/24*

To address these challenges, Virginia offers resources such as a 24/7 statewide hotline and a network of local crisis programs. The YWCA of Central Virginia, founded in 1912, is a cornerstone in the region's fight against domestic violence and sexual assault. Serving Lynchburg and seven surrounding counties, the organization's mission is to eliminate racism, empower women, and promote peace, justice, freedom, and dignity for all. Its programs include the Domestic Violence Prevention Program (DVPP), the Sexual Assault Response Program (SARP), and the Town Center Residential Housing Program, each providing critical support and services to those in need.

*Source: YWCA Central Virginia, https://ywcacva.org/*
*Data Retrieved: 12/12/2024*

| *YWCA of Central Virginia Annual Report : FY 2021 - 2022* | | | | | |
|---|---|---|---|---|---|
| **Domestic Violence Prevention Program** | *Contacts Made for Advocacy Services* | *Hotline Calls Answered* | *Hours of Advocacy Services Provided to Children* | *Nights of Shelter Provided* | *Individuals Received Counseling* |
| | 3,391 | 10,509 | 1,431 | 3,535 | |
| **Sexual Assault Response Program** | *Deduplicated Survivors Served in Central VA* | *Hotline Calls Answered* | *Child Sexual Assault Victims Served* | *ER Trips for Crisis Services* | *Referrals Made for Other Services* |
| | 391 | 636 | 165 | 226 | 2,691 |
| **Town Center Residential Housing Program** | *Average Income of Current Residents* | *Employment Rate of Current Residents* | *Residents Taking College Courses* | *Residents who Opened Their First Savings Account* | *Resident Transitions to Independent Stable Living* |
| | $800-$1,000 | Most on SSI | Not included in FY2021-2022 Annual Report | | |

*Table Source: https://ywcacva.org/reports-finances/Annual Reports/2021-2022*
*Data Retrieved: 10/31/2024*

The FY 2021-2022 Annual Report for the YWCA of Central Virginia highlights the organization's impactful programs. Through the Domestic Violence Prevention Program, 3,391 advocacy contacts were made, 10,509 hotline calls answered, 1,431 hours of child advocacy services provided, and 3,535 nights of shelter offered. The Sexual Assault Response Program supported 391 survivors, answered 636 hotline calls, assisted 165 child sexual assault victims, provided 226 emergency crisis services, and made 2,691 referrals. In the Town Center Residential Housing Program, residents' average income ranged from $800-$1,000, with most receiving SSI. While data on college courses and savings accounts were not included, the program supports residents' transitions to stable, independent living. These efforts reflect the YWCA's commitment to addressing critical needs in the community.

## RESIDENTIAL SEGREGATION (BLACK/WHITE)

In rural Virginia, residential segregation has contributed to health disparities by reinforcing systemic inequities in access to essential resources. Historical policies, such as redlining and discriminatory housing practices, concentrated economic disadvantages in certain rural communities, limiting access to quality healthcare, transportation, and nutritious food. These challenges are exacerbated by the rural nature of the region, which often results in fewer healthcare facilities and economic opportunities. The legacy of segregation has also influenced environmental health risks, such as inadequate infrastructure and higher exposure to pollutants, disproportionately affecting minority populations in rural areas. Efforts to address these inequities in rural Virginia focus on enhancing access to healthcare, improving transportation networks, and targeted reinvestment in underserved areas.

The index of dissimilarity is a measure used to quantify how evenly two groups are distributed across geographic areas (such as neighborhoods or census tracts). It provides values ranging from 0 to 100, where 0 indicates perfect integration (both groups are evenly distributed across all areas) and 100 represents complete segregation (the groups do not share any neighborhoods).

*Source: University of Richmond's Digital Scholarship Lab & National Community Reinvestment Coalition, Not Even Past, https://dsl.richmond.edu/socialvulnerability/*
*Data Retrieved: 12/11/2024*

## Residential Segregation - Non-white/White

| *Locality* | *2017-2021* |
|---|---|
| **Amherst** | 30 |
| **Appomattox** | 9 |
| **Campbell** | 26 |
| **Lynchburg** | 46 |
| **Pittsylvania** | 22 |
| **Service Area** | 27 |
| **Virginia** | 51 |

*Table Source: Community Health Rankings 2017-2021 from American Community Survey, 5-year estimates*
*Data Retrieved: 05/20/2024*

The residential segregation index is a measure where higher values indicate greater segregation between groups. The residential segregation index in the Lynchburg service area averages 27, below Virginia's 51, but significant disparities exist. Lynchburg City has the highest index in the region at 46, indicating notable residential separation, while Appomattox has the lowest at 9, suggesting more integration. The service area overall reflects moderate segregation, with some localities balancing the region's average despite Lynchburg's higher levels.

## COMMUNITY SAFETY

Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/community-safety*
*Data Retrieved: 12/11/2024*

## Key: Community Safety Metrics

| Metric | Definition | Source | Period Measured |
|---|---|---|---|
| **Homicides** | Number of deaths due to homicide per 100,000 population. | National Center for Health Statistics - Mortality Files; Census Population Estimates Program | **2015-2021** |
| **Suicides** | Number of deaths due to suicide per 100,000 population (age-adjusted). | National Center for Health Statistics - Mortality Files; Census Population Estimates Program | **2017-2021** |
| **Firearm Fatalities** | Number of deaths due to firearms per 100,000 population. | National Center for Health Statistics - Mortality Files; Census Population Estimates Program | **2017-2021** |
| **Motor Vehicle Crash Deaths** | Number of motor vehicle crash deaths per 100,000 population. | National Center for Health Statistics - Mortality Files; Census Population Estimates Program | **2015-2021** |
| **Juvenile Arrests** | Rate of delinquency cases per 1,000 juveniles. | Easy Access to State and County Juvenile Court Case Counts | **2021** |

*Table Source: 2024 County Health Rankings Report.https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Data Retrieved: 09/13/2024*

## Community Safety

| Locality | Homicide Rate | Suicide Rate (Age-Adjusted) | Firearm Fatalities Rate | Motor Vehicle Mortality Rate | Juvenile Arrest Rate |
|---|---|---|---|---|---|
| **Amherst** | * | 20.6 | 18.4 | 14.9 | * |
| **Appomattox** | * | 20.6 | 15 | 19.9 | * |
| **Campbell** | 5.2 | 14.6 | 14.1 | 18.1 | * |
| **Pittsylvania** | 4.9 | 23.2 | 21.5 | 24.6 | 11.1 |
| **Lynchburg City** | 5.5 | 13.4 | 12.8 | 9 | 35.7 |
| **Service Area** | 5.2 | 17.1 | 16.1 | 17.2 | 23.4 |
| **Virginia** | 5.5 | 13.4 | 12.9 | 10.2 | * |

*Table Source: 2024 County Health Rankings Report.https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Data Retrieved: 09/13/2024*

The Lynchburg service area shows notable disparities in community safety metrics compared to Virginia averages. Suicide (17.1) and firearm fatality rates (16.1) in the service area exceed state rates (13.4 and 12.9, respectively), with Pittsylvania reporting particularly high figures for suicide (23.2), firearm fatalities (21.5), and motor vehicle mortality (24.6). Lynchburg City has the highest juvenile arrest rate (35.7), far above the service area average (23.4), but performs better in motor vehicle safety (9.0), below the state average (10.2). Elevated suicide and motor vehicle mortality rates in Amherst and Appomattox also stand out, while Campbell shows more moderate trends. These data emphasize Pittsylvania's high-risk areas and Lynchburg's challenges with youth delinquency.

Health behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health behaviors are determined by the choices available in the places where people live, learn, work, and play. Not everyone has the money, access, and privilege needed to make healthy choices.

The County Health Rankings (CHR) model considers healthy behaviors to be a 30% contributor to population health. Healthy behaviors include tobacco use, diet and exercise, alcohol and drug use, and sexual activity.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors*
*Data Retrieved 10/23/2024*

## TOBACCO USE

Tobacco use is the leading cause of preventable death in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. The term "tobacco" refers to commercial tobacco, not ceremonial or traditional tobacco. Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease which includes emphysema and chronic bronchitis. 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.

Researchers estimate that tobacco control policies have saved at least 8 million Americans. Yet about 18% of adults still smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 transition from occasional to daily smokers. Continuing to adopt and implement tobacco control policies can motivate users to quit, help youth choose not to start, and improve the quality of the air we all breathe.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/tobacco-use*
*Data Retrieved 10/23/2024*

## Percentage of Adults Who are Current Smokers (%) Age Adjusted

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 2021 | 20.0 | 18.0 |
| **Appomattox** | 20.0 | 20.0 | 19.0 |
| **Campbell** | 20.0 | 20.0 | 18.0 |
| **Pittsylvania** | 23.0 | 23.0 | 20.0 |
| **Lynchburg City** | 19.0 | 18.0 | 17.0 |
| **Service Area** | 20 | 20 | 18 |
| **Virginia** | 14 | 14 | 13 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019-2021. Data Retrieved: 05/30/2024*

The Lynchburg service area saw a modest decline in smoking rates, dropping from 20% in 2019 to 18% in 2021, compared to Virginia's sharper decline from 14% to 13% over the same period. Pittsylvania consistently reported the highest rates in the region, decreasing from 23% to 20%, while Lynchburg City improved from 19% to 17%. Despite these gains, smoking rates in the service area remain notably higher than the state average, suggesting local factors or challenges that may require targeted public health interventions.

# DIET AND EXERCISE

## ADULT OBESITY

People who have obesity, compared to those with a healthy weight, are at an increased risk for many serious diseases and health conditions. In addition, obesity and its associated health problems have a significant economic impact on the U.S. health care system. Obesity in children and adults increases the risk for chronic conditions including heart disease; Type 2 diabetes; breathing problems, such as asthma and sleep apnea; joint problems; and gallstones and gallbladder disease. Adults with obesity have higher risks for stroke, many types of cancer, premature death, and mental illness such as clinical depression and anxiety. A healthy diet and regular exercise are a key component to managing obesity.

Body Mass Index (BMI) is a widely used measure to classify weight categories based on height and weight. It is divided into three categories:

- **Healthy Weight:** BMI 18.5- 24.9
- **Overweight:** BMI 25.0- 29.9
- **Obesity:** BMI ≥ 30.0

*Source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Reviewed July 15, 2022*
*Source: US Centers for Disease Control and Prevention, BMI, https://www.cdc.gov/bmi/faq/?CDC_AAref_Val=https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html*
*Data Retrieved: 12/11/2024*

## Percent of Adults with Obesity

| *Locality* | *2019* | *2020* | *2021* |
|---|---|---|---|
| **Amherst** | 36 | 36 | 36 |
| **Appomattox** | 36 | 37 | 40 |
| **Campbell** | 36 | 40 | 34 |
| **Pittsylvania** | 39 | 38 | 42 |
| **Lynchburg City** | 35 | 34 | 38 |
| **Service Area** | 36 | 37 | 38 |
| **Virginia** | 32 | 32 | 34 |

*Table Source: 2022- 2024 County Health Rankings https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2019-2021. Data Retrieved: 11/05/2024*

The data presented is a measurement of the percentage of the adult population (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2. For the years measured (2019-2021), more adults in the service area (36-38%) reported a BMI that classifies them as obese as compared to Virginia (32-34%). These measurements progressively increased over the three years.

## FOOD INSECURITY

Food insecurity is an ongoing concern in Virginia, with recent trends showing a troubling increase, particularly among vulnerable groups like children, seniors, and minority communities. Currently, about 11.1% of Virginians (nearly 1 in 9) experience food insecurity, with rural areas in Southwest Virginia showing some of the highest rates. Food insecurity affects children at a rate of 13.6%, meaning 1 in 7 children live in households that struggle to provide consistent, nutritious food.

The impact of the COVID-19 pandemic and inflation has exacerbated this issue. For example, the expiration of pandemic-related Supplemental Nutrition Assistance Program (SNAP) emergency allotments in March 2023 has left many households struggling as their benefits were significantly reduced. Rising food prices—up by 9.5% as of early 2023—are putting additional strain on both low- and middle-income families, causing many parents to skip meals to ensure their children are fed.

Virginia has implemented several initiatives to combat this problem, including the "Produce Rx" program, which connects food access with healthcare by providing prescriptions for fresh produce to improve diet-related health outcomes. Additionally, partnerships with local farmers and the "Food is Medicine" initiative are helping provide nutritionally tailored foods through Virginia's food banks, which collectively distributed over 157 million pounds of groceries in 2023.

To address these needs, Virginia advocates are focusing on policy improvements, such as strengthening SNAP benefits, increasing access to school meal programs, and expanding community-based programs that address food security at local levels.

*Source: Virginia Roadmap to End Hunger, 2024 Update, https://vplc.org/wp-content/uploads/2024/01/Roadmap-to-End-Hunger_2024-Update_Final.pdf*
*Food Security in Virginia, Virginia Department of Social Services, https://www.dss.virginia.gov/community/food_security/index.cgi*
*No Kid Hungry Virginia, Rising Food Prices & Childhood Hunger, https://state.nokidhungry.org/virginia/2023/04/11/food-insecurity-rates-on-the-rise/*
*Federation of Virginia Food Banks, Hunger in Virginia, https://vafoodbanks.org/about-us/hunger-in-virginia/*
*Data Retrieved: 10/29/24*

## FOOD ENVIRONMENT INDEX

The Food Environment Index is a measure that reflects access to affordable and nutritious food within a community. It typically combines data on food insecurity (the percentage of individuals who lack reliable access to sufficient food) and the proximity of households to healthy food outlets, such as grocery stores or supermarkets. A higher index score, ranging from 0 (worst) to 10 (best), indicates better access to food resources and lower levels of food insecurity. The Food Environment Index is often used to evaluate disparities in food access, inform policy decisions, and support interventions aimed at improving public health and reducing food deserts.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024*
*Data Retrieved 10/23/2024*

## Food Environment Index

| *Locality* | *2019 & 2020* | *2019 & 2021* |
|---|---|---|
| **Amherst** | 8.5 | 8.7 |
| **Appomattox** | 8.5 | 8.8 |
| **Campbell** | 8.6 | 8.9 |
| **Lynchburg City** | 7.5 | 7.7 |
| **Pittsylvania** | 7.8 | 8.0 |
| **Service Area** | 8.2 | 8.4 |
| **Virginia** | 8.9 | 9.0 |

*Table Source: 2023-24 County Health Rankings Report : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019 & 2020, 2019 & 2021. Data Retrieved: 06/10/2024; 11/04/2024*

The Food Environment Index in the Lynchburg service area improved slightly from 8.2 in 2019 to 8.4 in 2021 but remains below Virginia's 9.0 average. Campbell has the highest local score at 8.9, reflecting a stronger food environment, while Lynchburg City has the lowest at 7.7, indicating more challenges. These figures highlight disparities within the region and show that the service area's overall food environment lags behind state conditions.

## PHYSICAL INACTIVITY

Physical inactivity is linked to increased risk of health conditions such as Type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and shortened life expectancy. Physical activity is associated with improved sleep, cognitive ability, bone and musculoskeletal health, and reduced risk of dementia. Physical activity, in addition to diet, is important for the prevention of obesity.

In Virginia, physical activity data by county indicates notable disparities in access to exercise opportunities and levels of physical inactivity. According to County Health Rankings, access to exercise opportunities in Virginia varies, with some counties reporting less than 40% of residents living close to parks or recreational facilities. In contrast, certain counties, particularly in urban areas, report higher access levels, exceeding 80%. These opportunities are defined by proximity to locations like parks or gyms, within a half-mile in urban regions or up to three miles in rural areas. In addition, inactivity rates (i.e. % of adults reporting no leisure-time physical activity) tends to be higher in rural and lower-income counties, where access to exercise facilities is often limited.

These trends underline the importance of both community design and local policy support in promoting physical activity through the availability of accessible, safe, and affordable recreational spaces across all counties. The data also supports targeted interventions in underserved areas to help address these physical activity disparities.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/physical-inactivity?year=2024*
*Data Retrieved 10/23/2024*

### % of Adults Reporting No Leisure-Time Physical Activity (Age-Adjusted)

| *Locality* | *2019* | *2020* | *2021* |
|---|---|---|---|
| **Amherst** | 30 | 24 | 25 |
| **Appomattox** | 30 | 24 | 25 |
| **Campbell** | 29 | 25 | 25 |
| **Pittsylvania** | 32 | 27 | 28 |
| **Lynchburg City** | 20 | 24 | 24 |
| **Service Area** | 28 | 25 | 25 |
| **Virginia** | 25 | 20 | 20 |

*Table Source: County Health Rankings Report: 2022-2024 https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2019-2021. Data Retrieved: 11/05/2024*

The Lynchburg service area has seen a decline in physical inactivity, dropping from 28% in 2019 to 25% in 2021, though it remains above Virginia's steady 20% average. Lynchburg City consistently had the lowest inactivity rates in the region, holding at 24% in 2021, while Pittsylvania showed the most improvement, reducing from 32% in 2019 to 28%. Other localities, such as Appomattox and Campbell, have shown steady decreases, contributing to the overall regional improvement. Despite progress, the service area still lags behind the state average, indicating room for further improvement in promoting physical activity.

## ALCOHOL AND DRUG USE

Excessive alcohol consumption in Virginia has significant health and social impacts. According to the Centers for Disease Control and Prevention (CDC), excessive drinking—including binge drinking and heavy drinking—leads to numerous health problems such as liver disease, cancer, cardiovascular issues, and unintentional injuries. Excessive alcohol use is also a leading preventable cause of death in the United States, contributing to conditions like alcohol poisoning, motor vehicle crashes, and violence.

Binge drinking is defined as consuming 4 or more drinks on a single occasion for women and 5 or more drinks for men, within 2 hours. Heavy drinking is defined as drinking 8 or more drinks per week for women and 15 or more drinks per week for men. In Virginia, binge drinking rates are a concern, with economic costs resulting from health care expenses, lost productivity, and other related societal burdens. These costs, driven primarily by binge drinking, place a strain on individuals, families, and public resources. Additionally, alcohol misuse is linked to the development of alcohol use disorder (AUD), a condition that affects millions nationwide, disrupting lives and public safety. Efforts to mitigate these impacts include public health campaigns, alcohol policy enforcement, and community programs aimed at promoting awareness and responsible consumption.

*Source: US Centers for Disease Control and Prevention, Alcohol Use, https://www.cdc.gov/alcohol/index.html*
*Source: Virginia Department of Health, https://www.vdh.virginia.gov/*
*Source: National Institute on Alcohol Abuse and Alcoholism, https://www.niaaa.nih.gov/*
*Data Retrieved: 12/12/2024*

## EXCESSIVE DRINKING

### % of Adults Reporting Binge or Heavy Drinking (age-adjusted)

| *Locality* | *2019* | *2020* | *2021* |
|---|---|---|---|
| **Amherst** | 18 | 17 | 16 |
| **Appomattox** | 19 | 18 | 16 |
| **Campbell** | 17 | 17 | 16 |
| **Pittsylvania** | 17 | 16 | 14 |
| **Lynchburg City** | 17 | 17 | 17 |
| **Service Area** | 18 | 17 | 16 |
| **Virginia** | 17 | 17 | 18 |

*Table Source: 2022-2024 County Health Rankings Reports : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019-2021. Data Retrieved: 05/10/2024*

From 2019 to 2021, the Lynchburg service area saw a decrease in binge or heavy drinking rates from 18% to 16%, contrasting with Virginia's statewide increase to 18%. Most localities, including Amherst, Appomattox, and Pittsylvania, showed notable declines, with Pittsylvania improving from 17% to 14%. Lynchburg City, however, remained steady at 17% over the three years. These trends reflect a positive reduction in binge or heavy drinking within the service area, even as state rates increased.

## OPIOID OVERDOSE MORTALITY RATES

Since 2021, the opioid crisis has remained a significant public health issue in Virginia, with fentanyl and its analogs being the primary drivers of opioid-related deaths. In 2022, Virginia experienced an opioid-related death rate of approximately 26 per 100,000 residents, underscoring the severity of the epidemic. The Virginia Department of Health and related agencies continue to address this issue through harm reduction strategies, including naloxone distribution and awareness campaigns.

*Source: Virginia Department of Health, Overdose Deaths, https://www.vdh.virginia.gov/drug-overdose-data/overdose-deaths/*
*Data retrieved: 12/12/2024*

# Opioid Overdose Mortality Rates (per 100,000 Population)

| *Locality* | *Mortality Rate (2018)* | *Mortality Rate (2022)* | *Change* |
|---|---|---|---|
| **Amherst** | 0 | 12.6 | 12.6 |
| **Appomattox** | 6.3 | 24.9 | 18.6 |
| **Campbell** | 9.1 | 9 | -0.1 |
| **Pittsylvania** | 16.4 | 18.4 | 2 |
| **Lynchburg City** | 6.1 | 29.4 | 23.3 |
| **Service Area** | 7.6 | 18.9 | 11.3 |

*Table Source: Virginia Department of Health - Drug Overdose Data; https://www.vdh.virginia.gov/drug-overdose-data/overdose-deaths/*
*Data Retrieved: 05/10/2024*

Opioid overdose mortality rates in the Lynchburg service area rose from 7.6 per 100,000 in 2018 to 18.9 in 2022, an increase of 11.3 per 100,000. The highest rate occurred in Lynchburg City (29.4 per 100,000) in 2022, reflecting a significant increase of 23.3 per 100,000 since 2018.

# SEXUAL ACTIVITY

## SEXUALLY TRANSMITTED ILLNESSES

Sexually transmitted illnesses (STIs) reflect patterns of unsafe sexual activity, prevention, and access to care within communities. High STI rates signal risky behaviors like unprotected sex or inadequate screening and highlight gaps in education and healthcare resources. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, HIV risk, and premature death. STIs also have a high economic burden on society. Monitoring STI rates helps identify areas for targeted public health interventions to promote healthier behaviors and reduce disparities. Chlamydia and Gonorrhea are two of the most common STIs in the United States and worldwide.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/sexual-activity/sexually-transmitted-infections?year=2024*
*Source: US Centers for Disease Control and Prevention, Sexually Transmitted Infections (STIs), https://www.cdc.gov/sti/index.html*
*Data Retrieved: 10/23/2024*

## Chlamydia Diagnoses Rate per 100,000 Population

| *Locality* | *2020* | *2021* | *2022* |
|---|---|---|---|
| **Amherst** | 389.2 | 290.5 | 303.8 |
| **Appomattox** | 521.7 | 317.9 | 428.1 |
| **Campbell** | 400.8 | 305.6 | 293.7 |
| **Lynchburg** | 586.6 | 605.7 | 572.1 |
| **Pittsylvania** | 296.6 | 350.9 | 345.2 |
| **Service Area** | 438.98 | 374.12 | 388.58 |
| **Virginia** | 606.3 | 582.1 | 593.1 |

*Table Source: Virginia 2022 Annual Morbidity Report- Chlamydia; https://www.vdh.virginia.gov/content/uploads/sites/10/2023/08/Virginia-2022-Annual-Morbidity-Report-Chlamydia.pdf*
*Data Retrieved: 11/07/2024*

Chlamydia diagnosis rates in the Lynchburg service area declined from 439 per 100,000 in 2020 to 389 in 2022, remaining below Virginia's steady average of around 593. Lynchburg City consistently reported the highest rates, peaking at 605.7 in 2021 and slightly decreasing to 572.1 in 2022. Appomattox saw a significant rebound, rising from 318 in 2021 to 428 in 2022. These trends highlight the need for targeted public health interventions, particularly in areas like Lynchburg with persistently high rates.

## Gonorrhea Diagnoses Rate per 100,000 Population

| Locality | 2020 | 2021 | 2022 |
|---|---|---|---|
| **Amherst** | 170.9 | 123.2 | 70.3 |
| **Appomattox** | 201.1 | 106 | 91.7 |
| **Campbell** | 191.3 | 137.4 | 106.3 |
| **Lynchburg** | 346.9 | 295.5 | 194.9 |
| **Pittsylvania** | 92.8 | 100.3 | 88.4 |
| **Service Area** | 200.6 | 152.48 | 110.32 |
| **Virginia** | 174.1 | 167.1 | 155.7 |

*Table Source: Virginia 2022 Annual Morbidity Report Gonorrhea; https://www.vdh.virginia.gov/content/uploads/sites/10/2023/08/Virginia-2022-Annual-Morbidity-Report-Gonorrhea.pdf*
*Data Retrieved: 11/07/2024*

Gonorrhea diagnosis rates in the Lynchburg service area peaked in 2020 at 201 per 100,000 before declining to 110 in 2022, below Virginia's 2022 average of 156. Lynchburg City consistently had the highest rates, peaking sharply at 347 in 2020 before falling to 195 in 2022. Rural localities like Amherst and Appomattox, which also peaked in 2020, saw substantial declines by 2022, aligning with pre-pandemic levels.

### HIV

As of December 31, 2023, Virginia reported 27,712 people living with HIV, including 12,150 with AIDS. This is an increase from 22,445 in 2014 and reflects advancements in treatment and care, enabling longer lives for those affected. Males accounted for 75.3% of cases, with the highest prevalence among individuals aged 45 and older. Black/African American individuals were disproportionately affected, representing 56.6% of cases with the highest rates per 100,000 population. Male-to-male sexual contact was the most common transmission risk, followed by heterosexual contact and injection drug use. The Central and Eastern regions had the highest rates. These trends highlight the ongoing need for targeted prevention and care efforts in Virginia.

*Source: Virginia Department of Health, People with HIV, https://www.vdh.virginia.gov/content/uploads/sites/10/2024/09/2023-Epi-Profile_PWH.pdf*
*Data Retrieved: 11/11/2024*

## Rate of Persons Living with HIV as of December 31, 2023 per 100,000

| | HIV only | AIDS | Total |
|---|---|---|---|
| **Amherst** | 102.3 | 83.1 | 185.4 |
| **Appomattox** | 79.5 | 19.5 | 99.0 |
| **Campbell** | 70.3 | 90.1 | 160.4 |
| **Lynchburg** | 192.4 | 170.9 | 363.3 |
| **Pittsylvania** | 96.7 | 106.7 | 203.4 |
| **Service Area** | 108.2 | 94.1 | 202.3 |
| **Virginia** | 185.0 | 144.6 | 329.6 |

*Definitions: The rate of persons living with HIV as of December 31, 2023.*
*Table Source: https://www.vdh.virginia.gov/content/uploads/sites/10/2024/08/HIV-AIDS-Annual-Report-2023.pdf*

*Data Retrieved: 11/11/2024*

As of 2023, the Lynchburg service area had a total HIV/AIDS rate of 202.3 per 100,000, lower than Virginia's statewide rate of 329.6. Lynchburg City reported the highest rate in the region at 363.3, significantly exceeding the state average, driven by elevated rates of both HIV-only (192.4) and AIDS (170.9). In contrast, Appomattox had the lowest total rate at 99.0.

## TEEN BIRTH RATE

In 2022, Virginia's teen birth rate for females aged 15–19 was 11.2 births per 1,000, reflecting a significant decline over recent years. This trend aligns with national decreases in teen births, attributed to factors such as improved access to contraception and comprehensive sex education. Despite the overall decline, disparities persist among different regions and demographic groups within the state. For instance, certain localities report higher rates, and racial and ethnic differences remain evident. Ongoing efforts focus on addressing these disparities through targeted public health initiatives and education programs to further reduce teen pregnancies across all communities in Virginia.

*Source: US Center for Disease Control and Prevention, National Center for Health Statistics- Virginia, https://www.cdc.gov/nchs/pressroom/states/virginia/va3.htm*
*Data retrieved: 12/12/2024*

## Number of births per 1,000 female population ages 15-19

| *Locality* | *Teen Birth Rate* | *Teen Birth Rate (Black)* | *Teen Birth Rate (Hispanic)* | *Teen Birth Rate (White)* |
|---|---|---|---|---|
| **Amherst** | 18 | 18 | | 16 |
| **Appomattox** | 25 | 29 | | 23 |
| **Campbell** | 16 | 28 | | 15 |
| **Pittsylvania** | 19 | 21 | 17 | 18 |
| **Lynchburg City** | 12 | 31 | 14 | 5 |
| **Service Area** | 18 | 25 | 16 | 15 |
| **Virginia** | 13 | Data not available | Data not available | Data not available |

*Table Source: 2024 County Health Rankings; National Center for Health Statistics; https://www.countyhealthrankings.org/health-data/county-health-rankings-measures*
*Years Measured: 2016-2022. Data Retrieved: 06/15/2024*

The Lynchburg service area's teen birth rate averages 18 per 1,000 females aged 15-19, exceeding Virginia's rate of 13, with significant racial disparities. Black teens consistently have higher birth rates, peaking at 31 in Lynchburg City and 29 in Appomattox, compared to much lower rates among White teens (e.g., 5 in Lynchburg). Appomattox has the highest overall teen birth rate at 25, while Lynchburg City has the lowest at 12. These disparities emphasize the need for targeted reproductive health efforts, particularly among minority populations.

# Clinical Care

According to County Health Rankings, clinical care accounts for 20% of the factors influencing overall health outcomes. This reflects the significant, though not sole, role of healthcare access and quality in shaping population health, which are key drivers of health outcomes. Indicators like the uninsured rate, provider availability, and preventable hospital stays highlight disparities and barriers to care. By identifying gaps in access and quality, these metrics guide targeted interventions to improve health equity and outcomes. Ensuring access to affordable, effective healthcare is essential for fostering healthier communities.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care*
*Data Retrieved: 12/12/2024*

## ACCESS TO CARE

### INSURANCE STATUS

In Virginia, health insurance status significantly influences individuals' access to healthcare services. **Uninsured** adults are less likely to have a regular healthcare provider and often forgo necessary medical care due to cost concerns. This lack of insurance correlates with poorer health outcomes and increased financial strain. The Virginia Health Care Foundation reports that 7.7% of Virginians under 65 are uninsured, totaling approximately 544,000 individuals. Among children, 88,000 are uninsured, with 44.3% of them eligible for Medicaid or FAMIS, indicating that nearly half of these uninsured children could have access to coverage but are not enrolled. These statistics underscore the critical role of health insurance in facilitating access to care and highlight the need for initiatives to reduce the number of uninsured Virginians.

*Source: Virginia Health Care Foundation, Data- Profile of Virginia's Uninsured, https://www.vhcf.org/data/*
*Data Retrieved: 12/12/2024*

## Percentage of Adults Under Age 65 Without Health Insurance

| Locality | 2019 | | 2020 | | 2021 | |
|---|---|---|---|---|---|---|
| | # Uninsured | % Uninsured | # Uninsured | % Uninsured | # Uninsured | % Uninsured |
| **Amherst** | 2,130 | 12 | 2,214 | 13 | 1,814 | 10 |
| **Appomattox** | 1,269 | 14 | 1,139 | 12 | 1,102 | 12 |
| **Campbell** | 4,005 | 12 | 3,616 | 11 | 3,160 | 10 |
| **Lynchburg** | 4,862 | 11 | 4,294 | 10 | 3,803 | 9 |
| **Pittsylvania** | 4,533 | 13 | 3,874 | 12 | 3,752 | 11 |
| **Service Area** | 3,360 | 12.4 | 3,027 | 11.6 | 2,726 | 10.4 |
| **Virginia** | 555,669 | 11 | 518,054 | 10 | 481,061 | 9 |

## Percentage of Children Under Age 19 Without Health Insurance

| Locality | 2019 | | 2020 | | 2021 | |
|---|---|---|---|---|---|---|
| | # Uninsured | % Uninsured | # Uninsured | % Uninsured | # Uninsured | % Uninsured |
| **Amherst** | 347 | 5 | 359 | 6 | 304 | 5 |
| **Appomattox** | 235 | 7 | 215 | 6 | 226 | 6 |
| **Campbell** | 507 | 5 | 496 | 4 | 525 | 5 |
| **Lynchburg** | 701 | 4 | 524 | 3 | 526 | 3 |
| **Pittsylvania** | 676 | 6 | 568 | 5 | 577 | 5 |
| **Service Area** | 493 | 5.4 | 432 | 4.8 | 432 | 4.8 |
| **Virginia** | 93,757 | 5 | 84,392 | 4 | 84,941 | 4 |

*Table Source: 2022-2024 County Health Rankings, Small Area Health Insurance Estimates, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019-2021, Data Retrieved: 06/13/2024*

From 2019 to 2021, uninsured rates declined in the Lynchburg service area, with adult rates dropping from 12% to 10%, slightly above Virginia's decline from 11% to 9%. Child uninsured rates stabilized at 5% or lower, aligning closely with Virginia's 4% average. Lynchburg City consistently had the lowest rates for both adults (9%) and children (3%) in 2021, while Appomattox reported the highest child uninsured rate at 6%. These trends highlight regional progress but suggest a need for further efforts to close gaps in adult coverage.

## Uninsured by Educational Attainment by Locality

| Locality | Less than High School Graduate | High School Graduate or Equivalency | Some College or Associate's Degree | Bachelor's Degree or Higher |
|---|---|---|---|---|
| **Amherst** | 7.0% | 13.4% | 5.3% | 3.4% |
| **Appomattox** | 12.5% | 8.1% | 6.9% | 11.6% |
| **Campbell** | 10.9% | 7.4% | 6.6% | 2.5% |
| **Lynchburg** | 18.4% | 8.0% | 7.4% | 4.9% |
| **Pittsylvania** | 11.6% | 7.2% | 5.8% | 2.5% |
| **Service Area** | 12.1% | 8.8% | 6.4% | 5.0% |
| **Virginia** | 20.8% | 11.5% | 7.3% | 3.2% |

*Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, https://factfinder.census.gov*
*Years Measured: 2018-2022. Data Retrieved: 05/30/2024*

Uninsured rates in the Lynchburg service area show clear disparities by educational attainment, with those lacking a high school diploma most affected (12.1%), though this is significantly below Virginia's rate of 20.8%. Individuals with higher education levels have the lowest uninsured rates, with bachelor's degree holders averaging 5.0% in the service area, close to Virginia's 3.2%. Lynchburg City stands out for its high uninsured rate among those without a high school diploma (18.4%), surpassing both the service area and state averages, while Campbell and Pittsylvania report the lowest rates among higher education groups at 2.5%.

**Medicare** coverage alone is a critical component of healthcare access in rural Virginia, where a significant portion of the population depends on it, particularly older adults and individuals with disabilities. Rural areas often have higher proportions of Medicare beneficiaries compared to urban regions, reflecting an aging population. Despite this reliance, rural residents frequently face challenges such as limited provider availability and greater travel distances for care. While Medicare ensures access to essential health services, these barriers underscore the need for targeted support and infrastructure improvements to meet the unique healthcare needs of rural Virginians.

*Source: Medicare Rights Center, Health Care Access Improving in Rural Areas, Challenges Persist, November 14, 2024, https://www.medicarerights.org/medicare-watch/2024/11/14/health-care-access-improving-in-rural-areas-challenges-persist*
*Data Retrieved: 12/12/2024*

## Population with Medicare Coverage Alone

| Locality | Total | Percent of Total Population |
|---|---|---|
| **Amherst** | 2668 | 8.6% |
| **Appomattox** | 1176 | 7.3% |
| **Campbell** | 4756 | 8.7% |
| **Pittsylvania** | 6817 | 11.5% |
| **Lynchburg City** | 4296 | 5.5% |
| **Service Area** | 19713 | 8.3% |
| **Virginia** | 446,898 | 5.3% |

*Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS, https://factfinder.census.gov*
*Years Measured: 2018-2022. Data Retrieved: 05/30/2024*

In the Lynchburg service area, 8.3% of the population relies on Medicare coverage alone, exceeding Virginia's statewide average of 5.3%. Pittsylvania County has the highest percentage at 11.5%, while Lynchburg City has the lowest at 5.5%, closer to the state average. These figures indicate a higher dependence on Medicare in rural areas like Pittsylvania, reflecting demographic and healthcare access differences within the region.

Between 2018 and 2022, Virginia experienced significant growth in **Medicaid** enrollment, primarily due to the state's expansion of the program in January 2019 and the continuous enrollment provision during the COVID-19 pandemic. In fiscal year 2018, approximately 12.3% of Virginia's population was enrolled in Medicaid. By fiscal year 2023, this proportion had risen to 22.2%, reflecting the combined impact of policy changes and public health measures.

This expansion improved access to healthcare for many Virginians, particularly low-income adults who became newly eligible under the expanded criteria. However, the continuous enrollment provision, which prevented disenrollment during the pandemic, concluded on March 31, 2023. As a result, a gradual decline in enrollment is anticipated as states resume regular eligibility redeterminations.

Overall, the period from 2018 to 2023 marked a substantial increase in Medicaid coverage in Virginia, enhancing healthcare access for a significant portion of the state's population.

*Source: Virginia Senate Finance and Appropriations Committee, Medicaid Trends and Health & Human Resources 2025 Session Outlook, November 22, 2024*
*Source: Kaiser Family Foundation, Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic, https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/*
*Data Retrieved 12/12/2024*

## Population with Medicaid Coverage Alone

| Locality | Total | Percent of Total Population |
|---|---|---|
| **Amherst** | 2744 | 8.7% |
| **Appomattox** | 1733 | 11.1% |
| **Campbell** | 5565 | 10.2% |
| **Pittsylvania** | 8314 | 13.9% |
| **Lynchburg City** | 10457 | 13.2% |
| **Service Area** | 5763 | 11.4% |
| **Virginia** | 882,576 | 10.5% |

*Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS, https://factfinder.census.gov*
*Years Measured: 2018-2022. Data Retrieved: 05/30/2024*

In the Lynchburg service area, 11.4% of the population relies on Medicaid coverage alone, exceeding Virginia's statewide average of 10.5%. Pittsylvania County has the highest percentage at 13.9%, followed closely by Lynchburg City at 13.2%, reflecting significant reliance on Medicaid in these areas. In contrast, Amherst has the lowest rate at 8.7%, below both the service area and state averages. These figures indicate a greater dependence on Medicaid in rural and urban areas like Pittsylvania and Lynchburg compared to smaller localities such as Amherst.

In Virginia, **private health insurance** is the primary form of coverage, with around 60.5% of residents enrolled. Most individuals receive coverage through employer-sponsored plans, while others rely on direct-purchase policies or military-related coverage, reflecting the state's large military community. These options ensure access to healthcare for a majority of Virginians.

*Source: USAFacts, https://usafacts.org/*
*Data Retrieved: 12/12/2024*

## Private Health Insurance Coverage by Type

| Locality | Private Health Insurance | Private Insurance that is Employer Based | Private Insurance that is Direct Purchase | Private Insurance that is Tri-Care/Military |
|---|---|---|---|---|
| **Amherst** | 68.2% | 56.2% | 14.5% | 2.7% |
| **Appomattox** | 66.0% | 51.7% | 15.2% | 2.8% |
| **Campbell** | 69.1% | 54.3% | 17.6% | 2.2% |
| **Lynchburg** | 67.8% | 56.6% | 12.9% | 1.5% |
| **Pittsylvania** | 60.3% | 45.4% | 16.3% | 2.3% |
| **Service Area** | 65.8% | 52.0% | 15.5% | 2.2% |
| **Virginia** | 74.5% | 60.0% | 13.0% | 7.9% |

*Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, https://factfinder.census.gov*
*Years Measured: 2018-2022. Data Retrieved: 05/30/2024*

Private health insurance coverage in the Lynchburg service area averages 65.8%, falling short of Virginia's 74.5%. Employer-based insurance constitutes the majority at 52%, lower than the state's 60%, while direct purchase coverage is higher locally at 15.5% compared to 13% statewide. Tri-Care/Military coverage is notably low in the region at 2.2%, significantly below Virginia's 7.9%. Among localities, Campbell County has the highest private insurance rate at 69.1%, while Pittsylvania lags at 60.3%, reflecting diverse access to coverage across the area.

## AVAILABILITY OF CLINICAL CARE

**Medically Underserved Areas (MUAs)** and **Medically Underserved Populations (MUPs)** are federal designations identifying regions and groups lacking sufficient access to primary healthcare services. MUAs are specific geographic areas, such as counties or urban census tracts, with shortages of primary care providers, high infant mortality rates, elevated poverty levels, or a significant elderly population. MUPs refer to specific populations within a geographic area facing economic, cultural, or linguistic barriers to healthcare, including low-income individuals, migrant farmworkers, and Native American communities. These designations assist in allocating resources and support to improve healthcare access in underserved communities.

**Health Professional Shortage Areas (HPSAs)** are federal designations used to identify regions, populations, or facilities experiencing shortages of healthcare providers in primary care, dental care, or mental health. HPSA designations are based on criteria such as provider-to-population ratios, poverty levels, and specific needs within the area or population. They can apply to geographic areas, such as rural counties, or to specific groups, like low-income residents or individuals in federally recognized facilities like Federally Qualified Health Centers (FQHCs) and FQHC Look-A-Likes. These designations help prioritize resources, incentivize healthcare providers to work in underserved areas, and support efforts to improve healthcare access.

*Source: Us Department of Health and Human Services, Health Professional Shortage Areas and Medically Underserved Areas/Populations Shortage Designation Types, https://www.hhs.gov/guidance/document/hpsa-and-muap-shortage-designation-types*
*Data Retrieved: 12/12/2024*

## Medically Underserved Area and Medically Underserved Population Designations

| Locality | MUA Designation Type | Score | Update Date |
|---|---|---|---|
| **Amherst County** | Medically Underserved Area Population–Low Income | 60.8 | 4/5/2012 |
| **Appomattox County** | Medically Underserved Area Population–Low Income | 61 | 3/23/2011 |
| **Lynchburg City (East)** | Medically Underserved Area | 54.8 | 1/20/2011 |
| **Pittsylvania County** | Medically Underserved Area | 60.6 | 5/24/2012 |

*Tables Source: Health Resources Services and Administration , https://data.hrsa.gov/tools/shortage-area/hpsa-find*
*Data Retrieved: 07/25/2024*

Several localities in the region have Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designations, reflecting limited access to healthcare services. Amherst and Appomattox Counties have MUP designations for low-income populations with scores of 60.8 and 61, respectively, last updated over a decade ago. East Lynchburg has an MUA designation with a score of 54.8, the lowest in the region, while Pittsylvania County is also designated as an MUA with a score of 60.6. These designations highlight persistent healthcare access challenges, particularly for low-income and rural populations. Campbell County is the only locality in the service area that is not designated as a MUA/MUP.

## Primary Care

| Locality | HPSA Designation Type | Score | Update Date |
|---|---|---|---|
| **Amherst County** | Geographic HPSA | 11 | 8/6/2011 |
| **Appomattox County** | Geographic HPSA | 14 | 8/6/2021 |
| **Campbell County** | Geographic HPSA | 16 | 9/10/2021 |
| **Lynchburg City** | Low Income Population HPSA | 9 | 1/20/2022 |
| **Pittsylvania County** | Geographic HPSA | 14 | 9/10/2021 |

## Dental Health

| Locality | HPSA Designation Type | Score | Update Date |
|---|---|---|---|
| **Amherst County** | Low Income Population HPSA | 16 | 9/7/2021 |
| **Appomattox County** | Low Income Population HPSA | 16 | 9/7/2021 |
| **Campbell County** | Low Income Population HPSA | 16 | 8/6/2021 |
| **Lynchburg City** | Low Income Population HPSA | 17 | 9/8/2021 |
| **Pittsylvania County*** | Low Income Population HPSA | 15 | 9/10/2021 |

## Mental Health

| Locality | HPSA Designation Type | Score | Update Date |
|---|---|---|---|
| **Amherst County*** | Low Income Population HPSA | 16 | 9/10/2021 |
| **Appomattox County*** | Low Income Population HPSA | 16 | 9/10/2021 |
| **Campbell County*** | Low Income Population HPSA | 16 | 9/10/2021 |
| **Lynchburg City*** | Low Income Population HPSA | 16 | 9/10/2021 |
| **Pittsylvania County**** | Low Income Population HPSA | 16 | 9/10/2021 |

**Includes Amherst, Appomattox, Bedford, and Campbell counties, and Lynchburg City.*
***Includes Danville City*
*Table Source: Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/mua-find*
*Data Retrieved: 07/25/2024*

Primary, dental, and mental health services across the region face significant challenges, with all localities designated as Health Professional Shortage Areas (HPSAs). Primary care HPSA scores range from 9 in Lynchburg City to 16 in Campbell County, indicating varying levels of need. For dental and mental health, low-income populations in all localities, including Pittsylvania and Danville, have HPSA scores of 15-17, highlighting critical gaps in healthcare access. These designations reflect persistent shortages impacting underserved populations throughout the region.

In the Lynchburg Area, Centra Health is the largest health system serving those living in these Medically Underserved and Health Professional Shortage Areas. Additional safety net providers in the area include Federally Qualified Health Centers (Blue Ridge Medical Center, Community Access Network, Johnson Health Center, and Piedmont Access to Health Services), a Free Clinic (Free Clinic of Central Virginia), Community Services Boards (Danville-Pittsylvania Community Services and Horizon Behavioral Health), and public health departments (Central Virginia Health District and Pittsylvania-Danville Health District). Free Clinics in Virginia provide services at no cost or low cost to low-income uninsured and publicly insured patients. Community Services Boards are the points of entry for publicly funded mental health, substance use disorder, and developmental services for intellectual disabilities and/or developmental disabilities.

## AVAILABILITY OF PROVIDERS

The provider-to-population ratio quantifies the number of healthcare providers relative to the population size, serving as a key indicator of healthcare accessibility within a community. For instance, a ratio of 2,500:1 signifies that one primary care physician is available for every 2,500 individuals in a given area. This ratio is crucial because a lower provider-to-population ratio generally correlates with better access to healthcare services, leading to improved health outcomes. Conversely, higher ratios can indicate potential shortages of healthcare providers, which may result in longer wait times, reduced access to preventive care, and overall poorer health outcomes. Monitoring the provider-to-population ratio helps identify regions that may require additional healthcare resources to ensure equitable access to care for all populations.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/primary-care-physicians*
*Data Retrieved: 12/12/2024*

## Primary Care Provider to Population Ratio

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 4515:1 | 3958:1 | 4468:1 |
| **Appomattox** | 7956:1 | 16043:1 | 8177:1 |
| **Campbell** | 6861:1 | 6913:1 | 6937:1 |
| **Lynchburg** | 754:1 | 808:1 | 790:1 |
| **Pittsylvania** | 12071:1 | 14963:1 | 11994:1 |
| **Service Area** | 6431:1 | 8537:1 | 6473:1 |
| **Virginia** | 1310:1 | 1324:1 | 1341:1 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2019-2021. Data Retrieved: 09/13/2024*

The primary care provider-to-population ratio in the Lynchburg service area highlights significant disparities, with rural areas experiencing much greater shortages than Virginia's statewide average of 1,341:1 in 2021. Lynchburg City consistently maintains the best ratio at 790:1, far exceeding the state average, while Appomattox and Pittsylvania report critical shortages at 8,177:1 and 11,994:1, respectively. The overall service area ratio of 6,473:1 underscores the severe provider gaps in rural localities compared to urban centers like Lynchburg.

## Dental Provider to Population Ratio

| Locality | 2020 | 2021 | 2022 |
|---|---|---|---|
| **Amherst** | 4524:1 | 4468:1 | 4513:1 |
| **Appomattox** | 16043:1 | 16353:1 | 16748:1 |
| **Campbell** | 6913:1 | 6166:1 | 6127:1 |
| **Lynchburg** | 916:1 | 850:1 | 871:1 |
| **Pittsylvania** | 8550:1 | 9995:1 | 11990:1 |
| **Service Area** | 7389:1 | 7566:1 | 8050:1 |
| **Virginia** | 1393:1 | 1351:1 | 1329:1 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2020-2022. Data Retrieved: 09/13/2024*

The dental provider-to-population ratio in the Lynchburg service area highlights severe disparities compared to Virginia's statewide average of 1,329:1 in 2022. Lynchburg City consistently maintains the best access with a ratio of 871:1, well below the state average, while Appomattox and Pittsylvania face critical shortages at 16,748:1 and 11,990:1, respectively. The service area average worsened from 7,389:1 in 2020 to 8,050:1 in 2022, reflecting growing dental provider gaps in rural localities. These disparities emphasize the urgent need for improved dental care access across the region.

## Mental Health Provider to Population Ratio

| Locality | 2021 | 2022 | 2023 |
|---|---|---|---|
| **Amherst** | 5278:1 | 2606:1 | 1974:1 |
| **Appomattox** | 5348:1 | 2726:1 | 2094:1 |
| **Campbell** | 4254:1 | 3964:1 | 3939:1 |
| **Lynchburg** | 178:1 | 157:1 | 142:1 |
| **Pittsylvania** | 5441:1 | 5452:1 | 4282:1 |
| **Service Area** | 4100:1 | 2981:1 | 2486:1 |
| **Virginia** | 484:1 | 447:1 | 411:1 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2021-2023. Data Retrieved: 09/13/2024*

The mental health provider-to-population ratio in the Lynchburg service area shows gradual improvement but remains significantly worse than Virginia's average of 411:1 in 2023. Lynchburg City maintains excellent access with a ratio of 142:1 in 2023, far surpassing both the service area average of 2,486:1 and statewide metrics. Rural localities, such as Pittsylvania (4,282:1) and Appomattox (2,094:1), continue to face severe shortages, though Amherst demonstrated notable improvement, decreasing from 5,278:1 in 2021 to 1,974:1 in 2023. These disparities underscore the ongoing need for mental health resources in underserved rural areas.

## QUALITY OF CARE

The preventable hospitalization rate per 100,000 among the Medicare population measures the frequency of hospital admissions for conditions that could typically be managed with effective outpatient care, known as ambulatory care-sensitive conditions. This metric serves as an indicator of the accessibility and quality of primary healthcare services; higher rates suggest potential deficiencies in outpatient care, leading to unnecessary hospitalizations.

Primary care plays a critical role in reducing preventable hospitalization rates by offering timely, effective management of ambulatory care-sensitive conditions, such as asthma, diabetes, and hypertension. Access to robust primary care enables early detection, consistent monitoring, and treatment of these conditions, reducing the likelihood of complications that necessitate hospital admissions. Research shows that communities with higher primary care provider density have significantly lower rates of preventable hospitalizations. For example, a study by the Agency for Healthcare Research and Quality (AHRQ) found that improving primary care access and continuity can reduce hospital admissions for preventable conditions by up to 20%. Conversely, areas with limited access to primary care often experience higher preventable hospitalization rates due to delayed treatment and inadequate disease management.

In Virginia, investments in primary care infrastructure have contributed to favorable trends in reducing these hospitalizations, positioning the state among the better-performing states for Medicare beneficiaries. Strengthening primary care services remains essential for improving healthcare outcomes and reducing costs associated with unnecessary hospitalizations.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/quality-of-care/preventable-hospital-stays*
*Source: Agency for Healthcare Research and Quality, https://www.ahrq.gov/*
*Data Retrieved: 12/12/2024*

### Preventable Hospitalization Rate per 100,000 Among the Medicare Population

| *Locality* | *2019* | *2020* | *2021* |
|---|---|---|---|
| **Amherst** | 3671 | 3250 | 2357 |
| **Appomattox** | 4189 | 3425 | 2447 |
| **Campbell** | 4383 | 2951 | 2603 |
| **Lynchburg** | 4227 | 3179 | 2586 |
| **Pittsylvania** | 4171 | 3269 | 2415 |
| **Service Area** | 4128 | 3215 | 2482 |
| **Virginia** | 3896 | 2902 | 2601 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources*
*Years Measured: 2019-2021. Data Retrieved: 09/13/2024*

Preventable hospitalization rates among the Medicare population in the Lynchburg service area improved significantly from 4,128 per 100,000 in 2019 to 2,482 in 2021, slightly better than Virginia's statewide rate of 2,601. Amherst demonstrated the greatest improvement, dropping from 3,671 in 2019 to 2,357 in 2021. Rural localities such as Appomattox and Pittsylvania also showed notable declines, while Lynchburg City's rate decreased to 2,586, aligning closely with the state average. These improvements suggest progress in managing chronic conditions and access to preventive care across the region.

According to County Health Rankings, physical environment accounts for 10% of the factors influencing overall health outcomes. This component evaluates how the surroundings where individuals live, learn, work, and play impact their health. This assessment includes factors such as air and water quality, housing conditions, and transportation systems. For instance, exposure to air pollutants like fine particulate matter can lead to respiratory and cardiovascular issues, while contaminated water sources may cause various illnesses. Additionally, inadequate housing and limited access to transportation can hinder individuals from obtaining necessary healthcare services and nutritious food. By analyzing these elements, the Rankings aim to highlight environmental determinants that influence community health outcomes.

## AIR AND WATER QUALITY

### AIR QUALITY

Virginia's air quality has generally improved in recent years, with most areas meeting the National Ambient Air Quality Standards (NAAQS) for pollutants such as fine particulate matter ($PM_{2.5}$), nitrogen dioxide ($NO_2$), carbon monoxide (CO), and ozone as of 2022. However, in 2023, the state experienced air quality challenges due to external factors, notably the impact of forest fires from outside Virginia, including those in Canada, which affected air quality during the summer months.

The Department of Environmental Quality (DEQ) monitors air quality across the state and provides daily forecasts for regions including Richmond, Norfolk, Roanoke, Winchester, and Northern Virginia. These forecasts help residents plan activities, especially during periods when air quality may pose health risks. Overall, while Virginia has made significant strides in improving air quality, ongoing efforts are necessary to address localized pollution sources and mitigate impacts from external environmental events.

**Air pollution-particulate matter,** often measured as $PM_{2.5}$, represents the concentration of fine inhalable particles with diameters of 2.5 micrometers or smaller in the air. These metric captures pollution from various sources, including vehicle emissions, industrial processes, construction dust, and wildfires. $PM_{2.5}$ is significant because its small size allows it to penetrate deeply into the lungs and enter the bloodstream, contributing to health issues such as respiratory and cardiovascular diseases, premature death, and aggravated asthma. This allows for the assessment of community exposure to air quality and great health risks, especially for vulnerable populations like children, the elderly, and those with preexisting health conditions.

On February 7, 2024, the U.S. Environmental Protection Agency (EPA) strengthened the National Ambient Air Quality Standards for Particulate Matter (PM NAAQS) to protect millions of Americans from harmful and costly impacts on health. Particle or soot pollution is one of the most dangerous forms of air pollution. The EPA is setting the level of the primary (health-based) annual PM2.5 standard at 9.0 micrograms per cubic meter to provide increased public health protection. These standards are outlined under the Clean Air Act.

*Source: Reports to the General Assembly, RD809- Air Quality and Air Pollution Control Policies of the Commonwealth of Virginia- December 2023 https://rga.lis.virginia.gov/Published/2023/RD809*
*Source: Virginia Department of Health, DEQ, Air Quality Forecasting, Public Health Preparedness Planning and Response, October 24, 2023, https://www.vdh.virginia.gov/content/uploads/sites/8/2023/10/VDEQ_AirQualityForecasting_2023Oct24_update.pdf*
*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/air-and-water-quality/air-pollution-particulate-matter*
*Source: US Environmental Protection Agency, https://www.epa.gov/pm-pollution/national-ambient-air-quality-standards-naaqs-pm*
*Data Retrieved: 12/12/2024*

## Air Pollution- Particulate Matter

| Locality | Average Daily Density of Fine Particulate Matter (micrograms/cubic meters) |
|---|---|
| **Amherst** | 7.4 |
| **Appomattox** | 7.3 |
| **Campbell** | 7.7 |
| **Lynchburg City** | 6.3 |
| **Pittsylvania** | 8.1 |
| **Service Area** | 7.4 |
| **Virginia** | 7.3 |

*Table Source: 2024 County Health Rankings, Environmental Public Health Tracking Network, https://www.countyhealthrankings.org/health-data/virginia?year=2024*

*Year Measured: 2019. Data Retrieved: 11/07/2024*

The Lynchburg service area averages 7.4 micrograms of fine particulate matter ($PM_{2.5}$) per cubic meter, slightly above Virginia's 7.3 average. Lynchburg City has the lowest level at 6.3, indicating better air quality, while Pittsylvania reports the highest at 8.1. These localized variations, though within acceptable national standards, highlight the need for continued monitoring and efforts to mitigate potential health impacts on sensitive populations.

## WATER QUALITY

In Virginia, drinking water violations occur when public water systems fail to meet health-based standards under the Safe Drinking Water Act, such as exceeding contaminant limits, improper treatment processes, or inadequate monitoring and reporting. These violations are overseen by the Virginia Department of Health's Office of Drinking Water to protect public health. Efforts focus on ensuring compliance and maintaining safe, clean drinking water for residents.

*Source: Virginia Department of Health, Drinking Water, https://www.vdh.virginia.gov/drinking-water/office-of-drinking-water/compliance/penalties/*
*Data Retrieved: 12/12/2024*

## Drinking Water Violations

| Locality | Presence of health-related drinking water violations |
|---|---|
| **Amherst** | No |
| **Appomattox** | No |
| **Campbell** | No |
| **Lynchburg City** | Not measured |
| **Pittsylvania** | No |

*Table Source: 2024 County Health Rankings, Safe Drinking Water Information System, https://www.countyhealthrankings.org/health-data*
*Year Measured: 2022. Data Retrieved: 11/07/2024*

In 2022, drinking water in the Lynchburg service area shows no health-related violations across Amherst, Appomattox, Campbell, and Pittsylvania Counties. Data for Lynchburg City was not measured, but the absence of reported violations in the surrounding localities suggests generally safe drinking water in the region.

Virginia Health Catalyst advocates for **community water fluoridation (CWF)** as a safe, cost-effective public health measure that reduces cavities by approximately 25% in both children and adults. By adjusting fluoride levels in public water supplies to the optimal amount of 0.7 milligrams per liter, CWF ensures equitable access to preventive dental care across communities, regardless of income or education levels. This practice not only decreases dental decay but also translates into economic benefits, with communities saving an average of $32 per person annually in dental costs. For populations of 1,000 or more, the return on investment can be as high as $20 for every $1 spent on fluoridation. Virginia Health Catalyst collaborates with the Virginia Department of Health and other partners to maintain and promote fluoridation practices, aiming to enhance oral health outcomes statewide.

*Source: Virginia Health Catalyst, Community Water Fluoridation and Drinking Water, https://vahealthcatalyst.org/community-water-fluoridation/*
*Data Retrieved: 12/12/2024*

## Water Fluoride Levels

| Public Water System Name | County | Population Served | Fluoridated | Fluoride Conc. (mg/l) |
|---|---|---|---|---|
| **Amherst Co. Service Authority** | Amherst | 2089 | Yes | 0.7 |
| **AMHERST, town of** | Amherst | 13859 | Yes | 0.7 |
| **Orchard Hills Estates** | Amherst | 66 | No | 0.2 |
| **Woodland Mobile Home Park** | Amherst | 92 | No | 0.2 |
| **Appomattox Water System** | Appomattox | 1649 | Yes | 0.7 |
| **Pamplin City, Town of** | Appomattox | 187 | No | 0.2 |
| **501 Trailer Court** | Campbell | 272 | No | 0.2 |
| **Altavista, town of** | Campbell | 3605 | Yes | 0.7 |
| **Brookneal, town of** | Campbell | 1405 | Yes | 0.7 |
| **Campbell County Central System** | Campbell | 20379 | Yes | 0.7 |
| **Campbell County East System** | Campbell | 2346 | Yes | 0.7 |
| **Castle Craig Subdivision** | Campbell | 73 | No | 0 |
| **Eastbrook Mobile Home Court** | Campbell | 90 | No | 0.2 |
| **Knoll Woods/Ivy Acres** | Campbell | 234 | No | 0.2 |
| **Lakeside Mobile Home Park** | Campbell | 35 | No | 0 |
| **Locust Garden MHP** | Campbell | 84 | No | 0.2 |
| **Mountain Rest Estates** | Campbell | 140 | No | 0.2 |
| **Rustburg Correctional Center #9** | Campbell | 133 | No | 0.2 |
| **Suburban Trailer Town** | Campbell | 187 | No | 0.2 |
| **Lynchburg, City of** | Lynchburg City | 73914 | Yes | 0.7 |
| **Bevrich Mobile Home Park** | Pittsylvania | 58 | No | 0.2 |
| **Cascade Mobile Estates** | Pittsylvania | 94 | No | 0 |
| **Chatham, Town of** | Pittsylvania | 2341 | Yes | 0.7 |
| **Crestview Trailer Court** | Pittsylvania | 37 | No | 0 |
| **Gretna, Town of** | Pittsylvania | 2341 | Yes | 0.7 |
| **Grit Road Water Supply** | Pittsylvania | 197 | Yes | 0.7 |
| **Hurt, Town of** | Pittsylvania | 1217 | Yes | 0.7 |
| **Mount Cross Road PCSA** | Pittsylvania | 213 | Yes | 0.7 |
| **Mount Hermon PCSA** | Pittsylvania | 3807 | Yes | 0.7 |
| **Powell's Trailer Court** | Pittsylvania | 60 | Yes | 1 |
| **Ringgold Industrial Park PCSA** | Pittsylvania | 402 | Yes | 0.7 |
| **Robin Court Subdivision PCSA** | Pittsylvania | 37 | No | 0.2 |
| **Route 58 West PCSA** | Pittsylvania | 1180 | Yes | 0.7 |
| **Rt 29 North PCSA** | Pittsylvania | 1785 | Yes | 0.7 |
| **Tightsqueeze - PCSA** | Pittsylvania | 196 | Yes | 0.7 |
| **Vista Pointe Landing PCSA** | Pittsylvania | 108 | No | 0.2 |
| **Wayside Acres Subdivision #1** | Pittsylvania | 52 | No | 0.2 |
| **Wayside Acres Subdivision #2** | Pittsylvania | 40 | No | 0.2 |
| **Woodroam Subdivision** | Pittsylvania | 75 | No | 0.2 |

*Table Source: Centers for Disease Control and Prevention. My Water's Fluoride: https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemDetails.aspx*
*Years Measured: 2022. Data Retrieved: 06/28/2024*

Most public water systems in the Lynchburg service area provide fluoridated water at the recommended level of 0.7 mg/L, benefiting dental health. Larger systems, such as those in Amherst, Lynchburg, and Campbell, meet these guidelines, while smaller or rural systems often lack fluoridation, with levels as low as 0 to 0.2 mg/L. One system, Powell's Trailer Court in Pittsylvania, exceeds the recommended level at 1 mg/L but remains within safe limits. These disparities highlight the need for improved fluoridation in smaller systems to ensure equitable dental health benefits across the region.

## HOUSING AND TRANSIT

Housing significantly impacts health by influencing physical, mental, and social well-being. Poor housing conditions, such as inadequate ventilation, mold, or pest infestations, can contribute to respiratory illnesses, allergies, and infectious diseases. Overcrowding increases the risk of communicable diseases, while unaffordable housing may force families to prioritize rent over essentials like food and healthcare, exacerbating chronic conditions. Stable, safe, and affordable housing improves health outcomes by reducing stress, enhancing access to healthcare, and fostering community stability. Addressing housing disparities is critical for improving public health.

In the Lynchburg service area, the Central Virginia Continuum of Care (CVCoC) addresses homelessness by fostering collaboration among nonprofits, agencies, congregations, and individuals to provide safe, stable, and affordable housing. Through a community-based approach, the CVCoC coordinates programs and activities aimed at identifying and addressing the needs of homeless individuals, particularly those who are disadvantaged, disabled, or in need of supportive services. This work is supported by HUD funding, as well as other public and private resources. A key strategy employed by the CVCoC is the annual Point-in-Time (PIT) count, a federally mandated snapshot of the homeless population on a specific night. The 2024 PIT Count identified 147 individuals experiencing homelessness, including 73 unsheltered individuals and 7 chronically homeless individuals. Since 2017, homelessness in the region has increased by 18%, with unsheltered homelessness rising by 192%. These findings guide the CVCoC's initiatives, such as housing-first programs, case management, and community outreach, which aim to reduce homelessness and promote long-term stability.

Homelessness prevention remains a priority in the Lynchburg service area, with efforts focused on eviction prevention and strengthening partnerships across sectors. Shelter capacity has been a significant challenge since 2021, following the closure of the Hand Up Lodge and the reduction of beds at the Salvation Army's Center of Hope, which resulted in a 42% decrease in available beds. Despite initiatives like Miriam's House's hotel-based emergency shelter and the opening of the 16-bed Shelter at Reset in 2022, unsheltered homelessness continues to surge. In early 2024, Roads to Recovery announced plans to close The Shelter at Reset, prompting the CVCoC to solicit a new shelter provider. The Ramp, a local church, was selected to open The Refuge on Memorial, a 50-bed low-barrier shelter for individuals and families, scheduled to open in December 2024. This development aims to address the ongoing shelter gap and provide accessible support for those experiencing homelessness.

*Source: US Center for Disease Control and Prevention, Health Topics, https://www.cdc.gov/*
*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit?year=2024*
*Source: Central Virginia Continuum of Care https://centralvirginiacoc.org/point-in-time*
*Data Retrieved: 12/16/2024*

**Severe housing cost burden** measures the percentage of households spending 50% or more of their income on housing-related expenses, including rent, mortgage payments, utilities, and taxes. This metric highlights financial strain that limits resources for essentials such as food, healthcare, and education, adversely affecting health and well-being. Communities with high rates of severe housing cost burden often experience increased rates of poverty, homelessness, and poor health outcomes. Tracking this measure helps identify areas needing affordable housing solutions and economic support.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-cost-burden?year=2024*
*Source: US Department of Housing & Urban Development's Office of Policy Development & Research, HUD User, https://www.huduser.gov/portal/home.html*
*Data Retrieved 12/13/2024*

## Severe Housing Cost Burden

| Locality | # Households with Severe Cost Burden | % Households with Severe Cost Burden |
|---|---|---|
| **Amherst** | 1060 | 9% |
| **Appomattox** | 453 | 7% |
| **Campbell** | 1539 | 7% |
| **Pittsylvania** | 2649 | 11% |
| **Lynchburg City** | 4410 | 16% |
| **Service Area** | 2022 | 10% |
| **Virginia** | 406,590 | 13% |

*Table Source: US Census. American Fact Finder. 2018 - 2022 American Community Survey 5-Year Estimates. Data Retrieved: 04/04/2024*

Severe housing cost burden affects 10% of households in the Lynchburg service area, slightly below Virginia's 13% average. Lynchburg City is the most impacted locality at 16%, significantly higher than both the service area and state averages. Pittsylvania follows at 11%, while Appomattox and Campbell report the lowest burdens at 7%. These disparities suggest a need for targeted interventions in heavily affected areas like Lynchburg City.

The percentage of households with housing problems measures the proportion of homes facing at least one of four key issues: overcrowding, high housing costs (spending over 30% of income on housing), lack of kitchen facilities, or lack of plumbing. This metric provides insight into housing quality and affordability, which are critical for health and well-being. Households with these problems are more likely to experience stress, poor living conditions, and barriers to health equity.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-problems?year=2024*
*Data Retrieved: 12/12/2024*

## Percentage of Households with Housing Problems

| Locality | 2014-2018 | 2015-2019 | 2016-2020 |
|---|---|---|---|
| **Amherst** | 11% | 10% | 10% |
| **Appomattox** | 10% | 10% | 9% |
| **Campbell** | 10% | 10% | 9% |
| **Lynchburg** | 17% | 16% | 15% |
| **Pittsylvania** | 12% | 11% | 12% |
| **Service Area** | 12% | 11% | 11% |
| **Virginia** | 14% | 14% | 14% |

*Table Source: 2022-2024 County Health Rankings, Comprehensive Housing Affordability Strategy data; https://www.countyhealthrankings.org/health-data*
*Years Measured: 2014-2018, 2015-2019, 2016-2020*
*Data Retrieved: 04/24/2024*

The percentage of households with housing problems in the Lynchburg service area remained steady at 11% from 2016-2020, below Virginia's consistent rate of 14%. Lynchburg City consistently reported the highest rates in the region, though it declined from 17% in 2014-2018 to 15% in 2016-2020. Other localities, such as Amherst, Appomattox, and Campbell, maintained lower rates at 9-10%, highlighting disparities within the region and the need for continued focus on housing challenges in Lynchburg.

**Expanding broadband access** in Virginia is essential for enhancing education, healthcare, and economic development, particularly in underserved rural areas. High-speed internet enables online learning, supports telemedicine services, and fosters business growth by connecting communities to global markets. Recognizing these benefits, Virginia has invested significantly in broadband infrastructure which is crucial for bridging the digital divide and ensuring equitable access to information and opportunities across the state.

From 2021 to 2024, Virginia made significant strides in broadband expansion, aiming for universal coverage by 2028. A $2 billion initiative announced in 2021, supported by the Virginia Telecommunication Initiative (VATI), extended broadband to unserved areas. In 2024, $41 million in VATI grants targeted over 12,000 connections. Despite progress, challenges like delays in utility pole attachments and updated mapping revealing more unserved areas slowed some projects. Federal funding, including $1.48 billion from the federal Broadband Equity, Access, and Deployment (BEAD) program, is supporting ongoing efforts to bridge the digital divide and achieve reliable high-speed internet access for all Virginians.

*Source: Virginia Mercury, Virginia plan projects universal broadband access by 2028, https://virginiamercury.com/2023/09/06/virginia-plan-projects-universal-broadband-access-by-2028/*
*Source: Virginia Department of Housing & Community Development, https://www.dhcd.virginia.gov/broadband*
*Source: Virginia Business, https://virginiabusiness.com/?s=broadband+expansion*
*Data Retrieved: 12/13/2024*

## Percentage of Households with Broadband Internet Connection

| Locality | 2017-2021 | 2018-2022 |
|---|---|---|
| **Amherst** | 78% | 79% |
| **Appomattox** | 77% | 78% |
| **Campbell** | 78% | 82% |
| **Lynchburg City** | 89% | 90% |
| **Pittsylvania** | 73% | 74% |
| **Service Area** | 79% | 81% |
| **Virginia** | 88% | 89% |

*Table Source: 2023-2024 County Health Rankings, American Community Survey, 5-year estimates; Report : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2017-2021; 2018-2022. Data Retrieved: 11/08/2024*

Broadband access in the Lynchburg service area improved to 81% in 2018-2022 but still lags behind Virginia's statewide average of 89%. Lynchburg City leads the region at 90%, surpassing the state average, while Pittsylvania trails significantly at 74%. These disparities highlight the need for targeted investments in rural areas like Pittsylvania and Appomattox to close the gap and improve access, which could drive economic growth and educational opportunities across the region.

**Transit** measures evaluate access to and use of public transportation systems, focusing on their availability and impact on community health. Access to reliable transit improves access to jobs, healthcare, and essential services, reducing transportation barriers and promoting equity. These measures help identify areas needing investment to enhance connectivity and reduce social and economic disparities. The Lynchburg area offers diverse transit options serving urban and rural communities. The Greater Lynchburg Transit Company (GLTC) operates 14 bus routes within Lynchburg and Madison Heights, with paratransit and on-demand services for customized trips. Amtrak's Kemper Street Station connects Lynchburg to major cities via the Crescent and Northeast Regional routes. For rural areas like Amherst and Appomattox counties, Central Virginia Commuter Services (CVCS) offers free ride-matching, carpool coordination, and park-and-ride options. These services collectively enhance mobility and connectivity for residents throughout the region.

*Source: https://gltconline.com/general-info/, https://www.cvcommuter.org/ Data Retrieved: 12/16/2024*

The American Community Survey (ACS) measures "commuting patterns by county of residence" to analyze how residents travel to work. This includes modes of transportation (e.g., car, public transit, walking, biking), average travel time, and carpooling rates. It also identifies commuting flows, such as the number of residents working within or outside their county. These patterns provide insights into infrastructure needs, economic activity, and environmental impacts, helping policymakers improve transportation planning, reduce commute times, and enhance regional connectivity.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-problems?year=2024*
*Source: US Census Bureau, Measuring America's People, Places, and Economy, https://www.census.gov/*
*Data Retrieved: 12/12/2024*

## Commuting Patterns by County of Residence

| Locality | Worked in county of residence | Worked outside county of residence |
|---|---|---|
| **Amherst** | 40.8% | 58.0% |
| **Appomattox** | 42.6% | 56.5% |
| **Campbell** | 42.5% | 57.1% |
| **Pittsylvania** | 39.5% | 54.6% |
| **Lynchburg City** | 75.4% | 24.3% |
| **Service Area** | 48.2% | 50.1% |
| **Virginia** | 57.3% | 37.0% |

*Table Source: U.S. Census, American Community Survey, COMMUTING CHARACTERISTICS BY SEX, Table S0801, 5 Year Estimates. https://data.census.gov/ Years Measured: 2018-2022. Data Retrieved: 06/10/2024*

Commuting patterns in the Lynchburg service area show a nearly equal split between residents working within their county (48.2%) and commuting outside (50.1%), trailing Virginia's 57.3% working locally. Lynchburg City stands out with 75.4% of residents employed locally, reflecting a strong job market, while Amherst, Appomattox, Campbell, and Pittsylvania have the majority commuting outside their counties, indicating limited local employment opportunities. These trends highlight the urban-rural divide in job accessibility within the region.

# HEALTH OUTCOMES

"Health Outcomes" measure the overall health of a community by assessing key indicators of length and quality of life. Length of life is evaluated using premature death rates (deaths before age 75), while quality of life considers factors like self-reported health status, physical and mental health days, and the prevalence of low birthweight. Both length of life and quality of life impact Health Outcomes by 50%. These outcomes highlight disparities and help identify areas needing targeted public health interventions to improve community health and equity.

## *Length of Life*

### LIFE EXPECTANCY

Life expectancy measures the average number of years a person is expected to live based on current mortality rates. It reflects overall health and well-being in a population, influenced by factors like access to healthcare, socioeconomic conditions, lifestyle behaviors, and environmental factors. Tracking life expectancy helps identify health disparities and evaluate the effectiveness of public health policies and interventions.

Race and ethnicity significantly impact life expectancy due to systemic inequities in healthcare access, socioeconomic status, living conditions, and exposure to stressors. Historical and structural disparities often lead to higher rates of chronic illnesses, limited access to preventive care, and differential treatment within healthcare systems among racial and ethnic minorities. For example, in the United States, Black Americans and Native Americans generally have lower life expectancies than White Americans, while Hispanic Americans often exhibit a longer life expectancy despite facing socioeconomic disadvantages—a phenomenon known as the "Hispanic paradox." Addressing these disparities requires targeted interventions to promote equity in healthcare, education, and economic opportunities.

*Source: US Center for Disease Control and Prevention, Health Topics, https://www.cdc.gov/*
*Source: Kaiser Family Foundation, https://www.kff.org/*
*Data Retrieved: 12/12/2024*

### Life Expectancy by Average Number of Years Lived 2022-2023 County Health Rankings Years Measured: 2018-2020

| Locality | All Populations | Black | Hispanic | White |
|---|---|---|---|---|
| **Amherst** | 77.3 | 76.9 | Not available | 77.2 |
| **Appomattox** | 77.3 | 75.2 | Not available | 77.8 |
| **Campbell** | 78.4 | 76.8 | Not available | 78.4 |
| **Pittsylvania** | 75.6 | 73.2 | 94.9 | 76.1 |
| **Lynchburg** | 75.3 | 71.4 | 82.6 | 77.0 |
| **Service Area** | 76.8 | 74.7 | 88.7 | 77.3 |
| **Virginia** | 79.1 | 75.6 | 87.4 | 79.1 |

### Life Expectancy by Average Number of Years Lived 2022-2023 County Health Rankings Years Measured: 2019-2021

| Locality | All Populations | Black | Hispanic | White |
|---|---|---|---|---|
| **Amherst** | 75.8 | 74.9 | Not available | 76.1 |
| **Appomattox** | 77.6 | 77.9 | Not available | 77.7 |
| **Campbell** | 77.6 | 75.4 | Not available | 77.1 |
| **Pittsylvania** | 75.3 | 74.6 | 90.1 | 75.1 |
| **Lynchburg** | 74.1 | 70.6 | 81.3 | 75.7 |
| **Service Area** | 76.1 | 74.7 | 85.7 | 76.3 |
| **Virginia** | 78.1 | Not available | Not available | Not available |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2018-2020; 2019-2021. Data Retrieved: 11/10/2024*

The analysis of life expectancy trends between the periods 2018–2020 and 2019–2021 shows a general decline across most localities in the Lynchburg service area. This decline aligns with the peak of the COVID-19 pandemic, which likely contributed to increased mortality during the later period. Life expectancy for the service area dropped from 76.8 years to 76.1 years, with notable decreases among Black and Hispanic populations. Lynchburg City saw a decrease from 75.3 to 74.1 years overall, with Black life expectancy falling from 71.4 to 70.6 years and Hispanic life expectancy dropping from 82.6 to 81.3 years.

## DEATH RATES

As of 2022, the leading causes of death in Virginia were:

1. **Heart Disease**
2. **Cancer**
3. **Accidents** (Unintentional Injuries)
4. **COVID-19**
5. **Cerebrovascular Diseases** (Stroke)

These top five causes accounted for 57% of all deaths in the state. As of this writing, this data for Virginia in 2023 is unavailable.

Nationally, in 2023, the leading causes of death were:

1. **Heart Disease**
2. **Cancer**
3. **Unintentional Injuries**
4. **Chronic Lower Respiratory Diseases**
5. **Stroke** (Cerebrovascular Diseases)

Notably, COVID-19, which was the fourth leading cause of death in 2022, became the tenth leading cause in 2023, accounting for 1.6% of all deaths.

These statistics highlight the significant impact of chronic diseases and accidents on mortality rates both in Virginia and across the United States.

*Source: USAFACTS, What are the leading causes of death in Virginia?, July 19, 2024, https://usafacts.org/answers/what-are-the-leading-causes-of-death-in-the-us/state/virginia/*
*Source: Centers for Disease Control and Prevention, Mortality in the United States-Provisional Data, 2023, https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a1.htm*
*Data Retrieved: 12/13/2024*

## Deaths per 100,000 Population Rate by Race

| *Locality* | *2020* | | | |
|---|---|---|---|---|
| | *Total* | *White* | *Black* | *Other* |
| **Amherst** | 12.3 | 12.6 | 10.5 | 15.7 |
| **Appomattox** | 11.2 | 11.7 | 9.7 | |
| **Campbell** | 12.5 | 12.3 | 13.4 | 11.8 |
| **Lynchburg City** | 11.3 | 11.9 | 10.9 | 4.1 |
| **Pittsylvania** | 14.0 | 14.0 | 14.3 | 10.5 |
| **Service Area** | 12.3 | 12.5 | 11.76 | 10.5 |
| **Virginia** | 9.4 | 9.9 | 9.5 | 4.6 |

*Table Source: Virginia Department of Health, Division of Health Statistics, https://www.vdh.virginia.gov/data/*
*Data Retrieved: 11/10/2024*

It is important to note that this data represents the most recent figures available from the Virginia Department of Health for 2020. Death rates in the Lynchburg service area exceeded Virginia's statewide average of 9.4 per 100,000, with significant racial disparities. White populations had the highest rates overall at 12.5, with Pittsylvania reporting the highest total rate of 14.0. Black populations also experienced elevated rates at 11.8, exceeding the state average of 9.5, while individuals categorized as "Other" had lower but variable rates, with Lynchburg City reporting the lowest at 4.1. These trends, occurring during the COVID-19 pandemic, underscore persistent health disparities likely influenced by social determinants such as healthcare access, economic inequality, and chronic disease, highlighting the need for targeted interventions in the region.

## Premature Age Adjusted Mortality Rates per 100,000 Population by Race 2018-2020

| Locality | All Populations | Black | Hispanic | White |
|---|---|---|---|---|
| **Amherst** | 413.9 | 461.6 | Not available | 410.2 |
| **Appomattox** | 405.6 | 515.8 | Not available | 382.1 |
| **Campbell** | 372.7 | 475.7 | Not available | 365.1 |
| **Pittsylvania** | 469.2 | 563.7 | Not available | 452.8 |
| **Lynchburg** | 484.4 | 676.4 | Not available | 409.6 |
| **Service Area** | 415.4 | 504.2 | Not available | 402.6 |
| **Virginia** | 334.9 | 474.8 | 181.1 | 328.6 |

## Premature Age Adjusted Mortality Rates per 100,000 Population by Race 2019-2021

| Locality | All Populations | Black | Hispanic | White |
|---|---|---|---|---|
| **Amherst** | 468.8 | 557.2 | Not available | 448.3 |
| **Appomattox** | 406.8 | 421.9 | Not available | 399.7 |
| **Campbell** | 409.8 | 503.2 | Not available | 400.4 |
| **Pittsylvania** | 480.5 | 531.4 | Not available | 478.7 |
| **Lynchburg** | 541.4 | 736.1 | Not available | 464.2 |
| **Service Area** | 441.5 | 503.4 | Not available | 438.3 |
| **Virginia** | 361.9 | Not available | Not available | Not available |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2018-2020; 2019-2021. Data Retrieved: 11/10/2024*

There was a rise in premature mortality rates in the Lynchburg service area between 2018–2020 and 2019–2021, partly due to the COVID-19 pandemic. Black populations experienced the highest rates and the most significant increases, particularly in Lynchburg City, where their mortality rate rose from 676.4 to 736.1. These trends highlight systemic health disparities, emphasizing the need for targeted public health interventions to address the underlying social and healthcare inequities contributing to premature mortality.

**"Deaths due to injury"** encompass fatalities resulting from both unintentional and intentional injuries. Unintentional injuries include incidents such as motor vehicle crashes, falls, drownings, and poisonings. Intentional injuries involve deliberate acts like homicide and suicide. These injuries can lead to immediate death or result in complications that cause death later. Tracking injury-related deaths helps identify public health priorities and develop prevention strategies.

In Virginia, injury-related death rates exhibit notable differences between urban and rural areas. Nationally, rural regions experience higher unintentional injury death rates compared to urban areas, a trend that is also observed within the state. Factors contributing to this disparity include limited access to trauma care, higher prevalence of high-risk occupations, and increased rates of behaviors such as impaired driving and lower seatbelt use in rural communities. Additionally, rural areas often face challenges like longer emergency response times and greater distances to healthcare facilities, which can exacerbate injury outcomes.

*Source: World Health Organization, Injuries and violence, https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence*
*Source: Rural Health Information Hub, Unintentional Injury in Rural Areas, https://www.ruralhealthinfo.org/toolkits/unintentional-injury/1/rural-issues*
*Data Retrieved: 12/13/2024*

## Number of Deaths due to Injury per 100,000 Population

| Locality | 2016-2020 | 2017-2021 |
|---|---|---|
| **Amherst** | 90.4 | 102.0 |
| **Appomattox** | 76 | 82.7 |
| **Campbell** | 84.7 | 86.7 |
| **Lynchburg City** | 76.2 | 86.2 |
| **Pittsylvania** | 105.9 | 113.4 |
| **Service Area** | 86.6 | 94.2 |
| **Virginia** | 67.9 | 71.8 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2016-2020; 2017-2021. Data Retrieved: 11/10/2024*

Injury-related death rates have steadily increased in the Lynchburg service area, rising from 86.6 per 100,000 in 2016–2020 to 94.2 in 2017–2021, consistently exceeding Virginia's state average of 71.8. Amherst and Pittsylvania Counties saw significant increases, with Amherst climbing from 90.4 to 102.0 and Pittsylvania rising from 105.9 to 113.4, the highest in the region.

Virginia has experienced fluctuations in **suicide rates,** with a general upward trend over the past few years. In 2021, the age-adjusted suicide rate was 13.3 per 100,000 people, marking a 22% increase over two decades. In Virginia, suicide rates vary significantly across demographic groups. Males are disproportionately affected, accounting for approximately 77% of suicide deaths. Individuals aged 45 and older represent 54% of suicide deaths, with notable increases among those aged 15–24 and 35–44. White, non-Hispanic individuals constitute 85% of suicide deaths, with rates over three times higher than Black, non-Hispanic individuals and twice that of Hispanic/Latinx individuals. Rural areas, particularly in the Southwest region of Virginia, experience higher suicide rates compared to urban localities. Factors contributing to elevated rates in rural areas include limited access to mental health services, greater social isolation, economic challenges, and higher prevalence of firearm ownership. Addressing these issues is crucial for effective suicide prevention in Virginia's rural communities.

*Source: Virginia Department of Health, Suicide and Self-Harm in Virginia, July 2020, https://www.vdh.virginia.gov/content/uploads/sites/179/2020/08/Suicide-and-Self-Harm-in-Virginia.pdf*

## Number of Deaths & Rates due to Suicide per 100,000 Population (Age-adjusted)

| Locality | 2016-2020 | | 2017-2021 | |
|---|---|---|---|---|
| | Number of Deaths | Suicide Rate | Number of Deaths | Suicide Rate |
| **Amherst** | 31 | 19.1 | 34 | 20.6 |
| **Appomattox** | 15 | 20.6 | 15 | 20.6 |
| **Campbell** | 45 | 15.0 | 43 | 14.6 |
| **Lynchburg** | 59 | 15.3 | 54 | 13.4 |
| **Pittsylvania** | 72 | 23.0 | 73 | 23.2 |
| **Service Area** | 222 | 18.6 | 44 | 18.5 |
| **Virginia** | 5921 | 13.4 | 5944 | 13.4 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2016-2020; 2017-2021. Data Retrieved: 11/20/2024*

Suicide rates in the Lynchburg service area remained consistently higher than Virginia's statewide average of 13.4 per 100,000 from 2016–2020 to 2017–2021, with a slight decrease from 18.6 to 18.5. Pittsylvania had the highest rate in the region, rising from 23.0 to 23.2, while Amherst saw an increase from 19.1 to 20.6, both indicating areas in need of targeted interventions. Campbell experienced a slight decline in both deaths and rates, while Lynchburg City saw a minor reduction in its suicide rate from 15.3 to 13.4, aligning with the state average. These trends highlight the need for enhanced suicide prevention efforts, particularly in rural areas like Pittsylvania, Amherst, and Appomattox, where rates remain significantly above the state average.

**Heart disease** and **stroke** are top causes of death in Virginia. **Hypertension** is often a contributor to these chronic diseases as are certain health behaviors including poor diet, inactivity, smoking and excessive drinking.

## Stroke Death Rate Age 35+ per 100,000 Population by Race

| Locality | 2018-2020 | | |
|---|---|---|---|
| | Total | White | Black |
| **Amherst** | 84.8 | 84.5 | 122.7 |
| **Appomattox** | 88.1 | 83 | 110 |
| **Campbell** | 87.1 | 87.3 | 121.3 |
| **Lynchburg City** | 128.3 | 111.5 | 123.9 |
| **Pittsylvania** | 83.5 | 83.5 | 99 |
| **Service Area** | 94.36 | 89.96 | 115.4 |
| **Virginia** | 74.1 | 72.7 | 101.8 |

*Table Source: CDC. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx*
*Years Measured: 2018-2020. Data Retrieved: 07/11/2024*

Stroke death rates among individuals aged 35+ in the Lynchburg service area were significantly higher than Virginia's average of 74.1 per 100,000 from 2018–2020, with the service area averaging 94.4. Black populations consistently experienced the highest rates, averaging 115.4, compared to 90.0 among Whites. Lynchburg City had the highest overall rate at 128.3, driven by elevated rates for both White (111.5) and Black (123.9) populations. These disparities underscore the persistent racial gap in stroke mortality and highlight the need for targeted prevention and treatment strategies, particularly in areas like Lynchburg City and for Black residents across the region.

## Heart Disease Death Rate Age 35+ per 100,000 Population by Race

| Locality | 2018-2020 | | |
|---|---|---|---|
| | Total | White | Black |
| **Amherst** | 319.9 | 381.2 | 321 |
| **Appomattox** | 336.4 | 322.1 | 403.3 |
| **Campbell** | 308.4 | 303.5 | 406.4 |
| **Lynchburg City** | 379.7 | 352.6 | 437 |
| **Pittsylvania** | 322.6 | 308 | 403.7 |
| **Service Area** | 333.4 | 333.48 | 394.28 |
| **Virginia** | 289.7 | 291.5 | 365.6 |

*Table Source: CDC. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx*
*Years Measured: 2018-2020. Data Retrieved: 07/11/2024*

Heart disease death rates among individuals aged 35+ in the Lynchburg service area were significantly higher than Virginia's statewide rate of 289.7 per 100,000 from 2018–2020, with the service area averaging 333.4. Black populations faced the highest rates at 394.3, surpassing both the state average for Black residents (365.6) and the service area rate for Whites (333.5). Lynchburg City reported the highest total rate at 379.7, driven by a particularly elevated rate of 437 among Black residents. These disparities highlight the ongoing racial gap in heart disease mortality, emphasizing the need for targeted cardiovascular health initiatives in the region, particularly for Black populations.

## Hypertension Death Rate Age 35+ per 100,000, All Races/Ethnicities

| Locality | 2018-2020 |
|---|---|
| **Amherst** | 198.6 |
| **Appomattox** | 188.1 |
| **Campbell** | 185.3 |
| **Pittsylvania** | 237.5 |
| **Lynchburg City** | 207.7 |
| **Service Area** | 203.4 |
| **Virginia** | 193.7 |

*Table Source: CDC. Interactive Atlas of Heart Disease and Stroke.*
*https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx*
*Years Measured: 2018-2020. Data Retrieved: 02/20/2024*

Hypertension death rates among individuals aged 35+ in the Lynchburg service area averaged 203.4 per 100,000 from 2018–2020, exceeding Virginia's statewide rate of 193.7. Pittsylvania reported the highest rate in the region at 237.5, while Campbell had the lowest at 185.3. Lynchburg City also had an elevated rate at 207.7. These figures highlight the need for targeted hypertension management and prevention efforts, particularly in high-burden areas like Pittsylvania.

## HEALTH STATUS

"Persons reporting being in poor or fair health by percent" measures the proportion of adults who self-rate their health as poor or fair, providing insight into general health perceptions and disparities within a population. "Physically unhealthy days reported in the past 30 days (age-adjusted)" tracks the average number of days adults experience physical health issues, while "Mentally unhealthy days reported in the past 30 days (age-adjusted)" captures days of poor mental health, reflecting overall well-being. These indicators help identify community health needs and areas for targeted intervention.

*Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.*
*https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/poor-or-fair-health?year=2024*
*Data Retrieved: 12/12/2024*

### Persons Reporting Being in Poor or Fair Health by Percent

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 20 | 16 | 17 |
| **Appomattox** | 20 | 16 | 17 |
| **Campbell** | 20 | 16 | 17 |
| **Pittsylvania** | 22 | 18 | 20 |
| **Lynchburg City** | 21 | 16 | 17 |
| **Service Area** | 21 | 16 | 18 |
| **Virginia** | 16 | 12 | 14 |

*Table Source: 2022-2024 County Health Rankings,*
*https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019-2021. Data Retrieved: 11/20/2024*

The percentage of persons reporting poor or fair health in the Lynchburg service area declined from 21% in 2019 to 18% in 2021 but remained above Virginia's statewide average of 14%. Pittsylvania consistently reported the highest percentages, rising to 20% in 2021, while Amherst, Appomattox, Campbell, and Lynchburg City each stabilized at 17%. These figures indicate gradual improvement across the service area but highlight persistent disparities compared to the state average, particularly in rural areas like Pittsylvania.

The Centers for Disease Control and Prevention (CDC) utilize the **"Healthy Days"** measures to assess health-related quality of life, including the number of physically and mentally unhealthy days reported within the past 30 days. These measures provide insight into the burden of physical and mental health issues within a population. According to the CDC, individuals reporting 14 or more mentally unhealthy days in the past 30 days are considered to be experiencing frequent mental distress, indicating more severe or persistent mental health problems.

Similarly, reporting 14 or more physically unhealthy days suggests frequent physical distress, reflecting significant physical health challenges.

*Source: US Centers for Disease Control and Prevention, Health Status,*
*https://www.cdc.gov/places/measure-definitions/health-status.html*
*Data Retrieved: 12/12/2024*

### Physically Unhealthy Days Reported in the Past 30 Days (Age-adjusted)

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 4.3 | 3.4 | 4.0 |
| **Appomattox** | 4.3 | 3.4 | 4.0 |
| **Campbell** | 4.3 | 3.3 | 3.9 |
| **Lynchburg** | 4.3 | 3.2 | 3.8 |
| **Pittsylvania** | 4.6 | 3.6 | 4.3 |
| **Service Area** | 4.4 | 3.4 | 4.0 |
| **Virginia** | 3.7 | 2.7 | 3.2 |

*Table Source: 2022-2024 County Health Rankings,*
*https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.*
*Years Measured: 2019-2021. Data Retrieved: 11/10/2024*

The average number of physically unhealthy days reported in the past 30 days in the Lynchburg service area was consistently higher than the state average. Service area rates improved in 2020, dropping to 3.4 days from 4.4 in 2019, likely reflecting temporary declines in reported health issues during the pandemic, but rose again to 4.0 days in 2021. Pittsylvania reported the highest rates across the region, increasing to 4.3 days in 2021, while other localities like Amherst, Appomattox, Campbell, and Lynchburg City stabilized between 3.8 and 4.0 days.

## Mentally Unhealthy Days Reported in the Past 30 Days (Age-adjusted)

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 4.9 | 4.6 | 5.5 |
| **Appomattox** | 4.9 | 4.8 | 5.4 |
| **Campbell** | 4.9 | 4.4 | 5.3 |
| **Lynchburg** | 4.8 | 4.7 | 5.0 |
| **Pittsylvania** | 5.1 | 4.6 | 5.0 |
| **Service Area** | 4.9 | 4.6 | 5.2 |
| **Virginia** | 4.2 | 4.1 | 4.9 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 11/10/2024*

The average number of mentally unhealthy days reported in the past 30 days in the Lynchburg service area increased from 4.9 in 2019 to 5.2 in 2021. These figures consistently exceeded the statewide averages in Virginia, which rose from 4.2 in 2019 to 4.9 in 2021, highlighting a greater mental health burden in the service area, particularly in Amherst and Appomattox, which reported the highest rates at 5.5 and 5.4 days in 2021, respectively.

**Diabetes** and **cancer** significantly impact health status by contributing to chronic disease burdens, reduced quality of life, and premature mortality. Diabetes increases the risk of complications such as cardiovascular disease, kidney failure, and neuropathy, leading to long-term disability and increased healthcare costs. Cancer, the second leading cause of death in the U.S., affects health through its physical toll, treatment side effects, and mental health challenges. Both conditions disproportionately impact underserved populations, exacerbating health disparities and requiring comprehensive prevention and management strategies to improve outcomes.

*Source: US Centers for Disease Control & Prevention, Health Topics, https://www.cdc.gov/ Data Retrieved: 12/13/2024*

## DIABETES PREVALENCE

## Diabetes Prevalence Percentage (%) of Adults Aged 20+, (Age-adjusted)

| Locality | 2019 | 2020 | 2021 |
|---|---|---|---|
| **Amherst** | 10.6 | 10.8 | 10.4 |
| **Appomattox** | 11.1 | 10.5 | 10.5 |
| **Campbell** | 10.7 | 10.5 | 10.1 |
| **Pittsylvania** | 11.8 | 11.7 | 12.3 |
| **Lynchburg City** | 11.6 | 11.2 | 11.5 |
| **Service Area** | 11.2 | 10.9 | 11.0 |
| **Virginia** | 9.8 | 9.8 | 10.2 |

*Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 11/11/2024*

Between 2019 and 2021, diabetes prevalence among adults aged 20 and older in the Lynchburg service area remained consistently higher than Virginia's statewide average. While Virginia's prevalence rose slightly from 9.8% in 2019 to 10.2% in 2021, the service area's average fluctuated, decreasing from 11.2% in 2019 to 10.9% in 2020 before stabilizing at 11.0% in 2021.

## CANCER INCIDENCE RATES

Cancer incidence rates across the Lynchburg service area were generally higher than statewide averages, with Black residents consistently experiencing higher rates than Whites across most cancer types. Notable disparities were observed in prostate, breast, and lung cancer, particularly in Lynchburg City and Amherst County.

## All Cancer Types: Age-adjusted Incidence Cases per 100,000

| Locality | Total | | White | | Black | | Hispanic | |
|---|---|---|---|---|---|---|---|---|
| | Rate | Count | Rate | Count | Rate | Count | Rate | Count |
| **Amherst** | 446.5 | 1,045 | 445.6 | 832 | 444.8 | 196 | N/A | N/A |
| **Appomattox** | 379.8 | 443 | 382 | 363 | 372.6 | 77 | N/A | N/A |
| **Campbell** | 425.6 | 1,709 | 424.2 | 1,448 | 423.7 | 236 | N/A | N/A |
| **Lynchburg City** | 436.6 | 1,760 | 418.7 | 1,201 | 482.7 | 524 | N/A | N/A |
| **Pittsylvania** | 374.4 | 1,796 | 359 | 1,336 | 409.8 | 430 | N/A | N/A |
| **Service Area** | 412.2 | 6310 | 405.9 | 5180 | 438.7 | 1190 | | |
| **Virginia** | 412 | 212,484 | 405.3 | 158,004 | 428 | 40,135 | N/A | N/A |

*Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites*
*Years Measured: 2017-2021. Data Retrieved: 03/15/2024*

## Prostate Cancer: Age-adjusted Incidence Cases per 100,000

| Locality | Total | | White | | Black | | Hispanic | |
|---|---|---|---|---|---|---|---|---|
| | Rate | Count | Rate | Count | Rate | Count | Rate | Count |
| **Amherst** | 111.4 | 138 | 92.4 | 91 | 192 | 45 | N/A | N/A |
| **Appomattox** | 78 | 47 | 59.5 | 29 | 178 | 18 | N/A | N/A |
| **Campbell** | 107 | 220 | 97.6 | 173 | 145 | 41 | N/A | N/A |
| **Lynchburg City** | 109.4 | 206 | 83.5 | 115 | 185 | 90 | N/A | N/A |
| **Pittsylvania** | 80 | 211 | 61.3 | 128 | 145 | 77 | N/A | N/A |
| **Service Area** | 97.2 | 822 | 78.9 | 536 | 169.1 | 271 | | |
| **Virginia** | 107.1 | 27,987 | 91.4 | 18,422 | 173 | 7,760 | N/A | N/A |

*Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites*
*Years Measured: 2017-2021. Data Retrieved: 03/15/2024Breast Cancer: Age-adjusted Incidence Cases per 100,000*

## Breast Cancer: Age-adjusted Incidence Cases per 100, 000

| Locality | Total | | White | | Black | | Hispanic | |
|---|---|---|---|---|---|---|---|---|
| | Rate | Count | Rate | Count | Rate | Count | Rate | Count |
| **Amherst** | 124 | 146 | 122.3 | 115 | 135.9 | 30 | N/A | N/A |
| **Appomattox** | 107.4 | 61 | 115.5 | 51 | | | N/A | N/A |
| **Campbell** | 126.3 | 255 | 126.8 | 216 | 132.2 | 39 | N/A | N/A |
| **Lynchburg City** | 149.1 | 313 | 151.3 | 221 | 144.6 | 85 | N/A | N/A |
| **Pittsylvania** | 123.2 | 278 | 111.2 | 197 | 151.3 | 221 | N/A | N/A |
| **Service Area** | 126.0 | 1053 | 125.4 | 800 | 141.0 | 375 | | |
| **Virginia** | 129.2 | 34,157 | 127.5 | 24,937 | 131.6 | 6,680 | N/A | N/A |

*Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites*
*Years Measured: 2017-2021. Data Retrieved: 03/15/2024*

## Lung and Bronchus Cancer: Age-adjusted Incidence Cases per 100,000

| Locality | Total | | White | | Black | | Hispanic | |
|---|---|---|---|---|---|---|---|---|
| | Rate | Count | Rate | Count | Rate | Count | Rate | Count |
| **Amherst** | 67.5 | 170 | 66.6 | 137 | 69.8 | 30 | N/A | N/A |
| **Appomattox** | 59.6 | 76 | 64.1 | 67 | N/A | N/A | N/A | N/A |
| **Campbell** | 58.3 | 249 | 60.7 | 221 | 47.2 | 27 | N/A | N/A |
| **Lynchburg City** | 56.5 | 243 | 50.3 | 154 | 79.9 | 88 | N/A | N/A |
| **Pittsylvania** | 51.4 | 264 | 52.9 | 211 | 44.1 | 51 | N/A | N/A |
| **Service Area** | 58.7 | 1002 | 58.9 | 790 | 60.3 | 196 | | |
| **Virginia** | 51.4 | 27,341 | 51.8 | 21,202 | 53.8 | 4,974 | N/A | N/A |

*Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites*
*Years Measured: 2017-2021. Data Retrieved: 03/15/2024*

## Colon and Rectum Cancer: Age-adjusted Incidence Cases per 100,000

| Locality | Total | | White | | Black | | Hispanic | |
|---|---|---|---|---|---|---|---|---|
| | Rate | Count | Rate | Count | Rate | Count | Rate | Count |
| **Amherst** | 46.1 | 104 | 48.3 | 86 | 37 | 16 | N/A | N/A |
| **Appomattox** | 43.8 | 49 | 40.8 | 39 | | | N/A | N/A |
| **Campbell** | 40 | 158 | 39.6 | 135 | 39.2 | 20 | N/A | N/A |
| **Lynchburg City** | 36.9 | 143 | 35.8 | 98 | 37.5 | 40 | N/A | N/A |
| **Pittsylvania** | 36.3 | 175 | 34.2 | 127 | 43.9 | 47 | N/A | N/A |
| **Service Area** | 40.6 | 629 | 39.7 | 485 | 39.4 | 123 | N/A | N/A |
| **Virginia** | 33.9 | 17,031 | 32.5 | 12,345 | 37.7 | 3,420 | N/A | N/A |

*Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites*
*Years Measured: 2017-2021. Data Retrieved: 03/15/2024*

## MATERNAL AND CHILD HEALTH INDICATORS

The United States is facing an urgent maternal and infant health crisis. Efforts to end preventable maternal health risks and death, preventable preterm birth, and close the health equity gap for every family are critical to the health of the community. Maternal and Child Health indicators like **low birthweight, prenatal care in the first trimester,** and **infant deaths** are key indicators of a community's quality of life, reflecting healthcare access, maternal health, and social determinants. High rates of low birthweight suggest challenges in maternal health and nutrition or limited access to prenatal care. Low rates of first-trimester prenatal care indicate barriers to healthcare access, such as affordability, availability, or awareness, while high infant death rates often highlight deficiencies in maternal and neonatal healthcare services and broader systemic issues like poverty and environmental hazards. Together, these measures provide a comprehensive view of the overall well-being of maternal and child health in communities.

*Source: US Centers for Disease Control & Prevention, Health Topics, https://www.cdc.gov/*
*Source: March of Dimes, https://www.marchofdimes.org/*
*Data Retrieved: 12/13/2024*

## Prenatal Care Beginning in the First Trimester

| Locality | 2019 | 2020 |
|---|---|---|
| **Amherst** | 87% | 85% |
| **Appomattox** | 93% | 85% |
| **Campbell** | 92% | 87% |
| **Lynchburg** | 89% | 87% |
| **Pittsylvania** | 72% | 73% |
| **Service Area** | 87% | 83% |
| **Virginia** | 78% | 79% |

*Table Source: Kids Count Data Center- VA Kids. https://datacenter.kidscount.org/*
*Years Measured: 2019-2020. Data Retrieved: 03/15/2024*

Rates of prenatal care beginning in the first trimester in the Lynchburg service area declined slightly from 87% in 2019 to 83% in 2020 but remained above Virginia's statewide average, which rose from 78% to 79%. Notable disparities were observed in Pittsylvania, with consistently lower rates at 72% in 2019 and 73% in 2020, compared to other localities like Appomattox and Campbell, which reported rates above 85%.

## BIRTH RATE PER 1,000 POPULATION BY RACE

Virginia's birth rate per 1,000 population measures the number of live births occurring annually for every 1,000 people in the state's population. This metric provides a standard way to compare birth rates across different regions and time periods, accounting for population size. It is a key demographic indicator used to assess population growth trends, fertility levels, and the potential need for public services such as healthcare, education, and childcare.

## Birth Rate Per 1,000 Population

| Locality | 2020 total | 2021 total | 2022 total |
|---|---|---|---|
| **Amherst** | 4.78 | 4.60 | 5.26 |
| **Appomattox** | 6.44 | 6.10 | 5.73 |
| **Campbell** | 3.27 | 3.54 | 3.38 |
| **Lynchburg City** | 7.55 | 7.63 | 7.81 |
| **Pittsylvania** | 3.88 | 3.41 | 3.88 |
| **Service Area** | 5.18 | 5.06 | 5.21 |
| **Virginia** | 11.0 | 11.0 | 11.0 |

The birth rates in the Lynchburg service area are consistently lower than the statewide rate, which remained stable at 11.0 across all three years. Within the service area, rates fluctuated slightly, with Lynchburg City reporting the highest and steadily increasing rates, rising from 7.55 in 2020 to 7.81 in 2022, while rural localities like Campbell and Pittsylvania consistently reported lower rates around 3.4 to 3.9. This disparity may reflect differences in population demographics and age distribution across the region.

## Total Infant Deaths by Place of Residence 2020

| Locality | Number of Infant Deaths | | | | Rates per 1,000 Live Births | | | |
|---|---|---|---|---|---|---|---|---|
| | Total | White | Black | Other | Total | White | Black | Other |
| **Amherst** | 1 | 1 | | | 3.4 | 4.2 | | |
| **Appomattox** | 1 | 1 | | | 4.8 | 6.1 | | |
| **Campbell** | 3 | 2 | 1 | | 8.2 | 6.8 | 14.7 | |
| **Pittsylvania** | 4 | 2 | 2 | | 8.5 | 5.7 | | 200 |
| **Lynchburg City** | 10 | 2 | 7 | 1 | 8.4 | 2.6 | 18.6 | 21.3 |
| **Service Area** | 19 | 8 | 10 | 1 | 6.7 | 5.1 | 16.7 | 110.7 |
| **Virginia** | 497 | 220 | 210 | 67 | 5.3 | 3.8 | 10.2 | 4.3 |

*Table Source: Virginia Department of Health, Division of Health Statistics. https://www.vdh.virginia.gov/HealthStats/stats.htm; inf_1-1_2020.xls*
*Years Measured: 2020. Data Retrieved: 03/15/2024*

In 2020, the Lynchburg service area experienced 19 infant deaths, resulting in an infant mortality rate of 6.7 per 1,000 live births, exceeding Virginia's statewide average of 5.3. The rate for Black infants in the service area was significantly higher at 16.7, compared to 5.1 for White infants and 10.2 statewide for Black infants. Lynchburg City had the highest number of infant deaths (10) and a notable disparity, with a rate of 18.6 for Black infants compared to 2.6 for Whites.

## Resident Low Weight Births by Percent of Total Live Births

| Locality | 2020 | | | |
|---|---|---|---|---|
| | TOTAL | WHITE | BLACK | OTHER |
| **Amherst County** | 9.1 | 9.2 | 10 | |
| **Appomattox County** | 10.1 | 10.4 | 9.5 | |
| **Campbell County** | 8 | 7.8 | 8.8 | |
| **Lynchburg City** | 8.7 | 4.7 | 16.2 | 14.9 |
| **Pittsylvania County** | 8.3 | 7.1 | 133 | |
| **Service Area** | 8.8 | 7.8 | 35.5 | 14.9 |
| **Virginia** | 8.3 | 6.6 | 13.5 | 7.6 |

*Table Source: Virginia Department of Health, Division of Health Statistics. https://www.vdh.virginia.gov/HealthStats/stats.htm;*
*Years Measured: 2020. Data Retrieved: 03/15/2024*

In 2020, the percentage of low-weight births (less than 5.5 pounds) in the Lynchburg service area was 8.8%, slightly higher than Virginia's statewide average of 8.3%. Black infants in the service area faced a disproportionately high rate of 35.5%, compared to 7.8% for White infants and 14.9% for those categorized as "Other," highlighting significant racial disparities.

Lynchburg City reported some of the highest disparities, with 16.2% of Black infants born at low weight compared to just 4.7% for White infants. Appomattox County had the highest overall rate at 10.1%, while Campbell County had one of the lowest at 8%, with minimal variation among racial groups.

These findings underscore persistent challenges in maternal and child health, particularly for Black and minority populations, emphasizing the need for equitable access to prenatal care and targeted interventions to improve birth outcomes in the region.

# PRIORITIZATION OF NEEDS

# 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 detailed "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**
   a. **Q3A:** What do you think are the most important issues that affect health in our community? (Health Factors) (n= 2216 survey respondents)
   b. **Q3B:** What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 2204 survey respondents)
   c. **Q4:** Which healthcare services are hard to get in our community? (n= 2202 respondents)
   d. **Q5:** Which social/support resources are hard to get in our community? (n= 2188 respondents)
   e. **Q6:** What keeps you from being healthy? (n=1945)
2. **Responses from the Stakeholders' & Target Population Focus Group**
   a. **Q1. Stakeholders-** What are the top 5 greatest needs in the community(s) you serve? (n= 65 participants, 1 meeting conducted)
   b. **Q1: Target Population-** What are the top 5 greatest needs in your community(s) around health and wellness? (n=47 participants, 6 meetings conducted)

To develop a list of priority needs for 2024, the top 10 responses to the five survey questions (Q3A-Q6) were sorted in an Excel workbook along with the top 8 community needs identified by the Stakeholder Focus Group and the top 16 community needs identified by the 6 Target Population Focus Groups (Q1). In addition, the top 10 Priority Areas of Need for the Lynchburg Service Area in 2021 were included. (It is important to note that after the 2024 primary and secondary data was presented to the CHAT at the August 22, 2024 meeting, members present agreed that the 2021 Priority Areas of Need were still relevant in 2024.) Altogether there were 19 Areas of Need. To determine how often an Area of Need was identified, an "x" was placed under one or more of the 7 survey and focus group questions to measure alignment with the Area of Need. The 19 Areas of Need and the detailed worksheet can be found in the Appendix.

An in-person CHAT meeting was held on September 26, 2024, in Lynchburg. There were 65 in attendance. The purpose of the meeting was to prioritize the top 10 priority needs for the 2024 Lynchburg Area Community Health Needs Assessment (CHNA). In addition to the detailed Area of Need worksheet, participants were provided with other supplemental information to help with their decision-making including recommendations for community collaboration to address need from Stakeholder and Target Population Focus Group participants, draft 2024 primary and secondary data, and responses from the CHAT meeting on January 25, 2024 regarding the state of our communities since 2021 and what programs/policies have had an impact on need. Those present were given time to review the materials and discuss them with others at their table.

Using Poll Everywhere, CHAT members were asked to rank the 19 Areas of Need from 1 to 19. Poll Everywhere allowed for ranking in real time and participants were given 15 minutes to complete the poll electronically. The answer choice with the most responses had the largest weight and was ranked as #1 and the answer choice with the least responses had the smallest weight and was ranked as #19. Fifty-nine (59) CHAT members completed the poll. (Centra CHNA support staff did not complete the poll.)

***The following table depicts the final rankings with the shaded area representing the top 10 Areas of Need:***

## 2024 Community Health Needs Assessment
## Lynchburg Service Area Prioritization of Needs (All)

| *Ranking* | *Priority Area* |
|---|---|
| **1** | Access to Healthcare Services |
| **2** | Mental Health and Substance Use Disorders & Access to Services |
| **3** | Food Insecurity and Nutrition |
| **4** | Homelessness & Housing |
| **5** | Issues Impacting Children & their Families:<br>Child Abuse & Neglect<br>Childcare |
| **6** | Aging and Eldercare |
| **7** | Coordination of Resources & Outreach |
| **8** | Chronic Disease |
| **9** | Transportation |
| **10** | Financial Stability & Assistance |
| **11** | Dental Care & Dental Problems |
| **12** | Maternal/Child Health |
| **13** | Employment / Job assistance |
| **14** | Health Education and Literacy |
| **15** | Domestic Violence |
| **16** | Language Barriers & Services |
| **17** | Environmental Health & Civic Infrastructure |
| **18** | Physical Activity & Recreational Spaces |
| **19** | Distracted Driving |

The top 10 priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment. At Centra, we view all these health factors through the lens of equity, inclusion, and diversity.

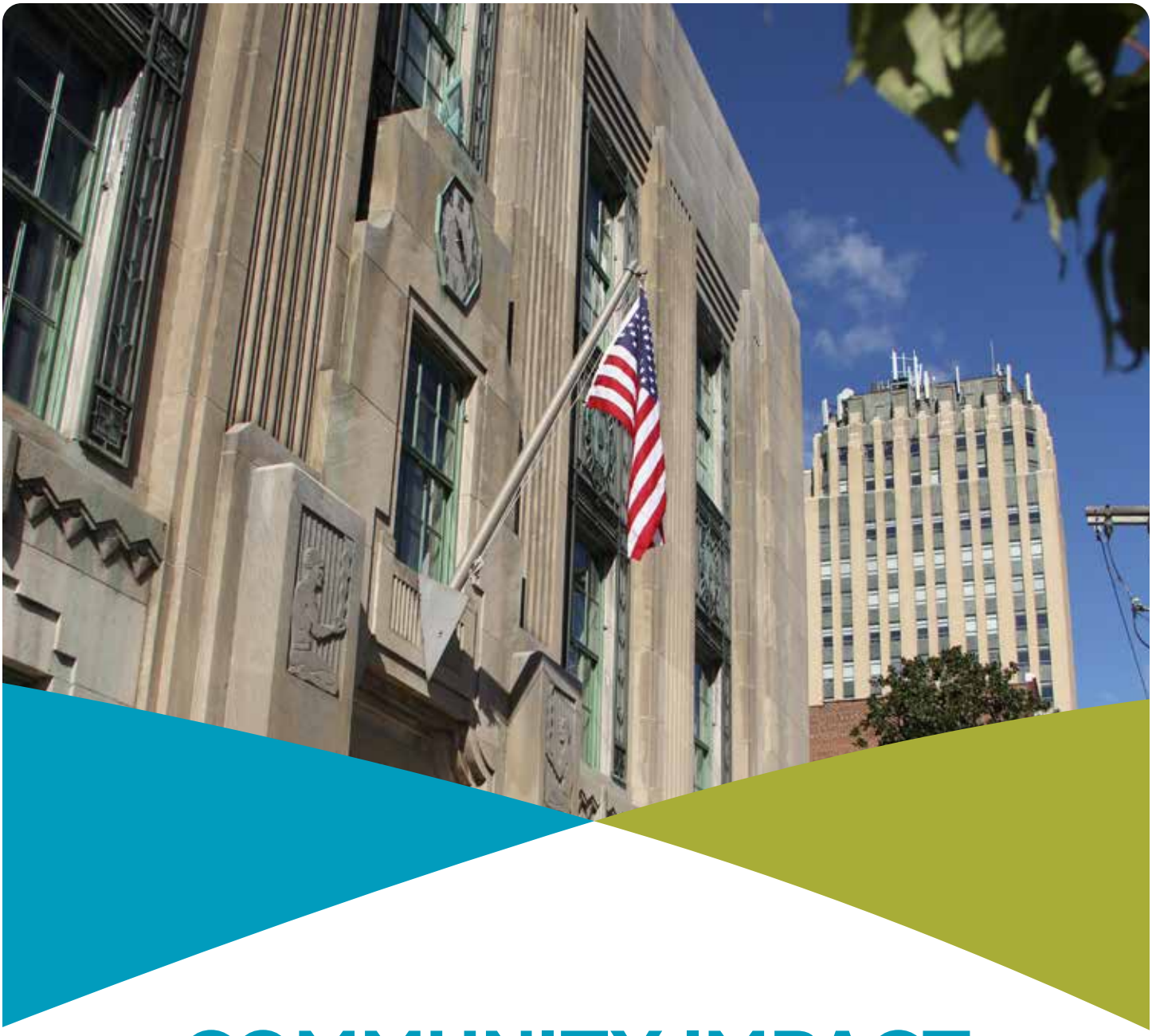
***The following table presents the final Top 10 Priority Areas of Need for 2024 as compared to the priorities in 2021. New priority areas for 2024 include:***

- Coordination of Resources & Outreach
- Transportation

These rankings will be used by Centra, the Central Virginia and Pittsylvania/Danville Health Districts, and community leaders and stakeholders to develop plans, collaborations and partnerships that address these needs over the next three years. Centra performs triennial Community Health Needs Assessments in three service areas (Bedford, Farmville, Lynchburg) that are served by the system's four hospitals. In 2024, the top three Priority Areas of Need for all service areas were the same.

## Lynchburg Area Top 10 Priority Areas of Need 2021 and 2024 Compared

| Ranking | 2021 | 2024 |
|---|---|---|
| 1 | Access to healthcare services | Access to Healthcare Services |
| 2 | Mental Health and Substance Use Disorders & Access to Services | Mental Health and Substance Use Disorders & Access to Services |
| 3 | Issues Impacting Children & their Families:<br>Childcare<br>Child abuse/neglect | Food Insecurity and Nutrition |
| 4 | Poverty | Homelessness & Housing |
| 5 | Aging and Eldercare | Issues Impacting Children & their Families:<br>Childcare<br>Child abuse/neglect |
| 6 | Housing | Aging and Eldercare |
| 7 | Financial Stability | Coordination of Resources & Outreach |
| 8 | Chronic Disease | Chronic Disease |
| 9 | Food Insecurity and Nutrition | Transportation |
| 10 | Equity, Inclusion & Diversity | Financial Stability & Assistance |



# COMMUNITY IMPACT & RESOURCES

This evaluation of Community Impact & Resources presents the actions taken by Centra and community stakeholders across the service area to address the priority areas of need identified in the 2021 Community Health Needs Assessment.

# COMMUNITY IMPACT & RESOURCES

The following section provides highlights of national, state, and local policies and programs that impacted the 2021 Lynchburg Area "Priority Areas of Need." It also highlights the partnerships and collaborations occurring within the region that address one or more of these priority areas.

At the conclusion of this section, a table organized by the 2021-2024 Lynchburg Area Priority Areas of Need outlines the efforts made by Centra and our community partners to address these needs. Most of the "Current State" and "Community Impact" sections in the table were reported by the Lynchburg Area Community Health Assessment Team on January 25, 2024. The "Centra Impact" section is based primarily on outcomes, services, and programs that resulted from the 2022-2025 Centra Implementation Plan.

For the 2024 Lynchburg Area Community Health Needs Assessment, a list of community resources that address each of the top ten Priority Areas of Need was created. This list of available resources was developed using Virginia 2-1-1 Information and Referral system (https://www.dss.virginia.gov/community/211.cgi), resources collected from Stakeholder Focus Group responses, and other web-based resource lists. This information serves to inform Centra and other community stakeholders about existing programs and resources that can support the development of Centra's Implementation Plans, the Central Virginia and Pittsylvania/Danville Health Districts' Community Health Improvement Plan, and other community responses to address need and improve health outcomes. **The list of resources is included in the Appendix.**

## COVID-19 RELIEF: THE AMERICAN RESCUE PLAN ACT (2021)

The American Rescue Plan Act (ARPA) was signed into law by President Joe Biden in March 2021. Through the Coronavirus State and Local Fiscal Recovery Fund (SLFRF), it guaranteed direct relief to cities, towns, and villages across the United States. The purpose of this one-time funding was to assist in recovering from the public health emergency and negative economic impacts caused by the COVID-19 pandemic. Virginia was awarded $7.2 billion, with $4.3 billion allocated to the state and $2.9 billion distributed directly to localities. (https://www.wvtf.org/news/2021-05-11/how-much-is-your-community-getting-from-arpa). In the summer of 2021, Virginia's House of Delegates, Senate, and Governor agreed on how to spend $3.5 billion of the $4.3 billion in flexible federal funding for the state.

Since ARPA's enactment in 2021, the Commonwealth of Virginia has received a total of $4.29 billion as part of the American Rescue Plan Act and the Coronavirus State and Local Fiscal Recovery Fund. This funding has supported 198 projects across 42 agencies. Of the $4.29 billion, $3.85 billion has been obligated, and $2.63 billion has been spent. Virginia has effectively utilized these funds for a wide range of programs and initiatives to address the multitude of needs impacted by the COVID-19 pandemic. These initiatives have focused on efforts to strengthen health care systems, enhance unemployment benefits, expand broadband access, and provide more flexible assistance overall. (ARPA SLFRF Recovery Plan, 2024)

*Source: American Rescue Plan Act SLFRF Recovery Plan. The Commonwealth of Virginia. (2024). Recovery Plan Performance Report (pdf). Retrieved from https://doa.virginia.gov/reports/AmericanRescure/Virginia-Recovery-Plan-Performance-Report-July-2024.pdf*

## ACCESS TO HEALTHCARE SERVICES

### Medicaid (Medical and Dental Benefits)

During the COVID-19 pandemic, Medicaid enrollment in Virginia increased by 43%, growing from 1.53 million people in January 2020 to 2.1 million members by April 2023. This growth was due to federal requirements mandating that Virginia suspend normal Medicaid renewal processes and provide continuous coverage during the COVID-19 emergency. In May 2023, however, these federal requirements ended, and the state began recertifying the eligibility of all Medicaid recipients. This process, referred to as "unwinding," was conducted through the Department of Medical Assistance Services (DMAS) and the Department of Social Services (VA Free Clinics, n.d.). At the time, it was estimated that nearly 351,000 people would lose Medicaid eligibility due to these changes (VA Free Clinics, n.d.). As of September 2023, an estimated 12 million people – including 5.9 million adults and 6.1 million children – had already lost Medicaid-covered dental insurance following the end of the COVID-19 emergency (UCSF Oral Health, 2024). In Virginia alone, over 117,740 children lost dental coverage, and 90,836 children remained uninsured (UCSF Oral Health, 2024). These shifts are expected to have a significant impact on the recent progress made in improving access to dental care.

*Source: Virginia Free Clinics. (n.d.). Medicaid. Virginia Free Clinics. Retrieved November 14, 2024, from https://www.vafreeclinics.org/medicaid*
*Source: UCSF Oral Health. (2024, November 14). Estimated 12 million children and adults lost Medicaid dental insurance after COVID-19 public health emergency. UCSF Oral Health. Retrieved November 14, 2024, from https://oralhealthsupport.ucsf.edu/news/estimated-12-million-children-and-adults-lost-medicaid-dental-insurance-after-covid-19-public*

## BROADBAND/INTERNET ACCESS

Between 2021 and 2024, Virginia made significant strides in improving broadband and internet access, particularly in underserved and rural areas. In 2021, the state launched the Virginia Telecommunications Initiative (VATI), a state-funded program aimed at expanding broadband infrastructure in regions with limited access (Virginia Department of Housing and Community Development, 2021). By 2024, Virginia had allocated millions of dollars in federal and state funds to support broadband expansion projects, ensuring high-speed internet was available to thousands of households, schools, and businesses in rural areas. These efforts were further bolstered by the federal American Rescue Plan Act (ARPA), which provided additional funding for broadband development across the state (Virginia Economic Development Partnership, 2023).

As of 2024, approximately 95% of Virginians have access to high-speed internet, up from about 80% in 2020 (Virginia Secretary of Technology, 2024). Key initiatives, such as partnerships between local governments and private broadband providers, helped close the digital divide. For example, the GO Virginia Region initiative focused on improving broadband access through local partnerships, using both state and federal funding to bring faster internet to rural communities (Virginia Governor's Office, 2023). Additionally, the state's expansion efforts were complemented by the Virginia Telehealth Network,

which allowed healthcare providers to offer services in remote areas, improving access to healthcare during and after the pandemic (Virginia Department of Medical Assistance Services, 2023).

These improvements have been essential for enhancing education, economic development, and healthcare in rural areas. Reliable internet access has become a critical tool for remote learning, telework, and telemedicine, helping to level the playing field for Virginians in underserved communities.

*Source: Virginia Department of Housing and Community Development. (2021). Virginia Telecommunications Initiative: Expanding broadband access. Retrieved from https://www.dhcd.virginia.gov*
*Source: Virginia Economic Development Partnership. (2023). Broadband access in Virginia: 2021-2024 updates. Retrieved from https://www.vedp.org*
*Source: Virginia Secretary of Technology. (2024). Progress on broadband expansion across the Commonwealth of Virginia. Retrieved from https://www.vita.virginia.gov*
*Source: Virginia Governor's Office. (2023). Virginia's broadband initiatives and partnerships: A 2024 update. Retrieved from https://www.governor.virginia.gov*
*Source: Virginia Department of Medical Assistance Services. (2023). The role of broadband in telehealth access in Virginia. Retrieved from https://www.dmas.virginia.gov*

## MENTAL HEALTH AND SUBSTANCE USE DISORDERS

In July 2021, Governor Ralph Northam proposed a $485.2 million spending package for the 2022-2024 biennial budget, designed to reduce pressure on state behavioral health facilities by pledging almost $224 million to increase support for state hospitals, community-based providers, and substance abuse prevention and treatment programs across Virginia.

In 2022, Governor Glenn Youngkin proposed an additional $230 million for behavioral health initiatives aimed at improving the capacity of Virginia's mental health system. One of the key developments was the expansion of the Crisis Intervention Team (CIT) program, which trains law enforcement officers to respond effectively to mental health crises. By 2024, over 90% of Virginia's localities had implemented CIT training, improving the handling of mental health emergencies and diverting individuals from the criminal justice system to appropriate treatment (Virginia Department of Criminal Justice Services, 2024). In addition, Youngkin's plan included increased funding and expansion of Crisis Stabilization Units (CSUs) across the state, providing alternative options to emergency rooms for individuals experiencing mental health crises (Virginia Department of Behavioral Health and Developmental Services [DBHDS], 2022). The proposal also increased funding for Mobile Crisis Teams, allowing mental health professionals to respond directly to crisis situations in the community rather than relying solely on law enforcement (DBHDS, 2022). This initiative was intended to reduce the burden on emergency departments and law enforcement while ensuring individuals receive the appropriate mental health care.

The package leveraged funds from the American Rescue Plan (ARPA) to support mental health services in schools and included funding to expand school-based mental health services. This effort focused on increasing the number of counselors, psychologists, and social workers in Virginia schools to support students' mental health needs (Virginia Department of Education, 2022). Recognizing the impact of the pandemic on children and adolescents, these efforts targeted rising rates of anxiety, depression, and behavioral issues among the student population.

In 2023, the General Assembly passed an additional $100 million in behavioral health funding to expand services for both adults and children, with a particular emphasis on telehealth services and psychiatric beds for individuals needing inpatient care (Virginia General Assembly, 2023).

By 2024, this behavioral health spending package had led to the establishment of new statewide mental health crisis centers, a marked increase in the number of individuals receiving treatment through Medicaid expansion, and progress in integrating mental health care into primary care settings. These efforts also improved access to behavioral health services for Virginians living in rural and underserved areas (Virginia Health Care Foundation, 2024).

This comprehensive spending package, supported by the General Assembly and federal funding, represented a significant step toward improving Virginia's behavioral health infrastructure, offering a more holistic and accessible approach to mental health care.

From 2021 to 2024, Virginia's behavioral and mental health initiatives focused on expanding access, integrating mental health care with other services, and addressing urgent needs through innovative, community-based models. These efforts made significant strides toward creating a more accessible and responsive mental health system.

*Source: Virginia Department of Criminal Justice Services. (2024). Crisis Intervention Team (CIT) program expansion and outcomes. Retrieved from https://www.dcjs.virginia.gov*
*Source: Virginia Department of Behavioral Health and Developmental Services (DBHDS). (2022). Governor Northam's behavioral health spending proposal: 2022-2024 updates. Retrieved from https://www.dbhds.virginia.gov*
*Source: Virginia Department of Education. (2022). Mental health services in schools: Expanding support for Virginia students. Retrieved from https://www.doe.virginia.gov*
*Source: Virginia General Assembly. (2023). Virginia behavioral health funding and legislative updates 2023-2024. Retrieved from https://www.virginia.gov*
*Source: Virginia Health Care Foundation. (2024). Virginia's behavioral health initiatives: Impact of Governor Northam's funding package 2022-2024. Retrieved from https://www.vhcf.org*

Regarding substance use legislation, Virginia legalized marijuana for adults on July 1, 2021, with retail sales set to begin in July 2024. Public opinion in the United States has shifted significantly since then, with 70% of Americans now supporting marijuana legalization. An article from *The New York Times* explores the evolving attitudes toward marijuana in the United States, highlighting how

it has gone from being criminalized to becoming widely accepted and legalized in various states. This shift in public opinion has been fueled by changing perceptions of marijuana's safety, medical benefits, and economic potential (Baker, 2024).

*Source: Baker, P. (2024, October 24). America's embrace of marijuana: A historical perspective. The New York Times. Retrieved November 14, 2024, from https://www.nytimes.com/2024/10/24/briefing/americas-embrace-of-marijuana.html*

In 2021, House Bill 2132 and Senate Bill 1303 were passed to reduce barriers to addiction treatment and recovery services. The bills enhanced access to medication-assisted treatment (MAT) for individuals with opioid use disorder and expanded access to naloxone, an opioid overdose reversal drug (Virginia General Assembly, 2021). This legislation improved access to syringe services programs and supervised consumption programs to reduce harm, minimize the spread of infectious diseases, and encourage individuals to seek treatment (Virginia Department of Health, 2022). In 2022, Senate Bill 1379 expanded telemedicine services for substance use disorder treatment, allowing individuals in rural and underserved areas to access addiction treatment remotely. However, in 2023, the Centers for Medicare & Medicaid Services (CMS) officially codified a requirement into the 2023 Physician Fee Schedule for Medicare, stating that, as of January 2025, "For behavioral health, an in-person visit is required within the first six months of an initial telehealth visit and every 12 months thereafter, with certain exceptions" (U.S.DOHHS, n.d.). This change is expected to impact access to behavioral health services in the coming years.

*Source: U.S. Department of Health & Human Services. (n.d.). Medicare and Medicaid policies. Telehealth.HHS.gov. Retrieved November 14, 2024, from https://telehealth.hhs.gov/providers/telehealth-policy/medicare-and-medicaid-policies*

Additionally, the Virginia Behavioral Health Recovery Fund was established, providing $50 million to support local recovery programs and initiatives aimed at reducing substance use and supporting long-term recovery (Virginia Department of Behavioral Health and Developmental Services [DBHDS], 2023). By 2024, the Drug Prevention and Recovery Act created a new task force to develop and implement a statewide addiction prevention strategy focusing on youth education, community engagement, and family-based interventions (Virginia General Assembly, 2024).

These legislative updates reflect Virginia's broader shift toward a more holistic, public health-oriented approach to substance use, prioritizing prevention, treatment, harm reduction, and recovery support services.

*Source: Virginia General Assembly. (2021). HB 2132 and SB 1303: Expanding access to treatment and harm reduction for substance use disorders. Retrieved from https://lis.virginia.gov*
*Source: Virginia Department of Health. (2021). Virginia Harm Reduction and Syringe Exchange Programs: Legislative and public health updates. Retrieved from https://www.vdh.virginia.gov*
*Source: Virginia Department of Behavioral Health and Developmental Services (DBHDS). (2023). Substance use legislation and the Behavioral Health Recovery Fund: 2021-2024 updates. Retrieved from https://www.dbhds.virginia.gov*
*Source: Virginia General Assembly. (2024). Drug Prevention and Recovery Act of 2024: A comprehensive approach to addiction prevention. Retrieved from https://www.virginia.gov*

# Partnerships and Coalitions

The following partnerships and coalitions address one or more of the 2024 Priority Areas of Need:

## Central Virginia Continuum of Care (CVCoC)

Addressing housing in the Lynchburg and Bedford regions https://centralvirginiacoc.org/

Since 2021, the Central Virginia Continuum of Care (CVCoC) has been advancing several key initiatives aimed at addressing homelessness in the region. Central to their efforts is the improvement of the Coordinated Entry System (CES), which enhances access to housing and services for individuals experiencing homelessness (CVCoC, 2023). The CVCoC has also worked to expand Permanent Supportive Housing (PSH) and distribute Emergency Housing Vouchers (EHVs), particularly targeting individuals with chronic homelessness and disabilities (CVCoC, 2023). Street outreach programs, such as the Point in Time Count (PIT), have been strengthened to engage people experiencing unsheltered homelessness, while racial equity remains a key focus in efforts to reduce disparities in service access (CVCoC, 2024). Additionally, the CVCoC has prioritized data collection through the Homeless Management Information System (HMIS) to track trends and improve service delivery, while expanding Rapid Rehousing (RRH) programs to increase housing stability (CVCoC, 2023). Homelessness prevention is a major priority, with initiatives focused on eviction prevention and strengthening collaborations with local agencies, nonprofits, and the private sector (CVCoC, 2024).

In late 2021, the Salvation Army renovated its Center of Hope building, reducing shelter beds from 70 to 57. In March 2022, the Lynchburg Community Action Agency closed its low-barrier, 28-bed homeless shelter, Hand Up Lodge. This closure resulted in a 42% decrease in shelter capacity for the Lynchburg area from 98 beds to 57. Throughout 2022, the Central Virginia Continuum of Care (CVCoC) worked to expand shelter capacity through a request-for-proposal process with $100,000 available in annual funding through a CVCoC grant from the Virginia Department of Housing and Community Development (DHCD). This search aimed to identify a provider to open a low-barrier shelter, as the existing shelter was often inaccessible to individuals based on intake criteria such as the requirement for a photo ID or passing a drug test. In 2022, Miriam's House, in partnership with the Lynchburg Department of Human Services, facilitated a non-congregate, hotel-based emergency shelter for those experiencing unsheltered homelessness until a more permanent shelter solution could be developed.

In December 2022, Roads to Recovery, with funding through the CVCoC, opened a 16-bed low barrier homeless shelter, The Shelter at Reset. This shelter was available to unsheltered adults in the Lynchburg area, increasing the overall shelter capacity available in the community to 73 beds. However, despite this addition, unsheltered homelessness continues to rise. In January 2024, Roads to Recovery announced plans to close The Shelter at Reset in June 2024.

In response, the Central Virginia Continuum of Care published a request for proposals to solicit a new shelter provider to replace the shelter provided by Roads to Recovery and make available the $100,000 grant from DHCD. The Ramp, a local church, applied with plans to convert its former church building into a low-barrier homeless shelter for men, women, and families with children. The CVCoC selected The Ramp's application, and efforts have been underway to assist with converting the church building into a shelter and providing technical assistance for the development of its shelter program. The Ramp plans to open its shelter, The Refuge on Memorial, in December 2024, providing 50 low-barrier shelter beds to individuals experiencing homelessness.

*Source: Central Virginia CoC. (2023). 2023 Annual Report.*
*Source: Central Virginia CoC. (2024). Strategic Plan for Ending Homelessness.*

## Bright Beginnings of Central Virginia

Addressing early childhood education in the Lynchburg and Bedford region (https://unitedwaycv.org/bright-beginnings)

Since 2021, Bright Beginnings of Central Virginia (BBCV) has focused on several key initiatives to improve the quality and accessibility of childcare in the region. One of their main priorities has been enhancing the quality of early childhood education through professional development for childcare providers, including training programs and coaching aimed at improving classroom practices and helping providers achieve higher ratings through Virginia's Quality Rating and Improvement System (VQRIS) (Bright Beginnings of Central Virginia, 2023). Additionally, BBCV has worked to address workforce challenges in the sector by offering leadership training and certification programs

for early childhood educators to improve retention and address staffing shortages (Bright Beginnings of Central Virginia, 2023). The organization has also advocated for increased access to affordable, high-quality childcare by partnering with community stakeholders and local businesses to raise awareness and push for policy changes that would increase funding and resources for childcare providers (Bright Beginnings of Central Virginia, 2024). BBCV has supported family engagement efforts by providing resources to help families navigate childcare systems and better support their children's early learning (Bright Beginnings of Central Virginia, 2023).

The United Way of Central Virginia continues to secure funding for childcare through a combination of public and private partnerships, grants, and local fundraising efforts. In 2024, United Way of Central Virginia received $283,000 for a planning grant from Serve Virginia/AmeriCorps to launch a Bright Beginning Child Care and Workforce Initiative. Centra Health is a proud supporter of this work and has recently provided a $50,000 grant to assist in these efforts. Planning is currently underway, and the Bright Beginning childcare facility has a goal to open in late 2025. It aims to provide placements for up to 300 families: 100 placements for underserved families, 100 placements for corporate partners, and 100 placements for the public. (United Way of Central Virginia, 2024). This initiative will address the critical shortage of quality and affordable childcare in Central Virginia while also creating additional jobs to help increase the workforce. The organization continues to host fundraising events and campaigns, such as the annual "Day of Caring," which mobilizes resources to provide direct support to childcare providers and families in need (United Way of Central Virginia, 2024). Through these combined efforts, the United Way of Central Virginia plays a crucial role in addressing the childcare challenges faced by local families and providers.

*Source: Bright Beginnings of Central Virginia. (2023). Early Childhood Education Workforce Initiatives. [https://unitedwaycv.org/bright-beginnings]*
*Source: Bright Beginnings of Central Virginia. (2024). Advocacy and Public Awareness Campaigns. [https://unitedwaycv.org/bright-beginnings]*
*Source: United Way of Central Virginia. (2023, September 12). Childcare and workforce challenges: United Way announces new initiatives to support working families. https://static1.squarespace.com/static/63c863952aca334e016f37b1/t/66f1983853d27d056od64116/1727109176917/Press+release+September+12+Chilcare+and+Workforce%5B7%5D.pdf*

## Lynchburg Tomorrow

Addressing access to affordable healthcare and food insecurity in the city of Lynchburg

*https://www.lynchburg.edu/academics/academic-and-community-centers/center-for-leadership/lynchburg-tomorrow/*

Active from 2021-2023, Lynchburg Tomorrow made a significant impact by working to enhance the city's economic, social, physical, and environmental well-being. The initiative focused on expanding affordable housing options and supporting workforce development programs to strengthen local employment opportunities. They also addressed affordable health care and access to healthy food, two top areas of need identified by Centra Health in 2021 and in the 2024 Community Health Needs Assessment. In addition, the initiative prioritized the revitalization of downtown Lynchburg, which included efforts to attract new businesses, improve public spaces, and enhance infrastructure to support both residents and tourists. Lynchburg Tomorrow also emphasized promoting green energy solutions and improving transportation networks, including bike lanes and electric vehicle charging stations. It is no longer an active initiative.

*Source: University of Lynchburg. (2021). University, city leaders launch Lynchburg Tomorrow to spark lasting community change, collaboration. Retrieved from: https://www.lynchburg.edu/news/2021/06/university-city-leaders-launch-lynchburg-tomorrow-to-spark-lasting-community-change-collaboration/*

## Partnership for Healthy Communities

From 2018-2023, the Partnership for Healthy Communities (PHC) was a planning initiative led by Centra, the Community Access Network, the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts, the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, Johnson Health Center, and United Way of Central Virginia. The partners were committed to the regional alignment of a collaborative and rigorous needs assessment process resulting in action-oriented solutions to improve the health of the communities they serve. The Community Access Network in Lynchburg, Virginia served as the backbone for PHC. Their mission was to create a community-based framework that supports a shared vision, aligns goals and metrics, ensures continuous communication and results in measurable health improvement. Their vision was a region in which long-lasting positive social change and optimal health outcomes are achieved through successful community collaborations. Unfortunately, the group disbanded in 2023 due to lack of sustainable revenue streams. However, many of the members of this partnership were actively involved in the 2024 Lynchburg Area Community Health Needs Assessment.

## The Health Collaborative

Addressing issues impacting the health of the Pittsylvania/Danville region https://www.thehealthcollab.com/

The Health Collaborative of Pittsylvania/Danville has focused on a range of health and community initiatives aimed at improving overall well-being in the region. One key initiative has been addressing the area's healthcare access gaps, particularly in underserved populations, through the expansion of telemedicine services and mobile health clinics. These services have helped increase access to primary care and mental health support for residents in rural areas. Additionally, the organization has worked to tackle chronic disease management by promoting community-based wellness programs, including health screenings, nutrition education, and physical activity initiatives, often in partnership with local schools and community organizations. In response to the opioid crisis, the Collaborative has also been active in expanding substance use disorder treatment services, supporting harm reduction strategies, and providing training for first responders on overdose prevention. Through these efforts, the organization aims to improve health outcomes, reduce health disparities, and create a more equitable healthcare environment in the region.

*The Health Collaborative of Pittsylvania/Danville. (n.d.). Health for All Action Plan. The Health Collaborative. Retrieved November 11, 2024, from https://www.thehealthcollab.com/our-approach/health-for-all-action-plan*

## CENTRA HOSPITAL (LYNCHBURG GENERAL & VIRGINIA BAPTIST HOSPITALS) IMPLEMENTATION PLAN

Upon completion of the 2021 CHNA, a 2022-2025 system-wide Centra implementation planning process was held. Led by the Senior Vice President - Chief Transformation Officer and Department of Community Health Director, the team was instrumental in the development of the plan and was composed of key Centra executive leaders, including Senior Vice Presidents and Chief Physician Executive, Chief Operating Officer, and Chief Clinical Officer; the Vice President of Behavioral Health, Chief Executive Officers (CEO) and Chief Nursing Officers for each Centra hospital, and others.

A series of three meetings were held with the Leadership Team on January 28, February 18, and March 25, 2022. Team members participated in the following activities:

- **Ranked the top three to five Priority Areas of Needs for the service area that will be addressed by Centra**
  - Identified policies, programs, and resources already available to address the needs
  - Identified additional resources and partnerships needed to address gaps and barriers
  - Developed 3-year goals to address priority needs
  - Developed strategies to support the goals and considered whether these strategies were measurable, realistic, as well as considering organizational capacity and resources, and opportunities for community collaboration
  - Developed evaluative measures for the goals and/or strategies
- **Identified which priority needs will not be addressed by Centra and why**

The priority needs addressed by Centra Hospital (Lynchburg General and Virginia Baptist Hospitals) included the following:

- **Access to Healthcare Services***
- **Mental Health and Substance Use Disorders & Access to Services***
- **Issues Impacting Children and their Families: Childcare; Child abuse/neglect**
- **Chronic Disease**

***Priority Areas of Need addressed across the entire Centra service region***

The complete 2022-2025 Implementation Plan can be found at https://www.centrahealth.com/community-resources/community-health#chna. A Community Health Assessment Implementation Plan Leadership Team was developed and met, monthly initially and eventually quarterly, to share progress on their plan goals with members who represented the Centra hospitals and relevant service lines.

## CENTRA COMMUNITY BENEFIT AND IMPACT REPORT

Centra's Community Health Services is responsible for the development and implementation of the triennial Community Health Needs Assessments and Implementation Plans, Community Grants and Sponsorships, and tracking Community Benefit activities. Community Benefit activities are programs and services provided by non-profit hospital systems like Centra, that are designed to improve health in communities and increase access to care in response to community need. Centra's Community Grants and Sponsorships fund non-profit organizations addressing the Priority Areas of Need and projects of regional importance annually. The 2021-2023 Centra Community Benefit and Impact Report can be found at https://www.centrahealth.com/sites/default/files/2024-06/Community%20Health%20Report%20Final.pdf

# 2021-2024 Community Impact Activities

The table below provides an evaluation of the impact made since the 2021 Lynchburg Area Community Health Needs Assessment (CHNA) and is delineated by the 2021 Priority Areas of Need.

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Access to Healthcare Services | **Current State:**<br>• There is an increase in the number of advocates within the healthcare system<br>• There is an increase in telemedicine; community paramedics have been able to assist with rural patients<br>• The number of individuals who are uninsured/under-insured has increased<br>• Health insurance does not meet the needs of the population<br>• Insurance requirements/regulations create additional barriers to receiving care<br>• Increased waiting times to access Primary Care Providers (PCPs)<br>• Emergency Department care continues to be an issue; consider expanding urgent care hours<br>• Need to increase the number of providers, urgent care facilities, and Advanced Practice Registered Nurses<br>• COVID-19 increased community partnerships and relationships (i.e., food banks)<br>• Addressing infant mortality among African American mothers<br>• Need more access to reliable transportation- the rural community has no public transportation; people have to move to metro areas for public transit/walkability<br>• Community Paramedics meeting patients where they live and addressing needs in the community (i.e., built a ramp for a dialysis patient who was previously unable to respite at home prior) |
| | **Centra Impact:**<br>• Launched system-wide closed loop referral platform, UNITE VA- a tool that assists in addressing Social Determinants of Health (SDOH) through the use of the PRAPARE screening tool to improve access to healthcare services & community resources- patients 18yrs+ are screened upon admission into the hospital for needs related to (Food, Housing, Transportation, Utilities & Interpersonal Safety) and referrals are sent to community partners via the UNITE VA platform or other referral methods<br>• Remote Home Monitoring Program enhances patient care and access to healthcare services through the use of technology- patients who opt to participate receive a tablet, digital scale, blood pressure cuff, pulse oximeter and heart rate monitor which connect via Bluetooth to provide instant communication to the Centra Command Center Team for continuous patient monitoring<br>• Centra hosts/participates in many community events aimed at addressing Access to Healthcare Services such as a "Walk With a Doc" events, Stroke prevention events, Skin cancer screening events, and other health fairs and events. The Breast Imaging Team's Breast Cancer prevention event, MAAM (Mammograms Annually a Must), offers free mammograms provided via Centra's MAAM van<br>• Centra convened a Provider Recruitment Team with plans to hire 45 additional Providers for Primary Care 2024-2026; so far 12 have been hired |
| | **Community Impact:**<br>• Johnson Health Center has a mobile dental unit in addition to their dental clinics<br>• Community Access Network (CAN) offering dental services<br>• Free Clinic expanded dental services<br>• Sentara Halifax Obstetric (OB) Unit & Martinsville Unite closed, limited OB access, requiring longer travel for maternal care and delivery<br>• Johnson Health Center has free appointment transportation services for Lynchburg, Madison Heights, Rustburg and Bedford areas<br>• Central VA Alliance for Community Living (CVACL) Programs:<br>  ○ The program "Dial a Ride" program for free transportation to appointments, the pharmacy, and grocery stores for those 60 years+<br>  ○ "New Freedom" program provides free transportation to appointments, the pharmacy, and grocery stores for those 21 years+ who have a disability<br>• Bedford Ride provides transportation for non-emergency medical services appointments for Bedford County<br>• LogistiCare/Modivcare transportation |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| **Mental Health and Substance Use Disorders & Access to Services** | **Current State:**<br>• State Level Policy Changes- 2021 legalization of marijuana, telehealth law increased barriers to Behavioral Health Services<br>• Increases in substance use<br>• Lack of adequate, intensive community support<br>• Lack of access to recovery services<br>• Need to be more proactive in identifying individuals with mental health needs and/or substance use disorders earlier<br>• Lack of mental health providers<br>• Increased Narcan access<br>• Opioid abatement initiatives and substance abuse grants<br>• COVID-19 caused increased isolation<br>• COVID-19 caused misinformation on social media<br>• COVID-19 caused increased Mental/Behavioral Health Service needs |
| | **Centra Impact:**<br>• Centra Foundation received a $1 million anonymous gift to fund EmPATH unit (Emergency Assessment, Treatment and Healing Unit) for behavioral/mental health patients in the Lynchburg General ED- the EmPATH unit allows these patients to wait in a calming, common area where Caregivers, behavioral health experts and other patients interact and support one another throughout the patient's visit. The EmPATH unit ultimately works to reduce the need for extended Emergency Department stays or even hospitalization while ensuring that each behavioral health patient is provided care that is both equitable and excellent<br>• Centra is striving to make improvements with the opioid epidemic through EmPATH unit, inpatient psychiatric units offering assessment, detox, connection and recovery support, the Pathways Treatment Center, and the Addiction Treatment Center<br>• Centra Bridges Treatment Center for children addresses psychiatric, mental, and behavioral health needs<br>• Centra Piedmont Psychiatric Adult Urgent Care (PPAUC) Center opened in Lynchburg November 14, 2024- PPAUC is a specialty urgent care center for adults aged 18 and older experiencing mental health concerns. PPAUC offers resources for mood disorders, distressing thoughts, psychosis and uncontrolled behaviors. |
| | **Community Impact:**<br>• Horizon Behavioral Health launched the Crisis Receiving Center in Lynchburg to address the mental health crisis- This facility provides a range of treatment alternatives for individuals grappling with mental health emergencies, including those placed under an Emergency Custody Order or a Temporary Detention Order. Services include walk-in mental health assessments, 23-hour observation, residential crisis stabilization, and detox services |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| **Issues Impacting Children and Their Families: Childcare, Child Abuse/ Neglect** | **Current State:**<br>• Virginia's $1.1 billion investment for early childhood education access was approved in 2024<br>• Significant lack of childcare services due to the impact of COVID-19 & facilities closing their doors indefinitely, lack of funding/funding subsided, inflation, etc.,<br>• Less family stability, which has affected education and employment<br>• COVID-19 caused increased isolation, causing an increase in abuse/domestic violence and mental/behavioral health needs |
| | **Centra Impact:**<br>• Centra Health supports and/or provides funding for childcare efforts such as: Teachable Moments Facility- 3-year funding, Elizabeth's Early Learning Center, Bedford YMCA, Altavista YMCA, United Way of Central VA, VA Business Roundtable for Early Education and other local community nonprofit programs/efforts<br>• Centra Health's Women and Children service line incorporated the following:<br>  ○ A standard of practice that includes implemented services/education on: Period of Purple Crying, Safe Sleep, Life Beyond Centra, and infant falls<br>  ○ Bereavement coordinator in place to address infant/maternal mortality needs<br>  ○ Deployed Human Trafficking infographics for awareness and education<br>  ○ Universal Cord Blood Screening on all Newborns<br>  ○ Quarterly community collaborative meeting that focuses on different topics related to maternal health (current focus Maternal mental health and hypertension)<br>  ○ Safe Haven boxes having vendors come in to review where they will or can be placed |
| | **Community Impact:**<br>• United Way receives funding for Childcare Initiative, planning is underway for 2025 opening<br>• Teachable Moments Daycare opened in 2023<br>• CASA of Central VA providing court appointed special advocates to vulnerable children<br>• Jubilee Family Development Center providing high quality academic, athletic and occupational programs that foster personal, social and spiritual growth and the stability of families<br>• Amazement Square provides school aged programs for children to foster growth, including programs targeting autism<br>• Virginia Center for Inclusive Communities Youth Programs developing future leaders through inclusive programs that raise knowledge, motivation and skills of youth<br>• Freedom 4/24- Human Trafficking Prevention<br>• Beacon of Hope K-12 initiatives, helping to prepare youth for postsecondary education |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| **Poverty** | **Current State:**<br>• Inflation has played a big role in increased poverty since 2021<br>• Poverty rates in Virginia have increased since 2020<br>• The community is still recovering from COVID |
| | **Centra Impact:**<br>• Centra's target population includes a focus on low-income populations and remains an overarching theme for the 2022-2025 implementation plans. In addition, the programs and initiatives that were developed as a result of this plan are inclusive, equitable, and just for the diverse communities served<br>• In 2022, the health system utilized Dr. Ruby Payne's "Bridges out of Poverty" model to educate Centra caregivers about the impact of poverty. Community partners include Bedford Area Resource Council |
| | **Community Impact:**<br>• Bridges out of Poverty training provides in-depth training on the impact of poverty |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Aging and Eldercare | **Current State:**<br>• Population has not stabilized since COVID<br>• Eldercare has been impacted by inflation<br>• The poverty level has increased in this population<br>• Since COVID, social isolation continues to be an issue<br>• There is a general lack of support for the "sandwich" generation<br>• Continued issues with accessing wheelchairs |
| | **Centra Impact:**<br>• Centra services address many of the needs and services required of an aging population both in the inpatient and outpatient settings. |
| | **Community Impact:**<br>• Central VA Alliance for Community Living (CVACL) has provided groceries, meals, and social events for isolated elderly<br>• Meals on Wheels Food Delivery and Oversight project aimed at identifying additional social needs of the populations served during food deliveries<br>• Area Agencies on Aging provide a wide variety of services to the elderly/aging population |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Housing | **Current State:**<br>• End to the eviction moratorium for the CDC in 2021<br>• End to the eviction moratorium for Virginia in 2021 and rental assistance programs ended in 2022<br>• Lack of affordable housing; inflation, interest rates and housing market changes have contributed to increased rent/home purchasing costs and requirements<br>• Fewer units are available overall<br>• Increased eviction rates<br>• Non-profits face challenges with inconsistent shelter operations and frequent closures, despite the limited number of community shelters<br>• Need more low barrier shelter options- increase in homelessness since 2022<br>• Elderly are often placed in substandard housing |
| | **Community Impact:**<br>• The Ramp church is set to open a low barrier shelter in 2025<br>• Miriam's House aiding in efforts to end homelessness by connecting individuals and families with stable, affordable housing and providing the skills and support that lead to self-sufficiency<br>• Central Virginia Continuum of Care (CVCoC) is working to improve the Coordinated Entry System (CES), making access to housing for the homeless easier<br>• CVCoC is increasing Permanent Supportive Housing (PSH) and providing additional Emergency Housing Vouchers (EHVs) for those experiencing long term homelessness and/or disabilities and prioritizing racial equity in all initiatives<br>• CVCoC utilizes data collection through the Homeless Management Information System (HMIS) and Point in Time (PIT) counts to strengthen targeted efforts at addressing this need<br>• The CVCoC remains focused on increasing Rapid Rehousing (RRH) programs to increase housing stability and prevent eviction.<br>• Coordinated Homeless Intake Access (CHIA) Hotline is available for immediate housing assistance needs<br>• The Salvation Army has a homeless shelter and serves as a warming shelter in Lynchburg during the winter<br>• Habitat for Humanity- Future Habitat House of 2024 Project, and their home repairs program<br>• RUSH Homes- Providing affordable homes for people with disabilities and low incomes<br>• VA Legal Aid Society- VLAS Housing Improvement Program providing free advice and representation to low-income people facing eviction or foreclosure<br>• Lynchburg Covenant Fellowship Inc, Housing with a Heart Program providing affordable housing and resources to a diverse community |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Financial Stability | **Current State:**<br>• Inflation and wage disparity<br>  ○ It has worsened food insecurity<br>  ○ It has caused issues with being able to access affordable childcare, eldercare, and transportation<br>• There is a need for better communication/advertising of local job opportunities |
| | **Community Impact:**<br>• Central VA Community College (CVCC) is providing free education in the trades and high demand careers for the underprivileged community, to secure work, food, and housing<br>• Beacon of Hope scholarships for Lynchburg City Schools (LCS) students are positively impacting our youth<br>• HumanKind has an Economic Resource Center that helps individuals and families develop plans for achieving financial success. Through educational workshops, workforce support, and vehicle loans, clients are educated on ways to get out of debt and move toward stability<br>• Freedom First Credit Union offers free financial counseling |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Chronic Disease | **Current State:**<br>• The prevalence of long COVID has become a significant health issue and continues to negatively impact Chronic Disease. Many Virginians experience lingering symptoms such as fatigue, respiratory issues, and cognitive difficulties, impacting quality of life and increasing the burden on healthcare systems<br>• Chronic disease prevalence is often higher in the service area as compared to Virginia as a whole, especially those related to diet, exercise and other health behaviors (i.e., substance use) |
| | **Centra Impact:**<br>• Remote Home Monitoring Program enhances patient care and access to healthcare services through the use of technology- patients who opt to participate receive a tablet, digital scale, blood pressure cuff, pulse oximeter and heart rate monitor which connect via Bluetooth to provide instant communication to the Centra Command Center Team for continuous patient monitoring<br>• Addressing Diabetes concerns related to increased readmission rates, lack of community resources/ educators, Continuation of the VA Tech HRSA grant to support local church support group, etc.<br>• Centra participates in many health fairs and events to provide education and preventative screenings such as skin cancer screenings, mammograms, blood pressure screenings, STI education, Tick Born illness education, etc. |
| | **Community Impact:**<br>• Meals on Wheels Discharge Program (Trial) aimed at lowering 30-day readmission rates by providing patients with food 45 days post-discharge<br>• Central Virginia YMCA Chronic Disease Prevention and Management Project provides a variety of classes for diabetes, arthritis, cancer, etc.,<br>• Virginia Cooperative Extension helps with nutrition and budgeting education<br>• Not enough staff for WIC to keep up with demand<br>• Elimination of COVID-era policies at a time of high inflation, rising food costs, & increased need have a negative impact on all low to moderate income individuals |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Food Insecurity and Nutrition | **Current State:**<br>• Increase in food/nutrition education<br>• Increased food costs caused by inflation<br>• Quality food is more expensive<br>• 2023 cuts in Supplemental Nutrition Assistance Program (SNAP) benefits have increased food insecurity |
| | **Centra Impact:**<br>• Registered Dieticians are providing classes in the community through a partnership with Lynchburg Grows<br>• Nutrition services provide Alpha Gal friendly menu options |
| | **Community Impact:**<br>• Meals on Wheels have positively impacted community by feeding more people, bringing more awareness to local resources and connections<br>• Blue Ridge Area Food Bank remains a key stakeholder/partner in addressing food insecurity needs among the regions. Feeding America Southwest VA is serving the Pittsylvania/Danville area<br>• Virginia Cooperative Extension helps with nutrition and budgeting education<br>• Lynchburg Grows Fresh RX produce/food prescription project- providing cooking and nutrition classes along with fresh produce from local farms<br>• Danville Community College Knights Food Pantry Support Project<br>• Feeding the Hungry- Northern Pittsylvania County Food Center project<br>• Diamond Hill Health & Wellness Community Services- Building Bridges Building Knowledge, Building Health Project<br>• Gleaning For the World Helping Our Neighbors Program<br>• House of Hope's Emergency Food and Shelter Project<br>• Second Stage's Second Helping Project |

| 2021 Priority Area of Need | 2021-2024 Community Impact & Current State |
|---|---|
| Equity, Inclusion & Diversity | **Current State:**<br>• Joint Commission and Centers for Medicaid and Medicare Services released new Health Equity Standards in 2023 requiring that screenings are conducted for Social Determinants of Health needs (Food, Housing, Transportation, Utilities & Interpersonal Safety)<br>• There is a need for a more "boots on the ground" approach to addressing these needs including additional Community Health Workers<br>• Outreach has improved uptake in vaccines, connections with schools, & access to all Social Determinants of Health (SDOH) resources |
| | **Centra Impact:**<br>• Launched system-wide closed loop referral platform, UNITE VA- a tool that assists in addressing Social Determinants of Health (SDOH) through the use of the PRAPARE screening tool to improve access to healthcare services & community resources- patients 18yrs+ are screened upon admission into the hospital for needs related to (food, housing, transportation, utilities & interpersonal safety) and referrals are sent to community partners via the UNITE VA platform or other referral methods<br>• With a generous Grant from the Centra Foundation, Centra has hired our first Community Health Worker (CHW) for the Centra Medical Group (CMG) Brookneal. Additional workforce development is underway, with expansion to occur in 2025. This will allow the health system to achieve greater impact by increasing the (CHW) footprint across the regions served by Centra<br>• Sponsoring Birth in Color LYH, a doula program that serves as a birth, policy and advocacy collective focused on providing culturally centered support to pregnant families and the birth community while aiming to educate families of color to help meet their pregnancy and parenthood needs |
| | **Community Impact:**<br>• Community Health Workers (CHWs) Program/Workforce takes off across entire region; now available at Centra, Central VA Health District, Johnson Health Center & Community Access Network (CAN), Free Clinic, local health systems, and other community organizations, etc.<br>• Gleaning For the World Helping Our Neighbors Program |

# APPENDIX

***The following documents are included as appendices:***

1. 2024 Lynchburg Area Community Health Survey Tool (English and Spanish)
2. 2024 Lynchburg Area Stakeholders' Directory
3. 2024 Lynchburg Area Prioritization of Needs Survey and Detailed Worksheet
4. 2024 Lynchburg Area Community Resources

FOR OFFICE USE ONLY: Site of Collection: _____ Date: _____

Centra Health, in partnership with the Central Virginia and Pittsylvania/Danville Health Districts, and the University of Lynchburg, would like to learn more about what you need to be healthy. Please complete the following questions with the best answer or answers. Please complete this survey only once. You must be over 18 to complete this survey. All surveys will be kept confidential. Surveys can be returned to the site of collection or mailed to Centra Department of Community Health Services, 1901 Tate Springs Rd, Lynchburg VA 24501. Thank you for taking the time to complete the survey.

# LYNCHBURG AREA COMMUNITY HEALTH SURVEY

## HEALTH OF THE COMMUNITY

**1. What is your zip code?** _____

**2. What is your age?**

❒ Under 18 ❒ 18 - 24 ❒ 25 - 34 ❒ 35 - 44 ❒ 45 - 54 ❒ 55 - 64 ❒ 65+ (years)

**3. What do you think are the most important issues that affect health in our community? (Please check all that apply)**

*Health Factors*

- ❒ Access to affordable housing
- ❒ Access to healthy foods (vegetables, lean meats, fruit)
- ❒ Access to safe places to exercise
- ❒ Accidents in the home (e.g., falls, burns, cuts)
- ❒ Aging problems (support for older adults)
- ❒ Alcohol and illegal drug use
- ❒ Bullying
- ❒ Cell phone use (social media)
- ❒ Child abuse / neglect
- ❒ Distracted Driving (Cell phone use / texting and driving)
- ❒ Domestic Violence
- ❒ Gambling (slot machines, sports betting, lottery tickets)
- ❒ Gang activity
- ❒ Gender identification
- ❒ Gun violence
- ❒ Homelessness
- ❒ Homicide (murders)
- ❒ Housing problems (e.g., mold, bed bugs, lead paint)
- ❒ Injuries (car accident, workplace injuries, home accidents)
- ❒ Lack of exercise (physical inactivity)
- ❒ Neighborhood is not safe (sidewalks, roads, crossings, street lighting)
- ❒ Not getting “vaccine shots” to prevent disease
- ❒ Not using seat belts / child safety seats / helmets
- ❒ Poor eating habits
- ❒ Poor water quality and/or poor air quality
- ❒ Prescription drug abuse
- ❒ Sexual assault
- ❒ Social isolation (loneliness)
- ❒ Tobacco use / smoking / vaping
- ❒ Transportation problems
- ❒ Unsafe sex (unprotected sex)
- ❒ Other: _____

*Health Conditions or Outcomes*

- ❒ Alzheimer’s / Dementia
- ❒ Back, hip, knee pain
- ❒ Cancers
- ❒ COVID-19 / coronavirus / Long COVID-19
- ❒ Dental pain/problems
- ❒ Diabetes
- ❒ Disability
- ❒ Drug / alcohol problems
- ❒ Grief (sadness)
- ❒ Heart disease and stroke
- ❒ High blood pressure
- ❒ HIV / AIDS
- ❒ Infant death (less than 1 year old)
- ❒ Kidney disease
- ❒ Lung disease
- ❒ Mental health problems
- ❒ Overweight / obesity
- ❒ Sedentary lifestyle (physical inactivity)
- ❒ Sexually transmitted infections
- ❒ Sleep problems
- ❒ Stomach disease
- ❒ Stress
- ❒ Suicide
- ❒ Teenage pregnancy
- ❒ Other: _____

**4. Which healthcare services are hard to get in our community? (Please check all that apply)**

- ❒ Adult dental care
- ❒ Alternative therapy (e.g., herbal, acupuncture, massage)
- ❒ Ambulance services
- ❒ Blood work
- ❒ Cancer care
- ❒ Child dental care
- ❒ Chiropractic care
- ❒ Dermatology (skin care)
- ❒ Domestic violence services
- ❒ Emergency department care
- ❒ End of life / hospice / palliative care
- ❒ Exercise professional
- ❒ Hospital care (staying overnight)
- ❒ Immunizations (vaccines)
- ❒ LGBTQIA support
- ❒ COVID-19 / Long COVID-19 care
- ❒ Memory care services
- ❒ Mental health / counseling
- ❒ Older adult care
- ❒ Physical therapy or physical rehabilitation
- ❒ Prescription medication / medical supplies
- ❒ Primary Care Provider
- ❒ Programs to stop using tobacco products
- ❒ Respiratory (lung) care
- ❒ Substance use services – drug and alcohol
- ❒ Urgent care / walk-in clinic
- ❒ Vision (eye) care
- ❒ Weight loss support
- ❒ Women’s health services
- ❒ X-rays / mammograms
- ❒ Yearly check ups
- ❒ None
- ❒ Other: _____

**5. Which social / support resources are hard to get in our community? (Please check all that apply)**

- ❒ Affordable / safe housing
- ❒ Banking services
- ❒ Childcare
- ❒ Domestic violence victim assistance
- ❒ Education (GED / high school / college)
- ❒ Employment / job assistance
- ❒ Financial assistance
- ❒ Food benefits (SNAP, WIC)
- ❒ Grief / bereavement counseling
- ❒ Health insurance
- ❒ Healthy food
- ❒ Legal services
- ❒ Medical debt assistance
- ❒ Medication assistance
- ❒ Reading and writing support
- ❒ Rent / utilities assistance
- ❒ TANF (Temporary Assistance for Needy Families)
- ❒ Transportation
- ❒ Unemployment benefits
- ❒ Veteran’s services
- ❒ Other: _____

## GENERAL HEALTH QUESTIONS ABOUT YOU/YOUR FAMILY

**6. What keeps you from being healthy? (*Please check all that apply*)**

- ❒ Access to fresh fruits and vegetables
- ❒ Access to safe places to be active outside (park, sidewalks)
- ❒ Afraid to have check-ups
- ❒ Can't find providers that accept my insurance
- ❒ Childcare
- ❒ Cost (money)
- ❒ Don't like accepting government assistance
- ❒ Don't trust doctors / clinics
- ❒ Don't trust my insurance to help
- ❒ Have no regular source of healthcare
- ❒ High co-pay for healthcare
- ❒ Lack of evening and weekend services
- ❒ Lack of doctors/dentists accepting new patients
- ❒ Language services (access to interpreter)
- ❒ Location of healthcare offices
- ❒ Long waits for appointments
- ❒ No health insurance
- ❒ No transportation
- ❒ Nothing keeps me from being healthy
- ❒ Unable to learn about medical condition because of difficulty understanding spoken or written information
- ❒ Other: _____

**7. Do you use medical care services?**

❒ **Yes** - **Check where you go for medical care** (***check all that apply***) ❒ **No**

- ❒ Centra Medical Group
- ❒ Central Virginia Family Physicians
- ❒ Doctor's Office
- ❒ Emergency Room
- ❒ Health Department
- ❒ Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Free Clinic (e.g., Free Clinic of Central Virginia)
- ❒ Online / Telehealth / Virtual Visit
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

**If no, do you know where to go for medical care in your community?** ❒ **Yes** ❒ **No**

**8. How long has it been since you last visited a doctor or other healthcare provider for a routine checkup? (*Please check one*)**

- ❒ I have not visited a doctor or other healthcare provider for a routine checkup
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

**9. Do you use dental care services?**

❒ **Yes** – **Check where you go for dental care** (***check all that apply***) ❒ **No**

- ❒ Dentist's office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Free Clinic (e.g., Free Clinic of Central Virginia)
- ❒ Mission of Mercy Project
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

**If no, do you know where to go for dental care in your community?** ❒ **Yes** ❒ **No**

**10. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist). (*Please check one*)**

- ❒ I have not visited a dentist or dental clinic for any reason
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

**11. Do you use mental health, alcohol use, or drug use services?**

❒ **Yes** – **Check where you go for services** (***check all that apply***) ❒ **No**

- ❒ Doctor / Counselor's office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Free Clinic (e.g., Free Clinic of Central Virginia)
- ❒ Horizon Behavioral Health
- ❒ Online / Telehealth / Virtual Visits
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

**If no, do you know where to go for mental health, substance use, and/or alcohol use services in your community?** ❒ **Yes** ❒ **No**

**12. How long has it been since you last used mental health, alcohol use, or drug use services for any reason? (*Please check one*)**

- ❒ I have not used mental health, alcohol use, or drug use services for any reason
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

**13. Have you been told by a doctor that you have… (*Please check all that apply*)**

- ❒ Alzheimer's / Dementia
- ❒ Arthritis
- ❒ Asthma
- ❒ Cancer
- ❒ Cerebral palsy
- ❒ Depression or anxiety
- ❒ Drug or alcohol problems
- ❒ Eating disorder
- ❒ Heart disease
- ❒ High blood pressure
- ❒ High blood sugar or diabetes
- ❒ High cholesterol
- ❒ HIV / AIDS
- ❒ Long COVID-19
- ❒ Mental health problems
- ❒ Obesity / overweight
- ❒ Physical inactivity
- ❒ Sexually transmitted infections
- ❒ Sleep disorder
- ❒ Stroke / cerebrovascular disease
- ❒ Walking or moving problems
- ❒ Not applicable
- ❒ Other: _____

**14. 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? (Please check one)**

❒ 0 ❒ 1 – 13 ❒ 14 – 30 (Days)

**15. 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? (Please check one)**

❒ 0 ❒ 1 – 13 ❒ 14 – 30 (Days)

**16. During the past 30 days: (*Please check all that apply*)**

❒ I have used marijuana products
❒ I have used illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)
❒ 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, chewing tobacco, cigars, etc.)
❒ I have used vaping products (e-cigarettes)
❒ I have taken prescription drugs to get high
❒ I have overdosed on drugs
❒ I have been given Narcan/Naloxone
❒ None of these

**17. Please check one of the following for each statement:**

| | Yes | No | Not Applicable |
|---|---|---|---|
| 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 attempted suicide in the past 12 months. | ❒ | ❒ | |
| I have attempted self-harm in the past 12 months. | ❒ | ❒ | |
| I have been a victim of domestic violence or abuse in the past 12 months. | ❒ | ❒ | |
| I take the medicine my doctor tells me to take to control my chronic illness. | ❒ | ❒ | ❒ |
| I can afford the medicine needed for my health conditions. | ❒ | ❒ | ❒ |
| Does your community neighborhood support physical activity? (e.g., parks, sidewalks, bike lanes, etc.) | ❒ | ❒ | |
| In the area where you live, is it easy to get 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 where you live? | ❒ | ❒ | |

**18. Over the past 7 days, how many days did you spend at least 30 minutes per day being physically active (walking, running, bicycling, yard work, physical labor)**

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

**19. During the past 7 days, how many times did you walk for at least 10 minutes without stopping?**

❒ I did not walk for at least 10 minutes without stopping in the past 7 days
❒ 1 – 3 times during the past 7 days
❒ 4 – 6 times during the past 7 days
❒ 1 time per day
❒ 2 times per day
❒ 3 times per day
❒ 4 or more times per day

**20. What is your height?** _____feet_____inches
_____centimeters

**21. What is your weight?** _____pounds
_____kilograms

**22. Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?**

❒ 0 hours ❒ 1 – 3 hours ❒ 3 – 6 hours ❒ 6 – 9 hours ❒ More than 9 hours

**23. Over the past 7 days, how many hours per day do you spend using social media outside of school or work?**

❒ 0 hours ❒ 1 – 3 hours ❒ 3 – 6 hours ❒ 6 – 9 hours ❒ More than 9 hours

**24. Where do you get the food that you eat at home? (*Please check all that apply*)**

❒ Backpack or summer food programs
❒ Community garden
❒ Corner store / convenience store / gas station
❒ Dollar store
❒ Farmers' market
❒ Food bank / food pantry
❒ Grocery store
❒ Home garden
❒ I do not cook / eat at home
❒ I regularly receive food from family, friends, neighbors, or my church
❒ Meals on Wheels
❒ Take-out / fast food / restaurant
❒ Other: _____

**25. During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice, or fruit or vegetable supplements. (*Please check one*)**

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

**26. In the past 7 days, how many times did all or most of the people living in your house eat a meal together?**

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

| **27. How socially connected do you feel with the community and those around you?** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|
| I feel socially connected. | ❒ | ❒ | ❒ | ❒ | ❒ |

**28. Where do you sleep most often? (*Please check <u>one</u>*)**

❒ In a group home, hospital, or treatment program
❒ In a home I own or rent
❒ In a hotel or motel
❒ In a shelter or transitional housing program
❒ Living with extended family because that is my choice
❒ Outside, in a car, abandoned building, or public space
❒ Stay with friends or family because of financial issues (not my choice)

**29. Do you have access to reliable transportation?** ❒ Yes ❒ No

**30. What type of transportation do you use most often?**

❒ Friends / family drive me
❒ I bike or walk
❒ I drive
❒ Other transit service (name): _____
❒ Public transit (i.e., bus, shuttle, similar)
❒ Ridesharing / Carpooling
❒ Taxi (including Uber / Lyft)
❒ Other: _____

## DEMOGRAPHIC INFORMATION AND HEALTH INSURANCE

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

❒ COBRA
❒ Dental Insurance
❒ Employer provided insurance
❒ Government (VA, TRICARE)
❒ Health Savings / Spending Account
❒ Individual / Private Insurance / Marketplace / Obamacare
❒ Medicaid
❒ Medicare
❒ Medicare Supplement
❒ No Dental Insurance
❒ No Health Insurance

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

❒ Not applicable – I have health insurance
❒ I don't understand Marketplace / Obamacare
❒ Not available at my job
❒ Student
❒ Too expensive / cost
❒ Unemployed / no job
❒ Undocumented immigrant
❒ Other: _____

**33. What is your gender identity?**

❒ Male ❒ Non-binary ❒ Gender queer ❒ Prefer not to answer
❒ Female ❒ Transgender ❒ Gender fluid

**34. What is your highest education level completed?**

❒ Less than high school ❒ High school diploma / GED ❒ Associate degree ❒ Masters / PhD degree
❒ Some high school ❒ Vocational / Technical certificate ❒ Bachelor's degree

**35. What race/ethnicity do you identify with? (*Please check <u>all</u> that apply*)**

❒ Native Hawaiian / Pacific Islander
❒ American Indian / Alaskan Native
❒ Asian
❒ Hispanic / Latino
❒ Black / African American
❒ White
❒ More than one race
❒ Decline to answer
❒ Other: _____

**36. What is your marital status?**

❒ Married ❒ Single ❒ Divorced ❒ Widowed ❒ Domestic Partnership

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

Number of children (0 – 17 years) _____ Number of adults (18 – 64 years) _____ Number of adults (65+ years) _____

**38. What is your yearly household income?**

❒ $0 - $10,000 ❒ $20,001 - $30,000 ❒ $40,001 - $50,000 ❒ $60,001 - $70,000 ❒ $101,001 and above
❒ $10,001 - $20,000 ❒ $30,001 - $40,000 ❒ $50,001 - $60,000 ❒ $70,001 - $100,000

**39. What is your current employment status?**

❒ Full-time ❒ Unemployed ❒ Retired ❒ Student
❒ Part-time ❒ Self-employed ❒ Homemaker ❒ Disabled

**40. Is there anything else we should know about your (or someone living in your home) needs to stay healthy?**

_____

_____

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

PARA USO EXCLUSIVO EN LA CONSULTA: Centro de recogida: _____ Fecha: _____

Centra Health, en colaboración con los distritos centrales de Virginia y Pittsylvania/Danville Health, y la Universidad de Lynchburg, desea obtener más información acerca de lo que necesita para estar sano. Responda a las siguientes preguntas con la mejor respuesta o las mejores respuestas. Complete esta encuesta solo una vez. Debe tener más de 18 años para completar esta encuesta. Todas las encuestas se mantendrán confidenciales. Las encuestas se pueden enviar al centro de recolección o enviar por correo postal al Department of Community Health, 1901 Tate Springs Rd, Lynchburg VA 24501. Gracias por dedicar su tiempo a completar esta encuesta.

# ENCUESTA DE SALUD COMUNITARIA DEL ÁREA DE LYNCHBURG

## SALUD DE LA COMUNIDAD

**1. ¿Cuál es su código postal?** _____

**2. ¿Cuál es su edad?**

❒ Menos de 18 años ❒ De 18 a 24 ❒ De 25 a 34 ❒ De 35 a 44 ❒ De 45 a 54 ❒ De 55 a 64 ❒ Más de 65 años

**3. ¿Cuáles cree que son los problemas más importantes que afectan a la salud de nuestra comunidad? (Marque todas las que correspondan)**

*Factores de salud*

- ❒ Acceso a una vivienda accesible
- ❒ Acceso a alimentos saludables (verduras, carnes magras, fruta)
- ❒ Acceso a lugares seguros para hacer ejercicio
- ❒ Accidentes en el hogar (p. ej., caídas, quemaduras, cortes)
- ❒ Problemas de envejecimiento (apoyo para adultos de edad avanzada)
- ❒ Consumo de alcohol y drogas ilegales
- ❒ Acoso
- ❒ Uso del teléfono móvil (redes sociales)
- ❒ Abuso/descuido infantil
- ❒ Conducción distraída (uso del teléfono móvil/mensajes de texto y conducción)
- ❒ Violencia doméstica
- ❒ Juegos (máquinas de juego, apuestas deportivas, billetes de lotería)
- ❒ Actividad de pandillas
- ❒ Identidad de género
- ❒ Violencia con armas
- ❒ Sin vivienda
- ❒ Homicidio (asesinatos)
- ❒ Problemas de vivienda (p. ej., moho, chinches, pintura de plomo)
- ❒ Lesiones (accidente de tráfico, lesiones en el lugar de trabajo, accidentes domésticos)
- ❒ Falta de ejercicio (inactividad física)
- ❒ El vecindario no es seguro (veredas, carreteras, cruces, iluminación)
- ❒ No recibir “inyecciones” para prevenir enfermedades
- ❒ No usar cinturones de seguridad/sillas de seguridad para niños/cascos
- ❒ Malos hábitos alimenticios
- ❒ Mala calidad del agua y/o mala calidad del aire
- ❒ Abuso de fármacos con receta
- ❒ Agresión sexual
- ❒ Aislamiento social (soledad)
- ❒ Tabaquismo/fumar/vapear
- ❒ Problemas de transporte
- ❒ Prácticas sexuales poco seguras (relaciones sexuales sin protección)
- ❒ Otro: _____

*Afecciones o consecuencias médicas*

- ❒ Alzheimer/demencia
- ❒ Dolor de espalda, cadera, rodilla
- ❒ Tipos de cáncer
- ❒ COVID-19/coronavirus/COVID-19 prolongada
- ❒ Dolor/problemas odontológicos
- ❒ Diabetes
- ❒ Discapacidad
- ❒ Problemas con drogas o alcohol
- ❒ Pena (tristeza)
- ❒ Cardiopatía y accidente cerebrovascular
- ❒ Presión arterial alta
- ❒ VIH/SIDA
- ❒ Muerte infantil (menores de 1 año)
- ❒ Nefropatía
- ❒ Enfermedad pulmonar
- ❒ Problemas de salud mental
- ❒ Sobrepeso/obesidad
- ❒ Estilo de vida sedentario (inactividad física)
- ❒ Infecciones de transmisión sexual
- ❒ Problemas para dormir
- ❒ Enfermedad estomacal
- ❒ Estrés
- ❒ Suicidio
- ❒ Embarazo en la adolescencia
- ❒ Otro: _____

**4. ¿Qué servicios de atención médica son difíciles de obtener en nuestra comunidad? (Marque todas las que correspondan)**

- ❒ Cuidado dental en adultos
- ❒ Terapia alternativa (p. ej., a base de hierbas, acupuntura, masaje)
- ❒ Servicios de ambulancia
- ❒ Análisis de sangre
- ❒ Atención oncológica
- ❒ Cuidado dental infantil
- ❒ Atención quiropráctica
- ❒ Dermatología (cuidado de la piel)
- ❒ Servicios de violencia doméstica
- ❒ Atención en el departamento de emergencias
- ❒ Final de la vida/cuidados paliativos
- ❒ Profesional del ejercicio
- ❒ Atención hospitalaria (permanecer durante la noche)
- ❒ Inmunizaciones (vacunas)
- ❒ Apoyo a personas LGBTQIA
- ❒ Coronavirus/Cuidado prolongado de COVID-19
- ❒ Servicios de atención de la memoria
- ❒ Salud mental/orientación
- ❒ Atención de adultos de edad avanzada
- ❒ Fisioterapia o rehabilitación física
- ❒ Medicamentos con receta/suministros médicos
- ❒ Proveedor de atención primaria
- ❒ Programas para dejar de usar productos de tabaco
- ❒ Atención respiratoria (pulmón)
- ❒ Servicios de consumo de sustancias: drogas y alcohol
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Atención oftalmológica (ojos)
- ❒ Apoyo para la pérdida de peso
- ❒ Servicios médicos para mujeres
- ❒ Radiografías/mamografías
- ❒ Revisiones anuales
- ❒ Ninguno
- ❒ Otro: _____

**5. ¿Qué recursos sociales/de apoyo son difíciles de obtener en nuestra comunidad? (Marque todas las que correspondan)**

- ❒ Vivienda accesible/segura
- ❒ Servicios bancarios
- ❒ Guardería
- ❒ Asistencia a víctimas de violencia doméstica
- ❒ Educación (GED/secundario/universidad)
- ❒ Empleo/asistencia laboral
- ❒ Asistencia financiera
- ❒ Beneficios alimentarios (SNAP, WIC)
- ❒ Asesoramiento sobre duelo/sentimiento de pérdida
- ❒ Seguro médico
- ❒ Alimentos saludables
- ❒ Servicios jurídicos
- ❒ Asistencia en deudas médicas
- ❒ Asistencia con medicamentos
- ❒ Apoyo para la lectura y escritura
- ❒ Asistencia con el alquiler/servicios públicos
- ❒ Asistencia temporal para familias con necesidades (Temporary Assistance for Needy Families, TANF)
- ❒ Transporte
- ❒ Beneficios de desempleo
- ❒ Servicios para veteranos
- ❒ Otro: _____

## PREGUNTAS GENERALES SOBRE SU SALUD O LA DE SU FAMILIA

**6. ¿Qué le impide estar sano? *(Marque <u>todas</u> las que correspondan)***

- ❒ Acceso a frutas y verduras frescas
- ❒ Acceso a lugares seguros para estar activo en el exterior (aparcamiento, aceras)
- ❒ Temo tener revisiones
- ❒ No puedo encontrar proveedores que acepten mi seguro
- ❒ Guardería
- ❒ Costo (dinero)
- ❒ No me gusta aceptar asistencia gubernamental
- ❒ Falta de confianza en los médicos/las clínicas
- ❒ Falta de confianza en mi seguro para ayudar
- ❒ No tengo una fuente regular de atención de la salud
- ❒ Copago alto por la atención de la salud
- ❒ Falta de servicios nocturnos y de fin de semana
- ❒ Falta de médicos/dentistas que acepten pacientes nuevos
- ❒ Servicios lingüísticos (acceso a un intérprete)
- ❒ Ubicación de las oficinas de atención de la salud
- ❒ Largos períodos de espera para las citas
- ❒ Sin seguro médico
- ❒ Sin transporte
- ❒ Nada me impide estar sano
- ❒ Incapacidad para aprender sobre la afección médica debido a la dificultad para comprender información verbal o escrita
- ❒ Otro: _____

**7. Utiliza servicios de atención médica?**

❒ **Sí - Marque el lugar adonde acudir para recibir atención médica (*marque <u>todas las respuestas</u> que correspondan*)** ❒ **<u>No</u>**

- ❒ Centra Medical Group
- ❒ Central Virginia Family Physicians
- ❒ Consultorio del médico
- ❒ Servicio de urgencias
- ❒ Departamento de Salud
- ❒ Centro de salud con calificación federal (p. ej., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Clínica gratuita (p. ej., clínica gratuita de Virginia Central)
- ❒ Visitas en línea/de telesalud/virtuales
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

**Si la respuesta es <u>no</u>, ¿sabe dónde acudir para recibir atención médica en su comunidad?** ❒ **<u>Sí</u>** ❒ **<u>No</u>**

**8. ¿Cuánto tiempo ha pasado desde que visitó por última vez a un médico u otro proveedor de atención médica para una revisión de rutina? *(Marque <u>una</u> opción)***

- ❒ No he acudido a un médico u otro profesional de atención de la salud para una revisión rutinaria
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

**9. Utiliza servicios de cuidado dental?**

❒ **Sí - Marque el lugar adonde acudir para recibir atención** ❒ **<u>No</u>**

- ❒ Consultorio del dentista
- ❒ Servicio de urgencias
- ❒ Centro de salud con calificación federal (p. ej., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Clínica gratuita (p. ej., clínica gratuita de Virginia Central)
- ❒ Misión del proyecto Mercy
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

**Si la respuesta es <u>no</u>, ¿sabe dónde acudir para recibir atención odontológica en su comunidad?** ❒ **<u>Sí</u>** ❒ **<u>No</u>**

**10. ¿Cuánto tiempo ha pasado desde que visitó por última vez un dentista o clínica dental por cualquier motivo? Incluya visitas a especialistas odontológicos (como ortodoncistas, periodontista). *(Marque <u>una</u> opción)***

- ❒ Nunca he visitado a un dentista o una clínica odontológica por ningún motivo.
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

**11. Utiliza servicios de salud mental, o para el consumo de alcohol o drogas?**

❒ **Sí - Marque el lugar adonde acudir para recibir estos servicios** ❒ **No**

- ❒ Consultorio del médico/orientador
- ❒ Servicio de urgencias
- ❒ Centro de salud con calificación federal (p. ej., Blue Ridge Medical Center, Community Access Network, Johnson Health Center, PATHS)
- ❒ Clínica gratuita (p. ej., clínica gratuita de Virginia Central)
- ❒ Horizon Behavioral Health
- ❒ Visitas en línea/de telesalud/virtuales
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

**Si la respuesta es no, ¿sabe dónde acudir para obtener servicios de salud mental, consumo de sustancias y/o consumo de alcohol en su comunidad?** ❒ **Sí** ❒ **No**

**12. ¿Cuánto tiempo ha pasado desde que utilizó por última vez servicios de salud mental, para el consumo de alcohol o de drogas por cualquier motivo? *(Marque una opción)***

- ❒ No he utilizado servicios de salud mental, para consumo de alcohol o de drogas por ningún motivo
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

**13. ¿Le ha dicho un médico que tiene...? (*Marque todas las que correspondan*)**

- ❒ Alzheimer/demencia
- ❒ Artritis
- ❒ Asma
- ❒ Cáncer
- ❒ Parálisis cerebral
- ❒ Depresión o ansiedad
- ❒ Problemas con las drogas o el alcohol
- ❒ Trastorno de la alimentación
- ❒ Cardiopatía
- ❒ Presión arterial alta
- ❒ Nivel alto de azúcar en sangre o diabetes
- ❒ Colesterol alto
- ❒ VIH/SIDA
- ❒ COVID-19 prolongada
- ❒ Problemas de salud mental
- ❒ Obesidad/sobrepeso
- ❒ Inactividad física
- ❒ Infecciones de transmisión sexual
- ❒ Trastorno del sueño
- ❒ Accidente/enfermedad cerebrovascular
- ❒ Problemas para caminar o moverse
- ❒ No corresponde
- ❒ Otro: _____

**14. Pensando en su salud física, que incluye enfermedad física y lesión, ¿durante cuántos días de los últimos 30 días su salud física no fue buena? (Marque una opción)**

❒ 0 ❒ De 1 a 13 ❒ De 14 a 30 (días)

**15. Pensando en su salud mental, que incluye estrés, depresión y problemas emocionales, ¿durante cuántos días de los últimos 30 días su salud mental no fue buena? (Marque una opción)**

❒ 0 ❒ De 1 a 13 ❒ De 14 a 30 (días)

**16. Durante los últimos 30 días: *(Marque todas las opciones que correspondan)***

- ❒ He consumido productos de marihuana
- ❒ He consumido otras drogas ilegales (p. ej., metanfetaminas, cocaína, heroína, éxtasis, crac, LSD, etc.)
- ❒ He tomado 5 o más bebidas alcohólicas (si es hombre) o 4 o más bebidas alcohólicas (si es mujer) durante una ocasión
- ❒ He utilizado productos de tabaco (cigarrillos, tabaco de mascar, cigarros, etc.)
- ❒ He utilizado productos de vapeo (cigarrillos electrónicos)
- ❒ He tomado medicamentos con receta para drogarme
- ❒ He tenido sobre dosis por consumo de drogas
- ❒ Me han administrado Narcan/Naloxone
- ❒ Ninguno de estas

**17. Marque una de las siguientes opciones para cada**

| | **Sí** | **No** | **No corresponde** |
|---|---|---|---|
| He acudido a urgencias en los últimos 12 meses. | ❒ | ❒ | |
| He estado en urgencias por una lesión en los últimos 12 meses (p. ej., accidente de un vehículo de motor, choque, caída, intoxicación, quemadura, corte, etc.). | ❒ | ❒ | |
| He intentado suicidarme en los últimos 12 meses. | ❒ | ❒ | |
| He intentado autolesionarme en los últimos 12 meses. | ❒ | ❒ | |
| He sido víctima de violencia o abuso doméstico en los últimos 12 meses. | ❒ | ❒ | |
| Tomo el medicamento que mi médico me dice que tome para controlar mi enfermedad crónica. | ❒ | ❒ | ❒ |
| Puedo pagar los medicamentos necesarios para mis afecciones médicas. | ❒ | ❒ | ❒ |
| ¿Su comunidad apoya la actividad física? (p. ej., parques, aceras, carriles para bicicletas, etc.) | ❒ | ❒ | |
| En la zona donde vive, ¿es fácil obtener frutas y verduras frescas? | ❒ | ❒ | |
| ¿Ha habido momentos en los últimos 12 meses en que no tenía suficiente dinero para comprar la comida que usted o su familia necesitaban? | ❒ | ❒ | |
| ¿Ha habido momentos en los últimos 12 meses en que no tenía dinero suficiente para pagar su alquiler o hipoteca? | ❒ | ❒ | ❒ |
| ¿Se siente seguro donde vive? | ❒ | ❒ | |

**18. En los últimos 7 días, ¿cuántos días ha pasado al menos 30 minutos al día realizando actividades físicas (caminar, correr, montar en bicicleta, jardinería, trabajo físico)?**

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

**19. Durante los últimos 7 días, ¿cuántas veces ha caminado durante al menos 10 minutos sin parar?**

❒ No he caminado durante al menos 10 minutos sin parar en los últimos 7 días.
❒ 1 a 3 veces durante los últimos 7 días
❒ De 4 a 6 veces durante los últimos 7 días
❒ 1 vez por día
❒ 2 veces por día
❒ 3 veces por día
❒ 4 o más veces por día

**20. ¿Cuál es su estatura?** _____pies _____pulgadas
_____centímetros

**21. ¿Cuál es su peso?** _____libras
_____kilogramos

**22. En los últimos 7 días, ¿cuántas horas al día dedica a utilizar la tecnología (teléfonos inteligentes, computadoras, tabletas, dispositivos de juegos) fuera de la escuela o del trabajo?**

❒ 0 horas ❒ De 1 a 3 horas ❒ De 3 a 6 horas ❒ De 6 a 9 horas ❒ Más de 9 horas

**23. En los últimos 7 días, ¿cuántas horas al día dedica a utilizar las redes sociales fuera de la escuela o del trabajo?**

❒ 0 horas ❒ De 1 a 3 horas ❒ De 3 a 6 horas ❒ De 6 a 9 horas ❒ Más de 9 horas

**24. Dónde consigue la comida que come en su hogar?** ***(Marque <u>todas</u> las opciones que correspondan)***

❒ Programas de comida de mochila o de verano
❒ Jardín comunitario
❒ Tienda de conveniencia/estación de servicio
❒ Tienda todo por 1 dólar
❒ Mercado
❒ Banco de alimentos/despensa de alimentos
❒ Supermercado
❒ Huerta familiar
❒ No cocino/como en casa
❒ Habitualmente recibo comida de mi familia, amigos, vecinos o de mi iglesia
❒ Programa Meals on Wheels
❒ Comida para llevar/comida rápida/restaurante
❒ Otro: _____

**25. Durante los últimos 7 días, ¿cuántas veces ha comido frutas y verduras? No cuente los zumos de frutas o verduras, ni los suplementos de frutas o verduras.** ***(Marque <u>una</u> opción)***

❒ No he comido frutas ni verduras durante los últimos 7 días
❒ 1 a 3 veces durante los últimos 7 días
❒ De 4 a 6 veces durante los últimos 7 días
❒ 1 vez por día
❒ 2 veces por día
❒ 3 veces por día
❒ 4 o más veces por día

**26. En los últimos 7 días, ¿cuántas veces comieron juntos todos o la mayoría de los miembros de su familia que viven en su casa?**

❒ Nunca ❒ 1 a 2 veces ❒ 3 a 4 veces ❒ 5 a 6 veces ❒ 7 veces ❒ Más de 7 veces ❒ No corresponde/Vivo solo

| **27. ¿En qué medida se siente socialmente conectado con la comunidad y las personas que le rodean?** | **Totalmente en desacuerdo** | **En desacuerdo** | **Neutral** | **De acuerdo** | **Totalmente de acuerdo** |
|---|---|---|---|---|---|
| Me siento socialmente conectado. | ❒ | ❒ | ❒ | ❒ | ❒ |

**28. ¿Dónde duerme con más frecuencia?** ***(Marque <u>una</u> opción)***

❒ En un hogar de grupo, hospital o programa de tratamiento
❒ En una casa que poseo o alquilo
❒ En un hotel o motel
❒ En un refugio o en un programa de vivienda de transición
❒ Vivo con mi familia extendida porque esa es mi decisión.
❒ Fuera, en un coche, en un edificio abandonado o en un espacio público
❒ Me quedo con amigos o familiares debido a problemas económicos (no es mi decisión).

**29. Tiene acceso a un transporte fiable?** ❒ Sí ❒ No

**30. Qué tipo de transporte utiliza con más frecuencia?**

❒ Mis amigos/familiares me llevan
❒ Ando en bicicleta o camino
❒ Conduzco
❒ Otro servicio de transporte (nombre): _____
❒ Transporte público (es decir, autobús, servicio de enlaces, similar)
❒ Uso compartido de vehículos
❒ Taxi (incluido Uber/Lyft)
❒ Otro: _____

## INFORMACIÓN DEMOGRÁFICA Y SEGURO MÉDICO

**31. ¿Cuál de las siguientes opciones describe su tipo actual de seguro médico? *(Marque <u>todas</u> las que correspondan)***

- ❒ COBRA
- ❒ Seguro dental
- ❒ Seguro proporcionado por el empleador
- ❒ Gobierno (VA, TRICARE)
- ❒ Cuenta de ahorros/gastos médica
- ❒ Seguro individual/privado/Marketplace/Obamacare
- ❒ Medicaid
- ❒ Medicare
- ❒ Complemento de Medicare
- ❒ Sin seguro dental
- ❒ Sin seguro médico

**32. Si no tiene seguro médico, ¿por qué no tiene seguro? *(Marque <u>todas</u> las que correspondan)***

- ❒ No corresponde; tengo seguro médico
- ❒ No entiendo las opciones de Marketplace/Obamacare
- ❒ No disponible en mi trabajo
- ❒ Estudiante
- ❒ Demasiado caro/costo
- ❒ Desempleado/sin trabajo
- ❒ Inmigrante no documentado
- ❒ Otro: _____

**33. Cuál es su identidad de género?** ❒ Hombre ❒ Mujer ❒ No binario ❒ Transgénero ❒ Género *queer* ❒ Género fluido ❒ Prefiero no responder

**34. Cuál es su nivel de educación completo más alto?**

- ❒ Menos que la escuela secundaria
- ❒ Algo de la escuela secundaria
- ❒ Título de escuela secundaria/GED
- ❒ Certificado vocacional/técnico
- ❒ Técnico superior
- ❒ Licenciatura
- ❒ Máster/doctorado

**35. ¿Con qué raza/origen étnico se identifica? *(Marque <u>todas</u> las que correspondan)***

- ❒ Nativo de Hawái/islas del Pacífico
- ❒ Nativo estadounidense/Nativo de Alaska
- ❒ Asiático
- ❒ Hispano/Latino
- ❒ Negro/Afroestadounidense
- ❒ Blanco
- ❒ Más de una raza
- ❒ Rehúso responder
- ❒ Otro: _____

**36. Cuál es su estado civil?**

❒ Casado/a ❒ Soltero/a ❒ Divorciado/a ❒ Viudo/a ❒ En pareja

**37. Cuántas personas viven en su casa (incluido usted)?**

Cantidad de niños (de 0 a 17 años) _____

Cantidad de adultos (de 18 a 64 años) _____

Cantidad de adultos (de más de 65 años) _____

**38. Cuáles son los ingresos anuales de su familia?**

- ❒ $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
- ❒ $101 001 y más

**39. Cuál es su situación laboral actual?**

- ❒ A tiempo completo
- ❒ A tiempo parcial
- ❒ Desempleado
- ❒ Autónomo
- ❒ Jubilado
- ❒ Tareas domésticas
- ❒ Estudiante
- ❒ Discapacitado/a

**40. Hay algo más que deberíamos saber sobre sus necesidades (o las de alguien que vive en su hogar) para mantenerse sano?**

_____

_____

_____

_____

*Gracias por ayudar a convertir el área metropolitana de Lynchburg en un lugar más saludable para vivir, trabajar y jugar!*

| Lynchburg Stakeholder Focus Group Directory<br>Date: April 26, 2024 | | |
|---|---|---|
| **Last Name** | **First Name** | **Organization** |
| Anderson | Cali | Central Virginia Health District |
| Coleman | Stephanie | YWCA of Central Virginia |
| Bennett | Mikayla | Centra – Patient Experience Partner |
| Bonnette | Amy | Camp Kum Ba Yah |
| Brebner | Alec | Central Virginia Planning District Commission |
| Brown | Martha | Lighthouse Community Center |
| Bryant | James | Centra – VP Emergency Services |
| Bunting | Melinda | Centra – Community Health Services |
| Childress | Alisha | Freedom First Credit Union |
| Coffey | Michael | Centra – Process Engineering Corporate Director |
| Coffman | Jessie | Freedom First Credit Union |
| Connelly | Carrington | Harvest Outreach Center |
| Culbertson | Tab | Centra – LGH/VBH Hospital President |
| Davis | Jaylin | Centra – Community Health Services |
| Dixon | Tracey | Lynchburg Daily Bread |
| Dyke-Harsley | Kimberly | Johnson Health Center – Community Health Worker |
| Esswein | Katie | HumanKind |
| Farmer | Shawne | Interfaith Outreach |
| Foster | Kim | Central Virginia Health District |
| Fowlkes | Takisha | Red Hill – Patrick Henry National Memorial |
| Gama | Ismael | Centra – VP Behavioral Health Services |
| Gillette | Jodi | Central Virginia Community College Education Foundation |
| Golden | Wendy | Meals on Wheels |
| Grandstaff | David | Johnson Health Center |
| Graves | Kathy | Centra – Community Benefits Committee |
| Hall | Michelline | Academy Center of the Arts |
| Hayden | Maria | The Motherhood Collective |
| Heck | Timothy | Campbell County Department of Social Services |
| Herrick | Jeffrey | University of Lynchburg |
| Horacek | Madison | Central Virginia Health District |
| Jack | Alex | Centra – Community Health Services |
| Johnson | Raven | FIVE18 Family Services |
| Jordan | Allison | IRON Lives |
| Kain | Betty | Diamond Hill Health and Wellness |
| Kondzella | Elizabeth | Lighthouse Community Center |
| Langlois | Courtney | Lynchburg City Schools |
| Leger | Nick | Lynchburg Police Department |
| Lewis | Ghislaine | University of Lynchburg |

| | | |
|---|---|---|
| Lewis | Chris | Centra – SVP Chief Clinical Officer |
| Link | Brenna | Pittsylvania-Danville Health District |
| Lyttle | Tiffany | Centra – Patient Education and Nurse Wellbeing Coordinator |
| Mabus | Abigail | Centra |
| Meador | Alisha | City of Lynchburg – Economic Development |
| Miller | Darren | Centra |
| O'Brien | Mark | Gleaning for the World |
| Pavao | Adam | Impact Living Services |
| Pike | Carolann | Central Virginia Health District |
| Quarantotto | Sarah | Miriam's House |
| Ramsey | Robin | FREE Foundation |
| Rezai | Nina | Centra – Community Benefits Committee |
| Sellers | Verna | Centra – Community Benefits Committee |
| Shabestar | Kris | Meals on Wheels |
| Shelton | Cassandra | Institute for Advanced Learning and Research (IALR) |
| Smith | Jeanell | Virginia Cooperative Extension |
| Spillmann | Scott | Pittsylvania-Danville Health District |
| Sprouse | Tabatha | Centra – Ground Transport / Call Center |
| Stokes | Zoe | Lynchburg City Schools |
| Suess | Rosemary | YMCA of Central Virginia |
| Svrcek | Bonnie | Centra – Board of Directors |
| Taylor | Lisa | Bank of the James |
| Watkins | James | N-Ward Solutions |
| Williams | Diane | Virginia Amateur Sports |
| Williams-LaPrade | Kim | Centra – LFMR Clinical Social Worker |
| Yarzenbinski | Kathryn | Greater Lynchburg Community Foundation |
| Young | Pat | Centra – VP Community Health Services |

**2024 Lynchburg Area Prioritization of Needs Worksheet**
**Instructions: Rank the following "Areas of Need" from 1 to 19**
**(1 is the greatest need)**

| 1 - 19 | Area of Need |
|---|---|
| | Access to Healthcare Services |
| | Aging and Eldercare |
| | Chronic Disease |
| | Coordination of Resources & Outreach |
| | Dental Care & Dental Problems |
| | Distracted Driving |
| | Domestic Violence |
| | Employment / Job assistance |
| | Environmental Health & Civic Infrastructure |
| | Financial Stability & Assistance |
| | Food Insecurity and Nutrition |
| | Health Education and Literacy |
| | Homelessness & Housing |
| | Issues Impacting Children & their Families<br>Child Abuse & Neglect<br>Childcare |
| | Language Barriers & Services |
| | Maternal/Child Health |
| | Mental Health and Substance Use Disorders & Access to Services |
| | Physical Activity & Recreational Spaces |
| | Transportation |

**2024 Lynchburg Area Prioritization of Needs Worksheet**
**Instructions: Rank the following "Areas of Need" from 1 to 19**
**(1 is the greatest need)**

| | | 2024 Community Health Survey | | | | | Stakeholder Focus Group | Target Population Focus Groups |
|---|---|---|---|---|---|---|---|---|
| 1 - 19 | Area of Need | What do you think are the most important issues that affect health in our community? Health Factors | What do you think are the most important issues that affect health in our community? Health Conditions | Which health care services are hard to get in our community? | Which social/support resources are hard to get in our community? | What keeps you from being healthy? | What are the top 5 greatest needs in the community(s) you serve? | What are the top 5 greatest needs in your community(s) around health and wellness? |
| | Access to healthcare services | | | x | x | x | x | x |
| | Aging and Eldercare | x | x | x | | | | x |
| | Chronic Disease | | x | | | | | x |
| | Coordination of Resources & Outreach | | | | | | x* | x* |
| | Dental Care & Dental Problems | | | x | | x | | |
| | Distracted Driving | x | | | | | | |
| | Domestic Violence | x | | x | | | | |
| | Employment / Job assistance | | | | x | | | |
| | Environmental Health & Civic Infrastructure | | | | | | | x |
| | Financial Stability & Assistance | | | | x | | x | |
| | Food Insecurity and Nutrition | x | | | x | x | x | x |
| | Health Education and Literacy | | | | | | | x |
| | Homelessness & Housing | x | | | x | | x | x |
| | Issues Impacting Children & their Families<br>Child Abuse & Neglect<br>Childcare | | | | x | | x | |
| | Language Barriers & Services | | | | | | | x |
| | Maternal/Child Health | | | | | | | x |
| | Mental Health and Substance Use Disorders & Access to Services | x | x | x | | | x | x |
| | Physical Activity & Recreational Spaces | x | x | | | x | | x |
| | Transportation | | | | x | | x | x |

*See 2024 Stakeholder & Target Population Collaboration Recommendations

| 2024 Lynchburg Priority Area of Needs and Community Resources | | |
|---|---|---|
| **Ranking** | **2024 Priority Area of Need** | **Resources Available** |
| **1** | Access to Healthcare Services | **Medical Services**<br>Free Clinic of Central Virginia<br>Centra Health & Centra Medical Group<br>Community Access Network<br>Virginia Department of Medical Assistance Services<br>VA Medical Center<br>Johnson Health Center<br>Central Virginia Family Physicians<br>Piedmont Access to Health Services (PATHS)<br>Collaborative Health Partners<br>Sovah Health<br><br>**Prescription Assistance**<br>FamilyWize Discount Card<br>Free Clinic of Central Virginia – MedsHelp<br>Virginia Medication Assistance Program (VA MAP)<br>GoodRx<br><br>**Virginia Department of Health**<br>Central Virginia Health District<br>*Amherst County Health Department*<br>*Appomattox County Health Department*<br>*Bedford County Health Department*<br>*Campbell County Health Department*<br>*Lynchburg Health Department*<br>Pittsylvania-Danville Health District<br>*Pittsylvania County Health Department*<br>*Danville Health Department* |
| **2** | Mental Health & Substance Use Disorders & Access to Services | **Mental Health & Substance Abuse Treatment Services**<br>Horizon Behavioral Health<br>Celebrate Recovery<br>Pathways Treatment Center<br>Centra – EmPATH Unit, Bridges Treatment Center, Centra Medical Group<br>Danville-Pittsylvania Community Services<br>Mount Regis Center<br>Sovah Health<br>FIVE18 Family Services<br>Lighthouse Community Center<br>Oxford Houses<br>The Haven<br>UP Foundation<br>Impact Living Services<br>Roads to Recovery<br>Addiction Allies<br>Johnson Health Center<br>Community Access Network – Hope Initiative<br><br>*continued on next page...* |

| Ranking | 2024 Priority Area of Need | Resources Available |
|---|---|---|
| | | **Mental Health & Substance Abuse Treatment Services (cont.)**<br>Acute Psychiatric Inpatient – Virginia Baptist Hospital<br>BrightView<br>Anderson Counseling Services<br>Dogwood Counseling Center<br>Thriveworks<br>The Madeline Centre<br><br>**Crisis Intervention Prevention**<br>YWCA Central VA – Domestic Violence & Sexual Assault Response Program<br>Horizon Behavioral Health<br>Embrace Healthy Solutions<br>Agape Center<br>RAINN Hotline for Sexual Violence<br>National Suicide Prevention Line |
| **3** | Food Insecurity & Nutrition | **Food / Food Pantries**<br>Agape Center<br>Seven Hills Church of Christ<br>Compassion Church of the Nazarene<br>Love and Truth Community Church<br>Churches of Urban Ministry<br>Lynchburg Daily Bread<br>Salvation Army<br>Virginia Cooperative Extension<br>Blue Ridge Area Food Bank<br>Interfaith Outreach Ministries<br>Park View Community Mission<br>Society of St. Andrew<br>Lynchburg Grows<br>Central Virginia Alliance for Community Living<br>Meals on Wheels<br>God's Storehouse<br>New Prospect Baptist Church Food Bank<br>Hyland Heights Food Pantry<br>St. Thomas More Food Pantry<br>Lighthouse Community Center<br>Fairview Christian Church<br>Court Street Baptist Church<br>Red Truck Food Ministry<br>Piedmont Community Impact Organization<br>Neighbors Helping Neighbors<br>Bedford Christian Ministries<br>Lake Christian Ministries<br>Madison House of the Arts<br>Food Not Bombs<br>Lynchburg Peacemakers<br>Fairview United Methodist Church<br>Come to the Altar Ministry |

| Ranking | 2024 Priority Area of Need | Resources Available |
|---|---|---|
| **4** | Homelessness & Housing | **Housing**<br>College Hill Apartments<br>James Crossing Apartments<br>Lynchburg Covenant Fellowship<br>Wesley Apartments (Seniors)<br>Meadows Apartments<br>RUSH Homes (Disabled)<br>USDA Rural Development<br>Lynchburg Redevelopment & Housing Authority<br>Pittsylvania County Community Action<br><br>**Shelters & Transitional Housing**<br>Coordinated Homeless Intake and Access (CHIA)<br>Homes of Hope<br>Lighthouse Community Center<br>Salvation Army<br>Miriam's House<br>YWCA Domestic Violence Shelter & Residential Program<br>Oxford Houses<br>Central Virginia Continuum of Care (CVCoC)<br><br>**Housing Weatherization & Rehabilitation**<br>Central Virginia Alliance for Community Living (Senior Services)<br>Lynchburg Community Action Group<br>Interfaith Outreach Association<br>Pittsylvania County Community Action |
| **5** | Issues Impacting Children & their Families:<br>Childcare, Child Abuse/Neglect | **Childcare – Financial Assistance**<br>Department of Social Services<br>*Amherst County*<br>*Appomattox County*<br>*Campbell County*<br>*City of Lynchburg*<br>*Pittsylvania County*<br>Lynchburg Community Action Group<br>Bright Beginnings Central Virginia<br>Mary Bethune Academy<br>YMCA of Central Virginia<br><br>**Childcare – Resources and Referrals**<br>HumanKind<br>2-1-1 Virginia<br>Bright Beginnings Central Virginia<br>YMCA of Central Virginia<br><br>**Child/Infant Car Seats**<br>Lynchburg Police Department<br>Central Virginia Health District / Pittsylvania-Danville Health District<br>Department of Social Services<br><br>*continued on next page...* |

| Ranking | 2024 Priority Area of Need | Resources Available |
|---|---|---|
| | | **Child Protective Services**<br>CASA of Central Virginia<br>Childhelp National Child Abuse Hotline<br>Southern Virginia Child Advocacy Center<br>Department of Social Services<br><br>**Children & Family Recreation**<br>Parks & Recreation<br>*Amherst County Parks & Recreation*<br>*Appomattox County Parks & Recreation*<br>*Campbell County Parks & Recreation*<br>*Lynchburg City Parks & Recreation*<br>*Pittsylvania County Parks & Recreation*<br>YMCA of Central Virginia<br>Boys & Girls Club of Greater Lynchburg<br>Virginia Cooperative Extension<br>Girls on the Run Central Virginia & Blue Ridge<br>Claytor Nature Center<br>Girl Scouts of Virginia Skyline Council<br>Boy Scouts of America, Blue Ridge Mountains Council<br>Camp Kum Ba Yah<br><br>**Parenting Skills & Family Support**<br>HumanKind<br>FIVE18 Family Services<br>Impact Living Services<br>The Madeline Centre<br>The Motherhood Collective<br>Kinship Navigator |
| **6** | Aging & Eldercare | **Senior Services**<br>Central Virginia Alliance for Community Living<br>Generation Solutions<br>Home Instead<br>Meals on Wheels<br>AARP Virginia<br>Alzheimer's Association<br>Raspberry Hill Adult Daytime Center<br>Centra PACE<br>Virginia Department for Aging & Rehabilitative Services<br>Southern Area Agency on Aging<br>Department of Social Services<br>Pittsylvania County Community Action<br><br>**Veterans**<br>Lynchburg Area Veterans Council<br>Virginia Department of Veterans Services<br><br>*continued on next page...* |

| Ranking | 2024 Priority Area of Need | Resources Available |
|---|---|---|
| | | **Disability Services & Rehabilitation**<br>The ARC of Central Virginia<br>Lynchburg Area Center for Independent Living (LACIL)<br>Achieve of Central Virginia<br>RUSH Homes<br>Virginia Department for Aging & Rehabilitative Services<br>Harmony Day Support<br>The Hive Day Services<br>Special Olympics |
| **7** | Coordination of Resources & Community Outreach | **Community Partnerships & Coalitions**<br>Blue Ridge Re-Entry Council<br>Central Virginia Continuum of Care (CVCoC)<br>SHARE Greater Lynchburg<br>Community Care Collaborative<br>The Health Collaborative<br><br>**Community Philanthropic Organizations**<br>Centra – Community Health<br>Greater Lynchburg Community Foundation<br>United Way of Central Virginia<br>Virginia Early Childhood Foundation<br>Lynchburg City Schools Foundation<br><br>**Financial & Job Assistance**<br>Virginia Career Works<br>Lynchburg Community Action Group<br>Virginia Employment Commission<br>Interfaith Outreach Association<br>St. Thomas More – MORE Aid<br>Old Dominion Job Corps<br>Pittsylvania County Community Action<br><br>**Legal Assistance**<br>Virginia Legal Aid Society<br><br>**Public Safety & Disaster Relief**<br>American Red Cross – Blue Ridge<br>Lynchburg Police Department<br>Lynchburg Fire Department<br>Lynchburg Department of Emergency Services<br>Pittsylvania County Sheriff's Office<br>Gleaning for the World<br>Virginia State Police |

| Ranking | 2024 Priority Area of Need | Resources Available |
|---|---|---|
| **8** | Chronic Disease | **Health Education**<br>Centra Health<br>Community Access Network<br>Johnson Health Center<br>Central Virginia Family Physicians<br>Piedmont Access to Health Services (PATHS)<br>Sovah Health<br>Virginia Cooperative Extension<br>American Cancer Society<br>American Diabetes Association<br>Alzheimer's Association |
| **9** | Transportation | **Transportation**<br>ModivCare (Medicaid Transportation)<br>Johnson Health Center – Appointment Transportation<br>Dial-A-Ride / New Freedom<br>Greater Lynchburg Transit Company<br>MoveUp Lynchburg |
| **10** | Financial Stability & Assistance | **Emergency Financial Assistance**<br>Interfaith Outreach Association<br>Lynchburg Community Action Group<br>Salvation Army<br>Department of Social Services<br>United Way of Central Virginia<br>St. Thomas More Catholic Church<br>Park View Community Mission<br>Thomas Road Baptist Church<br>DAWN<br><br>**Social Services (SNAP, TANF, Medicaid) Assistance**<br>Department of Social Services<br>*Amherst County*<br>*Appomattox County*<br>*Campbell County*<br>*City of Lynchburg*<br>*Pittsylvania County*<br><br>**Job Counseling, Training, & Placement**<br>Central Virginia Community College<br>Virginia Career Works<br>Virginia Employment Commission<br>Goodwill Industries<br>HumanKind<br>Old Dominion Job Corps<br>Lynchburg Community Action Group<br>Lynchburg Beacon of Hope<br>Jubilee Family Center<br>Virginia Department of Rehabilitative Services<br>Pittsylvania County Community Action |