



Rockbridge Area Community Health Needs Assessment

FINAL REPORT

.....

SEPT. 28, 2015

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Disclaimer

This document has been produced to benefit the community. Carilion Clinic encourages use of this report for planning purposes and is interested in learning of its utilization. Comments and questions are welcome and can be submitted to Aaron Boush (amharrisboush@carilionclinic.org), Carilion Clinic Community Outreach Manager.

Members of the Project Management team reviewed all documents prior to publication and provided critical edits. Every effort has been made to ensure the accuracy of the information presented in this report, however accuracy cannot be guaranteed. Members of the Rockbridge Area Community Health Assessment Team cannot accept responsibility for any consequences that result from the use of any information presented in this report.

Acknowledgements

Success of the Rockbridge Area Community Health Needs Assessment (RACHNA) was due to the strong leadership and participation of its Project Management Team, the Community Health Assessment Team, and members of the Rockbridge 2020 community health collaboration. Thank you to all of the community members who participated in the Community Health Survey and focus groups.

Members of these teams included:

Project Management Team

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Community Health Assessment Team (CHAT)

Carilion Clinic’s CHNAs are community-driven projects and success is highly dependent on the involvement of the citizens, health and human service agencies, businesses, and community leaders. Community stakeholder collaborations known as “Community Health Assessment Teams” (CHAT) lead the CHNA projects. The CHATs consists of health and human service agency leaders, persons with special knowledge of or expertise in public health, the local health department, and leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease.

CHAT Members

Name	Organization
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Deborah Bundy-Carpenter	Central Shenandoah Health District
Dennis Cropper	Rockbridge Area Community Services
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Juli Gibson	Buena Vista Public Schools
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Jaclyn Hostetter	Mayflower
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Suzanne Sheridan	Rockbridge Area Health Center
Laura Simpson	Maury River Home Care
Melody Tennant	Let's Move Lexington

Executive Summary

Many and varied organizations are involved in the essential work of improving and maintaining the health of any given community. It is important to assess the health concerns of each community periodically to ensure that current needs are being addressed. A Community Health Needs Assessment (CHNA) every few years will uncover issues, indicate where improvement goals are needed, and track and promote progress in key areas, so there can be demonstrated, ongoing improvement. The work of conducting this CHNA and the public availability of its findings is intended to enable the community to plan effectively the vital work of maintaining and improving health.

This report contains the findings of the 2015 Rockbridge Area Community Health Needs Assessment (RACHNA), including data on the target population and service area, as well as primary and secondary data.

Method

A twenty seven member Community Health Assessment Team (CHAT) oversaw the planning activities. The service area included those living in the county of Rockbridge and the cities of Buena Vista and Lexington. The target population included the low-income, uninsured and/or underinsured, and those living with chronic illness.

Beginning in January 2015, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers, and focus groups with target populations. Secondary data was collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

Findings

The findings of the Community Health Needs Assessment reveal distinct disparities especially for those in poverty and medically underserved areas of Rockbridge. Poverty rates are higher, academic attainment rates are lower, and those without access to vehicles are higher in Buena Vista City and Lexington than statewide averages impacting the social determinants of health. Those living in poverty have trouble accessing services, including dental care, primary care and mental health care. Those areas are considered medically underserved areas for low-income populations. The general population has trouble accessing urgent care services, cancer care, specialty care and women's health services. The largest barrier to care is cost and access.

Buena Vista has high death rates for malignant neoplasms and diabetes mellitus and Lexington has high rates of chronic lower respiratory disease deaths. Tobacco rates were reported at 50% by community health survey respondents.

Many of the respondents to the Community Health Survey and focus group participants, whether insured or uninsured, noted that the cost of services keeps them from accessing preventive care and services. Often individuals self-treat or delay treatment due to cost.

Access to affordable oral health services for uninsured and low-income adults continues to be a major need in the service area. Respondents reported suffering from depression and anxiety and the need to “talk to someone.” Many cited poor health literacy among the target population including the limited basic health knowledge, no value placed on preventive care and chronic disease management, lack of trust in the current healthcare system, and little awareness of existing resources in the community. There is a need to develop a “Culture of Wellness” with an emphasis on health education, access to healthy foods, and increased physical activity.

Response

In June 2015, the CHAT participated in a prioritization activity to determine the greatest need in the service area based on the primary and secondary data collected during the assessment period. The top priority areas emerged from these findings:

1. Need for urgent care services
2. Value not placed on preventive care and chronic disease management
3. High prevalence of obesity / overweight individuals
4. Lack of exercise / physical activity
5. Coordination of care
6. Poor eating habits / lack of nutrient dense foods in diet
7. Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)
8. Stigma with mental health and substance abuse services
9. Inappropriate utilization of ED / urgent care for primary care, dental and mental health services
10. Lack of knowledge of community resources

The CHAT will participate in a strategic planning session in the fall of 2015 and create goals and strategies addressing the priority. The strategic plan must have community engagement and involvement to have the greatest impact on the health and wellness of those in the Rockbridge Area. Many of the members of the CHAT and Rockbridge 2020 (community collaboration addressing community health need) will continue to collaborate to actively address community health needs.

Target population

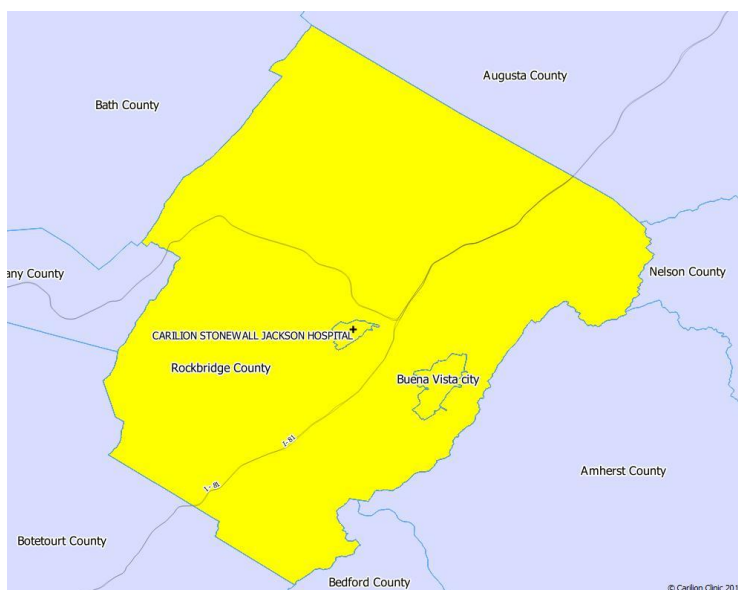
The target populations for Carilion's CHNA projects consist of the following groups: low-income individuals, uninsured and under-insured individuals, those that face barriers to accessing care and available resources, and users of existing health care safety net organizations. Populations are examined across the different life cycles including children and adolescents, woman of child-bearing age, adults, and elderly as well as across various race and ethnic groups.

Service Area

The service areas for each CHNA are determined by at least 70% of unique patient origin of the Carilion Clinic hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas (MUAs), Health Professional Shortage Areas (HPSA), and Food Deserts.

Carilion Stonewall Jackson Hospital (CSJH) is located in Lexington Virginia. In fiscal year 2014, CSJH served 13,438 unique patients. Patient origin data revealed that in fiscal year 2014, 84.05% of patients served by CSJH lived in the following localities:

- Lexington City (37.18%)
- Rockbridge County (22.47%)
- Buena Vista City (24.39%)



Community Health Improvement Process

Carilion Clinic's community health improvement process was adapted from Associates in Process Improvement's the Model for Improvement and the Plan-Do-Study-Act (PDSA) cycle developed by Walter Shewhart.¹ It consists five distinct steps: (1) conducting the CHNA, (2) strategic planning, (3) creating the implementation strategy, (4) program implementation, and (5) evaluation. This cycle is repeated every three years to comply with IRS requirements. Each step in the process is explained below. Please see Appendix 1 for the Carilion Clinic Community Health Improvement Process diagram.

Step 1: Conduct CHNA.

The first step of conducting a CHNA is to create a Gantt chart. This tool is a timeline that documents the upcoming task needed to be done to conduct the CHNA, who is responsible for each task, start and end dates for each task, and the percentage complete of each task. The Gantt Chart for the RACHNA can be found in Appendix 2.

The CHAT leads the CHNA and oversees primary and secondary data collection. Primary data includes a community health survey (CHS), target population focus groups, and a stakeholder survey.

Community Health Survey (CHS)

The CHS consists of forty questions for adults and twelve questions for adults with children about access and barriers to healthcare, general health questions, and demographic information. The survey mirrors Healthy People 2020 goals as well as many other national health surveys that do not collect health care data at the county or zip code level. This survey is not a scientific survey and uses oversampling techniques of the target population. See Appendix 3 for the Rockbridge Area CHS. The Data Collection and Tracking Steering Committee provide recommendations for future improvements on the CHS with input from the CHAT and community members. An incentive for completing the CHNA was provided to encourage participation in the CHS.

Target Population Focus Groups

Focus groups are conducted with the target population. The goal of the focus groups are to identify barriers to care and gaps in services for primary care, dental and mental health/substance abuse services for the population. There is at least one focus group representing each lifecycle (children and adolescents, woman of child-bearing age, adults, and elderly).

For each focus group, there is a maximum of twelve participants. A facilitator and scribe conduct the focus group meeting and the audio of the meetings are recorded and later transcribed. Snacks and beverages are provided for participants. Consent forms must be signed prior to each meeting (to inform participants regarding format and to ensure confidentiality).

¹ Science of Improvement: How to Improve. (2014). Institute for Healthcare Improvement. Retrieved from <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>

The groups are held in convenient, neutral locations and/or in sites where participants already congregate.

The script for the focus groups is simple and consists of five open-ended questions:

1. In one or two words, how would you describe good health? (Record on flip chart)
2. What do you, or your family and friends, do when you need a check-up or are sick? Ask how many participants have health insurance.
3. What do you, or your family and friends, do when you have a toothache or need your teeth cleaned? Ask how many participants have dental insurance.
4. What do you, or your family and friends, do when you need to talk to someone about your nerves/stress/depression or need help with alcohol or drug addiction?
5. Is there anything else you would like to tell us about your health or the health of others in the Rockbridge Area.

Data is analyzed and themes are identified using the focus group transcripts.

Stakeholder Survey

The final primary research as part of the CHNA is a stakeholder survey. This survey is administered to any stakeholders identified by the CHAT or Carilion Clinic. See Appendix 4 for the stakeholder survey tool.

Secondary Data Collection

Secondary data is collected as part of the CHNA. Data is collected and benchmarked with Health People 2020 and trends are analyzed. Carilion uses the data metrics suggested by the Catholic Health Association.

Prioritization

After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. This consists of each CHAT member picking the ten most pertinent community needs and ranking them on a scale of one to ten, with one being the most pertinent. The CHAT members also rate the feasibility and potential impact of the needs on a scale of one to five, with one being the most feasible and having the most impact. Please see Appendix 6: Community Health Needs Assessment Prioritization Worksheet. This data is combined and overall ranking and feasibility and potential impact scores are determined.

CHNA Report

The last step of the CHNA is publishing and analyzing the primary and secondary data into a final CHNA report. These reports must be published in the same fiscal year as the CHNA and made widely available to the community. Carilion publishes the CHNAs on its website at www.carilionclinic.org/about/chna and has print copies available through the Community Outreach department. CHAT members and partner organizations may also publish data on their websites.

Step 2: Strategic Planning

After the completion of the CHNA, the CHAT enters the strategic planning phase of the process. These sessions are generally held as a “planning retreat” and are either full day or half-day events. Strategic Planning can also be broken into several meetings if needed. Before the planning retreat, the CHAT must decide what community health needs the CHAT will focus on and provide explanation as to what issues will be the focus and why.

After the priority areas (needs) have been identified, the team participates in the planning retreat. Break-out session format is used for the planning retreat. CHAT members self-select what issues they would like to work on and spend the strategic planning session identifying alignment opportunities between organizations, identifying system changes that are likely to lead to improvement, establishing measures that will tell if changes are leading to improvement, and selecting new or existing evidence-based strategies for the community that are most likely to succeed in addressing the needs.

Step 3: Implementation Strategy

After the CHNA is completed, Carilion Clinic develops a written implementation strategy that specifies what health needs were identified in the CHNA, what needs the organization plans to address, what needs the organization does not plan to address, and reasons for each.

Included in the document are expected outcomes for each community issue being addressed, and proposed evidence-based interventions with goals and objectives that will be tracked over time (both process measures and outcome measures). The document must be formally approved by the organization’s Board of Directors and filed with the organization’s 990 tax return. Carilion Clinic will integrate the implementation strategy with existing organizational and community plans and host an event in the community to present the CHNA results and the corresponding implementation strategy.

Step 4: Program Implementation

Carilion Clinic Community Outreach and the CHAT will establish and monitor new community health programs implemented to respond to the community health needs identified in the CHNA. New programs will be piloted on a small scale first and will be continually assessed and improved using the PDSA (Plan, Do, Study, Act) cycle. The goal of the PDSA cycle is to make small, sustained improvements over time. Relevant data is collected and analyzed for each program. After successful implementation of the pilot, the program can be implemented on a larger scale throughout Carilion Clinic or through other organizations in the community. The PDSA cycle is on-going for existing community health improvement programs.

Step 5: Evaluation

Community health programs and metrics associated with the expected outcome in the implementation strategy will be monitored by Carilion Clinic Community Outreach. Applicable process and outcome measures will be presented to the CHAT quarterly for each expected outcome.

Progress will also be reported bi-annually to Carilion Clinic’s Board of Directors for each community health need identified in the last CHNA cycle for each community. In addition, the Board will be informed of community grant awards given by Carilion Clinic to fund health safety net programs in the community. Decisions on funding of health safety net programs will be based on available resources and the impact on addressing a documented community health need identified in the CHNA. For more information, see <https://www.carilionclinic.org/about/community-outreach>.

Finally, Carilion Clinic will update progress made on each community health need identified in the most recent CHNA cycle annually on the organization’s 990 tax form.

Community Collaboration and Collective Impact

Carilion Clinic fosters community development in its CHNA process and community health improvement process by using the Strive Collective Impact Model for the CHAT. This evidence-based model focuses on “the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s)”² and has been proven to lead to large-scale changes. It focuses on relationship building between organizations and the progress towards shared strategies. Collective impact focuses on four conditions for collective success:

1. **A Shared Community Vision:** a broad set of cross-sector community partners come together in an accountable way to implement a vision for a healthier community and communicate that vision effectively.
2. **Evidence-based Decision Making:** The integration of professional expertise and data to make decisions about how to prioritize a community's efforts to improve health outcomes.
3. **Collaborative Action:** the process by which networks of appropriate cross-sector services/providers use data to continually identify, adopt and scale practices that improve health outcomes.
4. **Investment & Sustainability:** There is broad community ownership for building civic infrastructure and resources are committed to sustain the work of the partnership to improve health outcomes.

Collective Impact also suggests having a neutral anchor institution to serve as the convening body for the CHAT. The role of the anchor institution is to listen to/support the community as a convener in identifying and aligning around the community's shared aspirations. The anchor institution pulls together and staffs a coalition of key organizations and individuals to achieve that change including: (1) organize meetings of the full partnership; (2) facilitate work groups to guide the development and implementation of specific activities; (3) manage and strengthen relationships with individuals and organizations; (4) engage a broad spectrum of stakeholders in developing community change strategies and mobilizing the community's resources to

² Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from http://www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf

implement them; (5) build public will and catalyze action; (6) create a policy agenda; (7) use data to inform all decisions.³

Carilion Stonewall Jackson Hospital has partnered with Rockbridge 2020 to lead the 2015 RACHNA.

Rockbridge 2020

Rockbridge 2020 was founded in 1995 by Stonewall Jackson Hospital. It brought together providers of health care and related services in the Rockbridge Area for the purpose of collaboration and planning for health care over the next quarter of a century. Informal monthly meetings allowed participants to network and educate each other about services available through each of the agencies represented. As the gathering took on a more formal nature, mission and vision statements were developed. Through self-survey, areas of need were identified and prioritized. Special interest sub-groups were formed to work on areas of special need.

In 1999, Rockbridge 2020, with a core group of 20-30 people, representing approximately 15 agencies, undertook a community health assessment. The assessment consisted primarily of two surveys: an adult survey, and a youth risk behavior survey. It was completed and published in 2001.

The work of Rockbridge 2020 continued in 2006 when Stonewall Jackson Hospital became part of the Carilion Health System. In 2011, Carilion Stonewall Jackson Hospital partnered with the Rockbridge Area Free Clinic (now the Rockbridge Area Health Center) and the Central Shenandoah Valley Health District to conduct a Community Health Needs Assessment (CHNA). The Rockbridge Area Free Clinic was awarded an \$80,000 Health Center Planning Grant by the United States Department of Health and Human Services. This grant was used to fund the 12 month project to broadly define and assess the health of our community, develop a community health improvement plan, and design a collaborative health service delivery model for underserved residents. The final CHNA was completed and made available to the general public in 2012.

Since that time, Rockbridge 2020 has been working to implement the community health improvement plan through task forces dedicated to each of the four priority areas identified in the 2012 CHNA (Access to Health Services; Nutrition, Physical Activity and Obesity; Oral Health; and Mental Health). Rockbridge 2020 currently has over 60 members representing a wide range of agencies and organizations throughout the community that are involved in maintaining and improving the health of the community.

³ Kania, J., & Kramer, M. (2011). Collective Impact. Stanford Social Innovation Review. Retrieved from http://www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf

Description of the community

Located at the southern end of the Shenandoah Valley in west central Virginia, Rockbridge County is classified as a rural county. It is bounded on the west by the Alleghany Mountains and on the east by the Blue Ridge Mountains. The county's rolling hills and 58,000 acres of national forest comprise much of its 616 square miles. There are 37 persons per square mile, which is significantly lower than the state average of 203 persons per square mile.⁴ Rockbridge County is surrounded by the counties of Bath, Augusta, Amherst, Bedford, and Allegany. Highways 81 and 64 provide ready access to neighboring markets and services.

The independent cities of Buena Vista and Lexington lie within the county limits. Lexington, the county seat, is situated in the center of the county. It is the heart of much of the county's educational, retail, commercial and governmental activities. Buena Vista is located six miles east of Lexington and is considered the industrial and manufacturing core of the county. Both the cities of Buena Vista and Lexington are classified as mixed urban areas.⁵ With land areas of 7 square miles and 2.5 square miles respectively, there are 992 persons per square mile in Buena Vista and 2,820 persons per square mile in Lexington.⁶ The incorporated towns of Glasgow, Goshen, Brownsburg, Natural Bridge Station, Raphine and Fairfield are located within the county limits.

In order to fully appreciate the present day community of Rockbridge County, it is important to understand the values and accomplishments of the first families. As the ancient mountains, rivers, and fertile valley fields define the county's landscape, the accomplishments of those past provide a strong foundation for the community leaders of today. When charting the course for future generations, it is important to remember how the community first expressed its values and to understand those values as living sources of strength and inspiration.

Settlers of Scotch-Irish and German descent first came to the Shenandoah Valley in the 1730s from Pennsylvania. They settled along a Native American path known as the Great Wagon Road. This ancient path still serves the community as US Route 11. Rockbridge County was founded in 1778 from parts of Augusta County and Botetourt County. It was named for the natural rock formation; known as Natural Bridge, which was owned at that time by Thomas Jefferson. The town, later incorporated as Lexington, was established where the Maury River and the Great Wagon Road conveniently intersect.⁷

The primary industry was education. The Scotch-Irish settlers formed Augusta Academy in the 1740s. The name later changed to Liberty Hall Academy and a new stone school was built in 1793. The Academy was renamed Washington College after George Washington provided sustainable funding for the school. Following the civil war, Robert E. Lee served as the college

⁴US Census Bureau State and County Quick Facts, 2010

⁵ Virginia Rural Health Plan, 2008, <http://www.va-srhp.org/docs/plan/11-appendix-d.pdf>

⁶ US Census Bureau State and County Quick Facts, 2010

⁷ County of Rockbridge, <http://www.co.rockbridge.va.us/history.htm>

president and expanded the curriculum. After his death, Washington College was renamed Washington and Lee University, as it remains today.⁸

In 1816, Lexington became one of three areas in the state designated by the U.S. General Assembly of Virginia to store an arsenal of weapons. In 1839, the small town's second college, Virginia Military Institute was founded at the site of the arsenal. The railroad arrived in Lexington between 1860 and 1890, and with a strong community of educated, innovative leaders, Rockbridge County began to grow and prosper after the civil war. In 1867, the county added a third college, Southern Seminary, an institute of higher education for women located in Buena Vista. Southern Seminary is now known as Southern Virginia University.⁹

Located in historic Lexington, Carilion Stonewall Jackson Hospital shares a rich historical heritage with the area. Its earliest beginnings date to 1890 when public infirmary provided basic care to local residents. In 1907, the Stonewall Jackson Memorial Hospital, located in the Jackson House on Washington Street in Lexington, was opened by a local chapter of the United Daughters of the Confederacy. For more than 45 years, the hospital served the community at the Washington Street location with dedication and commitment to health care excellence. During the late 1940's, the old hospital could no longer continue to serve the growing health needs of the community. Plans were developed to build a new hospital for the community.

The UDC transferred operation of the hospital to a new Board of Trustees in 1949. The community rallied to the project and contributed more than half a million dollars to a building fund in 1950. In 1954, the new Stonewall Jackson Hospital (SJH) was opened at its present location with 65 beds. Just a few years later in 1958, 15 beds were added to meet increasing community demand for services. In 1964, a 50 bed Extended Care Facility (ECF) was opened. The School of Practical Nursing also began operation this same year.

In early 1983, ground was broken on a new patient tower, which now provides all patient rooms with modern facilities. With the completion of the patient rooms in November of 1984, extensive renovation of the old patient rooms was begun to provide needed space for ancillary services. In December 1987, ground was broken for the Extended Care Facility solarium, which was completed in May of 1988.

In 2000 the hospital embarked on the millennium campaign raising over \$4.5 million toward a new hospital building, renovations of the old building and demolition of the remaining area. The new hospital opened its doors in April 2002 with expanded outpatient services, new state-of-the-art equipment, new programs in health and wellness and updated in-patient rooms. SJH began offering board-certified physicians who had specialties ranging from emergency services to cardiac care.

In 2006 Stonewall Jackson Hospital became a part of Carilion Health System, now Carilion Clinic. Carilion Stonewall Jackson Hospital is an active 25 bed critical access hospital, vital part of community life, providing a full range of medical services. The Carilion Stonewall Jackson

⁸County of Rockbridge, <http://www.co.rockbridge.va.us/history.htm>

⁹ Southern Virginia University, <http://svu.edu/about>

Hospital of today continues in the same tradition of excellence fostered by the UDC more than 100 years ago. General Jackson's house on Washington Street in Lexington remains a landmark and tribute to its many years of fine service as the community's hospital.

Carilion Clinic is a not-for-profit healthcare organization serving nearly one million people in Virginia through a physician specialty group, advanced primary care practices, hospitals and outpatient centers. Led by clinical teams with a shared philosophy that puts the patient first, Carilion is committed to improving the community's health while advancing the quality of care through medical education and research. Carilion Clinic is based in Roanoke, Virginia and serves the residents of 18 counties and six cities in Western Virginia and southern West Virginia. Carilion Clinic employs 650 physicians representing more than 70 specialties who provide care at 220 practice sites. The Clinic's education system includes the Virginia Tech Carilion (VTC) School of Medicine and Research Institute, twelve residency programs and eleven fellowships as well as the Jefferson College of Health Sciences offering degree programs in nursing and allied health.

Primary Data and Community Engagement

Stakeholder Survey Results

During the CHNA process, community stakeholders and providers were encouraged to complete the stakeholder survey (see Appendix 4: Stakeholder Survey for the survey tool). This survey was completed online, in print, and administered to stakeholders during a CHAT meeting. In total, 19 participants completed the stakeholder survey. 12 surveys were completed during the CHAT meeting, 5 paper copies were received, and 2 surveys were completed online.

Needs and Barriers

Stakeholders were asked to respond to the following questions addressing the health needs and barriers in the Rockbridge Area.

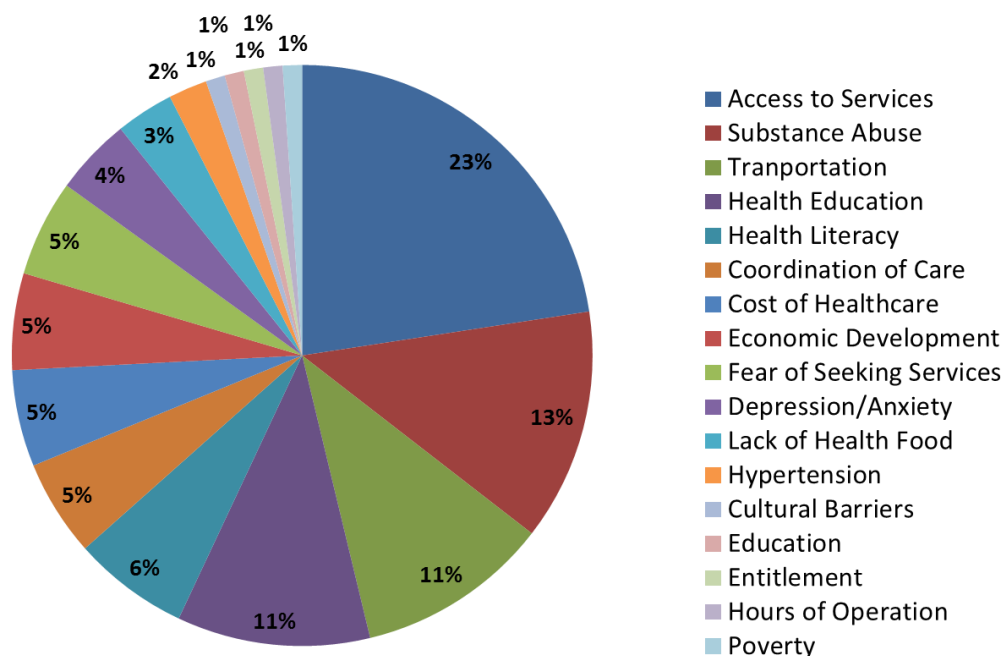
- **What are the most important issues (needs) that impact health in the Rockbridge Area?**
- **What are the barriers to health for the populations you serve in the Rockbridge Area?**

A total of 93 responses from 19 individuals were collected addressing the “Needs and Barriers” and 17 categories were identified:

- Access to Services
- Coordination of Care
- Cost of Healthcare
- Cultural Barriers
- Depression/Anxiety
- Economic Development
- Education
- Entitlement
- Fear of Seeking Services
- Health Education
- Health Literacy
- Hours of Operation
- Hypertension
- Lack of Health Food
- Poverty
- Substance Abuse
- Transportation

To determine which “Needs and Barriers” categories were identified most often by the focus groups, the responses for each category are presented as a percentage of the total responses.

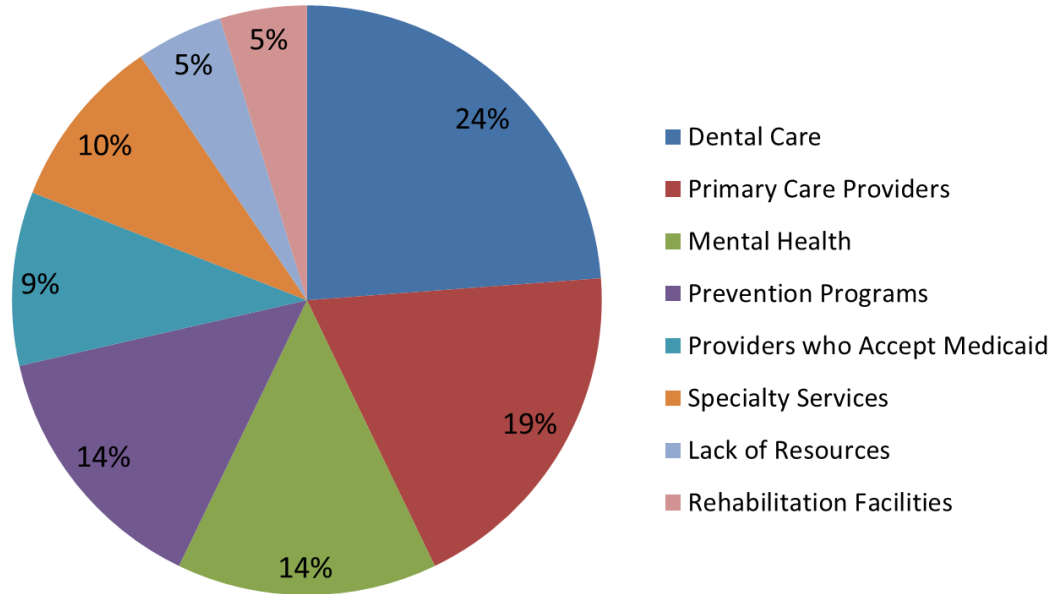
What are the most important needs and barriers that impact health in the Rockbridge Area?



Total responses: 93 Total participants: 19

Respondents identified “Access to Services” as the greatest need/barrier that impacts health. Within this category, access to dental care had the greatest number of responses. Access to primary and preventive care was the second greatest response. Tied for the third greatest response was access to mental health services and prevention programs.

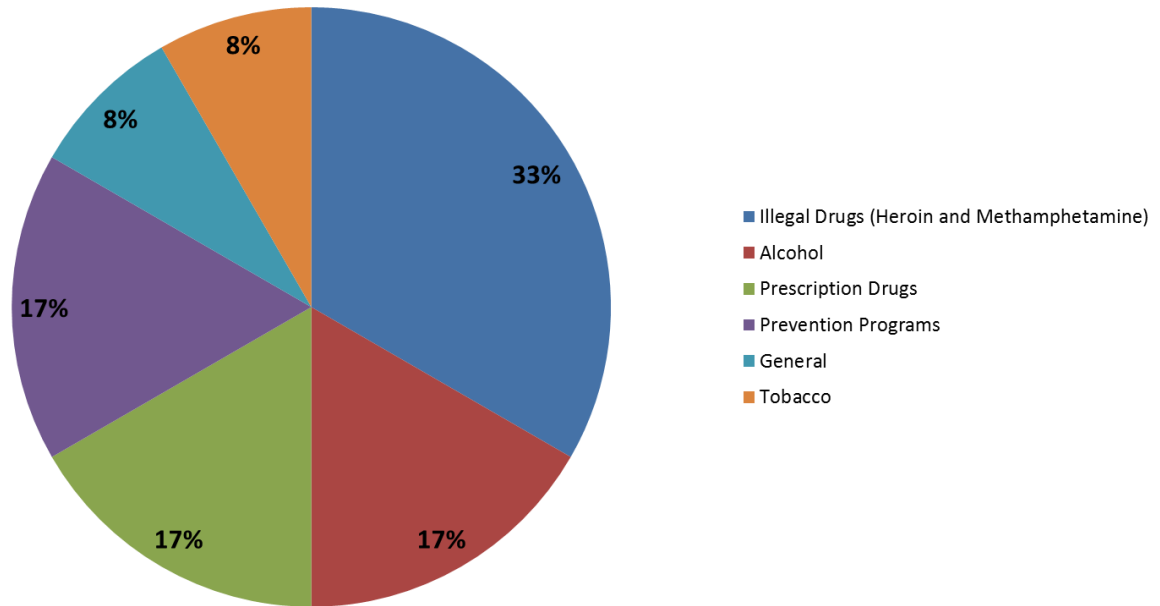
Needs/Barriers (cont.): Access to Services Detail



Total responses: 139 Total participants: 19

The second greatest need and barrier impacting health in the service area was substance abuse services. Specifically, illegal drug abuse (heroin and methamphetamine), alcohol abuse, and prescription drug abuse were the top three types of abuse identified. The need for prevention programs was also expressed by stakeholders as a need in the community.

Needs/Barriers (cont.): Substance Abuse Detail



al responses: 12 Total participants: 19

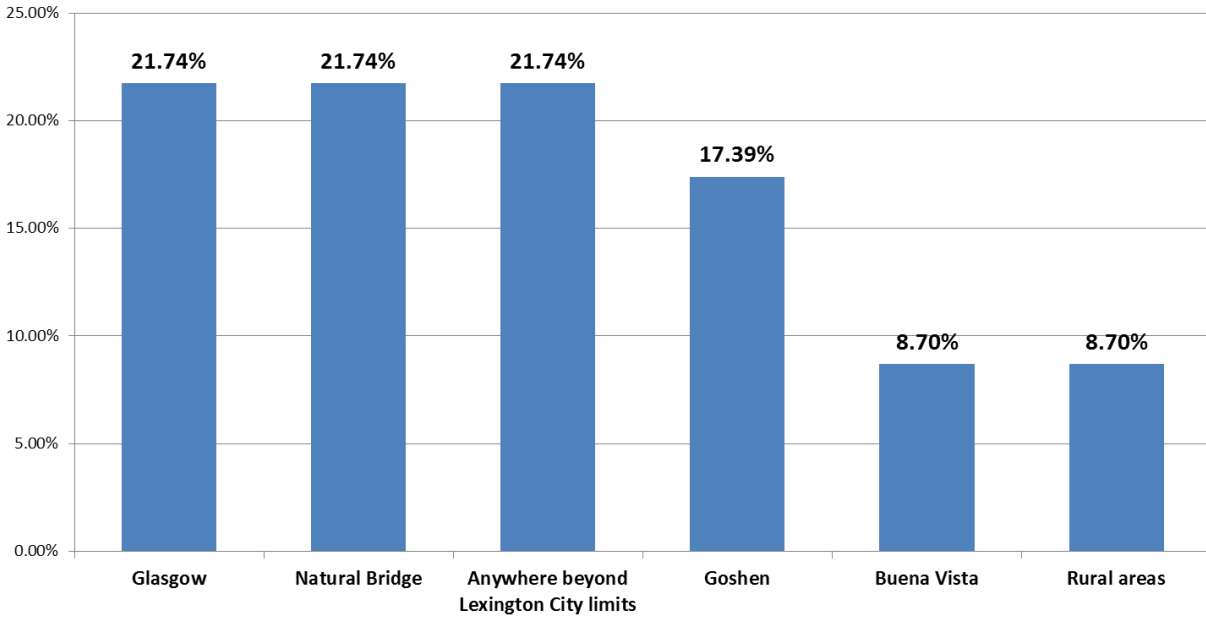
Localities with the Greatest Unmet Need

In addition to the “Needs and Barriers” that impact health, participants were asked:

- ***Is there one locality/neighborhood with greatest unmet need in the Rockbridge Area?***

The majority of respondents agreed that there is unmet need throughout the Rockbridge Area. Of the 23 responses, the following localities/neighborhoods were identified:

Localities with the Greatest Unmet Need



Total responses: 23 Total participants: 19

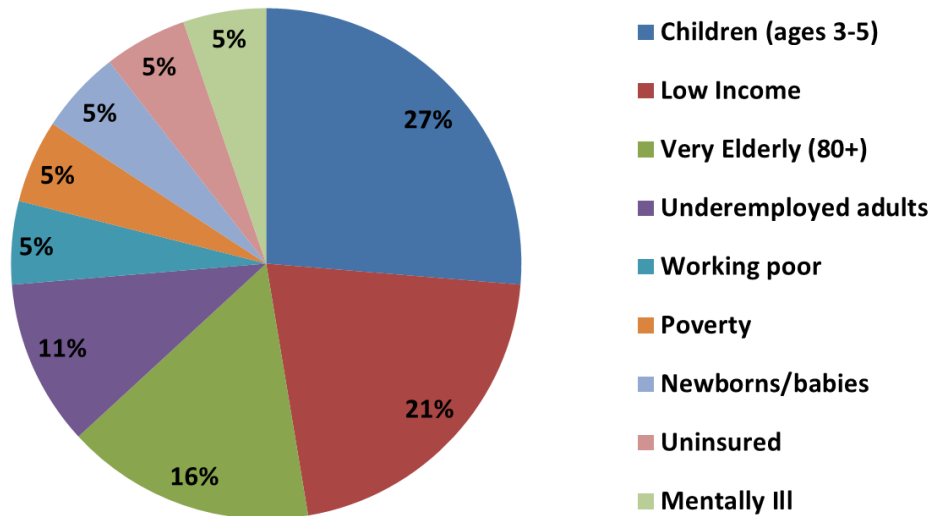
Populations with the Greatest Unmet Need

Next participants were asked:

- ***Is there one population with greatest unmet need in the Rockbridge Area?***

The top response from participants identified children age 3 – 5, low income individuals, followed by the very elderly (80+) as having the greatest unmet need.

Populations with Greatest Unmet Need



Total responses: 19 Total participants: 19

Resources

Stakeholder survey participants were asked to respond to the following question addressing the available resources in the Rockbridge Area.

- **What are the resources for health for the populations you serve in the Rockbridge Area?**

A total of 17 responses were collected addressing the “Resources” and 7 categories identified, including:

- Community Resource
- Coordination of Care
- Education
- Services- Health System
- Services- Healthcare
- Transportation
- Wellness

The complete list of community resources, as identified by community stakeholders, can be found in Appendix 5: Community Resources.

Initiatives and Changes

Stakeholder survey participants were asked to respond to the following question:

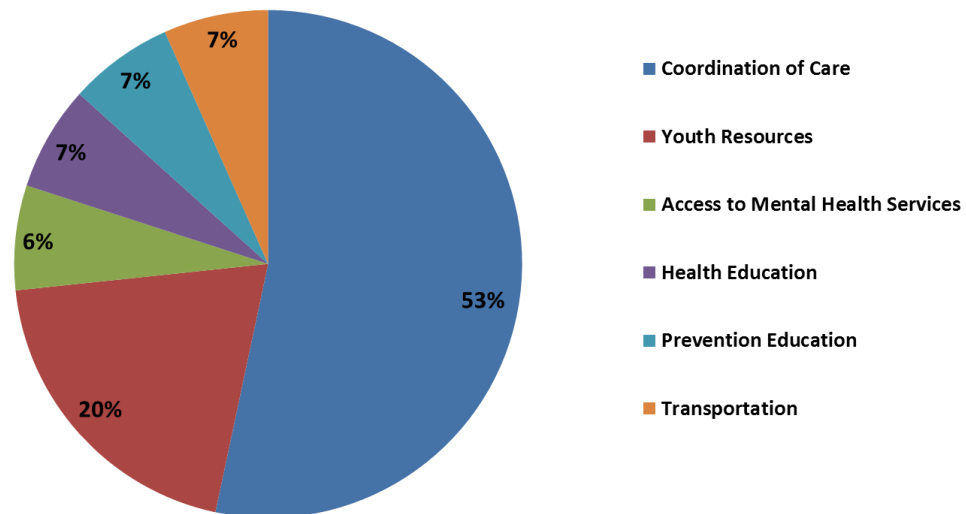
- ***If we could make one change as a community to meet the needs and reduce the barriers to health in the Rockbridge Area, what would that be?***

A total of 15 responses were collected addressing the “Initiatives and Changes” and 6 categories identified.

- Access to Mental Health Services
- Coordination of Care
- Health Education
- Prevention Education
- Transportation
- Youth Resources

To determine which “Changes and Initiatives” categories were identified most often by the participants, the responses for each category are presented as a percentage of the total responses.

If we could make one change as a community to meet the needs and reduce the barriers to health in the Rockbridge Area what would that be?



Total responses: 15 Total participants: 19

Target Population Focus Group Results

Five focus group meetings with target populations living in the service area were conducted in April 2015 to address the healthcare needs for, and address barriers to, affordable comprehensive services including primary care, oral health, and mental health and substance abuse services.

The CHAT identified participants for the focus group meetings by reviewing programs and organizations in the Rockbridge Area that offer services to the uninsured and under-insured, the low-income, minority, and chronically ill groups across the lifecycles and special populations (homeless and public housing residents). All attempts were made to conduct focus groups at sites where existing, intact groups already met and/or at sites that served the target population.

A total of 39 community members participated in target population focus groups.

Focus Group Locations

Organization	Children	Women of Childbearing Age	Adults	Seniors	Hispanic	Site/Group
Don Tequilas	✓	✓	✓		✓	
Maury River Senior Center				✓		
Maury River Senior Center				✓		Meals Program
Rockbridge Area Community Services:			✓			Eagle's Nest Clubhouse
Rockbridge Area Health Center			✓			
TAP/ Headstart	✓	✓	✓			
Women Small Business Owners Group	✓	✓	✓			

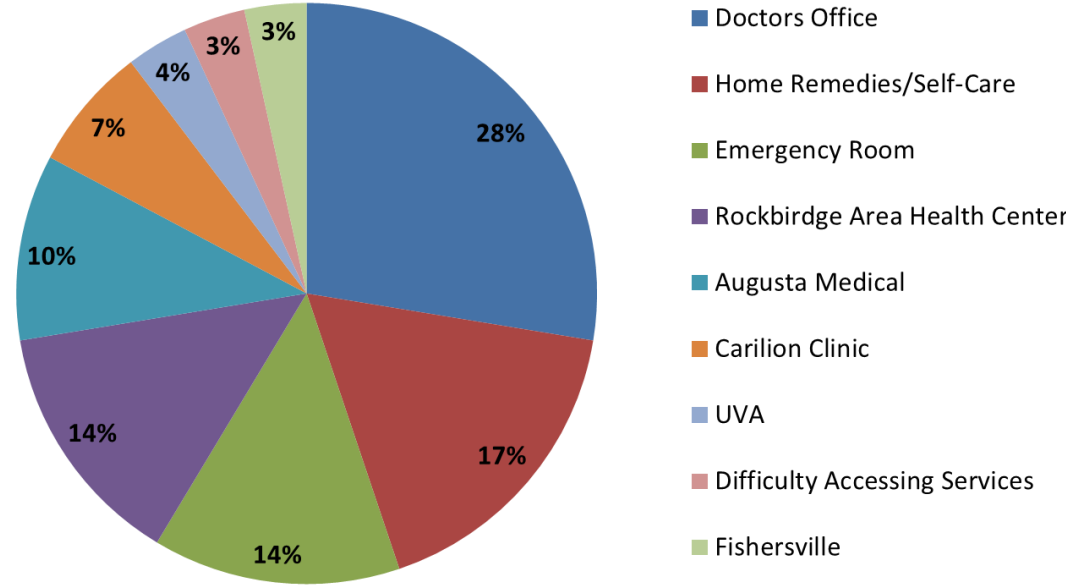
Focus Group Results

At the beginning of each meeting, participants were asked “What is good health?”. Responses addressed participants’ perceptions of health status, wellness and prevention, social networks, and access to services. A word cloud was created to show results from this question. The more a term was used, the larger that word is in the cloud.



Participants were then asked “What do you, or your family and friends, do when you need a check-up or are sick?” 28% of participants identified they use the doctor’s office, followed by home remedies / self-care (17%) and emergency room (14%).

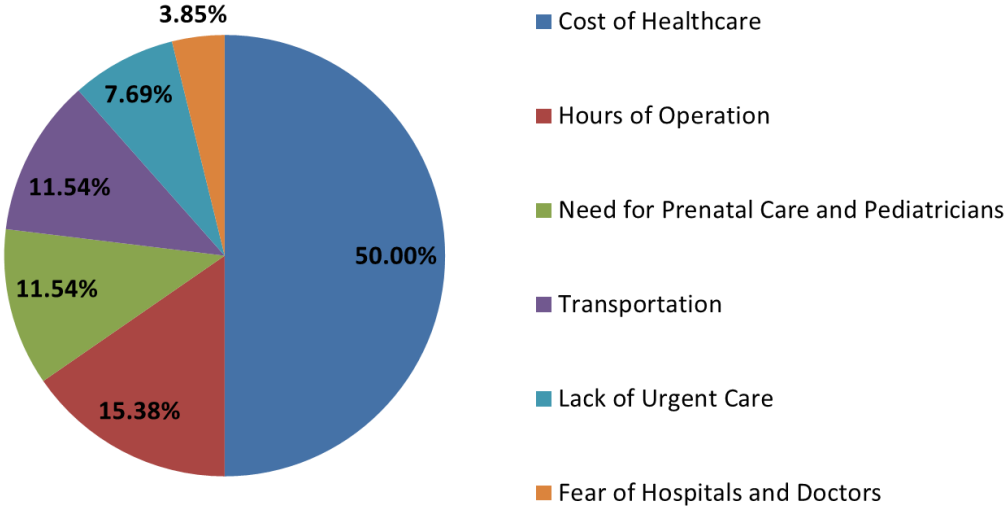
What do you, or your family and friends, do when you need a check-up or are sick?



Total responses: 29 Total participants: 39 Did not respond: 11

Medical care barriers identified during the focus group included the cost of care (50%), hours of operation (15%), need for prenatal care and pediatricians (12%) and transportation (12%).

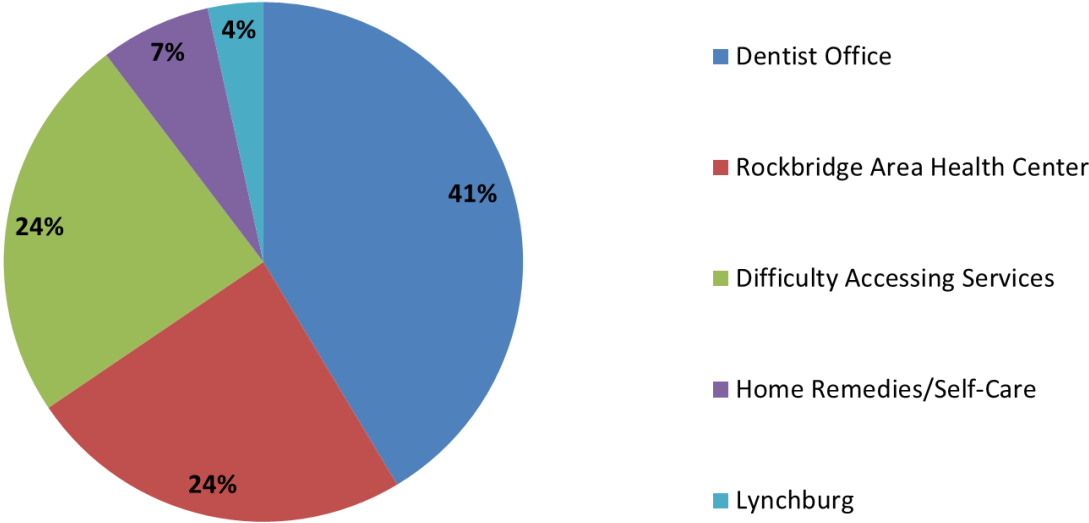
Medical Care Barriers



Total responses: 26 Total participants: 39 Did not respond: 13

Next, participants were asked, “What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?” The top responses were going to the dentist office (41%), the Rockbridge Area Health Center (24%), and 24% had difficulty accessing services.

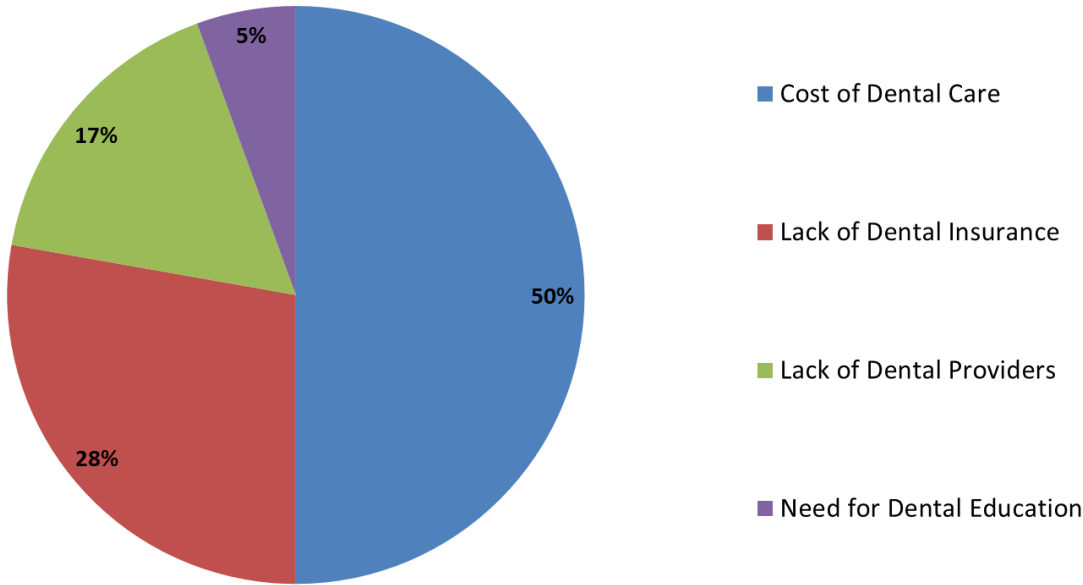
What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?



Total responses: 29 Total participants: 39 Did not respond: 9

Dental care barriers included the cost of dental care (50%), lack of insurance (28%), and the lack of dental providers in the Rockbridge Area (17%).

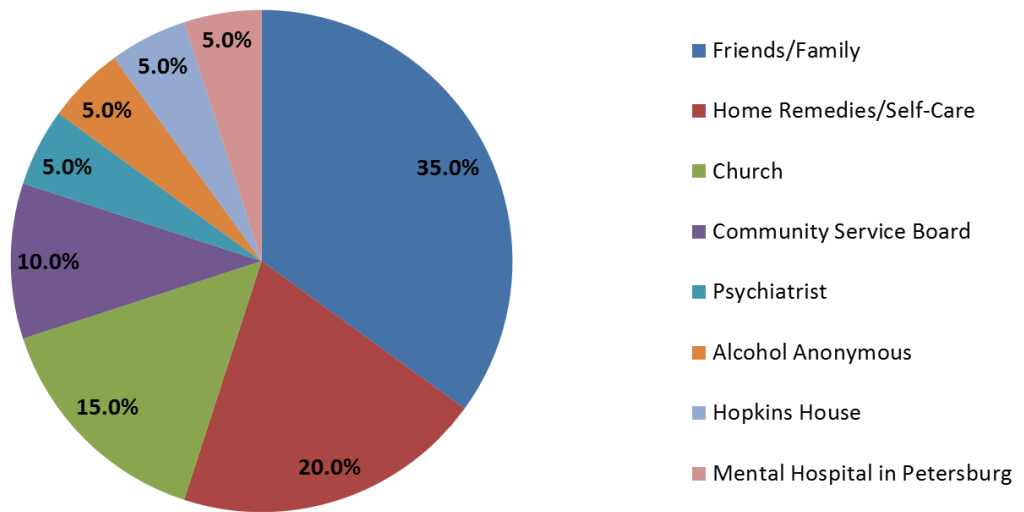
Dental Care Barriers



Total responses: 18 Total participants: 39 Did not respond: 21

Participants were then asked, “What do you, or your family and friends, do when you need to talk to someone about mental health or substance abuse issues?” The top responses were talking to friends/family (35%), home remedies / self-care (20%), and church (15%).

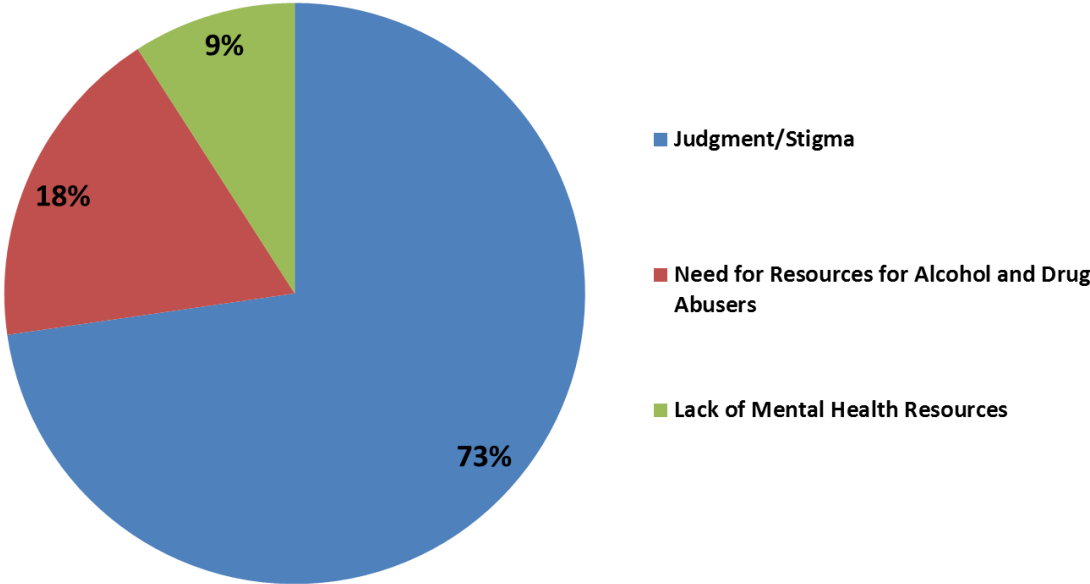
What do you, or your family and friends, do when you need to talk to someone about mental health or substance abuse issues?



Total responses: 20 Total participants: 39 Did not respond: 19

Mental health barriers included fear of judgment / stigma (73%), need for resources for abusers (18%), and lack of mental health resources (9%).

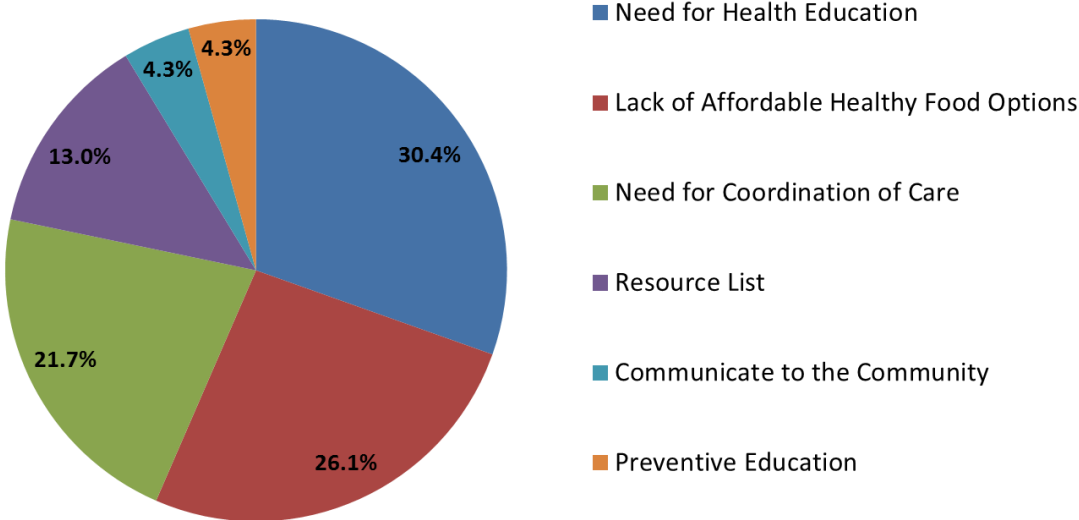
Mental Health Barriers



Total responses: 11 Total participants: 39 Did not respond: 28

Finally, participants were asked, “Is there anything else we need to know about the health care need in the community?” The top responses indicated a need for health education (30%), lack of access to healthy food options (26%), and need for care coordination (22%).

Other Barriers to Optimal Health



Total responses: 23 Total participants: 39 Did not respond: 16

Rockbridge Area Community Health Survey

Methodology

A Community Health Survey was conducted as a part of the RACHNA. This survey was used to gauge the health of the community and identify potential areas to target improvements.

The survey was developed using community survey samples from the following:

- National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships Community Themes and Strengths Assessments;
- YMCA's Community Healthy Living Index;
- Center for Disease Control's Behavioral Risk Factor Surveillance System;
- Center for Disease Control's National Health Interview Survey
- Center for Disease Control's Youth Risk Behavior Surveillance System (YRBSS)
- Community Health Surveys from Montgomery and Giles County, Virginia;
- Martin County Community Health Assessment, Martin County, North Carolina; and
- Roanoke Community Health Needs Assessment, 2000.

A 40-question survey was developed that asked questions about an individual's access to medical, dental and mental health care. The survey also asked questions about chronic illness, healthy and risky behaviors, insurance status, and basic demographic information. Both English and Spanish versions of the survey were available. An additional twelve questions were asked specific to children for those participants that have kids under the age of 18. The survey tool is included in Appendix 3: Community Health Survey).

Populations targeted for the survey were residents 18 years of age and older and included:

- General Population
 - All residents in the CHNA service area, including Rockbridge County and the cities of Lexington and Buena Vista.
- Target Populations
 - Low-income and/or uninsured residents; minority populations; and residents living with chronic illness

A nonprobability sampling method, which does not involve random selection of respondents, was used.¹⁰ This method is often used for social research. Although surveys were made available to all residents living in the Rockbridge Area, oversampling of the target populations occurred through targeted outreach efforts. Oversampling methodologies involve data collection for particular subgroups of the population that may be underrepresented in a random sample survey.

¹⁰ Research Methods- Knowledge Base, Nonprobability Sampling, Web Center for Social Research Methods, www.socialresearchmethods.net/kb/samponn/php

The CHAT identified target populations, collection sites and mode(s) of distribution of the surveys. Surveys were distributed beginning January through May 2015. Over 15 organizations, agencies, and community members assisted in the distribution of the surveys. In total, 474 surveys were collected.

The survey was distributed via the following methods:

- Survey Monkey link (www.surveymonkey.com/s/2015CHNA)
- Phone line 888-964-6620
- Flyers and posters distributed throughout the community with survey URL and phone line information
- Paper surveys (collected by volunteers and/or staff of partner agencies)

Four drawings for a \$25 Kroger gift card for those who completed the survey (one survey per person) were offered as an incentive.

Outreach strategies for survey distribution included:

- Media coverage by the local television and newspaper announcing the URL for the survey
- Facebook
- Face-to-face survey interviews at sites/agencies that serve the target populations using volunteers and/or staff
- Flyer and poster distributed at sites/agencies that serve the general community and target populations
- Survey URL posted on partner agency websites

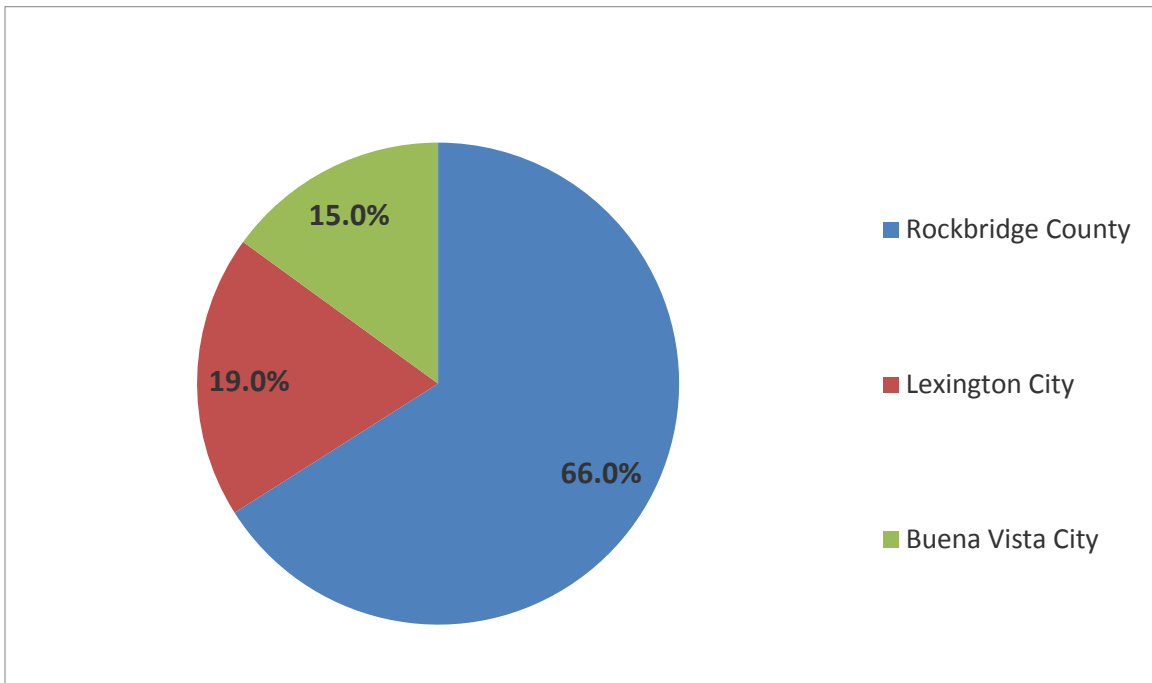
Surveys were analyzed and reported using Survey Monkey and Microsoft Excel. All responses were entered into Survey Monkey either directly by the respondents or by Carilion Direct who entered responses from paper or phone surveys.

Survey Results

Access and Barriers to Healthcare

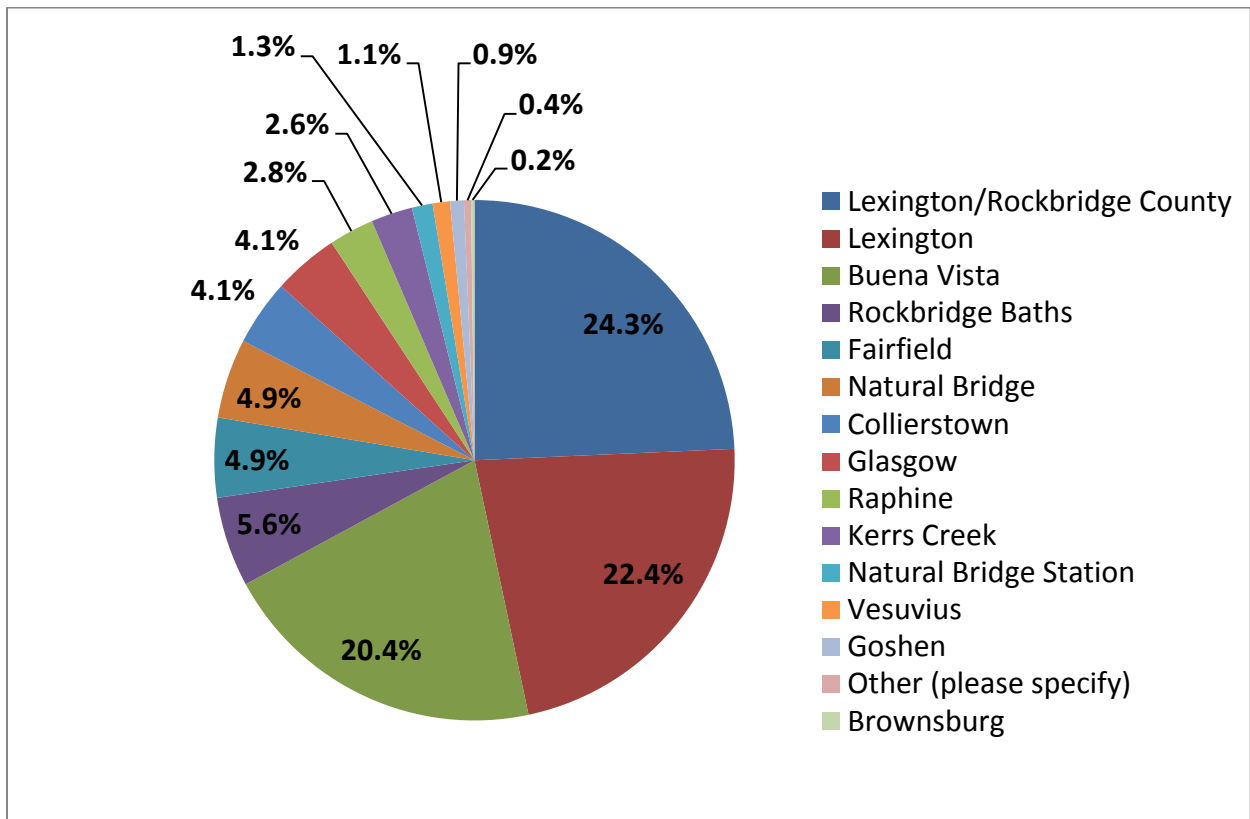
Please select the county or city you live in from the box below:

Answer Options	Response Percent	Response Count
Rockbridge County	66.0%	313
Lexington City	19.0%	90
Buena Vista City	15.0%	71
<i>answered question</i>		474
<i>skipped question</i>		0



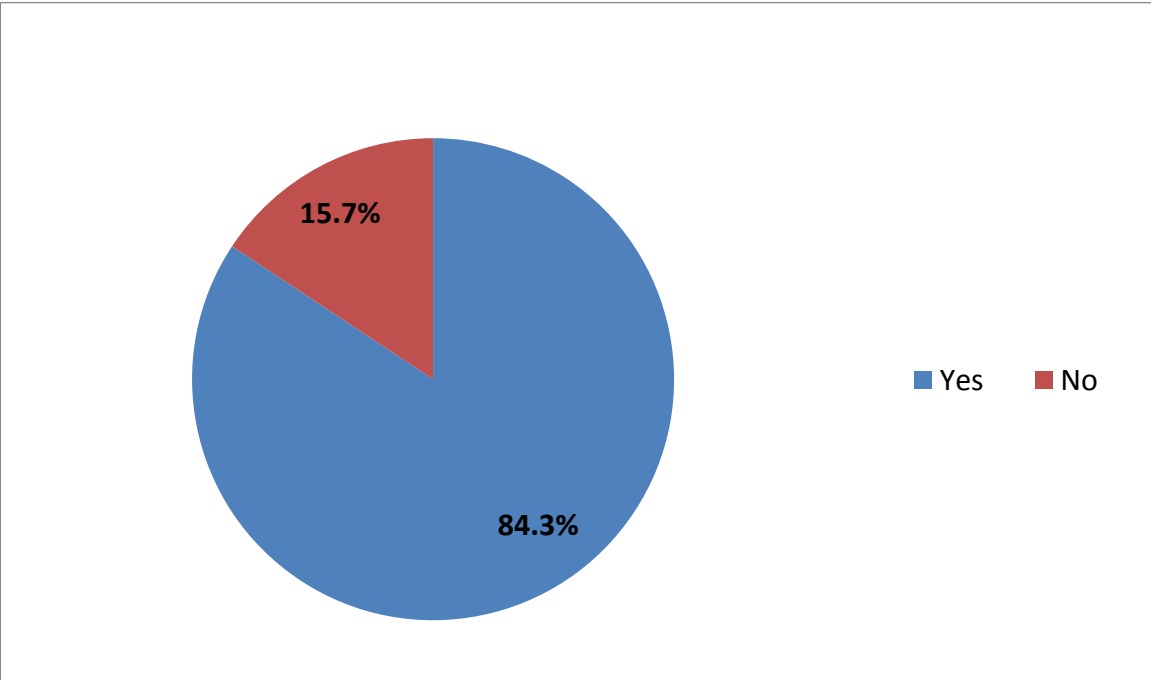
Where do you live?

Answer Options	Response Percent	Response Count
Lexington/Rockbridge County	24.3%	113
Lexington	22.4%	104
Buena Vista	20.4%	95
Rockbridge Bath	5.6%	26
Fairfield	4.9%	23
Natural Bridge	4.9%	23
Collierstown	4.1%	19
Glasgow	4.1%	19
Raphine	2.8%	13
Kerrs Creek	2.6%	12
Natural Bridge Station	1.3%	6
Vesuvius	1.1%	5
Goshen	0.9%	4
Other (please specify)	0.4%	2
Brownsburg	0.2%	1
<i>answered question</i>		465
<i>skipped question</i>		9



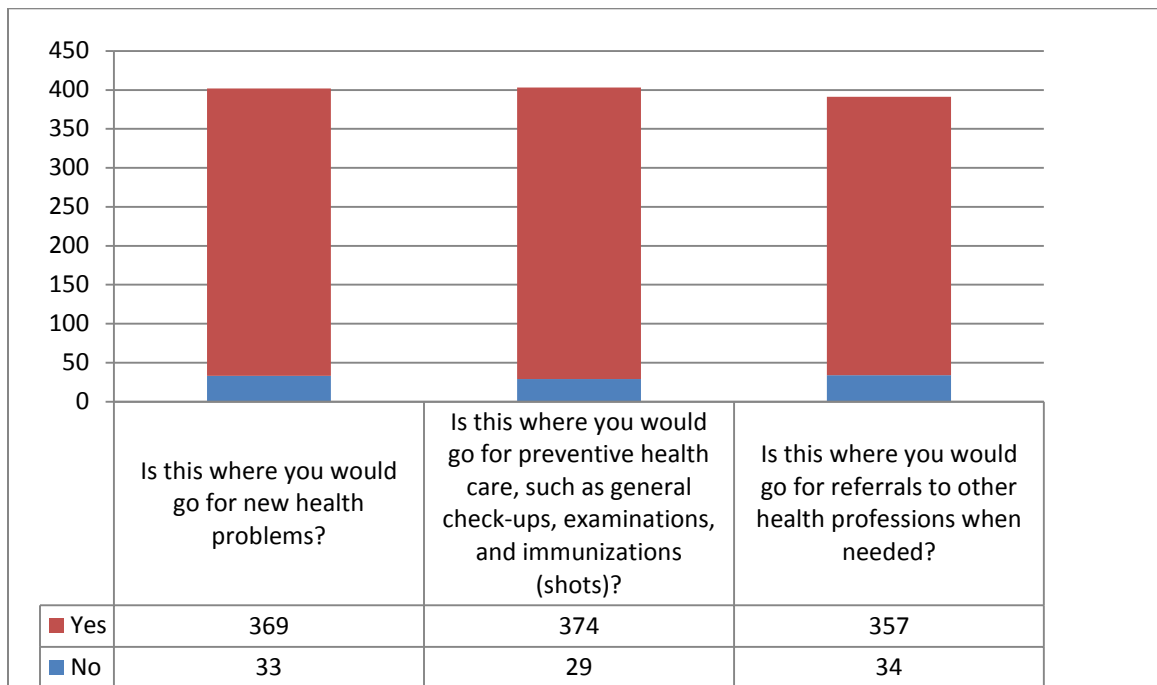
Question 1: Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?

Answer Options	Response Percent	Response Count
Yes	84.3%	312
No	15.7%	58
<i>answered question</i>		370
<i>skipped question</i>		104



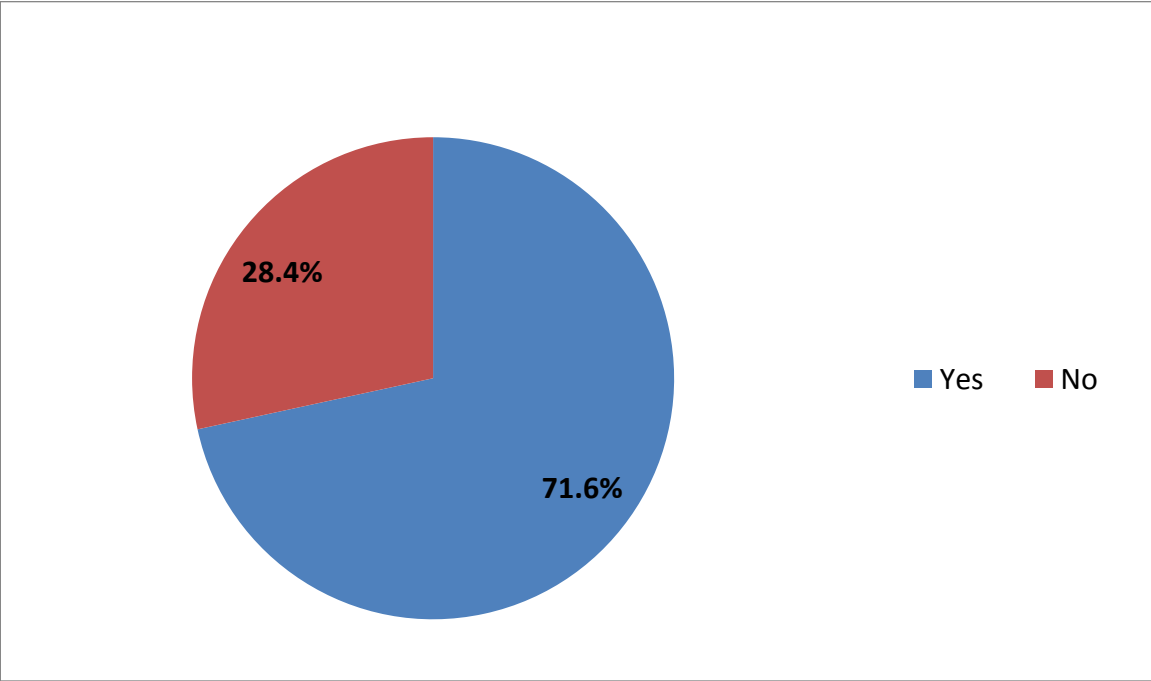
When thinking about the specific doctor’s office, health center, or other place that you usually go if you are sick or need advice about your health:

Answer Options	Yes		No		Response Count
Is this where you would go for new health problems?	369	91.8%	33	8.2%	402
Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)?	374	92.8%	29	7.2%	403
Is this where you would go for referrals to other health professions when needed?	357	91.3%	34	8.7%	391
<i>answered question</i>					406
<i>skipped question</i>					68



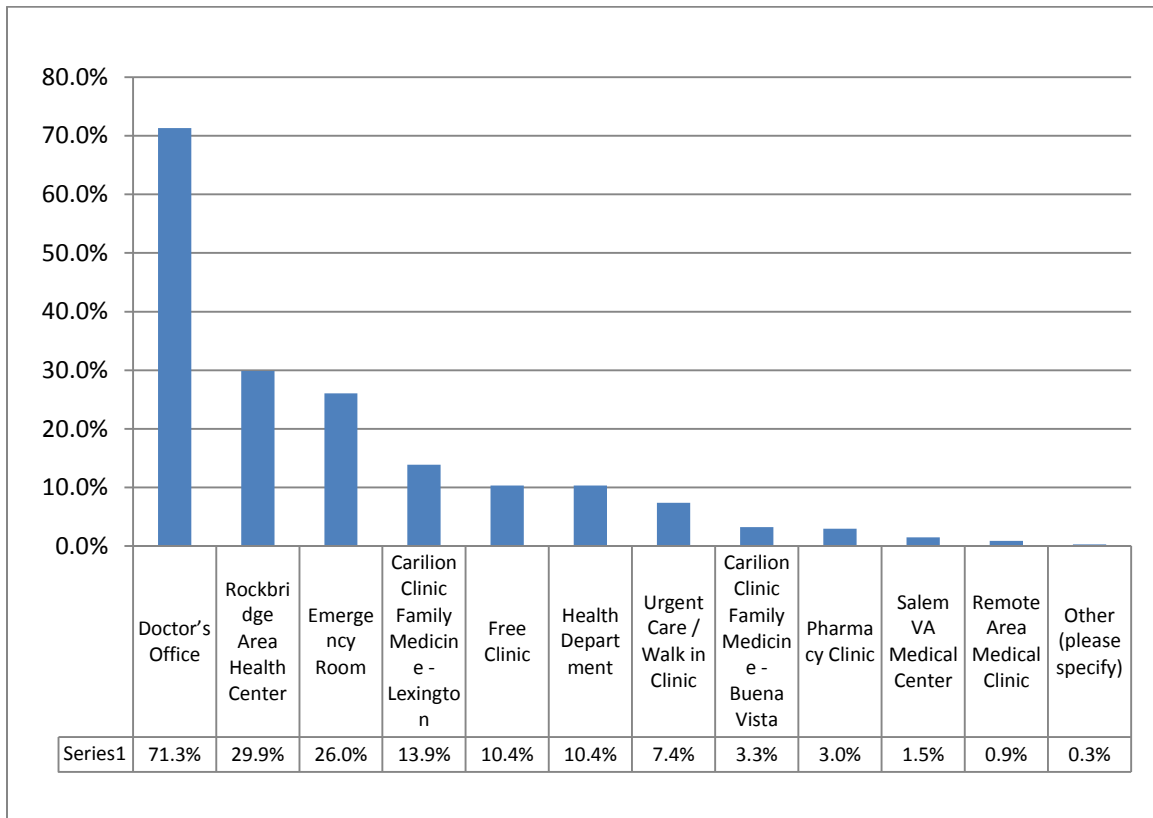
Question 2: Do you use medical care services?

Answer Options	Response Percent	Response Count
Yes	71.6%	322
No	28.4%	128
<i>answered question</i>		450
<i>skipped question</i>		24



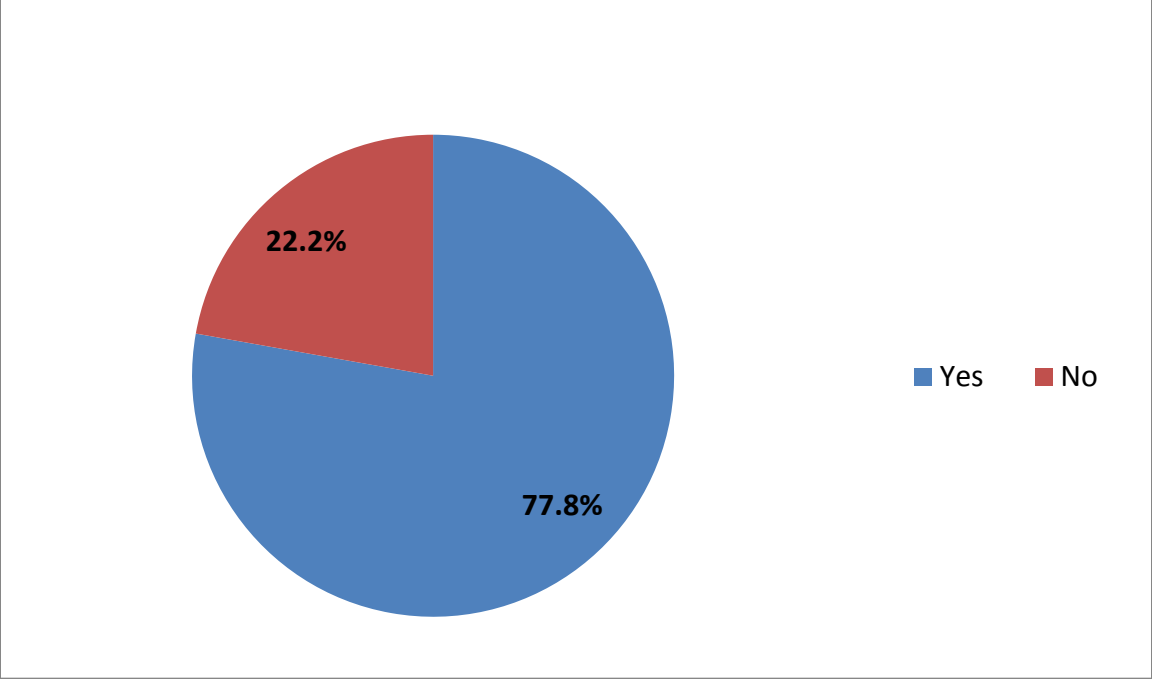
Where do you go for medical care? (Check all that apply)

Answer Options	Response Percent	Response Count
Doctor's Office	71.3%	241
Rockbridge Area Health Center	29.9%	101
Emergency Room	26.0%	88
Carilion Clinic Family Medicine - Lexington	13.9%	47
Free Clinic	10.4%	35
Health Department	10.4%	35
Urgent Care / Walk in Clinic	7.4%	25
Carilion Clinic Family Medicine - Buena Vista	3.3%	11
Pharmacy Clinic	3.0%	10
Salem VA Medical Center	1.5%	5
Remote Area Medical Clinic	0.9%	3
Other (please specify)	0.3%	1
<i>answered question</i>		338
<i>skipped question</i>		136



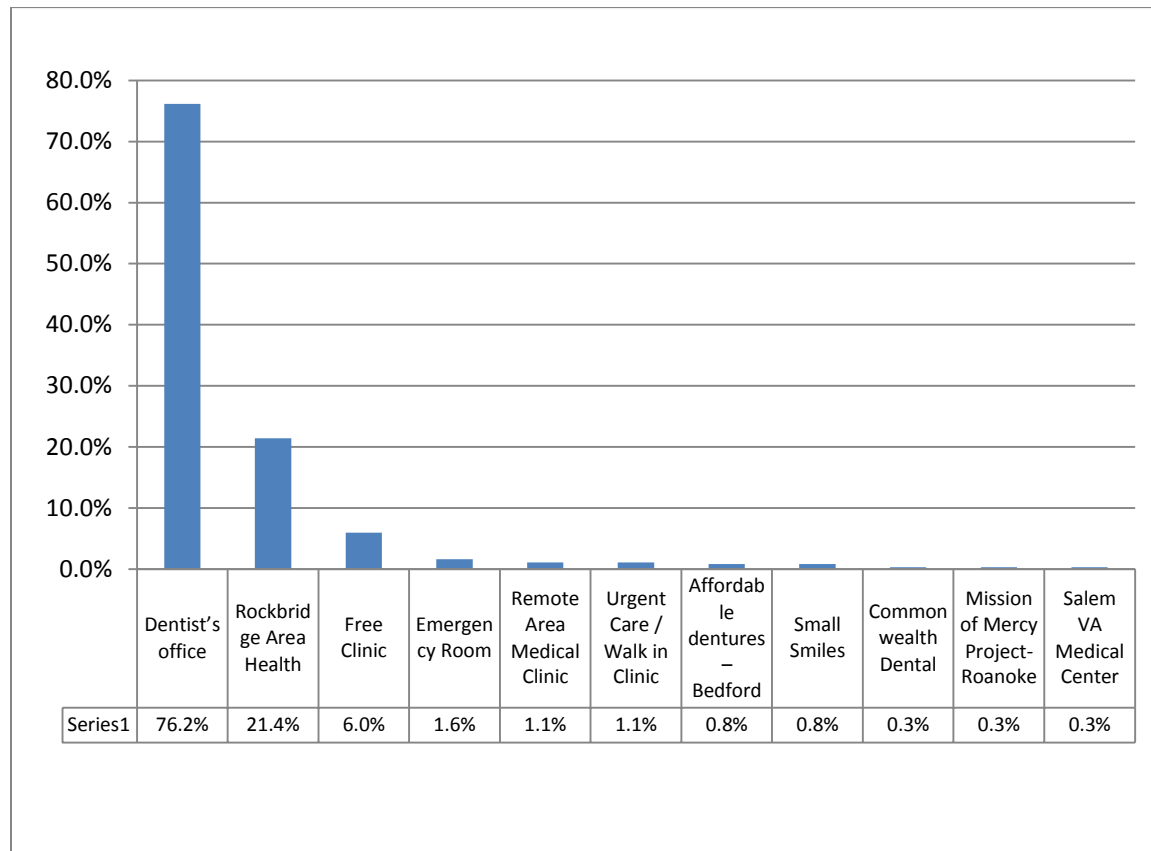
Question 3: Do you use dental care services?

Answer Options	Response Percent	Response Count
Yes	77.8%	360
No	22.2%	103
<i>answered question</i>		463
<i>skipped question</i>		11



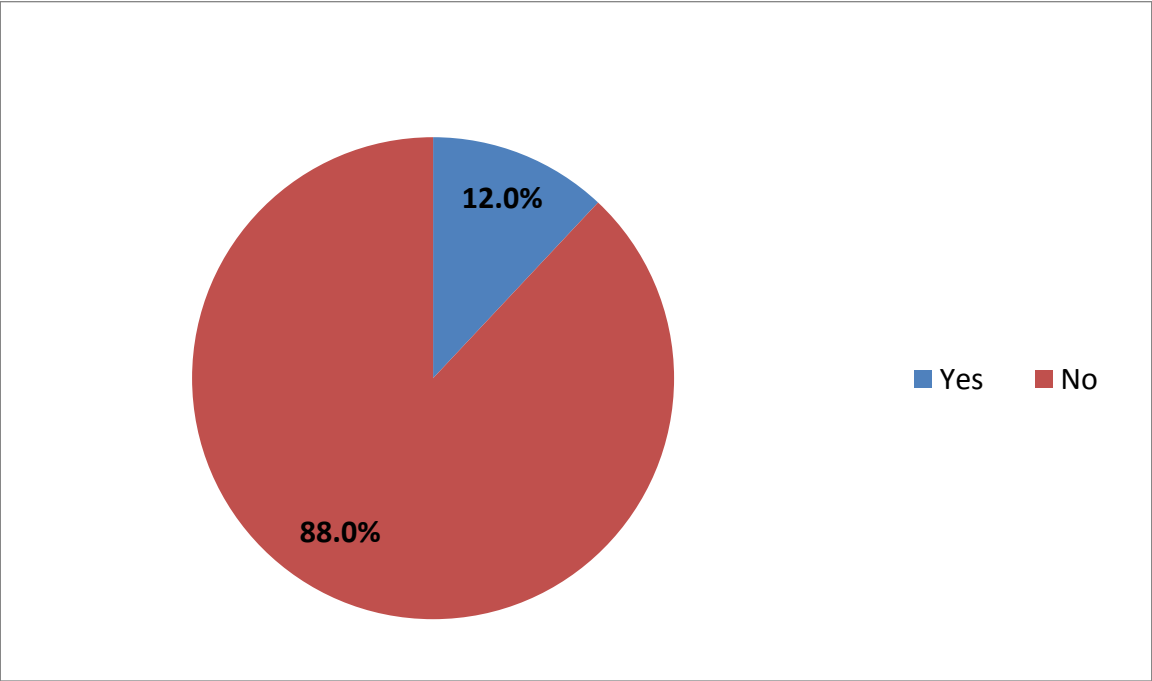
Where do you go for dental care? (Check all that apply)

Answer Options	Response Percent	Response Count
Dentist's office	76.2%	281
Rockbridge Area Health	21.4%	79
Free Clinic	6.0%	22
Emergency Room	1.6%	6
Remote Area Medical Clinic	1.1%	4
Urgent Care / Walk in Clinic	1.1%	4
Affordable dentures - Bedford	0.8%	3
Small Smiles	0.8%	3
Commonwealth Dental	0.3%	1
Mission of Mercy Project- Roanoke	0.3%	1
Salem VA Medical Center	0.3%	1
<i>answered question</i>		369
<i>skipped question</i>		107



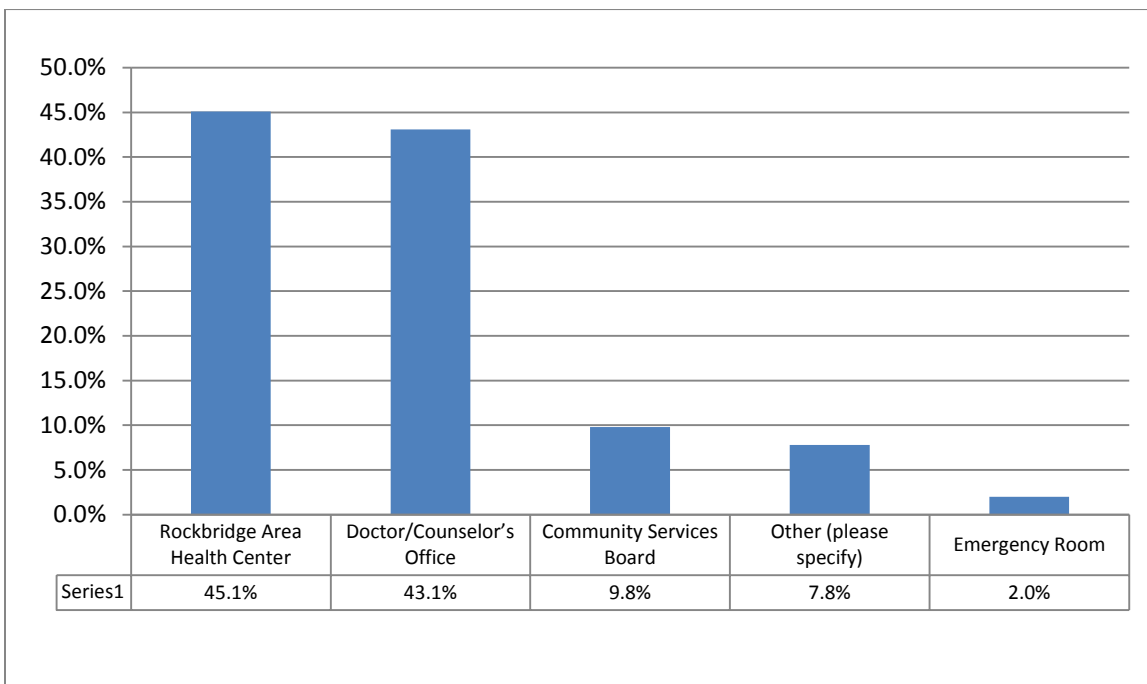
Question 4: Do you use mental health, alcohol abuse, or drug abuse services?

Answer Options	Response Percent	Response Count
Yes	12.0%	56
No	88.0%	409
<i>answered question</i>		465
<i>skipped question</i>		9



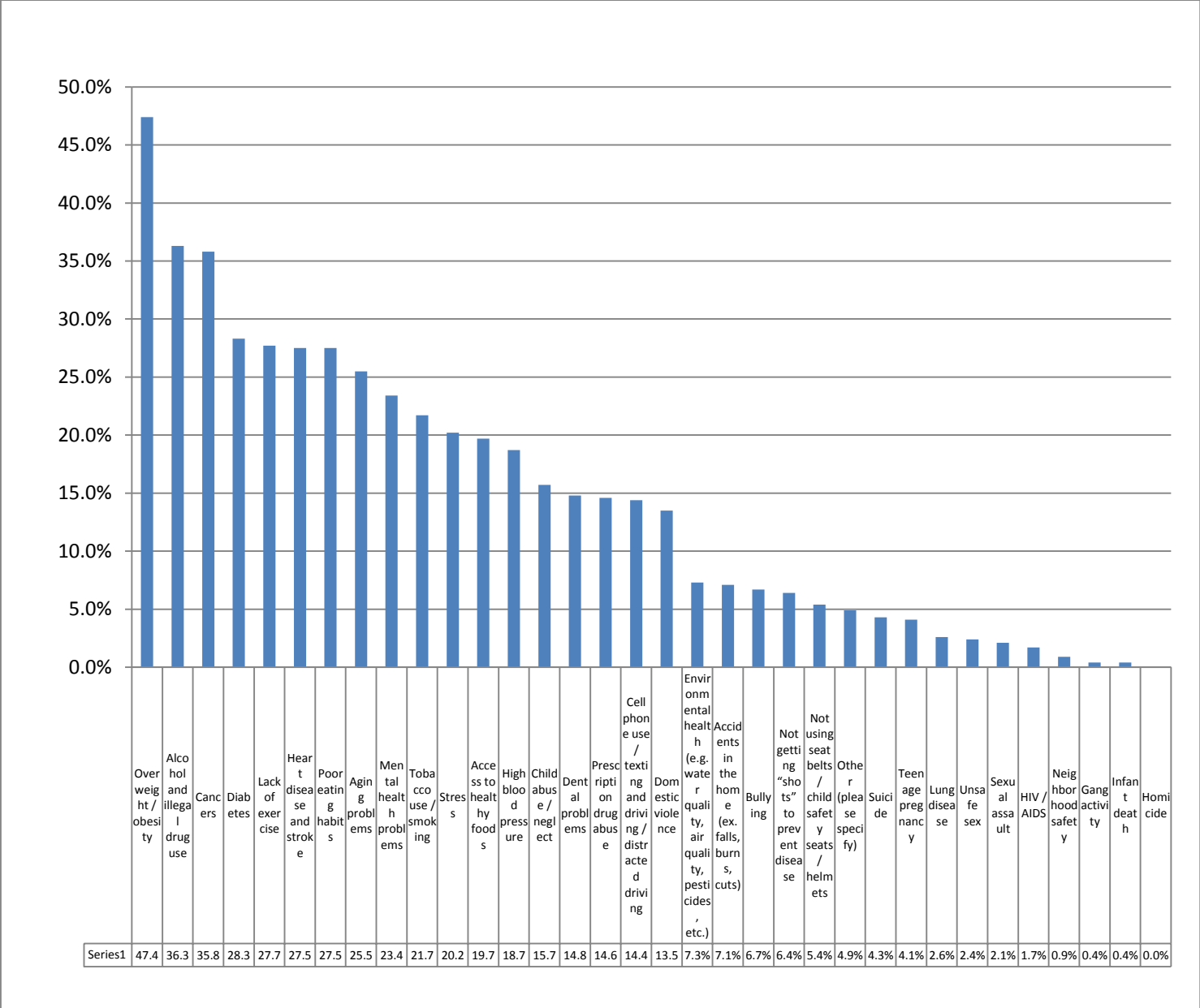
Where do you go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)

Answer Options	Response Percent	Response Count
Rockbridge Area Health Center	45.1%	23
Doctor/Counselor's Office	43.1%	22
Community Services Board	9.8%	5
Other (please specify)	7.8%	4
Emergency Room	2.0%	1
<i>answered question</i>		51
<i>skipped question</i>		423



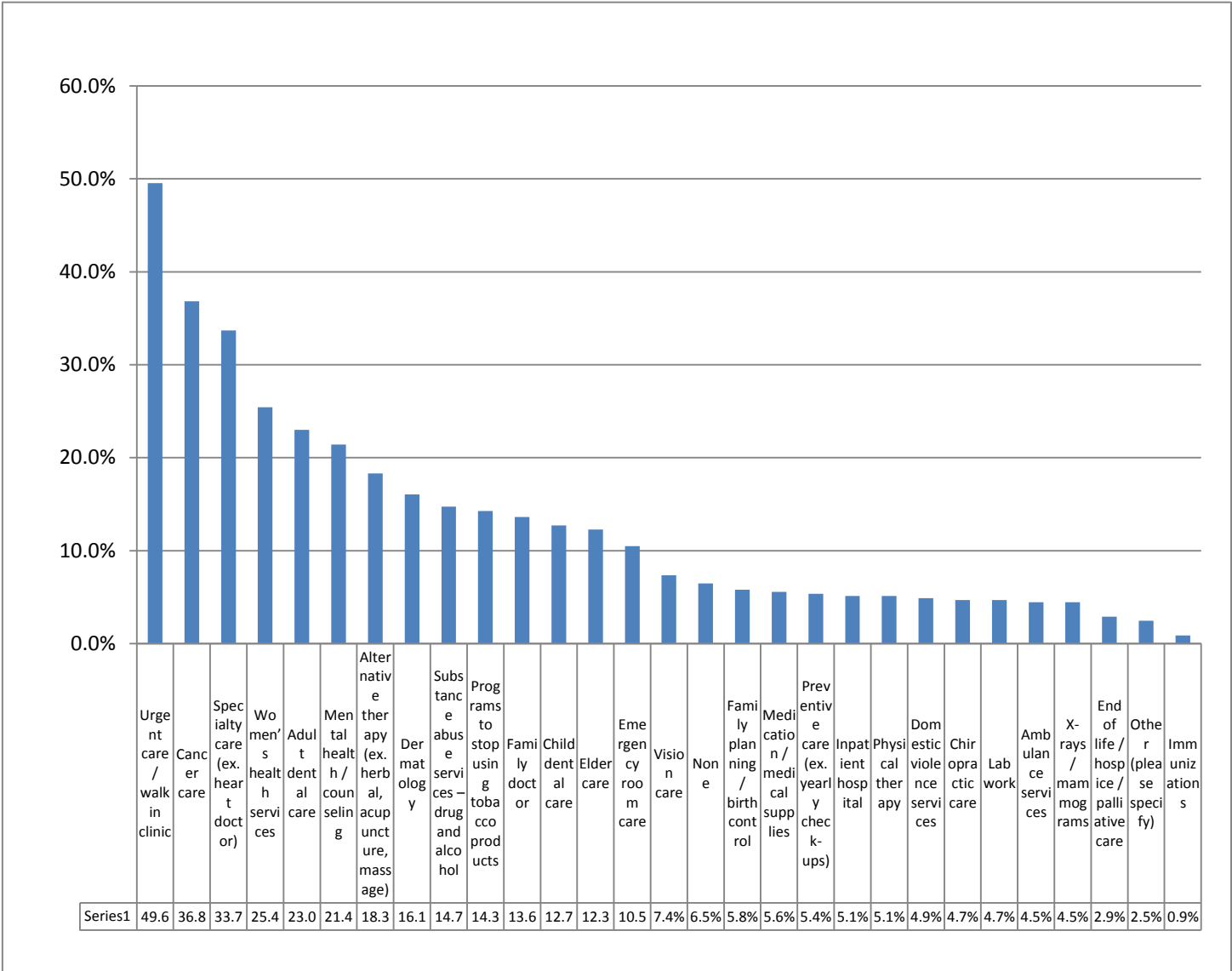
Question 5: What do you think are the five most important issues that affect health in our community? (Please check five)

Answer Options	Response Percent	Response Count
Overweight / obesity	47.4%	221
Alcohol and illegal drug use	36.3%	169
Cancers	35.8%	167
Diabetes	28.3%	132
Lack of exercise	27.7%	129
Heart disease and stroke	27.5%	128
Poor eating habits	27.5%	128
Aging problems	25.5%	119
Mental health problems	23.4%	109
Tobacco use / smoking	21.7%	101
Stress	20.2%	94
Access to healthy foods	19.7%	92
High blood pressure	18.7%	87
Child abuse / neglect	15.7%	73
Dental problems	14.8%	69
Prescription drug abuse	14.6%	68
Cell phone use / texting and driving / distracted driving	14.4%	67
Domestic violence	13.5%	63
Environmental health (e.g. water quality, air quality, pesticides, etc.)	7.3%	34
Accidents in the home (ex. falls, burns, cuts)	7.1%	33
Bullying	6.7%	31
Not getting "shots" to prevent disease	6.4%	30
Not using seat belts / child safety seats / helmets	5.4%	25
Other (please specify)	4.9%	23
Suicide	4.3%	20
Teenage pregnancy	4.1%	19
Lung disease	2.6%	12
Unsafe sex	2.4%	11
Sexual assault	2.1%	10
HIV / AIDS	1.7%	8
Neighborhood safety	0.9%	4
Gang activity	0.4%	2
Infant death	0.4%	2
Homicide	0.0%	0
<i>answered question</i>		466
<i>skipped question</i>		8



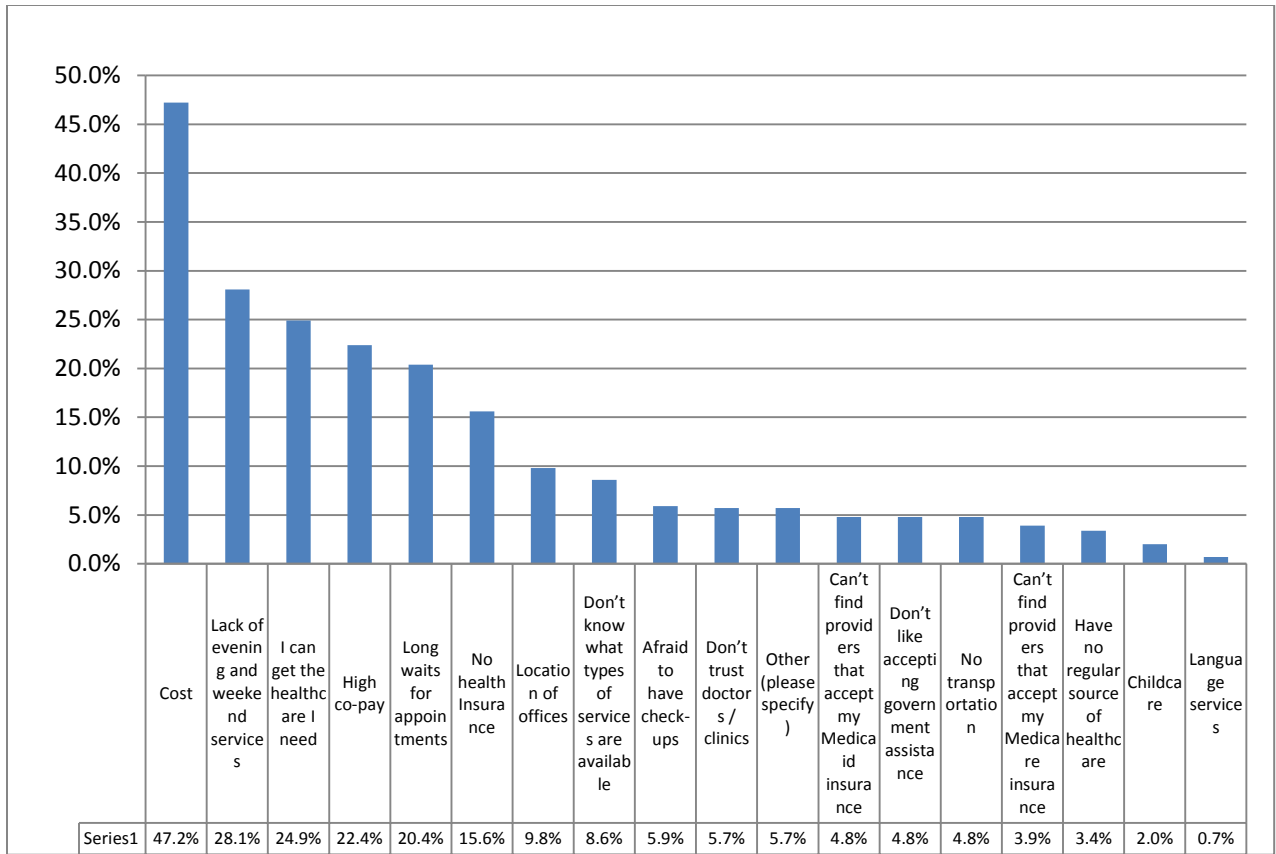
Question 6: Which health care services are hard to get in our community? (Check all that apply)

Answer Options	Response Percent	Response Count
Urgent care / walk in clinic	49.6%	222
Cancer care	36.8%	165
Specialty care (ex. heart doctor)	33.7%	151
Women's health services	25.4%	114
Adult dental care	23.0%	103
Mental health / counseling	21.4%	96
Alternative therapy (ex. herbal, acupuncture, massage)	18.3%	82
Dermatology	16.1%	72
Substance abuse services -drug and alcohol	14.7%	66
Programs to stop using tobacco products	14.3%	64
Family doctor	13.6%	61
Child dental care	12.7%	57
Eldercare	12.3%	55
Emergency room care	10.5%	47
Vision care	7.4%	33
None	6.5%	29
Family planning / birth control	5.8%	26
Medication / medical supplies	5.6%	25
Preventive care (ex. yearly check-ups)	5.4%	24
Inpatient hospital	5.1%	23
Physical therapy	5.1%	23
Domestic violence services	4.9%	22
Chiropractic care	4.7%	21
Lab work	4.7%	21
Ambulance services	4.5%	20
X-rays / mammograms	4.5%	20
End of life / hospice / palliative care	2.9%	13
Other (please specify)	2.5%	11
Immunizations	0.9%	4
	<i>answered question</i>	448
	<i>skipped question</i>	26



Question 7: What do you feel prevents you from getting the healthcare you need? (Check all that apply)

Answer Options	Response Percent	Response Count
Cost	47.2%	208
Lack of evening and weekend services	28.1%	124
I can get the healthcare I need	24.9%	110
High co-pay	22.4%	99
Long waits for appointments	20.4%	90
No health Insurance	15.6%	69
Location of offices	9.8%	43
Don't know what types of services are available	8.6%	38
Afraid to have check-ups	5.9%	26
Don't trust doctors / clinics	5.7%	25
Other (please specify)	5.7%	15
Can't find providers that accept my Medicaid insurance	4.8%	21
Don't like accepting government assistance	4.8%	21
No transportation	4.8%	21
Can't find providers that accept my Medicare insurance	3.9%	17
Have no regular source of healthcare	3.4%	15
Childcare	2.0%	9
Language services	0.7%	3
<i>answered question</i>		441
<i>skipped question</i>		33



General Health Questions

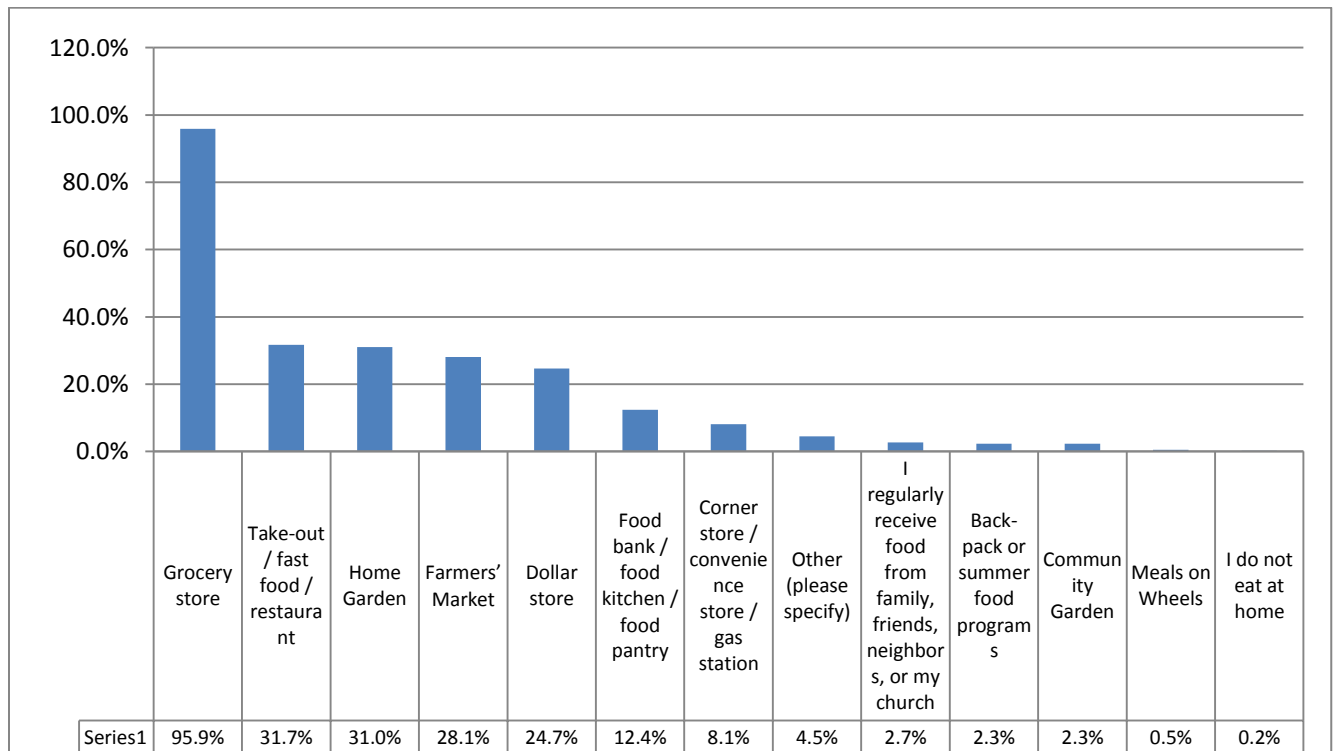
Question 8: Please check one of the following for each statement;

Answer Options	Yes		No		Not applicable		Response Count
I have had an eye exam within the past 12 months.	228	51.58%	211	47.74%	3	0.68%	442
I have had a mental health / substance abuse visit within the past 12 months.	52	11.85%	287	65.38%	100	22.78%	439
I have had a dental exam within the past 12 months.	293	66.89%	142	32.42%	3	0.68%	438
I have been to the emergency room in the past 12 months.	109	25.06%	311	71.49%	15	3.45%	435
I have been to the emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	48	10.91%	377	85.68%	15	3.41%	440
Have you been a victim of domestic violence or abuse in the past 12 months?	13	2.95%	397	90.23%	30	6.82%	440
My doctor has told me that I have a long-term or chronic illness.	118	27.06%	295	67.66%	23	5.28%	436
I take the medicine my doctor tells me to take to control my chronic illness.	157	36.09%	110	25.29%	168	38.62%	435
I can afford medicine needed for my health conditions.	255	58.76%	98	22.58%	81	18.66%	434
I am over 21 years of age and have had a Pap smear in the past three years (if male or under 21, please check not applicable).	259	59.13%	91	20.78%	88	20.09%	438
I am over 40 years of age and have had a mammogram in the past 12 months (if male or under 40, please check not applicable).	158	36.41%	118	27.19%	158	36.41%	434
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check not applicable).	136	31.78%	114	26.64%	178	41.59%	428
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)	222	50.92%	195	44.72%	19	4.36%	436

Answer Options	Yes		No		Not applicable		Response Count
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)	245	56.98%	177	41.16%	8	1.86%	430
In the area that you live, is it easy to get affordable fresh fruits and vegetables?	288	65.90%	146	33.41%	3	0.69%	437
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	127	29.06%	300	68.65%	10	2.29%	437

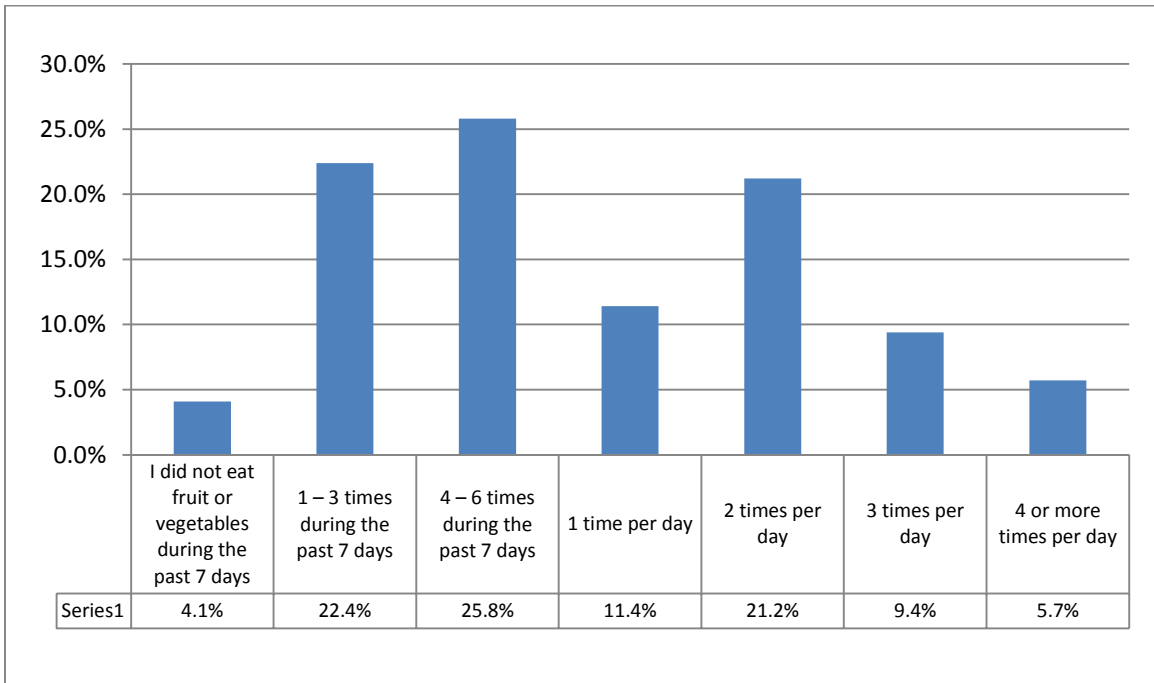
Question 9: Where do you get the food that you eat at home? (Check all that apply)

Answer Options	Response Percent	Response Count
Grocery store	95.9%	424
Take-out / fast food / restaurant	31.7%	140
Home Garden	31.0%	137
Farmers' Market	28.1%	124
Dollar store	24.7%	109
Food bank / food kitchen / food pantry	12.4%	55
Corner store / convenience store / gas station	8.1%	36
Other (please specify)	4.5%	20
I regularly receive food from family, friends, neighbors, or my church	2.7%	12
Back-pack or summer food programs	2.3%	10
Community Garden	2.3%	10
Meals on Wheels	0.5%	2
I do not eat at home	0.2%	1
answered question		442
skipped question		32



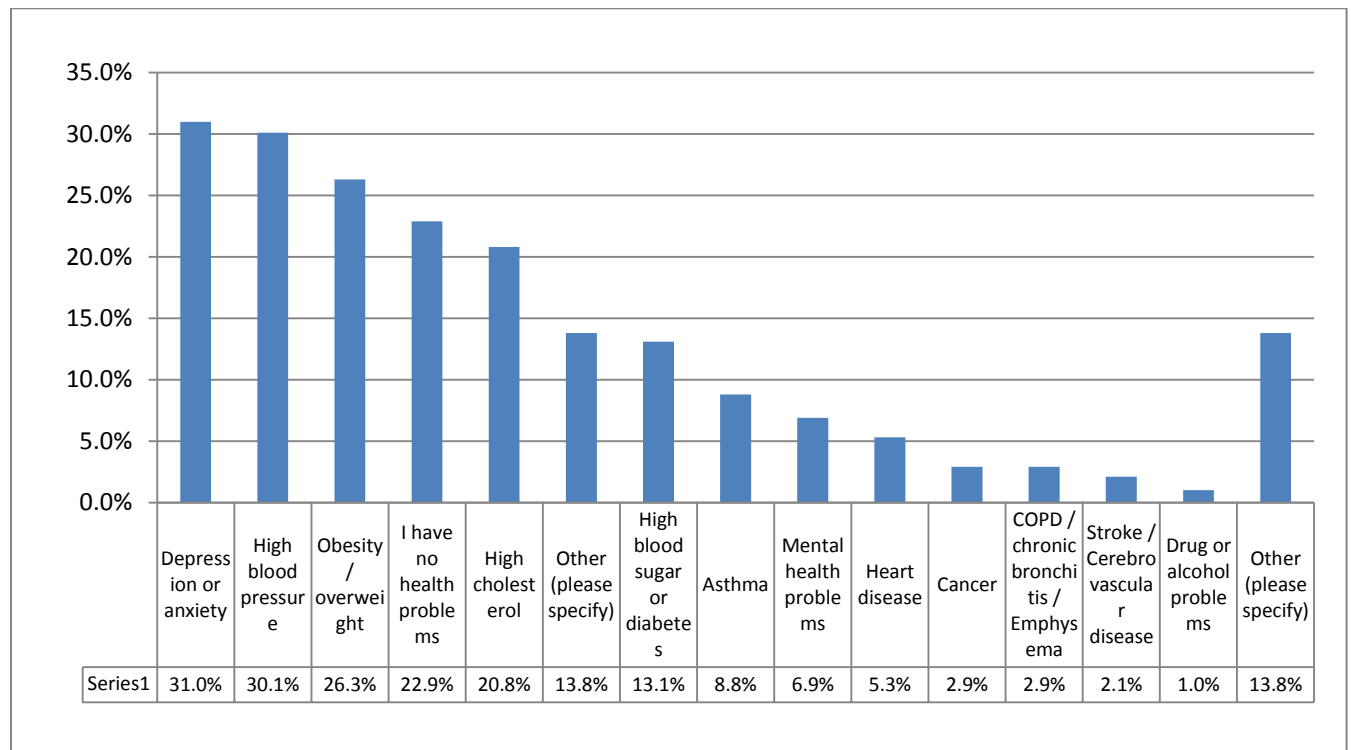
Question 10: During the past 7 days, how many times did you eat fruit or vegetables (fresh or frozen)? Do not count fruit or vegetable juice. (Please check one)

Answer Options	Response Percent	Response Count
I did not eat fruit or vegetables during the past 7 days	4.1%	18
1 - 3 times during the past 7 days	22.4%	98
4 - 6 times during the past 7 days	25.8%	113
1 time per day	11.4%	50
2 times per day	21.2%	93
3 times per day	9.4%	41
4 or more times per day	5.7%	25
answered question		438
skipped question		36



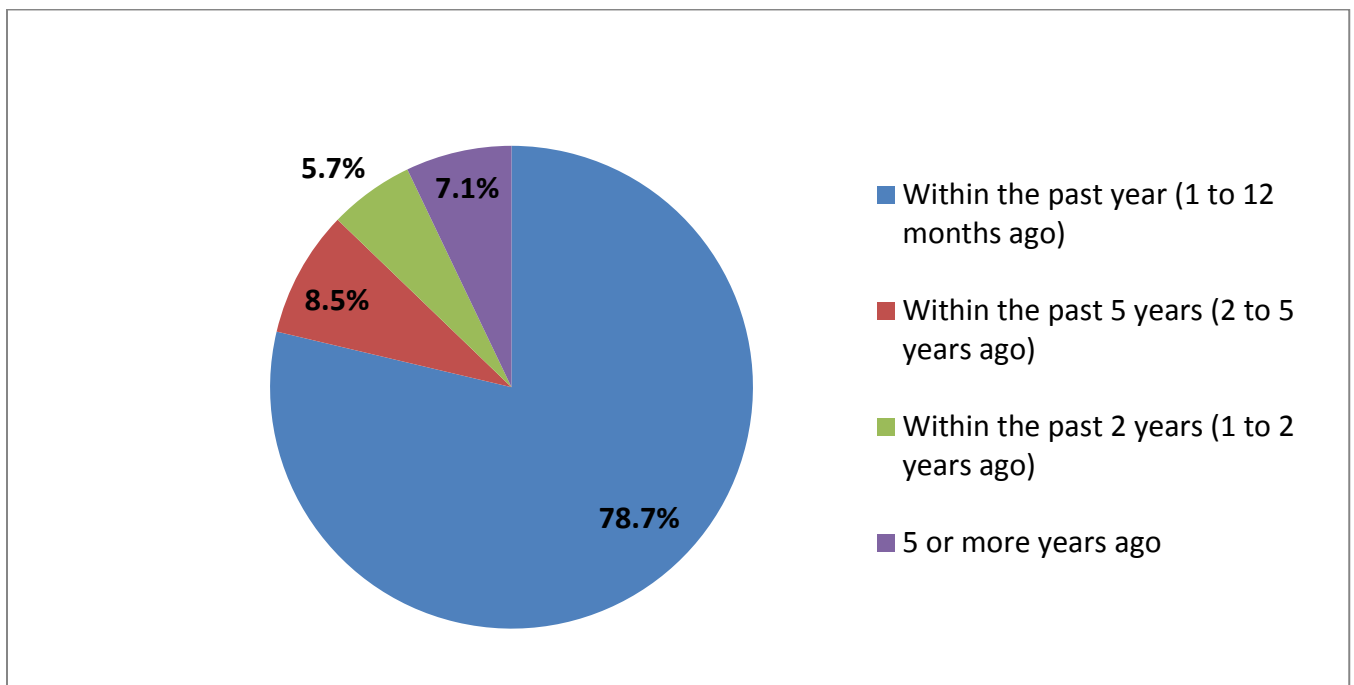
Question 11: Have you been told by a doctor that you have... (Check all that apply)

Answer Options	Response Percent	Response Count
Depression or anxiety	31.0%	130
High blood pressure	30.1%	126
Obesity / overweight	26.3%	110
I have no health problems	22.9%	96
High cholesterol	20.8%	87
Other (please specify)	13.8%	58
High blood sugar or diabetes	13.1%	55
Asthma	8.8%	37
Mental health problems	6.9%	29
Heart disease	5.3%	22
Cancer	2.9%	12
COPD / chronic bronchitis / Emphysema	2.9%	12
Stroke / Cerebrovascular disease	2.1%	9
Drug or alcohol problems	1.0%	4
Other (please specify)	13.8%	58
answered question		419
skipped question		55



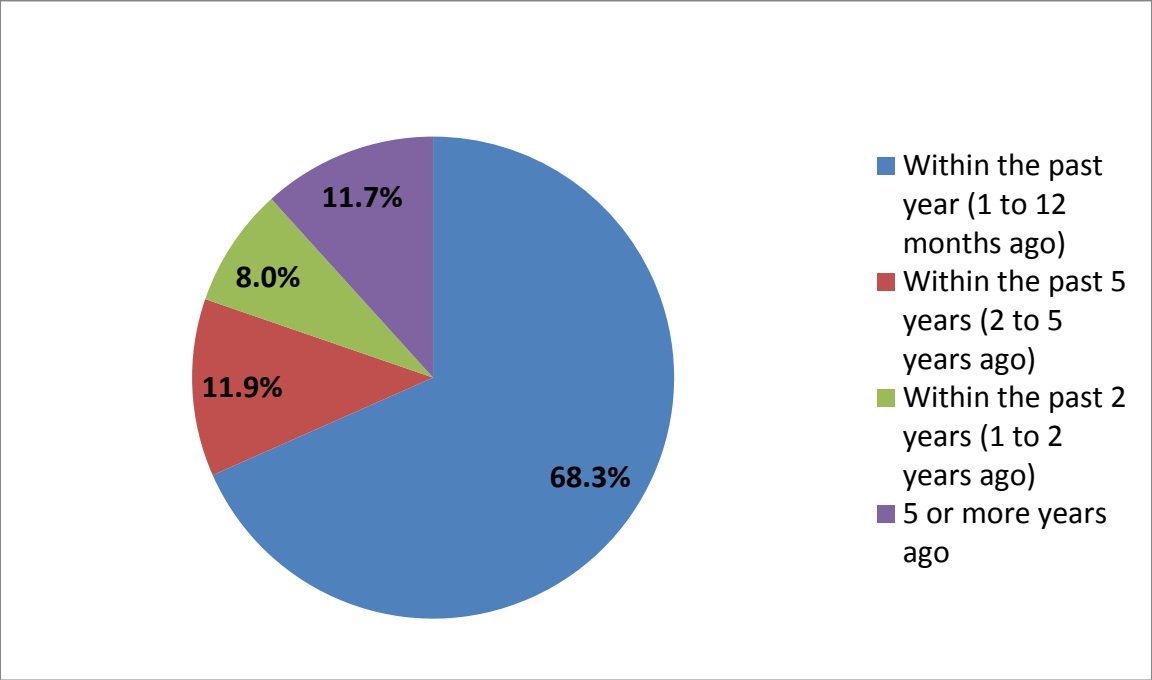
Question 12: How long has it been since you last visited a doctor for a routine checkup?
(Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	78.7%	344
Within the past 5 years (2 to 5 years ago)	8.5%	37
Within the past 2 years (1 to 2 years ago)	5.7%	25
5 or more years ago	7.1%	31
<i>answered question</i>		437
<i>skipped question</i>		37



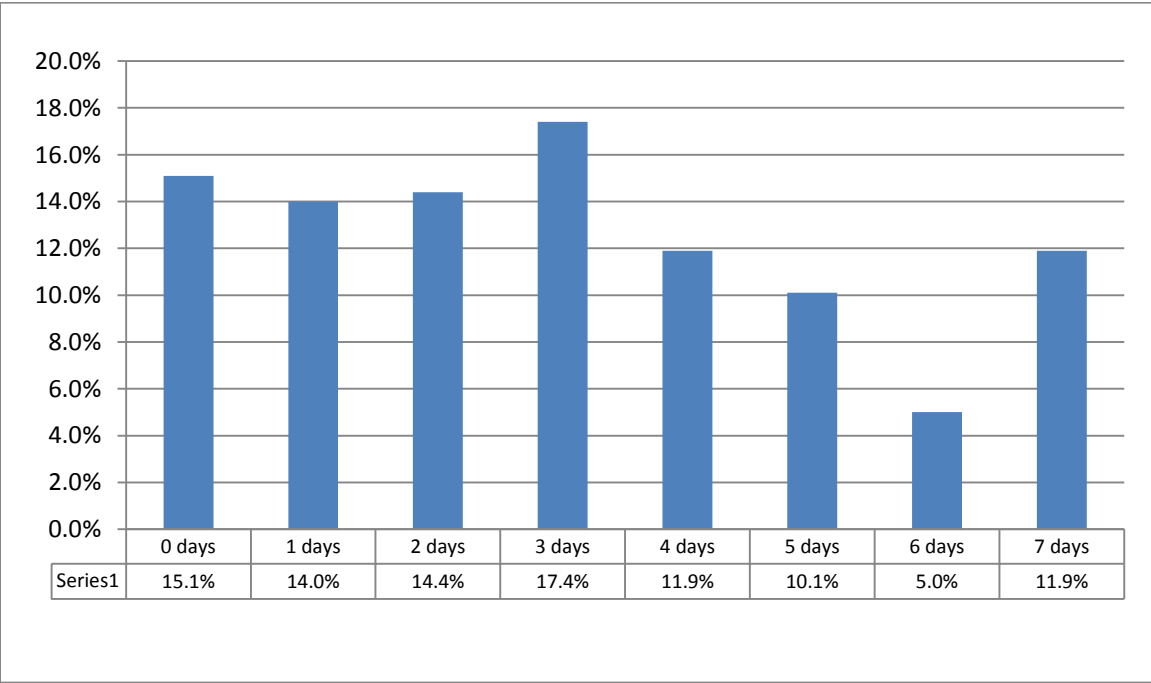
Question 13: How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	68.3%	298
Within the past 5 years (2 to 5 years ago)	11.9%	52
Within the past 2 years (1 to 2 years ago)	8.0%	35
5 or more years ago	11.7%	51
<i>answered question</i>		436
<i>skipped question</i>		38



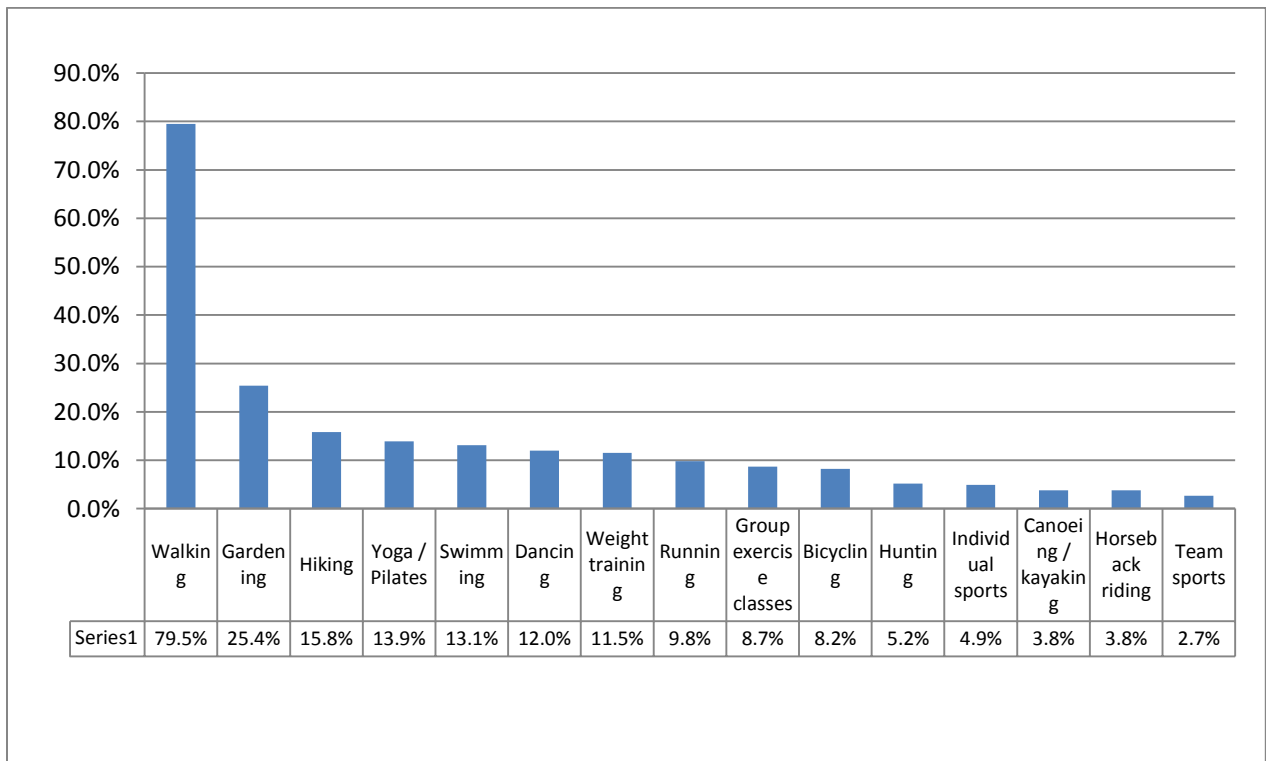
Question 14: In the past 7 days, on how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time.)

Answer Options	Response Percent	Response Count
0 days	15.1%	66
1 days	14.0%	61
2 days	14.4%	63
3 days	17.4%	76
4 days	11.9%	52
5 days	10.1%	44
6 days	5.0%	22
7 days	11.9%	52
<i>answered question</i>		436
<i>skipped question</i>		38



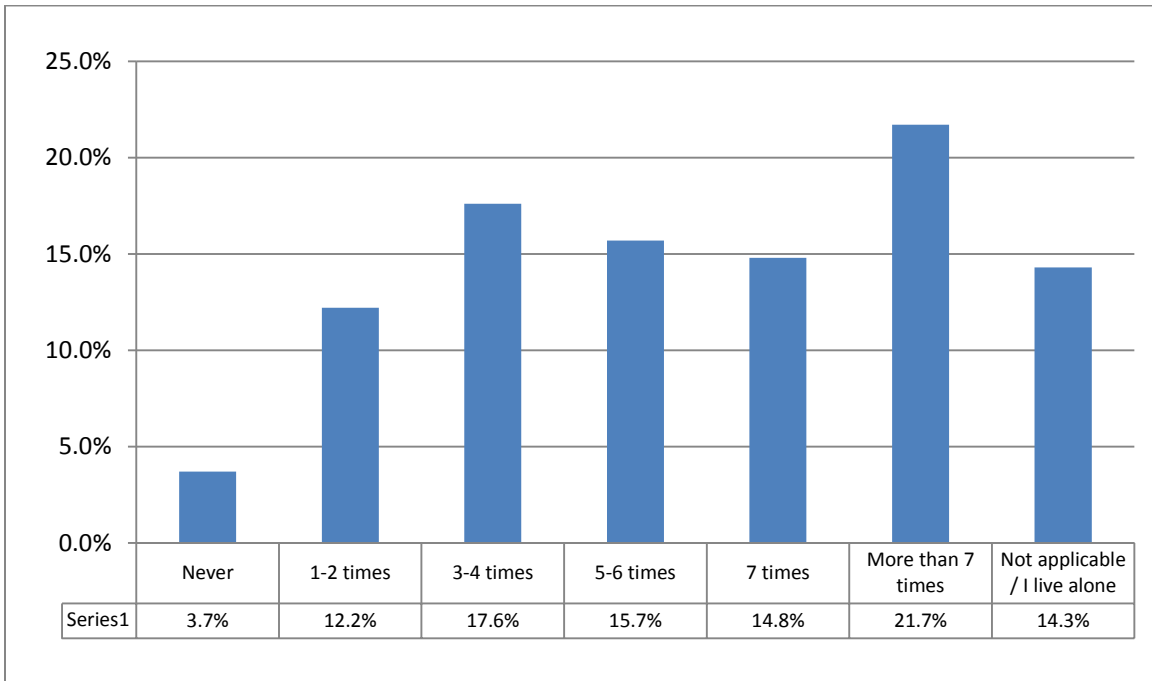
Question 15: Other than your regular job, what physical activity or exercises do you participate in? (Check all that apply)

Answer Options	Response Percent	Response Count
Walking	79.5%	291
Gardening	25.4%	93
Hiking	15.8%	58
Yoga / Pilates	13.9%	51
Swimming	13.1%	48
Dancing	12.0%	44
Weight training	11.5%	42
Running	9.8%	36
Group exercise classes	8.7%	32
Bicycling	8.2%	30
Hunting	5.2%	19
Individual sports	4.9%	18
Canoeing / kayaking	3.8%	14
Horseback riding	3.8%	14
Team sports	2.7%	10
Other (please specify)	7.7%	28
<i>answered question</i>		366
<i>skipped question</i>		108



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

Answer Options	Response Percent	Response Count
Never	3.7%	16
1-2 times	12.2%	53
3-4 times	17.6%	76
5-6 times	15.7%	68
7 times	14.8%	64
More than 7 times	21.7%	94
Not applicable / I live alone	14.3%	62
<i>answered question</i>		433
<i>skipped question</i>		41



Question 17: Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Average	Response Count
5.9	380
<i>answered question</i>	380
<i>skipped question</i>	94

Question 18: Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

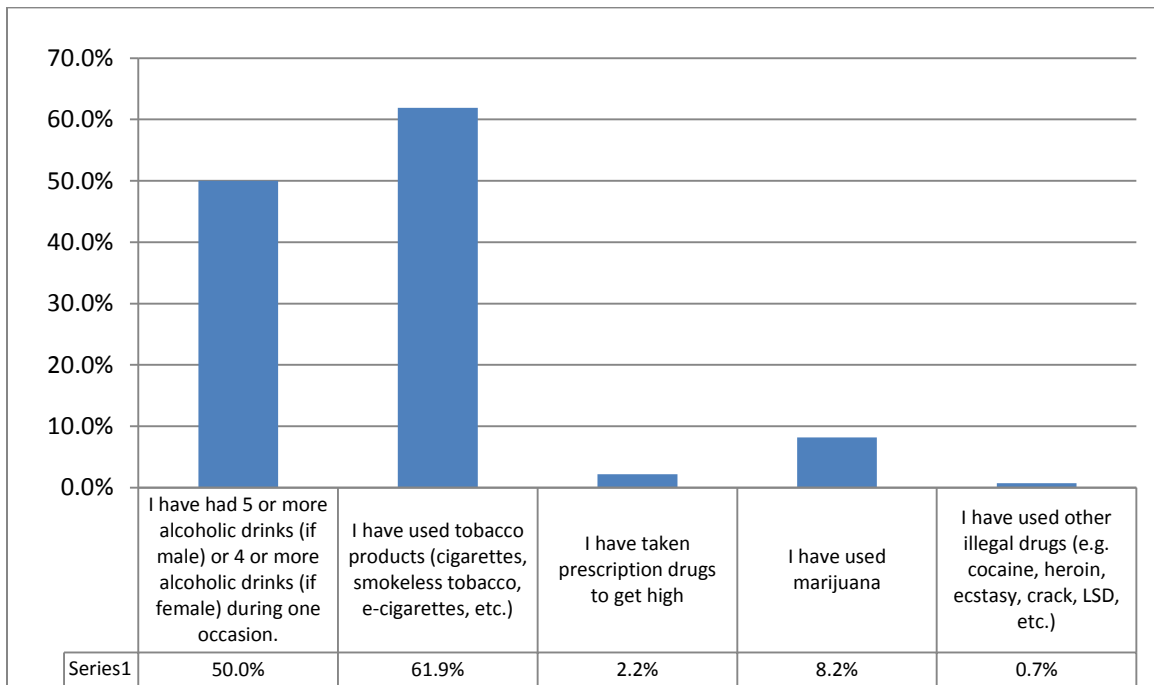
Average	Response Count
5.7	373
<i>answered question</i>	373
<i>skipped question</i>	101

Question 19: During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)?

Average	Response Count
1.5	359
<i>answered question</i>	359
<i>skipped question</i>	115

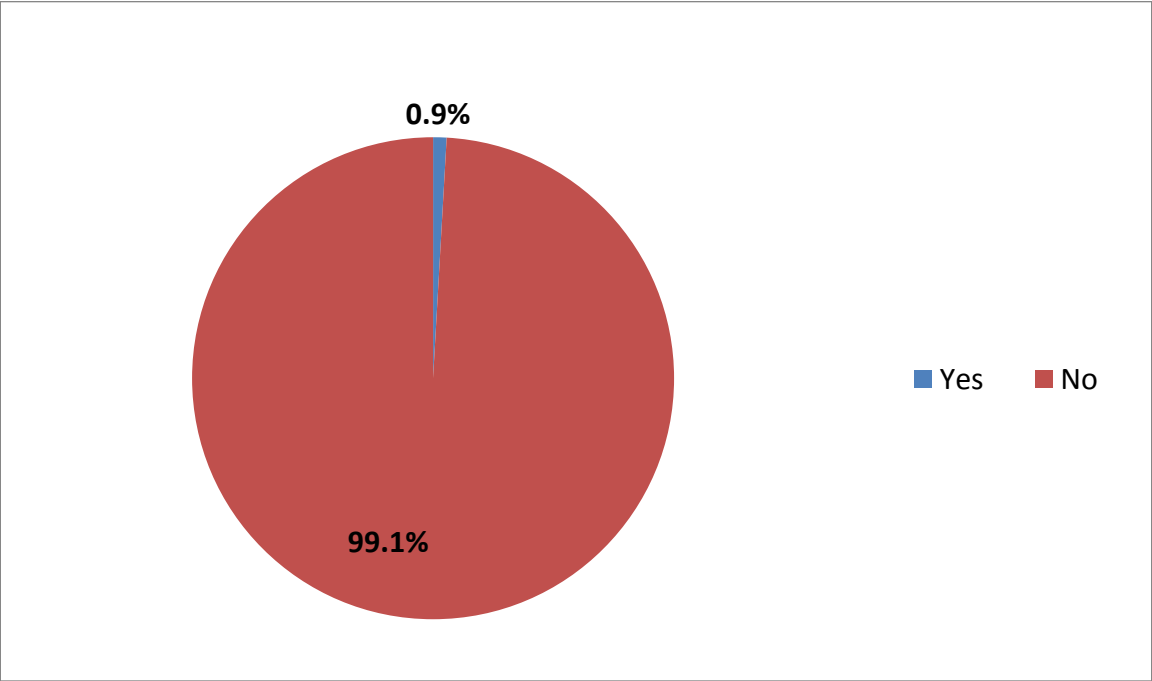
Question 20: During the past 30 days: (Check all that apply)

Answer Options	Response Percent	Response Count
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion.	50.0%	67
I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)	61.9%	83
I have taken prescription drugs to get high	2.2%	3
I have used marijuana	8.2%	11
I have used other illegal drugs (e.g. cocaine, heroin, ecstasy, crack, LSD, etc.)	0.7%	1
answered question		134
skipped question		340



Question 21: Have you ever used heroin?

Answer Options	Response Percent	Response Count
Yes	0.9%	4
No	99.1%	427
<i>answered question</i>		431
<i>skipped question</i>		43

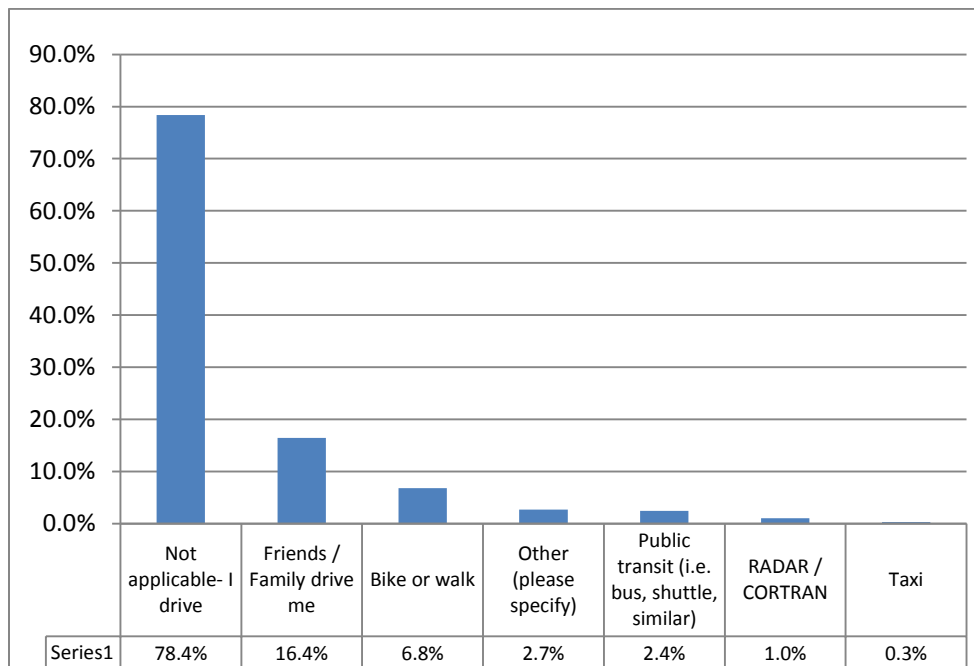


Question 22: How many vehicles are owned, leased, or available for regular use by you and those who currently live in your household? Please be sure to include motorcycles, mopeds and RVs

Average	Response Count
2.2	420
<i>answered question</i>	420
<i>skipped question</i>	54

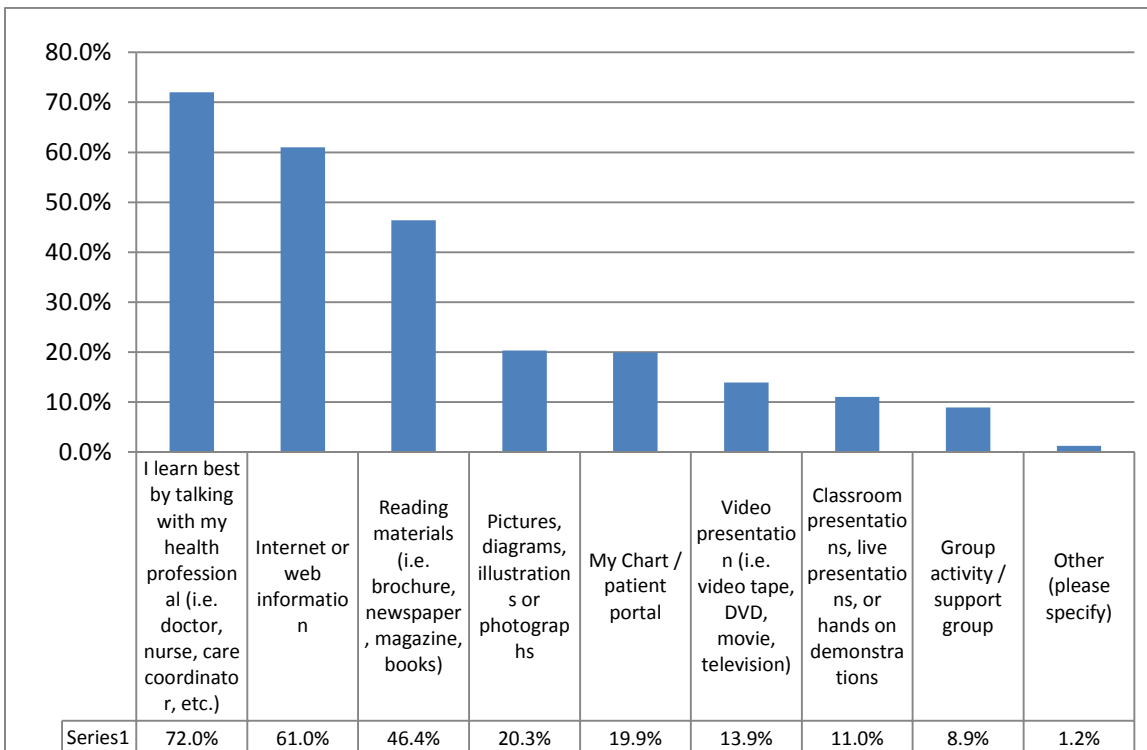
Question 23: If you do not drive, what mode of transportation do you use typically use.

Answer Options	Response Percent	Response Count
Not applicable- I drive	78.4%	229
Friends / Family drive me	16.4%	48
Bike or walk	6.8%	20
Other (please specify)	2.7%	8
Public transit (i.e. bus, shuttle, similar)	2.4%	7
RADAR / CORTAN	1.0%	3
Taxi	0.3%	1
<i>answered question</i>		292
<i>skipped question</i>		182



Question 24: What types of information help you learn the best about your health? (Check all that apply)

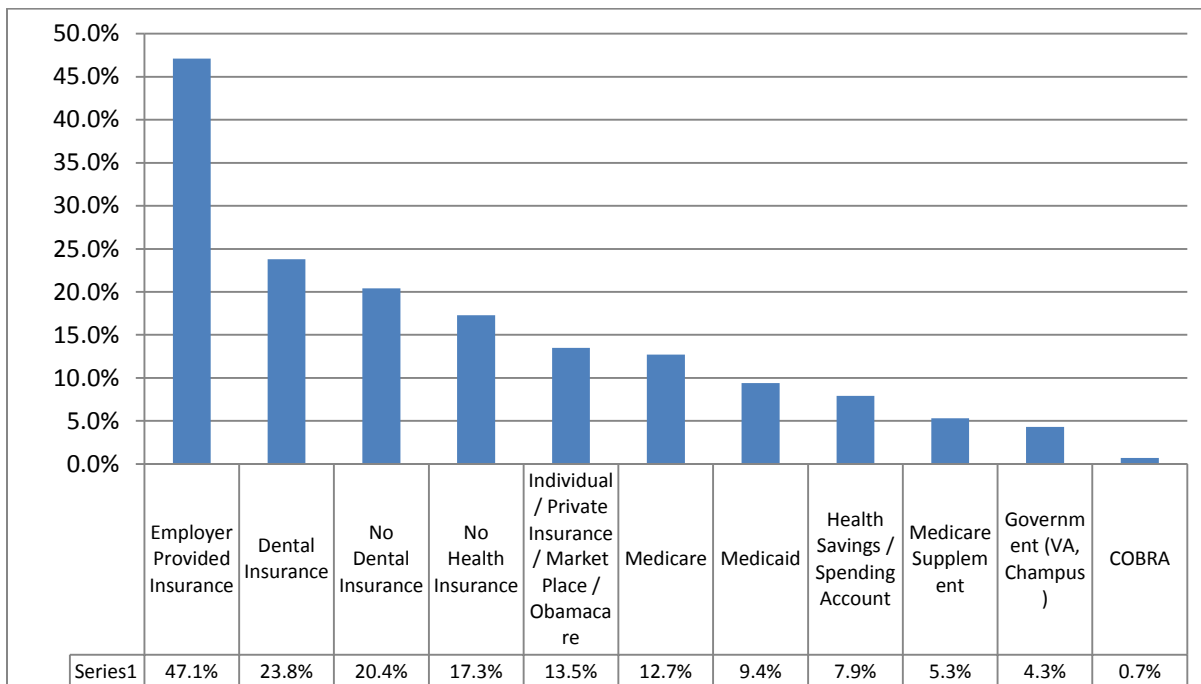
Answer Options	Response Percent	Response Count
I learn best by talking with my health professional (i.e. doctor, nurse, care coordinator, etc.)	72.0%	301
Internet or web information	61.0%	255
Reading materials (i.e. brochure, newspaper, magazine, books)	46.4%	194
Pictures, diagrams, illustrations or photographs	20.3%	85
My Chart / patient portal	19.9%	83
Video presentation (i.e. video tape, DVD, movie, television)	13.9%	58
Classroom presentations, live presentations, or hands on demonstrations	11.0%	46
Group activity / support group	8.9%	37
Other (please specify)	1.2%	5
answered question		418
skipped question		56



Demographic Information and Health Insurance

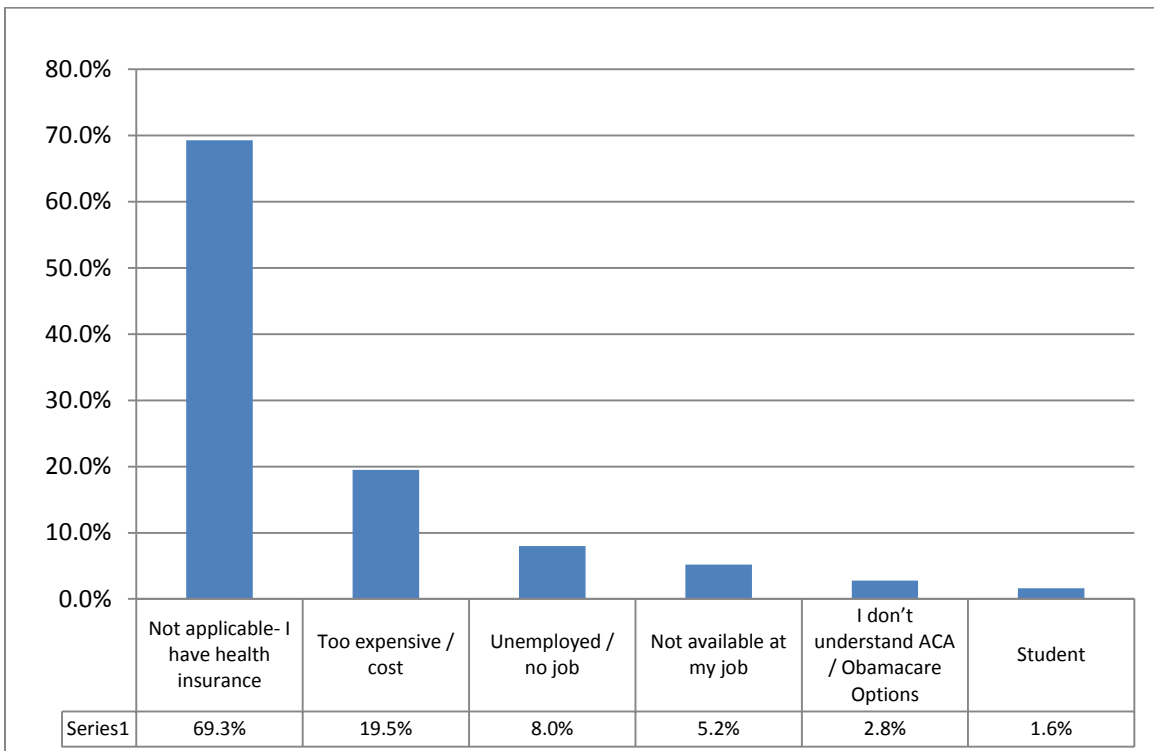
Question 25: Which of the following describes your current type of health insurance?
(Check all that apply)

Answer Options	Response Percent	Response Count
Employer Provided Insurance	47.1%	196
Dental Insurance	23.8%	99
No Dental Insurance	20.4%	85
No Health Insurance	17.3%	72
Individual / Private Insurance / Market Place / Obamacare	13.5%	56
Medicare	12.7%	53
Medicaid	9.4%	39
Health Savings / Spending Account	7.9%	33
Medicare Supplement	5.3%	22
Government (VA, Champus)	4.3%	18
COBRA	0.7%	3
answered question		416
skipped question		58



Question 26: If you have no health insurance, why don't you have insurance? (Check all that apply)

Answer Options	Response Percent	Response Count
Not applicable- I have health insurance	69.3%	174
Too expensive / cost	19.5%	49
Unemployed / no job	8.0%	20
Not available at my job	5.2%	13
I don't understand ACA / Obamacare Options	2.8%	7
Student	1.6%	4
Other (please specify)	4.4%	11
<i>answered question</i>		251
<i>skipped question</i>		223



Question 27: What is your ZIP code?

Zipcode	Number of Responses	Percent
24450	212	49.5%
24416	99	23.1%
24555	27	6.3%
24435	25	5.8%
24579	16	3.7%
24472	13	3.0%
24578	8	1.9%
24473	7	1.6%
24439	6	1.4%
24483	6	1.4%
22450	3	0.7%
24459	2	0.5%
22980	1	0.2%
24413	1	0.2%
24422	1	0.2%
24440	1	0.2%

Question 28: What is your street address (optional)?

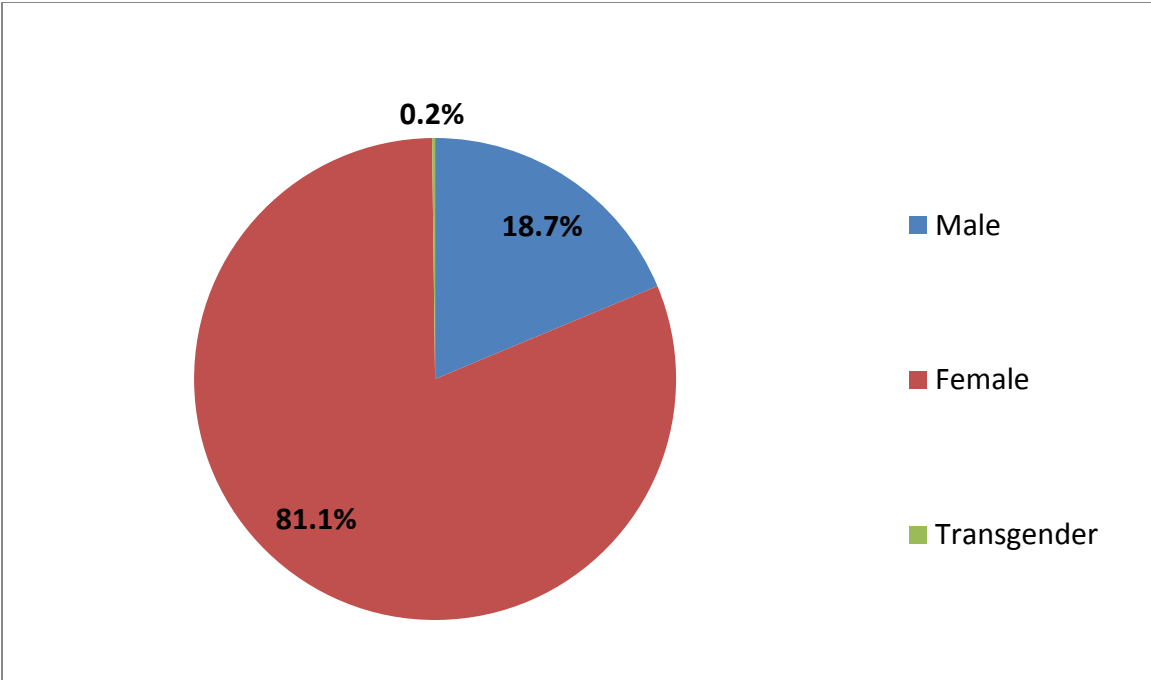
Results are not public and will be used for community health improvement initiatives

Question 29: What is your age?

Average Age	47.7
<i>answered question</i>	404
<i>skipped question</i>	40

Question 30: What is your gender?

Answer Options	Response Percent	Response Count
Male	18.7%	78
Female	81.1%	338
Transgender	0.2%	1
<i>answered question</i>		417
<i>skipped question</i>		57

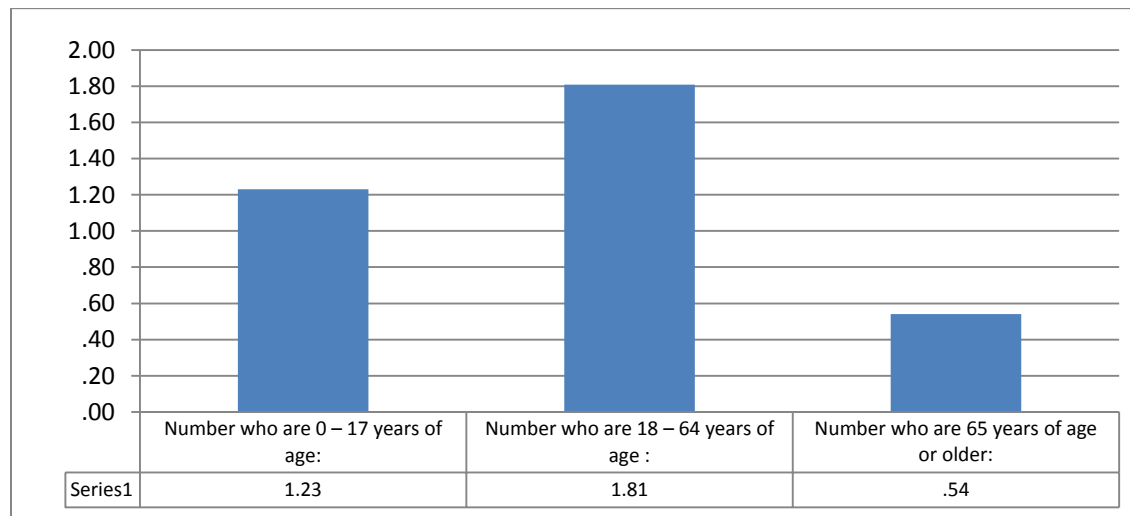


Question 31 and Question 32: What is your height, weight, and BMI calculation

What is your height?	Answer Options	Response Average
	Feet	5.00
	Inches	7.22
	<i>answered question</i>	400
	<i>skipped question</i>	74
What is your weight?	Answer Options	Response Average
	Pounds	181.01
	<i>answered question</i>	1665
	<i>skipped question</i>	318
BMI		Response Average
	BMI	28.2

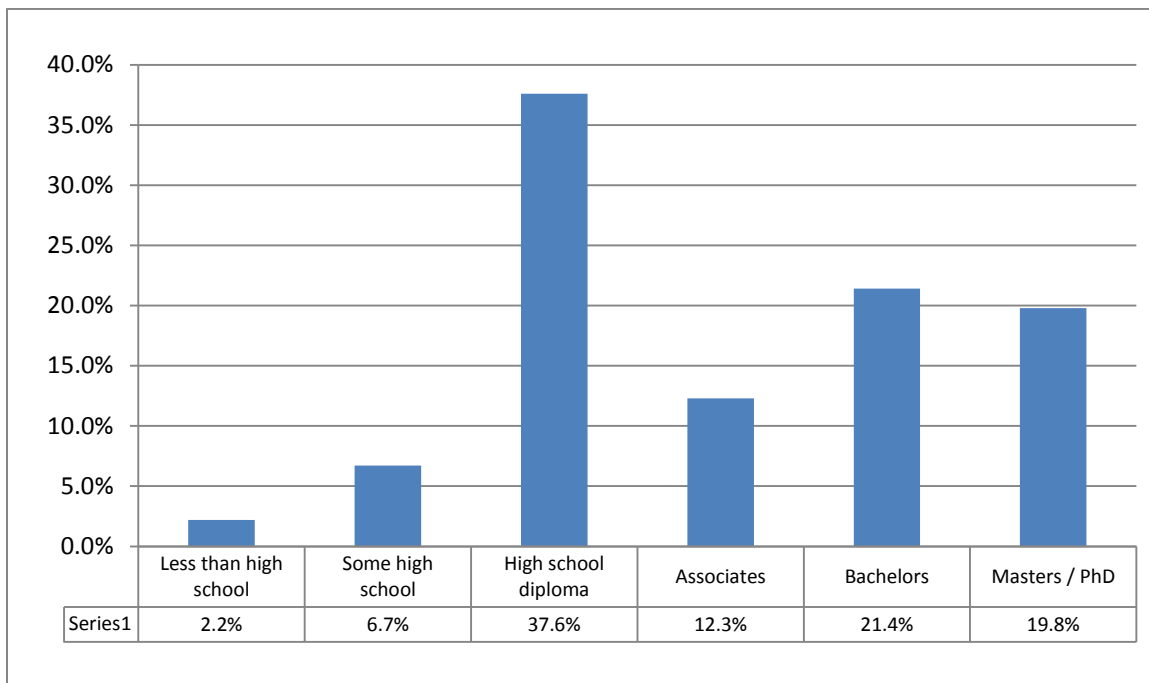
Question 33: How many people live in your home (including yourself)?

Answer Options	Response Average	Response Total	Response Count
Number who are 0 - 17 years of age:	1.23	337	273
Number who are 18 - 64 years of age :	1.81	686	378
Number who are 65 years of age or older:	.54	110	203
		<i>answered question</i>	411
		<i>skipped question</i>	63



Question 34: What is your highest education level completed?

Answer Options	Response Percent	Response Count
Less than high school	2.2%	9
Some high school	6.7%	28
High school diploma	37.6%	156
Associates	12.3%	51
Bachelors	21.4%	89
Masters / PhD	19.8%	82
<i>answered question</i>		415
<i>skipped question</i>		59



Question 35: What is your primary language?

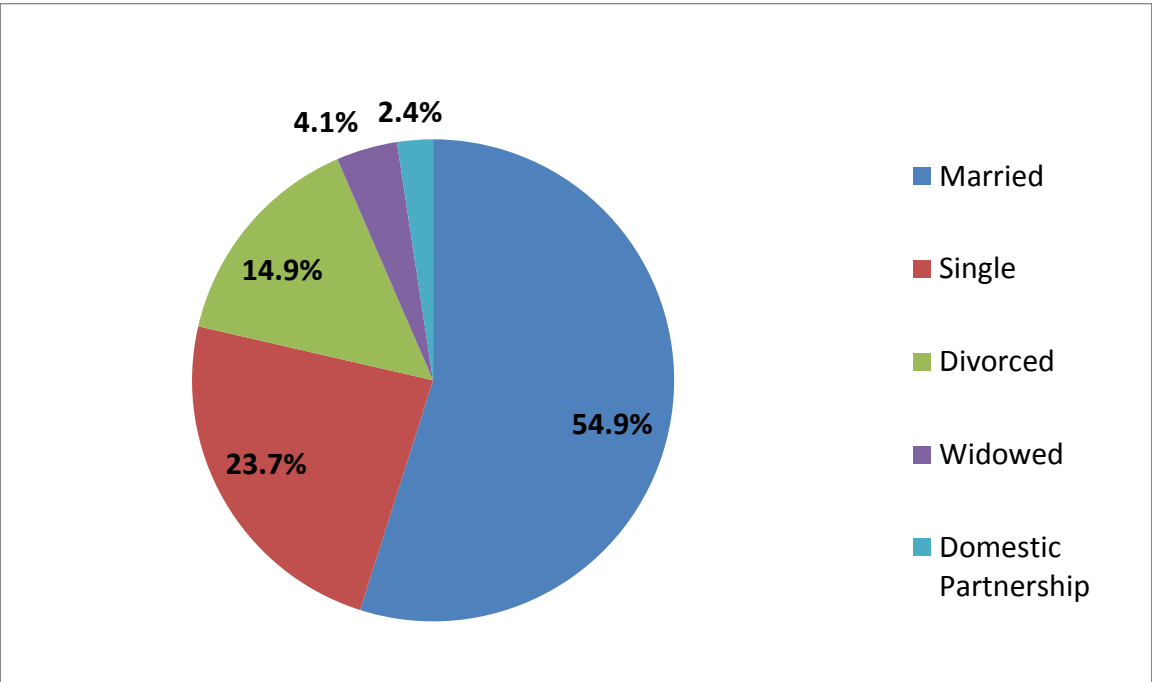
Answer Options	Response Percent	Response Count
English	99.3%	412
Spanish	0.7%	3
Other (please specify)	0.5%	2
<i>answered question</i>		415
<i>skipped question</i>		59

Question 36: What ethnicity do you identify with? (Check all that apply)

Answer Options	Response Percent	Response Count
White	90.2%	376
Black / African American	5.3%	22
Decline to answer	3.1%	13
American Indian / Alaskan Native	1.9%	8
Latino	0.7%	3
Asian	0.5%	2
More than one race	0.5%	2
Native Hawaiian / Pacific Islander	0.2%	1
Other (please specify)	0.2%	1
<i>answered question</i>		417
<i>skipped question</i>		57

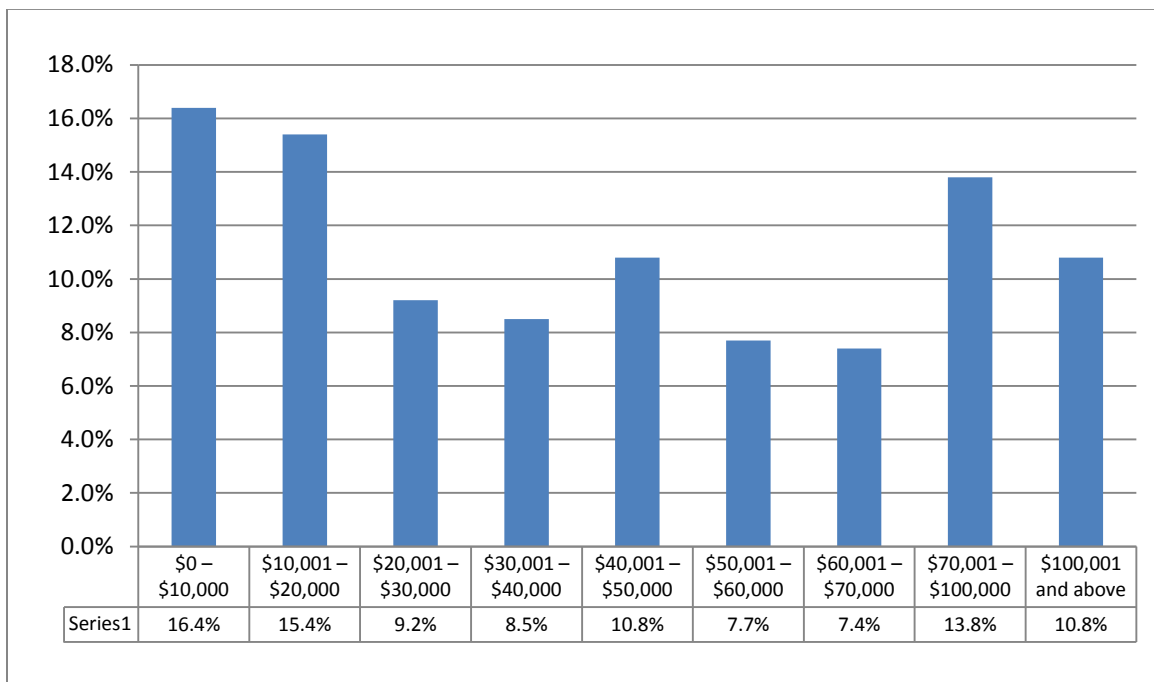
Question 37: What is your marital status?

Answer Options	Response Percent	Response Count
Married	54.9%	225
Single	23.7%	97
Divorced	14.9%	61
Widowed	4.1%	17
Domestic Partnership	2.4%	10
<i>answered question</i>		410
<i>skipped question</i>		64



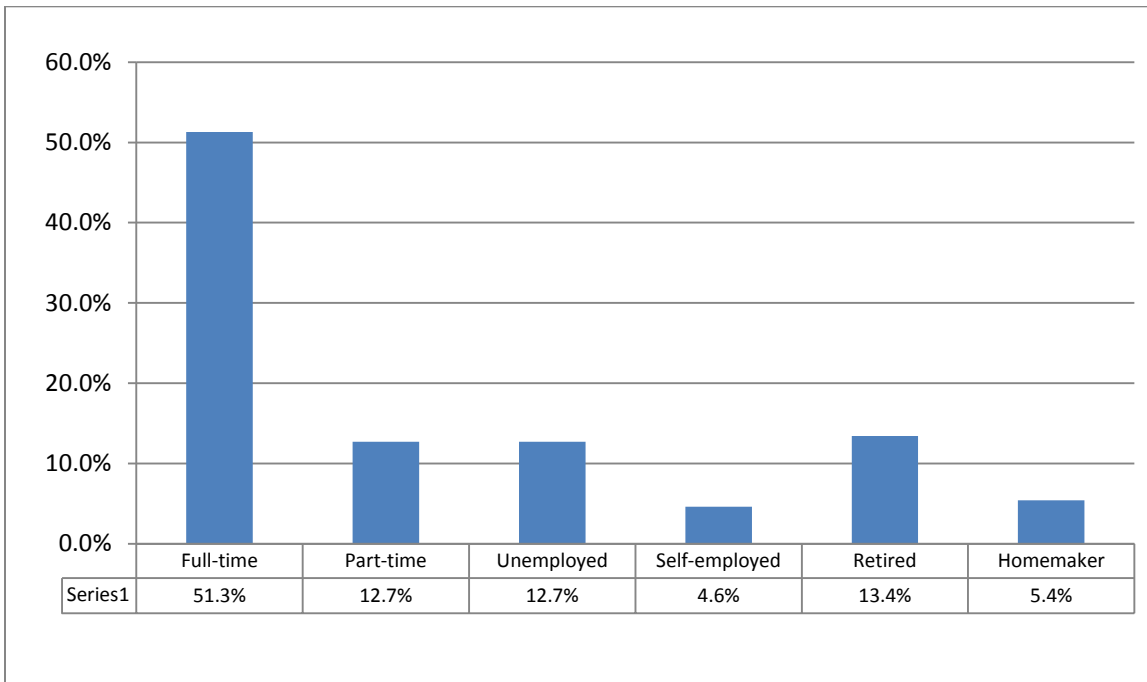
Question 38: What is your yearly household income?

Answer Options	Response Percent	Response Count
\$0 - \$10,000	16.4%	64
\$10,001 - \$20,000	15.4%	60
\$20,001 - \$30,000	9.2%	36
\$30,001 - \$40,000	8.5%	33
\$40,001 - \$50,000	10.8%	42
\$50,001 - \$60,000	7.7%	30
\$60,001 - \$70,000	7.4%	29
\$70,001 - \$100,000	13.8%	54
\$100,001 and above	10.8%	42
answered question		390
skipped question		84



Question 39: What is your current employment status?

Answer Options	Response Percent	Response Count
Full-time	51.3%	211
Part-time	12.7%	52
Unemployed	12.7%	52
Self-employed	4.6%	19
Retired	13.4%	55
Homemaker	5.4%	22
<i>answered question</i>		411
<i>skipped question</i>		63



Children Specific Question

Question C1: How many children do you have under the age of 18?

How many children do you have under the age of 18?	
	Average
	1.9
<i>answered question</i>	133
<i>skipped question</i>	341

Question C2: What are their age(s)?

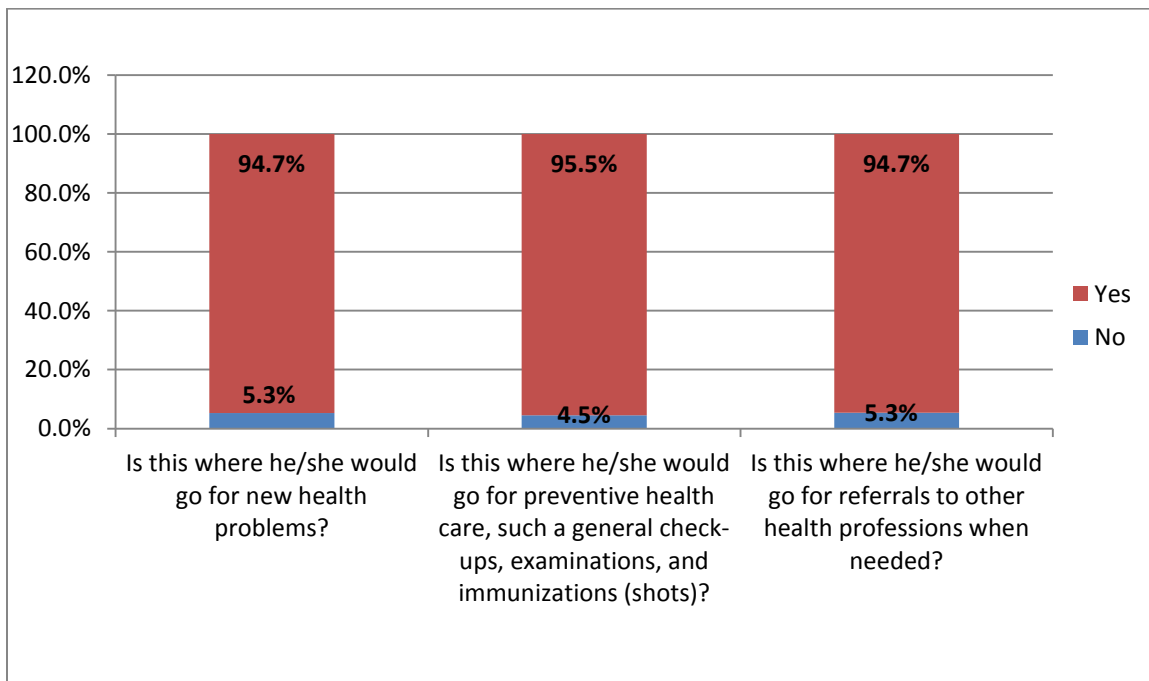
Answer Options	Response Average	Response Total	Response Count
Child 1	10.00	1,450	145
Child 2	9.60	893	93
Child 3	7.19	230	32
Child 4	8.78	79	9
Child 5	1.00	2	2
Child 6	.00		0
Child 7	.00		0
Child 8	.00		0
Child 9	.00		0
Child 10	.00		0
	<i>answered question</i>		145
	<i>skipped question</i>		329

Question C3: Is there a specific doctor’s office, health center, or other place that your child goes if he/she is sick or need advice about his/her health?

Answer Options	Response Percent	
Yes	34.6%	46
No	65.4%	88
<i>answered question</i>		134
<i>skipped question</i>		340

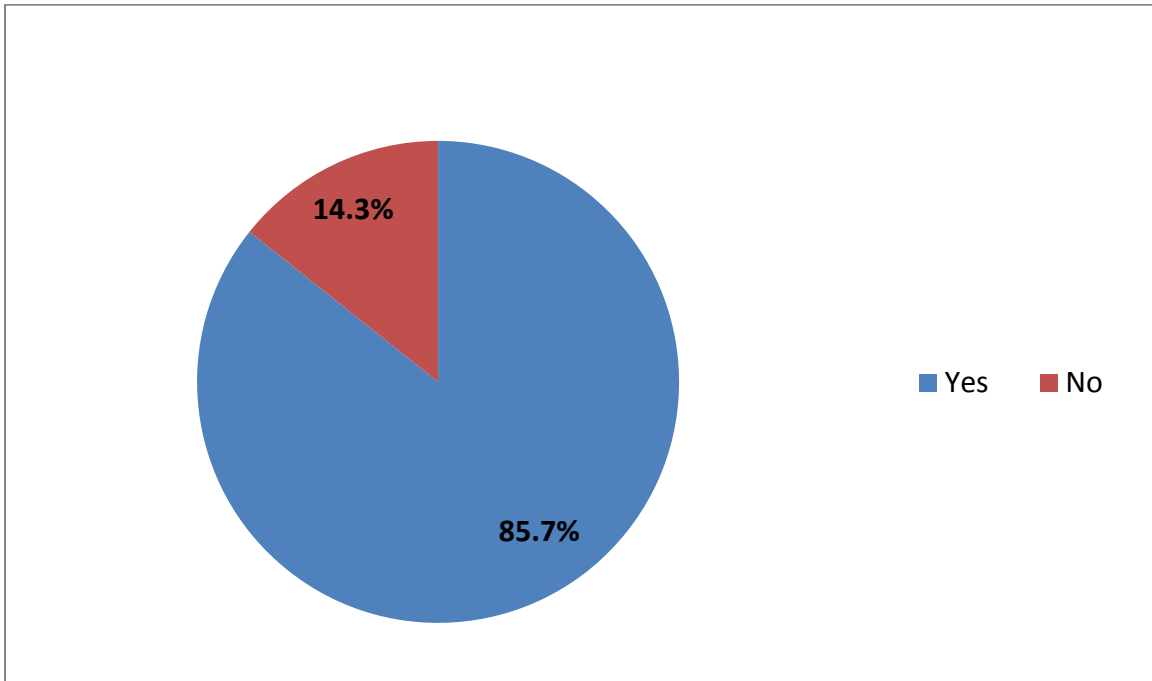
When thinking about the specific doctor’s office, health center, or other place that your child usually goes if you are sick or need advice about your health:

Answer Options	Yes		No		Response Count
Is this where he/she would go for new health problems?	125	94.7%	7	5.3%	132
Is this where he/she would go for preventive health care, such a general check-ups, examinations, and immunizations (shots)?	127	95.5%	6	4.5%	133
Is this where he/she would go for referrals to other health professions when needed?	124	94.7%	7	5.3%	131
<i>answered question</i>					134
<i>skipped question</i>					340



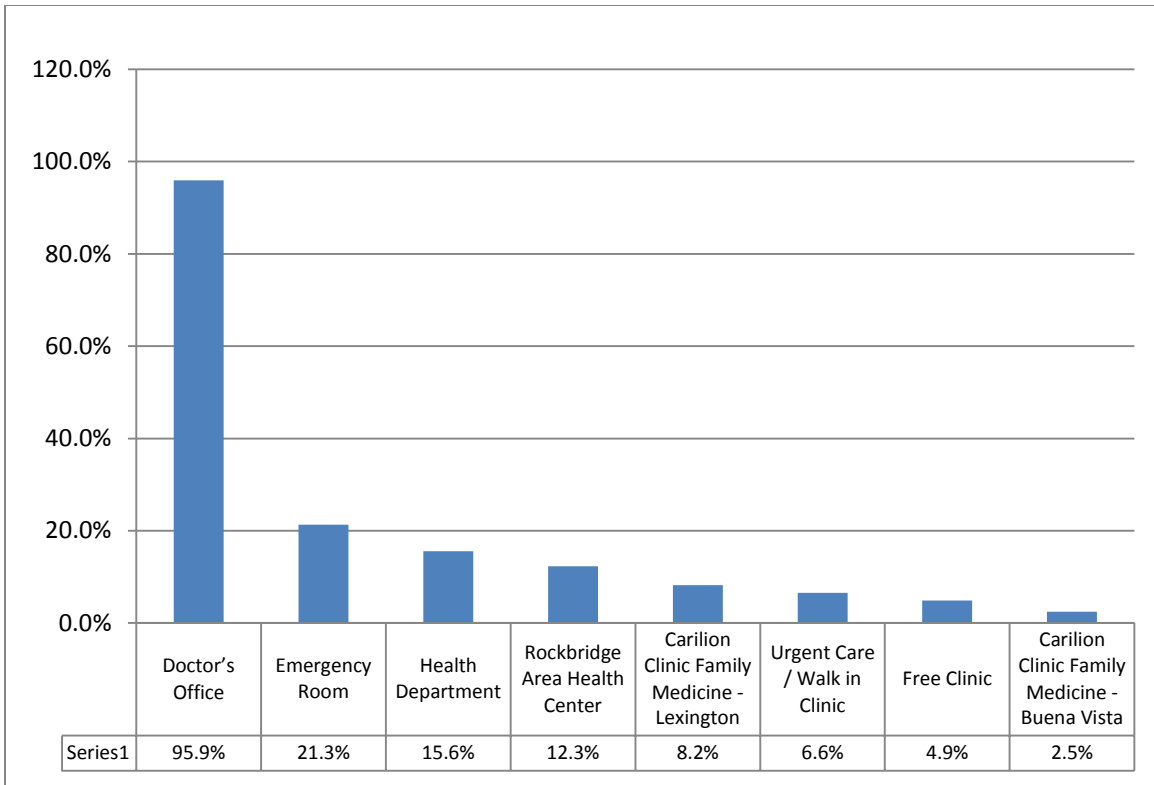
Question C4: Does your child use medical care services?

Answer Options	Response Percent	Response Count
Yes	85.7%	120
No	14.3%	20
<i>answered question</i>		140
<i>skipped question</i>		334



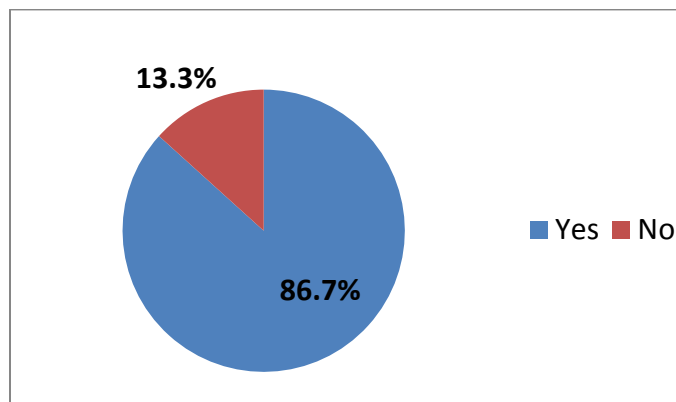
Where does your child go for medical care? (Check all that apply)

Answer Options	Response Percent	Response Count
Doctor's Office	95.9%	117
Emergency Room	21.3%	26
Health Department	15.6%	19
Rockbridge Area Health Center	12.3%	15
Carilion Clinic Family Medicine - Lexington	8.2%	10
Urgent Care / Walk in Clinic	6.6%	8
Free Clinic	4.9%	6
Carilion Clinic Family Medicine - Buena Vista	2.5%	3
<i>answered question</i>		122
<i>skipped question</i>		352



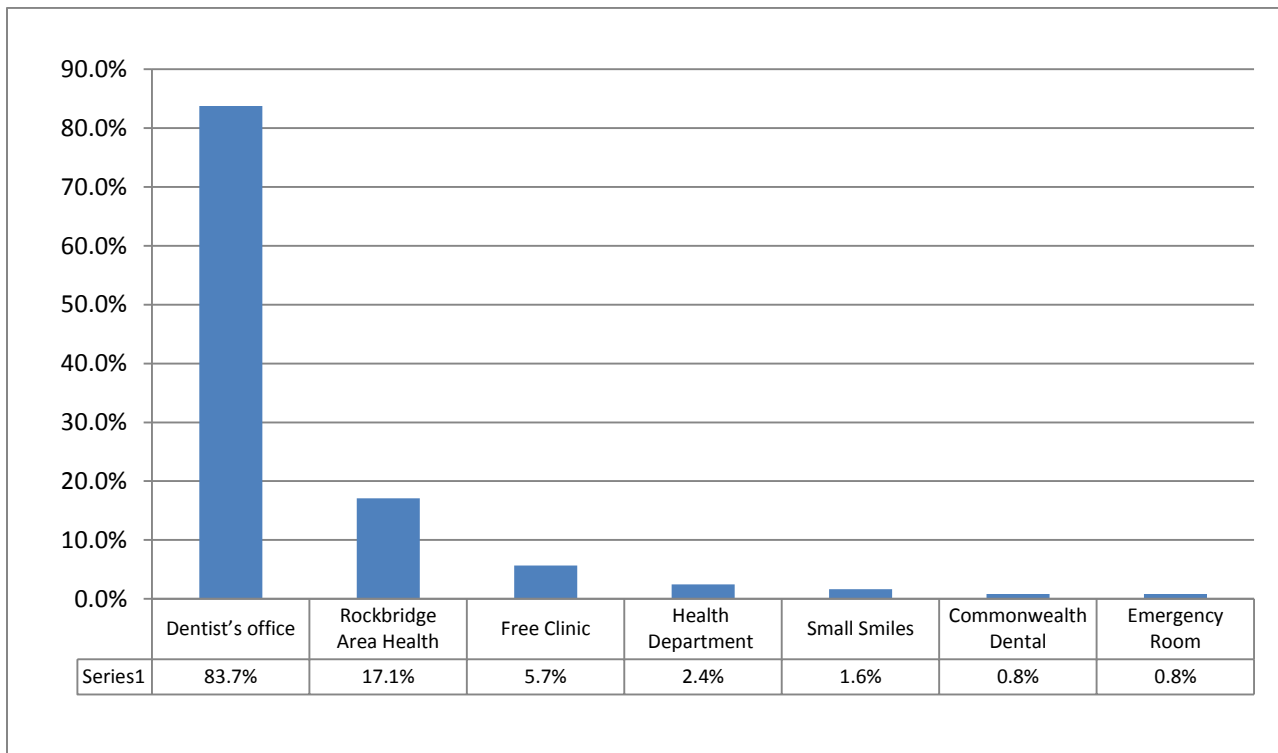
Question C5: Does your child use dental care services?

Answer Options	Response Percent	Response Count
Yes	86.7%	124
No	13.3%	19
<i>answered question</i>		143
<i>skipped question</i>		331



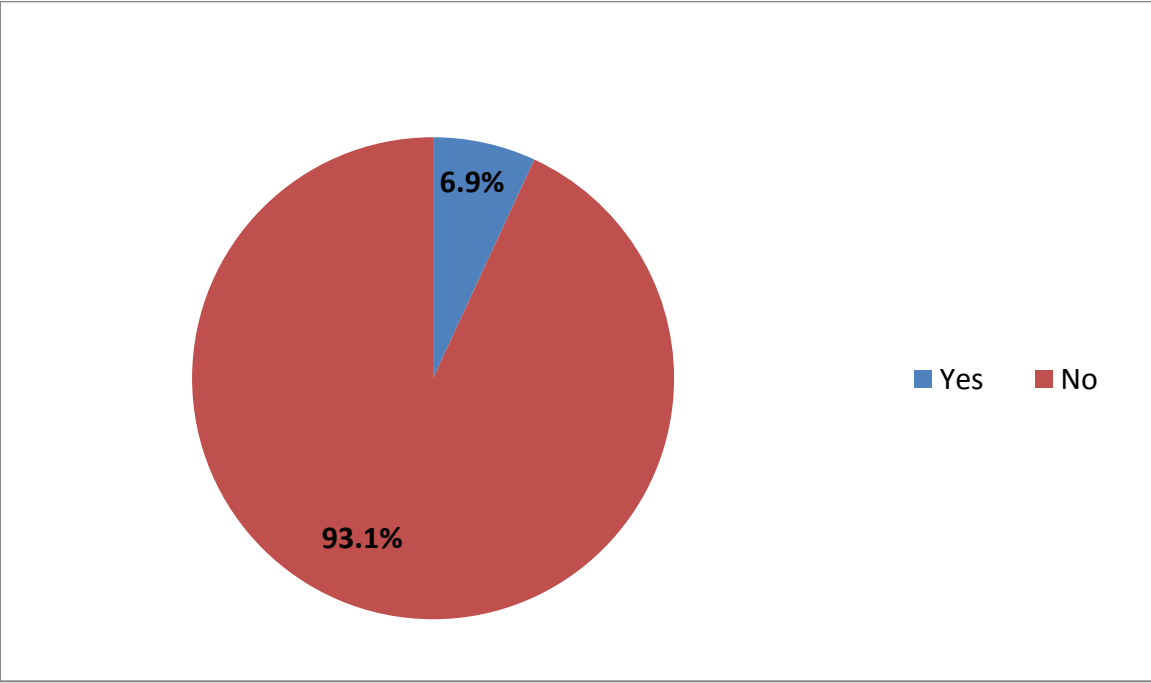
Where does your child go for dental care? (Check all that apply)

Answer Options	Response Percent	Response Count
Dentist's office	83.7%	103
Rockbridge Area Health	17.1%	21
Free Clinic	5.7%	7
Health Department	2.4%	3
Small Smiles	1.6%	2
Commonwealth Dental	0.8%	1
Emergency Room	0.8%	1
<i>answered question</i>		123
<i>skipped question</i>		351



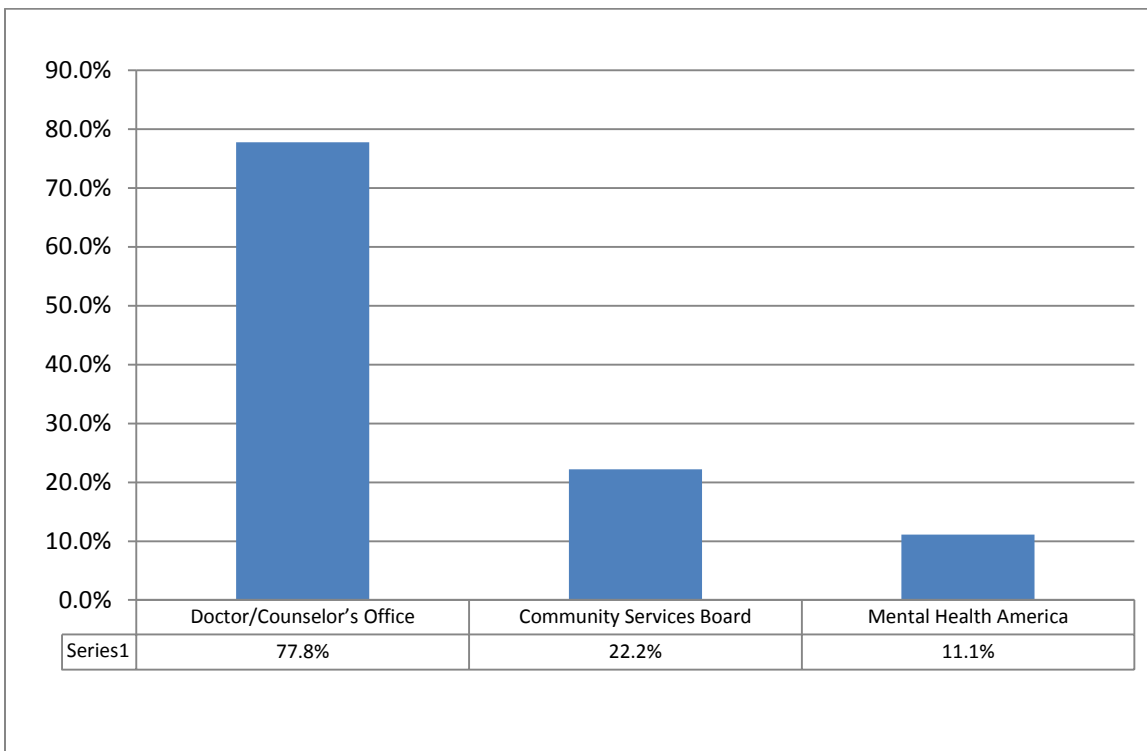
Question C6: Does your child use mental health, alcohol abuse, or drug abuse services?

Answer Options	Response Percent	Response Count
Yes	6.9%	10
No	93.1%	135
<i>answered question</i>		145
<i>skipped question</i>		329



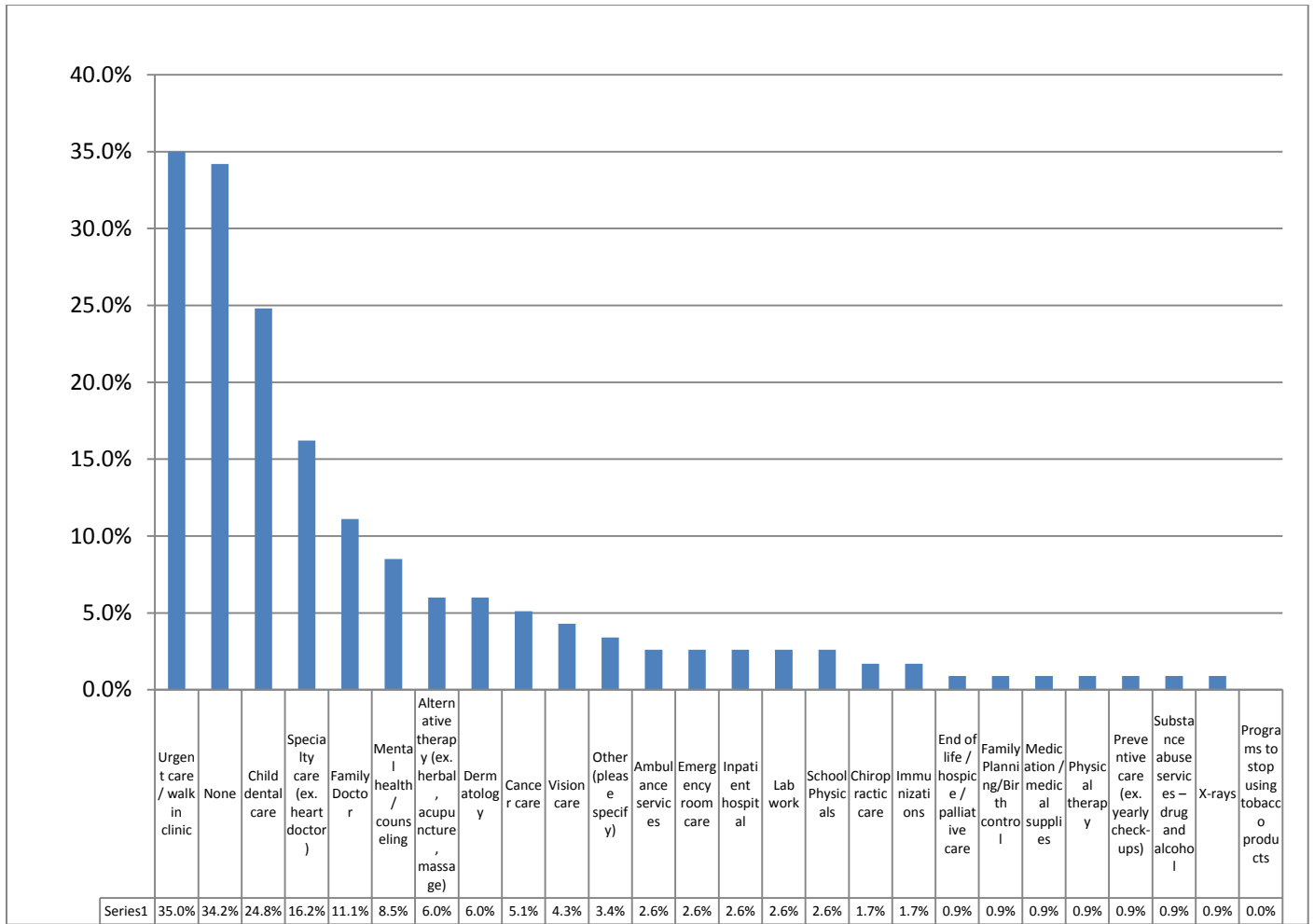
Where does your child go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)

Answer Options	Response Percent	Response Count
Doctor/Counselor's Office	77.8%	7
Community Services Board	22.2%	2
Mental Health America	11.1%	1
<i>answered question</i>		9
<i>skipped question</i>		465



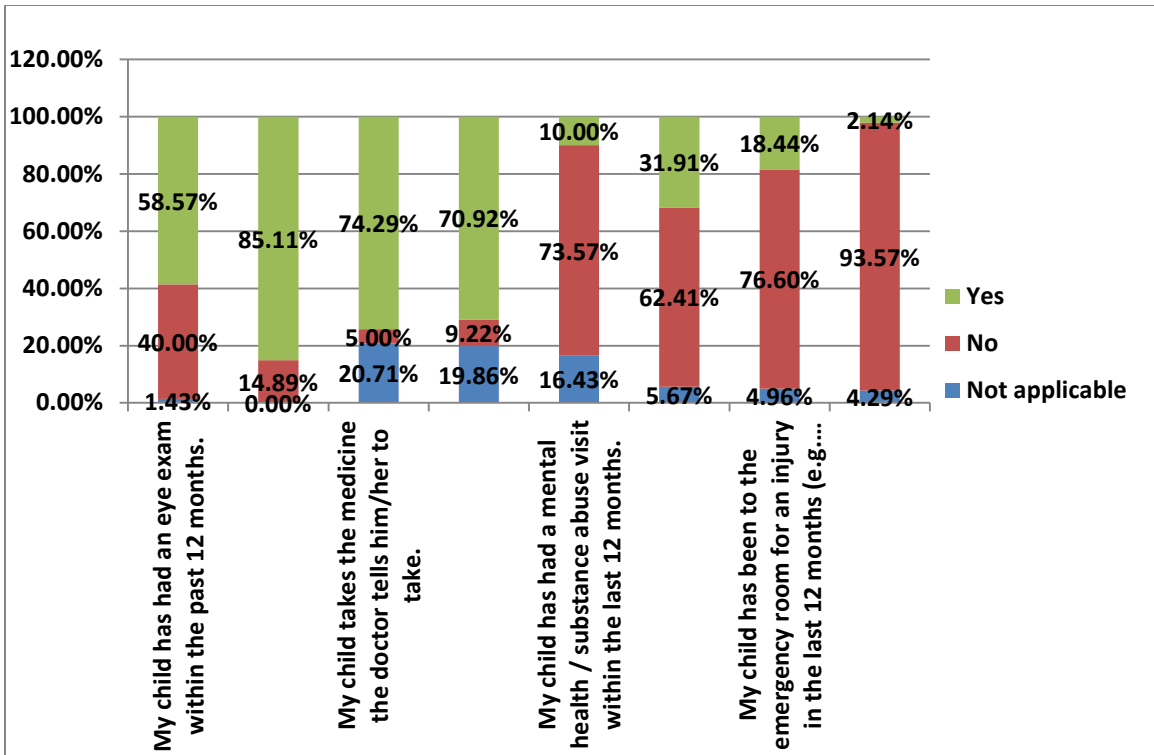
Question C7: Which health care services are hard to get for your child in our community?
 (Check all that apply)

Answer Options	Response Percent	Response Count
Urgent care / walk in clinic	35.0%	41
None	34.2%	40
Child dental care	24.8%	29
Specialty care (ex. heart doctor)	16.2%	19
Family Doctor	11.1%	13
Mental health / counseling	8.5%	10
Alternative therapy (ex. herbal, acupuncture, massage)	6.0%	7
Dermatology	6.0%	7
Cancer care	5.1%	6
Vision care	4.3%	5
Other (please specify)	3.4%	4
Ambulance services	2.6%	3
Emergency room care	2.6%	3
Inpatient hospital	2.6%	3
Lab work	2.6%	3
School Physicals	2.6%	3
Chiropractic care	1.7%	2
Immunizations	1.7%	2
End of life / hospice / palliative care	0.9%	1
Family Planning/Birth control	0.9%	1
Medication / medical supplies	0.9%	1
Physical therapy	0.9%	1
Preventive care (ex. yearly check-ups)	0.9%	1
Substance abuse services -drug and alcohol	0.9%	1
X-rays	0.9%	1
Programs to stop using tobacco products	0.0%	0
<i>answered question</i>		117
<i>skipped question</i>		357



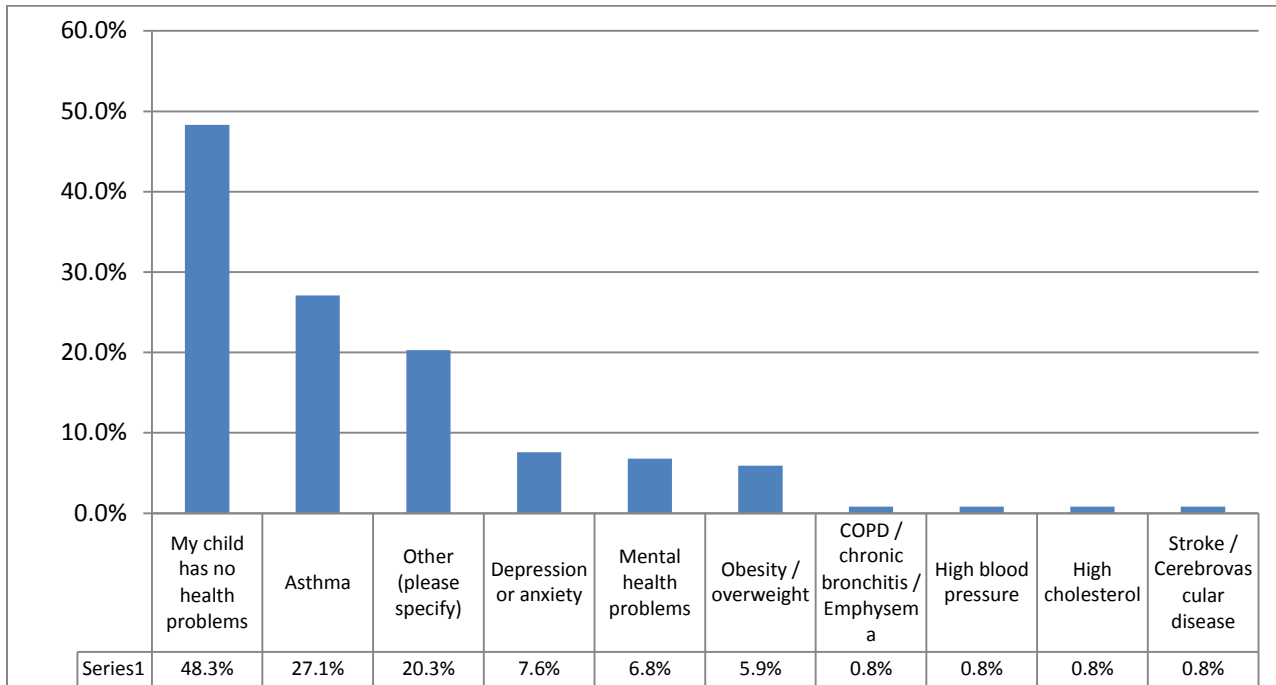
Question C8: Please check one of the following for each statement:

Answer Options	Yes	No	Not applicable	Response Count
My child has had an eye exam within the past 12 months.	82 58.57%	56 40.00%	2 1.43%	140
My child has had a dental exam within the past 12 months.	120 85.11%	21 14.89%	0 0.00%	141
My child takes the medicine the doctor tells him/her to take.	104 74.29%	7 5.00%	29 20.71%	140
I can afford medicine needed for my child's health conditions.	100 70.92%	13 9.22%	28 19.86%	141
My child has had a mental health / substance abuse visit within the last 12 months.	14 10.00%	103 73.57%	23 16.43%	140
My child has been to the emergency room in the last 12 months.	45 31.91%	88 62.41%	8 5.67%	141
My child has been to the emergency room for an injury in the last 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	26 18.44%	108 76.60%	7 4.96%	141
There are times when my child does not have enough food to eat.	3 2.14%	131 93.57%	6 4.29%	140



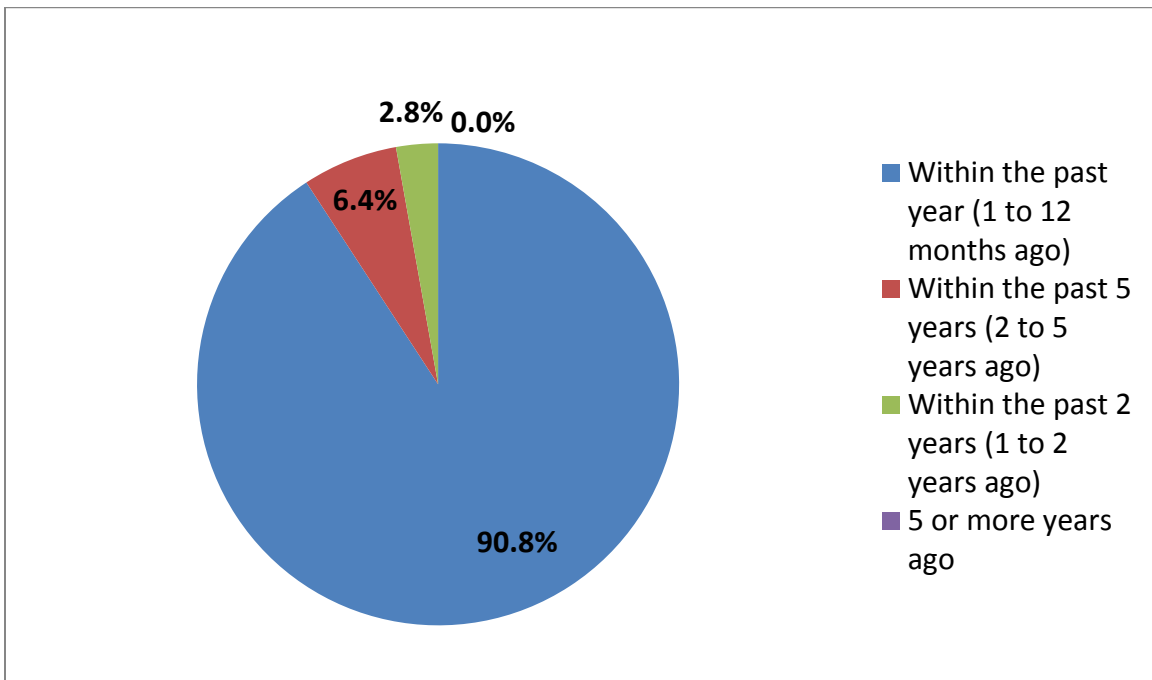
Question C9: Have you been told by a doctor that your child has... (Check all that apply)

Answer Options	Response Percent	Response Count
My child has no health problems	48.3%	57
Asthma	27.1%	32
Other (please specify)	20.3%	24
Depression or anxiety	7.6%	9
Mental health problems	6.8%	8
Obesity / overweight	5.9%	7
COPD / chronic bronchitis / Emphysema	0.8%	1
High blood pressure	0.8%	1
High cholesterol	0.8%	1
Stroke / Cerebrovascular disease	0.8%	1
<i>answered question</i>		118
<i>skipped question</i>		356



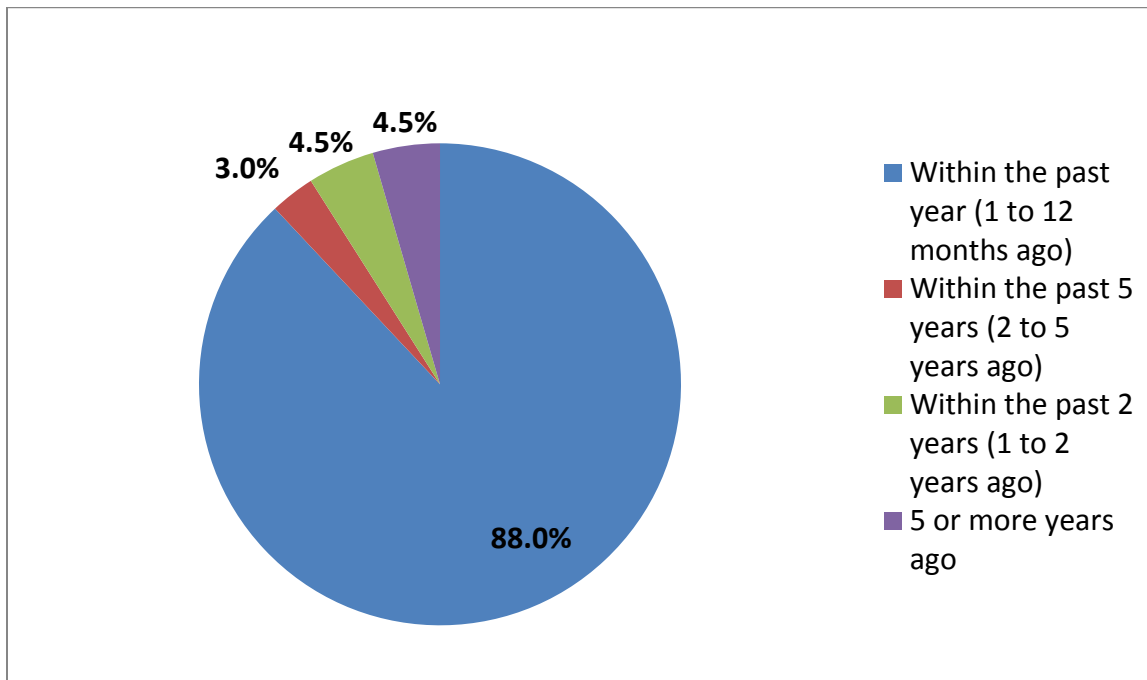
Question C10: How long has it been since your child last visited a doctor for a routine checkup?
(Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	90.8%	128
Within the past 5 years (2 to 5 years ago)	6.4%	9
Within the past 2 years (1 to 2 years ago)	2.8%	4
5 or more years ago	0.0%	0
<i>answered question</i>		141
<i>skipped question</i>		333



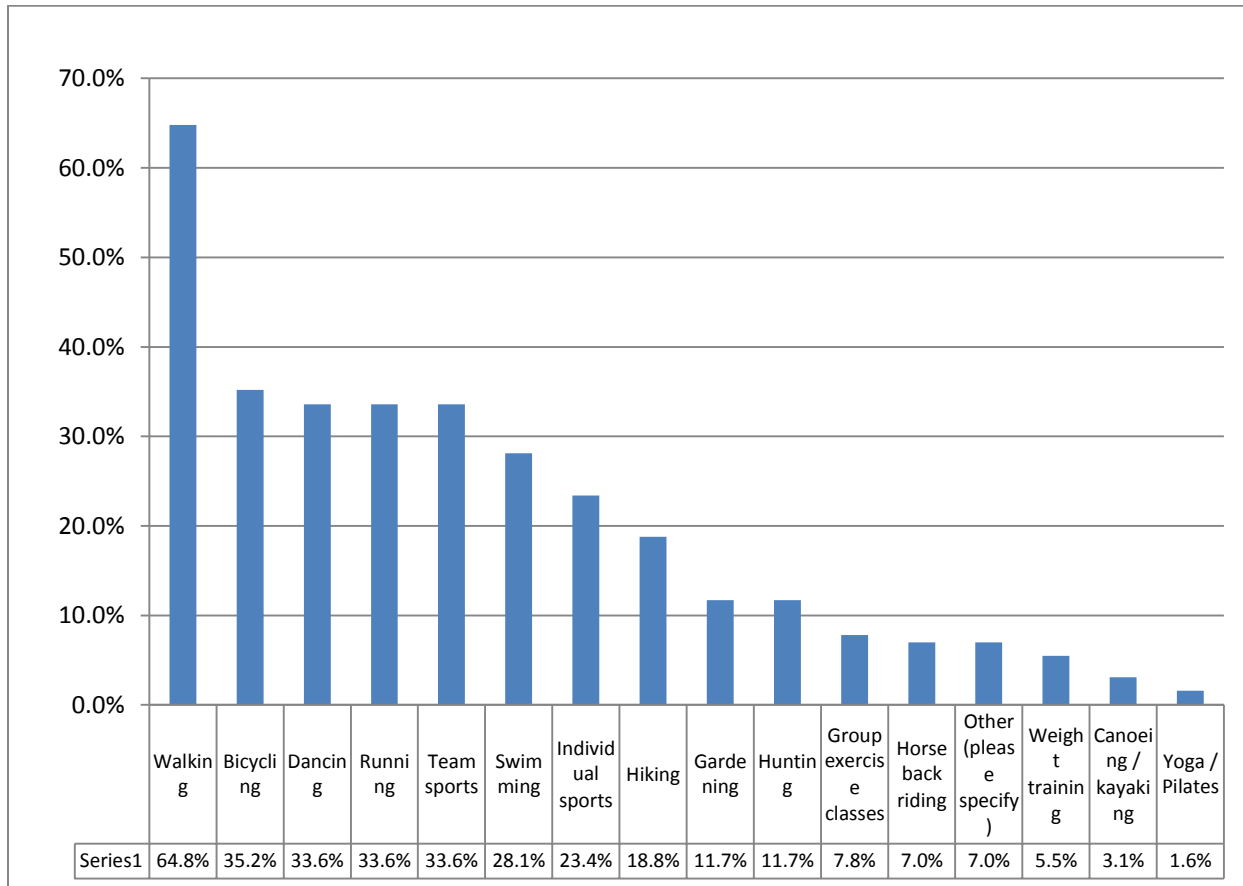
Question C11: How long has it been since your child last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	88.0%	117
Within the past 5 years (2 to 5 years ago)	3.0%	4
Within the past 2 years (1 to 2 years ago)	4.5%	6
5 or more years ago	4.5%	6
<i>answered question</i>		133
<i>skipped question</i>		341



Question C12: Other than at school, what physical activity or exercises does your child participate in? (Check all that apply)

Answer Options	Response Percent	Response Count
Walking	64.8%	83
Bicycling	35.2%	45
Dancing	33.6%	43
Running	33.6%	43
Team sports	33.6%	43
Swimming	28.1%	36
Individual sports	23.4%	30
Hiking	18.8%	24
Gardening	11.7%	15
Hunting	11.7%	15
Group exercise classes	7.8%	10
Horseback riding	7.0%	9
Other (please specify)	7.0%	9
Weight training	5.5%	7
Canoeing / kayaking	3.1%	4
Yoga / Pilates	1.6%	2
answered question		128
skipped question		346



Secondary Data

Demographics and socioeconomic status

Social Determinants of Health

In the same way a person's DNA is the cornerstone of their individuality, social determinants of health shape wellbeing for billions of humans across the globe. The Center for Disease Control defines social determinants of health as "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness."¹¹ These circumstances change over time as a person grows and moves around the living world. For this reason, social determinants of health are often used to identify at-risk populations and analyze what determinants impact their lives more than people not considered to be at-risk (CDC, 2015-a).

Individuals do not have complete control over their social determinants of health. In fact, they are heavily influenced by large-scale processes like politics, economic change, and culture. These forces also have power in deciding what health and illness care systems are operational in a geographic area. Higher-income areas are commonly buzzing with private care physicians and health services while the lower-income areas depend heavily on charity and government-subsidized services as treatment. This keeps social mobilization from occurring, and the poor areas become sicker as the rich areas see improvement in health issues.¹²

Healthy People 2020 has identified five main social determinants of health that should be addressed in some way: economic stability, education, social and community context, health and health care, and neighborhood and built environment. These issues have been identified as the focus for governmental, organizational health system and wellbeing improvement by the year 2020 throughout the United States.¹³ These five overarching topics include several subcategories that serve to direct specific actions and policy across the nation. Once the social determinants of health are identified in any context, the next important step is to devise a strategy for addressing the determinants and minimizing the negative impact that they have on the nation's most at-risk groups. No single strategy has been identified as the best or most

¹¹ Centers for Disease Control and Prevention. (2015). Social Determinants of Health. Retrieved from <http://www.cdc.gov/socialdeterminants/>

¹² World Health Organization. (n.d.-a) Social Determinants of Health: Key Concepts. Retrieved from http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

¹³ Healthy People 2020. (2015-a). Social Determinants of Health. Retrieved from

effective for this task, but trial and error by social groups and government bodies has already brought much needed change to some of the needs areas.⁸

A central task in analyzing social determinants of health is the process of discovering health disparities between subgroups in the same geographical area.¹⁴ Health disparities are differences in physical and mental health or wellbeing that stem from differences in factors like race, ethnicity, and socioeconomic status. When connections can be drawn between certain population subgroups, income levels, and the burden that illness places on the community, social disparities emerge as the problems that can be fixed. Social determinants of health provide the context needed to identify what issues need to be addressed and where improvement efforts should begin¹⁴.

Population, gender, race and age

Population Change Estimates, 2010 – 2040

(U.S. Census Bureau, Virginia Employment Commission. (2015). Community Profiles. Retrieved from <http://data.virginialmi.com/gsipub/index.asp?docid=342>)

Geography	2010	% Change	2020	% Change	2030	% Change	2040	% Change
Buena Vista	6,650	4.74	7,149	7.5	7,655	7.08	8,128	6.18
Lexington City	7,042	2.55	7,613	8.11	8,225	8.04	8,799	6.98
Rockbridge	22,307	7.2	22,887	2.6	23,223	1.47	23,478	1.1
Virginia	8,001,024	13.02	8,811,512	10.13	9,645,281	9.46	10,530,229	9.17

¹⁴ Robert Wood Johnson Foundation. (n.d.). Social Determinants of Health. Retrieved from – <http://www.rwjf.org/en/our-topics/topics/social-determinants-of-health.html>

Median Age by Geographic Location

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S0101. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	Virginia	Buena Vista	Lexington	Rockbridge
Median Age (years)	37.5	37.6	21.6	47.3

Estimates of Population by Lifecycle, 5-Year Estimates, 2009 - 2013

(U.S. Census Bureau, 2008-2012 5-Year American Community Survey, Table S0101. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	Under 5	5-14 years	15-17 years	18-64 years	Over 65 years
Virginia	6.30%	12.70%	3.90%	40.90%	12.60%
Buena Vista	5.80%	12.50%	2.90%	62.10%	16.80%
Lexington	4.10%	4.70%	1.60%	78.20%	11.20%
Rockbridge	4.70%	10.40%	3.50%	59.70%	21.70%

There is a higher percentage of White (not differentiated by Non-Hispanic) residents in all three localities compared to Virginia (69.5%) and the United States (77.7%).

- Rockbridge County: 94.1%
- Lexington City: 80.0%
- Buena Vista City: 90.3%

Compared to Rockbridge County and Buena Vista City, a significant percentage of the Lexington City population (aged 5 years and over) speaks a language other than English at home.

- Rockbridge County: 3.8%
- Lexington City: 8.5%
- Buena Vista City: 3.9%

Race and Ethnicity, 5-Year Estimate, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table DP05. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	White	Black	American Indian and Alaskan Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino Origin	Not Hispanic or Latino
Virginia	69.5%	19.4%	0.3%	5.7%	0.1%	2.2%	2.9%	8.1%	91.9%
Buena Vista	90.3%	7.5%	0.0%	0.1%	0.0%	0.2%	1.9%	0.9%	99.1%
Lexington	80.0%	8.8%	0.0%	5.0%	0.0%	3.0%	3.2%	6.1%	93.9%
Rockbridge	94.1%	2.7%	0.3%	0.7%	0.2%	0.6%	1.5%	1.4%	98.6%

Buena Vista Public Schools Race/Ethnicity, 2012-2013

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	Two or more	Total
Elementary Schools	5	3	0	27	413	0	11	459
Elementary Schools (%)	1.10%	0.65	0.00%	5.88%	90	0	2.40%	
Middle Schools	1	5	0	16	251	0	5	278
Middle Schools (%)	0.36%	1.80	0.00%	5.76%	90	0	1.80%	
High Schools	3	3	1	23	283	0	7	320
High Schools (%)	0.94%	0.94	0.31%	7.19%	88.44	0	2.19%	
District Grand Total	9	11	1	66	947	0	23	1,057
District Grand Total (%)	0.85%	1.04	0.10%	6.24%	89.60%	0	2.18%	

Buena Vista Public Schools Race/Ethnicity, 2013-2014

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	Two or more	Total
Elementary Schools	3	2	0	29	430	0	10	474
Elementary Schools (%)	0.63%	1.05%	0.00%	6.12%	90.72%	0.00%	2.12%	
Middle Schools	1	4	0	9	227	0	5	246
Middle Schools (%)	0.41%	1.63%	0.00%	3.66%	92.28%	0.00%	2.03%	
High Schools	3	6	0	24	310	0	6	349
High Schools (%)	0.86%	1.72%	0.00%	6.88%	88.83%	0.00%	1.72%	
District Grand Total	7	12	0	62	967	0	21	1,069
District Grand Total (%)	65.00%	1.12%	0.00%	5.80%	90.46%	0.00%	1.96%	

Buena Vista Public Schools Race/Ethnicity, 2014-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White, not of Hispanic origin	Native Hawaiian or Pacific Islander	Two or more races	Total
Elementary Schools	6	3	0	21	431	0	16	477
Elementary Schools (%)	1.26%	0.63%	0.00%	4.40%	90.36%	0.00%	3.35%	
Middle Schools	2	4	0	10	221	0	5	242
Middle Schools (%)	0.83%	1.65%	0.00%	4.13%	91.32%	0.00%	2.10%	
High Schools	5	5	1	25	296	0	4	336
High Schools (%)	1.50%	1.50%	0.30%	7.44%	88.10%	0.00%	1.20%	
District Grand Total	13	12	1	56	948	0	25	1,055
District Grand Total (%)	1.23%	1.14%	0.09%	5.31%	89.86%	0.00%	2.37%	

Lexington Public Schools Race/Ethnicity, 2012-2013

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more	Total
Elementary Schools	30	0	10	26	276	0	2	344
Elementary Schools (%)	8.72%	0.00	2.91%	7.56%	80.23%	0	0.58%	
Middle Schools	6	0	6	17	159	0	0	188
Middle Schools (%)	3.20%	0.00	3.20%	9.04%	84.57%	0	0.00%	
High Schools	0	0	0	0	0	0	0	0
High Schools (%)	0.00%	0.00	0.00%	0.00%	0.00	0	0.00%	0.00%
District Grand Total	36	0	16	43	435	0	2	532
District Grand Total (%)	6.77%	0.00	3.01%	8.10%	81.77%	0	0.38%	

Lexington Public Schools Race/Ethnicity, 2013-2014

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more	Total
Elementary Schools	28	0	13	28	270	0	1	340
Elementary Schools (%)	8.24%	0.00%	3.82%	8.24%	79.41%	0.00%	0.29%	
Middle Schools	9	0	4	17	149	0	0	179
Middle Schools (%)	5.03%	0.00%	2.23%	9.50%	83.24%	0.00%	0.00%	
High Schools	0	0	0	0	0	0	0	0
High Schools (%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
District Grand Total	37	0	17	45	419	0	1	519
District Grand Total (%)	7.13%	0.00%	3.30%	8.67%	80.73%	0.00%	0.19%	

Lexington Public Schools Race/Ethnicity, 2014-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White, not of Hispanic origin	Native Hawaiian or Pacific Islander	Two or more races	Total
Elementary Schools	30	1	12	29	231	0	1	304
Elementary Schools (%)	9.87%	0.33%	3.95%	9.54%	75.99%	0.00%	0.33%	
Middle Schools	10	0	3	16	162	0	0	191
Middle Schools (%)	5.24%	0.00%	1.57%	8.38%	84.82%	0.00%	0.00%	
High Schools	0	0	0	0	0	0	0	0
High Schools (%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
District Grand Total	40	1	15	45	393	0	1	495
District Grand Total (%)	8.08%	0.20%	3.03%	9.09%	79.40%	0.00%	0.20%	

Rockbridge County Public Schools Race/Ethnicity, 2012-2013

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more	Total
Elementary Schools	40	5	7	45	1,120	1	33	1,251
Elementary Schools (%)	3.20%	0.40%	0.56%	3.60%	89.53%	0.07%	2.64%	
Middle Schools	15	1	4	21	493	0	12	546
Middle Schools (%)	2.75%	0.18%	0.73%	3.85%	90.30%	0	2.20%	
High Schools	30	4	12	50	894	1	27	1,018
High Schools (%)	2.95%	0.40%	1.18%	4.91%	87.82%	0.10%	2.65%	
District Grand Total	85	10	23	116	2,507	2	72	2,815
District Grand Total (%)	3.02%	0.36%	0.82%	4.12%	89.06%	0.07%	2.56%	

Rockbridge County Public Schools Race/Ethnicity, 2013-2014

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	2 or more	Total
Elementary Schools	46	6	8	44	1,175	0	36	1,315
Elementary Schools (%)	3.50%	0.40%	0.60%	3.35%	89.35%	0.00%	2.74%	
Middle Schools	14	2	1	19	503	0	9	548
Middle Schools (%)	2.55%	0.36%	0.18%	3.47%	91.79%	0.00%	1.64%	
High Schools	30	3	10	41	866	1	26	977
High Schools (%)	3.07%	0.31%	1.02%	4.20%	88.64%	0.10%	2.66%	
District Grand Total	90	11	19	104	2,544	1	71	2,840
District Grand Total (%)	3.17%	0.39%	0.67%	3.66%	89.58%	0.03%	2.50%	

Rockbridge County Public Schools Race/Ethnicity, 2014-2015

(Virginia Department of Education (2015). Fall Membership Reports. Retrieved from http://bi.vita.virginia.gov/doi_bi/rdPage.aspx?rdReport=Main&subRptName=Fallmembership.)

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White, not of Hispanic origin	Native Hawaiian or Pacific Islander	Two or more races	Total
Elementary Schools	48	7	7	41	1,139	0	28	1,270
Elementary Schools (%)	3.78%	0.55%	0.55%	3.23%	89.69%	0.00%	2.20%	
Middle Schools	16	1	2	21	502	0	15	557
Middle Schools (%)	2.87%	0.18%	0.36%	3.77%	90.13%	0.00%	2.70%	
High Schools	30	3	11	43	882	1	27	997
High Schools (%)	3.01%	0.30%	1.10%	4.31%	88.47%	0.10%	2.71%	
District Grand Total	94	11	20	105	2,523	1	70	2,824
District Grand Total (%)	3.33%	0.39%	0.71%	3.72%	89.34%	0.03%	2.48%	

Population 5 years and over who speak a language other than English at home, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1601. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Locality	#	%
Buena Vista	243	3.90%
Lexington	572	8.50%
Rockbridge	804	3.80%
Virginia	1,130,877	14.90%

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. According to the Virginia Health Equity report, Virginians who do not attend, or complete, high school are more likely to die of heart disease, cancer and a dozen other leading causes of death than those who earn a diploma.

Academic Attainment for Population 25 and Over, 5-Year Estimate, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1501. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	Percent high school graduate or higher	Percent bachelor's degree or higher
Buena Vista	77%	14.90%
Lexington	78.30%	41.70%
Rockbridge	84.40%	23.20%

On-Time Graduation Rates, Buena Vista High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from [http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/))

	2012	2013	2014
Parry McCluer High	93.90%	83.10%	85.20%
Virginia	89.20%	90.10%	89.90%

On-Time Graduation Rates, Lexington City High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from [http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/))

	2012	2013	2014
Lexington	N/A	N/A	N/A
Virginia	89.20%	90.10%	89.90%

On-Time Graduation Rates, Rockbridge County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from [http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/))

	2012	2013	2014
Rockbridge County High	84.90%	85.60%	79.90%
Virginia	89.20%	90.10%	89.90%

Dropout Rates, Buena Vista High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from [http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/))

	2012	2013	2014
Parry McCluer High	4.90%	7.20%	9.10%
Virginia	7.40%	6.50%	5.40%

Dropout Rates, Rockbridge County High Schools

(Virginia Department of Education, Virginia Cohort Reports, Retrieved from [http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/.](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/))

	2012	2013	2014
Rockbridge County High	8.80%	10.10%	14.90%
Virginia	7.40%	6.50%	5.40%

Income and Poverty Status

Median Household Income, 5-Year Estimates, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1903. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Location	Median Income
Buena Vista	\$36,591
Lexington	\$36,505
Rockbridge	\$48,313
Virginia	63,907

The Federal Poverty Guidelines (FPL) is used to determine eligibility for many local, state, and federal assistance programs. It is based on an individual's or family's annual cash income before taxes. Updated yearly by the Census Bureau, the 2013, 2014, and 2015 guidelines are provided below as a reference.

2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
For families/household with more than eight persons, add \$4,020 for each additional person.	

(Federal Register. *2013 Poverty Guidelines for the 48 Contiguous States and the District of Columbia*. Vol. 78, No. 16, January 24, 2013, pp. 5182-5183. Retrieved from <https://federalregister.gov/a/2013-01422>)

2014 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090
For families/household with more than eight persons, add \$4,060 for each additional person.	

(Federal Register. *2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia*. Vol. 79, January 22, 2014, pp. 3593-3594. Retrieved from <https://federalregister.gov/a/2014-01303>)

2015 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11,770
2	15,930
3	20,090
4	24,250
5	28,410
6	32,570
7	36,730
8	40,890
For families/household with more than eight persons, add \$4,160 for each additional person.	

(Federal Register. 2015 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. Vol. 80, January 22, 2015, pp. 3236-3237. Retrieved from <https://federalregister.gov/a/2015-01120>)

Number of Residents Living in Poverty, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table C17002. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Ratio of Income by Poverty Status by Age						
< 6 years of age	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
	United States	5,831,985	24.50%	5,470,952	23%	12482,102
Virginia	104,394	17.20%	117,311	19.33%	385,120	63.50%
Buena Vista	160	33.26%	128	26.61%	193	40.12%
Lexington	140	44.59%	54	17.20%	120	38.22%
Rockbridge	247	19.15%	276	21.40%	767	59.46%
6-17 years						
6-17 years	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
	United States	9,869,814	20.16%	10,699,633	21.85%	28,394,121
Virginia	167,566	13.70%	219,995	18%	835,187	68.30%
Buena Vista	226	24.10%	221	23.56%	491	52%
Lexington	81	20.10%	75	18.61%	247	61.30%
Rockbridge	396	14.41%	558	20.31%	1,794	65.28%
18-64 years						
18-64 years	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
	United States	27,168,057	14.27%	32,153,996	16.89%	131,193,444
Virginia	538,970	10.72%	679,531	13.52%	3,809,387	75.77%
Buena Vista	807	21.27%	878	23.14%	1,975	52.06%

Ratio of Income by Poverty Status by Age						
Lexington	604	29.05%	299	14.38%	1,176	56.57%
Rockbridge	1,763	13.30%	2,429	18.32%	9,066	68%
65 years & >						
	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
United States	3,793,577	9.36%	8,972,423	22.13%	27,778,638	68.51%
Virginia	76,667	7.69%	190,260	19.09%	729,750	73.22%
Buena Vista	100	9.44%	452	43%	507	47.88%
Lexington	56	7.93%	192	27.20%	458	64.87%
Rockbridge	374	7.79%	1,155	24.07%	3,270	68.14%

Number of Residents Living in Poverty, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table C17002. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	Below 100% FPL		100-199% FPL		200% FPL and above		Total	
	#	%	#	%	#	%	#	%
United States	46,663,433	15.37%	57,301,004	18.87%	199,727,639	65.77%	303,692,076	100%
Virginia	887,595	11.30%	1,207,097	15.37%	5,759,444	73.33%	7,854,136	100%
Buena Vista	1,293	20.62%	1,679	26.77%	3,300	52.61%	6,272	100%
Lexington	881	25.16%	620	17.70%	2,001	57.14%	3,502	100%
Rockbridge	2,780	12.58%	4,418	20.00%	14,897	67.42%	22,095	100%

Poverty Status in the Past 12 Months by Race/Ethnicity

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1701. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	White			Black		
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
Virginia	5,477,811	491,024	9%	1,491,461	294,800	19.80%
Buena Vista	5,715	1,198	21.00%	427	95	22.20%
Lexington	2,610	585	22.4%	522	67	12.8%
Rockbridge	20,878	2,469	11.8%	487	194	39.8%

American Indian/Alaskan Native			Asian			Native Hawaiian and Other Pacific Islander		
Population	Number in Poverty	Percent	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
23,536	3,478	14.80%	449,879	37,249	8.30%	5,215	673	12.90%
0	0	0	0	0	0	0	0	0
0	0	0	114	48	42.10%	0	0	0
63	0	0%	159	17	10.70%	38	0	0%

Some Other Race			Two or More Races		
Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
175,056	29,497	16.90%	231178	30,874	13.40%
11	0	0	119	0	0
174	174	100%	2520	529	21%
127	73	57.50%	343	27	7.90%

Rockbridge/Buena Vista/Lexington Number of TANF and SNAP Recipients for Fiscal Year 2012-2014

(Virginia Department of Social Services. Local Departments of Social Services Profile Report. Local Agency Caseload & Expenditure, SFY 2012-2014. Retrieved from http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi.)

	2012	2013	2014
TANF Recipients	420	381	396
SNAP Recipients	5,967	7,519	6,176

Students Eligible for Free and Reduced Lunch Program

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, Division Level. Retrieved from <http://www.doe.virginia.gov/support/nutrition/statistics/>.)

Locality	% Eligible for Free or Reduced Lunch 2012	% Eligible for Free or Reduced Lunch 2013	% Eligible for Free or Reduced Lunch 2014	% Eligible for Free or Reduced Lunch 2015
Buena Vista	39.18%	52.04%	51.01%	50.90%
Lexington	18.67%	18.60%	17.84%	21.60%
Rockbridge	44.19%	42.26%	43.84%	43.26%
Virginia	39.67%	40.10%	41.19%	41.95%

Buena Vista City Public Schools Free and Reduced Lunch Eligibility, 2013-2014

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from <http://www.doe.virginia.gov/support/nutrition/statistics/>.)

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Enderly Heights	222	110	49.55%	25	11.26%	135	60.81%
FW Kling Jr.	155	96	61.94%	18	11.61%	114	73.55%
Middle Schools							
Parry McCluer Middle	239	96	40.17%	21	8.79%	117	48.95%
High Schools							
Parry McCluer High	421	133	31.59%	30	7.13%	163	38.72%

Buena Vista City Public Schools Free and Reduced Lunch Eligibility, 2014-2015

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from [http://www.doe.virginia.gov/support/nutrition/statistics/.](http://www.doe.virginia.gov/support/nutrition/statistics/))

Elementary Schools	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Enderly Heights	215	107	49.77%	23	10.70%	130	60.47%
FW Kling Jr.	180	96	53.33%	17	9.44%	113	62.78%
Middle Schools							
Parry McCluer Middle	218	96	44.04%	17	7.80%	113	51.83%
High Schools							
Parry McCluer High	442	148	33.48%	33	7.47%	181	40.95%

Lexington City Public Schools Free and Reduced Lunch Eligibility, 2013-2014

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from [http://www.doe.virginia.gov/support/nutrition/statistics/.](http://www.doe.virginia.gov/support/nutrition/statistics/))

Elementary Schools	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Harrington Waddell	362	66	18.23%	6	1.66%	72	19.89%
Middle Schools							
Lylburn Downing	176	23	13.07%	1	0.57%	24	13.64%

Lexington City Public Schools Free and Reduced Lunch Eligibility, 2014-2015

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from [http://www.doe.virginia.gov/support/nutrition/statistics/.](http://www.doe.virginia.gov/support/nutrition/statistics/))

Elementary Schools	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Harrington Waddell	294	66	22.45%	8	2.72%	74	25.17%
Middle Schools							
Lylburn Downing	192	26	13.54%	5	2.60%	31	16.15%

Rockbridge County Public Schools Free and Reduced Lunch Eligibility, 2013-2014

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from [http://www.doe.virginia.gov/support/nutrition/statistics/.](http://www.doe.virginia.gov/support/nutrition/statistics/))

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Central	477	189	39.62%	24	5.03%	213	44.65%
Fairfield	331	180	54.38%	26	7.85%	206	62.24%
Mountain View	128	47	36.72%	14	10.94%	61	47.66%
Natural Bridge	297	171	57.58%	37	12.46%	208	70.03%
Middle Schools							
Maury River	541	194	35.86%	38	7.02%	232	42.88%
High Schools							
Rockbridge County High	970	229	23.61%	54	5.57%	283	29.18%

Rockbridge County Public Schools Free and Reduced Lunch Eligibility, 2014-2015

(Virginia Department of Education, Office of School Nutrition Programs. Free and Reduced Price Eligibility Report, School/Site Level. Retrieved from [http://www.doe.virginia.gov/support/nutrition/statistics/.](http://www.doe.virginia.gov/support/nutrition/statistics/))

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Central	462	169	36.58%	27	5.84%	196	42.42%
Fairfield	313	152	48.56%	25	7.99%	177	56.55%
Mountain View	143	63	44.06%	9	6.29%	72	50.35%
Natural Bridge	277	170	61.37%	20	7.22%	190	68.59%
Middle Schools							
Maury River	545	196	35.96%	52	9.54%	248	45.50%
High Schools							
Rockbridge County High	981	229	23.34%	65	6.63%	294	29.97%

Households and Marital Status

Marital Status, Population 15 years and over, 2009-2013, Percentage

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1201. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	Now Married (except separated)	Widowed	Divorced	Separated	Never Married
Virginia	50.70%	5.60%	9.90%	2.60%	31.20%
Buena Vista	43.40%	7.80%	12.50%	3.30%	33.00%
Lexington	21.40%	6.80%	2.50%	1.00%	68.30%
Rockbridge	57.20%	7.60%	11.20%	1.60%	22.40%

Families Living in Poverty, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1702. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	Percent (%)
Virginia	8.00%
Buena Vista	14.80%
Lexington	17.50%
Rockbridge	8.00%

Families Living in Poverty with Related Children Under 18 Years, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1702. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	Percent (%)
Virginia	12.60%
Buena Vista	22.90%
Lexington	23.50%
Rockbridge	14.20%

Female Head of Household with Related Children Under 18 Years Living in Poverty, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1702. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	Percent (%)
Virginia	33.20%
Buena Vista	30.00%
Lexington	47.5%
Rockbridge	46.60%

Percent of Grandparents Living with Grandchildren who are Responsible for their Grandchildren with No Parent of Grandchildren Present, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table S1002. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

Geography	Percent (%)
Virginia	13.00%
Buena Vista	12.60%
Lexington	25.00%
Rockbridge	8.50%

Employment Status

Though the unemployment rates are trending favorable, Lexington's rate of 10.1% in 2013 exceeded the national average of 7.4% and was twice the state average of 5.5%. Buena Vista's rate of 6.1% also exceeded the state unemployment rate.

Unemployment Rates for the Rockbridge Area, Virginia, and U.S. 2009-2013

(Virginia Employment Commission, Local Area Unemployment Statistics, Retrieved from <https://data.virginialmi.com/gsipub/index.asp?docid=342>)

	2011	2012	2013
Buena Vista City	8.30%	6.80%	6.10%
Lexington City	11.80%	10.50%	10.10%
Rockbridge County	6.60%	5.50%	5.20%
Virginia	6.40%	5.90%	5.50%
United States	8.90%	8.10%	7.40%

Transportation

Occupied Housing Units with No Vehicles Available,, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table DP04. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	#Occupied housing units with no vehicles available	%Occupied housing units with no vehicles available
Buena Vista	277	10.10%
Lexington	201	11.80%
Rockbridge	504	5.50%
Virginia	19,0596	6.30%

Access to health care

Access to health services is one of Healthy People 2020's Leading Health Indicators and its goal is to improve access to comprehensive, quality health care services. Objectives related to this goal include:

- Increase the proportion of persons with a usual primary care provider (AHS-3)
- Increase the number of practicing primary care providers (AHS-4)
- Increase the proportion of persons who have a specific source of ongoing care (AHS-5)
- Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (AHS-6)¹⁵

Disparities in access to health services directly affect quality of life and are impacted by having health insurance and ongoing sources of primary care. Individuals who have a medical home tend to receive preventive health care services, are better able to manage chronic disease conditions, and decrease emergency room visits for primary care services.¹⁶

Health staffing shortages and designations

Health care resources are only useful to a community if they are accessible to those who need them. HRSA defines the criteria for officially designating Medically Underserved Populations (MUP), Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA) for Primary Care, Dental, and Mental Health. These designations are used to identify barriers to health care access and prioritize health care needs in the United States.

As defined on HRSA's website:

- Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.
- Medically Underserved Areas (MUAs) may be a whole county... in which residents have a shortage of personal health services.

¹⁵ US Department of Health & Human Services, Healthy People 2020, Topics and Objectives, www.healthypeople.gov

¹⁶ Closing the Divide: How Medical Homes Promote Equity in Health Care: Results from the Commonwealth Fund 2006 Health Care Quality Survey, Volume 62, June 27, 2007

Rockbridge Area Health Professional Shortage Areas

(Find Shortage Areas: HPSA by State & Country.(2014).U.S. Department of Health and Human Services: Health Resources and Services Administration. Retrieved from <http://hpsafind.hrsa.gov/HPSASearch.aspx> and <http://muafind.hrsa.gov/index.aspx>)

Geography	MUA	Primary Care HPSA	Dental HPSA	Mental Health HPSA
Buena Vista City	Low-Income - Rockbridge Area	Low-Income - Rockbridge Area	Low-Income - Rockbridge/Lexington/ Buena Vista	Rockbridge Service Area
Lexington City	Low-Income - Rockbridge Area	Low-Income - Rockbridge Area	Low-Income - Rockbridge/Lexington/ Buena Vista	Rockbridge Service Area
Rockbridge County	Low-Income - Rockbridge Area	Rockbridge Area Free Clinic Low-Income - Rockbridge Area Big Island	Rockbridge Area Free Clinic Low-Income - Rockbridge/Lexington/ Buena Vista	Rockbridge Area Free Clinic Rockbridge Service Area

Health Services Professionals

There is a direct relationship between the number of primary care providers in a community and improved health outcomes. Having an adequate supply of primary care providers is a measure of access to care and can be determined by calculating the ratio of the population to one Full-time Equivalent (FTE) provider. It is important to note that this information may at times under- or over-estimate the number of providers in the area; does not take into account patient satisfaction, how care is provided and utilization of services by the patients; and finally this measure does not reflect how care is coordinated within a community.¹⁷

Primary Care Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	5,919	74	1,355:1
Buena Vista	1	15	6,640:1
Lexington	22	311	321:1
Rockbridge	2	9	11,143:1

¹⁷ County Health Rankings, 2012 Data and Methods, <http://www.countyhealthrankings.org/health-factors/access-care> accessed 8/18/12

Primary Care Providers Population Ratio, 2014

(HRSA Area Resource File. (2011). Retrieved from

<http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	6,021	74	1,345:1
Buena Vista	1	15	6,636:1
Lexington	0	0	0
Rockbridge	24	107	932:1

Primary Care Providers Population Ratio, 2015

(Area Health Resource File/American Medical Association. (2012). Retrieved from

<http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#PCP	PCP Rate	PCP Ratio
Virginia	6,091	74	1,344:1
Buena Vista	1	15	6,707:1
Lexington	0	0	0
Rockbridge	25	112	896:1

Mental Health Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from

<http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#MHP	MHP Rate per 100,000	MHP Ratio
Virginia	N/A	N/A	2,217:1
Buena Vista	1	N/A	6,640
Lexington	7	N/A	1,010:1
Rockbridge	6	N/A	3,715:1

Mental Health Providers Population Ratio, 2014

(CMS, National Provider Identification. (2013). Retrieved from

<http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#MHP	MHP Rate per 100,000	MHP Ratio
Virginia	8,205	100	998:1
Buena Vista	5	75	1,341:1
Lexington	21	300	333:1
Rockbridge	1	4	2,239:1

Mental Health Providers Population Ratio, 2015

(CMS, National Provider Identification. (2014). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#MHP	MHP Rate per 100,000	MHP Ratio
Virginia	11,406	138	724:1
Buena Vista	6	90	1,113:1
Lexington	33	460	217:1

Dentist Population Ratio, 2011

(HRSA Area Resource File. (2011-2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	4,563	55	1,811:1
Buena Vista	4	57	1,760:1
Lexington	6	62	1,606:1
Rockbridge	1	4	22,464:1

Dentist Population Ratio, 2012

(HRSA Area Resource File. (2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	4,951	60	1,653:1
Buena Vista	4	60	1,677:1
Lexington	7	100	1,000:1
Rockbridge	1	4	22,394:1

Dentist Population Ratio, 2013

(Area Health Resource File/National Provider Identification file. (2013). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	#Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	5,127	62	1,611:1
Buena Vista	4	60	1,670:1
Lexington	8	112	896:1
Rockbridge	1	4	22,307:1

Source of Primary Care and Cost of Services

Primary care services are the center of modern health care systems. According to Healthy People 2020, there are three main steps in accessing primary health care services. First, an individual needs to enter the health care system. This may happen in several different ways. For example, entry can occur as a new patient in a private practice or community health center or as an emergency room patient. Next, the individual needs to access the location where the health care services they need are provided. This could be through a referral, a discharge from the hospital to another location, or from independent research. Finally, the individual needs to find a health care provider in the location they have chosen that they trust with their wellbeing and with whom they are able to communicate. This is often the lengthiest part of the process, as doctors often have long wait times for appointments. Cultural differences and language barriers also contribute to the complicated process. Once these three steps are completed, a patient is defined as having successfully accessed the health system.¹⁸

Currently, one in fifteen American citizens depend on government-provided primary health services. This reliance on community health services has forced public health to grow rapidly in order to accommodate the nearly 22 million patients that utilize health centers today.¹⁹ The wide range of services provided by primary care professionals makes it a cornerstone of the entire U.S. health care system. In order to make sure the services rendered to patients are high-quality and utilize new technology, access to primary care needs the support of a significant budget.⁴² The transition to electronic medical records has already occurred in nearly 90 percent of community health centers. This technological innovation has made it easier and faster to integrate new patients into health centers everywhere.⁴¹

Improving the accessibility of primary care health services in this country is an expensive and somewhat lengthy process, but the benefits of Americans having a primary care health professional to monitor their wellbeing outweigh the cost. Having a usual source of care and cost of services greatly impacts an individual's ability to access primary care especially the low-income and uninsured populations living in a community.

¹⁸ Healthy People 2020. (2015). Access To Health Services. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

¹⁹ Health Resources and Services Administration. (n.d.). Health Center Program: What Is A Health Center? Retrieved from <http://bphc.hrsa.gov/about/what-is-a-health-center/index.html>

Percent of People Who Could Not See a Doctor Due to Cost, 2006-212

(Behavioral Risk Factor Surveillance System. Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Geography	% Couldnt Access 2013	% Couldnt Access 2014	% Couldnt Access 2015
Virginia	12%	12%	12%
Buena Vista	0%	0%	0%
Lexington	0%	0%	0%
Rockbridge	9%	8%	8%

Insurance Status

There is a significantly greater number of individuals with Medicaid (15%), and Medicare (21.4%) in Buena Vista as compared to statewide averages of 10.7% Medicaid and 14.5% Medicare. In Rockbridge County 24.1% of the population are Medicare recipients, greatly exceeding the state average of 14.5%.

Health Insurance Status, 2009-2013

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2009-2013, Table S2701)

	Virginia		Buena Vista		Lexington		Rockbridge	
	#	%	#	%	#	%	#	%
Medicaid	840,636	10.70%	995	15.00%	415	7.20%	2,081	9.40%
Medicare	1,145,321	14.50%	1,415	21.40%	777	13.50%	5,328	24.10%
Private	5,900,956	74.90%	4,289	64.80%	4,682	81.40%	15,906	71.80%
Direct-Purchase	1,036,733	13.20%	937	14.10%	1577	27.40%	4656	21.00%
Employer Based	4,789,539	60.80%	3,550	53.60%	3,377	58.70%	11,732	53.00%
Uninsured	973,047	12.30%	788	11.90%	449	7.80%	3,149	14.20%

Projected Newly Eligible for Medicaid in 2015

(The Commonwealth Institute analysis of Small Area Health Insurance Estimates data. (2015). Retrieved from <http://www.thecommonwealthinstitute.org/2015/01/13/every-legislator-every-district/>)

Projected Newly Eligible for Medicaid in 2015	
Buena Vista	380
Lexington City	240
Rockbridge	1,100

Less Than 200% FPL Health Insurance Status by Age, Virginia

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27010. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	573,569	90.74%	774,657	85.85%	269,020	98.60%	1,617,246	74.66%
Employer-based health insurance	161,325	25.52%	392,888	43.54%	60,121	22.04%	614,334	28.36%
Direct-purchase health insurance	33,268	5.26%	119,231	13.21%	94,883	34.78%	247,382	11.42%
Medicare	11,901	1.88%	96,393	10.68%	265,435	97.29%	373,729	17.25%
Medicaid	369,825	58.51%	218,111	24.17%	57,610	21.12%	645,546	29.80%
No health insurance	58,519	9.26%	486,662	53.93%	3,810	1.40%	548,991	25.34%
Total Number < 200% FPL	632,088		902,353		272,830		2,166,237	

Less Than 200% FPL Health Insurance Status by Age, Buena Vista City VA

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27010. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	1,270	89.50%	3,505	84.58%	1,059	100.00%	5,834	88.10%
Employer-based health insurance	713	50.25%	2,171	52.39%	0	0.00%	2,884	43.55%
Direct-purchase health insurance	6	0.42%	325	7.84%	0	0.00%	331	5.00%
Medicare	9	0.63%	175	4.22%	390	36.83%	574	8.67%
Medicaid	447	31.50%	323	7.79%	0	0.00%	770	11.63%
No health insurance	149	10.50%	639	15.42%	0	0.00%	788	11.90%
Total Number < 200% FPL	1,419		4,144		1,059		6,622	

Less Than 200% FPL Health Insurance Status by Age Lexington City VA

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27010. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	731	100.00%	3875	89.80%	697	98.73%	5,303	92.19%
Employer-based health insurance	413	56.50%	2418	56.04%	0	0.00%	2,831	49.22%
Direct-purchase health insurance	79	10.81%	756	17.52%	12	1.70%	847	14.73%
Medicare	0	0.00%	63	1.46%	152	21.53%	215	3.74%
Medicaid	189	25.85%	65	1.51%	0	0.00%	254	4.42%
No health insurance	0	0.00%	440	10.20%	9	1.27%	449	7.81%
Total Number < 200% FPL	731		4315		706		5,752	

Less Than 200% FPL Health Insurance Status by Age, Rockbridge County VA

(U.S Census Bureau, American Community Survey 3-Year Estimates, 2011-2013, Table B27010. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none>)

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	19,252	168.88%	27,825	81.26%	10,176	99.41%	57,253	102.46%
Employer-based health insurance	4,582	40.19%	118,118	344.96%	50	0.49%	122,750	219.68%
Direct-purchase health insurance	582	5.11%	3,460	10.10%	33	0.32%	4,075	7.29%
Medicare	0	0.00%	968	2.83%	2279	22.26%	3,247	5.81%
Medicaid	4,311	37.82%	1,471	4.30%	0	0.00%	5,782	10.35%
No health insurance	813	7.13%	6,416	18.74%	60	0.59%	7,289	13.04%
Total Number < 200% FPL	11,400		34,241		10,236		55,877	

Health status of the population

Percent of Adults Reporting Fair to Poor Health and the CC, 2005-2011

(Behavioral Risk Factor Surveillance System. (2005-2011). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Buena Vista	0	0
Lexington	0	0
Rockbridge	8	3.1

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2006-2012

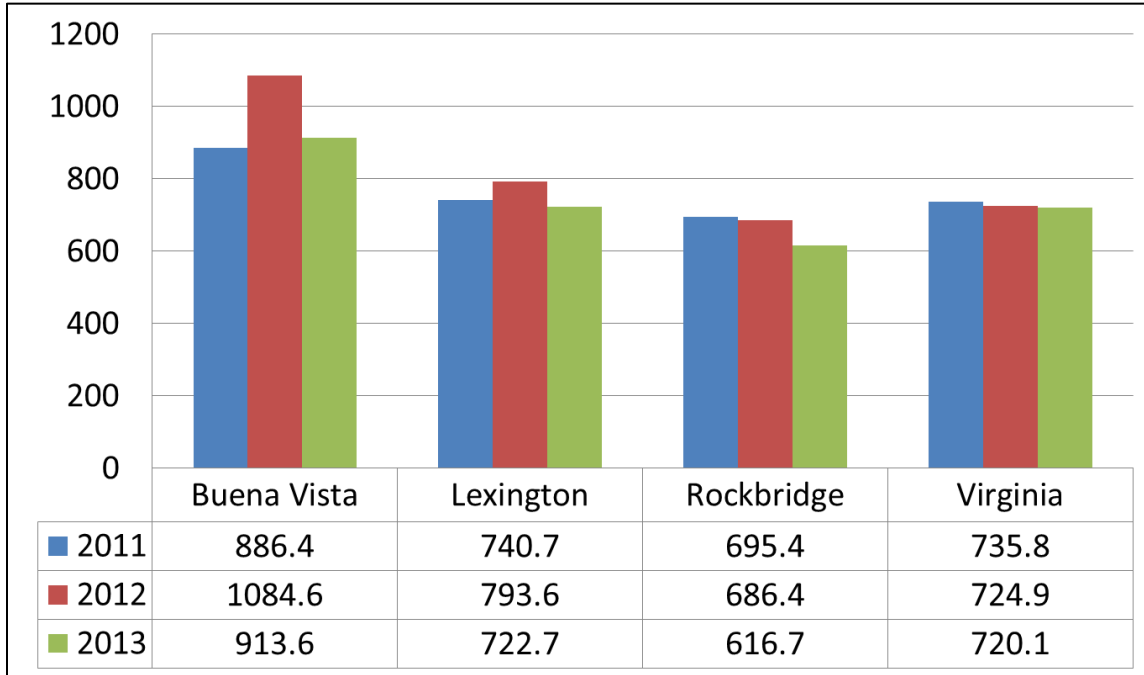
(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Buena Vista	0	0
Lexington	0	0
Rockbridge	8	3

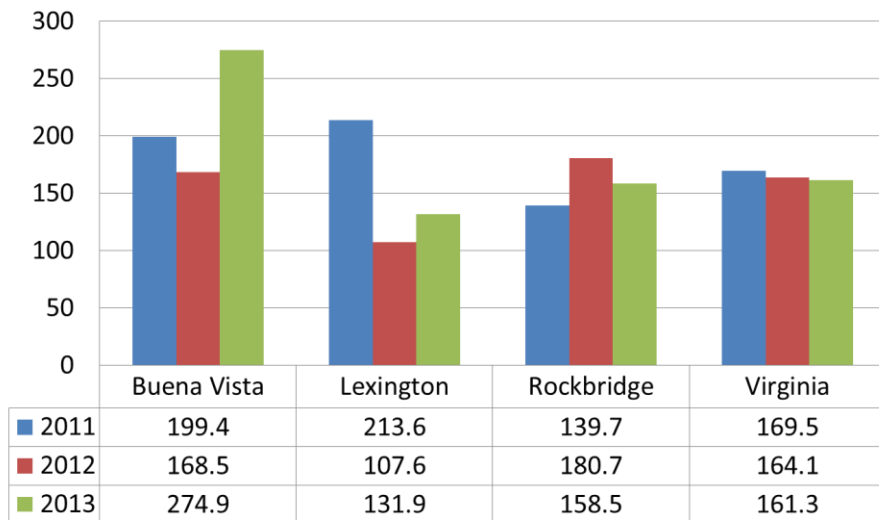
Death Rates

Rockbridge Area Deaths Age-Adjusted Rates per 100,000

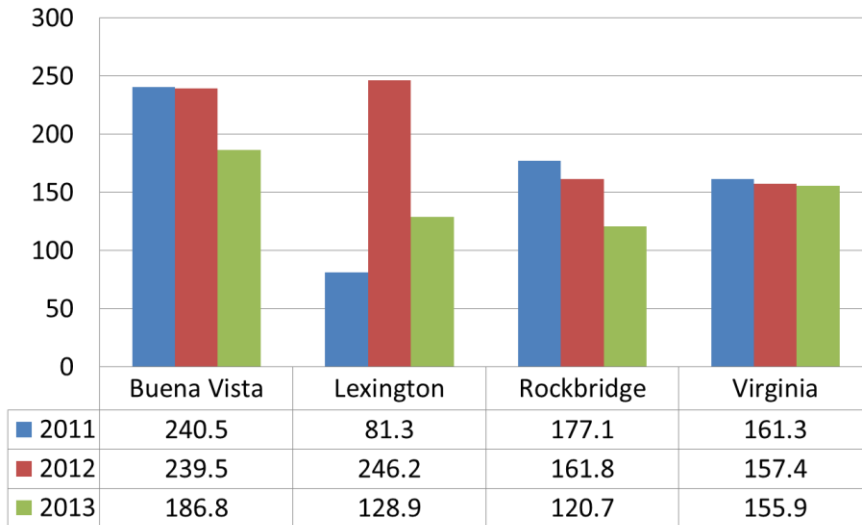
(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from <http://www.vdh.virginia.gov/healthstats/stats.htm#pop>)



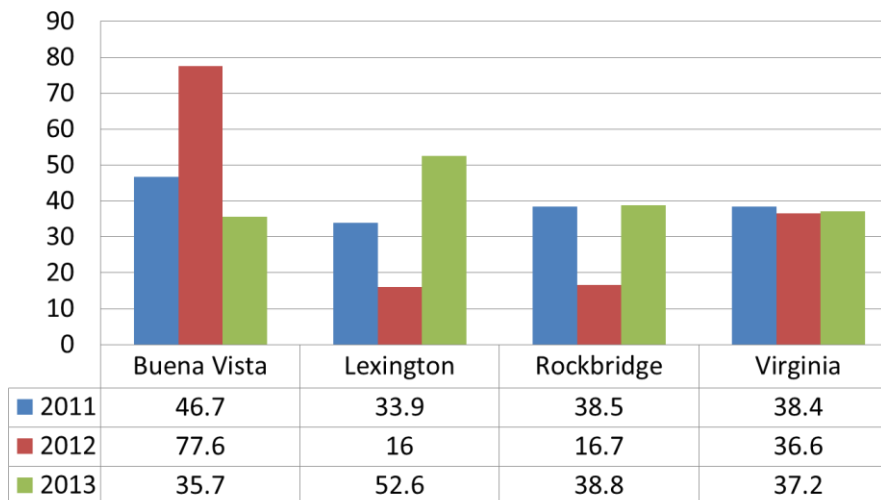
Malignant Neoplasm Deaths per 100,000 Population



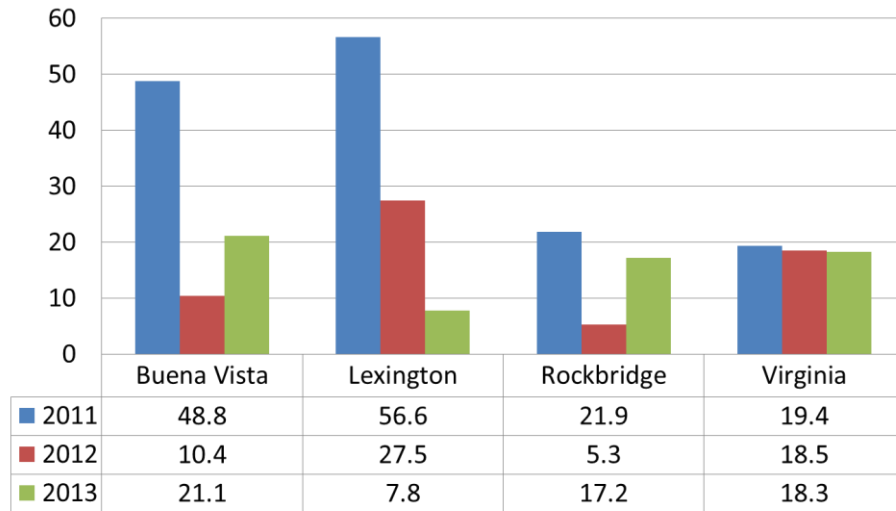
Heart Disease Deaths per 100,000 Population



Chronic Lower Respiratory Disease Deaths per 100,000 Population



Diabetes Mellitus Deaths per 100,000 Population



Source: Behavioral Risk Factor Surveillance System, Virginia Department of Health, Division of Health Statistics, 2014
<http://www.vdh.virginia.gov/health-statistics>

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Prevention Quality Indicators

Prevention Quality Indicators (PQI) identify quality of care for ambulatory sensitive conditions, conditions for which good outpatient care can prevent hospitalization or which early intervention can prevent complications and severe disease.

Rockbridge Area Age Adjusted Discharge Rates per 100,000

(Virginia Atlas of Community Health, Atlas Data, HPD4, 2013, Retrieved from <http://atlasva.com/>)

Age-Adjusted Discharge Rate per 100,000	Buena Vista	Lexington	Rockbridge	Virginia Total
Adult Asthma PQI Discharges	N/A	N/A	N/A	14.6
Angina PQI Discharges	N/A	N/A	N/A	7.5
Bacterial Pneumonia PQI Discharges	N/A	450.3	115.1	186.7
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	N/A	N/A	N/A	181.8
Congestive Heart Failure PQI Discharges	N/A	811.1	97.9	237.5
Diabetes PQI Discharges	N/A	N/A	N/A	141.5
Hypertension PQI Discharges	N/A	N/A	N/A	38.6

Mental Health and Substance Abuse

At any moment, there are millions of people across the nation suffering from mental health and substance abuse problems. The American Psychological Association estimates that one-fourth of American citizens do not have access to any kind of mental health services. Without access to mental health services, many Americans are rendered incapable of living a healthy, productive life. Often, individuals with health insurance are still at risk because many insurance companies do not cover mental health and substance abuse services under their policies.²⁰ As

²⁰ American Psychological Association. (n.d.). Access To Mental Health Care. Retrieved from <http://www.apa.org/health-reform/access-mental-health.html>

the media continues to report crimes committed by people with poor mental health occurring every day, it is the nation’s responsibility to increase access to mental health services for all.

The Affordable Care Act has recognized this need and responded with measures to widen access to all Americans. The key in the ACA’s guidelines is the need to identify and treat mental illness early and effectively. More than 5,000 health care professionals across the nation are being supported by a part of the ACA that sends social workers and psychologists into schools in order to improve the overall social and behavioral atmosphere among at-risk adolescents. The ACA is also investing in the creation of new hubs and websites that Americans can access to locate the services they need. By entering a few details such as location and the health issue they want to treat, people will be able to bypass the lengthy referral process that makes accessing mental health services so difficult.²¹ The Affordable Care Act is a key player in the improvement of mental health services across the nation.

Accessing mental health and substance abuse services is a need seen across races, ages, genders, and geographic region. While the public works to fight the negative stigma that is associated with seeking help for mental health crises, health organizations need to commit their money and time to connecting those who are suffering, to the resources they need to heal and rebuild their lives.

Number of Mentally Unhealthy Days in the Past Month

(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

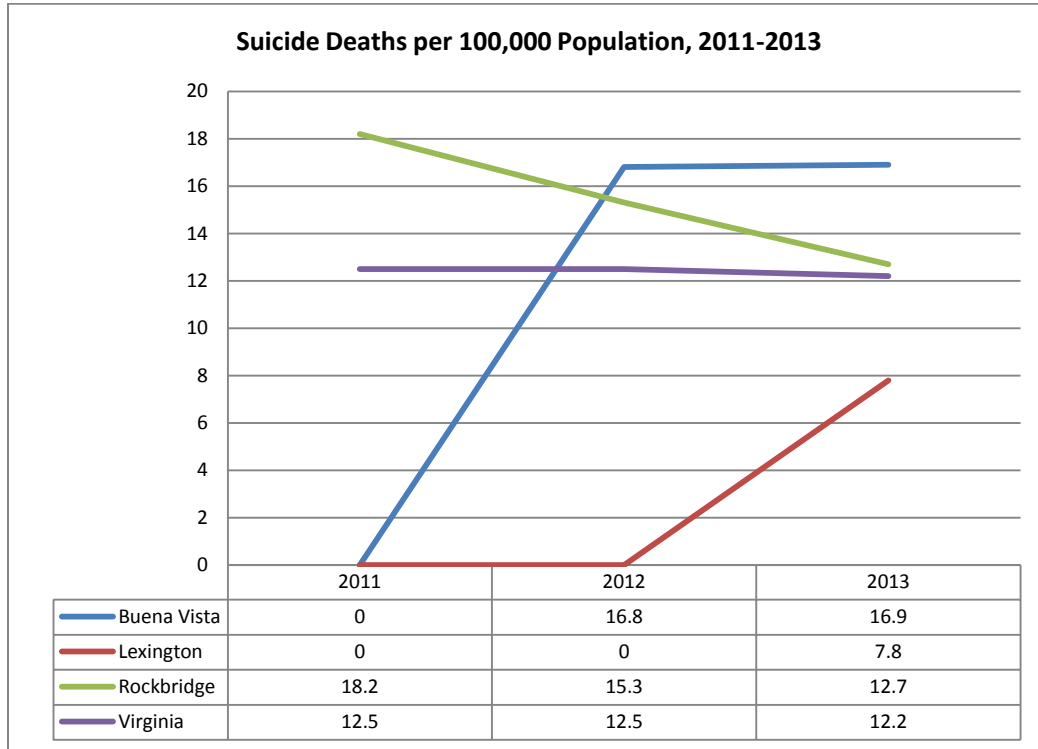
Geography	Mentally Unhealthy Days in the Past Month, 2006-2012
Virginia	3.1
Rockbridge	1.4

²¹ The White House Blog. (2013). Increasing Access To Mental Health Services. Retrieved from <https://www.whitehouse.gov/blog/2013/04/10/increasing-access-mental-health-services>

Rockbridge Area Suicide Deaths per 100,000 Population, 2011-2013

(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from <http://www.vdh.virginia.gov/healthstats/stats.htm#pop>)

Geography	2011	2012	2013
Buena Vista	0	16.8	16.9
Lexington	0	0	7.8
Rockbridge	18.2	15.3	12.7
Virginia	12.5	12.5	12.2



Rockbridge Area Unintentional Injury Death Rate per 100,000 Population, 2011-2012

(Statistical Reports and Tables (2015). Virginia Department of Health: Division of Health Statistics. Retrieved from <http://www.vdh.virginia.gov/healthstats/stats.htm#pop>)

Geography	2011	2012	2013
Buena Vista	17	57.8	20.1
Lexington	27.6	25.8	47.3
Rockbridge	45.4	49.7	20.3
Virginia	33.4	33.3	33

Rockbridge Area Drug/Poison Deaths (age adjusted rates per 100,000), 2013

(Virginia Department of Health, Office of Chief Medical Examiner's Annual Report, 2013, Table 5.8 and 5.15, Retrieved from <http://www.vdh.virginia.gov/medExam/documents/pdf/Annual%20Report%202013.pdf>)

Drug/Poison (deaths per 100,000 population)	Buena Vista	Lexington	Rockbridge	Virginia
Drug/Poison	0	0	4.5	10.9
Prescription Drugs (FHMO)	0	0	0	4.4

Oral Health

All too often, the importance of oral health maintenance is overshadowed by larger scale health care issues. For about 47 million people in the United States, these issues are left untreated until emergency care is required.²² In fact, nearly 830,000 emergency room visits during 2009 could have been prevented if underserved populations had access to regular dental services in their community (The White House Blog, 2013). According to the Center for Disease Control, Non-Hispanic Blacks, Hispanics, and American Indians have the worst overall oral health in the nation.²³ In order to mend the oral health issues in this nation, it is absolutely necessary to change the way the public, government, and elected officials view dental health services.

The American Dental Association is leading the charge for transitioning the way oral health is prioritized in the United States. They have found that nearly one fourth of American children do not have access to oral health services, and have devised several strategies to begin opening the right pathways for intervention. They are teaming up with community centers across the nation to implement programs to provide dental care and education to the underserved population.²⁴ A central goal in improving access to oral health services is increasing the prevalence of oral health literacy among all populations in the country.

Great strides have already been seen in child and adolescent oral health. New programs are being implemented across the nation that use school and after-school care centers to reach vulnerable children without regular access to oral health services. New school-based dental sealant programs have stemmed from Healthy People 2020 initiatives.²⁵

These programs recognize that tooth decay is a huge issue in underserved populations, and provide the thin plastic seals on chewing teeth that help children to minimize the number of dental cavities they will face without regular oral care. Other regions are focusing on making every public water source in the nation contain the fluoride that is suggested for strong, healthy teeth.⁴⁷

Eliminating oral health disparities requires medical professionals, medical supply companies, and local venues to volunteer their resources and expertise in order to care for the populations with poor oral health.

²² The White House Blog. (2013). Increasing Access To Mental Health Services. Retrieved from <https://www.whitehouse.gov/blog/2013/04/10/increasing-access-mental-health-services>

²³ Centers for Disease Control and Prevention. (2015-b). Disparities in Oral Health. Retrieved from http://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

²⁴ American Dental Association. (2015). Action For Dental Health: Breaking Down Barriers. Retrieved from <http://www.ada.org/en/public-programs/action-for-dental-health/breaking-down-barriers>

²⁵ Healthy People 2020. (2015-b). Access To Health Services. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Adults age 18+ with No Dental Visit in the Last Year , 2013

(Virginia Atlas of Community Health, 2013, , Retrieved from <http://www.atlasva.com/>)

	Buena Vista City	Lexington City	Rockbridge County	Virginia Total
Percent Adults age 18+ with No Dental Visit in the Last Year	22%	29%	23%	30%

Youth (age 0-17) with No Dental Visit in the Last Year , 2013

(Virginia Atlas of Community Health, 2013, , Retrieved from <http://www.atlasva.com/>)

	Buena Vista City	Lexington City	Rockbridge County	Virginia Total
Percent Youth age 18+ with No Dental Visit in the Last Year	20%	20%	20%	20%

Youth (age 0-17) with Dental Caries in their Primary or Permanent Teeth , 2013

(Virginia Atlas of Community Health, 2013, , Retrieved from <http://www.atlasva.com/>)

	Buena Vista City	Lexington City	Rockbridge County	Virginia Total
Percent Youth (age 0-17) with Dental Caries in their Primary or Permanent Teeth	16%	17%	16%	16%

Youth (age 0-17) with Teeth in Fair/Poor Condition, 2013

(Virginia Atlas of Community Health, 2013, , Retrieved from <http://www.atlasva.com/>)

	Buena Vista City	Lexington City	Rockbridge County	Virginia Total
Percent Youth (age 0-17) with Teeth in Fair/Poor Condition	5%	5%	5%	5%

Prevention and Wellness

Well-being is a concept whose definition varies greatly between individuals. Essentially, well-being involves the ability to see your own life in a positive way and feeling good. Well-being and wellness are interchangeable terms, and encompass various aspects of a person's life. Some specific aspects of well-being include physical, psychological, developmental, and emotional well-being.²⁶ In health care, measuring wellness is done by collecting data in order to evaluate community behaviors, determine the average life span and top causes of death, study regional access to healthy food and individual activity levels, and many other categories involving the way humans live.²⁷

Wellness in America is at a historical low in several areas. Obesity runs rampant across almost every race and region in the country.⁴⁹ Food deserts, or areas where there is virtually no access to healthy and local food choices, are becoming a normal presence in urban areas across the nation. People continue to partake in risky health behaviors like binge-drinking and drug use despite knowing the negative impact it has on the body as a whole.⁴⁸ In order to reverse the negative trend that well-being is following, individuals and organizations alike must make significant changes to the way the average person spends their day. Learning what a healthy lifestyle is can take countless different forms, whether it is a class or a festival or a school presenter.⁴⁹ As communities embrace the concept that they have the power to change their state of wellness, it will become easy to implement the right programs and initiatives for the area. Wellness is core to human life and the task of monitoring and improving it is highly important in order to ensure that future generations will have the opportunity to thrive.

County Health Rankings

Beginning in 2010, the County Health Rankings have analyzed localities in all 50 states using measures to determine how healthy people are and how long they live. These measures include (1) health outcomes which look at how long people live (mortality) and how healthy people feel while alive (morbidity); and (2) health factors which represent what influences the health of a county including health behaviors, clinical care, social and economic factors, and physical environment.²⁸ The lower the overall ranking is, the healthier the community.

²⁶ Centers for Disease Control and Prevention. (2015-e). Health-Related Quality Of Life: Well-Being Concepts. Retrieved from <http://www.cdc.gov/hrqol/wellbeing.htm>

²⁷ U.S. Department of Health and Human Services. (2015-b). Prevention. Retrieved from <http://www.hhs.gov/safety/>

²⁸ University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, www.countyhealthrankings.org, 2012

County Health Rankings--Health Outcomes (out of 133)

Locality	2013 Rank	2014 Rank	2015 Rank
Buena Vista	87	66	73
Lexington	50	49	54
Rockbridge	31	27	14

County Health Rankings--Health Factors (out of 133)

Locality	2013 Rank	2014 Rank	2015 Rank
Buena Vista	64	84	66
Lexington	43	61	61
Rockbridge	51	44	50

Health Risk Factors

Low education levels in the region, high poverty rates, and an increased proportion of minority populations result in the inability for many to understand the complexities of health care resulting in poor compliance with disease management goals, preventive services and screenings, and follow-up with providers.

High blood pressure and high cholesterol are two of the controllable risk factors for heart disease and stroke. Reducing the proportion of adults with hypertension to 26.9% (HDS-5) and high blood cholesterol levels to 13.5% (HDS-7) are two targets for the Healthy People 2020 goal to improve cardiovascular health.

Virginia Behavior Risk Factor Surveillance System Health Risk Factors- High Blood Pressure and Cholesterol, 2013

(Virginia Department of Health, Virginia Behavioral Risk Factor Surveillance System, 2013, Retrieved from http://www.vdh.virginia.gov/OFHS/brfss/brfss_tables/12.%20Cardiovascular/14.VBR13%20_RFHYPE5%20%28HBP%29%20Health%20Districts.pdf and http://www.vdh.virginia.gov/OFHS/brfss/brfss_tables/13.%20Cholesterol/8.VBR13%20_RFCHOL%20%28High%20Cholesterol%29%20Health%20Districts.pdf)

Adult Age 18+ Health Risk Profile	Buena Vista City	Lexington City	Rockbridge County	Virginia
High Blood Pressure (told by a doctor or other health professional)	27%	32%	30%	30%
High Cholesterol (told by a doctor or other health professional)	35%	33%	36%	35%

One of the Healthy People 2020 Leading Health Indicators addresses the effects of tobacco and a goal to “reduce illness, disability, and death related to tobacco use and secondhand smoke exposure”. One of its key objectives is to reduce the number of adults who are current smokers to 12% (TU-1).

Virginia Behavior Risk Factor Surveillance System Health Risk Factors- Adult Smoking

(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Locality	% Adults who smoke daily or most days, 2013	% Adults who smoke daily or most days, 2014	% Adults who smoke daily or most days, 2015
Virginia	18%	18%	18%
Buena Vista	0%	0%	0%
Lexington	0%	0%	0%
Rockbridge	17%	18%	18%

Nutrition, Weight Status, and Physical Activity

A healthy body weight, good nutrition, and physical activity are positive predictors of good health and are a Healthy People 2020 Leading Health Indicator. The prevalence of overweight and obesity has increased tremendously in the past 30 years and is at epidemic proportions in the United States. These increasing rates raise concern because of their implications on health and their contribution to obesity-related diseases like diabetes and hypertension.

Virginia Behavior Risk Factor Surveillance System Health Risk Factors- Obesity and Physical Inactivity

(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. (2009-2011). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>) and (CDC Diabetes Interactive Atlas. (2011). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Locality	2009		2010		2011	
	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity
Virginia	28%	24%	28%	23%	28%	22%
Buena Vista	29%	25%	29%	25%	29%	23%
Lexington	28%	24%	29%	23%	29%	23%
Rockbridge	29%	29%	28%	30%	27%	30%

Access to Recreational Facilities, 2014

(United States Department of Agriculture. 2014. Food Environment Atlas: Data Access and Documentation Downloads. Economic Research Service. Retrieved from <http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx>)

Access to Recreational Facilities		
Locality	Rec. Facs.	Rec. Fac. Rate
Buena Vista	1	15.07
Lexington	1	14.3
Rockbridge	1	4.47
Virginia	10	N/A

Access to healthy foods directly impacts an individual's (and community's) ability to consume fruits, vegetables, and whole grains. Increasing the proportion of Americans who have access to a food retail outlet that sells a variety of foods encouraged by the Dietary Guidelines is an objective of Healthy People 2020 (NWS-4).

Access to Healthy Foods

(USDA Food Environment Atlas, Map the Meal Gap. (2012). Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/downloads>)

Locality	# Limited Access	% Limited Access
Buena Vista	2,701	41%
Lexington	6	0%
Rockbridge	1,418	6%
Virginia	395,610	4%

Census Tract Food Deserts

(United States Department of Agriculture, Economic Research Service, Food Access Research Atlas, 2013, Retrieved from <http://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data.aspx>)

Locality	Census Tract	Total Population	Percentage of people with low access to a supermarket or large grocery store	Number of people with low access to a supermarket or large grocery store	Percentage of total population that is low-income and has low access to a supermarket or large grocery store	Number of low-income people with low access to a supermarket or large grocery store
Buena Vista	600	6,650	100.00%	6,649.99	42.71%	2,840.00
Lexington	500	7,042	0.24%	16.90	0.15%	10.57
Rockbridge	100	7,348	81.04%	5,954.95	36.32%	2,668.49
Rockbridge	200	4,580	96.65%	4,426.56	29.99%	1,373.77
Rockbridge	300	6,434	90.97%	5,853.13	23.33%	1,500.98
Rockbridge	400	3,945	100.00%	3,945.00	35.55%	1,402.63

***People at 1 mile--an urban tract with at least 500 people or 33% percent of the population living at least 1 mile from the nearest supermarket, supercenter, or large grocery store**

Clinical Preventive Screenings

According to the National Cancer Institute, deaths can be greatly reduced for breast, cervical, colon, and rectal cancer through early detection and screening tests. In the Rockbridge Area more women 18 years and older had no PAP test in the past 3 years as compared statewide, fewer women had no mammogram in the past 3 years, and more adults 50 years of age and older had no colonoscopy.

Virginia Behavior Risk Factor Surveillance System Health Risk Factors- Cancer Screenings, 2012

(Virginia Department of Health, Virginia Behavioral Risk Factor Surveillance System Data Tables, 2012, Retrieved from <http://www.vdh.virginia.gov/OFHS/brfss/tables.htm>)

Adult age 18+ Health Risk Profile	Virginia	Buena Vista City	Lexington City	Rockbridge County
Females aged 40+ who have had a mammogram within the past two years%	72%	78%	85%	74%
Females aged 18+ who have had a pap test within the past three years%	84%	82%	77%	83%
Men aged 40+ who have had a PSA test within the past two years%	56%	60%	59%	59%
Adults aged 50+ who have had a blood stool test within the past two years%	18%	19%	18%	21%
Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy%	72%	67%	64%	69%
(Rates were not calculated for n<20)				

Maternal, Infant, and Child health

Prenatal and Perinatal Health Indicators

Maternal and child health is a Healthy People 2020 Leading Health Indicator with the goal to “improve the health and well-being of women, infants, children and families”. Infant mortality is affected by many factors including the socio-economic status and health of the mother, prenatal care, birth weight of the infant, and quality of health services delivered to both the mother and child.

Healthy People 2020 Objectives and targets are as follows:

MICH- 1.3: Reduce the rate of infant deaths (within 1 year) to 6.0 infant deaths per 1,000 live births

MICH- 8.1: Reduce low birth weight (LBW) to 7.8% of live births

MICH- 10.1: Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.9%

Late Entry into Prenatal Care, Rockbridge, 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from <http://www.vdh.virginia.gov/HealthStats/stats.htm>)

Prenatal & Perinatal Health Indicators	Buena Vista	Lexington	Rockbridge	Virginia
Late entry into prenatal care (entry after first trimester) Percent of all births	27.20%	23.50%	18.80%	17%

Prenatal & Perinatal Health Indicators, Rockbridge Area, 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from <http://www.vdh.virginia.gov/HealthStats/stats.htm>)

	Buena Vista	Lexington	Rockbridge	Virginia
Low Birth Weight Rate	4.90%	8.20%	11%	8.00%
Infant Mortality Rate (Number per 1,000 births)	0	0	19.5	6.3

Infant Mortality Rates per 1,000 live births			
	2011	2012	2013
Buena Vista	N/A	10.4	N/A
Lexington	N/A	N/A	N/A
Rockbridge	N/A	5.7	19.5
Virginia	6.7	6.3	6.2

Prenatal & Perinatal Health Indicators, , 2013

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from <http://www.vdh.virginia.gov/HealthStats/stats.htm>)

Teen Pregnancy Rate, 2013				
Pregnancy Rate per 1,000 Females 10-19 (per 1,000 births)	Total	White	Black	Other
Buena Vista	10.3	11.2	N/A	N/A
Lexington	15.8	18	N/A	N/A
Rockbridge	7	6.5	18.2	N/A
Virginia	14.4	10.8	22.6	20.4

(Virginia Department of Health, Statistical Reports and Tables, 2013, Retrieved from <http://www.vdh.virginia.gov/HealthStats/stats.htm>)

Infectious diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

One of the Healthy People 2010 goals is to “promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases in their complications”.

HIV Infection Prevalence, 2013

(Virginia Department of Health. 2013. Virginia HIV Surveillance Quarterly Report. Retrieved from <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#profile>)

	Buena Vista	Lexington	Rockbridge	Virginia
Rate of all cases of HIV disease (per 100,000)	29.80	100.00	62.50	313.4

Sexually Transmitted Infection Rates (per 100,000), 2013

(Virginia Department of Health. (2013). Virginia STD Surveillance Quarterly Report. Retrieved from https://www.vdh.virginia.gov/epidemiology/DiseasePrevention/data/QuarterlySurveillanceReport3_Q_14.htm#Gonorrhea)

Locality	Early Syphilis	Gonorrhea	Chlamydia
Buena Vista	N/A	0	447.3
Lexington	0	42.9	343
Rockbridge	0	22.3	254.5
Virginia	7.5	82.8	422.9

Number of Reported Tuberculosis (TB) Rates per 100,000 2012-2013

(Virginia Department of Health, Tables of Selected Reportable Diseases in Virginia by Year, 2012-2013, Retrieved from <http://www.vdh.virginia.gov/Epidemiology/Surveillance/SurveillanceData/ReportableDisease/index.htm>)

Locality	2012	2013
Buena Vista	0	0
Lexington	0	0
Rockbridge	0	0
Virginia	2.9	2.2

Social environment

Rockbridge Area Rate of Child Abuse and Neglect (per 1,000 children), 2012-2013

(Virginia Department of Social Services, Child Protective Reports & Studies, 2012-2013, Retrieved from http://www.dss.virginia.gov/geninfo/reports/children/cps/all_other.cgi)

Rate of Child Abuse and Neglect (per 1,000 children)		
Locality	2012	2013
Buena Vista	3.66	0.73
Lexington	0	0
Rockbridge	1.82	1.59

Community Health Need Prioritization

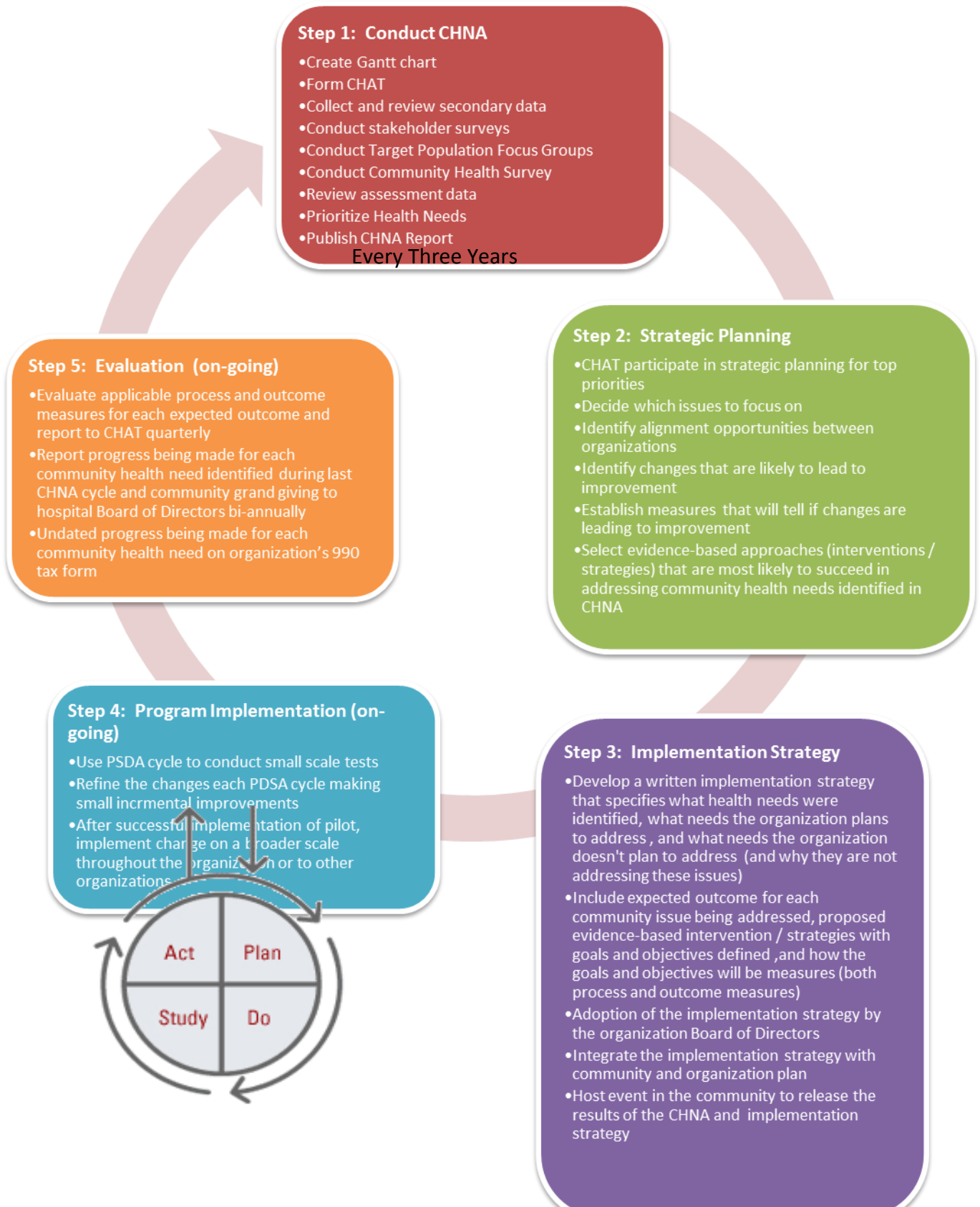
CHAT members participated in a prioritization activity in June 2015 after all primary and secondary data was presented. To quantitatively determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent. Next, on a scale of 1-5, CHAT members were asked to assign a feasibility and potential impact score for each of the ranked needs. This information is used to inform strategic planning. See Appendix 6: Prioritization Worksheet for an example of the tool used.

The results of the prioritization activity found the following issues as the top prioritized need for the service area:

Need	Frequency of Need Ranked	Average Ranking	Average feasibility score	Average potential impact score
Need for urgent care services	12	3.3	2.6	1.4
Value not placed on preventive care and chronic disease management	11	5.5	2.4	1.4
High prevalence of obesity / overweight individuals	10	5	2.4	2
Lack of exercise / physical activity	10	6.4	2.5	1.4
Coordination of care	9	2.1	1.4	1
Poor eating habits / lack of nutrient dense foods in diet	9	5	2.3	1.3
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	7	2.9	2	1.5
Stigma with mental health and substance abuse services	7	4.7	3.4	1.6
Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services	7	4.9	2.7	1.3
Lack of knowledge of community resources	7	5.1	1.3	1
Access to mental health counseling / substance abuse	7	5.9	3	2

Appendices

Appendix 1: Community Health Improvement Process



Appendix 2: Gantt Chart

Tasks	Assigned To:	Start Date	End Date	Duration (working days)	% complete
2015 Rockbridge County CHNA		10-21 Tue	10-31 Sat	268	69%
Create Gantt Chart	Aaron	10-21 Tue	11-19 Wed	21	100%
Identify additional CHAT members	Rockbridge 2020	11-18 Tue	11-18 Tue	1	100%
Collect Initial Secondary Data for CHNA	Aaron	11-18 Tue	01-09 Fri	38	100%
Pre-CHAT #1 Work	Aaron / Holly	11-18 Tue	01-09 Fri	38	50%
CHAT #1 Meeting	Rockbridge 2020	01-20 Tue	01-20 Tue	1	100%
Survey Distribution	All	01-20 Tue	04-30 Thu	72	100%
Focus Groups	Aaron / Holly	01-20 Tue	04-30 Thu	72	100%
CHAT #2 Meeting	Rockbridge 2020	02-17 Tue	02-17 Tue	1	100%
Chat #3 Meeting	Rockbridge 2020	04-21 Tue	04-21 Tue	1	100%
Chat #4 Meeting		05-19 Tue			100%
Chat #5 Prioritization	Rockbridge 2020	06-16 Tue	06-16 Tue	1	100%
Final Report	Carilion Clinic	04-21 Tue	08-20 Thu	87	100%
Rockbridge 2020 Strategic Plan	Rockbridge 2020	06-15 Mon	09-01 Tue	56	
Communication Plan and Community Forum	Carilion Clinic / Rockbridge 2020	08-01 Sat	10-31 Sat	64	

Appendix 3: Community Health Survey

FOR OFFICE USE ONLY: **Site of Collection:** _____ **Date:** _____

Carilion Clinic, in partnership with Rockbridge 2020, is working with leaders in the area to learn more about your health care needs. Please answer the following questions with the best answer or answers. All surveys will be kept confidential. Thank you for taking the time to complete this survey. Surveys can be mailed to Carilion Direct, P. O. Box 13727 Roanoke, VA 24036. You must be over 18 to complete this survey. **Please complete this survey only once.**

ROCKBRIDGE AREA COMMUNITY HEALTH SURVEY

ACCESS and BARRIERS TO HEALTHCARE

1. **Is there a specific doctor's office, health center, or other place that you usually go if you are sick or need advice about your health?** Yes No
 - **Skip to question 2 if you answered No**
 - **If you answered Yes**
 - Is this where you would go for new health problems? Yes No
 - Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)? Yes No
 - Is this where you would go for referrals to other health professions when needed? Yes No

2. **Do you use medical care services?** Yes No
 - **If yes, where do you go for medical care? (Check all that apply)**

<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Pharmacy Clinic
<input type="checkbox"/> Carilion Clinic Family Medicine – Bridgewater	<input type="checkbox"/> Planned Parenthood
<input type="checkbox"/> Carilion Clinic Family Medicine - Buena Vista	<input type="checkbox"/> Remote Area Medical Clinic
<input type="checkbox"/> Carilion Clinic Family Medicine - Lexington	<input type="checkbox"/> Rockbridge Area Health Center
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Salem VA Medical Center
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Urgent Care / Walk in Clinic
<input type="checkbox"/> Health Department	<input type="checkbox"/> Other: _____

3. **Do you use dental care services?** Yes No
 - **If yes, where do you go for dental care? (Check all that apply)**

<input type="checkbox"/> Dentist's office	<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Small Smiles
<input type="checkbox"/> Affordable dentures – Bedford	<input type="checkbox"/> Mission of Mercy Project- Roanoke	<input type="checkbox"/> Urgent Care / Walk in Clinic
<input type="checkbox"/> Carilion Dental Clinic	<input type="checkbox"/> Remote Area Medical Clinic	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Commonwealth Dental	<input type="checkbox"/> Rockbridge Area Health	
<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Salem VA Medical Center	

4. **Do you use mental health, alcohol abuse, or drug abuse services?** Yes No
 - **If yes, where do you go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)**

<input type="checkbox"/> Doctor/Counselor's Office	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> Salem VA Medical Center
<input type="checkbox"/> Catawba Hospital	<input type="checkbox"/> Mental Health America	<input type="checkbox"/> Urgent Care / Walk in Clinic
<input type="checkbox"/> Community Services Board	<input type="checkbox"/> Respond	<input type="checkbox"/> Western State Hospital
<input type="checkbox"/> Connect	<input type="checkbox"/> Rockbridge Area Health Center	<input type="checkbox"/> Other: _____

5. **What do you think are the five most important issues that affect health in our community? (Please check five)**

<input type="checkbox"/> Access to healthy foods	<input type="checkbox"/> Environmental health (e.g. water quality, air quality, pesticides, etc.)	<input type="checkbox"/> Not getting "shots" to prevent disease
<input type="checkbox"/> Accidents in the home (ex. falls, burns, cuts)	<input type="checkbox"/> Gang activity	<input type="checkbox"/> Not using seat belts / child safety seats / helmets
<input type="checkbox"/> Aging problems	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Overweight / obesity
<input type="checkbox"/> Alcohol and illegal drug use	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Bullying	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Prescription drug abuse
<input type="checkbox"/> Cancers	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sexual assault
<input type="checkbox"/> Cell phone use / texting and driving / distracted driving	<input type="checkbox"/> Infant death	<input type="checkbox"/> Stress
<input type="checkbox"/> Child abuse / neglect	<input type="checkbox"/> Lack of exercise	<input type="checkbox"/> Suicide
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Tobacco use / smoking
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Neighborhood safety	<input type="checkbox"/> Unsafe sex
		<input type="checkbox"/> Other: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult dental care | <input type="checkbox"/> End of life / hospice / palliative care | <input type="checkbox"/> Programs to stop using tobacco products |
| <input type="checkbox"/> Alternative therapy (ex. herbal, acupuncture, massage) | <input type="checkbox"/> Family doctor | <input type="checkbox"/> Specialty care (ex. heart doctor) |
| <input type="checkbox"/> Ambulance services | <input type="checkbox"/> Family planning / birth control | <input type="checkbox"/> Substance abuse services –drug and alcohol |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Urgent care / walk in clinic |
| <input type="checkbox"/> Child dental care | <input type="checkbox"/> Inpatient hospital | <input type="checkbox"/> Vision care |
| <input type="checkbox"/> Chiropractic care | <input type="checkbox"/> Lab work | <input type="checkbox"/> Women’s health services |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Medication / medical supplies | <input type="checkbox"/> X-rays / mammograms |
| <input type="checkbox"/> Domestic violence services | <input type="checkbox"/> Mental health / counseling | <input type="checkbox"/> None |
| <input type="checkbox"/> Eldercare | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Preventive care (ex. yearly check-ups) | |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Afraid to have check-ups | <input type="checkbox"/> Don’t like accepting government assistance | <input type="checkbox"/> Location of offices |
| <input type="checkbox"/> Can’t find providers that accept my Medicaid insurance | <input type="checkbox"/> Don’t trust doctors / clinics | <input type="checkbox"/> Long waits for appointments |
| <input type="checkbox"/> Can’t find providers that accept my Medicare insurance | <input type="checkbox"/> Have no regular source of healthcare | <input type="checkbox"/> No health Insurance |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> High co-pay | <input type="checkbox"/> No transportation |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Lack of evening and weekend services | <input type="checkbox"/> I can get the healthcare I need |
| <input type="checkbox"/> Don’t know what types of services are available | <input type="checkbox"/> Language services | <input type="checkbox"/> Other: _____ |

GENERAL HEALTH QUESTIONS

8. Please check one of the following for each statement

Yes No Not applicable

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

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

- | | |
|---|---|
| <input type="checkbox"/> Back-pack or summer food programs | <input type="checkbox"/> Home Garden |
| <input type="checkbox"/> Community Garden | <input type="checkbox"/> I do not eat at home |
| <input type="checkbox"/> Corner store / convenience store / gas station | <input type="checkbox"/> I regularly receive food from family, friends, neighbors, or my church |
| <input type="checkbox"/> Dollar store | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Farmers’ Market | <input type="checkbox"/> Take-out / fast food / restaurant |
| <input type="checkbox"/> Food bank / food kitchen / food pantry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Grocery store | |

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

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug or alcohol problems | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Obesity / overweight |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke / Cerebrovascular disease |
| <input type="checkbox"/> COPD / chronic bronchitis / Emphysema | <input type="checkbox"/> High blood sugar or diabetes | <input type="checkbox"/> I have no health problems |
| <input type="checkbox"/> Depression or anxiety | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> HIV / AIDS | |

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

- Within the past year (1 to 12 months ago) Within the past 2 years (1 to 2 years ago)
 Within the past 5 years (2 to 5 years ago) 5 or more years ago

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

- Within the past year (1 to 12 months ago) Within the past 2 years (1 to 2 years ago)
 Within the past 5 years (2 to 5 years ago) 5 or more years ago

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

- 0 days 1 days 2 days 3 days 4 days 5 days 6 days 7 days

15. Other than your regular job, what physical activity or exercises do you participate in? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Canoeing / kayaking | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Team sports |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Hunting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Individual sports | <input type="checkbox"/> Weight training |
| <input type="checkbox"/> Group exercise classes | <input type="checkbox"/> Running | <input type="checkbox"/> Yoga / Pilates |

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

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

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

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

19. During the last 30 days, how many days did you miss work or school due to pain or illness (physical or mental)? _____ Days

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

- | | |
|---|--|
| <input type="checkbox"/> I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion. | <input type="checkbox"/> I have taken prescription drugs to get high |
| <input type="checkbox"/> I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.) | <input type="checkbox"/> I have used marijuana |
| | <input type="checkbox"/> I have used other illegal drugs (e.g. cocaine, heroin, ecstasy, crack, LSD, etc.) |

21. Have you ever used heroin? Yes No

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

23. If you do not drive, what mode of transportation do you use typically use.

- Not applicable- I drive
- Bike or walk
- Friends / Family drive me
- Public transit (i.e. bus, shuttle, similar)
- RADAR / CORTAN
- Taxi
- Other: _____

24. What types of information help you learn the best about your health? (Check all that apply)

- Classroom presentations, live presentations, or hands on demonstrations
- Group activity / support group
- I learn best by talking with my health professional (i.e. doctor, nurse, care coordinator, etc.)
- Internet or web information
- My Chart / patient portal
- Pictures, diagrams, illustrations or photographs
- Reading materials (i.e. brochure, newspaper, magazine, books)
- Video presentation (i.e. video tape, DVD, movie, television)
- Other _____

DEMOGRAPHIC INFORMATION and HEALTH INSURANCE

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

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

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

- Not applicable- I have health insurance
- I don't understand ACA / Obamacare Options
- Not available at my job
- Student
- Too expensive / cost
- Unemployed / no job
- Other: _____

27. What is your ZIP code? _____

28. Where do you live?

- Brownsburg
- Buena Vista
- Collierstown
- Fairfield
- Glasgow
- Goshen
- Kerrs Creek
- Lexington
- Lexington/Rockbridge County
- Natural Bridge
- Raphine
- Rockbridge Baths
- Other: _____

29. What is your street address (optional)? _____

30. What is your age? _____

31. What is your gender? Male Female Transgender

32. What is your height? _____

33. What is your weight? _____

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

- Number who are 0 – 17 years of age _____
- Number who are 18 – 64 years of age _____
- Number who are 65 years of age or older _____

35. What is your highest education level completed?

- Less than high school
- Some high school
- High school diploma
- Associates
- Bachelors
- Masters / PhD

36. What is your primary language? English Spanish Other _____

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

- Native Hawaiian / Pacific Islander
- American Indian / Alaskan Native
- Other
- Single
- Divorced
- Widowed
- Domestic Partnership
- Asian
- Black / African American
- More than one race
- White
- Decline to answer
- Latino
- Other: _____

38. What is your marital status? Married Single Divorced Widowed Domestic Partnership

39. What is your yearly household income?

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

40. What is your current employment status?

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

41. Is there anything else we should know about your (or someone living in your home) health care needs in the Rockbridge Area?

Please continue the survey on the next page if you have a child or children under the age of 18. If you do not have a child or children under the age of 18, please submit your survey. Thank you!

Please answer the following questions about your child's / children's or dependent(s) health care needs. Answer for any child that is under the age of 18. Individual survey information will be kept confidential. If you do not have children, do not fill out this section of the survey.

CHILDREN SPECIFIC QUESTIONS

C1. How many children do you have under the age of 18? _____

C2. What are their age(s)? _____

C3. Is there a specific doctor's office, health center, or other place that your child goes if he/she is sick or need advice about his/her health? Yes No

- **Skip to question 2 if you answered No**
- **If you answered Yes**
 - Is this where he/she would go for new health problems? Yes No
 - Is this where he/she would go for preventive health care, such a general check-ups, examinations, and immunizations (shots)? Yes No
 - Is this where he/she would go for referrals to other health professions when needed? Yes No

C4. Does your child use medical care services? Yes No

- **If yes, where does your child go for medical care? (Check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Doctor's Office | <input type="checkbox"/> Pharmacy Clinic |
| <input type="checkbox"/> Carilion Clinic Family Medicine – Bridgewater | <input type="checkbox"/> Planned Parenthood |
| <input type="checkbox"/> Carilion Clinic Family Medicine - Buena Vista | <input type="checkbox"/> Remote Area Medical Clinic |
| <input type="checkbox"/> Carilion Clinic Family Medicine - Lexington | <input type="checkbox"/> Rockbridge Area Health Center |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Salem VA Medical Center |
| <input type="checkbox"/> Free Clinic | <input type="checkbox"/> Urgent Care / Walk in Clinic |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Other: _____ |

C5. Does your child use dental care services? Yes No

- **If yes, where does your child go for dental care? (Check all that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Dentist's office | <input type="checkbox"/> Free Clinic | <input type="checkbox"/> Small Smiles |
| <input type="checkbox"/> Affordable dentures – Bedford | <input type="checkbox"/> Mission of Mercy Project- Roanoke | <input type="checkbox"/> Urgent Care / Walk in Clinic |
| <input type="checkbox"/> Carilion Dental Clinic | <input type="checkbox"/> Remote Area Medical Clinic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Commonwealth Dental | <input type="checkbox"/> Rockbridge Area Health | |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Salem VA Medical Center | |

C6. Does your child use mental health, alcohol abuse, or drug abuse services? Yes No

- **If yes, where does your child go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Doctor/Counselor's Office | <input type="checkbox"/> Mental Health America | <input type="checkbox"/> Western State Hospital |
| <input type="checkbox"/> Catawba Hospital | <input type="checkbox"/> Respond | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Community Services Board | <input type="checkbox"/> Rockbridge Area Health Center | |
| <input type="checkbox"/> Connect | <input type="checkbox"/> Salem VA Medical Center | |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Urgent Care / Walk in Clinic | |

C7. Which health care services are hard to get for your child in our community? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Alternative therapy (ex. herbal, acupuncture, massage) | <input type="checkbox"/> Family Planning/Birth control | <input type="checkbox"/> School Physicals |
| <input type="checkbox"/> Ambulance services | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Specialty care (ex. heart doctor) |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Inpatient hospital | <input type="checkbox"/> Substance abuse services –drug and alcohol |
| <input type="checkbox"/> Child dental care | <input type="checkbox"/> Lab work | <input type="checkbox"/> Urgent care / walk in clinic |
| <input type="checkbox"/> Chiropractic care | <input type="checkbox"/> Medication / medical supplies | <input type="checkbox"/> Vision care |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Mental health / counseling | <input type="checkbox"/> X-rays |
| <input type="checkbox"/> Emergency room care | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> None |
| <input type="checkbox"/> End of life / hospice / palliative care | <input type="checkbox"/> Preventive care (ex. yearly check-ups) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Family Doctor | <input type="checkbox"/> Programs to stop using tobacco products | |

C8. Please check one of the following for each statement

	Yes	No	Not applicable
My child has had an eye exam within the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
My child has had a dental exam within the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
My child takes the medicine the doctor tells him/her to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can afford medicine needed for my child's health conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has had a mental health / substance abuse visit within the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
My child has been to the emergency room in the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
My child has been to the emergency room for <u>an injury</u> in the last 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
There are times when my child does not have enough food to eat.	<input type="checkbox"/>	<input type="checkbox"/>	

C9. Have you been told by a doctor that your child has... (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Drug or alcohol problems | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Obesity / overweight |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke / Cerebrovascular disease |
| <input type="checkbox"/> COPD / chronic bronchitis / Emphysema | <input type="checkbox"/> High blood sugar or diabetes | <input type="checkbox"/> My child has no health problems |
| <input type="checkbox"/> Depression or anxiety | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> HIV / AIDS | |

C10. How long has it been since your child last visited a doctor for a routine checkup? (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Within the past year (1 to 12 months ago) | <input type="checkbox"/> Within the past 2 years (1 to 2 years ago) |
| <input type="checkbox"/> Within the past 5 years (2 to 5 years ago) | <input type="checkbox"/> 5 or more years ago |

C11. How long has it been since your child last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Please check one)

- | | |
|---|---|
| <input type="checkbox"/> Within the past year (1 to 12 months ago) | <input type="checkbox"/> Within the past 2 years (1 to 2 years ago) |
| <input type="checkbox"/> Within the past 5 years (2 to 5 years ago) | <input type="checkbox"/> 5 or more years ago |

C12. Other than at school, what physical activity or exercises does your child participate in? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Canoeing / kayaking | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Team sports |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Hunting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Individual sports | <input type="checkbox"/> Weight training |
| <input type="checkbox"/> Group exercise classes | <input type="checkbox"/> Running | <input type="checkbox"/> Yoga / Pilates |

Appendix 4: Stakeholder Survey

Rockbridge Area Professional Informant Survey

Barriers and Challenges Faced by Residents and Health and Human Services Agencies

An online version of this survey is available at <https://www.surveymonkey.com/s/CHNAProviderSurvey>

Responses will not be identified, either in written material or verbally, by name or organization.

Please return to: Aaron Harris-Boush, Carilion Community Outreach, 213 McClanahan Street, Suite G10. Thank you!

1. Your name, organization, and title:

NAME: _____

ORGANIZATION: _____

TITLE: _____

2. What are the most important issues (needs) that impact health in the Rockbridge Area?

3. What are the barriers to health for the populations you serve?

4. Is there one locality / neighborhood with the greatest unmet need? If so, why?

5. Is there one population group with the greatest unmet need? If so, why?

6. What are the resources for health for the populations you serve?

7. If we could make one change as a community to meet the needs and reduce the barriers to health in the Rockbridge Area, what would that be?

Thank you for your input!

Please return to: Aaron Harris-Boush, Carilion Community Outreach, 213 McClanahan Street, Suite G10.

Questions: Please contact Aaron Harris-Boush at 540-266-6603 or amharrisboush@carilionclinic.org

Appendix 5: Community Resources

Resources	Category	Resource Information
Law Enforcement	Community Resource	http://www.co.rockbridge.va.us/147/Sheriff
Project Horizon	Community Resource	http://www.projecthorizon.org/
Rockbridge Area Community Service Board	Community Resource	http://www.racsb.org/
Rockbridge Area Prevention Coalition	Community Resource	http://www.racsb.org/#!prevention-coalition/cub3
Rockbridge Area Relief Association (RARA)	Community Resource	http://rockbridgeareareliefassociation.org/
Rockbridge Farmers Market	Community Resource	https://www.facebook.com/pages/Rockbridge-Farmers-Market/134687889939243
Rockbridge Parks and Recreation	Community Resource	http://www.co.rockbridge.va.us/265/Parks-Recreation
Intercept	Coordination of Care	http://www.interceptyouth.com/referrals/
Rockbridge County Schools	Education	http://www.rockbridge.k12.va.us/
Carilion Stonewall Jackson Hospital	Services- Health System	https://www.carilionclinic.org/hospitals/carilion-stonewall-jackson-hospital
Free Clinics	Services- Healthcare	
Lexington-Rockbridge Health Department	Services- Healthcare	http://www.vdh.virginia.gov/LHD/CentralShenandoah/contactus/lexington-rockbridge.html
Rockbridge Area Health Center	Services- Healthcare	http://rockahc.org/
Rockbridge Area Hospice	Services- Healthcare	http://www.rockbridgeareahospice.org/
Western State Hospital	Services- Healthcare	http://www.wsh.dbhds.virginia.gov/
Rockbridge Area Transportation System	Transportation	http://rats.rockbridgearea.info/
Rockbridge Area YMCA	Wellness	http://www.ymcarockbridge.com/

Appendix 6: Prioritization Worksheet

Community Health Needs Assessment Prioritization			
Please pick 10 of the most pertinent community needs and rank on a scale of 1 - 10, with 1 being the most pertinent.			
For only those top 10, on a scale of 1 - 5, please rate the feasibility and potential impact of those needs, with 1 being the most feasible and having the most impact.			
Rank	Community Need	Feasibility	Potential Impact
	Access to adult dental care		
	Access to alternative therapies		
	Access to dental care for children		
	Access to hospice services		
	Access to mental health counseling / substance abuse		
	Access to primary care		
	Access to psychiatry services		
	Access to services for the elderly		
	Access to specialty care		
	Access to vision care		
	Alcohol and illegal drug use		
	Births without prenatal care		
	Child abuse / neglect		
	Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)		
	Coordination of care		
	Domestic violence		
	Dropping out of school		
	High cost of living and preferences for necessities		
	High cost of services for insured (co-pay, deductible, premium)		
	High cost of services for Medications		
	High cost of services for uninsured		
	High prevalence of angina		
	High prevalence of asthma		
	High prevalence of cardiovascular disease		
	High prevalence of COPD		
	High prevalence of diabetes		
	High prevalence of hypertension		
	High prevalence of mental health (depression, anxiety) disorders		
	High prevalence of obesity / overweight individuals		
	High prevalence of pneumonia		
	High prevalence of substance abuse (alcohol, illegal & prescription drugs)		
	High uninsured population		
	In home health care		
	Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services		
	Individual self-treatment for medical conditions		
	Lack of exercise / physical activity		
	Lack of knowledge of community resources		
	Lack of knowledge of health care		
	Lack of reliable transportation		
	Lack of trust in health care services		
	Language barriers and services		
	Need for urgent care services		
	Need for weekend and extended hours for health care services		
	Not accessing regular preventive care for adult dental care		
	Not accessing regular preventive care for primary care		
	Not accessing regular preventive care for vision		
	Not taking medications for chronic conditions		
	Poor eating habits / lack of nutrient dense foods in diet		
	Prescription drug abuse		
	Services that are hard to get in our community:		
	Stigma with mental health and substance abuse services		
	Teenage pregnancy		
	Tobacco use		
	Unable to understand what provider is saying		
	Unsafe sex		
	Value not placed on preventive care and chronic disease management		

<p>Community Need</p> <ul style="list-style-type: none"> Magnitude/ Prevalence Severity Impact on vulnerable populations Health disparities Urgency Historical trends Public concern Economic burden 	<p>Feasibility</p> <ul style="list-style-type: none"> Alignment with hospital mission and strategic priorities Falls within existing hospital capabilities Ease of solution implementation Barriers to implementation (social, cultural, economic) Ease of obtaining additional needed resources, fundraising 	<p>Potential Impact</p> <ul style="list-style-type: none"> Preventability Presence of existing alternative resources Effectiveness of solutions Effect on other health needs
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