



Community Health Needs Assessment

Bon Secours Richmond Health System
2019



Good Help to Those In Need®

Table of Contents

Executive Summary

Steering Committee.....	3
Community Engagement Survey.....	5
Community Conversations.....	6
Prioritization of Community Needs.....	7

Facility Description and Values

Mission and Values.....	8
Service Area Description.....	9

Access to Health Care Profile

I. Adults with a primary care physician.....	14
II. Persons with health insurance.....	15

Demographics Data Profile

I. Race and Ethnicity Demographics.....	17
II. Age Demographics and Projections.....	18
III. Income Demographics.....	19
IV. Poverty Level.....	20
V. High School Graduation (Educational Attainment).....	21
VI. Population Totals.....	22
VII. Life Expectancy	24

Health Conditions and Disease Data Profile

I. Leading Causes of Death.....	27
II. Injury Related Mortality.....	28
III. Drug Overdose Death.....	29
IV. Death Rate Due to Suicide.....	30
V. Overweight or Obese Adults.....	31
VI. Chronic Disease Hospitalization.....	32
VII. Infant Mortality Rate.....	34
VIII. Low Birth Weight.....	35
IX. Teen Pregnancies.....	36
X. Other Health Behaviors and Social Determinants	
a. Food Access.....	37
b. Homelessness.....	38
c. Child Abuse Rate.....	39
d. Air Quality.....	40
e. Lead Water Levels.....	41
f. Walkability.....	42
g. Access to Exercise.....	43
h. Housing Burden.....	44
i. Social Connectedness.....	45
j. Binge Drinking.....	46
k. No Physical Activity.....	47

<u>CHNA Key Findings</u>	48
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Prioritization Process

I. Methodology for Prioritization.....	48
II. Prioritization Results.....	49
III. Resources Available to Meet Identified Needs.....	50
IV. Needs Not Addressed.....	58

<u>2016 Community Health needs Assessment Impact 2016.....</u>	<u>59</u>
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Appendixes

I. Appendix A: CHNA Community Engagement Survey.....	62
II. Appendix B: Survey Results.....	70
III. Appendix C: Dialectix Consulting Report.....	72

Executive Summary

The true health of a community is defined by living conditions, opportunities and social cohesions. Place matters.

This Community Health Needs Assessment (CHNA) examines qualitative input provided by community members coupled with quantitative data on health conditions in the area. Together the information forms a snapshot of important areas of health concern. In order to obtain input from the community, three initiatives were advanced; a Community Health Needs Assessment Steering Committee was convened, a community engagement survey was conducted and several community conversations were held. Quantitative data from various sources was collected and analyzed.

CHNA Steering Committee

The purpose of the CHNA Steering Committee is to support the CHNA process by engaging community members and providing feedback on the findings. All organizations involved with the CHNA Steering Committee have special knowledge of public health and underserved populations in the service area. Organizations involved in the Steering Committee are identified as having either a) conducted a previous Community Health Needs Assessment/Community Health Assessment due to IRS or accreditation requirements or b) already engaged in regional population health assessment.

From January 2018 to April 2019 Steering Committee members served as key informants representing medically underserved, low- income or minority populations. The committee met bi-monthly to identify regional indicators and to inform the community engagement strategy for the creation of this document. Members of the committee will continue to meet on a quarterly basis to address identified needs.

Organization providing input	Nature and extent of input	Medically underserved, low-income or minority populations represented by organization
Bon Secours Richmond Health System	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children, urban and rural populations.
Virginia Department of Health – Central Office	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children, urban and rural populations.
Henrico & Richmond City Health Departments	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children and urban populations.
Chickahominy Health District	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children and rural populations.
Chesterfield Health Department	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children and rural populations.
Three Rivers Health District	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children and rural populations.
Virginia Commonwealth University Health System	Completed agency survey identifying issues, opportunities and top priorities.	Low income, racial minorities, people with disabilities, medically underserved, children and urban populations.

Additionally, the following organizations provided support to the CHNA Steering Committee: Capital Regional Collaborative, Daily Planet, Henrico Area Mental Health, Thriving Cities, United Way, and Virginia Hospital & Healthcare Association.

Community Engagement Survey

A survey to assess community health needs was conducted as part of the CHNA process during a six week period between January and February 2019. One thousand one-hundred (1100) individuals responded. The survey was offered in Spanish and English. One thousand and seven (1007) individuals completed the survey in English and ninety-three (93) individuals in Spanish. Individuals were asked to “Please choose the TOP 5 health issues you think should be addressed in your community:” from a list of 13 health issues. Individuals were then asked to “Please choose the TOP 5 causes of poor health in your community:” from a list of 18 health causes. The top 10 survey responses from each question are listed below:

Survey Response (English & Spanish combined) - Top 10 Health Issues			
Rank	Category	Number of Respodents	Percentage
1	Mental health & suicide	825	76%
2	Chronic Diseases (i.e. Obesity, Diabetes, Heart Disease, Stroke, Cancer, COPD)	795	73%
3	Alcohol/Drug Use	634	58%
4	Substance abuse	590	54%
5	Child Abuse/Neglect	480	44%
6	Domestic abuse	411	38%
7	Alzheimer’s/Dementia	317	29%
8	Dental health	305	28%
9	Sexually transmitted infections including HIV/AIDS	272	25%
10	Infant & Maternal Mortality	207	19%
	Total respondents: 1088		
Survey Response (English & Spanish combined) - Top 10 Health Causes			
Rank	Category	Number of Respodents	Percentage
1	Lack of access to healthy & affordable food	560	52%
2	Lack of access to healthcare services	502	47%
3	Lack of jobs with fair wages	479	45%
4	Lack of health education	456	42%
5	Stress/Trauma	433	40%
6	Community Violence & Crime	408	38%
7	Transportation	382	36%
8	Housing	369	34%
9	Education/School System	347	32%
10	Homelessness	290	27%
	Total respondents: 1074		

A copy of the full survey is available in English in Appendix A. The survey results from the English survey and Spanish survey are presented individually in Appendix B.

Community Conversations

Seven Community Conversations occurred in March of 2019 as part of the CHNA process in which 60 individuals participated from all of the core jurisdictions of Hanover, Henrico, Chesterfield and Richmond City within the Richmond Core Service Area and Lancaster and Northumberland within the Northern Neck Core Service Area. Overall the racial and geographical diversity of the participants represented a healthy mix of the region's residents. The sample skewed towards wealthier participants with more education than the region overall.

The purpose of the conversation was to elicit feedback from community members about publically available health data describing health conditions in the service areas and to review the survey results to further explore the findings. The top 10 health issues as identified from the survey results were presented to the attendees and they were asked to 1) rank the health issues according to which issues impacted them and the people close to them the most and 2) from a community perspective, rank the issues that should be addressed to improve the overall health of the region.

Residents in the Richmond Core Service Area identified the top two priorities that needed to be addressed as:

- 1) Mental Health and Suicide
- 2) Substance Abuse

Residents in the Northern Neck Core Service Area identified the top two priorities that needed to be addressed as:

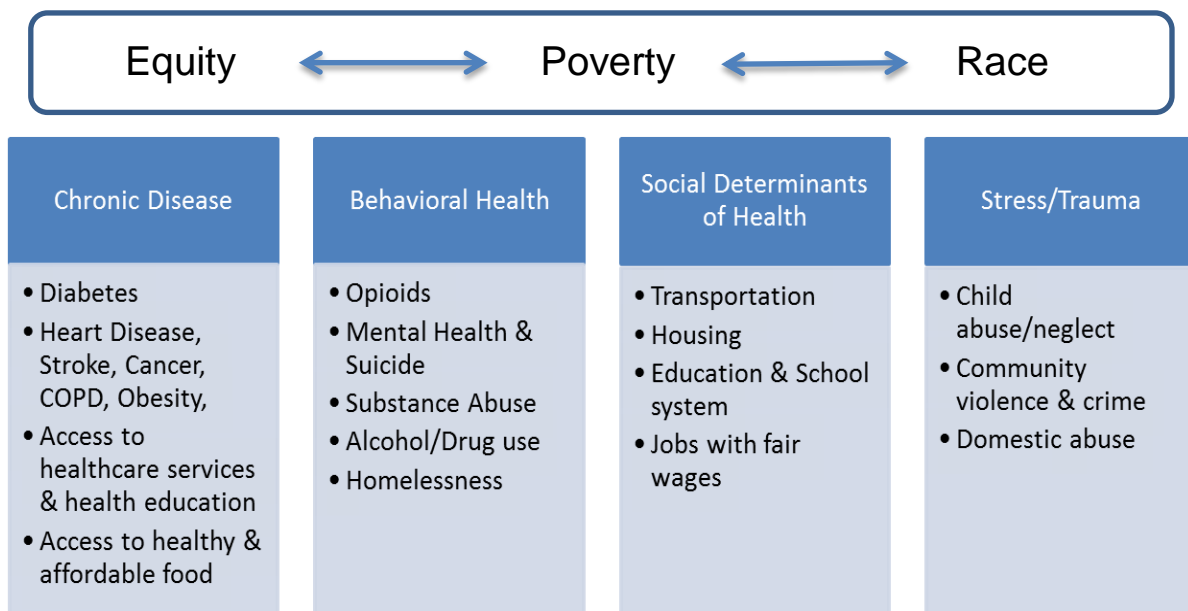
- 1) Chronic Disease
- 2) Substance Abuse

A detailed report from the community conversations is presented in Appendix C.

Prioritization of Community Needs

Conversations with the CHNA Steering Committee, community members, and community leaders reaffirmed the survey findings and identified significant linkages between identified health needs. Additionally, the themes of Equity, Poverty, and Race were discussed as underlying concerns related to all of the health issues and causes identified. Leaders within the Community Health Division in conjunction with the Bon Secours Executive Strategy Team prioritized the following areas of focus for 2019-2021.

Overarching Themes



Facility Description and Values

This CHNA was prepared for the Bon Secours Richmond Health System, a health system that includes multiple facilities serving the Greater Richmond, Virginia metropolitan area and the Northern Neck.

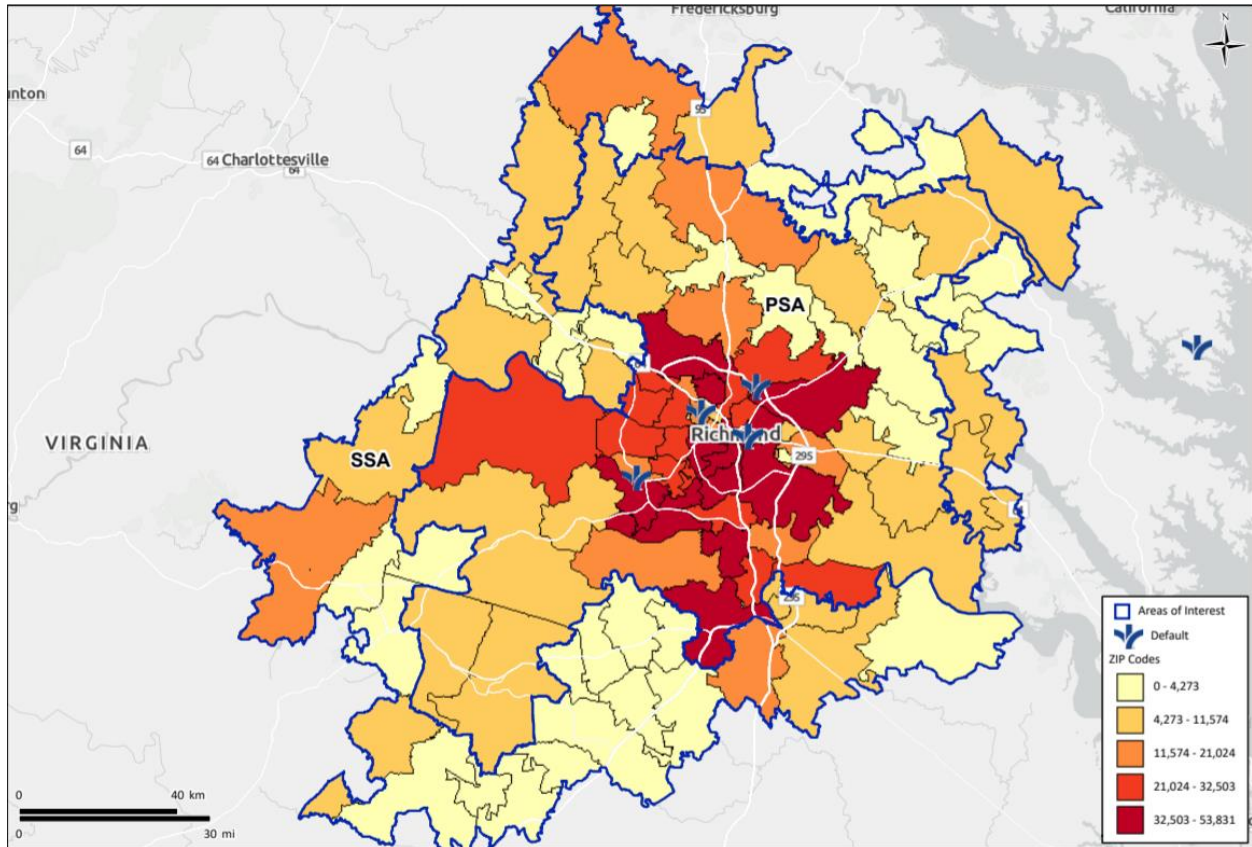
OUR MISSION

We extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring Good Help to those in need, especially people who are poor, dying and underserved.

OUR VALUES

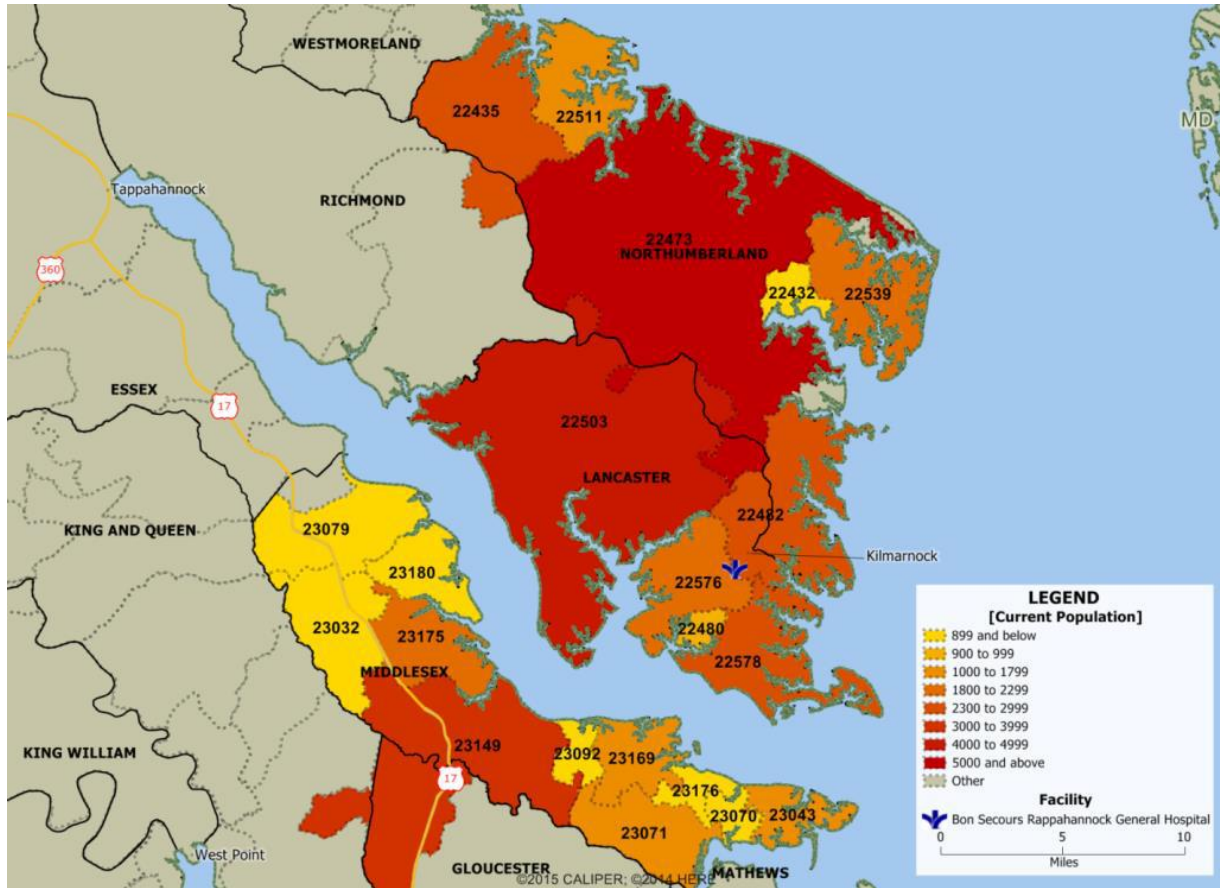
Human Dignity | Integrity | Compassion | Stewardship | Service

Bon Secours Richmond Service Area & Population Density Map



Counties Served	Health District Represented
Chesterfield County, Powhatan County, City of Colonial Heights	Chesterfield Health District
Charles City, Goochland County, Hanover County, New Kent County	Chickahominy Health District
Henrico County	Henrico Health District
Amelia County	Piedmont Health District
City of Richmond	Richmond City Health District

Bon Secours Northern Neck Service Area & Population Density Map



Counties Served	Health District Represented
Lancaster County, Middlesex County, Northumberland County	Three Rivers Health District

Bon Secours Richmond Facilities Description

Bon Secours Richmond Health System serves the Greater Richmond, Virginia metropolitan area and includes four hospital facilities whose service areas largely overlap. While the hospitals serve patients from many cities and counties, the majority of patients fall within the counties of Chesterfield, Henrico, Hanover and the City of Richmond. For the purpose of this CHNA, we refer to these as the **“Richmond Core Service Area.”** Bon Secours Richmond Health System also services the Northern Neck Region to include the counties of Lancaster, Middlesex, and Northumberland. For the purpose of this CHNA, we refer to these as the **“Northern Neck Core Service Area.”** Collectively, both core service areas are referred to in this document as the CHNA Service Area.

The Bon Secours Richmond Health System facilities are described below:

- 1) **Memorial Regional Medical Center** - Richmond Memorial Hospital (RMH) was chartered in 1947 in the Ginter Park Community to accommodate the shortage of hospital facilities after World War II. Since 1998, Memorial Regional Medical Center has provided a continuation of RMH’s commitment and preserved its monumental importance. Memorial Regional Medical Center is an acute care facility licensed for 225 beds, serving residents primarily from the counties of Hanover, Henrico, King and Queen, King William, New Kent and Richmond City.
- 2) **Richmond Community Hospital** – In 1895, Richmond Community Hospital opened as the first facility in Richmond designed to serve African-American patients in historic Jackson Ward. Bon Secours Health System acquired the hospital, which by then had moved to the present location of 1500 N. 28th Street in historic Church Hill. Today, Bon Secours Richmond Community Hospital is an acute care facility licensed for 104 beds.

The Richmond Community Hospital service area extends through much of the Richmond metropolitan area, including downtown Richmond. It is uniquely located in Richmond’s East End, an historic area of Richmond with great diversity and culture. The Richmond Community Hospital service area falls mostly in the City of Richmond and also serves residents primarily from the counties of Chesterfield, Hanover and Henrico.

- 3) **St. Francis Medical Center** - St. Francis Medical Center was completed in 2005 and is a state-of-the-art acute care facility licensed for 130 beds. The St. Francis Medical Center service area extends across much of central Virginia, including downtown Richmond, suburban communities of Chesterfield and Henrico counties and rural counties such as Powhatan and Amelia.
- 4) **St. Mary’s Hospital** - St Mary’s Hospital opened in 1966 with a unique vision for the time, allowing patients of all colors and religions to receive treatment there. Fifty years later, St. Mary’s has grown into an acute care facility licensed for 391 beds.

The St. Mary's Hospital serves residents primarily from the counties of Chesterfield, Goochland, Hanover, Henrico, and Richmond City. While its core is based in the Richmond metropolitan area, its services reach into the surrounding rural counties.

- 5) **Rappahannock General Hospital** – Rappahannock General Hospital was acquired by Bon Secours Health System on December 31, 2014. Over the past five years, Rappahannock General Hospital has grown into a critical access hospital with 25 licensed beds in acute care and 10 licensed beds in behavioral health. Rappahannock General Hospital primarily serves residents in the counties of Lancaster, Middlesex and Northumberland.

Quantitative Data Findings

Data presented in the following sections reflects how the area served by Bon Secours Richmond Health System compares to Virginia overall and/or the nation. This data was gathered from publicly available sources through the Virginia Department of Health and BeHealthyRVA.

Data presented from BeHealthyRVA is color-coded and compared to the Virginia state value. Green denotes positively meeting or exceeding the Virginia state value, while red denotes negatively meeting or exceeding the Virginia state value.

The CHNA Steering Committee compared previous CHNAs/CHAs to identify overlapping and pertinent indicators. The indicator data was prioritized based upon the following criteria: relevance to each organization, availability of data across services areas, recognized indicators of health, and indicators that suggest regional impact.

Access to Health Care Profile

This Access to Health Profile provides health service data gathered from publicly available sources through the Virginia Department of Health and BeHealthyRVA. The 4 jurisdictions that make up the Richmond Core Service Area are Chesterfield, Hanover, Henrico and the City of Richmond. The 3 jurisdictions that make up the Northern Neck Core Service Area are Lancaster, Middlesex, and Northumberland.

I. Adults with a primary care physician

Indicator Description:

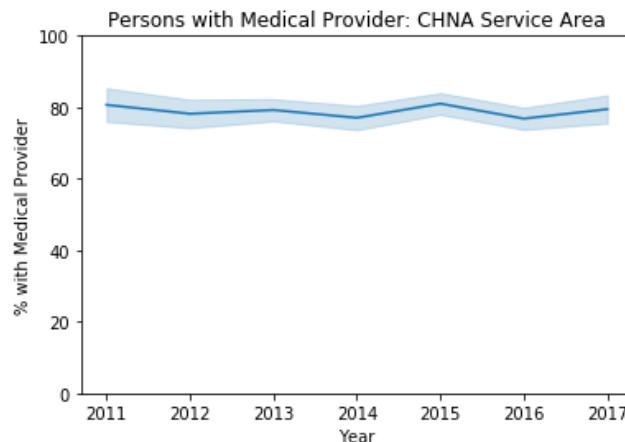
This indicator shows the percentage of adults who have a regular health care provider.

Indicator Importance:

Seeing a health care provider on a regular basis helps to increase preventative screenings, identify potential health concerns and improves overall quality of life.

What the data shows:

- Approximately 80% of individuals in the CHNA Service Area have a regular primary care physician.¹



¹ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

II. Persons with health insurance

Indicator Description:

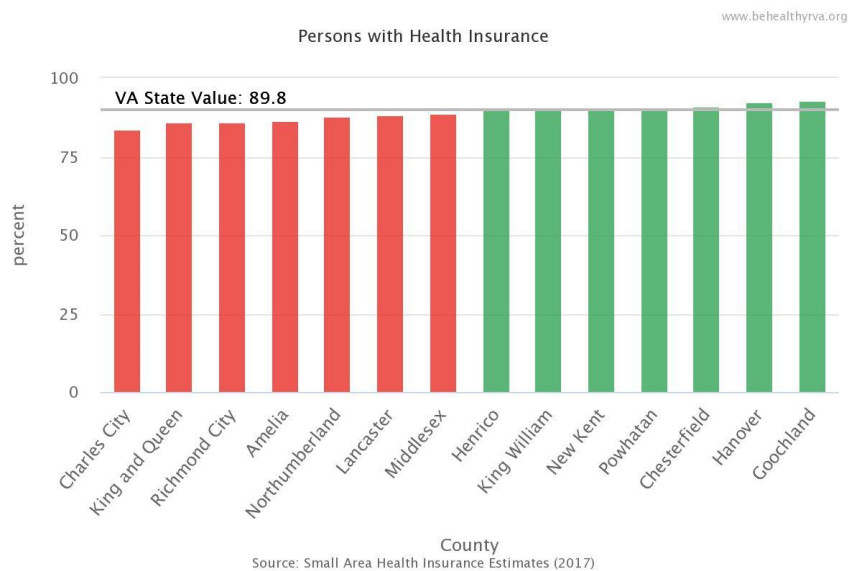
This indicator shows the percentage of persons aged 0-64 years that have any type of health insurance coverage.

Indicator Importance:

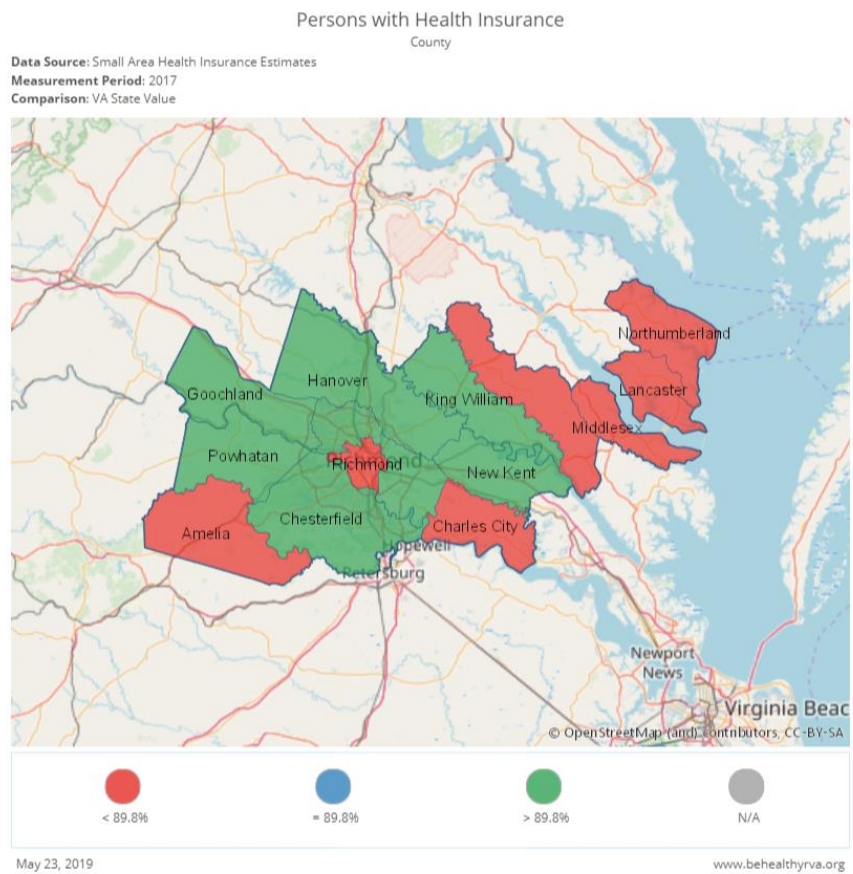
Individuals without health insurance are less likely to seek medical care and treatment due to high costs and socioeconomic barriers. While there are a number of safety net resources within the CHNA Service Area, there are still significant access challenges based on medical conditions and patient needs.

What the data shows:

- The VA State value is 89.9%.
- In the Richmond Core Service Area, Amelia County, Charles City County, King and Queen County and the City of Richmond and have a lower percentage of insured individuals than the Virginia state average.
- All three localities within the Northern Neck Core Service area have a lower percentage of insured individuals than the Virginia State average.²



² BeHealthyRVA (www.behealthyva.org)



Demographics Data Profile

The health of a community is largely connected to the demographics and social aspects of its residents, which can be a useful indicator of health concerns. Demographic studies of a population are based on factors such as age, race, sex, economic status, education levels, and employment rates, among others. The physical environment in which individuals live, learn, work, play, and grow old also has a great impact on their health and quality of life. These cultural and environmental conditions are also known as 'Social Determinants of Health'.

I. Race and Ethnicity Demographics

Indicator Description:

This indicator shows race and ethnicity percentages among the population of the CHNA Service Area.

Indicator Importance:

The race and ethnicity composition of a population provides vital information into the overall health of a community.

What the data shows:

- This data represents persons who self-reported these categories on the 2010 Census.
- Please note that due to overlap between data categories, percentages will not add up to 100%.³

	% American Indian and Alaska Native	% Asian	% Black or African American	% Hispanic or Latino	% Native Hawaiian and Other Pacific Islander	% Two or more Races	% White	% White (Not Hispanic or Latino)
Amelia	0.6	0.6	21.1	3	0	1.8	75.9	73.6
Charles City	6.9	0.5	45.9	1.9	0.1	3.2	43.3	42.1
Chesterfield	0.6	3.7	23.9	8.8	0.1	2.8	68.9	61.8
Goochland	0.3	1.5	16.1	2.8	0	1.6	80.4	78.1
Hanover	0.5	1.8	9.5	3.1	0.1	1.8	86.3	83.8
Henrico	0.4	8.8	30.6	5.6	0.1	2.4	57.8	53.2
King William	1.5	1.3	16.2	2.6	0	2.3	78.7	76.7
King and Queen	1.8	0.4	26.4	3.1	0	2.6	68.8	66.3
Lancaster	0.3	0.8	28.1	1.9	0	1.4	69.4	68
Middlesex	0.5	0.4	17.2	2.6	0.1	1.9	80	77.8
New Kent	1.1	1.1	13.4	3.5	0	2.6	81.8	78.9
Northumberland	0.2	0.5	25.3	3.7	0.1	1.7	72.2	69.1
Powhatan	0.4	0.6	9.9	2.2	0.1	1.4	87.6	85.9
Richmond City	0.6	2.3	48.8	6.7	0.2	2.2	45.9	41

³ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

II. Age Demographics and Projections

Indicator Description:

This indicator shows age distribution within the localities in the CHNA Service Area.

Indicator Importance:

Understanding the age structure of a population is important in planning for the future of a community. Communities with a large aging population will have significantly different needs than communities with a large youth population.

What the data shows:

- The Northern Neck Core Service Area has a higher percentage of adults over 65 than the Richmond Core Service Area.
- Within the Richmond Core Service Area, there is little variation between localities.⁴

RICHMOND CORE Age Distribution by % in Population, 2017			
	% < 18 years old	% 19-64 years old	% > 65 years old
Amelia	20.8%	60.1%	19.1%
Charles City	15.6%	60.9%	23.5%
Chesterfield	23.8%	61.8%	14.4%
Goochland	17.9%	60.5%	21.6%
Hanover	22.2%	60.6%	17.2%
Henrico	22.9%	62.1%	15.0%
King and Queen	18.2%	59.4%	22.4%
King William	23.2%	61.0%	15.8%
Lancaster	15.4%	49.0%	35.6%
Middlesex	15.9%	53.0%	31.1%
New Kent	20.0%	63.2%	16.8%
Northumberland	15.0%	49.0%	36.0%
Powhatan	18.5%	63.8%	17.7%
Richmond City	17.8%	69.4%	12.8%
Virginia	21.1%	63.9%	15.0%

⁴ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

III. Income Demographics

Indicator Description:

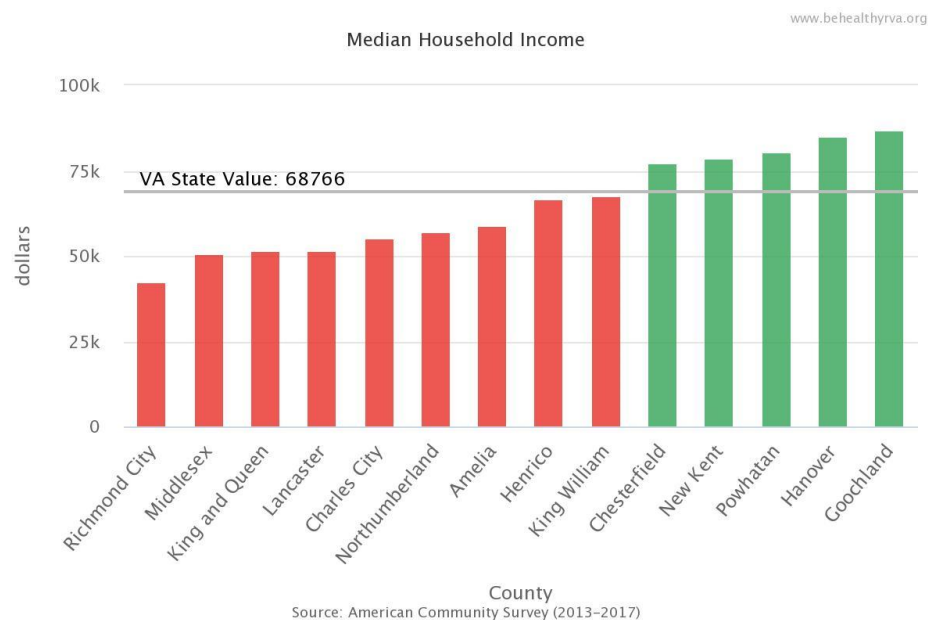
This indicator shows the median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.

Indicator Importance:

Median household income is an important determinant of health. Communities with higher poverty rates often experience poorer health. Higher median household incomes are often associated with higher educated residents and lower unemployment rates.

What the data shows:

- In the CHNA Service Area, only the five counties of Chesterfield, New Kent, Powhatan, Hanover, and Goochland exceed the Virginia state value.
- It is important to note that the Virginia state value of \$68,766 is significantly higher than the U.S. value of \$57,652.⁵



⁵ BeHealthyRVA (www.behealthyva.org)

IV. Poverty Level

Indicator Description:

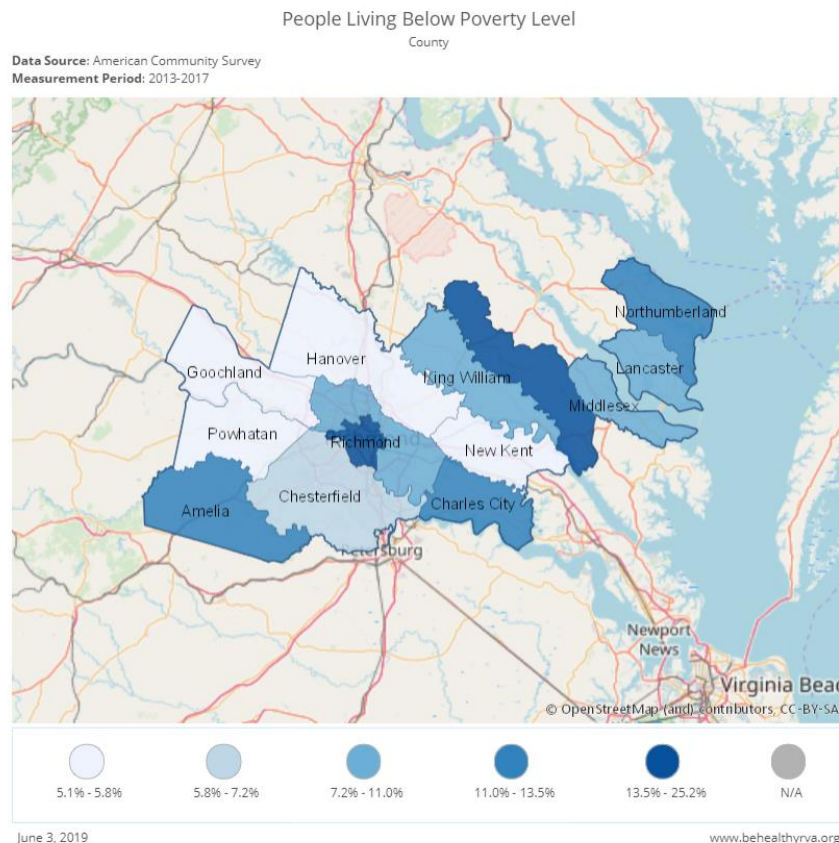
This indicator shows the percentage of individuals living below the federal poverty level.

Indicator Importance:

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Communities with higher poverty rates often experience poorer economic conditions. Poverty is an underlying root cause of poorer health.

What the data shows:

- The Virginia state value is 11.2% of people living below poverty level.
- While Richmond City has the highest percentage of people living below poverty level, when compared to data overtime, Richmond City has seen a statically significant improvement in individual poverty rates.
- Aside from New Kent County, all other localities within the CHNA Service Area have experienced an increase in individuals living below the poverty level overtime.⁶



⁶ BeHealthyRVA (www.behealthyrva.org)

V. High School Graduation (Educational Attainment)

Indicator Description:

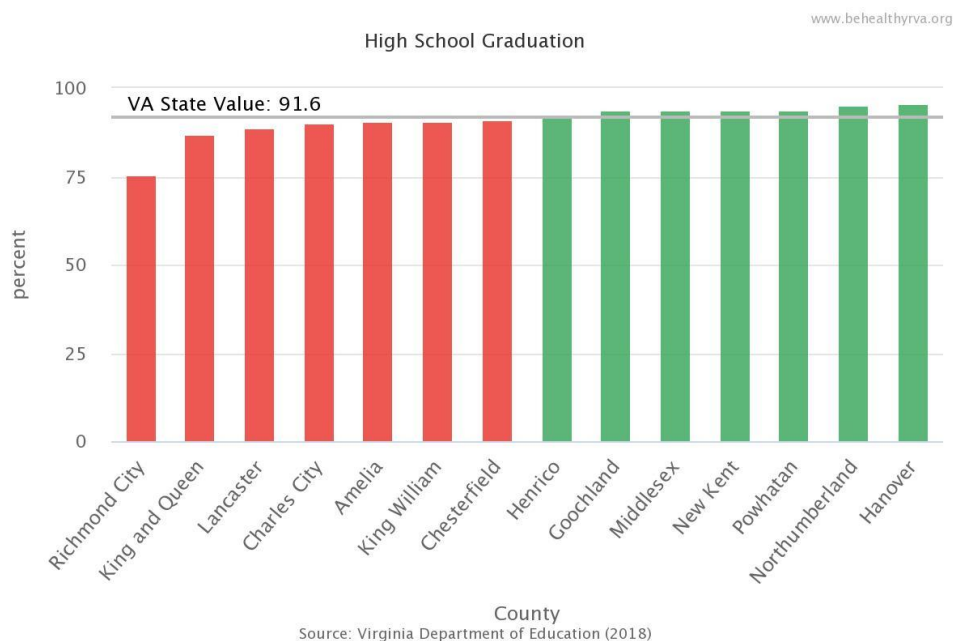
This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

Indicator Importance:

High School graduation is a critical measure of overall health. Obtaining a high school degree leads to increase employment opportunities, higher wages, and economic stability.

What the data shows:

- The Healthy People 2020 goal for Education Level/Graduation Rates aims for at least 82.4% graduation rate for students attending public schools with a regular diploma four years after starting the 9th grade.
- The Virginia state value of 91.6% and the U.S. value of 84.1% both exceed the Healthy People 2020 goal.
- The City of Richmond is the only locality in the CHNA Service Area that does not meet the U.S. value of 84.1%.⁷



⁷ BeHealthyRVA (www.behealthyva.org)

VI. Population Totals

Indicator Description:

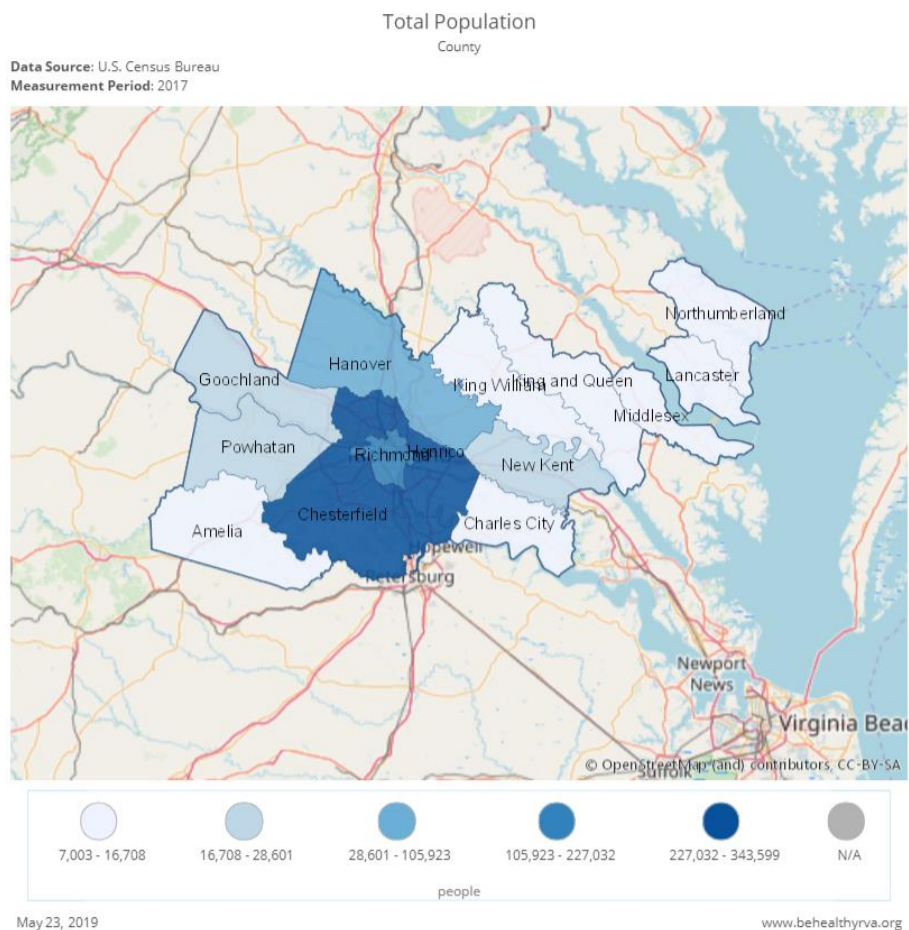
This indicator shows the total population for each locality in the CHNA Service Area.

Indicator Importance:

Population totals is important for determining rates of health conditions.

What the data shows:

- Charles City County, King and Queen County and Middlesex County have all experienced a decrease in population totals when compared to the prior year.
- All of the remaining localities in the CHNA Service Area have experienced an increase in population totals when compared to the prior year.⁸



⁸ BeHealthyRVA (www.behealthyva.org)

County	Source	Measurement Period	People	
Chesterfield	U.S. Census Bureau	2017	343,599	●
Henrico	U.S. Census Bureau	2017	327,898	●
Richmond City	U.S. Census Bureau	2017	227,032	●
Hanover	U.S. Census Bureau	2017	105,923	●
Powhatan	U.S. Census Bureau	2017	28,601	●
Goochland	U.S. Census Bureau	2017	22,685	●
New Kent	U.S. Census Bureau	2017	21,682	●
King William	U.S. Census Bureau	2017	16,708	○
Amelia	U.S. Census Bureau	2017	13,020	○
Northumberland	U.S. Census Bureau	2017	12,275	○
Lancaster	U.S. Census Bureau	2017	10,788	○
Middlesex	U.S. Census Bureau	2017	10,679	○
Charles City	U.S. Census Bureau	2017	7,004	○
King and Queen	U.S. Census Bureau	2017	7,003	○

VII. Life Expectancy

Indicator Description:

This indicator shows the estimated life expectancy in years of residents living in the CHNA Service Area.

Indicator Importance:

This data represents the average number of years a person is expected to live, based on the locality where they live.

What the data shows:

- Darker shaded regions are associated with a higher estimated life expectancy. Conversely, lighter shaded regions are associated with a lower estimated life expectancy.
- The City of Richmond has the lowest estimated life expectancy of 75 years (60 years for disability-free life expectancy) of all localities in the CHNA Service Area.⁹
- “Babies born within five miles of downtown Richmond Virginia face up to a 20 year difference in life expectancy.” – VCU Center on Society and Health¹⁰

⁹ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

¹⁰ VCU Center on Society and Health (<https://societyhealth.vcu.edu/>)

Life Expectancy in Years

75.0 75.5 76.0 76.5 77.0 77.5 78.0 78.5 79.0

Counties and Cities labeled on the map include: Louisa, Goochland, Ashland, Hanover, King and Queen, King William, Lancaster, Middlesex, Henrico, Short Pump, Glen Allen, Mechanicsville, Richmond, RVA, Powhatan, Tuckahoe, Lakeside, Highland Springs, New Kent, West Point, Cumberland, Amelia, Chesterfield, Chester, Charles City, Charles City, Williamsburg, James City, York, Gloucester, Gloucester Point, Cape Charles, Eastville, Exmore, Mathews, Hudgens, Kilmarnock, Irlington, Warsaw, Tappahannock, Montross, Appomattox River, and Chatham.

Disability-Free Life Expectancy in Years

60 61 63 64 65 66 68 69 70

Map showing Disability-Free Life Expectancy in Years by county in Virginia. The map uses a color scale from 60 (dark green) to 70 (dark red). The Richmond, VA area is highlighted in white. Surrounding areas include Loudoun, Loudan, and Loudan counties.

VCU Center on Society and Health



Health Conditions and Disease Data Profile

I. Leading Causes of Death

Indicator Description:

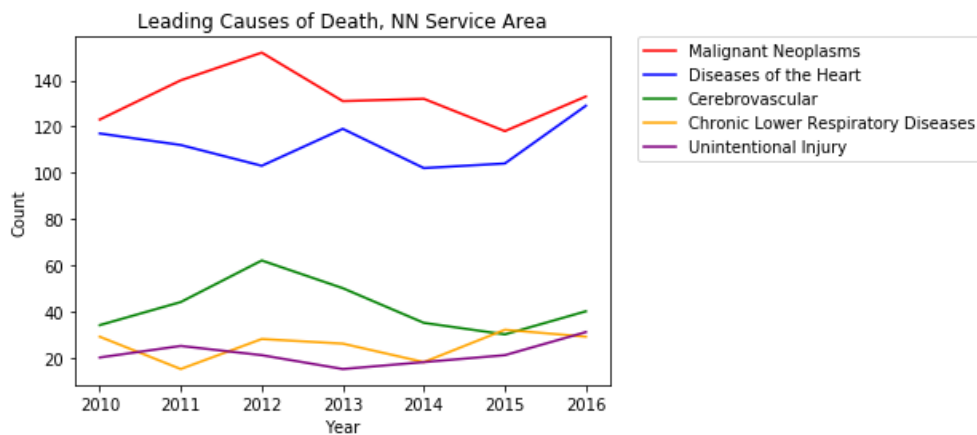
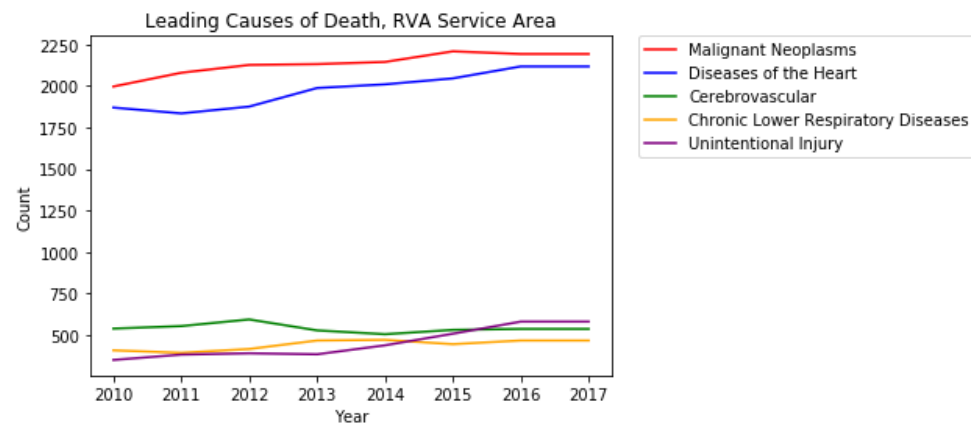
This indicator shows the leading causes of death in the Richmond Core Service Area and the Northern Neck Core Service Area.

Indicator Importance:

Determining the specific leading causes of death is an important factor in understanding the overall health of communities.

What the data shows:

- The leading causes of death in both the Richmond Service Area (RVA) and the Northern Neck Service Area (NN) are malignant neoplasms (cancer) and diseases of the heart.¹¹
- Please note that these rates are not age adjusted.



¹¹ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

II. Injury Related Mortality

Indicator Description:

This indicator shows the number of injury related deaths by health district that occurred in the CHNA Service Area.

Indicator Importance:

Capturing the number of injury related deaths is an important indicator to the overall health of a community.

What the data shows:

- In total, Chesterfield Health District has experienced the highest number of injury related deaths, with Henrico Health District following in second.
- Piedmont Health District has experienced the lowest number of injury related deaths of all localities.¹²
- Localities not shown did not report statistically significant data.

	2010	2011	2012	2013	2014	2015	2016
Chesterfield	131	124	128	154	166	156	211
Chickahominy	45	48	71	59	67	69	75
Henrico	102	104	115	135	123	157	159
Piedmont	29	40	48	45	56	53	66
Richmond City	90	103	101	103	114	123	183
Three Rivers	68	71	74	64	71	95	108

¹² Virginia Department of Health (<http://www.vdh.virginia.gov/>)

III. Drug Overdose Death

Indicator Description:

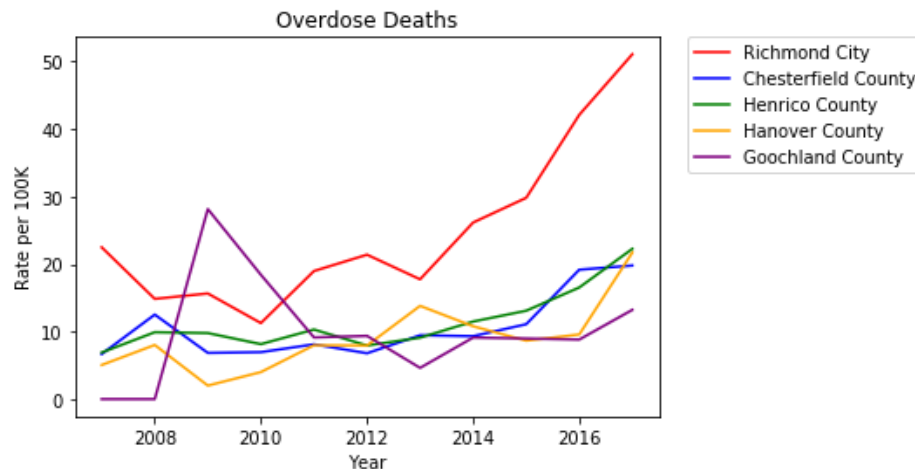
This indicator shows the rate of drug overdose deaths per 100,000 in the CHNA Service Area.

Indicator Importance:

Drug overdose deaths are the leading cause of death in the United States. Communities with a high rate of drug overdose deaths have a higher concentration of drug use and higher susceptibility to crime than communities with a low rate of drug overdose deaths.

What the data shows:

- The City of Richmond has seen the most significant increase in the number of drug overdose deaths than any other locality in the CHNA Service Area.
- All other localities in the CHNA Service Area have also seen an increase in drug overdose deaths over the last decade.¹³



¹³ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

IV. Death Rate Due to Suicide

Indicator Description:

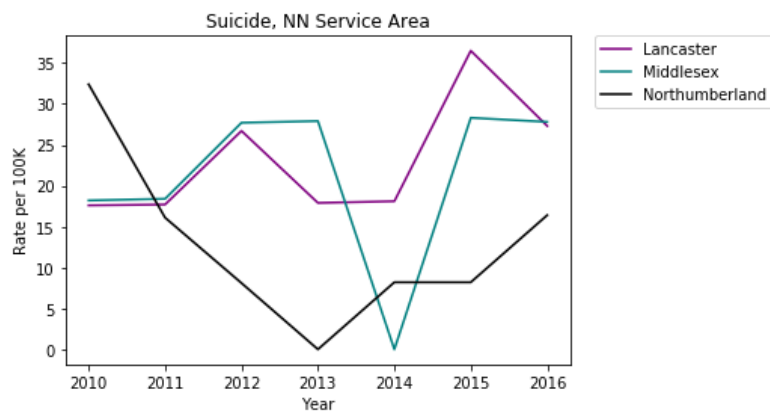
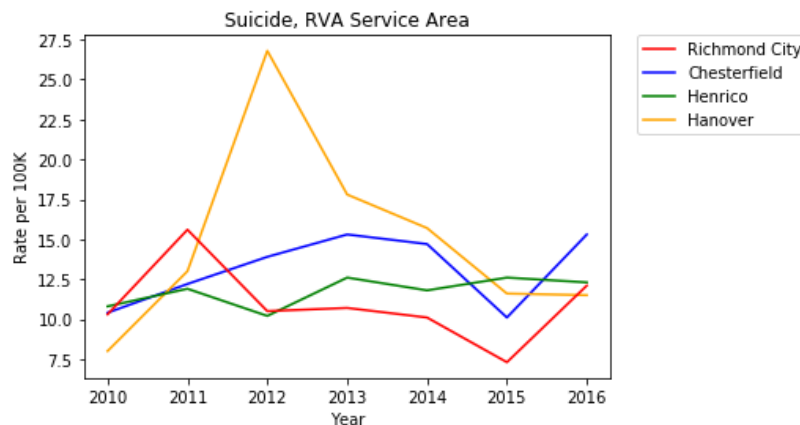
This indicator shows the death rate per 100,000 persons due to suicide.

Indicator Importance:

The number of deaths due to suicide is a strong indicator of the overall health of a community. Communities that experience a higher rate of suicides are more likely to have a higher rate of depression, anxiety, and other behavioral health issues than communities with a low rate of suicide deaths.

What the data shows:

- In the Richmond CHNA Service area, Hanover County has experienced the greatest fluctuation in suicide death rates over the past decade.
- Both Chesterfield County and the City of Richmond have experienced a significant increase in suicide death rates in the two previous years.
- In the Northern Neck CHNA Service Area, the localities of Lancaster and Middlesex have experienced a slight increase in suicide death rates between 2010 and 2016.
- While the county of Northumberland experienced a decrease in suicide death rates between 2010 and 2013, the rate has steadily increased thereafter.¹⁴



¹⁴ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

V. Overweight or Obese Adults

Indicator Description:

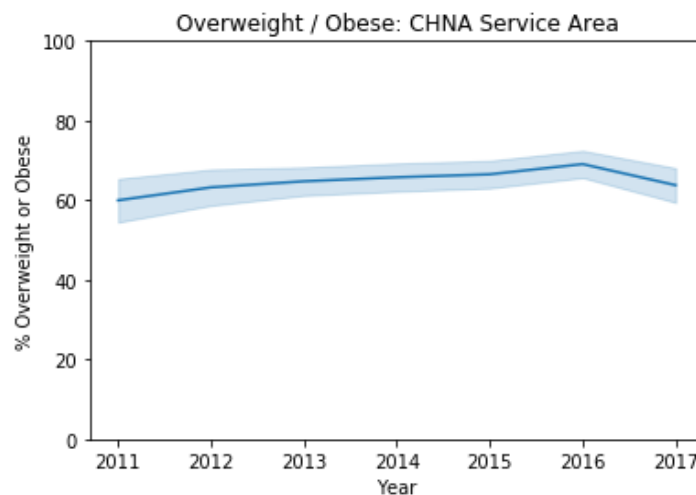
This indicator shows the percentage of adults who are overweight or obese according to the Body Mass Index (BMI).

Indicator Importance:

A high BMI is an overall indicator of poor individual and community health. Being overweight or obese puts individuals at a higher risk of developing many chronic diseases.

What the data shows:

- A BMI between 25-29.9 is considered overweight
- A BMI greater than or equal to 30 is considered obese.
- The Virginia state value is 66.3%
- The U.S. value is 66.6% ¹⁵



¹⁵ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

VI. Chronic Disease Hospitalization

Indicator Description:

This indicator shows the number of hospitalizations due to chronic diseases in the CHNA Service Area.

Indicator Importance:

The number of hospitalizations due to chronic disease is a key indicator of the overall health of a community. Communities with a higher rate of chronic disease hospitalizations typically have a higher rate of individuals with one or more chronic disease.

What the data shows:

- While all of the chronic disease hospitalization rates listed below increased between 2005 and 2015, the number of Alzheimer cases and rate per 100,000 persons decreased during the same time period. Although the number of stroke cases increased between 2005 and 2015, the rate per 100,000 persons actually decreased.
- It is important to note that the increased use of Electronic Medical Records systems have likely contributed to the increased rates overtime as better data tracking has become available.¹⁶

¹⁶ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

Indicator		2005	2015	Difference	% Change	Change Direction
Alzheimer's	Cases	409	343	-66	-16.1	↓
	Rate per 100K	211	156	-55.4	-26.2	↓
Arthritis	Cases	1308	1900	592	45.3	↑
	Rate per 100K	675	863	187.5	27.8	↑
Asthma	Cases	3097	3951	854	27.6	↑
	Rate per 100K	1598	1794	195.3	12.2	↑
COPD	Cases	12566	15382	2816	22.4	↑
	Rate per 100K	6485	6983	497.9	7.7	↑
Cardiovascular Disease	Cases	553	4361	3808	688.6	↑
	Rate per 100K	285	1980	1694.3	593.7	↑
Chronic Kidney Disease	Cases	2187	2957	770	35.2	↑
	Rate per 100K	1129	1342	213.7	18.9	↑
Diabetes	Cases	4895	6962	2067	42.2	↑
	Rate per 100K	2526	3160	634.3	25.1	↑
Heart Disease	Cases	7072	8729	1657	23.4	↑
	Rate per 100K	3650	3963	313	8.6	↑
Heart Failure	Cases	3277	3980	703	21.5	↑
	Rate per 100K	1691	1807	115.6	6.8	↑
Hypertensive Diseases	Cases	9732	13437	3705	38.1	↑
	Rate per 100K	5022	6100	1077.4	21.5	↑
Obesity	Cases	1674	3801	2127	127.1	↑
	Rate per 100K	864	1725	861.6	99.7	↑
Stroke	Cases	1409	1472	63	4.5	↑
	Rate per 100K	727	668	-58.9	-8.1	↓

VII. Infant Mortality Rate

Indicator Description:

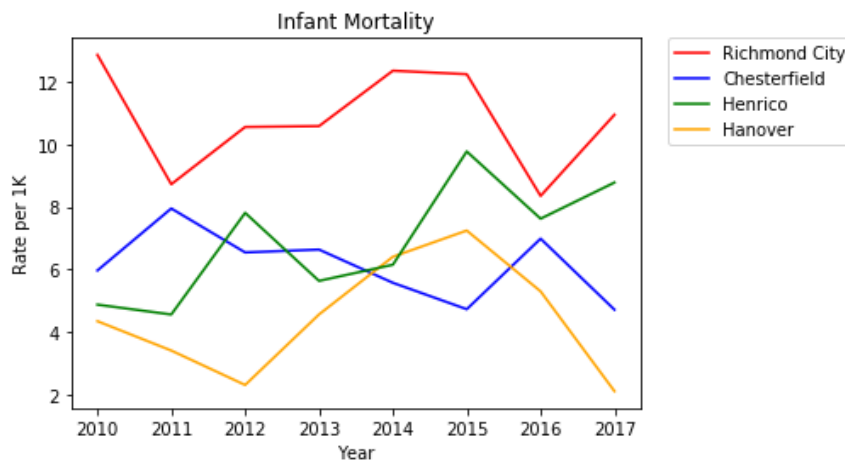
This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life.

Indicator Importance:

The infant mortality rate is a common indicator of overall health status of a community. Common reasons for infant death include birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy.

What the data shows:

- The City of Richmond experienced the highest infant mortality rate over the last decade when compared to all other localities in the CHNA Service Area.
- Henrico County experienced a significant increase in infant mortality rate in recent years, while the counties of Chesterfield and Hanover have decreased.
- Localities not included did not report data.¹⁷



¹⁷ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

VIII. Low Birth Weight

Indicator Description:

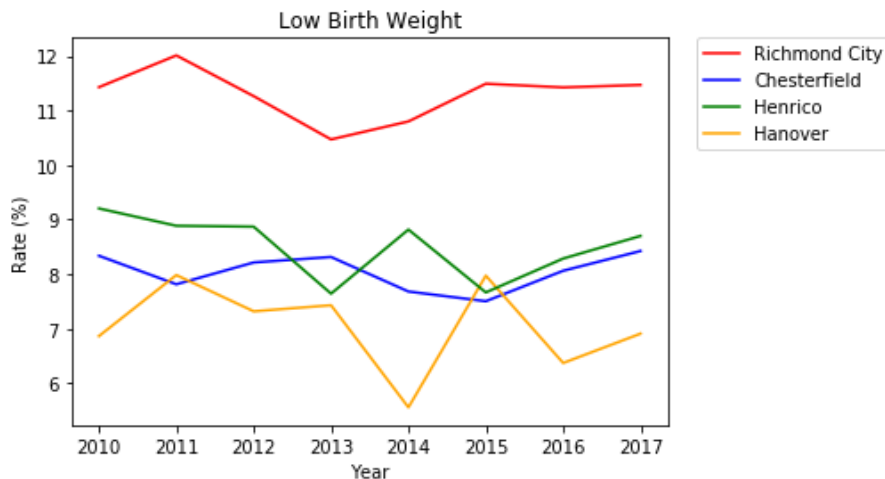
This indicator shows the rate as a percentage of low birth weights per 1,000 live births. Newborns weighing less than 2500 grams (5 pounds, 8 ounces) are considered to have a low birth weight.

Indicator Importance:

Low birth weight is a leading cause of infant mortality in communities. Babies born with low birth weight typically experience more health problems than normal birth weight babies.

What the data shows:

- When compared to the prior year, all localities with the exception of Amelia, Goochland, and King William experienced an increase in percent of babies born with low birth weight.¹⁸



¹⁸ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

IX. Teen Pregnancies

Indicator Description:

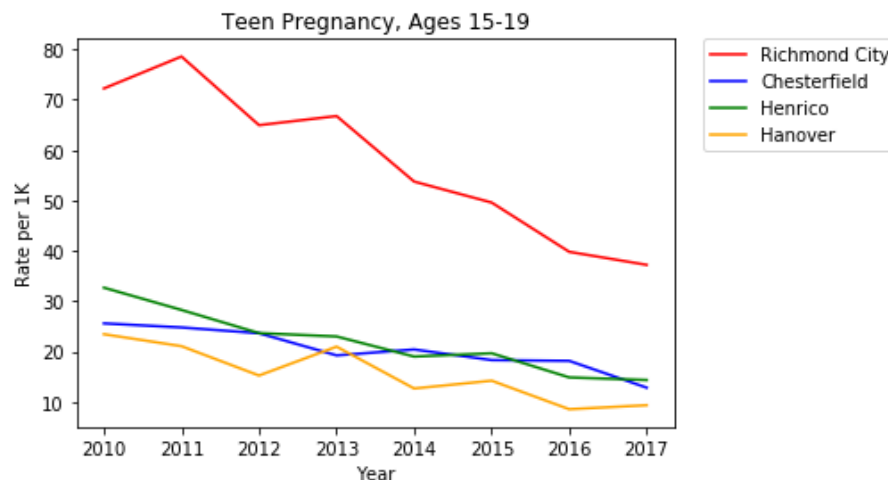
This indicator shows the rate of pregnancies per 1,000 females ages 15 to 19.

Indicator Importance:

Teen pregnancies have significant social and economic impacts on individuals and communities. Teen pregnancy leads to increased risk of high school dropout and increased socioeconomic burden.

What the data shows:

- Over the past decade, the City of Richmond has experienced a significantly higher percent of teenage pregnancies than all other localities in the CHNA Service Area. However, the City of Richmond has seen a decline in the rate of teen pregnancies in recent years.¹⁹
- Localities not listed did not report statistically significant data.



¹⁹ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

X. Other Health Behaviors and Social Determinants

a) Food Access

Indicator Description:

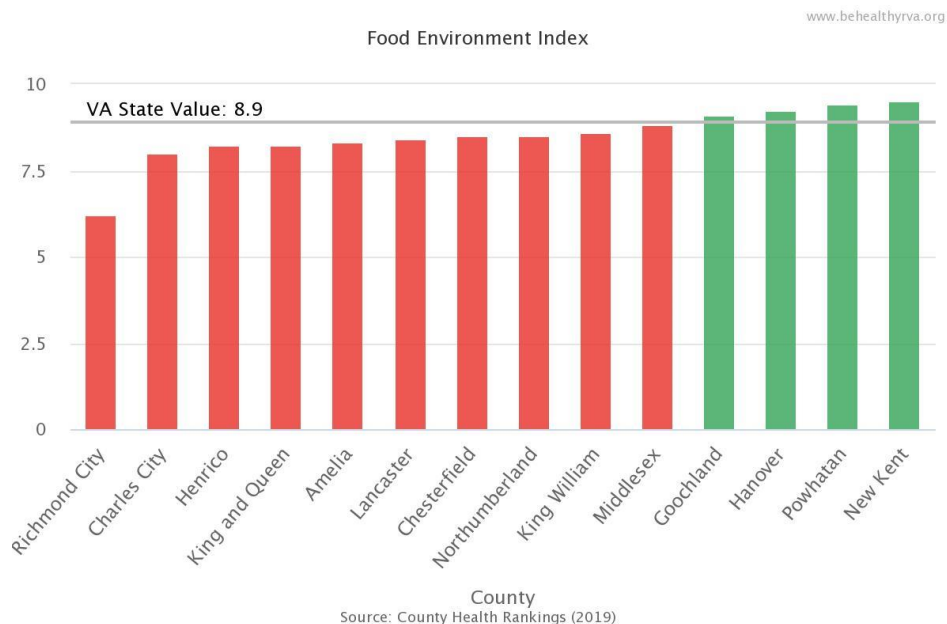
This indicator shows the food environment index of a community. The food environment index is a combined measure of the percentage of individuals who are low-income and have low access to a grocery store, and the percentage of individuals who have lacked a reliable food source during the past year. The index ranges from 0 (worst) to 10 (best).

Indicator Importance:

The lack of access to healthy and affordable foods is a significant barrier to a community's overall health. Individuals who do not have local access to a grocery store are less likely to develop healthy eating habits for themselves and their families, which can lead to a number of chronic health issues such as heart disease, diabetes, and obesity.

What the data shows:

- The Virginia state value measures 8.9.
- The four counties of Goochland, Hanover, New Kent, and Powhatan are the only localities in the CHNA Service Area that exceed the Virginia state value.
- Although the City of Richmond currently ranks in the worst quartile with a score of 6.2,²⁰ it has experienced increased food access when compared to the prior year.



²⁰ BeHealthyRVA (www.behealthyrva.org)

b) Homelessness

Indicator Description:

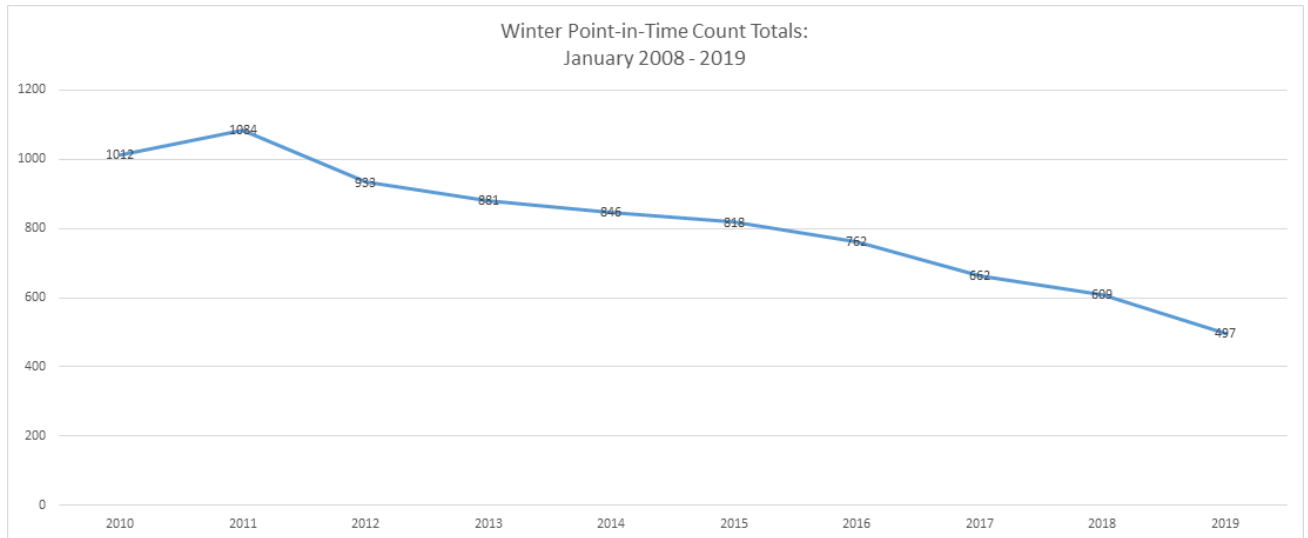
This indicator shows the number of adults who were experiencing homelessness on any given night in the Greater Richmond Area. An individual who is experiencing homelessness lacks a regular and adequate nighttime residence and includes those who are living in a shelter.

Indicator Importance:

As housing is a basic human necessity, those who experience homelessness are at a much higher risk for poor/inadequate health, severe financial burden and overall poor quality of life.

What the data shows:

- The number of individuals who are experiencing homelessness in the Greater Richmond Area has been decreasing at a steady rate over the last several years.²¹



²¹ Homeward (<http://homewardva.org/>)

c) Child Abuse Rate

Indicator Description:

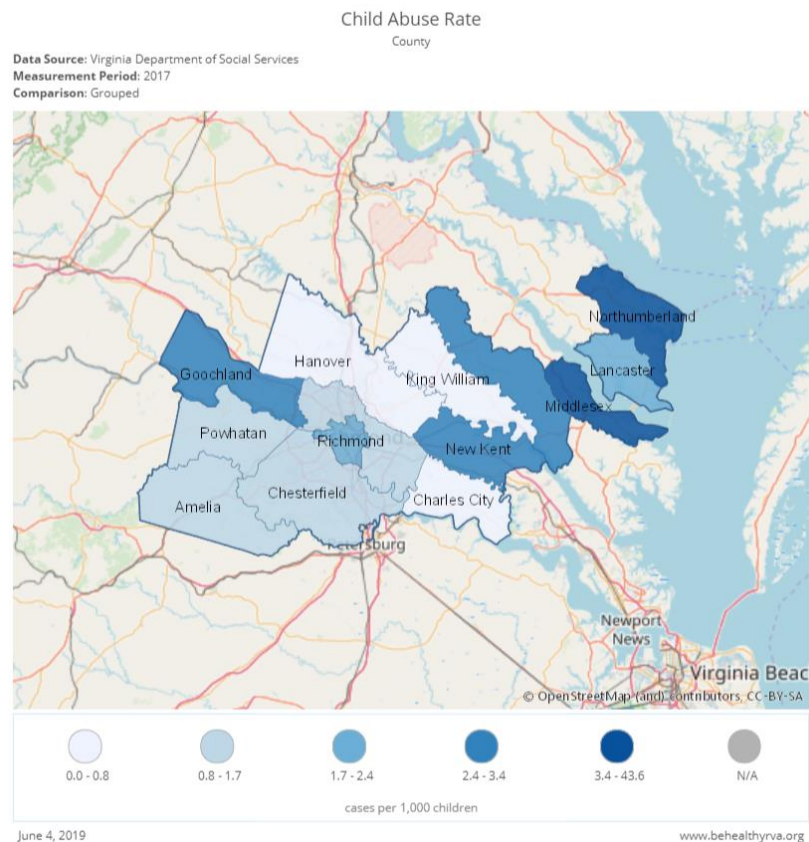
This indicator shows the rate of reports of abuse or neglect per 1,000 children under 18 years old. The value depicted may include several incidents of abuse per child victim.

Indicator Importance:

Physical, sexual, and emotional abuse are all recognized as child abuse and neglect. Children who are victims of abuse or neglect often experience many socioeconomic challenges as well as developmental issues as they continue to age through adulthood.

What the data shows:

- The Northern Neck Core Service area experienced a much higher rate of child abuse and neglect than the Richmond Core Service area.
- The county of Middlesex is currently experiencing a significantly higher child abuse rate than any other county in the CHNA Service Area.²²



²² BeHealthyRVA (www.behealthyrva.org)

d) Air Quality

Indicator Description:

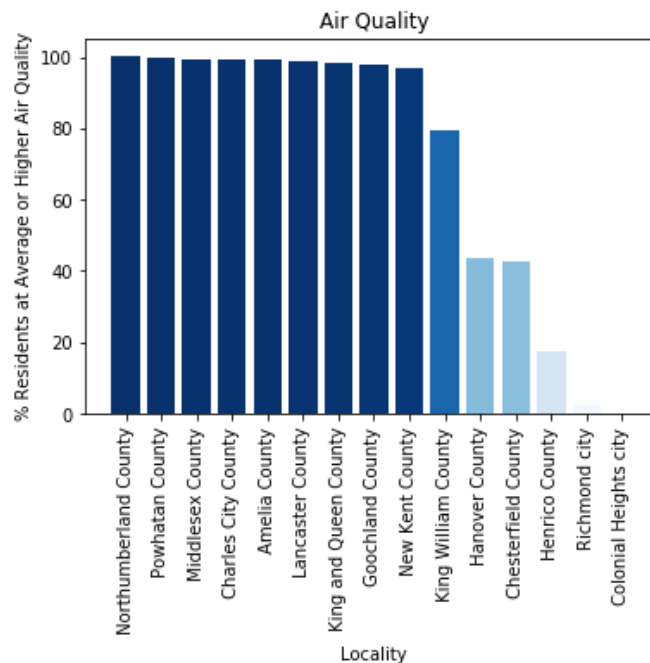
This indicator shows the measure of recognized carcinogens that are released into the air.

Indicator importance:

The presence of carcinogens in the air can have a significant impact in the overall health of a community. A higher number of reported carcinogens can lead to a higher likelihood of developing cancer.

What the data shows:

- It is important to note that this is the measure of the release of carcinogens and not a measure of potential effect on the public.
- More than half of the localities in the CHNA Service Area have a high percentage of residents at an average or higher than average air quality.
- The counties of Hanover, Chesterfield and Henrico have a significantly lower percentage of residents at an average or higher than average air quality compared to the remaining localities in the CHNA Service Area.²³
- There was no statistically significant data provided for the City of Richmond or Colonial Heights.



²³ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

e) Lead Water Levels

Indicator Description:

This indicator shows the measure of lead action level exceedances in community public water systems for all localities in the CHNA Service Area. The Environmental Protection Agency and the Centers for Disease Control and Prevention advise that lead action levels be below 15 parts per billion.

Indicator Importance:

The presence of lead in drinking water is an important measure of the overall health of a community. Lead exposure can be detrimental to individuals of all ages, however it is particularly detrimental to child development.

What the data shows:

- The office of drinking water provided lead action level exceedances in community public water systems for all localities in the CHNA Service Area.
- The only localities in the CHNA Service Area that had lead action level exceedances are listed below.²⁴

District Name	PWSID	PWSName	LOCALITIES	MEASURE	COLLECTION START DATE
DISTRICT 18	VA4119535	DOCKSIDE HEALTH & REHAB CENTER	MIDDLESEX	0.028 MG/L	9/24/2013
DISTRICT 20B	VA4103375	GRANVILLE BAY SUBDIVISION	LANCASTER	0.043 MG/L	9/26/2018
DISTRICT 20B	VA4103600	KILMARNOCK, TOWN OF	LANCASTER	0.042 MG/L	12/15/2011
DISTRICT 20B	VA4133400	INDIAN CREEK ESTATES	NORTHUMBERLAND	0.09 MG/L	9/6/2014
DISTRICT 20B	VA4133600	LUCOM POINT SUBDIVISION	NORTHUMBERLAND	0.0236 MG/L	9/25/2017
DISTRICT 20B	VA4133698	POTOMAC BAY ESTATES	NORTHUMBERLAND	0.019 MG/L	3/12/2014
DISTRICT 20B	VA4133850	TOWLES LANDING	NORTHUMBERLAND	0.0158 MG/L	8/1/2018

²⁴ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

f) Walkability

Indicator Description:

This indicator shows the number of residents that are at or above an average walkability opportunity.

Indicator Importance:

Walkability is based on many factors within the built environment and influences the ability of individuals to use walking as a mode of travel.

What the data shows:

- Henrico County and the City of Richmond had the highest percentage of residents at an average or higher walkability opportunity.
- The counties of Powhatan, Northumberland, New Kent, Lancaster, King and Queen, Goochland, Charles City and Amelia measured below average for walkability.²⁵

FIPS	Geography	% residents at average or higher walkability opportunity
51087	Henrico County	38.27294315
51760	Richmond City	10.36422462
51570	Colonial Heights city	0.567451915
51041	Chesterfield County	0.492559195
51101	King William County	0.308421436
51085	Hanover County	0.122560115
51119	Middlesex County	0.112734667
51145	Powhatan County	Below Average
51133	Northumberland County	Below Average
51127	New Kent County	Below Average
51103	Lancaster County	Below Average
51097	King and Queen County	Below Average
51075	Goochland County	Below Average
51036	Charles City County	Below Average
51007	Amelia County	Below Average

²⁵ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

g) Access to Exercise

Indicator Description:

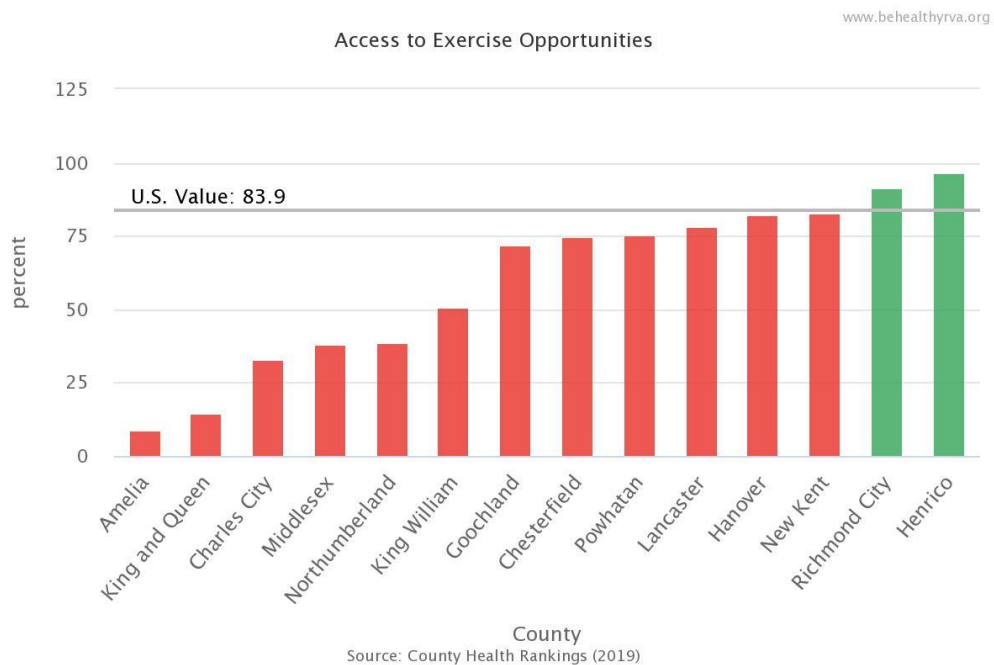
This indicator shows the percentage of community members who live in close proximity to outdoor spaces such as parks or an indoor recreational facility.

Indicator Importance:

Individuals who live within close proximity to parks or indoor recreational facilities have more opportunities to be more physically active than those who do not. Individuals who engage in more frequent physical activity have an overall increased health status, as regular exercise has been linked to numerous health benefits.

What the data shows:

- The Virginia state value is 82.3%
- The U.S. value is 83.9%
- The City of Richmond and Henrico County are the only localities in the CHNA Service Area that exceed both the Virginia state value and the U.S. Value.²⁶



²⁶ BeHealthyRVA (www.behealthyrva.org)

h) Housing Burden

Indicator Description:

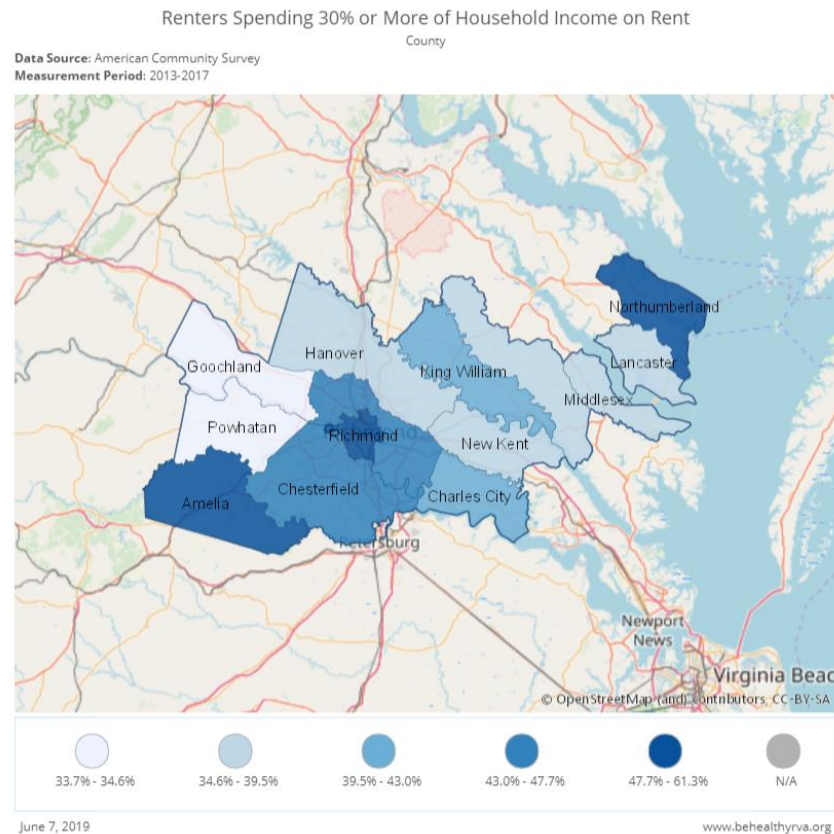
This indicator reflects the percentage of renters who are spending 30% or more of their household income on rent.

Indicator Importance:

Renters who spend a higher percentage of household income on rent are likely to have increased financial hardship. The more income spent on housing, the less income is available for other basic necessities such as food, transportation, and medical care.

What the data shows:

- On average, residents in Amelia County, the City of Richmond, and Northumberland County spend over 50% of household income on rent.
- All other localities in the CHNA Service Area fall below the Virginia state value of 48.9%.²⁷



²⁷ BeHealthyRVA (www.behealthyva.org)

i) Social Connectedness

Indicator Description:

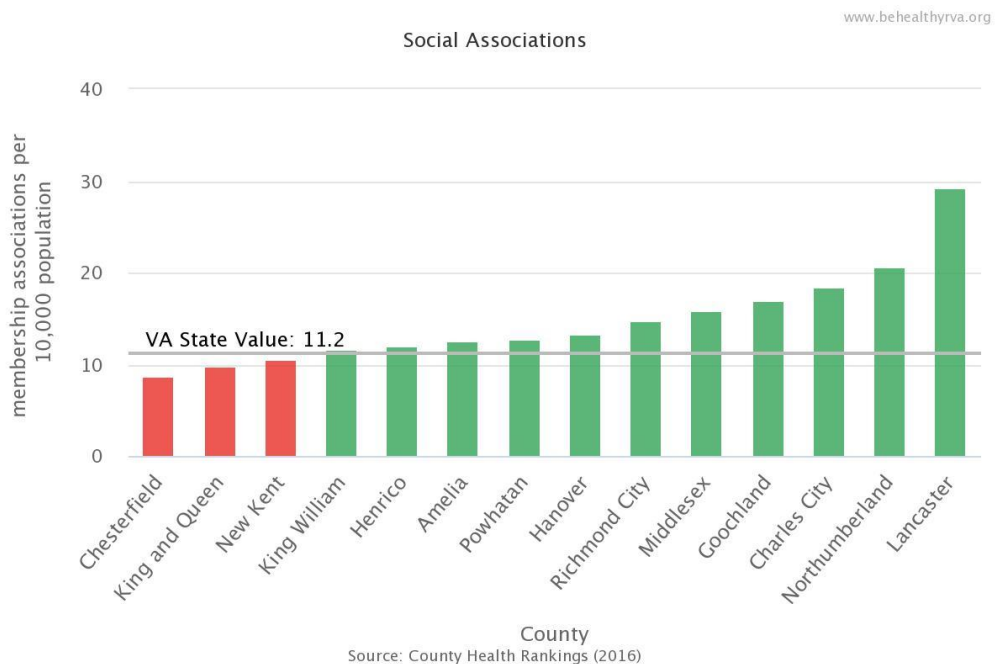
This indicator shows the number of social associations per 10,000 population. Social associations in communities can range from athletic associations to religious associations.

Indicator Importance:

Belonging to a social or membership association allows individuals and families to connect with one another and form support networks within their community.

What the data shows:

- All localities in the CHNA Service Area, with the exception of the counties of Chesterfield, King and Queen and New Kent, meet or exceed the Virginia state value of 11.2.
- This data shows that individuals and families living in the CHNA Service Area enjoy being part of social associations and value social connectedness.²⁸



²⁸ BeHealthyRVA (www.behealthyva.org)

j) Binge Drinking in the Past 30 Days

Indicator Description:

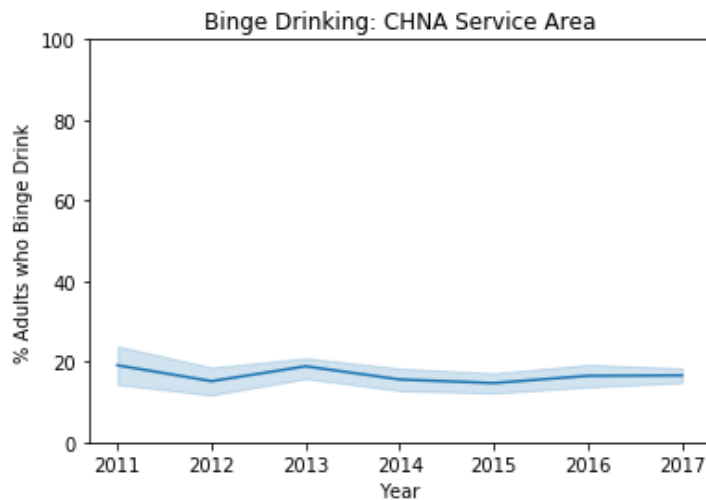
This indicator shows the percent of adults who have participated in binge drinking in the last 30 days. Male binge drinking is defined as five or more drinks on one occasion. Female binge drinking is four or more drinks on one occasion.

Indicator Importance:

Binge drinking can lead to alcohol abuse which is associated with many negative health outcomes as well as increased alcohol-related traffic accidents, employment difficulties, legal concerns, and other financial challenges.

What the data shows:

- Over the last few years, the percent of adults who have participated in binge drinking in the last 30 days has remained constant around 20 percent for the CHNA Service Area.²⁹



²⁹ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

k) No Physical Activity in the Past 30 Days

Indicator Description:

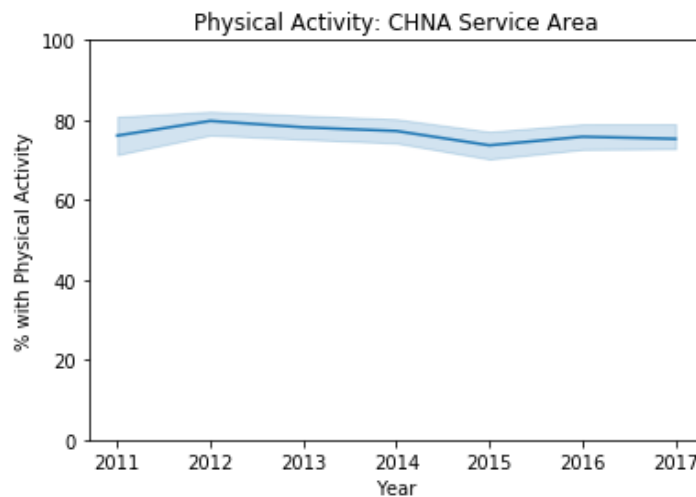
This indicator shows the percent of adults who have not participated in physical activity in the past 30 days.

Indicator Importance:

Engaging in regular physical activity is an important indicator of an individual's overall health. Individuals who regularly exercise are more likely to experience positive health outcomes and feelings of well-being than individuals who lead a sedentary lifestyle.

What the data shows:

- Roughly 77 percent of adults reported to having participated in physical activity in the past 30 days in the CHNA Service Area.
- The CHNA Service Area currently exceeds the Virginia state value of 74.1 percent.³⁰



³⁰ Virginia Department of Health (<http://www.vdh.virginia.gov/>)

CHNA Key Findings

The following prioritization of health issues and root causes was the culmination of a year long CHNA engagement. Chronic Disease, Behavioral Health, Social Determinants of Health and Stress/Trauma are the four focus areas for the 2019-2021 CHNA Implementation Plan. While there are current service providers addressing each of these four focus areas, many service providers are at capacity. These needs were prioritized in an effort to more adequately meet the needs of the community.

Prioritization Methodology and Results

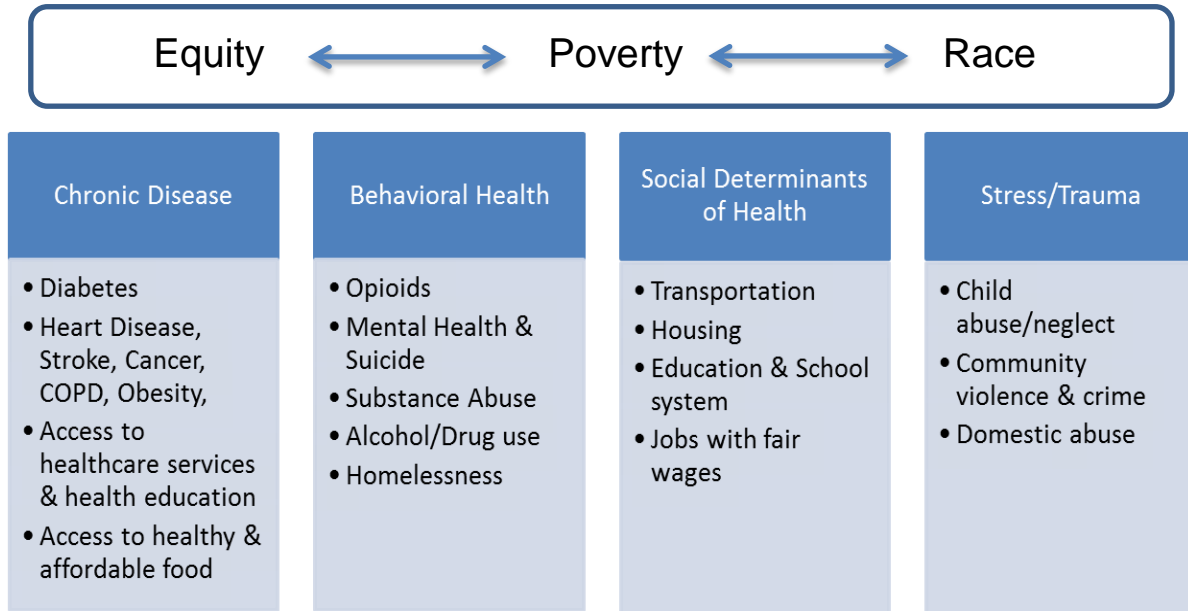
Conversations with CHNA Steering Committee, community members, and community leaders reaffirmed the survey findings and identified significant linkages between identified health needs. Additionally, the themes of Equity, Poverty, and Race were discussed as underlying concerns related to all of the health issues and causes identified. Leaders within the Community Health Division at Bon Secours Richmond Health System grouped the identified needs into the following four (4) categories based on the feedback provided by the community:

- 1) Chronic Disease
- 2) Behavioral Health
- 3) Social Determinants of Health (SDOH)
- 4) Stress/Trauma

Community health leaders then presented the four categories to the Bon Secours Richmond Executive Strategy Team and asked the following questions: 1) Where does our existing work align with these themes identified in the new CHNA structure? 2) Where are there gaps where we need to enhance our work? 3) What areas should we prioritize in the next 3 years?

The Bon Secours Executive Strategy Team prioritized the following areas within each overarching theme:

Overarching Themes



Further prioritization of health needs within each category will be outlined through a multi-sector implementation plan.

Resources Available to Meet Identified Needs

Bon Secours is committed to advancing this work and making an impact on community health. True impact comes when strategic partnerships are formed and collaborations are built that can achieve greater results collectively. Bon Secours is committed to forming relationships to build a healthier community and building capacity in other nonprofits through sponsorship and volunteerism. The list below provides names and descriptions of many existing resources available within Bon Secours and within the community to meet identified needs. While each focus area below is currently being addressed to some capacity, there remains an inadequacy of services to meet the needs of the community.

Chronic Disease

- i. Access Now - *Volunteer Specialty network for free clinic patients.*
- ii. Bay Aging: *A premier provider of programs and services for people of all ages in the Northern Neck Region. Formed in 1978, Bay Aging is diverse in the programs it offers through three major divisions: Community Living, Bay Transit, and Bay Family Housing.*
- iii. Bon Secours Care-A-Van - *Improves access to health care services for the uninsured through mobile health clinics that provide free, primary, urgent, and preventative health care. Nutrition and chronic disease management consultation are also provided. Serves uninsured and vulnerable populations in a 60-mile radius of City of Richmond.*
- iv. Bon Secours Community Nutrition Services - *Improves community health, particularly in vulnerable communities, through nutrition counseling, healthy eating classes, and advocacy for food access. Serves communities within a 60-mile radius of the City of Richmond.*
- v. Bon Secours Diabetes Treatment Center - *Enables persons with diabetes to achieve long-term control of their blood sugar and reduce the possibility of developing diabetic complications. Serves adults and children with diabetes, gestational diabetes, and their families.*
- vi. Creighton Court Resource Center - *Partnership with Richmond City Health Department and Richmond Redevelopment & Housing Authority to deliver health screenings, checkups, health education, nutrition, parenting classes, budget management and community resource information to an underserved community.*
- vii. Chesterfield County Health Department, Chickahominy Health District, Goochland County Health Department, Henrico County Health Department, Richmond City Health District, Three Rivers Health District - *Support of programs addressing the needs of vulnerable populations – includes prevention and access.*
- viii. Eastern Virginia Care Transitions Partnerships: *Coordinating and delivering quality care and prevention services to older adults living in the Northern Neck Region.*
- ix. Federally Qualified Health Centers (2) - *Capital Area Health Network (CAHN) and Daily Planet: Improving access to care for underserved populations.*
- x. Free Clinics (7) - *CrossOver Health Ministry, Health Brigade, Goochland Cares, Center for Healthy Hearts, Hanover Interfaith Clinics (6), Free Clinic of Powhatan, Northern Neck - Middlesex Free Health Clinic. Provide primary care services to the uninsured.*

- xi. Greater Richmond Fit4Kids: Non-profit organization dedicated to improving children's health and reducing the prevalence of childhood obesity in the Richmond region. Greater Richmond Fit4Kids offers innovative programs that promote physical activity and healthy eating in schools, community organizations, and beyond.
- xii. Heart Aware - Focuses on prevention and early detection of heart disease by providing health lectures health screenings, healthy cooking and physical activity demonstrations. Primarily serves adults over 30 years of age in Central Virginia.
- xiii. Honoring Choices: A collaborative of the Richmond Academy of Medicine, Bon Secours Richmond Health System, HCA Virginia and VCU Health launched by the Academy in early 2015. Honoring Choices is actively engaging the Greater Richmond, Virginia community in changing the culture about future medical decision-making.
- xiv. Medical Society of Virginia - Physician led organization providing medication assistance programs for uninsured patients.
- xv. Metropolitan Richmond Sports Backers: Seek to inspire people from all corners of the Greater Richmond community to live actively.
- xvi. Middle Peninsula/Northern Neck Community Services Board: Serves the ten counties of the Middle Peninsula and Northern Neck providing services related to early intervention, intellectual disabilities, mental health, prevention and substance use.
- xvii. Seventh District Health and Wellness Initiative - Seeks to connect each East End resident to a medical home and reduce obesity through nutrition education and physical activity opportunities.
- xviii. Shalom Farms - Grow healthy produce distributed to underserved communities. Provide learning opportunities for children and adults, on growing food, overcoming barriers to cooking and eating nutritionally.
- xix. SOAR365 (formerly Greater Richmond ARC): In partnership with families, SOAR365 creates life-fulfilling opportunities for individuals with disabilities.
- xx. The Faces of Hope of Virginia, Inc.: Strive to educate children and their families about healthy options and encourage personal empowerment to make significant strides toward preventing and fighting childhood and adult obesity.
- xxi. Tricycle Gardens - Improves healthy food access through urban agriculture, education and urban farm stands; Partnership has an emphasis on Richmond's East End.
- xxii. Virginia Asthma Coalition - Organizations and individuals devoted to reducing the morbidity and mortality associated with asthma; Partnership has an emphasis on Richmond's East End.
- xxiii. Virginia Healthcare Foundation - Promotes and funds local public-private partnerships that increase access to primary health care services for medically underserved and uninsured Virginians.

Behavioral Health

- i. Bon Secours Richmond Cullather Brain Tumor Quality of Life Center - Provides supports and education to patients with brain tumors and their families. Serves the community at large.

- ii. Challenge Discovery Projects - *Challenge Discovery Projects provides direct services to over 1,600 at-risk youth in Richmond. Committed to improving the emotional health and well-being of children and their families through programs that promote self-worth and positive, healthy relationships. Partnership has an emphasis on Richmond's East End.*
- iii. Child Savers – *Provide a fundamental commitment to the mental well-being of children and the positive bond between adult and child. ChildSavers supports this with clinical treatment and education and training services. Partnership has an emphasis on Richmond's East End.*
- iv. Comfort Zone Camp - *Comfort Zone Camp is a nonprofit 501(c)3 bereavement camp that transforms the lives of children who have experienced the death of a parent, sibling, or primary caregiver.*
- v. Family Lifeline - *A home visiting program seeking to enhance family functioning through intensive case management with Community Health Nurse, Outreach Worker, and Mental Health Clinicians providing support, access to healthcare and medical services, as well as mental health assessment.*
- vi. Hanover Safe Place - *Provides services to victims of sexual or domestic violence and promotes violence prevention.*
- vii. Healing Place - *Provides substance abuse rehab for homeless men.*
- viii. Hilliard House - *Assists homeless women and their children to build their capacity to live productively within the community.*
- ix. Middle Peninsula/Northern Neck Community Services Board: *Serves the ten counties of the Middle Peninsula and Northern Neck providing services related to early intervention, intellectual disabilities, mental health, prevention and substance use.*
- x. Virginia Supportive Housing - *Provides permanent housing to the homeless.*
- xi. Voices for Children - *Statewide, privately funded non-partisan policy research and practices that improve the lives of children.*
- xii. Richmond Behavioral Health Authority - *Provides services in four major behavioral health areas: Mental Health; Intellectual Disabilities; Substance Use Disorders; and Access, Emergency & Medical Services.*
- xiii. Rx Partnership: *Rx Partnership increases medication access for vulnerable Virginians and strengthens the health safety net.*
- xiv. Safe Harbor - *Offers comprehensive services and support for those who are experiencing or have experienced domestic violence, sexual violence, or human trafficking. Working from a trauma-informed and empowerment-focused lens, Safe Harbor seeks to help clients understand and address the impact of trauma and build resilience.*
- xv. United Methodist Family Services (UMFS) - *Offers a network of flexible community-based services. Mentoring, community respite, visitation, community-based clinical support and parent coaching are just a few of the formal and informal offerings to support at-risk families.*

Social Determinants of Health

- i. Area Congregations Together in Service (ACTS): *ACTS provides funds, support and other resources to those living in the Greater Richmond area who are at risk of*

- losing their housing, utilities or transportation. Those served by ACTS do not qualify through government prevention assistance due to eligibility requirements and often fall through the cracks.*
- ii. Armstrong Priorities Freshman Academy - *Armstrong Priorities Freshman Academy will identify entering ninth grade students at Armstrong High School below grade level and will provide instruction in math and English to bring them up to grade level by the tenth grade.*
 - iii. Anna Julia Cooper School - *Faith-based middle school in Richmond's East End, serving youth with limited resources.*
 - iv. Better Housing Coalition: *The Better Housing Coalition works to ensure that every citizen in the Richmond region, regardless of their economic status, has good choices in where they live, and opportunities to reach their fullest potential.*
 - v. Capital Region Collaboration - *A collaborative effort between government, business, and the community to identify and implement regional priorities that will enhance the quality of life in the Richmond Region.*
 - vi. Center for Healthy Hearts: *The Center for Health Hearts works to prevent premature death and disability resulting from strokes, heart attacks and kidney failure due to hypertension, diabetes, and hyperlipidemia among the uninsured and underinsured.*
 - vii. Children's Home Society of Virginia: *Children's Home Society of Virginia is a full-service, private, nonprofit 501(c)(3), non-sectarian licensed child-placing agency, and one of Virginia's oldest adoption agencies.*
 - viii. Church Hill Activities & Tutoring (CHAT) - *CHAT serves the youth of the East End of Richmond and equips them with the heart, head and hands to make transformative life decisions.*
 - ix. Coalition for Smart Transit - *The RVA Coalition for Smart Transit was organized to be an independent and city wide advocacy and education organization on mass transit issues. How we get around our city is everyone's business and you should have a voice.*
 - x. Commonwealth Catholic Charities - *Provides quality compassionate human services to all people, especially the most vulnerable, regardless of faith.*
 - xi. Commonwealth Parenting - *Resource for parenting education.*
 - xii. Cristo Rey Richmond High School: *Cristo Rey Richmond is a Catholic learning community that educates young people of limited economic means to become men and women of faith, purpose and service. Through a rigorous college preparatory curriculum, integrated with a relevant work study experience, students graduate ready to succeed in college and in life.*
 - xiii. Enrichmond Foundation: *Serves the people, parks, and public space of the City of Richmond. Since 1990, Enrichmond has enacted their mission by supporting The Department of Parks, Recreation, and Community Facilities through citizen involvement, education, and fundraising.*
 - xiv. Excel VCU - *Literacy efforts for children; Partnership has an emphasis on Richmond's East End.*
 - xv. Faison School for Autism - *School addressing the unique learning needs of children diagnosed with autism.*

- xvi. FRIENDS Association for Children- Provides quality childcare and development in an underserved part of Richmond; Partnership has an emphasis on Richmond's East End.
- xvii. GRASP - Our goal is to ensure that every student has an equal opportunity for continuing education after high school, regardless of financial or social circumstances.
- xviii. Greater Richmond Transit Authority - Serves the City of Richmond and Henrico County. Newly redesigned bus routes with launch of PULSE BRT.
- xix. GRTC CARE - Provides curb-to-curb public transportation to disabled individuals who may not be reasonably able to use the GRTC fixed route bus.
- xx. The Hanover Center for Trades and Technology - Strives to create effective partnerships among students, parents, staff, and the community that enables students to become workplace ready and develop into life-long learners prepared to succeed in a competitive and ever-changing world.
- xxi. Henrico County Public Schools Career & Technical Education - Students who complete CTE programs are prepared for successful transition into postsecondary education and work. Opportunities are available for students to earn college credit through selected courses and to prepare for licensure and/or industry certifications related to their programs of study.
- xxii. Higher Achievement: By leveraging the power of communities, Higher Achievement provides a rigorous year-round learning environment, caring role models, and a culture of high expectations, resulting in college-bound scholars with the character, confidence, and skills to succeed.
- xxiii. Homeward: Planning and coordinating organization for homeless services in the greater Richmond region. Homeward's mission is to prevent, reduce, and end homelessness by facilitating creative solutions through the collaboration, coordination, and cooperation of regional resources and services.
- xxiv. Housing Families First: Provides families experiencing homelessness with the tools to achieve housing stability. The goal is not only to assist families in finding permanent housing, but also to ensure that each family has access to the supportive services necessary to sustain housing in the long run.
- xxv. Neighborhood Resource Center (NRC): NRC was founded to build relationships, advocate for positive change, share resources, and develop skills to enhance residents' lives through programs and partnerships in the Greater Fulton area of Richmond.
- xxvi. NextUp RVA: NextUp provides a free, coordinated system of after-school programs for Richmond middle schools.
- xxvii. Northern Neck Family YMCA: Youth development and physical activity programing
- xxviii. Maggie Walker Community Land Trust: The Maggie Walker CLT seeks to develop and maintain permanently affordable homeownership opportunities for low and moderate income households.
- xxix. Partnership for Non-Profit Excellence - Develops the capacity of nonprofits through education, information sharing and civic engagement.
- xxx. Partnership for Smarter Growth - An organization focused on educating and engaging the communities in the Richmond region to work together to improve our quality of life by guiding where and how we grow, including transportation services.

- xxxi. Peter Paul Development Center - A community center in Richmond's East End with child, youth, and adult services, including a Senior Center Adult Day Care; Partnership has an emphasis on Richmond's East End.
- xxxii. project:HOMES: Improving the safety, accessibility & energy efficiency of existing houses and build high quality affordable housing throughout Central Virginia. project:HOMES serves low-income individuals and families by making critical home-safety repairs, accessibility modifications and implementing energy conservation measures in their homes.
- xxxiii. Shepherd's Center of Chesterfield - An interfaith ministry of senior volunteering to improve the lives of other seniors, including medical transportation services.
- xxxiv. Reach Out and Read - Preparing America's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to reach together.
- xxxv. Richmond Cycling Corps - Changes lives and encourages physical activity of youth living in public housing, via cycling; Partnership has an emphasis on Richmond's East End.
- xxxvi. Richmond Hill, Inc.: Richmond Hill is an ecumenical Christian fellowship and residential community who serve as stewards of an urban retreat center within the setting of a historic monastery.
- xxxvii. Richmond Metropolitan Habitat for Humanity (RMHFH): RMHFH is a non-profit, non-proselytizing Christian housing ministry committed to making affordable and safe housing a reality for low-income families
- xxxviii. Richmond Metropolitan Transportation Authority - The mission of the RMTA is to build and operate a variety of public facilities and offer public services, especially transportation related, within the Richmond metropolitan area, each of which is operated and financed primarily by user fees.
- xxxix. Richmond Opportunities, Inc.: Richmond Opportunities, Inc. (ROI) supports community transformation by creating pathways to self-sufficiency for people residing in Richmond's public housing communities.
- xl. RideFinders - RideFinders offers real-time ridematching with interested commuters in your area that share similar work locations and hours.
- xli. Robinson Theater Community Arts Center (RTCAC): RTCAC is a multi-purpose facility that exists to inspire, encourage, and restore health community life to the residents of the North Church Hill area of Richmond.
- xl. RVA Rapid Transit - RVA Rapid Transit's mission is to connect all people of the Richmond region as we educate, organize, and advocate for the design, construction, and operation of a first-class metro-area rapid transit system.
- xl. Supervisors - For the Counties of Chesterfield, Hanover, Henrico and Goochland.
- xliv. Sacred Heart Center - Sacred Heart Center offers many programs to the Latino community including English as a Second Language, GED Prep in Spanish, Plaza Comunitaria – Spanish Literacy, Citizenship, Pasitos Exitosos: First Steps to Success – a bilingual school-readiness program, College & Career Bound, Cielito Lindo summer camp, Latino Leadership Institute and more.
- xl. Salvation Army Boys and Girls Club - The Club emphasizes life-skills training and serves more than 500 members with a daily participation of 150; Partnership has an emphasis on Richmond's East End.

- xlvi. Science Museum of Virginia - Promotes Science, Technology, Engineering, Math and Healthcare (STEMH) career interests within the region.
- xlvii. School Superintendents - For Richmond Public Schools, Chesterfield County, Hanover County, Goochland and Henrico.
- xlviii. Side by Side VA, Inc.: Side by Side is dedicated to creating supportive communities where Virginia's LGBTQ+ youth can define themselves, belong, and flourish.
- xlix. SwimRVA: SwimRVA works to build social bridges through aquatics that cross physical, racial, and economic barriers. SwimRVA serves as a catalyst for water safety, health and fitness, sports tourism, competitive aquatics, and possibility, for all Richmonders.
- I. Virginia Community Development Corporation (VCDC): VCDC serves as a leader in the development of innovative affordable housing and revitalization of Virginia's communities by acting as a catalyst for creative and profitable private sector investments and by empowering non-profit and other providers throughout the Commonwealth.
- ii. Virginia Home for Boys and Girls: Virginia Home for Boys and Girls (VHBG) is a nonprofit organization that has been serving children in crisis since 1846. VHBG works to help children across Virginia with emotional and behavioral health concerns by facilitating the healing process using a relationship-based, cognitive behavioral approach.
- lii. Virginia LISC: Virginia LISC works with community organizations to revitalize under-served Richmond-area neighborhoods, leading to physical improvements, safer streets, increased property values and highly engaged residents. Virginia LISC support community development organizations with grants, loans and expertise to help them construct businesses, community centers and affordable homes in low and moderate income neighborhoods.
- liii. Virginia Literacy Foundation - Provides funding and technical support to private, volunteer literacy organizations throughout Virginia via challenge grants, training and direct consultation.
- liv. Virginia Supportive Housing (VSH): VSH seeks to end homelessness by providing permanent housing and supportive services. Founded in 1988, VSH was the first non-profit organization in Virginia to develop and provide permanent supportive housing for homeless single adults.
- lv. United Way of Greater Richmond & Petersburg - Through coalition building, regional leadership, program investments, and fundraising, United Way mobilizes the caring power of our community to advance the common good. We focus on the building blocks of a good life, including education.
- lvi. YMCA of Greater Richmond - Youth development and physical activity programing.
- lvii. YWCA Richmond- YWCA Richmond helps women, children and families in the community of Richmond, Virginia through programs to eliminate racism and empower women.

Stress and Trauma

- i. Bon Secours Richmond Cullather Brain Tumor Quality of Life Center - Provides supports and education to patients with brain tumors and their families. Serves the community at large.

- ii. Challenge Discovery - Provides bullying prevention and substance abuse counseling; Partnership has an emphasis on Richmond's East End.
- iii. Child Savers - Mental health services for children; Partnership has an emphasis on Richmond's East End.
- iv. Comfort Zone Camp - Comfort Zone Camp is a nonprofit 501(c)3 bereavement camp that transforms the lives of children who have experienced the death of a parent, sibling, or primary caregiver.
- v. Family Lifeline - A home visiting program seeking to enhance family functioning through intensive case management with Community Health Nurse, Outreach Worker, and Mental Health Clinicians providing support, access to healthcare and medical services, as well as mental health assessment.
- vi. Full Circle Grief Center: Provides comprehensive professional bereavement support to children, adults, families, and communities in the Greater Richmond area. Full Circle offers grief counseling groups, consulting services and bereavement educational programs.
- vii. Greater Richmond SCAN: SCAN works to prevent and treat child abuse and neglect throughout the Greater Richmond area by protecting children, promoting positive parenting, strengthening families and creating a community that values and cares for its children.
- viii. Hanover Safe Place - Provides services to victims of sexual or domestic violence and promotes violence prevention.
- ix. Healing Place - Provides substance abuse rehab for homeless men.
- x. Hilliard House - Assists homeless women and their children to build their capacity to live productively within the community.
- xi. Richmond Behavioral Health Authority - Provides services in four major behavioral health areas: Mental Health; Intellectual Disabilities; Substance Use Disorders; and Access, Emergency & Medical Services.
- xii. Safe Harbor - Offers comprehensive services and support for those who are experiencing or have experienced domestic violence, sexual violence, or human trafficking. Working from a trauma-informed and empowerment-focused lens, Safe Harbor seeks to help clients understand and address the impact of trauma and build resilience.
- xiii. Stop Child Abuse Now (SCAN) - SCAN's mission is to prevent and treat child abuse and neglect throughout the Greater Richmond area by protecting children, promoting positive parenting, strengthening families and creating a community that values and cares for its children.
- xiv. United Methodist Family Services (UMFS) - Offers a network of flexible community-based services. Mentoring, community respite, visitation, community-based clinical support and parent coaching are just a few of the formal and informal offerings to support at-risk families.
- xv. Voices for Children - Statewide, privately funded non-partisan policy research and practices that improve the lives of children.

Needs Not Addressed

The following needs are important to the community but were not directly prioritized in this CHNA due to limited resources and/or existing partners working to address these needs:

- 1) **Dental Health:** CrossOver Healthcare Ministry's dental program provides preventative cleaning, patient education, and screenings. Additionally they provide fillings, extractions, and dentures all at low or no cost to uninsured patients throughout the region. The Capital Area Health Network and the Daily Planet are two Federally Qualified Health Centers that provide comprehensive dental care to uninsured patients on a sliding fee scale. Virginia Commonwealth University also has a dental care program for low-income uninsured and underinsured individuals.
- 2) **Sexually transmitted infections including HIV/AIDS:** Local and state health departments provide STI/HIV prevention programs, Pre-Exposure Prophylaxis for HIV (PrEP) and ongoing case management services. In addition to the health departments, Virginia Commonwealth University, Richmond Behavioral Health Authority, Health Brigade, the Minority Health Consortium, and the Daily Planet all provide HIV/AIDS services throughout the region.
- 3) **Infant & Maternal mortality:** Many local health departments provide reproductive health and family planning services as well as a group care program called Centering Pregnancy. The Health departments also house the WIC (Women, Infants, and Children) supplemental food program. Urban Baby Beginnings is a non-profit that provides a number of resources through their Community Cares program as well as birthing support, early childhood development, maternal mental health, and workforce development services.
- 4) **Alzheimer's/Dementia:** There are a number of resources available through assisted living facilities across the region. Additionally, the Rick Sharp Alzheimer's Foundation and the Greater Richmond Chapter of the Alzheimer's Association are two organizations working to educate individuals and families as well as connect them to resources in the community. The Memory Center is adjacent to Bon Secours St. Francis Medical Center and provides comprehensive care to those living with Alzheimer's and dementia.

2016 Community Health Needs Assessment Impact

In 2016, the Bon Secours Richmond Health System hospitals which include Memorial Regional Medical Center, Richmond Community Hospital, Saint Francis Medical Center and St. Mary's Hospital conducted a Community Health Needs Assessment. From these assessments, the significant health needs of the community were identified and categorized into four broad areas including **Uninsured Access to Care for Individuals with Chronic Disease Conditions, Behavioral Health, Education, and Transportation**. A corresponding CHNA Implementation Plan was developed to impact the needs in each category. The results of the Implementation Plan from September 1, 2016 through August 31, 2019 are highlighted below:

2016 Community Health Needs Assessment Implementation Plan Highlights



Access To Care

- Community-based Clinical Programs for uninsured
 - Care-A-Van Mobile Health
 - EWL
- Support for Safety Net Providers
- Coordination of Care with VCU Health
- Medicaid Expansion, Advocacy & Enrollment

Behavioral Health

- 24/7 Telepsych Access
- System-wide opioid reduction strategy
- Investments in community partnerships focused in substance abuse, child abuse and trauma

Transportation

- PULSE Bus Rapid Transit
- Partnership with bike lane project in the East End
- Opening of Sarah Garland Jones Center to promote placemaking
- Advocacy and funding for GRTC bus stop enhancements

Education

- Cristo Rey School
- Investments in community partners along the education continuum
- Support schools to co-manage Pediatric Asthma

In 2017, the Bon Secours Richmond Health System's Rappahannock General Hospital conducted a Community Health Needs Assessment. From this assessment, the significant health needs of the community were identified and categorized into three broad areas including **Access to Care**, **Behavioral Health** and **Health Education**. A corresponding CHNA Implementation Plan was developed to impact the needs in each category. The results of the Implementation Plan from April 1, 2017 through August 31, 2019 are highlighted below:

2017 RGH Community Health Needs Assessment Implementation Plan Highlights



Access To Care

- Primary Care Recruitment for MDs and APCs
- Financial and In-Kind support for Northern Neck Free Clinic
- Medicaid Expansion, Advocacy & Enrollment



Behavioral Health

- 24/7 Telepsych Access
- System-wide opioid reduction strategy
- Investments in community partners focused in substance abuse, child abuse and trauma



Health Education

- Continuum of Care Speaker Series & Senior University
- Investments in community partners along the education continuum
- Partnerships with area non-profits such as YMCA & Boys and Girls Club

The 2016 Community Health Needs Assessments and corresponding Implementation Plans were prepared for facilities in the Bon Secours Richmond service area in 2016 and 2017 for the Richmond Core Service Area and Northern Neck Core Service Area Region, respectively. The documents were made available to the public and posted online. Solicitation for public comments appeared on our website. No comments were received.

Appendixes

Additional information regarding the CHNA process and data findings is available in this Appendix.

For further information or to obtain a hard copy of this Community Health Needs Assessment (CHNA), please contact Madelyn Eubanks at madelyn_eubanks@bshsi.org.

<http://www.bonsecours.com/about-us-community-health-needs-assessment.html>

Appendix A: CHNA Community Engagement Survey

Dear Community Partner,

As a regional collaborative, the health systems and health departments are jointly conducting a Community Health Needs Assessment. As part of the study, we are collecting information from a variety of people, including community leaders, residents, and policy makers.

We are asking you to provide your opinions on issues facing our community to inform the development of an improvement strategy. This survey will be shared with the public, but no information collected from this survey will be used to identify you. We ask that all survey participant be 18 years or older.

On behalf of the regional collaborative and our community partners, we thank you in advance for assisting with this effort.

1

Living Conditions

1. Please choose the TOP 5 health issues you think should be addressed in your community:

- ☐ Alcohol/Drug Use
- ☐ Alzheimer's/Dementia
- ☐ Asthma
- ☐ Chronic Diseases (i.e. Obesity, Diabetes, Heart Disease, Stroke, Cancer, COPD)
- ☐ Child Abuse/Neglect
- ☐ Dental health
- ☐ Domestic abuse
- ☐ Infant & Maternal Mortality
- ☐ Mental health & suicide
- ☐ Substance abuse
- ☐ Sexually transmitted infections including HIV/AIDS
- ☐ Teen pregnancy
- ☐ Unintentional injuries

2

2. Please choose the TOP 5 causes of poor health in your community:

- ☐ Community Violence & Crime (i.e. assault, gun violence, rape, drugs, prostitution, theft)
- ☐ Education/School System
- ☐ Lack of health education
- ☐ Lack of access to healthy & affordable food
- ☐ Lack of access to healthcare services
- ☐ Lack of health services for persons with disabilities
- ☐ Lack of health services for senior citizens
- ☐ Homelessness
- ☐ Housing
- ☐ Lack of jobs with fair wages
- ☐ Lack of LGBTQA+ support
- ☐ Language Barriers
- ☐ Lack of physical activity opportunities
- ☐ Natural Environment (i.e. air and water quality)
- ☐ Outdoor spaces (i.e. parks)
- ☐ Transportation
- ☐ Lack of access to Social Services
- ☐ Stress/Trauma

Other health issues/causes not listed above:

3

Health Care

3. Within the past year, where did you go most often for health care?

- ☐ Hospital/Emergency Room
- ☐ Private Doctor's Office
- ☐ Free Clinic
- ☐ Urgent Care Center (i.e. Patient First)
- ☐ Local Health Department
- ☐ I did not receive health care services in the past 12 months.

Other (please specify):

4. What is the PRIMARY source of your health care coverage? Is it ...

- ☐ A plan purchased through an employer or union (includes plans purchased through another person's employer)
- ☐ A plan that you or another family member buys on your own
- ☐ Medicare
- ☐ Medicaid or other state program
- ☐ TRICARE (formerly CHAMPUS), VA, or Military
- ☐ Alaska Native, Indian Health Service, Tribal Health Services
- ☐ Some other source
- ☐ None (no coverage)
- ☐ Don't know/Not sure

Demographics

5. Please provide your zip code:

6. What county/city do you currently reside in?

Other (please specify):

5

7. Please choose what best describes you:

- ☐ Male
- ☐ Female
- ☐ Transgender Female /Trans woman
- ☐ Transgender Male/ Trans man
- ☐ Gender Variant/Non-Conforming
- ☐ Prefer not to answer

Prefer to self-describe:

8. Please choose your age group:

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65- 74 years old
- ☐ 75 years or older

9. Please choose the ethnicity below that best represents you:

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino
- ☐ Prefer not to answer

10. Please choose the race below that best represents you: (select as many as apply)

- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Black/African American
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Prefer not to answer

Other (please specify):

11. What is your highest level of education completed?

- ☐ Less than High School diploma
- ☐ High School diploma or GED
- ☐ Some college
- ☐ Associates degree, Technical degree, or Trade school
- ☐ Bachelor's Degree
- ☐ Graduate Degree or Higher

12. What is your average household income?

- ☐ \$0 - \$24,999
- ☐ \$25,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 and higher
- ☐ Prefer not to answer

Thank you so much for taking the time to complete the survey. If you are interested in participating in a focus group, please provide your contact information below.

13. Are you willing to participate in a focus group? If yes,

Name

Email Address

Phone Number

Appendix B: CHNA Survey Results

Survey Response (English) - Top 10 Health Issues			
Rank	Category	Number of Respodents	Percentage
1	Mental health & suicide	783	79%
2	Chronic Diseases (i.e. Obesity, Diabetes, Heart Disease, Stroke, Cancer, COPD)	719	72%
3	Alcohol/Drug Use	591	59%
4	Substance abuse	576	58%
5	Child Abuse/Neglect	445	45%
6	Domestic abuse	376	38%
7	Alzheimer's/Dementia	302	30%
8	Sexually transmitted infections including HIV/AIDS	249	25%
9	Dental Health	237	24%
10	Infant & Maternal Mortality	189	19%
	Total respondents: 995		
Survey Response (Spanish) - Top 10 Health Issues			
Rank	Category	Number of Respodents	Percentage
1	Chronic Diseases (i.e. Obesity, Diabetes, Heart Disease, Stroke, Cancer, COPD)	76	82%
2	Dental health	68	73%
3	Alcohol/Drug Use	43	46%
4	Mental health & suicide	42	45%
5	Child Abuse/Neglect	35	38%
6	Domestic abuse	35	38%
7	Teen pregnancy	31	33%
8	Sexually transmitted infections including HIV/AIDS	23	25%
9	Asthma	20	22%
10	Infant & Maternal Mortality	18	19%
	Total respondents: 93		

Survey Response (English) - Top 10 Health Causes			
Rank	Category	Number of Respodents	Percentage
1	Lack of access to healthy & affordable food	517	52%
2	Lack of access to healthcare services	454	46%
3	Lack of jobs with fair wages	436	44%
4	Lack of health education	406	41%
5	Stress/Trauma	400	41%
6	Community Violence & Crime	379	38%
7	Housing	359	36%
8	Transportation	357	36%
9	Education/School System	328	33%
10	Homelessness	274	28%
	Total respondents: 985		
Survey Response (Spanish) - Top 10 Health Causes			
Rank	Category	Number of Respodents	Percentage
1	Lack of health education	50	56%
2	Language Barriers	49	55%
3	Lack of access to healthcare services	48	54%
4	Lack of access to healthy & affordable food	43	48%
5	Lack of jobs with fair wages	43	48%
6	Stress/Trauma	33	37%
7	Community Violence & Crime	29	33%
8	Lack of access to Social Services	27	30%
9	Transportation	25	28%
10	Education/School System	19	21%
	Total respondents: 89		

Appendix C: Dialectix Consulting Report



April 2019

Community Engagement Meeting Report
Bon Secours Health System

Community Health Needs Assessment

Dialectix Consulting

<http://dialectixconsulting.com>
matthew@dialectixconsulting.com

804-513-5794

Context:

Bon Secours Health System, in March and April of 2019, convened a series of community conversations in order to invite conversation with the community on the region's health needs. Dialectix Consulting designed the meetings in partnership with Bon Secours staff, and facilitated the community input portions of each meeting.

The meetings were part of Bon Secours Health System's Community Health Needs Assessment. Bon Secours had done preliminary research, gathering data about community health issues and needs, and then created a web survey which received exactly 1100 responses, of which 93 were completed in Spanish. The community input meetings were an opportunity to present the findings of the data gathering and community web survey to residents within the service area. The residents were then invited to further prioritize the top health concerns and provide some preliminary thoughts on the root causes and potential solutions of the top concern, as identified in each meeting.

Meetings:

Seven community meetings were held. Every attempt was made to create opportunities for the entire community to have access to these meetings. Each meeting was identical in design, so that community members could find the one most convenient for their location and schedule. They were held in multiple jurisdictions, and in various community settings, such as libraries, community centers, and health clinics. Additionally, they were offered on different weeknights, two during the workday, and two on the weekend. Six of the seven meetings were held in the Richmond region, and one was held in the Northern Neck region. The results from that meeting are noted separately.

Meeting Agenda:

These meetings built on the responses to a community health web survey that had been completed by 1100 individuals in the Greater Richmond region. The survey asked respondents to select the top 5 health issues from a list of 13, then to select the top 5 root causes from a list of 18. In the in-person meetings, Bon Secours representatives shared the top ten choices for both categories (issues and root causes) from the survey results. Meeting participants were invited to prioritize within the list of ten health issues and give some qualitative input on why the various issues were important to them and to the region.

In every meeting, a Bon Secours representative presented a combination of their research into the region's health issues and the results of the community web survey, to ensure every participant understood the basic picture of health concerns in the region.

Following the presentation, a list of the top ten health issues facing the region, as determined by data and the initial round of community input from the web survey, was

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presented for two conversations. Initially, participants were asked to rank which health issues impacted them and the people close to them the most. The second question asked participants to move from a personal view, to a regional, community view, and rank those same ten health issues based on what should be focused on for the health of the region. In larger meetings, audience response technology was used to poll the participants, in smaller meetings participants simply wrote their choices on an index card that was quickly tabulated to find the most common answer by a facilitator. In all of the meetings, the collective top choice was presented back to the group for further conversation.

Once the top choice for health issue affecting the community was identified, participants were asked to write their thoughts on two questions on an index card:

1. Why is this an issue in our community? What are some of the root causes?
2. What solutions can you see to this problem?

Those cards were collected, and participants discussed with each other their answers in small groups. Following a large group debrief, if time permitted, the same process was repeated for the second highest priority on the list of community health concerns.

What follows is a summary of some of the most common comments and themes from these conversations.

Meeting Results Summary:

In all of the meetings, the top health issue chosen as a community priority to focus aligned with one of the top 3 issues identified in the survey.

The survey identified the following top 10 community health issues to prioritize focusing on, across all regions, and ordered from the most to the least number of votes:

- 1) Mental Health & Suicide
- 2) Chronic Diseases
- 3) Substance Abuse
- 4) Alcohol/Drug Use
- 5) Child Abuse/Neglect
- 6) Domestic Abuse
- 7) Alzheimer's/Dementia
- 8) Dental Health
- 9) Sexually transmitted infections including HIV/AIDS
- 10) Infant & Maternal Mortality

In the community meetings, the top collective choice participants voted on across all meetings were: mental health and suicide, chronic diseases, and substance abuse. While issues four through ten often had many votes, a clear consensus emerged from

these community meetings that validated the survey responses. The community's priorities are clearly the top three choices on that list.

In the Northern Neck meeting held at Rappahannock General Hospital, the top choices were chronic disease, followed by substance abuse. The participant's comments on these choices are noted in the appendix.

In terms of the root causes of these health challenges, the following list was the top ten choices from survey respondents, presented for prioritization to participants in the community meetings:

- 1) Lack of access to healthy & affordable food
- 2) Lack of access to healthcare services
- 3) Lack of health education
- 4) Lack of jobs with fair wages
- 5) Stress/Trauma
- 6) Transportation
- 7) Community Violence & Crime
- 8) Housing
- 9) Education/School System
- 10) Homelessness

There was far more variety in the community meeting participants' ranking of these root causes. Lack of access to healthcare services and stress and trauma had a bare majority of the most votes, but no clear consensus emerged on which cause to focus on.

The following are some highlights from the qualitative data provided by meeting participants, exploring both root causes and potential solutions to their top choice: For a full record of participant comments, see Appendix A.

Mental Health and Suicide: Root Causes

- "The concept of mental health is still new, we don't know how to identify or work with it in our family or community."
- "Stigma prevents us from calling it what it is- there's judgment."
- "High school is stressful (International Baccalaureate, for example). School's expectations are too high."
- "Isolation."
- "Trauma- abuse, sexual, etc."

Mental Health and Suicide: Solutions

- "Same day access to licensed counselor. Convenience is key."
- "Weekday hours are a challenge- there's transportation, scheduling, location. Mental health services aren't accessible."

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- "There's a lack of health literacy, especially language access to our system."
- "Insurance may not cover it."

Chronic Disease: Root Causes

- "Younger population – high levels of poverty results in poor eating habits."
- "High cost of healthy food."
- "Lack of accessibility to quality affordable healthcare."
- "Affordable treatment and lack of effective communication with provider and patient."

Chronic Disease: Solutions

- "More education."
- "Access to free screening programs."
- "Health care checks that are mobile – taken to population locations."

Substance Abuse: Root Causes

- "Substance Abuse is an issue because of all the effects of poverty including few jobs, trauma, poor education, and access to help for medical issues."
- "Trauma – used to cope with peer groups. Self-medication. It's a symptom, not a cause."
- "Domino effect of life choices."
- "Nothing else to do in their community" (Particularly prominent theme in the Northern Neck)

Substance Abuse: Solutions

- "Trauma informed services."
- "Provide activities for all communities."
- "Access to employment with good wages."
- "Treatment without penalty."

Appendix A

Transcription of all participant comments

Substance Abuse – Root Causes

- No more high density apartments in the community. (Section 8 leads to more crime)
- Agenda 21- habitation zones
Not in my backyard
Private property rights (exclusive)
Why should my tax dollars go to free loaders/ paying fair share
Property values
- SA is an issue because of all the effects of poverty including few jobs, trauma, poor education, and access to help for medical issues
- Trauma- used to cope with peer groups
Self-medicated
Symptom not cause
- Lack of opportunity
Absence of support from parent/family/mentors /network
Trauma/Abuse – results of
- Stress, depression, unhappy
Jobless
Poor to no health education
- Stressors of life
Overwhelmed
Unable to navigate systems for betterment of current situation
Life cycles – systemic issues
Domino affect (sic) of life choices
- Lack of “free” peer activities
Stress release “check out”
- No parental control (youth)
No consequences – not being reported
- Trauma
Coping mechanism
- Patient population/demographics
Family history
- Language issues
- Peer pressure
- Trauma- self medicating
- Misuse of prescriptions
- Generational issues

Rappahannock responses

- Peer pressure – lack of things to do
- Accessibility
Association with fun in this area
Association with alternative treatment for stress or crisis
- Not enough to do
Easy access to drugs/alcohol
Lack of supervision
loneliness, grief
social media
- Not enough activities for our citizens
Multigenerational habits

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- They take the edge off
Nothing else to do in their community
Since it's illegal it makes it seem more desirable
Easy access to drugs
- Peer pressure
Lack of activities for teens
Cycle that starts in school
Opioids – prescription abuse
- Cultural
Coping/self-medicating
Prescription drugs
- Some are socially acceptable
A way to disengage on the daily struggles without having to cost a lot
Cheaper way of self-medication
- Alcohol use is socially acceptable
Drug use – depending on what drug
Weed is penalized in Black community
Opioids the treat – white drug
- Trauma
Learned behavior
Pain management
- Family breakdown
Need challenging opportunities
Morality loss or unestablished
- Lack of opportunities
Self-medicating
Generational
Isolation
- A human condition worsened by root causes that are numerous
- Lack of recreational opportunities, esp. evening
Generational (older population) living here
Loneliness
- Lack of recreational opportunities
- Generational & coping mechanisms
 - Leads to Mental Health & Suicide
- Consequences not realized
- Loneliness/grief outlet (self-medicate)
- Cultural
- Prescription drugs available
- Lack of legislation
- Stigma around drug use
- Drug sales → \$\$
 - Can't get out once you're in
- Opioid and prescribing behavior
- Identifying behaviors/environment as "normal" when it is not
- Where "good" vs "bad" ppl live
- Need not identified or address until it is too late (problem embedded)
- Experimenting – socially acceptable

Substance Abuse – Solutions

- Address the aspects of poverty
- Trauma counseling
Prevention at early age

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- Treatment without penalty
- Access to treatment
- Support to remain substance free
- Access to employment / living wage
- Access to programs
- Access to mental health
- Access to better jobs
- Education
- Connect with available resources
- Family ties
- Community
- Provide activities for all communities
- More police presence
- Neighbors afraid to get involved
- Trauma informed services
- Access to services
- Early intervention
- Community outreach (visibility)
- Access to specialty care
- Rappahannock responses
 - Drug education in schools – parent education
 - Grief support
 - Single's Groups
 - Grief support groups
 - We've got to find a way to bring quality to family life
 - Stress community activities
 - Education
 - Accessibility
 - ~~Legalize drugs. Weed~~ Not sure what answer is ☹
 - Improved community support and better quality health care
 - Slow down supply of prescription drugs
 - Drug take back programs
 - Support groups
 - Education
 - Open space to conversations
 - This is difficult to answer...
 - The desire is the problem and even taking away the product you still have the desire
 - Not sure what the solution is. I will need more time to think about that
 - More healthy activities for all ages and families
 - Activities in town – Centre Park for example
 - Concerts are great!
 - How about some daytime family events?
 - Education
 - Activities (free)
 - Education
 - Restrict accessibility
 - Parental ownership
 - Use of outdoor areas
 - More concerts
 - Activities at parks
 - More things to do in general
 - Boy & Girls club being completed will help
 - Accessibility of recreation, staffing, transportation (needs to increase)
 - Churches as an untapped resource

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- Engaging youth in events/evening events
- More things for youth to do
- Family & household education

Mental Health and Suicide – Root Causes

- Chemical imbalance not accurately addressed
No one to be real and discuss deep thoughts with
Pressures of life
Fear
- Trauma
Inherited
Lack of support
- Isolation
Too much work
Social skills (lack)
Resiliency (lack)
Access to services
Minimization of problem by the society
- Don't want to accept the fact that there is a problem
Ignoring signs
- Trauma (abuse, sexual, etc.)
Social (peer pressure)
Feeling of being alone
- Stigma of M.H.
- Depression
Hopelessness
Not meeting society expectations
Not wanting to be held accountable for mistakes
- Essentially the same as substance abuse- all the aspects of poverty plus lack of a community of support
Biology
- Lack of early diagnosis
Suicide- isolation/fear
Lack of political will to address issue and find solutions
- High school is stressful (International Baccalaureate, for example). School's expectations are too high

Mental Health and Suicide – Solutions

- Authentic/ true community where real convos are welcomed and demanded due to relationships built
Resources available
- Build trusting relations through mentors, counselors
- Let make parties!! (sic)
Outlet where people can feel safe
- Talk to person, ask questions
Not knowing where to go
Insurance may not cover it
- Have support systems
Interactive groups
Mentor groups
Holding parents accountable

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- Have more availability of MH services
- Education to eliminate stigma
- Open discussions about mental health
- Treating mental health as health
- Take away stigma
- Address the causes
- Create supportive community
- Early diagnosis
- State & local resources
- Public education
- Relationships
- Political will
- Same day access to licensed counselor who's convenient- convenience is key
- Workforce development issue- language
- Weekday hours are a challenge- there's transportation, scheduling, location. Mental health services aren't accessible
- Healthy foods – chemicals, meats, restaurants

Chronic Disease – Root Causes

- Not enough health education or healthy affordable food
- Low income
- Diet
- Health care isn't accessible or affordable

Rappahannock Responses:

- Aging population – 1/3 over age 65
 - Younger population – high levels of poverty results in poor eating habits
 - Lots of farm land with pesticides – going in ground water, causes asthma- air pollution
- High cost of healthy food
 - Lack of nutrition education
 - Lack of accessibility to quality affordable health care
- Need more healthy affordable food in rural areas. No health education is taught in the classroom
- Low wages
 - insurance coverage
 - community expectations vs reality
- Age of citizens (older people retire to the area)
 - Economic reality of the family (no money- eat at McDonalds)
 - Genetics
 - Lifestyle – way they eat/ diet
 - Diseases: COPD/ Cancer/ Heart/ Stroke/ HTN/ Parkinson/ Dementia/ Alzheimer's/ Diabetes
- Many citizens cannot afford health care needed to prevent chronic diseases and they lack the knowledge of how to prevent disease
- Lack of knowledge – money – insurance
- Aging population
 - Lack of affordable health care
 - Lack of access to good food
 - Lack of education about eating well
- Aging in place population
 - More seniors by % in population in Lancaster
 - Life breaking down/ health breaking down
- Exercise
- Diet

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- Affordable treatment and lack of effective communication with provider and patient
- Affects largest number of people – part of the human condition
- Lack of health education/ access
- Lack of preventative care due to no health insurance or high unaffordable deductibles

Chronic Disease – Solutions

- Education
- Better language access to health services
- Take health care to the community

Rappahannock Responses

- More education
Access to free screening programs
- Educate – fairs – events thru churches – getting people involved – schools
- Access/funding to support educational programs and resources (Ex: local certified diabetes educators / treatment center)
Support groups
educ. Re: preventative, coverage
- Better medical insurance
Ongoing research
ongoing education
- Alternative methods to make health care affordable
Simple language to help explain medical terminology
- Scheduled “check” opportunities for all persons (challenge is health care system and imposed regulations)
Health care checks that are mobile – take to population locations
- Food education
Transportation to places
For health care/ low cost health care
Low cost / medicine
- Affordable quality health care education programs that promote healthy life styles throughout the community.
Quality local healthcare
Health education in community – doctor’s office – church community – schools
- Health Education – Healthy Lifestyle Education
More access to physical activity
Support Groups
Advocacy for rural health
- Better paying jobs
Insurance for all
Education of community
well visits vs only when in need
- Teach health education in the school system that is practical
Access to healthy nutritious food in all rural areas
Health care systems are on the back side of helping people and they should be on the front side- referring to preventative care instead of helping once there has been damage
- Increase access to healthy nutritious food
Implement programs that teach these individuals health and nutrition
- Better paying jobs
Organic farming practices
- Should directly schedule community member appts, age 55+ as preventive medicine
- Mobile unit/wellness checks
- Ongoing research into drugs/procedures & their long term effects
- Start health education at a younger age → in schools and in household

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- Healthy & affordable food, price, accessibility
- Creating interest in healthy foods
- "The solutions are there, we just have to want to get there."
- *Lifetime health education, integration into lifestyle
- Quality > Quantity
- Hospital and food services: Advocacy needed
 - Education
 - Diabetes management
 - Event where people come and learn and leave with food and education (library, YMCA, food bank)
- Team-based approach
- Disease-specific solutions
 - Preventive Medicine
- More physical activity opportunities outdoors
- Support groups
- Legislation from health dept.
 - Need representation
- Staffing and resources are scarce → need more boots on the ground to make ideas/opportunities happen
 - Right now, lack of qualified staff to educate community
- Preventative insurance coverage (people not aware they are covered)

