



Executive Summary: Community Health Needs Assessment and Improvement Plan

FY 2025-2027

11/15/2024



Introduction

VCU Health Community Memorial Hospital has completed a detailed **Community Health Needs Assessment (CHNA)** and **Community Health Improvement Plan (CHIP)** for the six-county region it serves.

This executive summary presents key findings and outlines goals and strategies from the CHIP. The assessments are an essential opportunity for VCU Health to engage with the community, lift up the voices of community members, and develop an action plan to address pressing health needs.

Community Health Needs Assessment

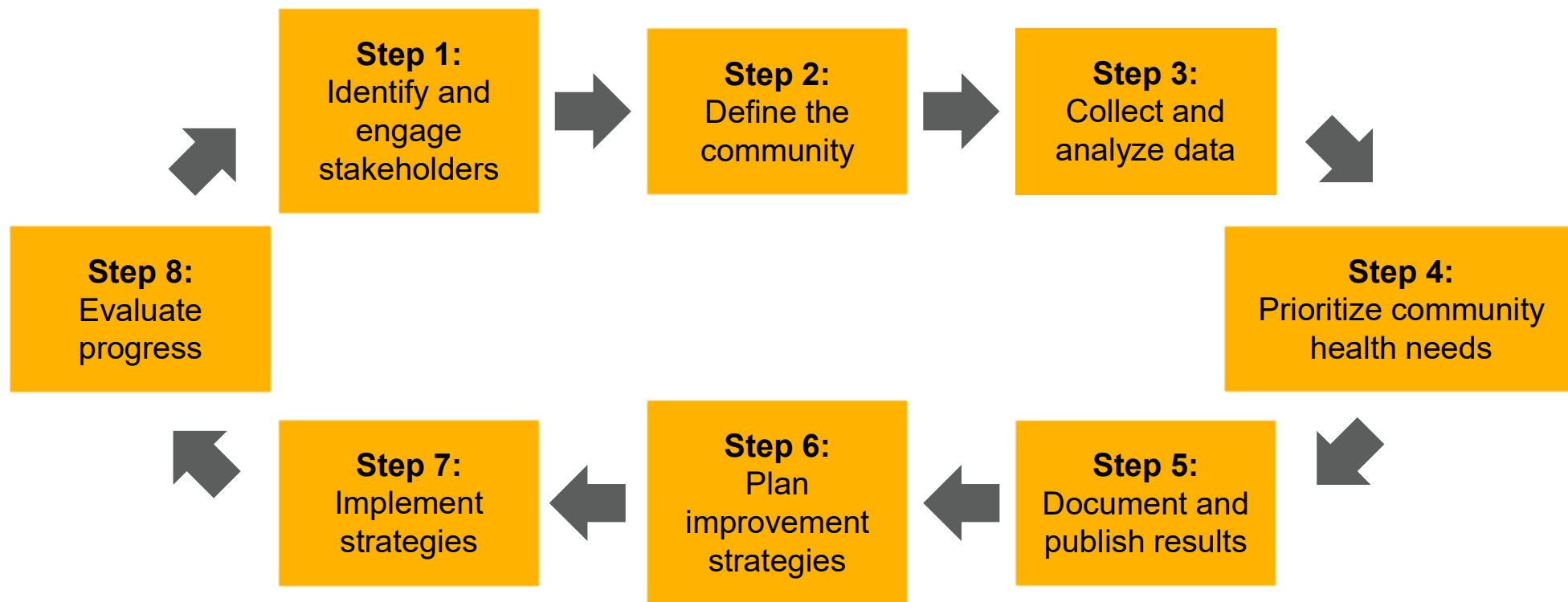
Community Health Needs Assessment: Purpose

The purpose of the CHNA is to:

- Engage and collaborate with the community
- Systematically identify health needs and disparities within the region
- Inform interventions to support the health of the community



Community Health Needs Assessment: Process Overview



Community Health Needs Assessment: Defined Region of Study

The CHNA covers a six-county area, including Brunswick, Charlotte, Lunenburg, Mecklenburg, Nottoway, and Warren (North Carolina) counties, with a combined population of approximately 102,549 residents.



Estimated 2023 Population	
Total	102,549
Brunswick (VA)	15,623
Charlotte (VA)	11,271
Lunenburg (VA)	11,762
Mecklenburg (VA)	30,096
Nottoway (VA)	15,480
Warren (NC)	18,317

Community Health Needs Assessment: Methods

The assessment employed a multifaceted approach:

- Secondary data review from reliable sources **to understand health disparities and trends.**
- Surveys and focus groups with community residents **to capture personal experiences and perceptions.**
- Input from a Community Advisory Council* and stakeholders **to incorporate professional insights and recommendations.**

**The Community Advisory Council acted as a steering group. Their input ensured that the community's voice was centered on our decisions.*

Community Health Needs Assessment: Identified Needs

Access to care

- Screening and prevention
- Primary, dental, mental health, and specialty care

Mental health

- Depression, anxiety, suicide
- Drug overdose
- Substance use

Health outcomes and disparities

- Chronic conditions
- Healthy behaviors
- Maternal and infant health
- Mortality
- Oral health

Social drivers of health

- Food insecurity
- Housing insecurity
- Rural community
- Transportation access
- Violence and safety

Community Health Needs Assessment: Top Priorities

Heart Disease



Based on the identified needs, the Community Advisory Council and hospital leadership selected three priorities and two overarching goals.

Mental Health



These were prioritized based on community readiness, which considers existing programming in the community, the anticipated ability to create a positive impact, initial ideas for improvement, the presence of willing partners, and alignment with the hospital's initiatives.

Maternal and Infant Health



We recognize that there are pressing needs that we cannot prioritize at this time. As community readiness increases and opportunities arise to address those needs, VCU Health will work to incorporate new strategies into our CHIP.

Focus populations:

Low income and Black or African-American residents

Community Health Needs Assessment: Heart Disease

Overall trends:

- Compared to statewide rates, the study region saw higher rates of coronary heart disease, diabetes, and high blood pressure.

Heart Disease *Risk* Factors Identified:

- 80% of stakeholders** rated obesity as a top concern, while **53% of community residents** identified services for **weight control** as a top need.
- Publicly available health data revealed higher rates of **chronic obstructive pulmonary disorder** in the Tappahannock region.

Publicly available heart disease data:

County	Coronary Heart Disease (age adjusted)	Diabetes (age adjusted)	High Blood Pressure (age adjusted)
Brunswick County	6.2%	14.0%	40.3%
Charlotte County	6.0%	12.2%	36.5%
Lunenburg County	6.4%	13.2%	38.8%
Mecklenburg County	5.7%	12.2%	37.5%
Nottoway County	6.2%	13.2%	38.9%
Virginia Study Region	6.0%	12.9%	38.3%
Virginia	4.8%	9.90%	31.70%

Community Health Needs Assessment: Mental Health

Overall trends:

- Concerns around mental health conditions and care access were frequently identified in the study.
- Higher death rate for suicide compared to statewide rates.
- All counties in study region are reported as mental health care professional shortage areas.

Community Resident and Stakeholder Feedback:

- One of the most frequently identified concerns was access to mental health care
- **60%** of residents and **75%** of stakeholders reported **mental health care access** as a top need
- **82%** of stakeholders reported **mental health conditions** as a top concern

Publicly mental health data:

County	Adults (age 18+) with poor mental health in past 30 days	Adults (age 18+) with a history of depression
Brunswick County	18.0%	20.1%
Charlotte County	18.7%	23.6%
Lunenburg County	18.5%	22.4%
Mecklenburg County	17.7%	21.7%
Nottoway County	17.9%	21.4%
Virginia Study Region	18.0%	21.7%
Virginia	15.3%	20.5%

Community Health Needs Assessment: Maternal and Infant Health

Overall trends:

- Low birth weights, preterm births, and the higher rate of infant deaths all contributed to Maternal and Infant Health being prioritized as a top health need.
- National trends show racial disparities in maternal health, with non-Hispanic African American women experiencing worse outcomes than other groups.

Publicly Available Data on Maternal and Child Health

County	Low Birth Weight (by Percent of Live Births)	Preterm Births (by Percent of Live Births)	Teen Pregnancy (per 1,000 Population)	Infant Deaths (Rate per 1,000)
Brunswick County	15.5%	13.2%	29.5	Not Reported
Charlotte County	10.7%	9.0%	25.4	Not Reported
Lunenburg County	5.6%	12.3%	28.9	Not Reported
Mecklenburg County	14.0%	15.7%	29.5	Not Reported
Nottoway County	7.6%	11.0%	17.9	Not Reported
Virginia Study Region	11.3%	12.3%	26.4	9.01
Virginia	8.5%	9.6%	15.3	5.98

Existing Health Disparities Among African-Americans

Health disparities can be defined as particular types of health differences that are closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health.

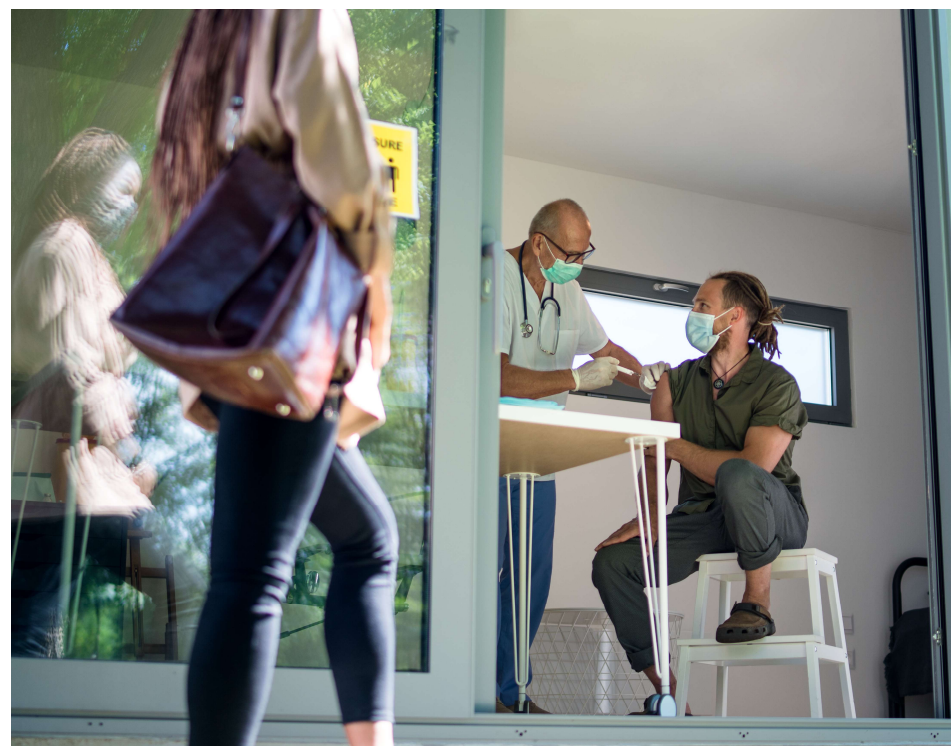
Indicator	Geographic Level Available	Non-Hispanic White	Non-Hispanic Black/African American
Poverty Rate			
Population in Poverty	Virginia Study Region	8%	16%
Child Population in Poverty	Virginia Study Region	8%	25%
Infant and Child Mortality			
Infant mortality per 1,000 live births 2022	Virginia	4.93	12.09
Child Mortality per 100,000 children age 1-9	Virginia	16.9	27.6
Cancer			
Cancer Incidence per 100,000 pop., 2016-2020	Virginia	407.8	428
Cancer Mortality, Age-Adjusted Rate per 100,000 pop. 2016-2020	Virginia Study Region	172.9	198.2
Mental Health Outcome Disparities			
Self-harm and suicide-related ED visit rate per 100,000 population age 5+ (2023)	Virginia	685.8	1088.3

Community Health Improvement Plan

Community Health Improvement Plan Framework

The purpose of the CHIP is to:

- Take actionable steps to address the prioritized needs from the CHNA
- Initiate collaborative programs to resolve health needs through partnerships
- Provide education, information, and resources to the impacted populations
- Assess the initiatives impact on health disparities and maintain continues engagement with the community



Community Health Improvement Plan: Overarching Goals

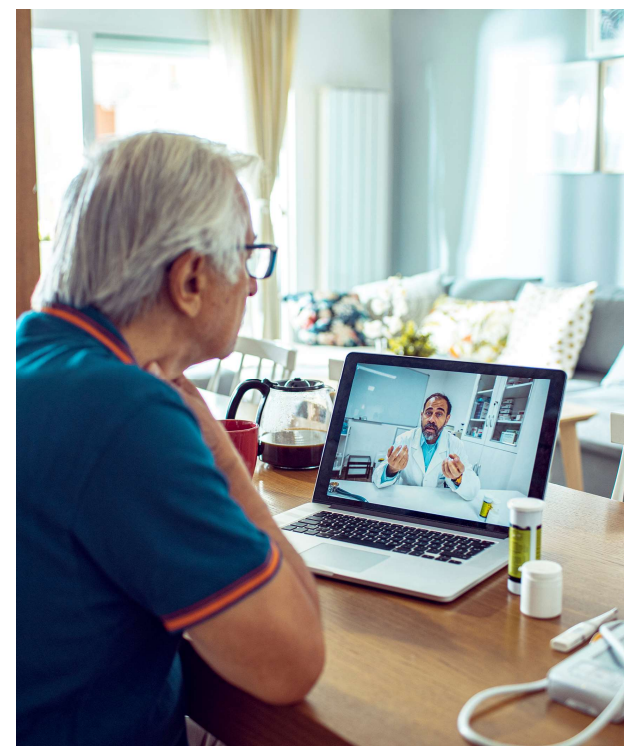
1. Increase access to clinical care, including screening, prevention and treatment.
2. Improve community-based support services including healthy eating, exercise, walkable spaces, smoking or vaping cessation, health literacy, food security and transportation.



Community Health Improvement Plan: Goal 1 Strategies

Strategies to increase access to clinical care include:

- 1. Expand telehealth services by increasing provider capacity and remote access to care**
Example: Deploy a second telehealth nurse practitioner and expand access in acute, ambulatory and mobile settings.
- 2. Implement programs focused on improving pregnancy outcomes and child health development**
Example: Convene an internal hospital committee that focuses on improving health outcomes in pregnant women.



Community Health Improvement Plan: Goal 1 Strategies

Strategies to increase access to clinical care include:

3. Enhance screening and prevention programs

Example: Offer enhanced case management to coordinate care for patients that are at higher risk of readmission, including patients with heart disease.

4. Leverage student training to increase clinical capacity and attract medical professionals to the region

Example: Launch a general medicine residency program with VCU in 2025.

5. Increase access to mental health resources

Example: Reopen Behavioral Health clinic and hire three behavioral health nurse practitioners.



Community Health Improvement Plan: Goal 2 Strategies

Strategies to improve community-based support services include:

- 1. Collaborate with local stakeholders to support community-based initiatives**

Example: Build or support coalitions that seek to improve health and wellness for patients and our communities

- 2. Community resource connectivity and advocacy**

Example: Screen patients for health-related social needs when receiving care



Conclusion: Continual Engagement and Progress

Ongoing process: VCU Health Community Memorial Hospital is committed to continuous improvement based on the CHNA and CHIP findings. We recognize that health needs evolve, and our strategies will adapt to meet these changes.

Collaboration opportunities: We invite community members, organizations, and other stakeholders to engage with us. Whether you have ideas, resources, or feedback, your involvement is crucial to the success of our health improvement efforts.

Learn more: [Go to the VCU Health Community Memorial Hospital website](#) for more details and updates on how these initiatives are going.

Contact us

For more information, to ask questions, or to join our efforts, please reach out. We are always open to hearing from you and exploring new ways to collaborate.

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