

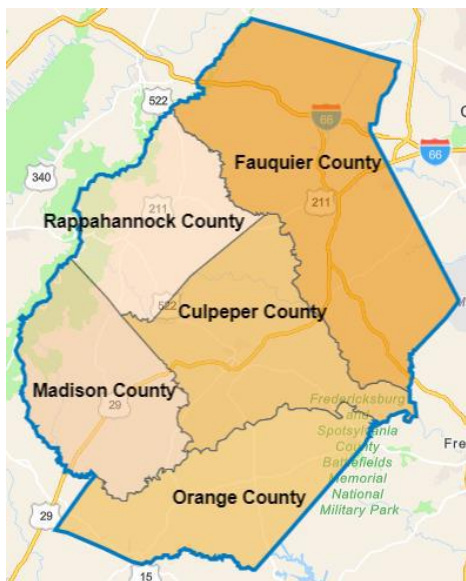
## Health Planning District 9 Community Health Needs Assessment: Executive Summary

This document presents summary results of a Community Health Needs Assessment (CHNA) for the five-county region encompassed by Planning District 9. The CHNA was guided by five regional organizations that decided to collaborate for community health assessment and improvement.<sup>1</sup>



As shown in the map below, the region is home to more than 186,000 community members. The CHNA study was designed to provide insight about community health needs and opportunities for community health improvement. Research activities for the study included a survey of community residents, a survey of community professionals, and analysis of a variety of community health indicators. This Executive Summary provides an overview of the study results. Additional details, technical notes and source information are available in the full report.

**The CHNA Study Region (Planning District 9)**



2020 Population Estimates	
<b>Total</b>	<b>186,161</b>
Culpeper County	53,428
Fauquier County	73,383
Madison County	13,914
Orange County	37,934
Rappahannock County	7,502

Source: CHS analysis of estimates provided by ESRI using ArcGIS Business Analyst software.

<sup>1</sup> Community Health Solutions provided research support, data analysis support, and drafting support for the CHNA.

## Summary Insights from Community Residents

Eight hundred and nine (809) respondents from the five-county study area completed the online survey. The respondents provided rich insights about community health in the study region, as summarized below.

### Community Needs Related to COVID-19

- 21% reported they or an immediate family member lost employment.
- Eight respondents (1%) reported they or an immediate family member lost housing.
- Groups identified as needing extra help due to COVID-19 include elderly; Hispanic; low income; children; isolated individuals; and people with disabilities.
- Among the most identified personal difficulties were keeping good mental health; feeling lonely or isolated from others; and keeping good physical health.

### Neighborhood and Community Environment Needs

- The leading neighborhood and community needs were affordable housing; jobs/healthy economy; and an environment more welcoming of diversity.

### Health Care Service Needs

- The leading health care service needs were affordable health insurance; mental health services; and healthcare for the uninsured/underinsured.

### Community Support Service Needs

- The leading community support service needs were after school programs; public transportation; and aging services.

### Groups Who Need Help Obtaining Better Health

- The elderly population was mentioned by most respondents. Other vulnerable populations included low income; children; minority populations (Hispanic, immigrants, etc.); and people with behavioral health concerns.

### New Health Issues

- Among the most commonly identified new issues were effects of COVID-19; behavioral health; access to healthcare; unhealthy lifestyles; and child health.

### Working Together for Community Health Improvement

- A wide range of ideas were provided by the respondents. Collaboration ideas included COVID-19 response; healthcare services; supports for children; and to support people with disabilities.

## An Example Insight from a Community Resident

*“Healthy community is one that works to support all community members. Respects each individual for who they are although they may not have the same viewpoint or belief. A healthy community lends a helping hand to neighbors as well as reaches up to grab the hand of the neighbor who is trying to help.”*

## Summary Insights from Community Professionals

Sixty-one (61) community professionals completed the online survey. Respondents were affiliated with various organizations in public health, healthcare, public safety, schools, and local nonprofits. The summary results are outlined below.

### Community Needs Related to COVID-19

- 82% reported an increase in clients/consumer who lost employment.
- 37% reported an increase the number of clients/consumers who lost housing.
- Groups identified as needing extra help due to COVID-19 include elderly; Hispanic; low income; children; immigrants; isolated individuals; people with disabilities; homeless; and those recovering from substance use.
- Among the most identified difficulties were keeping good mental health; feeling lonely or isolated; experiencing overall financial hardship; getting childcare; managing schooling at home for children; and getting essential supplies for daily living.

### Community Health Concerns

- Among the most commonly identified concerns were depression; other mental health conditions; substance abuse of illegal and prescriptions drugs; adult obesity/overweight; domestic violence; diabetes and tobacco use.

### Community Services that Need Strengthening

- The most commonly mentioned services that need strengthening include behavioral health services; transportation; job/vocational training; employment opportunity/workforce development; substance use services; health care services for the uninsured; and homeless services.

### Vulnerable or At-Risk Populations

- Most commonly mentioned groups included the elderly population; low income population; minority population; people with behavioral health concerns; and people with disabilities.

### New Health Issues

- Among the most commonly identified new issues were COVID-19; child health; behavioral health; disability-related issues and access to healthcare.

### Working Together for Community Health Improvement

- Collaboration ideas included more community collaboration; healthcare services; community and social services; and healthy lifestyle supports.

### An Example Insight from a Community Professional

*“Being open minded in actually working together to accomplish the same goal. Organizations forget about services that have been presented to them time and time again because they feel like their service might be better delivered instead of coming together and suggesting ways to improve current programs but prevent from duplicating efforts. Listening is key and including folks you typically wouldn't include.”*

## Summary Insights from Community Indicator Profiles

The CHNA study included profiles of community indicators for the five-county study region. The community indicator profiles can be used alongside the survey results to assess community needs and help inform action plans for community health improvement. The community indicator profiles are summarized in two sections. **Part A. Health Factors** includes factors that can influence health status and access to services for community members. **Part B. Health Outcomes** includes indicators of the health status of community members.

### Part A. Health Factors

#### Social Determinants of Health (Various Years)

- 7% of the population has income below poverty.
- 10% of the population age 25+ is without a high school diploma.
- 7% of the population may have concerns about food insecurity.
- 14% of households may be struggling with housing.

#### Health Risk Behaviors for Adults (2020)

- An estimated 145,211 adults age 18+ reside in PD9.
- Applying health district level survey data to the local population, an estimated:
  - 64% are overweight or obese.
  - 26% do not meet recommendations for physical activity.
  - 83% consume less than five servings of fruits and vegetables per day.
  - 20% are smokers.
  - 12% are at risk for binge drinking.

#### Health Risk Behaviors for High School Youth (2020)

- An estimated 13,669 youth age 14-19 reside in PD9.
- Applying health district level survey data to the local population, an estimated:
  - 36% are overweight or obese.
  - 29% have used tobacco or vapor products.
  - 58% do not meet recommendations for physical activity.

#### Access to Health Care (2018 and 2020)

- An estimated 11% of individuals age 0-64 were uninsured at any point in 2018.
- As of 2020, all five counties within PD9 are fully or partly designated as medically underserved areas by the U.S. Health Resources and Services Administration.

## Summary Insights from Community Indicator Profiles

### Part B. Health Outcomes

#### Cancer Incidence (2013-2017)

- From 2013-2017, PD9 residents had 4,762 reported cases of cancer.
- The most frequent cancer types by site were breast (726), lung and bronchus (717), prostate (571), and colorectal (390).

#### Communicable Disease Incidence (2018)

- In 2018 the most common communicable diseases reported in PD9 were hepatitis C - chronic (219), Lyme disease (74), campylobacteriosis (47), salmonellosis (34), and spotted fever (30).

#### Injury and Violence (2016 and 2018)

- In 2016 PD9 had 150 deaths related to injury or violence, with the leading causes of death being poison (59), overdoses due to drug poisoning (57), traumatic brain injury (49), motor vehicle traffic injury (28), and suicide (24).
- In 2018 PD9 residents had 789 inpatient hospitalizations for injury or violence-related incidents, with the leading causes being unintentional fall (223), firearm (156), traumatic brain injury (152), drug poisoning due to overdose (138), and self harm (72).

#### Potentially Avoidable Hospitalizations (2018)

- In 2018, study region residents had 1,937 potentially avoidable hospitalizations.
- The leading diagnoses for these hospitalizations were congestive heart failure (617), COPD or asthma in older adults (417), community acquired pneumonia (393), diabetes (260), and urinary tract infection (175). Most of these hospitalizations were for residents age 65+.

#### Hospitalizations for Mental Health and Substance Use Diagnoses (2018 and 2020)

- In 2018 PD9 residents had 1,007 hospitalizations for behavioral health conditions in Virginia community hospitals.
- The leading causes of hospitalization were major depressive disorder - recurrent (258), alcohol related disorders (165), bipolar disorder (151), major depressive disorder - single episode (111), and schizoaffective disorders (61).

#### Adult Mental Health and Substance Use: Incidence and Prevalence (2020)

- Of the estimated 145,211 adults age 18+ reside in PD9:
  - An estimated 19% may have had any mental illness in the past year, and 4% may have had a serious mental illness in the past year.
  - An estimated 6% may have had an alcohol use disorder in the past year, and 3% may have had an illicit drug use disorder in the past year.

#### Child and Youth Mental Health and Substance Use: Incidence and Prevalence (2020)

- Of the estimated 34,952 PD9 children and youth age 3-17 reside in PD9:
  - An estimated 3-10% may have one or more of these conditions: ADD or ADHD, anxiety problems, depression, behavioral or conduct problems, or other cognitive or mental health conditions.
  - Among an estimated 14,294 PD9 residents age 12-17, an estimated 4% may have had a substance use disorder in the past year.