

2012

# Rockbridge Area Community Health Needs Assessment



*Photo by Michelle McCusker*

## **DEDICATION**

This report and the work of the Rockbridge Area MAPP Project are dedicated to those among us whose basic human needs remain unmet.



## **ACKNOWLEDGEMENTS**

Rockbridge County, Lexington City, and Buena Vista City provided financial support for the planning grant application. CommunityWorks, a public health consulting business, provided technical support and assistance for all aspects of the grant application and assessment process. Washington and Lee University supported many aspects of the assessment through its' Community Based Research initiative and Shepherd Poverty program. Members of the Steering Committee, community members, and representatives of local health and human services agencies and non-profit organizations informed the assessment's design and supported data collection. The Community Health Status Assessment builds on a report written by University of Virginia students Mary Beth White-Comstock, Virginie Ricotta, Danielle Whitley-Marks and Laura Simpson in 2010. Special thanks to Dr. Krzysztof Jasiewicz, Professor in Sociology and Anthropology at Washington and Lee University and Dr. Mary Gibson, Assistant Professor in Nursing and Chair of Family, Community, and Mental Health Systems at the University of Virginia, for their professional support and guidance.

## **DISCLAIMER**

This report was prepared by Laura Simpson, Project Manager. Members of the Core Team reviewed all documents prior to publication and provided critical edits. Every effort has been made to ensure the accuracy of the information presented in this report, however accuracy cannot be guaranteed. Members of the Rockbridge Area MAPP Project team cannot accept any responsibility for any consequences that result from the use of any information presented in this report. Comments and questions are welcome and can be submitted to the Project Manager ([laurajudithsimpson@gmail.com](mailto:laurajudithsimpson@gmail.com)).

## **LIMITATIONS**

Despite the breadth of information presented in this report, gaps remain. There are many valuable health and human resources available to Rockbridge area community members that are not reflected in this report. Further data collection could illuminate some needs more clearly. In short, there is still work to be done. The Rockbridge Area MAPP team views this report as a work in progress and intends to update and expand relevant sections at least every three years.

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# Rockbridge Area Community Health Needs Assessment 2012

## **BACKGROUND**

The Rockbridge Area Free Clinic, recognizing the need to further develop a sustainable system of care for the medically underserved in the Rockbridge area, applied for and was awarded an \$80,000 Health Center Planning Grant by the United States Department of Health and Human Services. This grant was used to fund a 12-month project to broadly define and assess the health of our community, develop a community health improvement plan, and design a collaborative health service delivery model for underserved residents. This project, known as the Rockbridge Area MAPP Project, was conducted in partnership with Carilion Stonewall Jackson Hospital and the Central Shenandoah Health District. This Rockbridge Area Community Health Needs Assessment (CHNA) is a product of the community-based visioning, assessment, and planning process.

## **STATEMENT OF PURPOSE**

### *Effective Collaboration*

The ultimate goal of the CHNA is the identification of unmet needs in the community and the development of a strategic plan that maximizes available resources and results in improved health and quality of life for all people living the Rockbridge area. Specifically, the CHNA aims to reduce the level of inequity in our community by better meeting the needs of low-income and at-risk individuals. The Rockbridge Area Free Clinic will use the collected data to pursue funding for the development of Federally Qualified Health Center. The CHNA will be used by Carilion Stonewall Jackson Hospital to ensure that its strategic plan responds to the area's needs and results in community benefit. The Central Shenandoah Health District will use the assessment information to strengthen and streamline public services.

### *The Problem: Health Inequity*

In 1948, the World Health Organization defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup>This definition remains intact today and grounds the global dialogue around health in common understanding. Over the past six decades, it has become increasingly clear that social determinants of health impact certain populations differently. This understanding has emerged from evidence that

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<sup>1</sup> World Health Organization, 1946, <http://www.who.int/about/definition/en/print.html>



reveals poor and minority populations suffer a disproportionate burden of disease. The cause of these disparities is rooted not in biological differences, but in systematic social inequalities.<sup>2</sup>

Health inequities and the social determinants of health are priorities of public health improvement efforts at the global, national, and state level. The Rockbridge Area MAPP Project is aimed at promoting health equity at the local level.

### *Health Equity: A Local Approach*

The concepts of health equity and social determinants of health have long been a part of global public health planning. At a 1978 International Conference on Primary Health Care, a commitment to health equity, and a call for multi-sectoral action was put into writing by the World Health Organization.<sup>3</sup>

*Health is “a fundamental human right...the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.”*

With *Healthy People 2020*, the United States made a formal commitment to social justice with an explicit acknowledgment of the role social and physical environments play in the health of populations.<sup>4</sup>

*Healthy People 2020 states that health “starts in homes, schools, workplaces, and communities” and that the health of individuals is affected by:*

- *Access to health care*
- *Quality of education*
- *Safety of neighborhoods and workplaces*
- *Quality of food, air, water*
- *Nature of social relationships*

<sup>2</sup> World Health Organization, 2008, Final Report of the Commission on Social Determinants of Health, [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)

<sup>3</sup> World Health Organization, 1978, Declaration of Alma-Ata, [http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

<sup>4</sup> [www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicd=39](http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicd=39)

The state of Virginia advances health equity through efforts coordinated by Virginia Department of Health's Office of Minority and Health Equity. The mission of this public office...<sup>5</sup>

“...is to identify health inequities and their root causes and promote equitable opportunities to be healthy”

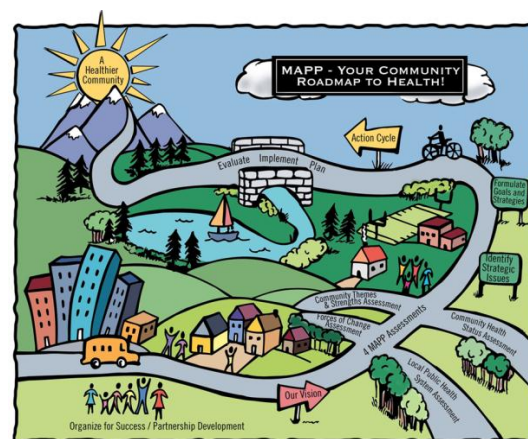
With a commitment to health equity at international, national and state levels, the current challenge is to translate national and state goals into improved health outcomes for local communities. State and local public health agencies have long been charged with health planning and promotion at the local level. In 1988, the Institute of Medicine (IOM) released a report, *The Future of Public Health* based on the committee's assessment of public health systems across the country. In laying out their vision for the future of public health, the IOM asserted that in order to truly achieve health, as defined by the World Health Organization, the American people needed to dramatically change the public health dialogue. The conversation about health needed to include voices from outside of the health sector.

The IOM report also strongly recommended that state and local public health agencies incorporate strategic planning methods utilized by the business sector into public health planning practice.<sup>6</sup> The challenge of this recommendation was that no research existed to guide the strategic planning process within the context of public health.

### *MAPP: A Tool for Community-Wide Health Promotion*<sup>7</sup>

In 1997, the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) responded to the IOM challenge and embarked on a collaborative effort to develop a practical planning tool for use by local public health systems.

After five years of diligent research, development, testing, and refinement, NACCHO and the CDC published Mobilizing for Action through Planning and Partnerships (MAPP), a strategic planning tool for community-wide health promotion.<sup>8</sup>



<sup>5</sup><http://www.vdh.state.va.us/healthpolicy/>

<sup>6</sup>IOM, 1988, [http://books.nap.edu/openbook.php?record\\_id=1091](http://books.nap.edu/openbook.php?record_id=1091)

<sup>7</sup> Image retrieved from:

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/general.cfm>

<sup>8</sup>Corso,L., Wiesner, P., &Lenihan, P. (2005) Developing the MAPP Community Health Improvement Tool. *Journal of Public Health Management and Practice*. 11(5), 387-392)

MAPP is a community-driven visioning and planning process that assesses needs, prioritizes public health issues, and strategically plans for the use of available resources. The MAPP process uses four assessments to inform a strategic plan for community improvement.

- The **Community Health Status Assessment** documents the community’s health indicators and compares them to state data as well as the national benchmarks outlined in *Healthy People 2020*.
- The **Local Public Health System Assessment** determines the capacity of the local public health system.
- The **Community Themes and Strengths Assessment** evaluates the community’s values, concerns and perceptions, and takes stock of community’s assets.
- The **Forces of Change Assessment** prompts MAPP participants to consider the external or internal forces that might threaten or strengthen the community in the near future.

After the qualitative and quantitative data of the four assessments is compiled and disseminated to community members, the issues are prioritized, strategies are formulated, goals are set, and plans are implemented.<sup>9</sup>



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<sup>9</sup><http://www.naccho.org/topics/infrastructure/mapp/>

<sup>10</sup> Image retrieved from:

<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/general.cfm>

## ORGANIZING FOR SUCCESS: Partnership Development

In anticipation of the Health Center Planning Grant award, the Executive Director of the Rockbridge Area Free Clinic (RAFC)<sup>11</sup> and the Project Manager completed MAPP training with the National Association of County and City Health Officials in May 2011. Community support and awareness was built through small meetings with key stakeholders beginning in early September 2011. Upon notification of the grant award in mid-September, the RAFC formally invited the community's critical access hospital, Carilion Stonewall Jackson Hospital<sup>12</sup> and the local public health departments<sup>13</sup>, Central Shenandoah Health District, to join as partners in the MAPP Project. Both the hospital and the health department readily joined the efforts. Carilion Stonewall Jackson Hospital pledged in-kind donation of meeting space, food, printing, advertising, and staff time. The Central Shenandoah Health District committed staff time and key leadership. The combined resources of these Core Team organizations, coupled with their experience in building community partnerships helped ensure the successful implementation of MAPP.



*Rockbridge Area Free Clinic*



*Buena Vista Health Department*



*Lexington Health Department*



*Carilion Stonewall Jackson Hospital*

<sup>11</sup> Image courtesy of Katy Datz

<sup>12</sup> Image retrieved from <http://www.carilionclinic.org/Carilion/csjh>

<sup>13</sup> Images retrieved from <http://www.vdh.state.va.us/lhd/CentralShenandoah/contactus/directions.htm>

## ROCKBRIDGE AREA MAPP PROJECT: Working Together to Improve the Quality of Life

### LEADERSHIP

Recognizing that the success of the MAPP Project was highly dependent on the involvement of other key stakeholders, businesses, and providers who work with underserved populations, the three MAPP partners recruited members of the local public health system to participate.

The Rockbridge Area MAPP Project was guided by the Health Center Planning Grant staff, the MAPP Core Team, and the MAPP Steering Committee.

Health Center Planning Grant staff served as the key organizers to prepare, plan, and implement the assessments, strategic planning, and development of a service delivery model. The Health Center Planning Grant staff includes:

- Project Director: Suzanne Sheridan, Executive Director, RAFC
- Project Manager: Laura Simpson, RN
- Communications Manager: Katy Datz, Development Director, RAFC
- Technical Consultant: Pat Young, CommunityWorks

The MAPP Core Team prepared for the MAPP process, recruited participants, designed the visioning and assessment process, collected primary and secondary data, compiled assessment results, and disseminated findings MAPP Steering Committee for analysis and recommendations.

The MAPP Core Team is comprised of:

- Health Center Planning Grant staff
- Dr. Douglas Larsen, Director, Central Shenandoah Health District
- Ms. Deborah Bundy-Carpenter, RN, Nurse Manager, Central Shenandoah Health District
- Mr. Chuck Carr, Vice President, Carilion Stonewall Jackson Hospital
- Ms. Holly Ostby, Community Health Coordinator, Carilion Stonewall Jackson Hospital
- Dr. Laura Kornegay, Local Physician
- Ms. Melissa Mederios, Coordinator of Service Leadership, Washington & Lee University

Core Team and Steering Committee members committed to:

- Identify and/or provide existing community assessments or collections of data
- Participate in all aspects of the MAPP Project
- Maintain a county-wide perspective

The MAPP Steering Committee met monthly from November 2011 through August 2012 and participated in the implementation of visioning, the assessments, strategic planning, and development of a service delivery model that addresses the needs of the community.

Members of the MAPP Steering Committee follow:

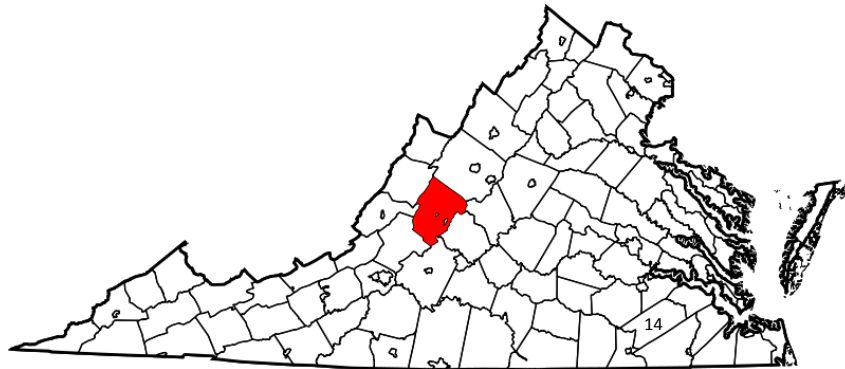
Mike Bell	Rockbridge Area Community Services
Chris Blalock	Rockbridge County Sherriff
Donna Gail Broussard	Heritage Hall
Cindy Crance	Rockbridge County Schools, Director of Instruction
Dennis Cropper	Rockbridge Area Community Services
Lisla Danas	Virginia Military Institute, Alumni
Timothy Diette	Washington & Lee University
Meredith Downey	Department of Social Services
Mimi Elrod	Mayor, Lexington City
Rusty Ford	Rockbridge County Board of Supervisors
Steve Funkhouser	Rockbridge County Sherriff's Office
Carole Green	Virginia Military Institute
Jeff Grossman	Rockbridge Area Free Clinic, Board of Directors
Anne Hansen	Community
Kathleen Heatwole	Augusta Health
Bob Huch	Southern Virginia University
Michelle Jones	Rockbridge Area Hospice
Sharon Knick	Community
Betty LaRock	Rockbridge Area Transportation System
Buster Lewis	Rockbridge County Board of Supervisors
Mary Lynn Lipscomb	SJH Community Health Foundation Board, Health Consultant
Dan Lyons	Lexington City Schools, Superintendent
Joan Manley	Valley Associates for Independent Living
Lyle McClung	Local Physician; Rockbridge Area Free Clinic, Board of Directors
Sammy Moore	Chamber of Commerce
Lewis Plogger	Buena Vista City Council
Alysan Raymond	YMCA, Executive Director
Tim Root	Rockbridge Area Transportation System
Jeri Schaff	Maury River Senior Center, Valley Program for Aging Services
Mike Smith	Rockbridge Area Community Services
Leonard Stewart	Project Horizon; Lexington Police Department
Shane Watts	Emergency Medical Services

*Steering Committee meeting attendance record available upon request.*

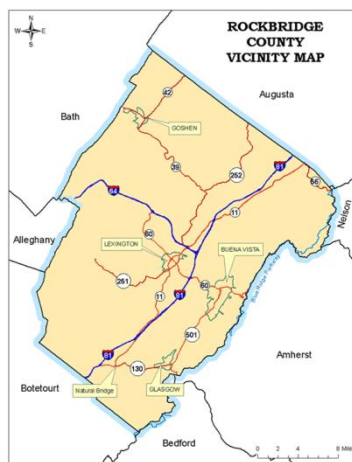


## GEOGRAPHIC SERVICE AREA

Rockbridge County, Virginia and the independent cities of Lexington and Buena Vista are the service areas addressed in this CHNA.



Located in the Shenandoah Valley in west central Virginia, Rockbridge County is classified as a rural county.<sup>15</sup> It is bounded on the west by the Alleghany Mountains and on the east by the Blue Ridge Mountains. The county's rolling hills and 58,000 acres of national forest comprise much of its 616 square miles. There are 37 persons per square mile, which is significantly lower than the state average of 203 persons per square mile.<sup>16</sup> Rockbridge County is surrounded by the counties of Bath, Augusta, Amherst, Bedford, and Alleghany. Highways 81 and 64 provide ready access to neighboring markets and services.



Map prepared by Rockbridge County GIS Office

The independent cities of Buena Vista and Lexington lie within the county limits. Lexington, the county seat, is situated in the center of the county. It is the heart of much of the county's educational, retail, commercial and governmental activities. Buena Vista is located six miles east of Lexington and is considered the industrial and manufacturing core of the county. Both the cities of Buena Vista and Lexington are classified as mixed urban areas.<sup>17</sup> With land areas of 7 square miles and 2.5 square miles respectively, there are 992 persons per square mile in Buena Vista and 2,820 persons per square mile in Lexington.<sup>18</sup> The incorporated towns of Glasgow, Goshen, Brownsburg, Natural Bridge Station, Raphine and Fairfield are located within the county limits.

<sup>14</sup> Map retrieved from: [http://en.wikipedia.org/wiki/Rockbridge\\_County,\\_Virginia](http://en.wikipedia.org/wiki/Rockbridge_County,_Virginia)

<sup>15</sup> Virginia Rural Health Plan, 2008, <http://www.va-srhp.org/docs/plan/11-appendix-d.pdf>

<sup>16</sup> US Census Bureau State and County Quick Facts, 2010

<sup>17</sup> Virginia Rural Health Plan, 2008, <http://www.va-srhp.org/docs/plan/11-appendix-d.pdf>

<sup>18</sup> US Census Bureau State and County Quick Facts, 2010

## HISTORY

In order to fully appreciate the present day community of Rockbridge County, it is important to understand the values and accomplishments of the first families. As the ancient mountains, rivers, and fertile valley fields define the county's landscape<sup>19</sup>, the accomplishments of those past provide a strong foundation for the community leaders of today. When charting the course for future generations, it is important to remember how the community first expressed its values and to understand those values as living sources of strength and inspiration.



Settlers of Scotch-Irish and German descent first came to the Shenandoah Valley in the 1730s from Pennsylvania. They settled along a Native American path known as the Great Wagon Road. This ancient path still serves the community as US Route 11. Rockbridge County was founded in 1778 from parts of Augusta County and Botetourt County. It was named for the natural rock formation; known as Natural Bridge, which was owned at that time by Thomas Jefferson. The town, later incorporated as Lexington, was established where the Maury River and the Great Wagon Road conveniently intersect.<sup>20</sup>

The primary industry was education. The Scotch-Irish settlers formed Augusta Academy in the 1740s. The name later changed to Liberty Hall Academy and a new stone school was built in 1793. The Academy was renamed Washington College after George Washington provided sustainable funding for the school. Following the civil war, Robert E. Lee served as the college president and expanded the curriculum. After his death, Washington College was renamed Washington and Lee University, as it remains today.<sup>21</sup>

In 1816, Lexington became one of three areas in the state designated by the U.S. General Assembly of Virginia to store an arsenal of weapons. In 1839, the small town's second college, Virginia Military Institute was founded at the site of the arsenal. The railroad arrived in Lexington between 1860 and 1890, and with a strong community of educated, innovative

<sup>19</sup> Image courtesy of Mary Beth White-Comstock

<sup>20</sup> County of Rockbridge, <http://www.co.rockbridge.va.us/history.htm>

<sup>21</sup> County of Rockbridge, <http://www.co.rockbridge.va.us/history.htm>

leaders, Rockbridge County began to grow and prosper after the civil war. In 1867, the county added a third college, Southern Seminary, an institute of higher education for women located in Buena Vista. Southern Seminary is now known as Southern Virginia University.<sup>22</sup>

Clearly the early leaders of Rockbridge County valued education and understood it as a vital force necessary for sustainable growth. The Rockbridge Area MAPP Project is grounded in the premise that similar value should be placed on the protection and promotion of health for all community members. The data presented in this report reveals that all members of the Rockbridge area do not enjoy equal access to fundamental requirements of health such as education, health care, and quality food.

*“The problem is I can’t see...I can’t get any glasses...I’m a knowledge junkie, but I can’t read anymore.”*

*~MAPP focus group participant, 2012*

The MAPP team hopes that this CHNA will help establish a common understanding of the relationship between social inequalities and the health status of the community. There is no cheap, quick or easy fix for the complex challenge of delivering health care in a rural community. The CHNA simply aims to inspire an ongoing collaborative planning, implementation, and evaluation process aimed at health equity.

*We are made wise not by the recollection of our past, but by the responsibility for our future.*

*~George Bernard Shaw*



<sup>22</sup> Southern Virginia University, <http://svu.edu/about>

## VISIONING

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in the Rockbridge area, a “Visioning Event” was led by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, and the Central Shenandoah Health District on January 17, 2012. Community residents, leaders, providers and stakeholders from Rockbridge County, Lexington, and Buena Vista were invited. A total of 175 individuals attended. The goals of the Visioning Event were as follows:

- To engage the larger community in a collaborative process that results in a shared vision
- To assess what is important to the community
- To learn more about how quality of life is perceived in our community and the barriers that must be addressed
- To identify resources and assets that can be used to improve the community

During the event, a “Community Themes and Strengths Assessment” was conducted to identify what impacts the health of those who live, work, and play in the Rockbridge Area. Participants were randomly assigned into 11 focus groups. Each group was asked questions addressing three topics:

- (1) Current Rockbridge area assets
- (2) Current Rockbridge area needs
- (3) Future vision of a healthy Rockbridge

Participant responses related to each topic were recorded for all 11 focus groups. Although responses varied among groups, common themes emerged and were categorized based on how they contribute to the public health system as a whole. This information was used by the Steering Committee to craft a “Vision Statement” for the MAPP project. This Vision statement provides focus, purpose and direction for long term community health improvement efforts.

***Our vision is a Rockbridge community with improved health and quality of life for this and future generations supported by a comprehensive, accessible and sustainable community health system.***

The Visioning Report provides a complete summary of the responses and the related categories for each topic identified by the focus groups at the Visioning Event. (See Appendix A)

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<sup>23</sup> Image courtesy of Rockbridge Area Free Clinic; painting by Peter Simpson

## COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment (CHSA) documents the community's health indicators and compares them to state data as well as the national benchmarks outlined in *Healthy People 2020*. Pertinent *Healthy People 2020* goals are presented throughout the CHSA in blue boxes. The overarching goals of Healthy People 2020 are indicated below<sup>24</sup>.

- **Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.**
- **Achieve health equity, eliminate disparities, and improve the health of all groups.**
- **Create social and physical environments that promote good health for all.**
- **Promote quality of life, healthy development, and healthy behaviors across all life stages.**

### DEMOGRAPHIC AND SOCIOECONOMIC STATUS

#### Population Overview<sup>25</sup>

Population, 2010	Rockbridge/ Buena Vista/ Lexington		Virginia	
	Count	Percent	Count	Percent
<b>Total Population</b>	<b>35,999</b>		<b>8,001,024</b>	
<i>By Age</i>				
<i>Children (0-19 years)</i>	8,350	23%	2,083,685	26%
<i>Adults (20 years and older)</i>	27,649	77%	5,917,339	74%
<i>By Race/Ethnicity</i>				
<i>White</i>	33,150	92%	5,486,852	69%
<i>Black or African American</i>	1,621	5%	1,551,399	19%
<i>Other race</i>	1,228	3%	962,773	12%
<i>Hispanic/Latino</i>	670	2%	631,825	8%

Source: U.S. Census Bureau, 2010 Census. "Other race" includes Asians, Hawaiians/Pacific Islanders, American Indians, Alaskan Natives, and people who report more than one race. Hispanic origin is not mutually exclusive from race.

<sup>24</sup> <http://www.healthypeople.gov/2020/consortium/HP2020Framework.pdf>

<sup>25</sup> Retrieved from: [http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi)

### Racial and Gender Composition:

There is a higher percentage of White (not differentiated by Non-Hispanic) residents in all three localities compared to Virginia (69%) and the United States (72.4%).<sup>26</sup>

- Rockbridge County: 95%
- Lexington City: 85%
- Buena Vista City: 91%

Compared to Rockbridge County and Buena Vista City, a significant percentage of the Lexington City population (aged 5 years and over) speaks a language other than English at home.<sup>27</sup>

- Rockbridge County: 1.9%
- Lexington City: 8.1%
- Buena Vista City: 1.4%

There is approximately a 1:1 ratio of males to females in the Rockbridge area.<sup>28</sup>

### Population Growth

The Rockbridge area population growth between 2000 and 2010 falls below state and national trends.<sup>29</sup>

- Rockbridge County population increased 6.7%
- Lexington City population increased 2.5%
- Buena Vista City population increased 4.5%
- Virginia population increased 11.5%
- United States population increased 8.8%

### Age Distribution

Adults aged 65+ represent significantly higher percentage of the Rockbridge area population compared to state and national trends.<sup>30</sup>

- Rockbridge County: 20.7%
- Lexington City: 15.3%

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<sup>26</sup> US Census 2010

<sup>27</sup> American Community Survey, 5-year estimates, US Census Bureau, 2006-2010

<sup>28</sup> US Census, 2010

<sup>29</sup> American Community Survey 5-year estimates US Census Bureau, 2006-2010

<sup>30</sup> US Census, 2010



- Buena Vista City: 16.1%
- Virginia: 12.2%
- United States: 13%

The Rockbridge area is among the top five in Virginia for percent of population aged 60 and above.<sup>31</sup>

- Rockbridge County: 28.53%
- Lexington City: 19.68%
- Buena Vista City: 22.56%

The Rockbridge area has a lower percentage of school-aged children (aged 5-17) compared to Virginia (16.8%) and the United States (17.5%).<sup>32</sup>

- Rockbridge County: 14.4%
- Lexington City: 7.5%
- Buena Vista City: 15.2%

### Socioeconomic Status

The median household income in all three localities is lower than the United States and Virginia.<sup>33</sup>

	US	VA	Rockbridge	Buena Vista	Lexington
<b>Median Income</b>	\$51,914	\$61,406	\$44,417	\$39,955	\$31,571

<sup>31</sup>Maury River Senior Center Annual Report, 2010-2011

<sup>32</sup>US Census, 2010

<sup>33</sup>American Community Survey, 5-year estimates, US Census Bureau, 2006-2010

The Federal Poverty Guidelines (FPL) are 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>34</sup>

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

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

<sup>34</sup><http://aspe.hhs.gov/poverty/12poverty.shtml/#guidelines>

*Percentage of Population Living at **200%** of the Federal Poverty Level or below by Age Groups<sup>35</sup>*

The percentage of the local population living at 200% of the FPL or below is predominantly higher than state and national numbers for all age groups. The only exception is children aged 6- 17 living in Lexington. This exception will likely go away in coming years as the highest percentage of low-income residents is found in children less than six years of age in Lexington.

	US	VA	Rockbridge	Buena Vista	Lexington
<b>&lt; 6 years</b>	44.6%	34.1%	46.3%	51%	56.8%
<b>6-17 years</b>	39.1%	29.5%	46.5%	55.4%	27.9%
<b>18-64 years</b>	28.5%	22%	33.1%	37.7%	42.8%
<b>65+ years</b>	32%	27.9%	33.3%	48.6%	38.1%

*Percentage of Population Living **below 200%** of the Federal Poverty Level- All Ages<sup>36</sup>*

A startling 38% of the Rockbridge area population, as a whole, lives below 200% of the FPL and therefore qualify as “low-income.” This number exceeds both state and national numbers.

	US	VA	Rockbridge/ Buena Vista/ Lexington Service Area
<b>Under 200% FPL</b>	32%	24.9%	<b>38%</b>

*Percentage of Population Living **below 100%** of the Federal Poverty Level- All Ages<sup>37</sup>*

The percentage of the population living between 50-99% of the FPL is higher than the state and the nation in all three localities. The percentage of the population in Lexington living at less than 50% of the FPL is over three times that of Virginia.

	US	VA	Rockbridge	Buena Vista	Lexington
<b>Under 50% FPL</b>	6%	4.5%	3.4%	5.7%	17.2%
<b>50-99% FPL</b>	7.8%	5.7%	9.0%	15.0%	13.6%

<sup>35</sup> American Community Survey, 5-year Estimates, US Census Bureau, 2006-2010

<sup>36</sup> American Community Survey, 5-Year Estimates, US Census Bureau, 2006-2010

<sup>37</sup> American Community Survey, 5-Year Estimates, US Census Bureau, 2006-2010

*Trends in Unemployment and Poverty*<sup>38</sup>

The percentage of the Rockbridge area population which is unemployed and living in poverty has followed state trends and steadily increased over the past decade. Since 2008, local unemployment numbers have exceeded the state average. Overall poverty numbers for the whole service area consistently fall above state levels.

Unemployment and Poverty Rate (% of population)	Rockbridge/ Buena Vista/ Lexington		Virginia	
	Unemployed	Poverty	Unemployed	Poverty
2000	NA	10.4%	NA	8.9%
2001	3.2%	10.2%	3.2%	8.8%
2002	4.0%	11.2%	4.2%	9.6%
2003	4.1%	11.1%	4.1%	9.9%
2004	3.7%	10.6%	3.7%	9.5%
2005	3.5%	12.1%	3.5%	10.0%
2006	3.1%	13.3%	3.0%	9.6%
2007	3.2%	12.7%	4.0%	9.9%
2008	4.6%	13.5%	3.9%	10.2%
2009	7.6%	13.4%	6.7%	10.6%
2010	8.1%	14.1%	6.9%	11.1%
2011	7.5%	NA	6.2%	NA

**Source: Virginia Employment Commission (unemployment); U.S. Census Bureau, SAIPE (poverty).**

A recent study spearheaded by Washington & Lee University economists, Arthur Goldsmith and Timothy Diette, sheds light on the relationship between unemployment and poor mental health. Goldsmith reports “when people are exposed to long-term unemployment, they

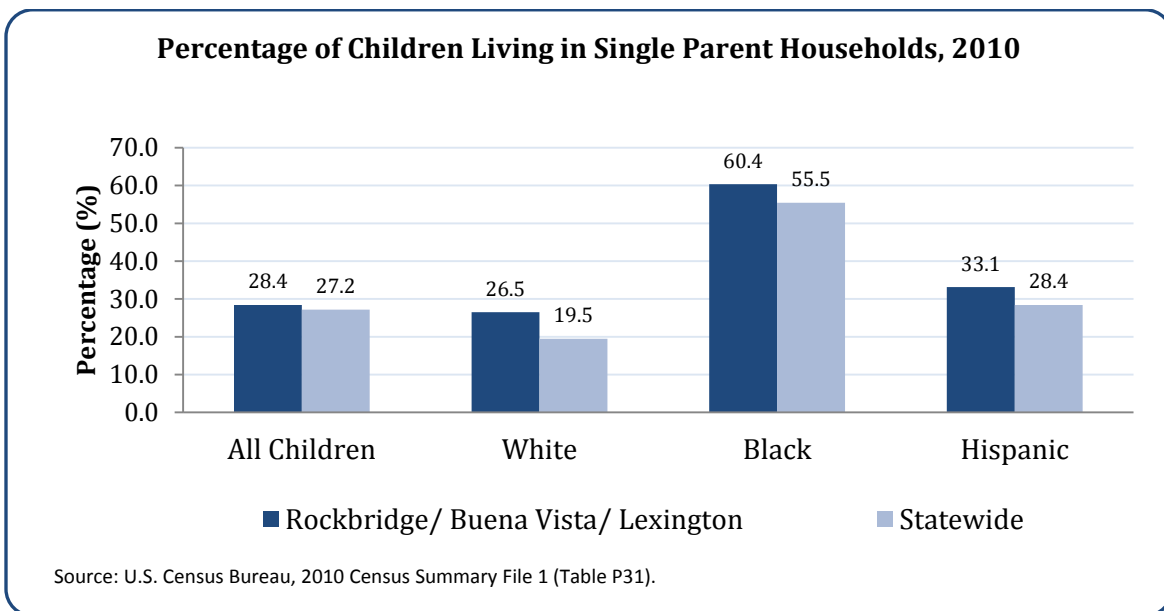
<sup>38</sup>Retrieved from: [http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi)

obviously feel that they've lost control of their capacity to earn a living and take care of their families," he said. "They worry about their futures."<sup>39</sup>

In addition to a steady job, secure marital status is known to be a protective factor for behavioral risks and an important coping mechanism in general. Worldwide, marital status is a significant indicator of vulnerability among women and children. Single mothers are more likely to be poor, under educated, and under employed and their children are more likely than their peers to perpetuate this pattern.

#### *Single Parent Households<sup>40</sup>*

The percentage of children living in a single parent household is greater in the Rockbridge area than in Virginia. The statewide disparities evident for Black and Hispanic children are also pronounced locally.



<sup>39</sup><http://news.blogs.wlu.edu/2011/10/21/wlu-economists-unemployment/>

<sup>40</sup>Retrieved from: [http://www.dss.virginia.gov/geninfo/reports/agency\\_wide/ldss\\_profile.cgi](http://www.dss.virginia.gov/geninfo/reports/agency_wide/ldss_profile.cgi)

## Academic Attainment

The percentage of the population aged 25 and over who are graduates of high school is lower in all three localities compared to Virginia and the United States.<sup>41</sup>

	US	VA	Rockbridge	Buena Vista	Lexington
<b>High school graduates, % of persons age 25+</b>	85%	86.1%	79.6%	72.8%	81.3%

### Select Healthy People 2020 Goals: Adolescent Health

Increase the proportion of adolescents who graduate with a regular diploma 4 years after starting 9<sup>th</sup> grade. Target: 82.4 percent

Students with disabilities and economically disadvantaged students in Rockbridge County experienced lower on-time graduation rates than Virginia and Buena Vista.<sup>42</sup> An on-time education rate is defined as percentage of a cohort earning a diploma within four years of beginning ninth grade.<sup>43</sup>

<b>On-Time Graduation Rate</b>	Virginia	Rockbridge County (includes Lexington)	Buena Vista City
<b>All Students</b>	86.6%	80.8%	89.2%
<b>Students with Disabilities anytime</b>	80.29%	61.8%	83.3%
<b>Economically Disadvantaged anytime</b>	76.5%	68%	78%

<sup>41</sup> American Community Survey, 5-year estimates, US Census Bureau, 2006-2010

<sup>42</sup> Division-Level Cohort Report, Four Year Rate, Class of 2011

<sup>43</sup> [http://www.doe.virginia.gov/statistics\\_reports/graduation\\_completion/cohort\\_reports/faq.pdf](http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/faq.pdf)



Similarly, the dropout rate (expressed as percentage) for students with disabilities anytime in Rockbridge County is significantly higher than Virginia and Buena Vista City.<sup>44</sup> Students in Buena Vista who are economically disadvantaged at any time also have an increased rate of dropout.

<b>Dropout Rate</b>	<b>Virginia</b>	<b>Rockbridge County</b>	<b>Buena Vista City</b>
<b>All Students</b>	7.2%	8.6	7.5
<b>Female</b>	5.7%	8.6	6.7
<b>Male</b>	8.6%	8.6	8.3
<b>Students with Disabilities</b>	11.5%	8.7	8.3
<b>Economically Disadvantaged</b>	10.4%	32.4	10
<b>Economically Disadvantaged anytime*</b>	13.0%	13.1	17.1

### **ACCESS TO HEALTH CARE**

Access to primary health care for Rockbridge area residents was assessed through the following measures:

- Insurance Coverage
- Health staffing shortages designated by the Health Resources and Services Administration (HRSA)
- The ratio of individuals to Primary Care Physicians

Although communities have little control over insurance coverage status, this information helps to define the overall need and can result in more targeted interventions for the underserved.

#### **Select Healthy People 2020 Goals: Access to Health Services**

Increase the proportion of persons with health insurance. Target: 100 percent

Increase the number of practicing primary care providers. Target 631: 1

Increase the proportion of persons who have a specific source of ongoing care. Target: 95.0 percent

*Insurance Status in Percentage of Population (all ages)*<sup>45</sup>

	Rockbridge County	Buena Vista	Lexington
<b>Medicaid</b>	13.1%	12.4%	13.8%
<b>Medicare</b>	17.3%	19.9%	17.6%
<b>Medicare Dual Eligible</b>	2.3%	5.6%	2.4%
<b>Private - Direct</b>	4.6%	4.4%	4.5%
<b>Private – Employer Sponsored</b>	44.7%	43.1%	42.9%
<b>Uninsured</b>	17.9%	14.6%	18.8%

*Health Staffing Shortages*

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

As defined on HRSA’s website:<sup>46</sup>

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

The Rockbridge area holds the following HRSA designations:

- Low-income residents of Buena Vista, Lexington and Rockbridge County are designated a **Medically Underserved Population**
- Low-income residents of Buena Vista, Lexington and Rockbridge County are designated a **Primary Care Health Professional Shortage Area** and a **Dental Health Professional Shortage Area**
- The entire Rockbridge service area is designated as a **Mental Health Professional Shortage Area**.

<sup>45</sup>Market Planner Plus, Thompson Reuters, 2011

<sup>46</sup><http://bhpr.hrsa.gov/shortage/>

“Low-income” is defined by HRSA as an income at or below 200% of the Federal Poverty Level. In the Rockbridge service area, 38% of residents meet the criteria for “low-income.”<sup>47</sup> As indicated below, the vast majority of uninsured children and adults fall into this “low-income” category. Low-income and uninsured residents are less likely to have a specific source of ongoing care.

Uninsured Children<sup>48</sup>

	VA	Buena Vista	Lexington	Rockbridge
<b>Percent Uninsured Children Age 0-18</b>	7%	9%	7%	9%
<b>Percent Uninsured Children living at 200% FPL or below</b>	65.50%	75.40%	67.40%	70.70%

Uninsured Adults<sup>49</sup>

	VA	Buena Vista	Lexington	Rockbridge
<b>Percent Uninsured Adults Age 19-64</b>	14.6%	21.7%	16.3%	19.8%
<b>Percent Uninsured Adults living at 200% FPL or below</b>	73.60%	78.20%	80.50%	79.50%

*Primary Care Physicians*

The number of primary care physicians present in a community is often used to assess health care access in the literature. While there is evidence to support the positive correlation between primary care physicians and improved health outcomes for individuals, there are limitations to using this measure to quantify health care access for populations. The limitations result from the fact that individuals may choose to travel out of their own community to receive care and uninsured residents are often unable to afford the care. In some cases, even secure insurance status does not guarantee access to services. To remain financially viable, primary care practices often have to impose limits on the percentage of active Medicaid and Medicare patients.

<sup>47</sup>American Community Survey, 5-Year Estimates, US Census Bureau, 2006-2010

<sup>48</sup>Virginia Atlas of Community Health, 2011

<sup>49</sup>Virginia Atlas of Community Health, 2011

The number of persons per primary care physician exceeds the national benchmark in all three localities.<sup>50</sup>

	National Benchmark	Virginia	Rockbridge	Buena Vista	Lexington
<b>Number of Persons per Primary Care Physician</b>	631:1	806:1	650:1	3,130:1	2,294:1

**LEADING CAUSES OF DEATH: Top 10 Causes of Death in the Rockbridge Area<sup>51</sup>**

In the recently released County Health Rankings,<sup>52</sup> the number of premature deaths is reportedly 7,686 per 100,000 people in Rockbridge County and 8,507 per 100,000 in Buena Vista. The local numbers are 12 and 21 percent higher respectively than the state ratio of 6, 729 deaths per 100,000 people. *Lexington was not ranked in the County Health Rankings.*

When the death rates for “all deaths” in Rockbridge County, Lexington City, and Buena Vista are averaged together, the total death rate for the Rockbridge area is 784.5 (per 100,000). This average death rate is only slightly above Virginia’s death rate of 739.2 (per 100,000). However, significant disparities emerge when specific causes of death are compared between localities and to the state.

Overall the death rate is highest in Buena Vista. The death rate for cancer (malignant neoplasms) in Buena Vista (310.5) is approximately twice that of Lexington (162.5), Rockbridge County (158.8) and Virginia (170.9). In Buena Vista, suicide appears among the top ten causes of death and deaths attributed to behavioral risk factors are significantly higher than the other area localities and the state.

LEXINGTON CITY	
Age adjusted death rate per 100,000	
All Deaths: 837.6 per 100,000	
1. Heart Disease	209.4
2. Malignant Neoplasms	162.5
3. Unintentional Injury	58.8
4. Chronic Lower Respiratory Diseases	36.1
5. Cerebrovascular Disease	32.9
6. Septicemia	27.0
7. Nephritis and Nephrosis	26.6
8. Alzheimer's Disease	25.0
9. Diabetes Mellitus	22.0
10. Chronic Liver Disease	14.1

<sup>50</sup> County Health Rankings, 2012

<sup>51</sup> Virginia Atlas of Community Health, 2010-2011

<sup>52</sup> County Health Rankings, 2012

ROCKBRIDGE COUNTY	
Age adjusted death rate per 100,000	
All Deaths: 630.9 per 100,000	
1. Malignant Neoplasms	158.8
2. Heart Disease	148.9
3. Cerebrovascular Disease	51.5
4. Chronic Lower Respiratory Disease	29.8
5. Unintentional Injury	21.1
6. Nephritis and Nephrosis	20.5
7. Parkinson's Disease	17.2
8. Diabetes Mellitus	15.4
9. Chronic Liver Disease	11.5
10. Alzheimer's Disease	11.1

BUENA VISTA CITY	
Age adjusted death rate per 100,000	
All Deaths: 884.9 per 100,000	
1. Malignant Neoplasms	310.5
2. Heart Disease	76.2
3. Unintentional Injury	70.5
4. Cerebrovascular Disease	66.8
5. Diabetes Mellitus	65.2
6. Chronic Lower Respiratory Diseases	63.1
7. Chronic Liver Disease	21.7
8. Septicemia	16.1
9. Suicide	16.1
10. Influenza and Pneumonia	14.1

Diabetes is a disease that can be prevented and/or managed by nutrition and physical activity. The death rate for diabetes is 65.2 in Buena Vista compared to 22.0 in Lexington, 15.4 in Rockbridge County and 18.7 in Virginia. “Chronic Lower Respiratory Diseases” are commonly related to a history of smoking. The death rate for these preventable diseases is approximately twice as high in Buena Vista (63.1) than in Lexington (36.1), Rockbridge County (29.8), and Virginia (37.9). Similarly, the death rate for “Chronic Liver Disease,” often linked to alcoholism, is higher in Buena Vista (21.7) than in Lexington (14.1), Rockbridge County (11.5), and Virginia (7.8). In contrast, death rates attributed to heart disease are significantly lowering Buena Vista (76.2) compared to Lexington (209.4), Rockbridge County (148.9), and Virginia (167.6).

### BEHAVIORAL RISK FACTORS

*Good nutrition, physical activity, and a healthy body weight are essential parts of a person’s overall health and well-being. Together, these can help decrease a person’s risk of developing serious health conditions such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer.*

*~Healthy People 2020*

Rockbridge County’s residents are not immune to the behavioral risks factors that plague many rural communities across the nation. The most concerning are those risks affecting local children. Patterns of behavior developed in childhood tend to extend into adulthood and can have serious effects on the health of both individuals and communities. A significant number of children in Rockbridge County engage in behavior that puts them at risk for serious health problems. Poor dietary choices and lack of physical activity are two behavioral risks for obesity.

Obesity puts both children and adults at risk for a variety of health problems including diabetes. In addition to poor nutrition and lack of physical activity, smoking and alcohol use are other risk factors that can lead to premature death.

#### Select Healthy People 2020 Goals: Weight Status

Increase the proportion of adults who are at a healthy weight. Target: 33.9 percent

Reduce the proportion of children and adolescents who are considered obese. Target 14.6 percent

#### Overweight/Obese Adults 18+<sup>53</sup>

The adult obesity rate is only slightly higher than the state. However, this number is at risk for increasing dramatically if the childhood obesity rate is not brought under control.

Overweight: 37.6% in Rockbridge County compared to 34.9% in VA

Obese: 31% in Rockbridge County compared to 26.3% in VA

Overweight or obese: 68.6% in Rockbridge County compared to 61.2% in VA

#### Overweight/Obese Children

In 2010, 26.4 % of children in Virginia were overweight or obese compared to 27.6% nationally.<sup>54</sup> During the same time period, 42% of all Rockbridge County elementary school children, 47% of middle school children and 50% of high school students were overweight or obese.<sup>55</sup> The reported percentage of overweight school children in Rockbridge County decreased dramatically in the 2011-2012 school year. The latest measurement found that 10.75% of elementary school children, 25% of middle school children and 37% of high school students were overweight or obese.<sup>56</sup> Although these recent results are encouraging, the stability of this change remains to be seen. Buena Vista City Schools reported an alarming 53.5% of elementary school children, 42% of middle school children, and 35% of high school

<sup>53</sup>VDH, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

<sup>54</sup> <http://vaperforms.virginia.gov/indicatorss/healthfamily/obesity/php>

<sup>55</sup> Personal Communication, Rockbridge County Schools

<sup>56</sup> Rockbridge County Schools, School Board Docs, 2012, <http://fc.rockbridge.k12.va.us/School%20Board%20Minutes/>



students were overweight or obese in the 2011-2012 school year.<sup>57</sup> Lexington City Schools do not currently report BMI results.

Nutrition, Physical Activity and Obesity Related Illness

*High Blood Pressure*<sup>58</sup>

50.9% of people living in Rockbridge County carry a diagnosis of hypertension compared to 27.5% in Virginia.

*Cholesterol*<sup>59</sup>

29.9% of people living in Rockbridge County carry a diagnosis of “high cholesterol” compared to 36.7% in Virginia.

*Diabetes Indicators: 5 year averages*<sup>60</sup>

Diabetes	VA	Rockbridge County	Buena Vista	Lexington	National Benchmark
<b>Age Adjusted Diabetes Prevalence</b>	7.70%	9.10%	8.90%	9.40%	6.50%
<b>Diabetes Mortality Rate per 100,000</b>	19.5	12.8	48.7	43.8	26

The age-adjusted diabetes prevalence rate for all three localities exceeds the state rate and the national benchmark. The average (2006-2010) diabetes mortality rate in Buena Vista and Lexington was more than double the rate of Virginia and Rockbridge County during the same time period.

<sup>57</sup> Personal Communication, Buena Vista City Schools, 2012

<sup>58</sup> VDH, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

<sup>59</sup> VDH, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

<sup>60</sup> VDH, 2006-2010

Significant Rates (number per 100,000) of “Preventable” Hospitalization <sup>61</sup>

	Rockbridge	Buena Vista	Lexington	National Benchmark
<b>Diabetes Short-term Complication Hospital Admission rate</b>	<b>57.3</b>	45.2	16.9	46.7
<b>Diabetes Long-Term Complication Hospital Admission rate</b>	98.9	<b>197.9</b>	105.2	112.6

Tobacco, Alcohol and Substance Abuse

**Select Healthy People 2020 Goals: Tobacco**

Reduce tobacco use by adults. Target: 12.0 percent

Increase abstinence from cigarette smoking among pregnant women. Target: 98.6 percent

Reduce percent of adolescents smoked cigarettes in past 30 days. Target: 16.0 percent

*Estimated # of Smokers aged 18+<sup>62</sup> (in percentage)*

- Rockbridge:22%
- Lexington:24%
- Buena Vista: 22%

Cigarette use during pregnancy in all three localities is significantly higher than the state and the health district.

	Rockbridge	Buena Vista	Lexington	CSHD	VA
<b>Cigarette use during pregnancy (Percent of all pregnancies)<sup>63</sup></b>	18%	23%	15.60%	13.10%	7.5%

<sup>61</sup>VHI Discharge Data by zip code, 2005-2009

<sup>62</sup> Virginia Atlas of Community Health, 2010

<sup>63</sup><http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>

A recent survey revealed that a significant percentage of children abuse tobacco products.<sup>64</sup>

DRUG	Rockbridge Grades 6-12	Buena Vista Grades 6-12	Lexington *Grades 6-8
<b>Smokeless Tobacco</b>	15.40%	11.90%	3.00%
<b>Cigarettes</b>	<b>18%</b>	<b>14.60%</b>	<b>3.00%</b>

*\*Lexington school system merges with Rockbridge County school system after 8<sup>th</sup> grade.*

### Alcohol and Substance Abuse

#### Select Healthy People 2020 Goals: Alcohol and Substance Abuse

Reduce the proportion of adults who drank excessively in the previous 30 days. Target: 25.3 percent

Reduce the proportion of adults reporting past-month use of any illicit drug. Target: 7.1 percent

Reduce past-month use of illicit substance among adolescents. Target: 16.5 percent

Local data on alcohol abuse is not available for all localities; however County Health Rankings reports that 18% of Rockbridge County residents engage in “excessive drinking,” compared to 16% of all Virginians.<sup>65</sup>

	Rockbridge	Buena Vista	Lexington	CSDH	US
<b>Any Illicit Drug Use in the Past Month (Percent of all Adults)<sup>66</sup></b>	8.68%	9.91%	15.18%	8.85%	8.70%

<sup>64</sup>Rockbridge Area Community Services, PRIDE survey, 2011-2012

<sup>65</sup> County Health Ranking, 2012

<sup>66</sup><http://www.cdc.gov/nchs/fastats/druguse.htm> ;<http://communityhealth.hhs.gov/>

*Alcohol and Drug Use among Middle and High-School Students<sup>67</sup>*

Use in Past 30 Days:

<b>DRUG</b>	<b>Rockbridge Grades 6-12</b>	<b>Buena Vista Grades 6-12</b>	<b>Lexington Grades 6-8*</b>
<b>Alcohol</b>	<b>35.70%</b>	<b>19.60%</b>	<b>9.00%</b>
<b>Inhalants</b>	4.30%	2.60%	4.50%
<b>Cocaine</b>	1.50%	0.00%	1.50%
<b>Marijuana</b>	15.80%	13.30%	3.10%
<b>Heroin</b>	0.00%	0.00%	0.00%
<b>Hallucinogens</b>	0.90%	0.00%	1.50%
<b>Ecstasy</b>	1.90%	0.70%	1.50%
<b>Meth</b>	0.90%	0.70%	1.50%
<b>Prescription Pain Relievers</b>	7.50%	6.70%	1.50%
<b>Prescription Tranquilizers</b>	4.50%	2.70%	0.00%
<b>Prescription Stimulants</b>	4.70%	2.10%	1.50%

*\*Lexington school system merges with Rockbridge County school system after 8<sup>th</sup> grade.*

Cancer Screening:

**Select Healthy People 2020 Goals: Cancer**

Increase the proportion of women who receive breast cancer screening based on the most recent guidelines. Target: 81.1 percent

Compared to Virginia (23.8%), a higher percentage (29.53%) of women in Rockbridge County ages 40 and older has not had a mammogram in the past three years. This means that only 70.4

<sup>67</sup> Rockbridge Area Community Services, PRIDE survey, 2011-2012

percent of area women have received a breast cancer screening compared to the national target of 81.1 percent.

Local colorectal and cervical cancer screening rates were not found.

## **NATURAL ENVIRONMENT**

According to the County of Rockbridge website the county has a seasonal climate and average temperatures in January of 35° F and 75° F in July. Approximately 23” of snow falls each year and 38” of rain. Rockbridge County is ranked as having optimal air quality. According to the U.S. Environmental Protection Agency’s (EPA) Quality Index report, the county has high air quality ratings.<sup>68</sup>

### Water

The amount of fresh water withdrawn for public supply in Rockbridge County is approximately 3 million gallons per day. Fifty-four percent comes out of the ground and 46% comes from surface sources such as the Maury and James Rivers.<sup>69</sup> Public drinking water is tested in accordance with U.S. Environmental Protection Agency (EPA) standards. Water is routinely tested for the presence of nitrates, metals, inorganic chemicals, organic chemicals, bacteria, radiological materials and cyanide. Maury Service Authority’s 2011 Annual Drinking Water Quality Report states that county drinking water meets all state and federal requirements administered by the EPA and Virginia Department of Health and that maximum contaminant levels (MCL) were below measurable limits.<sup>70</sup>

It is important to note that Rockbridge County has karst terrain which leaves ground water especially vulnerable to contamination because of the speed at which water infiltrates from the surface. The lack of filtering from the soil creates a risk for surface bacteria such as E.coli to contaminate ground water supply.

Water samples from private water supplies such as residential wells, are not taken by the local health department. The health department requires entry point water samples when new wells are established; however, there are no periodic testing requirements for private water supplies. The County of Rockbridge provides information on their website about nearby private laboratories. Concerns for private water sources are the same as for public water and include microbial contaminants, inorganic contaminants, pesticides and herbicides, organic chemical contaminants and radioactive contaminants. Private laboratories listed on the County’s website are not in Rockbridge County. A fee is charged for testing water samples.

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<sup>68</sup> City-Data, 2012

<sup>69</sup> City-Data, 2012

<sup>70</sup> Maury Service Authority, [www.mauryserviceauthority.com/id21.htm](http://www.mauryserviceauthority.com/id21.htm)

## Solid Waste

### **Select Healthy People 2020 Goals: Environmental Health**

Increase recycling of municipal solid waste. Target: 36.5 percent

Solid waste generated in Rockbridge County is disposed of in the Rockbridge County Landfill. Residents in Lexington and Buena Vista have the option of weekly curbside trash pick-up, which includes recyclables. Rockbridge County residents have the option of taking their trash to one of six recycling/ “dumpster” centers or the Rockbridge County Landfill. Rockbridge County has an active recycling program which promotes recycling through classroom education, civic educational presentations, and at public outreach events. The recycling center also holds “Household Hazardous Waste Days” twice a year where families can bring hazardous waste (needles, lights bulbs, batteries and paint cans) to be disposed of at no cost.

## Local Agriculture

Agriculture is an important industry in Rockbridge County. Highlights of a Local Food Economy Report for Rockbridge County<sup>71</sup> follow:

- 805 farms, 2% more than in 2002.
- Total land in farms was 138,315 acres, 12% less than in 2002.
- Farmers sold \$19.7 million of commodities in 2007.
- Crop sales totaled \$3.8 million (19% of total sales).
- Rockbridge County farms sold \$10.2 million of cattle and calves.
- County farms sold \$3 million of milk and dairy products.
- 211 (26%) farms sold less than \$1,000 of products.
- 29 (4%) farms sold more than \$100,000 of products.
- Ranks 8th in Virginia for sales of forage crops. Total of \$2.3 million sold.
- Ranks 9th in state for inventory of turkeys, with 53,432.

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<sup>71</sup> Ken Meter, Crossroads Resource Center, 2010

## Soil and Water Conservation Efforts<sup>72</sup>

The Natural Bridge Soil and Water Conservation District aims to improve water quality and reduce the number of impaired waters in the Rockbridge area and throughout the entire Chesapeake Bay Drainage area. To this end, the local Soil and Water Conservation district implements the Virginia Agriculture Cost Share Program and the Conservation Reserve Enhancement Program. Through these programs, cost share assistance in the amount of nearly \$200,000 was provided to approximately sixty-six Rockbridge County applicants who installed Best Management Practices on their land over the past two years. Examples of Best Management Practices include:

- Fencing and alternative water sources to exclude livestock from having direct access to streams
- Installation of planted and fenced buffers between agricultural fields and streams
- Construction of structures to house animal waste and reduce runoff into streams

## Radon and Lead

Environmental concerns such as radon and lead are monitored by the county. Increased lead levels detected in children are reported to the local health department. Children exposed to lead are at risk for developing learning disabilities and behavioral disorders. The most common source of lead in the home is dust from lead based paint used in homes built before 1950. Elevated blood lead levels are reportable in Virginia and are used to identify high risk areas of exposure. The Virginia Department of Health has identified certain regions in the state at risk for lead exposure. These include areas heavily populated with older homes or areas of the state that have a high prevalence of children with elevated blood levels (EBLL). The following local zip codes have been tagged as high risk: 24435, 24439, 24472, 24473, 24483, 24555, 24578, and 24579.<sup>73</sup>

Effective management of health risks associated with lead poisoning is only possible through lead screening and subsequent identification of elevated blood levels in individuals. A surprising percentage of children living in Lexington are not tested for lead exposure as recommended by the Centers for Disease Control.<sup>74</sup>

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<sup>72</sup> Personal Communication, Robert Hickman, District Conservation Specialist, July 2012

<sup>73</sup> Virginia Department of Health, 2010

<sup>74</sup> <http://www.vdh.virginia.gov/healthstats/stats.htm>

	Rockbridge	Buena Vista	Lexington	CSHD	VA
<b>% of children not tested for elevated blood lead levels by 36 months of age</b>	6.21%	15.52%	33.65%	22.90%	19.48%

Radon is an environmental hazard that has been linked to lung cancer. It is an odorless gas that is naturally found in rock and soil. Radon does not pose a threat on human health as long as it is outside of the home, however, when it builds up in the soil it can enter structures and contaminate the air. Areas within the state and country are categorized according to their indoor radon risk using a Zone 1-3 designation scale. Zone 1 areas have the highest risk for indoor radon levels and Zone 3 areas have the lowest risk.<sup>75</sup> Rockbridge County falls in Zone 1.



Source: Environmental Protection Agency (<http://www.epa.gov/radon/zonemap.html>)

This means there is a high potential for elevated indoor radon levels in homes built in the county. The EPA and CDC recommend that all homes be tested for radon to prevent exposure to the gas and potential health problems. Rockbridge County amended the Land Development Regulations, Section 802, Zoning and Building Permit Procedures, to add a provision for radon testing for all new one and two-family dwellings constructed in the county.

### Toxic Pollutants

#### **Select Healthy People 2020 Goals: Environmental Health**

Reduce the amount of toxic pollutants released into the environment.

Target: 3.5 billion pounds nationally

<sup>75</sup> Environmental Protection Agency



According to the Virginia Department of Environmental Quality, the major area polluters in 2010 were Stella-Jone Corportation in Goshen and Modine Manufacturing Company in Buena Vista.

The 2010 Virginia Toxics Release Inventory (TRI) report's list of facilities (#1 is largest pollutor) ranked by onsite releases (pounds) placed Stella-Jones at 151 among 423 facilities.<sup>76</sup> The Stella-Jones plant in Goshen, Virginia specializes in producing and treating railway timbers using oil-borne preservatives, e.g., creosote. The milling and preservative treatment processes produce air emissions and water discharges.

Modine Manufacturing Company makes heating equipment. Air emissions are produced during product manufacturing and processing. Modine Manufacturing was ranked at 249 out of 423 in the 2010 TRI report.<sup>77</sup>

## **SOCIAL HEALTH**

### Social Support

Social support, community activities, and affiliation with a spiritual community have been shown to correlate strongly with improved social and mental health. There is an assortment of denominations represented locally and nearly forty-two percent of the individuals in Rockbridge County are associated with a church or religious congregation as compared to fifty percent nationally.<sup>78</sup>

### Transportation

#### **Select Healthy People 2020 Goals: Environmental Health**

Increase use of alternative modes of transportation for work.

Transportation needs in the Rockbridge area are difficult to define. The concentration of goods and services in Buena Vista and Lexington requires residents of Rockbridge County to travel up to 30 minutes to go to a grocery store or seek medical care. The extended travel time required for basic needs is especially burdensome on low-income households. When the cost of fuel is factored into the cost of groceries and/or medical care, families may be forced to make choices that compromise their health. Residents living in the county without a vehicle are especially vulnerable.

<sup>76</sup>Virginia Department of Environmental Quality, [www.deq.state.va.us](http://www.deq.state.va.us)

<sup>77</sup> Virginia Department of Environmental Quality, [www.deq.state.va.us](http://www.deq.state.va.us)

<sup>78</sup> City-Data, 2010 , [http://www.city-data.com/county/Rockbridge\\_County-VA.html](http://www.city-data.com/county/Rockbridge_County-VA.html)

## Percent of Population with No Vehicle<sup>79</sup>

Rockbridge County	Lexington	Buena Vista	VA	US
4.9%	19.4 %	6.5%	6.3%	8.9%

While reliable transportation is undeniably a barrier to maintaining a healthy lifestyle for many area residents, it is important to recognize the resources that are available locally and to remember that Healthy People 2020 encourages us to also strive towards more walkable communities.

- Rockbridge Area Transportation System served 620 riders in 2010-2011 (73% Medicaid, 25% private pay, 2% partnership with MRSC). The average trip cost is \$27.02.<sup>80</sup>
- The Maury Express provides local service in Lexington and Buena Vista
- The Lexington Bike-Pedestrian Advisory Council is mapping the best bike and pedestrian routes in Lexington and Rockbridge County.<sup>81</sup>

### Housing

There are waiting lists for all subsidized housing units and rental assistance programs. Please see the “Rockbridge Area Housing Study” for a comprehensive assessment of rental housing needs prepared by Washington and Lee University students in 2012. It is located online:

- [http://cbr.blogs.wlu.edu/files/2012/05/LandryYadlinCapstone\\_Final.pdf](http://cbr.blogs.wlu.edu/files/2012/05/LandryYadlinCapstone_Final.pdf)

### Food

Approximately 11.9% of the Rockbridge County population and a shocking 21% of area children are considered “food insecure.”<sup>82</sup>

As part of the MAPP Project, a small photography project was completed with the goal of raising awareness of food related issues in the area. Nine Rockbridge area residents were given cameras and asked to photograph their food. See Appendix B for a selection of the resulting images.

<sup>79</sup>American Community Survey 5-year estimates US Census Bureau 2006-2010

<sup>80</sup> Rockbridge Area Transportation System Annual Report, 2010-2011

<sup>81</sup><http://rockbridgeconservation.org/resources/newsletters/Winter%202012.pdf>

<sup>82</sup> [Feedingamerica.org/mapthegap/2011](http://Feedingamerica.org/mapthegap/2011)

## MENTAL HEALTH

Mental health providers are available in the community and access for the uninsured is available through the Community Services Board and the Rockbridge Area Free Clinic. There are no inpatient mental health services available locally.

The Rockbridge service area, including Buena Vista, Lexington, and Rockbridge County, is designated a **Mental Health Professional Shortage Area** by the Health Resources and Services Administration.

### *Suicide*

#### Select Healthy People 2020 Goals: Mental Health

Reduce the Suicide rate. Target: 10.2 suicides per 100,000

The suicide rate in Buena Vista and Rockbridge County localities exceeds state and national rates. There were no reported suicides in Lexington city in 2010.

	Rockbridge	Buena Vista	Lexington	CSDH	VA	US
<b>Depression Prevalence<sup>83</sup></b>	6.17%	6.09%	6.25%	6.08%	7.00%	9.00%
<b>Suicide Rate per 100,000<sup>84</sup></b>	17.9	15.0	0	12.4	11.9	11

## MATERNAL AND CHILD HEALTH

Infant mortality is used to measure the health of populations all around the world and is an important indicator of a community's overall health status. Late-entry into prenatal care and low-birth weight are two risk factors linked to infant mortality. Infants born to teenage mothers and mothers with less than a high school education are more likely to suffer these risk factors. Communities can help minimize the disparities in maternal child health through supportive education for teenagers and at-risk families and improved access to coordinated prenatal and postnatal care.

<sup>83</sup><http://www.vdh.state.va.us/medExam/documents/2012/pdf/AnnualReport10.pdf>

<sup>84</sup>VDH, 2010

**Select Healthy People 2020 Goals: Maternal and Child Health**

- Reduce the rate of all infant deaths (within 1 year). Target: 6.0 per 1000 live births
- Increase the proportion of prenatal care beginning in first trimester. Target: 77.9 percent
- Increase abstinence from cigarette smoking among pregnant women. Target: 98.6 percent

As shown below, Rockbridge area prenatal and perinatal health indicators are remarkably poor. The teen pregnancy rate in Rockbridge County and Buena Vista is higher than the state average at 16.1% and 13.1% respectively compared to 10.5% in Virginia. A range of 26% to 31% of Rockbridge area women entered into prenatal care after the 13<sup>th</sup> week of pregnancy compared to 18 percent in Virginia. The combined effect of these and other social risk factors is reflected in the area’s infant mortality rates which exceed state levels in Lexington and Buena Vista. If preventive measures are not taken to address the known risk factors for infant death, the infant mortality rate is at risk for continuing to rise.

*Prenatal and Perinatal Health Indicators*<sup>85</sup>

	Rockbridge	Buena Vista	Lexington	CSHD	VA
<b>Low Birth Weight (5 year average)</b>	8.2 %	4.1%	5.7%	5.9%	8.4%
<b>Infant Mortality Rate per 1000 births (5 year average)</b>	6.8 per 1000	12.8 per 1000	10.3 per 1000	6.6 per 1000	7.1 per 1000
<b>Birth to Teenage Mothers (ages 15-19; Percent of all births)</b>	16.1 %	13.1 %	1.7%	12.5%	10.5%
<b>Late entry into prenatal care (after first trimester; percent of all births)</b>	26.10%	31.00%	30.50%	23%	18%

**ILLNESS AND INJURY**

Unintentional Injury Deaths: Rate per 100,000

**Select Healthy People 2020 Goals: Injury and Violence Prevention**

- Reduce unintentional injury deaths. Target: 36.0 per 100,000

The unintentional injury death rates in Buena Vista (70.5 per 100,000) and Lexington (58.80) exceed that of Virginia (32.2 per 100,000).<sup>86</sup>

<sup>85</sup>VDH, Vital Statistics, CountyHealth Profile, 2006-2010

<sup>86</sup>VDH, Vital Statistics, CountyHealth Profile, 2010

### Violent Crime Rate:

The violent crime rate in Rockbridge County is 252 per 100,000 and falls in the 90<sup>th</sup> percentile for the state.<sup>87</sup>

### **INFECTIOUS DISEASE**

The local health departments in Rockbridge County investigate and trend reports of cases of disease that are reported by medical providers in accordance with the Code of Virginia Reportable Disease Regulations. Cases of sexually transmitted diseases such as chlamydia and gonorrhea are the diseases most commonly reported by local offices.

#### **Select Healthy People 2020 Goals: Sexually Transmitted Diseases**

Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

Target: 6.7 percent

Reduce gonorrhea rates. Target 257 cases per 100,000 population

### Central Shenandoah Health District: Reportable Diseases January-March 2012<sup>88</sup>

- 234 case of Chlamydia
- 28 cases of Gonorrhea

### Trends in Sexually Transmitted Diseases<sup>89</sup>

- Chlamydia rates increased 25% between 2009 and 2010
- Downward trend in HIV rates
- Slight decrease in Gonorrhea rates in recent years

### Infectious Disease Prevention

#### **Select Healthy People 2020 Goals: Immunizations and Infectious Disease**

Maintain vaccination coverage levels for children in kindergarten. Target: 95%

Increase the proportion of children less than 6 years of age whose immunization records are in fully operational, population-based immunization information systems. Target 95%

<sup>87</sup> <http://www.countyhealthrankings.org/virginia/rockbridge/43>

<sup>88</sup> VDH, 2012

<sup>89</sup> Central Shenandoah Planning District Family Planning Needs Assessment April 212

	Rockbridge	Buena Vista	Lexington	CSDH	VA
<b>Percent of children not receiving recommended immunizations: Kindergarten<sup>90</sup></b>	<b>17.12%</b>	5.71%	5.66%	4.26%	5.21%

The percent of children not receiving recommended kindergarten immunizations far exceeds that of the other localities, the state and national benchmarks. This assessment relies only on VDH data. It is possible that immunization rates are indeed higher in Rockbridge County and they simply have not been entered into Virginia’s population-based immunization information system. Further assessment of local provider practices is needed to evaluate this concern.

### ORAL HEALTH

Low-income residents of Buena Vista, Lexington and Rockbridge County live in a **Dental Health Professional Shortage Areas** designated by the Health Resources and Services Administration.

#### Select Healthy People 2020 Goals: Oral Health

Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.

#### No Dental Visit in Last Two Years: Age 18+

51% in Rockbridge County and 50 % in Lexington and 50% in Buena Vista<sup>91</sup> compared to 22.8% in VA.<sup>92</sup>

<sup>90</sup><http://www.vdh.virginia.gov/healthstats/stats.htm>

<sup>91</sup> VA Atlas of Community Health, 2010-2011

<sup>92</sup> VDH, Office of Family Health Services, Behavior Risk Factor Surveillance System, 2010

## LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The Local Public Health System Assessment determines the capacity of the local public health system and identifies gaps in care. The following data collection was completed for this assessment:

- Sources of care, barriers to care, and gaps in services as reported by focus group participants and survey respondents
- Top Emergency Room diagnoses for Carilion Stonewall Jackson Hospital and Augusta Health
- Available resources as evidenced by telephone surveys of local practices, websites of local agencies and key informant interviews.

**Please see the appendices for a full report of survey and focus group methods and results. The Focus Group report is found in Appendix C and the Survey Report is found in Appendix D.**

### PRIMARY CARE

#### Sources of Primary Care (Family Medicine and OB/GYN)

Rockbridge Area MAPP Focus Group participants report use of a range of local and regional resources including:<sup>93</sup>

- Buena Vista and Lexington Health Departments
- Private providers
- Emergency Rooms (Carilion Stonewall Jackson Hospital and Augusta Health)
- Lewis-Gale (Labor and Delivery)
- Augusta Health Care for Women (OB/GYN)
- Rockbridge Area Free Clinic
- Local Pharmacies
- Remote Area Medical (RAM)

#### Barriers to Accessing Local Primary Care Services

Focus Group participants report:<sup>94</sup>

- Use of ER as Primary Care
- Convenience of Hours (no weekend or evening hours available except at ER)
- Lack of Culturally Appropriate Services (Spanish-speaking, Complementary & Alternative Therapies)

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<sup>93</sup> Rockbridge Area MAPP Focus Group Report, 2012

<sup>94</sup> Rockbridge Area MAPP Focus Group Report, 2012

- Transportation
- Lack of Medicaid Providers
- Lack of Insurance/Cost of Care
- Lack of local services
- Organizational policies at local agencies
- Unfavorable perception of local services (CSJH and RAFC)
- Lack of awareness of local services

#### Use of Emergency Room as Primary Care: Top Diagnoses from area Emergency Rooms

Emergency Room Diagnoses indicated *in italics* are commonly non-emergent diagnoses. It is possible that these and some additional diagnoses listed below could be managed more efficiently and cost-effectively through an Urgent Care or Convenient Care clinic model.

#### Carilion Stonewall Jackson Hospital<sup>95</sup>

- Esophagitis, gastroenteritis, and other misc. digestive disorders
- *Otitis media and URI*
- Trauma to skin
- Medical Back Problems
- Fracture, sprain, strain and dislocation
- S &S of Musculoskeletal system
- *Dental and Oral Diseases*
- Chest pain

#### Augusta Health (Rockbridge area users only)<sup>96</sup>

- Lower leg injury
- Abdominal Pain
- Chest Pain
- Headache
- *Urinary Tract Infection*
- *Dental Disorder*
- *Acute URI*
- Other acute pain
- Lower back pain

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<sup>95</sup> CSJH, 2012

<sup>96</sup> AH, 2012



## Available Resources

### *Family Medicine*

There are ten private primary care practices located in the Rockbridge service area. A telephone survey conducted in July 2012 revealed that although eight of the ten practices are currently open to new patients, only two are currently accepting new Medicaid patients.

### *Public Health Departments*

There are two health department offices located within the county, the Lexington Health Department and the Buena Vista Health Department. The health departments provide access to immunizations, the Women, Infants and Children (WIC) program, family planning, prenatal care environmental health services and dental care.

### *Safety-Net Provider*

The Rockbridge Area Free Clinic (RAFC) was founded in 1992, is located in Lexington, Virginia, and provides access to health care for low income, uninsured individuals. The RAFC provides the following services:

- Primary care
- Medications through an on-site pharmacy
- Dental care (pediatric and adult)
- Referrals for specialty care
- Diagnostic services through Carilion Stonewall Jackson Hospital
- Health Education programs
- Flu, pneumonia, Hepatitis B, and Tdap immunization
- Women's Health services including pap smears and mammograms
- Group Medical Visits for chronic disease management
- Mental Health services
- Vision services

Patients must have an eligibility card to receive care at the Clinic and services are available by appointment only. The RAFC is the only free clinic in the Rockbridge area and currently provides care to approximately 2000 active patients.

Despite its role as a key safety net provider in the area, the Rockbridge Area Free Clinic is unable to provide a medical home to the many low-income underserved and uninsured residents in need. The primary care clinic is only open four days per week with limited daytime hours and one evening clinic. Clinic services are strongly dependent on volunteer providers and

few services currently target underserved children. At risk patients who are unable to obtain care through the Clinic have no choice but to turn to the hospital Emergency Room as their only option for care.

The current need for additional primary care providers who serve uninsured, underserved, Medicaid residents has been identified. This need is only expected to increase in future years as insurance coverage is expanded. As the population ages, the number of Medicare recipients will increase and as part of the Affordable Care Act, nearly one in five Virginians may be eligible for Medicaid in 2014. The federal mandate to all states expands Medicaid coverage to citizens younger than 65 with incomes less than 133% of the FPL. The U.S. Supreme Court recently ruled that states may opt out of the Medicaid expansion. If Virginia chooses to participate in the expansion, it is predicted that the Rockbridge service area will see an increase of about 3,844 new Medicaid enrollees.<sup>97</sup>

### *Obstetrics*

There are no Labor and Delivery services available locally. Following a trend seen among many small, rural hospitals across the nation, the local critical access hospital closed its obstetric unit in June 2010. The closest labor and delivery unit is located approximately 38 miles away at Augusta Health in Fishersville, Virginia. Prenatal care with delivery at the Augusta Health is available locally three days a week through Augusta Health Care for Women. The Lexington Health Department offers full prenatal care through collaboration with the University of Virginia using telemedicine. Women participating in this prenatal program are expected to deliver their baby at the University of Virginia hospital located 68 miles away in Charlottesville, Virginia. Lewis-Gale physicians hold local office hours one day a week and provide the option of prenatal care with delivery 53 miles away at Lewis- Gale hospital in Salem, Virginia.

## **ORAL HEALTH**

### Sources of Oral Health Care

Focus Group participants report use of the following local and regional resources:<sup>98</sup>

- Private dentists
- Rockbridge Area Free Clinic
- “Roanoke”
- Emergency Room (CSJH)

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<sup>97</sup> Weldon Cooper Center for Public Service, University of Virginia, *Virginia Medicaid Now and Under Health Reform*, September 2012

<sup>98</sup> Rockbridge Area MAPP Project Focus Group Report, 2012

- Remote Area Medical (RAM)
- Lexington Health Department

### Barriers to Oral Health Care

Focus Group participants report the following barriers to accessing Oral Health Care:

- Lack of affordable local services
- Perception of available services
- Lack of Medicaid providers
- Use of ER
- Lack of Culturally Appropriate Services
- Transportation

### Survey Results<sup>99</sup>

When households were asked what services they would use if an affordable community health center opened locally, “DENTAL” received the most number of responses from both the Target Population and the Random Sample.

### Use of ER

Carilion Stonewall Jackson Hospital reports “Dental and Oral Disease” and Augusta Health reports “Dental Disorder” as one of the top ten Emergency Room diagnoses.

### Available Resources

In the Rockbridge service area only one dental provider, the local Health Department, accepts new Medicaid pediatric patients. This practice is open two days per week, seeing 15 pediatric patients per day.

The Rockbridge Area Free Clinic provides five hours of direct dental care per week with adult dental education classes held weekly. As of July 2012, there were approximately 100 adults waiting for a dental appointment at the Free Clinic.<sup>100</sup> Pediatric services for low-income children ineligible for Medicaid are provided once monthly at the Free Clinic.

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<sup>99</sup> Rockbridge Area MAPP Project Survey Report, 2012

<sup>100</sup> Personal Communication, RAFC Dental Coordinator, July 2012

## **MENTAL HEALTH**

### Sources of Mental Health Care

Focus Group participants report use of the following local and regional resources:<sup>101</sup>

- Western State Hospital (inpatient care)
- Rockbridge Area Community Services
- Eagle's Nest Clubhouse
- Private providers

### Barriers to Mental Health Care

Focus Group participants report the following barriers to accessing Mental Health Care:

- Lack of local services
- Lack of Medicaid providers
- Cost of services
- Perception of available services
- 

### Available Resources

There are twelve private mental health providers locally, however only two of the area practices accept children's Medicaid and FamisPlus. Rockbridge Area Community Services provides mental health and substance abuse services, including emergency services, to low income children and adults; however there is approximately a three month wait for psychiatric services.<sup>102</sup>

The Eagle's Nest Clubhouse is operated by Rockbridge Area Community Services and is located in Buena Vista. The Eagle's Nest provides community-based support, advocacy and education for those diagnosed with a serious mental illness. Eagle's Nest programming is aimed at successful self-management and community integration.<sup>103</sup>

The Rockbridge Area Free Clinic provides five hours of psychiatric services and ten hours of counseling services through a grant partnership with Rockbridge Area Community Services.

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<sup>101</sup> Rockbridge Area MAPP Project Focus Group Report, 2012

<sup>102</sup> Personal Communication, Executive Director RACS, March 2012

<sup>103</sup> [www.racsb.org/pages/services-e.asp](http://www.racsb.org/pages/services-e.asp)

## **EMERGENCY SERVICES**

### Emergency Medical Services

There are thirteen Emergency Medical Service (EMS) agencies located in Rockbridge County. One of those agencies is Carilion Patient Transport, operated by Carilion Clinic in Roanoke, Virginia. Along with the EMS agencies, there are five rescue squads in the County credentialed through the Acute Cardiac Life Support (ACLS) level. Six more fire departments have service available and licensed as non-transport Basic Life Support agencies.<sup>104</sup>

### *Barriers to Rockbridge area EMS Services*<sup>105</sup>

- Local staffing is predominantly volunteer
- Volunteers are often unable to answer daytime calls due to work and family responsibilities
- Increasing burden on Lexington Fire Department, the area's only paid department

### Community-wide Emergency Planning

The Rockbridge, Lexington, and Buena Vista Local Emergency Planning Committee (LEPC) is a community organization that develops, trains, and exercises a comprehensive emergency response plan for emergencies that may occur within the area. Membership includes:<sup>106</sup>

- Elected officials
- Emergency management
- Fire Safety
- EMS
- Law Enforcement
- Public Health
- Hospital
- Owners and operators of facilities subject to the Superfund Amendments and Reauthorization Act (SARA Title III)
- Local Environmentalist
- Transportation
- Community Action

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<sup>104</sup> Virginia Office of Emergency Medical Services

<sup>105</sup> Personal Communication, EMS Volunteer, March 2012

<sup>106</sup> LEPC Bylaws revised 6-27-12

### Emergency Medical Transportation

Carilion Lifeguard 12 is the aeromedical service available in Rockbridge County. Lifeguard 12 is currently stationed just outside the Lexington city limits; however, plans are in place to build a permanent location on-site at CSJH. The Virginia State Police operate Medflight III, a second aeromedical service that is based in Lynchburg, VA. In addition to Lifeguard and Medflight, CSJMH utilized the air services of Pegasus Flight Operations, which is affiliated with the University of Virginia.

### **HOSPITAL SERVICES**

Located in historic Lexington, Carilion Stonewall Jackson Hospital (CSJH) shares a rich historical heritage with the area. In 1904, the local Chapter of the United Daughters of the Confederacy (UDC) announced plans to purchase the Stonewall Jackson House from Jackson's widow and establish a hospital in his memory. The hospital opened its doors in 1907 and remained in that location on Washington Street until 1954 when the new Stonewall Jackson Hospital was opened at its present location. Additions and upgrades were made to the hospital in 1983, 1987, and again in 2000.

In 2005 Stonewall Jackson Hospital became a part of Carilion Health System, now Carilion Clinic. CSJH is a 25-bed, not for profit hospital, critical access hospital. This facility employs over 280 people and offers a wide range of inpatient and outpatient health care services, including cardiology, emergency services, home health, laboratory services, nutritional services, imaging, cardiac and pulmonary rehab, surgical services, physical therapy, and a sleep center.

As part of the accreditation requirements from the Joint Commission, CSJH has a written Emergency Operations Plan that outlines how it will communicate and manage resources, security, staff, utilities and patients during emergency situations.

## COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment evaluates the community's values, concerns and perceptions, and takes stock of community's assets. The Rockbridge Area MAPP team sought feedback from the community at-large and also from the target medically underserved population.

The entire community was invited to participate at the "Visioning" event on January 17, 2012. Community members were invited through local newspaper and radio announcements, electronic and paper mailings of partnering agencies and personal invitations made by MAPP Steering Committee members. A total of 175 community residents, leaders, providers and stakeholders from Rockbridge County, Lexington, and Buena Vista attended. Participants were randomly assigned into 11 focus groups. Each group was asked questions addressing three topics:

- (1) Current Rockbridge Area assets
- (2) Current Rockbridge Area needs
- (3) Future vision of a healthy Rockbridge

**Please see Appendix A for the full report of focus group responses collected at the Visioning event.**

The Rockbridge Area MAPP team sought out medically underserved populations within the Rockbridge area by partnering with the following agencies and informal groups:

- Rockbridge Area Free Clinic
- Skyline Manor
- Maury River Senior Center
- Eagle's Nest
- Lylburn Downing Community Center
- Lexington Health Department
- Women small business owners
- Hispanic community members.

Nine focus groups were convened throughout the Rockbridge area between February 20<sup>th</sup> and March 21<sup>st</sup> 2012. The Rockbridge Area MAPP team made an effort to hear from individuals across the lifespan and from all three localities. Based on the knowledge that minorities often suffer a disproportionate burden of disease, minority community members were oversampled.

67 individuals participated in the focus group discussions:

- 30% from Lexington, 20% from Buena Vista, 50 % from Rockbridge County
- 16% Parents of Young Children, 12% Child-Bearing, 43% Adult, 29% Elderly
- 55% White, 30% African-American, 12% Hispanic, 3% other minority

Participants were asked to reflect upon a recent experience with the health care system. Facilitators guided the discussions according to guidelines from the World Health Organization and captured stories related to Primary Care, Mental Health, Oral Health, and Wellness/Prevention.

Assets identified by focus group participants include:

- Local Providers
- Regional Providers
- Medicaid Coverage
- Carilion Stonewall Jackson Hospital
- Community Resources
- Rockbridge Area Free Clinic
- Community Partnerships
- Social Support
- Employment
- Lifestyle
- Self-Care
- Complementary and Alternative Therapies
- Faith
- Media
- Diet and Exercise

**Please see Appendix C for the full report of focus group responses collected from the target medically underserved population.**



## FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment was conducted by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, the Central Shenandoah Health District, and members of the Rockbridge Area MAPP Steering Committee. The session took place at Carilion Stonewall Jackson Hospital on March 12, 2012. The purpose of the Forces of Change Assessment is to identify what is occurring or might occur that affects the health of the community and local public health system. The discussion focused on the forces impacting the Rockbridge area community including Rockbridge County and the cities of Lexington and Buena Vista.

A total of 26 individuals attended. Individuals were representative of various social service agencies, non-profit organizations, local governments, educational systems, law enforcement, and other public health system agencies. A full list of attendees can be found in Forces of Change Report (see Appendix E).

Participants were asked to consider the following questions:

- What are the opportunities and threats or challenges that could affect you and your organization?
- What external factors beyond your control affect your organization's ability to fulfill its mission?
- What is happening in your work that you would like to share?

Factors related to the following themes were identified by the participants:

- Health Care
- Wellness
- Social Support
- Community: Resources, Partnerships, and Culture
- Legislation
- Transportation

**Please see Appendix E for full results of Forces of Change assessment.**

## STRATEGIC PLANNING

A community-wide Strategic Planning session was conducted by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, the Central Shenandoah Health District, and members of the Rockbridge Area MAPP Steering Committee. The four-hour retreat took place at Carilion Stonewall Jackson Hospital on June 11, 2012. The purpose of Strategic Planning retreat was to identify strategic issues that address the findings from the four MAPP assessments.

The Rockbridge Area MAPP Strategic Planning process was guided by a small set of high-priority public health issues called the Healthy People 2020 Leading Health Indicators. The Leading Health Indicators are a smaller set of objectives selected by the Healthy People 2020 committee to communicate key issues and guide community efforts. To ensure that the Rockbridge Area MAPP Strategic Plan is aligned with national efforts, area needs were summarized and presented according to the Leading Health Indicators.

A total of 30 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, local governments, educational systems, law enforcement, and other public health system agencies. A full list of attendees and a description of the methods can be found in the Strategic Planning Report found in Appendix F.

The following four Leading Health Indicators were identified by the participants as priority strategic issues:

- 1. Access to Health Services**
- 2. Nutrition, Physical Activity & Obesity**
- 3. Oral Health**
- 4. Mental Health**

### **NEXT STEPS**

The MAPP Core Team and Steering Committee will use the information gathered to develop a Community Health Improvement Plan (CHIP) that supports the community's vision for a healthy Rockbridge. The Rockbridge Area Free Clinic will use the collected data to inform a service delivery plan and pursue funding for the development of Federally Qualified Health Center. The CHNA will be used by Carilion Stonewall Jackson Hospital to ensure that its strategic plan responds to the area's needs and results in community benefit. The Central Shenandoah Health District will use the assessment information to strengthen and streamline public services. The three partnering agencies commit to continued collaborative efforts aimed at promoting health equity and improving health outcomes related to the four priority health issues identified during Strategic Planning.

# ROCKBRIDGE AREA MAPP PROJECT

## VISIONING REPORT

## APPENDIX A

Rockbridge Area Visioning Event  
Virginia Military Institute Center for Leadership and Ethics  
Lexington, Virginia

### Event Summary

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in the Rockbridge Area, a “Visioning Event” was led by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, and the Central Shenandoah Health District on January 17, 2012. Community residents, leaders, providers and stakeholders from Rockbridge County, Lexington, and Buena Vista were invited. A total of 175 individuals attended. The goals of Visioning Event were as follows:

- To engage the larger community in a collaborative process that results in a **shared vision** that is a statement of the ideal future
- To assess what is important to the community
- To learn more about how quality of life is perceived in our community and the barriers that must be addressed
- To identify assets that can be used to improve the community

During the event, a “Community Themes and Strengths Assessment” was conducted to identify what impacts the health of those who live, work, and play in the Rockbridge Area. Participants were randomly assigned into eleven focus groups. Each group was asked questions addressing three topics:

- (1) Current Rockbridge Area assets
- (2) Current Rockbridge Area needs
- (3) Vision of a healthy Rockbridge in the future

Participant responses related to each topic were recorded for all eleven focus groups. Although responses varied among groups, common themes emerged and were categorized based on how they contribute to the public health system as a whole. This information will be used to craft a “Vision Statement” for the MAPP project. This statement will provide focus, purpose and direction for the project. It will define what the community is striving to achieve.

The following summary presents the responses and the related categories for each topic that were identified by the focus groups.

## APPENDIX A

### Assets

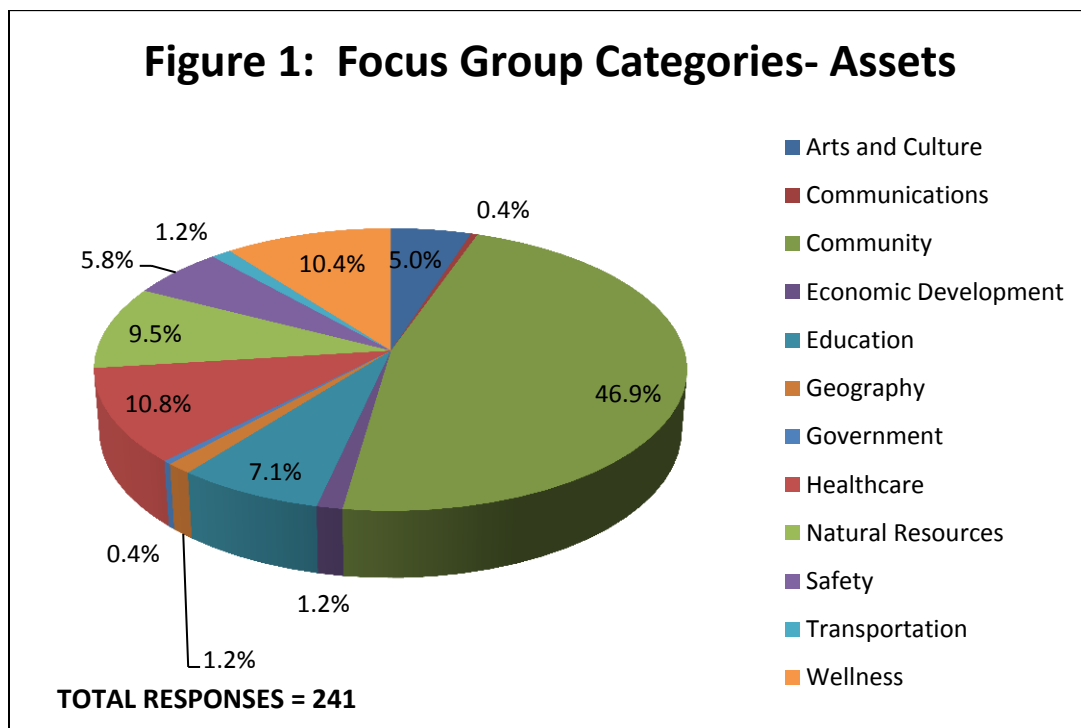
Focus group participants were asked to respond to the following two questions addressing “Assets” in the Rockbridge Area:

- What makes you most proud of our community?
- What are the assets present in Rockbridge today that contribute to a healthy community?

A total of 241 responses among the eleven focus groups were collected and twelve categories identified.

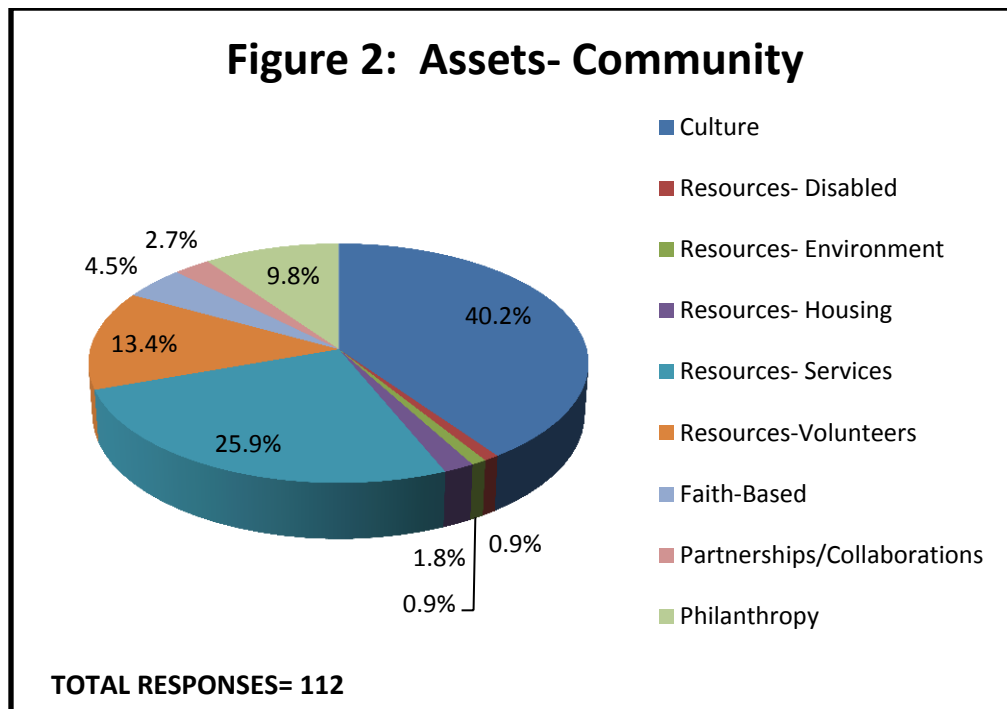
- Arts and Culture
- Communications
- Community
- Economic Development
- Education
- Geography
- Government
- Healthcare
- Natural Resources
- Safety Transportation
- Wellness

Figure 1: To determine which assets categories were identified most often by the focus groups, the responses per category are presented as a percentage of the total responses. The largest number of responses identified the Rockbridge “Community” (46.9%) as the greatest asset contributing to a healthy community followed by “Healthcare” (10.8%); “Wellness” (10.4%); and “Natural Resources” (9.5%).



## APPENDIX A

Figure 2: Assets in the “Community” category addressed the unique culture of the Rockbridge area (40.2%); the resources available to residents (for the disabled, environment, housing, community services, and volunteers) (42.9% in total); the faith-based community (4.5%); partnerships and collaborations (2.7%); and philanthropy (9.8%).



A summary of the responses for each “Asset” category is presented in Table 1.

### Needs

Focus group participants were asked to respond to the following two questions addressing “Needs” in the Rockbridge Area:

- What are the needs of the community?
- What do you believe are the two to three most important issues that must be addressed to improve the health and quality of life in our community?

A total of 181 responses among the eleven focus groups were collected and groups categories identified.

- Community
- Economic Development
- Education
- Government
- Healthcare
- Housing
- Natural Resources
- Safety
- Transportation
- Wellness

APPENDIX A

Figure 3: To determine which needs categories were identified most often by the focus groups, the responses per category are presented as a percentage of the total responses. The largest number of responses (34.8%) identified “Healthcare” as the greatest need in the Rockbridge area followed by “Economic Development” (14.4%); “Wellness” (13.8%); and “Community” (13.3%).

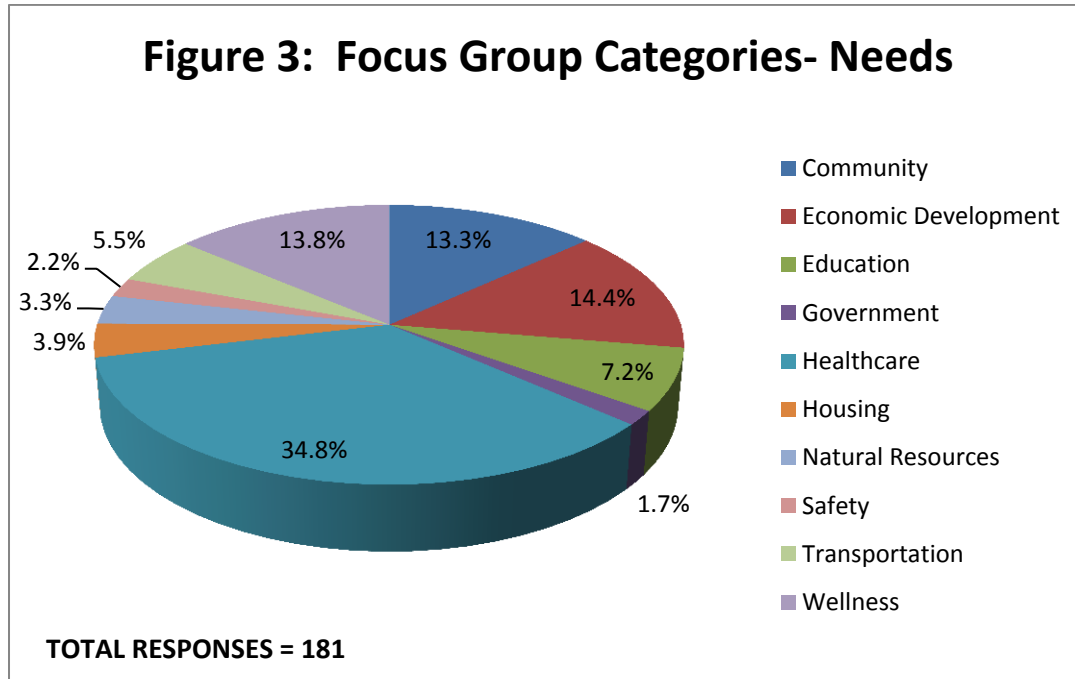
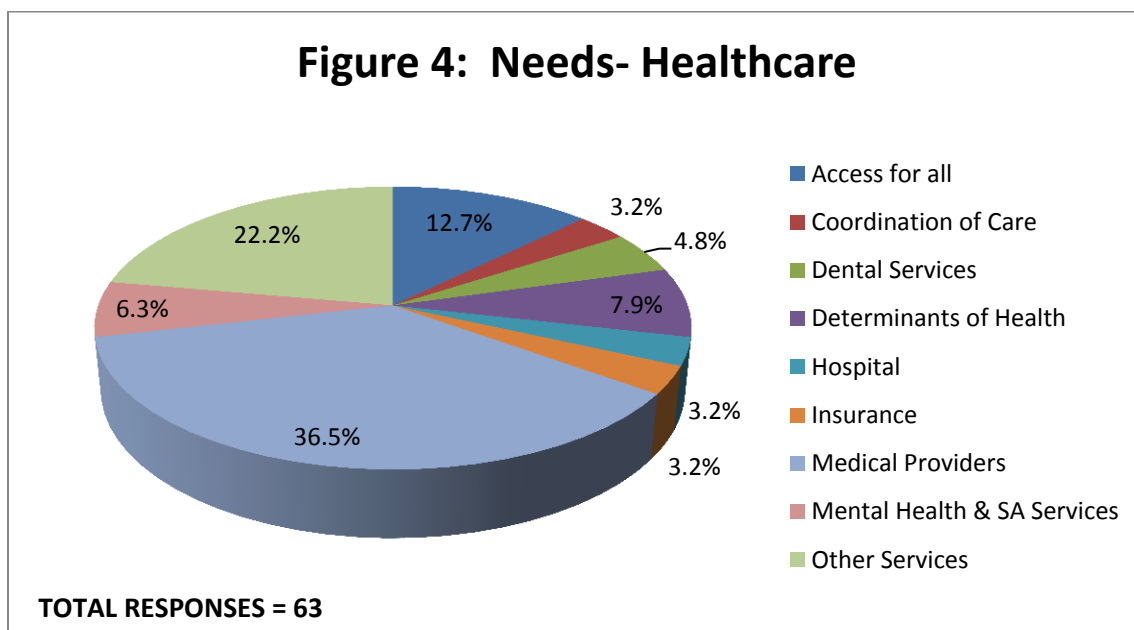
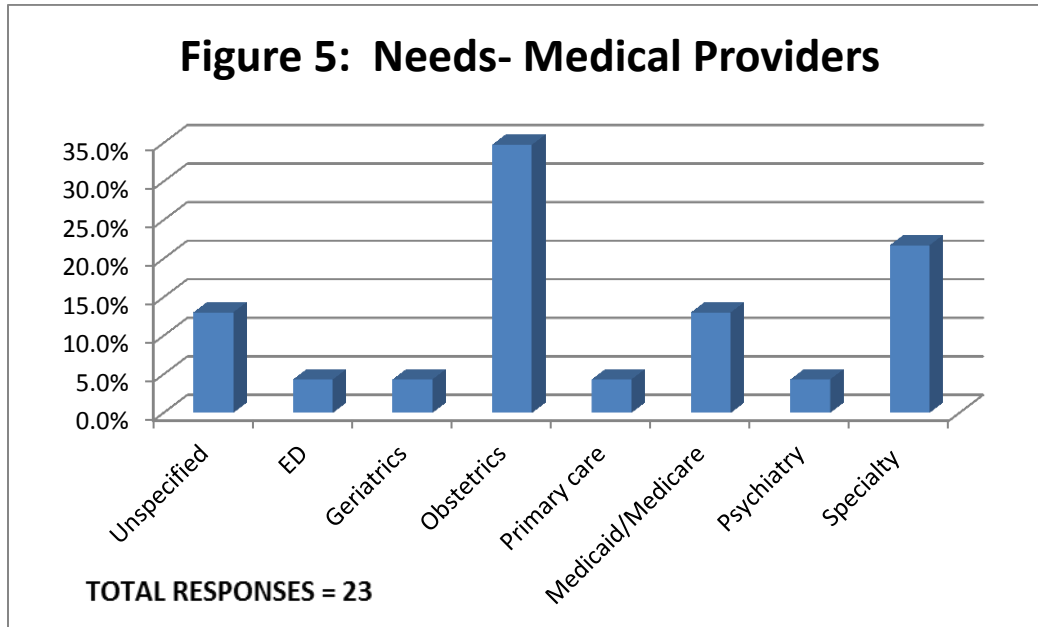


Figure 4: Responses in the “Healthcare” category included the need for additional medical providers (36.5%); the need for other services including urgent care, women’s health care, school-based care, home and end-of-life care (22.2%); providing access to care for all residents (12.7%); examining the determinants of health that impact the healthcare needs (7.9%); access to mental health and substance abuse (SA) services (6.3%); access to dental services (4.8%); access to health insurance (3.2%); improved community perception of the hospital (3.2%); and coordination of care (3.2%).



## APPENDIX A

Figure 5: Focus group participants identified Obstetricians (34.8%); Specialists (21.7%); Medicaid/Medicare providers (13.0%); Emergency Department Physicians, Geriatricians, Primary Care, and Psychiatrists (17.2% collectively) as most needed in the Rockbridge community. An additional 13% cited the need for unspecified providers.



A summary of the responses for each “Needs” category is presented in Table 1.

### Healthy Vision

Focus group participants were asked to respond to the following two questions addressing a “Healthy Vision” for the Rockbridge Area:

- What do you believe are the two to three most important characteristics of a healthy community?
- What can we do to improve the health of our community?

A total of 108 responses among the eleven focus groups were collected and nine categories identified.

- Community
- Economic Development
- Education
- Government
- Healthcare
- Natural Resources
- Safety
- Transportation
- Wellness



APPENDIX A

Figure 6: To determine which categories contributed most often to a “Healthy Vision” by the focus groups, the responses per category are presented as a percentage of the total responses. The top categories contributing to the vision for a healthy Rockbridge included “Wellness” (38.9%); “Community” (25.0%); and “Healthcare” (17.6%) followed by “Economic Development” (6.5%); “Natural Resources” (3.7%); “Education” (2.8%); “Safety” (2.8%); “Transportation” (1.9%); and Government (0.9%).

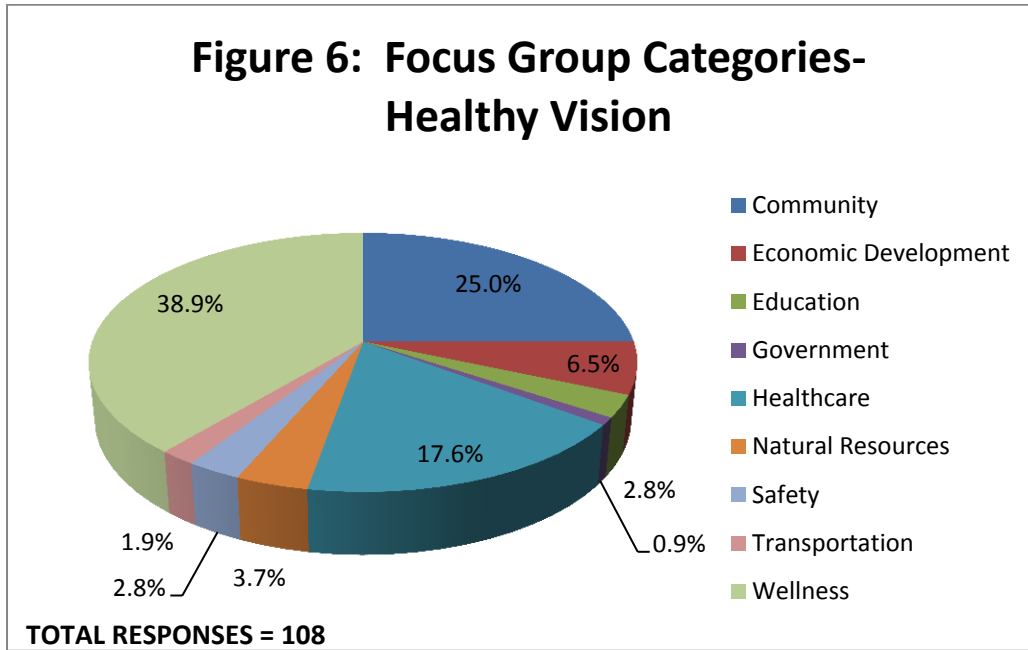
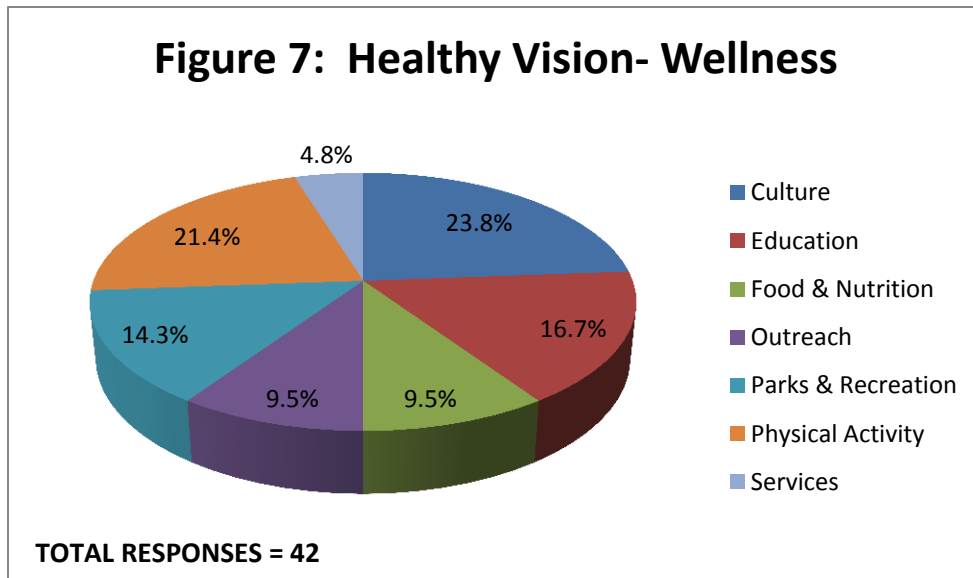


Figure 7: Responses in the “Wellness” category included a culture of wellness (23.8%); physical activity (21.4%); health and wellness education (16.7%); expanding parks and recreation opportunities (14.3%); access to affordable healthy foods (9.5%); community outreach (9.5%); and wellness services (i.e. exercise classes) (4.8%).



A summary of the responses for each “Healthy Vision” category is presented in Table 1.

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**Table 1: “Community Themes and Strengths Assessment” Focus Group Response Summaries by Category and Topic**

	Assets	Needs	Vision
<i>Arts &amp; Culture</i>	<ul style="list-style-type: none"> <li>• Strong arts community</li> <li>• Art, music, and history opportunities</li> <li>• Cultural/arts organizations</li> </ul>	N/A	N/A
<i>Communications</i>	<ul style="list-style-type: none"> <li>• Media</li> </ul>	N/A	N/A
<i>Community</i>	<ul style="list-style-type: none"> <li>• Culture               <ul style="list-style-type: none"> <li>○ Active &amp; informed citizens</li> <li>○ Friendly people</li> <li>○ Diversity- rural vs. urban; academic settings</li> <li>○ Community spirit to work together; community pride</li> <li>○ Caring leaders</li> <li>○ Variety of age groups</li> <li>○ Retirees</li> </ul> </li> <li>• Resources               <ul style="list-style-type: none"> <li>○ Disabled (Accessibility)</li> <li>○ Environment (Recycling Center)</li> <li>○ Housing (Habitat for Humanity)</li> <li>○ Services: Non-profits (RARA, RAFC, RATS, Hospice, Project Horizon, YMCA, Social Services, Community Table, food pantry); library; public works</li> <li>○ Volunteers (community &amp; professional)</li> </ul> </li> <li>• Faith-based community</li> <li>• Partnerships/Collaborations</li> </ul>	<ul style="list-style-type: none"> <li>• Culture               <ul style="list-style-type: none"> <li>○ Defragmentation of the community</li> <li>○ Ending stratification (education, resources, attitude, stereotypes)</li> <li>○ Large impoverished population</li> </ul> </li> <li>• Resources               <ul style="list-style-type: none"> <li>○ New services (Affordable childcare; home and elder care; parenting education; civic center; youth programs)</li> <li>○ Existing services (Increase accessibility; increase funding)</li> <li>○ Information &amp; Referral</li> <li>○ Volunteers</li> </ul> </li> <li>• Partnerships/Collaborations               <ul style="list-style-type: none"> <li>○ Increase communications within existing organizations</li> <li>○ Consider combining organizations</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Culture               <ul style="list-style-type: none"> <li>○ Acceptance &amp; inclusiveness of all individual accountability &amp; self-sustainability</li> <li>○ Active, involved, satisfied citizens</li> </ul> </li> <li>• Resources               <ul style="list-style-type: none"> <li>○ Coordination of services</li> <li>○ Disabled- accessible buildings, streets</li> <li>○ Information &amp; Referral</li> <li>○ Outreach                   <ul style="list-style-type: none"> <li>▪ Open forums &amp; community events</li> </ul> </li> <li>○ Services                   <ul style="list-style-type: none"> <li>▪ Affordable</li> <li>▪ Thriving libraries</li> <li>▪ Youth empowerment</li> </ul> </li> <li>○ Increase utilization of existing resources (i.e. YMCA, after-school programs)</li> </ul> </li> <li>• Philanthropy</li> </ul>

	<b>Assets</b>	<b>Needs</b>	<b>Vision</b>
	<ul style="list-style-type: none"> <li>Philanthropy</li> </ul>		
<i>Economic Development</i>	<ul style="list-style-type: none"> <li>Higher education institutions support jobs and workforce training</li> <li>Clean industry</li> <li>Supporting local agriculture</li> </ul>	<ul style="list-style-type: none"> <li>Well-paying jobs with benefits</li> <li>Employment opportunities to attract young adults &amp; families</li> <li>Workforce readiness programs</li> <li>Economic vitality</li> </ul>	<ul style="list-style-type: none"> <li>A community that attracts young adults/families because of jobs, housing, and affordable lifestyle</li> <li>Organized economic development efforts</li> <li>A population that is gainfully employed with benefits</li> <li>Economic diversity- careers &amp; jobs, lifestyles, activities</li> </ul>
<i>Education</i>	<ul style="list-style-type: none"> <li>Higher education institutions</li> <li>Quality K-12 education, good public schools</li> </ul>	<ul style="list-style-type: none"> <li>Improve K-12 education <ul style="list-style-type: none"> <li>Decrease drop-out rates</li> <li>Access to more neighborhood elementary schools</li> </ul> </li> <li>Increase pre-K resources</li> <li>Place value on education by students and community</li> </ul>	<ul style="list-style-type: none"> <li>Quality education</li> </ul>
<i>Geography</i>	<ul style="list-style-type: none"> <li>Centrally located to Charlottesville and Roanoke</li> </ul>	N/A	N/A
<i>Government</i>	<ul style="list-style-type: none"> <li>Regional cooperation</li> <li>Small town atmosphere with large town infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>More cooperation/collaboration between Rockbridge County, Lexington, and Buena Vista</li> </ul>	<ul style="list-style-type: none"> <li>Consolidation of services</li> </ul>
<i>Healthcare</i>	<ul style="list-style-type: none"> <li>Services</li> <li>Free Clinic (medical, vision, dental)</li> <li>Hospital (Community based)</li> <li>Other medical facilities</li> <li>Hospice</li> <li>End-of-life care</li> <li>Community Service Board</li> <li>Alternative services</li> <li>Professional Medical Community</li> </ul>	<ul style="list-style-type: none"> <li>Access to services for all</li> <li>Coordination of care</li> <li>Dental services (affordable)</li> <li>Use determinants of health to assess local issues and need for additional services</li> <li>Hospital (improve community perception)</li> <li>Increase access to health</li> </ul>	<ul style="list-style-type: none"> <li>Access to care for all</li> <li>Access to health insurance for all</li> <li>Advocacy</li> <li>Affordable services</li> <li>Coordination of care</li> <li>Services <ul style="list-style-type: none"> <li>Comprehensive</li> <li>Federally Qualified Health Center</li> <li>Prevention</li> </ul> </li> </ul>

	<b>Assets</b>	<b>Needs</b>	<b>Vision</b>
	<ul style="list-style-type: none"> <li>• Primary care doctors</li> <li>• More specialists</li> </ul>	<ul style="list-style-type: none"> <li>insurance</li> <li>• Increase number of medical providers (ED, Geriatrics, Obstetrics, Primary Care, Medicaid/Medicare, Psychiatry, Specialty)</li> <li>• Mental Health &amp; Substance Abuse Services</li> <li>• Other services (Urgent care, Women’s Health, School-based, Home &amp; End-of-Life)</li> </ul>	<ul style="list-style-type: none"> <li>○ Urgent care</li> <li>○ Weight loss (affordable)</li> </ul>
<i>Housing</i>	N/A	<ul style="list-style-type: none"> <li>• Accessible &amp; affordable</li> </ul>	N/A
<i>Natural Resources</i>	<ul style="list-style-type: none"> <li>• Natural scenic beauty</li> <li>• Clean habitat</li> <li>• Rural setting</li> <li>• Value on green space</li> <li>• Passion to preserve our natural resources</li> </ul>	<ul style="list-style-type: none"> <li>• Preserve and protect the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Preserve and protect the environment</li> <li>• Learn how outdoor resources can enhance the community</li> </ul>
<i>Safety</i>	<ul style="list-style-type: none"> <li>• Safe place to live</li> <li>• Low crime rate</li> <li>• Public service- EMS, fire and rescue, law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Community emergency training</li> <li>• Senior medical response system</li> <li>• Violence prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Safe environment to live <ul style="list-style-type: none"> <li>○ Drug &amp; gang free</li> </ul> </li> <li>• Improve public safety plan</li> <li>• Increase the skill set of public safety professionals</li> </ul>
<i>Transportation</i>	<ul style="list-style-type: none"> <li>• RATS</li> <li>• Maury Express</li> <li>• Close proximity to interstates</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable, accessible county-wide</li> <li>• Developed public transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Universal transportation throughout the Rockbridge Area</li> </ul>
<i>Wellness</i>	<ul style="list-style-type: none"> <li>• Focus on wellness and prevention</li> <li>• Invested in health and activity</li> <li>• Access to healthy, local foods</li> <li>• Parks and recreation <ul style="list-style-type: none"> <li>○ Parks and trails</li> <li>○ Biking and walking friendly environment</li> <li>○ Natural environment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Food &amp; Nutrition <ul style="list-style-type: none"> <li>○ Access to affordable, healthy foods</li> <li>○ Community gardens</li> <li>○ Hunger</li> </ul> </li> <li>• Parks &amp; Recreation <ul style="list-style-type: none"> <li>○ More recreation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Promote a culture of wellness <ul style="list-style-type: none"> <li>○ Personal responsibility for health</li> </ul> </li> <li>• Education across the lifespan</li> <li>• Food &amp; nutrition <ul style="list-style-type: none"> <li>○ Access to affordable, healthy foods</li> </ul> </li> <li>• Outreach <ul style="list-style-type: none"> <li>○ Community health promotion</li> </ul> </li> </ul>

APPENDIX A

	<p>supports recreation</p> <ul style="list-style-type: none"> <li>○ Recreation facilities (pool, YMCA, Curves)</li> <li>○ Youth activities</li> </ul>	<p>opportunities</p> <ul style="list-style-type: none"> <li>○ Bike paths from schools</li> <li>● Prevention             <ul style="list-style-type: none"> <li>○ Focus on obesity (children &amp; adults)</li> <li>○ Start early with children</li> </ul> </li> <li>● Fitness Services             <ul style="list-style-type: none"> <li>○ For all ages</li> <li>○ Larger YMCA</li> </ul> </li> </ul>	<p>events</p> <ul style="list-style-type: none"> <li>● Parks &amp; Recreation             <ul style="list-style-type: none"> <li>○ County-wide pool &amp; fitness center locations</li> <li>○ Safe parks &amp; trails</li> </ul> </li> <li>● Physical activity for all ages</li> <li>● Services             <ul style="list-style-type: none"> <li>○ Wellness &amp; preventive care centers</li> </ul> </li> </ul>
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**Vision Statement**

As a result of the Visioning Event, the Rockbridge MAPP Steering Committee created a Vision Statement for Rockbridge which incorporated the “Community Themes and Strengths Assessment” on February 13, 2012. The Rockbridge MAPP Project will now be represented by the following statement.

***Our vision is a Rockbridge community with improved health and quality of life for this and future generations supported by a comprehensive, accessible and sustainable community health system.***

This report was prepared by the Project Consultant.

ROCKBRIDGE AREA MAPP PROJECT  
PHOTOVOICE: FOOD AWARENESS

## APPENDIX B

Rockbridge Area Photovoice: Food Awareness During March of 2012, nine Rockbridge area residents were given cameras and asked to photograph their food. The purpose of the project is to build awareness of the humanity behind some of the community's health statistics.

Photographers were given a disposable black and white camera along with the following instructions:

### Things to Photograph:

- Sources of food (grocery store, gas station, garden, food pantry, friends, family etc...)
- Food storage (Refrigerator, cupboard, pantry)
- Your food before you cook it
- Your plate before you eat

The MAPP Project Manager and photo assistant, Stephen Wilson, selected two images from each participant for printing and public presentation. Selection was based on image quality and representation of common themes. There were many images of frozen dinners and fast food. Cinnamon buns, hot dogs, and cake were other food items photographed by more than one participant. Fresh produce, home cooked meals and gardens were less common. Food scarcity was captured by one participant.

The prints are available for public display. Previously, the images were displayed publically at Rockbridge Fun Day on April 28<sup>th</sup> and at the Senior Expo on May 22<sup>nd</sup>.

What strikes you when you look at the images?

If you followed the instructions above, what would we see in your photographs?

Let's start a conversation about the food we eat!

### beverages

**UNBOTTLED - ICED TEA**  
Soft Drinks 1.19 1.49 1.89  
Iced Tea  
Mickey D's Sweet Tea 1.00

**PREMIUM ROAST COFFEE**  
Coffee 1.00 1.39 1.49  
Iced Coffee 2.09 2.39

**JUICE - MILK - WATER**  
Orange Juice 1.59  
Low Fat Milk (white or chocolate) 1.09  
Dasani Bottled Water 1.49



### Happy Meal

CHOOSE AN ENTIRE LINE option

4 Pc. Chicken McNuggets 3.79  
Hamburger 3.19  
Cheeseburger 3.49

**Highly Rated Meal**  
6 Pc. Chicken McNuggets 4.39  
McDouble 4.19

**salads & oatmeal**  
Choose salad or eat-up chicken  
Southwest 5.29  
Bacon Ranch 5.29  
Caesar 5.29

Fruit & Maple Oatmeal 2.09

**snacks & sandwiches**  
Angus Snack Bites 2.09  
Wrap Bacon & Cheese 2.09  
Mushroom & Swiss 2.09  
Chicken Snack Wrap 1.69

Double Cheeseburger 1.59  
Fries 1.29 1.79 2.09

**desserts**  
McCafé Shakes (chocolate, vanilla, strawberry) 1.99 - 2.49 - 2.89  
McFlurry 1.79 - 2.89  
Cones (vanilla) 1.00 1.99  
Sundae hot fudge 1.00  
Cookies (chocolate chip, vanilla) 69¢ 1.00



**extra value meals** (best available to go available 11am-3pm)

1 Egg McMuffin 2.99 3.99  
2 Egg McMuffin 4.54 3.09 4.75 2.79

3 Bacon Egg & Cheese Biscuit 4.09 2.89  
4 Sausage Biscuit with egg 4.39 2.89  
5 Sausage Biscuit 4.19 1.89

6 Country Ham Biscuit 4.79 1.89  
7 Sausage Ham & Biscuit 4.29 2.49  
8 Southern Style Chicken Biscuit 4.89 3.09

9 Bacon, Egg & Cheese McGriddles 5.04 3.09  
10 Sausage, Egg & Cheese McGriddles 5.04 3.09  
11 1 Sausage Burrito 4.19 1.89

12 Bacon, Egg & Cheese Bagel  
13 Steak, Egg & Cheese Bagel



**Place Order Here**



APPENDIX B



APPENDIX B



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We are indebted to the photographers for their selfless contribution to this public health effort.

*The Rockbridge Area Photovoice Project was made possible through a partnership with Washington and Lee's Community Based Research program.*

*Many thanks to Stephen Wilson for his time in the photo lab.*

APPENDIX C

# ROCKBRIDGE AREA MAPP PROJECT

## FOCUS GROUP REPORT

## APPENDIX C

### **Rockbridge Area MAPP Project Focus Group Report**

#### **Focus Groups:**

Nine focus groups were convened throughout the Rockbridge area between February 20<sup>th</sup> and March 21<sup>st</sup> 2012.

#### **Background:**

The main purpose of the focus groups was to provide an opportunity for community members to share their experiences with the health care system. The objective was to identify sources of care, barriers to care and community assets.

#### **Target Populations:**

The Rockbridge Area MAPP team sought out medically underserved populations within the Rockbridge area by partnering with the following agencies and informal groups:

- Rockbridge Area Free Clinic
- Skyline Manor
- Maury River Senior Center (2)
- Eagle's Nest
- Lylburn Downing Community Center
- Lexington Health Department
- Women small business owners
- Hispanic community members.

#### **Participants:**

The Rockbridge Area MAPP team made an effort to hear from individuals across the lifespan and from all three localities. Based on the knowledge that minorities often suffer a disproportionate burden of disease, minority community members were oversampled.

67 individuals participated in the focus group discussions:

- 30% from Lexington, 20% from Buena Vista, 50 % from Rockbridge County
- 16% Parents of Young Children, 12% Child-Bearing, 43% Adult, 29% Elderly
- 55% White, 30% African-American, 12% Hispanic, 3% other minority

## APPENDIX C

### **Methods:**

The Rockbridge Area MAPP Focus Group guidelines were based on World Health Organization’s guidelines ([www.who.int/entity/.../surveys/Focus-Groups-Mod-Guide-final.pdf](http://www.who.int/entity/.../surveys/Focus-Groups-Mod-Guide-final.pdf)) and modified with input from the MAPP Focus Group Work Group received on January 23, 2012. Focus groups were conducted by one of three facilitators, all members of the MAPP Core Team:

- Deborah Bundy-Carpenter, RN
- Melissa Mederios
- Laura Simpson, RN

Assistance was provided by four Washington and Lee students. IRB approval of the methods was obtained from Washington and Lee University.

### **Target Population’s Definition of Health:**

At the beginning of the focus group discussions, participants were asked to brainstorm on the meaning of “health.” The words of the participants, categorized by theme, are presented below. The Project Manager sorted the responses into four themes that emerged: external resources, mental status, physical status, and internal resources.

<b>EXTERNAL RESOURCES</b>	<b>MENTAL STATUS</b>	<b>PHYSICAL STATUS</b>	<b>INTERNAL RESOURCES</b>
Doctors	Can be torture	Appetite	Able to do what you want
Environment	Feeling good	Mobility	Keep working
Healthy Food	Enjoy the day	Clean	Care for yourself
OB Clinics	Thankfulness	Free of Illness	Prevention
Family Doctors	Anxiety		Lifestyle
Dental	Good Feeling		Independence
Lack of Care	Happy		Self-Care
Insurance	Can be hurtful		
Transportation	A feeling		
No Insurance	Feeling good		
Medical Providers	Smiling		
Medical Facilities	Freedom		
How to pay for it	Experience		
Good Food			
Nutritious foods			

## APPENDIX C

### **Focus Group Questions:**

Participants were asked to reflect upon a recent experience with the health care system. Facilitators guided the discussions to capture stories related to Primary Care, Mental Health, Oral Health, and Wellness/Prevention.

### **Results:**

The Rockbridge Area MAPP Project Manager sorted the responses according to themes that emerged and prepared this report. The table below provides a summary of the themes identified among all age groups. A full report of the results, broken down by age-group, follows.

	<b>Sources of care</b>	<b>Barriers to care</b>	<b>Assets</b>
<b>PRIMARY CARE (Family Medicine, Pediatrics, OB/GYN)</b>	<ul style="list-style-type: none"> <li>• Health Department</li> <li>• Private Providers</li> <li>• Emergency Rooms (CSJH,AHC)</li> <li>• Augusta Health (L&amp;D)</li> <li>• Lewis-Gale(L&amp;D)</li> <li>• Augusta Health Care for Women</li> <li>• Rockbridge Area of Free Clinic</li> <li>• Pharmacies</li> <li>• Remote Area Medical (RAM)</li> <li>• SVU Student Health</li> <li>• “Roanoke”</li> </ul>	<ul style="list-style-type: none"> <li>• Use of ER as Primary Care</li> <li>• Perception of CSJH</li> <li>• Convenience of Hours</li> <li>• Lack of Culturally Appropriate Services</li> <li>• Organizational Policies</li> <li>• Lack of Employment</li> <li>• Lack of Awareness of Resources</li> <li>• Lack of local services</li> <li>• Transportation</li> <li>• Lack of Medicaid Providers</li> <li>• Lack of insurance/Cost of care</li> <li>• Perception of Free Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Local Providers</li> <li>• Regional Providers</li> <li>• Medicaid Coverage</li> <li>• CSJH</li> <li>• Community Resources</li> <li>• Rockbridge Area Free Clinic</li> <li>• Community Partnerships</li> </ul>
<b>MENTAL HEALTH</b>	<ul style="list-style-type: none"> <li>• Western State Hospital</li> <li>• Rockbridge Area Free Clinic</li> <li>• Community Services Board</li> <li>• Eagle’s Nest Clubhouse</li> <li>• Private Provider</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of local services</li> <li>• Lack of Medicaid providers</li> <li>• Cost of services</li> <li>• Perception of services</li> </ul>	<ul style="list-style-type: none"> <li>• Regional resources</li> <li>• Community Partnerships</li> <li>• Rockbridge Area Free Clinic</li> </ul>
<b>ORAL HEALTH</b>	<ul style="list-style-type: none"> <li>• Private Dentist</li> <li>• Rockbridge Area Free Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of local services</li> <li>• Perception of services</li> </ul>	<ul style="list-style-type: none"> <li>• Rockbridge Area Free Clinic</li> </ul>

APPENDIX C

	<ul style="list-style-type: none"> <li>• “Roanoke”</li> <li>• Emergency Room- CSJH</li> <li>• Remote Area Medical (RAM)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of affordable services</li> <li>• Lack of Medicaid providers</li> <li>• Organizational Policies</li> <li>• Use of ER as Primary Care</li> <li>• Lack of Culturally Appropriate Services</li> <li>• Transportation</li> </ul>	
<b>SPECIALTY CARE</b>	<ul style="list-style-type: none"> <li>• UVA</li> <li>• Blue Ridge Physical Therapy</li> <li>• Remote Area Medical</li> <li>• “Augusta”</li> <li>• “Roanoke”</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of local services</li> <li>• Transportation</li> <li>• Lack of Affordable services</li> <li>• Convenience of Services</li> <li>• Lack of Medicare providers</li> </ul>	<ul style="list-style-type: none"> <li>• Community Resources</li> <li>• Regional Services</li> <li>• CSJH</li> </ul>
<b>PREVENTION/WELLNESS</b>	<ul style="list-style-type: none"> <li>• Home</li> <li>• Schools</li> <li>• YMCA</li> <li>• Maury River Senior Center</li> <li>• YMCA</li> <li>• Eagle’s Nest</li> <li>• The Community Table</li> <li>• Private Provider</li> <li>• Self-Care</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Social Support</li> <li>• State and Federal Policies</li> <li>• Transportation</li> <li>• Lack of affordable services</li> <li>• Lack of access to healthy food</li> <li>• Need for self-care education</li> <li>• Perception of services</li> <li>• Cultural habits</li> </ul>	<ul style="list-style-type: none"> <li>• Social Support</li> <li>• Employment</li> <li>• Lifestyle</li> <li>• Self-Care</li> <li>• Community Resources</li> <li>• Complementary and Alternative Therapies</li> <li>• Faith</li> <li>• Media</li> <li>• Diet and Exercise</li> <li>• Community Resources</li> <li>• Local Providers</li> </ul>

APPENDIX C

**Full Report of Results:**

	Sources of care	Barriers to care	Assets
<p><b>PRIMARY CARE (Family Medicine, Pediatrics, OB/GYN)</b></p> <p><i>Parents of Young Children</i></p>	<p><b>Health Department</b></p> <ul style="list-style-type: none"> <li>• WIC</li> <li>• Vaccinations</li> </ul> <p><b>Private Provider</b></p> <p><b>Emergency Room- CSJH</b></p> <p><b>Emergency Room- Augusta Health</b></p>	<p><b>Use of ER as Primary Care:</b></p> <p>“My daughter had a sore throat and I took her to the ER at Stonewall. They said it was viral.”</p> <p><b>Poor perception of CSJH:</b></p> <p>“It takes an hour to drive to the ER at Augusta but I won’t go to Stonewall anymore.”</p> <p>“I took my son to Stonewall ER; they diagnosed a cold when he really had RSV- they didn’t test him like they should have.”</p> <p><b>Convenience of hours:</b></p> <p>“You literally sit up there in the ER forever...the time is ridiculous.”</p> <p>“There’s been times that I’ve deliberately waited until the pediatrician’s office was open...I really would have liked to taken them before that point...I knew something was wrong.”</p>	<p><b>Local Providers:</b></p> <p>“I really love Dr. X.”</p> <p>“I remember taking my grandson to his family doctor, his temp was 102 and he told me to take him back home and give him Tylenol, he kept getting sicker, and I took him back to the doctor, and then I met Dr. X who saved his life; if she hadn’t been there he would have died.”</p> <p><b>Regional Providers:</b></p> <p>At Augusta Health “they have a pediatrician on staff.”</p> <p>“I live in Glasgow, but I take my kids to Dr. X in Middlebrook...he always fits me in and he doesn’t make me feel dumb.”</p> <p><b>Medicaid coverage:</b></p> <p>“I wouldn’t be able to afford his medications without Medicaid.”</p> <p>“I didn’t have to pay for it...they check your Medicaid card”</p> <p><b>CSJH:</b></p>



	Source of Care	Barriers to care	Assets
		<p><b>Lack of Culturally appropriate services:</b></p> <p>“I don’t believe in the formal medical system.”</p>	<p>“I have only lived here for 18 months; I come from a much larger city...where I came from the average ER visit was 6-8 hours. When I took my daughter here to Carilion we were in and out in an hour and a half...that is just unheard of... it’s all relative, we’ve been very pleased with our experience here.”</p>
<p><i>Child-Bearing</i></p>	<p><b>Health Department</b></p> <ul style="list-style-type: none"> <li>• Family Planning</li> <li>• Therapeutic use of Birth Control</li> <li>• Cervical Cancer screening</li> <li>• Prenatal services</li> </ul> <p><b>Augusta Health</b></p> <ul style="list-style-type: none"> <li>• Labor and Delivery</li> </ul> <p><b>Lewis Gale</b></p> <ul style="list-style-type: none"> <li>• Labor and Delivery</li> </ul> <p><b>Augusta Health Care for Women</b></p> <ul style="list-style-type: none"> <li>• Prenatal Care</li> </ul>	<p><b>Organizational Polices:</b></p> <p>“They told my mom she couldn’t go back with me.”</p> <p><b>Lack of Employment:</b></p> <p>“I lost my job, single mom...all that jazz.”</p> <p><b>Lack of Awareness of Resources:</b></p> <p>“I didn’t realize there was a Health Dept. in Buena Vista.”</p> <p><b>Lack of local services:</b></p> <p>“I had a problem with my placenta and I had to drive to Augusta. They shipped me to UVA. My baby almost died.”</p>	<p><b>Community Resources:</b></p> <p>“I got pregnant and I didn’t have insurance. The Health Department in Buena Vista told me I could get Medicaid.”</p> <p><b>Regional Providers:</b></p> <p>At Augusta Health “we were never rushed...they sat and listened to you.”</p> <p>“Driving to Augusta is kinda hard, but most of it is interstate and it’s usually planned.</p>

**Source of Care**

**Barriers to care**

**Assets**

<p><i>Adult</i></p>	<p><b>Emergency Room- CSJH</b></p> <p><b>Rockbridge Area Free Clinic</b></p> <p><b>Private provider</b></p> <p><b>Pharmacy</b></p> <ul style="list-style-type: none"> <li>• CVS</li> <li>• Veteran’s Affairs</li> <li>• Lexington Prescription Center</li> <li>• Rockbridge Area Free Clinic</li> </ul> <p><b>“Roanoke”</b></p> <ul style="list-style-type: none"> <li>• “I had a physical 7 years ago”</li> </ul> <p><b>Remote Area Medical</b></p>	<p><b>Use of ER as Primary Care:</b></p> <p>“Was in the ER for 9 hours for a sprained ankle.”</p> <p>“I had to go to the ER and wait an ungodly amount of time and people kept asking me the same questions over and over. They said it was nothing they could do because it was a weekend and they said go and see your family doctor – it was very disheartening.”</p> <p><b>Lack of insurance/cost of care:</b></p> <p>“I don’t have insurance”</p> <p>“I don’t qualify for the free clinic anymore...my husband makes too much money.”</p> <p>“Many times my husband has not scheduled an appointment when he needed one because he couldn’t afford to pay out of pocket.”</p> <p><b>Lack of Medicaid providers:</b></p> <p>“I have Medicaid but I can’t find a doctor. I called all of them in Lexington and they are not accepting patients with Medicaid.”</p>	<p><b>Local Providers:</b></p> <p>“I pay out of pocket and Dr. X gives me a break.”</p> <p>“I can walk up to see Dr. X.”</p> <p>“My experience has been good for the doctors here...all my doctor’s visits have been good, so I can’t say anything negative about any of it.”</p> <p><b>Community Resources:</b></p> <p>“Lexington Prescription Center...you call them and they will deliver the medications to whatever location you say.”</p> <p><b>Free Clinic:</b></p> <p>“I have diabetes and I worked somewhere for 22 years. They cut my insurance. The Free Clinic has saved me.”</p> <p><b>Community Partnerships:</b></p> <p>“The Free Clinic sent me for an x-ray, which I got to have without paying for.”</p> <p><b>CSJH:</b></p> <p>“I had a very pleasant experience at the ER... I was very sick and was taken in for x-rays and they decided to admit me...I was really hurting and the doctor injected me with a shot and the pain left.”</p>
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**Source of Care**

**Barriers to care**

**Assets**

		<p>“I have Medicaid and I have to find a new doctor because my doctor won’t see me anymore...straight after surgery I have to find someone new.”</p> <p><b>Perception of CSJH:</b></p> <p>“The ER at Stonewall said they couldn’t get in touch with Veteran’s Affairs to talk to my doctor.”</p> <p>At Stonewall “they just gave me pain pills...now I go to Augusta.”</p> <p><b>Transportation/Convenience of hours:</b></p> <p>“Whenever I finally get a ride to the Free Clinic to get my medicine, they are closed.”</p> <p><b>Lack of Services:</b></p> <p>“We need some kind of urgent care center where you can go the day you need it regardless of insurance.”</p> <p>“I wished I could have done every category at RAM...it’s a lot of sitting around...it was grueling, but it was a beautiful atmosphere...the spirit was amazing....I would like to</p>	
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Source of Care	Barriers to care	Assets
		<p>help.”</p> <p><b>Perception of Free Clinic:</b></p> <p>“I didn’t get much feedback from the Free Clinic on my testing.”</p> <p>“I have been a patient with the Free Clinic since the beginning, I believe in the Free Clinic...I don’t always get the best care at the Free Clinic.”</p>
Elderly	<p><b>Private provider</b></p> <p><b>Stonewall Jackson Hospital</b></p> <p><b>CVS Pharmacy</b></p> <p><b>Lexington Prescription Center</b></p>	<p><b>Transportation:</b></p> <p>“I’m stuck out here (in Glasgow) and I can’t get to CVS to get my medicine.”</p> <p>“You can’t always find someone to take you to the doctor.”</p> <p>“I live way out in the county and you have to find someone to drive you. It is really inconvenient.”</p> <p>“The local transportation is tough.”</p> <p><b>Convenience of hours:</b></p> <p>“I had a sinus infection on the weekend and my lady on call wrote a prescription...but still...you can’t get into see anyone.”</p> <p><b>Use of ER as Primary Care:</b></p>
	<p><b>Local Providers:</b></p> <p>“I’ve had good doctors...I’ve always had good communication with the doctor...you have to write the things down before hand.”</p> <p>I like that my doctor always says “what can I do for you today?”</p> <p>“The two doctors in Glasgow are good doctors.”</p> <p>“My family doctor got me right in...”</p> <p><b>CSJH:</b></p> <p>“I needed a CT...nurse called over to the hospital and they got me in within 15 minutes.”</p> <p>“they sent me to the hospital for an x-ray...they took me back in 5 minutes...it was really nice”</p> <p><b>Community Resources:</b></p> <p>“I think we have everything we need here, at least</p>	

**Source of Care**

**Barriers to care**

**Assets**

		<p>“Even if you get sick during the week...you can’t get it to see anybody...they tell you to go to the ER...they’re in cahoots with the hospital...just sending money their way...it’s expensive.”</p> <p>“I went to the ER for a sore throat and the doctor wrote down I had a UTI...he got confused...he does that quite often.”</p> <p><b>Lack of local services:</b></p> <p>“I wish we had one of those mini-clinics in CVS or Wal-Mart.”</p> <p>“We need home health services badly in this area.”</p>	<p>for me so far.”</p> <p><b>Free Clinic:</b></p> <p>“Now I am 65 and I have Medicare. I would be thrilled if I could still go to the Free Clinic...it would just be perfect.”</p>
<p><i>Special Populations (Residents of Public Housing, Hispanic, Students)</i></p>	<p><b>Rockbridge Area Free Clinic</b></p> <p><b>SVU Student Health</b></p>	<p><b>Lack of local services:</b></p> <p>Need “a gynecologist for problems.”</p> <p><b>Lack of Culturally Appropriate Services:</b></p> <p>“Need Spanish-speaking doctors.”</p> <p>“I don’t have papers for my kids and so I can’t take them anywhere.”</p> <p><b>Transportation:</b></p>	<p><b>Community Partnerships:</b></p> <p>The SVU Student Health nurse “gives us information....so we go see her first.”</p>

	Source of Care	Barriers to care	Assets
		<p>“We’re not having any more babies because there are no doctors here and we don’t have a car.”</p>	
<p><b>MENTAL HEALTH</b> <i>Parents of Young Children</i></p>		<p><b>Lack of local services:</b></p> <p>“My little boy has been diagnosed with autism...I need help.”</p> <p>“My son was fighting all the time and the school gave us a choice...they would press charges or he could leave. So, he dropped out in 11<sup>th</sup> grade.”</p> <p>“They think my daughter has bi-polar, but I don’t know.”</p>	
<p><i>Child-Bearing</i></p>			
<p><i>Adult</i></p>	<p><b>Western State Hospital</b></p> <p><b>Free Clinic</b></p> <ul style="list-style-type: none"> <li>• Psychiatric medications</li> </ul> <p><b>Community Services Board</b></p> <p><b>Eagle’s Nest Clubhouse</b></p> <p><b>Private Provider</b></p>	<p><b>Lack of Medicaid providers:</b></p> <p>“My sister was diagnosed with bi-polar, but she was not accepted by local doctors because they aren’t taking Medicaid....mental health out here is not very good.”</p> <p><b>Lack of local services:</b></p> <p>“His Medicaid was denied and he can’t work because he has Schizophrenia, he hears voices in his head.”</p>	<p><b>Regional Resources/Community Partnerships:</b></p> <p>“Western State is the best thing that happened to my son. He thanked me for sending him there. It was the Commonwealth Attorney who took one look at him and said he needed a psych evaluation.”</p> <p><b>Free Clinic:</b></p> <p>“He doesn’t have insurance, but he can get his medications from the Free Clinic.”</p>

**Source of Care**

**Barriers to care**

**Assets**

		<p>“I really needed to go to RAM for my teeth, but I can’t handle crowds because of my anxiety.”</p> <p>“We had someone seeking help for substance abuse and this person couldn’t get in – mental health and substance abuse service have been missing.”</p> <p>“For chronic alcohol abuse, no one wanted to get into it to help my father during the holidays...we had to take him to Galax; there is no program... now everything goes through CSB, and by the time the person gets a bed somewhere they have relapsed.”</p> <p><b>Cost of services:</b></p> <p>“We’ve known he has problems for a long time, but we couldn’t get help because we couldn’t afford it. Eventually he snapped.”</p> <p>“If you don’t have the money for the top notch places there is nowhere to go, lots of people go to BoxWood in Culpepper, but the referral and the follow up afterwards is a long period of time, and people relapse. If you don’t have money, it’s sad.”</p>	
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Source of Care	Barriers to care	Assets	Assets
		<p><b>Perception of services:</b></p> <p>“I had a bad experience with a private provider when I sought help for my father. I took him in seeking help for alcoholism and the woman wanted to know how we’re going to pay for it. I told her it wasn’t any of her concern. It ticked me off because it was unprofessional.”</p>	
<i>Elderly</i>		<p><b>Lack of Services:</b></p> <p>“It’s my nerves that are the main problem...they give me medicine but it just makes me sleepy.”</p> <p>“I don’t like taking things I don’t understand...so I won’t take any medication for my stress.”</p>	
<i>Special Populations</i>			
<b>ORAL HEALTH</b>	<p><b>Private Dentist</b></p> <ul style="list-style-type: none"> <li>• “He’s the only one who takes Medicaid.”</li> </ul>	<p><b>Perception of Services:</b></p>	<p><b>Local providers:</b></p>
<i>Parents of Young Children</i>		<p>“My kids have Medicaid but I don’t like the Medicaid dentist, so we’re not going back...he was going to pull my son’s tooth without asking me...he had already numbed him up.”</p> <p><b>Lack of local services:</b></p> <p>“They used to have a van that</p>	<p>“We’re lucky to know a local dentist personally and he has agreed to see our children even though he has filled his Medicaid quota.”</p>



Source of Care	Barriers to care	Assets
		came to school, but they don't do that anymore."
<i>Child-Bearing</i>		<p><b>Lack of affordable services:</b></p> <p>"I haven't been to the dentist in years...I can't afford it."</p> <p>"I need three teeth cut out, but I make too much money for the Free Clinic."</p>
<i>Adult</i>	<p><b>Rockbridge Area Free Clinic</b></p> <p><b>"Roanoke"</b></p> <p><b>Emergency Room- CSJH</b></p> <p><b>RAM clinic</b></p>	<p><b>Lack of affordable services:</b></p> <p>"My husband had his teeth pulled in Roanoke. He paid \$250 in cash."</p> <p>"I have a heart-valve...I need to have my teeth fixed, but I have to pay out of pocket."</p> <p>"You have to walk around with abscess teeth."</p> <p>"You have to go to the RAM clinic at 2 am and then wait all day."</p> <p>"It has been 15 years since I went to the dentist...I would like to know if I have any cavities."</p> <p>"I live in Lexington and went to a private dentist in Buena Vista. I have to pay out of pocket."</p> <p>"I went to the dentist and it was very expensive- \$600 out of</p>
		<p><b>Free Clinic:</b></p> <p>"I'm really grateful the Free Clinic has a dentist there because I couldn't afford to go anywhere else."</p> <p>"I went to the Free Clinic and the doctor fixed my teeth issues."</p>

Source of Care	Barriers to care	Assets
	<p>pocket.”</p> <p>“I went to the dentist for two cavities...it was \$400 out of pocket.”</p> <p>“I’d like to have affordable health care...I’d like to pay a dentist, but \$600 is just foolish.”</p> <p>“I’ve been to the dentist 6 times in the last three months for dental work and I have to pay out of pocket.”</p> <p><b>Organizational Policies:</b></p> <p>“I tried to go to the Free Clinic, but I was late for that class three times...they wouldn’t let me in. I don’t go anymore.”</p> <p><b>Use of ER as Primary Care:</b></p> <p>“I went to the ER for antibiotics and it was expensive.”</p> <p><b>Lack of Medicaid Providers:</b></p> <p>“I have to travel to Troutville to get my teeth pulled...it’s the closest Medicaid provider.”</p>	
Elderly	<p><b>Lack of affordable services:</b></p> <p>“Where can I go to the dentist? I</p>	

Source of Care	Barriers to care	Assets
<p><i>Special Populations (Residents of Public Housing, Hispanic, Students)</i></p>	<p>need my tooth pulled.”</p> <p><b>Transportation:</b></p> <p>“I wanted to go to RAM, but no one could take us...it was impossible.”</p> <p><b>Lack of Culturally Appropriate Services:</b></p> <p>“Our kids go to Harrisonburg because the Medicaid dentist did not do a good job and he did not understand us.”</p>	
<p><b>SPECIALTY CARE</b></p> <p><i>Parents of Young Children</i></p>	<p><b>UVA</b></p> <p>Lack of local services:</p> <p>My grandson “is one-year old and missing a gene and he sees a lot of doctors...we are at UVA all the time.”</p>	<p><b>Community Resources:</b></p> <p>“RATS provide transportation...he is on Medicaid, otherwise I couldn’t afford it.”</p> <p><b>Regional Services:</b></p> <p>“My daughter has Cerebral Palsy...we lived at the Kluge Center when she was little...now you can’t even tell...she’s beautiful...I’m real proud of that.”</p>
<p><i>Child-Bearing</i></p>		<p><b>Lack of local services:</b></p> <p>“Where can we go to get help having a baby...we’ve been trying for three years?”</p>
<p><i>Adult</i></p>	<p><b>UVA</b></p> <p><b>Blue Ridge Physical Therapy</b></p> <p><b>RAM</b></p> <ul style="list-style-type: none"> <li>• Eye care</li> </ul> <p><b>“Roanoke”</b>(Acupuncture)</p>	<p><b>Lack of local services:</b></p> <p>“Driving down to UVA and back.”</p> <p>“I have a spinal cord injury and they don’t know anything about that at Stonewall. “</p> <p><b>Regional Services:</b></p> <p>“My acupuncturist is in Roanoke and it sure ain’t free...but it works for me.”</p>

Source of Care	Barriers to care	Assets
		<p>At RAM..."I didn't quite get the glasses I need, but I got close...I am grateful....everyone was very gracious and kind the whole time."</p> <p><b>Cost of Care:</b></p> <p>"I needed to have an operation. So I filled out the financial aid form at Carilion, Augusta, UVA...I was covered 100% at Augusta, 50% at UVA, and 0% at Carilion..."</p>
Elderly	<p>"Augusta"</p> <p>"Roanoke"</p> <p>UVA</p>	<p><b>Lack of local services:</b></p> <p>"You have to go to Augusta or Roanoke to go to an ear specialist."</p> <p><b>Lack of Affordable Services:</b></p> <p>"The problem is I can't see...I can't get any glasses...I'm a knowledge junkie, but I can't read anymore."</p> <p><b>Convenience of Services:</b></p> <p>"If you want an appointment with a specialist then you have to wait at least six weeks."</p> <p><b>Transportation:</b></p> <p>"Many of us do not have adequate transportation and have to rely on friends etc...if we are referred to Augusta or UVA...we are caught</p> <p><b>CSJH:</b></p> <p>"I went into Stonewall Jackson for a hernia repair...I was covered with care...we were very impressed with their care."</p> <p>"I had an infusion at Stonewall not too long ago...and I thought, wow, they are looking out for every single thing that could go wrong. It was a great atmosphere."</p> <p>"At Stonewall, I have heard so much negative...and every experience I have had with them has been positive"</p> <p><b>Regional Services:</b></p> <p>"I have had experiences at Augusta...I was referred there by my local doctor, and they were equally as friendly and helpful as Stonewall."</p> <p><b>Community Resources:</b></p> <p>"The local cancer society has volunteer drivers and</p>

Source of Care	Barriers to care	Assets
	<p>between a rock and a hard place.”</p> <p><b>Lack of Medicare Providers:</b></p> <p>“Medicare is the worst insurance...some doctors don’t take Medicare.”</p>	<p>we have volunteered to drive.”</p>
<p><i>Special Populations (Residents of Public Housing, Hispanic, Students)</i></p>		
<p><b>WELLNESS/PREVENTION</b></p> <p><i>Parents of Young Children</i></p>	<p><b>Home</b></p> <p><b>Schools</b></p>	<p><b>Lack of Social Support:</b></p> <p>“They need something to teach the kids how to eat right. My son is overweight. All he wants is junk food.”</p> <p><b>Policy:</b></p> <p>“There are a lot of guidelines that make it difficult for schools to shift to healthier food.”</p> <p><b>Culture:</b></p> <p>“You can give people a box of vegetables and it is just not what they do—and that’s the majority.”</p>
<p><i>Child-Bearing</i></p>	<p><b>Health Department</b></p> <p><b>CSJH</b></p>	<p><b>Social Support:</b></p> <p>“My mother was the first person who brought me here (Health Dept.)”</p> <p><b>Community Resources:</b></p> <p>“At Stonewall Jackson they offer birthing classes...it’s like another community that you can go</p>

Source of Care	Barriers to care	Assets
		<p>to and Medicaid covers it.”</p> <p>“I’m just grateful that these women (HD nurses) are so helpful...I can call on them whenever I want.”</p> <p>“We watched a video about how to use the WIC money...it was really awesome.”</p>
<p><i>Adult</i></p>	<p><b>YMCA</b></p> <p><b>Eagle’s Nest</b></p> <p><b>The Community Table</b></p> <p><b>Private Provider</b></p> <p><b>Self-Care</b></p>	<p><b>Lack of affordable food access:</b></p> <p>“Buena Vista has a nice farmer’s market, but I can’t afford it.”</p> <p><b>Self-Care Education:</b></p> <p>“There is a need for self-care education.”</p> <p>“People just want to take a pill...they don’t want to take care of themselves.”</p> <p><b>Perception of Services:</b></p> <p>“I was turned off at the Community Table because people handling the food weren’t wearing hairnets or gloves”</p> <p><b>Social Support:</b></p> <p>“My sister is a registered nurse, so I asks her a lot of times what I should do.”</p> <p>“I talk to my friends on Facebook”</p> <p>“The first thing I do is talk to my friends...there are a goodly number of people studying herbs.”</p> <p>“All of my knowledge came from all of us. It came from us sharing with each other.”</p> <p><b>Media:</b></p> <p>“I listen to the TV for health information.”</p> <p>“I look stuff up on the internet- Google.”</p> <p><b>Community Resources:</b></p> <p>“The Eagle’s Nest provides lunch everyday...so I know I can get at least one good meal.”</p> <p>“Now you can pick what you want from the food bank in Lexington.”</p> <p>“Anyone can go to the Community Table one day a week and get a balanced meal.”</p>

**Source of Care**

**Barriers to care**

**Assets**

			<p><b>Local Providers:</b></p> <p>“My doctor is very open to alternative methods.”</p> <p><b>Self-Care:</b></p> <p>“When I was young I learned to take care of myself...I took classes, I studied...I took care of my family and myself.”</p> <p>“I bathe.”</p> <p>“My health is my best insurance...I take care of myself.”</p> <p>“I believe our health is in our own hands.”</p> <p><b>Diet and Exercise:</b></p> <p>“I try to eat right, I try to exercise.”</p> <p>“I walk on the VMI track.”</p> <p>“My food is my health insurance”</p> <p><b>Faith:</b></p> <p>“I guess the Good Lord just keeps me healthy.”</p>
<p><i>Elderly</i></p>	<p><b>YMCA</b></p> <p><b>Maury River Senior Center</b></p> <p><b>Self-Care</b></p>	<p><b>Transportation and affordable services:</b></p> <p>“You have to pay to go to the Y and getting there can be a problem. “</p>	<p><b>Community Resources:</b></p> <p>“Meals on Wheels have been a big help to me.”</p> <p>“I come down to the Senior Center...it’s my community.”</p>

Source of Care	Barriers to care	Assets
	<p><b>Private Provider</b></p>	<p><b>Self-Care Education:</b></p> <p>“I try not to think about my problems...you just have to keep going.”</p> <p><b>Assets:</b></p> <p>“There are discounts for seniors at the Y.”</p> <p>“The Radar transportation goes to the Y.”</p> <p>“I exercise at the Maury River Senior Center”</p> <p>“I go to the Y.”</p> <p>“I go the Y three days a week, nice facilities out at the Y in Lexington.”</p> <p><b>Self-Care:</b></p> <p>“I’ve spent most of my life with no health insurance, so I take care of myself really well.”</p> <p>“I have my own wellness program.”</p> <p>“Wash your hands.”</p> <p>“I get a flu shot.”</p> <p><b>Complementary and Alternative Therapy:</b></p> <p>“One thing I do preventively for my physical and mental health is get massages.”</p> <p><b>Lifestyle:</b></p> <p>“I don’t drink and I don’t smoke.”</p> <p><b>Employment:</b></p> <p>“I keep working”</p> <p><b>Social Support:</b></p>



	Source of Care	Barriers to care	Assets
<p><i>Special Populations (Residents of Public Housing, Hispanic, Students)</i></p>		<p><b>Lack of affordable food access:</b></p> <p>“Glasgow doesn’t have a decent grocery store...we can’t even get fresh vegetables or fruit”</p>	<p>“My daughter made sure my home is safe. I try not to fall.”</p> <p><b>Employment:</b></p> <p>“The economy is the best thing here...much better than New York or New Jersey.”</p> <p><b>Lifestyle:</b></p> <p>“We do a lot of walking. We’re trying to conserve gas, so we walk up to school and back.”</p> <p>“We don’t do drugs.”</p>

This report was prepared by the Project Manager.

ROCKBRIDGE AREA MAPP PROJECT  
SURVEY REPORT

## APPENDIX D

### **Purpose**

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In March and April 2012, the Rockbridge Area MAPP Project undertook a survey of the Rockbridge area to better understand how people are using the current health system, assess barriers to care and identify gaps in services. The MAPP team also aimed to gauge community support for an affordable health center, document health services needed by the community, and determine convenient times of operation. Surveys were distributed to two separate populations: a Target Population of potentially medically underserved households and a Random Sample of all Rockbridge area households.

### **Acknowledgements**

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Dr. Krzysztof Jasiewicz, Professor in Sociology and Anthropology at Washington and Lee University, provided technical support of random sampling methods and survey design.

The Stonewall Jackson Hospital Community Health Foundation provided financial support of the Random Sample survey.

Marissa Thompson, Shepherd Poverty Intern, assisted with all aspects of data entry and analysis.

## Methods

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### Target Population Defined

Low-income residents of Buena Vista, Lexington and Rockbridge County are considered a Medically Underserved Population by the Health Resources and Services Administration. The Target Population survey distribution aimed to reach these medically underserved residents by partnering with agencies that serve low-income residents of the Rockbridge area. Other community partners were selected to ensure diverse geographic, lifespan, ethnic, and cultural representation.

### Target Population Methods

Surveys were collected from 433 potentially underserved households, representing 1496 individuals across the lifespan. The following organizations, service providers, and community partners assisted with survey distribution:

- Central Shenandoah Health District
- Carilion Stonewall Jackson Hospital
- Rockbridge Area Free Clinic
- Maury River Senior Center
- Lexington City Schools
- Buena Vista City Schools
- Rockbridge County Schools
- Southern Virginia University
- Department of Social Services
- Head Start
- Career Café
- Rockbridge County Rental Assistance
- Mountainview Terrace Apartments
- Focus group participants

The survey was administered through paper, on-line, and oral methods. A Spanish version of the survey was made available to Spanish-speaking members of the community.

## APPENDIX D

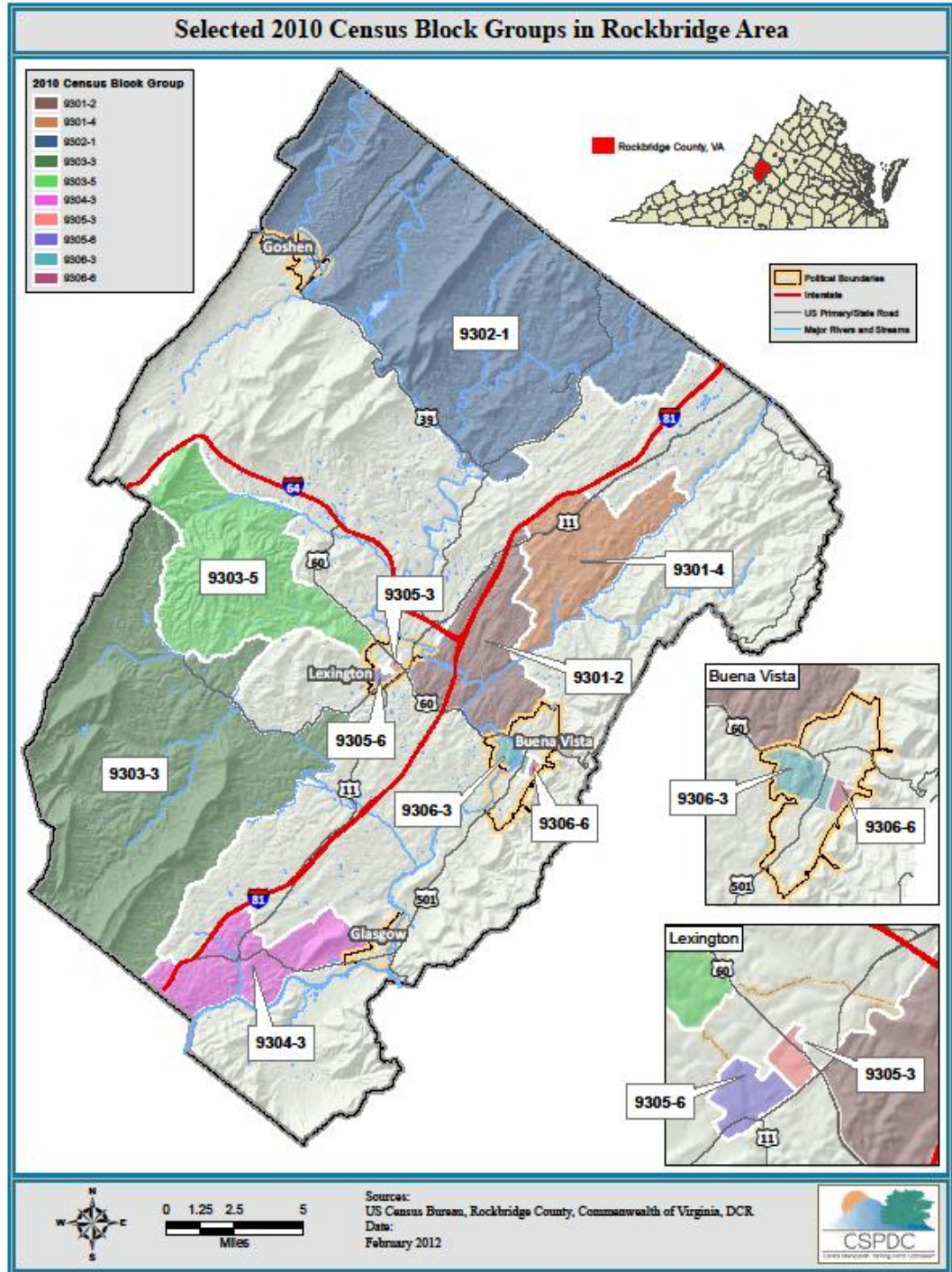
### Random Sample Methods

One-thousand area households were randomly selected to receive mailed surveys and 164 households responded, representing 319 individuals.

Rockbridge area households were randomly selected using the two-stage cluster sampling method, a technique commonly used by the World Health Organization to assess community health needs.<sup>1</sup>

In the first stage of the cluster, ten census blocks were randomly selected from all census blocks in the Rockbridge area. The selected census blocks are depicted here.

In the second stage of the two-cluster sampling, household data was obtained from the Central Shenandoah Planning Commission and one-hundred households were randomly selected from each census block. The two-cluster sampling method ensures that each household in the Rockbridge area had an equal chance of being selected.



<sup>1</sup> <http://cphp.sph.unc.edu/PHRST5/TwoStageSampling.pdf>

## APPENDIX D

### Residence and Income Distribution

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#### Target Population: Where do you live?

	Percentage
Rockbridge County	13%
Buena Vista City	44%
Lexington City	19%
Glasgow	6%
Fairfield	4%
Rockbridge Baths	2%
Raphine	3%
Goshen	2%
Natural Bridge Station	3%
Natural Bridge	2%
Vesuvius	1%
Other	2%

Other: Kerrs Creek (4), Collierstown (1), and Crewe, VA (1).

The largest percentage (44%) of Target Population respondents were from Buena Vista. This is consistent with data from other MAPP assessments that indicate significant need for additional health resources among Buena Vista residents. The remaining respondents represent a diverse distribution of Rockbridge County and Lexington City residents.

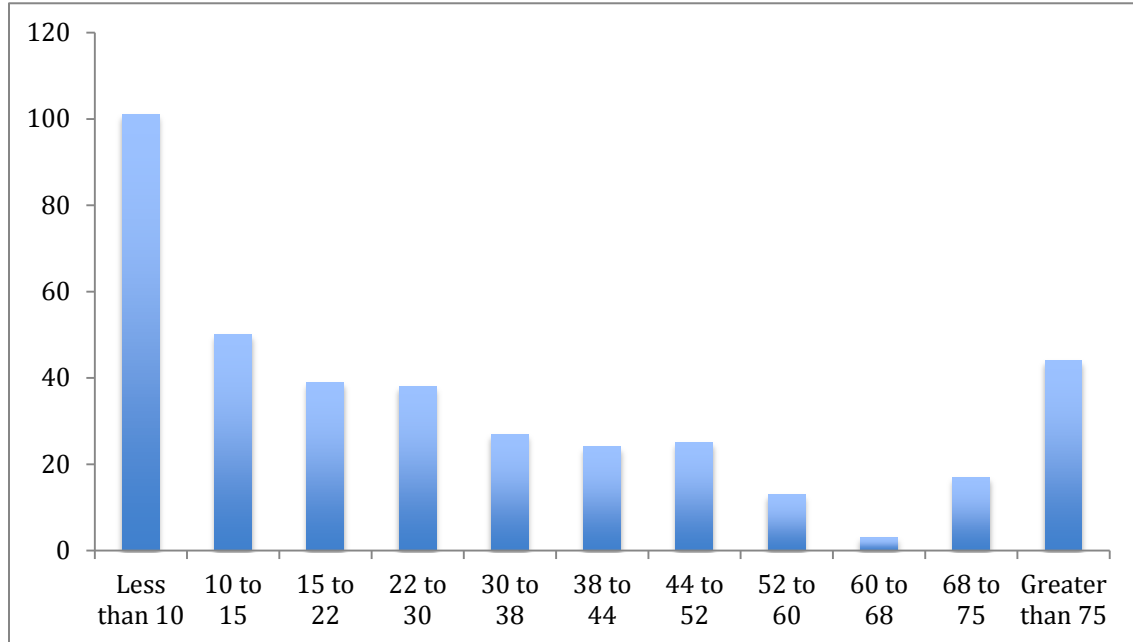
#### Random Sample: Where do you live?

	Percentage
Rockbridge County	16%
Buena Vista City	14%
Lexington City	36%
Glasgow	1%
Fairfield	6%
Rockbridge Baths	2%
Raphine	5%
Goshen	1%
Natural Bridge Station	3%
Natural Bridge	5%
Vesuvius	0%
Other	13%

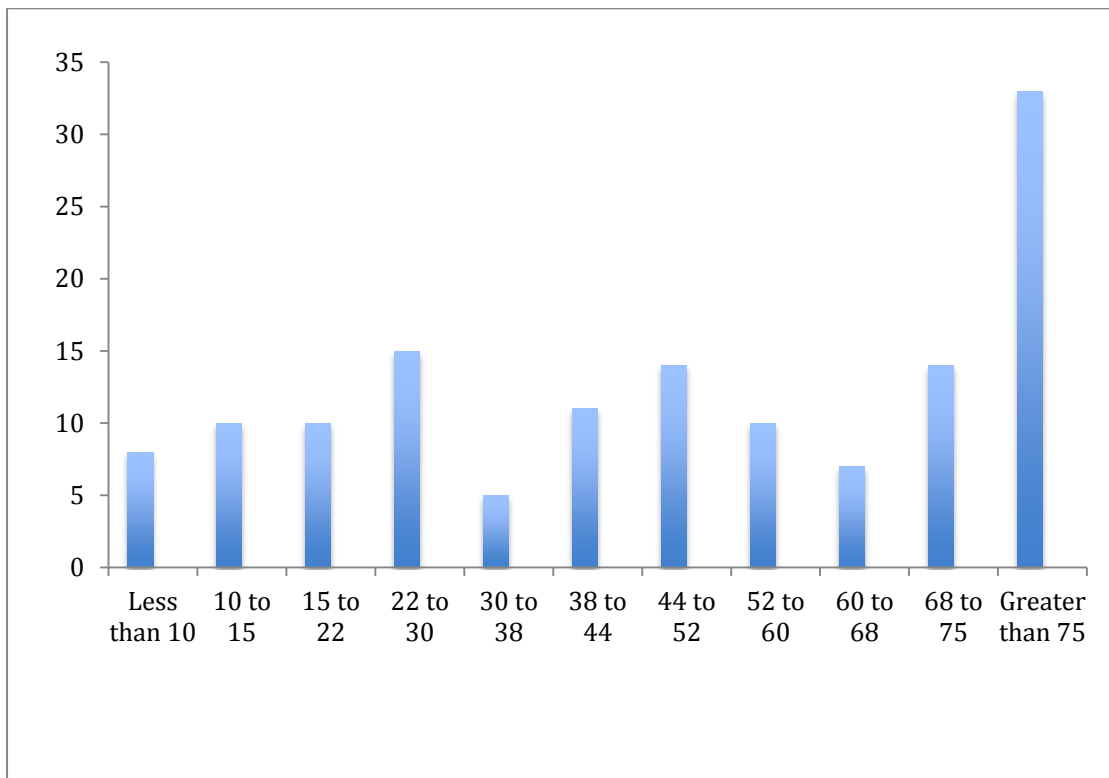
Other: Kerrs Creek (6), Collierstown (4), Timber Ridge (3), Brownsburg (3), South River, & Buffalo area Respondents from the Random Sample also illustrate a diverse representation of area residents, with Lexington City having the highest percentage (36%).

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As illustrated in Figures 1. and 2., the methodology used to target low-income residents of the Target Population was successful in reaching this population. The highest percentage of Target Population respondents reported earning less than \$10,000 a year. On the contrary, the highest percentage of Random Sample respondents reported more than \$75,000 a year.



**Figure 1. Target Population: Household Income Distribution (in thousands)**



**Figure 2. Random Sample: Household Income Distribution (in thousands)**

## Current Usage

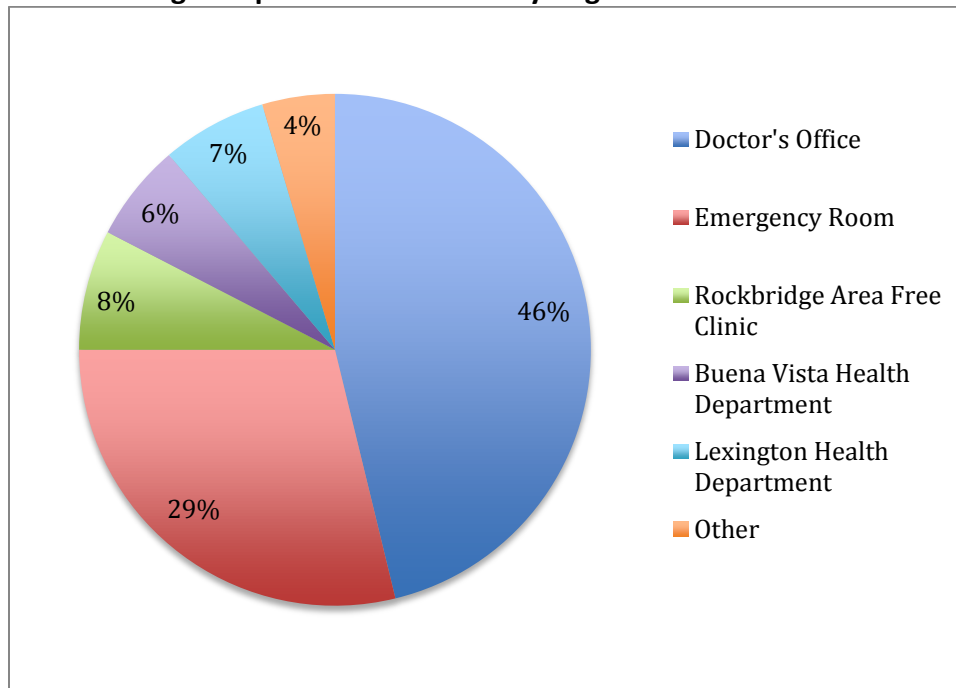
### MEDICAL CARE

There was little difference between the Target Population and the Random Sample in response to the question “**Has anyone in your home gone somewhere for medical care in the past two years?**” The vast majority of all respondents reported receiving medical care.

Medical Care?	Target Population	Random Sample
yes	92%	95%
no	8%	5%

Of those respondents who reported receiving care, a significant percentage of both the Target Population (29%) and the Random Sample (22%) report use of the Emergency Room. Target Population respondents report a wider use of available local resources. Responses listed under “other” represent a range of regional and specialty services.

**Target Population: Where did you go for medical care?**



Emergency Rooms: Carilion Stonewall Jackson Hospital (121), Augusta Medical Center (38), Roanoke Memorial (6), and University of Virginia (5).

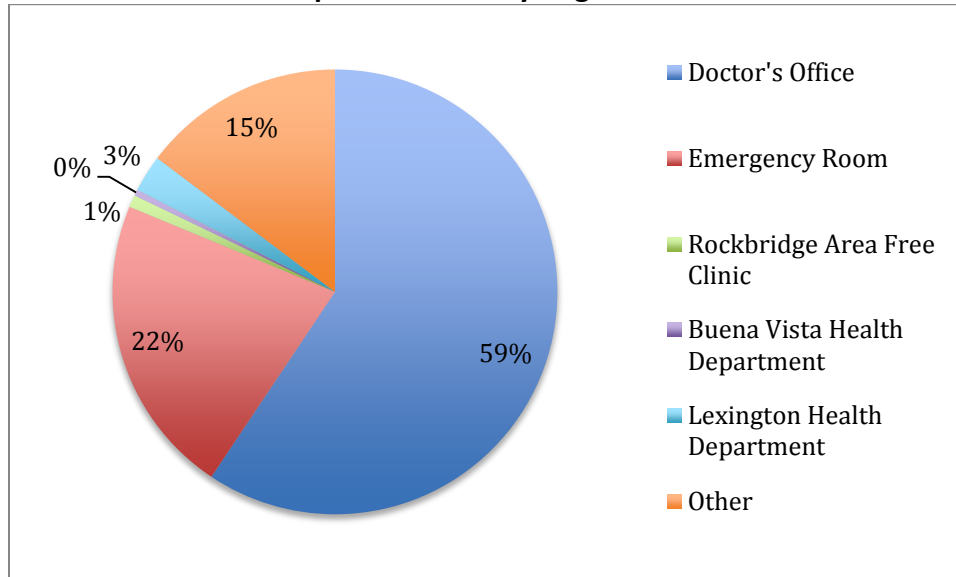
Others: Augusta Medical Center (5), University of Virginia (4), Rockingham Memorial Hospital (3), Martha Jefferson Hospital (2), Remote Area Medical (2), Roanoke Memorial (2), Veteran’s Hospital in Salem, Outpatient Clinic in Fisherville, Carilion Stonewall Jackson Hospital, back massage (Roanoke mall), Staunton,



## APPENDIX D

Oregon, RACSB, eye surgery (UVA), heart surgeon, cardiologist, specialist, EmergiCare Lewis-Gale, cancer center, and orthopedic specialist (Roanoke).

**Random Sample: Where did you go for medical care?**



Emergency Rooms: Carilion Stonewall Jackson Hospital (38), Augusta Medical Center (17), and Roanoke Memorial Hospital (5).

Others: University of Virginia (7), Golden Living, allergist, Lewis-Gale Alleghany Regional, Free Clinic at SVC in Buena Vista (RAM), Fisherville, Lynchburg, Veteran’s Admin at Salem, Eye Care, Heritage Hall nursing home, hospital for MRI, physical therapy, and hospital.

### DENTAL CARE

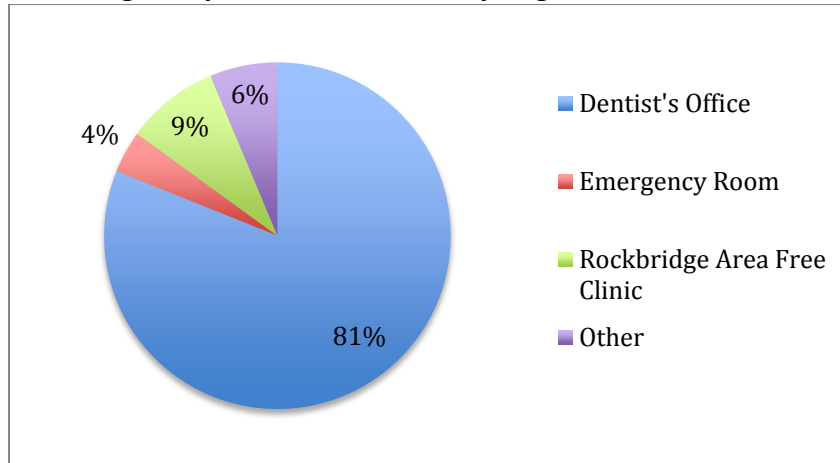
There was little difference between the Target Population and the Random Sample in response to the question **“Has anyone in your home gone somewhere for dental care in the past two years?”** The vast majority of all respondents reported receiving dental care.

Dental Care?	Target Population	Random Sample
Yes	80%	83%
No	20%	17%

Of those respondents who reported receiving dental care, the majority of respondents reported use of a “dentist’s office.” Target Population respondents reported greater usage of local public services including the Free Clinic and the Health Department. The percentage of the Target Population (4%) reporting use of the Emergency Room was double that of the Random Sample (2%). Respondents from both the Target Population and the Random Sample reported use of the Remote Area Medical clinic under “other.”

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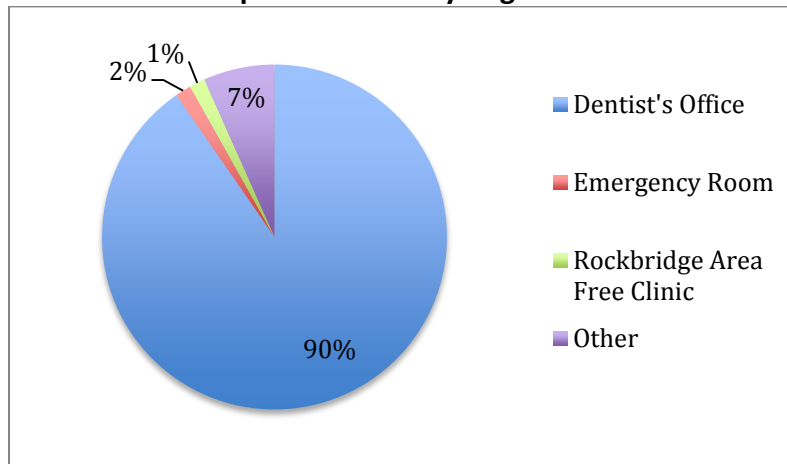
### Target Population: Where did you go for dental care?



Emergency Room: All reported Carilion Stonewall Jackson Hospital (11)

Others: health department (6), orthodontist (4), oral surgery (3), Remote Area Medical clinic (2)

### Random Sample: Where did you go for dental care?



Emergency Room: All reported Carilion Stonewall Jackson Hospital (2).

Other responses given were periodontist (3), oral surgeon (2), Remote Area Medical, Charlottesville, and Fishersville.

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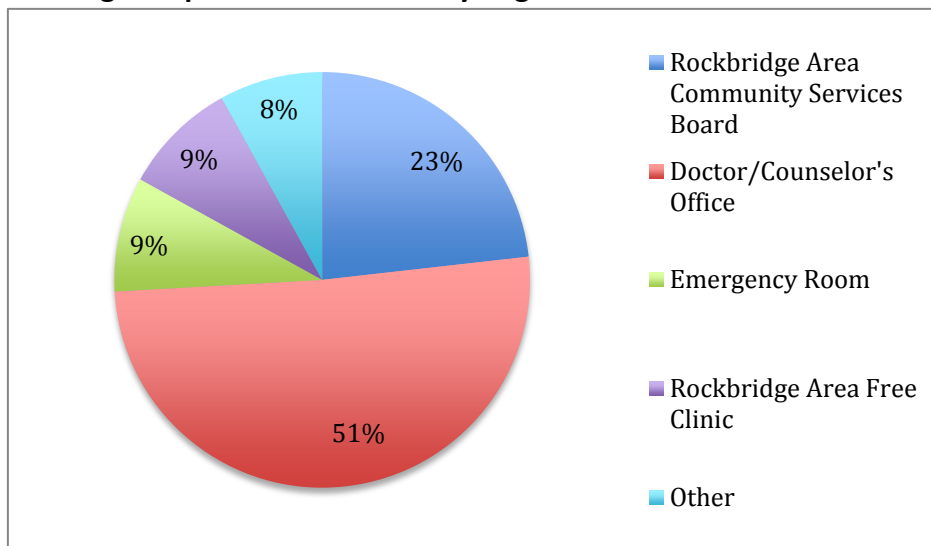
**MENTAL HEALTH AND SUBSTANCE ABUSE**

In response to the question **“Has anyone in your home gone somewhere for help with stress, anxiety, mental health, or alcohol and drug problems in the past two years?”** a greater percentage of the Target Population (25%) reported use of mental health services compared to the Random Sample (14%). The majority of all respondents reported no use of mental health services.

Mental Health Care?	Target Population	Random Sample
yes	25%	14%
no	75%	86%

Among all respondents who reported accessing mental health services, members of the Target Population report greater use of public health services including the Rockbridge Area Community Services Board and the Rockbridge Area Free Clinic. The majority of both samples reported using a “Doctor/Counselor’s Office.” The providers listed under this category reveal that community members are receiving mental health services not only from mental health professionals but also from a wide-range of providers including primary care physicians, obstetricians, religious personnel, massage therapists, and correctional facility personnel.

**Target Population: Where did you go for Mental Health Care?**



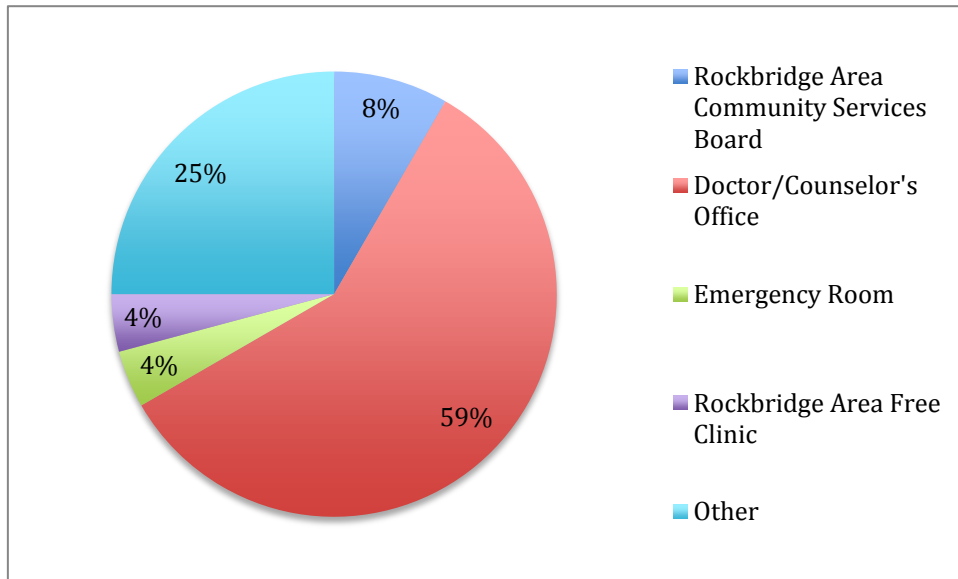
Doctor/Counselor’s Offices: Dr. Hamilton (3), Augusta Health (3), Anne Remington (2), Dr. Laura TerPoten (4), and Dr. Kane, Dr. Jugole, Dr. Packer, Rockbridge League of Therapist, Dr. Lancaster, Dr. Glenney, AMC Judge, LDS Family Services, Lexington Family Practice, Southern Virginia University Mental Health, Janice Marshall, Professor Michael Gibbons, Thomas Jayne, Augusta Psychological Associates, Dr. Sayre, Waynesboro Primary Care, Dr. Johnston, Dr. Luder, Hopkins House, Dr. Lanier, Family Doctor, D. Dudley, Dr. Sailor, Dr. Manis, Dr. Neely, Dr. Frier (Connecticut), Dr. Harcus, Dr. Marsh, Dr. Kornegay, Dr. Ellington, Women’s Center (Fisherville), Dr. Christiansen, Fairfield Medical, and Dr. Pumphrey.

Others: Religious personnel (2), Rockbridge Area Community Services, school support therapist, Project Horizon, Staunton, Psychiatric Ward (Lynchburg, VA), and Fishersville

Emergency Room: CSJH (8)

APPENDIX D

Random Sample: Where did you go for Mental Health Care?



Doctor's/Counselor's Offices: Dr. Kornegay (2), Dr. Johnston (2), Augusta OB/GYN, Fisherville, Dr. Shybunko, Dr. Judge, Dr. Sayre, Dr. Luder, Dr. Aimee Manis, and Rockbridge Internists.

Others: Correctional facility, Lindy Felix-massage, and church.

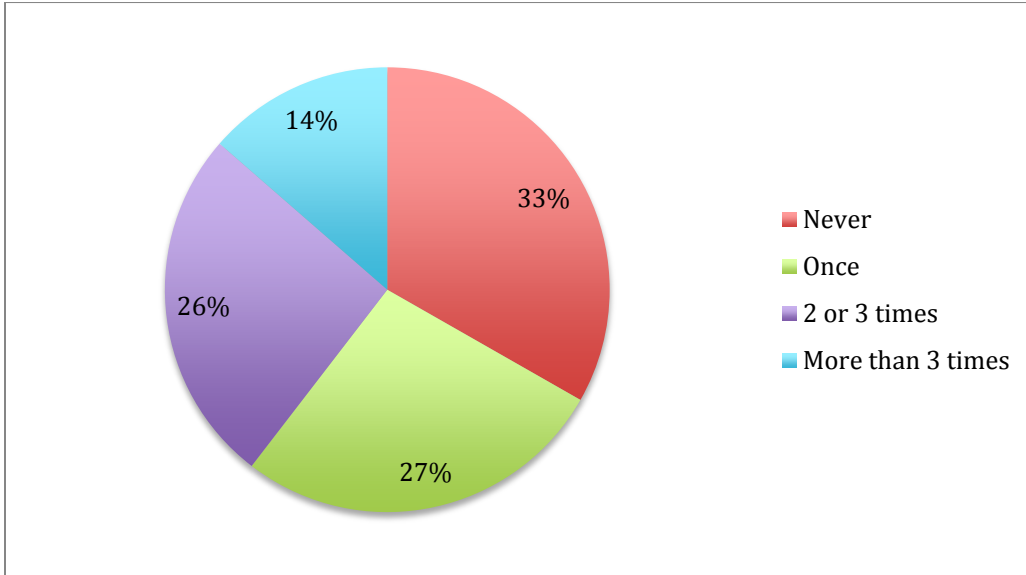
Emergency Room: no specifics given

## APPENDIX D

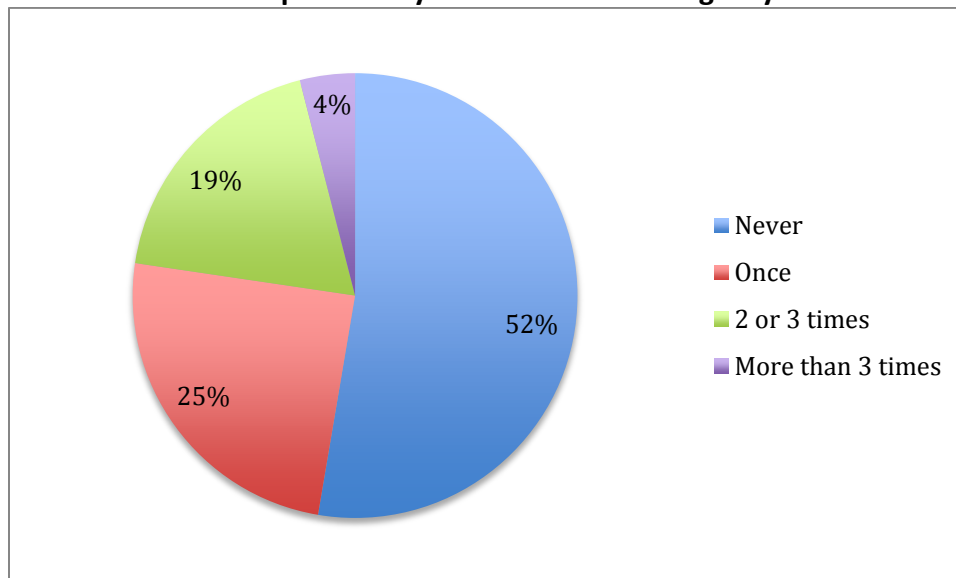
### EMERGENCY CARE

A greater percentage of Target Population (67%) respondents compared to the Random Sample (48%) reported using the Emergency Room in the last two years. Furthermore 14% of the Target Population, compared to only 4% of the Random Sample, reported using the Emergency Room more than three times.

**Target Population: Have you been to the Emergency Room?**



**Random Sample: Have you been to the Emergency Room?**



## APPENDIX D

In response to the question “**why did you or someone living in your home use the emergency room on the last visit,**” the Target Population and the Random Sample responses mirrored each other closely. Exceptions to this pattern were the use of the Emergency Room for “dental problems” and “having a baby,” which were significantly more prevalent among the Target Population. Responses from both the Target Population and the Random Sample reveal a significant use of emergency services for potentially non-emergent situations including illness, dental problems, earache, anxiety and sprained ankle. Area residents access emergency care at Carilion Stonewall Jackson Hospital more frequently than any other hospital.

Why did you go to the ER?	Target Population	Random Sample
Accident	26%	30%
Illness	49%	48%
Mental Health or Stress Problems	2%	1%
Alcohol or Drug Problems	0%	2%
Dental Problems	4%	0%
Having a Baby	9%	1%
Other (see below)	10%	7%

### Target Population

Others: asthma (5), seizures (3), back problems (2), dog bites (2), headaches (2), spider bites (2), heart attack, change catheter (bladder infection), cut finger (sutures), health problems, sick, fever, earache, appendicitis, dehydration, breathing problems, strange painful rash, diabetes, anxiety attack, hips, medical, kidney stones, neck pain, staph infection, heart problem, gallbladder, trigeminal neuroglia, emergency x-ray, and allergy shot.

Emergency Rooms: Carilion Stonewall Jackson Hospital (200), Augusta Health (46), University of Virginia (5), Lewis-Gale Alleghany Regional (4), Roanoke Memorial Hospital (6), La Grande Oregon, and Baptist in Lynchburg.

### Random Sample

Others: chest pain (2), sprained ankle, short of breath, choking, rabies shot, and blood clots.

Emergency Rooms: Carilion Stonewall Jackson Hospital (57), Augusta Health (4), Roanoke Memorial Hospital (2), University of Virginia, and Lynchburg.

## APPENDIX D

### Barriers to Care

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In response to the question “**please tell us why you or someone living in your home does not get medical, dental, mental health care or help with alcohol or drug problems,**” members of the Target Population and the Random Sample responded that the greatest barrier was that care was “too expensive.” The majority of “other” responses for both samples were “care not needed.”

Reason	Target Pop	Random
Too expensive	38%	23%
The location of the office/clinic is too far away	6%	4%
The office/clinic hours are not convenient	3%	2%
We don't have transportation	7%	6%
We don't have a babysitter	1%	0%
We can't get an appointment when we need it	4%	0%
When we do get an appointment, we have to sit in the waiting room too long	1%	0%
We don't trust doctors/clinics	1%	2%
We use alternative natural or herbal remedies	6%	4%
Someone in our family takes care of us	3%	2%
Prayer and God takes care of us	8%	4%
Other (see below)	21%	51%

#### Target Population:

Others: care not needed (20), past bills, weather, and prefer other locations

#### Random Sample:

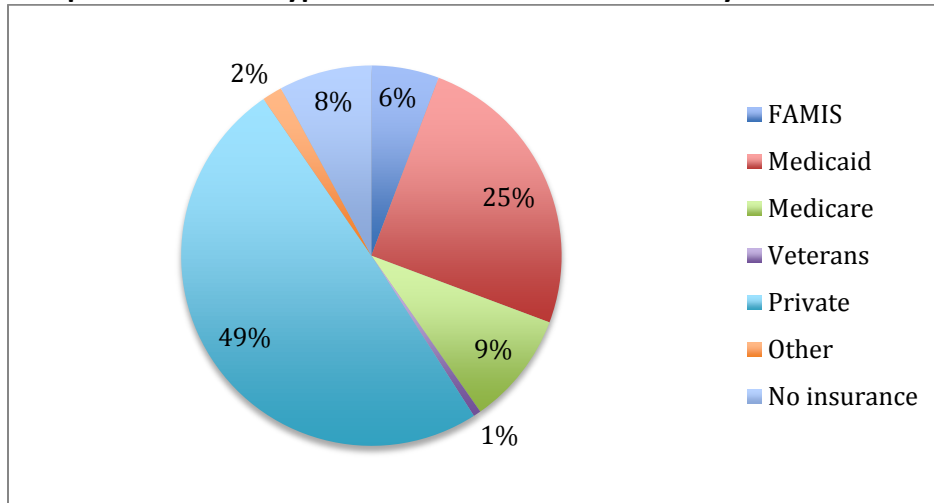
Others: care not needed (20), turned down for care (2), and specialist elsewhere

## APPENDIX D

### INSURANCE STATUS

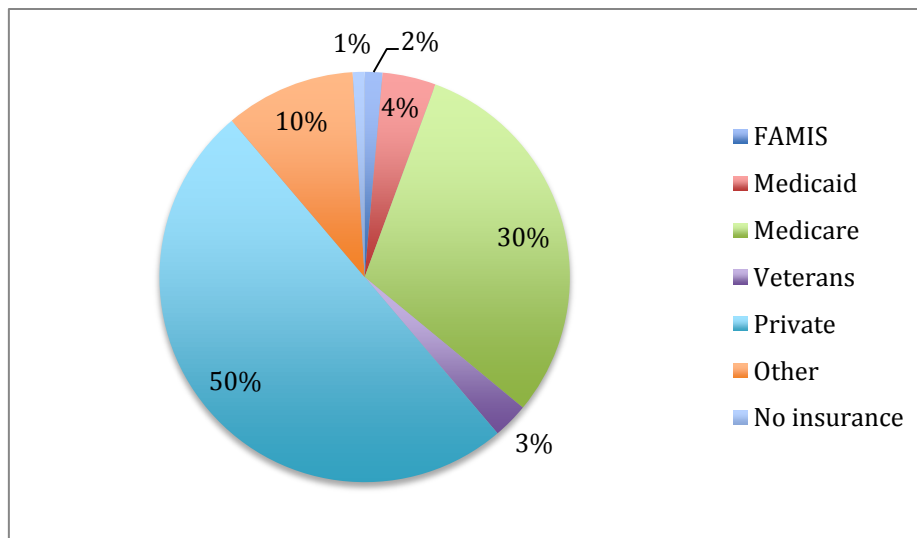
A greater percentage of the Target Population (8%) reports being uninsured compared to the Random Sample (1%). There was little difference between the two samples in the percentage of privately insured respondents. The total percentage of those surveyed who are insured by FAMIS, Medicaid, or Medicare combined was slightly higher among the Target Population (40%) compared to the Random Sample (36%). The percentage of users for each of these three public insurance programs was more evenly distributed among the Target Population, evidence of the methods used to target medically underserved residents across the lifespan. Similarly, there were a greater percentage of Medicare recipients in the Random Sample following demographic trends of the aging population in the Rockbridge area.

#### Target Population: What type of insurance do members of your household have?



Others: Southern Health Coventry and Steelworkers

#### Random Sample: What type of insurance do members of your household have?



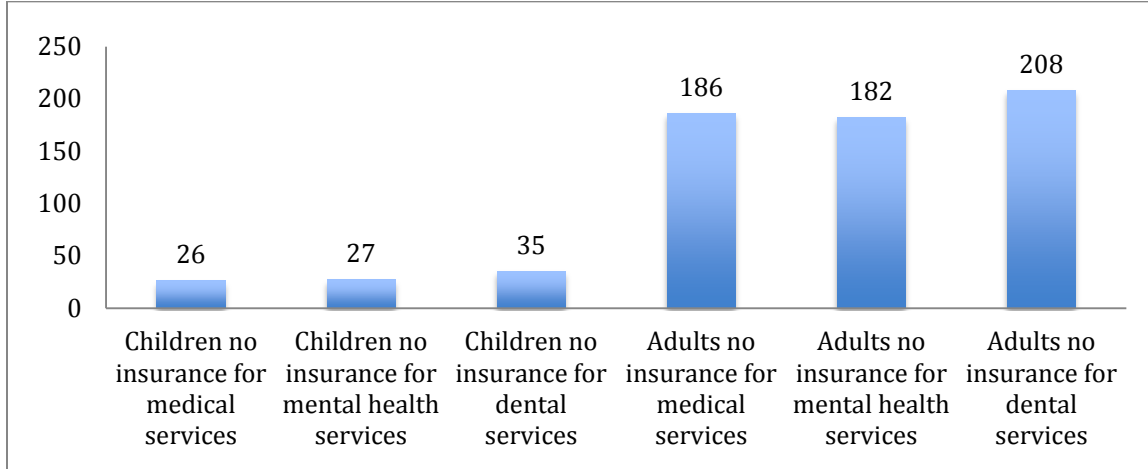
Others: Medicare supplement (13), Government Employee Health Association (2), AARP (2), Optima, company insurance, United Health, Universal Health, Kaiser Permanente, Wellness Care for Rx, and Southern Health Coventry



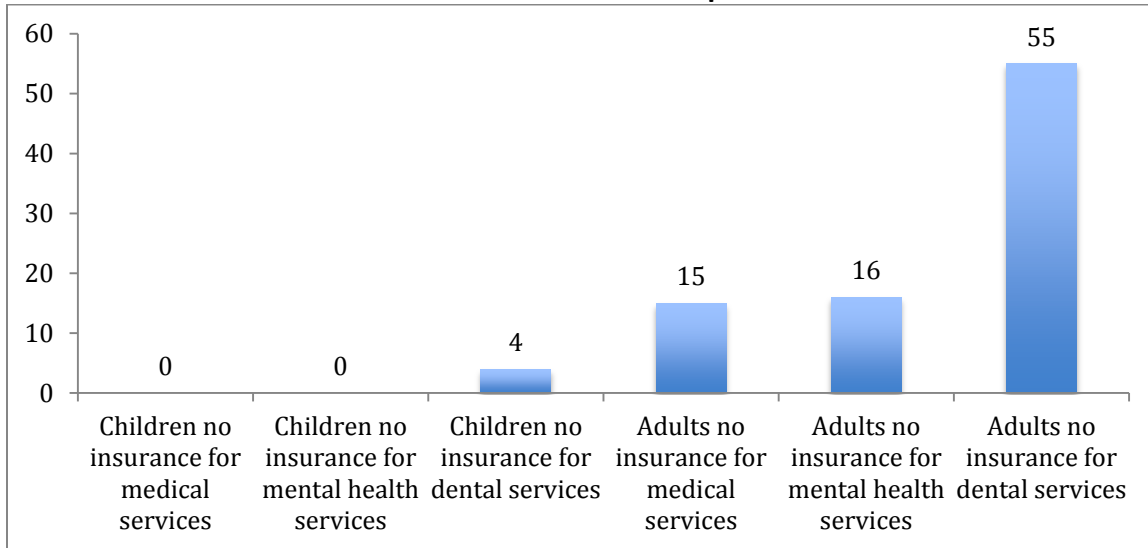
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As illustrated in the following graphs, lack of dental insurance is the most common category of “uninsured” for both children and adults in the Target Population and the Random Sample. In all categories, the Target Population reports a higher rate of uninsured members of the household.

### Uninsured Members of the Household: Target Population:



### Uninsured Members of the Household: Random Sample:



## APPENDIX D

In response to the question **“Please select the person in your home who has been without insurance for the longest time. How long has this person been without insurance?”** the answer “5 years or more” was the most frequently chosen in both samples.

How long without insurance?	Target Population	Random Sample
Everyone has insurance.	56%	85%
Less than 1 year	10%	2%
1-2 years	10%	3%
3-4 years	7%	1%
5 years or more	17%	10%

Among all the reasons for being uninsured, “too expensive” was the most common response from both samples.

Why no insurance?	Target Population	Random Sample
Everyone has insurance	46%	77%
Lost job that provided insurance	7%	2%
Too expensive	20%	8%
Do not qualify for Medicaid FAMIS or Medicare	11%	4%
There is no work right now	4%	3%
Insurance is not available at my job	8%	4%
Other (see below)	3%	2%

### Target Population

Others: no dental, not old enough for Medicare, self-employed, divorced-was covered by husband, fulltime student with retired parents, just moved to area, less expensive to pay out of pocket, husband retired-can't afford (prior service), and income “too high” for public insurance programs

### Random Sample

Other: Personal Choice

## APPENDIX D

### BARRIERS TO CARE FOR THE INSURED

A greater percentage of the Random Sample reports that their insurance covered most of their medical needs, however a significant percentage of both samples (15% of the Random Sample and 30% of the Target Population) reports that gaps in care exist even for the insured. Costs associated with medications and co-pays are common barriers to care in both the Target Population and the Random Sample.

Does your insurance cover most medical needs?	Target Population	Random Sample
yes	69%	85%
no	22%	14%
Does not apply. I have no insurance.	8%	1%

What is not covered?	Target Population	Random Sample
Medications	31%	24%
Tests	23%	19%
Copays	28%	31%
Other (see below)	19%	26%

#### Target Population

Others: deductibles, dental, all family members (some were covered while others were not), sick visits, insurance premiums, surgeries, bills, optical, physicals, and medical

#### Random Sample

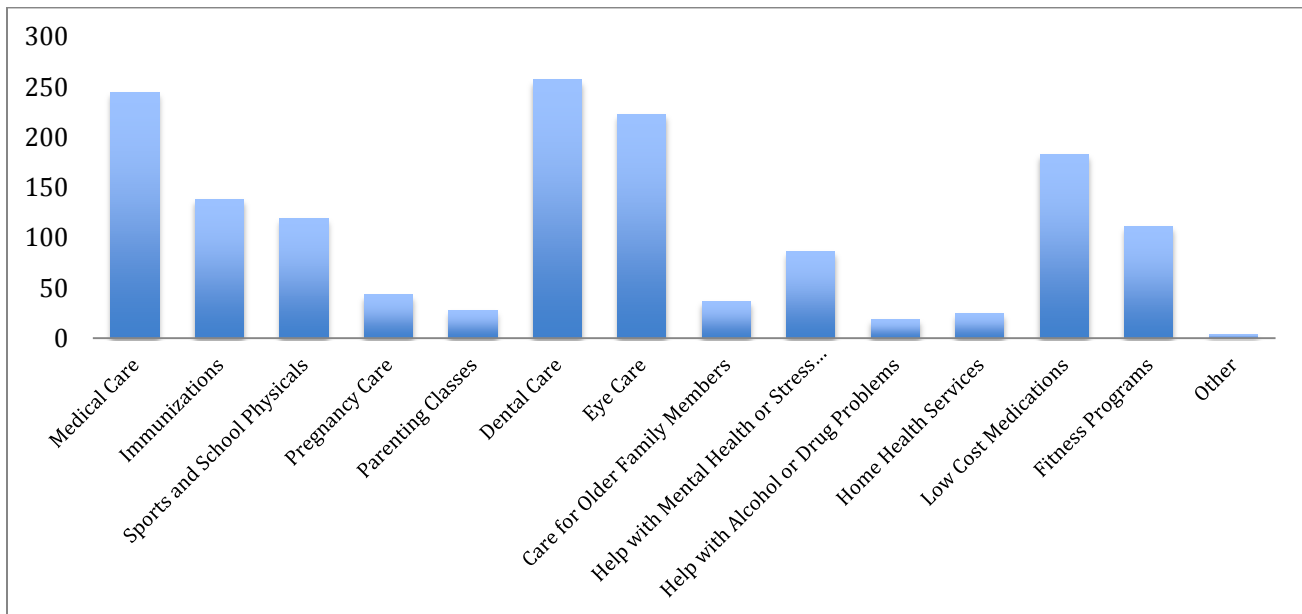
Others: deductibles, entire family not covered, sick visits, everything not covered, glasses, more than teeth cleaning, assisted living/nursing homes, premiums, doctors, hospitalization, and dental

## APPENDIX D

### Gaps in Services

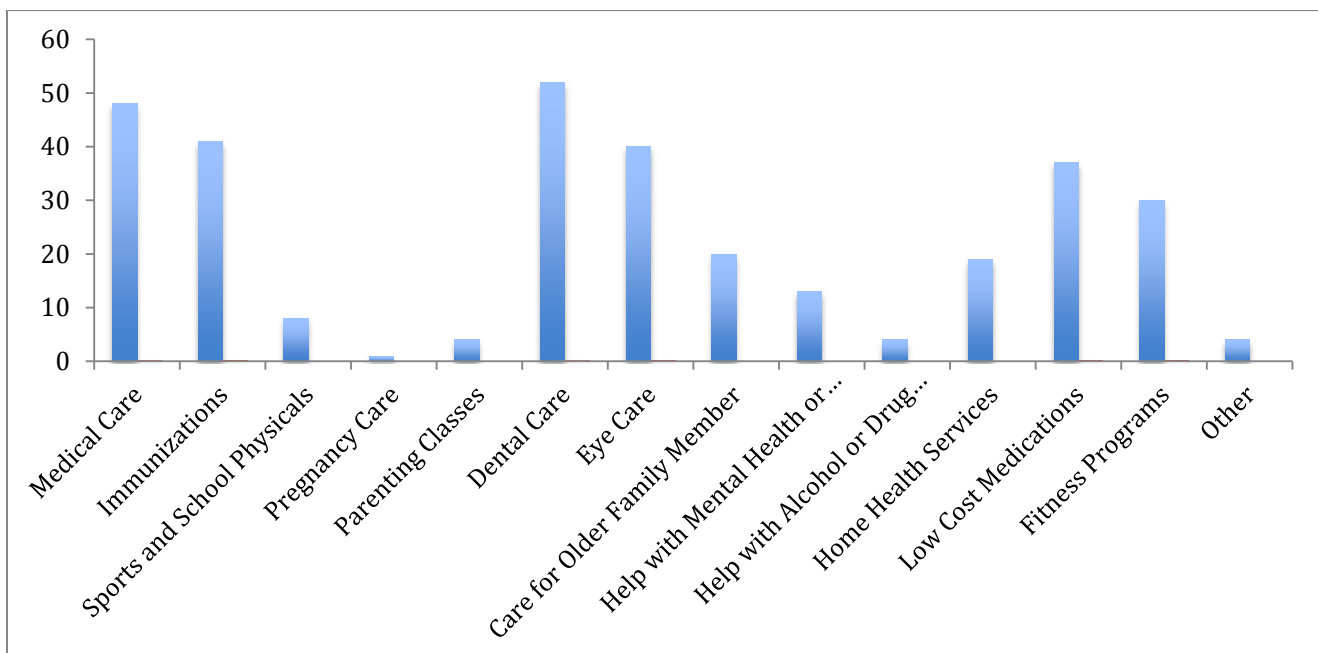
In response to the question “**please tell us which services you or someone living in your home would use at an affordable community health center?**” DENTAL CARE was the service most requested by the Target Population, the Random Sample and by households with both children and elderly members. Medical Care, Eye Care and Low-Cost Medications were other top requests by all respondents. See graphs below.

#### Target Population



Other services desired were gynecologist and acupuncture

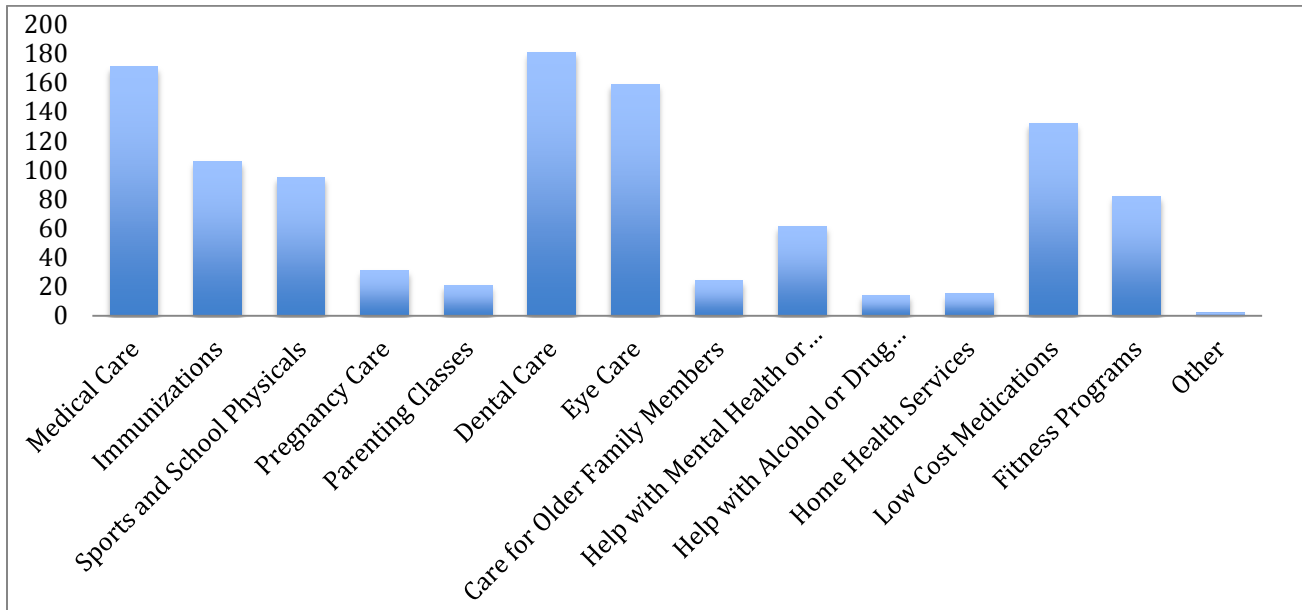
#### Random Sample of Population



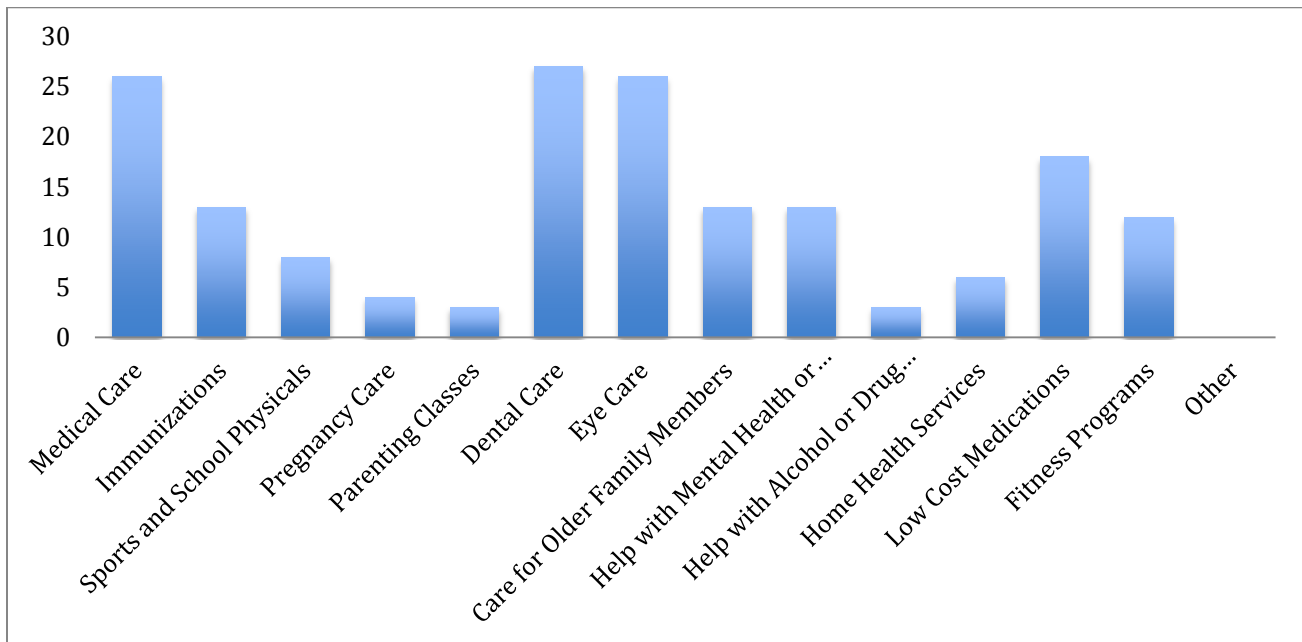
## APPENDIX D

Other services desired were EmergiCare, women's health, and weight-loss programs

### Target Population-Families with Children



### Target Population-Families with Senior Citizens



## APPENDIX D

### NEED FOR EXPANDED HOURS

The need for expanded hours is evident in the responses to the question **“What days/times would be convenient to use a community health center for you or someone living in your home?”** In addition to daytime hours, weekend and evening hours received the most number of votes from both the Target Population and the Random Sample.

What times would be best?	Target Population	Random Sample
Early morning	11%	9%
During the day	30%	35%
Evening hours	25%	15%
Saturday or Sunday	19%	19%
24-hour	11%	14%
No preference	5%	8%

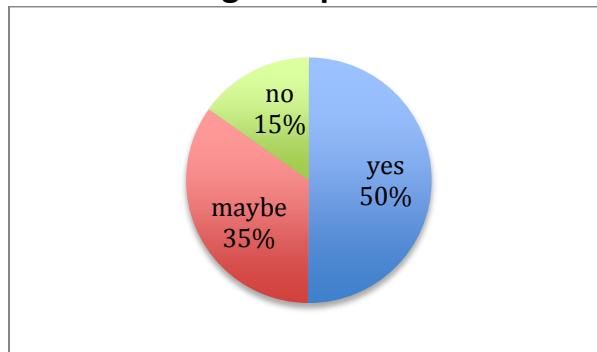
## Community Support

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Broad community support for more affordable services is evident in the responses to the question **“if a community health center opened in the Rockbridge area that offered affordable medical, dental, mental health care and help with alcohol and drug problems, would you or someone living in your home use it?”**

- 85% of the Target Population responded “yes” or “maybe”
- 70% of the Random Sample responded “yes” or “maybe”

### Target Population

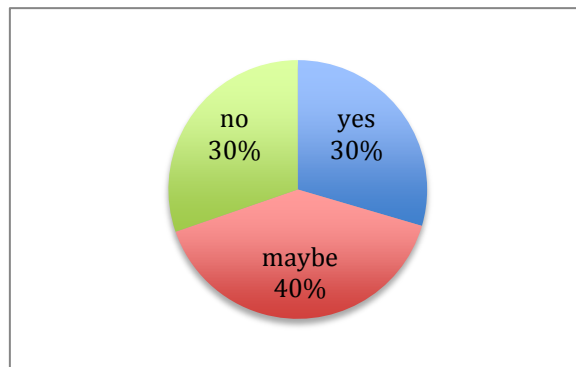


### Why would you not use the community health center?

Reasons given were family is already insured, not needed, prefer current providers, and don't drive.

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### Random Sample



### Why would you not use the community health center?

Reasons given were already insured, prefer current providers, not needed, and probably do not qualify.

## PUBLIC COMMENTS

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Many survey respondents took advantage of the opportunity to voice their concerns in response to the question **“Is there anything else we should know about the health care needs in the Rockbridge area?”** Their unedited responses are recorded below.

### Target Population

- Free or low-income physical therapy would be helpful. Even with Medicare, my mother has trouble paying for the therapy she needs.
- (I use a scooter) Need affordable dental care
- I use wheelchair. Wheelchair transportation is available but a bit costly; Medicare should pay RATS for my transport OR RATS needs more subsidizing; AFFORDABLE DENTAL CARE IS NEEDED
- need medical care on weekends and evenings - for non-emergency medical care; need wheelchair transportation evenings and weekends in addition to weekdays; need to support RATS to provide lower priced rides for all, including those with disabilities
- It has been very difficult for me to find quality health care in Rockbridge County. Now I have to go to Roanoke, Fishersville, and Charlottesville. My insurance does not pay for dental care. The Rockbridge Area Free Clinic won't help me.
- NEED someone to help cook meals & cleaning house (light).
- Although I now have insurance (paid for by employer), I will not be able to afford \$700/mo. premium when I am no longer working. I am unable to get less expensive policy or any coverage with other insurers, due to pre-existing condition.
- Until Jan. of 2012, I was without health insurance. Now I have Medicare, supplemental and a prescription plan but would use the free clinic if I could.
- When we have an appointment, we have to wait too long
- The clinic is very far away. We can't get an appointment when we need to. The wait is often very long at the clinic. We use natural herbs and remedies. We depend on God and prayer
- We need someone who speaks Spanish and can make appointments on the



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day of rest. Clinic hours are not convenient for us. When we have an appointment, we have to wait too long. God and prayer take care of us.

- We need someone who can speak Spanish
- My daughter is deaf so I am on my own with sign language for communication and along with a parenting class on American Sign Language class would really be ideal for your family! We are a family with 2 of us (parents) in desperate need to help. Thank you!
- It's hard to find anyone who takes Medicaid for adults. so we have to travel and it's not easy on gas and to be back before my son gets home from school mon-friday and being a single parent no babysitter on weekends
- I having some female problems and going to Roanoke Clinic butte bills are piling and I still have 1 more appointment on the 23rd of the month for more special need. My 18 year old needs his wisdom teeth pooled. And could there be a better Practical Nurse at Rockbridge Clinic because she is so loud I can hear what she says about them and they hear her talking to me. So would like to get her put somewhere else. We the People have the rite private medical. All I would like to find out how I can get all the bills paid for I myself don't have Insurance for me the kids have Medicaid and private insurance
- work with someone who has autism or symptoms of autism to come to your home
- We are very upset about the lack of sufficient OB/GYN services in this area. Then again, we were also unhappy with the OB/GYN services that existed here several years ago. The former OB/GYN service providers were unprofessional, non-service-oriented providers. Now we don't even have that. We need a high-quality OB/GYN service provider in the area so that people don't have to travel to Roanoke or Augusta and risk having a baby on I-81. We also need an affordable 24-hour urgent care provider other than the slow, overpriced emergency room at Stonewall Jackson - something like Patient First.
- we have trouble paying medical bills & for medication
- Need help paying medical bills
- What can a college student with no insurance go for affordable health care services?
- I will go to Augusta Medical Center when it is something serious
- Nurses are plain out dumb.

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- Good luck with your project!
- Access to a neurologist who specializes in MS.
- would depend on quality of service of the community health center
- I'm a single parent who has to pay for health insurance for 2 children which creates a financial hardship, but my income doesn't allow for financial assistance.
- We really need the Community Health Center!!
- I have a tooth problem; both wisdom teeth need to be pulled. I don't know where I should go.
- never had insurance, very excited about possibility of community health center
- I need a ride.
- We cannot afford dental insurance or the supplement insurance. We don't get any aid for a dependent child of any source. We support the child with our social security and she doesn't get anything, although we have custody of her. No child support, food stamps etc.
- There is a definite need for affordable medical, dental, and mental health care for many of the families I work with in school division. As a counselor I would definitely refer families to affordable care and would welcome a resource that included dental and mental health care locally.
- We have family, not in our home, who would greatly benefit from an affordable community health center.
- Would be nice to not have to drive so far to see a specialist.
- What about people with no driver's license, no vehicle, no gas money, or no other way to get somewhere for medical help? Places need to be closer to each county. We can't get to places half the time because of this.
- Paying a dentist is expensive when everyone has to meet a deductible.
- Need Sat and evening care here badly and 24 hour services so that the community can avoid the ER (hate to see other folks taking kids to the ER for sore throat and allergies)

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- Would really like an urgent care center with evening and weekend hours. Would save me a trip to ER sometimes-- for earaches, etc.
- I see healthcare in decline with no birthing suite, no ob/gyn. I fear for those aging here with no specialty care such as heart/cancer. Our choices are AMC/Roanoke/UVA. I support Health Care Reform and Insurance Pools for all. Thank you for your work on this issue.
- They would probably be like habitat and only help the ones they want!!!
- We do not agree with insurance programs of any kind. It should be a free market where competition keeps prices low- not some not-for-profit thing they have now. We choose to not have insurance and set aside large portions of our income into private savings accounts to use as needed for anything. We don't like taxpayer dollars going to people who don't really need it and the current system enables many who are leeches. That is why we do not participate-not because we can't.
- Sheryl and the kids are all insured, that is all I worry about...
- My private insurance runs out in Oct, as I am divorcing and currently covered under my husband (separated); however, I do not qualify for Medicaid, because I have income above almost nothing, but insurance if I must pay out of pocket may be unaffordable, especially for laboratory tests, studies, meds and emergency care. I fall through the crack as my employer does not offer insurance but I work 32-40 hours per week.
- Needs to be affordable. Good service, less costs.

### Random Sample

- Heavily use pediatricians and OBGYN -> losing the OB and maternity ward in Lexington was a huge blow (driving to Augusta for OB visits.)-> Big time and money investment. PS would use the BV Pediatrician (they're great) but they don't offer immunizations. The Lexington Pediatrician was rude and rough with our children.
- Needs to be a way for babies to be born in Rockbridge
- This survey has a major flaw-The people most needing this type of care, those without insurance, are the least likely to respond to it.
- I take care of a friend who lives in my home who has a brain injury, and he get S.S. income and disability, as he is disabled. He helps with my rent and has Medicare, I have no job and no insurance. He is covered, I am not, and he pays

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me a small amount of rent to help pay my bills.

- most cannot afford care without some type of assistance
- I need two surgeries-one on knee and one on foot. Can barely walk but no insurance so can't afford it. Another needs glasses-again, no ins or funds. And one needs dental but no insurance or funds. Desperately need affordable alternatives.
- son spends half time with each parent
- Other areas have EmergiCare so don't have to go to ER for minor things, for example kids earache.
- No providers in our area now accept our insurance plan (Tricare Prime), this includes Carilion Stonewall Jackson Hospital. This is/will cause hardship with copays and distance for medical care.
- WE have been dissatisfied with the quality of care provided in the Rockbridge Area in the past, which resulted in us seeking healthcare services outside the service region.
- Need a dental for people, medical won't pay after 21, free clinic won't take you if you have medical of an older people
- Ride to get to the offices
- 1. Would be very interested in Urgent Care setting 2. more knowledge of what is available instead of having to call rescue squad for any event.
- Second person-turned away at Roanoke Memorial after transferred from Stonewall Jackson after heart problem (fluid around heart)-minor heart attack. Cardiologist Stonewall Jackson had transported-Cardiologist Roanoke Memorial told me he would not treat until I had insurance or could afford. High blood pressure/cholesterol/stress/ulcers-possible bladder or prostate cancer. Depression, turned down by Free Clinic. Cannot afford another bill, worker 2 jobs 18 years now down to 1 for almost 2 years
- I spend around \$3000 per year on health insurance premiums through work. I spend around another \$5000 per year out of pocket for expenses not covered including eye and dental. I probably spend another \$1000 per year on wellness, vitamins and supplements.
- Our mother, age 95, fell ill while visiting with us, could not return to her home until after receiving rehab. The visiting nurse, PT, OT, speech pathologist, and

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personal care attendant were all exceptional! She would not have recovered without that professional help. Thank you so much!

- People feel that they are "judged" when going to the free clinic for services.
- I'm a type I diabetic on an insulin pump. Supplies are expensive but necessary. Insurance charges co-pay every year, so I can never get ahead with medical expenses.
- My husband is a diabetic and he has Vertigo and other problems and his meds are expensive and sometimes we cannot afford to get all of them even with insurance.
- Thank you for conducting this survey.
- One of our emergency room visits could easily have been taken care of at a community health center with evening hours required medical attention but not a full hospital setting. Thanks for all you do at the free clinic and Health Dept!
- dental work
- Adult Day Care/Respite Care Needs
- Yes. You need to take certain people off Medicaid that drive BMWs and escalades, if they can afford them; they can afford insurance for their kids! Or themselves. The working people of Rockbridge County get treated like shit while the ones who lie about their incomes have it made!
- We are very lucky to have good insurance through my husband's employer. However, when he retires (soon) a community health care center might be of great help. Good luck!
- I have no medical insurance except for Medicare. I cannot afford any other. I took out a low premium dental insurance although I could not afford it. I want to save my teeth.
- The hospital rates are too high for local people. Not just for us. But many locals.

This report was prepared by the Project Manager.

# ROCKBRIDGE AREA MAPP PROJECT

## FORCES OF CHANGE REPORT

## FORCES OF CHANGE ASSESSMENT

### Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in the Rockbridge area, the Forces of Change Assessment was conducted by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, the Central Shenandoah Health District, and members of the Rockbridge Area MAPP Steering Committee. The session took place at Carilion Stonewall Jackson Hospital on March 12, 2012. The purpose of the Forces of Change Assessment is to identify what is occurring or might occur that affects the health of the community and local public health system. The discussion focused on the forces impacting the Rockbridge area community including Rockbridge County and the cities of Lexington and Buena Vista.

A total of 26 individuals attended. Individuals were representative of various social service agencies, no profit organizations, local governments, educational systems, law enforcement, and other public health system agencies. A full list of attendees can be found on page 144.

### Methods

One week prior to the scheduled Forces of Change Assessment, participants were contacted by e-mail from the Rockbridge Area MAPP Project Communications Manager. The purpose of the advanced communication was to provide the participants with an agenda for the meeting and to encourage some critical thinking prior to the session. Participants were asked to consider the following questions in preparation:

- What are the opportunities and threats or challenges that could affect you and your organization?
- What external factors beyond your control affect your organization’s ability to fulfill its mission?
- What is happening in your work that you would like to share?

A copy of the agenda can be found on page 145.

After a brief call to action by the Project Manager, the Forces of Change Assessment started with opening remarks by a member of the Rockbridge County Board of Supervisors. Next, the CEO of Carilion Stonewall Jackson Hospital and the Director of the Central Shenandoah Health District commented on the “forces of change” from their perspective.

The participants were then invited to comment on their organization’s “forces of change.” Rockbridge Area MAPP Project consultant, CommunityWorks, facilitated the hour long discussion. The facilitator, the project manager, and a member of the Core Team recorded the responses on flip charts at the front of the room. Comments were classified and recorded

under the headings “Local,” “State,” and “Federal.” A member of the Rockbridge Area MAPP Project Communications Work Group also took detailed notes. Participants were provided with a worksheet to document their comments. A copy of the worksheet is provided on page 146. Members of the Rockbridge Area MAPP Core Team and Communications Work Group are also identified on page 147.

### **Identification of Forces**

Following the one-hour Forces of Change Assessment, members of the Core Team met for an additional hour to compile the recorded “forces” into one document. On March 15, 2012, members of the Rockbridge Area MAPP Project Communications Work Group met to review the results documented by the Core Team and compare them to the detailed notes taken by a Communications Work Group member. Necessary additions and clarifications were noted by the Project Director and the Communications Manager. The Project Manager then prepared this report of the Forces of Change Assessment.

The following themes emerged from the forces identified the participants:

- Health Care
- Wellness
- Social Support
- Community: Resources, Partnerships, and Culture
- Legislation
- Transportation

The “forces of change” are organized and presented in the following chart by theme and heading of “Local,” “State,” and “Federal.”



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	Local	State	Federal
<b>Health Care</b>	<p>Need for workplace policies that support health and safety of employees and their families</p> <p>More than \$2 million/month of Medicaid spending locally for 2700 enrollees</p> <p>\$4 million/year of uncompensated care provided to community by CSJH</p> <p>Estimated 70% of internal medicine and hospital patients are Medicare</p> <p>Health care costs for incarcerated population falls on the county</p> <p>Insurance is increasingly cost prohibitive for both employers and individuals</p> <p>Difficult to recruit health professionals (primary care, specialty, mental health)</p> <p>Limited capacity of primary care practices for Medicaid patients</p> <p>Need more home health care services</p> <p>Lack of affordable dental care (Free Clinic has adult dental program and Health Dept has pediatric dental program)</p>	<p>Unknown future of safety net funding</p> <p><i>See Legislation for other "forces" impacting Health Care at the State level</i></p>	<p>Medicare Advantage plans are difficult to understand and navigate</p> <p>Funding opportunities are changing (requirements for collaboration, maximizing resources, and documentation of quality improvement)</p> <p>Cuts to Long Term Care services in Medicare/Medicaid</p> <p>Rising costs of prescription drugs</p> <p>High level of administrative costs/requirements interferes with ability to administer services</p> <p>Ratio of specialist to primary care physicians</p>

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<p><b>Wellness</b></p>	<p>Need for workplace wellness initiatives</p> <p>YMCA has programming for workplace wellness</p> <p>Local food movement</p>		<p>Paradigm shift towards prevention and wellness</p>
<p><b>Social Support</b></p>	<p>Monthly average of Department of Social Services usage has more than doubled in last 3 years</p> <p>88% increase in food stamp usage since 2007</p> <p>Grant funding may not be sustainable income for local non-profits</p> <p>Impact of “trickle down” from state and federal budget cuts felt across public and private sector</p>	<p>Department of Social Services operating budget will be cut this year</p> <p>Decreased funding to public schools</p> <p>Decreased funding to disability services</p> <p>Unfunded mandates for services (ex. care coordination, options counseling for Medicare, insurance counseling for elderly population and adults with disabilities)</p> <p>27.5% in funding for public education with 7% increase in population</p>	<p>End of stimulus funding to public schools</p>

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<p><b>Community: Resources, Partnerships, and Culture</b></p>	<p>Let's Move Lexington</p> <p>YMCA Coffee House and other community programs</p> <p>Competition vs. collaboration of service providers</p> <p>RATS partnership with Augusta Health and CSJH</p> <p>Collaboration between education and health sectors to share (Lexington City Schools and CSJH)</p> <p>“Benefit’s Bus” open to new partners (bringing information about services to county residents)</p> <p>Potential for collaboration/consolidation between localities</p> <p>CSJH, CSHD, and Free Clinic working to improve public health system</p> <p>24.1% of local population is over 65</p> <p>Opportunity for regional food security planning</p> <p>Local governments facing difficult decisions (may impact local non-profits)</p>	<p>Pending consolidation of services:</p> <p>Department of Aging, Rehabilitation, and adult sector of Social Services will impact local agencies</p> <p>Rockbridge County is one of top 5 counties in VA in regards to aging population</p>	
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<p><b>Legislation</b></p>	<p>Changes to Medicaid and Medicare has potential to dramatically impact local environment of care</p> <p>ADA has led to positive local changes</p> <p>Elimination of No Child Left Behind will not impact funding to local schools</p> <p>Potential for increase in local real estate taxes</p>	<p>Comprehensive Services Act-funding responsibilities will shift to localities</p> <p>State legislation for local food safety block progress of local agriculture industry</p> <p>Changing regulations for billable services and licensing requirements for mental health providers (can no longer bill for Licensed Clinical Social Workers)</p> <p>Medicaid Managed Care Organizations are not well-organized or understood, even by professionals</p>	<p>Potential expansion of Medicaid</p> <p>Potential cuts to Medicare</p> <p>Civil rights legislation (ADA)</p> <p>No Child Left Behind will be phased out</p> <p>USDA regulations for production and sale of local food are unreasonable</p>
<p><b>Transportation</b></p>	<p>RATS and Maury Express</p> <p>Fuel costs</p>	<p>Fuel costs</p>	<p>Rising fuel costs</p>

**Recommendations**

The results of the Forces of Change Assessment should be reviewed again when strategic issues are being identified. Some of the forces of change identified in this report may be unique to this assessment, while others may also appear in the other assessments. Those forces that are identified as impacting multiple sectors of the community should be prioritized. Additionally, the relationship between forces should also be considered during strategic planning. Integration of the forces into the community health improvement plan is critical as the forces will impact the community’s ability to implement and follow through with action plans.

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Attendees for the Forces of Change Assessment

Mike Bell	Rockbridge Area Community Services
Donna Gail Broussard	Heritage Hall
Deborah Carpenter	Central Shenandoah Health District
Chuck Carr	Carilion Stonewall Jackson Hospital
Katy Datz	Rockbridge Area Free Clinic
Meredith Downey	Department of Social Services
Mimi Elrod	Lexington City, Mayor
Rusty Ford	Rockbridge County, Board of Supervisors
Steve Funkhouser	Rockbridge County Sheriff's office
Jeff Grossman	Rockbridge Area Free Clinic, Board of Directors
Sharon Knick	Rockbridge area community member
Laura Kornegay	Private Practitioner
Betty LaRock	Rockbridge Area Transportation System
Doug Larsen	Central Shenandoah Health District
Mary Lynn Lipscomb	Carilion Stonewall Jackson Hospital, Board of Directors
Dan Lyons	Lexington City schools
Joan Manley	Valley Associates for Independent Living
Lyle McClung	Rockbridge Area Free Clinic, Board of Directors
Melissa Medeiros	Washington and Lee University
Sammy Moore	Chamber of Commerce
Holly Ostby	Carilion Stonewall Jackson Hospital
Lewis Plogger	Buena Vista City Council
Tim Root	Rockbridge Area Transportation System
Jeri Schaff	Maury River Senior Center/Valley Program for Aging Services
Laura Simpson	Rockbridge Area MAPP Project
Pat Young	CommunityWorks, MAPP Project consultant

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Agenda



**The Rockbridge Area MAPP Project**

**Forces of Change Steering Committee Meeting- March 12, 2012  
Carilion Stonewall Jackson Hospital 12:00-1:00**

*Through the Forces of Change Assessment, we will be assessing external forces that can impact our community, in both positive and negative ways. These are likely to be things out of our control. For example, the cost of gasoline or new health care legislation.*

Welcome.....Rusty Ford	12:05
• Introduction of Forces of Change Assessment	
Doug Larsen, Central Shenandoah Health District	12:10
Chuck Carr, Carilion Stonewall Jackson Hospital	12:15
Open Discussion.....Pat Young, Facilitating	12:20
Next Steps.....Laura Simpson, Project Manager	12:50
• Work Group Reports	
• Needs from Steering Committee Members	
• April Steering Committee Meeting Objectives	
<b>Thank you for your commitment!</b>	

Forces of Change Worksheet

**Forces of Change  
Assessment**



*Through this Force of Change Assessment, we will be analyzing external forces that could impact our public's health, in both positive and negative ways. These are likely to be things out of your control. For example, the cost of gasoline or new health care legislation.*

Please list at least 3 factors occurring on a Local level that could impact your ability to fulfill the mission of your organization.

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Please list at least 3 factors occurring on the State level that could impact your ability to fulfill the mission of your organization.

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Please list at least 3 factors occurring on the Federal level that could impact your ability to fulfill the mission of your organization.

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Is there anything that we have not covered, but you feel should be included in this assessment?

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At our June 11<sup>th</sup> Steering Committee meeting, we will be formulating a strategic plan to address the needs that are uncovered through the current community assessment. Because of the depth of information covered, this meeting will be approximately 4 hours in length. We understand this is a significant time commitment and would like to be as accommodating to your schedule as possible. Please circle your preferred timing:

9am – 1pm

12pm – 4pm

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Members of the Rockbridge Area MAPP Core Team and Communications Work Group

<b>CORE TEAM</b>	
<i>Name</i>	<i>Title</i>
Suzanne Sheridan	Project Director
Laura Simpson, RN	Project Manager
Katy Datz	Communications Manager
Pat Young	CommunityWorks, Technical Consultant
Melissa Medeiros	Washington and Lee University
Dr. Laura Kornegay	Local Physician
Dr. Douglas Larsen	Central Shenandoah Health District, Director
Deborah Bundy-Carpenter, RN	Central Shenandoah Health District, Nurse Manager
Chuck Carr	Carilion Stonewall Jackson Hospital, Chief Executive Officer
Holly Ostby	Carilion Stonewall Jackson Hospital, Community Development
<b>COMMUNICATIONS WORK GROUP</b>	
<i>Name</i>	<i>Title</i>
Suzanne Sheridan	Project Director
Katy Datz	Communications Manager
Rusty Ford	Rockbridge County Board of Supervisors
Holly Ostby	Carilion Stonewall Jackson Hospital, Community Development
Anne Hansen	Rockbridge area community member



ROCKBRIDGE AREA MAPP PROJECT  
STRATEGIC PLANNING REPORT

## STRATEGIC PLANNING

### Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in the Rockbridge area, a community-wide Strategic Planning session was conducted by the Rockbridge Area Free Clinic, Carilion Stonewall Jackson Hospital, the Central Shenandoah Health District, and members of the Rockbridge Area MAPP Steering Committee. The four-hour retreat took place at Carilion Stonewall Jackson Hospital on June 11, 2012. The purpose of Strategic Planning retreat was to identify strategic issues that address the findings from the four MAPP assessments.

The Rockbridge Area MAPP Strategic Planning process was guided by a small set of high-priority public health issues called the Healthy People 2020 Leading Health Indicators. Healthy People 2020 provides a comprehensive set of 10-year national goals and objectives for improving our nation’s health and the Leading Health Indicators are a smaller set of objectives selected by the Healthy People committee to communicate key issues and guide community efforts. To ensure that the Rockbridge Area MAPP Strategic Plan is aligned with national efforts, area needs were summarized and presented according to the Leading Health Indicators.

A total of 30 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, local governments, educational systems, law enforcement, and other public health system agencies. A full list of attendees can be found on page 154.

### Methods

One week prior to the scheduled Strategic Planning retreat, participants were contacted by e-mail from the Rockbridge Area MAPP Project Consultant. The purpose of the advanced communication was to provide the participants with an agenda for the meeting, a summary of local data (Rockbridge Area Community Health Needs Assessment) and information on the Leading Health Indicators (Healthy People 2020 Leading Health Indicators Summary). Participants were asked to review the materials and consider their role in working towards the vision for “a Rockbridge community with improved health and quality of life for this and future generations supported by a comprehensive, accessible and sustainable community health system”.

A copy of the agenda can be found on page 155.

After opening remarks by the Project Director, the Project Manager reviewed the 12 Leading Health Indicators and presented a summary of the supporting data for each indicator. The participants were then invited to ask questions or comment on the data.

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The MAPP Project Consultant, CommunityWorks, instructed participants to vote for their top four strategic issues out of the following 12 Leading Health Indicators:

<b>Access to Health Services</b>	<b>Clinical Preventive Services</b>	<b>Environmental Quality</b>
<b>Tobacco</b>	<b>Social Determinants</b>	<b>Oral Health</b>
<b>Nutrition, Physical Activity and Obesity</b>	<b>Injury and Violence</b>	<b>Maternal and Child Health</b>
<b>Mental Health</b>	<b>Substance Abuse</b>	<b>Reproductive and Sexual Health</b>

Participants were each given four stickers or “votes.” Each of the four stickers was labeled with a number one through four. The value of the stickers is reported below:

<b>Number 1:</b> 4 points	<b>Number 3:</b> 2 points
<b>Number 2:</b> 3 points	<b>Number 4:</b> 1 point

The following four Leading Health Indicators received the most points and were identified by the participants as priority strategic issues:

1. **Access to Health Services**
2. **Nutrition, Physical Activity & Obesity**
3. **Oral Health**
4. **Mental Health**

A final tally of the points for all 12 indicators follows:

<b>Leading Health Indicator</b>	<b>Number of Votes</b>	<b>Number of Points</b>	<b>Rank</b>
<b>Access to Health Services</b>	23	78	1
<b>Nutrition, Physical Activity &amp; Obesity</b>	22	57	2
<b>Oral Health</b>	16	45	3
<b>Mental Health</b>	17	32	4
<b>Maternal, Infant &amp; Child Health</b>	12	23	5
<b>Clinical Preventive Services</b>	10	19	6
<b>Social Determinants</b>	8	18	7
<b>Substance Abuse</b>	2	7	8
<b>Reproductive &amp; Sexual Health</b>	2	6	9
<b>Tobacco</b>	3	3	10
<b>Environment Quality</b>	1	2	11
<b>Injury &amp; Violence</b>	0	0	12

## Formulating Goals and Strategies

The consultant delivered a brief “Strategic Planning 101” presentation that outlined the expectations of the break-out groups and participants were invited to self-select into one of the four groups, each focused on one of the priority issues. The four break-out groups then participated in a team-building exercise led by guest consultant, Burr Datz.

Members of the MAPP Steering Committee and the guest consultant facilitated the small group discussions. Groups were given one and a half hours to reflect on the assessment data, formulate goals and objectives, and identify resources to support the goals. The following guidance was provided to groups:

### **Reflection:**

- What have you learned from the Rockbridge MAPP Project?
- What is important to you and your organization?
- How do we improve the health of those who live, work and play in the Rockbridge Area?

### **Goals:**

- What do we need to focus on to reach our vision?

### **Objectives:**

- What will be our approach/strategies to address our Goals?
- What projects or activities are needed to reach our goals?
- Objectives should be SMART (Specific, Measurable, Achievable, Realistic, and Timely).

### **Resources to support the Goal(s):**

- Consider what resources, programs, and initiatives currently exist in the community.
- How can we support/partner/expand these resources for a greater impact to ensure we maximize what we are already doing well.
- Developing shared community accountability to ensure the goals and objectives are met is a vital part of our strategies.

**Action Planning**

A group-appointed spokesperson presented a summary of the issue-specific discussions to the larger group. The four group summaries (see pages 156-162) were used by the Core Team to craft the suggested goals and objectives presented below. These suggested goals and objectives serve as a starting point for future research, planning and evaluation. A summary of the proposed timeline for the implementation phase of the MAPP project is found on page 163.

**Suggested Goals and Objectives**

<b>Priority #1: Access to Health Services</b>
<b>Goal:</b> Optimize access to affordable healthcare that responds to the unique needs of our community
<b>Objective 1:</b> Develop a plan for a community health center in the Rockbridge area by August 31, 2012
<b>Objective 2:</b> Develop a coalition among institutions and organizations that promote the MAPP vision by August 31, 2012
<b>Objective 3:</b> Develop a plan for recruitment and retention of health care professionals
<b>Objective 4:</b> Develop a plan to utilize technology to meet some identified gaps in services

<b>Priority #2: Nutrition, Physical Activity, and Obesity</b>
<b>Goal:</b> Reduce the rate of obesity in Rockbridge County
<b>Objective 1:</b> Create a wellness initiative that addresses nutrition, physical activity, and obesity
<b>Objective 2:</b> Develop a Community Health Workers program that supports wellness initiative.
<b>Objective 3:</b> Increase access to fresh, local food

<b>Priority #3 Oral Health</b>
<b>Goal:</b> Increase access to oral health services and increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent oral health disease.
<b>Objective 1:</b>

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Expand current capacity to affordable dental care for underserved\* individuals across the lifecycle

*\*Underserved includes Medicaid, Medicare, elderly, disabled ,low-income, uninsured, and those who lack access to oral health services (not all inclusive)*

**Objective 2:** Increase oral health education throughout the lifecycle in the Rockbridge community.

**Objective 3:** Increase awareness of existing oral health services among both residents and service providers in the Rockbridge area

**Priority #4: Mental Health**

**Goal:** Increase access to mental health services

**Objective 1:** Develop a campaign to increase public awareness of available services in the area

**Objective 2:** Increase the number of mental health providers in the area

**Objective 3:** Develop a specialized transportation plan for mental health patients

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Attendees for Strategic Planning

Mike Bell	Rockbridge Area Community Services
Deborah Carpenter	Central Shenandoah Health District, Nurse Manager
Chuck Carr	Carilion Stonewall Jackson Hospital, CEO
Dennis Cropper	Rockbridge Area Community Services
Katy Datz	Rockbridge Area MAPP, Communications Manager
Tim Diette	Washington & Lee University
Mimi Elrod	Lexington City, Mayor
Rusty Ford	Rockbridge County, Board of Supervisors
Steve Funkhouser	Rockbridge County Sherriff's office
Jeff Grossman	Rockbridge Area Free Clinic, Board of Directors
Anne Hansen	Community member
Michelle Jones	Hospice
Sharon Knick	Rockbridge area community member
Laura Kornegay	Private Practitioner
Betty LaRock	Rockbridge Area Transportation System
Doug Larsen	Central Shenandoah Health District, Director
Buster Lewis	Rockbridge County, Board of Supervisors
Mary Lynn Lipscomb	Carilion Stonewall Jackson Hospital, Board of Directors
Dan Lyons	Lexington City schools
Joan Manley	Valley Associates for Independent Living
Lyle McClung	Rockbridge Area Free Clinic, Board of Directors
Melissa Medeiros	Washington and Lee University
Sammy Moore	Chamber of Commerce
Holly Ostby	Carilion Stonewall Jackson Hospital
Tim Root	Rockbridge Area Transportation System
Jeri Schaff	Maury River Senior Center/Valley Program for Aging Services
Suzanne Sheridan	Rockbridge Area Free Clinic; MAPP, Project Director
Pat Young	CommunityWorks; MAPP Project Consultant
Laura Simpson	Rockbridge Area MAPP, Project Manager
Marie Webb	Carilion Clinic, Director of Community Outreach

Agenda



**The Rockbridge Area MAPP Project**

**Strategic Planning Retreat  
June 11, 2012  
Carilion Stonewall Jackson Hospital 9:00 a.m. to 1 p.m.**

Welcome & Statement of Purpose.....Suzanne Sheridan, Project Director	9:00
Summary of the Top Issues Impacting Health..... Laura Simpson, Project Manager	9:10
Identifying the Top Four Strategic Issues or Priorities..... Pat Young, Consultant	9:40
Strategic Planning 101..... Pat Young, Consultant	10:00
<b>Break</b>	10:10
Team Building..... Burr Datz, Consultant	10:20
Formulating Goals and Strategies..... MAPP Teams	10:35
<b>Working Lunch</b>	12:00
Presentation of Goals & Strategies..... MAPP Teams	12:20
Discussion..... All	12:35
Next Steps..... Laura Simpson, Project Manager	12:50
<b>Thank you for your commitment!</b>	



**Priority: ACCESS TO HEALTH SERVICES**

**Facilitator:** Deborah Bundy-Carpenter

**Spokesperson:** Suzanne Sheridan

**Group Members:** Suzanne Sheridan, Chuck Carr, Buster Lewis, Sharon Knick, Tim Root, Mike Bell

**Reflections:**

- What have you learned?
  1. affirmation of community needs
  2. collection of data
  3. the complex issues related to health
  4. the representation from the community
  
- What is important?
  1. designation for a medically underserved area
  2. access
  3. formal working relationships
  4. utilization of existing resources
  5. long range planning for recruitment of medical providers
  
- How do we improve?
  1. increase opportunities in the area
  2. assure health care services available into the future
  3. proper utilization of technology
  4. target major demographics in population
  5. working relationships equal opportunities
  6. many of the health indicators are under 'access to care'

**Goal:**

Optimize access to affordable healthcare that responds to the unique needs of our community.

**Objective #1:**

Develop a plan for a community health center in Rockbridge County by August 31, 2012.

**Objective #2:**

Develop a formal coalition among institutions and organizations that promote the MAPP vision by August 31, 2012.

**Objective #3:**

Develop a plan for recruitment and retention of health care professionals.

**Objective #4:**

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Develop a plan to utilize technology to meet some identified health care access needs, by Dec, 31, 2012.

### **Brainstorming of some key action steps that are important to the objectives:**

- ✓ case management services
- ✓ transportation issues addressed
- ✓ nurse helpline
- ✓ access schools to provide some services, e.g. – dental services for children
- ✓ increase collaboration with community partners
- ✓ have access to ‘after-hours’ health care; walk-in clinics; urgent care centers
- ✓ have a marketing plan for recruitment of healthcare professionals about why it’s great to live in Rockbridge County

**Priority – MENTAL HEALTH**

**Facilitator:** Katy Datz

**Spokesperson:** Dennis Cropper

**Group Members:** Rusty Ford, Dan Lyons, Steve Funkhouser, Dennis Cropper, Laura Simpson, Betty LaRock

**Reflections:**

- Use of mental health services includes massage, primary care providers etc..- lack of local providers
- Insurance often doesn't cover mental health professionals
- Police intervention and transport the nearest bed- very specific laws
- High suicide rate- need for awareness/media- there used to be a hotline
- CSB is mandated to serve seriously mentally ill, but often expected to manage all mental health needs
- Schools work with the CSB- potential relationship between dropout rate and unmet mental health needs
- Substance abuse awareness
- Huge need for mental health providers among elderly and nursing home residents, veterans
- Even with heavy marketing, programs are sometimes underutilized (ex. Grief Camp)
- Veterans lost transportation to VA in Salem, but there is a satellite office in Staunton and the other support services locally

**Goal:** Increase access to mental health services

**Objective #1:**

Develop a campaign to increase awareness of available services in the area

*Resources/Programs:* CSB (speakers available), Prevention Coalition, RAFC, School-based programming, Crisis Intervention Team

**Objective #2:**

Increase the number of mental health providers in the area

*Resources/Programs:* Mental health HPSA, telemedicine, national campaigns to encourage field of psychiatry

**Objective #3:**

Develop a specialized transportation plan

*Resources/Programs:* Law enforcement, RATS, community members

**Objective #4:**

Ensure collaboration between agencies

*Resources/Programs:* CIT, FAPT, CPMT, CSA, MAPP

**Brainstorming of some key action steps that are important to the objectives:**

- ✓ Increase understanding of policies and procedures among agencies and organizations
- ✓ Facilitate cross training and cross professional development

## APPENDIX F

- ✓ Survey doctors, clergy, alternative providers etc...about their role and needs in providing mental health services- coordinate efforts for all age groups
- ✓ Consider recruitment incentives for providers and use MH professional organizations for support
- ✓ Regular, coordinated communication between schools, CSB, providers, Free Clinic, FAPT, CPMT, CIT, etc...on mental health efforts and opportunities

**Priority: NUTRITION, PHYSICAL ACTIVITY AND OBESITY**

**Facilitator:** Burr Datz

**Spokesperson:** Michelle Jones

**Group Members:** Michelle Jones, Anne Hansen, Laura Kornegay, Mimi Elrod, Sammy Moore, Marie Webb, Mary Lynn Lipscomb, Jeri Schaff

**Reflections:**

- Lack of awareness/ access
- Inter-changeable issues
- Words mean different things to different people
- Healthy eating and activity lead to decreased obesity
- Perception of what budget can handle
- Impact of cultural and generational, education, lifestyle factors
- Technology inhibiting activity
- Disconnect between quality of life and wellness
- People not taking responsibility for own health (sense of predetermination/ role of genetics)

**Goal:**

Reduce the rate of obesity in Rockbridge County.

**Objective #1:**

Create a wellness initiative by training lay people to work in faith communities and other settings

*Resources/Programs: VPAS, RARA, YMCA, Let's Move Lexington, Community Table, civic groups, day care/preschools, large employers, school systems, RAFC, EMS, and Cooperative Extension Services*

**Objective #2:**

Identify activities one can use in their personal lives to increase physical activity using lay people and currently formed groups

*Resources/Programs: Let's Move Lexington, YMCA, Curves, Parks and Rec, schools, VPAS, Kendal, Road and River Relay, hiking clubs/groups, primary care physicians*

**Objective #3:**

Pilot a community garden using master gardeners as trainers.

*Resources/Programs: Lylburn Downing, Waddell, RRL, Glasgow, RAFC, VPAS, USDA, Coop Extension Services*

**Objective #4:**

Build a clearinghouse for seasonal produce as well as a community cannery

*Resources/Programs: VHC, Food Pantry*

**Brainstorming of some key action steps that are important to the objectives:**

- ✓ Education (broaden awareness of issues/access to resources)
- ✓ Improve nutrition
- ✓ Increase physical activity
- ✓ Identify community efforts (geographical, faith, cultural)
- ✓ Accountability for results
- ✓ Create wellness initiative (for training community)
- ✓ Transportation
- ✓ Community involvement
- ✓ Create change
- ✓ Create motivator
- ✓ Engage Primary Care Providers
- ✓ Identify funding opportunities and sources of volunteer manpower

**Priority:** ORAL HEALTH

**Facilitator:** Melissa Medeiros

**Spokesperson:** Holly Ostby

**Group Members:** Doug Larsen, Lyle McClung, Tim Diette, Joan Manley, Holly Ostby

**Goal:**

Diminish barriers to access and improve education about oral health and hygiene.

**Objective #1:**

Increase oral health education throughout the lifecycle in the Rockbridge community

- Improve the understanding of the importance of oral health
- Increase the number of people who have seen a dentist the last 2 years
- De-mystify - change perception of what happens during a visit to the dentist to alleviate un-founded fears.

**Resources/Programs:** CSJH, CSHD, RAFC, schools

**Objective #2:**

Increase access to affordable dental care.

- Reduce the number of people who use the ED for dental care.
- Identify all current dental services/providers in the area
- Determine how to expand capacity – look at a sustainable model of care for un and under-insured people.

**Resources/Programs:** CSJH, CSHD, RAFC, schools

**Objective #3:**

Increase awareness of existing oral health services for both service providers and the community.

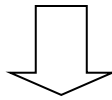
- Make use of social media
- Improve ease of internet searches – move up the google list
- Coordinate with service providers

**Resources/Programs:** 211

**ROCKBRIDGE AREA HEALTH IMPROVEMENT PLAN: PROPOSED KEY DATES**

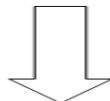
**August 31, 2012**

- Plan for a community health center in the Rockbridge area in place
- Leadership committed to the development of a coalition that promotes the community's vision, implements the MAPP Strategic Plan, and evaluates the outcomes in three years.



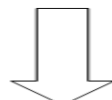
**February 2013**

- Task Force committees identified to address the four priority health issues



**August 2013**

- Coalition mission statement in place and organizational structure defined
- Task Force action plans in place



**Further plans to be determined by the coalition**