Bedford County Community Health Needs Assessment

SEPTEMBER 30, 2013

CARILION CLINIC

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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 Bedford Community Health Assessment Team cannot accept responsibility for any consequences that result from the use of any information presented in this report.

Acknowledgments

Success of the Bedford Community Health Needs Assessment was due to the strong leadership and participation of its Project Management Team, the Community Health Assessment Team, and the Data Collection and Analysis Team. Thank you to all of the community members who participated in the Community Health Survey and focus groups.

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Project Summary

Introduction

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 that there is demonstrated, ongoing improvement. The work of conducting this CHNA and the public availability of its findings is intended to enable health-oriented organizations across the community to plan effectively the vital work of maintaining and improving health.

This report contains the findings of the 2013 needs assessment for Bedford County and the Town of Bedford, Virginia, including data on the target population and service area, as well as primary and secondary data.

Method

A 43-member Community Health Assessment Team (CHAT) oversaw the assessment activities. Members from the Energize Bedford Community Action Coalition served as the CHAT. Energize Bedford is a grassroots initiative led by the Bedford Community Health Foundation made up of interested and engaged individuals who are committed to helping improve the health and well being of Bedford families. The service area included those living in Bedford County including the Town of Bedford (formerly Bedford City). The target population included vulnerable populations, such as low-income, uninsured and/or underinsured, older adults, and those with chronic disease.

Beginning in January 2013, primary data collection included a Stakeholder/Professional Survey, Target Population Focus Groups and a Community Health Survey. CHAT Members took the Stakeholder/Professional Survey and encouraged co-workers and others working with target populations to participate as well. Focus Groups were conducted with an intention of utilizing locations and/or regularly-scheduled meetings of groups that include the target populations. Community Surveys were available to be taken in print, over the phone or online. Secondary data were 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.

The final CHAT meeting was for the purpose of prioritizing the findings from all of these research methodologies. Participants were asked to rank the top 10 community health needs independently, and then rate each of their respective "top 10s" with regard to feasibility of addressing the need and the potential positive impact if the need were addressed.

Findings

In summary, the findings of the Bedford Community Health Needs Assessment revealed an older population with need for increased access to health services. Residents expressed that health care is too expensive and that health problems include obesity, alcohol and illegal drug abuse, and aging services. Coordination of care across the health and human services sector is needed to improve health outcomes.

Focus Groups identified the following as health-related factors in the community (in no particular order): lack of availability of physicians in town, both primary care and specialists, insurance issues (lack of insurance, confusion, insurance doesn't cover patients' choices for care), care quality issues, large elderly population/need for geriatric services, and need for care coordination. The stakeholder survey also listed care as being too expensive, shortage of local primary care providers, lack of awareness of treatment norms and prevention standards, and access to specialty care.

When asked the top three most important health problems in the community, approximately 50% of participants in the community survey chose obesity and alcohol and drug abuse as one of them. Consistent with this, when asked the three most important "risky behaviors," in the community, the highest responses were for cell phone use while driving, alcohol abuse, poor eating habits, drug abuse and lack of exercise.

Response

Following the final CHAT meeting to identify the top priorities from the community health needs identified, the following areas of focus emerged:

- Access to:
    - Primary care
    - Services for the elderly
    - Specialty care
    - Mental health counseling / substance abuse
- Need for improved coordination of care across the health and human services sector
- General wellness:
    - Obesity
    - Poor eating habits / lack of nutrient dense foods in diet

- Chronic disease management
- Lack of exercise / physical activity
- Health literacy

To address the needs of the community, Bedford Memorial Hospital (BMH) will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the CHNA. The team will initially consist of BMH employees and area providers, and expand to include membership from community agencies as needed to ensure improvements are achieved in the identified areas of focus. The team will develop goals and objectives and identify indicators for addressing community health needs.

In addition, BMH serves as an active partner in Energize Bedford Community Actions Coalition. The coalition's primary goal is to build Bedford's capacity to foster and promote individual, family, and community health, including but not limited to preventing and reducing childhood obesity.

BMH officials will communicate the priority areas of community needs identified through the assessment process, and work within Energize Bedford to encourage the focusing of community resources on these needs.

Lastly, processes will be developed to track progress of improvements, ongoing.

The implementation strategy, found on page 74 of this report was presented to and approved by the BMH Board of Directors and the Carilion Clinic Board of Directors in September 2013.

Community Health Needs Assessment

Bedford County is located in the Piedmont region of Virginia. The Town of Bedford is an incorporated town located within Bedford County.

Bedford Memorial Hospital (BMH) is a not-for-profit, 50-bed hospital jointly owned by Carilion Clinic and Centra Health. BMH is located in Bedford County, Virginia and offers a full-service medical facility with special emphasis on outpatient surgery, emergency services, geriatrics, and rehabilitative services. The facility offers 24-hour emergency care to more than 60,000 patients annually.

Carilion Clinic is a not-for-profit health care 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.

Centra is a regional not-for-profit healthcare system based in Lynchburg and created in 1987 with the merger of Lynchburg General and Virginia Baptist Hospitals. In 2006, Southside Community Hospital in Farmville joined Centra as an affiliate.

As a not-for-profit hospital, BMH has conducted an in-depth assessment, and plans to repeat the process every three years to identify and track the specific needs of the community it serves. This process enables the subsequent development of appropriate solutions to those needs. The project has fostered focused work with area safety net providers and key stakeholders, and will ensure that resources are focused on highest priority areas. This work is of critical importance in creating solutions to improving health and reducing disparities of the underserved in the Bedford area.

The project examined the health of members of the community in the aggregate, from the various perspectives of stakeholders/providers that work in current systems of care, objective outcomes measures, community members, and at-risk populations. The goals of the project were:

1. To conduct a comprehensive needs assessment;
2. To identify ways to develop effective solutions to high-priority health needs.

3. To continue to develop linkages and foster relationships in the community that ensures a seamless continuum of care for all persons.

As Carilion Clinic conducted Community Health Needs Assessments in four communities in 2013, a work plan was developed (See Appendix 1, Work Plan and Timeline) to progress through the steps of the assessments concurrently in the four communities. As in the other areas, the Bedford Community Health Needs Assessment focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of project management staff and representatives from area health and human services, law enforcement, faith-based communities, and schools led the 8-month initiative. (See Appendix 2: CHAT Directory). Beginning in January 2013, the CHAT met three times to oversee the Bedford Community Health Needs Assessment. Meeting agendas were prepared for each meeting and distributed to CHAT members.

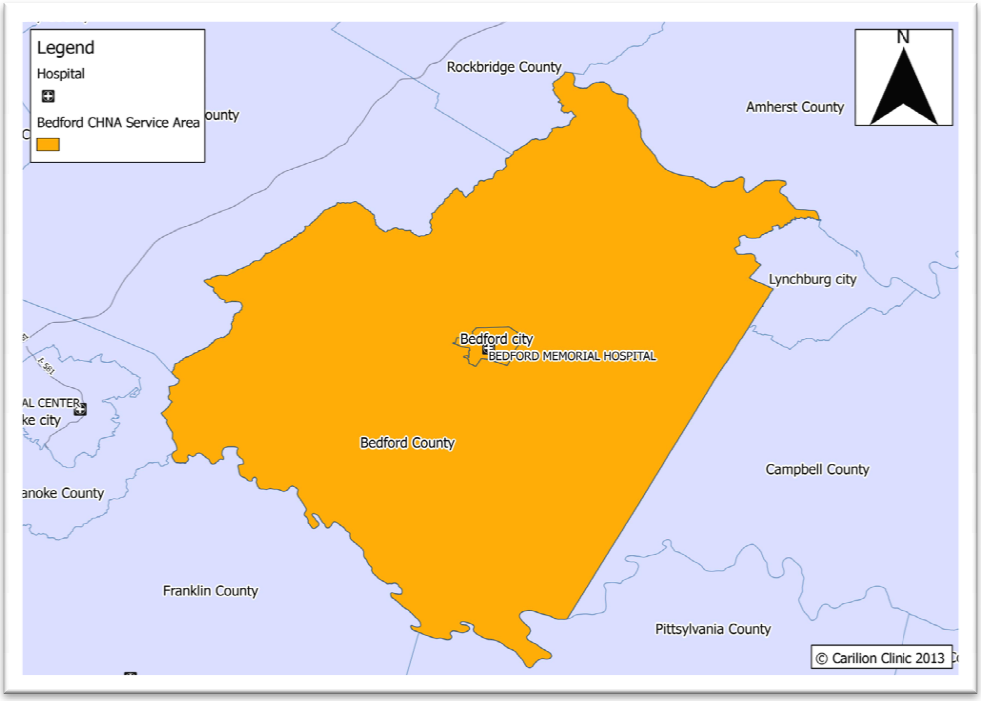
The Project Management Team included BMH's Hospital Administrator, who served as the Project Director for the assessment; BMH's Health Services Representative, who served as the Community Hospital Project Manager; and a Carilion Clinic Planning Analyst who was the CHNA Planning Manager. The Community Hospital Project Manager coordinated meeting logistics, kept records, and distributed and collected surveys during the project period. The CHNA Planning Manager worked in conjunction with Carilion Clinic's Planning Department which assisted in all aspects of the project including the development and analysis of the Stakeholder Survey and the Community Health Survey; collection and analysis of minutes from focus groups and CHAT meetings; collection and analysis of secondary data; and compilation the final report.

The Data Collection and Analysis Team included the Planning Team from Carilion Clinic Strategic Development, and Carilion Direct. The Planning Team evaluated trends nationally and within Carilion Clinic regarding primary care, urgent care, and emergency services utilization data, and determined payor mixes and demographic information for the service area. In addition to staff from Strategic Development, Carilion Direct and interns from Virginia Tech and James Madison University were instrumental in entering survey data into Survey Monkey for the hundreds of paper Community Health Surveys received from across the Bedford area.

Beginning in January 2013, primary data collection included a stakeholder survey (54 participants), a community health survey (614 participants), and four target population focus groups. Secondary data were collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors, disease incidence and prevalence and the social environment.

Service Area

Bedford Memorial Hospital (BMH) is located in Bedford, Virginia. In fiscal year 2012, BMH served 14,448 unique inpatients. Patient origin data reveals that 84.4% of BMH's patients are from Bedford County, 4.5% are from Lynchburg City, and 3.0% are from Campbell County. Bedford County is the primary service area for the CHNA. On July 1, 2013, the City of Bedford, located in Bedford County, was converted into a town. The data in the report refers to the City of Bedford and the Town of Bedford interchangeably.



Land Mass and Persons per Square Miles

(Quick Facts, U.S. Census Bureau, 2012)

	Virginia	Bedford City	Bedford County
Land area in square miles	39490.1	6.9	753.0
Persons per square miles	202.6	904.6	91.2

Target Population

The target population was those living in the Town of Bedford and Bedford County. In gathering data, an emphasis was placed on vulnerable populations, such as low-income, uninsured/underinsured, older adults and those with chronic disease.

Primary Data and Community Engagement

In addition to the CHAT, members of the community were encouraged to take the community survey; stakeholders working with the targeted populations were asked to participate in stakeholder surveys; and target populations were engaged through focus groups.

Stakeholder Surveys

CHAT members were asked to take the Stakeholder/Professional survey, as well as encourage their coworkers and others in health and human services positions to participate. These surveys were available in print and online. Questions on this survey tool focused on an inventory of organizations related to healthcare; the greatest challenge faced by each organization; obstacles and unmet healthcare needs. Fifty-four of these surveys were returned. A copy of this survey is in Appendix 3. Results of this survey are below:

- Please attempt to list all community-based organizations involved in direct health care service delivery, or access to health care services in your community (no need to list outpatient medical practices):
    - Bedford Adult Day Care
    - Bedford County Rescue Squads
    - Bedford County Health Dept. (Dental Clinic)
    - Bedford County Sheriff office
    - Bedford Family Urgent Care
    - Bedford Free Clinic (Bedford Christian Ministries)

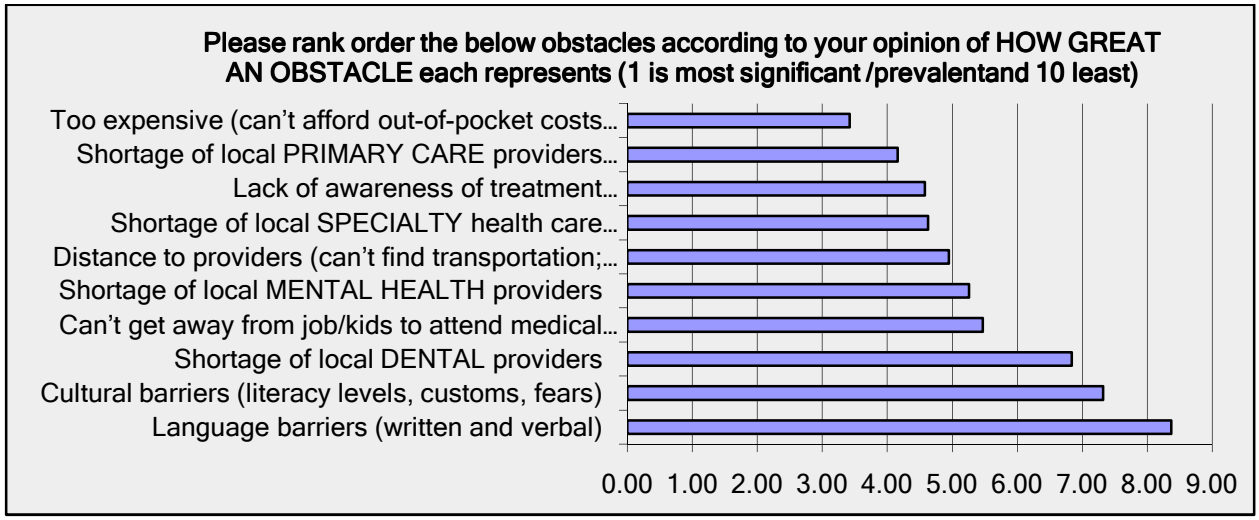
- Bedford Health Dept.
- Bedford Hospice Care,
- Bedford Medical
- Bedford Podiatry
- Bedford Ride
- Blue Ridge Dialysis
- Campbell's Rest Home
- Bedford Memorial Hospital
- Carilion Clinic Home Health
- Carilion Franklin Memorial Hospital
- Community Health Foundation
- Central Virginia Area Agency on Aging
- Dept. of Social Services
- Durable Medical Equipment
- Dr. Diane Nesio
- Dr. Hubach (Vein Center)
- Elks National Home
- Gentiva Home Health
- Lewis Gale
- Lynchburg General
- Physician Associates of Bedford
- Pregnancy Center
- Private Duty Nursing
- Runk + Pratt Assisted Living
- Velocity Care
- Village Family Physicians
- Woodhaven Nursing Home

- Please convey, in your own words, the single greatest challenge faced by your organization, as you attempt to provide/facilitate quality health care delivery to the residents of the community:
  - Access to oversized wheelchairs and when patient flow is high, wheelchairs in general.
  - As for the dept I work in we are a team of people that work together to get the jobs done. It would be better if we had more workers to make less stress on our people and we could do a better job.
  - Cancer care follow-up.
  - Community education in this area is lacking.
  - Decrease in staffing.
  - Dermatology.
  - Lack of adequate staffing; every department, every shift, every day.
  - Lack of physicians.
  - Limited service area for marketing.
  - Long wait time to get a specialist.
  - Need for personal marketing in the community on a regular basis.

- Need more physician providers in the area to see outpatients and allow residents to find a primary care physician.
- No public transportation.
- Orthopedic.
- Patients returning to the hospital due to inability to afford medications, have no primary care physician, no insurance, and/or are non-compliant with physician orders.
- Poor follow-up with therapy appointments for those on public assistance.
- Psychiatric services.
- Public education and pre-planning. No one wants to hear or talk about death. Education on end of life care is difficult as families tend to avoid discussions and pre-planning.
- Reimbursement to cover cost of services plus purchase of new technology.
- Reimbursement rates from governmental agencies have not kept pace with increasing costs.
- Small size of BMH leading to limited resources.
- Specialty care.
- Substance abuse.
- The fact that with the closing of plants in the area and cut backs in jobs, people do not have insurance and do not know where to go to find health care help.
- We do not have the equipment that we need. We do not have ICU beds in the ICU. We are unable to obtain daily weights on the patients. The bed alarms do not work, so we have to use portable alarms. We do not have enough Bipap machines. We do not have a lot of other respiratory equipment that is needed. We do not have a MRI in the hospital, so a portable one comes on Tuesday and Thursday, but patients have to be taken outside to go to the trailer to have a MRI complete. We also do not have monitors to transport patients on.

Please rank order the below obstacles according to your opinion of HOW GREAT AN OBSTACLE each represents for residents of the community. There are no right or wrong answers. This is your opinion. Rank: 1 = most significant/prevalent obstacle; 10 = least significant/prevalent obstacle. Use the numbers 1 - 10 only once (no ties allowed).

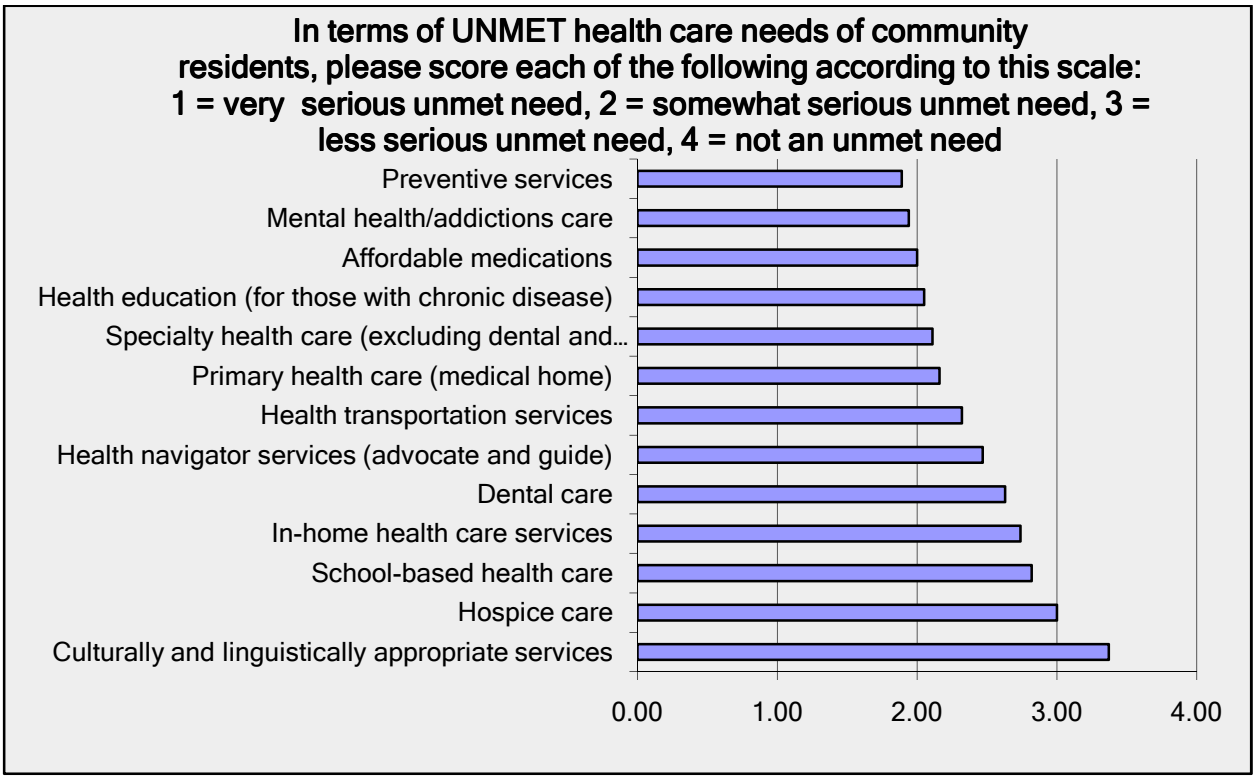
Answer Options	Rating Average
Too expensive (can't afford out-of-pocket costs if uninsured, or co-pays/deductibles if insured)	3.42
Shortage of local PRIMARY CARE providers (can't find a medical home)	4.16
Lack of awareness of treatment norms, prevention standards (don't know when to seek help)	4.58
Shortage of local SPECIALTY health care providers (excluding dental and mental health)	4.63
Distance to providers (can't find transportation; vehicle unreliable)	4.95
Shortage of local MENTAL HEALTH providers	5.26
Can't get away from job/kids to attend medical appointments (clinic/hospital hours don't work with life schedule)	5.47
Shortage of local DENTAL providers	6.84
Cultural barriers (literacy levels, customs, fears)	7.32
Language barriers (written and verbal)	8.37



- Comment on the above rankings. Why did your #1 obstacle earn the top spot? Why are some obstacles not ranked higher? Please provide a case example of a patient who experienced one of these obstacles (optional and anonymous, of course).
    - Apparent lack of services.
    - Consistently have residents admitted with psychiatric issues / suicidal ideation with no on-site support.
    - Doctors do not stay in area very long before moving on. WHY?
    - I find many of the patients that come to BMH come because they have no doctor, no insurance, and little to no income. These people let their disease process reach a critical point then seek help. These patients come in pretty sick and it takes longer to get them to a base line. There is currently a patient on the floor in with a foot ulcer, he is having his 3rd toe amputated, needs IV antibiotics for a length of time due to infection in the bone, and is being evicted from his home next month because he can't afford a $250.00/month mortgage payment.
    - In the past few years we as a community have lost a lot of primary care physicians for different reasons. This has left a lot of people without a doctor in this area and are not going or going out of area for services. This is also the problem with specialty services such as orthopedic. The lower ranked issues such as language are fairly well taken care of with access to interpreters who volunteer especially at the hospital.
    - Increase in mental health evaluations through ER. Limited resources and providers to care for this population.
    - It takes sometimes up to 6 months to see a specialist.
    - Many of the patients that come here are on drugs and alcohol and do not have jobs. We do not have many people at this hospital that do not speak English.
    - People who don't have any families to help them they go untreated and get sicker and most don't know that there are places that they can get help.
    - Primary care - many people seek care at Emergency Dept. because their Dr. is not available. Patients must wait months for physical exams (preventative). Language and cultural barriers are managed well in this community. Bedford Ride has helped a lot with transportation issues, but transportation is still an issue.
    - There are a multitude of patients that express that they have to come to the ER for dental treatment because there are no immediate appointments. They usually have to wait from one week up to six months. Also, there are no pediatric medicine physicians and mental health has become a large portion of patients in the ER. Due to unemployment, a lot of patients come to the ER because they cannot afford primary care visits (which I thought would be cheaper) which is a lack of knowledge of what a patient needs to know about not only preventative care but also financial as well.
    - There is a lot of Medicaid in the area and they seek treatment through the hospital that could go to a physician's office. Co-pays are increasing and patients can't afford healthcare.
    - There is a total misconception in our community as to the purpose of an emergency room and the services that should be needed from and offered there. Patients with true emergencies suffer in a subsequently busier atmosphere of the ER having to share time, energy, focus, space, and supplies on non-emergent patients. Our emergency room is overrun with patients without emergencies who cannot afford to seek treatment with a PCP for a lack of insurance or ability to pay. Our emergency room is also overrun with drug seekers because there is a total lack of addiction support. The population of our community is overwhelmed with substance dependant and mentally ill patients. Further, when a patient does decide to seek support for addiction, they either do not know how or they cannot afford it.
    - We have a shortage of family/primary health care physicians in Bedford and our Mental Health services is greatly lacking. Money, time and transportation are always issues.

- In terms of UNMET health care needs of community residents, please score each of the following according to this scale: 1 = very serious unmet need, 2 = somewhat serious unmet need, 3 = less serious unmet need, 4 = not an unmet need

Answer Options	Rating Average
Preventive services	1.89
Mental health/addictions care	1.94
Affordable medications	2.00
Health education (for those with chronic disease)	2.05
Specialty health care (excluding dental and mental health)	2.11
Primary health care (medical home)	2.16
Health transportation services	2.32
Health navigator services (advocate and guide)	2.47
Dental care	2.63
In-home health care services	2.74
School-based health care	2.82
Hospice care	3.00
Culturally and linguistically appropriate services	3.37



Focus Group Meetings– Target Population

Locations and Meeting Descriptions

Date	Time	Location	Description
2/11/13	5:30 p.m.	Oakwood Health and Rehabilitation Center	Families of older adults living in Oakwood
2/20/13	11 a.m.	Bedford Heart Brunch	Older adults and individuals with chronic disease
6/13/13	11:30 a.m.	Bedford Central Library	General population, older adults, low-income individuals
6/26/13	2 p.m.	Bedford Department of Social Services	Low-income individuals, individuals with dependent children, chronically ill adults

Focus Group Format

A point-of-contact at each host site attempted to recruit 8-12 adult participants for each meeting. The CHNA Planning Manager facilitated the meetings and the project interns recorded discussions.

Prior to each meeting, participants were asked to read and sign a consent form to ensure conversations were kept confidential. Focus group meetings lasted for an hour or less and addressed personal and system-based barriers in accessing primary care, mental health, substance abuse, and dental services by participants and/or their families; transportation; and gaps in the current continuum of care. To protect the participants' privacy, they had the option to address their own situation or address similar populations. Additional follow-up questions were asked based on the responses.

Focus Group Questions:

1. In one or two words, how would you describe good health?
2. What do you, or your family and friends, do when you need a checkup or are sick?
3. What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?

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 Bedford?

Focus Group Results: Themes and Quotes

Lack of availability of Physicians in town, both Primary Care and Specialists

Quotes:

"We are looking for someone in this area in Bedford as opposed to running to Lynchburg or Roanoke…Trying to find someone close by is very hard. Bedford Medical, there is not any doctors there anymore. "

"One of the doctors…is retiring, I heard. So, they are not taking patients for 30 to 60 days. It's hard to find cardiac. Forget it…I am going all the way to Lynchburg to see one there…It is hard to find anything here."

"We had problems too, but getting into the initial appointment is difficult even in other than medical. Dermatology, it took me 9 months just to get checked, and I am a melanoma patient. They didn't care. After your initial appointment, it is ok."

"My mother goes to her PCP here, but we have to take her to Roanoke for her follow-ups. It's big problems because they can't do it here."

"Other difficulty is pregnant women. They have to go to Roanoke or Lynchburg or Salem."

"I think it's difficult to find a doctor, but once you find one, then it's OK. They do come here to a certain office a couple of days a week, but you don't know that when you're trying to find them."

"I think as a nation, the younger the doctor, they don't have time. They are working like a production line, get you in and get you out.

"All the physicians are retiring. We don't have enough doctors."

"Lack of providers in the area is a barrier to care in Bedford."

Insurance Issues: Lack of Insurance, Confusion, and Insurance doesn't cover patients' choices for care

Quotes:

It is very confusing, especially for anybody on Medicare."

"I found out through Medicare that they do not cover the shingles shot. We always got it in the military. A lot of older adults it is important and they are going around younger children. They do not cover whooping cough."

"No one takes our insurance. Either they don't accept Medicaid or they are over 18."

"Let's not kid ourselves; a lot of people do not have health insurance. A lot of people use the ER for doctors. Just to be realistic. You know that is true."

"I can't go to Lynchburg because of insurance. I have to drive to Velocity Care, so maybe urgent care is something we need in Bedford County."

"Insurance has gotten bad for dental services."

"There are times that I am ready to change health insurance. I have to go to Roanoke. All of my doctors are in Lynchburg and I do not want to travel to Roanoke."

"I wanted to have some stuff done, and Centra is out of network with Carilion insurance."

"One of the problems that I see, for a lot of the insurance in Bedford County, Carilion Clinic is out of network for them, so they have to pay out of network charges to go to that program. The main insurer is Piedmont Health."

"Unemployment, and because of that is the lack of health insurance, and there is a lack of opportunity to get insurance, and there is a lot of people who are unemployed and so they can't get insurance and can't pay for care."

"I am adequately covered, but if I wasn't I would be paying $300,000 dollars. Me and my wife would always sacrifice whatever we needed to keep our Life and Health Insurance because it can be catastrophic without it."

Care Quality Issues

Quotes:

"We have to live with it because no one will help us. The dentist cracked my tooth and I had to go back and get it again another week. It's like they treat us like cattle. The care isn't there. They push us through and say 'I have done my good deed for the day' but they don't care."

"Bedford Hospital is very poor on care, especially for children. They give me the runaround and don't tell what they find out. They are not very thorough. They don't tell us what happened. They just give us prescriptions and tell us to go home. If it's not a cut or bruise, they give up and get stumped and just refer you to someone else, which causes a money situation."

"There is not a holistic approach to medicine, and if people put the pieces together the health system would improve."

Large Elderly Population/Need for Geriatric Services

Quotes:

"In Medicare, your annuals are every two years. They are cutting that back, which is not good. The bone density test is once in two years now, but I think it should be every year. What if you are at risk?"

"My dad needed a dentist and the dentist had no way of getting my dad from his wheelchair to his chair to work on the patient. Am I supposed to round up two or three people and take him to the dentist? It is hard enough getting him to the office. How are we going to do this?"

"The health department has a pediatric dentist, but it needs a geriatric dentist as well."

"That is some of the frustration you face when you have elderly folks and the like, not having things accessible, no programs for them. I am real mad about leaving the elderly behind and it is only going to get worse."

"The adult day care is great and does a great job. It needs to grow."

"We are worried about doctors' limited Medicare patients. There will not be enough."

"Bedford is a geriatric population and I do not think we have things accessible. Many can't drive."

"Need social support for older adults."

"We need instruction or seminars on stress, or something like that. We are an older population. You just read books and try to go on experience of other people. That is where I am at with mine. That is one of the things that I think is a problem. I will tell you what, this is one of the hardest things I have ever done, is elder care."

"Seniors do not drive at night."

"The adult day care is working well. It is a great program and well used."

"It is great to have a place where people can care for their parent and keep their job. Or if you need a break to go do stuff, you can take them there."

"To deal with dementia all day it is hard. It is great to have respite care."

"What if you want to go out of town? It would be great to have overnight care in Bedford."

"People depend on family members and their church for help. Our church takes care of them. They fill out their forms and take them to their doctors' appointments. It is hard for elders to fill out bills and call if there is a problem. It is really hard to get through to some of these people on the phone."

Need for Care Coordination

Quotes:

"There is a need for more collaboration between the two health systems."

"I hear that when people come to BMH, they get a bill from Carilion and one from Centra. Most of the time insurance will only cover one."

"We need a nurse navigator."

"A lot of people need help with forms, insurance, a patient advocate. I have so many people coming to me asking for help. Older people cannot do that kind of stuff."

"Is there anybody that can help fill out for assistance for social services? Are they willing to help once you go to social services?"

"Need to know things ahead of time before people age and enter the nursing home."

Word Cloud of Focus Group Transcriptions

Community Health Survey

Methodology

Community members were encouraged to take the Community Health Survey. A news release was posted on Bedford Memorial Hospital's website. Posters and flyers were placed in the community letting community members know how to take the survey. Two drawings for a $25 Wal-Mart gift card for those who completed the survey (one survey per person) were offered as an incentive. The survey was available in print, online or over the phone from February through Mid-May 2013. There were 614 surveys returned from Bedford County. 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 volunteers who entered responses from paper or phone surveys.

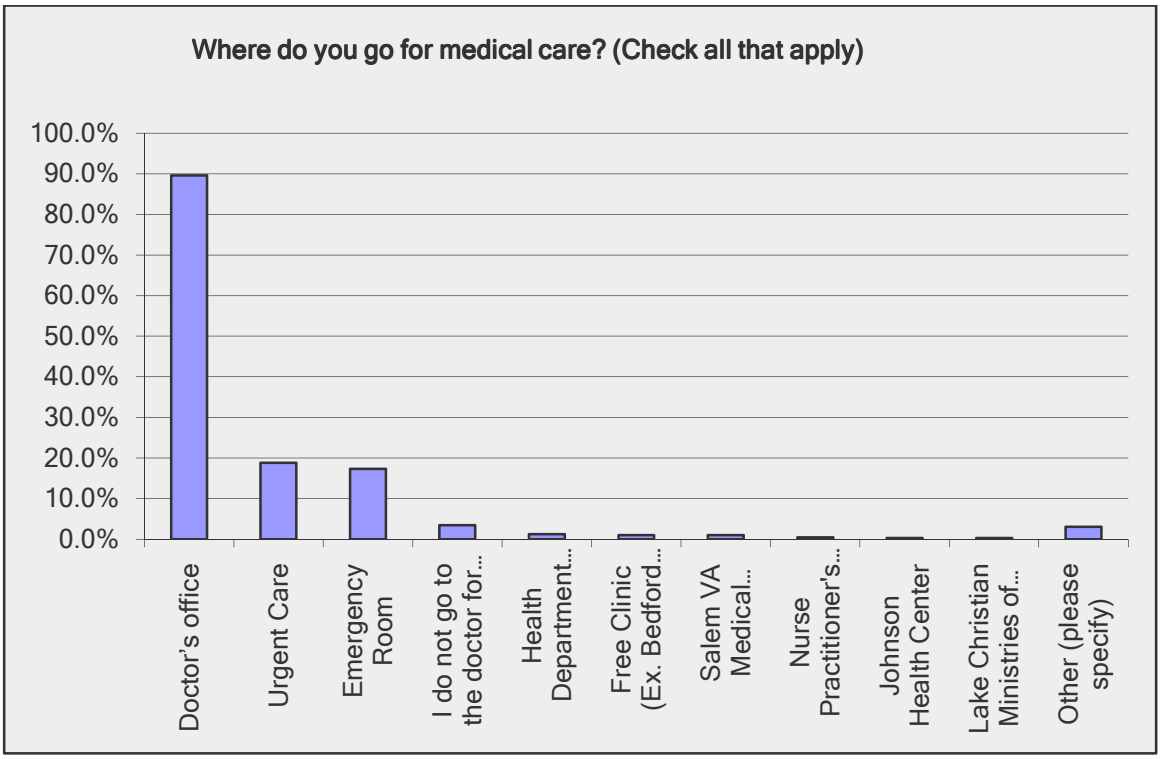
Participants were asked where they go for health care, dental care, mental health or substance abuse services, what services they or their child(ren) have accessed in the past 12 months, what services are difficult to access, what chronic conditions do they have, important factors for a healthy community, as well as health problems and risky behaviors. A copy of this survey is in Appendix 4. Results to the final question, "Is there anything else we should know about your (or someone living in your home) health care needs in Bedford County?" is located in Appendix 5.

Survey Results

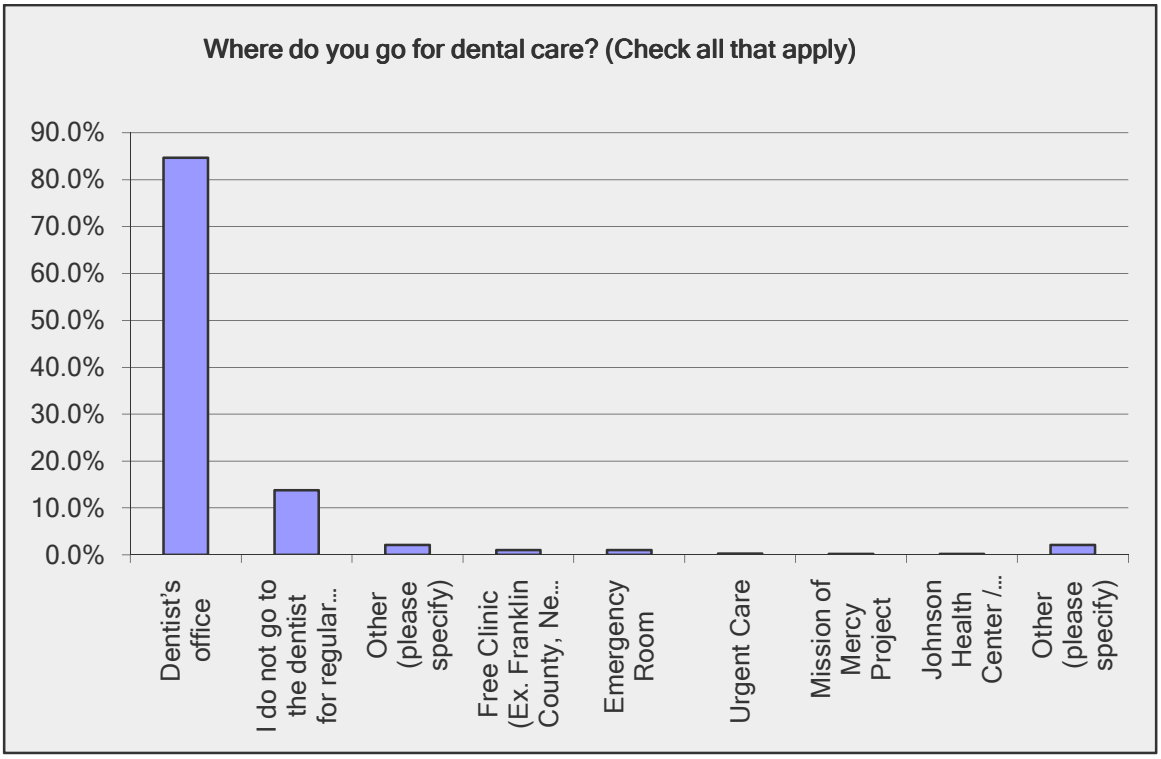
There were 614 participants to the Bedford Community Health Survey.

- The average age of respondents was 52
- 79% of respondents were female, while 21% were male
- 39% had children under 18 living in their household
- 97% had at least a high school diploma
- 88.7% were white
- 68% were married
- 59% worked full-time
- 32% of surveys were returned in printed format through partner agencies
- 46% were done online
- 20% were mailed in

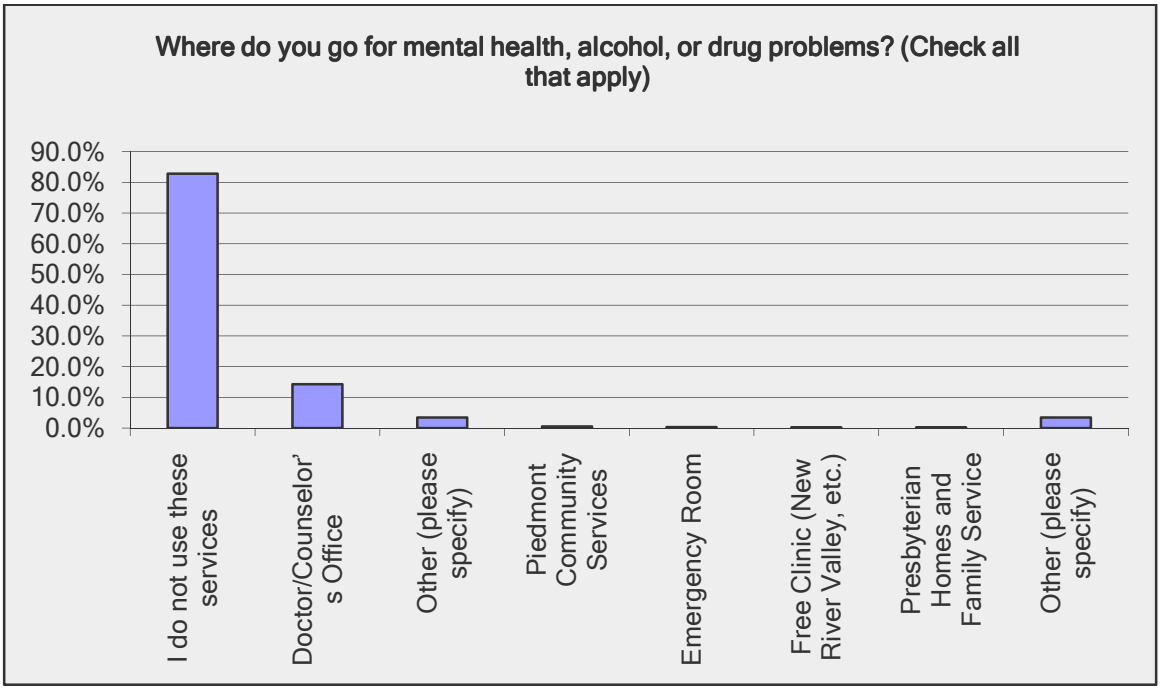
Where do you go for medical care? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Doctor's office	89.6%	545
Urgent Care	18.8%	114
Emergency Room	17.3%	105
I do not go to the doctor for regular care	3.5%	21
Health Department (Franklin, Tazewell, Floyd, Montgomery, etc.)	1.3%	8
Free Clinic (Ex. Bedford Christian, Central Virginia, Franklin County, New River Valley, Pulaski)	1.0%	6
Salem VA Medical Center	1.0%	6
Nurse Practitioner's office	0.5%	3
Johnson Health Center	0.3%	2
Lake Christian Ministries of Moneta	0.3%	2
Other (please specify)	3.1%	19
answered question		**608**
skipped question		**6**



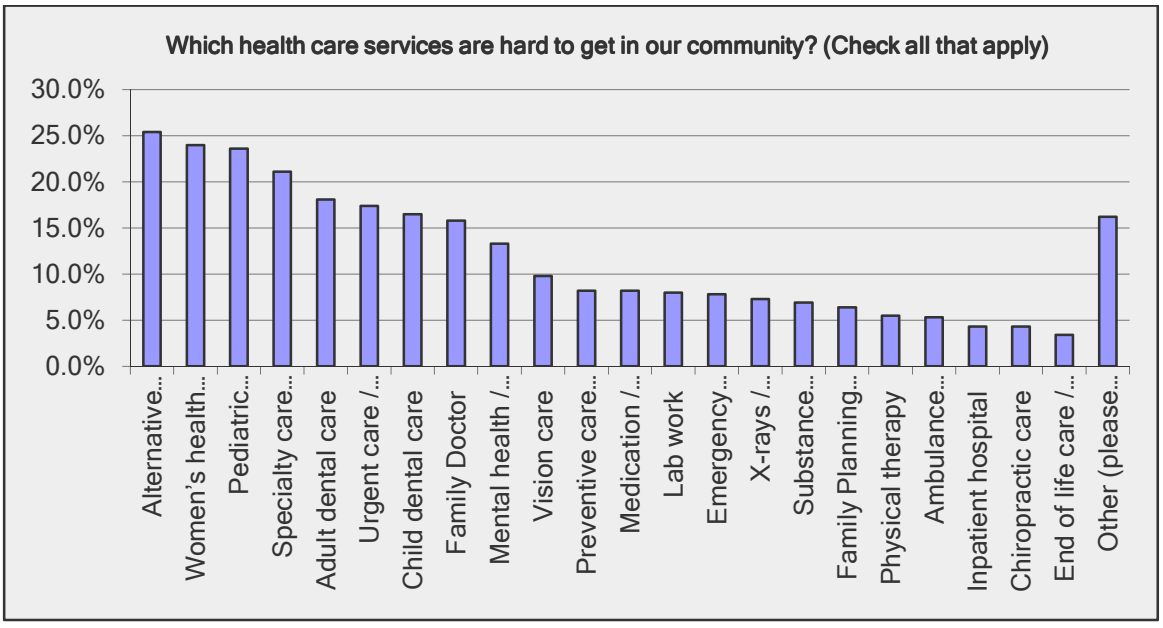
Where do you go for dental care? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Dentist's office	84.7%	514
I do not go to the dentist for regular care	13.8%	84
Other (please specify)	2.1%	13
Free Clinic (Ex. Franklin County, New River Valley, Bedford Christian, Central Virginia, Rescue Mission)	1.0%	6
Emergency Room	1.0%	6
Urgent Care	0.3%	2
Mission of Mercy Project	0.2%	1
Johnson Health Center / James River Dental Clinic	0.2%	1
Other (please specify)	2.1%	13
answered question		**607**
skipped question		**7**



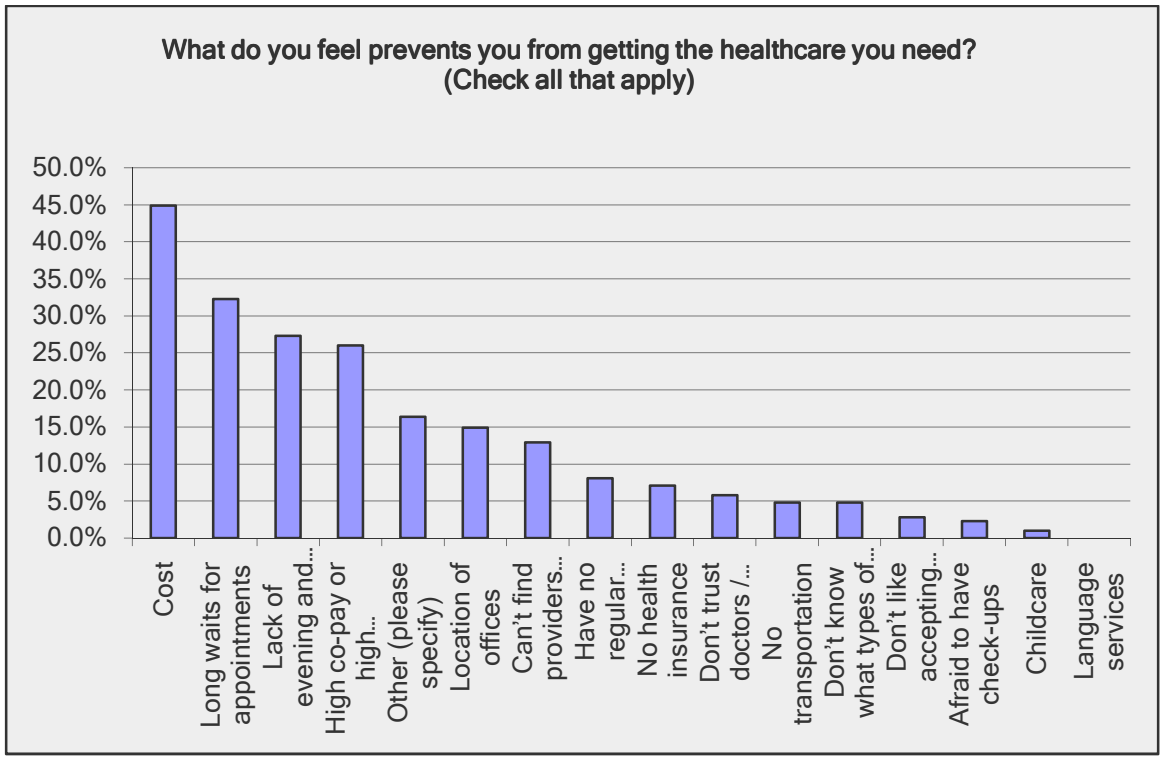
Where do you go for mental health, alcohol, or drug problems? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
I do not use these services	82.8%	485
Doctor/Counselor's Office	14.3%	84
Other (please specify)	3.4%	20
Piedmont Community Services	0.5%	3
Emergency Room	0.3%	2
Free Clinic (New River Valley, etc.)	0.2%	1
Presbyterian Homes and Family Service	0.2%	1
Other (please specify)	3.4%	20
answered question		**586**
skipped question		**28**



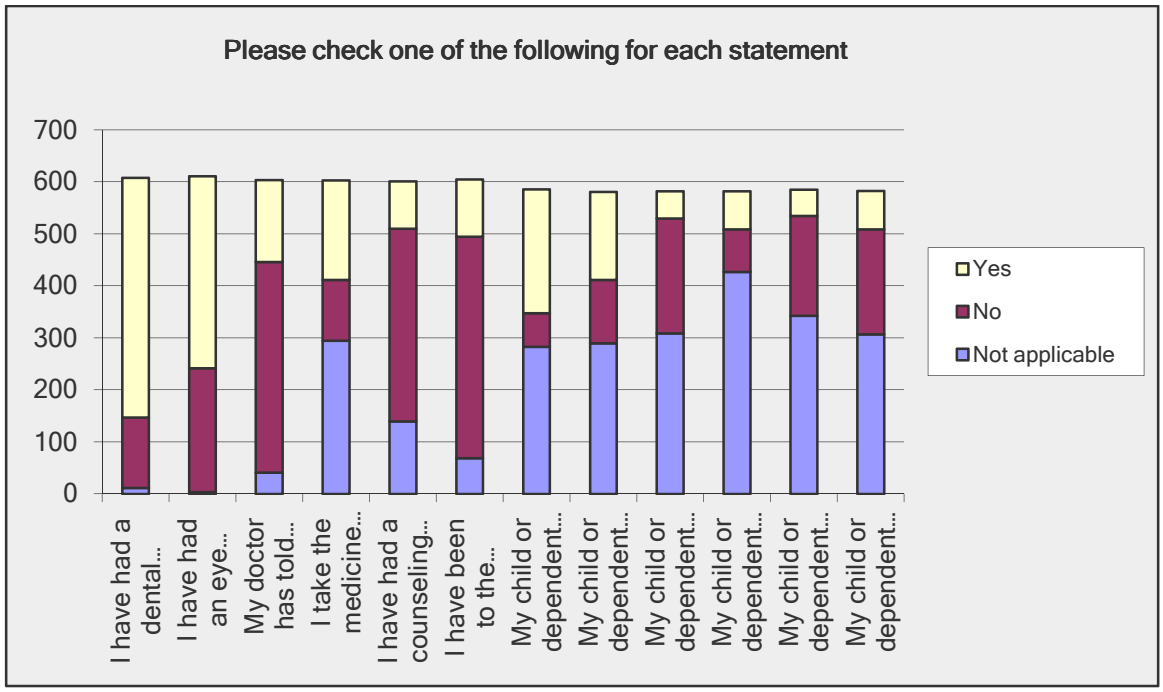
Which health care services are hard to get in our community? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Alternative therapy (ex. herbal, acupuncture)	25.4%	111
Women's health services	24.0%	105
Pediatric Services	23.6%	103
Specialty care (ex. heart doctor)	21.1%	92
Adult dental care	18.1%	79
Urgent care / walk in clinic	17.4%	76
Child dental care	16.5%	72
Family Doctor	15.8%	69
Mental health / counseling	13.3%	58
Vision care	9.8%	43
Preventive care (ex. yearly check-ups)	8.2%	36
Medication / medical supplies	8.2%	36
Lab work	8.0%	35
Emergency room care	7.8%	34
X-rays / mammograms	7.3%	32
Substance abuse services -drug and alcohol	6.9%	30
Family Planning / Birth control	6.4%	28
Physical therapy	5.5%	24
Ambulance services	5.3%	23
Inpatient hospital	4.3%	19
Chiropractic care	4.3%	19
End of life care / hospice	3.4%	15
Other (please specify)	16.2%	71
	answered question	**437**
	skipped question	**177**



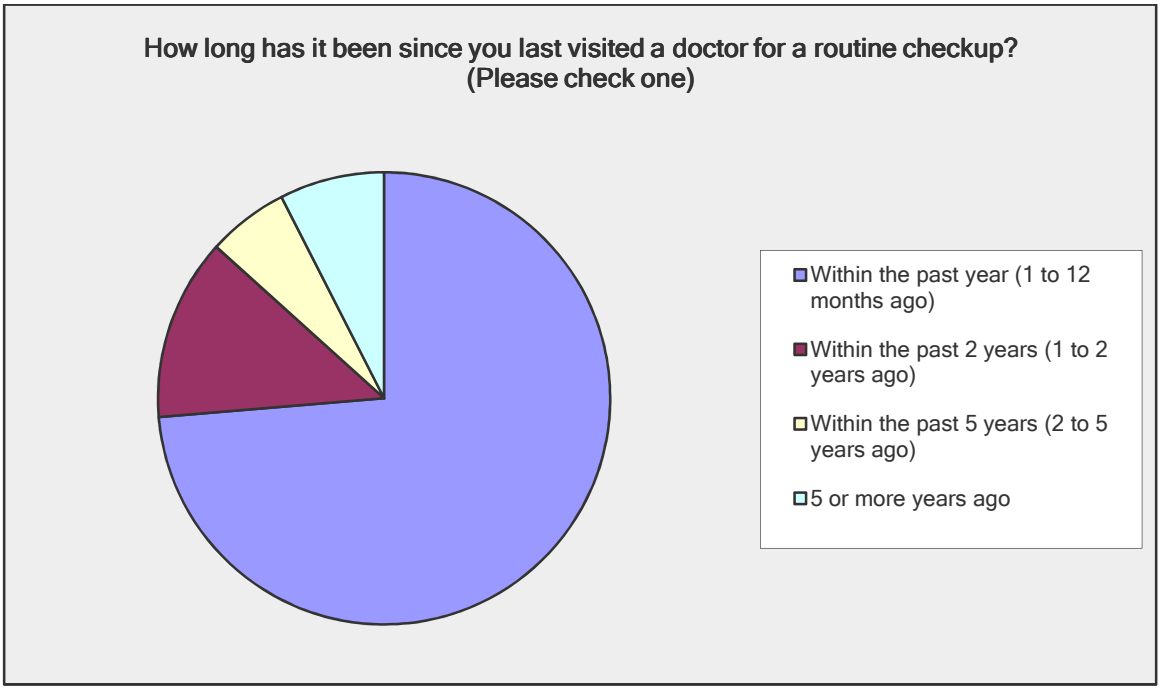
What do you feel prevents you from getting the healthcare you need? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Cost	44.9%	178
Long waits for appointments	32.3%	128
Lack of evening and weekend services	27.3%	108
High co-pay or high deductible	26.0%	103
Other (please specify)	16.4%	65
Location of offices	14.9%	59
Can't find providers that accept my insurance	12.9%	51
Have no regular source of healthcare	8.1%	32
No health insurance	7.1%	28
Don't trust doctors / clinics	5.8%	23
No transportation	4.8%	19
Don't know what types of services are available	4.8%	19
Don't like accepting government assistance	2.8%	11
Afraid to have check-ups	2.3%	9
Childcare	1.0%	4
Language services	0.0%	0
	answered question	**396**
	skipped question	**218**



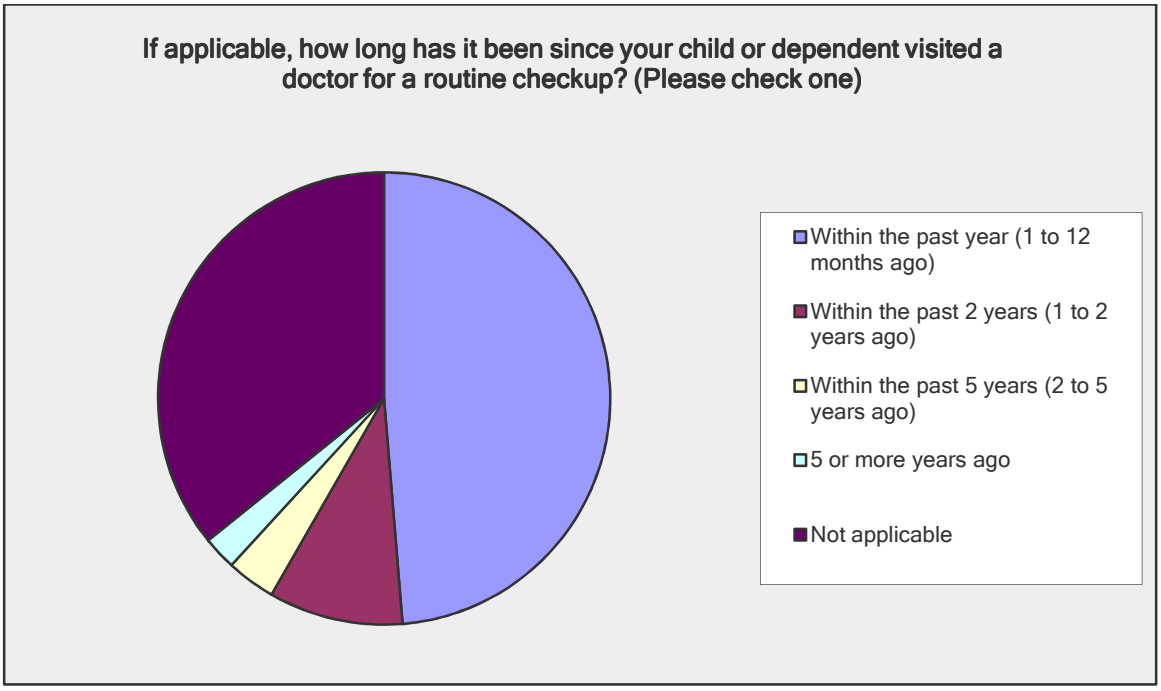
Please check one of the following for each statement				
Answer Options	**Yes**	**No**	**Not applicable**	**Response Count**
I have had a dental exam or cleaning within the past 12 months.	461	135	12	608
I have had an eye exam within the past 12 months.	369	238	4	611
My doctor has told me that I have a long-term or chronic illness.	158	405	41	604
I take the medicine my doctor tells me to take to control my chronic illness.	191	117	295	603
I have had a counseling visit within the last 12 months.	91	370	140	601
I have been to the emergency room in the last 12 months.	110	426	69	605
My child or dependent has had a dental exam or cleaning within the past 12 months.	238	65	283	586
My child or dependent has had an eye exam within the past 12 months.	169	122	290	581
My child or dependent has a long-term or chronic illness.	52	221	309	582
My child or dependent takes the medicine the doctor tells them to take to control their chronic illness.	73	82	427	582
My child or dependent has had a counseling visit within the last 12 months.	50	192	343	585
My child or dependent has been to the emergency room in the last 12 months.	74	202	307	583
			answered question	**613**
			skipped question	**1**



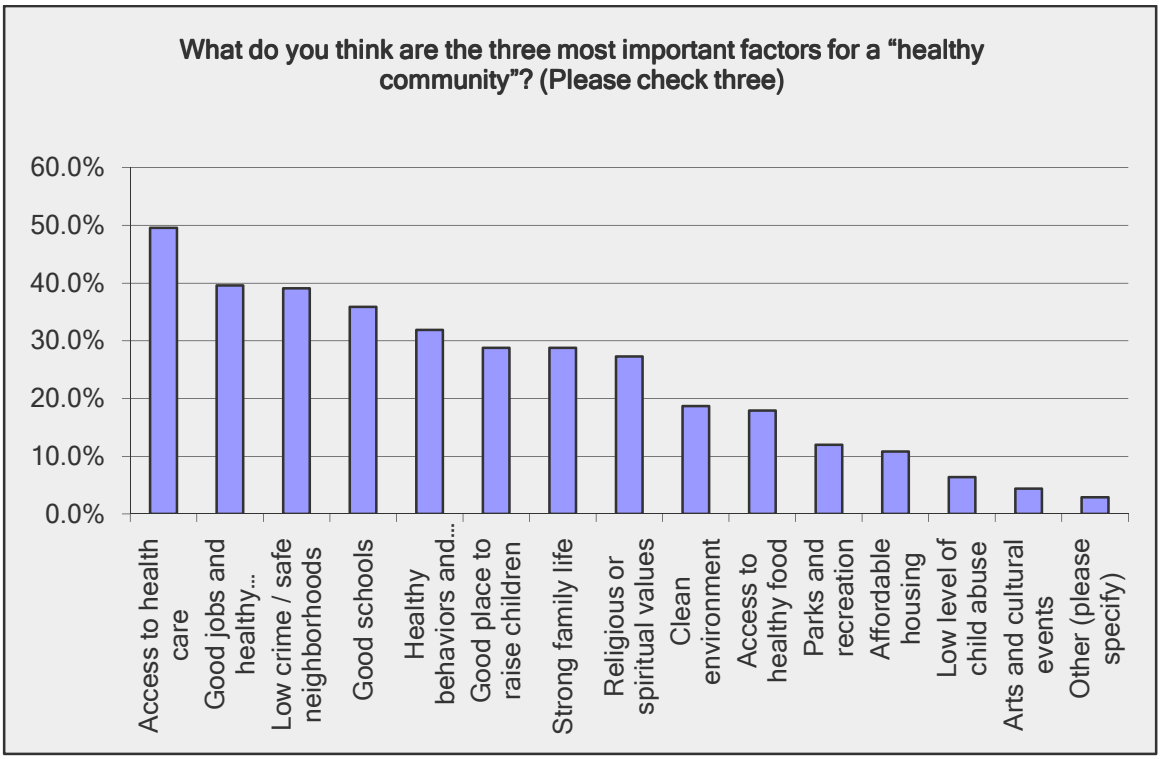
How long has it been since you last visited a doctor for a routine checkup? (Please check one)		
Answer Options	**Response Percent**	**Response Count**
Within the past year (1 to 12 months ago)	73.6%	441
Within the past 2 years (1 to 2 years ago)	13.0%	78
Within the past 5 years (2 to 5 years ago)	5.8%	35
5 or more years ago	7.5%	45
	answered question	**599**
	skipped question	**15**



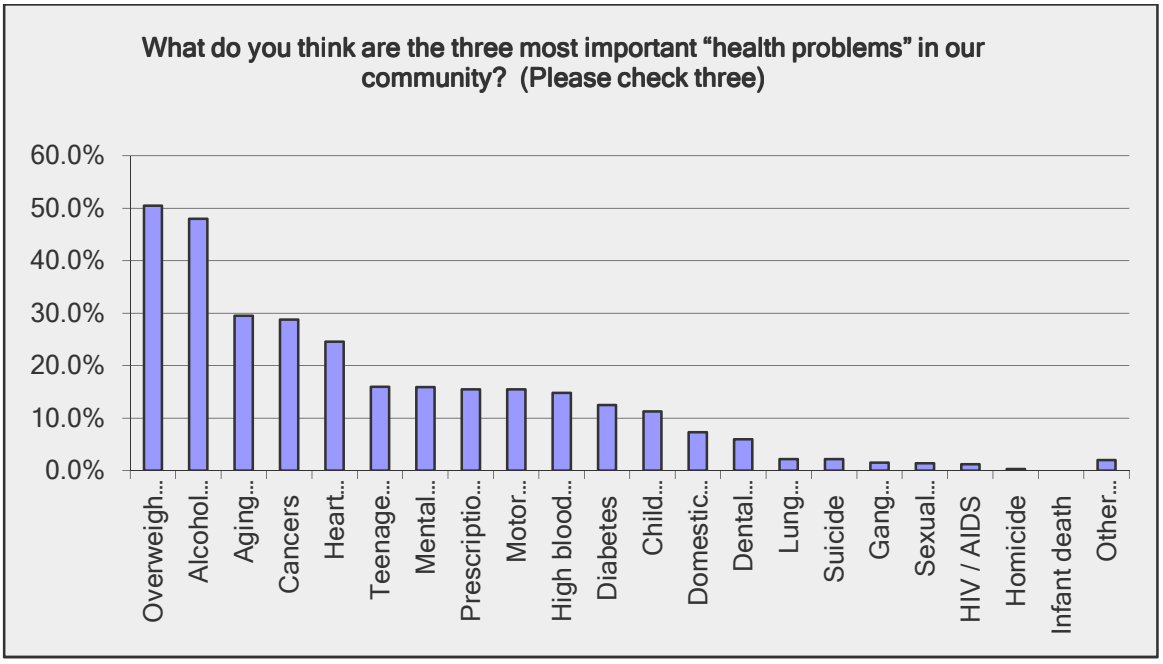
If applicable, how long has it been since your child or dependent visited a doctor for a routine checkup? (Please check one)		
Answer Options	**Response Percent**	**Response Count**
Within the past year (1 to 12 months ago)	48.7%	223
Within the past 2 years (1 to 2 years ago)	9.6%	44
Within the past 5 years (2 to 5 years ago)	3.5%	16
5 or more years ago	2.4%	11
Not applicable	35.8%	164
answered question		**458**
skipped question		**156**



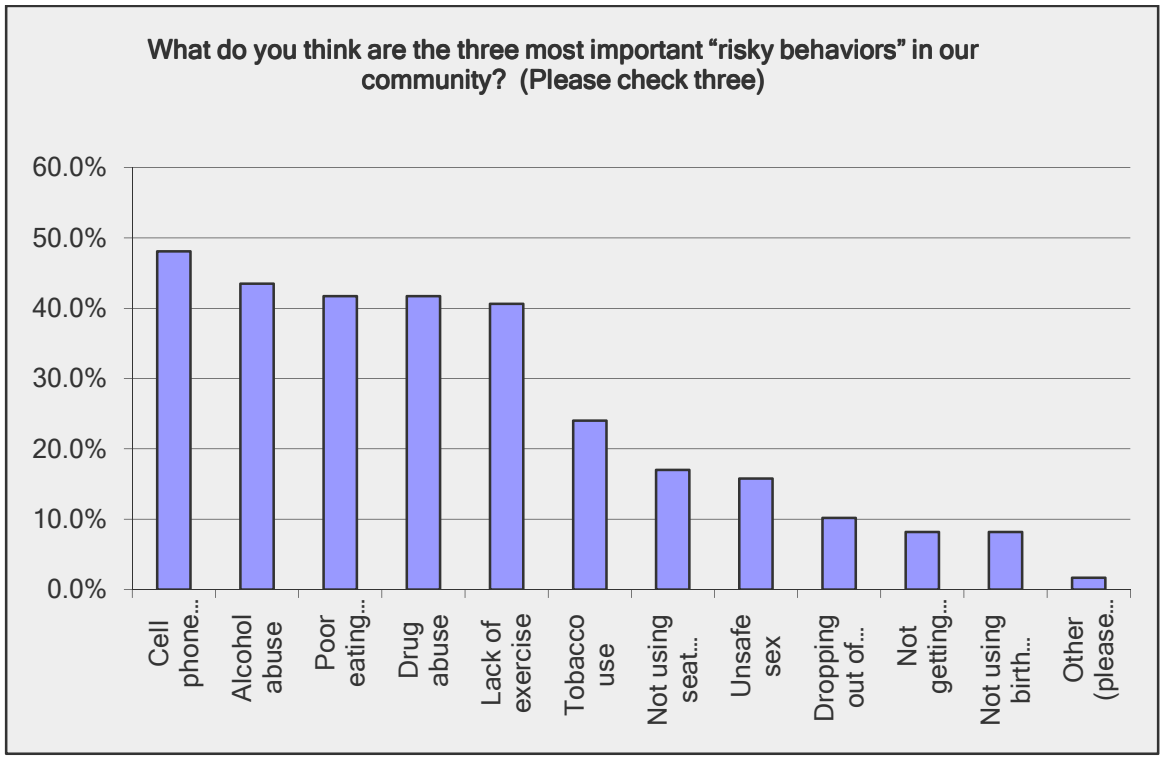
What do you think are the three most important factors for a "healthy community"? (Please check three)		
Answer Options	**Response Percent**	**Response Count**
Access to health care	49.6%	294
Good jobs and healthy economy	39.6%	235
Low crime / safe neighborhoods	39.1%	232
Good schools	35.9%	213
Healthy behaviors and lifestyles	31.9%	189
Good place to raise children	28.8%	171
Strong family life	28.8%	171
Religious or spiritual values	27.3%	162
Clean environment	18.7%	111
Access to healthy food	17.9%	106
Parks and recreation	12.0%	71
Affordable housing	10.8%	64
Low level of child abuse	6.4%	38
Arts and cultural events	4.4%	26
Other (please specify)	2.9%	17
answered question		**593**
skipped question		**21**



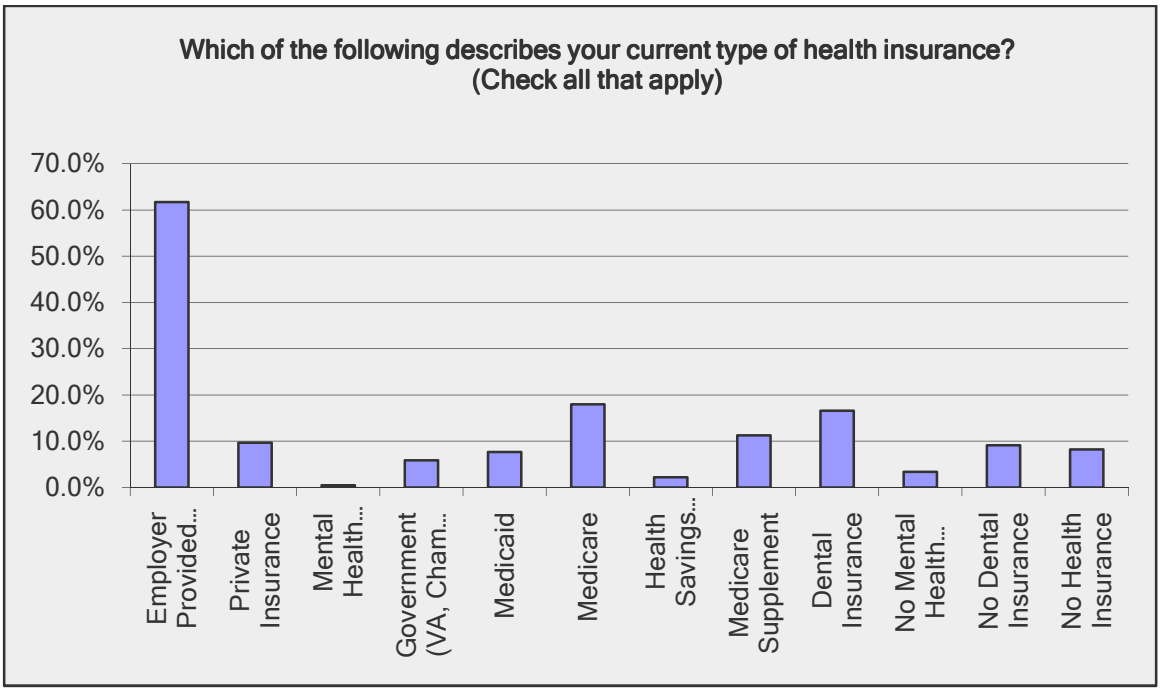
What do you think are the three most important "health problems" in our community? (Please check three)		
Answer Options	**Response Percent**	**Response Count**
Overweight / obesity	50.5%	296
Alcohol and illegal drug use	48.0%	281
Aging problems	29.5%	173
Cancers	28.8%	169
Heart disease and stroke	24.6%	144
Teenage pregnancy	16.0%	94
Mental health problems	15.9%	93
Prescription drug abuse	15.5%	91
Motor vehicle crash injuries	15.5%	91
High blood pressure	14.8%	87
Diabetes	12.5%	73
Child abuse / neglect	11.3%	66
Domestic violence	7.3%	43
Dental problems	6.0%	35
Lung disease	2.2%	13
Suicide	2.2%	13
Gang activity	1.5%	9
Sexual assault	1.4%	8
HIV / AIDS	1.2%	7
Homicide	0.3%	2
Infant death	0.0%	0
Other (please specify)	2.0%	12
	answered question	**586**
	skipped question	**28**



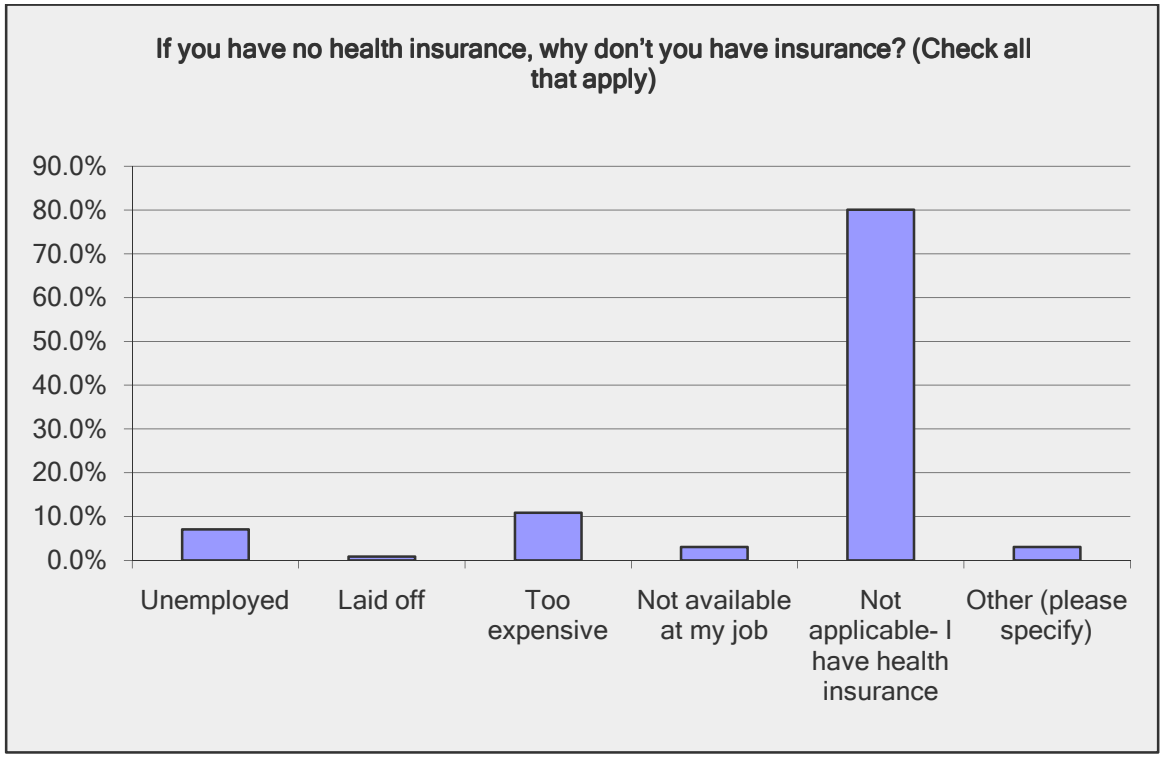
What do you think are the three most important "risky behaviors" in our community? (Please check three)		
Answer Options	**Response Percent**	**Response Count**
Cell phone use and driving	48.1%	283
Alcohol abuse	43.5%	256
Poor eating habits	41.7%	245
Drug abuse	41.7%	245
Lack of exercise	40.6%	239
Tobacco use	24.0%	141
Not using seat belts / child safety seats	17.0%	100
Unsafe sex	15.8%	93
Dropping out of school	10.2%	60
Not getting "shots" to prevent disease	8.2%	48
Not using birth control	8.2%	48
Other (please specify)	1.7%	10
	answered question	**588**
	skipped question	**26**



Which of the following describes your current type of health insurance? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Employer Provided Insurance	61.7%	367
Private Insurance	9.7%	58
Mental Health Insurance	0.5%	3
Government (VA, Champus)	5.9%	35
Medicaid	7.7%	46
Medicare	18.0%	107
Health Savings Account	2.2%	13
Medicare Supplement	11.3%	67
Dental Insurance	16.6%	99
No Mental Health Insurance	3.4%	20
No Dental Insurance	9.1%	54
No Health Insurance	8.2%	49
answered question		**595**
skipped question		**19**



If you have no health insurance, why don't you have insurance? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Unemployed	7.1%	23
Laid off	0.9%	3
Too expensive	10.9%	35
Not available at my job	3.1%	10
Not applicable- I have health insurance	80.1%	258
Other (please specify)	3.1%	10
	answered question	**322**
	skipped question	**292**



Secondary Data

Demographics and Socioeconomic Status

Population, Gender, Race and Age

Bedford County is growing at a faster rate than Virginia and has larger percent of older adults. The county is 91.1% white. The city of Bedford is 75.9% white and 21.0% African American.

Population Change Estimates, 2010 – 2030

(Virginia Employment Commission, 2012, http://www.vawc.virginia.gov/gsipub/index.asp?docid=359)

Geography	2000	2010	2020	2030	2040	% Change 2010 - 2030
Virginia	7079030	8001024	8811512	9645281	10530229	31.6%
Bedford City	6299	6222	6625	7101	7559	21.5%
Bedford County	60371	68676	77257	86325	95943	39.7%

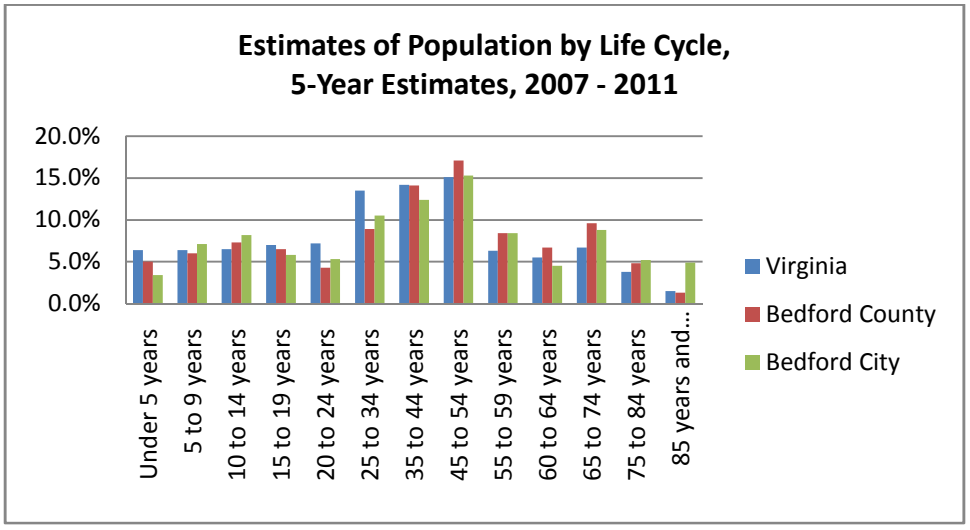
Median Age by Geographic Location

(American Community Survey 5-Year Estimates, DP05, U.S. Census Bureau, 2007-2011)

	Virginia	Bedford County	Bedford City
Median age (years)	37.3	43.4	44.1

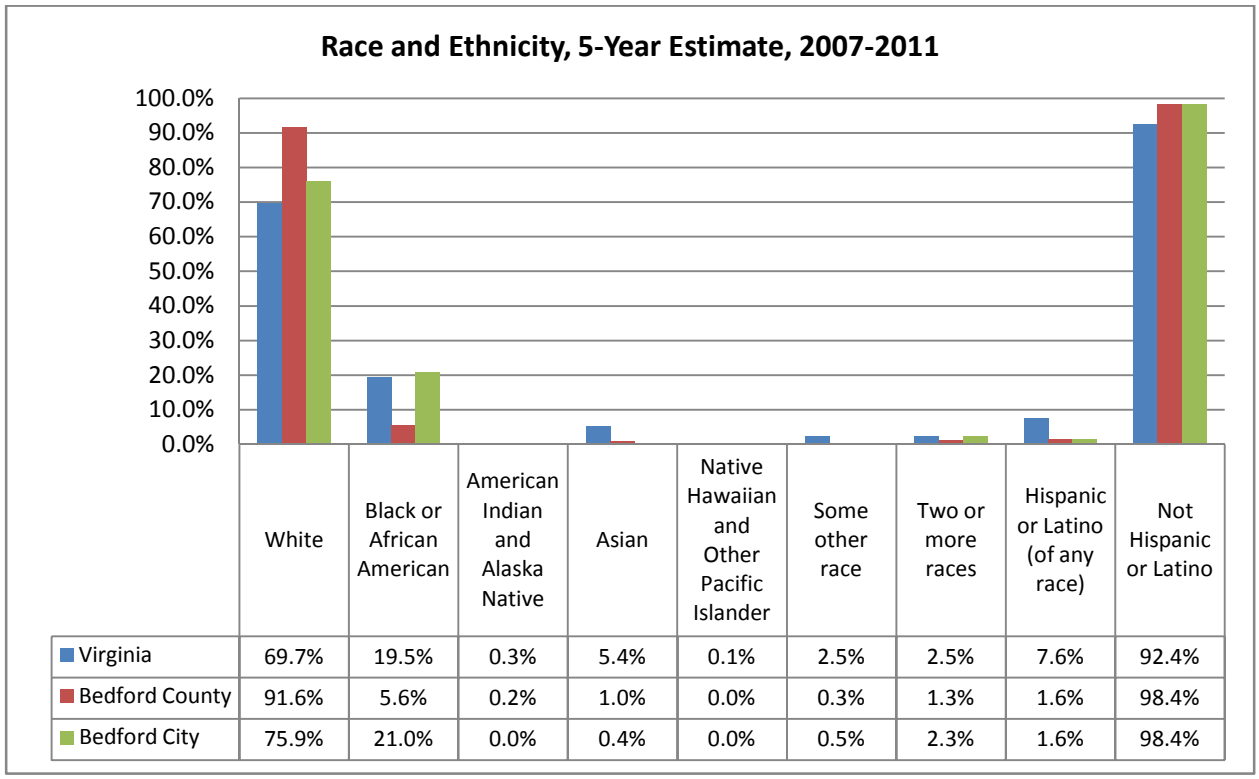
Estimates of Population by Life Cycle, 5-Year Estimates, 2007 - 2011

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)



Race and Ethnicity, 5-Year Estimate, 2007-2011

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino (of any race)	Not Hispanic or Latino
Virginia	69.7%	19.5%	0.3%	5.4%	0.1%	2.5%	2.5%	7.6%	92.4%
Bedford County	91.6%	5.6%	0.2%	1.0%	0.0%	0.3%	1.3%	1.6%	98.4%
Bedford City	75.9%	21.0%	0.0%	0.4%	0.0%	0.5%	2.3%	1.6%	98.4%

Public Schools Race / Ethnicity, 2011

(Virginia Department of Education, 2011 Student Membership by School, Grade, Ethnicity, & Gender, September 30, 2010)

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
Virginia Total	54.1%	24.1%	0.3%	5.8%	0.1%	4.1%	11.4%	1,253,038
Bedford								
BEDFORD ELEM	66.7%	20.0%	0.0%	1.0%	0.0%	8.3%	3.9%	409
BEDFORD MIDDLE	82.9%	12.2%	0.2%	0.2%	0.0%	1.9%	2.5%	475
BEDFORD PRIMARY	70.1%	21.9%	0.6%	1.4%	0.0%	5.0%	1.1%	361
BIG ISLAND ELEM	91.9%	6.2%	0.0%	0.0%	0.0%	1.0%	1.0%	210
BODY CAMP ELEM	76.3%	13.6%	0.0%	0.0%	0.0%	6.5%	3.6%	169
BOONSBORO ELEM	86.4%	9.6%	0.0%	1.0%	0.0%	2.3%	0.7%	302
FOREST ELEM	83.2%	3.5%	0.2%	8.5%	0.0%	2.2%	2.2%	457
FOREST MIDDLE	85.8%	6.1%	0.2%	2.7%	0.0%	2.4%	2.9%	1,011
GOODVIEW ELEM	89.3%	1.4%	0.4%	0.2%	0.0%	3.7%	4.9%	507
HUDDLESTON ELEM	85.8%	11.1%	0.9%	0.0%	0.0%	1.3%	0.9%	225
JEFFERSON FOREST HIGH	85.4%	7.3%	0.1%	3.8%	0.0%	1.6%	1.6%	1,303
LIBERTY HIGH	83.8%	11.0%	0.1%	0.5%	0.0%	2.8%	1.8%	940
MONETA ELEM	90.4%	3.3%	1.9%	0.0%	0.0%	3.3%	1.0%	209
MONTVALE ELEM	94.1%	1.5%	0.0%	0.4%	0.0%	3.3%	0.7%	273
NEW LONDON ACADEMY ELEM	86.6%	5.4%	0.3%	3.1%	0.0%	1.7%	2.8%	352

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
OTTER RIVER ELEM	84.1%	7.5%	0.0%	0.5%	0.0%	7.5%	0.5%	214
STAUNTON RIVER HIGH	88.7%	5.8%	0.5%	0.5%	0.0%	2.5%	2.0%	1,110
STAUNTON RIVER MIDDLE	91.0%	4.0%	0.5%	0.4%	0.0%	1.6%	2.6%	809
STEWARTSVILLE ELEM	95.3%	1.2%	0.2%	0.0%	0.0%	1.7%	1.5%	406
THAXTON ELEM	95.3%	1.3%	0.8%	0.8%	0.0%	1.3%	0.4%	236
THOMAS JEFFERSON ELEM	82.3%	7.8%	0.2%	3.2%	0.5%	2.3%	3.7%	617
Bedford County Total	85.6%	7.5%	0.3%	1.7%	0.0%	2.7%	2.2%	10,595

Foreign Born Persons, Percent, 2007 - 2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Geography	Percent
Virginia	11.0%
Bedford City	2.9%
Bedford County	1.9%

Population 5 years and over whom speak a language other than English at home, 2007 - 2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Geography	Percent
Virginia	14.4%
Bedford City	2.9%
Bedford County	3.4%

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. According to the most recent Virginia Health Equity report, Virginians who don't 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.[1]

85.5% of Bedford City and County residents have at least a high school education compared to 86.6% in Virginia. 24.4% of Bedford City and County residence have at least a college degree compared to 34.4% statewide.

Academic Attainment for Population 25 and Over, 5-Year Estimate, 2007-2011

(Local Department of Social Services Profile Report, SFY 2012, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

Educational Attainment (2011)	Statewide	Bedford/ Bedford City	
	Percent	Count	Percent
Less than 9th grade	5.4%	2546	4.8%
9th to 12th grade	8.0%	5107	9.7%
High school degree	25.6%	17142	32.5%
Some college, no degree	19.9%	11531	21.9%
Associate's degree	6.7%	3537	6.7%
Bachelor's degree	20.2%	8208	15.6%
Graduate/professional degree	14.2%	4679	8.9%
Have at least a high school degree	86.6%	45097	85.5%
Have at least a college degree	34.4%	12887	24.4%

[1] Virginia Department of Health, Virginia Health Equity Report, 2012 http://www.vdh.state.va.us/healthpolicy/Documents/Health%20Equity%20Report%202012-%20FINAL%207-31-12.pdf

Class of 2012 Graduation Statistics by School Division

(Virginia Department of Education, 2012)

Division	Bedford County
Cohort	841
Advanced Studies Diploma	424
Standard Diploma	296
Modified Standard Diploma	<
Special Diploma	21
Virginia On-Time Graduation Rate	89.1
GED	21
Cohort Completion Rate	92
Total Completers	774
Still Enrolled	20
Dropouts	46
Dropout Rate	5.5
Long-Term Absence	<

< indicates a group below the state definition for personally identifiable results

Income and Poverty Status

Bedford City has a low median household income ($34,647) compared to the Bedford County ($56,021) and the state of Virginia ($63,302). In 2011, 10% of the populations were living in poverty and 14.9% of children were living in poverty.

Median Household Income, 5-Year Estimate, 2007-2011

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography	Median Household Income
Virginia	$ 63,302
Bedford City	$ 34,647
Bedford County	$ 56,021

The Federal Poverty Guidelines (FPL) are used to determine eligibility for many local, state and federal assistance programs. The FLP is based on an individual's or family's annual cash income before taxes. Updated yearly by the Census Bureau, the 2012 guidelines are provided below as a reference.[2]

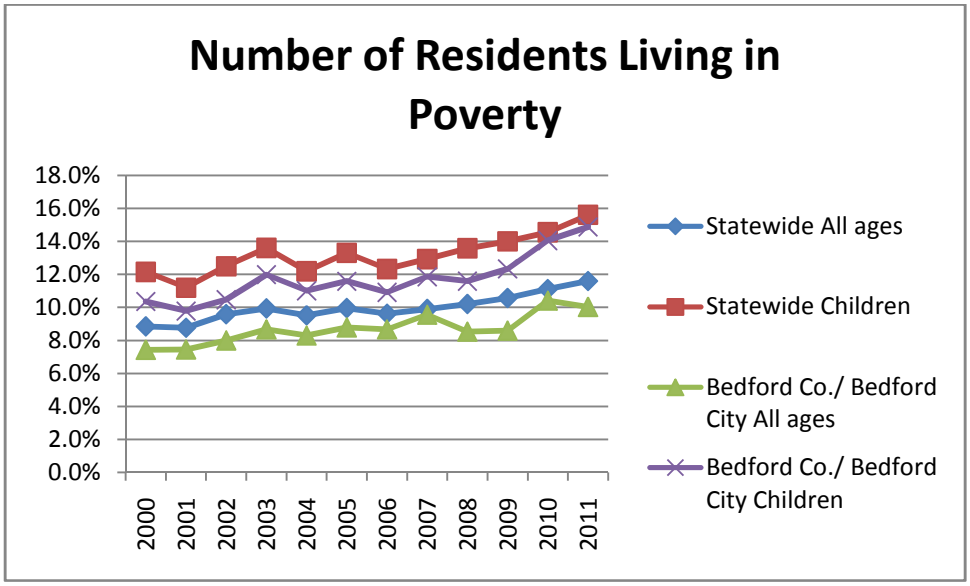
2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	**Poverty guideline**
1	$ 11,490
2	$ 15,510
3	$ 19,530
4	$ 23,550
5	$ 27,570
6	$ 31,590
7	$ 35,610
8	$ 39,630
For families/households with more than eight persons, add $ 4,020 for each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

[2] http://aspe.hhs.gov/poverty/12poverty.shtml/#guidelines

Number of Residents Living in Poverty

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE))

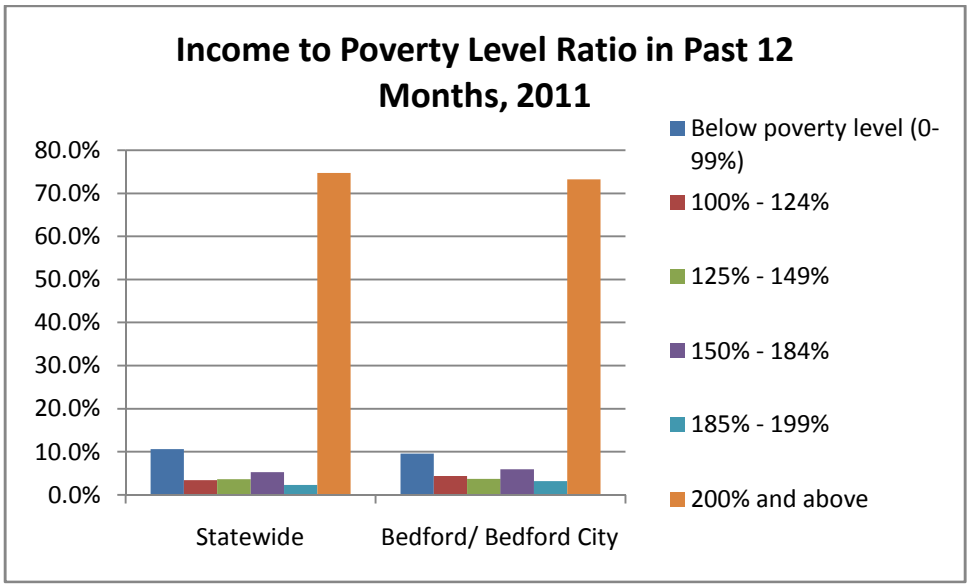
Poverty Rate (%)	Statewide		Bedford Co./ Bedford City	
	All ages	Children	All ages	Children
2000	8.9%	12.2%	7.4%	10.4%
2001	8.8%	11.2%	7.5%	9.8%
2002	9.6%	12.5%	8.0%	10.5%
2003	9.9%	13.6%	8.7%	12.0%
2004	9.5%	12.2%	8.3%	11.0%
2005	10.0%	13.3%	8.8%	11.6%
2006	9.6%	12.3%	8.7%	10.9%
2007	9.9%	12.9%	9.6%	11.9%
2008	10.2%	13.6%	8.5%	11.6%
2009	10.6%	14.0%	8.6%	12.3%
2010	11.1%	14.6%	10.4%	14.1%
2011	11.6%	15.6%	10.0%	14.9%



Income to Poverty Level Ratio in Past 12 Months, 2011

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau American Community Survey 3-Year Estimates, 2007-2011)

	Statewide	Bedford/ Bedford City	
	Percent	Count	Percent
Below poverty level (0-99%)	10.7%	7073	9.6%
100% - 124%	3.4%	3227	4.4%
125% - 149%	3.6%	2724	3.7%
150% - 184%	5.3%	4382	5.9%
185% - 199%	2.3%	2379	3.2%
200% and above	74.7%	54105	73.2%



Public Assistance Recipients, SFY 2012

(Virginia Department of Social Services, 2012)

			# SNAP	# Medicaid[1]	# TANF	% SNAP	% Medicaid	% TANF
Bedford Co./ Bedford City	Total Recipients		10717	9638	1163	10717	9638	1163
	Children 0-17 years	White	3145	4240	545	29.3%	44.0%	46.9%
		Black	633	789	136	5.9%	8.2%	11.7%
		Other	418	466	47	3.9%	4.8%	4.0%
	Adults 18-64 years	White	4575	2624	346	42.7%	27.2%	29.8%
		Black	908	489	70	8.5%	5.1%	6.0%
		Other	614	80	19	5.7%	0.8%	1.6%
	Adults 65 years & older	White	282	747	0	2.6%	7.8%	0.0%
		Black	72	168	0	0.7%	1.7%	0.0%
		Other	70	36	0	0.7%	0.4%	0.0%

Students Eligible for Free and Reduced Lunch Program, 2012- 2013

(Virginia Department of Education, Office of School Nutrition Program,
National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2012)

School System	SNP Membership	FREE	FREE Percentage (%)	REDUCED Price Eligible	REDUCED Price Percentage (%)	TOTAL F/R Eligible	TOTAL F/R Percentage (%)
Bedford County Public Schools	10,533	3,034	28.80%	757	7.19%	3,791	35.99%
Virginia School Division Totals	**1,238,870**	**413,992**	**33.42%**	**82,779**	**6.68%**	**496,771**	**40.10%**

Households and Marital Status

Bedford County has a high homeownership rate (84.2%) with a lower median value of owner-occupied housing units ($193,200) compared to Virginia ($254,600). Bedford County has a high percent of residents married (63.4%) and the city of Bedford has a high percent of divorced individuals (14.2%). The city of Bedford has a high percent of grandparents responsible for grandchildren (68.0%).

Housing Statistics

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)

	Virginia	Bedford City	Bedford County
Housing units, 2010	3,364,939	2,920	32,167
Homeownership rate, 2007-2011	68.40%	62.50%	84.20%
Housing units in multi-unit structures, percent, 2007-2011	21.40%	21.30%	3.90%
Median value of owner-occupied housing units, 2007-2011	$254,600	$148,000	$193,200
Households, 2007-2011	2,991,025	2,776	26,979
Persons per household, 2007-2011	2.57	2.1	2.52

Marital Status, Population 15 Years and Over, 2007-2011, Percentage

(U.S. Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2007-2011)

Geography	Total	Now married (except separated)	Widowed	Divorced	Separated	Never married
Virginia	6,403,172	51.5%	5.7%	9.7%	2.6%	30.5%
Bedford City	5,022	45.2%	8.4%	14.2%	5.3%	26.9%
Bedford County	55,777	63.4%	5.8%	8.3%	1.7%	20.8%

Percent of Children Living in Single-Parent Households, 2010, by Race/Ethnicity*

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau, 2010 Census Summary File 1 (Table P31), 2010)

Geography		All races	White	Black	Hispanic
Virginia	Percent	27.2%	19.5%	55.5%	28.4%
Bedford/	Count	3036	2416	392	117
Bedford City	Percent	20.4%	18.2%	46.5%	28.7%

Children Living in Single-Parent Households, 2010

(Local Department of Social Services Profile Report, SFY 2012, U.S. Census Bureau, 2010 Census Summary File 1 (Table P31), Household Type by Relationship for Population)

Geography		All races	White	Black	Hispanic
Virginia	Percent	27.2%	19.5%	55.5%	28.4%
Bedford/ Bedford City	Count	3036	2416	392	117
	Percent	20.4%	18.2%	46.5%	28.7%

Percent of Grandparents Living with Grandchildren who are Responsible for their Grandchildren, 2007 - 2011

(Local Department of Social Services Profile Report, SFY 2012, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography		Number of grandparents living with own grandchildren under 18 years	Responsible for grandchildren
Virginia	Estimate	167,530	66,554
	Percent		39.7%
Bedford City	Estimate	203	138
	Percent		68.0%
Bedford County	Estimate	1,220	485
	Percent		39.8%

2011 Divorces & Annulments

(Local Department of Social Services Profile Report, SFY 2012, Source: Virginia Department of Health, Division of Health Statistics. Percent excludes cases where child count is unknown.)

		Total number of divorces	Not involving children	Involving children
Virginia	Percent	--	53.9%	43.2%
Bedford/ Bedford City	Count	67	130	129
	Percent	--	50.0%	49.6%

2011 Divorce Rate

(Local Department of Social Services Profile Report, SFY 2012, Source: Virginia Department of Health, Division of Health Statistics. Rate is per 1,000 total population.)

	Rate (per 1,000 adults)
Virginia	3.8
Bedford/ Bedford City	3.4

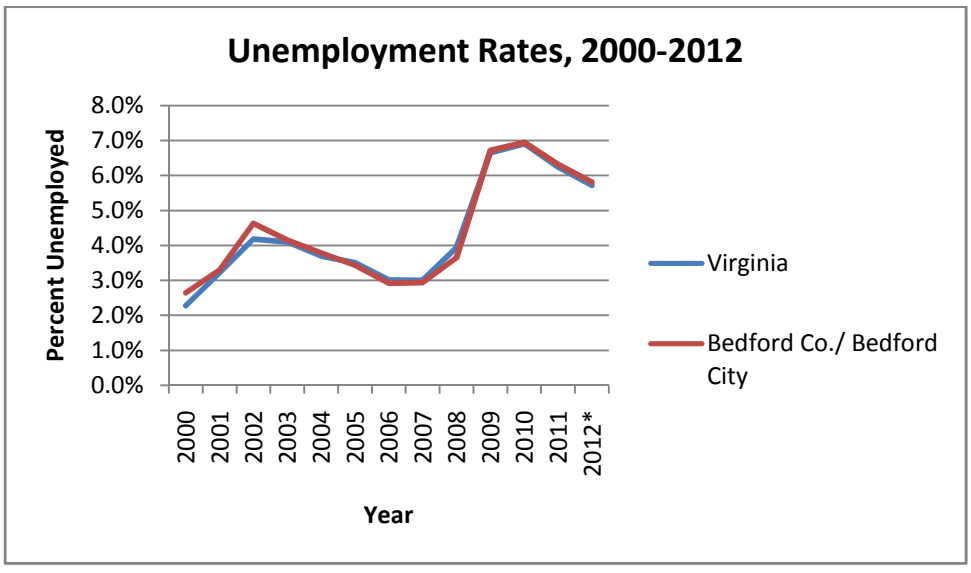
Employment Status

Bedford's unemployment rates are fairly consistent with the state of Virginia.

Unemployment Rates, 2000-2012

(Local Department of Social Services Profile Report, SFY 2012, Virginia Employment Commission, Local Area Unemployment Statistics, 2001-2012, *2012 rates are based on an 11-month average (through November))

Year	Virginia	Bedford Co./ Bedford City	
	Rate (%)	Number	Rate (%)
2000	2.3%	72	2.6%
2001	3.2%	1128	3.3%
2002	4.2%	1617	4.6%
2003	4.1%	1474	4.2%
2004	3.7%	1360	3.8%
2005	3.5%	1266	3.4%
2006	3.0%	1107	2.9%
2007	3.0%	1115	2.9%
2008	3.9%	1408	3.6%
2009	6.7%	2580	6.7%
2010	6.9%	2640	6.9%
2011	6.2%	2433	6.3%
2012*	5.7%	2241	5.8%



Transportation

Bedford City has a high percent of occupied housing units with no vehicles available (11.8%) compared to Bedford County (4.2%) and to Virginia (6.2%).

Occupied Housing Units with No Vehicles Available

(QuickFacts, American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007 - 2011)

Geography		Occupied housing units	No vehicles available	1 vehicle available	2 vehicles available	3 or more vehicles available
Virginia	Estimate	2,991,025	186,698	903,568	1,149,438	751,321
	Percent	2,991,025	6.20%	30.20%	38.40%	25.10%
Bedford City	Estimate	2,776	327	1,137	745	567
	Percent	2,776	11.80%	41.00%	26.80%	20.40%
Bedford County	Estimate	26,979	1,130	5,562	10,303	9,984
	Percent	26,979	4.20%	20.60%	38.20%	37.00%

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)[3]

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.[4]

Health Staffing Shortages and Designations

Big Island is a designated Medically Underserved Area (MUA). Big Island, Bedford City, Center District and Peaks District are designated as a Primary Care Health Professional Shortage Areas (HPSAs). Bedford is considered a Mental Health HPSA.

Health Professional Shortage Areas

(Health Resources and Services Administration, http://muafind.hrsa.gov and http://hpsafind.hrsa.gov, accessed August 18, 2012)

Geography	MUA	MUP	Health Professional Shortage Area		
			Primary Care HPSA	Dental HPSA	Mental Health HPSA
Bedford City / Bedford County	Big Island	-	Big Island Bedford City Center District Peaks District		Low Income - Central Virginia Service Area Bedford

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

[4] 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

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; it 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.[5]

In Bedford County, the ratio of population to one FTE provider is higher than the states averages for primary care providers, mental health providers and dentists.

Health Professionals Providers Population Ratio

(County Health Rankings, 2013, Health Resources and Services Administration, Area Resource File, 2011-2012)

	Primary Care Physicians			Dentists			Mental Health Providers		
Geography	# PCP	PCP Rate	PCP Ratio	# Dentists	Dentist Rate	Dentist Ratio	# MHP	MHP Rate	MHP Ratio
Virginia	5919	74	1355:1	4563	55	1811:1	3620	45	2216:1
Bedford City				10	151	661:1	1	16	6248:1
Bedford County	46	67	1494:1	10	14	6903:1	14	20	4910:1

[5] County Health Rankings, 2013 Data and Methods, http://www.countyhealthrankings.org/health-factors/access-care accessed 9/4/13

Source of Primary Care and Cost of Services

15% of Bedford County residents reported that they could not see a doctor due to cost compared to 6% in Bedford City and 11% in Virginia. Bedford City and County have a higher Medicare population compared to Virginia.

Percent of People Who Could Not See a Doctor Due to Cost

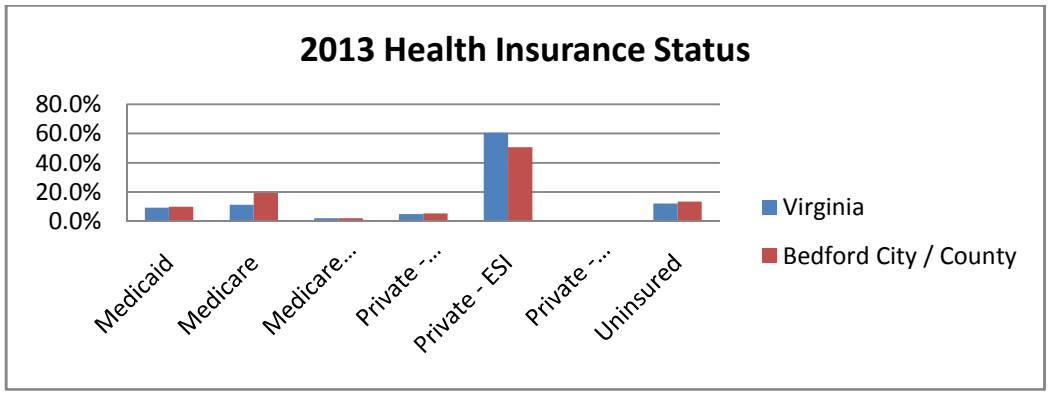
(County Health Rankings, 2013, Behavioral Risk Factor Surveillance System, 2005-2011)

Geography	Sample Size	% Couldn't Access
Virginia	38633	11
Bedford City	54	6
Bedford County	304	15

2013 Health Insurance Status

(Truven Market Planner Plus, 2013)

	Virginia		Bedford City / County	
	#	%	#	%
Medicaid	761312	9.3%	6682	9.8%
Medicare	914520	11.1%	13130	19.2%
Medicare Dual Eligible	168493	2.1%	1292	1.9%
Private - Direct	403459	4.9%	3561	5.2%
Private - ESI	4972951	60.6%	34553	50.6%
Private - Exchange	0	0.0%	0	0.0%
Uninsured	986755	12.0%	9077	13.3%
Grand Total	8207490	100.0%	68295	100.0%



Health Status of the Population

In Virginia, individuals are more likely to face high rates of disease, disability and death from a host of health conditions that span generations if they are poor, live in rural areas or inner-city communities, and are a racial or ethnic minority. In addition, residents with the least education have higher death rates. [6]

16% of residents in Bedford City reported fair to poor health in the past month while 13% of residents in Bedford City and 14% of Virginia reported fair to poor health.

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

(Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010)

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Bedford City	13	1.7
Bedford County	16	3.6

Death Rates

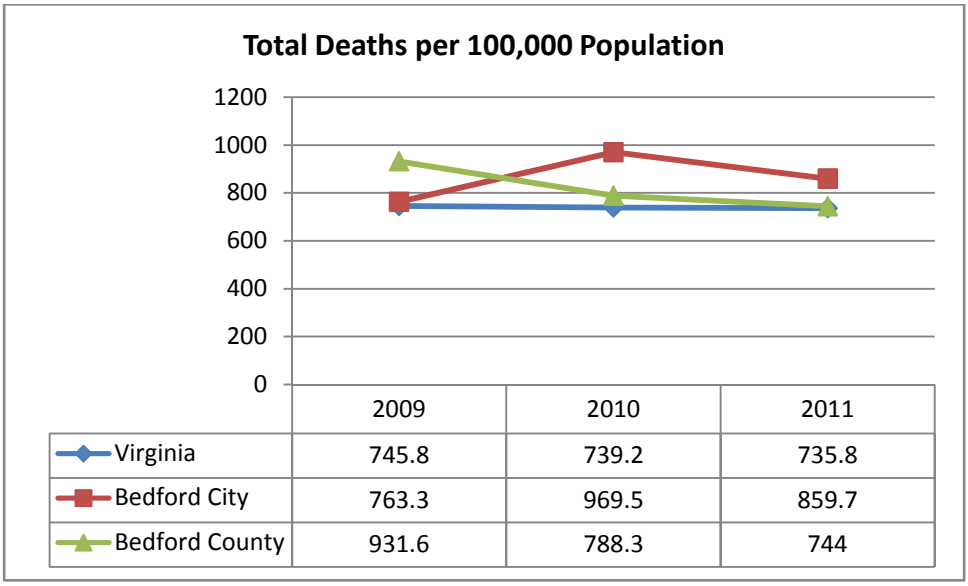
Death rates exceed the rates for Virginia as a whole as in Bedford City and Bedford County for:

- Total deaths
- Malignant neoplasms
- Heart disease
- Cerebrovascular disease
- Diabetes

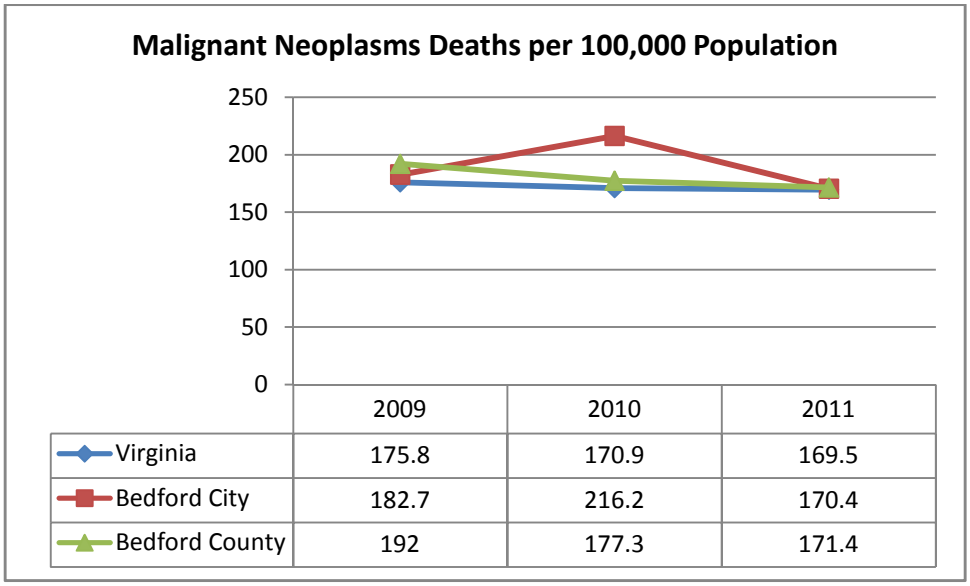
[6] Virginia Department of Health, Office of Minority Health & Health Equity, Virginia Health Equity Report 2012

Geographic Area Death Profile, Age-Adjusted Rates per 100,000

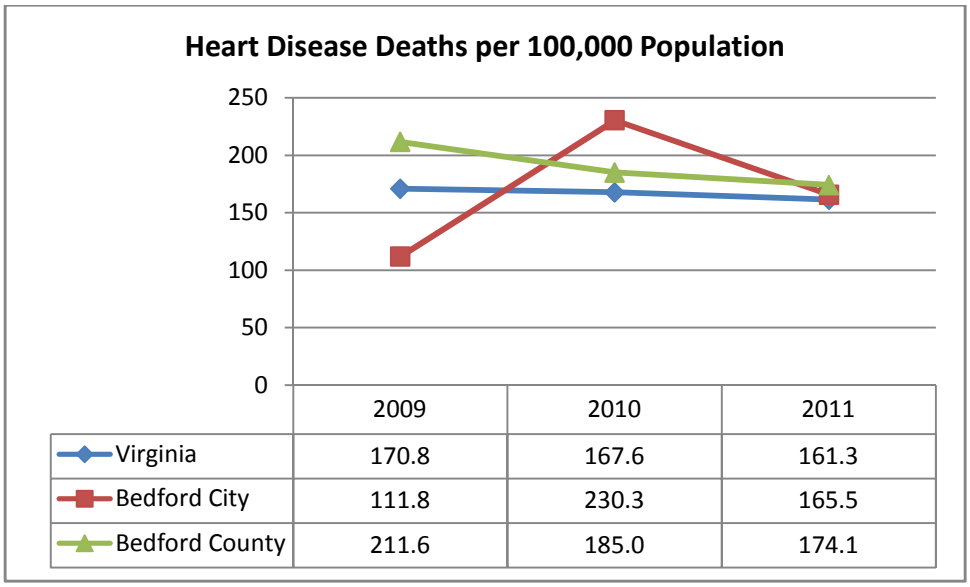
(Virginia Department of Health, Division of Health Statistics, 2009 - 2011)



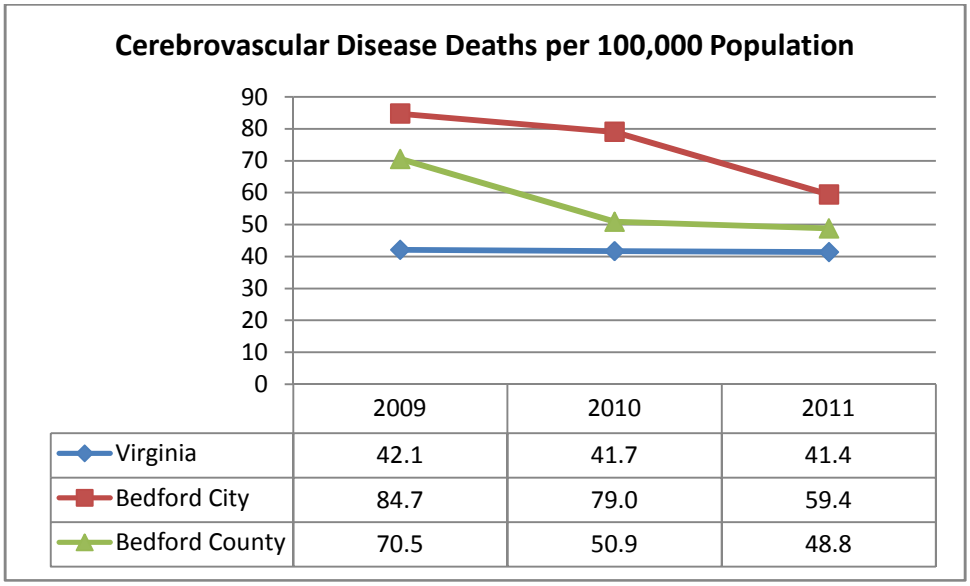
	2009	2010	2011
Virginia	745.8	739.2	735.8
Bedford City	763.3	969.5	859.7
Bedford County	931.6	788.3	744



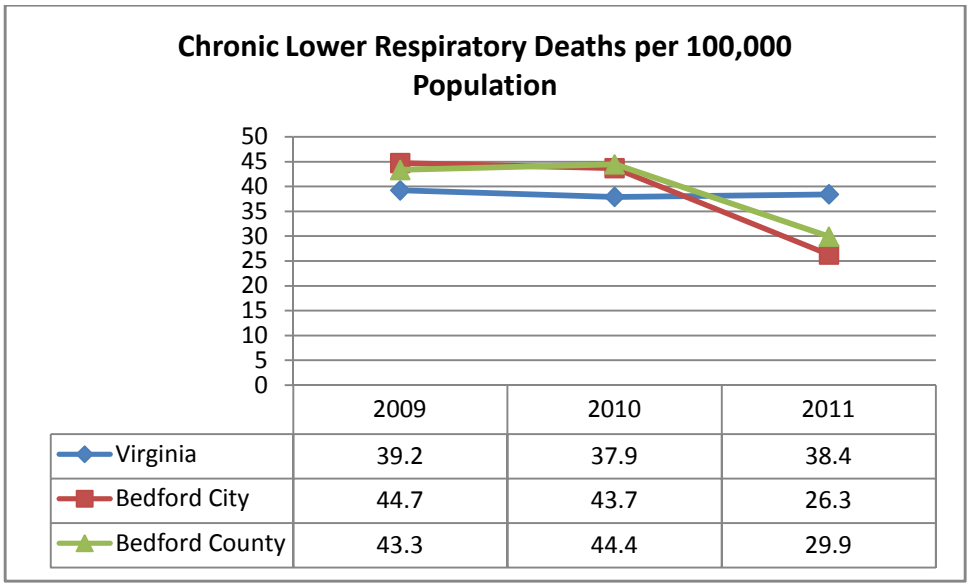
	2009	2010	2011
Virginia	175.8	170.9	169.5
Bedford City	182.7	216.2	170.4
Bedford County	192	177.3	171.4



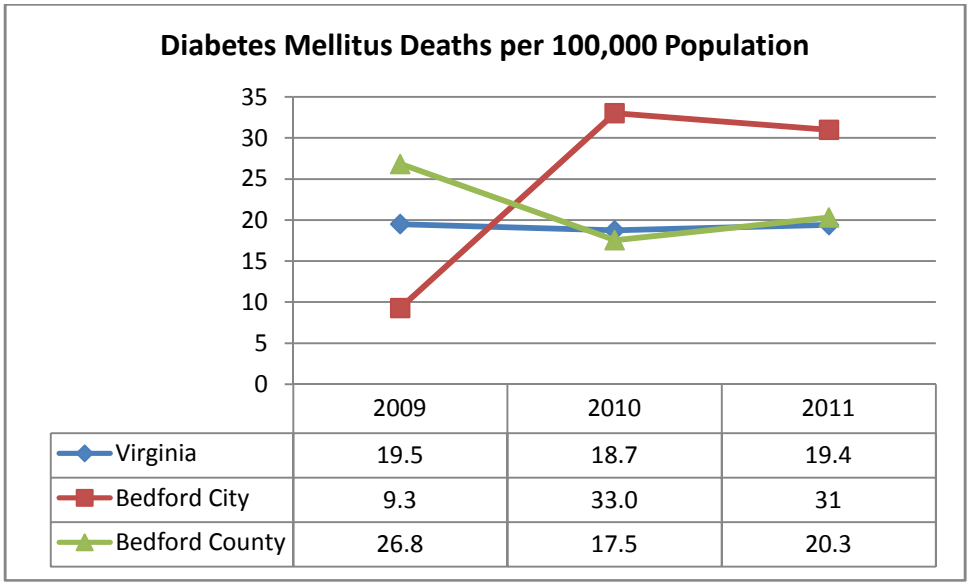
	2009	2010	2011
Virginia	170.8	167.6	161.3
Bedford City	111.8	230.3	165.5
Bedford County	211.6	185.0	174.1



	2009	2010	2011
Virginia	42.1	41.7	41.4
Bedford City	84.7	79.0	59.4
Bedford County	70.5	50.9	48.8



	2009	2010	2011
Virginia	39.2	37.9	38.4
Bedford City	44.7	43.7	26.3
Bedford County	43.3	44.4	29.9



	2009	2010	2011
Virginia	19.5	18.7	19.4
Bedford City	9.3	33.0	31
Bedford County	26.8	17.5	20.3

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 for which early intervention can prevent complications and severe disease. Total PQI hospital discharge rates are higher, at times twice the rate, in the city of Bedford as compared to Virginia as a whole for the following: adult asthma, angina, bacterial pneumonia, chronic obstructive pulmonary disease, congestive heart failure, diabetes, and hypertension.

Prevention Quality Indicator, Age-Adjusted Discharge Rates per 100,000

(Virginia Department of Health, Division of Health Statistics, Virginia Atlas of Community Health, 2012 ,2010 Data)

Age-Adjusted Discharge Rate per 100,000	Virginia	Bedford City	Bedford County
Adult Asthma PQI Discharges	76.0	151.7	41.3
Angina PQI Discharges	9.6	33.6	2.6
Bacterial Pneumonia PQI Discharges	184.5	714.1	106.2
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	125.6	426.3	68.2
Congestive Heart Failure PQI Discharges	238.1	862.1	132.5
Diabetes PQI	134.0	412.7	68.7
Hypertension PQI Discharges	34.6	162.5	13.2

Mental Health and Substance Abuse

Approximately one in five Americans experienced some sort of mental illness in 2010 with approximately 5% of Americans suffering from such severe mental illness that it interfered with day-to-day school, work or family. Prevalence of any mental illness was higher in females (23.8%) than males (15.6%); higher for persons with Medicaid, or Children's Health Insurance Coverage (33.4%); and higher for the uninsured (24.9%) than for persons with health insurance (16.1%).[7] Serious psychological distress among adults 18 years and over is two times greater for those living in poverty (less than 100% of the FPL) as compared to those living 100%-200% of poverty and over.[8]

Mental Health and Disorders are a Leading Health Indicator for Healthy People 2020 with a goal to "improve mental health through prevention by ensuring access to appropriate, quality mental health services."

Number of Mentally Unhealthy Days in the Past Month

(Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2005-2011)

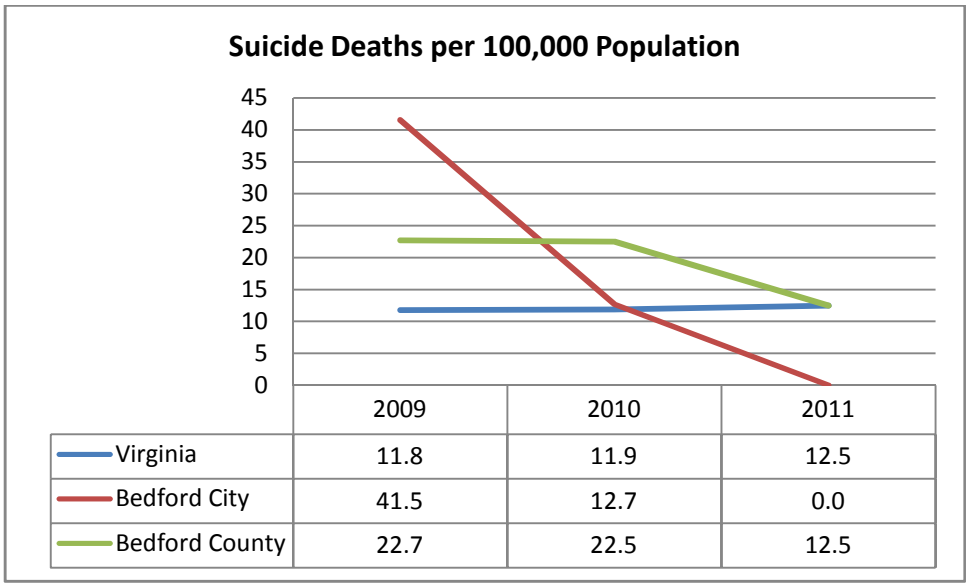
Geography	Mentally Unhealthy Days in the Past Month
Virginia	3.1
Bedford City	2.1
Bedford County	4.0

[7] Substance Abuse and Mental Health Administration, Mental Health United States, 2010 http://www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf

[8] Centers for Disease Control, Health United States, Table 59, 2011 http://www.cdc.gov/nchs/data/hus/hus11.pdf

Bedford Area Suicide Deaths per 100,000 Population

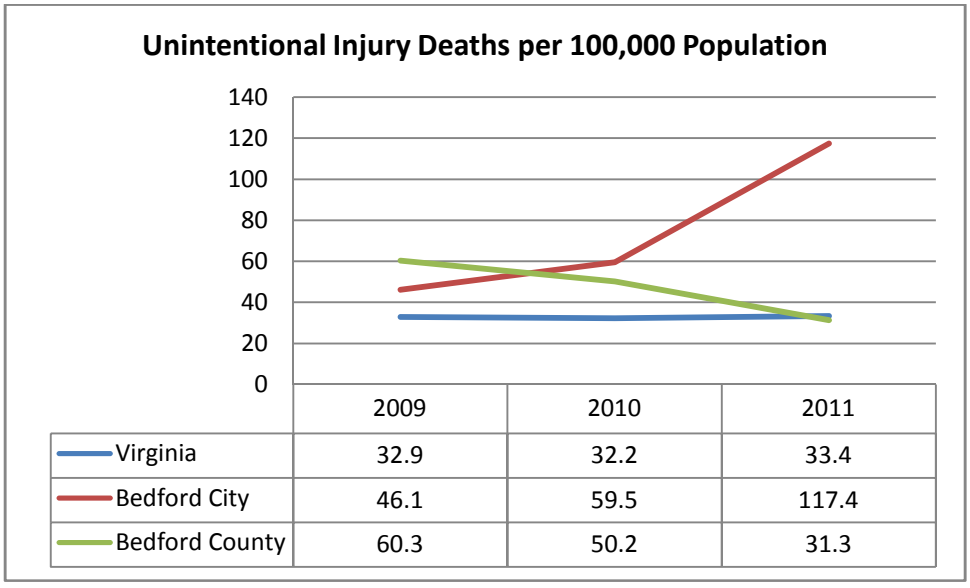
(Virginia Department of Health, Division of Health Statistics, 2009-2011)



	2009	2010	2011
Virginia	11.8	11.9	12.5
Bedford City	41.5	12.7	0.0
Bedford County	22.7	22.5	12.5

Bedford Area Unintentional Injury Deaths per 100,000 Population

(Virginia Department of Health, Division of Health Statistics, 2009 – 2011)

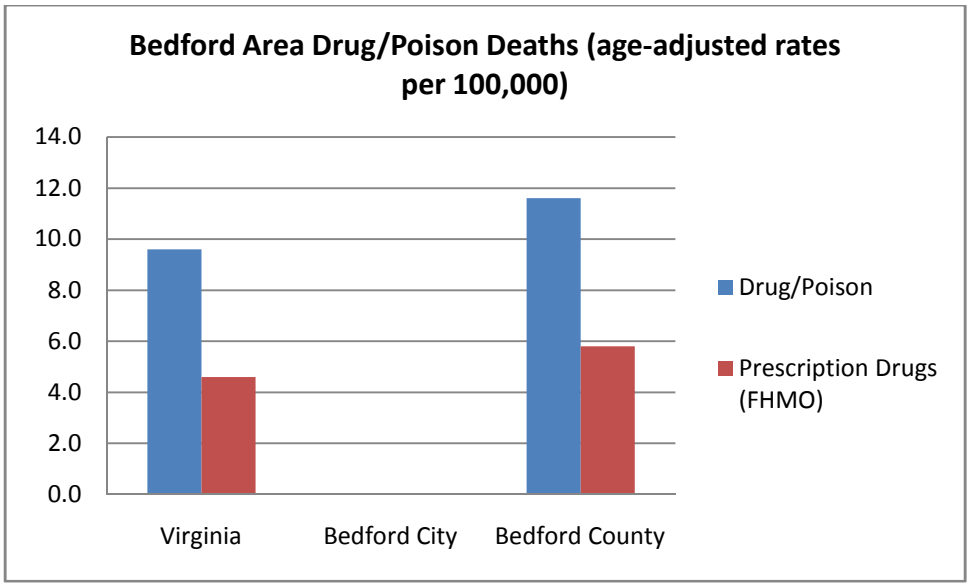


	2009	2010	2011
Virginia	32.9	32.2	33.4
Bedford City	46.1	59.5	117.4
Bedford County	60.3	50.2	31.3

Bedford Area Drug/Poison Deaths (age - adjusted rates per 100,000)

(Virginia Department of Health, Office of the Chief Medical Examiners , 2010)

Drug/Poison Deaths per 100,000 Population, Age-Adjusted	Virginia	Bedford City	Bedford County
Drug/Poison	9.6	0.0	11.6
Prescription Drugs (FHMO)	4.6	0.0	5.8



Prevention and Wellness

In the United States, 7 of the 10 leading causes of death are due to chronic illnesses that can often be prevented by adopting healthy behaviors and reducing health risk factors such as tobacco use, physical inactivity, poor nutrition, and obesity.[9] In addition to reducing risk factors, adherence to preventive screenings and care can greatly reduce the incidence of chronic disease and greatly improve quality of life.

County Health Rankings

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.[10] The lower the overall ranking, the healthier the community.

County Health Rankings-Health Outcomes (out of 133)

Geography	2011	2012	2013
Bedford City	65	65	64
Bedford County	47	50	56

County Health Rankings-Health Factors (out of 133)

Geography	2011	2012	2013
Bedford City	76	86	61
Bedford County	17	22	24

[9] Centers for Disease Control and Prevention, CDC's Health Communities Program accessed 8/11/2012, http://www.cdc.gov/healthycommunitiesprogram/overview/diseasesandrisks.htm

[10] University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, www.countyhealthrankings.org, 2013

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.

Health Risk Factors– High Blood Pressure and Cholesterol

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2010)

Adult Age 18+ Risk Profile	Virginia	Bedford City	Bedford County
High Blood Pressure (told by doctor or other health professional)%	29.0	32.0	28.0
High Cholesterol (told by doctor or other health professional) %	30.0	32.0	32.0

Health Risk Factors– Adult Smoking

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2005-2011)

Geography	% Adults who smoke daily or most days
Virginia	22
Bedford City	21
Bedford County	22

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. Overall, persons who are obese spend 42% more for medical care than do normal weight adults.[11] Reducing the proportion of adults who are obese to 30.6% is a Healthy People 2020 Leading Health Indicator (NWS-9).

The benefits of physical activity include weight control; reduction of risk for cardiovascular disease, diabetes, and some cancers; and increased strength and overall well-being.

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).

Bedford is considered a food desert. Food deserts are defined as an area where residents are poor, lack transportation and have no supermarkets to supply healthy food choices. In Virginia there are 200 census tracts identified as food deserts, and 29 of them have been identified as having no access to a supermarket or grocery store.

Health Risk Factors-Obesity and Physical Inactivity

(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2009)

Geography	Adult Obesity	Physical Inactivity
	% Obese	% No Leisure Time Physical Activity
Virginia	28	24
Bedford City	30	26
Bedford County	26	30

[11] Centers for Disease Control and Prevention, Study Estimates Medical Cost of Obesity May be as High as $147 Billion Annually, July 27, 2009, www.cdc.gov/media/pressrel/2009/r090727.htm

Access to Recreational Facilities rate per 100,000 population

(County Business Patterns, 2010)

Geography	Recreational Facilities	Rec. Facility Rate
Virginia	832	10.4
Bedford City	0	0
Bedford County	5	7.3

Limited Access to Health Foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)

(U.S. Department of Agriculture, Food Environment Atlas 2012)

Geography	# Limited Access	% Limited Access
Virginia	295,609	4
Bedford City	281	5
Bedford County	1,220	2

Census Tract Food Deserts

(United States Department of Agriculture, Ecomonic Research Service, 2010)

Geography	Census Tract FIPS	Total Population	% of people with low access to a supermarket or large grocery store	# of people with low access to a supermarket or large grocery store	% of total population that is low-income and has low access to a supermarket or large grocery store	# of total population that is low-income and has low access to a supermarket or large grocery store
Bedford	51515050100	6299	9.5	597	1.7	99

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 Bedford City, 55% of women 18 years and older had no Pap test in the past three years.

Health Risk Factors– Cancer Screenings, 2010

(Virginia Department of Health, Virginia Behavior Risk Factor Surveillance System, 2010)

Adult Age 18+ Risk Profile	Virginia	Bedford City	Bedford County
Percent of women 18 and older with no Pap test in past 3 years	13.2	55.0	9.1
Percent of women 40 and older with no mammogram in past 3 years	10.1	13.1	10.8

Maternal, Infant and Child Health

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%

Prenatal and Perinatal Health Indicators

Bedford Area Births without Early Prenatal Care

(Virginia Atlas, VDH, Division of Health Statistics, 2011)

Prenatal & Perinatal Health Information	Virginia	Bedford City	Bedford County
Late Entry into Prenatal Care (after first trimester), % all births	17.3%	8.3%	4.0%

Prenatal & Perinatal Health Indicators, Bedford Area, 5-year average, 2006-2010

(Virginia Department of Health, Division of Health Statistics, 2006-2010)

Prenatal & Perinatal Health Information	Virginia	Bedford City	Bedford County
Low Birth Weight Births %	8	24	8
5-Yr Average Infant Mortality Rate	7.1	10	4.7

Prenatal & Perinatal Health Indicators, Bedford Area

(Virginia Department of Health, Division of Health Statistics, 2011)

Prenatal & Perinatal Health Information	Virginia	Bedford City	Bedford County
Live Birth Rates per 1000 total Population	12.7	7.8	8.6
Live Birth Rates per 1000 (White)	11.8	7.9	8.5
Live Birth Rates per 1000 (Black)	13.2	7.6	9.8
Live Birth Rates per 1000 (Other)	19.7	0	12.5

Prenatal & Perinatal Health Information	Virginia	Bedford City	Bedford County
Infant Death Rates per 1000 live births	6.7	20.8	8.4
Infant Death Rates per 1000 live births (White)	5.2	n/a	7.4
Infant Death Rates per 1000 live births (Black)	12.8	100	23.3
Infant Death Rates per 1000 live births (Other)	3.8	n/a	n/a

Bedford Area
Pregnancy Rate per 1000 Females ages 10-19 (per 1000 births)

(Virginia Department of Health, Division of Health Statistics, 2009-2011)

Geography	2009	2010	2011
Virginia	24.3	21.1	18.6
Bedford City	63.3	21.3	33.3
Bedford County	14.5	13.1	15.6

Reported Number of Children Tested for Elevated Blood Lead Levels under 36 Months

(Virginia Department of Health, Lead-Safe Virginia Program, 2011)

	Virginia	Bedford City	Bedford County
Elevated Blood Lead Level Testing Rate/1000	209	502	121
Percent Confirmed Elevated	0.2	0	0

Infectious Diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

One of the Healthy People 2020 goals is to "promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases and their complications."

Bedford Area HIV Infection Prevalence, 2011

(Virginia Department of Health, HIV Surveillance Quarterly Report, 2011, http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#Profile)

	Virginia	Bedford City	Bedford County
HIV Prevalence Rate	307	302	61

Bedford Area Sexually Transmitted Infection Rates (per 100,000)

(Virginia Department of Health, Virginia STD Surveillance Quarterly Report, 2011, http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/DAta/#Profile)

Geography	Early Syphilis	Gonorrhea	Chlamydia
Virginia	6.4	81.5	431.6
Bedford City	n/a	64.7	307.4
Bedford County	n/a	18.8	118.4

Bedford Area Number of Reported Tuberculosis (TB) Rates per 100,000

(Virginia Department of Health, Division of Disease Prevention, 2008 - 2012)

Geography	2008	2009	2010	2011	2012
Virginia	3.9	3.5	3.4	2.7	2.9
Bedford City	0	0	0	0	0
Bedford County	0	0	1.5	0	0

Social Environment

Bedford Area Rate of Child Abuse and Neglect (per 1000 children)

(Virginia Department of Social Services, Voices for Virginia's Children, CPS Program and Statistical Reports, 2005-2011)

Geography	2005	2006	2007	2008	2009	2010	2011
Virginia	3.9	3.9	3.4	3.3	3.2	3.9	3.3
Bedford City	13.1	8.6	2.9	2.2	2.8	10.1	2.4
Bedford County	3.6	4.2	2.7	4.4	3.7	5.5	3.0

Implementation Strategy

2013 Bedford Memorial Hospital
Health Improvement Implementation Strategy
2014 – 2016 Summary

Bedford Memorial Hospital (BMH) is a not-for-profit, 50-bed hospital jointly owned by Carilion Clinic and Centra Health. BMH is located in Bedford County, Virginia and offers a full-service medical facility with special emphasis on outpatient surgery, emergency services, geriatrics, and rehabilitative services. The facility offers 24-hour emergency care to more than 60,000 patients annually.

The Bedford Community Health Needs Assessment (CHNA) focused on high levels of community engagement, soliciting input from stakeholders, and providers; the target population; and the community as a whole. Members from the Energize Bedford Community Action Coalition served as the Community Health Assessment Team (CHAT) that led the assessment. Energize Bedford is a grassroots initiative led by the Bedford Community Health Foundation made up of interested and engaged individuals who are committed to helping improve the health and well being of Bedford families. The majority of CHAT members serve the low-income, uninsured, underserved, and chronically ill and other vulnerable populations in Bedford County. The Bedford CHAT met three times between January and August of 2013.

The Project Management Team included BMH's Hospital Administrator, who served as the Project Director for the assessment; BMH's Health Services Representative, who served as the Community Hospital Project Manager; and a Carilion Clinic Planning Analyst was the CHNA Planning Manager. The Community Hospital Project Manager coordinated meeting logistics, kept records, and distributed and collected surveys during the project period. The CHNA Planning Manager worked in conjunction with Carilion Clinic's Planning Department which assisted in all aspects of the project including the development and analysis of the Stakeholder Survey and the Community Health Survey; collection and analysis of minutes from focus groups and CHAT meetings; collection and analysis of secondary data; and compilation the final report.

Beginning in January 2013, primary data collection included a stakeholder survey (54 participants), a community health survey (614 participants), and four target population focus groups. Secondary data were collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors, disease incidence and prevalence and the social environment.

Target Area and Population

The target population was those living in the Town of Bedford and Bedford County. In gathering data, an emphasis was placed on vulnerable populations, such as low income, uninsured/underinsured, elderly and those with chronic diseases.

How the Implementation Strategy Was Developed

CHAT members identified and ranked the most pertinent healthcare needs based on the findings of the four assessment activities including target population focus group meetings, stakeholder survey, community health survey, and secondary data collection. The top priorities identified were given a feasibility and potential impact sore by each CHAT member. The data were compiled and averaged as a list of top prioritized healthcare needs in the community.

Major Needs and How Priorities Were Established

Upon compiling all primary and secondary data, a review was conducted to complete a list of health needs identified through the assessment process. The Management Team and the CHAT then met to prioritize the needs and narrow the focus to 3 to 5 areas of highest priority. These top areas were identified based upon community need, feasibility of addressing the need and potential impact. Similar categories were grouped, and three areas of priority became clear, based upon the four assessment activities performed (stakeholder survey, community survey, focus groups and secondary data). The Bedford CHNA findings demonstrate the need for:

- Access to:
    - Primary care
    - Services to the elderly
    - Specialty care
    - Mental health counseling / substance abuse
- Need for improved coordination of care across the health and human services sector
- General wellness:
    - Obesity
    - Poor eating habits / lack of nutrient dense foods in diet
    - Chronic disease management
    - Lack of exercise / physical activity
    - Health literacy

Description of BMH Will Do to Address Community Needs

To address the needs of the community, BMH will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the CHNA. The team will initially consist of BMH employees and area providers, and expand to include membership from

community agencies as needed to ensure improvements are achieved in the identified areas of focus. The team will develop goals and objectives and identify indicators for addressing community health need.

In addition, BMH serves as an active partner in Energize Bedford Community Actions Coalition. The coalition's primary goal is to build Bedford's capacity to foster and promote individual, family, and community health, including but not limited to preventing and reducing childhood overweight.

BMH officials will communicate the priority areas of community needs identified through the assessment process, and work within the Energize Bedford to encourage the focusing of community resources on these needs.

Lastly, processes will be developed to track progress of improvements, ongoing.

Priority Areas Not being Addressed and the Reasons

Multiple other needs were identified during the CHNA process, including high cost of living and preferences for necessities, access to adult dental care, and the need for urgent care services. BMH will not focus on those initiatives in the scope of this project due to the fact that the CHAT did not identify those issues as being the most pertinent community needs. It would not be prudent to spread limited hospital and community resources across too many initiatives.

Conclusion[12]

Each year the American Hospital Association (AHA) conducts an Environmental Scan of the state of the health care system in America to provide "insight and information about market forces that have a high probability of affecting the healthcare field." In reviewing the 2013 Environmental Scan, each area identified as a focus in the Bedford CHNA was recognized as an issue at the national level as well.

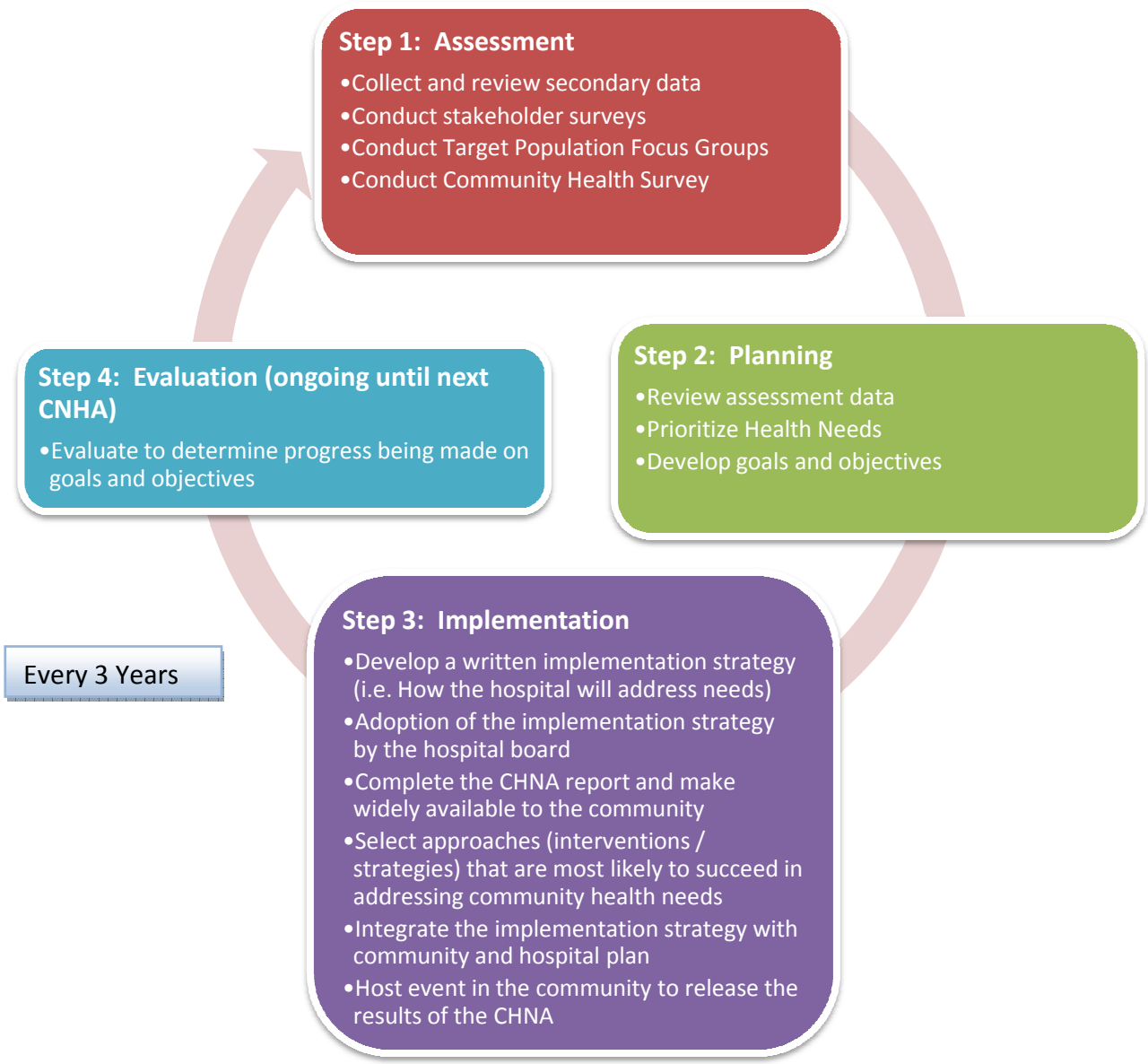
1) Access
    - AHA predicts that "nationwide physician shortages are expected to balloon to 62,900 in five years, up more than 50 percent from previous estimates" with supply increasing by only 7 percent in the next decade.
    - "New delivery models are going to be essential, including more primary care-based, easy-access, low-cost models for patients to receive certain services…Relying on the current primary care system (physician offices and hospital EDs is not going to be adequate)."
    - "Nearly half of Americans will develop a mental illness and 27 percent will suffer from a substance abuse problem in their lifetimes. In any given year, 25 percent of the American population experiences either a mental illness or a substance abuse problem."
    - "Treatment capacity for behavioral services is in critically short supply and getting worse."
    - Baby boomers are going to end up relying on adult children for financial support as they struggle with chronic illness and will be working into their 70s or even 80s.
2) Care Coordination
    - Better health information technology is needed to support sharing of electronic medical record systems between providers
    - "Programs aimed at enhancing care coordination during hospital-to-home transitions have shown to most consistent beneficial effects on cost and quality."
3) General wellness
    - "Rates of adult and childhood obesity in the United States vary significantly by region, race, ethnicity and age, but overall rates are high."
    - Chronic conditions are increasing with 80 percent of workers having at least one chronic condition.

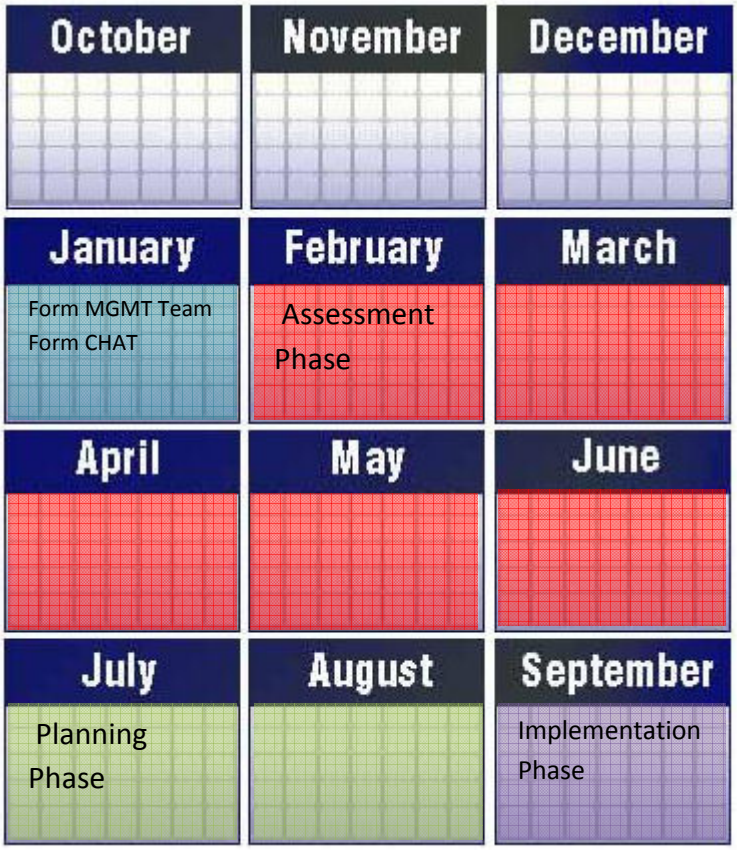
Clearly, the priority health needs identified in Bedford County are not unique in the country. It will require coordinated efforts from diverse agencies, and innovative thinking to make positive impacts in these areas.

[12] American Hospital Association, Environmental Scan, 2013

Appendices

Appendix 1: Work Plan and Timeline




October
November
December
January
Form MGMT Team
Form CHAT
February
Assessment
Phase
March
April
May
June
July
Planning
Phase
August
September
Implementation
Phase

Appendix 2: CHAT Directory

Karen Arthur, Bedford County Schools
Mary Beverly, Moneta YMCA
Mary Jo Boone, Bedford YMCA
Sam Boone, Bedford Community Health Foundation
Shawn Boyer, Bedford City Parks & Recreation
Todd Foreman, Bedford Police
T. Scott Garrett, VA House of Delegates
Kerry Gately, M.D., CV Health District
Kathy Graham, community educator
Carla Groff, Bedford Adult Day Center
Aaron Harris-Boush, Carilion Clinic Strategic Development
Randy Hagler, Bedford County Schools
Krystal Hillette, Bedford County Youth Services
Leslie Hoglund, Central Virginia Health District
Denny Huff, Bedford Community Health Foundation
Annie Jenkins, Virginia Cooperative Extension – Supplemental Nutrition Assistance Program
Nancy Johnson, community activist
Becky Jones, Staunton River High School
Patti Jurkus, Bedford Memorial Hospital
Patricia Knox, Bedford County Schools
Nicole LaNore, Virginia Cooperative Extension - 4H
Anita Lowe, Bedford Memorial Hospital
Christy Lucy, Bedford Memorial Hospital
Janie Mantooth, Complete Counseling Services, Inc
Susan Martin, Bedford Area Chamber of Commerce
Stephanie Martin, Central Virginia Community Services Board
Catherine Nance, Bedford Youth and Family Services
Donnie Norman, Forest Middle School
Jenny Novalis, Bedford Public Library System
Susan Prillaman, Virginia Cooperative Extension – Family and Consumer Services
Donna Proctor, Bedford Community Health Foundation
Debbie Rhodes, Bedford Community Health Foundation
Gina Roberts, Virginia Department of Health
Jo Ann Scott Manns, Covenant Dove
Carla Sheehan, citizen

Melanie Simmons, Bedford County Schools
Martie Slaughter, Nutrition Dimensions
Michael Stokes, Bedford County Parks & Recreation Department
Lib Walker, Bedford Community Health Foundation
Patricia Walker, Bedford Memorial Hospital
Tamar Wardlaw, Central Virginia Community Services Board
Georgian Watts, Bedford Memorial Hospital
Mary Wiley, Bedford Christian Ministries

Appendix 3: Stakeholder Survey

Bedford 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 Strategic Development, 213 McClanahan Street, Suite 400.
Thank you!

1. Your name, organization, and title:

   NAME: _____
   ORGANIZATION: _____
   TITLE: _____

2. Please attempt to list all Bedford City / County organizations involved in direct health care service delivery, or access to health care services:

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. Please convey, in your own words, the single greatest challenge faced by your organization, as you attempt to provide/facilitate quality health care delivery to the residents of the Bedford City / County (3-4 sentences).

   _____
   _____
   _____
   _____
   _____
   _____
   _____

4. Please rank the below obstacles according to your opinion of HOW GREAT AN OBSTACLE each represents for residents of Bedford City / County . There are no right or wrong answers. This is *your* opinion. *Rank: 1 = most significant/prevalent obstacle; 10 = least significant/prevalent obstacle. Use the numbers 1 – 10 only once (no ties allowed).*

OBSTACLE	RANK
Distance to providers (can't find transportation; vehicle unreliable) **Can't get away from job/kids to attend medical appointments (clinic/hospital hours don't work with life schedule)** **Language barriers (written and verbal)** **Cultural barriers (literacy levels, customs, fears)**	
Lack of awareness of treatment norms, prevention standards (don't know when to seek help) **Too expensive (can't afford out of pocket costs if uninsured, or co pays/deductibles if insured)** **Shortage of local PRIMARY CARE providers (can't find a medical home)**	
Shortage of local SPECIALTY health care providers (excluding dental and mental health)	
Shortage of local DENTAL providers **Shortage of local MENTAL HEALTH providers**	

5. Comment on the above rankings. Why did your #1 obstacle receive the top spot? Why do you feel that #10 was not ranked higher? (Optional) Please provide a case example of a patient who experienced one of these obstacles (anonymous, of course).

6. In terms of UNMET health care needs of Bedford City / County residents, please score each of the following according to this scale:

1 *very serious unmet need*
2 *somewhat serious unmet need*
3 *less serious unmet need*
4 *not an unmet need*

HEALTH NEED FOR BEDFORD RESIDENTS	SCORE (Score each independently, using the numerals 1-4)
Primary health care (medical home) Specialty health care (excluding dental and mental health) Dental care	
Mental health/addictions care	
Preventive services Health education (for those with chronic disease) Health navigator services (advocate and guide) Health transportation services	
Culturally and linguistically appropriate services Affordable medications In home health care services	
Hospice care School based health care Other (specify):	
Other (specify): Other (specify):	

Thank you for your input!

Please return to: Aaron Harris-Roush, Carilion Strategic Development, 213 McClanahan Street, Suite 400. Thank you!

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

Appendix 4: Community Health Survey

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

Bedford Memorial Hospital is working with leaders in the Roanoke Valley 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. **Please complete this survey only once.**

BEDFORD COMMUNITY HEALTH SURVEY

ACCESS and BARRIERS TO HEALTHCARE

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

❒ Doctor's office
❒ Emergency Room
❒ Urgent Care
❒ Johnson Health Center
❒ Bedford Pregnancy Center
❒ Health Department
❒ Free Clinic (Ex. Bedford Christian, Central Virginia, Mental Health America, Rescue Mission)
❒ Salem VA Medical Center
❒ I do not go to the doctor for regular care
❒ Other: _____

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

❒ Dentist's office
❒ Emergency Room
❒ Urgent Care
❒ Johnson Health Center / James River Dental Clinic
❒ Mission of Mercy Project
❒ Free Clinic (Ex. Bedford Christian, Central Virginia, Rescue Mission)
❒ I do not go to the dentist for regular care
❒ Other: _____

3. Where do you go for mental health, alcohol, or drug problems? (*Check all that apply)*

❒ Doctor/Counselor's Office
❒ Free Clinic
❒ Presbyterian Homes and Family Service
❒ Emergency Room
❒ Rescue Mission
❒ Johnson Health Center
❒ Blue Ridge Behavioral Healthcare
❒ Mental Health America
❒ I do not use these services
❒ Other: _____

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

❒ Alternative therapy (ex. herbal, acupuncture)
❒ Substance abuse services –drug and alcohol
❒ Preventive care (ex. yearly check-ups)
❒ Medication / medical supplies
❒ Specialty care (ex. heart doctor)
❒ Ambulance services
❒ Adult dental care
❒ Emergency room care
❒ Inpatient hospital
❒ Chiropractic care
❒ End of life care / hospice
❒ Pediatric Services
❒ Child dental care
❒ Family Doctor
❒ Vision care
❒ Lab work
❒ Physical therapy
❒ Other: _____
❒ Women's health services
❒ X-rays / mammograms
❒ Urgent care / walk in clinic
❒ Mental health / counseling
❒ Family Planning/Birth control

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

❒ Have no regular source of healthcare
❒ Don't like accepting government assistance
❒ Can't find providers that accept my insurance
❒ Lack of evening and weekend services
❒ Don't know what types of services are available
❒ Other:_____
❒ Don't trust doctors / clinics
❒ Afraid to have check-ups
❒ Long waits for appointments
❒ No transportation
❒ Location of offices
❒ Childcare
❒ Cost
❒ Language services
❒ High co-pay
❒ No health insurance

GENERAL HEALTH QUESTIONS

6. Please check one of the following for each statement

	Yes	No	Not applicable
I have had a dental exam or cleaning within the past 12 months.	❒	❒	❒
I have had an eye exam within the past 12 months.	❒	❒	❒
My doctor has told me that I have a long-term or chronic illness.	❒	❒	❒
I take the medicine my doctor tells me to take to control my chronic illness.	❒	❒	❒
I have had a counseling visit within the last 12 months.	❒	❒	❒
I have been to the emergency room in the last 12 months.	❒	❒	❒
My child or dependent has had a dental exam or cleaning within the past 12 months.	❒	❒	❒
My child or dependent has had an eye exam within the past 12 months.	❒	❒	❒
My child or dependent has a long-term or chronic illness.	❒	❒	❒
My child or dependent takes the medicine the doctor tells them to take to control their chronic illness.	❒	❒	❒
My child or dependent has had a counseling visit within the last 12 months.	❒	❒	❒
My child or dependent has been to the emergency room in the last 12 months.	❒	❒	❒

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

❒ High blood pressure or hypertension
❒ High blood sugar or diabetes
❒ Mental health / substance abuse
❒ Heart disease
❒ High cholesterol
❒ I have no health problems
❒ Asthma
❒ Obesity
❒ Other: _____
❒ Cancer
❒ Depression or anxiety

8. 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

If applicable, how long has it been since your child or dependent 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

9. What do you think are the three most important factors for a "healthy community"? (*Please check three*)

❒ Good place to raise children ❒ Low crime / safe neighborhoods ❒ Low level of child abuse ❒ Good schools
❒ Access to health care ❒ Healthy behaviors and lifestyles ❒ Clean environment ❒ Affordable housing
❒ Arts and cultural events ❒ Good jobs and healthy economy ❒ Strong family life ❒Religious or spiritual values
❒ Parks and recreation ❒ Access to healthy food ❒ Other _____

10. What do you think are the three most important "health problems" in our community?
(*Please check three*)

❒ Alcohol and illegal drug use ❒ Aging problems ❒ Prescription drug abuse ❒ Teenage pregnancy
❒ Motor vehicle crash injuries ❒ Sexual assault ❒ High blood pressure ❒ Lung disease
❒ Child abuse / neglect ❒ Infant death ❒ Mental health problems ❒ Gang activity
❒ Heart disease and stroke ❒ HIV / AIDS ❒ Dental problems ❒ Overweight / obesity
❒ Domestic violence ❒ Cancers ❒ Diabetes ❒ Suicide
❒ Homicide ❒ Other _____

11. What do you think are the three most important "risky behaviors" in our community?
(*Please check three*)

❒ Alcohol abuse ❒ Poor eating habits ❒ Not getting "shots" to prevent disease ❒ Lack of exercise
❒ Drug abuse ❒ Not using birth control ❒ Not using seat belts / child safety seats ❒ Unsafe sex
❒ Tobacco use ❒ Dropping out of school ❒ Cell phone use and driving ❒ Other _____

DEMOGRAPHIC INFORMATION and HEALTH INSURANCE

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

❒ Employer Provided Insurance ❒ Private Insurance ❒ Mental Health Insurance
❒ Government (VA, Champus) ❒ Medicaid ❒ Medicare
❒ Health Savings Account ❒ Medicare Supplement ❒ Dental Insurance
❒ No Mental Health Insurance ❒ No Dental Insurance ❒ No Health Insurance

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

❒ Unemployed ❒ Laid off ❒ Too expensive ❒ Not available at my job ❒ Not applicable- I have health insurance
❒ Other: _____

14. What is your ZIP code? _____

15. What is your age? _____

16. What is your sex? ❒ Male ❒ Female

17. How many people live in your home?

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 _____

18. What is your highest education level completed?

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

19. What is your primary language? ❒ English ❒ Spanish ❒ Other_____

20. What is your race / ethnicity? *(Check all that apply)*

❒ Native Hawaiian / Pacific Islander ❒ Asian ❒ Black / African American ❒ White ❒ Hispanic
❒ American Indian / Alaskan Native ❒ Other ❒ More than one race ❒ Decline to answer

21. What is your marital status? ❒ Married ❒Single ❒Divorced ❒Widowed

22. 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

23. What is your current employment status?

❒ Full-time ❒ Part-time ❒ Unemployed ❒ Self-employed ❒ Retired ❒ Homemaker ❒ Full-Time Student

24. Is there anything else we should know about your (or someone living in your home) health care needs in the Bedford City or County?

_____
_____

Appendix 5: "What else do we need to know?" on the Community Health Survey:

The following are open-ended responses from the question "Is there anything else we should know about your (or someone living in your home) health care needs in Bedford City or County? Responses are below:

- All my current needs are met here!
- applying for disability - no income to pay for insurance
- Asthma doctors need to be here in Bedford instead of Roanoke & Lynchburg.
- Because this area is not densely populated, there are many services that are not available within useable distance- the closest gym to my home is 30 minutes, I have to drive 30 min to dentist, eye doctor and MD. Reliable transportation is an issue in this community. Infrastructure to support the unemployed / underemployed seems inadequate.
- Child has asthma
- daughter has asthma
- Doctors of Chinese medicine should be covered in insurance just like other doctors. They are more effective--they treat what is causing the symptoms not just masking the symptoms with drugs like regular doctors.
- Extremely difficult to get behavioral therapy for children w/ ADHA & other issues - only one office in Lynchburg, no others - Bedford offers nothing for specialty for children have to go to Campbell Co./Lynchburg.
- Felt that I needed to go to UVA for proper treatment in 2006
- free dental clinic/teeth/better doctors housing safe area's
- Good quality full care retirement facility, preferably on Smith Mountain Lake.
- Grandmother lives in the home - has multiple health issues including: diabetes, heart disease, cancer in the past, glaucoma
- hard to find doctors/dentist that take Medicaid
- Husband also has Fibromyalgia
- husband is disabled and on Medicare disability
- husband is disabled...on Medicare
- Husband needs cardiac doctor
- husband has dementia
- I also have sleep apnea and use a CPAP machine. My son has epilepsy, OCD, ADD, IBS, and a non verbal learning disability. My husband has hyperlipidemia and high blood pressure. Daughter has no medical

problems.

- I believe the greatest needs are our seniors. They need advocates, transportation, and help to navigate care in skilled nursing facility. Help is not always adequate to maintain their dignity. Not enough staff, low pay & quick turn over.
- I have a 45yr old son living with us who has no health or dental insurance, is self employed and can't afford such health insurance or care.
- I have insurance through my employer. I have $459.00 deducted from my payroll check each month just to cover my spouse. I have never paid this high a price for insurance through a group (employer)!
- I have no insurance for my husband
- I have no insurance or income. Hoping March 20th I get approved for disability.
- I have not received health care in 25 years and would very much like to know the current state of my health.
- I need dental and medication insurance that I can afford.
- I wish there was a whole foods store or health food store that had a wide selection of non-dairy alternative grocery items as well as other health food items for vegans
- I work with a population that is very underserved when it comes to low cost dental (especially) and medical care.
- I would like to say I would be great if we can get some free dental care here (west lake area) not everyone here has $ Better doctors for this area so we don't have to just pick one who accepts Medicaid etc
- It is very hard to get new foster kids established w/ Medicaid providers
- kids are disabled & I get SSI
- Lack of infertility options available. Insurance coverage is limited and cost is high.
- lack of senior care
- Lack of transportation for elderly to get to Dr. appointments a huge issue on Western end of county
- Local access to mental health services are needed for children and adults.
- Long wait time to see specialist. No hospital out at the lake. At least 35 minutes to closest hospital, and if it is a Cardiac issue it is 50-55 minutes to CRMH/Lynchburg General
- Moneta is 25 miles from adequate services & shopping. Not good
- More info about Polio after effects
- Mother with MS
- multiple sclerosis
- My 80 year old father lives with me because he only receives 950.00 a month from social security. (if he did not have me he could not afford housing.)
- My employer provides insurance for me, but I cannot afford to get the family plan to cover my kids, and we make just enough that they do not qualify for Medicaid. So we have to pay for their health needs out of pocket.
- My health has started to decrease and husband's job is not stable so sometimes it seems all is going down. Keep us in your prayers.
- My husband has dementia
- My wife is mean as hell!
- need lower health insurance
- Need to be able to afford better insurance and better Medicare disability and retirement. Need help with dental and mental health.
- Need transportation for roommate to go to dialysis on regular basis - current logisticare company is not dependable.
- Not enough pediatric specialists in local area. Only one pediatric endocrinologist and she is part time!
- Obesity treatment and counseling needs to be covered by insurance providers for clients with a BMI above 35. Helping us lose weight now will save money in the future.
- Pain management for the elderly.
- Places where elderly can go for enjoyment
- Retired husband who is post prostate ca; I pay for his insurance and he is not yet eligible for Medicare. This is a real issue for a number of households in this area where health insurance is still one of the reasons for someone continuing to work. I work because I still totally enjoy my work; the need for health insurance for both of us influences my decision to continue somewhat. I know of community members that work because they must have the insurance, and have no choice. I think this is a large problem in this area. As Bedford becomes more and more a retirement community, I believe the facilities dedicated to these community members is sadly lacking. There should be more special training for doctors, nurses and other health care personnel specific to the geriatric changes in medicine.

- Specialist medical services, i.e., cardiac, nephrology, respiratory, etc. one must go to Lynchburg or Roanoke. (Up to one hour drive time.)
- Specialists (Endocrinologists, cardiologists, pain, orthopedics) are mostly at a distance and appointments are hard to get and hard to keep when working full time like my wife is.
- Spouse has a beef/pork/lamb/dairy allergy
- spouse is brain stem stroke survivor
- The charges for health care charged by doctors and paid by insurance companies is out of control! I would say criminal! This is the reason that rates are so high and people cannot afford health care. If you want to improve health care, get this under control.
- There are not a lot of dermatologists available in this area with long waiting periods for appointments
- we need local services right here in Bedford, we are to dependant on Roanoke and Lynchburg for services
- We need our employers to offer better health insurance coverage.
- wife has serious mobility issue
- Would like to see an urgent care that is open all weekends in this zip code and also dermatology offices open in this zip code
- Yes! Me... my health is getting bad and my teeth. There is no affordable dental place here.