HEALTH

Improving People's Health

Appendix D

LIVE UNITED
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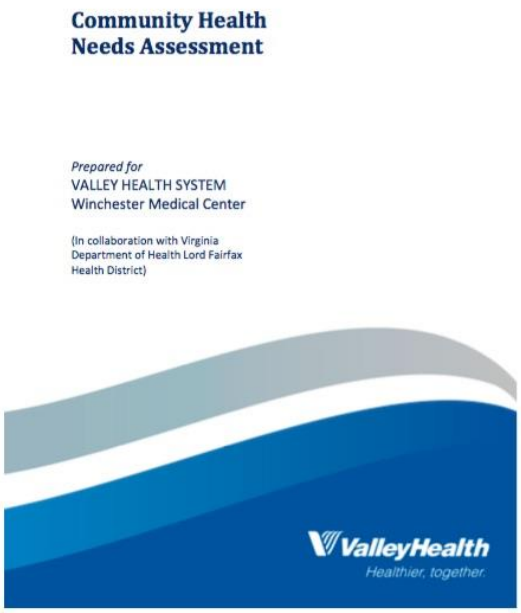
APPENDIX D - TABLE OF CONTENTS

VALLEY HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

We'd like to thank Valley Health Systems for their incredible work preparing their Community Health Needs Assessment in collaboration with Virginia Department of Health Lord Fairfax Health District. This community health needs assessment (CHNA) was conducted to identify community health needs and to inform the subsequent development of an implementation strategy to address identified priority needs. The hospital's assessment of community health needs also responds to community benefit regulatory requirements.



Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.[1]

United Way NSV and our collaborating partners used the Valley Health Community Health Needs Assessment as a basis for the information contained in this section. We are incredibly grateful that they invited us to be a part of their process and that they gave us the ability to use the data as a part of our report.

You can view their full report and implementation strategies on their website - http://www.valleyhealthlink.com/About-Us/Community-Benefits/Community-Health-Needs-Assessment.aspx

[1] Valley Health, Community Health Needs Assessment, 2016

COUNTY HEALTH RANKINGS

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America. The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.[2]

County Health Rankings 2016

Health outcomes in the County Health Rankings represent how healthy a county is. They measure two types of health outcomes: how long people live (length of life) and how healthy people feel while alive (quality of life).[3]

- Health factors in the County Health Rankings represent what influences the health of a county. It measures four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures.[4]
- Health Behavior rankings include the following metrics: alcohol & drug use, diet & exercise, sexual activity, tobacco and insufficient sleep.
- Clinical Care rankings include the following metrics: access to care and quality of care.
- Social & Economic rankings include the following metrics: community safety, education, employment, family & social support and income.
- Physical Environment rankings include the following metrics: air & water quality and housing & transit. Physical environment metrics changes from 2013, built environment has changed to housing and transit, environment quality has changed to air and water quality.

The rankings are based on the 134 Virginia counties.

The key for all County Rankings:

Key	
Top 25th Percentile of VA Counties (best) Numeric Ranking (1-34)	
25th to 49th Percentile of VA Counties Numeric Ranking (35-67)	
50th to 74th Percentile of VA Counties Numeric Ranking (68-100)	
Bottom 25th percentile of VA counties (worse) Numeric Ranking (101-134)	

[2] County Health Rankings, About Project, 2016, http://www.countyhealthrankings.org/about-project
[3] County Health Rankings, Health Outcomes, 2016, http://www.countyhealthrankings.org/our-approach/health-outcomes
[4] County Health Rankings, Health Factors, 2016, http://www.countyhealthrankings.org/our-approach/health-factors

Clarke County ranked in the top 10 among social & economic factors, but ranked in the bottom 10 among physical environment, likely due to the long commute times for most residents. Frederick County ranked among the 25th-49th percentile in almost every category with the exception physical environment. Page County ranked to lowest in health factors, clinical care and physical environment. Shenandoah County and Warren County also ranked among the lowest in clinical care.[5]

The numbers in parentheses represents the whether or not that ranking improved (+) or got worse (-) as compared to the 2013 County Health Rankings. It's important to note that over that period of time, the criteria for measurement of some of the categories changes, so the comparison is not necessarily an apples to apples comparison. It is important to note that Frederick County was the only jurisdiction to improve their rankings in every category.

Figure 4.1: 2016 County Health Rankings

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City
Health Outcomes	28 (-1)	22 (+4)	66 (-23)	33 (-5)	37 (+25)	82 (-1)
Mortality	39 (-15)	28 (0)	89 (-24)	34 (-2)	56 (+12)	90 (+1)
Morbidity	22 (+18)	21 (+3)	45 (-27)	38 (-13)	26 (+28)	72 (0)
Health Factors	22 (-6)	35 (+10)	101 (-3)	44 (+26)	57 (-1)	62 (-4)
Health Behaviors (30%)	20 (-3)	36 (+20)	62 (+25)	23 (+44)	48 (-32)	75 (+17)
Clinical Care (20%)	39 (+27)	81 (+16)	125 (+1)	120 (-35)	110 (-29)	41 (+2)
Social & Economic Factors (40%)	9 (-1)	25 (+4)	95 (-3)	44 (+10)	48 (-7)	62 (+20)
Physical Environment (10%)	128 (-54)	77 (+7)	121 (-87)	74 (+19)	71 (-31)	85 (-34)

[5] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment

Health Outcome Data

The chart below compares the County/City data from the County Health Rankings to the U.S. median. Page County and Winchester City had data that was above the U.S. median for premature deaths and in the Winchester City the percentage of people with poor or fair health was also higher than the U.S. median.

Figure 4.2: Health Outcome Data[6]

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	US median	Virginia
Premature Death (Years of Potential Life Lost Rate)	6.345	5,868	8,652	6,161	7,326	8,668	7,700	6,147
Poor or Fair Health (Percentage)	12%	12%	16%	14%	13%	18%	16%	17%
Poor Physical Health Rate	2.9	3.2	3.6	3.4	3.2	3.7	3.7	3.5
Poor Mental Health Days[7]	3	3	3.5	3.2	3.1	3.5	3.7	3.3
Low Birth weight (Percentage)	8%	7	6%	7%	7%	8%	8%	8%

[6] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment
[7] Average number of mentally unhealthy days reported in past 30 days

Health Behaviors Data

The chart below compares the health behaviors data from the County Health rankings as compared to the U.S. median for each category. All jurisdictions with the exception of Winchester City ranked on the lower end for the food environment index which factors both access to healthy foods which is a larger issue in rural areas and the overall food insecurity of each jurisdiction.

Figure 4.3: Health Behaviors Data[8]

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	US Median	Virginia
Adult Smoking (%)	16%	15%	19%	17%	18%	20%	18%	20%
Adult Obesity (%)	28%	33%	30%	26%	28%	27%	31%	27%
Food Environment Index[9]	9.4	9	8.1	8.6	8.8	7.4	7.2	8.3
Physical Inactivity (%)	23%	24%	25%	21%	20%	24%	28%	22%
Access to Exercise Opportunities (%)	62%	64%	81%	62%	82%	93%	62%	81%
Excessive Drinking (%)	18%	17%	15%	16%	18%	16%	17%	17%
Alcohol-impaired Driving Deaths (%)	44%	34%	21%	29%	29%	-	31%	31%
Sexually transmitted infections (Chlamydia rate)	154	212	297	146	376	792	288	407
Teen births	19	31	39	38	30	48	40	27

[8] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment
[9] The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment – limited access to healthy foods and food insecurity rates.

Clinical Care Data

The chart below compares the clinical care data from the County Health rankings as compared to the U.S. median for each category. Warren County and Winchester City ranked the lowest for uninsured population. Frederick County ranked low in primary care physicians and all jurisdictions with the exception of Winchester ranked low in access to dental care. Mental health providers were also ranked low in all but Warren and Winchester.

Figure 4.4: Clinical Care Data[10]

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	US Median	Virginia
Uninsured (%)	12%	14%	17%	17%	19%	19%	17%	14%
Primary Care Physicians (Ratio)	2050:1	2259:1	2166:1	2134:1	1759:1	358:1	1990:1	1329:1
Dentists (Ratio)	2885: 1	8238:1	5962:1	3309:1	4873:1	586:1	2590:1	1570:1
Mental Health Providers (Ratio)	1803:1	2423:1	3975:1	2049:1	1114:1	204:1	1060:1	685:1
Preventable Hospital Stays (Ratio)	57	71	82	75	85	72	60	49
Diabetic Monitoring (% Receiving HbA1c)	91%	88%	88%	85%	90%	88%	85%	87%
Mammography Screening (%)	58%	63%	53%	62%	57%	58%	61%	63%

[10] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment

Medically Underserved Areas and Populations

The Health Resources and Services Administration (HRSA) calculates an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population greater than age 64. IMU scores range from zero to 100, where 100 represents the least underserved and zero represents the most underserved.[11]

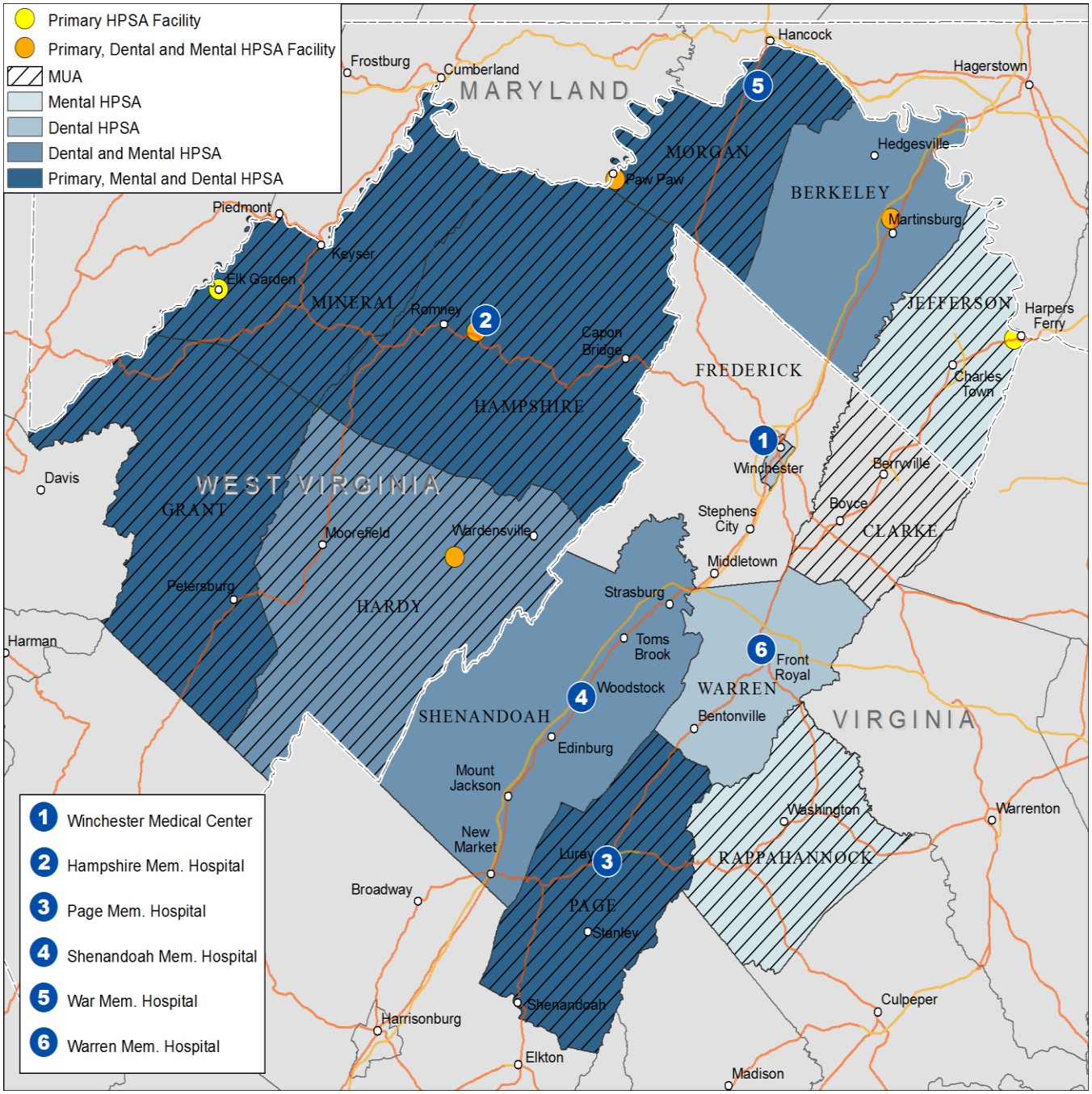
Any area or population receiving an IMU score of 62.0 or less qualifies for Medically Underserved Area (MUA) or Medically Underserved Population (MUP) designation. Federally Qualified Health Centers (FQHCs) may be established to serve MUAs and MUPs. Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. When a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[12]

Figure 4.5: Medically Underserved Areas and Populations and Health Professional Shortage Areas, 2016[13]

Name	HPSA Dental	HPSA Mental	HPSA Primary	MUA or MUP
Clarke	No	No	No	Yes
Frederick	No	No	No	No
Page	Yes	Yes	No	Yes
Shenandoah	Yes	Yes	No	No
Warren	Yes	No	No	No
Winchester	Yes	No	No	Part

[11] U.S. Health Resources and Services Administration. (n.d.) Guidelines for Medically Underserved Area and Population Designation. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/muaps/index.html.
[12] Ibid.
[13] Northern Shenandoah Valley Regional Commission, and Health and Human Services Administration, 2016. (Courtesy of Valley Health Community Health Needs Assessment, 2016)

Figure 4.6: Map of Medically Underserved Areas[14]



[14] Northern Shenandoah Valley Regional Commission, and Health and Human Services Administration, 2016

Social and Economic Factors Data

The chart below compares the social and economic data from the County Health rankings as compared to the U.S. median for each category. As noted in the income/financial stability section, Clarke and Frederick County had higher "some college" completion rate, which may not take into account the number of certifications being competed, which aren't considered "college". Page and City of Winchester had a high percentage of single parent households. City of Winchester had the worst ranking for violent crime rates, although it's important to note that the rate of violent deaths is improving over a 3 year time period.

Figure 4.7: Social and Economic Factors Data[15]

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	US median	Virginia
High school Graduation Rate (%)	93%	-	95%	91%	88%	86%	89%	85%
Some College (Completion Rate)	71.7%	63.7%	42.3 %	46.8%	50.2%	56.1%	56.0%	69.0%
Unemployment (Rate)	4.3%	4.7%	8.1 %	5.0%	5.5%	5.0%	6.0%	5.2%
Children in Poverty (%)	11%	12%	24%	18%	16%	22%	23%	16%
Income Inequality (Ratio)[16]	4.8	3.8	4.4	4.0	4.4	4.9	4.4	4.8
Children in Single-parent households (%)	29%	21%	36%	32%	29%	39%	32%	30%
Social Association Rate[17]	18.8	9.8	10.5	15.7	15	17.6	13	11.3
Violent Crime (Rate)	122	113	103	94	102	226	199	200
Injury Deaths (Rate)	62	57	78	64	64	74	74	52

[15] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment
[16] Ratio of household income at the 80th percentile to income at the 20th percentile
[17] Social Associations is the number of associations per 10,000 population.

Physical Environment Data

The chart below compares the physical environment data from the County Health rankings as compared to the U.S. median for each category. Warren and Winchester had a higher percentage of severe housing problems. The City of Winchester at 20% was almost 6% more than the U.S. Average and 5% more than the Virginia average. Severe housing conditions are defined as percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. All jurisdictions, with the exception of the City of Winchester were ranked very low in the community category which is defined as; workers who commute in their car alone, the percentage that commute more than 30 minutes.

Figure 4.8: Physical Environment Data[18]

2016	Clarke	Frederick	Page	Shenandoah	Warren	Winchester City	US median	Virginia
Air Pollution-Particulate Matter (Avg. Daily PM2.5)	12.9	13	12.9	12.9	12.9	12.9	11.9	12.7
Drinking Water Violations	Yes	No	Yes	No	No	-	-	-
Severe Housing Problems (%)	12%	14%	14%	14%	16%	20%	14%	15%
Driving Alone to Work (%)	82%	83%	81%	81%	75%	70%	80%	77%
Long Commute-Driving Alone (%)	55%	34%	38%	38%	57%	26%	29%	38%

[18] County Health Rankings, 2016, sourced from Valley Health Community Health Needs Assessment

SUBSTANCE ABUSE

Opioid Overdose Deaths

Opioid overdose deaths have been a rising issue within our community. Data from the Virginia Department of Health show the increasing number of opioid deaths since 2011. The number of opioid deaths peaks in 2014 and then goes down slightly again in 2015, it's possible that with the introduction of Narcan (naloxone HCl) and other drugs that can avoid opioid overdose death, the death rate may look like it's decreasing, although the addiction crisis in itself may not have improved.

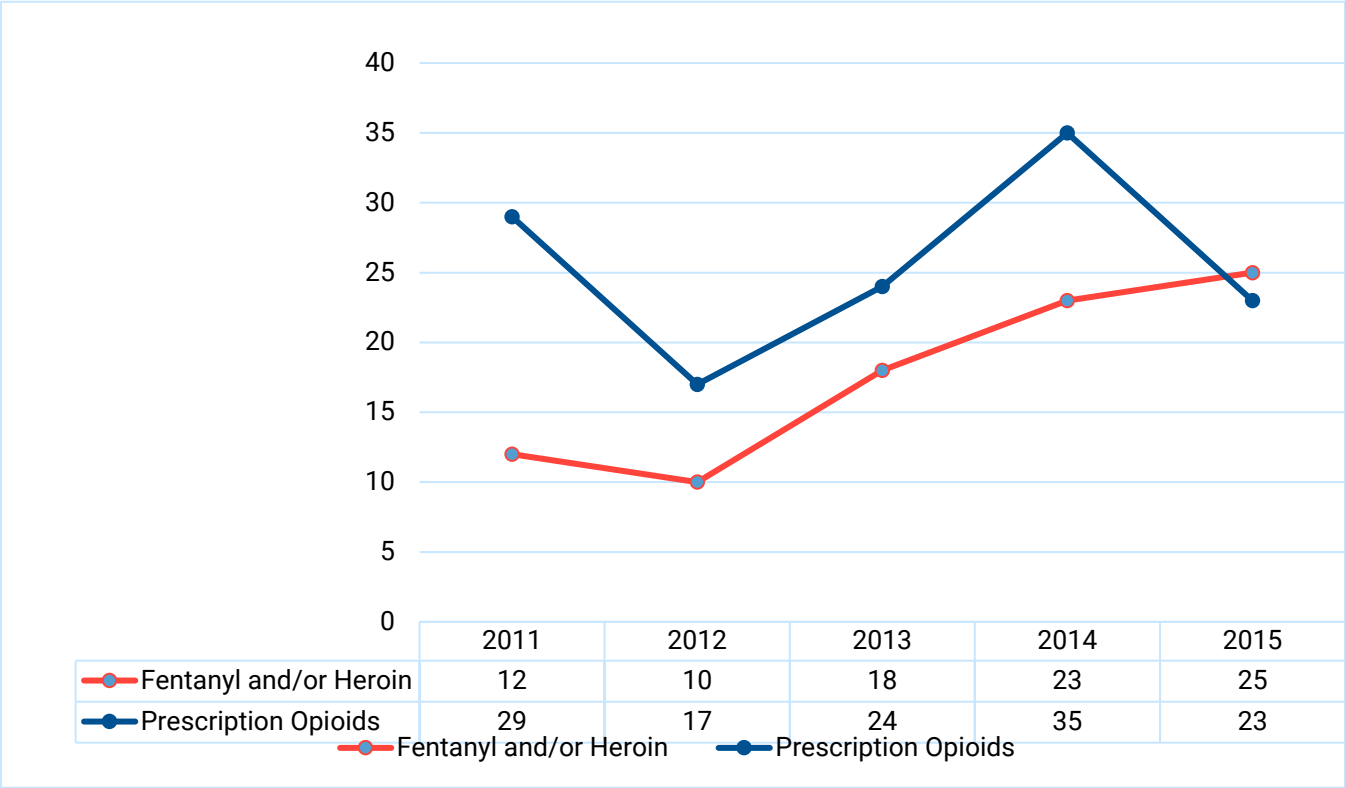
Deaths from drug overdose are expected to increase an additional 25% in 2016.[19]

Recent data shows these alarming trends in Virginia[20]:

- Emergency department visits for heroin overdose for January-September 2016 increased 89% compared to the same nine month period in 2015.
- The total number of fatal drug overdoses in Virginia during the first half of 2016 has increased 35% when compared to the same time period in 2015.
- Fatal drug overdoses became the number one method of unnatural death in 2013.
- The rate of reported cases of Hepatitis C (HCV) increased 28% between 2010 and 2015, with the primary risk factor being injection drug use.

[19] Commonwealth of Virginia, Department of Health, November 21, 2016, http://www.vdh.virginia.gov/home/the-opioid-addiction-crisis-is-a-public-health-emergency-in-virginia/
[20] Ibid

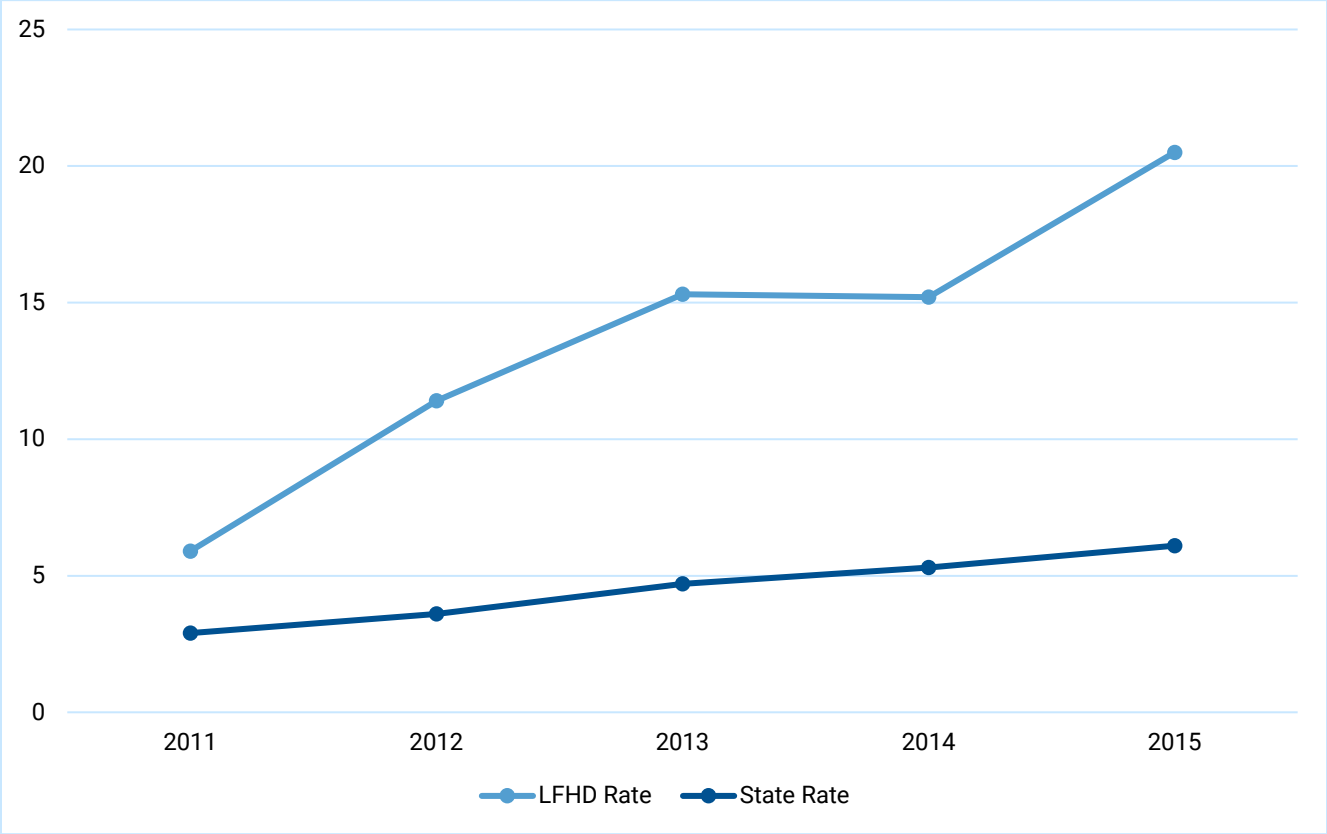
Figure 4.9: Opioid Overdose Deaths –VDH District, Lord Fairfax[21]



Fatal overdose data are based upon toxicology results and cause of death statements. Data include all manners of death (accident, homicide, suicide, and undetermined) and are based upon the locality of event (overdose). 'Prescription opioids' excludes fentanyl and counts fatal overdoses with one or more prescription opioids causing death. 'Fentanyl' includes all versions of pharmaceutically produced fentanyl, illicitly produced fentanyl, and fentanyl analogs. 'Prescription opioids (excluding fentanyl)' and 'fentanyl and/or heroin' are not mutually exclusive categories because some fatalities have one or more drugs from both categories causing death.

[21] Virginia Department of Health, 2015, http://www.vdh.virginia.gov/data/opioid-overdose/

Figure 4.10: Neonatal Abstinence Syndrome (NAS Rate) –VDH – Lord Fairfax[22]



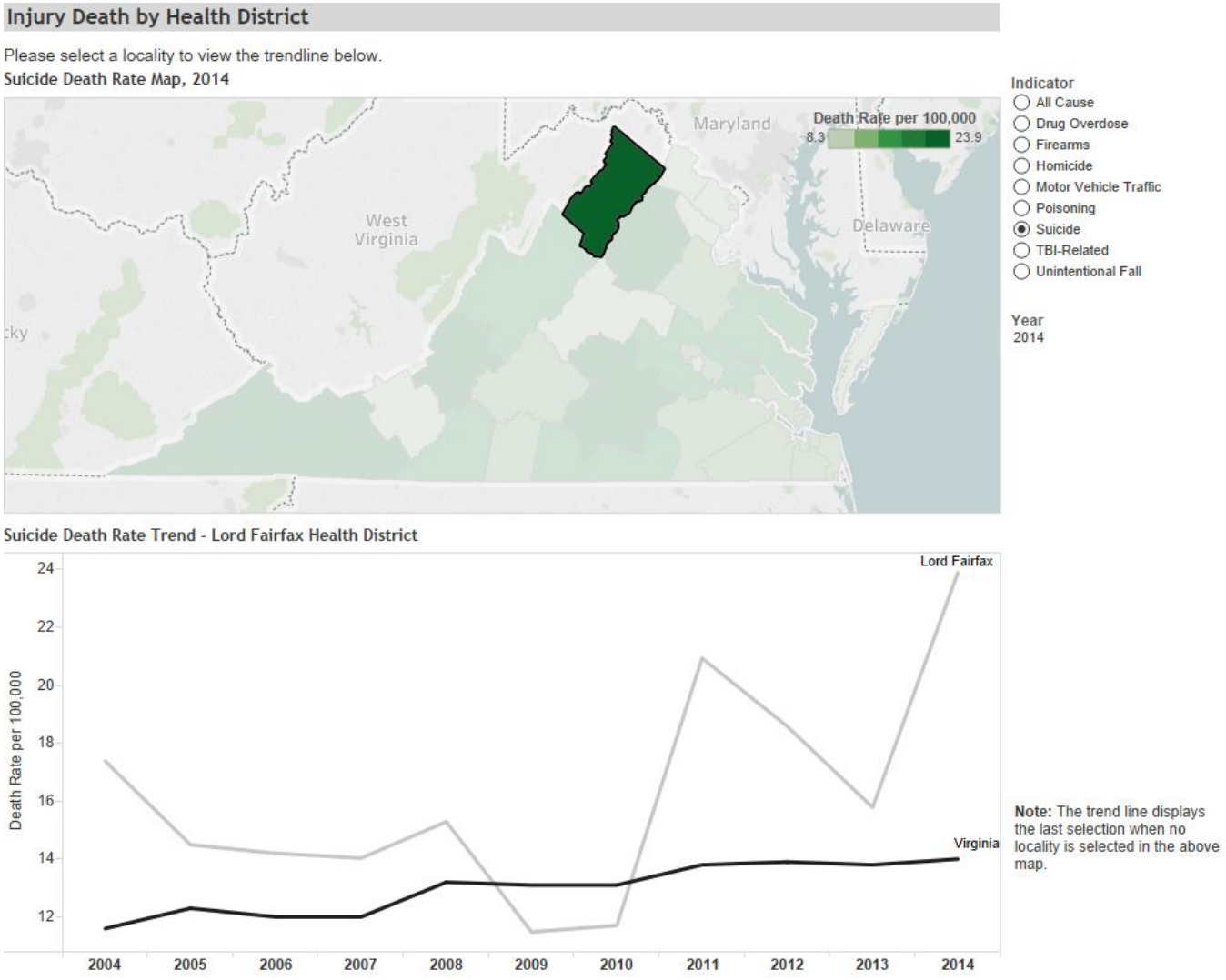
Neonatal abstinence syndrome (NAS) discharge counts and rates are based on inpatient hospitalization records where a NAS ICD diagnosis code (i.e. 779.5 or P96.1) was present on the record and the patient was < 1 year of age for Virginia residents only. NAS case data presented here are derived from the Virginia Inpatient Hospitalization database.

[22] Virginia Department of Health, 2015, http://www.vdh.virginia.gov/data/opioid-overdose/

SUICIDE

As noted in earlier sections, lack of mental health providers in the region, combined with substance abuse and other economic factors could contribute to an increased suicide rate. According to suicide death rate data from the Virginia Department of Health our region has had a sharp spike in suicide deaths, specifically since 2010.

Figure 4.11: Injury Death by Health District[23]



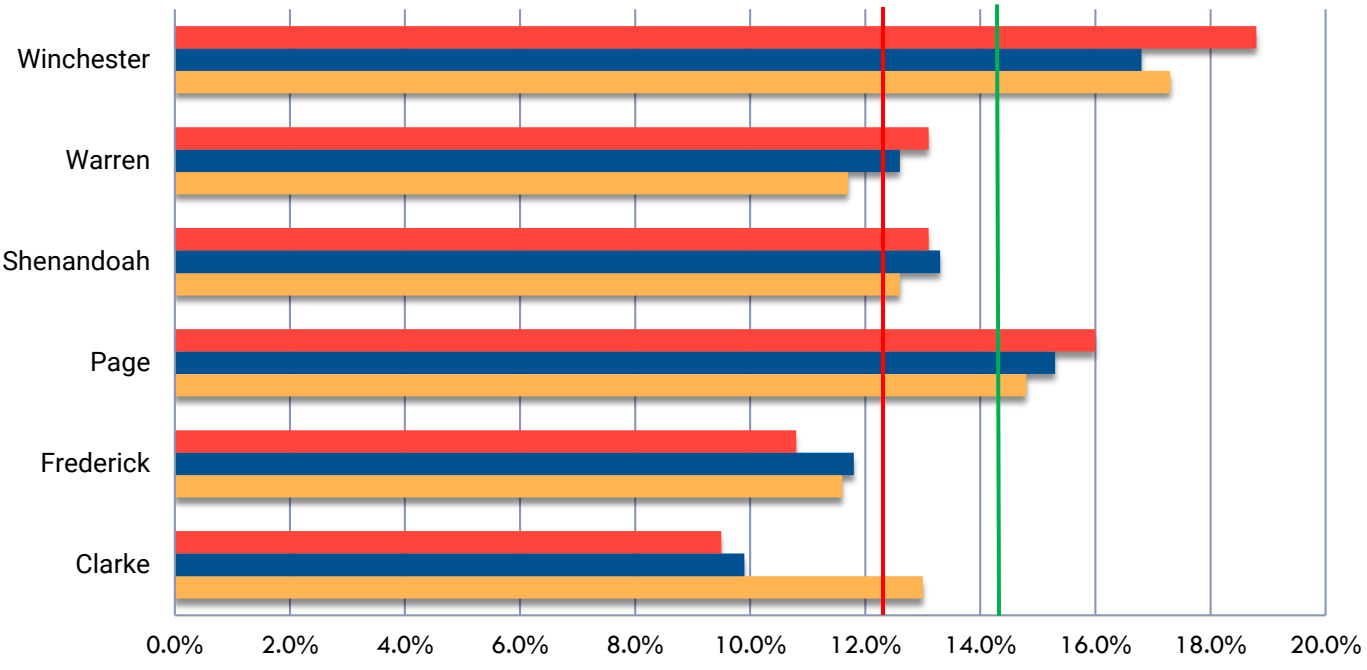
[23] Virginia Department of Health, 2015

INSURANCE STATUS

Uninsured Population

U.S. Census Bureau data indicates that Page County and Winchester City have insurance rates that higher than the other localities and higher that the Virginia and national averages. Frederick County, Shenandoah County, and Warren County all have uninsured populations that are higher than the Virginia average. [24]

Figure 4.12: Uninsured Population 2013-2015[25]



	Clarke	Frederick	Page	Shenandoah	Warren	Winchester
2013	9.5%	10.8%	16.0%	13.1%	13.1%	18.8%
2014	9.9%	11.8%	15.3%	13.3%	12.6%	16.8%
2015	13.0%	11.6%	14.8%	12.6%	11.7%	17.3%

The red line represents the Virginia average in 2014 of 12.1% and the green line represents the U.S. average in 2014 of 14.2%.

[24] U.S. Census Bureau, American Community Survey, Health Insurance Coverage Status, American Community Survey, 2009-2013, 2010-2014. Selected Characteristics of Health Insurance Coverage in the United States, American Community Survey 5-Year Estimates, 2011-2015.
[25] U.S. Census Bureau, American Community Survey, Health Insurance Coverage Status, American Community Survey, 2009-2013, 2010-2014. Selected Characteristics of Health Insurance Coverage in the United States, American Community Survey 5-Year Estimates, 2011-2015.

ABUSE & NEGLECT

Child Abuse & Neglect

Rate refers to the number of founded child abuse or neglect investigations per 1,000 children ages 0-17 in the general population. When a case of suspected child abuse or neglect is reported, the local Department of Social Services decides whether to conduct a family assessment or an investigation. Investigations are either founded or unfounded. The rate is based on the number of founded reports, not the number of unique children. In other words, a single child could be the victim of multiple founded investigations. In those instances, the numbers above reflect all the founded investigations for any given child.

Figure 4.13: Child Abuse & Neglect[26]

Location	2011	2012	2013	2014	2015
Clarke	0.3	1.9	0.3	2.9	1.3
Frederick	2.7	3.8	3.4	2.0	1.7
Page	3.9	1.4	2.1	0.8	2.9
Shenandoah	2.6	3.5	3.7	2.4	4.6
Warren	3.0	1.8	2.1	2.1	1.3
Winchester	7.4	3.1	5.3	4.0	4.8

[26] Kids Count Data Center, Virginia Department of Social Services, September 2016

YOUTH MENTAL HEALTH

In the Valley Health Community Health Needs Assessment a major concern mentioned by key informants was the need for more providers to care for children with mental and behavioral health issues. The Winchester Community has limited resources for this type of community need.

In the fall of 2012, a total of 1,702 surveys were collected from eighth-graders in the Lord Fairfax Health District* (LFHD). This represented 80% of the student population in that grade. A total of 1,492 surveys were collected from 11th -graders in the Lord Fairfax Health District* (LFHD). This represented 74% of the student population in that grade.

*Shenandoah County Schools did not participate

20.6% of middle schoolers in the LFHD seriously thought about killing themselves. This outpaced high schoolers of which 12.7% considered attempting suicide. 6.8% of middle schoolers and 5.3% of high schoolers attempted suicide. This data outpaces the US average of 1.9% and Virginia average of 2.8%.

Figure 4.14: Suicide-Related Behaviors (Middle School)[27]

	LFHD
Percentage of students who seriously thought about killing him/herself	20.6%
Percentage of student who made a suicide plan	13.2%
Percentage of students who attempted suicide	6.8%

Figure 4.15: Suicide Related Behaviors (High School)[28]

	LFHD	VA	US
Percentage of students who felt sad or hopeless (past 12 months)	24.4%	25.5%	28.8%
Percentage of students who considered attempting suicide (past 12 months)	12.7%	17.3%	15.5%
Percentage of student who made a suicide plan (past 12 months)	10.2%	12.3%	11.9%
Percentage of students injured for suicide attempt requiring medical treatment (past 12 months)	5.3%	2.8%	1.9%

[27] Lord Fairfax Health District, 2012 Youth Risk Behavior Survey, prepared by KRA Corporation. http://166.67.66.226/LHD/LordFairfax/YRBS/
[28] Ibid

Figure 4.16: Alcohol, Tobacco, Other Drugs (ATOD) (Middle School)[29]

	LFHD
Lifetime ATOD Use LFHD	
Alcohol	29.2%
Cigarettes	29.2%
Inhalants	7.9%
Marijuana	9.5%
Cocaine	3.2%
Steroids	1.6%
Prescription drugs without doctor's orders	4.3%
30-Day Tobacco Use	
Cigarettes	3.9%
Cigars/Cigarillos 4.0	4%

Figure 4.17: Alcohol, Tobacco, and other Drugs (ATOD) Use (High School)[30]

	LFHD	VA	US
Lifetime ATOD Use			
Alcohol	66%	65.5%	75.3%
Cigarettes	39.9%	40%	47.1%
Inhalants	9%	8.3%	11.1%
Marijuana	37.9%	31.9%	45.5%
Ecstasy	7.7%	7.3%	9.2%
Cocaine	6.5%	4.9%	7.5%
Methamphetamine	4.7%	2.6%	4.1%

[29] Lord Fairfax Health District, 2012 Youth Risk Behavior Survey, prepared by KRA Corporation. http://166.67.66.226/LHD/LordFairfax/YRBS/
[30] Ibid

Heroin	3.9%	1.7%	2.8%
Steroids	3.5%	2.4%	3.7%
Prescription drugs without doctor's orders	17.5%	17.7%	23.3%
Used needle to inject illegal drugs	3%	0.7%	2.4%
30-Day ATOD Use			
Alcohol	37.6%	60.6%	42.7%
Binge Drinking	22.9%	16.9%	25.2%
Cigarettes	13.7%	12.3%	19.3%
Cigars/Cigarillos	13.7%	8.6%	14.5%
Smokeless Tobacco	9.3%	10.2%	8.6%
Marijuana	20.1%	15.4%	25.5%
Cocaine	3.7%	0.5%	3%
30 Day ATOD Use on School Property			
Alcohol	3.3%	2.5%	5.2%
Cigarettes	4.4%	3.4%	5.9%
Smokeless Tobacco	5.9%	5.6%	5%
Marijuana	3.6%	1.9%	6.2%
Offered, sold, or given an illegal drug (12mo)	21.2%	23.1%	27%

For every dollar spent on drug use prevention, communities can save $4 to $5 in costs for drug abuse treatment and counseling.[31]

Study findings link lower reading and math scores to peer substance abuse—not to individual student use as one might expect. On average, students whose peers avoided substance use had test scores (measured by the Washington state math and reading standards) that were 18 points higher for reading, and 45 points higher for math.[32]

[31] U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (1997). Preventing Drug Use Among Children and Adolescents: A Research-Based Guide. Bethesda: MD. Available: www.nida.nih.gov/prevention/prevopen.html

[32] Bence, M., Brandon, R., Lee, I., Tran, H. University of Washington. (2000). Impact of Peer Substance Use on Middle School Performance in Washington: Summary. Washington Kids Count/University of WA: Seattle, WA. Available: http://www.hspc.org/wkc/special/pdf/peer_sub_091200.pdf

VALLEY HEALTH CHNA SURVEY RESULTS

Input from persons representing the broad interests of the community, including individuals with special knowledge of, or expertise in, public health, were taken into account via interviews and, community response sessions to include 19 group interviews based upon sectors, and a community health survey with 1,990 respondents.

Community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. The principal findings of recent health assessments conducted by other organizations were reviewed, as well.[33]

Most important factors for a healthy community

1. Access to health care
2. Good jobs and stable economy
3. Low crime and safe neighborhoods
4. Good schools
5. Good place to raise children
6. Healthy behaviors and lifestyles

Behaviors with greatest impact on overall community health

1. Drug abuse
2. Alcohol abuse
3. Obesity
4. Poor eating habits
5. Lack of exercise
6. Tobacco use
7. Unsafe sex

Priority Needs Identified (based on survey, forums and data)

1. Access to Primary and Preventive Care
2. Mental and Behavioral Health
3. Physical Activity, Nutrition, and Obesity-related Chronic Diseases
4. Substance Abuse and Tobacco Smoking
5. Maternal and Child Health
6. Financial Hardship and Basic Needs Insecurity

[33] Community Health Needs Assessment, Valley Health, 2016 - http://www.valleyhealthlink.com/documents/Content-PDFs/CHNA/Winchester-Medical-Center-CHNA-Final-08182016.pdf

INFORMANT INTERVIEWS

Valley Health CHNA, Summary of Interview Findings, 2016[34]

Valley Health System and Our Health, Inc. conducted both face-to-face informant interviews and telephone interviews in March 2016. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by WMC, including those with special knowledge of or expertise in public health.

Nineteen group interviews were conducted with 80 individuals, including: persons with special knowledge of or expertise in public health; health and other public departments or agencies with data or information relevant to the health needs of the community; and leaders, representatives and members of medically underserved, low-income, and minority populations, and of populations with chronic disease needs; and representatives of the education and business communities.

Interviews were conducted using a structured questionnaire. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewees' perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. The items in each list are presented in order of stated importance, although the differences in some cases are relatively minor.

Health Status Issues

1. **Drug and substance abuse**: Substance abuse was mentioned most frequently health status issue, and was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that women who use illicit drugs and compromise the health of babies is of significant importance.
2. **Mental and behavioral health**: Mental and behavioral health was the second frequently-mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen, while mental health service capacity has not. They described a wide range of mental health issues, including bullying among youth, autism spectrum symptoms and diagnoses, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnoses of mental health problems and substance abuse.

[34] Community Health Needs Assessment, Valley Health, 2016 - http://www.valleyhealthlink.com/documents/Content-PDFs/CHNA/Winchester-Medical-Center-CHNA-Final-08182016.pdf

3. **Chronic Illness (i.e. Cholesterol, Diabetes, and Hypertension**): Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with discussion about obesity and overweight. This was true for all ages, but these health issues were noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise levels, and food insecurity and hunger. Access to healthy foods was mentioned as a barrier, including that some do not have money to purchase fresh produce. There was widespread recognition of the toll a chronic illness has on health, its impact on the health care system, and the importance of not only treatment but also behavioral change in addressing the chronic disease.
4. **Cancer**: Cancer was mentioned frequently during the interview process. Some believe this is due to increased awareness of cancer services because of the Winchester Medical Center Foundation's Cancer Center Campaign promotion in the past year, and others mentioned that it may be the result of preventative screenings.
5. **Smoking and tobacco**: Smoking and tobacco use was frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant, long-lasting health issue that is has not become notably worse since the launch of electronic cigarettes (e-cigarettes).

Factors Contributing to Health Status and Access to Care

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe most contribute to poor health status. Responses were similar to the 2013 Community Health Needs Assessment reports. A rank- ordered list of the major contributing factors raised, some of them inter-related, is below:

1. **Access to health care (physicians/specialists):** Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.
2. **Financial insecurities and poverty**: It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.
3. **Education/Awareness**: Several interviewees mentioned that education and awareness about services were barriers to care. Factors linked generally to educational attainment and specifically to health education were noted by interview participants as impeding both the ability to effectively seek and manage health care, and to adopt and practice healthy behaviors. Many noted that the community is not aware of services available to them, and that finding services is not easily managed. It was also mentioned that those coming out of prison have limited access to resources.
4. **Poor nutrition and diet**: Among healthy behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, and chronic diseases. Interview participants mentioned this is due to a lack of access to affordable healthy foods for lower income families.

5. **Lack of physical activity and exercise**: Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise was mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.
6. **Affordable Housing/Assisted Living**: Interview participants frequently mentioned the need for affordable housing and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively impact health status.
7. **Homelessness**: Homelessness is a risk factor for poor health, and creates stress and challenges to maintaining one's health and seeking or obtaining needed health care.

United Way NSV Partner Agency Informant Interview Results

1. What do you think are the communities' biggest health-related issues or concerns?
    - Affordable housing
    - Homelessness
    - Access to affordable health care
    - Access to affordable mental health care
    - Availability of Mental Health care
        - Treatment for substance abuse
    - Food insecurities
    - Access to legal services
    - Dental – lack of providers who participate
    - Education in adult literacy
    - Transportation – specialty transportation
        - Accommodating patient needs
    - Hunger for older population
    - Increase in at risk and sexually transmitted diseases
    - Not enough good paying jobs in the area – Economic Development

2. Which needs do you think have increased?
    - Increased need – affordable housing
        - Received grant funding and ran out after three months
        - Finding places affordable to rent
        - Section 8 housing is available in Winchester, VA; however, there is a waiting list. There are 900 applicants and only 200 suitable housing that are available.
        - Some units that are available are not in the best conditions for people to rent.
        - Desensitization of the larger homes for the City to use as housing.
    - Increased need – hunger
    - Increased need – transportation
    - Increased need – Mental health treatment
        - More children being diagnosed
        - More awareness
        - Fewer providers to meet the need
        - Some providers do not take Medicaid
        - Too expensive
        - Legal aid – 40% documented mental health issues
        - A continuum and most issues are related
        - Impact has gotten better and sense of doing good for the community. There has been a shift in the type of work that we have been doing. However, resources are not there to support the need.
        - Political environment – Virginia did not accept the Medicaid Expansion
    - Increased need – Substance Abuse
        - Should we look at heroin abuse to be a Public Health issue instead of a criminal issue?
    - Increase in – Domestic Violence
        - Not equipped with the funding to address the issues.
        - Shelters – Young teen that get away from abusive families

3. Which population groups do you think are at greatest risks and have the greatest needs?
    - Low income – working poor
    - Hispanic – Language barriers
    - Seniors
    - Women with children
    - Caregivers
    - Substance abuse – across the board
    - Under employed
    - Younger population interring the court systems
    - People live paycheck to paycheck
    - No encouragement or incentives to change
        - For those that have made a bad choice
        - Trying to pay fines, no car, can't get a job because of criminal record – Need to take these types of situations to our public officials to hear.

4. What factors are driving poor health status or access to care?
    - Transportation
    - Education
    - Income
    - Housing
    - Lack of providers
    - Mental health problems
    - Not enough good paying jobs
    - Lack of Government guidance
    - Treatment options
    - Funding
    - Need better coordination of services
    - Trust
    - Integrate services within the area

5. Are there issues with access to health care and social services?
    - Yes
        - Substance abuse and mental health treatment options
        - Area shelters are full
        - Treatment options for children with mental health
            - Referrals to Shenandoah Community Health Clinic in West Virginia
        - Legal aid – nowhere to refer them
            - Lawyers do not want pro-bono clients

6. What organizations are working to address these needs?
    - Salvation Army
    - Habitat for Humanity
    - Shenandoah Area Agency on Aging
    - Girl Scouts
    - WATTS
    - Shenandoah County Health Clinic
    - Shenandoah Education Foundation

- Highland Food Pantry
- Blue Ridge Legal Services
- Literacy Volunteers of Winchester
- Heritage Child Development Center
- Adult Care Center
- Faith In Action
- Faithworks
- Dental Clinic of NSV
- Winchester Day Preschool
- Apple Country Headstart
- The Laurel Center
- Response
- AIDS Response Effort
- Big Brothers Big Sisters
- Concern Hotline
- United Way

7. What are some potential suggested solutions?
    - Coordinating and integrating services around specific services
    - City transportation needs improved and expanded
        - Need to improve the time, place and location
        - Advocacy for public transportation
            - Better routes
            - More accessible
    - Coordination of private transportation to help meet the needs.
        - Work with cab companies to offset patient appointments
    - Develop Patient Care Coordinator
        - Develop community health workers like Stefan Lawson is working with through a grant at the Free Medical Clinic in Winchester, VA.
        - Opportunity for larger grants
    - Create a Day Drop off Center
        - Example – Total Action Against Poverty (TAAP) – Roanoke, VA
    - Permanent Supportive Housing Units that North Western runs
        - Offers supportive integrated services
        - Day drop-in center
            - Mental Health, literacy, showers, day activities
    - Create a united group of area non-profit organizations to meet with legislation to present the needs of the community.
    - Stronger voice collaboratively
    - We need to get further upstream
        - Be more proactive
        - Prevention with community
        - Getting officials to listen to concerns
            - Evidence-based items