



Community Health Needs Assessment

Warren Memorial Hospital

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Warren Memorial Hospital (WMH or the hospital) to identify community health needs and to inform the subsequent development of an Implementation Strategy to address those needs. The hospital's assessment of community health needs also responds to regulatory requirements.

For over 70 years, Warren Memorial Hospital has partnered with the community to improve health and wellness throughout Warren County, Virginia and beyond. Patients have come to our hospital for advanced surgical services, reliable elderly care, diagnostic services, rehabilitation services, skilled nursing assistance, and much more. We are committed to creating an exceptional patient experience while enhancing access to services, promoting advances in technology and clinical expertise, achieving efficiencies and high reliability and improving the overall health and well-being of the residents of Front Royal and Warren County.

We are excited to advance health care once again by investing nearly \$100 million in our community through our new thoroughly modern hospital. With 36 private patient rooms, 18 Emergency Department beds, operating rooms, a catheter lab and expansive walking trails on a 150-acre campus, this new facility can expand and develop to meet our community's changing needs. Additional information regarding the hospital and its services is available at: <http://www.valleyhealthlink.com>.

The hospital is an operating unit of Valley Health System, which includes one other acute care hospital (Winchester Medical Center), and 4 critical access hospitals (Page Memorial Hospital and Shenandoah Memorial Hospital in Virginia and Hampshire Memorial Hospital and War Memorial Hospital in West Virginia), and operates a range of other facilities and services in Virginia, West Virginia and Maryland.



Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H.

As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve several objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.¹

To be reported, community need for the activity or program must be established. Needs can be established by conducting a community health needs assessment.

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of *how* the hospital can best address significant needs is subject of a separate Implementation Strategy.

Community Health Needs Assessment Adoption

This community health needs assessment was adopted by the Valley Health Board of Trustees on December 13, 2022.

¹ Instructions for IRS form 990 Schedule H, 2018.

Methodological Summary

An already active Community Advisory Committee along with additional invited community members was used to help guide the hospital's Community Health Needs Assessment (CHNA) process. This committee included individuals who had previously served on various Valley Health Boards of Trustees, the Health Director from the Lord Fairfax Health District which serves Clarke, Frederick, Page, Shenandoah, and Warren counties and the City of Winchester. Community members also included representatives from Warren Memorial Hospital, and across Valley Health.

Input from 172 individuals was received through 63 key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of, or expertise, in public health.

A community health survey was administered between the months of November 1, 2021 and extended through April 20, 2022. The survey was translated into Spanish. A total of 1,852 completed surveys from across the region were received. Among those, 108 surveys were received from the Hispanic community.

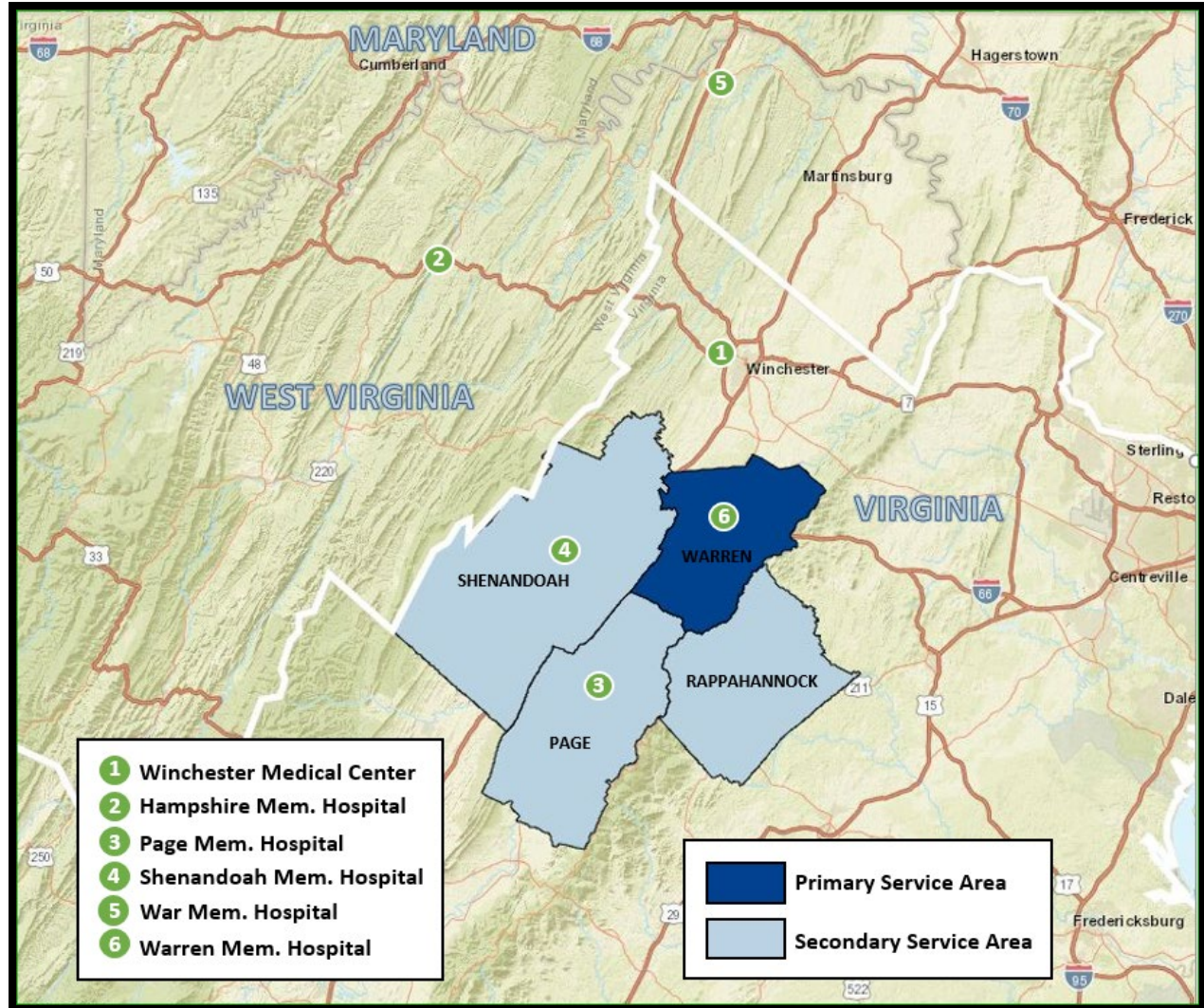
Valley Health applied a ranking methodology to prioritize the community health needs identified, incorporating both quantitative and qualitative data throughout. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages taking into account multiple data sources. Major themes discussed in the community response sessions were compared to the scored health issues to aid in identifying the prioritized list of health needs.

Community health needs were determined to be "significant" if they were identified as problematic in at least three of the four following data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessment developed by other organizations, (3) community input provided by the key informants who participated in the interview process, or (4) the community health survey.

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

WMH collaborated with the other Valley Health hospitals for this assessment: Hampshire Memorial Hospital, Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, and Winchester Medical Center.

Definition of the Community



Source: ESRI 2021, Created by Planning and Business Development

Warren Memorial Hospital Community by the Numbers

PSA and SSA Community includes four counties: Page, Rappahannock, Shenandoah, and Warren in Virginia. Darker blue shading is Warren Memorial Hospital's primary service area.

Total population 2021: 117,854

Projected population change between 2021 and 2026 is 1.87%.

Demographics:

1. 11.2% of the population are 65+
2. 76.5% of inpatient discharges originated from Warren Memorial Hospital's primary services area, while 11.7% comes from WMH's secondary service area.

Prioritized Description of Community Health Needs

The CHNA identified and prioritized community health needs using the data sources, analytic methods, and prioritization process and criteria described in the Methodology section. These needs are listed below in priority order and described on the following pages, with examples of the data supporting the determination of each health need as a priority. Further detail regarding supporting data, including sources, can be found in the CHNA Data and Analysis section of this report.

Prioritized Health Needs

1. Health Behaviors and Chronic Disease
2. Social & Economic Factors
3. Access to Primary, Preventative, Clinical Care
4. Mental Health and Substance Abuse
5. Physical Environment
6. Health Outcomes
7. Maternal and Child Health

To provide insight into trends, a comparison to findings from WMH's August 2019 CHNA is included with the description and key findings of each priority need, and outlined *below*.

1. Health Behaviors and Chronic Disease

A lack of physical activity and poor nutrition are contributing factors to being overweight. Obesity can also lead to a wide range of health problems and chronic diseases among all age groups. This includes high cholesterol, hypertension, diabetes, heart disease, stroke and some cancers. Nationally, the increase in both the prevalence of overweight and obesity and associated chronic diseases is well-documented, and has negative consequences for individuals and society. Low-income and poverty often contributes to poor nutrition and hunger.

Key Findings

- Adult obesity in Page, Shenandoah, and Warren counties in Virginia reported adult obesity rates higher than state average (**Exhibit 23**).
- Physical Inactivity was reported higher than the Virginia average of 25% for six out of the seven Virginia counties, and four out of seven counties reported higher than the West Virginia average of 30% (**Exhibit 23**).
- Page County reported a higher rate of residents that do not have access to exercise opportunities as reported by 2019 *County Health Rankings* than the state average. (**Exhibit 23**).
- Page, Rappahannock, Shenandoah, Warren counties reported higher percentages of excessive drinking than the state average of 17% (**Exhibit 23**).

- Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, influenza/pneumonia, and suicide rates were greater than the state average for six of the seven counties.
- Shenandoah and Warren counties reported unintentional-injury related mortality at a higher rate than both the Virginia and national averages for that cohort. The overall populations of Virginia counties reported higher rates of mortality related to suicide than Commonwealth averages (**Exhibit 23**).
- Page and Warren County residents experienced cancer mortality rates higher than the Virginia and national averages for lung and bronchus, breast cancer rates were highest in Shenandoah County. Prostate cancer was reported higher than both the commonwealth and national averages in Shenandoah and Warren counties (**Exhibit 26**).
- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on the lack of affordable, healthy food choices in some parts of the community.
- Interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on both the lack of affordable, healthy food choices in some parts of the community. Obesity among children and youth within the community was reported to be a concern.

Comparison to WMH's 2019 CHNA: Physical activity, nutrition, and obesity-related chronic diseases was one of the top health priority areas identified in WMH's 2019 CHNA. Participants in key informant interviews in WMH's community reported obesity prevalence has gotten worse than three years ago.

2. Social & Economic Factors (Education, Employment, and Income)

Income levels, employment and economic self-sufficiency correlate with the prevalence of a range of health problems and factors contributing to poor health. People with lower income or who are unemployed/underemployed are less likely to have health insurance or the ability to afford out of pocket health care expenses. Lower income is associated with increased difficulties securing reliable transportation, which impacts access to medical care, and the ability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, the assessment identified financial hardship and basic needs insecurity as a priority health need in the community.

Key Findings

- All Virginia counties in the community had a higher percentage than the state average of residents aged 25 and older who did not graduate high school. Page County experienced a slight increase of 20 percent of non-graduates compared to the previous 2019 assessment showing 19.6 percent of non-graduates.
- Rappahannock County reported the highest percentage of student completing high school (**Exhibit 12**).
- The highest proportions of households with incomes under \$25,000 in 2021 were located in Page County at 23.5 percent and Shenandoah County at 19.6 percent (**Exhibit 15**).
- **Exhibit 16A** shows unemployment rates for December 2019-July 2022. Post Pandemic unemployment rates are higher than pre-pandemic rates across all counties in our region with the exception of Page County.
- The highest percentage of students receiving free or reduced lunches for the WMH community were located in Page County, VA (**Exhibit 20A**).
- Participants in interviews believe that low income housing, and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- From the community health survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to WMH's 2019 CHNA: Financial hardship and basic needs insecurity were the top health priority areas identified in WMH's 2016 CHNA. Approximately 23 percent of households in the overall community- ranging from 19.1 percent in Rappahannock County to 26.8 percent in Page County had incomes less than \$25,000 in 2019. From the interview and survey data collected, COVID-19 pandemic was cited as major contributor to financial hardship.

3. Access to Primary, Preventive, and Clinical care

Access to primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital to the health of the community's residents. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, the availability and location of health care providers, an understanding of where to find services when needed, and reliable personal or public transportation.

Key Findings

- In 2021, the WMH community was estimated to have a population of 117,854 persons. Approximately 27.4 percent of the population resided in the primary service area (**Exhibit 1**).
- In 2021, the WMH Community collectively accounted for 77 percent of the hospital's inpatients and 88.3 percent of emergency department discharges. The majority (92.9 percent) of the hospital's inpatients originated from the Page County, and 5.9 percent for the secondary service area (**Exhibit 2**).
- Concerns about access to care were the most frequently mentioned factor contributing to poor health in key informant interviews.
- Lack of accessible or reliable transportation to health care and a lack of providers accepting new Medicaid and Medicare patients were frequently mentioned in interviews, especially for low-income individuals and senior citizens.
- **Exhibit 17A** demonstrates that all Virginia counties except Shenandoah County had uninsured rates higher than the commonwealth and national averages. Rappahannock County had the highest rate at 13.4 percent.
- Since January 1, 2019, more adults living in Virginia have access to quality, low-cost, health insurance through Virginia Medicaid. Covered adults include individuals ages 19-64 with income at or below 138% of the federal poverty limit. As of August 2022, there are 679,591 enrolled members in the state of Virginia.
- The WMH community reported Community Need Index scores between 3.2 -4.0 for Page, Rappahannock, Shenandoah, and Warren counties (**Exhibit 35**).
- Three of the four counties within the WMH community have been designated as medically underserved areas (**Exhibit 38**).
- The WMH community contains Health Professional Shortage Areas for dental, mental, and primary care. Page County reported shortages in dental health. Shenandoah County reported shortages for all three categories for dental, mental and primary care services, whereas, Warren County reported shortages in dental, and primary care services (**Exhibit 40**).
- The WMH community is experiencing lower ratio rates when it comes to the number of primary care physicians, dentists, and mental health providers per 100,000 populations. Primary care providers and dentists' availability are below the Virginia averages in Page, Rappahannock, and Warren counties. Rappahannock and Warren counties are below the Virginia ratio for dentists according to the 2022 County Health Ranking report (**Exhibit 44**).
- Preventable hospital stay rate is higher than the state average of (3896) for Page, Shenandoah and Warren counties in VA.

- The WMH community ranked higher than the state average for five out of the eight metrics for “clinical care” in the 2022 *County Health Rankings*. Page County ranked 132 out of 133 VA counties and Rappahannock ranking at 105 (**Exhibit 23C**).

Comparison to WMH’s 2019 CHNA: Access to primary care physicians one of the top priority issues identified in WMH’s 2019 CHNA, for reasons including: a lack of providers relative to the population; affordability and uninsured; and lack of accessible or reliable transportation.

4. Mental Health and Substance Abuse

Mental and behavioral health includes both mental health conditions (e.g., depression, autism, bipolar) and behavioral problems (e.g., bullying, suicidal behavior). Poor mental and behavioral health causes suffering for both those afflicted and the people around them. It can negatively impact children's ability to learn in school, and adults' ability to be productive in the workplace and the ability to provide a stable and nurturing environment for their families. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness.

Substance abuse includes the use of illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana); misuse of legal over-the-counter and prescription medications; and abuse of alcohol. Substance abuse affects not only the individual substance abuser, but those around them: negatively impacting health, safety and risky behaviors, including risks of violence and crime, adults' productivity, students' ability to learn, and families' ability to function. Tobacco smoking is well-documented to be a risk factor for various forms of cancer, heart disease and other ailments, and to pose health risks for those exposed to secondhand smoke.

Key Findings

- Page, Rappahannock, Shenandoah, and Warren counties reported higher percentages of excessive drinking than the state average of 17%, and in West Virginia, Berkeley, Jefferson, Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15% (**Exhibit 23B**).
- A measure of alcohol used based on excessive drinking placed for Rappahannock County at 20% higher than the state average, according to 2022 *County Health Rankings* report (**Exhibit 23B**).
- Three of the four counties within the WMH community have been designated as medically underserved areas (**Exhibit 39**).
- Mental and behavioral health was the second most frequently mentioned health status issue by key informants. Interviewees generally reported that the community's mental health needs have grown, while the mental health service capacity has not.
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue.
- The major concern mentioned by key informants was the need for more providers to care for children with mental and behavioral health issues. The WMH community has limited resources for this type of community need.
- Another concern mentioned by key informants was connecting patients with services needed. Wait times are very long for patients to see a clinician for services and medication.

Comparison to WMH's 2019 CHNA: Mental health was one of the priority issues identified in WMH's 2019 CHNA, for reasons including: the presence of mental health, Health Professional Shortage Area (HPSAs); and unfavorable suicide rates compared to the state's average. Both mental health needs and a lack of treatment options were frequently mentioned by interviewees; identification of substance abuse and mental health ranked as the second highest health priority in community response sessions. Focus groups identified substance abuse and mental health as the second highest health priority.

5. Physical Environment (Air and Water Quality, Housing and Transit)

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung diseases, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other contaminants can lead to illness, infection, and increased risks of cancer.

Stable, affordable housing can provide a safe environment for families to live, learn, grow, and form social bonds. However, housing is often the single largest expense for a family and when too much of a paycheck goes to paying the rent or mortgage, this housing cost burden can force people to choose among paying for other essentials such as utilities, food, transportation, or medical care.

Key Findings

- Severe housing problems were reported for Rappahannock County (**Exhibits 23E**).
- Percent of workforce that drives alone to work in Page and Shenandoah counties in Virginia were higher than the state average (**Exhibits 23E**).
- Percent of workforce that commute alone and drive more than 30 minutes was reported for Page and Shenandoah counties in Virginia (**Exhibits 23E**).
- Participants in interviews believe that low-income housing and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- In the survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to WMH's 2019 CHNA: Physical Environment was not one of the top health priority areas identified in PMC's August 2019 CHNA, but that assessment did note several measures relevant to health, housing, and transit.

6. Health Outcomes – (Length of Life & Quality of Life)

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing both length of life and the quality of life. Length of Life measures how long people within a community live and whether the people are considered to be dying too early. Quality of Life refers how healthy people feel while alive. It represents the well-being of a community, and represents the importance of physical, mental, social, and emotional health from birth to adulthood.

Key Findings

- Mental health days (physically unhealthy days) were reported higher than the state average (4.2) for Page, Rappahannock, Shenandoah, and Warren counties in Virginia counties (**Exhibit 23A**).
- **Exhibits 23A** from the County Health Rankings reported poor physical health days were reported higher for Page, Shenandoah, and Warren counties than the state average of 3.7 in Virginia.
- Poor health days (percent fair/poor) were reported higher for Page, Shenandoah, Warren counties than the state average of 3.7 percent (**Exhibits 23A**).
- All counties reported adult smoking percentages higher than the state average of 14 %. Rappahannock 17%, Shenandoah and Warren counties reported 19 % of population were smokers, Page County showed 23% (**Exhibit 23B**).
- Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, nephritis, influenza/pneumonia, and suicide rates were greater than the state average for three of the four counties. (**Exhibit 24**).

7. Maternal and Child Health

Maternal and child health indicators, including teen pregnancy and infant mortality, should be considered when evaluating the health of a community. The rate of teen pregnancy is an important health statistic in any community for reasons that include: concerns for the health and the mother and child, the financial and emotional ability of the mother to care for the child, and the ability of the mother to complete her secondary education and earn a living. Teen pregnancy also stresses the educational system and the families of teen mothers. Infant mortality can be a sign of deficits in access to care, health education, personal resources, and the physical environment.

Key Findings

- The teen birth rates in Page, Shenandoah and Warren counties were higher than the Virginia state average of 15% (**Exhibit 23B**).
- Key informant interviews mentioned that there was limited access to prenatal care and obstetric services in Front Royal and Warren County.

CHNA DATA AND ANALYSIS

DATA ANALYSIS

Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and assists in identifying the highest-priority health needs.

Statistics for health status, health care access, and related indicators were analyzed and included data from local, state, and federal public agencies, community service organizations in the WMC community, and Valley Health. Comparisons to benchmarks were made where possible. Details from these quantitative data are presented in the report's body, followed by a review of the principal findings of health assessments conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community was collected through: 63 individual/group interviews with over 172 key informants (January-March 2019); 133 low-income population interviews at local food banks and Valley Health Wellness Festival were collected, a community health survey with 1,852 respondents; and six community response sessions (April 2022) comprised of 49 additional community stakeholders where preliminary findings were discussed. Interviews and community response sessions included: individuals with special knowledge of, or expertise in, public health; local and state health agencies with current data or information about the health needs of the community; and leaders, representing the medically underserved, low-income, and minority populations, and populations with chronic disease needs. Feedback from community response session participants helped validate findings and prioritize identified health needs.

Collaborating Organizations

WMH collaborated with the other Valley Health hospitals for this assessment: Hampshire Memorial Hospital, Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, and Winchester Medical Center.

Valley Health's internal project team included Mark Nantz, president and CEO, Valley Health System; Grady (Skip) Philips, senior vice president, Valley Health and president of Winchester Medical Center; Dr. Jeff Feit, Valley Health Population Health and Community Health Officer, and Chris Rucker, Chief Strategy Officer and Chief of Staff, Valley Health, Tracy Mitchell, VHS director, Community Health & Wellness Services, Michael Wade, operations manager; Marketing and Communications; and Mary Welch-Flores, manager, Business Intelligence.

The Valley Health Community Health Needs Assessment (CHNA) Steering Committee was developed to provide insight regarding the needs of the communities participating in the 2022 CHNA. The Steering Committee guides the process to ensure alignment with organizational mission and vision and support of legislative mandates regarding CHNA reporting. Members of the committee make sure those components of the CHNA are being adequately compiled and addressed and that the project is completed with prioritized health needs.

Valley Health System's Community Advisory Council steering committee included:

Gwen Borders-Walker, vice president, NAACP (Winchester, VA)
Pastor George Bowers, faith-based community member
Travis Clark, vice president, Valley Health; President, Shenandoah Memorial Hospital and Page Memorial Hospital
Jennifer Coello, vice president, Operations and Administrator, Warren Memorial Hospital
Jason Craig, director, VHS Community Health
Miranda Delmerico, president, WMC Auxiliary
Dr. Jeff Feith, Valley Health Population Health and Community Health Officer
Dr. Ray Grimm, former member, WMH Board of Trustees (Front Royal, VA)
Sharen Gromling, executive director, Our Health (Winchester, VA)
Jenny Grooms, executive director, Valley Health Foundations
Henry (Mac) Hobgood, former chairman, WMH Board of Trustees (Front Royal, VA)
Diane Kerns, former member, WMC Board of Trustees (Winchester, VA)
Thomas Kluge, senior vice president, Valley Health Critical Access Hospitals, and president, War and Hampshire Memorial Hospital
Richard (Dick) L. Masincup, former member, PMH Board of Trustees (Luray, VA)
Tracy Mitchell, VHS director, Community Health & Wellness services
Mark Nantz, president and CEO, Valley Health
Grady (Skip) Philips, III, senior vice president, Valley Health; president Winchester Medical Center
Dr. Iyad Sabbagh, chief physician executive and president, Valley Physician Enterprise
Elizabeth Savage, senior vice president/chief human resource officer (CHRO) and vice president of Community Health & Wellness
Ethel Showman, former member, SMH Board of Trustees (Front Royal, VA)
Michael Wade, operations manager, Valley Health Marketing and Communications
Cathy Weaver, former member, PMH Board of Trustees (Luray, VA)
Mary Welch-Flores, manager, Valley Health Business Intelligence
Karen Whetzel, former member, SMH Board of Trustees (Woodstock, VA)

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 54** through **56** of this report.

Prioritization Process and Criteria

Valley Health System applied a ranking methodology to prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each data category (secondary data, previous assessments, survey, and interviews) based on the number of sources measuring each health issue and the severity of the issue as measured by the data and as indicated by community input. Scores were averaged and assigned a weight for each data category: 40 percent, 10 percent, 10 percent, and 40 percent, respectively. All identified health issues were assigned scores for severity and scope. Major themes discussed by participants in the community response sessions were compared to the scored health issues.

Information Gaps

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

DEFINITION OF COMMUNITY ASSESSED

This section identifies the community that was assessed by Warren Memorial Hospital (WMH). WMH's community is comprised of four counties. The hospital's primary service area (PSA) includes Warren County. The secondary service area (SSA) is composed of Page, Rappahannock, and Shenandoah counties (**Exhibit 1**). The hospital is located in Front Royal, Virginia.

In 2021, the WMH community was estimated to have a population of 117,854 persons. Approximately 34.7 percent of the population resided in the primary service area (**Exhibit 1**).

Exhibit 1: Community Population by County, 2021

2021	County/City	Total Population 2021	Total Population estimates 2026	Percent Change in Population 2021-2026
PSA		40,943	42,337	3.40%
	Warren County, VA	40,943	42,337	3.40%
SSA		76,911	77,721	1.05%
	Page County, VA	24,772	24,646	-0.51%
	Rappahannock County, VA	7,562	7,447	-1.52%
	Shenandoah County, VA	44,577	45,628	2.36%
	Total	117,854	120,058	1.87%

Sources: Projections: 2021 ESRI Community Profiles for all PSA and SSA counties

This community definition was validated with data on the geographic origins of WMH inpatients and emergency department encounters (**Exhibit 2**).

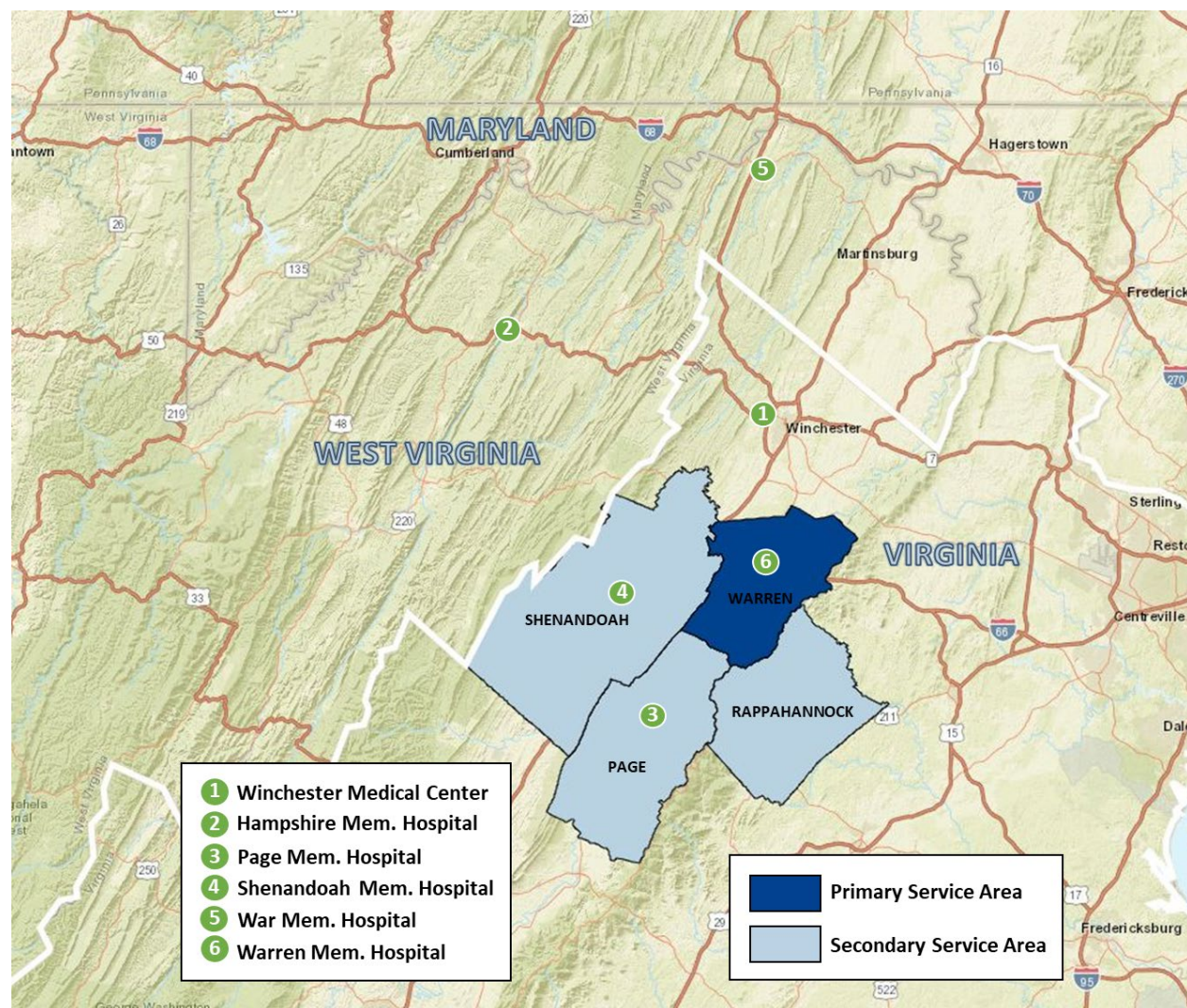
Exhibit 2: WMH Inpatient and Emergency Department Discharges, 2021

2021	Number of Inpatient Discharges	Percent of Patient Discharges	Number of ED Discharges*	Percent of ED Discharges
PSA	1,343	76.5%	15,223	73.4%
Warren County, VA	1,343	76.5%	15223	73.4%
SSA	206	11.7%	2,221	10.7%
Page County, VA	56	3.2%	320	1.5%
Rappahannock County, VA	60	3.4%	496	2.4%
Shenandoah County, VA	90	5.1%	1405	6.8%
PSA and SSA Total	1,549	88.3%	17,444	84.1%
Other areas	206	11.7%	3302	15.9%
Total Discharges	1,755	100.0%	20,746	100.0%

Source: Warren Memorial Hospital Patient Discharge Volumes IP and ED, 2021 (Tableau)

In 2021, the WMH community collectively accounted for 88.3% of the hospital's inpatients and 73.4% of emergency department discharges. The majority (76.5%) of the hospital's inpatients originated from the primary service area. Approximately 73.4% of emergency department visits originated from Warren County (**Exhibit 2**).

Exhibit 3: Warren Memorial Hospital Community: Four counties that comprise WMH's primary and secondary service areas.



Source: ESRI 2021, Created by Planning and Business Development

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in WMH's community.

Demographics

Population characteristics and change play a role in influencing the health issues of and service needed by communities.

Exhibit 4: Percent Change in Population by County/City, 2021-2026

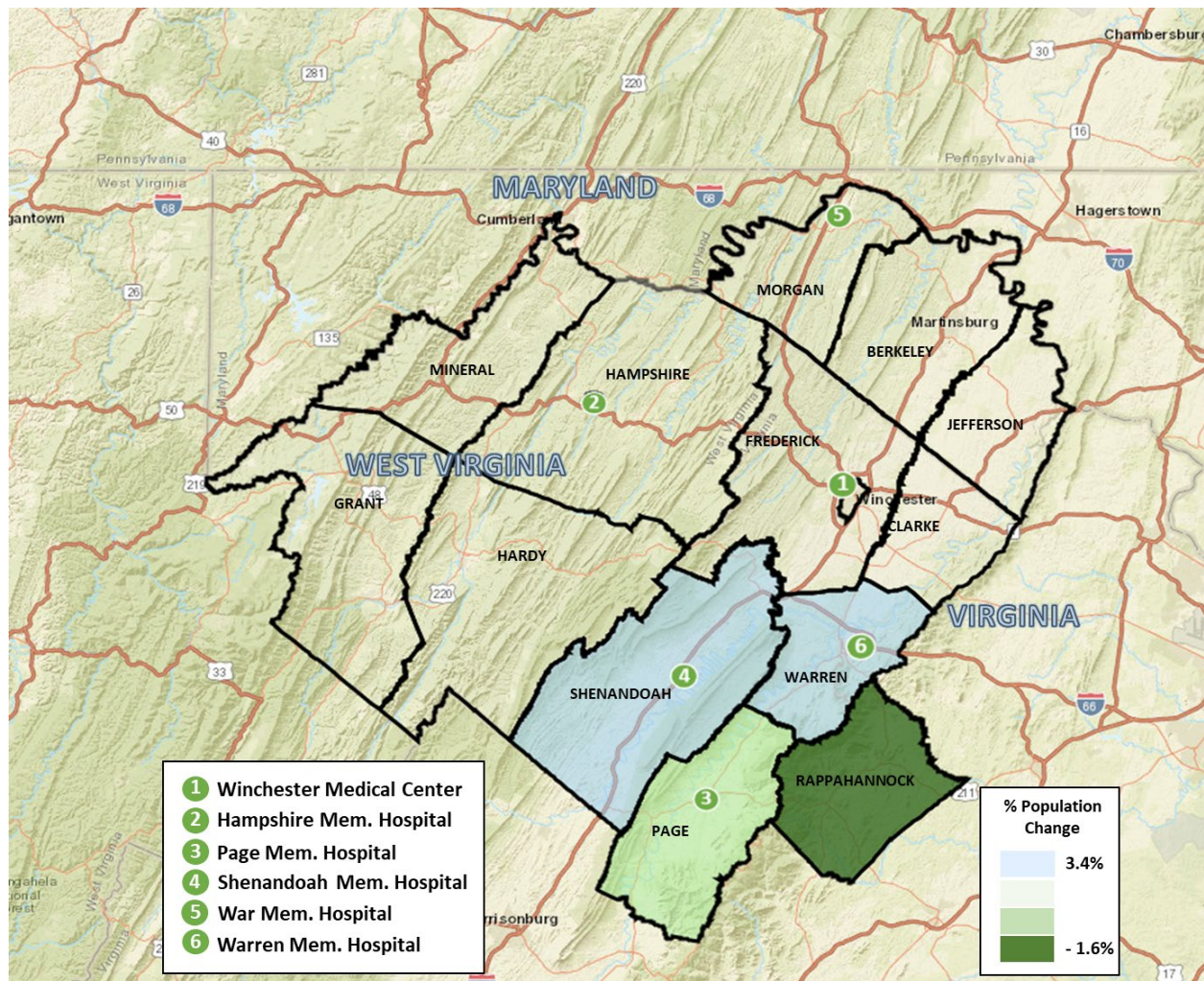
2021	County/City	Total Population 2021	Percent of Total Population
PSA		40,943	34.7%
	Warren County, VA	40,943	34.7%
SSA		76,911	65.3%
	Page County, VA	24,772	21.0%
	Rappahannock County, VA	7,562	6.4%
	Shenandoah County, VA	44,577	37.8%
	Total	117,854	100.0%

Source: Projections: ESRI Detailed Age Profiles PSA and SSA All counties

Overall, the population in the WMH community is expected to increase by 1.9% between 2021 and 2026.² Warren County has the largest projected population increase at 3.4% for the WMH community (**Exhibit 4**).

² ESRI Detailed Age Profiles PSA and SSA All counties

Exhibit 5: Population Change by County, 2021-2026



Source: ESRI 2021, Created by Planning and Business Development

Shenandoah and Warren counties are expected to grow faster than the community as a whole at approximately 2.4, and 3.4% respectively, while Page County will see a decrease of 0.5 %, and Rappahannock County is projected to decrease at 1.5% by 2023, respectively (**Exhibits 4 and 5**).

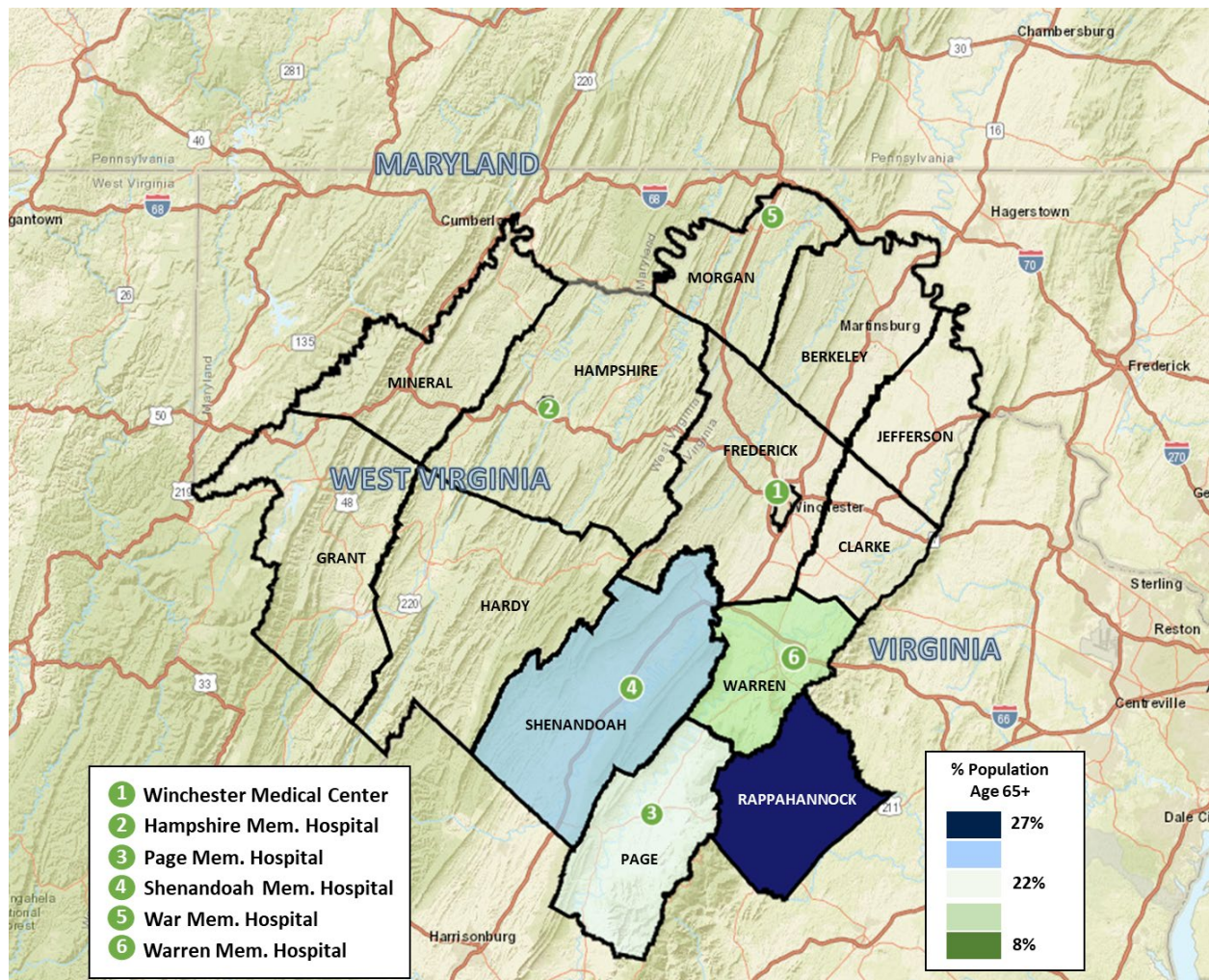
Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2021-2026

Age/Sex Total Population	Population 2021	Population 2026	5 Year % Change	% total 2021 Population
Female 0-19	12,881	13,165	2.2%	10.9%
Male 0-19	13,177	13,616	3.3%	11.2%
Female 20-44	16,651	16,555	-0.6%	14.1%
Male 20-44	16,947	16,908	-0.2%	14.4%
Female 45-64	16,548	15,710	-5.1%	14.0%
Male 45-64	16,472	15,708	-4.6%	14.0%
Female 65+	13,491	15,167	12.4%	11.4%
Male 65+	11,687	13,229	13.2%	9.9%
Total	117,854	120,058	1.9%	100.0%

Source: Projections: ESRI Detailed Age Profiles PSA and SSA All Counties

The number of residents in the WMH community aged newborn to 19 has grown since 2021, with females increasing by 2.2% and males by 3.3%. The male population in the 65+ age cohort experienced an increase of 13.2% (**Exhibit 6**).

Exhibit 7: Percent of Population Aged 65+ by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

At 27%, Rappahannock County had the highest percentage of people aged 65 and over. Page (22.4%), and Shenandoah (23%) counties have the highest percentage of people aged 65 and over. Warren County (17.5%) had the lowest percentage of people aged 65 and over at 6.3 % (Exhibit 7).

Exhibit 8A: Distribution of Population by Race, 2021-2026

Race/Ethnicity	2021 Total	2026 Total	Percent Change in Population 2021-2026	Percent of Total 2021 Population	Percent of Total Population 2026
American Indian and Alaska Native	450	520	15.6%	0.4%	0.4%
Asian	1,323	1,640	24.0%	1.1%	1.4%
Black or African American	4,084	4,461	9.2%	3.5%	3.7%
Native Hawaiian/Pacific Islander	32	36	12.5%	0.0%	0.0%
Some other Race	2,533	3,007	18.7%	2.1%	2.5%
Two or more Races	2,933	3,543	20.8%	2.5%	3.0%
White	106,499	106,851	0.3%	90.4%	89.0%
Total	117,854	120,058	1.9%	100.0%	100.0%
Hispanic or Latino	6,721	8,160	21.4%	5.7%	6.8%
Not Hispanic or Latino	111,133	111,898	0.7%	94.3%	93.2%
Total	117,854	120,058	1.9%	100.0%	100.0%

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All counties

About 89.0 percent of the PMH community's population is White. The Asian population is expected to grow 24.0 percent from 2021 to 2026. According to the ESRI Community Profiles, the Hispanic or Latino population is expected to increase 21.4% between 2021 and 2026 (**Exhibit 8A**).

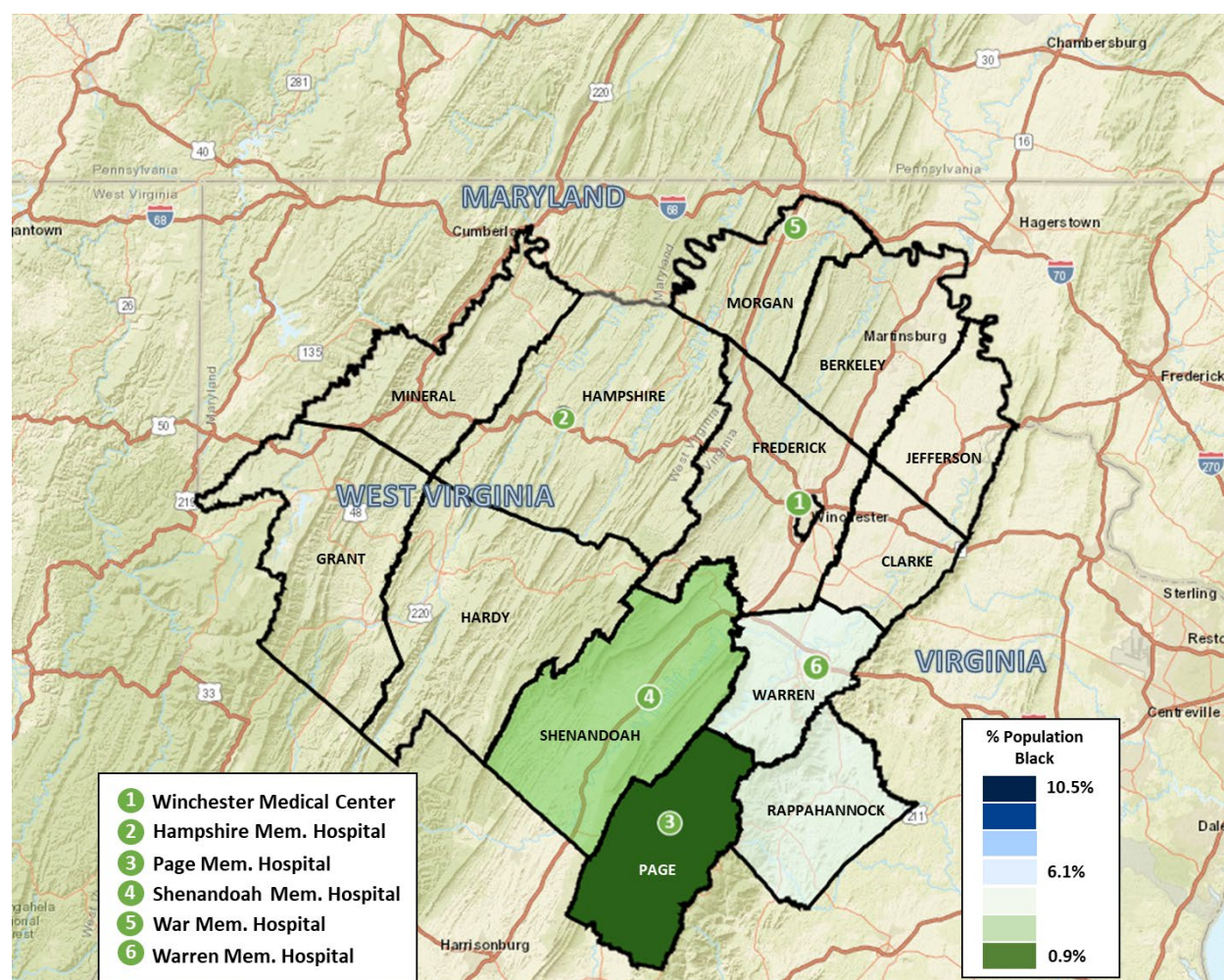
Exhibit 8B: VA Counties Distribution of Population by Race, 2021-2026

Race/Ethnicity	Page, VA		Rappahannock, VA		Shenandoah, VA		Warren, VA	
	2021	2026	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	79	94	23	25	135	153	213	248
Asian	119	144	85	102	563	700	556	694
Black or African American	539	550	307	288	1,298	1,623	1,940	2,000
Native Hawaiian/Pacific Islander	8	9	3	3	8	9	13	15
Some other Race	194	228	52	58	1,623	1,885	664	836
Two or more Races	436	525	165	186	1,023	1,226	1,309	1,606
White	23,397	23,096	6,927	6,785	39,927	40,032	36,248	36,938
Total	24,772	24,646	7,562	7,447	44,577	45,628	40,943	42,337
Hispanic or Latino	603	721	305	408	3,484	4,054	2,329	2,977
Not Hispanic or Latino	24,169	23,925	7,257	7,039	41,093	41,574	38,614	39,360
Total	24,772	24,646	7,562	7,447	44,577	45,628	40,943	42,337

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All counties

Exhibits 9 and 10 illustrate the locations in the community where the percentage of the population that is black, and Hispanic or Latino were highest. The percentages of Black residents are highest in Warren County. The percentage of Hispanic or Latino residents is highest in Shenandoah County.

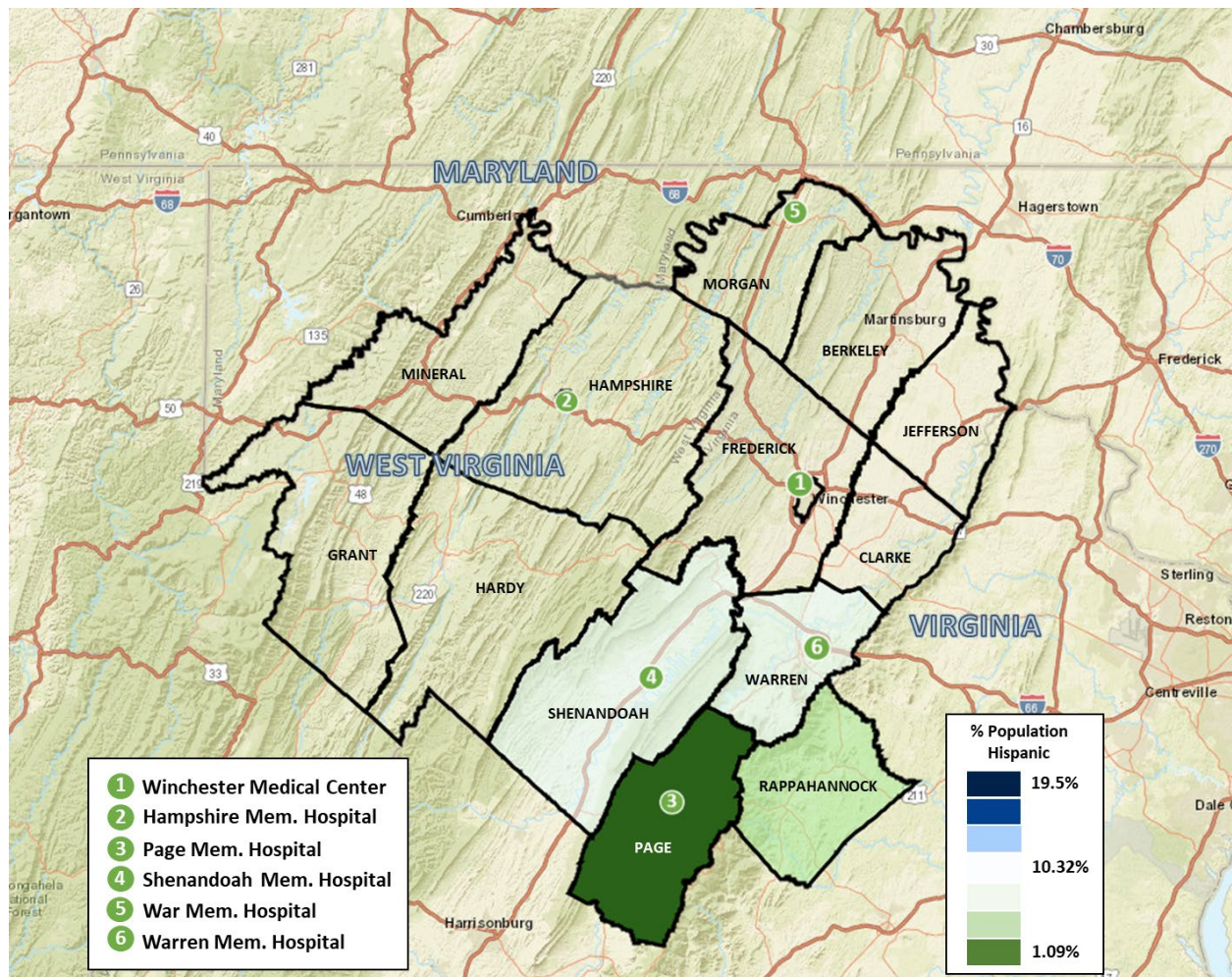
Exhibit 9: Percent of Population – Black, 2021



Source: ESRI 2021, Created by Planning and Business Development

Rappahannock and Warren counties reported the highest percentages of black residents

Exhibit 10: Percent of Population – Hispanic or Latino, 2021



Source: ESRI 2021, Created by Planning and Business Development

Shenandoah and Warren counties had reported the highest percentages of Hispanic or Latino residents.

Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020

2020 Census Data Language Spoken at Home	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	7,903,819	464,606	5.9%	13,695	283	2.1%	80,029	2,576	3.2%	22,642	128	0.6%
Speak only English	6,632,464	(X)	(X)	12,799	(X)	(X)	72,369	(X)	(X)	22,114	(X)	(X)
Speak a language other than English	1,271,355	464,606	36.5%	896	283	31.6%	7,660	2,576	33.6%	528	128	24.2%
Spanish	562,347	236,492	42.1%	546	140	25.6%	6,278	2,243	35.7%	264	83	31.4%
5 to 17 years old	119,914	22,950	19.1%	100	44	44.0%	1,886	137	7.3%	16	0	0.0%
18 to 64 years old	412,413	197,736	47.9%	404	94	23.3%	4,114	1,875	45.6%	235	83	35.3%
65 years old and over	30,020	15,806	52.7%	42	2	4.8%	278	231	83.1%	13	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Frederick County has approximately 35.7 percent of their Hispanic population that do not speak English.

Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020

2020 Census Data Language Spoken at Home	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers Total		Percent of specifie d languag e speaker s	Total Percent of specified language speakers		Total	Percent of specified language speakers Total		Percent of specifie d languag e speaker s	Total Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other Indo-European languages	284,147	69,851	24.6%	232	85	36.6%	695	160	23.0%	180	45	25.0%
5 to 17 years old	38,712	5,319	13.7%	0	0	-	16	0	0.0%	0	0	-
18 to 64 years old	206,989	49,466	23.9%	106	54	50.9%	571	140	24.5%	157	26	16.6%
65 years old and over	38,446	15,066	39.2%	126	31	24.6%	108	20	18.5%	23	19	82.6%
Asian and Pacific Island languages	294,911	120,892	41.0%	97	56	57.7%	509	170	33.4%	67	0	0.0%
5 to 17 years old	37,346	7,555	20.2%	9	0	0.0%	63	0	0.0%	16	0	0.0%
18 to 64 years old	217,654	87,196	40.1%	88	56	63.6%	421	164	39.0%	24	0	0.0%
65 years old and over	39,911	26,141	65.5%	0	0	-	25	6	24.0%	27	0	0.0%

Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020

2020 Census Data Language Spoken at Home	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"				Speak English less than "very well"	Percent speak English less than "very well"				Speak English less than "very well"
Other languages	129,950	37,371	28.8%	21	2	9.5%	178	3	1.7%	17	0	0.0%
5 to 17 years old	22,119	3,870	17.5%	2	0	0.0%	3	1	33.3%	0	0	-
18 to 64 years old	98,401	29,144	29.6%	19	2	10.5%	175	2	1.1%	0	0	-
65 years old and over	9,430	4,357	46.2%	0	0	-	0	0	-	17	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11B: Virginia Counties Percent of Population – Not proficient in English, 2020 (cont.)

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Population 5 years and over	6,975	125	1.8%	40,597	1,333	3.3%	37,075	574	1.5%	25,921	2,315	8.9%
Speak only English	6,640	(X)	(X)	37,666	(X)	(X)	34,975	(X)	(X)	21,297	(X)	(X)
Speak a language other than English	335	125	37.3%	2,931	1,333	45.5%	2,100	574	27.3%	4,624	2,315	50.1%
Spanish	162	79	48.8%	2,325	1,107	47.6%	1,231	246	20.0%	3,965	2,113	53.3%
5 to 17 years old	0	0	-	756	176	23.3%	289	0	0.0%	1,241	330	26.6%
18 to 64 years old	149	79	53.0%	1,501	916	61.0%	855	246	28.8%	2,531	1,638	64.7%
65 years old and over	13	0	0.0%	68	15	22.1%	87	0	0.0%	193	145	75.1%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Shenandoah County has approximately 47.6 percent of their
Hispanic population that do not speak English.

Exhibit 11B: Virginia Counties Percent of Population – Not proficient in English, 2020 (cont.)

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other Indo-European languages	85	0	0.0%	383	120	31.3%	401	96	23.9%	261	27	10.3%
5 to 17 years old	19	0	0.0%	20	0	0.0%	0	0	-	19	0	0.0%
18 to 64 years old	32	0	0.0%	227	84	37.0%	216	29	13.4%	209	9	4.3%
65 years old and over	34	0	0.0%	136	36	26.5%	185	67	36.2%	33	18	54.5%
Asian and Pacific Island languages	88	46	52.3%	171	84	49.1%	329	214	65.0%	223	134	60.1%
5 to 17 years old	17	0	0.0%	8	8	100.0%	38	19	50.0%	9	0	0.0%
18 to 64 years old	47	46	97.9%	133	65	48.9%	178	115	64.6%	162	94	58.0%
65 years old and over	24	0	0.0%	30	11	36.7%	113	80	70.8%	52	40	76.9%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Exhibit 11B: Virginia Counties Percent of Population – Not proficient in English, 2020 (cont.)

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Other languages	0	0	-	52	22	42.3%	139	18	12.9%	175	41	23.4%
5 to 17 years old	0	0	-	2	2	100.0%	43	0	0.0%	46	3	6.5%
18 to 64 years old	0	0	-	41	20	48.8%	96	18	18.8%	123	32	26.0%
65 years old and over	0	0	-	9	0	0.0%	0	0	-	6	6	100.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Data regarding residents without a high school diploma, those who have a high school diploma, residents that have had some college, and those that have earned a college degree are presented in **Exhibit 12** by city and county for Virginia and the United States.

Exhibit 12: Population 25+ by Educational Attainment, 2021

	Page County	Rappahannoc k County	Shenandoa h County	Warren County
Less than 9th Grade	6	5.2	4.3	2.9
9th-12th Grade, No Diploma	10.7	5.9	8.1	9.7
High School Graduate	36.7	21	31.7	29.3
GED/Alternative Credential	8.3	6	5.5	5.9
Some College, No Degree	17.8	18.3	20.1	21.8
Associate Degree	5.9	6.5	8.7	7.5
Bachelor's Degree	9.5	18.8	14.6	15.7
Graduate/Professional Degree	5.1	18.3	7	7.2

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All counties.

Key findings include:

- Warren County has the highest percent of some college, no degree at 21.8%.
- Page County has the highest percent of non-graduates (16.7%); however, the rate has improved since 2019 from 19.6%.
- Rappahannock County had the highest percentage of population that received a college degree at 43.6% (**Exhibit 12**).

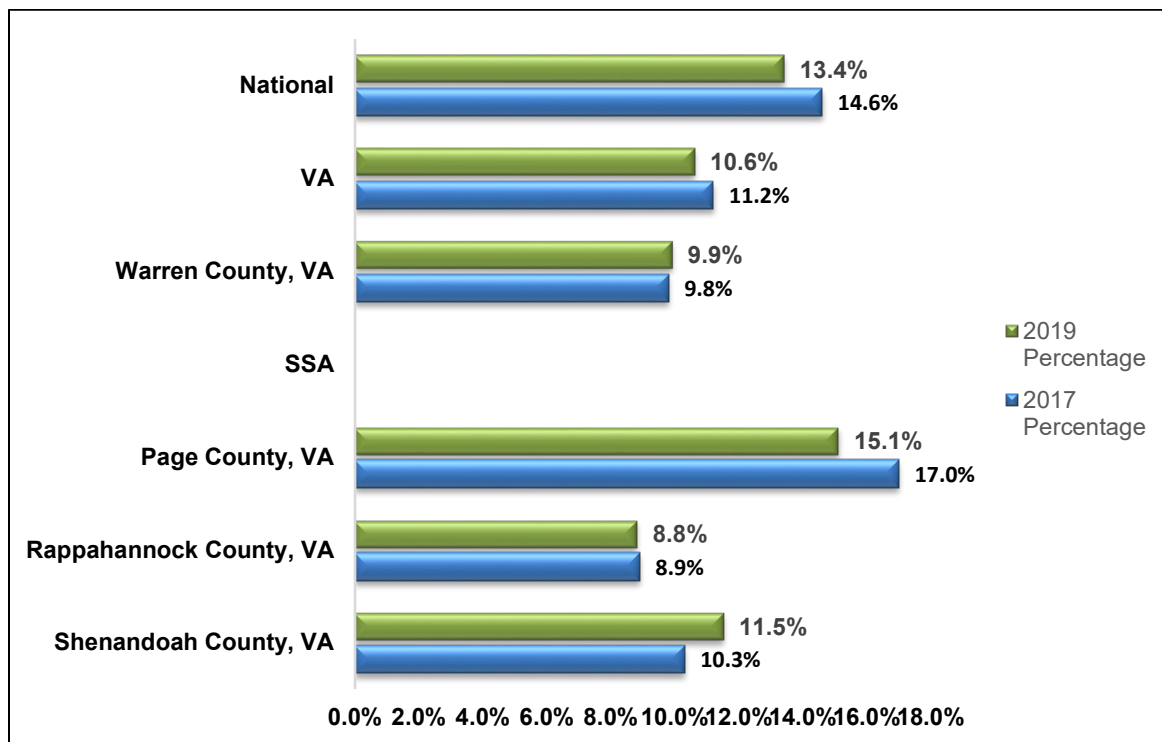
Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) crime; and (5) insurance status.

People in Poverty

Many health needs are associated with poverty. In 2019 approximately 13.4 percent of people in the U.S., and 17.6 percent of people in West Virginia reported living in poverty (**Exhibit 13**).

Exhibit 13A: Percent of Family & People below Poverty, Virginia Counties, 2019



Source: U.S. Census Bureau, ACS estimates, 2019. Retrieved from: <http://www.data.census.gov>.

Page County reported poverty rates higher than both the Virginia and national averages (**Exhibit 13A**).

Exhibit 13B: Percent of People in Poverty by Race/Ethnicity, by County, 2019

% of Families & People Income Past 12 Months Below Poverty Level-By County and Ethnicity/Race				
County/City	Poverty Level 2017			
	White	Black	Asian	Hispanic or Latino
PSA				
Warren County, VA	9.3%	15.2%	23.0%	13.4%
SSA				
Page County, VA	15.3%	7.1%	36.9%	15.3%
Rappahannock County, VA	7.7%	8.1%	55.3%	55.7%
Shenandoah County, VA	11.0%	23.6%	31.8%	22.8%
VA	8.5%	17.6%	7.3%	14.0%
National	11.1%	23.0%	10.9%	19.6%

Source: U.S. Census Bureau, ACS estimates, 2019. Retrieved from: <http://factfinder.census.gov>

Poverty rates across the community have been comparatively high for African American, Hispanic (or Latino), and Asian residents. In counties served by the hospital, the poverty rates for Hispanic (or Latino) residents are the highest in Rappahannock County, in Virginia.

The Black population in Shenandoah County reported higher poverty rates than the White population. The Asian population in Page, Rappahannock, and Shenandoah counties in Virginia reported higher poverty rates than the White population, exceeding the national and state averages (**Exhibit 13B**).

Household Income

The Federal Poverty Level (FPL) is used by many public and private agencies to assess household needs for low-income assistance programs. In the WMH community in 2021, two of the four counties, were above the state average for percent of households with incomes below \$25,000, an approximation of the federal poverty level (FPL) for a family of four. **Exhibit 15** indicates the percent of lower-income households in the community.

Exhibit 14: Percent Lower-Income Households by County/City, 2021

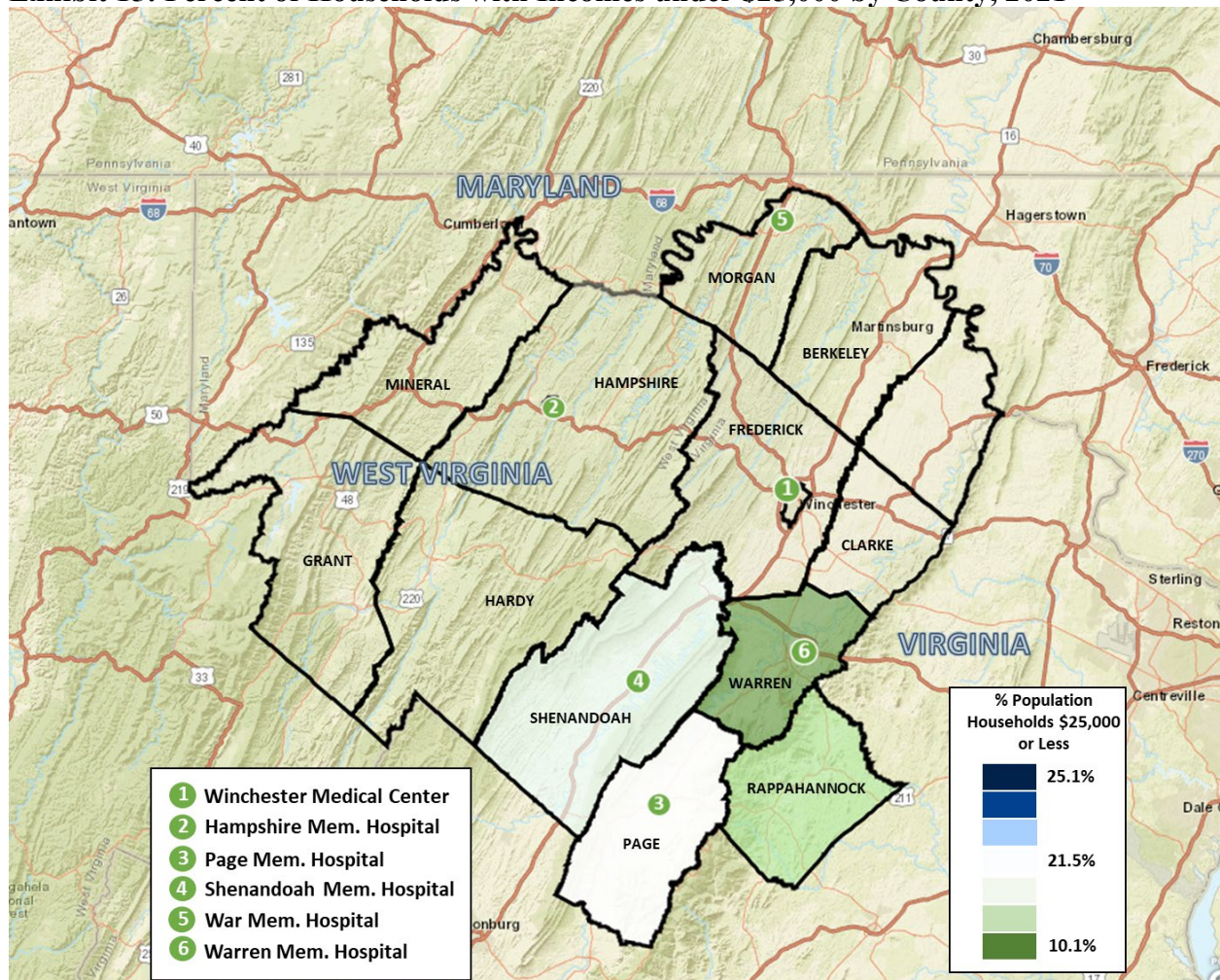
2018 DATA		
County/City	Median Household Income	Percent of Households Less than \$25,000 in 2018 ³
PSA		
Warren, VA	\$72,252.00	12.2%
SSA		
Page, VA	\$52,131.00	21.5%
Rappahannock, VA	\$78,823.00	14.6%
Shenandoah, VA	\$57,280.00	19.6%
Virginia	\$76,448.00	15.0%
US	\$64,730.00	18.0%

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All counties

In Page and Shenandoah Counties, reported percentages of households making less than \$25,000 for a family of four was greater than the national average of 18.0%. (**Exhibit 14**).

³ ESRI Community Profiles for all PSA and SSA Counties. Total is from 2021 Households by Income Category, Add <\$15,000 and \$15,000-\$24,000 lines

Exhibit 15: Percent of Households with Incomes under \$25,000 by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

The highest proportions of households with incomes under \$25,000 in 2021 were located in Page County at 21.1% and Shenandoah County at 19.6% (**Exhibit 15**).

Unemployment Rates

Exhibit 16 shows unemployment rates for 2019-July 2022. Unemployment is problematic because many receive health insurance coverage through their (or a family member's) employer. If unemployment rises, employer based health insurance can become less available. The national unemployment rates have increased during the COVID-19 pandemic from 2019-2020 for all counties reported.

Exhibit 16: Unemployment Rates, Virginia Counties, December 2019 - July 2022

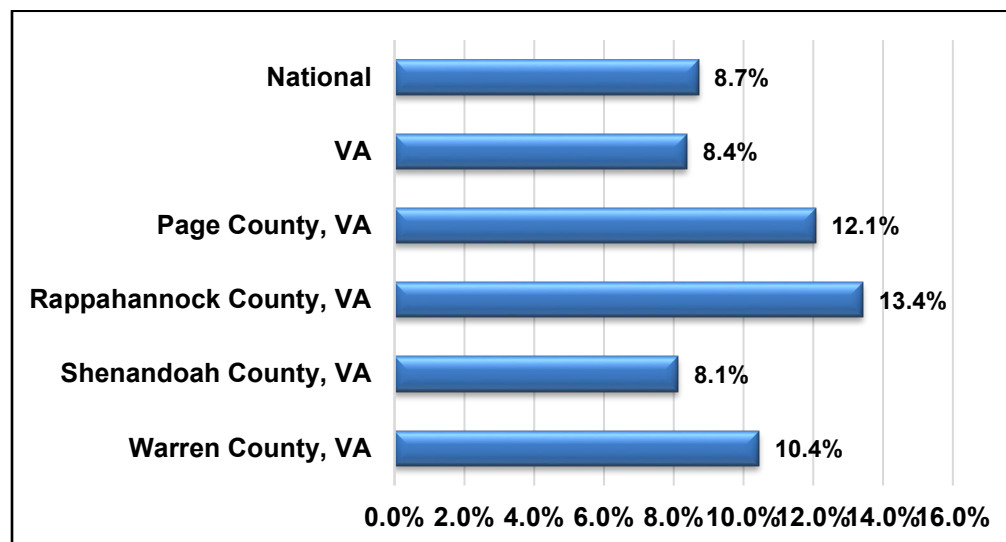
Unemployment Rates By County	Dec.2019	Dec. 2020	Dec. 2021	Jul-22
Page County	4.3	5.5	3.2	2.9
Rappahannock County	1.8	3.4	2.2	2.6
Shenandoah County	2.1	3.9	2.5	2.5
Warren County	2.3	4.2	3	2.8

Source: Local Area 2022 Unemployment Statistics Map, Retrieved from: <https://www.bls.gov>.

Page County reported the highest unemployment rate among Virginia counties in the WMH community for the past three years. The unemployment rate for Page County decreased by 0.3 % from previous year; and is higher than both Virginia (2.7) and US (3.7) averages (**Exhibit 16**).

Insurance Status

Exhibit 17A: Uninsured Population, 2019



Source: Projections: ESRI 2021 Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

Exhibit 17A demonstrates that Page, Rappahannock, and Warren counties had uninsured rates higher than the state and national averages. Rappahannock County reported uninsured rates higher than the both state and national averages.

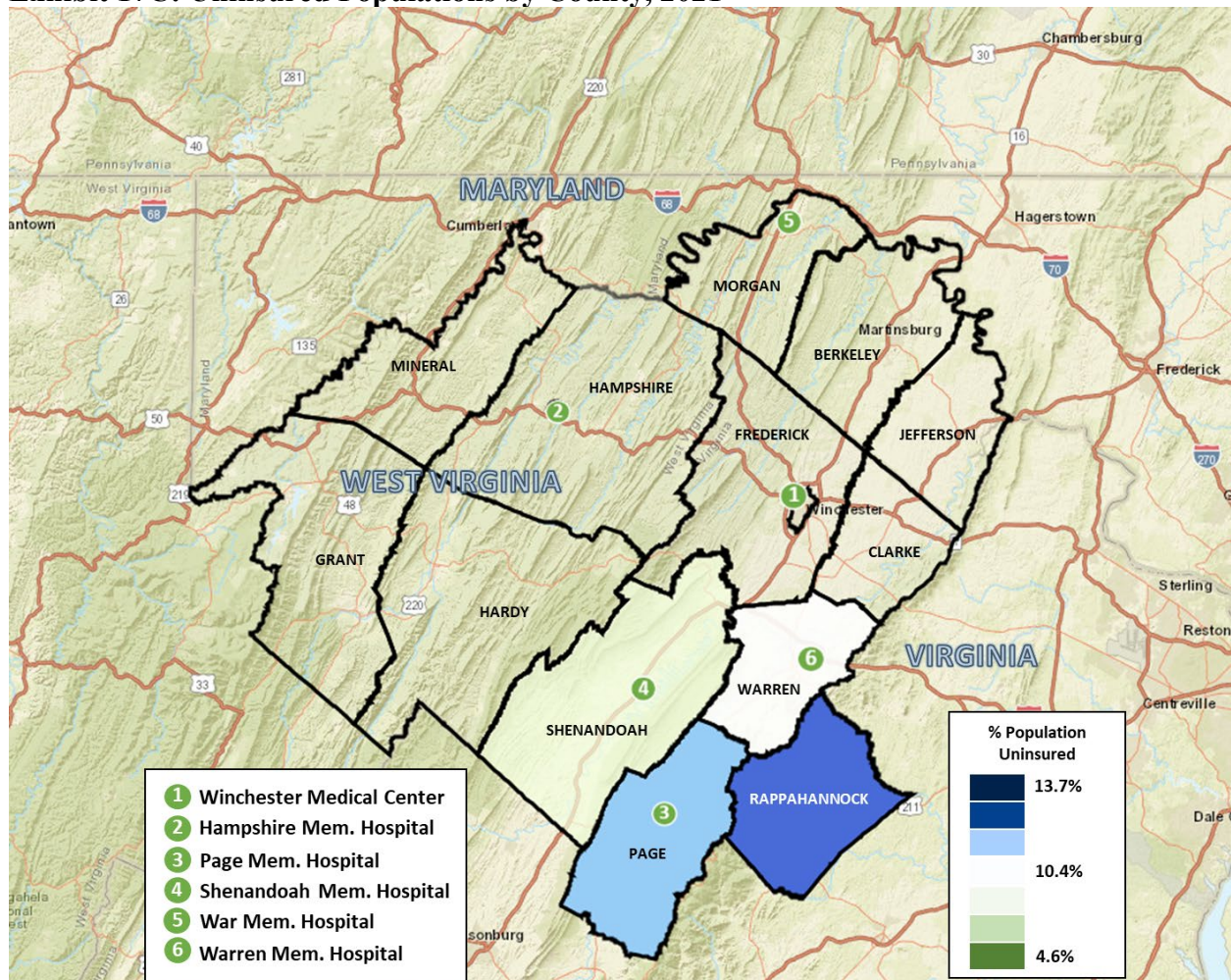
Exhibit 17B: Uninsured Rates by County, State, and National, 2021

Uninsured Rates by County , State, National, 2021	
County/City	% of Population
PSA	
Warren County, VA	10.4%
SSA	
Page County, VA	12.1%
Rappahannock County, VA	13.4%
Shenandoah County, VA	11.6%
VA	9.9%
National	10.7%

Source: Projections: ESRI 2021 Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

Rappahannock County reported the highest uninsured rates compared to other counties within the PMH community (**Exhibit 17B**).

Exhibit 17C: Uninsured Populations by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

In the WMH community, the lowest percent of uninsured people was located in Rappahannock County at 13.4% (**Exhibit 17C**).

Crime

Exhibit 18: Violent and Property Crime Rates per 100,000 Population, 2019

Crime Rates 2019											
County/City	Population (2019)	Violent crime	Murder and no negligent manslaughter	Rape (revised definition) ¹ⁱ	Robbery	Property crime	Burglary	Larceny-theft	Aggravated assault	Motor vehicle theft	Arson
PSA	40,194										
Warren	40,194	34	1	20	1	154	14	135	12	5	4
SSA	75,963										
Page	24,326	29	0	9	2	152	34	110	18	8	1
Rappahannock	7,556	4	0	1	0	16	2	13	3	1	0
Shenandoah	44,081	46	2	7	0	237	54	174	37	9	0
Virginia Total	8,632,203	7,002	141	1,572	1,237	60,885	6,037	50,848	4,052	4,000	291

Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2019. Projections: ESRI Detailed Age Profiles PSA and SSA All counties. Retrieved from: [FBI — Virginia](#) & [FBI — West Virginia](#)

*Caution should be used when interpreting these rates; represents fewer than 10 incidents.

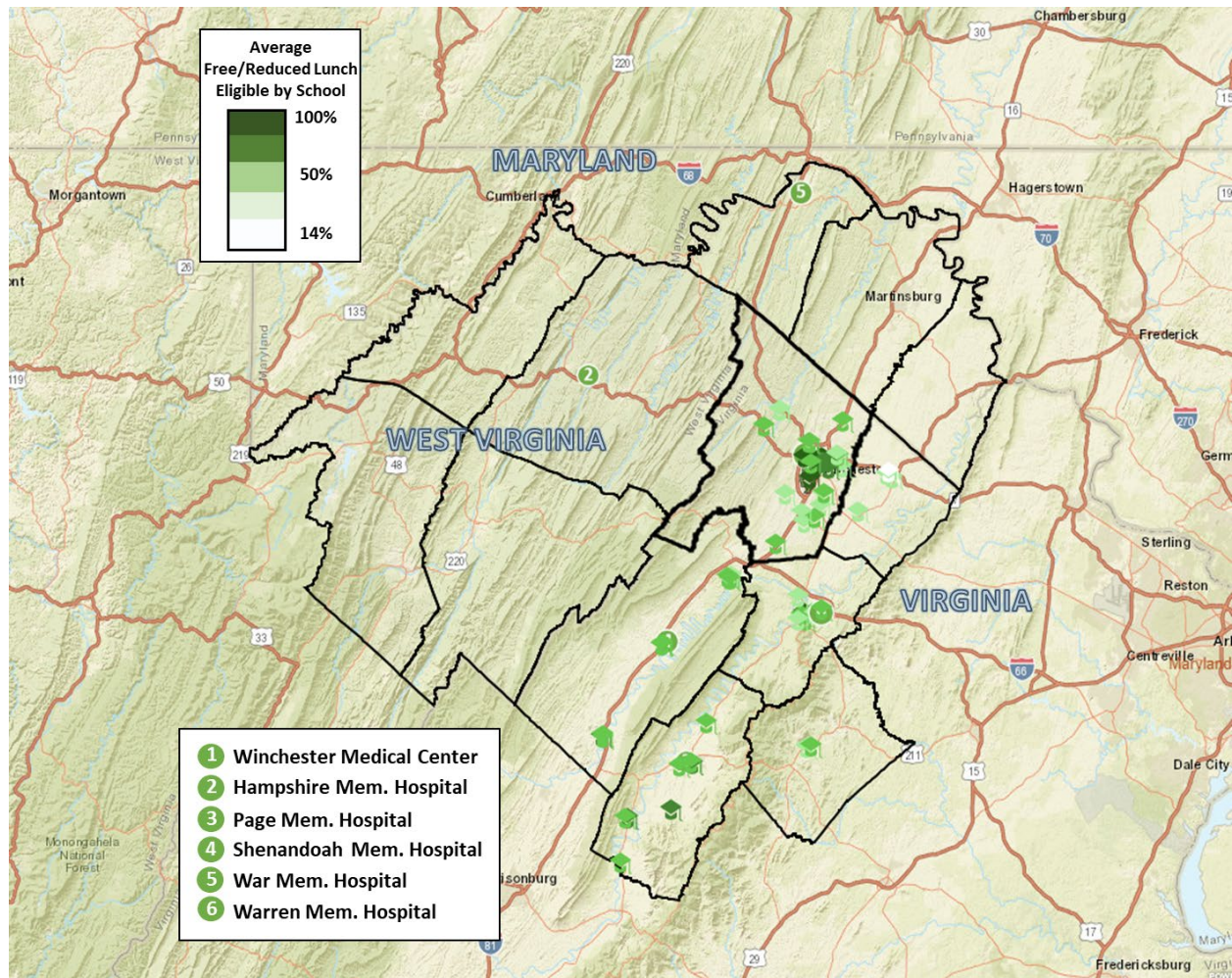
**Violent crime includes murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; property crime includes burglary, larceny-theft, motor vehicle theft, and arson.

Exhibit 18 provides certain crime statistics for counties served by Warren Memorial Hospital's community. Shenandoah County had a higher number of offenses for property crimes, including burglary, compared to other counties within WMH's community. Offenses reported for larceny were also comparatively high in Shenandoah County. Page and Shenandoah counties had the highest number of reported offenses of motor vehicle thefts compared to other counties within the service area.

Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40% or more of their student bodies receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards (**Exhibit 19**).

Exhibit 19: Public School Students Eligible for Free or Reduced-Price Lunches, School Year 2020 - 2021



Source: ESRI 2021, Created by Planning and Business Development

In Virginia, there were 59 schools eligible for Title I funds (**Exhibit 19**).

**Exhibit 20: Virginia Department of Education - Office of School Nutrition Programs
2019-2020 Free and Reduced Eligibility Report - SFA Level**

SFA Name and Number	SNP Memb.	Free Eligible	Free %	Red. Eligible	Reduced %	Total F/R Eligible	Total F/R %
069-Page County Public Schools	3,321	1,542	46.43%	310	9.33%	1,852	55.77%
082-Rockingham County Public Schools	797	250	31.37%	48	6.02%	298	37.39%
085-Shenandoah County Public Schools	6,053	2,497	41.25%	366	6.05%	2,863	47.30%
093-Warren County Public Schools (CEP - Note 1)	5,366	2,198	40.96%	302	5.63%	2,500	46.59%

Source: Virginia Department of Education, Office of School of Nutrition Programs (SNP), 2019-2020. Retrieved from: <http://doe.virginia.gov/support/nutrition/statistics/index.shtml>⁴

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and non-profit private schools and residential child care institutions since 1946. The program provides nutritionally balanced, low-cost or free lunches to school children. School meals contribute to student learning success, while positively affecting their health and nutrition.

Effective SY 2012-2013, lunch meals will offer a minimum of 5 components (fruits, vegetables, grains, meat/meat alternate and milk) and must also meet dietary specifications for calories, sodium, saturated fat and trans fat. While lunches must meet healthy meal standards set at federal and state levels, local sponsors make decisions about specific foods and menus, and plan special menus for children with medically ordered special diets.

The highest percentage of students receiving free or reduced lunches for the WMH Community were located in Page County (**Exhibit 21**).

⁴ The free eligibility for those sites is calculated based on USDA guidance.

Changing Health Care

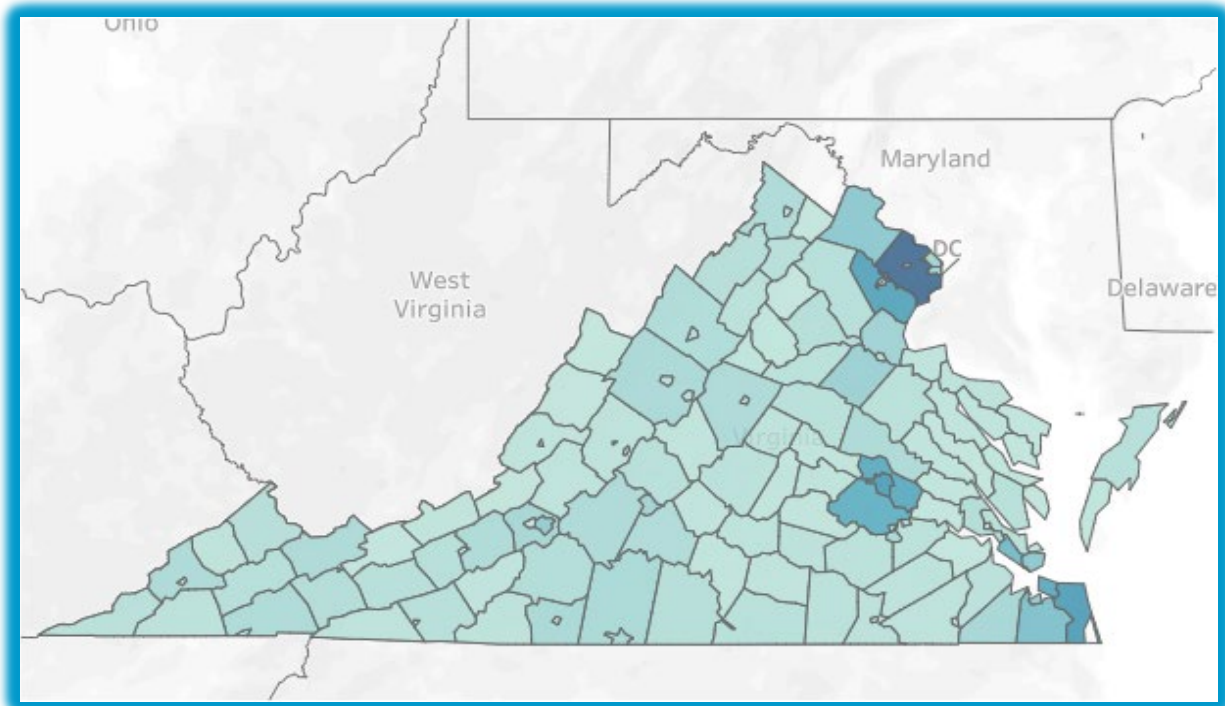
Health Insurance

Virginia Medicaid

Prior to 2019 in Virginia, Medicaid was primarily available to children in low-income families, pregnant women, and low-income elderly persons, individuals with disabilities, and parents who met specific income thresholds.⁵ Adults without children or disabilities were ineligible.

Since January 1, 2019, more adults living in Virginia have access to quality, low-cost, health insurance through Virginia Medicaid. Covered adults include individuals ages 19-64 with income at or below 138% of the federal poverty limit. Individuals in the adult group have comprehensive health care coverage provided through the Medicaid programs. Most eligible individuals are enrolled in managed care, in either the Medallion 4.0 or the Commonwealth Care Plus (CCC Plus) program. As of August 2022, there are 679,591 enrolled members in the state of Virginia.

Exhibit 21: Medicaid Members as of August 2022, VA



Source: [Medicaid Expansion Access \(virginia.gov\)](https://www.virginia.gov/health/medicaid-expansion-access)

of Members

5

51,368

⁵ DMAS

Coronavirus Disease 2019

COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person. Early in the outbreak, many patients were reported to have a link to a large seafood and live animal market; however, later cases with no link to the market confirmed person-to-person transmission of the disease. Additionally, travel-related exportation of cases occurred.

There are three main ways that COVID-19 can spread:

1. By breathing in air carrying droplets or aerosol particles that contain the SARS-CoV-2 virus when close to an infected person or in poorly ventilated spaces with infected persons
2. By having droplets and particles that contain the SARS-CoV-2 virus land on the eyes, nose, or mouth – especially through splashes and sprays like a cough or sneeze
3. By touching the eyes, nose, or mouth with hands that have the SARS-CoV-2 virus particles on them

The droplets that contain the SARS-CoV-2 virus are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. CDC recommends maintaining a physical distance of at least 1.8 meters (6ft) between persons. Respiratory droplets can land on hands, objects, or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes, nose, or mouth. Additionally, transmission can occur from those with mild symptoms or from those who do not feel ill.

There are certain circumstances that can increase the risk of infection for COVID-19 such as poorly ventilated space. In indoor spaces with poor ventilation, the concentration of virus particles is often higher than outdoors.^{2,3} Other factors that are associated with increased COVID-19 risk include prolonged exposure to those infected with COVID-19, close contact with infected persons, and any other activity that leads to exposure to a greater amount of respiratory droplets and particles.

A wide range of symptoms for COVID-19 have been reported.⁴ These symptoms include:

- Fever or chills
- Cough
- Muscle or body aches
- Anorexia
- Sore throat
- Nasal congestion or runny nose
- Headache
- Diarrhea
- Nausea
- Shortness of breath or difficulty breathing
- Loss of smell or taste

The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel ill.

As the region's healthcare leader, Valley Health has a responsibility to help protect the community's health and prevent the spread of disease. Valley Health is closely monitoring COVID-19 and working with the Virginia and West Virginia Departments of Health as well as internal committees representing departments from across the system to keep our patients and employees safe. Valley Health Chief Physician Executive Iyad Sabbagh, MD had been appointed as the lead for the system-wide COVID-19 response team. The response team worked closely with government and public health departments, medical hospitals, long-term care and other resources to coordinate and stay informed about COVID-19.

While Valley Health is planning to care for patients affected by COVID-19, staff was encouraged to take steps to assure readiness for normal routines to be disrupted. These disruptions may include; an ill family member requiring your assistance; an ill childcare provider; and the closure of schools or day care centers. CDC suggested creating a household plan of action to help better prepare for such circumstances. In order to prepare for potential increase in the need for COVID-19 testing, Valley Health had established a referral-based outpatient testing sites across our service area. It was encouraged that any person who met the criteria for testing to contact the Department of Health in their state.

As of March 14, 2020, COVID-19 was declared a global pandemic. The emerging virus has been declared a worldwide pandemic and National Emergency. Fear and uncertainty cause record plunges in the U.S. stock market. In an effort to reduce contact between people and curb the spread of disease, large-scale social disruption began in this county with international travel suspension, event suspension, closings and cancellations of collegiate and professional sports events, Broadway plays, festivals, theme parks, schools, and more. Based upon advice from the American College of Surgeons and the Centers for Medicare and Medicaid Services, Medical Staff and administrative leaders decided to postpone all elective and non-essential procedures and surgeries across Valley Health.

Local Health Status and Access Indicators

This section examines health status and access to care data for the  community. Data sources include: (1) *County Health Rankings*; (2) the Centers for Disease Control and Prevention; (3) Virginia Department of Health; (4) West Virginia Department of Health; and (4) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals.

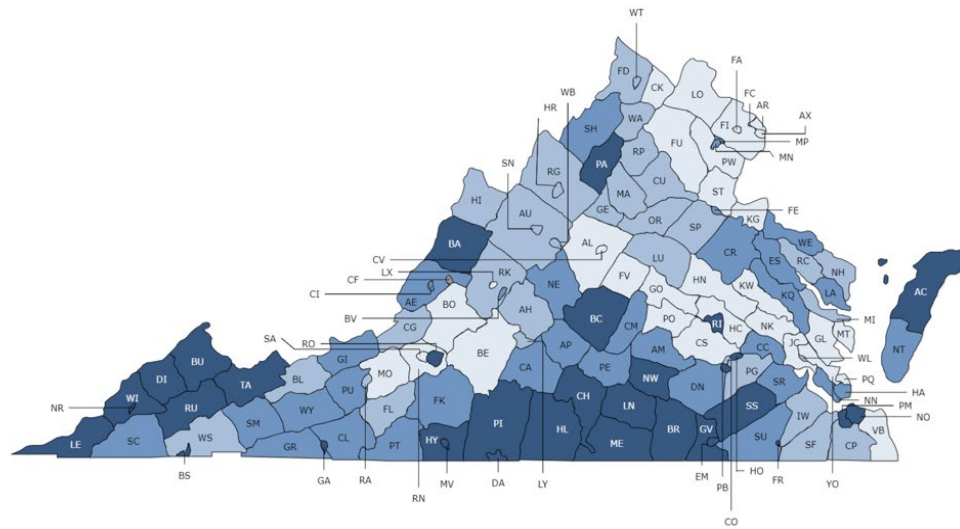
County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county/city within each commonwealth or state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: length of life (years of potential life lost before age 75), quality of life (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days), health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water, housing & transit). *County Health Rankings* is updated annually. *County Health Rankings* relies on data from 2018 to 2020.

Exhibit 22 illustrates each county’s or city’s ranking for each composite category in 2022. Rankings indicate how each county/city in Virginia ranked compared to the 133 counties in the Commonwealth, and how each county in West Virginia ranked compared to the 55 counties in West Virginia. A rank of 1 indicates the best county/city in the state. Indicators are shaded based on the county’s percentile for the state or commonwealth ranking. For example, Page County compared unfavorably to other Virginia counties for Clinical Care; with a rank of 132 out of 133 counties and placing in the bottom quartile of all Virginia counties.

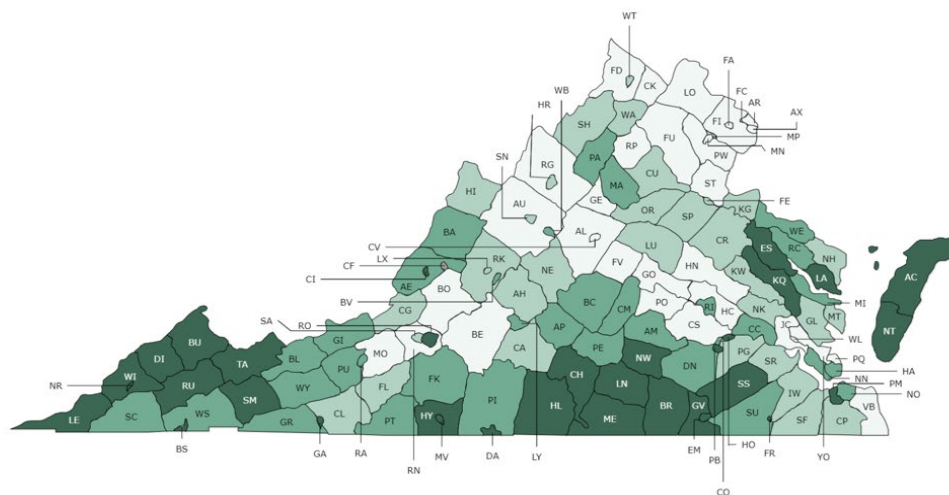
Exhibit 22A: County Rank among 133 Virginia Counties, 2022

2022 Health Factors – Virginia



County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

2022 Health Outcomes – Virginia



County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Exhibit 22B: County Rank among 133 Virginia Counties, 2022

Indicator Category	Clarke		Frederick		Page		Rappahannock		Shenandoah		Warren		Winchester City	
Comparison for Previous CHNA	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
Health Outcomes	36	19↓	21	25	55	79	12	29	38	47	46	57	61	59↓
Length of Life (50%)	50	27	26	29	68	68	10	41	33	43	63	80	53	56
Quality of Life (50%)	27	17↓	23	29	47	88	18	21	48	59	35	43	72	60
Health Factors⁶	30	28↓	22	36	94	103	37	47	53	67	51	60	46	43↓
Health Behaviors (30%)	14	19	13	27	53	98	31	34	50	55	67	50	49	37↓
Clinical Care (20%)	96	72↓	84	88	132	131	105	98↓	94	105	71	97	33	31↓
Social & Economic Factors (40%)	24	14↓	18	26	95	95	33	41	39	52	45	61	56	64
Physical Environment (10%)	79	105	48	50	11	24	7	27	101	112	16	32	59	45↓

Source: 2022 County Health Ranking. ↓ = If ranking has changed from previous 2019 assessment.

VA Health Outcomes Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

VA Health Factors Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

⁶ Health Factors is a weighted average based on health behaviors, clinical care, social & economic factors and physical environment.

Exhibit 23A: County/City Data Compared to Virginia Average, Virginia Counties, 2022

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Health Outcomes	19	25	79	29	47	57	59	
Length of Life	27	29	68	41	43	80	56	
Premature Death (Years of Potential Life Lost Rate)	6411	6551	8760	7186	7259	9231	8242	6707
Quality of Life	17	29	88	21	59	43	60	~
Poor or Fair Health (Percent Fair/Poor)	16%	17%	21%	16%	19%	18%	20%	16%
Poor Physical Health Days (Physically Unhealthy Days)	3.7	3.7	4.6	3.6	4.2	4.0	4.1	3.7
Poor Mental Health Days (Mentally Unhealthy Days)	4.4	4.4	5.2	4.4	4.8	4.7	4.5	4.2
Low Birthweight (Percent LBW)	6%	7%	8%	7%	8%	7%	8%	8%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 23B: County/City Data Compared to Virginia Average, Virginia Counties, 2022

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Health Factors	28	36	103	47	67	60	43	
Health Behaviors	19	27	98	34	55	50	37	
Adult Smoking (Percent Smokers)	17%	17%	23%	17%	19%	19%	17%	14%
Adult Obesity (Percent Obese)	32%	33%	35%	32%	35%	33%	35%	32%
Food Environment Index	9.3	8.9	~	8.4	8.4	8.4	7.9	8.8
Physical Inactivity (Percent Physically Inactive)	25%	26%	32%	26%	29%	28%	29%	25%
Access to Exercise Opportunities (Percent with Access)	65%	71%	28%	38%	58%	68%	100%	78%
Excessive Drinking (Percent)	20%	17%	18%	20%	18%	19%	17%	17%
Alcohol-impaired Driving Deaths (Percent driving deaths with alcohol involvement)	20%	36%	26%	29%	23%	17%	~	30%
Sexually Transmitted Infections (Chlamydia Rate)	184.7	302.3	359.8	271.4	249.9	336.1	584.1	564.3
Teen Births Rate	9	17	26	10	23	23	24	15

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 23C: County/City Data Compared to Virginia Average, Virginia Counties, 2022

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Clinical Care	72	88	131	98	105	97	31	
Uninsured (Percent)	9%	9%	11%	12%	10%	10%	13%	9%
Primary Care Physicians (Ratio)	2924:1	2077:1	2988:1	2457:1	2423:1	1674:1	395:1	1310:1
Dentists (Ratio)	2924:1	7593:1	5983:1	2420:1	2927:1	3373:1	504:1	1393:1
Mental Health Providers (Ratio)	1625:1	1599:1	2393:1	908:1	1829:1	987:1	134:1	484:1
Preventable Hospital Stays (Rate)	3537	4847	4688	3049	4522	4829	4239	3896
Mammography Screening (Percent with Annual Mammogram)	31%	35%	40%	34%	42%	37%	35%	44%
Flu vaccinations (Percent vaccinated)	54%	53%	32%	46%	39%	49%	54%	51%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Lower than state average	
Higher than state average	

Exhibit 23D: County/City Data Compared to Virginia Average, Virginia Counties, 2022

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Social and Economic Factors	14	26	95	41	52	61	64	
High School Graduation (Percent Completed High School)	92%	88%	84%	91%	88%	88%	86%	90%
Some College (Completion Rate)	66%	61%	44%	53%	54%	58%	61%	72%
Unemployment (Percent unemployed)	4.5%	4.6%	7.3%	4.5%	5.3%	5.8%	5.8%	6.2%
Children in Poverty (Percent in Poverty)	7%	9%	17%	14%	15%	15%	19%	12%
Income Inequality (Income Ratio)	4.4	3.5	3.8	4.6	4.3	4.2	4.0	4.8
Children in single-parent households	14	20	23	10	18	27	29	24
Social Associations (Association Rate)	15.7	8.2	10.9	10.9	13.3	10.5	17.8	11.2
Violent Crime (Rate)	73	112	154	41	178	138	272	207
Injury Deaths (Rate)	95	74	94	120	82	98	86	68

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 23E: County/City Data Compared to Virginia Average, Virginia Counties, 2022

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Physical Environment	105	50	24	27	112	32	45	
Air Pollution - Particulate Matter (Average Daily PM2.5)	7.6	7.3	6.9	6.8	7.1	7.2	7.6	7.3
Drinking Water Violations (Presence of Violations)	No	No	No	No	Yes	No	~	
Severe Housing Problems (Percent Severe Housing Problems)	18	11	13	15	13	12	15	14
Driving Alone to Work (Percent Driving Alone to work)	78%	84%	78%	74%	80%	75%	68%	75%
Long Commute-Driving Alone (Percent Long Community Drives Alone)	59%	39%	53%	60%	44%	57%	25%	41%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 22 and Exhibit 23 (A-E) highlights the following comparatively unfavorable indicators:

- Mental health days (physically unhealthy days) were reported higher than the state average (4.2) for all seven Virginia counties.
- Poor physical health days were reported higher for Page, Shenandoah, and Warren counties than the state average of 3.7 in Virginia.
- Poor health days (percent fair/poor) were reported higher for Page, Shenandoah, and Warren counties.
- Adult smoking in Page, Rappahannock, Shenandoah, and Warren counties is higher than state average.
- Adult obesity in Page, Shenandoah, and Warren counties in Virginia reported adult obesity rates higher than state average (**Exhibit 23**).
- Physical Inactivity was reported higher than the Virginia average of 25 percent for six out of the seven Virginia counties.
- Page, Rappahannock, Shenandoah, and Warren counties reported higher percentages of excessive drinking than the state average of 17 percent.
- Teen birth rates were higher in Page, Shenandoah, and Warren counties higher than the state average of 15 in Virginia.
- Uninsured percentages were higher than the Virginia state average (9%) for Page, Rappahannock, Shenandoah, and Warren counties.
- The need of primary care physicians, dentists, and mental health providers were higher than the state average for all counties within PMH's community.
- Preventable hospital stay rate is higher than the state average of (3896) for Page, Shenandoah, and Warren counties.
- The highest unemployment rates for PMC's community was in Page County,
- Higher percent of children reported in poverty was from Page County.
- Children in single households were reported higher for Warren County.
- Injury death rate was reported higher for all four of the counties in PMH's community.
- Severe housing problems were reported for Rappahannock County.
- The percent of workforce that drives alone to work in Page and Shenandoah counties in Virginia was higher than the state average.
- The percent of workforce that commute alone, and drive more than 30 minutes reported for Page, Rappahannock, Shenandoah, and Warren counties was higher than the Virginia average.

Virginia Department of Health

The Virginia Department of Health (VDH) maintains a data warehouse that includes indicators regarding a number of health issues. In **Exhibits 24** through **29**, cells in the tables below are shaded if the mortality rate for a county or health district in the WMH community exceeded the Virginia average for that condition by more than ten percent. In some cases, data from VDH are presented by health district.

The Lord Fairfax Health District is composed of Clarke, Frederick, Page, Shenandoah and Warren counties. The Rappahannock/Rapidan Health District includes Rappahannock County from the WMH community, as well as Culpeper, Fauquier, Madison, and Orange counties. Supplemental cancer incidence data were gathered from the Centers for Disease Control and Prevention.

Exhibit 24: Leading Causes of Death by Virginia County/City, 2019

Rates per 100,000	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Clarke, VA	Frederick, VA	Winchester City	VA	National
Total Deaths All Ages									
Total Deaths Rate⁷									
Malignant Neoplasms (Cancer) Rate	189.27	155.28	181.78	202.84	179.88	182.9	200.78	152.4	152.4
Diseases of Heart Rate	234.6	168.29	172.44	201.34	181.82	157.9	197.94	149.08	161.52
Cerebrovascular Diseases Rate	51.61	41.09	44.31	54.77	49.75	37.62	46.38	38.34	36.96
Chronic Lower Respiratory Diseases Rate	37.77	27.56	39.99	53.67	46	43.93	50.57	35.83	38.18
Unintentional Injury Rate	46.56	52.78	44.46	51.41	44.2	43.87	47.82	43.81	49.29
Alzheimer's Disease Rate	28.13	18.62	22.12	39.08	35.04	26.41	30.62	26.91	29.85
Diabetes Mellitus Rate	20.38	14.36	20.36	22.14	16.13	15.5	21.34	22.8	21.59
Nephritis and Nephrosis Rate	18.34	10.22	16.69	19.73	23.09	14.19	22.23	16.45	12.71
Influenza and Pneumonia Rate	17.7	19.11	23.22	17.82	13.14	16.52	20.81	10.96	12.32
Suicide Rate	18.62	17.9	15.72	19.24	16.47	14.17	15.94	12.82	13.94
Chronic Liver Disease Rate	12.83	5.55	7.79	11.05	8.31	9.2	12.66	10.05	11.34
Primary Hypertension & Renal Disease Rate	4.32	4.53	4.92	7.52	4.97	5.12	8.32	8.06	8.91

Source: Virginia Department of Health, 2019 Retrieved from: <https://www.vdh.virginia.gov/healthstats/stats.htm>. Rates are per 100,000 population.

According to VDH, Warren County compared unfavorably to the national average on nine indicators, and City of Winchester with eight. Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, influenza/pneumonia, and suicide rates were greater than the state average for six of the seven counties (**Exhibit 24**).

Key	
Rates unreliable due to small sample size sample	~
Ranging from better than National up to 10% worse than National	
10-49% worse than National	
50-74% worse than National	
> 75% worse than National	

⁷ The ratio of total deaths to total population in a specified community or area over a specified period of time. The death rate is often expressed as the number of deaths per 1,000 of the population per year.

Exhibit 25: Motor Vehicle Injury-Related Mortality and Suicide Rates by County, 2020

2020					
County/City	Crashes	Fatalities	Injuries	Death Rate Per 1,000 Drivers ⁸	Suicide Rate ⁹
PSA					
Warren County, VA	520	1	266	0.04	46
SSA					
Page County, VA	220	3	130	0.19	24
Rappahannock County, VA	156	2	52	0.32	~
Shenandoah County, VA	577	11	169	0.37	43
VA¹⁰	105,600	847	52,668	0.14	13
National	~	~	~	0.49	14

Source: Virginia Department of Transportation, 2020, and World Life Expectancy, 2020.

Shenandoah, and Warren counties reported unintentional-injury related mortality at a higher rate than both the Virginia and National averages for that cohort. Warren, Page and Shenandoah counties reported higher rates of mortality related to suicide than the commonwealth average (Exhibit 25).

⁸ Virginia data retrieved from https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf

West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

⁹ West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

¹⁰ Virginia and West Virginia averages were retrieved from: https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf

Exhibit 26: Cancer Mortality Rates by County, 2020

Cancer Mortality Rates by County, 2020 Data									
	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Clarke, VA	Frederick, VA	Winchester City, VA	VA	National
All Cancers	185.1	135.9	170.8	185.8	143.9	157.9	165.5	152.4	152.4
Colorectal	24.1	~	15.9	17.5	~	14.7	12.7	13.4	13.4
Lung and Bronchus	51.4	28.7	44.1	51.1	32.9	38.1	43.7	37.1	36.7
Breast	19.8	~	28.4	19.4	~	26.6	25.3	20.9	19.9
Prostate	~	~	21.0	36.2	~	19.0	24.3	19.7	18.9

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Death Rates Table](#), Rates are per 100,000 population, 2020.

Key – Rates higher than both VA & National Averages	
Colorectal	~
Lung and Bronchus	
Breast	
Prostate	
Rates unreliable due to small sample size	~

Clarke, Frederick, Page, Warren, and Winchester City residents experienced cancer mortality rates higher than the commonwealth and national averages for lung and bronchus, Breast cancer rates were highest in Frederick and Shenandoah counties, and Winchester City. Prostate cancer was reported higher than both the commonwealth and national averages in Shenandoah and Warren counties, and Winchester City (**Exhibit 26**).

Exhibit 27: Cancer Incident Rates by County, VA 2020

Cancer Incidence Rates by County, 2020 Data									
	Clarke, VA	Frederick, VA	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Winchester City	VA	National
All Cancers	398.8	400.6	450.7	393.6	454.1	435	407.4	439.2	487.4
Colorectal	40.5	38.1	45.8	44.5	43.8	38.2	36.9	35	38
Lung and Bronchus	46.4	58.4	70.7	45.2	61.9	75.1	69.3	54.8	57.3
Breast	103.8	121.8	112.8	100.5	125.9	121.8	136.2	126.4	126.8
Prostate	87.6	68.6	56.8	117.9	79.4	85.6	77.8	98	106.2

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Incidence Rates Table](#), Rates are per 100,000 population, 2020.

Key	
Rates unreliable due to small sample size	~
Rates higher than both VA and National averages	

Six of the seven counties reported colorectal cancer rates higher than both the Commonwealth and national averages. Frederick, Page, Shenandoah, Warren, and City of Winchester have higher incidence rates than both the Commonwealth and national averages for lung and bronchus cancer. In 2020, prostate cancer incidence rates was reported higher in both Rappahannock County (**Exhibit 27**).

Exhibit 28: Communicable Disease by County and Health District, 2020

Communicable Diseases by County, Virginia and West Virginia 2020		
County/Region	Chlamydia	Gonorrhea
PSA		
Warren County, VA	338.3	67.2
SSA		
Page County, VA	234.3	58.6
Rappahannock County, VA	122.1	40.7
Shenandoah County, VA	272.8	29.8
Lord Fairfax Health District	289.1	51.3
Rappahannock/Rapidan Health District	245.7	47.9
Virginia	469.4	175.1
National (2019)	552.8	188.4

Source: Virginia Department of Health, 2020. Rates are per 100,000 population

Key	
Rates unreliable due to small sample size	~
Ranging from better than State average up to 10%	
11-49% worse than State average	
50-74% worse than State average	
> 75% worse than State average	

The Lord Fairfax and Rappahannock / Rapidan health districts reported much lower chlamydia and gonorrhea rates than the Virginia average, but Lyme disease incidence exceeds the Virginia average. Lyme disease rates reported were 75% higher than the state rate for Page, Rappahannock, and Warren counties (**Exhibit 28**).

Exhibit 29: Maternal and Child Health Indicators by County/City and State, 2020

Indicator, 2020	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA	National
Low birth weight infants	11.7	8.5	8.7	7.1	8.3	8.24
Very low birth weight infants	2.2	2.1	2.3	1.1	1.4	1.34
Teen pregnancy rate 10-19**	10.7	6.0	15.4	7.2	13.1	16.7
No prenatal care in first trimester	7.6	1.9	3.3	4.9	4.2	~
Infant mortality rate	4.3	~	3.9	2.2	5.57	5.8

Sources: Virginia Department of Health, 2020, and retrieved from: [Statistical Reports and Tables \(virginia.gov\)](https://www.vdh.virginia.gov/statistics-reports-and-tables/)**Rates per 1,000 live births.

Key	
Rates unreliable due to small sample size	~
Ranging from better than VA up to 10% worse than VA	
11-49% worse than VA	
50-74% worse than VA	
> 75% worse than VA	

Page County reported rates of no prenatal care in the first trimester more than 50 percent higher than the Virginia average. Infant mortality rates were lower than the commonwealth's average for WMH's community (**Exhibit 29**).

Behavioral Risk Factor Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) are based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data are collected for the entire U.S. Analysis of BRFSS data can identify localized health issues and trends, and enable county, state (or Commonwealth), or nation-wide comparisons.

Exhibit 30 compares various BRFSS indicators for Page, Rappahannock, Shenandoah, and Warren counties, with Virginia and national averages for comparison. Indicators are shaded if an area's value was more than ten percent higher than the Virginia average. Data for Page and Rappahannock counties were not included in this analysis due to small sample sizes.

Exhibit 30: BRFSS Indicators and Variation from the Commonwealth of Virginia,* 2020

Indicator 2020		Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA
Health Behaviors	Excessive drinkers ¹¹	16.0%	16.4%	17.7%	19.6%	17.4%
	Current smoker	17.0%	14.0%	16.4%	17.2%	15.3%
	No physical activity in past 30 days	26.8%	24.5%	27.1%	27.3%	21.6%
Access	Rate of primary care providers (PCP) per 100,000	33.8	27.1	44.0	53.6	76.4
	Do not have health care coverage under 65	13.5%	13.7%	11.6%	10.3%	9.9%
	Overweight or obese	27.6%	30.0%	30.7%	27.7%	28.8%
Health Conditions	Told have diabetes ¹²	9.2%	9.3%	9.4%	12.2%	9.6%
	Poor mental health > number of days/month ¹³	3.7%	3.4%	3.7%	3.6%	3.5%
Mental Health	Poor physical health > number of days/month ¹⁴	3.6%	3.2%	3.4%	3.3%	3.5%
Overall Health	Reported poor or fair health	15.2%	12.9%	15.2%	14.6%	15.9%

Source: CDC BRFSS, 2020

Shenandoah County compared worse (six indicators) than the Virginia average. All four counties within PMC's Community reported high percentages of residents who do not have health insurance under age 65. Rappahannock, and Shenandoah counties reported percentages higher than the state average for being overweight or obese (**Exhibit 30**).

¹¹ **Adult men having more than two drinks per day; adult women having more than one drink per day.

¹² Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Virginia, 2015

¹³ Average number of reported mentally unhealthy days per month among adults 18 years and over

¹⁴ Average number of reported physically unhealthy days per month among adults 18 years of age and over

Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs, frequently referred to as Prevention Quality Indicators or PQIs) throughout WMH's community.

ACSCs are 18 health conditions “for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹⁵ As such, rates of hospitalization for these conditions can “provide insight into the quality of the healthcare system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSCs indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the healthcare system and ways to improve outcomes.

¹⁵ Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at <http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm> on June 28, 2013.

County-Level Analysis by Payer

Exhibit 31: WMH Discharges for ACSC by County/City and Payer, 2021

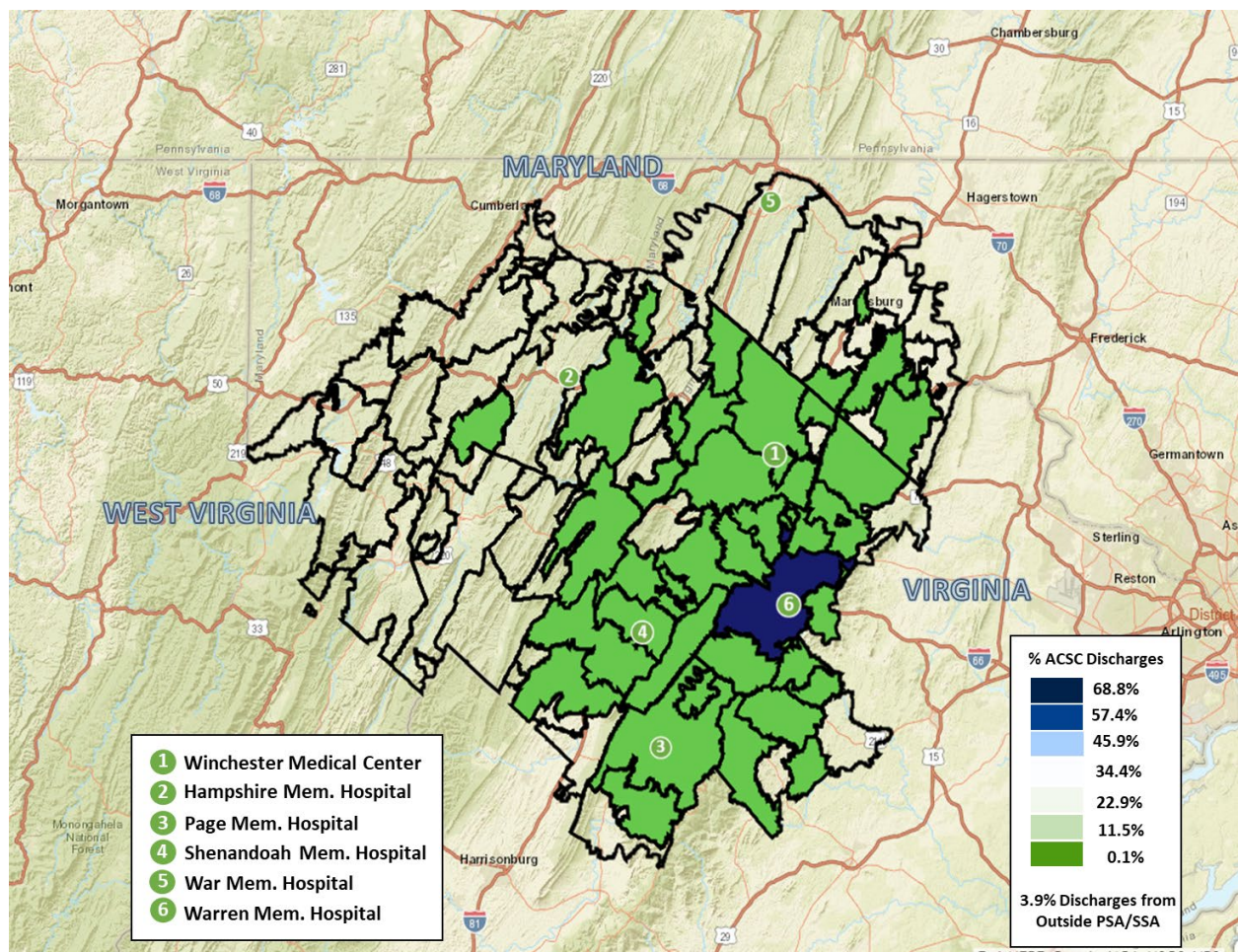
2021	Blue Cross	Commercial	Medicaid	Medicare	Other	Self
PSA	7%	11%	13%	66%	2%	0%
Warren County, VA	7%	11%	13%	65%	2%	1%
SSA	10%	10%	12%	68%	1%	0%
Page County, VA	19%	7%	14%	60%	0%	0%
Rappahannock County, VA	8%	10%	3%	77%	0%	2%
Shenandoah County, VA	6%	11%	16%	65%	2%	0%
PSA and SSA Total	8%	11%	13%	67%	2%	0%
Other areas	9%	27%	9%	45%	0%	9%
Total Discharges	8%	11%	13%	66%	2%	0%

Source: Warren Memorial Hospital, 2021 Inpatient Data

In WMH's community, Medicare patients had the highest proportion of discharges for ACSCs. Rappahannock County had the highest percentage of Medicaid discharges for ACSCs (**Exhibit 31**).

County-Level Analysis

Exhibit 32: Inpatient Discharges¹⁶ for ACSC by County and Zip Code for WMH, 2021



Source: ESRI 2021, Created by Planning and Business Development

The highest percentage of ACSC discharges were from zip code 22630 in Warren County (Front Royal, VA, 68.8%), within the WMH community (**Exhibit 33**).

¹⁶ 2018 Discharges are from all Valley Health hospitals.

Hospital-Level Analysis

Exhibit 33: ACSC Inpatient (IP) Discharges by Hospital, 2021

Entity Name	Total IP ASCS Discharges	Total IP Discharges	Percentage of IP ACSC Discharges to Total IP Discharges
Hampshire Memorial Hospital	272	401	67.8%
Page Memorial Hospital	486	664	73.2%
Shenandoah Memorial Hospital	1,087	1,283	84.7%
War Memorial Hospital	254	425	59.8%
Warren Memorial Hospital	1,736	1,755	98.9%
Winchester Medical Center	14,036	22,660	61.9%
Total	17,871	27,188	65.7%

Source: Warren Memorial Hospital, 2021 Inpatient Data

Winchester Medical Center and War Memorial Hospital had the lowest percent of ACSC discharges of all hospitals in the Valley Health System. Warren Memorial Hospital had the highest percent of ACSC discharges for 2021 (**Exhibit 34**).

Exhibit 34: Discharges for ACSC by Condition and Age, Warren Memorial Hospital, 2021

Discharges for ACSC by Condition and age for WMH, 2018					
Condition	0 to 17	18 to 39	40 to 64	65 +	Total
Angina			1		1
Appendix		1	2		3
Asthma		2	1	2	5
Dehydration			2	7	9
Diabetes		12	19	15	46
Heart failure		1	11	43	55
Hypertension			3	6	9
Pneumonia		4	15	65	84
Urinary tract infection			6	41	47
Total	-	20	60	179	259
Percent Total	0.0%	7.7%	23.2%	69.1%	100.0%

Source: Warren Memorial Hospital, 2021 Inpatient Data

The top four ACSCs at WMH were congestive heart failure, pneumonia, and urinary tract infections in older adults (65+) and diabetes in patients ranging from 40 to 64 years old. Patients aged 65 years and over had the highest percentage of discharges for ACSCs (**Exhibit 34**).

Community Need Index™ and Food Deserts

Dignity Health Community Need Index

Dignity Health, a California-based hospital system, developed and has made available for public use a Community Need Index (CNI) that measures barriers to healthcare access by county/city and ZIP code.¹⁷ The index is based on five social and economic indicators:

1. Income Barrier

- Percentage of households below poverty line, with head of household age 65 or more
- Percentage of families with children under 18 below poverty line
- Percentage of single female-headed families with children under 18 below poverty line

2. Cultural Barrier

- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all

3. Education Barrier

- Percentage of population over 25 without a high school diploma

4. Insurance Barrier

- Percentage of population in the labor force, aged 16 or more, without employment
- Percentage of population without health insurance

5. Housing Barrier

- Percentage of households renting their home

The CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. **Exhibit 36** presents the Community Need Index (CNI) score of ZIP codes in the community by each county in the Warren Memorial Hospital Campus community, weighted by the CNI score and population of each.

¹⁷ Accessed online at <http://cni.chw-interactive.org/> on June 28, 2013.

Exhibit 35: Community Need Index™ Score by County and ZIP Code, 2021

SERVICE AREA	COUNTY	CITY/TOWN NAME	ZIP	CNI SCORE
Primary	Winchester, VA	Winchester	22601	3.6
Primary	Shenandoah, VA	New Market	22844	3.6
Primary	Page, VA	Stanley	22851	3.8
Primary	Shenandoah, VA	Woodstock	22664	4
Primary	Shenandoah, VA	Mount Jackson	22842	3.2
Primary	Page, VA	Luray	22835	3.8
Primary	Hampshire, WV	Romney	26757	3.6
Primary	Page, VA	Rileyville	22650	2.8
Primary	Clarke, VA	Berryville	22611	3
Primary	Warren, VA	Front Royal	22630	3.4
Primary	Page, VA	Shenandoah	22849	3.4
Primary	Hardy, WV	Moorefield	26836	3.2
Primary	Clarke, VA	Paris	20130	3
Primary	Clarke, VA	White Post	22663	2.8
Primary	Shenandoah, VA	Quicksburg	22847	3.2
Primary	Shenandoah, VA	Edinburg	22824	2.8
Primary	Rappahannock, VA	Sperryville	22740	3.2
Primary	Rappahannock, VA	Washington	22747	3.6
Primary	Hampshire, WV	Shanks	26761	3
Primary	Frederick, VA	Winchester	22603	2.2
Primary	Shenandoah, VA	Strasburg	22657	3.2
Primary	Rappahannock, VA	Huntly	22640	3.2
Primary	Rappahannock, VA	Chester Gap	22623	3.2
Primary	Hardy, WV	Fisher	26818	3
Primary	Morgan, WV	Paw	25434	2.8
Primary	Hampshire, WV	Rio	26755	2.8
Primary	Clarke, VA	Bluemont	20135	2.6
Primary	Clarke, VA	Boyce	22620	2.6
Primary	Warren, VA	Bentonville	22610	2.8
Primary	Rappahannock, VA	Woodville	22749	2.8
Primary	Rappahannock, VA	Castleton	22716	2.6
Primary	Morgan, WV	Berkeley Springs	25411	2
Primary	Hardy, WV	Lost City	26810	2.4
Primary	Hampshire, WV	Augusta	26704	2.6
Primary	Frederick, VA	Winchester	22602	2.4
Primary	Shenandoah, VA	Lebanon Church	22641	2.4

Primary	Rappahannock, VA	Flint Hill	22627	2.8
Primary	Hardy, WV	Old Fields	26845	2.4
Primary	Hardy, WV	Milam	26838	3.2
Primary	Hampshire, WV	Levels	25431	3
Primary	Hardy, WV	Baker	26801	2.4
Primary	Frederick, VA	Stephens City	22655	2.4
Primary	Frederick, VA	Clear Brook	22624	2
Primary	Frederick, VA	Stephenson	22656	1.8
Primary	Frederick, VA	Gore	22637	1.6
Primary	Frederick, VA	Middletown	22645	2.4
Primary	Warren, VA	Linden	22642	2
Primary	Shenandoah, VA	Maurertown	22644	2.2
Primary	Shenandoah, VA	Basye	22810	1.6
Primary	Hardy, WV	Mathias	26812	2.2
Primary	Morgan, WV	Great Cacapon	25422	1.8
Primary	Hardy, WV	Wardensville	26851	1.8
Primary	Hampshire, WV	Springfield	26763	2.4
Primary	Hampshire, WV	Purgitsville	26852	2.4
Primary	Hampshire, WV	Green Spring	26722	3
Primary	Hampshire, WV	Capon Bridge	26711	2
Primary	Hampshire, WV	Slanesville	25444	2.4
Primary	Shenandoah, VA	Toms Brook	22660	2.4
Primary	Hampshire, WV	High View	26808	2.2
Primary	Frederick, VA	Cross Junction	22625	1.4
Primary	Warren, VA	Middletown	22649	2.2
Primary	Shenandoah, VA	Fort Valley	22652	1.8
Primary	Shenandoah, VA	Star Tannery	22654	2
Primary	Shenandoah, VA	Orkney Springs	22845	1.8
Primary	Hampshire, WV	Bloomery	26817	2
Secondary	Mineral, WV	Piedmont	26750	3.8
Secondary	Berkeley, WV	Martinsburg	25401	4.4
Secondary	Mineral, WV	Keyser	26726	2.8
Secondary	Jefferson, WV	Charles Town	25414	3.4
Secondary	Jefferson, WV	Ranson	25438	3.4
Secondary	Mineral, WV	Elk Garden	26717	2.8
Secondary	Berkeley, WV	Martinsburg	25404	3.4
Secondary	Grant, WV	Petersburg	26847	3.2
Secondary	Jefferson, WV	Summit Point	25446	2.6

Secondary	Jefferson, WV	Kearneysville	25430	3
Secondary	Jefferson, WV	Millville	25432	2.2
Secondary	Berkeley, WV	Falling Waters	25419	2.2
Secondary	Mineral, WV	Wiley Ford	26767	2.2
Secondary	Jefferson, WV	Shenandoah Junction	25442	2.8
Secondary	Berkeley, WV	Bunker Hill	25413	2.6
Secondary	Berkeley, WV	Inwood	25428	2.8
Secondary	Grant, WV	Gormanias	26720	2.8
Secondary	Mineral, WV	Ridgeley	26753	2.4
Secondary	Jefferson, WV	Shepherdstown	25443	2.2
Secondary	Jefferson, WV	Harpers Ferry	25425	2.4
Secondary	Berkeley, WV	Martinsburg	25403	2.2
Secondary	Berkeley, WV	Martinsburg	25405	2.8
Secondary	Berkeley, WV	Glengary	25421	2.4
Secondary	Berkeley, WV	Hedgesville	25427	1.8
Secondary	Grant, WV	Mount Storm	26739	2.6
Secondary	Mineral, WV	Burlington	26710	1.6
Secondary	Mineral, WV	Fort Ashby	26719	2
Secondary	Grant, WV	Maysville	26833	2.2
Secondary	Grant, WV	Cabins	26855	1.6
Secondary	Mineral, WV	New Creek	26743	1.6
Secondary	Berkeley, WV	Gerrardstown	25420	1.4

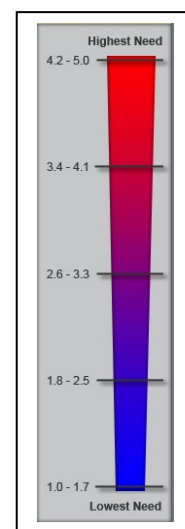
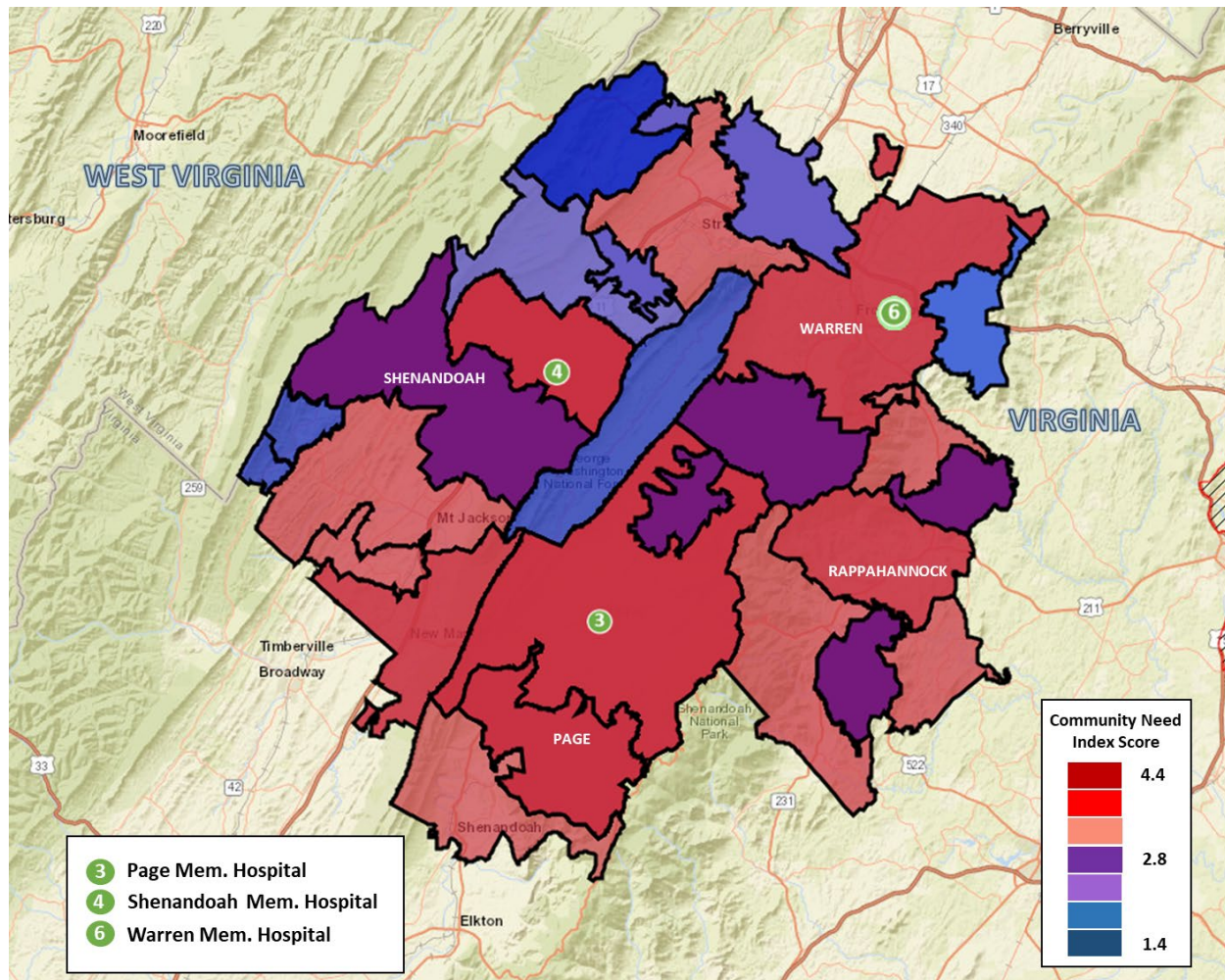


Exhibit 36: Community Need Index™ Score by County and ZIP Code, 2021



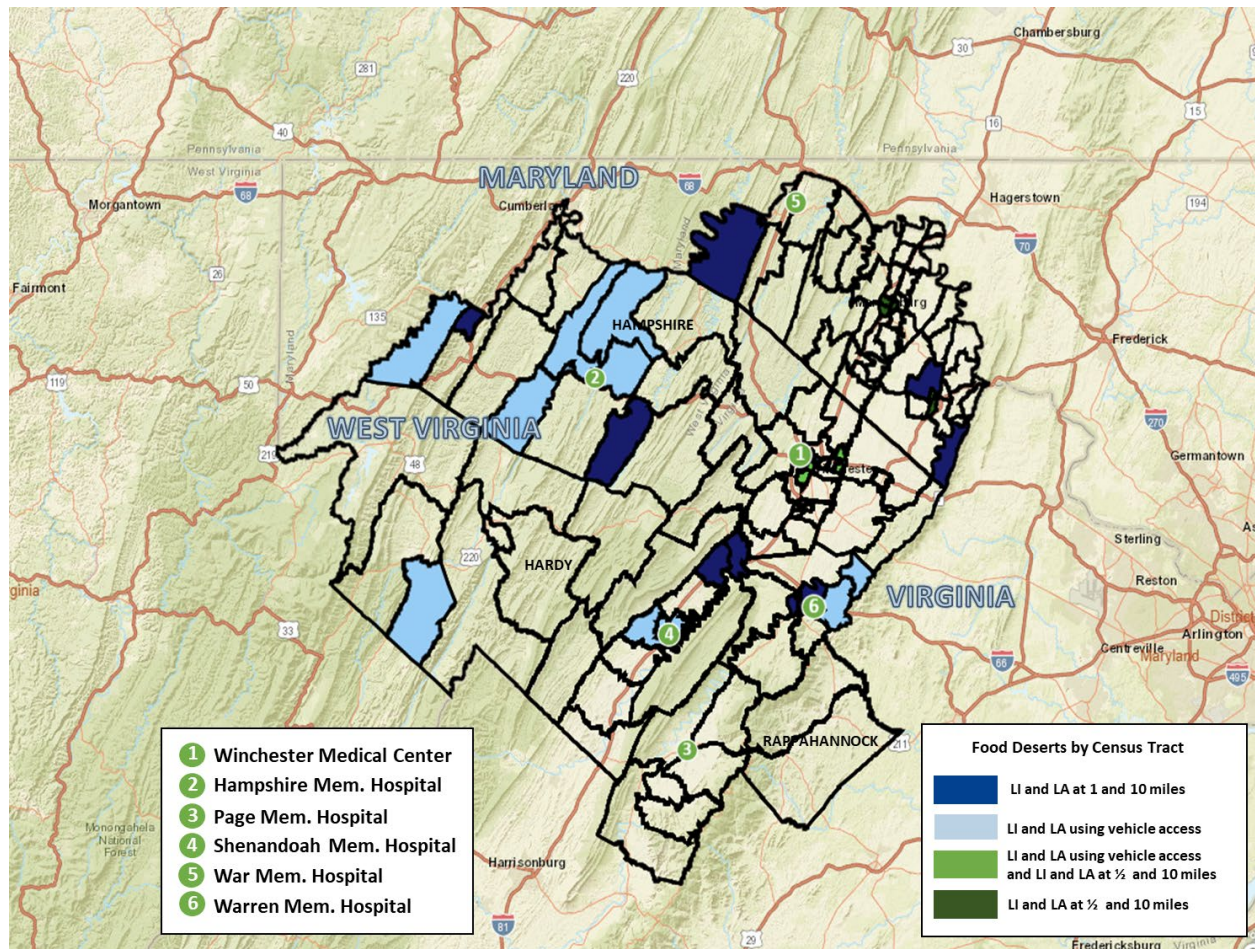
Source: ESRI 2021, Created by Planning and Business Development

ZIP codes 26750, (Piedmont, Mineral County), 22601 (Winchester City), and 25401 (Martinsburg, Berkeley County), scored in the “Highest Need” category (ranges from 4.2 – 5.0). Areas of middle to high need are located in substantial parts of Clarke, Page, Shenandoah, Warren, Berkeley, Hampshire, Hardy, and Mineral counties (**Exhibit 36**).

Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 37** illustrates the location of food deserts in the WMH community.

Exhibit 37: Food Deserts by Census Tract, 2022



Source: USDA, ESRI 2021, Created by Planning and Business Development

WMH’s community contains six census tracts (at 1 and 10 miles) identified as food deserts. These are located in Shenandoah and Warren counties in Virginia. There are three census tracts designated as food deserts for Warren County, and one designation for Shenandoah County (**Exhibit 37**).

Overview of the Health and Social Services Landscape

This section identifies geographic areas and populations in the community that may face barriers accessing care due to medical underservice or a shortage of health professionals.

The section then summarizes various assets and resources available to improve and maintain the health of the community.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (IMU).” The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved.”¹⁸

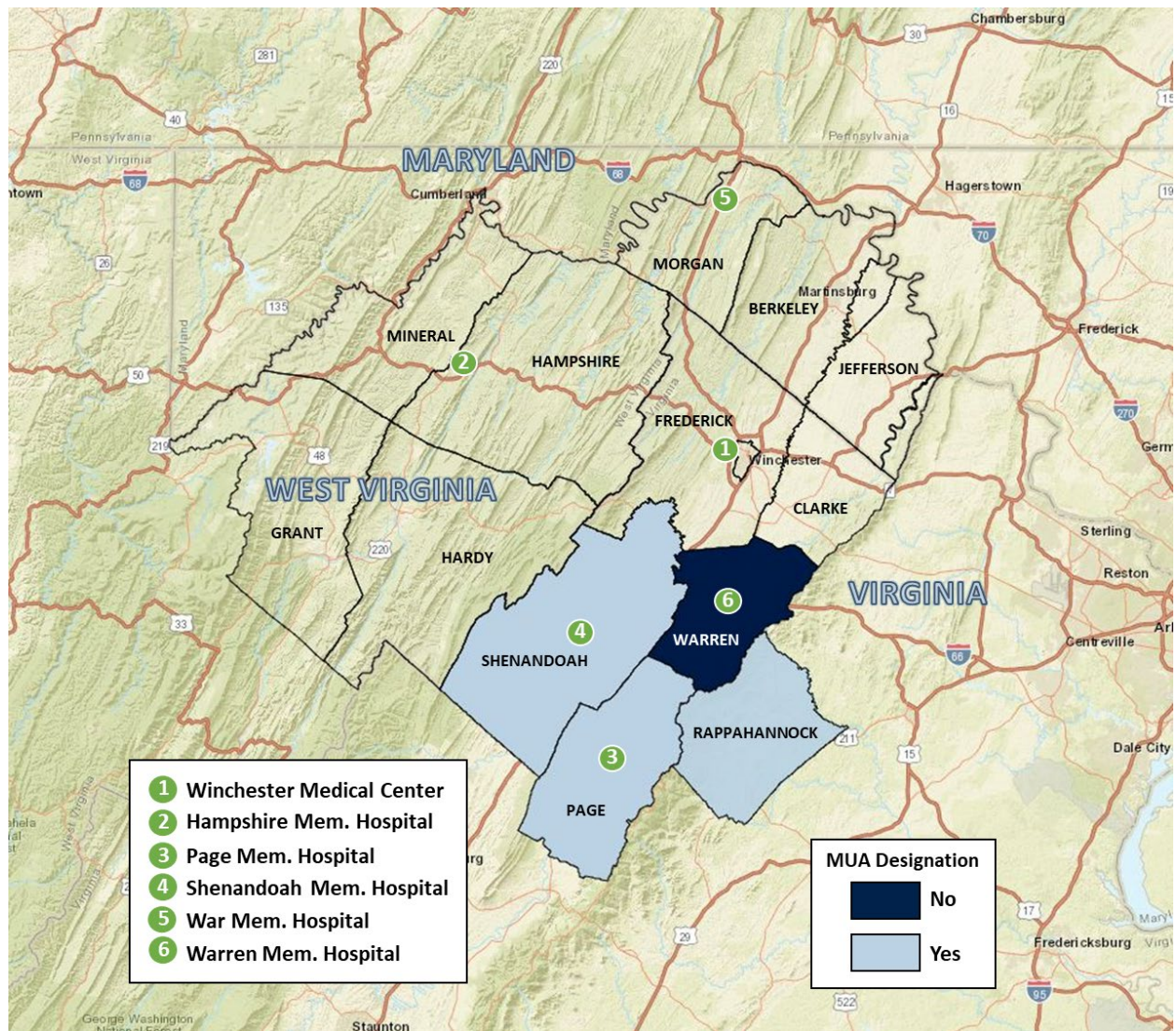
Medically Underserved Area (MUA) – counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Community (MUC) – a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Medically Underserved Populations (MUPs) – federal-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services.

¹⁸ U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

Exhibit 38: Medically Underserved Areas and Populations, 2021



Source: ESRI 2021, Created by Planning and Business Development

Exhibit 38 shows areas designated by HRSA as medically underserved for mental, dental, and primary care professionals.

Exhibit 39: Medically Underserved Areas and Populations and Health Professional Shortage Areas (VA), 2022¹⁹

Service Area	MUA/P Source ID	Designation Type	Index of Medical Underservice Score	State	Status
Low Income - Page County	07807	Medically Underserved Population	57	VA	Designated
Rappahannock County	1513066686	Medically Underserved Area	55	VA	Designated
Shenandoah County-MUA	1515871728	Medically Underserved Area	59.9	VA	Designated

Source: Data by Geography (hrsa.gov), 8/9/2022

The WMH community contains three MUAs located in Rappahannock, Shenandoah, and Page counties (**Exhibit 40**).

Health Profession Shortage Area

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”²⁰

Areas and populations in the PMH community are designated as HPSAs (**Exhibit 40A-C**). Page County is designated as primary medical care, dental, and mental health HPSAs, while Shenandoah County is designated as mental health and dental HPSAs. Rappahannock County is designated as mental health HPSA and Warren County is designated as dental HPSA. **Exhibits 40A-C** shows Health Professional Shortage Areas (HPSA) designations that indicate health care provider shortages in primary care, dental health, or mental health.

¹⁹ HRSA, May 2022, Retrieved from: <https://bhwh.hrsa.gov/shortage-designation/muap>

²⁰ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Exhibit 40A-: Health Professional Shortage Area (HPSA) VA– Primary Care, 2022

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Primary Care	1513747790	Geographic HPSA	Virginia	Page County, VA Shenandoah County, VA	1.345	10	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Page	Single County	51139	Rural			
	Virginia	Shenandoah	Single County	51171	Rural			
Primary Care	1512682381	Geographic HPSA	Virginia	Rappahannock County, VA	0.925	11	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Rappahannock	Single County	51157	Rural			
Primary Care	1513851309	Geographic HPSA	Virginia	Warren County, VA	1.145	7	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Warren	Single County	51187	Rural			

Exhibit 40B: Health Profession Shortage Area (HPSA) VA – Dental Care, 2022

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Dental Health	6516732774	Geographic HPSA	Virginia	Shenandoah County, VA	3.78	10	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Shenandoah	Single County	51171	Rural			
Dental Health	6519794066	Geographic HPSA	Virginia	Warren County, VA	1.745	7	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Warren	Single County	51187	Rural			
Dental Health	6515699950	Low Income Population HPSA	Virginia	Winchester City, VA	0.091	9	Designated	Non-Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Winchester city	Single County	51840	Non-Rural			
Dental Health	6512839521	Low Income Population HPSA	Virginia	Page County, VA	1.193	16	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Page	Single County	51139	Rural			

Source: [Map Tool](#) | [HRSA Data Warehouse](#)

Exhibit 40C: Health Profession Shortage Area (HPSA) VA – Mental Health Care, 2022

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Mental Health	7511969222	Low Income Population HPSA	Virginia	Clarke County, VA Frederick County, VA Page County, VA Shenandoah County, VA Warren County, VA Winchester City, VA	3.37	16	Designated	Partially Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Clarke	Single County	51043	Rural			
	Virginia	Frederick	Single County	51069	Non-Rural			
	Virginia	Page	Single County	51139	Rural			
	Virginia	Shenandoah	Single County	51171	Rural			
	Virginia	Warren	Single County	51187	Rural			
	Virginia	Winchester city	Single County	51840	Non-Rural			

Source: [Map Tool](#) | [HPSA Data Warehouse](#)

Other Facilities and Resources

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. FQHCs throughout the state can be found at: <https://www.findahealthcenter.hrsa.gov>.

Health centers are defined as: community-based and patient-direct organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation’s veterans.

Exhibit 41: Federally Qualified Health Centers, 2022

Federally Qualified Health Centers					
Health Center Name	Address	City	State	County	ZIP Code
SCH Migrant Outreach	867 Fairmont Ave	Winchester	VA	Winchester City	22601-4929
SCH Winchester	1330 Amherst St	Winchester	VA	Winchester City	22601-3054
E.A. Hawse Health Center Capon Bridge Elementary School	99 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
E.A. Hawse Health Center Capon Bridge Middle School	75 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
SCH Behavioral Health	44 Trifecta Pl	Charles Town	WV	Jefferson County	25414-5719
Shenandoah Community Health Burke St Elementary	422 W Burke St	Martinsburg	WV	Berkeley County	25401-2732
Shenandoah Community Health Tuscarora Elementary	2000 Tavern Rd	Martinsburg	WV	Berkeley County	25401-8811
SCH Mobile	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
SCH Martinsburg	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
Shenandoah Community Health Martinsburg North Middle School	250 East Rd	Martinsburg	WV	Berkeley County	25404-4910
SCH Healthy Smiles Dental	58 Warm Springs Ave	Martinsburg	WV	Berkeley County	25404-3800
E.A. Hawse Health Center, Inc. Wardensville	325 E Main St	Wardensville	WV	Hardy County	26851
Mountaineer Community Health Center, Inc.	783 Winchester St	Paw Paw	WV	Morgan County	25434-3258

Source: Health and Human Services Administration, 2022, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>

There are currently 13 FQHC sites operating in close proximity to WMH's community (**Exhibit 41**).

Local Clinics and Health Departments

In addition to the FQHCs, other clinics in the area serve lower-income individuals. These include Sinclair Health Clinic (Winchester, VA), St. Luke Community Clinic (Front Royal, VA), Shenandoah Community Health Clinic (Woodstock, VA), Page Free Clinic (Luray, VA), and Good Samaritan Free Clinic (Martinsburg, WV).

In addition to these resources, the Lord Fairfax Health District (services Clarke, Frederick, Page, Shenandoah and Warren counties, and the City of Winchester), Berkeley County Health Department, Grant Health Department, Jefferson County Health Department, Hampshire County Health Department, Hardy County Health Department, Mineral County Health Department, and Morgan County Health Department, also provide an array of services at locations throughout the region.

Hospitals

Exhibit 42 presents information on hospitals facilities that operate in the community.

Exhibit 42: List of Hospitals in the WMH Community

County/City	Hospital Name	Number of Beds	City	Zip Code
PSA				
Hampshire, WV	Hampshire Memorial Hospital	25	Romney	26757
Morgan, WV	War Memorial Hospital	25	Berkeley Springs	25411
Page, VA	Page Memorial Hospital	25	Luray	22835
Shenandoah, VA	Shenandoah Memorial Hospital	25	Woodstock	22664
Warren, VA	Warren Memorial Hospital	36	Front Royal	22630
Winchester, VA	Winchester Medical Center	465	Winchester	22601
SSA				
Berkeley, WV	Berkeley Medical Center	170	Martinsburg	25401
	Martinsburg VA Medical Center	90	Martinsburg	25401
Grant, WV	Grant Memorial Hospital	25	Petersburg	26847
Jefferson, WV	Jefferson Medical Center	25	Charlestown	25414
Mineral, WV	Potomac Valley Hospital	25	Keyser	26726

Source: Virginia Health Information, 2022, and for WV, American Hospital Directory, 2022

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

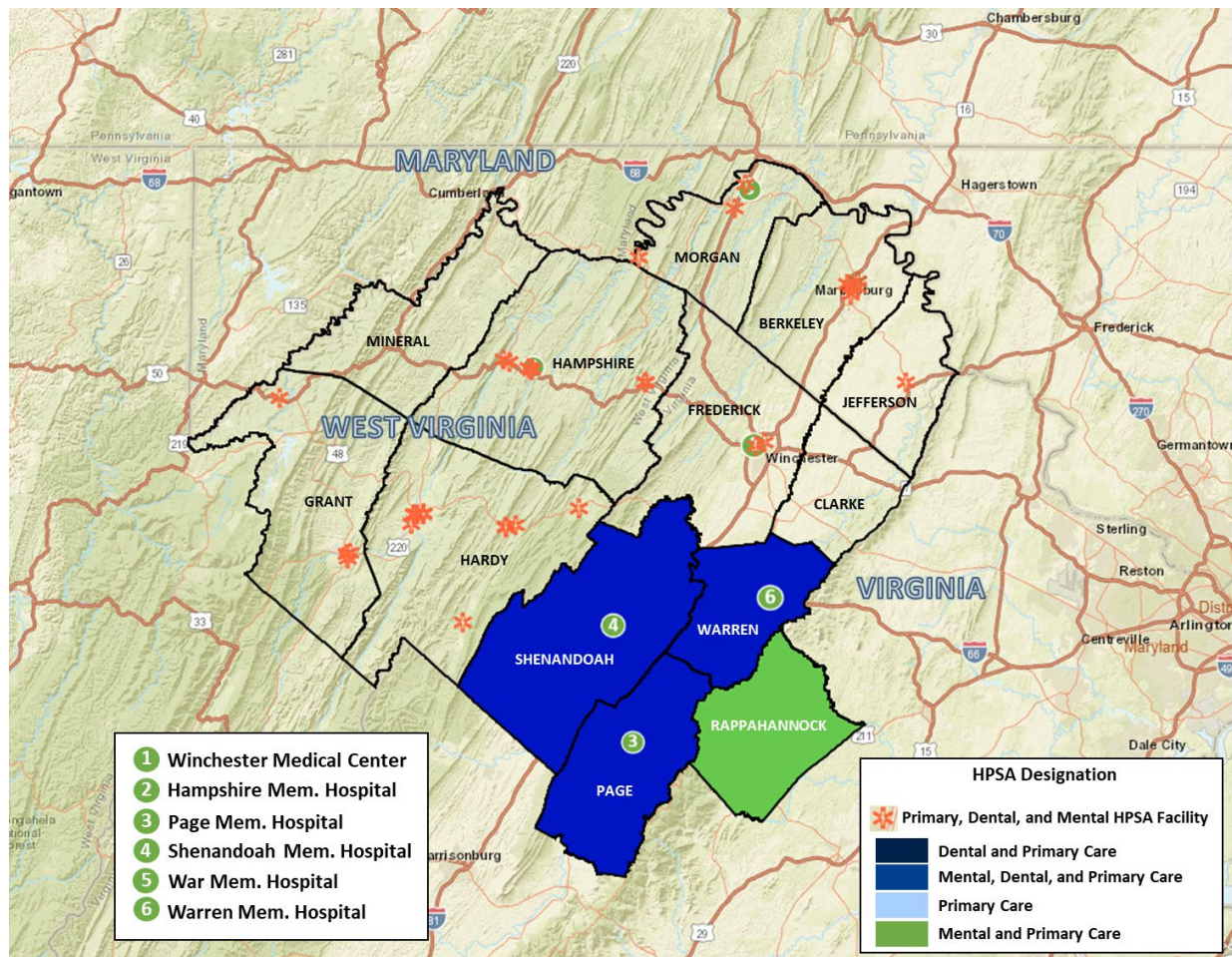
In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”²¹

Areas and populations in the WMH community are designated as HPSAs (**Exhibit 43B**). Page County is designated as a primary medical care, dental, and mental health HPSA, while Shenandoah County is designated as a mental health and dental HPSA. Rappahannock County is designated as a mental health HPSA and Warren County is designated as a dental HPSA.

²¹ U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

Exhibit 43A: Health Professional Shortage Areas Designation, 2021



Source: ESRI 2021, Created by Planning and Business Development

Exhibit 43A shows Health Professional Shortage Area (HPSA) designations that indicate health care provider shortages in primary care, dental health, or mental health.

Exhibit 43B: HPSA Shortage Areas in the WMH Community, 2021

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Rural Status
Dental Health	Warren County	High Needs Geographic HPSA	4	10/26/2017	Partially Rural
Primary Care	Warren County	Geographic HPSA	4	12/20/1984	Partially Rural
Mental Health	Shenandoah/Page Counties	High Needs Geographic HPSA	11	04/02/2013	Rural
Primary Care	Shenandoah/Page Counties	Geographic HPSA	9	03/20/2017	Rural
Dental Health	Shenandoah	Geographic HPSA	4	12/20/1984	Rural
Dental Health	Page County	Geographic HPSA	15	09/10/2001	Rural

Source: Health Professional Shortage Areas (HRSA), 2021. Retrieved from: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

There are six health care areas within the WMH community designated as a HPSA (**Exhibit 44B**).

Exhibit 44: Health Professionals Rates per 100,000 Population by County/City, 2020

Winchester Medical Center County	Primary Care Physicians		Dentists		Mental Health Providers	
	Number Primary Care Providers	Rate per 100,000 population	Number of Dental Providers	Rate per 100,000 population	Number of Mental Health Providers	Rate per 100,000 population
PSA						
Warren	24	60	12	30	41	101
SSA						
Page	8	33	4	17	10	43
Rappahannock	3	41	3	41	8	110
Shenandoah	18	41	15	34	24	55
Virginia	6514	76	6169	72	17743	207

Source: Data provided by County Health Rankings, 2022.

Primary care providers and dental availability are below the Virginia averages in all areas (Exhibit 44).

Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by Warren Memorial Hospital campus. 2-1-1 Virginia and West Virginia maintains a large database to help refer individuals in need to health and human services in Virginia and West Virginia. For Virginia, this is a service of the Virginia of Social Services provided in partnership with the Council of Community Services, The Planning Council, the United Way of Central Virginia, and the United Way of Greater Richmond & Petersburg and can be found at <https://211virginia.org/consumer/>. In West Virginia, the program is a collaborative project of the United Ways of West Virginia and can be found at <http://www.wv211.org/what-we-do>.

The other organizations accessible through the 2-1-1 Virginia and 2-1-1 West Virginia provide the following types of services and resources include:

- Alzheimer's assistance
- Basic human needs (food banks, shelters, rent or utility assistance)
- Child care referral centers
- Child development
- Consumer counseling
- Crisis intervention
- Disability services
- Domestic violence programs
- Education
- Energy assistance
- English as a second language classes
- Family counseling
- Financial assistance
- HIV/AIDS programs
- Home health care
- Homeless services
- Legal assistance
- Maternal and child health care
- Mentorship opportunities
- Parenting programs
- Physical and mental resources
- Senior services
- Support for children, youth and families (examples: after school programs, tutoring, mentorship programs, family resource centers)
- Substance abuse
- Suicide prevention
- Transportation
- Volunteer opportunities
- Work initiatives (examples: educational and vocational training programs)

The United Way of Northern Shenandoah Valley publishes “The Community Services Directory.” The directory is a 190-page resource book made possible by volunteer assistance through Northern VA Daily and produced as a community service by RR Donnelley. The directory is available for download at <https://www.unitedwaynsv.org/community-service-directory-download>.

Community organizations that provide services to residents with disabilities:

- Access Independence
- ADAPT (Adult Day Activities Program Team)
- Adult Care Center of the Northern Shenandoah Valley, Inc.
- Blue Ridge Center for Therapeutic Horsemanship
- Blue Ridge Educational Center
- Blue Ridge Opportunities
- Brain Injury Association of Virginia
- Deaf and Hard of Hearing Services Center, Inc.
- disAbility Law Center of Virginia
- Disabled American Veterans
- F.R.E.E. Foundation of Northern Shenandoah Valley
- Horizon Goodwill Industries
- Grafton Integrated Health Network
- Home Health Services - Valley Health
- Infant & Toddler Connection of Shenandoah Valley (ITC-SV)
- Literacy Volunteers - Winchester Area
- Lutheran Family Services
- Northwestern Community Services Board
- Northwestern Regional Educational Programs (NREP)
- NW Works, Inc.
- Shenandoah County Search, Inc.
- Shenandoah Valley Community Residences, Inc.
- SHEN-PACO Industries, Inc.
- The Arc of Northern Shenandoah Valley
- The Arc of Warren, Inc.
- Timber Ridge School
- Virginia Autism Resource Center
- Virginia Department for Aging and Rehabilitative Services
- Virginia Relay Center

Community organizations that provide services for domestic violence:

- Blue Ridge Legal Services
- Choices, Council on Domestic Violence for Page Co., Inc.
- Response, Inc.
- The Laurel Center
- Virginia Lawyer Referral Service
- Winchester Victim Witness Program

Community organizations that provide services for employment:

- Blue Ridge Opportunities
- Disabled American Veterans
- Horizon Goodwill Industries
- NW Works, Inc.
- Senior Community Service Employment Program (SCSEP)
- SHEN-PACO Industries, Inc.
- Virginia Career Works, Shenandoah Valley Region
- Virginia Department for Aging and Rehabilitative Services
- Virginia Employment Commission

Community organizations that provide services for financial assistance:

- Blue Ridge Housing Network, Inc.
- C-CAP - Winchester
- Centralized Housing Intake
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Disabled American Veterans
- Division of Child Support Enforcement
- Faithworks, Inc.
- FISH of Clarke County, Inc.
- Front Royal/Warren County C-CAP
- Highland Food Pantry
- Lord Fairfax Area Food Bank
- Page One of Page County, Inc.
- Shenandoah Alliance for Shelter
- The Arc of Northern Shenandoah Valley
- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network

Community organizations that provide services for food:

- Bright Futures Frederick/Winchester
- C-CAP – Winchester
- Community Food Pantry in Great Cacapon
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- FISH of Clarke County, Inc.
- Front Royal/Warren County C-CAP
- Highland Food Pantry
- House of Hope
- Lord Fairfax Area Food Bank
- MCIEC Food Pantry (Morgan County)
- Morgan County Interfaith Emergency Care
- Page One of Page County, Inc.
- Shenandoah Area Agency on Aging
- Starting Points of Morgan County – Meal Time Community Kitchen
- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network
- Winchester Rescue Mission

Community organizations that provide services for health resource:

- AIDS Response Effort, Inc.
- Alzheimer's Association
- American Cancer Society
- American Lung Association
- American Red Cross of the Shenandoah Valley
- Berkeley County Meals on Wheels
- Blue Ridge Hospice
- Blue Ridge Poison Center
- Brain Injury Association of Virginia
- Dental Clinic of NSV
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Diabetes Management Program Valley Health
- Dr. Terry Sinclair Health Clinic
- F.R.E.E. Foundation of Northern Shenandoah Valley

- Faith in Action
- Good Samaritan Free Clinic
- Home Health Services - Valley Health
- Lions Clubs Eyeglasses Program of Winchester/Frederick County
- Lord Fairfax Health District (Health Departments)
- Page County Free Clinic
- Shenandoah Community Health Clinic
- Shenandoah Valley Compassionate Care Pharmacy
- Special Love, Inc. - Camp Fantastic
- St. Luke Community Clinic
- Valley Health System
- Virginia Relay Center

Community organizations that provide housing & shelter services:

- AIDS Response Effort, Inc.
- American Red Cross of the Shenandoah Valley
- Arise of Page County
- Bethany House (Martinsburg, WV)
- Blue Ridge Habitat for Humanity
- Blue Ridge Housing Network, Inc.
- Centralized Housing Intake
- Choices, Council on Domestic Violence for Page Co., Inc.
- Council on Alcoholism - Lord Fairfax House
- Faithworks, Inc.
- Family Promise of Shenandoah County
- Grace House
- Habitat for Humanity of Page County
- Habitat for Humanity of Warren County
- Henry & William Evans Home for Children
- House of Hope
- Keyser Housing Authority
- Martinsburg Housing Authority
- Martinsburg Union Rescue Mission
- Mission Serve Group
- New Eve Maternity Home
- Northwestern Community Services Board
- People Incorporated of Virginia
- Phoenix Project
- Piedmont Housing Authority
- Response, Inc.
- Shenandoah Alliance for Shelter
- Shenandoah County Search, Inc.
- Shenandoah Valley Community Residences, Inc.
- SHEN-PACO Industries, Inc.
- The Laurel Center

- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network
- Valley Light Foundation
- Virginia Department of Veterans Services
- Volunteers of America Chesapeake
- Winchester Area Temporary Thermal Shelter (WATTS)
- Winchester Rescue Mission

Community organizations that provide pregnancy & parenting resources:

- A Small Hand
- ABBA Care Inc.
- Community Prenatal Access
- Division of Child Support Enforcement
- Front Royal Pregnancy Center
- Healthy Families Northern Shenandoah Valley
- Healthy Families Page and Shenandoah Counties
- Lord Fairfax Health District (Health Departments)
- New Eve Maternity Home
- reSolutions, Inc.
- Shenandoah County Pregnancy Center
- The Life Center of Page Valley
- The Red Wagon Ministry
- Virginia Autism Resource Center

Community organizations that provide senior services:

- AARP Tax-Aide Volunteer Income Tax Assistance
- Adult Care Center of the Northern Shenandoah Valley, Inc.
- Alzheimer's Association
- Blue Ridge Hospice
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Faith in Action
- Godfrey Miller Historic Home and Fellowship Center
- Senior Community Service Employment Program (SCSEP)
- Shenandoah Area Agency on Aging
- The Red Wagon Ministry
- Virginia Department for Aging and Rehabilitative Services

Community organizations that provide substance abuse services:

- Alcoholics Anonymous

- Bridging the Gaps
- Council on Alcoholism - Lord Fairfax House
- Edgehill, A Recovery Retreat Center
- Grace House
- Narcotics Anonymous
- Northwestern Community Services Board
- Northern Shenandoah Valley Substance Abuse Coalition
- Strength in Peers
- The Warren Coalition

Community organizations that provide veterans services:

- Community Veterans Engagement Board
- Disabled American Veterans
- Virginia Department of Veterans Services
- Virginia Employment Commission

Community organizations that provide youth development services:

- Big Brothers Big Sisters of Northwest Virginia
- Blue Ridge Center for Therapeutic Horsemanship
- Blue Ridge Educational Center
- Boy Scouts of America - Shenandoah Area Council
- Bright Futures Frederick/Winchester
- CFW - Child Foster Care
- Child Safe Center
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Families Reaching Out Group (Froggy's Closet)
- Girl Scout Council of the Nation's Capital
- Grafton Integrated Health Network
- Henry & William Evans Home for Children
- Heritage Child Development Center
- I'm Just Me Movement
- Infant & Toddler Connection of Shenandoah Valley (ITC-SV)
- Lutheran Family Services
- Moms in Motion
- Northwestern Community Services Board
- Shenandoah Valley Discovery Museum
- Skyline Community Action Partnership - Headstart
- Special Love, Inc. - Camp Fantastic
- The Kids Club of Northern Shenandoah Valley
- The Reading Road Show - Gus Bus
- Timber Ridge School
- Virginia Cooperative Extension

- Youth Development Center, Inc.

United Way of the Eastern Panhandle Partner Agencies

List is available at <https://www.uwayep.org/partner-agencies>.

- American Red Cross
- BE-Hive, A Family Inspiration Place, Inc.
- Berkeley County Backpack Program
- Berkeley Senior Services
- BlackCat Music Cooperative
- Boys & Girls Club of the Eastern Panhandle
- CASA of the Eastern Panhandle
- Catholic Charities West Virginia, Inc.
- CCAP/Loaves & Fishes
- CenterPointe Church
- Children First Child Development Center
- Children's Home Society of WV
- Church Without Walls Ministries, Inc.
- Community Alternatives to Violence
- Community Networks, Inc.
- Destiny Baptist Church
- EVAK K9 Search and Rescue Team, Inc.
- Faith Community Coalition for the Homeless
- For Love of Children (The Outdoor Education Center)
- Girl Scouts Nation's Capital
- Good Samaritan Free Clinic
- Good Shepherd Interfaith Volunteer Caregivers, Inc.
- Horses with Hearts
- Junior Mentoring Programs (JUMP)
- Leetown Science Center
- Martinsburg Renew, Inc.
- Meals on Wheels of Berkeley County
- Meals on Wheels of Jefferson County
- Morgan County Partnership
- Morgan County Starting Points
- Norborne Preschool & Day Care Center, Inc.
- Panhandle Home Health, Inc.
- Partnership for Affordable Housing
- Potomac Valley Audubon Society
- PurposeFULL Paws
- Shepherdstown Day Care
- Spring Mills High School
- Wildwood Middle School
- WV Coalition to End Homelessness

Food Pantries and Soup Kitchens

Exhibit 45: Food Pantries and Soup Kitchens in the WMC Community, 2022

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Clarke County	Address/Phone	Hours
FISH of Clarke County	36 E Main St., Berryville 540-955-1823	Wednesdays & Saturdays 9AM-12 Noon
Women of Duncan Memorial	210 E. Main St., Berryville 540-955-3700	3rd Friday of the Month (2nd Friday in December) Call first *Must receive Medicaid or SNAP
Christ Episcopal Church	843 Bishop Mead Rd., Millwood 540-837-1112	1st Friday at 1PM - Seniors Only 1st Saturday 9-11AM
Frederick County		
Stephens City United Methodist Church	5291 Main Street Stephens City, VA 22655 540-869-2348	Tuesdays Noon – 3:00 pm 1 st and 3 rd Tuesdays every month 6:30 pm – 8:00 pm
Greenway Sprit and Word	1275 Tasker Road Stephens City, VA 540-868-9110	3 rd Wednesday every month 9:30 am – 11:00 am 1 st Mondays 6:00 pm – 8 pm
Salvation Army Winchester	300 Fort Collier Road Winchester, VA 22601 540-662-4777	Monday and Friday daily meals Noon – 5:00 pm
Page County		
Page One of Page County	42 W. Main Street Luray, VA 22835 540-743-4357	Monday and Tuesday 9:00 am – 11:30 am
Manor Memorial United Methodist	9320 Congress Street New Market, VA 22844 540-740-8959	3 rd Thursdays of the month 11:00 am – 5:30 pm
Shenandoah County		
Bread of Life Food Pantry United Methodist Church	156 W. Washington St., Strasburg, VA 22664 540-459-4144	3 rd Tuesday and Thursdays of the month 1:00 pm – 4:00 pm
Compassion Cupboard	533 Burgess Street Strasburg, VA 22657 540-465-82393	3 rd Tuesday of every month 10:00 am – 4:00 pm
Warren County		
CCap Front Royal	117 Luray Avenue Front Royal, VA 22630 540-635-1235	Monday – Fridays 9:00 am – 12:00 noon

Exhibit 45: Food Pantries and Soup Kitchens in the WMC Community, 2022 (cont.)

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Dynamic Life	1600 John Marshall Highway Front Royal, VA 22630 540-636-9595	Thursdays 3:00 pm – 4:30 pm
Front Royal Church of Christ	140 West 15 th Street Front Royal, VA 22630 540-635-2613	1 st Tuesday of every month 1:00 pm – 3:00 pm
Salvation Army Front Royal	357 Cloud Street Front Royal, VA 22630 540-635-4020	Monday through Thursday 9:00 am – 12:30 pm 3 rd Wednesdays every month 1:00 pm – 3:00 pm
Compassion House aka The Rock	1602 Strasburg Road, Strasburg, VA 22630 540-325-4372	Mondays 9:30 am – 1:30 pm
Winchester City	Address	Hours
Food Bank	1802 Roberts Street Winchester, VA 22601 540-665-0770	
Braddock St. United Methodist Church	3 South Braddock Street Winchester, VA 22601 540-667-3366	Monday – Fridays 2:00 pm – 3:00 pm
CCap Winchester	112 South Kent Street Winchester, VA 22601 540-662-4318	Monday – Thursdays 9:30 am – 3:00 pm
Celebration Fellowship	16 North Braddock Street Winchester, VA 22601 540-662-4473	Pantry Service Hours 1 st and 3 rd Saturdays 9:00 am - noon
Centenary United Church	202 S. Cameron Street 540-662-9067	Lunch on 2nd and 4th Fridays Meal 9:00 am – 1:00 pm Pantry 1:00 pm – 2:00 pm
Church of Christ Mountain View	4661 Middle Road Winchester, VA 22602 540-869-2244	Wednesdays 6:00 pm – 7:00 pm and emergency food boxes
Highland Memorial Presbyterian Church	446 Highland Avenue Winchester, VA 22601 540-662-0809	Tuesdays 9:00 am-11:45 am
Jubilee Soup Kitchen at First Presbyterian Church	116 South Loudoun Street Winchester, VA 22601 540-662-3824	Saturdays 11:30 am – 12:30 pm
Knights of Columbus	519 S. Cameron Street Winchester, VA 22601 540-662-5545	Wednesdays 4:00 pm – 6:00 pm

Exhibit 45: Food Pantries and Soup Kitchens in the WMC Community, 2022 (cont.)

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Olive Food Pantry at Victory Church	2870 Middle Road Winchester, VA 22601 540-667-9400	Wednesdays 1:00pm – 2:30 pm
St. Paul's on the Hill	1527 Senseny Road Winchester, VA 22602 540-667-8110	1 st Sunday every month 1:00 pm – 3:00pm
Winchester Rescue Mission	435 N. Cameron Street 540-667-5379	Breakfast at 6AM. daily, Dinner at 5PM daily

Source: [Virginia Soup Kitchens, Food, Pantries, Food Banks \(homelesshelterdirectory.org\)](http://homelesshelterdirectory.org)

Findings of Other Recent Community Health Needs Assessments

Valley Health System also considered the findings of other needs assessments published since 2019. Fourteen such assessments conducted in the WMC area are referenced here, with highlights and summary points below.

Homelessness and Medical Vulnerability - Point in Time Survey – 2019 (data from 2018 & 2019)

The statewide 1,000 Homes for 1,000 Virginians initiative is led by the Virginia Coalition to End Homelessness to survey/assess the 1,000 most vulnerable Virginians experiencing homelessness who cycle between streets, emergency shelters, hospital emergency rooms, jails, and prisons. There are eight campaigns representing 13 counties and over 30 jurisdictions across the Commonwealth. The initiative conducts a point-in-time survey that is administered on one night to count the unsheltered homeless persons within the community. The survey is conducted during the last 10 days in January. The cities of Harrisonburg and Winchester, and the counties of Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren are included within the Harrisonburg data collection campaign for 2019. The survey was conducted on January 23, 2019.

Of the 13 communities across the Commonwealth participating in the 1,000 Homes for 1,000 Virginians initiative, 12 have conducted Registry Weeks to collect information on vulnerability. A Vulnerability Index is used to calculate the survey results.

Key findings from the 2019 point-in-time survey relevant to this CHNA:

- In 2019, 146 individuals experiencing homelessness for Winchester/Frederick County were identified and surveyed; 19 of those surveyed were identified as unsheltered homeless adults & children. There was an increase of 48 individuals compared to 2018, which was at 98.
- In 2019, 23 individuals experiencing homelessness for Front Royal/Warren County were identified and surveyed; 17 individuals experiencing homelessness for Woodstock/Shenandoah County were identified and surveyed; 24 individuals experiencing homelessness for Luray/Page County were identified and surveyed.
- In 2019, there were a total of 111 adults in shelters/transitional beds, 16 were homeless children in shelters, and 19 were unsheltered homeless adults. In 2018, there were 89 adults in shelters/transitional beds, six were homeless children in shelters, and six were unsheltered homeless adults.
- In comparison, from 2018 to 2019 there was a 49% increase in homeless individuals who participated in the point-in-time survey.

- Through the coordination with Valley Assistance Network (VAN) in Winchester and area homeless assistance service providers, the point-in-time survey reflects 24 sheltered persons in hotels paid for by local government, churches, and not-for-profit agencies. This contributed an additional 24 shelter beds to the housing inventory for 2019. Without this emergency shelter effort in place, the unsheltered persons in Winchester, VA, would likely be higher, according to the survey results.
- In the Winchester Public Schools for 2018, there were 208 students who were homeless compared to Frederick County Public Schools' 210 students.
- In 2019, there were 16 veterans and 11 individuals who were unaccompanied youth population between the ages of 18-24.

United Way of the Northern Shenandoah Valley Community Needs Update: 2020-2023

The United Way completed a Community Health Needs Assessment in April 2014. The assessment includes demographic and social trends in order to update priorities and target contributed funds to the needs that matter the most to the people within the community. Community impact priorities are used as a tool for planning and as a guide for fund distribution. The United Way has worked with many community partners to focus on mental health issues, update population data and assess their progress, as an organization, in dealing with education, income and health conditions.

Key findings relevant to this CHNA for education include:

- Frederick County will have the highest expected population change at almost 12%. Frederick County is listed as one of the Top 20 fastest growing localities in Virginia.
- The 40-64 age demographic is the largest age group of the region. The 65+ population appears to be the fastest growing age demographic in the region.
- Frederick County had the largest growth in senior population from 2010 to 2018. All jurisdictions with the exception of Page County had increases in population from 2010 to 2018. Shenandoah County has the highest percentage of seniors 65+ of all the jurisdictions, followed closely by Frederick County and Page County.
- The race/ethnicity projections show that the region's white/Caucasian demographic will remain the predominant demographic in the area.
- The Hispanic/Latino population is on track to have the highest percentage increase over time. From 2020 to 2040 it's predicted that the Hispanic/Latino population will increase by 165%. From 2020-2040 the Non-Hispanic population will see a 3.4% increase versus the Hispanic population, which will see a 165% increase.

- Page County is classified as a childcare desert. It's estimated that there are 14,138 children under the age of 5 in our communities and only an estimated 6,923 childcare spots available for them. The average cost of infant childcare is \$14,063 per year (an increase of \$3,605 from 2016, or a 34.4% increase), or \$1,172 per month (an increase of \$300 from 2016); childcare for a 4-year-old costs \$10,867 per year (an increase of \$2,910 from 2016, or a 36.5% increase), or \$663 per month (an increase of \$243). 11.1% of Virginians can afford infant care (this is down 24.5% from 2016 when 35.6% of Virginians could afford infant care).
- The percentage of children living in poverty decreased across all geographies when compared to 2015 percentages. Page County and the City of Winchester still had higher percentages of childhood poverty than the state average of Virginia, which is at 14%.
- All jurisdictions saw an increase in children enrolled in Free/Reduced Lunch Programs when comparing 2016-2017 data to 2018-2019 data.
- 85% of children in single-headed, female households are considered below the ALICE® threshold or in poverty compared to 70% in single-headed, male households and 27% with two parents in the household.
- Children living below 200% of the poverty level are economically disadvantaged and live in families that struggle to meet basic needs such as, food, housing, utilities, childcare and transportation. Two out of every five children in the Northern Shenandoah Valley classify as economically disadvantaged.
- One out of every 10 people in the City of Winchester say they speak English “less than very well.” The City of Winchester has approximately 37.6% of their Hispanic population that do not speak English. Clarke County shows a higher percentage (40.5%) of the Asian population that do not speak English.
- All jurisdictions (with the exception of Winchester City) had higher on-time graduation rates than the Virginia average of 91.6%.
- Economically disadvantaged students saw a much lower on-time graduation rate than students in all the jurisdictions. For the jurisdictions that provided data, English learners had even lower on-time graduation rates, with the lowest on-time graduation rates seen by students in the homeless population. All jurisdictions saw a decrease in postsecondary participation.
- Page County has the highest percentage of high school students who do not receive a diploma. Frederick County and Clarke County have the smallest percentage of high school students who do not receive a diploma. Page, Shenandoah, Warren and Winchester City all had percentages higher than the U.S. and Virginia averages.
- Each jurisdiction, with the exception of Page County, saw a decrease in poverty status. Four jurisdictions (Clarke, Frederick, Shenandoah and Warren) had poverty levels less than the U.S. and Virginia average.

- Although poverty rates are going down and more people are working, it's interesting to note that the very slight increase or even decline in the median income may be a signal that workers aren't necessarily making more money and could be falling within the ALICE® population.
- The average weekly wage across all private industry sectors in the Shenandoah Valley Workforce Development Area was \$869 (up from \$773 in 2016), which represents a 12% increase.
- In Virginia, 57% of jobs pay less than \$20 per hour, with about half of those paying between \$10 and \$15 per hour. Those residents with the least education are more likely to have earnings below the ALICE threshold.
- Men in Virginia earn at least 42% more than women across all educational levels, and as much as 65% more for those with a graduate or professional degree.
- SNAP benefit participation increased in Page, Shenandoah and Warren counties, but decreases in Clarke, Frederick and Winchester as compared to 2015 data.
- In Clarke County, almost half of all households receiving SNAP have one or more people in the house that are 60 years and over. In Clarke County, 40.2% of households who are receiving SNAP reported having two or more people in the household working in the past 12 months.
- In Frederick, Shenandoah and Warren counties, and Winchester, the percent of food insecure residents above 185% of poverty actually increased between 2014 and 2017. Food insecure people in the 130% to 185% of poverty category increased in Clarke, Page, Shenandoah and Winchester.
- There are census tracts that are identified as food deserts in Frederick County, Shenandoah County, Warren County and the City of Winchester.
- Nearly every U.S. County lacks an adequate supply (HUD, 2018). As a result, 71% of extremely low-income renters are severely housing cost-burdened, spending more than half of their limited incomes on housing costs, which forces them to cut back on other basic necessities like adequate food, health care and transportation, and also puts them at risk of housing instability. Winchester had the highest number of evictions.
- Page, Shenandoah and Warren counties had the highest eviction rates of all the localities.
- Western Virginia point-in-time Count Results – Full Region (Cities of Winchester and Harrisonburg, Counties of Clarke, Frederick, Page, Rockingham, Shenandoah and Warren), show a 13% increase in the number of homeless individuals.

United Way ALICE Project Update, 2020

ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

- The average ALICE Household Survival Budget in Virginia was \$29,580 for a single adult, \$31,752 for a single senior, and \$78,528 for a family of four in 2018 — significantly more than the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.
- The cost of living is increasing for ALICE households. From 2007 to 2018, the cost of household essentials (housing, child care, food, transportation, health care, and technology) increased faster than the cost of other goods and services. The ALICE Essentials Index, a new tool that measures change over time in the cost of essentials, increased by an average of 3.4% annually nationwide over the past decade, while the official rate of inflation was 1.8%.
- Worker vulnerability is increasing, while wages stagnate in ALICE jobs. By 2018, a near-record-low number of people were reported to be unemployed. However, that low unemployment concealed three trends that expose ALICE workers to greater risk: growth in the number of low-wage jobs; minimal increases in wages; and more fluctuations in job hours, schedules, and benefits that make it harder to budget and plan. These trends were clear in 2018: A high number of Virginia workers — 47% — were paid by the hour, and 53% of the state's jobs paid less than \$20 per hour.
- ALICE households have increased over time as a result of rising costs and stagnant wages. There are almost three times as many ALICE households as there are households in poverty. The FPL, with its minimal and uniform national estimate of the cost of living, far underestimates the number of households that cannot afford to live and work in the modern economy. In Virginia, the percentage of households that were ALICE rose from 20% in 2007 to 29% in 2018. By contrast, those in poverty remained at around 10% throughout the period.

In 2020, ALICE report showed the following updated statistics for WMC's community:

- Clarke County reported 41 percent of its total households (5,639) were considered at the ALICE or poverty levels.
- Frederick County reported 36 percent of its total households (30,973) were either ALICE or poverty levels.
- Page County reported 48 percent of its total households (9,338) were either ALICE or poverty levels,
- Rappahannock County reported 35 percent of its total households (2,976) were either ALICE or poverty levels.
- Shenandoah County reported 40 percent of its total households (17,315) were either ALICE or poverty levels.
- Warren County reported 33 percent of its total (14,379) were either ALICE or poverty levels.

- Winchester City reported 54 percent of its total households (10,554) were either ALICE or poverty levels.

United Way COVID-19 IMPACT SURVEY, 2020

From October 19 to November 7, 2020, over 2,000 people living in the Shenandoah Valley region of Virginia responded to a survey about how their households have been impacted by the COVID-19 pandemic since March 1, 2020. The region includes Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren counties, and the cities of Harrisonburg and Winchester. The survey was conducted by the United Ways of Front Royal-Warren County, Harrisonburg, and Rockingham County, and Northern Shenandoah Valley, with local collaborators including Blue Ridge Community College and Lord Fairfax Community College (now Laurel Ridge Community College), and in partnership with United For ALICE, a center of innovation, research, and action around financial hardship.

- Of the 2,415 people who opened the survey link, 1,843 submitted valid surveys (all surveys taken by people who live outside of the region were excluded). Respondents are broken down by demographic groups below. Demographic questions were asked about the respondent themselves, although for other questions they were asked to respond on behalf of their household.
- Respondents below the ALICE Threshold were significantly more likely than respondents above the ALICE Threshold to say they were concerned about child care (54% vs. 45%), paying housing costs (54% vs. 13%), providing enough food for the household (45% vs. 7%), paying off debts (38% vs. 18%), reduction of hours/wages (35% vs. 20%), non-COVID-19 medical issues (30% vs. 22%), or loss of job(s) (28% vs. 15%).
- Respondents below the ALICE Threshold were significantly more likely than respondents above the ALICE Threshold to say their biggest concern was paying housing costs (26% vs. 4%), having enough food for the household (6% vs. 1%), or paying off debt (5% vs. 2%).
- Respondents in rural areas were significantly more likely than respondents in urban areas to say that their biggest concern was providing enough food for the household, although these percentages were relatively small (4% vs. 2%).
- Respondents below the ALICE threshold were significantly more likely than respondents above the ALICE threshold to say someone in their household lost a job during the pandemic (23% vs. 7%), was temporarily laid off (18% vs. 10%), or changed jobs (14% vs. 9%). They were also significantly more likely to say someone in their household had income from unemployment insurance or another government program (9% vs. 2%), and significantly less likely to say someone in their household had income from investments (4% vs. 19%). And although both groups had a high percentage of respondents with household income from one or more jobs, households below the ALICE Threshold were significantly less likely to report having this type of income (83% vs. 90%).
- For workers in both hourly paid and salary jobs, respondents in rural areas were significantly more likely to report that one or more household members were continuing to work on-site, and respondents in urban areas were significantly more likely to report

that one or more household members were working remotely. Among salaried workers, respondents in urban areas were significantly more likely to report that one or more household members lost health insurance, although the numbers were small for both urban and rural groups (2% vs. 1%).

People Incorporated, 2020 Community Needs Assessment

People Incorporated's Northern Shenandoah Valley region includes the counties of Clarke, Frederick, Page, Shenandoah, and Warren. While geographically close, these counties differ in population, rurality, and diversity.

Key findings relevant to this CHNA include:

- **Affordable Housing** – As housing costs continue to rise in the Washington, D.C., metro area, families are beginning to relocate to the NSV region, placing greater demands on the housing market. Every stakeholder group surveyed overwhelmingly identified housing as the single greatest need in their community. Focus group participants noted that existing affordable housing is low quality.
- **Substance Abuse and Mental Health Services** – As rates of overdose and drug abuse increase, NSV stakeholders are concerned with the availability and cost of mental health and substance abuse services for residents. The region has the fewest mental health providers per resident of any of People Incorporated's regions at 1,816 residents per provider. Current services are overwhelmed, and issues like a minimal transportation system make it difficult for those in need to access treatment.
- **Living Wage Jobs** – Partners, staff, and community members all identified more and better paying jobs as a great need in the region. A living wage for a family of four in the region would be \$16.77 for two, full-time adults. The retail and food service jobs occupied by many low-income persons do not pay near this wage. Manufacturing remains the largest industry in the NSV with 20% of total employment.
- Since 2010, Frederick, Shenandoah, and Warren counties have seen growth. On the other hand, the more rural counties of Page and Clarke have maintained their small populations²².
- All of the Northern Shenandoah Valley localities are predominantly white, with Clarke having the most racial diversity and Page the least. Similarly, each region has a different ethnic makeup. Frederick has the largest proportion of Hispanic residents, and Page has the least.
- The age distribution also shows a different demographic in each county. Frederick County is the youngest with a median age of 40.6 years, while Clarke is the oldest at 46.6 years. Shenandoah and Page are more evenly distributed across age groups, but all counties in the Northern Shenandoah Valley have a significant population of baby boomers, much like the Northern Piedmont and Southwest Virginia regions of the People Inc. service area.
- Low-income persons often remain stuck in low-wage positions and need to work multiple jobs to make ends meet for their families. The table below displays the average "living wage" needed to pay for necessities in each county. A living wage is based on the income needed to afford minimum basic needs including food, childcare, health insurance,

²² People Incorporated. (2020). Population Trend by County FY 2020

housing, transportation, and other necessities without budgeting for things that many Americans enjoy like entertainment, meals at restaurants, or vacation.

- Over 19,500 people in the Northern Shenandoah Valley region are living in poverty, with about 5,700 of them being children.
- Eleven percent of community survey respondents in the NSV said they did not have reliable transportation. Reliable transportation is crucial to maintaining stable employment, but also affects the ability to attend regular medical appointments.
- Thirty-three percent of survey respondents in the NSV region affirmed that they had chosen between paying for housing and paying for other basic needs in the past year. When housing costs are too high, families must make the difficult choice of which needs are most important and what needs won't be met that month.
- Low-income individuals also move residences at a higher rate than their higher income counterparts. In the Northern Shenandoah Valley, like most of the People Incorporated service area, individuals living below the federal poverty level are almost twice as likely to have moved in the past year as those living above the FPL.
- While the point-in-time count does capture a portion of households who do not have permanent housing, it misses individuals and families that might be staying with friends until they can afford a deposit on their place or those who are living in week to week hotel rooms. Fourteen percent of NP respondents to the community member survey had shared housing with another household to avoid being homeless in the past year.

Winchester Social Services Virginia, 2021

The Winchester Department of Social Services completed its “Winchester Department of Social Services FY21 Annual Report”²³ to discuss the community’s priorities and performance. The department uses its own secondary data as well as other publicly available data, including the U.S. Census.

Key findings relevant to this CHNA include:

- Supplemental Nutrition Assistance Program (SNAP) – Supplements the food budgets of low-income households to help assure people in need a nutritionally adequate diet. Eligibility is determined by financial need and household size. The number of applications for the Supplemental Nutrition Assistance Program (SNAP) program decreased slightly from 2020 to 2021. Applications received in 2020 for SNAP benefits was 1,695 compared to 1,571 in 2021. The number of recipients increased from 4,649 in 2020 to 4,801 in 2021. Total issued SNAP benefits for 2021 was \$7.7 million.
- Temporary Assistance for Needy Families (TANF) – Provides time-limited financial assistance and employment-related services to enable families with children to become self-supporting and promotes economic independence through participation in the VA Initiative for Employment and work (VIEW) program. There was an increase from 2020 to 2021. Applications received in 2020 for TANF benefits was 254 compared to 277 in 2021. Total 2021 funding issued to families was \$286,000.

²³ Frederick Department of Social Services. (2021). Winchester Department of Social Services FY 2021

- Child Care Services – Provides funding to enhance the quality, affordability, and supply of child care available to families. Child care programs are child-centered, family-focused services that support the family goals and economic self-sufficiency and child development by providing substitute parental protection, guidance, and early childhood education. Child care assistance decreased from 2020 to 2021 from \$439,938 to \$379,128.
- Applications for energy assistance, including fuel assistance, crisis assistance, and cooling assistance, increased from \$191,286 in 2020 to \$204,527 in 2021.

Frederick County Social Services Virginia, 2021

The Frederick Department of Social Services completed its “Frederick Department of Social Services FY21 Annual Report”²⁴ to discuss the community’s priorities and performance. The department uses its own secondary data as well as other publicly available data, including the U.S. Census.

Key findings relevant to this CHNA include:

- The number of applications for Medicaid, SNAP and TANF benefits for Frederick County families increased from 16,654 in 2020 to 17,869 in 2021.
- The money issued for SNAP benefits increased from \$7,420,731 in 2020 to \$11,934,496 in 2021. While SNAP applications were up slightly from SFY 2020, the amount of money issued per household increased markedly from the previous year. This was because each recipient received the maximum allotment available as every effort was made to ensure food security across the Commonwealth.
- Frederick County Department of Social Services continued to serve more residents than in previous years, increasing from 16,654 in SFY 2020 to 17,869 in SFY 2021. Nearly \$134 million dollars in benefits and services were provided to residents of Frederick County during this period. Of this total amount, only 4% was local money – the rest were federal and state dollars.

Blue Ridge Habitat for Humanity, Community Impact Report, 2020-2021

The Blue Ridge Habitat for Humanity (BRHFH) completed a 2020-2021 Community Impact Report.²⁵ BRHFH’s goal is to increase capacity to serve more individuals in the region and significantly impact the housing deficit in the communities it serves. BRHFH’s service area has expanded to include Clarke, Frederick and Shenandoah counties, and Winchester City.

Key findings relevant to this CHNA include:

²⁴ Frederick Department of Social Services. (2021). Winchester Department of Social Services FY 2021

²⁵ Habitat for Humanity. (2021). *2021 Community Impact Report*, Retrieved 2022 from: [Impact : Who We Are : Blue Ridge Habitat for Humanity](#)

- Our impact: 25 jobs supported in the Shenandoah Valley (Clarke, Frederick, Shenandoah, and Winchester City), creating \$1,573,346 in wages to the local economy.
- For every dollar invested by Habitat for Humanity, \$1.70 is injected into the economy.

PRIMARY DATA ASSESSMENT

Community input (primary data) was gathered through the design and administration of a community health survey and through key informant interviews. This section summarizes findings from the process.

Community Survey Findings

From WMH's community, 534 residents had completed the community health survey.

WMH's survey of community health consisted of questions about a range of health status and access issues, as well as respondent demographic characteristics. The survey was made available from November 2021 – April 2022 on Valley Health's web site and was widely publicized at the Community Wellness Festival, Laurel Ridge Community College, and at the Mexican Consulate event on the Our Health, Inc. campus.

It was also available via e-mail distribution lists, computer kiosks throughout the region, partner organizations, mass mailing, newsletters, social media, and websites. The questionnaire was available in English and Spanish, and paper copies were available on request.

1. Respondent Characteristics

Of the 534 surveys from WMH's community:

Almost 86.4 percent of the English respondents were female, and 26.8 percent of the English respondents were between the ages of 55 and 65. Sixty-four percent were white, and 1.3 percent identified as Hispanic or Latino. The majority of respondents reported being in good or very good overall health, married (65.4 percent), and having an undergraduate degree or higher (62.1 percent). The majority (98 percent) of respondents speak English in the home.

Exhibits 46 through 54 summarizes responses from residents of the WMH's community.

Exhibit 46: Survey Respondents by County, 2022

County/City	Number of Respondents	Percent of Respondents
PSA	133	24.9%
Warren, VA	133	24.9%
SSA	401	75.1%
Page, VA	63	11.8%
Rappahannock, VA	218	40.8%
Shenandoah, VA	120	22.5%
Totals:	534	100.0%

Source: Valley Health Community Survey, 2022.

From the WMH community, the highest percentage of respondents was from Rappahannock County. Residents from the Secondary Service Areas (SSA) accounted for 75.1 percent of the total surveys collected. (**Exhibit 50**).

Exhibit 50B: Spanish Survey Respondents by County/City, 2022

County/City	Number of Respondents	Percent of
PSA	37	92.5%
Frederick, VA	14	35.0%
Page, VA	1	2.5%
Shenandoah, VA	2	5.0%
Winchester City, VA	20	50.0%
SSA	3	7.5%
Berkeley, WV	1	2.5%
Jefferson, WV	2	5.0%
Totals:	40	100.0%

Source: Valley Health Community Survey, 2022.

The total number of Spanish surveys received was 40 (**Exhibit 50B**).

Exhibit 47: Characteristics of Survey Respondents, 2022

English Survey (Warren Memorial Hospital Community)	Number of Respondents	Percent of Respondents
Ethnicity		
Hispanic/Latino	5	1.3%
Not Hispanic/Latino	391	98.7%
Race		
White	374	94.4%
Black or African American	10	2.5%
Asian	0	0.0%
Two or more races	9	2.3%
American Indian/Alaskan Native	3	0.8%
Language		
English	388	98.0%
Spanish	3	0.8%
Other	5	1.3%
Sex		
Female	342	86.4%
Male	54	13.6%
Annual Household Income		
\$15,000 - \$24,999	30	7.6%
\$25,000 - \$34,999	32	8.1%
\$35,000 - \$49,999	47	11.9%
\$50,000 - \$74,999	81	20.5%
\$75,000 - \$99,999	55	13.9%
Less than \$15,000	19	4.8%
Over \$100,000	132	33.3%
Age Category		
15-24	6	1.5%
25-34	38	9.6%
35-44	49	12.4%
45-54	60	15.2%
55-64	106	26.8%
65-74	97	24.5%
75+	40	10.1%
Education		
College degree or higher	246	62.1%
Did not complete high school	6	1.5%
High school diploma or GED	49	12.4%
Some college	92	23.2%
Other	3	0.8%

Marital Status		0.0%
Co-habiting	16	4.0%
Divorced	40	10.1%
Married	259	65.4%
Not married/single	44	11.1%
Widowed	37	9.3%

Source: Valley Health Community Survey, 2022

The highest percentage of English-speaking respondents were aged 45-55 and 55-64. Approximately 10.1 percent of total respondents were 75+ years old (**Exhibit 47**).

Access Issues

Exhibit 48: Locations Where Respondents Received Routine Healthcare

Response	Response Count
Traditional medical office (MD, APN, PA)	378
Urgent care facility or store-based walk-in clinic	2
Free or low-cost clinic or health center	1
Local Health Department clinic	1
Provider of alternative medicine	3
Hospital emergency room	2
No routine medical care received	7
Other (please specify)	2

Source: Valley Health Community Survey, 2022.

Survey question 7 asked about access to care and where patients choose to go for routine care. Majority of the survey respondents stated that they went to a traditional medical office for routine care (**Exhibit 48**).

Exhibit 49: Respondent Ability to Receive Needed Care, by Type of Care

Response	Always	N/A	Never	Rarely	Sometimes
Basic medical care	337	1	1	5	52
Dental care	310	13	6	22	45
Mental health care	119	138	19	49	71
Medical specialty care (cardiology, neurology, etc.)	215	56	9	26	90
Medicine and medical supplies	298	17	4	5	72
Pregnancy care	337	1	1	5	52
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	318	12	2	10	54

Source: Valley Health Community Survey, 2022.

Exhibit 49 suggests that most survey respondents indicated that they “always” had the ability to access needed care. Basic medical, dental care, mental health, access to proper medicines, routine screenings, and pregnancy care were identified for WMH’s community.

Exhibit 50: Access Barriers to Receiving Needed Care, by Service Type

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of trust in medical providers	No Insurance	Transportation	N/A / Other
Basic medical care	9	27	8	8	5	3	68
Dental care	29	11	3	1	17	1	75
Mental health care	24	54	6	11	4	1	116
Medical specialty care	15	41	7	16	4	4	81
Medicine and medical supplies	31	5	7	2	4	~	87
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	16	16	7	7	6	1	75

Source: Valley Health Community Survey, 2022.

Basic medical care, dental care, mental health care, and access to proper medicines were the most frequently identified barriers.

Exhibit 50 summarizes reasons why respondents have been unable to access these services. Cost and lack of insurance were the most frequently identified access barriers. (Respondents also identified they were unable to get appointments and hours were not convenient for basic medical care). Among those choosing “other,” most responses cited either cost or a lack of need for services as the reason they did not access care.

Exhibit 51: Respondents

How do you pay for healthcare?

Response	Response Count	Response Percent
Cash (no insurance)	24	6.1%
Medicaid	22	5.6%
Medicare	52	13.1%
Other (please specify)	8	2.0%
Private health insurance (for example: Anthem, Blue Cross, HMO)	284	71.7%
Veterans' Administration	6	1.5%
Totals	396	100.0%

Source: Valley Health Community Survey, 2022.

Exhibit 51 shows that 71.7 percent of survey respondents have private health insurance coverage and 13.1 percent have Medicare coverage. Those without health insurance were much more likely to use free or low-cost clinics and health centers or hospital emergency rooms for routine healthcare.

Health Issues

Exhibit 52: Survey Respondents

Which of the following do you believe are the three most important factors for a healthy community?

Issue	Count	Percent Responded
Jobs and stable economy	153	38.6%
Safe place to raise children	112	28.3%
Healthy behaviors and lifestyles	66	16.7%
Parks/recreation facilities	16	4.0%
Clean environment	15	3.8%
Religious/spiritual values	11	2.8%
Affordable housing	7	1.8%
Low level of child abuse	7	1.8%
Low crime/safe neighborhoods	6	1.5%
Low adult death/disease rates	1	0.3%
Arts and cultural events	1	0.3%
Access to health care (e.g., family doctor)	1	0.3%
Total	396	100.0%

Source: Valley Health System, 2022

Over 83 percent of respondents indicated jobs and a stable economy, safe place to raise children, and healthy behaviors were among the most important factors for a healthy community. Parks/recreation facilities, clean environment, and religious/spiritual values were identified by over 10 percent of respondents as among the most important factors (**Exhibit 52**).

Exhibit 53: English Survey Respondents

Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)?

Issue	Count	Percent Responded
Being overweight	127	32.1%
Affordable housing	70	17.7%
Access to healthy food	53	13.4%
Low income/financial issues	40	10.1%
Cancer	29	7.3%
Mental health (depression, bipolar, autism)	16	4.0%
Diabetes	12	3.0%
Alzheimer's or dementia	10	2.5%
Homelessness	9	2.3%
Childhood obesity	7	1.8%
Dental health	6	1.5%
Heart disease	5	1.3%
Not enough exercise	3	0.8%
Poor dietary choices	3	0.8%
Asthma	3	0.8%
High blood pressure	2	0.5%
Motor vehicle crash injuries	1	0.3%
Total	396	100.0%

Source: Valley Health System, 2022

Over 49 percent of respondents indicated being overweight and affordable housing were among the most significant health problems in the community. Access to healthy foods, low income/financial issues, cancer, mental health, and diabetes were identified by over 37 percent of respondents as among the most significant health problems (**Exhibit 53**).

Health Behaviors

Exhibit 54: English Survey Respondents

Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors, which have the greatest impact on overall community health).

Issue	Count	Percent Responded
Alcohol abuse	176	44.4%
Drug abuse	152	38.4%
Dropping out of school	22	5.6%
Not getting recommended vaccines	21	5.3%
Lack of exercise	18	4.5%
Poor eating habits	2	0.5%
Not using birth control	2	0.5%
Tobacco use/smoking	1	0.3%
Racism or other form of bigotry	1	0.3%
COVID-19 pandemic	1	0.3%
Total	396	100.0%

Source: Valley Health System, 2022.

Over 82 percent of respondents indicated alcohol and drug abuse were among the most significant health problems in the community. Dropping out of school, not getting recommended vaccines, and lack of exercise were identified by over 15 percent of respondents as among the most significant health problems (**Exhibit 54**).

Summary of Key Stakeholder Interview Findings, 2019

Valley Health and Our Health, Inc. conducted both face-to-face informant interviews and telephone interviews during the months of March and April 2019. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by WMH, including those with special knowledge of or expertise in public health.

Fifty-six individual and group interviews were conducted, including: persons with special knowledge of or expertise in public health; health and other public departments or agencies with data or information relevant to the health needs of the community; and leaders, representatives and members of medically underserved, low-income, and minority populations, and of populations with chronic disease needs; and representatives of the education and business communities. An annotated list of individuals providing community input is included in the following section of this report.

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

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

The following issues were identified by external informants as those of greatest concern to the community health in the WMH community, and are presented in alphabetical order.

Access to Health Care

While mental health care and elderly care were mentioned previously, interviewees identified several other health care services that were difficult to access. Respondents identified adding extended hours, additional specialists to include pediatricians, and low-cost health care options for screenings and other services.

- 1. Dental care.** A community resident's ability to receive proper dental care was a concern for many of those interviewed. Some community residents are traveling to West Virginia to receive services. Interviewees believed that a lack of dental insurance and affordability were the main causes for residents leaving the community for services.
- 2. Primary care.** Interviewees mentioned that primary care services can be difficult to access in the community, especially for underserved communities. This concern was magnified by a belief that many community residents used the emergency room as a primary care provider. Cost of care, lack of insurance, and navigating through the health care system were cited as causes of not accessing care.
- 3. Specialty care providers.** Interviewees had mentioned a lack of specialty care services in the community, especially for children needing cancer or mental health services.

Factors Contributing to Health Status and Access to Care

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe most contribute to poor health status. Responses were similar to the 2016 Community Health Needs Assessment reports. An alphabetical list of the major contributing factors raised, some of them inter-related, are below:

1. **Access to health care (physicians/specialists):** Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.
2. **Affordable Housing/Assisted Living:** Interview participants frequently mentioned the need for affordable housing across the WMH community and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively impact health status.
3. **Domestic abuse:** Domestic violence is defined by a variety of social, behavioral, and legal ways. The simplest definition is that it is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another. Within the WMH community, interview participants mentioned that domestic violence is an issue and it is growing worse.
4. **Drug and substance abuse:** An array of substance abuse issues were identified across the WMH community as important to those interviewed. Substance abuse was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that pregnant women who use illicit drugs and possibly compromise the health of their babies are still of significant importance to the WMH community.
5. **Education/Awareness:** Several interviewees mentioned that education and awareness about services were barriers to care. Factors linked generally to educational attainment and specifically to health education were noted by interview participants as impeding both the ability to effectively seek and manage health care, and to adopt and practice healthy behaviors. Many noted that the community is not aware of services available to them, and that finding services is not easily managed. It was also mentioned that those coming out of prison have limited access to resources.
6. **Eldercare and Support:** Several interviewees mentioned that eldercare and support were barriers for some to obtain care. Factors linked generally to mental well-being and transportation access for appointments. Many noted that the elderly population may not have a support mechanism in place from family or friends.
7. **Financial insecurities and poverty:** It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.
8. **Homelessness:** Homelessness is a risk factor for poor health and creates stress and challenges to maintaining one's health and seeking or obtaining needed health care. Homelessness was frequently mentioned among the interviewees, and also noted that in order to have housing, basic needs would need to be met such as employment, food, and shelter.
9. **Lack of physical activity and exercise:** Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise was mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.

- 10. Mental and behavioral health:** Mental and behavioral health was the second most frequently mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen, while mental health service capacity has not. They described a wide range of mental health issues, including bullying among youth, autism spectrum symptoms and diagnoses, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities, especially for children. Interviewees also noted frequent dual diagnoses of mental health and substance abuse problems, and that having an inpatient detox center/unit would be beneficial to the community.
- 11. Obstetric Services:** Obstetric services within WMH's community was mentioned as a concern since Valley Health's decision to close obstetric services at Warren Memorial Hospital.
- 12. Poor nutrition and diet:** Among healthy behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, and chronic diseases. Interview participants mentioned these were due to a lack of access to affordable healthy foods for lower income families. It was mentioned some residents do not have a stable food source.
- 13. Smoking and tobacco:** Smoking and tobacco use was frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant issue, although average smoking rates have declined, the long-lasting health effect has now become notably worse since the launch of vapor cigarettes (e-cigarettes), and juuls.

- 14. Transportation:** Several interviewees identified the lack of transportation options in the community as a problem. In some rural locations, the lack of transportation options was seen as a major barrier for residents to receive proper health care. This problem was identified as a particular need among low-income and elderly residents.
- 15. Unhealthy lifestyles:** Many interviewees identified unhealthy lifestyle behaviors around nutrition and lack of activity leads to poor health was reported as concerns. Diabetes, heart disease, and obesity were mentioned often across the WMH community.

Individuals Providing Community Input

The CHNA took into account input from many people who represent the broad interests of the community served by the hospital. This was done via interviews with over 200+ individuals and six community response sessions that included 20 participants. These 200+ stakeholders included public health experts; individuals from health or other departments and agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other individuals representing the broad interests of the community (**Exhibits 63-66**).

1. Public Health Experts

Individuals interviewed with special knowledge of, or expertise in, public health, some of whom also participated in a community response session, include those in **Exhibit 64**:

Exhibit 63: Public Health Experts

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Leea Shirley	Public Health Nurse Supervisor	Virginia Department of Health Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Terrence Reidy	Health Officer	Jefferson County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Eileen Johnson	Staff	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Response
Tamitha Wilkins	Local Health Administrator	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Sandria Glascock	Local Health Administrator	Grant County Health Department	Expertise in the public health needs of Hampshire County residents	Interview

2. Health or Other Departments or Agencies

Several interviewees were from departments or agencies with current data or other information relevant to the health needs of the community (**Exhibit 64**). This list excludes the public health experts identified in **Exhibit 63**, who also meet this criterion.

Exhibit 64: Individuals from Health or Other Departments or Agencies

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Amanda Palmer	Acting Executive Director	Shenandoah County Free Clinic	Special knowledge regarding health needs of indigent population in community	Interview
Andrea Cosans	Executive Director	CCAP	Special knowledge of socioeconomic needs of the community to include housing	Both
April McClain-Clover	Director	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Allena Kovak	Director of Nursing	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Bartley Hoffman	Director, Surgical Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Brandon Jennings	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of the indigent populations in the community	Interview
Brenda Atkins	Manager	Warren Memorial Hospital	Special knowledge regarding health needs of the Warren County	Response
Bonnie Zampino	Center Manager	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Candi Middleton	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Interview
Chris Guynn	Operations Manager	Valley Medical Transport	Special knowledge of patient transport and needs for Hampshire, Mineral, Grant, and Morgan Counties	Interview
Christina Parsons	Director Emergency Department	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Courtney Miller	Wellness Services	Valley Health	Special knowledge regarding nutrition and wellness	Both
Dannette Keeler	Rehab	Page Memorial Hospital	Special knowledge of patient rehabilitation	Response

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Dawn Clark	Associate Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Dawn Devine	Executive Director	Shenandoah Valley Discovery Museum	Special knowledge in child development and learning	Interview
Doug Anderson	Retired Veteran	Health and Human Services Collaborative	Special knowledge regarding health needs of indigent populations in the community for Berkeley and Jefferson Counties	Both
Dr. Cyril Barch	Retired Physician	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Frederick County	Both
Dr. David Blount	Warren County Resident	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Warren County	Interview
Dr. David Klierer	Vice President Medical Affairs	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview
Dr. Jeff Feit	VP, Population Health, Valley Health, Chief Operating Officer, Valley Physician Enterprises	Valley Health	Population Health	Interview
Dr. Robert Meltvedt	VP, Medical Affairs, Warren Memorial Hospital	Warren Memorial Hospital	Warren County	Interview
Dr. William Major	Physician	Retired	Winchester, Frederick County	Interview
Elesia VanBuren	Director of Mental Health	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Emily Burner	Senior Development Director	Valley Health Foundations		Response
Glendora Rockwell	340B Analyst	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
George Donovan, Jr.	Adult & Dislocated Worker Career Coach	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Heather Sigel	Vice President, War Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Jackie Blaylock	Patient Access Manager	Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Page County	Interview
James Stewart	CEO	Grafton	Special knowledge regarding patients with mental health issues	Interview
Jeff Stern	Director of Community Engagement	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Response
Jennifer Allen	Development and Data Coordinator	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jennifer Hall	Senior Director of Community Investment	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jessica Watson	Director CDRC & WRC	Winchester Medical Center Chronic Disease Resource Center	Special knowledge regarding health needs of indigent patients	Interview
Karen Newell	Executive Director	Good Samaritan Free Clinic	Special knowledge regarding health needs of the indigent populations in the community for Berkeley County	Interview
Katie Vance	Executive Director	AIDS Response Effort	Special knowledge regarding health needs of community population	Response
Katrina McClure	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Both
Kaycee Childress	President, CEO	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Kent Houchins	COO Community Based Services	Grafton	Special knowledge regarding patients with mental health issues	Interview
Kim Ack	Case Manager	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Kyla Sine	Director Rehab Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of patients in Shenandoah County	Response
LaDawn See	Performance Improvement Specialist	Hampshire Memorial Hospital	Special knowledge regarding health needs of population in community for Hampshire, Hardy, and Mineral	Interview

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Lauren Sterling	Community	Telemon Organization Housing Coalition	Special knowledge of socioeconomic needs of the community to include housing	Interview
Linda Gibson	Assistant Director	Frederick County Dept. of Social Services	Special knowledge regarding health needs of indigent patients	Response
Margaret Cogswell	President	Hospice of the Panhandle	Special knowledge of home care in the Eastern Panhandle	Interview
Mark Nantz	President and Chief Executive Officer	Valley Health	Special knowledge of health needs of populations	Interview
Maria Lorenson	Development Director	Hospice of the Panhandle	Special knowledge end-of-life care	Interview
Mary Presley	Physical Therapy	Warren Memorial Hospital	Warren County	Interview
Mary Sas	VP Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both
Megan Parsons	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Hampshire, Hardy, and Mineral Counties	Interview
Nancy Rose	Community	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Response
Natalie Cline	Marketing and Events Assistant	Berkeley County Chamber	Berkeley County	Interview
Nicole Foster	President	Front Royal Chamber of Commerce	Warren County	Interview
Philip Graybeal	Chief Financial Officer	Chief Financial Officer at Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Portia Brown	Director of Quality and Regulatory Affairs	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Both
Randy Jacobs	Director of Administration	Shenandoah Community Health Center	Special knowledge regarding health needs of the Berkeley, and Jefferson County populations	Response
Sandy Lewis	HIM Supervisor	Hampshire / War Memorial Hospitals	Special knowledge regarding health needs of the Hampshire and Page County populations	Interview

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Samantha Barber	Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Scott Zeiter	Business Development	Grafton	Special knowledge regarding patients with mental health issues	Interview
Shane Hinkle	Case Manager	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Both
Shawn Carrico	Director of Finance	Valley Health	Special knowledge regarding health needs of indigent populations in the community.	Interview
Grady (Skip) Philips	SVP, Valley Health Acute Care Hospitals, President, Winchester Medical Center	Valley Health System	Special knowledge regarding health needs of indigent populations in the community	Interview
Stacy Shultz	Clinical Staff	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Both
Tammy Gasper	VP, Shenandoah Memorial Hospital; Southern Region Medical Staff Services & Clinical Program Development	Shenandoah Memorial Hospital	Shenandoah County	Both
Tana Jones	Captain of Support Services	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration	Interview
Tara Broschart		Horizon Goodwill	Special knowledge of socioeconomic needs of the community to include housing	Interview
Tom Kluge	VHS SVP Critical Access Hospitals and President War Memorial Hospital, Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of indigent patients	Both
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview
Travis Clark	VP, Operations, Valley Health Southern Region	Valley Health	Special knowledge regarding health needs of Page, Shenandoah, and Warren County populations	Both
Trina Cox	Director	Hampshire Wellness	Special knowledge regarding wellness services	Both

Exhibit 64: Individuals from Health or Other Departments or Agencies (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vanessa Lane	COO Information Systems	Grafton	Special knowledge regarding patients with mental health issues	Interview
Vicki Culbreth	Development Coordinator	Winchester Rescue Mission	Special knowledge of socioeconomic needs of the community to include housing	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Interview

3. Community Leaders and Representatives

The following individuals were interviewed because they are leaders or representatives of medically underserved, low-income, and/or minority populations (**Exhibit 65**). This list excludes the public health experts identified in **Exhibit 63 and 64**.

Exhibit 65: Community Leaders and Representatives

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Allen Sibert	TOVRC	Winchester City Sheriff's Office	Law Enforcement	Interview
Allison	Community Representative	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Alton Echols	Community Resident	Housing Coalition	Special knowledge of housing needs of the community	Interview
Amanda Behan	Lieutenant	Winchester Police Department	Law Enforcement	Interview
Benjamin Dolewski	Medical Practice Manager	Page Rural Health Center	Special knowledge regarding health needs of the indigent populations in the community	Both
Beth Ogle	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Bill Dudley	Foundation Chair	PMH Foundation	Community	Response
Blake Curtis	Sr. Vice President	First Bank	Financial Industry	Interview
Brandon Thomas	Executive Director	Winchester Rescue Mission	Special knowledge regarding health needs of the homeless populations in the community	Response
Brandon Truman	Education and PI Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Bernadine Dykes	Associate Dean & Professor of Management	Shenandoah University School of Business	Special knowledge of Higher Education	Interview
Carolyn Knowles	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Carter Knapp	Community	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Cathy Weaver	Member, Community Advisory Committee	Community	Page County Community	Interview
Chief James Bonzano	Fire and Rescue Chief	Warren County Fire and Rescue	Special knowledge in safety and rescue	Interview
Christa Shifflett	Executive Director	Warren County Coalition	Warren County	Response Session
Cynthia Schneider	President/CEO	Top of Virginia Regional Chamber	Special knowledge of socioeconomic needs of the community to include housing	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Daniel Comer	Lead Coordinator of Student Safety	Berkeley County Public Schools	Education & school safety	Interviews
Danielle Cullers	Dept. of Veterans Services	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
DeAnna Cheatham	Director	Warren County Social Services	Warren County	Interview
Delores Gehr	Director of Patient Care Services – CNO	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Diane Kerns	Chair, Community Advisory Committee	Community	Winchester Community	Interview
Diane Pence	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Dick Masincup	Foundation Member	PMH Foundation	Community	Response
Dominick Halse	Executive Director/Manager	NAMI-Winchester	Special knowledge of mental health services	Interview
Dr. David T. Sovine	Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Jim Angelo	Assistant Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Donna Michel	Internal Medicine	Winchester Medical Center	Walk with the Doc Winchester and Frederick County	Interview
Dr. Jason Van Heukelum	Superintendent	Winchester City Schools	Special knowledge in education	Interview
Dr. Len Burdick	Music Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Dr. Mark Johnston	Superintendent	Shenandoah County Public Schools	Special knowledge in education	Interview
Dr. Peter Chickovich	President	Blue Ridge Technical College	Special knowledge in higher education	Interview
Dr. Shannon Grimsley	Superintendent	Rappahannock County Public Schools	Special knowledge in education	Interview
Dr. Wendy Gonzalez	Superintendent	Page County Public Schools	Special knowledge in education	Interview
Erich May	Superintendent	Morgan County Public Schools	Special knowledge in education	Interview
Erin Kalbach	Fitness Manager	Valley Health	Special knowledge in Fitness	Response

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Ethel Showman	Member, Community Advisory Committee	Community	Shenandoah County Community	Interview
Gwen Borders-Walker	Community	Winchester Area NAACP	Special knowledge of socioeconomic needs of the community to include housing	Interview
Faith Power	Executive Director	The Laurel Center	Special knowledge of domestic and sexual violence Clarke, Frederick, Warren	Interview
Harry Smith	Sr. Market President	United Bank	Special knowledge of financial services	Interview
Heidi David-Young	Shenandoah Valley Lutheran Ministries	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Jason Aikens	Manager	Aikens Group	Property Management Winchester, Frederick, Clarke and Warren	Interview
Jennifer Coello	VP, Operations and Administrator, Warren Memorial Hospital	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Jeanie Alexander	Vice President of Human Resources	Shockey Companies	General Contracting and real-estate Management Company – Winchester, Frederick	Interview
Jenna Barsotti	Recovery Program Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Jennifer Rydholm	Executive Director of Human Resources	Frederick County Public Schools	Special knowledge in education	Interview
Karen Whetzel	Community	Community Advisory Committee	Shenandoah County	Both
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Jim Belson	Plant Manager	Axalta Coating Systems	Warren County	Interview
JoAnne Winschel	Social Worker	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
Johnny Craig	Executive Director	TEENS, Inc.	Special knowledge of Adolescents	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
John Piper	Chief of Police	Winchester Police Department	Law Enforcement	Interview
John Van Wyck	Director of Student Services & Federal Programs	Page County Public Schools	Special knowledge in education	Interview
Judy Frans		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Caspersen	Just Because, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Poff	Executive Director	Virginia Tech Extension	Special knowledge in education	Interview
Katie Furneisen	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Keith Cross	Lead Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Keith Nixon	Officer/Drug Court	Winchester Police Department	Law Enforcement, Drug Court	Interview
Kelly Rice	Deputy Chief	Winchester Police Department	Law Enforcement	Interview
Kerry L. "Kahle" Magalis, II	Chief of Police	Front Royal	Law Enforcement	Interview
Kim Blosser	President	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Kim Herbstritt	Executive Director	Blue Ridge Habitat for Humanity	Special knowledge for housing needs	Both
L. Gregory Drescher	Superintendent	Warren County Public Schools	Special knowledge in education	Interview
Lana Westfall		Congresswoman Wexton's Office	Special knowledge of housing needs of the community	Interview
Lauren Cummings	Executive Director	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lauren McCauley	Therapist/Case Manager	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lori Cockrell	Councilman	The Town of Front Royal Virginia	Warren County	Response
Lynn McKee	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Manuel Ferradas	Seniors First - Shenandoah Area on Aging	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Major General Henry M. Hobgood, USAG, Ret.	Community	VH Corporate Board	Warren County	Both
Maria Bowman	Director Health Initiatives	Blue Ridge Food Bank	Special knowledge of socioeconomic needs of populations	Interview
Margaret Goodyear	Community	Tuesday's Table	St. Luke's Community Clinic	Interview
Marla Boulter	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Megan Bly	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Melissa Miller	Human Society of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Michael Funk	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Mike Ackerman	Sergeant/ CRT	Winchester Police Department	Law Enforcement	Interview
Nancy Craun	Community	Encore Elite Partners	Expertise in food insecurity	Interview
Paul Cleveland		Winchester Police Department	Law Enforcement	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Patty Fadeley	Blue Ridge Hospice	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Penny Porter	CEO	United Way of Eastern Panhandle	Special knowledge of socioeconomic needs of the community for Berkeley, Jefferson and Morgan Counties	Interview
Pete Duncanson	Children's Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Robyn Miller	Executive Director	WATTS	Special knowledge of the homeless population	Interview
Sabrina Shirkey		Response, Inc.	Special knowledge of socioeconomic needs of the community	Interview
Sarah Huff	Youth Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Scott Arthur	Commercial Marketing Executive	Atlantic Union Bank	Special knowledge of financial services	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Scott Carlson		SV Workforce Development	Special knowledge of socioeconomic needs of the community	Interview
Scott Mallery	Executive Director	Aging & Family Services	Special knowledge regarding senior populations	Interview
Sharon Baroncelli	President/CEO	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sharen Gromling	Executive Director	Our Health, Inc.	Special knowledge regarding health needs of the indigent populations in the community.	Both
Sharon Hetland	Director Adult Education	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Sheila Orndorff	Shenandoah County Chamber of Commerce	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sherry Arey	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sonia M. Conrad	LPN Office Intake Specialist	Home Health	Special knowledge regarding home health care	Interview
Stephanie George	Manager	Navy Federal	Special knowledge regarding wellness clinics	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Stephen Slaughter	President and Owner	Frederick Block, Brick & Stone	Frederick County	Interview
Steven Hicks	Town Official	Town of Front Royal Virginia	Warren County	Response
Sue Perkins		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Susan Brooks	Sr. Vice President	Navy Federal	Financial Institution	Interview
Tracey Fitzsimmons	President	Shenandoah University	Special knowledge of higher education	Interview
Tiffany Cadoree	Drug Court Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Thomas Powell	Caroline Furnace Lutheran Camp and Retreat Center, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tom Fowl	CFLC	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tina Combs	President and Chief Executive Officer	Berkeley County Chamber	Berkeley County	Interview
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview

Exhibit 65: Community Leaders and Representatives (continued)

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Victoria Johnson	Marketing Liaison	Home Health	Special knowledge regarding home health care	Interview
Walter Mabe	BOS Shenandoah District	County of Warren	Warren County	Response

4. Persons Representing the Broad Interests of the Community

Exhibit 66: Other Interviewees Representing the Broad Interests of the Community

Name	Title	Affiliation or Organization	Interview or Response Session
Cheryl Hamilton	CEO & President	Blue Ridge Hospice	Interview
Sue Valentine	Executive Director	Dementia Matters	Both
Ellie Wilson	Executive Director	Dementia Matters	Response
Kelly Story	Associate Director	Family Promise of Shenandoah County	Interview
Sherry Arey	Executive Director	Family Promise of Shenandoah County	Interview
Robin Cardillo	Director	Foundation of the State Arboretum	Interview
Robert Shickle	Community Resident	Frederick County	Interview
Sara Schoonover-Martin	Executive Director	Healthy Families	Interview
Maddie Shah	JMU Student	Healthy Families – Page	Interview
Mandy Duley	Supervisor	Healthy Families – Page	Interview
Mikaela Jones	JMU Student	Healthy Families – Page	Interview
Yvonne Frazier	Program Manager	Healthy Families	Interview
Mercedes de la Cruz	Staff	Hospice of the Panhandle	Response
Andy Gail	Executive Director	Literacy Volunteers	Response
Mary Falu	Administrative Secretary	Our Health	Interview
Sharen Gromling	Executive Director	Our Health	Interview
Carla Taylor	PT Grant Writer	Our Health	Interview
Diane Shipe	Board Member	Our Health	Interview
Sue Killian	Board Member	Our Health	Response
Abby Zimmerman	Manager	Valley Assistance Network	Interview
Paul Rush	Manager, VAN South – Woodstock	Valley Assistance Network	Interview
Traci Toth	Executive Director	Wheels for Wellness	Both
Ann Lamanna	Board Member	Wheels for Wellness	Response
Robert Fitz	Community Resident	Westminster Canterbury	Interview
Bruce Jackson	Community Resident	Westminster Canterbury	Interview
Kay Jones	Community Resident	Westminster Canterbury	Interview
Buddy Lloyd	Community Resident	Westminster Canterbury	Interview
Lynn Marthinuss	Community Resident	Westminster Canterbury	Interview
Katherine Perry	Community Resident	Westminster Canterbury	Interview
Cathie Russell	Community Resident	Westminster Canterbury	Interview
Jane Sweeney	Community Resident	Westminster Canterbury	Interview
Sylvia Wilson	Community Resident	Westminster Canterbury	Interview
William Young	Community Resident	Westminster Canterbury	Interview
Niki Wilson	Foundation and Marketing Director	Westminster Canterbury	Interview

Exhibit 66: Top of Virginia Regional Chamber CLP Representatives, 2022

Name	Affiliation or Organization	Interview or Response Session
Marcus Adhikusuma	Integrity Home Mortgage	Response Session
Sandra Bosley	Preservation of Historic Winchester	Response Session
Tiffany Cadoree	Amazon	Response Session
Oscar Cerrito-Mendoza	Aids Response Effort, Inc.	Response Session
Vicki Culbreth	Winchester Rescue Mission	Response Session
Michael Daddario	Frederick County Public Schools	Response Session
Jill Edlich	Ravenwood Foundation	Response Session
Kylie Feiring	Bowman Library	Response Session
Jasmine Frye	Valley Health & WMC	Response Session
Rebecca Gibson	Shenandoah University	Response Session
Rebecca Horton	Ingenium BCS, Inc.	Response Session
Will Lawrence	Edward Jones Investments	Response Session
Christina Lawson	Rappahannock Electric Cooperative	Response Session
Kelly Menk	Valley Health	Response Session
Amanda Neff	Integrus Holdings - Fortessa	Response Session
Jonathan Reimer	F&M Bank	Response Session
Ben Savory	Repeatable DJ	Response Session
Nancy Sawle	Navy Federal Credit Union WOC	Response Session
Kevin Sheppard	Valley Health & WMC	Response Session
Sara Sims Valentine	Winchester Medical Center Foundation	Response Session
Carly Stoliker	NW Works, Inc.	Response Session
Christy Taggart	Wells Fargo Bank – Old Town Winc	Response Session
Seth Thatcher	Commissioner of Revenue – Frederick County	Response Session
Janet Tully	H.N. Funkhouser & Co / Handy Mart	Response Session

Exhibit 66: Other Interviewees Representing the Broad Interests of the Community (continued)

Name	Title	Affiliation or Organization	Interview or Response Session
Michael Starling	TOVRC	Randolph-Macon Academy	Interview
Michael Wade	TOVRC	Valley Health	Interview
Nadine Pottinga	UWNSV	United Way	Both
Niki Wilson	Director of Development, Valley Health Foundation	Non-Profit Council of Shenandoah County	Interview
Nikki Morelli	AbbaCare	Berkeley, WV, Clarke, Frederick, Warren, and the City of Winchester	Response Session
Oscar Cerrito Mendoza	A.R.E.	United Way Housing Coalition	Interview
Pamela Lam-Allen	TOVRC	Shenandoah Valley Discovery Museum	Interview
Pat Bowers	Volunteer	WMC Auxiliary	Interview
Patrick Barker	Frederick County EDA	United Way Housing Coalition	Interview
Patty Fadeley	Blue Ridge Hospice	Non-Profit Council of Shenandoah County	Interview
Pete Fravel	TOVRC	Habitat for Humanity	Interview
Rebekah Dehaven	Community Representative	NAACP	Interview
Rebekah Schennum	Shenandoah Valley Lutheran Ministries	Non-Profit Council of Shenandoah County	Interview
Richard Kennedy	TOVRC	Top of VA Regional Chamber	Interview
Robin Stevens	Services Coordinator	Choices, Page County	Response Session
Robert Hitchcock	Volunteer	WMC Auxiliary	Interview
Rodney Culbreath	Director, I'm Just Me Movement	NAACP	Interview
Rhonda VanDyke	TOVRC	Shenandoah University	Interview
Sarah Downs	Lord Fairfax Outreach	Non-Profit Council of Shenandoah County	Interview
Scott Terndrup	Coordinator	Shenandoah Area on Aging	Interview
Sherry Avery	Family Promise of Shenandoah County	Non-Profit Council of Shenandoah County	Interview
Sherry Ritenour	Thrivent Financial	Non-Profit Council of Shenandoah County	Interview
Shontya Washington	TOVRC	Frederick County Public Schools	Interview
Sue Dietz	Musterworks Chorus	Non-Profit Council of Shenandoah County	Interview
Tara Helsley	Community Representative	NAACP	Interview
Teri Merrill	Community Representative	NAACP	Interview
Thea Thomas	President	NAACP	Interview
Tim Youmans	Planning Director	Winchester City Planning Department	Interview
Traci Toth	Executive Director	Faith in Action	Interview
Tyson Gilpin	Community Representative	NAACP	Interview
Rev. Dave Cunsolo	Lead Pastor	Victory Church	Interview
Veronica Olko	Brian Injury Connections of Shenandoah Valley	Non-Profit Council of Shenandoah County	Interview
Vickie Davies	Executive Director	St. Luke Community Clinic	Interview
Vivian Walker	Community Representative	NAACP/ Non-Profit Council of Shenandoah County	Interview
Zanata Fenn	A.R.E.	United Way Housing Coalition	Interview

Appendix A – Community Interviews and Survey

Area Community Health Survey (English and Spanish)



2022 Community Health Survey

Please take a few minutes to complete the survey below. The purpose of the survey is to get your opinions about community health needs in Valley Health System's service area. The survey results and other information will be used to identify the most pressing concerns that can be addressed through community action. If you have previously completed the 2022 Community Health Survey, please disregard this request.

Remember, your opinion is important! If you have any questions, please contact us at the address provided at the end of the survey. Thank you for sharing your opinions.

1. Which of the following do you believe are the three most important factors for a healthy community? (Those factors which most improve the quality of life in a community.) Please check only three:

- | | | |
|--|---|--|
| ☐ Safe place to raise children | ☐ Healthy race relations | ☐ Low level of child abuse |
| ☐ Jobs and stable economy | ☐ Parks/recreation facilities | ☐ Healthy behaviors and lifestyles |
| ☐ Clean environment | ☐ Arts and cultural events | ☐ Low adult death/disease rates |
| ☐ Affordable housing | ☐ Religious/spiritual values | ☐ Low infant death rate |
| ☐ Low crime/safe neighborhoods | ☐ Strong family life | ☐ Other: _____ |
| ☐ Excellent schools | ☐ Access to health care (e.g., family doctor) | |

2. Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health) Please check only three:

- | | | |
|---|---|--|
| ☐ Access to healthy food | ☐ Heart disease | ☐ Respiratory/lung disease |
| ☐ Asthma | ☐ High blood pressure | ☐ Sexually transmitted diseases (STDs) |
| ☐ Alzheimer's or dementia | ☐ Homelessness | ☐ Stroke |
| ☐ Affordable housing | ☐ Low income/financial issues | ☐ Substance abuse |
| ☐ Being overweight | ☐ Mental health (depression, bipolar, autism) | ☐ Suicide |
| ☐ Cancer | ☐ Motor vehicle crash injuries | ☐ Teenage pregnancy |
| ☐ Childhood obesity | ☐ Not enough exercise | ☐ Tobacco use/smoking |
| ☐ Dental health | ☐ Poor air quality | ☐ Vaping/juuling |
| ☐ Diabetes | ☐ Poor dietary choices | ☐ Other: _____ |
| ☐ Domestic violence | | |

3. Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health) Please check only three:

- | | | |
|--|--|---|
| ☐ Alcohol abuse | ☐ Not getting recommended vaccines | ☐ Not using birth control |
| ☐ Dropping out of school | ☐ Racism or other form of bigotry | ☐ Unsafe sex |
| ☐ Drug abuse | ☐ Tobacco use/smoking | ☐ Not using seat belts/child safety seats |
| ☐ Lack of exercise | ☐ Vaping/juuling | ☐ Other: _____ |
| ☐ Poor eating habits | | |

4. How would you rate our community as a healthy community?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

5. How would you rate your own personal health?

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

6. When do you see a medical doctor or nurse?

- ☐ Routinely for annual exam, check-up, and/or preventative care
- ☐ When I and/or a family member is ill/injured/sick/not feeling well
- ☐ Regular visits directed by a medical professional for the care of chronic disease (diabetes, high blood pressure, asthma, etc.)
- ☐ Rarely
- ☐ Never

7. Where or with whom do you and your family receive routine medical care? Please select all that apply.

- ☐ Traditional medical office (MD, APN, PA)
- ☐ Urgent care facility or store-based walk-in clinic
- ☐ Free or low-cost clinic or health center
- ☐ Local Health Department clinic
- ☐ Provider of alternative medicine
- ☐ Hospital emergency room
- ☐ No routine medical care received
- ☐ Other: _____

8. Are you and all of your family members able to get needed care?

	Always	Sometimes	Rarely	Never	N/A
Basic medical care	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐
Mental health care	☐	☐	☐	☐	☐
Medical specialty care (cardiology, neurology, etc.)	☐	☐	☐	☐	☐
Medicine and medical supplies	☐	☐	☐	☐	☐
Pregnancy care	☐	☐	☐	☐	☐
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	☐	☐	☐	☐	☐

9. If you did not answer "Always" to any item in question 8, why? Please check all that apply.

	No insurance	Can't get appointment	Can't afford it too expensive	Inconvenient hours	Lack of transportation	Lack of trust in medical providers	Language barrier	Other	N/A
Basic medical care	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dental care	☐	☐	☐	☐	☐	☐	☐	☐	☐
Mental health care	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medical specialty care	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medicine and medical supplies	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pregnancy care	☐	☐	☐	☐	☐	☐	☐	☐	☐
Routine screenings	☐	☐	☐	☐	☐	☐	☐	☐	☐

If you answered "Other," please specify: _____

10. How do you pay for your health care? Please check all that apply.

- ☐ Cash (no insurance)
- ☐ Private health insurance (for example: Anthem Blue Cross, HMO)
- ☐ Medicare
- ☐ Medicaid
- ☐ Veterans Administration
- ☐ Charity care
- ☐ Other: _____

11. How many days a week do you ...

	0	1	2	3	4	5	6	7
Exercise for 30 or more minutes	☐	☐	☐	☐	☐	☐	☐	☐
Eat five or more servings of fruits and vegetables	☐	☐	☐	☐	☐	☐	☐	☐
Eat whole-grain breads, cereals or noodles	☐	☐	☐	☐	☐	☐	☐	☐
Drink more than two alcoholic drinks	☐	☐	☐	☐	☐	☐	☐	☐
Smoke one or more cigarettes	☐	☐	☐	☐	☐	☐	☐	☐
Vape or juul	☐	☐	☐	☐	☐	☐	☐	☐

General Demographic Questions: Your responses will be kept confidential and will not be shared.

12. City: _____ Zip Code: _____

13. Age:

- ☐ 15-24 ☐ 55-64
☐ 25-34 ☐ 65-74
☐ 35-44 ☐ 75+
☐ 45-54

14. Sex: ☐ Female ☐ Male

15. Ethnic group you most identify with:

- ☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ Two or more races
☐ Other: _____

16. Marital Status

- ☐ Married
☐ Co-habiting
☐ Not married/Single
☐ Divorced
☐ Widowed

17. Education

- ☐ Did not complete high school
☐ Highest grade level completed: _____
☐ High school diploma or GED
☐ Some college
☐ College degree or higher
☐ Other

18. What is your primary source for healthcare information? Check all that apply.

- ☐ Primary care provider ☐ Newspaper
☐ Television ☐ Facebook/Instagram
☐ News Websites ☐ Other: _____
☐ Healthcare Websites _____

19. Household income

- ☐ Less than \$15,000 ☐ \$50,000 - \$74,999
☐ \$15,000 - \$24,999 ☐ \$75,000 - \$99,999
☐ \$25,000 - \$34,999 ☐ Over \$100,000
☐ \$35,000 - \$49,999

20. Employment Status

- ☐ Full time ☐ Retired
☐ Part time (one job) ☐ Unemployed
☐ Part time (2 or more jobs) ☐ Other: _____
☐ Student

21. What language do you usually speak at home?

- ☐ English
☐ Spanish
☐ Other: _____

22. How many children under 18 live in your household? ____

23. How many times a week do your children engage in physical activity (sports, outdoor play, etc.)

- ☐ Every day (7 days a week)
☐ 5-6 days a week
☐ 3-4 days a week
☐ 1-2 days a week
☐ Less than 1 day a week

24. Where/how did you receive this survey? Check one.

- ☐ Church ☐ Personal contact
☐ Community meeting ☐ Social media (Facebook)
☐ Retail store/shopping mall ☐ Workplace
☐ Mail ☐ Other: _____
☐ Newspaper

Thank you for your responses. Please return completed surveys to the address below by February 28, 2022.
If you would like more information about this community project, please contact us at 540-536-2504.

Mary Welch-Flores, Business Development Manager
Valley Health System
220 Campus Blvd, Suite 402
Winchester, VA 22601

Tómese unos minutos para completar la encuesta a continuación. El propósito de la encuesta, es conocer sus opiniones sobre las necesidades de salud de la comunidad en el área de servicio de Valley Health System. Los resultados de la encuesta y otra información se utilizarán para identificar las inquietudes más inmediatas que se pueden abordar a través de la acción comunitaria. Si ya completó la encuesta de salud comunitaria de 2022, ignore esta solicitud.

Recuerde, su opinión es importante! Si tiene alguna pregunta, comuníquese con nosotros a la dirección que se proporciona al final de la encuesta. Gracias por compartir sus opiniones.

1. ¿Cuáles de los siguientes son los tres factores más importantes para una comunidad saludable?

(Los factores que mejoran la calidad de vida en una comunidad). Marque solo tres:

- | | | |
|--|---|--|
| ☐ Un lugar seguro para criar niños | ☐ Relaciones raciales saludables | ☐ Bajo nivel de maltrato infantil |
| ☐ Trabajos y una economía estable | ☐ Parques e instalaciones recreativas | ☐ Comportamientos y estilo de vida saludables |
| ☐ Ambiente limpio | ☐ Eventos de arte y culturales | ☐ Tasa de mortalidad baja en adultos/ y enfermedades |
| ☐ Vivienda asequible | ☐ Valores religiosos/Valores y espirituales | ☐ Baja tasa de mortalidad infantil |
| ☐ Baja delincuencia / seguridad en los vecindarios | ☐ Lazos familiares fuertes | ☐ Otros: _____ |
| ☐ Excelentes escuelas | ☐ Acceso a asistencia médica (por ejemplo, médico de familia, clínica.) | |

2. ¿Cuáles de los siguientes son los tres problemas de salud más importantes en nuestra comunidad?

(Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad.) Por favor marque solo tres:

- | | | |
|---|--|--|
| ☐ Acceso a alimentos saludables | ☐ Enfermedades cardíacas | ☐ Enfermedades respiratorias/Pulmones |
| ☐ Asma | ☐ Presión alta | ☐ Enfermedades de transmisión sexual (ETS) |
| ☐ Alzheimer o demencia | ☐ Falta de vivienda | ☐ Derrame cerebral |
| ☐ Vivienda asequible | ☐ Ingresos bajos/problemas financieros | ☐ Abuso de sustancias |
| ☐ Exceso peso | ☐ Salud mental (depresión, autismo, bipolaridad) | ☐ Suicidio |
| ☐ Cáncer | ☐ Accidentes automovilísticos | ☐ Embarazos de Adolescentes |
| ☐ Obesidad infantil | ☐ No suficiente ejercicio | ☐ Tabaco/fumar |
| ☐ Salud Dental | ☐ Calidad deficiente del aire | ☐ Usa cigarrillos electrónicos o Juul |
| ☐ Diabetes | ☐ Hábitos de alimentación poco saludables | ☐ Otros: _____ |
| ☐ Violencia Doméstica | | |

3. ¿Cuáles de los siguientes son los tres comportamientos de riesgo más frecuentes en nuestra comunidad? (Aquellos conductas que tienen el mayor impacto en la salud general de la comunidad.) Marque solo tres:

- | | | |
|--|---|---|
| ☐ Abuso de alcohol | ☐ Falta de vacunas para prevenir enfermedades | ☐ No usar control de la natalidad |
| ☐ Abandono de la escuela | ☐ Racismo/otra forma de intolerancia | ☐ Sexo sin protección |
| ☐ Drogadicción | ☐ Uso de Tabaco/Fumar | ☐ No usar el cinturón de seguridad/asientos de seguridad para niños |
| ☐ Falta de ejercicio | ☐ Usar cigarrillos electrónicos o Juul | ☐ Otros: _____ |

4. ¿Cómo calificaría a nuestra comunidad, como una comunidad saludable?

- | | | | | |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------|----------------------------|
| ☐ Excelente | ☐ Muy buena | ☐ Buena | ☐ Razonable | ☐ Mala |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------|----------------------------|

5. ¿Cómo calificaría su propia salud personal?

- | | | | | |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------|----------------------------|
| ☐ Excelente | ☐ Muy buena | ☐ Buena | ☐ Razonable | ☐ Mala |
|---------------------------------|---------------------------------|-----------------------------|---------------------------------|----------------------------|

6. ¿Cuándo usted visita a un médico o enfermera?

- | |
|--|
| ☐ Rutinariamente para exámenes anuales, chequeos y / o cuidados preventivos |
| ☐ Cuando alguien de mi familia o Yo, está enfermo, herido, o no se siente bien. |
| ☐ Visitas regulares dirigidas por un profesional médico para el cuidado de enfermedades crónicas (diabetes, presión arterial alta, asma, etc.) |
| ☐ Raramente |
| ☐ Nunca |

7. ¿Dónde o con quién recibe atención médica de rutina usted y su familia? Por favor seleccione todas las respuestas válidas.

- | | |
|--|---|
| ☐ Oficina de un doctor | ☐ Proveedor de medicina alternativa. |
| ☐ Centro de atención de urgencias o clínica sin citas. | ☐ Sala de Emergencia del Hospital |
| ☐ Clínica o centro de salud gratuito o de bajo costo. | ☐ No se recibe atención médica de rutina. |
| ☐ Departamento de salud local | ☐ Otros: _____ |

8. ¿Usted y todos los miembros de su familia, pueden obtener la atención necesaria?

- | | Siempre | Aveces | Raramente | Nunca | N/D |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Cuidado médico básico | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cuidado dental | ☐ | ☐ | ☐ | ☐ | ☐ |
| Salud mental | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cuidado médico especial(cardiólogo, neurólogo, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medicina y suplementos médicos | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cuidado prenatal | ☐ | ☐ | ☐ | ☐ | ☐ |
| Exámenes de rutina (mamografías, pruebas de laboratorio, exámenes adecuados para la edad y el género) | ☐ | ☐ | ☐ | ☐ | ☐ |

9. Si no respondió "Siempre" a alguna de la pregunta 8, ¿por qué? Por favor marque todos los que apliquen.

	No seguro	No obtener una cita	Muy caro/no lo puedo pagar	Inconvenientes	Horas	Falta de transporte	Falta de confianza en los médicos	Barrera de Lengua	Otros	N/D
Atención médica básica	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cuidado dental	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cuidado de la salud mental	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Especialidad médica	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Medicina y suministros médicos	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cuidado prenatal	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Exámenes de rutina	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Si usted respondió otros, especifique: _____

10. ¿Cómo paga por su atención médica? Por favor marque todos los que apliquen.

- ☐ Efectivo (sin seguro médico) ☐ Medicaid
☐ Seguro Médico privado (por ejemplo: Anthem Blue Cross, HMO) ☐ Administración de Veteranos
☐ Medicare ☐ Cuidado caritativo
☐ Otros: _____

11. Cuántos días a la semana hace ...

	0	1	2	3	4	5	6	7
Hacer ejercicio por 30 minutos o más	☐	☐	☐	☐	☐	☐	☐	☐
Comer cinco o más porciones de frutas y verduras	☐	☐	☐	☐	☐	☐	☐	☐
Comer pan integral, cereales o fideos	☐	☐	☐	☐	☐	☐	☐	☐
Beber dos o más bebidas alcohólicas	☐	☐	☐	☐	☐	☐	☐	☐
Fuma uno o más cigarrillos	☐	☐	☐	☐	☐	☐	☐	☐
Usa cigarrillos electrónicos o juul	☐	☐	☐	☐	☐	☐	☐	☐

Preguntas demográficas generales: Sus respuestas se mantendrán confidenciales y no se compartirán.

12. Ciudad/pueblo _____ Código postal: _____

13. Edad:

- ☐ 15-24 ☐ 55-64
☐ 25-34 ☐ 65-74
☐ 35-44 ☐ 75+
☐ 45-54

14. Sexo: ☐ Femenino ☐ Masculino

15. Grupo étnico con el que se identifica más:

- ☐ Blanco
☐ Negro o africano Americano
☐ Hispano o Latino
☐ Asiático
☐ De dos o más razas
☐ Otro

16. Estado civil:

- ☐ Casado ☐ Soltero/no casado
☐ Co-habitado ☐ Divorciado
☐ Viudo

17. Educación:

- ☐ No complete la secundaria
☐ Nivel que terminó: _____
☐ Diploma de Bachillerato o GED
☐ Some college
☐ College degree or higher
☐ Otro: _____

18. ¿Cuál es su fuente principal de información médica?

- Marque todo lo que corresponda:
☐ Proveedor de atención primaria
☐ Televisión
☐ Sitios web de noticias
☐ Sitios web de atención médica
☐ Periódico
☐ Facebook/Instagram
☐ Otro: _____

19. Ingreso Familiar

- ☐ Menos de \$15,000 ☐ \$50,000 - \$74,999
☐ \$15,000 - \$24,999 ☐ \$75,000 - \$99,999
☐ \$25,000 - \$34,999 ☐ Más de \$100,000
☐ \$35,000 - \$49,999

20. Estatus de Empleo:

- ☐ Tiempo completo ☐ Jubilado
☐ Media jornada (Un trabajo) ☐ Estudiante
☐ Media jornada ☐ Desempleado
 (más de un trabajo) ☐ Otro: _____

21. ¿Qué idioma habla en casa?

- ☐ Inglés ☐ Español ☐ Otro: _____

22. ¿Cuántos niños menores de 18 años viven en su vivienda? _____

23. ¿Cuántas veces por semana sus niños participan en actividades físicas (deportes, juegos al aire libre, etc.)?

- ☐ Todos los días (7 días a la semana)
☐ 5-6 días a la semana
☐ 3-4 días a la semana
☐ 1-2 días a la semana
☐ Menos de 1 día a la semana

24. ¿Dónde o cómo recibió esta encuesta?

- ☐ Iglesia
☐ Junta Comunitaria
☐ Tienda de comestibles o centro comercial
☐ Correo
☐ Periódico
☐ Contacto Personal
☐ Medios de comunicación social (Facebook)
☐ Trabajo
☐ Otro: _____

Gracias por sus respuestas. Por favor, devuelva las encuestas completadas a la dirección a continuación antes del 28 de Febrero 2022.

Si desea obtener más información sobre este proyecto comunitario, comuníquese con nosotros a 540-536-2504.

Mary Welch-Flores, Gerente de Desarrollo de Negocios
 Valley Health System
 220 Campus Boulevard, Suite 402, Winchester, VA 22601

5. Target Population Interview Questions

Valley Health System Community Health Needs Assessment (CHNA) Interview Questions

Interviewee Name: _____

Organization: _____

Title: _____

Date and Location Held: _____

Is Interviewee a Public Health Expert (Y/N)?: _____

Interviewer will begin the interview with:

- brief background on Valley Health's CHNA process and how results will be used;
- individual responses will be aggregated and will be kept confidential;
- how interviewees will be identified in the report; and
- the interview is strictly voluntary, and by agreeing to proceed interviewee is indicating consent.

Questions:

1. **Organizational Mission/Issues, Area and Population (if relevant).** If Interviewee is employed/affiliated with an organization: what is your organization's mission/what are its services; geographical area (town or county) or population group (uninsured, racial/ethnic minority, congregation) served? If yes, please elaborate.
2. In your opinion, what are the **biggest issues or concerns** facing the people served by your organization (or populations about which you have particular knowledge)? The biggest issues or concerns in your community?
(If necessary: What are the **biggest health-related issues or concerns**?)
3. Over the past couple years, have these issues been **improving, staying the same or getting worse**? Why? How do you know? Please provide an example.
4. **Where** and for what **population groups** in the community are each of these issues most pronounced? (City/Town, County, road corridor, hospital service area, ...)

5. Please discuss the kinds of issues that people served by your organization (or population groups about which you have particular knowledge) encounter when attempting to **access health or social services** for themselves and/or their families.
 - **Where** (in what locations/areas) are these problems most pronounced?
 - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
6. Do residents leave the local community to **access** certain services? If so, which residents and for what? What services are not readily accessible locally? Why do residents need to travel for care? Where do they go for care?
7. Please discuss the principal **factors that are contributing to (driving) poor health status** among people served by your organization (or population groups about which you have particular knowledge).
 - **Where** (in what locations/areas) are these problems most pronounced?
 - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
8. What organizations (including coalitions and informal groups) are working to address these health care access and health status problems? What community assets could play a role in addressing these needs?
9. What specific initiative(s) would you recommend be implemented to address the most pressing access or health status problems in the community (or for population groups about which you have particular knowledge)?

Appendix B – Actions Taken Since The Previous CHNA (2019)

This appendix discusses community health improvement actions taken by Valley Health - Winchester Medical Center since its last CHNA reports were published, and based on the subsequently developed Implementation Strategies. The information is included in the 2019 CHNA reports to respond to final IRC 501(r) regulations, published by the IRS in December 2014.

Prioritized Health Need #1: Access to Primary, Preventive and Specialty Care

Primary, Specialty and Dental Care

Warren Memorial Hospital intends to address access to primary, specialty and dental health care by taking the following actions:

- Expand Rural Health Clinics from two to five.
- Continue provider recruitment for primary care physicians and specialty care including orthopedics, physical therapy and occupational therapy.
- Evaluate the expansion of an infusion clinic.
- Continue and enhance support for St. Luke Community Clinic for both primary and dental care. St. Luke is a nonprofit, community-based organization of volunteers and professional staff committed to providing high-quality health care services to low-income, uninsured residents of Front Royal and Warren County, VA.
- Collaborate with the County and other agencies on transportation initiatives; explore internal options for transportation.
- Continue efforts to enroll and assist individuals eligible for Medicaid, ensuring eligible patients are directed to appropriate resources for coverage.

Prioritized Health Need #2: Behavioral and Health Status Factors

Physical Activity, Obesity and Chronic Diseases

Warren Memorial Hospital intends to address physical activity, obesity and chronic disease by taking the following actions:

- Launch an education initiative with primary care physicians to improve the utilization and build capacity of the existing Diabetes Management Program [DMP]. The DMP is a fully compliant, robust diabetes management program, which has been recognized by the American Diabetes Association since 1993. The DMP provides quality education, support and resources through both individual and group sessions.
- Explore possible partnerships with the local Parks and Recreation Department for enhanced youth programs, particularly those focused on exercise and healthy lifestyles.
- Launch the Transition Program – a medically integrated program for individuals with chronic disease – at Valley Health Wellness & Fitness | Front Royal (located in the WMH Outpatient Center). The Transition Program is a structured, 8-week exercise program designed to ease the transition for patients from a clinical setting to fitness center based programming, providing individual exercise plans based on pre-assessment results and instructions from a referring healthcare provider.
- Expand the Chronic Care Management Program enrollment to 20% of eligible Medicare beneficiaries in clinics.

Prioritized Health Need #3: Mental Health and Substance Abuse

Smoking, Alcohol and Drug Abuse, and Mental Health Services

Warren Memorial Hospital intends to address mental and behavioral health by taking the following actions:

- Support the launch of and sustainability of the Crisis Intervention Team Assessment Center [CITAC]. CITAC is a licensed center designed to evaluate individuals in police custody to determine if involuntary commitment is needed for mental health treatment.
- Support and participate on the Opioid Planning Grant with the Warren Coalition. The one-year funded grant will be used to build capacity and plan programming in the rural counties of Warren, Shenandoah, and Page, including building a database on opioid usage in the region for other organizations working in the field.
- Explore options for more robust telehealth consultations services, specifically outpatient counseling services for patients.
- Expand and increase the number of Screening, Brief Intervention, and Referral to Treatment [SBIRT] referrals to counseling – SBIRT is a local, confidential, evidence based approach to connect at risk patients with community resources. The SBIRT team screens patients for substance use disorders, provides a brief intervention and referral to services as necessary, and provides follow-up with the patient. It is a model for intervening at all stages of substance use disorders from identifying the needs of the patient to connecting them to treatment.
- Launch an anti-vaping initiative focusing on schools, community events, community fairs and the medical community.

SOURCES

- Behavioral Risk Factor Surveillance Survey – BRFSS, 2020. “BRFSS Data.” Retrieved 2022, from [Behavioral Risk Factor Surveillance Survey - BRFSS \(virginia.gov\)](https://www.virginia.gov/behavioral-risk-factor-surveillance-survey-brfss)
- Centers for Disease Control, 2019. “*Gonorrhea – Reported Cases and Rates of Reported Cases by State, Ranked by States, U.S, 2019*”. Retrieved 2022, from [National Overview - Sexually Transmitted Disease Surveillance, 2019 \(cdc.gov\)](https://www.cdc.gov/std/natsurveillance/2019-national-overview-sexually-transmitted-disease-surveillance).
- Centers for Disease Control, 2019. “*Chlamydia – Reported Cases and Rates of Reported Cases by State, Ranked by States, U.S, 2019*”. Retrieved 2022, from [Table 2. Chlamydia — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2019 \(cdc.gov\)](https://www.cdc.gov/std/natsurveillance/2019-national-overview-sexually-transmitted-disease-surveillance).
- Centers for Disease Control, 2019. “*Sexually Transmitted Disease Surveillance 2019*”. Retrieved 2022, from [National Overview - Sexually Transmitted Disease Surveillance, 2019 \(cdc.gov\)](https://www.cdc.gov/std/natsurveillance/2019-national-overview-sexually-transmitted-disease-surveillance).
- Centers for Disease Control, 2019. “*Septicemia Mortality by State*” (WV & VA State Only, 2019). Retrieved 2022, from [Stats of the States - Septicemia Mortality \(cdc.gov\)](https://www.cdc.gov/nchs/data/brb/septicemia_mortality_by_state.htm)
- Commentary: Focus on People, Not Pre-Existing Conditions
<https://www.usnews.com/news/healthcare-of-tomorrow/articles/2019-06-12/commentary-focus-on-people-not-pre-existing-conditions>.
- County Health Rankings, 2022. “*Health Professional Rates per 100,000*.” Retrieved 2022, from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/clinical-care/access-to-care/primary-care-physicians>.
- Dignity Health. (n.d.), 2022. “*Community Needs Index (CNI)*”. Retrieved 2022, from <http://cni.chw-interactive.org/>.
- Economic Research Service (ERS), U.S. Department of Agriculture (USDA). (2017). *Food Access Research Atlas*. Retrieved 2019, from <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx>.
- ElationHealth, 2018. “*Health policy trends for 2018*”. Retrieved 2019, from <https://www.elationhealth.com/healthcare-innovation-policy-news-blog/trends-2018/>.
- ESRI Community Profiles for all PSA and SSA Counties. 2021. Demographic Data: *2021 Population by Age & Sex*.
- ESRI Community Profiles for all PSA and SSA Counties. 2021. Demographic Data: *2021 Uninsured Rates*.
- Federal Bureau of Investigation. (2019). *Uniform Crime Reports: Violent and Property Crime Offenses*. Retrieved 2022, from [FBI — Virginia](https://www.fbi.com/fbi/uniform-crime-reports).

Federal Bureau of Investigation. (2019). *Uniform Crime Reports: Violent and Property Crime Offenses*. Retrieved 2022, from [FBI — West Virginia](#)

Health Insurance & Health Reform Authority, 2018. “*Virginia and the ACA’s Medicaid expansion*”. Retrieved 2022, from <https://www.healthinsurance.org/virginia-medicaid/>.

Health Resources & Services Administration (HRSA), 2021. “*Federally Qualified Health Centers*.” Retrieved 2022, from [Find a Health Center \(hrsa.gov\)](#).

Health Resources & Services Administration (HRSA), 2021. “*Medically Underserved Areas*.” Retrieved 2022, from [MUA Find \(hrsa.gov\)](#).

Hud Exchange, 2021. “*2021 CoC Homeless Populations and Subpopulations Report – Virginia*.” Retrieved 2022, from [CoC_PopSub_State_VA_2021.pdf \(hudexchange.info\)](#).

Hud Exchange, 2021. “*2021 CoC Homeless Populations and Subpopulations Report – West Virginia*.” Retrieved 2022, from [CoC_PopSub_State_WV_2021.pdf \(hudexchange.info\)](#).

National Pride Survey Data (2017-2018). “*Grades 6-12 Pride Surveys National Summary*”. Retrieved July 23, 2019, from <http://www.pridesurveys.com/index.php/reports-on-student-behavior-perceptions-2/>

Office of School Nutrition Programs, Virginia Department of Education. (2018-2019). *National School Lunch Program (NSLP) Free and Reduced Price Eligibility Report*. Retrieved 2016, from <http://www.doe.virginia.gov/support/nutrition/statistics/>

Pride Surveys – International Survey Associates. (2019-2020). *National Pride Survey Results*. Retrieved 2022, from [Scalable Student Behavior & Perception Data | Pride SurveysPride Surveys](#).

Skyline High School (2021). “*Summer Feeding Program*.” Retrieved 2022, from Child Nutrition Services Department, Warren County Public Schools.

State Cancer Profiles (2020), *Cancer Mortality Rates*. Retrieved 2022, from [State Cancer Profiles > Death Rates Table](#).

State Cancer Profiles (2020), *Cancer Incidence Rates*. Retrieved 2022, from [State Cancer Profiles > Death Rates Table](#).

United Way of Northern Shenandoah Valley (2020-2023). “*Community Needs Assessment*”. Retrieved 2019, from [United Way Regional Community Needs Assessment \(unitedwaynsv.org\)](#).

United Way of Northern Shenandoah Valley (2020). “*ALICE Asset Limited, Income Constrained, Employed*”. Retrieved 2022, from <https://www.unitedwaynsv.org>.

- U.S. Census Bureau. (2020). Demographic Data: *Community Facts, Table: Selected Economic Characteristics 2021-2026 American Community Survey 5 Year Estimates*. Retrieved 2022, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table.
- U.S. Census Bureau. (2020). Demographic Data: *Poverty Level-By County and Ethnicity/Race*. Retrieved 2022, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1701&prodType=table.
- U.S. Census Bureau (2020). *American Community Survey 5-year estimates*. Retrieved from *Census Reporter Profile page for Hardy County, WV*. <http://censusreporter.org/profiles/05000US54031-hardy-county-wv/>.
- U.S. Census Bureau. (2020). Demographic Data: *Unemployment Rates*. Retrieved 2022, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table.
- U.S. Census Bureau (2020). *Language Spoken at Home (S1601)*. Retrieved 2022, from *American Community Survey for VA*. <http://censusreporter.org/profiles/05000US54031-hardy-county-wv/>.
- U.S. Census Bureau (2020). *Language Spoken at Home (S1601)*. Retrieved 2022, from *American Community Survey for WV*. <http://censusreporter.org/profiles/05000US54031-hardy-county-wv/>.
- U.S. Census Bureau. (2020). Unemployment: *Selected Economic Characteristics*. Retrieved 2022, from <https://data.census.gov/cedsci/table?t=Employment&g=0400000US51,54&tid=ACSDP5Y2018.DP03>.
- U.S. Centers for Disease Control and Prevention. (2016). *Behavioral Risk Factor Surveillance System*. Retrieved 2013, from <http://www.cdc.gov/brfss/>
- U.S. Health Resources and Services Administration. (2021). *Shortage Areas*. Retrieved 2022, from <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>.
- University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. (2022). *County Health Rankings: Mobilizing Action Toward Community Health*. Retrieved 2022, from <http://www.countyhealthrankings.org/>
- Valley Health System. (2021). Emergency Department Data., retrieved 2022, from EPIC.
- Valley Health System. (2021). Inpatient Discharge Data, Retrieved 2022, from EPIC.

Virginia Department of Health (2020), *Behavioral Risk Factor Surveillance Survey*. Retrieved 2022, from, [Statistical Reports and Tables \(virginia.gov\)](https://www.virginia.gov/statistical-reports-and-tables).

Virginia Department of Health (2020), *Breast*. Retrieved 2022, from [Statistical Reports and Tables \(virginia.gov\)](https://www.virginia.gov/statistical-reports-and-tables).

Virginia Department of Health (2020), *Lung and Bronchus Rates*. Retrieved 2022, from [Statistical Reports and Tables \(virginia.gov\)](https://www.virginia.gov/statistical-reports-and-tables).

Virginia Department of Health (2021), *VA Chlamydia & Gonorrhea Rates (Sexually Transmitted Diseases)*. Retrieved 2022, from [Data and Reports - Disease Prevention \(virginia.gov\)](https://www.virginia.gov/data-and-reports-disease-prevention).

Virginia Health Rankings (2021), *Alzheimer's (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Alzheimer's \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-alzheimers).

Virginia Health Rankings (2021), *Cancer (WV & VA States and Counties, National)*. Retrieved 2022, from <https://www.worldlifeexpectancy.com/usa/virginia-cancer>.

Virginia Health Rankings (2021), *Chronic Lung Disease (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Chronic Lung Disease \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-chronic-lung-disease).

Virginia Health Rankings (2021), *Diabetes (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Diabetes \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-diabetes)

Virginia Health Rankings, (2021), *Heart Disease (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Heart Disease \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-heart-disease).

Virginia Health Rankings, (2021), *Hypertension (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Hypertension/Renal \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-hypertension/renal).

Virginia Health Rankings (2021), *Influenza-pneumonia (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Influenza and Pneumonia \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-influenza-and-pneumonia).

Virginia Health Rankings (2021), *Liver Disease (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Liver Disease \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-liver-disease).

Virginia Health Rankings (2021), *Nephritis Kidney Disease (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Nephritis/Kidney Disease \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-nephritis/kidney-disease).

Virginia Health Rankings (2021), *Stroke (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Stroke \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-stroke).

Virginia Health Rankings (2021), *Suicide (WV & VA States and Counties, National)*. Retrieved 2022, from [Virginia Suicide \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-suicide).

Virginia Health Rankings (2021), *Unintentional Injury* (Unintentional Injury (Accidents)). Retrieved 2022, from [Virginia Accidents \(worldlifeexpectancy.com\)](https://worldlifeexpectancy.com/virginia-accidents).

Virginia Department of Health (2016). Reportable Disease Surveillance Data. Retrieved 2019, from <http://www.vdh.virginia.gov/Epidemiology/Surveillance/SurveillanceData/AnnualReports/index.htm>

Virginia Department of Health. (2017). *2017 Communicable Disease Report*. Retrieved 2019, from <http://www.vdh.virginia.gov/content/uploads/sites/89/2018/07/LFHD-2017-Annual-CD-Report.pdf>.

VA Homeless Programs, *Point in time Survey*. Retrieved 2022, from [Point-in-Time \(PIT\) Count - VA Homeless Programs](#).

Winchester Department of Social Services. (2017). Winchester Department of Social Services FY 2021 Annual Report. Retrieved 2022, from <https://www.winchesterva.gov/sites/default/files/documents/pio/2017-annual-report-web.pdf>.

¹ 1 The figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape. See the data declaration for further explanation. 2 The figures shown in this column for the offense of rape were reported using the legacy UCR definition of rape. See the data declaration for further explanation. 3 Data shown in this table do not reflect county totals but are the number of offenses reported by the sheriff's office or county police department