Appendices represent data and sources used in the Community Health Needs report.

Appendix A: Community Demographics

> Demographics include geography, population change, age, gender, ethnicity, language, education, employment, poverty, and insurance.

Appendix B: Community Health Indicators

> Indicators include county health rankings (health outcomes and health factors), access to health services, mortality, hospitalizations, risk factors, COVID-19, maternal and infant, aging adults, cancer, behavioral health, violent crimes, and gun violence.

Appendix C: Community Health Needs Assessment Survey results

> This includes the community health needs assessment survey and response results.

Appendix D: Community Focus Group results

> This included the focus group demographics and brief summary of results.

Data Limitations

- The data presented represents a snapshot of the population, economic and leading health, and wellness issues in the service area.
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the service area.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.

APPENDICES

APPENDIX A: DEMOGRAPHICS

Geography

2022 Population Density per Square Mile							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Population Density/Sq Mile	203	1,204.5	2,908.1	75.9	76.1	83.1	90.6

Source: http://www.usa.com/rank/virginia-state--population-density--county-rank.htm

Population Change

2020-2040 Population Projections							
Demographics	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Population estimates, April 2020	8,631,393	306,703	25,750	51,814	77,487	23,709	44,186	83,757
Population, percent change - April 1, 2010 to April 1, 2020	7.3%	5.9%	7.8%	5.6%	4.8%	-1.4%	5.0%	8.9%
Projected Population 2030*	9,331,666	328,677	25,577	63,037	80,035	23,888	46,984	89,156
Projected Population 2040*	9,876,728	345,938	25,541	69,110	83,245	23,643	50,064	94,335
Projected Population Change 2020 - 2030*	7.3%	6.7%	-0.7%	17.8%	3.2%	0.7%	6.0%	6.1%
Projected Population Change 2030 - 2040*	5.8%	5.3%	-0.1%	9.6%	4.0%	-1.0%	6.6%	5.8%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org
Red=highlights decrease in population; **Green** =highlights increase in population higher than state projections

Population by Gender

2020 Population by Gender							
	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Female	4,390,275	156,016	13,905	26,891	38,124	11,973	22,491	42,632
%	50.8%	50.8%	54.0%	51.9%	49.2%	50.5%	50.9%	50.9%
Male	4,251,999	150,687	11,845	24,923	39,363	11,736	21,695	41,125
%	49.2%	49.2%	46.0%	48.1%	50.8%	49.5%	49.1%	49.1%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Population by Age

2020 Population by Age							
	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Persons under 5 years, percent	6.0%	5.2%	6.3%	5.3%	4.2%	5.3%	5.5%	5.6%
Persons under 18 years, percent	22.3%	19.6%	19.3%	16.6%	18.5%	19.8%	21.0%	21.8%
Persons 19 - 64 years, percent	55.2%	56.0%	53.0%	68.3%	55.4%	53.0%	51.3%	53.1%
Persons 65 years and over, percent	16.5%	19.2%	21.4%	9.8%	21.9%	21.9%	22.2%	19.5%

Source: US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219
Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org

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Aging Population

The Aging Population: Percent of Population Age 65+ by Age Class and Locality								
Population Projections	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
2020 Age 65-74	9.5%	11.0%	11.7%	5.1%	12.8%	12.8%	13.3%	11.2%
2020 Age 75-84	4.4%	5.8%	6.9%	2.8%	6.6%	6.6%	7.0%	5.8%
2020 Age 85+	1.7%	2.3%	2.9%	1.5%	2.2%	2.2%	2.8%	2.3%
2030 Age 65-74	10.4%	12.5%	12.9%	4.9%	13.7%	14.5%	13.3%	12.7%
2030 Age 75-84	6.1%	8.0%	8.8%	3.3%	9.0%	8.1%	8.9%	7.9%
2030 Age 85+	1.9%	2.7%	3.0%	1.3%	2.8%	2.5%	3.2%	2.6%
2040 Age 65-74	8.7%	11.2%	10.5%	4.2%	11.6%	13.4%	11.6%	10.8%
2040 Age 75-84	6.8%	9.0%	9.5%	3.4%	9.4%	9.2%	8.7%	8.9%
2040 Age 85+	2.5%	3.5%	3.5%	1.4%	3.6%	2.9%	3.8%	3.3%

Source: Produced by Demographics Research Group of the Weldon Cooper Center for Public Service, July 2019, http://demographics.coopercenter.org

Green=highlights higher than State average

Other Demographic Features

Other Descriptive Information	Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Veterans, 2016-2020	674,242	1,532	1,248	5,276	1,893	3,323	4,300
Veterans as a percent of population 2016-2020	12.6%	4.2%	16.3%	2.3%	2.1%	4.5%	5.6%
Owner-occupied housing unit rate, 2016-2020	66.7%	59.0%	40.5%	79.4%	71.8%	69.7%	74.4%
Median value of owner-occupied housing units, 2016-2020	$282,800	$171,600	$220,100	$219,600	$167,900	$214,900	$217,600
Foreign born persons, percent, 2016-2020	12.6%	4.2%	16.3%	2.3%	2.1%	4.5%	5.6%
Language other than English spoken at home, percent of persons age 5 years+, 2016-2020	16.4%	5.9%	25.5%	3.5%	2.1%	7.2%	9.0%
Households with a computer, percent, 2016-2020	92.3%	87.9%	91.8%	88.8%	78.2%	85.9%	87.9%
Households with a broadband Internet subscription, percent, 2016-2020	86.1%	77.7%	80.4%	79.6%	72.0%	76.1%	79.4%
High school graduate or higher, percent of persons age 25 years+, 2016-2020	90.3%	89.7%	83.3%	88.7%	83.8%	88.1%	85.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2016-2020	39.5%	31.1%	35.2%	22.3%	14.3%	19.7%	27.0%
With a disability, under age 65 years, percent, 2016-2020	8.0%	9.4%	7.1%	8.1%	13.0%	10.7%	7.5%
Persons without health insurance, under age 65 years, percent, 2016-2020	9.3%	9.3%	13.0%	10.0%	11.3%	10.2%	11.5%
In civilian labor force, total, percent of population age 16 years+, 2016-2020	64.0%	61.1%	59.6%	58.6%	59.8%	61.1%	63.5%
In civilian labor force, female, percent of population age 16 years+, 2016-2020	60.4%	55.7%	54.4%	57.8%	57.3%	56.9%	58.5%
Median household income (in 2019 dollars), 2016-2020	$76,398	$52,292	$49,117	$65,076	$51,878	$56,114	$64,496
Per capita income in past 12 months (in 2019 dollars), 2016-2020	$41,255	$30,746	$23,580	$30,493	$26,321	$40,163	$33,276

Source: US Census Bureau QuickFacts Table 2020; https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Population by Race/Ethnicity

2020 Population by Race/Ethnicity							
Race/Ethnicity	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
White	69.4%	91.0%	83.5%	82.6%	92.8%	95.5%	93.6%	94.2%
Black or African American	19.9%	4.9%	11.4%	8.9%	4.7%	2.2%	2.9%	2.5%
American Indian and Alaska Native	0.5%	0.5%	0.4%	0.8%	0.3%	0.5%	0.5%	0.6%
Asian	6.9%	1.5%	1.4%	4.4%	0.6%	0.5%	1.1%	1.0%
Native Hawaiian/Other Pacific Islander alone	0.1%	0.1%	0.1%	0.2%	-	-	0.1%	0.1%
Two or More Races	3.2%	2.0%	3.3%	3.1%	1.6%	1.4%	1.9%	1.6%
Hispanic or Latino**	9.8%	7.8%	3.3%	20.7%	3.1%	2.2%	7.4%	7.4%
White alone, not Hispanic or Latino	61.2%	85.2%	80.9%	65.0%	90.2%	93.6%	87.2%	87.9%

Source: US Census Bureau QuickFacts Table 2020 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

*too few to include in calculation   **Hispanics may be of any race, so are included in applicable race categories

Preferred Language

Limited English Speaking Households, 2016-2020							
	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Other than English Spoken in Home*	16.4%	9.3%	5.9%	25.5%	3.5%	2.1%	7.2%	9.0%
Spanish Speaking: Speak English less than well**	2.9%	-	0.3%	7.9%	0.6%	0.2%	2.6%	2.4%

Source: *US Census Bureau QuickFacts Table 2020   https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

**Virginia Department of Health Culturally and Linguistically Appropriate Health Care Services; US Census Bureau American Community Survey Five-Year Estimates, 2014 vintage; https://apps.vdh.virginia.gov/omhhe/clas/leppopulation/

Education Attainment

Education Attainment, 2016-2020							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
High school graduate or higher, percent of persons age 25 years+, 2015-2019	**90.3%**	89.7%	83.3%	88.7%	83.8%	88.1%	85.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	**39.5%**	31.1%	35.2%	22.3%	14.3%	19.7%	27.0%

Source: US Census Bureau QuickFacts Table 2020; https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Civilian Labor Force

Civilian Labor Force, 2016-2020							
	Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
In civilian labor force, total, percent of population age 16 years+, 2015-2019	**64.1%**	61.1%	59.6%	58.6%	59.8%	61.1%	63.5%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	**60.4%**	55.7%	54.4%	57.8%	57.3%	56.9%	58.5%

Source: US Census Bureau QuickFacts Table 2020; https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Foreign-Born Population Labor Force

Foreign-Born Populations Impact on Labor Force						
	Manufacturing	Construction	Transportation	Hospitality and Recreation	Agriculture	Professional Services	Education Health, and Social Services
Percentage of Industry Workforce (Foreign-Born)	20.0%	16.6%	13.1%	12.6%	10.8%	9.5%	5.0%

Source: US Census Bureau 2019, ACS 5-Year Estimates.

Poverty

Poverty Prevalence 2020							
	State of Virginia	Total Service Area	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Number of People (All Ages) Living in Poverty*	769,479	32,903	2,987	10,113	6,074	2,682	4,366	6,681
Percent of People (All Ages) Living in Poverty in Locality*	9.2%	11.3%	12.3%	22.2%	8.3%	11.3%	10.1%	8.3%
Number of People (<18 years) Living in Poverty*	22,617	7,847	762	1,423	1,621	800	1,359	1,882
Percent of People (<18 years) Living in Poverty in Locality*	12.2%	14.5%	16.4%	16.7%	11.5%	17.0%	15.1%	10.6%

Source: US Census Bureau, Small Area Income and Poverty Estimates (SAIPE). Estimates are for 2020.

APPENDICES

Poverty Status by Race

Poverty Status, 2020 ACS 5-Year Estimates							
	State of Virginia	**Staunton City**	**Harrisonburg City**	**Augusta County**	**Page County**	**Shenandoah County**	**Rockingham County**
Black	%	14.0%	30.0%	19.7%	0.0%	17.0%	11.4%
Hispanic	13.2%	17.0%	18.8%	25.1%	16.0%	19.7%	15.4%
American Indian	11.5%	73.7%	0.0%	4.1%	0.0%	0.0%	0.0%
Asian	7.2%	4.1%	28.4%	12.0%	33.1%	36.9%	14.1%
Pacific Islander	10.0%	0.0%	-	49.4%	-	-	14.3%
White	8.1%	12.2%	26.2%	8.2%	13.7%	11.9%	7.3%

Source: US Census Bureau; 2019: ACS 5-Year

Medicaid, FAMIS, & Medicare

Medicaid and FAMIS 2022/Medicare and Medicaid 65+ 2019								
	State of Virginia	**Total Service Area**	**Staunton City**	**Harrisonburg City**	**Augusta County**	**Page County**	**Shenandoah County**	**Rockingham County**
Medicaid Enrollment (Below 138% FPL)	622,280	22,880	2,554	3,563	5,957	2,433	3,513	4,860
Medicaid Percentage	7.2%	**7.4%**	**9.9%**	6.8%	**7.6%**	**10.2%**	**7.9%**	5.8%
FAMIS (Below 138% FPL)	1,347,010	48,937	4,860	8,805	11,352	4,808	8,078	11,034
FAMIS Percentage	15.6%	**15.9%**	**18.8%**	**17.0%**	14.7%	**20.3%**	**18.3%**	13.2%
Children Enrolled in Medicaid/FAMIS (Below 138% FPL)	813,229	30,099	2,612	5,959	6,756	2,697	4,947	7,128
Children Enrolled in Medicaid/FAMIS Percentage	9.4%	**9.8%**	**10.1%**	**11.5%**	8.7%	**11.4%**	**11.2%**	8.5%
65+ Medicaid (Below 138% FPL)	83,149	2,705	348	498	533	327	501	498
65+ Medicaid Percentage	0.9%	0.8%	**1.4%**	**1.0%**	0.7%	**1.4%**	**1.1%**	0.6%
65+ Medicare**	802,949	31,126	-	-	10,808	3,201	6,309	10,808
65+Medicare Percentage**	64.5%	**72.1%**	-	-	**72.4%**	**65.9%**	**70.9%**	**72.4%**
65+ Medicare and Medicaid**	56,810	1,520	-	-	352	251	496	421
65+ Medicare and Medicaid Percentage**	4.6%	3.4%	-	-	2.3%	**5.2%**	**5.5%**	2.8%
Persons in Poverty*	9.2%	**11.3%**	**12.3%**	**22.2%**	8.3%	**11.3%**	**10.1%**	8.3%

Source: Virginia Medicaid Department of Medical Assistance Services; (As of January 15, 2022) https://www.dmas.virginia.gov/data
*US Census Bureau QuickFacts Table 2020; (2020 Small Area Income and Poverty Estimates (SAIPE));
** Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data;
- Suppressed data; FEP: Federal poverty level; FAMIS: Family Access to Medical Insurance Security

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APPENDIX B: *COMMUNITY HEALTH INDICATORS*

2021 County Health Rankings

2021 County Health Rankings: Virginia		
	Health Outcomes	**Health Factors**
Staunton City	65	21
Harrisonburg City	37	48
Augusta County	17	33
Page County	70	110
Shenandoah County	40	52
Rockingham County	21	44

2021 County Health Rankings: Virginia						
	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic	Physical Environment
Staunton City	81	57	15	19	36	54
Harrisonburg City	9	66	22	64	73	56
Augusta County	18	20	48	33	34	37
Page County	53	82	111	125	95	29
Shenandoah County	32	50	52	101	47	32
Rockingham County	14	30	47	117	31	13

Source: County Health Rankings 2021, Rankings Data & Documentation

Access to Health Services

Access to Health Services						
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Preventable Hopital Stays Rate, 2018*	4,269	4,153	4,753	4,113	4,834	5,088	6,009
Preventable Hopital Stays Rate, Black population 2018*	5,992	3,628	4,221	4,096	2,914	3,277	3,455
Preventable Hopital Stays Rate, White population 2018*	4,011	4,238	4,710	4,149	4,839	5,142	5,975
Uninsured %, 2018	12%	10%	**15%**	10%	**13%**	12%	12%

Source: County Health Rankings 2021, Overview;
Red=highlights higher than state; * Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees;
- Data unavailable

Length of Life

Length of Life, 2017-2019						
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Life expectancy (Average number of years a person can expect to live)	79.5	**75.4**	80.0	80.8	**77.1**	**78.9**	80.7
Age-Adjusted Death Rate, per 100,000	320	480	282	294	411	340	276
Premature age-adjusted mortality (number of deaths among residents under age 75 per 100,000)	95,342	476	349	903	413	601	837

Length of Life: African American, 2017-2019						
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Life expectancy (Average number of years a person can expect to live)	76.5	76.5	77.0	85.4	**-**	**-**	78.4
Age-Adjusted Death Rate, per 100,000	444	540	387	242	-	-	-

Source: County Health Rankings 2021, Overview;
Red=highlights worse than state; - data unavailable

Emergency Department Behavioral Health Visits

Sentara RMH Medical Center Emergency Department Behavioral Health Visits, Top 4 Diagnosis, 2021					
	Behavioral Health (Patient Frequency)	Suicidal Ideations	Major Depressive Disorder	Anxiety	Bipolar Disorder
Adults, 18+	1,972	18.1%	12.8%	8.5%	5.1%
Youth, 0-17	290	40.3%	16.2%	4.8%	0.3%

Source: Sentara RMH Medical Center Emergency Department encounters, 2021
*Patient Frequency includes multiple visits

Quality of Life (Lifestyle, Mental Health, Substance Use, Medical and Mental Health Providers)

Quality of Life							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Food Insecure (2018)	10%	12%	12%	9%	14%	10%	8%
Limited Access to Healthy Foods (2015)	4%	2%	1%	4%	1%	3%	6%
Physical Inactivity (2017)	22%	24%	24%	26%	33%	25%	26%
Access to Exercise Opportunities (2019)	82%	99%	83%	51%	32%	64%	72%
Adults with Obesity (2017)	31%	22%	26%	35%	38%	33%	32%
Excessive Drinking (2018)	18%	18%	16%	18%	19%	19%	20%
Adult Smoking (2018)	15%	19%	21%	19%	25%	21%	19%
Poor or fair health (2018)	17%	17%	22%	17%	22%	19%	18%
Average poor physical health days (2018)	3.5	4	4.7	3.9	4.8	4.3	4.0
Frequent physical distress (2018)	11%	12%	15%	12%	15%	13%	12%
Diabetes prevalence (2017)	11%	9%	7%	17%	19%	14%	10%
Number of HIV cases (2018)	23,081	41	65	74	15	32	67
Dentists (2018)	6,057	21	63	24	4	13	18
Dentists ratio (2018)	1409:1	1187:1	842:1	3148:1	5976:1	3355:1	4553:1
Primary Care Physicians (2018)	6,428	10	70	38	8	20	24
Primary Care Physician ratio (2018)	1325:1	2492:1	772:1	1986:1	2992:1	2175:1	3385:1
Violent Crime rate per 100,000 (2015-2019)	207	153	214	125	154	178	112
Firearm Fatalities rate per 100,000 (2015-2019)	12	15	7	13	14	16	12
Average Poor mental health days (2018)	4.0	4.5	4.8	4.5	5.2	4.6	4.5
Frequent mental distress (2018)	12%	14%	15%	14%	17%	15%	14%
Mental Health Providers (2020)	16,061	165	254	56	9	23	14
Mental Health Provider ratio (2020)	531:1	151:1	209:1	1349:1	2656:1	1896:1	5853:1

Source: County Health Rankings 2021, Overview;
Red=Worse than state;
- Data unavailable

COVID-19

COVID-19, 2020-2022							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
COVID-19 deaths, 2020	5,766	117	137	209	120	226	230
Total cases (May 2021-June 2022)	1,830,122*	3,431	7,364	13,877	3,679	6,938	8,109
Rates per 100,000 (May 2021-June 2022)	-	13,620	13,841	18,129	15,372	15,802	9,847
Total deaths (May 2021-June 2022)	20,448*	50	69	130	64	94	120
Rates per 100,000 (May 2021-June 2022)	-	198.5	129.7	169.8	267.4	214.1	145.7
Vaccinations (Single Dose) November 2021-June 2022	82.4%	70.4%	60.4%	61.8%	53.5%	61.0%	59.7%
Fully Vaccinated, November 2021-June 2022	73.9%	67.5%	56.0%	59.9%	51.1%	56.9%	57.1%
Booster/Third Dose, November 2021-June 2022	36.6%	41.4%	26.2%	33.3%	25.5%	29.6%	31.4%

Source: Virginia Department of Health, COVID-19 Data in Virginia, Dashboard;
*Totals August 27, 2020, through June 15, 2022; -rates unavailable

Maternal Health

Births, Birthweight and Infant Death by Locality of Residence 2020							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Total Births to Residents	94,794	8	69	1,029	6	15	1,796
Teen Births Ages 15 - 17	1,086	5	10	2	2	6	7
Teen Births Ages 18 - 19	3,527	15	20	13	12	28	23
Non-Marital Births	33,906 / 35.8%	143 / 40.1%	262 / 41.7%	174 / 35.2%	98 / 42.4%	219 / 42.4%	266 / 31.8%
Low Birthweight Births / percent of total births	7,850 / 8.3%	18 / 5.1%	37 / 5.9%	41 / 8.3%	27 / 11.7%	45 / 8.7%	52 / 6.2%
Very Low Birthweight Births / percent of total births	1,365 / 1.4%	5 / 1.4%	6 / 1.0%	10 / 2.0%	5 / 2.2%	12 / 2.3%	9 / 1.1%
Total Infant Deaths / Rate per 1,000 Births	497 / 5.3	0	1 / 1.6	5 / 10.1	1 / 4.3	2 / 3.9	3 / 3.6

Source: Virginia Department of Health Division of Health statistics

Alzheimer's Disease and Dementia Prevalence

2017 Alzheimer's Disease and Dementia Prevalence							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Less than 65 years (%)	3.9%	**5.3%**	**4.0%**	3.8%	3.1%	**4.5%**	3.7%
Less than 65 years (#)	5,026	40	25	62	27	43	51
65+ (%)	11.1%	**11.3%**	**11.8%**	**12.0%**	10.2%	10.9%	9.4%
65+ (#)	100,034	466	423	1109	433	833	1124

Source: Alzheimer's Association, Virginia Alzheimer's facts;
Virginia Alzheimer's Commission, AlzPossible Initiative; **Red**=highlights higher than state; - data unavailable

Medicare Chronic Conditions

Medicare Primary Chronic Conditions, 2020					
	State of Virginia	Augusta County	Page County	Shenandoah County	Rockingham County
Hypertension	55%	**57%**	55%	**58%**	**56%**
Diabetes	27%	**29%**	**28%**	27%	27%
Kidney Disease	25%	**29%**	24%	**29%**	25%
Ischemic Heart Disease	24%	24%	**26%**	24%	22%
Heart Failure	13%	**14%**	**15%**	**14%**	**15%**
Alzheimer's, Dementia	10%	9%	9%	9%	9%
Obstructive Pulmonary Disease	9%	9%	**11%**	**11%**	9%
Cancer (Colorectal, Breast, Prostate, Lung)	8%	**9%**	7%	7%	**8%**

Source: Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data;
Red=highlights higher than state

Cancer

Cancer Incidence Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018								
		State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Breast (Female)	Prevalence Rate	**126.4**	**168.7**	**130.3**	**124.2**	**112.8**	**125.9**	**125.8**
	Average Annual Count	6,464	31	27	66	20	41	67
Prostate	Prevalence Rate	**98**	**120.1**	**113.1**	**92.0**	**56.8**	**79.4**	**80.4**
	Average Annual Count	4,783	20	20	54	11	26	44
Lung and Bronchus	Prevalence Rate	**54.8**	**71.9**	**58.2**	**50.4**	**70.7**	**61.9**	**50.2**
	Average Annual Count	5,422	26	22	59	27	42	56
Colon & Rectum	Prevalence Rate	**35.0**	**48.3**	**32.0**	**38.8**	**45.8**	**43.8**	**41.0**
	Average Annual Count	3,357	17	13	42	16	27	41
All Sites	Prevalence Rate	**411**	**580.9**	**436.5**	**436.6**	**448.3**	**421.5**	**430.7**
	Average Annual Count	40,096	203	174	472	155	268	454
Trend: Falling			**Trend: Rising**		Trends compare to previous 5-year period			

Virginia Incidence Rates by Race, 2014-2018 Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018					
State of Virginia		Prostate	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	**82.9**	**129.2**	**56.8**	**34.5**
	Average Annual Count	3,020	4,652	4,198	2,398
Black (includes Hispanic)	Prevalence Rate	**161.1**	**132.9**	**57.3**	**39.9**
	Average Annual Count	1,318	1,276	969	677
Hispanic	Prevalence Rate	**65.7**	**78.7**	**22.5**	**23.0**
	Average Annual Count	110	198	72	97
Asian	Prevalence Rate	**49.3**	**77.0**	**26.3**	**22.3**
	Average Annual Count	110	248	129	117
Trend: Falling		**Trend: Rising**		Trends compare to previous 5-year period	

Cancer Death Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2015-2019								
		State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Breast (Female)	Prevalence Rate	**20.9**	**22.1**	**18.7**	**16.2**	**19.8**	**28.4**	**18.9**
	Average Annual Count	1,129	4	4	10	4	10	11
Prostate	Prevalence Rate	**19.7**	**24.4**	*	**13.1**	*	**21.0**	**21.8**
	Average Annual Count	768	4	*	7	*	6	11
Lung and Bronchus	Prevalence Rate	**37.1**	**46.8**	**33.6**	**31.0**	**51.4**	**44.1**	**29.1**
	Average Annual Count	3,720	18	13	37	20	31	34
Colon & Rectum	Prevalence Rate	**13.4**	**26.9**	**15.4**	**11.8**	**24.1**	**15.9**	**10.5**
	Average Annual Count	1,310	9	6	14	9	10	11
All Sites	Prevalence Rate	**152**	**202.4**	**149.1**	**133.8**	**185.1**	**170.8**	**140.1**
	Average Annual Count	15,046	75	60	155	69	115	162
Trend: Falling		**Trend: Rising**		Trends compare to previous 5-year period				

Virginia Death Rates by Race, 2015-2019 Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018					
State of Virginia		Prostate	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	**17.4**	**20.3**	**39.0**	**13.0**
	Average Annual Count	527	797	2,930	936
Black (includes Hispanic)	Prevalence Rate	**37.5**	**28.0**	**38.6**	**18.1**
	Average Annual Count	215	274	651	302
Hispanic	Prevalence Rate	**10.3**	**10.2**	**11.9**	**6.9**
	Average Annual Count	11	25	37	27
Asian	Prevalence Rate	**9.3**	**10.1**	**18.4**	**8.6**
	Average Annual Count	15	32	89	42
Trend: Falling		**Trend: Rising**		Trends compare to previous 5-year period	

Source: NIH National Cancer Institute, 2014-2018 Incident Rate Report for Virginia, Cancer Profile; 2014-2018 Mortality Rate Report for Virginia, Cancer Profile; *3 or fewer

Diabetes

2019 Quality Indicators							
	State of Virginia	Staunton City	Harrisonburg City	Augusta County	Page County	Shenandoah County	Rockingham County
Patients Admitted to Hospital for Diabetes	245.03	109.69	274.45	46.09	203.72	142.83	252.18
Patients Admitted to Hospital for Long-Term Due to Diabetes	106.93	56.24	119.73	16.98	107.64	70.47	122.16
Patients Admitted to Hospital for Short-Term Due to Diabetes	85.32	10.45	83.5	14.10	45.7	50.76	104.09
Patients With Toe or Foot Removed Due to Diabetes or High Blood Sugar Problems	31.77	55.52	41.14	6.81	56.08	38.79	40.63
Trend: Better		**Trend: Worse**		Trends compare to Virginia Rating			

Source: VHI, Virginia Health Information, AHRQ Quality Indicators;
Risk-Adjusted Rate per 100,000 Population

Mental Health Providers

Virginia Mental Health Providers Race/Ethnicity 2020				
	State of Virginia Virginia	Licensed Clinical Psychologis	Licensed Clinical Social Worker	Licensed Professional Counselor
	2020 Census	2020 Virginia Department of Health Professions Reports		
White	60.3%	82%	79%	76%
Black	18.6%	7%	14%	16%
Hispanic	10.5%	4%	3%	4%
Asian	7.1%	4%	2%	1%
Other	5.8%	1%	1%	1%
2+	8.2%	2%	2%	2%

Source: Virginia Health Care Foundation, Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce, 2022

APPENDIX C: COMMUNITY SURVEY

Sentara Rockingham RMC CHNA Survey

2021 & 2022

Sentara Rockingham RMC CHNA 2021

1 Please tell us Which Communities You Live and Work In

Question instructions: *Please Choose All That Apply:*

- [ ] Bergton
- [ ] Bridgewater
- [ ] Broadway
- [ ] Criders
- [ ] Dayton
- [ ] Elkton
- [ ] Fulks Run
- [ ] Harrisonburg
- [ ] Hinton
- [ ] Keezletown
- [ ] Linville
- [ ] Luray
- [ ] McGaheysville
- [ ] Mt. Crawford
- [ ] Mt. Jackson
- [ ] Mt. Solon
- [ ] New Market
- [ ] Penn Laird
- [ ] Quicksburg
- [ ] Staunton
- [ ] Augusta County
- [ ] Page County
- [ ] Rockingham County
- [ ] Shenandoah County
- [ ] Pendleton, WV
- [ ] Hardy, WV

2 Please share your zip code with us.

Question instructions: *This will only be used to determine how many responses come from different areas, not to identify respondents.*

3 Please tell us what your/your organization's role is in the community.

Question instructions: *This information will be used only to ensure widespread representation. It will not be used to identify individual respondents.*

- ☐ Healthcare
- ☐ Community Non-Profit Organization (food bank, United Way, etc.)
- ☐ Education
- ☐ Local Government or Civic Organization
- ☐ Foundation
- ☐ Business Representative
- ☐ Faith-Based Organization
- ☐ Financial Institution
- ☐ Law Enforcement/Fire Department/Emergency Medical Service (EMS)
- ☐ Individual
- ☐ Other (please specify below)

4 Other role in the community:

5 Please list the name of the organization you represent.

Question instructions: *This information will not be used to identify individual respondents,*

6 Please choose up to 4 of the following health factors that impact your community the most.

Question instructions: *Select one or more answers*

☐ Health Needs of the Elderly

☐ Children's Health Needs

☐ Behavioral/Mental Health Needs

☐ Health Equity and Disparities

☐ Access to Care

☐ Chronic Health Conditions

☐ Social/Economic Needs

☐ Acute Illness/Emergency Care

7 Other health needs not identified?

8 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Health Needs of the Elderly*

☐ Navigation Services

☐ Transportation

☐ Access to Services not Covered by Medicare (dental, vision hearing etc.)

☐ Getting Clear Medication/Follow-up Instructions

☐ Education to Age Well (classes, groups, printed material etc.)

☐ Health Services Designed for the Special Needs of the Elderly

☐ Access to Healthy Food and other Social Services

☐ Social Networking and Support

☐ Behavioral Health Services

☐ Home Safety/Home Modifications to Age in Place or Accommodate Disability

9 Other health needs of the elderly?

10 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Children's Health Needs*

- [ ] Same Day Appointments with Pediatricians
- [ ] Support Groups for the Parents of Children with Similar Health Conditions
- [ ] Prompt Access to Specialists
- [ ] Navigation Services for Children's Care
- [ ] Off-hours Answers to Questions (help line etc.)
- [ ] Education on Healthy Habits for Children (nutrition, sleep, behavior, socialization)
- [ ] Emergency Behavioral/Mental Health Services for Children
- [ ] Diagnostic Behavioral/Mental Health Services for Children
- [ ] Counseling or Therapeutic Behavioral/Mental Health Services for Children
- [ ] Developmental Delay/School Readiness Services
- [ ] Substance Abuse Treatment for Youth/Adolescents
- [ ] Poverty-Related Services (food security, housing, access to reliable childcare)
- [ ] Access to Dental Care

11 Other children's health needs?

12 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Behavioral/Mental Health Needs*

- [ ] Access to Inpatient Care in a Crisis
- [ ] Access to Outpatient Counseling Services for Depression, Anxiety, and Other Mental Disorders
- [ ] Access to Medication for Behavioral Health Needs
- [ ] Provider Capacity -- enough psychiatrists to treat all who need care
- [ ] Services for Substance Abuse Identification and Treatment
- [ ] Survivorship Services for Trauma, Violence, Major Medical Events, Grief/Loss, etc.
- [ ] Counseling Services for Children in Schools (eliminating transportation barrier)
- [ ] Violence Prevention Services including Parent Education
- [ ] Stigma Attached to Accessing Services
- [ ] Having Enough Counselors to Serve All Who Need Help
- [ ] Services for Adults with Cognitive/Developmental Disabilities
- [ ] Residential Treatment Facilities, Permanent Supportive Housing

13 Other behavioral or mental health needs?

14 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Healthcare Equity and Disparities*

☐ Availability of Services in Languages other than English

☐ Need to Understand How All the Different Doctors/Instructions/Medications/Procedures Fit Together

☐ Having Providers of Gender/Race/Ethnicity that Represent the Community Population

☐ Stigma Around Accessing Certain Types of Care

☐ Having to Choose Between Which Health Services a Person Can Afford

☐ Access to Primary Care During Business or Extended Hours (getting off work to access care)

☐ Discrimination Against Minority/Marginalized Groups

☐ Case Management / Navigation Services

15 Below are factors that may impact the quality of care received. Please choose whether you agree or disagree with the following statements.

Question instructions: *When seeking health services, I feel that _____ plays a role in the quality of the care that is received.*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Race/Ethnicity	○	○	○	○	○
Language	○	○	○	○	○
Gender	○	○	○	○	○
Sexual Orientation	○	○	○	○	○
Age	○	○	○	○	○
Disabilities	○	○	○	○	○
Religion	○	○	○	○	○
Education	○	○	○	○	○
Immigration Status	○	○	○	○	○

16 Other health equity concerns?

17 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Access to Care*

☐ Distance from Provider/Transportation

☐ Insurance Coverage/Ability to Pay for Care

☐ Getting Care When/Where it is Convenient for the Patient

☐ Being Able to Get Needed Medications (financial assistance)

☐ Having Access to the Internet to Receive Monitoring and Follow-up or to Have Appointments

☐ Access to Dental Care

☐ Having Enough Primary Care Providers to Serve the Community

☐ Prompt Access to Specialty Care Providers

☐ Navigation to Make Sure all Needed Services are Accessed

18 Other concerns about access to care?

19 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Chronic Conditions*

☐ Cancer

☐ Heart Disease

☐ Diabetes/Metabolic Syndromes

☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ Asthma

☐ Physical Disabilities Resulting in Need for Assistance in Daily Life (blindness, wheelchair use, etc.)

☐ Arthritis

☐ Obesity

☐ Pain/Fatigue

☐ Transitional Housing, Permanent Supportive Services

☐ The Availability and Accessibility of Prevention and Early Detection Screenings and Programs

☐ The Availability and Accessibility of Management Programs for Chronic Conditions

20 Other chronic diseases not identified?

21 Within each category, please choose up to 4 concerns that impact your community the most

Question instructions: *Social/Economic Factors*

- ☐ Food Security (grocery store within traveling distance, transportation, money to purchase food)
- ☐ Housing Security (low income housing, housing for he elderly/disabled, rent and utility assistance)
- ☐ Enough Money to Cover Basic Expenses
- ☐ Transportation

- ☐ Access to Services in Languages other than English
- ☐ Services for Low Literacy Individuals
- ☐ Services for the Homeless
- ☐ Services to Prevent or Address Violence -- Domestic, Social, Child Abuse

- ☐ Community Support Networks Such as Churches, Neighborhood Groups, Civic Organizations, Clubs
- ☐ Long Term, Chronic Poverty
- ☐ Access to Education and Job Training Opportunities

22 Other social or economic factors?

23 Within each category, please choose up to 3 concerns that impact your community the most

Question instructions: *Acute Illness/Emergency Care*

- ☐ Distance from Emergency Room
- ☐ Ability to Pay for a Health Emergency/Health Insurance
- ☐ Infectious Disease (see next questions for COVID responses)
- ☐ Having Support at Home in Case of Hospitalization

- ☐ Job Loss due to Illness
- ☐ Loss of Pay due to Missing Work Because of Illness

24 Other concerns about facing an acute illness?

25 What have been the major concerns of the community you serve surrounding COVID-19?

Question instructions: *Please Choose up to 4 of the Following:*

- [ ] The physical Impact of the Virus on the Body
- [ ] Loss of Housing/Becoming Homeless
- [ ] Disruption of the Community Schools
- [ ] Isolation from Friends and Family
- [ ] Not Able to Afford Medical Care/Medication
- [ ] How to Keep Family Members Safe
- [ ] Support for Family Members at Home if Patient is Hospitalized
- [ ] Loss of Employment
- [ ] Inability to Access Non-Healthcare Services

26 How Did COVID-19 change the operations of your organization or organizations you interacted with?

Question instructions: *Please Choose All That Apply:*

- [ ] Change in Work Hours/Staff Schedule
- [ ] Reducing the Number of Clients/Customers We Could Serve
- [ ] There is More Need for our Services Now than Before COVID-19
- [ ] Remote Work/Meetings
- [ ] Changing the Physical Layout of Work Space
- [ ] Anticipate Receiving More Funding to do Our Work than Before COVID-19
- [ ] Staff Reductions/Increases
- [ ] Changing the type of Work Performed
- [ ] Addition of Safety/Cleaning Routines
- [ ] Increase in Workplace Anxiety

27 Other concerns about COVID-19?

Thank you! We Genuinely Appreciate Your Help in Understanding Our Communities!

Sentara Rockingham RMC CHNA Survey

2021 & 2022

**16 September 2021** **15:20:45**

General

📋	Survey name	Sentara Rockingham RMC CHNA 2021
👤	Author	
🌐	Survey language	🇺🇸 **English**

🔗	Survey URL	https://www.survio.com/survey/d/K2S6M3H2R7R4G4Y6C
📅	First response	13 July 2021
	Last response	3 August 2021
🕐	Duration	21 days
👥	Total Responses	59

Survey visits

128	59	0	69	46.1%
Total visits	Total completed	Total unfinished	Displayed only	Overall completion rate

Visit History   13 July 2021 - 3 August 2021

● Visits(128)   ● Completed(59)
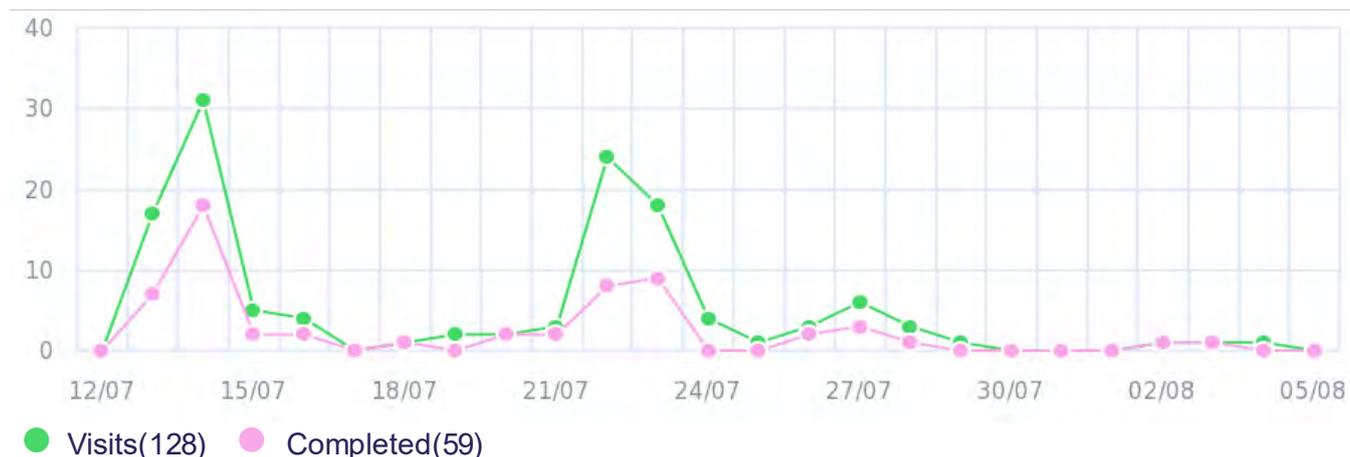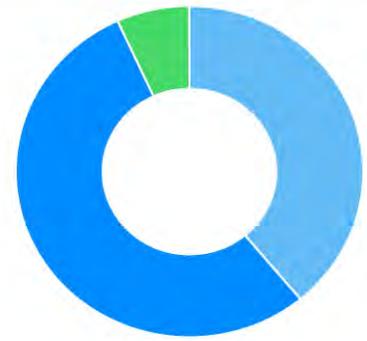
APPENDICES

Total Hits
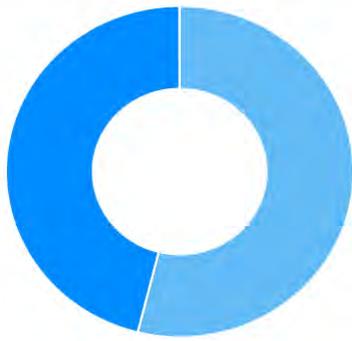
- Displayed only (53.9%)
- Completed (46.1%)
- Unfinished (0.0%)

Visit Sources
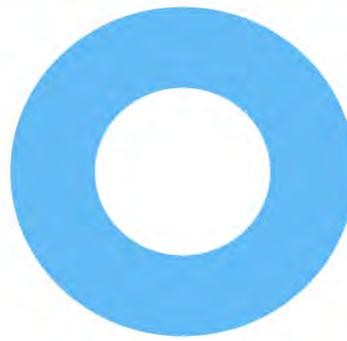
- Direct link (100.0%)

Average Time of Completion

- 5-10 min. (39.0%)
- 10-30 min. (54.2%)
- 30-60 min. (6.8%)

ANSWER	RESPONSES	RATIO
Bergton	4	6.8%
Bridgewater	8	13.6%
Broadway	7	11.9%
Criders	4	6.8%
Dayton	8	13.6%
Elkton	7	11.9%
Fulks Run	4	6.8%
Harrisonburg	39	66.1%
Hinton	6	10.2%
Keezletown	5	8.5%
Linville	4	6.8%
Luray	4	6.8%
McGaheysville	7	11.9%
Mt. Crawford	7	11.9%
Mt. Jackson	2	3.4%
Mt. Solon	3	5.1%
New Market	3	5.1%
Penn Laird	6	10.2%
Quicksburg	2	3.4%
Staunton	6	10.2%
Augusta County	11	18.6%
Page County	3	5.1%
Rockingham County	25	42.4%
Shenandoah County	4	6.8%
Pendleton, WV	2	3.4%
Hardy, WV	0	0.0%

APPENDICES

1. Please tell us Which Communities You Live and Work In

59x answers   0x unanswered   Multiple choice
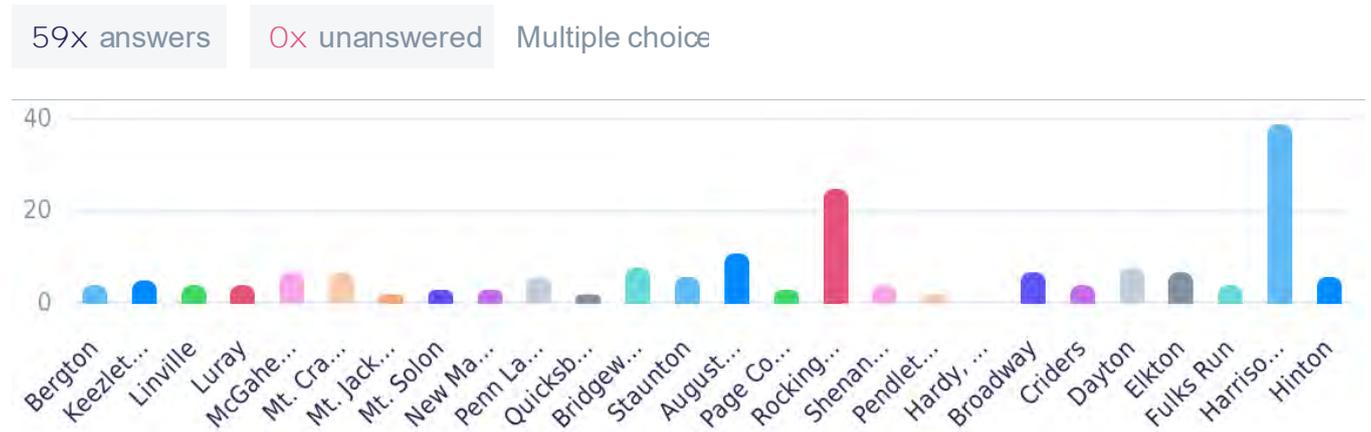
2. Please share your zip code with us.

59x answers   0x unanswered   Text answer

22664	24482	22980	22841	22821	(10x) 22802
22846	24479	(2x) 22853	22840	(2x) 22812	26807
26804	24421	22844	22835	22808	
(2x) 24486	(3x) 24401	(23x) 22801	(2x) 22827	22803	

3. Please tell us what your/your organization's role is in the community.

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Healthcare	20	33.9%
Community Non-Profit Organization (food bank, United Way, etc.)	22	37.3%
Education	12	20.3%
Local Government or Civic Organization	5	8.5%
Foundation	0	0.0%
Business Representative	2	3.4%
Faith-Based Organization	4	6.8%
Financial Institution	0	0.0%
Law Enforcement/Fire Department/Emergency Medical Service (EMS)	2	3.4%
Individual	4	6.8%
Other (please specify below)	3	5.1%

4. Other role in the community:

59x answers   0x unanswered   Text answer

- (36x)
- Have been on the steering committee for the REMOTE AREA MEDICAL CLINIC for the past 4 years.

- Volunteer at Chamber of Commerce, library, etc.
- social worker
- SNF
- Our organization is a human services nonprofit in the healthcare industry. We also provide support groups, education and first responder training
- nonprofit
- none
- Mental Health Theapist
- Medication access
- Landowner, community volunteer
- Granting agency for non-profit anti poverty services
- Active with United Way, Rotary International, Faith In Action and Fairfield Mediation Center
- food pantry; financial assistance with electric, rent, heating oil; travelers aid; weekly meal for homebound; holiday cheer; dental assistance; literacy
- education
- Daytime homeless services
- Community Volunteer
- Community Paramedicine and Collaborative Efforts to Avoid 911 use
- community member
- Caregiver
- Attend Church
- As an institution of higher education, we are a convener of local businesses and organizations. We convene to address community issues, especially those centered around workforce development.
- Advocacy
- We provide services to children who have been impacted by child abuse, specifically child sexual abuse, and their caregivers/families.

5. Please list the name of the organization you represent.

59x answers	0x unanswered	Text answer

- (5x)
- RCPS
- Impact Living Services
- Institute for Innovation in Health and Human Services at James Madison University
- InterChange Group, Inc.
- James Madison University and VPAS
- JMU, IIHHS, Community Health Education
- Our Community Place
- Our Community Place
- Page County DSS
- Pendleton Community Care
- Pendleton County Commission
- REMOTE AREA MEDICAL CLINIC. ZETTA PRESBYTETIAN CHURCH
- HCHC
- Rockingham County Public Schools
- Sentara Medical Group
- Sentara RMH Behavioral Health Out-patient
- Sentara RMH Medical Center
- (2x) Shenandoah County Public Schools
- Sunnyside
- United Way of Harrisonburg and Rockingham County
- Valley Children's Advocacy Center
- Valley Program for Aging Services
- VPAS

- Church World Service
- Healthcare for the Homeless Suitcase Clinic
- Adagio House
- Caitlin Batchelor, DDS, PC
- Augusta County Circuit Court Clerk's Office
- Augusta County Schools
- AVA Care of Harrisonburg
- Blue Ridge Area Food Bank
- Blue Ridge Community College
- Blue Ridge Free Clinic
- Blue Ridge Free Clinic, Inc
- Brain Injury Connections of the Shenandoah Valley
- Bridge of Hope Harrisonburg-Rockingham
- Business owner UMA Inc
- CAPSAW
- Harrisonburg Rockingham Community Services Board
- Central Shenandoah Valley Office on Youth
- City of Harrisonburg Government & City Fire Department
- (2x) Collins Center
- Elkton Area United Services
- Faith in Action
- First Step: A Response to Domestic Violence, Inc.
- (2x) Gemeinschaft Home
- Generations Crossing
- Harrisonburg Health and Rehab
- (2x) Harrisonburg Rescue Squad
- Way to Go

6. Please choose up to 4 of the following health factors that impact your community the most.

59x answers   0x unanswered   Multiple choice
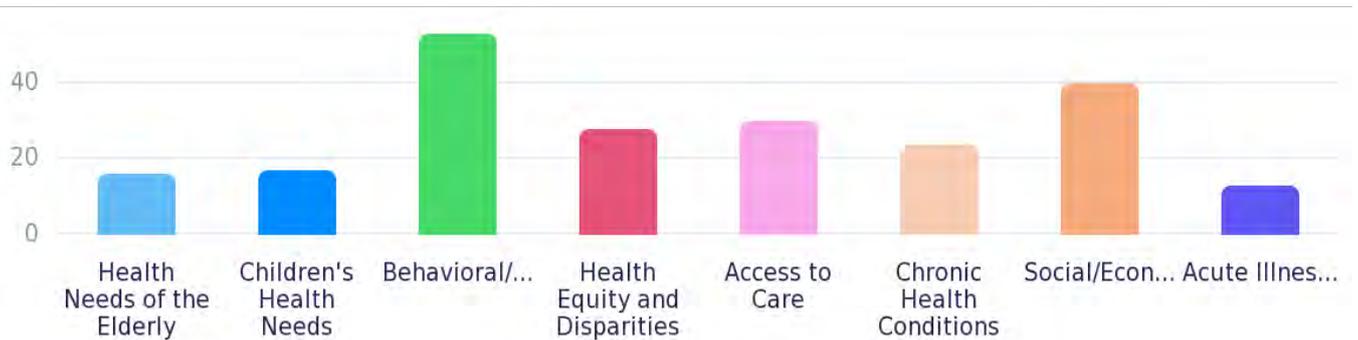
ANSWER	RESPONSES	RATIO
Health Needs of the Elderly	16	27.1%
Children's Health Needs	17	28.8%
Behavioral/Mental Health Needs	53	89.8%
Health Equity and Disparities	28	47.5%
Access to Care	30	50.8%
Chronic Health Conditions	24	40.7%
Social/Economic Needs	40	67.8%
Acute Illness/Emergency Care	13	22.0%

7. Other health needs not identified?

59x answers   0x unanswered   Text answer

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- (31x)
- Injury and Violence, Substance Abuse, Physical Activity and Nutrition, Overweight and Obesity
- Transportation, Vision, Substance Use, Prenatal, Family Planning, Financial Planning
- Teen Pregnancy. Teen pregnancy has been identified as a pressing community issue for several years. The Virginia Center for Health Statistics reported the following in 2019: the rate of pregnancies per 1,000 females age 15-17 in Harrisonburg is 25.8, more than triple Virginia's rate of 7.2; the rate of pregnancies per 1,000 females in Rockingham County, age 18-19 is 35.1, Page County, age 18-19 is 67.0 (compared to VA's rate of 32.7). You must look at TP rates by age rather than 10-19.
- Substance Abuse/use Addictions
- Substance Abuse
- Substance Abuse
- sexual abuse
- Safe and sanitary housing
- Prevention health education.
- none
- Medication costs
- Medical Debt
- Lab services
- Housing / safe shelter
- Access for adult medicaid dental care since it has been expanded.
- Health system navigation
- End of life care
- Elder care in their homes
- Difficult to navigate the health care system. Turn over of doctors.
- Dental Care
- Dental care
- Dementia LTC
- Culturally competent care
- crisis intervention
- Caregiver support
- Caregiver Respite Needs
- Any condition requiring specialized assessment or intervention
- Trauma center

8. Within each category, please choose up to 4 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice
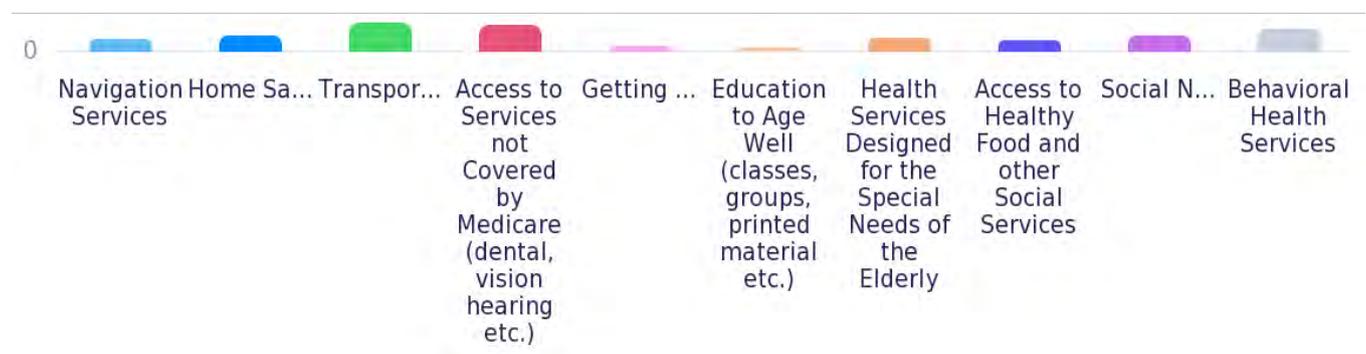
Navigation Services | Home Sa... | Transpor... | Access to Services not Covered by Medicare (dental, vision hearing etc.) | Getting ... | Education to Age Well (classes, groups, printed material etc.) | Health Services Designed for the Special Needs of the Elderly | Access to Healthy Food and other Social Services | Social N... | Behavioral Health Services

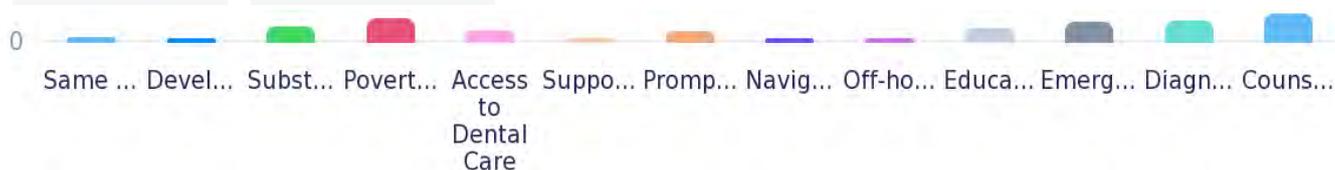| ANSWER	RESPONSES	RATIO
Navigation Services	17	28.8%
Transportation	38	64.4%
Access to Services not Covered by Medicare (dental, vision hearing etc.)	36	61.0%
Getting Clear Medication/Follow-up Instructions	7	11.9%
Education to Age Well (classes, groups, printed material etc.)	6	10.2%
Health Services Designed for the Special Needs of the Elderly	19	32.2%
Access to Healthy Food and other Social Services	16	27.1%
Social Networking and Support	21	35.6%
Behavioral Health Services	31	52.5%
Home Safety/Home Modifications to Age in Place or Accommodate Disability	21	35.6%

9. Other health needs of the elderly?

59x answers   0x unanswered   Text answer

- (46x)
- (2x) Affordable housing
- Cancer support system, preventative care
- Caregiver Support and Financial Support
- I'm home care for, respite care, relief for in home care givers
- In home care, long term care, transportation
- Long term care, for non-assisted living (i.e. up to end of life).
- lower Medication cost
- Many grandparents are now raising grandchildren, a big stressor.
- none
- planning for end of life needs
- Training for older adults and caregivers to help manage the older adults' complex conditions.
- Would like lab services re-established with our community

10. Within each category, please choose up to 4 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Same Day Appointments with Pediatricians	7	11.9%
Support Groups for the Parents of Children with Similar Health Conditions	5	8.5%
Prompt Access to Specialists	14	23.7%
Navigation Services for Children's Care	5	8.5%
Off-hours Answers to Questions (helpline etc.)	6	10.2%
Education on Healthy Habits for Children (nutrition, sleep, behavior, socialization)	18	30.5%
Emergency Behavioral/Mental Health Services for Children	25	42.4%
Diagnostic Behavioral/Mental Health Services for Children	27	45.8%
Counseling or Therapeutic Behavioral/Mental Health Services for Children	35	59.3%
Developmental Delay/School Readiness Services	6	10.2%
Substance Abuse Treatment for Youth/Adolescents	20	33.9%
Poverty-Related Services (food security, housing, access to reliable childcare)	30	50.8%
Access to Dental Care	15	25.4%

11. Other children's health needs?

| 59x answers | 0x unanswered | Text answer |

- (47x)
- Abuse prevention
- Access to appropriate medical evaluation and treatment for children who are suspected victims of child sexual and physical abuse.
- affordable childcare
- Dental Care
- Joy
- NA
- none
- Parent education
- Parenting instruction and support
- Pediatrician need to do better assessment during physicals to assess developmental delay of child. Too much is missed and early services are not rendered
- Pediatric SANE services
- Teen Pregnancy. Teen pregnancy has been identified as a pressing community issue for several years. The Virginia Center for Health Statistics reported the following in 2019: the rate of pregnancies per 1,000 females age 15-17 in Harrisonburg is 25.8, more than triple Virginia's rate of 7.2; the rate of pregnancies per 1,000 females in Rockingham County, age 18-19 is 35.1, Page County, age 18-19 is 67.0 (compared to VA's rate of 32.7). You must look at TP rates by age rather than 10-19.

12. Within each category, please choose up to 4 concerns that impact your community the most

| 59x answers | 0x unanswered | Multiple choice |

ANSWER	RESPONSES	RATIO
Access to Inpatient Care in a Crisis	27	45.8%
Access to Outpatient Counseling Services for Depression, Anxiety, and Other Mental Disorders	42	71.2%
Access to Medication for Behavioral Health Needs	14	23.7%
Provider Capacity -- enough psychiatrists to treat all who need care	26	44.1%
Services for Substance Abuse Identification and Treatment	24	40.7%
Survivorship Services for Trauma, Violence, Major Medical Events, Grief/Loss, etc.	8	13.6%
Counseling Services for Children in Schools (eliminating transportation barrier)	16	27.1%
Violence Prevention Services including Parent Education	7	11.9%
Stigma Attached to Accessing Services	8	13.6%
Having Enough Counselors to Serve All Who Need Help	27	45.8%
Services for Adults with Cognitive/Developmental Disabilities	11	18.6%
Residential Treatment Facilities, Permanent Supportive Housing	23	39.0%

13. Other behavioral or mental health needs?

| 59x answers | 0x unanswered | Text answer |

- (46x)
- Community Camp/Meeting venue for support groups/holistic healing
- counseling for children with problematic sexual behaviors
- Education!
- Financial support
- Frequent repeat users of the 911 typically have behavioral or mental health needs. Lack of compliance with medications/access to care/access to housing seem to exacerbate these health needs.
- More school counselors are required by the state of VA but there are none available to hire!
- none

- Outpatient psychiatric providers that accept Medicaid, more access to emergency inpatient psych services
- Reducing the stigma for accessing mental health services
- Services for patients with complex behavioral/mental health needs as well as medical needs
- Strong linkages between behavioral health services available and local colleges that can refer students to those services.
- Support for foster care, whether relative or other.
- Support for out patient PHP or IOP

14. Within each category, please choose up to 4 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Availability of Services in Languages other than English	28	47.5%
Need to Understand How All the Different Doctors/Instructions/Medications/Procedures Fit Together	25	42.4%
Having Providers of Gender/Race/Ethnicity that Represent the Community Population	20	33.9%
Stigma Around Accessing Certain Types of Care	17	28.8%
Having to Choose Between Which Health Services a Person Can Afford	32	54.2%
Access to Primary Care During Business or Extended Hours (getting off work to access care)	29	49.2%
Discrimination Against Minority/Marginalized Groups	11	18.6%
Case Management / Navigation Services	36	61.0%

15. Below are factors that may impact the quality of care received. Please choose whether you agree or disagree with the following statements.
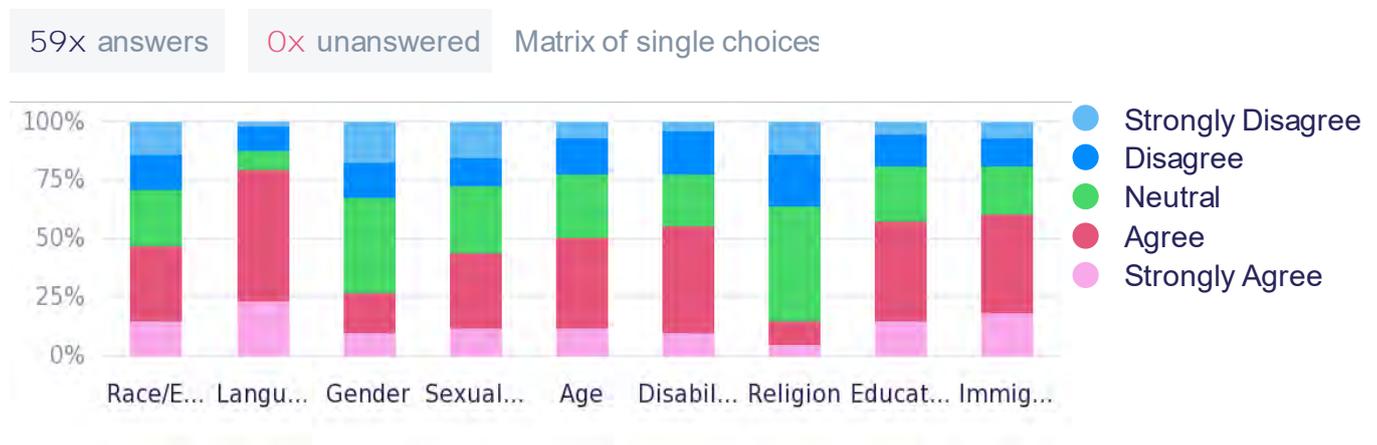
59x answers   0x unanswered   Matrix of single choices

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Race/Ethnicity	8	9	14	19	9
Language	1	6	5	33	14
Gender	10	9	24	10	6
Sexual Orientation	9	7	17	19	7
Age	4	9	16	23	7
Disabilities	2	11	13	27	6
Religion	8	13	29	6	3
Education	3	8	14	25	9
Immigration Status	4	7	12	25	11

16. Other health equity concerns?

59x answers 　 0x unanswered 　 Text answer

- (48x)
- Ability for services to go to consumers/patients rather than them have to seek service in uncomfortable or institutional settings
- Ageism
- A lot of these issues are due to socioeconomic factors that the hospital won't be able to solve by themselves. I think health literacy of the patient is a factor that affects quality of care.
- Health care services require personal navigation assistance by someone known to the patient
- Insurance vs non insured
- LGBTQ+ need health services designed for them. Obese people face a lot of stigma in accessing and receiving care. The furniture (waiting area seating, medical table etc) and equipment is also not very accommodating for obese people.
- none
- Proper listening from providers regarding patient concerns and health conditions.
- stigma still place on addictions and mental health
- There is not enough understanding of older adults once they arrive a the hospital. They are often sedated and prescribed medications that are contraindicated.
- We need to look at the systemic mechanisms that organize the distribution of power and resources differently across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.

17. Within each category, please choose up to 4 concerns that impact your community the most

59x answers 　 0x unanswered 　 Multiple choice

Distance f... | Insurance ... | Getting C... | Being Able to Get Needed Medications (financial assistance) | Having Ac... | Access to Dental Care | Having Enough Primary Care Providers to Serve the Community | Prompt Access to Specialty Care Providers | Navigation to Make Sure all Needed Services are Accessed

ANSWER	RESPONSES	RATIO
Distance from Provider/Transportation	38	64.4%
Insurance Coverage/Ability to Pay for Care	42	71.2%
Getting Care When/Where it is Convenient for the Patient	18	30.5%
Being Able to Get Needed Medications (financial assistance)	25	42.4%
Having Access to the Internet to Receive Monitoring and Follow-up or to Have Appointments	12	20.3%
Access to Dental Care	21	35.6%
Having Enough Primary Care Providers to Serve the Community	27	45.8%
Prompt Access to Specialty Care Providers	15	25.4%
Navigation to Make Sure all Needed Services are Accessed	21	35.6%

18. Other concerns about access to care?

59x answers   0x unanswered   Text answer

- (54x)
- Having to travel outside the area for specific specialty providers and care. Not accepting insurances.
- limited providers
- Navigation assistance
- none
- Transportation

19. Within each category, please choose up to 4 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Cancer	14	23.7%
Heart Disease	26	44.1%
Diabetes/Metabolic Syndromes	35	59.3%
Chronic Obstructive Pulmonary Disease (COPD)	11	18.6%
Asthma	4	6.8%
Physical Disabilities Resulting in Need for Assistance in Daily Life (blindness, wheelchair use, etc.)	10	16.9%
Arthritis	4	6.8%
Obesity	35	59.3%
Pain/Fatigue	15	25.4%
Transitional Housing, Permanent Supportive Services	21	35.6%
The Availability and Accessibility of Prevention and Early Detection Screenings and Programs	18	30.5%
The Availability and Accessibility of Management Programs for Chronic Conditions	22	37.3%

20. Other chronic diseases not identified?

59x answers   0x unanswered   Text answer

- (49x)
- addictions
- Alzheimers/Dementia
- Alzheimer's Disease and other Dementias.
- Behavioral mental health services availability
- dementia
- Dementia
- Hypothyroidism

- Child disabilities and therapies that are easily accessible
- none
- Psychiatric conditions

21. Within each category, please choose up to 4 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Food Security (grocery store within traveling distance, transportation, money to purchase food)	20	33.9%
Housing Security (low income housing, housing for he elderly/disabled, rent and utility assistance)	39	66.1%
Enough Money to Cover Basic Expenses	28	47.5%
Transportation	40	67.8%
Access to Services in Languages other than English	14	23.7%
Services for Low Literacy Individuals	16	27.1%
Services for the Homeless	15	25.4%
Services to Prevent or Address Violence -- Domestic, Social, Child Abuse	18	30.5%
Community Support Networks Such as Churches, Neighborhood Groups, Civic Organizations, Clubs	7	11.9%
Long Term, Chronic Poverty	25	42.4%
Access to Education and Job Training Opportunities	15	25.4%

22. Other social or economic factors?

59x answers   0x unanswered   Text answer

- (53x)
- affordable accessible childcare (pre K)
- Follow-up after care
- lack of in-patient detox or rehab programs
- na
- none
- 60% of Harrisonburg's population and 40% of Rockingham County live paycheck to paycheck per the United Way ALICE report.

23. Within each category, please choose up to 3 concerns that impact your community the most

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
Distance from Emergency Room	12	20.3%
Ability to Pay for a Health Emergency/Health Insurance	44	74.6%
Infectious Disease (see next questions for COVID responses)	5	8.5%
Having Support at Home in Case of Hospitalization	26	44.1%
Job Loss due to Illness	29	49.2%
Loss of Pay due to Missing Work Because of Illness	39	66.1%

24. Other concerns about facing an acute illness?

59x answers   0x unanswered   Text answer

- (53x)
- Help around the house/ general chores
- Lack of emergency trauma services in the community, especially during inclement weather when aeromedical services are unavailable. Additionally, the cost of using aeromedical services can be prohibitive despite the financial assistance provided by the various flight service providers. Morbidity/mortality of trauma patients is higher in our community when the helicopters are unavailable due to the distance required to drive to UVA and the delays in patient transfer from RMH. EMTALA, transport etc
- limit support system at home after illness
- na
- none
- Overuse of ER

25. What have been the major concerns of the community you serve surrounding COVID-19?

59x answers   0x unanswered   Multiple choice

ANSWER	RESPONSES	RATIO
The physical Impact of the Virus on the Body	17	28.8%
Isolation from Friends and Family	42	71.2%
How to Keep Family Members Safe	23	39.0%
Loss of Employment	25	42.4%
Loss of Housing/Becoming Homeless	14	23.7%
Not Able to Afford Medical Care/Medication	14	23.7%
Support for Family Members at Home if Patient is Hospitalized	15	25.4%
Inability to Access Non-Healthcare Services	12	20.3%
Disruption of the Community Schools	42	71.2%

26. How Did COVID-19 change the operations of your organization or organizations you interacted with?

59x answers   0x unanswered   Multiple choice

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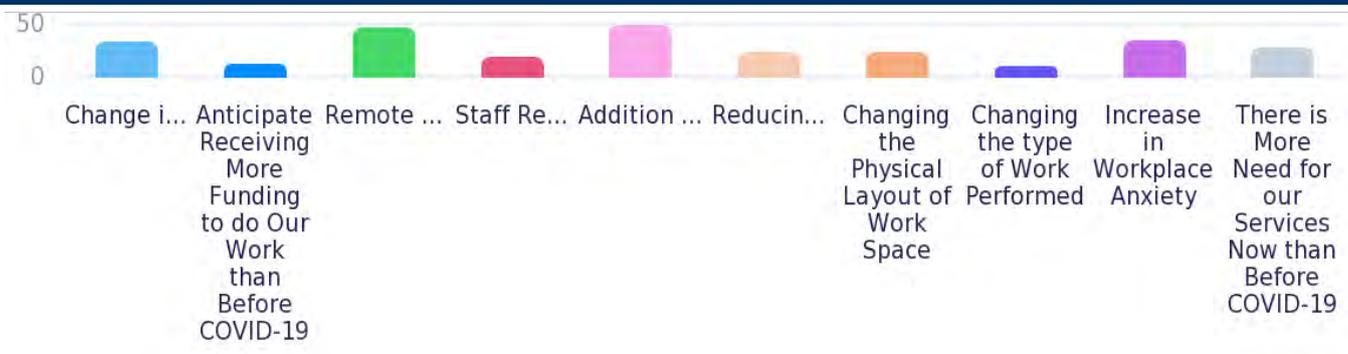
ANSWER	RESPONSES	RATIO
Change in Work Hours/Staff Schedule	35	59.3%
Remote Work/Meetings	48	81.4%
Staff Reductions/Increases	20	33.9%
Addition of Safety/Cleaning Routines	51	86.4%
Reducing the Number of Clients/Customers We Could Serve	25	42.4%
Changing the Physical Layout of Workspace	25	42.4%
Changing the type of Work Performed	11	18.6%
Increase in Workplace Anxiety	36	61.0%
There is More Need for our Services Now than Before COVID-19	29	49.2%
Anticipate receiving More Funding to do Our Work than Before COVID-19	13	22.0%

27. Other concerns about COVID-19?

59x answers	0x unanswered	Text answer

- (50x)
- Anti-maskers & anti-vaxxers.
- Concerned about prolonged use of masks and the negative impact this will have on one's health
- Cost incurred to provide PPE's
- increase in substance use, depression and anxiety
- Long term impact on people due to isolation.
- na
- none
- refusal of community to wear masks or stay at home
- Vaccine hesitancy in this area. Falsehoods being perpetuated, turning the virus into a political statement. Lack of masking.

Survey settings

↻	Allow multiple submissions?	Yes
↩	Allow return to previous questions?	Yes
123	Display question numbers?	Yes
✉	Receive response notifications by e-mail?	No
🔑	Password protection?	No
🌐	IP restriction?	No

APPENDIX D: FOCUS GROUPS

Brief Summary of Key Findings			
Topic: What are the most serious health problems in our community?			
Findings			
adolescent anxiety and depression	chronic conditions	immunizations	senior care
alcohol	depression	isolation	substance use-alcohol, meth, opioid
anxiety	diabetes	lack of providers	transportation
behavioral health	food insecurity	mental health	trauma
behind on preventative services	health literacy	nutrition	unintended pregnancies
cancer	helplessness	obesity	virtual learning
cancer screenings	hypertension	parenting stress	
Discussions			

Uptick in substance use and because of stimulous checks, from provider perspective, isolation, feelings of helplessness, uptick in children's needs for behavioral health, alcohol and meth are the two hotspots, fetnal is not more severe, both court referrals and self referrals. Schools – very young children with very unregulated behavior and parents not having a clue what to do, rising before covid, and much worse since. Many are kids who have chosen to are still home, so no eyes on them. Virtual learning has led to students totally disengaging, a much higher percent of students who have absolutely nothing, parents report anxiety and depression. Emphasize dysregulation – increase in obesity, anxiety and depression, parenting stress. Lots of referrals for opioids, alcohol, anxiety and depression, chronic health conditions more difficult to manage, diabetes and hypertension, also trauma. Very behind in preventative services, cancer screenings, immunizations, unintended pregnancies (undesired) adolescent anxiety and depression, more severe pediatric dental problems – foods at home, hygiene, substance abuse is disclosed but people don't accept services, friends' pills. JMU – fewer students coming in but higher levels of sadness, depression, etc. black students food security, higher who have considered suicide, especially black students. Main struggle around mental health needs from kids to older adults. Extra true for victims who are more isolated by nature. Overdose/addiction deaths have increased on a national level. Managing chronic illnesses, part is lifestyle and behaviors, not practicing healthy lifestyles impacts ability to age healthfully. Even households with resources are hitting a wall emotionally/mentally, hitting fatigue, struggling with drinking or other choices. Higher suicide rate, at beginning children having lack of socialization and now at a deficit, after a full year of no socialization. Caregivers have struggled with depression/mental health and a lot of support is needed. Lack of caregivers, those are leaving the field. Mentall Health. Mental health, culture, interpretation. Covid related-mental health, depression lack of social connection. Boys and girls-young people mental health-personal/lack of school and parents stress, missing out on important events.Seriously Overweight, creates other illnesses such as Diabetes, cancer. Nutrition. Smoking, tobacco use. Patients not able to get appointments with doctors for long periods of time. Mental health, substance abuse. Cancer. Geriatric, just being in that range, they don't want to seek care or transportation, Healthcare system not user friendly to older generation, use big terms and medical terms. More technology classes for seniors since health care relies more on computers and cell phones. Primary care physician's offices need to be open more than 8 a.m. – 5 p.m. People who have to work are unable to get to the doctor. Nurses hour in the morning, save appointments during the day so that someone could be seen that day. BH and Substance Abuse are huge. Pandemic showed an increase with these problems. Aging that are isolated and have no support. Electronics and social medial access become unattainable and affect their healthcare. Access to healthcare, when not attainable turns to more urgent sick care. Our pace in life and how "busy" we are causing extended delays by putting care off. Lack of housing; homeless and cost of housing affects care and continuum of your care. Food insecurity: health starts at nutrition and compounds poor health. RX cost and availability of medication and its coverage. Cycle of returning to ER and its progression. How do people survive without "knowing" someone? Even when we do know someone and have resources, it's still hard. Navigation of the healthcare system is challenging and has barriers. Mental Health & Health literacy. 2nd Mental Health and COVID. Chronic Health issues, getting health care system, transportation issues, difficulty in having enough healthcare providers (especially those who come from outside areas). 3rd Mental Health concerns & shortage of aids to come in and help (huge problem due to how unemployment is set up at the moment). Large uptake in referrals for cancer patient (late stage) and young cancer patients. Mental health and access to resources that would address any of their health needs.

Topic: When considering Social Determinants of Health, which of the following resonate with you as a key social determinant that we should be focusing on?			
Findings			
access to services	child care	housing	lifestyle choices
affordable and safe housing	economic instability	lack of healthy behaviors	social support
assessments for seniors	education	lack of knowledge	transportation
Discussions			

Referrals for 2020 support needed most was housing and social support, most time in navigating for patients outside of healthcare. Transportation not as much of an issue because of COVID, education because kids have fallen behind in their academic skills. Social support, lack of knowledge in the home, lack of healthy behaviors in the home are the 3 most. Employment in the ALICE population, no employer benefits. Social support, concern about education and being able to stay in school. Transportation for VPAS signals issues, affordable housing with access to services, lifestyle choices impact how a person ages. Starting to see evidence of reporting coming in with idea that violence has likely spiked and went unreported, also increased economic instability, housing is a big increase cause potentially in service population. Also people in insufficient housing situations, Build United running into dilemma where repairs might not be sufficient, Mercy House having difficulty finding suitable housing to place families. Lost all prevention funding from VDH, so haven't had contact with kids and opportunities to educate/intervene. Phone calls looking for need for childcare, turning people away because they are full. Mental health issues going on. Employment can give them everything else they need. Pay increases, housing with rent control, transportation not as in demand but overall still an issue (lots of work on this but still not an overall solution), limited transportation resources. Health-lack of education about COVID vaccine (could be language barriers). Social support and health choices-not making the best health choices based on lack of education (not eating healthy or vaping). Social support- not having it and not knowing where to find healthy support. Transportation: CART (transportation program no longer in service in Rockingham County), Transportation to UVA maybe coordinate through Yellow Cab. Uber possibly.Food – children were in desperate need because they were out of school, schools got creative to make meals available to students/families. Transportation challenges is frequently and issue heard within our community. Health Behavior due to substance abuse. Social support is key to help provide the other social determinants. What is the status of employments? What happens to your health when you stop working? We may see unintended effects of unemployment. Education within the hospital can focus and continue to do good regarding screenings; appointments; etc. From a housing perspective, short term is important, as well as, long term, to impact care. Education (understanding what service are out there) and social support (isolation component). Transportation (older people not really comfortable and for those who have mobility issues) & Health Behaviors. Health Behaviors, transportation, education overall 'one bubble' but also support the social support, "which we've noticed from this pandemic the incredible effects this can have on the human race" I agree and second with social support and transportation for our rural areas as a significant barrier to health. Assessment for seniors for affordable housing or safe housing and "age-in-place". For the clients The Salvation Army serves, it would be housing, education, and transportation.

Topic: Who has the health problems? What groups of individuals are most impacted by these problems?			
Findings			
ALICE population	homeless	Medicaid	undocumented
aging, with disabilities	immigrants	Medicare	unsupervised children
BIPOC	language other than English	people of color	working families
children	low-income	people with disabilities	
Discussions			
ALICE population, no additional income to spend on counseling that is needed, tough to find additional resources, Medicare enrollees can access counselors but not Medicaid, pediatrics therapists don't accept insurance so hard to find ones that will. Multiple issues that are intertwined and layered, long-term care needed, so they get so full that people are pushed to longer intervals so dilemma – wanting to serve more people, but serve them effectively, housing, older folks with disabilities (DME) safe housing, young moms who have lost jobs during pandemic, with kids so need bedrooms, groceries for elderly, social support for adolescents not in school w/parents working outside the home, substance use across the board age-wise, counselors see as many pts as possible, but pts choose to spread out their care so don't get as good traction on treatment. Not one isolated problems, unsupervised children has contributed to the behaviors, truancy, behaviors, teen pregnancies, lack of support for the families means they don't have the tools, knowledge and resources they need to help, so kids act out for attention, etc. Lower income, depending on race someone might have perception of barriers to access. Barrier isn't perceived, there is one. Perception creates one. Older adults impacted, particularly when they can't drive because of health/cognition issues, everywhere transit is a struggle, lack of affordable transit options, high barriers to participation, most move out of rural areas. Transportation not included in Medicaid, but is included in Medicare. Medicare system far more complicated than most understand, staff go through annual change to update. Last 18 months impacted low-income population, especially BIPOC/immigrant/undocumented communities have lost jobs or have had jobs more likely to be shut down, most middle class were able to work remote, even with physician access with telehealth access was harder because ALICE families likely didn't have the money/insurance or didn't feel comfortable seeking care. Immigrant-public charge issue caused them to not seek services, seeing big change in applications for Medicaid but last four years people didn't come. Families needing childcare and not being able to find it. People of color –language, culture and education. Working families not having childcare-Children left alone at younger ages, grandparents taking on more childcare responsibility. Individual with disabilities more isolated but also build more relationships virtually. Women –quitting jobs or trying to work from home. Language barriers. Seniors. Mentally impaired and behaviorally challenged. Kids whose parents are not engaged. Older adults; no support systems, isolated. All barriers apply to them. Transportation; medication, family support, access to healthcare; advocacy, housing, food. A.L.I.C.E. Asset Limited, Income Restrained, Employed. Diversity within our culture (throughout region) and the barriers with population regarding language. Homeless (Currently we are seeing more individuals experiencing homelessness that are over the age of 50 then we did before COVID due to loss of jobs or understanding housing policies related to eviction and leasing/rent which then causes housing loss.) Homeless (especially homeless seniors) and the ALICE population. Isolated themselves due to fear or not allowing help in because of the pandemic.			

Topic: What is being done in our community to improve health and reduce barriers? What resources exist in the community?			
Findings			
Adult daycare	CSB Institutions	Home Visiting Program	Social Services
Child Protective Services	Food Bank	RAM Clinic	Suitcase Clinic
Churches	Free Clinic	Safety-net Coalition	Telemedicine Visits
Clothes Closet	Health Department	Scholarships for activities for seniors	VPAS
Discussions			
Collaboration with w social services, child protective services, develop plans and follow up for child, if parent doesn't follow up, there is an opportunity for the family to get services, very powerful collaboration. With covid, a lot of pts would not come in, so they offered telehealth that helped with the barrier of having kids home so parents couldn't come in. Had free clinic, now will get free clinic, 72 patients in first 2 weeks, 36 diabetics. Impressed with vaccine clinics, less frightening when people hear/see about them, and they're more likely to get it. Health Department provided guidance. Pity the health department because they lacked resources, it has cost services in other areas, another resource: the FQHC. Transportation, we didn't want to be in the transportation business, but found ourselves in it because of need, recently amputee needed to go to Charlottesville in wheelchair accessible vehicle, was paying $780 per trip to go before us, we're seeing service continue to grow because of need, need for meal support, H&R counter-53,000 meals for seniors, goes into chronic disease management. New system for Senior Box- limited funding narrows population, Food Pantry/Blue Ridge Food Bank does good job with fresh food, unsure of recipient because of pickup done by someone else. Schools have gone out of way to provide food for students, so deeply impressed by focus on sustainability/nutrition Most people don't get how much schools supporting students because of lack of visibility, MCOS complained about cost, going to be an issue moving forward. home visiting program, free clinic, RAM clinic, food bank and clothes closet. Community services board (lacking mental health professional-hard time hiring), delivering food from pantries to people (Hope Delivered), Facebook pages where people ask what they need and others can help provide resources. CSB institutions of higher education. Churches parks and green spaces. Sliding scale or scholarships for activities for seniors. Adult daycare. VICap counseling. Suitcase Clinic. VPAS, safety net coalition, RAM Clinic, churches (parish nurses as well). New Blue Ridge Free Clinic & Increased availability of telemedicine visits. Neighbors helping neighbors & the school system also came up as an asset. Not specific to seniors, but they coordinated food distribution throughout the pandemic.			

Topic: How has the COVID-19 pandemic worsened the health issues in our community?			
Findings			
aging-cognitive decline	fear of seeking healthcare	language barriers	substance use
child abuse increase	increase stress	loss of jobs	undiagnosed diabetes
chronic disease management	isolation	social isolation	unhealthy behaviors
depression	lack of resources		
Discussions			

Established 6500 new patients' children and adults in addition to the 11000 patients seen every year, over the course of pandemic, medical complexity and level of acuity is way worse, people were waiting to access services as long as possible, so undiagnosed diabetes, retinopathy, much worse than last year. Those folks require more treatment, chronic disease assistance was ramped up w pharmacy and extra coordination – improved chronic disease numbers for established patients but new patients are much more sick than previous years. Substance use, job loss, increase of stress, stimulus money increases substance use. Isolation, inability to connect w peers on campus, impacts what they experience and our ability to connect and offer resources, academic stress, inconsistency between shifting courses and expectations, not being able to focus, self-diagnosing ADHD, depression when there was no previous diagnosis. Isolation means not using their social skills, navigating social situation skills are rusty, making eye contact, have conversations, they have lost that. People have eaten less healthy, fast food/delivery have exacerbated issue. Disproportion of already low income/BIPIC were essential workers and were higher risk of COVID. Older adults faced cognitive decline with social isolation, mother-in-law (?) in first 4 months stayed isolated with sister and forgot how to operate washing machine, so many died, implemented telephone check-in program to reduce isolation but it's such a huge need. Licensing had limited access to assisted living, had high death rate in area to COVID. Overworking and having to learn work/personal boundaries. Lack of resources because language barriers and a lot of resources moved to online- loss of employment adding more stress. Concern about lack health visit because of COVID, Farlow employees over and over, more stress on employers having to cut hours or place employees on unemployment, employers working more hours- hard to find work balance when working from home. More child abuse not be detective because being at home more. Communication was terrible, mixed signals. Feelings of loneliness and depression. Health concerns/issues were put off. Fear to be proactive and go into a healthcare setting. People not going for their wellness screenings, which explain the more advance cancers now. Need to work on educating those that the hospital is safe. Many individuals made and donated masks and ear savers. 2nd to wellness visits and even that doctors were not doing it, only would see those with urgent cases. Also the increase of googling.

Topic: What more can be done to improve health, particularly for those individuals and groups most in need? Are there specific opportunities or actions our community could take?			
Findings			
behavioral intervention training	free clinic support	mental health telephone support	psychiatric care
bilingual providers	group therapy resources	more preventative care	telehealth
collaboration	health education	paramedic safety check program	translation services
counseling services	health fairs	parenting education	volunteer opportunities-aging
crisis support			
Discussions			

Pandemic has highlighted the gaps we already had in the community – psychiatry, child horrific, adult pretty bad, how vastly bad it is here, people are full, there's nowhere to refer to so it slows the whole system down. If a parent is suggested to seek services, they can't get in because of lack of resources, only on a waiting list. A lot of pediatricians have gotten education on behavioral dysregulation so have gotten kids in for evaluation, that's encouraging. Group therapy resources for folks who have finished with individual therapy but who would benefit from group, especially groups for autism. DVT group, ACT, things along those lines. One of the areas we have talked about is crisis support – community paramedic safety check program, we don't have a waiting list for counseling services, we have bandwidth in telehealth, too, but a lot of folks wait and access services in crisis, FQHC can't provide services off campus, so lose track of what happens to these folks and interested in a program to help – newborns no showing their newborn visits (police sent to home feels like escalation) so better use of resources to have a program in place. Parenting education, behavioral intervention training would be really helpful, like Mental Health. Conscious discipline (?) program pre-fab, teaching behavioral strategies for the home hoping to pilot something like that next year, a resource when it comes to understanding behavior and how to parent. Health fairs as we start to open up, by June we should be able to have open-air events. Maybe more mental health telephone support, more informal, Arrow Project out of Staunton- they worked to help with staff with clients who needed escalation to more professional help than volunteer services, initial support also with support staff to support them, wonder if hotline would be helpful, we need to get people out and moving again and socialized as soon as its safe. Lots of people, particularly older adults who want to go out but have lived with prevailing sense of anxiety or socialization, opportunities to get used to safely congregating, one of favorite things is more people are joining nonprofit boards or looking into purposeful work/volunteering, would like to see that continue. Haven't attempted volunteer recruitment, all board meetings virtual, but not a ton of people with extra time, Old free clinic lost volunteers because many of them were older, likely other organizations had the same problems. Relief at being able to use Zoom. Zoom not great for the elderly, resistant to any technology, veterans groups haven't remained in contact, the older and more rural you get the less you'll use virtual platforms, even navigating conference calls, caregivers can sometimes navigate technology. More translation and counseling services having shorter wait list. Really impressed by UW funding allowing funding to be spent as needed instead of how it was original purposed and Community Foundation and City of Harrisonburg (CARES ACT funding) helping during this time and hopes it continues. Lack of support for individuals with disabilities and finding more resources to help with additional funding and funding is lacking. Involve educational institutions. Groups that use the church as the window of the unfamiliar world. Pastors could be a resource. More press releases. Organizations; American Heart Association, Alzheimer's Association, joint information fairs. Catchy ads or spots to get out, reach people who need the help. Helping to create a greater awareness of where you can get help. I hear "I don't know where to go for help"? Collaboration. One phone number to direct care. RAM Clinic more often. New Free Clinic support. Collaboration between support systems working together with higher group who could organize them. United Way had a resource center that would help with directing service. Health Education, provider shortages, and how to increase services for mental health, language barriers. More preventative care. Healthcare in general has become too reactive instead of preventative. Health education, especially for the underserved populations. This would involve getting out into the community and connections with diverse groups especially when there are language barriers. Provider shortages/increasing supply — mental health, primary care, specialists, etc. Spiritual and social was left aside. Partnering with other organizations and building trust. It's about the community effort. One of gifts-telehealth for crisis care (borne out on national level) because parents didn't have to travel, children more likely to attend appoints and were able to have increased access to non-offending caregivers, increased access to children engaged in services. Other groups that are not around the table at our meetings but should be? Other partners we aren't tapping into? Immigrant community – language a barrier to service? It can be tough to find therapists that speak other languages for assessment and treatment – the community doesn't have resources. Education opportunities for residents and students because they need bi-lingual staff, they have Arabic and Spanish, one other language? in person translators don't have the training programs in place to train them. Translation is not only barrier – culture, too. Stories from RAM.