Riverside Tappahannock Hospital 2019 Community Health Needs Assessment

This Community Health Needs Assessment and Implementation Strategy for Riverside Tappahannock Hospital was conducted and developed between June 2018 and May 2019 to fulfill the requirements described in section 501(r)(3) of the Internal Revenue Code. It was formally approved and adopted by the Riverside Tappahannock Hospital Board of Directors on September 19, 2019.

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COMMUNITY HEALTH NEEDS ASSESSMENT

Introduction

Riverside Tappahannock Hospital is part of Riverside Health System, with a mission to "care for others as we would care for those we love." While Riverside cares for its patients every day, it recognizes that caring for others can often mean those who are not in the hospital. Riverside Tappahannock Hospital understands it has a unique and important role in caring for the health of its community. Conducting a Community Health Needs Assessment allows Riverside to view the community as a broader population and better understand the unique needs, concerns and priorities of the community it serves.

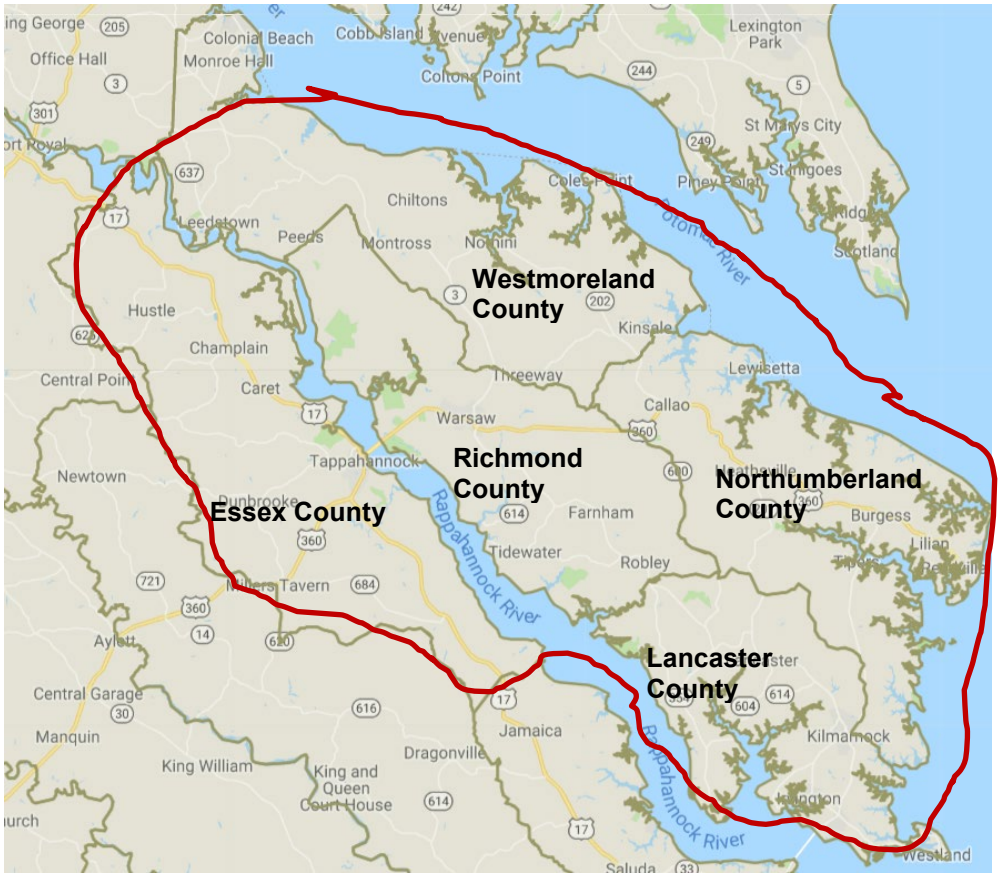
Community Health Needs Assessment Process

A Community Health Needs Assessment (CHNA) and Implementation Strategy for Riverside Tappahannock Hospital was conducted between June 2018 and May 2019 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The data assessment process was conducted by Riverside's Marketing, Strategy and Development Department utilizing publically available information for the health indicator data. The community survey process was done in conjunction with Bon Secours of Hampton Roads, Children's Hospital of the King's Daughters, Sentara Healthcare and multiple local districts of the Virginia Department of Health. Details about the joint survey process are noted in that section of the report.

The CHNA process consisted of four phases: data collection (quantitative), community input (qualitative), analysis and prioritization. The quantitative data is summarized in the first section of this report, and represents a broad assessment of demographic and health indicators. The data sources are noted within each section. The qualitative community input data is summarized in the second section of this report and was gathered through an electronic survey process from October 23, 2018 – December 14, 2018.

Community Served by the Hospital

The community served by Riverside Tappahannock Hospital is a geographic region that covers 44 ZIP codes across Essex, Richmond, Lancaster, Northumberland, Westmoreland, King and Queen and King William Counties. Due to the geographic make-up of the region, only portions of King William, King and Queen and Lancaster County are served by RTH. As most data is available at the county level, the entire county of data is reported. As such, all of Lancaster County is included in this CHNA. The portions of King and Queen County served by RTH are included in the Riverside Walter Reed Hospital CHNA, and the portions of King William served by RTH are included in the Riverside Doctors' Hospital of Williamsburg CHNA.


Westmoreland County
Richmond County
Northumberland County
Essex County
Lancaster County
Rappahannock River
Rappahannock River
Colonial Beach
Monroe Hall
Office Hall
Cobb Island
Colonial Point
Lexington Park
St Marys City
Piney Point
Stingoes
Scotland
Chiltons
Leedstown
Peeds
Montross
Hustle
Champlain
Central Point
Caret
Kinsale
Threeway
Lewisetta
Callao
Warsaw
Tappahannock
Newtown
Dunbrooke
Farnham
Tidewater
Robley
Burgess
Tavern
Aylett
Central Garage
Manquin
King William
King and Queen Court House
Dragonville
Jamaica
Kilmarnock
Saluda
Westland

Community Indicators

The community indicators present a wide array of quantitative community health indicators for the study region. To produce the profiles, RHS analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health, and for which there were readily available public data sources. Detailed reviews follow below, but to summarize:

- **Demographic Profile:** As of 2017, the study region included an estimated 61,480 people. The population is expected to increase 3% by 2022. Compared to Virginia as a whole, the study region is more rural and older. The study region also has a higher percentage of low income households than Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and the 2014 data reported in the 2016 CHNA.

- **Mortality Profile:** In 2016, the study region had 867 total deaths. The leading causes of death included malignant neoplasms of the lung, unspecified dementia, Alzheimer's disease, COPD and heart disease. Crude and age-adjusted death rates were much higher than the statewide rate for all categories.

- **Maternal & Infant Health Profile**: In 2016, the study region had 566 total live births. Compared to Virginia as a whole, the study region had lower rates of births, higher rate of births to teens age 10-19 and higher rate of low weight births as a percent of all births.

- **Behavioral Health Hospitalization Discharge Profile:** Behavioral health (BH) hospitalizations provide another important indicator of community health status. In 2017, residents of the study region had 475 hospital discharges from Virginia community hospitals for behavioral health conditions. The leading diagnosis for these discharges was psychoses. Fatal drug overdoses are up in the service area and Virginia as a whole. Three of the last four years the service area had a higher rate of death by fatal overdose per 100,000 than Virginia as a whole.

- **Health Risk Profile:** Health behaviors have a tremendous impact on the state of a community's health. The service area has higher rates of obesity, smoking and physical inactivity than the Commonwealth as a whole. Within the service area, more than half of the school children are eligible for free lunches. Essex, Northumberland and Westmoreland counties have a higher rate of population facing food insecurities. With the notable exception of Westmoreland County, the HIV rate in the service area is significantly lower than across the rest of Virginia.

- **Uninsured Profile:** At any given point in time in 2016, an estimated 5,288 nonelderly residents of the study region were uninsured. This included an estimated 715 children and 4,573 adults. The estimated uninsured rates were 6.7% for children age 0-18, 14.3% for adults age 19-64, and 12.4% for the population age 0-64. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and to the 2014 rate reported in 2016.

- **Medically Underserved Profile:** Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designated by the U.S. Health Resources and Services Administration as being at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty, and the prevalence of seniors age 65+. Four of the five localities that overlap with the study region have been fully designated as MUAs/MUPs (Essex County, Northumberland County, Richmond County and Westmoreland County). Lancaster County did not qualify for MUA or MUP designation.

Demographic Profile

Trends in health-related demographics are instructive for anticipating changes in community health status. Changes in the size, age and racial/ethnic mix of the population can have a significant impact on overall health status, health needs and demand for local services. In order to have the most reliable data, the demographic profile was based on the census projections for Essex, Richmond, Lancaster, Northumberland and Westmoreland Counties as a whole instead of separating by individual ZIP codes within the counties.

As shown in Exhibit I-A, as of 2017, the study region included an estimated 61,480 people. The total population is projected to increase 3% by 2022. Focusing on age groups, a decline is projected for the 0-19 and 45-64 age groups while growth is anticipated for the 19-34, 35-44 and 65+ age groups, with seniors expected to increase more than 16% by 2022. Focusing on racial/ethnic background, growth is projected for all of the listed groups.

Community health is driven in part by community demographics. The age, sex, race, ethnicity, income and education status of a population are strong predictors of community health status and community health needs.

Exhibit I-B presents a snapshot of key health-related demographics of the study region compared to Virginia as a whole. Focusing on population rates, compared to Virginia as a whole, the study region is more rural, older, and less racially diverse. The study region also has a higher percentage of lower income households than Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and in the 2014 profile reported in the 2016 CHNA.

Exhibit I-A
Community Health Demographic Trend Profile, 2010-2022

Exhibit I-A Health Demographic Trend Profile for the Study Region, 2010-2022				
Indicator	**2010 Census**	**2017 Estimate**	**2022 Projection**	**% Change 2017- 2022**
Total Population	61,507	61,480	63,342	3.0%
Population Density (per Sq. Mile)	60.30	60.27	62.09	3.0%
Total Households	25,758	25,760	26,888	4.4%
Population by Age				
Children Age 0-19	12,719	11,699	11,542	-1.3%
Adults Age 19-34	8,744	9,418	9,949	5.6%
Adults Age 35-44	6,515	5,772	5,888	2.0%
Adults Age 45-64	19,023	17,868	16,458	-7.9%
Seniors Age 65+	14,506	16,724	19,505	16.6%
Population by Race/Ethnicity				
White	40,602	40,348	40,838	1.2%
Black/African American	18,237	17,841	18,702	4.8%
American Indian or Alaska Native	209	278	300	7.9%
Asian / Native Hawaiian / Other Pacific Islander	339	479	549	14.6%
Some Other Race	1,101	1,287	1,481	15.1%
Two or More Races	1,020	1,248	1,473	18.0%
Hispanic Ethnicity				

Exhibit I-B
Community Health Demographic Snapshot Profile, 2017

Exhibit I-B Health Demographic Snapshot Profile, 2017			
Indicator		**Study Region**	**Virginia**
Population Counts			
Total Population	Population	61,480	8,453,091
Age	Children Age 0-19	11,699	2,113,825
	Adults Age 19-34	9,418	1,796,873
	Adults Age 35-44	5,772	1,100,177
	Adults Age 45-64	17,868	2,245,888
	Seniors Age 65+	16,724	1,196,328
Sex	Female	31,278	4,294,256
	Male	30,202	4,158,836
Race	White	40,348	5,361,326
	Black	17,841	1,637,782
	American Indian or Alaska Native	278	32,518
	Asian / Native Hawaiian / Other Pacific Islander	479	554,158
	Some Other Race	1,287	306,572
	Two or More Races	1,248	290,736
Ethnicity	Hispanic Ethnicity	2,840	774,121
Income	Low Income Households (Households with Income < $25,000)	6,158	545,927
Education	Population Age 25+ Without a High School Diploma	8,212	696,580
Population Rates			
Total Population	Population Density (population per sq. mile)	60.27	207.06
Age	Children Age 0-19 percent of Total Population	19.0%	25.0%
	Adults Age 19-34 percent of Total Population	15.3%	21.3%
	Adults Age 35-44 percent of Total Population	9.4%	13.0%
	Adults Age 45-64 percent of Total Population	29.1%	26.6%
	Seniors Age 65+ percent of Total Population	27.2%	14.2%
Sex	Female percent of Total Population	50.9%	50.8%
	Male percent of Total Population	49.1%	49.2%
Race	White percent of Total Population	65.6%	66.6%
	Black percent of Total Population	29.0%	19.4%
	American Indian or Alaska Native percent of Total Population	0.5%	0.4%
	Asian / Native Hawaiian / Other Pacific Islander percent of Total Population	0.8%	6.6%
	Some Other Race percent of Total Population	2.1%	3.6%
	Two or More Races percent of Total Population	2.0%	3.4%
Ethnicity	Hispanic Ethnicity percent of Total Population	4.6%	9.2%
Income	Low Income Households (Households with Income <$25,000) percent of Total Households	23.9%	17.0%
Education	Population Age 25+ Without a High School Diploma percent of Total Population Age 25+	17.6%	12.1%
Note: Hispanic is a classification of ethnicity; therefore, Hispanic individuals are also included in the race categories.			

Mortality Profile

Mortality is one of the most commonly cited community health indicators. As shown in Exhibit I-C in 2016, the study region had 867 total deaths. The top five leading causes of death were malignant neoplasms of the lung or bronchus (lung cancer) (62), unspecified dementia (49), Alzheimer's disease (35), chronic obstructive pulmonary disease (35) and atherosclerotic heart disease (34). Study region crude and age-adjusted death rates per 100,000 were higher than the statewide rates for all deaths combined, and for each of the noted categories.

The 2016 mortality profile presented Exhibit I-C is generally comparable to the 2010 mortality profile reported in the 2012/2013 CHNA and the 2013 profile presented in the 2016 CHNA. Please note that the data for the 2013 and 2016 CHNAs was in combined categories, and the data is this analysis is at the sub-category level. When sub-categories are combined, cancer and heart disease continue to be the leading causes of death.

Exhibit I-C
Mortality Profile, 2016

Cause of Death	Study Area (2016)			Virginia (2016)		
	Number of Deaths	**Crude Death Rate per 100,000**	**Age Adjusted Death Rate per 100,000**	**Number of Deaths**	**Crude Death Rate per 100,000**	**Age Adjusted Death Rate per 100,000**
All Deaths	867	1428.7	759.1	66,473	790.2	715.5
Bronchus or lung, unspecified - Malignant neoplasms	62	102.2	52.2	3,727	44.3	38.1
Unspecified dementia	49	80.7	37.4	3,365	40.0	37.3
Alzheimer disease, unspecified	35	57.7	27.6	2,363	28.1	26.3
Chronic obstructive pulmonary disease, unspecified	35	57.7	27.6	2,528	30.1	27.0
Atherosclerotic heart disease	34	56	26.7	2,912	34.6	31.1
Acute myocardial infarction, unspecified	32	52.7	27.1	2,358	28.0	24.8
Congestive heart failure	30	49.4	23.1	1,605	19.1	17.4
Stroke, not specified as haemorrhage or infarction	29	47.8	22.6	1,692	20.1	18.5
Pneumonia, unspecified	19	*Unreliable / Number too small to calculate*		1,039	12.4	11.3
Colon, unspecified - Malignant neoplasms	15	*Unreliable / Number too small to calculate*		9769	11.6	10.3
Pancreas, unspecified - Malignant neoplasms	15	*Unreliable / Number too small to calculate*		1,056	12.6	10.8

Malignant neoplasm of the prostate	15	*Unreliable / Number too small to calculate*	310	3.7	3.4
Atherosclerotic cardiovascular disease, so described	14	*Unreliable / Number too small to calculate*	1,075	12.8	11.2
Non-insulin-dependent diabetes mellitus, without complications	12	*Unreliable / Number too small to calculate*	366	4.4	3.8
Stomach, unspecified - Malignant neoplasms	11	*Unreliable / Number too small to calculate*	254	3	2.7
Septicaemia, unspecified	10	*Unreliable / Number too small to calculate*	1177	14	12.6
Brain, unspecified - Malignant neoplasms	10	*Unreliable / Number too small to calculate*	388	4.6	4.1
Malignant neoplasm without specification of site	10	*Unreliable / Number too small to calculate*	831	9.9	8.7
SOURCE: Internal analysis of data from Centers for Disease Control and Prevention's WONDER online database wonder.cdc.gov					

Maternal and Infant Health Profile

Maternal and infant health indicators are another widely cited category of community health. As shown in Exhibit I-D, the study region had 566 total live births in 2016. Compared to Virginia as a whole, the study region had lower rates of births, higher rate of births to teens age 10-19 and higher rate of low weight births as a percent of all births.

Comparing the 2016 profile in Exhibit I-D to the 2010 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 12016 CHNA, the study region had similar rates for most maternal and infant health indicators.

Exhibit I-D
Maternal and Infant Health Profile, 2016

	Study Area (2016)	Virginia (2016)
Total Live Births	566	101,220
Rate of Live Births Per 100,000	9.21	12.2
Total Low Weight Births	62	8,266
Low Weight Birth as Percent of Total Births	11.0	8.2%
Total Live Births to Teens (age 10-19)	33	4,140
Teenage Birth Rate	11.3	7.9
Live Births to Teens Age <15	0	84
Live Births to Teens Age 15-17	3	1,346
Live Births to Teens Age 18-19	25*	4,199
Total Infant Deaths	4	593
Infant Death Rate	7.1	5.8
SOURCE: Internal analysis of data from the Virginia Department of Health www.vdh.gov/HealthStats/stats.htm		

Behavioral Health Hospitalization Discharge Profile

Behavioral health (BH) hospitalizations provide another important indicator of community health status. As shown in Exhibit I-E, residents of the study region had 475 hospital discharges from Virginia community hospitals for behavioral health conditions in 2016. The leading diagnosis for these discharges was psychoses (298). The BH discharge rate for the study region (7.73) was 2% below the Virginia rate (7.88).

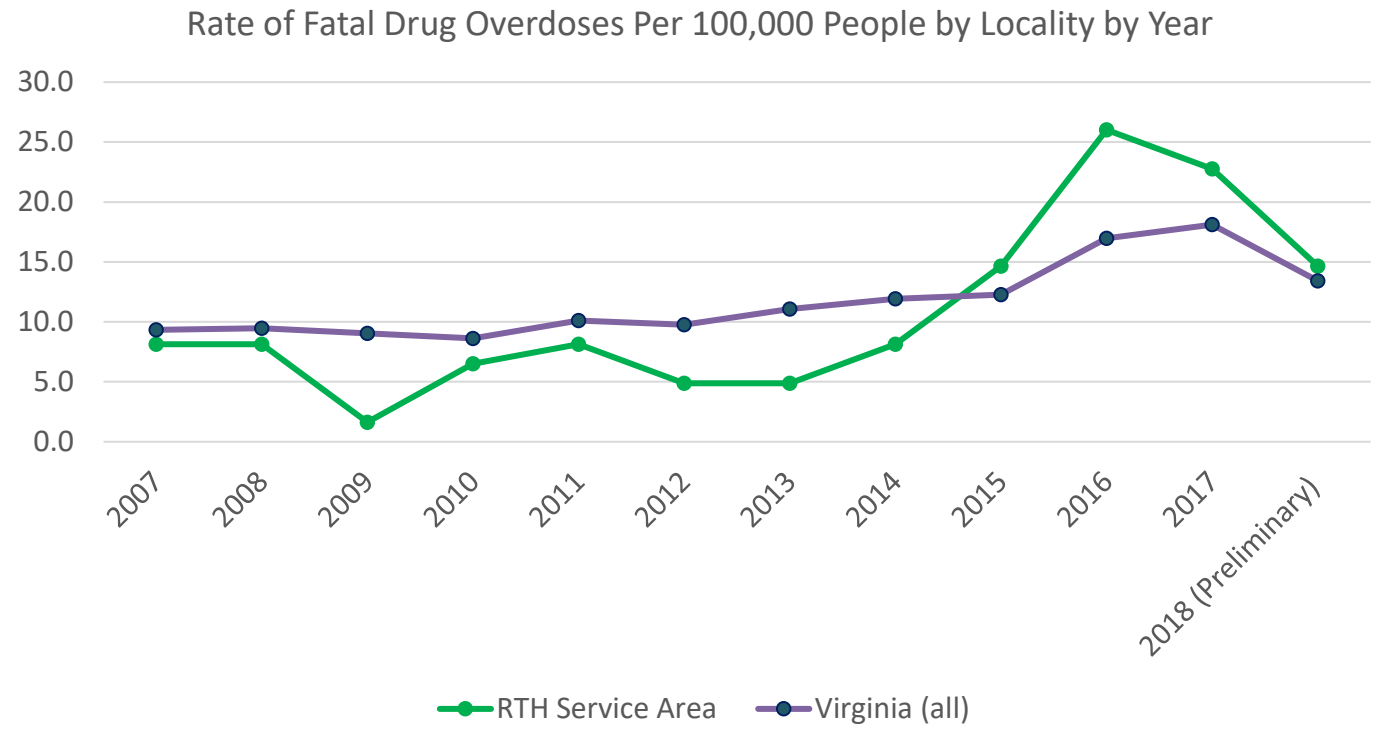
The leading causes of behavioral health hospitalization in 2017 were generally the same as in the 2011 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 2016 CHNA. A more detailed analysis of ranks and rates between the two study years is not feasible due to changes in diagnostic definitions and other technical factors.

Separate from the inpatient behavioral health admissions, it is important to also note the increase in ED visits from drug overdoses as well as the overall increase in deaths from drug overdoses since the last CHNA that has been seen across the Commonwealth. The Virginia Department of Health reports that Fatal Drug Overdose has been the leading cause of unnatural death in Virginia since 2013 and that opioids have been the driving force in this increase. VDH notes that statewide rural areas face higher deaths from illicit opioids while urban areas have higher impacts from Rx opioids.

Exhibit I-E
Behavioral Health Hospital Discharge Profile, 2017

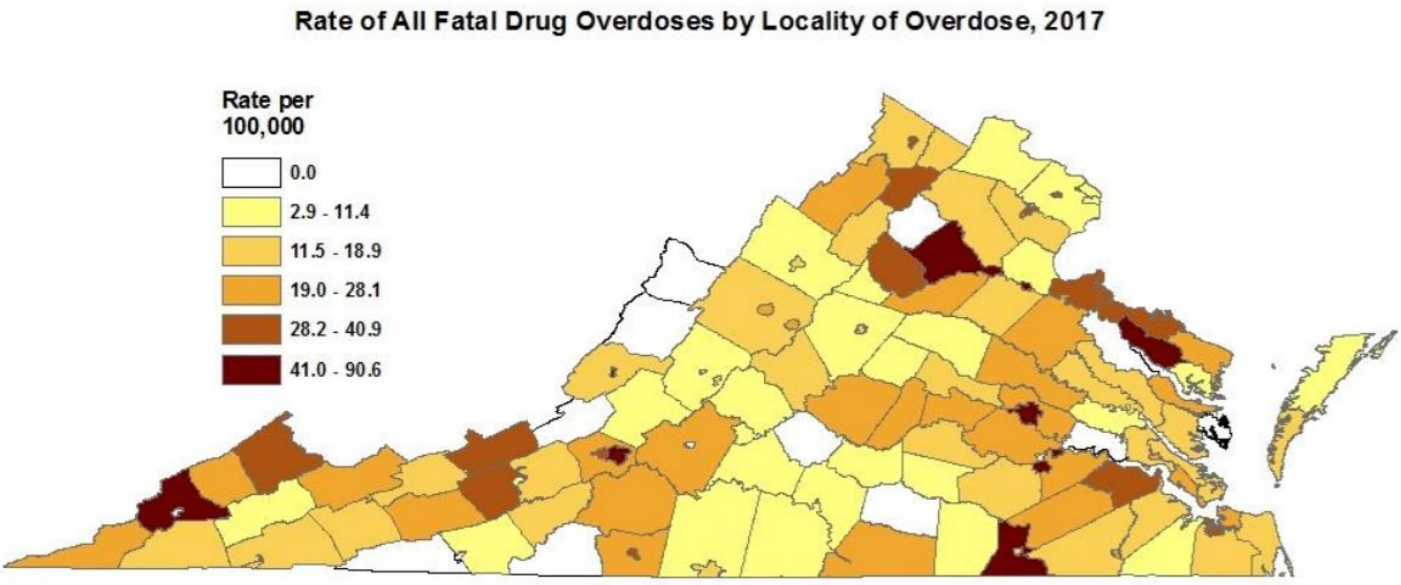
		Northern Neck Counties (2017)		Virginia (2017)	
DRG	DRG Description	Number of Inpatient Discharges	Crude Rate per 100,000	Number of Inpatient Discharges	Crude Rate per 100,000
	All inpatient behavioral health discharges	475	7.73	66,640	7.88
880	Acute adjustment reaction & psychosocial dysfunction	12	0.20	1,256	0.15
881	Depressive neuroses	50	0.81	4,737	0.56
882	Neuroses except depressive	14	0.23	2,149	0.25
883	Disorders of personality & impulse control	4	0.07	353	0.04
884	Organic disturbances & mental retardation	18	0.29	1,311	0.16
885	Psychoses	298	4.85	44,837	5.30
886	Behavioral & developmental disorders	0	0	334	0.04
887	Other mental disorder diagnoses	0	0	58	0.01
894	Alcohol / drug abuse or dependence, left AMA (Against Medical Advice)	7	0.11	844	0.10
895	Alcohol / drug abuse or dependence with rehabilitation therapy	1	0.02	873	0.10
896	Alcohol / drug abuse or dependence without rehabilitation therapy with MCC (Major Complicating Condition)	4	0.07	1,084	0.13
897	Alcohol / drug abuse or dependence without rehabilitation therapy without MCC	67	1.09	8,804	1.04
SOURCE: Inpatient Hospital Discharge data from Virginia Health Information (VHI), 2017					

Exhibit 1-F
Rate of Fatal Drug Overdoses per 100,000 (2007 - 2018)



Source: Virginia Department of Health Fatal Drug Overdose Report

Exhibit 1-G
Rate of Fatal Drug Overdoses by Locality of Overdose (2017)



Source: Virginia Department of Health, Office of the Chief Medical Examiner

Health Risk Profile

This section examines health risks for adults age 18+. Prevalence estimates of health risks, chronic disease and health status can be useful in developing prevention and improvement efforts. As shown in Exhibit I-H, estimates from 2016 indicate that substantial numbers of adults in the study region have health risks related to nutrition, weight, physical inactivity and tobacco. In addition, substantial numbers of adults have diabetes with the exception of Richmond County. The 2016 profile generally reflects the health risk patterns found in 2011 as reported in the 2012/2013 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

Exhibit I-H
Health Risk Profile, 2016

***Note: This data comes from a wide variety of sources. Most draw from years at least 2-3 years prior. Please note the sources and years for additional context for each measure.**

	Essex County	Richmond County	Lancaster County	Northumberland County	Westmoreland County	Virginia (All)
Diabetes: % of adults that report having been diagnosed with diabetes						
2013	13.0%	11.0%	14.2%	13.8%	12.9%	9.6%
2016	13.4%	8.6%	11.5%	14.0%	9.9%	9.4%
2019	14.4%	9.7%	11.9%	13.4%	12.2%	10.0%
Obesity: % of adults that report a BMI >= 30						
2013	32.5%	28.0%	28.5%	34.8%	33.7%	28.1%
2016	29.5%	26.9%	27.0%	33.4%	34.1%	27.3%
2019	37.0%	28.0%	30.0%	28.7%	33.8%	28.8%
Excessive Drinking: % of adults that report excessive or binge drinking						
2013	6.7%	13.9%	10.4%	10.8%	17.8%	15.9%
2016	13.9%	17.8%	15.0%	14.0%	16.9%	16.6%
2019	17.8%	15.1%	14.1%	13.7%	14.8%	17.4%
Physical Inactivity: % of adults that report being physically inactive						
2013	28.6%	22.7%	26.8%	26.9%	29.1%	24.0%
2016	29.9%	22.3%	23.4%	29.2%	27.0%	22.2%
2019	25.7%	23.2%	25.4%	26.6%	29.7%	21.6%
Food Insecurity: % of adults that report worrying that they will						
2013						
2016	13.8%	8.7%	9.7%	14.5%	16.4%	11.9%
2019	15.2%	7.8%	8.3%	14.5%	16.7%	10.6%
Free School Lunch: % of children eligible to receive free lunch at school						
2013	58.1%	44.2%	63.9%	43.8%	56.1%	30.8%
2016	61.0%	13.4%	32.0%	52.5%	49.2%	32.1%
2019	68.3%	21.5%	40.8%	59.2%	62.7%	41.2%

	Essex County	Richmond County	Lancaster County	Northumberland County	Westmoreland County	Virginia (All)
Smoking: % of adults that smoke						
2013	15.4%	9.4%			24.4%	18.3%
2016	19.4%	15.2%	15.2%	19.2%	20.7%	19.5%
2019	17.0%	19.6%	13.4%	13.8%	17.2%	15.3%
HIV Rate: HIV+ Individuals per 100,000 population						
2013	137	438	183	166	92	307
2016	189	100		270	582	320
2019	219	97	165	257	479	308
Mammography: % of Female Medicare Enrollees Ages 65-74 That Had a Screening Mammogram (NOTE – changed data source in 2019)						
2013	72.4%	73.8%	72.9%	62.7%	66.8%	66.0%
2016	73.0%	72.0%	73.0%	59.0%	66.0%	63.0%
2019	49.0%	55.0%	49.0%	50.0%	42.0%	43.0%
Mental Health Provider Ratio: The number of Mental Health Providers Population Ratio						
2013			1897:1	6177:1	17455:1	2216:1
2016	5552:1	1701:1	4418:1	1358:1	835:1	685:1
2019	5514:1	639:1	1199:1	12275:1	17780:1	628:1
Preventable Hospitalizations: Number of Hospital Stays for Ambulatory Care Sensitive Conditions per 100,000 Medicare Enrollees (NOTE: reporting switched from per 1,000 in 2013 & 2016 to per 100,000 in 2019)						
2013	62	42	43	61	42	58
2016	38	35	35	36	38	49
2019	4364	3905	3820	3893	5089	4,454
Violent Crime Rate: The number of violent crimes per 100,000 population						
2013	135	125	63	267	604	233
2016	195	121	74	273	476	200
2019	211	119	155	181	139	207

Uninsured Profile

Decades of research show that health coverage matters when it comes to overall health status, access to health care, quality of life, school and work productivity, and even mortality. Exhibit I-I shows the estimated number of uninsured individuals by income in the study region as of 2016. At a given point in time in 2016, an estimated 5,288 nonelderly residents of the study region were uninsured, including 715 children and 4,573 adults. The estimated uninsured rates were 6.7% for children age 0-18, 14.3% for adults age 19-64, and 12.4% for the population age 0-64. This is a higher rate in every category than Virginia has as a whole. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and the 2014 rate reported in the 2016 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

Exhibit I-I
Uninsured Profile (Estimates), 2016

	Study Area (2016)		Virginia (2016)	
	Number of Uninsured	% of Total Population In Age Group	Number of Uninsured	% of Total Population In Age Group
Children (Age 0-18)	715	6.7%	94,398	4.9%
Adults (Age 19-64)	4,573	14.3%	606,611	11.8%
All Under 65	5,288	12.4%	701,009	9.9%
SOURCE: Urban Institute for the Virginia Health Care Foundation, based on the 2016 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). www.vhcf.org/wp-content/uploads/2018/03/VHCF-Final-Tables-2016-28Feb2018.pdf				

Medically Underserved Profile

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designations used by the U.S. Health Resources and Services Administration to identify populations at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty and the prevalence of seniors age 65+.

As shown in Exhibit I-J, four of the five localities that overlap with the zip code study region have been fully designated as Medically Underserved Areas (Essex, Northumberland, Richmond and Westmoreland counties). Lancaster County does not have any designation as an MUA / MUP. For a more detailed description, visit the U.S. Health Resources and Service Administration designation webpage at http://muafind.hrsa.gov/.

Exhibit I-J
Medically Underserved Areas Profile, 2016

Locality	MUA / MUP Designation	Index of Medical Underservice Score
Essex County	Medically Underserved Area	61.2
Lancaster County	No Designation	
Northumberland County	Medically Underserved Area	49.6
Richmond County	Medically Underserved Area	58.2
Westmoreland County	Medically Underserved Area	59.8
SOURCE: United States Health Resources and Service Administration muafind.HRSA.gov		

Community Input

In an effort to obtain community input for the study, a community survey was conducted. This survey data is an important way to ensure the members of the community have a voice in the CHNA, but it is important to note that this is not a representative sample so the input should be considered as qualitative and directional data only. That said, the insight and consistency in responses still proves helpful in prioritizing the issues to address.
Due to the overlap of service areas, a joint survey was developed by the Peninsula Community Health Collaborative (PCHC). The PCHC is comprised of representatives from Bon Secours Hampton Roads, The Children's Hospital of the Kings' Daughters, Riverside Health System, Sentara Healthcare, local organizations such as the United Way and the Foodbank as well as multiple districts of the Virginia Department of Health.

The survey participants were asked to provide their perspective on:

- Community Health Issues affecting Adults
- Community Health Services for Adults that need to be strengthened
- Community Health Issues affecting Children and Teens
- Community Health Services for Children and Teens that need to be strengthened
- Issues that affect individuals access to care in the community
- Vulnerable populations in the community that need additional services or support
- Community Assets that need to be strengthened

In prior years, response rates to each health system's survey was low, and there had been feedback that people did not like answering multiple surveys that asked basically the same question. In response to this concern, the PCHC allowed the health systems to work together and create a more streamlined approach to garnering community input for the CHNA process.

There were two versions of the survey created, one aimed at key community health stakeholders, leaders and clinicians, and one for the broader community. The stakeholder survey was sent directly to 1,670 identified individuals across southeast Virginia. The invitation was emailed from the Virginia Department of Health and included a letter signed by the CEOs of the four area health systems and the Medical Director of two local health districts. The stakeholders included local leaders in government, law enforcement, education, business, behavioral health, and civic groups as well as clinicians and other community health figures leaders. Additionally, the community survey was promoted on the hospital websites and on social media for the hospitals and health department. Riverside also followed up with a number of individuals personally to ensure their participation in the survey.

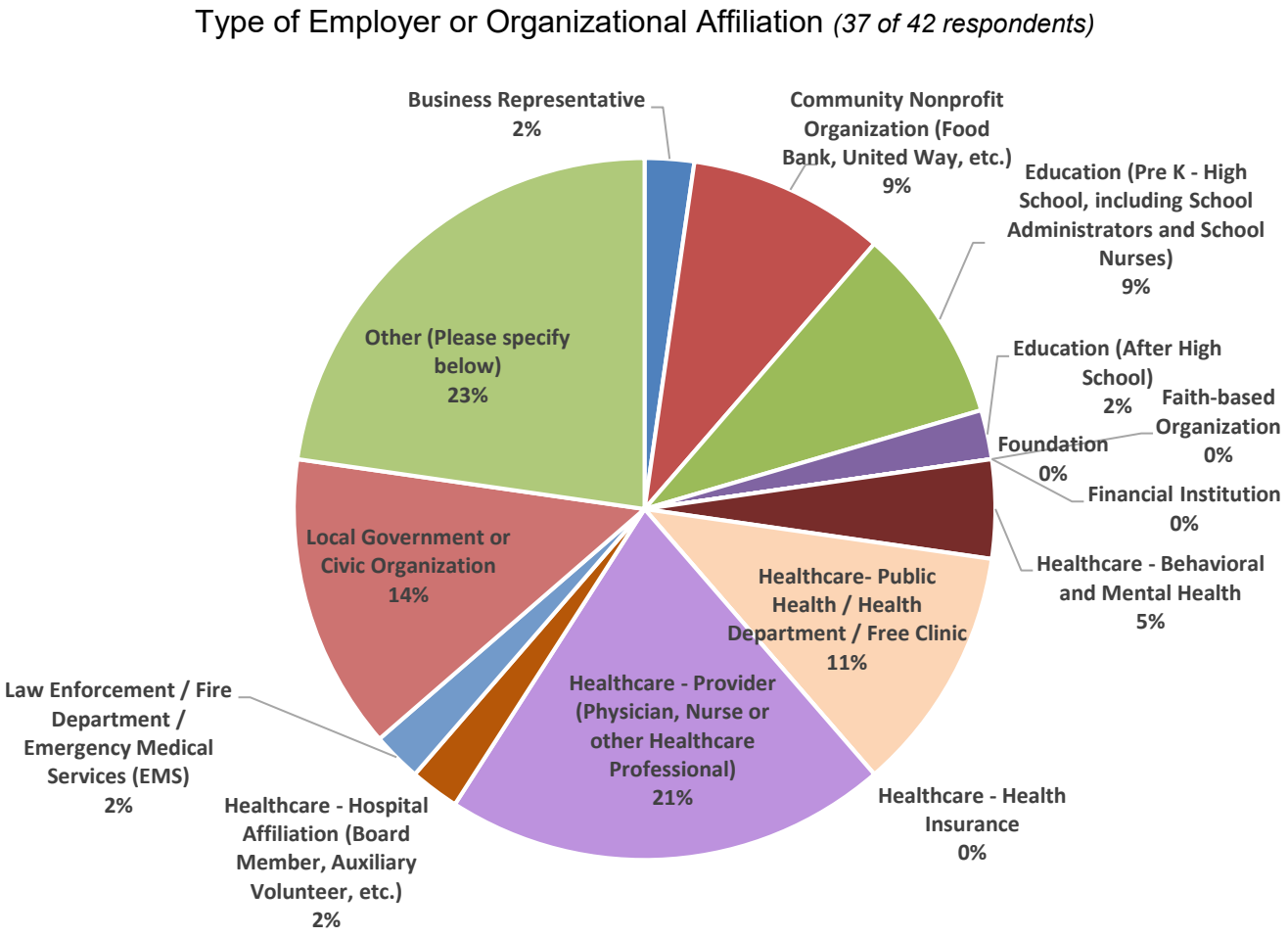
The survey was facilitated using SurveyMonkey, and online survey tool. Each survey asked respondents to identify the community they were answering for when they took the survey. This allowed the same survey to be used across multiple regions and for multiple hospitals. Once the survey was closed, each hospital was able to filter the data to only use the responses relevant to their unique service area.

Survey Respondents

The survey was open between October 23, 2018 and December 14, 2018. During that time, 42 respondents completed the stakeholder survey and four respondents took the community survey who identified areas within RTH's service area as their community. This response size is similar to the 2016 response when 47 respondents completed the survey.

Community respondents were not asked to identify their organizational affiliations, but the key stakeholders were asked that question. Where completed, the responses are included in the appendix as written by the respondents. The breakdown of the types of organizations is included in the Exhibit II-A.

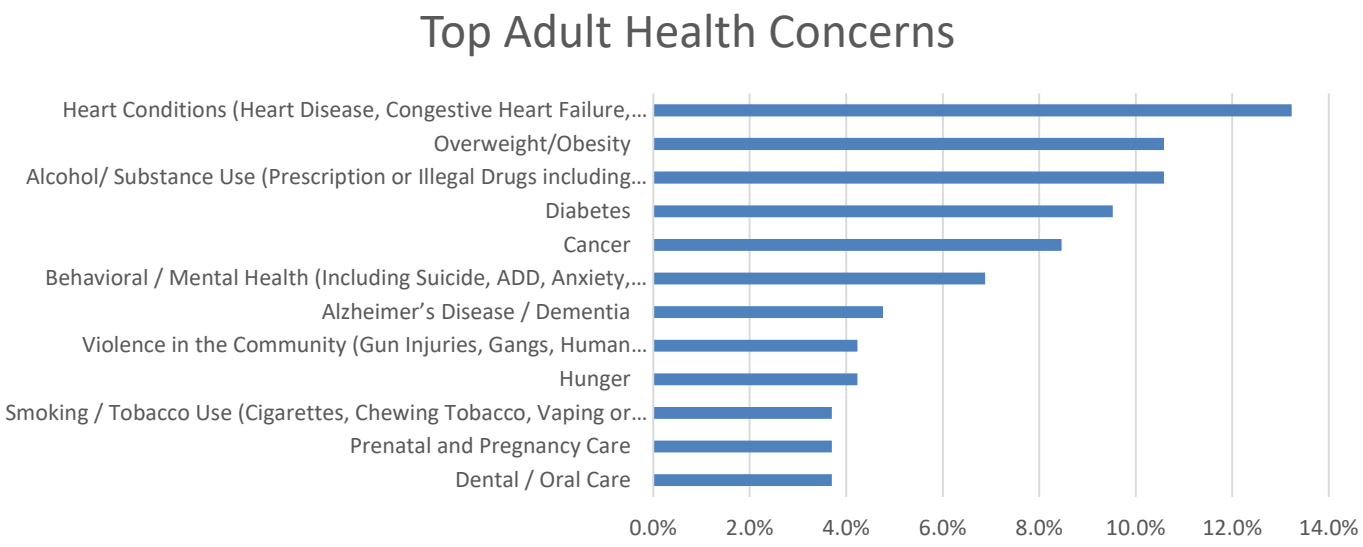
Exhibit II-A
Employer Affiliation of Survey Respondents



Community Health Issues Affecting Adults

Survey respondents were asked to review a list of common community health issues affecting adults aged 18 and over. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from a provided list up to five issues they viewed as the most important health concerns affecting adults in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - B shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

Exhibit II-B
Top Community Health Issues Facing Adults
38 of 46 respondents with up to 5 priorities each; 189 responses

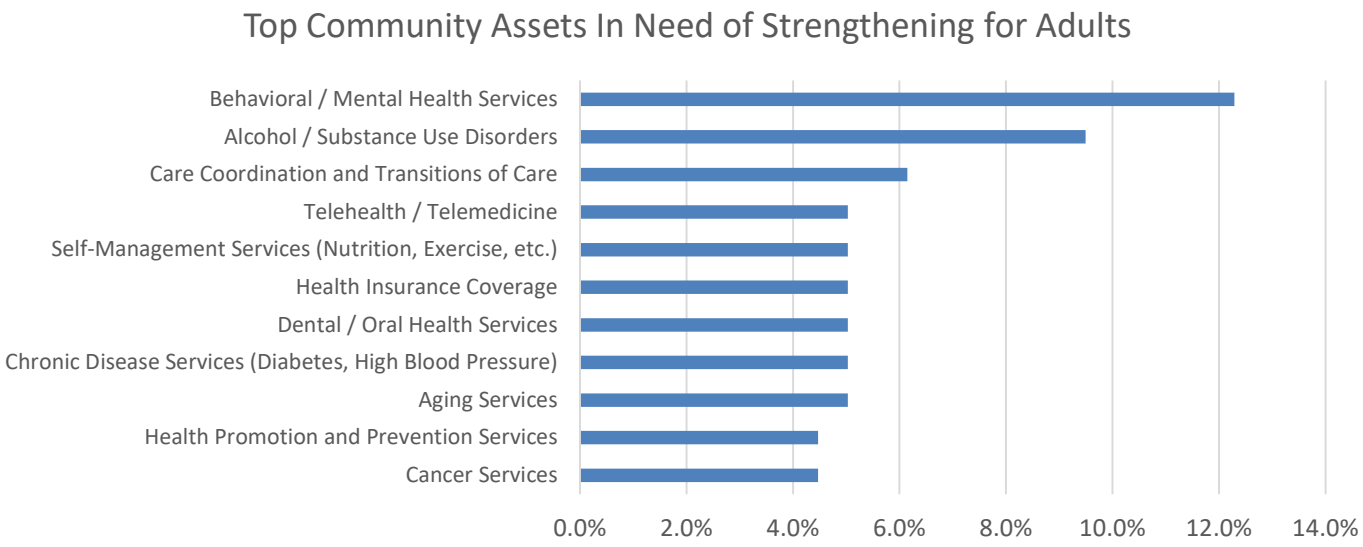


Community Health Services for Adults

Survey respondents were asked to review a list of community services that are typically important for addressing the health needs of adults in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - C shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-C
Top Community Health Services for Adults In Need of Strengthening

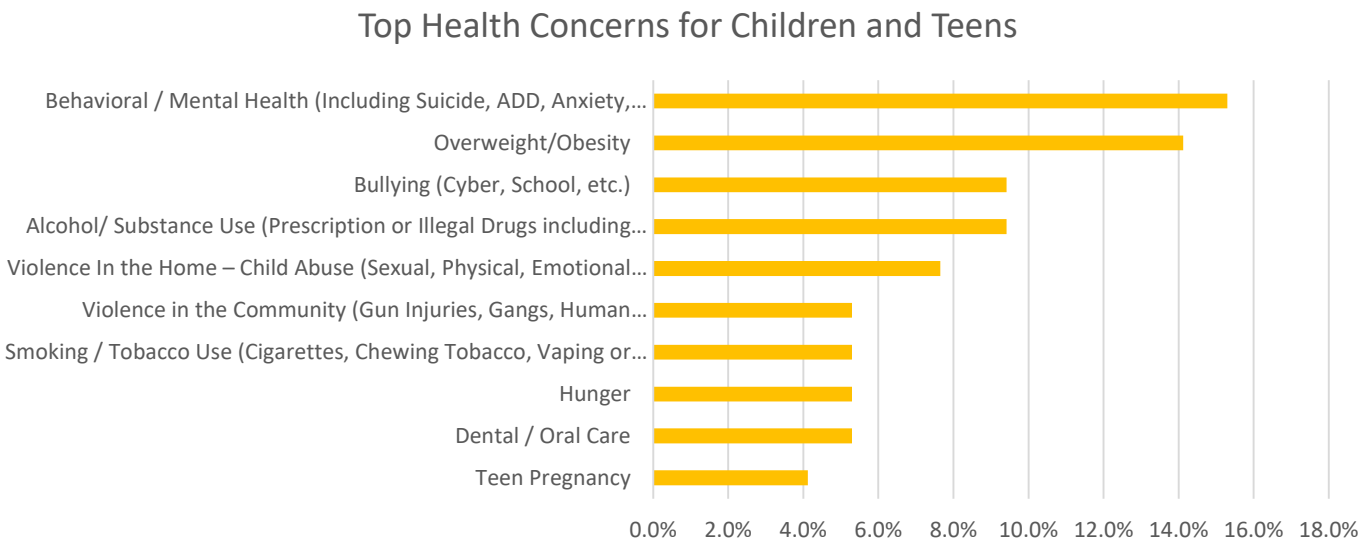
36 of 46 respondents with up to 5 priorities each; 179 responses



Community Health Issues Affecting Children & Teens

Survey respondents were asked to review a list of common community health issues affecting children and teens, ages 0 - 17. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from the list up to five issues they viewed as the most important health concerns in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - D shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

Exhibit II-D
Top Community Health Issues Affecting Children and Teens
35 of 46 respondents with to five answers each; 170 responses

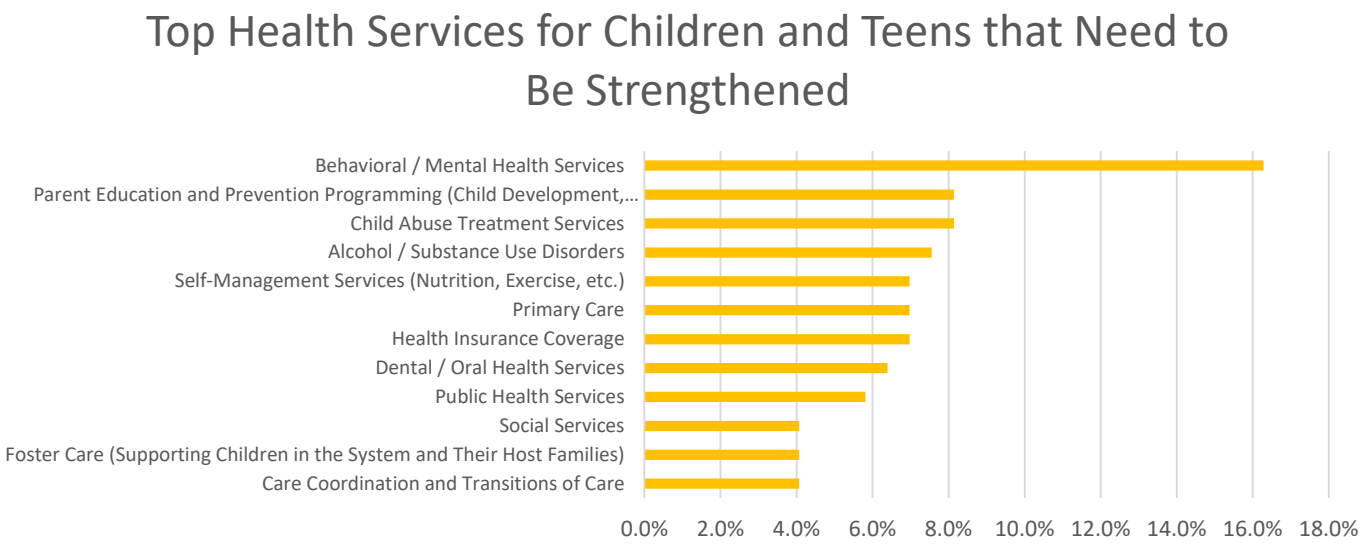


Community Health Services for Children & Teens

Survey respondents were asked to review a list of community services that are typically important for addressing the health needs children and teens in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - E shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-E
Top Community Health Services for Children and Teens In Need of Strengthening

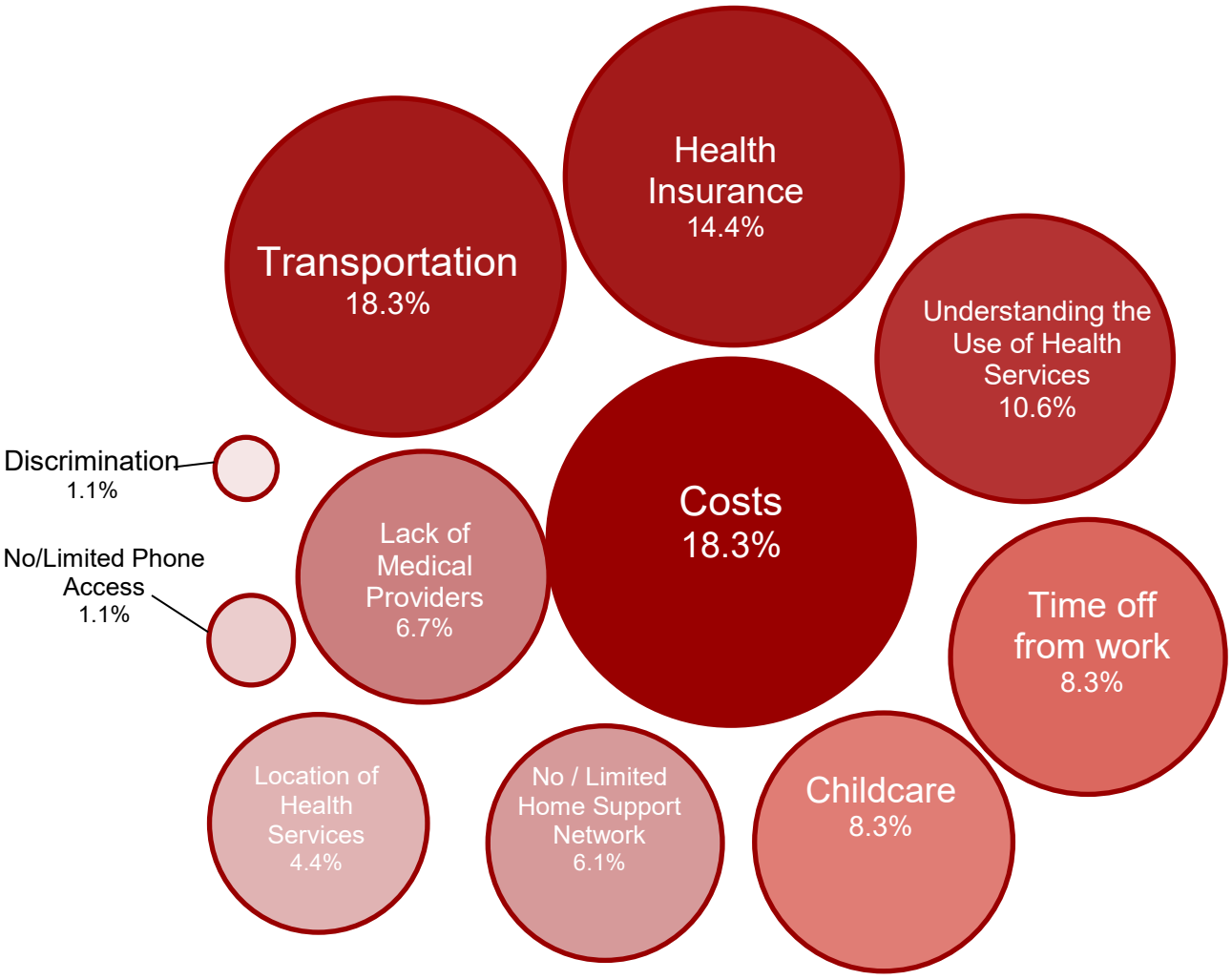
35 of 46 respondents with up to five responses each; 172 responses



Community Issues Affecting Access to Healthcare

Survey respondents were asked to review a list of issues that may affect the ability for individuals to access healthcare. The survey asked respondents to identify from the list up to five issues they viewed as most affecting access to healthcare in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II-F shows the issues affecting access to care as they were ranked by the survey respondents. See **appendix** for all survey responses.

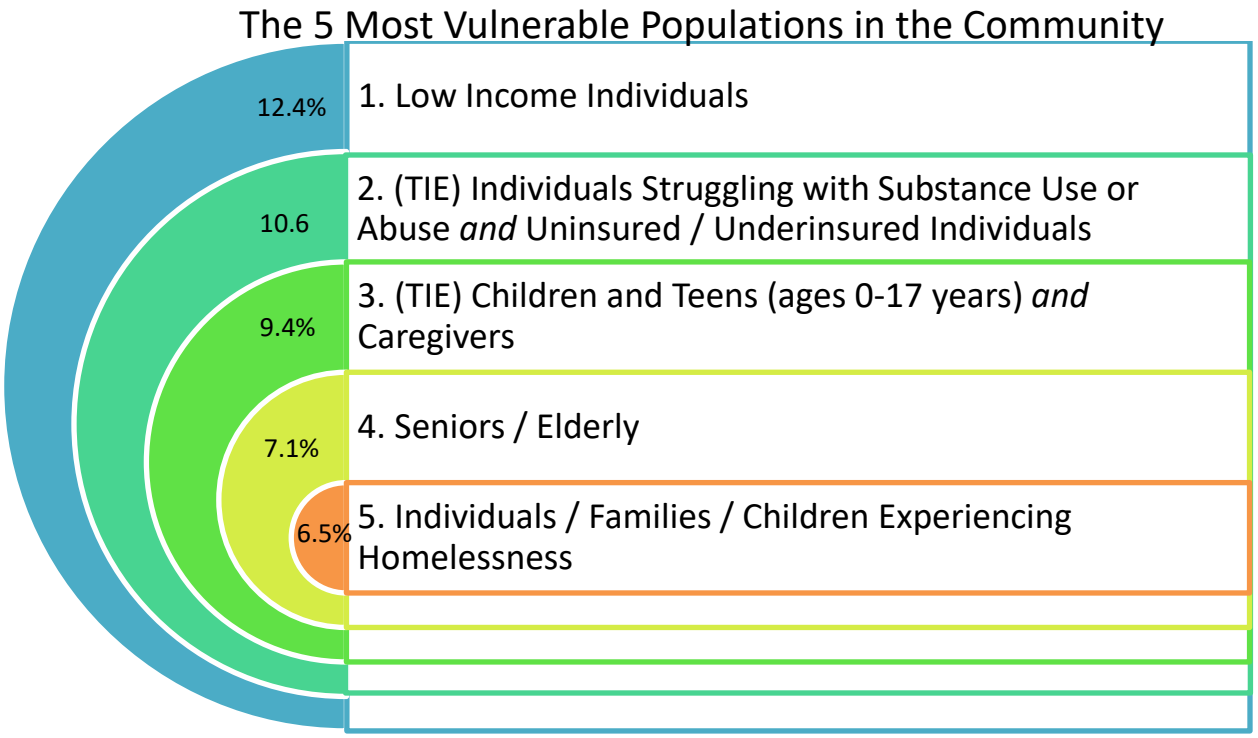
Exhibit II-F
Top Community Issues Impacting Access to Healthcare
36 of 46 respondents with up to five responses each; 180 responses



Vulnerable Populations

Survey respondents were asked to review a list of populations that may need additional services or support to maintain their health. Respondents were asked to identify from the list the five populations they think are most in need of additional services or support in their community. Respondents were also invited to identify additional populations not already defined on the list. Exhibit II-G shows the five populations most frequently indicated as being in need of additional services or support. See **appendix** for all survey responses.

Exhibit II-G
Five Most Vulnerable Populations in the Community
35 of 46 respondents with up to five responses each; 170 responses

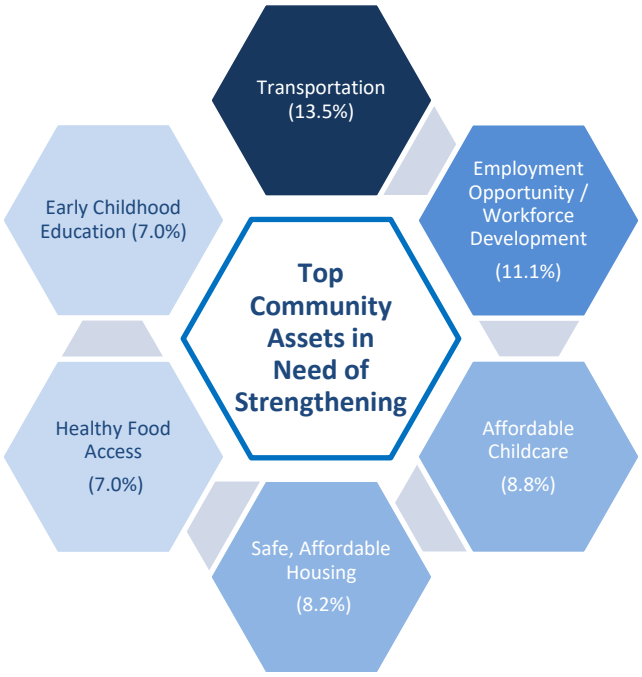


Percent of respondents that indicated the population is in need of additional support

Health Assets in the Community

Survey respondents were asked to review a list of assets outside of the direct provision of health care that may impact health. Respondents were asked to identify from the list the five community health assets they think are most in need of strengthening in their community. Respondents were also invited to identify additional community health assets not already defined on the list. Exhibit II-H shows the five community health assets most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

Exhibit II-H
Top Community Health Assets In Need of Strengthening
35 of 46 respondents with up to five responses each; 171 responses



Progress Made From the 2016 Implementation Plan

An important component of the 2019 CHNA is to review the work accomplished since the 2016 Implementation Plan. There were six focus areas as part of the 2016 Implementation Plan for the Tappahannock and Northern Neck area.

Mental Health

As in the rest of the country, mental health is perceived as an underserved health need across the Middle Peninsula and Northern Neck regions. In Virginia, the Community Services Board (CSB) system is charged with serving the uninsured and seriously mentally ill across the commonwealth. Locally, the Middle Peninsula Northern Neck Community Services Board serves the ten county region from Colonial Beach to Gloucester Point. The CSB has identified the three largest obstacles to be a lack of funding, the lack of Medicaid expansion in Virginians a lack of qualified staff (and the long term funding to support them). Riverside worked with legislators and employers in the region advocating the expansion of Medicaid which did pass in Virginia in 2018.

Healthy Lifestyle/Obesity/Diabetes

The population across the Northern Neck region struggles with obesity and obesity-related conditions, such as hypertension and diabetes. Riverside offered a host of community education lectures and screenings throughout the counties in collaboration with community partners covering a broad range of health topics. RTH also supported The Ledwith Lewis Free Clinic with testing and blood work for diabetics and those individuals who are at risk to become diabetic. The Riverside Medical Group also provided primary care services.

Healthy Aging

The objective defined by the multi-disciplinary group of community representatives is to promote ongoing collaboration and communication among agencies, providers and organizations. Riverside offered F.A.M.I.L.I.E.S. Counseling Program for caregivers of person's living with dementia, as well as a supported a chronic condition care management program in collaboration with Bay Rivers.

Transportation

Transportation was considered to be a critical community health issue. Without transportation, not only is someone not able to reach medical appointments, but they have limited access to grocery stores, medication and employment opportunities. Bay Transit is a part of the Regional Resource Council and is an important cornerstone in the community. During the 2016 CHNA implementation timeframe, Bay Transit, a division of Bay Aging, and Riverside Tappahannock Hospital celebrated the opening of a new bus shelter at the hospital. In addition, Bay Transit has expanded its travel route in the region to improve access.

Housing

The group recognizes the important role safe and reliable housing plays in the region and wants to ensure that Bay Housing continues to be a part of community health conversations. Again, it was noted that the Regional Resource Council, which also includes Bay Housing, is an important catalyst of key communications between community organizations. In the 2016 CHNA implementation timeframe, the Northern Neck/Middle Peninsula Housing Coalition received the Capacity Building Grant through Bay Aging enabling the funding of a consultant who assisted with the completion of a strategic plan. Recommendations are complete and the next step is to seek the funding for the actual housing projects.

Middle Peninsula/Northern Neck Regional Resource Council

The process of working through the various issues continued to highlight the importance of the community working in collaboration with the existing community assets in the region. The Middle Peninsula/ Northern Neck Regional Resource Council was noted as an existing group that had the potential to continue to address all of these issues if attendance and participation was increased. Team members from Riverside attended scheduled meetings and added information to the Regional Resource Council's online directory. The organizer of the Regional Resource Council retired in the summer of 2019 and work is being directed through the individual county resource councils.

Prioritization of the 2019 Significant Health Needs

In order to appropriately review the health indicator data and community survey input, the administrative leadership team of Riverside Tappahannock Hospital compiled the list of most critical needs in the community. Looking at both the quantitative and qualitative results and comparing them with the current community initiatives underway in the study region, the six areas of focus were confirmed as major priorities. Riverside Tappahannock leadership is very engaged and collaborates extensively with Three Rivers Health District, Bay Aging, The Ledwith Lewis Free Clinic, Bay Rivers Telehealth Alliance, Middle Peninsula Northern Neck Community Service Board and other local agencies and organizations.

After the six areas of focus were identified, a review of current action steps and resources were examined and through input from the hospital leaders, the priority area was validated. Further, the leadership team of the hospital has ongoing meetings with local officials, employers and community non-profits to name a few. There will continue to be ongoing collaboration with community partners in the action steps identified and the resources allocated for the focus area.

IMPLEMENTATION STRATEGY

Strategy Process for Addressing Prioritized Health Needs

In the prioritization process, Riverside engaged with stakeholders who have professional knowledge of the state-of-health care in the Northern Neck/Tappahannock region, including local non-profit agencies focused on health services, primary care and specialty providers, and others focused on services for the aging population and telemedicine.

Following the prioritization of health needs by the Administrative team at RTH, the next step was to develop an implementation strategy. Conversation touched on obstacles faced by community members and by the community organizations that are engaged in addressing the issues, and focused on additional work to be done to advance the efforts.

Through the conversation around existing efforts, the stakeholders determined that existing plans for addressing key needs were strong, and that supporting the community organizations that were already working on the needs was a priority along with expanded efforts identified through the quantitative and qualitative results of the 2019 CHNA study.

Significant Health Need To Be Addressed

- Lung Cancer
- Diabetes, Obesity and Improved Nutrition
- Aging Services
- Heart Disease, Cardiovascular Health and Chronic Obstructive Pulmonary Disease
- Opioid Abuse
- Telehealth/Telemedicine

Significant Health Needs Not Being Addressed

Not every need identified in the CHNA process can be addressed as a priority area. Due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem, the following issues were not identified as priorities:

- Maternal and Infant Health
- HIV
- Alcohol/Substance Use Disorders
- Food Insecurities

Additionally, issues that did not rank as top health indicator problems in the quantitative analysis or noted as perceived community health issues in the survey are not going to be addressed as a part of the 2019 CHNA and Implementation Strategy. Examples of these areas include:

- Stroke
- Violent Crime
- Dental/Oral Care
- Health Insurance Coverage
- Hunger
- Chronic pain
- Foster Care
- Discrimination

Initial Implementation Strategy

Background information, action steps and anticipated resources are noted.

Lung Screenings

Background:

Lung cancer is the leading cause of death in the Tappahannock/Northern Neck study area and there is a higher rate of smoking in the communities.

Action Steps & Resources:

Riverside has been offering low-dose CT screenings to patients who may have an increased risk of developing lung cancer. These screenings may help Riverside physicians spot lung cancer sooner, when it is more treatable. In late 2018, Riverside began participating with the PenLung registry which allows for Riverside to accept Medicare and Medicaid patients. This expanded the availability to care for a much broader population in the Northern Neck/Tappahannock region.

Diabetes, Obesity and Improved Nutrition

Background:

As the health indicator data notes, the population across the Northern Neck region struggles with obesity and obesity-related conditions, such as diabetes. With the exception of Richmond and Lancaster counties, there are higher rates of food insecurities. Many initiatives are currently in place to help educate the population about the importance of good nutrition and maintaining a healthy weight. This topic was noted in the 2016 CHNA as a continuing need.

Action Steps & Resources:

RTH will continue the Healthy Living/ Healthy Eating Program with The Ledwith Lewis Free Clinic. RTH will expand the program for high risk diabetics by enhancing the testing and lab work creating baselines for this high risk population and monitoring the effectiveness of the program. The program includes education, shopping assistance and free food in coordination with the Healthy Harvest Food Bank.

Aging Services

Background:

Tappahannock and surrounding counties are among the oldest served by the Riverside Health System. The 65+ population is expected to grow by almost 17%. Moreover, dementia and Alzheimer's are among the top five leading causes of death.

Action Steps & Resources:

Riverside will continue to promote the F.A.M.I.L.I.E.S. program supporting the caregivers of individuals living with dementia. Educate and create awareness about the respite program available to the region for families at the Orchard Assisted Living Community. Create awareness about the Bay Aging Day Care Center for older adults. RTH and the staff at the Orchard Healthy Aging Community will assess and catalog all the services and programs available in the region for individuals living with Alzheimer's and dementia to determine resources and future needs.

Heart Disease, Cardiovascular Health and COPD

Background:

Heart disease and chronic obstructive pulmonary disease are among the leading causes of death.

Action Steps & Resources:

RTH will implement the ambulatory care management program for CHF and COPD using respiratory care and registered nurse staff in the Riverside Medical Group primary care practices. RTH will also participated in the Bay Rivers Telehealth Alliance Bridges to Cardiovascular Health Program. This program integrates Riverside clinical providers, care managers, Bay Aging Health Coaches and the use of remote patient monitoring to address patients with congestive heart failure.

Opioid Abuse

Background:

The study region has had a higher rate of fatal drug overdoses in the past four years that Virginia as a whole. The Virginia Department of Health reports that Fatal Drug Overdose has been the leading cause of unnatural death in Virginia since 2013 and that opioids have been the driving force in this increase. VDH notes that statewide rural areas face higher deaths from illicit opioids and has also created overcrowding in emergency departments.

Action Steps & Resources:

RTH will participate in the Bay Rivers Telehealth Alliance Opioid Abuse Prevention and Treatment Program.

Telehealth/Telemedicine

Background:

In the qualitative survey of key stakeholders in the study region, telehealth and telemedicine were identified as community assets that needed strengthening for adults.

Action Steps & Resources:

RTH will continue participating in the Bay Rivers Telehealth Alliance School based Telehealth Program. This program is focused on the delivery of primary care and behavioral health care to students in four northern neck area school systems. Riverside will also expand the use of telemedicine to improve access to health care resources through the various activities of Bay Rivers Telehealth Alliance and Riverside Telehealth programming.

Questions, Comments and Copies

To view an electronic copy of this document, please visit www.riversideonline.com/community_benefit.

For questions or comments on this Community Health Needs Assessment and Implementation Plan, please contact Riverside Tappahannock Hospital at 804- 443-3311 or via the comments section on www.riversideonline.com/community_benefit.

To obtain a paper copy, write or visit Riverside Tappahannock Administration located at 618 Hospital Road, Tappahannock, VA 22560.

Appendices

Appendix A

Specific Organizational Affiliations of Respondents *(as entered by respondents on the survey)*
American Diabetes Association
Bay Rivers Telehealth Alliance
Bon Secours Mercy Health, Mary Immaculate Hospital
BOS
CHKD
CHKD
Essex County
Essex County School Board
EVMS
EVMS
King and Queen Social Services
Middle Peninsula Northern Neck CSB
Northumberland Emergency Services
Olde Town Medical and Dental Center
Organization
Peninsula Metropolitan YMCA
Peninsula Metropolitan YMCA
Richmond County
Riverside Health System
Riverside Tappahannock Hospital
School Board
The Orchard – A Riverside Healthy Living Community
Virginia Career Works – Greater Peninsula
Virginia Cooperative Extension
Virginia Oral Health Coalition
Westmoreland County Public Schools
WIC

Appendix B

Community Health Issues Affecting Adults (Ages 18+) Ranked by Survey Respondents		
Note: 38 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	59.72%	43
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	56.94%	41
Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	50.00%	36
Overweight / Obesity	50.00%	36
Diabetes	47.22%	34
Cancer	34.72%	25
Alzheimer's Disease / Dementia	20.83%	15
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	20.83%	15
Dental / Oral Care	18.06%	13
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	16.67%	12
Accidents / Injuries (Unintentional)	13.89%	10
Respiratory Diseases (Asthma, COPD, Emphysema)	13.89%	10
Hunger	12.50%	9
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	11.11%	8
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	11.11%	8
Chronic Pain	8.33%	6
Prenatal and Pregnancy Care	8.33%	6
Violence – Sexual and / or Domestic	8.33%	6
Intellectual / Developmental Disabilities / Autism	6.94%	5
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	5.56%	4
Other Health Problems: Please share other health concerns if they are not listed	5.56%	4
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	4.17%	3
Physical Disabilities	4.17%	3
Bullying (Cyber, Workplace, etc)	1.39%	1
Drowning / Water Safety	1.39%	1

Other Health Issues Affecting Adults (Ages 18+): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.
How did Women's health and health care disparities not make this list
Nothing to add

I'm responding to these questions from my experience working with our local homeless population. A population that is rarely captured in these types of assessments.

Appendix C

Community Health Services for Adults (Ages 18+) In Need of Strengthening Ranked by Survey Respondents		
Note: 36 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health Services	61.43%	43
Alcohol / Substance Abuse Services	44.29%	31
Health Insurance Coverage	34.29%	24
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	32.86%	23
Care Coordination and Transitions of Care	31.43%	22
Aging Services	30.00%	21
Health Promotion and Prevention Services	27.14%	19
Dental / Oral Health Services	24.29%	17
Self-Management Services (Nutrition, Exercise, etc.)	24.29%	17
Long Term Services / Nursing Homes	18.57%	13
Domestic Violence / Sexual Assault Services	17.14%	12
Home Health Services	17.14%	12
Social Services	17.14%	12
Telehealth / Telemedicine	15.71%	11
Hospice and Palliative Care Services	14.29%	10
Cancer Services	12.86%	9
Chronic Pain Management Services	11.43%	8
Family Planning and Maternal Health Services	11.43%	8
Primary Care	10.00%	7
Public Health Services	10.00%	7
Hospital Services (Inpatient, outpatient, emergency care)	8.57%	6
Other Community Health Services: Please share other needed community health services if they are not listed	8.57%	6
Pharmacy Services	4.29%	3
Physical Rehabilitation Services	2.86%	2
Bereavement Support Services	0.00%	0

Other Community Health Services for Adults (Ages 18+): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on their above selections.
Hospital obstetrics services-deliveries.
In the rural areas of Eastern Virginia, access to services is essential. Through the use of telemedicine access to many services available in urban areas may be increased empowering patients to address complex issues, coordinate care across settings and sectors, and improve self-care
Women's Health
Transportation is a critical barrier to health care for many of our patients.
Many of our clients have long-standing untreated substance abuse and mental health concerns. This requires a depth of svcs that don't appear to be available or we do not know how to access them.

Appendix D

Community Health Issues Affecting Children & Teens (Age 0 - 17) Ranked by Survey Respondents		
Note: 35 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression)	81.43%	57
Overweight / Obesity	57.14%	40
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	50.00%	35
Bullying (Cyber, Workplace, etc)	41.43%	29
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	34.29%	24
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	30.00%	21
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	27.14%	19
Accidents / Injuries (Unintentional)	24.29%	17
Intellectual / Developmental Disabilities / Autism	24.29%	17
Hunger	21.43%	15
Dental / Oral Care	18.57%	13
Respiratory Diseases (Asthma and Cystic Fibrosis)	14.29%	10
Teen Pregnancy	11.43%	8
Diabetes	10.00%	7
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	8.57%	6
Drowning / Water Safety	7.14%	5
Eating Disorders	5.71%	4
Other Health Problems: Please share other health concerns if they are not listed above. Also, please use this space to provide any additional information on your above selections.		4
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	4.29%	3
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	4.29%	3
Cancer	1.43%	1
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.43%	1
Physical Disabilities	1.43%	1
Chronic Pain	0.00%	0
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	0.00%	0

Other Health Issues Affecting Children & Teens (Ages 0 – 17): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.
none

Appendix E

Community Health Services for Children & Teens (Age 0 - 17) In Need of Strengthening Ranked by Survey Respondents		
Note: 35 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health Services	84.06%	58
Child Abuse Prevention and Treatment Services	49.28%	34
Parent Education and Prevention Programming	49.28%	34
Alcohol / Substance Use Services	46.38%	32
Self-Management Services (Nutrition, Exercise, etc.)	42.03%	29
Foster Care (Supporting children in the system and their host families)	33.33%	23
Dental / Oral Health Services	27.54%	19
Social Services	27.54%	19
Care Coordination and Transitions of Care	21.74%	15
Primary Care	20.29%	14
Public Health Services	18.84%	13
Health Insurance Coverage	14.49%	10
Telehealth / Telemedicine	14.49%	10
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	10.14%	7
Other Community Health Services: Please share other needed community health services if they are not listed	10.14%	7
Chronic Pain Management Services	8.70%	6
Home Health Services	7.25%	5
Cancer Services	2.90%	2
Bereavement Support Services	1.45%	1
Pharmacy Services	1.45%	1
Physical Rehabilitation Services	0.00%	0

Other Community Health Services for Children & Teens (Ages 0 – 17): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on your above selections.
Violence prevention and gun safety education Palliative care services
Schools are a primary source of care and support for children and teens in rural areas. By improving the health infrastructure of rural schools through telemedicine, schools can be equipped to support physical, behavioral, dental and chronic disease care services, teaching children at a young age how to be healthier adults.
Water Safety/Drowning Prevention Tween/Teen Leadership Programs
Transportation remains a barrier to health care for teens.

Appendix F

Community Issues Affecting Access to Healthcare Ranked by Survey Respondents		
Note: 36 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Costs	87.14%	61
Transportation	75.71%	53
Health Insurance	61.43%	43
Understanding the Use of Health Services	57.14%	40
Time Off From Work	55.71%	39
Childcare	50.00%	35
Lack of Medical Providers	31.43%	22
No / Limited Home Support Network	31.43%	22
Location of Health Services	22.86%	16
No / Limited Phone Access	2.86%	2
Discrimination	1.43%	1

Access Issues: Respondents were asked to use this space to provide any additional information on why they selected these concerns.
Lack of providers in Rural areas
Stigma
Poor broadband and cellular reception in rural areas make it difficult to access services that might be available via telemedicine, which could overcome several of these access obstacles such as transportation, time off from work, etc.

Appendix G

Vulnerable Populations In Need of Additional Services or Support Ranked by Survey Respondents		
Note: 35 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Low Income Individuals	62.86%	44
Individuals Struggling with Substance Use or Abuse	52.86%	37
Uninsured / Underinsured Individuals	51.43%	36
Individuals / Families / Children experiencing Homelessness	47.14%	33
Seniors / Elderly	41.43%	29
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	40.00%	28
Children (age 0-17 years)	35.71%	25
Immigrants or community members who are not fluent in English	27.14%	19
Individuals with Intellectual or Developmental Disabilities	21.43%	15
Unemployed Individuals	20.00%	14
Individuals Transitioning out of Incarceration	14.29%	10
Individuals Needing Hospice / End of Life Support	12.86%	9
Victims of Human Trafficking, Sexual Violence or Domestic Violence	12.86%	9
Individuals with Physical Disabilities	11.43%	8
Veterans and Their Families	11.43%	8
Individuals Struggling with Literacy	10.00%	7
Migrant Workers	10.00%	7
Other Vulnerable Populations: share other vulnerable populations if they are not listed	7.14%	5
Individuals in the LBGTQ+ community	5.71%	4

Other Vulnerable Populations: Respondents were asked to share other vulnerable populations if they were not listed above or to use this space to provide any additional information on their above selections.
The VA just terminated funding for the Veteran's connected program for rural veterans to access care in their communities. Only 8-10% of veterans in the rural areas of Eastern Virginia are enrolled in VA services at the VAMC's in Hampton or Richmond. These populations are at increased risk of not accessing health services because they are no longer being paid for.

Appendix H

Community Health Assets In Need of Strengthening Ranked by Survey Respondents		
Note: 35 of 46 respondents answered this question.		
Answer Options	Response Percent	Response Count
Transportation	58.57%	41
Affordable Child Care	41.43%	29
Affordable Housing	41.43%	29
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	41.43%	29
Employment Opportunity/Workforce Development	38.57%	27
Homelessness	35.71%	25
Neighborhood Safety	27.14%	19
Senior Services	27.14%	19
Social Services	27.14%	19
Early Childhood Education	25.71%	18
Education – Kindergarten through High School	22.86%	16
Social and Community Networks	22.86%	16
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	21.43%	15
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	18.57%	13
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc)	14.29%	10
Public Safety Services (Police, Fire, EMT)	11.43%	8
Education – Post High School	5.71%	4
Other Community Assets: share other community assets if they are not listed	5.71%	4
Green Spaces	2.86%	2
Environment – Air & Water Quality	1.43%	1
Public Spaces with Increased Accessibility for those with Disabilities	1.43%	1
Housing Affordability & Stability	0.00%	0

Other Community Assets: Respondents were asked to share other community assets if they were not listed above or to use this space to provide any additional information on their above selections.
health safety net

Appendix I

Respondents were asked to express any final comments or closing ideas
Bay Rivers Telehealth Alliance has conducted a number of Community Needs Assessments related to the provision of Telemedicine in the Northern Neck, Middle Peninsula and Eastern Shore related to Care Transitions, Geriatric Care, Rural Opioid Planning and School Based Health Services. In addition, we have developed a comprehensive data base for all of Eastern Virginia on the Veteran Population beyond the statistics of the Veterans Administration. If we can be of support in the Needs Assessment by sharing any of this information
There is little vocal effective advocacy for patients ages 19-64.
Special Interest Alert: for my area of concern, having Health Navigators to assist our clients in working through our local health care systems would be valuable. When ppl are stressed and distressed, having someone to help you understand and know what steps are needed re eligibility and how to accomplish those steps is key to them being able to access health care and social services. The ability to view the system from the perspective of the user is paramount in effectively serving others. Thanks for conducting this survey!