

New River Valley Community Health Needs Assessment

SEPTEMBER 30, 2013



CARILION CLINIC

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Disclaimer

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

Members of the Project Management team reviewed all documents prior to publication and provided critical edits. Every effort has been made to ensure the accuracy of the information presented in this report, however accuracy cannot be guaranteed.

Acknowledgments

Success of the New River Valley Community Health Needs Assessment was due to the strong leadership and participation of a Project Management Team, Community Health Assessment Team, Data Collection and Analysis Team.

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Project Summary

Introduction

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

This report contains the findings of the 2013 needs assessment for the New River Valley, including data on the target population and service area, as well as primary and secondary data.

Method

A 24-member Community Health Assessment Team (CHAT) oversaw the assessment activities. The service area included those living in the New River Valley. The target population included vulnerable populations, like low-income, uninsured and/or underinsured, older adults, and those with chronic diseases.

Beginning in January 2013, primary data collection included a Stakeholder/Professional Survey, Target Population Focus Groups and a Community Health Survey. CHAT Members took the Stakeholder/Professional Survey and encouraged co-workers and others working with target populations to participate as well. Focus Groups were conducted with an intention of utilizing locations and/or regularly-scheduled meetings of groups that include the target populations. Community Surveys were available to be taken in print, over the phone or online. Secondary data were collected, including demographic and socioeconomic indicators, as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

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

Findings

In summary, the findings of the New River Valley Community Health Needs Assessment revealed a very diverse population in regards to overall health, access to medical care, financial standing and educational attainment. The New River Valley serves as a cultural hub based with

a large population of college students and professionals. In addition, the New River Valley has pockets of individuals and areas that are poorer and unhealthier when compared to the state of Virginia as a whole.

There was a larger percentage of the population of the New River Valley living in poverty versus the state and this has increased rapidly over the past few years; and a large percentage of individuals on Medicaid, Medicare, Dual Eligible, or uninsured. One in four respondents in the New River Valley did not have health insurance and the unemployment rate was well above average for all areas in the New River Valley. Median household income in the New River Valley was significantly lower than Virginia, and there were a lower percentage of Floyd County and Pulaski County residents with a bachelor's or master's degree than Virginia residents. Interestingly, Pulaski County and Floyd County had a higher percentage of home ownership than the state overall, though the median value of the homes in those areas was much lower than Virginia's. Montgomery County and the City of Radford had less home ownership due to the large percentage of students living in those areas.

In the 2013 Virginia County Health Rankings, Pulaski County which is located within the New River Valley was ranked 119 out of 133 counties and cities for health factors and outcomes. Several locations throughout the New River Valley had a higher than state average rate of deaths from malignant neoplasms, heart disease, cardiovascular disease, chronic lower respiratory disease, and diabetes; Radford City and Pulaski County had a higher rates of prevention quality indicator discharges (age-adjusted) for angina, bacterial pneumonia, COPD, CHF and hypertension. Those two areas also had considerably higher rates of drug/poison deaths when compared with the states. The New River Valley was comparable with the state of Virginia in the percentage of obese individuals; however Montgomery County and Radford City were below the percentage of Virginians that reported no leisure time physical activity. The New River Valley had a lower rate than the state for percentage of births with prenatal care starting after the first trimester; Pulaski County had a higher rate of low-birth weight births when compared to the state; and all areas besides Montgomery County and Radford City had a higher five-year average infant mortality rate when compared to the state. The latest teen pregnancy rate for Pulaski County is above the states average.

Focus Groups identified the following as health-related factors in the community (in no particular order): Availability of primary care, affordable insurance, expensive dental care, not utilizing mental health care for related issues and no services to support home-bound people. The stakeholder survey also listed access to dental care, and mental health care as top obstacles to good health in the New River Valley, as well as language barriers and inability to get away from work and childcare responsibilities to take care of health issues. When asked the top three most important health problems in the community, over 70% of participants in the community survey chose alcohol and illegal drug abuse as one of them. In addition, 36% chose overweight and obesity. Next on the list was prescription drug abuse (about 34%). Consistent with this, when asked the three most important "risky behaviors," in the community, the highest responses were for drug abuse, alcohol abuse, cell phone use and driving, poor eating habits and lack of exercise.

Response

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

- Access to Mental Health and Substance Abuse Counseling/Psychiatry (High Prevalence of Substance Abuse)
- Improved Coordination of Care across the Health and Human Sector
- Chronic Disease Management
- Access to Affordable Services for the Uninsured

To address the needs of the community, Carilion New River Valley Medical Center (CNRV) will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the CHNA. The team will initially consist of CNRV employees, but add membership from community agencies as needed to ensure improvements are achieved in the identified areas of focus.

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

The implementation strategy found on page 84 of this report has been presented and approved by the CNRV Board of Directors and the Carilion Clinic Board in September 2013.

Community Health Needs Assessment

A comprehensive Community Health Needs Assessment was conducted from January through August 2013 to better understand the healthcare needs of the residents in the New River Valley. The New River Valley CHNA was designed to be a community-driven process that will:

1. Assess the health status of target populations in the New River Valley;
2. Determine the needs and barriers to care faced by these populations;
3. Assess the resources available that impact their health; and
4. Identify initiatives and community efforts to address the needs and create positive change in their lives.

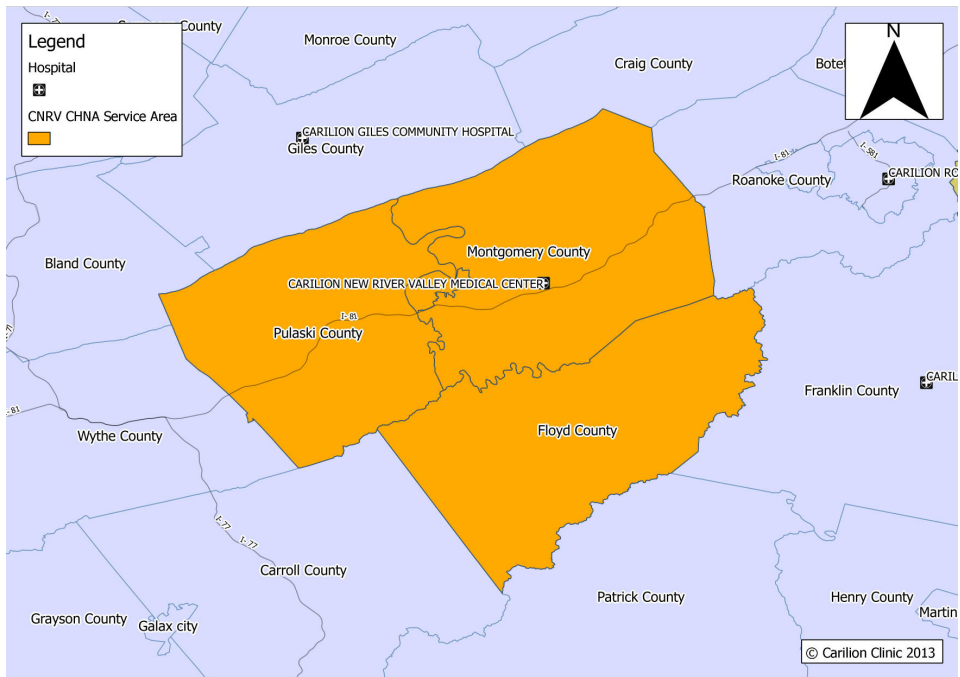
Activities were as follows:

- Primary data collection included a Community Health Survey; Focus Group meetings with key stakeholders, community leaders and the target population. These activities allowed strong community engagement throughout the process and focused on topics related to access to care, existing resources in the community, and perceived barriers to care. In addition, these activities allowed the project teams to review the current system of care for the target population that yields more appropriate utilization of resources through the expansion and/or coordination of the current safety net.
- Secondary data collection focused on quantitative data addressing demographic and socioeconomic status; access to healthcare; health status of the population; risk factor behaviors and conditions; social environment; and County Health Rankings from existing local, state, and national data sources. When relevant, the secondary data was compared to Healthy People 2020 targets.

Service Area

Carilion New River Valley Medical Center (CNRV) is located in Christiansburg, Virginia. In fiscal year 2012, CNRV served 49,703 unique patients. Patient origin data for both inpatient and outpatient services revealed that in fiscal year 2012, 76.1 % of patients served by CNRV lived in the following localities:

- Montgomery County (32.8%)
- Pulaski County (19.3%)
- Radford City (16.8%)
- Floyd County (7.2%)



The New River Valley is composed of those living in the Blacksburg, Christiansburg, Radford Metropolitan Statistical Area (MSA), and the counties of Floyd and Pulaski. Although Giles County is a part of the New River Valley, it was not included in this assessment because a Community Health Needs Assessment was conducted separately for Giles County in 2012.

Land Mass and Persons per Square Miles

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

	Virginia	Montgomery County	Pulaski County	Radford City	Floyd County
Land area in square miles	39,490.1	387.0	319.9	9.9	380.4
Persons per square miles	202.6	243.9	109.0	1,662.1	40.2

Target Population

The target population for the New River Valley CHNA was defined as those living in the Blacksburg, Christiansburg, Radford Metropolitan Statistical Area, and the counties of Floyd and Pulaski. In gathering data, an emphasis was placed on the low-income, uninsured and underinsured, older adults, and those suffering from chronic disease.

Primary Data and Community Engagement

Stakeholder Surveys

Methodology

CHAT members were asked to take the Stakeholder/Professional survey, as well as encourage their coworkers and others in health and human services organizations to participate. These surveys were available in print and online. Questions on this survey tool focused on the greatest challenge faced by each organization; obstacles and unmet healthcare needs. A copy of this survey is in [Appendix 3: Stakeholder Survey](#).

Survey Results

Eighteen surveys were returned from the NRV Area from the following organizations:

- Carilion
- CHIP of the NRV
- New River Community Action
- NRCA Headstart
- New River Valley Community Services
- Women's Resource Center of the NRV

Participants were asked to list all organizations in the NRV involved in direct health care service delivery, or access to health care services. Responses were:

- Carilion Giles Community Hospital
- Carilion New River Valley Medical Center
- Lewis Gale Montgomery
- Lewis Gale Pulaski
- CHIP of the NRV
- New River Valley Community Services
- Department of Social Services
- NRV Health District, Department of Health

- Planned Parenthood of Blacksburg
- Waldron College of Health and Human Services, Radford University
- Student Health Services, Radford University
- Schiffert Health Center (Student Health, Virginia Tech)
- Virginia College of Osteopathic Medicine
- VelocityCare, Urgent Care by Carilion Clinic

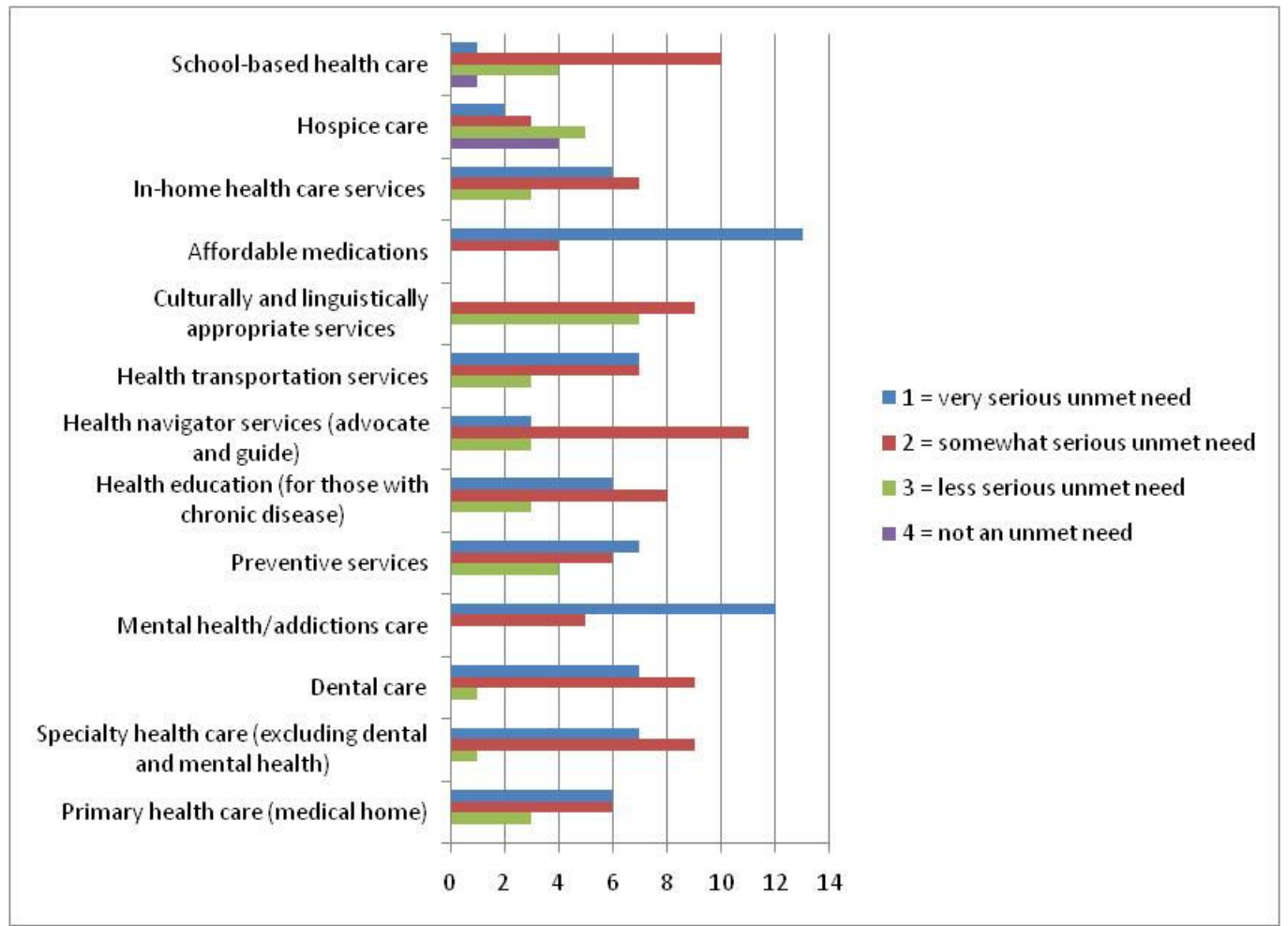
Participants were also asked what the biggest challenge is for their organizations. Responses were:

- Can't afford visits
- Cost of healthcare even with insurance
- Disparity between available resources and existing needs
- Docs not accepting Medicaid
- Eligibility requirements for documentation that women in domestic violence may not have
- Finding dental care for children
- Funding
- Funds to hire staff to provide home visits to families with children.
- Getting clients to stop going to the ER for non-emergency illnesses & understand how important a PCP is to them.
- Lack of access to affordable/free medical care.
- Lack of healthcare
- Lack of knowledge of resources
- Little or no income, no insurance and extensive health care needs. The Free clinic is a good resource but they require so much identifying documentation. Most of our clients are homeless, displaced and cannot produce the documentation needed for services.
- Many women/children arrive with many healthcare issues, untreated due to lack of insurance
- Medication costs for those with Medicare
- Obtaining mental health care for children and adults.
- Outpatient and inpatient addiction for uninsured is almost nonexistent.
- Public health and CSB don't share a data base so that we can collectively account for efforts
- Reaching those that need the information
- Teaching it's okay to ask for help
- The ability to obtain medications, affordably.
- Transportation to services
- Women being able to access health care in timely manner. They need to build a relationship with a health practice to receive comprehensive care.
- Women need to build relationship with a health practice to receive comprehensive care.

When asked to rank various obstacles as to their importance, the following were ranked from most to least important obstacles (show from most to least important below):

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

Participants were asked to score the following unmet needs for the NRV community:



Focus Group Meetings– Target Population

Three focus group meetings with target populations were conducted from March 7 through April 10, 2013 to address the healthcare needs for, and address barriers to, affordable comprehensive services including primary care, oral health, and mental health and substance abuse services. Participants for the focus group meetings were identified by reviewing programs and organizations in the New River Valley that offer services to the uninsured and under-insured, the low-income, minority, and chronically ill groups across the lifecycles and special populations. All attempts were made to conduct focus groups at sites where existing groups already met.

Locations and Meeting Descriptions

Date	Time	Location	Description
3/7/13	10 a.m.	Zion Lutheran Church, Floyd	Agency on Aging congregate meal site; about 25 participants
3/19/13	5:30 p.m.	Luther Lutheran Memorial Church, Blacksburg	NRV Cares Parenting class; about 12 participants
4/10/13	6 p.m.	Head Start, Pearisburg	NRV-wide Head Start Policy Council; lower income with children; about 17 participants

Focus Group Format

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

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

At the beginning of each meeting, participants were asked "What is good health?" Responses addressed participants' perceptions of health status, wellness and prevention, social networks and access to services.

Focus Group Questions:

1. In one or two words, how would you describe good health?

Complicated Systems and Insurance

Quotes:

“Any time I get a bill from a doctor, it says ‘doctor charged so and so and insurance okayed so and so’ and now I have a balance. The insurance doesn’t settle that balance. We have to pay the balance.”

“Whether insurance is accepted or not is too complicated. Sometimes I have called the insurance company itself and give them the numbers and all that, and finally they say what they think, and we will call back. So then I call the doctor and talk to the leading person to make sure that is covered, so finally nobody called me back and we did not know whether it is going to be covered or not, so you are just hoping that you do not receive a \$x amount of bill.”

“It’s too complicated that sometimes the insurance company representative himself does not understand...They say the policies are changing all the time. The doctors change their insurance plans, sometimes the deductibles change, so all that...When you go to a doctor, you are not completely sure whether it is covered.”

“Sometimes they tell you that so many visits are covered, which is kind of an odd thing for insurance companies to rule.”

“From our experience from other countries, generally the healthcare system in the US is the worst, which is kind of surprising...What we usually do is go to our country to vacation during the summer, and we postpone anything for summer that we avoid doing here.”

“My husband kept receiving bills from everyone, doctors, radiologists, hospital.”

“In our country, the doctor says ‘with insurance or without insurance?’ is we say ‘without insurance’ they say it’s ok, we will just write off the difference. It’s not a very big difference. It’s some money with insurance and without insurance. Here even for middle class, it’s a big difference.”

Dental Care, Cost and Insurance

Quotes:

“Dentist may not accept plans locally.”

“Sometimes the dentist wants to do many procedures that I don’t want to have done. That keeps me from going because I cannot afford what they are going to charge, so I do not want to go.”

“Feels like dentists are after the money. They say ‘you wouldn’t understand’ to patients, and rather than taking care of the pain, they focus on cosmetics.”

“Cost is a large barrier, very expensive with or without insurance.”

Transportation

Quotes:

“If we are not able to drive ourselves or have family, transportation is tough. “

“I had to go to Roanoke to have a pacemaker fitted in. There is nothing closer by than that. I had to stay overnight and had to have someone drive me back the next day.”

“I had to wait all day for someone to take me back.”

“This thing on aging—doesn’t have anything to help us out if we need to get somewhere. We had to get our own transportation.”

Services for the Elderly

Quotes:

“Assisted living is needed in the area, or adult day services.”

“I think medical professions need to lower their fees a little bit or government needs to step in and do something about it because doctors are making a fortune out of elderly people.”

“I see a psychiatrist, but there is no one serving Medicare. They only serve Medicaid people, so I have to go to Carilion in Roanoke for my therapy.”

Mental Health Services, Access, Stigma

Quotes:

“Sometimes it’s hard to talk about.”

“Afraid that somebody will see you.”

“Being registered makes it official.”

“Not a lot of child therapists. Finding one for specific needs is hard without repeating your problems to people. ”

“Sometimes regular doctors might not have knowledge of which therapist you need to refer to, so it may be there are referral problems from primary care physicians. Maybe there is not adequate partnership between the primary care and mental health specialists.”

Continuum of Care Issues

Quotes:

“Discharge needs more option for extended care.”

“Care transitions”

“Miscommunications between nurses and doctors are a frustration.”

“They take all of your information and tell you they will call you back in 15 minutes. So when I call back after 20 minutes, it is a different person, so there is no continuity. You can never get back to that same person who understands that you had just talked to them.”

“Consider offering more in-home visit services for medical care.”

Community Health Survey

Methodology

A Community Health Survey was conducted as part of the New River Valley CHNA. This survey was used to gauge the health of the community and identify potential areas to target improvements. Input and oversight of the survey was provided by the CHAT and the Project Management Team.

The 24-question survey asked questions about an individual's access to medical, dental and mental health care. The survey also asked questions about chronic illness, healthy and risky behaviors, insurance status, and basic demographic information. Both an English and Spanish version of the survey was available. (The survey tool is included in [Appendix 4: Community Health Survey](#).)

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

- General Population
 - All residents living throughout the CNRV service area including the city of Radford and the counties of Montgomery, Pulaski, and Floyd
- Target Populations
 - Low-income and/or uninsured residents; minority populations, older adults, and residents living with chronic illness
 - Residents living in the Medically Underserved Areas of the New River Valley

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

The CHAT and Project Management group identified target populations, collection sites and mode(s) of distribution of the surveys. Surveys were distributed beginning March 15 through May 15, 2013. Over 60 organizations, agencies, and community members assisted in the distribution of the surveys.

The survey was distributed via the following methods:

- Survey Monkey link: surveymonkey.com/s/carilioncommunityhealthsurvey
- Phone line: 888-964-6620
- Flyers with survey URL and phone line information
- Paper surveys (collected by volunteers and/or staff of partner agencies)

Two drawings for a \$50 Wal-Mart gift card for those who completed the survey (one survey per person) were offered as an incentive.

Outreach strategies for survey distribution included:

- Media coverage by the local newspapers announcing the URL for the survey
- Facebook
- Face-to-face survey interviews at sites/agencies that serve the target populations using volunteers and/or staff
- Flyers distributed at sites/agencies that serve the general community and target populations
- Survey URL posted on Carilion Clinic website

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

Survey Results

A total of 647 surveys were completed by May 15, 2013. For the purpose of the New River Valley CHNA, the surveys were filtered out to include only those residents living in the New River Valley and those who were age 18 years or older.

Demographic and socioeconomic information was collected for each respondent. The majority of the respondents (48.7%) lived in Montgomery County.

Survey Responses by County

County	Town	Zip Code	Count	
Montgomery	Christiansburg	24073	166	
	Blacksburg	24060	101	
	Elliston	24087	14	
	Riner	24149	13	
	Christiansburg	24068	7	
	Shawsville	24162	6	
	Pilot	24138	5	
	McCoy	24111	2	
	Blacksburg	24061	1	
				315
Pulaski	Pulaski	24301	66	
	Dublin	24084	54	
	Draper	24324	10	
	Hiwassee	24347	6	
	Parrott	24132	3	
	New River	24129	2	
	Belspring	24058	1	
				142
Radford	Radford	24141	118	
	Radford	24143	7	
	Radford	24142	1	
			126	19.5%
Floyd	Floyd	24091	26	
	Willis	24380	18	
	Check	24072	9	
	Copper Hill	24079	5	
	Indian Valley	24105	4	
			62	9.6%
None Reported			2	0.3%
			647	100.0%

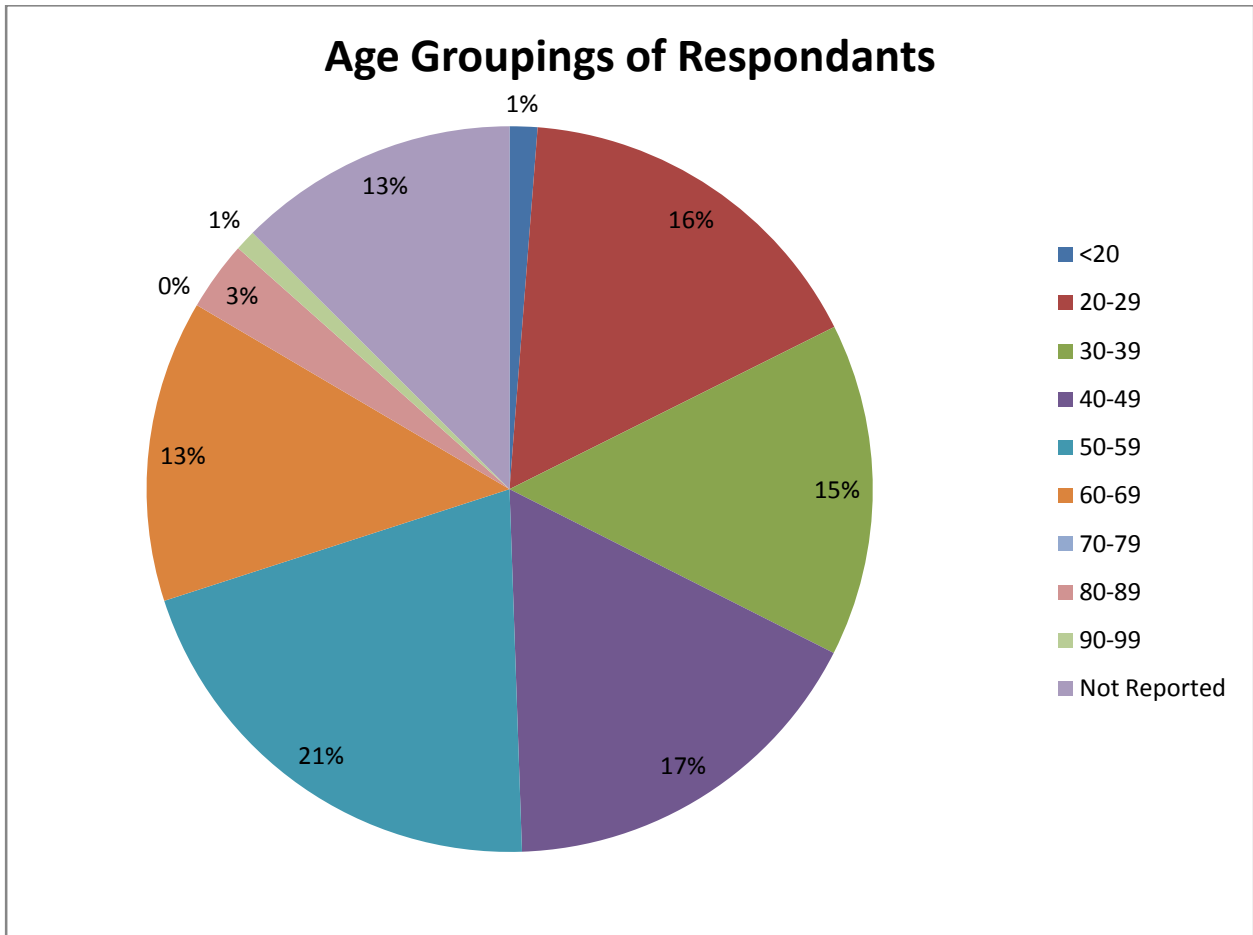
Average age: 48

81.4% Female/18.6% Male

324 respondents had 0-17 year olds in their household (average of 1.66 in that age group)

511 had 18 -64 year-olds in their household (average of 1.93 in that age group)

202 had over 65 year-olds in their household (average of .93 in that age group)

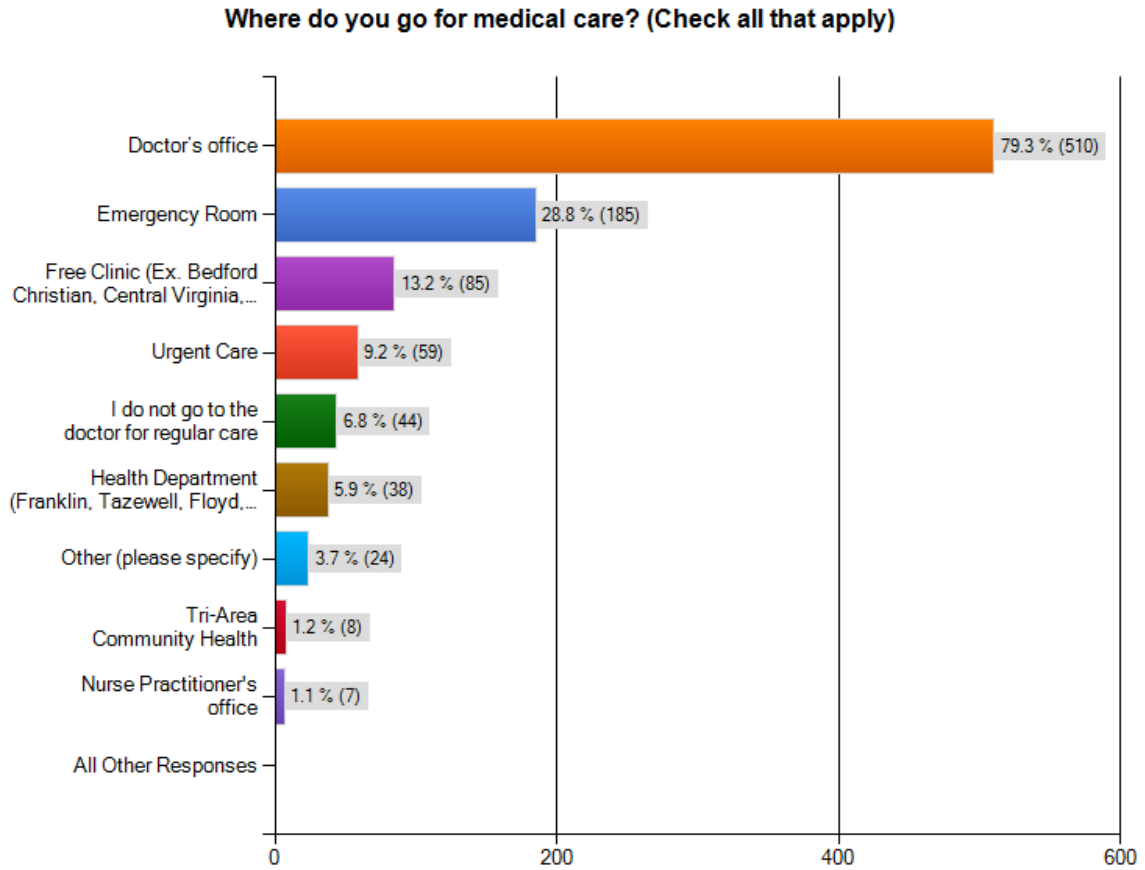


Respondents were asked how many people live in their homes by age. The table below shows the results.

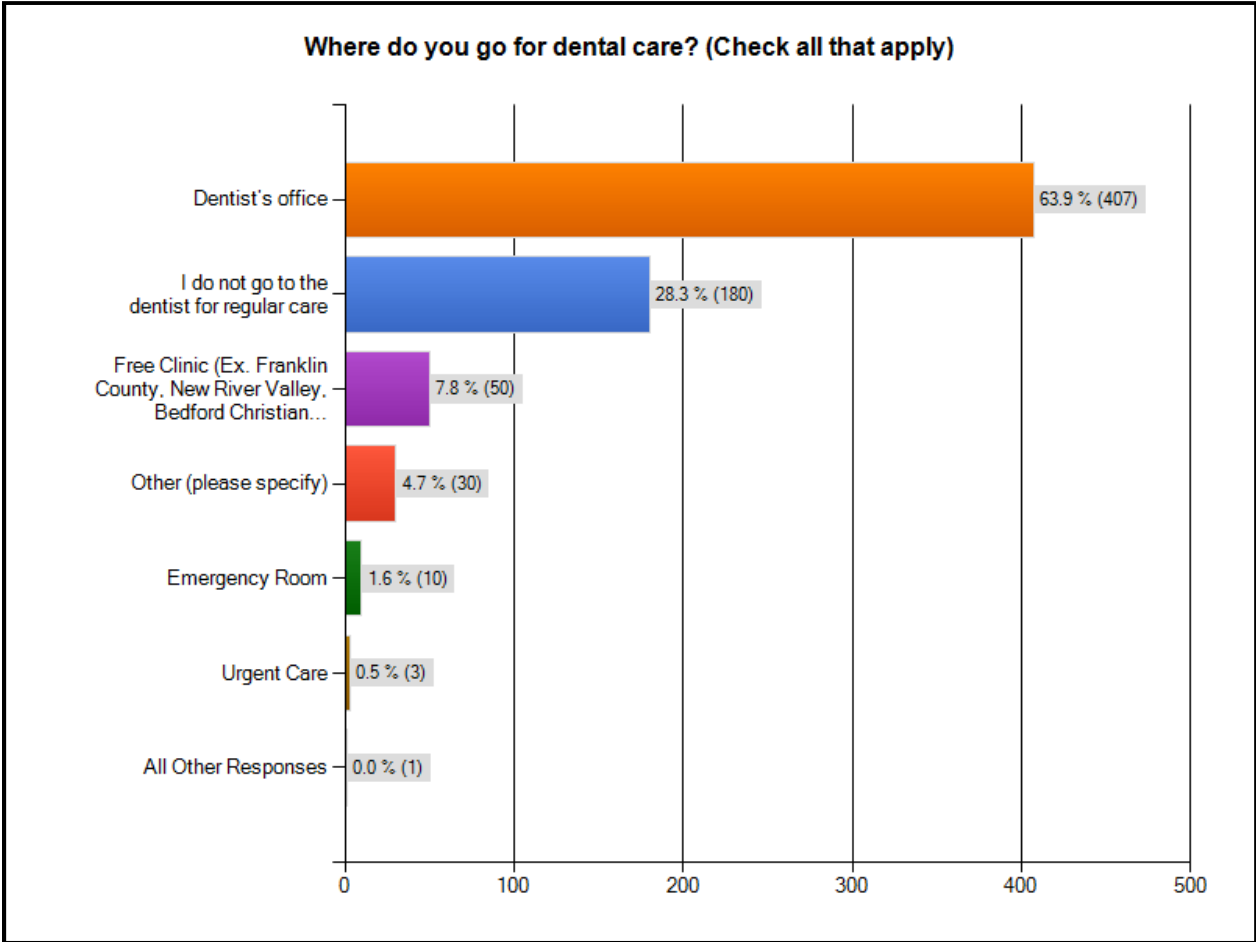
Age	Average Number in Home by Age Distribution
<20	2.13
20-29	3.35
30-39	3.73
40-49	3.05
50-59	2.47
60-69	1.92
70-79	1.62
80-89	1.4
90-99	1.5
No age Reported	3.38

Survey Results

The majority (79%+) used a doctor's office for their medical care.

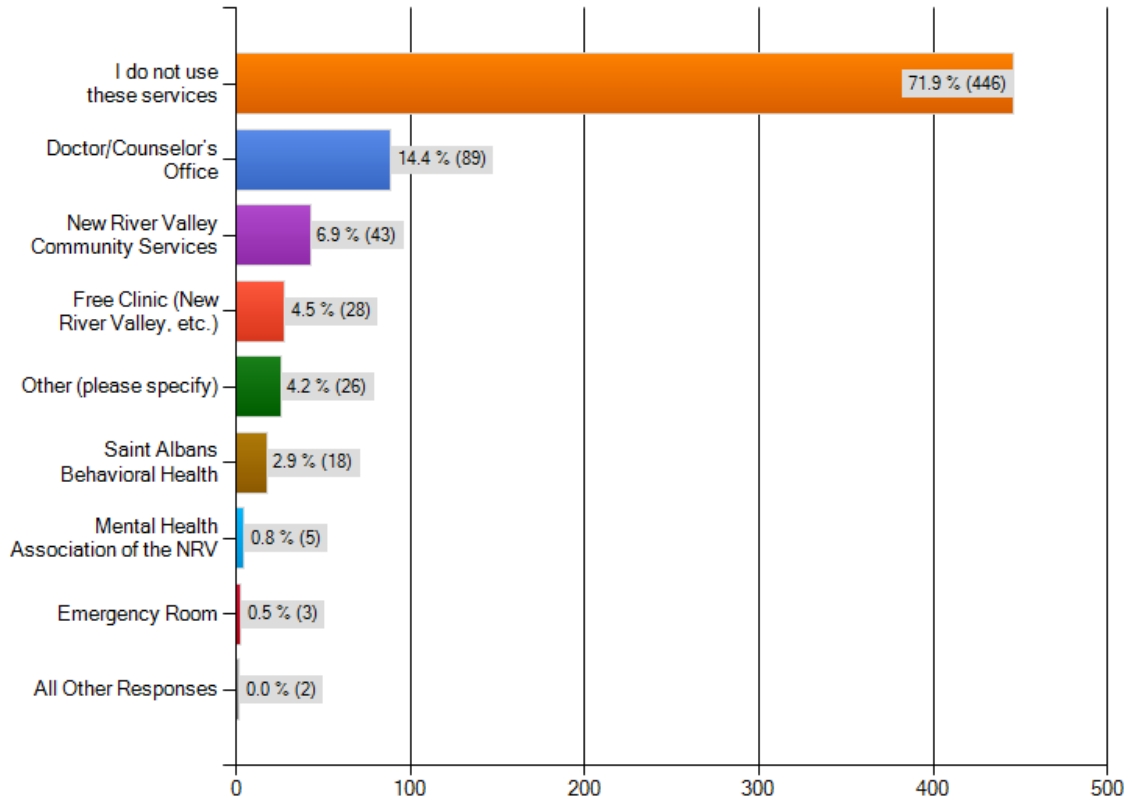


Of all respondents, one in four does not go to the dentist for regular care.

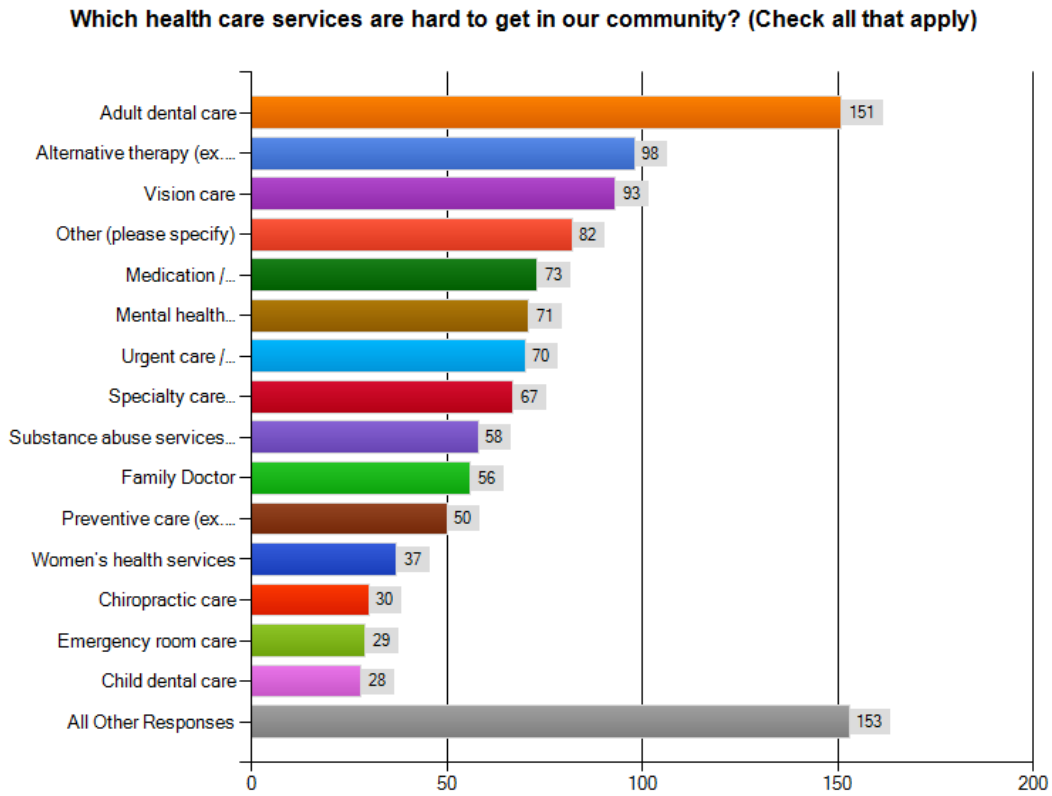


The vast majority of respondents did not use mental health, alcohol, or drug abuse services.

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

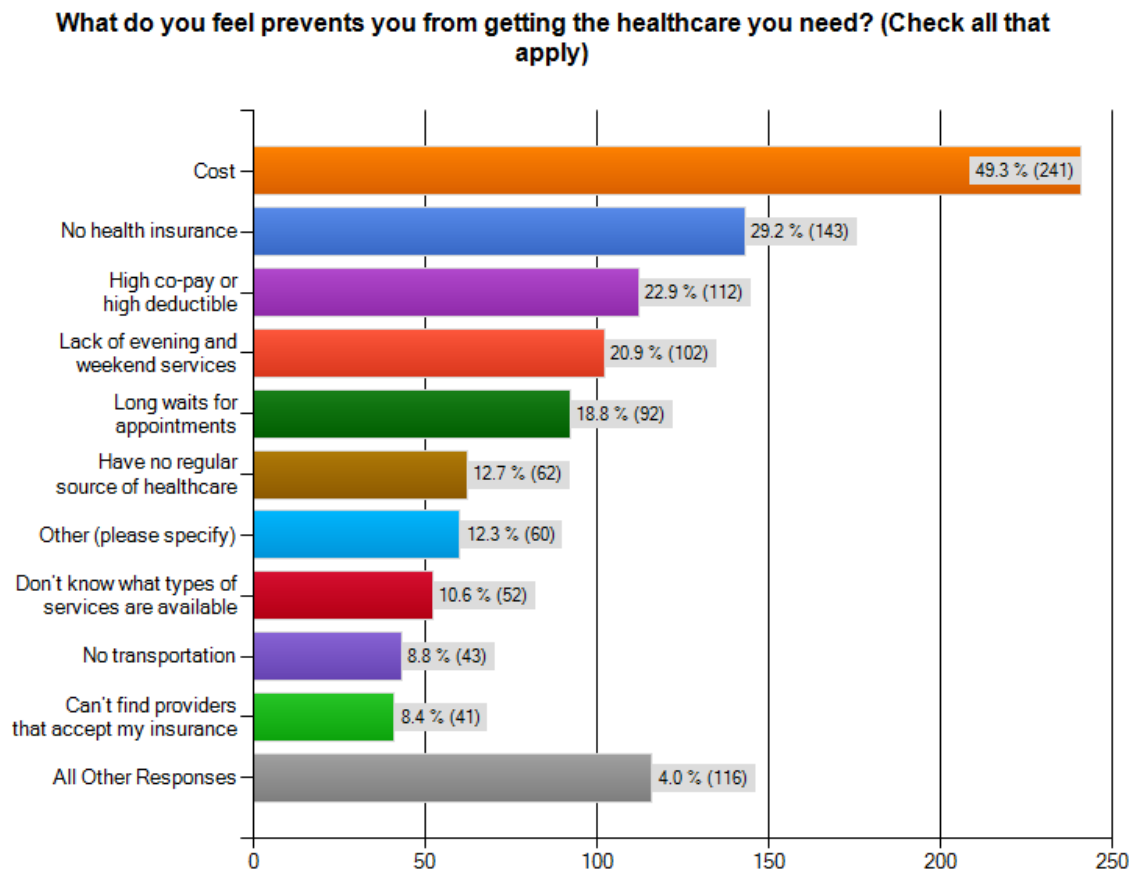


Respondents reported that it is most difficult to get adult dental care, alternative therapies, and vision care in the New River Valley.



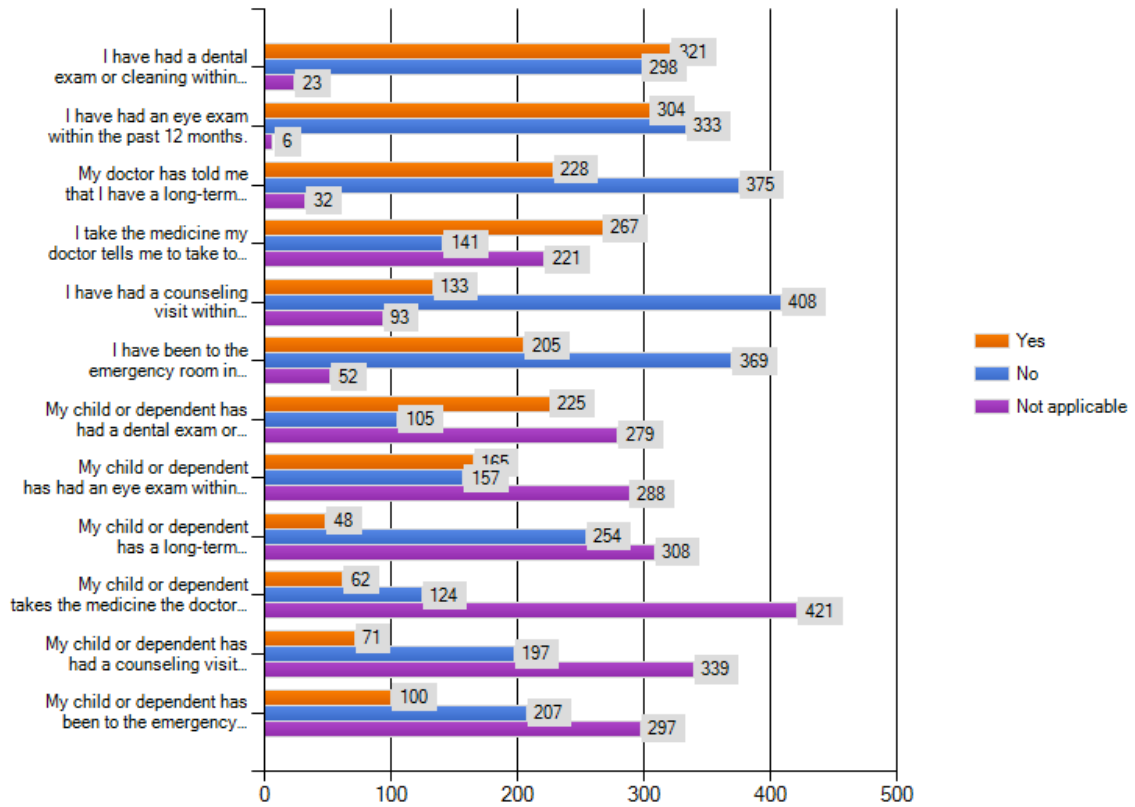
The greatest barriers to health care for respondents living in the New River Valley as a whole included:

- Cost
- Lack of health insurance
- High co-pay
- Lack of convenient hours and long waits for appointments
- Having no regular source of healthcare
- Lack of knowledge of available services
- Lack of transportation

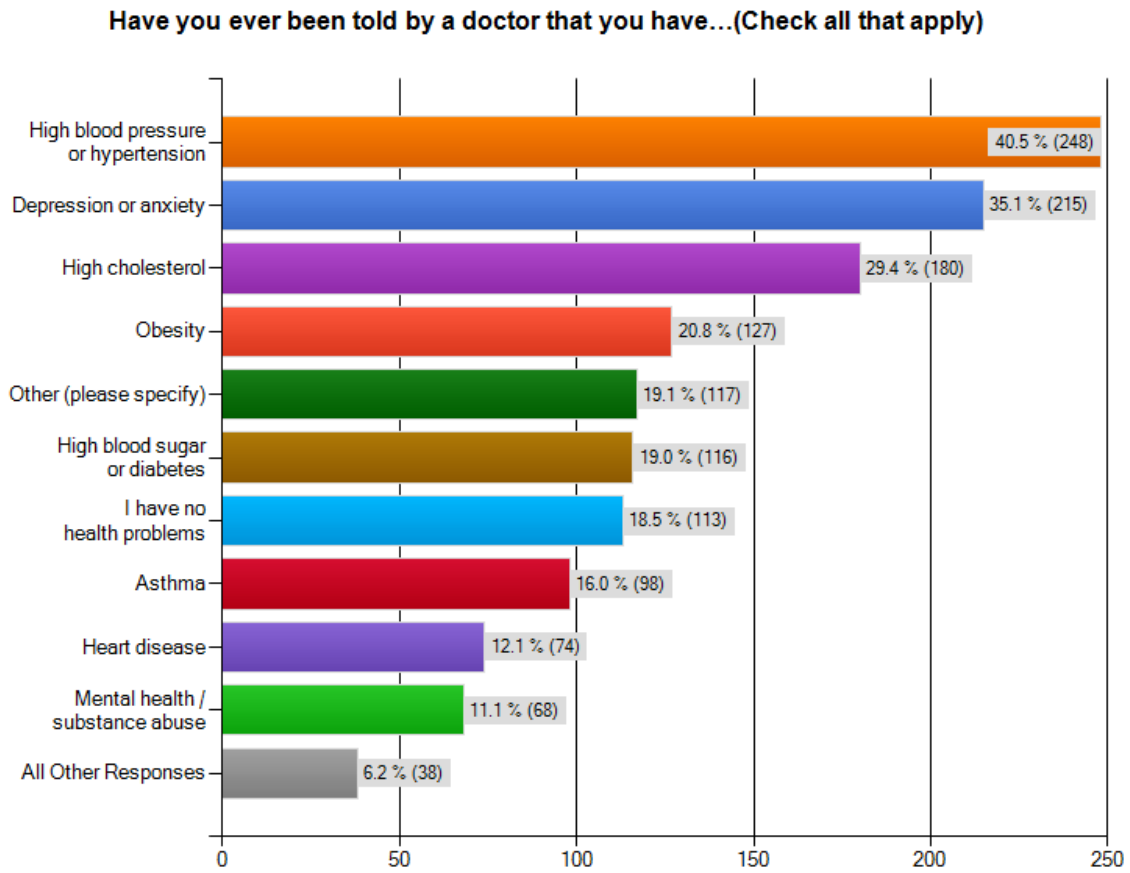


Participants were asked about their health status and behaviors as well as those of their children (if applicable). Of particular concern from these findings is that on average almost half of the adults surveyed have not visited a dentist nor had an eye exam in the past year. Close to one in two adults do not take the medications prescribed to control their chronic disease. Slightly over 30% of adults on average visited the emergency room in the past year.

Please check one of the following for each statement



Over 40% of respondents reported that they have been told they have high blood pressure; greater than 35% reported they have depression or anxiety; and almost 30% reported having high cholesterol. One in five respondents reported that they had no health problems.

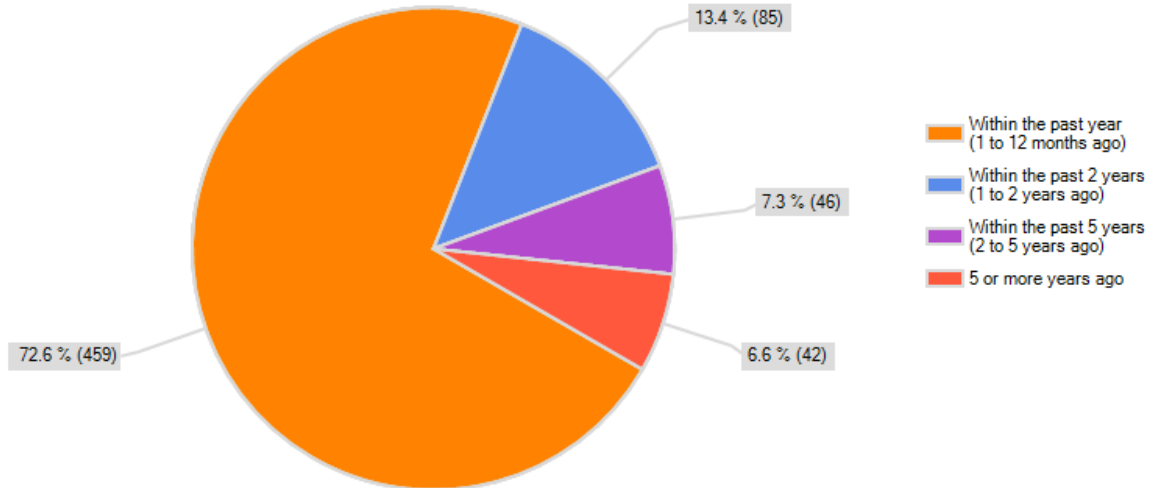


Other (Specify, top mentions)

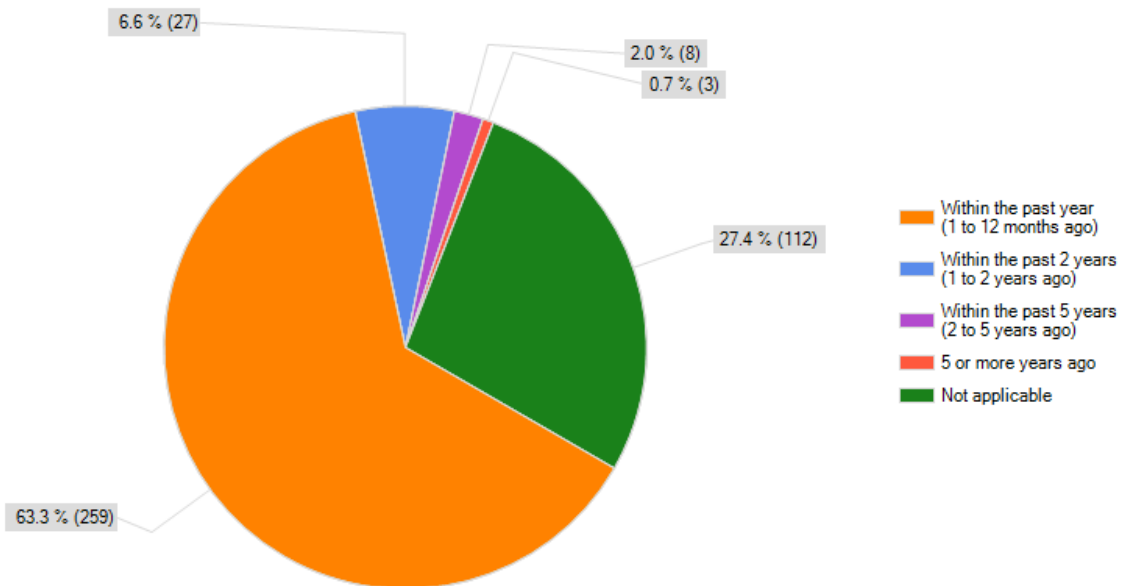
Thyroid	15
COPD	12
Fibromyalgia	12
Graves	12
Arthritis	10
Back Pain	6
Epilepsy	4
Eye Problems	4
Kidney Problems	4
Migraine	4

The majority of respondents reported having a checkup in the past year for both themselves and their children (when applicable).

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



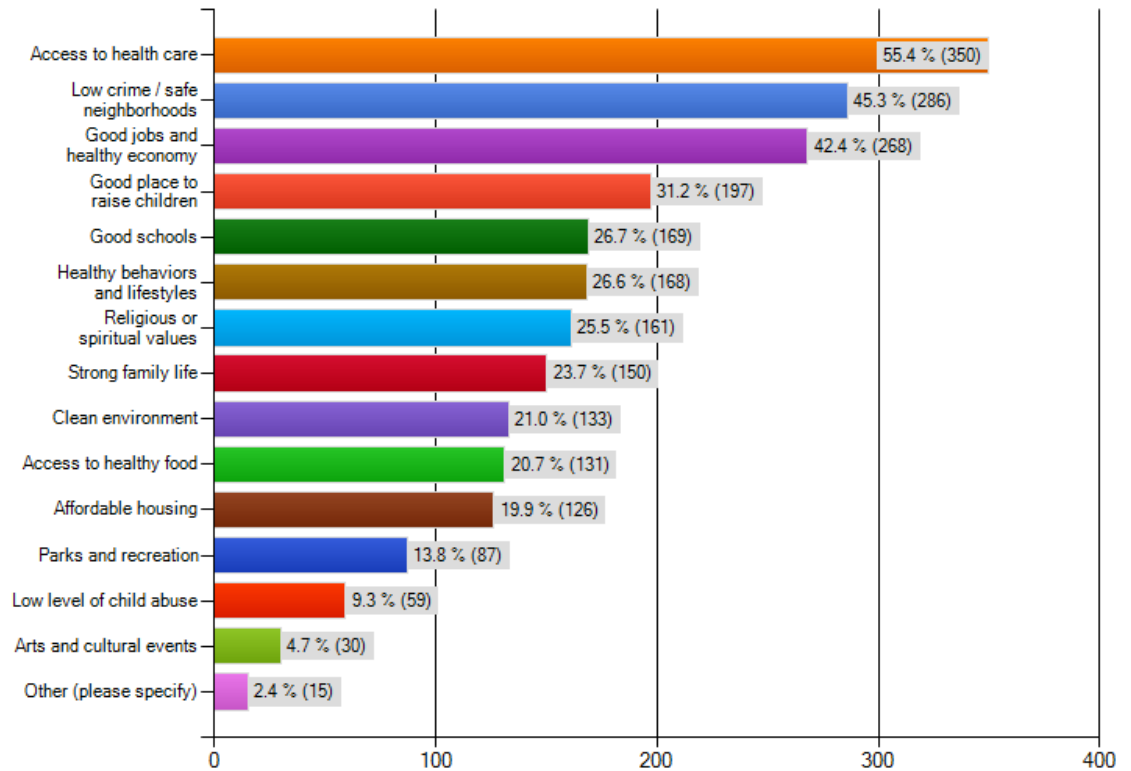
If applicable, how long has it been since your child or dependent visited a doctor for a routine checkup? (Please check one)



Respondents were asked to choose the most important factors for a healthy community. The top four choices included:

- Access to health care
- Low crime and safe neighborhoods
- Good jobs and healthy economy
- Good place to raise children

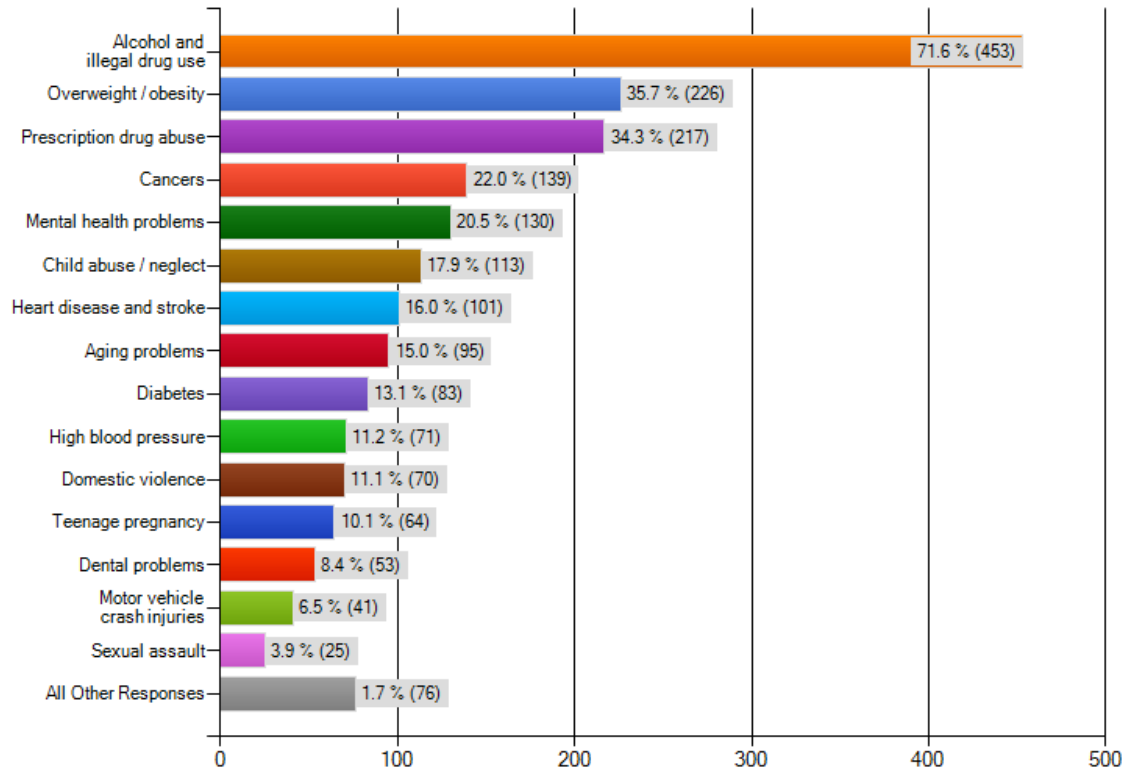
**What do you think are the three most important factors for a “healthy community”?
(Please check three)**



In contrast, respondents were asked to choose the three most important health problems in the New River Valley. The top three choices included:

- Alcohol and Illegal Drug Use
- Overweight/Obesity
- Prescription drug abuse

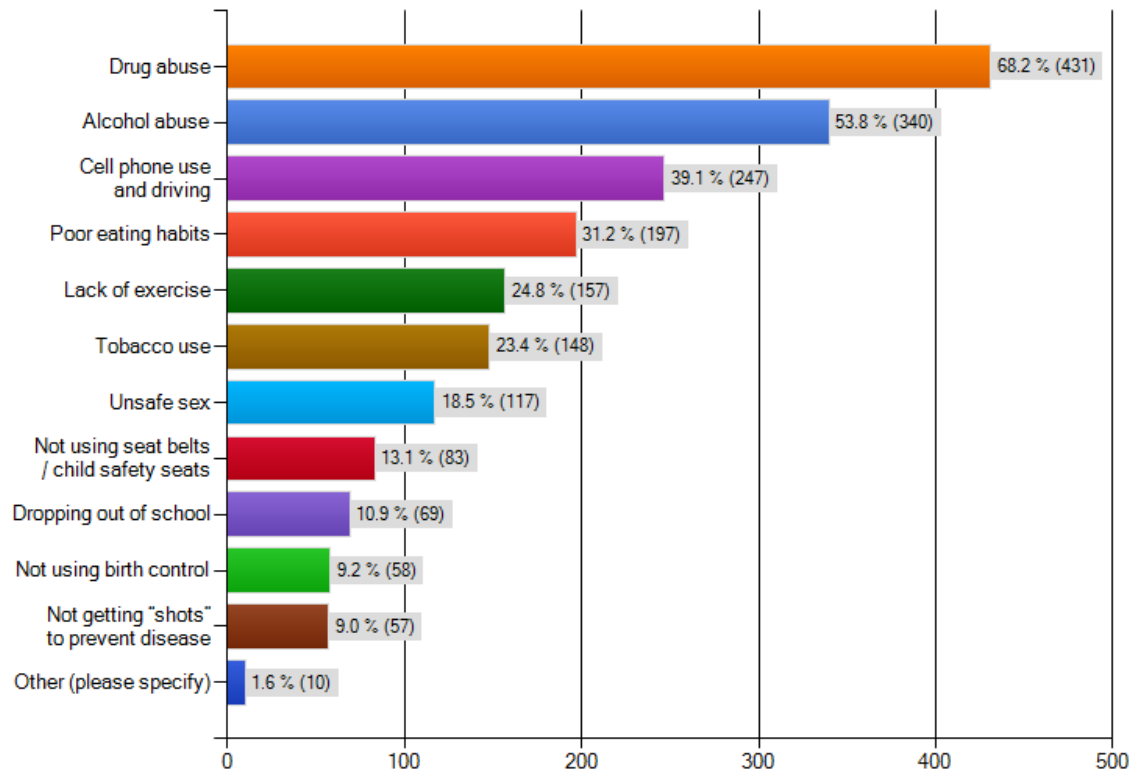
**What do you think are the three most important “health problems” in our community?
(Please check three)**



Respondents were asked to choose the most important risky behaviors in our community, and they selected:

- drug abuse
- alcohol abuse
- cell phone usage while driving

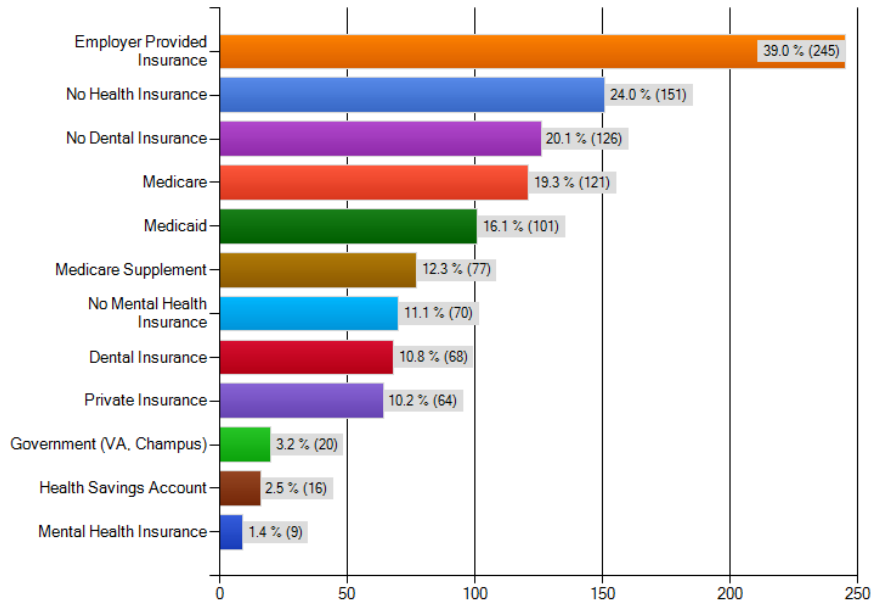
**What do you think are the three most important “risky behaviors” in our community?
(Please check three)**



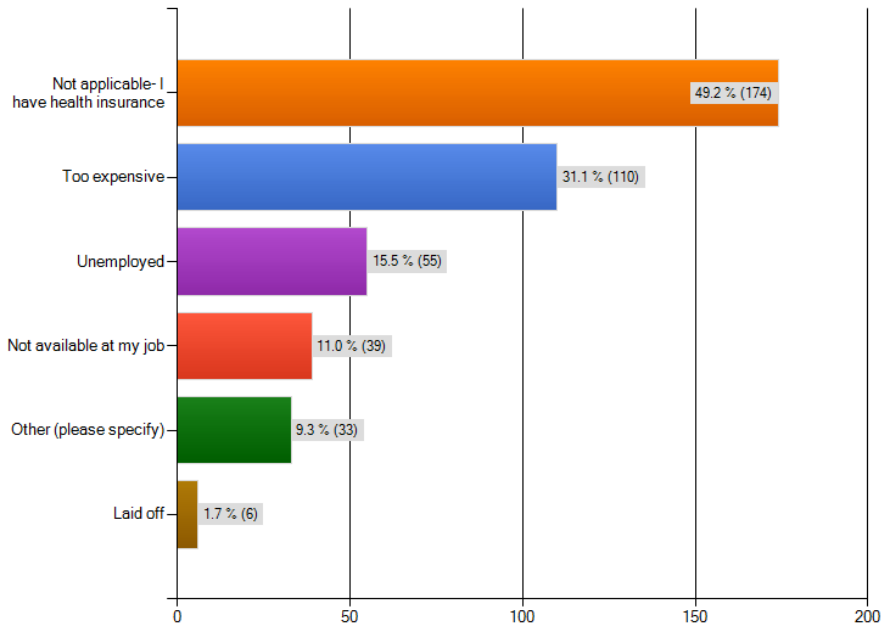
One in four respondents did not have health insurance in the New River Valley. When asked why they don't have health insurance, the majority cited the following reasons:

- Too expensive
- Unemployed
- Not available at their job

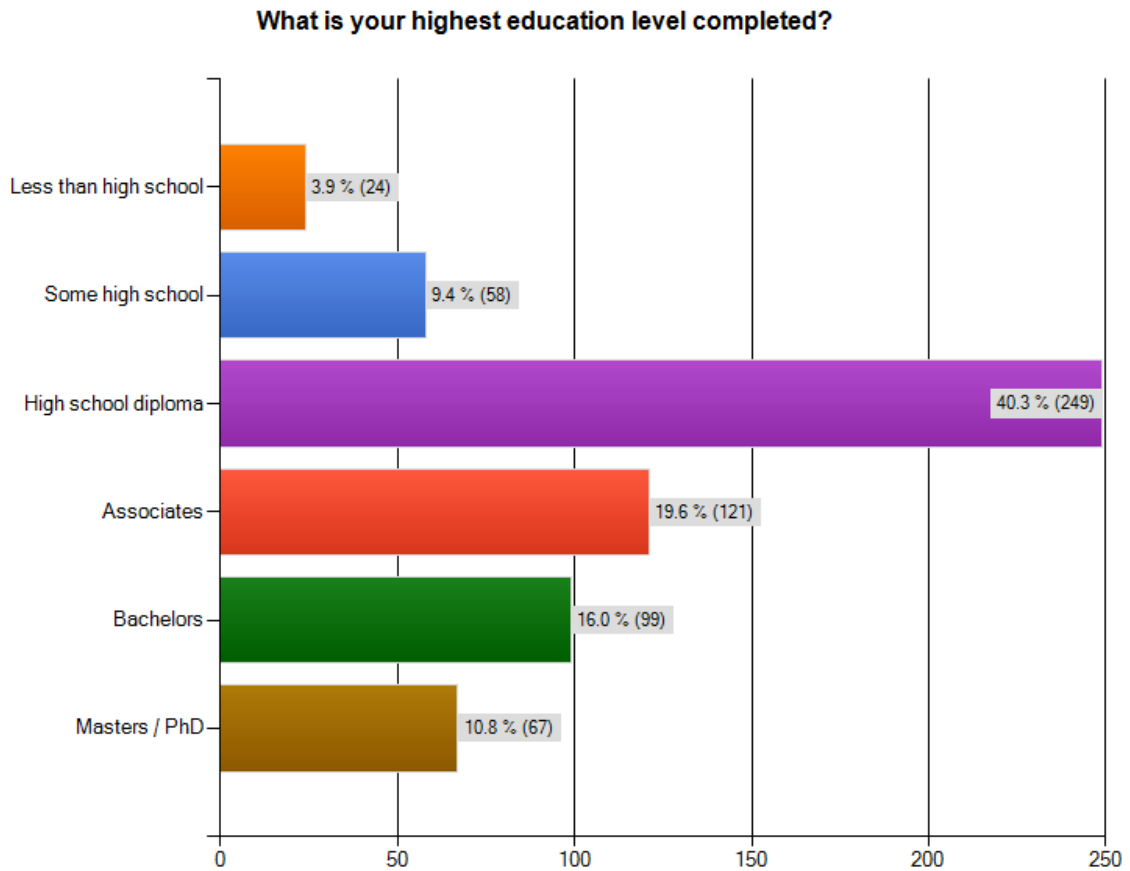
Which of the following describes your current type of health insurance? (Check all that apply)



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

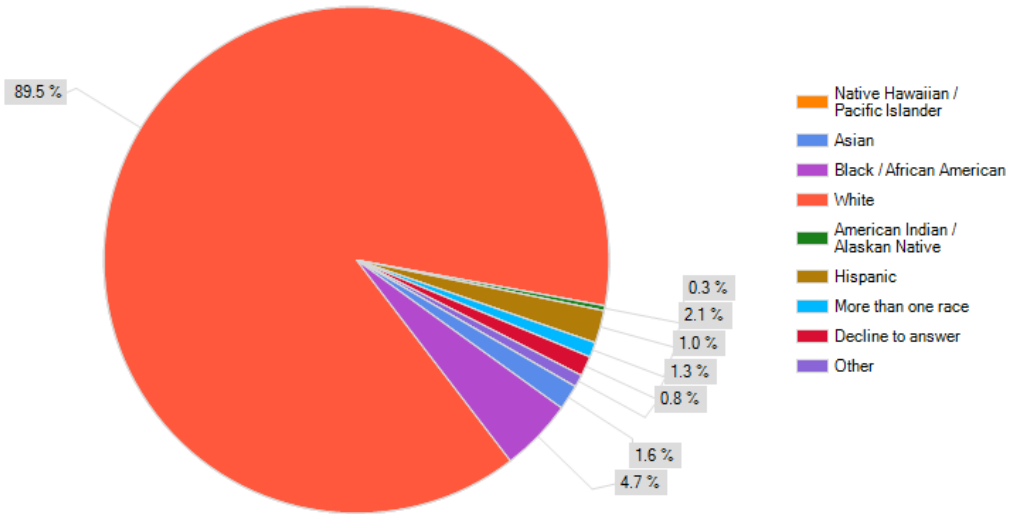


The majority of respondents reported having a high school diploma in the New River Valley. Approximately 45% of respondents in the New River Valley reported that they had attended some college.



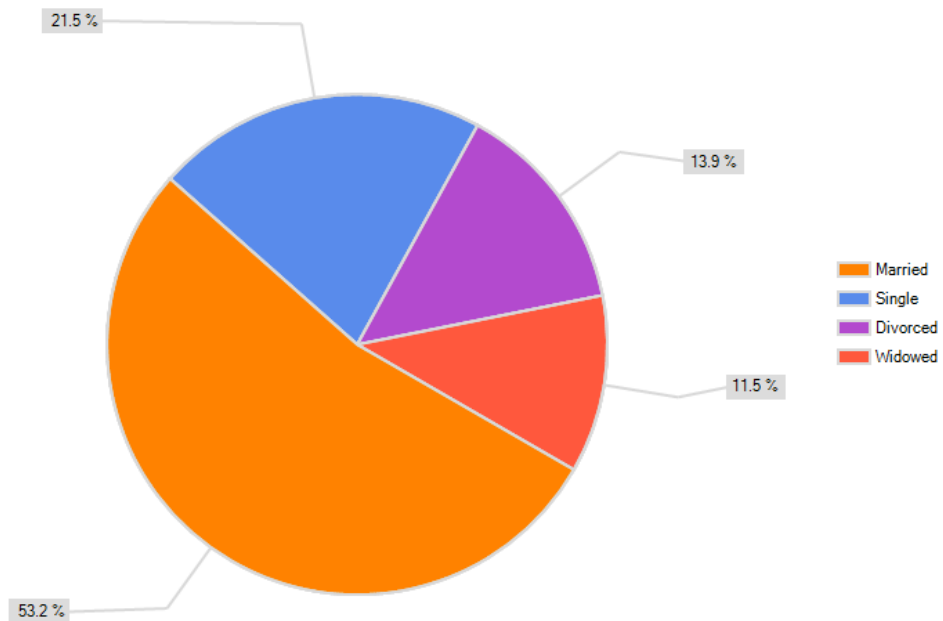
The majority of the respondents that completed the survey were white. This was followed by African American and Hispanic respondents.

What is your race / ethnicity?

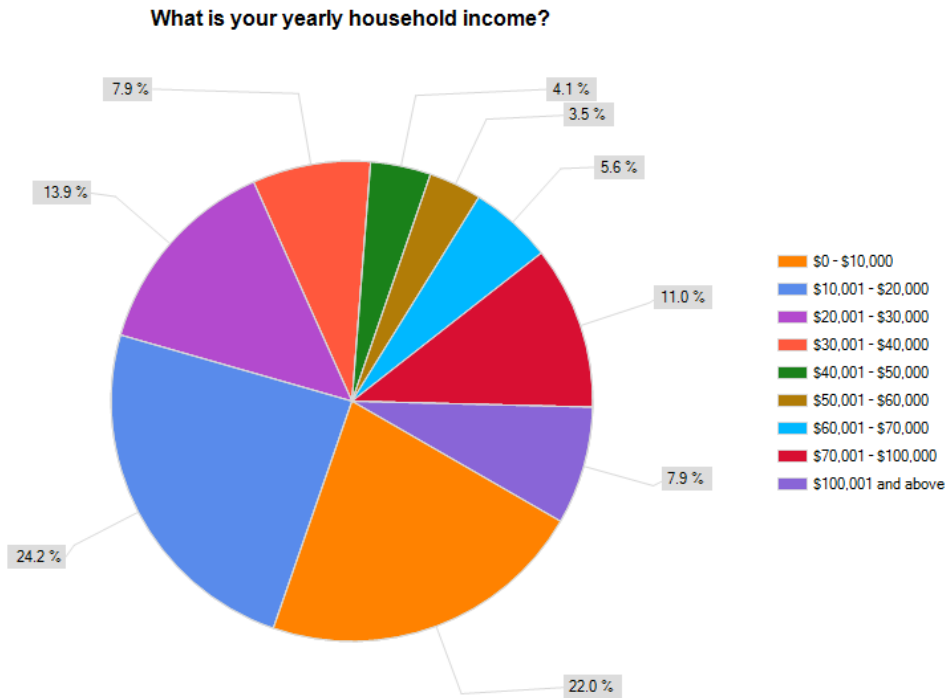


Over 50% of the respondents reported that they were married and 20% reported that they were single.

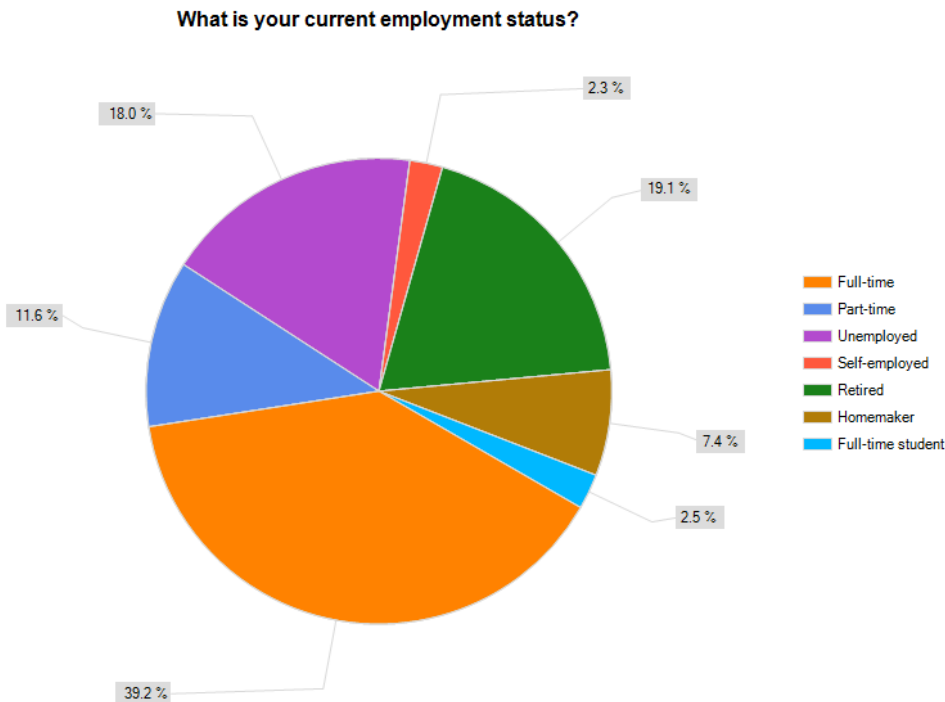
What is your marital status?



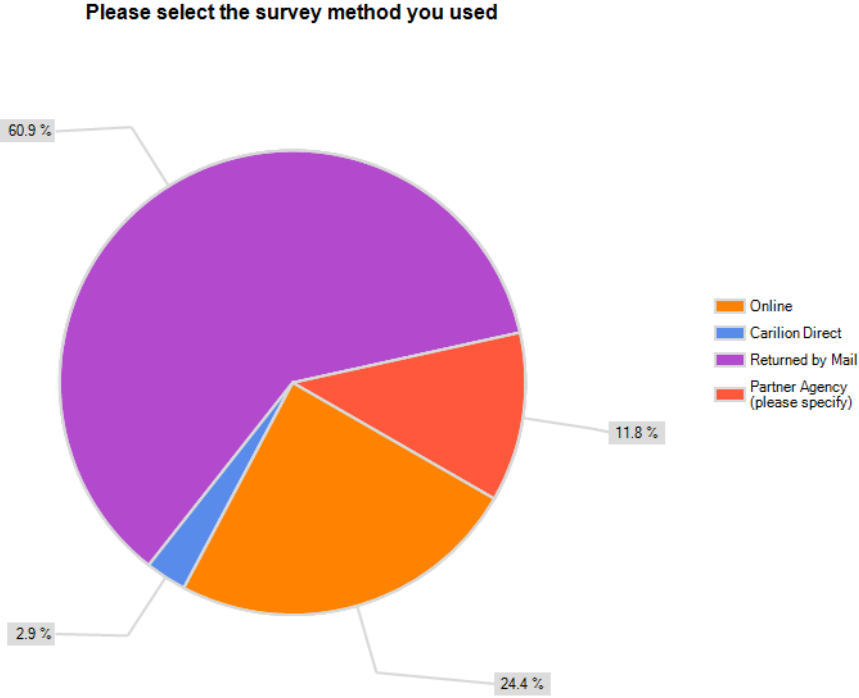
Almost 50% of respondents reported a yearly income of less than \$20,000. In contrast, almost 25% reported an income of \$70,000 or greater.



The majority of respondents (39%) reported working full-time. This was followed by 19% reporting that they are retired and 18% reporting that they are unemployed.



The majority of surveys (60%) were returned by mail and approximately 25% were completed online.



Secondary Data

Demographics and Socioeconomic Status

Population, gender, race and age

Population Change Estimates, 2010 – 2030

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

Geography	2000	2010	2020	2030	2040	% Change 2010 - 2030
Virginia	7079030	8001024	8811512	9645281	10530229	31.6%
Floyd County	13874	15279	15902	16311	16645	8.9%
Montgomery County	83629	94392	105293	116278	127338	34.9%
Pulaski County	35127	34872	35655	36580	37436	7.4%
Radford City	15859	16408	17392	18392	19318	17.7%

The median age for the New River Valley ranges from 43.8 for Floyd County, 43.6 for Pulaski County, to 26.1 in Montgomery County and 21.9 in Radford City, both of the later directly related to college and university population.

Median Age by Geographic Location

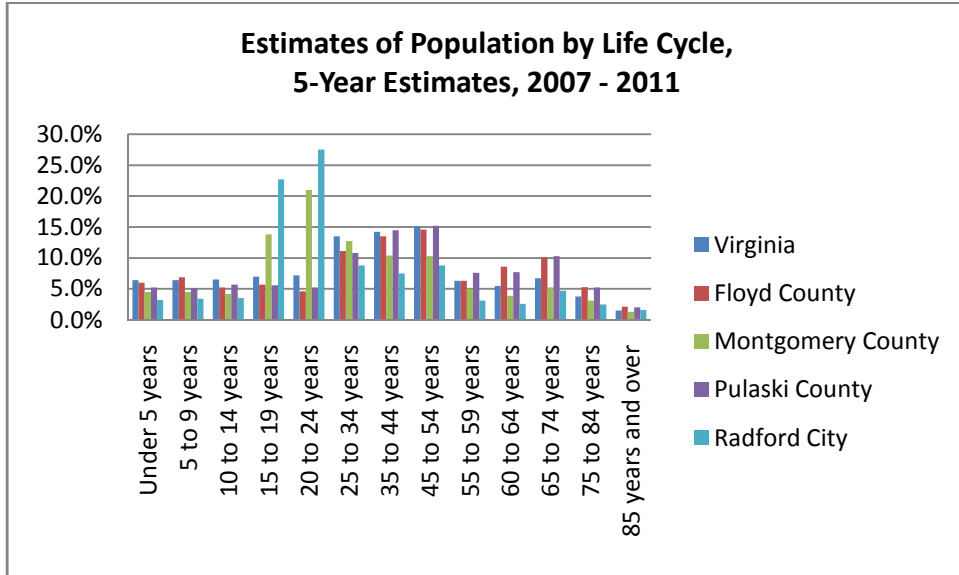
(American Community Survey 5-Year Estimates, DP05, U.S. Census Bureau, 2007-2011)

	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Median age (years)	37.3	43.8	26.1	43.6	21.9

The age group with largest percentage was ages 15-24 in both Radford City and Montgomery County; again percentages are directly related to college and university populations in these areas. The next largest population groups were ages 35-54 in all areas of the New River Valley.

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

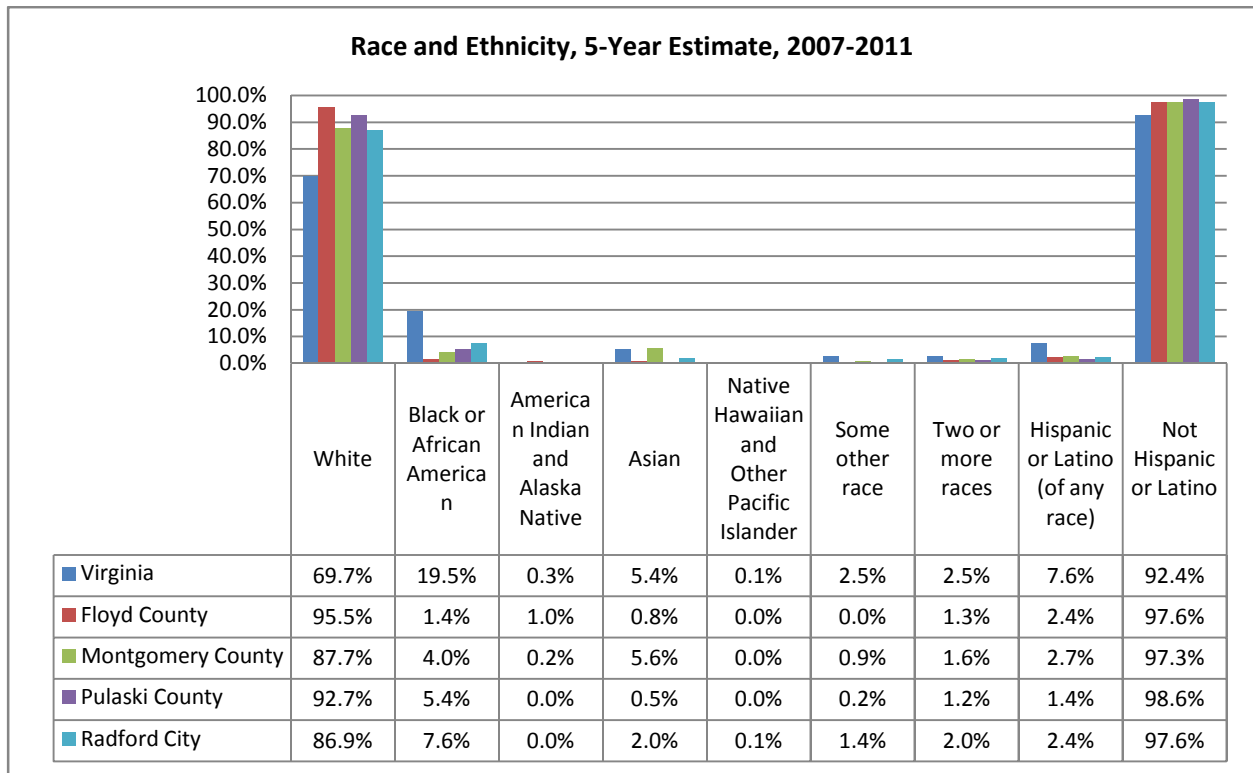
(American Community Survey 5-Year Estimates, U.S. Census Bureau, 2007-2011)



The New River Valley serves as a cultural hub based on university and college populations. The area is a predominately white, non-Hispanic community with African Americans accounting for less than 8% in each area of the New River Valley. Also reported is a Hispanic race ethnicity estimate of 3% or less in each area of the New River Valley, Asian race and ethnicity of 6% or less in each area, two or more races, or other races were reported at a rate of less than 3% for each area of the New River Valley.

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

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



Public Schools Race / Ethnicity, 2011

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

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
Virginia Total	54.1%	24.1%	0.3%	5.8%	0.1%	4.1%	11.4%	1,253,038
Floyd County								
CHECK ELEM.	95.3%	1.2%	0.0%	0.0%	0.0%	2.4%	1.2%	337
FLOYD COUNTY HIGH	92.0%	2.4%	0.5%	0.3%	0.0%	2.3%	2.3%	791
FLOYD ELEM.	88.6%	2.1%	0.2%	0.4%	0.0%	2.7%	6.0%	516
INDIAN VALLEY ELEM.	95.1%	0.5%	0.0%	0.0%	0.0%	1.6%	2.7%	183
WILLIS ELEM.	93.1%	0.0%	0.0%	0.0%	0.0%	2.4%	4.5%	246
Floyd County Total	92.1%	1.7%	0.2%	0.2%	0.0%	2.4%	3.3%	2,073
Montgomery County								
AUBURN ELEM.	95.5%	1.0%	0.2%	0.0%	0.0%	0.9%	2.4%	578
AUBURN HIGH	95.7%	0.8%	0.3%	0.3%	0.0%	0.5%	2.5%	393
AUBURN MIDDLE	93.2%	0.4%	0.4%	0.4%	0.0%	1.4%	4.3%	280
BELVIEW ELEM.	89.0%	2.9%	0.0%	2.0%	0.0%	3.3%	2.9%	245
BLACKSBURG HIGH	82.1%	4.6%	0.1%	5.5%	0.0%	4.0%	3.8%	1,076
BLACKSBURG MIDDLE	82.1%	4.4%	0.5%	6.5%	0.0%	3.5%	3.0%	826
CHRISTIANSBURG ELEM.	81.6%	8.0%	0.2%	0.5%	0.0%	5.2%	4.5%	423
CHRISTIANSBURG HIGH	83.6%	8.2%	0.6%	0.8%	0.0%	4.8%	2.0%	1,091

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
CHRISTIANSBURG MIDDLE	84.4%	6.9%	0.1%	0.7%	0.1%	5.1%	2.6%	808
CHRISTIANSBURG PRIMARY	77.8%	11.3%	0.2%	0.4%	0.2%	6.1%	3.9%	459
EASTERN MONTGOMERY ELEM	90.4%	0.8%	0.2%	0.8%	0.0%	2.8%	5.0%	501
EASTERN MONTGOMERY HIGH	97.1%	1.6%	0.6%	0.0%	0.0%	0.0%	0.6%	308
FALLING BRANCH ELEM.	87.1%	4.9%	0.2%	0.5%	0.0%	5.8%	1.4%	568
GILBERT LINKOUS ELEM.	75.7%	3.2%	0.0%	15.4%	0.0%	2.7%	3.0%	371
HARDING AVENUE ELEM.	79.5%	2.2%	0.0%	10.1%	0.0%	4.9%	3.4%	268
KIPPS ELEM.	74.1%	3.8%	0.2%	12.4%	0.0%	4.0%	5.5%	526
MARGARET BEEKS ELEM.	78.0%	7.6%	0.0%	5.7%	0.0%	5.9%	2.8%	422
PRICES FORK ELEM.	91.3%	1.4%	0.0%	1.4%	0.0%	3.2%	2.7%	219
SHAWSVILLE MIDDLE	94.4%	2.8%	0.9%	0.0%	0.0%	0.0%	1.9%	216
Montgomery County Total	84.9%	4.7%	0.3%	3.4%	0.0%	3.7%	3.1%	9,578
Pulaski County								
CRITZER ELEM.	85.6%	6.9%	0.4%	0.4%	0.0%	4.0%	2.7%	479
DUBLIN ELEM.	85.1%	4.6%	0.6%	0.2%	0.0%	5.9%	3.6%	523
DUBLIN MIDDLE	92.8%	3.7%	0.2%	0.4%	0.0%	1.6%	1.4%	570
PULASKI COUNTY SR. HIGH	88.3%	5.6%	0.3%	0.1%	0.0%	4.6%	1.0%	1,488

School Name	White	Black or African American	American Indian/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Two or more races (Non-Hispanic)	Hispanic/ of any Race	Full-time & Part-time Students
PULASKI ELEM.	84.3%	8.3%	0.2%	0.6%	0.0%	3.9%	2.8%	541
PULASKI MIDDLE	86.9%	8.3%	0.0%	0.2%	0.0%	1.8%	2.8%	457
RIVERLAWN ELEM.	90.5%	4.8%	0.5%	0.0%	0.0%	2.1%	2.1%	421
SNOWVILLE ELEM.	92.7%	1.9%	1.0%	0.0%	0.0%	3.9%	0.5%	206
Pulaski County Total	88.0%	5.7%	0.3%	0.2%	0.0%	3.7%	2.0%	4,685
Radford City								
BELLE HETH ELEM.	79.8%	8.6%	0.0%	1.2%	0.2%	8.0%	2.2%	490
JOHN N. DALTON INT.	80.3%	11.6%	0.0%	1.6%	0.0%	5.6%	0.8%	249
MCHARG ELEM	79.5%	10.1%	0.0%	1.3%	0.0%	7.4%	1.6%	376
RADFORD HIGH	83.0%	12.6%	0.0%	2.0%	0.0%	1.1%	1.3%	452
Radford City Total	80.7%	10.6%	0.0%	1.5%	0.1%	5.5%	1.6%	1,567

In Virginia an estimated 11% are foreign born persons. In the New River Valley Floyd County has an estimated 1.6% of foreign born persons, Montgomery County has a 8.2%, Pulaski County has 1.4% and Radford City has an estimated 6.7% foreign born persons.

Foreign Born Persons, Percent, 2007 - 2011

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

Geography	Percent
Virginia	11.0%
Floyd County	1.6%
Montgomery County	8.2%
Pulaski County	1.4%
Radford City	6.7%

In Virginia, 14.4% of the population aged 5 years and over speak a language other than English at home. In the New River Valley the percentage was less, with Floyd County having 3.2%, Montgomery County having 10.4%, Pulaski County having 2.1%, and Radford City having an estimated 7.9%.

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

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

Geography	Percent
Virginia	14.4%
Floyd County	3.2%
Montgomery County	10.4%
Pulaski County	2.1%
Radford City	7.9%

Academic Attainment

There is a direct link to educational attainment, health literacy, and positive health outcomes. According to the most recent Virginia Health Equity report, Virginians who don't attend or complete high school are more likely to die of heart disease, cancer and a dozen other leading causes of death than those who earn a diploma.¹

Academic attainment in the New River Valley is greater than the state in some geographical areas of the New River Valley and less in others. The following are academic attainment percentages for the population aged 25 and over; in Floyd, 79.2% have at least a high school diploma, and 19.3% have at least a college degree. In Montgomery County 89.2% have at least a high school diploma, and 40.7% have at least a college degree. In Pulaski County, 80.5% have at least a high school diploma, and 14.7% have at least a college degree. In Radford City, 88.3% have at least a high school, and 36% have at least a college degree. Less than a high school diploma and specific college degrees are listed in the table below.

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

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

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

Educational Attainment (2011)	Statewide	Floyd		Montgomery		Pulaski		Radford	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 9th grade	5.4%	834	7.7%	1876	3.9%	1883	7.4%	253	3.9%
9th to 12th grade	8.0%	1428	13.1%	3348	6.9%	3098	12.1%	507	7.8%
High school degree	25.6%	3674	33.8%	11538	23.8%	8462	33.2%	1508	23.2%
Some college, no degree	19.9%	2181	20.1%	8523	17.6%	5373	21.1%	1189	18.3%
Associate's degree	6.7%	652	6.0%	3491	7.2%	2968	11.6%	696	10.7%
Bachelor's degree	20.2%	1553	14.3%	9784	20.2%	2519	9.9%	1346	20.7%
Graduate/professional degree	14.2%	546	5.0%	9970	20.5%	1221	4.8%	990	15.3%
Have at least a high school degree	86.6%	8606	79.2%	43306	89.2%	20543	80.5%	5729	88.3%
Have at least a college degree	34.4%	2099	19.3%	19754	40.7%	3740	14.7%	2336	36.0%

Overall graduation rates for the class of 2012 at high schools in the New River Valley were high for all areas. Floyd had an overall On-Time Graduation Rate of 92.2%, Montgomery County had a rate of 84.8%, Pulaski County had a rate of 87.4, and Radford City had a rate of 92.3%.

Class of 2012 Graduation Statistics by School Division

(Virginia Department of Education, 2012)

Division	Floyd County	Montgomery County	Pulaski County	Radford City
Cohort	167	717	356	104
Advanced Studies Diploma	72	359	133	47
Standard Diploma	76	215	137	46
Modified Standard Diploma	<	13	<	0
Special Diploma	<	21	35	<
Virginia On-Time Graduation Rate	92.2	84.8	87.4	92.3
GED	<	34	13	<
Cohort Completion Rate	94.6	90.1	91.3	96.2
Total Completers	158	646	325	100
Still Enrolled	0	12	<	0
Dropouts	<	59	25	<
Dropout Rate	4.8	8.2	7	3.8
Long-Term Absence	<	0	0	0

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

Income and Poverty Status

The Median household income for Virginia is \$63,302, which is slightly higher than the New River Valley. In Floyd County the median household income is \$40,761, in Montgomery County it is \$44,231, in Pulaski County it is \$40,987, and in Radford City it is \$29,101.

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

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

Geography	Median Household Income
Virginia	\$ 63,302
Floyd County	\$ 40,761
Montgomery County	\$ 44,231
Pulaski County	\$ 40,987
Radford City	\$ 29,101

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

Federal poverty guidelines are set for 48 states and the District of Columbia. The New River Valley has a large percentage of households living in poverty based on these guidelines and this percentage continues to grow.

2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$ 11,490
2	\$ 15,510
3	\$ 19,530
4	\$ 23,550
5	\$ 27,570

² <http://aspe.hhs.gov/poverty/12poverty.shtml/#guidelines>

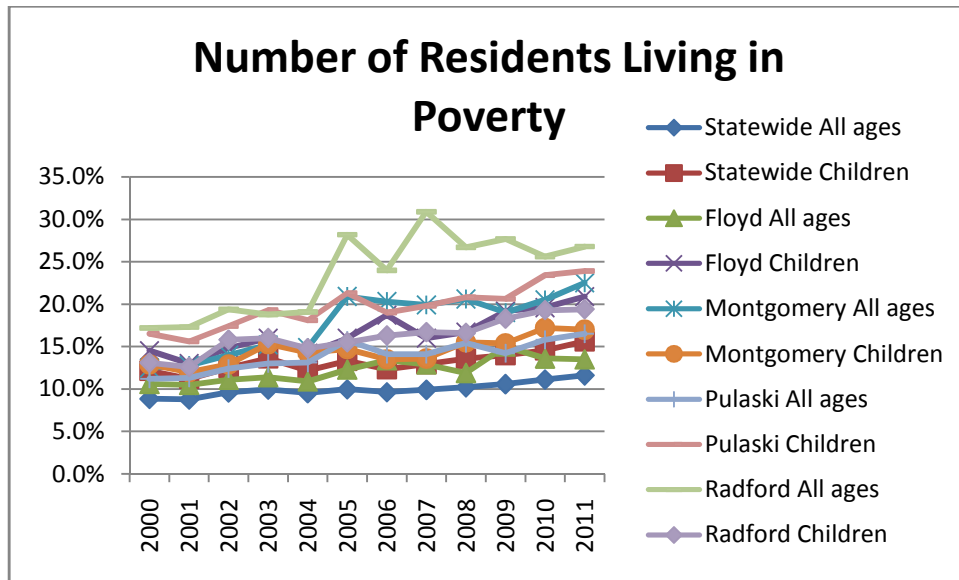
2013 Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
6	\$ 31,590
7	\$ 35,610
8	\$ 39,630
For families/households with more than eight persons, add \$ 4,020 for each additional person.	

The number of residents living in poverty in Virginia grew from 8.9% in 2000 to 11.6% in 2011. In the New River Valley the increase in the number of households has grown by even more. In Floyd County the number of residents living in poverty has increased from 10.6% in 2000, to 13.5% in 2011. In Montgomery County the number of residents living in poverty has increased from 12.5% in 2000, to 22.5% in 2011. In Pulaski County the number of residents living in poverty has increased from 11.2% in 2000, to 16.5% in 2011. In Radford City the number of residents living in poverty has increased from 17.2% in 2000, to 26.8% in 2011.

Number of Residents Living in Poverty

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

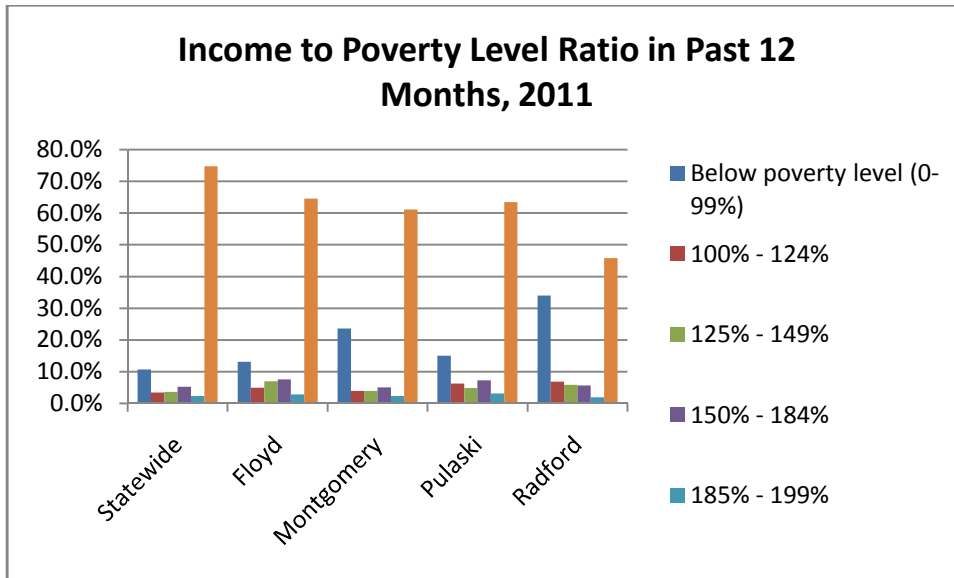
Poverty Rate (%)	Statewide		Floyd		Montgomery		Pulaski		Radford	
	All ages	Children	All ages	Children	All ages	Children	All ages	Children	All ages	Children
2000	8.9%	12.2%	10.6%	14.5%	12.5%	12.9%	11.2%	16.5%	17.2%	13.1%
2001	8.8%	11.2%	10.5%	13.0%	12.8%	12.0%	11.3%	15.6%	17.3%	12.6%
2002	9.6%	12.5%	11.1%	14.8%	14.0%	12.9%	12.4%	17.4%	19.4%	15.8%
2003	9.9%	13.6%	11.4%	16.0%	15.2%	15.3%	13.0%	19.3%	18.8%	16.0%
2004	9.5%	12.2%	10.9%	14.2%	14.9%	14.3%	13.1%	18.1%	19.1%	14.8%
2005	10.0%	13.3%	12.3%	16.0%	20.9%	14.7%	15.7%	21.3%	28.2%	15.5%
2006	9.6%	12.3%	13.4%	18.7%	20.3%	13.5%	14.1%	19.0%	24.0%	16.3%
2007	9.9%	12.9%	12.9%	16.0%	19.9%	13.6%	14.1%	19.8%	30.9%	16.7%
2008	10.2%	13.6%	11.9%	16.7%	20.6%	15.5%	15.4%	20.8%	26.7%	16.6%
2009	10.6%	14.0%	15.0%	19.2%	19.0%	15.4%	14.2%	20.6%	27.7%	18.3%
2010	11.1%	14.6%	13.6%	19.6%	20.5%	17.2%	15.8%	23.4%	25.6%	19.3%
2011	11.6%	15.6%	13.5%	20.9%	22.5%	17.0%	16.5%	23.9%	26.8%	19.4%



Income to Poverty Level Ratio in Past 12 Months, 2011

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

	Statewide		Floyd		Montgomery		Pulaski		Radford	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Below poverty level (0-99%)	10.7%	1981	13.1%	19434	23.6%	5077	15.0%	4431	33.9%	
100% - 124%	3.4%	751	5.0%	3206	3.9%	2125	6.3%	892	6.8%	
125% - 149%	3.6%	1047	6.9%	3245	3.9%	1632	4.8%	760	5.8%	
150% - 184%	5.3%	1142	7.6%	4152	5.0%	2459	7.3%	741	5.7%	
185% - 199%	2.3%	421	2.8%	1912	2.3%	1062	3.1%	249	1.9%	
200% and above	74.7%	9753	64.6%	50358	61.2%	21484	63.5%	5979	45.8%	



With many households living in poverty in the New River Valley, many families are also public assistance recipients. In Floyd County a total of 3093 recipients receive SNAP, 2645 receive Medicaid, 336 receive TANF. In Montgomery County a total of 11445 recipients receive SNAP, 10188 receive Medicaid, 1851 receive TANF. In Pulaski County a total of 8385 recipients receive SNAP, 7046 receive Medicaid, 992 receive TANF. In Radford City a total of 2701 recipients receive SNAP, 2196 receive Medicaid, 434 receive TANF.

Public Assistance Recipients, SFY 2012 (Virginia Department of Social Services, 2012)

		# SNAP	# Medicaid ¹	# TANF	% SNAP	% Medicaid	% TANF	
Floyd	Total Recipients	3093	2645	336	3093	2645	336	
	Children 0-17 years	White	1024	1367	175	33.1%	51.7%	52.1%
		Black	42	63	20	1.4%	2.4%	6.0%
		Other	113	61	14	3.7%	2.3%	4.2%
	Adults 18-64 years	White	1446	784	109	46.8%	29.6%	32.4%
		Black	73	36	10	2.4%	1.4%	3.0%
		Other	221	17	8	7.1%	0.6%	2.4%
	Adults 65 years & older	White	138	297	0	4.5%	11.2%	0.0%
		Black	11	15	0	0.4%	0.6%	0.0%
		Other	25	5	0	0.8%	0.2%	0.0%
Montgomery	Total Recipients	11445	10188	1851	11445	10188	1851	
	Children 0-17 years	White	3257	4381	828	28.5%	43.0%	44.7%
		Black	446	511	134	3.9%	5.0%	7.2%
		Other	646	833	164	5.6%	8.2%	8.9%
	Adults 18-64	White	5220	3145	595	45.6%	30.9%	32.1%

	years	Black	552	244	71	4.8%	2.4%	3.8%	
		Other	920	176	59	8.0%	1.7%	3.2%	
	Adults 65 years & older	White	301	829	0	2.6%	8.1%	0.0%	
		Black	21	38	0	0.2%	0.4%	0.0%	
		Other	82	32	0	0.7%	0.3%	0.0%	
	Pulaski	Total Recipients		8385	7046	992	8385	7046	992
Children 0-17 years		White	2292	2925	456	27.3%	41.5%	46.0%	
		Black	294	375	115	3.5%	5.3%	11.6%	
		Other	276	262	46	3.3%	3.7%	4.6%	
Adults 18-64 years		White	4478	2351	312	53.4%	33.4%	31.5%	
		Black	473	199	55	5.6%	2.8%	5.5%	
		Other	136	16	8	1.6%	0.2%	0.8%	
Adults 65 years & older		White	388	840	0	4.6%	11.9%	0.0%	
		Black	35	63	0	0.4%	0.9%	0.0%	
		Other	13	17	0	0.2%	0.2%	0.0%	
Radford		Total Recipients		2701	2196	434	2701	2196	434
		Children 0-17 years	White	674	800	158	25.0%	36.4%	36.4%
			Black	202	261	62	7.5%	11.9%	14.3%
			Other	160	160	42	5.9%	7.3%	9.7%
	Adults 18-64 years	White	1220	666	124	45.2%	30.3%	28.6%	
		Black	292	148	38	10.8%	6.7%	8.8%	
		Other	79	18	9	2.9%	0.8%	2.1%	
	Adults 65 years & older	White	62	126	0	2.3%	5.7%	0.0%	
		Black	11	16	1	0.4%	0.7%	0.2%	
		Other	1	1	0	0.0%	0.0%	0.0%	

Many students in the New River Valley are eligible for free or reduced lunch. Floyd County has 45.94% of students eligible for free or reduced lunch for the 2012-2013 school year. Montgomery County has 38.27% of students, Pulaski County has 49.94% of students, and Radford City has 38.92% of students eligible for free or reduced lunch for the 2012-2013 school year. Overall the state of Virginia has just over 40% of students eligible for the program.

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

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

School System	SNP Membership	FREE	FREE Percentage (%)	REDUCED Price Eligible	REDUCED Price Percentage (%)	TOTAL F/R Eligible	TOTAL F/R Percentage (%)
Floyd County Public Schools	2,083	739	35.48%	218	10.47%	957	45.94%
Montgomery County Public Schools	9,852	3,071	31.17%	699	7.10%	3,770	38.27%
Pulaski County Public Schools	4,493	1,898	42.24%	346	7.70%	2,244	49.94%
Radford City Public Schools	1,593	569	35.72%	51	3.20%	620	38.92%
Virginia School Division Totals	1,238,870	413,992	33.42%	82,779	6.68%	496,771	40.10%

Households and Marital Status

Housing Statistics for Virginia show that the home ownership rate for 2007-2011 was 68.40%. It was 55% for Montgomery County, 72.5% for Pulaski County, 48.6% for Radford City, and 77.4% and for Floyd County.

The median home value for Virginia for 2007-2011 was \$254,600. In Montgomery County the median home value during this time was \$196,300, in Pulaski County it was \$127,600, in Radford City it was \$152,000, and in Floyd County it was \$147,900.

Housing Statistics

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

	Virginia	Montgomery County	Pulaski County	Radford City	Floyd County
Housing units, 2010	3,364,939	38,979	17,253	6,427	7,902
Homeownership rate, 2007-2011	68.40%	55.00%	72.50%	48.60%	77.40%
Housing units in multi-unit structures, percent, 2007-2011	21.40%	27.90%	13.20%	39.30%	3.70%
Median value of owner-occupied housing units, 2007-2011	\$254,600	\$196,300	\$127,600	\$152,200	\$147,900
Households, 2007-2011	2,991,025	34,591	14,884	5,644	6,148
Persons per household, 2007-2011	2.57	2.38	2.28	2.31	2.45

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

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

Geography	Total	Now married (except separated)	Widowed	Divorced	Separated	Never married
Virginia	6,403,172	51.5%	5.7%	9.7%	2.6%	30.5%
Floyd County	12,426	57.0%	8.2%	12.0%	2.0%	20.8%
Montgomery County	81,060	39.7%	4.2%	6.7%	1.4%	48.1%
Pulaski County	29,305	52.7%	9.0%	13.6%	2.5%	22.2%
Radford City	14,714	25.1%	4.1%	4.8%	1.0%	65.0%

The overall percentage of children living in single-parent households in Virginia is 27.2%. In the New River Valley the number is; 23% in Floyd County, 24.8% in Montgomery County, 31.2% in Pulaski County, and 37.3% in Radford City.

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

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

Geography		All races	White	Black	Hispanic
Virginia	Percent	27.2%	19.5%	55.5%	28.4%
Floyd	Count	695	644	18	36
	Percent	23.0%	23.0%	64.0%	30.0%
Montgomery	Count	3395	2763	331	146
	Percent	24.8%	23.3%	57.7%	30.5%
Pulaski	Count	1787	1480	152	43
	Percent	31.2%	28.5%	62.0%	33.9%
Radford	Count	721	509	123	26
	Percent	37.3%	32.3%	70.3%	57.8%

Children Living in Single-Parent Households, 2010

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

Geography		All races	White	Black	Hispanic
Virginia	Percent	27.2%	19.5%	55.5%	28.4%
	Count	695	644	18	36
Floyd	Percent	23.0%	23.0%	64.0%	30.0%
	Count	3395	2763	331	146
Montgomery	Percent	24.8%	23.3%	57.7%	30.5%
	Count	1787	1480	152	43
Pulaski	Percent	31.2%	28.5%	62.0%	33.9%
	Count	721	509	123	26
Radford	Percent	37.3%	32.3%	70.3%	57.8%
	Count				

A large number of children live with grandparents and have grandparents that function as caretakers. In Virginia, the percent of grandparents living with grandchildren who are responsible for them from 2007-2011 is 39.7%. The counties in the New River Valley are somewhat comparable, with the exception of Pulaski County, which has 70% households in which grandparents live with grandchildren for whom they are responsible.

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

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

Geography		Number of grandparents living with own grandchildren under 18 years	Responsible for grandchildren
Virginia	Estimate	167,530	66,554
	Percent		39.7%
Floyd County	Estimate	298	129
	Percent		43.3%
Montgomery County	Estimate	1,027	449
	Percent		43.7%
Pulaski County	Estimate	841	589
	Percent		70.0%
Radford City	Estimate	81	26
	Percent		32.1%

2011 Divorces & Annulments

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

		Total number of divorces	Not involving children	Involving children
Virginia	Percent	--	53.9%	43.2%
	Count	12	25	24
Floyd	Percent	--	50.0%	48.0%
	Count	68	121	135
Montgomery	Percent	--	42.8%	47.7%
	Count	45	71	78
Pulaski	Percent	--	41.3%	45.3%
	Count	9	24	15
Radford	Percent	--	55.8%	34.9%

The 2011 Divorce rate for Virginia was 3.8 per 1,000 adults. In the New River Valley the divorce rates for 2011 were slightly lower (2.6 to 3.3), with the exception of Pulaski at 5 per 1000 adults.

2011 Divorce Rate

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

	Rate (per 1,000 adults)
Virginia	3.8
Floyd	3.3
Montgomery	3.0
Pulaski	5.0
Radford	2.6

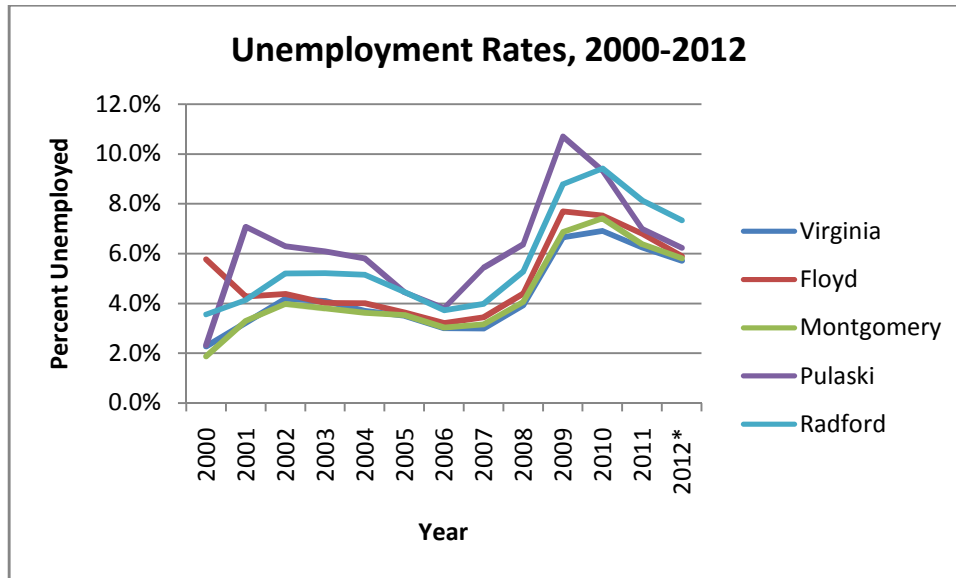
Employment Status

Unemployment rates in Virginia for 2000-2012 have increased from a rate of 2.3% in 2000 to 5.7% in 2012. The unemployment rates in the New River Valley are slightly higher than the overall state rate. In Floyd County the unemployment rate was 5.8% in 2000 and had increased to 5.9% by 2012. In Montgomery County the unemployment rate was 1.9% in 2000 and had increased to 5.8% by 2012. In Pulaski County the unemployment rate was 2.3% in 2000 and had increased to 6.2% by 2012. In Radford City the unemployment rate was 3.6% in 2000 and had increased to 7.3% by 2012.

Unemployment Rates, 2000-2012

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

Year	Virginia	Floyd		Montgomery		Pulaski		Radford	
	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
2000	2.3%	307	5.8%	131	1.9%	162	2.3%	889	3.6%
2001	3.2%	292	4.3%	1346	3.3%	1249	7.1%	306	4.1%
2002	4.2%	297	4.4%	1654	4.0%	1111	6.3%	385	5.2%
2003	4.1%	296	4.0%	1636	3.8%	1112	6.1%	387	5.2%
2004	3.7%	280	4.0%	1563	3.6%	1064	5.8%	379	5.2%
2005	3.5%	260	3.6%	1536	3.5%	807	4.4%	325	4.5%
2006	3.0%	226	3.2%	1330	3.0%	695	3.8%	272	3.7%
2007	3.0%	246	3.4%	1409	3.2%	968	5.4%	311	4.0%
2008	3.9%	314	4.4%	1862	4.1%	1154	6.4%	422	5.3%
2009	6.7%	565	7.7%	3170	6.9%	1993	10.7%	714	8.8%
2010	6.9%	567	7.5%	3397	7.4%	1668	9.3%	753	9.4%
2011	6.2%	517	6.8%	3120	6.4%	1263	7.0%	677	8.1%
2012*	5.7%	458	5.9%	2986	5.8%	11812	6.2%	640	7.3%



Transportation

Occupied housing units with no vehicles available can also be a healthcare barrier. In Virginia households with no vehicle available accounted for 6.2%. In the New River Valley the estimates were comparable with 5% of Floyd County households having no vehicle, Montgomery County had 6.10% of households with no vehicle, Pulaski County had 7.20% households with no vehicle, and Radford City had 6.6%.

Occupied Housing Units with No Vehicles Available

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

Geography		Occupied housing units	No vehicles available	1 vehicle available	2 vehicles available	3 or more vehicles available
Virginia	Estimate	2,991,025	186,698	903,568	1,149,438	751,321
	Percent	2,991,025	6.20%	30.20%	38.40%	25.10%
Floyd County	Estimate	6,148	310	1,498	2,331	2,009
	Percent	6,148	5.00%	24.40%	37.90%	32.70%
Montgomery County	Estimate	34,591	2,107	10,365	12,950	9,169
	Percent	34,591	6.10%	30.00%	37.40%	26.50%
Pulaski County	Estimate	14,884	1,074	4,347	5,512	3,951
	Percent	14,884	7.20%	29.20%	37.00%	26.50%
Radford City	Estimate	5,644	372	2,202	2,061	1,009
	Percent	5,644	6.60%	39.00%	36.50%	17.90%

Access to Health Care

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

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

Disparities in access to health services directly affect quality of life and are impacted by having health insurance and ongoing sources of primary care. Individuals who have a medical home tend to receive preventive health care services, are better able to manage chronic disease conditions, and decrease Emergency Room visits for primary care services.⁴

Health Staffing Shortages and Designations

Health Professional Shortage Areas

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

Geography	MUA	MUP	Health Professional Shortage Area		
			Primary Care HPSA	Dental HPSA	Mental Health HPSA
Floyd County	Floyd Service Area	-	Floyd	Floyd	Low Income-New River Valley Service Area Floyd

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

⁴ Closing the Divide: How Medical Homes Promote Equity in Health Care: Results from the Commonwealth Fund 2006 Health Care Quality Survey, Volume 62, June 27, 2007

Montgomery County	Montgomery County	-	-	Low Income - Montgomery County	Low Income- New River Valley Service Area
				Montgomery	Montgomery
Pulaski County	-	Low Income - Pulaski County	-	Low Income - Pulaski County/Radford City	Low Income- New River Valley Service Area
				Radford	Pulaski
Radford City	CT 0101.01 CT 0101.02	-	-		Low Income- New River Valley Service Area
					Radford

Health Services Professionals

There is a direct relationship between the number of primary care providers in a community and improved health outcomes. Having an adequate supply of primary care providers is a measure of access to care and can be determined by calculating the ratio of the population to one Full-time Equivalent (FTE) provider. It is important to note that this information may at times under- or over-estimate the number of providers in the area; it does not take into account patient satisfaction; how care is provided and utilization of services by the patients; and finally this measure does not reflect how care is coordinated within a community.⁵

The New River Valley fares worse than the state in access to dentists and mental health providers

Health Professionals Providers Population Ratio

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

Geography	Primary Care Physicians			Dentists			Mental Health Providers		
	# PCP	PCP Rate	PCP Ratio	# Dentists	Dentist Rate	Dentist Ratio	# MHP	MHP Rate	MHP Ratio
Virginia	5919	74	1355:1	4563	55	1811:1	3620	45	2216:1
Floyd County	3	20	5109:1	2	13	7707:1	4	26	3832:1
Montgomery County	60	63	1575:1	38	37	2730:1	57	60	1658:1
Pulaski County	20	57	1739:1	9	25	3972:1	6	17	5799:1
Radford City	16	97	1028:1	10	52	1910:1	8	49	2056:1

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

Source of Primary Care and Cost of Services

The costs of healthcare services are a major healthcare barrier. The percent of people who could not see a doctor due to costs in Virginia for 2005-2011 was 11%. The percentage was similar in Montgomery County, but twice the state percentage in Floyd and Pulaski Counties couldn't access care due to costs.

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

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

Geography	Sample Size	% Couldn't Access
Virginia	38633	11
Floyd County	130	21
Montgomery County	469	10
Pulaski County	254	24
Radford City	-	-

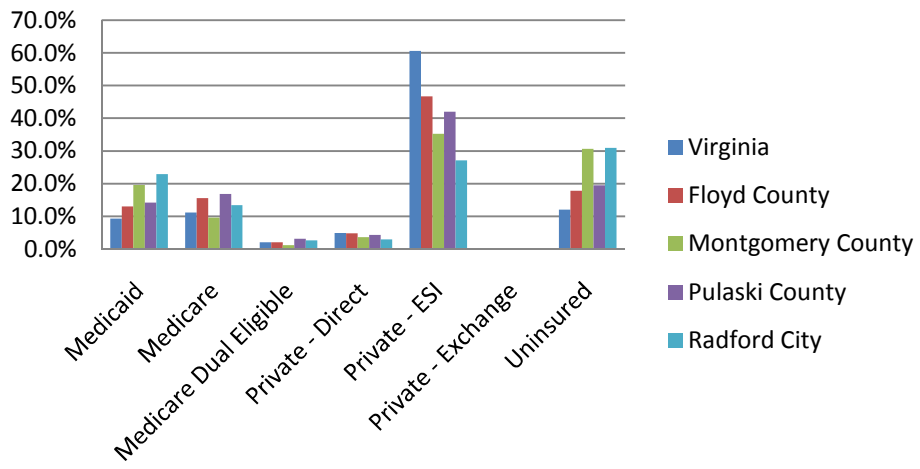
For 2013, 12% of Virginia residents are uninsured. In the New River Valley as a whole many residents are also uninsured; in Floyd County 17.9%, in Montgomery County 30.7%, in Pulaski County 19.5%, and in Radford City 31% of residents are uninsured.

2013 Health Insurance Status

(Truven Market Planner Plus, 2013)

	Virginia		Floyd County		Montgomery County		Pulaski County		Radford City	
	#	%	#	%	#	%	#	%	#	%
Medicaid	761312	9.3%	1822	13.0%	18573	19.6%	4069	14.2%	5519	22.9%
Medicare	914520	11.1%	2177	15.6%	9077	9.6%	4825	16.8%	3229	13.4%
Medicare Dual Eligible	168493	2.1%	288	2.1%	1137	1.2%	894	3.1%	626	2.6%
Private - Direct	403459	4.9%	667	4.8%	3472	3.7%	1243	4.3%	712	3.0%
Private - ESI	4972951	60.6%	6528	46.7%	33463	35.3%	12027	42.0%	6533	27.1%
Private - Exchange	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Uninsured	986755	12.0%	2496	17.9%	29096	30.7%	5593	19.5%	7458	31.0%
Grand Total	8207490	100.0%	13978	100.0%	94818	100.0%	28651	100.0%	24077	100.0%

2013 Health Insurance Status



Health Status of the Population

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

Percent of adults reporting fair to poor health in Virginia was 14% for 2004-2010. For the New River Valley, all counties had a percentage of poor or fair health for 2004-2010 close to the state's percentage, with the exception of Pulaski. In Pulaski, 26% of the population reported fair to poor health.

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

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

	Poor or Fair Health	Poor Physical Health Days
Geography	% Poor or Fair Health	Physically Unhealthy Days
Virginia	14	3.2
Floyd County	15	3.4
Montgomery County	12	3.3
Pulaski County	26	5.2
Radford City	11	4.2

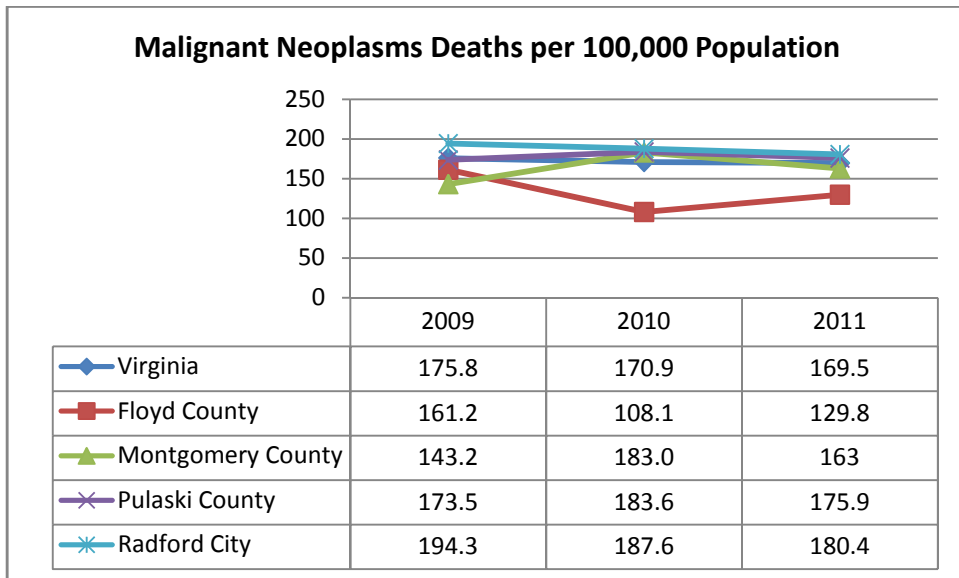
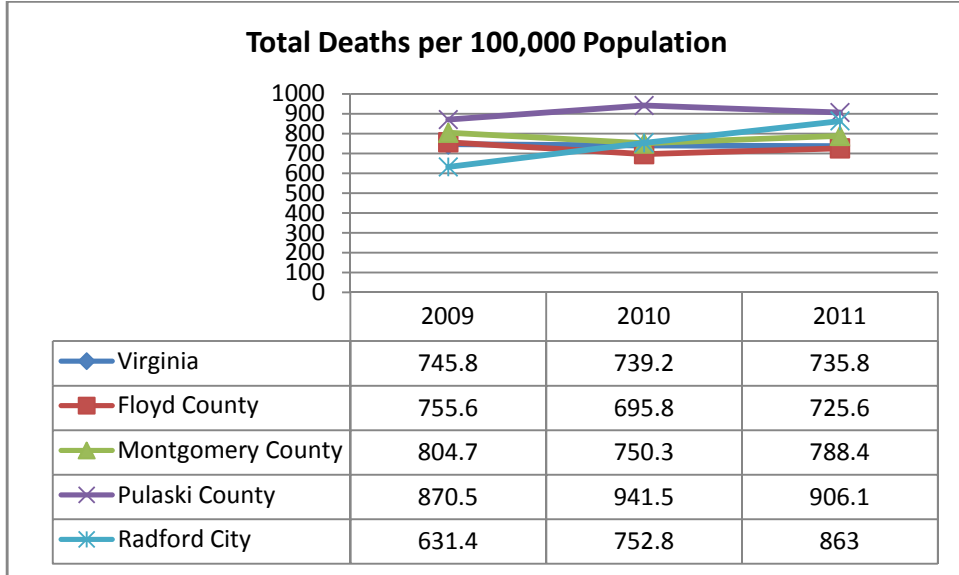
Death Rates

With the exception of Floyd County, the New River Valley counties have higher overall death rates than the state. Floyd was also lower than the state's death rate for malignant neoplasms. Pulaski's death rate was higher than the state's, particularly in heart disease and diabetes.

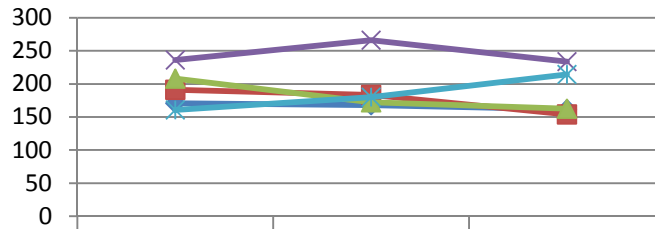
⁶ Virginia Department of Health, Office of Minority Health & Health Equity, Virginia Health Equity Report 2012

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

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

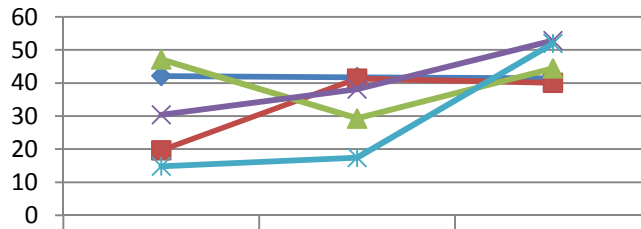


Heart Disease Deaths per 100,000 Population



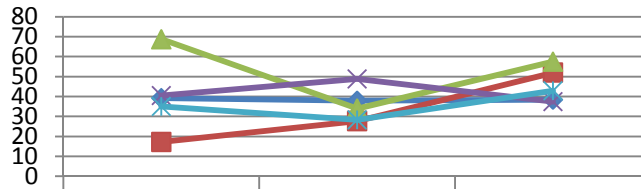
	2009	2010	2011
Virginia	170.8	167.6	161.3
Floyd County	190.9	183.3	153.8
Montgomery County	207.9	172.0	162.3
Pulaski County	235.9	265.9	233.4
Radford City	160.7	179.9	214.3

Cerebrovascular Disease Deaths per 100,000 Population



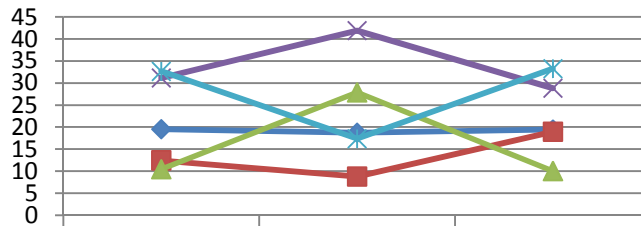
	2009	2010	2011
Virginia	42.1	41.7	41.4
Floyd County	19.6	41.3	40
Montgomery County	47.1	29.3	44.4
Pulaski County	30.4	38.2	52.8
Radford City	14.8	17.4	51.9

Chronic Lower Respiratory Deaths per 100,000 Population



	2009	2010	2011
Virginia	39.2	37.9	38.4
Floyd County	17.2	27.7	51.9
Montgomery County	68.7	33.8	57.4
Pulaski County	40.5	48.8	37.4
Radford City	34.9	28.2	42.8

Diabetes Mellitus Deaths per 100,000 Population



	2009	2010	2011
Virginia	19.5	18.7	19.4
Floyd County	12.4	8.7	18.9
Montgomery County	10.4	27.8	10
Pulaski County	31.1	41.8	28.8
Radford City	32.6	17.3	33.2

Prevention Quality Indicators

Prevention Quality Indicators (PQI) identify quality of care for ambulatory-sensitive conditions, conditions for which good outpatient care can prevent hospitalization or for which early intervention can prevent complications and severe disease. Floyd County has lower than state age-adjusted discharge rates in all categories but one that are listed below. Pulaski County and Radford City tended to have the highest discharge rates in the New River Valley.

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

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

Age-Adjusted Discharge Rate per 100,000	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Adult Asthma PQI Discharges	76.0	44.2	77.4	71.4	125.7
Angina PQI Discharges	9.6	10.0	16.9	28.6	9.3
Bacterial Pneumonia PQI Discharges	184.5	116.9	211.0	386.2	509.0
Chronic Obstructive Pulmonary Disease (COPD) PQI Discharges	125.6	91.2	110.9	260.2	154.5
Congestive Heart Failure PQI Discharges	238.1	164.0	171.7	280.4	308.4
Diabetes PQI	134.0	108.1	130.6	142.5	258.7
Hypertension PQI Discharges	34.6	7.5	11.4	33.0	66.8

Mental Health and Substance Abuse

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

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

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

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

In Virginia, from 2005-2011 the estimated number of mentally unhealthy days in the past month when surveyed, was 3.1 days. In the New River Valley, the number was slightly higher in all counties.

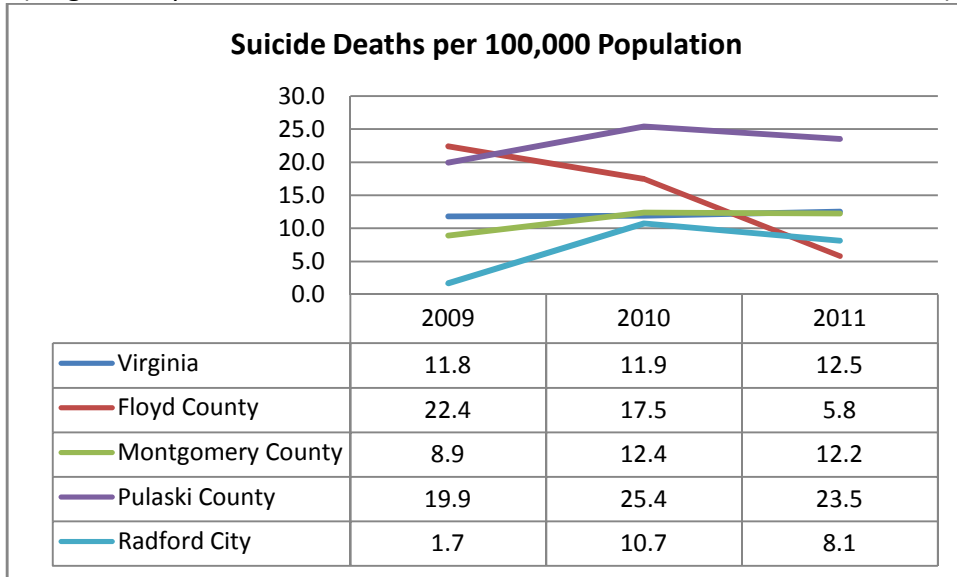
Number of Mentally Unhealthy Days in the Past Month

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

Geography	Mentally Unhealthy Days in the Past Month
Virginia	3.1
Floyd County	3.3
Montgomery County	3.4
Pulaski County	5.3
Radford City	3.4

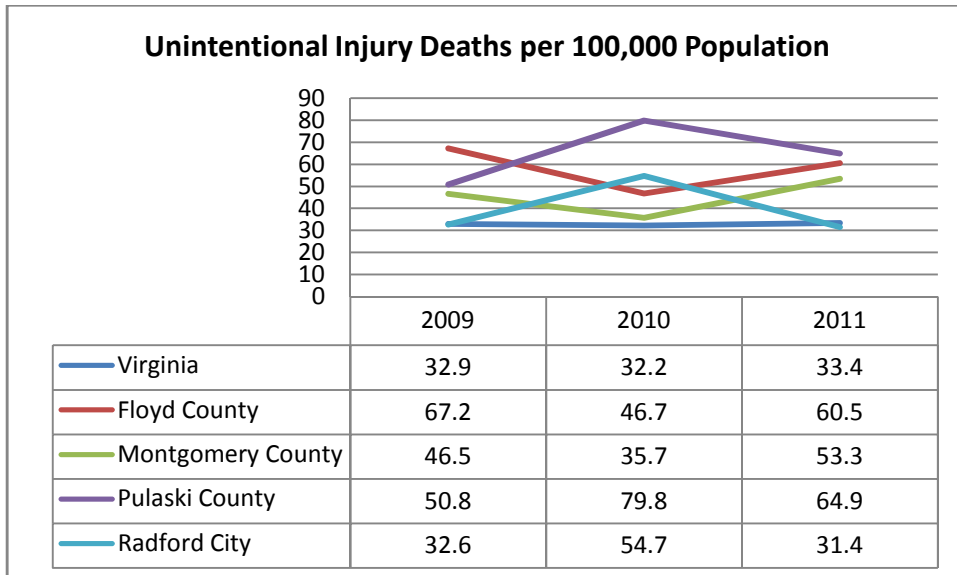
NRV Area Suicide Deaths per 100,000 Population

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



NRV Area Unintentional Injury Deaths per 100,000 Population

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

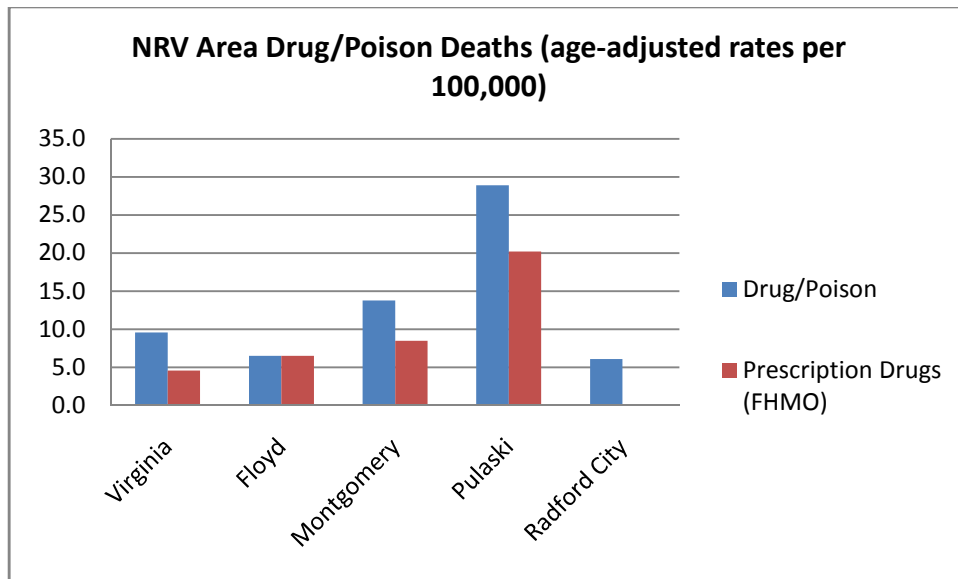


The Virginia Department of Health, Office of the Chief Medical Examiner reported adjusted rates of drug/poison deaths for 2010 in Virginia as 9.6 per 100,000 people and prescription drug related deaths as 4.6 per 100,000 people. The New River Valley had higher rates than the state in prescription drug death rates. In drug/poison death rates, Floyd County and Radford City were lower than the state rates

New River Valley Area Drug/Poison Deaths (age - adjusted rates per 100,000)

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

Drug/Poison Deaths per 100,000 Population, Age-Adjusted	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Drug/Poison	9.6	6.5	13.8	28.9	6.1
Prescription Drugs (FHMO)	4.6	6.5	8.5	20.2	0.0



Prevention and Wellness

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

County Health Rankings

County Health Rankings have analyzed localities in all 50 states using measures to determine how healthy people are and how long they live. These measures include (1) health outcomes which look at how long people live (mortality) and how healthy people feel while alive (morbidity); and (2) health factors which represent what influences the health of a county, including health behaviors, clinical care, social and economic factors, and physical environment.¹⁰ The lower the overall ranking, the healthier the community.

Pulaski had the highest rankings (least healthy) by far of the other municipalities in the New River Valley in both health outcomes and health factors.

County Health Rankings-Health Outcomes (out of 133)

Geography	2011	2012	2013
Floyd County	48	62	53
Montgomery County	34	32	23
Pulaski County	1220	119	119
Radford City	63	68	65

County Health Rankings-Health Factors (out of 133)

Geography	2011	2012	2013
Floyd County	55	49	52
Montgomery County	34	26	22
Pulaski County	79	87	93
Radford City	28	33	

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

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

Health Risk Factors

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

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

Parts of the New River Valley were comparable to the state in the rate of adults having been told they have high blood pressure or high cholesterol, with the exceptions of Montgomery County and Radford City which were both lower than state percentages. All areas of the New River Valley were comparable with the state on the percentage of adults who smoke daily.

Health Risk Factors– High Blood Pressure and Cholesterol

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

Adult Age 18+ Risk Profile	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
High Blood Pressure (told by doctor or other health professional)%	29.0	29.0	20.0	28.0	18.0
High Cholesterol (told by doctor or other health professional) %	30.0	32.0	23.0	32.0	21.0

Health Risk Factors– Adult Smoking

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

Geography	% Adults who smoke daily or most days
Virginia	22
Floyd County	22
Montgomery County	25
Pulaski County	22
Radford City	25

Nutrition, Weight Status, and Physical Activity

A healthy body weight, good nutrition, and physical activity are positive predictors of good health and are a Healthy People 2020 Leading Health Indicator. The prevalence of overweight and obesity has increased tremendously in the past 30 years and is at epidemic proportions in the United States. These increasing rates raise concern because of their implications on health and their contribution to obesity-related diseases like diabetes and hypertension. Overall, persons who are obese spend 42% more for medical care than do normal weight adults.¹¹ Reducing the proportion of adults who are obese to 30.6% is a Healthy People 2020 Leading Health Indicator (NWS-9).

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

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

The New River Valley was comparable with the state of Virginia in the percentage of obese individuals; however, Montgomery County and the Radford City were below the percentage of Virginians that reported no leisure time physical activity.

Health Risk Factors-Obesity and Physical Inactivity

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

Geography	Adult Obesity	Physical Inactivity
	% Obese	% No Leisure Time Physical Activity
Virginia	28	24
Floyd County	28	25
Montgomery County	29	21
Pulaski County	27	25
Radford City	28	22

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

Access to Recreational Facilities rate per 100,000 Population
(County Business Patterns, 2010)

Geography	Recreational Facilities	Rec. Facility Rate
Virginia	832	10.4
Floyd County	1	6.5
Montgomery County	11	11.6
Pulaski County	4	11.5
Radford City	5	12.2

Limited Access to Health Foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)
(U.S. Department of Agriculture, Food Environment Atlas 2012)

Geography	# Limited Access	% Limited Access
Virginia	295,609	4
Floyd County	1,650	11
Montgomery County	2,176	2
Pulaski County	2,063	6
Radford City	1,076	7

Census Tract Food Deserts

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

Geography	Census Tract FIPS	Total Population	% of people with low access to a supermarket or large grocery store	# of people with low access to a supermarket or large grocery store	% of total population that is low-income and has low access to a supermarket or large grocery store	# of total population that is low-income and has low access to a supermarket or large grocery store
Floyd	51063990200	5106	36.2	1850	4.3	218
Montgomery	51121020200	6980	27	1887	6.6	457
Radford	51750010100	9519	14	1333	6.9	469

Clinical Preventive Screenings

According to the National Cancer Institute, deaths can be greatly reduced for breast, cervical, colon, and rectal cancer through early detection and screening tests.

Health Risk Factors– Cancer Screenings, 2010

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

Adult Age 18+ Risk Profile	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Percent of women 18 and older with no Pap test in past 3 years	13.2	24.3	n/a	n/a	n/a
Percent of women 40 and older with no mammogram in past 3 years	13.2	28.9	n/a	n/a	n/a

Maternal, Infant and Child Health

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

Healthy People 2020 objectives and targets are as follows:

- MICH- 1.3: Reduce the rate of infant deaths (within 1 year) to 6.0 infant deaths per 1,000 live births
- MICH- 8.1: Reduce low birth weight (LBW) to 7.8% of live births
- MICH- 10.1: Increase the proportion of pregnant women who receive early and adequate prenatal care to 77.9%

Prenatal and Perinatal Health Indicators

The New River Valley had a lower rate than the state for percentage of births with prenatal care starting after the first trimester; Pulaski County had a higher rate of low-birth weight births when compared to the state; and all areas besides Montgomery County and Radford City had a higher five-year average infant mortality rate when compared to the state. The latest teen pregnancy rate for Pulaski County is above the states average.

New River Valley Area Births without Early Prenatal Care

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

Prenatal & Perinatal Health Information	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Late Entry into Prenatal Care (after first trimester), % all births	17.3%	11.1%	10.9%	9.7%	8.1%

Prenatal & Perinatal Health Indicators, New River Valley Area, 5-year average, 2006-2010

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

Prenatal & Perinatal Health Information	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Low Birth Weight Births %	8	6	8	10	8
5-Yr Average Infant Mortality Rate	7.1	9.9	4.9	9	5.8

Prenatal & Perinatal Health Indicators, New River Valley Area

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

Prenatal & Perinatal Health Information	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
Live Birth Rates per 1000 total Population	12.7	9.4	9.4	8.3	8.3
Live Birth Rates per 1000 (White)	11.8	9.2	9.6	8.2	8.1
Live Birth Rates per 1000 (Black)	13.2	5.2	6.8	9.1	10.1
Live Birth Rates per 1000 (Other)	19.7	54.1	9.2	14.6	8
Infant Death Rates per 1000 live births	6.7	6.9	11.2	n/a	22.1
Infant Death Rates per 1000 live births (White)	5.2	7.2	11.2	n/a	25.6
Infant Death Rates per 1000 live births (Black)	12.8	n/a	n/a	n/a	n/a
Infant Death Rates per 1000 live births (Other)	3.8	n/a	n/a	n/a	n/a

New River Valley Area

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

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

Geography	2009	2010	2011
Virginia	24.3	21.1	18.6
Floyd County	26.4	20.9	16.6
Montgomery County	12.9	12	9.3
Pulaski County	43.9	26.7	21.9
Radford City	13.3	15.2	16.9

Infectious Diseases

HIV Infection Prevalence and Other Sexually Transmitted Infections Rate

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

The New River Valley has a much lower prevalence of HIV and other sexually-transmitted infection rates than Virginia, with the exception of Radford City’s percentage of Chlamydia cases reported. Montgomery County is just below the state in reported cases of tuberculosis.

New River Valley Area HIV Infection Prevalence, 2011

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

	Virginia	Floyd County	Montgomery County	Pulaski County	Radford City
HIV Prevalence Rate	307	39	48	84	n/a

New River Valley Area Sexually Transmitted Infection Rates (per 100,000)

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

Geography	Early Syphilis	Gonorrhea	Chlamydia
Virginia	6.4	81.5	431.6
Floyd County	0	26	182.1
Montgomery County	3.2	23.3	220.5
Pulaski County	2.9	11.6	274.5
Radford City	0	12.2	645.8

New River Valley Area Number of Reported Tuberculosis (TB) Rates per 100,000

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

Geography	2008	2009	2010
Virginia	3.9	3.5	3.4
Floyd County	0	0	0
Montgomery County	3.6	0	3.3
Pulaski County	0	0	0
Radford City	13.5	0	0

Social Environment

The rate of child abuse and neglect in the New River Valley has decreased in the past two years, however it continues to be well over the state average, particularly in Pulaski County.

New River Valley Area Rate of Child Abuse and Neglect (per 1000 children)

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

Geography	2005	2006	2007	2008	2009	2010	2011
Virginia	3.9	3.9	3.4	3.3	3.2	3.9	3.3
Floyd County	8.3	6.9	7.1	6.5	5.9	8.3	8.1
Montgomery County	4	4.9	5.7	5.5	6.2	7.8	7.3
Pulaski County	16.4	13.5	16.9	14.1	22.1	27.1	20.1
Radford City	3.2	3.3	2.9	14.2	9	15.0	10.3

Implementation Strategy 2014-2016

Carilion New River Valley Medical Center (CNRV) is located in Montgomery County, Virginia just outside the Radford City limits. The New River Valley is located in Southwest Virginia in the Blue Ridge Mountains. CNRV primarily serves a little over 200,000 residents of this growing region that includes Floyd, Montgomery, Pulaski, and Wythe Counties and Radford City. CNRV opened in 1999 as a replacement facility for Carilion Radford Community Hospital, and has grown into a medical center with 146 beds, including 36 inpatient psychiatric beds and the 16-bed Birthplace. With a level 3 trauma center, a wound healing center, a variety of surgical specialties and a location just off of Interstate 81, CNRV is the most comprehensive medical facility in the New River Valley. Carilion's ambulance and LifeGuard air transport can deliver patients efficiently to Carilion Roanoke Memorial Hospital for tertiary care needs. CNRV also has an affiliation with the Virginia College of Osteopathic Medicine, located in Blacksburg.

The New River Valley Community Health Needs Assessment (CHNA) focused on high levels of community engagement, soliciting input from stakeholders, and providers; the target population; and the community as a whole. A Community Health Assessment Team (CHAT) consisting of project management staff and representatives from area health and human services, and schools led the assessment. (See Attachment 1: Community Health Assessment Team Members) CHAT membership was largely developed using a list of the membership of PATH (Partnership to Access to Healthcare), a long-standing group of representatives from health and human services leaders across the New River Valley. The majority of CHAT members serve the low-income, uninsured, underserved and other vulnerable populations in the New River Valley. The New River Valley CHAT met four times between January and August of 2013.

The Management Team included CNRV's Chief Nursing Officer, who served as the Project Director for the assessment; CNRV's Community Health Educator, who served as the Project Manager; and a Carilion Clinic Planning Advisor was the Project Planner. The Project Manager coordinated meeting logistics, kept records and distributed and collected surveys during the project period. She was also responsible for the final write-up of the assessment report. The Project Planner worked in conjunction with Carilion Clinic's Planning Department which assisted in all aspects of the project including the development and analysis of the Stakeholder Survey and the Community Health Survey; collection and analysis of minutes from focus groups and CHAT meetings; collection and analysis of secondary data.

Beginning in January 2013, primary data collection included a stakeholder survey (44 participants), a community health survey (647 participants), three focus groups, and participation in three community conversations that were organized by the Agency on Aging. Secondary data were collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

Target Area and Population

The target population was those living in the New River Valley, which includes Floyd, Montgomery and Pulaski Counties and the City of Radford. Giles County, also located in the NRV, was excluded from this assessment because a Community Health Needs Assessment was conducted, specific to that community, in 2012. In gathering data, an emphasis was placed on vulnerable populations, such as low income, uninsured/underinsured, elderly and those with chronic diseases.

How the Implementation Strategy Was Developed

CNRV's Implementation Strategy was developed based on the findings and priorities of the New River Valley Community Health Needs Assessment. Top priorities were identified based upon community need, feasibility of addressing the need and potential impact. Existing resources were assessed and it was determined that development of a team internal to CNRV would ensure resources remain focused on highest priority needs. In addition, working with the community group already established and attentive to healthcare in the NRV, PATH, would be an effective strategy in cooperative work on high-priority community needs.

Major Needs and How Priorities Were Established

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

- Access to Mental Health and Substance Abuse Counseling/Psychiatry (High Prevalence of Substance Abuse)
- Improved Coordination of Care across the Health and Human Sector
- Chronic Disease Management
- Access to Affordable Services for the Uninsured

Of these four areas of top priority, Access to Affordable Services for the Uninsured was selected as a top ten priority by more CHAT members than any other need on the list, but it was also rated as less impactful and feasible than the other three highest priority areas. Coordination of care was rated highest in terms of feasibility to address, and Chronic Disease was highest in

terms of potential impact. Several categories of Access to Mental Health and Substance Abuse were most selected in the top ten (second to Cost of Services to Uninsured), and rated as having a large potential impact. Ratings indicated a recognition that this area of focus will be more difficult to address.

Description of What Carilion New River Valley Medical Center Will Do to Address Community Needs

To address the needs of the community, CNRV will develop a multi-disciplinary team to ensure that resources are aligned with the needs identified during the Community Health Needs Assessment. The team will initially consist of CNRV employees, but add membership from community agencies as needed to ensure improvements are achieved in the identified areas of focus.

In addition, CNRV has already identified individuals that are now active members of PATH. These individuals will communicate the priority areas of community needs identified through the assessment process, and work within PATH to encourage the focusing of community resources on these needs. PATH will provide a forum for alignment of community resources with identified community needs.

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

Priority Areas Not being Addressed and the Reasons

Multiple other needs were identified during the CHNA process, including lack of reliable transportation, access to alternative therapies, access to primary care and cost of medications. NRV is not addressing lack of reliable transportation and access to alternative therapies because these are not within the primary scope of CNRV's services. CNRV already has programs in place to address cost of medications, and Carilion Clinic as a whole is prioritizing and addressing both cost of medications and access to primary care regionally. While these issues will be monitored both regionally and locally, they have been determined either not to be as pressing as the identified priority needs, or better addressed regionally, than locally by CNRV.

Conclusion

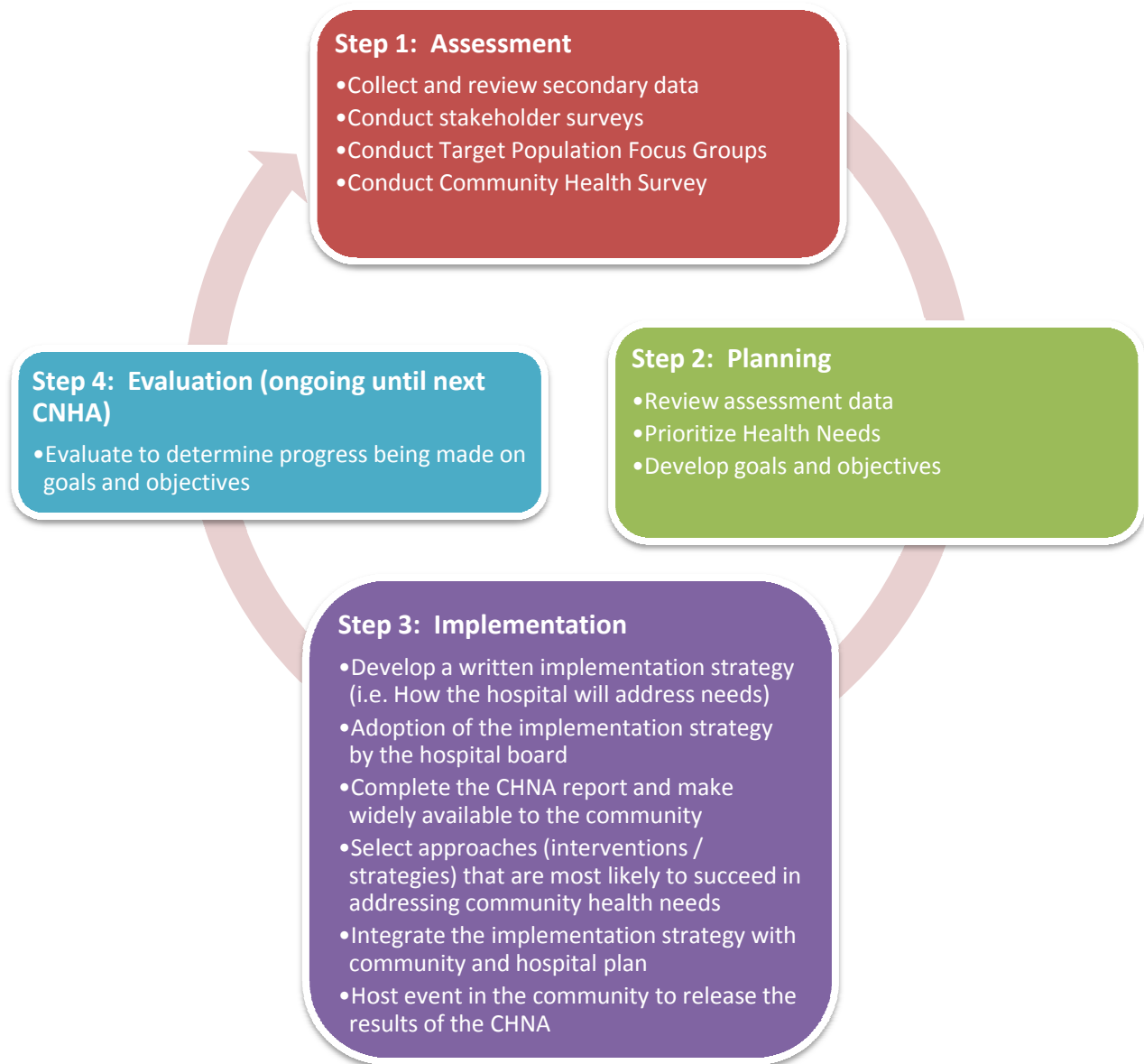
Each year the American Hospital Association (AHA) conducts an Environmental Scan of the state of the healthcare system in America to provide “insight and information about market forces that have a high probability of affecting the healthcare field.” In reviewing the 2013 Environmental Scan, each area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

- 1) Access to Mental Health and Substance Abuse Counseling/Psychiatry
 - “Nearly half of Americans will develop a mental illness and 27 percent will suffer from a substance abuse problem in their lifetimes. In any given year, 25 percent of the American population experiences either a mental illness or a substance abuse problem.”
 - “Treatment capacity for behavioral services is in critically short supply and getting worse.”
- 2) Care Coordination
 - Better health information technology is needed to support sharing of electronic medical record systems between providers.
 - “Programs aimed at enhancing care coordination during hospital-to-home transitions have shown to most consistent beneficial effects on cost and quality.”
- 3) Chronic Disease Management
 - “Rates of adult and childhood obesity in the United States vary significantly by region, race, ethnicity and age, but overall rates are high.”
 - Chronic conditions are increasing with 80 percent of workers having at least one chronic condition.
- 4) Access to Affordable Services for the Uninsured
 - Health care costs continue to grow at a faster rate than wages.

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

Appendices

Appendix 1: Work Plan and Timeline



October	November	December
Form MGMT Team Form CHAT	Assessment Phase	
April	May	June
Planning Phase		Implementation Phase

Appendix 2: CHAT Directory

Community Health Assessment Team Members

Mary Arnold	Carilion Clinic- Women's Services
Pam Basham	Department of Social Services- Montgomery County
Maggie Bassett	Radford University Waldron School of Nursing
Michelle Brauns	New River Valley Free Clinic
Janet Brennend	New River Valley Agency on Aging
Victoria Collins	Department of Social Services- Radford City
Mia Copeland	New River Community College
G.C. Duck	Carilion Clinic- Care Management
Patrick Halpern	Mental Health Association of the New River Valley
Tina King	New River Valley Agency on Aging
Larry Lindsey	Department of Social Services- Montgomery County
Dr. Molly O'Dell	New River Valley Health District
Carole Pratt, DDS	General Dentist
Mary Beth Pulsifer	Women's Resource Center
Dr. Kerry Redican	Virginia Tech- Dept. of Population Health Sciences
Dr. Tina Smusz	Carilion Clinic- Palliative Care
Terry Smusz	New River Community Action
Dr. Amy Sorensen	C.H.I.P. of the New River Valley
Dr. Charlie Tarasisdis	Carilion Clinic, Pharmacy
Margot Thompson	Dental Aid Partners of the New River Valley
Elizabeth Wade	Carilion Clinic- Saint Albans Behavioral Health
Mike Wade	New River Valley Community Services
Bev Walters	New River Valley CARES
Cris Whitaker, NP	Carilion Clinic- Blacksburg

Appendix 3: Stakeholder Survey

New River Valley Professional Informant Survey

Barriers and Challenges faced by Residents and Health and Human Services Agencies,

New River Valley

February 2013

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

1. Your name, organization, and title:

NAME: _____

ORGANIZATION: _____

TITLE: _____

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

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

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

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

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

6. In terms of UNMET health care needs of New River Valley residents, please score each of the following according to this scale:

1 = very serious unmet need

2 = somewhat serious unmet need

3 = less serious unmet need

4 = not an unmet need

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

Thank you for your input! Questions: Please contact Amy Epperley at 540-731-2027 or asepperley@carilionclinic.org.

Appendix 4: Community Health Survey

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

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

NEW RIVER VALLEY HEALTH SURVEY

ACCESS and BARRIERS TO HEALTHCARE

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

- Doctor's office Health Department (Ex. Floyd, Montgomery, Pulaski Co. or Radford City)
 Emergency Room Free Clinic (Ex. New River Valley, Pulaski)
 Urgent Care I do not go to the doctor for regular care
 Tri-Area Community Health Other: _____

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

- Dentist's office Free Clinic of the New River Valley Dental Aid Partners Dental Care Day
 Emergency Room I do not go to the dentist for regular care Urgent Care
 Other: _____

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

- Doctor/Counselor's Office Emergency Room
 Free Clinic of the New River Valley Mental Health Association of the NRV I do not use these services
 New River Valley Community Services Saint Albans Behavioral Health Other: _____

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

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

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

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

GENERAL HEALTH QUESTIONS

6. Please check one of the following for each statement

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

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

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

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

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

If applicable, how long has it been since your child or dependent visited a doctor for a routine checkup?
(Please check one)

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

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

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

10. What do you think are the three most important "health problems" in our community?

(Please check three)

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

11. What do you think are the three most important "risky behaviors" in our community?

(Please check three)

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

DEMOGRAPHIC INFORMATION and HEALTH INSURANCE

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

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

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

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

14. What is your ZIP code? _____

15. What is your age? _____

16. What is your sex? Male Female

17. How many people live in your home?

Number who are 0 – 17 years of age _____

Number who are 18 – 64 years of age _____

Number who are 65 years of age or older _____

18. What is your highest education level completed?

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

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

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

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

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

22. What is your yearly household income?

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

23. What is your current employment status?

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

24. Is there anything else we should know about your (or someone living in your home) health care needs in the New River Valley?
