



**Community Health Needs Assessment  
Giles County, Virginia**

**August 31, 2012**

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# Acknowledgements

On behalf of the community, the Giles Free Clinic, a private nonprofit entity located in the County Seat of Pearisburg, Virginia applied for, and was granted, a Health Center Planning Grant from the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) in September 2011. The Health Center Planning Grant staff, project consultants, and a Planning Committee led by the Giles Free Clinic provided oversight of, and participation in, grant activities during the 12-month project period.

## **Health Center Planning Grant staff included:**

- Program Director: Michelle Brauns, Executive Director, Free Clinic of the New River Valley and Giles Free Clinic
- Project Assistant: Roz Nelson, Giles Free Clinic

## **Health Center Planning Grant Consultants included:**

- Dr. Theresa Burris, Appalachian Culture Consultant, Radford University Center for Appalachian Studies
- Amy Forsyth-Stephens, Planning Facilitation Consultant, Forsyth-Stephens Consulting, LLC
- Pat Young, Needs Assessment and FQHC Technical Consultant, CommunityWorks

## **The Planning Committee membership included:**

- Harvey Barker, Executive Director, New River Valley Community Services
- Michelle Brauns, Executive Director, Free Clinic of the New River Valley and Giles Free Clinic
- Cathy Callahan, Board of Directors, Free Clinic of the New River Valley and Giles Free Clinic
- Judy Conley, Giles Health Network
- Carolyn Dunford, New River Valley Health District, Giles Office
- Morris Fleischer, Pastor, Newport-Mount Olivet United Methodist Church; President, Giles County Christian Services Mission; Member, Giles County Christian Ministerial Association
- Amy Forsyth-Stephens, Consultant, Forsyth-Stephens Consulting, LLC
- Tina King, Executive Director, New River Valley Agency on Aging
- Chris McKlarney, Giles County Administrator
- Drema McMahan, RN, Carilion Giles Community Hospital; Member, Giles County School Board
- Shaun Merix, Director, Giles Health Network
- Sherri Nipper, Director, Giles County Department of Social Services
- Beth O'Connor, Executive Director, Virginia Rural Health Resource Center
- Terry Smusz, Executive Director, New River Community Action
- James Tyler, Vice President and CEO, Carilion Giles Community Hospital
- Amy Westmoreland, Pharmacy Manager, Carilion Giles Community Hospital
- Pat Young, Consultant, CommunityWorks

## Executive Summary

In September 2011, the Giles Free Clinic received a federal grant from the US Health Resources and Services Administration, Bureau of Primary Health Care, to conduct a year-long planning initiative to prepare for a possible application to become a Federally Qualified Health Center (FQHC). The Giles Free Clinic now serves as the primary health care safety net provider for Giles County, Virginia, but struggles to keep up with demand and meet the diverse health care needs of its low-income, uninsured patient base.

As a primary component of the planning process, a thorough Giles County Community Health Needs Assessment was conducted. ***This report contains the findings of that needs assessment***, including data on the target population and the geographic service area, primary data, secondary data, a health and human services inventory, an analysis of the environment of care, and a health service gap analysis.

### Method

A 17-member Health Center Planning Committee oversaw the Community Health Needs Assessment. The process was led and informed by a Consultant with expertise in community health research and FQHC design. Primary data collection took place in the fall of 2011. Primary data collection included the implementation of a broad-based Community Health Survey, four Focus Group meetings with current health care providers, stakeholders, and the target population, interviews with local Amish community leadership, and three Town Hall meetings with the general public. A Consultant in Appalachian Cultural Competency reviewed the survey instrument and focus group questions, to ensure that all tools were culturally informed.

Secondary data were collected through April of 2012, much of which was provided by members of the Health Center Planning Committee. The most recent archival health data specific to Giles County was also compiled. Secondary data collection included demographic and socioeconomic status as well as key indicators on access to health care, population health status, prevention and wellness, maternal and child health, infectious disease, and the social environment.

In spring 2012, the Health Center Planning Committee constructed an inventory of health and human services available in Giles County, and the resulting Gap Analysis.

### Findings

Across all methods of data collection, many major themes emerged. The Community Health Survey, the focus groups, and secondary data all underscore the following:

- Giles County has high rates of poverty, unemployment and uninsurance.

- There are too few primary care providers, dentists, and specialty providers to serve the population. Obstetrics and pediatrics are two important specialties not available within the County.
- Many primary care practitioners and dentists that are currently practicing are nearing retirement age. Their retirements will create more severe shortages.
- Mental health and substance abuse services are nearly nonexistent within the County, except for those adults in crisis or for children with severe emotional disorders.
- Most residents must travel to outside of Giles County to receive many types of specialty care and mental health/substance abuse services.
- Transportation (within and outside of the County) is often a barrier to the receipt of care.
- Very few health education/nutrition programs and physical activity programs are available.
- Prescription drug abuse is exceptionally high, along with illegal drug use, alcohol use, and tobacco use.

### Conclusions and Recommendations

The data clearly demonstrate a need for expanded health care access in Giles County. The Giles County Health Center Planning Committee has concluded that sufficient need exists for the Giles Free Clinic to pursue a transition to an FQHC. If New Access Point funding is not awarded for an FQHC, the Committee recommended that the Giles Free Clinic consider application to become an FQHC-Look-Alike, or a Rural Health Clinic.

Following site visits to regional FQHCs in Virginia and West Virginia, the Committee further recommended that an FQHC to serve Giles County be designed as a “new start,” rather than a satellite of a nearby existing FQHC. In preparation for a New Access Point application in late 2012 or early 2013, an FQHC Service Delivery Plan is being developed that includes projections on site, patient base, staffing, and budget. The projections take into account an estimated 2,300 newly eligible Medicaid recipients in Giles County in 2014, as Medicaid expansion under the Affordable Care Act is implemented.

## Description of the Project

The Giles Free Clinic was founded in 2007 with support from a HRSA Office of Rural Health Policy Rural Health Outreach Grant. The founding of the clinic was a collaborative effort of the parent organization, the Free Clinic of the New River Valley and the local critical access hospital, Carilion Giles Community Hospital. The Giles Free Clinic has experienced almost a doubling of unduplicated patients served since its founding. The Clinic runs on a very limited budget with primarily volunteer manpower, and it cannot absorb the additional costs associated with the increased demand. The Clinic consistently turns away residents who are under-insured (cannot afford their deductibles) or slightly over-income. Operational hours are limited (four days per week), and the Clinic does not serve Medicaid or Medicare recipients.

The Giles Free Clinic, given its limited resources and operations, is not an appropriate entity to serve as the health care safety net for a County that has tremendous need and significant access barriers. These factors as well as many of the proposed elements of the Affordable Care Act (Medicaid expansion; health insurance exchanges) were the impetus for the Giles Free Clinic to apply for a HRSA BPHC Health Center Planning Grant. Grant funds and resources allowed the Giles Free Clinic, along with key leaders in the Giles County community, an opportunity to explore the needs of the residents of Giles County while studying options to transform the Giles Free Clinic to a sustainable, 330-funded, federally qualified health center (FQHC).

The goals and deliverables for the project included:

- 1) Conduct a comprehensive County-wide health needs assessment that identifies health disparities, barriers to treatment, and gaps in available resources;
- 2) Design an appropriate, Section 330 compliant, health care service delivery model based on the comprehensive needs assessment;
- 3) Secure financial, professional and technical assistance in the development of this service delivery model;
- 4) Increase community involvement in the planning, development and subsequent operations of a comprehensive FQHC; and
- 5) Continue to develop linkages and foster partnerships with health and social service providers in the community to ensure a continuum of services while avoiding duplication.

A 12-month Work Plan and Project Timeline were used to evaluate whether the goals, objectives, and deliverables were addressed during the project period. (See Attachment 1: Work Plan and Timeline)

The Giles County Health Center Planning Initiative focused on high levels of community engagement involving key leaders, stakeholders, and providers; the target population; and the community as a whole. A communication plan was developed to keep the community informed



about project activities and included press releases and coverage in the local papers and three Town Hall meetings.

A Planning Committee consisting of Giles Free Clinic staff, project consultants, and representatives from area health and human services, including the critical access hospital, Carilion Giles Community Hospital and the Giles Health Department; faith-based communities; the public schools; local government; and the Virginia Rural Health Association led the year-long initiative. (See Attachment 2: Planning Committee Directory) The majority of committee members serve the low-income, uninsured, underserved and other vulnerable populations in Giles County. Beginning in October 2011, the Planning Committee met monthly to oversee the planning grant. Meeting agendas and minutes were reviewed by the Planning Committee at each meeting.

Three work groups were developed from members of the Planning Committee (See Attachment 3: Work Group Directory). Work Group meetings began in November 2011 and continued through April 2012 as needed and addressed the following planning grant activities:

- Publicity: This Work Group was created to maximize public participation in and knowledge of the planning process. The Work Group created the communication plan for the project including press releases in the local newspapers and Town Hall meetings. Work Group activities were led by the Planning Facilitator.
- Data and Information: This Work Group was created to collect and review health needs assessment data as well as construct summary statements on areas of concern and achievement. Work Group activities were led by the Needs Assessment/FQHC Technical Advisor.
- Focus Groups and Community Health Survey: This Work Group was created to identify stakeholders and target populations for focus group meetings; develop a Focus Group format; and develop a Community Health Survey for addressing County residents' current access to healthcare services and needs. Work Group activities were led by the Needs Assessment/FQHC Technical Advisor.

The Executive Director of the Free Clinic of the New River Valley and the Giles Free Clinic served as the Project Director for the Health Center Planning Grant, managing grant requirements as well as serving to mobilize stakeholders, health and human services and political leadership to accomplish the goals and objectives of the planning grant. The Project Assistant assisted with all the accounting and reporting requirements for the grant.

Three consultants, a Planning Facilitator, a dual Needs Assessment Consultant/FQHC Technical Advisor, and an Appalachian Cultural Competency Expert were hired to ensure that the stated goals and objectives in the Work Plan were met; project work was assimilated and organized into thorough documents; and that all planning was culturally appropriate for the Giles County population. The Planning Facilitator led the monthly Planning Committee meetings; conducted the data analysis for the Community Health Surveys; developed a communication plan with the Publicity Work Group; and led Town Hall meetings in the Giles County Community. Upon completion of the needs assessment, the Planning Facilitator led a strategic planning process

with the Planning Committee to (1) identify and prioritize their health care needs, (2) examine the social, economic, and political realities affecting the establishment of a community health center, (3) design an appropriate health center model based on the above, and (4) develop and mobilize an action plan based on the analysis and planning that assures the needed resources (financial, professional, and technical) and maximizes community involvement and provider collaboration.

The Needs Assessment Consultant/FQHC Technical Advisor was responsible for all aspects of the Community Health Needs Assessment including primary and secondary data collection; a gap analysis and current provider utilization based on the needs; and overseeing the Data and Information and the Focus Groups and Community Health Survey Work Groups. As a FQHC Technical Advisor, the consultant continued to work with Project Staff, the Board of Directors of the Free Clinic of the New River Valley, and the Planning Committee to ensure that the expectations of a 330-funded community health center were included in the service delivery plan.

The Appalachian Cultural Competency Consultant ensured all focus group scripts/consent forms and the Community Health Survey reflected inclusive language and sensitivity to the local Appalachian culture and related health consumer issues. In addition, she developed an Appalachian Cultural Competency Training curriculum that will be offered to all agencies on the Planning Committee, their staff and community volunteers with roles involved in direct patient contact in Giles County in October 2012.

Technical assistance related to federally qualified health centers (FQHC) was provided by the Virginia Community Healthcare Association (Primary Care Association) throughout the project period. Due to the large number of Health Center Planning Grant awards in Virginia (five total), the Association offered monthly to bi-monthly face-to-face meetings and teleconferences during the first six months of the planning project presenting topics relevant to the creation of a new access point including needs assessment activities, financial considerations, 340b pharmacy regulations, and required services and programs for a FQHC. These meetings allowed for peer networking among the grantees. One-on-one technical assistance was offered throughout the project period by the Association's Executive Director and Director of Membership Services. Members of the Planning Committee conducted site visits to two FQHC's in geographically and demographically similar areas of Virginia. Additional technical assistance was received from the Virginia Rural Health Association, whose Executive Director served on the Planning Committee, the National Association of Community Health Centers, and the Bureau of Primary Health Care.

# Community Health Needs Assessment

A comprehensive Community Health Needs Assessment was conducted from November 2011 through April 2012 to better understand the health care needs of the residents in Giles County. The needs assessment activities were based on a variation of the well-known health assessment model developed by Rural Health Works with support from the Health Resources and Services Administration (Community Engagement Process, Center for Rural Health Works, Oklahoma State University, 2008).

The Giles County Community Health Needs Assessment activities included the following:

- Primary data collection including a Community Health Survey; Focus Group meetings with key stakeholders, community leaders and the target population; and Town Hall meetings. These activities allowed strong community engagement throughout the process and focused on topics related to access to care, existing resources in the community, and perceived barriers to care. In addition, these activities ensured that a potential new access point in Giles County responded to the needs of potential users of a health center. Informal interviews with the Amish community were conducted by a Giles Free Clinic volunteer provider and case manager who work closely with the Amish as part of a Free Clinic outreach program.
- Secondary data collection focused on quantitative data addressing demographic and socioeconomic status; access to healthcare; health status of the population; risk factor behaviors and conditions; social environment; and County Health Rankings from existing local, state, and national sources.
- Barriers to care were identified based on the primary and secondary data collection with a focus on the impact these barriers have on access to primary care and specialty services; oral health care; and mental health and substance abuse services.
- An assessment of existing safety net providers and health and human services agencies in the community serving the target population was performed to avoid duplication of services and to maximize existing resources in the Giles County community.
- A gap analysis was performed based on the findings of the Community Health Needs Assessment to highlight findings relevant to the creation of a new, or expansion of existing, service delivery model in Giles County.

## *Target Population*

The target population for the Community Health Needs Assessment was defined as those living in Giles County especially the low-income, uninsured, underinsured and otherwise disenfranchised individuals who may be potential users of a federally qualified health center. This population was the main focus for primary data activities and whenever available, secondary data collection.

## *Service Area*

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.<sup>1</sup> 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.

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<sup>1</sup> US Census Bureau, Quick Facts, 2011

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.

Two maps of Giles County, presented in Attachment 4: Service Area Maps, show the County’s location on the perimeter of Virginia and West Virginia. The first map illustrates the full-county MUA designation, the single Critical Access Hospital, and the local Giles Free Clinic. The County does not include any existing FQHC, FQHC Look-Alike, or rural health clinics. The second map illustrates the nine towns and voting districts in the County.

## ***Primary Data and Community Engagement***

### ***Previous Needs Assessment Activity***

In anticipation of the opportunity to apply for a Health Center Planning Grant, the primary service providers of Giles County implemented a Professional Informant Community Health Needs Assessment in the summer of 2010. A survey instrument was developed by the applicant organization, with input from other local health providers. The tool used is included in Attachment 5: Professional Informant Survey. The survey was distributed to the nine primary nonprofit health care provider organizations in the County. Two surveys were completed per organization; typically the Executive Director and a Program Director answered the questions. In total, 19 surveys were completed. The results are presented here.

Respondents were asked to rank order obstacles according to their opinion of HOW GREAT AN OBSTACLE each represents for residents of Giles County. The following instruction/key was provided: *Rank: 1 = most significant/prevalent obstacle; 10 = least significant/prevalent obstacle. Use the numbers 1 - 10 only once.*

## Obstacles to Health Care Consumption for Giles County Residents, 2010

Rank	OBSTACLE	Average Score (n=19)
1	Too expensive (can't afford out-of-pocket costs if uninsured, or co-pays/deductibles if insured)	3.1
2	Shortage of local DENTAL providers	3.5
3	Distance to providers (can't find transportation; vehicle unreliable)	3.6
4	Shortage of local PRIMARY CARE providers (can't find a medical home)	4.5
5	Shortage of local SPECIALTY health care providers (excluding dental and mental health)	4.9
6	Shortage of local MENTAL HEALTH providers	5.1
7	Lack of awareness of treatment norms, prevention standards (don't know when to seek help)	6.2
8	Can't get away from job/kids to attend medical appointments (clinic/hospital hours don't work with life schedule)	7.6
9	Cultural barriers (literacy levels, customs, fears)	7.7
10	Language barriers (written and verbal)	9.2

A second ranking exercise validated the findings above. This exercise asked respondents to score various health needs by how great an UNMET NEED it is in Giles County. Respondents used the following scale: 1 = *very serious unmet need*; 2 = *somewhat serious unmet need*; 3 = *less serious unmet need*; 4 = *not an unmet need*.

## Most Serious Unmet Health Care Needs of Giles County Residents, 2010

Rank	HEALTH NEED FOR GILES RESIDENTS	Average Score (n=19)
1	Dental care	1.28
2	Health transportation services	1.29
3	Mental health/addictions care	1.53
4	Specialty health care (excluding dental and mental health)	1.71
5	Preventive services	1.72
6	Affordable medications	1.89
7	Primary health care (medical home)	2.00
8	Health education (for those with chronic disease)	2.06
9	School-based health care	2.21
10	Health navigator services (advocate and guide)	2.25

In both exercises, transportation and dental care were among the top three noted areas of need. Cost was the highest noted obstacle, which is consistent with the high rates of uninsurance and poverty of the County. Some telling comments from the professional informant surveys:

- “I have worked with families who have children with such bad teeth that I have had to refer them to CPS” (Child Protective Services).
- “(Patients’) priorities have to do with short term goals or “fixes for the day.”
- “(Patients) do not understand what medical conditions need immediate attention versus what could wait. Everything seems to be funneled through the Emergency Department.”
- “Many of our patients anticipate losing all of their teeth early in life because Mama and Papa didn’t have theirs either.”

The primary data collection activities for the Health Center Planning Grant further expanded on the findings of the Professional Informant Community Health Needs Assessment.

### ***Focus Group Meetings- Target Population***

Three focus group meetings with target populations were conducted in January 2012 to address healthcare needs for, and address barriers to, affordable comprehensive services including primary care, oral health, and mental health and substance abuse services.

The Focus Groups and Community Health Survey Work Group considered possible participants for the focus group meetings by reviewing programs and organizations in Giles County that serve the target population across the lifecycles. 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. The Work Group recommended the following populations and sites, programs for the focus group meetings.

- **Population:** Parents of low-income children and/or women of childbearing years
  - **Site:** New River Community Action Head Start, Monthly Parent’s Meeting, Pearisburg
  - **Description:** A program of New River Community Action, Head Start is a federally-funded preschool program which offers comprehensive developmental services to low-income children 3-5 years of age. Children with special needs comprise at least ten percent of the enrollment. The primary components of Head Start are education, social services, preventative health and nutrition. The program focuses on the entire family, and includes parent involvement as a fundamental part of Head Start. Transportation is provided. In addition to the educational opportunities for children, Head Start provides parenting classes and training opportunities for parents. The parents meet monthly at the Head Start site.
- **Population:** Low-income, uninsured adults, ages 18-64 years of age
  - **Site:** Giles Free Clinic, Pearisburg
  - **Description:** The Giles Free Clinic (applicant organization) offers limited primary care services and referrals to specialty care to low-income uninsured Giles

County adult residents. In July 2012, the Giles Free Clinic increased its eligibility requirements from adults who earn less than 175 percent of the federal poverty level to 200 percent of the federal poverty level.

- Population: Adults ages 65 years and older
  - Site: Giles County Senior Center, Monthly AARP and RSVP (Retired and Senior Volunteer Program) Meeting, Pearisburg
  - Description: The Giles County Senior Center provides social, recreational and educational opportunities to senior citizens of Giles County. Transportation is provided to the Center for those without transportation. The AARP and RSVP chapters meet monthly at the Center.

A point-of-contact at each host site tried to recruit 12-15 adult participants for each meeting. As an incentive for participating in the meetings, meals/snacks and beverages were served. The Needs Assessment Consultant facilitated the meetings and the Project Assistant recorded discussions. In addition, the Director of the Giles Health Network (G-Net) and past Giles Free Clinic Coordinator, who is well-versed in programs and resources available to the target population, attended the meetings. The Director of G-Net is a lifelong resident of Giles County.

Prior to the start of each meeting, participants were asked to read and sign a consent form to ensure conversations were kept confidential. Topics addressed included personal and system-based barriers in accessing primary care, mental health, substance abuse, and dental services by participants and/or their families; transportation; and gaps in the current continuum of care. The participants were asked three broad questions. To protect the participants' privacy, questions were presented in a way in which the participants could have the option to address their own situation or address similar populations. The facilitator and other team members present asked additional follow-up questions based on participants' responses. The meetings were approximately one hour in duration. The Appalachian Cultural Competency Consultant reviewed the consent forms, focus group format and questions for appropriateness.

Questions:

1. What do you, or people you know, do when you need a check-up or are sick?
2. What do you or people you know, do when you need your teeth cleaned or have a toothache?
3. What do you, or people you know, do when you need to talk to someone about your nerves, alcohol or drug problems?

A total of 26 Giles County residents representing the target population participated in the focus group meetings. All who participated were Caucasian, 31% of participants were male and 69% were female; 62% of adults were ages 18-64 years of age and 38% were ages 65 years and older; and 35% were uninsured. All participants ages 65 and older had Medicare.



The summary of the Target Population Focus Groups with all participant responses can be found in Attachment 6: Target Population Focus Groups Summary. Focus group responses for each group/population were reviewed by the Needs Assessment Consultant and Giles Health Network staff and summarized based on common themes across the focus groups including:

- Resources used by the target populations
- Needs of the target population
- Perceived barriers to care

Resources for primary care, dental and mental health and substance abuse services for the insured included:

- Existing primary care and dental providers in Giles County.
- Craig County Dental Clinic (FQHC), New Castle, Virginia.
- The Veterans Administration Medical Center in Salem, Virginia including medications (one hour or more drive).
- Carilion Giles Community Hospital for limited specialty services but often relied on providers outside Giles County.
- Prenatal and delivery services in Montgomery County, Virginia or Mercer County, West Virginia. Limited prenatal services at Carilion Giles Community Hospital's OB/GYN satellite clinic.

Resources for primary care, dental, and mental health and substance abuse services for the uninsured and/or low-income included:

- Giles Free Clinic for primary care, mental health services and medications.
- Carilion Giles Community Hospital Emergency Department for primary care, dental and pain management.
- Giles Medication Assistance Program, Carilion Giles Community Hospital.
- Free Clinic of the New River Valley Dental Clinic; Wytheville Community College Dental Hygiene Clinic; Craig County Dental Clinic (30 minute drive or longer).
- Charity care programs for specialty care through Carilion Giles Community Hospital, Carilion New River Valley Medical Center (Christiansburg, Virginia), or Carilion Roanoke Memorial Hospital (Roanoke, Virginia); or the University of Virginia Health System (UVA) (Charlottesville, Virginia) (a minimum drive of 30 minutes to Christiansburg, one hour to Roanoke, and 3 hours to Charlottesville).
- New River Valley Community Services (satellite office in Pearisburg) for mental health and substance abuse services.

Enabling services available:

- Seniors used Med-Ride for transportation to doctor's appointments.
- Giles Christian Mission Food Pantry.

Healthcare needs noted by focus group participants for Giles County included:

- Additional primary care services (pediatrics and obstetrics).

- Specialty services including pain management, cardiology, hearing and vision care, orthopedics, and diabetes.
- Affordable emergency transportation services.
- Affordable home care for adults.
- Affordable dental care for adults (insured and uninsured) and Medicaid dental providers for children.
- Stress management services to prevent alcohol and drug abuse.
- Services for depression, anger management and substance abuse; 24-hour Crisis hotline; and mental health services for the elderly.
- Wellness and prevention programs including weight loss, exercise, smoking cessation.
- Youth programs to keep them engaged and decrease risky behaviors including alcohol and drug use.
- Assistance to help complete eligibility forms and other paperwork required of health and human services in the County.
- Program to assist the elderly with grocery shopping.

Perceived barriers that impacted the participants' access to care in Giles County included:

- Cost of services, high out-of-pocket expenses, and lack of affordable, discounted medical, dental and mental health and substance abuse services for the uninsured.
- Long waiting lists for new patient appointments with existing primary care providers and the lack of new patient appointments available for residents 65 years and older.
- Long waiting list for dental appointments at the Free Clinic of the New River Valley.
- Transportation barriers for Veteran's Services, dental and specialty care including cost to travel; distance and travel time; lack of reliable transportation, reliance on ambulance services for transport and/or lack of public transportation. Med-Ride is not always available when needed for appointments.
- Those living in poverty, or even those living on a fixed-income, go without basic needs including food, running, water, heat and medications and often prolong medical and dental care.
- Parents often forgo preventive care but ensure their children have access to these services.
- There is a lack of value placed on preventive services for the uninsured while those with health insurance are more likely to receive regular preventive services for primary care and dental services.
- There is mistrust in the current healthcare system and a lack of awareness of available resources in the community.
- There is a cultural stigma on accessing mental health and substance abuse services as well as a lack of anonymity with accessing these services in a small community.
- The New River Valley Community Services is limited to services for those with severe mental health issues or crisis intervention.

## ***Focus Group Meeting- Key Stakeholders and Providers***

Early in the project, the Planning Committee was informed that there was some skepticism from primary care physicians practicing in Giles County regarding a possible federally-qualified health center opening in Giles County. To ensure that the primary providers were fully informed of and engaged in the planning project, an educational session regarding the project was conducted. All primary care providers, practice managers, hospitalists, and the CEO of Carilion Giles Community Hospital were invited. Providers and staff from Carilion Family Medicine practices and the Giles Free Clinic attended however the three providers in private practice did not respond to the invitation. The Planning Facilitator, the Needs Assessment/FQHC, and the Giles Free Clinic Coordinator fielded questions and concerns from the providers. By the end of discussions, those who attended offered their full support of the project.

A focus group for key stakeholders was held by invitation with 23 participants including local health care and social service providers, non-profit organization representatives, health advocates, and political leadership attending in early February 2012. The dinner meeting was facilitated by the Needs Assessment Consultant. A brief project overview and information about federally qualified health centers was presented. The participants were then asked to respond to the following questions that focused on improving the health and quality of life for residents in Giles County.

1. What are the resources and assets that impact the health of Giles County?
2. What are the needs and barriers that impact health in Giles County?
3. What can we do to improve the health of our community?

A summary of participant responses' for the Key Stakeholders and Providers Focus Group meeting can be found in Attachment 7: Key Stakeholders and Providers Focus Group Summary. The responses for each question were reviewed and common themes across that impact the health of Giles County residents were identified.

Resources and assets that impact the health of Giles County:

- Medical services:
  - Carilion Giles Community Hospital
  - Giles Free Clinic
  - Emergency Medical Services
  - Providers in Giles County accept Medicaid and Medicare
  - Allied health professional training programs
  - Carilion Clinic Electronic Medical Record System
- New River Valley Community Services for mental health and substance abuse services
- Giles Medication Assistance Program and \$4 prescriptions at Wal-Mart
- Strong collaborative relationships in Giles County with a Community Foundation that supports services

- The rural culture in Giles County where residents still garden, raise their food; the homogenous culture in Giles offers consistency in how to provide care to residents
- Community services:
  - Giles Health and Family Center (intergenerational daycare and transportation services)
  - Giles County Christian Mission (food pantry)
  - “To Our House” (homeless shelter for adult males in Narrows)
  - Hospice programs
  - Riverview Nursing Home (in Rich Creek)
  - New River Community Action- Child Health Investment Partnership (home case management) and Head Start
  - NRV Cares (child advocacy)
  - Women’s Resource Center (Radford, Virginia)
- Beautiful natural resources and outdoor recreation (Appalachian trail system, the New River, national forests)
- Giles County Department of Social Services
- Wellness programs addressing food and nutrition (Virginia Cooperative Extension Agency) and disease management for diabetes, heart disease (Carilion Giles Community Hospital)

Needs and barriers that impact the health of Giles County:

- Lack of specialty services, dentists, and mental health providers
- Aging primary care and dental providers. New provider recruitment to rural Giles County is a challenge
- There is a lack of integration of existing Medical Record Systems in the region among providers which leads to diminished continuity of care
- Prescription drug abuse
- Lack of a traditional family system:
  - Latch-key children are neglected
  - Grandparents raising children
  - Elderly are left unattended and many live in poor conditions
  - “Disability seekers”- young adults living with and supported by parents/elderly
- Lack of affordable childcare services
- Lack of trust of the healthcare system in the Appalachian culture:
  - The elderly are proud and don’t want “charity”
  - Stigma with accessing mental health and substance abuse services. Some faith-based traditions have difficulty separating mental health care from their faith, religious practice
  - Amish community in Giles County has an established system of self-care
- Giles County has experienced an increase in unemployment; lack of jobs; and homelessness
- Transportation
  - Lack of public and/or reliable transportation especially for target population

- Cost of transportation
- Hunger especially in children and seniors
- Health and nutrition education, prevention programs needed

Changes and initiatives suggested by participants that can improve the health of community residents:

- Continue dialogue and collaborations among Giles County stakeholders and providers; maximize existing resources
- Increase medication management and patient compliance programs
- Develop intergenerational programs for youth and seniors
- Improve home-based care for the elderly:
  - Reduce fall risks
  - Reactivate “Vial of Life” (medical history form for EMS calls)
- Expand “Summer Backpack” food programs for needy children and families
- Create nutrition education programs on affordable, healthy foods; improve “country cooking” habits
- Create health education and prevention programs that address obesity and diabetes through physical activity programs; control risky behaviors; and teach children about healthy choices

### ***Amish Interviews***

The Amish population is unique to Giles County and brings its own barriers and perceptions. Because the Amish people generally avoid public discourse and gatherings that involve non-Amish people, they were not expected to participate in the formal planning activities (i.e., focus groups, Town Hall meetings). Instead, interviews with the Amish occurred with a Giles Free Clinic volunteer physician and Child Health Investment Partnership (CHIP) case worker whom many members of the Amish community have grown to trust as a result of the Giles Free Clinic outreach program to the Amish. The interviews were purposefully informal, one-on-one, and at the discretion of the Amish elders.

During the Stakeholders and Providers’ Focus Group meeting, the Free Clinic volunteer physician and CHIP caseworker described needs and barriers to care that impact the health of the Amish community. The Amish have an established system of “self-care” among their community including their own mid-wives with very limited use of existing health and human services available in Giles County. Because the Amish refuse to complete birth certificates or apply for social security numbers, it is difficult to get them integrated into and/or enrolled in the health and human services programs. In addition, they do not report unattended deaths or complete death certificates. EMS providers at the Focus Group meeting reported that responding to 9-1-1 calls for the Amish are difficult because often they refuse transport to the hospital and/or other medical interventions.

There is limited health literacy among the Amish and there is a need for health education focusing on the value and benefit of conventional healthcare and community services. Due to in-breeding, congenital anomalies occur. In particular Cockayne Syndrome (accelerated aging) is an issue. The Amish either refuse genetic testing to prevent these anomalies and/or testing is not readily available in the County.

The Amish believe that mental health care and services are in direct conflict with their spiritual beliefs and are adverse to psychotropic medications to control mental health symptoms and disorders. If a community member agrees to psychotropic medication, it is often hard for them to get the medications due to cost and/or transportation barriers.

The Amish do not have modern transportation and must depend on paying for rides which can cost up to \$60 for a round-trip to Pearisburg and the Free Clinic or hospital from their community of White Gate in Giles County. Many of the Amish speak German only which creates a language barrier when accessing care.

### ***Community Health Survey***

A Community Health Survey of the target population was conducted as a part of the needs assessment activities for the Health Center Planning Grant. An 18-question survey was developed by the Community Health Survey Work Group. It was fashioned after a similar survey used in adjacent Montgomery County as part of a Health Center Planning Grant project (HRSA BPHC Health Center Planning Grant, Edward Via College of Osteopathic Medicine grantee August 2008). The survey gauged access to medical, dental, and mental health care and identified potential areas to target improvements. In addition, questions about respondents' demographic, socioeconomic, and insurance status were included. No personal identifiers for the respondents were collected keeping survey responses confidential. Those who completed the survey entered a raffle for a \$25 or \$50 Wal-Mart gift card. The survey instrument was reviewed by the Appalachian Cultural Competency Consultant for acceptability of language and format prior to distribution. (See Attachment 8: Giles County Community Health Survey.)

A nonprobability sampling method, which does not involve random selection of respondents, was used.<sup>2</sup> This method is often used for social research. Although the survey was available to residents in the general community, 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.

The Work Group identified survey distribution sites that were used by the community as a whole as well as sites accessed by target populations. All attempts were made to include sites and populations so that information across the lifecycles was considered. Paper surveys were

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<sup>2</sup> Research Methods- Knowledge Base, Nonprobability Sampling, Web Center for Social Research Methods, [www.socialresearchmethods.net/kb/sampnon/php](http://www.socialresearchmethods.net/kb/sampnon/php)

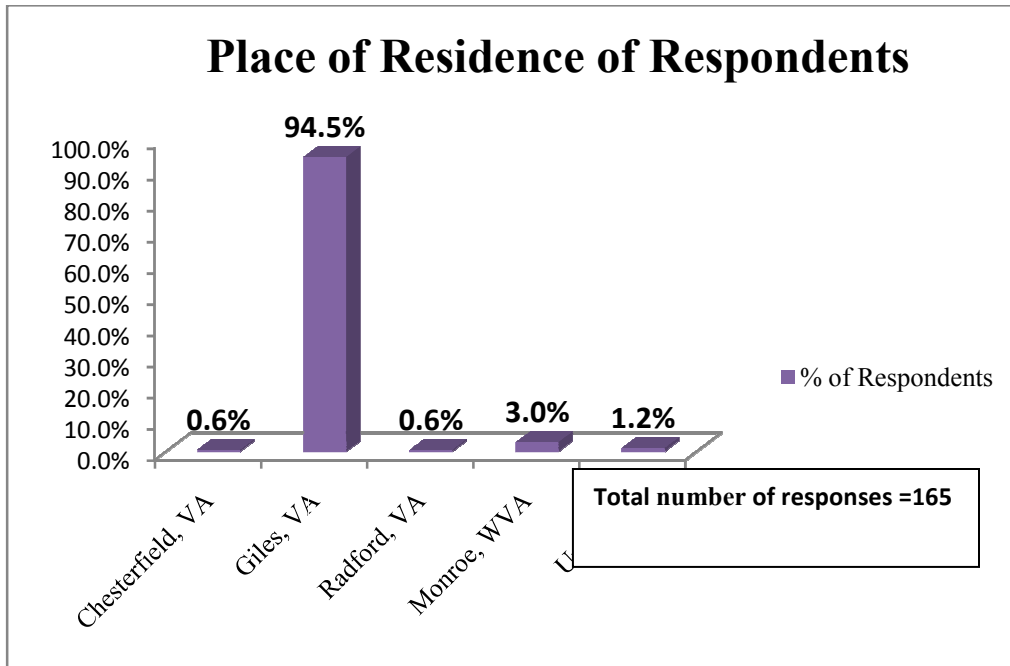
distributed face-to-face by project staff at each site. Surveys were distributed beginning mid-December 2011 through January 2012.

### Survey Distribution Sites and Targeted Populations or Lifecycles

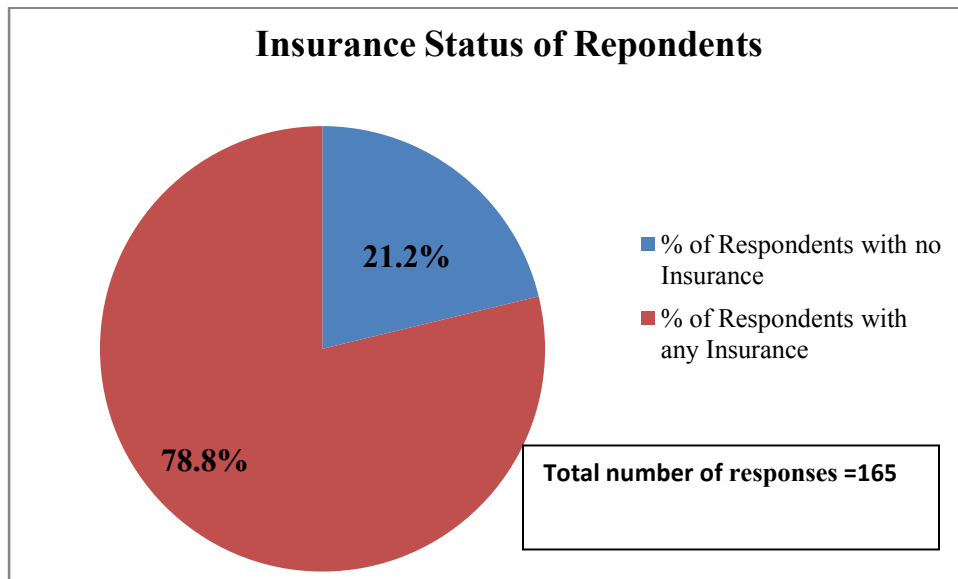
Distribution Site	Children	Women of Childbearing Age	Low-income, uninsured adults	Seniors	General Community
Wal-Mart	✓	✓	✓	✓	✓
Giles Free Clinic		✓	✓		
Giles Health Department	✓	✓	✓		
New River Valley Community Services (Public mental health services)			✓		
New River Community Action-Head Start	✓	✓	✓		
Giles Medication Assistance Program			✓		
Giles County Senior Center				✓	

A total of 171 surveys were collected over the six weeks. Survey responses were analyzed using SPSS Statistics software. Survey responses were delineated based on whether a respondent answered that no one in their household (including self) had any type of healthcare insurance or whether someone in their household had any type of insurance. Some respondents skipped questions on the survey. The complete SPSS analysis is found in Attachment 9.

As presented on the graph on the following page, of respondents, 94.5% resided in Giles County, 3.0% resided in Monroe County in West Virginia, and 0.6% (one respondent) resided in neighboring Radford City, while 0.6% (one respondent) resided in Chesterfield County in central Virginia (more than four hours away driving time). An additional 1.2% did not report correct zip codes and so their place of residence was unknown.

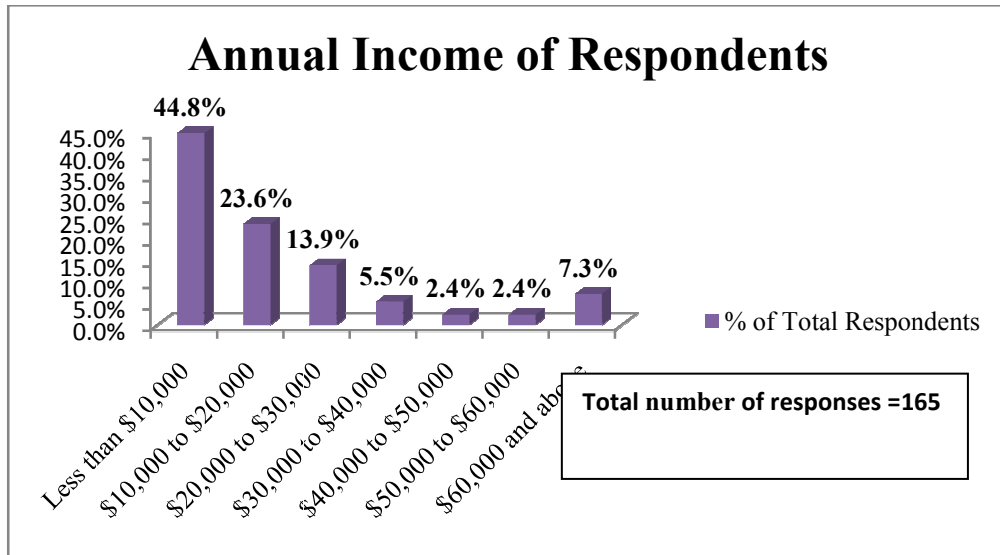


As presented in the chart below, of the total respondents, 78.8% answered that someone in their household (including self) has some type of health insurance while 21.2% reported that no one in the household had insurance.



As presented on the graph on the following page, the majority of the respondents (68.5%) reported annual household incomes of \$20,000 or less with the majority (44.8%) reporting annual incomes less than \$10,000 per year.





Of those reporting annual incomes of \$20,000 or less, 27.4% reported that no one in their household had health insurance while 72.6% reported that someone in their household had some type of health insurance.

Almost half of respondent households (47.1% of 136 households) had no children ages 0 to 17 years of age living in the home. Of respondents with children living in the household, 91.7% reported that someone in the home had some type of health insurance and only 8.3% reporting household residents with no type of health insurance. In households with no children, 65.5% of household members had some type of insurance while 34.4% of households had no health insurance.

The majority of those households surveyed (80% of 136 households) reported one to four adults' ages 18 to 64 years living in their household. Of these households, 74.3% reported someone in the household having some type of health insurance and 25.7% with no insurance. Few households (33.3% of 132 households) reported having someone 65 years of age or older living in the home.

Only 33.3% of 132 respondents reported having someone 65 years of age or older living in the home, of which 86.4% had some type of health insurance and 13.6% had no health insurance.

Respondents were asked to indicate all types of insurance household members had. Of the 134 respondents who completed this question, there were 175 responses. The majority of households (45.5%) had someone who had Medicaid; 35.8% had Medicare, and 31.3% had private insurance. Other types of insurance included FAMIS (SCHIP) (5.2%); Veterans (5.2%) and other insurance (7.5%). (Note: Percentages add to greater than 100% because a person may have indicated more than one type of health insurance.)

Of those household members who did not have health insurance, the vast majority (62.9%) had been without insurance for three or more years. When asked why they did not have health insurance, responses were as follows

**Why No Insurance?**

	Frequency	Percent
Unemployed	39	35.7
Laid off	5	4.6
Too expensive	50	45.8
Not available	30	27.5
Not qualified	30	27.5
Other	14	12.8

(Note: The denominator for percent is 109. Percentages add to greater than 100% because a respondent could have checked more than one category.)

Respondents were asked where they go for medical, dental, and mental health care or alcohol and drug problems and could provide multiple responses. For medical care:

- 35.8% of responses used a doctor’s office for medical care with only 8.4% of the household uninsured;
- 27.2% of responses used the Giles Free Clinic with 40.3% of households uninsured;
- 16.6% of responses used the Emergency Department with 18.2% of households uninsured;
- 11.3% of responses used the Giles County Health Department with 10.0% of households uninsured;
- 3% of responses were “I don’t go to the doctor for regular care” with 50% of households uninsured.

For dental care:

- 55% of responses were “I don’t go for regular care” with 27.9% of the households uninsured;
- 27.5% of responses use a dentist office for care with only 7.3% of households’ uninsured;
- 10.5% of responses use dental services at the Free Clinic of the New River Valley with 38.1% of households uninsured.

For mental health and substance abuse services:

- 59.7% of responses were “I don’t go to a counselor for regular care” with 25% of the households uninsured;
- 15.7% of responses use the Giles Free Clinic for care with 42.9% of households uninsured;
- 14.9% of responses use New River Valley Community Services with 15.0% of households uninsured.

The top four reasons respondents do not go for help with medical, dental, mental health or substance problems were:

- Too expensive (52.3% of responses);
- The location of the office/clinic is too far away (11.5% of responses);
- Prayer and God take care of us (8.6% of responses);
- No transportation (8.0% of responses).

The majority of respondents (74.5%) had been to the emergency room in the last two years of which 84.2% of households had someone with some type of health insurance. The top reasons for emergency room visits were illness, accident, and mental health issues.

More than 75% of respondents said that they would use a community health center in Giles County with 79% of households having someone with some type of health insurance and 21% of households uninsured. Convenient times for respondents to access health center services were:

- During the day (8 a.m. to 5 p.m., Monday-Friday)
- Evening hours (5 p.m. to 9 p.m., Monday-Friday)
- Saturday or Sunday hours

The most requested health center services in order of preference were:

- Medical care
- Dental care
- Eye care
- Low cost medications
- Immunizations
- Fitness programs
- Mental health services

### ***Town Hall Meetings***

Upon completion of the Community Health Needs Assessment, three town hall meetings were held April-May 2012 at different times of day and sites throughout the County.

<b>Town Hall Meeting</b>	<b>Community Attendance (Not Counting Planning Committee Members)</b>
<i>April 24, 10 AM: Narrows Fire Hall Narrows, VA</i>	3
<i>April 26, 6 PM: Pearisburg Community Center, Pearisburg, VA</i>	14
<i>May 1, 12 Noon: Newport-Mt. Olivet United Methodist Church, Newport, VA</i>	9
<b>TOTAL</b>	26

The purpose of the meetings was to provide residents information about the planning project, offer a description of a federally qualified health center and services it would provide the community; and discuss next steps about the project. Discussions were led by the Giles Free Clinic Coordinator and G-NET Network Navigator, who are both lifelong residents of Giles County and well-known in the community. In addition, other Planning Committee members attended to field questions. All participants asked questions and offered comments regarding health center sites in the county and possible services. Remarks from the public were overwhelmingly positive about the development of federally qualified health center in Giles County and no negativity or reluctance was expressed by attendees.

## ***Secondary Data***

### ***Demographics and Socioeconomic Status***

#### *Community Overview: Gender, Race, and Age*

From 2000 to 2010, Giles County experienced a 3.8% increase in its population as compared to a 13.0% increase in Virginia as a whole.<sup>3</sup> In 2011, population estimates for Giles County are 17,124 residents with 49% male and 51% female.<sup>4</sup> Giles County is a homogeneous rural community compared to those living in Virginia or the United States. The vast majority of residents are White (96.9%); 1.6% are Black; 0.2% are American Indian and Alaska Native; 0.3% are Asian; and 1.0% are persons reporting two or more races. Only 1.2% of the population is Hispanic.

<sup>3</sup> US Census Bureau, Quick Facts, Giles County 2010

<sup>4</sup> US Census Bureau, Quick Facts, Giles County 2011

## Percent Race and Ethnicity Estimates, 2011

(Quick Facts, US Census Bureau, 2011)

	Total Population	White %	Black or African American %	American Indian & Alaska Native (%)	Asian (%)	Native Hawaiian and Other Pacific Islander %	Two or more races %	Hispanic or Latino Origin %
United States	311,591,917	78.1%	13.1%	1.2%	5.0%	0.2%	2.3%	16.7%
Virginia	8,096,604	71.3%	19.8%	0.5%	5.8%	0.1%	2.5%	8.2%
Giles County	17,124	96.9%	1.6%	0.2%	0.3%	0.0%	1.0%	1.2%

Only 2.2% of the population 5 years of age and over speak a language other than English at home in Giles County compared to 14.1% in Virginia and 20.1% in the United States.<sup>5</sup>

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

(American Community Survey 5-year Estimates, US Census Bureau, 2006-2010)

	Population 5 Years and over whom speak a language other than English at home	
Locality	#	%
United States	61097020	20.1%
Virginia	1105687	14.1%
Giles County	379	2.2%

The number of children less than 18 years of age (21.0% of the population) and the number of adults 18 to 64 years of age (60.5%) in Giles County is slightly less than the state averages (22.9% and 64.6% respectively). In contrast, the elderly population, 65 years and older, is higher in the County compared to the same population statewide and nationally (18.5% versus 12.5% and 13.3%).<sup>6</sup>

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.<sup>7</sup> Rural areas have a greater proportion of older adults who tend to have higher poverty rates and poorer health than their urban counterparts do.<sup>8</sup>

<sup>5</sup> US Census Bureau, American Community Survey, 5-year Estimates, 2006-2010

<sup>6</sup> US Census Bureau, Quick Facts, Giles County, 2011

<sup>7</sup> Department of Health & Human Services, Administration on Aging, Aging Statistics, [http://www.aoa.gov/aoaroot/aging\\_statistics/index.aspx](http://www.aoa.gov/aoaroot/aging_statistics/index.aspx), accessed 8/10/12

<sup>8</sup> Rogers, C. The Older Population in 21<sup>st</sup> Century Rural America. Rural America, Vol. 17-3, Fall 2002

**Percent Age Estimates, 2011**  
(Quick Facts, US Census Bureau, 2011)

	<b>Total Population #</b>	<b>Persons under 5 years %</b>	<b>Persons 5 to 17 years %</b>	<b>Persons 18 to 64 years %</b>	<b>Persons 65 years and over %</b>
United States	311,591,917	6.5%	17.2%	63%	13.3%
Virginia	8,096,604	6.3%	16.6%	64.6%	12.5%
Giles County	17,124	5.2%	15.8%	60.5%	18.5%

*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 than those who earn a diploma.<sup>9</sup> Giles County Public Schools has an enrollment of 2,441 with three combined elementary/middle schools, two high schools, and one small Technology Center.<sup>10</sup> Education attainment in Giles County is lower than the state and national averages. Only 80.3% of the population has a high school diploma (compared to 86.1% in Virginia and 85.0% in the United States), and 16.1% have a Bachelor's Degree or higher (compared to 33.8% in Virginia and 27.9% in the United States).<sup>11</sup>

**Academic Attainment for Population 25 and Over, 5-Year Estimate, 2006-2010**  
(US Census Bureau, American Community Survey 5-year Estimates, 2006-2010)

Locality	<b>Percent high school graduate or higher</b>		<b>Percent bachelor's degree or higher</b>	
	#	%	#	%
United States	258370481	85.0%	84806311	27.9%
Virginia	6751750	86.1%	2650513	33.8%
Giles County	13816	80.3%	2770	16.1%

On-time graduation rates for all students in Giles County (80.1%) are lower than students in the state (86.6%). These rates are significantly lower for economically disadvantaged students

<sup>9</sup> Virginia Department of Health, Virginia Health Equity Report, 2012  
<http://www.vdh.state.va.us/healthpolicy/Documents/Health%20Equity%20Report%202012-%20FINAL%207-31-12.pdf>

<sup>10</sup> Virginia Department of Education, Office of School Nutrition Program, National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2011

<sup>11</sup> U

living in Giles County (66.7%) as compared to those living in Virginia as a whole (80.0%). In Giles County, the drop-out rate is over twice the rates in the Commonwealth for all students (14.9% versus 7.2%). Even more alarming is that one in four economically disadvantaged students (25.5%) in Giles County drops out of school before graduating.<sup>12</sup>

**On-Time Graduation and Drop-out Rates, 2011**

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

		<b>On-Time Graduation Rate</b>	<b>Drop-out Rate</b>
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 towns of Narrows and Pearisburg. In 2010-2011, there were 85 children enrolled at these two sites.<sup>13</sup>

Blacksburg, in neighboring Montgomery County, is the site of Virginia Tech, a land grant university, which is the largest in the state and ranked 56<sup>th</sup> among the states' top research universities with an enrollment of more than 30,000 undergraduate and graduate students.<sup>14</sup> 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.<sup>15</sup> 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.

<sup>12</sup> Virginia Department of Education, Division-Level Cohort Report, Four Year Rate, 2011

<sup>13</sup> New River Community Action Head Start Annual Report, <http://www.swva.net/nrca/pdf/Head%20Start%20Annual%20Report%202010-11.pdf> 2010-2011

<sup>14</sup> Virginia Tech website, [www.vt.edu](http://www.vt.edu), 2012

<sup>15</sup> Radford University, [www.radford.edu](http://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 and Per Capita Income, 2006-2010**

(US Census Bureau, American Community Survey 5-year Estimates, 2006-2010)

	<b>Median Household Income</b>	<b>Per Capita Income</b>
United States	\$51,914	\$27,334
Virginia	\$61,406	\$32,145
Giles County	\$41,186	\$20,985

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 2012 guidelines are provided below as a reference.<sup>16</sup>

<b>2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia</b>	
<b>Persons in family/household</b>	<b>Poverty guideline</b>
<b>1</b>	\$11,170
<b>2</b>	15,130
<b>3</b>	19,090
<b>4</b>	23,050
<b>5</b>	27,010
<b>6</b>	30,970
<b>7</b>	34,930
<b>8</b>	38,890
<b>For families/households with more than 8 persons, add \$3,960 for each additional person.</b>	

<sup>16</sup> <http://aspe.hhs.gov/poverty/12poverty.shtml/#guidelines>



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, 35.8% of residents live below 200% of the FPL as compared to 24.9% in Virginia and 32% 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, 54.3% live below 200% of the FPL in the County compared to 34.1% in Virginia and 44.6% in the nation. In Giles, 44.4% of adults 65 years of age and older live below 200% of the FPL in Giles compared to 27.9% in Virginia and 32% in the United States.<sup>17</sup>

**Number of Residents Living in Poverty, 2006-2010**

(US Census Bureau, American Community Survey 5-year Estimates, 2006-2010)

	Below 100% FPL		100-199% FPL		200% FPL and above		Total
	#	%	#	%	#	%	
United States	40917513	13.8%	53775904	18.2%	201447732	68.0%	296141149
Virginia	781516	10.3%	1107228	14.6%	5706642	75.1%	7595386
Giles County	2538	15.0%	3503	20.8%	10839	64.2%	16880

<sup>17</sup> US Census Bureau, American Community Survey 5-year Estimates, 2006-2010

### Number of Residents Living in Poverty by Age, 2006-2010

(US Census Bureau, American Community Survey 5-year Estimates, 2006-2010)

Under 6 years:									
	Total	< 6 years		Below 100% FPL		100-199% FPL		200% & over	
	#	#	%	#	%	#	%	#	%
United States	296141149	23755763	8.0%	5223584	22.0%	5379266	22.6%	13152913	55.4%
Virginia	7595386	597784	7.9%	92913	15.5%	110847	18.5%	394024	65.9%
Giles County	16880	1071	6.3%	184	17.2%	398	37.2%	489	45.7%

6 to 17 years									
	Total	6-17 years		Below 100% FPL		100-199% FPL		200% & over	
	#	#	%	#	%	#	%	#	%
United States	296141149	49094537	16.6%	8756913	17.8%	10439998	21.3%	29897626	60.9%
Virginia	7595386	1214669	16.0%	150326	12.4%	207995	17.1%	856348	70.5%
Giles County	16880	2627	15.6%	419	15.9%	513	19.5%	1695	64.5%

18 to 64 years									
	Total	18-64 years		Below 100% FPL		100-199% FPL		200% & over	
	#	#	%	#	%	#	%	#	%
United States	296141149	185890088	62.8%	23382725	12.6%	29529192	15.9%	132978171	71.5%
Virginia	7595386	4881533	64.3%	462219	9.5%	612626	12.5%	3806688	78.0%
Giles County	16880	10462	62.0%	1572	15.0%	1748	16.7%	7142	68.3%

65 years and over									
	Total	65 years & >		Below 100% FPL		100-199% FPL		200% & over	
	#	#	%	#	%	#	%	#	%
United States	296141149	37400761	12.6%	3554291	9.5%	8427448	22.5%	25419022	68.0%
Virginia	7595386	901400	11.9%	76058	8.4%	175760	19.5%	649582	72.1%
Giles County	16880	2720	16.1%	363	13.3%	844	31.0%	1513	55.6%

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.

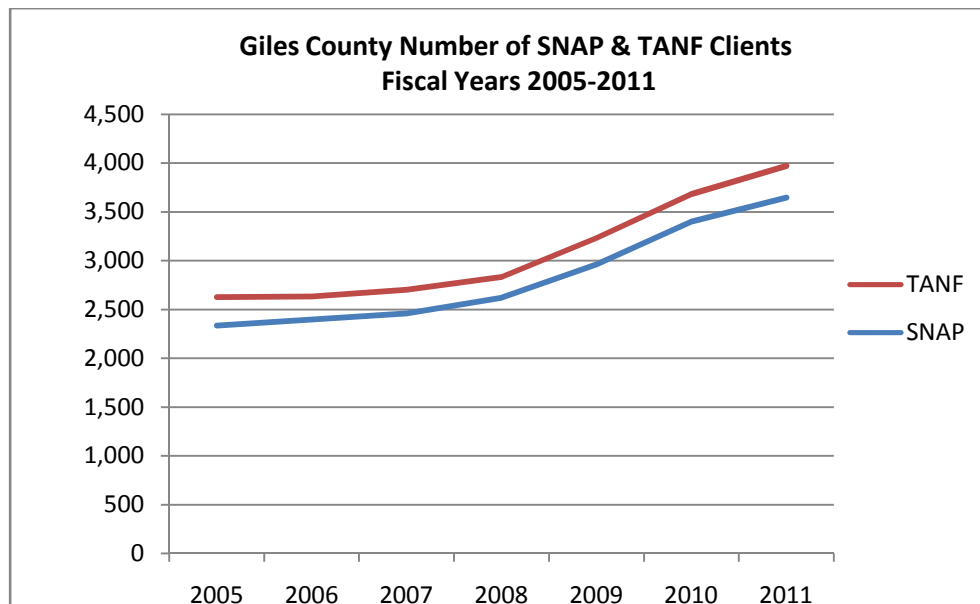
GCDSS' service unit provides support to individuals, families and children. Programs include adult protective services; adoption services; child protective services; companion and day care services; foster care and family preservation services; and the Virginia Initiative for Employment Not Welfare Program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

Since 2005, the Giles County Department of Social Services has experienced a steady increase in the number of residents enrolled in the SNAP and TANF programs.<sup>18</sup>

**Number of SNAP and TANF Clients in Giles County, 2005-2011**

(Virginia Department of Social Services, Department of Social Services Profile Report, 2012)

	2005	2006	2007	2008	2009	2010	2011
SNAP	2,334	2,397	2,460	2,619	2,960	3,399	3,645
TANF	293	237	241	214	272	282	325



Currently, 43.5% of children and adolescents in Giles County Public Schools are enrolled in the Free and Reduced Lunch Program, as compared to 39.8% for Virginia school districts as a whole.<sup>19</sup> This is a slight increase from the 2010-2011 school year where 42.2% of children and

<sup>18</sup> Virginia Department of Social Services, Department of Social Services Profile Report, 2012  
[http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi)

<sup>19</sup> Virginia Department of Education, Office of School Nutrition Program, National School Lunch Program Free & Reduced Price Eligibility Report, October 31, 2011

adolescents in Giles County were enrolled in the Free and Reduced Lunch Program compared to 38.1% in Virginia.

**Students Eligible for Free and Reduced Lunch Program, 2011- 2012**

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

	School	Student Enrollment	FREE Total	FREE %	REDUCED Total	REDUCED %	TOTAL F/R	TOTAL F/R %
<b>October 2011</b>								
<b>Giles County Public Schools</b>								
EASTERN COMBINED	ELEMENTARY	472	179	37.9%	32	6.8%	211	44.7%
MACY MCCLAUGHERTY COMBINED	ELEMENTARY	515	191	37.1%	49	9.5%	240	46.6%
NARROWS ELEMENTARY MIDDLE	ELEMENTARY	484	202	41.7%	43	8.9%	245	50.6%
GILES HIGH	HIGH	673	206	30.6%	38	5.7%	244	36.3%
NARROWS HIGH	HIGH	297	97	32.7%	24	8.1%	121	40.7%
<b>Giles County Total</b>		2,441	875	35.9%	186	7.6%	1,061	43.5%
<b>Virginia Total</b>		1,236,733	406,571	32.9%	85,375	6.9%	491,946	39.8%

*Households and Marital Status*

In Giles County, of the population 15 years of age and older, slightly more were married, widowed, divorced or separated as compared to Virginia and the United States while fewer were never married.<sup>20</sup>

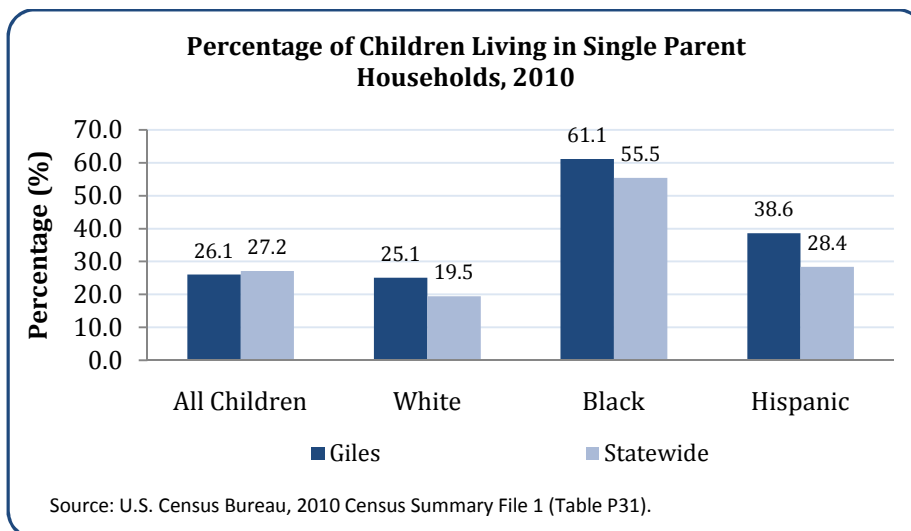
**Marital Status**

(US Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2006-2010)

	Population 15 years and over	Now married (except separated)	Widowed	Divorced	Separated	Never married
<b>United States</b>	243073468	50.2	6.1	10.5	2.2	31
<b>Virginia</b>	6324652	51.7	5.8	9.6	2.6	30.3
<b>Giles County, Virginia</b>	14127	56.5	7.9	11.9	3	20.7

<sup>20</sup> US Census Bureau, American Community Survey, 5-year Estimate, Table S1201, 2006-2010

Fewer couples who have children are married in Giles County (88%) as compared statewide (92%). 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.<sup>21</sup>



There are approximately 4,651 families in Giles County of which 12% live below poverty compared to 7.2% in Virginia and 9.9% nationwide. More families with children live in poverty (16.4%) in Giles County compared to Virginia (11%) and the U.S. (15.3%). Of most concern is that 46.1% of families with children and a female head of household live in poverty in the County compared to 30.3% statewide and 37.1% nationally.<sup>22</sup>

A survey conducted by the Older Dominion Partnership on behalf of the New River Valley (NRV) Agency on Aging revealed that seniors living in the NRV aged 65 or older (35%) are more likely than those of a similar age in the state (26%) to be providing care to a friend or family member with a health problem or long-term illness.<sup>23</sup> In Giles County, more grandparents (56.8%) are responsible for grandchildren as compared statewide (39.9%).<sup>24</sup>

### *Employment Status*

Unemployment rates from 2010 to 2011 improved in Giles County in the past year however they continue to be higher than state averages (7.4% and 6.2% respectively) but lower than the national average (8.9%).<sup>25</sup>

<sup>21</sup> US Census Bureau, Household Type, 2010 accessed at

[http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi)

<sup>22</sup> US Census Bureau, American Community Survey 5-year Estimates, Table S1702. 2006-2010

<sup>23</sup> Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

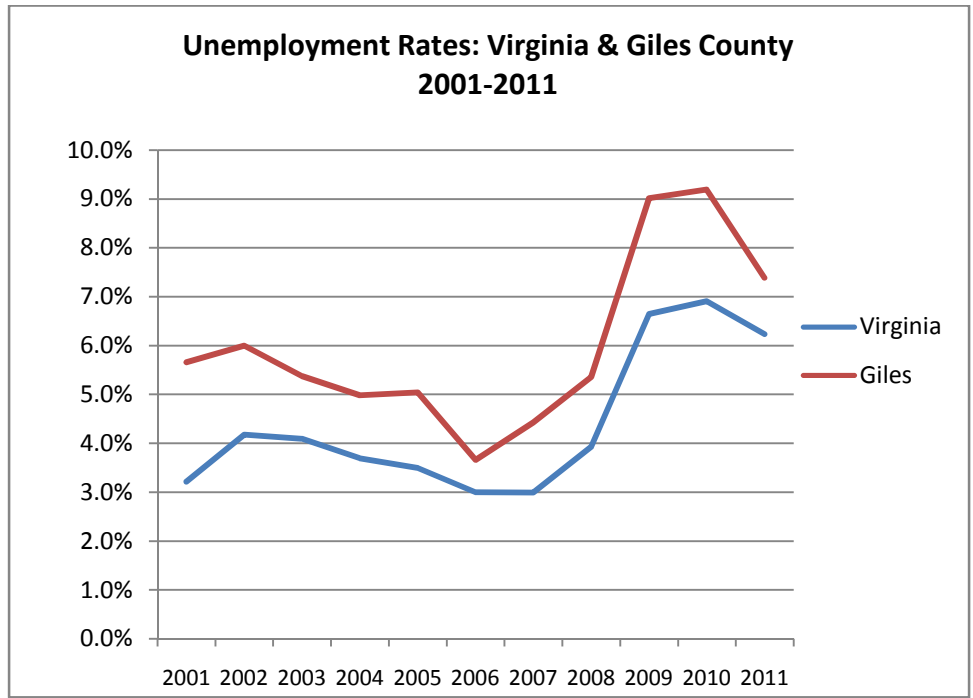
<sup>24</sup> US Census Bureau, American Community Survey 5-year Estimates, 2006-2010

<sup>25</sup> Virginia Employment Commission, Local Area Unemployment Statistics, [www.virginiaLMI.com](http://www.virginiaLMI.com), July 23, 2012

### Unemployment Rates for Giles County, 2001-2011

(Virginia Employment Commission, Local Area Unemployment Statistics, July 23, 2012)

Unemployment Rate 2001-2011											
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
United States	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	8.9%
Virginia	3.2%	4.2%	4.1%	3.7%	3.5%	3.0%	3.0%	3.9%	6.7%	6.9%	6.2%
Giles	5.7%	6.0%	5.4%	5.0%	5.0%	3.7%	4.4%	5.4%	9.0%	9.2%	7.4%



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.<sup>26</sup>

#### *Transportation*

There is no public transportation system in Giles County. Seniors living in the New River Valley report having less transportation available to them than those in the rest of the state especially for public transportation like buses and taxis.<sup>27</sup> “No transportation” was one of the top four

<sup>26</sup> Virginia Employment Commission, Quarterly Census of Employment and Wages, 4<sup>th</sup> quarter (Oct-Dec), 2011

<sup>27</sup> Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

reasons that Community Health Survey respondents do not go for help with medical, dental, mental health or substance abuse problems.

Giles Health & Family Center is a private nonprofit organization that was established in 2003 to meet three goals: 1) The care of disabled adults, ages 18+, in an adult day care setting; 2) the care of children, ages 2-12, in a child developmental care setting, and 3) the provision of non-emergency medical transportation for Medicaid-insured adults and children. The center's primary role in health center planning will be around medical transportation. The center currently owns five passenger vans, two of which are 15-passenger.

In 2009, they provided in excess of 8,500 medical transports for children and adults, traveling in excess of 161,000 miles. The majority of those transports were for individuals needing wheelchair assistance and most all were for the elderly and disabled of the Giles County community.

Med-Ride of the NRV, housed with the New River Valley Agency on Aging (AOA) provides non-emergency, but critical, medical transportation for low-income, uninsured and underinsured residents of the New River Valley. In fiscal year 2010-2011, AOA provided transportation for 27 individuals for a total of 3,173 one-day trips.<sup>28</sup> In addition, AOA offers "One Stop" a program where residents in the New River Valley can call a toll-free number for transportation information in the New River Valley and a connection to additional transportation assistance for adults with disabilities.

The Giles Free Clinic on behalf of the Giles County Health Network was recently awarded a HRSA Office of Rural Health Policy Outreach Grant in 2012 for the Giles REACH Program (Rural Equity in Access for Community Health). Funding will support a non-emergency community medical transportation system for low-income, uninsured persons residing in Giles County for three years. Giles REACH will be governed and implemented by an outreach Consortium composed of three separate organizations: the Giles Free Clinic, Giles Health and Family Services, and the Family Dental Clinic of the New River Valley.

From the location of the Giles Free Clinic in Pearisburg, it is approximately a 40 minute drive to the nearest provider accepting new Medicaid and/or uninsured patients. The topography of Giles County presents problems with access to quality health care. The surface elevation of Giles County is extremely uneven. It ranges from a low of 1,470 feet above mean sea level at Glen Lyn to a high of 4,348 feet at Bald Knob on Salt Pond Mountain in Giles County. Giles County's mountains are steep and rugged, rising and falling in successive waves of ranges. There is very little flat land in the County. Travel through Giles County can be treacherous, with numerous mountains to climb, narrow and winding secondary roads, unpaved hollows, and never-ending road repairs. During the months of late December through early April, poor weather conditions add more travel time or prevent driving altogether. Many residents are unwilling to make the trip "down the mountain" into Blacksburg (the nearest town of any size,

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<sup>28</sup> New River Valley Agency on Aging, Program Report, October 1, 2010 to September 30, 2011

in neighboring Montgomery County). In the words of one Licensed Clinical Social Worker, “Asking a Pearisburg resident to travel into Blacksburg, for an appointment is akin to asking them to travel to Washington, D.C. It’s foreign to most folks, and not within the realm of possibility.”

### *Homelessness & Persons Living in Public Housing*

The root cause of homelessness, poverty and lack of affordable housing, is the same for both rural and urban areas. In rural communities, however, there are few shelters and people experiencing homelessness are less likely to live in shelters or on the street and more likely to “double up” with family and friends, live in a car, camper or substandard housing. It is more difficult to track these individuals and coordinate resources for them.<sup>29</sup>

Homelessness in the New River Valley looks different than in urban areas. Individuals who find themselves without housing often include those:

- experiencing long-term unemployment due to the economy
- facing foreclosure or eviction
- awaiting disability determination
- awaiting approval for government homeless-intervention programs.<sup>30</sup>

Hope House (Giles County Shelter), in Narrows, provides emergency shelter for families experiencing a housing crisis. It is a two-unit house and provided 450 nights to homeless and displaced individuals and families from January 1, 2010 to December 31, 2010.<sup>31</sup> From December 2010 to February 2012, 34 homeless adult males and females sought shelter at the New River Community Action (NRCA) Emergency Assistance site in Pearisburg.<sup>32</sup> Referrals are made to the New River Family Shelter, To Our House, or Women’s Resource Center all located in neighboring Montgomery County and the City of Radford. NRCA makes all attempts to assist with transportation to the shelters and will provide food and motel vouchers if needed.

To Our House, located in Blacksburg (Montgomery County) provides temporary overnight shelter in the winter to homeless men in the New River Valley through a collaborative effort with New River Community Action, citizens, interfaith congregations, and health and human services professionals. For the 2012 “Thermal Season” they reported serving 27 guests, ages 21-62 years, of which 22 were unemployed, 4 employed, 4 veterans, and 3 were disabled. The majority (44%) had a high-school diploma, 19% had a GED, 22% did not complete high school, 8% had a Bachelor’s degree, and 4% had an Associates’ degree or some college. In the 2012 season, 1 guest was from Giles County.<sup>33</sup>

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<sup>29</sup> National Coalition for the Homeless, Rural Homelessness, NCH Fact Sheet #1, August 2007

<sup>30</sup> To Our House, 2012 Thermal Season report, March 7, 2012

<sup>31</sup> Giles County Department of Social Services, April, 2012 report from the Director

<sup>32</sup> New River Community Action, April 4, 2012 report from the Executive Director

<sup>33</sup> To Our House, 2012 Thermal Season report, March 7, 2012



The Choice Voucher program assists very low-income families, the elderly, and the disabled with rental expenses in the New River Valley. The program is managed by the Virginia Community Development Corporation. Low-income, subsidized housing primarily in the form of apartment units is available to low-to-moderate income families in Giles County. Units are available in Pearisburg, Glen Lyn, Narrows, and Pembroke. As of May 2012, 151 Giles households were receiving vouchers.<sup>34</sup>

### ***Access to Health Care***

Access to Health Services (AHS) 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)<sup>35</sup>

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.<sup>36</sup>

### ***Health Staffing Shortages and Designations***

#### **Giles County MUA and HPSA**

(Health Resources and Services Administration, <http://muafind.hrsa.gov> and <http://hpsafind.hrsa.gov>, accessed May 3, 2012)

	<b>Medically Underserved Area (MUA)</b>	<b>Health Professional Shortage Area (HPSA)</b>		
		<b>Primary Care HPSA</b>	<b>Dental HPSA</b>	<b>Mental Health HPSA</b>
<b>Locality</b>	Giles County	Giles County	Giles County	Giles County
			Low Income- Bland/Giles County	Low Income- New River Valley Service Area
<b>Score</b>	60.8	10	14	15

<sup>34</sup> Pembroke Management, Inc., Housing Choice Voucher Program, May 2012

<sup>35</sup> US Department of Health & Human Services, Healthy People 2020, Topics and Objectives, [www.healthypeople.gov](http://www.healthypeople.gov)

<sup>36</sup> 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.

### **Giles County Population to One Primary Care, Dental, or Mental Health Provider**

(US Census Bureau American Community Survey, 5-year Estimates 2006-2011)

<b>Primary Care</b>	<b>Giles County</b>
Number of Primary Care Providers (FTE)	6
Population Estimate (2006-2010)	17,205
Population to One FTE Primary Care Provider	2868:1

<b>Dental</b>	<b>Giles County</b>
Number of Dental Providers (FTE)	4
Population Estimate (2006-2010)	17,205
Population to One FTE Dental Provider	4301:1

<b>Mental Health</b>	<b>Giles County</b>
Number of Mental Health Providers (FTE)	2.4
Population Estimate (2006-2010)	17,205
Population to One FTE Mental Health Provider	7169:1

### *Hospital Services*

Carilion Giles Community Hospital (CGCH) is a non-profit, 25-bed critical access hospital and is part of a healthcare delivery system known broadly as Carilion Clinic. Headquartered in Roanoke, Virginia, Carilion Clinic is an integrator of care and the largest safety net provider in the region. Carilion is a not-for-profit healthcare system consisting of a multi-specialty group

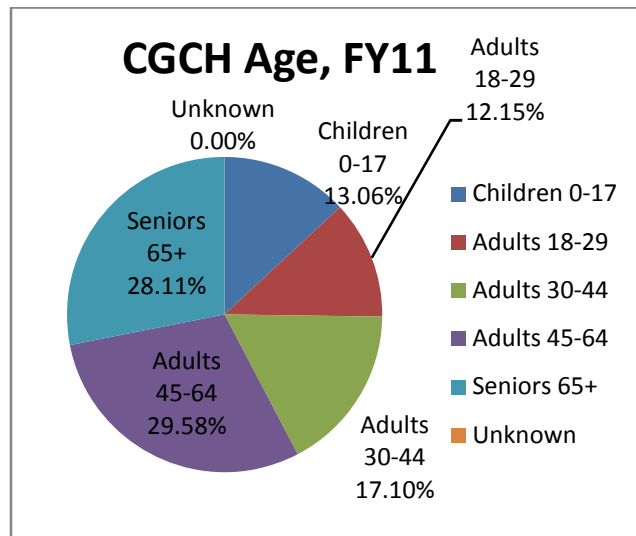
practice, including seven hospitals and outpatient centers in Western Virginia. In 2011, CGCH provided \$2,843,087 in Community Benefit including \$2,019,931 in charity care.<sup>37</sup>

CGCH opened its new facility in May 2010 in Pearisburg. It offers 24-hour emergency care, advanced diagnostic procedures, minimally invasive surgery, nuclear medicine studies and comprehensive rehabilitation programs, advanced cardiac testing, rehabilitation services and a diabetes management program.

In fiscal year 2011 (October 2010-September 2011), the hospital provided inpatient and outpatient services to 24,675 unique patients.<sup>38</sup> Patient origin statistics for the hospital revealed:

- 71.22% of patients lived in Giles County, Virginia
- 19.3% lived in Monroe County, West Virginia
- 6.41% lived in parts of the New River Valley, Virginia and Mercer County, West Virginia
- 3% from all other counties and states

The majority of patients served at the hospital were white (97.97%) with 29.58% older adults ages 45-64 years of age, and 28.11% seniors 65 years of age and older.



The payor mix revealed that the greatest payor was Medicaid, followed by commercial plans, Medicare and self-pays.

<sup>37</sup> Carilion Giles Community Hospital, 990 Schedule H Return, 2010

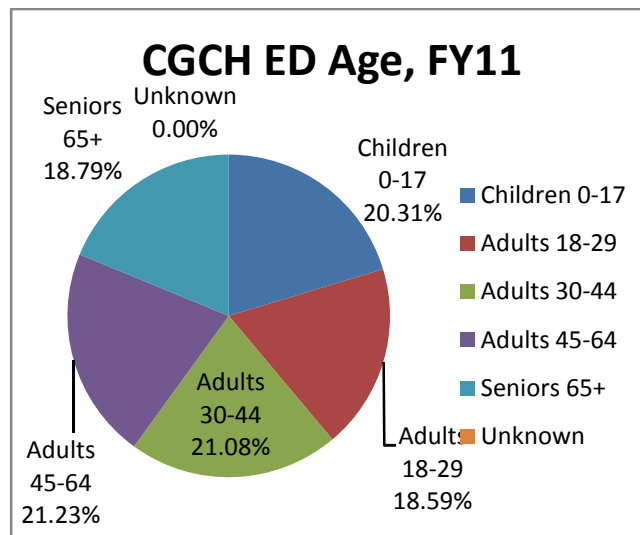
<sup>38</sup> Carilion Clinic, TrendStar Report, August, 2012

Payor	Number of Patients	%
COMMERCIAL	7502	31.40%
MEDICAID	8830	35.79%
MEDICARE	4626	18.75%
OTHER	278	1.13%
SELF PAY	3198	12.96%
<b>Total</b>	<b>24675</b>	<b>100.00%</b>

In 2011, the Emergency Department had 12,909 patient visits. Patient origin for Emergency Department visits revealed

- 73.72% lived in Giles County, Virginia
- 19.20% lived in Monroe County, West Virginia
- 1.57% lived in Mercer County, West Virginia
- 1.19% lived in Montgomery County, Virginia
- 4.31% all others

Again, the majority of patients who used the Emergency Department (ED) was white (97.6%) and there was a greater utilization of the ED by patients of all ages.



Utilization of Emergency Department (ED) services was again greatest by those insured by Medicaid, followed by Medicare, commercial plans, and self-payers. More self-pay and Medicare recipients used the ED for services than used inpatient or outpatient hospital services.

<b>Payor Type</b>	<b>Number of Patients</b>	<b>%</b>
COMMERCIAL	3146	25.44%
MEDICAID	3687	28.56%
MEDICARE	3381	26.19%
OTHER	139	1.08%
SELF PAY	2418	18.73%
WORK COMP	0	0.00%
<b>Total</b>	<b>12909</b>	<b>100.00%</b>

The majority of ED visits were higher acuity level visits- levels 3 or 4 (34.8% and 28.6% respectively); 17.7% was level 2; and 17.0% was level 5. Less than 2.0% of visits were for low level (0-1), non-acute visits.

In the Community Health Survey, 16.6% of respondents said they use the Emergency Department (ED) for medical, dental and mental health or substance abuse problems with 18.2% of the households not having any type of health insurance. The majority of respondents, 74.5% had been to the ED in the past two years. The top reasons for visits were illness; accident; and mental health issues.

### *Emergency Medical Services*

There are three Emergency Medical Service (EMS) agencies in Giles County including Carilion Patient Transport Services, Giles Lifesaving and Rescue Squad, and Newport Volunteer Rescue Squad. The EMS agencies are volunteer-staffed with the exception of Carilion Patient Transport Services. All are certified by the Office of Emergency Medical Services and provide advanced life saving support, search and rescue services.

The Carilion Patient Transport Services reported 1,105 calls in the first four months of 2012 with 83% of the calls for adults and 17% for children.<sup>39</sup> Although a majority of the calls were for acute conditions, often calls regard non-acute primary care needs.

The Captain of the Giles EMS and Carilion Clinic Patient Transportation reported that the population served by the organizations has a hard time in obtaining primary care and medication used to manage long term illnesses. This is illustrated time and time again in patients that do not seem to have access to medications for management of their hypertension, Congestive Heart Failure (CHF), and mental illness diagnosis. Emergency responders serve many patients repeatedly for the same symptoms, as a result of the patients not having access to someone to help them manage their disease process long term. It seems the cycle repeats in that they call 911, EMS treats them en route to the hospital, the hospital provides medication for short term management and they are discharged for the cycle to

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<sup>39</sup> Carilion Clinic Patient Transportation LLC, QM Statistical Report by Month, January-April, 2012

repeat. The Captain reports that his team may respond to the same patient three times a week. (Email correspondence)

### *Public Health Services*

The New River Valley Health District includes Giles County. The Giles County Health Department is located in Pearisburg. The Giles branch is open Monday-Friday, and is staffed with one full-time Public Health Nurse with nurses from adjacent counties rotating in as needed. Services include Well Baby Care; Breast and Cervical Cancer Early Detection program; Communicable Disease Prevention and Control; Environmental Health; Family Planning; health education; immunizations; International Travel programs; Maternity Care; pre-admission nursing home screenings; Safety Seat program; school health nursing; Vital Records and Health Statistics; and Women, Infants, and Children (WIC) nutrition services. A Resource Mothers program for pregnant and parenting teens in Giles County closed last year due to funding cutbacks.

### *Cost of Services*

Currently there are no primary care providers in Giles County offering affordable comprehensive services utilizing a sliding fee scale for uninsured, low-income patients. The closest Federally Qualified Health Centers are Monroe Health Center in Peterstown, West Virginia and Craig County Health Center in New Castle, Virginia. These both represent a 30-50 minute drive depending on place of residence in Giles County.

The Giles Free Clinic offers limited primary care services and referrals to specialty care to low-income uninsured Giles County adult residents. They recently expanded their eligibility requirements for uninsured adults from 175% of the federal poverty level to 200%. Since opening its doors in 2008, the Free Clinic has served 1,228 unduplicated patients or roughly 8% of the Giles County population, providing a total of 15,463 services. In 2012, the value of services provided to their patients was \$1,930,371. Every year, an average of 420 individuals is screened for services.<sup>40</sup> Slightly over half of the patient population (51%) is unemployed. Over 5% of the population served by the Giles Free Clinic is Amish.

In its last fiscal year (July 2011- June 2012), they saw 541 unduplicated patients serving primarily residents living in Giles County with some patients living in Bland County, Virginia and Monroe County, West Virginia. They provided 3,552 total visits, including 2,854 medical visits, 232 dental visits to the Free Clinic of the New River Valley, and 475 visits referred to the hospital, lab or x-ray.

Giles Free Clinic runs on a very limited budget with primarily volunteer manpower. The Clinic consistently turns away residents who are under-insured (cannot afford their deductibles) or slightly over-income. Operational hours are limited (four days per week), and the Clinic does

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<sup>40</sup> Giles County Free Clinic, Clinic Statistics, October 1, 2008-June 30, 2012

not serve Medicaid or Medicare recipients. They currently have 0.8 Full-time Equivalent Family Nurse Practitioner on staff.

There are four additional primary care practices in Giles County. Two practices are owned by private physicians (one internal medicine with a family nurse practitioner; one family practice), and two practices are Carilion Family Medicine practices. The Carilion practices located in Pearisburg and in Narrows have 3.6 full-time equivalent (FTE) family practice physicians and 3.0 FTE nurse practitioners. These physicians have admitting privileges at Carilion Giles Community Hospital. The total number of unique patients served by the Carilion Family Medicine practices in fiscal year 2011, was 10,448 with 83.1% of patients (8,682 individuals) living in Giles County.<sup>41</sup> Between the two practices approximately 4% were self-pay; 14% were Medicaid; and 37% were Medicare. Statistics are unavailable for the two private practices in the County.

In Giles, 13% of Giles County residents could not see a doctor in the past 12 months due to cost compared to 12% in Virginia as a whole.<sup>42</sup> Additionally, the Community Health Survey of the target population revealed that 52.3% of respondents did not seek for medical, dental, and mental health and substance abuse problems because it was too expensive.

The Giles Medication Assistance Program (GMAP), located in Carilion Giles Community Hospital, serves low-income persons under 65 years of age; persons with no prescription coverage and meet financial qualifications established by pharmaceutical companies; and residents of Giles Craig or Monroe counties who have a primary care providers. Some low-income Medicare recipients without Part D coverage may qualify as well. In calendar year 2011, GMAP reported 640 active patients and 260 new patients delivering 7,523 medications and supplies.<sup>43</sup>

In addition to GMAP, the Wal-Mart in Pearisburg offers \$4 prescriptions for generic drugs and over-the-counter medications.

### *Insurance Status*

There are a greater number of uninsured individuals (16.8%), Medicaid (14.0%), Medicare (18.9%), and Medicare dual eligible (4.2%) recipients in Giles County as compared statewide. There are fewer individuals with private insurance plans (46.2%) in Giles County.<sup>44</sup>

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<sup>41</sup> Carilion Clinic, Epic Data, January 2012

<sup>42</sup> Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, 2004-2010

<sup>43</sup> Carilion Clinic, Giles Medication Assistance Program System Overview Report, 1/1/2011-12/31/2011

<sup>44</sup> Thomson Reuters Market Planner Plus, 2011 provided by Carilion Clinic, Strategic Development

**Health Insurance Status for Giles County and Virginia, 2011**  
(Thomson Reuters Market Planner Plus, 2011)

Type of Insurance	Giles County		Virginia	
	#	%	#	%
Medicaid	2,543	14.0%	708,638	8.8%
Medicare	3,451	18.9%	911,885	11.3%
Medicare Dual Eligible	757	4.2%	172,950	2.1%
Private - Direct	760	4.2%	382,561	4.8%
Private - ESI	7,645	42.0%	4,852,138	60.3%
Uninsured	3,066	16.8%	1,016,168	12.6%
Total:	18,222	100.0%	8,044,340	99.9%

The State Child Health Insurance Program in Virginia is FAMIS which offers insurance coverage to children and pregnant mothers (FAMIS MOMS) in Virginia with family incomes up to 200% of the federal poverty level (FPL). FAMIS Plus, formerly MI Medicaid for Children, Pregnant Women, and Plan First, provide coverage for families with incomes up to 133% of FPL. The income eligibility limit for Medicaid for low-income adults in Virginia is less than 30% of the FPL and is one of the lowest in the nation.

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.<sup>45</sup>

**Projected Newly Eligible for Medicaid in 2014, Giles County**

(Virginia Medicaid Now and Under Health Reform, Estimating Medicaid Eligible and Enrolled Populations, Demographics & Workforce Group, Weldon Cooper Center, University of Virginia, September 2010)

Projected Newly Eligible for Medicaid in 2014	
Giles County	2,308
Virginia	456,607

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

<sup>45</sup> Virginia Medicaid Now and Under Health Reform, Estimating Medicaid Eligible and Enrolled Populations, Demographics & Workforce Group, Weldon Cooper Center, University of Virginia, September 2010



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%).<sup>46</sup>

### Estimated Nonelderly Uninsured, Less than 200% FPL

(Virginia Atlas of Community Health, Giles County Profile, 2011)

<b>Nonelderly Uninsured</b>	<b>Virginia Total</b>	<b>Giles County</b>
Uninsured Children Total Age 0-18	141,360	349
Uninsured Children 0-200% FPL	92,641	257
% Uninsured Children 0-200% FPL	65.5%	73.6%
Uninsured Adults Total Age 19-64	739,882	2,065
Uninsured Adults 0-200% FPL	544,367	1,580
% Uninsured Adults 19-64 0-200% FPL	73.6%	76.5%
Uninsured Nonelderly Total (Age 0-64)	881,242	2,414
Uninsured Nonelderly Percent	13%	17%
Uninsured Nonelderly 0-200% Poverty	637,009	1,837
% Uninsured Nonelderly (Age 0-64) 0-200% Poverty	72.3%	76.1%

### *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.<sup>47</sup> In addition, rural areas have a greater proportion of older adults who tend to have higher poverty rates and poorer health outcomes.

In Giles County, 20% of adults reported fair or poor health with 4.5 days unhealthy days in the past month as compared to 13% of adults and 3.2 days overall in Virginia.<sup>48</sup> Seniors living in the New River Valley are about equally as likely as those living in the rest of Virginia to rate their health as very good or excellent, yet they are more likely to report being limited in some activities because of physical, mental, or emotional problems and to have a chronic disease.<sup>49</sup>

<sup>46</sup> Virginia Atlas of Community Health, Giles County Profile, 2011

<sup>47</sup> Virginia Department of Health, Office of Minority Health & Health Equity, Virginia Health Equity Report 2012

<sup>48</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010

<sup>49</sup> Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

The primary diagnoses for patients served by the Free Clinic are for chronic illnesses including diabetes, depression, chronic obstructive pulmonary disease, and other respiratory disorders.

*Death Rates*

In Giles County, the total death rates are higher as compared statewide and for diseases of the heart, cerebrovascular disease, Alzheimer’s, diabetes, chronic liver disease and unintentional injury.<sup>50</sup>

**Giles County and Virginia Death Rates (Age adjusted per 100,000)**  
 (Virginia Department of Health, Division of Health Statistics, 2010)

Death Rates (age adjusted deaths per 100,000 population)	Giles County	Virginia
	2010	2010
Total Deaths	836.8	739.2
Malignant Neoplasms	155.0	170.9
Diseases of the Heart	189.4	167.6
Cerebrovascular Diseases	42.8	41.7
Chronic Lower Respiratory	31.6	37.9
Alzheimer's Disease	44.2	24.4
Diabetes	26.8	18.7
Chronic Liver Disease	19.1	7.8
Unintentional Injury	42.3	32.2

*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.

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<sup>50</sup> Virginia Department of Health, Division of Health Statistics, 2010

**Giles County and Virginia Age Adjusted Discharge Rates per 100,000**  
(Virginia Atlas of Community Health, Giles County Profile 2011)

Age Adjusted Discharge Rate per 100,000	Giles County	Virginia Total	Total Health Planning District 4
Total Age Adjusted PQI Discharge Rate	1,405.4	999.1	1,121.7
Adult Asthma PQI Discharges	125.5	76.0	79.9
Angina PQI Discharges	8.7	9.6	17.6
Bacterial Pneumonia PQI Discharges	273.3	184.5	270.1
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	251.2	125.6	168.9
Congestive Heart Failure PQI Discharges	300.2	238.1	224.0
Diabetes PQI Discharges	209.4	134.0	142.6
Hypertension PQI Discharges	28.5	34.6	22.3

*Mental Health and Substance Abuse*

Approximately one in five Americans experienced some sort of mental illness in 2010 with approximately 5% of Americans suffering from such severe mental illness that it interfered with day-to-day school, work or family.<sup>51</sup> The vast majority of Americans who live in underserved, rural, and remote areas experience disparities in mental health services. Rural areas have incidents of serious mental and behavioral health problems equal to or greater than urban areas.<sup>52</sup> In Appalachia, there remains a stigma associated with mental health and/or substance abuse service receipt. This is especially true in small, close-knit communities such as Giles County, where there is substantial fear of such needs being discovered.

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.”

In Giles County, adults reported an average of 3.3 mentally unhealthy days in the past month as compared to 3.2 days in Virginia.<sup>53</sup> National benchmarks established by County Health Rankings are to reduce the average number of mentally unhealthy days reported to 2.2 in the past

<sup>51</sup> Substance Abuse and Mental Health Administration, [www.samhsa.gov](http://www.samhsa.gov), 2010

<sup>52</sup> New Freedom Commission on Mental Health, [www.mentalhealthcommission.gov](http://www.mentalhealthcommission.gov), 2007

<sup>53</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010

month.<sup>54</sup> Of Giles County Community Health Survey respondents, 15.7% reported using the Giles Free Clinic for mental health services, and 14.9% reported using New River Community Services for mental health services.

New River Valley Community Services (NRVCS) is a regional, state-funded, Medicaid-based agency that provides care in the areas of mental health, mental retardation, substance abuse and prevention. NRVCS has limited its outpatient services to only adults with serious mental illnesses, families with Severely Emotionally Disturbed children, and some substance abuse treatment/support groups. As of 2001, NRVCS eliminated all outpatient mental health services to clients not in crisis. Adult clients not in crisis must travel out of the County to seek mental health services.

NRVCS is currently the only dedicated mental health provider in Giles County. They have an outpatient mental health and substance abuse clinic in Pearisburg, Virginia that is open four days per week (Monday- Thursday) with 1.5 full-time equivalents (FTE) child clinicians; 0.6 FTE adult clinician; 0.2 FTE child psychiatrists; and 0.1 FTE adult psychiatrists. They experienced a 7% increase in outpatient services for adults from 2010 to 2011 (215 consumers served to 231 consumers served) and a 35% increase in outpatient services for children (113 consumers served to 153 consumers served). From 2010 to 2011, they experienced a 15% increase in the number of unduplicated clients served in Giles County overall (618 consumers served to 712 consumers served).<sup>55</sup> In addition to outpatient services, NRVCS offers child and adult case management; adult and child mental health support services; on-call emergency/crisis services; PACT (assertive community treatment); and several prevention programs in the schools and community. In July 2012, they moved into a new facility in Pearisburg which provides three additional clinical offices; work station for staff; and several conference rooms.

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 compared to urban areas particularly among men and children with the rate for women increasingly rapidly.<sup>56</sup> Giles County’s current suicide rate is double the rate in Virginia and the Healthy People 2020 target.<sup>57</sup>

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

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

Death Rates (age adjusted deaths per 100,000 population)	Giles County	Virginia
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<sup>54</sup> University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org), 2012

<sup>55</sup> New River Valley Community Services Summary of Services, Giles County Fiscal Year 2011

<sup>56</sup> National Rural Health Association, “What’s Different about Rural Health Care?”, [www.ruralhealthweb.org](http://www.ruralhealthweb.org), November 2010

<sup>57</sup> Virginia Department of Health, Division of Health Statistics, 2010

	2010	2010
Suicide	22.4	11.9

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.

**Substance Abuse Percentages for Virginia and Giles County**  
(Behavioral Health Atlas, Giles County Profile, 2011)

Number of Persons with Substance Abuse Dependence, age 12+, 2010	Virginia Total	Giles County
Alcohol Dependence or Abuse in Past Year	7.6%	7.6%
Illicit Drug Dependence or Abuse in Past Year	2.8%	3.4%
Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year	9.2%	9.8%
Needing But Not Receiving Treatment for Alcohol Use in Past Year	7.2%	7.0%
Needing But Not Receiving Treatment for Illicit Drug Use in Past Year	2.5%	2.8%

Drug use was second only to motor vehicle accidents as the common cause of accidental death in Virginia in 2010.<sup>58</sup> Prescription drug deaths accounted for at least 69% of all drug poisoning deaths and continued to increase in the Commonwealth for the second year in a row. In 2010, more of these deaths were due to oxycodone than methadone. The greatest number of deaths occurred in Western Virginia which includes Giles County. Nationally, 15,000 deaths per year are attributed to overdoses to prescription painkillers. This is considered a “national epidemic” which started in rural Appalachia.<sup>59</sup>

In Giles County, more deaths per 100,000 were attributed to drug/poison (narcotics, antianxiety, and alcohol) overdose and prescription drugs (fentanyl, hydrocodone, methadone, and oxycodone) as compared to Virginia as a whole.

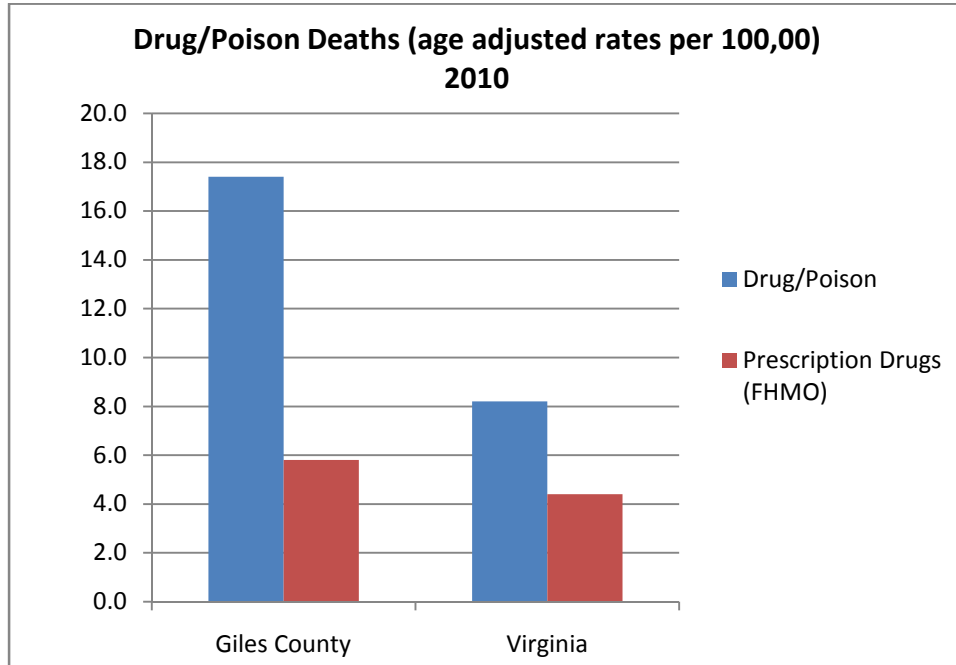
**Giles County and Virginia Drug/Poison Death Rates (Age adjusted per 100,000)**  
(Virginia Department of Health, Office of Chief Medical Examiner’s Annual Report 2010)

Drug/Poison (deaths per 100,000 population)	Giles County	Virginia

<sup>58</sup> Virginia Department of Health, Office of the Chief Medical Examiner’s Annual Report 2010, released December 2011 ([www.vdh.state.va.us/medExam/documents](http://www.vdh.state.va.us/medExam/documents))

<sup>59</sup> The Champion of Painkillers, [www.dailyyonder.com/champion-painkillers/2011/12/27/3657](http://www.dailyyonder.com/champion-painkillers/2011/12/27/3657)

Drug/Poison	17.4	8.2
Prescription Drugs (FHMO)	5.8	4.4



Local primary care providers report that prescription drug abuse is rampant in Giles County and has greatly impacted provider-patient trust and the well-being of residents/families (especially the children). In 2012, the Giles County Department of Social Services reported most children in foster care, especially younger children, are removed from their homes due to prescription drug abuse of their parents.

Since 2008, of the 550 felony arrests made by the Giles County Sheriff’s Department, 525 (95%) were related to prescription drugs including the sale of Lortab, Ritalin, Methadone and Roxy. The Sheriff’s office reported that Oxycontin is in high demand with a street value of \$100 to \$125 per pill.

### *Oral Health*

Oral health is a Leading Health Indicator for Healthy People 2020 with a goal to “prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to preventive services and dental care.” Lack of access to dental care for all ages remains a public health challenge.

The Giles County Professional Informant Community Health Needs Assessment Survey conducted in 2010, identified dental care as the greatest unmet need in the County. Currently there are four private dental practices and all are enrolled in DentaQuest Smiles for Children,

the vendor for Medicaid-sponsored dental benefits for children.<sup>60</sup> All four of these dentists are nearing retirement age. Kool Smiles in Christiansburg in neighboring Montgomery County accepts new DentaQuest patients and is approximately a 40-45 minute drive for those living in the far western portions of the County. The Craig County Dental Center, located in New Castle, Virginia, in neighboring Craig County, is a federally qualified health center, offering comprehensive dental care. This dental clinic has one full-time dentist and hygienist on staff, offers a sliding fee to the uninsured, and is a DentaQuest provider. Travel time to the center is approximately 50 minutes from Giles County.

The Free Clinic of the New River Valley Dental Program (recently renamed the Family Dental Clinic of the New River Valley, Inc.) in nearby Christiansburg provides critical dental care on a part-time basis to adults who are uninsured and live at or below 200% of the Federal Poverty Level. Services are provided by one part-time staff dentist (8 hours per week) with additional services provided by volunteer dentists and their support staff as well as dental hygiene students for an average of 20 hours of care each week. In 2011-2012, they served 669 unduplicated dental patients for a total of 5,629 visits with an in-kind value of \$404,407. There is a \$25 fee prior to the visit and they currently have 150-200 persons on a waiting list.<sup>61</sup> It is a 45-minute drive from the center of Giles County to this dental clinic.

In Virginia, there are no Medicaid dental benefits for adults 21 years of age or older with the exception of those 18-21 years of age who are enrolled in school, pregnant women who require emergency care or extractions, and adults who require an extraction due to Medical Necessity.

Access to preventive oral health services is a key Healthy People 2020 objective which includes increasing the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months to 49% (OH-7).

In Virginia, 77.2% of adults 18 years of age and older reported visiting a dentist in the last year compared to 79.8% in Giles County.<sup>62</sup> Seniors living in the New River Valley (NRV) are less likely than those in the rest of the state to have visited a dentist within the last year (62% in the NRV and 77% in Virginia for ages 50-64 years; 59% in the NRV and 65% in Virginia for ages 65 and over).<sup>63</sup>

Health and human services providers, as well as residents participating in focus group meetings, in Giles County report that that uninsured and low-income adults use the Emergency Department (ED) to manage dental pain and infection. In 2011, “Dental and Oral Diseases” was one of the top ten diagnoses for self-pay and Medicaid patients who used Carilion Giles Community Hospital’s Emergency Department. Dental-related visits accounted for 6% of self-pay ED visits and 3% of Medicaid ED visits.<sup>64</sup>

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<sup>60</sup> Find a Dentist, DentaQuest, <https://govservices.dentaquest.com>, accessed August 11, 2012

<sup>61</sup> Free Clinic of the New River Valley, July 1, 2011-June 30, 2012

<sup>62</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

<sup>63</sup> Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

<sup>64</sup> Carilion Clinic, TrendStar Report, January 2012

## ***Prevention and Wellness***

In the United States, 7 of the 10 leading causes of death are due to chronic illnesses that can often be prevented by adopting healthy behaviors and reducing health risk factors such as tobacco use, physical inactivity, poor nutrition, and obesity.<sup>65</sup> In addition to reducing risk factors, adherence to preventive screenings and care can greatly reduce the incidence of chronic disease and greatly improve quality of life.

### ***County Health Rankings***

Beginning in 2010, the County Health Rankings have analyzed localities in all 50 states using measures to determine the overall health and longevity of residents. 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.<sup>66</sup> The lower the overall ranking is, the healthier the community.

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.

<b>County Health Rankings- Health Outcomes (out of 131)</b>			
	<b>2010</b>	<b>2011</b>	<b>2012</b>
Locality	Rank	Rank	Rank
Floyd	27	48	62
Giles	91	84	77
Montgomery	39	34	32
Pulaski	114	120	119
Radford City	88	63	68

<b>County Health Rankings- Health Factors (out of 131)</b>			
	<b>2010</b>	<b>2011</b>	<b>2012</b>
Locality	Rank	Rank	Rank
Floyd	55	55	49
Giles	50	46	60
Montgomery	27	34	26
Pulaski	97	79	87
Radford City	54	28	20

<sup>65</sup> Centers for Disease Control and Prevention, CDC's Health Communities Program accessed 8/11/2012, <http://www.cdc.gov/healthycommunitiesprogram/overview/diseasesandrisk.htm>

<sup>66</sup> University of Wisconsin Population Health Institute & the Robert Wood Johnson Foundation, County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org), 2012



## *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.<sup>67</sup>

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.<sup>68</sup>

## *Nutrition, Weight Status, and Physical Activity*

A healthy body weight, good nutrition, and physical activity are positive predictors of good health and are a Healthy People 2020 Leading Health Indicator. The prevalence of overweight and obesity has increased tremendously in the past 30 years and is at epidemic proportions in the United States. These increasing rates raise concern because of their implications on health and their contribution to obesity-related diseases like diabetes and hypertension. Overall, persons who are obese spend 42% more for medical care than do normal weight adults.<sup>69</sup> Reducing the proportion of adults who are obese to 30.6% is a Healthy People 2020 Leading Health Indicator (NWS-9). In Giles County, fewer adults are overweight (31.8%) but more are obese (38.4%) as compared to 34.9% overweight and 26.3% in Virginia.<sup>70</sup>

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

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<sup>67</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

<sup>68</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010

<sup>69</sup> 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](http://www.cdc.gov/media/pressrel/2009/r090727.htm)

<sup>70</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

(24%).<sup>71</sup> 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.<sup>72</sup>

### Access to Recreational Facilities in Giles County

(US Department of Agriculture, Food Environment Atlas Census County Business Patterns, 2009)

Access to recreational facilities		
Locality	Rec Facilities	Rec Facility Rate per 100,000
Giles County	0	0
Virginia	859	10.9

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). More residents in Giles County (22%) have limited access to healthy foods as compared to Virginia as a whole (7%).<sup>73</sup>

### Access to Healthy Food in Giles County

(US Department of Agriculture, Food Environment Atlas 2006)

Limited access to healthy foods		
County	# Limited Access	% Limited Access
Giles County	3,689	22
Virginia	493,435	7

In the spring of 2012, the New River Health District began a garden pilot program through the Floyd County Health Department as part of their WIC (Women, Infants, and Children) program. With 24 beds, the program was established to teach low-income women and their young children about the role of fresh foods in a healthy diet. WIC is a supplemental food program with minimal allocations for fresh fruits and vegetables. In addition to working with the WIC clients on how to grow their own food, health department staff is teaching them how to prepare it. If the program is successful, the New River Health District plans to bring it to other

<sup>71</sup> Virginia Department of Health, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2004-2010

<sup>72</sup> US Department of Agriculture, Food Environment Atlas Census County Business Patterns, 2009

<sup>73</sup> US Department of Agriculture, Food Environment Atlas 2006

New River Valley communities including Giles County.<sup>74</sup> The Giles County Health Department reports a WIC caseload of 276 clients (72 women, 74 infants, and 130 children under 5 years).<sup>75</sup>

Hunger is an issue for low-income families in Giles County. The Giles County Christian Mission Services which distributes food boxes to families monthly has experienced a 40% increase in the number of families served from 2010 to 2011 with 1,721 families served in 2010 to 2,790 families in 2011. The Mission Services also sponsors a summer backpack program for children when school is not in session.<sup>76</sup> Local churches and the New River Community Action have active programs addressing hunger in the community.

Beginning in February 2011, the Newport-Mount Olivet United Methodist Church began a weekend backpack program (Newport Cares Backpack Program) with Eastern Elementary School where 45% of the children are eligible for free and reduced lunches. The Church works closely with teachers and guidance counselors to identify students while protecting their identities. During the school year, 25 children and their families receive a backpack on Friday filled with enough food for six meals for the weekend. The food items are foods that the children can open and prepare themselves if needed.<sup>77</sup>

The New River Valley Agency on Aging (AOA) serves congregate meals to low-income seniors ages 60 years and older three days per week at the Giles County Senior Center in Pearisburg. Transportation is provided to the Center for those without transportation. In fiscal year 2010-2011, they served 2,430 meals to 25 individuals. In addition, AOA delivered 5,393 meals to 34 homebound seniors in 2010-2011 as part of their Meals on Wheels program.<sup>78</sup>

### *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.

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<sup>74</sup> The Roanoke Times, WIC garden grows healthy eating habits, Sarah Bruyn Jones, June 15, 2012

<sup>75</sup> New River Health District, report from Giles County Health Department, March 30, 2012

<sup>76</sup> Giles County Christian Mission Distribution report, 2010-2011

<sup>77</sup> Newport-Mount Olivet United Methodist Church, Pastor report, March 5, 2012

<sup>78</sup> New River Valley Area Agency on Aging, 2010-2011 Annual Report

## 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%).<sup>79</sup>

### ***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).

The birth rate (total live births per 1,000 total population) in Giles County is 11.3 compared to 9.4 in the New River Health Planning District and is the second highest in the district. The birth rate in Giles is increased for blacks with a rate of 13.2 which is the highest in the health district with a rate of 9.5 for blacks. The overall birth rate in Virginia is 12.9 and 13.7 for blacks.<sup>80</sup> Of the births in Giles County, 19.9% were to mothers with less than a 12<sup>th</sup> grade education as compared to 12.4% statewide.

<sup>79</sup> Older Dominion Partnership 2011 Virginia Age Ready Indicators Benchmark Survey, November 15, 2011

<sup>80</sup> Virginia Department of Health, Office of Health Statistics,

<http://www.vdh.virginia.gov/HealthStats/documents/2010/pdfs/BirthsByRace10.pdf>, 2010

**Prenatal and Perinatal Health Indicators, Giles County**  
(Virginia Department of Health, Division of Health Statistics, 2010)

	<b>Giles County</b>	<b>Virginia</b>	<b>Healthy People 2020 Targets</b>
Low Birth Weight Rate (%) (5 year average) 2006-2010	9.2%	8.4%	7.8%
Infant Mortality Rate (per 1000 births) (5 year average) 2006-2010	7.8	7.1	6.0
Births to Teenage Mothers (ages 15-19; % of all births) 2010	16.8%	10.5%	-
Late entry into prenatal care (entry after first trimester; % of all births) 2010	19.9%	18.1%	22.1%

Pregnant women in Giles County must travel for prenatal care and to deliver their baby. Typically, they travel outside of the county to neighboring Montgomery County (Blacksburg or Christiansburg) or to Princeton in Mercer County, West Virginia. Travel time can be 40 minutes or greater. The cost of transportation and time away from work to travel may delay pregnant women into prenatal care and/or result in non-compliance with regular appointments throughout the pregnancy.

A Carilion Clinic OB/GYN physician travels to Carilion Giles Community Hospital twice per month and provides limited obstetric services. Women under his care must travel to Carilion New River Valley Medical Center in Christiansburg for delivery services. The same provider volunteers one day per month at the Giles Free Clinic offering gynecologic services and some limited obstetric care for the Amish women in the county.

WIC (Women, infants, and children) and BabyCare are offered at the Giles County Health Department that support positive pregnancy outcomes. WIC provides nutrition education and vouchers for healthy food items for at risk low income pregnant women and children up to 5 years. BabyCare is a case management program for Medicaid eligible high risk pregnant women and children up to age 2 years. Regular contacts by the Public Health Nurse provide and assist the BabyCare client with referrals for services and support relating to the unique health, educational, psychosocial and economic needs of the client. Contacts occur in a variety of settings including the home.

Due to funding limitations, the Giles County Health Department is no longer able to provide Resource Mothers Program to pregnant and parenting teens in Giles County. This program provided a trained mentor for first time pregnant and parenting teens to teach and support good health and parenting practices; encourage completion of education for the teen; assist the teen in seeking needed services; and be there to support her as she faces the many challenges of teen pregnancy.

### *Preschool Children*

New River Community Action, Inc. (NRCA) operates the CHIP (Child Health Investment Partnership) and Head Start programs in Giles County. The mission of New River Community Action is to promote and support the well-being and self-reliance of individuals, families and communities. NRCA develops and supports projects to alleviate poverty. Emphasis has been placed on organizing local groups who desire to serve the community. This non-profit organization serves approximately 12,000 individuals each year in the Counties of Floyd, Giles, Pulaski, Montgomery and the City of Radford, Virginia.

CHIP of New River Valley (NRV) provided 131 families (243 children) with services including access to health care, case management and parent education (data are for entire New River Valley region). CHIP of NRV is a collaborative effort between NRCA, local medical professionals, health and human services agencies. The purpose of CHIP is to assist low-income families with children up to age 7 and pregnant women with access to medical and dental services and act as a link to other human service organizations/providers in the NRV. The CHIP model is unique to the New River Valley in that it offers comprehensive case management in the home where children receive consistent and comprehensive care in a familiar setting. CHIP services, provided by a nurse and a home visitor team, include helping families make and keep appointments and follow physician recommendations, educational home visits, parenting education, helping families set and reach personal and family goals, transportation to medical and dental appointments, medical case management, and referrals to other community-based services to help meet the multifaceted needs of families. All services emphasize prevention and early intervention.

The Head Start Program is dedicated to providing eligible pre-school children with the tools necessary for creating and maintaining a sound learning foundation in the classroom and at home. Head Start services promote education, parent involvement, social services, preventive health and nutrition services. In 2010-2011, health statistics for Head Start children (New River Valley wide) included:

- 88% were up to date on a schedule of preventative and primary health care
- 95% received medical treatment
- 99% had health insurance
- 100% had a medical home
- 98% were up-to-date with their immunizations
- 95% had dental homes

- 91% completed professional dental exams<sup>81</sup>

NRCA Head Start is participating in a three year research project with Virginia Tech's Child Development Center for Learning and Research to address obesity in young children. The goal of the research is to determine most effective interventions for at risk populations. Each county served by NRCA Head Start focuses on pre-determined strategies. Giles families will receive weekly activities that parents can do at least three times per week with their children. Designated interventions will be combined with other options such as *I'm Moving I'm Learning* curriculum sponsored by Head Start.

### *School Nurse Program*

Giles County Public Schools has a very active school nurse program with a nurse in each of the five schools in the County included three combined elementary/middle schools and two high schools (including a technical training center). Currently, school nurses serve 2,468 students of which 29% (716 students) are enrolled in Medicaid/FAMIS and 3% (74 students) are uninsured. In the first seven months of the 2011- 2012 school year, there were 20,084 nurse clinic visits county-wide including visits for injuries, acute and chronic illness, wellness (health classes), medication administrations, screenings, and indirect care/management.<sup>82</sup>

School nurses increasingly see medically fragile students with chronic diseases like diabetes, asthma and seizure disorders as well as those with disabilities like autism, chromosomal disorders, and other physical and occupational disorders. Nurses report that more children are overweight or obese but currently the schools do not collect Body Mass Indexes on school-age children. There is a great increase in children with complex issues entering schools at younger ages that require speech, occupational, and physical therapies as part of their care plan. School nurses report that societal changes have increased the number of identified behavioral issues with increased medication administrations. More children are from homes where the mother is in the workforce as well as an increase in the number of single parent homes and/or grandparents raising grandchildren. Most importantly, families and even school staff rely on school nurses as a primary care provider. Often, children do not have transportation to go to their primary care provider during the day and go untreated or present to the Emergency Department in the evening. The school nurse manager reports the need for a school-based primary care program with an advanced practice clinician who can treat many of these students.

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<sup>81</sup> New River Community Action Head Start Annual Report, <http://www.swva.net/nrca/pdf/Head%20Start%20Annual%20Report%202010-11.pdf> 2010-2011

<sup>82</sup> Food and Nutrition Services Supplemental Nutrition Assistance Program Services Summary Report, August 30, 2011- March 27, 2012

*Preventive Screenings*

The impact of immunizations on the spread of communicable disease is a key public health strategy for preventing associated morbidity and mortality in the United States. In Giles County, the percent of children at 24 months who received the recommended vaccines was 28.3% compared to 44.0% in Virginia.<sup>83</sup> These immunization rates fall short of the *Healthy People 2020* target of 80% for ‘increasing the proportion of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines” (IID-8).

Childhood lead exposure remains a major environmental health concern in the United States. Those most vulnerable to lead exposure are children ages 1 to 5 years of age who are low-income and/or Medicaid enrolled, non-Hispanic African Americans, and those who live in older housing where lead-based paint is a concern.<sup>84</sup> In Virginia, the Virginia Department of Health’s *Lead Safe Virginia Program* is working to eradicate lead toxicity in children. In Giles County, for children enrolled in Medicaid, 96.7% of children had not been tested for elevated blood lead levels by 36 months of age compared to 80.6% in Virginia.<sup>85</sup>

**Child Preventive Screenings, Giles County**

(Childhood Lead Poisoning Prevention Program, Surveillance Summary Report, 2009)  
(Virginia Department of Health, Division of Immunizations, 2008)

	<b>Giles County</b>	<b>Virginia</b>	<b>Healthy People 2020 Goals</b>	<b>Comments</b>
% of Children not tested for elevated blood lead levels by 36 months of age	96.7%	80.6%	-	For children enrolled in Medicaid
% of children not receiving recommended immunizations: 4-3-1-3-3(3)	28.3%	44.0%	80%	% of 2 year old Health Department clients who received all age-appropriate vaccines

*Youth Risk Factors*

<sup>83</sup> Virginia Department of Health, Division of Immunization, 2008

<sup>84</sup> *Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk.* MMWR, 49(RR14); 1-13, December 8, 2000.

<sup>85</sup> Virginia Department of Health, Lead Safe Virginia, Childhood Lead Poisoning Prevention Program, Surveillance Summary Report, 2009



The Giles County Youth Adult Partnership, a program of the New River Valley Community Services is a community-based coalition that promotes prevention programs within the Giles County Public Schools and the community at large. Prevention programs in Giles County include drug, alcohol, and violence prevention.

The goal of the partnership was by June 2011 to reduce substance abuse (alcohol, tobacco, and other drugs) among youth in Giles by 10% as evidenced by the PRIDE Risk and Protective Factor Survey, by addressing the factors that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse through the implementation of multiple community strategies and programs. A comprehensive review of statistics for Giles County was performed in 2011. Highlights of the report for Giles County youth include:

- Substance Abuse
  - There was an 11% decrease per 1000 youth in alcohol, tobacco, and other drug offenses from fiscal year 2008-2009 to fiscal year 2009-2010.
  - There was a 58% decrease in intake complaints related to alcohol, tobacco, and other drugs from 2009-2010.
  - There was a 63% decrease in juvenile drug/narcotic related arrests per 1000 youth ages 0-17 years from fiscal year 2008 to 2009.
  - There was a 15% increase in juvenile alcohol related arrests per 1,000 youth ages 0-17 years from fiscal year 2008 to 2009.
  - There was a 23% decrease in alcohol, tobacco, and other drug violations in public schools per 1,000 youth from fiscal year 2008-2009 to fiscal year 2009-2010.
  - There was a 24% increase in tobacco incidents in public schools.
  
- Child Abuse
  - There was a 6% increase in the number of Child Protective Services referred to family assessment tract per 1,000 youth ages 0-17 years from fiscal year 2009 to 2010.
  - There was a 128% increase in the number of victims in founded child/abuse neglect cases per 1,000 youth ages 0-17 years from fiscal year 2008 to 2009.
  - There was a 30% decrease in founded child abuse and neglect cases per 1,000 youth ages 0-17 years from fiscal year 2009 to 2010.

- Violence
  - There was a 31% decrease in intake complaints related to violence from 2009-2010.
  - There was a 4% decrease in juvenile arrests for violence-related offenses per 1,000 youth ages 0-17 years from fiscal year 2008 to 2009.
  - There was a 3,105% increase in threats/intimidation incidents in the Giles public schools per 1,000 youth from fiscal year 2008-2009 to 2009-2010.
  - There was a 100% decrease in the intake complaints related to weapons per 1,000 youth ages 0-17 from 2009 to 2010.
  - There was a 48% decrease in weapons offenses in the schools per 1,000 youth from fiscal year 2009-2009 to 2009-2010.
  - There was an 18% increase in incidences against persons in public schools per 1,000 youth from fiscal year 2008-2009 to 2009-2010.
  - There was a 0.9% increase in bullying incidents in public schools per 1,000 youth from fiscal year 2008-2009 to 2009-2010.
  - There was a 475% increase in offenses against staff per 1,000 youth in Giles public schools from fiscal year 2008-2009 to 2009-2010.
  - There was a 578% increase in offenses against students per 1,000 youth in Giles public schools from fiscal year 2008-2009 to 2009-2010.
  - There was a 758% increase in incidents against students per 1,000 youth in Giles public schools from fiscal year 2008-2009 to 2009-2010.
  
- Juvenile Delinquency
  - There was a 64% decrease in intake complaints related to disorderly conduct and vandalism from 2009 to 2010.
  - There was a 71% decrease in intake complaints for vandalism per 1,000 youth ages 0-17 years from 2009 to 2010.
  - There was a 796% increase in juvenile arrests for vandalism per 1,000 youth ages 0-17 years from fiscal year 2008 to 2009.
  - There was a 47% increase in disorderly behavior offenses per 1,000 youth from fiscal year 2008-2009 to 2009-2010.
  - There was a 7.4% increase in juvenile arrests per 1,000 youth ages 0-17 years of age from fiscal year 2008 to 2009.

Based on these findings, the Giles Youth Adult Partnership created new a new goal and related objectives for 2011-2014. The goal is by June 2014, to reduce substance abuse (alcohol, tobacco, and other drugs) among youth in Giles County by 10% as evidenced by Court Service, Department of Education, and Law Enforcement data by addressing the factors that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse through the implementation of multiple community strategies and programs.

## ***Infectious Diseases***

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

### *HIV Infection Prevalence 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.

#### **Giles County HIV Infection Prevalence, 2011**

(Virginia Department of Health, Epidemiology, Virginia STD Surveillance Report, 2011)

	<b>Giles County</b>	<b>Virginia</b>	<b>Healthy People 2020 Goals</b>
HIV Infection Prevalence	0.05%	0.30%	

#### **Giles County Sexually Transmitted Infection Rates (per 100,000), 2010**

(Virginia Department of Health, Epidemiology, Virginia HIV/AIDS STD, & TB Surveillance Report, 2010)

	<b>Sexually Transmitted Diseases (Rates per 100,000) 2010</b>		
	<b>Early Syphilis</b>	<b>Gonorrhea</b>	<b>Chlamydia</b>
Giles County	0.0	0.0	225.6
Virginia	6.5	89.6	393.2

There were no reported cases of tuberculosis in Giles County from 2007-2011.

#### **Giles County Number of Reported Tuberculosis (per 100,000), 2010**

(Virginia Department of Health, Epidemiology, Virginia HIV/AIDS STD, & TB Surveillance Report, 2010)

<b>Number of Reported Tuberculosis (TB) (rates per 100,000) 2007-2011</b>					
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Giles County	0.0	0.0	0.0	0.0	0.0
Virginia	4.0	3.8	3.5	3.4	2.7

## ***Social Environment***

During state fiscal year 2011, there were 46,619 children reported to the Department of Social Services as possible victims of abuse and/or neglect in 33,963 completed reports in Virginia. There were 6,116 children in founded investigations. In addition, there were 34,876 children involved in reports where a Child Protective Services worker completed a family needs assessment with these families and developed a written safety plan and provided or arranged for services, if needed.

Of those children who were maltreated,

- 55.96% of the maltreatment was due to physical neglect, a failure to provide food, clothing, shelter or supervision to the child to the extent that the child's health was endangered.
- 25.91% of the maltreatment was due to physical abuse.
- 12.74% of the maltreatment was due to sexual abuse.
- 1.86% of the maltreatment was due to medical neglect.
- 2.60% of the maltreatment was due to mental abuse/neglect.<sup>86</sup>

Giles County currently ranks 12<sup>th</sup> in the state (along with Richmond City) for founded child abuse/neglect cases out of 133 ranked localities.<sup>87</sup> The Virginia statewide child abuse/neglect rate (founded number per 1,000 children in the population) was 3.9. Comparatively, the Giles County rate was 16.4. In the previous year ***Giles County ranked 1<sup>st</sup>*** in the state with the highest levels of founded child abuse/neglect cases out of 134 ranked localities (VA Dept. of Social Services, 2010). This is a very unfortunate distinction, and one that causes great concern for community leaders and child advocates.

From 2010 to 2011, there was a 59% increase in the number of children in foster care in Giles County from 27 cases to 46 cases served by the Giles County Department of Social Services.<sup>88</sup> In 2010, there were 184 children in Child Protective Services in Giles County.<sup>89</sup>

### **Rate of Child Abuse and Neglect (per 100,000 children), Giles County, 2005-2010**

(Virginia Department of Social Services, CPS Program and Statistical Reports, 2005-2009)

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<sup>86</sup> Virginia Department of Social Services, Virginia Child Welfare Outcome Reports, July 1, 2010-June 30, 2011

<sup>87</sup> Virginia OASIS Data, Virginia Child Protective Services, CPS accountability referrals & agencies annual report, 7/1/2010-6/30/2011

<sup>88</sup> Virginia Department of Social Services, Office of Research and Planning, 2012

<sup>89</sup> VCWOR, version 3.6, Virginia Child Protective Service, Child Demographics Annual Report- All Investigations, SFY 2010.

<b>Rates of Abuse and Neglect Per 1,000 Children, State Fiscal Year 2005-2009, By Locality</b>						
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Virginia	<b>3.9</b>	<b>3.9</b>	<b>3.4</b>	<b>3.3</b>	3.2	3.9
Giles County	28.2	18.8	15.4	10.4	23.5	16.4

NRV CARES is a private, non-profit organization dedicated to protecting children from abuse and strengthening families through education, advocacy and community partnerships. Headquartered in Christiansburg in Montgomery County, 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.

NRV CARES' CASA of the New River Valley provided advocacy for 172 abused and neglected children, as identified by Juvenile and Domestic Relations Courts of which 37 lived in Giles County (22% of children served). CASA operates with 38 trained and committed volunteers.<sup>90</sup>

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<sup>90</sup> NRV CARES Annual Report, <http://www.nrvcares.org/sites/nrvcares.org/files/fck/file/Annual%20Report2010-2011Final%201.pdf>, 2010-2011

# Health and Human Services Inventory

During the project period, an inventory of existing health and human service providers who care for the target population was performed with the assistance of the Planning Committee members as well as from feedback received from focus group participants. The majority of these providers, and the services they offer to the Giles community, are referenced throughout the needs assessment.

Service Line	Health and Human Services Provider (Town is listed if outside of Giles County)
<i>Primary Care</i>	Carilion Family Medicine—2 outpatient practices Giles County Health Department (limited OB, Family Planning, STD’s, & immunizations) Giles Free Clinic Private Family Practice (1) Private Internal Medicine (1)
<i>Medications</i>	Giles Medication Assistance Program Wal-Mart
<i>Dental</i>	Family Dental Clinic of the New River Valley (Christiansburg) Kool Smiles (Christiansburg) Private General Dentistry (4)
<i>Mental Health &amp; Substance Abuse Services</i>	New River Valley Community Services
<i>Transportation</i>	Giles Health and Family Center New River Valley Agency on Aging Med-Ride (Pulaski)
<i>Enabling Services</i>	Giles County Christian Mission Services Giles County Department of Social Services Giles County Health Department New River Community Action (Radford) Newport-Mount Olivet United Methodist Church NRV CARES (Christiansburg)
<i>Information and Referral</i>	Carilion Direct New River Valley Agency on Aging (Pulaski) Virginia 2-1-1

## Environment of Care<sup>91</sup>

As of today, the healthcare environment in Virginia remains in flux. On one hand, the Commonwealth continues to benefit from federal funding coming into the state for health reform. On the other hand, the Commonwealth continues to actively contest federal health reform.

In June 2012, the Supreme Court upheld the Patient Protection and Affordable Care Act (ACA) as constitutional including the individual mandate and Medicaid expansion. Medicaid expansion is optional for states and those wishing to implement expansion will receive 100% ACA funding to support this, to be phased to 90% over time. States not implementing the expansion must still comply with provisions of the Medicaid Act or risk losing funding. In addition, the new ACA Medicaid provisions must be adhered to by all States including increased payments to Medicaid participating primary care providers, mandatory coverage of freestanding birthing centers, options for expanding coverage for community-based services and supports for people with disabilities and the elderly, and gradual reductions in disproportionate share hospital funding beginning in 2014.<sup>92</sup>

In Virginia, Republican Governor McDonnell stated he is waiting until after the 2012 presidential elections before proceeding with the health benefits exchange hoping that Republican presidential candidate Mitt Romney will be elected and repeal the ACA, including Medicaid expansion. In addition, current Republican Lt. Governor Bill Bolling and Attorney General Cuccinelli are calling for state legislatures to opt out of Medicaid expansion prior to the elections.<sup>93</sup>

Recognizing that the Commonwealth may still have to act further on health reform, the Governor continues to have the Virginia Health Reform Initiative move forward to discuss and create recommendations on ways to improve health-care access and delivery, lower costs and address the growing costs of Medicaid. The focus of this group's efforts this summer will be on designing a health benefits exchange that the Commonwealth will implement.

As the national economy continues to rebound from the recession, Virginia's state revenue projections have recently improved. The state budget crisis has abated somewhat. The

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<sup>91</sup> Unless otherwise indicated, information provided was received from the Virginia Community Healthcare Association, 2012 Virginia State Health Care Environment Update, As of April 23, 2012

<sup>92</sup> NHelp National Health Law Program, Summary of the Supreme Court Decision on the ACS: Court removes the "gun from the States' heads" but leaves open the possibility of States shooting themselves in the foot, prepared by Jane Perkins, Sarah Somers, and Byron Gross, June 29, 2012

<sup>93</sup> The Roanoke Times, Editorial: Uninsured shouldn't be political pawns, Lt. Gove. Bolling and Attorney General Cuccinelli are pushing the state to make a bad decision. July 18, 2012.

Governor and General Assembly continue to call for conservative fiscal measures. Given a slow economy and a “jobless” recovery, increases in state funds are not anticipated to be significant enough to allow enhanced funding for access to health care services, nor any significant increase in health care funding, other than what is mandated for services such as Medicaid and mental health reform.

During the 2012 General Assembly session, the Governor had called for slashing funding to safety net providers in the state budget, including 50% cuts in state funding for community health centers, free clinics and the Virginia Health Care Foundation. This is the third year in a row that attacks on state funding to safety net providers have occurred. As in the past, efforts to cut safety net funding were pushed back. At this time, the General Assembly has fully restored state funding for community health centers, free clinics, and the Virginia Health Care Foundation.

The Department of Medical Assistance Services (DMAS), the state’s Medicaid agency, continues to be viewed as one of the most conservative in the nation. For example, Medicaid does not provide coverage for adult dental care. Community health centers in Virginia and the Virginia Community Healthcare Association (Primary Care Association) have been active over the past few years in SCHIP (called FAMIS in Virginia) enrollment. Virginia currently has several waivers including mental retardation/intellectual disabilities; day support; individual and family developmental disabilities support; elderly or disabled with consumer direction; and technology-assisted waivers.

Several Health Maintenance Organizations (HMOs) in the state participate in Medicaid managed care. Federally Qualified Health Centers receive a cost-based reimbursement, which is composed of the reimbursement from the Medicaid HMOs and a quarterly wrap around payment from the state.

The state previously passed legislation to expand Medicaid Managed Care into all parts of the state. Rollout is occurring on a region by region basis, starting in Roanoke, and then expanding into other parts of Southwest Virginia over the next few months.

In March 2011, Carilion Clinic and Aetna announced a new partnership to develop several new insurance offerings including three co-branded commercial insurance plans and a managed care plan for Medicaid recipients.<sup>94</sup> The collaboration is a major step for both organizations by integrating the health care delivery system with a payment system that will tie health care outcomes to payments.

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<sup>94</sup> The Roanoke Times, *Carilion Clinic to partner with Aetna to develop insurance plans*, March 11, 2011



The Giles Free Clinic is a member of and receives funding from the Virginia Association of Free Clinics, and thus is bound by their policies. Until very recently, a Virginia Free Clinic (VAFC) could not bill third parties for payment, and could only serve the uninsured—not the under-insured who could not afford to use their insurance or those with Medicaid or Medicare. In light of national health care reform, the VAFC is addressing whether those regulations should be relaxed, to allow Virginia Free Clinics to also bill third parties for services. Thus, regulations around allowable revenue streams and target populations will likely be expanded, allowing for greater flexibility as the implementation of health care reform measures takes effect.

Despite the challenges that face safety net providers in Virginia, and the vulnerable populations they serve, the Giles County community continues to work on innovative ways to expand the continuum of care for the underserved in the area. The Giles Free Clinic has recently received two US Health Resources and Services Administration, Office of Rural Health Policy grants to fund two initiatives that address specific health needs in the County. Funded by a Rural Health Network Development Grant, the Giles County Health Network (G-Net) brings together seven distinct organizations to create a mature health network that integrates and expands access to primary and specialty care services delivered in Giles County. In spring 2012, G-NET received three-year Rural Health Outreach funding for the Giles REACH Program, a transportation initiative between Giles Free Clinic, Giles Health and Family Services, and the Family Dental Clinic of the New River Valley.

In June 2012, Carilion New River Valley Medical Center in Christiansburg announced that they were the recipients of a \$4.2 million three-year US Department of Health and Human Services Health Care Innovation grant. The proposed model will teach pharmacists both in the hospital and at retail drug stores to play an active role in making sure patients not only understand their medications, but also are properly filling prescription drugs. Pharmacists will also look for any changes that need to be made to a patient's prescription and communicate these changes to their providers. It is estimated the program will result in a \$4.3 million reduction in health care costs. The project will focus on patients using Carilion hospitals, including those served by Carilion Giles Community Hospital in Giles County.<sup>95</sup>

Carilion Giles Community Hospital is working to expand access to specialty services in the county. In the past year they have added an orthopedic surgeon to their staff and are currently working to bring a cardiologist to the area. In addition, it was recently announced that the two Carilion Family Medicine practices in Giles County will merge into one practice in a new building adjacent to the hospital campus in Pearisburg.

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<sup>95</sup> The Roanoke Times, Carilion's NRV hospital to use \$4.2 million federal innovation grant for pharmacy program

HCA Lewis Gale Medical Center-Montgomery Regional Hospital broke ground in early summer of 2012 on a two provider internal medicine practice in Pembroke, east of Pearisburg. The two providers who will occupy this site currently have the independent internal medicine practice in Pearisburg and will move their practice to Pembroke when the building is complete. HCA Lewis Gale Medical Center is a for-profit-hospital headquartered in Roanoke, Virginia and this is its first entrance into the Giles County market.

The Giles Free Clinic will continue to monitor these changes in the healthcare delivery system and poise itself accordingly as a key safety net provider in the provision of care for the uninsured, underserved, and otherwise vulnerable populations living in the County.

## Gap Analysis

A gap analysis was performed to identify common themes related to health care needs, barriers to care, and available resources in Giles County based on the findings of the four assessment activities including focus group meetings (target population and stakeholders and providers); community health survey; and secondary data collection.

Community Health Needs Assessment Findings were grouped by five general categories:

- Demographics and Socioeconomic Status
- Access
- Health Status
- Risk Factors and Behaviors
- Others

The findings clearly demonstrate the need for increased access to basic health services and an expanded safety net across all assessment activities. These include:

- Primary Care Providers (lack of and/or aging)
- Specialty Care (Vision & Hearing; Orthopedics; Cardiology)
- Dental Providers
- Mental Health & Substance Abuse Services
- Medical Transportation
- Affordable Child &/or Adult Daycare Services, Home Health Services
- Health Education
- Physical Activity Programs

Barriers to care include:

- Lack of primary care, dental, and mental health and substance abuse providers
- Cost of services and insurance status
- Poverty and low education attainment
- Lack of public transportation and long travel times to providers outside the County
- Poor health status and increased incidence of chronic disease
- Risky behaviors that impact health
- Lack of value placed on preventive services
- Health literacy and cultural values of rural Appalachia and the Amish communities

The following tables summarize the findings of the Giles County Community Health Needs Assessment and delineates the key priorities and needs that should be addressed to improve the health and quality of life of those who live, work and play in Giles County.

Giles County Community Health Needs Assessment Summary	Stakeholders & Providers Focus Group	Target Population Focus Group	Survey	Secondary Data
<b>Demographics &amp; Socioeconomic Status</b>				
Aging population	X	X	X	X
Homelessness	X	-	-	X
Poverty	-	X	X	X
Unemployment &/or lack of jobs	X	X	X	X
<b>Access</b>				
Medical				
Primary Care Providers (lack of and/or aging)	X	X	X	X
Pediatrics	-	X	-	X
Obstetrics	-	X	X	X
Specialty Care (Vision & Hearing, Orthopedics, Cardiology)	X	X	X	N/A
Dental Providers (Children & Adults) (lack of and/or aging)	X	X	X	X
Mental Health & Substance Abuse Services & Providers (lack of)	X	X	X	X
High cost of services:				
Uninsured	-	X	X	X
Insured (co-pay, deductible)	-	X	X	X
Medications	-	X	X	X
High uninsured population	-	X	X	X
Weekend and extended hours for health care services	-	X	X	X
Inappropriate utilization of ED for Primary Care, Dental & Mental Health & Substance Abuse Services	-	X	X	X
Enabling services:				
Transportation ( lack of, cost, distance to travel for OB, dental, mental health & substance abuse, & specialty care)	X	X	X	X
Affordable child &/or adult daycare services; Home health services	X	X	X	N/A
Wellness & Prevention				
Health education (including preventive care, chronic disease management, nutrition)	X	X	N/A	X
Physical activity programs	X	X	X	X

<b>Health Status</b>				
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	x	x	N/A	x
Oral health issues	x	x	N/A	N/A
Mental Health (depression, anxiety) & Substance Abuse (alcohol, tobacco, illegal & prescription drugs) issues	x	x	N/A	x
Obesity / Overweight	x	x	N/A	x
<b>Risk Factors and Behaviors</b>				
Not accessing regular care for:				
Primary care (including preventive & disease mgmt)	x	x	x	x
Dental care	x	x	x	-
Mental Health & Substance Abuse	x	x	x	x
Risky Behaviors :				
Alcohol and illegal drug use	x	x	x	x
Prescription drug abuse	x	x	x	x
Tobacco Use	x	x	N/A	x
Child abuse / neglect	x	-	N/A	x
Teenage pregnancy	-	-	N/A	x
Lack of access to healthy foods &/or hunger	x	x	N/A	x
Lack of physical activity	x	x	N/A	x
Self-treatment (Amish & general population)	x	x	N/A	N/A
<b>Others</b>				
Health Literacy & Cultural Values				
Value not placed on preventative care and chronic disease mgmt	x	x	N/A	x
Lack of knowledge of community resources	-	x	N/A	N/A
Lack of trust in health care services (Amish & general population)	x	x	N/A	x
Stigma with mental health and substance abuse services	x	x	N/A	N/A
High cost of living and preferences for necessities	-	x	N/A	N/A
Cultural perception of care (Amish & Appalachian culture)	x	x	N/A	x

# Response

The Giles County Community Health Needs Assessment has demonstrated a need for an expanded safety net to serve the uninsured, underserved, and vulnerable populations in Giles County. Upon recommendation from the Planning Committee and approval by the Free Clinic of New River Valley’s Board of Directors, the Giles Free Clinic will pursue 330-funding from the Health Resources Services Administration’s Bureau of Primary Health Care for a federally qualified health center (FQHC’s) in Giles County, Virginia. FQHC status will provide a sustainable model of care for the Free Clinic and provide affordable, comprehensive primary care, dental, and substance abuse services in Giles County.

Giles Free Clinic and Planning Committee members traveled to two existing multi-site FQHC’s who serve demographically and geographically similar to Giles County in the spring of 2012.

CLINIC	DISTANCE FROM PEARISBURG	OVERVIEW
<b>Monroe Health Center</b> Union, WV Shannon Parker, ED	36 miles to Union; 11 miles to Peterstown; 45 miles to New Castle	Multi-site: <ul style="list-style-type: none"> <li>• Union, WV</li> <li>• Peterstown, WV</li> <li>• New Castle (Craig County), VA</li> <li>• School-Based Clinics</li> <li>• Dental Clinic (Craig County Dental Center in New Castle)</li> </ul> Serves rural communities. Pharmacy assistance program.
<b>Tri-Area Community Health Centers</b> Laurel Fork, VA (Patrick County) Debra Shelor, ED	64 miles to Laurel Fork; 57 miles to Floyd	Multi-site: <ul style="list-style-type: none"> <li>• Laurel Fork</li> <li>• Ferrum</li> <li>• Floyd</li> </ul> No dental on site at any location. Retail pharmacy at Laurel Fork site. Pharmacy assistance program. Floyd clinic is a new construction.

On each visit, the Executive Director of the health center led a tour and answered questions prepared in advance by the Planning Committee. Members who visited these sites presented the observed strengths and challenges of each organization to the Planning Committee. Neither of the FQHC’s expressed interest in a satellite health center in Giles County, Virginia. A straw vote of the Planning Committee was unanimously in favor of developing a “new start” FQHC in Giles, as opposed to a satellite, of an existing FQHC. The Giles Free Clinic will be the lead applicant and will seek Letters of Support from both Monroe Health Center and Tri-Area Community Health Centers for a New Access Point (NAP) in Giles County.

A service delivery plan has been drafted by the Giles Free Clinic for a NAP and includes:

- Needs for Assistance Worksheet
- Site of services
- Services provided
- Hours of operation
- Potential users, visits, and payer mix
- Staffing profile and income analysis
- Budget development
- Board Governance
- Financial and Clinical measures
- Electronic medical records
- MOA's and Letters of Support

It is anticipated that New Access Point 330-funding opportunities will be available in early fall of 2012 with an estimated 20 to 25 awards.<sup>96</sup> The Giles Free Clinic recognizes the highly competitive nature of this funding cycle and will consider FQHC-Look-Alike or Rural Health Center status as an alternative in the absence of 330-funding.

The key health and human service providers in Giles County will continue to address the healthcare needs of the Giles County community through collaborative efforts currently underway including the Giles County Health Network (G-NET); Giles REACH Program; and the Giles County Youth Adult Partnership. These initiatives will work to maximize existing resources, ensure coordination of care, prevent duplication of services, and strengthen the continuum of care for the residents of Giles County.

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<sup>96</sup> Email correspondence, Virginia Community Healthcare Association, Executive Director, July 18, 2012

# Attachments:

## Attachment 1: Work Plan and Timeline

Revised: July 31, 2012

KEY EVENT or KEY DELIVERABLE	MONTH OF PROJECT											
	1	2	3	4	5	6	7	8	9	10	11	12
	S	O	N	D	J	F	M	A	M	J	J	A
<i>Project Management</i>												
Planning Committee Meetings												
<i>Needs Assessment</i>												
Community Health Surveys												
Focus Group #1 with key health and human service stakeholders, including medical community												
Focus Group #2-4 with potential users of health center												
Interviews with Amish leadership												
Collection of Secondary Data including demographic & socioeconomic statistics; health indicators; and Giles County health & human service providers' data												
Gap Analysis and Utilization Projection												
Comprehensive Needs Assessment report completed												
<i>Publicity and Community Engagement</i>												
Town Hall Meetings #1-3 to discuss Health Center Planning Grant activities, community need, public feedback and comments												
<i>Service Delivery Plan</i>												
Site Visit to similar FQHC's (2 site visits)												
Resource development activities begin for future health center												
Potential facility sites evaluated												
Staffing needs identified												
Management structure determined												
Future FQHC Governing Board formed (or Advisory Board, if satellite)												
Service Delivery Plan completed, including growth projections for coming 5 years												
Bylaws for 330-compliant health center created (if stand-alone Center)												



## *Attachment 2: Planning Committee Directory*

NAME	EMAIL ADDRESS	PHONE
<b>Harvey Barker</b> Executive Director New River Valley Community Services	<a href="mailto:hbarker@nrvc.org">hbarker@nrvc.org</a>	540-961-8300
<b>Michelle Brauns</b> Executive Director Free Clinic of the New River Valley and Giles Free Clinic	<a href="mailto:mbrauns@nrffreeclinic.org">mbrauns@nrffreeclinic.org</a>	540-381-0820
<b>Cathy Callahan</b> Chair, Board of Directors Free Clinic of the New River Valley and Giles Free Clinic	<a href="mailto:ccallaha@vcom.vt.edu">ccallaha@vcom.vt.edu</a>	540-231-5714
<b>Judy Conley</b> Network Navigator Giles Health Network	<a href="mailto:jconley@nrffreeclinic.org">jconley@nrffreeclinic.org</a>	540-921-3502
<b>Carolyn Dunford</b> New River Valley Health District, Giles Office	<a href="mailto:carolyn.dunford@vdh.virginia.gov">carolyn.dunford@vdh.virginia.gov</a>	Pulaski: 540-994-5030, X 112 Giles: 540-921-2891
<b>Morris Fleischer, Pastor</b> Newport-Mount Olivet United Methodist Church President, Giles County Christian Services Mission Member, Giles County Christian Ministerial Assoc.	<a href="mailto:nmoumc@pemt.net">nmoumc@pemt.net</a>	540-544-7183
<b>Amy Forsyth-Stephens</b> Consultant	<a href="mailto:amy@forsyth-stephens.com">amy@forsyth-stephens.com</a>	540-449-8884
<b>Tina King</b> Executive Director New River Valley Agency on Aging	<a href="mailto:tinaking@nrva.org">tinaking@nrva.org</a>	540-980-7720
<b>Chris McKlarney</b> Giles County Administrator	<a href="mailto:cmcklarney@gilescounty.org">cmcklarney@gilescounty.org</a>	540-921-2525
<b>Drema McMahan, RN</b> Member, Giles County School Board	<a href="mailto:mdmc@pemt.net">mdmc@pemt.net</a>	540-922-4219 Hm) 540-921-2441
<b>Shaun Merix</b> Director	<a href="mailto:smerix@nrffreeclinic.org">smerix@nrffreeclinic.org</a>	540-921-3502

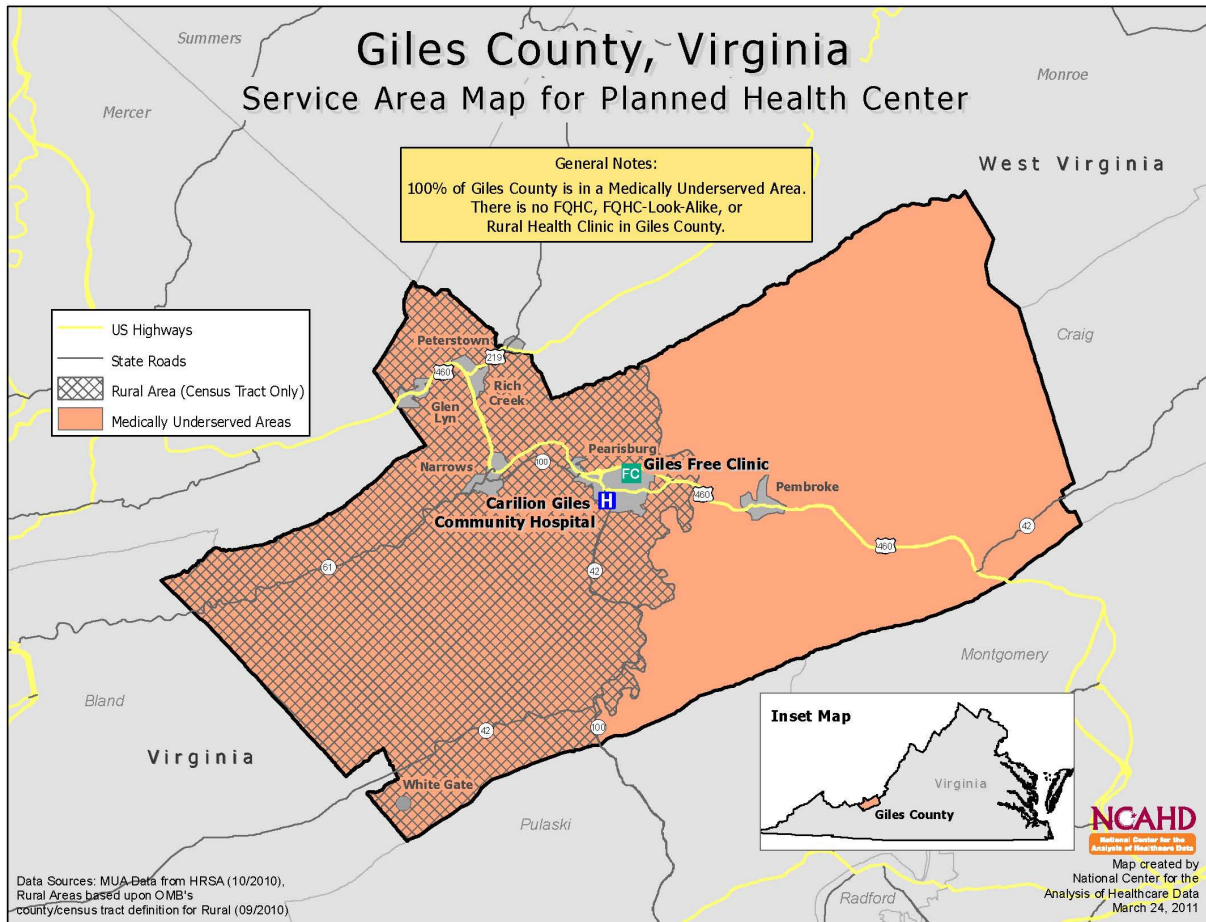
<b>Giles Health Network</b>		
<b>Sherri Nipper</b> Director Giles County Dept. of Social Services	<a href="mailto:sherri.nipper@dss.virginia.gov">sherri.nipper@dss.virginia.gov</a>	540-726-8315
<b>Beth O'Connor</b> Executive Director Virginia Rural Health Resource Center	<a href="mailto:boconnor@vcom.vt.edu">boconnor@vcom.vt.edu</a>	540-231-7923
<b>Terry Smusz</b> Executive Director New River Community Action	<a href="mailto:tsmusz@nrcaa.org">tsmusz@nrcaa.org</a>	540-633-5133, X 416
<b>James E. Tyler</b> Vice President and CEO Carilion Giles Community Hospital	<a href="mailto:jetyler@carilionclinic.org">jetyler@carilionclinic.org</a>	540-922-4103
<b>Amy Westmoreland</b> Pharmacy Manager Carilion Giles Community Hospital	<a href="mailto:awestmoreland@carilion.com">awestmoreland@carilion.com</a>	540-922-4148
<b>Pat Young</b> Consultant	<a href="mailto:eatgood@cox.net">eatgood@cox.net</a>	Cell) 540-774-4883 Hm) 540-580-9585

### *Attachment 3: Work Group Directory*

<b>Publicity</b>	<b>Data and Information</b>	<b>Focus Groups</b>
<b>Goal:</b> To maximize public participation in and knowledge of the planning process.	<b>Goal:</b> To collect and review health needs assessment data. Construct summary statements on areas of concern and achievement.	<b>Goal:</b> Develop focus group scripts and hold 3 focus groups.
<b>When:</b> Work concentrated in January through April 2012 (Town Hall months)	<b>When:</b> Work concentrated in October 2011 through January 2012	<b>When:</b> Work concentrated in November and December 2011

<b>Members:</b>	<b>Members:</b>	<b>Members:</b>
Beth O'Connor	James Tyler	Shaun Merix
Judy Conley	Carolyn Dunford	Sherri Nipper
Terry Smusz	Amy Forsyth-Stephens	Harvey Barker
Chris McKlarney	Cathy Callahan	Michelle Brauns
Morris Fleischer	Drema McMahan	Tina King
Amy Forsyth-Stephens		Amy Westmoreland

## Attachment 4: Service Area Maps



Giles County Precincts 2012



# ***Attachment 5: Professional Informant Survey***

## **Giles County Professional Informant Survey**

### **Barriers and Challenges faced by Residents and Health Care Providers of Giles County**

**September 2010**

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

*Please return to: HRSA Grant Team, Free Clinic of the NRV, 215 Roanoke Street, Christiansburg, VA 24073 or email to: [amy@forsyth-stephens.com](mailto:amy@forsyth-stephens.com). Thank you!*

Your name, organization, and title:

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please attempt to list all Giles-based organizations involved in direct health care service delivery, or access to health care services (no need to list outpatient medical practices):

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

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

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

<b>mental health)</b>	
<b>Shortage of local DENTAL providers</b>	
<b>Shortage of local MENTAL HEALTH providers</b>	

Comment on the above rankings. Why did your #1 obstacle earn the top spot? Why are some obstacles not ranked higher? Please provide a case example of a patient who experienced one of these obstacles (anonymous, of course).

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In terms of UNMET health care needs of Giles County residents, please score each of the following according to this scale:

*1 = very serious unmet need*

*2 = somewhat serious unmet need*

*3 = less serious unmet need*

*4 = not an unmet need*

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

*Thank you for your input!*

*Please return to: Network Team, Free Clinic of the NRV, 215 Roanoke Street, Christiansburg, VA 24073 or email responses to: [amy@forsyth-stephens.com](mailto:amy@forsyth-stephens.com).*

*Questions: Please contact Michelle Brauns, ED, Free Clinic of the NRV, at 540-381-0820 or [mbrauns@nrvfreeclinik.org](mailto:mbrauns@nrvfreeclinik.org).*

## Attachment 6: Target Population Focus Groups Summary

Focus Group: Giles Free Clinic Patients (10 adults- 8 uninsured Free Clinic patients; 2 spouses- insured, Medicaid/Medicare and Veterans)

Date: December 5, 2011

Place: Carilion Giles Community Hospital

	Resources	Needs	Perceived Barriers
Medical care	GFC or go without care Preventive care & check-ups Disease management Use CGCH-ED for acute pain management FAMIS insurance for children Charity care: Carilion NRV (Christiansburg, VA) & CGCH Veterans Administration Medical Center (VAMC) (Salem VA) Diabetes Management Services: CGCH	Source for chronic pain management & medications Specialty services Cardiology Vision Diabetes care Orthopedics Services for the elderly	Lack of providers prescribing pain medications. Can lose status as a GFC patient if prescribed pain medications by alternate provider or pain clinic. Lack of affordable, discounted services in the County Cost of services \$5000 for ED visit Emergency transport Lack of health insurance 2-3 month waiting list for new patient primary care appointments IF accepting new patients No option for new patient appointments after age of 65 YO Transportation barriers especially for VAMC and specialty care (Roanoke, Radford, Charlottesville) Cost of transportation (\$60 each trip to Charlottesville) Distance, travel time Use ambulance for transport to VAMC Poverty Especially the elderly- go without basic needs (i.e. food, running water, heat) Perception that CGCH will refuse treatment to the uninsured Prolong care if GFC is closed at night/weekends Awareness of resources in the community FC NRV does not return calls for dental appointments
Dental care	FC NRV	Affordable dental services without high out-of-pocket, up-	

		front costs Acute care appointments for toothache, infection Medications for dental pain Dental care for children	Long wait for appointments at FC NRV One participant has been trying to get an appointment for 2 years Lack of providers offering affordable, accessible dental services in Giles County or Monroe County, WV (Peterstown) 4 dentists in Giles, 1 in Peterstown Must choose between paying bills and paying dentist
Mental Health & Substance Abuse	GFC NRVCS Access Services (Crisis services)	Counseling for alcoholism, anger management 24-hour Crisis hotline Stress management services to prevent alcohol and drug abuse Peer support groups Services for the elderly	Being a convicted violent felon limits availability of services Lack of childcare during appointments NRVCS for severe mental health issues or crisis intervention Stigma ("label") associated with receiving mental health/SA services especially in a small community Maintaining anonymity is a concern
Medications	GFC		Go without new prescription medications not available via GFC due to cost. (Can take 4-6 weeks to get these new prescriptions through GMAP) Cost
Other		Wellness & prevention programs (Weight loss, exercise, smoking cessation)	

Focus Group:  
coordinator)

AARP Members & RSVP Volunteers (12 adults- 10 seniors 65 years of age and older; RSVP coordinator; Senior Center  
(All participants had medical insurance and those 65 years and older had Medicare)  
Monthly AARP meeting  
January 6, 2012  
Giles County Senior Center, Pearisburg

Date:

Place:

	Resources	Needs	Perceived Barriers
Medical care	Primary care providers in Giles County	Home care Specialty care Vision and hearing Affordable emergency transport system	Cost Emergency Department services Unavailability of same day, next day appointments at primary care offices Limited number of primary care providers accepting new Medicare patients Transportation Cost (\$60 for a trip to Roanoke) Distance and travel time (Roanoke, Christiansburg, Radford) Public transportation unavailable; transportation service for elderly limited Volunteer transportation services are limited to Giles County Medicare may not pay 100% cost for emergency transport (Airlifted to Roanoke \$1800; Ambulance cost \$700) Lack of awareness of resources available in the community
Dental care	Craig County Health Center Dental Clinic The majority of participants visited the dentist for preventive visits Private dentists	Affordable dental services	Cost Prohibitive even with dental coverage Most participants pay out-of-pocket for dental services

Medications	Veterans Administration provide meds at no cost for veterans		
Other	MedRide (transports seniors to doctors' appointments) Giles Christian Mission Food Pantry	Services to help seniors with grocery shopping	MedRide not always available for transportation when needed

Focus Group: Pearisburg Head Start Parents & Staff (3 parents- two with health insurance & one is uninsured; Head Start Child Services Specialist)  
 Date: January 12, 2012  
 Place: Pearisburg Head Start Center

Monthly Head Start Parents' Meeting

	Resources	Needs	Perceived Barriers
Medical care	Primary Care practices- Carilion Family Medicine (Narrows, Pearisburg); Dr. Breckenridge Vision care- Dr. Hansen OB/GYN satellite clinics- Drs. Roberts & Jennelle Carilion Giles Community Hospital Carilion New River Valley Medical Center Including Labor & Delivery Princeton Community Hospital Including Labor & Delivery Blackstock Newman Optometrists (Blacksburg)	Pediatric services Delivery services Pediatric physical therapy for special needs children Specialty care Vision services	Uninsured Cost: out-of-pocket expense of services Distance to travel for delivery services (Princeton, WVA; Christiansburg) Parents go without care due to cost/lack of insurance Transportation Distance and cost to travel for specialty care
Dental care	Head Start mandate ensures all children receive dental services Cool Smiles- Christiansburg Small Smiles- Roanoke Orthodontist in Pearisburg (Dr. Turner)	Affordable dental care for adults Medicaid providers for children	Transportation Distance to nearest Medicaid provider (children) Distance to providers offering discounted services for adults Parents go without care due to cost/lack of insurance

<p>Primary Care providers are doing oral exams as part of well-child visits Wytheville Community College Dental Hygiene Clinic offers discounted services to adults The majority of participants visited the dentist for preventive visits</p>		<p>Only two Medicaid providers in Giles County (Ankrum &amp; Wheeler) with limited appointments Lack of value placed on preventive dental care by parents Perception of poor treatment of uninsured and Medicaid adults by local providers</p>
<p>Mental Health &amp; Substance Abuse Services</p>	<p>Elm Tree Services New River Valley Community Services</p>	<p>Lack of support by Board of Supervisors for treatment facilities in Giles County High alcohol and drug use by youth Transportation Distance and cost to travel</p>
<p>Medications</p>	<p>Substance Abuse services Prevention Treatment &amp; rehab services</p>	
<p>Other- Community Resources</p>	<p>Programs for youth to keep them engaged and decrease risky behaviors (high alcohol and drug use in Giles County by youth) Assistance needed to complete forms and other information for health and human services</p>	

## ***Attachment 7: Key Stakeholders and Providers Focus Group Summary***

**Focus Group:** Providers and Stakeholders- 23 participants in attendance representing primary care, dental and mental health & substance abuse providers, social services, community services, and public schools in Giles County, Virginia

**Date:** February 9, 2012

**Place:** Palisades Restaurant, Eggleston, Virginia

Participants were asked to respond to the following questions:

What are the resources and assets that impact the health of Giles County?

What are the needs and barriers that impact health in Giles County?

What can we do to improve the health of our community?

	<b>Resources &amp; Assets</b>	<b>Needs &amp; Barriers</b>	<b>Changes &amp; Initiatives</b>
Medical Care	<p><u>Services</u> Carilion Giles Community Hospital (CGCH) Equipped for bariatric patients Giles Free Clinic EMS Bariatric transport unit available <u>Medical Providers</u> Providers accepting Medicaid &amp; Medicare patients <u>Allied Health Professionals</u> Workforce Development: Nursing students- VoTech, NRV Community College, &amp; Radford University <u>Health Information Technology</u> Carilion Clinic Epic Electronic Medical Record system</p>	<p><u>Services</u> Lack of specialty services in Giles County and the New River Valley. Missing critical subspecialties that must be referred University of Virginia Health System (Charlottesville) for low-income populations <u>Medical Providers</u> Aging physician population. Provider recruitment is a challenge <u>Health Information Technology</u> Lack of integration of existing Electronic Medical Records systems among providers which leads to a diminished continuity of care</p>	N/A
Dental Care	N/A	<p><u>Services</u> Primary care providers are treating dental infections <u>Dental Providers</u> Lack of dental providers</p>	N/A

		Aging provider population Provider recruitment is a challenge	
Mental Health & Substance Abuse	<u>Providers &amp; Services</u> Psychiatry clinic serves over 300 patients in Giles county Home visits for seriously, persistently mentally ill <u>Community Resources</u> Elm Tree Group Home New Horizons in Radford	<u>Providers &amp; Services</u> Lack of providers & services <u>Substance Abuse- Prescription Drugs</u> Rampant in Giles County & the NRV "Black Market Industry"- stealing prescription meds from the elderly and selling them Providers don't trust patients anymore Contributed to the decline of the community Most foster children, especially younger children, are removed from their homes due to prescription drug abuse (50 cases currently)	N/A
Medications	Giles Medication Assistance Program Wal-Mart (\$4 prescriptions)	N/A	Increase medication management & patient compliance programs
Collaborations & Partnerships	Strong collaborative relationships in Giles County Community Foundation- Giles Fund (direct funding of services)	N/A	Continue current dialogue among providers & stakeholders on improving health in Giles County Collaborations to maximize existing resources
Community Culture	"Garden Culture" Static population- advantages when providing care	<u>General Population</u> Latch-key children left unattended & neglected Often not taken to doctor/dentist for preventive care Children raised by grandparents Lack of traditional family system Lack of trust of healthcare system in Appalachian culture. Providers/organizations must establish relationships with residents Elderly left unattended- many living in bad conditions Seniors are proud and don't want charity "Disability seekers" younger adults living with older adults (who help to support them)	Develop programs to connect the youth with older generations



		<p>Stigma with mental health &amp; substance abuse: several faith-based traditions have difficulty separating mental health care from their faith <u>Amish</u></p> <p>Have an established system of "self-care"; use their own midwives; very limited use of existing resources in the community</p> <p>Need health education on the value and benefit of healthcare and community services</p> <p>Perceive mental health care interferes with their spirituality. Education needed that they are separate.</p> <p>Belief that psychotropic meds don't control their symptom. If they agree to meds- hard to get them</p> <p>There is a stigma with getting birth certificates &amp; SSN. Elderly don't have SSN so it is hard to get them into healthcare system. Not reporting unattended deaths; no death certificates.</p> <p>Congenital anomalies due to in-breeding (regular genetic testing not performed &amp;/or available); Cockayne Syndrome an issue (accelerated aging)</p> <p>9-1-1 responses difficult; members hesitant to accept transport to hospital and/or other interventions</p> <p>Language barriers</p>	
<p>Community Services</p>	<p>Day Care: Innovative adult/child center in Pearisburg</p> <p>Giles County Christian Mission</p> <p>Goodwill</p> <p>Homeless shelter in Narrows &amp; "To Our House" for homeless men.</p> <p>Hospice Programs</p> <p>New River Community Action</p> <p>CHIP &amp; Head Start</p> <p>NRV Cares</p> <p>Nursing Home</p>	<p>Lack of affordable childcare services</p>	<p>Home-based care for the elderly</p> <p>Help to improve fall risks in homes; increasing the overall safety of homes</p> <p>Re-activate "Vial of Life" program for EMS (written medical history at home in case of EMS call)</p> <p>Backpack Summer Food program for school children</p>

	Women's Resource Center		
Demographics & Socioeconomic Status	N/A	Increase in the number of homeless. (A lot of homeless residents in the NRV are "doubling up") Unemployment and jobs/industry leaving Giles County	N/A
Education	N/A	Improve public education	N/A
Natural Resources	Trail system New River	N/A	N/A
Social Services	Very active Department of Social Services	N/A	N/A
Transportation	N/A	Lack of transportation Difficult to schedule transportation with Medicaid provider even with case manager's assistance. Requires 5 to 7 days advance notice Cost of transportation \$60 for round-trip transportation to Pearisburg for the Amish	N/A
Wellness	<u>Food &amp; Nutrition</u> Virginia Cooperative Extension Nutrition Classes for low-income & general population <u>Health Education &amp; Prevention</u> CGCH Diabetes Education Cardiac Rehab	<u>Food &amp; Nutrition</u> Hunger with school-age children who do not have food outside of the school day (i.e. nights/weekends/summers) Hunger with seniors who lack food Nutrition education for families <u>Health Education &amp; Prevention</u> More services needed Programs for the Amish	<u>Food &amp; Nutrition</u> Nutrition education-affordable, healthy foods; changing "country cooking" habits and food preparation <u>Health Education &amp; Prevention</u> Address obesity and diabetes with walking & recreation programs Controlling risky behaviors Tobacco use Diet Outreach to school-age children about healthy behaviors

# Attachment 8: Giles County Community Health Survey Instrument

For office use only: Site of collection: \_\_\_\_\_ Date: \_\_\_\_\_  
 The Giles Free Clinic is working with leaders in Giles County to learn more about your health care needs. Please answer the following questions with the best answer or answers. All surveys will be kept confidential. Thank you for taking the time to complete this survey. Please have only one member of your household complete the survey.

1. What is your average household income each year from all sources (for example paycheck, social security, disability, child support and alimony).
 

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$40,001 to \$50,000
<input type="checkbox"/> \$10,001 to \$20,000	<input type="checkbox"/> \$50,001 to \$60,000
<input type="checkbox"/> \$20,001 to \$30,000	<input type="checkbox"/> \$60,001 and above
<input type="checkbox"/> \$30,001 to \$40,000	
  
2. What are the ages of those living in your home?
 

<input type="radio"/> Number who are 0 to 17 years of age	_____
<input type="radio"/> Number who are 18 to 64 years of age	_____
<input type="radio"/> Number who are 65 years of age or older	_____
  
3. What is your zip code? \_\_\_\_\_
  
4. If you or someone living in your home has insurance, what type is it? (*Check all that apply*)
 

<input type="checkbox"/> FAMIS	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Veterans	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Private (Examples: Aetna, Anthem, Blue Cross/Blue Shield, Cigna, Farm Bureau, etc.)				
  
5. How many children (less than 18 years) living in your home **DO NOT** have insurance for:
 

Medical services	_____
Dental services	_____
Mental health services	_____
  
6. How many adults (18 years and older) living in your home **DO NOT** have insurance for:
 

Medical services	_____
Dental services	_____
Mental health services	_____
  
7. How long have you or someone living in your home been without insurance? (*Check all that apply*)
 

<input type="checkbox"/> less than 1 year
<input type="checkbox"/> 1-2 years
<input type="checkbox"/> 3-4 years
<input type="checkbox"/> 5 years or more
  
8. Why don't you or someone living in your home have insurance? (*Check all that apply*)
 

<input type="checkbox"/> Unemployed
<input type="checkbox"/> Laid off
<input type="checkbox"/> Too expensive
<input type="checkbox"/> Not available at my job
<input type="checkbox"/> Do not qualify for public assistance
<input type="checkbox"/> Other: _____
  
9. Where do you and others living in your home go for medical care? (*Check all that apply*)
 

<input type="checkbox"/> Giles County Health Department
<input type="checkbox"/> Giles Free Clinic
<input type="checkbox"/> Doctor's Office (Please list which doctor) _____
<input type="checkbox"/> Emergency room (Please list which one) _____
<input type="checkbox"/> Craig County Community Health Center
<input type="checkbox"/> Monroe Health Center
<input type="checkbox"/> Bland County Medical Clinic
<input type="checkbox"/> I don't go to the doctor for regular care.
<input type="checkbox"/> Other: _____
  
10. Where do you and others living in your home go for dental care? (*Check all that apply*)
 

<input type="checkbox"/> Free Clinic of the New River Valley
<input type="checkbox"/> Dentist's Office (Please list which office) _____
<input type="checkbox"/> Emergency room (Please list which one) _____
<input type="checkbox"/> Craig County Community Health Center
<input type="checkbox"/> Mission of Mercy Project (Please list which one) _____
<input type="checkbox"/> I don't go to a dentist for regular care.
<input type="checkbox"/> Other: _____
  
11. Where do you and others living in your home go for mental health (nerves) or alcohol and drug problems? (*Check all that apply*)
 

<input type="checkbox"/> Giles Free Clinic
<input type="checkbox"/> NRV Community Services
<input type="checkbox"/> Doctor/Counselor's Office (Please list which doctor/counselor) _____
<input type="checkbox"/> Emergency room (Please list which one) _____
<input type="checkbox"/> I don't go to a counselor for regular care.
<input type="checkbox"/> Other: _____

12. Have you or someone living in your home been to the emergency room in the last two years?  
\_\_\_\_\_Yes \_\_\_\_\_No

If yes, please tell us why you or someone living in your home used the emergency department:

- Accident
- Illness
- Dental problems
- Mental health or nerves problems
- Alcohol or drug problems
- Having a baby
- Other: \_\_\_\_\_

13. Why don't you or someone living in your home go for medical, dental, mental health (nerves) care or help with alcohol or drug problems? (*Check all that apply*)

- Too expensive
- The location of the office/clinic is too far away.
- The office/clinic hours are not convenient.
- We don't have transportation.
- There is no one to care for my children so that I can visit the doctor/clinic.
- We can't get an appointment when we need it.
- When we do get an appointment, we have to sit in the waiting room too long.
- We don't trust doctors/clinics.
- We use alternative natural and herbal remedies.
- Someone in our family takes care of us.
- Prayer and God takes care of us.
- Other: \_\_\_\_\_

14. If a community health center opened in Giles County that offered low-cost medical, dental, mental health (nerves) care and help with alcohol and drug problems, would you or someone living in your home use it?

- Yes
- Maybe
- No

15. If you answered "no" to Question 14, please tell us why.

\_\_\_\_\_

16. What days/times would be convenient to use the community health center for you or someone living in your home? (*Check all that apply*)

- Early morning (6 a.m. to 8 a.m.) Monday through Friday
- During the day (8 a.m. to 5 p.m.) Monday through Friday
- Evening hours (5 p.m. to 9 p.m.) Monday through Friday
- Saturday or Sunday hours
- 24-hour "On Call" services
- No preference

17. Which services would you or someone living in your home use at a low-cost community health center? (*Check all that apply*)

- Medical care
- Immunizations (shots)
- Sports and school physicals
- Pregnancy care
- Parenting classes
- Dental care
- Eye care
- Care for older family members
- Help with mental health or nerve problems
- Help with alcohol or drug problems
- Home health services
- Low cost medications
- Fitness programs
- Other \_\_\_\_\_

18. Is there anything else we should know about your (or someone living in your home) health care needs in Giles County? (Please write your answer here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Attachment 9: Giles County Community Health Survey SPSS Data Summary

## GILES HEALTH SURVEY

DATA TABLES: March 5, 2012

Table 1: Zip Code of Respondents

			Any Insurance?		Total
			No	Yes	
Zip Code	23112	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24086	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24093	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24123	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
24124	Count	9	37	46	
	% within Zip Code	19.6%	80.4%	100.0%	
	% within Any Insurance	25.7%	28.5%	27.9%	

	24128	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24134	Count	12	43	55
		% within Zip Code	21.8%	78.2%	100.0%
		% within Any Insurance	34.3%	33.1%	33.3%
	24136	Count	7	33	40
		% within Zip Code	17.5%	82.5%	100.0%
		% within Any Insurance	20.0%	25.4%	24.2%
	24143	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24147	Count	3	5	8
		% within Zip Code	37.5%	62.5%	100.0%
		% within Any Insurance	8.6%	3.8%	4.8%

**Table 1 Continued: Zip Code of Respondents**

			Any Insurance?		Total
			No	Yes	
24150	Count	0	3	3	
	% within Zip Code	0.0%	100.0%	100.0%	
	% within Any Insurance	0.0%	2.3%	1.8%	
24167	Count	1	0	1	

Zip Code		% within Zip Code	100.0%	0.0%	100.0%
		% within Any Insurance	2.9%	0.0%	0.6%
	24741	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24918	Count	2	0	2
		% within Zip Code	100.0%	0.0%	100.0%
		% within Any Insurance	5.7%	0.0%	1.2%
	24951	Count	0	1	1
		% within Zip Code	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.8%	0.6%
	24963	Count	1	1	2
		% within Zip Code	50.0%	50.0%	100.0%
		% within Any Insurance	2.9%	0.8%	1.2%
	Total	Count	35	130	165
% within Zip Code		21.2%	78.8%	100.0%	
% within Any Insurance		100.0%	100.0%	100.0%	

**Table 2: Annual Income of Respondents**

			Any Insurance?		Total
			No	Yes	
Income	Less than \$10,000	Count	21	53	74
		% within Income	28.4%	71.6%	100.0%
		% within Any Insurance	61.8%	40.5%	44.8%
	\$10,000 to \$20,000	Count	10	29	39
		% within Income	25.6%	74.4%	100.0%
		% within Any Insurance	29.4%	22.1%	23.6%
	\$20,000 to \$30,000	Count	1	22	23
		% within Income	4.3%	95.7%	100.0%
		% within Any Insurance	2.9%	16.8%	13.9%
	\$30,000 to \$40,000	Count	1	8	9
		% within Income	11.1%	88.9%	100.0%
		% within Any Insurance	2.9%	6.1%	5.5%
	\$40,000 to \$50,000	Count	0	4	4
		% within Income	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	3.1%	2.4%
	\$50,000 to \$60,000	Count	0	4	4
		% within Income	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	3.1%	2.4%
	\$60,000 and above	Count	1	11	12
		% within Income	8.3%	91.7%	100.0%



		% within Any Insurance	2.9%	8.4%	7.3%
Total		Count	34	131	165
		% within Income	20.6%	79.4%	100.0%
		% within Any Insurance	100.0%	100.0%	100.0%

**Table 3: Number in Household who are 0 to 17 years of age**

			Any Insurance?		Total
			No	Yes	
Number who are 0 to 17 years of age	0	Count	22	42	64
		% within Number who are 0 to 17 years of age	34.4%	65.6%	100.0%
		% within Any Insurance	78.6%	38.9%	47.1%
	1	Count	3	36	39
		% within Number who are 0 to 17 years of age	7.7%	92.3%	100.0%
		% within Any Insurance	10.7%	33.3%	28.7%
	2	Count	1	14	15
		% within Number who are 0 to 17 years of age	6.7%	93.3%	100.0%
		% within Any Insurance	3.6%	13.0%	11.0%
	3	Count	2	9	11
		% within Number who are 0 to 17 years of age	18.2%	81.8%	100.0%
		% within Any Insurance	7.1%	8.3%	8.1%
	4	Count	0	4	4

		% within Number who are 0 to 17 years of age	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	3.7%	2.9%
		Count	0	2	2
	5	% within Number who are 0 to 17 years of age	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	1.9%	1.5%
		Count	0	1	1
	6	% within Number who are 0 to 17 years of age	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.9%	0.7%
		Count	0	1	1
Total	Count		28	108	136
	% within Number who are 0 to 17 years of age		20.6%	79.4%	100.0%
	% within Any Insurance		100.0%	100.0%	100.0%

**Table 4: Number in Household who are 18 to 64 years of age**

			Any Insurance?		Total
			No	Yes	
Number who are 18 to 64 years of age	0	Count	2	25	27
		% within Number who are 18 to 64 years of age	7.4%	92.6%	100.0%
		% within Any Insurance	6.7%	23.6%	19.9%
	1	Count	13	21	34
		% within Number who are 18 to 64 years of age	38.2%	61.8%	100.0%

		% within Any Insurance	43.3%	19.8%	25.0%
	2	Count	13	45	58
		% within Number who are 18 to 64 years of age	22.4%	77.6%	100.0%
		% within Any Insurance	43.3%	42.5%	42.6%
	3	Count	2	9	11
		% within Number who are 18 to 64 years of age	18.2%	81.8%	100.0%
		% within Any Insurance	6.7%	8.5%	8.1%
	4	Count	0	6	6
		% within Number who are 18 to 64 years of age	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	5.7%	4.4%
Total		Count	30	106	136
		% within Number who are 18 to 64 years of age	22.1%	77.9%	100.0%
		% within Any Insurance	100.0%	100.0%	100.0%

**Table 5: Number in Household who are 65 years of age or older**

			Any Insurance?		Total
			No	Yes	
Number who are 65 years of age or older	0	Count	19	69	88
		% within Number who are 65 years of age or older	21.6%	78.4%	100.0%
		% within Any Insurance	76.0%	64.5%	66.7%
	1	Count	6	22	28

		% within Number who are 65 years of age or older	21.4%	78.6%	100.0%
		% within Any Insurance	24.0%	20.6%	21.2%
	2	Count	0	15	15
		% within Number who are 65 years of age or older	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	14.0%	11.4%
	3	Count	0	1	1
		% within Number who are 65 years of age or older	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	0.9%	0.8%
	Total	Count	25	107	132
% within Number who are 65 years of age or older		18.9%	81.1%	100.0%	
% within Any Insurance		100.0%	100.0%	100.0%	

**Table 6: Type of Insurance**

		Frequency	Percent
FAMIS		7	5.2
Private		42	31.3
Medicaid		61	45.5
Medicare		48	35.8
Veterans		7	5.2
Other		10	7.5
TOTAL		175	

Note. Denominator for Percent is 134. Percentages add to greater than 100% because a person could have checked more than one type.

**Table 7: Length of Time Someone in Home Without Insurance**

		Frequency	Percent
<1 year		17	15.7
1-2 years		27	25.0
3-4 years		19	17.6
≥5 years		49	45.3
<b>TOTAL</b>		112	

Note. Denominator for Percent is 108. Percentages add to greater than 100% because a person could have checked more than one category.

**Table 8: Why No Insurance**

	Frequency	Percent
Unemployed	39	35.7
Laid off	5	4.6
Too expensive	50	45.8
Not available	30	27.5
Not qualified	30	27.5
Other	14	12.8

Note. Denominator for Percent is 109. Percentages add to greater than 100% because a person could have checked more than one category.

**Table 9: Where Do You Go For Medical Care?**

		Any Insurance?		Total
		No	Yes	
Medical-Giles County Health Dept.	Count	3	27	30
	% within -Giles Health Dept.	10.0%	90.0%	100.0%
Medical-Giles Free Clinic	Count	29	43	72
	% within -Giles Free Clinic	40.3%	59.7%	100.0%
Medical-Doctor's office	Count	8	87	95
	% within Doctor's office	8.4%	91.6%	100.0%
Medical-Emergency Room	Count	8	36	44
	% within -Emergency Room	18.2%	81.8%	100.0%
Medical-Craig County Community Health Center	Count	0	1	1
	% within Medical-Craig CHC	0.0%	100.0%	100.0%
Medical-Monroe Health Center	Count	1	3	4
	% within Monroe HC	25.0%	75.0%	100.0%
I don't go to the doctor for regular care.	Count	4	4	8
	% within I don't go	50.0%	50.0%	100.0%
Medical-Other	Count	3	8	11
	% within Medical-Other	27.3%	72.7%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance

**Table 10: Where Do You Go for Dental Care?**

		Any Insurance?		Total
		No	Yes	
Dental-Free Clinic of the NRV	Count	8	13	21
	% within -Free Clinic of NRV	38.1%	61.9%	100.0%
Dental-Dentist's Office	Count	4	51	55
	% within -Dentist's Office	7.3%	92.7%	100.0%
Dental-Emergency Room	Count	0	4	4
	% within Emergency Room	0.0%	100.0%	100.0%
Dental-Craig County Community Health Center	Count	0	1	1
	% within Craig County CHC	0.0%	100.0%	100.0%
I don't go to a dentist for regular care	Count	24	62	86
	% within I don't go	27.9%	72.1%	100.0%
Dental-Other	Count	0	9	9
	% within Dental-Other	0.0%	100.0%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance

**Table 11: Where Do You Go for Mental Health Care or Alcohol/Drug Problems?**

		Any Insurance?		Total
		No	Yes	
Mental Health-Giles Free Clinic	Count	9	12	21
	% within Giles Free Clinic	42.9%	57.1%	100.0%
Mental Health-NRV CS	Count	3	17	20
	% within NRV CS	15.0%	85.0%	100.0%
Mental Health-/Counselor's Office	Count		9	9
	% within Counselor's Office		100.0%	100.0%
Mental Health-Emergency Room	Count	1	2	3
	% within Emergency Room	33.3%	66.7%	100.0%
I don't go to counselor for regular care.	Count	20	60	80
	% within I don't go	25.0%	75.0%	100.0%
Mental Health-Other	Count		1	1
	% within Other		100.0%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance



**Table 12: Have You Been to Emergency Room in the Last 2 years?**

			Any Insurance?		Total
			No	Yes	
Been to emergency room in the last 2 years?	No	Count	16	25	41
		% within Been to ER	39.0%	61.0%	100.0%
		% within Any Insurance	45.7%	19.8%	25.5%
	Yes	Count	19	101	120
		% within Been to ER	15.8%	84.2%	100.0%
		% within Any Insurance	54.3%	80.2%	74.5%
Total		Count	35	126	161
		% within Been to ER	21.7%	78.3%	100.0%
		% within Any Insurance	100.0%	100.0%	100.0%

**Table 13: Reasons for ED visit**

			Any Insurance?		Total
			No	Yes	
Reason for ED visit	Accident	Count	7	36	43
		% within Accident	16.7%	83.3%	100.0%
		% within Any Insurance	36.8%	34.7%	35.0%
	Illness	Count	9	59	68
		% within Illness	12.1%	87.9%	100.0%
		% within Any Insurance	36.8%	50.5%	48.3%
	Dental Problems	Count	2	6	8
		% within Dental	100.0%	0.0%	100.0%

		% within Any Insurance	5.3%	0.0%	0.8%
	Mental health	Count	3	13	16
		% within Mental	16.7%	83.3%	100.0%
		% within Any Insurance	5.3%	5.0%	5.0%
	Alcohol/Drugs	Count	0	1	1
		% within Alcohol/Drugs	0.0%	0.0%	0.0%
		% within Any Insurance	0.0%	0.0%	0.0%
	Having a baby	Count	1	5	7
		% within Having baby	0.0%	100.0%	100.0%
		% within Any Insurance	0.0%	2.0%	1.7%
	Other	Count	7	10	17
		% within Other	27.3%	72.7%	100.0%
		% within Any Insurance	15.8%	7.9%	9.2%
Total		Count	27	126	153
		% within Reason for ER visit	15.8%	84.2%	100.0%
		% within Any Insurance	100.0%	100.0%	100.0%

**Table 14: Why Don't Go For Help with Medical, Dental, Mental Health or Alcohol/Drug Problems?**

		Any Insurance?		Total
		No	Yes	
Too expensive	Count	24	65	89
	% within Too expensive	27.0%	73.0%	100.0%
Location too far away	Count	4	16	20
	% within Location too far	20.0%	80.0%	100.0%

Hours are not convenient	Count	0	4	4
	% within Hours not convenient	0.0%	100.0%	100.0%
No transportation	Count	3	11	14
	% within No transportation	21.4%	78.6%	100.0%
No one to care for children	Count	0	2	2
	% within No one to care for children	0.0%	100.0%	100.0%
Can't get appointment	Count	3	5	8
	% within Can't get appointment	37.5%	62.5%	100.0%
Sit in waiting room too long	Count	2	2	4
	% within Sit in waiting room too long	50.0%	50.0%	100.0%
Family takes care of us	Count	0	1	1
	% within Family takes care of us	0.0%	100.0%	100.0%
Prayer and God	Count	4	11	15
	% within Prayer and God takes care	26.7%	73.3%	100.0%
Other Reason	Count	6	10	16
	% within Other Reason	37.5%	62.5%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance

**Table 15: Would You Use A Community Health Center?**

			Any Insurance?		Total
			No	Yes	
Would use health center	No	Count	1	9	10
		% within Would use	10.0%	90.0%	100.0%
		% within Any Insurance?	3.0%	7.0%	6.2%
	Maybe	Count	6	23	29
		% within Would use	20.7%	79.3%	100.0%
		% within Any Insurance?	18.2%	18.0%	18.0%
	Yes	Count	26	96	122
		% within Would use	21.3%	78.7%	100.0%
		% within Any Insurance?	78.8%	75.0%	75.8%
Total	Count	33	128	161	
	% within Would use	20.5%	79.5%	100.0%	
	% within Any Insurance?	100.0%	100.0%	100.0%	

**Table 16: CHC Convenient Days and Times?**

		Any Insurance?		Total
		No	Yes	
Early morning (6AM-8AM) M-F	Count	3	16	19
	% within Early morning	15.8%	84.2%	100.0%
During the day (8AM to 5PM) M-F	Count	20	55	75
	% within During the day	26.7%	73.3%	100.0%
Evening hours (5PM to 9PM) M-F	Count	13	32	45

	% within Evening hours	28.9%	71.1%	100.0%
Saturday or Sunday hours	Count	5	22	27
	% within Saturday or Sunday	18.5%	81.5%	100.0%
24-hour "On Call" services	Count	7	18	25
	% within 24-hour "On Call"	28.0%	72.0%	100.0%
No preference	Count	10	41	51
	% within No preference	19.6%	80.4%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance

**Table 17: Which Services Would You Use at CHC?**

		Any Insurance?		Total
		No	Yes	
Medical care	Count	31	96	127
	% within Medical care	24.4%	75.6%	100.0%
Immunizations (shots)	Count	19	43	62
	% within Immunizations	30.6%	69.4%	100.0%
Sports and school physicals	Count	2	16	18
	% within school physicals	11.1%	88.9%	100.0%
Pregnancy care	Count	2	12	14
	% within Pregnancy care	14.3%	85.7%	100.0%
Parenting classes	Count	3	13	16
	% within Parenting classes	18.8%	81.2%	100.0%
Dental care	Count	29	87	116

	% within Dental care	25.0%	75.0%	100.0%
Eye care	Count	28	86	114
	% within Eye care	24.6%	75.4%	100.0%
Care for older family members	Count	5	15	20
	% within older family	25.0%	75.0%	100.0%
Help with mental health problems	Count	15	36	51
	% within mental health	29.4%	70.6%	100.0%
Help with alcohol or drug problems	Count	4	6	10
	% within alcohol/ drug	40.0%	60.0%	100.0%
Home health services	Count	2	8	10
	% within Home health	20.0%	80.0%	100.0%
Low cost medications	Count	29	62	91
	% within medications	31.9%	68.1%	100.0%
Fitness programs	Count	18	35	53
	% within Fitness programs	34.0%	66.0%	100.0%
Other services	Count	2	1	3
	% within Other services	66.7%	33.3%	100.0%

Note. N=37 for No Insurance; N= 134 for Insurance