



Community Health Needs Assessment

Fauquier Health

PATH Foundation

Virginia Department of Health – Rappahannock-Rapidan Health District

Fauquier and Rappahannock Counties, Virginia

Paper copies of this document may be obtained at:

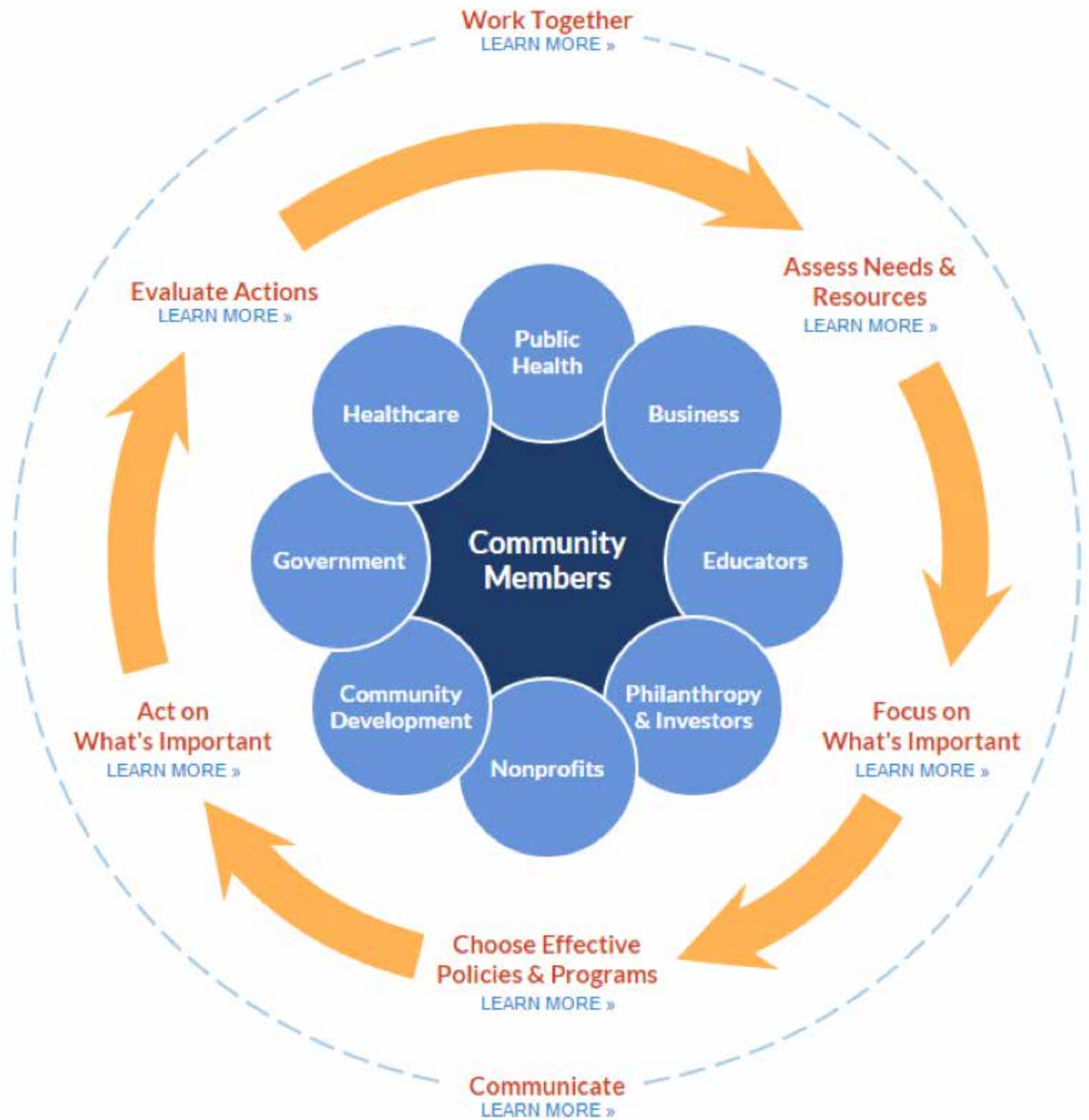
Fauquier Health, 500 Hospital Drive, Warrenton, VA 20186 or by phone 540-316-5000
or via the hospital website <http://www.fauquierhealth.org>

PATH Foundation, 98 Alexandria Pike #43, Warrenton, VA 20186 or by phone 540-680-4100
or via the website <http://www.pathforyou.org>



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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

Perspective

Creating a culture of health in the community

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Fauquier and Rappahannock Counties, Virginia. Fauquier Health along with the PATH Foundation and Rappahannock-Rapidan Health District developed a Community Health Needs Assessment in 2014. This assessment analyzes progress since the last assessment as well as defines new priorities for the next three years.





2014 Fauquier and Rappahannock Counties

CHNA Implementation Plan/Impact Evaluation

Fauquier Health, PATH Foundation and Rappahannock-Rapidan Health District created and adopted a Community Improvement Plan in 2014. They have been working toward identified improvements from that CHNA since. The results of this 2014 plan were also reviewed at the Community Health Town Hall and comments were solicited. The handout provided at the Town Hall is below.

FAUQUIER HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT RESPONSE 2015-2016

Top 5 Health Concerns:

Adult Obesity	- Fauquier Gear Up for Health program at Wellness Center - Lectures on Nutrient Density and Basics & Management of Obesity
Depression & Mental Health Conditions	- Provide meeting space for National Alliance on Mental Illness - Part of coalition to solve for access needs through tele-health at Free Clinic
Diabetes	- Support groups, education, lectures, counseling, and self-management classes - Wound Healing Center with hyperbaric chamber helps with diabetic wounds that won't heal
Childhood Obesity	- Host a Junior Chef class - Partner with Fauquier Community Child Care summer camp to share information about nutrition and cooking
Substance Abuse	- Provide meeting space for Families Overcoming Drug Addiction support group - Hold bi-annual unused medications and sharps collection event enabling anonymous disposal of narcotics

Top 5 Service Gaps:

Behavioral Health Services	- Provide meeting space for Families Overcoming Drug Addiction support group - Provide meeting space for National Alliance on Mental Illness
Aging Services	- Partner with Aging Together - Host Senior Resource Vendor Fair - Senior Suppers in the Bistro with presentations on health system services - Alzheimer's/dementia support group at The Villa at Suffield Meadows
Transportation	- Re-established the Road to Recovery program through the American Cancer Society to provide transportation for cancer patients to get to their appointments
Health Care Insurance Coverage	- Provide information on health exchanges - Financial counselors available to help individuals register - Partner with RRC-SB to provide Medicare/Medicaid benefits counseling
Health Care Services for Uninsured & Under Insured	- Support Fauquier Free Clinic with annual in-kind donation - Prenatal services to fill gap with health department coverage in Fauquier County

Leading Causes of Death:

Cancer	- Provide meeting space for Cancer Resources, Education & Wellness group - Re-established the Road to Recovery program to provide transportation - Hold cancer education and screening events - Tumor board and cancer registries established - Achieved Commission on Cancer Community Cancer Program accreditation
Heart Disease	- Provide community lectures, free cholesterol and blood pressure screenings - Offer promotional pricing on coronary artery calcium scoring test (\$99)
Stroke	- Stroke Center of Excellence - Provide community lectures
Unintentional Injury	- Lack of resources to comprehensively address this need
Chronic Lower Respiratory Disease	- Provide community lectures

Additional Fauquier Health Response:

<ul style="list-style-type: none"> - Ongoing community education talks relating to healthy heart, lifestyle, cholesterol, stroke, cancer, etc. - Run a medical camp for healthcare workforce development - Host farmer's market at hospital once a week May through October, support of community garden - Transition to Home program, chronic disease management, patient coaching, navigation programs - Partner with American Red Cross to host community blood drives - Free screening mammograms for women turning 40 years old - Offer charity care discount ranging from 60% to 100% based on annual household family income - Offer SmartCare personal emergency lifeline response system - Chest Pain accreditation with ongoing Early Heart Attack Care education
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2017 Community Health Assessment

LifePoint Health and Fauquier Health (FH), as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, was engaged to provide the analysis of community health data, facilitate the focus groups, conduct the Fauquier Health employee and community physician surveys, as well as the community survey to assist with determining significant health needs and goals for improvement. Stratasan also facilitated a Community Health Town Hall to receive community input into identified priorities and brainstorm solutions.

This CHNA assesses health in both Fauquier and Rappahannock Counties, the service area of Fauquier Health.

Starting on August 1, 2017, this report is made widely available to the community via Fauquier Health's website, www.fauquierhealth.org, and the PATH Foundation's website, www.pathforyou.org. Paper copies are available free of charge at both Fauquier Hospital and the PATH Foundation. Call for more information: 540-316-5000 (Fauquier Health) or 540-680-4100 (PATH Foundation).

The Fauquier Health Board of Directors approved the community health needs assessment on July 27, 2017. The implementation plan was approved by the PATH Foundation Board on September 21, 2017, and by the Fauquier Health Board of Directors and the Fauquier Health Joint Venture Board on October 26, 2017.

Participants

Over 90 individuals from 56 community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Fauquier and Rappahannock Counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and had special knowledge of or expertise in public health to provide direction for the community, the PATH Foundation, the Virginia Department of Health, and Fauquier Hospital to create a plan to improve the health of the community.

Project Goals

1. To continue a formal and comprehensive Community Health Needs Assessment process that allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement within the community.

“We initiated the Community Health Needs Assessment with the goal to analyze changes from the 2014 assessment and reassess the health and needs of the community and address those needs,” said Chad Melton, Chief Executive Officer, Fauquier Health. “It is our goal to use our findings to continue community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by Fauquier Health and the PATH Foundation to create implementation plans,” added Christy Connolly, President and CEO, PATH Foundation. “The Community Health Town Hall was the final step in the assessment process. Now the real work—improving the health of the community and implementing proven strategies—begins.”





Community Input and Collaboration

Data Collection and Timeline

In February 2017, Fauquier Health, the PATH Foundation, and the Rappahannock-Rapidan Health District began a Community Health Needs Assessment for Fauquier and Rappahannock Counties. Fauquier Health sought input from persons who represent the broad interests of the community using several methods:

- 42 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, elderly and children), foundations, schools, health providers, and government representatives participated in three focus groups for their perspectives on community health needs and issues on April 4 and 5, 2017.
- Information gathering using secondary public health sources occurred in February and March of 2017.
- 25 community physicians and 285 Fauquier Health employees were surveyed electronically regarding their perspectives on community health status and needs from March 1 through March 27, 2017.
- 584 community surveys were completed; 206 by telephone (landline and cell phones), 268 electronic surveys, and 124 print surveys in English and 6 in Spanish were conducted between March 1 and March 31, 2017. Community partners sent the survey out to clients and employees.
- A Community Health Town Hall was conducted on April 6, 2017 with over 60 community stakeholders. The audience consisted of healthcare providers, business leaders, law enforcement, government representatives, not-for-profit organizations (mental health, substance abuse, elderly services, minority populations, etc.), and other community members.



Participants in the focus groups and at the Community Health Town Hall included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
ARC of N. Central Virginia	Disabled	Focus Group
Assistant to Delegate Webert		Town Hall
At Home Your Way	Seniors, all	Town Hall
CADRE	Substance abuse	Focus Group, Town Hall
Community Member	All	Town Hall
District 25 Probation and Parole		Town Hall
Fauquier Adult Detention Center		Focus Group
Fauquier Community Child Care	Kids	Focus Group, Town Hall
Fauquier Community Coalition	Low income, minorities, all	Focus Group, Town Hall
Fauquier Community Food Bank & Thrift Store	Low income	Focus Group
Fauquier County Government	All	Focus Group
Fauquier County Government	Students	Focus Group
Fauquier County Parks & Recreation	All	Focus Group
Fauquier County Public Schools	Kids	Focus Group, Town Hall
Fauquier County Social Services	Low income, minorities, all	Focus Group
Fauquier Fire, Rescue & Emergency Services	Emergency services	Focus Group
Fauquier Fire, Rescue & Emergency Services	Emergency services	Focus Group
Fauquier FISH Food Pantry	Low income, minorities	Focus Group
Fauquier Free Clinic	Low income, those without access to care	Town Hall
Fauquier Health	All	Focus Group, Town Hall
Fauquier Health Medical Center	Mental health	Town Hall
Fauquier Times	All	Town Hall
First Light Home Care	Seniors, all	Town Hall
Foothills Housing Corporation	Low income, minorities, all	Focus Group
Hospice Support of Fauquier County	All	Focus Group, Town Hall
Interfaith Council		Town Hall
LFCC Provost	Students	Focus Group
Local Government and Community Concerns	All	Town Hall
Lyme Disease SG	Lyme disease	Town Hall
Mental Health Association of Fauquier County	Mental health	Focus Group, Town Hall
Mental Health Association of Fauquier County	Mental health	Town Hall
National Capital Lyme Association	Lyme disease	Focus Group
Office of the Public Defender	All	Town Hall
PATH Foundation	All	Focus Group, Town Hall
PDRC		Town Hall
People, Inc	Low income, minorities, all	Focus Group, Town Hall
Perfectly Essential Wellness	All	Town Hall
Rappahannock County Sheriff	All	Focus Group
Rappahannock High School - Commit to be Fit	Kids	Town Hall
Rappahannock Pantry, Inc	Low income, minorities, all	Focus Group
Rappahannock Rapidan Community Services	Mental health/seniors	Focus Group, Town Hall
Rappahannock Rapidan Health District	All	Focus Group, Town Hall
Rappahannock Rapidan Regional Commission		Focus Group
The Fenwick Foundation		Town Hall
Town of Warrenton		Town Hall
Town of Warrenton Parks & Recreation		Town Hall
United Way	Low income, minorities, all	Focus Group
VDSS		Town Hall
Verdun Adventure Bound	Kids	Town Hall
VolTran	Seniors, all	Focus Group, Town Hall
Walgreens Pharmacy	All	Focus Group
Warrenton Police Department		Focus Group, Town Hall
Warrenton Town Council	All	Town Hall
Washington Volunteer Fire & Rescue	All	Focus Group
Windy Hill Foundation		Focus Group

Input of Public Health Officials

The Virginia Department of Health Rappahannock-Rapidan Health District was a partner in this CHNA. They participated in the review of data, focus groups, and attended the Community Health Town Hall. The Health Department is instrumental in the health improvement activities in the two counties.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, the Community Health Town Hall, and the community survey. Agencies representing these populations were intentionally invited to the focus groups and Town Hall. Not-for-profit and government agencies distributed the community survey to their clients to ensure input from these populations. Hospital employees and community physicians were also surveyed, providing insight into the health needs of the medically underserved and the community at-large.

Community Engagement and Transparency

Many members of the community participated in the focus groups, surveys and the Town Hall. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of the area. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained through a PowerPoint on the websites of Fauquier Health and the PATH Foundation, or by contacting them directly.



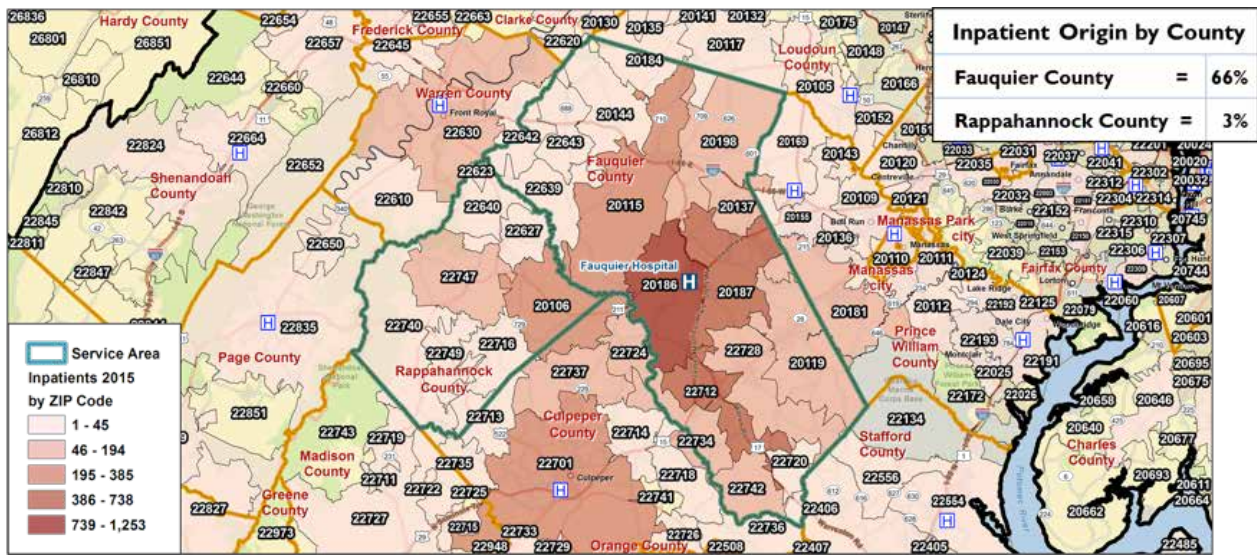


Community Selected for Assessment

Fauquier and Rappahannock Counties were the primary focus of the CHNA due to the primary service area of Fauquier Health. Fauquier and Rappahannock Counties constitute 69% of inpatient discharges and were used as the study area. However, surrounding counties could benefit from efforts to improve health in Fauquier and Rappahannock Counties.

The assessment includes medically underserved, low-income and minority populations who live in the geographic areas from which Fauquier Health draws its patients. Patient data were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under the Fauquier Health Financial Assistance Policy.

Fauquier Health Inpatients - 2015





Key Findings of the Community Health Assessment

Information Gaps

While this assessment was comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus groups – three held between April 4 and 5, 2017
- Hospital employee and community physician electronic surveys
- Community telephone, electronic, and paper surveys
- Community Health Town Hall

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics – behavior measured by spending and media preferences

Demographics of the Community 2016

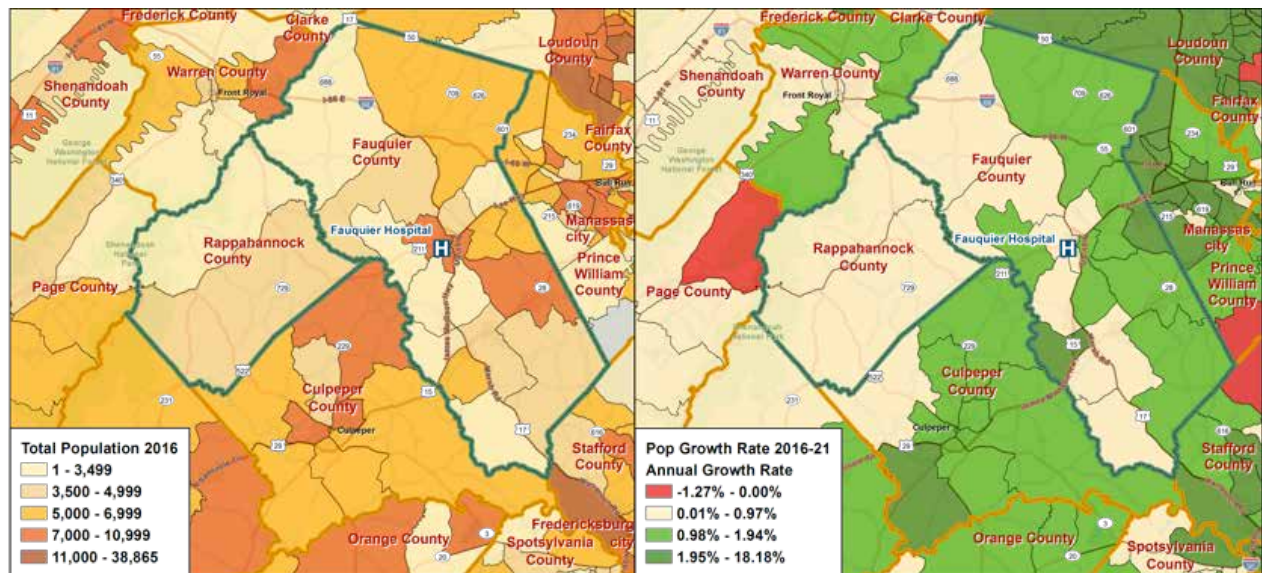
The table below shows the demographic summary of Fauquier and Rappahannock Counties compared to Virginia and the U.S.

	Fauquier	Rappahannock	Virginia	USA
Population	69,449	7,637	8,462,749	323,580,626
Median Age	42.4	49.5	38.3	38.0
Median Household Income	\$96,283	\$60,274	\$64,929	\$54,149
Annual Pop. Growth (2016-21)	1.20%	0.23%	0.97%	0.84%
Household Population	25,321	3,230	3,219,468	121,786,233
Dominant Tapestry	Savvy Suburbanites (1D)	The Great Outdoors (6C)	Enterprising Professionals (2D)	Green Acres (6A)
Businesses	2,960	419	320,180	13,207,211
Employees	24,966	2,167	4,353,083	162,998,347
Medical Care Index*	146	127	117	100
Average Medical Expenditures	\$2,799	\$2,446	\$2,242	\$1,921
Total Medical Expenditures	\$70.9 M	\$7.9 M	\$7.2 B	\$234.0 B
Racial and Ethnic Make-up				
White	84%	92%	67%	71%
Black	8%	5%	19%	13%
American Indian	0%	0%	0%	1%
Asian/Pacific Islander	2%	1%	7%	5%
Mixed Race	3%	1%	4%	7%
Other	3%	2%	4%	3%
Hispanic Origin	8%	4%	9%	18%

Source: Esri

- The population of Fauquier and Rappahannock Counties was projected to increase from 2016 to 2021 (1.2% per year in Fauquier and .23% in Rappahannock). Virginia is projected to increase .97% per year. The United States is projected to increase .84% per year.
- Fauquier and Rappahannock Counties were older (42.4 median age in Fauquier and 49.5 median age in Rappahannock) than Virginia (38.3) and the United States (38.0).
- Fauquier County had higher median household income (\$96,283) than Virginia (\$64,929), while Rappahannock (\$60,274) was below the state rate. Both counties had a median household income higher than the United States (\$54,149).
- The Medical Care Index measures how much the counties spent out of pocket on medical care services. The United States index was 100. Fauquier and Rappahannock Counties (146 and 127 indices) spent 46% and 27% more than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital visits), respectively.
- The racial and ethnic make-up of Fauquier and Rappahannock Counties was 84% and 92% white, 8% and 5% black, 2% and 1% Asian/Pacific Islander, 3% and 1% mixed race, 3% and 2% some other race, and 8% and 4% Hispanic origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)
- The median household income distribution of Fauquier County was 48% higher income (over \$100,000), 42% middle income and 10% lower income (under \$24,999). In Rappahannock County, the distribution was 28% higher income, 53% middle income and 19% lower incomes.

2016 Population by Census Tract and Population Change 2016-2021



Source: Esri

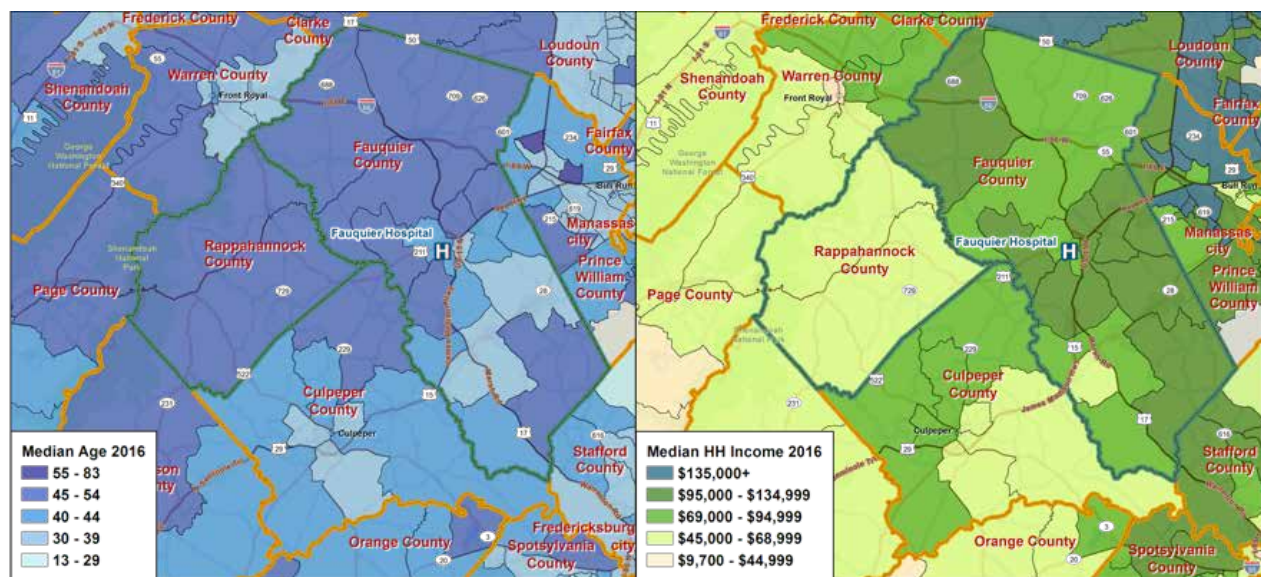
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were four higher population census tracts, with 7,000 to 10,999 people in Warrenton and Auburn. There were four census tracts with 5,000 to 6,999 individuals in The Plains, Bealeton, and Catlett areas. There were four census tracts with 3,500 to 4,999 individuals in the Airlie, Orlean, Ada, Midland, and Somerville areas. There were five low population census tracts with 1 to 3,499 people in Markham, New Baltimore, Waterloo and Sumerduck areas.

The Fauquier County population was projected to grow at twice the rate of Virginia in the census tracts east of Warrenton, near Vint Hill, and south of Warrenton but north of Remington. Several census tracts were projected to increase at the same rate as Virginia, primarily in the eastern part of the county and just west of Warrenton toward Waterloo. All other census tracts were projected to increase up to the rate of growth of the state.

Rappahannock County has two census tracts comprising the northern part of the county and the southern part of the county. The more rural northern section of the county has 1 to 3,499 people and the southern section of the county has 3,500 to 4,999 people. Both sections of the county are projected to grow up to the state growth rate.

2016 Median Age

Median Income



Source: Esri

These maps depict median age and median income by census tract. All of Rappahannock and most of the Fauquier County census tracts had median ages between 45 and 54.¹ However, there were six 40 to 44 census tracts in Fauquier County: in and around Warrenton, and toward the southwest. There were four tracts with median ages between 30 to 39 southeast of Warrenton. There were no tracts with a median age between 1 and 29.

Rappahannock's two census tracts both had a median income range of \$45,000 – \$68,999. Fauquier had one tract with this income range: Bealeton. The remainder of Fauquier County had higher incomes. Most tracts had median household income in the range of \$95,000 – \$134,999. The rest were in the \$69,000 – \$94,999 range. Not all households were at the median in a census tract, but income is an indicator of segments of the population that may need more focused attention.

The rate of poverty in Fauquier County was 6.8%, with Rappahannock County at 9.8%. Both are below Virginia (11.2%) and the United States (14.7%).

Both Fauquier and Rappahannock Counties' November 2016 preliminary unemployment was 3.4%, compared to 4.2% for Virginia and 4.9% for the United States.

¹The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Business Profile

55% of those employed in Fauquier County work in retail trade, healthcare/social assistance, construction, educational services, and accommodation/food services. In Rappahannock County, 55% of those employed are working in educational services, accommodation/food services, public administration, healthcare/social assistance, and professional, scientific and tech services. Retail and accommodation/food service offer health insurance at a lower rate than healthcare, education, construction or tech jobs.

Many residents leave the counties for retail shopping. This has a negative effect on the region's ability to agglomerate retail/dining and thus exacerbates the exodus.

Fauquier County loses 9,498 commuters per day traveling outside the county for work. Rappahannock County loses 83.

Tapestry Segmentation

The dominant Tapestry Segments in the two counties are Savvy Suburbanites (26% of households), The Great Outdoors (12%), and Pleasantville (11%). For more information on Tapestry Segments, go to <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>.

Health Status Data

The leading causes of death in Fauquier County were heart disease and cancer, respectively; the same as the U.S. The leading cause of death in Rappahannock County was cancer, followed by heart disease, the same as Virginia. However, Rappahannock's deaths per 100,000 for cancer were higher than Virginia and the U.S. In Fauquier County, other causes of death were: chronic lower respiratory diseases, stroke, accidents, Alzheimer's Disease, suicide, influenza and pneumonia, diabetes, and liver disease. All causes except heart disease, cancer, and diabetes were higher than Virginia and the U.S. In Rappahannock County, other causes of death included chronic lower respiratory disease, stroke, Alzheimer's Disease, diabetes, influenza and pneumonia. Source: 2013 Virginia Death Certificate Database, CDC, National Vital statistics system

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin,² Fauquier County was ranked as the 16th healthiest county in Virginia out of the 134 counties and independent cities ranked (1 = the healthiest; 134 = unhealthiest). County Health Rankings suggest areas for improvement in Fauquier County include: high adult smoking and adult obesity rates, excessive drinking, and long commute-driving alone. Areas of strength were identified as food environment, fewer teen births, fewer uninsured, high school graduation rate, some college, fewer children in poverty, lower income inequality, and fewer children in single-parent households.

Rappahannock County was ranked as the 22nd healthiest county in Virginia out of the 134 counties and independent cities ranked. County Health Rankings suggest areas for improvement in Rappahannock County include: high adult smoking adult obesity rates, rate of uninsured, higher ratio of population to primary care physician, and lower mammography screening. Areas of strength were identified as fewer teen births, preventable

²The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

hospital stays, higher diabetes monitoring, fewer children in poverty, fewer children in single-parent households, less violent crime, no drinking water violations, and fewer individuals driving alone to work.

When analyzing health status data, local results were compared to Virginia, the United States (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Fauquier and Rappahannock Counties' results were worse than Virginia and U.S., there is opportunity for group and individual actions that will result in improved community measures. There are several lifestyle gaps that need to be closed to move Fauquier and Rappahannock Counties up the ranking to be among the healthiest communities in Virginia, and eventually the nation. For additional perspective, Virginia was ranked the 19th healthiest state in the nation. (Source: America's Health Rankings)

Focus Groups, Survey Results, Health Status Rankings and Comparisons

Focus Groups Findings

- Forty-two community stakeholders representing the broad interests of the community participated in focus groups on April 4 and 5, 2017 for their input into the community's health. There was broad community participation in the focus groups representing a range of interests and backgrounds. Below is a summary of the three 90-minute discussions.
- The groups defined health as physical, emotional and spiritual wellbeing, being able to enjoy life, family, community and feeling satisfied. Others described a healthy lifestyle. "We're only as healthy as the unhealthiest member of the community." A healthy community was described as one rich with resources and the capacity to meet the needs of the community.
- The groups discussed the health of the community by describing a hole in the safety net for people who don't qualify for Medicaid services (the working poor). There are disparities based on socioeconomics. The elderly have issues getting help; on the other hand, there is an active, younger, recently retired population.
- When asked about the biggest health or healthcare concerns for Fauquier and Rappahannock Counties, the groups responded:
 - Mental health (including depression) – lack of services
 - Substance abuse (including alcohol, tobacco, opioids, and heroin)
 - Food insecurity
 - Homeless or near homeless
 - People with complicated illnesses having to leave the area
 - Access to healthcare – transportation; doctors taking all insurance and treating the uninsured
 - Access to primary care – hard to recruit; long wait times
 - Dental health
 - People knowing what resources are available, including physicians and agencies
 - Affordable, quality housing
 - Adult day care
 - Affordable, quality child care
 - Issues of aging – care at home
 - Cost of care

- When asked about the biggest health or healthcare concerns facing the medically underserved, low-income and minorities, the groups responded:
 - Dental care
 - African-American community has health issues (including diabetes)
 - Hispanic community is afraid to seek care or services
 - Access for those who fall between the cracks
 - Hospital is seeing more malnutrition
 - NAACP has programs at the hospital – sensitivity to minority groups is important
 - Rappahannock has one of the highest income disparities in the country
- The most important health issues for children:
 - Substance abuse (smoking, including e-cigarettes, alcohol, and drugs)
 - Mental health issues and few services available
 - Managing stress in a healthy way
 - Activity – finding time and places to exercise, less screen time
 - Healthy eating – how to cook fresh food; managing proper diet
 - Food insecurity – feeding kids in the summertime
 - Obesity
 - Dental care
 - Lack of recreational venues – no movie theater, bowling, mall, arcade
 - Safe, affordable housing for kids
- The groups thought the following issues changed in the last three years:
 - More patients in the ED with mental health and drug addiction issues
 - Increase in drug addicted babies
 - Increase in mental health challenges – issues with resilience, access to care and coverage still not solved
 - Substance abuse – growing opioid epidemic
 - Obesity is still an issue
 - Community coming together to work on these issues like never before
 - Resources for diabetes are plentiful
- The groups thought the following behaviors had the most negative impact on health:
 - Inactivity
 - Eating habits
 - Tobacco use
 - Social media
 - Substance abuse (drugs and alcohol)
 - Managing stress in a healthy way
 - Cultural issues – pride; fear
- The groups thought the following environmental factors had the most negative impact on health:
 - Very few sidewalks or walkable communities
 - Rural nature – great distances to resources; low density of population
 - Long commutes – bedroom community of DC and northern VA
 - Traffic on 29
 - Lack of affordable, quality housing
 - Narrow roads and fast cars
 - Lack of tolerance for bikers
 - Upper Goose Creek Watershed – clean-up underway, polluted with e-coli
 - Bealeton has poor drinking water

- The groups thought the biggest barriers to improving health in the last three years and moving forward are:
 - Tremendous number of out-migrating commuters not involved in the community
 - Lack of good, local jobs; industry
 - Lack of internet and broadband
 - Ignoring poverty and homelessness
 - Lack of information about services available
 - Dearth of Spanish-language services
 - Fear of people to seek care – immigration status; distrust
 - Poverty/socioeconomic status
 - Lack of population to support/sustain existing services
 - Communication between and education of stakeholders
 - Fear of walking to school
 - Liability fear – fresh food preparation
 - Lack of resources in Rappahannock – no grocery or pharmacy
 - Lack of transportation
- The group listed the following as community assets to support health:
 - PATH Foundation
 - Not-for-profit community
 - Parks System
 - CADRE
 - Food Pantries (including FISH Mobile Food Pantry)
 - L.A.M.P. Mobile
 - Schools
 - Social Services
 - Churches
 - Trails System
 - Wonderful parks
 - Warrenton Aquatic and Recreation Facility
 - Salvation Army
 - Mental Health Association of Fauquier County
 - Fauquier Free Clinic
 - Community Resource Guide
 - Fauquier Community Coalition
 - Thrift stores; supply closets
 - Generous community
 - Community works well together
- For basic healthcare needs, the groups believed members of the community turn to:
 - Fauquier Free Clinic
 - Local primary care physicians
 - Primary care physicians outside the counties
 - Specialists outside the counties
 - Fauquier Health Emergency Department
 - School nurses
 - 911
 - Health Department
 - Urgent Care
 - Drug Stores
 - Parrish nurse program
 - Don't go at all
- When asked what the community needs to manage health conditions or stay healthy, they responded:
 - Resource Center – go to spot for information about health and social services
 - Mental health services
 - Coordinated care
 - Transportation
 - Senior services
 - Substance abuse services
 - Dementia and caregiver care
 - Youth summer feeding programs
 - How to cook healthy, fresh foods
 - Service delivery
 - Timely prevention/preventive care
 - Affordable, quality housing

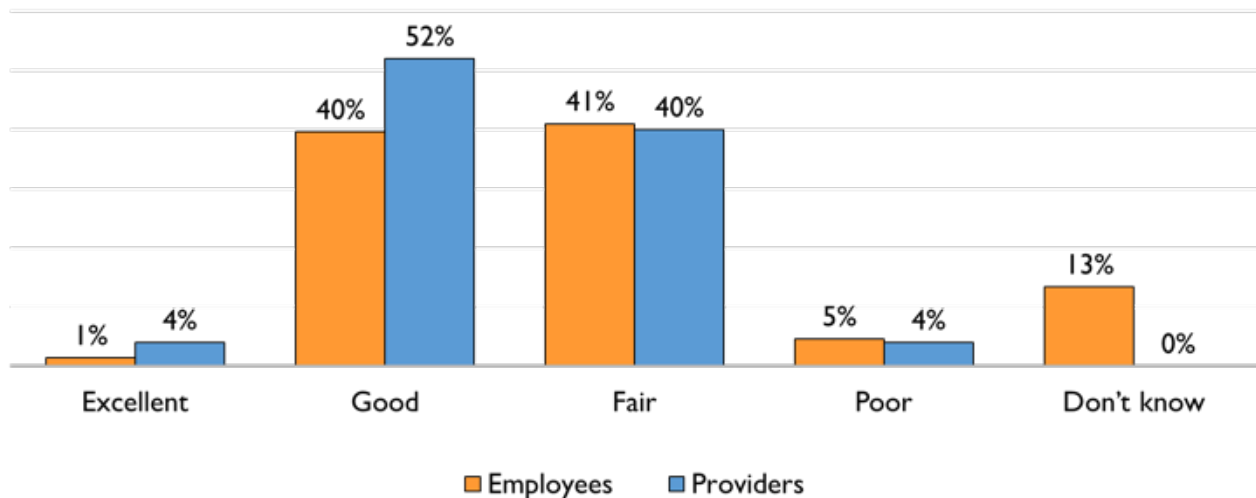
- When asked what priority health improvement actions Fauquier and Rappahannock Counties should focus on, the groups listed:
 - Improve the local economy to improve socioeconomics, which will improve health
 - Mental health services – full continuum
 - Substance abuse services – full continuum
 - Primary care availability for all payors
 - Child psychiatrist
 - Resource Center – information about health and social services; navigators
 - Transportation system
 - Resources for Rappahannock County
 - Access to physicians via e-mail
 - Time to exercise and eat healthy
 - More engagement from employers – workout at work
 - Mindfulness and meditation as part of corporate culture
 - Keep commuters connected to the community – video chat with doctors

Community Physician and Fauquier Health Employee Survey

25 community physicians and 217 Fauquier Health employees were surveyed via electronic surveys regarding their perspectives on community health status and needs from March 3 through March 27, 2017. Most of the Fauquier Health physicians and employees are members of the local community and have unique insight into the health status and needs of the community.

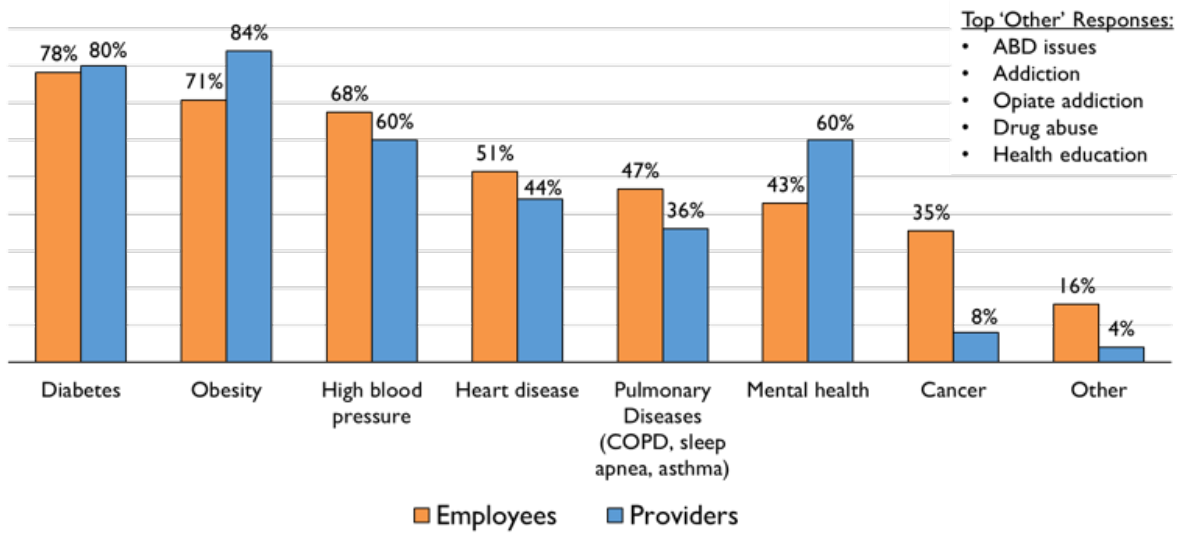
Health Status

41% of employees thought the community’s health was Excellent (1%) or Good (40%), while 46% answered Fair (41%) or Poor (5%). 56% of providers thought the community’s health was Excellent (4%) or Good (52%); 44% answered Fair (40%) or Poor (4%).



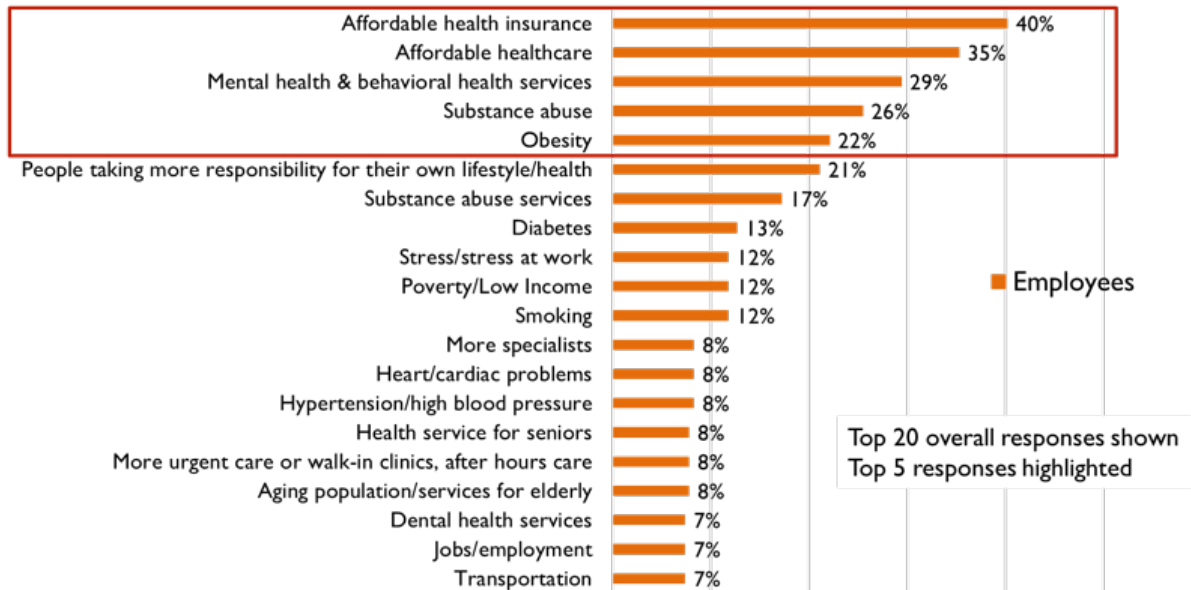
Disease Prevalence

78% of employees believe diabetes is the most prevalent chronic disease seen locally, while 84% of providers believe obesity is the most prevalent chronic disease, followed by diabetes. Providers believe mental health is tied for third with high blood pressure. Employees agreed high blood pressure was third, followed by heart disease.

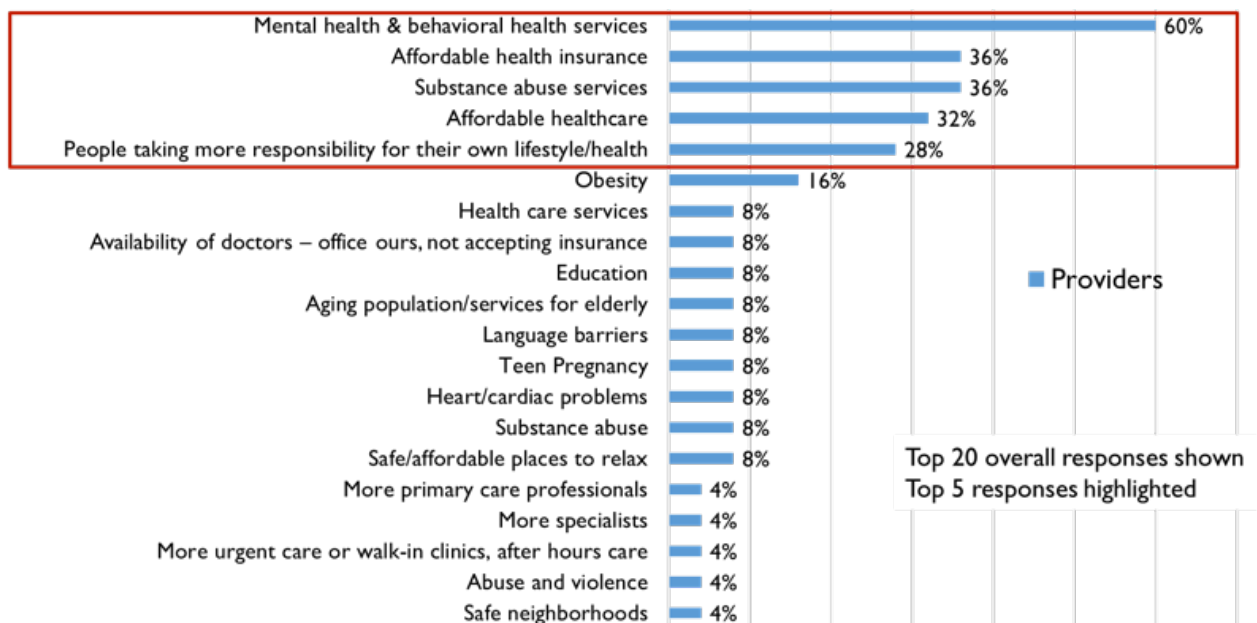


Top Issues Impacting Health

When asked about the top three issues impacting people’s health, employees responded first with affordable health insurance (40%), followed by affordable health care (35%), and mental health and behavioral health services (29%).

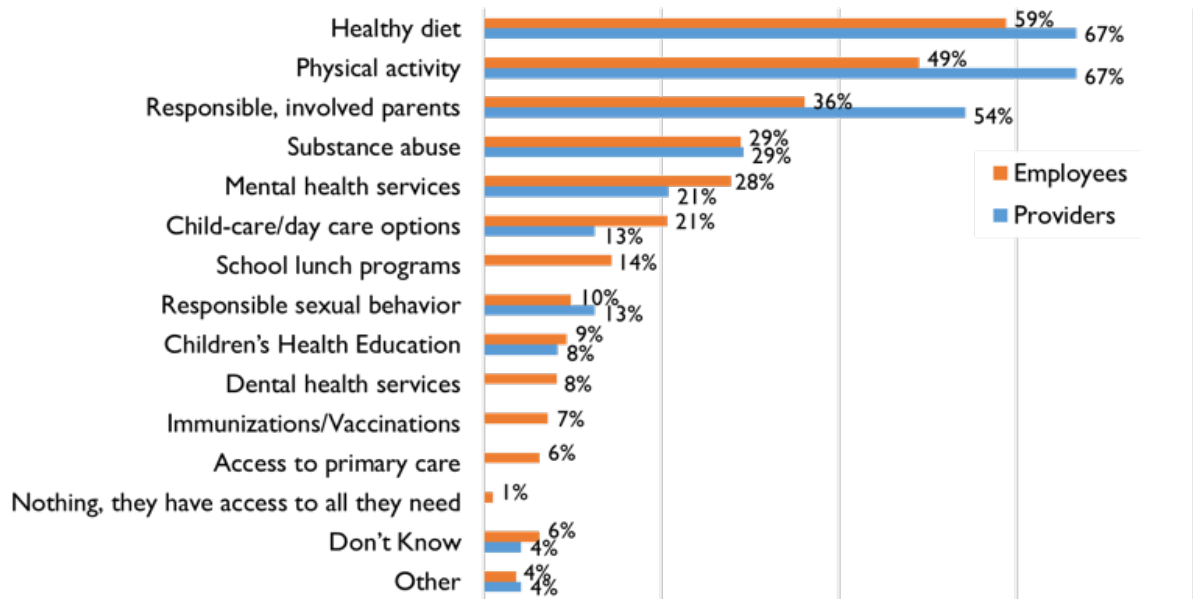


For providers, the top issues were mental health and behavioral health services (60%), followed by affordable health insurance (36%), substance abuse (36%), and affordable healthcare (32%).



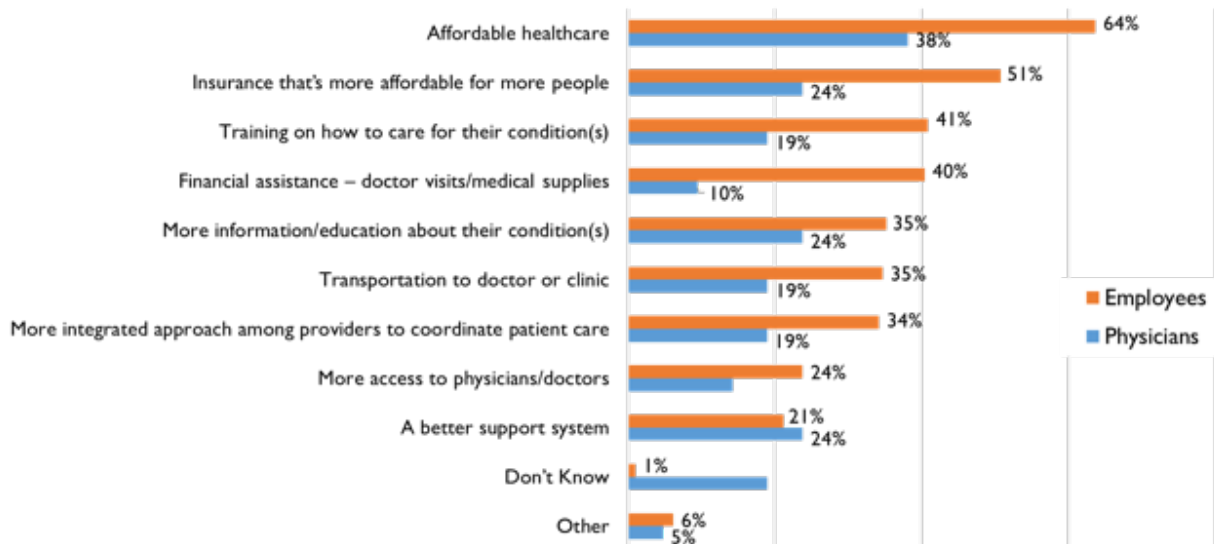
Top Health Concerns for Children

The top health concerns for children for physicians were healthy diet (67%), physical activity (67%), and responsible, involved parents (42%). For employees, the top health concerns for children were healthy diet (59%), physical activity (49%), and disengaged parents (36%). Both had substance abuse in fourth (29%).



Needed to Manage Health

For employees and physicians, affordable healthcare was seen as the most pressing need by people in the community to manage their health more effectively (64% and 38%, respectively). Employees thought insurance that's more affordable for more people was next (51%), followed by training for individuals on how to care for their condition(s) (41%). Physicians thought that insurance that's more affordable for more people, and more education/information about their condition(s) and a better support system were equally important (24%).



Community Surveys

A 32-question telephone, electronic and print survey was conducted between February 2017 and March 27, 2017. 586 total surveys were received; 206 by phone, 268 electronic, 124 paper surveys in English and 6 paper surveys in Spanish. At 95% confidence, the error rate for 586 questions was +/-4.0%. Several questions required follow-up answers, so the error rates vary based on the number of responses.

The purpose of the surveys was to obtain input on the health needs of Fauquier and Rappahannock counties.

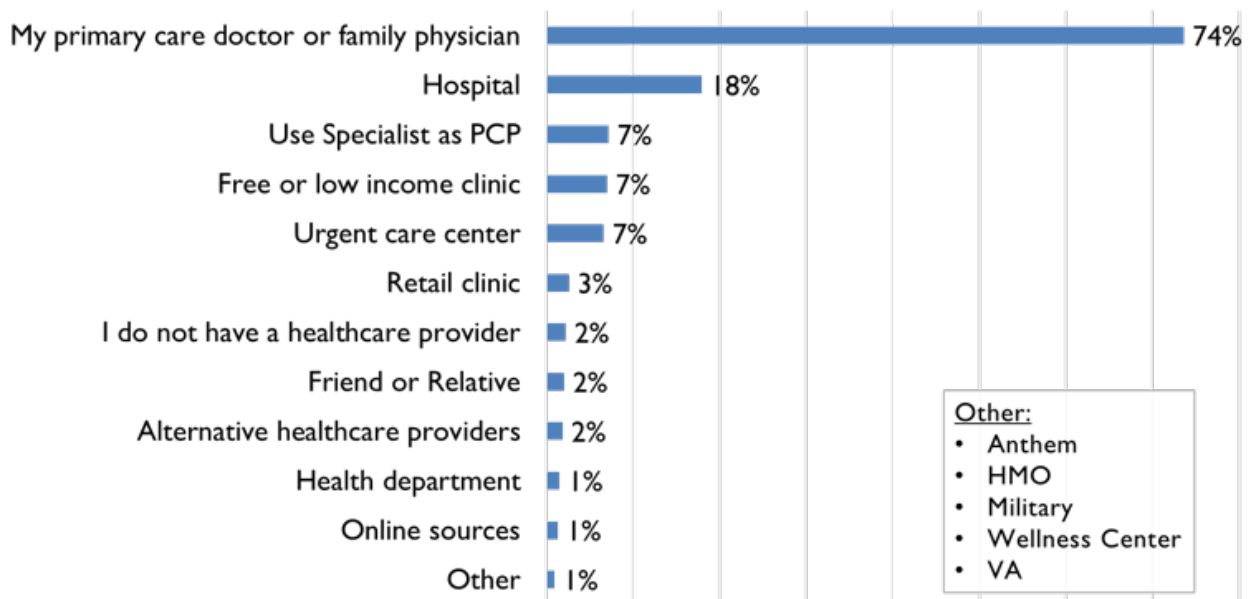
Health Status

When asked to describe their health, the respondents answered:

- 13% Excellent
- 32% Good
- 40% Fair
- 14% Poor
- 1% Declined to answer

Turn for Healthcare Needs

When asked where they turn for basic healthcare needs, the respondents answered:



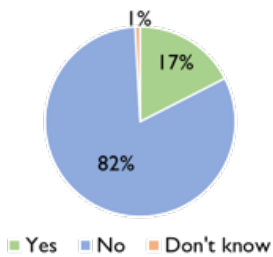
Most turn to primary care physicians for care, followed by the hospital.

Access

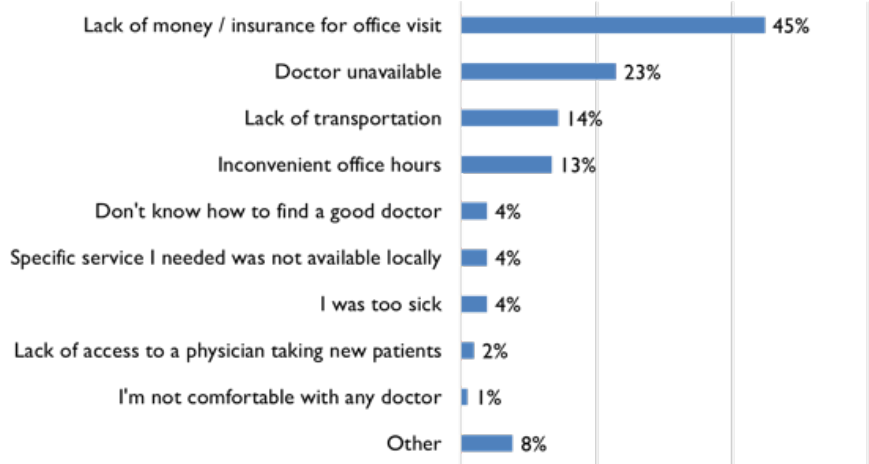
Doctors

17% indicated there was a time when they could not access a doctor. The primary reason was lack of money or insurance for office visit, followed by doctor unavailable.

Was there a time you couldn't see a doctor?



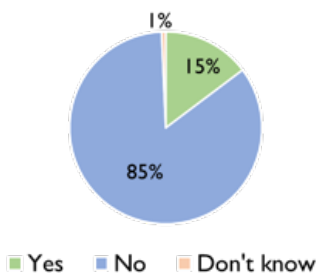
What are some reasons why you could not see a doctor?



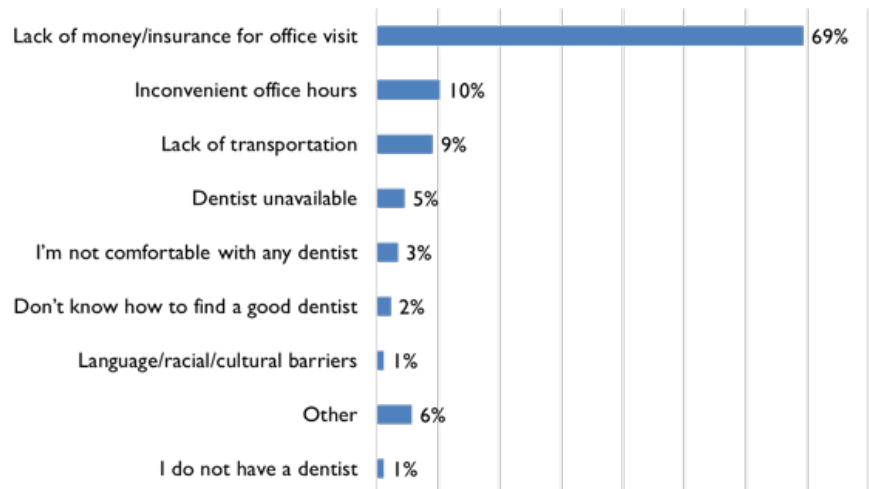
Dentists

15% indicated there was a time they could not access a dentist. Lack of money or insurance for office visit was the primary reason.

Was there a time you couldn't see a dentist?



What are some reasons why you could not?



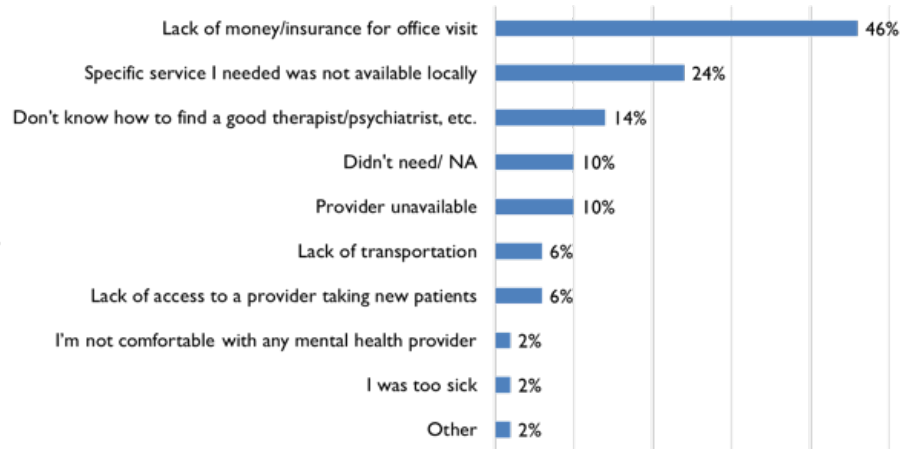
Mental Health Professionals

7% indicated there was a time they could not see a mental health professional. Lack of money or insurance for the office visit was the primary answer given.

Was there a time you couldn't see a mental health professional?



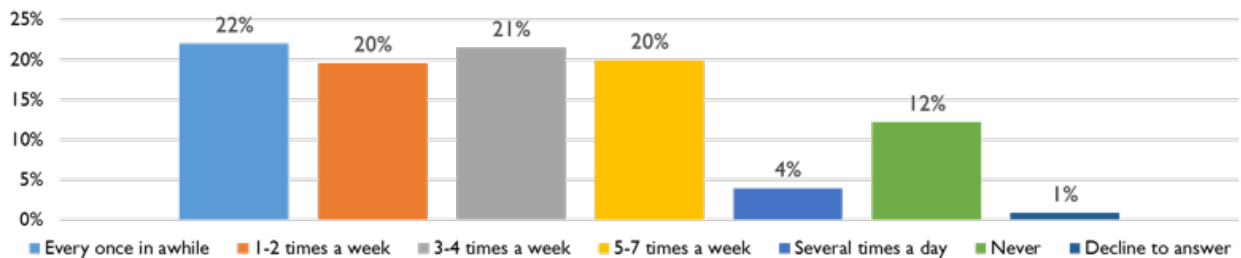
What are some reasons why you could not?



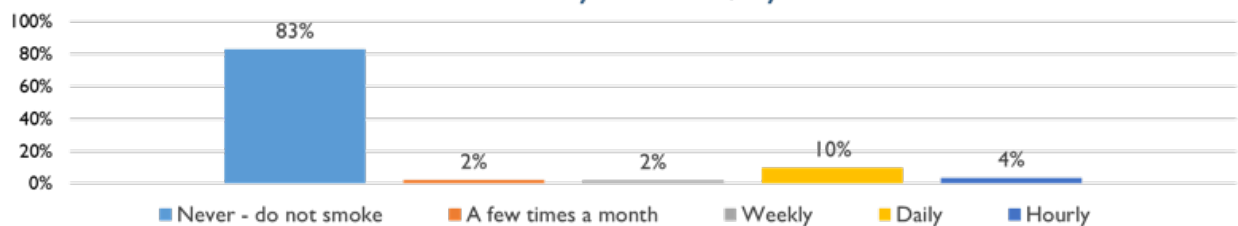
Physical Activity and Smoking

34% of the population does not exercise regularly, while 61% exercises regularly. Only 14% said they smoke.

How often did you participate in any physical activities or exercise such as fitness walking, running, weight-lifting, team sports, etc.?



How often do you smoke, if you do?



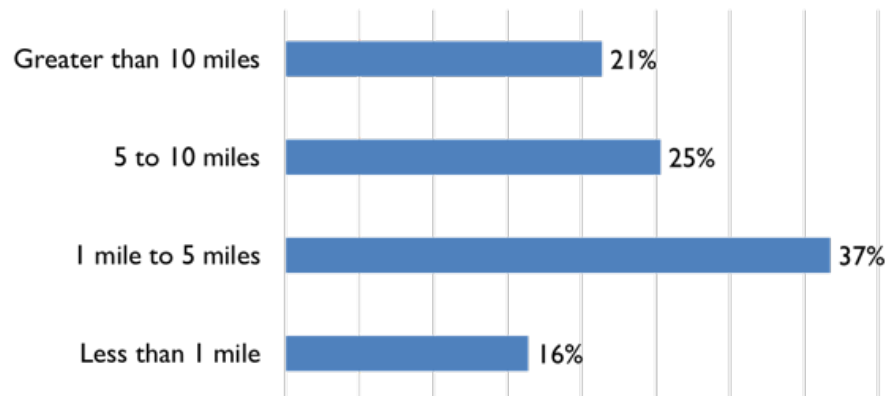
Access to Healthy Foods

96% have access to healthy foods. 46% travel five miles or more to a grocery store with fresh fruits and vegetables.

Do you have access to healthy food?



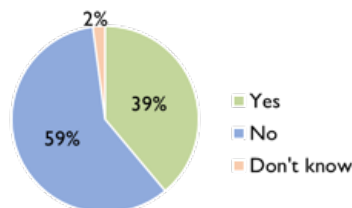
How close in distance is the nearest grocery store that offers fresh fruits and vegetables?



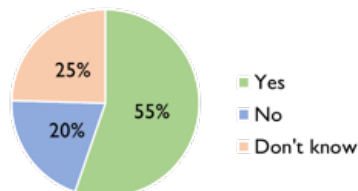
Substance Abuse

39% have themselves, or have a close friend or relative that has experienced substance abuse or addiction. 20% responded there was no treatment available. The most common substance involved was alcohol, followed by prescription drugs/pain killers, then marijuana.

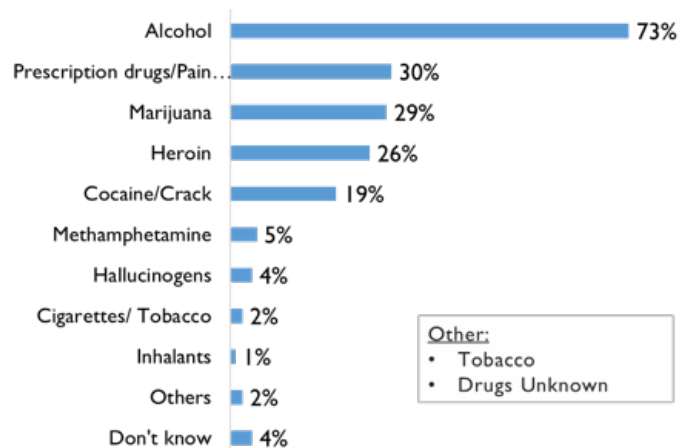
Have you, a relative or close friend experienced substance abuse or addiction?



Was there treatment available?

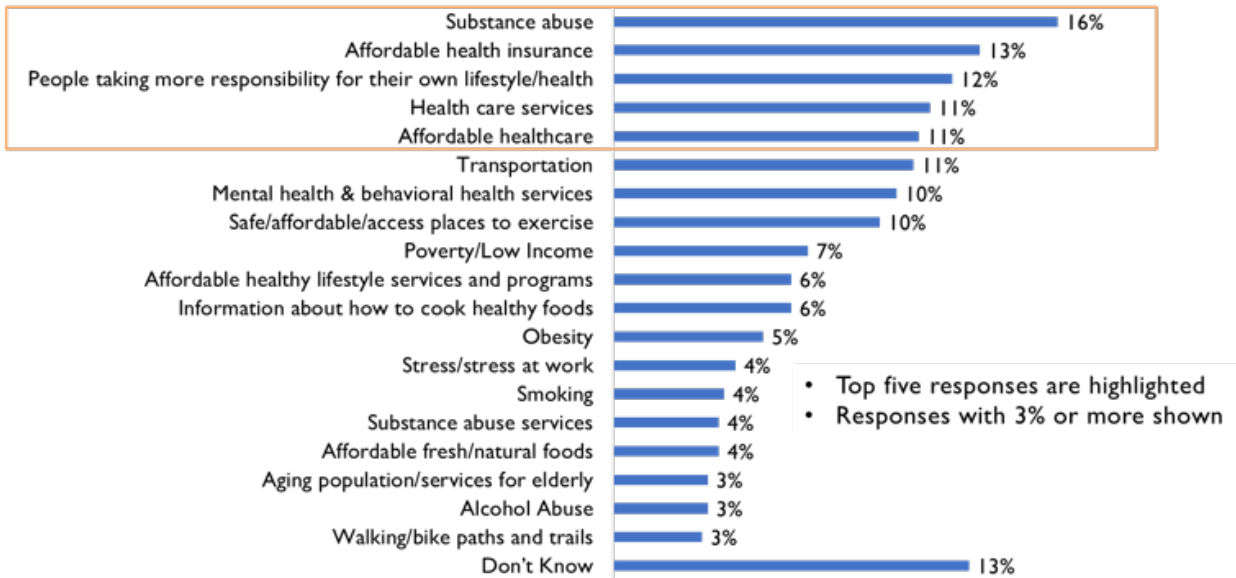


What was the substance involved?



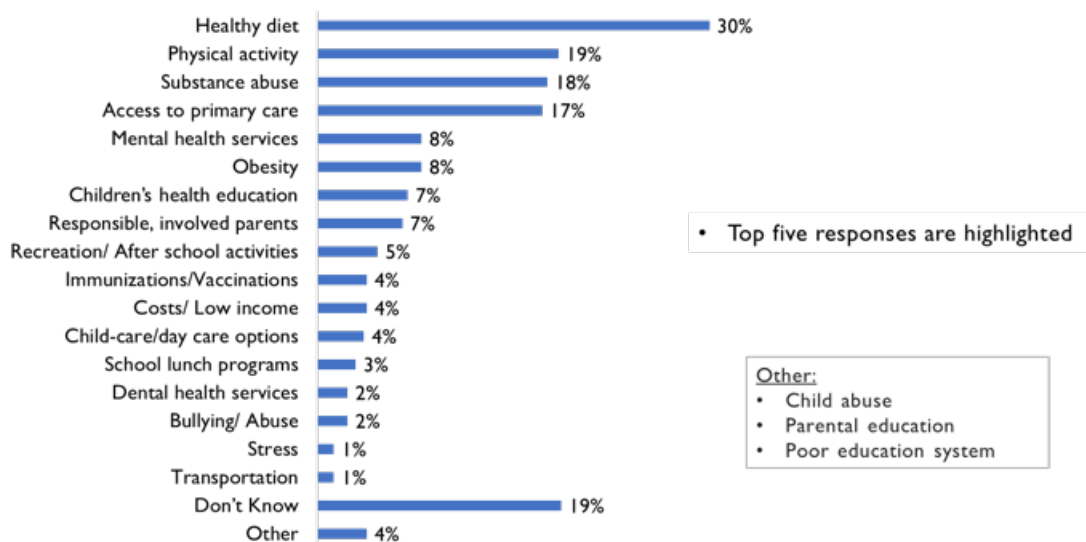
Top Three Issues that Impact Health

Respondents said the top issues that impact people’s health were substance abuse (16%), affordable health insurance (13%), and people taking more responsibility for their own health/lifestyle (12%).



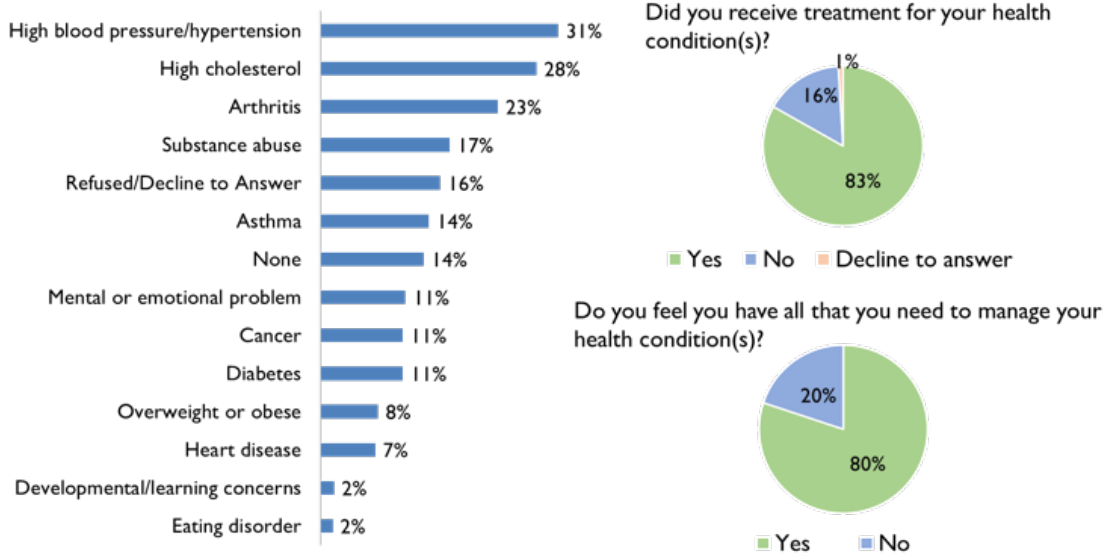
Top Health Concerns for Children

The top health concerns for children were healthy diet (30%), physical activity (19%), and substance abuse (18%).



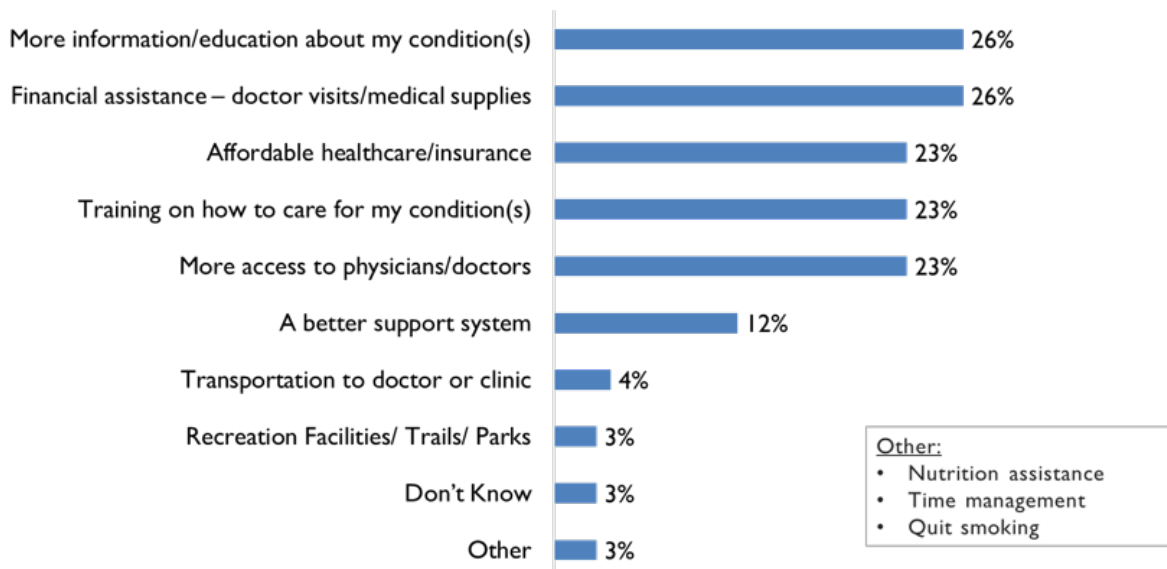
Disease Prevalence

When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 86% responded affirmatively. The most prevalent issues were:



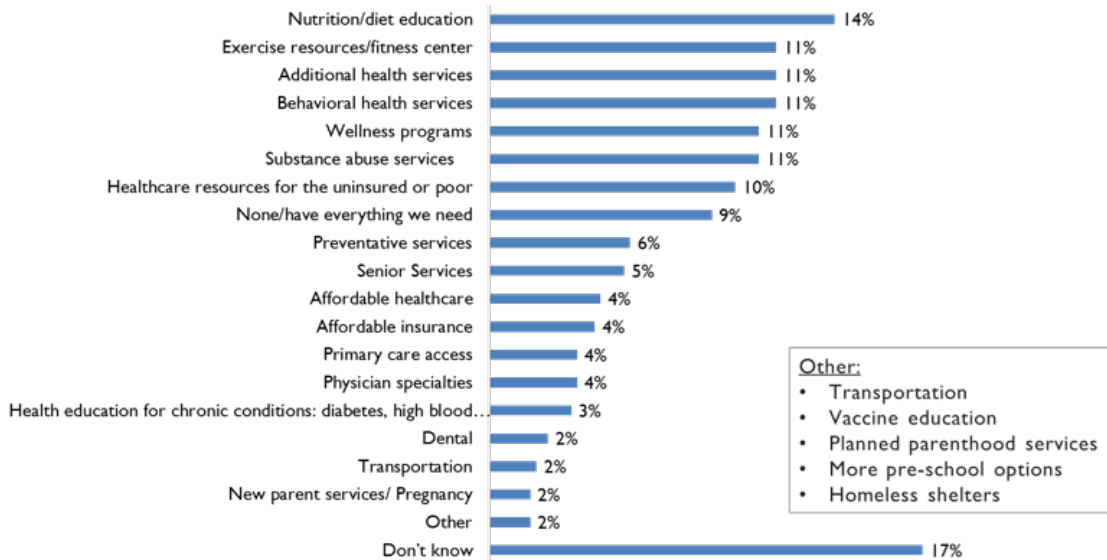
Needed to Manage Health

Most respondents received treatment for their condition, and 80% felt they had all they need to manage their health condition(s). Of the remaining 20% (111 individuals), needs included:



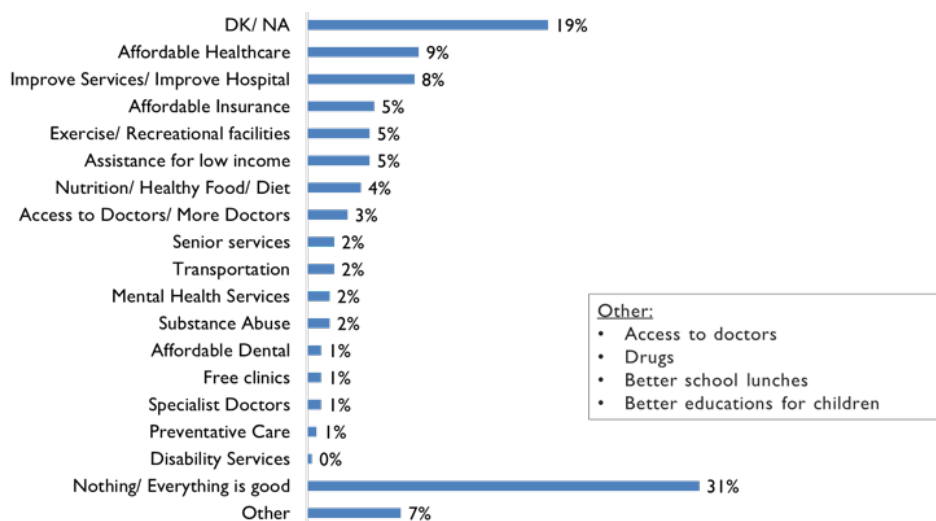
Healthcare, Health Education & Public Health Services or Programs

Respondents would like nutrition/diet education, exercise resources, additional health services, behavioral health services, wellness programs, and substance abuse services offered in the community.



Top Health Needs in the Community

The top health needs in the community identified through the survey included affordable healthcare, improved services/hospital, and affordable insurance, exercise/recreational facilities, and assistance for low income persons. Interestingly, 19% didn't know and 31% responded everything was good.



Demographics of the Survey

88% of respondents lived in Fauquier, and 12% lived in Rappahannock. The survey skewed female (69%) and slightly older with 51% over age 55. The race and ethnicity of the survey mirrored the population at 82% white.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. When data was available for Virginia, the United States or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is highlighted below. Strengths are important because the community can build on them. It's important to continue this focus so existing strengths don't become opportunities for improvement. The full data analysis can be seen in the complete CHNA PowerPoint. There were strengths and opportunities identified for various measures within the counties: opportunities were denoted with red stars, and strengths were denoted with green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of data collection are noted below the graphs.

Leading Causes of Death: Age-Adjusted Deaths per 100,000

Cause of Death	Fauquier	Rappahannock	Virginia	US
	County 2013	County 2013	2013	2014
Heart Disease	141.1	140.8	155.9	169.8
Cancer	123.3	173.9	161.3	163.2
Chronic Lower Respiratory Disease	53.3	42.1	37.2	42.1
Accidents	40.4	2.0	33.0	39.4
Stroke	46.8	31.0	38.5	36.2
Alzheimer's Disease	29.4	19.7	19.6	23.5
Diabetes	11.7	9.9	18.3	21.2
Influenza and Pneumonia	17.2	8.6	16.8	15.9
Suicide	20.6	0.0	12.2	12.6
Liver Disease	11.6	0.0	8.9	10.2

Source(s): Virginia Department of Health; National Center for Health Statistics

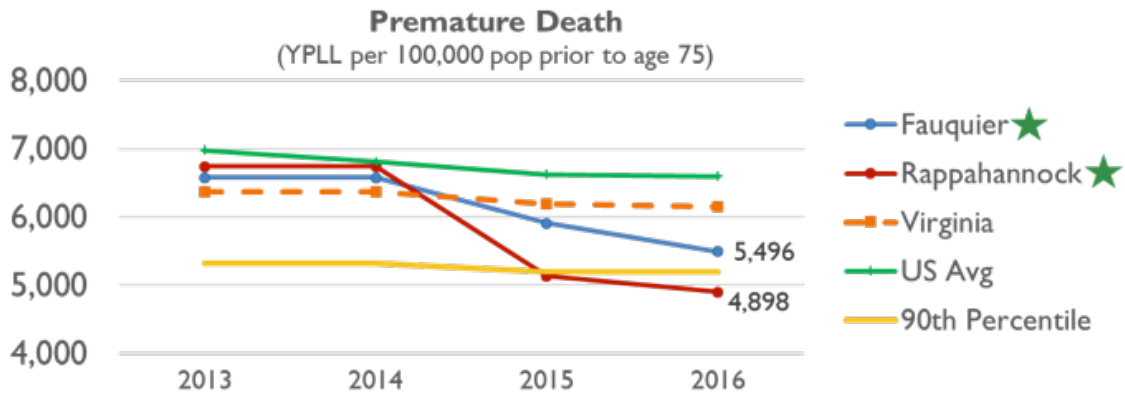
Red areas reflect death rates higher than the state. The leading causes of death in Fauquier County were heart disease and cancer, as in the U.S. In Rappahannock, the leading cause of death was cancer, followed by heart disease, as in Virginia. Other causes of death included stroke, accidents, chronic lower respiratory disease, Alzheimer's disease, diabetes, liver disease, influenza and pneumonia, and suicide.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Fauquier County ranked 15th and Rappahannock County ranked 13th in Health Outcomes out of 134 Virginia counties and independent cities. Fauquier County ranked 18th and Rappahannock ranked 15th in length of life.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75.

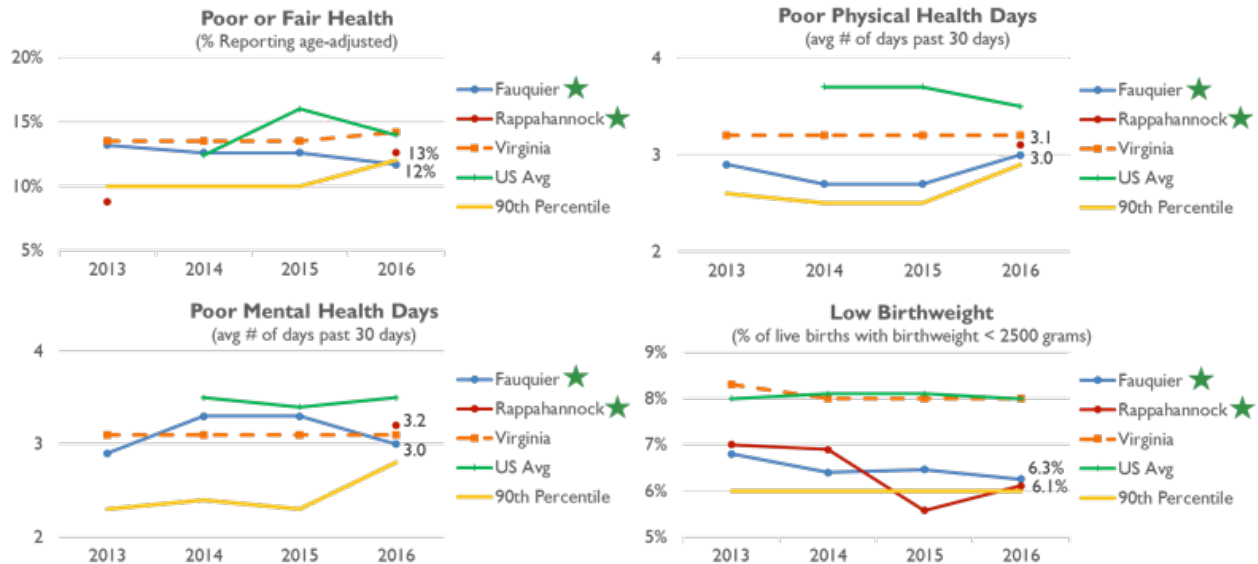


Source: County Health Rankings; National Center for Health Statistics – Mortality File 2011-2013

In most of the following graphs, Fauquier County will be blue, Rappahannock County will be red, Virginia orange, the U.S. green, and the 90th percentile gold.

Quality of Life

Quality of life was measured by: percent reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and the percentage of live births with birthweight less than 2500 grams (5.5 lbs). Fauquier County ranked 7th and Rappahannock County ranked 16th out of 134 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

*Indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 cannot be compared to prior year results.

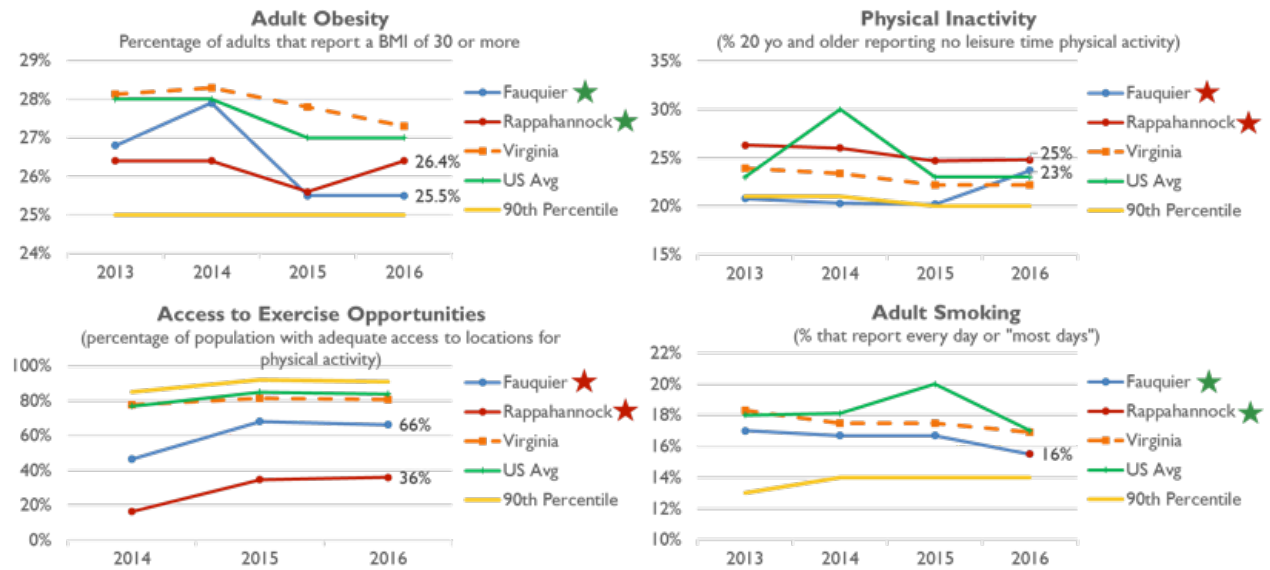
Strengths

- Years of potential life lost (YPLL) per 100,000 population prior to age 75 was lower in Fauquier County than in the U.S. and Virginia; Rappahannock County scored lower than the top 10% of all counties in the U.S. The YPLL trend has also been declining.
- 88% of Fauquier County and 87% of Rappahannock indicated they were in excellent or good health, with only 12% and 13% indicating they were in fair or poor health according to the Behavioral Risk Factor Surveillance System Survey. These percentages are close to the top 10% in the country. Since the community electronic and paper survey conducted in the two counties was distributed through not-for-profit agencies, there were a higher percentage who described their health as fair or poor (54%).
- Fauquier County had a lower average number of poor physical health days than Virginia and the U.S. with 3.0. Rappahannock County residents reported 3.1 poor physical health days out of the past 30 days.
- Fauquier County residents reported fewer poor mental health days than Virginia and the U.S. with 3.0 out of the past 30 days. Rappahannock County had slightly more poor mental health days than Virginia at 3.2, but fewer than the U.S.
- The percentage of low birthweight babies in Fauquier and Rappahannock Counties was lower than in Virginia and the U.S. with 6.3 and 6.1%, respectively.

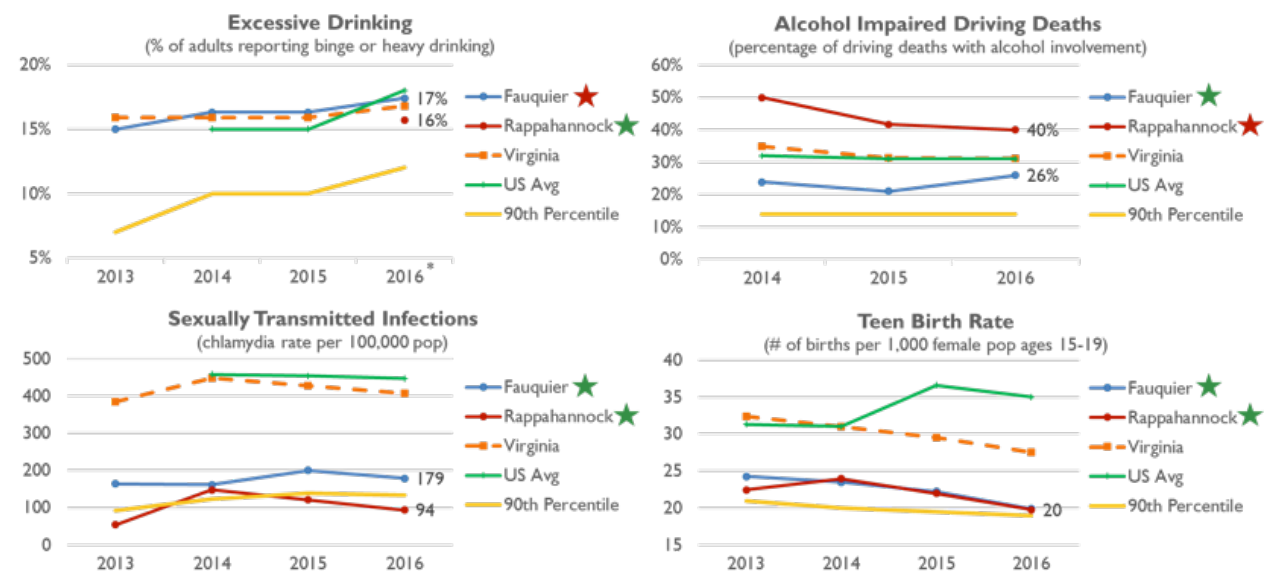
Health Factors or Determinants

Health factors or determinants were comprised of measures of related to health behaviors, clinical care, social and economic factors, and physical environment. Health behaviors are made up of nine measures. Health behaviors account for 30% of the counties' rankings. Fauquier and Rappahannock Counties ranked 18th and 31st respectively out of 134 counties and independent cities in Virginia.

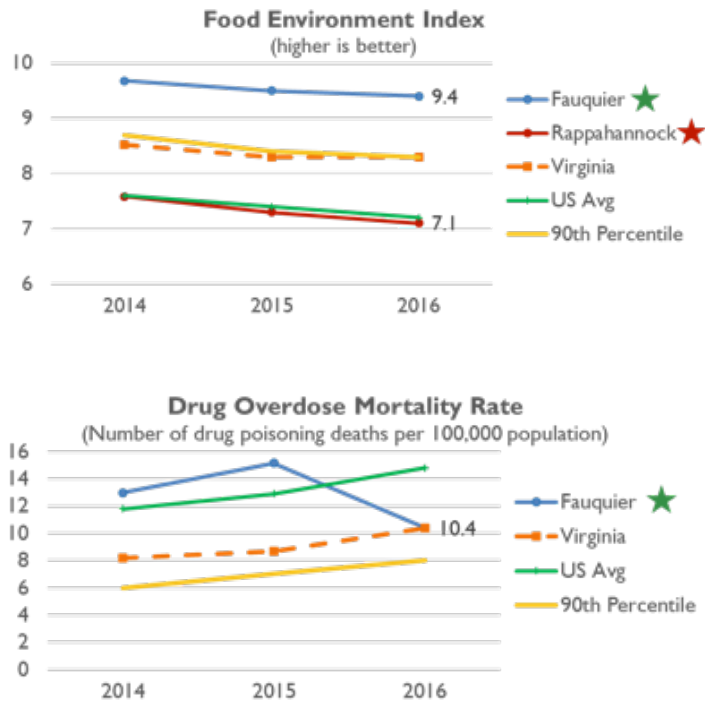
Health Behaviors



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012
 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and U.S. Census Tigerline Files, 2013
 Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)



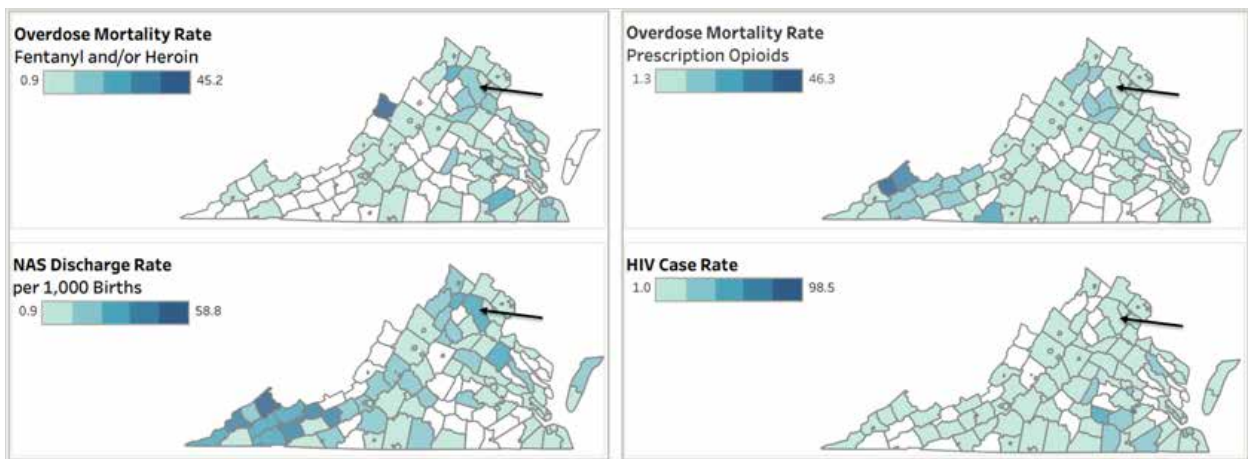
Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
 Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013



Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
 Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

The Food Environment Index is comprised of the percent population with limited access to healthy foods and percent population with food insecurity. Limited access to foods estimates the percentage of those who are low income and do not live close to a grocery store. Food insecurity is the percentage of those who did not have access to a reliable source of food during the past year.

Virginia Opioid Indicators



Not enough data for Rappahannock County

Strengths

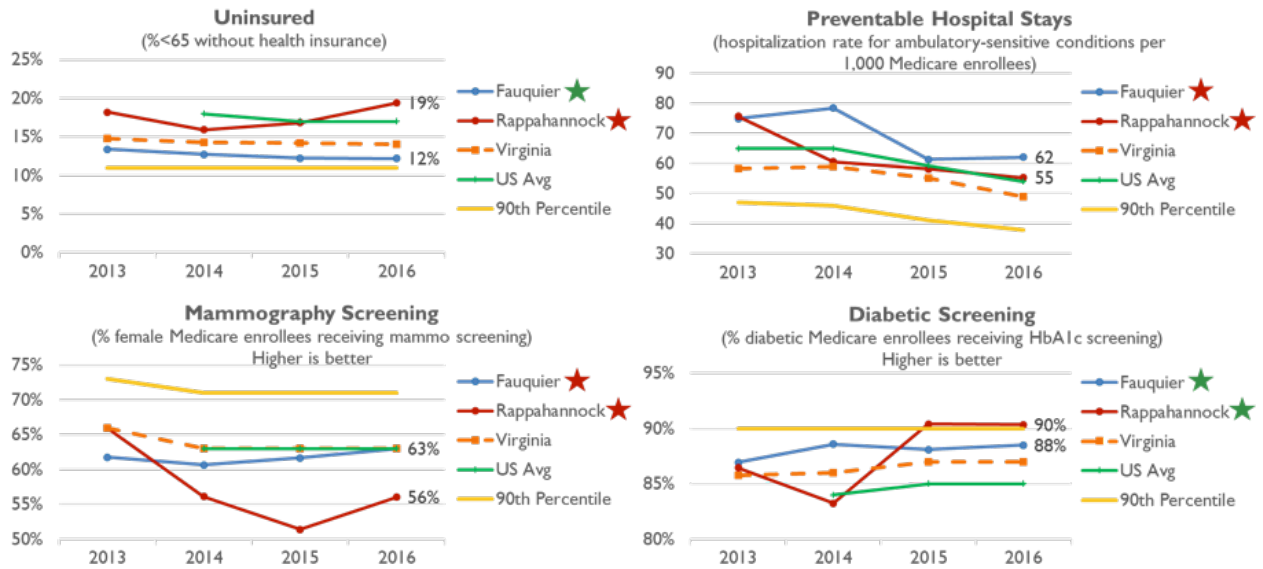
- Adult obesity in Fauquier (25.5%) and Rappahannock (26.4%) Counties was lower than in Virginia and the U.S. Obesity puts people at increased risk of chronic disease: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's disease, and often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. In the community survey, 8% responded they had been told by a doctor they were overweight or obese.
- Adult smoking in Fauquier and Rappahannock Counties was lower than in Virginia and the U.S. at 16%. Each year, approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease and respiratory conditions, as well as low birthweight and other adverse health outcomes. The community survey indicated 16% smoke regularly.
- Sexually transmitted diseases as measured by chlamydia rate per 100,000 population was lower in Fauquier and Rappahannock Counties than in Virginia and the U.S. Rappahannock County was at the top 10% of counties in the U.S.
- The teen birth rate in Fauquier and Rappahannock Counties was lower than in Virginia and the U.S., approaching the top 10% of counties in the U.S. at 20 births per 1,000 female ages 15-19.
- The Food Environment Index in Fauquier was much higher than in Virginia and the U.S.
- The drug overdose mortality rate was lower in Fauquier County than in Virginia and the U.S. 39% of respondents in the community survey reported that they, a relative or a close friend experienced substance abuse or addiction.

Opportunities

- Physical inactivity was higher in Fauquier (23%) and Rappahannock (25%) Counties than in Virginia and the U.S. In the community survey, 34% responded they never exercise or only exercise once in a while, while 65% exercise regularly. Additionally, access to exercise opportunities was lower in Fauquier and Rappahannock Counties than in Virginia and the U.S.
- Excessive drinking was higher in Fauquier County than in Virginia and the U.S.
- The percentage of driving deaths with alcohol involved in Rappahannock County was higher than in Virginia and the U.S.
- The Food Environment Index was much lower in Rappahannock County than in Virginia, but similar to the U.S. 46% of the community survey respondents reported travelling five miles or more to a grocery store with fresh fruits and vegetables. The focus groups reported that Rappahannock County does not have a grocery store.

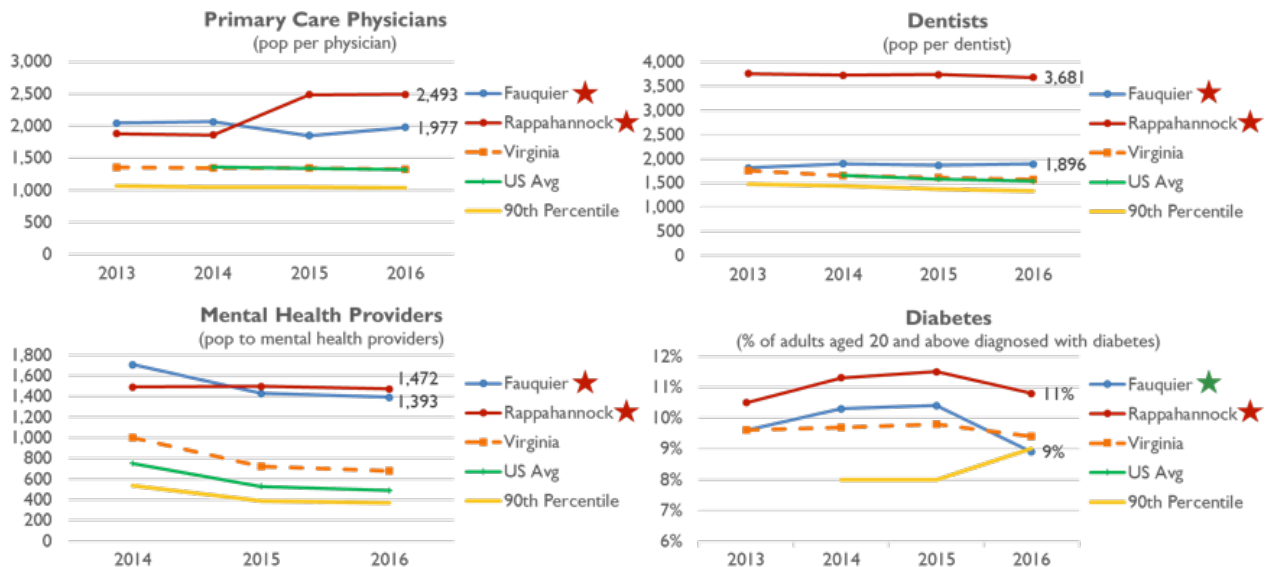
Clinical Care

Clinical care ranking is made up of seven indicators accounting for 20% of the counties' rankings. Fauquier County ranked 44th and Rappahannock ranked 114th out of 134 Virginia counties and independent cities in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014

Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Strengths

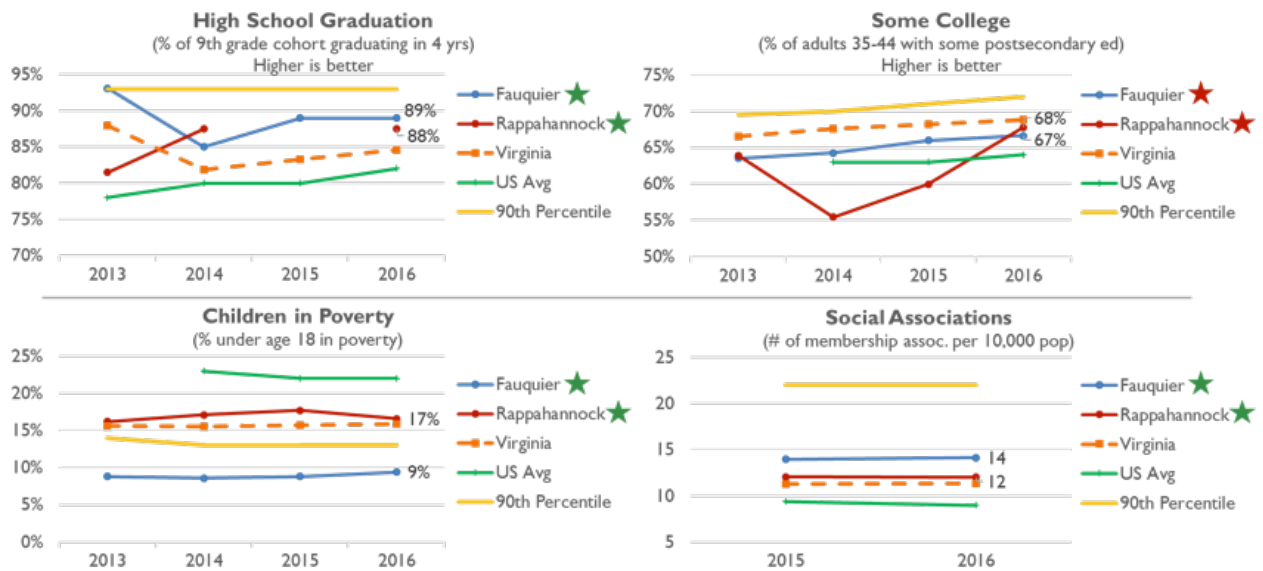
- The percentage of those under 65 without health insurance was lower in Fauquier County than in Virginia and the U.S.
- The percent of diabetic Medicare enrollees receiving diabetic screening was higher in Fauquier and Rappahannock Counties than in Virginia and the U.S.
- The percentage of adults over 20 who had been diagnosed with diabetes (9%) was lower in Fauquier County than in Virginia.

Opportunities

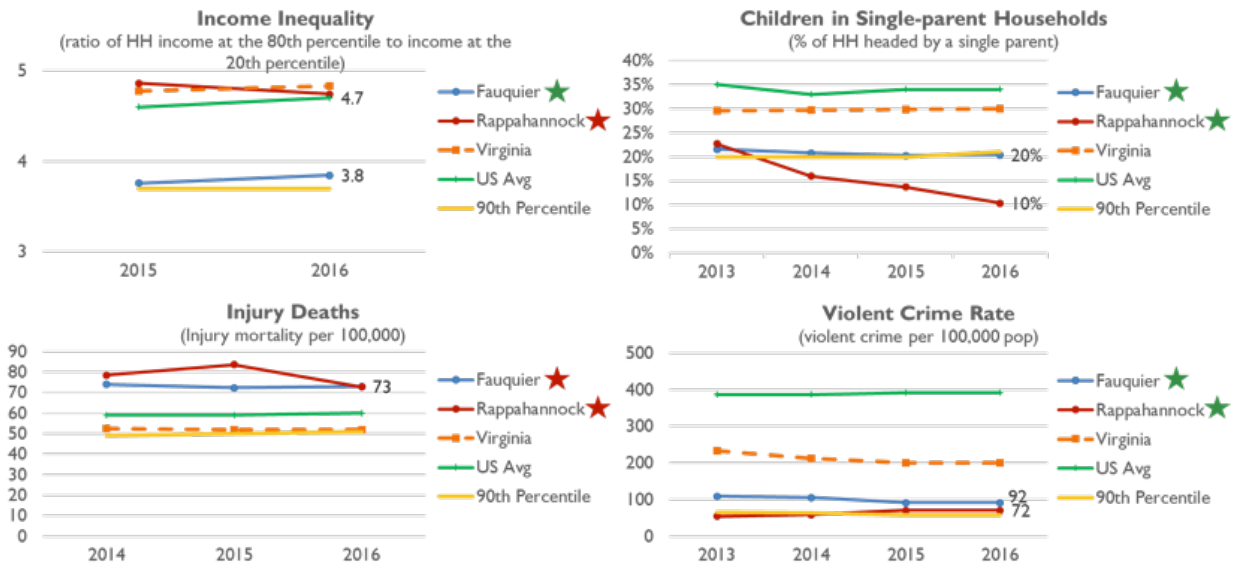
- The percentage of those under 65 without health insurance was higher in Rappahannock County than in Virginia and the U.S.
- Preventable hospital stays were higher in both Fauquier and Rappahannock Counties than in Virginia and the U.S.
- Mammography screening was lower in Fauquier and Rappahannock Counties than in Virginia and the U.S.
- The population per primary care physician was lower in Fauquier County than in Virginia and the U.S. In the community survey, 17% responded there was a time in the past 12 months when they needed to see a doctor, but could not.
- The population per dentist was higher in Fauquier and Rappahannock Counties than in Virginia and the U.S. In the community survey, 15% responded there was a time in the past 12 months when they needed to see a dentist but could not.
- The population per mental health provider was higher in Rappahannock County than in Virginia and the U.S. In the community survey, 7% responded there was a time in the past 12 months when they needed to see a mental health professional but could not.
- 11% of Rappahannock County respondents had diabetes, which was higher than the state average. In the community survey, 11% of respondents had been told by a doctor they have diabetes.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Fauquier County ranked 13th and Rappahannock ranked 28th in social and economic factors out of 134 Virginia counties and independent cities.



Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2012-2013
 Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
 Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2014
 Source: Social associations - County Health Rankings; County Business Patterns, 2013



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014
 Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014
 Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013
 Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

Strengths

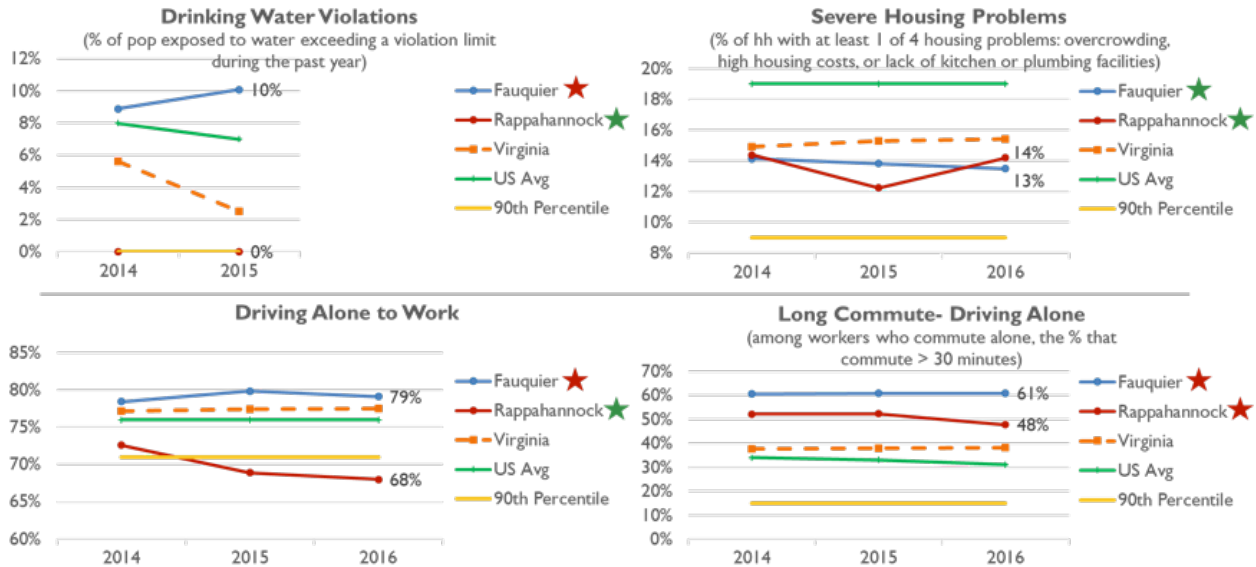
- High school graduation was higher in Fauquier and Rappahannock Counties than in Virginia and U.S.
- There are more social associations in Fauquier and Rappahannock Counties than in Virginia and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Income inequality was lower in Fauquier County than in Virginia and the U.S.
- The percentage of children in single-parent households was lower in Fauquier (20%) and Rappahannock (10%) Counties than in Virginia and the U.S.
- Violent crime rate per 100,000 population was lower in Fauquier and Rappahannock Counties than in Virginia and the U.S.
- The median household income of Fauquier was higher than that of Virginia and the U.S.
- Unemployment in both counties was lower than in Virginia and the U.S.
- The poverty rate was lower in both counties than in Virginia and the U.S.

Opportunities

- The percent of adults with some college was lower in Fauquier and Rappahannock Counties than in Virginia, but higher than the U.S.
- Income inequality was higher in Rappahannock than in the U.S.
- Injury deaths were higher in both Fauquier and Rappahannock Counties than in Virginia and the U.S.
- Rappahannock County had a lower median household income than Virginia. A census tract in Fauquier near Bealeton had a lower median household income than the state and concerning out of pocket spending information, indicating what could be lower health status.
- The elderly population as measured by median age was higher in both Fauquier and Rappahannock County than in Virginia and the U.S. Rappahannock was 11 years older than Virginia and the U.S., Fauquier was four years older.

Physical Environment

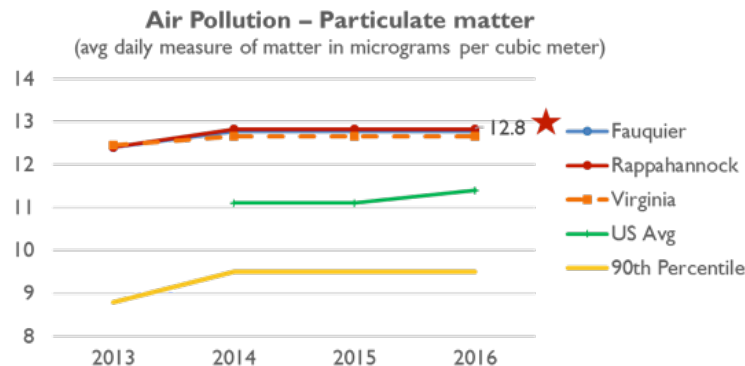
Physical environment assesses five measures. Physical environment accounts for 10% of the counties' rankings. Fauquier County ranked 122nd and Rappahannock ranked 20th out of 134 Virginia counties and independent cities in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings; CDC WONDER environmental data, 2010

Strengths

- Rappahannock County had no drinking water violations
- Fauquier and Rappahannock Counties had fewer severe housing problems than Virginia and the U.S.
- Rappahannock County had a lower percentage of commuters driving alone to work.

Opportunities

- There were drinking water violations in Fauquier County.
- Fauquier and Rappahannock Counties had long commute times, higher than both Virginia and the U.S. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Fauquier County had drinking water violations and a higher percentage of people driving alone to work.
- Fauquier and Rappahannock Counties had more air particulate matter in micrograms per cubic meter than Virginia and the U.S.

PRIDE Survey Results

John Waldeck, President of the Mental Health Association of Fauquier County, presented information about the PRIDE survey conducted in 2015 sponsored by Fauquier CADRE, the Mental Health Association of Fauquier County, and Fauquier County Public Schools. The assessment surveyed 4,450 students in grades 7 through 12. It asked questions about frequency of drug and alcohol use, time of first use, when and where drugs and alcohol were used, perceived harm of drug and alcohol use, other mental health issues, community protective and risk factors, and safety issues.

Key findings included:

- Alcohol is the first drug used by youth in Fauquier County.
- In 2010, the average age of first use was 15 nationally (PATs Survey).
- The age of first use of alcohol was 13.5 in Fauquier County.
- 25% of youth who begin use at age 13 develop a Substance Use Disorder (NIDA).
- The earlier a child uses drugs, the greater their chance of addiction.
- Early Intervention can prevent serious problems.
- Monthly cigarette use is down, but e-cigarette use is on the rise.
- Monthly alcohol use is down steadily since 2001. However, youth are at risk of alcohol poisoning: over half the senior class who drink, drink to excess.
- Monthly marijuana use is above the national average.
- 175 youth abused prescription drugs in the last 30 days prior to survey administration.
- 79 youth used heroin last year.
- 574 youth used an illicit drug in the 30 days prior to survey administration.
- Approximately 400 youth are potentially addicted to substances.
- Youth primarily use alcohol and marijuana at a friend's house or at home and mainly on the weekend.
- Youth struggle with mental health issues – 17% reported anxiety, 16% depression, 6% eating disorder and 6% self-injury.

- 25% reported suicidal thoughts in the past year in Fauquier County.
- 20% reported threatening/harmful behaviors.
- 15% report being afraid another student will hurt them at school.

For the full report, visit <http://fauquier-mha.com>.

There were four broad themes that emerged in this process:

- Fauquier and Rappahannock Counties needs to create a “Culture of Health” that permeates their cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups (such as the census tract southwest of Warrenton near Bealeton).
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in both Fauquier and Rappahannock Counties to improve health.



Results of the CHNA: Community Health Town Hall Needs, Goals and Actions

Prioritization Criteria

At the Community Health Town Hall, attendees reviewed the most significant health needs in the community for the next three-years as identified by the focus groups and the community survey. The Community Health Town Hall affirmed the priorities, listed below.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of the Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

With the following issues prioritized, tables brainstormed goals and actions at the Community Health Town Hall, creating the foundation for Fauquier and Rappahannock Counties' health initiatives.

- Substance abuse (including alcohol, tobacco, and drugs)
- Mental health services
- Healthy eating/Active living (addressing general health and obesity)
- Socioeconomics (housing, jobs)
- Access to care (uninsured, cost of insurance and care, and catching people in the service gap)
- Childhood wellness (mental health, nutrition, and physical activity)
- Senior Services (home care, wellness, and chronic disease management)



Community Health Town Hall Brainstorming

Focus Areas, Goals

Suggested goals and actions from the community have been organized below.

Significant Health Need: Substance Abuse

Goal 1 – Prevention

- Implement evidence-based programs for early identification
- Education

Resources/Collaborators Needed: Evidence-based programming, School Systems, Department of Juvenile Justice, Faith Communities, Department of Social Services, Rappahannock-Rapidan Community Services, LE, CRUSH

Goal 2 – Treatment

- Access to evidence-based treatment
- Decrease stigma attached to substance abuse – treatment locally (reduce the not in my backyard opposition)
- Develop a continuum of care for ongoing care, housing support, etc.
- Develop options for uninsured and underinsured

Resources/Collaborators Needed: Rappahannock-Rapidan Community Services, probation officers, law enforcement, detention center, Oxford Houses

Goal 3 – Reduce Harm

- Needle Exchange, Narcan, Neonatal Abstinence Syndrome (NAS), alcohol
- Address mental health issues, particularly suicidal tendencies

Resources/Collaborators Needed: Health Department, Fauquier Hospital, pharmacies

Significant Health Need: Mental health

Goal 1 – Improve access through collaborative care – behavioral health and primary care should be integrated

- Embed mental health resources in primary care offices and standard visits – build on model at Fauquier Free Clinic
- Advocate for payment systems that encourage and pay for collaborative care such as mental health referrals and telehealth
- Advocate for payment mechanisms that promote collaborative care

Goal 2 – Educate the community on mental health and connect them to resources

- Create a local mental health resource center to offer proactive connections with resources and organizations
- Develop materials to assist people in seeking mental health resources
- Promote adult and youth mental health first aid

Goal 3 – Increase the quality of mental health resources

- Address socioeconomic issues that make it hard to attract more providers, such as affordable housing
- Invest in telehealth resources to bridge gaps in needed resources

Goal 4 – Early intervention for young people (prevention, early intervention)

- Prevention programs in school and in community
- Support parents in learning how to recognize issues and how to teach resilience in youth

Significant Health Need: Healthy eating/Active living - Obesity

Goal 1 – Education – cooking, food prep, gardening, demystify healthy food as expensive

- Provide education on gardening, fresh food preparation, cooking
- Demystify healthy food – preparation and cost

Resources/Collaborators Needed: doctors, schools, Farms, restaurants

Goal 2 – Access to healthy foods – FISH Mobile Food Pantry; fresh food availability

- Support and grow the FISH Mobile Food Pantry
- Have fresh, healthy food at community events

Resources/Collaborators Needed: convenience stores, local farms, school systems

Goal 3 – Active families

- Create opportunities for families to be active outside of traditional “exercise”
- Hold free exercise classes – yoga, Zumba, Tai Chi, boxing
- Advertise classes

Resources/Collaborators Needed: Parks & Recreation, non-profit/special events, businesses

Significant Health Need: Access to Care – gaps, uninsured, cost

Goal 1- Reduce barriers to care for uninsured

- Expand support for Fauquier Free Clinic and volunteers
- Use schools and other channels to expand prevention efforts (particularly for those with lower socioeconomic status)

Resources/Collaborators Needed: Fauquier Free Clinic, Fauquier Hospital, other resources

Goal 2 – Transportation and Isolation

- Advocate for more options – giant geographic expanse, support existing options
- Provide sustainable funding for transportation – support volunteers

Goal 3 – Identify resources, professionals and services that aren't local

- Expand telehealth and remote options. Advertise and make information available via many channels
- Support navigators and case management efforts to connect to existing resources and services

Significant Health Need: Childhood Wellness

Goal 1 – Continue to support FRESH and Commit to be Fit

- Scale to the next level, escalate services
- Education and awareness of the programs

Resources/Collaborators Needed: funding, community involvement

Goal 2 – Address stress/resilience – toolkit for target age groups (elementary to middle school and middle school to high school)

- Take services to the students
- Alliance to bring resources together – free and accessible; podcasts
- Student assembly – showing 'Resilience'

Resources/Collaborators Needed: school systems, Greater Piedmont Trauma Network

Goal 3 – Support parents to be a conduit for wellness

- Figure ways to get parents and students together for physical activities and healthy food education
- Investigate causes of unsupportive home environments – long work days and kids left alone

Significant Health Need: Socioeconomics – Housing, jobs

Goal 1 – Safe, healthy homes

- Home repair
- Homeless prevention – matching funds for existing programs, unrestricted funds for homeless seniors

Resources/Collaborators Needed: People, Inc., faith communities, Fauquier Housing Corp, Habitat for Humanity, Fauquier Community Coalition, Community Touch, Fauquier Family Shelter, Foothills Housing Network

Goal 2 – Job training and education

- Support local job training/education programs
- Job access programs – help with applications, mentoring, preparation for interviews, transportation

Resources/Collaborators Needed: RappU, school systems, People, Inc., Fauquier Community Coalition, Goodwill, public libraries, Community Touch

Goal 3 – Initiate comprehensive Case Management - long-term assistance

- Financial education (minimum assistance needed) help with budgeting
- Comprehensive case management to work with clients to access all services for which they're eligible
- Encourage healthy behaviors
- Improve employment options

Resources/Collaborators Needed: Community Touch, People, Inc., Fauquier Cooperative Extension Office, faith communities, Fauquier Community Coalition, Rappahannock Benevolent Fund, Fauquier Family Shelter

Significant Health Need: Seniors – home, wellness, chronic diseases

Goal 1 – Increase home services

- Improve transportation
- The Fenwick Foundation looking to expand (i.e., Marshall); can offer caregiver support/respite care – often other issues are identified
- Need small single level houses so individuals can do other activities
- Rapp at Home “senior villages” concept – investigate more as a potential

Goal 2 – Improve wellness

- Need resources to come to The Oaks to offer lectures, such as medical alert
- Senior navigator networks – organizations, website, physician offices, discharge at hospital

Resources Needed: faith communities

Goal 3 – Chronic Diseases

- Get information out to the public about the Rappahannock-Rapidan Chronic Disease Self-Management Program – Chronic disease six-week programs to manage chronic diseases
- Get this information to home health agency case managers and discharge planners

This community input into the goals as well as information from the focus group, surveys and data were combined for the final implementation plan which is detailed in a separate document.

Written Comments on 2017 Assessment and Plan:

At the Community Health Town Hall, written comments were solicited and received on the 2017 CHNA and Implementation Plan.

- Overemphasis on obesity
- Need to distinguish between urgent needs (overdose, flu, etc.) and chronic (heart disease, diabetes and cancer)
- Focus on prevention, especially for low-income population