2021–2024

Town of Farmville and
Amelia, Buckingham, Charlotte,
Cumberland, Lunenburg, Nottoway,
& Prince Edward Counties

Farmville Area Community Health Needs Assessment

Centra Southside Community Hospital

www.CentraHealth.com/CHNA

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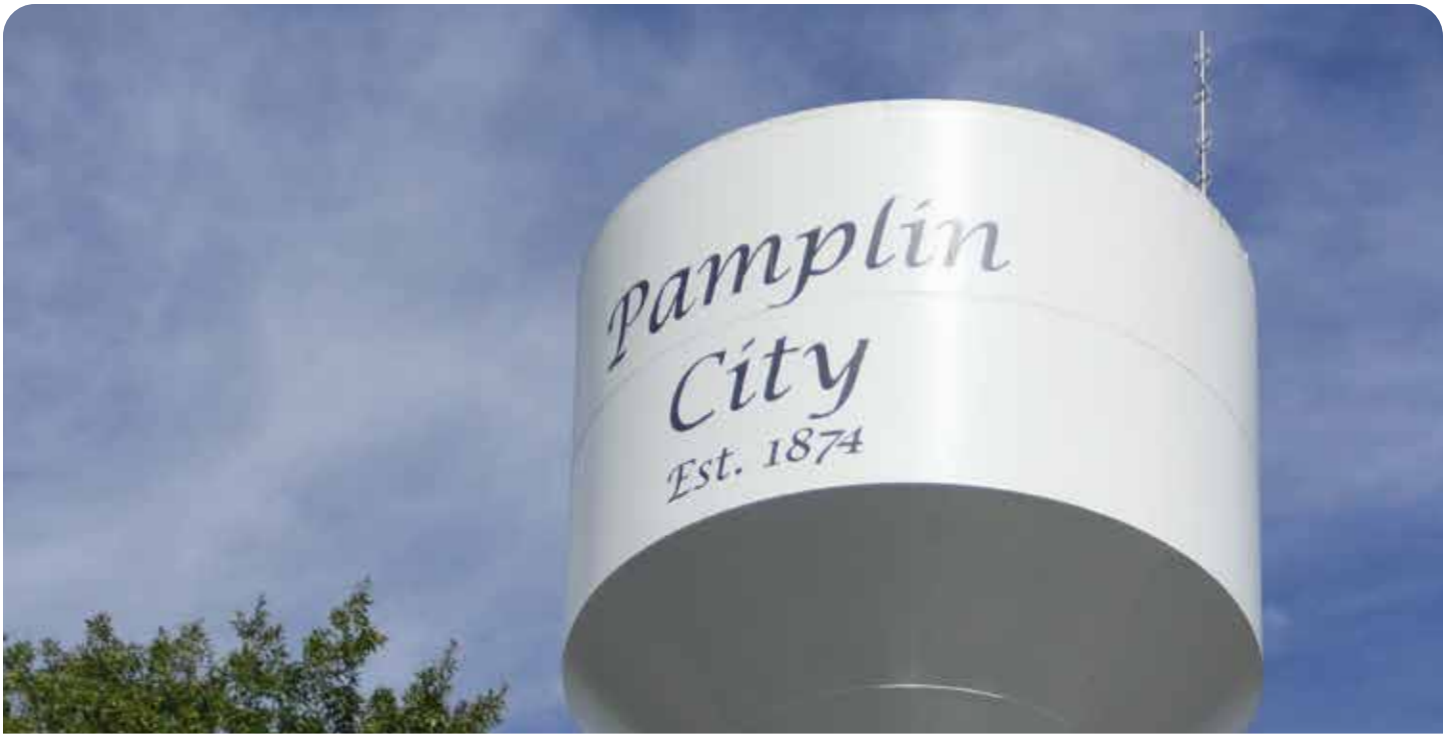

ACKNOWLEDGEMENTS

The 2021 Farmville Area Community Health Needs Assessment was the result of numerous hours of leadership and service by the following individuals, institutions, and partnerships.

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2021 Farmville Area Community Health Assessment Team *continued...*

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EXECUTIVE SUMMARY

Executive Summary

Centra Health is pleased to provide the triennial 2021 Community Health Needs Assessment (CHNA) for Centra Southside Community Hospital located in Farmville, Virginia. For the purposes of this report, the service area is referred to as the Farmville Area and includes the town of Farmville and the counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. The CHNA provides an overview of the health status of the communities served by the health system. It is the intent of this report to provide readers with a deeper understanding of the needs of the Farmville Area as well as to guide Centra Health, and its community partners and stakeholders, in developing Implementation Plans to address the prioritized needs identified because of the assessment process. The Community Health Needs Assessment and Prioritization of Needs was approved by the Centra Community Benefit Committee on November 19, 2021, the Centra Southside Community Hospital Board of Directors on December 1, 2021 and the Centra Board of Directors on December 6, 2021.

The Partnership for Healthy Communities is a planning initiative led by Centra, the Community Access Network, the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts, the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, Johnson Health Center and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve. A Community Health Assessment Team composed of over 40 individuals with a broad representation of community leaders and cross-sector stakeholders acted to oversee, advise, and support the CHNA activities.

The 2021 Farmville Area Community Health Needs Assessment focused on lifting the voice of the community through the collection of 1056 Community Health Surveys as well as conducting a stakeholder focus group/survey. In addition, over 65 sources of publicly available secondary data were collected.

KEY FINDINGS

The data for the Community Health Needs Assessment is reported using the framework for the County Health Rankings from the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. These rankings, released annually, measure the health of a community, and rank them against all other counties within a state. In Virginia, there are 133 localities that are ranked annually. The County Health Rankings for the Farmville service area for 2019-2021 are in the 3rd to 4th quartile for "Health Outcomes", which is a measure of morbidity and mortality and how healthy a locality is today. "Health Factors," represents factors that influence health of a community in the future. Only Amelia County ranked in the 2nd quartile in the past three years.

County Health Rankings

Locality	*2019*		*2020*		*2021*	
	Health Outcomes	*Health Factors*	*Health Outcomes*	*Health Factors*	*Health Outcomes*	*Health Factors*
Amelia	47	65	52	72	55	70
Buckingham	88	118	84	118	87	124
Charlotte	116	120	113	119	116	122
Cumberland	73	110	83	105	93	103
Lunenburg	119	102	124	115	126	121
Nottoway	102	112	106	113	104	118
Prince Edward	110	104	101	102	92	95

Note: "1" equals best; "133" equals worst. In Virginia, Health Outcome and Health Factor Ranks are by quartiles as follows 1st quartile (1 to 33); 2nd quartile (34 to 66); 3rd quartile (67 to 100); 4th quartile (101 to 133).

County	*3 Year Change*	
	Health Outcomes	*Health Factors*
Amelia	8	5
Buckingham	-1	6
Charlotte	0	2
Cumberland	20	-7
Lunenburg	7	19
Nottoway	2	6
Prince Edward	-18	-9

Change: 'minus (-)' equals improving;
'plus (+)' equals worsening

HEALTH FACTORS

Four major categories contribute to the Health Factors rankings for a community. Forty percent (40%) of these factors are impacted by social and economic factors; 30% by health behaviors; 20% by clinical care; and 10% by physical environment.

Demographics, Social and Economic Status

According to the U.S. Census, the total population for the service area is 110,613 where 50.9% of the population is male and 49.1% is female. The median age for the service area is 40.9 years and ranges from 22.2 years in Farmville to 46.2 years in Charlotte County. The median age in Virginia is 38.2. Approximately 18.8% of the population is 65 years of age or older which is slightly higher than those 65 years of age or older living in Virginia as a whole (15.1%). Approximately 65.1% of those living in the service area are White, 30.9% are Black, and 3.2% are Hispanic or Latino.

The median household income in the service area is $47,436 as compared to $74,222 in Virginia with whites having higher median household incomes than blacks. Approximately 40.10% of the population lives at or below 200% of the Federal Poverty Level as compared to 24.8% in Virginia. In the town of Farmville, 50.1% of the population lives at or below 200% of the Federal Poverty Level. Approximately 35% of the 36182 households in the service area are classified as ALICE (Asset Limited, Income Constrained, Employed) as compared to 29% of households in Virginia. ALICE is a way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic household needs (i.e., cost of living outpaces what they earn).

Of the public school-aged children in the service area, 75% (9,403) are eligible for free and reduced lunches as compared to 45.64% of children in the Commonwealth. Over half of children (56%) living in the Farmville service area live at or below 200% of the Federal Poverty Level as compared to 33% in Virginia and is an estimated 10,991 children. The greatest concentration of these children lives in the counties of Charlotte and Lunenburg.

Although unemployment rates were decreasing in 2018 and 2019 across the Commonwealth, there was an almost doubling of these rates in 2020 as a result of the COVID-19 pandemic. In 2020, the unemployment rate for the service area was 5.9% and 6.2% in Virginia. The highest unemployment rate was in Buckingham County (7.4%). In the service area, of the population age 25 and over, educational attainment is 18.0% for less than high school graduate; 39.2% for high school graduate or equivalency; 27.3% for some college or Associate's Degree; and 15.5% for Bachelor's Degree or Higher.

Most Community Health Survey respondents (95.5%) lived in the Farmville Area with a median age of 48 years which is similar to the median age in 2018. In 2021, we saw a significant increase in the number of male respondents (31.0%) while 67.6% were female and 1.1 % identified as non-binary. Slightly fewer survey respondents were White (62.9%), Black/African American (25.6%), or Hispanic (2.8%) as compared to 2018 respondents. However, there was a significant increase in the number who reported being either Asian, American Indian/ Alaska Native or Native Hawaiian/Pacific Islander (5.4% collectively).

Significantly fewer survey respondents in 2021 reported an annual income of $20,000 or less per year as compared to 2018 (19.8% versus 48.7% respectively). However, there was an increase in the number of respondents who reported incomes of $20,001 to $40,000 (23.1% in 2021 versus 11% in 2018). This may reflect an increase in the number who are ALICE (Asset Limited, Income Constrained, Employed). There was an increase in the number of those reporting household incomes of over $70,000 per year in 2021 (29.2%) compared to 2018 (19.7%). An estimated 37.6% of respondents lived no greater than 200% of the Federal Poverty Level (FPL) of which an estimated 15.2% lived below 100% of FPL. Survey respondents had higher education attainment rates than the population as a whole. Over half were employed full-time with 7.6% reporting being unemployed which is higher than the unemployment rates for the service area (5.9%). Approximately 18% of respondents reported not having enough money in the past 12 months to pay for rent or mortgage while 21% reported not having enough money in the past 12 months to buy food. Approximately 18% could not afford to pay for their medications.

Over 4% of respondents reported being a victim of domestic violence or abuse in the past 12 months (2.2% in 2018) while 6% of respondents did not feel safe where they lived. When asked which social/support resources are hard to get in the community, the top 5 responses included (1) affordable/safe housing; (2) childcare; (3) employment/ job assistance; (4) healthy food; and (5) transportation.

Health Behaviors

The obesity rate for the service area is 40.4% with the highest rates in Amelia (44.1%), Cumberland (43.2%) and Lunenburg County (45.6%). Approximately 20.6% of Community Health Survey respondents self-reported being overweight while 43.9% reported being obese. According to data from County Health Rankings, a greater proportion of the population report no-leisure time physical activity in the service area (31%) as compared to 22% of adults in the Commonwealth. Approximately 43% of Farmville Area Community Health Survey respondents met physical activity guidelines of 150 minutes of aerobic activity weekly in 2021.

Approximately 35% of Community Health Survey respondents reported that their neighborhoods don't support physical activity and that it is not easy to get affordable fresh fruits and vegetables in their neighborhoods. There was a significant reduction in the number of respondents who reported that they get their food from dollar stores or food banks/food pantries in 2021 and this may reflect the difference in the percentage of respondents with household incomes below $20,000 in 2018 versus 2021. Additionally, the majority of respondents did not meet the minimum requirements for daily fruit and vegetable consumption.

Data for the service area reveals that 17.2% of adults binge or drink heavily (17.7% in Virginia) while 22% are current tobacco smokers (15% in Virginia). Approximately 19% of Community Health Survey respondents reported using tobacco products and 17% reported binge drinking during one occasion in the past month. Those who reported taking prescription drugs to get high (2.2%) remained relatively unchanged compared to 2018 and 6.4% used marijuana and 1.6% used other illicit drugs in the past month.

In 2019, the Farmville region had 12 fatal opioid overdoses of which 67% were attributed to Fentanyl/Analog and 33% to Heroin or Prescription Drugs. The per capita death rate in the region was 14.92 per 100,000 as compared to 15.52 per 100,000 for Virginia with 75.1% of overdoses involving fentanyl or analogs. In 2020, overdose deaths in the United States reached a record 93,000 eclipsing the high of 72,000 deaths the year before (29% increase). The pandemic exacerbated this "overdose pandemic" which is being driven by fentanyl contaminated opioids and amphetamines. Service area opioid overdose data for 2020 was unavailable for this assessment.

Clinical Care

All of the localities in the service area are federally designated as Medically Underserved Areas and Health Professional Shortage Areas for Primary Care, Mental Health, and Dental. There are two Federally Qualified Health Centers (FQHCs), one Free Clinic and one Community Services Boards that serve the area.

Over 81% of Community Health Survey respondents reported using medical services. Of those who use medical services, 60.4% reported "doctor's office" as their top choice for care while there was a dramatic increase in the use of Urgent Care (32.2%) in 2021 as compared to 2018 (10.3%). Approximately 11% reported using online/telehealth/virtual visits and 3.5% reported not seeing, postponing, or cancelling visits with their healthcare providers due to COVID-19.

Twenty-one percent (21.5%) of respondents do not use dental services and of those who did, 56% reported having a dental exam within the past 12 months. More used the Free Clinic (5%) and FQHC's (5%) for dental care, four times the response rates in 2018 and 89% reported using a dentist office. Almost 5% delayed their care due to COVID-19.

The number of respondents indicating that they use mental health, alcohol or drug abuse services increased from 9.1% in 2018 to 13.9% in 2021. More than 1 out of 5 used online, telehealth, or virtual visits for their care and the use of FQHC's, Free Clinics, and urgent care increased significantly for these services from 2018. The use of the area Community Services Board decreased from 32% in 2018 to 12.5% in 2021. Almost 3% delayed their care due to COVID-19.

The number of respondents reporting that they had no health insurance fell significantly from 16.7% in 2018 to 6.8% in 2021. Respondents with Medicare coverage (18%) decreased as did those that had Medicaid (18%). With Medicaid Expansion in Virginia beginning in 2019, an estimated 400,000 people were expected to become eligible for coverage under the expanded guidelines, but that number is higher now that the COVID pandemic has caused widespread job losses. By early 2020, about 375,000 people had gained coverage under the expanded eligibility guidelines. By December 2020, however, that number had grown to more than 494,000 people. When the job market rebounds after the pandemic recedes, some of those individuals will transition away from Medicaid.

When asked which healthcare services are hard to get in the community, survey respondents reported (1) mental health/counseling; (2) adult dental care; (3) alternative therapy; (4) dermatology and (5) substance use services. When asked what prevents them from being healthy, survey respondents reported (1) cost; (2) lack of evening and weekend services; (3) long waits for appointments; (4) high co-pay; and (5) location of offices.

Physical Environment

The physical environment can impact a wide range of health and quality-of-life outcomes and include such factors as the natural environment, transportation, the built environment, housing, exposure to toxic substances, and physical barriers especially for those living with disabilities. Data for the service area reveals that 14.2% of households have severe housing problems with the largest number in Cumberland and Nottoway counties (16%). Housing problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Additionally, residential segregation (the degree to which two or more groups live separately from one another in a geographic area) is highest in Nottoway County at a segregation index of 20 as compared to 41 in Virginia.

Community Health Survey respondents were asked where they sleep most often. In 2021, 92% of respondents slept most often in their own homes. The additional respondents who reported either sleeping at a friend's or family's home, in a shelter or transitional housing, or in a group home, hospital, or treatment program was 6.6%.

Approximately 95% of respondents indicated that they had access to reliable transportation. When asked what type of transportation they use most often, in 2021, 83% indicated that they drove or relied on others to drive them (11.4%).

During the pandemic shutdown, the lack of broadband access especially in the more rural areas, made it difficult for adults to work remotely, prevented children from attending school virtually, and decreased access to telehealth services. In the service area, the percentage of households with Broadband Internet access is 64% as compared to 84% in Virginia as a whole. The least access is in Lunenburg County (56%).

HEALTH OUTCOMES

Health Outcomes rankings are determined by length of life and quality of life measures and reflect the physical and mental well-being of residents within a community.

Length of Life

In the service area, the life expectancy by average number of years lived is 76.6 years as compared to 79.5 in Virginia. The lowest life expectancy rates are in Charlotte County (74.8 years). The premature death rate for the service area is 430.3 as compared to 320.0 in Virginia with the highest rates in Charlotte and Nottoway counties. The three-year average death rates in the service area (12.2) are higher than in Virginia (8.1) as are rates for overall deaths; deaths due to injury; stroke; heart disease and hypertension. Service area death rates for heart disease and stroke were higher for blacks compared. Cancer incidence rates are higher for all cancer types including lung, colon and rectal, and prostate cancers as compared to rates in Virginia. This was especially true for Black residents.

Suicide rates in the service area (20.53) are higher than the overall state rate (13.20) with the highest rates in Amelia (24.90) and Lunenburg County (23.45).

Quality of Life

From 2017-2019, low birth weights per total live births on average were slightly higher in the service area as compared to the Commonwealth. Racial disparities exist for black and "other" races where low birth weight percentages are significantly higher than percentages for whites. These disparities are also evident for teen birth rates where rates for Buckingham, Charlotte, Lunenburg and Nottoway Counties are higher than the rates for Virginia while rates for black teens are higher than whites in Lunenburg and Nottoway Counites.

In 2021, when thinking about their health in the past month, 85.3% of survey respondents reported that their physical health was not good for 0 to 5 days as compared to 71.8% in 2018 while 11.9% of persons felt their mental health was not good for more than 15 days (11.1% in 2018). The impact of COVID-19 should be considered as a contributor to these increases. Secondary data for the service area revealed that persons reporting physically unhealthy days in the past month, and reporting average number of poor mental health days in the past 12 months, was higher for the service area as compared to rates in Virginia.

Survey respondents diagnosed with a chronic condition had depression or anxiety, high blood pressure, obesity/overweight, high cholesterol, and high blood sugar or diabetes most frequently.

COVID-19

The COVID-19 pandemic has changed how we work, learn, and interact with each other leading to a more remote, virtual life for many both personally and professionally. It has resulted in increases in depression and anxiety, domestic violence and child abuse, joblessness, and food insecurity. Its impact has been especially hard on communities of color, the young and the elderly, and those suffering from chronic disease. Locally, current COVID-19 case rates are highest in Amelia, Buckingham, Nottoway, and Prince Edward Counties and death rates are higher in all localities except Cumberland County while vaccination rates are lower as compared to Virginia. Although we are currently seeing a downward turn in our cases and positivity rates, we can expect to feel the impact of this global pandemic for years to come.

COMMUNITY NEED

2021 Community Health Survey respondents were asked what are the most important issues that affect health in our community by ranking both health factors and health conditions/outcomes. The top 10 responses were as follows:

	Health Factors	
1	**Poor eating habits**	49.6%
2	**Alcohol and illegal drug use**	48.4%
3	**Access to healthy foods**	47.5%
4	**Lack of exercise**	41.8%
5	**Access to affordable housing**	38.4%
6	**Tobacco use / smoking / vaping**	35.3%
7	**Cell phone use / texting and driving / distracted driving**	30.6%
8	**Domestic Violence**	29.4%
9	**Transportation problems**	28.5%
	Child abuse / neglect	28.0%

	Health Conditions or Outcomes	
1	**Overweight / obesity**	61.2%
2	**Diabetes**	57.7%
3	**High blood pressure**	54.3%
4	**Cancers**	52.6%
5	**Heart disease and stroke**	50.9%
6	**Mental health problems**	49.9%
7	**Stress**	46.9%
8	**COVID-19 / coronavirus**	37.2%
9	**Dental problems**	29.4%
	Disability	29.3%

A Focus Group meeting was held with 36 cross-sector stakeholders, non-profit organizations, service providers, business leaders, and local government officials. Keeping the impact of the COVID-19 pandemic in mind, they were asked questions regarding the needs of those they serve, resources available in the community to address those needs (including any gaps in resources), and how we can work together to create healthier communities. In the Farmville Area, the top 5 needs identified by these stakeholders were (1) access to mental health services; (2) transportation; (3) access to healthcare; (4) substance use; and (5) access to housing.

PRIORITIZATION OF NEEDS

Upon completion of primary and secondary data collection, the Farmville Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community.

Using the data collected for the 2021 Community Health Needs Assessment, a detailed "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. Responses from the Community Health Survey

a. Q2A: What do you think are the most important issues that affect health in our community? (Health Factors) (n= 1027 survey responses)

b. Q2B: What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 985 survey responses)

c. Q3: Which health care services are hard to get in our community? (n= 960 responses)

d. Q4. Which social/support resources are hard to get in our community? (n= 935 responses)

2. Responses from the Stakeholders' Focus Group/Survey

a. Q1. What are the top 5 greatest needs in the community(s) you serve? (n= 144 responses)

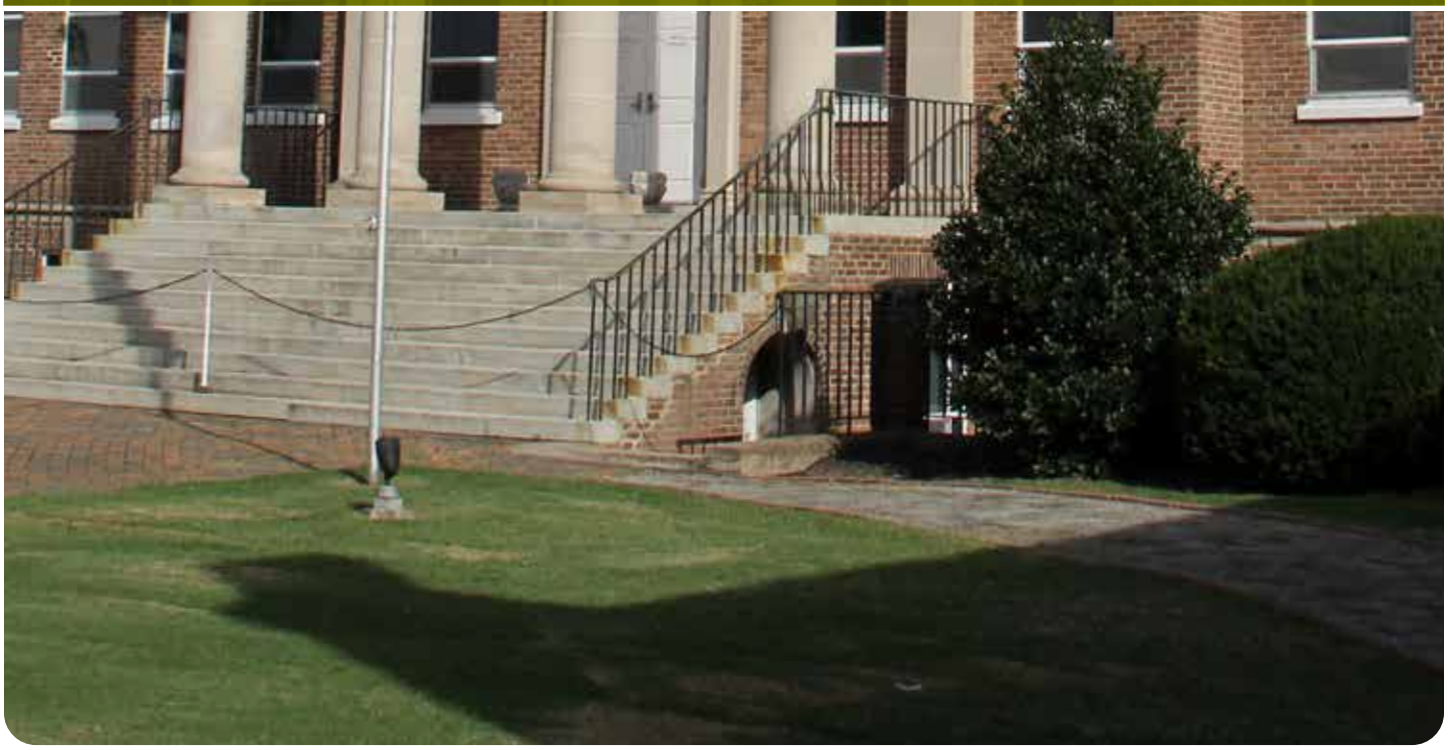
CHAT members were asked to rank the top five priority areas of need (out of the 41 identified) with 1 being the greatest need and 5 being the 5th greatest need.

The 2021 Prioritization of Needs Top 10 Rankings for the Farmville Area includes:

1. Access to Healthcare Services
2. Broadband/Internet Access
3. Issues Impacting Children and their Families
   a. Childcare
   b. Child Abuse/Neglect
4. Mental Health and Substance Use Disorders & Access to Services
5. Aging and Eldercare
6. Chronic Disease
7. Coordination of Resources & Community Outreach
8. Education and Literacy (Pre-K & Public Schools)
9. Housing and Homelessness
10. Employment/Job Assistance

PROJECT BACKGROUND

This section highlights Centra's services and programs, a project overview, and description of the service area, target population and methodology for the 2021 Farmville Area Community Health Needs Assessment.



ORGANIZATIONAL OVERVIEW

Centra Health (Centra) is a regional nonprofit healthcare system based in Lynchburg, Virginia. With more than 8,100 employees, 500 employed providers and physicians, and a medical staff of nearly 800 providing care in 50 locations, Centra serves over 500,000 people as the dominant provider of critical medical services in central and southern Virginia. Over the last five years, the system's net revenues grew from $930 million in 2015 to $1.2 billion in 2020.

Centra was created in 1987 through the merger of the Lynchburg General (LGH) and Virginia Baptist (VBH) Hospitals. In 2006, Southside Community Hospital (CSCH) in Farmville became a Centra affiliate. In 2014, Centra acquired full ownership of Bedford Memorial Hospital (BMH), in the town of Bedford, which is its fourth hospital. In addition to these flagship facilities, the system includes Centra Specialty Hospital, a long-term acute care hospital, a regional standalone emergency department, health and rehabilitation centers, a cancer center, a nursing school, sites and providers serving a geography of approximately 9,000 square miles, and a health plan. Centra's services also include residential and outpatient mental health facilities, home health and hospice programs, mammography centers, a sleep disorders center, and a center for wound care and hyperbaric medicine. Centra is home to the Central Virginia Center for Simulation and Virtual Learning, the only center in Virginia that offers a full range of simulation experiences. In September of 2021, Centra welcomed Amy Carrier to the role of president and Chief Executive Officer, the first female to hold that position since the founding of the health system.

Centra Southside Community Hospital (CSCH) located in Farmville, Virginia is a 116-bed full-service acute care facility with a state-of-the art birth center, serving a medical hub for an eight-county region. Each year, Southside has approximately 4,000 admissions and sees more than 33,000 patients in its emergency department. The hospital has a long rich history in the community that started in 1925 when a group of citizens set out to obtain a hospital that would serve all residents as well as measure up to "big city" standards of medicine in a rural setting. CSCH has been the healthcare center of Southside Virginia since opening its doors on November 9, 1927. Since then it has operated on a non-profit basis whose mission is "improving the quality of life in the communities we serve by providing high-quality healthcare with a personal touch". The hospital now serves the residents of Amelia, Appomattox, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Counties.

At the ***Alan B. Pearson Regional Cancer Center*** that opened in 2008, Centra caregivers treat a broad range of cancers, including lung, prostate, breast, brain, kidney, bladder, ovarian, lymphoma, leukemia, colon, uterine and rectal. The Cancer Center brings radiation and medical oncology together in one facility for patient convenience. Centra's comprehensive cancer services and treatments range from the newest minimally invasive robotic surgery and Trilogy linear accelerator to chemotherapy, biological and targeted drug therapies; genetic testing; and clinical trials.

Centra College offers four nursing programs: Registered Nurse to Bachelor of Science in Nursing (RN-BSN), Associate Degree in Nursing (ADN), Practical Nursing Program (PN) and Nurse Aide Education Program. The College incorporates the various aspects of the Professional Practice Model developed and implemented by Centra for the purpose of educating nursing students to provide safe, quality, patient-centered care based on best practices.

Centra Heart and Vascular Institute (HVI) is home to many heart and vascular services. In addition to providing general cardiology care, the Institute offers specialty care for patients with a wide range of heart and blood vessel disorders like arrythmias, peripheral artery disease, heart failure, aortic stenosis and varicose veins. They offer advanced cardiac imaging and other diagnostic tests. HVI has locations throughout the Centra footprint including Lynchburg, Farmville, Danville, Gretna, Moneta, and Bedford.

Centra Medical Group (CMG) is a network of local family practices, primary care physicians, and medical and surgical specialists. With over 260 employed physicians, specialists and surgeons covering the greater Lynchburg area and spanning from Danville to Farmville, and Moneta to Big Island and Bedford, CMG provides the community with primary care physicians, cardiologists, cardiothoracic surgeons, gerontologists, neurosurgeons, physiatrists, psychiatrists, therapists and urologists. CMG- Lynchburg Family Medicine Residency is a training ground for future Family Physicians. Many of the physicians at the site hold

academic appointments with the University of Virginia, Virginia Commonwealth University, Edward Via College of Osteopathic Medicine, and Liberty University.

The ***Centra Foundation*** was established in 1993 to develop and direct resources for the support of Centra. Over the past five years, on average the Centra Foundation provided $5.7 million annually in support of Centra programs. The Centra Foundation currently manages $30 million in endowed assets with a total net asset portfolio of $85 million. Gifts in 2020 totaled $2.3 million.

Centra's Department of Community Health, formed in 2020, is responsible for the development and management of system-wide triennial Community Health Needs Assessments and Implementation Plans, community-based grants and sponsorships, and Community Benefit Reporting. In 2020, community grants totaled $175,000 and in 2021, we anticipate awarding $1.5 million in grants and sponsorships.

Centra is the parent of ***Piedmont Community Health Plan, Inc.,*** a for profit network and administrative services company, which itself is the parent of an insurer (Piedmont Community Healthcare, Inc.) and a health maintenance organization (Piedmont Community Healthcare HMO, Inc.), which together cover over 21,000 individuals. In addition to Administrative Services Only (ASO) services for self-funded employers, Piedmont offers fully insured products, including individual Exchange plans and large and small group products. Piedmont's primary service area is largely aligned with Centra's, with expansion plans for its network underway. In 2021 Piedmont will implement a new claims platform and technology infrastructure to support its current membership and growth plans. Piedmont recently exited the Medicare Advantage (MA) business but intends to return to MA.

Through Piedmont and another affiliate, ***Archetype Health,*** which is an accountable care organization (ACO) and clinically integrated network (CIN), Centra will develop the expertise to manage risk as it transitions from a "volume to value" orientation and focuses on population health. Together Piedmont and Archetype will further the adoption of new models of reimbursement, care management, electronic patient-member record integration, data analytics, and physician alignment to support high-quality, affordable care.

SCOPE AND PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

The scope of this Community Health Needs Assessment pertains to Centra Southside Community Hospital.

Centra defines its triennial Community Health Needs Assessment (CHNA) as a continuous process for evaluating the health needs of the communities served. It is used to support the system's "Just Cause" which is "Partnering with you to live your best life". In 2021-2022, Centra is undergoing a strategic planning process and the CHNA will help inform the design and implementation of new services, programs, and partnerships in response to identified unmet community health needs. In addition, the CHNA and Implementation Plan is used to guide the actions of Centra's Board of Directors' Community Benefit Committee, which provides community-based grant and sponsorship funding to area non-profit organizations addressing prioritized needs identified through the CHNA. Lastly, the completion of both the triennial Community Health Needs Assessment and successful execution of the associated Implementation Plan ensures compliance with the Patient Protection and Affordable Care Act of 2010 which is promulgated in regulation by the Internal Revenue Service as documented annually in Centra's Form 990- Schedule H.

PROJECT OVERVIEW

"Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH's also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments."

Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social Determinants of Health. Accessed at https://health.gov/healthypeople/objectives-and-data/social-determinants-health. Retrieved November 8, 2021.

"Hospitals and health systems have a tradition of serving their communities—of not only improving community health by providing health care services, but of bolstering the local economy and quality of life by hiring local workers and contractors, buying locally through their procurement strategies, and building new clinical facilities in neighboring communities. These activities often lead these hospitals to be called 'anchor institutions.' These increasingly frequent forms of community investment by health care organizations typically flow either from their charitable purpose or from their long-term mission of providing community benefit. In places with relatively high-functioning systems, stakeholders from community organizations, government agencies, foundations, banks, and nonprofits collaborate to articulate clear community priorities, develop a pipeline of investable opportunities that advance those priorities, and shape the context of policies and processes so that investments can move forward."

Source: Center for Community Investment, Initiative for Responsible Investment, & Robert Wood Johnson Foundation. Improving Community Health by Strengthening Community Investment. Accessed at https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf435716. Retrieved November 8, 2021.

In Virginia, a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are a Virginia Department of Health (VDH) requirement for all health districts every 5 years. Oversight of this process is provided by the Public Health Accreditation Board. In April of 2018, "the VDH and Virginia Hospital and Healthcare Association (VHHA) formed a new partnership to improve the population health in the Commonwealth. Partnering for a Healthy Virginia coordinates efforts between VHHA and its member hospitals and health systems, and VDH, local health departments, local jurisdictions, the medical community, and other stakeholders to address population health. This work will be informed by the findings of current and future community health needs assessments (CHNA)." A Memorandum of Agreement establishing this effort was signed by both the VDH and VHHA. (Virginia Hospital & Healthcare Association, Communications-Virginia Hospitals, Virginia Department of Health Partner on New Population Health Effort. (***http://www.vhha.com/communications/virginia-hospitals-virginia-department-of-health-partner-on-new-population-health-effort/***) Current efforts are focused on developing a statewide shared database that can be used by all hospitals and health districts for the CHNA's and CHA's, technical support and sharing of best practices through monthly meetings and "office hour" appointments.

To ensure we all have the opportunity to live in vibrant healthy communities, it is important to assess the strengths, weaknesses and unique resources across all sectors of each community and to listen to those who live, work and play there. A community-driven assessment provides the data and information that allows us to act and develop goals and strategies that can contribute to long-lasting social changes and positive health outcomes. Recognizing the importance of these collaborative efforts, Centra and the Partnership for Healthy Communities again partnered in 2021 to conduct Community Health Needs Assessments across Centra's service region.

The ***"Partnership for Healthy Communities" (PHC)*** is a planning initiative led by Centra, the Community Access Network, the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts, the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, Johnson Health Center and United Way of Central Virginia. The partners are committed to regional alignment of a collaborative and rigorous needs assessment process that will result in action-oriented solutions to improve the health of the communities they serve.

The ***Community Access Network (CAN)*** serves as the backbone organization for PHC. CAN was founded in 2015 as a 501(c)3 public benefit corporation and is the result of Centra's previous Lynchburg Area Community Health Needs Assessment. CAN began as a workgroup of primary care providers who came together in early 2014 to address the lack of access to primary care in the Lynchburg metropolitan area and the resultant inappropriate utilization of Centra's Lynchburg General Hospital Emergency Department (ED). CAN is the outgrowth of collaborative efforts between Centra, Centra Medical Group, the Free Clinic of Central Virginia, and other community leaders to address the needs of patients with complex medical, behavioral health and social needs. From these conversations, the "5th Street Community Health Center" was born and CAN gained designation as a Federally Qualified Health Center Look-a-Like. In January 2018, the Community Health Center, which includes CAN, Hill City Pharmacy, the Free Clinic of Central Virginia, CARES (formerly Ryan White) and Horizon Behavioral Health opened, in large part due to Centra and Centra Foundation support and exists to provide comprehensive and holistic solutions to those who lack access to healthcare.

The ***Piedmont Health District (PHD)*** is part of the 35 districts that comprise the Virginia Department of Health and serves the counties of Amelia, Buckingham, Cumberland, Charlotte, Lunenburg, Nottoway and Prince Edward. The district covers over 3100 square miles and is a rural district with the most densely populated area in Farmville, located in Prince Edward County. PHD's mission is to achieve and maintain optimum personal and community health. Prior to the COVID-19 pandemic, the health district had been aligning their CHA/CHIP with Centra's previous CHNA and Implementation Plan however their focus since March of 2020 has been on the public health crisis caused by the pandemic.

For more than 30 years the ***Bedford Community Health Foundation (BCHF)*** has been supporting area organizations that provide health related services to the citizens of Bedford County. The foundation works to identify and address community health issues by leading initiatives and providing funding. In that time, BCHF has provided more than $6 million in grants and scholarships to Bedford residents. The ***Greater Lynchburg Community Foundation*** is committed to enhancing the lives of central Virginians through the provision of grants and scholarships to nonprofits and students in the city and the four surrounding counties. These totaled over $1.9 million in this fiscal year and benefitted 175 different nonprofits and thousands of people. The ***United Way of Central Virginia's (UWCV)*** mission is to mobilize the compassionate power of our community to improve the quality of lives in Central Virginia. In the past year, UWCV funded 38 programs through its partner agencies, investing $1.5 million in the community impacting over 60,500 people living in the counties of Amherst, Appomattox, Bedford, and Campbell and the city of Lynchburg.

Johnson Health Center (JHC) is a Federally Qualified Health Center (FQHC) serving Lynchburg and the counties of Amherst, Bedford and Campbell. The Health Center was founded by Centra in 1998 and became a FQHC in 2003. It offers comprehensive primary care, pediatric, OB/GYN, behavioral health, dental, pharmacy, transportation, and mobile services throughout the Lynchburg region. In addition, in partnership with Centra Virginia Community College's Workforce Development Certified Clinical Medical Assistant Program, JHC prepares graduates to sit for the NHA Medical Assistant Certification Exam.

Each of these organizations is represented on the ***PHC Steering Committee*** which met monthly during the 2021 CHNA to review the activities of the assessment process.

Centra contracted with Care Journey in Arlington, Virginia for the collection of Secondary Data; with Health Access Strategies in Stuarts Draft, Virginia for the analysis of the Primary Data (Community Health Survey and Stakeholder Focus Group/Survey); and with Community Health Solutions in Richmond, Virginia for polling and data collection for Stakeholder Focus Group meetings and the Community Health Assessment Team meeting focused on data presentation.

A ***Community Health Assessment Team (CHAT)*** with almost 40 individuals and a broad representation of community leaders and cross-sector stakeholders in the service area was developed. The role of the CHAT is to oversee, advise and assist in CHNA data collection activities, prioritize needs, and participate in the development of the Implementation Plan as appropriate. A list of these individuals is presented in the "Acknowledgements" section of this report.

CHNA activities began in March 2021 and concluded in late September with the Prioritization of Needs. A timeline and work plan were created for the 2021-2022 CHNA and Implementation Planning (IP) process for all Centra catchment areas. As in 2018, the work plan included primary data collection (Community Health Survey, Stakeholders' Focus Group) as well as secondary data collection. We did not host target population focus group meetings for this CHNA due to COVID-19 restrictions for meeting in public.

2021-2022 Farmville Area CHNA & IP Activities	*Date*
Data Collection: Primary & Secondary Data	March- August 2021
CHAT: Launch of CHNA activities	March 31, 2021
Stakeholder Focus Group Meeting	May 5, 2021
CHAT: Presentation of Primary & Secondary Data	September 22, 2021
CHAT: Prioritization of Needs	October 8, 2021
Presentation to Centra Executive Leadership	November 17, 2021
Approval by Community Benefit Committee	November 19, 2021
Approval by Centra Southside Community Hospital Board of Directors	December 1, 2021
Approval by Centra Board of Directors	December 6, 2021
Implementation Planning	December 2021 – April 2022
Centra Board Approval of Implementation Plan	By May 15, 2022

Centra Boards of Directors, Community Benefit Committee, and Executive Leadership have been kept informed of the 2021 CHNA process through updates from the Community Benefit Chair, Chief Transformation Officer, and Director of Community Health.

The 2021 Lynchburg Area Community Health Needs Assessment (CHNA) and Prioritization of Needs (PON) was approved by the Centra Community Benefit Committee on November 19, 2021. This committee includes members of both the Centra Board of Directors and the Centra Foundation Board of Directors and provides oversight of the health system's community benefit activities. Final approval of the 2021 CHNA and PON by the Centra Board of Directors occurred on December 6, 2021. The Community Health Needs Assessment was made publicly available on the Centra website the week of December 6, 2021 and was widely shared with the Community Health Assessment Team and other key community stakeholders and leaders.

SERVICE AREA

The service area for the 2021 Farmville Area Community Health Needs Assessment includes Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Counties and the town of Farmville (localities served by the Piedmont Health District). The service area was determined by assessing 80% of the hospital discharges for Centra Southside Community Hospital by zip code and locality for the 2019 calendar year (Source: Cerner, January 2021).

The findings revealed:

Discharge Summary By Zip Codes Representing 80% Of Discharges

County	*# of Discharges*	*% of Total Discharges*
PRINCE EDWARD	13953	37.46
NOTTOWAY	5549	14.90
CHARLOTTE	3180	8.54
BUCKINGHAM	2597	6.97
***APPOMATTOX**	2437	6.54
CUMBERLAND	1361	3.65
LUNENBURG	949	2.55
	30026	***80.6***
Other Zip Codes	***7225***	***19.4***

*Appomattox will be included in the 2021 Centra Lynchburg Area Community Health Needs Assessment.

Although patients from Amelia County did not appear in the top 80% of discharges, it is included in this assessment because it is served by the Piedmont Health District.

The Farmville Area is one of the largest and most sparsely populated areas in Virginia. Largely rural in nature and encompassing 3,118 square miles, the region consists of the town of Farmville and the counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. Part of the Piedmont region of Virginia, the area boasts rolling hills, agricultural fields, state parks, forests, lakes, and rivers including the James and Appomattox rivers. It is a destination point for wildlife and outdoor recreation enthusiasts and is steeped in US history and architectural heritage. Amelia and Charlotte counties are close to the state capitol of Richmond and Fort Pickett, a Virginia Army National Guard installation, is in Nottoway County.

Prince Edward County is in "the Heart of Virginia", at the crossroads of US 460 and US 15, two of Virginia's primary east-west and north-south transportation corridors, which provides direct access to four interstate highway systems: I-95, I-85, I-81 and I-64 and serves as the commercial hub for the region. ***(www.co.prince-edward.va.us)*** The town of Farmville, is the county seat and is approximately 64 miles west of the city of Richmond, 47 miles east of the city of Lynchburg and 76 miles south of the city of Charlottesville. Farmville is home to both Hampden-Sydney College and Longwood University which play a significant role in the vitality of its downtown area. The town is a destination for tourism, recreation, retirement, and trade not only because of its attention to infrastructure, but also because of its attention to its beauty. ***(www.farmvilleva.com)***

TARGET POPULATION

The target population is defined as (1) the medically underserved, low-income, or minority populations and those suffering from chronic disease; (2) the geographic area served by the hospital(s); and (3) targeted populations served by the hospital(s) (i.e., children, women, seniors, cancer patients).

METHODOLOGY

The 2021 Farmville Area Community Health Needs Assessment (CHNA) "lifted the voice of the community" (primary data) and included a collection of over 65 sources of publicly available secondary data. In addition, information about existing community resources was gathered. Primary data included findings from a Community Health Survey and Stakeholders' Focus Group and Survey. Details on the specific methodology and findings of the primary and secondary data components are included in following sections of this assessment.

The data collected for the CHNA is reported using the framework for County Health Rankings and Roadmaps, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor. Released annually, the 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. ***(http://www.countyhealthrankings.org/)***

The County Health Rankings Model measures health outcomes and health factors for each community. Health outcomes represent how healthy a county is today through:

- **Length of Life** (Mortality)
- **Quality of Life** (Morbidity)

Health factors represent what influences the health of a county in the future and includes four types of factors:

- **Social and Economic Factors**
  (accounts for 40% of what influences health)
- **Health Behaviors**
  (accounts for 30% of what influences health)
- **Clinical Care**
  (accounts for 20% of what influences health)
- **Physical Environment**
  (accounts for 10% of what influences health)

All of the data collected for the Community Health Needs Assessment was used to prioritize needs for the Farmville service area and will be used to develop a 3-year Implementation Plan for the hospital system, community partners, and stakeholders in the Farmville service area.

PRIMARY DATA

Collection of primary data allows us to "lift the voice of the community" and is a key driver in the development of prioritized needs for each of Centra's service regions. In 2021, a Community Health Survey and Stakeholder Focus Group meeting provided primary data that was used for identification and prioritization of needs.

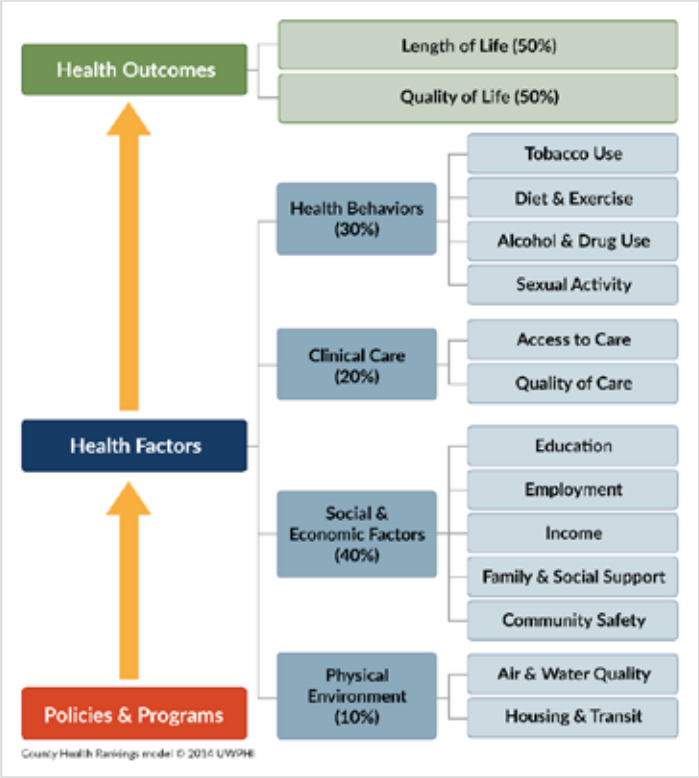
Community Health Survey

A Community Health Survey was administered to Farmville Area residents, 18 years of age and older, from April 12, 2021 to June 15, 2021. The survey tool was developed by Carilion Clinic and Healthy Roanoke Valley headquartered in Roanoke, Virginia and adopted by Centra and the Partnership for Healthy Communities in both 2018 and 2021. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment) and health outcomes (Length of Life and Quality of Life). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2020, and the Behavior Risk Factor Surveillance System so that local data can be compared to state and national data, benchmarks and targets. The survey tool can be found in the Appendix.

The Community Health Survey was administered both electronically through a publicly available link via Survey Monkey and through paper surveys (which were in turn entered into Survey Monkey). Paper surveys were available in both English and Spanish. A total of 1056 surveys were collected. All survey respondents were offered the opportunity to enter a raffle to win a $25 gift card if they completed the survey.

The survey link was advertised in local newspapers, on social media, on Centra's website and through a mass email to all Centra staff. In addition to marketing the survey to the general population, attempts were made to oversample the target population in the service area. Members of the Community Health Assessment Team (CHAT) who serve and represent the target population, were asked to assist in advertising and distributing the survey (both electronically and paper) to their client base. However, engaging these target populations was more difficult in 2021 due to the COVID-19 pandemic and the virtual nature of the services provided during this time as well as possible technology barriers that impact our target populations (i.e., lack of internet access, lack of access to smart phones, computers, etc.).

The County Health Rankings Model was used as the framework to summarize the findings of the 2021 Farmville Community Health Survey that follow. This framework is based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).



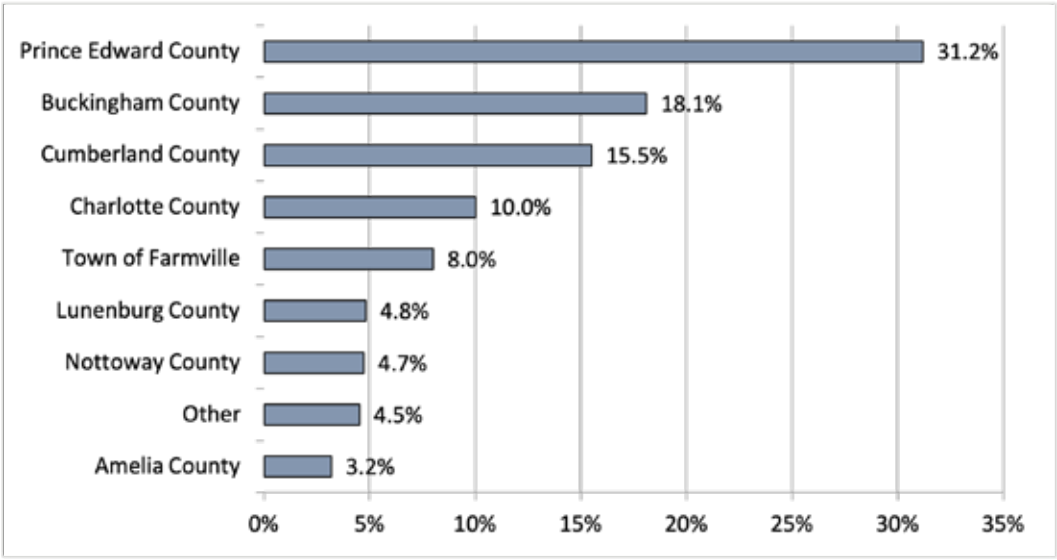
Source: County Health Rankings & Roadmaps. Accessed November 2, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model.

It is important to note that the 2021 Centra Community Health Survey did not have Health Factor questions addressing sexual activity (Health Behavior) and air and water quality (Physical Environment) or Health Outcome questions addressing length of life measures. However, there is data in the "Secondary Data" section of this Community Health Needs Assessment for these topic areas. In addition, where applicable, findings from the 2021 survey are compared to the findings from the Community Health Survey conducted in 2018.

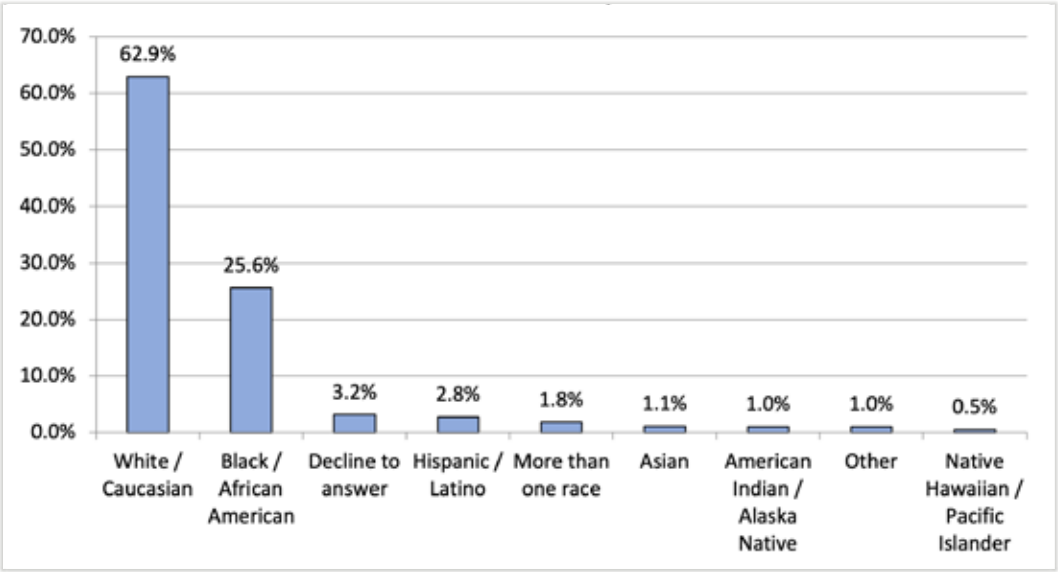
DEMOGRAPHIC PROFILE OF RESPONDENTS

The majority of respondents lived in the service area.

Where do you live?

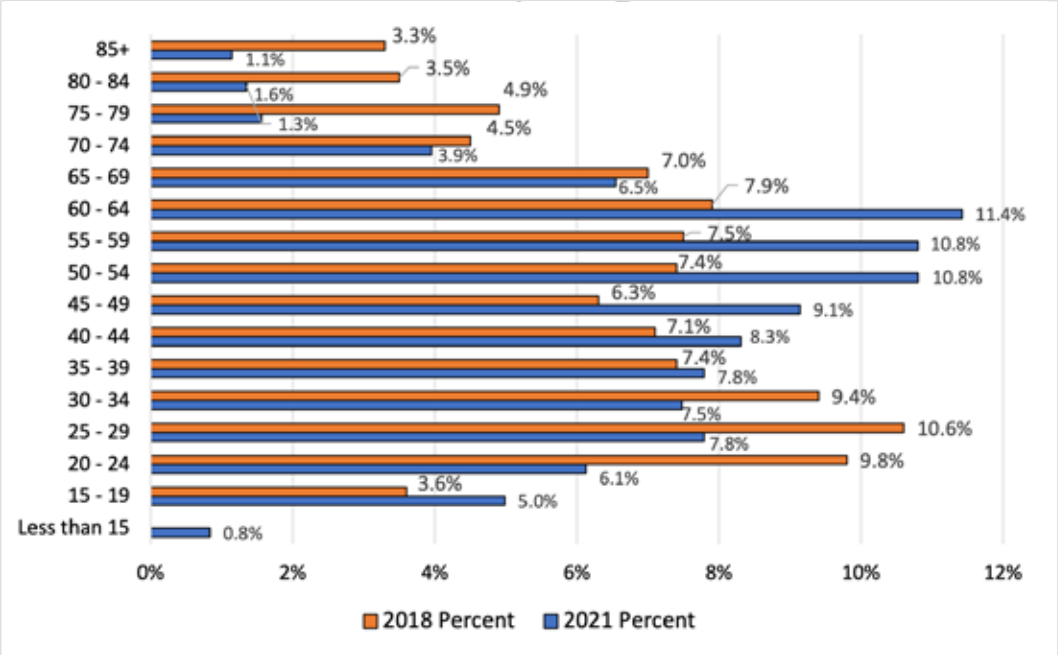


The number of White respondents increased from 54.3% in 2018 to 63% in 2021. This number is consistent with the overall percentage of the White population in the service area - 65% (US Census). The number of respondents indicating they are Black or African American fell significantly from 2018 (41.8%) to 2021(25.6%). However, the 2021 number of Black respondents was closer to the service area percentage of 31% (US Census). The service area percentage of Hispanics or Latino is 3.9% (U.S. Census). The number of Hispanic or Latino respondents in 2021 was 2.8%, increasing from 1.6% in 2018.



The percentage of respondents age 20 to 65 in 2021 was 79.6% and 73.4% in 2018. Conversely, the rate of respondents age 65 and older was 14.5% in 2021 and 23.2% in 2018, representing the largest variance among the age of respondents. There was no significant difference in the median and mean age from 2018 to 2021.

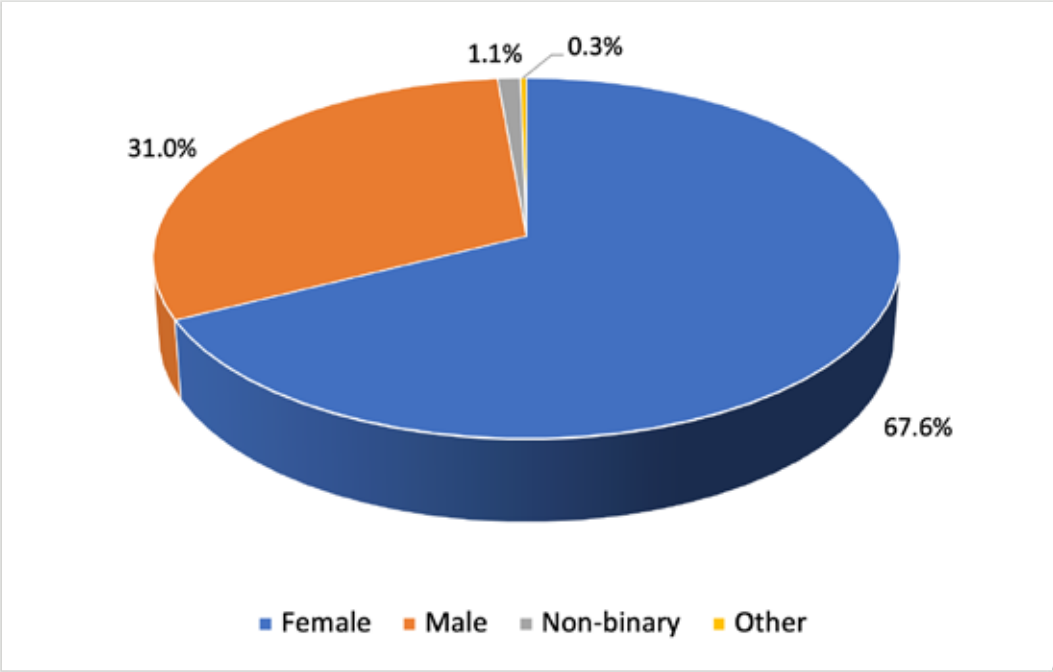
What is your age?



Median Age	48
Mean Age	47
Age Range	12–93

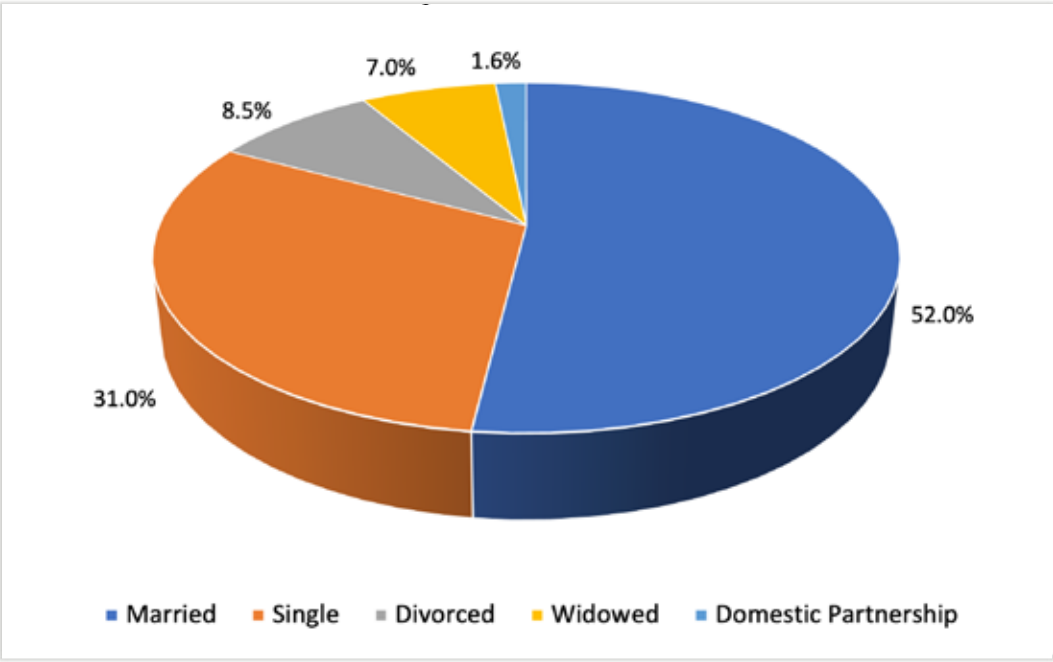
The number of male respondents doubled from 15.3% in 2018 to 31% in 2021. Males represent 51% of the service area's population (U.S. Census). "Non-binary" was added as a response to this question in 2021.

What is your gender identity?



The percentage of persons responding that they were married in the 2021 assessment increased 11% over the 2018 response (41%). The percentage of widowed respondents decreased from 11% in 2018 to 7% in 2021.

What is your marital status?

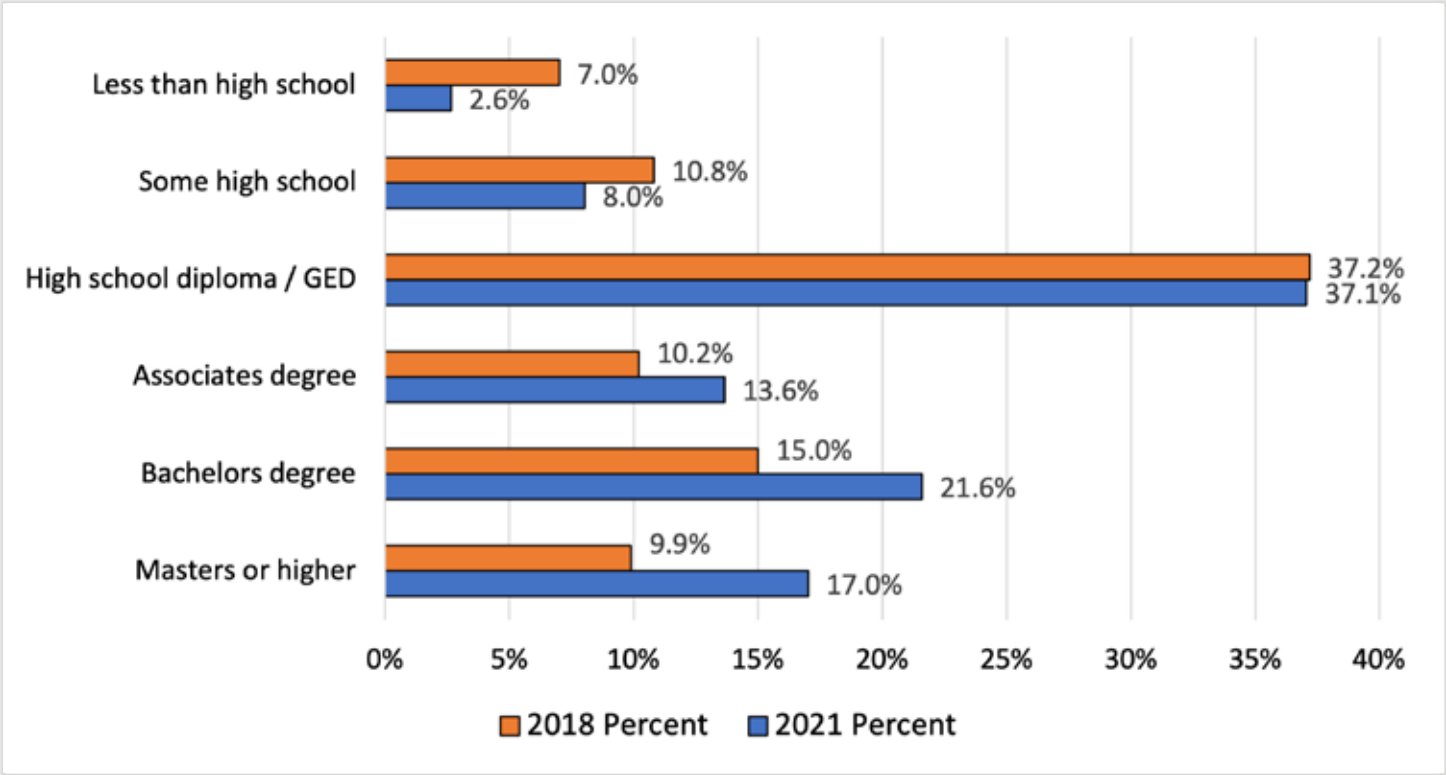


SOCIAL AND ECONOMIC FACTORS

Education

The number of respondents indicating that they had a degree (Associates – Masters or higher) was 52.3% in 2021. This is a 17.2% increase over 2018. The percent of 2018 respondents indicating that they had less than a high school diploma or GED was 17.8% compared to 10.6% in 2021. The reader should note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%). For persons age 25 and over residing in the Farmville service area, 18% had less than a high school education or equivalence (U.S. Census). Those who had graduated from high school or equivalency was 39%, slightly higher than the respondent rate. The percentage of persons in the service area with a Bachelor's Degree or higher was 15.5%, significantly lower than the 2021 respondent percentage of 38.6%. Respondents with an Associate's degree were not compared to area statistics as the U.S. Census includes Associate's Degree attainment in a category with "Some College" (U.S. Census, Table S1501).

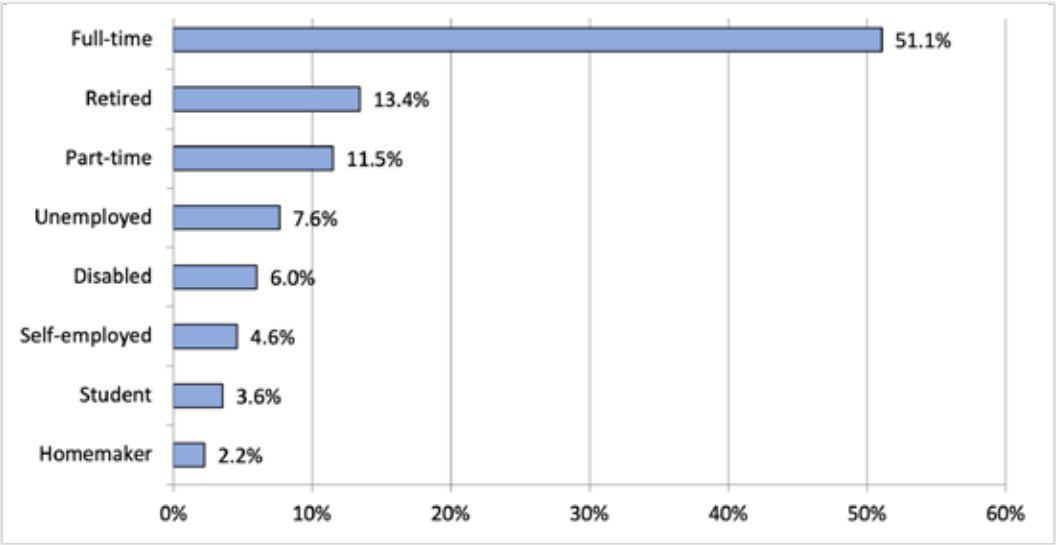
What is your highest education level completed?



Employment

A higher percentage of 2021 respondents were employed full-time than 2018 respondents (51% compared to 43%). The number of unemployed was double among 2018 respondents compared to 2021 respondents (16% compared to 7.6%). The number of student responses was 1.3% in 2018 compared to 3.6% in 2021. The percentage of respondents indicating that they were "Homemakers" was more than twice the number of respondents in 2018 (5%) than 2021 respondents (2.2%).

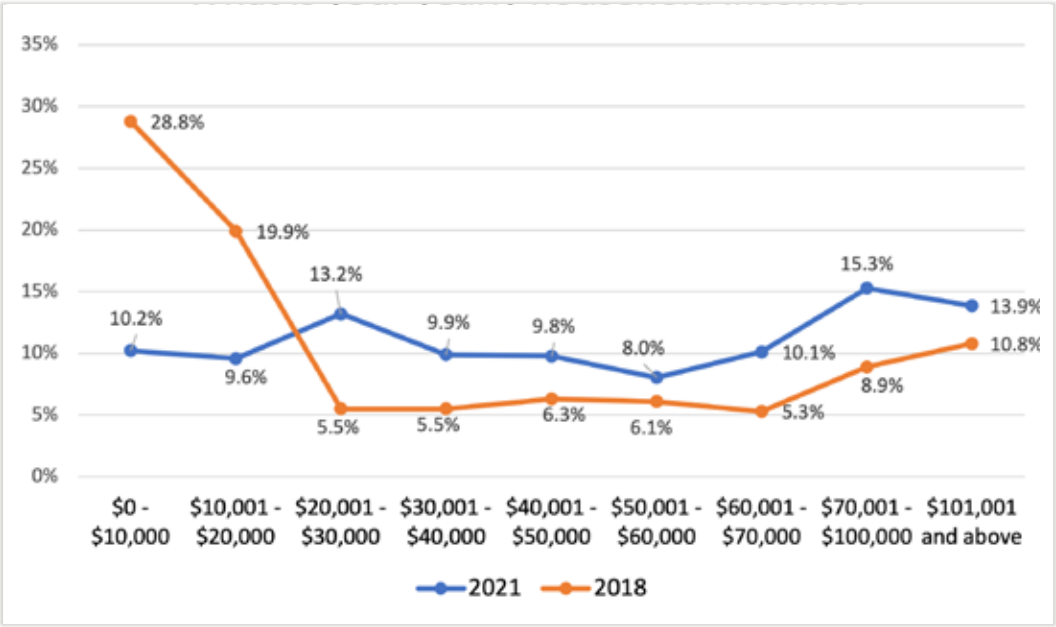
What is your current employment status?



Income

Respondents in 2021 reflected minor variance from the lowest household income to the highest category of household income. The number of respondents indicating a household income of less than or equal to $10,000 was 18.6% less in 2021 than in 2018. The percentage of respondents with household incomes less than $30,000 was 54.2% in 2018 compared to 33% in 2021.

What is your yearly household income?



Analysis of Poverty Status Among Survey Respondents

House-hold Size	Number	Self-Reported Household Income Category							<100% FPL	<200% FPL
		0-10,000	10,001-20,000	20,001-30,000	30,001-40,000	40,001-50,000	50,001-60,000	60,001-70,000		
1	128	21	16						16.4%	28.9%
2	272	13	19	31					4.8%	23.2%
3	172	14	17	19	18				18.0%	39.5%
4	154	13	11	19	12	16			15.6%	46.1%
5	68	6	5	5	8	5	7		23.5%	52.9%
6	28	7	2	3	4	0	2	5	42.9%	82.1%
7	17	0	4	3	2	3	0	0	52.9%	70.6%
8	2	0	0	0	0	0	1	1	0.0%	100.0%
Total	***841***	***74***	***74***	***80***	***44***	***24***	***10***	***6***	***15.2%***	***37.6%***

Although survey income categories do not align with the Federal Poverty Level guidelines (FPL), respondent poverty status can still be estimated at levels below 100% and 200% of the FPL. Based on the FPL, the number of respondents in each household size noted above in yellow would fall below 100% of the FPL. The number of responses in blue would fall below 200% of the FPL. Combining these values represent respondents whose household income falls below 200% of the FPL. A respondent's household income will often fall between FPL category minimum and maximum limits. For example, a respondent's household income that is $11,500 would still be below 100% of the federal poverty level but would be placed in the survey's $10,001 to $20,000 income category because it cannot be determined that the respondent's household income is, in fact, below 100% of the poverty level, between 100% and 150% of the FPL, or at some point over 150% FPL. However, it can be determined that this income is still below 200% of the FPL. In 2021, a minimum of 15.2% of respondents represented in the table above had incomes below 100% of the FPL and 37.6% had incomes below 200% FPL. The total number of households in the table above represent 92.5% of all income respondents.

Federal Poverty Level Guideline Table

Household Size	100% FPL	150% FPL	200% FPL	300% FPL
1	$12,760	$18,140	$25,520	$38,320
2	$17,240	$25,860	$34,480	$51,720
3	$21,720	$32,580	$43,440	$65,160
4	$26,200	$39,300	$52,400	$78,600
5	$30,680	$46,020	$61,360	$92,040
6	$35,160	$52,740	$70,320	$105,480
7	$39,640	$59,460	$79,280	$158,560
8	$44,120	$66,180	$88,240	$176,480

FPL table reproduced from table listed by Medicare Plan Finder accessed July 29, 2021 at https://www.medicareplanfinder.com/medicare/federal-poverty-level/

Affordability and Safety

Survey respondents were asked a series of questions regarding affordability of medications, rent/mortgage, and food. Additional questions focused on both personal and community safety and social connectedness. The number of respondents indicating that they can afford the medicine needed for their health conditions increased 12.4% from 52.2% in 2018 to 64.6% in 2021. The percentage of respondents who did not have enough money in the past 12 months to pay rent or mortgage decreased from 28.3% in 2018 to 17.7% in 2021. The number of respondents who indicated that there had been times when they did not have enough money to buy the food they or their family eat decreased from 31.8% in 2018 to 20.7% in 2021.

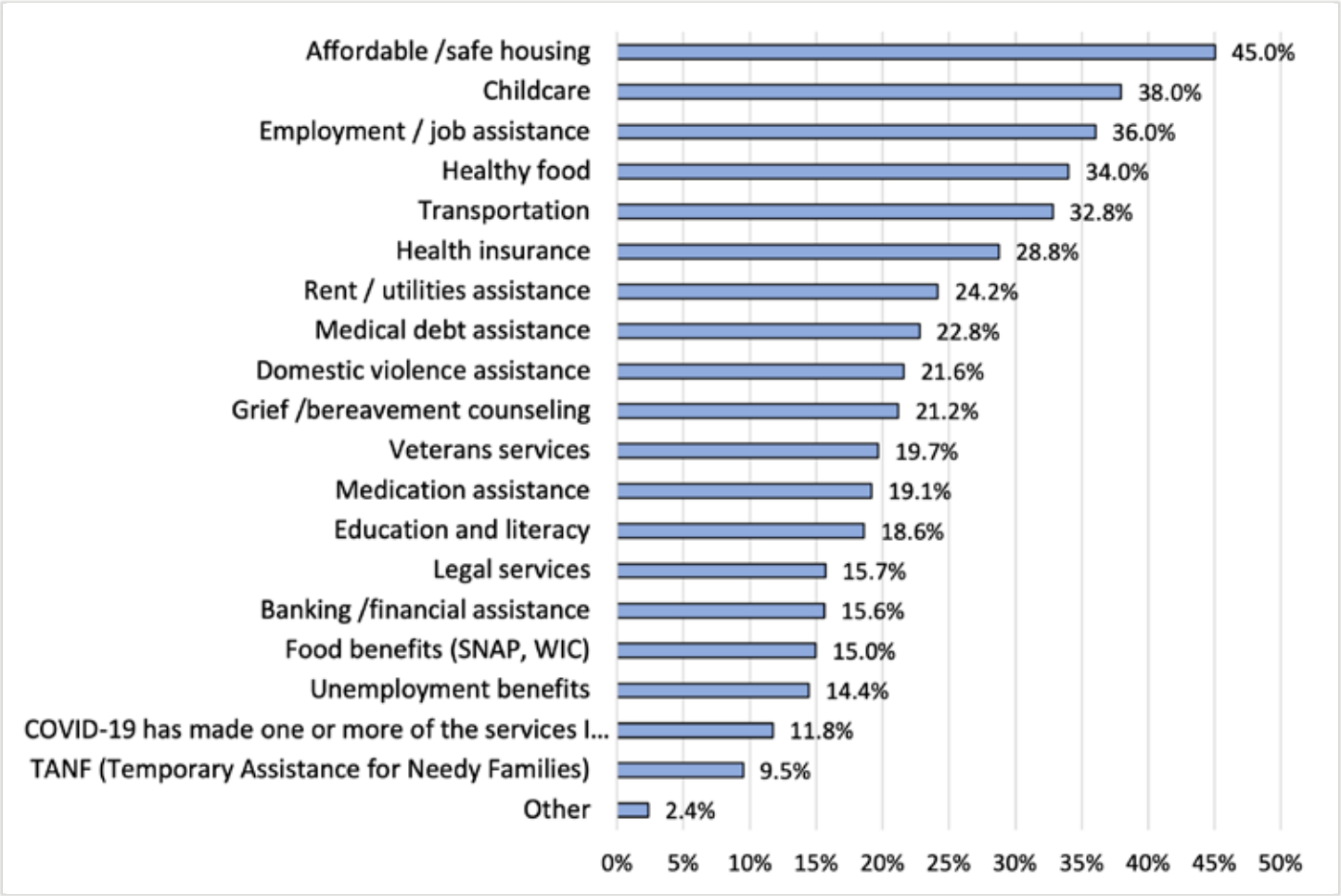
Regarding safety, the number of respondents who reported that they had been victims of domestic violence in the last 12 months increased from 2.2% in 2018 to 4.1% in 2021. The number of respondents who felt safe where they live increased slightly from 92.3% in 2018 to 94.5 % in 2021. The percentage of respondents who felt "Somewhat connected" to the community and those around them increased slightly from 53% in 2018 to 58% in 2021. The number of respondents who felt very connected dropped from 31% in 2018 to 23.6% in 2021. The number of respondents who felt "Not connected" increased to 18% from 16% in 2018. The reader should consider the impact of COVID-19 on this question.

I cannot afford my medications (%)		18.2
In the past 12 months- I could not afford rent/mortgage (%)		17.7
In the past 12 months- I could not afford food (%)		20.7
I have been a victim of domestic violence or abuse in the past 12 months (%)		4.1
Do not feel safe where you live (%)		5.5
Feel connected with the community and those around you (%)	*Very*	23.6
	Somewhat	58.3
	Not connected	18.1

Social/Support Resources in the Community

Respondents were asked which social/support resources are hard to get in our community and could check more than one response. Affordable and safe housing continued to be cited as resources that were hard to get in the community. In 2018, the response was (36.6%) and 2021 (45%). The reader should note that the 2021 assessment separated social determinants of health like housing and food security from health conditions. No issue increased more between assessments than issues related to childcare/daycare. In 2018 "Reliable daycare" was cited by just 9% of respondents, while in 2021, the number increased to 38% ('childcare"). Transportation remained consistent at 28.8% in 2018 and 32.8% in 2021.

Which social/support resources are hard to get in our community? (Respondents could check more than one)



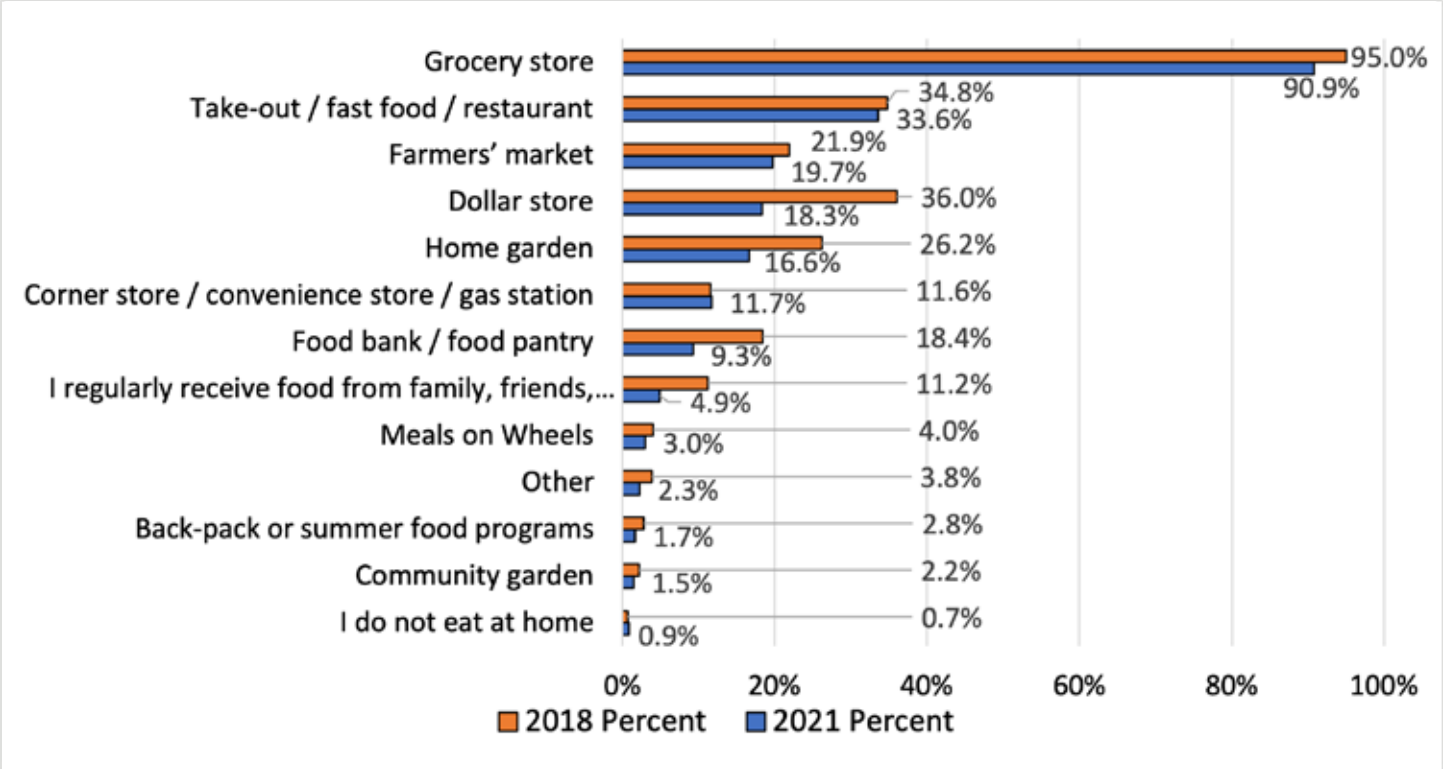
HEALTH BEHAVIORS

Diet and Exercise

Respondents were asked a series of questions regarding food availability, fruit and vegetable consumption, family meal patterns and physical activity.

When asked where they get the food they eat at home, the majority of respondents said from a grocery store similar to responses in 2018. Additional responses to this question however may reflect the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%). For instance, the percent of respondents getting food from dollar stores in 2018 was almost double the percentage in 2021 (36% for 2018 and 18.3% in 2021). In addition, the percent of 2018 respondents getting food from food banks or food pantries was essentially double the rate in 2021 (18.4% compared to 9.3% respectively). More respondents in 2018 got their food from home gardens than 2021 respondents (26.2% compared to 16.6%).

Where do you get the food that you eat at home? (Please check all that apply)



The number of respondents indicating that it was easy to get affordable fresh fruits and vegetables increased from 58.6% in 2018 to 64.7% in 2021. Approximately 40% of respondents ate fruits and vegetables on a daily basis. This is slightly down from the 2018 assessment, where 42.6% of respondents indicated that they ate fruits and vegetables daily. In the Farmville Area, 33.2% of respondents ate together with their family between three and six times a week (31.8% in 2018). Those eating meals together seven or more times per week in 2021 was 34.3% which is again similar to the responses in 2018 (32.2%). Frequent family meals are associated with decreased risk factors in youth.

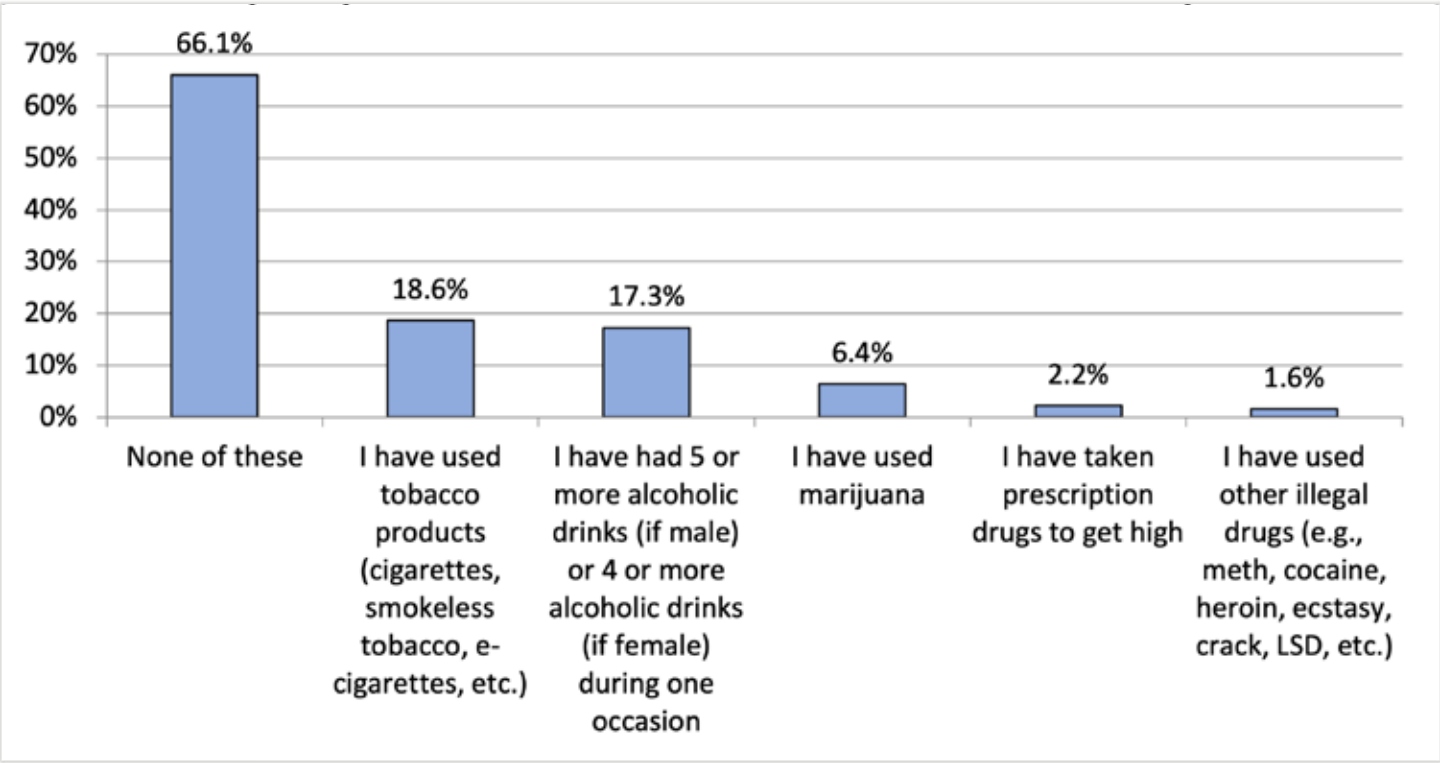
Regarding physical activity, just over one-half (51.4%) of respondents to the 2018 assessment indicated that their community (neighborhood) supported physical activity compared to 64.6% in 2021. Access to physical activity "spaces" is important as regular exercise reduces the number of risk factors (such as obesity) associated with many health conditions. When asked about physical activity over the past 7 days, the number of physically active days of five or more days per week increased from 32.3% in 2018 to 43.4% in 2021. The number of respondents who were active three to four days per week fell from 26.9% in 2018 to 24% in 2021. The number of respondents who were active one or two days per week fell from 25.8% in 2018 to 19.4% in 2021.

In the area that you live, it is easy to get affordable fresh fruits and vegetables? (%)	**64.7**
During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice. (Please check one) Respondents who ate fruits and vegetables one time per day or greater (%)	**39.6**
In the past 7 days, how many times did all or most of your family living in your house eat a meal together? (%) Respondents who ate with their families 7 or more times per week (%)	**34.3**
The community supports physical activity? (e.g., parks, sidewalks, bike lanes, etc.) (%)	**64.6**
In the past 7 days, how many days were you physically active for a total of at least 30 minutes? Respondents who met physical activity guidelines of 150 minutes of aerobic activity weekly(%)	**43.4**

Alcohol, Tobacco, and Other Substance Use

Respondents were asked about their alcohol, tobacco, and substance use over the past 30 days. The percentage of respondents who indicated that they used none of the listed products/drugs in the last 30 days remained relatively consistent (61% in 2018 compared to 66% in 2021). The largest differences were in those who used tobacco products (62.2%) in 2018 compared to those in 2021 (18.6%). There was also a large variance in the number of persons who had had five or more alcoholic drinks in the past 30 days (39% for 2018 respondents and 17.3% for 2021 respondents). Those who reported taking prescription drugs to get high was similar in 2021 to 2018 (2.2% compared to 1.9% respectively). Those who used other illegal drugs (including marijuana) was 4.2% in 2018. In 2021, illegal drug use excluded marijuana with 1.6% of respondents reporting illegal drug use and 6.4% reporting having used marijuana. On July 1, 2021, recreational use of marijuana became legal in Virginia although retail sales will not begin until 2024.

During the past 30 days: (Please check all that apply)



CLINICAL CARE

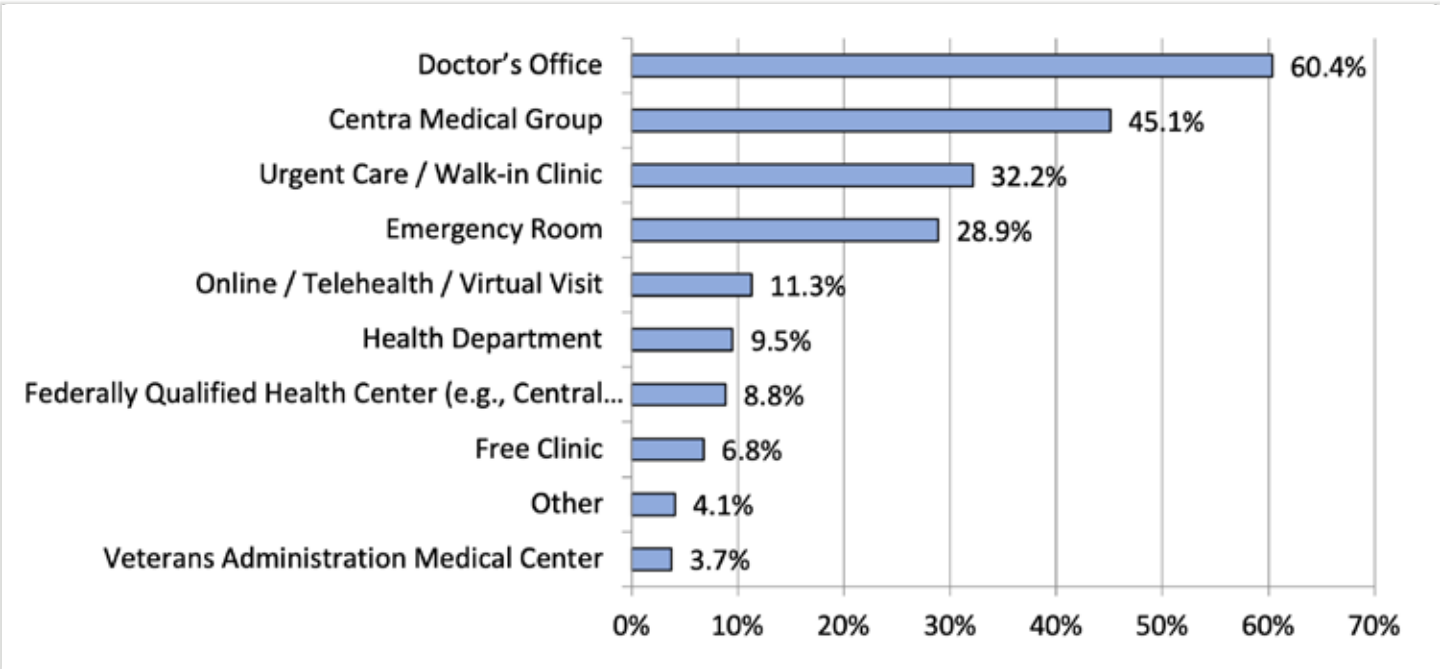
Access and Utilization of Services

Survey respondents were asked about their use of medical, dental, and mental health, alcohol use, or drug use services.

The number of respondents who indicated that they use medical services was slightly down from 2018 (83.2% in 2018 and 81.8% in 2021). The number of respondents who indicated that they had been to the Emergency Room in the past 12 months decreased 17.1% from 37.6% in 2018 to 20.5% in 2021. Fewer respondents in 2021 (7.4%) indicated that they had used the emergency room for an injury in the last 12 months than in 2018 (12.1%).

When asked what type of medical services they use, the generic "Doctor's Office" was the top response in 2021 (60.4%) and 2018 (49%). Respondents selecting Centra Medical Group increased from 34.5% in 2018 to 45.1% in 2021, a 10.6% increase. Respondents indicating that they used the Emergency Room remained consistent from 29% in 2021 compared to 27% in 2018. Urgent Care or Walk-in Clinic showed a dramatic increase from 10.3% in 2018 to 32.2% in 2021 (an increase of 21.9%). The use of the region's Federally Qualified Health Centers remained consistent at approximately 10% in 2018 compared to 9% in 2021. The use of online/telehealth/virtual visits was not an option in 2018.

Please check all the medical care services you use:



The number of respondents indicating that they last visited a healthcare provider for a routine check-up in the past year fell from 2018 (76.6%) to 69.4% in 2021. This decrease may be attributed to the fact that almost 4% of 2021 respondents indicated that they had not seen a healthcare provider due to COVID-19 (concerns or cancellations or postponements made by the healthcare provider). The number of respondents who had not visited a healthcare provider for a routine check-up within the past five years was similar from 2018 (5.9%) to 2021.

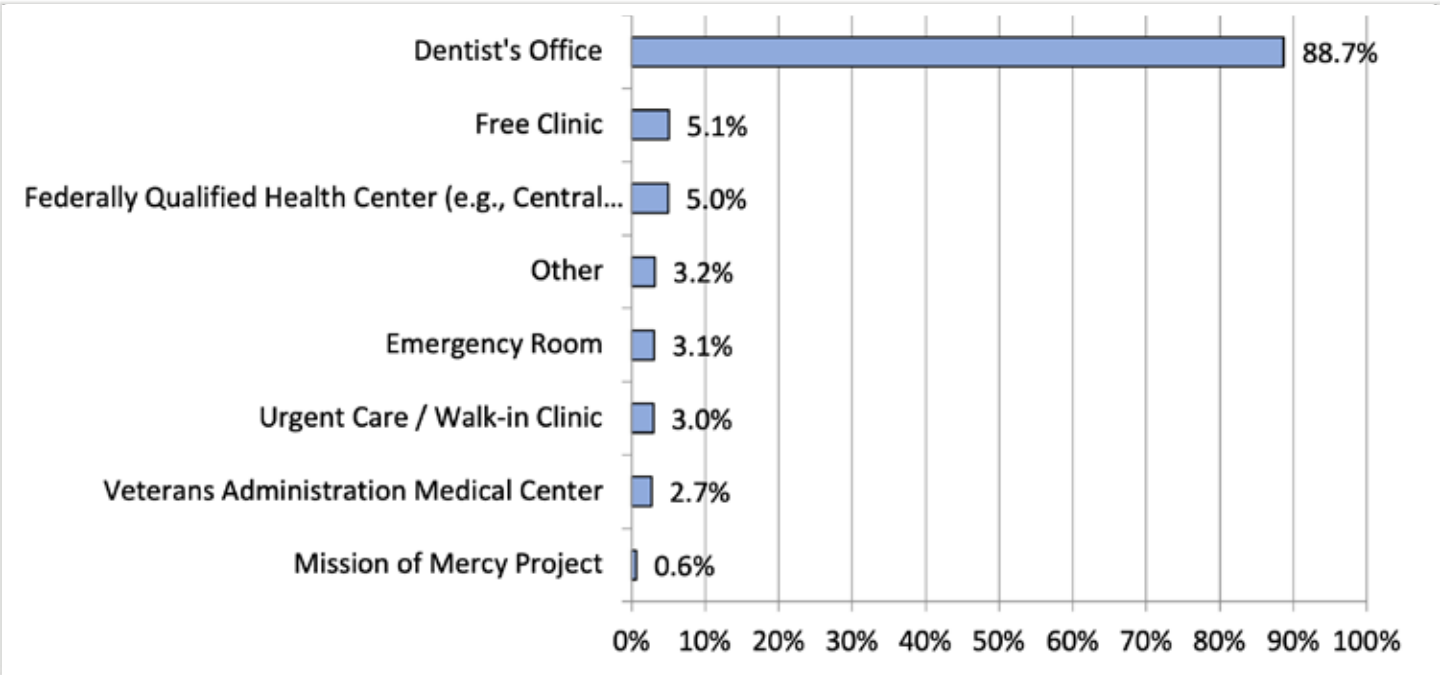
How long has it been since you last visited a doctor or other healthcare provider for a routine checkup?

Within the past year (1 to 12 months)	69.4%
Within the past 2 years (1 to 2 years ago)	12.8%
Within the past 5 years (2 to 5 years ago)	6.9%
5 or more years ago	5.6%
I have never visited a doctor or other healthcare provider for a routine checkup	1.8%
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	3.5%

The number of respondents indicating that they use dental care services increased 16% from 2018 (62.5%) to 2021 (78.5%). However, it is important to note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 in 2018 (48.7%) as compared to 19.8% in 2021. In addition, slightly more respondents in 2021 indicated that they had dental insurance (23.8%) than in 2018 (22.6%).

Respondents were asked what type of dental services they use. The number of respondents selecting the generic response "Dentist's Office" increased from 8% in 2018 to almost 90% in 2021. It is important to note that 75.1% of respondents in 2018 selected "Other" as their option. The use of "Free Clinic" for dental services increased to 5% in 2021 from 1% in 2018. Respondents using "Urgent Care or Walk-in Clinic" remained consistent from 2018 (2.7%) to 2018 (3%). Respondents using Federally Qualified Health Centers increased from 1% in 2018 to 5% in 2021. Respondents using "Mission of Mercy Project" for dental services decreased to less than 1% in 2021 from 2% in 2018.

Please check all the dental care services you use:



The number of respondents who had visited a dentist or dental clinic for any reason remained consistent from 54.5% in 2018 to 55.8% in 2021. The number of respondents who had not visited a dentist or dental clinic in the past 3 to 5 years in 2018 was close to 1 in 3 (31.1%). The percentage of 2021 respondents who have not visited a dentist or dental clinic in the past 2 to more than five years was 22.3%. Additionally, almost 5% postponed or cancelled a visit because of COVID-19 in the past year.

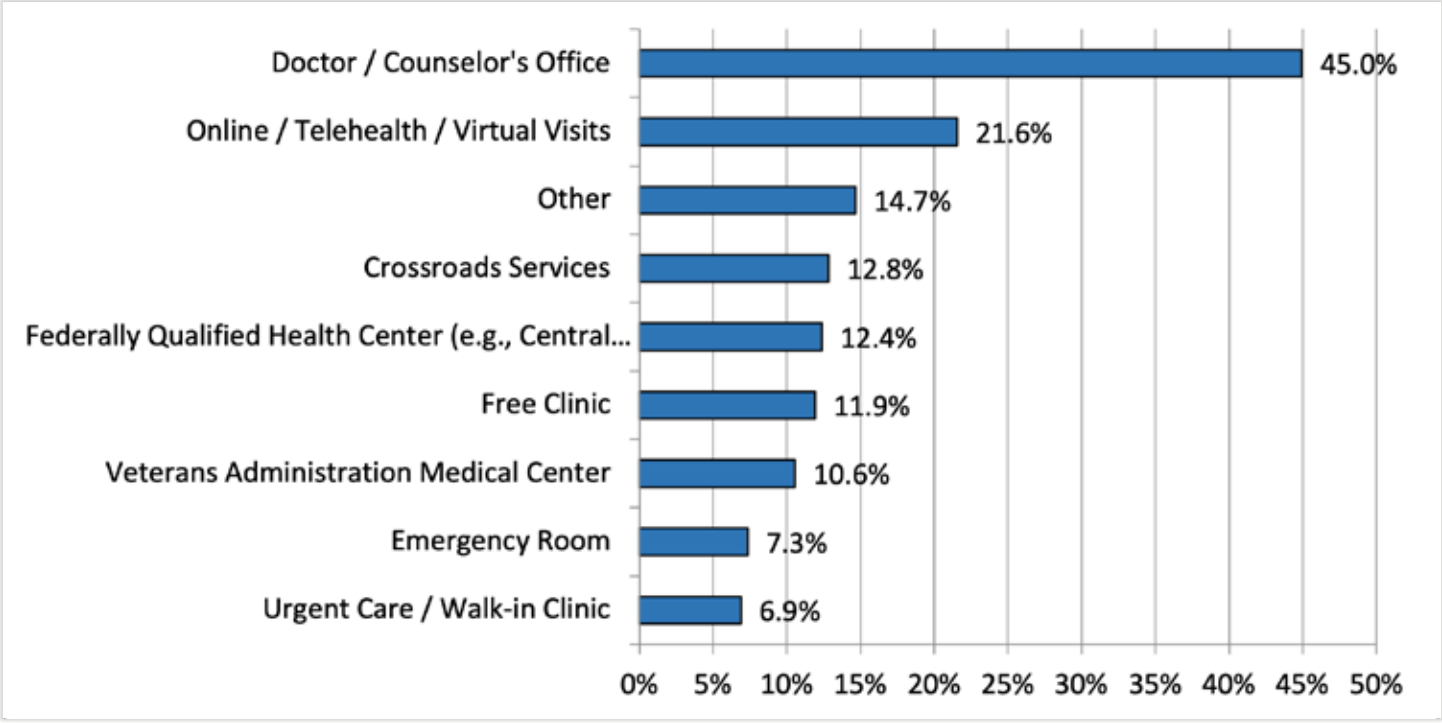
How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists such as orthodontists

Within the past year (1 to 12 months)	55.8%
Within the past 2 years (1 to 2 years ago)	16.3%
Within the past 5 years (2 to 5 years ago)	9.7%
5 or more years ago	12.6%
I have never visited a dentist or dental clinic for any reason	4.6%
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	0.9%

The number of respondents indicating that they use mental health, alcohol or drug use services increased from 9.1% in 2018 to 14% in 2021. This increase should be interpreted with the knowledge of the potential impact (increase) on these services due to the COVID-19 pandemic.

Respondents were asked what type of mental health, alcohol or drug use services they use. The number of respondents who used Crossroads Community Services Board for services fell from approximately 32% in 2018 to 12.5% in 2021. Online, telehealth, or virtual visits were not an option for respondents in 2018. Approximately 1 out of 5 respondents using mental health, alcohol use, or drug use services indicated such a visit. The number of respondents using the Free Clinic or Federally Qualified Health Center (FQHC) both increased from 2018 (4.5% Free Clinic; 9.1% FQHC) to 2021 (Free Clinic 11.6%; FQHC 12.1%). The generic response, "Doctor or Counselor's Office," was combined from two separate responses from 2018 – "Doctor's Office" and "Counselor's Office." These two responses in 2018 were approximately 32% and 29%, respectively in 2018, while combined for 2021, the percentage of responses was 43.8%.

Please check all the mental health, alcohol use, or drug use services you use:



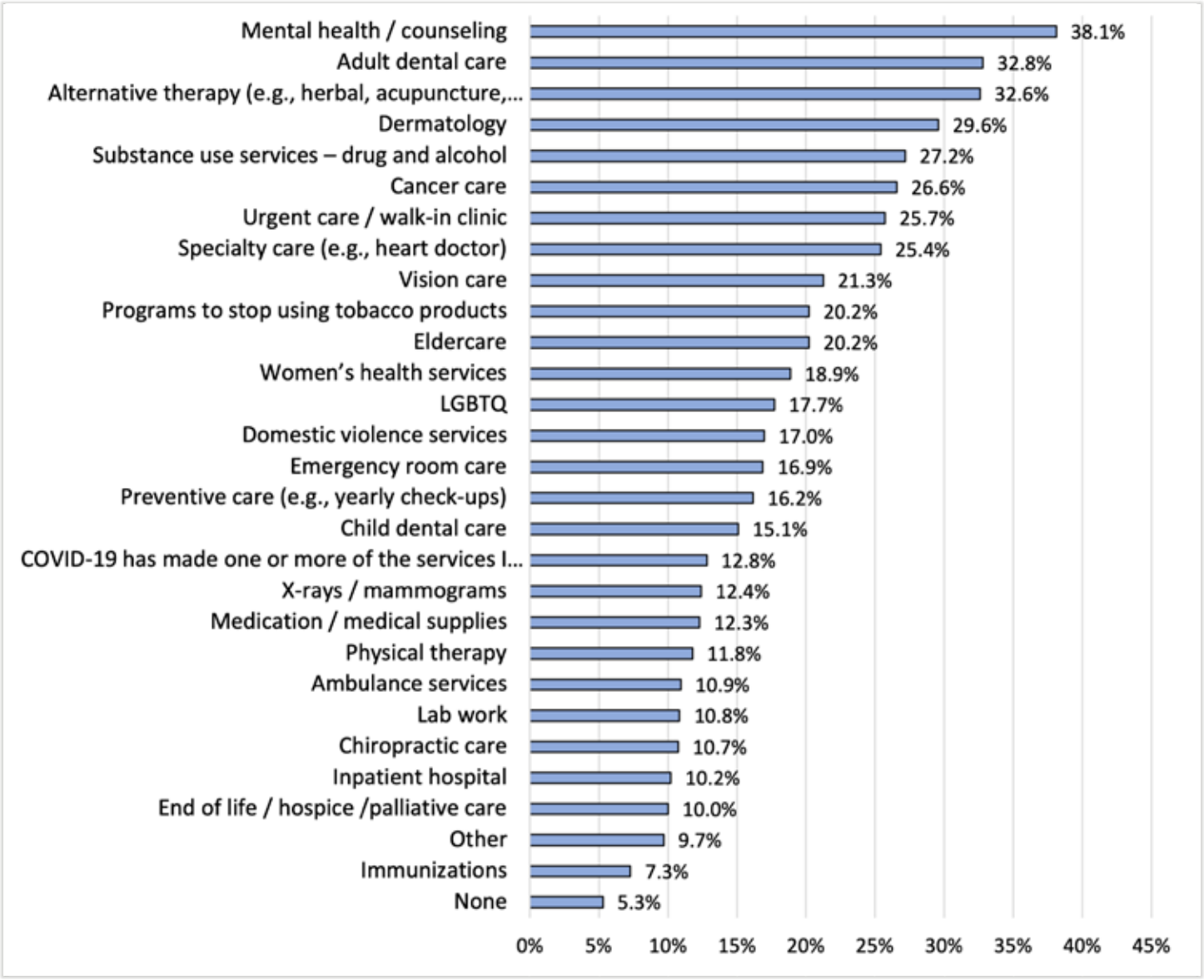
Within the past year, 15% of respondents used mental health, alcohol use, or drug use services. An additional 2.6% of respondents did not seek services due to COVID-19. This question was not included in the previous 2018 Community Health Survey.

How long has it been since you last used mental health, alcohol use, or drug use services for any reason?

I have never used mental health, alcohol use, or drug use services for any reason	62.7%
Within the past year (1 to 12 months)	15.0%
Within the past 2 years (1 to 2 years ago)	5.7%
Within the past 5 years (2 to 5 years ago)	5.1%
5 or more years ago	8.8%
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	2.6%

Survey respondents were asked what health care services are hard to get in the community. In 2021, respondents indicated mental health and counseling services were the hardest to get. This number increased approximately 16% over 2018. Adult dental care remained high from 2018 (29.4%) to 2021 (32.8%). It is important to note that beginning July 1, 2021, Virginia Medicaid started providing comprehensive adult dental services to Medicaid beneficiaries for the first time. There was an increase in responses indicating that alternative therapies are hard to get in the community (32.6% in 2021, 21.6% in 2018). Difficulty accessing specialty care services was consistent from 2018 and 2021 at 23.6% and 25.4%, respectively.

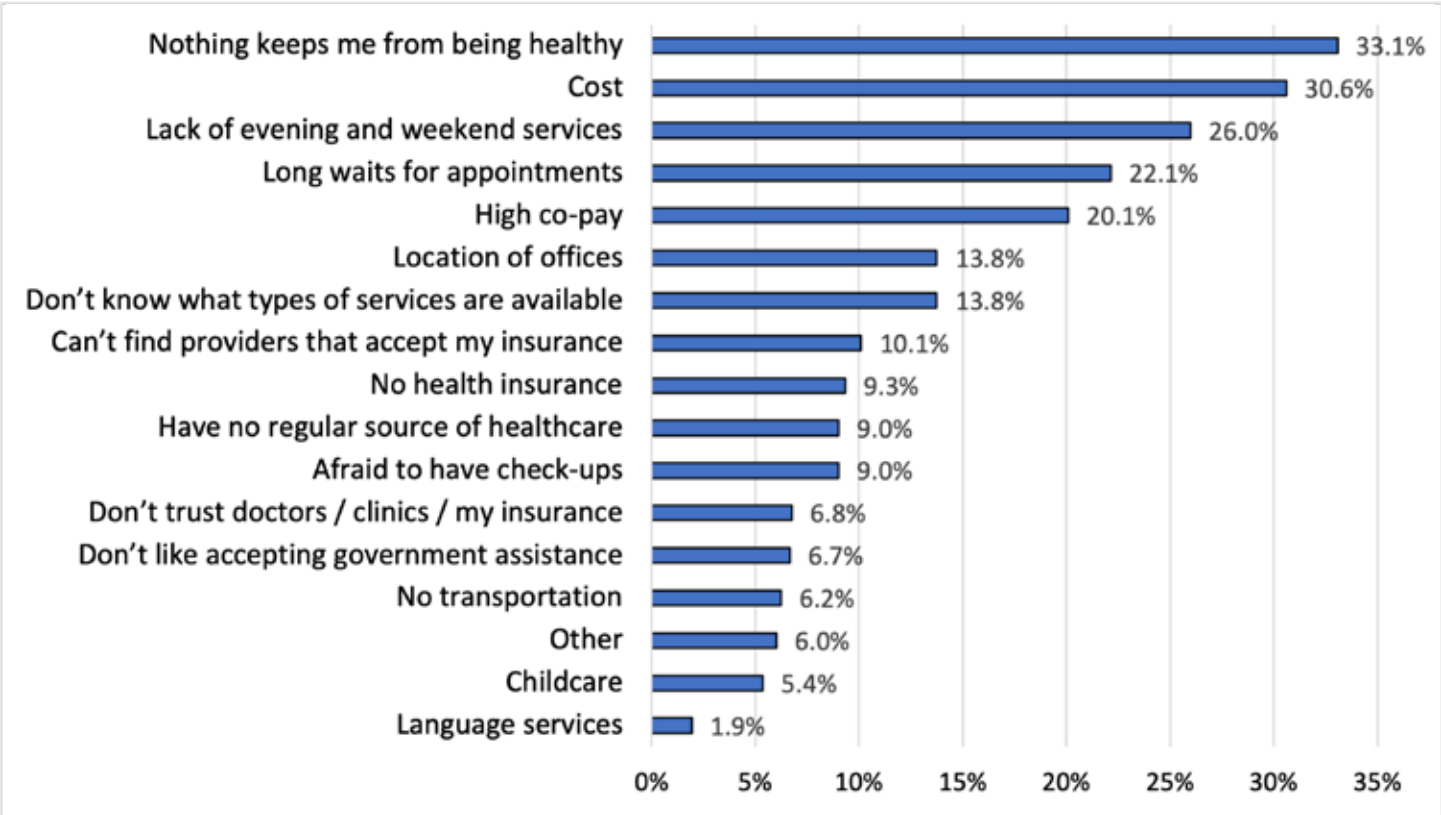
Which health care services are hard to get in our community? (Respondents could check more than one)



Health Status

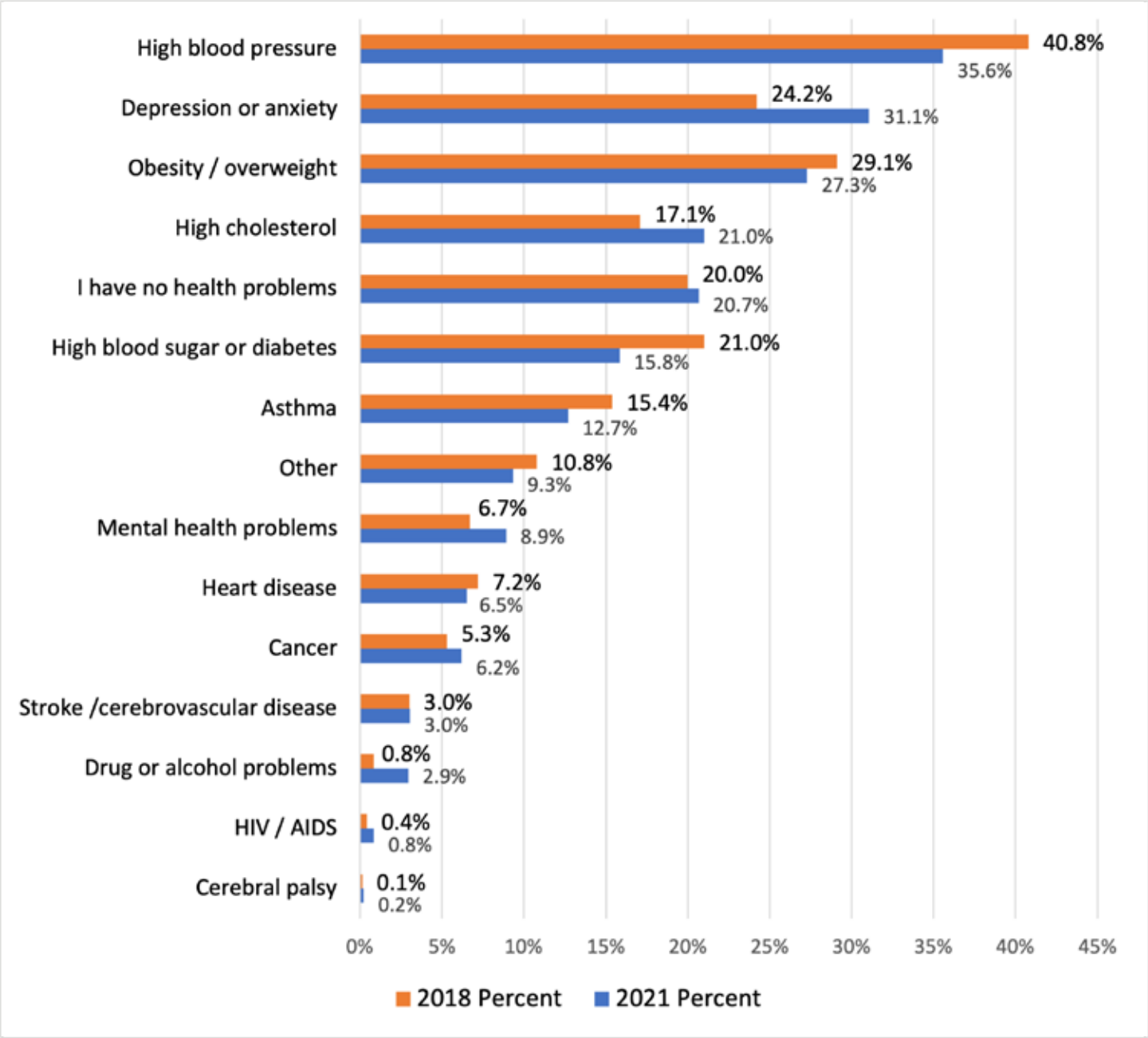
Respondents were asked, "What Keeps you from being healthy?". In 2018, the response "Nothing keeps me from being healthy" was not an option on the survey however in 2021, 33.1% of respondents selected this option. In 2021, the top five reasons respondents felt kept them from being healthy were identical to the top five reasons in 2018. Cost was 30.6% in 2021 and 48.9% in 2018. High co-pays were 32.7% in 2018 and 20% in 2021. Lack of evening and weekend services increased slightly in 2021 to 26% from 23.3% in 2018. Long waits for appointments remained consistent at 22% in 2021 compared to 24% in 2018. No health insurance dropped as a reason from 17.4% in 2018 to 9.3% in 2021.

What keeps you from being healthy? (Respondents could check more than one)



Respondents were asked if they had been told by a doctor if they have a certain medical condition. The trend among disorders reported is largely consistent between 2018 and 2021. Of particular note is the increase in depression or anxiety (approximately 7%) from 2018 to 2021. This increase is consistent with the additional findings from this survey where 2021 respondents who felt their mental health was not good in the last 30 days increased by 5.5% from 11.1% in 2018 to 16.16%. It is important to consider the possible impact of COVID-19 restrictions, isolation, etc., on 2021 responses.

Have you been told by a doctor that you have... (Respondents could check more than one)

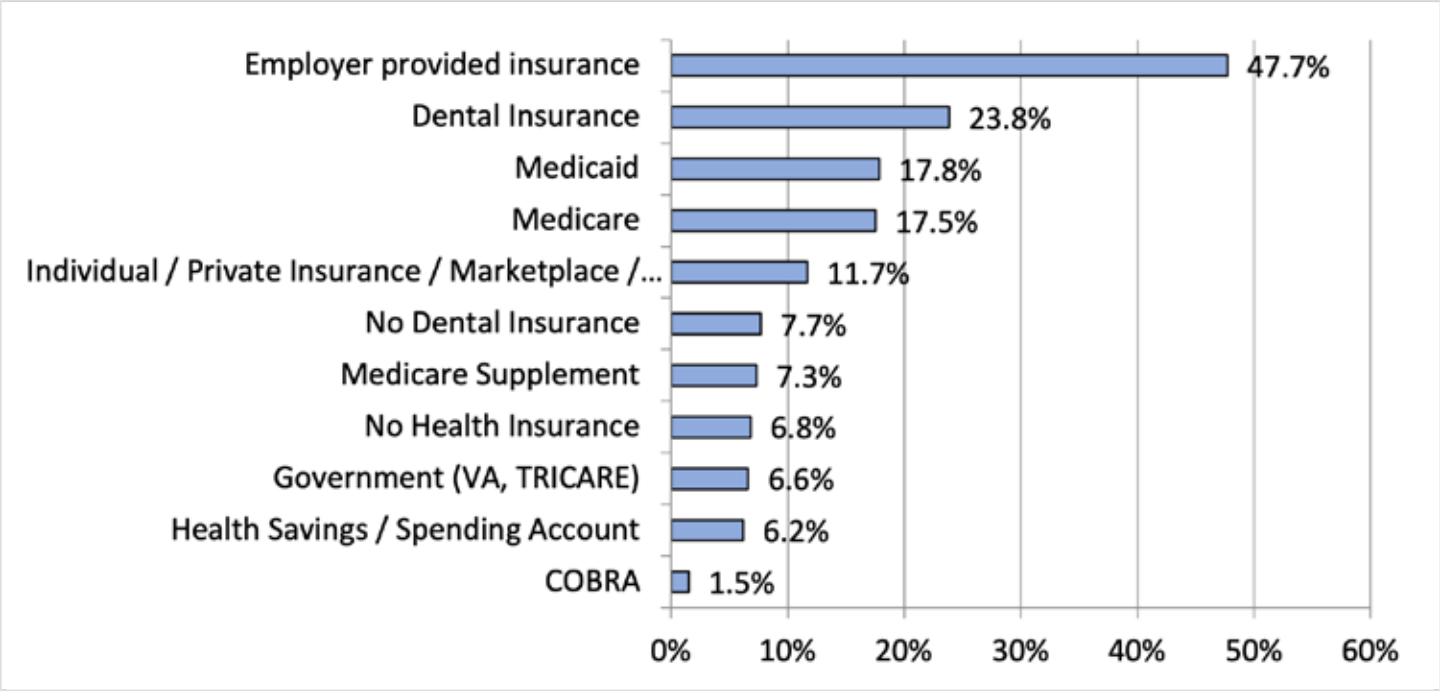


Health Insurance Status

When asked about their health insurance status, more survey respondents in 2021 reported having employer-provided insurance than in 2018 (37.1%). In addition, fewer in 2021 reported having Medicaid, Medicare, or no health or dental insurance as compared to 2018. (24.9%, 24.9%, 16.0%, and 16.7% respectively). More respondents in 2021 indicated that they had health insurance (72%) than in 2018 (63%).

For those without health insurance, the number of respondents indicating that health insurance was too expensive in 2018 was double the number in 2021 (25.3% compared to 11.6% in 2021). The number of unemployed/no job respondents in 2018 was more than double the percentage of responses in 2021 (10.3 compared to 3.7% respectively).

Which of the following describes your current type of health insurance? (Please check all that apply)

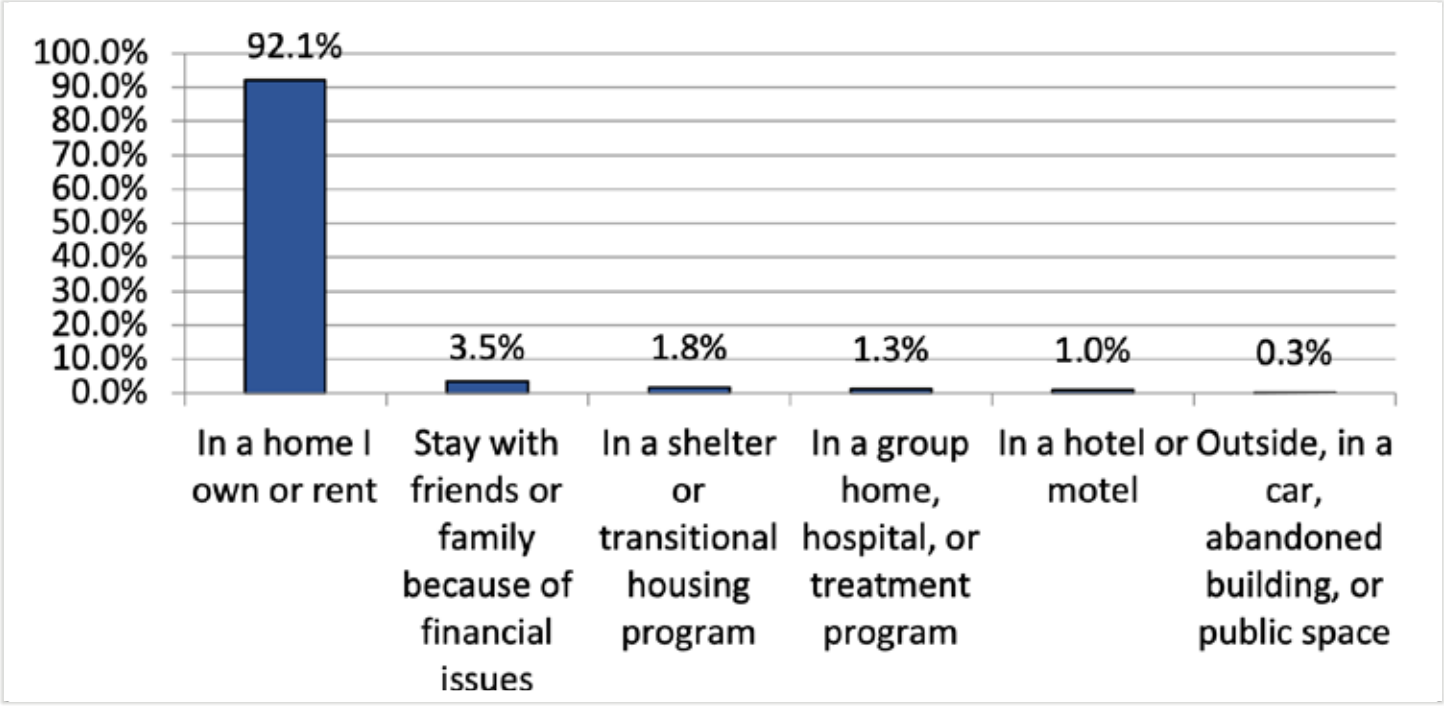


PHYSICAL ENVIRONMENT

Housing

To determine housing insecurity, respondents were asked where they sleep most often. The majority of respondents (92.1%) slept most often in their own homes. The additional respondents who reported either sleeping at a friend's or family's home, in a shelter or transitional housing, or in a group home, hospital, or treatment program was 6.6%.

Where do you sleep most often? (Please check one)

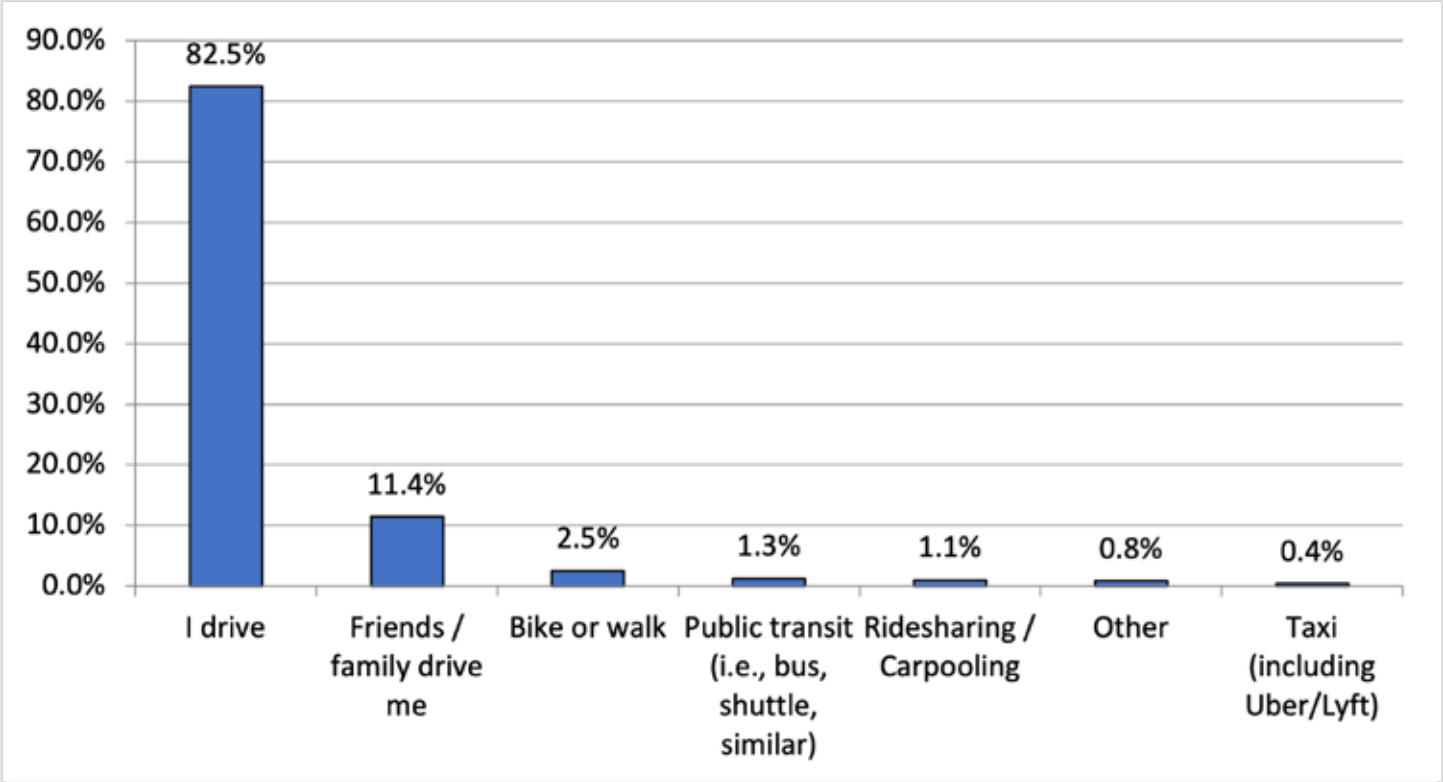


Transportation

Survey respondents were asked if they had reliable transportation. Approximately 95% of respondents indicated that they had access to reliable transportation. This question was not a question on the 2018 assessment. However, the 2018 assessment asked how many vehicles were owned, leased, or available for regular use by the respondent and those in their household. The percentage indicating zero (0) was 10.6%.

Additionally, survey respondents were asked what type of transportation they use most often. The most striking variance between 2018 and 2021 respondents was in the percent who biked or walked. In 2018 this percent of responses was 11.3% and 2.5% in 2021. In addition, more respondents in 2018 used public transit (5.7% than 1.3% in 2021). It is important to note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%).

What type of transportation do you use most often?



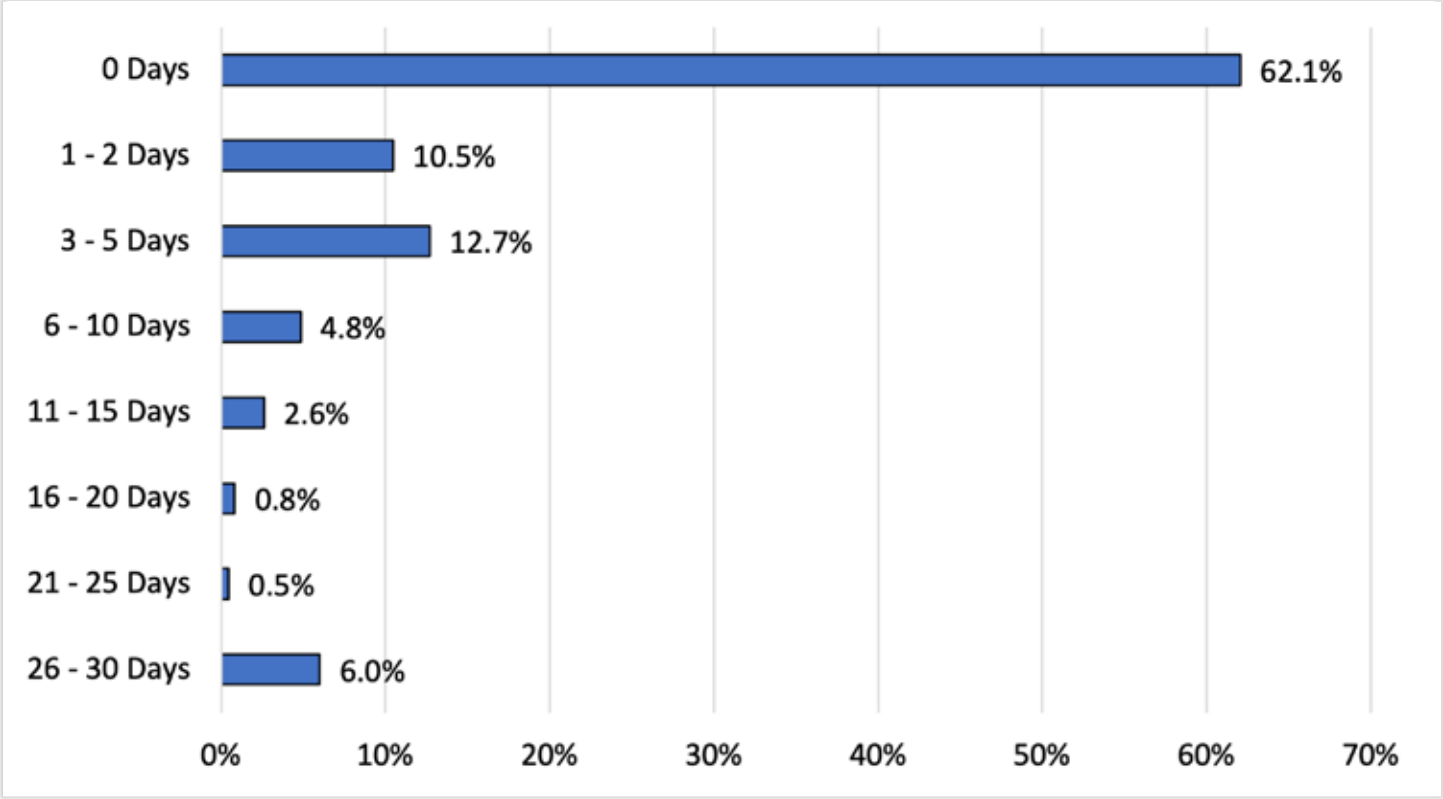
QUALITY OF LIFE

Physically and Mentally Unhealthy Days

Respondents were asked whether their physical and mental health was not good over the past 30 days.

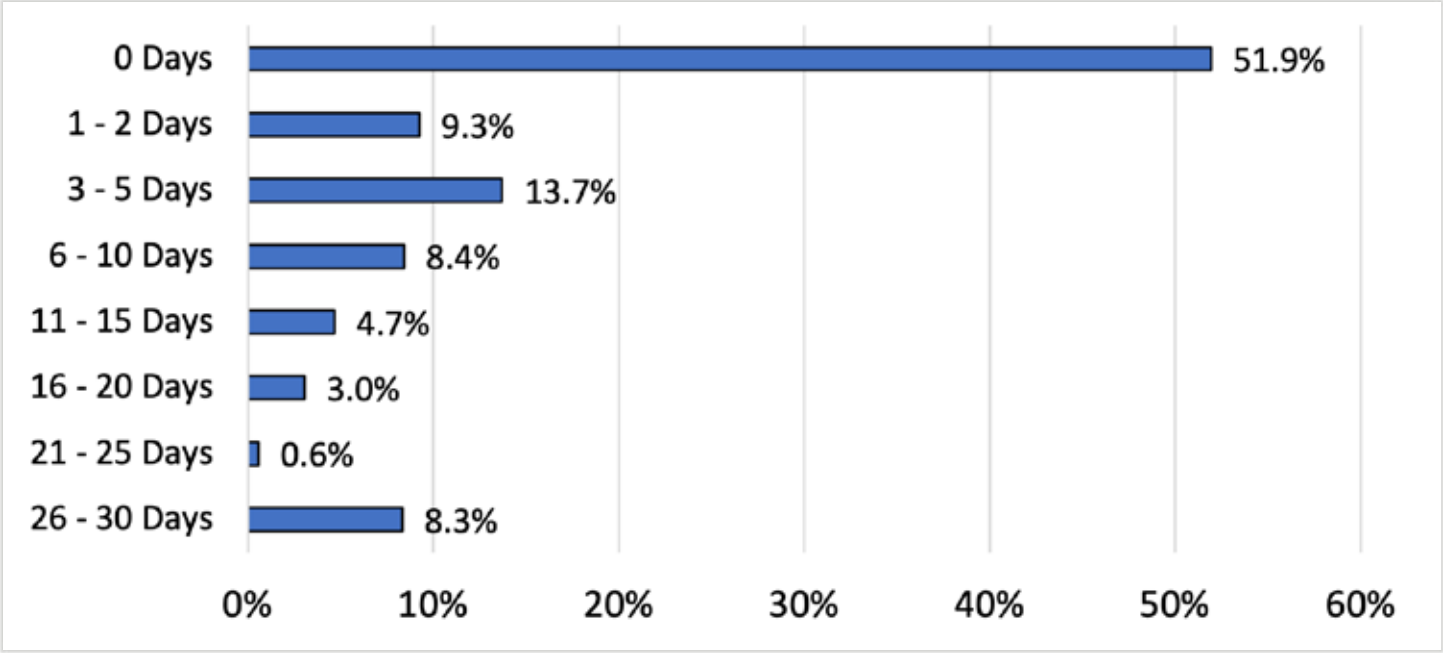
The 2021 assessment breaks out 2018's assessment from 0-5 days to 0 days, 1 to 2 days, and 3 to 5 days. Of those that reported they had physically unhealthy days, the large majority (23.2%) responded at least 1 to 5 days were unhealthy. The percentage of respondents indicating that their physical health was not good for 26 to 30 days remained the same from 2018 to 2021 at 6%. There was no change from the 2018 assessment to the 2021 assessment among respondents answering 21 to 25 days. The most significant variance was among respondents in the 6 to 10 days range (4.8% in 2021 and 9.3% in 2018).

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?



When asked about their mentally unhealthy days in the past 30 days, those respondents who answered 0-5 days in 2018 was 79.1% compared to 74.9% in 2021 while those who answered 6-15 days in 2018 was 14.6% compared to 13.1% in 2021. The percentage of 2021 respondents who felt their mental health was not good for more than 15 days in the last 30 days increased slightly from 11.1% in 2018 to 11.9%. The impact of COVID-19 should be considered as a possible factor in the increase.

Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

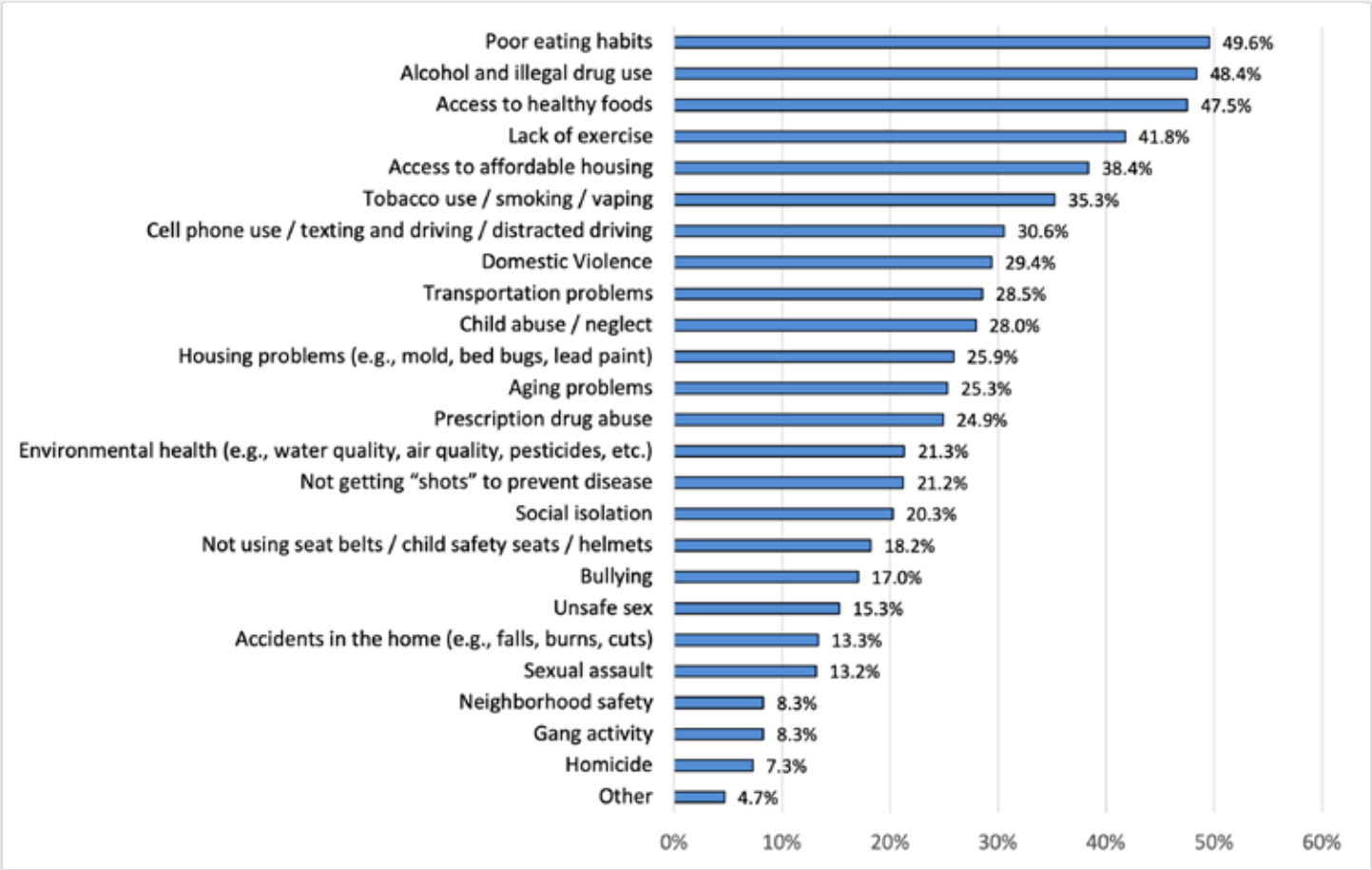


COMMUNITY NEED

Respondents were asked which health factors and health conditions/outcomes have the greatest impact on the health of the community.

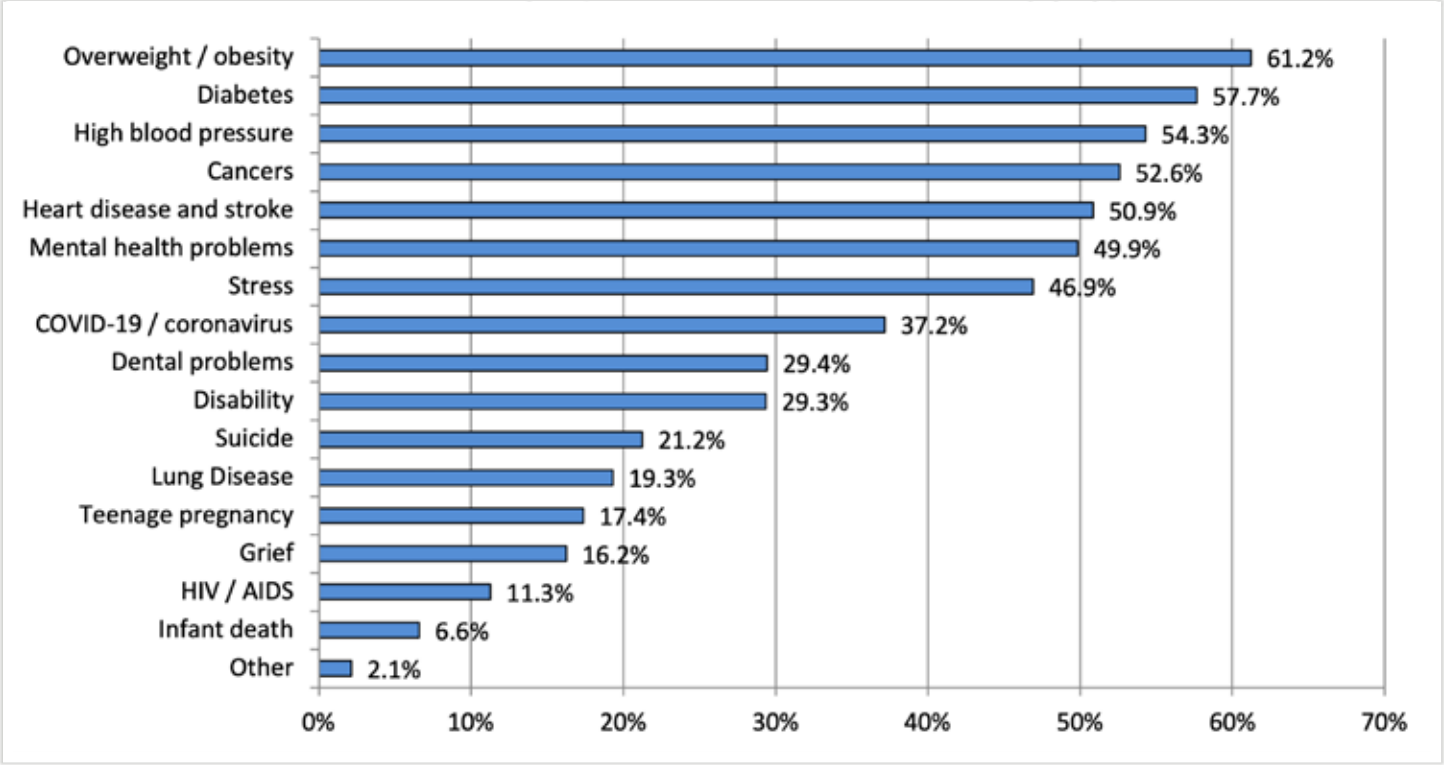
Respondents indicated that specific health behaviors were the most important health factors impacting the region (i.e. Poor eating habits and alcohol/illegal drug use, lack of exercise, tobacco use). The exception, access to healthy foods, is a contributing factor to poor eating habits. In 2018, respondents identified access to affordable health care (54.87%) and alcohol and illegal drug use (29.1%) as the top issues. Access to affordable housing continues to be an issue in the Farmville region and there was a significant increase in those who identified domestic violence (29.4% in 2021 compared to 10.1% in 2018). Other notable responses in 2021 were the number who indicated child abuse and neglect were significant health factors (28%). Another 25.3% indicated aging problems were significantly impacting the community. In 2021, assessment questions included both health factors and health issues. In 2018, respondents were asked to select the most important health issues.

What do you think are the most important health factor issues that affect health in our community? (Respondents could check more than one)



Respondents highly ranked health conditions or outcome issues that directly address diabetes or are significant risk factors for diabetes (obesity and high blood pressure). Of particular note, in 2018, mental health problems were 18% of respondents' selections, and in 2021 that number increased to 50%. This increase may be impacted by COVID-19 and the fact that "health care factors" and health care "issues" were broken into separate questions in 2021.

What do you think are the most important health condition or outcome issues that affect health in our community? (Respondents could check more than one)



STAKEHOLDERS SUMMARY

Stakeholder Focus Group and Survey

To further understand the needs of the target populations in the Lynchburg Area and the factors that impact the health of these residents, a Stakeholder Focus Group meeting was held on May 10, 2021 via Microsoft Teams. A total of 75 individuals attended the meeting including members of the Community Health Assessment Team and other identified cross-sector stakeholders, non-profit organizations, service providers, business leaders, and local government officials. A directory of participants can be found in the Appendix.

The focus group meeting was a 90-minute session. An overview of the Lynchburg Area 2021 Community Health Needs Assessment and the 2018 top ten prioritized needs were presented to participants. The participants were then asked to answer a series of questions regarding the needs of those they serve. When answering the questions, participants were asked to keep in mind the impact that the COVID-19 pandemic has had on these needs. Responses were available in real time using the "Poll Everywhere" application which was administered by Community Health Solutions in Richmond, Virginia.

After the Focus Group meeting, a Stakeholder Survey was administered and included the same questions that were asked in the Focus Group meeting. An additional question asking about the impact of the COVID-19 pandemic on the needs in the community was included in the survey. The survey was available via Survey Monkey from May 10 to May 26, 2021 for individuals and/or organizations who were unable to attend the Focus Group meeting. All total, 4 surveys were completed for the Lynchburg Area. An example of the survey can be found in the Appendix.

Stakeholder Focus Group questions included:

1. **What are the greatest issues/needs in the community(s) you serve? (List up to 5)**
2. **Of the needs listed, what is one issue/need we can work on together, to create a healthier community?**
3. **What are one or two ways we can work together on this issue/need?**
4. **Are there particular populations that are especially vulnerable to this issue/need? If yes, please describe.**
5. **What resources are available in the community to address this issue/need?**
6. **Are there gaps in these resources that we need to address?**

Responses for the Focus Group meeting and the Stakeholder Survey were sorted using Excel workbooks generated by Poll Everywhere and Survey Monkey. Similar responses for each question were grouped together and coded by topic area so that the frequency of responses could be quantified by total number and percentage of responses for each question. In addition, when applicable, pertinent comments depicting community need were noted. The analysis of this data was conducted by Health Access Strategies of Stuart's Draft, Virginia. Stakeholder Focus Group and Survey responses reflected many of the needs identified in the Community Health Survey and are delineated by question as follows.

Farmville Area Stakeholder Summary Tables

1. What are the top 5 greatest needs in the community(s) you serve?

Area of Need	*Number of Responses*	*% of Responses*	*Comments*
Access to mental health services	**25**	**17.4**	Access to mental health services for children; inpatient mental health treatment; Trauma centered care in schools; emergency mental health; support for children; Mental health, stress, anxiety and depression among students, faculty and staff at Longwood
Transportation	**18**	**12.5**	Transportation to medical services; Access to transportation; Lack of public transportation
Access to	**23**	**9.1**	Access to affordable childcare; Accessible childcare; Access to pre-K programs; Childcare – universal and affordable
Healthcare	**12**	**8.3**	Affordable; Primary Care; Too much reliance on emergency care (department); access to care in surrounding counties; Many residents still do not have adequate coverage and cannot afford it; Tricare Providers, ChampVA Providers and Community Healthcare Providers are extremely limited; Healthcare providers are extremely limited; Turnover/lack of providers for specialized medical care services in our immediate area
Substance use	**11**	**7.6**	Addiction recovery; Opioid abuse support; Methamphetamine and Heroin use disorders
Access to housing	**11**	**7.6**	Affordable and decent rentals; Lack of Rental properties; Lack of housing options
Homelessness	**8**	**5.6**	
Food Insecurity and Nutrition	**7**	**4.9**	More education on how to feed ourselves, to literally grow more of our own food, to learn how to prepare it, to support small growers, to create more education/outreach opportunities for these needs; Lack of access to healthy food (4); Support and incentives for HEAL efforts (healthy eating)
Broadband/Internet Access	**6**	**4.2**	Broadband access; Internet access
Oral Health	**6**	**4.2**	Access to care
Education	**5**	**3.5**	Literacy; Low educational level; Quality public schools; Struggling education system - children expected to wear coats rather than have the heat turned up, etc.
Childcare	**5**	**3.5**	Child Care Options; Childcare affordability and resources
Workforce development	**4**	**2.8**	Lack of employment opportunities; Lack of black-owned businesses
Racism	**4**	**2.8**	
Coordination of Care	**4**	**2.8**	Integration of services; Case Management; Case management to access services available already
Poverty	**4**	**2.8**	High percentage of people living below the poverty line
Criminal Justice	**2**	**1.4**	Individuals being released from jail and prison on medication; Reentry
Elderly	**2**	**1.4**	Aging population and the growing needs for LTC/Assisted Living, Geriatric Care; Lawn care and housekeeping

1. What are the top 5 greatest needs in the community(s) you serve? *continued...*

Area of Need	*Number of Responses*	*% of Responses*	*Comments*
Health Equity	**2**	**1.4**	Lack of Black healthcare workforce; Need for increased services directed towards Hispanic and Black populations
Child Advocacy	**1**	**.7**	Forensic Nurse/Interviewers Child Advocacy
Communication	**1**	**.7**	Disconnect between human services professionals and population
Diversity, Inclusion, Equity	**1**	**.7**	
Domestic Violence	**1**	**.7**	
Health Literacy	**1**	**.7**	
Healthy Lifestyle	**1**	**.7**	
Outreach	**1**	**.7**	Via churches
Social Media	**1**	**.7**	Education about social media and related dangers?
Total	**144**	**100%**	

2. How has the COVID-19 pandemic impacted these needs? (Survey respondents only)

Needs Impacted by COVID-19	*Number of Responses*	*Comments*
Mental Health	**3**	• COVID-19 caused a lot of unpredictable things to happen, but of most concern is probably the mental stress of having kids at home, potentially getting sick, and work-related losses; • Local mental health facility, Crossroads, was closed to the public for over a year. Many clients were left without providers and if their worker reached out, it was minimal effort. Trying to communicate with Crossroads was extremely difficult during this time as a professional, let alone being a client; • Crossroads CSB, the main mental health provider in the community shut its doors to the public for 1 year.
All Services	**1**	• There was already a lack. Since COVID they have become almost nonexistent.
No Impact	**1**	• These needs (listed by respondent) were not impacted by COVID

3. Of the needs listed, what is one issue/need we can work on together, to create a healthier community?

Area of Need	*Number of Responses*	*% of Responses*	*Comments*
Mental Health	**18**	**33.3**	Collaboration between local counselors, colleges, and Centra (emergency medicine); Early recognition and referral to intervention for people without mental health training; Training and education programs to develop mental health professionals; Expanding medical group office to house a larger mental health service unit just as other specialties are offered
Access to healthcare	**8**	**14.8**	Better access to basic healthcare; care coordination – centralized means for accessing services; access to care in surrounding communities; Preventive care outreach; mobile health care services (van or bus to go to local communities)
Coordination of Care	**6**	**11.1**	All of these can be addressed through communication between agencies; unity in community strategies
Substance Abuse	**6**	**11.1**	Accessibility and inpatient affordability
Food Insecurity and Nutrition	**4**	**7.4**	Access to healthy foods.
Transportation	**3**	**5.6**	Public transportation
Childcare	**2**	**3.7**	
Criminal Justice	**1**	**1.9**	Continuum of care for reentry population
Education	**1**	**1.9**	Low education levels
Health coaches	**1**	**1.9**	
Homelessness	**1**	**1.9**	
Oral Health	**1**	**1.9**	
Poverty	**1**	**1.9**	
Telehealth	**1**	**1.9**	Telehealth has increased the ability to serve the masses. Perhaps more long-term providers for some services even after restrictions for pandemic change
Total	**54**	**100%**	

4. What are one or two ways we can work together on this issue/need?

One Issue	Number of Responses	% of Responses	Comments
Mental Health	**12**	**26.1**	Attract diverse mental health professionals; Early recognition and referral to intervention for people without mental health training; Ensure that our local hospitals are equipped to deal with psychiatric crisis; Expanding medical group office to house a larger mental health service unit just as other specialties are offered; Strengthen and reform CSB; Collaboration between local counselors, colleges, and Centra (emergency medicine); CSB accountability
Coordination of Services	**12**	**26.1**	Collective impact multi-agency teams; Centralization of resources; Pooling of resources with unified goal; Regular meetings to see what resources are available from different communities; Multi-disciplinary team meetings to be held as they should, look at how to bring some of these services to the area; Get the counties working together
Awareness of Services	**8**	**17.4**	Greater communication is necessary on what services are available and where they are available - perhaps a website or other way of having a services directory? Bring in individuals who have overcome the barriers; Public service announcements; Raise the awareness to government officials to collaborate with community-based services and organizations; Speak at local board meetings to highlight the focus
Access to Healthcare	**5**	**10.9**	Attract more healthcare professionals to the area; Look for locations underserved for healthcare and consider new services; We need more places that people can get evaluations, we can refer clients; Bring specialists to our area
Resources	**4**	**8.7**	Support community organizations tailored to improve the population and better prioritize the needs of the community; Grants to support mental health; Research availability of resource and try to increase access to resources.
Outreach	**2**	**4.3**	Placing services where people are---schools, churches; Work with local volunteers who can go door to door in their neighborhoods to check on people
Workforce	**1**	**2.2**	For low education levels we could converse with employers to see their expectations and school systems to see how those expectations are being met
Food Insecurity and Nutrition	**1**	**2.2**	Collaborate on growing more growers of food - we can all grow together!
Veterans	**1**	**2.2**	Educate service providers about benefits available to veterans and assist them in accessing these benefits
Community Outreach	**2**	**2.6**	Create Community Wellness Hubs using the existing community locations. Bring the resources to the people; Implement the target outreach approach
Internet	**2**	**2.6**	Increase services by internet to cut down on transportation and wait time; Better internet
Total	**46**	**100%**	

5. Are there particular localities/populations that are especially vulnerable to this issue/need? If yes, please describe.

Vulnerable Populations or Localities	*Number of Responses*	*% of Responses*	*Comments*
Low income/Poverty	**8**	**20.0**	Low income - no insurance, little access to information they need regarding healthcare; Children in poverty; Low-income earners
Rural Residents	**6**	**15.0**	Little access to services; Rural areas crippled by a lack of resources; Rural residents that are also vulnerable through a lack of finances and transportation
Mental Illness	**4**	**10.0**	Chronically mentally ill; Impact of COVID-19
Elderly	**3**	**7.5**	Elderly who are disabled
Low Educational Attainment	**3**	**7.5**	Individuals who are unable to articulate their needs or issues
People of Color	**3**	**7.5**	Minorities; Hispanic and Black populations; Disparate populations
Homeless	**2**	**5.0**	
Transportation	**2**	**5.0**	Those counties without access to care or lack transportation; People without transportation to get to take evaluations and cannot pop in when they cannot get appointments
Criminal Justice	**2**	**5.0**	Reentry population; persons involved in the justice system
Entire Region	**2**	**5.0**	
Abused Children	**1**	**2.5**	Sexually abused children and the resource or ability to get them to Richmond or Lynchburg area for an exam and/or interviewing at times
Families	**1**	**2.5**	Young families
Substance users	**1**	**2.5**	
Underserved Populations	**1**	**2.5**	
Youth	**1**	**2.5**	Out-of-school youth
Total	**40**	**100%**	

6. What resources are available in the community to address this issue/need?

Resources	Number of Responses	% of Responses	Comments
Crossroads CSB	**12**	**17.1**	Crossroads and Emergency Department but this is not enough; CSBs are going to begin increasing services geared towards providing an alternative to hospitalization during times of crisis
Centra	**4**	**5.7**	
Food banks/Food	**5**	**3.4**	Centra community outreach programs
Pantries	**4**	**5.7**	
Piedmont Senior Resources	**4**	**5.7**	
STEPS	**3**	**4.3**	Community Action Agency; Workforce Investment Improvement Act
Education	**3**	**4.3**	Community College, Libraries, Schools
LOC Family Services	**3**	**4.3**	
Churches	**3**	**4.3**	
Dept. of Social Services	**2**	**2.9**	
Longwood University	**2**	**2.9**	Adult continuing education
Centra CHNA Stakeholders Group	**1**	**1.4**	
Civic Groups	**1**	**1.4**	
Collaboration	**1**	**1.4**	Collaboration among service providers
Criminal Justice	**1**	**1.4**	Community-based reentry programs
Dept. of Rehabilitative Services	**1**	**1.4**	
FACES Food Pantry	**1**	**1.4**	
Farmers Markets and stands	**1**	**1.4**	
Great Minds Collaborations	**1**	**1.4**	PK-12 Curricula Productions
Habitat for Humanity	**1**	**1.4**	
Hampden Sydney College	**1**	**1.4**	
Heart of Virginia Free Clinic	**1**	**1.4**	
Jaycees	**1**	**1.4**	
Local Governments	**1**	**1.4**	
Local State Parks	**1**	**1.4**	
Love Over Crisis	**1**	**1.4**	In-home supportive care
Moton Museum	**1**	**1.4**	Civil Rights
Neighbors Helping Neighbors	**1**	**1.4**	Farmville Herald column
Piedmont Area Veterans Council	**1**	**1.4**	
PACE Program	**1**	**1.4**	Centra Program
Powhatan Free Clinic	**1**	**1.4**	
Prince Edward 4-H	**1**	**1.4**	
Private Providers	**1**	**1.4**	Private therapy providers, in home service providers for families/children, mental health skill-building services (in the home)

6. What resources are available in the community to address this issue/need? *continued...*

Resources	*Number of Responses*	*% of Responses*	*Comments*
School Nurses/Counselors	**1**	**1.4**	Need School-based clinics
Straight Street Inc.	**1**	**1.4**	Buckingham County
Technology	**1**	**1.4**	Broadband access is getting better but still too expensive for many
The Bridge Ministry	**1**	**1.4**	
Tri-County Lifelong Learners	**1**	**1.4**	
United Community Nexus	**1**	**1.4**	
Virginia Cooperative Extension	**1**	**1.4**	
Virginia Family Services	**1**	**1.4**	
Total	**70**	**100%**	

7. Are there gaps in these resources that we need to address?

Gaps	Number of Responses	% of Responses	Comments
Mental health	**12**	**25.0**	CSB service gaps; Mental health stigma and resource awareness; Not enough mental health options for outpatient or inpatient help; Psychiatric crisis training; psychiatry and case management; Not enough mental health providers
Coordination of Resources	**8**	**16.7**	Poor collaboration between all community based organizations; Coordination between law enforcement and mental health services; Stop working in silos; Information sharing is limited; Communication and interactions among resources; Many organizations providing some of the same resources
Homeless	**5**	**10.4**	No homeless shelters; Emergency and transitional housing
Access to Care	**4**	**8.3**	Better access to General Practitioners; Lack of communication and not many workers
Awareness of Needs/ Resources	**4**	**8.3**	Awareness of resources; More understanding of consumer's limitations; Lack of empathy; Awareness to community data
Substance use	**3**	**6.3**	Expand services; Open door policies for individuals who are experiencing withdrawal symptoms; Recovery programs for substance abuse;
Criminal Justice	**2**	**4.2**	A lack of community funding for reentry organizations; Reentry services for justice-involved individuals who experience health needs
Food Insecurity and Nutrition	**2**	**4.2**	We need to support & grow a healing farm to teach us all how to grow & prepare healthy foods; Now we have a Dollar General which provides slightly better access to healthier foods, but still not fresh. COVID made things worse
Transportation	**2**	**4.2**	Especially in rural areas; Not everyone has reliable transportation, can afford the gas money, or pay the $7 parking fee. We don't have the financial means to take a bus into town to pick people up, etc.
Domestic Violence	**1**	**2.1**	Shelters for battered women
Funding	**1**	**2.1**	Lack of government funding to the community
Internet/Broadband	**1**	**2.1**	Affordable broadband limited in rural communities. Rural/ remote areas have expensive internet that is not broadband, we don't even have DSL.
School-based services	**1**	**2.1**	Development of school-based clinics including dental, mental health
Workforce	**1**	**2.1**	Jobs with no health benefits
Youth	**1**	**2.1**	Youth mentorship
Total	**48**	**100%**	

SECONDARY DATA

Secondary data in this assessment includes population data for the Centra Farmville Service Area. The service area includes the following counties: Amelia, Buckingham, Charlotte, Cumberland, Farmville Town, Lunenburg, Nottoway and Prince Edward.

Farmville Population by Age Group by Locality

Age Group	Amelia		Buckingham		Charlotte		Cumberland	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 5 years	763	5.90%	755	4.40%	598	5.00%	460	4.70%
5 to 9 years	962	7.40%	732	4.30%	651	5.40%	452	4.60%
10 to 14 years	556	4.30%	1,076	6.30%	873	7.30%	635	6.50%
15 to 19 years	876	6.80%	872	5.10%	789	6.60%	591	6.00%
20 to 24 years	513	4.00%	950	5.60%	680	5.60%	581	5.90%
25 to 34 years	1,450	11.20%	2,268	13.30%	1,120	9.30%	1,105	11.20%
35 to 44 years	1,353	10.40%	2,173	12.70%	1,228	10.20%	1,050	10.70%
45 to 54 years	1,882	14.50%	2,489	14.60%	1,616	13.40%	1,345	13.70%
55 to 59 years	1,417	10.90%	1,388	8.10%	921	7.60%	931	9.50%
60 to 64 years	698	5.40%	1,072	6.30%	930	7.70%	523	5.30%
65 to 74 years	1,490	11.50%	2,000	11.70%	1,480	12.30%	1,379	14.00%
75 to 84 years	673	5.20%	1,001	5.90%	779	6.50%	510	5.20%
85 years and over	320	2.50%	283	1.70%	375	3.10%	262	2.70%
Median Age	45.1		43.5		46.2		45.6	
Total	12,953	100%	17,059	100%	12,040	100%	9,824	100%

Age Group	Lunenburg		Nottoway		Prince Edward		Farmville Town	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 5 years	562	4.60%	820	5.30%	1,059	4.60%	336	4.1%
5 to 9 years	467	3.80%	887	5.70%	901	3.90%	128	1.6%
10 to 14 years	729	5.90%	787	5.10%	1,046	4.60%	382	4.7%
15 to 19 years	692	5.60%	935	6.10%	3,351	14.60%	1791	22.1%
20 to 24 years	848	6.90%	991	6.40%	3,508	15.30%	1942	23.9%
25 to 34 years	1,264	10.30%	2,146	13.90%	2,257	9.90%	714	8.8%
35 to 44 years	1,546	12.60%	1,811	11.70%	2,190	9.60%	629	7.7%
45 to 54 years	1,609	13.10%	2,055	13.30%	2,250	9.80%	530	6.5%
55 to 59 years	846	6.90%	1,036	6.70%	1,241	5.40%	392	4.8%
60 to 64 years	1,082	8.80%	1,040	6.70%	1,419	6.20%	268	3.3%
65 to 74 years	1,549	12.60%	1,607	10.40%	2,069	9.00%	379	4.7%
75 to 84 years	734	6.00%	881	5.70%	1,022	4.50%	402	5.0%
85 years and over	354	2.90%	437	2.80%	592	2.60%	224	2.8%
Median Age	45.3		40.6		31.5		22.2	
Total	12,282	100%	15,433	100%	22,905	100%	8,117	100%

Farmville Population by Age Group by Locality Cont.

Age Group	Service Area		Virginia	
	Number	Percent	Number	Percent
Under 5 years	5,017	4.89%	508,399	6.00%
5 to 9 years	5,052	4.93%	515,885	6.10%
10 to 14 years	5,702	5.56%	525,704	6.20%
15 to 19 years	8,106	7.91%	551,262	6.50%
20 to 24 years	8,071	7.87%	576,327	6.80%
25 to 34 years	11,610	11.33%	1,174,091	13.90%
35 to 44 years	11,351	11.07%	1,100,460	13.00%
45 to 54 years	13,246	12.92%	1,139,236	13.50%
55 to 59 years	7,780	7.59%	571,821	6.80%
60 to 64 years	6,764	6.60%	519,332	6.10%
65 to 74 years	11,574	11.29%	756,712	9.00%
75 to 84 years	5,600	5.46%	368,997	4.40%
85 years and over	2,623	2.56%	146,237	1.70%
Median Age	40.9		38.2	
Total	110,613	100%	8,454,463	100%

Table Source: U.S. Census, ACS Demographic and Housing Estimates. Table DP05. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Population by Sex

Locality	Male		Female	
	Number	Percent	Number	Percent
Amelia County	6,580	50.80%	6,373	49.20%
Buckingham County	9,363	54.90%	7,696	45.10%
Charlotte County	5,926	49.20%	6,114	50.80%
Cumberland County	4,847	49.30%	4,977	50.70%
Farmville Town	3,016	42.5%	4,087	57.5%
Lunenburg County	6,302	51.30%	5,980	48.70%
Nottoway County	8,471	54.90%	6,962	45.10%
Prince Edward County	11,329	49.50%	11,576	50.50%
Service Area	52,818	51.5%	49,678	48.5%
Virginia	4,159,173	49.20%	4,295,290	50.80%

Table Source: U.S. Census, ACS Demographic and Housing Estimates. Table DP05. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Farmville Population by Race

Locality	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian or Pacific Isl	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino
Amelia County	9,824	2,745	24	0	0	0	360	390	12,563
Buckingham County	10,506	5,885	118	28	0	266	256	411	16,648
Charlotte County	8,415	3,371	6	48	0	17	183	260	11,780
Cumberland County	6,235	2,960	13	122	0	65	429	92	9,732
Farmville Town	5,314	2,197	7	108	0	249	242	8,117	7,363
Lunenburg County	7,764	3,830	0	340	0	16	332	609	11,673
Nottoway County	8,815	6,276	13	46	29	158	96	681	14,752
Prince Edward County	14,724	7,068	74	194	0	276	569	954	21,951
Service Area	**71,597**	**34,332**	**255**	**886**	**29**	**1,047**	**2,467**	**11,514**	**106,462**
Virginia	**67.6%**	**19.2%**	**0.3%**	**6.4%**	**0.1%**	**2.6%**	**3.8%**	**9.4%**	**90.6%**
United States	**72.5%**	**12.7%**	**0.8%**	**5.5%**	**0.2%**	**4.9%**	**3.3%**	**18.0%**	**82.0%**

Farmville Population by Race by Percent of Total Population

Locality	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian or Pacific Isl	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino
Amelia County	75.8%	21.2%	0.2%	0.0%	0.0%	0.0%	2.8%	3.0%	97.0%
Buckingham County	61.6%	34.5%	0.7%	0.2%	0.0%	1.6%	1.5%	2.4%	97.6%
Charlotte County	69.9%	28.0%	0.0%	0.4%	0.0%	0.1%	1.5%	2.2%	97.8%
Cumberland County	63.5%	30.1%	0.1%	1.2%	0.0%	0.7%	4.4%	0.9%	99.1%
Farmville Town	65.5%	27.1%	0.1%	1.3%	0.0%	3.1%	3.0%	9.3%	90.7%
Lunenburg County	63.2%	31.2%	0.0%	2.8%	0.0%	0.1%	2.7%	5.0%	95.0%
Nottoway County	57.1%	40.7%	0.1%	0.3%	0.2%	1.0%	0.6%	4.4%	95.6%
Prince Edward County	64.3%	30.9%	0.3%	0.8%	0.0%	1.2%	2.5%	4.2%	95.8%
Service Area	**65.1%**	**30.9%**	**0.2%**	**0.8%**	**0.0%**	**0.7%**	**2.3%**	**3.2%**	**96.8%**
Virginia	**67.6%**	**19.2%**	**0.3%**	**6.4%**	**0.1%**	**2.6%**	**3.8%**	**9.4%**	**90.6%**
United States	**72.5%**	**12.7%**	**0.8%**	**5.5%**	**0.2%**	**4.9%**	**3.3%**	**18.0%**	**82.0%**

Table Source: U.S. Census, ACS Demographic and Housing Estimates. Table DP05. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Limited English-Speaking Households

Locality	Total			Limited English Speaking by Language	
	Total Population	Limited English	Percent Limited English	Spanish	Asian Pacific Isl.
Amelia County	4,954	51	1.00%	25	0
Buckingham County	5,826	13	0.20%	13	0
Charlotte County	4,661	6	0.10%	3	0
Cumberland County	3,975	10	0.30%	0	0
Farmville Town	2,256	0	0.00%	0	0
Lunenburg County	4,293	14	0.30%	0	14
Nottoway County	5,446	34	0.60%	34	0
Prince Edward County	7,185	7	0.10%	0	0
Service Area	**36,340**	**135**	**0.37%**	**75**	**14**
Virginia	**3,151,045**	**84,373**	**2.70%**	**41,500**	**24,490**

Table Source: U.S. Census, Limited English Speaking Households. Table S1602. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

A "limited English-speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English.

Source: U.S. Census Frequently Asked Questions. Accessed August 16, 2021. Retrieved from https://www.census.gov/topics/population/language-use/about/faqs.html.

Population Projections

"Population projections provide a lens to look into the future to anticipate what the decades ahead may hold. While projections are inherently uncertain, as the future is largely unknown, accuracy at larger geographic levels—and for the near future—can be highly valuable and useful. They provide us with a baseline for planning, and guide the needs and priorities for decision-making across the Commonwealth.

The Weldon Cooper Center at the University of Virginia recently released the updated 2019 population projections for all counties, cities, and large towns across Virginia. These updated projections show that while Virginia continues to grow in population size, the pace of growth may be a little slower than what was earlier projected, with a 2020 population of 8.65 million. The 13% statewide growth rate of the last decade (2000-2010) has decelerated to 8% for the current decade and is anticipated to hold steady through 2020-2030 assuming that current trends will continue, specifically lower births, higher deaths (result of aging), and fewer people moving into the state."

Source: Weldon Cooper Center for Public Service. Population Projections show that Virginia is aging and growing more slowly. Published July1st, 2019. Accessed July 8th, 2021. Retrieved from http://statchatva.org/2019/07/01/population-projections-show-that-virginia-is-aging-and-growing-more-slowly/

Population Projections by Locality, 1990 - 2010

Locality	1990	2000	2010	+/-
Amelia County	8,787	11,400	12,690	44.4%
Buckingham County	12,873	15,623	17,146	33.2%
Charlotte County	11,688	12,472	12,586	7.7%
Cumberland County	7,825	9,017	10,052	28.5%
Lunenburg County	11,419	13,146	12,914	13.1%
Nottoway County	14,993	15,725	15,853	5.7%
Prince Edward County	17,320	19,720	23,368	34.9%
Pittsylvania County	55,655	61,745	63,506	14.1%
Service Area	**12,129**	**13,872**	**14,944**	**23.2%**
Virginia	**6,187,358**	**7,078,515**	**8,001,024**	**29.3%**

Table Source: Virginia Department of Health, Division of Health Statistics. Year(s) Measured: 1990 - 2010. Retrieved from https://www.vdh.virginia.gov/data/

Population Projections by Locality, 2020-2040

Locality	2020	2030	2040	+/-
Amelia County	13,088	13,792	14,310	9.3%
Buckingham County	16,946	17,455	17,736	4.7%
Charlotte County	11,929	11,527	10,993	-7.8%
Cumberland County	9,792	10,105	10,286	5.0%
Lunenburg County	12,122	11,465	10,685	-11.9%
Nottoway County	15,651	15,411	14,988	-4.2%
Prince Edward County	23,272	24,905	26,190	12.5%
Service Area	**14,686**	**14,951**	**15,027**	**2.3%**
Virginia	**8,655,021**	**9,331,666**	**9,876,728**	**14.1%**

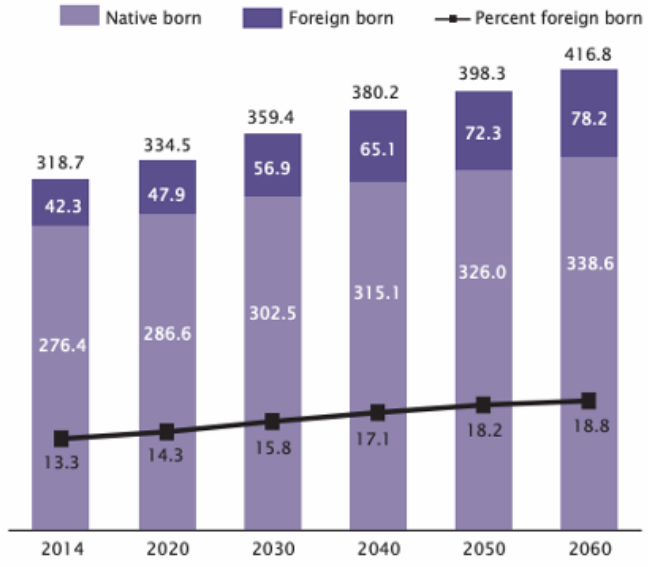
Table Source: Weldon Cooper Center for Public Service. Date of Table: 2019. Year(s) Measured: 2020 - 2040. Retrieved from http://demographics.coopercenter.org

"The year 2030 marks a demographic turning point for the United States. Beginning that year, all baby boomers will be older than 65. This will expand the size of the older population so that one in every five Americans is projected to be retirement age (Figure 1). Later that decade, by 2034, we project that older adults will outnumber children for the first time in U.S. history. The year 2030 marks another demographic first for the United States. Beginning that year, because of population aging, immigration is projected to overtake natural increase (the excess of births over deaths) as the primary driver of population growth for the country. As the population ages, the number of deaths is projected to rise substantially, which will slow the country's natural growth. As a result, net international migration is projected to overtake natural increase, even as levels of migration are projected to remain relatively flat. These three demographic milestones are expected to make the 2030s a transformative decade for the U.S. population."

Figure 1.

U.S. Population by Nativity: 2014 to 2060

(Population in millions)



Content & Table Source: U.S. Census. Demographic Turning Points for the United States: Population Projections for 2020 to 2060. Issued March 2018, Revised Feb 2020. Accessed July 9th, 2021. Retrieved from: https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf

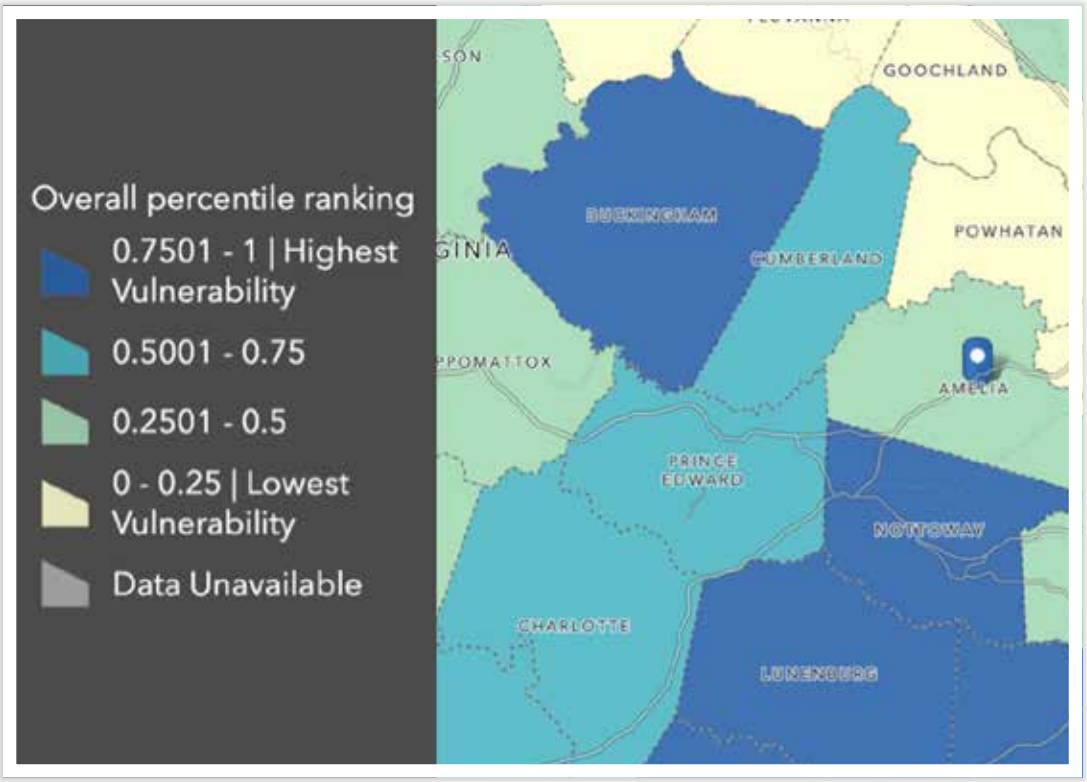
SOCIAL VULNERABILITY INDEX

"What is social vulnerability?

Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability.

What is CDC Social Vulnerability Index?

The Agency for Toxic Substances & Disease Registry's (ATSDR) Geospatial Research, Analysis & Services Program (GRASP) created databases to help emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous event. CDC SVI uses U.S. Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. CDC SVI ranks each tract on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Maps of the four themes are shown in the figure below. Each tract receives a separate ranking for each of the four themes as well as an overall ranking."



Content & Image Source: Agency for Toxic Substances & Disease Registry. Social Vulnerability Index (SVI) Mapping Dashboard. Page Last Reviewed April 28th, 2021. Accessed July 9th, 2021. Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

Amelia: A score of **0.3166** indicates a low to moderate level of vulnerability.

Buckingham: A score of **0.7901** indicates a high level of vulnerability.

Charlotte: A score of **0.7057** indicates a moderate to high level of vulnerability.

Cumberland: A score of **0.5831** indicates a moderate to high level of vulnerability.

Lunenburg: A score of **0.8643** indicates a high level of vulnerability.

Nottoway: A score of **0.9096** indicates a high level of vulnerability.

Prince Edward: A score of **0.7296** indicates a moderate to high level of vulnerability.

EDUCATION

The Link Between Education and Health

"Of the various social determinants of health that explain health disparities by geography or demographic characteristics (e.g., age, gender, race-ethnicity), the literature has always pointed prominently to education. Research based on decades of experience in the developing world has identified educational status (especially of the mother) as a major predictor of health outcomes, and economic trends in the industrialized world have intensified the relationship between education and health. In the United States, the gradient in health outcomes by educational attainment has steepened over the last four decades in all regions of the United States, producing a larger gap in health status between Americans with high and low education. Among white Americans without a high school diploma, especially women, life expectancy has decreased since the 1990s, whereas it has increased for others. Death rates are declining among the most educated Americans, accompanied by steady or increasing death rates among the least educated. The statistics comparing the health of Americans based on education are striking:

- At age 25, U.S. adults without a high school diploma can expect to die 9 years sooner than college graduates.
- According to one study, college graduates with only a Bachelor's degree were 26 percent more likely to die during a 5-year study follow-up period than those with a professional degree. Americans with less than a high school education were almost twice as likely to die in the next 5 years compared to those with a professional degree.
- Among whites with less than 12 years of education, life expectancy at age 25 fell by more than 3 years for men and by more than 5 years for women between 1990 and 2008.
- By 2011, the prevalence of diabetes had reached 15 percent for adults without a high school education, compared with 7 percent for college graduates.

Source: Zimmerman, E. B., Woolf, S.H., Haley, A. Agency for Healthcare Research and Quality. Population Health: Behavioral and Social Science Insights. Understanding the Relationship Between Education and Health. Page Last Reviewed November 2015. Accessed July 9th, 2021. http://www.ahrq.gov/professionals/education/curriculum-tools/population-health/ref12/index.html

Poverty Status and Educational Attainment

Poverty Rate for the Population Age 25+ and for Whom Poverty Status is Determined by Educational Attainment

Locality	*Less than High School Graduate*	*High School Graduate*	*Some College, Associate's Degree*	*Bachelor's Degree or Higher*
Amelia County	23.1%	9.8%	3.5%	3.9%
Buckingham County	21.1%	15.1%	12.1%	7.6%
Charlotte County	35.6%	20.3%	14.3%	2.7%
Cumberland County	37.0%	13.0%	10.5%	0.1%
Lunenburg County	22.3%	9.1%	9.1%	7.3%
Nottoway County	30.9%	21.9%	8.5%	6.5%
Prince Edward Country	30.1%	17.3%	8.3%	5.2%
Service Area	**28.6%**	**15.2%**	**9.5%**	**4.8%**
Virginia	**21.6%**	**11.8%**	**7.8%**	**3.2%**

Table Source: Weldon Cooper Center for Public Service. Date of Table: 2019. Year(s) Measured: 2020 - 2040. Retrieved from http://demographics.coopercenter.org

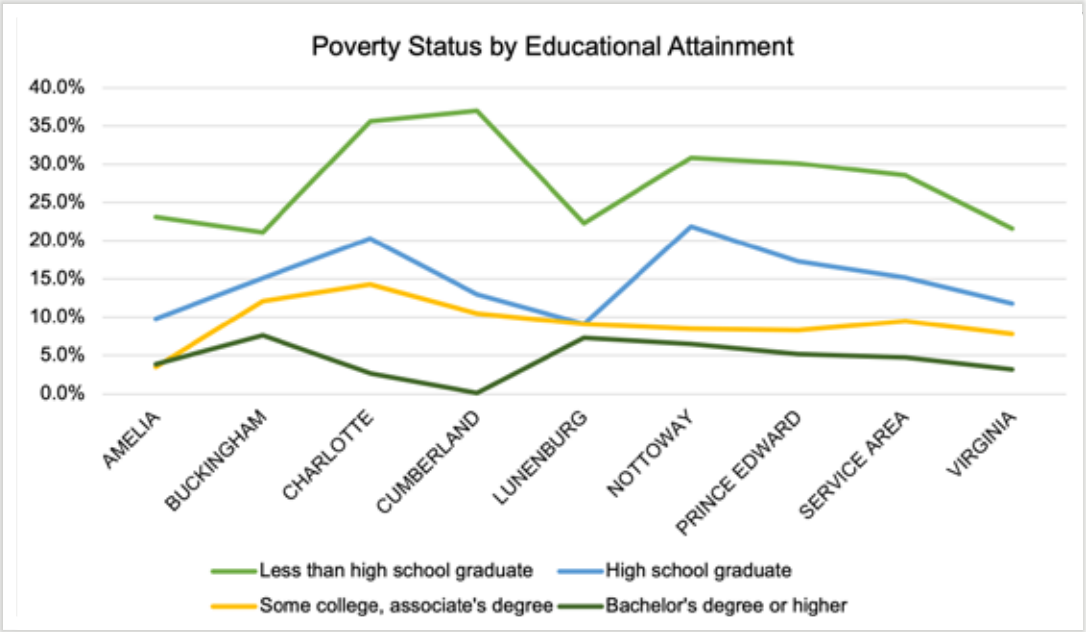


Table Source: U.S. Census, Poverty Status in the past 12 months. Table S1701. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Roughly 1 in 3 residents living in poverty in the Farmville service area have less than a high school education. The highest variance of those living in poverty with less than a high school education is in Cumberland, as seen in the graph. Across localities, the service area, and overall state rate, the largest difference is between those who have less than a high school education and those who have a high school education or equivalent – a stark representation of the value of achieving, at a minimum, a high school or equivalent education. The Chart above provides a visual representation of the difference in poverty status based on educational attainment with a clear indication of the gulf between less than a high school education and those with a high school education.

Educational Attainment by Locality for the Population Age 25 and Over

Locality	*Population 25 Years and Over*	*Less than High School Graduate*	*High School Grad or Equivalent*	*Some College of Associate's Degree*	*Bachelor's Degree or Higher*
Amelia County	9,283	16.13%	40.80%	25.94%	17.10%
Buckingham County	12,674	20.17%	42.80%	24.57%	12.50%
Charlotte County	8,449	16.79%	40.40%	31.92%	10.90%
Cumberland County	7,105	16.50%	38.10%	30.49%	14.90%
Farmville Town	3,538	15.20%	32.10%	20.80%	32.00%
Lunenburg County	8,984	22.21%	40.40%	26.12%	11.30%
Nottoway County	11,013	20.30%	37.70%	27.23%	14.80%
Prince Edward County	13,040	14.03%	34.10%	25.07%	26.80%
Service Area	**70,548**	**18.0%**	**39.2%**	**27.3%**	**15.5%**
Virginia	**5,776,886**	**10.3%**	**24.0%**	**26.9%**	**38.8%**

Table Source: Census_ACS_Table S1501. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

There is striking difference between the overall state rate across all attainment categories and the overall service area and localities that comprise the service area rates. Most glaring is the shift in highest rates at the tail end of education attainment compared to the state, which sites at the largest population with a Bachelor's Degree or higher.

On Time Graduation and Drop-Out Rates by Locality by Race by Gender

Division Name	Race	Gender	Economically Disadvantaged	2018		2019		2020	
				Graduation	Dropout	Graduation	Dropout	Graduation	Dropout
Amelia County	Black	F	N	100.00%	0.00%	*	*	*	*
	Black	M	N	*	*	*	*	*	*
	White	F	N	96.77%	3.23%	89.29%	10.71%	95.45%	0.00%
	White	M	N	89.66%	0.00%	97.44%	2.56%	97.14%	2.86%
	Black	F	Y	*	*	*	*	100.00%	0.00%
	Black	M	Y	*	*	100.00%	0.00%	93.75%	0.00%
	White	F	Y	84.62%	7.69%	100.00%	0.00%	100.00%	0.00%
	White	M	Y	94.12%	5.88%	100.00%	0.00%	100.00%	0.00%
Buckingham County	Black	F	N	*	*	*	*	*	*
	Black	M	N	*	*	*	*	*	*
	White	F	N	90.91%	0.00%	100.00%	0.00%	100.00%	0.00%
	White	M	N	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%
	Black	F	Y	100.00%	0.00%	100.00%	0.00%	93.33%	6.67%
	Black	M	Y	94.12%	5.88%	88.89%	0.00%	100.00%	0.00%
	White	F	Y	94.74%	5.26%	91.67%	8.33%	87.50%	12.50%
	White	M	Y	90.00%	10.00%	93.75%	6.25%	86.96%	8.70%
Charlotte County	Black	F	N	100.00%	0.00%	*	*	*	*
	Black	M	N	100.00%	0.00%	*	*	*	*
	White	F	N	89.66%	6.90%	100.00%	0.00%	100.00%	0.00%
	White	M	N	89.66%	6.90%	94.12%	2.94%	90.32%	9.68%
	Black	F	Y	85.71%	0.00%	83.33%	8.33%	100.00%	0.00%
	Black	M	Y	85.71%	14.29%	76.47%	17.65%	92.86%	0.00%
	White	F	Y	93.75%	6.25%	84.62%	15.38%	90.00%	5.00%
	White	M	Y	80.95%	9.52%	86.67%	0.00%	73.33%	13.33%
Cumberland County	Black	F	N	*	*	*	*	*	*
	Black	M	N	*	*	90.00%	0.00%	*	*
	White	F	N	94.12%	5.88%	*	*	100.00%	0.00%
	White	M	N	100.00%	0.00%	*	*	92.86%	0.00%
	Black	F	Y	*	*	95.24%	0.00%	100.00%	0.00%
	Black	M	Y	100.00%	0.00%	95.45%	4.55%	94.44%	0.00%
	White	F	Y	94.12%	0.00%	100.00%	0.00%	91.67%	8.33%
	White	M	Y	76.92%	7.69%	85.71%	9.52%	87.50%	12.50%
Lunenburg County	Black	F	N	*	*	*	*	*	*
	Black	M	N	*	*	*	*	*	*
	White	F	N	94.44%	5.56%	89.47%	10.53%	87.50%	6.25%
	White	M	N	79.17%	16.67%	88.89%	5.56%	89.47%	5.26%
	Black	F	Y	*	*	92.86%	0.00%	92.31%	7.69%
	Black	M	Y	*	*	100.00%	0.00%	100.00%	0.00%
	White	F	Y	*	*	100.00%	0.00%	*	*
	White	M	Y	75.00%	16.67%	84.62%	0.00%	83.33%	0.00%

On Time Graduation and Drop-Out Rates by Locality by Race by Gender

Division Name	Race	Gender	Economically Disadvantaged	2018		2019		2020	
				Graduation	Dropout	Graduation	Dropout	Graduation	Dropout
Nottoway County	Black	F	N	*	*	*	*	*	*
	Black	M	N	80.00%	10.00%	*	*	84.62%	7.69%
	White	F	N	90.91%	9.09%	100.00%	0.00%	95.45%	4.55%
	White	M	N	100.00%	0.00%	80.95%	19.05%	94.74%	5.26%
	Black	F	Y	100.00%	0.00%	86.67%	13.33%	100.00%	0.00%
	Black	M	Y	70.83%	25.00%	68.18%	31.82%	83.33%	12.50%
	White	F	Y	100.00%	0.00%	89.47%	5.26%	100.00%	0.00%
	White	M	Y	87.50%	12.50%	*	*	81.82%	18.18%
Prince Edward County	Black	F	N	91.67%	8.33%	66.67%	33.33%	84.62%	15.38%
	Black	M	N	50.00%	28.57%	71.43%	7.14%	76.19%	19.05%
	White	F	N	100.00%	0.00%	82.35%	11.76%	87.50%	6.25%
	White	M	N	85.71%	7.14%	69.23%	19.23%	73.68%	26.32%
	Black	F	Y	100.00%	0.00%	97.37%	0.00%	96.43%	0.00%
	Black	M	Y	100.00%	0.00%	94.12%	0.00%	91.67%	0.00%
	White	F	Y	83.33%	8.33%	100.00%	0.00%	94.12%	0.00%
	White	M	Y	*	*	*	*	*	*

Note: '*' indicates insufficient data from VDOE

Table Source: Virginia Department of Education, GRADUATION, COMPLETION, DROPOUT & POSTSECONDARY DATA. Date of Table: 2020. Year(s) Measured: 2018 - 2020. Retrieved from https://www.doe.virginia.gov/statistics_reports/graduation_completion/index.shtml

Amelia County

Amelia County High	Total	Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	97.83%	98.25%	97.53%	97.75%	97.14%	100.00%	98.48%	100.00%
Drop-out Rate	0.72%	0.00%	1.23%	1.12%	0.00%	0.00%	0.00%	0.00%

Buckingham County

Buckingham County High	Total	Female	Male	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	95.30%	94.44%	96.10%	93.48%	97.78%	<	91.76%	100.00%
Drop-out Rate	4.03%	5.56%	2.60%	5.43%	2.22%	<	7.06%	0.00%

Charlotte County

Randolph-Henry High	Total	Female	Male	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	90.77%	96.55%	86.11%	88.75%	95.12%	<	90.67%	90.91%
Drop-out Rate	4.62%	1.72%	6.94%	7.50%	0.00%	<	4.00%	4.55%

Cumberland County

Cumberland High	Total	Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	94.44%	98.00%	91.38%	92.86%	97.62%	<	93.06%	84.62%
Drop-out Rate	3.70%	2.00%	5.17%	5.36%	0.00%	<	5.56%	15.36%

Lunenburg County

Central High	Total	Male	Female	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	86.41%	88.89%	84.48%	87.04%	91.11%	<	88.24%	78.95%
Drop-out Rate	7.77%	8.89%	6.90%	5.56%	6.67%	<	5.88%	21.05%

Nottoway

Nottoway High	Total	Female	Male	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	90.00%	98.67%	81.33%	94.29%	90.77%	<	87.50%	88.24%
Drop-out Rate	8.67%	1.33%	16.00%	5.71%	6.15%	<	11.36%	11.76%

Prince Edward

Prince Edward County High	Total	Female	Male	White	Black	Hispanic	Economically Disadvantaged	Disability
On Time Graduation	85.90%	90.00%	81.58%	83.05%	88.37%	<	92.41%	80.00%
Drop-out Rate	9.62%	6.25%	13.16%	11.86%	6.98%	<	1.27%	20.00%

Note: '<' indicates insufficient data from VDOE

Table Source: Virginia Department of Education, GRADUATION, COMPLETION, DROPOUT & POSTSECONDARY DATA. Date of Table: 2020. Year(s) Measured: 2020 Cohort. Retrieved from https://www.doe.virginia.gov/statistics_reports/graduation_completion/index.shtml

Chronic Absenteeism

"More than 6.5 million children in the United States, approximately 13% of all students, miss 15 or more days of school each year. The rates of chronic absenteeism vary between states, communities, and schools, with significant disparities based on income, race, and ethnicity. Chronic school absenteeism, starting as early as preschool and kindergarten, puts students at risk for poor school performance and school dropout, which in turn, put them at risk for unhealthy behaviors as adolescents and young adults as well as poor long-term health outcomes.

Common health conditions that have been associated with school absenteeism include influenza infection, group A streptococcal pharyngitis, gastroenteritis, fractures, poorly controlled asthma, type 1 diabetes mellitus, chronic fatigue, chronic pain (including headaches and abdominal pain), seizures, poor oral health, dental pain, and obesity.

Furthermore, the literature reveals that poor school performance is associated with poor adult health outcomes. Compared with adults with higher educational attainment, those with low educational attainment are more likely to be unemployed or work at a part-time or lower-paying job, less likely to report having a fulfilling job, feeling that they have control over their lives, and feeling that they have high levels of social support. Adults with lower educational attainment are also more likely to smoke and less likely to exercise, which are directly linked to poor health outcomes. Not earning a high school diploma is associated with increased mortality risk or lower life expectancy. Conversely, obtaining advanced degrees and additional years of education are associated with a reduced mortality risk. Over the past 20 years, disparities in mortality rates based on educational attainment are worsening for preventable causes of death."

Source: American Academy of Pediatrics, The Link Between School Attendance and Good Health. Mandy A. Allison, Elliott Attisha and COUNCIL ON SCHOOL HEALTH. Published Feb 2019. Accessed July 9th, 2021. Retrieved from: https://pediatrics.aappublications.org/content/143/2/e20183648

Chronic Absenteeism by Percent

Locality	2014 - 2015	2015 - 2016	2016 - 2017	2018 - 2019
Amelia County	13.0	19.5	15.3	16.4
Buckingham County	17.2	15.1	24.9	15.1
Charlotte County	15.7	14.2	13.6	16.2
Cumberland County	13.4	14.9	16.6	13.7
Lunenburg County	13.3	18.4	16.2	13.2
Nottoway County	14.7	17.1	17.0	16.9
Prince Edward County	19.4	18.5	17.5	17.5
Service Area	**15.2**	**16.8**	**17.3**	**15.6**
Virginia	**10.7**	**10.6**	**10.4**	**10.1**

Table Source: Kids Count Data Center - VA Kids . Date of Table: 2019. Year(s) Measured: 2018-2019. Retrieved from https://datacenter.kidscount.org/

The chronic absenteeism rate in the service area is higher than the overall state rate. Absenteeism rates rather for the state, service area, or the localities that comprise the service area have generally remained steady over the four-year period (2014-2019). Buckingham County has the highest absenteeism rate overall and the third highest percentage of persons age 25 and older in the service area who have less than a high school education.

Free and Reduced Lunch Data

"The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day. The program was established under the Richard B. Russell National School Lunch Act, signed into law by President Harry Truman in 1946. About 7.1 million children participated in the NSLP in its first year. Since then, the Program has reached millions of children nationwide: 1970: 22.4 million children; 1980: 26.6 million children; 1990: 21.1 million children; 2000: 27.3 million children; 2010: 31.8 million children; and 2016: 30.4 million children.

Participating school districts and independent schools receive cash subsidies and USDA Foods for each reimbursable meal they serve. In exchange, NSLP institutions must serve lunches that meet Federal meal pattern requirements and offer the lunches at a free or reduced price to eligible children. School food authorities can also be reimbursed for snacks served to children who participate in an approved afterschool program including an educational or enrichment activity.

Children may be determined 'categorically eligible' for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program, or based on their status as a homeless, migrant, runaway, or foster child. Children enrolled in a federally funded Head Start Program, or a comparable State-funded pre-kindergarten program, are also categorically eligible for free meals. Children can also qualify for free or reduced-price school meals based on household income and family size. Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduced price meals. Schools may not charge children more than 40 cents for a reduced-price lunch."

Source: USDA Food and Nutrition Service, National School Lunch Program (NSLP) Fact Sheet. Last Updated: March 20th, 2019. Accessed July 9th, 2021. Retrieved from: https://www.fns.usda.gov/nslp/nslp-fact-sheet

In 2014, some Virginia school districts began participating in the Community Eligibility Option (CEP), a federal program that allows school districts to provide free or reduced-price meals to all students at high poverty or 'high need' schools without determining the exact number of eligible students. As a result, it is possible that an undetermined number of students who would not otherwise qualify for FARMs eligibility are now counted in this group and FARMs eligibility data after 2014 may no longer be an accurate indicator of student poverty or comparable to data from 2013 and before. Comparing across years for any CEP school is not advised.

The free eligible for the school districts participating in CEP is a VDOE calculated number based on USDA guidance."

Source: Annie E. Casey Foundation, Kids Count Data Center, "Students approved for free or reduced price school lunch in Virginia", Accessed September 14, 2021. Retrieved from: https://datacenter.kidscount.org/data/tables/3239-students-approved-for-free-or-reduced-price-school-lunch#detailed/2/any/false/1577,1565,1380,1232,1123,1031,923,920,919,918/any/12923,6682

Amelia County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Amelia County Elem	Elementary	673	333	49.48%	53	7.88%	386	57.36%
Amelia County Middle	Combined	523	257	49.14%	38	7.27%	295	56.41%
Amelia County High	High	520	212	40.77%	21	4.04%	233	44.81%
Totals		**1,716**	**802**	**46.74%**	**112**	**6.53%**	**914**	**53.26%**

Buckingham County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Buckingham Ps Ctr	Elementary	108	89	82.41%	0	0.00%	89	82.41%
Buckingham Primary	Elementary	453	372	82.12%	0	0.00%	372	82.12%
Buckingham El	Elementary	481	395	82.12%	0	0.00%	395	82.12%
Buckingham Mid	Middle	483	397	82.19%	0	0.00%	397	82.19%
Buckingham Co High	High	563	260	46.18%	52	9.24%	312	55.42%
Totals		**2,088**	**1,513**	**72.46%**	**52**	**2.49%**	**1,565**	**74.95%**

Charlotte County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Eureka Elem	Elementary	449	244	54.34%	29	6.46%	273	60.80%
Phenix Elem	Elementary	240	129	53.75%	22	9.17%	151	62.92%
Bacon District Elem	Elementary	155	84	54.19%	12	7.74%	96	61.94%
Central Middle	Middle	379	187	49.34%	40	10.55%	227	59.89%
Randolph-Henry High	High	542	233	42.99%	42	7.75%	275	50.74%
Totals		**1,765**	**877**	**49.69%**	**145**	**8.22%**	**1,022**	**57.90%**

Cumberland County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Cumberland Elem	Elementary	535	459	85.79%	0		459	85.79%
Cumberland Middle	Combined	377	312	82.76%	0		312	82.76%
Cumberland High	High	411	247	60.10%	45	10.95%	292	71.05%
Totals		**1,323**	**1,018**	**76.95%**	**45**	**3.40%**	**1,063**	**80.35%**

Lunenburg County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Victoria Elem	Elementary	371	333	89.76%	0	0.00%	333	89.76%
Kenbridge Elem	Elementary	397	357	89.92%	0	0.00%	357	89.92%
Lunenburg Mid	Middle	383	304	79.37%	0	0.00%	304	79.37%
Central High	High	458	238	51.97%	33	7.21%	271	59.17%
Totals		**1,609**	**1,232**	**76.57%**	**33**	**2.05%**	**1,265**	**78.62%**

Nottoway County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Nottoway Int	Elementary	284	258	90.85%	0	0.00%	258	90.85%
Crewe Primary	Elementary	373	339	90.88%	0	0.00%	339	90.88%
Blackstone Prmry	Elementary	427	388	90.87%	0	0.00%	388	90.87%
Nottoway Mid	Middle	308	280	90.91%	0	0.00%	280	90.91%
Nottoway High	High	596	542	90.94%	0	0.00%	542	90.94%
Totals		**1,988**	**1,807**	**90.90%**	**0**	**0.00%**	**1,807**	**90.90%**

Prince Edward County: Free and Reduced Lunch by Locality & School

School Name	School Type	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Prince Edward El	Elementary	839	825	98.33%	0	0.00%	825	98.33%
Prince Edward Mid	Combined	614	573	93.32%	0	0.00%	573	93.32%
Prince Edward Co High	High	603	331	54.89%	38	6.30%	369	61.19%
Totals		**2,056**	**1,729**	**84.10%**	**38**	**1.85%**	**1,767**	**85.94%**

Virginia Total: Free and Reduced Lunch by Locality & School

Locality	SNAP Member	FREE Eligible	FREE Percent	Reduced Eligible	Reduced Percent	TOTAL Eligible	TOTAL Percent
Virginia	**1,300,263**	**528,632**	**40.66%**	**64,779**	**4.98%**	**593,411**	**45.64%**

Table Source: Virginia Department of Education. Date of Table: 2019. Year(s) Measured: 2019 - 2020 school year . Retrieved from https://www.doe.virginia.gov/support/nutrition/statistics/index.shtml

These tables compare Free and Reduced Program rates among localities and individual schools. This data is valuable in identifying school districts and their geographic boundaries that have higher rates of low income families and children.

EMPLOYMENT

Unemployment and Wages

Every day, many Americans are either working or looking for work. Multiple aspects of employment—including job security, the work environment, financial compensation, and job demands—may affect health. As of October 2017, approximately 254 million people in the United States were eligible for the labor force. Of those, 63% participated (i.e., were employed or unemployed); the remaining 37% were out of the labor force (e.g., retired).

Job benefits such as health insurance, paid sick leave, and parental leave can affect the health of employed individuals. In 2017, 70% of civilian workers and 67% of private industry workers had access to health insurance, while 89% of state and local government employees had access. Two key functions of health insurance are access to affordable medical care and financial protection from unexpected health care costs. In addition, highly demanding jobs and lack of control over day-to-day work activities are sources of psychosocial stress at work. Other sources of workplace stress include high levels of interpersonal conflict, working evening shifts, working more than 8 hours a day, and having multiple jobs. These stressors put people at risk for mortality and depression, and they may be correlated with increased parent-child conflict and parental withdrawal. People in highly stressful jobs may also exhibit unhealthy coping skills such as smoking or alcohol abuse.

Furthermore, those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health.

Source: Office of Disease Prevention and Health Promotion, The Healthy People 2030 Social Determinants of Health. Accessed July 9th, 2021. Retrieved from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Unemployment Rates by Locality

Locality	2018	2019	2020
Amelia County	3.2	3	5.8
Buckingham County	4.4	4	7.4
Charlotte County	3.6	3.4	5.6
Cumberland County	3.2	2.9	6.1
Lunenburg County	3.2	3	5.3
Nottoway County	3	2.6	5.1
Prince Edward County	3.8	3.6	6.5
Service Area	**3.5**	**3.2**	**5.9**
Virginia	**2.9**	**2.7**	**6.2**
United States	**3.9**	**3.7**	**8.1**

Table Source: Employment Commission. Date of Table: 2020. Year(s) Measured: 2018 - 2020. Retrieved from https://virginiaworks.com/

Annual Employment and Wage Statistics by Locality in 2020

Locality	Annual Establishments	Annual Average Employment	Annual Average Weekly Wage	Annual Wages per Employee
Amelia County	405	2,472	$768	$39,957
Buckingham County	433	3,110	$772	$40,162
Charlotte County	345	2,622	$714	$37,116
Cumberland County	232	1,204	$698	$36,321
Lunenburg County	313	2,345	$735	$38,222
Nottoway County	433	5,475	$756	$39,289
Prince Edward County	729	8,637	$767	$39,890
Service Area	**2,890**	**3,695**	**$744**	**$38,708**
Virginia	**283,780**	**3,744,370**	**$1,253**	**$65,146**
United States	**10,494,952**	**139,106,969**	**$1,231**	**$64,013**

Table Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages. Date of Table: 2020. Year(s) Measured: Annual 2020. Retrieved from https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=2&st=51&year=2020&qtr=A&own=0&ind=10&supp=0

It is important to understand these unemployment rates in the context of the COVID-19 Pandemic, where many U.S. Citizens found themselves unable to or out of work. Given rates doubled in 2020, we can expect this number to decrease in the future as businesses open back up, re-hire and the community heals from the health and non-health related effects of the pandemic.

Largest Employers

Amelia: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Amelia County School Board	250 to 499 employees
Wellsprings at Amelia	50 to 99 employees
County of Amelia	50 to 99 employees
Food Lion	50 to 99 employees
Star Children's Dress Company	20 to 49 employees
Goodman Truck and Tractor Company	20 to 49 employees
Superior Walls of Central VA	20 to 49 employees
Swift Creek Forest Products	20 to 49 employees
Amedisys Holding LLC	20 to 49 employees
McDonald's	20 to 49 employees

Buckingham: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Buckingham County School Board	250 to 499 employees
Buckingham Correctional Center	250 to 499 employees
Dillwyn Correctional Center	100 to 249 employees
County of Buckingham	100 to 249 employees
Kyanite Mining Corporation	100 to 249 employees
Central Va Health Service Inc	100 to 249 employees
Food Lion	50 to 99 employees
Heritage Hall	50 to 99 employees
VDOT	50 to 99 employees
McDonald's	50 to 99 employees

Charlotte: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Charlotte County School Board	250 to 499 employees
County of Charlotte	100 to 249 employees
Southside Virginia Community College	100 to 249 employees
Genesis Products Inc	100 to 249 employees
Morgan Lumber Company Inc.	50 to 99 employees
U.P.S.	50 to 99 employees
Kituwah Manaufacturing Llc	50 to 99 employees
Peoplease Corp	50 to 99 employees
Food Lion	50 to 99 employees
Snowshoe LTC Group	50 to 99 employees

Cumberland: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Cumberland County School Board	100 to 249 employees
County of Cumberland	50 to 99 employees
Gemini	20 to 49 employees
Johnny R. Asal Lumber Company	20 to 49 employees
Covance Research Products	20 to 49 employees
C.F. Marion Trucking	20 to 49 employees
Leafguard Of Greater Richmond	20 to 49 employees
4 Wheel Drive Conversions	20 to 49 employees
Dolgencorp LLC	10 to 19 employees
Elizabeth Hazlegrove Dvm	10 to 19 employees

Lunenburg: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Virginia Marble Manufacturing	250 to 499 employees
Lunenburg County Public School	250 to 499 employees
Lunenburg Correctional Center	250 to 499 employees
Benchmark Community Bank	50 to 99 employees
Three Rivers Treatment Center	50 to 99 employees
Total Image Solutions, LLC	50 to 99 employees
Food Lion	50 to 99 employees
Lunenburg County	50 to 99 employees
Lunenburg Medical Center	20 to 49 employees
Insurance Services South, Inc.	20 to 49 employees

Nottoway: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Virginia Center for Behavioral	500 to 999 employees
Nottoway Correctional Center	250 to 499 employees
Piedmont Geriatric Hospital	250 to 499 employees
Nottoway County Public School Board	250 to 499 employees
Virginia Department of Military Affairs	100 to 249 employees
U.S. Department of Defense	100 to 249 employees
Heritage Hall	100 to 249 employees
Wal Mart	100 to 249 employees
County of Nottoway	100 to 249 employees
Town of Blackstone	50 to 99 employees

Prince Edward: Top 10 Largest Employers in Q4 2020

Employer Name	Size
Longwood University	500 to 999 employees
Centra Health	500 to 999 employees
Prince Edward County Public Schools	250 to 499 employees
Hampden-Sydney College	250 to 499 employees
Wal Mart	250 to 499 employees
Holly Manor Nursing Home	100 to 249 employees
Immigration Centers of America	100 to 249 employees
Aramark Campus LLC	100 to 249 employees
Crossroads Services Board	100 to 249 employees
County of Prince Edward	100 to 249 employees

Table Source: Employment Commission. Date of Table: 2020. Year(s) Measured: Q4 2020. Retrieved from https://virginiaworks.com/

INCOME

Poverty

"Poverty has long been recognized as a contributor to death and disease, but several recent trends have generated an increased focus on the link between income and health. First, income inequality in the United States has increased dramatically in recent decades, while health indicators have plateaued, and life expectancy differences by income have grown. Second, there is growing scholarly and public recognition that many nonclinical factors—education, employment, race, ethnicity, and geography—influence health outcomes. Third, health care payment and delivery system reforms have encouraged an emphasis on addressing social determinants of health, including income.

- Income is strongly associated with morbidity and mortality across the income distribution, and income-related health disparities appear to be growing over time.
- Income influences health and longevity through various clinical, behavioral, social, and environmental mechanisms. Isolating the unique contribution of income to health can be difficult because this relationship intersects with many other social risk factors.
- Poor health also contributes to reduced income, creating a negative feedback loop sometimes referred to as the health-poverty trap.
- Income inequality has grown substantially in recent decades, which may perpetuate or exacerbate health disparities.
- Policy initiatives that supplement income and improve educational opportunities, housing prospects, and social mobility—particularly in childhood—can reduce poverty and lead to downstream health effects not only for low-income people but also for those in the middle class."

Source: Health Affairs, Health, Income, & Poverty: Where We Are & What Could Help. Dhruv Khullar Dave A. Chokshi. OCTOBER 4, 2018. Accessed July 9th, 2021. Retrieved from: https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/

2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/ Household	*Poverty Guideline*
1	$12,880
2	$17,420
3	$21,960
4	$26,500
5	$31,040
6	$35,580
7	$40,120
8	$44,660

For families/households with more than 8 persons, add $4,540 for each additional person.

Source: https://aspe.hhs.gov/poverty-guidelines

Number of Population at or below 50%, 125% and 200% of Poverty Level

Locality	50 percent of poverty level	125 percent of poverty level	200 percent of poverty level
Amelia County	1,375	1,796	3,607
Buckingham County	2,340	3,518	5,798
Charlotte County	2,798	3,377	5,424
Cumberland County	1,738	2,169	3,220
Farmville Town	1,472	1,860	2,483
Lunenburg County	1,856	2,871	4,675
Nottoway County	2,519	3,340	5,921
Prince Edward County	3,248	3,811	7,055
Service Area	**17,346**	**20,882**	**35,700**
Virginia	**414,408**	**1,143,890**	**2,030,587**

Table Source: Census_ACS_Table S1701. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Percent of Population for whom Poverty Status is Determined at or below 50%, 125% and 200% of Poverty Level

Locality	50 percent of poverty level	125 percent of poverty level	200 percent of poverty level
Amelia County	4.1%	14.0%	28.0%
Buckingham County	4.5%	23.7%	39.0%
Charlotte County	10.7%	28.6%	46.0%
Cumberland County	6.4%	22.2%	33.0%
Farmville Town	18.2%	37.5%	50.1%
Lunenburg County	6.2%	25.4%	41.4%
Nottoway County	6.8%	24.3%	43.0%
Prince Edward County	9.4%	21.8%	40.3%
Service Area	**8.29%**	**24.69%**	**40.10%**
Virginia	**5.1%**	**13.9%**	**24.8%**

Table Source: Census_ACS_Table S1701. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Median Household Income ($) by Locality, by Race 2019

Locality	Households	White	Black	Hispanic
Amelia County	57,946	61,546	46,074	153,527
Buckingham County	49,025	54,171	42,532	-
Charlotte County	40,573	45,833	30,385	-
Cumberland County	47,469	54,189	38,509	-
Farmville Town	35,995	38,333	35,417	-
Lunenburg County	44,303	50,918	33,552	47,783
Nottoway County	45,535	52,077	40,303	-
Prince Edward County	47,202	56,201	36,082	-
Service Area	**47,436**	**53,562**	**38,205**	
Virginia	**74,222**	**79,578**	**51,654**	**68,772**

Table Source: Census_ACS_TableS1903. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Most striking is the difference between Household Income between Black and White households for each locality. This difference is a significant factor when considering the impact of race on health outcomes and behaviors.

ALICE Households

"With the cost of living higher than what most people earn, ALICE families – an acronym for Asset Limited, Income Constrained, Employed – have incomes above the Federal Poverty Level, but not high enough to afford a basic household budget that includes housing, child care, food, transportation, and health care. ALICE households live in every county and independent city in Virginia – urban, suburban, and rural – and they include women and men, young and old, and all races and ethnicities.

In 2018, of the 121 million households in the U.S., 42% (51 million) could not afford basic necessities of housing, childcare, food, transportation, health care, a smartphone plan, and taxes:

16 million households (13%) were in poverty, meaning they earned below the Federal Poverty Level (FPL)

35 million households (29%) – more than double the number in poverty – were ALICE, meaning they earned above the FPL but less than the cost of living in their county."

In Virginia, of the 3,169,804 households, 10% lived in poverty (316,980 households), 29% (919,243 households) were ALICE, and 61% (1,933,580 households) lived above the ALICE threshold.

ALICE Households by Locality by Percent, 2018

Locality	Household	Poverty Household	ALICE Household	Above ALICE Household	Percent ALICE Households
Amelia	4789	627	1213	2949	25%
Buckingham	5827	1004	2292	2531	39%
Charlotte	4543	1034	1522	1987	34%
Cumberland	3963	765	1197	2001	30%
Lunenburg	4331	710	1665	1956	38%
Nottoway	5542	1083	1928	2531	35%
Prince Edward	7187	1139	2954	3094	41%
Service Area	**36182**	**6362**	**12771**	**17049**	**35%**

Table & Content Source: ALICE United Way. Date of Table: 2018. Year(s) Measured: 2018. Website last updated 2021. Accessed July 9th, 2021. Retrieved from http://unitedwayalice.org/Virginia

Impact of Poverty on Physical Health of Children

"Poverty is an important social determinant of health and contributes to child health disparities. Children who experience poverty, particularly during early life or for an extended period, are at risk of a host of adverse health and developmental outcomes through their life course. Poverty has a profound effect on specific circumstances, such as birth weight, infant mortality, language development, chronic illness, environmental exposure, nutrition, and injury. Child poverty also influences genomic function and brain development by exposure to toxic stress, a condition characterized by 'excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.' Children living in poverty are at increased risk of difficulties with self-regulation and executive function, such as inattention, impulsivity, defiance, and poor peer relationships. Poverty can make parenting difficult, especially in the context of concerns about inadequate food, energy, transportation, and housing."

Source: The American Academy of Pediatrics. Poverty and Child Health in the United States. COUNCIL ON COMMUNITY PEDIATRICS. April 2016, 137 (4) e20160339; DOI: https://doi.org/10.1542/peds.2016-0339. Published Online May 12th, 2016. Accessed July 9th, 2021. Retrieved from: https://pediatrics.aappublications.org/content/137/4/e20160339/tab-article-info

Children that are Economically Disadvantaged (Below 200% FPL)

Locality	*Number Below 200% FPL*	*Percent below 200% FPL*
Amelia County	1,486	55%
Buckingham County	1,526	46%
Charlotte County	1,907	72%
Cumberland County	1,207	59%
Lunenburg County	1,420	60%
Nottoway County	1,478	47%
Prince Edward County	1,967	54%
Service Area	**10,991**	**56%**
Virginia	**620,201**	**33%**

Table Source: Kids Count Data Center - VA Kids . Date of Table: 2018. Year(s) Measured: 2016 - 2017. Retrieved from https://datacenter.kidscount.org/

Approximately one-half of children in this service area are at or below 200% of poverty. Higher rates are found among children residing in Charlotte, Cumberland, and Lunenburg. Children and adults between 200% and 300% of poverty are often economically vulnerable and may live 'pay check-to-pay check'. This reality suggests that more than 50% of the children residing in the Service Area are subject to the impact of living in or near poverty as described in the American Association of Pediatrics brief cited above and are at risk for poor health and issues associated with poverty.

Poverty and Seniors

"Over 15 million Americans aged 65+ are economically insecure—living at or below 200% of the federal poverty level (FPL) ($25,760 per year for a single person in 2021). These older adults struggle with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. For older adults who are above the poverty level, one major adverse life event can change today's realities into tomorrow's troubles.

- In 2018, 7.3 million older Americans faced the threat of hunger, representing 10% of adults aged 60+ in the U.S. (Feeding America, 2020)
- Only 48% of older adults aged 60+ who are eligible for the Supplemental Nutrition Assistance Program (SNAP) are enrolled and receiving benefits. (USDA Food and Nutrition Service, 2020)
- Older women are more likely to live in poverty than men as a result of wage discrimination and having to take time out of the workforce for caregiving. (Justice in Aging, 2020)
- Over half of Black and Hispanic seniors aged 65+ have incomes below 200% of the Federal poverty line. (Kaiser Family Foundation, 2018)
- Over 14.8 million, or 4 in 10, older adults are lifted out of poverty by obtaining Social Security benefits. (Center on Budget and Policy Priorities, 2020)
- The 2.3 million older adults on Supplemental Security Income (SSI) receive, on average, just $475 each month. (Social Security Administration, 2021)

Source: National Council on Aging. Get the Facts on Economic Security for Seniors. Published March 1st, 2021. Accessed July 9th, 2021. Retrieved from: https://www.ncoa.org/article/get-the-facts-on-economic-security-for-seniors

Person Age 65+ Years: Below Poverty

Locality	Persons	Percent
Amelia County	297	12.30%
Buckingham County	426	13.60%
Charlotte County	453	17.50%
Cumberland County	411	19.10%
Farmville Town	186	19.2%
Lunenburg County	289	11.10%
Nottoway County	386	14.40%
Prince Edward County	476	13.40%
Service Area	**2738**	**14.49%**
Virginia	**92,951**	**7.5%**

Table Source: Census_ACS_Table S1701. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level

Locality	All families	Married couple families	Families with female householder, no spouse present
Amelia County	7.80%	6.30%	23.10%
Buckingham County	11.10%	6.80%	28.00%
Charlotte County	14.70%	8.50%	30.10%
Cumberland County	13.40%	7.80%	41.30%
Farmville Town	15.4%%	13.5%	16%
Lunenburg County	10.10%	2.20%	36.80%
Nottoway County	13.20%	3.50%	33.50%
Prince Edward County	10.40%	5.80%	18.60%
Service Area	**11.53%**	**5.84%**	**30.20%**
Virginia	**7.10%**	**3.20%**	**22.70%**

Table Source: Census_ACS_Table DP03. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

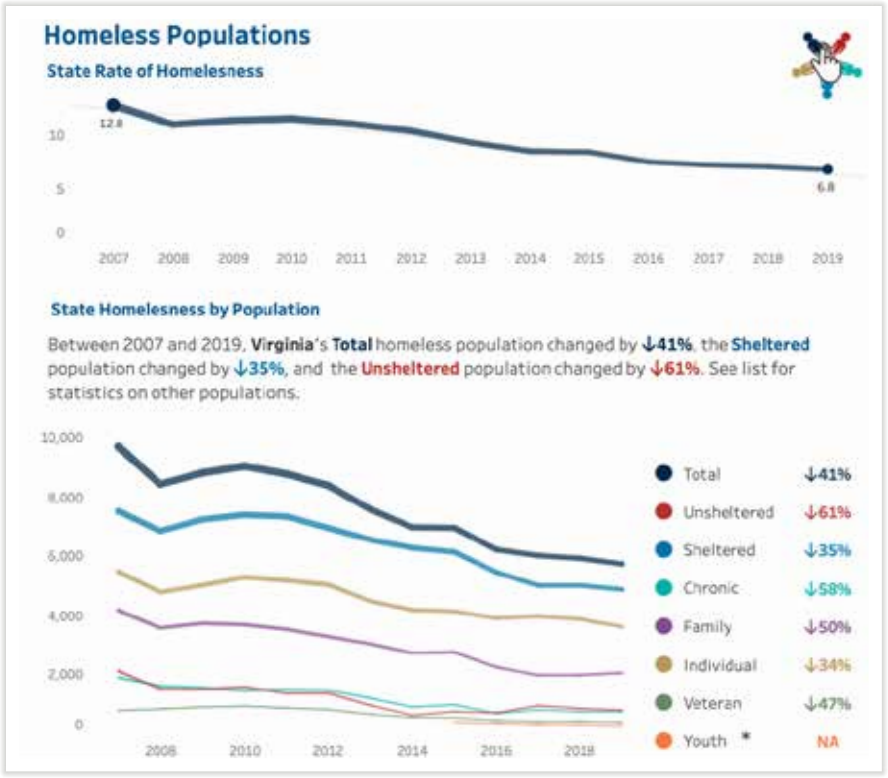
HOMELESSNESS

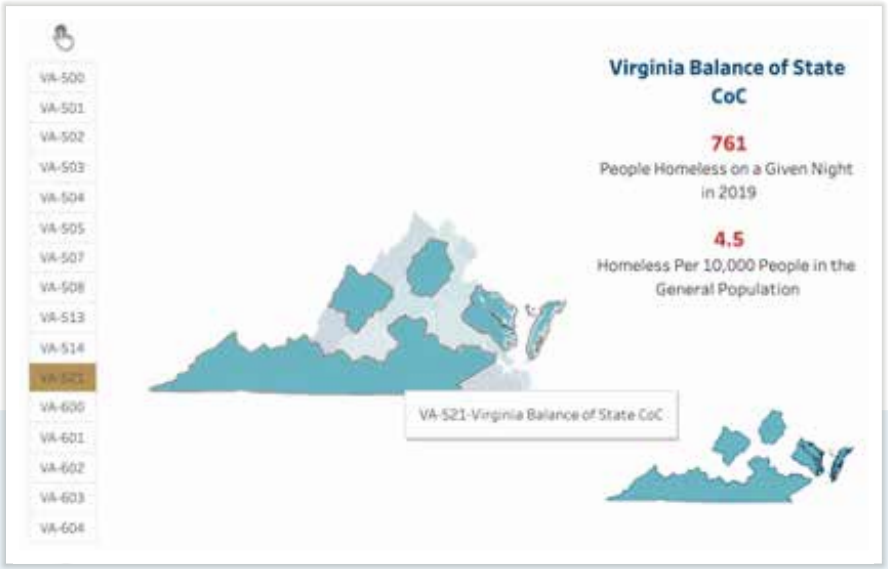
"According to the U.S. Department of Housing and Urban Development, people living in shelters are more than twice as likely to have a disability compared to the general population. On a given night in 2017, 20 percent of the homeless population reported having a serious mental illness, 16 percent conditions related to chronic substance abuse, and more than 10,000 people had HIV/AIDS.

Treatment and preventive care can be difficult to access for people who are experiencing homelessness. This is often because they lack insurance or have difficulty engaging health care providers in the community.

For chronically homeless people, the intervention of permanent supportive housing provides stable housing coupled with supportive services as needed – a cost-effective solution to homelessness for those with the most severe health, mental health and substance abuse challenges."

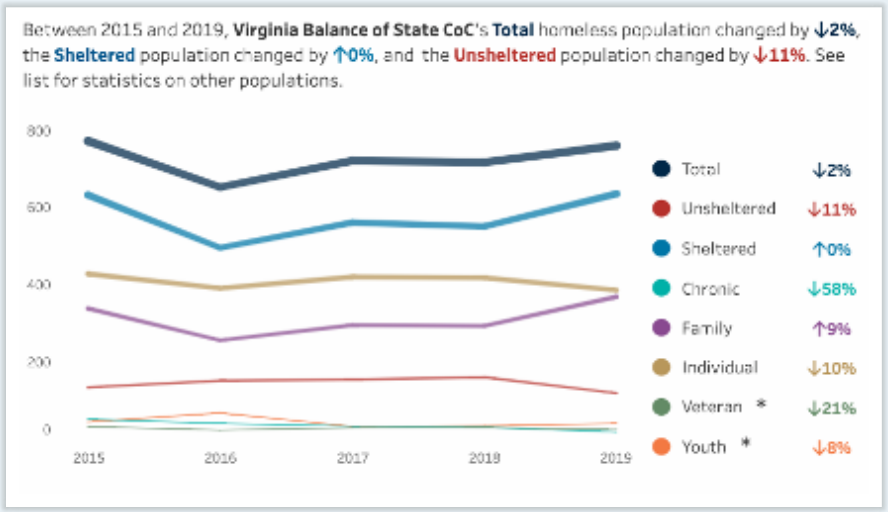
Source: National Alliance to End Homelessness. Health and Homelessness. Website Last Updated 2020. Accessed July 9th, 2021. Retrieved from: https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/health/





The Affordable Housing Coalition, a project of STEPS Inc in Farmville includes stakeholders from the Town of Farmville, Prince Edward County, Longwood University, Hampden-Sydney College, Prince Edward County Public Schools, Fuqua School, Centra Southside Community Hospital, Habitat for Humanity and STEPS. The Coalition was awarded a $20,000 Virginia Housing Development Authority grant in 2019 to conduct a housing study of Prince Edward County and the town of Farmville and develop a strategic plan addressing more affordable housing options for students, families, seniors and young professionals.

Source: Source: The Farmville Herald. Housing Coalition Update. Published March 21, 2019. Accessed October 24, 2021. Retrieved from https://www.farmvilleherald.com/2019/03/housing-coalition-update/



The Prince Edward/Farmville Housing Coalition Housing Study was published in September 2019 with the following key findings:

- **"There will be new demand for 48 households per year on average over the next two decades.** Based on these projections, there is a housing size mismatch. Seventy-three percent (73%) of the study area's housing are three bedrooms or larger while 63% of the population is one or two person households. For the 4,061 one or two person households in the Study Area, there are only 1,933 studios, one-, or two-bedroom housing units. That is a gap of 2,128 smaller housing units.
- **Affordable rental options are the primary housing gap.** Median rents are out of reach for 2,489 households in the Study Area, but there are only 240 subsidized housing units. There is a need for 435 additional rental units at or below 50% of Area Median Income (AMI). An affordable rent for a two-bedroom home at 50% of AMI is $632. For a one bedroom, it is $527. As housing costs continue to increase faster than income, a growing share of working-age households will find themselves severely cost burdened.
- **Higher-end apartments are also in demand.** Given the number of households at higher income, there also appears to be a deficit of rental units at 100% of AMI or higher. That translates to new rental units at $985 to $1,125 for a one-bedroom.
- **Senior housing needs are acute and growing.** Households age 65 years and older will be the fastest growing demographic in the coming decades. Housing that meets the needs and budget of this population should be a major focus. Housing quality and quantity for rural seniors will require urgent attention. Downsizing seniors may also seek smaller homes, inadvertently competing with millennials for similar housing.
- **Employment trends will influence future housing demand.** Employment trends indicate that housing for new workers earning approximately $35,000 annually will be a growing need for the Study Area. That income translates to a rent of $875 and a sale price of $135,000. Denser, less expensive housing near jobs and amenities can be encouraged to attract millennials and the next generation of housing renters and owners."

Source: STEPS Inc. The Prince Edward/Farmville Housing Coalition Housing Study. September 2019. PDF. https://www.steps-inc.org/housing-1

FAMILY SUPPORT

Local Departments of Social Services work to promote self-sufficiency while providing support to residents throughout the service area. Services include financial assistance programs including aid to families with dependent children-foster care; emergency assistance and energy assistance; state and local hospitalization benefits; Medicaid and FAMIS (Family Access to Medical Insurance Security). Both Medicaid and FAMIS are health insurance programs for low-income individuals. In Virginia, the Supplemental Nutrition Assistance Program (SNAP) (food incentive programs for eligible families) and the Temporary Assistance for Needy Families (TANF) (cash assistance program for very low-income families) help families address their basic needs. Other support programs include adult and child protective services; prevention services for families; foster care and adoption services; and childcare development.

SNAP Participation Report

Locality	2018	2019	2020	2021	4 YR Change
Amelia	11.4%	11.3%	12.5%	14.2%	2.8%
Amelia County	11.9%	13.1%	11.2%	10.7%	-1.2%
Buckingham County	17.1%	15.6%	14.9%	14.9%	-2.2%
Charlotte County	13.6%	13.1%	12.0%	11.2%	-2.3%
Cumberland County	14.3%	13.8%	14.1%	13.4%	-1.0%
Lunenburg County	14.3%	14.5%	14.8%	14.9%	0.5%
Nottoway County	16.0%	15.0%	13.8%	13.7%	-2.2%
Prince Edward County	14.1%	13.8%	13.3%	13.3%	-0.8%
Virginia	**13.9%**	**14.0%**	**13.2%**	**13.1%**	**-0.8%**

Table Source: Virginia Department of Education. Date of Table: 2020. Year(s) Measured: May 2018 - May 2021. Retrieved from https://www.dss.virginia.gov/geninfo/reports/financial_assistance/fs.cgi

With the exception of Amelia county, the Farmville service area remains consistent with SNAP participation. In fact, there is a slight decrease in participation, even amidst the COVID-19 pandemic. "The far-reaching health and economic effects of COVID-19 and widespread business closures to limit its spread have made it even more difficult for many low-income households to afford food and other needs. Data have shown a sharp increase in the number of families reporting difficulties affording adequate food and other basic needs, which have remained high throughout the pandemic compared to pre-pandemic levels, despite recent declines. SNAP is essential to helping these families put food on the table."

Source: Center on Budget and Policy Priorities. States Are Using Much-Needed Temporary Flexibility in SNAP to Respond to COVID-19 Challenges. Last Updated: June 3rd, 2021. Accessed July 9th, 2021. Retrieved from: Retrieved from: https://www.cbpp.org/research/food-assistance/states-are-using-much-needed-temporary-flexibility-in-snap-to-respond-to

Food Insecurity Among Child Population under 18

Locality	2017	2018	2019	3 YR Change
Amelia County	15.5%	15.1%	15.5%	0.0%
Buckingham County	17.5%	16.6%	18.5%	1.0%
Charlotte County	21.0%	18.9%	24.5%	3.5%
Cumberland County	21.7%	21.5%	21.5%	-0.2%
Lunenburg County	17.9%	17.7%	20.3%	2.4%
Nottoway County	15.8%	15.5%	17.0%	1.2%
Prince Edward County	15.6%	15.4%	16.6%	1.0%
Service Area	**17.9%**	**17.2%**	**19.1%**	**1.3%**
Virginia	**13.3%**	**13.2%**	**12.5%**	**-0.8%**

Table Source: Kids Count Data Center - VA Kids. Date of Table: 2020. Year(s) Measured: 2016 - 2018 . Retrieved from https://datacenter.kidscount.org/

TANF Participation Report - Total Persons

Locality	2019	2020	2021	3 YR Change
Amelia County	54	40	61	13.0%
Buckingham County	78	60	46	-41.0%
Charlotte County	96	78	111	15.6%
Cumberland County	83	58	58	-30.1%
Lunenburg County	108	106	95	-12.0%
Nottoway County	172	144	127	-26.2%
Prince Edward County	139	147	148	6.5%
Service Area	**104**	**90**	**92**	**-11.5%**
Virginia	**36,336**	**36,723**	**37,229**	**2.5%**

Table Source: Virginia Department of Education. Date of Table: 2020. Year(s) Measured: April 2019 - April 2021. Retrieved from https://www.dss.virginia.gov/geninfo/reports/financial_assistance/tanf.cgi

"Families experiencing poverty should have access to cash assistance to help them afford their basic needs and maintain stability, an especially urgent need during the COVID-19 pandemic. Since the creation of the Temporary Assistance for Needy Families (TANF) program more than two decades ago, families have used it to pay for rent, utilities, diapers, food, transportation, and other necessities. Yet too few families struggling to make ends meet have access to the program, and TANF's history of racism means that it disproportionately fails to reach families in states where Black children are likelier to live. In 2019, for every 100 families in poverty, only 23 received cash assistance from TANF — down from 68 families in 1996. This 'TANF-to-poverty ratio' (TPR) is nearly the lowest in the program's history."

Source: Center on Budget and Policy Priorities. Cash Assistance Should Reach Millions More Families to Lessen Hardship. By Laura Meyer and Ife Floyd. Updated November 30th, 2020. Accessed July 9th, 2021. Retrieved from: https://www.cbpp.org/research/family-income-support/cash-assistance-should-reach-millions-more-families-to-lessen

Foster Care

Rate of Children Entering Foster Care per 1,000 Population

Locality	3-Yr. Avg.	2017	2016	2015
Amelia County	0.1	0	0.4	0
Buckingham County	1.5	2.5	1.3	0.6
Charlotte County	5.5	6.5	3.4	6.5
Cumberland County	1.8	2.1	2.4	1
Lunenburg County	3.3	2.2	0.9	6.9
Nottoway County	0.8	1.6	0.3	0.6
Prince Edward County	1.2	1.1	0.8	1.6
Service Area	**2.8**	**3.2**	**1.9**	**3.4**
Virginia	**1.5**	**1.5**	**1.5**	**1.5**

Table Source: Kids Count Data Center - VA Kids . Date of Table: 2018. Year(s) Measured: 2015 - 2017 . Retrieved from https://datacenter.kidscount.org/

In the "Foster Care Children Demographic" report of August 2021 (as of September 1, 2021) for the service area, 70 children were in foster care representing 1.3% of the total children in foster care across the state (5359). The largest number of children in foster care lived in Charlotte, Buckingham, and Nottoway counties respectively.

Source: Virginia Department of Social Services. Foster Care Demographic Report. Accessed October 8, 2021. Retrieved from https://www.dss.virginia.gov/geninfo/reports/children/fc.cgi.

Child Abuse and Neglect

Child abuse and neglect is one cause of children entering the foster care system. Nationally, the rising abuse of opioids has led to more children entering foster care. Lynchburg's rate is close to twice the state rate average, with rates in Appomattox the second highest. "While most people in financial need do not maltreat their children, poverty can increase the likelihood of maltreatment, particularly when poverty is combined with other risk factors, such as depression, substance use, and social isolation."

Source: US Department of Health & Human Services. Administration for Children & Families. Children's Bureau. Child Welfare Information Gateway. Poverty and Economic Conditions. Accessed July 9th, 2021. Retrieved from https://www.childwelfare.gov/topics/can/factors/contribute/environmental/poverty/

"Children are specifically vulnerable to abuse during COVID-19. Research shows that increased stress levels among parents is often a major predictor of physical abuse and neglect of children. Stressed parents may be more likely to respond to their children's anxious behaviors or demands in aggressive or abusive ways. The support systems that many at-risk parents rely on, such as extended family, child care and schools, religious groups and other community organizations, are no longer available in many areas due to the stay-at-home orders. Child protection agencies are experiencing strained resources with fewer workers available, making them unable to conduct home visits in areas with stay-at-home orders. Since children are not going to school, teachers and school counselors are unable to witness the signs of abuse and report to the proper authorities. Also, many at-risk families may not have access to the technology children needed to stay connected with friends and extended family."

Source: US Department of Health & Human Services. Substance Abuse and Mental Health Services Administration. Intimate Partner Violence and Child Abuse Considerations during COVID-19. Accessed October 11, 2021. Retrieved from https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf

The Virginia Department of Social Services reports child abuse case responses by locality each fiscal year (July – June) including the number of cases received, the number of cases accepted, and the number of cases investigated. From 2018 to 2020 in the Lynchburg Service Area, the greatest number of child abuse case responses occurred in the city of Lynchburg and Campbell and Pittsylvania Counties. However, all case and investigation numbers decreased during the height of the pandemic in 2020 (July 2020 to June 2021). According to the Virginia Department of Social Services, and as referenced above, schools are the highest reporters of abuse cases in the state. Schools were shuttered during this time due to the State of Emergency declared in Virginia and most likely led to under-reporting in 2020.

Child Abuse Case Responses by Localities | 2018-2020

Locality	Cases Received			Cases Accepted			Investigations		
	2018	2019	2020	2018	2019	2020	2018	2019	2020
Amelia County	121	168	99	73	82	53	13	65	65
Buckingham County	189	192	171	142	131	121	39	20	22
Charlotte County	92	99	93	60	73	62	15	87	64
Cumberland County	105	78	83	66	73	44	15	182	132
Lunenburg County	59	76	79	48	60	68	11	137	109
Nottoway County	149	143	99	48	45	38	17	182	132
Prince Edward County	163	140	142	81	65	55	22	137	109
Total	**878**	**896**	**766**	**518**	**529**	**441**	**132**	**140**	**95**
Virginia	**88,124**	**90,492**	**75,758**	**39,404**	**39,970**	**35,704**	**11,102**	**11,201**	**9,423**

Table Source: Virginia Department of Social Services, Virginia Social Services CPA Reports- Abuse Cases by Localities/FIPS. Years Measured: 2018- 2020. Retrieved from https://cpsaccountability.dss.virginia.gov/index-social-services.html

Childcare

The Center for American Progress (CAP) defines childcare deserts as a ratio of more than three young children for every licensed childcare slot. Families in rural areas face the greatest challenges in finding childcare, with 3 in 5 rural communities lacking adequate childcare supply. In addition, low-income urban areas have roughly the same rate of childcare deserts as the average rural area. For too long, federal and state governments have underfunded childcare, leaving many communities without licensed childcare options. And such options are a necessity for working families: Two-thirds of U.S. children who have not started school have all parents in the workforce. At the same time, the cost of child care is out of reach for the average family; in most areas of the country, it exceeds the costs of rent or in-state college tuition." In a 2018 study, CAP data showed that most localities in the Lynchburg region are classified as childcare deserts.

Source: Center for American Progress. America's Child Care Deserts in 2018. Published December 6, 2018. Accessed October 24, 2021. Retrieved from https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/.

As the COVID-19 pandemic set in across the nation, the impact on childcare has undoubtedly been tremendous. Early in the pandemic, childcare centers and schools shuttered their doors and parents were faced with caring for their children at home while teleworking or scrambling to find care for their children so that they could keep their jobs outside the home. This was even more pronounced for families living in poverty. This lack of structured programming will no doubt have long range effects on children's (and their families) psychosocial relationships. "Research tells us that 90% of brain development occurs in the first five years of life, and what children experience in these early years (see, hear, smell, taste and feel) shapes their brains. High quality childcare programs feature enriched experiences that are linked to greater achievement and success in school and in life."

Source: Virginia Department Of Education. Child Care VA. Why Quality Matters. Accessed October 13,2021. Retrieved from: https://www.doe.virginia.gov/cc/parents/index.html?pageID=0

In August of 2021, Virginia's Governor Ralph Northam announced increased investments in Virginia's two largest state-funded preschool programs, the Virginia Department of Education's Virginia (VA) Preschool Initiative (https://www.doe.virginia.gov/early-childhood/preschool/vpi/index.shtml) and the Virginia Early Childhood Foundation's Mixed Delivery Preschool Grant Program (https://vecf.org/mixed-delivery-grantees/). In fiscal year 2022 (July 1, 2021 to June 30, 2022), the Commonwealth has authorized $151.6 million to these two programs, a $60.9 million increase from fiscal year 2021 and twice the investment made in fiscal year 2018. In Centra's Bedford and Lynchburg service regions, United Way of Central Virginia's Smart Beginnings Initiative is a mixed delivery grantee.

With "the expansion of the Virginia Preschool Initiative, 23,600 students across 126 school divisions were able to be served. Prior to the COVID-19 Pandemic only 18,000 students were served across 124 school divisions, so the impact of this expansion has proven to be great. In addition to this, 1,600 three-year-old children across 37 school divisions will be served via the VA Preschool initiative. Because of the efforts towards the Virginia Early Childhood Foundations Mixed Delivery Preschool Grant approximately 1,500 preschool-age children across 45 localities will be served this fall, whereas pre-pandemic only 239 children were able to be served in 9 localities during the 2020-2021 school year. Due to the temporary expansion of eligibility requirements, the Virginia Child Care Subsidy Program was able to allow for families earning up to 85% of state median income to be eligible for the Program. Because of this expansion, the Federal Head Start & Early Head Start were also both funded to serve approximately 14,463 children this school year and in August 2021, over 20,000 children were enrolled in the Subsidy Program, a 51% increase or an additional 7,325 children from March 2021.

Governor Northam also announced that $316.3 million from 2020 federal relief dollars were invested in Virginia early childhood system. As a result, 95% of childcare & Early Education programs (licensed & regulated) are now open and running, allowing for more enrollment and childcare support. As of August 2021, The General Assembly has approved for The Child Care and Development Block Grant to receive an additional $793 million of the American Rescue Plan dollars, further aiding in the state's efforts to eradicate barriers to accessible, affordable, and quality childcare."

Source: Commonwealth of Virginia. Virginia Governor Ralph S. Northam. Governor Announces Historic Enrollment in Early Childhood Education Programs. Accessed October 13, 2021. Retrieved from: https://www.governor.virginia.gov/newsroom/all-releases/2021/august/headline-905593-en.html

"Head Start programs promote the school readiness of infants, toddlers, and preschool-aged children from low-income families. Services are provided in a variety of settings including centers, family childcare, and children's own home. Head Start programs also engage parents or other key family members in positive relationships, with a focus on family wellbeing. Parents participate in leadership roles, including having a say in program

operations.

Head Start programs are available at no cost to children ages birth to 5 from low-income families. Programs may provide transportation to the centers so enrolled children can participate regularly. Families and children experiencing homelessness, and children in the foster care system are also eligible. Additionally, Head Start services are available to children with disabilities and other special needs.

Head Start programs deliver services through 1,600 agencies in local communities. Most Head Start programs are run by non-profit organizations, schools, and community action agencies. They provide services to more than a million children every year, in every U.S. state and territory.

Head Start programs promote the school readiness of children ages 3 to 5. Most of these programs are based in centers. In other programs, children and families may receive services from educators and family service staff who regularly make home visits.

Infants, toddlers, and pregnant women are served through Early Head Start programs. Early Head Start programs are available to the family until the child turns 3 years old and is ready to transition into Head Start or another pre-K program. Services to pregnant mothers and families, including prenatal support and follow-up, are also provided by Early Head Start. Many Early Head Start programs are provided in a child's own home through weekly home visits that support the child's development and family's own goals. Other Early Head Start programs are located in centers which provide part day or full day programming for children. Early Head Start-Child Care Partnerships are programs that are dedicated to offering Early Head Start services to eligible families within the childcare system."

Source: US Department of Health & Human Services. Office of Head Start. An Office of the Administration for Children & Families. Head Start Programs. Accessed October 24, 2021. Retrieved from https://www.acf.hhs.gov/ohs/about/head-start.

In the Farmville region, STEPS, Inc. a Community Action Group headquartered in Farmville, is the administrator of Early Head Start (EHS) and Head Start classrooms serving the counties of Appomattox, Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. EHS classrooms are open in the counties of Amelia, Charlotte, Lunenburg, and Prince Edward.

Current classrooms and number of children served in the Farmville region for the 2021-2022 school year are as

STEPS, Inc. Early Head Start and Head Start Classrooms (2021-2022)

Site	Classrooms Served	# Children Served
Amelia	2	19
Buckingham	1	15
Charlotte	3	31
Cumberland	1	6
Lunenburg	4	32
Nottoway	1	17
Prince Edward	3	33
***Price Edward Layne (Projected)**	3	30

*STEPS is in the process of opening two more EHS and one more Head Start classroom in Farmville which will result in a total of four EHS classrooms with 32 children and two Head Start classrooms with 34 children. There is currently a waiting list for these services in Farmville.

Like many childcare centers in the region, hiring qualified staff for these classrooms has been a challenge since the advent of the COVID-19 pandemic.

Source: STEPS, Inc. Data Provided October 15, 2021. Website: https://www.steps-inc.org/

The Virginia Department of Social Services offers a search option by locality on their website for childcare centers (including Head Start and Early Head Start sites) at https://www.dss.virginia.gov/facility/search/cc.cgi.

ACCESS

"The National Academies of Sciences, Engineering, and Medicine define access to health care as the 'timely use of personal health services to achieve the best possible health outcomes.' Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities.

Lack of health insurance coverage may negatively affect health. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.

In contrast, studies show that having health insurance is associated with improved access to health services and better health monitoring. One study demonstrated that when previously uninsured adults ages 60 to 64 became eligible for Medicare at age 65, their use of basic clinical services increased. Similarly, providing Medicaid coverage to previously uninsured adults significantly increased their chances of receiving a diabetes diagnosis and using diabetic medications.

Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes. For example, physician shortages may mean that patients experience longer wait times and delayed care. Many health care resources are more prevalent in communities where residents are well-insured, but the type of insurance individuals have may matter as well. Medicaid patients, for instance, experience access issues when living in areas where few physicians accept Medicaid due to its reduced reimbursement rate. Expanding access to health services is an important step toward reducing health disparities."

Source: Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030. Accessed July 9th, 2021. Retrieved from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-health-services

Insurance Coverage and its Impact on Health

"Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether. The consequences can be severe, particularly when preventable conditions or chronic diseases go undetected.

Compared to those who have health coverage, people without health insurance are more likely to skip preventive services and report that they do not have a regular source of health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional's office or clinic in the past 12 months. They are also less likely to receive recommended screening tests such as blood pressure checks, cholesterol checks, blood sugar screening, pap smear or mammogram (among women), and colon cancer screening.2 Part of the reason for poor access among the uninsured is that half do not have a regular place to go when they are sick or need medical advice, while the majority of insured people do have a regular source of care."

Source: Kaiser Family Foundation. The Uninsured and the ACA: A Primer - Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act. Rachel Garfield Follow, Kendal, and Anthony Damico. Published: Jan 25, 2019. Accessed July 9th, 2021. Retrieved from: https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/

Uninsured Adults by Year

Locality	2016		2017		2018	
	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured
Amelia County	1131	14.7	1213	15.5	1209	14.3
Buckingham County	1399	15.9	1377	15.8	1412	13.8
Charlotte County	1190	17.3	1188	17.4	1177	13.7
Cumberland County	839	14.6	838	14.6	830	13.0
Lunenburg County	1079	16.8	1149	18.1	1131	14.8
Nottoway County	1147	15.0	1237	16.2	1301	13.0
Prince Edward County	1739	14.8	1647	14.1	1745	14.8
Service Area	5994	15.6	6059	16.0	6184	13.9
Virginia	606611	11.8	620551	12.1	618552	12.0

Uninsured Children by Year

Locality	2016		2017		2018	
	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured	Number Uninsured	Percent Uninsured
Amelia County	214	8	230	8	218	6
Buckingham County	215	7	207	7	217	6
Charlotte County	204	8	200	8	183	5
Cumberland County	112	6	111	6	114	5
Lunenburg County	169	7	174	7	179	4
Nottoway County	188	6	194	6	215	5
Prince Edward County	218	6	219	6	221	4
Service Area	891	6.7	898	6.8	912	5.4
Virginia	94398	5	97657	5	95977	5

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Privately Insured

Persons with Private Insurance by Type

Locality	Total Private	Private Employer-based	Private Direct-purchase	Private Tricare/Military
Amelia County	53.90%	44.90%	7.30%	1.80%
Buckingham County	48.60%	38.80%	9.20%	0.60%
Charlotte County	39.80%	34.20%	5.40%	0.30%
Cumberland County	40.50%	32.30%	7.50%	0.70%
Lunenburg County	43.20%	37.90%	4.10%	1.20%
Farmville Town	58.4%	44.8%	10.9%	2.7%
Nottoway County	40.80%	35.10%	3.80%	1.90%
Prince Edward County	58.90%	47.80%	9.50%	1.50%
Service Area	**46.53%**	**38.71%**	**6.69%**	**1.14%**
Virginia	**60.00%**	**49.60%**	**6.60%**	**3.70%**

Table Source: Census_ACS_Table S2703. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

The majority of privately insured persons in the service area are utilizing insurance provided by employers or private (85%). Offsetting this difference is the notable gap between service area residents provided Tri-Care insurance through the military. Persons purchasing insurance directly from a third-party insurer is slightly higher in the service area than the overall Virginia rate. Private health insurance categories combined finds the service area with a difference of -13.47% for those with private health insurance compared with overall state rate. This difference is explained in the higher uninsured rates illustrated in the table above titled "Uninsured Adults by Year," and those persons covered through Medicaid and Medicare indicated in the following tables.

Medicaid Recipients

Population with Medicaid Coverage Alone

Locality	Total	Percent of Total Population
Amelia County	1,015	7.9%
Buckingham County	1,933	12.9%
Charlotte County	2,203	18.5%
Cumberland County	1,713	17.5%
Lunenburg County	1,652	14.6%
Farmville Town	933	12.8%
Nottoway County	2,530	18.4%
Prince Edward County	1,924	8.9%
Service Area	**1,853**	**14.1%**
Virginia	**719,551**	**8.7%**

Table Source: U.S. Census, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

"Medicaid is a joint federal and state program that: helps with medical costs for some people with limited income and resources and offers benefits not normally covered by Medicare, like nursing home care and personal care services."

Source: Medicare.gov. U.S. Centers for Medicare & Medicaid Services. Accessed July 9th, 2021. Retrieved from: https://www.medicare.gov/your-medicare-costs/get-help-paying-costs/medicaid

Beginning in January 2019, Medicaid was expanded to Virginia residents earning up to 138% of the federal poverty level. Recently, on July 1, 2021, the Virginia General Assembly expanded Medicaid coverage to include comprehensive adult dental care. "An estimated 400,000 people were expected to become eligible for coverage under the expanded guidelines, but that number is higher now that the COVID pandemic has caused widespread job losses. By early 2020, about 375,000 people had gained coverage under the expanded eligibility guidelines. By December 2020, however, that number had grown to more than 494,000 people. When the job market rebounds after the pandemic recedes, some of those individuals will transition away from Medicaid.

About 138,000 people were previously in the coverage gap, not eligible for Medicaid in Virginia, and also not eligible for premium subsidies because their income was too low (i.e., under the poverty level). The expansion of Medicaid made coverage realistically available to this group. And people with income between 100 percent and 138 percent of the poverty level, who were previously eligible for significant premium subsidies and cost-sharing reductions in the exchange, became eligible for Medicaid instead as of 2019, with far lower out-of-pocket costs."

Source: Virginia and the ACA's Medicaid expansion. Accessed August 16, 2021. Retrieved from: https://www.healthinsurance.org/medicaid/virginia/

Based on the poverty rates among the localities that comprise the Lynchburg Service Area (see Socioeconomic Factors), the higher percentage of Medicaid recipients in the service area as compared to the overall rate of Medicaid recipients in Virginia is expected.

Population with Medicare Coverage Alone

Locality	Total	Percent of Total Population
Amelia County	737	5.7%
Buckingham County	1,197	8.0%
Charlotte County	1,180	9.9%
Cumberland County	635	6.5%
Farmville Town	1,090	14.9%
Lunenburg County	819	7.2%
Nottoway County	656	4.8%
Prince Edward County	1,260	5.9%
Service Area	**926**	**6.9%**
Virginia	**375,643**	**4.6%**

Table Source: U.S. Census, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

AVAILABILITY

Medically Underserved Areas

"Medically Underserved Areas and Medically Underserved Populations (MUAs and MUPs) identify geographic areas and populations with a lack of access to primary care services. These designations help establish health maintenance organizations or community health centers.

MUAs have a shortage of primary care health services within geographic areas such as:

- A whole county
- A group of neighboring counties
- A group of urban census tracts
- A group of county or civil divisions

MUPs have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care.

Some examples include:

- People experiencing homelessness
- People who are low-income
- People who are eligible for Medicaid
- Native Americans
- Migrant farm workers

Source: Health Resources and Services Administration. HRSA Workforce.
Website last reviewed: Feb 2021. Accessed July 9th, 2021.
Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation#mups

Medically Underserved Area / Population Designation Status

Locality	*Designation Status*	*Service Area Name*	*MUA Index Score 1 (highest need) – 100 (lowest need)*
Amelia County	Yes	Amelia County	59
Buckingham County	Yes	Buckingham Service Area	49.8
Charlotte County	Yes	Charlotte Service Area	58
Cumberland County	Yes	Cumberland Service Area	61.5
Lunenburg County	Yes	Lunenburg Service Area	51.2
Nottoway County	Yes	Nottoway Service Area	52.9
Prince Edward County	Yes	Prince Edward Service Area	59

Table Source: Health Resources & Services Administration. Medically Underserved Area and Populations. Accessed July 9th, 2021.
Retrieved from: https://data.hrsa.gov/tools/shortage-area/mua-find Retrieved from https://data.census.gov/

HPSAs – Primary Care, Dental & Mental Health

"Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:

- Primary care;
- Dental health; or
- Mental health

Shortages may be geographic, population, or facility-based. Explanations of these categories follow.

Geographic Area

A shortage of providers for the entire population within a defined geographic area.

Population Groups

A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)

Facilities

Public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers. Medium to maximum security federal and state correctional institutions and youth detention facilities with a shortage of health providers. State or county hospitals with a shortage of psychiatric professionals (mental health designations only). A facility that is automatically designated as a HPSA by statute or through regulation without having to apply for a designation:

1. Federally Qualified Health Centers (FQHCs)—health centers that provide primary care to an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. All organizations receiving grants under Health Center Program Section 330 of the Public Health Service Act are FQHCs.
2. FQHC Look-A-Likes (LALs)—LALS are community-based health care providers that meet the requirements of the HRSA Health Center Program, but do not receive Health Center Program funding. An example of a FQHC Look-A-Like is the Community Access Network located in Lynchburg."
3. Indian Health Facilities
    a. Federal Indian Health Service (IHS), tribally run and Urban Indian health clinics
    b. Provide medical services to members of federally recognized tribes and Alaska Natives
4. IHS and Tribal Hospitals
    a. Federal Indian Health Service (IHS) and tribally run hospitals
    b. Provide medical services to members of federally recognized tribes and Alaska Natives
5. Dual-funded Community Health Centers/Tribal Clinics
    a. Health centers that receive funding from tribal entities and HRSA
    b. Provide medical services to members of federally recognized tribes and Alaska Natives
6. CMS-Certified Rural Health Clinics (RHCs)
    a. Outpatient clinics located in non-urbanized areas that are Centers for Medicare and Medicaid Services (CMS) certified and meet NHSC Site requirements (e.g., accept Medicaid and CHIP and provide services on a sliding fee scale)."

Source: Health Resources and Services Administration. HRSA Workforce. Website last reviewed: Feb 2021. Accessed July 9th, 2021. Retrieved from https://bhw.hrsa.gov/shortage-designation/hpsas

HPSA: Mental Health

Locality	HPSA Designation Type	Score
Amelia County	High Needs Geographic HPSA	17
Buckingham County	Federally Qualified Health Center, High Needs Geographic HPSA	20, 17
Charlotte County	High Needs Geographic HPSA	17
Cumberland County	High Needs Geographic HPSA	17
Lunenburg County	Federally Qualified Health Center, High Needs Geographic HPSA	20, 17
Nottoway County	State Mental Hospital, High Needs Geographic HPSA	20, 17
Prince Edward County	High Needs Geographic HPSA	17

HPSA: Dental Care

Locality	HPSA Designation Type	Score
Amelia County	High Needs Geographic HPSA	4
Buckingham County	Low Income Population HPSA, Federally Qualified Health Center	25, 20
Charlotte County	Low Income Population HPSA	17
Cumberland County	Low Income Population HPSA , Federally Qualified Health Center	20, 20
Lunenburg County	Low Income Population HPSA	18
Nottoway County	Low Income Population HPSA	19
Prince Edward County	Low Income Population HPSA	18

HPSA: Primary Care

Locality	HPSA Designation Type	Score
Amelia County	Geographic HPSA	9
Buckingham County	Low Income Population HPSA , Federally Qualified Health Center	9, 16
Charlotte County	Geographic HPSA	16
Cumberland County	Low Income Population HPSA, High Needs Geographic HPSA	17, 16
Lunenburg County	High Needs Geographic HPSA	14
Nottoway County	High Needs Geographic HPSA	12
Prince Edward County	Low Income Population HPSA	17

Table Source: Health Resources Services and Administration. Retrieved from https://data.hrsa.gov/data/about

Provider Availability: PCP, Dental and Mental Health Providers

Primary Care Provider to Population Ratio

Locality	2018	2019	2020
Amelia County	6457:1	13020:1	13013:1
Buckingham County	4262:1	4266:1	4250:1
Charlotte County	2022:1	1731:1	1705:1
Cumberland County	3217:1	3270:1	2452:1
Lunenburg County	6137:1	6118:1	6043:1
Nottoway County	1560:1	1543:1	1542:1
Prince Edward County	1653:1	1622:1	1530:1
Virginia	**1310:1**	**1319:1**	**1325:1**

Dental Provider to Population Ratio

Locality	2018	2019	2020
Amelia County	3255:1	3253:1	3286:1
Buckingham County	1551:1	1545:1	1715:1
Charlotte County	3030:1	2985:1	2970:1
Cumberland County	9811:1	9809:1	9932:1
Lunenburg County	3059:1	3022:1	3049:1
Nottoway County	2205:1	2203:1	2176:1
Prince Edward County	2523:1	2550:1	2534:1
Virginia	**1473:1**	**1457:1**	**1409:1**

Mental Health Provider to Population Ratio

Locality	2018	2019	2020
Amelia County	1860:1	1627:1	1643:1
Buckingham County	2438:1	2125:1	2858:1
Charlotte County	12119:1	5969:1	5940:1
Cumberland County	3270:1	3270:1	3311:1
Lunenburg County	2447:1	1727:1	1525:1
Nottoway County	2205:1	1713:1	1523:1
Prince Edward County	428:1	396:1	356:1
Virginia	**628:1**	**572:1**	**531:1**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2018 - 2020. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

In addition to Federally Qualified Health Centers (FQHCs) and FQHC Look-a-Likes (LAL) serving those living in Medically Underserved and Health Professional Shortage Areas, Free Clinics and Community Services Boards (CSBs) contribute to the safety net in the Farmville region. Free Clinics in Virginia provide services at no cost or low cost to patients. With Medicaid expansion, many of these clinics are now offering care to the low-income publicly insured populations. CSBs are the points of entry for publicly funded mental health, substance use disorder, and developmental services for intellectual disabilities and/or developmental disabilities. The Farmville service area includes the following safety net providers:

Organization	*Facility Type*	*Localities Served*	*Website*
Central Virginia Health Services	FQHC	Buckingham, Charlotte, Cumberland, Farmville	https://www.cvhsinc.org/
Southern Dominion Health System	FQHC	Amelia, Lunenburg	https://sdhsinc.com/
Heart of Virginia Free Clinic	Free Clinic	The greater Farmville area	https://www.freeclinicfarmville
Crossroads Services	CSB	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Town of Farmville	https://www.dpcs.org/

OVERALL HEALTH RANKINGS

"The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors." In Virginia, County Health Rankings are determined for 133 localities in the Commonwealth annually.

Source: Robert Wood Johnson Foundation, County Health Rankings & Roadmaps. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors

County Health Rankings

Locality	2019		2020		2021	
	Health Outcomes	Health Factors	Health Outcomes	Health Factors	Health Outcomes	Health Factors
Amelia	47	65	52	72	55	70
Buckingham	88	118	84	118	87	124
Charlotte	116	120	113	119	116	122
Cumberland	73	110	83	105	93	103
Lunenburg	119	102	124	115	126	121
Nottoway	102	112	106	113	104	118
Prince Edward	110	104	101	102	92	95

3 YR Change

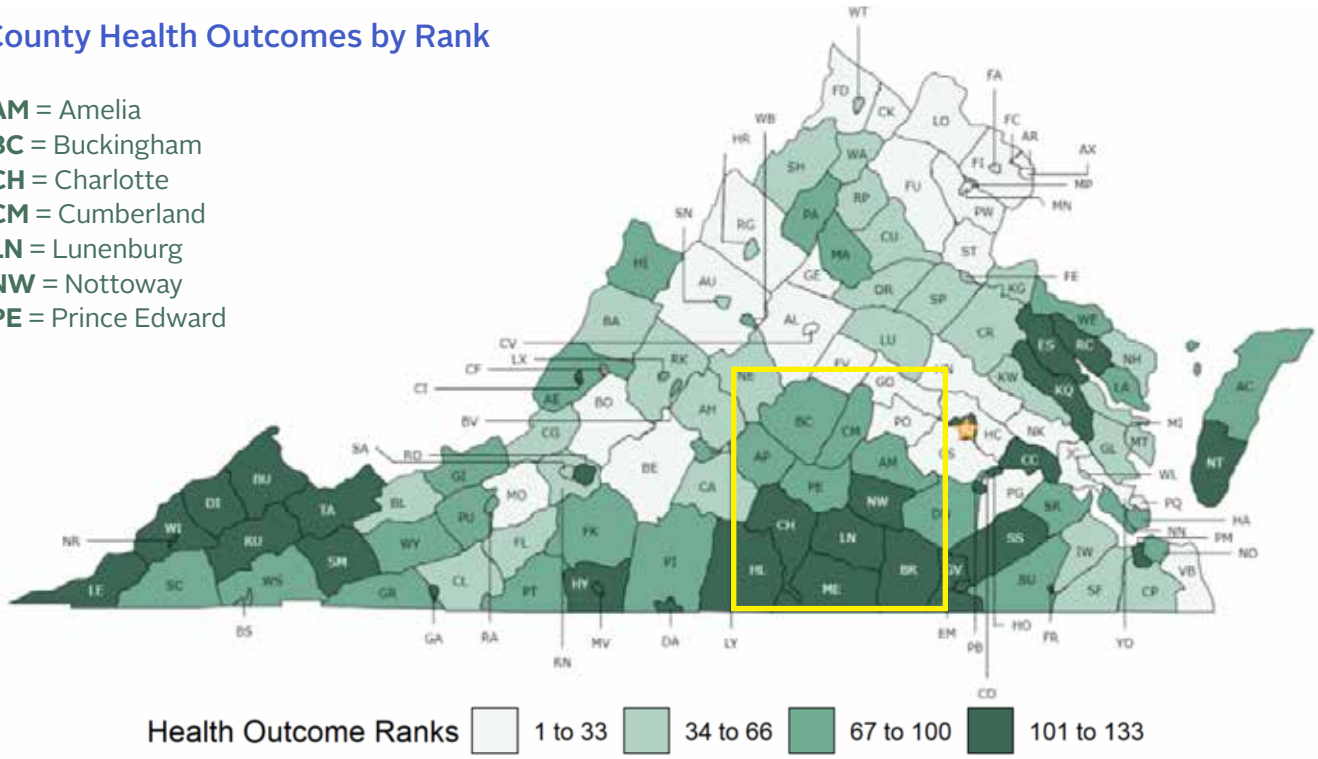
Locality	Health Outcomes	Health Factors
Amelia	8	5
Buckingham	-1	6
Charlotte	0	2
Cumberland	20	-7
Lunenburg	7	19
Nottoway	2	6
Prince Edward	-18	-9

Note: "1" equals best; "133" equals worst.
Change: 'minus (-)' equals improving;
'plus (+)' equals worsening

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2019 - 2021. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

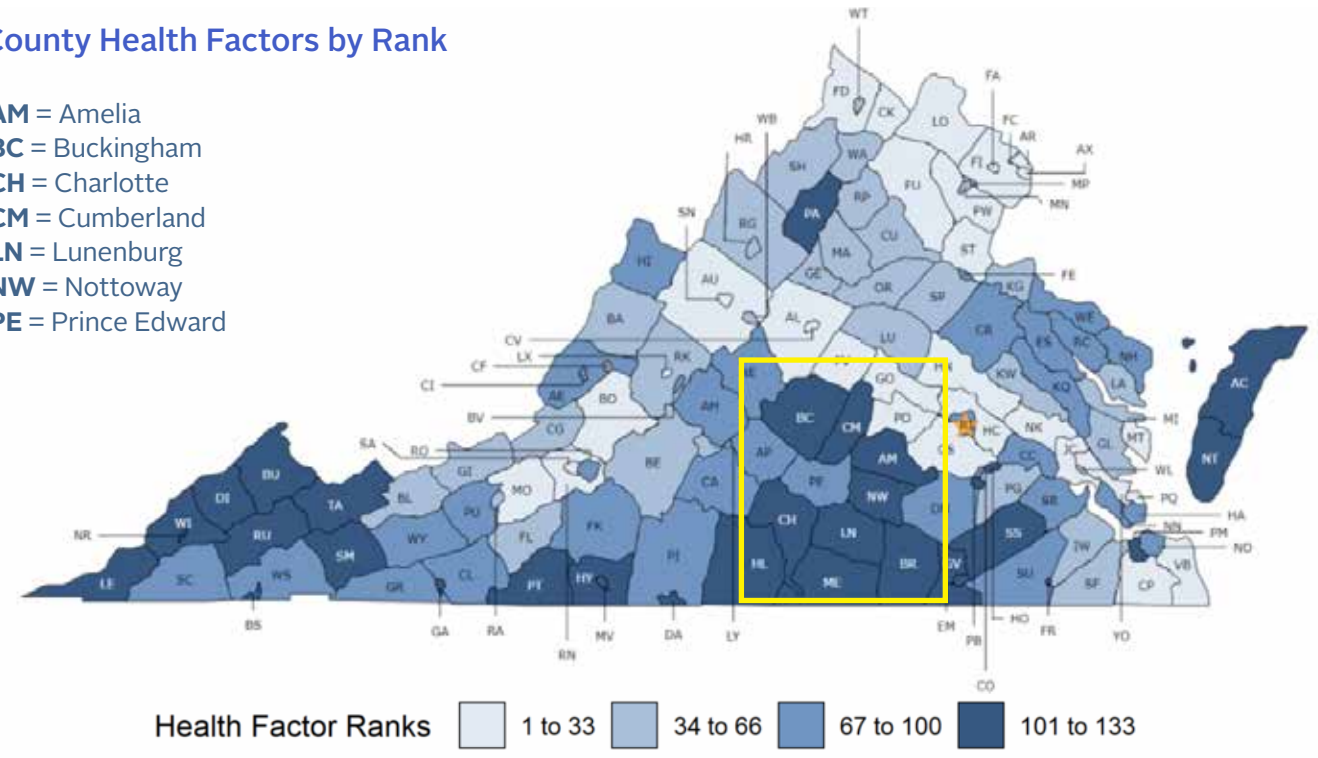
County Health Outcomes by Rank

AM = Amelia
BC = Buckingham
CH = Charlotte
CM = Cumberland
LN = Lunenburg
NW = Nottoway
PE = Prince Edward



County Health Factors by Rank

AM = Amelia
BC = Buckingham
CH = Charlotte
CM = Cumberland
LN = Lunenburg
NW = Nottoway
PE = Prince Edward



Piedmont Health District shows great health outcome improvement in Prince Edward county. There is significant decline in health outcomes rank experienced by Cumberland as the city fell 20 places. Despite its decline, Cumberland is not in the lowest quartile (101-133) of Virginia localities.

Prince Edward county matched its improving health outcomes with a 9 position improvement in health factor rankings. Cumberland County improved 7 positions despite falling 20 positions in health outcome rankings. The largest variance in health factor scores was in Lunenburg at a 19 point decline – this puts them at some of the worst scores in both health outcomes and factors for the Farmville service area. The health outcome and health factor should be viewed in context of specific health and disease mortality and incidence data found in this assessment to evaluate their rankings.

Obesity and Physical Activity

"Excess weight, especially obesity, diminishes almost every aspect of health, from reproductive and respiratory function to memory and mood. Obesity increases the risk of several debilitating, and deadly diseases, including diabetes, heart disease, and some cancers. It does this through a variety of pathways, some as straightforward as the mechanical stress of carrying extra pounds and some involving complex changes in hormones and metabolism. Obesity decreases the quality and length of life, and increases individual, national, and global healthcare costs. Losing as little as 5 to 10 percent of body weight offers meaningful health benefits to people who are obese, even if they never achieve their 'ideal' weight, and even if they only begin to lose weight later in life."

Source: Harvard School of Public Health. Obesity Prevention Source. Accessed July 9th, 2021. Retrieved from https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/health-effects/

Percent of Adults with Obesity

Locality	2015	2016	2017
Amelia County	33.2	41.3	44.1
Buckingham County	34.7	39.9	42.4
Charlotte County	35.5	40	36
Cumberland County	35.4	38.6	43.2
Lunenburg County	31.2	40	45.6
Nottoway County	35	39	34
Prince Edward County	36.5	37.5	37.5
Service Area	**34.5**	**39.5**	**40.4**
Virginia	**28.8**	**29.8**	**30.5**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2015 - 2017. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Amelia, Buckingham, Cumberland and Lunenburg are in the top 20% of most obese localities in Virginia, with most obese counties ranging from 32 – 45%. Note: Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.

"Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise."

Source: Robert Wood Johnson Foundation. County Health Rankings. Accessed July 9th, 2021. Retrieved from: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities

Percentage of Adults Age 20+ Reporting No Leisure-Time Physical Activity

Locality	2015	2016	2017
Amelia County	26	28	29
Buckingham County	32	38	35
Charlotte County	25	25	25
Cumberland County	24	35	30
Lunenburg County	25	28	28
Nottoway County	27	34	34
Prince Edward County	23	26	33
Service Area	**26**	**31**	**31**
Virginia	**22**	**23**	**22**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2015 - 2017. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

"Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools."

Source: Robert Wood Johnson Foundation. County Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/access-to-exercise-opportunities

Percentage of Population with Access to Exercise Opportunities

Locality	2010 & 2019
Amelia County	8
Buckingham County	37
Charlotte County	21
Cumberland County	47
Lunenburg County	57
Nottoway County	63
Prince Edward County	81
Service Area	**45**
Virginia	**82**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2010 & 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Access to Healthy Foods

"Limited Access to Healthy Foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. 'Low income' is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size."

Source: Robert Wood Johnson Foundation. County Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/limited-access-to-healthy-foods

The Food Environment Index measures factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) including proximity to healthy foods and income. "This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

There is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death as supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, those with low income may face barriers to accessing a consistent source of healthy food. Lacking consistent access to food is related to negative health outcomes such as weight gain, premature mortality, asthma, and activity limitations, as well as increased health care costs."

Source: Robert Wood Johnson Foundation. County Health Rankings. Accessed August 16, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/diet-exercise/food-environment-index.

Note: Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)

Food Environment Index

Locality	2015 & 2018
Amelia County	8.3
Buckingham County	7.8
Charlotte County	6.3
Cumberland County	6.0
Lunenburg County	8.1
Nottoway County	5.2
Prince Edward County	7.3
Service Area	**7.0**
Virginia	**8.8**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2015 & 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Alcohol Consumption

"Excessive alcohol consumption considers both the amount of alcohol consumed and the frequency of drinking. Although moderate alcohol use is associated with health benefits such as reduced risk of heart disease and diabetes, excessive alcohol use causes 88,000 deaths in the US each year. In 2015, 27% of people ages 18 and older reported binge drinking in the past month, while 7% reported heavy alcohol use in the past month. Over time, excessive alcohol consumption is a risk factor for hypertension, heart disease, fetal alcohol syndrome, liver disease, and certain cancers. In the short-term, excessive drinking is also linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, and motor vehicle crashes. Alcohol-impaired crashes accounted for nearly one-third of all traffic-related deaths in 2016—more than 10,000 fatalities."

Source: Robert Wood Johnson Foundation. County Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-and-drug-use

Percentage of Adults Reporting Binge or Heavy Drinking

Locality	2016	2017	2018
Amelia County	17.1	16.6	19.4
Buckingham County	15.9	16.8	16.9
Charlotte County	14.2	15.1	17.0
Cumberland County	14.5	14.7	17.0
Lunenburg County	14.5	14.7	16.3
Nottoway County	15.0	15.2	16.5
Prince Edward County	17.3	17.7	17.1
Service Area	**15.5**	**15.8**	**17.2**
Virginia	**17.4**	**17.4**	**17.7**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Drug and Tobacco Use

"Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

Tobacco is not only smoked. Smokeless tobacco, while less lethal than smoked tobacco, can lead to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger.

Tobacco use has real economic impacts for individuals and communities. It costs the nation about $170 billion annually to treat tobacco-related illnesses, and another $156 billion in productivity losses. In 2006, over $5 billion of that lost productivity was due to secondhand smoke.

Researchers estimate that tobacco control policies have saved at least 8 million Americans. Yet about 18% of adults still smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 transition from occasional to daily smokers.

Continuing to adopt and implement tobacco control policies can motivate users to quit, help youth choose not to start, and improve the quality of the air we all breathe."

Source: Robert Wood Johnson Foundation. Community Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/tobacco-use

Percentage of Adults Who are Current Smokers

Locality	2016	2017	2018
Amelia County	16	17	22
Buckingham County	20	19	25
Charlotte County	20	19	25
Cumberland County	19	19	23
Lunenburg County	19	20	25
Nottoway County	20	20	25
Prince Edward County	19	18	22
Service Area	**19**	**18**	**22**
Virginia	**15**	**16**	**15**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Opioid Use

"In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population. The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).

In Virginia, 1,193 drug overdose deaths involved opioids in 2018 (a rate of 14.3).

- Among opioid-involved deaths, those involving prescription opioids decreased from 404 in 2017 (a rate of 4.7) to 326 in 2018 (a rate of 3.8).
- Deaths involving heroin or synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) remained stable with a respective 532 (a rate of 6.4) and 852 (a rate of 10.2) in 2018."

Source: National Institute for Drug Abuse. Virginia Opioid Summary. Last Updated April 3rd 2020. Accessed July 9th, 2021. Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/virginia-opioid-summary

Mortality Rates (per 100,000 Population) for overdose from any Opioid Use in 2018

Locality	Mortality Rate
Amelia County	7.7
Buckingham County	0
Charlotte County	8.4
Cumberland County	0
Lunenburg County	0
Nottoway County	13
Prince Edward County	4.4
Service Area	**4.8**
Virginia	**12.4**

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2018. Year(s) Measured: 2018. Retrieved from https://www.vdh.virginia.gov/data/

Opioid Use *continued...*

Data provided by Virginia's Framework for Addiction Analysis and Community Transformation (FAACT) revealed that in 2019, the Farmville region had 12 fatal opioid overdoses of which 67% were attributed to Fentanyl/ Analog and 33% to Heroin or Prescription Drugs. The per capita death rate in the region was 14.92 per 100,000 as compared to 15.52 per 100,000 for Virginia as a whole and 75.1% of overdoses involving fentanyl or analogs.

Source: Virginia Office of the Chief Medical Examiner, Date of Data 2019. Provided by Virginia FAACT. October 12, 2021.

In 2020, overdose deaths in the United States reached a record 93,000 eclipsing the high of 72,000 deaths the year before (29% increase). The pandemic exacerbated this "overdose pandemic" which is being driven by fentanyl contaminated opioids and amphetamines. "The Centers for Disease Control and Prevention (CDC) reviewed death certificates to come up with the estimate for 2020 drug overdose deaths. The estimated of over 93,000 overdose deaths translates to an average of more than 250 deaths each day. The 21,000 increase is the biggest year-to-year jump since the count rose by 11,000 in 2016." During this time which coincides with the start of the pandemic, Virginia experienced a 42.1% increase in opioid overdose deaths according to the CDC.

Source: The Associated Press. "US overdose deaths hit record 93,000 in pandemic last year". July 14, 2021. Accessed July 14, 2021. Retrieved from https://apnews.com/article/overdose-deaths-record-covid-pandemic-fd43b5d91a81179def5ac596253b0304.
Source: Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics Rapid Release. Provisional Drug Overdose Death Counts. Accessed October 12, 2021. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm.

Sexually Transmitted Infections

Chlamydia Incidence Rate Per 100,000 Population

Locality	2016	2017	2018
Amelia County	257.2	276.5	422.4
Buckingham County	293.1	345.7	334
Charlotte County	305	503.3	371.3
Cumberland County	472.2	591.2	642.1
Lunenburg County	318	441.4	367.8
Nottoway County	818.8	1082	1302.3
Prince Edward County	608.1	788.4	700.3
Service Area	**438.9**	**575.5**	**591.5**
Virginia	**471.4**	**500.3**	**507.3**

Gonorrhea Incidence Rate Per 100,000 Population

Locality	2016	2017	2018
Amelia County	85.7	76.8	84.5
Buckingham County	35.2	164.1	146.5
Charlotte County	74.2	115.5	57.8
Cumberland County	154	183.5	101.9
Lunenburg County	57.1	89.9	122.6
Nottoway County	58	155.5	207.3
Prince Edward County	134.6	145.4	96.9
Service Area	**85.5**	**133**	**116.8**
Virginia	**131.7**	**148.7**	**139.0**

Table Source: Centers for Disease Control . Date of Table: 2018. Year(s) Measured: 2016 - 2018. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

Health Status

"Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive.

The use of self-rated health as a measure to compare health status benefits from its comprehensive, inclusive, and non-specific nature. Furthermore, a meta-analysis of the association between mortality and a single item assessing self-rated health found that people with 'poor' self-rated health had a twofold higher mortality risk than persons with 'excellent' self-rated health. This analysis concludes that a single measure that takes little time to collect and can be captured routinely is appropriate for measuring health among large populations. A study that investigated the reliability of the HRQoL questions included in the Behavioral Risk Factor Surveillance System (BRFSS) found high retest reliability for the self-reported health measure."

Source: Robert Wood Johnson Foundation. Community Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/poor-or-fair-health

Persons Reporting Being in Poor or Fair Health by Percent

Locality	2016	2017	2018
Amelia County	15	16	20
Buckingham County	18	19	24
Charlotte County	21	19	24
Cumberland County	20	19	22
Lunenburg County	20	21	26
Nottoway County	21	21	25
Prince Edward County	21	21	21
Service Area	**20**	**19**	**23**
Virginia	**16**	**16**	**17**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Persons Reporting Physically Unhealthy Days in the Past Month

Locality	2016	2017	2018
Amelia County	3.3	3.6	4.4
Buckingham County	3.8	4.0	4.8
Charlotte County	4.1	4.1	5.1
Cumberland County	4.1	4.1	4.7
Lunenburg County	4.0	4.2	5.0
Nottoway County	4.0	4.2	4.9
Prince Edward County	4.2	4.1	4.6
Service Area	**3.9**	**4.1**	**4.8**
Virginia	**3.5**	**3.5**	**3.5**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Average Number of Poor Mental Health Days in Past 12 Months

Locality	2016	2017	2018
Amelia County	3.5	3.9	4.7
Buckingham County	3.7	4.0	4.9
Charlotte County	4.1	4.4	5.2
Cumberland County	4.0	4.2	4.8
Lunenburg County	3.8	4.3	5.1
Nottoway County	3.7	4.3	4.8
Prince Edward County	3.9	4.3	4.7
Service Area	**3.8**	**4.2**	**4.9**
Virginia	**3.5**	**3.8**	**4.0**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

INCIDENCE RATES

All Cancer Types:

Age Adjusted Incidence Cases per 100,000 Population

Locality	Total		White		Black		Hispanic	
	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend
Amelia County	453.2	-0.2	470.3	0.1	420.8	-0.8	*	*
Buckingham County	421.2	-0.4	428.0	0.1	416.9	-1.0	*	*
Charlotte County	458.2	0.5	462.6	1.0	459.3	-0.6	*	*
Cumberland County	431.8	-0.6	406.3	-0.9	482.6	0.6	*	*
Lunenburg County	455.8	-0.2	441.7	0.0	481.4	-0.6	*	*
Nottoway County	483.7	-0.3	482.0	0.1	492.0	-0.8	*	*
Prince Edward County	514.4	0.0	513.2	5.3	519.9	0.6	*	*
Service Area	**459.8**	**-0.2**	**457.7**	**0.8**	**467.6**	**-0.4**		*
Virginia	**416.1**	**-1.5**	**421.1**	**-1.5**	**438.9**	**-1.5**	**265.1**	**-2.1**

Note: '*' indicates suppressed data due to small numbers.

Table Source: National Cancer Institute. Date of Table: 2018. Year(s) Measured: 2013 - 2017. Retrieved from https://statecancerprofiles.cancer.gov/

Breast Cancer:

Age Adjusted Incidence Cases per 100,000 Population

Locality	Total		White		Black		Hispanic	
	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend
Amelia County	129.8	1.9	137.5	2.4	*	*	*	*
Buckingham County	121.3	-2.2	107.1	-3.4	159.1	0.4	*	*
Charlotte County	111.4	1.0	113.6	1.7	109.8	*	*	*
Cumberland County	92.9	0.3	69.0	-3.7	*	*	*	*
Lunenburg County	142.1	0.9	148.0	2.9	128.8	*	*	*
Nottoway County	119.0	-1.4	92.0	-2.5	170.6	0.9	*	*
Prince Edward County	158.7	1.6	164.7	2.5	153.1	0.1	*	*
Service Area	**125.0**	**0.3**	**118.8**	**0.0**	**144.3**	**0.5**		
Virginia	**416.1**	**-1.5**	**421.1**	**-1.5**	**438.9**	**-1.5**	**265.1**	**-2.1**

Note: '*' indicates suppressed data due to small numbers.

Table Source: National Cancer Institute. Date of Table: 2018. Year(s) Measured: 2013 - 2017. Retrieved from https://statecancerprofiles.cancer.gov/

Lung & Bronchus Cancer:

Age Adjusted Incidence Cases per 100,000 Population

Locality	Total		White		Black		Hispanic	
	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend
Amelia County	70.4	-1.4	75.7	-1.5	*	*	*	*
Buckingham County	65.1	-0.5	68.6	0.0	61.3	-2.8	*	*
Charlotte County	73.6	0.9	84.3	2.5	*	*	*	*
Cumberland County	74.3	-1.1	74.6	-0.4	75.2	*	*	*
Lunenburg County	80.0	1.5	75.2	0.8	93.5	*	*	*
Nottoway County	59.1	-3.6	52.5	-5.5	68.4	-0.4	*	*
Prince Edward County	77.3	13.9	73.7	-2.0	81.6	2.8	*	*
Service Area	**71.4**	**1.4**	**72.1**	**-0.9**	**76.0**	**-0.1**		
Virginia	**56.4**	**-2.2**	**58.2**	**-2.1**	**60.0**	**-1.6**	**24.2**	**-2.6**

Note: '*' indicates suppressed data due to small numbers.

Table Source: National Cancer Institute. Date of Table: 2018. Year(s) Measured: 2013 - 2017. Retrieved from https://statecancerprofiles.cancer.gov/

Colon - Rectum Cancer:

Age Adjusted Incidence Cases per 100,000 Population

Locality	Total		White		Black		Hispanic	
	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend
Amelia County	27.0	-3.7	23.9	-3.1	*	*	*	*
Buckingham County	43.4	-0.8	43.9	-0.5	44.5	*	*	*
Charlotte County	63.9	-0.3	55.2	-1.9	84.5	2.1	*	*
Cumberland County	45.2	-1.1	43.8	-1.8	*	*	*	*
Lunenburg County	37.5	-3.7	32.8	-4.0	*	*	*	*
Nottoway County	47.4	-1.2	57.0	2.0	*	*	*	*
Prince Edward County	49.1	-2.4	45.5	-2.1	57.9	*	*	*
Service Area	**44.8**	**-1.9**	**43.2**	**-1.6**	**62.3**	**2.1**		
Virginia	**35.2**	**-1.5**	**34.7**	**-1.1**	**40.9**	**-3.3**	**24.0**	**-2.9**

Note: '*' indicates suppressed data due to small numbers.

Table Source: National Cancer Institute. Date of Table: 2018. Year(s) Measured: 2013 - 2017. Retrieved from https://statecancerprofiles.cancer.gov/

Prostate Cancer:

Age Adjusted Incidence Cases per 100,000 Population

Locality	Total		White		Black		Hispanic	
	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend	Rate	5 Year Trend
Amelia County	78.0	-7.0	67.0	-7.0	*	*	*	*
Buckingham County	82.2	-4.7	49.5	-5.0	148.5	-4.1	*	*
Charlotte County	94.3	-1.5	64.3	-3.4	176.1	-0.2	*	*
Cumberland County	105.2	-4.9	68.1	31.1	192.1	-3.2	*	*
Lunenburg County	116.7	-3.6	82.5	-0.1	177.4	-5.5	*	*
Nottoway County	125.3	-3.6	103.2	-7.4	163.3	-4.4	*	*
Prince Edward County	120.5	-4.7	91.0	-5.1	161.9	-4.1	*	*
Service Area	**103.2**	**-4.3**	**75.1**	**0.4**	**169.9**	**-3.6**		
Virginia	**99.6**	**-0.9**	**82.3**	**-2.2**	**167.6**	**-1.3**	**67.6**	**2.0**

Note: '*' indicates suppressed data due to small numbers.

Table Source: National Cancer Institute. Date of Table: 2018. Year(s) Measured: 2013 - 2017. Retrieved from https://statecancerprofiles.cancer.gov/

LIFE EXPECTANCY & DEATH RATES

"Over the last four decades, life expectancy in the United States has largely risen, although certain groups have experienced slight decreases in their life expectancy, gaining the attention of mortality experts and the media. Recent headlines draw attention to the role of the opioid epidemic in this unusual downturn in life expectancy among non-Hispanic White adults. In considering what the future of the U.S. population may look like, we must address historical and recent shifts in life expectancy and understand that these shifts are the result of complex social, cultural, biological, and economic forces."

Source: U.S. Census. Living Longer: Historical and Projected Life Expectancy in the United States. By Lauren Medina, Shannon Sabo, and Jonathan Vespa. Published Feb 2020. Accessed July 9th, 2021. Retrieved from: https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1145.pdf

Life Expectancy by Average Number of Years Lived

Locality	2015-2017	2016-2018	2017-2019
Amelia County	76.1	75.8	76.1
Buckingham County	78.4	78.8	78.8
Charlotte County	75.3	75.3	74.8
Cumberland County	80.0	79.3	79.3
Lunenburg County	76.3	75.9	75.6
Nottoway County	75.9	75.3	75.0
Prince Edward County	76.6	76.9	76.6
Service Area	**76.9**	**76.8**	**76.6**
Virginia	**79.4**	**79.5**	**79.5**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2015 - 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Standardizing rates allow the reviewer to make direct comparisons between two populations, regardless of population size and the age distribution of the population. The information in the tables below represent the death rate from all causes per locality, the service area and statewide for every 1,000 persons.

Deaths per 1,000 Population Rate

Locality	2017	2018	2019	3 YR AVG
Amelia County	12.0	11.7	13.4	12.4
Buckingham County	9.8	8.8		9.3
Charlotte County	14.7	13.7	14.4	14.3
Cumberland County	9.6	10.1	10.8	10.2
Lunenburg County	13.3	12.7	13.9	13.3
Nottoway County	13.2	15.2	13.9	14.1
Prince Edward County	10.7	10.9	10.9	10.8
Service Area	**11.9**	**11.9**	**12.9**	**12.2**
Virginia	**8.1**	**8.1**	**8.2**	**8.1**

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2019. Year(s) Measured: 2017 - 2019. Retrieved from https://www.vdh.virginia.gov/data/

As a general health indicator each locality in the service area has a higher death rate among 1,000 residents than the overall state rate. Charlotte and Nottoway County have the highest death rate at 14.3 / 14.1 deaths – 6 deaths greater than the state rate and almost 2 deaths greater than that of the service area.

Death Rates by Race

The table below compares death rates among white, blacks, and other races as published by the Virginia Department of Health's, Division of Health Statistics. The death rate among Blacks in each of the three service areas approximates the death rate among Whites. The death rate among Blacks and Whites by individual locality are similar. "Other" races, where "Other" is the label used by the Virginia Department of Health, are lower than the death rate compared to Blacks and Whites. It should be noted that there were more data points for both Blacks and Whites for the four-year period than "Other".

Deaths per 1,000 Population Rate by Race

Locality	2017				2018				2019			
	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Amelia County	12.0	11.7	13.3	6.0	11.7	11.5	11.8	17.8	13.4	13.7	12.9	5.7
Buckingham County	9.8	10.6	8.5	6.4	8.8	8.7	9.2	-	-	-	-	-
Charlotte County	14.7	13.2	18.0	22.2	13.7	13.5	14.2	10.4	14.4	14.8	13.9	-
Cumberland County	9.6	9.1	9.7	41.2	10.1	9.5	11.8	-	10.8	10.7	11.4	-
Lunenburg County	13.3	13.2	13.7	7.4	12.7	12.6	13.4	-	13.9	13.0	15.7	14.4
Nottoway County	13.2	14.2	12.2	4.1	15.2	15.7	15.0	4.1	13.9	15.0	12.6	4.3
Prince Edward County	10.7	10.4	11.7	2.1	10.9	9.4	14.2	2.1	10.9	9.6	13.3	9.2
Service Area	**11.9**	**11.8**	**12.4**	**12.8**	**11.9**	**11.6**	**12.8**	**8.6**	**12.9**	**12.8**	**13.3**	**8.4**
Virginia	**8.1**	**8.8**	**7.8**	**2.8**	**8.1**	**8.8**	**7.8**	**2.8**	**8.2**	**8.9**	**7.9**	**3.5**

Note: "-" indicates insufficient data

3yr Average Death Rate, 2017 - 2019

Locality	Total	White	Black	Other
Amelia County	12.4	12.3	12.7	9.8
Buckingham County	9.3	9.7	8.9	6.4
Charlotte County	14.3	13.8	15.4	16.3
Cumberland County	10.2	9.8	11.0	41.2
Lunenburg County	13.3	12.9	14.3	10.9
Nottoway County	14.1	15.0	13.3	4.2
Prince Edward County	10.8	9.8	13.1	4.5
Service Area	**12.2**	**12.0**	**12.8**	**9.9**
Virginia	**8.1**	**8.8**	**7.8**	**3.0**

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2019. Year(s) Measured: 2017 - 2019. Retrieved from https://www.vdh.virginia.gov/data/

While the mortality gap by race has decreased over the last decade, studies following COVID-19 expect those gains to be lost. "COVID-19 has generated a huge mortality toll in the United States, with a disproportionate number of deaths occurring among the Black and Latino populations. Measures of life expectancy quantify these disparities in an easily interpretable way. We project that COVID-19 will reduce US life expectancy in 2020 by 1.13 y. Estimated reductions for the Black and Latino populations are 3 to 4 times that for Whites. Consequently, COVID-19 is expected to reverse over 10 years of progress made in closing the Black–White gap in life expectancy and reduce the previous Latino mortality advantage by over 70%. Some reduction in life expectancy may persist beyond 2020 because of continued COVID-19 mortality and long-term health, social, and economic impacts of the pandemic."

Source: PNAS. Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations. February 2, 2021. Accessed July 9th, 2021. Retrieved from: https://www.pnas.org/content/118/5/e2014746118

Premature and Injury Death Rates

Premature age-adjusted mortality is an important and frequently referenced measure used to assess a population's health.

Premature Age Adjusted Mortality Rate per 100,000 Population Mortality Rate less than 75 Years of Age

Locality	2015 - 2017	2016 - 2018	2017 - 2019	AVG	YoY Change
Amelia County	447.7	475.8	438.8	454.1	-2.03%
Buckingham County	395.2	372.3	384.2	383.9	-2.86%
Charlotte County	452.0	452.9	483.5	462.8	6.51%
Cumberland County	319.9	333.0	385.7	346.2	17.07%
Lunenburg County	427.5	442.5	465.7	445.2	8.20%
Nottoway County	441.4	463.9	479.9	461.7	8.03%
Prince Edward County	468.5	449.3	455.6	457.8	-2.84%
Service Area	**421.7**	**427.1**	**441.9**	**430.3**	**4.57%**
Virginia	**319.7**	**321.1**	**320.0**	**320.3**	**0.10%**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2015 - 2019 . Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Number of Deaths due to Injury per 100,000 Population

Locality	2013 - 2017	2014 - 2018	2015 - 2019	AVG	YoY Change
Amelia County	108.6	115.9	120.0	114.9	9.48%
Buckingham County	79.8	79.9	86.8	82.2	8.00%
Charlotte County	101.7	103.9	119.5	108.4	14.89%
Cumberland County	90.1	79.9	85.8	85.3	-4.92%
Lunenburg County	80.9	83.1	94.9	86.3	14.78%
Nottoway County	78.2	72.1	87.9	79.4	11.10%
Prince Edward County	74.1	81.9	87.3	81.1	15.09%
Service Area	**87.6**	**88.1**	**97.5**	**91.1**	**10.09%**
Virginia	**60.2**	**62.8**	**64.7**	**62.6**	**6.88%**

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2013 - 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Suicide Death Rates

"According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports, in 2019:

- Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,500 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 44.
- There were nearly two and a half times as many suicides (47,511) in the United States as there were homicides (19,141).
- The total age-adjusted suicide rate in the United States increased 35.2% from 10.5 per 100,000 in 1999 to 14.2 per 100,000 in 2018, before declining to 13.9 per 100,000 in 2019.
- In 2019, the suicide rate among males was 3.7 times higher (22.4 per 100,000) than among females (6.0 per 100,000)."

Source: National Institute of Mental Health. Statistics. Last Updated May 2021. Accessed July 9th, 2021. Retrieved from: https://www.nimh.nih.gov/health/statistics/suicide

Number of Deaths due to Suicide per 100,000 population, 2015 - 2019

Locality	*Number of Deaths*	*Suicide Rate (Age-Adjusted)*
Amelia County	18	24.90
Buckingham County	12	11.69
Charlotte County	12	23.21
Cumberland County		
Lunenburg County	15	23.45
Nottoway County		
Prince Edward County	19	19.38
Service Area	**76**	**20.53**
Virginia	**5836**	**13.20**

Note: blank indicates insufficient data

Table Source: County Health Rankings. Date of Table: 2019 - 2021. Year(s) Measured: 2015 - 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Stroke and Heart Disease Death Rates

Stroke Death Rate Age 35+ per 100,000 Population by Race

Locality	Total	White	Black	Hispanic
Amelia County	82.6	77.5	123.9	*
Buckingham County	67.7	63.1	98.7	*
Charlotte County	88.0	85.2	100.9	*
Cumberland County	69.9	65.1	95.8	*
Lunenburg County	96.7	87.0	132.5	*
Nottoway County	96.6	81.0	122.7	*
Prince Edward County	85.6	80.1	110.5	*
Service Area	**83.9**	**77.0**	**112.1**	*
Virginia	**74.1**	**71.4**	**97.1**	**41.2**

Note: '*' indicates suppressed data due to small numbers.

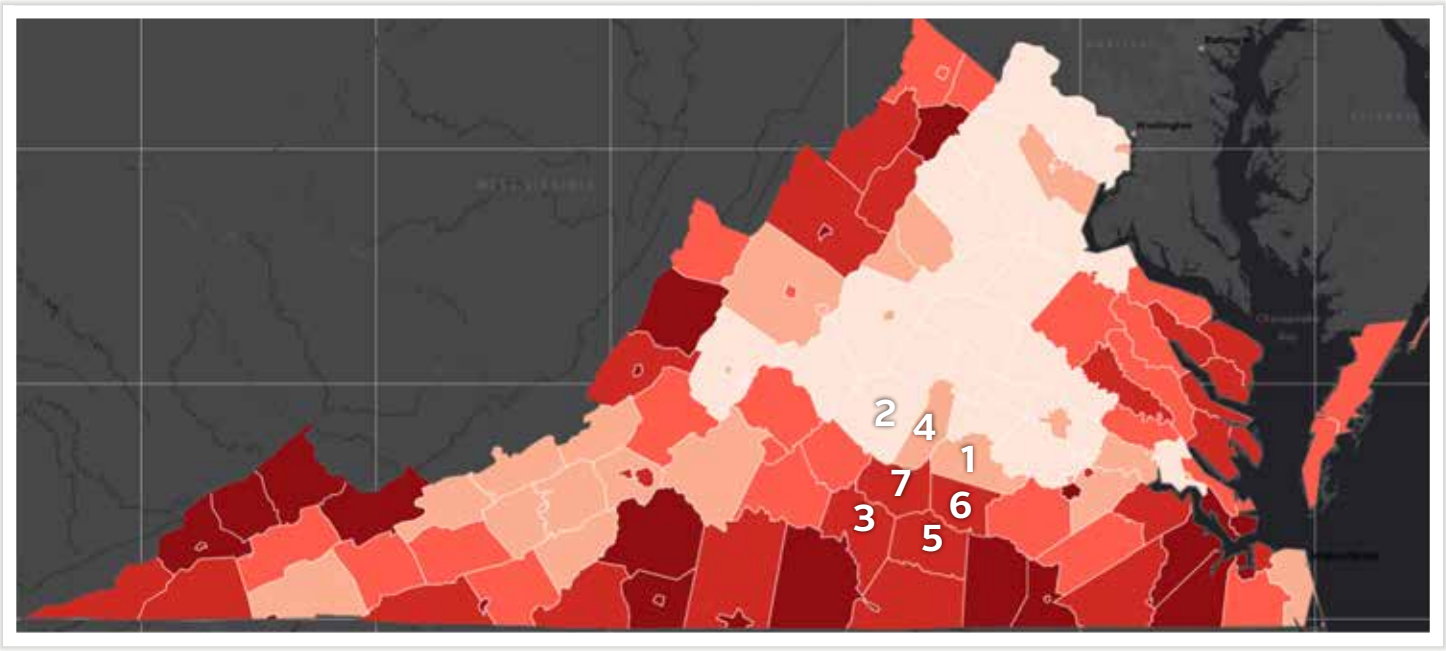
Table Source(s): CDC. Date of Table: 2018. Year(s) Measured: 2016 - 2018. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

Heart Disease Death Rate Age 35+ per 100,000 Population by Race

Locality	Total	White	Black	Hispanic
Amelia County	348.4	319.8	400.6	204.1
Buckingham County	312.7	289.3	376.6	*
Charlotte County	372.6	360.3	436.3	*
Cumberland County	281.0	262.4	384.8	*
Lunenburg County	410.1	376.9	460.1	*
Nottoway County	456.3	380.4	535.5	*
Prince Edward County	369.5	333.4	473.7	*
Service Area	**364.4**	**331.8**	**438.2**	**204.1**
Virginia	**292.3**	**294.0**	**364.6**	**123.1**

Note: '*' indicates suppressed data due to small numbers.

Table Source(s): CDC. Date of Table: 2018. Year(s) Measured: 2016 - 2018. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

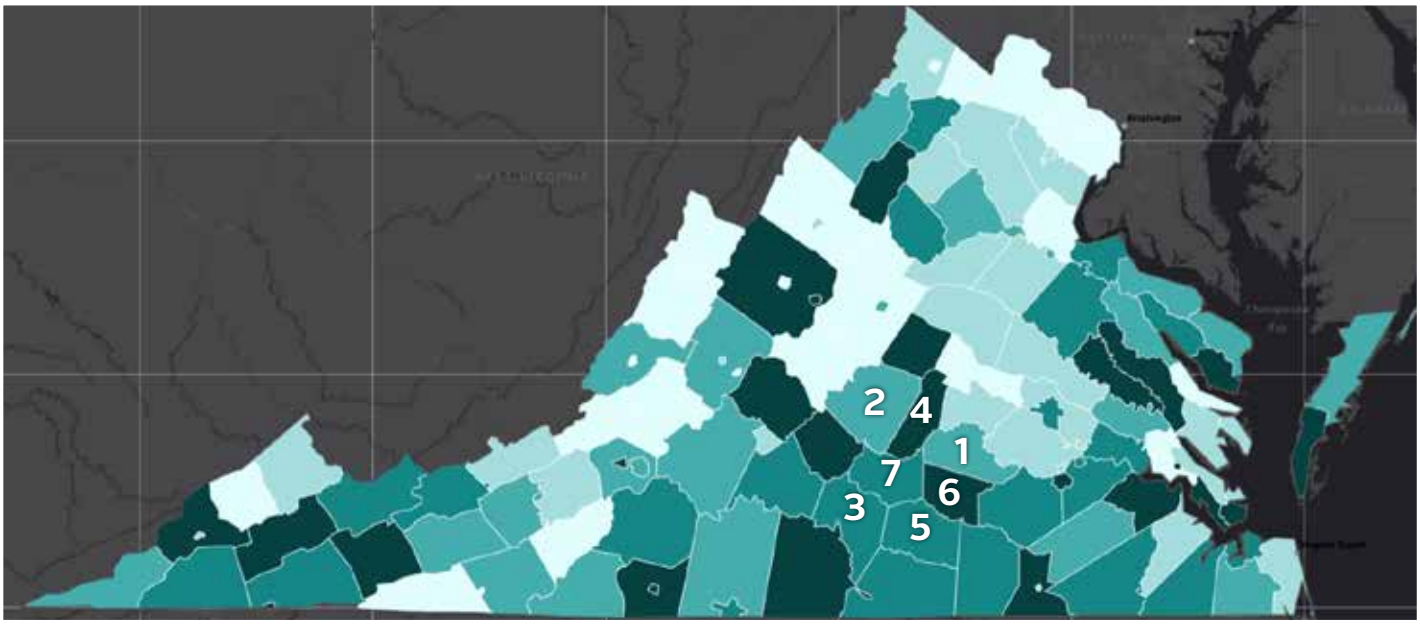


AGE-STANDARDIZED RATE PER 100,000
Insufficient Data (0)
84.5–137.7 (27)
137.8–183.0 (27)
183.1–213.9 (26)
214.0–251.2 (27)
251.3–745.9 (26)

Hypertension Death Rate per 100,000 Population: Age 35+, 2017-2019

Locality	*Rate*
1. Amelia County	153.4
2. Buckingham County	122.7
3. Charlotte County	246.5
4. Cumberland County	157.7
5. Lunenburg County	241.2
6. Nottoway City	250.2
7. Prince Edward County	230.3
Service Area	**200.3**
Virginia	**172.8**

Table and Map Source: Centers for Disease Control. Date of Table: 2019. Year(s) Measured: 2017 - 2019. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx



Diabetes Percentage, Age Adjusted for the Population Age 20+, 2017

Locality	*Percentage*
1. Amelia County	10.5
2. Buckingham County	10.4
3. Charlotte County	13
4. Cumberland County	15.2
5. Lunenburg County	13.7
6. Nottoway City	20.5
7. Prince Edward County	12.6
Service Area	**13.7**
Virginia	**11.01**

DIABETES (%)
Insufficient Data (0)
4.3–7.9 (27)
8.0–9.9 (27)
10.0–11.9 (26)
12.0–13.7 (27)
13.8–21.9 (26)

Table and Map Source: Centers for Disease Control . Date of Table: 2017. Year(s) Measured: 2017. Retrieved from https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx

MATERNAL AND CHILD HEALTH INDICATORS

"Women in the United States are more likely to die from childbirth than women living in other developed countries. Some women have health problems that start during pregnancy, and others have health problems before they get pregnant that could lead to complications during pregnancy. Strategies to help women adopt healthy habits and get health care before and during pregnancy can help prevent pregnancy complications. In addition, interventions to prevent unintended pregnancies can help reduce negative outcomes for women and infants.

Women's health before, during, and after pregnancy can have a major impact on infants' health and well-being. Women who get recommended health care services before they get pregnant are more likely to be healthy during pregnancy and to have healthy babies. Strategies to help pregnant women get medical care and avoid risky behaviors — like smoking or drinking alcohol — can also improve health outcomes for infants."

Source: US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030. Pregnancy and Childbirth. Accessed October 12, 2021. Retrieved from https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth.

Prenatal Care Beginning in the First Trimester

Locality	2016	2017	2018
Amelia County	95%	96%	94%
Buckingham County	82%	74%	78%
Charlotte County	68%	68%	68%
Cumberland County	84%	87%	82%
Lunenburg County	76%	70%	74%
Nottoway County	82%	86%	85%
Prince Edward County	86%	78%	79%
Service Area	**82%**	**80%**	**80%**
Virginia	**84%**	**80%**	**78%**

Table Source: Kids Count Data Center - VA Kids . Date of Table: 2020. Year(s) Measured: 2016 - 2018 . Retrieved from https://datacenter.kidscount.org/

Mortality and Birth Rates

Total Infant Deaths by Place of Residence 2017

Locality	Number of Infant Deaths				Rates per 1,000 Live Births			
	Total	White	Black	Other	Total	White	Black	Other
Amelia County	*	*	*	*	*	*	*	*
Buckingham County	*	*	*	*	*	*	*	*
Charlotte County	2	*	2	*	16.9	*	58.8	*
Cumberland County	*	*	*	*	*	*	*	*
Lunenburg County	2	*	1	1	16.7	*	24.4	25
Nottoway County	1	1	*	*	5.8	9	*	*
Prince Edward County	1	1	*	*	4.8	7.9	*	*
Virginia	**524**	**270**	**202**	**52**	**5.3**	**4.4**	**9.6**	**3.0**

Total Infant Deaths by Place of Residence 2018

Locality	Number of Infant Deaths				Rates per 1,000 Live Births			
	Total	White	Black	Other	Total	White	Black	Other
Amelia County	1	1		*	7.1	8.5	*	*
Buckingham County	2	*	2	*	14.2		40.8	*
Charlotte County	3	3	*	*	21.1	27.3	*	*
Cumberland County	*	*	*	*	*	*	*	*
Lunenburg County	*	*	*	*	*	*	*	*
Nottoway County	3	*	2	1	20.0	*	30.3	500.0
Prince Edward County	*	*			*	*		
Virginia	**558**	**301**	**204**	**53**	**5.6**	**4.9**	**9.7**	**3.1**

Total Infant Deaths by Place of Residence 2019

Locality	Number of Infant Deaths				Rates per 1,000 Live Births			
	Total	White	Black	Other	Total	White	Black	Other
Amelia County	*	*	*	*	*	*	*	*
Buckingham County	*	*	*	*	*	*	*	*
Charlotte County	*	*	*	*	*	*	*	*
Cumberland County	*	*	*	*	*	*	*	*
Lunenburg County	*	*	*	*	*	*	*	*
Nottoway County	*	*	*	*	*	*	*	*
Prince Edward County	2	1	1	*	8.7	7.5	11	*
Virginia	**570**	**280**	**226**	**64**	**5.9**	**4.7**	**10.6**	**4.0**

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2017 - 2019. Year(s) Measured: 2017 - 2019 . Retrieved from https://www.vdh.virginia.gov/data/

Number of Teen Births per 1,000 Population, 2013 - 2019

Locality	Teen Birth Rate	Black	Hispanic	White
Amelia County	16.18	17.60	*	16.86
Buckingham County	18.85	13.90	*	20.87
Charlotte County	22.90	15.97	*	27.80
Cumberland County	16.26	13.89	*	18.93
Lunenburg County	28.32	41.80	*	24.39
Nottoway County	29.67	34.55	*	28.28
Prince Edward County	7.86	17.21	*	5.46
Virginia	**16.27**	**23.40**	**31.16**	**12.20**

Note: '*' indicates insufficient data

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2013 - 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Birth Rate Per 1,000 Population by Race

Locality	2017				2018				2019			
	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Amelia County	11.7	12.7	7.7	18.1	10.8	11.6	6.8	23.7	8.9	9.6	6.8	
Buckingham County	7.6	8.5	5.5	25.5	8.3	8.3	8.2	12.6	8.6	9.4	7.3	6.2
Charlotte County	9.7	9.9	9.6		11.9	13.1	8.1	41.7	10.6	11	9.1	33
Cumberland County	7.7	8.3	6.9		7.6	8.7	5.7		8.6	9.5	6.6	7.5
Lunenburg County	9.8	9.6	9.5	29.4	8.2	7.7	7.5	58.8	8.4	7.8	8.2	43.2
Nottoway County	11.1	12.4	9.6	4.1	9.7	9.1	10.7	8.1	11.1	12.4	9.1	12.9
Prince Edward County	9.1	8.7	9.8	10.4	10.7	10	11.6	17.1	10	9.1	11.8	11.5
Service Area	9.5	10.0	8.4	17.5	9.6	9.8	8.4	27.0	9.5	9.8	8.4	19.1
Virginia	11.8	10.1	12	25.6	11.7	10.2	11.8	24.4	11.4	9.9	12	22.9

Note: blank indicates insufficient data

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2017 - 2019. Year(s) Measured: 2017 - 2019 . Retrieved from https://www.vdh.virginia.gov/data/

Resident Low Weight Births by Percent of Total Live Births

Locality	2017				2018				2019			
	Total	White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
Amelia County	5.3	6.3			8.6	6.8	21.1		8.5	9.2	5.3	
Buckingham County	6.2	5.4	6.1	25	8.5	6.7	12.2		6.8	5.8	9.1	
Charlotte County	16.9	11.9	29.4		11.3	11.8	10.7		4.8	5.4	3.2	
Cumberland County	9.2	5.6	18.2		6.7	3.5	16.7		9.4	7.9	14.3	
Lunenburg County	5.8	6.7	4.9		12.1	6.8	25		9.8	4.9	17.1	16.7
Nottoway County	9.9	9.9	10		10	4.9	16.7		12.4	9.1	17.9	33.3
Prince Edward County	8.7	5.6	14.5		12.7	8.2	20.9		7.9	5.3	12.1	
Service Area	8.9	7.3	13.9	25.0	10.0	7.0	17.6		8.5	6.8	11.3	25.0
Virginia	8.4	6.7	13.5	8	8.2	6.7	13.7	7.2	8.4	6.7	13.5	7.9

Note: blank indicates insufficient data

Table Source: Virginia Department of Health, Division of Health Statistics. Date of Table: 2017 - 2019. Year(s) Measured: 2017 - 2019 . Retrieved from https://www.vdh.virginia.gov/data/

PHYSICAL ENVIRONMENT

"The neighborhoods people live in have a major impact on their health and well-being. Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play.

Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises.

Interventions and policy changes at the local, state, and federal level can help reduce these health and safety risks and promote health. For example, providing opportunities for people to walk and bike in their communities — like by adding sidewalks and bike lanes — can increase safety and help improve health and quality of life."

Source: Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2030. Accessed July 9th, 2021. Retrieved from: https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment

Water Quality

"My Water's Fluoride (MWF) allows people to learn about their community's drinking water fluoridation levels. MWF also provides information on the number of people served by the water system, the water source, and if the water system fluoridates its water supply. The U.S. Department of Health and Human Services recommends a level of 0.7 milligrams per Liter (mg/L) of fluoride in your drinking water. This is the level that prevents tooth decay and promotes good oral health."

Source: CDC. My Water's Fluoride. Accessed July 9th, 2021. Retrieved from: https://nccd.cdc.gov/doh_mwf/Default/AboutMWF.aspx

Public Water System Name	County	Population Served	Fluoridated	Fluoride Conc. Mg/L
AMELIA COURTHOUSE	Amelia	2930	No	0.3
BUCKINGHAM CO WATER SYSTEM	Buckingham	5443	Yes	0.7
DISCOVERY SCHOOL OF VIRGINIA	Buckingham	61	No	0.2
GOLD HILL VILLAGE	Buckingham	21	No	0.2
CHARLOTTE COURTHOUSE, TOWN OF	Charlotte	1867	No	0.2
DRAKES BRANCH, TOWN OF	Charlotte	501	No	0.2
KEYSVILLE, TOWN OF	Charlotte	756	No	0
PHENIX, TOWN OF	Charlotte	195	No	0.43
CUMBERLAND COUNTY WATER SYSTEM	Cumberland	1739	No	0.2
LAKESIDE VILLAGE	Cumberland	208	No	0.2
LAKESIDE VILLAGE SECTION 2	Cumberland	55	No	0.2
KENBRIDGE, TOWN OF	Lunenburg	1323	Yes	0.7
VICTORIA, TOWN OF	Lunenburg	1796	Yes	0.7
BLACKSTONE, TOWN OF	Nottoway	5997	No	0.2
BURKEVILLE, TOWN OF	Nottoway	408	No	0.26

Public Water System Name	County	Population Served	Fluoridated	Fluoride Conc. Mg/L
CREWE, TOWN OF	Nottoway	3308	Yes	0.7
HICKORY HILL	Nottoway	47	Yes	0.6
FARMVILLE, TOWN OF	Prince Edward	7761	Yes	0.7
HAMPDEN-SYDNEY COLLEGE	Prince Edward	971	No	0.2

Table Source: Centers for Disease Control. Date of Table: 2018. Year(s) Measured: 2016 - 2018. Retrieved from https://nccd.cdc.gov/doh_mwf/Default/Default.aspx

Housing Problems

"Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development."

Source: Robert Wood Johnson Foundation. Community Health Rankings. Accessed July 9th, 2021. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems

Percentage of Households with Severe Problems

Locality	2011-2015	2012-2016	2013-2017
Amelia County	15.1	12.3	13.5
Buckingham County	15.3	14.1	14.5
Charlotte County	16.6	15.3	13.2
Cumberland County	18.5	18.8	16.0
Lunenburg County	13.8	14.2	12.5
Nottoway County	18.2	16.7	16.6
Prince Edward County	15.9	13.0	12.8
Service Area	**16.2**	**14.9**	**14.2**
Virginia	**15.2**	**14.9**	**14.6**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2016 - 2018. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Note: Housing Problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities

Residential Segregation

"Although most overtly discriminatory policies and practices promoting segregation, such as separate schools or seating on public transportation or in restaurants based on race, have been illegal for decades, segregation caused by structural, institutional, and individual racism still exists in many parts of the country. The removal of discriminatory policies and practices has impacted acts of racism, but has had little effect on structural racism, like residential segregation, resulting in lingering structural inequalities. Residential segregation is a key determinant of racial differences in socioeconomic mobility and, additionally, can create social and physical risks in residential environments that adversely affect health. Although this area of research is gaining interest, structural forms of racism and their relationship to health inequities remain under-studied.

Residential segregation remains prevalent in many areas of the country and may influence both personal and community well-being. Residential segregation of Black and White residents is considered a fundamental cause of health disparities in the US and has been linked to poor health outcomes, including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions. Structural racism is also linked to poor-quality housing and disproportionate exposure to environmental toxins. Individuals living in segregated neighborhoods often experience increased violence, reduced educational and employment opportunities, limited access to quality health care and restrictions to upward mobility."

Source: County Health Rankings. Residential segregation. Accessed July 9th, 2021. Retrieved from: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors/family-social-support/residential-segregation-blackwhite

Residential Segregation Index, 2016–2018

Locality	*Segregation Index*
Amelia County	0
Buckingham County	16
Charlotte County	17
Cumberland County	10
Lunenburg County	9
Nottoway County	20
Prince Edward County	9
Virginia	**41**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: . Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Note: The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).

Safety

Violent Crime Reported Offenses Rate per 100,000 Population

Locality	2014 & 2016
Amelia County	117
Buckingham County	129
Charlotte County	218
Cumberland County	180
Lunenburg County	167
Nottoway County	239
Prince Edward County	205
Service Area	**179**
Virginia	**207**

Table Source: County Health Rankings. Date of Table: 2021. Year(s) Measured: 2014 & 2016. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Domestic Violence

Domestic Violence also referred as "intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV is connected to other forms of violence and is related to serious health issues and economic consequences.

IPV affects millions of people in the United States each year. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate:

- About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.
- Over 43 million women and 38 million men have experienced psychological aggression by an intimate partner in their lifetime.
- About 11 million women and 5 million men who reported experiencing contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime said that they first experienced these forms of violence before the age of 18."

Source: Centers for Disease Control and Prevention. Violence Prevention. Preventing Intimate Partner Violence. Accessed October 24, 2021. Retrieved from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html.

Domestic violence prevention programs are federal- and state-funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports public awareness initiatives and the statewide Family Violence and sexual assault hotlines. In Virginia, the Domestic Violence Program is administered by the Virginia Department of Social Services which identifies, mobilizes, and monitors resources for victims of domestic violence. Close to 60,000 women and children are served annually across the Commonwealth.

Source: Commonwealth of Virginia. Virginia Department of Social Services. Domestic Violence. Accessed October 25, 2021. Retrieved from https://www.dss.virginia.gov/family/domestic_violence/index.cgi.

In 2021, the World Population Review cited that domestic violence against women in Virginia is 31.30% and 22.10% against men.

Source: World Population Review. Domestic Violence by State 2021. Accessed October 25, 2021. Retrieved from https://worldpopulationreview.com/state-rankings/domestic-violence-by-state.

The Southside Center for Violence Prevention's primary service area is the counties of Amelia, Buckingham, Cumberland, Lunenburg, Mecklenburg, Nottoway and Prince Edward with the counties of Brunswick, Charlotte, Dinwiddie, Halifax, and Powhatan as secondary service areas. They provide free, confidential and comprehensive services to those affected by sexual and domestic violence including counseling and crisis intervention; advocacy and accompaniment; resources and referrals; education and evidence recovery; and safe emergency shelter (Madeline's House).

Source: Southside Center for Violence Prevention. Accessed October 25, 2021. Retrieved from https://www.scvpcares.org/

Household Internet Access

Percentage of Households with Broadband Internet Connection, 2015 - 2019

Locality	Percent Broadband Access
Amelia County	72
Buckingham County	64
Charlotte County	60
Cumberland County	61
Lunenburg County	56
Nottoway County	65
Prince Edward County	67
Service Area	64
Virginia	84

Table Source: County Health Rankings. Date of Table: 2020. Year(s) Measured: 2015 - 2019. Retrieved from https://www.countyhealthrankings.org/app/virginia/2021/downloads

Commuting Patterns

Commuting Patterns by County of Residence

Locality	Worked in county of residence	Worked outside county of residence
Amelia County	27.0%	72.7%
Buckingham County	38.0%	60.9%
Charlotte County	43.2%	54.4%
Cumberland County	25.0%	74.1%
Lunenburg County	34.8%	64.5%
Nottoway County	65.3%	34.4%
Prince Edward County	66.5%	33.1%
Service Area	42.8%	56.3%
Virginia	48.5%	42.8%

Table Source: U.S. Census, ACS. COMMUTING CHARACTERISTICS BY SEX, Table S0801. Date of Table: 2019. Year(s) Measured: 5 Year Estimates. Retrieved from https://data.census.gov/

To say that the novel coronavirus (COVID-19) pandemic has changed the world would be an understatement — it's upended day-to-day lives across the globe. The pandemic has changed how we work, learn and interact as social distancing guidelines have led to a more virtual existence, both personally and professionally. Unsurprisingly, the pandemic has triggered a wave of mental health issues. Whether it's managing addiction, depression, social isolation or just the general stress that's resulted from COVID-19, we're all feeling it. It seems to especially be hitting younger people. Of those surveyed in an Ipsos poll, 55% reported experiencing mental health issues since the onset of the pandemic, including 74% of respondents in the 18-to-34-year-old age range. While much of the world has come to a stop at times during the pandemic, the need for health care has not. Yet, 38% of respondents to the poll commissioned by the Cleveland Clinic said they skipped or delayed preventive health care visits because of the pandemic even though health care providers have gone to great lengths to ensure that keeping those appointments are safe for everyone. Despite these concerns and the difficulties faced throughout the pandemic, those who responded to the survey also showed that they've managed to find positives in their experiences. Overall, 78% of those surveyed said that while quarantine and social distancing was difficult, it's made them value their relationships. Meanwhile, 65% said the pandemic has made them reevaluate how they spend their time and 58% said it's made them reevaluate their life goals. And while 58% say that the pandemic has changed their way of life forever, nearly three-quarters (72%) said that they still have hope for the future."

Source: Cleveland Clinic. Healthessentials. Here's How the Coronovirus Has Changed Our Lives. September 2020. Retrieved October 12, 2021 from https://health.clevelandclinic.org/heres-how-the-coronavirus-pandemic-has-changed-our-lives/

Cases, Hospitalizations and Death Rates

Since January 2020, there have been over 44,401,209 cases of COVID-19 reported in the United States at a case rate of 13,374 per 100,000 and sadly over 714,243 deaths. States with the highest case rates currently include Arkansas, Tennessee, Mississippi, Alabama, South Carolina, Florida, Wyoming, Rhode Island, North Dakota, and South Dakota. Tennessee case rates are the highest in the country at 18,360 per 100,000. Virginia ranks 44th in the nation.

Source: Centers for Disease Control and Prevention. COVID Data Tracker. Data as of October 12, 2021. Retrieved at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100k

Since January 1, 2021, more than 353,000 deaths have been reported from COVID-19, about a thousand more than in the first 10 months of the pandemic in 2020 (352,000). There are key differences that may account for these changes, including the spread of the highly contagious delta variant, the lack of herd immunity due to low vaccination rates, and no widespread lockdowns as in the previous year.

The United States has experienced two significant surges since the start of the pandemic, one in January 2021 (after the holiday season) and before vaccinations were widely available in the Spring of 2021. A second wave hit in late summer of 2021. The first surge impacted primarily the elderly or medically vulnerable while the second wave became the pandemic of the unvaccinated. Experts agree that to prevent yet another surge, vaccination rates across the nation must improve.

Source: New York Daily News. More in US have died in 2021 from COVID-19 than 2020, Johns Hopkins data show. Accessed October 13, 2021. Retrieved from https://www.nydailynews.com/coronavirus/ny-covid-more-deaths-2021-than-in-2020-johns-hopkins-coronavirus-20211006-2fpfjpomqzflnkpjgqtxf6mioy-story.html.

"Currently, the Delta variant is the only variant classified as a Variant of Concern (VOC) in the United States. There are no variants classified as a Variant of Interest (VOI) and there are 10 variants classified as Variants Being Monitored (VBM). VBM do not pose a significant and imminent risk to public health in the United States due to their very low prevalence, which is currently estimated to be less than 0.1%.

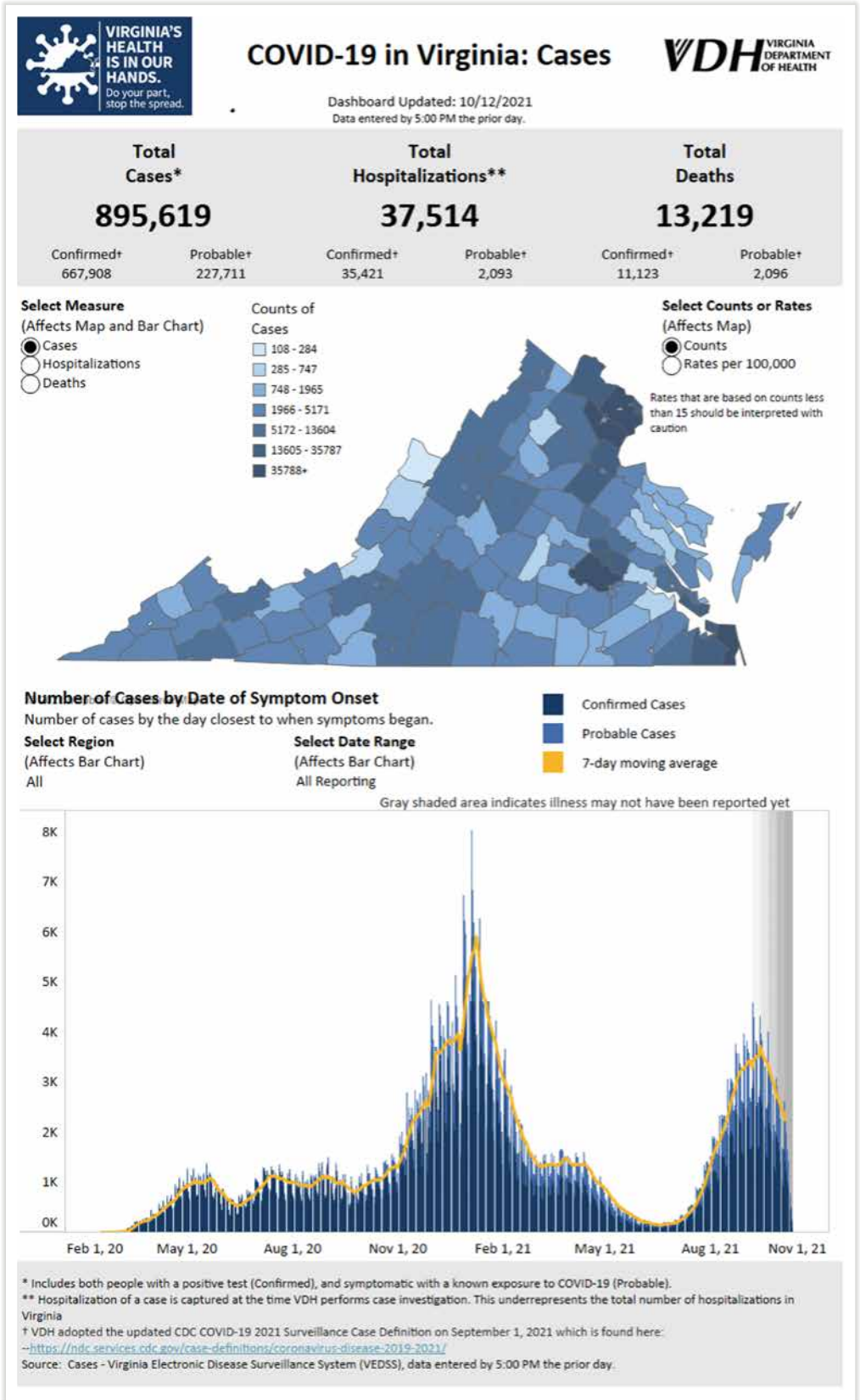
The Center for Disease Control and Prevention (CDC) Nowcast projections for the week ending October 2, 2021, estimate the national proportion of the Delta variant to be greater than 99%. Nowcast estimates indicate that Delta will continue to be the predominant variant circulating in all 10 U.S. Department of Health and Human Services (HHS) regions, circulating at greater than 99%."

Source: Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review. Data as of October 8, 2021. Retrieved October 12, 2021 from https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.

In a study conducted in Canada, the Delta variant has a 108% increase in the risk of hospitalization, a 235% increase rick of ICU admissions, and a 133% higher risk of death, compared with the original variant.

Source: MedicalNewsToday. Delta variant has 235% higher risk of ICU admission than original virus. October 8, 2021. Retrieved at https://www.medicalnewstoday.com/articles/delta-variant-has-235-percent-higher-risk-of-icu-admission-than-original-virus

The following graphic summarizes Virginia's cases, total hospitalizations and total deaths since February 2020. The "Number of Cases by Date of Symptom Onset" show two surges in cases that have occurred throughout the Commonwealth from November 2020 to February 2021 and then again from August 2021 to present. These surges reflect similar spikes in cases seen across the United States during approximately the same time period. During the first surge, the VOC's included the Alpha, Beta, and Gamma strains however the most recent surge is largely attributed to the Delta variant.



Graph: Virginia Department of Health, Division of Health Statistics. Updated October 12, 2021. Retrieved from https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-in-virginia-cases/

COVID-19 Cases, Hospitalizations & Deaths by Locality, updated October 7, 2021

Locality	Cases		Hospitalizations		Deaths	
	Total Count	Rate per 100,000	Total Count	Rate per 100,000	Total Count	Rate per 100,000
Amelia County	1,317	10,121	60	461	39	300
Buckingham County	2,532	14,895	76	447	36	212
Charlotte County	1,181	9,893	75	628	24	201
Cumberland County	684	6,973	33	336	13	133
Lunenburg County	1,008	8,340	34	281	19	157
Nottoway County	2,488	16,135	122	791	60	389
Prince Edward County	2,791	12,161	122	532	47	205
Farmville, Town	N/A	N/A	N/A	N/A	N/A	N/A
Service Area Total	**12,001**	**N/A**	**522**	**N/A**	**238**	**N/A**
Virginia	**877,090**	**10,338**	**36,913**	***-**	**12,908**	**152**

*Virginia hospitalization rates were not publicly available at the time of this writing.

Table: Virginia Department of Health, Division of Health Statistics. Updated October 7, 2021. Retrieved from https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-in-virginia-cases/

In the Farmville region, there have been a reported 12,001 cases (1.4% of Virginia cases) since the start of the pandemic. Case rates were higher in Buckingham, Nottoway and Prince Edward Counties than the rate in Virginia. In the region there have been 522 hospitalizations (1.4% of Virginia hospitalizations). The highest hospitalization rates are seen in Nottoway and Charlotte Counties. The region has experienced 238 total deaths due to COVID-19 with regional death rates higher than the rate in the Commonwealth as a whole (other than the rate for Cumberland County).

Racial and Ethnic Disparities

"Racial and ethnic health disparities illuminate areas where significant health and disease inequity exists. Unfortunately, these disparities exist far too often in the United States and Virginia, and this is no different for key measures of the COVID-19 pandemic. Disparities in COVID-19 case, death and vaccination rates have been demonstrated in the United States and have been particularly unfavorable to Hispanic and Black populations. Life expectancy in the United States is projected to be reduced at least 3 times more for Hispanic and Black populations than for White populations as a result of COVID-19, wiping out ten years of progress in bridging the life expectancy gap between White and Black Americans. But opportunities exist as there is both an abundance of data being collected about and resources being directed to addressing COVID-19 and its complications. By recognizing these disparities and prioritizing strategies to address them, overall population health and that of the most at-risk subpopulations can be improved."

Source: Virginia Department of Health. COVID-19 Disparities by Race and Ethnicity in Virginia. March 8th 2021. Accessed July 9th, 2021. Retrieved from: https://www.vdh.virginia.gov/coronavirus/2021/03/08/covid-19-disparities-by-race-and-ethnicity-in-virginia/

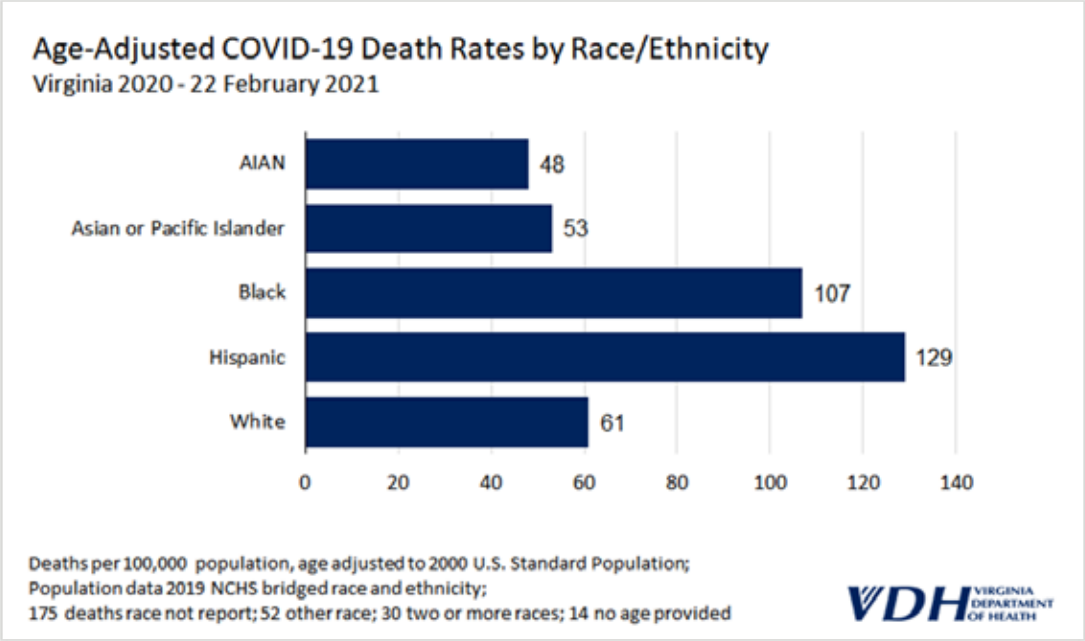
Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated Sept. 9, 2021 Print

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.7x	0.7x	1.1x	1.9x
Hospitalization[2]	3.5x	1.0x	2.8x	2.8x
Death[3]	2.4x	1.0x	2.0x	2.3x

Graph Source(s): Center for Disease Control and Prevention. Data & Surveillance. Special Populations Data: Hospitalization and Death by Race/Ethnicity. Date source was updated: September 9, 2021. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

It is important to note that these ratios of age-adjusted rates standardized to the 2019 U.S. intercensal population estimate. Calculations use only the 65% of case reports that have race and ethnicity; this can result in inaccurate estimates of the relative risk among groups.



Please note: this was the most up-to-date graphic for "Age-Adjusted COVID-19 Death Rates by Race/Ethnicity" for the state of Virginia as of October 12, 2021.

Graph Source(s): Virginia Department of Health, Division of Health Statistics. Year(s) Measured: 2020 – Feb 2021. Retrieved from https://www.vdh.virginia.gov/coronavirus/2021/03/08/covid-19-disparities-by-race-and-ethnicity-in-virginia/

COVID-19 Cases by Race and Health District Piedmont Health District as of October 12, 2021

Race/Ethnicity	Cases	%	Hospitalizations	%	Deaths	%
Asian or Pacific Islander	76	1%	3	1%	1	0%
Black	3354	27%	221	41%	94	39%
Latino	319	3%	13	2%	2	1%
Native American	21	0%	2	0%	2	1%
Other Race	107	1%	0	0%	0	0%
Two or More Races	154	1%	4	1%	0	0%
White	5563	45%	274	51%	143	59%
Not Reported	2686	22%	19	4%	2	1%
Total	**12280**	**100%**	**536**	**100%**	**244**	**100%**

COVID-19 Cases by Race and Health District Virginia– Total as of October 12, 2021

Race/Ethnicity	Cases	%	Hospitalizations	%	Deaths	%
Asian or Pacific Islander	31342	3%	1532	4%	463	4%
Black	169476	19%	10760	29%	3269	25%
Latino	105612	12%	5342	14%	790	6%
Native American	1354	0%	59	0%	30	0%
Other Race	25557	3%	694	2%	69	1%
Two or More Races	9376	1%	235	1%	3	0%
White	405133	45%	17973	48%	8490	64%
Not Reported	147769	16%	919	2%	105	1%
Total	**895619**	**100%**	**37514**	**100%**	**13219**	**100%**

Note: Piedmont Health District is defined by VDH as Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway and Prince Edward Counties.

Table Source(s): Virginia Department of Health, Division of Health Statistics. Dashboard updated 10/12/21.
Retrieved from https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-in-virginia-demographics/

When comparing percentages of cases, hospitalizations, and deaths, the Piedmont Health District had a higher percentage of Blacks impacted by COVID-19 as compared to Virginia as a whole.

Community Transmission Rates

Community transmission rates tracks how much COVID-19 is spreading as well as how likely people are to be exposed to it and can be used as a guidance on masking in localities. They are measured as follows:

- Total new cases refers to a county's rate of new COVID-19 infections, reported over the past 7 days, per every 100,000 residents. To calculate this number, CDC divides the total number of new infections by the total population in that county. CDC multiplies this number by 100,000.
- Percent positivity refers to the percentage of positive COVID-19 tests in a county over the past 7 days. This number is based on reports from states on a specific type of test known as a Nucleic Acid Amplification Test (NAAT). To calculate this number, CDC divides the number of positive tests by the total number of NAATs performed in that county. CDC multiplies this number by 100 to calculate the percentage of all tests that were positive.

A higher number of total new cases and a higher percent positivity correspond with a higher level of community transmission. If the values for each of these two metrics differ (for example, if one indicates moderate and the other low), then the higher of the two should be used to make decisions about mask use in a county.

Source: Centers for Disease Control and Prevention. COVID-19. COVID-19 County Check Tool: Understanding Transmission Levels in Your County. Accessed October 12, 2021. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/more/aboutcovidcountycheck/index.html.

COVID-19 Community Transmission Rates

Locality	*Transmission Level*	*Rate of new cases per 100,000*	*% of PCR tests that are positive*	*Week of Report Date*
Amelia County	High	273.9	8.3%	9/26/21-10/2/21
Buckingham County	High	256.6	3.5%	9/26/21-10/2/21
Charlotte County	High	252.5	8.4%	9/26/21-10/2/21
Cumberland County	High	161.1	5.6%	9/26/21-10/2/21
Lunenburg County	High	205.0	7.4%	9/26/21-10/2/21
Nottoway County	High	341.4	0.4%	9/26/21-10/2/21
Prince Edward County	High	359.6	8.0%	9/26/21-10/2/21
Virginia Total	**High**	**262.9**	**8.6%**	**9/26/21-10/2/21**

Table Source(s): Virginia Department of Health, Division of Health Statistics. Dashboard updated 10/12/21. Retrieved from https://www.vdh.virginia.gov/coronavirus/covid-19-in-virginia/covid-19-in-virginia-demographics/

County transmission rates are high in the Farmville service area and in Virginia as a whole, however we are beginning to see a downward turn in these rates as of this writing (October 12, 2021).

Vaccinations

"The U.S. COVID-19 Vaccination Program began December 14, 2020. As of October 7, 2021, 399.6 million vaccine doses have been administered. Overall, about 216.3 million people, or 65.1% of the total U.S. population, have received at least one dose of vaccine. About 186.6 million people, or 56.2% of the total U.S. population, have been fully vaccinated. About 6.4 million additional/booster doses in fully vaccinated people have been reported. As of October 7, 2021, the 7-day average number of administered vaccine doses reported (by date of CDC report) to CDC per day was 948,921, a 30.5% increase from the previous week.

As of October 7, 2021, 94.7% of people ages 65 years or older have received at least one dose of vaccine and 83.8% are fully vaccinated. More than three-quarters (78%) of people ages 18 years or older have received at least one dose of vaccine and 67.6% are fully vaccinated. For people ages 12 years or older, 76.2% have received at least one dose of vaccine and 65.8% are fully vaccinated."

Source: Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review. Data as of October 8, 2021. Retrieved October 12, 2021 from https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.

COVID-19 Vaccination Rates As of October 7, 2021

Locality	*% Fully Vaccinated*	*Vaccination Rate (per 100,000)*
Amelia County	43.9%	43,880
Buckingham County	46.3%	46,256
Charlotte County	45.6%	45,598
Cumberland County	42.7%	42,650
Lunenburg County	46.0%	46,048
Nottoway County	47.5%	47,492
Prince Edward County	39.6%	39,611
Virginia	**60.7%**	**Not available**

Source: Centers for Disease Control and Prevention. Rates of COVID-19 Cases and Deaths by Vaccination Status. Data as of October 7, 2021. Accessed October 12, 2021. Retrieved from https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status.

Based on the table above, the percentage of those who are fully vaccinated in the Farmville service region is lower as compared to Virginia as a whole. Vaccination rates per 100,000 were not available for the state of Virginia as of this writing (October 12, 2021).

"The U.S. Food and Drug Administration (FDA) has expanded the use of a COVID-19 vaccine booster dose. The CDC now recommends that everyone 18 years and older who received the Johnson & Johnson/Janssen COVID-19 vaccine two or more months from their initial dose can receive a booster vaccine. For people who received a Pfizer-BioNTech or Moderna COVID-19 vaccine, certain groups are now eligible for a booster dose at 6 months or more after their initial 2-dose series. This includes people ages 65 years and older, and people ages 18 years and older who live in long-term care settings, have underlying medical conditions, or live or work in high-risk settings.

Vaccination remains the best way to protect yourself. CDC's COVID Data Tracker shows that in August 2021, people who were unvaccinated were 11 times more likely to die from COVID-19 than people who were fully vaccinated. People who were unvaccinated were 12 times more likely to be hospitalized with COVID-19 compared to people who were fully vaccinated."

Source: Centers for Disease Control and Prevention. COVID Data Tracker Weekly Review. Interpretive Summary for October 29, 2021. Accessed October 31, 2021. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.

Centra's Response

As with health systems across the United States, Centra mobilized efforts to address the impact of COVID-19 in its service region. In early March of 2020, an incident command system was set up and by late March the first COVID-19 patient was admitted to Lynchburg General Hospital. Personal Protective Equipment, especially N95 and surgical masks, were in short supply and testing capacity was limited with long turn-around times for results. Both Lynchburg General Hospital (LGH), Centra's flagship hospital in Lynchburg, and Southside Community Hospital (SCH) in Farmville, converted existing floors into COVID-19 units including dedicated Intensive Care Units. Modular units were initially set up outside LGH's and SCH's Emergency Departments to isolate possible COVID-19 patients and suspected COVID-19 positive patients who presented at Bedford Memorial Hospital (BMH) in Bedford were stabilized and diverted to LGH for acute, intensive care. As of this writing, the most critically ill COVID patients in the region continue to be transferred to LGH from SCH and BMH.

With the FDA's Emergency Use Authorization for Pfizer and Moderna vaccines in December of 2020, Centra led efforts to vaccinate our own caregivers and many providers and allied health professionals outside of the system (Phase 1a) due to our ultra-cold freezer capacity. By mid-January of 2021, Health Districts and retail pharmacies were able to store and distribute vaccines. Centra continued to support these efforts by partnering with their localities and health departments to staff mass vaccination clinics. As of November 1, 2021, to provide a safe working environment for all Centra caregivers, Centra is requiring that all caregivers be fully vaccinated against COVID-19 (medical and religious exemptions apply). This requirement aligns with Centra's longstanding influenza vaccine requirement.

Centra caregivers across the entire system have been hailed for their resiliency, courage, and ability to work together across our large geographic footprint, maximizing resources and supporting each other especially during our peak surge times. More than 1200 caregivers pivoted to working remotely while our frontline staff worked tirelessly to care for those who were critically ill. Communities served by Centra, looked to the health system for leadership and guidance. Regular communications and meetings were held with public schools, higher education institutions, local governments, health districts, and non-profit organizations to share the latest information regarding COVID-19 and its impact in the communities we serve. Many of these meetings continue today.

Data from our Enterprise Analytics for Southside Community Hospital paints an interesting picture of two waves of the pandemic, the first that impacted the elderly and medically vulnerable populations and the second that impacted largely the younger and healthier, unvaccinated populations infected by the highly virulent delta variant. This analysis uses encounter data with admit dates between 11/01/2020 and 10/31/2021. There are 361 patients in the dataset. Inpatient admissions are divided into two groups based on their admit dates. In the first wave, there were 188 patients with admit dates between 11/01/2020 and 7/12/2021 (data defined as "OLD"). In the second wave, 173 patients were admitted between 7/13/2021 and 10/31/2021 (data defined as "NEW").

The following observations highlight, the differences between the "NEW" and the "OLD" patients:

- Increase in White patients, 72.8% versus 54.8% and fewer Blacks 24.9% versus 43.6%.
- Increase in Married patients (44.5% versus 37.8%) while a decrease in Widowed patients (16.8% versus 21.3%).
- More patients between 30-59 years old, 35.3% versus to 22.3%.
- No increase in percentage of patients admitted to ICU, 2.3% versus 2.1%.
- Similar percentage of patients at any point in ICU (4.6% versus 4.3%) however there is a much greater difference if this is compared for those aged 30-59 years (6.6% versus 2.4%). Additionally, there is an increase of those on a ventilator (6.9% versus 4.8%).
- Large decreases in percentage of patients with the following documented comorbidities.
    - COPD: 11.6% versus 18.1%
    - Diabetes: 34.7% versus 45.7%
- Similar percentage of patients with BMI greater than 30.0 (50.0% versus 49.7%).
- The average length of stay is similar among the discharged patients (5.39 versus 5.60).

PRIORITIZATION OF NEEDS

Prioritization of Needs

Upon completion of primary and secondary data collection, the Lynchburg Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community. A detailed "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. **Responses from the Community Health Survey**
    a. Q2A: What do you think are the most important issues that affect health in our community? (Health Factors) (n= 1027 survey responses)
    b. Q2B: What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 985 survey responses)
    c. Q3: Which health care services are hard to get in our community? (n= 960 responses)
    d. Q1. What are the top 5 greatest needs in the community(s) you serve? (n= 144 responses)

2. 2. **Responses from the Stakeholders' Focus Group/ Survey**
    a. Q1. What are the top 5 greatest needs in the community(s) you serve? (n= 253 responses)

These responses were sorted in an Excel workbook and clustered together by "Area of Need" categories. Relevant responses to each question and how they were ranked (% of responses) were listed under the corresponding "Area of Need" categories. Altogether, there were 41 main priority areas of need identified. The detailed worksheet and list of 41 priority areas can be found in the Appendix.

On September 22, 2021, a virtual meeting was held to present a summary of the primary and secondary data to the CHAT members. Additionally, members received final drafts of the Community Health Survey, Stakeholders Focus Group/Survey, and Secondary Data prior to the meeting. After that meeting, from September 28, 2021 to October 7, 2021, CHAT members were asked to rank the top five priority areas of need (out of the 41 identified) in Survey Monkey, with 1 being the greatest need and 5 being the 5th greatest need. CHAT members were asked to use the data presented on September 22 and the detailed Prioritization of Needs Worksheet to help with their decision-making. The survey link and instructions on how to complete the prioritization of needs exercise were emailed to CHAT members. Twenty-eight (28) CHAT members completed the prioritization of need survey for a 33% response rate.

Upon completion, the data was analyzed. In Survey Monkey, for ranking questions, the average ranking for each answer choice is calculated to determine which answer choice was most preferred overall. The answer choice with the largest average ranking (weighted score) is the most preferred choice. Weighted scores are applied in reverse of the ranking. For example, the respondent's most preferred choice (which they rank as #1) has the largest weight.

On October 8, 2021, the final CHAT meeting was held to present the 2021 Farmville Area Prioritization of Needs. The rankings and weighted scores for all 41 priority areas are presented in the following table. The shaded area in the table represents the top 10 rankings.

2021 Farmville Area Prioritization of Needs
All Priority Areas of Need- Ranking & Scoring

Ranking	Priority Area of Need	Score	Ranking	Priority Area of Need	Score
1	Access to healthcare services	39.23	**22**	Health Education and Literacy	26.57
2	Broadband/Internet Access	38.24	**23**	Dental Care & Dental Problems	26.5
3	COVID-19 Pandemic	37.3	**24**	Disability	25.5
4	Childcare	36.57	**25**	Domestic Violence	24.5
5	Mental Health and Substance Use Disorders & Access to Services	36.47	**26**	Equity, Inclusion and Diversity	23.25
6	Aging and Eldercare	36.2	**27**	Financial Stability	23
7	Child abuse/neglect	35	**28**	Health Promotion and Disease Prevention	23
8	Chronic Disease	34.29	**29**	End of Life Care and Services	21.5
9	Coordination of Resources	33.89	**30**	Environmental Health	20.5
10	Education and Literacy	33.55	**31**	Maternal/Child Health	19
11	Community Outreach	33	**32**	Physical Activity	18.25
12	Housing and Homelessness	32.75	**33**	Youth	17
13	Employment / Job assistance	31.9	**34**	Legal Services	13
14	Transportation	31.67	**35**	Unsafe Driving Practices	10.8
15	Accidents in the home	31.25	**36**	Safety and Violent Crime	8.5
16	Communication	31	**37**	Sexual Health	7.25
17	Food Insecurity and Nutrition	30.38	**38**	Social Isolation	6.75
18	Health Equity	30.25	**39**	Social Media	5.5
19	Overweight/Obesity	28.6	**40**	Veterans Services	3
20	Criminal Justice	27.5	**41**	Vision Care	2
21	Poverty & Economic Assistance	27.4			
Total Responses					**28**

Based on the CHAT members feedback and consultation with Centra leadership, the following adjustments were made to the top 10 rankings.

- "Childcare" and "Child Abuse/Neglect" were grouped together under the title "Issues Impacting Children and their Families".
- The "COVID-19 Pandemic" was removed as a Priority Area of Need. From a Centra and community perspective, the impact of the pandemic will continue to be an overarching factor and area of focus in the next three years. It was agreed that the majority of the highly ranked "Priority Areas of Need" have been, and will continue to be, impacted by the pandemic. As an overarching factor, the impact of COVID-19 will be addressed in the development of Implementation Plans both at the health system and community level.
- The Priority Area of Need "Banking/Financial Assistance" was renamed to "Financial Stability" however banking and financial assistance will still be addressed under this priority area.

The following table presents the final Top 10 Priority Areas of Need for 2021 as compared to the priorities in 2018. New priority areas for 2021 include:

- Broadband/Internet Access
- Issues Impacting Children and their Families
  - o Childcare
  - o Child Abuse/Neglect
- Aging and Eldercare
- Coordination of Resources & Community Outreach
- Education and Litercy (Pre-K & Public Schools)
- Employment/Job Assistance

These rankings will be used by Centra, the Partnership for Healthy Communities and community leaders/stakeholders to develop Implementation Plans that will respond to these needs over the next three years.

Farmville Area Top 10 Priority Areas of Need 2018 and 2021 Compared

Ranking	*2018*	*2021*
1	Access to Affordable Health Care	Access to Healthcare Services
2	Access to Healthy Foods	Broadband/Internet Access
3	Access to affordable housing	Issues Impacting Children and their Families: • Childcare • Child Abuse/Neglect
4	Diabetes	Mental Health and Substance Use Disorders & Access to Services
5	Access to Mental Health Services & Mental Health Problems	Aging and Eldercare
6	Substance use: alcohol & illegal drug use	Chronic Disease
7	Overweight/Obesity	Coordination of Resources & Community Outreach
8	Transportation	Education and Literacy (Pre-K & Public Schools)
9	Poverty	Housing and Homelessness
10	Poor Eating Habits	Employment/Job assistance

COMMUNITY RESOURCES

Community Resources describe the available resources in the region that can be used to address "Priority Areas of Need" identified in the 2021 Farmville Area Community Health Needs Assessment.

Community Resources

A list of resources that includes organizations that currently address one or more of the top 10 Priority Areas of Need for the Farmville Area was developed in collaboration with United Way of Central Virginia's 2-1-1 Information and Referral system, from Stakeholder Focus Group responses and resource lists provided by service lines. This list will inform Centra and other community stakeholders about existing programs and resources when developing their implementation plans. The list of Community Resources can be found in the Appendix.

In addition to this resource list, the following highlights national, state, and local policies and programs that address the 2021 Farmville Priority Areas of Need.

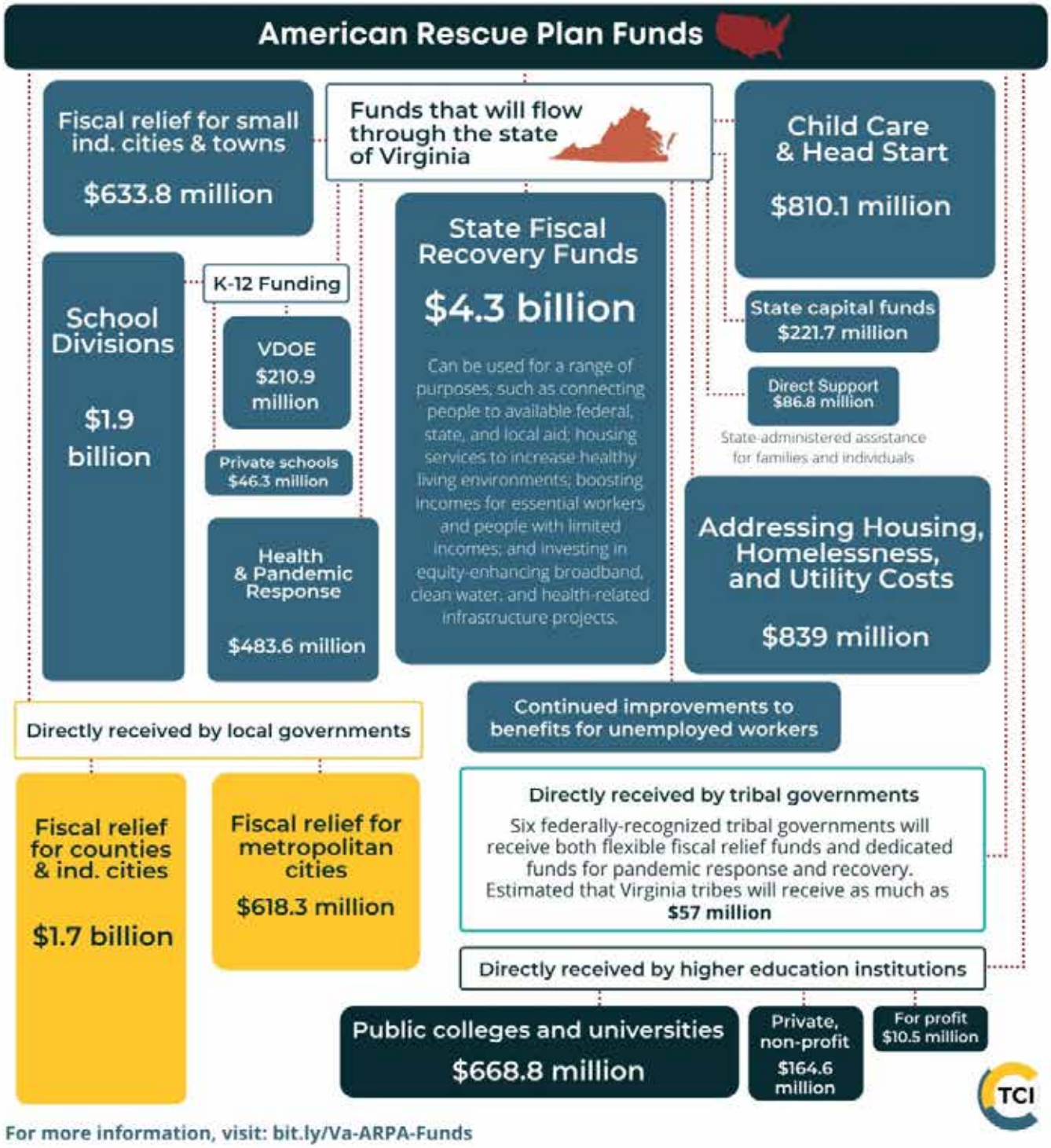
The American Rescue Plan Act (2021)

The American Rescue Plan Act (ARPA) was signed into law by President Biden in March 2021. Through the Coronavirus State and Local Fiscal Recovery Fund (SLFRF), it guarantees direct relief to cities, towns and villages in the United States. The purpose of this one-time funding is to assist in recovering from the public health emergency and its negative economic impacts of the pandemic. Virginia was awarded $7.2 billion of which $4.3 billion will go to the state and $2.9 will go directly to localities. (https://www.wvtf.org/news/2021-05-11/how-much-is-your-community-getting-from-arpa). In the summer of 2021, Virginia's House of Delegates, Senate, and Governor agreed on how to spend $3.5 billion of the $4.3 billion in flexible federal funding for the state.

The following depicts how ARPA funds will flow through the Commonwealth addressing the needs of the most vulnerable populations in Virginia including those that we serve in the Farmville region.

How ARPA Funds Will Flow to Virginia Communities

The American Rescue Plan Act (ARPA) of 2021 provides flexible and targeted funding for the state of Virginia, all Virginia cities and counties, public and private universities, and Virginia tribes, as well as direct relief for families. Each type of funding has different timing and other restrictions, therefore Virginia's state and local policymakers will face important decisions about how to use these funds. This summary focuses on those funds that will flow through the state and local governments and does not include the substantial direct assistance to Virginia families in the form of stimulus checks, improved tax credits, and improved healthcare marketplace subsidies.



Source: The Commonwealth Institute. Use of ARPA Funds a Step Forward, More to be Done to Build a Just Future. Accessed at https://thecommonwealthinstitute.org/the-half-sheet/use-of-arpa-funds-a-step-forward-more-to-be-done-to-build-a-just-future/. Retrieved November 7, 2021.

Access to Healthcare Services

In July of 2021, Centra and UVA Health announced a strategic clinical affiliation to increase access close to home for patients in the Centra service regions for advanced health care and innovative treatments. Through this new affiliation, these independent health systems will further collaboration in these new areas:

- **Malignant hematology (disorders of blood cells):** UVA Health malignant hematology experts will hold regular clinics at Centra's Alan B. Pearson Regional Cancer Center to consult with patients and local medical oncologists. This strategic collaboration will offer UVA Health's comprehensive expertise and services in hematologic malignancies (lymphoma, leukemia, multiple myeloma and related cancers of the blood) and access to cutting edge clinical trials of the most promising new therapeutics, accelerating the time to transplant for eligible candidates while reducing patient travel requirements by offering initial consultations and post-treatment care closer to patients' homes.
- **Kidney transplant:** UVA Health transplant specialists will hold clinics in Lynchburg to evaluate patients for kidney transplants. A nurse navigator will be assigned to coordinate locally-provided health care services with Centra providers before transplant and to coordinate the transfer of care back to Lynchburg nephrologists after transplant. These clinics will improve organ waitlist times and provide expert care where and when patients need it.
- **Recruitment of specialist physicians:** The two health systems will collaborate on the recruitment of specialist physicians in certain clinical specialties to enhance access to care for these services within the Centra service area. Physician teams from both health systems, including these specialists, will provide joint patient care conferences, share expertise, and offer some services through telemedicine.

This affiliation will build on Centra's existing partnerships with UVA Health that have demonstrated success in providing comprehensive and exceptional patient care throughout Central Virginia. Centra already collaborates with UVA Health on high-risk pregnancies, gynecology-oncology, telestroke, and dialysis. A committee, composed of leaders from both health systems, has been formed to oversee this expanded affiliation.

Medicaid Expansion (Medical and Dental Benefits)

Medicaid expansion in Virginia took effect in January 2019. By early 2020, about 375,000 people had gained coverage under the expanded eligibility guidelines (residents earning up to 138% of the federal poverty level). By December 2020, this number increased to more than 494,000 due to the pandemic and widespread job losses increasing access to care to those who otherwise would have fallen through the cracks.

(https://www.healthinsurance.org/medicaid/virginia/)
Effective July 1, 2021, adults receiving full Medicaid benefits are now eligible for comprehensive dental care. Expansion of Medicaid will continue to be a strong safety net as our community rebuilds itself after the pandemic.

Broadband/Internet Access

In October of 2021, Governor Northam announced that Virginia has received a record number of local and private sector applications to match state broadband investments, putting the Commonwealth on track to become one of the first states to achieve universal broadband access by 2024. Virginia anticipates more than $2 billion in total broadband funding, thanks to local and private sector matching funds that go beyond the $874 million in state appropriations since the Governor took office in 2018.

(https://www.governor.virginia.gov/newsroom/all-releases/2021/october/headline-910054-en.html)

Mental Health and Substance Use Disorders

In July 2021, Governor Northam proposed a $485.2 million spending package in the next biennial budget (2022-2024) which is designed to reduce pressure on state behavioral health facilities by pledging almost $224 million to increase support for state hospitals, community-based providers, and substance abuse prevention and treatment programs across Virginia. The proposed funding package would rely on discretionary funds and block grants from the federal emergency relief dollars from ARPA and Consolidated Appropriations Act funds (passed in December 2020). Additional provisions in the package include:

- $30 million in federal funding for crisis services this year and next year as a step toward long-term funding;
- $30 million for treatment of people with substance use disorders, as well as support services;
- $5 million for permanent supportive housing in Northern Virginia for people leaving institutional care or trying to avoid it;
- $4 million over four years for the new "Marcus Alert" system to rely on mental health professionals instead of law enforcement to respond to psychiatric emergencies;
- $2.4 million for personal protective equipment and infection control at behavioral health institutions, which suffered COVID-19 outbreaks that killed 25 patients and two employees last year; and
- $50 million in capital projects to improve water, sewage and ventilation systems at state institutions.

(https://richmond.com/news/state-and-regional/govt-and-politics/northam-pitches-485-2-million-package-for-behavioral-health-with-eye-toward-next-budget/article_541abec7-68b6-555c-96fc-56145Oa37bO5.html#tncms-source=signup)

Regarding substance use legislation, on July 1, 2019, the legal age to purchase tobacco products in Virginia increased from 18 to 21 years of age. On July 1, 2021, marijuana was legalized for adults in Virginia with retail sales beginning in July of 2024.

Partnerships and Coalitions:

In addition to the Partnership for Healthy Communities described throughout this assessment, the following partnerships and coalitions are addressing one or more of the 2021 Priority Areas of Need.

As presented in the Secondary Data section, the Affordable Housing Coalition, a project of STEPS Inc in Farmville includes stakeholders from the Town of Farmville, Prince Edward County, Longwood University, Hampden-Sydney College, Prince Edward County Public Schools, Fuqua School, Centra Southside Community Hospital, Habitat for Humanity and STEPS who are addressing affordable housing options for residents in Farmville and Prince Edward County ***(https://www.steps-inc.org/)***

Formed in 2020, the South Central Virginia Non-profit Network (SCVNN) is a collective of area nonprofits coordinating to support the communities in the Farmville region as well as the nonprofits who serve these communities. ***(https://scvnn.org/about/)*** Currently, the SCVNN supports a website and messaging campaign regarding available resources in the region. In addition, they are considering other outreach efforts including direct mailings to rural residents who lack internet access and a questionnaire for nonprofits seeking volunteer assistance. The Network is led by Crossroads Community Services Board, STEPS-Inc., Piedmont Senior Resources, and the United Way of Prince Edward County.

The mission of SCVNN is to provide a comprehensive list of essential services and resources that support individuals and families in the seven-county service area. They are focused on providing resource information that addresses:

- Meeting a critical need such as food, shelter or other resources essential for daily living;
- Nonprofits or state/government agencies;
- Locally based or regional/national organization with a local presence;
- A faith group providing a specific essential service to the community.

The SVCNN website currently offers resource information by county, special populations (i.e., older adults, persons with disabilities, and veterans) and services focused on:

- COVID-19
- Domestic Violence
- Education
- Employment
- Family
- Financial Assistance
- Food
- General
- Health and Wellness
- Housing and Utilities
- Legal

EVALUATION OF IMPACT

This Evaluation of Impact presents the actions Centra took system-wide across its three service regions (Bedford, Farmville, and Lynchburg areas) to address the significant health needs from the 2018 Community Health Needs Assessment.

Evaluation of Impact

In 2018, Centra completed the triennial Community Health Needs Assessments (CHNA) for Centra Bedford Memorial Hospital headquartered in Bedford, Virginia; Centra Southside Community Hospital headquartered in Farmville, Virginia; and Centra Hospital (Centra Lynchburg General Hospital, Virginia Baptist Hospital, Specialty Hospital) headquartered in Lynchburg, Virginia. Once on staggered calendars, Centra moved to have all three regional CHNA's completed in the same calendar year in 2018. Additionally, the Partnership for Healthy Communities was formed which is a planning initiative led by Centra, the Community Access Network, and the Central Virginia, Piedmont, and Pittsylvania/Danville Health Districts, the Bedford Community Health Foundation, Greater Lynchburg Community Foundation, Johnson Health Center, and United Way of Central Virginia. These partners were committed to regional alignment of a collaborative and rigorous needs assessment process that resulted in action-oriented solutions to improve the health of the communities they serve.

A Prioritization of Needs process identified ten priority areas which were similar for each region. In March 2019, a Centra leadership team met to develop system-wide implementation plans for 2019-2022 to address the following: (1) Access to affordable healthcare; (2) Access to mental health services and mental health problems; (3) Substance use and alcohol & illegal drug use; and (4) Access to healthy foods and alignment with overweight, obesity; poor eating habits; diabetes; hypertension; and active living. In addition, an administrative priority area addressing the CHNA's and Implementation Planning process was developed. The target population for the implementation plans include (1) medically underserved, low-income or minority populations and those suffering from chronic disease; (2) those living in the geographic area served by the hospital; and (3) targeted populations (i.e. children, women, seniors, cancer patients). A strong focus has been placed on those living in poverty in the service area.

The COVID-19 pandemic brought a halt to some of the goals and strategies developed for these priority areas in 2020 and 2021. Our progress for the 2019-2022 implementation plans is as follows:

Priority Area: **Access to affordable healthcare**

Goal: **Provide increased and varied access to healthcare opportunities which are tailored to the needs of the community served by Centra**

Strategy 1: Commission a study to further define "affordable", "accessible" care based on the findings of the 2018 Centra Community Health Needs Assessment.

Action Step: This action item was met. A cross-tab analysis of the 2018 Centra Community Health Survey data was completed in 2019. In 2020, follow-up with members of the Partnership for Healthy Communities occurred to further identify the needs/target population for healthcare services.

Strategy 2: Increase the availability of appointments with Centra primary care providers (PCP).

Action Step: Determine the provider and support staff needed to expand services at PCP practices. This action item was met. The benchmark is Medical Group Management Association (MGMA) staff to provider ratio; service line strategy to increase access and decrease cost; and per patient per day standards (Relative Value Units).

Action Step: Create capacity to allow open-access primary care appointments within 3 to 4 days of appointment request. Work addressing this action step is underway but has yet to be met.

Action Step: Provide PCP appointments 7 days/week at selected sites. This action item was 80% complete in 2020. Centra now has Urgent Care facilities in Danville and Forest and some Centra Medical Group practices (Gretna, Amherst, Brookneal, Village) have opened on Saturdays. Currently Centra is considering having an Urgent Care 7 days/week in each region.

New Action Step: To address remote access to appointments during the pandemic, Centra Health established a Telehealth Task Force in April 2020 to ensure that we are addressing the short-term, pandemic-related telehealth needs of the organization while also establishing a foundation to support a long-term telehealth strategy. At the outset of the pandemic, the task force provided guidance and education on the different telehealth platforms available for use in the context of relaxed enforcement of HIPPA regulations during the public health emergency. At the time, Centra had a contract with only one telehealth company (amwell) but providers were able to use other tools such as Facetime, Zoom, and Doximity. To measure utilization, we established a dashboard to track telehealth services by patients (reported by age and zip code) as well as providers (reported by provider name and practice area). We saw a marked spike in telehealth utilization in April and May of 2020 (peaking at 3,700 visits) with a gradual decrease from June 2020 through 2021. The majority of visits occurred for patients living within an hour of a Centra Medical Group practice but also included patients in more remote locations. During the 2021 calendar year, we've seen most of the telehealth visits occurring in patients aged 46-65 and those over 65 years. Looking at practices, telehealth is used most often by Urgent Care, Behavioral Health and Primary Care. Additionally, patients in more remote locations had difficulty accessing telehealth services due to lack of consistent broadband access. Even for patients with an adequate cell signal, telehealth utilizes more data than telephone or text services and patients with limited data plans found themselves quickly bumping up against their monthly cap. To address this, the task force is partnering with Centra's Department of Community Health to consider ways to partner with community resources (e.g. libraries, businesses) to establish wireless hot-spots in rural communities. This, along with Governor Northam's planned investment in Virginia's broadband system (https://www.governor.virginia.gov/newsroom/all-releases/2021/october/headline-910054-en.html) should provide more reliable access for our rural patients.

Strategy 3: Improve coordination of care and communication of resources.

Action Step: Conduct an inventory of available hospital and community resources in Centra service areas related to the 2018 CHNA top 10 priority areas. This action item is 75% complete. A list of resources is included in the 2018 CHNA however this has yet to be organized by priority area.

Action Step: Identify gaps in resources & develop action plan to address these gaps. Capacity issues especially during the pandemic were apparent. In 2021, Centra was invited by the Virginia Hospital and Healthcare Association to pilot a closed-loop referral system for social determinants of health (Unite VA) which will help engage community resources and providers. Funding for the pilot was provided by CARES Act dollars. We anticipate launching the Unite VA platform in test sites across the health system in December 2021.

Action Step: Continue to develop Patient Navigators in Centra service areas. This action item is 50% complete. Patient navigators in 2020 began serving Cardiology, COPD, insurance, oncology, and primary care service lines. A Primary Care strategy is being developed for the LGH Emergency Department to refer to the Community Access Network. Efforts in 2020 were to make sure they are documenting in HealtheCare (part of HealtheIntent). Performance Improvement is helping with this process and tracking utilization.

Strategy 4: Study an expansion of the Centra Paramedicine program to the entire Centra service region.

Action Step: Commission a study of regional expansion of program. This action item is complete. There was a 53.5% reduction in readmissions in 2019 related to the program. The program began by targeting Piedmont Community Health Plan beneficiaries (PCHP) within a 10 mile radius. In 2020, the program had expanded to now include PCHP, COPD, Pulmonary, Cardiovascular, Mother Baby, ICU syndrome, and CMG-Village with four Full-Time Equivalent positions. They are covering our entire service area.

Strategy 5: Explore strategies to remove transportation barriers to care.

Action Step: Inventory existing transportation programs for publicly insured patients. This action item is complete. Medicaid providers include Logisticare, VA Premier, Deyo (Magellan), Southeast Transit (Optima and Anthem), National Med Trans, Uber Medical, and Lyft.

Action Step: Partner with community-based programs addressing transportation barriers. This work has continued and is still an opportunity for our communities. Leadership and coordination is needed. The Paramedicine program was a part of the COVID-19 homeless transportation and follow-up program.

Strategy 6: Evaluate provider-based billing and its impact on access to healthcare services.

Action Step: Conduct a financial analysis of loss of volume secondary to cost/care avoidance vs. revenue gain secondary to provider-based billing (PBB) revenue created. This action item is complete. Analysis of Cardiology and Hematology showed a profit margin impact. Urology is PBB as well. Telehealth does not have a facility component and therefore is a cost-efficient manner for patients to receive care. Telehealth visits picked up system wide including PBB clinics due to COVID-19.

Priority Area: **Access to mental health services and mental health problems**

Goal: **Provide increased access to, and integration of, mental health services which are tailored to the needs of the community served by Centra.**

Strategy 1: Integrate mental health services in primary care and specialty offices.

Action Step: Continue to integrate mental health services into Centra Medical Group (CMG) practices. A large number of Centra patients have mental health and substance use disorders. The following service lines have Licensed Clinical Social Workers- all 3 PACE sites and Centra Medical Group practices (Cardiology, Nationwide, Farmville Medical Center, Danville, Bariatrics, Forest Women's Center and Substance Abuse Clinic). Next to integrate are Neurosciences, Village and Pain Management. Hospice and Pearson Cancer Center have integration as well (non-CMG).

Action Step: Expand integrated services to long-term care facilities and CMG practices in Amherst and Farmville. This work continues. Telehealth option was available in 2020 at Fairmont Crossing. It is important to note that in 2021, Centra sold its four long-term care and skilled nursing facilities to Hill Valley Healthcare and LifeSpire of Virginia. The facilities include Guggenheimer Health and Rehab and Summit Health and Rehab in Lynchburg, Oakwood Manor in Bedford, and Fairmont Crossing in Amherst.

Action Step: Expand hours for mental health services at integrated practices. This work continues. Centra's focus has been on expanding sites prior to the COVID-19 pandemic. The Addiction Treatment Center expanded to evening groups and services.

Strategy 2: Decrease utilization of the Emergency Department (ED) for mental health & substance use services.

Action Step: Integrate mental health providers / LCSW or advanced practice clinician(s) (APN's) to provide services in the ED. This action item is 75% complete. Two psychiatric APN's were hired for Lynchburg General and Southside Community Hospitals. A consultation pathway is in place and a position posted for onsite leadership. Future ideas include: Expand Centra 24/7 and telehealth to prevent patients from going to the ED. Divert behavioral health patients from ED at triage.

Action Step: Explore options for patient transportation that have a history of hospitalization due to mental illness. This action item is 50% complete. Transportation barriers can serve as a surrogate for mental health issues. Addiction Treatment Center provides transportation with a SAMHSA grant. Cab and bus passes are available.

Action Step: Conduct an analysis of treatment of dental pain by prescribing opioids in ED's. No action was taken on this item as of October 2021.

Strategy 3: Deliver mental health services more effectively in the community.

Action Step: Partner with regional Community Services Boards (CSB's) and safety net providers to address mental health access & capacity issues in the community. This action item is 50% complete. In the Farmville region, Crossroads CSB was not open to in-person visits for much of 2020. In the Bedford and Lynchburg regions, Horizons CSB stabilization unit was shut down. The Community Access Network (a FQHC Look-a-like) expanded its services in Bedford and Lynchburg.

Action Step: Advocate collaboratively with community partners for increased reimbursement for mental health inpatient & outpatient services to handle the onslaught of patients. Centra is represented at the state level (Virginia Hospital and Healthcare Association; Virginia Behavioral Health Taskforce) and locally through Bedford Area Resource Council, Poverty to Progress (Lynchburg), and South Central VA Nonprofit Network (Farmville).

Priority Area: **Substance use and alcohol and illegal drug use**

Goal: **Decrease substance use through prevention efforts & increased access to substance abuse services.**

Strategy 1: Reduce the stigma of substance use disorders

Action Step: Support community-based prevention & education efforts focused on substance use. This action item is complete. Centra opened CMG's Addiction Treatment Center in Lynchburg which offers medication-assisted treatment for outpatients. In addition, the medical director for CMG Piedmont Psychiatric Center in Lynchburg conducted education programs on substance use.

Action Step: Education programs with Centra staff and providers were conducted and focused on substance use. The medical director for CMG Piedmont Psychiatric Center presented at CMG's All Provider meeting in 2019 on the topic of Substance Use and he presented at a conference at University of Lynchburg in October 2020. Work is ongoing (re: other programs and provision of education)

Strategy 2: Support the development and/or expansion of coordinated substance use treatment programs

Action Step: Study provision of suboxone treatment in the Emergency Department. The medical director for CMG Piedmont Psychiatric Center and team are currently collaborating with ED providers/leaders to initiate suboxone induction in ED.

Action Step: Develop Primary Care Provider Opioid Administration Plan (PIP). This action item has not been addressed fully as of this writing.

Action Step: Expand Pain Management Clinic Services. Hired a medical provider in November 2019 to provide pain management services in the Southside Community Hospital region (this position was vacated in January 2019).

Action Step: Inventory existing inpatient & outpatient recovery programs in the service area. This action item has not been fully addressed as of this writing other than what is presented in the "Resources" section of the 2021 Community Health Needs Assessment.

Action Step: Actively participate in regional Opioid Task Forces. The medical director for CMG Piedmont Psychiatric Center represents Centra as part of the Central Virginia Addiction and Recovery Resources team.

Priority Area: **Access to healthy foods and alignment with overweight, obesity; poor eating habits; diabetes; hypertension; active living**

Goal: **Increase access to healthy foods that support healthy behaviors.**

Strategy 1: Focus educational and marketing efforts on the importance of making healthy choices across the life-cycles.

Action Step: Inventory existing community resources & partner with nonprofits providing programs focused on healthy foods & behaviors. Listing of food pantries and other food providers included in 2018 and the 2021 CHNA's for all regions.

Action Step: Inventory products developed as a result of Centra Foundation & Centra Community Benefit funding focused on healthy eating and healthy lifestyle behaviors. A Patient Booklet was produced in 2020 with Marketing and is distributed to patients at all hospitals. Whole 30 Diet Program (was beta tested in 2020 pre-COVID at Virginia Baptist Hospital) and could be exported externally.

Action Step: Participate in health fairs and other outreach opportunities that address healthy eating and its impact on chronic disease. Health fairs and outreach opportunities were halted in 2020 due to COVID-19 pandemic.

Strategy 2: Explore options to provide affordable, healthy meals to the Centra community as a whole.

Action Step: Determine the feasibility of production of affordable healthy packaged meals program. Code Fresh has not been operating since the Summer of 2019 and could be utilized in these efforts due to the pandemic.

Administrative Priority Area: **Community Health Needs Assessment (CHNA) and Implementation Plan (IP)**

Goal: **Centra will be responsive to the needs of the communities it serves through a robust, comprehensive Community Health Needs Assessment and Implementation Planning process.**

Strategy 1: Develop a system-wide infrastructure to administer and evaluate the triennial CHNA and Implementation Plans for the Centra Service Areas.

Action Step: Develop a team that will focus on the execution of the CHNA/IP by determining the roles and responsibilities of the team within the health system. The Department of Community Health launched in January 2020. Staff for the department includes a Director and two Coordinators.

Action Step: Develop position descriptions and hire new and/or assign existing staff to the team. This action item is completed.

Action Step: Develop internal leadership team focused on implementing and evaluating the system-wide priority areas & goals. The Community Benefit Committee, appointed by Centra's Board of Directors, oversees the work of the department of Community Health. No internal Centra leadership team has been developed as of this writing.

Action Step: Conduct cross-tab analysis of 2018 Centra Community Health Survey data to further identify the needs/target population for each priority areas. Completed in 2019.

Action Step: Execute and evaluate the IP annually. This action item was addressed in 2020 and 2021.

Action Step: Attend and participate in community partnerships and coalitions that are addressing similar priorities and goals. Many of these activities were limited in 2020 due to the COVID-19 pandemic. The Senior Vice President and Chief Transformation Officer, Community Health Director and Coordinators represent Centra through virtual meetings in 2020 and 2021.

Action Step: Centra Foundation & Centra Community Benefit Committee will align internal funding strategies to support priority needs. In 2020, $175,000 was provided to support community grants that funded non-profit organizations addressing food insecurity and basic needs impacted by the COVID-19 pandemic. Since 2021, the Department of Community Health oversees all community-based grants and sponsorship funding under the direction of the Community Benefit Committee. By December 2021, we will invest almost $1.5 million in grants and sponsorships in the communities served by Centra.

APPENDIX

The following documents are included as appendices:

1. 2021 Farmville Area Community Health Survey Tool (English and Spanish)
2. 2021 Farmville Area Community Health Survey- Full Report
3. 2021 Farmville Area Stakeholders' Directory
4. 2021 Centra Stakeholders' Survey
5. 2021 Farmville Area Prioritization of Needs Survey and Detailed Worksheet
6. 2021 Farmville Area Community Resources

WE WANT TO CREATE A HEALTHIER FARMVILLE REGION FOR ALL WHO LIVE, WORK, AND PLAY HERE.

PLEASE TELL US WHAT YOU NEED TO LIVE A HEALTHIER LIFE!

<u>PLEASE COMPLETE OUR SURVEY</u>. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

- ***Complete the survey online*** **centrahealth.com/CHNA**

  OR

- ***Scan the QR code***

  OR

- ***Complete the attached paper survey***

YOU WILL GET THE CHANCE TO WIN A $25 Walmart GIFT CARD.
To thank you for filling out the survey, you can enter a drawing to receive a $25.00 gift certificate to Walmart. There will be four chances to win. If you would like to enter the drawing, please complete the information below. Your contact information will not be linked to your survey answers. The drawing will take place in July of 2021 and winners will be contacted.

Thank you very much for your help,

Centra Department of Community Health

Please complete the information below if you would like to be entered into a drawing for a $25.00 Gift Certificate to Walmart. Winners will be contacted in July of 2021.

Name: _____

Address: _____

_____

Phone: _____

Email: _____

FOR OFFICE USE ONLY: Site of Collection: _____ Date: _____

Centra Health, in partnership with the Partnership for Healthy Communities and the Piedmont Health District, is working with community leaders to learn more about what you need to be healthy. Please answer the following questions with the best answer or answers. All surveys will be kept confidential. Thank you for taking the time to complete this survey. Surveys can be mailed to Centra Department of Community Health, 1901 Tate Springs Rd, Lynchburg VA 24501. You must be over 18 to complete this survey. Please complete this survey only once.

FARMVILLE AREA COMMUNITY HEALTH SURVEY

HEALTH OF THE COMMUNITY

1. Where do you live?

❒ Amelia Co. ❒ Buckingham Co. ❒ Charlotte Co. ❒ Cumberland Co ❒ Lunenburg Co. ❒ Nottoway Co.
❒ Prince Edward Co. ❒ Town of Farmville ❒ Other:_____

2. What do you think are the most important issues that affect health in our community? (*Please check all that apply*)

Health Factors

❒ Access to affordable housing
❒ Access to healthy foods
❒ Accidents in the home (e.g., falls, burns, cuts)
❒ Alcohol and illegal drug use
❒ Aging problems
❒ Bullying
❒ Cell phone use / texting and driving / distracted driving
❒ Child abuse / neglect
❒ Domestic Violence
❒ Environmental health (e.g., water quality, air quality, pesticides, etc.)
❒ Gang activity
❒ Homicide
❒ Housing problems (e.g., mold, bed bugs, lead paint)
❒ Injuries
❒ Lack of exercise
❒ Neighborhood safety
❒ Not getting "shots" to prevent disease
❒ Not using seat belts / child safety seats / helmets
❒ Poor eating habits
❒ Prescription drug abuse
❒ Sexual assault
❒ Social isolation
❒ Transportation problems
❒ Tobacco use / smoking / vaping
❒ Unsafe sex
❒ Other: _____

Health Conditions or Outcomes

❒ Cancers
❒ COVID-19 / coronavirus
❒ Dental problems
❒ Diabetes
❒ Disability
❒ Grief
❒ Heart disease and stroke
❒ High blood pressure
❒ HIV / AIDS
❒ Infant death
❒ Lung disease
❒ Mental health problems
❒ Overweight / obesity
❒ Stress
❒ Suicide
❒ Teenage pregnancy
❒ Other: _____

3. Which health care services are hard to get in our community? *(Please check all that apply)*

❒ Adult dental care
❒ Alternative therapy (e.g., herbal, acupuncture, massage)
❒ Ambulance services
❒ Cancer care
❒ Child dental care
❒ Chiropractic care
❒ Dermatology
❒ Domestic violence services
❒ Eldercare
❒ Emergency room care
❒ End of life / hospice / palliative care
❒ Family doctor
❒ Immunizations
❒ Inpatient hospital
❒ Lab work
❒ LGBTQ
❒ Medication / medical supplies
❒ Mental health / counseling
❒ Physical therapy
❒ Preventive care (e.g., yearly check-ups)
❒ Programs to stop using tobacco products
❒ Specialty care (e.g., heart doctor)
❒ Substance use services – drug and alcohol
❒ Urgent care / walk-in clinic
❒ Vision care
❒ Women's health services
❒ X-rays / mammograms
❒ None
❒ Other:_____
❒ COVID-19 has made one or more of the services I selected hard to get

4. Which social / support resources are hard to get in our community? *(Please check all that apply)*

❒ Affordable / safe housing
❒ Banking / financial assistance
❒ Childcare
❒ Domestic violence assistance
❒ Education and literacy
❒ Employment / job assistance
❒ Food benefits (SNAP, WIC)
❒ Grief /bereavement counseling
❒ Health insurance
❒ Healthy food
❒ Legal services
❒ Medication assistance
❒ Medical debt assistance
❒ Rent / utilities assistance
❒ TANF (Temporary Assistance for Needy Families)
❒ Transportation
❒ Unemployment benefits
❒ Veterans services
❒ Other: _____
❒ COVID-19 has made one or more of the services I selected hard to get

GENERAL HEALTH QUESTIONS

5. What keeps you from being healthy? (*Please check <u>all</u> that apply*)

- ❒ Afraid to have check-ups
- ❒ Can't find providers that accept my insurance
- ❒ Childcare
- ❒ Cost
- ❒ Don't know what types of services are available
- ❒ Don't like accepting government assistance
- ❒ Don't trust doctors / clinics / my insurance
- ❒ Have no regular source of healthcare
- ❒ High co-pay
- ❒ Lack of evening and weekend services
- ❒ Language services
- ❒ Location of offices
- ❒ Long waits for appointments
- ❒ No health insurance
- ❒ No transportation
- ❒ Nothing keeps me from being healthy
- ❒ Other:_____

6. Do you use medical care services?

❒ **<u>Yes</u> - Check where you go for medical care (*check <u>all</u> that apply*)** ❒ **<u>No</u>**

- ❒ Centra Medical Group
- ❒ Doctor's Office
- ❒ Emergency Room
- ❒ Urgent Care / Walk-in Clinic
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services)
- ❒ Free Clinic
- ❒ Health Department
- ❒ Veterans Administration Medical Center
- ❒ Online / Telehealth / Virtual Visit
- ❒ Other:_____

7. How long has it been since you last visited a doctor or other healthcare provider for a routine checkup? (*Please check <u>one</u>*)

- ❒ Within the past year (1 to 12 months)
- ❒ Within the past 2 years (1 to 2 years ago)
- ❒ Within the past 5 years (2 to 5 years ago)
- ❒ 5 or more years ago
- ❒ I have never visited a doctor or other healthcare provider for a routine checkup
- ❒ Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19

8. Do you use dental care services?

❒ **<u>Yes</u> – Check where you go for dental care (*check <u>all</u> that apply*)** ❒ **<u>No</u>**

- ❒ Dentist's Office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services)
- ❒ Free Clinic
- ❒ Veterans Administration Medical Center
- ❒ Urgent Care / Walk-in Clinic
- ❒ Mission of Mercy Project
- ❒ Other:_____

9. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists such as orthodontists. (*Please check <u>one</u>*)

- ❒ Within the past year (1 to 12 months)
- ❒ Within the past 2 years (1 to 2 years ago)
- ❒ Within the past 5 years (2 to 5 years ago)
- ❒ 5 or more years ago
- ❒ I have never visited a dentist or dental clinic for any reason.
- ❒ Within the past year I have chosen not to see a dentist or dental specialist or have postponed or cancelled a visit because of COVID-19

10. Do you use mental health, alcohol use, or drug use services?

❒ **<u>Yes</u> – check where you go for services (*check <u>all</u> that apply*)** ❒ **<u>No</u>**

- ❒ Crossroads Services
- ❒ Doctor / Counselor's office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services)
- ❒ Free Clinic
- ❒ Online / Telehealth / Virtual Visits
- ❒ Veterans Administration Medical Center
- ❒ Urgent Care / Walk-in Clinic
- ❒ Other:_____

11. How long has it been since you last used mental health, alcohol use, or drug use services for any reason? (*Please check <u>one</u>*)

- ❒ Within the past year (1 to 12 months)
- ❒ Within the past 2 years (1 to 2 years ago)
- ❒ Within the past 5 years (2 to 5 years ago)
- ❒ 5 or more years ago
- ❒ I have never used mental health, alcohol use, or drug use services for any reason
- ❒ Within the past year I have chosen not to see a mental health or substance use provider or counselor or have postponed or cancelled a visit because of COVID-19

12. Have you been told by a doctor that you have… (*Please check all that apply*)

- ❒ Asthma
- ❒ Cancer
- ❒ Depression or anxiety
- ❒ Drug or alcohol problems
- ❒ Heart disease
- ❒ High blood pressure
- ❒ High blood sugar or diabetes
- ❒ Cerebral palsy
- ❒ High cholesterol
- ❒ HIV / AIDS
- ❒ Mental health problems
- ❒ Obesity / overweight
- ❒ Stroke / cerebrovascular disease
- ❒ I have no health problems
- ❒ Other:_____

13. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?_____Days

14. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? _____Days

15. During the past 30 days: (*Please check all that apply*)

- ❒ I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion
- ❒ I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)
- ❒ I have taken prescription drugs to get high
- ❒ I have used marijuana
- ❒ I have used other illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)
- ❒ None of these

16. Please check one of the following for each statement	**Yes**	**No**	**Not Applicable**
I have been to the emergency room in the past 12 months.	❒	❒	
I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).	❒	❒	
I have been a victim of domestic violence or abuse in the past 12 months.	❒	❒	
I take the medicine my doctor tells me to take to control my chronic illness.	❒	❒	❒
I can afford medicine needed for my health conditions.	❒	❒	❒
Does your community support physical activity? (e.g., parks, sidewalks, bike lanes, etc.)	❒	❒	
In the area that you live, is it easy to get affordable fresh fruits and vegetables?	❒	❒	
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	❒	❒	
Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?	❒	❒	❒
Do you feel safe where you live?	❒	❒	

17. In the past 7 days, how many days were you physically active for a total of at least 30 minutes? (Add up all the time you spend in any kind of physical activity that increased your heart rate and made you breathe hard for some of the time.)

❒ 0 days ❒ 1 day ❒ 2 days ❒ 3 days ❒ 4 days ❒ 5 days ❒ 6 days ❒ 7 days

18. Where do you get the food that you eat at home? (*Please check all that apply*)

- ❒ Back-pack or summer food programs
- ❒ Community garden
- ❒ Corner store / convenience store / gas station
- ❒ Dollar store
- ❒ Farmers' market
- ❒ Food bank / food pantry
- ❒ Grocery store
- ❒ Home garden
- ❒ I do not eat at home
- ❒ I regularly receive food from family, friends, neighbors, or my church
- ❒ Meals on Wheels
- ❒ Take-out / fast food / restaurant
- ❒ Other:_____

19. During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice. (*Please check one*)

- ❒ I did not eat fruits or vegetables during the past 7 days
- ❒ 1 – 3 times during the past 7 days
- ❒ 4 - 6 times during the past 7 days
- ❒ 1 time per day
- ❒ 2 times per day
- ❒ 3 times per day
- ❒ 4 or more times per day

20. In the past 7 days, how many times did all or most of your family living in your house eat a meal together?

- ❒ Never
- ❒ 1 – 2 times
- ❒ 3 – 4 times
- ❒ 5 – 6 times
- ❒ 7 times
- ❒ More than 7 times
- ❒ Not Applicable / I live alone

21. How connected do you feel with the community and those around you?

❒ Very connected ❒ Somewhat connected ❒ Not connected

22. Where do you sleep most often? (*Please check <u>one</u>*)

❒ In a home I own or rent
❒ Stay with friends or family because of financial issues
❒ In a shelter or transitional housing program
❒ In a group home, hospital, or treatment program
❒ In a hotel or motel
❒ Outside, in a car, abandoned building, or public space

23. Do you have access to reliable transportation? ❒ Yes ❒ No

24. What type of transportation do you use most often?

❒ I drive
❒ Bike or walk
❒ Friends / family drive me
❒ Public transit (i.e., bus, shuttle, similar)
❒ Other transit service (name):_____
❒ Taxi (including Uber / Lyft)
❒ Ridesharing / Carpooling
❒ Other:_____

DEMOGRAPHIC INFORMATION AND HEALTH INSURANCE

25. Which of the following describes your current type of health insurance? (*Please check <u>all</u> that apply*)

❒ COBRA
❒ Dental Insurance
❒ Employer provided insurance
❒ Government (VA, TRICARE)
❒ Health Savings / Spending Account
❒ Individual / Private Insurance / Marketplace / Obamacare
❒ Medicaid
❒ Medicare
❒ Medicare Supplement
❒ No Dental Insurance
❒ No Health Insurance

26. If you have no health insurance, why don't you have insurance? (*Please check <u>all</u> that apply*)

❒ Not applicable – I have health insurance
❒ I don't understand Marketplace / Obamacare options
❒ Not available at my job
❒ Student
❒ Too expensive / cost
❒ Unemployed / no job
❒ Other:_____

27. What is your Zip Code? _____ **28. What is your age?** _____

29. What is your gender identity? ❒ Male ❒ Female ❒ Non-binary ❒ Other:_____

30. What is your height? _____feet_____inches **31. What is your weight?** _____pounds

32. How many people live in your home (including yourself)?

Number of children (0 - 17 years of age) _____ Number of adults age 18 - 64_____ Number of adults age 65 or older_____

33. What is your highest education level completed?

❒ Less than high school
❒ Some high school
❒ High school diploma / GED
❒ Associates degree
❒ Bachelors degree
❒ Masters / PhD degree

34. What race/ethnicity do you identify with? (*Please check <u>all</u> that apply*)

❒ Native Hawaiian / Pacific Islander
❒ American Indian / Alaskan Native
❒ Asian
❒ Hispanic / Latino
❒ Black / African American
❒ White
❒ More than one race
❒ Decline to answer
❒ Other: _____

35. What is your marital status?

❒ Married ❒ Single ❒ Divorced ❒ Widowed ❒ Domestic Partnership

36. What is your yearly household income?

❒ $0 - $10,000
❒ $10,001 - $20,000
❒ $20,001 - $30,000
❒ $30,001 - $40,000
❒ $40,001 - $50,000
❒ $50,001 - $60,000
❒ $60,001 - $70,000
❒ $70,001 - $100,000
❒ $101,001 and above

37. What is your current employment status?

❒ Full-time
❒ Part-time
❒ Unemployed
❒ Self-employed
❒ Retired
❒ Homemaker
❒ Student
❒ Disabled

38. Is there anything else we should know about your (or someone living in your home) needs to stay healthy?

_____

_____

_____

Thank you for helping make the greater Farmville Area a healthier place to live, work, and play!

QUEREMOS CREAR UNA REGIÓN DE FARMVILLE MÁS SALUDABLE PARA TODOS LOS QUE VIVEN, TRABAJAN Y JUEGAN AQUÍ.

¡DÍGANOS QUÉ NECESITA PARA VIVIR UNA VIDA MÁS SALUDABLE!

<u>COMPLETE NUESTRA ENCUESTA.</u> TODA LA INFORMACIÓN SE MANTENDRÁ CONFIDENCIAL.

- ***Complete la encuesta en línea*** **centrahealth.com/CHNA**

  O

- ***escanee el código QR***

  O

- ***complete la encuesta en papel adjunta.***

TENDRÁ LA OPORTUNIDAD DE GANAR UNA TARJETA REGALO DE Walmart DE $25. *Para agradecerle que haya completado la encuesta, puede participar en un sorteo para recibir un certificado de regalo de $25.00 para Walmart. Habrá cuatro oportunidades de ganar. Si desea ingresar al sorteo, complete la información a continuación. Su información de contacto no estará vinculada a sus respuestas a la encuesta. El sorteo tendrá lugar en julio de 2021 y los ganadores serán contactados.*

Muchas gracias por su ayuda,

Centra Department of Community Health

Complete la información a continuación si desea que le incluyan en un sorteo para un certificado de regalo de $25.00 para Walmart. Los ganadores serán contactados en julio de 2021.

Nombre: _____

Dirección: _____

_____

Teléfono: _____

Correo electrónico: _____

PARA USO EXCLUSIVO EN LA CONSULTA: Centro de recogida: _____ Fecha: _____

Centra Health, en sociedad con Partnership for Healthy Communities y el Piedmont Health District, está trabajando con líderes de la comunidad para saber más sobre lo que necesita para estar sano. Responda a las siguientes preguntas con la mejor respuesta o las mejores respuestas. Todas las encuestas se mantendrán confidenciales. Gracias por dedicar su tiempo a completar esta encuesta. Las encuestas se pueden enviar por correo postal al Department of Community Health, 1901 Tate Springs Rd, Lynchburg VA 24501. Debe tener más de 18 años para completar esta encuesta. Complete esta encuesta solo una vez.

ENCUESTA DE SALUD COMUNITARIA DEL ÁREA DE FARMVILLE

SALUD DE LA COMUNIDAD

1. ¿Dónde vive?

❒ Condado de Amelia ❒ Condado de Buckingham ❒ Condado de Charlotte ❒ Condado de Cumberland ❒ Condado de Lunenburg ❒ Condado de Nottoway

❒ Condado de Prince Edward ❒ Ciudad de Farmville ❒ Otro: _____

2. ¿Cuáles cree que son los problemas más importantes que afectan a la salud de nuestra comunidad? *(Marque <u>todas</u> las que correspondan)*

<u>Factores de salud</u>

❒ Acceso a una vivienda accesible
❒ Acceso a alimentos saludables
❒ Accidentes en el hogar (p. ej., caídas, quemaduras, cortes)
❒ Consumo de alcohol y drogas ilegales
❒ Problemas de envejecimiento
❒ Acoso
❒ Uso del teléfono móvil/mensajes de texto y conducción/conducción distraída
❒ Abuso/descuido infantil
❒ Violencia doméstica
❒ Salud ambiental (p. ej., calidad del agua, calidad del aire, pesticidas, etc.)
❒ Actividad de pandillas
❒ Homicidio
❒ Problemas de vivienda (p. ej., moho, chinches, pintura de plomo)
❒ Lesiones
❒ Falta de ejercicio
❒ Seguridad del vecindario
❒ No recibir "inyecciones" para prevenir enfermedades
❒ No usar cinturones de seguridad/sillas de seguridad para niños/cascos
❒ Malos hábitos alimenticios
❒ Abuso de fármacos con receta
❒ Agresión sexual
❒ Aislamiento social
❒ Problemas de transporte
❒ Tabaquismo/fumar/vapear
❒ Sexo sin protección
❒ Otro: _____

<u>Afecciones o consecuencias médicas</u>

❒ Tipos de cáncer
❒ COVID-19/coronavirus
❒ Problemas dentales
❒ Diabetes
❒ Discapacidad
❒ Aflicción
❒ Cardiopatía y accidente cerebrovascular
❒ Presión arterial alta
❒ VIH/SIDA
❒ Muerte en menores de 1 año
❒ Enfermedad pulmonar
❒ Problemas de salud mental
❒ Sobrepeso/obesidad
❒ Estrés
❒ Suicidio
❒ Embarazo en la adolescencia
❒ Otro: _____

3. ¿Qué servicios de atención médica son difíciles de obtener en nuestra comunidad? *(Marque <u>todas</u> las que correspondan)*

❒ Cuidado dental en adultos
❒ Terapia alternativa (p. ej., a base de hierbas, acupuntura, masaje)
❒ Servicios de ambulancia
❒ Atención oncológica
❒ Cuidado dental infantil
❒ Atención quiropráctica
❒ Dermatología
❒ Servicios de violencia doméstica
❒ Cuidado de personas mayores
❒ Atención en urgencias
❒ Final de la vida/cuidados paliativos
❒ Médico de cabecera
❒ Inmunizaciones
❒ Hospitalización
❒ Análisis de laboratorio
❒ LGBTQ
❒ Medicamentos/suministros médicos
❒ Salud mental/orientación
❒ Fisioterapia
❒ Atención preventiva (p. ej., revisiones anuales)
❒ Programas para dejar de usar productos de tabaco
❒ Atención especializada (p. ej., cardiólogo)
❒ Servicios de consumo de sustancias: drogas y alcohol
❒ Atención de urgencias/Puesto de asistencia sanitaria básica
❒ Cuidado de la vista
❒ Servicios médicos para mujeres
❒ Radiografías/mamografías
❒ Ninguno
❒ Otro: _____
❒ La COVID-19 ha hecho que uno o más de los servicios que he seleccionado sean difíciles de obtener

4. ¿Qué recursos sociales/de apoyo son difíciles de obtener en nuestra comunidad? *(Marque <u>todas</u> las que correspondan)*

- ❒ Vivienda accesible/segura
- ❒ Asistencia bancaria/financiera
- ❒ Guardería
- ❒ Asistencia para la violencia doméstica
- ❒ Educación y alfabetización
- ❒ Empleo/asistencia laboral
- ❒ Beneficios alimentarios (SNAP, WIC)
- ❒ Asesoramiento sobre duelo/sentimiento de pérdida
- ❒ Seguro médico
- ❒ Alimentos saludables
- ❒ Servicios jurídicos
- ❒ Asistencia con medicamentos
- ❒ Asistencia en deudas médicas
- ❒ Asistencia con el alquiler/servicios públicos
- ❒ Asistencia temporal para familias con necesidades (Temporary Assistance for Needy Families, TANF)
- ❒ Transporte
- ❒ Beneficios de desempleo
- ❒ Servicios para veteranos
- ❒ Otro: _____
- ❒ La COVID-19 ha hecho que uno o más de los servicios que he seleccionado sean difíciles de obtener

PREGUNTAS DE SALUD GENERAL

5. ¿Qué le impide estar sano? *(Marque <u>todas</u> las que correspondan)*

- ❒ Temo tener revisiones
- ❒ No puedo encontrar proveedores que acepten mi seguro
- ❒ Guardería
- ❒ Costo
- ❒ No sé qué tipos de servicios están disponibles
- ❒ No me gusta aceptar asistencia gubernamental
- ❒ No confío en los médicos/clínicas/mi seguro
- ❒ No tengo una fuente regular de atención médico
- ❒ Copago alto
- ❒ Falta de servicios nocturnos y de fin de semana
- ❒ Servicios de idiomas
- ❒ Ubicación de las oficinas
- ❒ Largos períodos de espera para las citas
- ❒ Sin seguro médico
- ❒ Sin transporte
- ❒ Nada me impide estar sano
- ❒ Otro: _____

6. ¿Utiliza servicios de atención médica?

❒ **<u>Sí</u> - Marque dónde acude para recibir atención médica** (***marque <u>todas</u> las que correspondan***) ❒ **<u>No</u>**

- ❒ Centra Medical Group
- ❒ Consultorio del médico
- ❒ Servicio de urgencias
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Centro de salud con calificación federal (p. ej., Central Virginia Health Services)
- ❒ Clínica gratuita
- ❒ Departamento de Salud
- ❒ Veterans Administration Medical Center
- ❒ Visitas en línea/de telesalud/virtuales
- ❒ Otro: _____

7. ¿Cuánto tiempo ha pasado desde que visitó por última vez a un médico u otro proveedor de atención médica para una revisión de rutina? *(Marque <u>una</u> opción)*

- ❒ En el último año (de 1 a 12 meses)
- ❒ En los últimos 2 años (de 1 a 2 años atrás)
- ❒ En los últimos 5 años (de 2 a 5 años atrás)
- ❒ Hace 5 años o más
- ❒ Nunca he acudido a un médico ni a otro proveedor de atención médica para una revisión de rutina
- ❒ En el último año, he decidido no ver a un proveedor de atención médica o he pospuesto o cancelado una visita debido a la COVID-19

8. ¿Utiliza servicios de cuidado dental?

❒ **<u>Sí</u> - Marque dónde acude para recibir atención dental** (***marque <u>todas las</u> que correspondan***) ❒ **<u>No</u>**

- ❒ Consultorio del dentista
- ❒ Servicio de urgencias
- ❒ Centro de salud con calificación federal (p. ej., Central Virginia Health Services)
- ❒ Clínica gratuita
- ❒ Veterans Administration Medical Center
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Misión del proyecto Mercy
- ❒ Otro: _____

9. ¿Cuánto tiempo ha pasado desde que visitó por última vez un dentista o clínica dental por cualquier motivo? Incluya visitas a especialistas dentales como ortodoncistas. *(Marque <u>una</u> opción)*

- ❒ En el último año (de 1 a 12 meses)
- ❒ En los últimos 2 años (de 1 a 2 años atrás)
- ❒ En los últimos 5 años (de 2 a 5 años atrás)
- ❒ Hace 5 años o más
- ❒ Nunca he visitado a un dentista o clínica dental por ningún motivo.
- ❒ En el último año, he decidido no ver a un dentista o especialista dental o he pospuesto o cancelado una visita debido a la COVID-19

10. ¿Utiliza servicios de salud mental, o para el consumo de alcohol o drogas?

❒ **Sí - Marque dónde acude para recibir los servicios (*marque todas las que correspondan*)**

❒ Crossroads Services
❒ Consultorio del médico/orientador
❒ Servicio de urgencias
❒ Centro de Salud Federalmente Calificado (p. ej., Central Virginia Health Services)
❒ Clínica gratuita
❒ Visitas en línea/de telesalud/virtuales
❒ Veterans Administration Medical Center
❒ Atención de urgencias/Puesto de asistencia sanitaria básica
❒ Otro: _____

❒ **No**

11. ¿Cuánto tiempo ha pasado desde que utilizó por última vez servicios de salud mental, para el consumo de alcohol o de drogas por cualquier motivo? *(Marque una opción)*

❒ En el último año (de 1 a 12 meses)
❒ En los últimos 2 años (de 1 a 2 años atrás)
❒ En los últimos 5 años (de 2 a 5 años atrás)
❒ Hace 5 años o más
❒ Nunca he utilizado servicios de salud mental, para consumo de alcohol o de drogas por ningún motivo
❒ En el último año, he decidido no ver a un proveedor de salud mental o de consumo de sustancias u orientador o he pospuesto o cancelado una visita debido a la COVID-19

12. ¿Le ha dicho un médico que tiene...? (*Marque todas las que correspondan*)

❒ Asma
❒ Cáncer
❒ Depresión o ansiedad
❒ Problemas con las drogas o el alcohol
❒ Cardiopatía
❒ Presión arterial alta
❒ Nivel alto de azúcar en sangre o diabetes
❒ Parálisis cerebral
❒ Colesterol alto
❒ VIH/SIDA
❒ Problemas de salud mental
❒ Obesidad/sobrepeso
❒ Accidente/enfermedad cerebrovascular
❒ No tengo problemas de salud
❒ Otro: _____

13. Pensando en su salud física, que incluye enfermedad física y lesión, ¿durante cuántos días de los últimos 30 días su salud física no fue buena? _____ días

14. Pensando en su salud mental, que incluye estrés, depresión y problemas emocionales, ¿durante cuántos días de los últimos 30 días su salud mental no fue buena? _____ días

15. Durante los últimos 30 días: *(Marque todas las que correspondan)*

❒ He tomado 5 o más bebidas alcohólicas (si es hombre) o 4 o más bebidas alcohólicas (si es mujer) durante una ocasión
❒ He utilizado productos de tabaco (cigarrillos, tabaco sin humo, cigarrillos electrónicos, etc.)
❒ He tomado medicamentos con receta para drogarme
❒ He consumido marihuana
❒ He consumido otras drogas ilegales (p. ej., metanfetaminas, cocaína, heroína, éxtasis, crac, LSD, etc.)
❒ Ninguno de estas

16. Marque una de las siguientes opciones para cada afirmación	**Sí**	**No**	**No corresponde**
He acudido a urgencias en los últimos 12 meses.	❒	❒	
He estado en urgencias por una lesión en los últimos 12 meses (p. ej., accidente de un vehículo de motor, choque, caída, intoxicación, quemadura, corte, etc.).	❒	❒	
He sido víctima de violencia o abuso doméstico en los últimos 12 meses.	❒	❒	
Tomo el medicamento que mi médico me dice que tome para controlar mi enfermedad crónica.	❒	❒	❒
Puedo pagar los medicamentos necesarios para mis afecciones médicas.	❒	❒	❒
¿Su comunidad apoya la actividad física? (p. ej., parques, aceras, carriles para bicicletas, etc.)	❒	❒	
En la zona donde vive, ¿es fácil obtener frutas y verduras frescas accesibles?	❒	❒	
¿Ha habido momentos en los últimos 12 meses en que no tenía suficiente dinero para comprar la comida que usted o su familia necesitaban?	❒	❒	
¿Ha habido momentos en los últimos 12 meses en que no tenía dinero suficiente para pagar su alquiler o hipoteca?	❒	❒	❒
¿Se siente seguro donde vive?	❒	❒	

17. En los últimos 7 días, ¿cuántos días practicó actividad física durante un total de al menos 30 minutos? (Sume todo el tiempo que dedique a cualquier tipo de actividad física que aumente su frecuencia cardíaca y le haga respirar con dificultad durante parte del tiempo).

❒ 0 días ❒ 1 día ❒ 2 días ❒ 3 días ❒ 4 días ❒ 5 días ❒ 6 días ❒ 7 días

18. ¿Dónde consigue la comida que come en su hogar? *(Marque <u>todas</u> las que correspondan)*

❒ Programas de comida de mochila o de verano
❒ Jardín comunitario
❒ Tienda de conveniencia/estación de servicio
❒ Tienda todo por 1 dólar
❒ Mercado
❒ Banco de alimentos /despensa de alimentos
❒ Supermercado
❒ Huerta familiar
❒ No como en casa
❒ Habitualmente recibo comida de mi familia, amigos, vecinos o de mi iglesia
❒ Programa Meals on Wheels
❒ Comida para llevar/comida rápida/restaurante
❒ Otro: _____

19. Durante los últimos 7 días, ¿cuántas veces ha comido frutas y verduras? No cuente jugo de frutas ni de verduras. *(Marque <u>una</u> opción)*

❒ No he comido frutas ni verduras durante los últimos 7 días
❒ 1 a 3 veces durante los últimos 7 días
❒ 4 a 6 veces durante los últimos 7 días
❒ 1 vez por día
❒ 2 veces por día
❒ 3 veces por día
❒ 4 o más veces por día

20. En los últimos 7 días, ¿cuántas veces comieron juntos todos o la mayoría de los miembros de su familia que viven en su casa?

❒ Nunca ❒ 1 a 2 veces ❒ 3 a 4 veces ❒ 5 a 6 veces ❒ 7 veces ❒ Más de 7 veces ❒ No corresponde/Vivo solo

21. ¿En qué medida se siente conectado con la comunidad y las personas que le rodean?

❒ Muy conectado ❒ Algo conectado ❒ No conectado

22. ¿Dónde duerme con más frecuencia? *(Marque <u>una</u> opción)*

❒ En una casa que poseo o alquilo
❒ Con amigos o familiares debido a problemas económicos
❒ En un refugio o en un programa de vivienda de transición
❒ En un hogar de grupo, hospital o programa de tratamiento
❒ En un hotel o motel
❒ Fuera, en un coche, en un edificio abandonado o en un espacio público

23. ¿Tiene acceso a un transporte fiable? ❒ Sí ❒ No

24. ¿Qué tipo de transporte utiliza con más frecuencia?

❒ Conduzco
❒ Bicicleta o andando
❒ Mis amigos/familiares me llevan
❒ Transporte público (es decir, autobús, servicio de enlaces, similar)
❒ Otro servicio de transporte (nombre): _____
❒ Taxi (incluido Uber/Lyft)
❒ Uso compartido de vehículos
❒ Otro: _____

INFORMACIÓN DEMOGRÁFICA Y SEGURO MÉDICO

25. ¿Cuál de las siguientes opciones describe su tipo actual de seguro médico? *(Marque <u>todas</u> las que correspondan)*

❒ COBRA
❒ Seguro dental
❒ Seguro proporcionado por el empleador
❒ Gobierno (VA, TRICARE)
❒ Cuenta de ahorros/gastos médica
❒ Seguro individual/privado/Marketplace /Obamacare
❒ Medicaid
❒ Medicare
❒ Complemento de Medicare
❒ Sin seguro dental
❒ Sin seguro médico

26. Si no tiene seguro médico, ¿por qué no tiene seguro? *(Marque <u>todas</u> las que correspondan)*

❒ No corresponde; tengo seguro médico
❒ No entiendo las opciones de Marketplace/Obamacare
❒ No disponible en mi trabajo
❒ Estudiante
❒ Demasiado caro/costo
❒ Desempleado/sin trabajo
❒ Otro: _____

27. ¿Cuál es su código postal? _____ **28. ¿Cuál es su edad?** _____

29. ¿Cuál es su identidad de género? ❒ Hombre ❒ Mujer ❒ No binario ❒ Otro: _____

30. ¿Cuál es su estatura? _____pies _____pulgadas **31. ¿Cuál es su peso?** _____libras

32. ¿Cuántas personas viven en su casa (incluido usted)?

Cantidad de niños (de 0 a 17 años de edad) _____ Cantidad de adultos de 18 a 64 años _____ Cantidad de adultos de 65 años o más _____

33. ¿Cuál es su nivel de educación completo más alto?

- ❒ Menos que la escuela secundaria
- ❒ Algo de la escuela secundaria
- ❒ Título de escuela secundaria/GED
- ❒ Técnico superior
- ❒ Licenciatura
- ❒ Máster/doctorado

34. ¿Con qué raza/origen étnico se identifica? *(Marque <u>todas</u> las que correspondan)*

- ❒ Nativo de Hawái/islas del Pacífico
- ❒ Nativo estadounidense/Nativo de Alaska
- ❒ Asiático
- ❒ Hispano/Latino
- ❒ Negro/Afroestadounidense
- ❒ Blanco
- ❒ Más de una raza
- ❒ Rehúso responder
- ❒ Otro: _____

35. ¿Cuál es su estado civil?

❒ Casado/a ❒ Soltero/a ❒ Divorciado/a ❒ Viudo/a ❒ En pareja

36. ¿Cuáles son los ingresos anuales de su familia?

- ❒ $0 a $10 000
- ❒ $10 001 a $20 000
- ❒ $20 001 a $30 000
- ❒ $30 001 a $40 000
- ❒ $40 001 a $50 000
- ❒ $50 001 a $60 000
- ❒ $60 001 a $70 000
- ❒ $70 001 a $100 000
- ❒ $101 001 y más

37. ¿Cuál es su situación laboral actual?

- ❒ A tiempo completo
- ❒ A tiempo parcial
- ❒ Desempleado
- ❒ Autónomo
- ❒ Jubilado
- ❒ Tareas domésticas
- ❒ Estudiante
- ❒ Discapacitado/a

38. ¿Hay algo más que deberíamos saber sobre sus necesidades (o las de alguien que vive en su hogar) para mantenerse sano?

_____

_____

_____

¡Gracias por ayudar a convertir el área metropolitana de Farmville en un lugar más saludable para vivir, trabajar y jugar!

2021 Centra Community Health Needs Assessment- Farmville Area

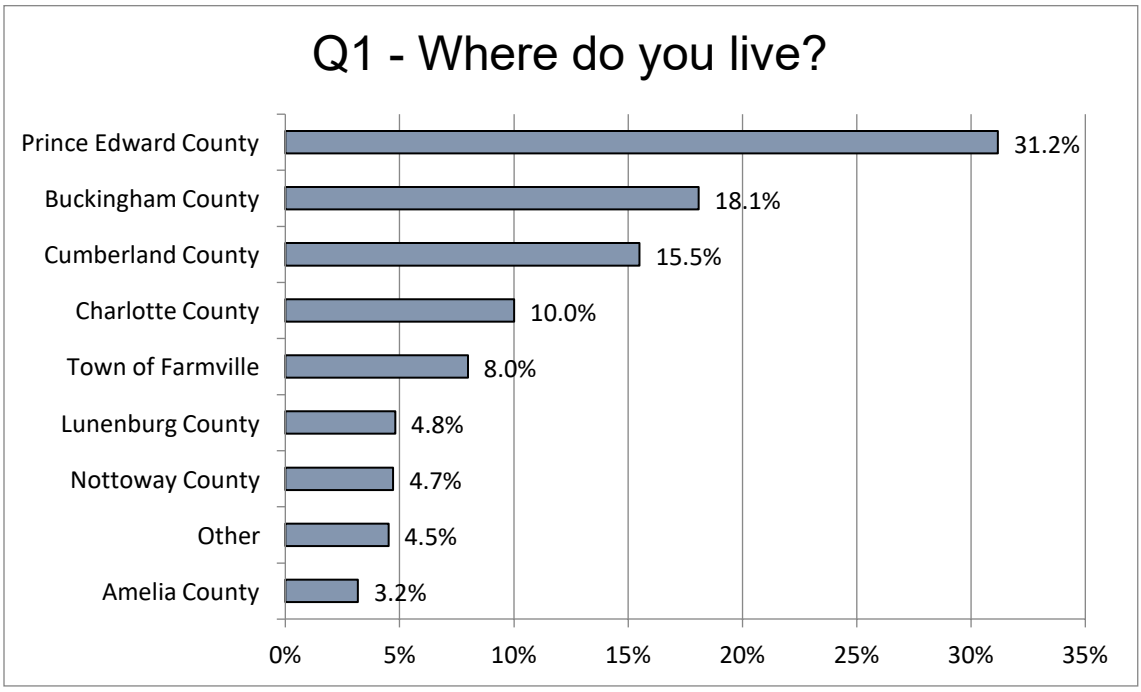
Community Health Surveys
FINAL

Prepared by: **Christopher Nye, Consultant**
Health Access Strategies, Stuarts Draft, Virginia

A Community Health Survey was administered to Farmville Area residents, 18 years of age and older, from April 12, 2021 to June 15, 2021. The survey tool was developed by Carilion Clinic and Healthy Roanoke Valley headquartered in Roanoke, Virginia and adopted by Centra and the Partnership for Healthy Communities in both 2018 and 2021. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment) and health outcomes (Length of Life and Quality of Life). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2020, and the Behavior Risk Factor Surveillance System so that local data can be compared to state and national data, benchmarks and targets. The survey tool can be found in the Appendix.

The Community Health Survey was administered both electronically through a publicly available link via Survey Monkey and through paper surveys (which were in turn entered into Survey Monkey). Paper surveys were available in both English and Spanish. A total of 1056 surveys were collected. All survey respondents were offered the opportunity to enter a raffle to win a $25 gift card if they completed the survey.

The survey link was advertised in local newspapers, on social media, on Centra's website and through a mass email to all Centra staff. In addition to marketing the survey to the general population, attempts were made to oversample the target population in the service area. Members of the Community Health Assessment Team (CHAT) who serve and represent the target population, were asked to assist in advertising and distributing the survey (both electronically and paper) to their client base. However, engaging these target populations was more difficult in 2021 due to the COVID-19 pandemic and the virtual nature of the services provided during this time as well as possible technology barriers that impact our target populations (i.e., lack of internet access, lack of access to smart phones, computers, etc.).

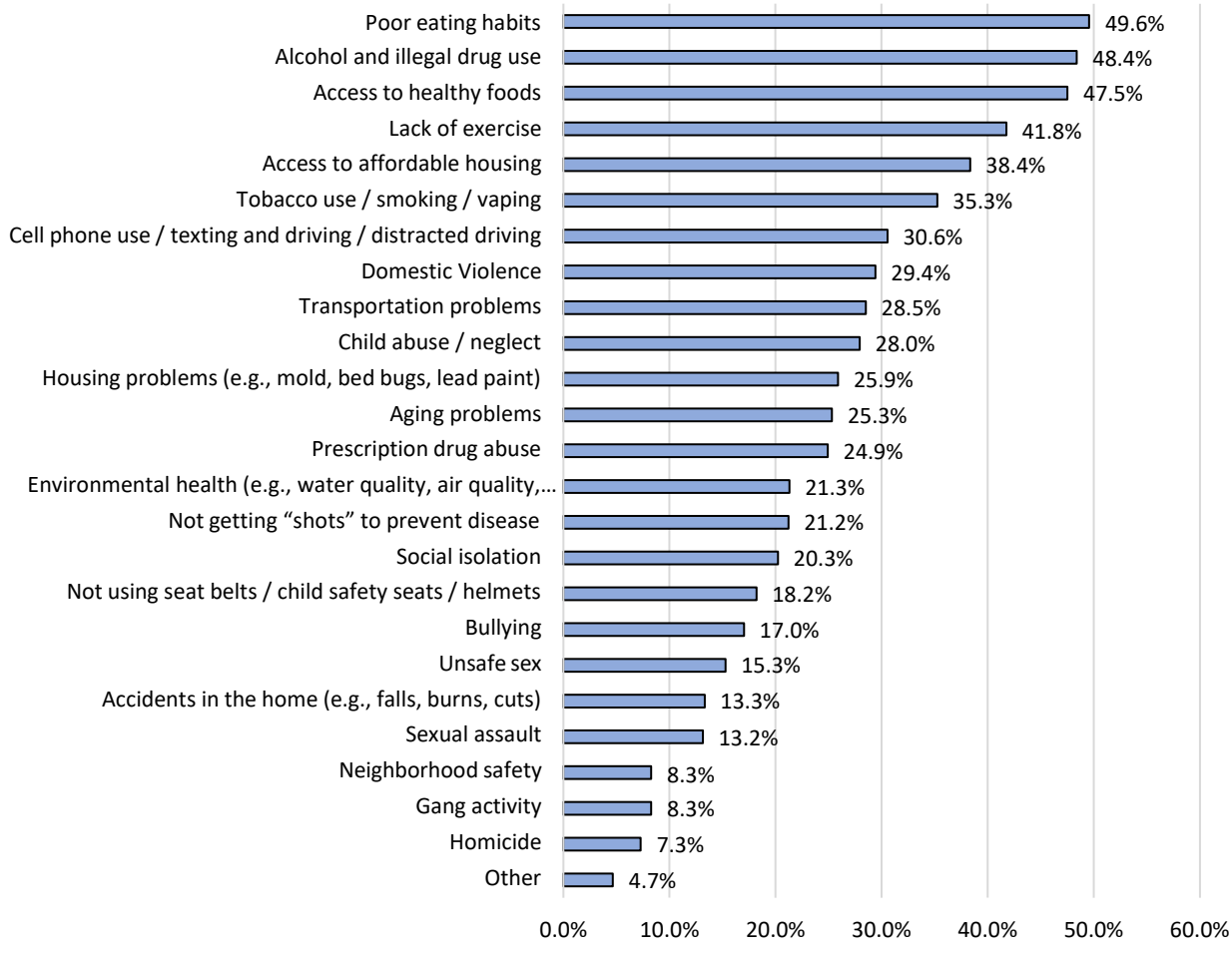


	Percent	Responses
Prince Edward County	31.2%	324
Buckingham County	18.1%	188
Cumberland County	15.5%	161
Charlotte County	10.0%	104
Town of Farmville	8.0%	83
Lunenburg County	4.8%	50
Nottoway County	4.7%	49
Other	4.5%	47
Amelia County	3.2%	33
	Answered	**1,039**
	Skipped	**17**

Q1. Other responses Where do you live?		
Code	**Responses**	**Percent**
Appomattox county	7	13%
Chesterfield county	6	11%
Halifax county	5	9%
Mecklenburg county	5	9%
Albemarle county	4	8%
Prince Edward county	4	8%
Nelson county	3	6%
Brunswick county	2	4%
Fluvanna county	2	4%
Hanover county	2	4%
Lynchburg city	2	4%
Richmond city	2	4%
Buckingham county	1	2%
Campbell county	1	2%
Charlotte county	1	2%
Charlottesville city	1	2%
Goochland county	1	2%
Henrico county	1	2%
Powhatan county	1	2%
Radford city	1	2%
Rockingham county	1	2%
Total	**53**	**100%**

In the Farmville region, 53 respondents chose “other” for their selection. Of these “other” responses, 7 or 13% indicated that they were Appomattox county residents; 6 or 11% indicated that they were residents of Chesterfield county, while Halifax county and Mecklenburg county tied with 5 responses each or 9%. The remaining 30 or 58% were made up of various surrounding cities and counties.

Q2A - What do you think are the most important health factor issues that affect health in our community? (Respondents could check more than one)

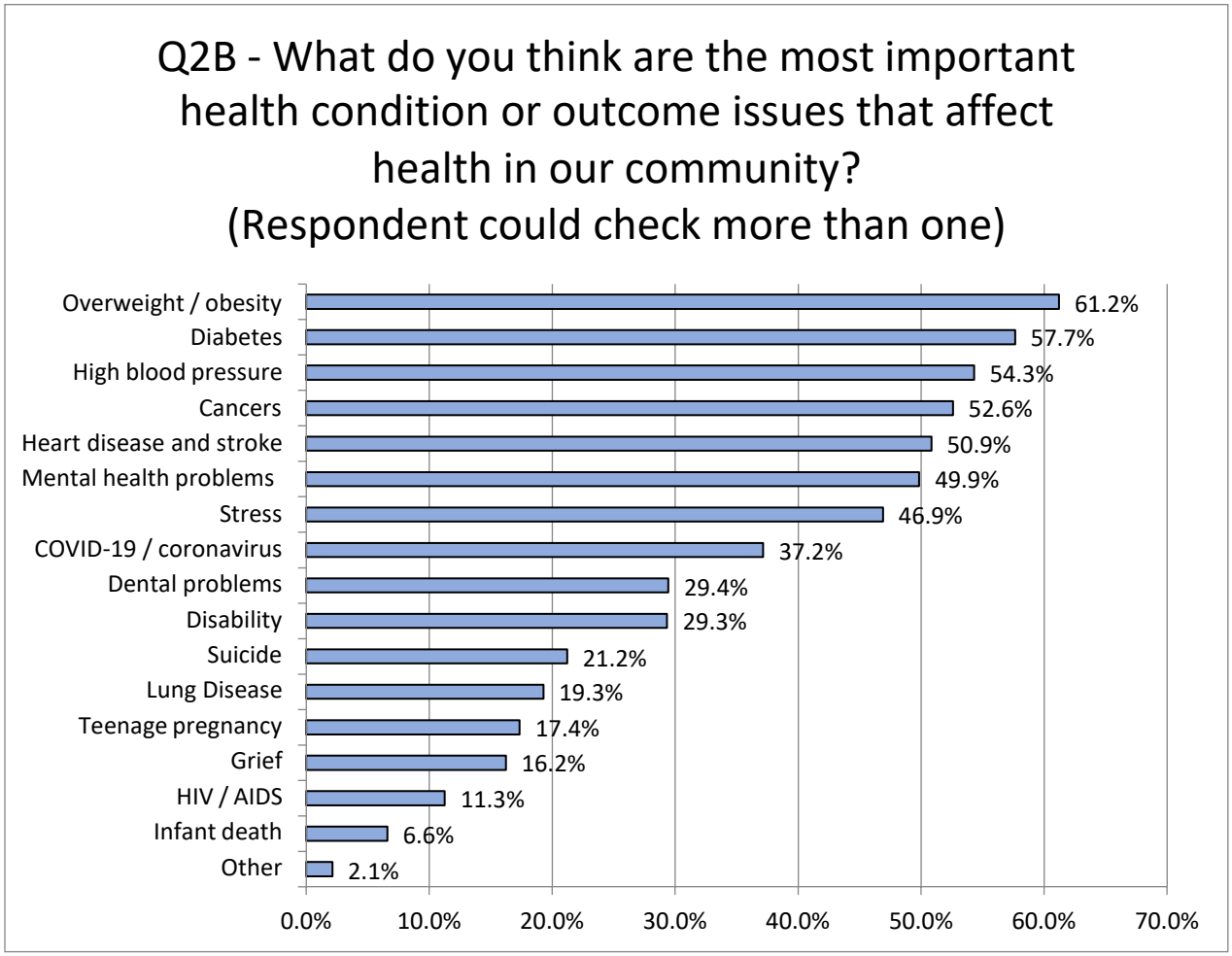


	Percent	Responses
Poor eating habits	49.6%	509
Alcohol and illegal drug use	48.4%	497
Access to healthy foods	47.5%	488
Lack of exercise	41.8%	429
Access to affordable housing	38.4%	394
Tobacco use / smoking / vaping	35.3%	362
Cell phone use / texting and driving / distracted driving	30.6%	314
Domestic Violence	29.4%	302
Transportation problems	28.5%	293
Child abuse / neglect	28.0%	287
Housing problems (e.g., mold, bed bugs, lead paint)	25.9%	266
Aging problems	25.3%	260
Prescription drug abuse	24.9%	256
Environmental health (e.g., water quality, air quality, pesticides, etc.)	21.3%	219
Not getting "shots" to prevent disease	21.2%	218
Social isolation	20.3%	208
Not using seat belts / child safety seats / helmets	18.2%	187
Bullying	17.0%	175
Unsafe sex	15.3%	157
Accidents in the home (e.g., falls, burns, cuts)	13.3%	137
Sexual assault	13.2%	135
Gang activity	8.3%	85
Neighborhood safety	8.3%	85
Homicide	7.3%	75
Other	4.7%	48
	Answered	**1,027**
	Skipped	**29**

Respondents indicated that specific health behaviors were the most important health factors impacting the region (i.e. Poor eating habits and alcohol/illegal drug use, lack of exercise, tobacco use). The exception, access to healthy foods, is a contributing factor to poor eating habits. In 2018, respondents identified access to affordable health care (54.87%) and alcohol and illegal drug use (29.1%) as the top choices. Access to affordable housing continues to be an issue in the Farmville region and there was a significant increase in those who identified domestic violence (29.4% in 2021 compared to 10.1% in 2018). Other notable responses in 2021 were the number who indicated child abuse and neglect were significant health factors (28%). Another 25.3% indicated aging problems were significantly impacting the community. In 2021, assessment questions included both health factors and health issues. In 2018, respondents were asked to select the most important health issues.

Q2a. Other responses What do you think are the most important issues that affect health in our community? Health Factors:		
Code	**Responses**	**Percent**
Injuries	31	41%
Affordable/accessible healthcare	8	11%
Affordable/accessible health Insurance	3	4%
Mental health services/resources	3	4%
Health literacy/health education	2	3%
Internet access/Use	2	3%
Racism	2	3%
Animal abuse/neglect	1	1%
Communication from Government on current issues	1	1%
Coordination of care	1	1%
Covid 19	1	1%
Drunk driving	1	1%
Employment	1	1%
Family/societal destruction	1	1%
Hearing loss	1	1%
Inequitable economic development	1	1%
Lack of resources	1	1%
Lack of year-round recreational activities & facilities	1	1%
LGBTQ discrimination	1	1%
Life	1	1%
Prescription drug abuse	1	1%
Policing	1	1%
Poverty	1	1%
Reliable Broadband/telehealth	1	1%
Robbery/theft	1	1%
Unsafe schools	1	1%
All of the above	3	4%
N/A	1	1%
Total	**74**	**100%**

In the Farmville region, 74 respondents chose “other” for their selection. Of these “other” responses, 31 or 41% identified injuries as the most important health factor that affects the health in the community, while 8 or 11% identified affordable/accessible healthcare as the most important health. Affordable/accessible health insurance and mental health services/resources tied with 3 responses each or 4%. Various other health factors were identified and listed in the table above.


Q2B - What do you think are the most important health condition or outcome issues that affect health in our community? (Respondent could check more than one)
Overweight / obesity
61.2%
Diabetes
57.7%
High blood pressure
54.3%
Cancers
52.6%
Heart disease and stroke
50.9%
Mental health problems
49.9%
Stress
46.9%
COVID-19 / coronavirus
37.2%
Dental problems
29.4%
Disability
29.3%
Suicide
21.2%
Lung Disease
19.3%
Teenage pregnancy
17.4%
Grief
16.2%
HIV / AIDS
11.3%
Infant death
6.6%
Other
2.1%
0.0%
10.0%
20.0%
30.0%
40.0%
50.0%
60.0%
70.0%

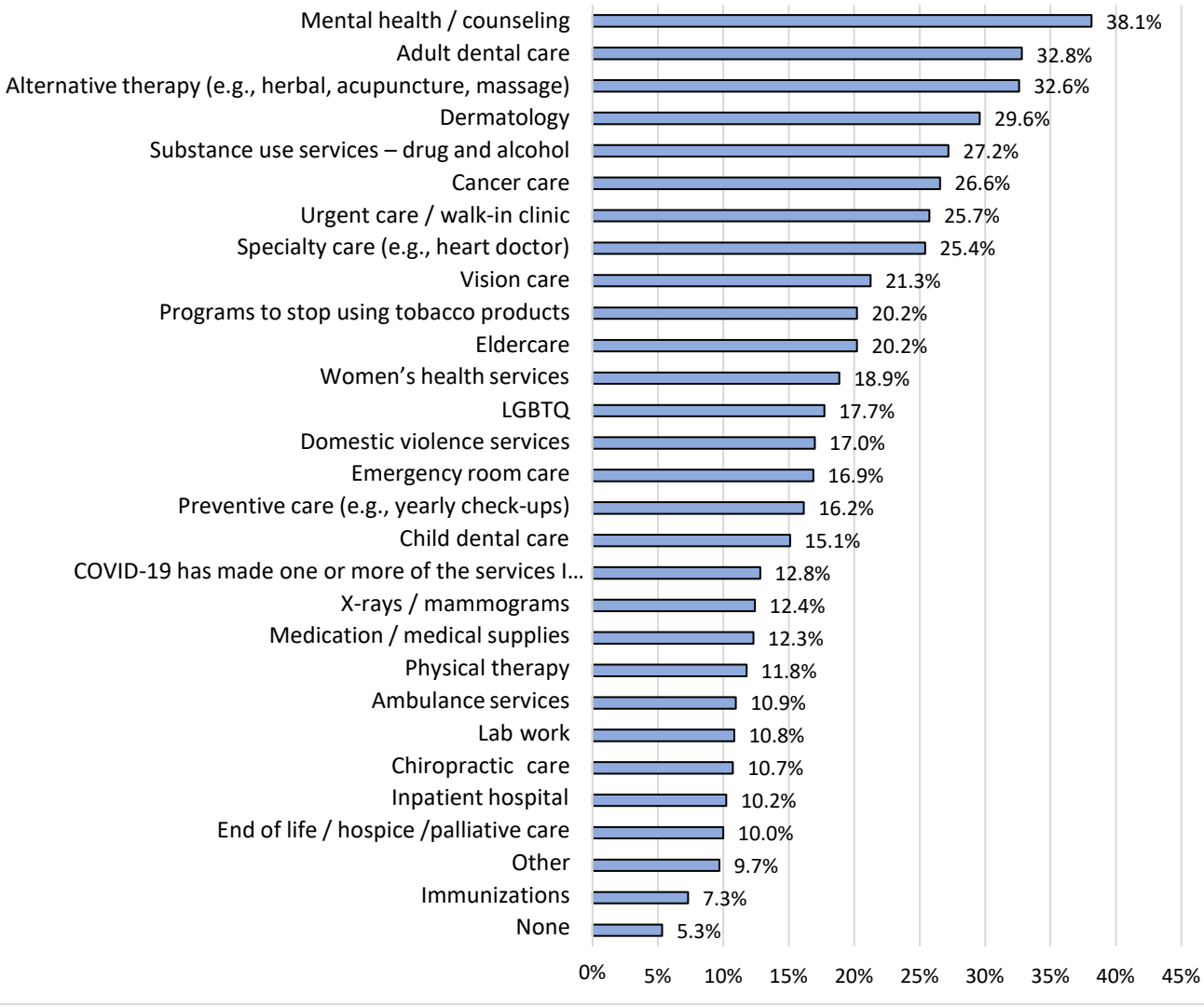
	Percent	Responses
Overweight / obesity	61.2%	603
Diabetes	57.7%	568
High blood pressure	54.3%	535
Cancers	52.6%	518
Heart disease and stroke	50.9%	501
Mental health problems	49.9%	491
Stress	46.9%	462
COVID-19 / coronavirus	37.2%	366
Dental problems	29.4%	290
Disability	29.3%	289
Suicide	21.2%	209
Lung Disease	19.3%	190
Teenage pregnancy	17.4%	171
Grief	16.2%	160
HIV / AIDS	11.3%	111
Infant death	6.6%	65
Other	2.1%	21
	Answered	**985**
	Skipped	**71**

Respondents highly ranked health conditions or outcome issues that directly address diabetes or are significant risk factors for diabetes (obesity and high blood pressure). Of particular note, in 2018, mental health problems were 18% of respondents' selections, and in2021 that number increased to 50%. This increase may be impacted by COVID-19 and the fact that"health care factors" and health care "issues" were broken into separate questions in 2021.

Q2b. Other responses What do you think are the most important issues that affect health in our community? Conditions/Outcomes:		
Code	**Responses**	**Percent**
Dementia	3	12%
Morbidity/mortality	2	8%
Seizures	2	8%
Thyroid issues	2	8%
Arthritis	1	4%
Car accidents	1	4%
Cardiovascular disease	1	4%
Chronic Obstructive Pulmonary Disease (COPD)	1	4%
Cognitive impairment in youth	1	4%
Drug overdose	1	4%
Environmental pollutants	1	4%
Hearing impairment	1	4%
Knee pain	1	4%
Renal disease	1	4%
Social anxiety	1	4%
Social isolation	1	4%
Social isolation- elderly	1	4%
All of the above	2	8%
N/A	2	8%
Total	**26**	**100%**

In the Farmville region, 26 respondents chose “other” for their selection. Of these “other” responses, 3 or 12% identified Dementia as the most important condition/outcome that affects the health in the community, while 2 respondents or 8% identified said morbidity/morality, seizures, and thyroid issues. Additional responses are listed in the table above.

Q3 - Which health care services are hard to get in our community?
(Respondents could check more than one)

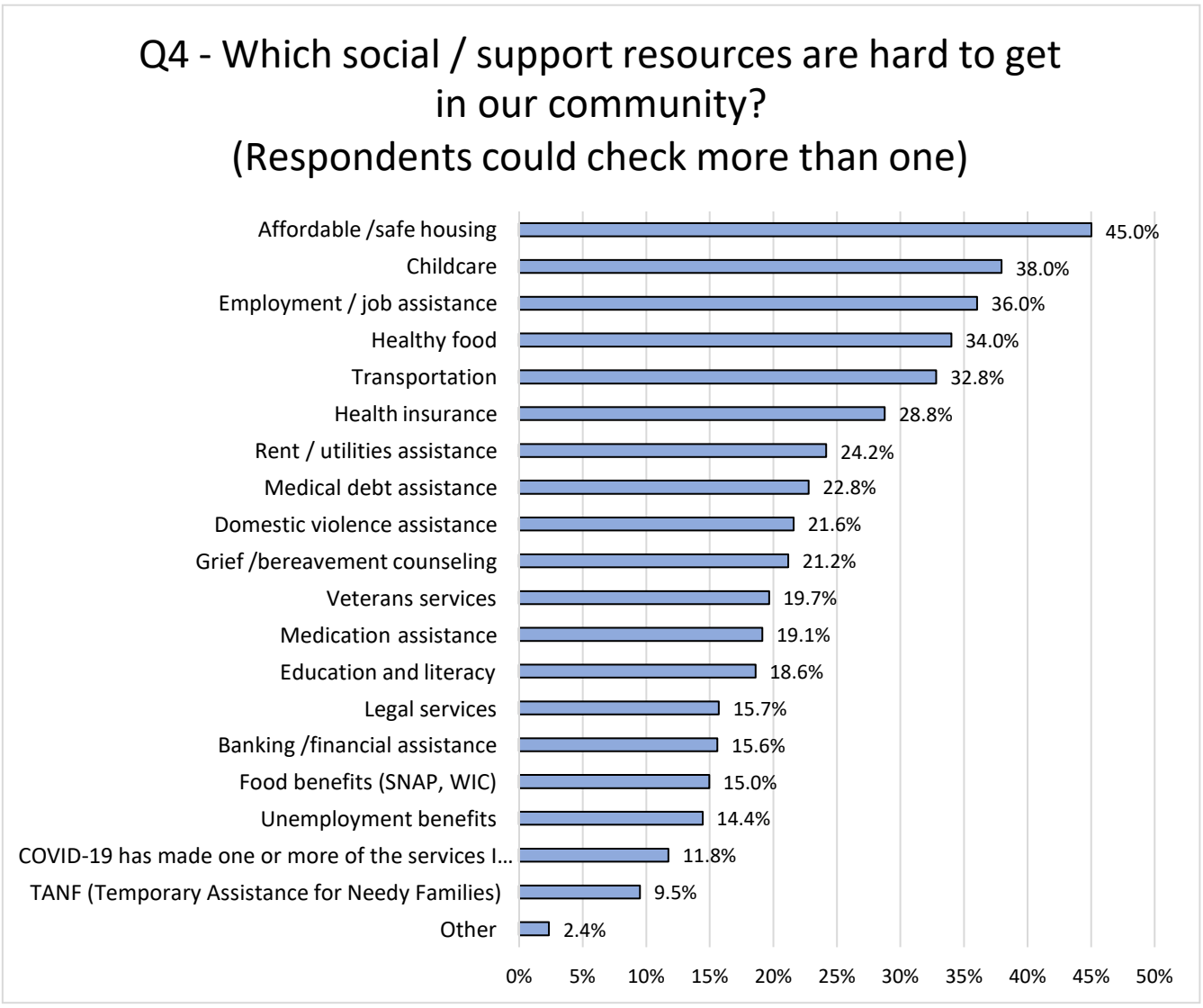


	Percent	Responses
Mental health / counseling	38.1%	366
Adult dental care	32.8%	315
Alternative therapy (e.g., herbal, acupuncture, massage)	32.6%	313
Dermatology	29.6%	284
Substance use services – drug and alcohol	27.2%	261
Cancer care	26.6%	255
Urgent care / walk-in clinic	25.7%	247
Specialty care (e.g., heart doctor)	25.4%	244
Vision care	21.3%	204
Eldercare	20.2%	194
Programs to stop using tobacco products	20.2%	194
Women's health services	18.9%	181
LGBTQ	17.7%	170
Domestic violence services	17.0%	163
Emergency room care	16.9%	162
Preventive care (e.g., yearly check-ups)	16.2%	155
Child dental care	15.1%	145
COVID-19 has made one or more of the services I selected hard to get	12.8%	123
X-rays / mammograms	12.4%	119
Medication / medical supplies	12.3%	118
Physical therapy	11.8%	113
Ambulance services	10.9%	105
Lab work	10.8%	104
Chiropractic care	10.7%	103
Inpatient hospital	10.2%	98
End of life / hospice /palliative care	10.0%	96
Other	9.7%	93
Immunizations	7.3%	70
None	5.3%	51
	Answered	**960**
	Skipped	**96**

In 2021, respondents indicated mental health and counseling services were the hardest to get. This number increased approximately 16% over 2018. Adult dental care remained high from 2018 (29.4%) to 2021 (32.8%). It is important to note that beginning July 1, 2021, VirginiaMedicaid started providing comprehensive adult dental services to Medicaid beneficiaries for the first time. There was an increase in responses indicating that alternative therapies are hard to get in the community (32.6% in 2021, 21.6% in 2018). Difficulty accessing specialty care services was consistent from 2018 and 2021 at 23.6% and 25.4%, respectively.

Q3. Other responses What health care services are hard to get in our community?		
Code	**Responses**	**Percent**
Family doctor	116	73%
Dental care- access/affordability	3	2%
Ears, nose, throat physicians	3	2%
Provider shortage	3	2%
Rheumatologist	3	2%
Access to affordable healthcare	1	1%
Allergists	1	1%
Alternative religions- Deukal	1	1%
Bariatric care	1	1%
Coordination of care	1	1%
Cost of services	1	1%
Dermatologist	1	1%
Dietary counseling/support	1	1%
Endocrinologist	1	1%
Environmental issues	1	1%
Financial planning for healthcare	1	1%
Eldercare	1	1%
Hard to get appointments	1	1%
Holistic care	1	1%
Home health services	1	1%
Hospitals	1	1%
Integrative health	1	1%
Massage therapy	1	1%
Orthodontics	1	1%
Recreational center	1	1%
Research- disease cures/advancements	1	1%
Sleep specialists	1	1%
Specialty care	1	1%
Sports medicine	1	1%
Transportation	1	1%
All of the above	2	1%
N/A	4	3%
Total	**159**	**100%**

In the Farmville region, 159 respondents chose “other” for their selection. Of these “other” responses, 116 or 73% identified Family doctor as the health service that is hardest to get in the area, while accessible/affordable dental care, ENT physician and Provider shortage were tied with 3 responses each or 2%. A multitude of other services are outlined in the table above.

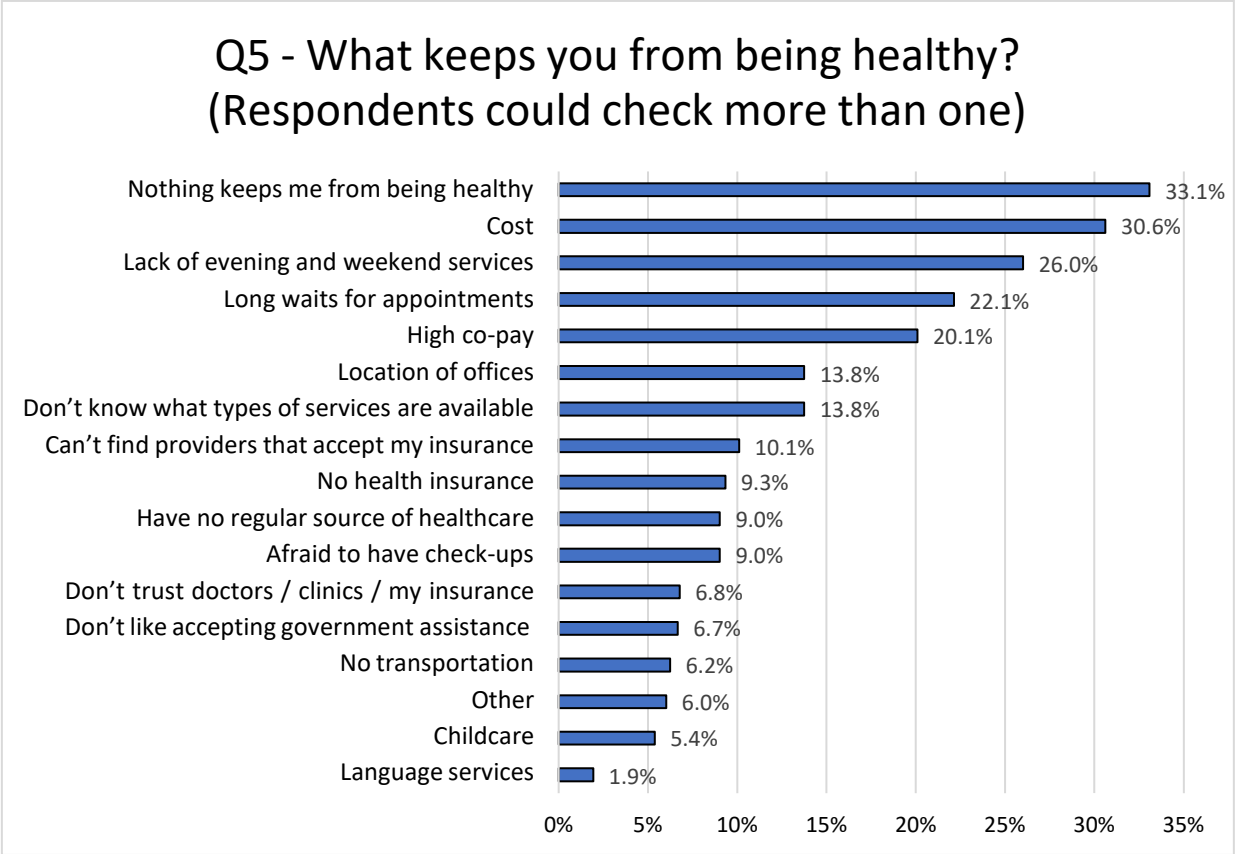

Q4 - Which social / support resources are hard to get in our community?
(Respondents could check more than one)
Affordable /safe housing
Childcare
Employment / job assistance
Healthy food
Transportation
Health insurance
Rent / utilities assistance
Medical debt assistance
Domestic violence assistance
Grief /bereavement counseling
Veterans services
Medication assistance
Education and literacy
Legal services
Banking /financial assistance
Food benefits (SNAP, WIC)
Unemployment benefits
COVID-19 has made one or more of the services I…
TANF (Temporary Assistance for Needy Families)
Other
45.0%
38.0%
36.0%
34.0%
32.8%
28.8%
24.2%
22.8%
21.6%
21.2%
19.7%
19.1%
18.6%
15.7%
15.6%
15.0%
14.4%
11.8%
9.5%
2.4%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%

	Percent	Responses
Affordable /safe housing	45.0%	421
Childcare	38.0%	355
Employment / job assistance	36.0%	337
Healthy food	34.0%	318
Transportation	32.8%	307
Health insurance	28.8%	269
Rent / utilities assistance	24.2%	226
Medical debt assistance	22.8%	213
Domestic violence assistance	21.6%	202
Grief /bereavement counseling	21.2%	198
Veterans services	19.7%	184
Medication assistance	19.1%	179
Education and literacy	18.6%	174
Legal services	15.7%	147
Banking /financial assistance	15.6%	146
Food benefits (SNAP, WIC)	15.0%	140
Unemployment benefits	14.4%	135
COVID-19 has made one or more of the services I selected hard to get	11.8%	110
TANF (Temporary Assistance for Needy Families)	9.5%	89
Other	2.4%	22
	Answered	**935**
	Skipped	**121**

Affordable and safe housing continued to be cited as resources that were hard to get in the community. In 2018, the response was (36.6%) and 2021 (45%). The reader should note that the 2021 assessment separated social determinants of health like housing and food security from health conditions. No issue increased more between assessments than issues related to childcare/daycare. In 2018 "Reliable daycare" was cited by just 9% of respondents, while in 2021, the number increased to 38% ('childcare"). Transportation remained consistent at 28.8% in 2018 and 32.8% in 2021.

Q4. Other responses Which Social /Support Services resources are hard to get in our community?		
Code	**Responses**	**Percent**
Mental health services	2	11%
Durable Medical Equipment (DME)	1	5%
Eldercare	1	5%
Internet	1	5%
Job skills/training	1	5%
Recreation center	1	5%
School systems	1	5%
Social Security Insurance (SSI)	1	5%
All of the above	3	16%
N/A	7	37%
Total	**19**	**100%**

In the Farmville region, 19 respondents chose "other" for their selection. Of these "other" responses, 2 or 11% identified that mental health services is the social/support services/resources that are hardest to get in the community. Various other services were listed and are shown above.

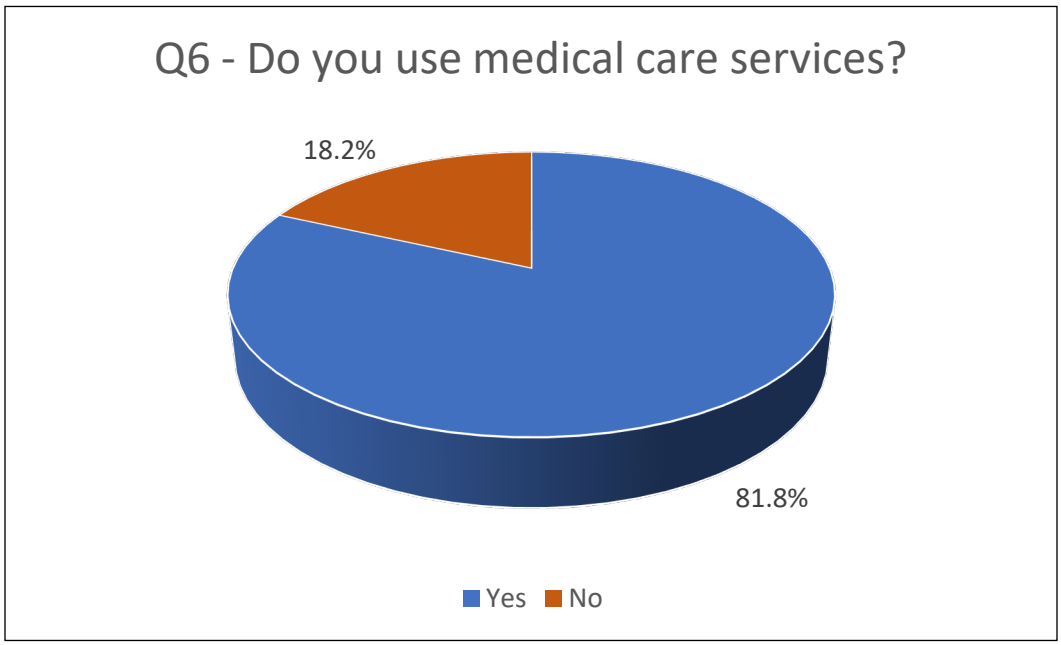


	Percent	Responses
Nothing keeps me from being healthy	33.1%	308
Cost	30.6%	285
Lack of evening and weekend services	26.0%	242
Long waits for appointments	22.1%	206
High co-pay	20.1%	187
Don't know what types of services are available	13.8%	128
Location of offices	13.8%	128
Can't find providers that accept my insurance	10.1%	94
No health insurance	9.3%	87
Afraid to have check-ups	9.0%	84
Have no regular source of healthcare	9.0%	84
Don't trust doctors / clinics / my insurance	6.8%	63
Don't like accepting government assistance	6.7%	62
No transportation	6.2%	58
Other	6.0%	56
Childcare	5.4%	50
Language services	1.9%	18
	Answered	**931**
	Skipped	**125**

In 2018, the response "Nothing keeps me from being healthy" was not an option on the survey however in 2021, 33.1% of respondents selected this option. In 2021, the topfive reasons respondents felt kept them from being healthy were identical to the top five reasons in2018. Cost was 30.6% in 2021 and 48.9% in 2018. High co-pays were 32.7% in 2018 and 20% in 2021. Lack of evening and weekend services increased slightly in 2021 to 26% from 23.3% in 2018.Long waits for appointments remained consistent at 22% in 2021 compared to 24% in 2018. No health insurance dropped as a reason from 17.4% in 2018 to 9.3% in 2021.

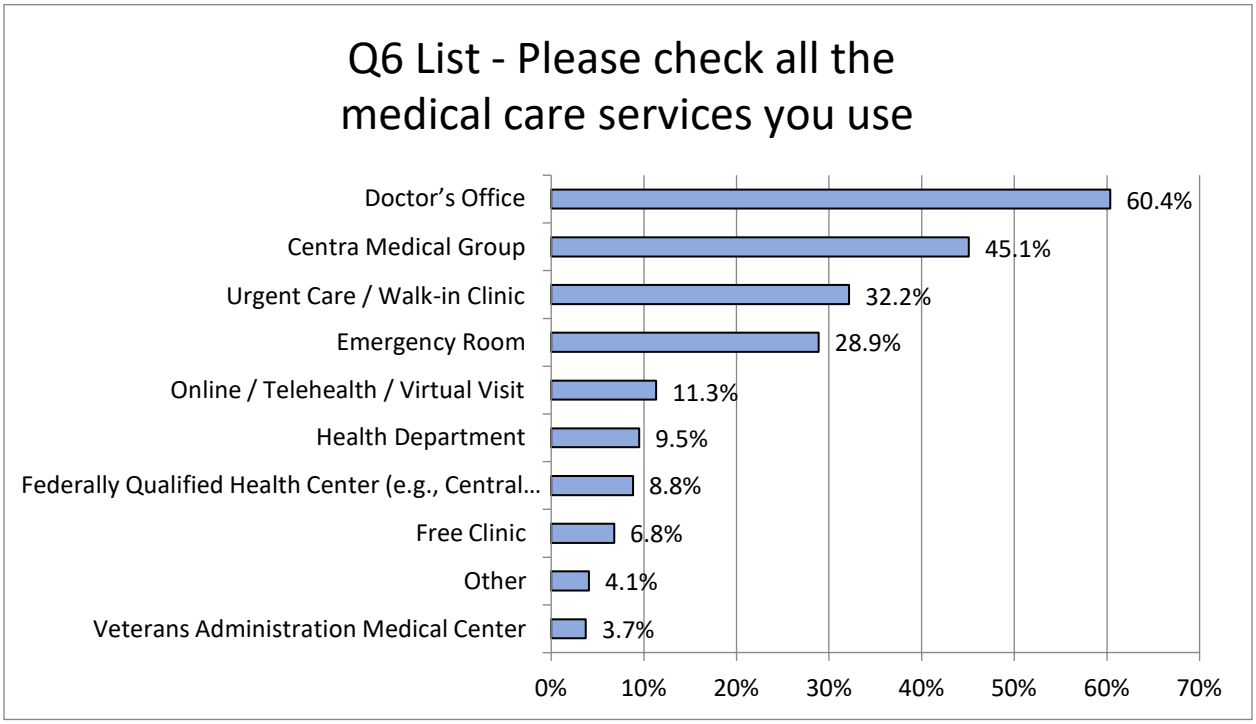
Q5. Other responses What Keeps you from being Healthy?		
Code	**Responses**	**Percent**
Access to affordable healthy foods	4	7%
Lack of motivation, willpower	4	7%
Provider shortage	4	7%
Stress/anxiety	4	7%
Lack of time	3	5%
Accessibility to services	2	3%
Don't trust doctors/clinics/my insurance	2	3%
Health literacy/health education	2	3%
Nothing keeps me from being healthy	2	3%
Affordable health insurance	1	2%
Can't find providers that accept my insurance	1	2%
Challenges getting to appointments	1	2%
Cost/affordability	1	2%
Current medications	1	2%
Fear	1	2%
Food desert	1	2%
Isolation	1	2%
Lack of affordable exercise programs	1	2%
Lack of community support	1	2%
Lack of evening and weekend services	1	2%
Diet/Health Coach needed	1	2%
LGBTQ discrimination	1	2%
Long waits for appointments	1	2%
No transportation	1	2%
Overweight/obesity	1	2%
Poor food choices	1	2%
Sex trafficking	1	2%
Social anxiety	1	2%
Time management	1	2%
All of the above	1	2%
N/A	10	17%
Total	**58**	**100%**

In the Farmville region, 58 respondents chose “other” for their selection. Of these “other” responses, lack of motivation/willpower, access to affordable healthy foods, provider shortage and stress/anxiety were tied with 4 responses each or 7% as factors that kept people from being healthy. Lack of time had 3 responses or 5%. Additional factors are listed above.



	Percent	Number
Yes	81.8%	495
No	18.2%	110
	Answered	**605**
	Skipped	**233**

The number of respondents who indicated that they use medical services was slightly down from the 2018 number (83.2% in 2018).

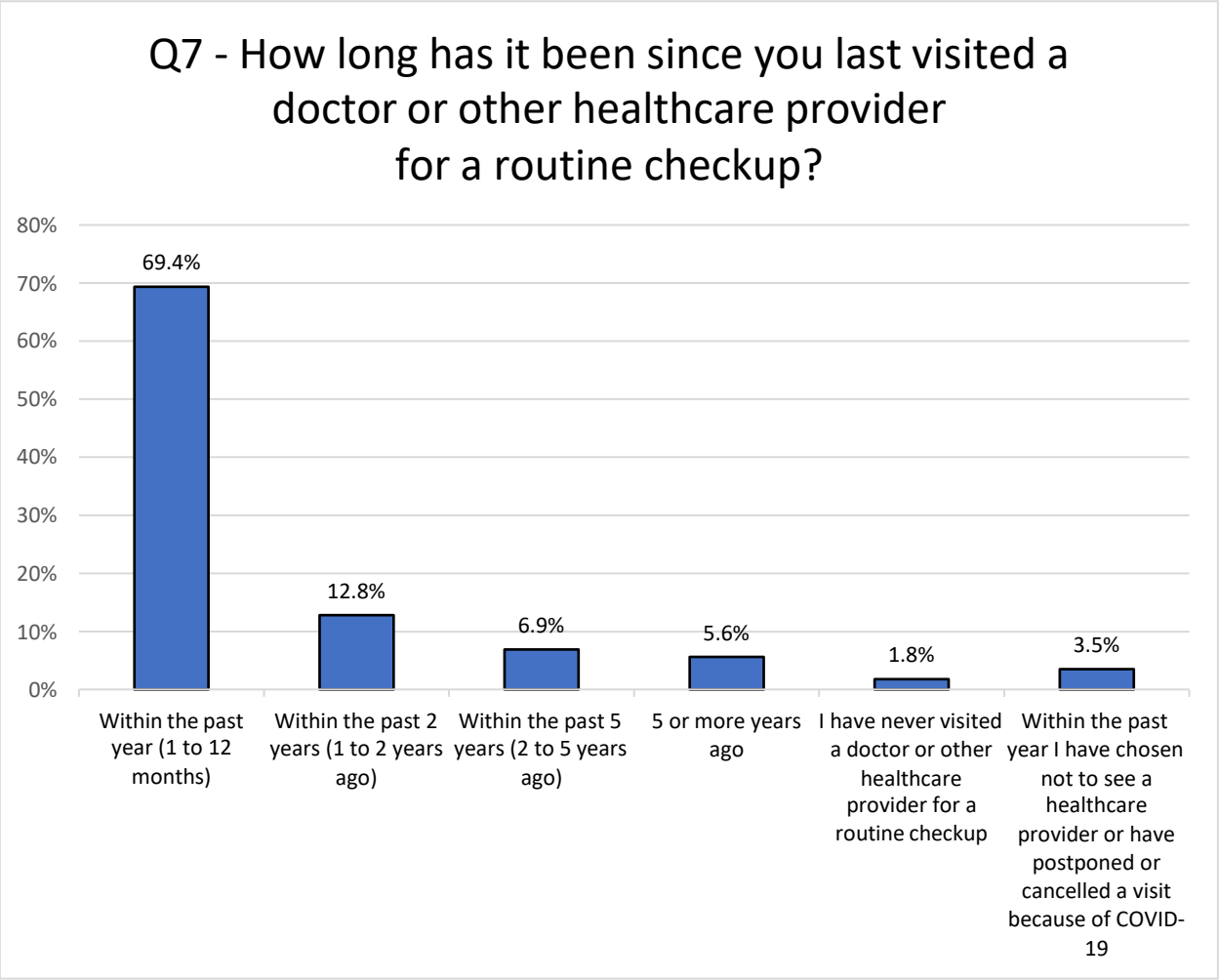


	Percent	Responses
Doctor's Office	60.4%	533
Centra Medical Group	45.1%	398
Urgent Care / Walk-in Clinic	32.2%	284
Emergency Room	28.9%	255
Online / Telehealth / Virtual Visit	11.3%	100
Health Department	9.5%	84
Federally Qualified Health Center (e.g., Central Virginia Health Services)	8.8%	78
Free Clinic	6.8%	60
Other	4.1%	36
Veterans Administration Medical Center	3.7%	33
	Answered	**883**
	Skipped	**173**

The generic "Doctor's Office" was the top response in 2021 (60.4%) and 2018 (49%). Respondents selecting Centra Medical Group increased from 34.5% in 2018 to 45.1% in 2021, a 10.6% increase. Respondents indicating that they used the Emergency Room remained consistent from 29% in 2021 compared to 27% in 2018. Urgent Care or Walk-in Clinic showed a dramatic increase from 10.3% in 2018 to 32.2% in 2021 (an increase of 21.9%). The use of the region's Federally Qualified Health Centers remained consistent at approximately 10% in 2018 compared to 9% in 2021.

Q6. Other responses Where do you go for medical care?		
Code	**Responses**	**Percent**
Doctor's office	9	20%
Sentara Healthcare	6	13%
UVA Health	6	13%
Virginia Physicians for Women	3	7%
Centra PACE	2	4%
Jefferson OBGYN	2	4%
Longwood University Health Center	2	4%
Lunenburg Medical Center	2	4%
Carilion Clinic	1	2%
Centra Health	1	2%
CMG Farmville	1	2%
Dentist	1	2%
Dr. Aslanis of Farmville	1	2%
Dr. Corbett of Farmville	1	2%
I don't	1	2%
Liberty University Health Center	1	2%
Medicare	1	2%
University Health Center	1	2%
N/A	4	9%
Total	**46**	**100%**

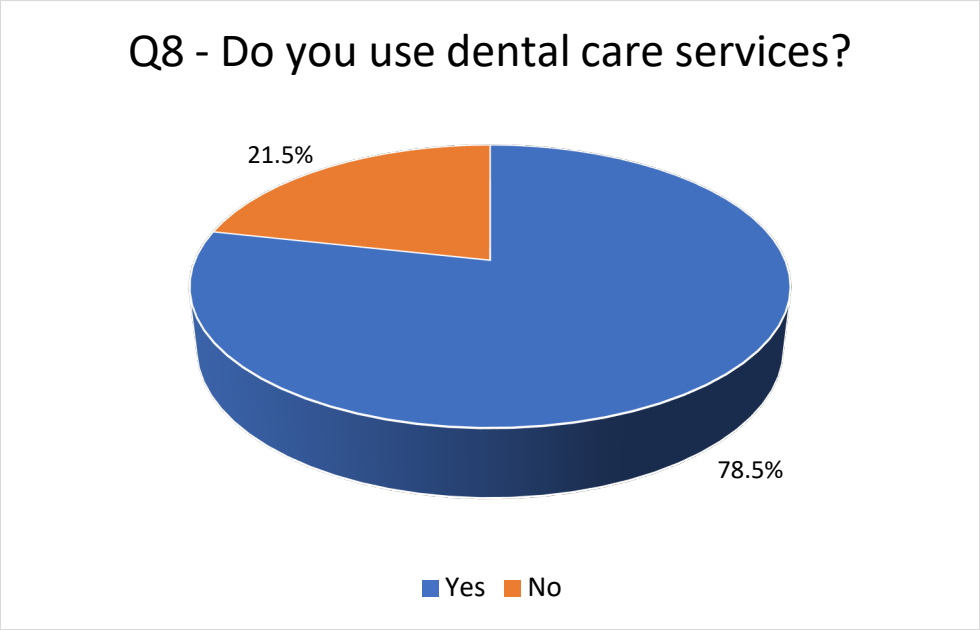
In the Farmville region, 46 respondents chose "other" for their selection. Of these "other" responses, 9 or 20% said that they utilized a Doctor's office for medical care, while Sentara Healthcare and UVA Health were tied with 6 responses each or 13%. Virginia Physicians for Women was listed 3 times (7% of responses). Additional items were identified and are listed in the table above.



	Percent	Responses
Within the past year (1 to 12 months)	69.4%	731
Within the past 2 years (1 to 2 years ago)	12.8%	135
Within the past 5 years (2 to 5 years ago)	6.9%	73
5 or more years ago	5.6%	59
I have never visited a doctor or other healthcare provider for a routine checkup	1.8%	19
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	3.5%	37
	Answered	**1,054**
	Skipped	**49**

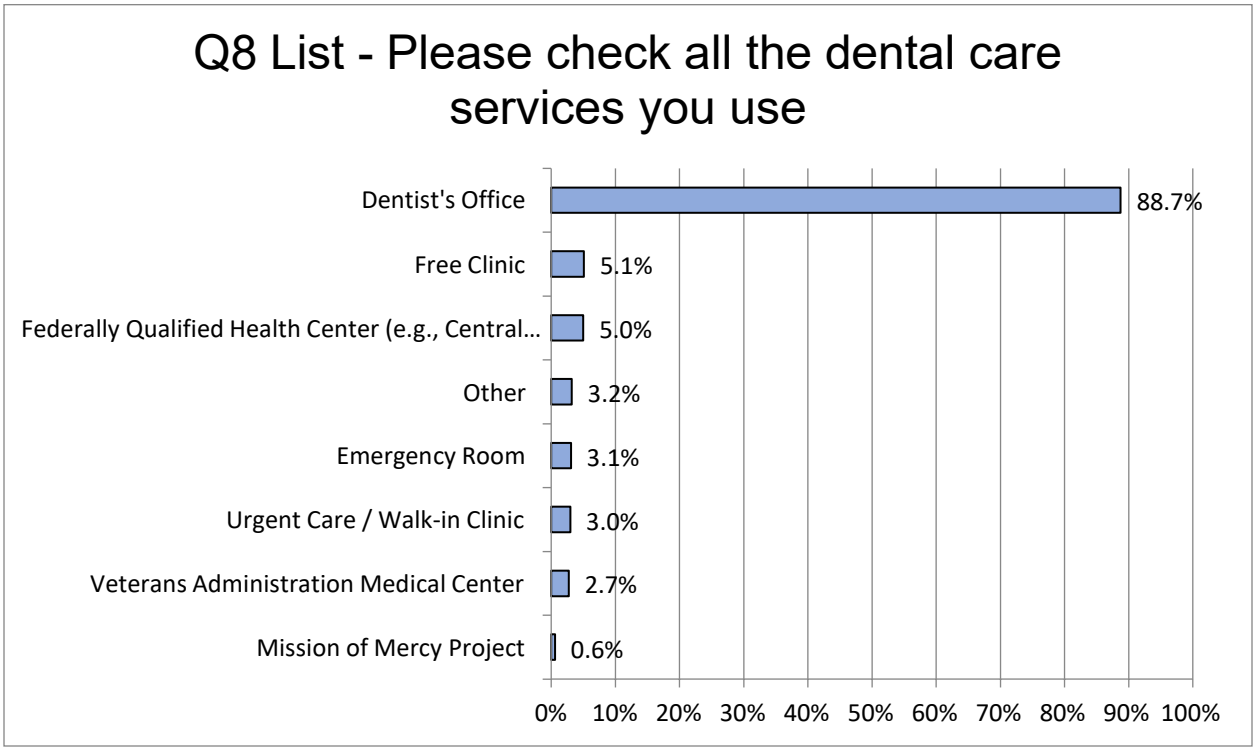
The number of respondents indicating that they last visited a healthcare provider for a routine check-up in the past year fell from 2018 (76.6%) to 69.4% in 2021. This decrease may be attributed to the fact thatalmost 4% of 2021 respondents indicated that they had not seen a healthcare provider due to COVID-19 (concerns or cancellations or postponements made by the healthcare provider). The number of respondents who had not visited a healthcare provider for a

routine check-up within thepast five years was similar from 2018 (5.9%) to 2021.



	Percent	Responses
Yes	78.5%	645
No	21.5%	177
	Answered	**822**
	Skipped	**234**

The number of respondents indicating that they use dental care services increased 16% from 2018 (62.5%) to 2021 (78.5%). However, it is important to note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 in 2018 (48.7%) as compared to 19.8% in 2021. In addition, slightly more respondents in 2021 indicated that they had dental insurance (23.8%) than in 2018 (22.6%).

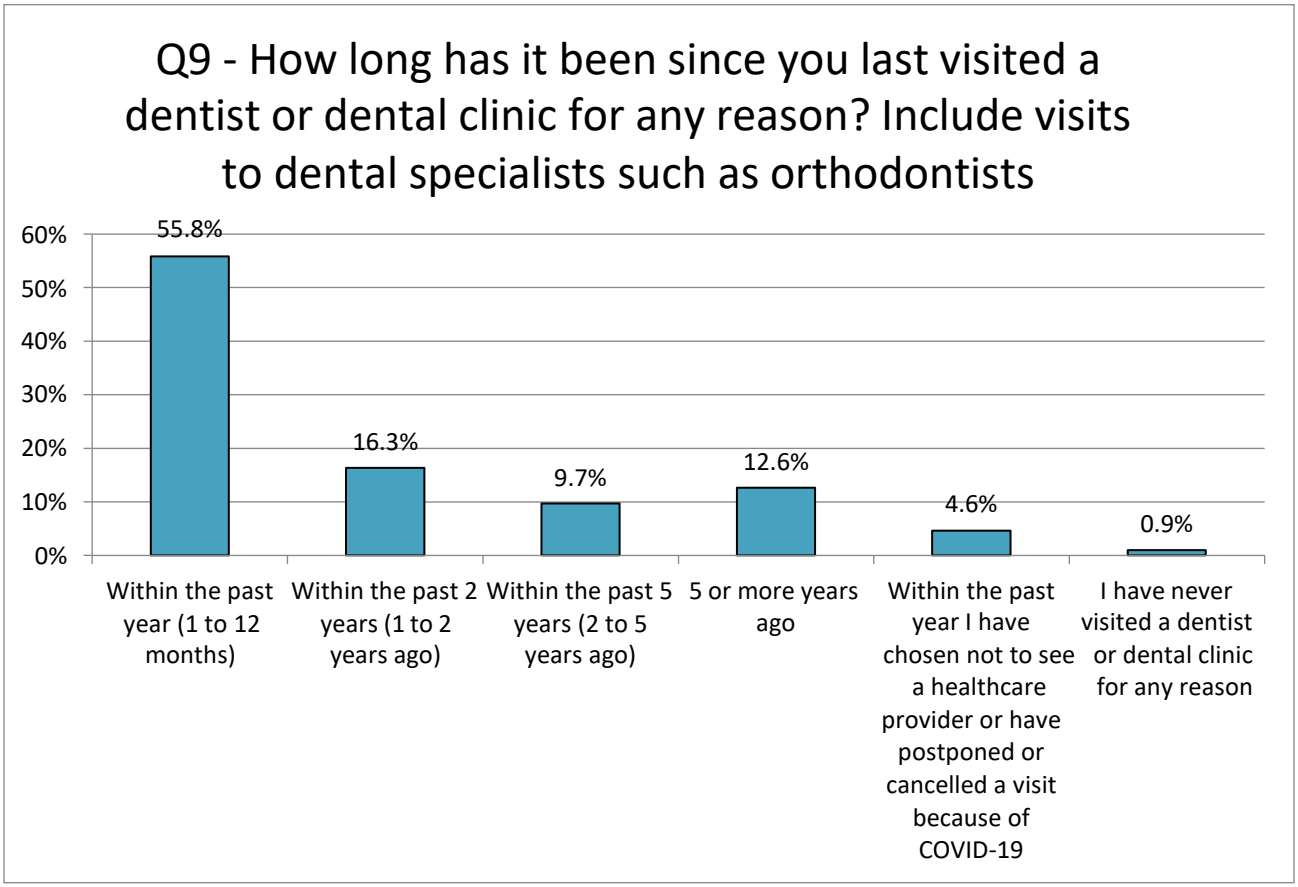


	Percent	Responses
Dentist's Office	88.7%	748
Free Clinic	5.1%	43
Federally Qualified Health Center (e.g., Central Virginia Health Services)	5.0%	42
Other	3.2%	27
Emergency Room	3.1%	26
Urgent Care / Walk-in Clinic	3.0%	25
Veterans Administration Medical Center	2.7%	23
Mission of Mercy Project	0.6%	5
	Answered	**843**
	Skipped	**213**

The number of respondents selecting the generic response "Dentist's Office" increased from 8% in 2018 to almost 90% in 2021. It is important to note that 75.1% of respondents in 2018 selected "Other" as their option. The use of "Free Clinic" for dental services increased to 5% in 2021 from 1% in 2018. Respondents using "Urgent Care or Walk-in Clinic" remained consistent from 2018 (2.7%) to 2018 (3%). Respondents using Federally Qualified HealthCenters increased from 1% in 2018 to 5% in 2021. Respondents using "Mission of Mercy Project" for dental services decreased to less than 1% in 2021 from 2% in 2018.

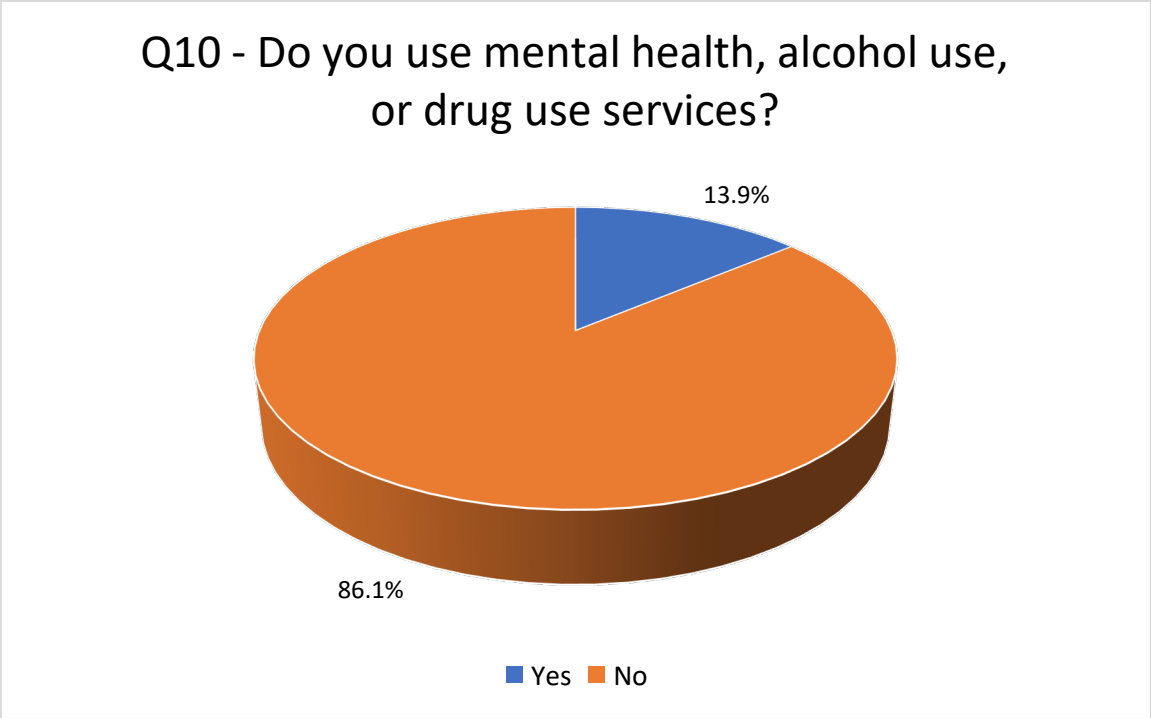
Q8. Other responses Check all Dental Services that you use		
Code	**Responses**	**Percent**
Out of town dentist	8	29%
In search of dentist	4	14%
MCV Campus Virginia Commonwealth University	4	14%
Dentist office	2	7%
I don't have dental coverage due to cost	2	7%
Harry Lyons School of Dentistry	1	4%
I don't go	1	4%
Long waits for appointments	1	4%
Not available in Farmville	1	4%
Optometrist	1	4%
Orthodontist	1	4%
UVA dental	1	4%
N/A	1	4%
Total	**28**	**100%**

In the Farmville region, 28 respondents chose "other" for their selection. Of these "other" responses, 8 or 29% said that they utilized out-of-town dentist for their dental care services. There were 4 who listed that they were in search of a dentist at 14%, while 4 or 14% said they utilized the MCV campus Virginia Commonwealth University Dental services. The remainder of responses are included in the table above.



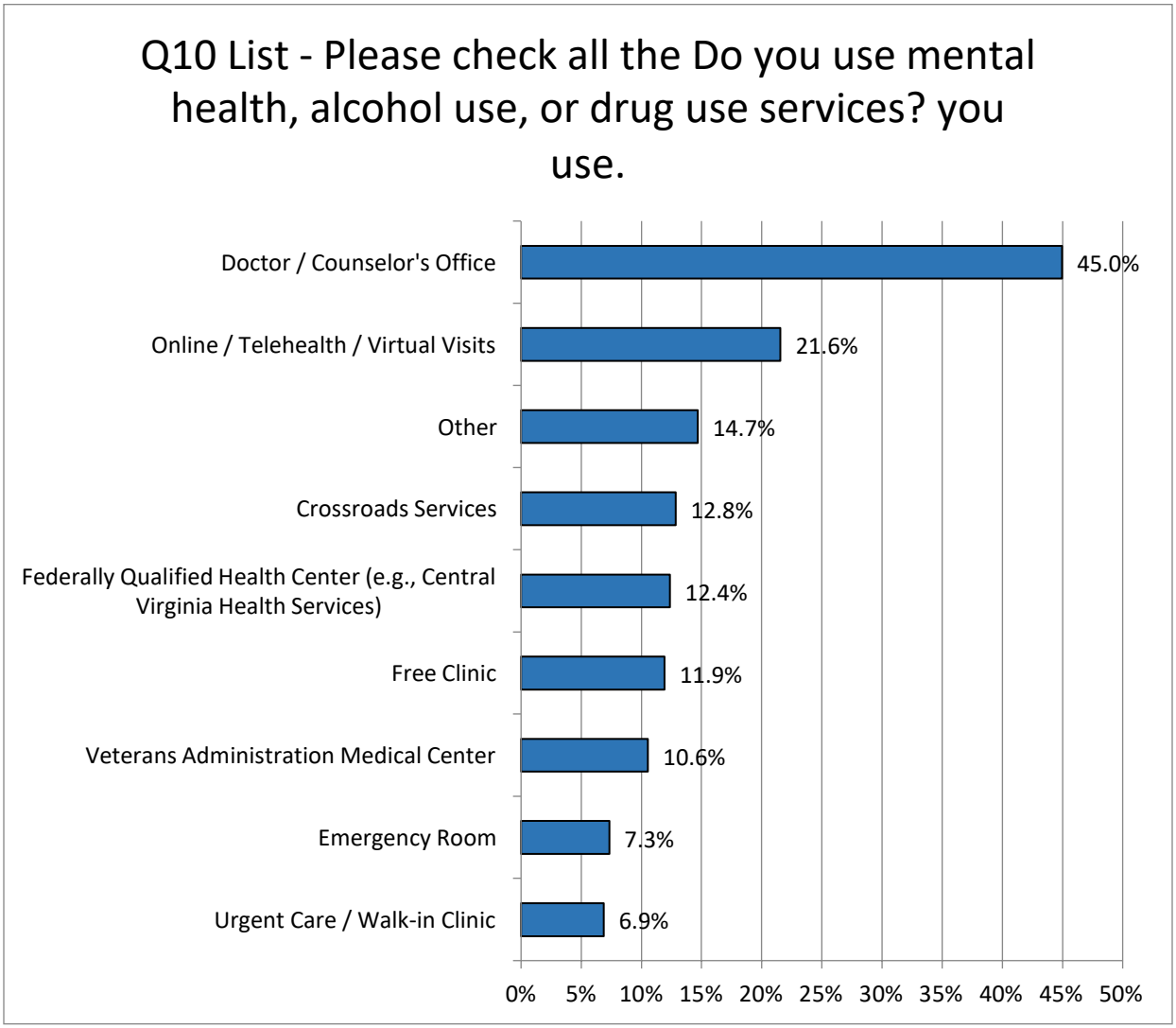
	Percent	Responses
Within the past year (1 to 12 months)	55.8%	589
Within the past 2 years (1 to 2 years ago)	16.3%	172
Within the past 5 years (2 to 5 years ago)	9.7%	102
5 or more years ago	12.6%	133
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	4.6%	49
I have never visited a dentist or dental clinic for any reason	0.9%	10
	Answered	**1055**
	Skipped	**49**

The number of respondents who had visited a dentist or dental clinic for any reason remained consistent from 54.5% in 2018 to 55.8% in 2021. The number of respondents who had not visited a dentist or dental clinic in the past 3 to 5 years in 2018 was close to 1 in 3 (31.1%). The percentage of 2021 respondents who have not visited a dentist or dental clinic in the past 2 to more than five years was 22.3%. Additionally, almost 5% postponed or cancelled a visit because of COVID-19 in the past year.



	Percent	Responses
Yes	13.9%	131
No	86.1%	814
	Answered	**945**
	Skipped	**111**

The number of respondents indicating that they use mental health, alcohol or drug use services increased from 9.1% in 2018 to 14% in 2021. This increase should be interpreted with the knowledge of the potential impact (increase) on these services due to the COVID-19 pandemic. The readers should also consider the large percentage of respondents in 2018 who had a household income of less than $20,000 compared to the same household income response in 2021 (approximately 20% in 2021 compared to 49% in 2018). In addition, more respondents in 2021 indicated that they had health insurance (72%) than in 2018 (63%).

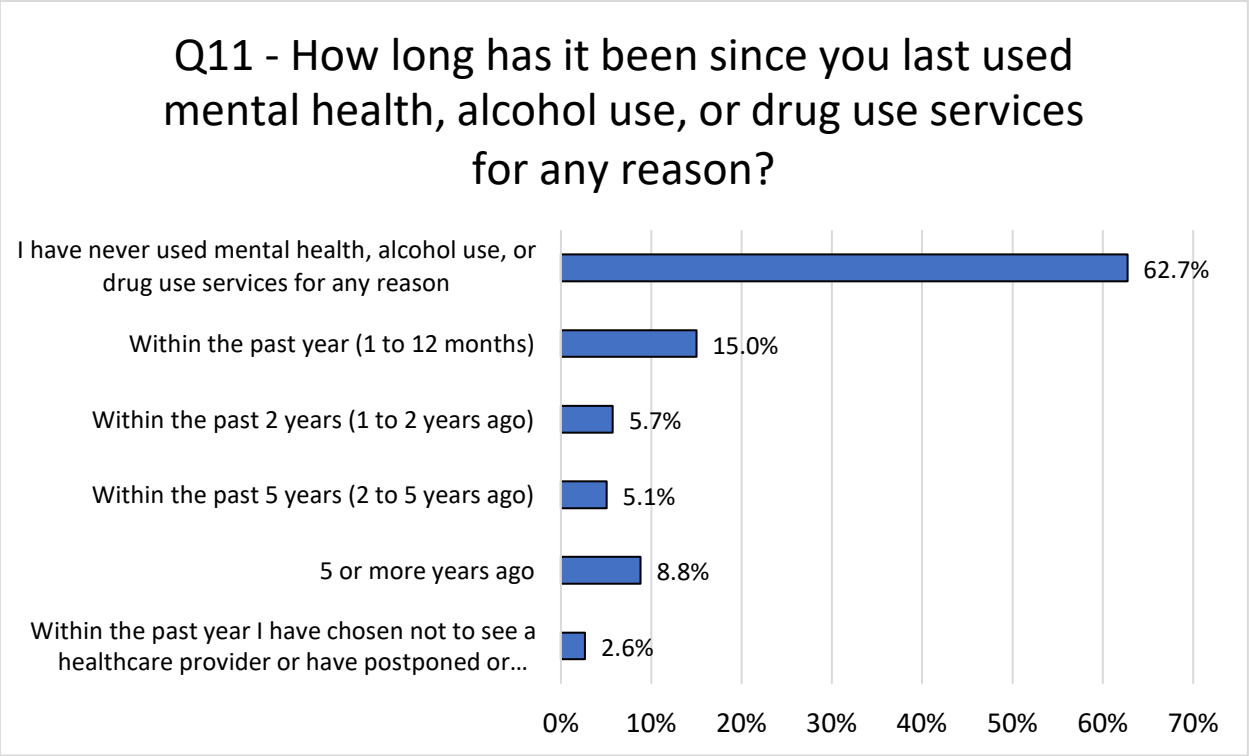


	Percent	Responses
Doctor / Counselor's Office	45.0%	98
Online / Telehealth / Virtual Visits	21.6%	47
Other	14.7%	32
Crossroads Services	12.8%	28
Federally Qualified Health Center (e.g., Central Virginia Health Services)	12.4%	27
Free Clinic	11.9%	26
Veterans Administration Medical Center	10.6%	23
Emergency Room	7.3%	16
Urgent Care / Walk-in Clinic	6.9%	15
	Answered	**218**
	Skipped	**832**

The number of respondents who used Crossroads Community Services Board for services fell from approximately 32% in 2018 to 12.5% in 2021. Online, telehealth, or virtual visits were not an option for respondents in 2018. Approximately 1 out of 5 respondents using mental health, alcohol use, or drug use services indicated such a visit. The number of respondents using the Free Clinic or Federally Qualified Health Center both increased from 2018 (4.5% Free Clinic; 9.1% CVHS) to 2021(Free Clinic 11.6%; CVHS 12.1%). The generic response, "Doctor or Counselor's Office," was combined from two separate responses from 2018 – "Doctor's Office" and "Counselor's Office." These two responses in 2018 were approximately 32% and 29%, respectively in 2018, while combined for 2021, the percentage of responses was 43.8%.

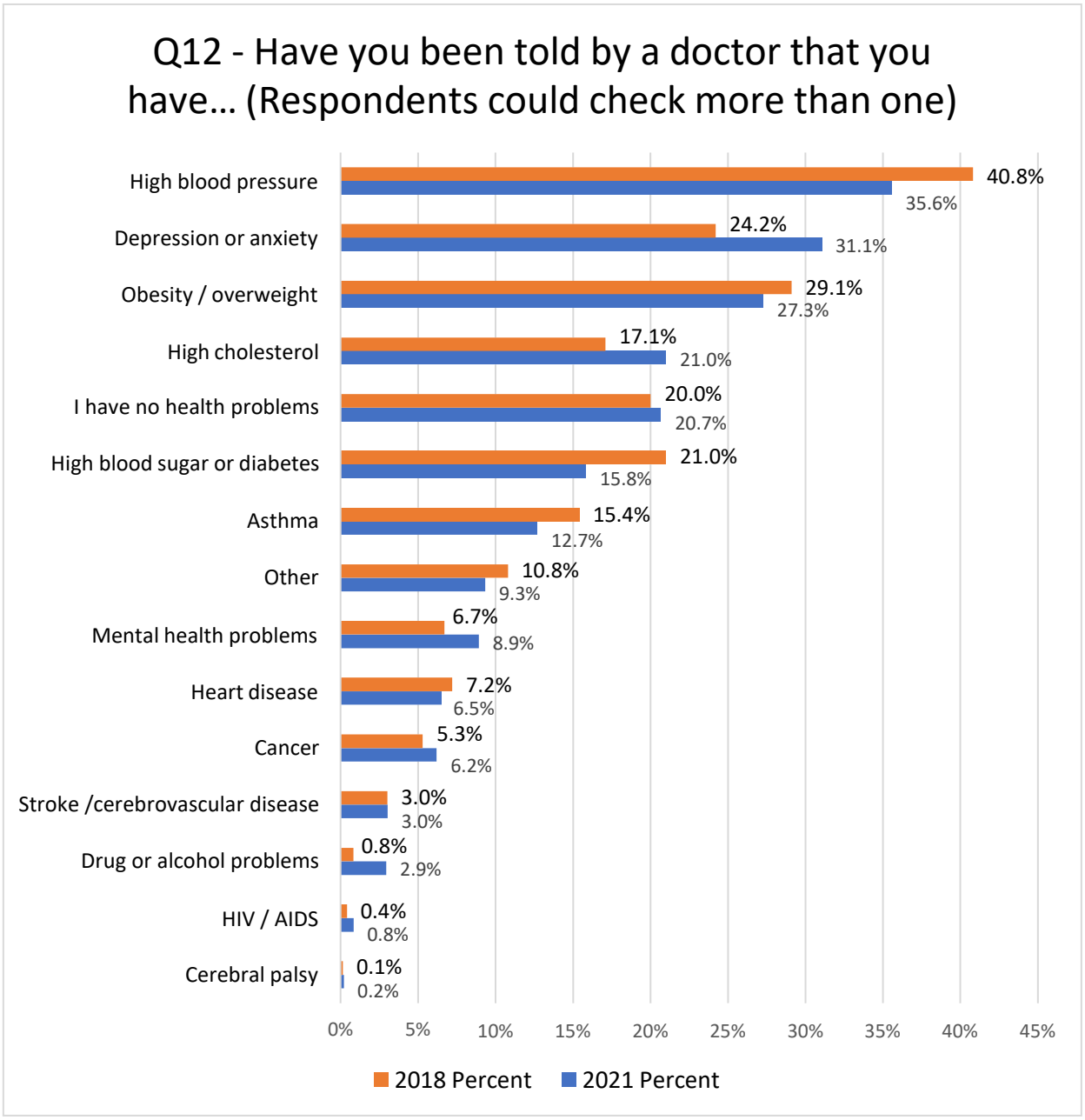
Q10. Other responses Which mental health services do you use?		
Code	**Responses**	**Percent**
Out of town doctor/counselor	4	13%
Centra PACE	1	3%
CMG (Centra Medical Group)	1	3%
CVS Pharmacy	1	3%
Doctor/counselors office	1	3%
Good Neighbor Counseling	1	3%
Light Counseling	1	3%
Lynchburg Comprehensive Treatment Center	1	3%
Virtual	1	3%
University counselor	1	3%
N/A	18	58%
Total	**31**	**100%**

In the Farmville region, 31 respondents chose “other” for their selection. Of these “other” responses, 4 or 13% said that they utilized an out-of-town doctor/counselor for mental health services. Various additional services were listed and are outlined in the table above.



	Percent	Responses
I have never used mental health, alcohol use, or drug use services for any reason	62.7%	569
Within the past year (1 to 12 months)	15.0%	136
Within the past 2 years (1 to 2 years ago)	5.7%	52
Within the past 5 years (2 to 5 years ago)	5.1%	46
5 or more years ago	8.8%	80
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	2.6%	24
	Answered	**907**
	Skipped	**182**

Within the past year, 15% of respondents used mental health, alcohol use, or drug use services. An additional 2.6% of respondents did not seek services due to COVID-19. This question was not included in the previous 2018 Community Health Survey. According to the Substance Abuse & Mental Health Data Archive, 18.6% of Virginians (age 18 or older) had "Any Mental Illness in 2018-19." (SAMHDA. *Interactive NSDUH State Estimates*. Substance Abuse & Mental Health Data Archive. Accessed July 14, 2021 at https://pdas.samhsa.gov/saes/state)


Q12 - Have you been told by a doctor that you have… (Respondents could check more than one)
High blood pressure
40.8%
35.6%
Depression or anxiety
24.2%
31.1%
Obesity / overweight
29.1%
27.3%
High cholesterol
17.1%
21.0%
I have no health problems
20.0%
20.7%
High blood sugar or diabetes
21.0%
15.8%
Asthma
15.4%
12.7%
Other
10.8%
9.3%
Mental health problems
6.7%
8.9%
Heart disease
7.2%
6.5%
Cancer
5.3%
6.2%
Stroke /cerebrovascular disease
3.0%
3.0%
Drug or alcohol problems
0.8%
2.9%
HIV / AIDS
0.4%
0.8%
Cerebral palsy
0.1%
0.2%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
2018 Percent
2021 Percent

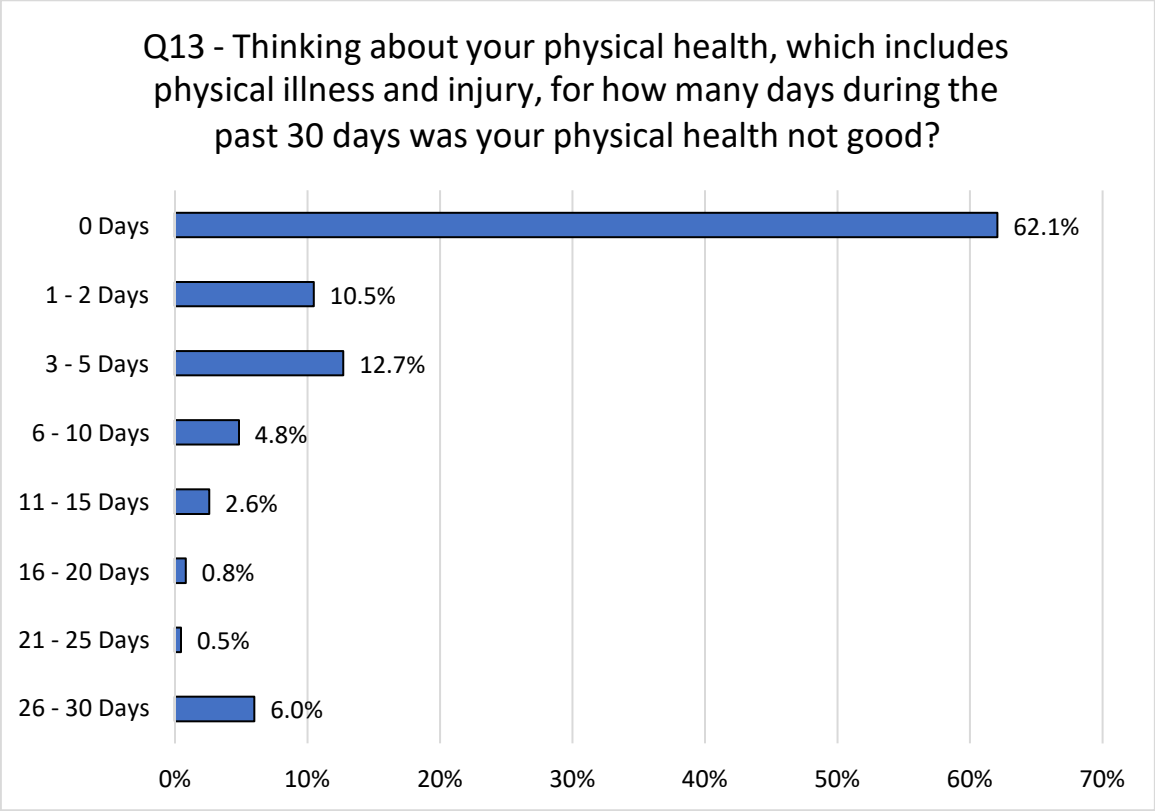
	Percent	Responses
High blood pressure	35.6%	339
Depression or anxiety	31.1%	296
Obesity / overweight	27.3%	260
High cholesterol	21.0%	200
I have no health problems	20.7%	197
High blood sugar or diabetes	15.8%	151
Asthma	12.7%	121
Other	9.3%	89
Mental health problems	8.9%	85
Heart disease	6.5%	62
Cancer	6.2%	59
Stroke /cerebrovascular disease	3.0%	29
Drug or alcohol problems	2.9%	28
HIV / AIDS	0.8%	8
Cerebral palsy	0.2%	2
	Answered	**953**
	Skipped	**103**

When looking at the chart of responses regarding whether or not the respondent has been told by a doctor that they have a certain condition, the trend among disorders reported is largely consistent between 2018 and 2021. Of particular note is the increase in depression or anxiety (approximately 7%) from 2018 to 2021. This increase is consistent with the additional findings from this survey where 2021 respondents who felt their mental health was not good in the last 30 days increased by 5.5% from 11.1% in 2018 to 16.16%. It is important to consider the possible impact of COVID-19 restrictions,isolation, etc., on 2021 responses.

Q12. Other responses Have Been Told by a Doctor that you have:		
Code	**Responses**	**Percent**
Arthritis	6	6%
Cardiac/heart issues	4	4%
Chronic Obstructive Pulmonary Disease (COPD)	4	4%
Diabetes	4	4%
Hypothyroidism	4	4%
Migraines	4	4%
Allergies	3	3%
Epilepsy/seizure disorder	3	3%
Gastroesophageal reflux disease (GERD)	3	3%
Sleep apnea	3	3%
Thyroid disease/disorders	3	3%
Attention Deficit Hyperactivity Disorder (ADHD)	2	2%
Anxiety	2	2%
Back issues	2	2%
Celiac disease	2	2%
Crohns disease	2	2%
Fibromyalgia	2	2%
Iron deficiency	2	2%
Renal disorder/disease	2	2%
Acromegaly	1	1%
Aicardi-Goutières Syndrome (AGS)	1	1%
Autoimmune disease	1	1%
Bi-polar disorder	1	1%
Blind	1	1%
Blood clot	1	1%
Charcot Marie Tooth disease (CMT)	1	1%
Chronic hematuria	1	1%
Chronic Immune Thrombocytopenic Purpura (CITP)	1	1%
Chronic Traumatic Encephalopathy (CTE)	1	1%
Colon polyps	1	1%
Dementia	1	1%
Depression	1	1%
Gastrointestinal issues	1	1%
Gout	1	1%
Headaches	1	1%
Hearing loss	1	1%
Hepatitis C	1	1%
Hypoglycemia	1	1%
Idiopathic intracranial hypertension	1	1%

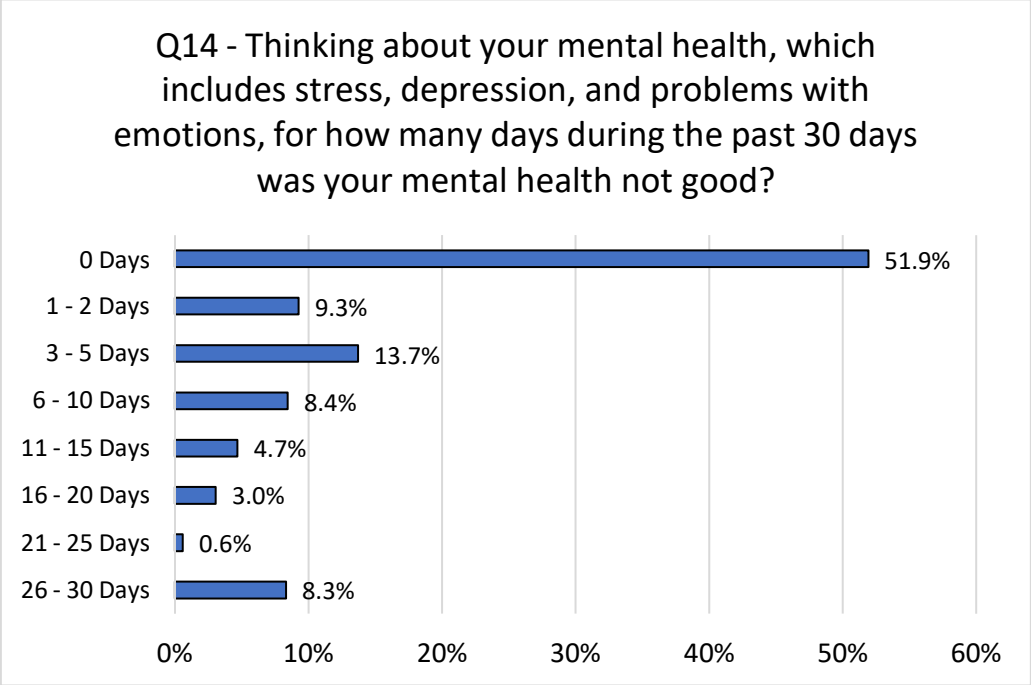
Incontinence	1	1%
Insomnia	1	1%
Irritable Bowel Syndrome (IBS)	1	1%
Macular degeneration	1	1%
Multiple diagnoses-unspecified	1	1%
Multiple Sclerosis (MS)	1	1%
Neurofibromatosis	1	1%
Neuropathy	1	1%
Parkinson's disease	1	1%
Poly Cystic Ovary Syndrome (PCOS)	1	1%
Post-Traumatic Stress Disorder (PTSD)	1	1%
Prediabetes	1	1%
Reflux/Indigestion	1	1%
Sarcoidosis	1	1%
Sickle cell disease	1	1%
Sinus issues	1	1%
Sjogren's syndrome	1	1%
Stenosis	1	1%
Tension Myositis Syndrome (TMS)	1	1%
Tick-borne illness	1	1%
N/A	7	7%
Total	**104**	**100%**

In the Farmville region, 104 respondents chose “other” for their selection. Of these “other” responses, 6 or 6% identified that they had been diagnosed with arthritis by a Physician. Cardiac/heart issues, Chronic Obstructive Pulmonary Disease (COPD), diabetes, hypothyroidism and migraines were tied with 4 responses each or 4%. Additional diagnoses mentioned are listed above.



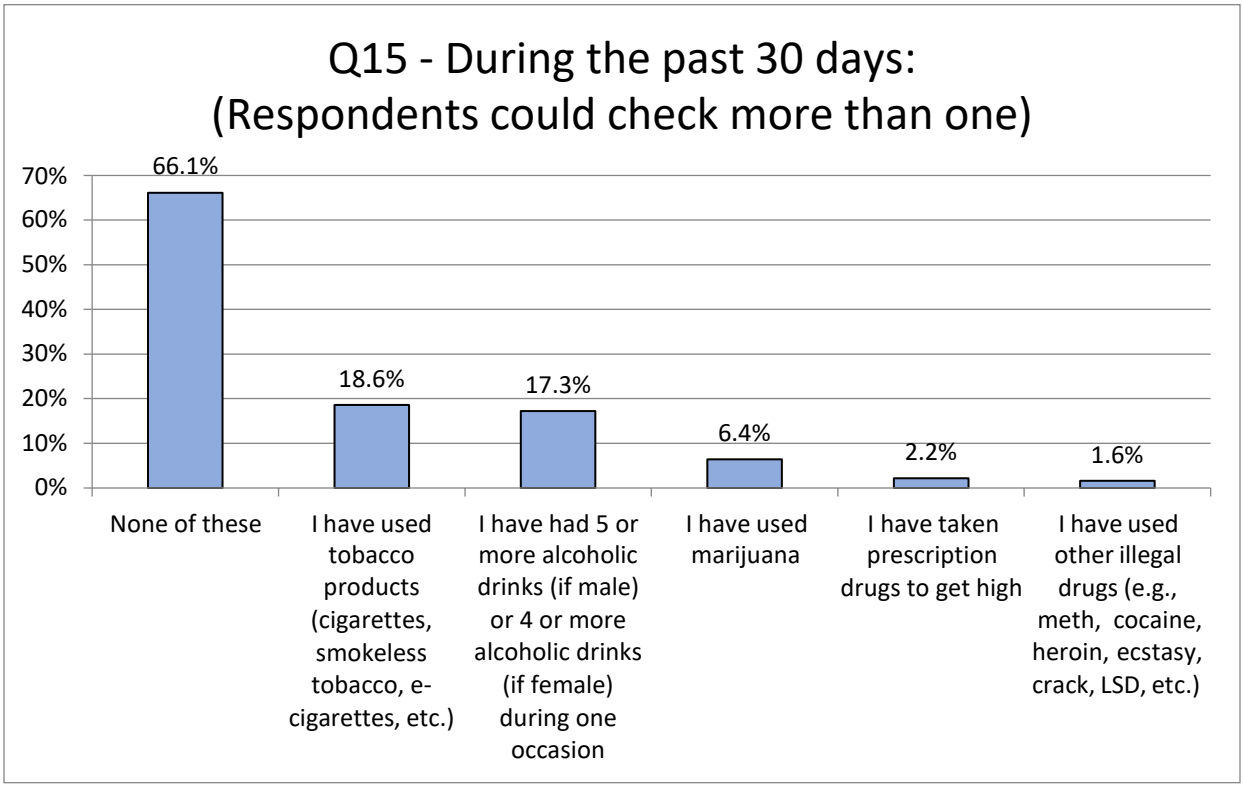
Days	Percent	Responses
0 Days	62.1%	527
1 - 2 Days	10.5%	89
3 - 5 Days	12.7%	108
6 - 10 Days	4.8%	41
11 - 15 Days	2.6%	22
16 - 20 Days	0.8%	7
21 - 25 Days	0.5%	4
26 - 30 Days	6.0%	51
	Answered	**849**
	Skipped	**199**

The 2021 assessment breaks out 2018's assessment from 0-5 days to 0 days, 1 to 2 days, and 3 to 5 days. Of those that reported they had physically unhealthy days, the large majority (23.2%) responded at least 1 to 5 days were unhealthy. The percentage of respondents indicating that their physical health was not good for 26 to 30 days remained the same from 2018 to 2021 at 6%. There was no change from the 2018 assessment to the 2021 assessment among respondents answering 21 to 25 days. The most significant variance was among respondents in the 6 to 10 days range (4.8% in 2021 and 9.3% in 2018).



Days	Percent	Responses
0 Days	51.9%	443
1 - 2 Days	9.3%	79
3 - 5 Days	13.7%	117
6 - 10 Days	8.4%	72
11 - 15 Days	4.7%	40
16 - 20 Days	3.0%	26
21 - 25 Days	0.6%	5
26 - 30 Days	8.3%	71
	Answered	**853**
	Skipped	**198**

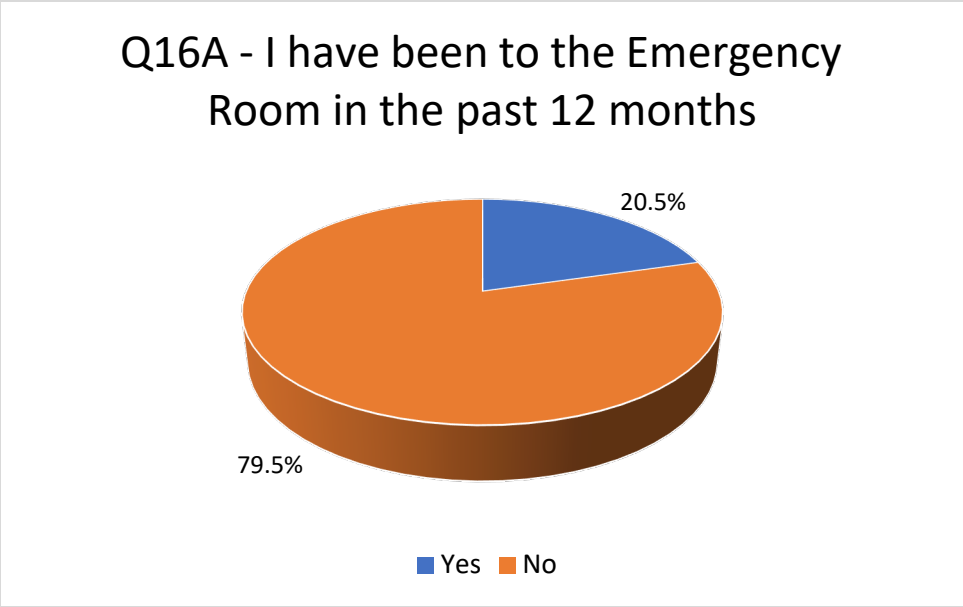
When asked about their mentally unhealthy days in the past 30 days, those respondents who answered 0-5 days in 2018 was 79.1% compared to 74.9% in 2021 while those who answered 6-15 days in 2018 was 14.6% compared to 13.1% in 2021. The percentage of 2021 respondents who felt their mental health was not good for more than 15 days in the last 30 days increased slightly from 11.1% in 2018 to 11.9%. The impact of COVID-19 should be considered as a possible factor in the increase.



	Percent	Responses
None of these	66.1%	628
I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)	18.6%	177
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion	17.3%	164
I have used marijuana	6.4%	61
I have taken prescription drugs to get high	2.2%	21
I have used other illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)	1.6%	15
	Answered	**950**
	Skipped	**106**

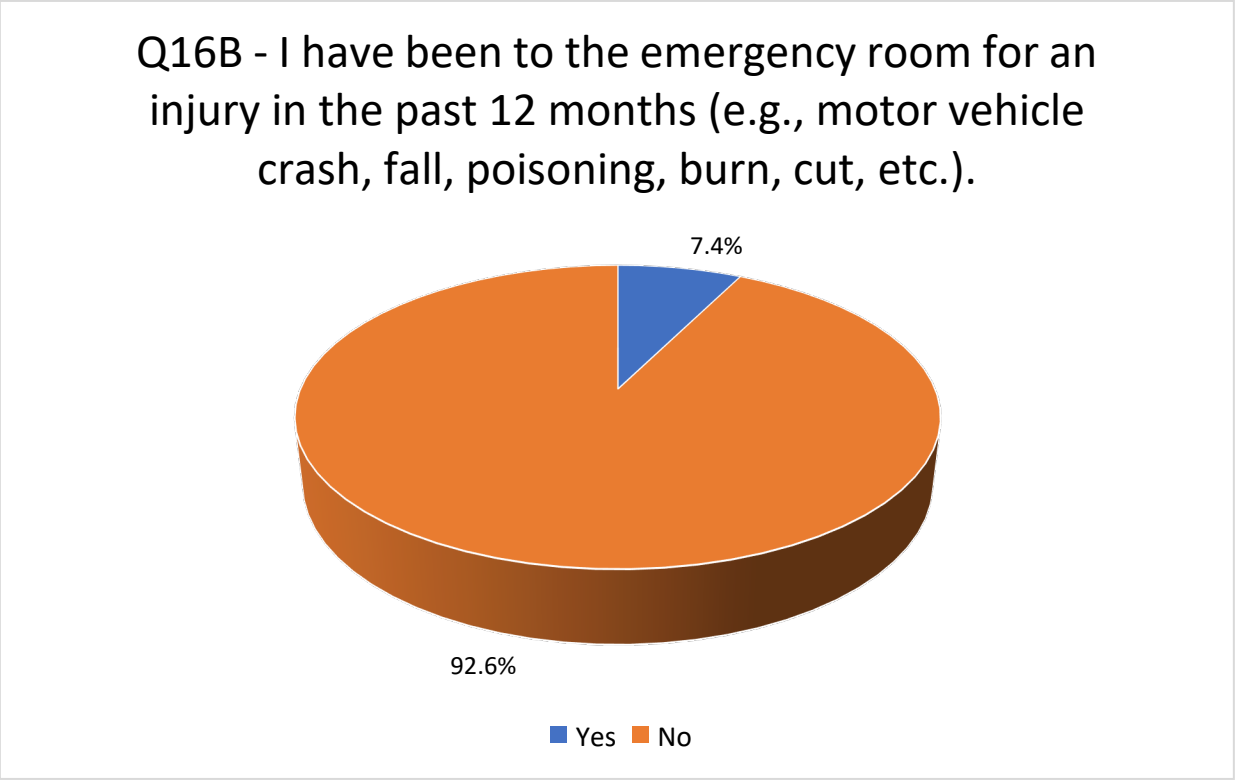
The percentage of respondents who indicated that they used none of the listed products/drugs in the last 30 days remained relatively consistent (61% in 2018 compared to 66% in 2021). The largest differences were in those who used tobacco products (62.2%) in 2018 compared to those in 2021 (18.6%). There was also a large variance in the number of persons who had had five or more alcoholic drinks in the past 30 days (39% for 2018 respondents and 17.3% for 2021 respondents). Those who used other illegal drugs (including marijuana) was 4.2% in 2018. In 2021, illegal drug use excluded marijuana with 1.6% of respondents reporting illegal drug use and 6.4% reporting having used marijuana. On July 1, 2021, recreational use of marijuana became legal in Virginia although retail sales will not begin until 2024.

Alcohol use disorder among Virginians 18 or older was 5.4% in 2018-2019 and illicit drug use other than marijuana in the past 30 days (2015 onward) among Virginians 18 and older was 2.9%. (SAMHDA. *Interactive NSDUH State Estimates*. Substance Abuse & Mental Health Data Archive. Accessed July 14, 2021 at https://pdas.samhsa.gov/saes/state)



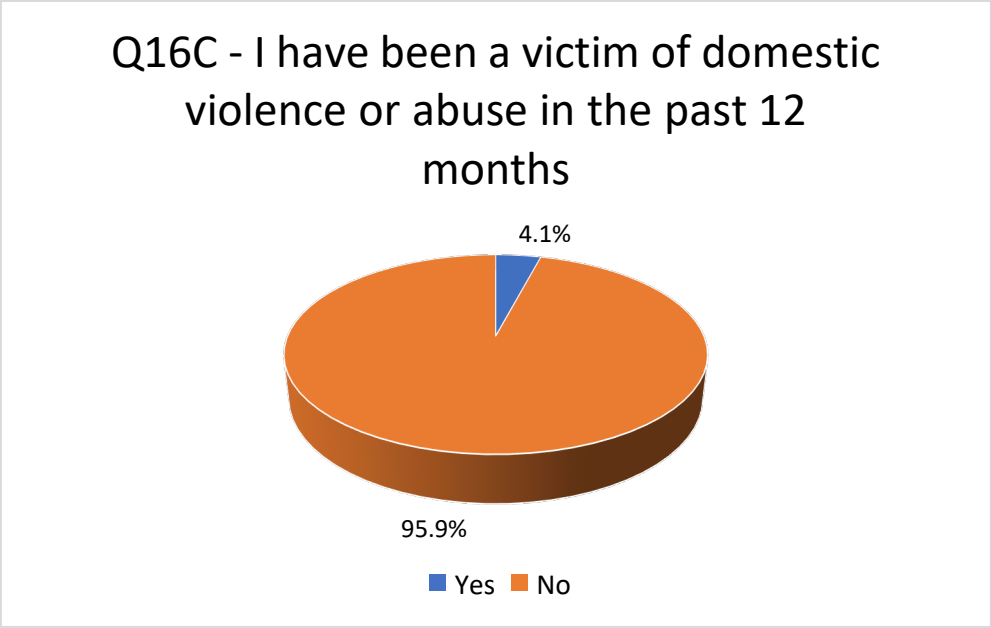
	Percent	Responses
Yes	20.5%	206
No	79.5%	798
	Answered	**1,004**
	Skipped	**52**

The number of respondents who indicated that they had been to the Emergency Room in the past 12 months decreased 17.1% from 37.6% in 2018 to 20.5% in 2021. In the United States in 2019, approximately 22% of adults aged 18 and over had visited the ED in the past 12 months (Centers for Disease Control and Prevention. National Health Statistics. *Emergency Department Visit Rates by Selected Characteristics: United States, 2018*. Accessed July 19, 2021 at https://www.cdc.gov/nchs/products/databriefs/db401.htm)



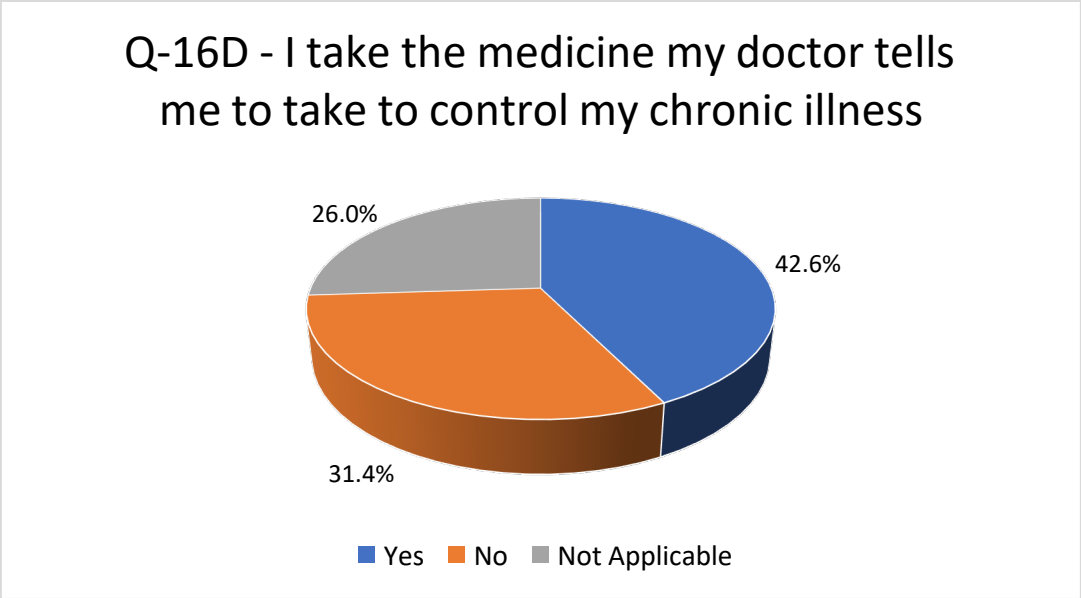
	Percent	Responses
Yes	7.4%	74
No	92.6%	925
	Answered	**999**
	Skipped	**57**

Fewer respondents in 2021 indicated that they had used the emergency room for an injury in the last 12 months than in 2018 (12.1%).



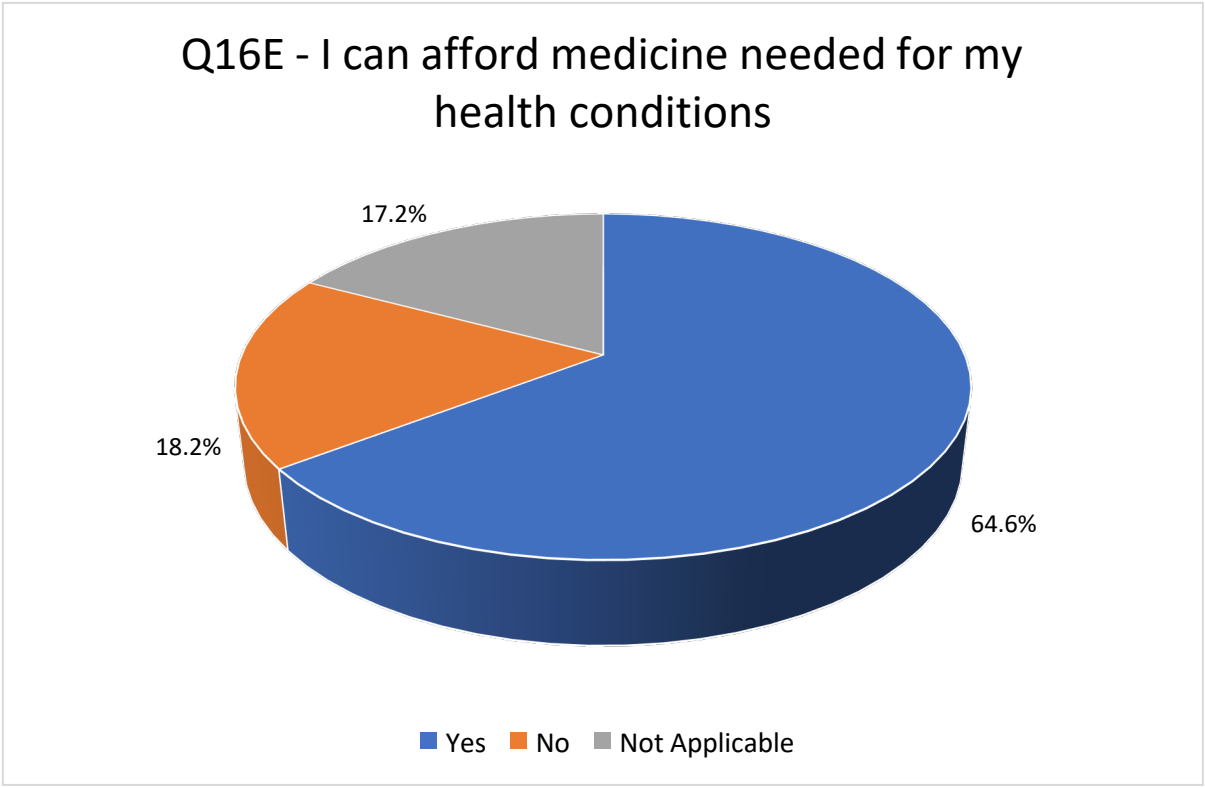
	Percent	Responses
Yes	4.1%	41
No	95.9%	957
	Answered	**998**
	Skipped	**58**

The number of respondents who reported that they had been victims of domestic violence in the last 12 months increased from 2.2% in 2018 to 4.1% in 2021. However, these responses are likely under-reported. According to the World Population Review, domestic violence against women in Virginia is 33.6% and 28.6% against men (National Coalition Against Domestic Violence (2019). Domestic violence in Virginia. Accessed July 13, 2021, from www.ncadv.org/files/Virginia.pdf).



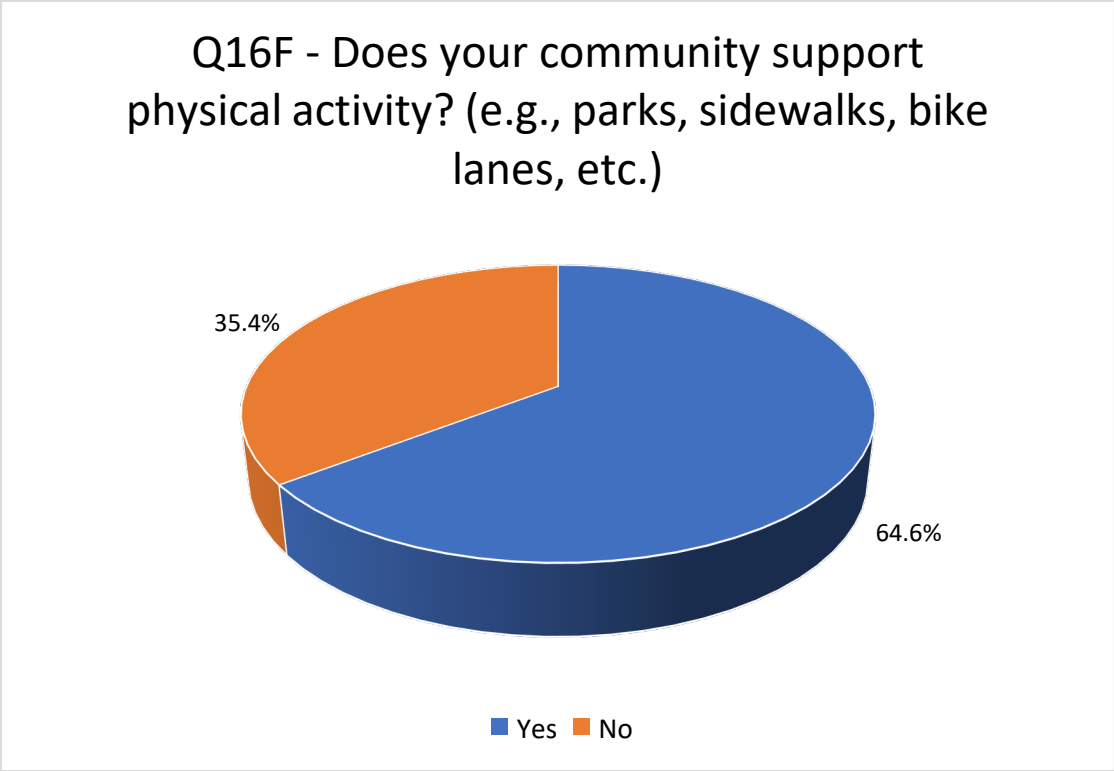
	Percent	Responses
Yes	42.6%	416
No	31.4%	306
Not Applicable	26.0%	254
	Answered	**976**
	Skipped	**80**

The number of respondents indicating that they take the medicine that their doctor tells them to take increased 12.6% from 33% in 2018 to 42.6% in 2021.



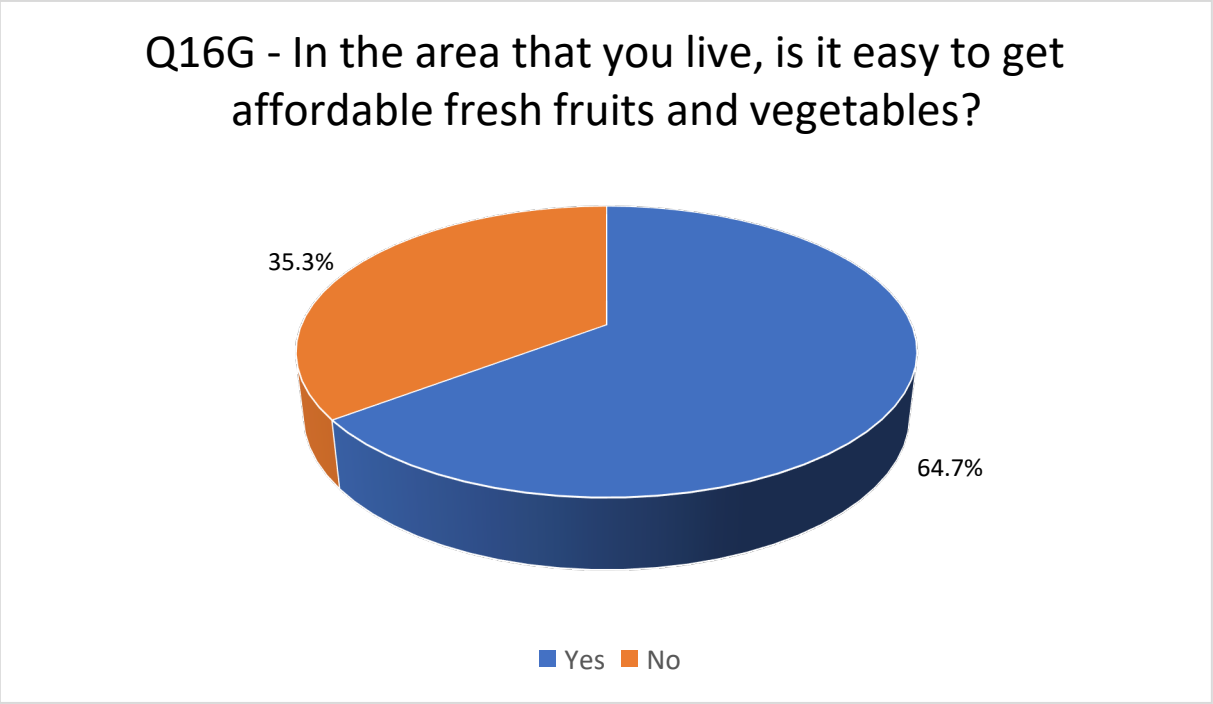
	Percent	Responses
Yes	64.6%	630
No	18.2%	177
Not Applicable	17.2%	168
	Answered	**975**
	Skipped	**81**

The number of respondents indicating that they can afford the medicine needed for their health conditions increased 12.4% from 52.2% in 2018 to 64.6% in 2021. However, it is important to note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%).



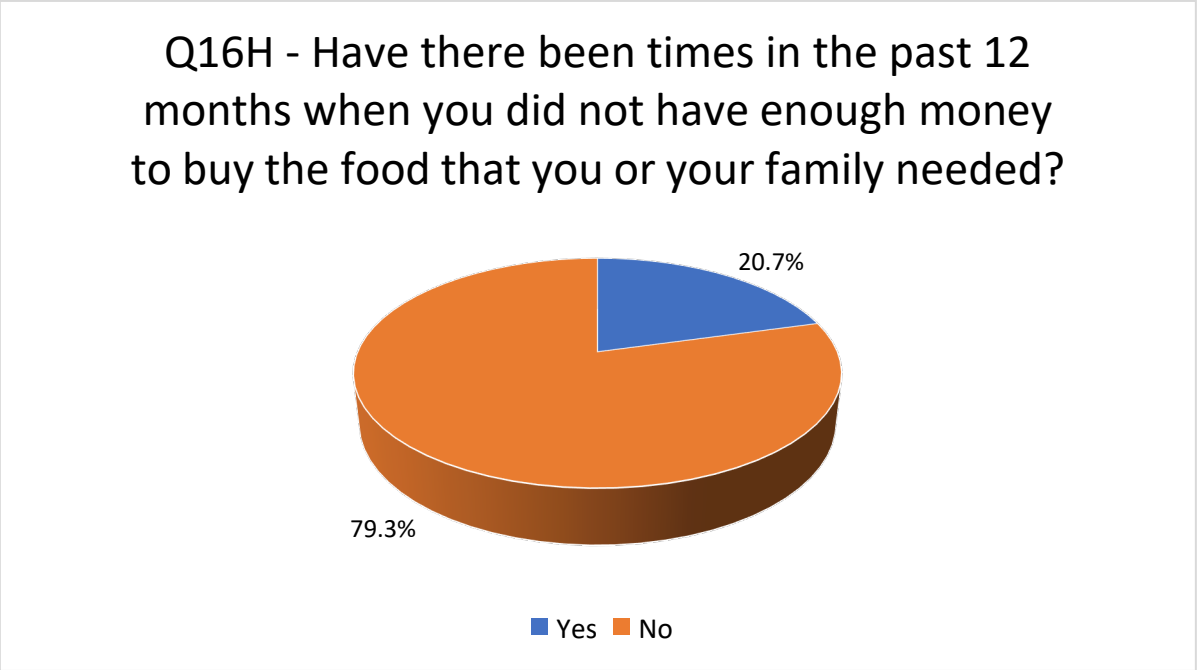
	Percent	Responses
Yes	64.6%	629
No	35.4%	345
	Answered	**974**
	Skipped	**82**

Just over one-half (51.4%) of respondents to the 2018 assessment indicated that their community (neighborhood) supported physical activity compared to 64.6% in 2021. Access to physical activity "spaces" is important as regular exercise reduces the number of risk factors (such as obesity) associated with many health conditions.



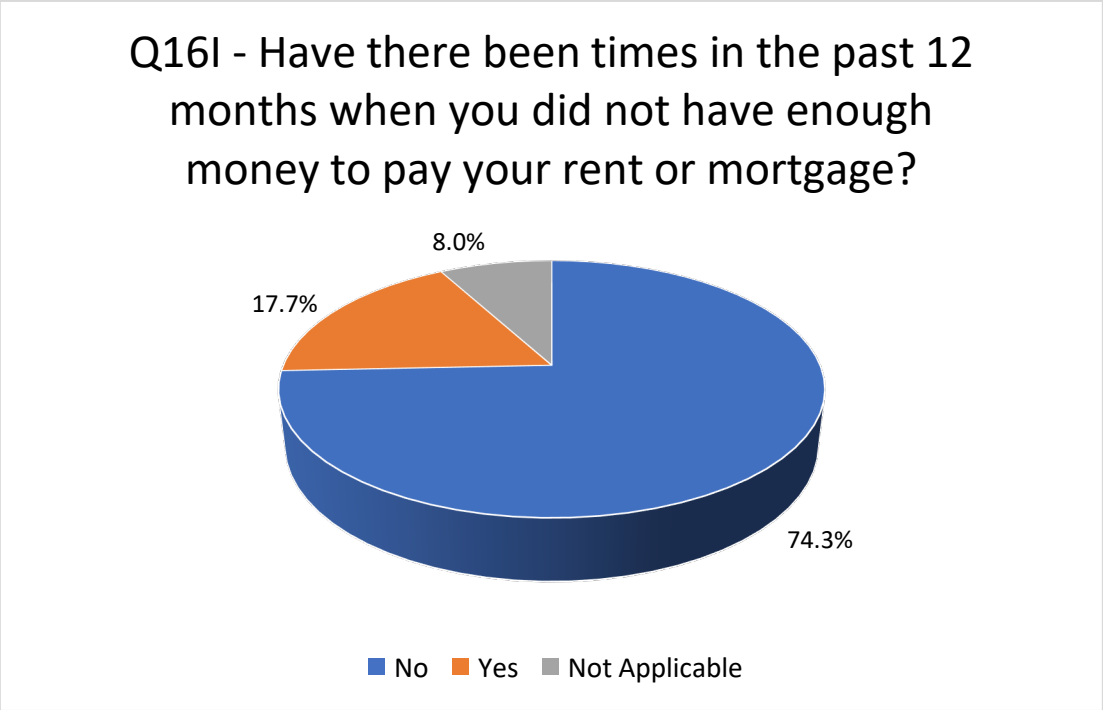
	Percent	Responses
Yes	64.7%	640
No	35.3%	349
	Answered	**989**
	Skipped	**67**

The number of respondents indicating that it was easy to get affordable fresh fruits and vegetables increased from 58.6% in 2018 to 64.7% in 2021. "According to the 2015—2020 Dietary Guidelines for Americans, healthy eating patterns include a variety of vegetables; fruits, especially whole fruits; grains, at least half of which are whole grains; fat-free or low-fat dairy; protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), unsalted nuts and seeds, and soy products; and oils. Some research has shown that increased access to healthy foods corresponds with healthier dietary practices." (U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion. (January 2020). Access to Foods that Support Healthy Eating Patterns. Healthy People 2030. Accessed July 13, 2021, at https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/access-foods-support-healthy-eating-patterns)



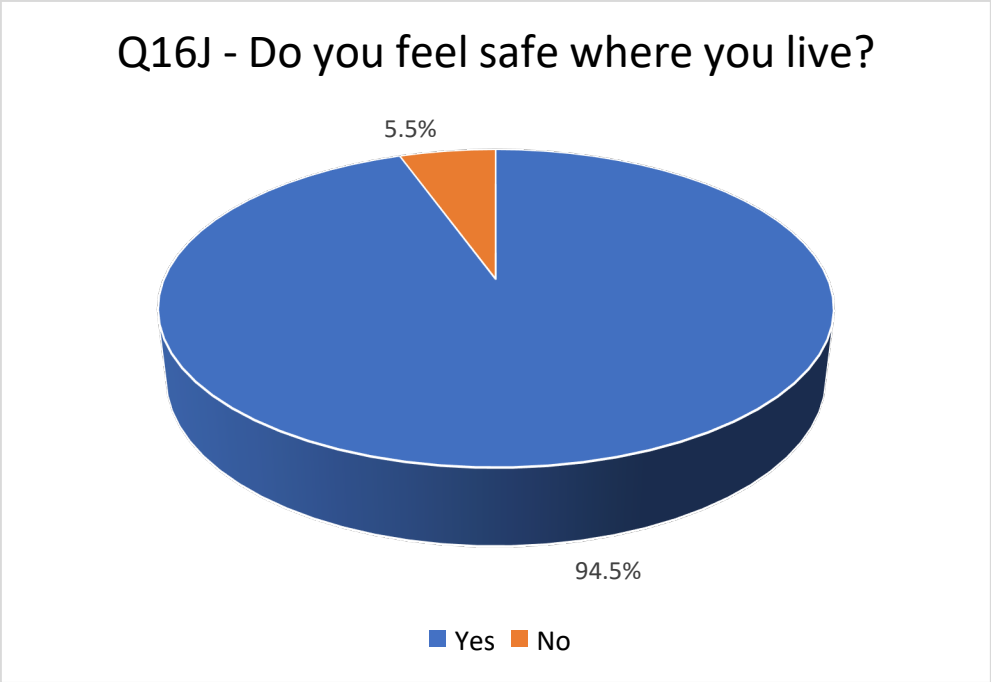
	Percent	Responses
Yes	20.7%	206
No	79.3%	790
	Answered	**996**
	Skipped	**60**

The number of respondents who indicated that there had been times when they did not have enough money to buy the food they or their family needed decreased from 31.8% in 2018 to 20.7% in 2021.



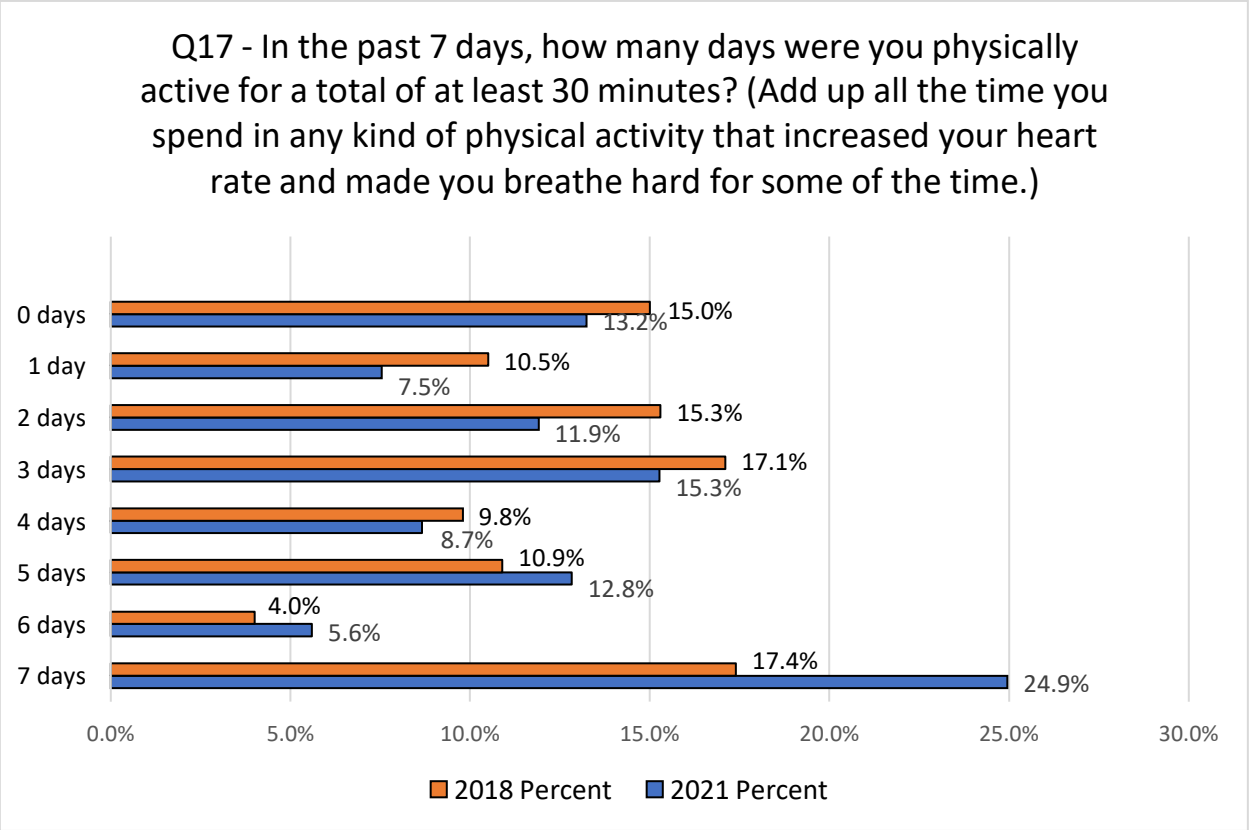
	Percent	Responses
No	74.3%	738
Yes	17.7%	176
Not Applicable	8.0%	79
	Answered	**993**
	Skipped	**63**

The percentage of respondents who did not have enough money in the past 12 months to pay rent or mortgage decreased from 28.3% in 2018 to 17.7% in 2021.



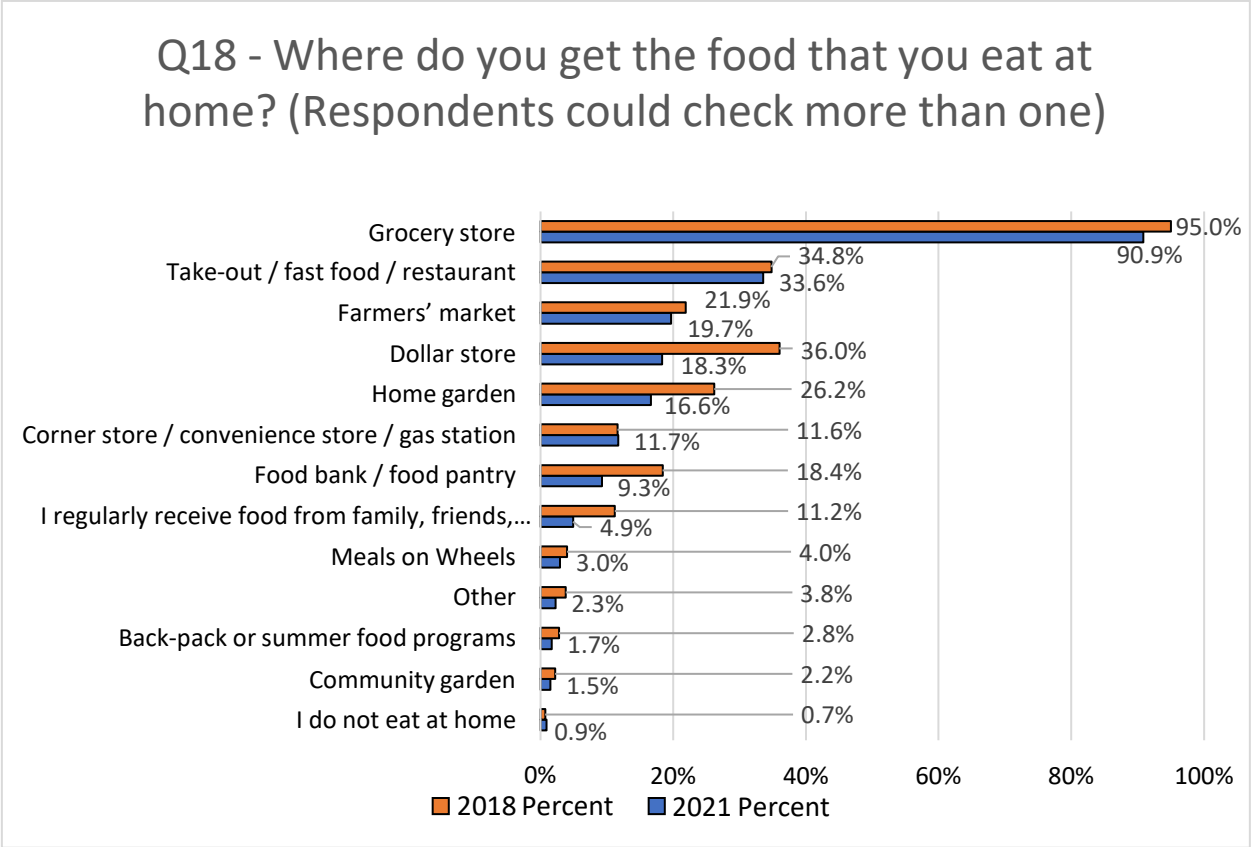
	Percent	Responses
Yes	94.5%	944
No	5.5%	55
	Answered	**999**
	Skipped	**57**

The number of respondents who felt safe where they live increased slightly from 92.3% in 2018 to 94.5 % in 2021.



	2021 Percent	Responses
0 days	13.2%	130
1 day	7.5%	74
2 days	11.9%	117
3 days	15.3%	150
4 days	8.7%	85
5 days	12.8%	126
6 days	5.6%	55
7 days	24.9%	245
	Answered	**982**
	Skipped	**74**

The number of physically active days of five or more days per week increased from 32.3% in 2018 to 43.4% in 2021. The number of respondents who were active three to four days per week fell from 26.9% in 2018 to 24% in 2021. The number of respondents who were active one or two days per week fell from 25.8% in 2018 to 19.4% in 2021.



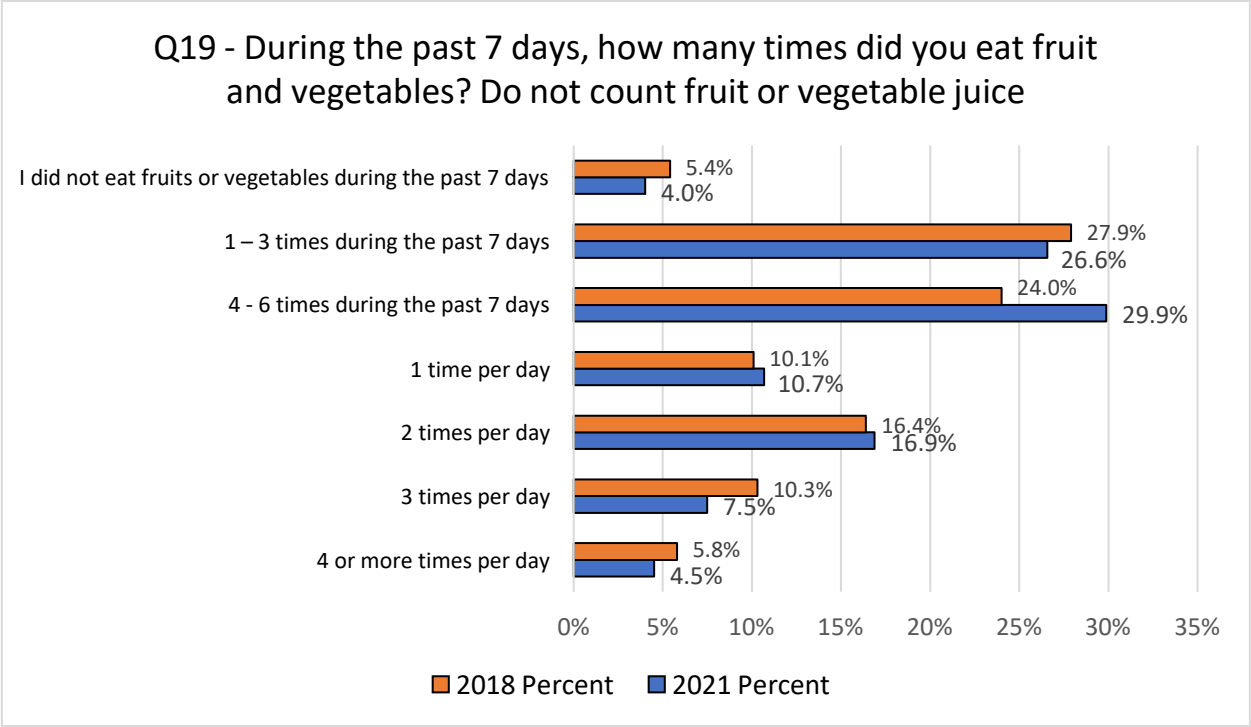
	2021 Percent	Responses
Grocery store	90.9%	923
Take-out / fast food / restaurant	33.6%	341
Farmers' market	19.7%	200
Dollar store	18.3%	186
Home garden	16.6%	169
Corner store / convenience store / gas station	11.7%	119
Foodbank / food pantry	9.3%	94
I regularly receive food from family, friends, neighbors, or my church	4.9%	50
Meals on Wheels	3.0%	30
Other	2.3%	23
Back-pack or summer food programs	1.7%	17
Community garden	1.5%	15
I do not eat at home	0.9%	9
	Answered	**1,016**
	Skipped	**40**

Responses to this question may reflect the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%). For instance, the percent of respondents getting food from dollar stores in 2018 was almost double the percentage in

2021 (36% for 2018 and 18.3% in 2021). In addition, the percent of 2018 respondents getting food from food banks or food pantries was essentially double the rate in 2021 (18.4% compared to 9.3% respectively). More respondents in 2018 got their food from home gardens than 2021 respondents (26.2% compared to 16.6%).

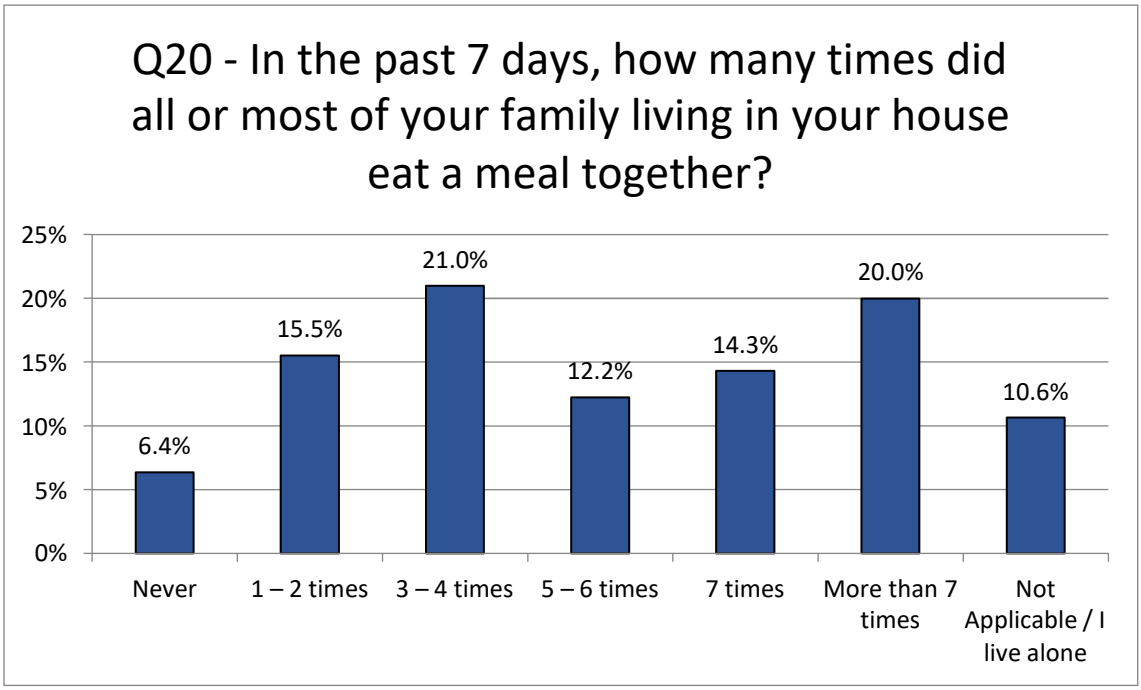
Q18. Other responses Where do you get the food that you eat at home		
Code	**Responses**	**Percent**
Food subscription/delivery service	8	32%
Grocery store	5	20%
Community garden/home garden	2	8%
Dollar store	2	8%
Piedmont Senior Resource	2	8%
Community Supported Agriculture	2	8%
Food bank/food pantry	1	4%
Friends/family	1	4%
University/School	1	4%
Work	1	4%
Total	**25**	**100%**

In the Farmville region, 25 respondents chose "other" for their selection. Of these "other" responses, 8 or 32% identified that they got their food from a food subscription or delivery service, while 5 people or 20% identified that their food came from a grocery store. Additional responses are listed in the table above.



	2021 Percent	Responses
I did not eat fruits or vegetables during the past 7 days	4.0%	40
1 – 3 times during the past 7 days	26.6%	266
4 - 6 times during the past 7 days	29.9%	299
1 time per day	10.7%	107
2 times per day	16.9%	169
3 times per day	7.5%	75
4 or more times per day	4.5%	45
	Answered	**1,001**
	Skipped	**55**

Approximately 40% of respondents ate fruits and vegetables on a daily basis. This is slightly down from the 2018 assessment, where 42.6% of respondents indicated that they ate fruits and vegetables daily. The federal fruit and vegetable recommendations vary by age and sex. Adult women need at least 1½ cups of fruit and 2½ cups of vegetables each day and adult men need at least 2 cups of fruit and 3½ cups of vegetables each day (Centers for Disease Control and Prevention. *Only 1 in 10 Adults Get enough Fruits and Vegetables*. Retrieved July 27, 2021 from https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/adults-fruits-vegetables.html). The CDC recommends learning more from the U.S. Department of Agriculture (USDA). The USDA has created an online food plan recommendation based on a person's age, sex, and physical activity. The reader can access the food plan resource at https://www.myplate.gov/myplate-plan.



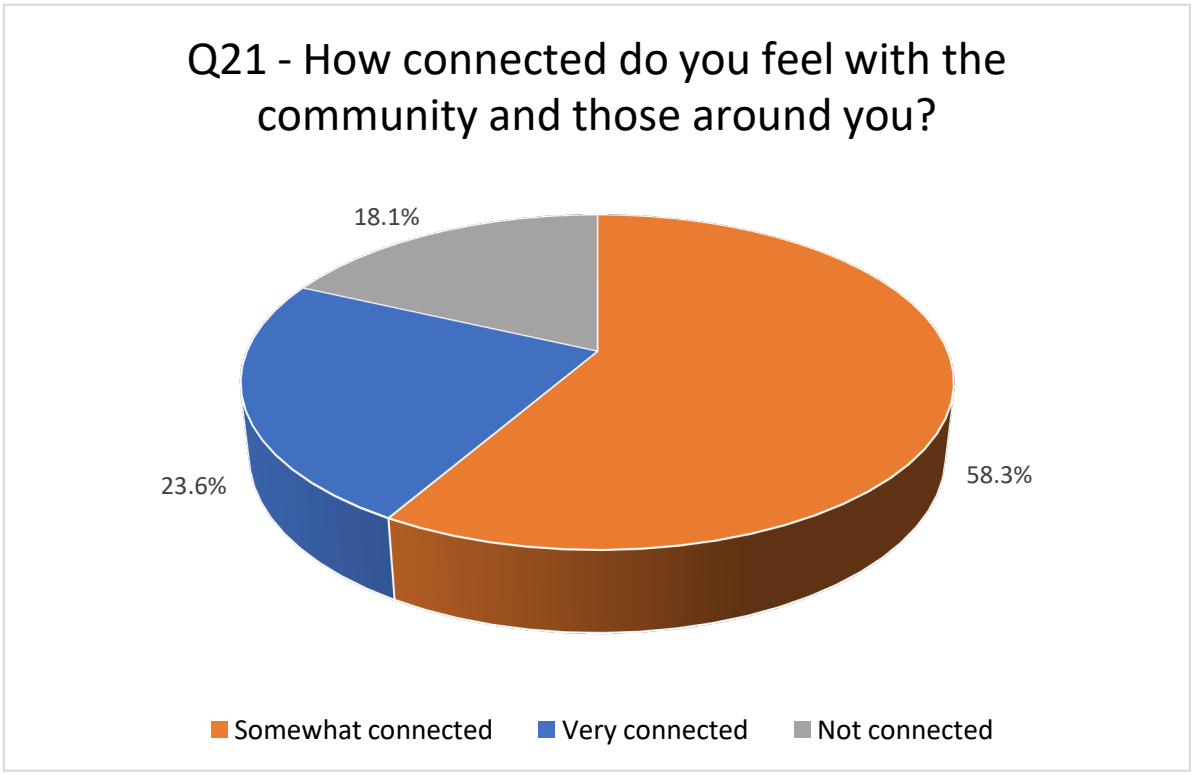
	Percent	Responses
Never	6.4%	64
1 – 2 times	15.5%	156
3 – 4 times	21.0%	211
5 – 6 times	12.2%	123
7 times	14.3%	144
More than 7 times	20.0%	201
Not Applicable / I live alone	10.6%	107
	Answered	**1,006**
	Skipped	**50**

In the Farmville Area, 33.2% of respondents ate together with their family between three and six times a week (31.8% in 2018). Those eating meals together seven or more times per week in 2021 was 34.3% which is similar to the responses in 2018 (32.2%).

"Over the past three decades, family time at the dinner table and family conversation, in general, has declined by more than 30%. Families with children under age 18 report having family dinners three to four times per week. One third (33%) of families with 11 to 18-year-olds only eat one or two meals a week together. Only one fourth (25%) eat seven or more family meals per week. The experience at the meal table has also declined in quality with the increase in distractions, such as television watching, text messaging, phone conversations and social media. Barriers to family meals cited by parents include: too little time, child and adult schedule challenges, and food preparation. Most parents, however, say they place a high value on family meals, ranking them above every other activity (including vacations, playing together and religious services) in helping them connect with their families and children. Most wish they had more family dinners (American College of

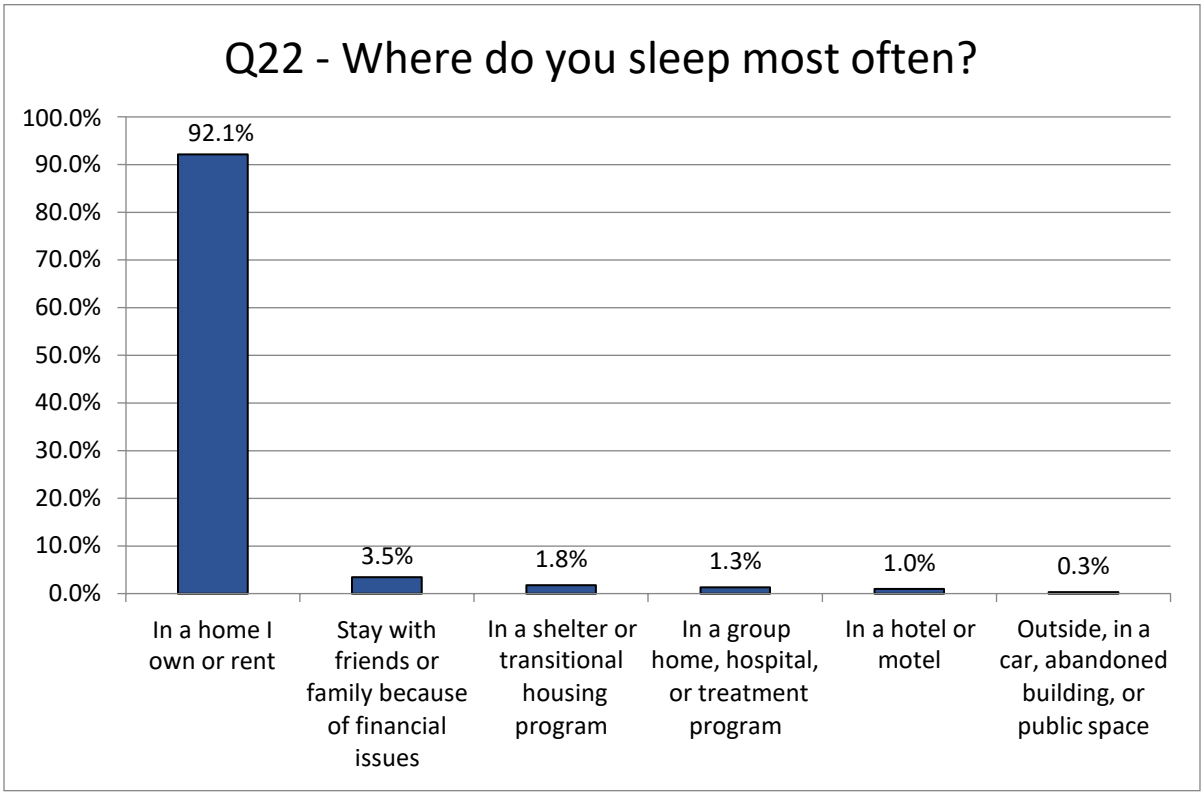
Pediatricians. *The Benefits of the Family Table.* (February 2021). Retrieved July 27, 2021 from https://acpeds.org/position-statements/the-benefits-of-the-family-table).

"Regular family dinners are associated with lower rates of depression, and anxiety, and substance abuse, and eating disorders, and tobacco use, and early teenage pregnancy, and higher rates of resilience and higher self-esteem. Kids who grow up having family dinners, when they're on their own tend to eat more healthily and to have lower rates of obesity." "Although it's interesting in affluent families, the numbers have gone up, and in low-income families they've gone down, which I think speaks to the extra stressors of having to work extra jobs, having unpredictable schedules, not having as much access to healthy food." Anderson, J. (Host) (2021, April 1). [Audio podcast transcription]. Harvard EdCast: The Benefit of Family Mealtime: *Anne Fishel, Executive Director of the Family Dinner Project, helps families find fun, creative, and easy ways to make meals a reality.* https://www.gse.harvard.edu/news/20/04/harvard-edcast-benefit-family-mealtime



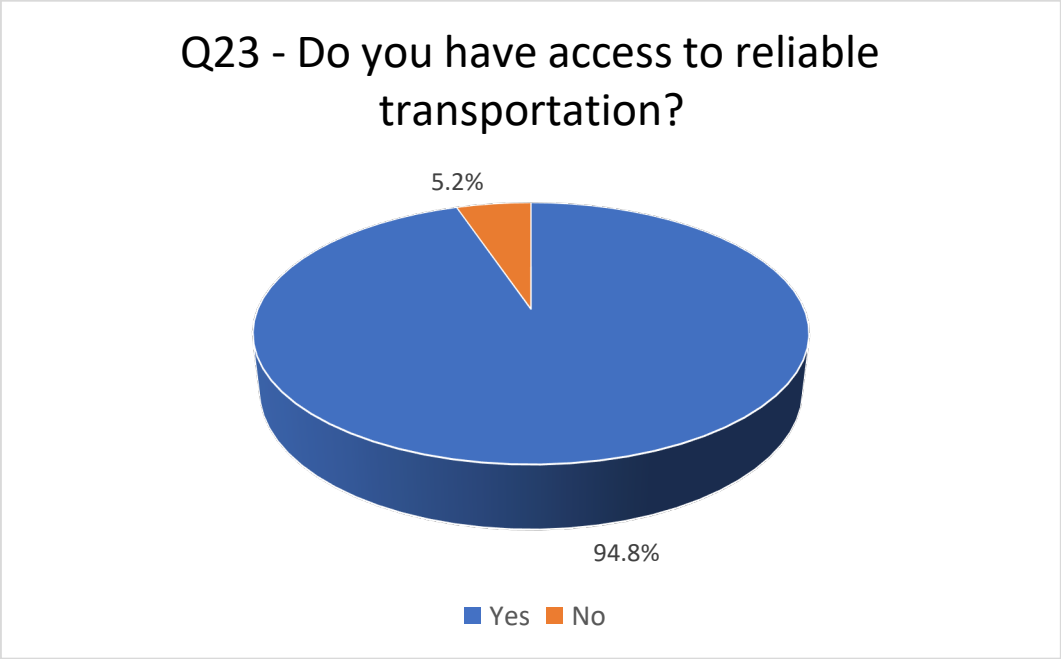
	Percent	Responses
Somewhat connected	58.3%	591
Very connected	23.6%	239
Not connected	18.1%	183
	Answered	**1,013**
	Skipped	**43**

The percentage of respondents who felt "Somewhat connected" to the community and those around them increased slightly from 53% in 2018 to 58% in 2021. The number of respondents who felt very connected dropped from 31% in 2018 to 23.6% in 2021. The number of respondents who felt "Not connected" increased to 18% from 16% in 2021. The reader should consider the impact of COVID-19 on this question.



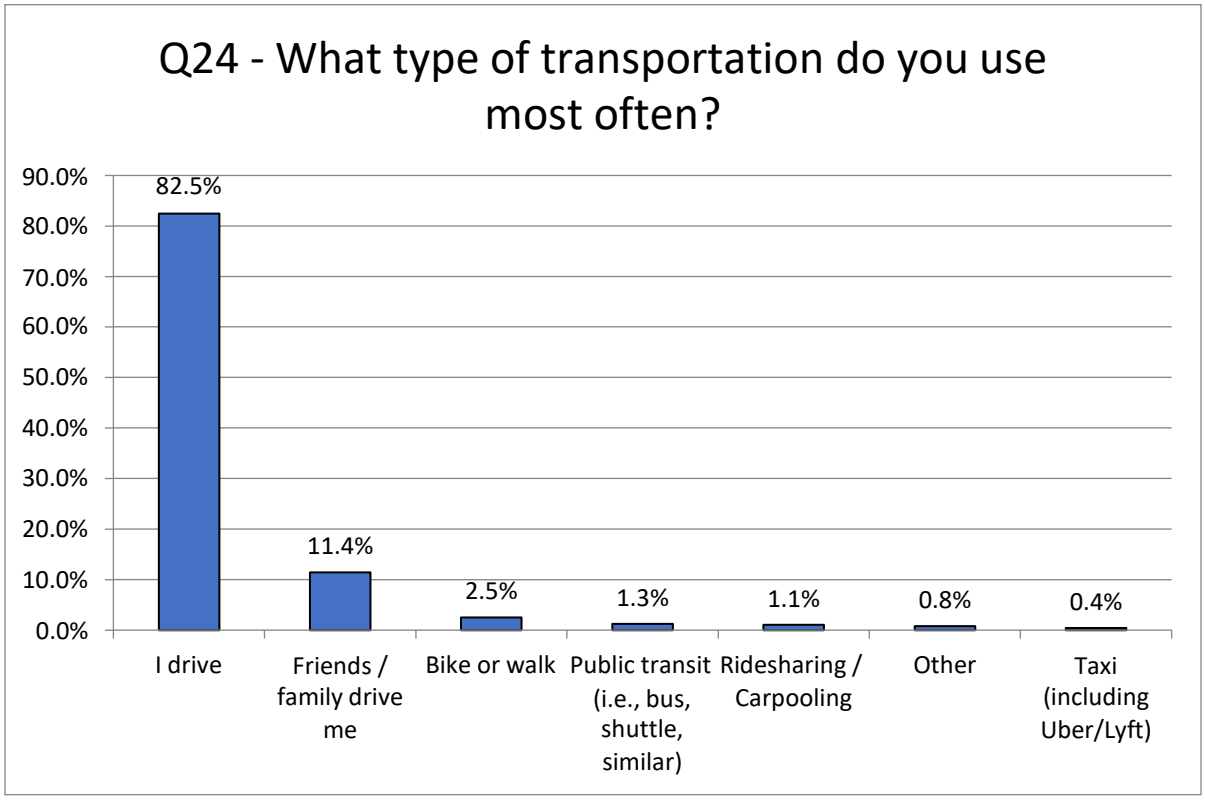
	Percent	Responses
In a home, I own or rent	92.1%	925
Stay with friends or family because of financial issues	3.5%	35
In a shelter or transitional housing program	1.8%	18
In a group home, hospital, or treatment program	1.3%	13
In a hotel or motel	1.0%	10
Outside, in a car, abandoned building, or public space	0.3%	3
	Answered	**1,004**
	Skipped	**52**

The majority of respondents (92.1%) slept most often in their own homes. The combined percentage of respondents that did not sleep in their own home and were not in a group home, hospital, or treatment program was 6.6%. "As of January 2020, Virginia had an estimated 5,957 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD)." As a percent, the rate of total homelessness in Virginiais 1.1%. (United States Interagency Council on Homelessness. (2021). *Virginia Homelessness Statistics*.Accessed July 13, 2021, at https://www.usich.gov/homelessness-statistics/va/)



	Percent	Responses
Yes	94.8%	934
No	5.2%	51
	Answered	**985**
	Skipped	**71**

Approximately 95% of respondents indicated that they had access to reliable transportation. This question was not a question on the 2018 assessment. However, the 2018 assessment included how many vehicles were owned, leased, or available for regular use by the respondent and those in their household. The percentage indicating zero (0) was 10.6%.

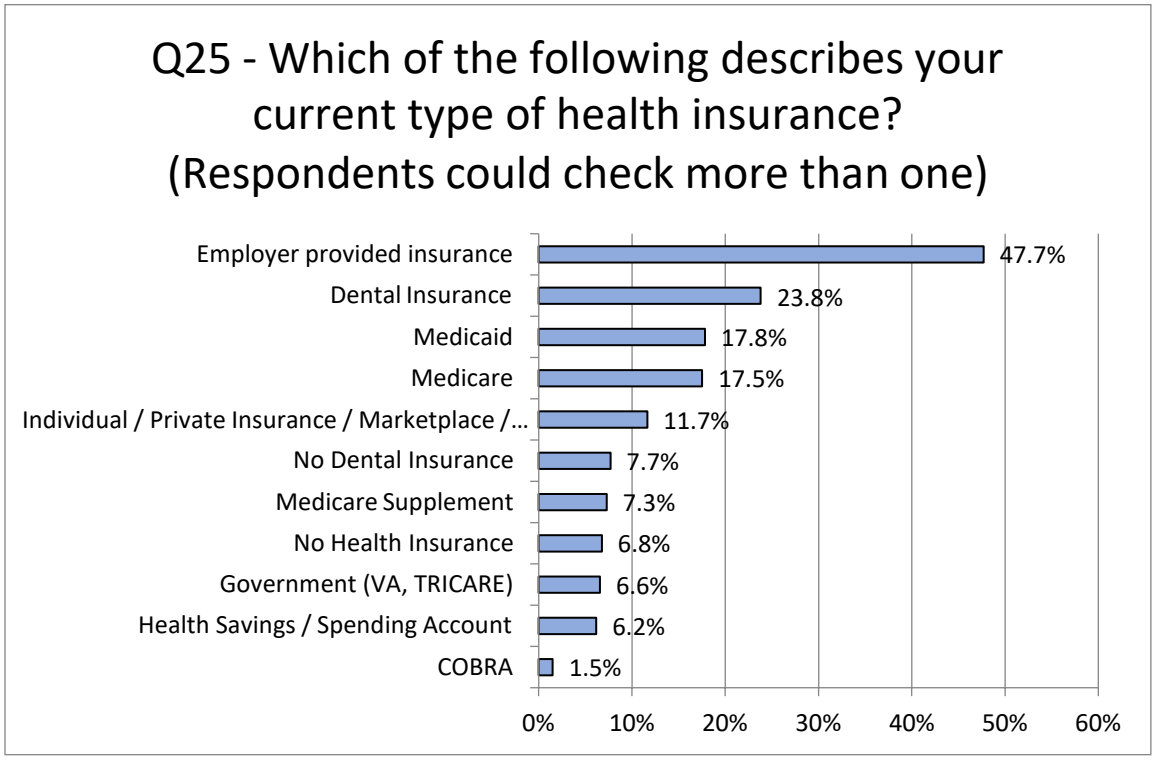


	Percent	Responses
I drive	82.5%	786
Friends / family drive me	11.4%	109
Bike or walk	2.5%	24
Public transit (i.e., bus, shuttle, similar)	1.3%	12
Ridesharing / Carpooling	1.1%	10
Other	0.8%	8
Taxi (including Uber/Lyft)	0.4%	4
	Answered	**953**
	Skipped	**103**

The most striking variance between 2018 and 2021 respondents was in the percent who biked or walked. In 2018 this percent of responses was 11.3% and 2.5% in 2021. In addition, more respondents in 2018 used public transit (5.7% than 1.3% in 2021). It is important to note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%).

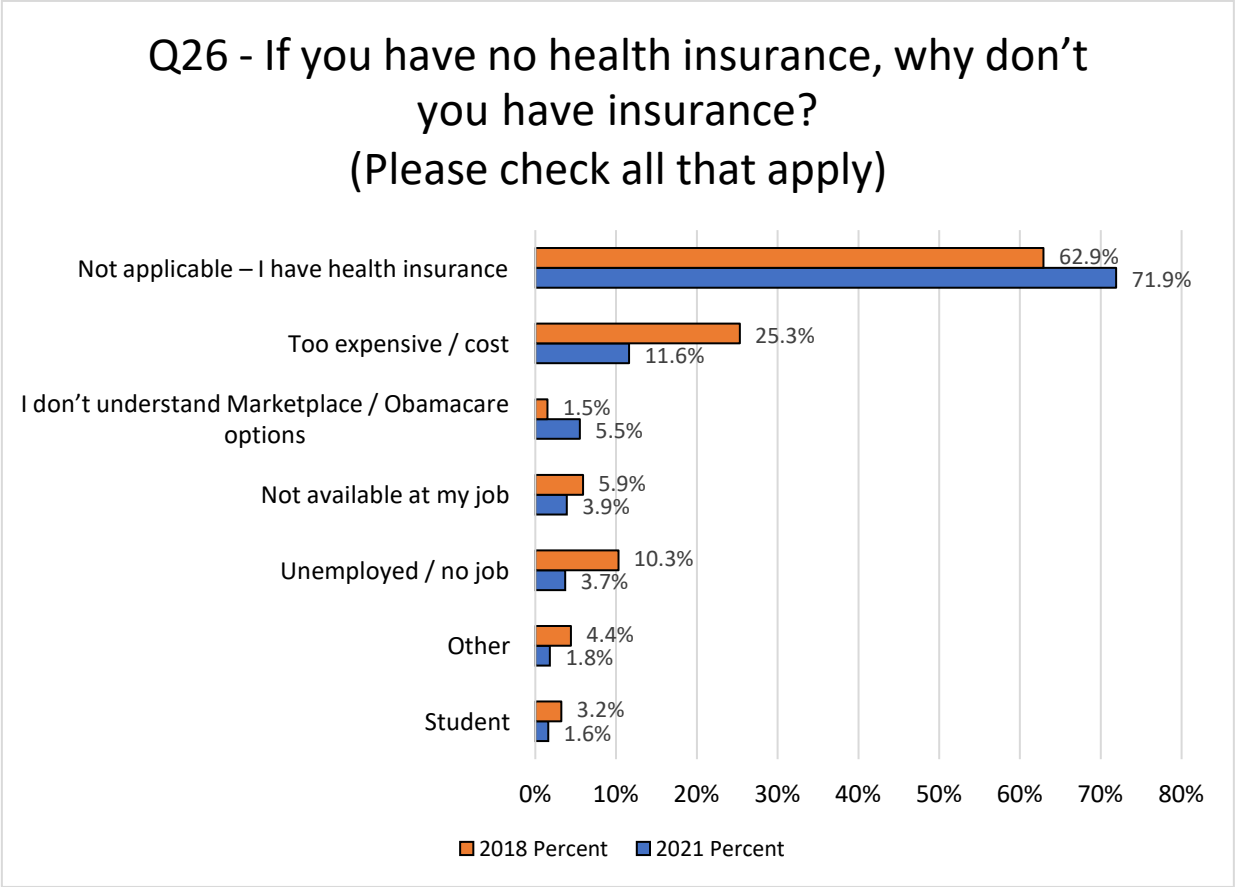
Q24. Other responses What type of transportation do you use most often?		
Code	**Responses**	**Percent**
Family/friend	3	43%
Medicaid	2	29%
Centra PACE	1	14%
Drive a car	1	14%
Total	**7**	**100%**

In the Farmville region, 7 respondents chose "other" for their selection. Of these "other" responses, 3 or 43% identified that their main form of transportation was through a family or friend, while 2 responses or 29% identified that they used Medicaid transportation services. Additional responses are listed in the table above.



	Percent	Responses
Employer-provided insurance	47.7%	471
Dental Insurance	23.8%	235
Medicaid	17.8%	176
Medicare	17.5%	173
Individual / Private Insurance / Marketplace / Obamacare	11.7%	115
No Dental Insurance	7.7%	76
Medicare Supplement	7.3%	72
No Health Insurance	6.8%	67
Government (VA, TRICARE)	6.6%	65
Health Savings / Spending Account	6.2%	61
COBRA	1.5%	15
	Answered	**987**
	Skipped	**69**

In 2021, more survey respondents reported having employer-provided insurance than in 2018 (37.1%). In addition, fewer reported having Medicaid, Medicare, or no health or dental insurance as compared to 2018. (24.9%, 24.9%, 16.0%, and 16.7% respectively).

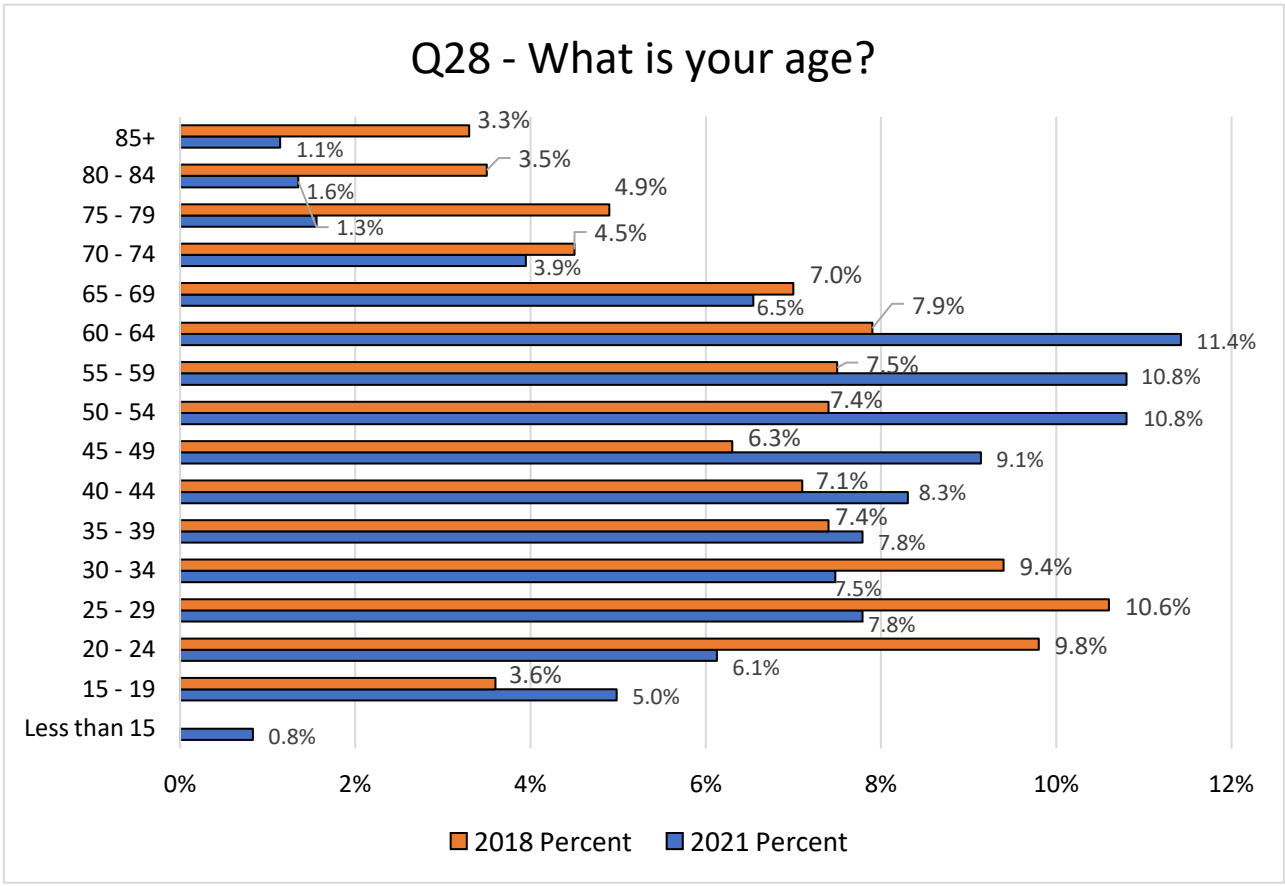


	Percent	Responses
Not applicable – I have health insurance	71.9%	445
Too expensive / cost	11.6%	72
I don't understand Marketplace / Obamacare options	5.5%	34
Not available at my job	3.9%	24
Unemployed / no job	3.7%	23
Other (please specify in the box below)	1.8%	11
Student	1.6%	10
	Answered	**619**
	Skipped	**486**

More respondents in 2021 indicated that they had health insurance (72%) than in 2018 (63%). The number of respondents indicating that health insurance was too expensive in 2018 was double the number in 2021 (25.3% compared to 11.6% in 2021). The number of unemployed/no job respondents in 2018 was more than double the percentage of responses in 2021 (10.3 compared to 3.7% respectively).

Q26. Other responses If you have no health insurance, why don't you?		
Code	**Responses**	**Percent**
Self-employed	1	11%
I don't feel I need it	1	11%
Non-citizen	1	11%
Not available to me	1	11%
N/A- I have insurance	5	11%
Total	**9**	**100%**

In the Farmville region, 9 respondents chose "other" for their selection. Of these "other" responses, 1 or 11% stated they either were self-employed, felt they did not need it, were a non-citizen, or it was not available to them at the time.

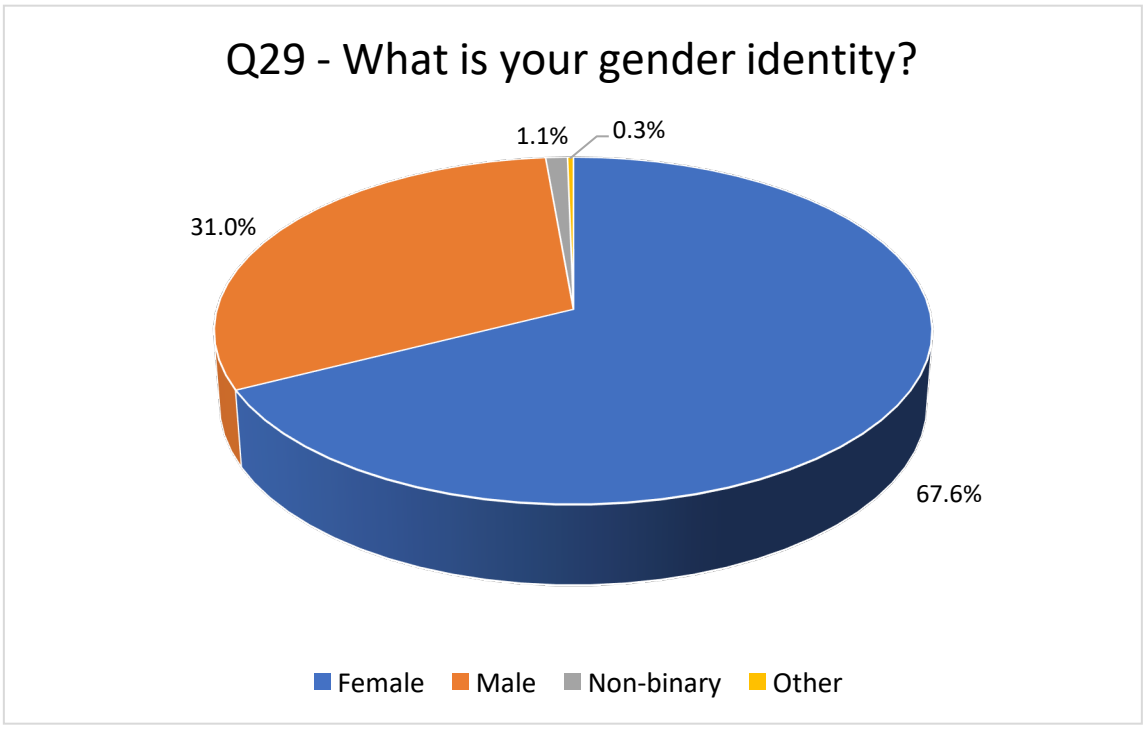


Age	Percent	Frequency
Less than 15	0.8%	8
15 - 19	5.0%	48
20 - 24	6.1%	59
25 - 29	7.8%	75
30 - 34	7.5%	72
35 - 39	7.8%	75
40 - 44	8.3%	80
45 - 49	9.1%	88
50 - 54	10.8%	104
55 - 59	10.8%	104
60 - 64	11.4%	110
65 - 69	6.5%	63
70 - 74	3.9%	38
75 - 79	1.6%	15
80 - 84	1.3%	13
85+	1.1%	11
	Answered	**963**

Skipped **91**

Median Age	48
Mean Age	47
Age Range	12 -93

The percentage of respondents age 20 to 65 in 2021 was 79.6% and 73.4% in 2018. Conversely, the rate of respondents age 65 and older was 14.5% in 2021 and 23.2% in 2018, representing the largest variance among the age of respondents. There was no significant difference in the median and mean age from 2018 to 2021.

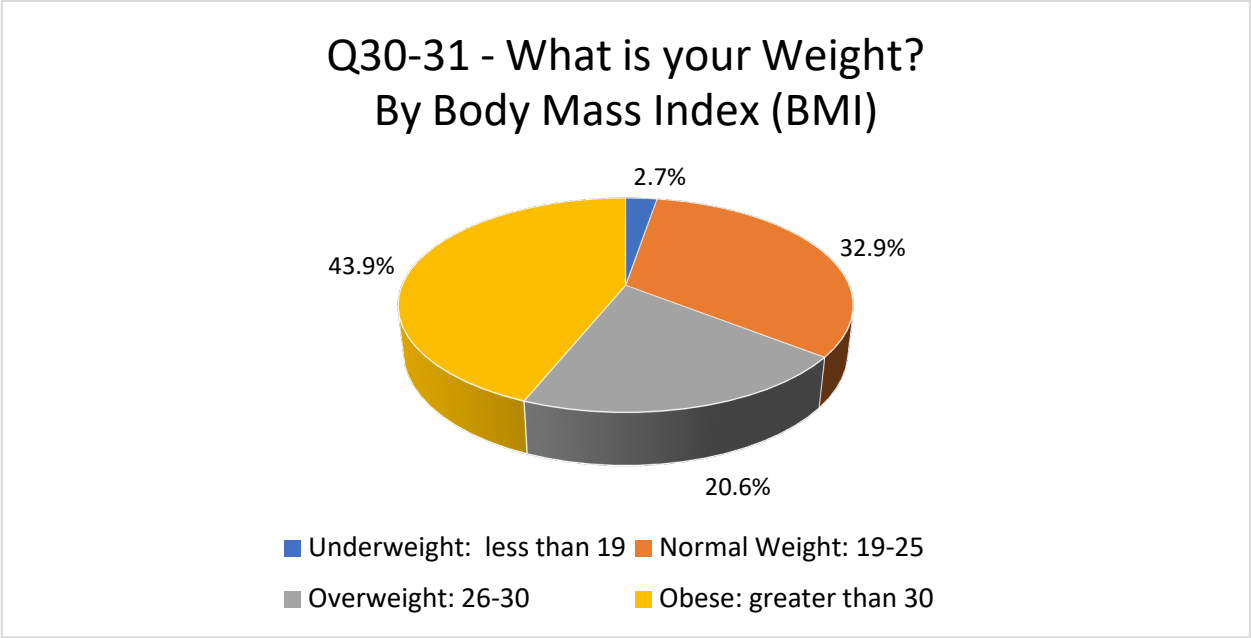


	Percent	Responses
Female	67.6%	679
Male	31.0%	311
Non-binary	1.1%	11
Other	0.3%	3
	Answered	**1,004**
	Skipped	**52**

The number of male respondents doubled from 15.3% in 2018 to 31% in 2021. Males represent 51% of the service area's population. Virginia's male population is 49.2% of the overall population.

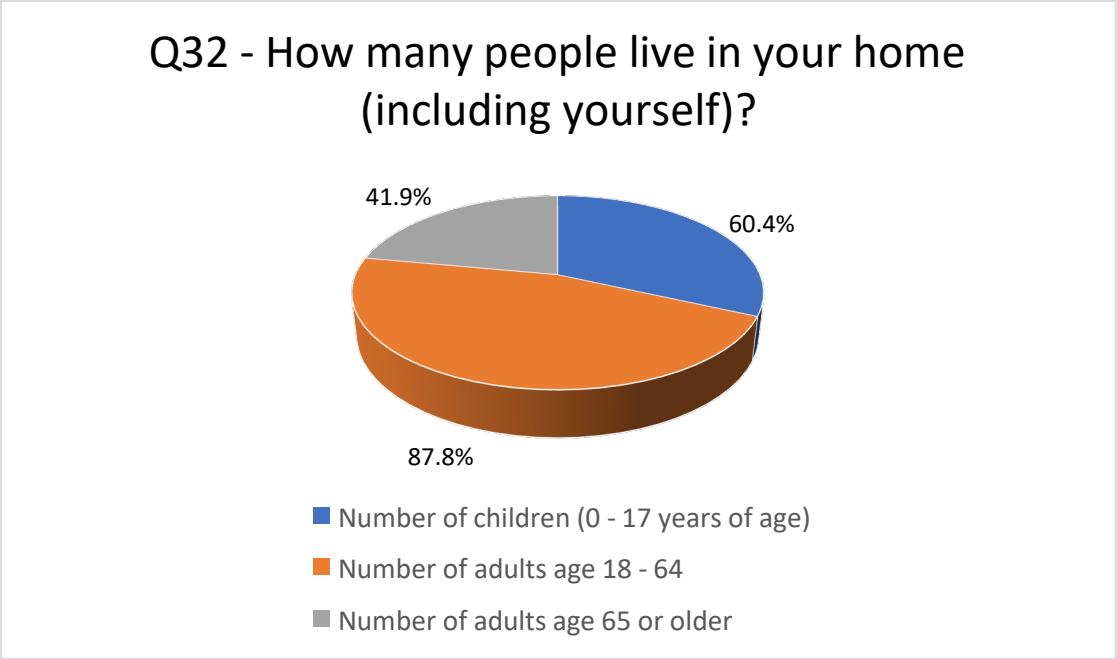
Q29. Other responses What is your Gender Identity?		
Code	**Responses**	**Percent**
Non-binary	1	25%
N/A	3	75%
Total	**4**	**100**

In the Farmville region, 4 respondents chose “other” for their selection. Of these “other” responses, 1 or 25% stated they identified as Non-binary.



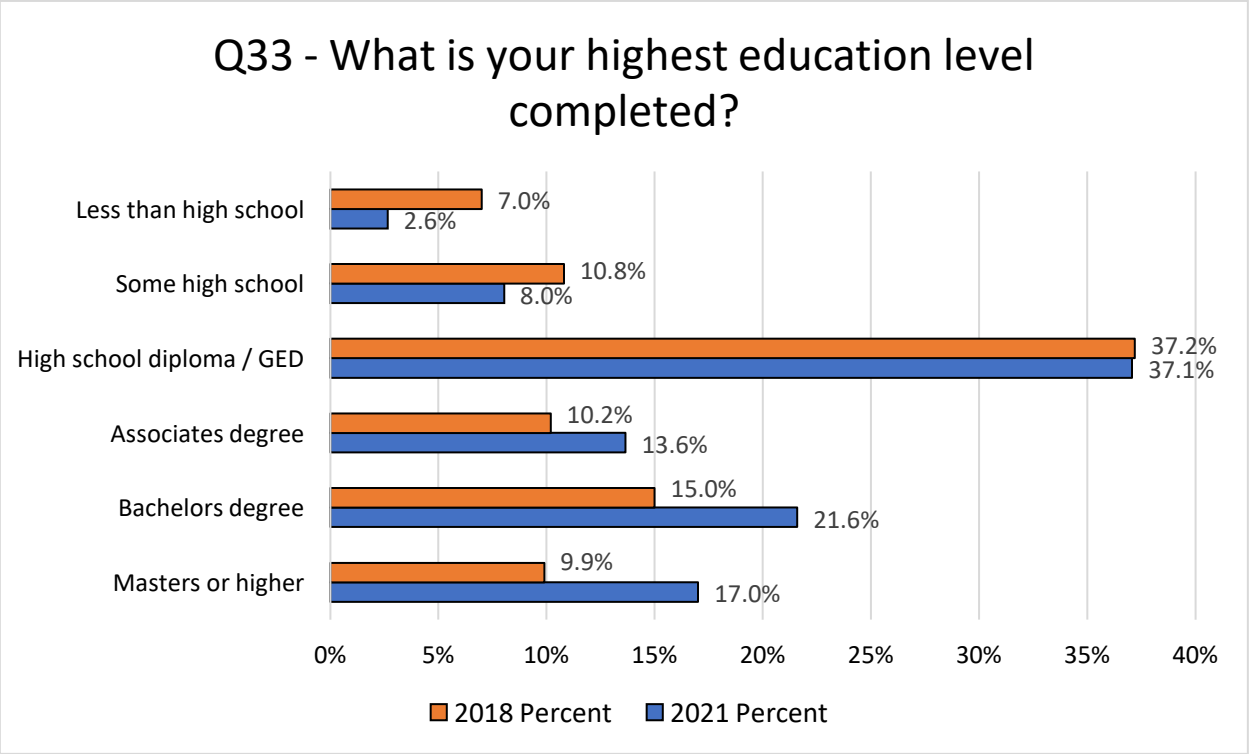
BMI Range	Percent of Respondents 2021	Frequency	Percent of Respondents 2018	Frequency
Underweight: less than 19	2.7%	24	4%	25
Normal Weight: 19-25	32.9%	298	25%	176
Overweight: 26-30	20.6%	186	20%	141
Obese: greater than 30	43.9%	397	52%	372
		905		**714**

The number of respondents whose BMI fell into the obese range decreased from 52% in 2018 to 44% in 2021. The number of Virginians that are obese was 31.9% in 2019 (United Health Foundation. America's Health Rankings. *Annual Report.* Accessed July 15, 2021, at https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/VA). The respondents who are overweight remained stable. The decrease in obesity among respondents may be due to the higher percentage of male respondents. In Virginia, the female obesity rate in 2019 was 34.2%, while the male obesity rate was 29.6% (United Health Foundation).



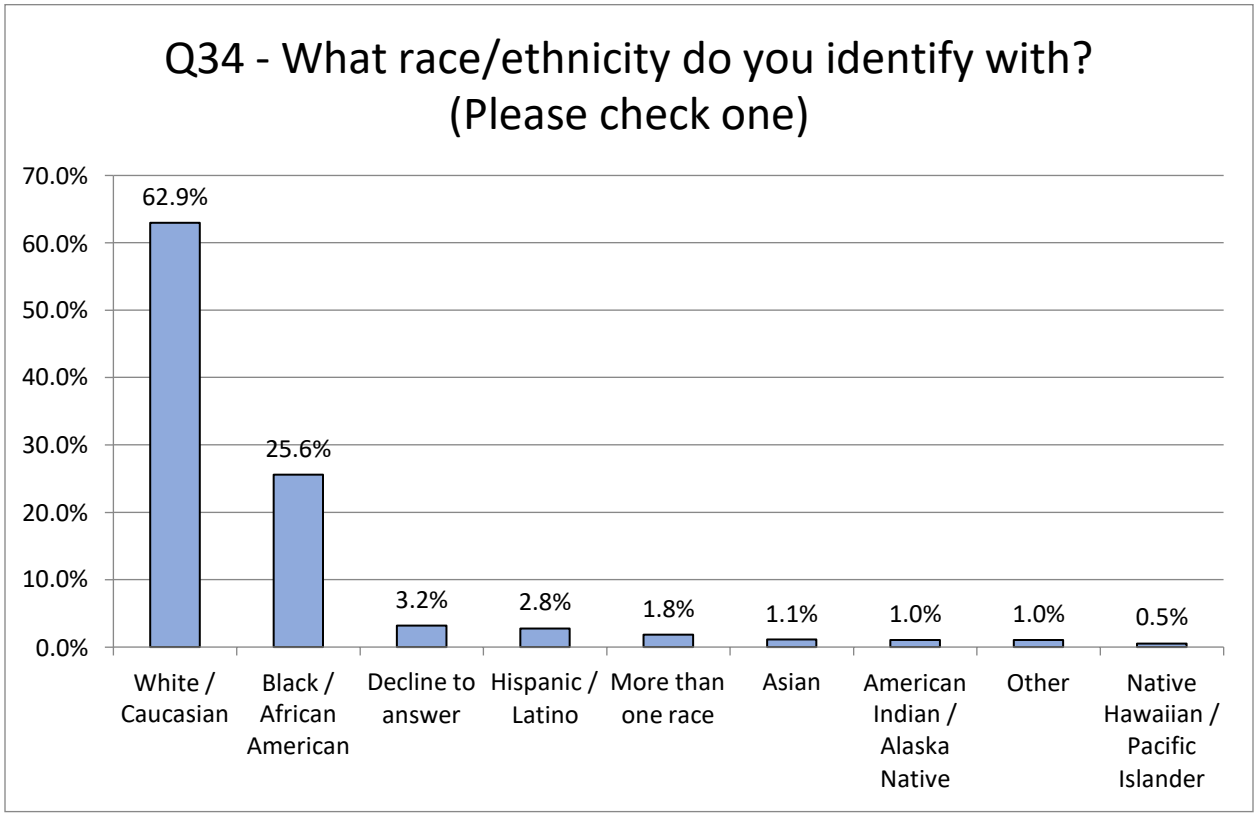
	Percent	Responses	Avg. Number of Age Group in Home	Avg. Number in Home
Number of children (0 - 17 years of age)	60.4%	573	1.90	3.46
Number of adults age 18 - 64	87.8%	833	2.16	
Number of adults age 65 or older	41.9%	398	1.49	

There was no significant variation from 2018 to 2021 in response percentage for the number of people living in the respondent's home by age group. The number of respondents who had one or more children age 0 to 17 was 64.6% in 2018 compared to 60.4% in 2021. The number of adults living in the respondents' homes increased from 81% in 2018 to almost 88% in 2021. This was the most significant variation among the three categories. The number of adults age 65 or older fell slightly in 2021 to 42% from 44.8% in 2018. The average number in the respondent's home was 3.46, while the service area average household size was 2.52 (U.S Census. American Community Survey, 2019: ACS 5-Year Estimates Subject Tables. Households and Families. Table S1101. Accessed July 15, 2021, at https://data.census.gov/.)



	Percent	Responses
Less than high school	2.6%	26
Some high school	8.0%	79
High school diploma / GED	37.1%	364
Associates degree	13.6%	134
Bachelor's degree	21.6%	212
Masters or higher	17.0%	167
	Answered	**982**
	Skipped	**74**

The number of respondents indicating that they had a degree (Associates – Masters or higher) was 52.3% in 2021. This is a 17.2% increase over 2018. The percent of 2018 respondents indicating that they had less than a high school diploma or GED was 17.8% compared to 10.6% in 2021. The reader should note the potential impact on this response due to the difference in the percentage of respondents with a household income below $20,000 (48.7%) in 2018 compared to 2021 (19.8%). For persons age 25 and over residing in the Farmville service area, 18% had less than a high school education or equivalence (U.S. Census). Those who had graduated from high school or equivalency was 39%, slightly higher than the respondent rate. The percentage of persons in the service area with a Bachelor's Degree or higher was 15.5%, significantly lower than the 2021 respondent percentage of 38.6%. Respondents with an Associate's degree were not compared to area statistics as the U.S. Census includes Associate's Degree attainment in a category with "Some College" (U.S. Census, Table S1501).

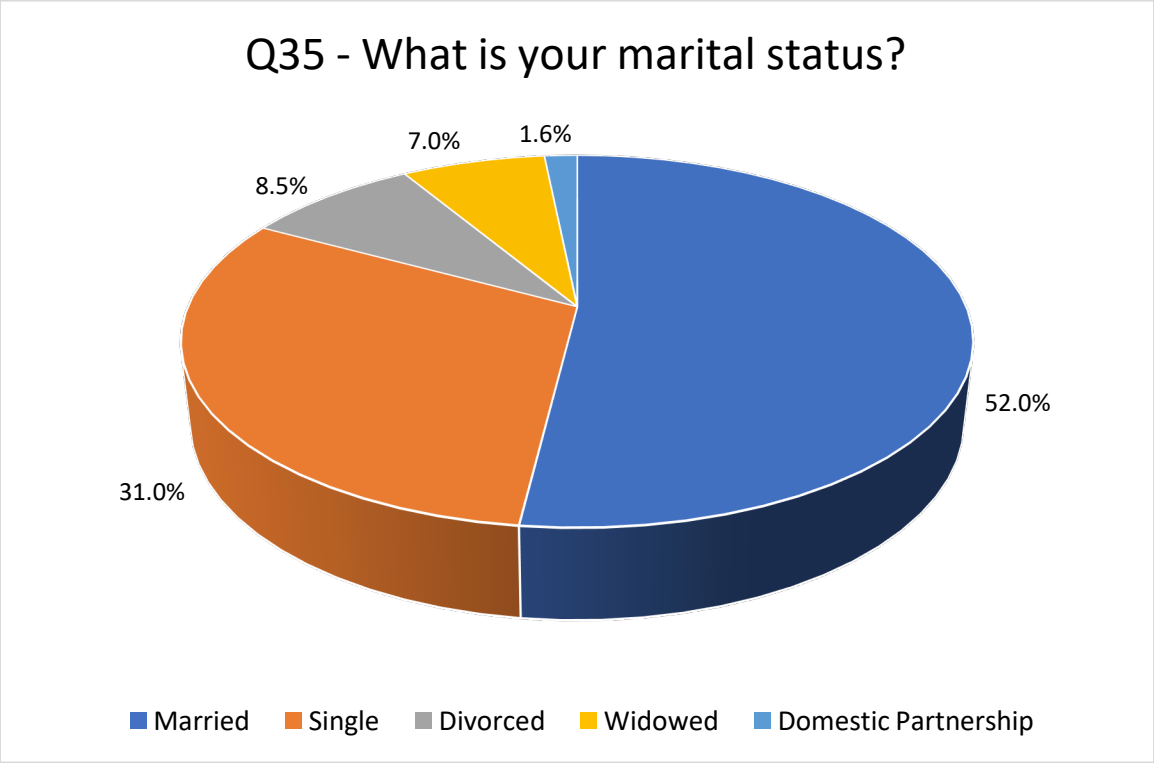


	Percent	Responses
White / Caucasian	62.9%	615
Black / African American	25.6%	250
Decline to answer	3.2%	31
Hispanic / Latino	2.8%	27
More than one race	1.8%	18
Asian	1.1%	11
American Indian / Alaska Native	1.0%	10
Other	1.0%	10
Native Hawaiian / Pacific Islander	0.5%	5
	Answered	**977**
	Skipped	**79**

The number of White respondents increased from 54.3% in 2018 to 63% in 2021. This number is consistent with the overall percentage of the White population in the service area - 65% (US Census). The number of respondents indicating they are Black or African-American fell significantly from 2018 (41.8%) to 2021(25.6%). However, the 2021 number of Black respondents was closer to the service area percentage of 31% (US Census). The service area percentage of Hispanics or Latino is 3.9% (U.S. Census). The number of Hispanic or Latino respondents in 2021 was 2.8%, increasing from 1.6% in 2018.

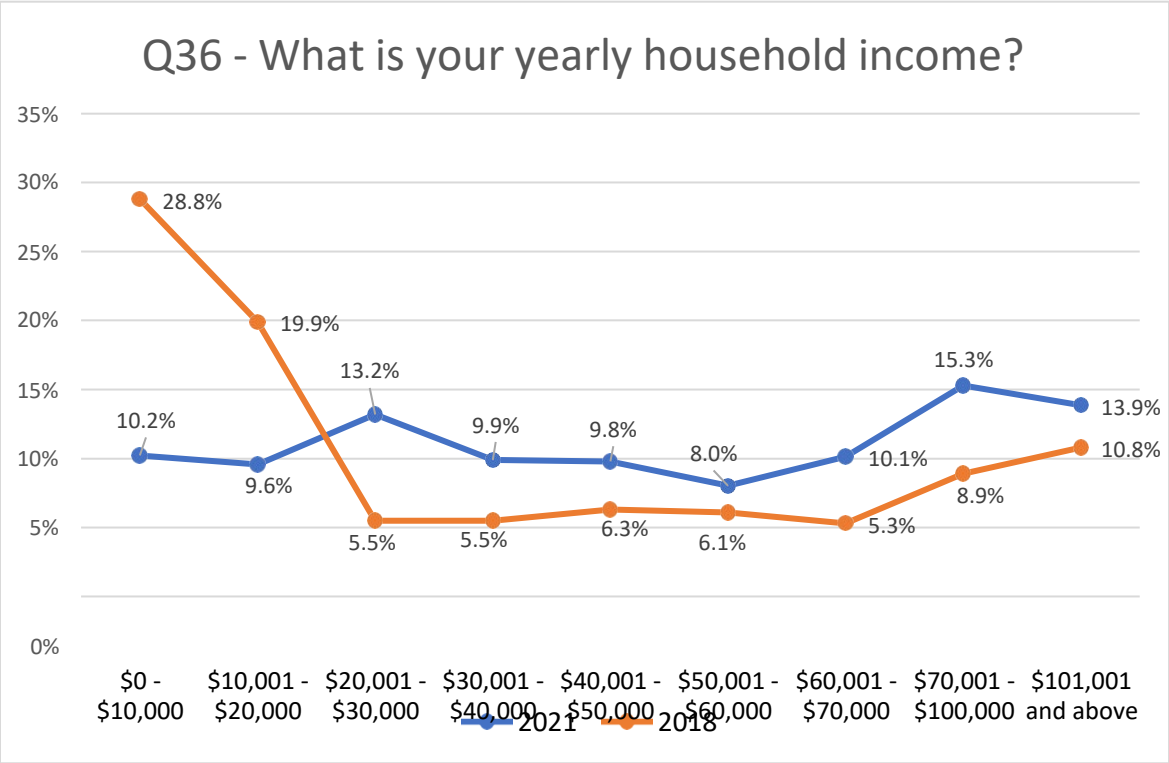
Q34. Other responses What Race/ethnicity do you Identity with?		
Code	**Responses**	**Percent**
Greek	1	14%
Italian	1	14%
N/A	5	71%
Total	**7**	**100%**

In the Farmville region, 7 respondents chose "other" for their selection. Of these "other" responses, 1 or 14% identified as Greek while 1 or 14% identified as Italian.



	Percent	Responses
Married	52.0%	520
Single	31.0%	310
Divorced	8.5%	85
Widowed	7.0%	70
Domestic Partnership	1.6%	16
	Answered	**1,001**
	Skipped	**55**

The percentage of persons responding that they were married in the 2021 assessment increased 11% over the 2018 response (41%). The percentage of widowed respondents decreased from 11% in 2018 to 7% in 2021.



	Percent	Responses
$0 - $10,000	10.2%	93
$10,001 - $20,000	9.6%	87
$20,001 - $30,000	13.2%	120
$30,001 - $40,000	9.9%	90
$40,001 - $50,000	9.8%	89
$50,001 - $60,000	8.0%	73
$60,001 - $70,000	10.1%	92
$70,001 - $100,000	15.3%	139
$101,001 and above	13.9%	126
	Answered	**909**
	Skipped	**147**

Respondents in 2021 reflected minor variance from the lowest household income to the highest category of household income. The number of respondents indicating a household income of less than or equal to $10,000 was 18.6% less in 2021 than in 2018. The percentage of respondents with household incomes less than $30,000 was 54.2% in 2018 compared to 33% in 2021.

Analysis of Poverty Status Among Survey Respondents

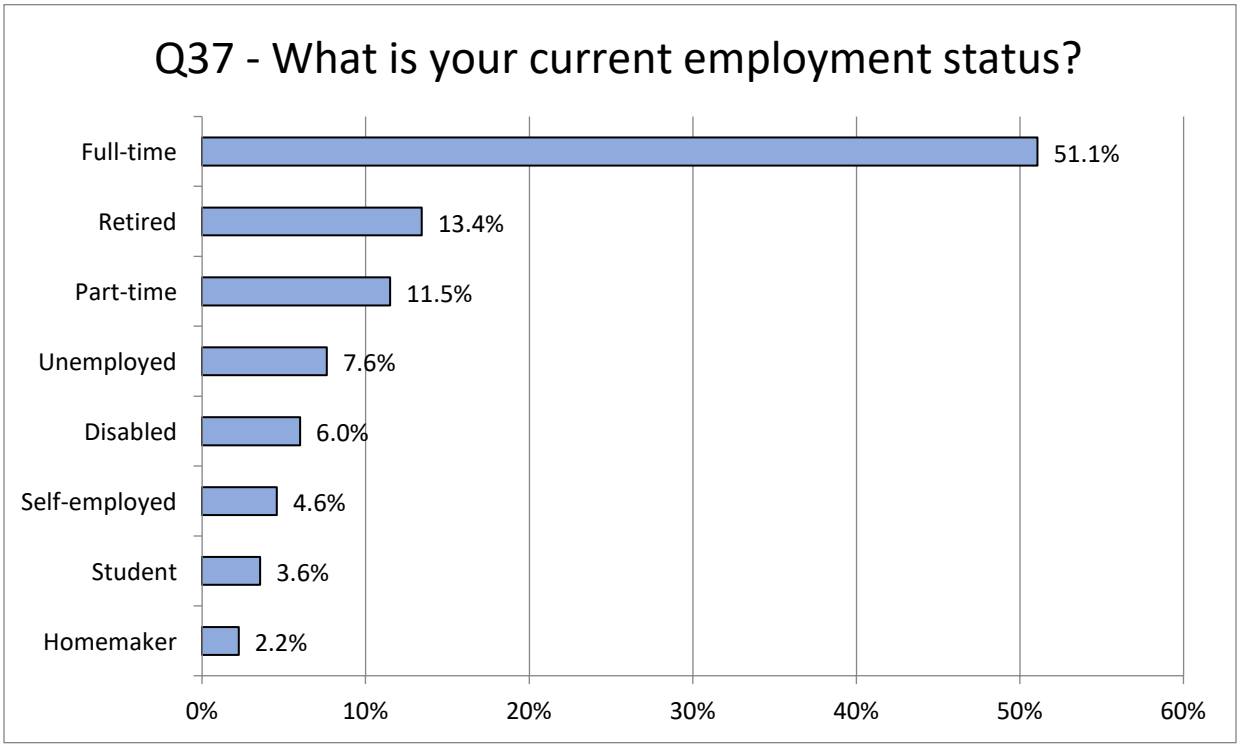
Household Size	Number	Self-Reported Household Income Category							<100% FPL	<200% FPL
		0-10,000	10,001-20,000	20,001-30,000	30,001-40,000	40,001-50,000	50,001-60,000	60,001-70,000		
1	128	21	16						16.4%	28.9%
2	272	13	19	31					4.8%	23.2%
3	172	14	17	19	18				18.0%	39.5%
4	154	13	11	19	12	16			15.6%	46.1%
5	68	6	5	5	8	5	7		23.5%	52.9%
6	28	7	2	3	4	0	2	5	42.9%	82.1%
7	17	0	4	3	2	3	0	0	52.9%	70.6%
8	2	0	0	0	0	0	1	1	0.0%	100.0%
Total	**841**	**74**	**74**	**80**	**44**	**24**	**10**	**6**	**15.2%**	**37.6%**

Although survey income categories do not align with the Federal Poverty Level guidelines (FPL), respondent poverty status can still be estimated at levels below 100% and 200% of the FPL. Based on the FPL, the number of respondents in each household size noted above in yellow would fall below 100% of the FPL. The number of responses in blue would fall below 200% of the FPL. Combining these values represent respondents whose household income falls below 200% of the FPL. A respondent's household income will often fall between FPL category minimum and maximum limits. For example, a respondent's household income that is $11,500 would still be below 100% of the federal poverty level but would be placed in the survey's $10,001 to $20,000 income category because it cannot be determined that the respondent's household income is, in fact, below 100% of the poverty level, between 100% and 150% of the FPL, or at some point over 150% FPL. However, it can be determined that this income is still below 200% of the FPL. In 2021, a minimum of 15.2% of respondents represented in the table above had incomes below 100% of the FPL and 37.6% had incomes below 200% FPL. The total number of households in the table above represent 92.5% of all income respondents.

Federal Poverty Level Guideline Table

Household Size	100% FPL	150% FPL	200% FPL	300% FPL
1	$ 12,760	$ 18,140	$ 25,520	$ 38,320
2	$ 17,240	$ 25,860	$ 34,480	$ 51,720
3	$ 21,720	$ 32,580	$ 43,440	$ 65,160
4	$ 26,200	$ 39,300	$ 52,400	$ 78,600
5	$ 30,680	$ 46,020	$ 61,360	$ 92,040
6	$ 35,160	$ 52,740	$ 70,320	$ 105,480
7	$ 39,640	$ 59,460	$ 79,280	$ 158,560
8	$ 44,120	$ 66,180	$ 88,240	$ 176,480

FPL table reproduced from table listed by Medicare Plan Finder accessed July 29, 2021 at https://www.medicareplanfinder.com/medicare/federal-poverty-level/



	Percent	Responses
Full-time	51.1%	502
Retired	13.4%	132
Part-time	11.5%	113
Unemployed	7.6%	75
Disabled	6.0%	59
Self-employed	4.6%	45
Student	3.6%	35
Homemaker	2.2%	22
	Answered	**983**
	Skipped	**73**

A higher percentage of 2021 respondents were employed full-time than 2018 respondents (51% compared to 43%). The number of unemployed was double among 2018 respondents compared to 2021 respondents (16% compared to 7.6%). The reader should consider this disparity in context with the number of 2018 respondents with household incomes less than $20,000 (48.7%) compared to 20% in 2021. The number of student responses was 1.3% in 2018 compared to 3.6% in 2021. The percentage of respondents indicating that they were "Homemakers" was more than twice the number of respondents in 2018 (5%) than 2021 respondents (2.2%).

Farmville Stakeholder Focus Group Directory

Date: 5/5/2021

Last Name, First Name	Organization
Almond, Maria	Centra Southside Community Hospital
Angelo, Tom	VP & CEO Centra Southside Community Hospital
Blaisdell, Amanda	Longwood University
Bodine, Bill	Greater Lynchburg Community Foundation
Broocks, Carter	Centra
Calhoun, Lonnie	United Way
Crews, Allison	Natural pHuel
Davidson, Leland	LOC Family Services
Doss, Priscilla	Centra Southside Community Hospital
Ewing, Rick	Central Virginia Regional Library
Ewing, Tena	Longwood University
Gibson, Sherrina	Virginia Health Catalyst
Harvie, Taylor	Amelia County- County Administrator
Hemke, Jennifer	Centra
Horan, Leah	Community Health Solutions
Jackson, Christin	STEPS
Jones, Chip	Cumberland County Public Schools
Jones, Jenny	Centra
Laine, Terry	Community Health Solutions
Lockewood, Lindsey	Central Virginia Health Department
Mays-Couch, Shelley	LOC Family Services
Miles, Jordan	Piedmont Senior Resources
Morgan, Jake	Associate Extension Agent
Morris, Harry	Centra
Patterson, Cameron	Moton Museum
Paulsen, Hans	Crossroads CSB
Poulter, Jane	Community Volunteer
Rabon, Sam	Farmville Area Habitat for Humanity
Reed, Kathy	Crossroads CSB
Reid, Warren	Reid Executive Group
Horan, Leah	Community Health Solutions
Rozier, Shawn	STEPS
Sedgewick, Ellery	FACES
Snyder, Matthew	Longwood University
Stanley, Doug	Prince Edward County Administrator
Taylor, Lisa	Bank of the James
Thorne, Ren	Crossroads CSB
Watson, Patsy	Farmville Cares

Witt, Dan	Charlotte County- County Administrator
Young, Justine	Piedmont Senior Resources
Young, Pat	Centra

CENTRA

2021 Stakeholders Focus Group Survey

Please complete the following questions:

What are the greatest issues/needs in the community(s) you serve? (List up to 5) 1. 2. 3. 4. 5.
How has the COVID-19 pandemic impacted these needs?
Of the needs listed, what is one issue/need we can work on together to create a healthier community?
What are one or two ways we can work together on this issue/need?
Are there localities or populations that are especially vulnerable to this issue/need?
What resources are available in the community to address this issue/need?
Are there gaps in these resources that we need to address?

2021 Farmville Area Prioritization of Needs Worksheet
Rank the Top 5 Greatest Needs
Instructions: Rank the following "Areas of Need" from 1 to 5
(1 is the greatest need)

Ranking	Area of Need
	Access to healthcare services
	Accidents in the home
	Aging and Eldercare
	Broadband/Internet Access
	Child abuse/neglect
	Childcare
	Chronic Disease
	Communication
	Community Outreach
	Coordination of Resources
	COVID-19 Pandemic
	Criminal Justice
	Dental Care & Dental Problems
	Disability
	Domestic Violence
	Education and Literacy
	Employment / Job assistance
	End of Life Care and Services
	Environmental Health
	Equity, Inclusion and Diversity
	Financial Stability
	Food Insecurity and Nutrition
	Health Education and Literacy
	Health Equity
	Health Promotion and Disease Prevention
	Housing and Homelessness
	Legal Services
	Maternal/Child Health
	Mental Health and Substance Use Disorders & Access to Services
	Overweight/Obesity
	Physical Activity
	Poverty & Economic Assistance
	Safety and Violent Crime
	Sexual Health
	Social Isolation
	Social Media
	Transportation
	Unsafe Driving Practices
	Veterans Services
	Vision Care
	Youth

2021 Farmville Area Prioritization of Needs Worksheet
Rank the Top 5 Greatest Needs
Instructions: Rank the following "Areas of Need" from 1 to 5
(1 is the greatest need)

	CHS 2021 (n= 1027)	CHS 2021 (n= 985)	CHS 2021 (n=960)	CHS 2021 (n=935)	Stakeholder Focus Group (n=144)
Area of Need	**What do you think are the most important issues that affect health in our community? (Check all that apply) Health Factors % Responses**	What do you think are the most important issues that affect health in our community? (Check all that apply) Health Conditions	Which health care services are hard to get in our community?	Which social/support resources are hard to get in our community?	What are the top 5 greatest needs in the community(s) you serve?
Access to healthcare services	x		x	x	x
Access to healthcare					8.3%
Alternative therapy (e.g., herbal, acupuncture, massage)			32.6%		
Ambulance services			10.9%		
Cancer care			26.6%		
Chiropractic care			10.7%		
Dermatology			29.6%		
Emergency room care			16.9%		
Health insurance				28.8%	
Immunizations			7.3%		
Inpatient hospital			10.2%		
Lab work			10.8%		
Medication / medical supplies			12.3%		
Medication assistance				19.1%	
Not getting "shots" to prevent disease	21.2%				
Physical therapy			11.8%		
Preventive care (e.g., yearly check-ups)			16.2%		
Specialty care (e.g., heart doctor)			25.4%		
Urgent care / walk-in clinic			25.7%		
Women's health services			18.9%		
X-rays / mammograms			12.4%		
Accidents in the home	x				
Accidents in the home (e.g., falls, burns, cuts)	13.3%				
Aging and Eldercare	x		x		x
Aging problems	25.3%				
Eldercare			20.2%		
Elderly					1.4%
Broadband/Internet Access					x
Broadband Access/Internet					4.2%
Child abuse/neglect	x				
Child abuse / neglect	28.0%				
Childcare				x	x
Childcare				38.0%	
Childcare					3.5%
Chronic Disease		x			
Cancers		52.6%			
Diabetes		57.7%			
Heart disease and stroke		50.9%			
High blood pressure		54.3%			
HIV / AIDS		11.3%			
Lung Disease		19.3%			
Communication					x
Communication					0.7%
Community Outreach					x
Outreach					0.7%
Coordination of Resources					x
Coordination					2.8%

COVID-19 Pandemic		x	x	x	
COVID-19 / coronavirus		37.2%			
COVID-19 has made one or more of the services I selected hard to get			12.8%		
COVID-19 has made one or more of the services I selected hard to get				11.8%	
Criminal Justice					x
Criminal Justice					1.4%
Dental Care & Dental Problems		x	x		x
Access to dental care					3.5%
Adult dental care			32.8%		
Child dental care			15.1%		
Dental problems		29.4%			
Disability		x			
Disability		29.3%			
Domestic Violence	x		x	x	x
Domestic Violence	29.4%				
Domestic Violence					0.7%
Domestic violence assistance				21.6%	
Domestic violence services			17.0%		
Sexual assault	13.2%				
Education and Literacy				x	x
Education					3.5%
Education and literacy				18.6%	
Employment / Job assistance				x	x
Employment / job assistance				36.0%	
Unemployment benefits				14.4%	
Workforce development					2.8%
End of Life Care and Services		x	x	x	
End of life / hospice /palliative care			10.0%		
Grief		16.2%			
Grief /bereavement counseling				21.2%	
Environmental Health	x				
Environmental health (e.g., water quality, air quality, pesticides, etc.)	21.3%				
Equity, Inclusion and Diversity					x
Racism					2.8%
Financial Stability				x	
Banking /financial assistance				15.6%	
Food Insecurity and Nutrition	x			x	x
Access to food					4.9%
Access to healthy foods	47.5%				
Food benefits (SNAP, WIC)				15.0%	
Healthy food				34.0%	
Poor eating habits	49.6%				
Health Education and Literacy					x
Health literacy					0.7%
Health Equity					x
Health Equity					2.1%
Health Promotion and Disease Prevention					x
Healthy lifestyle					0.7%

Housing and Homelessness	x			x	x
Access to affordable housing	38.4%				
Access to housing					7.6%
Affordable /safe housing				45.0%	
Homelessness					5.6%
Housing problems (e.g., mold, bed bugs, lead paint)	25.9%				
Rent / utilities assistance				24.2%	
Legal Services				x	
Legal services				15.7%	
Maternal/Child Health		x			
Infant death		6.6%			
Teenage pregnancy		17.4%			
Mental Health and Substance Use Disorders & Access to Services	x	x	x		x
Access to mental health services					17.0%
Alcohol and illegal drug use	48.4%				
Mental health / counseling			38.1%		
Mental health problems		49.9%			
Prescription drug abuse	24.9%				
Programs to stop using tobacco products			20.2%		
Stress		46.9%			
Substance use					7.6%
Substance use services – drug and alcohol			27.2%		
Suicide		21.2%			
Tobacco use / smoking / vaping	35.3%				
Overweight/Obesity		x			
Overweight / obesity		61.2%			
Physical Activity	x				
Lack of exercise	41.8%				
Poverty & Economic Assistance				x	x
Medical debt assistance				22.8%	
Poverty					2.8%
TANF (Temporary Assistance for Needy Families)				9.5%	
Safety and Violent Crime	x				
Bullying	17.0%				
Gang activity	8.3%				
Homicide	7.3%				
Neighborhood safety	8.3%				
Sexual Health	x		x		
LGBTQ			17.7%		
Unsafe sex	15.3%				
Social Isolation	x				
Social isolation	20.3%				
Social Media					x
Social Media					0.7%
Transportation	x			x	x
Transportation				32.8%	
Transportation					12.5%
Transportation problems	28.5%				
Unsafe Driving Practices	x				
Cell phone use / texting and driving / distracted driving	30.6%				
Not using seat belts / child safety seats / helmets	18.2%				
Veterans Services				x	
Veterans services				19.7%	
Vision Care			x		
Vision care			21.3%		
Youth					x
Youth					0.7%

Farmville Area Community Resources 2021	
Arts/Culture/Recreation VA Cooperative Extension Farmville Visitors Center Farmville Parks & Recreation Dept. Virginia Dept. of Conservation & Recreation Boys and Girl scouts of America Girl Scouts of the Commonwealth of VA Virginia Tourism Authority	**Housing** Buckingham Housing Development Christian Outreach Program Farmville Area Habitat for Humanity Helping Every Life Prosper HOME of Virginia Madeline's House Southside Community Dev. & Housing Corp. STEPS, Inc. Telamon Corporation Tri-County CAA USDA Rural Development Virginia Fair Housing Office Virginia Housing Development Authority Adaptive Accommodations Outreach Group Army Emergency Relief Housing Discrimination, Dept of Justice LynCAG
Clothing/Personal/Household Christian Outreach Program Prom Bring It Southside Community Services Board Vehicles for Change Assurance Wireless SafeLink Services Social Services	**Income Support/Assistance** Clearpoint Credit Counseling Solutions FAMIS Social Security Administration (South Boston) Departments of Social Services STEPS, Inc. Tri-County Community Action Agency Virginia Employment Commission Adaptive Accommodation Outreach Group Annual Credit Reporting Service Assistive Technology Loan Fun Authority VA Cooperative Extension Virginia Victims Fund
Disaster Services American Red Cross Emergency Management Services	**Individual, Family, & Community Support** Departments of Social Services: Amelia Buckingham Charlotte Cumberland Lunenburg Nottoway Prince Edward United Way Tri-County Community Action Agency STEPS, Inc. Virginia Cooperative Extension Piedmont Senior Resources Adult/Child Protective Services Childcare Aware of VA US Dept of Veteran Affairs VA Statewide Neglect hotline

Education	**Information Services**
Public Schools: Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward Hampden-Sydney College Longwood University Southside Community College Virginia Adult Learning Resource Center John Tyler Community College Fuqua School Boy Scouts of America 4H VA cooperative Extension	Access Now Autism Society of Central Virginia Piedmont Senior Resources Public Library System: Central Virginia Regional Charlotte James L. Hamner Lunenburg Nottoway Virginia Legal Aid Society Virginia 2-1-1 Adaptive Accommodations Outreach Group American Cancer Society Dominion Energy VA Feed More hunger Hotline Info 4-1-1 Nationwide Military OneSource National Resource Directory Pregnancy Support Center of Southside VA SeniorNavigator
Employment	**Mental Health/Addictions**
Career Support Systems Community College Workforce Alliance South Central Workforce Development Board Virginia Employment Commission Virginia Job Corps At Work Personnel Services Jubilee Family Center STEPS	Gamblers Anonymous Madeline's House Richmond Intergroup Richmond Veteran Center Hope for Tomorrow Counseling Crossroads Community Services Board Southside Dominion Health Systems Williamsburg Place Forever Endeavor Integrated Health Services On the Level Behavioral Health

Food/Meals	**Legal/Public Safety**
Central Virginia Food Bank FeedMore, Hunger Hotline Farmville Area Community Emergency Services Helping Every Life Prosper Piedmont Senior Resources SNAP/Food Stamps Blueridge Area Foodbank Christian Outreach Program FeedAFamily Loaves & Fiches Food Pantry Meals on Wheels Scottsville United Methodist Church, Bread of Life WIC/Women Infant Children	County Sheriff's Office: Nottoway, Prince Edward Emergency Management Services Town of Farmville – Police Department Victoria Police Department VA legal Aid Society

Government/Economic Services	**Children & Family Recreation**
Farmville Chamber of Commerce Charlottesville Regional Chamber of Commerce US Small Business Admin. Regional Office (Richmond) USDA Rural Development US Dept of Veterans Affairs Virginia Dept. of Transportation VA Hispanic Chamber of Commerce Foundation Federal Information Center Military & Families Social Services American Red Cross Social Services State Directory operator USA.gov telephone line Virginia Homeless Solutions Program Operation Renewed Hope Foundation (Veterans) VA National Guard Family Assistance VA National Guard Soldier and Family Readiness VA Veteran and Family Support VA Department of Veteran Services	Farmville Parks & Recreation Southside YMCA
Healthcare	**Transportation**
Alzheimer's Association, Southeastern Chapter Centra Southside Community Hospital Enroll Virginia Heart of Virginia Free Clinic Hope Clinic Piedmont Health District: Virginia Dept. of Health Amelia County Buckingham County Charlotte County Cumberland County Lunenburg County Nottoway County Prince Edward County Hunter Holmes McGuire VA Medical Center Partnership for Prescription Assistance Virginia Dept. for Aging & Rehab Services American Cancer Society Blue Ridge Medical Center Centers of Independent living Central VA Health Services Cover Virginia Forever Endeavor, LLC Infant and Toddler Connection of the Heartland Medical Alert System New Eyes for the Needy On the Level Behavioral Health Piedmont Senior Resources Area Agency on Aging Southern Dominion Health Systems VCU School of Dentistry	Farmville Area Bus (FAB) Logisticare Piedmont Senior Resources URZ - Richmond