

A photograph of a woman with long dark hair, wearing a light-colored cardigan over a plaid shirt, holding a young child. The child is wearing a light-colored knit cardigan over a plaid shirt and is laughing joyfully. They are sitting in a field of yellow flowers, possibly a field of wildflowers, with a soft, golden light suggesting a sunny day. The background is slightly blurred, focusing attention on the subjects.

**2019 COMMUNITY
HEALTH NEEDS
ASSESSMENT**

Healthier Tomorrows

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EXECUTIVE SUMMARY

Introduction

This community health needs assessment (CHNA) was conducted by Page Memorial Hospital (PMH 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.

Moving into a replacement facility in 2014, Page Memorial Hospital has been recognized for our commitment to exceptional service and patient-focused care. As a Critical Access Hospital and provider of wide range of services, PMH is central to maintaining the health of the residents of Page County. An expanded emergency department and rehabilitation services, more efficiently coordinated outpatient services, larger inpatient rooms, and a more comfortable dining area are just a few of the enhancements that the new facility brings to the community.

The hospital is an operating unit of Valley Health System, which includes five other hospitals (Hampshire Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, Warren Memorial Hospital, and Winchester Medical Center) and that 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 with representation from Page County on December 10, 2019.

¹ Instructions for IRS form 990 Schedule H, 2018.

Methodology Summary

An already active Community Advisory Committee, augmented 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, Warren counties and the City of Winchester. Community members also included representatives from Page Memorial Hospital and across Valley Health.

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

Input from 56 group/individuals was received through 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 January 2, 2019 and March 31, 2019. The survey was translated into Spanish. A total of 2,429 completed surveys from across the region were received. Among those, 108 surveys were received from the Hispanic community.

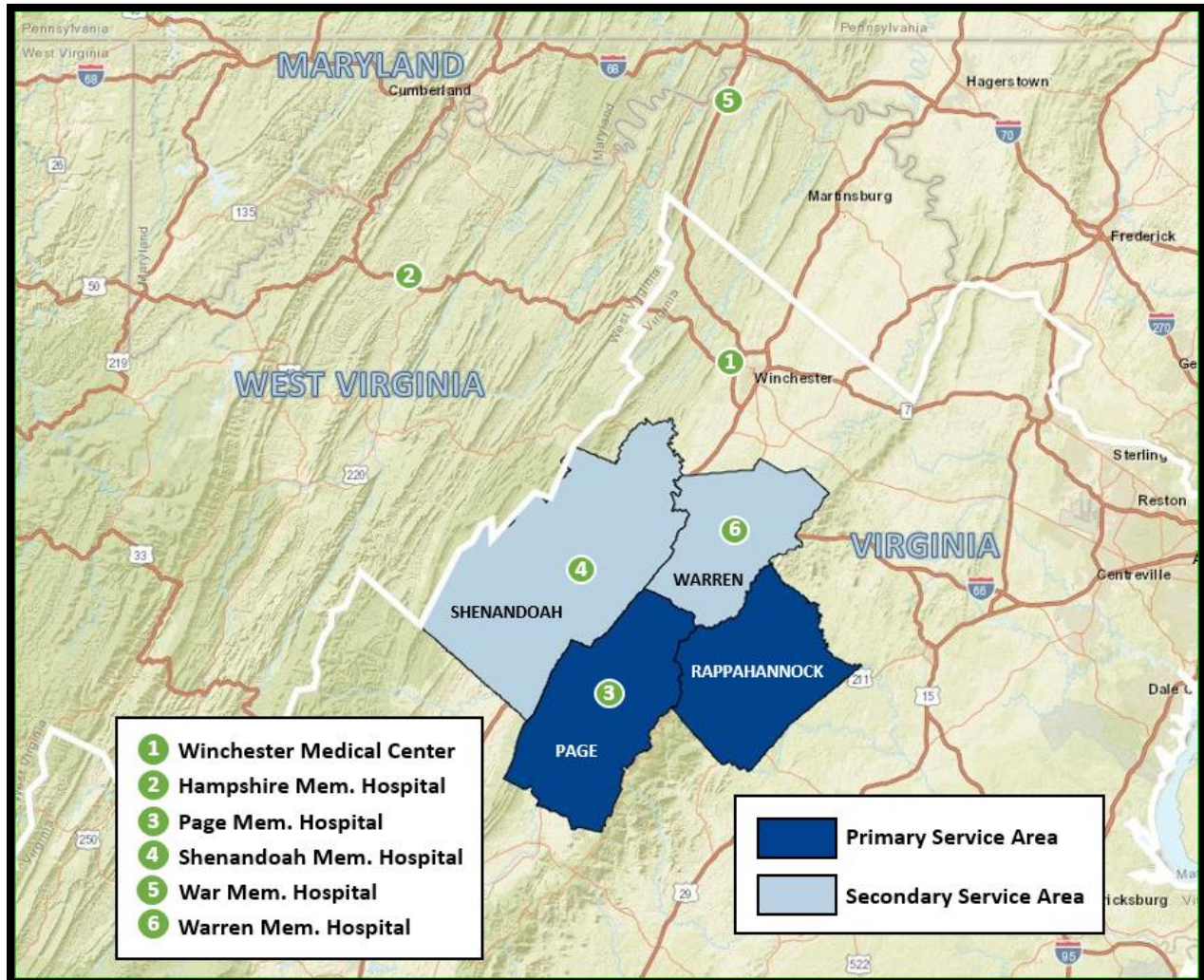
Valley Health applied a ranking methodology to help prioritize the community health needs identified, incorporating both quantitative and qualitative data throughout. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages taking into account 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 develop 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.

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

Definition of the Community



Source: ESRI 2019, Created by Planning and Business Development

Page Memorial Hospital Community by the Numbers

- Community includes 4 counties in Virginia: Page, Rappahannock, Shenandoah, and Warren
- Total population in 2015: 115,149
- Projected population change between 2018 and 2023: 2.1%
 - Population declines expected in Page, VA)
- 92.7 % of inpatient discharges originated from the community
 - 90.1% from Page County
- Demographics
 - 19.9% of population are 65+
 - 5.1% Hispanic or Latino
- Pockets of poverty and specific community health problems found to be present

Significant Community Health Needs

The CHNA identified and prioritized several 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. Behavioral and Health Status Factors
2. Access to Primary, Preventative and Specialty Care
3. Social and Economic Factors
4. Health Outcomes
5. Mental Health and Substance Abuse
6. Maternal and Child Health

To provide insight into trends, a comparison to findings from PMH's August 2016 CHNA is included with the description and key findings of each priority need.

Prioritized Health Need #1: Behavioral and Health Status Factors

Physical Activity, Obesity, and Other Chronic Diseases

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 the prevalence of being overweight/obesity and associated chronic diseases is well documented, and has negative consequences for individuals and society. Low-income and poverty often contribute to poor nutrition and to hunger.

Key Findings

- A concern for the management and prevention of chronic illnesses (diabetes, hypertension, obesity, cholesterol) was mentioned frequently in key informant interviews.
- 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 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.
- There were 55.8 percent of students reported that received free or reduced lunches during the 2018-2019 school year for Page County, and 46.1 percent of students in Warren County indicating risks of poor nutrition and hunger (**Exhibit 20**).
- 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 23B**).
- Food deserts – 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 – exists in PMH’s community; specifically 4 census tracts are identified as food deserts. These are located in Shenandoah and Warren counties. Three census tracts designated as food deserts are located in Warren County, VA, and one is designated in Shenandoah County, VA

Comparison to PMH’s 2016 CHNA: Physical activity, nutrition, and obesity-related chronic diseases was one of the top health priority areas identified in PMH’s 2016 CHNA. Participants in key informant interviews in 2016 reported obesity prevalence has gotten worse than three years ago.

Prioritized Health Need #2: Access to Primary, Preventive and Specialty Care

Primary, Specialty and Dental 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, understanding where to find services when needed, and reliable personal or public transportation.

Key Findings

- 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.
- Page and Rappahannock counties reported higher uninsured population than the state average according to the *2019 County Health Rankings* (**Exhibit 23C**).
- The PMH community reported Community Need Index scores between 3.4-4.0 for Page, Shenandoah, and Warren counties (**Exhibit 35**).
- Three of the four counties within the PMH community have been designated as medically underserved areas (**Exhibit 37**).
- The PMH 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 42**).
- The PMH community is experiencing lower ratio rates of primary care physicians, dentists, and mental health providers per 100,000 populations. Primary care provider availability is below the Virginia average in Page, Rappahannock, and Warren counties. Rappahannock and Warren counties are also below the Virginia ratio for dentists according to the 2019 County Health Ranking report (**Exhibit 23C**).
- The PMH community ranked in the bottom half of all counties in Virginia on "clinical care" in the *2019 County Health Rankings*. Page County ranked 132 out of 133 VA counties and Rappahannock ranking at 105 (**Exhibit 22B**).
- Page and Rappahannock counties have higher percentages of uninsured residents than both the Virginia and national averages (**Exhibit 17 A**).

Comparison to PMH’s 2016 CHNA: Access to health care was one of the top priority issues identified in PMH’s 2016 CHNA, for reasons including a lack of providers relative to the population, affordability and uninsured, and lack of accessible or reliable transportation.

Prioritized Health Need #3: Social and Economic Factors

Poverty, Housing & Homelessness, Low Income Families

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 and are less able 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

- Participants in key informant interviews indicated that low income, affordable housing, and poverty were the top issues believed to contribute to poor health status and access to care difficulties. Other income-related factors noted include difficulty-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 obstacles.
- Page County reported 19.6 percent of their student population did not complete high school; however, 41.9 percent had completed college (**Exhibit 12**).
- In 2018, Page and Warren counties had a higher percent of households with incomes under \$25,000 (an approximation of the federal poverty level (FPL) for a family of four) than the Virginia state average of 16.9 percent (**Exhibit 14**).
- Although unemployment rates have declined, Page and Warren counties show unemployment rates higher than the state average. The Page County unemployment rate is the highest among the counties represented at 4.6 percent (**Exhibit 16A**).

Comparison to PMH’s 2016 CHNA: Financial hardship and basic needs insecurity was one of the top health priority areas identified in PMH’s 2016 CHNA. Approximately twenty-three 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 2016.insecurity, hunger, and homelessness.

Prioritized Health Need #4: 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 to how healthy people feel while alive. It represents the well-being of a community, and reflects the importance of physical, mental, social and emotional health from birth to adulthood.

Key Findings

- Three of the four counties reported adult smoking percentages higher than the state averages. Page and Warren counties reported 17.0 percent of population were smokers, Shenandoah County showed 16 percent (**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**).
- In the PMH Community, suicide rates were higher than the state averages.
- Septicemia for Page County was reported 50-74 percent worse than the national average.
- Rappahannock and Warren counties reported unintentional injury related mortality at a higher rate than both Virginia and national averages (**Exhibit 25**).

Prioritized Health Need #5: Mental Health and Substance Abuse

Smoking, Alcohol and Drug Abuse, and Mental Health Services

Mental Health

Mental and behavioral health includes both mental health conditions (e.g., depression, bi-polar) 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 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.

Key Findings

- PMH community contains two Medically Underserved Area and/or Medically Underserved Population designations. Page and Shenandoah counties reported shortages in mental health services.
- Two of the four counties within the PMH community have been designated as medically underserved areas.
- 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.
- The major concern mentioned by key informants was the need for more providers to care for children with mental and behavioral health issues. The PMH 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 PMH's 2016 CHNA: Mental health was one of the priority issues identified in PMH's 2016 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.

Substance Abuse

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 substance abusers, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, the ability of students to learn, and the ability of families 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

- A measure of alcohol used based on excessive drinking placed Rappahannock County in the second quartile of all Virginia counties, according to 2019 *County Health Rankings* report (**Exhibit 23B**).
- Rates of adult tobacco use in all of the four counties were greater than the state's average. Smoking across PMH's community averaged 17.0 percent. Interviewees have mentioned that there has been improvement to the cigarette smoking rates within the community, however, the use of vapor cigarettes and juuls are higher in the PMH community.
- Use of vapor cigarettes among young teens was mentioned as a concern within the PMH's community.
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue.
- Substance abusers are often classified as offenders, and have limited options for seeking treatment. Interviewees mentioned that Page County was concerned with the increase of heroin and methamphetamine use.

Comparison to PMH's 2016 CHNA: Substance abuse was one of the priority issues identified in PMH's 2016 CHNA. Substance abuse was frequently mentioned as a serious issue by key informant interview participants. Focus groups identified substance abuse and mental health as the second highest health priority.

Prioritized Health Need #6: Maternal and Child Health

Teen Births, Infant Mortality, No Prenatal Care in 1st Trimester

Maternal and child health indicators, including teen pregnancy, access to prenatal care 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 27 percent (**Exhibit 23B**).
- Key informant interviews mentioned that there is a need to promote health screenings among women aged 40-50 years old.
- Limited access to prenatal care was mentioned in key informant interviews.

Comparison to August 2016 CHNA: Concerns were raised about perceptions of rising teen pregnancy, including a lowering of the ages at which some girls are becoming pregnant and lack of adequate support systems for these young women. Teen birth rates were better than the U.S. median for PMH's 2016 CHNA.

CHNA DATA AND ANALYSIS

METHODOLOGY

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 56 individual/group interviews with over 200 key informants (January-March 2019); a community health survey with 2,429 respondents; and six community response sessions (April 2016) comprised of 20 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

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

Valley Health's internal project team included:

Mark H. Merrill, president and CEO, Valley Health System

N. Travis Clark, vice president, Operations, Valley Health Southern Region; president, Shenandoah Memorial Hospital and Page Memorial Hospital

Elizabeth Savage, senior vice president/chief human resource officer; vice president, Community Health & Wellness

Chris Rucker, president, Valley Regional Enterprises; vice president, Ambulatory Services

Tracy Mitchell, VHS director, Community Health & Wellness Services

Michael Wade, operations manager, Marketing & Communications

Mary Welch-Flores, manager, Business Development.

The Community Advisory Committee (CAC) serving as the Community Health Needs Assessment Steering Committee provided insight regarding the needs of the communities participating in the 2019 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's Community Health Needs Assessment steering committee included:

Gwen Borders-Walker, vice president, NAACP (Winchester, VA)
Pastor George Bowers, faith-based community member
Linda Caley, president, WMC Auxiliary (Winchester, VA)
Travis Clark, vice president, operations, Valley Health Southern Region; president, Shenandoah Memorial Hospital and Page Memorial Hospital
Rick Gladding, former chairman, SMH Board of Trustees (Woodstock, VA)
Peg Goodyear, president, WMC Auxiliary (Front Royal, VA)
Colin M. Green, MD, MPH, health director, Lord Fairfax Health District, Virginia Department of Health
Dr. Ray Grimm, former member, WMH Board of Trustees (Front Royal, VA)
Sharen Gromling, executive director, Our Health (Winchester, VA)
Floyd Heater, vice president, Valley Health Southern Region; president, Warren Memorial Hospital
Henry (Mac) Hobgood, former chairman, WMH Board of Trustees (Front Royal, VA)
Diane Kerns, former member, WMC Board of Trustees (Winchester, VA)
Tom Kluge, president, Hampshire Memorial Hospital and War Memorial Hospital
Tom Leslie, DDS, former member, War Board of Trustees (Berkeley Springs, WV)
Tom Linski, Jr., former member, SMH Board of Trustees (New Market, VA)
David Long, former member, PMH Board of Trustees (Luray, VA)
Richard (Dick) L. Masincup, former member, PMH Board of Trustees (Luray, VA)
Mark Merrill, president and CEO, Valley Health
Tracy Mitchell, VHS director, community health & wellness services
Grady (Skip) Philips, III, senior vice president, Valley Health; president Winchester Medical Center
Nadine Pottinga, president & CEO, United Way of Northern Shenandoah Valley
Elizabeth Savage, senior vice president/chief human resource officer (CHRO) and vice president of community health & wellness
Rabbi Scott Sperling, faith-based community member
Ethel Showman, former member, SMH Board of Trustees (Front Royal, VA)
Cathy Weaver, former member, PMH Board of Trustees (Luray, VA)
Mary Welch-Flores, manager, business development
Karen Whetzel, former member, SMH Board of Trustees (Woodstock, VA)
John Willingham, former member, WMC Board of Trustees (Winchester, VA)

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 62** through **65** of this report.

Prioritization Process and Criteria

Valley Health 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 Page Memorial Hospital (PMH). The PMH community is comprised of four counties in Virginia. The hospital’s primary service area (PSA) includes Page and Rappahannock counties. The secondary service area (SSA) is composed of Shenandoah and Warren counties (**Exhibit 1**). The hospital is located in Luray, Virginia.

In 2018, the PMH community was estimated to have a population of 115,149 persons. Approximately 27.6 percent of the population resided in the primary service area (**Exhibit 1**).

Exhibit 1: Community Population by County, 2018

2018 DATA				
2018	County/City	Total Population 2018	Total Population estimates 2023	Percent Change in Population 2018-2023
PSA		31,838	31,881	0.1%
	Page County, VA	24,258	24,185	-0.3%
	Rappahannock County, VA	7,580	7,696	1.5%
SSA		83,311	85,706	2.9%
	Shenandoah County, VA	43,751	44,976	2.8%
	Warren County, VA	39,560	40,730	3.0%
Total		115,149	117,587	2.1%

Sources: Projections: ESRI Community Profiles for all PSA and SSA Counties

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

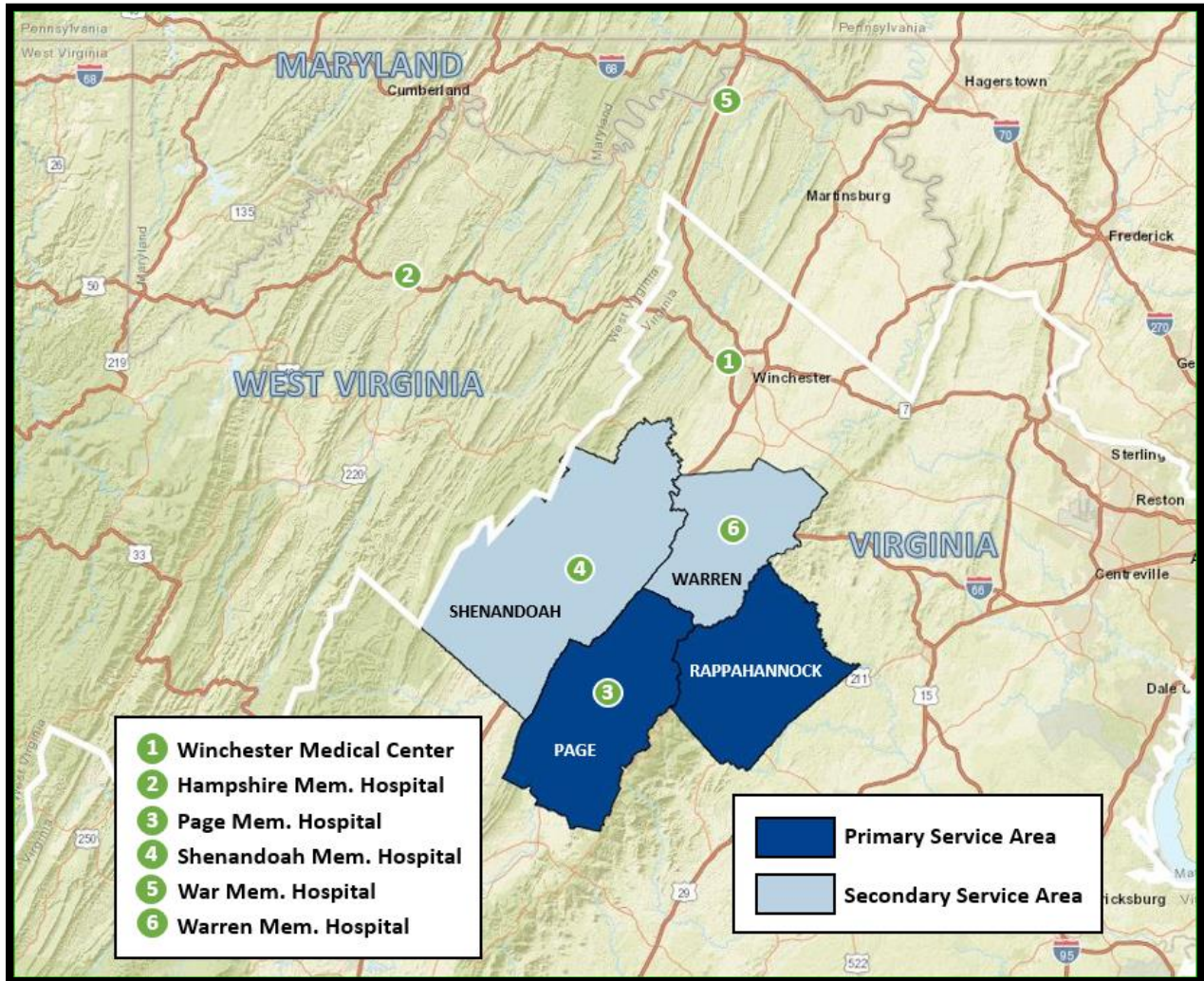
Exhibit 2: PMH Inpatient and Emergency Department Discharges, 2018

Page Memorial Hospital Patient Discharge Volumes IP and ED, 2018				
County	Number of Inpatient Discharges	Percent of total Inpatient Discharges	Number of ED Discharges	Percent of ED discharges
PSA	435	57.9%	9,503	90.6%
Page County, VA	429	57.1%	9,456	90.1%
Rappahannock County, VA	6	0.8%	47	0.4%
SSA	14	1.9%	218	2.1%
Shenandoah County, VA	4	0.5%	134	1.3%
Warren County, VA	10	1.3%	84	0.8%
PSA and SSA Total	449	59.8%	9,721	92.7%
Other areas	202	40.2%	770	7.3%
Total Discharges	751	100.0%	10,491	100.0%

Source: Valley Health, 2018

In 2018, the PMH Community collectively accounted for 59.8 percent of the hospital’s inpatients and 92.7 percent of emergency department discharges. The majority (57.1 percent) of the hospital’s inpatients originated from the Page County. Approximately, ninety percent of emergency department visits originated from Page County (**Exhibit 2**).

Exhibit 3: Page Memorial Hospital Community: Four counties comprise PMH’s primary and secondary service areas.



Source: Northern Shenandoah Valley Regional Commission

SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in PMH’s community.

Demographics

Population characteristics and change play a role in influencing the health issues of and service needed by communities. The total population in the PMH’s community is expected to grow 2.1 percent from 2018 to 2023 (**Exhibit 4**).

Exhibit 4: Percent Change in Population by County/City, 2018-2023

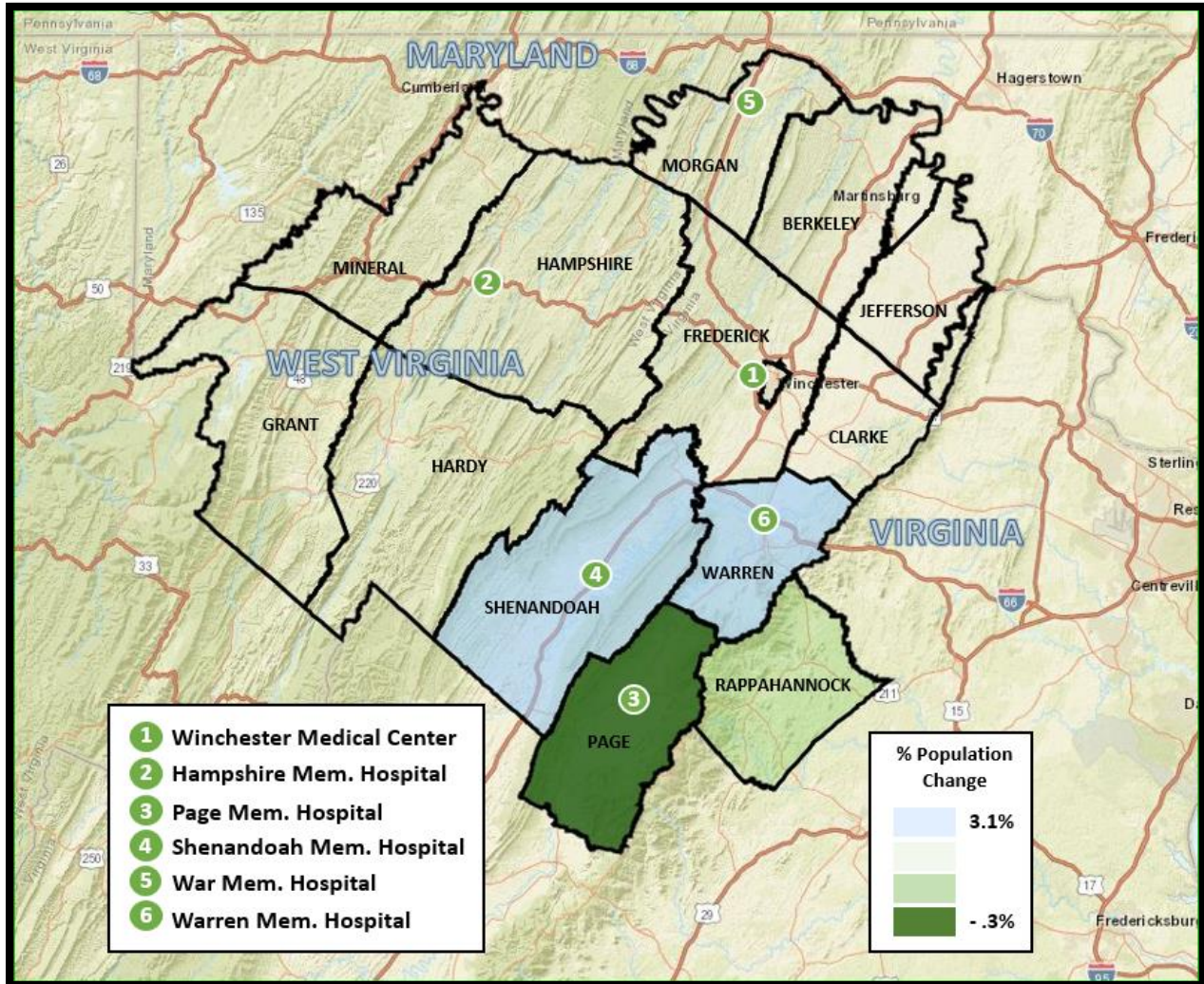
2018 DATA			
County/City	Total Population 2018	Total Population estimates 2023	Percent Change in Population 2018-2023
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Shenandoah County, VA	43,751	44,976	2.8%
Warren County, VA	39,560	40,730	3.0%
Total	115,149	117,587	2.1%

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

Overall, the population in the PMH community is expected to increase by 2.1 percent between 2018 and 2023.² Warren County has the largest projected population increase at 3.0 percent for the PMH community (**Exhibit 4**).

² ESRI Detailed Age Profiles PSA and SSA All counties

Exhibit 5: Population Change by County, 2018-2023



Source: Northern Shenandoah Valley Regional Commission

Shenandoah and Warren counties are expected to grow faster than the community as a whole at approximately 2.8, and 3.0 percent respectively, while Page County will see a decrease of 0.3 percent, and Rappahannock County is projected to grow at 1.5 percent by 2023, respectively (Exhibits 4 and 5).

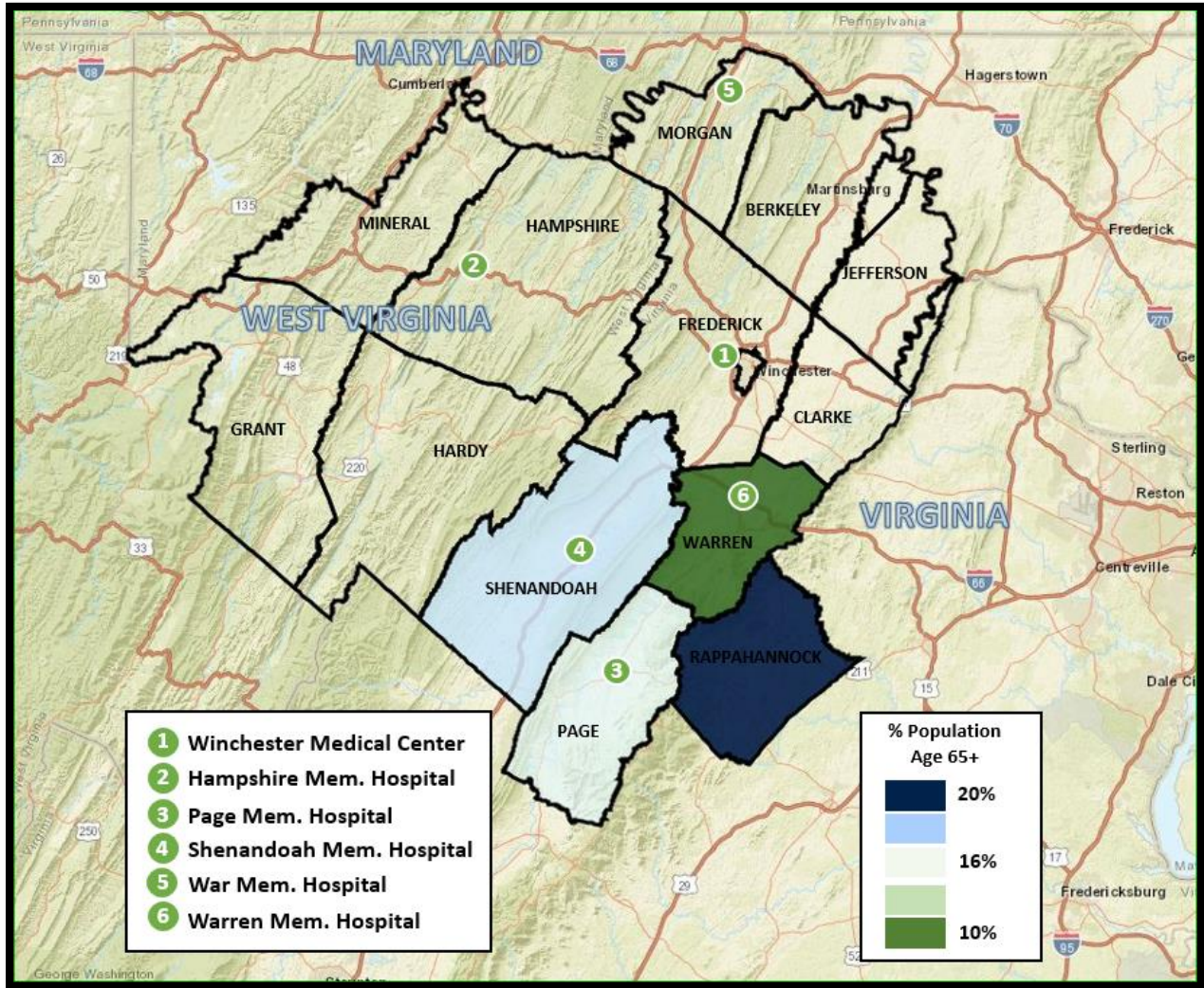
Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2018-2023

2018 DATA						
Age/Sex Total Population	Population 2014	Population 2018	% Growth 2014-2018	Population 2023	5 Year % Change 2018-2023	% total 2018 Population
Female 0-19	13,472	12,877	-4.6%	13,087	1.6%	11.2%
Male 0-19	13,442	13,190	-1.9%	13,503	2.4%	11.5%
Female 20-44	16,103	16,310	1.3%	16,233	-0.5%	14.2%
Male 20-44	16,335	16,580	1.5%	16,631	0.3%	14.4%
Female 45-64	16,607	16,655	0.3%	15,938	-4.3%	14.5%
Male 45-64	16,493	16,591	0.6%	15,918	-4.1%	14.4%
Female 65+	10,802	12,382	12.8%	14,048	13.5%	10.8%
Male 65+	8,784	10,564	16.8%	12,229	15.8%	9.2%
Total	112,038	115,149	2.7%	117,587	2.1%	100.0%

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

The number of residents in the PMH community aged newborn to 19 has declined since 2014, with males decreasing by 4.6 percent and females by 1.9 percent. The male population in the 65+-age cohort experienced a change of 16.8 percent (**Exhibit 6**).

Exhibit 7: Percent of Population Aged 65+ by County, 2018



Source: Northern Shenandoah Valley Regional Commission

At 19 percent, Rappahannock County had the highest percentage of people aged 65 and over. Warren County (12 percent) had the lowest percentage of people aged 65 and over at 6.3 percent (Exhibit 7).

Exhibit 8A: Distribution of Population by Race, 2018-2023

Race	2018 Total	2023 Total	Percent Change in Population 2018-2023	Percent of Total 2018 Population	Percent of Total 2023 Population
American Indian and Alaska Native	400	460	14.9%	0.35%	0.4%
Asian	1,103	1,362	23.6%	1.0%	1.2%
Black or African American	3,795	4,247	11.9%	3.3%	3.6%
Some other Race	2,261	2,668	18.0%	2.0%	2.3%
Two or more Races	2,567	3,078	19.9%	2.2%	2.6%
White	105,024	105,772	0.7%	91.2%	90.0%
Total	115,149	117,587	2.1%	100.0%	100.0%
Hispanic or Latino	5,897	7,022	19.1%	5.1%	6.0%
Not Hispanic or Latino	109,252	110,565	1.2%	94.9%	94.0%
Total	15,149	117,587	2.1%	100.0%	100.0%

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties

About 91.2 percent of the PMH community’s population is White. The Asian population is expected to grow 26.3 percent from 2018 to 2023. According to the ESRI Community Profiles, the Hispanic or Latino population is expected to increase 19.1 percent between 2018 and 2023 (Exhibit 8A).

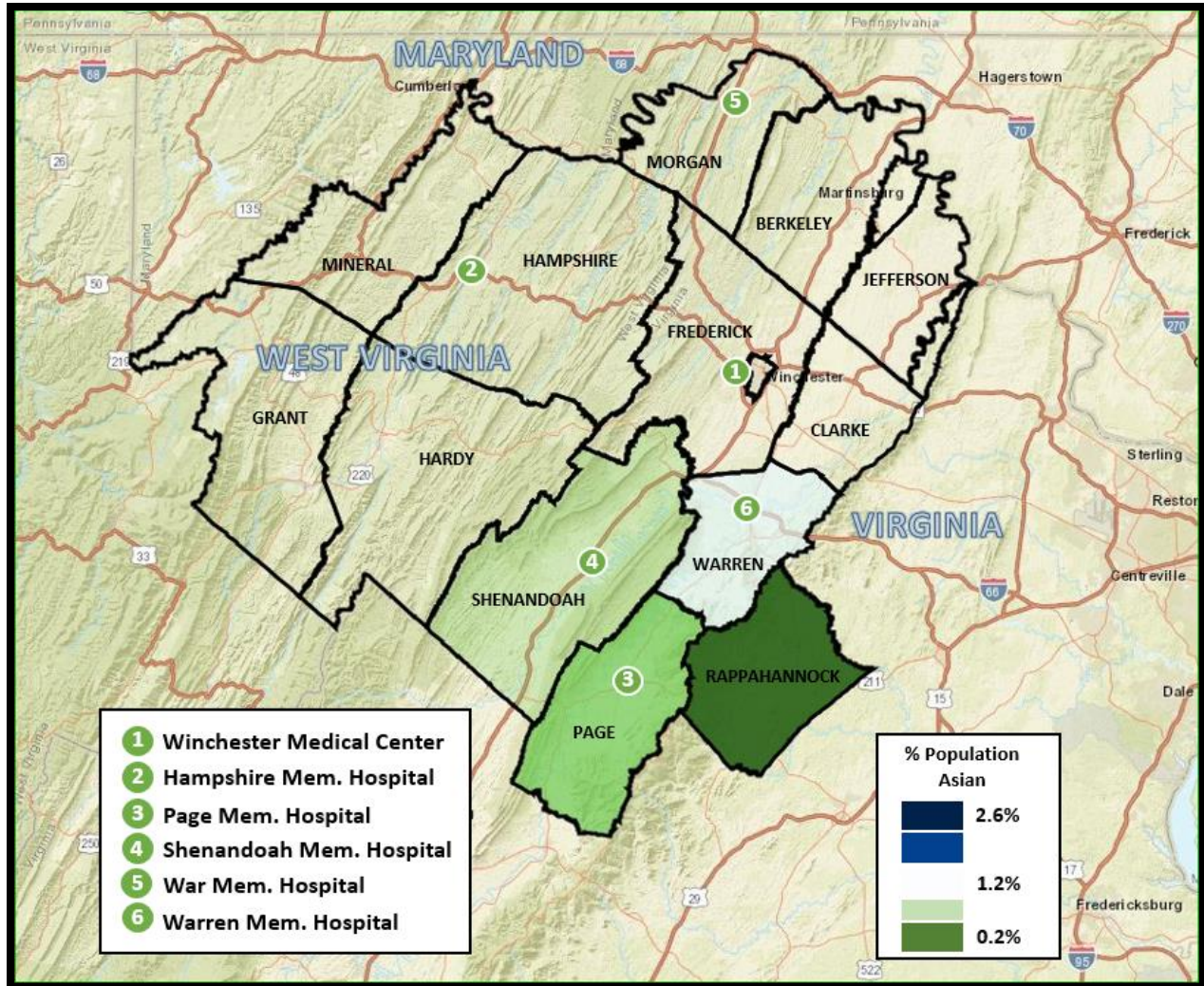
Exhibit 8B: VA Counties Distribution of Population by Race, 2018-2023

Race/Ethnicity	Page, VA		Rappahannock, VA		Shenandoah, VA		Warren, VA	
	2018	2023	2018	2023	2018	2023	2018	2023
American Indian and Alaska Native	49	48	23	31	131	177	198	204
Asian	121	121	69	92	438	538	475	611
Black or African American	461	484	341	339	1094	1429	1899	1996
Some other Race	170	169	45	54	1531	1834	514	611
Two or more Races	364	363	172	208	963	1204	1068	1303
White	23094	23000	6930	6973	39595	39794	35406	36005
Total	24,258	24,185	7,580	7,696	43,751	44,976	39,560	40,730
Hispanic or Latino	485	484	311	385	3281	3913	1820	2240
Not Hispanic or Latino	23773	23701	7269	7311	40470	41063	37740	38490
Total	24,258	24,185	7,580	7,696	43,751	44,976	39,560	40,730

Source: Projections: ESRI Community Profiles for all PSA and SSA

Exhibits 9, 10, and 11 illustrate the locations in the community where the percentage of the population that is Asian, Black, and Hispanic or Latino is highest. The percentages of Asian and Black residents are highest in Warren County. The percentage of Hispanic or Latino residents is highest in Shenandoah County

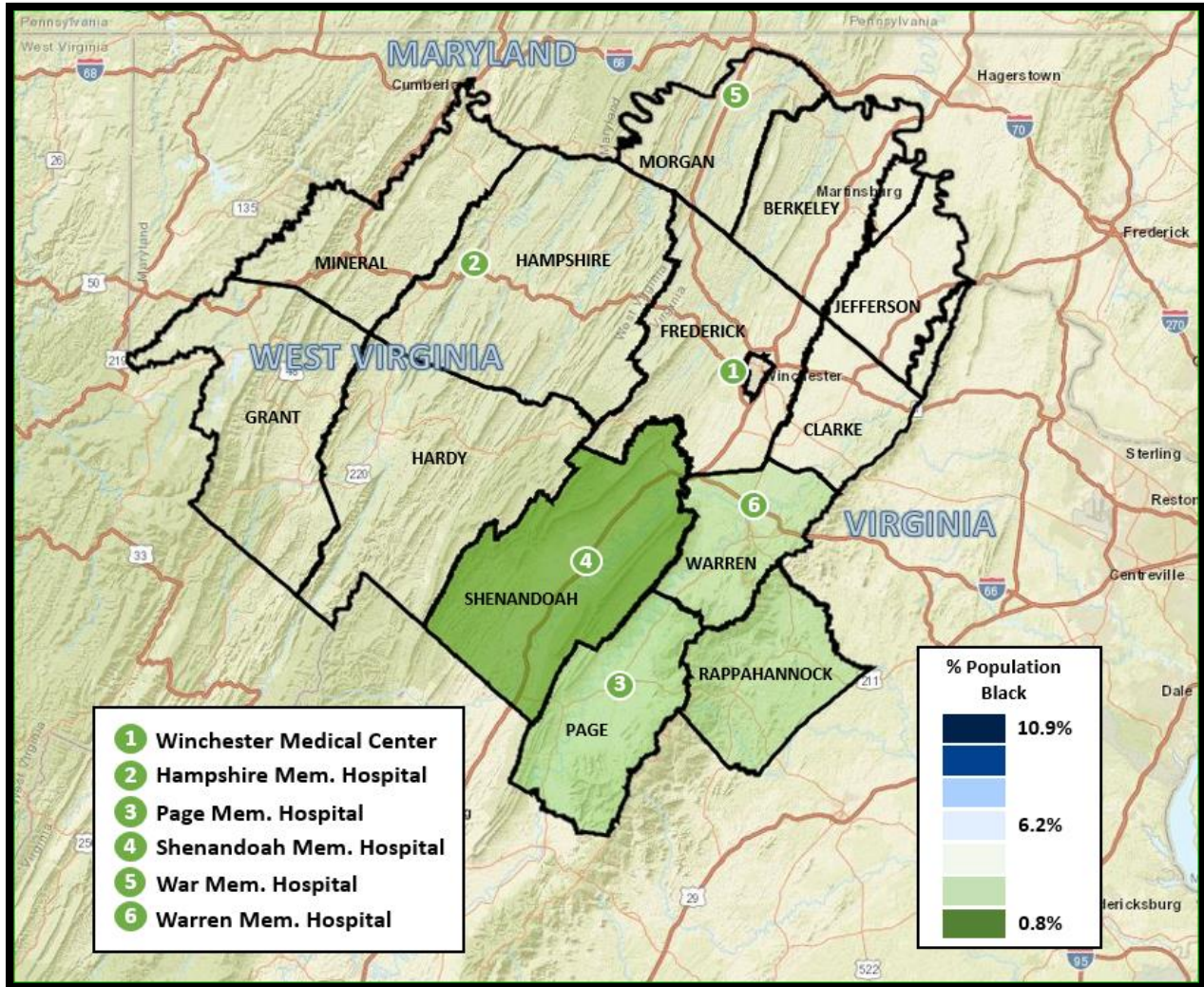
Exhibit 9: Percent of Population – Asian, 2018



Source: ESRI 2019, Created by Planning and Business Development

Page, Shenandoah, and Warren counties reported the highest percentages of Asian residents.

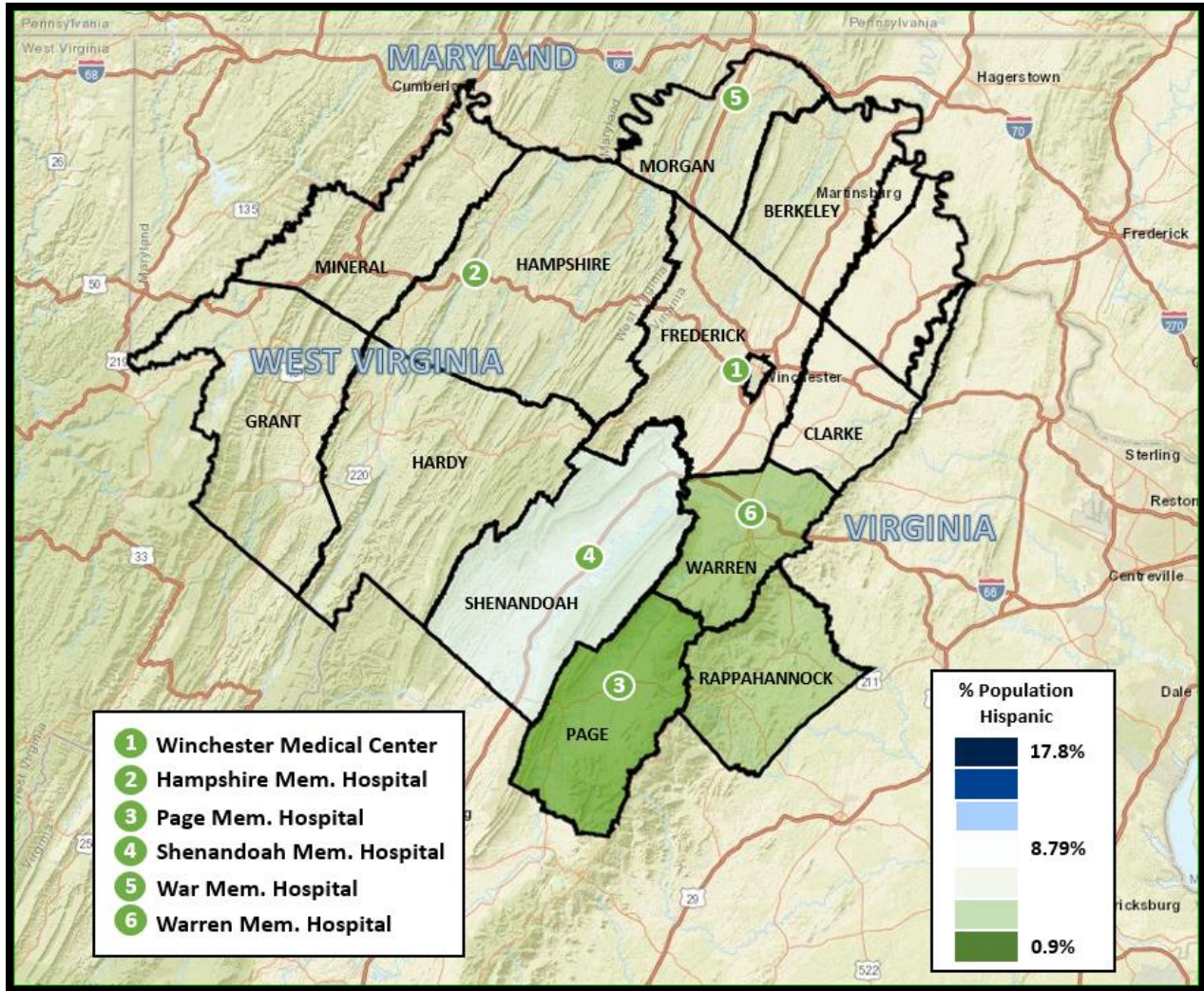
Exhibit 10: Percent of Population – Black, 2018



Source: ESRI 2019, Created by Planning and Business Development

Shenandoah and Warren counties reported the highest percentages of Black residents

Exhibit 11: Percent of Population – Hispanic or Latino, 2018



Source: ESRI 2019, Created by Planning and Business Development

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

Exhibit 12: Virginia Counties Percent of Population – Not proficient in English, 2018

2013-2017 DATA				
Language	Page	Rappahannock	Shenandoah	Warren
	Estimate	Estimate	Estimate	Estimate
Total:	9,467	3,131	17,262	14,190
English only	9,140	2,851	16,094	13,189
Spanish:	138	170	767	520
Limited English speaking household³	-	25	213	86
Not a limited English speaking household	138	145	554	434
Other Indo-European languages:	116	83	324	280
Limited English speaking household	15	-	64	27
Not a limited English speaking household	101	83	260	253
Asian and Pacific Island languages:	73	27	77	119
Limited English speaking household	-	16	7	28
Not a limited English speaking household	73	11	70	91
Other languages:	-	-	-	82
Limited English speaking household	-	-	-	-
Not a limited English speaking household	-	-	-	82

Source: U.S. Census Bureau, ACS 5-year estimates, 2017

Shenandoah County has approximately 27.8 percent of their Hispanic population that do not speak English. Rappahannock County reported a higher percentage (59.3%) of their Asian population that do not speak English.

³ A "limited English speaking household" is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14 years old and over have at least some difficulty with English. By definition, English-only households cannot belong to this group. Previous Census Bureau data products have referred to these households as "linguistically isolated" and "Households in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English 'very well.'" This table is directly comparable to tables from earlier years that used these labels.

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 13** by city and county, for Virginia and the United States.

Exhibit 13: Other Socioeconomic Indicators, 2018

2018 DATA				
County/City	Population 25 + without a high school diploma	Population 25 + with high school diploma	Population 25 + with some college	Population 25 + with College Degree
PSA				
Warren, VA	13.1%	36.8%	19.7%	30.4%
SSA				
Page, VA	19.6%	45.5%	16.6%	20.2%
Rappahannock, VA	11.7%	25.5%	20.8%	41.9%
Shenandoah, VA	13.4%	38.8%	19.6%	28.3%
Virginia	10.5%	23.6%	19.3%	46.6%
US	12.3%	27.0%	20.5%	40.3%

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties.

Key findings include:

- All counties in the PMH community had higher percentages than the state and U.S. averages of residents aged 25 and older who did not graduate high school. At 19.6 percent, Page County has the highest percent of non-graduates; however, the rate has improved since 2014 from 24.5 percent.
- Rappahannock County had the highest percentage of population that received a college degree at 41.9 percent (**Exhibit 13**).

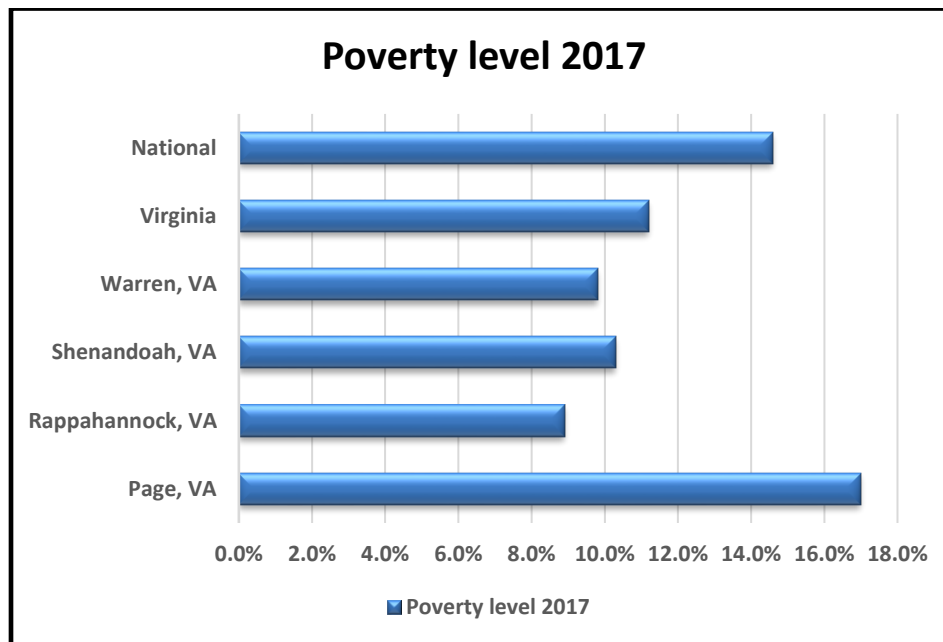
Economic Indicators

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.

1. People in Poverty

Many health needs are associated with poverty. In 2018, approximately 14.6 percent of people in the U.S., 11.2 percent of people in Virginia, reported living in poverty (**Exhibit 14**).

Exhibit 14A: Percent of People in Poverty, Virginia Counties, 2017



Source: U.S. Census Bureau, ACS estimates, 2018. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

Page County reported poverty rates higher than both the Virginia and national averages (**Exhibit 14A**).

Page County had reported poverty rates of 17.0 percent higher than the Virginia average of 11.2 percent (**Exhibit 14B**).

Exhibit 14B: Percent of People in Poverty by Race/Ethnicity, by County, 2017

% 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				
Page County, VA	17.0%	24.7%	12.6%	18.9%
Rappahannock County, VA	8.3%	6.5%	13.6%	47.1%
SSA				
Shenandoah County, VA	9.7%	20.5%	36.1%	11.2%
Warren County, VA	9.3%	19.9%	14.2%	5.0%
VA	8.9%	19.4%	7.5%	15.0%
National	12.0%	25.2%	11.9%	22.2%

Source: U.S. Census Bureau, ACS estimates, 2017. Retrieved from: <http://factfinder.census.gov>

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

The Black population in Page and Shenandoah counties reported higher poverty rates than the White population. The Asian population in Shenandoah County in Virginia reported higher poverty rates than the White population, exceeding the national and state averages (**Exhibit 14B**).

2. 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 PMH community in 2018, 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.

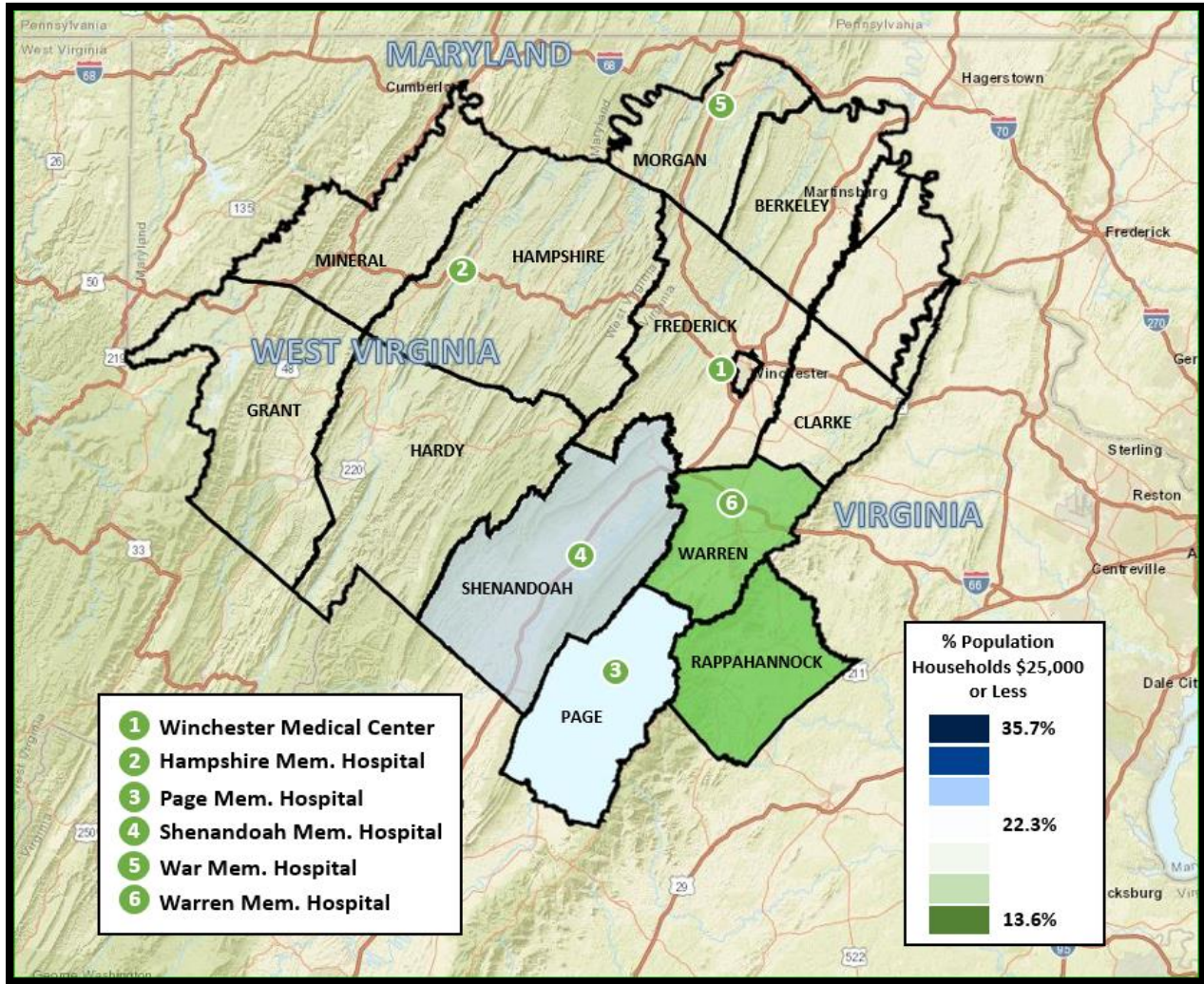
Exhibit 15: Percent Lower-Income Households by County/City, 2018

2018 DATA		
County/City	Median Household Income	Percent of Households Less than \$25,000 in 2018⁴
PSA		
Page, VA	\$47,579.00	22.3%
Rappahannock, VA	\$68,802.00	17.4%
SSA		
Shenandoah, VA	\$52,930.00	22.8%
Warren, VA	\$63,771.00	18.0%
Virginia	\$68,682.00	16.9%
US	\$58,100.00	20.6%

Source: Projections: ESRI Community Profiles for all PSA and SSA Counties

⁴ ESRI Community Profiles for all PSA and SSA Counties. Total is from 2018 Households by Income Category, Add <\$15,000 and \$15,000-\$24,000 lines

Exhibit 16: Percent of Households with Incomes under \$25,000 by County, 2018



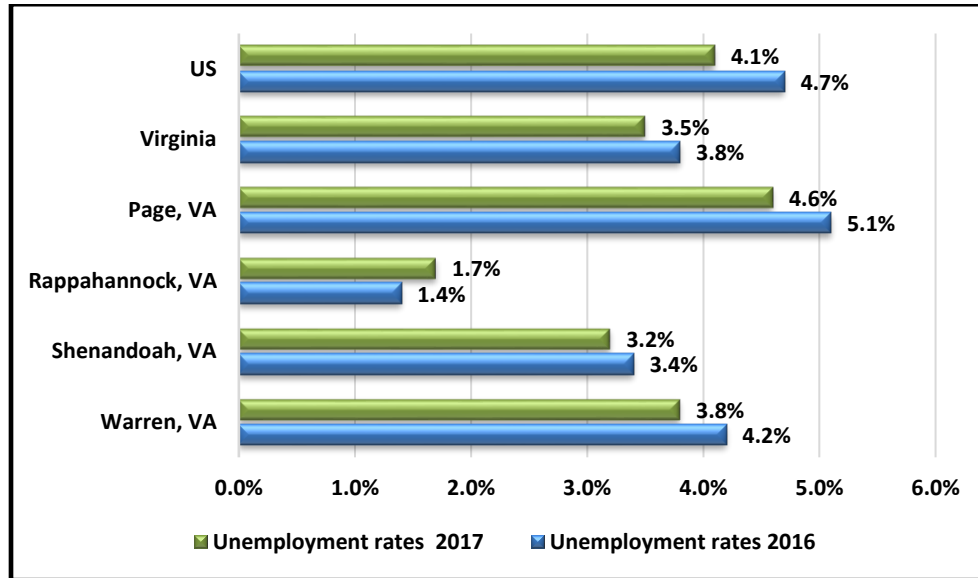
Source: ESRI 2019, Created by Planning and Business Development

The highest proportions of households with incomes under \$25,000 in 2018 were located in Page County at 23.3 percent and Warren County at 18.0 percent (**Exhibit 16**).

3. Unemployment Rates

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 decreased significantly from 9.2 percent to 3.9 percent from 2014 to 2017. **Exhibit 17A** shows unemployment rates for 2016-2017.

Exhibit 17A: Unemployment Rates, Virginia, and West Virginia Counties, 2016 (in blue) and 2017 (in green)



Source: <https://www.bls.gov/lau/#cntyaah><https://www.bls.gov/lau/#cntyaa>. West Virginia, and US show 2018 Unemployment rates

Exhibit 17B: Unemployment Rates, 2016 and 2017

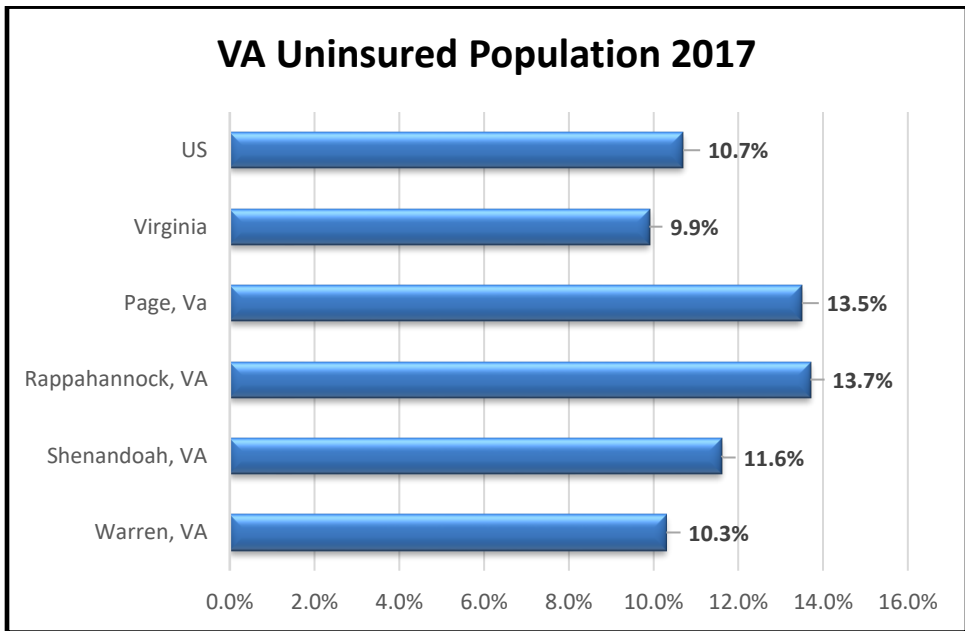
Unemployment Rates by County , State, National 2016 and 2017		
County/City	Unemployment rates 2016	Unemployment rates 2017
Page, VA	5.1%	4.6%
Rappahannock, VA	1.4%	1.7%
Shenandoah, VA	3.4%	3.2%
Warren, VA	4.2%	3.8%
Virginia	3.8%	3.5%
US	4.7%	4.1%

Source: US Census Bureau. Retrieved from: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

In 2017, Page County reported the highest unemployment rate among Virginia counties in the PMH community. The unemployment rate for Page County decreased by 0.5 percent from previous year, and is higher than both Virginia and US averages (**Exhibit 17B**).

4. Insurance Status

Exhibit 18A: Uninsured Population, 2017



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

Exhibit 18A demonstrates that all Virginia counties had uninsured rates higher than the state and national averages. Rappahannock County reported uninsured rates higher than the other Virginia counties within the PMH community.

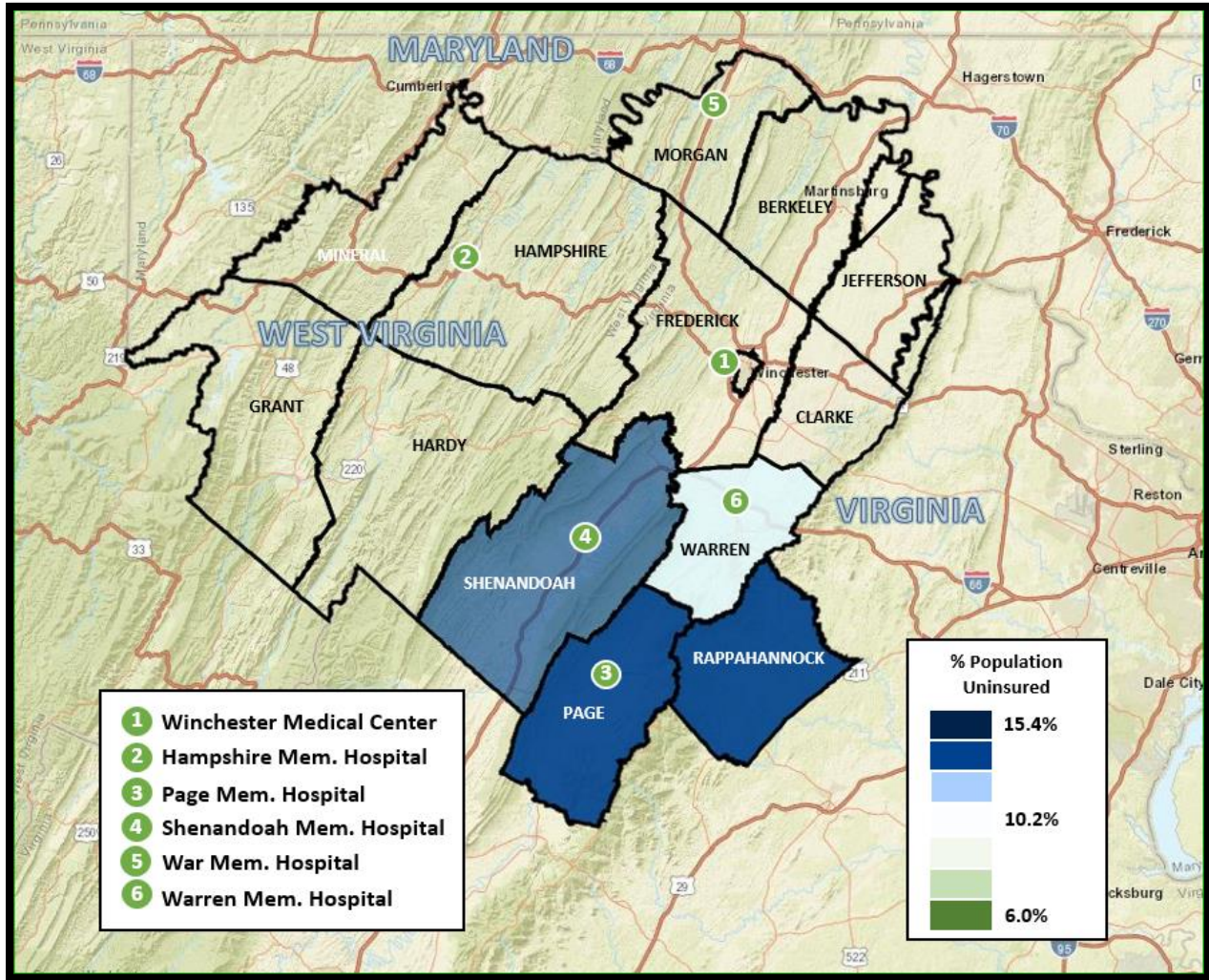
Exhibit 18B: Uninsured Rates by County, State, and National, 2017

Uninsured Rates by County , State, National, 2017	
County/City	% of Population
PSA	
Page County, VA	13.5%
Rappahannock County, VA	13.7%
SSA	
Shenandoah County, VA	11.6%
Warren County, VA	10.3%
VA	9.9%
National	10.7%

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

Page and Rappahannock counties reported uninsured rates higher than both the Commonwealth and national averages (**Exhibit 18B**).

Exhibit 18C: Uninsured Populations by County, 2018



Source: ESRI 2019, Created by Planning and Business Development

In the PMH Community, the lowest percent of uninsured people was located in Warren County at 10.3 percent (**Exhibit 18C**).

5. Crime

Exhibit 19 provides certain crime statistics for counties served by WMH’s community.

Exhibit 19: Violent and Property Crime Rates per 100,000 Population, 2016

Crime Rates 2016											
County/City	Population	Violent crime	Murder and non-negligent manslaughter	Rape (revised definition) ¹	Robbery	Property crime	Burglary	Larceny-theft	Aggravated assault	Motor vehicle theft	Arson
PSA	31,838										
Page	24,258	26	5	11	1	150	39	101	9	10	5
Rappahannock	7,580	1	-	1	-	27	9	18	-	-	-
SSA	83,311										
Shenandoah	43,751	41	1	16	-	229	61	163	24	5	1
Warren	39,560	20	-	11	-	221	24	179	9	18	1
Virginia Total	8,566,397	7,039	159	1,416	1,616	68,748	8,909	55,989	3,848	3,850	352

Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2016. Projections: ESRI Detailed Age Profiles PSA and SSA All counties. Retrieved from: <https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/tables/table-8/table-8-state-cuts/west-virginia.xls>⁵

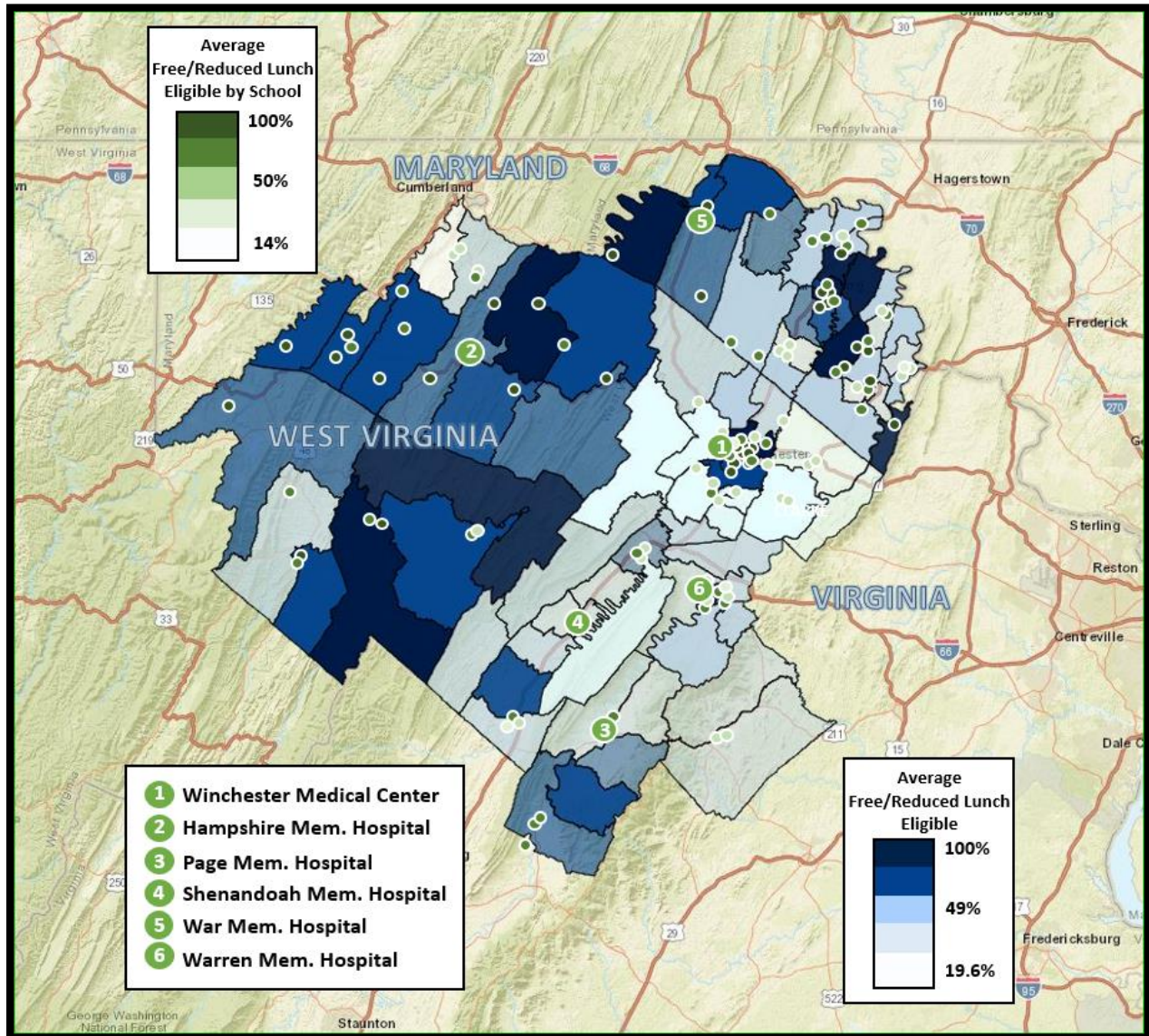
Shenandoah and Warren counties had a higher number of offenses for property crimes, including burglary, compared to other counties within PMH’s community. Offenses reported for larceny were also comparatively high in Shenandoah and Warren counties. Warren County had the highest number of reported offenses of motor vehicle thefts compared to other counties within the service area (**Exhibit 19**).

⁵ 1. Rate per 100,000 inhabitants - Data shows the number of offenses reported within each county; 2. 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; 3. 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; 4. 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.

6. 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 percent 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 20**).

Exhibit 20: Public School Students Eligible for Free or Reduced-Price Lunches, School Year 2018 - 2019



Source: Northern Shenandoah Valley Regional Commission

In the PMH community, there were 28 schools eligible for Title 1 funds (**Exhibit 20**).

**Exhibit 21: Virginia Department of Education - Office of School Nutrition Programs
2018-2019 Free and Reduced Eligibility Report - SFA**

SFA Name and Number	SNP Memb.	Free Eligible	Free %	Red. Eligible	Reduced %	Total F/R Eligible	Total F/R %
069-Page County Public Schools	3,351	1,585	47.3%	284	8.48%	1,869	55.8%
078-Rappahannock County Public Schools	813	247	30.38%	56	6.89%	303	37.27%
085-Shenandoah County Public Schools	6,071	2,416	39.8%	357	5.88%	2,773	45.7%
093-Warren County Public Schools (CEP - Note 1)	5,276	2,135	40.5%	296	5.61%	2,431	46.1%

Source: Virginia Department of Education, Office of School of Nutrition Programs (SNP) Retrieved from: <http://doe.virginia.gov/support/nutrition/statistics/index.shtml>⁶

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and non-profit private schools and residential childcare 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.

⁶ The free eligibility for those sites is calculated based on USDA guidance.

7. Changing Health Care

Affordable Care Act

The Patient Protection and Affordable Care Act (Affordable Care Act) was enacted March 23, 2010. The Affordable Care Act actually refers to two separate pieces of legislation — the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152)—that together expand Medicaid coverage to millions of low-income Americans and makes numerous improvements to both Medicaid and the Children’s Health Insurance Program (CHIP).

After the new law was enacted in March 2010, Centers for Medicare & Medicaid Services (CMS) worked with state partners to identify key implementation priorities and provide the guidance needed to prepare for the significant changes to Medicaid and CHIP that took effect on January 1, 2014. In particular, CMS provided several forms of guidance and federal support for state efforts to develop new or upgrade existing eligibility systems.

In March 2012, CMS released two final rules defining the eligibility and enrollment policies needed to achieve a seamless system of coverage for individuals who became eligible for Medicaid in 2014, as well as eligibility and enrollment for the new Affordable Insurance Exchanges. The final rules establish the framework for States’ implementation of the eligibility expansion going forward.

Medicaid Expansion

Virginia’s Medicaid program provides payment for health care for people in particular categories. Currently, Medicaid in Virginia typically covers pregnant women with household incomes up to 133% of the Federal Poverty Level (FPL), children (up to age 18) up to 133% of FPL, older adults up to 80% of FPL, some people with disabilities up to 80% of FPL, and parents up to 24% of FPL. The percent of 133% of FPL translates to \$14,856 per year for individuals or \$30,657 per year for families of four.

- In June 2012, the U.S. Supreme Court upheld the constitutionality of all the major provisions of the Patient Protection and Affordable Care Act (ACA), but provided the states the option of whether or not to expand Medicaid eligibility up to 133% (plus a 5% income disregard) of federal poverty. Virginia expanded Medicaid as of January 1, 2019⁷.
- In Virginia, Medicaid is primarily available to children in low-income families, pregnant women, low-income elderly persons, individuals with disabilities, and parents who meet specific income thresholds⁸ Adults without children or disabilities are ineligible.
- It has been estimated that over 400,000 Virginians will gain coverage. Across the United States, uninsured rates have fallen most in states that decided to expand Medicaid.

⁷ Health Insurance.org, November 2, 2018. Retrieved 2019, from: <https://www.healthinsurance.org/virginia-medicaid/>

⁸ DMAS.

- Costs of the expansion would have been 100% federally funded for 2014 through 2016, decreasing incrementally to 90% for 2020 and subsequent years for all newly eligible enrollees. After 2016, the state share increases gradually, and is capped at 10% by 2020.
- The federal match for children/pregnant women would increase from 65% to 87% between 2015 and 2019.
- When the health care law was passed, it required states to provide Medicaid coverage for all adults 18 to 65 with incomes up to 133% (effectively 138%) of the federal poverty level, regardless of their age, family status, or health.
- The law also provides premium tax credits for people with incomes between 100% and 400% of the federal poverty level to buy private insurance plans in the Health Insurance Marketplace.

Local Health Status and Access Indicators

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

1. 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 2011 to 2017.

Exhibit 22 illustrates each county or city’s ranking for each composite category in 2019. Rankings indicate how each county/city in Virginia ranked compared to the 133 counties in the Commonwealth. A rank of one 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 22: County Rank among 133 Virginia Counties, 2019

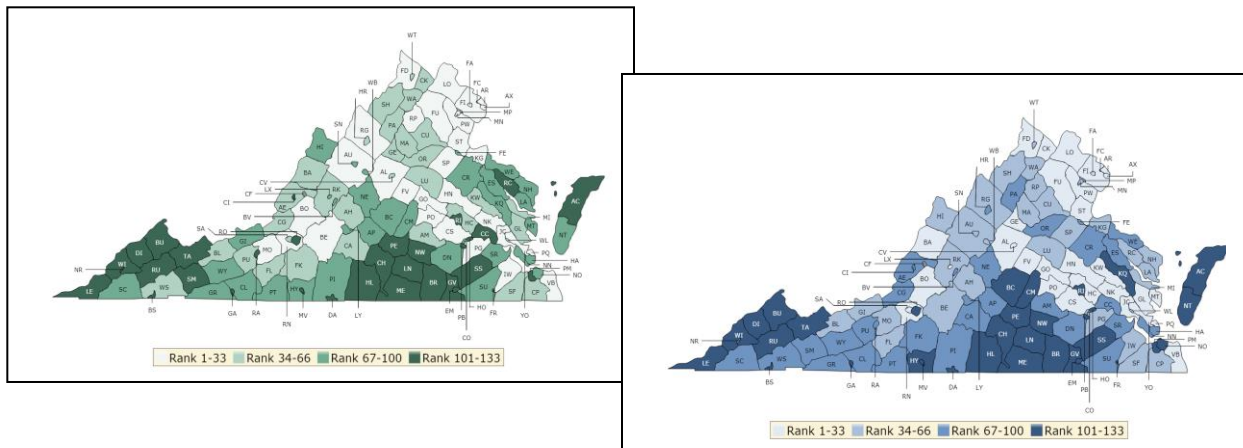


Exhibit 23: County Rank among 133 Virginia Counties, 2019

Indicator Category	Clarke		Frederick		Page		Rappahannock		Shenandoah		Warren		Winchester City	
	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019
Health Outcomes	28	36↓	22	21	66	55	13	12	33	38↓	37	46↓	37	61↓
Length of Life (50%)	39	50↓	28	26	89	68	15	10	34	33	56	63↓	56	53
Quality of Life (50%)	22	27↓	21	23↓	45	47↓	16	18↓	38	48↓	26	35↓	26	72↓
Health Factors⁹	22	30↓	35	22	101	94	31	37↓	44	53↓	57	51	57	46
Health Behaviors (30%)	20	14↓	36	13	62	53	21	31↓	23	50↓	48	67↓	48	49↓
Clinical Care (20%)	39	96↓	81	84↓	125	132↓	114	105	120	94	110	71	110	33
Social & Economic Factors (40%)	9	24↓	25	18	95	95	28	33↓	44	39	48	45	48	56↓
Physical Environment (10%)	128	79	77	48	121	11	20	7	74	101↓	71	16	71	59

Source: 2019 County Health Ranking

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	

⁹ Health Factors is a weighted average based on health behaviors, clinical care, social & economic factors and physical environment.

Exhibit 234: County/City Data Compared to U.S. Average, Virginia Counties, 2019

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Health Outcomes	36	21	55	12	38	46	61	~
Length of Life	50	26	68	10	33	63	53	~
Premature Death (Years of Potential Life Lost Rate)	7577	6175	8429	4870	6522	8045	7634	6360
Quality of Life	27	23	47	18	48	35	72	~
Poor or Fair Health (Percent Fair/Poor)	14	12	15	13	15	15	18	16
Poor Physical Health Days (Physically Unhealthy Days)	3.3	3.3	3.6	3.2	3.4	3.3	3.8	3.5
Poor Mental Health Days (Mentally Unhealthy Days)	3.6	3.4	3.7	3.4	3.7	3.6	3.8	3.5
Low Birthweight (Percent LBW)	6%	7%	7%	6%	7%	7%	8%	8%

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24B: County/City Data Compared to U.S. Average, Virginia Counties, 2019

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Health Factors	30	22	94	37	53	51	46	~
Health Behaviors	14	13	53	31	50	67	49	~
Adult Smoking (Percent Smokers)	15%	14%	17%	14%	16%	17%	18%	15%
Adult Obesity (Percent Obese)	27%	30%	28%	30%	31%	28%	30%	29%
Food Environment Index	9.2	9.4	8.6	7.4	9	8	8.5	8.9
Physical Inactivity (Percent Physically Inactive)	21%	19%	27%	25%	27%	27%	22%	22%
Access to Exercise Opportunities (Percent with Access)	75%	83%	32%	48%	74%	80%	100%	82%
Excessive Drinking (Percent)	17%	19%	16%	16%	18%	20%	17%	17%
Alcohol-impaired Driving Deaths (Percent)	14%	20%	31%	33%	18%	37%	0%	31%
Sexually Transmitted Infections (Chlamydia Rate)	215.8	234.4	96.9	230.4	194.5	294.2	491.1	473.2
Teen Births	11	22	32	14	27	28	29	19

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24C: County/City Data Compared to U.S. Average, Virginia Counties, 2019

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Clinical Care	96	84	132	105	94	71	33	~
Uninsured (Percent)	10%	10%	14%	14%	12%	10%	14%	10%
Primary Care Physicians (Ratio)	2,050:1	2,350:1	2,960:1	3,690:1	2,270:1	1,860:1	372:1	1,310:1
Dentists (Ratio)	2,900:1	7,860:1	5,930:1	3,660:1	3,330:1	3,960:1	548:1	1,470:1
Mental Health Providers (Ratio)	1,610:1	2,060:1	2,970:1	1,220:1	2,060:1	1,200:1	195:1	628:1
Preventable Hospital Stays (Rate)	6,681	6,013	5,439	3,207	5,166	5,279	5,610	4,454
Mammography Screening (Percent)	42%	42%	33%	30%	40%	38%	43%	43%
Flu vaccinations	51%	51%	28%	46%	47%	52%	52%	48%

Source: County Health Rankings, 2019

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

Exhibit 24D: County/City Data Compared to U.S. Average, Virginia Counties, 2019

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Social and Economic Factors	24	18	95	33	39	45	56	~
High School Graduation (Graduation Rate)	98%	95%	97%	96%	96%	94%	93%	98%
Some College (Completion Rate)	59%	61%	45%	61%	54%	51%	60%	59%
Unemployment (Rate)	3.40%	3.20%	5.30%	3.50%	3.50%	3.70%	3.60%	3.40%
Children in Poverty (Percent in Poverty)	8%	9%	22%	15%	14%	13%	20%	8%
Income Inequality (Ratio)	5	3.6	4.1	4.6	4.1	4	4.2	5
Children in single-parent households	33%	24%	38%	31%	25%	34%	41%	33%
Social Associations (Association Rate)	18.1	9.2	10.6	12.2	15.5	13.5	18.9	18.1
Violent Crime (Rate)	73	112	154	41	178	138	272	73
Injury Deaths (Rate)	90	75	84	76	87	83	84	90

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24E: County/City Data Compared to U.S. Average, Virginia Counties, 2019

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
Physical Environment	79	48	11	7	101	16	59	~
Air Pollution - Particulate Matter (Average Daily PM2.5)	9	9.1	8.4	8.3	8.8	8.7	9	8.9
Drinking Water Violations (Presence of Violations)	No	No	No	No	Yes	No	N/A	N/A
Severe Housing Problems (Percent)	18%	12%	13%	15%	14%	12%	21%	15%
Driving Alone to Work (Percent Driving Alone)	79%	83%	78%	73%	81%	75%	67%	77%
Long Commute-Driving Alone (Percent)	51%	36%	45%	52%	41%	56%	31%	39%

Source: County Health Rankings, 2019

Key	
Unreliable or missing data	~
Higher than state average	

Exhibit 24(A-E) highlights the following comparatively unfavorable indicators:

- Adult smoking in Page, Shenandoah, and Warren counties,
- Adult obesity in Rappahannock, and Shenandoah counties,
- Percent of population without health insurance in Page, Rappahannock, and the City of Winchester,
- The supply of primary care physicians, dentists, and mental health providers in PMH's community.
- Percent of children in poverty in Page County,
- Unemployment rates in Page County,
- The rate of social associations,
- Percent of female Medicare enrollees that received mammography screenings in Page and Rappahannock counties,
- Percent of workforce that drives alone to work in Page County,
- Percent of workers who commute in their car alone and drive more than 30 minutes in Page, Rappahannock, Shenandoah, and Warren counties.

2. 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 25** through **33**, cells in the tables below are shaded if the mortality rate for a county or health district in the PMH 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 PMH 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 25: Leading Causes of Death by Virginia County/City, 2015

	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Clarke, VA	Frederick, VA	Winchester City	VA	National
Total Deaths All Ages									
Total Deaths Rate¹⁰									
Malignant Neoplasms (Cancer) Rate	189.41	161.4	183.99	206.06	185.41	185.61	207.05	152.55	152.49
Diseases of Heart Rate	240.39	171.53	174.43	204.26	186.65	158.68	199.79	154.54	165.04
Cerebrovascular Diseases Rate	51.03	45.56	44.77	55.02	49.8	37.9	46.53	37.46	37.59
Chronic Lower Respiratory Diseases Rate	37.71	26.31	39.4	53.84	46.34	44.07	52.28	34.94	40.92
Alzheimer's Disease Rate	27.93	18.15	19.54	38.24	34.51	24.63	30.23	27.58	31.04
Diabetes Mellitus Rate	18.99	15.11	19.98	21.79	15.73	14.73	19.73	20.14	21.45
Nephritis and Nephrosis Rate	17.34	9.08	17.31	20.04	22.63	14.81	23.38	16.91	13.01
Septicemia Rate	22.49	9.34	14.6	13.31	12.45	8.53	14.35	13.04	10.56
Influenza and Pneumonia Rate	18.7	21.19	23.62	17.57	14.24	17.64	22.05	13.08	14.3
Suicide Rate	19.02	16.51	15.81	18.16	16.65	13.74	16.04	13.35	14.01
Chronic Liver Disease Rate	11.69	6.18	7.51	10.49	8.5	8.94	12.33	9.64	10.88
Primary Hypertension & Renal Disease Rate	3.8	4.4	4.9	7.46	4.36	4.84	8.41	7.15	9

Source: Virginia Department of Health, 2015. 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 Page County with seven. Septicemia was reported at 50 - 74 percent worse than the National average for Page County. Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, nephritis, influenza/pneumonia, and suicide rates were greater than the Commonwealth average for six of the seven counties (**Exhibit 25**).

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

¹⁰ 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 26: Motor Vehicle Injury-Related Mortality and Suicide Rates by County, 2017

2017					
County/City	Crashes	Fatalities	Injuries	Death Rate Per 1,000 Drivers ¹¹	Suicide Rate ¹²
PSA					
Page County, VA	248	3	199	44.7	19.0
Rappahannock County, VA	157	3	98	54.0	16.5
SSA					
Shenandoah County, VA	695	4	289	43.3	15.8
Warren County, VA	587	6	25	49.7	18.2
VA ¹³	127,375	3,922	65,306	44.0	13.4
National	~	~	~	49.4	14.0

Source: Virginia Department of Transportation, 2017, and World Life Expectancy, 2017.

Rappahannock and Warren counties and the City of Winchester 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 26**).

¹¹ 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>

¹² West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

¹³ Virginia and West Virginia averages were retrieved from: https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf

Exhibit 27: Cancer Mortality Rates by County, 2015

Cancer Mortality Rates by County, 2015 Data						
	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA	National
All Cancers	198.7	151.9	169.7	197.4	163.8	163.5
Colorectal	17.3	~	10.2	14.7	14.0	14.5
Lung and Bronchus	53.9	43	48	59	44.0	43.4
Breast	30.1	~	24.8	19.2	21.8	20.9
Prostate	25.9	~	24.9	32.5	20.2	19.5

Source: Conduent Platform retrieved from: <https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx>. Rates are per 100,000 population.

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

Page and Warren County residents experienced cancer mortality rates higher than the Commonwealth and national averages for lung and bronchus. Breast cancer rates were highest in Page and Shenandoah counties. Prostate cancer was reported higher than both the Commonwealth and national averages in three of the four Virginia counties (**Exhibit 27**).

Exhibit 28: Cancer Incident Rates by County, 2015

Cancer Incidence Rates by County, 2015 Data						
	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA	National
All Cancers	451.4	390.5	470.7	403.5	414.3	441.2
Colorectal	33.4	36.8	47.8	30.3	36.0	39.2
Lung and Bronchus	63.0	64.4	73.7	53.9	58.9	60.2
Breast	114.1	135.1	152.2	135.9	123.3	124.7
Prostate	88.1	73.7	83.4	83.2	102.8	109.0

Source: Conduent Platform retrieved from: <https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx>. Rates are per 100,000 population.

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

Three of the four counties reported breast cancer rates higher than both the Commonwealth and national averages. Page, Rappahannock and Shenandoah counties have higher incidence rates than both the Commonwealth and national averages for lung and bronchus cancer (**Exhibit 28**).

Exhibit 29: Communicable Disease by County and Health District, 2016

Communicable Diseases by County, Virginia 2016			
County/Region	Chlamydia	Gonorrhea	Lyme Disease Incidence Rate¹⁴
PSA			
Page County, VA	96.9	8.4	33.7
Rappahannock County, VA	230.4	54.2	54.2
SSA			
Shenandoah County, VA	194.5	50.9	34.7
Warren County, VA	291.7	48.6	56.3
Lord Fairfax Health District	251.7	32.5	47.2
Rappahannock/Rapidan Health District	233.8	24.7	28.1
Virginia	471.6	131.8	16.1
National (2017)	528.8	170.58	9.1

Source: Virginia Department of Health, 2016. Rates are per 100,000 population, and West Virginia Lyme Disease Incidence Rate, MSN, 2016

Key	
Rates unreliable due to small sample size	~
Ranging from better than State average up to 10% worse	
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 Commonwealth rate for Page, Rappahannock, and Warren counties (**Exhibit 29**).

¹⁴ West Virginia data, 2017 retrieved from: <https://www.msn.com/en-us/health/medical/worst-states-for-lyme-disease/ar-AAy7KoV>

Exhibit 30: Maternal and Child Health Indicators by County/City and State, 2016

Indicator, 2016	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA	National
Low birth weight infants	6.8	1.9	6.2	8.1	8.4	8.3
Very low birth weight infants	1.6	0	1.1	1.6	1.5	1.4
Teen pregnancy rate 10-19**	18.0	59.7	50.1	52.4	10.2	18.8
No prenatal care in first trimester	22.6	27.5	23.8	23.2	18.4	23.0
Infant mortality rate	8	0	4.4	11.2	5.3	5.9

Sources: Virginia Department of Health, 2016, and Conduent Platform retrieved from <https://www.valleyhealthlink.com/About-Us/Community-Benefit.aspx>
 **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	

Rappahannock County reported rates of no prenatal care in the first trimester more than 50 percent. Teen pregnancy rates for 10-19 year old population were 75 percent or higher than the Commonwealth average of 10.2 percent for all four of the VA counties. Infant mortality rates were 50-74 percent worse than the Commonwealth’s average in Page County than compared to the other counties within PMH’s community (**Exhibit 30**).

3. 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 31 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 31: BRFSS Indicators and Variation from the Commonwealth of Virginia,* 2015

Indicator 2015		Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	VA
Health Behaviors	Excessive drinkers ¹⁵	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	33.80	27.10	44.00	53.60	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 ¹⁶	9.2%	9.3%	9.4%	12.2%	9.6%
	Poor mental health > number of days/month ¹⁷	3.7%	3.4%	3.7%	3.6%	3.5%
Mental Health	Poor physical health > number of days/month ¹⁸	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, 2015.

Shenandoah and Warren counties compared worse (six indicators) than the Virginia average. All four counties within PMH’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 Commonwealth’s average for being overweight or obese (**Exhibit 31**).

¹⁵ **Adult men having more than two drinks per day; adult women having more than one drink per day.

¹⁶ Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Virginia, 2015

¹⁷ Average number of reported mentally unhealthy days per month among adults 18 years and over

¹⁸ 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 PMH's community.

ACSC are eighteen 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.”¹⁹ As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care 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 ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

¹⁹ 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.

1. County-Level Analysis

Exhibit 32: PMH Discharges for ACSC by County/City and Payer²⁰, 2018

Percentage of IP EDACSC Discharges to Total ACSC Discharges						
County/Service Area	Blue cross	Medicaid	Medicare	Other	Commercial	Self
PSA	8.4%	6.2%	64.4%	0.1%	9.8%	11.0%
Page, VA	8.4%	6.2%	64.4%	0.1%	9.8%	11.0%
Rappahannock, VA	8.4%	6.2%	64.4%	0.1%	9.8%	11.0%
SSA	12.0%	0.0%	56.0%	4.0%	8.0%	20.0%
Shenandoah, VA	0.0%	9.3%	72.1%	0.0%	7.0%	11.6%
Warren, VA	6.3%	6.3%	65.6%	0.0%	6.3%	15.6%
Total PSA and SSA	8.0%	6.2%	64.6%	0.1%	9.4%	11.6%
Other Counties	15.9%	5.7%	61.9%	0.6%	8.0%	8.0%
Total	8.9%	6.1%	64.3%	0.2%	9.2%	11.2%

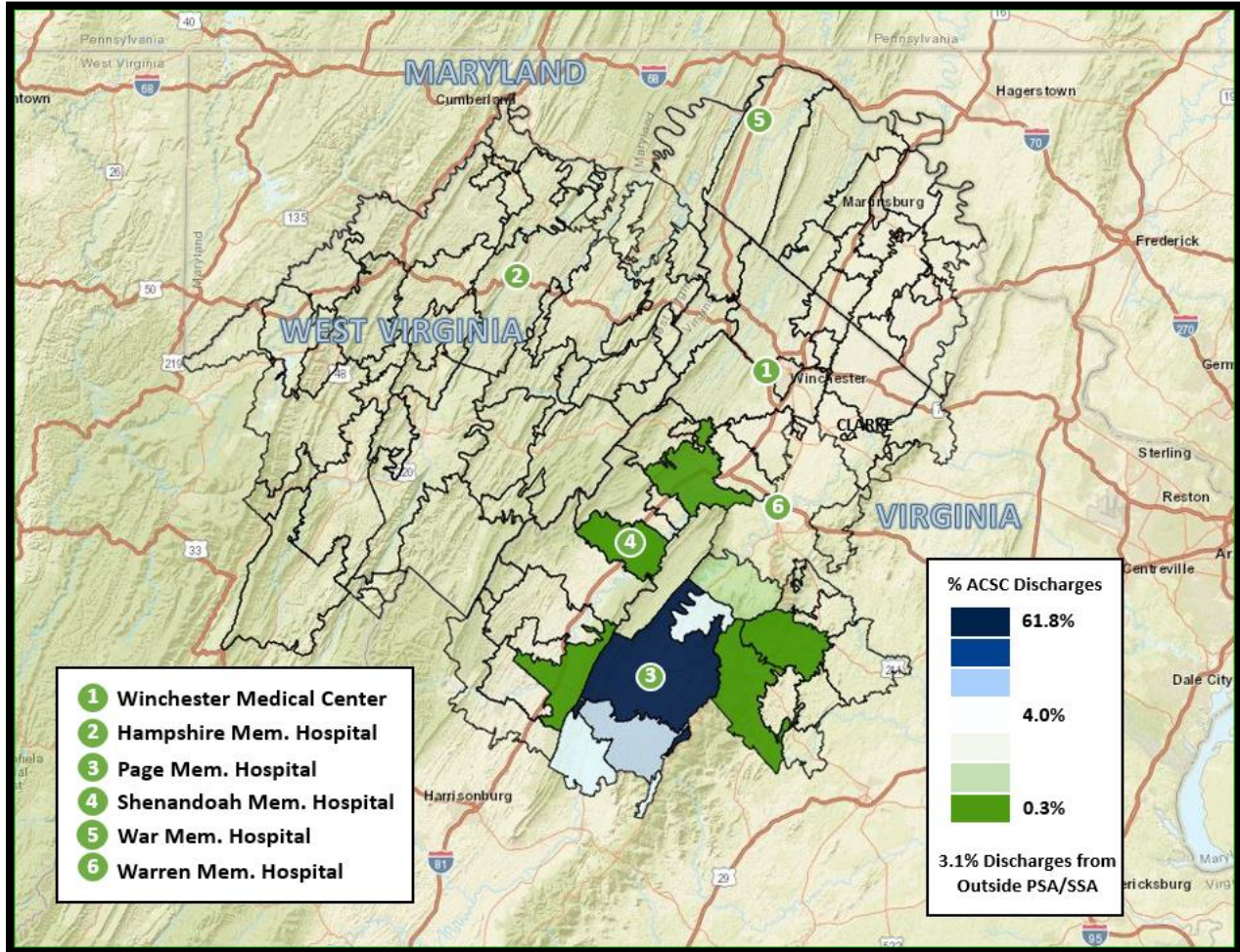
Source: Valley Health System, 2018 Inpatient Data

Medicare patients had the highest proportion of discharges for ACSCs. Within the PMH community, Shenandoah County had the Medicare patient discharges. Self-pay patient (typically uninsured individuals) had shown an increase from 8.0 percent in 2016 to 11.2 percent for ACSCs (**Exhibit 32**).

²⁰ Discharges from all Valley Health System hospitals.

2. County Analysis

Exhibit 33: Inpatient Discharges²¹ for ACSC by County and Zip for PMH, 2018



Source: ESRI 2019, Created by Planning and Business Development

The highest percentage of ACSC discharges were from zip codes 22835 in Page County (Luray, VA, 61.6%), and 22851 in Shenandoah County (Stanley, VA 25.2 %) within the PMH community (**Exhibit 33**).

²¹ 2018 Discharges are from all Valley Health hospitals.

3. Hospital-Level Analysis

Exhibit 34: ACSC Inpatient (IP) Discharges by Hospital, 2018

IP ACSC Discharges by Hospital 2018			
Entity Name	Total IP ACSC Discharges	Total IP Discharges	Percentage of IP ACSC Discharges to Total IP Discharges
Hampshire Memorial Hospital	249	415	60.0%
Page Memorial Hospital	294	751	39.1%
Shenandoah Memorial Hospital	1,213	1,505	80.6%
War Memorial Hospital	230	487	47.2%
Warren Memorial Hospital	1,570	1,816	86.5%
Winchester Medical Center	12,410	23,155	53.6%
Total	15,966	28,129	56.8%

Source: Valley Health System, 2018 Inpatient Data.

Page Memorial Hospital had the lowest percent of ACSC discharges of all hospitals in Valley Health. Warren Memorial Hospital had the highest percent of ACSC discharges for 2018 (Exhibit 34).

Exhibit 35: Discharges for ACSC by Condition and Age, Page Memorial Hospital, 2018

Discharges for ACSC by Condition and age for PMH, 2018				
Condition	18 to 39	40 to 64	65 +	Total
Heart failure	2	3	18	23
Pneumonia	1	7	21	29
Asthma	2	1	2	5
Urinary tract infection	0	1	11	12
Diabetes	0	3	5	8
Dehydration	0	0	1	1
Hypertension	0	0	0	0
Angina	0	0	0	0
Appendix	0	0	0	0
Total	5	15	58	78
Total %	6.4%	19.2%	74.4%	100.0%

Source: Valley Health System, 2018 Inpatient Data²².

The top three ACSC conditions at PMH were pneumonia, heart failure, and urinary tract infections. Bacterial pneumonia in older adults and patients ages ranging from 40 to 64 years old. Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions (Exhibit 35).

²² Discharges from all Valley Health System hospitals. *Heart failure codes (428.1, I11.0, I50.21, I50.23, I50.31, I50.33, I50.9), **Pneumonia codes (J15.9, 482.9, J18.9, J13, J18.9, J11.00, J15.6, 480.9, 481, 482, 482.1, 486, 487, J10.00, J15.7, P23.6, A40.3, J12.9), ***Asthma codes (J45.901, J45.42, 493.92, 493.01, 493.02, 493.21, J45.902, J45.41, J45.909, J45.42, 493.92), ****Diabetes codes (648.01, E10.10, O24.410, O24.419, O24.420, O24.429, E10.11, E10.621, E10.69, E11.21, E11.43, E11.52, E11.621, E10.69, E11.21, E11.43, E11.52, E11.621, E11.628, E11.649, E11.65, E11.69, E09.65, E10.649, E11.40, E11.51)

Community Need Index™ and Food Deserts

1. 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 health care access by county/city and ZIP code.²³ 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.

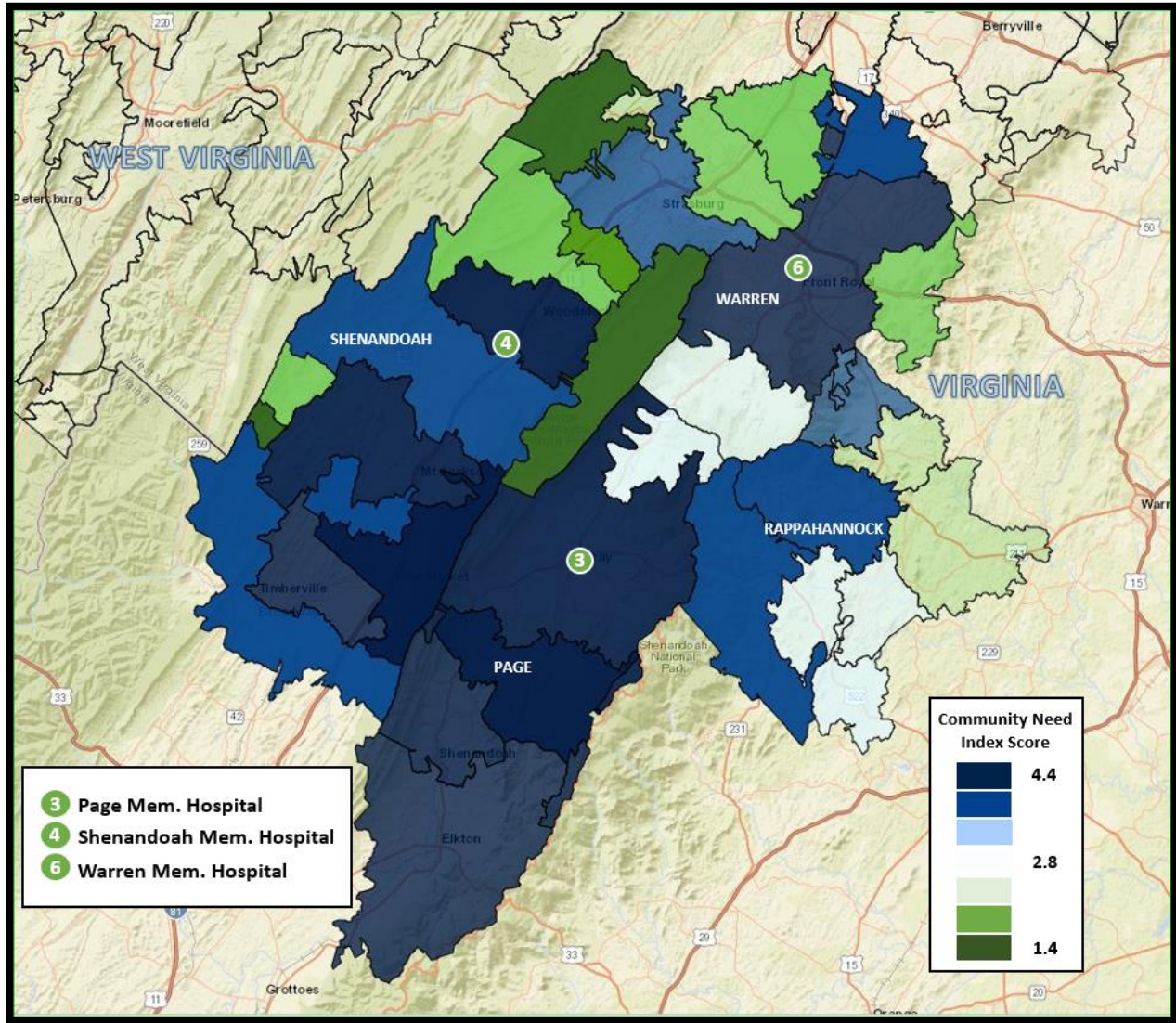
Exhibit 35 presents the *Community Need Index*™ (CNI) score of ZIP codes in the community by each county in the Page Memorial Hospital Campus community, weighted by the CNI score and population of each.

²³ Accessed online at <http://cni.chw-interactive.org/> on June 28, 2013.

Exhibit 36: Community Need Index™ Score by County and ZIP Code, 2018

SERVICE AREA	COUNTY	CITY/TOWN NAME	ZIP	CNI SCORE
Primary	Page, VA	Stanley	22851	4
Secondary	Shenandoah, VA	New Market	22844	4
Secondary	Shenandoah, VA	Woodstock	22664	4
Primary	Page, VA	Luray	22835	3.6
Secondary	Shenandoah, VA	Mount Jackson	22842	3.6
Secondary	Shenandoah, VA	Shenandoah	22849	3.4
Secondary	Warren, VA	Front Royal	22630	3.4
Primary	Page, VA	Rileyville	22650	3.2
Primary	Rappahannock, VA	Sperryville	22740	3.2
Primary	Rappahannock, VA	Washington	22747	3.2
Secondary	Shenandoah, VA	Quicksburg	22847	3.2
Secondary	Shenandoah, VA	Edinburg	22824	3.2
Primary	Rappahannock, VA	Huntly	22640	3
Primary	Rappahannock, VA	Chester Gap	22623	3
Secondary	Shenandoah, VA	Strasburg	22657	3
Primary	Rappahannock, VA	Woodville	22749	2.8
Primary	Rappahannock, VA	Castleton	22716	2.8
Secondary	Warren, VA	Bentonville	22610	2.8
Primary	Rappahannock, VA	Flint Hill	22627	2.6
Secondary	Shenandoah, VA	Lebanon Church	22641	2.6
Secondary	Warren, VA	Linden	22642	2.4
Secondary	Shenandoah, VA	Maurertown	22644	2.4
Secondary	Warren, VA	Middletown	22645	2.4
Secondary	Shenandoah, VA	Toms Brook	22660	2.2
Secondary	Warren, VA	Middletown	22649	2
Secondary	Shenandoah, VA	Fort Valley	22652	2
Secondary	Shenandoah, VA	Star Tannery	22654	2
Secondary	Shenandoah, VA	Orkney Springs	22845	2

Exhibit 37: Community Need Index™ Score by County and ZIP Code, 2018



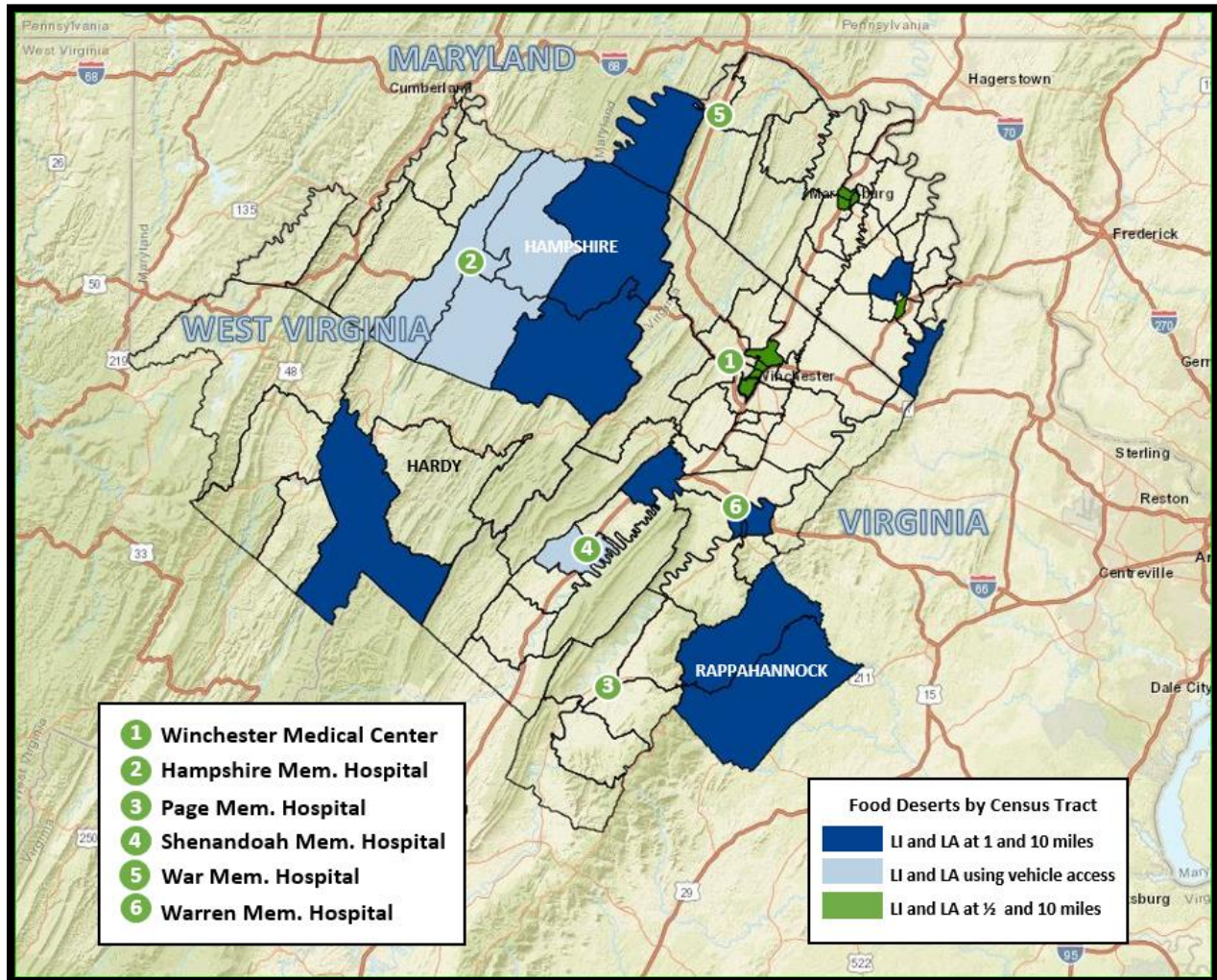
Source: Northern Shenandoah Valley Regional Commission

ZIP codes 22851, (Stanley, Page County), 22844 (New Market, Shenandoah County), and 22664 (Woodstock, Shenandoah County) scored just under the “Highest Need” category (ranges from 4.2 – 5.0) (**Exhibit 37**). Areas of middle to high need are located in substantial parts of Page, Rappahannock, Shenandoah and Warren counties.

2. 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 38** illustrates the location of food deserts in the PMH community.

Exhibit 38: Food Deserts by Census Tract



Sources: Northern Shenandoah Valley Regional Commission and the Economic Research Services, U.S. Department of Agriculture, 2015.

PMH’s community contains six census tracts (at 1 and 10 miles) identified as food deserts. These are located in Shenandoah and Warren counties. There are three census tracts designated as food deserts for Warren County and one designation for Shenandoah County (**Exhibit 38**).

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.

1. 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”.²⁴

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.

The Index of Medical Underservice designates MUAs as a subset of a Medically Underserved Community. Visit [Medically Underserved Areas and Populations](#) for more.

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.

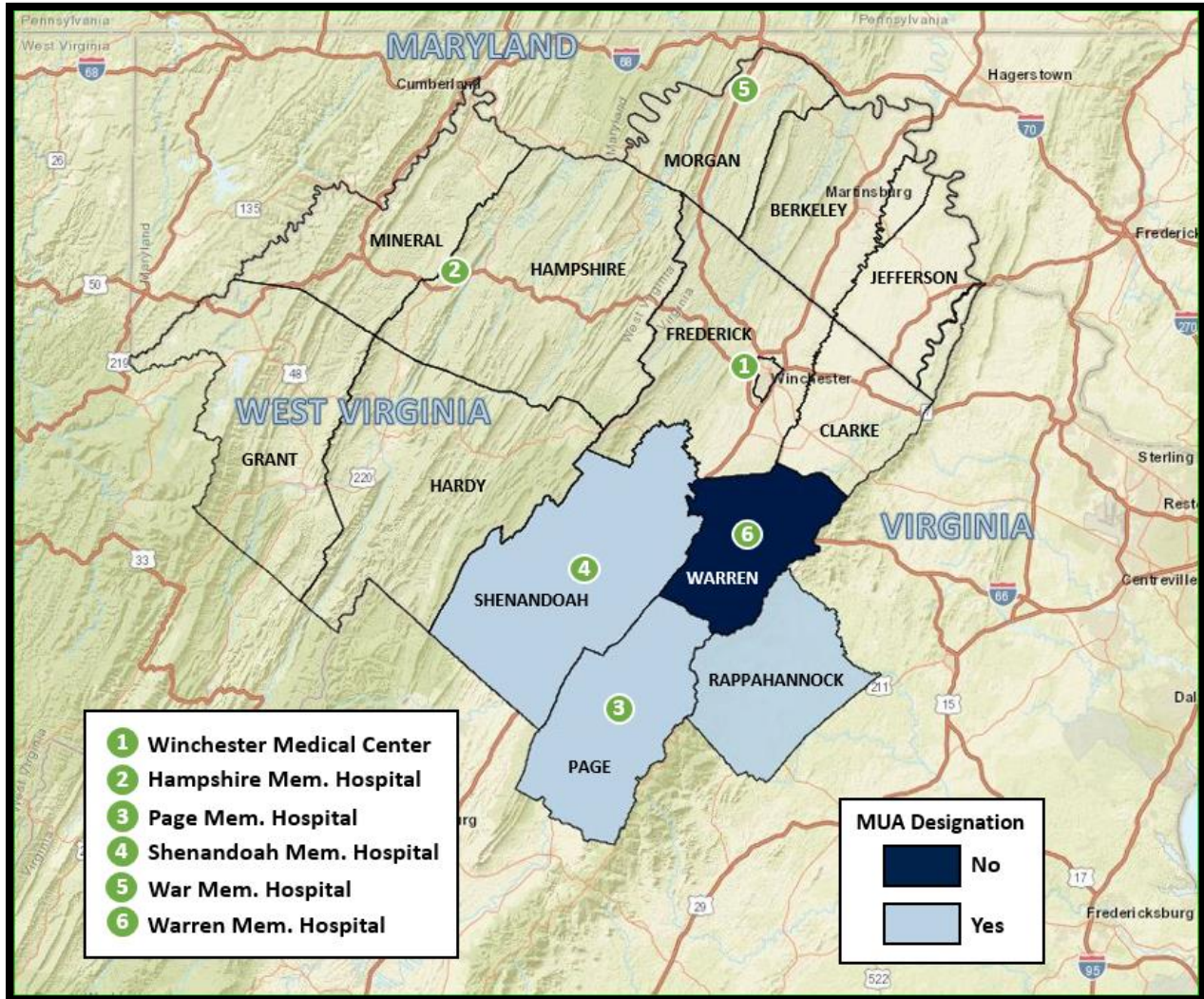
As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

Medically Underserved Populations (MUPs) – federally-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.

The Index of Medical Underservice designates MUPs.

²⁴ 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 39: Medically Underserved Areas and Populations, 2018



Source: ESRI 2019, Created by Planning and Business Development

Exhibit 39 shows areas designated by HRSA as medically underserved for mental, dental, and primary care professionals.

Exhibit 40: Medically Underserved Areas and Populations and Health Professional Shortage Areas, 2018²⁵

Service Area Name	Designation Type	Primary State Name	Index of Medical Underservice Score	Status	Rural Status
Low Income - Page County	Medically Underserved Population	Virginia	57	Designated	Rural
Rappahannock County	Medically Underserved Area	Virginia	58.6	Designated	Partially Rural
Shenandoah County-MUA	Medically Underserved Area	Virginia	59.9	Designated	Rural

Source: Health and Human Services Administration, 2018

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

²⁵ HRSA, May 2018, Retrieved from: <https://bhwh.hrsa.gov/shortage-designation/muap>

Other Facilities and Resources

1. 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>.

Federally Qualified 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

Federally Qualified Health Centers					
Health Center Name	County	ZIP CODE	Street Address	City	State
SCH Healthy Smiles Dental	Berkeley County	25404-3800	58 Warm Springs Ave	Martinsburg	WV
SCH Martinsburg	Berkeley County	25401-2890	99 Tavern Rd	Martinsburg	WV
SCH Mobile	Berkeley County	25401-2890	99 Tavern Rd	Martinsburg	WV
SCH Behavioral Health	Jefferson County	25414-5719	44 Trifecta Pl	Charles Town	WV
Tri-State Community Health Center - Berkeley Springs	Morgan County	25411-6247	261 Berkmore Pl, Ste 1A	Berkeley Springs	WV
SCH Migrant Outreach	City of Winchester	22601-4929	867 Fairmont Ave	Winchester	VA
SCH Winchester	City of Winchester	22601-3054	1330 Amherst St	Winchester	VA
Mountaineer Community Health Center, Inc.	Morgan County	25422	783 Winchester St	Great Cacapon	WV

Source: Health and Human Services Administration, 2018, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>

There are currently eight FQHC sites operating in the region (**Exhibit 41**).

2. 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), the St. Luke Community Clinic (Front Royal, VA), Shenandoah Community Health Clinic (Woodstock, VA), Page Free Clinic (Luray, VA), and the Good Samaritan Free Clinic of Martinsburg, WV (Martinsburg, WV).

In addition to these resources, the Lord Fairfax Health Department (services, Clarke, Frederick, Page, Shenandoah, 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.

3. Hospitals

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

Exhibit 42: List of Hospitals in the PMH Community

County/City	Hospital Name	Number of Beds	City	Zip Code
PSA				
Page, VA	Page Memorial Hospital	25	Luray	22835
SSA				
Shenandoah, VA	Shenandoah Memorial Hospital	25	Woodstock	22664
Warren, VA	Warren Memorial Hospital	60	Front Royal	22630

Source: Virginia Health Information, 2018, and for WV, American Hospital Directory, 2018.

4. 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.

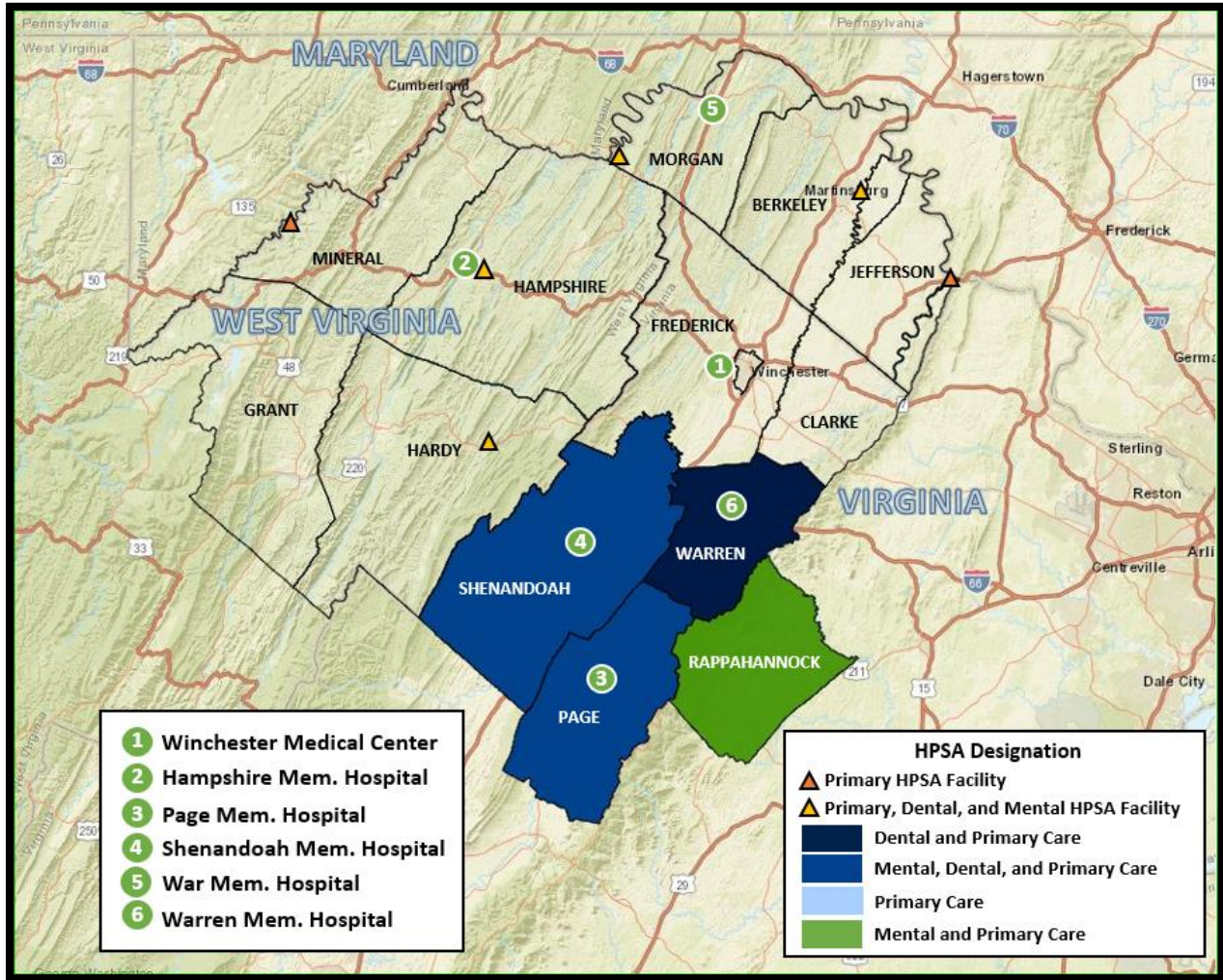
HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”²⁶

Areas and populations in the PMH community are designated as HPSAs (**Exhibit 43**). 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 a mental health HPSA and Warren County is designated as a dental HPSA.



²⁶ 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, 2018



Source: ESRI 2019, Created by Planning and Business Development

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

Exhibit 43B: HPSA Shortage Areas in the PMH Community

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 (HPSA), Retrieved from: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

There are six health care areas within the PMH community designated as a HPSA (**Exhibit 43B**).

Exhibit 44: Health Professionals Rates per 100,000 Population by County/City, 2019

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						
Page	8	34	4	17	8	34
Rappahannock	2	27	2	27	6	82
SSA						
Shenandoah	19	44	13	30	21	49
Warren	21	54	10	25	33	83
Virginia	6423	76	5749	68	13494	159

Source: Data provided by County Health Rankings, 2019.

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

5. Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by Winchester Medical Center's 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 Department 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 211 Virginia directory 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
- 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.

6. Food Pantries and Soup Kitchens

Exhibit 45: Food Pantries and Soup Kitchens in the PMH Community

Free Food Pantries		
Warren County		
C-CAP	316 N. Royal Ave., Front Royal (540) 636-2448	Monday-Friday 9AM-12 Noon
Front Royal Church of Christ	140 W. 15th St., Front Royal (540) 635-2613	Monday-Friday, Call for appointment
Loaves and Fishes	613 N. Royal Ave., Front Royal (540) 252-4320	Tuesday 1-4PM, Thursday and Friday 9M-2PM
Salvation Army	357 Cloud St., Front Royal (540) 635-4020	Monday-Friday 9AM-12 Noon, 1:30-3:30PM
Shenandoah County		
Bread of Life at Woodstock Presbyterian Church	156 S. Muhlenberg St., Woodstock (540) 459-4419	3rd Tuesday & 3rd Thursday 1- 4PM
Columbia Furnace Church of the Brethren	20910 Senedo Rd., Edinburg (540) 459-1632	4th Saturday 8:45-11AM
Compassion Cupboard	533 Burgess St., Strasburg (540) 465-3778	3rd Tuesday 9AM-12 Noon, 1:15- 3PM
Open Door Food Pantry	11278 Old Valley Pike, Mt. Jackson 540-740-8135	3rd Thursday 1-6PM
Broadway Presbyterian Church	107 E Lee St. Broadway (540) 896-3903	1st and 3rd Thursday 5:30-6:45PM
Loaves and Fishes Pantry at Manor Memorial UMC	9320 N. Congress St, New Market (540) 740-8959	3rd Thursday - 1-6PM
Page County		
Page One - Luray	35 N. Bank Street, Luray (540) 743-4863	Monday, Tuesday & Thursday from 8:30-11:30AM
Page One – Shenandoah	600 Comer Lane, Shenandoah (540) 652-8780	Monday, Wednesday & Friday 12 Noon to 4PM

Free Meal/Soup Kitchens		
Warren County		
Calvary Episcopal Church	132 N Royal Ave., Front Royal (540) 635-2763	Dinner on Tuesdays 4:45-5:45 PM
St. John's Catholic Church	131 West Main St., Front Royal (540) 635-6780	Dinner on Wednesday 5-6PM and Friday 5-6PM
John Wesley United Methodist Church	14 Church St., Front Royal (540) 636-4416	3rd Friday 5PM-7PM
Front Royal Presbyterian Church	115 Luray Ave., Front Royal (540) 635-3894	Dinner on Thursday 5-6PM
E. Wilson Morrison Elementary	40 Crescent St., Front Royal (540) 635-4188	Monday-Thursday 11AM-1PM Children & Adults Free Summer Lunch Program (Summer Only)
Shenandoah County		
St. Paul's Church	156 W. Washington St., Strasburg (540) 465-3232	Dinner on 1st, 3rd & 5th Wednesdays 5:30-7PM
Strasburg UMC	114 W. Washington St., Strasburg (540) 465-8788	Dinner on 2nd & 4th Wednesdays - 5:30-7PM
Shenandoah Community Fellowship	197 Patmos Rd., Woodstock (540) 459-2952	Dinner on 3rd Friday - 5:30-7PM Deliveries Available – must call
Reformation Lutheran Church	9283 N. Congress St., New Market (540) 740-3239	Lunch on Thursdays at 11AM
Page County		
Main Street Baptist Church	15 E Main St., Luray (540) 743-5834	Dinner on Saturdays at 5:30PM
Rileyville Baptist Church	7044 US Hwy 340 N., Rileyville (540) 743-3003	1st and 3rd Thursday 10:30A-1P Free meal for seniors

Findings of Other Recent Community Health Needs Assessments

Valley Health also considered the findings of other needs assessments published since 2016. Nine such assessments conducted in the PMH community are referenced here, with highlights and summary points below.

1. **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 thirteen 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 ten days in January. The cities of Harrisonburg and Winchester, and Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren counties are included within the Harrisonburg data collection campaign for 2019. The survey was conducted on January 23, 2019.

Of the thirteen communities across the Commonwealth participating in the 1,000 Homes for 1,000 Virginians initiative, twelve 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:

- The Laurel Center in Winchester was closed for a physical move to their new 32-bed facility on January 24, 2018. This impacted Winchester's numbers in 2018. The new 32-bed facility was open during the Point in Count in 2019.
- 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 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 111 adults in shelters/transitional beds, 16 were homeless children in shelters, and 19 were unsheltered homeless adults. Compared to 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 profit agencies. This contributed to 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 2019, there were 16 veterans, and 11 individuals who were unaccompanied youth population between the ages of 18-24.

2. Housing Needs and Vulnerability Survey Results – 2018

Survey responses from homeless adults in Harrisonburg, VA, and guests were interviewed from Clarke, Frederick, Page, Rockingham, Shenandoah, Warren counties, as well as the City of Winchester. The survey was conducted on January 24, 2018.

- There were 137 persons who volunteered to share their personal experience information to help better understand the community and homelessness, the barriers to housing, physical and emotional health, and other demographic information.
- In the last three years (2015-2018), 26 percent of the surveyed population reported being homeless for 4-11 months; when compared to a lifetime duration of 36+ months the percentage increased to 62.4 percent.
- In 2016, the Virginia Point in Time survey identified 793 individuals who were chronically homeless of 4,639 in Virginia, or 17 percent of individuals who were included within the count. For 2018, 21 percent of surveyed adults (26 persons of 127 will full data points gathered) were identified as chronically homeless by HUD’s definition.

*HUD Chronic Homeless Definition:
Chronically homeless defined by having a disability and either:
1. 4+times homeless in the past 3 years (duration 1+ year)
2. or one episode of 12+-month duration in the past three years*

- Out of the 137 individuals surveyed, 59 percent stayed at least 90 days at their last permanent housing location.
- From the individuals surveyed, reasons most chosen for homelessness was unemployment, unable to pay rent, physical/mental disability, plans with family/friends fell through, dispute with family/friends, evicted, family or personal illness, released from jail, and addiction.

- Top five reasons from self-reported barriers to stable housing were cannot find affordable housing, transportation, medical problems, cannot find work, and dental problems.
- In 2018, the average male age was 48, female 40.
- The highest reported age groups was 40-44 years old (20), and 55-59 years old (18).
- There was 66 percent of the individuals surveyed identified themselves as white/Caucasian, 16 percent black/African American, and 10 percent who identified themselves as Latino/Hispanic.
- Out of the 131 individuals surveyed, 11 (8%) identified themselves as being a veteran. Of those identified as veterans, three (27%) were unsheltered.
- Twenty-one percent of surveyed individuals (28 of 134 adults who answered) reported receiving special education services in high school.
- Twenty percent had a less than high school education.
- Seventy-two percent of surveyed adults have served time in jail, and 31 percent reported that they had served time in prison.
- Ten percent stated they were placed in foster care as a child, and 41 percent suffered from childhood trauma, abuse or neglect.
- Fifty-one percent have received treatment for mental health issues.
- Thirty-six percent have been admitted to the hospital for mental health issues (39 individuals declined to answer this question on the survey).
- Respondents reported 99 ER visits in the last 3 months, for an estimated cost of \$1,311,175, assuming an average of \$1,325 per ER visit (130 individuals answered). In the last 12 months, respondents reported 182 ER visits (121 individuals answered).
- Eighty-one of the 135 individuals surveyed (60%) indicated they had no medical insurance. 290 days of hospital admission were reported from individuals without insurance. An estimated cost of admission for the uninsured (290 x \$1,879.00 + \$544,910).

3. United Way of the Northern Shenandoah Valley Community Needs Update: 2014-2017

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:

- Increased on-time high school graduation rates. The percentage of students in a cohort who earned a Board of Education approved diploma within four years of entering high school went from 87 percent in 2009 to 93 percent in 2012.
- Decrease in the need for kindergarten remediation. The PALS-K is used to identify kindergarten students who are behind in their acquisition of fundamental literacy skills. Between the 2008-2009 and 2013-2014, the need for remedial assistance decreased from 37 percent to 31 percent for Winchester City, 16 percent to 14 percent for Shenandoah County, 15 percent to 13 percent for Warren County, and 12 percent to 10 percent for Clarke County. Frederick and Page counties remained constant at 17 percent and 18 percent respectively, when compared to from the previous reporting period.
- Increase in college participation. The Virginia Department of Education assisted with the creation of the Virginia Longitudinal Data System. This system tracks student success from K-12 through college. From 2009 to 2012 reporting period, Frederick County college participation rates increased from 64 percent to 65 percent.

4. United Way Alice Project, 2017

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 Economic Viability Dashboard evaluates community conditions for ALICE in three core areas. Each is an index with a scale of one (worse) to 100 (better).

- In 2015 for Virginia, 50 percent of the households were considered ALICE population and at poverty level.
- Economic conditions for Clarke County were 65 for housing, 43 for job opportunities, and 42 for community resources. Berryville, VA reported 51 percent of households were at the ALICE or poverty levels.

- Economic conditions for Frederick County were 61 for housing, 52 for job opportunities, and 56 for community resources. Middletown, VA reported 47 percent of their total households were either ALICE or poverty levels; Stephens City was close at 46 percent.
- Economic conditions for Page County were 52 for housing, 64 for job opportunities, and 62 for community resources. Stanley, VA reported 47 percent of their total households were either ALICE or poverty levels, Shenandoah at 52 percent, and Luray at 50 percent.
- Economic conditions for Rappahannock County were 50 for housing, 31 for job opportunities, and 53 for community resources. Chester Gap, VA reported 38 percent of their total households were either ALICE or poverty levels.
- Economic conditions for Shenandoah County were 51 for housing, 47 for job opportunities, and 59 for community resources. Mount Jackson, VA reported 55 percent of their total households were either ALICE or poverty levels, New Market, VA at 53 percent, and Basye, VA at 51 percent. Toms Brook, VA reported the lowest at 29 percent of their total population was considered ALICE or below the FPL.
- Economic conditions for Warren County were 65 for housing, 43 for job opportunities, and 49 for community resources. Front Royal, VA reported 49 percent of their total households were either ALICE or poverty levels.
- Economic conditions for Winchester City were 41 for housing, 53 for job opportunities, and 51 for community resources.

5. Page Alliance for Community Action (PACA), 2018

The Page Alliance for Community Action (PACA) conducted a 2018 Needs Assessment Update.²⁷

Key findings relevant to this CHNA include:

- There were 17.2 percent of the Page County population are considered to be in poverty. 15.5 percent are in deep poverty (2012-2016 reporting period). This percentage has increased from 11.9 compared to the previous report (2011-2015).
- Suicide rates in Page County exceeds the rate per 100,000 population in Virginia.
- In 2016, there were 63 meth cases reported for Page County, 47 prescription opioid cases, 17 benzodiazepine cases, and 2 heroin cases. Page County has higher drug use on average of 337.18 for Marijuana than Virginia state average of 276.44.

²⁷ Page Alliance for Community Action (PACA). (2018). Page County 2018 Needs Assessment Update.

- Page County’s rates for violent crime and robbery are lower than the state and national averages.
- In 2018, there were 8.8 percent of the community responded that they had thought a lot or often about suicide compared to 2016 at 5.8 percent.

6. Page Alliance for Community Action (PACA), Pride and Young Adult Survey, 2015-2017

The Page Alliance for Community Action (PACA), the “Page County Student Pride Survey,” of the county’s high school students which was compared to the Monitoring the Future national survey.²⁸

Key findings relevant to this CHNA include:

- Page County 8th, 9th, and 11th graders had a lower rate of tobacco use (6.9%) compared to 2009 at 23.20%. It is important to note that these numbers have likely gone up in the last year with the rise of e-cigarette use among youth.
- Page County 8th, 9th, and 11th graders had a lower rate of alcohol use in 2017. There was a huge drop in alcohol use from 2009 at 27.2 percent compared to 2015 at 13.5 percent, however, an increased in 2017 at 16.6 percent.
- Page County 8th, 9th, and 11th graders had a lower rate of marijuana use for 2017 at 7.6 percent. Marijuana use has consistently dropped in the last few years for students.
- Page County 8th, 9th, and 11th graders had a lower rate of prescription drug use for 2017 at 1.4 percent, compared to 2015 at 5 percent.

7. People Incorporated, 2018 Community Needs Assessment

People Incorporated in the Community Action Agency serving 13 counties and 3 cities in Virginia to include Clarke, Frederick, Page, Shenandoah, and Warren counties, and the City of Winchester.

Key findings relevant to this CHNA include:

- Affordable Housing costs continue to rise in the Washington DC metro area and families are relocating to Northern Shenandoah Valley (NSV) placing greater demands on the housing market.

²⁸ Page Alliance for Community Action (PACA). (2018). Page County Student Pride Survey Results.

- As the 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 the regions at 1, 714 residents per provider.
- A living wage for a family of four in the region would be \$15.75 for two, full-time adults with two children, and \$28.90 for one adult with two children. The retail and food service jobs occupied by many low-income persons do not pay nearly this wage. The need for more living wage jobs that are accessible to low-income individuals is seen in all regions. Manufacturing remains the largest industry in the NSV with 20% of total employment.
- In the northern Shenandoah Valley, 29 percent of the population were considered ALICE (Asset Limited, income constrained, employed), and 19 percent fell below the Federal Poverty Level.
- An almost complete lack of public transit is an issue in rural northern Shenandoah Valley.
- Changes in population and housing vacancy rates have increased in the northern Shenandoah Valley from 11.8 percent to 12.8 percent.
- The median monthly rent in Rappahannock County is \$1,046, but the average monthly income for a renter household is \$2,610.
- In the northern Shenandoah Valley, 19 percent of low-income individuals moved residences in the last year as opposed to those living above the Federal Poverty Line at 11 percent.
- Obesity rates across the United States have a close relationship with poverty. According to data from the CDC, “low income children and adolescents are more likely to be obese than their higher income counterparts. In the northern Shenandoah Valley obesity, rates for 2018 were at 29.5 percent.

8. Frederick County Department of Social Services, 2017

The Frederick Department of Social Services completed their “Frederick Department of Social Services FY17 Annual Report”²⁹ 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 the Supplemental Nutrition Assistance Program (SNAP) and The Temporary Assistance for Needy Families (TANF) program decreased slightly from 2016 to 2017. Applications received in 2016 were 2,112 for SNAP, and 498 for TANF. In 2017, 2,062 for SNAP, and 480 for TANF based upon applications received.

²⁹ Frederick Department of Social Services. (2017). Winchester Department of Social Services FY 2017

- Childcare provides funding to enhance the quality and affordability of childcare services available to families. Childcare programs are child-centered, family-focused services that support the family goals, economic self-sufficiency, and child development by providing substitute parental protection, guidance, and early childhood education. Childcare assistance decreased from 2016 to 2017 from \$590,000 to \$566,000.
- Applications for energy assistance, including fuel assistance, crisis assistance, and cooling assistance, increased from \$226,000 in 2016 to \$231,000 in 2017.

9. Blue Ridge Habitat for Humanity, Breaking New Ground Community Impact Report, 2016-2017

The Blue Ridge Habitat for Humanity (BRHFH) completed a “2016-2017 Community Impact Report”³⁰ BRHFH’s goal is to increase capacity to serve more individuals in the region, and significantly impact the housing deficit in the communities they serve. BRHFH’s service area has expanded to include Clarke, Frederick, and Shenandoah counties, and the City of Winchester.

Key findings relevant to this CHNA include:

- In Shenandoah County, 37 percent of the county’s population is housing cost burdened.
- Fifty percent of the City of Winchester’s population is asset limited, income constrained, and employed.
- Housing construction has a huge economic impact on the local community. On average, home construction creates 3.5 full-time jobs per home each year.

³⁰ Habitat for Humanity. (2018). *2018 Community Impact Report*, Retrieved from: <https://create.piktochart.com/output/24941385-shaa-final-1182017>.

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

The community health survey questionnaire was completed by 547 residents from the PMH community, 12 of these surveys were from the Hispanic population.

PMH'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 January – March 2019 on Valley Health's web site and was widely publicized at the Valley Health Community Wellness Festival, Lord Fairfax Community College, and at a Mexican Consulate event on the Our Health, Inc. campus.

The survey 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.

10. Respondent Characteristics

Of the 547 surveys from PMH's community:

Almost 76 percent of the English respondents were female, and 19.8 percent of the English respondents were between the ages of 45 and 54. Sixty-four percent were white, and 0.6 percent identified as Hispanic or Latino. The majority of respondents reported being in good or very good overall health, married (62.9 percent), employed full time (52 percent), and having an undergraduate degree or higher (83.1 percent). The majority (99.7 percent) of respondents speak English in the home.

Exhibit 44: Survey Respondents by County, 2019

County	Number of Respondents	Percent of Respondents
PSA	130	23.8%
Page, VA	116	4.7%
Rappahannock, VA	14	0.6%
SSA	417	76.2%
Shenandoah, VA	217	8.8%
Warren, VA	200	8.1%
Totals:	547	100.0%

Source: Valley Health Community Survey, 2019.

From the PMH community, Shenandoah County had the highest percentage of respondents. Residents from the Secondary Service Areas (SSA) accounted for 76.2 percent of the total surveys collected (**Exhibit 44**).

Exhibit 45: Survey Respondents by Age, 2018

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
15 – 24	3.5%	18	9.1%	1
25 – 34	11.8%	61	36.4%	4
35 – 44	15.4%	80	18.2%	2
45 – 54	19.8%	103	36.4%	5
55 – 64	19.1%	99	~	~
65 – 74	16.6%	86	~	~
75+	13.9%	72	~	~
Answered Question		519		11
Skipped Question				1

Source: Valley Health Community Survey, 2019.

The highest percentage of English survey respondents were aged 45-54 and 55-64. The highest percentage of Spanish survey respondents were 45-54 years of age. Approximately 13.9 percent of total English survey respondents were 75+ years old (**Exhibit 45**).

Exhibit 46: Survey Respondents by Sex, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Female	76.3%	396	72.7%	8
Male	21.3%	116	9.1%	13
Answered Question		519	~	11
Skipped Question		~	~	1

Source: Valley Health Community Survey, 2019.

The highest percent of English surveys received were from female population at 76.3 percent; and 80 percent of females completed the Spanish surveys (**Exhibit 46**).

Exhibit 47: Survey Respondents by Ethnicity, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
White	94.5%	498	~	~
Two or more races	2.3%	12	9.1%	1
Black or African American	1.5%	8	~	~
Hispanic or Latino	0.9%	5	90.9%	10
Other (please specify)	0.6%	3	~	~
Asian	0.2%	1	~	~
Answered Question		527	~	11
Skipped Question		~	~	1

Source: Valley Health Community Survey, 2019.

The White population was the largest group to respond to the English survey for the PMH community at 94.5 percent. There was an increase of Black or African American participants this year at 1.5 percent compared to 2016 at 1.1 percent (**Exhibit 47**).

Exhibit 48: Survey Respondents by Marital Status, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Co-habiting	4.5%	24	~	~
Divorced	11.3%	60	~	~
Married	62.9%	334	66.7%	8
Not married/single	11.1%	59	33.3%	4
Widowed	10.2%	54	~	~
Answered Question		531		12

Source: Valley Health Community Survey, 2019.

A majority of the surveys received were from married individuals for both the English and Spanish survey respondents (**Exhibit 48**).

Exhibit 49: Survey Respondents by Education Attainment, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
College degree or higher	50.2%	265	40.0%	4
Did not complete high school(enter highest grade level completed below)	5.1%	27	20.0%	2
High school diploma or GED	21.4%	113	30.0%	3
Other	1.7%	9	0%	~
Some college	21.6%	114	10.0%	1
Answered Question		528	~	10
Skipped Question		~	~	2

Source: Valley Health Community Survey, 2019.

Most of the English surveys received were from individuals who have earned a college degree or had some college classes. Among the Spanish survey respondents, 40.0 percent had completed college and 30 percent had earned a high school diploma or GED (**Exhibit 49**).

Exhibit 50: Survey Respondents by Income, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Less than \$15,000	10.2%	51	16.7%	2
\$15,000 - \$24,999	8.4%	42	41.7%	5
\$25,000 - \$34,999	14.0%	70	25.0%	3
\$35,000 - \$49,000	24.4%	122	8.3%	1
\$50,000 - \$74,999	15.6%	78	~	~
\$75,000 - \$99,999	8.4%	42	8.3%	1
Over \$100,000	19.2%	96	~	~
Answered Question		501	~	12

Source: Valley Health Community Survey, 2019.

Individuals from all income levels were represented in the survey results. The highest percentage of English survey respondents indicated an income between \$35,000 – \$49,000 at 24.4 percent. Spanish survey respondents showed that 41.7 percent had income levels were \$15,000 – 24,999 (**Exhibit 50**).

Exhibit 51: Survey Respondents by Employment Status, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Full time	52.0%	275	70.0%	7
Part time (one job)	6.2%	33	10.0%	1
Part time (more than one job)	2.8%	15	~	~
Retired	7.6%	40	~	~
Student	26.8%	142	10.0%	1
Unemployed	1.5%	8	10.0%	1
Other (please specify)	3.0%	16	~	~
Answered Question		529	~	10
Skipped Question		~	~	2

Source: Valley Health Community Survey, 2019.

Of the English survey respondents, 52 percent reported that they had a full-time job, whereas, 70 percent of Spanish survey respondents reported having a full-time job (**Exhibit 51**).

Exhibit 52: Language Spoken in Home, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
English	99.4%	527	~	~
Spanish	~	~	100.0%	12
Other (please specify) German, Korean, and Russian	0.6%	3	~	~
Answered Question		530	~	12

Source: Valley Health Community Survey, 2019.

English and Spanish are most frequently spoken in the homes of the respective survey respondents (**Exhibit 52**).

Exhibit 53: Physical Activity - Children, 2019

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
1-2 Days a Week	12.5%	35	50.0%	5
3-4 Days a Week	21.0%	59	20.0%	2
5-6 Days a Week	21.4%	60	~	~
Every Day (7 days a week)	23.1%	65	10.0%	1
Less than 1 day a week	22.1%	62	20.0%	2
Answered Question		281	~	10
Skipped Question		~	~	2

Source: Valley Health Community Survey, 2019.

Of the English survey respondents, 23.1 percent reported that their children had some form of physical activity seven times of week, and 50 percent of the Spanish survey respondents reported their children had some form of physical activity one to two times a week (**Exhibit 53**).

11. Access Issues

Exhibit 54: Locations Where Respondents Received Routine Healthcare

Response	Response Count	Spanish Survey Response Count
Traditional medical office (MD, APN, PA)	491	1
Urgent care facility or store-based walk-in clinic	120	4
Free or low-cost clinic or health center	22	7
Local Health Department clinic	18	4
Provider of alternative medicine	32	1
Hospital emergency room	48	4
No routine medical care received	10	1
Other (please specify)	12	~

Source: Valley Health Community Survey, 2019

Survey question 7 asked about access to care and where patients choose to go for routine care. **The majority** of the English survey respondents stated that they went to a traditional medical office for routine care; however, most of the Hispanic respondents reported that they went to a free or low-cost clinic or health center for care (**Exhibit 54**).

Exhibit 55A: Respondent Ability to Receive Needed Care, by Type of Care (English)

Response	Always	N/A	Never	Rarely	Sometimes	(blank)
Basic medical care	433	1	3	8	76	~
Dental care	424	1	3	4	76	7
Mental health care	405	1	3	6	74	4
Medical specialty care (cardiology, neurology, etc.)	418	1	3	8	75	7
Medicine and medical supplies	417	1	3	7	75	8
Pregnancy care	399	1	3	8	73	6
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	422	1	3	8	75	10

Source: Valley Health Community Survey, 2019

Exhibit 55A suggests that most English 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 PMH’s community.

Exhibit 55B: Respondent Ability to Receive Needed Care, by Type of Care (Spanish)

Response	Always	Never	Rarely	Sometimes	(blank)
Basic medical care	29	4	13	4	18
Dental care	22	3	13	3	13
Mental health care	21	3	13	3	13
Medical specialty care (cardiology, neurology, etc.)	22	3	13	3	14
Medicine and medical supplies	20	3	13	3	13
Pregnancy care	22	3	13	3	13
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	21	3	13	3	13

Source: Valley Health Community Survey, 2019

Exhibit 55B suggests that most Spanish survey respondents indicated that they “rarely” had the ability to access needed care. All categories were identified for PMH’s community as an access to care barrier.

Exhibit 56A: Access Barriers to Receiving Needed Care, by Service Type (English)

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of medical providers	Lack of transportation	No Insurance	Other
Basic medical care	33	13	6	10	1	10	8
Dental care	31	12	5	8	1	9	8
Mental health care	32	11	6	9	1	9	8
Medical specialty care	32	10	5	8	1	9	8
Medicine and medical supplies	32	11	5	9	1	8	8
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	30	9	5	8	1	6	7

Source: Valley Health Community Survey, 2019

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

Exhibit 56A 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, 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 56B: Access Barriers to Receiving Needed Care, by Service Type (Spanish)

Response	Can't afford it / too expensive	Inconvenient hours	Lack of medical providers	Lack of transportation	Not Sure	Other
Basic medical care	12	1	1	1	7	3
Dental care	10	1	1	~	7	2
Mental health care	9	~	1	~	7	2
Medical specialty care	9	~	~	~	6	2
Medicine and medical supplies	10	~	1	~	6	2
Prenatal Care	~	~	1	~	6	1
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	9	1	1	~	6	1

Source: Valley Health Community Survey, 2019

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

Exhibit 56B 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, 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 57: How do you pay for Healthcare?

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Cash (no insurance)	6.1%	60	41.7%	5
Charity care	0.8%	8	~	~
Medicaid	3.5%	34	16.7%	2
Medicare	17.1%	168	~	~
Other (please specify)	3.7%	36	~	~
Private health insurance (for example: Anthem, Blue Cross, HMO)	67.9%	667	25.0%	3
Veterans' Administration	1.0%	10	~	~
Answered Questions		983	~	10
Skipped Questions		~	~	2

Source: Valley Health Community Survey, 2019

Exhibit 57 shows that 67.9 percent of people surveyed in the PMH community have private health insurance coverage and 17.1 percent have Medicare coverage. The Spanish survey showed 41.7 percent of the population paid cash for their healthcare while 25.0 percent had private insurance.

12. Health Issues

Exhibit 58A English Survey Respondents

Question: Which of the following do you believe are the three most important factors for a healthy community? Check only 3.

Response	Response Count	Response Percent
Jobs and stable economy	287	17.1%
Access to health care (e.g., family doctor)	260	15.5%
Safe place to raise children	203	12.1%
Low crime/safe neighborhoods	172	10.3%
Excellent schools	132	7.9%
Healthy behaviors and lifestyles	118	7.0%
Religious/spiritual values	105	6.3%
Affordable housing	102	6.1%
Strong family life	96	5.7%
Clean environment	73	4.4%
Parks/recreation facilities	40	2.4%
Healthy race relations	24	1.4%
Low adult death/disease rates	18	1.1%
Low infant death rate	13	0.8%
Low level of child abuse	13	0.8%
Arts and cultural events	12	0.7%
Other (please specify)	10	0.6%
Total	1678	100.0%

Source: Valley Health System, 2019

Over 30 percent of respondents indicated jobs, a stable economy, and access to care were among the most important factors for a healthy community. Safe place to raise children, low crime/safe neighborhoods, excellent schools, and healthy behaviors and lifestyles were identified by over 30 percent of respondents as among the most important factors (**Exhibit 60A**).

Exhibit 58B Spanish Survey Respondents

Question: Which of the following do you believe are the three most important factors for a healthy community? Check only 3.

Issue	Count	Percent Responded
Clean environment	7	19.4%
Safe place to raise children	6	16.7%
Jobs and stable economy	6	16.7%
Excellent schools	4	11.1%
Access to health care (e.g., family doctor)	3	8.3%
Healthy behaviors and lifestyles	3	8.3%
Low crime/safe neighborhoods	2	5.6%
Low infant death rate	2	5.6%
Affordable housing	1	2.8%
Strong family life	1	2.8%
Low adult death/disease rates	1	2.8%

Source: Valley Health System, 2019

Over 50 percent of respondents indicated that a clean environment, safe place to raise children, and jobs and a stable economy were among the most important factors for a healthy community. A clean environment, low crime/safe neighborhoods, healthy behaviors and lifestyles, and affordable housing were identified by over 30 percent of respondents as among the most important factors (**Exhibit 60B**).

Exhibit 61A English Survey Respondents

Question: 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)? Check only 3.

Issue	Count	Percent Responded
Substance abuse	277	17.1%
Low income/financial issues	174	10.7%
Mental health (depression, bipolar, autism)	163	10.1%
Being overweight	161	9.9%
Cancer	107	6.6%
Diabetes	78	4.8%
Heart disease	69	4.3%
Tobacco use/smoking	65	4.0%
Poor dietary choices	59	3.6%
Access to healthy food	56	3.5%
Affordable housing ²	54	3.3%
Not enough exercise	51	3.1%
High blood pressure	40	2.5%
Domestic violence	38	2.3%
Alzheimer's or dementia	32	2.0%
Homelessness	27	1.7%
Dental health	26	1.6%
Other (please specify) ²	24	1.5%
Teenage pregnancy	20	1.2%
Respiratory/lung disease	18	1.1%
Childhood obesity	17	1.0%
Vaping/juuling	16	1.0%
Asthma	13	0.8%
Sexually transmitted diseases (STDs)	9	0.6%
Motor vehicle crash injuries	9	0.6%
Suicide	8	0.5%
Poor air quality	6	0.4%
Stroke	4	0.2%

Source: Valley Health System, 2019

Over 30 percent of respondents indicated being substance abuse, low income/financial issues, overweight, and mental health among the most significant health problems in the community. Being overweight, cancer, diabetes, and heart disease were identified by over 11 percent of respondents as among the most significant health problems (**Exhibit 61A**).

Exhibit 61B Spanish Survey Respondents

Question: 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)? Check only 3.

Issue	Count	Percent Responded
Diabetes	25	15.3%
Being overweight	24	14.7%
Cancer	14	8.6%
Access to healthy food	12	7.4%
Domestic Violence	10	6.1%
High blood pressure	10	6.1%
Not enough exercise	9	5.5%
Childhood obesity	9	5.5%
Substance Abuse	7	4.3%
Teen Pregnancy	6	3.7%
Low income/financial issues	6	3.7%
Affordable housing	4	2.5%
Poor dietary choices	4	2.5%
Asthma	4	2.5%
Respiratory/lung disease	4	2.5%
Sexually transmitted diseases (STDs)	4	2.5%
Stroke	3	1.8%
Tobacco use/smoking	3	1.8%
Alzheimer's or dementia	2	1.2%
Homelessness	2	1.2%
Mental health (depression, bipolar, autism)	1	0.6%
Poor air quality	25	15.3%
Motor vehicle crash injuries	24	14.7%

Source: Valley Health System, 2019

Over 40 percent of Spanish survey respondents indicated having diabetes, being overweight, cancer, and access to healthy foods were the most significant health problems in the community. Domestic violence, high blood pressure, childhood obesity, not enough exercise, and substance abuse were identified by over 27 percent of respondents as among the most significant health problems (**Exhibit 61B**).

13. Health Behaviors

Exhibit 62A English Survey Respondents

Question: 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). Check only 3.

Issue	Count	Percent Responded
Drug abuse	457	29.0%
Alcohol abuse	290	18.4%
Tobacco use/smoking	197	12.5%
Poor eating habits	191	12.1%
Lack of exercise	92	5.8%
Unsafe sex	67	4.3%
Not using birth control	50	3.2%
Not getting recommended vaccines	49	3.1%
Dropping out of school	48	3.0%
Racism or other form of bigotry	42	2.7%
Not using seat belts/child safety seats	41	2.6%
Vaping/juuling	38	2.4%
Other (please specify) ³	14	0.9%

Source: Valley Health System, 2019

Over 29 percent of respondents indicated being drug abuse was the most risky health behaviors in the community. When asked to identify the top risky health behaviors in the community, English survey respondents most often indicted alcohol abuse, tobacco use and smoking, poor eating habits, lack of exercise, and unsafe sex were identified by respondents (**Exhibit 62**).

Exhibit 62B Spanish Survey Respondents

Question: 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). Check only 3.

Issue	Count	Percent Responded
Alcohol abuse	66	21.0%
Drug abuse	56	17.8%
Tobacco use/smoking	46	14.6%
Racism or other form of bigotry	35	11.1%
Lack of exercise	27	8.6%
Not getting recommended vaccines	25	7.9%
Not using seat belts/child safety seats	20	6.3%
Dropping out of school	16	5.1%
Unsafe sex	12	3.8%
Not using birth control	8	2.5%
Vaping/juuling	4	1.3%

Source: Valley Health System, 2019

Over 21 percent of Spanish survey respondents indicated alcohol abuse, and drug abuse were the most risky behaviors within the community. The top risky health behaviors in the Spanish community indicated by the survey respondents are tobacco use/smoking, racism or other form of bigotry, and lack of exercise. These are followed by not getting shots, not getting recommended vaccines, not using seat belts/child safety seats, dropping out of school, and unsafe sex (**Exhibit 62B**).

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 PMH, 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 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 PMH 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 extended hours, to add 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, or the because of the gap of Medicaid expansion.
- 2. Access to research:** Interview participants cited the lack of broadband for the Internet. Many community residents do not have the option of checking their “My Chart” health information, researching health information, or scheduling appointments online, because services are not available within the PMH community.
- 3. Affordable Housing/Assisted Living:** Interview participants frequently mentioned the need for affordable housing across the PMH 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.
- 4. Cancer:** Cancer was frequently mentioned during the interview process. Some believe this is due to increased awareness of cancer services within the PMH community, however, others mentioned that it may be the result of more awareness and residents scheduling preventative screenings.
- 5. Chronic illness (i.e. Cholesterol, Diabetes, and Heart Disease):** Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with discussion about obesity and being overweight. This was true for all ages, but these health issues were noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise levels, and food insecurity and hunger. Access to healthy foods was mentioned as a barrier, including that some do not have money to purchase fresh produce. There was widespread recognition of the toll that chronic illness has on health, its impact on the health care system, and the importance of not only treatment but also behavioral change in addressing the chronic disease.

- 6. Drug and substance abuse:** An array of substance abuse issues were identified across the PMH 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 is still a significant importance to the PMH community.
- 7. 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.
- 8. 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.
- 9. 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 noted that in order to have housing, basic needs would need to be met such as employment, food, and shelter.
- 10. 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.
- 11. 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 increased, 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.

- 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 electronic cigarettes (e-cigarettes).
- 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 PMH 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**).

14. 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
Chris Petsko	District Administrator	Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Colin Greene	District Director	Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Thomas Daugherty	Health Officer	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
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
Stephanie Shoemaker	Local Health Administrator	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview

15. 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
Brandon Jennings	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of the indigent populations in the community	Interview
Cheryl Reames	Executive Director/Manager	Greater Winchester Area Parkinson's Support Group	Expertise in Parkinson's Disease and community resident	Both
Cosby Potter-Davis	Executive Director	Good Samaritan Free Clinic	Special knowledge regarding health needs of the indigent populations in the community for Berkeley County	Interview
Debbie Dart	Executive Director/Manager	Choices, Council on Domestic Violence	Special knowledge regarding domestic violence	Interview
Dennis Morris	Board of Supervisor	Shenandoah County Board of Supervisors	Shenandoah County	Interview
Donald K. Price	Executive Director	Access Independence, Inc.	Special knowledge regarding patients with disabilities	Interview
Dr. Barbara Walter	VP, Medical Affairs	Page Memorial Hospital	Page County	Interview
Dr. Greg Byrd	VP, Medical Affairs	Shenandoah Memorial Hospital	Shenandoah County	Interview
Dr. Iyad Sabbagh	Senior VP, Chief Physician Executive, and President, Valley Physician Enterprise	Valley Health	Frederick County	Interview
Dr. James Wiedower	Physician	Valley Physician Enterprise	Special knowledge regarding Bariatrics	Interview
Dr. Jeff Feit	VP, Population Health, Valley Health, Chief Operating Officer, Valley Physician Enterprises	Valley Health	Population Health	Interview
Dr. Madhur Solanki	Associate Medical Information Officer	Winchester Medical Center	City of Winchester	Interview
Dr. Nicolas Restrepo	VP, Medical Affairs	Winchester Medical Center	City of Winchester	Interview
Dr. Robert Meltvedt	VP, Medical Affairs, Warren Memorial Hospital	Warren Memorial Hospital	Warren County	Interview
Gay Rice	Director	Worth Waiting 4	Special knowledge of teen pregnancy	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
John Nagley	Executive Director	AIDS Response Effort	Special knowledge regarding health needs of population in community with AIDS	Interview
Kim Shrum	Clinical Manager	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
Leslie Hardesty	SA Program Coordinator	TLC	Special knowledge regarding seniors needs in Shenandoah county	Interview
Lisa Herbaugh	Program Coordinator	The Laurel Center	Special knowledge regarding domestic violence	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
Megan Gordon	Program Director	Page Alliance Community Action	Page County	Interview
Michaela Zaraszczak	Executive Assistant	Access Independence, Inc.	Special knowledge regarding patients with disabilities	Interview
Natalie Cline	Marketing and Events Assistant	Berkeley County Chamber	Berkeley County	Interview
Nicole Foster	President	Front Royal Chamber of Commerce	Warren County	Interview
Pam Murphy	Executive Director	Shenandoah County Free Clinic	Special knowledge regarding health needs of indigent population in community	Interview
Rachel Carlson	Director, Advanced Practice Clinician Services	Valley Physician Enterprise	Clinician Services	Interview
Robin Stevens	Services Coordinator	Choices, Council on Domestic Violence	Special knowledge regarding domestic violence	Interview
Sharon Baroncelli	Executive Director	Shenandoah Chamber of Commerce	Shenandoah County	Interview
Sharon Stanfield	Eligibility Worker Supervisor	Frederick County Dept. of Social Services	Expertise in the social services	Interview
Stephanie Grubb	Coordinator Psychiatrics	Valley Health Behavioral Health	Special knowledge regarding behavioral health needs in community	Interview
Susan Sanders	Office Manager	Berkeley County Chamber	Berkeley County	Interview
Tammy Gasper	VP, Shenandoah Memorial Hospital; Southern Region Medical Staff Services & Clinical Program Development	Shenandoah Memorial Hospital	Shenandoah County	Interview
Teresa Rhodes	Executive Director/Manager	AbbaCare, Inc.	Special knowledge regarding teen pregnancy	Interview

16. 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**.

Exhibit 65: Community Leaders and Representatives

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Abbey Remold	Manager, HR Business Partner	VHS Southern Region Warren Memorial Hospital	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Allen Sibert	TOVRC	Winchester City Sheriff's Office	Law Enforcement	Interview
Amanda Behan	Lieutenant	Winchester Police Department	Law Enforcement	Interview
April McClain-Clower	Director	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Interview
Bartley Hoffman	Director, Surgical Services	Shenandoah Memorial Hospital	Shenandoah County	Response Session
Becky Whetzel	Medical Transport Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Benjamin Dolewski	Medical Practice Manager	Page Rural Health Center	Special knowledge regarding health needs of the indigent populations in the community	Both
Brandon Truman	Education and PI Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Brian Sewtle	Capt. Mental Health CBI	Winchester Police Department	Law Enforcement	Interview
Carolyn Knowles	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Cathy Weaver	Member, Community Advisory Committee	Community	Page County Community	Interview
Chaz Niang	Officer/CRT	Winchester Police Department	Law Enforcement	Interview
Chris Rucker	President, Valley Regional Enterprises; VP, Valley Health Ambulatory Services	Valley Health	Special knowledge regarding ambulatory health needs and transportation 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
Christa Shifflett	Executive Director	Warren County Coalition	Warren County	Response Session
Christopher S. Hale	Med/Surg. Clinical Manager	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Interview
Claire McDonald	Executive Director	The Independent School of Winchester	Special knowledge in education	Interview
Courtney Miller	Wellness Services	Valley Health	Special knowledge regarding nutrition and wellness	Both
Crystal Larson	Administrator	Lynn Care Center	Special knowledge regarding health needs of long-term care patients	Interview
DeAnna Cheatham	Director	Warren County Social Services	Warren County	Interview
Diane Kerns	Chair, Community Advisory Committee	Community	Winchester Community	Interview
Doug Stanley	County Administrator	Local Government-Warren County	Warren County	Interview
Dr. David T. Sovine	Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Jason Van Heukelum	Superintendent	Winchester City Schools	Special knowledge in education	Interview
Dr. Mark Johnston	Superintendent	Shenandoah County Public Schools	Special knowledge in 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
Ethel Showman	Member, Community Advisory Committee	Community	Shenandoah County Community	Interview
Faith Power	Member, Community Advisory Committee	Community	Winchester Community	Interview
Floyd Heater	VP, Valley Health Southern Region, President, Warren Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	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
Grady (Skip) Philips	President, Winchester Medical Center	Valley Health	Special knowledge regarding health needs of indigent populations in the community	Interview
Jake Meza	VHS Director, UC/OH/QC	Valley Regional Enterprises/ VHS	Special knowledge regarding health needs of indigent populations in the community	Interview
Jane Bauknecht	Executive Director	Adult Care Center of NSV, Inc.	Special knowledge regarding adult day care needs	Interview
Janice Boserman	PI/Quality	War Memorial Hospital	Morgan County	Interview
Jessica Watson	Director CDRC & WRC	Winchester Medical Center Chronic Disease Resource Center	Special knowledge regarding health needs of indigent patients	Interview
Jill Williams	Program Supervisor	Healthy Families Northern Shenandoah Valley	Experience providing parenting support to at-risk families in the community	Both
JoAnne Winschel	Social Worker	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
John Piper	Chief of Police	Winchester Police Department	Law Enforcement	Interview
John Robben	Director	Valley Medical Transport	Special knowledge in patient transportation	Interview
John Van Wyck	Director of Student Services & Federal Programs	Page County Public Schools	Special knowledge in education	Interview
Julie Horak	Pharmacy Manager	War Memorial Hospital	Morgan County	Interview
Julie Larrick	Clinical Team Manager	Home Health	Special knowledge regarding home health care	Interview
Julie Zigler	Executive Director	Division of Aging and Rehabilitative Services	Special knowledge regarding rehabilitative services	Interview
K.C. Bohrer	Sheriff	Morgan County Sheriff's Department	Law Enforcement	Interview
Kaili Flick	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Karen Poff	Executive Director	Virginia Tech Extension	Special knowledge in education	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
Karen Schultz, PhD	Director & Professor, Center for Public Service and Scholarship	Shenandoah University	Special knowledge regarding health needs of the indigent populations in the community.	Response Session
Katy Pitcock	Co-Chair and Coordinator Community Prenatal and Language Access	Virginia Medical Interpreting Collaborative	Special knowledge of health needs of populations that have limited in English proficiency.	Community Health Survey
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 Shrum	Clinical Manager	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
L. Gregory Drescher	Superintendent	Warren County Public Schools	Special knowledge in education	Interview
Lauren Cummings	Executive Director	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Linda Holtzapple	Executive Director	Shenandoah Area Agency on Aging	Special knowledge regarding senior populations	Interview
Lisa Hyde	Warrants Clerk	Winchester Police Department	Law Enforcement	Interview
Mark Lahman	Corporal Oldtown	Winchester Police Department	Law Enforcement	Interview
Mark Merrill	President and Chief Executive Officer	Valley Health	Special knowledge of health needs of populations	Both
Mike Ackerman	Sergeant/ CRT	Winchester Police Department	Law Enforcement	Interview
Misty Warren	Women's and Children's Coordinator	Valley Health	Expertise women’s and children outreach	Interview
Nicky Fadley	Executive Director	Strength In Peers	Special knowledge of mental health needs in community	Interview
Patty Fields	Office Data Specialist	Hampshire Memorial Hospital	Hampshire County	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
Philip Graybeal	Chief Financial Officer	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	Interview
Rachel Payne	Clinical Team Manager	Valley Health Home Health	Special knowledge regarding home health care	Interview
Samantha Greenfield	Placement Counselor	Division of Aging and Rehabilitative Services	Special knowledge regarding rehabilitative services	Interview
Sara Kuykendall	Dietician	Wellness Services	Special knowledge regarding nutrition	Interview
Scott Mallery	Executive Director	Aging & Family Services	Special knowledge regarding senior populations	Interview
Sharen Gromling	Executive Director	Our Health, Inc.	Special knowledge regarding health needs of the indigent populations in the community.	Both
Sharon Rigney	Director Women's & Children	Winchester Medical Center	Special knowledge regarding health needs of women and children in the community.	Interview
Sonia M. Conrad	LPN Office Intake Specialist	Valley Health Home Health	Special knowledge regarding home health care	Interview
Stacey Heavner	Executive Director	Senior Community Service Employment Program	Special knowledge regarding senior populations	Interview
Stephanie Fisher	Clinical Manager	Valley Health Home Health	Special knowledge regarding home health care	Interview
Tabitha Keyser	Case Management	Page Memorial Hospital	Special knowledge regarding health needs of Page County indigent populations	Interview
Taryn Logan	Planning Director	County of Warren	Warren County	Interview
Tom Kluge	President, Hampshire Memorial Hospital and War Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	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
Thomas Noser	Imaging/Cardiopulmonary Manager	Page Memorial Hospital	Page County	Response Session
Tina Combs	President and Chief Executive Officer	Berkeley County Chamber	Berkeley County	Interview
Tracy Mitchell	Valley Health Director	Valley Health Wellness Services	Special knowledge regarding wellness services	Interview
Tracey Ramey	Education Department Coordinator	Warren Memorial Hospital	Special knowledge in education	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	Interview
Victoria Johnson	Marketing Liaison	Valley Health Home Health	Special knowledge regarding home health care	Interview

17. 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
Alexis LaPorte	TOVRC	TWG Insurance-The Winchester Group Inc.	Interview
Andre Miller	VA Dept. of Veteran Services	United Way Housing Coalition	Interview
Anita Schill	Mayor's Office	City of Winchester	Response Session
Anne Norton	Volunteer	WMC Auxiliary	Interview
Aaron Grisdale	City of Winchester	United Way Housing Coalition	Interview
Avery Ramspeck	Volunteer	WMC Auxiliary	Interview
Beth Falu	TOVRC	Navy Federal Credit Union Contact Center	Interview
Bethany Searfoss	NSV Substance Abuse Coalition	United Way Housing Coalition	Interview
Beverly Pearce	Wyck, LLC	United Way Housing Coalition	Interview
Brandon Jennings	TOVRC	Sinclair Health Clinic	Interview
Breannan Lloy	TOVRC	Bank of Clarke County	Interview
Bonnie Paulsen	Volunteer	WMC Auxiliary	Interview
Carl Chapman	TOVRC	Welltown United Methodist Church	Interview
Carmen Richmond	TOVRC	Heart of the Home Design-Build	Interview
Carmen Silvius	The Kirland Image	Non-Profit Council of Shenandoah County	Interview
Cathy Philips	Education Chair	WMC Auxiliary	Interview
Charly Franks	Concern Hotline	United Way Housing Coalition	Interview
Cheryl Dellinger	NVD	Non-Profit Council of Shenandoah County	Interview
Chris Monroe	NWCSB	United Way Housing Coalition	Interview
Cindy Greenya	UWNSV	United Way	Interview
Coressa Hubbard	Workforce Virginia	Virginia	Response Session
Courtney Cox	TOVRC	United Bank	Interview
Cyndy Walsh	Shenandoah Education Foundation	Non-Profit Council of Shenandoah County	Interview
Danielle Cullers	Volunteers of America	United Way Housing Coalition	Interview
Danielle Tyler	Volunteer	WMC Auxiliary	Interview
David Smith	Mayor	Winchester City	Interview
Debbie Dart	Director	Choices, Page County	Response Session
Diane Lockhart	TOVRC	County of Frederick	Interview
Dick W. Meyer	Director	Emergency Management and Homeland Security	Interview
Doris Trant	Director	WMC Volunteer Services	Interview
Doug Norell	Valley Interfaith Council	United Way Housing Coalition	Interview
Ed Smith	TOVRC	Winchester Public Schools	Interview
Ericka Strosnyder	TOVRC	Lyle P. Strosnider, Inc.	Interview
Faith Carter	TOVRC	NW Works, Inc.	Interview
Frank Murphy	Community Representative	NAACP	Interview
Gay Rice	Director	Worth Waiting4	Both
Gwen Borders-Walker	Vice President	NAACP	Interview
Helen Ritchie	Volunteer	WMC Auxiliary	Interview
Heather Buonocore	Physical Therapist	FREE	Response Session

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

Name	Title	Affiliation or Organization	Interview or Response Session
Heather Kovaly	TOVRC	Thermo Fisher Scientific	Interview
Ingrid Thompson	Shenandoah Paco Industries	Non-Profit Council of Shenandoah County	Interview
Jean Martin	Humane Society of Shenandoah County	Non-Profit Council of Shenandoah County	Interview
Jean Westfall	Community Representative	United Way Housing Coalition	Interview
Jennie Morrow	TOVRC	Morgan Stanley-Wealth Management - Winchester	Interview
Jennifer Hall	Director of Community Engagement	Valley Assistance Network	Response Session
Jenny Castor	Volunteer	WMC Auxiliary	Interview
Joanne Altenburg	Volunteer	WMC Auxiliary	Interview
Joanne Dietz	Braddock Street UMC	United Way Housing Coalition	Interview
Jody Wall	TOVRC	Director of Program Development of TOVRC	Interview
Joe Litterio	First Bank	Non-Profit Council of Shenandoah County	Interview
John Copenhaver	Valley Interfaith Council	NAACP	Interview
Joseph Jablorish	Valley Assistance Network	United Way Housing Coalition	Interview
Judy Franz	Shenandoah County Search, Inc.	Non-Profit Council of Shenandoah County	Interview
Julian Berger	TOVRC	Loudon County Sheriff's Office	Interview
Kate Simpson	Community Representative	United Way Housing Coalition	Interview
Katherine Morrison	Community Foundation	Non-Profit Council of Shenandoah County	Interview
Keith Fleury	Housing and Real Estate Investments, LLC	United Way Housing Coalition	Interview
Kelli Dayrit	TOVRC	Lord Fairfax Community College	Interview
Kelli Williams	Lord Fairfax Community College	Non-Profit Council of Shenandoah County	Interview
Kelliann Harris	TOVRC	The Laurel Center	Interview
Kelly Bober	Childsafe Center	United Way Housing Coalition	Interview
Kim Herbstritt	NSV Community Foundation	United Way Housing Coalition	Both
Kevin Hay	TOVRC	Romney Presbyterian Church	Interview
Kimberly Wilt	Blue Ridge Habitat for Humanity	United Way Housing Coalition	Interview
La Tasha Do'zia-Early	Executive Director, Youth Development Center	NAACP	Interview
Latasha Thompson	Community Representative	Non-Profit Council of Shenandoah County	Interview
Linda Caley	Volunteer	WMC Auxiliary	Interview
Lindsey Douglas	Big Brothers Big Sisters	Non-Profit Council of Shenandoah County	Interview
Lois Hitchcock	Volunteer	WMC Auxiliary	Interview
Lynn McKee	Response	Non-Profit Council of Shenandoah County	Response Session
Mary Anton	TOVRC	Handley Regional Library	Interview
Marshall Henson	NW Works	United Way Housing Coalition	Interview
Mary Dale Jackson	Community Representative	NAACP	Interview
Matt Peterson	Blue Ridge Habitat for Humanity	United Way Housing Coalition	Response Session
Melissa Miller Piselli	Shenandoah County Pregnancy Center	Non-Profit Council of Shenandoah County	Interview
Michael Funk	Shenandoah County Foundation	Non-Profit Council of Shenandoah County	Interview

**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

1. Area Community Health Survey (English and Spanish)



2019 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 2019 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:

- | | | |
|--|---|--|
| <input type="radio"/> Safe place to raise children | <input type="radio"/> Healthy race relations | <input type="radio"/> Low level of child abuse |
| <input type="radio"/> Jobs and stable economy | <input type="radio"/> Parks/recreation facilities | <input type="radio"/> Healthy behaviors and lifestyles |
| <input type="radio"/> Clean environment | <input type="radio"/> Arts and cultural events | <input type="radio"/> Low adult death/disease rates |
| <input type="radio"/> Affordable housing | <input type="radio"/> Religious/spiritual values | <input type="radio"/> Low infant death rate |
| <input type="radio"/> Low crime/safe neighborhoods | <input type="radio"/> Strong family life | <input type="radio"/> Other: _____ |
| <input type="radio"/> Excellent schools | <input type="radio"/> 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:

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

- | | | |
|--|--|---|
| <input type="radio"/> Alcohol abuse | <input type="radio"/> Not getting recommended vaccines | <input type="radio"/> Not using birth control |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Racism or other form of bigotry | <input type="radio"/> Unsafe sex |
| <input type="radio"/> Drug abuse | <input type="radio"/> Tobacco use/smoking | <input type="radio"/> Not using seat belts/child safety seats |
| <input type="radio"/> Lack of exercise | <input type="radio"/> Vaping/juuling | <input type="radio"/> Other: _____ |
| <input type="radio"/> 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.

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

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

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

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

	Insurance	No	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine and medical supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat five or more servings of fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat whole-grain breads, cereals or noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink more than two alcoholic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke one or more cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape or juul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

12. City: _____ Zip Code: _____

13. Age:

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

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. Household income

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

19. Employment Status

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

20. What language do you usually speak at home?

- English
- Spanish
- Other: _____

21. How many children under 18 live in your household? _____

22. 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

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

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

Thank you for your responses. Please return completed surveys to the address below by February 28, 2019. If you would like more information about this community project, please contact us at 540-536-2504.

Mary Zufall, Business Development Manager
Valley Health System
220 Campus Boulevard, 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 2019, 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:

- | | | |
|--|---|--|
| <input type="radio"/> Un lugar seguro para criar niños | <input type="radio"/> Relaciones raciales saludables | <input type="radio"/> Bajo nivel de maltrato infantil |
| <input type="radio"/> Trabajos y una economía estable | <input type="radio"/> Parques e instalaciones recreativas | <input type="radio"/> Comportamientos y estilo de vida saludables |
| <input type="radio"/> Ambiente limpio | <input type="radio"/> Eventos de arte y culturales | <input type="radio"/> Tasa de mortalidad baja en adultos/ y enfermedades |
| <input type="radio"/> Vivienda asequible | <input type="radio"/> Valores religiosos Valores y espirituales | <input type="radio"/> Baja tasa de mortalidad infantil |
| <input type="radio"/> Baja delincuencia / seguridad en los vecindarios | <input type="radio"/> Lazos familiares fuertes | <input type="radio"/> Otros: _____ |
| <input type="radio"/> Excelentes escuelas | <input type="radio"/> 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:

- | | | |
|---|--|---|
| <input type="radio"/> Acceso a alimentos saludables | <input type="radio"/> Enfermedades cardíacas | <input type="radio"/> Enfermedades respiratorias/Pulmones |
| <input type="radio"/> Asma | <input type="radio"/> Presion alta | <input type="radio"/> Enfermedades de transmission sexual (ETS) |
| <input type="radio"/> Alzheimer o demencia | <input type="radio"/> Falta de vivienda | <input type="radio"/> Derrame cerebral |
| <input type="radio"/> Vivienda asequible | <input type="radio"/> Ingresos bajos/problemas financieros | <input type="radio"/> Abuso de sustancias |
| <input type="radio"/> Exceso peso | <input type="radio"/> Salud mental (depresión, autismo, bipolaridad) | <input type="radio"/> Suicidio |
| <input type="radio"/> Cancer | <input type="radio"/> Accidentes automovilísticos | <input type="radio"/> Embarazos de Adolescentes |
| <input type="radio"/> Obesidad infantil | <input type="radio"/> No suficiente ejercicio | <input type="radio"/> Tabaco/fumar |
| <input type="radio"/> Salud Dental | <input type="radio"/> Calidad deficiente del aire | <input type="radio"/> Usa cigarrillos electrónicos o juul |
| <input type="radio"/> Diabetes | <input type="radio"/> Hábitos de alimentación poco saludables | <input type="radio"/> Otros: _____ |
| <input type="radio"/> Violencia Domestica | | |

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:

- | | | |
|--|---|---|
| <input type="radio"/> Abuso de alcohol | <input type="radio"/> Falta de vacunas para prevenir enfermedades | <input type="radio"/> No usar control de la natalidad |
| <input type="radio"/> Abandono de la escuela | <input type="radio"/> Racismo/otra forma de intolerancia | <input type="radio"/> Sexo sin protección |
| <input type="radio"/> Drogadicción | <input type="radio"/> Uso de Tabaco/Fumar | <input type="radio"/> No usar el cinturón de seguridad/asientos de seguridad para niños |
| <input type="radio"/> Falta de ejercicio | <input type="radio"/> Usar cigarrillos electronicos o juul | <input type="radio"/> 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.

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

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

	Siempre	Aveces	Raramente	Nunca	ND
Cuidado medico básico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado médico especial(cardiólogo, neurólogo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicina y suplementos médicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de rutina (mamografías, pruebas de laboratorio, exámenes adecuados para la edad y el género)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Si no respondió "Siempre" a alguna de la pregunta 8, ¿por qué? Por favor marque todos los que apliquen.	No seguro	No puede obtener una cita	Muy caro/no lo puedo pagar	Inconvenientes	Horas	Falta de Transporte	Falta de confianza en los médicos.	Falta de Lenguaje	Barrera de Lenguaje	Otros	M/D
Atención médica básica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Especialidad medica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicina y suministros médicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de rutina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Si usted respondió otros, especifique: _____

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

- Efectivo (sin seguro medico)
- Seguro Médico privado (por ejemplo: Anthem Blue Cross, HMO)
- Medicare
- Medicaid
- Administración de Veteranos
- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comer cinco o más porciones de frutas y verduras	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comer pan integrales, cereales o fideos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beber dos o más bebidas alcohólicas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fuma uno o más cigarrillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usa cigarrillos electrónicos o juul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

12. Ciudad/pueblo _____ Código postal: _____

13. Edad:
- 15-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65-74
 - 75+

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
 - Co-habiado
 - Viudo
 - Soltero/no casado
 - Divorciado

17. Educación:
- No complete la secundaria
 - Nivel que termino: _____
 - Diploma de Bachillerato o GED
 - Some college
 - College degree or higher
 - Otro: _____

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

19. Estatus de Empleo:
- Tiempo completo
 - Media jornada(Un trabajo)
 - Media jornada (más de un trabajo)
 - Jubilado
 - Estudiante
 - Desempleado
 - Otro: _____

20. ¿Qué idioma habla en casa?

- Inglés
- Español
- Otro: _____

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

22. ¿Cuántas veces por semana sus niños participan en actividades físicas (deportes, juegos a 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

23. ¿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 2019. Si desea obtener más información sobre este proyecto comunitario, comuníquese con nosotros al número de teléfono a continuación:

Mary Welch-Flores, Gerente de Desarrollo de Negocios
 Valley Health System, 220 Campus Boulevard
 Suite 402, Winchester, VA 22601
 540-536-2504

2. 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 2016 CHNA

This appendix discusses community health improvement actions taken by Valley Health Page Memorial Hospital 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.

Priority Strategic Initiatives

1. Physical Activity, Nutrition, and Obesity-related Chronic Diseases.
 - a. Hosted a community health challenge in which individuals will provide pre- and post-measurements.
 - b. Enhanced awareness of and education related to obesity and youth risk behaviors using health classes, educational collateral, or other practices to encourages healthy choices related to sleep, consumption of fruits and vegetables, recreational screen time, physical activity, and sodas and sugary drinks. Educational materials will be distributed in Page County schools, and by the Health Coach mobile unit at health fairs and other community events.
 - c. Provided community education and screening events for awareness and detection of cardiovascular disease. Venues included Heart Attack Risk Program (HARP), community health and wellness festivals, and county fairs.
 - d. Provided healthy snacks and meals to assist local schools with the Weekend Backpack Program, which sends food home on weekends with elementary-aged children who receive Title 1 funding. Backpacks usually included snacks as well as full meals for the family. PMH holds food drives aimed at collecting a specific item for the program each month.
 - e. Implemented grocery store tour programs to educate community residents on how to read food labels for nutrition content as it relates to healthy food choices and their health.
 - f. Collaborated with Page One Food Pantry to provide in-kind support by hosting a food drive for families with financial hardships or basic needs insecurities in the PMH community.
2. Access to Primary and Specialty Health Care
 - a. Utilized the United Way's 211 directory by updating hospital and affiliate service providers contact information within the online directory.
 - b. Improved access to outpatient services for community residents by referring ED patients without insurance or a primary care provider to the PMH Clinic closest to the patient for follow-up care. Provided care coordination for patients who have had an inpatient stay related to acute myocardial infarction, congestive heart failure, or pneumonia by calling them up to three times in 30 days to ensure they have filled all of their prescriptions, followed up with their primary care provider, understand their discharge information, and know what to do if symptoms worsen.
 - c. Improved transportation access by partnering with Shenandoah Area Agency on Aging (SAAA), an organization that provides transportation to and from healthcare services. This support helped to sustain transportation services for low-income persons to access needed medical care and social services.
 - d. Provided information on the locations of and eligibility requirements for follow-up health services to vulnerable populations receiving health screenings via the Mobile Health Coach. The Mobile Health Coach is used in the community to provide screenings and follow-up referral free of charge. Examples of screenings include blood pressure checks and cholesterol screenings.
 - e. Provided financial assistance through both free and discounted care for health care services, consistent with Valley Health's financial assistance policy. This policy is intended in part to reduce financial considerations as a barrier to primary and preventative care, thereby managing health in the most cost effective manner. PMH also facilitates the development and operation of primary medical care services to medically underserved persons, within the counties that the

hospital serves, in an aggregate amount equal to at least 4.6 percent of the hospital's gross patient service revenue derived from all acute care services.

- f. Provided financial support to establish a SimLab in Rappahannock County to promote workforce development for Allied Health Professionals and Emergency Medical Technicians (EMT). In-kind contributions of supplies and equipment will be provided once the SimLab is operational.
- g. Transportation program – PMH provides a van and driver to pick up patients from their homes and bring them to outpatient appointments and services, such as primary care visits, rehab visits and imaging. This service is done at no cost to the patient. This program is done for patients in real time, i.e. their car just broke down and they cannot make their appointment later that day or scheduled a head of time, knowing they will not have another means of transportations.

3. Financial Hardship and Basic Needs Insecurity

- a. Provided healthy snacks and meals to assist local schools with the Weekend Backpack Program, which sends food home on weekends with elementary-aged children who receive Title 1 funding. Backpacks usually include snacks as well as full meals for the family.
- b. Provided support to area United Way programs addressing financial insecurity through their partnerships with local non-profit organizations.
- c. Provided support to area public schools to establish health career education scholarships for students.
- d. Referred patients and community members to the Virginia Cooperative Extension's Financial Management Programs. Provide in-kind support to the Virginia Cooperative Extension by providing rooms to accommodate these programs.
- e. Free Clinic – Valley Health provides a cash subsidy to the local Page Free Clinic in quarterly checks for a total of \$33k per year to help with supplies and operations. Additionally, another \$50k in provided in in-kind support by providing free diagnostic services, such as basic imaging and labs. The Free Clinic provides services to low income (0-200% federal poverty level) who are uninsured and residents of Page County. The Free Clinic provided primary care/preventive medicine, women's health, diabetic education, counseling, and dental services.

4. Mental and Behavioral Health

- a. Continued to collaborate with the Concern Hotline, an organization that provides crisis intervention and suicide prevention services to residents in the Northern Shenandoah Valley. This important resource provides an access point to those with a mental health need, and is a clearinghouse for referrals to other appropriate community resources.
- b. Continued to provide scholarships at the PMH Fitness Center for patients with mental illness diagnoses and an accompanying referral from their physician recommending exercise.
- c. In collaboration with the Page County Coalition, sponsored guest speakers at Luray and Page County Schools on current challenges, on an annual basis starting in spring 2017.
- d. Provided in-kind support to Future Generations/Strength In Peers by allowing rooms

5. Substance Abuse and Tobacco Smoking

- a. Developed partnership with Page County Sheriff to promote and assist in a semi-annual community-wide "Take Back" program in October and April to collect unused prescription drugs, in partnership the Page County Sheriff's Office.
- b. Provided substance abuse education to students, especially regarding new trends, through a community-offered program which aims to reduce drug use, and violent crime. In collaboration with the Page County Coalition, sponsor guest speakers at Page County schools on substance abuse, on an annual basis starting in November 2017.
- c. Implemented scholarships at the PMH Fitness Center for patients with substance abuse diagnoses and an accompanying referral from their physician recommending exercise, based on a program currently in place at Winchester Medical Center.

- d. Provided tobacco cessation educational material to each patient upon discharge.
- e. Provided a free Tobacco Cessation Information session for the community to learn more about tobacco use and potential risks of cancer, successful ways of quitting, and to become aware of local and national resources.
- f. Participated in the Great American Smoke Out and promote the event within the community to encourage smokers to use the date to make a plan to quit.

6. Maternal and Child Health

- a. Provided educational materials to the Page County Teen Pregnancy Center and provide face-to-face education sessions at Page County schools by sending a nurse practitioner to discuss pregnancy prevention and resources available in the community.
- b. Provided birth control and counseling to teenage girls via Page Memorial Hospital clinics. Girls are counseled regarding birth control options, such as shots, which are administered at the clinic, and/or other forms of birth control, for which prescriptions are given to the patient.

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