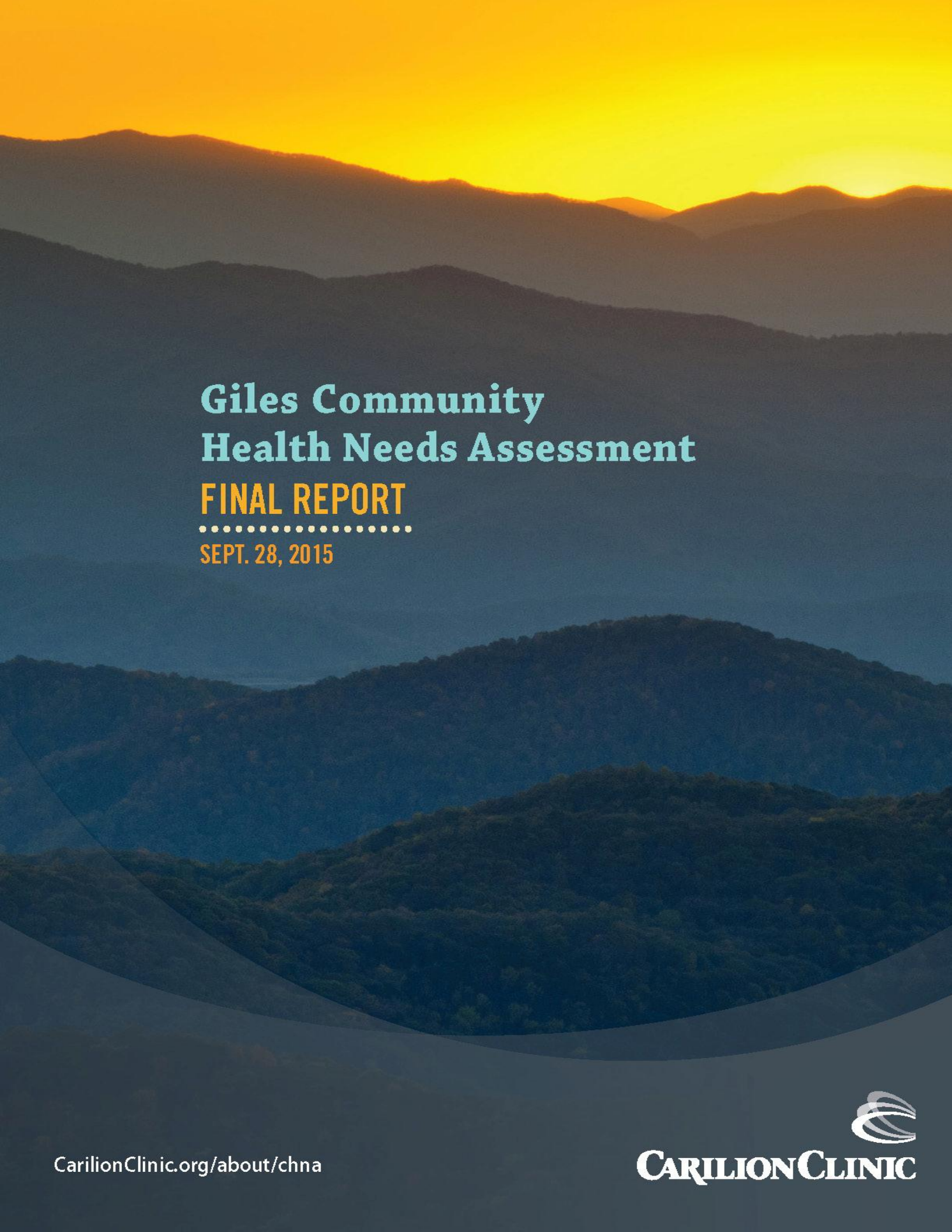

Giles Community Health Needs Assessment

FINAL REPORT

SEPT. 28, 2015

CarilionClinic.org/about/chna

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Disclaimer

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

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

Acknowledgements

Success of the Giles Community Health Needs Assessment (GCHNA) was due to the strong leadership and participation of its Project Management Team, the Community Health Assessment Team, and members of the PATH Coalition Team. Thank you to all of the community members who participated in the Community Health Survey and focus groups.

Members of these teams included:

Project Management Team

Project Director: Shirley Holland, Carilion Clinic- VP Marketing, Research, and Communications
Project Manager: Aaron Harris-Boush, Carilion Clinic- Community Outreach Manager
Project Manager: Shenika Dillard, Carilion Clinic Community Health Educator
Intern: Andrea Troia, American InterContinental University
Intern: Emily Chrisman, the College of William and Mary

Community Health Assessment Team (CHAT)

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

CHAT Members

Name	Organization
Michelle Brauns	Community Health Center for the New River Valley
Susan Dalrymple	Pulaski County United Way
Jeff Dinger	Giles County DSS
Diane Dinger	Pearisburg Farm to Fork
Robert Ferrari	Your Integrated Health
Mary Henderson	Giles County Public Schools
Tina King	NRV Agency on Aging
Holly Lesko	VT Institute for Policy and Governance
Charlie Mullins	Giles County
Kelsey O'Hara	New River Community Action/Family Outreach Connections
Beth O'Connor	Virginia Rural Health Association
Molly O'Dell	NR Health District

Stephanie Spencer	Carilion Giles Community Hospital
Katie Stinnett	Giles County Health Department
Rosemary Sullivan	NRV Community Services
Sophie Wenzel	VT Center of Public Health Practice and Research/NRHD
Kristie Williams	Carilion Giles Community Hospital

Executive Summary

Many and varied organizations are involved in the essential work of improving and maintaining the health of any given community. It is important to assess the health concerns of each community periodically to ensure that current needs are being addressed. A Community Health Needs Assessment (CHNA) every three 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 the community to plan effectively the vital work of maintaining and improving health.

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

Method

A 17-member Community Health Assessment Team (CHAT) oversaw the planning activities. The service area included those living in the counties of Giles and Monroe, W.V. The target population included the low-income, uninsured and/or underinsured, and those living with chronic illness.

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

Findings

The findings of the Community Health Needs Assessment revealed distinct disparities especially for those living in the county of Giles. Tobacco use is significantly higher than the statewide averages. Health statistics revealed there is a higher number of adult obesity, lack of physical activity, poor eating habits, and increased rates of chronic disease.

Those living in the service area are more likely to be white, have lower high school graduation rates, a lower rate of bachelor's degrees, lower household income and are more likely to live in poverty compared to Virginia.

Access to services is a struggle for many living in the service area. Specifically, access to mental health services, dental care, specialty care, primary care, and substance abuse services are hard to get in the community. The largest barrier to care is cost and high co-pay.

There is a major concern with individuals who have a stigma associated with obtaining mental health and substance abuse care in Giles County.

Response

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

1. Tobacco use
2. Lack of exercise / physical activity
3. Access to adult dental care
4. Alcohol and illegal drug use
5. Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)
6. Poor eating habits / lack of nutrient dense foods in diet
7. Stigma with mental health and substance abuse services
8. Prescription drug abuse
9. Value not placed on preventive care and chronic disease management
10. Access to mental health counseling / substance abuse

The CHAT will participate in strategic planning in the fall of 2015 to create goals and strategies addressing these priority areas. Carilion Giles Community Hospital will publish its implementation strategy in the winter of 2015.

The CHAT agreed that the strategic plan must have community engagement and involvement to have the greatest impact on the health and wellness of those in Giles County. Many of the members of the CHAT will continue to collaborate to activate the plan beyond the end of the project period.

Target population

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

Service Area

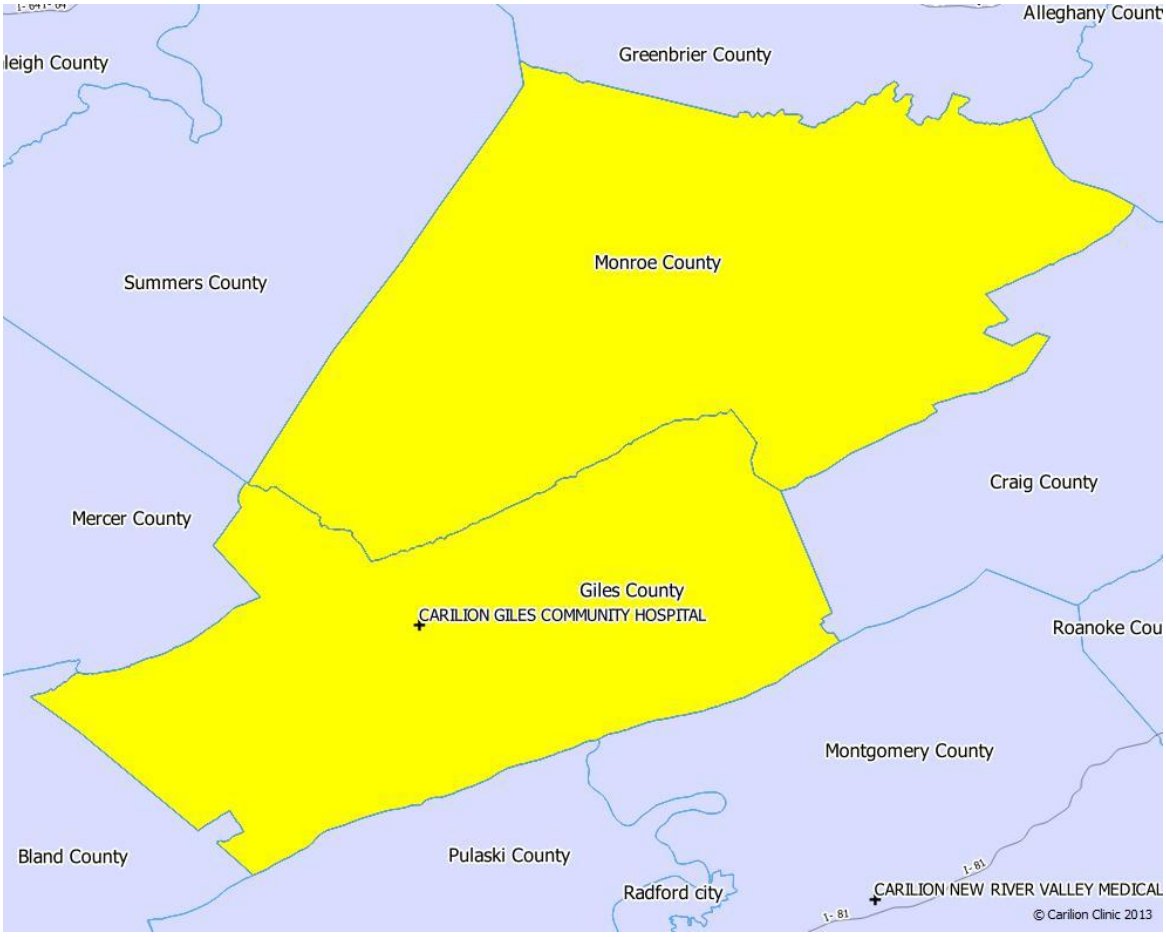
The service areas for each CHNA are determined by at least 70% of unique patient origin of the Carilion Clinic hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas (MUAs), Health Professional Shortage Areas (HPSA), and Food Deserts.

Carilion Giles Community Hospital (CGCH) is located in Pearisburg, Virginia. In fiscal year 2014, CGCH served 8,376 unique patients. Patient origin data revealed that in fiscal year 2014, 90.5% of patients served by CGCH lived in the following localities:

- Giles County (67.0%)
- Monroe County, WV (23.5%)

All of Giles County is a designated Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental and mental health professionals.

Giles County, VA and Monroe County, WV are the service area for the 2015 GCHNA.



Community Health Improvement Process

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

Step 1: Conduct CHNA.

The first step of conducting a CHNA is to create a Gantt chart. This tool is a timeline that documents the upcoming tasks needed to conduct the CHNA, who is responsible for each task,

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

start and end dates for each task, and the completion percentage for each task. The Gantt Chart for the RVCHNA can be found in Appendix 2.

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

Community Health Survey (CHS)

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

Target Population Focus Groups

Focus groups are conducted with the target population. The goal of the focus groups is to identify barriers to care and gaps in services for primary care, dental and mental health/substance abuse services for the population. There is at least one focus group representing each lifecycle (children and adolescents, woman of child-bearing age, adults, and elderly) living in MUAs if applicable. Focus groups targeting special populations will be determined by the CHAT if needed.

For each focus group, there is a maximum of twelve participants. A facilitator and scribe(s) conduct the focus group meeting and the audio of the meetings are recorded and later transcribed. Snacks and beverages are provided for participants. Consent forms must be signed prior to each meeting (to inform participants regarding format and to ensure confidentiality). The groups are held in convenient, neutral locations and/or in sites where participants already congregate.

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

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

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

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

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

Prioritization
After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. This consists of each CHAT member picking the ten most pertinent community needs and ranking them on a scale of one to ten, with one being the most pertinent. Then, only for those top ten, the CHAT members then rate the feasibility and potential impact of the needs on a scale of one to five, with one being the most feasible and having the most impact. Please see Appendix 7: Community Health Needs Assessment Prioritization Worksheet. This data is combined and overall ranking and feasibility and potential impact scores are determined.

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

Step 2: Strategic Planning
After the completion of the CHNA, the CHAT enters the strategic planning phase of the process. These sessions are generally held as a "planning retreat" and are either full day or half-day events. Strategic Planning can also be broken into several meetings if needed. Before the planning retreat, the CHAT must decide what community health needs the CHAT will focus on and provide explanation as to what issues will be the focus and why.

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

Step 3: Implementation Strategy

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

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

Step 4: Program Implementation

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

Step 5: Evaluation

Community health programs and metrics associated with the expected outcome in the implementation strategy will be monitored by Carilion Clinic Community Outreach and a Data Tracking and Analysis Committee.

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

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

Community Collaboration and Collective Impact

Carilion Clinic fosters community development in its CHNA process and community health improvement process by using the Strive Collective Impact Model for the CHAT. This evidence-

based model focuses on "the commitment of a group of important players from different sectors to a common agenda for solving a specific social problem(s)[2]" and has been proven to lead to large-scale changes. It focuses on relationships building between organizations and the progress towards shared strategies. Collective impact focuses on four conditions for success:

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

Collective Impact also suggests having a neutral anchor institution to serve as the convening body for the CHAT. The role of the anchor institution is to listen to/support the community as a convener in identifying and aligning around the community's shared aspirations. The anchor institution pulls together and staffs a coalition of key organizations and individuals to achieve that change including: (1) organize meetings of the full partnership; (2) facilitate work groups to guide the development and implementation of specific activities; (3) manage and strengthen relationships with individuals and organizations; (4) engage a broad spectrum of stakeholders in developing community change strategies and mobilizing the community's resources to implement them; (5) build public will and catalyze action; (6) create a policy agenda; (7) use data to inform all decisions[3].

New River Valley Partnership for Access To HealthCare (PATH)

Since 1995 the New River Valley (NRV) Partnership for Access To HealthCare (PATH) has served as a collaborative, community-focused alliance of 50+ health and human service organizations, other community organizations, and businesses. This partnership resulted from discussions and a review of statistics from a 1994 New River Valley Health and Human Services Needs Assessment which indicated that the number one concern of residents in the New River Health District or Planning District Four--a 1,400 square mile multi-jurisdictional rural, urban, and suburban region in Southwest Virginia including the localities of Floyd, Giles, Montgomery, and Pulaski counties and the city of Radford--was lack of affordable health care. The mission of PATH is to maximize access to health care for all residents of the New River Valley.

CGCH partnered with PATH to serve as the CHAT for the 2015 GCHNA.

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

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

Description of the community

The community of Giles County, in rural Southwest Virginia, is the service area for the Health Center Planning Grant Initiative. Giles County is a picturesque region of Appalachian America, with mountainous terrain, cliffs, rivers and streams. It is part of the New River Valley which includes the counties of Floyd, Giles, Montgomery (including the towns of Christiansburg and Blacksburg), and Pulaski and the independent city of Radford. The County is rural and topographically isolated with 48.6 persons per square mile compared 202.6 persons per square mile in Virginia as a whole. It is a part of the New River Valley Planning District (Health Planning District 4) and is commonly referred to as Rural Appalachia. The area is bordered on the south by the Blue Ridge Mountains and the north by the Alleghany Mountains. One of the oldest rivers in America, The New River, runs through this region.

The counties of Summers, Monroe, and Mercer, West Virginia border Giles County to the north, northwest. In addition, the County is bordered by the Virginia counties of Craig (east); Montgomery (southeast); Pulaski (south); and Bland (west). Except for Montgomery County, the counties that border Giles in both Virginia and West Virginia are geographically and demographically similar. Montgomery County, home to Virginia Tech and the towns of Blacksburg and Christiansburg, is a culturally and economically diverse area and the hub of the New River Valley.

Giles County is approximately 357 square miles. The area is comprised of nine towns and is delineated by three voting districts: Pembroke, Eggleston, and Newport (Eastern District); Pearisburg, Staffordsville, and White Gate (Central District); and Glen Lyn, Rich Creek, and Narrows (Western District). Of these towns, Pearisburg, Narrows, Glen Lyn, and Rich Creek are federally designated as rural census tracts.

Pearisburg is the County Seat. In terms of governance, Giles County is governed by a County Board of Supervisors that controls the county budget. It is the site of the majority of health and human services available to the residents of Giles County.

Mountains characterize the geography of Giles County. Many of the rural roads are unpaved and steep. The average elevation is 2,500 feet, although seven peaks exceed 4,000 feet. Much of the County consists of national forest. Giles County is promoted by some locals as the home to the infamous dueling “Hatfields and McCoys.” The long, unpaved “hollers” (isolated, winding and steep roads) make this legend believable. More recently, Giles County achieved major motion picture fame by serving as the geographic backdrop in the 1987 Hollywood blockbuster, “Dirty Dancing.” The vacation lodge where the movie was filmed is one of the County’s largest seasonal employers.

All of Giles County is a designated Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental and mental health professionals.

Primary Data and Community Engagement

During the CHNA process, community stakeholders and providers were encouraged to complete the stakeholder survey (see Appendix 4: Stakeholder Survey for the survey tool). This survey was completed online, in print, and administered to stakeholders during various meetings. When this survey was physically administered at meetings, the project management team used this tool to spark conservation about community health need in the service area. Please see Appendix 5: 2015 Stakeholder Survey Locations for a complete list of locations were the survey was administered. In total, 79 participants completed the stakeholder survey. 58 surveys were completed during stakeholder meeting, 14 paper copies were received, and 7 surveys were completed online.

Needs and Barriers

Stakeholders asked to respond to the following questions addressing the health needs and barriers in the County of Giles.

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

A total of 191 responses from 57 individuals were collected addressing the "Needs and Barriers" and 15 categories were identified:

- Access to Services
- Amish Care
- Child Abuse/Neglect
- Chronic Disease Support/Management
- Cost of Healthcare
- Cultural Barriers
- Diabetes
- Economic Growth
- Educational Attainment
- Fear / Stigma of Mental Health Care
- Health Education / Health Literacy
- Lack of Insurance
- Limited Access to Internet/Computers
- Nutrition / Lack of Healthy Food Options
- Poverty
- Stress
- Substance Abuse
- Transportation
- Unemployment/Underemployment

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

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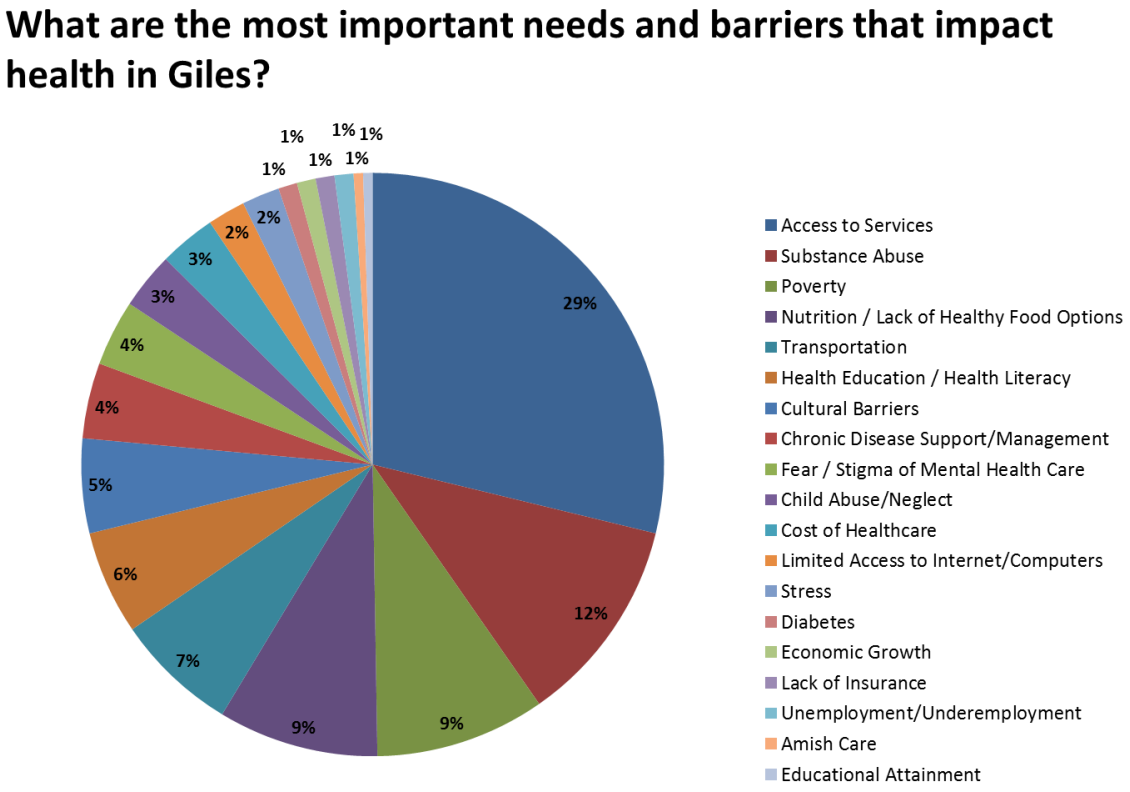
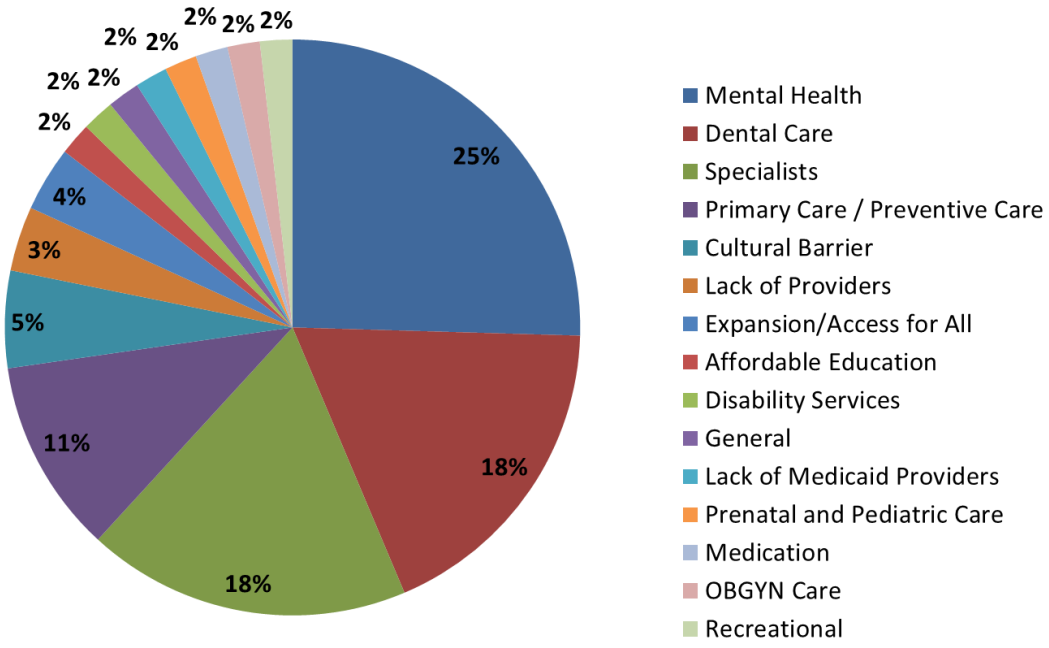


Total responses: 191 Total participants: 57

Respondents identified “Access to Services” as the greatest need/barrier that impacts health. Within this category, access to mental health services has the greatest number of responses. Access specialty was the tied for the second greatest response with access to dental care. The next greatest need was access to primary and preventive care.

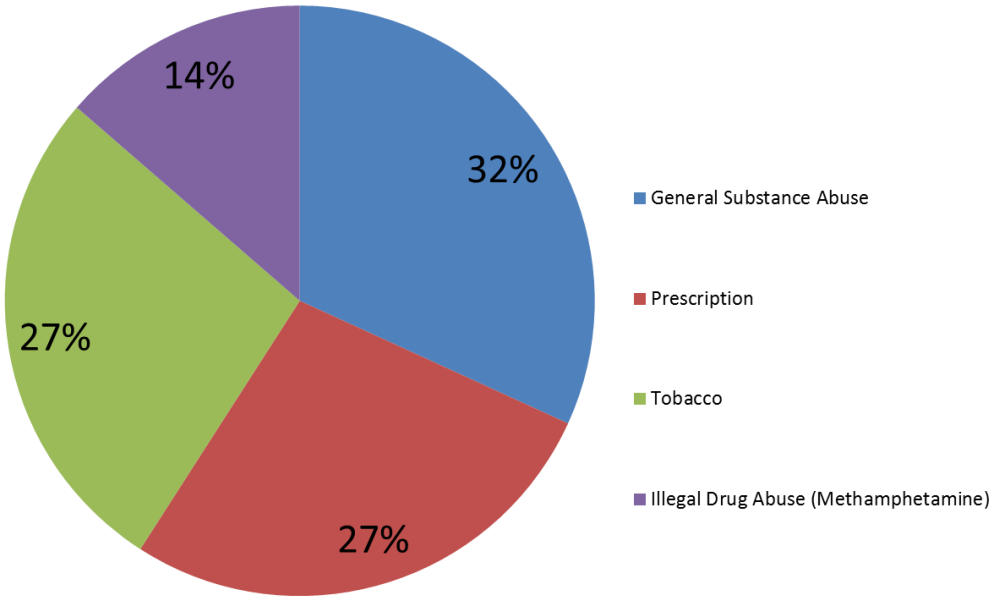
Needs/Barriers (cont.): Access to Services



Total responses: 45 Total participants: 57

The second greatest needs and barriers impacting health in the service area was substance abuse. General substance abuse was the top response, followed by prescription and tobacco abuse, and finally illegal drug abuse (methamphetamine).

Needs/Barriers (cont.): Substance Abuse



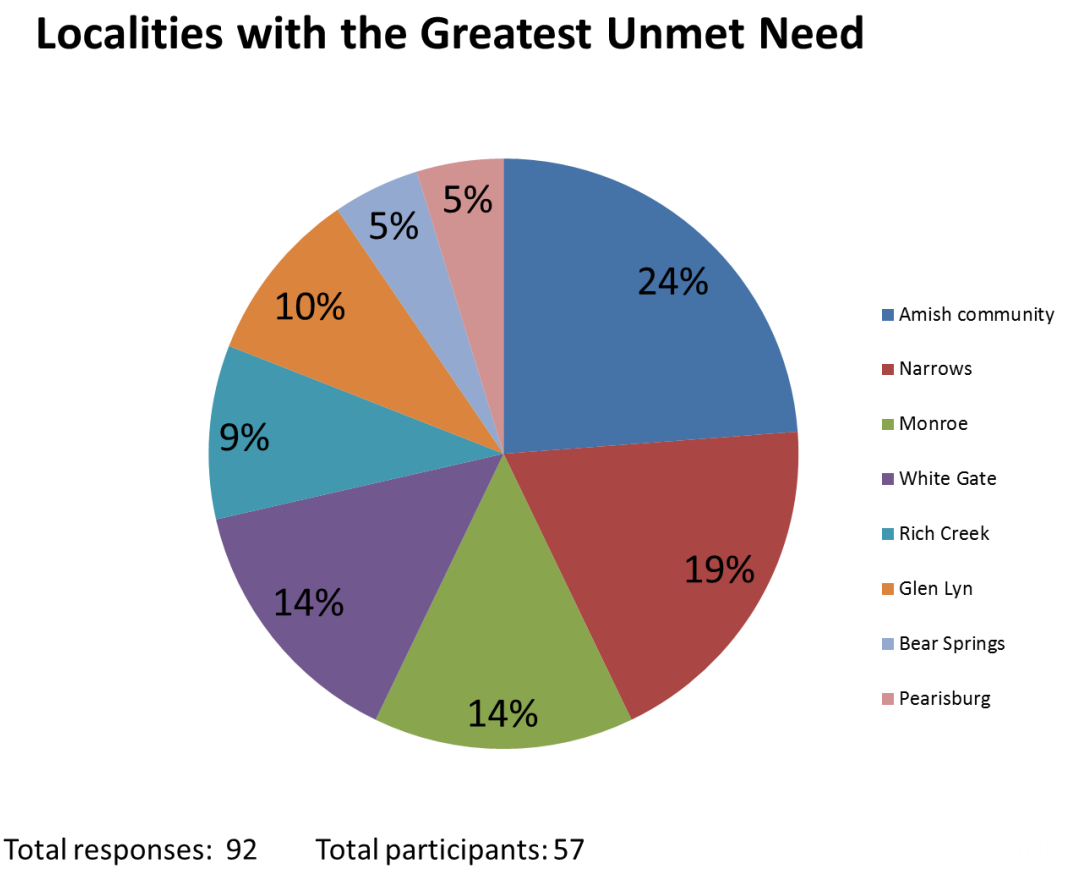
Total responses: 22 Total participants: 57

Localities with the Greatest Unmet Need

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

- ***Is there one locality/neighborhood with greatest unmet need in Giles?***

The majority of respondents agreed that there is unmet need throughout the County of Giles. Of the 92 responses, the following localities/neighborhoods were identified:



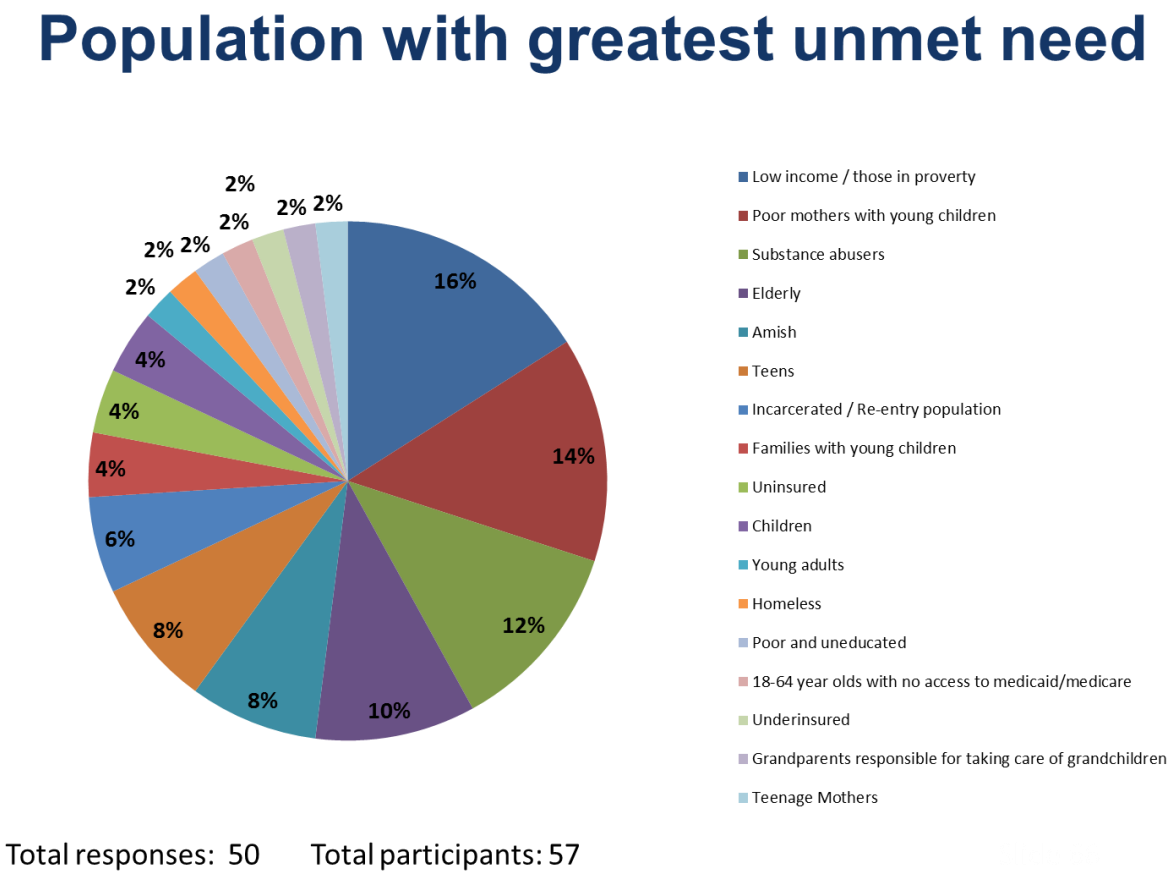
Total responses: 92 Total participants: 57

Populations with the Greatest Unmet Need

Next participants were asked:

- ***Is there one population with greatest unmet need in Giles County?***

The top response from participants identified poor mothers with young children as having the greatest unmet need, followed by the substance abusers, and the Amish.



Total responses: 50 Total participants: 57

Resources

Stakeholder survey participants were asked to respond to the following question addressing the available resources in Giles County.

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

A total of 33 responses were collected addressing the "Resources" and 13 categories identified, including:

- Communications
- Community Resources
- Coordination of Care
- Cost & Insurance Status
- Education & Outreach
- Information & Referral
- Services: Public Health
- Services: Healthcare
- Services: Safety Net
- Services: School-based care
- Services: Social Services
- Transportation
- Wellness

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

Initiatives and Changes

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

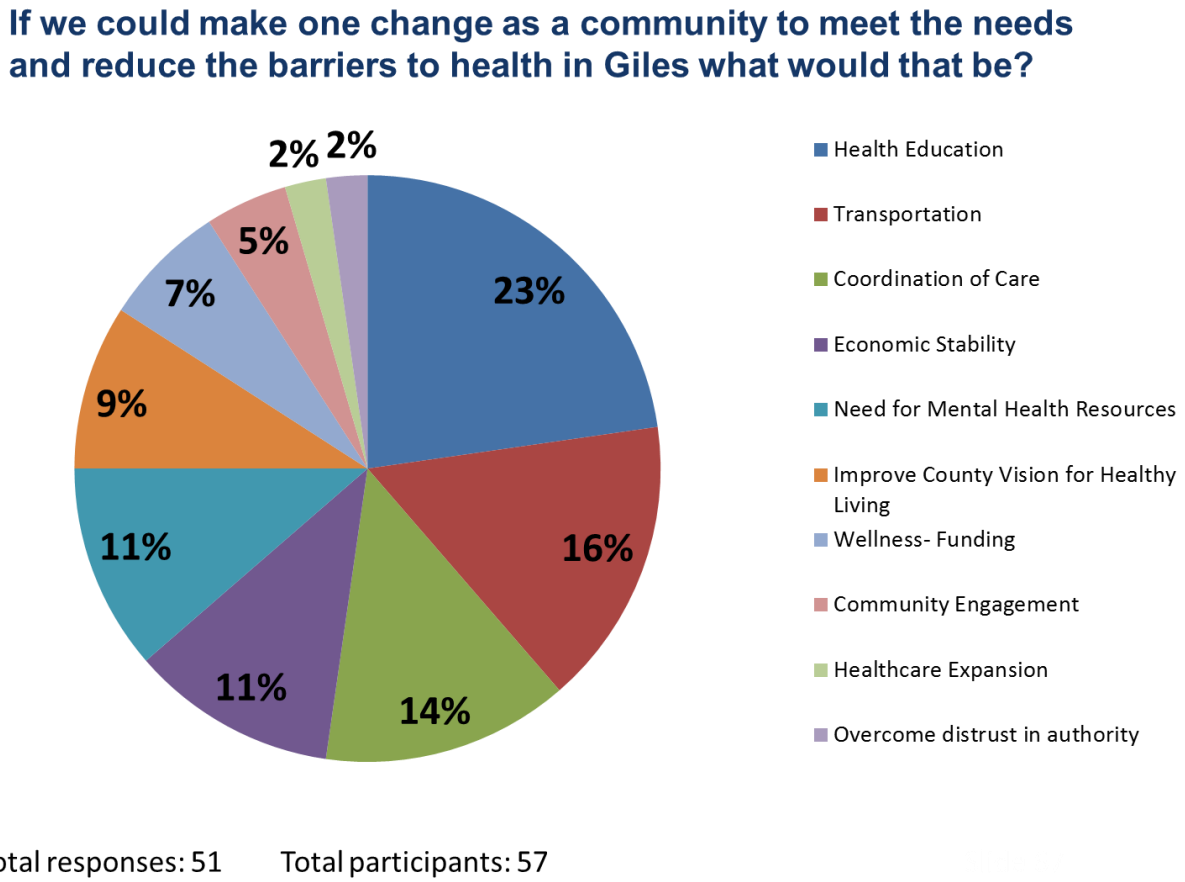
- ***If we could make one change as a community to meet the needs and reduce the barriers to health in Giles County, what would that be***?

A total of 44 responses were collected addressing the "Initiatives and Changes" and 10 categories identified.

- Health Education
- Transportation
- Coordination of Care
- Economic Stability
- Need for Mental Health Resources
- Improve County Vision for Healthy Living
- Wellness- Funding
- Community Engagement

- Healthcare Expansion
- Overcome distrust in authority

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



Total responses: 51 Total participants: 57

Target Population Focus Group Results

Four focus group meetings with target populations living in the MUAs in Giles County were conducted from April 23, 2015 through May 21, 2015to address the healthcare needs for, and address barriers to, affordable comprehensive services including primary care, oral health, and mental health and substance abuse services.

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

Focus Group Locations

Organization	Children	Women of Childbearing Age	Adults	Seniors	Date
NRV Cares	✓	✓		✓	5/7/2015
Bible Study				✓	4/23/2015
Smart Beginnings/CHIP	✓	✓	✓		5/19/2015
Giles Senior Center				✓	5/21/2015

NRV Cares
NRV CARES is a private, non-profit organization dedicated to protecting children from abuse and strengthening families through education, advocacy and community partnerships. NRV CARES services are available to all citizens living in the counties of Montgomery, Pulaski, Giles, Floyd, and the City of Radford. NRV CARES, with the help of the New River Valley community, strives to improve the lives of the smallest and most defenseless members of our society, while helping to support an environment where families can thrive.

A focus group was conducted with NRV Cares' "Parenting Young Children" group.

Bible Study Group
The First Christian Church of Pearisburg is a religious organization.

A focus group was conducted with the seniors of this group.

Smart Beginnings/CHIP
Smart Beginnings is a coalition of business, nonprofit, and government leaders working for wise investments in early childhood development. They are a part of a statewide network of local and regional projects sponsored by the Virginia Early Childhood Foundation. Their mission is to work for wise public investments in the infrastructure to support quality early childhood development in the New River Valley.

A focus group was conducted with the parents of children who are in their programs.

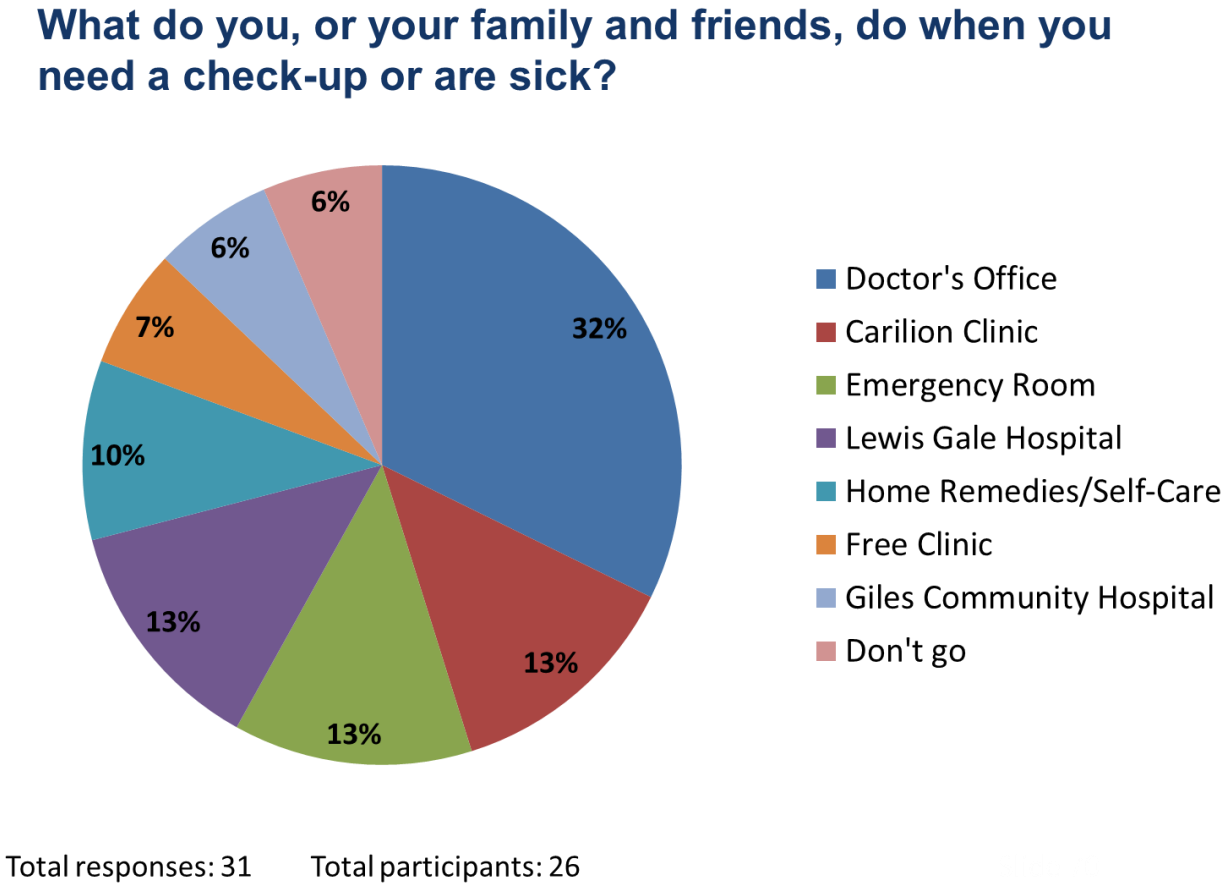
Giles Senior Center
The Giles Senior Center works with locals to bring their seniors up to the minute information on classes, health screenings, recreational opportunities, and trips that help with enhancing their lives.

A focus group was held with the members of their Friendship Café seniors.

Focus Group Results

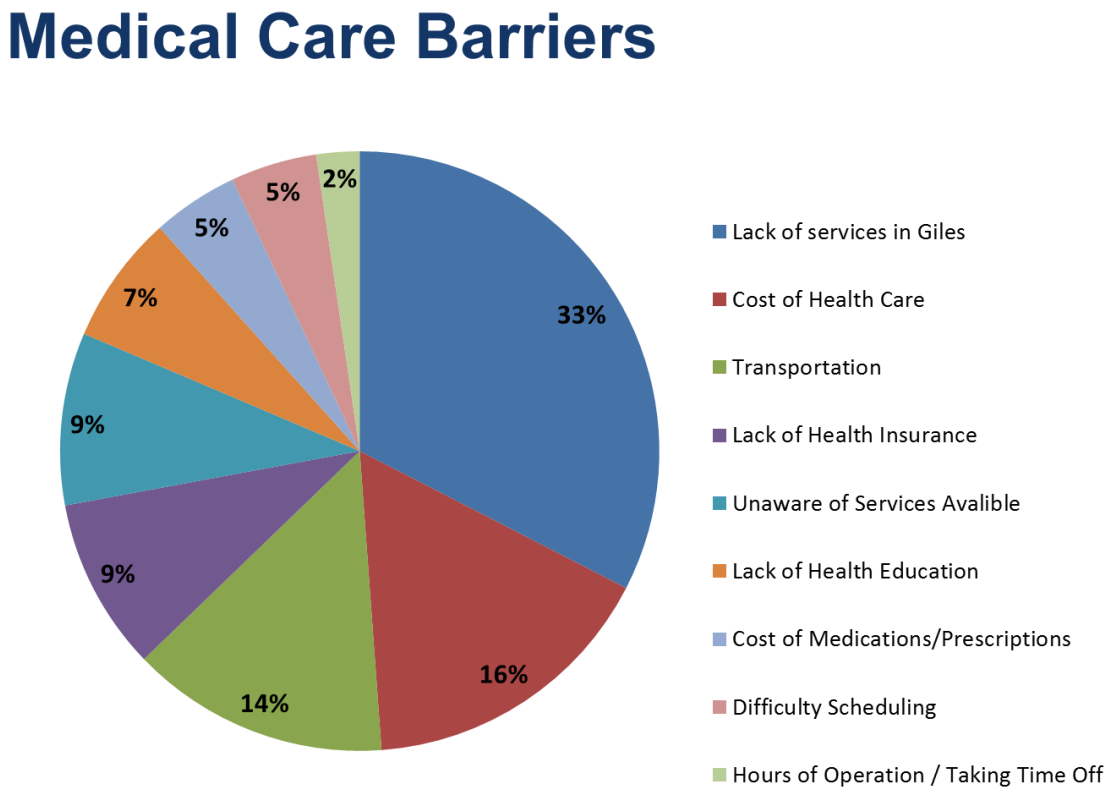
At the beginning of each meeting, participants were asked “What is good health?”. Responses addressed participants’ perceptions of health status, wellness and prevention, social networks, and access to services. A word cloud was created to show results from this question. The more a term was used, the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

Participants were then asked “What do you, or your family and friends, do when you need a check-up or are sick?” Thirty two percent (32%) of participants identified they use the doctor’s office, followed by Carilion Clinic (13%), Emergency Room (13%), and Lewis Gale Hospital 13%).



Total responses: 31 Total participants: 26

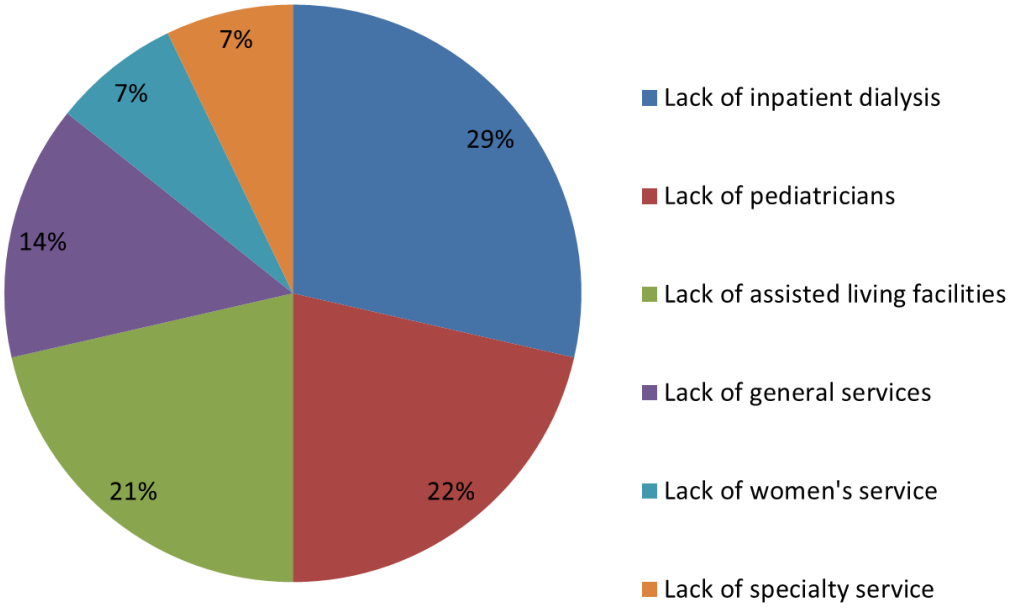
Medical care barriers identified during the focus group included lack of services in Giles County (33%), cost of health care (16%), transportation (14%), lack of health insurance (9%), and unaware of services available (9%).



Total responses: 99 Total participants: 26

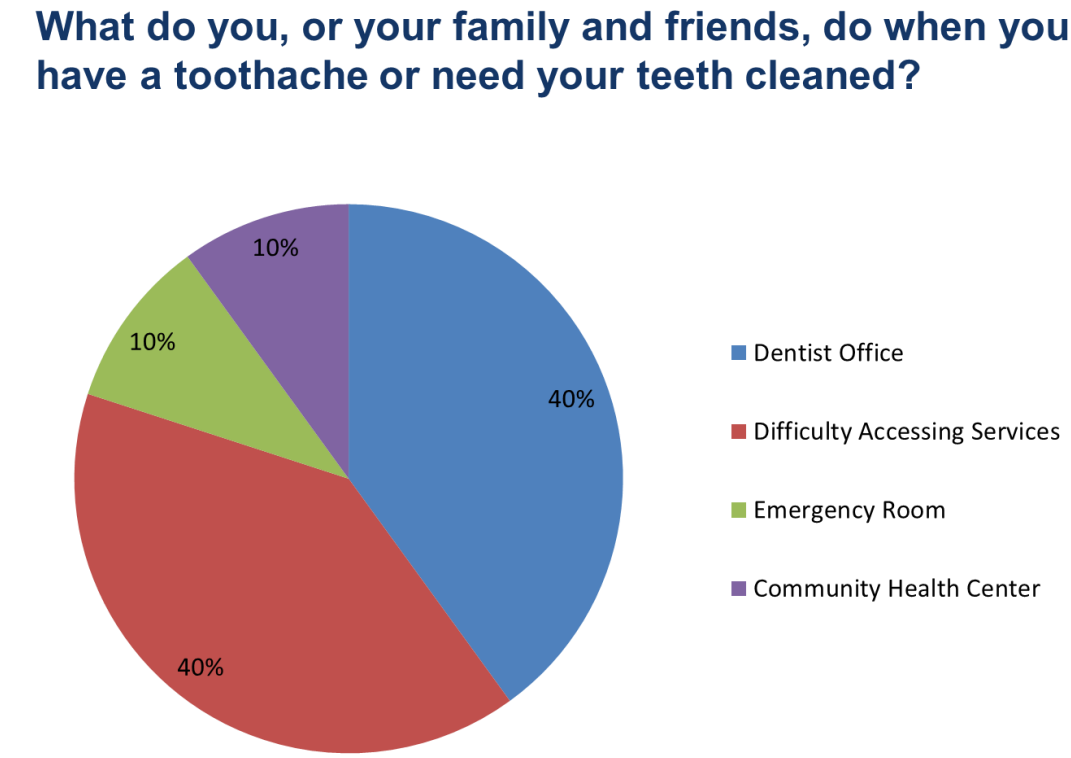
Specifically, participant's identified lack of inpatient dialysis (29%) as the top response for the lack of services in Giles category, followed by lack of pediatricians (22%), and lack of assisted living facilities (21%).

Medical Care Barriers (cont.): Lack of services in Giles



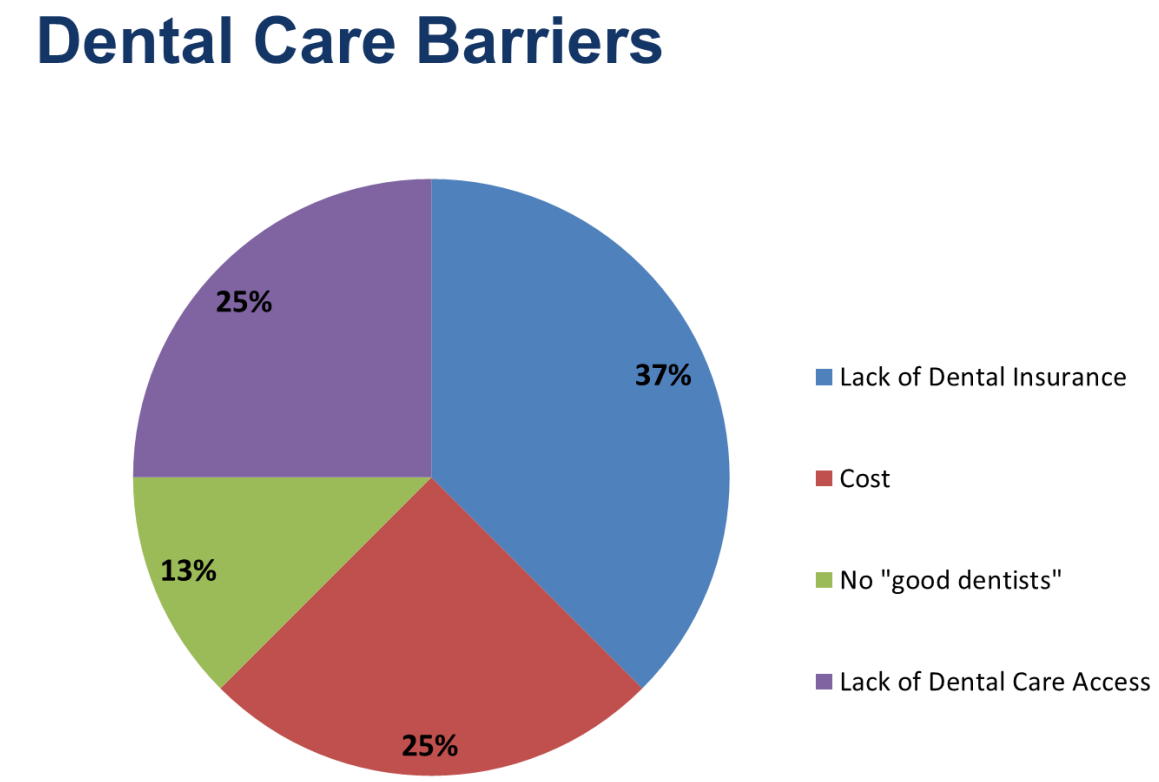
Total responses: 6 Total participants: 26

Next, participants were asked, “What do you, or your family and friends, do when you have a toothache or need your teeth cleaned?” The top responses were going to the dentist office (40%) and difficulty accessing services (40%).



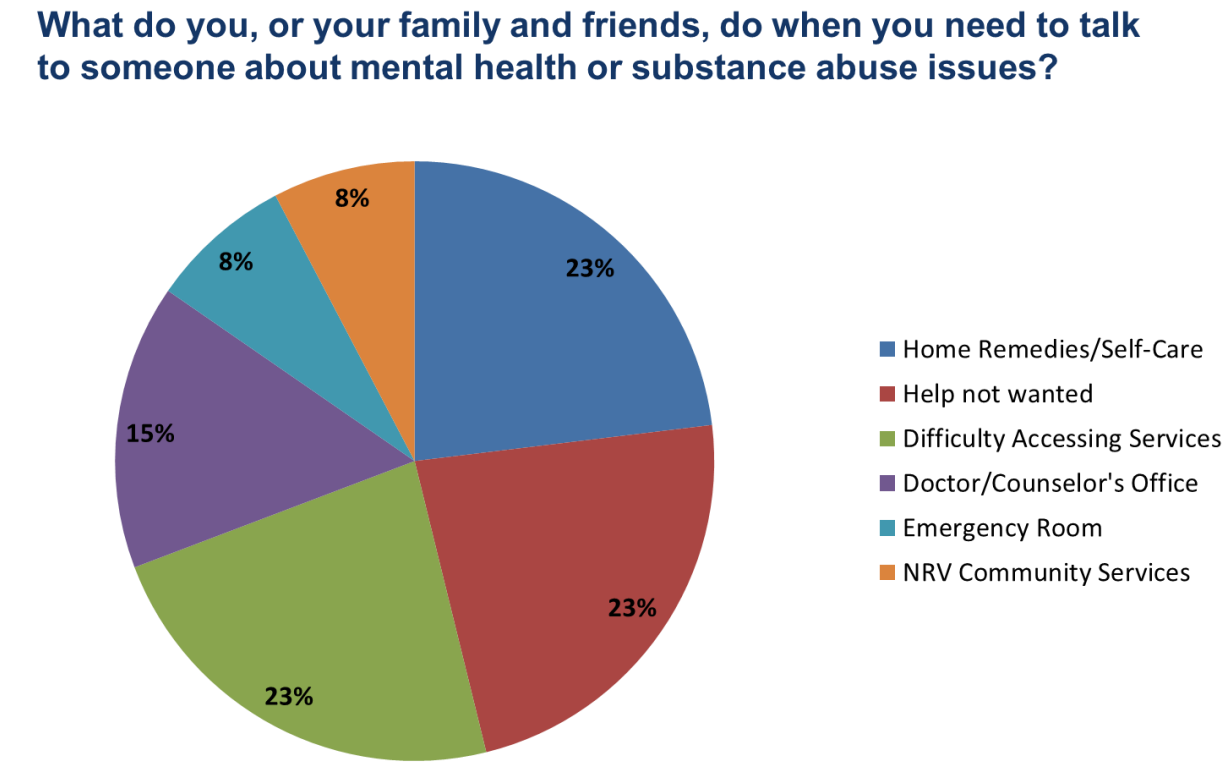
Total responses: 10 Total participants: 26 Did not respond: 16

Dental care barriers included lack of insurance (38%), the cost of dental care (25%), and lack of dental care access.



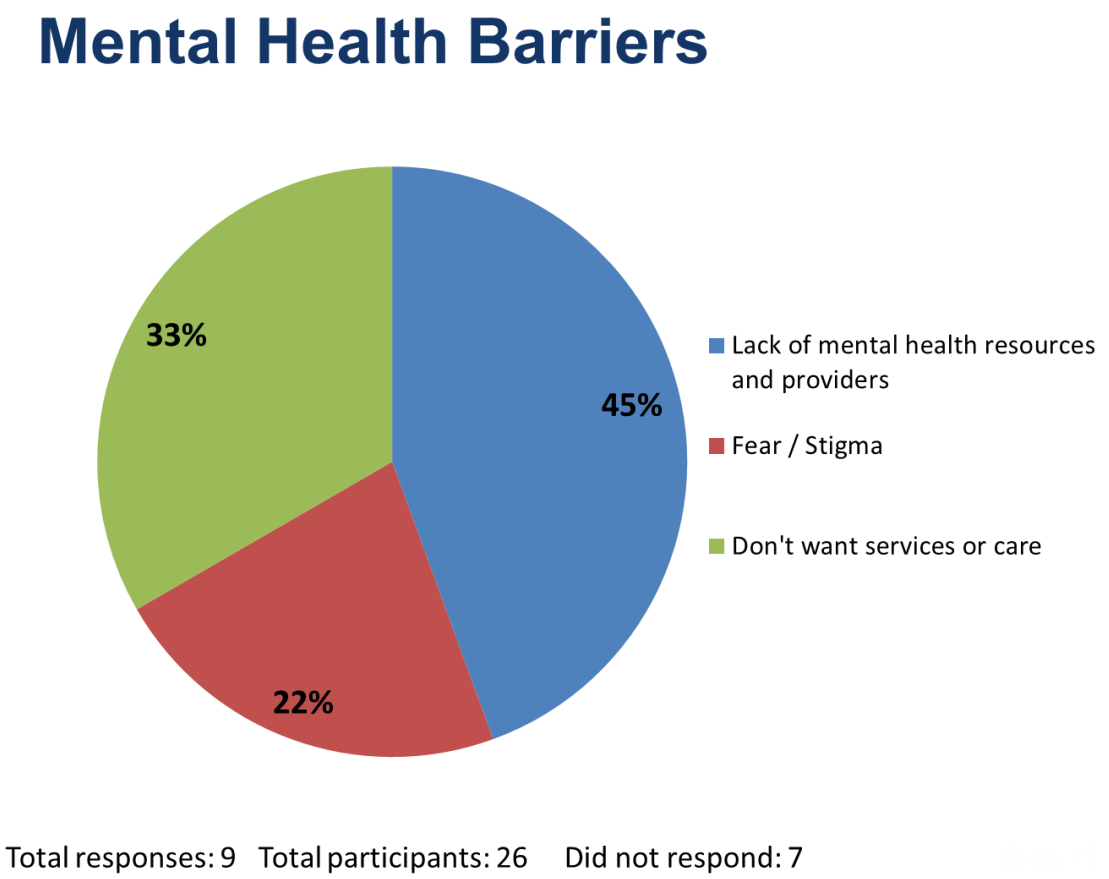
Total responses: 16 Total participants: 26 Did not respond: 10

Participants were asked, “What do you, or your family and friends, do when you need to talk to someone about mental health or substance abuse issues?” The top responses were home remedies / self-care (23%), followed by help not wanted (23%) and then difficulty accessing services (23%).



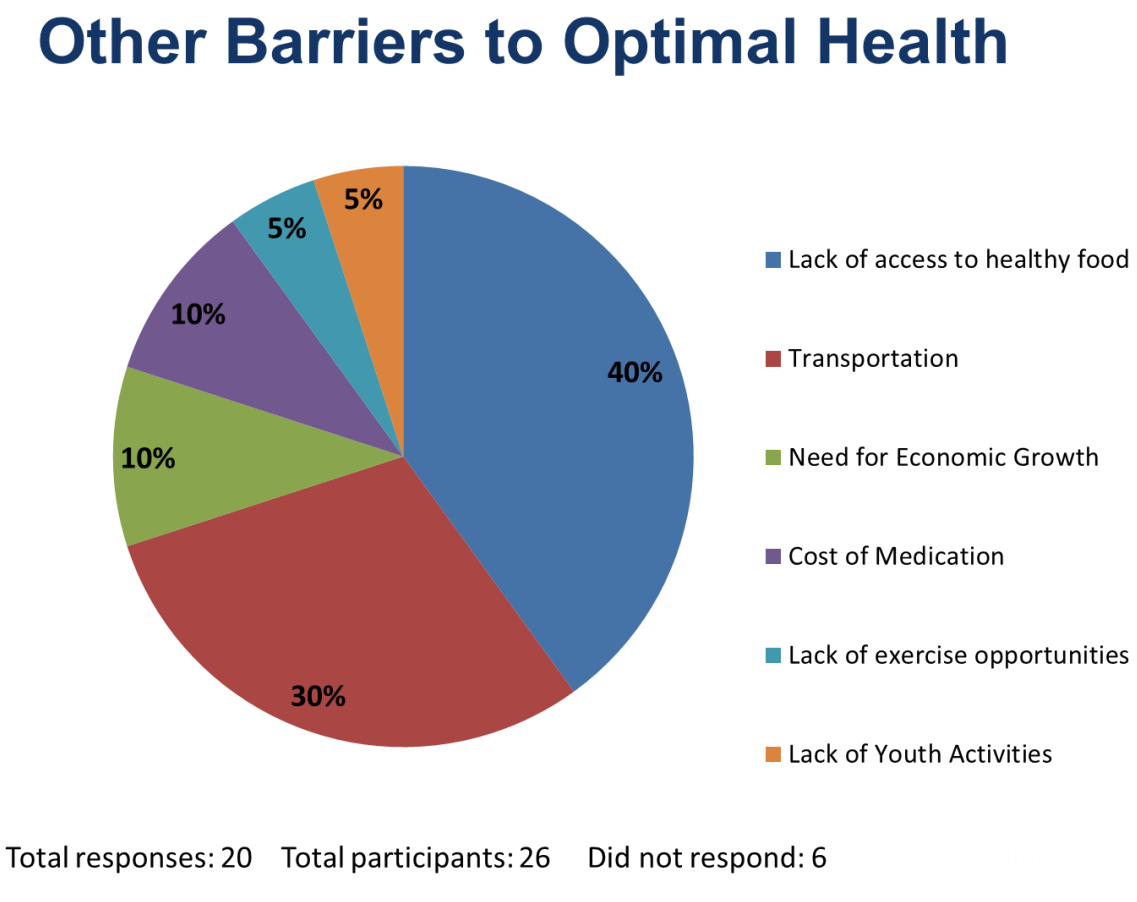
Total responses: 13 Total participants: 26 Did not respond: 13

Mental health barriers included lack of mental health resources and providers (45%), people don't want services or care (33%) and fear / stigma associate with mental health (22%).



Total responses: 9 Total participants: 26 Did not respond: 7

Finally, participants were asked, “Is there anything else we need to know about the health care need in the community?” The top responses lack of access to healthy food (40%), need for transportation (30%), and need for economic growth (10%).



Total responses: 20 Total participants: 26 Did not respond: 6

Giles Community Health Survey

Methodology

A Community Health Survey was conducted as a part of the Giles Community Health Needs Assessment. This survey was used to gauge the health of the community and identify potential areas to target improvements. Input and oversight of survey development was provided by the Community Health Assessment Team (CHAT).

The survey was developed using community survey samples from the following:
National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships Community Themes and Strengths Assessments;
YMCA's Community Healthy Living Index;
Center for Disease Control's Behavioral Risk Factor Surveillance System;
Community Health Surveys from Montgomery and Giles County, Virginia;
Giles Community Health Needs Assessment, 2012.

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

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

- General Population
  - All residents in the CHNA service area, including Giles County, VA and Monroe County, WV.
- Target Populations
  - Low-income and/or uninsured residents; minority populations; and residents living with chronic illness
  - Residents living in the Medically Underserved Areas

A nonprobability sampling method, which does not involve random selection of respondents, was used.[4] This method is often used for social research. Although surveys were made available to all residents in the service area, oversampling of the target populations occurred through targeted outreach efforts. Oversampling methodologies involve data collection for particular subgroups of the population that may be underrepresented in a random sample survey.

[4] Research Methods- Knowledge Base, Nonprobability Sampling, Web Center for Social Research Methods, www.socialresearchmethods.net/kb/sampnon/php

The CHAT identified target populations, collection sites and mode(s) of distribution of the surveys. Surveys were distributed beginning January through May 2015. Ten organizations, agencies, and community members assisted in the distribution of the surveys. In total, 184 surveys were collected.

The survey was distributed via the following methods:

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

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

Outreach strategies for survey distribution included:

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

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

Survey Results

Access and Barriers to Healthcare

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

Please select the county or city you live in from the box below:		
Answer Options	Response Percent	Response Count
Giles County	96.7%	178
Monroe County, WV	3.3%	6
answered question		184
skipped question		0

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

Answer Options	Response Percent	Response Count
Yes	78.0%	138
No	22.0%	39
answered question		**177**
skipped question		**7**

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

Answer Options	Yes		No		Response Count
Is this where you would go for new health problems?	134	97.81%	3	2.19%	137
Is this where you would go for preventive health care, such as general check-ups, examinations, and immunizations (shots)?	131	95.62%	6	4.38%	137
Is this where you would go for referrals to other health professions when needed?	126	94.74%	7	5.26%	133
				answered question	137
				skipped question	47

Question 2: Do you use medical care services?

Answer Options	Response Percent	Response Count
Yes	75.4%	132
No	24.6%	43
answered question		175
skipped question		9

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

Answer Options	Response Percent	Response Count
Carilion Clinic Family Medicine- Giles	61.8%	84
Doctor's Office	35.3%	48
Emergency Room	31.6%	43
Giles Community Health Center / Giles Free Clinic	11.0%	15
Community Health Center of the NRV	8.1%	11
Health Department	8.1%	11
Carilion Clinic Obstetrics & Gynecology – Giles	4.4%	6
Urgent Care / Walk in Clinic	2.9%	4
Monroe Health Center	2.2%	3
Craig County Health Center	0.7%	1
Pharmacy Clinic	0.7%	1
Planned Parenthood	0.7%	1
Other (please specify)	3.7%	5
answered question		**136**
skipped question		**48**

Question 3: Do you use dental care services?

Do you use dental care services?		
Answer Options	**Response Percent**	**Response Count**
Yes	63.3%	114
No	36.7%	66
	answered question	**180**
	skipped question	**4**

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

Answer Options	**Response Percent**	**Response Count**
Dentist's office	85.3%	99
Giles Community Health Center / Giles Free Clinic	6.0%	7
Kool Smiles (Christiansburg)	4.3%	5
Carilion Dental Clinic	2.6%	3
Community Health Center of the NRV	2.6%	3
Emergency Room	0.9%	1
Mission of Mercy Project	0.9%	1
Wytheville Community College Dental Hygiene Clinic	0.9%	1
Other (please specify)	3.4%	4
answered question		**116**
skipped question		**68**

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

Answer Options	Response Percent	Response Count
Yes	17.5%	32
No	82.5%	151
answered question		**183**
skipped question		**1**

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

Where do you go for mental health, alcohol abuse, or drug abuse services? (Check all that apply)		
Answer Options	**Response Percent**	**Response Count**
Doctor/Counselor's Office	31.3%	10
New River Valley Community Services	31.3%	10
Giles Community Health Center/ Giles Free Clinic	18.8%	6
Carilion Behavioral Health	12.5%	4
Emergency Room	3.1%	1
Salem VA Medical Center	3.1%	1
Other (please specify)	9.4%	3
answered question		**32**
skipped question		**152**

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

Answer Options	Response Percent	Response Count
Alcohol and illegal drug use	54.9%	100
Cancers	47.8%	87
Prescription drug abuse	36.8%	67
Overweight / obesity	32.4%	59
Diabetes	26.9%	49
Lack of exercise	24.7%	45
Child abuse / neglect	23.6%	43
Mental health problems	21.4%	39
Stress	20.9%	38
Heart disease and stroke	19.2%	35
Aging problems	18.7%	34
Cell phone use / texting and driving / distracted driving	18.1%	33
Poor eating habits	18.1%	33
High blood pressure	17.6%	32
Tobacco use / smoking	17.0%	31
Access to healthy foods	15.9%	29
Dental problems	15.4%	28
Domestic violence	11.0%	20

Bullying	9.9%	18
Environmental health (e.g. water quality, air quality, pesticides, etc.)	7.7%	14
Teenage pregnancy	6.0%	11
Accidents in the home (ex. falls, burns, cuts)	5.5%	10
Not using seat belts / child safety seats / helmets	5.5%	10
Not getting “shots” to prevent disease	4.4%	8
Sexual assault	3.3%	6
Unsafe sex	3.3%	6
Lung disease	2.2%	4
Suicide	2.2%	4
HIV / AIDS	1.6%	3
Homicide	1.1%	2
Infant death	1.1%	2
Neighborhood safety	1.1%	2
Gang activity	0.5%	1
Other (please specify)	0.0%	0
answered question		**182**
skipped question		**2**

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

Answer Options	Response Percent	Response Count
Specialty care (ex. heart doctor)	36.6%	63
Adult dental care	36.0%	62
Substance abuse services –drug and alcohol	33.7%	58
Cancer care	32.0%	55
Mental health / counseling	27.3%	47
Urgent care / walk in clinic	26.7%	46
Alternative therapy (ex. herbal, acupuncture, massage)	25.0%	43
Programs to stop using tobacco products	20.3%	35
Child dental care	19.2%	33
Women's health services	17.4%	30
Eldercare	16.3%	28
Domestic violence services	14.5%	25
Vision care	11.6%	20
End of life / hospice / palliative care	10.5%	18
None	10.5%	18
Medication / medical supplies	7.6%	13
Chiropractic care	6.4%	11
Preventive care (ex. yearly check-ups)	5.8%	10
Dermatology	4.7%	8

Family planning / birth control	4.7%	8
Physical therapy	4.7%	8
Emergency room care	4.1%	7
Ambulance services	2.9%	5
Family doctor	2.3%	4
Lab work	2.3%	4
Immunizations	1.7%	3
X-rays / mammograms	1.7%	3
Inpatient hospital	1.2%	2
Other (please specify)	0.0%	0
answered question		**172**
skipped question		**12**

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

Answer Options	Response Percent	Response Count
Specialty care (ex. heart doctor)	36.6%	63
Adult dental care	36.0%	62
Substance abuse services –drug and alcohol	33.7%	58
Cancer care	32.0%	55
Mental health / counseling	27.3%	47
Urgent care / walk in clinic	26.7%	46
Alternative therapy (ex. herbal, acupuncture, massage)	25.0%	43
Programs to stop using tobacco products	20.3%	35
Child dental care	19.2%	33
Women's health services	17.4%	30
Eldercare	16.3%	28
Domestic violence services	14.5%	25
Vision care	11.6%	20
End of life / hospice / palliative care	10.5%	18
None	10.5%	18
Medication / medical supplies	7.6%	13
Chiropractic care	6.4%	11
Preventive care (ex. yearly check-ups)	5.8%	10
Dermatology	4.7%	8

Family planning / birth control	4.7%	8
Physical therapy	4.7%	8
Emergency room care	4.1%	7
Ambulance services	2.9%	5
Family doctor	2.3%	4
Lab work	2.3%	4
Immunizations	1.7%	3
X-rays / mammograms	1.7%	3
Inpatient hospital	1.2%	2
Other (please specify)	0.0%	0
answered question		**172**
skipped question		**12**

General Health Questions

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

Answer Options	Yes		No		Not applicable		Response Count
I have had an eye exam within the past 12 months.	96	53.04%	85	46.96%	0	0.00%	181
I have had a mental health / substance abuse visit within the past 12 months.	28	15.56%	116	64.44%	36	20.00%	180
I have had a dental exam within the past 12 months.	97	53.89%	82	45.56%	1	0.56%	180
I have been to the emergency room in the past 12 months.	65	36.31%	106	59.22%	8	4.47%	179
I have been to the emergency room for an injury in the past 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	16	8.84%	154	85.08%	11	6.08%	181
Have you been a victim of domestic violence or abuse in the past 12 months?	9	4.97%	160	88.40%	12	6.63%	181
My doctor has told me that I have a long-term or chronic illness.	57	31.84%	115	64.25%	7	3.91%	179
I take the medicine my doctor tells me to take to control my chronic illness.	78	44.32%	53	30.11%	45	25.57%	176

Answer Options	Yes		No		Not applicable		Response Count
I can afford medicine needed for my health conditions.	92	52.27%	55	31.25%	29	16.48%	176
I am over 21 years of age and have had a Pap smear in the past three years (if male or under 21, please check not applicable).	96	54.24%	36	20.34%	45	25.42%	177
I am over 40 years of age and have had a mammogram in the past 12 months (if male or under 40, please check not applicable).	57	32.39%	42	23.86%	77	43.75%	176
I am over 50 years of age and have had a colonoscopy in the past 10 years (if under 50, please check not applicable).	45	25.57%	48	27.27%	83	47.16%	176
Does your neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)	104	58.76%	70	39.55%	3	1.69%	177
Does your neighborhood support healthy eating? (e.g. community gardens, farmers' markets, etc.)	88	49.44%	86	48.31%	4	2.25%	178
In the area that you live, is it easy to get affordable fresh fruits and vegetables?	107	59.44%	73	40.56%	0	0.00%	180
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	61	34.08%	118	65.92%	0	0.00%	179

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

Answer Options	Response Percent	Response Count
Grocery store	98.9%	178
Take-out / fast food / restaurant	35.0%	63
Home Garden	31.1%	56
Dollar store	22.8%	41
Farmers' Market	15.0%	27
Corner store / convenience store / gas station	13.9%	25
Food bank / food kitchen / food pantry	12.8%	23
I regularly receive food from family, friends, neighbors, or my church	2.2%	4
Back-pack or summer food programs	0.6%	1
Community Garden	0.6%	1
Other (please specify)	1.7%	3
answered question		**180**
skipped question		**4**

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

Answer Options	Response Percent	Response Count
I did not eat fruit or vegetables during the past 7 days	4.4%	8
1 – 3 times during the past 7 days	31.7%	57
4 – 6 times during the past 7 days	24.4%	44
1 time per day	11.7%	21
2 times per day	16.7%	30
3 times per day	9.4%	17
4 or more times per day	1.7%	3
answered question		**180**
skipped question		**4**

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

Answer Options	Response Percent	Response Count
Depression or anxiety	48.0%	82
High blood pressure	33.9%	58
Obesity / overweight	29.2%	50
High cholesterol	22.2%	38
High blood sugar or diabetes	16.4%	28
Mental health problems	14.0%	24
I have no health problems	12.9%	22
Asthma	12.3%	21
Heart disease	7.6%	13
COPD / chronic bronchitis / Emphysema	5.3%	9
Cancer	3.5%	6
Drug or alcohol problems	2.3%	4
Other (please specify)	8.2%	14
answered question		**171**
skipped question		**13**

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

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	76.7%	138
Within the past 2 years (1 to 2 years ago)	10.0%	18
Within the past 5 years (2 to 5 years ago)	6.7%	12
5 or more years ago	6.7%	12
answered question		**180**
skipped question		**4**

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

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	57.5%	103
Within the past 2 years (1 to 2 years ago)	17.9%	32
Within the past 5 years (2 to 5 years ago)	8.9%	16
5 or more years ago	15.6%	28
answered question		**179**
skipped question		**5**

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

Answer Options	Response Percent	Response Count
0 days	14.7%	26
1 days	11.3%	20
2 days	16.9%	30
3 days	22.6%	40
4 days	9.6%	17
5 days	8.5%	15
6 days	0.0%	0
7 days	16.4%	29
answered question		**177**
skipped question		**7**

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

Answer Options	Response Percent	Response Count
Walking	74.0%	111
Gardening	30.0%	45
Hiking	12.7%	19
Dancing	10.0%	15
Hunting	10.0%	15
Swimming	10.0%	15
Bicycling	8.0%	12
Group exercise classes	6.7%	10
Yoga / Pilates	6.0%	9
Individual sports	4.7%	7
Weight training	4.7%	7
Running	3.3%	5
Canoeing / kayaking	2.7%	4
Horseback riding	2.7%	4
Team sports	2.0%	3
Other (please specify)	4.0%	6
skipped question		**34**

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

Answer Options	Response Percent	Response Count
Never	4.5%	8
1-2 times	13.0%	23
3-4 times	23.2%	41
5-6 times	13.6%	24
7 times	13.0%	23
More than 7 times	26.0%	46
Not applicable / I live alone	6.8%	12
answered question		177
skipped question		7

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

Average	Response Count
6.9 days	148
answered question	**148**
skipped question	**36**

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

Average	Response Count
9.1 days	148
answered question	**148**
skipped question	**36**

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

Average	Response Count
1.3 days	130
answered question	**130**
skipped question	**54**

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

Answer Options	Response Percent	Response Count
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion.	20.0%	13
I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)	87.7%	57
I have taken prescription drugs to get high	0.0%	0
I have used marijuana	4.6%	3
I have used other illegal drugs (e.g. cocaine, heroin, ecstasy, crack, LSD, etc.)	0.0%	0
answered question		**65**
skipped question		**119**

Question 21: Have you ever used heroin?

Answer Options	Response Percent	Response Count
Yes	2.3%	4
No	97.7%	173
answered question		**177**
skipped question		**7**

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

Average	Response Count
2.1	1605
answered question	1605
skipped question	378

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

Answer Options	Response Percent	Response Count
Not applicable- I drive	70.6%	84
Friends / Family drive me	26.1%	31
Bike or walk	9.2%	11
Public transit (i.e. bus, shuttle, similar)	0.8%	1
Other (please specify)	0.8%	1
RADAR / CORTRAN	0.0%	0
Taxi	0.0%	0
answered question		**119**
skipped question		**65**

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

Answer Options	Response Percent	Response Count
I learn best by talking with my health professional (i.e. doctor, nurse, care coordinator, etc.)	72.1%	119
Internet or web information	50.9%	84
Reading materials (i.e. brochure, newspaper, magazine, books)	33.9%	56
My Chart / patient portal	19.4%	32
Classroom presentations, live presentations, or hands on demonstrations	13.3%	22
Pictures, diagrams, illustrations or photographs	13.3%	22
Group activity / support group	10.9%	18
Video presentation (i.e. video tape, DVD, movie, television)	10.9%	18
Other (please specify)	0.6%	1
answered question		**165**
skipped question		**19**

Demographic Information and Health Insurance

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

Answer Options	Response Percent	Response Count
Employer Provided Insurance	43.9%	76
No Dental Insurance	24.9%	43
Dental Insurance	23.7%	41
No Health Insurance	22.5%	39
Medicaid	12.7%	22
Medicare	12.1%	21
Individual / Private Insurance / Market Place / Obamacare	8.7%	15
Health Savings / Spending Account	8.1%	14
Medicare Supplement	4.6%	8
Government (VA, Champus)	1.7%	3
COBRA	0.0%	0
answered question		**173**
skipped question		**11**

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

Answer Options	Response Percent	Response Count
Employer Provided Insurance	43.9%	76
No Dental Insurance	24.9%	43
Dental Insurance	23.7%	41
No Health Insurance	22.5%	39
Medicaid	12.7%	22
Medicare	12.1%	21
Individual / Private Insurance / Market Place / Obamacare	8.7%	15
Health Savings / Spending Account	8.1%	14
Medicare Supplement	4.6%	8
Government (VA, Champus)	1.7%	3
COBRA	0.0%	0
answered question		**173**
skipped question		**11**

Question 27: What is your ZIP code?

What is your ZIP code?			
Location	**Zip**	**Response Percent**	**Response Count**
PEARISBURG, GILES CO.	24134	44.4%	80
NARROWS, GILES CO.	24124	26.1%	47
PEMBROKE, GILES CO.	24136	13.3%	24
RICH CREEK, GILES CO.	24147	2.8%	5
RIPPLEMEAD, GILES CO.	24150	2.8%	5
NEWPORT, GILES CO.	24128	2.2%	4
CAPTAIN, GILES CO.	24963	1.7%	3
GLEN LYN, GILES CO.	24093	1.1%	2
STAFFORDSVILLE, GILES CO.	24127	1.1%	2
EGGLESTON, GILES CO.	24167	1.1%	2
PETERSTOWN, WV-MONROE CO.	24918	1.1%	2
BALLARD, WV-MONROE CO.	24060	0.6%	1
LINDSIDE, WV-MONROE CO.	24086	0.6%	1
UNION, WV-MONROE CO.	24951	0.6%	1
	24983	0.6%	1
answered question			**180**
skipped question			**4**

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

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

Question 29: What is your age?

Average	Response Count
44.3	170
answered question	**170**
skipped question	**14**

Question 30: What is your gender?

Answer Options	Response Percent	Response Count
Male	**23.8%**	**41**
Female	**76.2%**	**131**
Transgender	**0.0%**	**0**
answered question		**172**
skipped question		**12**

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

Answer Options	Response Average	Response Count
Feet	5.07	169
Inches	6.78	169
Pounds	190.91	169
Average BMI	30.1 (Obese)	
answered question		**169**
skipped question		**15**

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

	Service Area	
Answer Options	Response Average	Response Count
Number who are 0 - 17 years of age:	1	121
Number who are 18 - 64 years of age :	2	160
Number who are 65 years of age or older:	0	90
answered question		172
skipped question		12

Question 34: What is your highest education level completed?

Answer Options	Response Percent	Response Count
Less than high school	2.3%	4
Some high school	7.9%	14
High school diploma	50.8%	90
Associates	17.5%	31
Bachelors	10.2%	18
Masters / PhD	11.3%	20
answered question		**177**
skipped question		**7**

Question 35: What is your primary language?

Answer Options	Response Percent	Response Count
English	100%	173
Spanish	0%	0
Other (please specify)	0%	0
answered question		**173**
skipped question		**11**

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

Answer Options	Response Percent	Response Count
White	97.7%	172
Black / African American	1.7%	3
More than one race	1.1%	2
Latino	0.6%	1
Decline to answer	0.6%	1
Asian	0.6%	1
American Indian / Alaskan Native	0.6%	1
Other (please specify)	0.6%	1
Native Hawaiian / Pacific Islander	0.0%	0
answered question		**176**
skipped question		**8**

Question 37: What is your marital status?

Answer Options	Response Percent	Response Count
Married	57.7%	97
Single	23.8%	40
Divorced	13.7%	23
Widowed	4.2%	7
Domestic Partnership	0.6%	1
answered question		**168**
skipped question		**16**

Question 38: What is your yearly household income?

Answer Options	Response Percent	Response Count
$0 – $10,000	20.5%	33
$10,001 – $20,000	18.0%	29
$20,001 – $30,000	9.3%	15
$30,001 – $40,000	8.7%	14
$40,001 – $50,000	11.2%	18
$50,001 – $60,000	6.2%	10
$60,001 – $70,000	5.0%	8
$70,001 – $100,000	14.9%	24
$100,001 and above	6.2%	10
answered question		**161**
skipped question		**23**

Question 39: What is your current employment status?

Answer Options	Response Percent	Response Count
Full-time	46.4%	77
Part-time	14.5%	24
Unemployed	23.5%	39
Self-employed	2.4%	4
Retired	6.6%	11
Homemaker	6.6%	11
answered question		**166**
skipped question		**18**

Children Specific Question

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

How many children do you have under the age of 18?	
	Average
	1.75
answered question	59
skipped question	125

Question C2: What are their age(s)?

What are their age(s)?		
Answer Options	Response Average	Response Count
Child 1	10.48	65
Child 2	8.91	35
Child 3	6.85	13
Child 4	6.33	3
Child 5	1.00	1
Child 6	.00	0
Child 7	.00	0
Child 8	.00	0
Child 9	.00	0
Child 10	.00	0
	answered question	65
	skipped question	119

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

Answer Options	Response Percent	Response Count
Yes	88.5%	54
No	11.5%	7
answered question		65
skipped question		123

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

Answer Options	Yes		No		Response Count
Is this where he/she would go for new health problems?	94.23%	49	5.77%	3	52
Is this where he/she would go for preventive health care, such a general check-ups, examinations, and immunizations (shots)?	94.23%	49	5.77%	3	52
Is this where he/she would go for referrals to other health professions when needed?	96.15%	50	3.85%	2	52
answered question					52
skipped question					132

Question C4: Does your child use medical care services?

Answer Options	Response Percent	Response Count
Yes	85.0%	51
No	15.0%	9
answered question		60
skipped question		124

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

e	Response Percent	Response Count
Doctor's Office	60.4%	32
Carilion Clinic Family Medicine – Giles	43.4%	23
Emergency Room	18.9%	10
Other (please specify)	11.3%	6
Giles Community Health Center / Giles Free Clinic	5.7%	3
Urgent Care / Walk in Clinic	5.7%	3
Community Health Center of the NRV	1.9%	1
Health Department	1.9%	1
Pharmacy Clinic	1.9%	1
answered question		**53**
skipped question		**131**

Question C5: Does your child use dental care services?

Answer Options	Response Percent	Response Count
Yes	86.7%	52
No	13.3%	8
answered question		**60**
skipped question		**124**

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

Answer Options	Response Percent	Response Count
Dentist's office	86.3%	44
Kool Smiles	15.7%	8
Carilion Dental Clinic	3.9%	2
Emergency Room	2.0%	1
Other (please specify)	0.0%	0
answered question		**51**
skipped question		**133**

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

Answer Options	Response Percent	Response Count
Dentist's office	86.3%	44
Kool Smiles	15.7%	8
Carilion Dental Clinic	3.9%	2
Emergency Room	2.0%	1
Other (please specify)	0.0%	0
answered question		**51**
skipped question		**133**

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

Answer Options	Response Percent	Response Count
Doctor/Counselor's Office	44.4%	4
New Horizon Healthcare	11.1%	1
Other (please specify)	0.0%	0
answered question		**9**
skipped question		**175**

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

Answer Options	Response Percent	Response Count
None	49.1%	26
Child dental care	22.6%	12
Specialty care (ex. heart doctor)	22.6%	12
Urgent care / walk in clinic	15.1%	8
Cancer care	9.4%	5
Alternative therapy (ex. herbal, acupuncture, massage)	7.5%	4
Mental health / counseling	5.7%	3
Programs to stop using tobacco products	5.7%	3
Vision care	5.7%	3
Emergency room care	3.8%	2
Family Doctor	3.8%	2
School Physicals	3.8%	2
Substance abuse services –drug and alcohol	3.8%	2
Chiropractic care	1.9%	1
Family Planning/Birth control	1.9%	1
Medication / medical supplies	1.9%	1
Physical therapy	1.9%	1
Preventive care (ex. yearly check-ups)	1.9%	1
Other (please specify)	10%	0
answered question		**53**
skipped question		**131**

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

Answer Options	Yes		No		Not applicable		Response Count
My child has had an eye exam within the past 12 months.	41	65.08%	20	31.75%	2	3.17%	63
My child has had a dental exam within the past 12 months.	50	78.13%	14	21.88%	0	0.00%	64
My child takes the medicine the doctor tells him/her to take.	45	70.31%	5	7.81%	14	21.88%	64
I can afford medicine needed for my child's health conditions.	51	79.69%	9	14.06%	4	6.25%	64
My child has had a mental health / substance abuse visit within the last 12 months.	10	15.63%	45	70.31%	9	14.06%	64
My child has been to the emergency room in the last 12 months.	23	35.94%	39	60.94%	2	3.13%	64
My child has been to the emergency room for an injury in the last 12 months (e.g. motor vehicle crash, fall, poisoning, burn, cut, etc.).	9	14.06%	53	82.81%	2	3.13%	64
There are times when my child does not have enough food to eat.	5	7.81%	57	89.06%	2	3.13%	64

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

Answer Options	Response Percent	Response Count
My child has no health problems	37.3%	19
Asthma	35.3%	18
Depression or anxiety	13.7%	7
Mental health problems	5.9%	3
Obesity / overweight	3.9%	2
High blood pressure	2.0%	1
Other (please specify)	29.4%	15
answered question		**51**
skipped question		**133**

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

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	92.1%	58
Within the past 2 years (1 to 2 years ago)	4.8%	3
Within the past 5 years (2 to 5 years ago)	3.2%	2
5 or more years ago	0.0%	0
answered question		**63**
skipped question		**121**

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

Answer Options	Response Percent	Response Count
Within the past year (1 to 12 months ago)	86.7%	52
Within the past 2 years (1 to 2 years ago)	3.3%	2
Within the past 5 years (2 to 5 years ago)	8.3%	5
5 or more years ago	1.7%	1
answered question		**60**
skipped question		**124**

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

Answer Options	Response Percent	Response Count
Walking	53.7%	29
Team sports	50.0%	27
Bicycling	46.3%	25
Dancing	40.7%	22
Swimming	33.3%	18
Individual sports	31.5%	17
Running	29.6%	16
Hiking	14.8%	8
Hunting	14.8%	8
Weight training	14.8%	8
Gardening	9.3%	5
Group exercise classes	5.6%	3
Other (please specify)	5.6%	3
Canoeing / kayaking	3.7%	2
Horseback riding	3.7%	2
Yoga / Pilates	3.7%	2
answered question		**54**
skipped question		**130**

Secondary Data

Demographics and socioeconomic status

Social Determinants of Health

In the same way a person's DNA is the cornerstone of their individuality, social determinants of health shape wellbeing for billions of humans across the globe. The Center for Disease Control defines social determinants of health as "the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness[5]". These circumstances change over time as a person grows and moves around the living world. For this reason, social determinants of health are often used to identify at-risk populations and analyze what determinants impact their lives more than people not considered to be at-risk[6].

Individuals don't have complete control over social determinants of health. In fact, they are heavily influenced by large-scale processes like politics, economic change, and culture[6]. These forces also have power in deciding what health care systems are operational in a geographic area. Higher-income areas are commonly buzzing with private care physicians and health services while the lower-income areas depend heavily on charity and government-subsidized services as treatment. This keeps social mobilization from occurring, and the poor areas become sicker as the rich areas see improvement in health issues[6].

Healthy People 2020 has identified five main social determinants of health that need to be addressed in some way. Economic stability, education, social and community context, health and health care, and neighborhood and built environment have been named as the focus for governmental and organizational health system and wellbeing improvement by the year 2020 in the United States[7]. These five overarching topics include several subcategories that serve to direct specific actions and policy across the nation. Once the social determinants of health are identified in any context, the next important step is to devise a strategy for addressing the determinants and, ultimately, minimizing the negative impact that they have on the nation's most at-risk groups. No single strategy has been identified as the best or most effective for this task, but trial and error by social groups and government bodies has already brought much needed change to some of the needs areas[8].

A central task in analyzing social determinants of health is the process of discovering health disparities between subgroups in the same geographical area[8].Health disparities are differences

[5] Centers for Disease Control and Prevention. (2015). Social Determinants of Health. Retrieved from http://www.cdc.gov/socialdeterminants/

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

[7] Healthy People 2020. (2015-a). Social Determinants of Health. Retrieved from

[8] Robert Wood Johnson Foundation. (n.d.). Social Determinants of Health.

in physical and mental health or wellbeing that stem from differences in factors like race, ethnicity, and socioeconomic status[9]. When connections can be drawn between certain population subgroups, income levels, and the burden that illness places on the community, social disparities emerge as the problems that can be fixed. Social determinants of health provide the context needed to identify what issues need to be addressed and where improvement efforts should begin.

Population, gender, race and age

Total Population by Geographic Location

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

Geography	Total Population
Virginia	8,100,653
Giles	17,111
Monroe	13.512

Population Change Estimates, 2010 – 2040

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

Geography	2010	% Change	2020	% Change2	2030	% Change3	2040	% Change
Giles	17286	3.78	17821	3.09	18283	2.59	18683	2.19
Monroe	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	8001024	13.02	8811512	10.13	9645281	9.46	10530229	9.17

Median Age by Geographic Location

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

	Virginia	Giles	Monroe
Median Age (years)	37.5	43.2	45.8

from – http://www.rwjf.org/en/our-topics/topics/social-determinants-of-health.html

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

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

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

	Under 5	5-14 years	15-17 years	18-64 years	Over 65 years
Virginia	6.30%	12.70%	3.90%	40.90%	12.60%
Giles County	5.50%	11.80%	3.90%	59.50%	18.60%
Monroe County	5.20%	11.50%	3.50%	59.50%	20.30%

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

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

	White	Black	American Indian and Alaskan Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino Origin	Not Hispanic or Latino
Virginia	69.50%	19.40%	0.30%	5.70%	0.10%	2.20%	2.90%	8.10%	91.90%
Giles	96.50%	1.20%	0.40%	0.30%	0.00%	0.30%	1.40%	1.30%	98.70%
Monroe	98.00%	0.60%	0.20%	0.00%	0.00%	0.00%	1.10%	1.10%	98.90%

Giles County Public Schools Race/Ethnicity, 2012-2013

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

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	Two or more	Total
Elementary Schools	14	0	5	13	1010	0	21	1063
Elementary Schools (%)	1.32%	0	0.47%	1.22%	95.01%	0	1.98%	
Middle Schools	8	0	1	10	589	0	17	625
Middle Schools (%)	2.60%	0	0.16%	1.60%	94.24%	0	2.72%	
High Schools	12	0	8	10	717	0	13	760
High Schools (%)	1.58%	0	1.05%	1.32%	94.34%	0	1.71%	
District Grand Total	34	0	14	33	2316	0	51	2448
District Grand Total (%)	1.39%	0	0.57%	1.35%	94.61%	0	2.08%	

Giles County Public Schools Race/Ethnicity, 2013-2014

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

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	Two or more	Total
Elementary Schools	17	2	4	15	998	3	17	1056
Elementary Schools (%)	1.61%	0.19	0.38%	1.42%	94.51%	0.28	1.61%	
Middle Schools	8	0	1	9	596	0	11	625
Middle Schools (%)	1.28%	0	0.16%	1.44%	95.36%	0	1.76%	
High Schools	13	0	7	13	723	0	18	774
High Schools (%)	0.53%	0	0.90%	1.68%	93.41%	0	2.33%	
District Grand Total	38	2	12	37	2317	0	46	2452
District Grand Total (%)	1.55%	0	0.49%	1.51%	94.37%	0	1.87%	

Giles County Public Schools Race/Ethnicity, 2014-2015

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

	Hispanic	American Indian/ Alaskan Native	Asian	Black, not of Hispanic origin	White	Native Hawaiian/ Other	Two or more	Total
Elementary Schools	17	5	2	15	945	3	19	1006
Elementary Schools (%)	1.69%	0.50%	0.19%	1.50%	93.93%	0.30%	1.89%	
Middle Schools	11	0	3	10	580	0	7	611
Middle Schools (%)	1.80%	0	0.49%	1.64%	94.93%	0	1.15%	
High Schools	16	1	7	13	746	1	22	806
High Schools (%)	2.00%	0.10%	0.87%	1.60%	92.56%	0.12%	2.73%	
District Grand Total	44	6	12	38	2271	4	48	2423
District Grand Total (%)	1.82%	0.25%	0.50%	1.57%	93.73%	0.17%	1.98%	

It was estimated in 2009 that only 4.7% of the population 5 years of age and over speak a language other than English at home in Giles County compared to 14.9% in Virginia.

Population 5 Years and Over Who Speak a Language other than English at Home

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

Locality	#	%
Giles	758	4.70%
Monroe	242	1.90%
Virginia	1,130,877	14.90%

The number of children less than 18 years of age (21.2% of the population) and the number of adults 18 to 64 years of age (60.2%) in Giles County is slightly less than the state averages

(22.9% and 64.5% respectively). In contrast, the elderly population, 65 years and older, is higher in the County compared to the same population statewide (18.6% versus 12.6).[10]

The number of Americans aged 45-64 who will reach 65 over the next two decades has increased by 34% since 1990 and the proportion of older adults will increase from 13% in 2000 to 25% in 2030.[11] Rural areas have a greater proportion of older adults who tend to have higher poverty rates and poorer health than their urban counterparts do.[12]

Estimates of Population by Life Cycle, 5-Year Estimates, 2009-2013

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

	Under 5	5-14 years	15-17 years	18-64 years	Over 65 years
Virginia	6.3%	12.7%	3.9%	64.5%	12.6%
Giles County	5.5%	11.8%	3.9%	60.2%	18.6%
Monroe County	5.2%	11.5%	3.5%	59.4%	24.1%

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

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

Locality	#	%
Giles	796	4.90%
Monroe	224	1.80%
Virginia	1,103,522	14.70%

[10] US Census Bureau, Quick Facts, Giles County, 2011

[11] Department of Health & Human Services, Administration on Aging, Aging Statistics, http://www.aoa.gov/aoaroot/aging_statistics/index.aspx, accessed 8/10/12

[12] Rogers, C. The Older Population in 21st Century Rural America.Rural America, Vol. 17-3, Fall 2002

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. 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 that those who earn a diploma.[13] Giles County Public Schools has three combined elementary/middle schools, two high schools, and one small Technology Center.[14] Education attainment in Giles County is lower than the state and national averages. 80.5% of the population has a high school diploma and 16.6% have a Bachelor's Degree or higher.[15]

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

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

	Percent high school graduate or higher	Percent bachelor's degree or higher
Giles	80.50%	16.60%
Monroe	80.30%	13.70%

On-Time Graduation and Drop-out Rates, 2011

(Virginia Department of Education, Division-Level Cohort Report, Four Year Rate, 2011)

		On-Time Graduation Rate	Drop-out Rate
Virginia	All students	86.6%	7.2%
Virginia	Economically Disadvantaged	80.0%	10.4%
Giles County	All students	80.1%	14.9%
Giles County	Economically Disadvantaged	66.7%	25.5%

The New River Community Action Head Start program, offers preschool opportunities to at-risk children in the New River Valley. In Giles County, there are two Head Start sites located in the

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

[14] Virginia Department of Education, Office of School Nutrition Program, National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2011

[15] U

towns of Narrows and Pearisburg. In 2010-2011, there were 85 children enrolled at these two sites.[16]

Blacksburg, in neighboring Montgomery County, is the site of Virginia Tech, a land grant university, which is the largest in the state and ranked 56th among the states' top research universities with an enrollment of more than 30,000 undergraduate and graduate students.[17] In addition, the Edward Via College of Osteopathic Medicine (VCOM), a post-baccalaureate professional medical college, is located in Blacksburg. Radford University, located in the independent City of Radford, is a state university with a current enrollment of more than 9,000 students in undergraduate and graduate programs.[18] It is the site of the Waldron College of Health and Human Services which houses the School of Nursing, School of Social Work, Communication Sciences and Disorders, and the newly formed Occupational Therapy program as well as the Speech and Hearing Clinic, and FAMIS Outreach program. In addition, Radford University's Department of Psychology offers graduate degrees in clinical psychology and counseling.

On-Time Graduation Rates, Giles County High Schools

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

	2012	2013	2014
Giles High	86.40%	84.40%	84.40%
Narrows High	73.40%	84.10%	79.10%
Virginia	89.20%	90.10%	89.90%

Dropout Rates, Giles County High Schools

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

	2012	2013	2014
Giles High	10.60%	11.30%	6.40%
Narrows High	20.30%	11.10%	7.50%
Virginia	7.40%	6.50%	5.40%

[16] New River Community Action Head Start Annual Report, http://www.swva.net/nrca/pdf/Head%20Start%20Annual%20Report%202010-11.pdf 2010-2011
[17] Virginia Tech website, www.vt.edu, 2012
[18] Radford University, www.radford.edu, 2012

Income and Poverty Status

Giles County is an extremely economically depressed area of far Southwest and lies in stark contrast to adjacent Montgomery County, home of Blacksburg and Christiansburg, and Virginia Tech. Giles County is a socioeconomically polarized region, where magnificent hillside homes of college professors overlook centuries-old hollows where people live in extreme poverty.

Median household and per capita income is lower in Giles County as compared to Virginia and the United States.

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

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

Location	Median Income
Giles	$45,141
Monroe	$41,234
Virginia	$63,907

The Federal Poverty Guidelines (FPL) is used to determine eligibility for many local, state, and federal assistance programs. It is based on an individual's or family's annual cash income before taxes. Updated yearly by the Census Bureau, the 2013 – 2015 guidelines are provided below as a reference.[19]

2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11490
2	15510
3	19530
4	23550
5	27570
6	31590
7	35610
8	39630
For families/household with more than eight persons, add $4,020 for each additional person.	

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

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

2014 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11670
2	15730
3	19790
4	23850
5	27910
6	31970
7	36030
8	40090
For families/household with more than eight persons, add $4,060 for each additional person.	

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

2015 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/household	Poverty Guideline
1	11770
2	15930
3	20090
4	24250
5	28410
6	32570
7	36730
8	40890
For families/household with more than eight persons, add $4,160 for each additional person.	

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

The guidelines reflect 100% of the FPL. To calculate 200% of the FPL, multiply the listed income level by two.

A greater number of residents live in poverty in Giles County as compared to residents in Virginia and the United states as a whole. In Giles County, 35% of residents live below 200% of the FPL as compared to 24.7% in Virginia and 34.2% in the United States. A disproportionate number of young children and elderly residents live in poverty in Giles County. Of children under 6 years of age, 55.9% live below 200% of the FPL in the County compared to 36.5% in Virginia and 47.5% in the nation. In Giles, 31.4% of adults 65 years of age and older live below 200% of the FPL in Giles compared to 24.2% in Virginia and 31.2% in the United States.[20]

[20] US Census Bureau, American Community Survey 5-year Estimates, 2006-2010

Number of Residents Living in Poverty, 2009-2013

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

	Below 100% FPL		100-199% FPL		200% FPL and above		Total	
	#	%	#	%	#	%	#	%
United States	46,663,433	15.37%	57301004	18.87%	199727639	65.77%	303692076	100%
Virginia	887595	11.30%	1207097	15.37%	5759444	73.33%	7854136	100%
Giles	2255	13.31%	3683	21.74%	11,001	64.94%	16,939	100%
Monroe	1824	13.60%	3775	28.15%	7812	58.25%	13,411	100%

Ratio of Income by Poverty Status by Age, 2009-2013

(U.S. Census Bureau, 2009-2013 5-Year American Community Survey, Table B17024. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

< 6 years of age						
	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
United States	5831985	24.50%	5470952	23%	12482102	52.48%
Virginia	104392	17.20%	117311	19.33%	385120	63.50%
Giles	160	15.46%	419	40.48%	456	44.06%
Monroe	305	32.07%	288	30.28%	358	37.64%

6-17 years						
	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
United States	9869814	20.16%	10699633	21.85%	28394121	58%
Virginia	167566	13.70%	219995	18%	835187	68.30%
Giles	348	13.64%	593	23.25%	1610	63%
Monroe	287	16.23%	642	36.31%	839	47.45%

18-64 years						
	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
United States	27168057	14.27%	32153996	16.89%	131193444	68.91%
Virginia	538970	10.72%	679531	13.52%	3809387	75.77%
Giles	1452	14.14%	1774	17.27%	7045	68.59%
Monroe	1058	13.17%	2013	25.12%	4960	61.90%

65 years & >						
	Below 100% FPL		100-199% FPL		200% FPL & over	
	#	%	#	%	#	%
United States	3793577	9.36%	8972423	22.13%	27778638	68.51%
Virginia	76667	7.69%	190260	19.09%	729750	73.22%
Giles	295	9.57%	897	29%	1890	61.32%
Monroe	174	6.54%	832	31.27%	1655	62.20%

Families Living in Poverty, 2009-2013

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

Geography	Percent (%)
Virginia	8.00%
Giles	8.90%
Monroe	10.30%

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

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

Geography	Percent (%)
Virginia	12.60%
Giles	14.20%
Monroe	19.20%

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

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

Geography	Percent (%)
Virginia	33.20%
Giles	40.20%
Monroe	53.4%

Poverty Status in the Past 12 Months by Race/Ethnicity

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

Geography	White			Black		
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
Virginia	5477811	491024	9%	1491461	294800	19.80%
Giles	16383	2,099	12.80%	160	29	18.10%
Monroe	13158	1740	13.2%	85	37	43.5%

Geography	American Indian/Alaskan Native			Asian			Native Hawaiian and Other Pacific Islander		
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
Virginia	23536	3478	14.80%	449879	37249	8.30%	5215	673	12.90%
Giles	60	0	0%	41	23	56.10%	6	6	100%
Monroe	32	0	0%	0	0	0%	0	0	0%

Geography	Some Other Race			Two or More Races		
	Population	Number in Poverty	Percent	Population	Number in Poverty	Percent
Virginia	175056	29497	16.90%	231178	30874	13.40%
Giles	54	0	0%	235	98	41.70%
Monroe	0	0	0%	136	47	34.60%

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

(U.S. Census Bureau, 2010 Census Summary File 1, Table P31, P31A, P31B, P31H. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

Geography	Total Child Population	White	African American	Hispanic or Latino
Virginia	27.2	19.5	55.5	28.4
Giles County	26.1	25.1	61.1	38.6
Monroe County	25.4	25.2	0.3	20.8

The Giles County Department of Social Services (GCDSS), located in Narrows, Virginia, promotes self-sufficiency while providing support and protection to the citizens of Giles County through the delivery and coordination of community based social services. The financial services unit administers financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; Medicaid and FAMIS (Family Access to Medical Insurance Security) enrollment; Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF); and state and local hospitalization.

GCDSS' service unit provides support to individuals, families and children. Programs include adult protective services; adoption services; child protective services; companion and day care services; foster care and family preservation services; and the Virginia Initiative for Employment Not Welfare Program (VIEW).

Since 2005, the Giles County Department of Social Services has experienced a steady increase and plateau in the number of residents enrolled in the SNAP and TANF programs.[21]

Giles County Number of TANF and SNAP Recipients for Fiscal Years 2012-2014

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

	2012	2013	2014
Giles TANF	284	331	223
Giles SNAP	3547	3510	3507

Currently, 44.6% of children and adolescents in Giles County Public Schools are enrolled in the Free and Reduced Lunch Program, as compared to 42.0%for Virginia school districts as a whole.[22] This is a slight increase from the 2011-2012 school year where 43.5% of children and adolescents in Giles County were enrolled in the Free and Reduced Lunch Program compared to 39.7% in Virginia.

Students Eligible for Free and Reduced Lunch Program, 2012-2015

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

Locality	% Eligible for Free or Reduced Lunch 2012	% Eligible for Free or Reduced Lunch 2013	% Eligible for Free or Reduced Lunch 2014	% Eligible for Free or Reduced Lunch 2015
Giles	43.47%	44.13%	45.80%	44.58%
Monroe	N/A	N/A	N/A	N/A
Virginia	39.67%	40.10%	41.19%	41.95%

[21]Virginia Department of Social Services, Department of Social Services Profile Report, 2015 http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi

[22]Virginia Department of Education, Office of School Nutrition Program,National School Lunch Program Free & Reduced Price Eligibility Report, 2014

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

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

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Eastern Combined	453	168	37.09%	42	9.27%	210	46.36%
Macy McClaugherty Combined	500	199	39.80%	56	11.20%	269	54.23%
Narrows Elementary/Middle	496	213	42.94%	56	11.29%	269	54.23%
High Schools							
Giles High	679	179	26.36%	54	7.95%	233	34.32%
Narrows High	323	108	33.44%	30	9.29%	138	42.72%

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

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

	SNAP Membership	Free Lunch Eligible	%Free Lunch Eligible	Reduced Lunch Eligible	%Reduced Lunch Eligible	Total F/R Lunch Eligible	% Total F/R Lunch Eligible
Elementary Schools							
Eastern Combined	454	154	33.92%	47	10.35%	201	44.27%
Macy McClaugherty Combined	502	209	41.63%	39	7.77%	248	49.40%
Narrows Elementary/Middle	462	231	50.00%	35	7.58%	266	57.58%
High Schools							
Giles High	689	182	26.42%	58	8.42%	240	34.83%
Narrows High	349	119	34.10%	21	6.02%	140	40.11%

Households and Marital Status

In Giles County, of the population 15 years of age and older, slightly more were married, widowed or divorced or separated as compared to Virginia and the United States while fewer were never married.[23]

Marital Status, Population 15 Years and Over, 2009-2013, Percentage

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

Geography	Now Married (except separated)	Widowed	Divorced	Separated	Never Married
Virginia	50.70%	5.60%	9.90%	2.60%	31.20%
Giles	52.10%	9.60%	11.40%	3.40%	23.40%
Monroe	57.80%	8.50%	12.40%	70.00%	20.60%

An equal amount of couples that have children are married in Giles County (71%) as compared statewide (71%). Although the percentage of all children living in a single parent household is slightly lower in Giles County, more Black and Hispanic children live in single parent households.[24]

There are approximately 4,823 families in Giles County of which 8.9% live below poverty compared to 8.0% in Virginia and 11.3% nationwide. More families with children live in poverty (14.2%) in Giles County compared to Virginia (12.0%) but less than in the U.S. as a whole (17.8%). Of most concern is that 40.2% of families with children and a female head of household live in poverty in the County compared to 33.2% statewide and 40.0% nationally.[25]

[23] US Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2009-2013
[24] US Census Bureau, Household Type, 2014 accessed at http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi
[25] US Census Bureau, American Community Survey 5-year Estimates, Table S1702. 2009-2013

Employment Status

Unemployment rates from 2011 to 2013 improved in Giles County in the past year however they continue to be higher than state averages (6.7% and 5.5% respectively) but lower than the national average (7.4%).[26]

Unemployment Rates, 2011-2013

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

	2011	2012	2013
Giles County	7.80%	7.10%	6.70%
Monroe	N/A	N/A	N/A
Virginia	6.40%	5.90%	5.50%
United States	8.90%	8.10%	7.40%

The largest industry in Giles County is the Celanese Acetate (cigarette filter) plant. It is located within Pearisburg, and employs approximately 1,000 individuals. Periodic downsizing of this plant over the past 15 years has contributed significantly to the poverty of the area. In addition to the Celanese Acetate plant, the Giles County School Board, Mundy Maintenance Service, Wal-Mart, and Carilion Giles Community Hospital are the top five employers in the County.[27]

Transportation

Occupied Housing Units with No Vehicles Available, 2009-2013

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

	#Occupied housing units with no vehicles available	%Occupied housing units with no vehicles available
Giles County	561	7.80%
Monroe County	266	4.70%
Virginia	190596	6.30%

[26] Virginia Employment Commission, Local Area Unemployment Statistics, www.virginiaLMI.com, 2013
[27] Virginia Employment Commission, Quarterly Census of Employment and Wages, 4th quarter (Oct-Dec), 2011

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)[28]

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.[29]

Health staffing shortages and designations

Giles and Monroe County MUA and HPSA

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

Geography	Medically Underserved Area (MUA)	Health Professional Shortage Area (HPSA)		
		Primary Care HPSA	Dental HPSA	Mental Health HPSA
Giles County	Giles Service Area	Giles County	Low-Income - Bland/Giles Counties	Low-Income - New River Valley Service Area
Monroe Country	Monroe County	Family Healthcare Associates, Inc. Family Healthcare Associates, Inc.- Pineville Miller Family Practice Monroe County Health Center Monroe County	Miller Family Practice Monroe County Health Center Family Healthcare Associates, Inc. Monroe County	Miller Family Practice Monroe County Health Center Family Healthcare Associates, Inc. Mental Health Catchment Area IV Fmrs

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

[29] 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

The entire geographic area of Giles County is designated a Medically Underserved Area and is a Health Professional Shortage Area (HPSA) for Primary Care, Dental, and Mental Health Services. The Dental and Mental Health HPSA's apply to low income populations living in the county as well.

Health Services Professionals

An inventory by the Giles County Health Center Planning Committee of existing primary care, dental and mental health providers revealed that there are currently 6 full-time equivalent (FTE) primary care providers, 4 FTE dentists, and 2.4 FTE mental health providers. The mental health provider reflects current services provided by the New River Valley Community Services. This inventory, along with 5-year population estimates, was used to determine the ratio of population to one FTE provider in Giles County.

Primary Care Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/downloads and http://www.countyhealthrankings.org/app/west-virginia/2013/downloads)

Geography	# PCP	PCP Rate	PCP Ratio
Virginia	5919	74	1355:1
Giles	12	69	1440:1
Monroe	7	52	1927:1

Primary Care Providers Population Ratio, 2014

(HRSA Area Resource File. (2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2014/downloads and http://www.countyhealthrankings.org/app/west-virginia/2014/downloads)

Geography	# PCP	PCP Rate	PCP Ratio
Virginia	6021	74	1345:1
Giles	11	64	1557:1
Monroe	8	59	1692:1

Primary Care Providers Population Ratio, 2015

(Area Health Resource File/American Medical Association. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)

Geography	# PCP	PCP Rate	PCP Ratio
Virginia	6091	74	1344:1
Giles	9	53	1881:1
Monroe	5	37	2693:1

Mental Health Providers Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/downloads and http://www.countyhealthrankings.org/app/west-virginia/2013/downloads)

Geography	# MHP	MHP Rate per 100,000	MHP Ratio
Virginia	N/A	N/A	2217:1
Giles	2	N/A	8645:1
Monroe	1	N/A	13493:1

Mental Health Providers Population Ratio, 2014

(CMS, National Provider Identification. (2013). Retrieved from http://www.countyhealthrankings.org/app/virginia/2014/downloads and http://www.countyhealthrankings.org/app/west-virginia/2014/downloads)

Geography	# MHP	MHP Rate per 100,000	MHP Ratio
Virginia	8205	100	998:1
Giles	1	6	16928:1
Monroe	5	37	2693:1

Mental Health Providers Population Ratio, 2015

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

Geography	# MHP	MHP Rate per 100,000	MHP Ratio
Virginia	11406	138	724:1
Giles	1	6	16925:1
Monroe	4	30	3371:1

Dentist Population Ratio, 2013

(HRSA Area Resource File. (2011-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/downloads and http://www.countyhealthrankings.org/app/west-virginia/2013/downloads)

Geography	# Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	4563	55	1811:1
Giles	5	29	3485:1
Monroe	2	15	6775:1

Dentist Population Ratio, 2014

(HRSA Area Resource File. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2014/downloads and http://www.countyhealthrankings.org/app/west-virginia/2014/downloads)

Geography	# Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	4951	60	1653:1
Giles	6	35	2821:1
Monroe	2	15	6732:1

Dentist Population Ratio, 2015

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

Geography	# Dentists	Dentist Rate per 100,000	Dentist Ratio
Virginia	5127	62	1611:1
Giles	6	35	2821:1
Monroe	2	15	6742:1

Cost of Services

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

(Behavioral Risk Factor Surveillance System. (2005-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)

Geography	% Couldn't Access 2013	% Couldn't Access 2014	% Couldn't Access 2015
Virginia	11%	12%	12%
Giles	12%	0%	0%
Monroe	17%	17%	17%

Insurance Status

There are a greater number of uninsured individuals (16.0%), Medicaid (13.3%), and Medicare (22.3%) in Giles County as compared statewide for all categories. There are fewer individuals with private insurance plans (66.9%) in Giles County than the state average.[30]

Health Insurance Status for Giles and Monroe County, 2009-2013

(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2009-2013, Table S2701. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t#none)

	Virginia		Giles		Monroe	
	#	%	#	%	#	%
Medicaid	840,636	10.70%	2259	13.30%	2500	18.70%
Medicare	1145321	14.50%	3781	22.30%	3252	24.30%
Private	5900956	74.90%	11349	66.90%	7982	59.60%
Direct-Purchase	1036733	13.20%	2682	15.80%	1517	11.30%
Employer Based	4789539	60.80%	9496	56%	6916	51.70%
Uninsured	973047	12.30%	2711	16%	2140	16.00%

As part of the Patient Protection and Affordable Care Act (ACA), Medicaid expansion will include individuals with incomes under 133% of the Federal Poverty Level by 2014. In Virginia, over 450,000 currently uninsured residents would be eligible for coverage. In Giles County, over 2,300 residents would be newly eligible for Medicaid.[31]

Projected Newly Eligible for Medicaid in 2015

(The Commonwealth Institute analysis of Small Area Health Insurance Estimates data. (2012). Retrieved from http://www.thecommonwealthinstitute.org/2015/01/13/every-legislator-every-district/)

Projected Newly Eligible for Medicaid in 2015	
Giles County	860
Monroe	N/A

The uninsured, especially those living in poverty, are least likely to have a medical home and/or a regular source of care. Estimates for the number of nonelderly uninsured living in Giles County reveals that the majority live less than 200% of the Federal Poverty Level (76.1%) which is slightly higher than the same rate statewide (72.3%).[32]

[30] Thomson Reuters Market Planner Plus, 2011 provided by Carilion Clinic, Strategic Development
[31] Virginia Medicaid Now and Under Health Reform, Estimating Medicaid Eligible and Enrolled Populations, Demographics & Workforce Group, Weldon Cooper Center, University of Virginia, September 2010
[32] Virginia Atlas of Community Health, Giles County Profile, 2011

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

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

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	3293	90.84%	7888	76.87%	3076	99.81%	14257	84.02%
Employer-based health insurance	1842	50.81%	5561	54.20%	12	0.39%	7415	43.70%
Direct-purchase health insurance	47	1.30%	672	6.55%	0	0.00%	719	4.24%
Medicare	15	0.41%	249	2.43%	699	22.68%	963	5.68%
Medicaid	950	26.21%	452	4.41%	0	0.00%	1402	8.26%
No health insurance	332	9.16%	2373	23.13%	6	0.19%	2711	15.98%
Total Number < 200% FPL	3625		10261		3082		16968	

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

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

	< 18 Years		18-64		65+		All Ages	
	#	%	#	%	#	%	#	%
With health insurance	2550	93.13%	6038	75.57%	2661	100.00%	11249	84.02%
Employer-based health insurance	1043	38.09%	4004	50.11%	13	0.49%	5060	37.79%
Direct-purchase health insurance	65	2.37%	233	2.92%	0	0.00%	298	2.23%
Medicare	0	0.00%	190	2.38%	817	30.70%	1007	7.52%
Medicaid	1144	41.78%	611	7.65%	0	0.00%	1755	13.11%
No health insurance	188	6.87%	1952	24.43%	0	0.00%	2140	15.98%
Total Number < 200% FPL	2738		7990		2661		13389	

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, and have low educational attainment.[33] In addition, rural areas have a greater proportion of older adults who tend to have higher poverty rates and poorer health outcomes.

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2005-2011

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

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Giles	17	4
Monroe	22	4.1

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

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

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Giles	14	3.7
Monroe	21	3.8

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

Death Rates

In Giles County, the total death rates are higher as compared statewide and for diseases of the heart, respiratory, diabetes, chronic liver disease and unintentional injury.[34]

Giles County and Virginia Death Rates (Age adjusted per 100,000)

(Statistical Reports and Tables (2014). Virginia Department of Health: Division of Health Statistics. Retrieved from http://www.vdh.virginia.gov/healthstats/stats.htm#pop)

	Giles			Virginia		
	2011	2012	2013	2011	2012	2013
Total Deaths per 100,000 Population	933.7	974.7	876.2	735.8	724.9	720.1
Malignant Neoplasms Deaths per 100,000 Population	194.4	180.8	197.9	169.5	164.1	161.3
Heart Disease Deaths per 100,000 Population	265.7	233.5	216.1	161.3	157.4	155.9
Cerebrovascular Disease Deaths per 100,000 Population	59.3	43.7	23.6	41.4	40.7	38.5
Chronic Lower Respiratory Disease Deaths per 100,000 Population	72.8	65.3	50.6	38.4	36.6	37.2
Diabetes Mellitus Deaths per 100,000 Population	7	20.4	36.1	19.4	18.5	18.3

Unintentional Injury Death Rate per 100,000 Population, 2011-2013

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

Geography	2011	2012	2013
Giles	26.8	84.4	54.7
Monroe	N/A	N/A	N/A
Virginia	33.4	33.3	33

[34] Virginia Department of Health, Division of Health Statistics, 2010

Prevention Quality Indicators

Prevention Quality Indicators (PQI) identify quality of care for ambulatory sensitive conditions, conditions for which good outpatient care can prevent hospitalization or which early intervention can prevent complications and severe disease. In Giles County, total PQI hospital discharge rates are higher overall as compared to Virginia as a whole and the Health Planning District. Discharge rates are greater in Giles County for almost all ambulatory sensitive conditions including adult asthma, bacterial pneumonia, chronic obstructive pulmonary disease, congestive heart failure, and diabetes. Discharge rates for hypertension in Giles are lower than state averages but higher than rates for the Health Planning District.

Giles County and Virginia Age Adjusted Discharge Rates per 100,000

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

Age-Adjusted Discharge Rate per 100,000	Giles	Virginia Total
Adult Asthma PQI Discharges	N/A	14.6
Angina PQI Discharges	N/A	7.5
Bacterial Pneumonia PQI Discharges	405.8	186.7
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	216.6	181.8
Congestive Heart Failure PQI Discharges	285.2	237.5
Diabetes PQI Discharges	186.1	141.5
Hypertension PQI Discharges	N/A	38.6
(Rates were not calculated where n<30)		

Mental Health and Substance Abuse

Mental Health and Mental Disorders is 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."

One of Healthy People's targets is to reduce the suicide rate to 10.2 suicides per 100,000. This is a Leading Health Indicator (MHMD-1). Suicide rates are significantly higher in rural areas wcompared to urban areas particularly among men and children with the rate for women increasingly rapidly.[35]Giles County's current suicide rate is half the rate in Virginia and meets the Healthy People 2020 target.[36]

[35] National Rural Health Association, "What's Different about Rural Health Care?", www.ruralhealthweb.org, November 2010

[36] Virginia Department of Health, Division of Health Statistics, 2010

Number of Mentally Unhealthy Days in the Past Month, 2013-2015

(Behavioral Risk Factor Surveillance System. (2009-2013). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)

Geography	Mentally Unhealthy Days in the Past Month, 2013	Mentally Unhealthy Days in the Past Month, 2014	Mentally Unhealthy Days in the Past Month, 2015
Virginia	3.1	3.1	3.1
Giles	2.7	2.3	2.3
Monroe	4.8	4.1	4.1

Suicide Deaths per 100,000 Population, 2011-2013

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

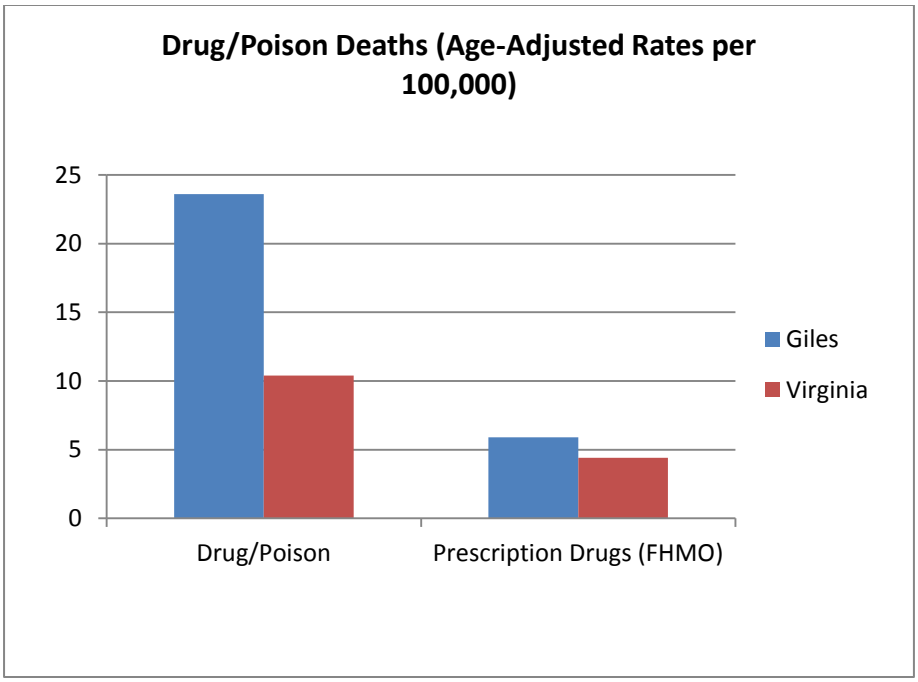
Geography	2011	2012	2013
Giles	28.1	0	7.9
Monroe	N/A	N/A	N/A
Virginia	12.5	12.5	12.2

Like mental health, Substance Abuse is a Leading Health Indicator for Healthy People 2020 with a goal to "reduce substance abuse to protect the health, safety, and quality of life for all, especially children." In Giles County, more residents 12 years of age and older, reported having dependence or abuse of illicit drugs or alcohol, and more needing but not receiving treatment for illicit drug use, in the past year as compared statewide.

Drug/Poison Deaths (Age-Adjusted per 100,000)

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

Drug/Poison (deaths per 100,000 population)	Giles	Monroe	Virginia Total
Drug/Poison	23.6	N/A	10.4
Prescription Drugs (FHMO)	5.9	N/A	4.4



Oral Health

All too often, the importance of oral health maintenance is overshadowed by larger scale health care issues. For about 47 million people in the United States, these issues are left untreated until emergency care is required[37]. In fact, nearly 830,000 emergency room visits during 2009 could have been prevented if underserved populations had access to regular dental services in their community (The White House Blog, 2013). According to the Center for Disease Control, Non-Hispanic Blacks, Hispanics, and American Indians have the worst overall oral health in the nation[38]. In order to mend the oral health issues in this nation, it is absolutely necessary to change the way the public, government, and elected officials view dental health services.

The American Dental Association is leading the charge for transitioning the way oral health is prioritized in the U.S. They have found that nearly one fourth of American children don't have access to oral health services, and have devised several strategies to begin opening the right pathways for intervention. They are teaming up with community centers across the nation to implement programs to provide dental care and educate the underserved population about how to maintain their oral health[39]. A central goal in improving access to oral health services is increasing the prevalence of oral health literacy among all populations in the country.

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

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

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

Great strides have already been seen in child and adolescent oral health. New programs are being implemented across the nation that use school and after-school care centers to reach the vulnerable children without regular access to oral health services. New school-based dental sealant programs have stemmed from Healthy People 2020 initiatives[40].

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

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

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

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

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Giles County	Virginia Total
Percent Adults age 18+ with No Dental Visit in the Last Year	20%	22%

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

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Giles County	Virginia Total
Percent Youth age 18+ with No Dental Visit in the Last Year	19%	21%

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

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Giles County	Virginia Total
Percent Youth (age 0-17) with Dental Caries in their Primary or Permanent Teeth	15%	18%

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

(Virgina Atlas of Communty Health, 2013, , Retrieved from http://www.atlasva.com/)

	Giles County	Virginia Total
Percent Youth (age 0-17) with Teeth in Fair/Poor Condition	5%	6%

Prevention and Wellness

Well-being is a concept whose definition varies greatly between individuals. Essentially, well-being involves the ability to see your own life in a positive way and feeling good. Well-being and wellness are interchangeable terms, and encompass different aspects of a person's life. Some specific aspects of well-being include physical, psychological, developmental, and emotional well-being[41]. In health care, measuring wellness is done by collecting data in order to evaluate community behaviors, determine the average life span and top causes of death, study regional access to healthy food and individual activity levels, and many other categories involving the way humans live[42].

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

County Health Rankings

Beginning in 2010, the County Health Rankings have analyzed localities in all 50 states using measures to determine how healthy people are and how long they live. These measures include (1) health outcomes which look at how long people live (mortality) and how healthy people feel while alive (morbidity); and (2) health factors which represent what influences the health of a county including health behaviors, clinical care, social and economic factors, and physical environment.[43] The lower the overall ranking is, the healthier the community.

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

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

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

Since 2010, Giles County has been ranked the second unhealthiest county in the New River Valley; however the rankings continue to improve overall each year, with exception of 2015 in the health factor category.

Note: Monroe County resides in West Virginia and is therefore not ranked against Giles County

County Health Rankings--Health Outcomes (out of 133)			
Locality	2013 Rank	2014 Rank	2015 Rank
Giles	74	77	69
Monroe	36	26	20

(County Health Rankings, Overall Rank, 2013-2015, Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/rankings/outcomes/overall)

County Health Rankings--Health Factors (out of 133)			
Locality	2013 Rank	2014 Rank	2015 Rank
Giles	60	59	88
Monroe	6	7	12

(County Health Rankings, Overall Rank, 2013-2015, Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/rankings/outcomes/overall)

Health Risk Factors

Low education levels in the region and the cultural pride and independence associated with those living in Appalachia and the service area result in the inability for many to understand the complexities of health care, resulting in poor compliance to 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. In Giles County, 38.6% of adults were told they had high blood pressure and 60.9% were told they had high cholesterol as compared to 27.5% and 36.7% respectively in Virginia.[44]

One of the Healthy People 2020 Leading Health Indicators addresses the effects of tobacco and a goal to "reduce illness, disability, and death related to tobacco use and secondhand smoke exposure." One of its key objectives is to reduce the number of adults who are current smokers to 12% (TU-1). In Giles County, more adults smoke daily or most days (22%) as compared to adults in Virginia (19%) which is almost two times the Healthy People 2020 target.[45]

[44]Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010
[45]Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010

Health Risk Factors- Adult Smoking

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

Locality	% Adults who smoke daily or most days, 2013	% Adults who smoke daily or most days, 2014	% Adults who smoke daily or most days, 2015
Virginia	18%	18%	18%
Giles	22%	23%	23%
Monroe	22%	21%	N/A

Health Risk Factors- Obesity and Physical Inactivity

(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. (2010). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads) and (CDC Diabetes Interactive Atlas. (2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)

	2013		2014		2015	
Locality	Adult Obesity	Physical Inactivity	Adult Obesity	Physical Inactivity	Adult Obesity	Physical Inactivity
	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity	% Obese	% No Leisure Time Physical Activity
Virginia	28%	23%	28%	23%	28%	22%
Giles	29%	29%	33%	26%	34%	28%
Monroe	29%	32%	31%	35%	31%	31%

Nutrition, Weight Status, and Physical Activity

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2013

(Behavioral Risk Factor Surveillance System. (2005-2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2013/downloads and http://www.countyhealthrankings.org/app/west-virginia/2013/downloads)

Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Giles	17	4
Monroe	22	4.1

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2014

(Behavioral Risk Factor Surveillance System. (2006-2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2014/downloads and http://www.countyhealthrankings.org/app/west-virginia/2014/downloads)

Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Giles	14	3.7
Monroe	21	3.8

Percent of Adults Reporting Fair to Poor Health and the Number of Poor Physical Health Days in the Past Month, 2015

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

Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Giles	21	3.4
Monroe	N/A	N/A

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.[46] Reducing the proportion of adults who are obese to 30.6% is a Healthy People 2020 Leading

[46] 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

Health Indicator (NWS-9). In Giles County, fewer adults are overweight (31.8%) but more are obese (34.0%) as compared to 34.9% overweight and 28.0% in Virginia.[47]

The benefits of physical activity include weight control; reduction of risk for cardiovascular disease, diabetes, and some cancers; increased strength and overall well-being. In Giles County, more reported no leisure time physical activity (29%) as compared to adults in Virginia (24%).[48] Both percentages are better than the Healthy People 2020 target to reduce the proportion of adults who engage in no-leisure time physical activity to 32.6% (PA-1).

The presence of recreational facilities in a community can influence a person's ability to engage in physical activity. In Giles County, there are no indoor community recreational facilities although the County boasts miles of hiking trails and rivers for outdoor recreation.[49]

Access to Recreational Facilities

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

Locality	Rec. Facs.	Rec. Fac. Rate
Giles	0	0
Monroe	0	0
Virginia	N/A	10

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).

[47] Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010
[48] Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010
[49] US Department of Agriculture, Food Environment Atlas Census County Business Patterns, 2009

Access to Healthy Food

(USDA Food Environment Atlas. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)
(USDA Food Environment Atlas, (2010). Map the Meal Gap from Feeding, (2011). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)
(USDA Food Environment Atlas, Map the Meal Gap. (2012). Retrieved from http://www.countyhealthrankings.org/app/virginia/2015/downloads and http://www.countyhealthrankings.org/app/west-virginia/2015/downloads)

	2013		2014		2015	
Locality	# Limited Access	% Limited Access	# Limited Access	% Limited Access	# Limited Access	% Limited Access
Giles	692	4%	692	4%	692	4%
Monroe	297	2%	297	2%	297	2%
Virginia	N/A	4%	N/A	4%	N/A	4%

Census Tract Food Deserts

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

Locality	Census Tract	Total Population	Percentage of people with low access to a supermarket or large grocery store	Number of people with low access to a supermarket or large grocery store	Percentage of total population that is low-income and has low access to a supermarket or large grocery store	Number of low-income people with low access to a supermarket or large grocery store
Giles	100	2176	100.00%	2176.00	24.55%	534.28
Giles	200	3856	100.00%	3856.00	38.48%	1483.75
Giles	300	5568	51.19%	2850.13	18.65%	1038.30
Giles	400	5686	69.43%	3947.53	24.80%	1410.02
Monroe	100	3117	99.75%	3109.08	38.15%	1189.19
Monroe	200	4513	80.60%	3637.68	34.73%	1567.57
Monroe	300	5872	85.41%	5015.24	28.89%	1696.69
(People at 1 mile--an urban tract with at least 500 people or 33% percent of the population living at least 1 mile from the nearest supermarket, supercenter, or large grocery store)						

Clinical Preventive Screenings

According to the National Cancer Institute, deaths can be greatly reduced for breast, cervical, colon, and rectal cancer through early detection and screening tests. In Giles County, more women had no PAP tests or mammograms in the past years while fewer adults 50 years of age and older had no Fecal Occult Blood test in the past two years as compared statewide.

Cancer Screenings in Giles County and Virginia, 2010

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

Cancer Screening	Giles County	Virginia
Percent of women 18 and older with No Pap test in past 3 years	21.76%	13.19%
Percent of women 40 and older with No Mammogram in past 3 years	24.72%	10.06%
Percent of adults 50 and older with No Fecal Occult Blood Test in past 2 years	75.30%	83.40%

The frequency of preventative screening exams (mammogram, prostate, cholesterol, colonoscopy, hearing and vision test) is similar for seniors living in the New River Valley (NRV) and those living in Virginia as a whole. Of interest, men aged 50 to 64 in the NRV are more likely than those in the rest of the state to have a prostate exam within the last year (84% versus 61%); however, the reverse is true for men aged 65 and older (46% versus 64%).[50]

[50] Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

Maternal, Infant, and Child health

Prenatal and Perinatal Health Indicators

Maternal and child health is a Healthy People 2020 Leading Health Indicator with the goal to "improve the health and well-being of women, infants, children and families." Infant mortality is affected by many factors including the socio-economic status and health of the mother, prenatal care, birth weight of the infant, and quality of health services delivered to both the mother and child. In Giles County, the low birth weight, infant mortality rate, and births to teenage mothers is higher as compared to Virginia and Healthy People 2020 targets (Objectives MICH- 1.3; MICH-8.1; MICH 10.1).

Late Entry into Prenatal Care, 2013

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

Prenatal & Perinatal Health Indicators	Giles	Monroe	Virginia
Late entry into prenatal care (entry after first trimester) Percent of all births	14.8%	N/A	17.1%

Prenatal and Perinatal Health Indicators, 2013

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

	Giles	Monroe	Virginia
Low Birth Weight Rate	12.10%	N/A	8.00%
Infant Mortality Rate (Number per 1,000 births)	0	N/A	6.3

Infant Mortality Rates per 1,000 live births

(Virginia Department of Health, Statistical Reports and Tables, 2011-2013. Retrieved from http://www.vdh.virginia.gov/HealthStats/stats.htm)

	2011	2012	2013
Giles County	11.2	N/A	N/A
Monroe County	N/A	N/A	N/A
Virginia	6.7	6.3	6.2

Prenatal & Perinatal Health Indicators, 2013

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

Total Live Births Rates by Race, 2013	Giles	Monroe	Virginia
Live Birth Rates per 1,000	8.8	N/A	12.3
Live Birth Rates per 1,000 (White)	9	N/A	10.9
Live Birth Rates per 1,000 (Black)	3.2	N/A	12.8
Live Birth Rates per 1,000 (Other)	0	N/A	25.4

Total Infant Deaths by Race, 2013	Giles	Monroe	Virginia
Infant Death Rates per 1,000	0	N/A	6.2
Infant Death Rates per 1,000 (White)	0	N/A	5.2
Infant Death Rates per 1,000 (Black)	0	N/A	12.2
Infant Death Rates per 1,000 (Other)	0	N/A	2.2

Teen Pregnancy Rate

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

Pregnancy Rate per 1,000 Females 10-19 (per 1,000 births)	Total	White	Black	Other
Giles	12.7	12.2	30.3	N/A
Monroe	N/A	N/A	N/A	N/A
Virginia	14.4	10.8	22.6	20.4

Preventive Screenings

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

(Virginia Department of Health, Lead-Safe Virginia Program, 2013, Retrieved from http://www.vdh.virginia.gov/leadsafe/documents/pdf/2013%20Surveillance%20Report.pdf)

	Giles	Monroe	Virginia
Population <36 Months	529	N/A	303439
Number Confirmed Elevated	0	N/A	111

Infectious diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

In Giles County HIV prevalence and infection rates for syphilis, gonorrhea, and chlamydia are much lower than state rates. Given the disparity, reporting practices could account for some of the variance.

HIV Infection Prevalence, 2013

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

	Giles	Monroe	Virginia
Rate of all cases of HIV disease (per 100,000)	43.70	N/A	313.4

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

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

Locality	Early Syphilis	Gonorrhea	Chlamydia
Giles	0	11.8	177.3
Monroe	N/A	N/A	N/A
Virginia	12.2	86	409.6

There were no reported cases of tuberculosis in Giles County from 2007-2013.

Number of Reported Tuberculosis (TB) Rates per 100,000, 2009-2013

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

Locality	2012	2013
Giles	0	0
Monroe	N/A	N/A
Virginia	2.9	2.2

Social environment

Rate of Child Abuse and Neglect (per 100,000 children), 2012-2013

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

Locality	2012	2013
Giles	28.52	29.88
Monroe	N/A	N/A

Community Health Need Prioritization

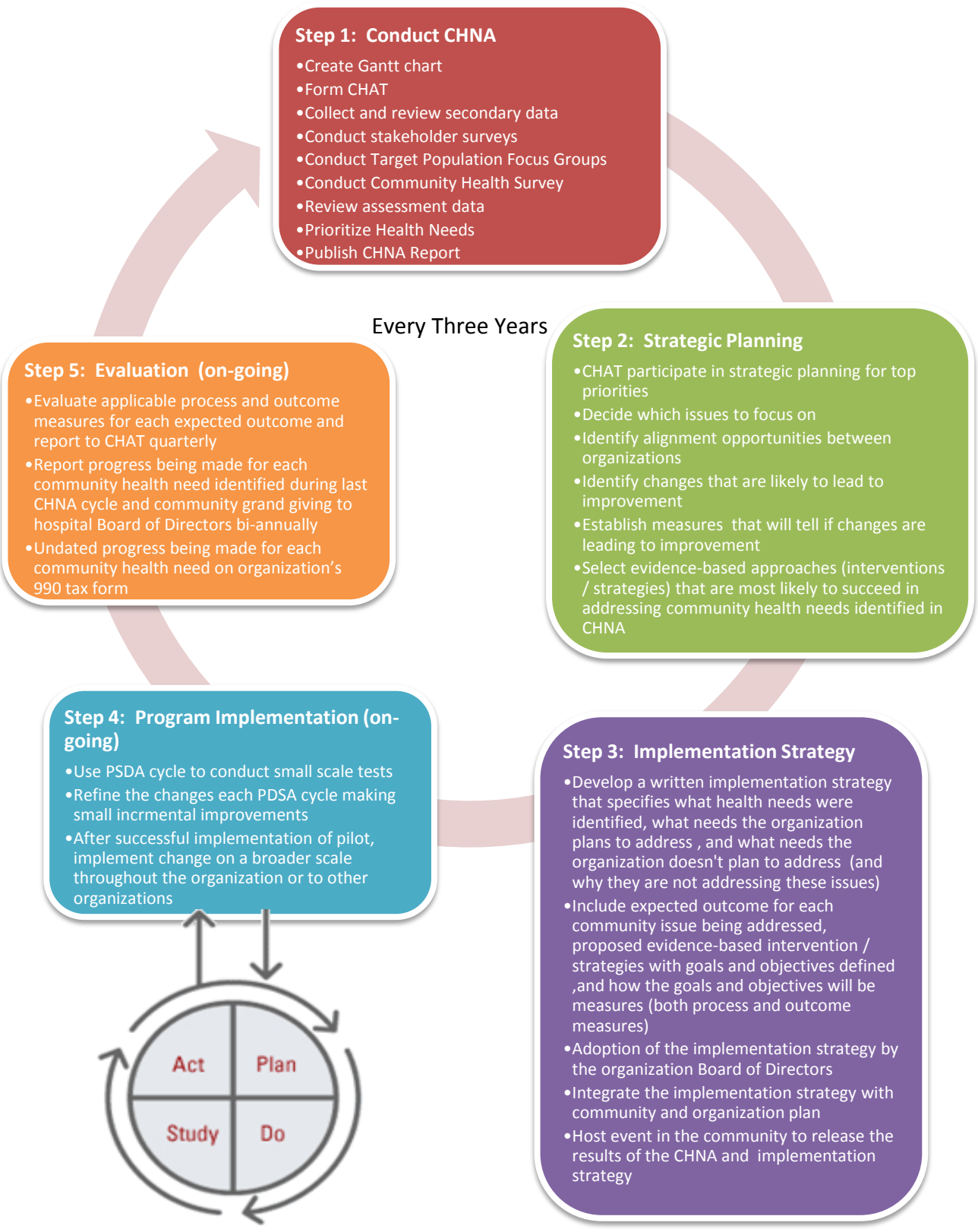
CHAT members participated in a prioritization activity in June 2015 after all primary and secondary data was presented. To quantitatively determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent. Next, on a scale of 1-5, CHAT members were ask to assign a feasibility and potential impact score for each of the ranked needs. This information is used to inform strategic planning. See Appendix 7: Prioritization Worksheet for an example of the tool used.

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

Need	Frequency of Need Ranked	Average Ranking	Average feasibility score	Average potential impact score
Tobacco use	8	5.4	2.5	1.4
Lack of exercise / physical activity	7	5	2.1	1.5
Access to adult dental care	5	5.6	2.4	1.7
Alcohol and illegal drug use	5	5.6	3.8	1.5
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	5	3.6	2.8	1.5
Poor eating habits / lack of nutrient dense foods in diet	5	5.2	2.2	1.3
Stigma with mental health and substance abuse services	5	2.6	2	1
Prescription drug abuse	4	6.8	3.3	2.5
Value not placed on preventive care and chronic disease management	4	5.3	3	2.3
Access to mental health counseling / substance abuse	3	4	1	3

Appendices

Appendix 1: Community Health Improvement Process



Appendix 2: Gantt Chart

Tasks	Assigned To:	Start Date	End Date	Duration (working days)	% complete
2015 Giles CHNA		10-21	11-15	278	69%
Create Gantt Chart	Aaron	10-21	10-22	1	100%
Identify additional CHAT members	MGMT Team	10-27	10-27	1	100%
Collect Secondary Data for CHNA	Aaron	10-27	12-15	35	100%
Pre-CHAT #1 Work	Aaron / Shenika	10-27	12-01	25	100%
CHAT #1 Meeting	CHAT	03-18	03-18	1	100%
Survey Distribution	All	01-01	04-30	85	100%
Focus Groups	Aaron / Shenika	01-01	04-30	85	100%
CHAT #2 Meeting	CHAT	04-07	04-07	1	100%
Analyze Survey Data	Aaron	04-30	06-01	22	100%
CHAT Meeting #3- Data and Prioritization	CHAT	06-22	06-22	1	100%
Final CHNA Report	Carilion Clinic	06-15	09-28	75	
CHAT Strategic Plan	CHAT	Fall 2015			
Create Implementation Strategy	Carilion Clinic / HRV	Winter 2015			
Communication Plan and Community Forum	Carilion Clinic / HRV	Spring 2015			

Appendix 3: Community Health Survey

GILES AREA COMMUNITY HEALTH SURVEY

ACCESS and BARRIERS TO HEALTHCARE

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

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

2. Do you use medical care services? ❒ Yes ❒ No

- ***If yes, where do you go for medical care? (Check <u>all</u> that apply)***

❒ Doctor's Office
❒ Carilion Clinic Family Medicine – Giles
❒ Carilion Clinic Obstetrics & Gynecology – Giles
❒ Community Health Center of the NRV
❒ Craig County Health Center
❒ Giles Community Health Center / Giles Free Clinic
❒ Emergency Room
❒ Health Department
❒ Monroe Health Center
❒ Pharmacy Clinic
❒ Planned Parenthood
❒ Pulaski Free Clinic
❒ Salem VA Medical Center
❒ Tri-Area Community Health Center
❒ Urgent Care / Walk in Clinic
❒ Other: _____

3. Do you use dental care services? ❒ Yes ❒ No

- ***If yes, where do you go for dental care? (Check <u>all</u> that apply)***

❒ Dentist's office
❒ Carilion Dental Clinic
❒ Commonwealth Dental
❒ Community Health Center of the NRV
❒ Craig County Dental Clinic
❒ Emergency Room
❒ Giles Community Health Center / Giles Free Clinic
❒ Kool Smiles (Christiansburg)
❒ Mission of Mercy Project
❒ Monroe Health Center
❒ Salem VA Medical Center
❒ Urgent Care / Walk in Clinic
❒ Wytheville Community College Dental Hygiene Clinic
❒ Other: _____

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

- ***If yes, where do you go for mental health, alcohol abuse, or drug abuse services? (Check <u>all</u> that apply)***

❒ Doctor/Counselor's Office
❒ Access Services
❒ Blue Ridge Behavioral Healthcare
❒ Catawba Hospital
❒ Community Health Center of the NRV
❒ Connect
❒ Craig County Health Center
❒ Emergency Room
❒ Giles Community Health Center / Giles Free Clinic
❒ Mental Health America
❒ Monroe Health Center
❒ New River Valley Community Services
❒ Respond
❒ Salem VA Medical Center
❒ Urgent Care / Walk in Clinic
❒ Other: _____

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

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

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

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

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

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

GENERAL HEALTH QUESTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ❒ Bicycling
- ❒ Canoeing / kayaking
- ❒ Dancing
- ❒ Gardening
- ❒ Group exercise classes
- ❒ Hiking
- ❒ Horseback riding
- ❒ Hunting
- ❒ Individual sports
- ❒ Running
- ❒ Swimming
- ❒ Team sports
- ❒ Walking
- ❒ Weight training
- ❒ Yoga / Pilates

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

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

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

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

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

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

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

21. Have you ever used heroin? ❒ Yes ❒ No

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

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

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

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

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

DEMOGRAPHIC INFORMATION and HEALTH INSURANCE

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

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

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

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

27. What is your ZIP code? _____

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

29. What is your age? _____

30. What is your gender? ❒ Male ❒ Female ❒ Transgender

31. What is your height? _____

32. What is your weight? _____

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

Number who are 0 – 17 years of age _____

Number who are 18 – 64 years of age _____

Number who are 65 years of age or older _____

34. What is your highest education level completed?

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

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

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

❒ Native Hawaiian / Pacific Islander ❒ Asian ❒ Black / African American ❒ White ❒ Latino

❒ American Indian / Alaskan Native ❒ Other ❒ More than one race ❒ Decline to answer ❒ Other:_____

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

38. What is your yearly household income?

❒ $0 – $10,000 ❒ $10,001 – $20,000 ❒ $20,001 – $30,000 ❒ $30,001 – $40,000 ❒ $40,001 – $50,000

❒ $50,001 – $60,000 ❒ $60,001 – $70,000 ❒ $70,001 – $100,000 ❒ $100,001 and above

39. What is your current employment status?

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

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

_____

_____

_____

<u>Please continue the survey on the next page if you have a child or children under the age of 18.</u>

If you do not have a child or children under the age of 18, please submit your survey.

Thanks for helping make the Giles Area a healthier place to live, work, and play!

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

CHILDREN SPECIFIC QUESITONS

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

C2. What are their age(s)? _____

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

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

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

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

❒ Doctor's Office
❒ Carilion Clinic Family Medicine – Giles
❒ Community Health Center of the NRV
❒ Craig County Health Center
❒ Giles Community Health Center / Giles Free Clinic
❒ Emergency Room
❒ Health Department
❒ Monroe Health Center
❒ Pharmacy Clinic
❒ Planned Parenthood
❒ Pulaski Free Clinic
❒ Salem VA Medical Center
❒ Tri-Area Community Health Center
❒ Urgent Care / Walk in Clinic
❒ Other: _____

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

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

❒ Dentist's office
❒ Carilion Dental Clinic
❒ Commonwealth Dental
❒ Community Health Center of the NRV
❒ Craig County Dental Clinic
❒ Emergency Room
❒ Giles Community Health Center / Giles Free Clinic
❒ Kool Smiles (Christiansburg)
❒ Mission of Mercy Project
❒ Monroe Health Center
❒ Salem VA Medical Center
❒ Urgent Care / Walk in Clinic
❒ Wytheville Community College Dental Hygiene Clinic
❒ Other: _____

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

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

❒ Doctor/Counselor's Office
❒ Access Services
❒ Blue Ridge Behavioral Healthcare
❒ Catawba Hospital
❒ Community Health Center of the NRV
❒ Connect
❒ Craig County Health Center
❒ Emergency Room
❒ Giles Community Health Center / Giles Free Clinic
❒ Mental Health America
❒ Monroe Health Center
❒ New River Valley Community Services
❒ Respond
❒ Salem VA Medical Center
❒ Urgent Care / Walk in Clinic
❒ Other: _____

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

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

C8. Please check one of the following for each statement

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

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

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

C10. How long has it been since your child 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

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

- ❒ 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

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

- ❒ Bicycling
- ❒ Canoeing / kayaking
- ❒ Dancing
- ❒ Gardening
- ❒ Group exercise classes
- ❒ Hiking
- ❒ Horseback riding
- ❒ Hunting
- ❒ Individual sports
- ❒ Running
- ❒ Swimming
- ❒ Team sports
- ❒ Walking
- ❒ Weight training
- ❒ Yoga / Pilates

Appendix 4: Stakeholder Survey

Giles Professional Informant Survey

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

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

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

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

1. Your name, organization, and title:

NAME: _____

ORGANIZATION:_____

TITLE: _____

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

_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____

_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____
_____

Thank you for your input!

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

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

Appendix 5: 2015 Stakeholder Survey Locations

Organization	Date & Time	Contact
Giles Ministerial association	5/13/15 @ 11:45am	Jonathan Webster
CHAT	4/7/2015 @ 11:30am	
Police		Morgan Millirons
GYAP annual meeting	5/14/2015	Kathy Kenley

Appendix 6: Community Resources

Resources	Category	Resource Information
Agency on Aging	Community Resources	http://www.nrvaoa.org/index.html
Backpack programs in the churches and schools		
Carilion Clinic	Services- Health System	https://www.carilionclinic.org/
Carilion Giles Community Hospital	Services- Health System	https://www.carilionclinic.org/hospitals/carilion-giles-community-hospital
Carilion Health Education	Education	https://www.carilionclinic.org/calendar/community-health-education
Children's Health Improvement Partnership (CHIP) of New River Valley	Coordination of Care	http://www.swva.net/nrca/chip.html
Community Health Center of the NRV	Services- Healthcare	http://chcnrv.org/
Emergency Room	Services- Healthcare	
Family Outreach Connections	Community Resources	http://www.swva.net/nrca/familyoutreach.html
FAMIS	Information & Referral	http://www.coverva.org/programs_famis.cfm
Free Clinics	Services- Healthcare	
Giles County Christian Mission	Community Resources	http://ufogc.org/mission.htm
Giles County Department of Social Services	Services- Social Services	http://gilescounty.org/socialservice.html
Giles County Health Department	Services- Public Health	https://www.vdh.virginia.gov/LHD/newriver/ContactUs.htm
Giles County Public School System	Education	http://sbo.gilesk12.org/
Giles County Senior Center	Services- Healthcare	http://gilescounty.org/senior.html
Giles County Sheriff's Office	Community Resources	http://www.gilessheriff.org/
Giles Early Education Project (GEEP)		
Giles Memorial Hospital	Services- Healthcare	http://chcnrv.org/
Giles Youth-Adult Partnership		
Head Start Program		
Homeless and Housing Programs (HHP)	Services- Social Services	http://www.swva.net/nrca/hip.html
New River Community Action (NRCA)	Community Resources	http://www.swva.net/nrca/index.html
New River Community Action Head Start	Community Resources	http://www.swva.net/nrca/headstart.html
New River Valley Community Action's Emergency Assistance Program	Community Resources	http://www.swva.net/nrca/eap.html
New River Valley Community Services	Community Resources	http://www.nrvcs.org/
NRV Cares		http://www.nrvcares.org/Home
School Nurses	Education	
Senior Services	Transportation	
Smart Beginnings		http://www.smartbeginningsnrv.org/
Virginia Organizing	Community Resources	http://www.virginia-organizing.org/
Virginia Rural Health Resource Center	Information & Referral	http://www.vrhrc.org/
Women, Infant, and Children (WIC)	Information & Referral	http://www.wicprograms.org/co/va-giles

Appendix 7: Prioritization Worksheet

Community Health Needs Assessment Prioritization

Please pick 10 of the most pertinent community needs and rank on a scale of 1 - 10, with 1 being the most pertinent.

For only those top 10, on a scale of 1 - 5, please rate the feasibility and potential impact of those needs, with 1 being the most feasible and having the most impact.

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

Community Need

- Magnitude/ Prevalence
- Severity
- Impact on vulnerable populations
- Health disparities
- Urgency
- Historical trends
- Public concern
- Economic burden

Feasibility

- Alignment with hospital mission and strategic priorities
- Falls within existing hospital capabilities
- Ease of solution implementation
- Barriers to implementation (social, cultural, economic)
- Ease of obtaining additional needed resources, fundraising

Potential Impact

- Preventability
- Presence of existing alternative resources
- Effectiveness of solutions
- Effect on other health needs