Sentara RMH Medical Center

Community Health Needs Assessment 2021

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Sentara RMH Medical Center

Community Health Needs Assessment (CHNA)

2021

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I. Introduction

Sentara RMH Medical Center (SRMH) has conducted a community health needs assessment (CHNA) of the area that we serve. The assessment provides us with a picture of the health status of the residents in our communities and provides us with information about social and health-related problems that impact health status.

As we embarked on this CHNA process, the country and Virginia were completely focused on mitigating the COVID-19 pandemic. The process for this CHNA is affected by the pandemic in several ways. It is less collaborative than other SRMH CHNAs, because we were mindful that our partners had more than enough to do to manage the care they provide. It was important that we find ways to allow respondents to focus on health concerns other than COVID-19, when that was their main concern; and when we look at the community input, we wonder how much of the response is related to COVID. Most of the "hard" data indicators are from 2019, the newest data available, but also unaffected by COVID-19.

COVID has also affected our ability to develop an implementation plan that addresses the concerns of the participants in our CHNA process. We have a three-year window to implement strategies and anticipate that sometime in the next year the issues of COVID contagion will be controlled; but for now, strategies will be focused on projects that are large in scope in collaboration with community partners, with a longer development process, and that will have significant impact on community health.

Our assessment includes a review of population characteristics such as age and racial and ethnic composition because demographic factors are important determinants of health. Socioeconomic factors such as education, employment and poverty are included because current research suggests that the way a person lives in their community, the challenges they face and the solutions they find, plays a substantial role in that person's ability to lead a healthy life. The assessment also looks at risk factors like obesity and smoking and at health indicators such as mortality rates and preventable hospitalizations. Community input is vital to the process, and we have conducted a stakeholder survey, key informant interviews, and focus groups. Finally, the assessment presents the health status indicators that depict the medical conditions commonly found in the community. Each of these types of data is essential in developing a comprehensive view of community health.

The needs assessment identifies numerous health issues that our communities face. While there are many important community health problems, we are focusing our efforts on the issues listed below. Considering factors such as size and scope of the health problem, the severity and intensity of the problem, the feasibility and effectiveness of possible interventions, health disparities associated with the need, the importance the community places on addressing the need, and consistency with our mission "to improve health every day," we have identified these priority health problems in our area, all of which have been exacerbated by the COVID-19 pandemic:

- Access to Services
- Behavioral Health & Substance Abuse
- Chronic Disease Prevention and Management

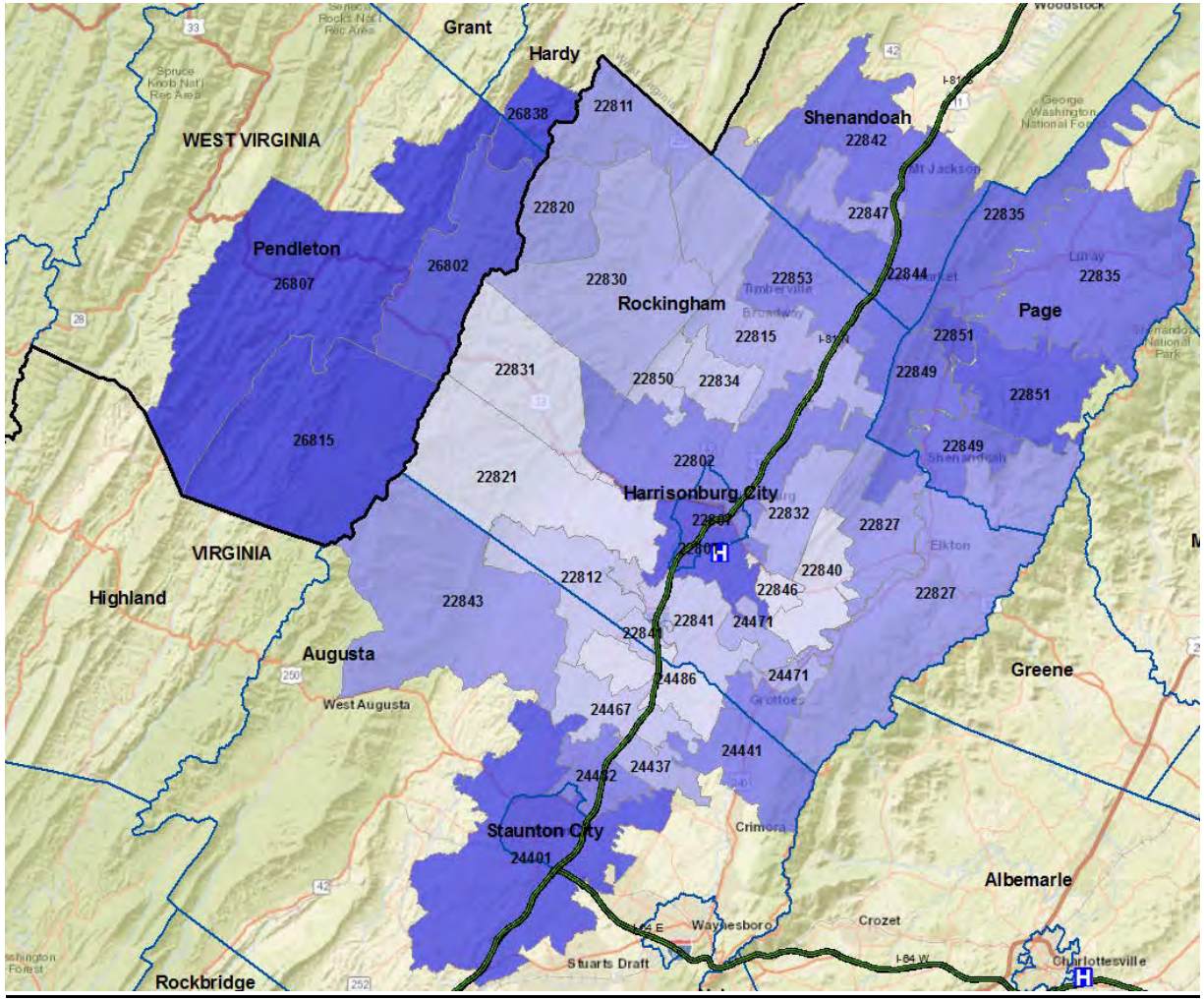
Most of these priority health issues are continued from previous CHNAs, completed in 2012, 2015, and 2018. This makes sense because these are complex, intractable health conditions, and it takes many years and concerted effort to make positive changes that are significant enough to impact outcomes for the whole community. In 2018, an implementation strategy was developed to address these problems and many programs have been developed to improve health for those who face these health challenges. The hospital has tracked progress on the implementation activities in order to evaluate the impact of these programs. A summary of the strategies employed to address health issues identified in the 2021 CHNA is included at the end of this document. For the coming three years, we will design our strategies with awareness of how the needs and interventions impact the vulnerable in our communities, including older adults, children and people from diverse backgrounds.

Sentara RMH Medical Center works with numerous community partners to address health needs. Information and assistance with navigating community resources is available through the Harrisonburg Community Resource Center, by calling (540) 208-2941 or by visiting: https://strengthinpeers.org/community-resource-center/. Together, we will work to improve the health of the communities we serve.

Your input is important to us so that we can incorporate your feedback into our future assessments. You may use our online feedback form available on the Sentara.com website. Thanks!

II. Community Description

The SRMH Service Area in Detail:



The geography of the service area includes two urban centers, Harrisonburg and Staunton, surrounded by rural counties, all bisected by a single major highway running along the Blue Ridge mountains. The total service area comprises 2,673 square miles, with Augusta and Rockingham

counties being the second and third largest geographies in Virginia. The logistical challenges faced by large geographic regions, including lack of public transportation, clustering of social, medical and educational services, the time and expense of traveling to services, and logistical barriers such as lack of child care and the inability to miss work play out in this service area. This area also faces challenges posed by the worst winter weather in the state of Virginia, with a highway recognized by the Virginia Department of Transportation as the most dangerous in the state. The area encompasses the 38 zip codes displayed below, and the lives of 302,972 residents. Approximately 98% of the hospital's inpatients reside in this area although SRMH is seeing some expansion of its service area with a small but growing number of patients traveling from Pendleton and Hardy Counties in West Virginia to access the high quality services it provides. Those patients comprise less than 2% of the patients receiving care at SRMH.

Zip Code	Zip Name	Territory	Zip Code	Zip Name	Territory
22801	Harrisonburg	Primary Service Area	22846	Penn Laird	Primary Service Area
22802	Harrisonburg	Primary Service Area	22847	Quicksburg	Secondary Service Area
22807	JMU	Primary Service Area	22849	Shenandoah	Secondary Service Area
22811	Bergton	Primary Service Area	22850	Singers Glen	Primary Service Area
22812	Bridgewater	Primary Service Area	22851	Stanley	Secondary Service Area
22815	Broadway	Primary Service Area	22853	Timberville	Primary Service Area
22820	Criders	Primary Service Area	24401	Staunton City	Secondary Service Area
22821	Dayton	Primary Service Area	24437	Ft.Defiance	Secondary Service Area
22827	Elkton	Primary Service Area	24441	Grottoes	Primary Service Area
22830	Fulks Run	Primary Service Area	24463	Mint Springs*	Secondary Service Area
22831	Hinton	Primary Service Area	24467	Mt.Sidney	Secondary Service Area
22832	Keezletown	Primary Service Area	24471	Port Republic	Primary Service Area
22834	Linville	Primary Service Area	24482	Verona	Secondary Service Area
22835	Luray	Secondary Service Area	24486	Weyers Cave	Secondary Service Area
22840	McGaheysville	Primary Service Area	26802	Brandywine (Pendleton Co.)	Secondary Service Area
22841	Mt. Crawford	Primary Service Area	26807	Franklin (Pendleton Co.)	Secondary Service Area
22842	Mt. Jackson	Secondary Service Area	26815	Sugar Grove (Pendleton Co.)	Secondary Service Area
22843	Mt. Solon	Secondary Service Area	26838	Milam (Hardy Co.)	Secondary Service Area
22844	New Market	Secondary Service Area			

The population of the SRMH service area is expected to grow between 2020 and 2040, although more slowly than the state as a whole and with an uneven distribution. Staunton and Page County populations are projected to remain flat in spite of the presence of Mary Baldwin University in Staunton. Harrisonburg, the largest city, most urban locality, and home to James Madison University and Eastern Mennonite University, will see almost twice the state growth rate, while Bridgewater College in southern Rockingham County, and Blue Ridge Community College in northern Augusta County will contribute to the expected growth in those areas.

Projected Population Change: SRMH Service Area and State of Virginia							
Population Projections	Staunton City	Harrisonburg	Augusta County	Page County	Shenandoah County	Rockingham County	Virginia
2020	25,293	56,012	75,734	23,838	43,233	82,720	8,655,021
2030	25,577	63,037	80,035	23,888	46,984	89,156	9,331,666
2040	25,541	69,110	83,245	23,643	50,064	94,335	9,876,728
% Change 2020 - 30	1.1%	12.5%	5.7%	0.2%	8.7%	7.8%	7.8%
% Change 2020 - 40	-0.1%	9.6%	4.0%	-1.0%	6.6%	5.8%	5.8%
The Demographics Group of the UVA Weldon Cooper Center for Public Service, June 2021: http://demographics.coopercenter.org							

Please note: The population volumes published by the Weldon Cooper Center and by the US Census Bureau are slightly different due to the different methodologies used to create the projections. Both are highly respected sources of demographic information. This report labels the source of each table to prevent confusion.

Demographics:

Demographics	Staunton City	Harrisonburg	Augusta County	Page County	Shenandoah County	Rockingham County	Virginia	United States
Population estimates, July 1, 2019	24,932	53,016	75,558	23,902	43,616	81,948	8,535,519	328,239,523
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019	5.0%	8.4%	2.4%	-0.6%	3.9%	7.4%	6.7%	6.3%
Persons under 5 years, percent	5.9%	5.1%	4.2%	5.3%	5.5%	5.6%	5.9%	6.0%
Persons under 18 years, percent	19.0%	16.3%	18.5%	19.8%	21.0%	21.8%	21.8%	22.3%
Persons 19 - 64 years, percent	54.1%	69.6%	55.4%	53.0%	51.3%	53.1%	56.4%	55.2%
Persons 65 years and over, percent	21.0%	9.0%	21.9%	21.9%	22.2%	19.5%	15.9%	16.5%
Projected Population Change 2020 - 2030*	1.1%	12.5%	5.7%	0.2%	8.7%	7.8%	7.8%	
Projected Population Change 2030 - 2040*	-0.1%	9.6%	4.0%	-1.0%	6.6%	5.8%	5.8%	
US Census Bureau QuickFacts Table 2019 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219								
*Weldon Cooper Center for Population Studies, UVA https://demographics.coopercenter.org/virginia-population-projections/#map-01								

Highlight
Harrisonburg is the densest population center in the region and the largest with 53,000 residents, though both rural Augusta and Rockingham Counties have more residents
Harrisonburg has experienced the largest population growth since 2010, with an 8.4% increase
While Staunton has the largest percent of very young children under 5 years old, Rockingham County has the highest percent of children under the age of 19
Harrisonburg has the highest percent of working age adults, at 69.6%, while also having the lowest percent of adults aged 65+
Shenandoah County has the highest percent of population aged 65+ in the VA service area; Pendleton County, WV, has significantly higher population of older adults than any of the VA localities

Race/Ethnicity:

Population by Race by Locality						
Race	**Staunton City**	**Harrisonburg**	**Augusta County**	**Page County**	**Shenandoah County**	**Rockingham County**
White alone	83.4%	80.4%	92.8%	95.5%	93.6%	94.2%
White alone, not Hispanic or Latino	81.1%	66.1%	90.2%	93.6%	87.2%	87.9%
Black or African American alone	11.3%	7.4%	4.7%	2.2%	2.9%	2.5%
American Indian and Alaska Native alone	0.3%	0.1%	0.3%	0.3%	0.5%	0.6%
Asian alone	1.4%	3.9%	0.6%	0.5%	1.1%	1.0%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%
Two or More Races	3.2%	6.7%	1.6%	1.4%	1.9%	1.6%
Hispanic or Latino	3.1%	19.7%	3.1%	2.2%	7.4%	7.4%
Data Source: US Census Bureau QuickFacts Table 2019 https://www.census.gov/quickfacts/fact/table/VA.US/PST045219						
Note: Hispanic or Latino individuals may be of any race and are included in those categories unless they identify as solely Hispanic						

In essence, the racial profile of the area has not significantly changed since the last CHNA, with a large majority of residents identifying as White, and a smaller but substantial percent identifying as African American.

Harrisonburg is the most diverse locality within the service area. The diversity profile, (see page 12) demonstrates the great range of countries of origin to be found in the region, yet the racial diversity is not as dramatic as one might expect. Almost 20% of the residents of Harrisonburg identify as Hispanic, with 7.4% of Shenandoah and Rockingham County residents listing themselves as Hispanic. Some of these individuals are likely agricultural workers and perhaps not full-time residents of the area.

African American individuals are a significant presence in both Staunton and Harrisonburg Cities (11.3% and 7.4% respectively) but not in the more rural counties.

Another notable finding is that 6.7% of Harrisonburg residents identify as being multiracial.

Other Demographic Features:

Other Descriptive Information	Staunton City	Harrisonburg	Augusta County	Page County	Shenandoah County	Rockingham County	Virginia	United States
Veterans, 2015-2019	1,764	1,236	5,648	1,710	3,374	4,423	677,533	18,230,322
Veterans as a percent of population 2019	7.1%	2.3%	7.5%	7.2%	7.7%	5.4%	7.9%	5.6%
Owner-occupied housing unit rate, 2015-2019	57.3%	39.6%	79.3%	71.1%	70.9%	74.5%	66.3%	64.0%
Median value of owner-occupied housing units, 2015-2019	$169,000	$203,600	$214,000	$169,200	$213,200	$211,500	$273,100	$217,500
Foreign born persons, percent, 2015-2019	3.7%	17.1%	2.6%	1.6%	4.7%	5.8%	12.4%	13.6%
Language other than English spoken at home, percent of persons age 5 years+	5.4%	25.5%	3.4%	2.3%	7.4%	9.3%	16.3%	21.6%
Households with a computer, percent, 2015-2019	86.6%	90.2%	86.7%	77.0%	84.0%	85.3%	91.1%	90.3%
Households with a broadband Internet subscription, percent, 2015-2019	74.9%	78.0%	75.8%	67.1%	74.4%	76.3%	83.9%	82.7%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	89.7%	83.9%	87.4%	82.6%	87.0%	84.0%	89.7%	88.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	33.4%	36.3%	22.7%	13.7%	20.5%	26.3%	38.8%	32.1%
With a disability, under age 65 years, percent, 2015-2019	8.7%	6.5%	9.1%	13.9%	10.7%	8.2%	8.0%	8.6%
Persons without health insurance, under age 65 years, percent	12.2%	13.6%	10.4%	12.7%	12.0%	12.3%	9.3%	9.5%
In civilian labor force, total, percent of population age 16 years+, 2015-2019	62.1%	59.7%	58.3%	59.5%	61.0%	62.8%	64.1%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2015-2019	56.4%	55.4%	56.5%	57.0%	56.0%	57.1%	60.5%	58.3%
Median household income (in 2019 dollars), 2015-2019	$52,611	$46,679	$62,711	$51,792	$57,252	$61,864	$74,222	$62,843
Per capita income in past 12 months (in 2019 dollars), 2015-2019	$30,166	$23,202	$30,272	$25,170	$28,882	$31,275	$39,278	$34,103
Population per square mile, 2010	1,188.8	2,808.2	76.3	77.3	82.5	89.9	202.6	87.4
Land area in square miles, 2010	20.0	17.4	967.0	310.9	508.8	849.1	39,490.1	3,531,905.4

US Census Bureau QuickFacts Table 2019 https://www.census.gov/quickfacts/fact/table/VA,US/PST045219

Highlight
The overall percent of veterans in the population of the service area is 5.9%, roughly equivalent to the United States rate, and slightly lower than the state of Virginia
The area has a relatively high percent of owner-occupied homes, indicating a stable population. The exceptions are Harrisonburg and Staunton, with low ownership rates possibly related to the presence of James Madison University (Harrisonburg) and Mary Baldwin University and Bridewater College (Staunton)
Harrisonburg, a refugee relocation center, has the highest percent of foreign-born residents, and the highest percent who speak a foreign language at home
Access to the internet is one measure of infrastructure sufficiency. Only Harrisonburg has computer and broadband access that is similar to Virginia and the United States, with the rural areas lower on each measure

Our Aging Population:

It is well understood that older individuals are more likely to need more healthcare services, and a variety of services which are targeted toward that population. The population of the SRMH service area is aging faster than the rest of the state, as presented in the tables below. In 2020, 19.1% of the SRMH service area population is age 65+, while only 15.6% of the population of Virginia as a whole is 65+. In 2030 the percent of elderly in the SRMH service area increases to 21.7%, while Virginia will find 18.5% of its population age 65+. The trend reverses slightly by 2040, but the percentage in the SRMH area remains consistently 3%pts higher than in the whole of Virginia combined.

Difference Between Service Area and Virginia Populations Age 65+				
Projected Year	Service Area		Virginia	Difference
	# Age 65+	% Age 65+	% Age 65+	
2020	58,647	19.1%	15.6%	3.5%pts
2030	71,190	21.7%	18.5%	3.2%pts
2040	72,598	21.0%	18.0%	3.0%pts

*Weldon Cooper Center for Population Studies, UVA
https://demographics.coopercenter.org/virginia-population-projections/#map-01

Only Harrisonburg has a lower percent of residents age 65+ than Virginia as a whole; Harrisonburg and Staunton, home to 5 institutions of higher learning, have significantly lower gaps between the percent of their populations that are older and the state's values (see green cells).

The Aging Population: Percent of Population Age 65+ by Age Class and Locality							
Population Projections	Staunton City	Harrisonburg	Augusta County	Page County	Shenandoah County	Rockingham County	Virginia
2020 Age 65 - 74	11.9%	4.7%	13.1%	12.8%	13.6%	11.3%	9.5%
2020 Age 75 - 84	7.0%	2.6%	6.7%	6.6%	7.1%	5.9%	4.4%
2020 Age 85+	2.9%	1.4%	2.2%	2.2%	2.9%	2.4%	1.7%
2030 Age 65 - 74	12.9%	4.9%	13.7%	14.5%	13.3%	12.7%	10.4%
2030 Age 75 - 84	8.8%	3.3%	9.0%	8.1%	8.9%	7.9%	6.1%
2030 Age 85+	3.0%	1.3%	2.8%	2.5%	3.2%	2.6%	1.9%
2040 Age 65 - 74	10.5%	4.2%	11.6%	13.4%	11.6%	10.8%	8.7%
2040 Age 75 - 84	9.5%	3.4%	9.4%	9.2%	8.7%	8.9%	6.8%
2040 Age 85+	3.5%	1.4%	3.6%	2.9%	3.8%	3.3%	2.5%

The Demographics Group of the UVA Weldon Cooper Center for Public Service, June 2021: http://demographics.coopercenter.org

GREEN = SRMH rates are lower compared to Virginia, **RED** = Virginia rates are lower

The Number of Percentage Points Higher than Total Virginia Populations Over 65 Years by Locality							
Population Projections	Staunton City	Harrisonburg	Augusta County	Page County	Shenandoah County	Rockingham County	Virginia
2020 Age 65 - 74	2.4%pts	4.7%pts	**13.1%pts**	**12.8%pts**	**13.6%pts**	**11.3%pts**	0%pts
2020 Age 75 - 84	2.6%pts	2.6%pts	6.7%pts	6.6%pts	7.1%pts	5.9%pts	0%pts
2020 Age 85+	1.3%pts	1.4%pts	2.2%pts	2.2%pts	2.9%pts	2.4%pts	0%pts
2030 Age 65 - 74	2.4%pts	4.9%pts	**13.7%pts**	**14.5%pts**	**13.3%pts**	**12.7%pts**	0%pts
2030 Age 75 - 84	2.7%pts	3.3%pts	9.0%pts	8.1%pts	8.9%pts	7.9%pts	0%pts
2030 Age 85+	1.1%pts	1.3%pts	2.8%pts	2.5%pts	3.2%pts	2.6%pts	0%pts
2040 Age 65 - 74	1.8%pts	4.2%pts	**11.6%pts**	**13.4%pts**	**11.6%pts**	**8.7%pts**	0%pts
2040 Age 75 - 84	2.7%pts	3.4%pts	9.4%pts	9.2%pts	8.7%pts	6.8%pts	0%pts
2040 Age 85+	0.9%pts	1.4%pts	3.6%pts	2.9%pts	3.8%pts	2.5%pts	0%pts

In all Three time frames, 2020, 2030 and 2040, the counties have a substantially larger percent of the population in the 3 elderly age groups than the state as a whole, especially the 65 – 74 age range, while the two cities are closer to the age rates of Virginia collectively.

Community Diversity Profile

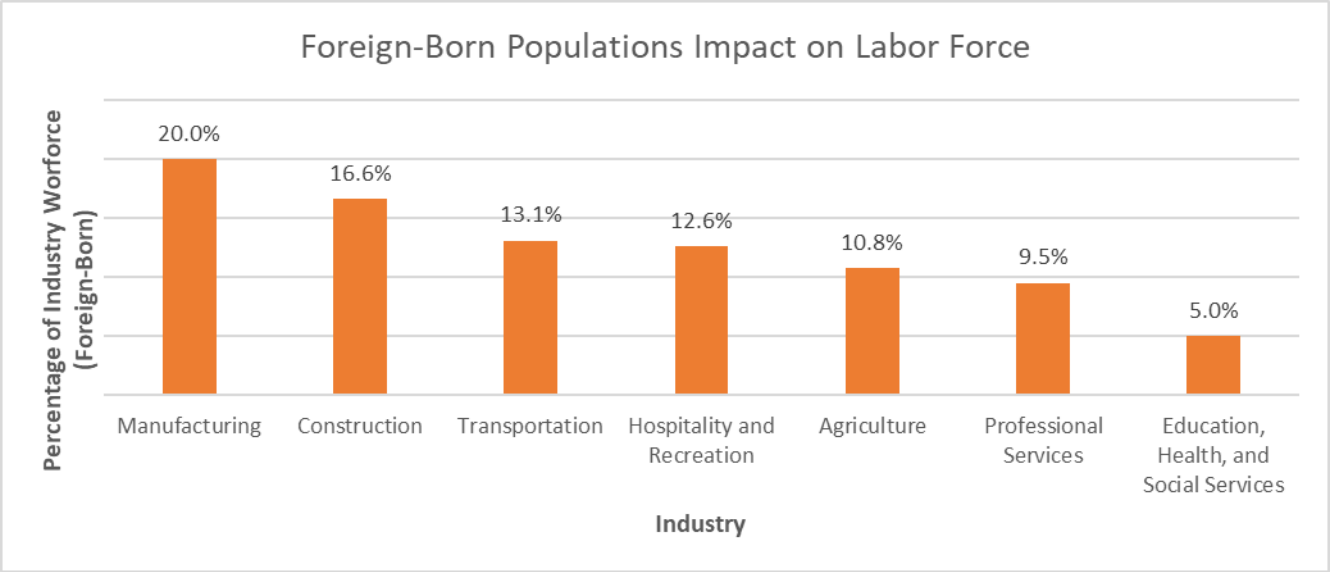
One of the primary characteristics of the SRMH service area is the presence of a refugee resettlement program in Harrisonburg, which creates both special needs and opportunities for collaborations and partnerships between organizations working to meet those needs. The result is a rich environment with multiple organizations focused on improving community health from multiple perspectives and care delivery paradigms.

The nearest school systems to Sentara RMH Medical Center are the Harrisonburg City Public Schools (HCPS) and Rockingham County Public Schools (RCPS). These school systems are rich in diversity with students from many countries around the world and whose primary language is not English, according to enrollment data provided by each school system:

- Harrisonburg City Public Schools:
  - **50** unique countries of birth (56)*
  - **48** unique languages of origin (58)*
  - **119** HCPS students speak more than one language in addition to English (127)*
- Rockingham County Public Schools:
  - **44** unique countries of birth
  - **33** unique languages of origin

*Harrisonburg Metro Area data according to the U.S. Census Bureau's 2019: ACS 5-Year: (2018 data in parenthesis):

- In 2019, there were **13,773** (12, 599) foreign-born people living in the Harrisonburg metro area, **10.2% (9.7%)** of the overall population.
- From 2016 to 2019, the foreign-born population in the Harrisonburg metro area grew from **12,599 to 13,773 (9.3%)** while the total population of the area grew at a rate of **3.9%. (**7,274 to 12,599 (73.2%)) (3.3%)
- Foreign-born workers represented **11.2%** (12.5%) of the employed labor force and play an important role in several key industries in the region. Foreign-born workers comprise the following percentages of each industry's workforce:
  - Manufacturing: **20%**
  - Construction: **16.6%**
  - Transportation: **13.1%**
  - Hospitality and recreation: **12.6%**
  - Agriculture: **10.8%**
  - Professional services: **9.5%**
  - Education, Health, and Social Services: **5%**



- In 2019, **18.8%** (17%)of foreign-born people ages 25 and older held at least a bachelor's degree (compared to **31.2%** (29.4%)of the U.S.-born population in Harrisonburg Metro Area). **(VIRGINIA 38%)**
- In 2019, **41.6%** (34.4%) of foreign-born households owned their own homes (compared to **64.5% (52.6%)** of U.S.-born households) and **58.4% (58.1%)** of foreign-born households were renters, for total annual rent of **$23.9** million.

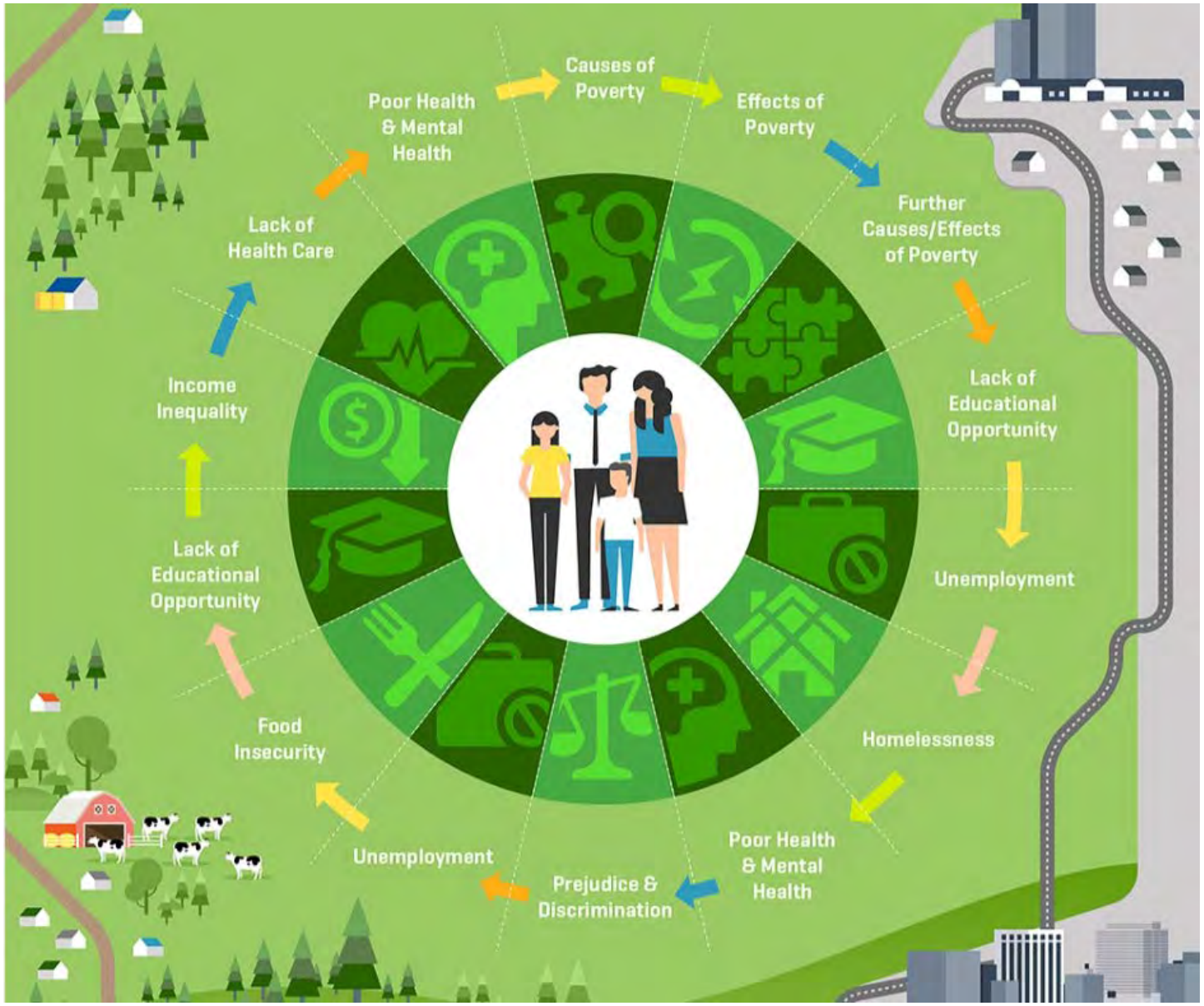
Data Source: US Census Bureau, Census - Table Results - Hyperlink to the table

What makes us healthy?

Background: **Only 20%** of a person's health and well-being is related to **clinical care**. The physical environment, socioeconomic, and behavioral factors **drive 80% of health outcomes**; we often refer to these as the **social determinants of health**.

This assessment helps us identify which factors we should focus on addressing.

Poverty: A Root Cause of Poor Health



The Cycle of Poverty

Poverty continues because it reproduces existing patterns of circumstances, opportunities, and effects.

The causes of poverty are also its effects.

This means that those who experience some aspects of poverty, such as the lack of educational opportunity, are more likely to suffer its other consequences, such as unemployment, lack of health insurance, and poor health, in a vicious cycle.

Rural Poverty vs Urban Poverty | Social Workers | AU Online (aurora.edu)

Poverty

While poverty is a concern in any region, studies have demonstrated that rural populations experience a higher level of "almost poverty" where a higher percent of the population lives above the 100% Federal Poverty Level, but below a living income. Across Virginia, 13% of children live below 100% of the Federal Poverty level, but approximately 30% of those who live in poverty are children. In this rural region, there are many more who live just above the officially designated poverty level.

Poverty Rates for SRMH Service Area										
Locality	**Total Population**	**Children below 100%**	**All Below 50%**	**All Below 100%**	**All Below 125%**	**All Below 185%***	**All Below 200%**	**All Below 300%**	**All Below 400%**	**All Below 500%**
Augusta County	70,773	11.8%	3.7%	7.3%	11.7%	21.7%	25.1%	44.0%	60.7%	75.4%
Page County	23,538	22.7%	5.9%	11.3%	20.0%	31.8%	34.4%	58.4%	71.2%	83.3%
Rockingham County	78,360	9.9%	3.6%	8.1%	12.3%	23.5%	26.0%	47.1%	63.3%	75.2%
Shenandoah County	42,697	15.8%	4.5%	10.3%	17.1%	28.3%	31.7%	49.4%	65.5%	77.9%
Harrisonburg city	46,008	18.4%	18.3%	28.3%	33.9%	46.2%	49.0%	62.8%	75.3%	84.3%
Staunton city	23,106	11.0%	4.6%	11.1%	15.8%	27.6%	30.8%	49.2%	65.0%	79.3%
*The level at which many social services become accessible										
Data Source: US Census Bureau, American Community Survey -- 2014 - 2019, 5-Year Estimates										
Comparison Data: Virginia 100% Federal Poverty Level Rate = 9.5%, United States Rate = 10.5%										

- The percent of children living in poverty varies across the service area, with Page County and Harrisonburg having the highest percent (22.7% and 18.4% respectively)
- The elderly have a lower percent living in poverty, lower than both the United States and Virginia rates (see table note, above) with only Staunton listing a higher rate, at 11.4%
- Women are significantly more likely to live in poverty, at least 5 percentage points higher in most localities, with 30.1% of Harrisonburg women living below 100% of the Federal Poverty level

III: Health Status Indicators

Mortality

Cancer and heart disease are essentially tied for leading cause of death in Virginia. Throughout the service area, in Staunton, Rockingham and Augusta Counties heart disease is the leading cause, where cancer leads in Harrisonburg and Shenandoah County. In the table below many of the causes of death have lower rates than the state – particularly in Harrisonburg, but the number of cases is very low, and the differences are not robust enough to be statistically significant. They can still provide useful information about the health of the region.

"Lung cancer is the leading cause of cancer death in the US, accounting for nearly 25% of all cancer deaths. This is partially because patients with lung cancer may remain asymptomatic until late stages." (Advisory Board, blog post 9/16/21, "Nearly twice as many patients are now eligible for lung cancer screenings.") Yet the service area rate of lung cancer incidence and mortality is either stable or falling, as is Virginia's (see tables next page).

Leading Causes of Death Number / Rate Per 100,000, Age-adjusted							
Cause of Death	**Harrisonburg**	**Staunton**	**Rockingham County**	**Page County**	**Augusta County**	**Shenandoah County**	**Virginia**
Deaths from All Causes	320 / 603.6	367 / 1,472	745 / 909.1	323 / 1,351.4	759 / 1,004.5	525 / 1,203.7	70,242 / 822.9
Heart Disease	72 / 135.8	93 / 373.0	184 / 224.5	78 / 326.3	172 / 236.6	107 / 245.3	15,035 / 176.1
Cancer	75 / 141.5	75 / 300.8	151 / 184.3	78 / 326.3	149 / 197.2	119 / 272.8	15,024 / 176.0
Accidents	19 / 35.8	16 / 64.2	42 / 51.3	13 / 54.4	40 / 52.9	29 / 66.5	3,993 / 46.8
Cerebrovascular Disease (Stroke)	21 / 39.6	22 / 88.2	48 / 58.6	24 / 100.4	37 / 49.0	29 / 66.5	3,819 / 44.7
Chronic Lower Respiratory Diseases	11 / 20.7	25 / 100.3	32 / 39.0	15 / 62.8	50 / 66.2	30 / 68.8	3,662 / 42.9
Alzheimer's Disease	17 / 32.1	27 / 108.3	38 / 46.4	12 / 50.2	34 / 45.0	35 / 80.2	2,626 / 30.8
Diabetes Mellitus	11 / 20.7	8 / 32.1	21 / 25.6	10 / 41.8	27 / 35.7	15 / 34.4	2,351 / 27.5
Nephritis and Nephrosis	9 / 17.0	11 / 44.1	11 / 13.4	11 / 46.0	19 / 25.1	10 / 22.9	1,660 / 19.4
Septicemia	4 / 7.5	4 / 16.0	5 / 6.1	3 / 12.6	10 / 13.2	6 / 13.8	1,085 / 12.7
Suicide	2 / 3.8	4 / 16.0	14 / 17.1	3 / 12.6	15 / 19.9	9 / 20.6	1,135 / 13.3
Influenza and Pneumonia	1 / 1.9	7 / 28.1	11 / 13.5	3 / 12.6	13 / 17.2	14 / 32.2	1,099 / 12.9
Chronic Liver Disease	2 / 3.8	5 / 20.1	9 / 11.0	7 / 29.3	10 / 13.2	8 / 18.3	1,037 / 12.1
Parkinson's Disease	4 / 7.5	5 / 20.1	17 / 20.7	7 / 29.3	16 / 21.2	9 / 20.6	893 / 10.5
Primary Hypertension / Renal disease	5 / 9.4	3 / 12.0	11 / 13.4	2 / 8.4	10 / 13.2	2 / 4.6	816 / 9.6
Data Source: Virginia Department of Health, Division of Health Statistics, Virginia statistics 2019							
Green highlights are rates per 100,000 age-adjusted that are lower than the State of Virginia							

Cancer

Cancer is the leading cause of death in the SRMH service area, but the news is good. Compared to the previous 5-year collective rates for both incidence and mortality from the leading types of cancer, most of the service area is trending down, with fewer cases and lower rates of death. The community outreach programs educating and providing cancer screenings, as well as medical developments, are having an impact.

Cancer Incidence: Annual Average Count / Rate Per 100,000, Age-adjusted 2014-2018							
Cancer Site	**Harrisonburg**	**Staunton**	**Rockingham County**	**Page County**	**Augusta County**	**Shenandoah County**	**Virginia**
Breast (Female)	92 / 118.2	24 / 142.2	63 / 127.9	55 / 130.2	62 / 128.1	75 / 122.3	6,413/ 127.4
Prostate	17 / 96.8	19 / 115.5	42 / 77.9	11 / 60.6	58 / 102.6	25 / 79.0	4,738 / 99.6
Lung and Bronchus	18 / 49.5	25 / 68.6	59 / 53.9	25 / 68.1	61 / 54.8	44 / 67.8	5,424 / 56.4
Colon and Rectum	11 / 29.7	15 / 42.4	41 / 41.8	14 / 41.6	40 / 37.3	25 / 40.4	3,315 / 35.2
All Sites	174 / 436.5	203 / 580.9	454 / 430.7	155 / 448.3	472 / 436.6	268 / 421.5	39,724 / 416.1
Data Source: statecancerprofiles.cancer.gov/incidencerates/index Incidence rates are reported as 5-year cumulative rates 2014 - 2018 / Mortality rates are reported 2015 - 2019							
Trend: Falling		Trend: Rising		Trends compare to previous 5-year period			

Cancer Mortality Annual Average Count / Rate Per 100,000, Age-adjusted 2015-2019							
Cancer Site	**Harrisonburg**	**Staunton**	**Rockingham County**	**Page County**	**Augusta County**	**Shenandoah County**	**Virginia**
Breast (Female)	4 / 18.7	4 / 22.1	11 / 18.9	4 / 19.8	10 / 16.2	10 / 28.4	1,129 / 20.9
Prostate	*	4 / 24.4	11 / 21.8	*	7 / 13.1	6 / 21.0	768 / 19.7
Lung and Bronchus	13 / 33.6	18 / 46.8	34 / 29.1	20 / 51.4	37 / 31.0	31 / 44.1	3,720 / 37.1
Colon and Rectum	6 / 15.4	9 / 26.9	11 / 10.5	9 / 24.1	14 / 11.8	10 / 15.9	1,310 13.4
All Sites	60 / 149.1	75 / 202.4	162 / 140.1	69 / 185.1	155 / 133.8	115 / 170.8	15,046 / 152.4
Data Source: statecancerprofiles.cancer.gov/incidencerates/index Incidence rates are reported as 5-year cumulative rates 2014 - 2018 / Mortality rates are reported 2015 - 2019 *indicates 3 or fewer cases, not enough for statistical analysis							
Trend: Falling		Trend: Rising		Trends compare to previous 5-year period			

Health Attitudes and Behaviors:

Because there are so many non-medical factors that influence overall health, the CDC and other healthcare information services now collect survey data on what we believe about being healthy and how we act on those beliefs. Below is a table that reflects individual utilization of routine healthcare services.

Health Attitudes and Behaviors by Locality									
Health Attitudes and Behaviors	RMH Service Area	Augusta	Harrisonburg	Page	Rockingham	Shenandoah	Staunton	Virginia All Zips	United States
Visited A Doctor in the Past Year	77.1%	79.9%	70.4%	78.9%	79.2%	79.7%	78.2%	77.6%	76.3%
I go to the doctor regularly for check-ups (Strongly Agree)	48.4%	49.3%	44.4%	48.0%	49.6%	50.4%	51.4%	50.1%	49.5%
I go to the doctor regularly for check-ups (Agree Somewhat)	24.9%	25.4%	24.8%	25.6%	24.8%	24.5%	23.8%	25.3%	25.1%
I go to the doctor regularly for check-ups (Disagree Somewhat)	13.1%	13.1%	13.6%	13.3%	13.3%	12.8%	12.4%	12.6%	13.0%
I go to the doctor regularly for check-ups (Strongly Disagree)	13.6%	12.2%	17.2%	13.1%	12.3%	12.3%	12.4%	11.9%	12.4%
In general, I feel I eat right (Strongly Agree)	32.1%	31.7%	35.2%	29.5%	31.0%	31.8%	31.7%	33.7%	33.4%
In general, I feel I eat right (Agree Somewhat)	47.4%	48.9%	43.4%	49.6%	48.9%	48.2%	46.5%	47.2%	46.4%
In general, I feel I eat right (Disagree Somewhat)	16.8%	15.7%	18.1%	16.9%	16.5%	16.5%	17.5%	15.6%	16.4%
In general, I feel I eat right (Strongly Disagree)	3.7%	3.6%	3.3%	4.0%	3.7%	3.5%	4.3%	3.4%	3.7%
I take my prescription medicines exactly as prescribed (Strongly Agree)	68.2%	70.2%	63.4%	69.2%	69.8%	70.5%	68.9%	67.7%	66.7%
I take my prescription medicines exactly as prescribed (Agree Somewhat)	22.7%	21.7%	25.9%	22.1%	21.8%	21.0%	22.0%	22.6%	23.0%
I take my prescription medicines exactly as prescribed (Disagree Somewhat)	5.2%	4.9%	5.8%	5.0%	5.0%	5.2%	5.3%	5.8%	6.0%
I take my prescription medicines exactly as prescribed (Strongly Disagree)	3.8%	3.3%	4.9%	3.8%	3.5%	3.4%	3.8%	3.9%	4.3%
I only go to the doctor when I'm very ill (Strongly Agree)	30.7%	30.1%	33.1%	30.6%	29.6%	29.7%	30.1%	28.6%	29.9%
I only go to the doctor when I'm very ill (Agree Somewhat)	30.7%	31.3%	30.2%	31.3%	30.8%	31.1%	29.5%	31.2%	30.8%
I only go to the doctor when I'm very ill (Disagree Somewhat)	21.9%	21.2%	22.9%	21.4%	22.1%	21.5%	21.3%	22.8%	22.1%
I only go to the doctor when I'm very ill (Strongly Disagree)	16.7%	17.3%	13.8%	16.8%	17.5%	17.7%	19.1%	17.5%	17.2%
I take medicine as soon as I don't feel well (Strongly Agree)	11.9%	10.8%	13.5%	11.1%	10.9%	10.9%	14.0%	12.3%	13.5%
I take medicine as soon as I don't feel well (Agree Somewhat)	28.9%	28.9%	28.0%	29.5%	29.7%	29.0%	28.8%	28.4%	28.5%
I take medicine as soon as I don't feel well (Disagree Somewhat)	35.0%	35.5%	34.0%	35.7%	35.1%	35.7%	34.8%	35.4%	34.5%
I take medicine as soon as I don't feel well (Strongly Disagree)	24.2%	24.9%	24.5%	23.7%	24.3%	24.3%	22.4%	23.9%	23.4%
Medication has improved the quality of my life (Strongly Agree)	27.9%	28.0%	24.8%	28.5%	28.8%	28.7%	29.8%	27.0%	27.3%
Medication has improved the quality of my life (Agree Somewhat)	38.2%	38.6%	38.3%	37.4%	38.4%	38.8%	37.6%	37.9%	37.2%
Medication has improved the quality of my life (Disagree Somewhat)	20.2%	19.4%	21.9%	20.7%	19.7%	18.9%	19.5%	20.4%	21.1%
Medication has improved the quality of my life (Strongly Disagree)	13.8%	14.0%	15.1%	13.4%	13.1%	13.7%	13.1%	14.7%	14.4%
I follow a regular exercise routine (Strongly Agree)	23.0%	21.9%	26.9%	19.7%	21.7%	22.5%	22.9%	26.0%	24.8%
I follow a regular exercise routine (Agree Somewhat)	32.3%	33.3%	31.3%	32.1%	32.9%	32.8%	32.3%	33.1%	32.5%
I follow a regular exercise routine (Disagree Somewhat)	29.1%	29.1%	28.6%	30.4%	29.3%	29.3%	28.3%	27.4%	28.0%
I follow a regular exercise routine (Strongly Disagree)	15.5%	15.7%	13.2%	17.8%	16.1%	15.5%	16.5%	13.5%	14.7%
My medical conditions limit my lifestyle somewhat (Strongly Agree)	14.0%	12.3%	14.8%	14.3%	13.5%	13.3%	15.2%	12.5%	13.8%
My medical conditions limit my lifestyle somewhat (Agree Somewhat)	24.1%	24.3%	21.4%	26.0%	25.1%	24.6%	25.0%	23.3%	23.7%
My medical conditions limit my lifestyle somewhat (Disagree Somewhat)	21.5%	21.7%	21.6%	20.6%	21.4%	22.2%	21.9%	22.1%	22.0%
My medical conditions limit my lifestyle somewhat (Strongly Disagree)	40.4%	41.6%	42.3%	39.1%	40.0%	40.0%	37.9%	42.2%	40.5%

Red numbers indicate higher score than the State of Virginia as a whole, **Green** indicate lower score, NOTE: See individual questions to determine whether higher scores are more or less healthy than state scores

Data Source: AGS Consumer Behavior Database sourced from the latest GfK MRI DoubleBase' surveys, 2020 Release, housed in Advisory Board Demographic Profiler

Maternal Demographics:

Unsupported and under-supported young families face many negative health outcomes, and predict many long term health challenges as time goes on, so looking at the way families begin can help us understand the current and future health of the community. Compared to Virginia, residents of the SRMH service area have higher rates of low weight and very low weight births, particularly in Page and Shenandoah Counties. The infant death rates for Augusta, Page and Rockingham Counties are substantially higher than for Virginia as a whole. While teen births are a community concern, the very low numbers do not permit meaningful standardization for comparison to state rates. The non-marital birth rate is higher than the Virginia rate in most of the service area. While this does not carry the stigma that it once did, it may indicate the degree of support for both the mother and the infant.

Births, Birthweight and Infant Death by Locality of Residence 2019							
	Staunton	**Harrisonburg**	**Augusta**	**Page**	**Shenandoah**	**Rockingham**	**VA**
Total Births to Residents	365	609	498	250	478	850	97,434
Total Teen Births Below Age 18	1	17	8	3	5	4	853
Teen Births Ages 18 - 19	8	26	18	12	23	37	2,798
Non-Marital Births	154 / 42.2%	247 / 40.6%	162 / 32.5%	119 / 47.6%	198 / 41.4%	266 / 31.3%	34,196 / 35.1%
Low Birthweight Births / percent of total births	31 / 8.5%	47 / 7.7%	37 / 7.4%	25 / 10.0%	45 / 9.4%	51 / 6.0%	8,162 / 8.4%
Very Low Birthweight Births / percent of total births	8 / 2.2%	9 / 1.5%	4 / 0.8%	3 / 1.2%	8 / 1.7%	8 / 0.9%	1,436 / 1.5%
Total Infant Deaths / Rate per 1,000 Births	1 / 2.7	3 / 4.9	4 / 8.0	3 / 12.0	1 / 2.1	8 / 9.4	570 / 5.9
Data Source: Virginia Department of Health Division of Health statistics: https://apps.vdh.virginia.gov/HealthStats/							

General Health Status:

Health Outcomes and Behaviors by Locality -- County Health Rankings 2021 Release							
	Staunton	**Harrisonburg**	**Augusta**	**Page**	**Shenandoah**	**Rockingham**	**VA**
Health Outcome Ranking (out of 133, 1 is best)	65	37	19	70	40	21	
Health Factor Ranking (health behaviors, out of 133, 1 is best)	21	48	33	110	52	44	
Diabetes Prevalence	9%	7%	17%	19%	14%	10%	11%
Adult Smoking	19%	21%	19%	25%	21%	19%	15%
Adult Obesity	22%	26%	35%	38%	33%	32%	31%
Life Expectancy	75.4 years	80 years	80.8 years	77.1 years	78.9 years	80.7 years	79.5 years
Premature Death (cumulative years of life lost before age 75, rate per 100,000 age-adjusted	8,663	5,280	5,952	7,810	6,578	5,756	6,376
% in Poor or Fair Health -- Self Report	17%	22%	17%	22%	19%	18%	17%
% Experiencing Frequent Mendal Distress -- Self Report	14%	15%	14%	17%	15%	14%	12%
Food Environment Index (10.0 is best) -- access, affordability, knowledge, behavior	8.3	8.4	8.8	7.9	8.6	8.6	8.8
Physical Inactivity	24%	24%	26%	33%	25%	26%	22%
Exercise Opportunities	99%	83%	51%	32%	64%	72%	82%
Excessive Drinking	18%	16%	18%	19%	19%	20%	18%
Preventable Hospitalization Rate***	4,153	4,753	4,113	4,834	5,008	6,009	4,269
% with Annual Mammogram*	51%	41%	51%	37%	42%	40%	43%
% with Flu Vaccine	58%	56%	56%	32%	42%	50%	51%
Drug Overdose Deaths / Rate	14 / 19	21 / 13	35 / 15	13 / 18	32 / 25	23 / 9	4502 / 18
% Getting Insufficient Sleep	37%	39%	37%	38%	38%	36%	39%
Suicide Deaths / Rate (age-adjusted)**	23 / 18	27 / 12	73 / 19	24 / 21	43 / 16	68 / 16	5,836 / 13
% Uninsured Adults	11%	17%	12%	15%	14%	14%	12%
% Uninsured Children	5%	6%	5%	7%	6%	7%	5%
Data Source: Virginia Department of Health Division of Health statistics: https://apps.vdh.virginia.gov/HealthStats/							
*This measure may be misleading as recommendation is for biennial mammogram, so 1/2 of women will have had mammogram in any given year							
** Rate per 100,000 population							
***Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.							

IV: Community Input

Having an active, supportive and engaged community is essential to creating the conditions that lead to improved health. The residents of the SRMH service area are highly engaged in matters important to the community. There were approximately 250 invitations sent out to key stakeholders and 57 (a 23% response rate, entirely respectable in survey research) in 49 separate organizations representing service providers, policy makers and underserved communities responded by filling out the survey. Not only does SRMH appreciate their input, but we recognize the importance of their willingness to participate in efforts to enhance life in our community.

Survey Respondents Community Representation
Role in the Community
Healthcare
Community Non-profit Organization (Food bank, United Way, etc.)
Education
Local Government or Civic Organization
Business Representative
Faith-based Organizaton
Law Enforcement/Fire Department/Emergency Medical Services
Individual
Additionally, respondents identified themselves as active in the community in a number of ways that give each one important insight into the function and health of the community:
Active with United Way, Rotary International, Faith in Action, Fairfield Mediation Center
Advocacy
As a convener of local businesses and organizations to address community issues, especially around workforce development
Attend Church
Caregiver
Community Member
Community Paramedicine and collaborative efforts to avoid 911 use
Community volunteer
Daytime homeless services
education
food pantry, financial assistance with utilities, travelers aid, weekly meal for the homebound, holiday cheer, dental assistance, literacy
Granting agency for non-profit anti-poverty services
Remote Area Medical Clinic steering committee member
Landowner, community volunteer
Medication access
Mental health therapist
Nonprofit
Healthcare human services also providing support groups, education and first responder training
SNF
social worker
Volunteer and Chamber of Commerce, library, etc.
Services for children subjected to sexual abuse and their caregiver families

Representatives of the following organizations participated in the study:

Organizations Represented in Response to the Sentara RMH Medical Center CHNA Survey 2021	
Adagio House	HCHC
Augusta County Circuit Court Clerk's Office	Church World Service
Augusta County schools	Impact Living Services
AVA Care of Harrisonburg	Institute for Innovation in Health and Human Services at JMU
Blue Ridge Area Food Bank	InterChange Group, Inc.
Blue Ridge Community College	James Madison University and VPAS
Blue Ridge Free Clinic	JMU, IIHHS, Community Health Education
Brain Injury Connecsitons of the Shenandoah Valley	Our Community Place
Bridge of Hope Harrisonburg-Rockingham	Page County DSS
Business Owner, UMA Inc.	Pendleton Community Care
Caitlin Batchelor, DDS, PC	Pendleton County Commission
CAPSAW	RCPS
Central Shenandoah Valley Office on Youth	Remote Area Medical Clinic, Zetta Presbyterian Church
City of Harrisonburg Government & City Fire Department	Rockingham County Public Schools
Collins Center	Sentara Medical Group
Elkton Area United Services	Sentara RMH Behavioral Health Out-patient
Faith in Action	Sentara RMH Medical Center
First Step - A Response to Domestic Violence	Shenandoah County Public Schools
Gemeinschaft Home	Sunnyside
Generations Crossing	United Way of Harrisonburg and Rockingham County
Harrisonburg Health and Rehab	Valley Children's Advocacy Center
Harrisonburg Rescue Squad	Valley Program for Aging Services
Harrisonburg Rockingham Community Services Board	VPAS
Healthcare for the Homeless Suitcase Clinic	Way to Go

As expected, many of these organizational representatives wear many hats, meaning the true reach of this survey into the community is broader than the listed organizations. Additionally, focus groups were held to get more in-depth perspectives on the health of the community.

Key Stakeholder Survey Results

For this CHNA report, we assembled the most pressing community needs identified in previous CHNA efforts and took a deeper dive into each one of them. The initial question on the survey asks respondents to identify the most important health issues by category. Then, each category was pulled apart to see what challenges it encompassed. The results are displayed in the tables below. Each question allowed respondents to identify other needs that may not have been included in the question. Those responses are shown in the bottom sections of the tables.

Choose 4 Areas of Health Concern You Believe are Most Important for Your Community		
Area of Concern	**# Responses**	**% Respondents**
Behavioral/Mental Health Needs	53	89.8%
Social/Economic Needs	40	67.8%
Access to Care	30	50.8%
Health Equity and Disparities	28	47.5%
Chronic Health Conditions	24	40.7%
Children's Health Needs	17	28.8%
Health Needs of the Elderly	16	27.1%
Acute Illness/Emergency Care	13	22.0%

Other Health Needs
Access for adult medicaid dental care since medicaid has been expanded
Any condition requireing specialized assessment or intervention
Caregiver support and respite needs
Crisis intervention
Culturally competent care
Long term care for dementia
Dental care
Help navigating healthcare system
Retention of doctors
Elder care in their homes
End of life care
Housing / safe, sanitary shelter
Services addressing injury, violence, substance abuse, physical inactivity, nutrition, obesity
Lab services to be reestablished in the area
Medical debt and medication cost
Preventive health services
Services addressing sexual abuse
Services addressing teen pregnancy
Services addressing transportation challenges, vision, prenatal family planning, financial planning
Trauma center

The general category of behavioral health garnered the most concern, with 89% of respondents choosing that item. The 2018 CHNA response rate choosing mental/behavioral health was 83%, indicating a rise in awareness of the need. New this year, a category labeled Social/Economic Needs was included to recognize the growing understanding that healthcare and wellness extend beyond the hospital doors to the surrounding world.

Behavioral Health Needs:

Behavioral Health Needs		
Area of Concern	**# Responses**	**% Respondents**
Access to outpatient counseling services for depression, anxiety and other mental disorders	42	71.2%
Access to inpatient care in a crisis	27	45.8%
Having enough counselors to serve all who need help	27	45.8%
Provider capacity -- enough psychiatrists to treat all those who need care	26	44.1%
Services for substance abuse identification and treatment	24	40.7%
Residential treatment facilities, permanent supportive housing	23	39.0%
Counseling services for children in schools (eliminating transportation barrier)	16	27.1%
Access to medication for behavioral health needs	14	23.7%
Services for adults with cognitive/developmental disabilities	11	18.6%
Survivorship services for trauma, violence, major medical events, grief/loss, etc.	8	13.6%
Stigma attached to accessing services	8	13.6%
Violence prevention services including parent education	7	11.9%

Other Behavioral Health Needs
Community camp / meeting venue for support groups / holistic healing
Counseling for children with problematic sexual behaviors
Education!
Financial support
Frequent repeat users of 911 typically have behavioral or mental health needs. Lack of compliance with medication/access to housing seem to exacerbate these health needs
More school counselors are required by the state but there are none available to hire!
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 outpatient Partial Hospitalization Program or Intensive Outpatient Program

Responses include concerns for adult and children's services (which will be explored more thoroughly in a chart below), and identified the need for more outpatient and inpatient services, driven at least in part by a lack of providers.

Social/Economic Needs:

The second most chosen need among the initial list, these factors include what are widely known as the social determinants of health. Transportation was the most identified need, not surprising in a rural area that sprawls across the Blue Ridge mountains. Concerns about income in various forms are present in most of the choicest, but the responses focused on meeting basic needs.

Concerns Associated with Socioeconomic Factors		
Area of Concern	**# Responses**	**% Respondents**
transportation	40	67.8%
Housing security (low income housing, housing for the elderly/disabled, rent and utility assistance	39	66.1%
enough money to cover basic expenses	28	47.5%
long term, chronic poverty	25	42.4%
food security (grocery store within traveling distance, transportation, money to purchase food	20	33.9%
services to prevent or address violence, domestic, social, child abuse	18	30.5%
services for low literacy individuals	16	27.1%
services for the homeless	15	25.4%
access to education and job training opportunities	15	25.4%
access to services in languages other than english	14	23.7%
community support networks such as churches, neighborhood groups, civic organizations, clubs	7	11.9%
Other Socioeconomic Concerns		
Affordable, accesible childcare and Pre-K		
Follow-up after care		
60% of Harrisonburg's population and 40% of Rockingham County live paycheck to paycheck per UW ALICE report		

Access to Care:

Concerns Associated with Access to Care		
Area of Concern	**# Responses**	**% Respondents**
Insurance coverage/ability to pay for care	42	71.2%
Distance from provider/transportation	38	64.4%
Being able to get needed medications (financial assistance)	25	42.4%
Access to dental care	21	35.6%
Navigation to make sure all needed services are accessed	21	35.6%
Getting care when/where it is convenient for the patient	18	30.5%
Having enough primary care providers to serve the community	17	45.8%
Prompt access to specialty care providers	15	25.4%
Having access to the internet to receive monitoring and follow-up, or to have appointments	12	20.3%
Other Access to Care Concerns		
Several respondents took a moment to list concerns, reiterating the need for transportation, access to specialty providers, navigation services and the need for more healthcare providers in general		

Health Equity Needs and Concerns:

Two questions were asked in an effort to identify factors that impact the patient experience – the needs to improve health equity, and how specific factors impact the quality of care that the patient receives.

Needs Associated with Health Equity		
Area of Concern	**# Responses**	**% Respondents**
Case management / navigation services	36	61.0%
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 get access)	29	49.2%
Availability of service in languages other than English	28	47.5%
Need to understand who all the different doctors/instructions/medications/procedures fit toget	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%
Discrimination against minority/marginalized groups	11	18.6%

Other Health Equity Concerns
Ability for services to go to consumers/patients rather than them have to access service in uncomfortable institutional settings
Ageism
A lot of the issues are due to socioeconomic factors that the hospital won't be able to solve alone. I think health literacy of the patient is a factor that affects quality of care
Healthcare services require personal navigation assistance by someone known to the patient
Insurance vs. uninsured
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
Proper listening from providers regarding patient concerns and health conditions
Stigma still placed on addictions and mental health
There is not enough understanding of older adults once they arrive at a 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 differentially across lines of race, gender, class, sexual orientation, gender expressin, and other dimensions of individual and group identity

The most frequently chosen need was navigation, that assists individuals in understanding a healthcare system that may be foreign to them either because they are immigrants, or because they have not accessed care often in their lives. Financial concerns were the second most identified factor, and may prevent individuals from seeking needed care.

The second question ranks personal characteristics that may identify an individual as a member of a minority or otherwise vulnerable group and impact the care they receive. The most chosen factor likely to impact the quality of care is language, with 47 of 57 respondents agreeing that it impacts their healthcare experience. Linked to language, immigration status was the second most often chosen factor. While other factors were noted to impact care, only language generated a strong response.

Given the international characteristics of the community (see diversity profile) and the consequences of getting medical advice and instruction confused due to linguistic barriers, these responses are consistent.

Ranking of Personal Characteristics that May Affect the Quality of Care Received -- Health Equity							
Agree Rank	**Factor**	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**	**# Agree or Strongly Agree**
1	Language	1 (1.7%)	6 (10.2%)	5 (8.5%)	33 (55.9%)	14 (23.7%)	47
2	Immigration Status	4 (6.8%)	7 (11.9%)	12 (20.3%)	25 (42.4%)	11 (18.6%)	36
3	Education	3 (5.1%)	8 (13.6%)	14 (23.7%)	25 (42.4%)	9 (15.3%)	34
4	Disabilities	2 (3.4%)	11 (18.6%)	13 (22.0%)	27 (45.8%)	6 (10.2%)	33
5	Age	4 (6.8%)	9 (15.3%)	16 (27.1%)	23 (39.0%)	7 (11.9%)	30
6	Race/Ethnicity	8 (13.6%)	9 (15.3%)	14 (23.7%)	19 (32.2%)	9 (15.3%)	28
7	Sexual Orientation	9 (15.3%)	7 (11.9%)	17 (28.8%)	19 (32.2%)	7 (11.9%)	26
8	Gender	10 (16.9%)	9 (15.3%)	24 (40.7%)	10 (16.9%)	6 (10.2%)	16
9	Religion	8 (13.6%)	13 (22.0%)	29 (49.2%)	6 (10.2%)	3 (5.1%)	9
		Most Frequent Choice		Second Most Frequent Choice		3 Leading Factors	

Chronic Health Needs:

Rated fifth out of the eight initial health categories, chronic health conditions are most often associated with aging. An aging population may have more chronic conditions and be more concerned with services to ensure that they are well managed.

Diabetes, obesity and heart disease, among the most common chronic conditions, are identified as the most concerning. Cancer, now becoming classed as a chronic condition as treatment and management procedures are becoming more successful, is listed just above pulmonary concerns such as COPD and asthma. It is interesting to note that the additional concerns listed by respondents include behavioral health conditions (50%).

Concerns Associated with Chronic Disease		
Area of Concern	**# Responses**	**% Respondents**
Diabetes/metabolic syndrome	35	59.3%
Obesity	35	59.3%
Heart disease	26	44.1%
The availability and accessibility of management programs for chronic conditions	22	37.3%
Transitional housing, permanent supportive services	21	35.6%
The availability and accessibility of prevention and early detection screenings and programs	18	30.5%
Pain/fatigue	15	25.4%
Cancer	14	23.7%
Chronic obstructive pulmonary disease (COPD)	11	18.6%
Physical disabilities resulting in a need for assistance with daily life (blindness, wheelchair use, etc.)	10	16.9%
Asthma	4	6.8%
Arthritis	4	6.8%

Other Chronic Disease Concerns
Addictions
Alzheimer's/dementia
Behavioral mental health services availability
Hypothyroidism
Child disabilities and therapies that are easily accessible
Psychiatric conditions

Children's Health Needs:

Two of the three most frequently identified health needs of children are behavioral health services. Access to pediatricians and specialists, parent education and other services are also identified. Other needs listed by respondents include childcare, teen pregnancy services and joy – reflecting the grim environment of the last two years as children's routines and school experience has been upended.

Health Needs of Children		
Area of Concern	**# Responses**	**% Respondents**
Counseling or therapeutic behavioral/mental health services for children	35	59.3%
Poverty-related services (food security, housing, access to reliable child care)	30	50.8%
Diagnostic behavioral/mental health services for children	27	45.8%
Emergency behavioral/mental health services for children	25	42.4%
Substance abuse treatment for youth/adolescents	20	33.9%
Education on healthy habits for children (nutrition, sleep, behavior, socialization)	18	30.5%
Access to dental care	15	25.4%
Prompt access to specialists	14	23.7%
Same day appointments with pediatricians	7	11.9%
Off-hours answers to questions (help line, etc.)	6	10.2%
Developmental delay/school readiness services	6	10.2%
Support groups for the parents of children with similar health conditions	5	8.5%
Navigation services for children's care	5	8.5%

Other Children's Health Needs
Services to prevent child abuse
Access to appropriate medical evaluation and treatment for children who are suspected victims of child abuse
Affordable child care
Dental care
Joy
Parent education
Pediatricians need to do a better assessment during physicals to assess developmental delay. Too often this is missed and services not provided.
Pediatric SANE services
Services to address teen pregnancy

Health Needs of the Elderly:

The SRMH service area is aging faster than the state of Virginia. The need for services for the elderly is expected to grow through time. Yet this category was rated seventh of the eight initial categories, perhaps indicating that services are being provided in the region and therefore not causing much concern. Bridgewater Retirement Community and Valley Program for Aging Services collaborated on a Senior Community Needs Assessment in 2019, which spawned the Valley Senior Success Coalition actively addressing the priority issues which emerged from that assessment.

Health Needs of the Elderly		
Area of Concern	**# Responses**	**% Respondents**
Transportation	38	64.4%
Access to services not covered by Medicare (dental, vision, hearing, etc.)	36	61.0%
Behavioral health services	31	52.5%
Social networking and support	21	35.6%
Home safety/home modifications to age in place or accommodate disability	21	35.6%
Health services designed for the special needs of the elderly	19	32.2%
Navigation services	17	28.8%
Access to healthy food and other social services	16	27.1%
Getting clear medication/follow-up instructions	7	11.9%
Education on aging well (classes, groups, printed material, etc.)	6	10.2%

Other Health Needs of the Elderly
Affordable housing
Cancer support system, preventive care
Caregiver support and financial support
In-home care, respite care, and relief for in-home caregivers
Long term care
Progressive aging facilities from non-assisted living to end of life care
Lower medication costs
Support for grandparents raising grandchildren
Planning for end of life needs
Training for older adults and caregivers to help manage the medical conditions of those they care for
Lab services reestablished in the area

Acute Care Needs:

Of least concern among the needs presented in the initial question, the need for acute care raises concerns around financial stability while dealing with an episode of acute illness. Additionally, need for post-care services, specifically help with managing at home, is identified.

Concerns Associated with Acute Care Needs		
Area of Concern	**# Responses**	**% Respondents**
Ability to pay for a health emergency/health insurance	44	74.6%
Loss of pay due to missing work because of illness	39	66.1%
Job loss due to illness	29	49.2%
Having support at home in case of hospitalization	26	44.1%
Distance from emergency room	12	20.3%
Infectious disease (see separate questions for COVID responses)	5	8.5%
Other Acute Care Concerns		
Overuse of ER		
Help around the house /general chores		
Limited support system at home after illness		
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.		

While there is overlap and repetition among the categories of healthcare needs and concerns, it demonstrates that healthcare is a complex process, and strongly connected to the other aspects of our community lives. As healthcare and CHNAs evolve, we anticipate a growing ability to identify and address genuine emerging needs.

COVID-19:

While this assessment brings focus to an array of healthcare issues, the monumental issue in 2020-2021 has been the COVID-19 pandemic, caused by the coronavirus that entered the country at the end of 2019. Rather than question respondents about their own personal experience with the disease (there are clinical surveys that collect that sort of information), we wanted to see how COVID has impacted community resources and services. The two questions below demonstrate that COVID has changed the way we think of healthcare.

COVID-19 Impact on Your Community		
COVID-19 Concerns	**# Responses**	**% Respondents**
Isolation from friends and family	42	71.2%
Disruption of community schools	42	71.2%
Loss of employment	25	42.4%
How to keep family members safe	23	39.0%
The physical impact of the virus on the body	17	28.8%
Support for family members at home if patient is hospitalized	15	25.4%
Loss of housing/becoming homeless	14	23.7%
Not able to afford medical care/medication	14	23.7%
Inability to access non-healthcare services	12	20.3%
COVID-19 Impact on your organization's operations		
Addition to safety/cleaning routines	51	86.4%
Remote work/meetings	48	81.4%
Increase in workplace anxiety	36	61.0%
Changes in work hours/staff schedule	35	59.3%
There is more need for our services now than before COVID-19	29	49.2%
Reducing the number of clients/customers we could serve	25	42.4%
Changing the physical layout of work space	25	42.4%
Staff reductions/increases	20	33.9%
Anticipate receiving more funding to do our work than before COVID-19	13	22.0%
Changing the type of work performed	11	18.6%

Other COVID-19 Concerns
Anti-maskers and anti-vaxxers
Concerned about prolonged use of masks and the negative impact this will have on one's health
Cost incurred to provide PPE
Increase in substance use, depression and anxiety
Long term impact on people due to isolation
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

Focus Group and Key Informant Interview Results:

Community Focus Groups were carried out for greater granularity in insight from diverse stakeholders. Focus groups were pulled from existing organizational meetings and represent both civic organization members and service providers from a wide range of disciplines. Five focus groups and two key informant interviews were held between April and August 2021, most of them meeting virtually because of pandemic restrictions.

- United Way ALICE Coalition: local health and human services agencies and community non-profits
- Harrisonburg-Rockingham Healthcare Safety Net Coalition Behavioral Health subcommittee: leaders of behavioral health services agencies and behavioral health clinicians
- Sentara RMH Patient Family Advisory council: patients and family members of patients.
- Valley Senior Success Coalition: organizations serving the older adult population, skilled nursing facilities and rehab locations, home health agencies, and retirement communities.
- RMH Foundation advisory board: healthcare providers and representatives from local businesses, major employers, and academic institutions.
- Key informant interviews specifically targeted mental health treatment and needs of the immigrant and refugee communities.

The following questions were utilized. The results of the focus groups are summarized below.

- What are the most serious health problems in our community?
- Who/what groups of individuals are most impacted by these problems?
- What keeps people from being healthy? In other words, what are the barriers to achieving good health?
- What is being done in our community to improve health and to reduce the barriers? What resources exist in the community?
- What more can be done to improve health, particularly for those individuals and groups most in need?

A table of the focus group summary findings is on the following pages.

Topic	Key Findings
What are the most serious health problems in our community? **What are the most serious health problems in our community? (continued)**	Increased substance abuse, suicides, overdoses, isolation, poor mental health because of the pandemic Very behind in preventative services, cancer screenings, immunizations, unintended pregnancies, more severe pediatric dental problems Children's needs for behavioral health services, young children with very unregulated behavior Increased dysregulation Virtual learning has led to many students totally disengaging, no eyes on them, reports of increased anxiety and depression Complications from obesity and sedentary lifestyle and risk behaviors such as smoking Mental health: access to affordable treatment, lack of diagnosis and care, resulting unemployment, disconnect between prescribing physician and counselor – 2 different appointments, two different agendas, lack of sustained care to ensure stay on meds, Shortage of health care workers, especially aides; also fewer health care workers/case managers providing in-home services because of COVID Same-day access to care Long wait times to see providers (primary care, specialty care, behavioral health) Cancer Childhood hunger Teens: lack of sleep, addiction to social media, sexual health and teen pregnancy, self-injury, mental health – lack of care and stigma, debilitating anxiety Lack of knowledge of how and where to access healthcare services – lack of ability to access services/resources for a variety of reasons – including lack of transportation Older adults: caregiver stress, having to choose which conditions to treat due to cost, need for health navigator services, hard to access care because of limitations on insurance network, lack of providers with expertise in geriatrics Transportation, especially given distance to certain specialty care Chronic conditions: uncontrolled diabetes, heart disease, COPD Safe housing for seniors and supports for 'aging in place' Lack of awareness of resources available after skilled nursing including hospice and palliative care Not enough capacity to meet demand for interpreter services and case managers to assist with bills and navigating the healthcare system Lack of access to affordable dental care Social determinants – housing, employment for special populations (re-entry programs), detox and sobering housing
Who/what groups of individuals are most impacted by these problems?	Low income households – especially BIPOC/immigrant community who have lost jobs or have had jobs more likely to be shut down Unsupervised children (more so during COVID and virtual schooling) Kids whose parents are not engaged Women – trying to work from home or have quit jobs Those who suffer trauma, and young people who experience violence, victims of domestic violence Older adults, isolated, fewer support systems, all barriers apply to them Mentally impaired and behaviorally challenged The isolated who can't access services Refugees suffering trauma due to displacement, threats and witnessing lots of violence, and immigrants with low English proficiency Those with low literacy levels

	Those with a culture (family or community) of neglect, who don't access preventive or early care Mental/behavioral health patients who lack substance abuse services and counselors, especially young patients Homeless, especially homeless seniors Veterans – lacking transportation, insurance, mental health services, access to stabilizing medications (leads to self-medication) People of color and non-English speakers Re-entry population
What keeps people from being healthy? In other words, what are the barriers to achieving good health?	The high cost of care Medicare system far more complicated than most understand, with changes every year Fragmented care Not having additional income to spend on counseling/mental health services Transportation, services are not easy for rural residents to access, especially those in areas outside of Harrisonburg/Rockingham CDA Cycle of unhealthy practice, generational culture of neglect, family members who prevent access Long appointment wait time and lack of extended hours for primary care Working families not having childcare, more grandparents taking on childcare responsibilities More children left unsupervised, has contributed to behaviors, truancy, teen pregnancies, lack of support for families means they don't have the tools, knowledge they need to help Immigrant/refugee cultural barriers – different knowledge and expectations Language, especially first point of contact, interpretation services not used consistently Lack of knowledge about service types and availability – lack of knowledge about hospital charity care policies – especially true for non-English speakers Fractured and dysfunctional families – lack of parental engagement Lack of access to nutritious food Lack of access to distant specialists
What is being done in the community to improve health and to reduce the barriers? What resources exist in the community?	Telehealth has helped increase access in many cases, including parents who would not otherwise keep appointments because children were now at home Schools collaboration with social services & CPS to develop plans and follow-up for children, services for families Schools have provided food for students throughout the pandemic Food banks adapting to deliver food New Blue Ridge Free Clinic Suitcase Clinic RAM Clinic Churches and parish nurses; food banks and clothes/DME closet VPAS transportation program Sliding scale or scholarships for activities for seniors; adult day care Vaccine clinics, collaborations with health care providers, guidance from Health Dept Collaborations with agencies and non-profits – community capacity building New HRCSB facility Parks and green spaces VICAP counseling Some community pediatricians have gotten education on dysregulation and have been able to evaluate children

	Some funders moved toward unrestricted funding during COVID, really helped agencies whose needs/services changed – example: United Way H-R; also increased opportunities for funding through TCF and City of Harrisonburg (through CARES Act allocation)
How has the COVID-19 pandemic exacerbated the health issues in our community?	Pandemic has highlighted the gaps we already had in the community – psychiatry, evaluation/diagnostic services, there's nowhere to refer, slows the whole system down Missed wellness visits, health concerns/issues were put off Increased medical complexity and level of acuity is worse, patients waiting to access healthcare as long as possible and requiring more treatment Uncontrolled diabetes, retinopathy Substance use, job loss, increase of stress, stimulus money increases substance use Isolation, loneliness, depression Older adults faced cognitive decline with social isolation Students: inability to connect with peers, faculty & staff have limited ability to reach them with resources, academic stress, not being able to focus, ADHD, depression when there was previously no diagnosis People eating less healthy, more fast food/take out Disproportion of low-income, BIPOC were essential workers and were higher risk of getting COVID Child abuse and neglect – increased but difficult to detect because children not in school, after school programs
What more can be done to improve health, particularly for those individuals and groups most in need?	Crisis support Parenting education and behavioral intervention training – teaching behavior strategies for home Masters level mental health professionals – residency programs for therapists, clinical social workers Retain physicians Address lack of provider capacity for mental/behavioral health care Address lack of provider capacity for primary care, specialists More emphasis on mental health in nursing and physician training Group therapy resources for those who have finished individual therapy but need additional support Support groups for parents/caregivers of children with behavioral health challenges, i.e. autism RAM Clinic more often More preventative care – healthcare has become too reactive Help navigating technology, especially for older adults More mental health telephone support, can be informal – such as ARROW project out of Staunton, work with clients who need escalation to more professional help Respite care and support for caregivers Community Paramedic program More help for refugees and immigrants coming to our community, especially language services Volunteer recruitment – many community organizations lost volunteers because they were often older Health education – especially for underserved populations; getting out into the community and connecting with diverse groups (age, race/ethnicity, homeless, etc) Partnering with other organizations and building trust Opportunities to get used to safely congregating again, lots of people have lived with a prevailing sense of anxiety; more people are

	looking for ways to contribute, for purposeful work/volunteering Work with pastors and local clergy to reach the most people Helping to create a greater awareness of where you can go for help – catchy ads or media spots, pointing people to resource hubs More training opportunities for community members and students who speak other languages to become interpreters

Clearly, the definition of community health is broader than simply medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health through engaging in community building approaches to care. Beyond the scope of SRMH alone, these opportunities will require active partnerships among community organizations and individuals to create lasting impact.

Sentara Community Health Needs Assessment Implementation Strategy

2020 Progress Report

Hospital: Sentara RMH Medical Center

Quarter (please indicate): ☐First Quarter ☐Second Quarter ☐Third Quarter ☒Year End

In support of community health needs assessment and related implementation strategies, Sentara will measure the progress toward the community health needs assessment implementation strategies selected by each hospital on a quarterly basis.

To complete this quarterly progress report, the health problems and implementation strategies can be pasted into this document from the hospital's existing Three Year Implementation Strategy document. The quarterly progress should be identified in the third column below.

The quarterly report should include only key actions taken during the quarter; the report does not need to include all activities. Where possible the actions should be quantified, with outcomes measurements if available.

Reports should be emailed to Laura Armstrong-Brauer at lrarmstr@sentara.com within 15 days of the close of each quarter.

Health Problem	Three Year Implementation Strategies	Progress
All		
Access to Services	Increase access to needed primary care, specialty care, and other healthcare services for uninsured and underinsured patients. Strengthen important community safety net services.	• Fundraising and planning for the next Harrisonburg RAM Clinic, April 10-11, 2021 at Rockingham County Fairgrounds. In addition to the usual dental, vision, and medical services provided by RAM, we have raised enough funds to provide at least 20 sets of dentures to patients who need them. RAM has developed COVID protocols so we can safely provide these services during the pandemic. • RMH Foundation strategic investments: - Healthcare for the Homeless Suitcase Clinic (serves ~ 300 unduplicated patients per year): Nurse Case Manager position - Strength in Peers Safe & Secure Healing Program: funding for short-term hotel stays to allow homeless patients to recover and receive case management and peer support services. - The Free Clinic of Harrisonburg-Rockingham County: medications for patients - Valley Program for Aging Services: transportation program to help seniors get to medical appointments, grocery and pharmacy, and other services. • SRMH Safe At Home program: provided free or reduced medical alert devices to eligible older adults to help them age in place safely. 117 seniors assisted. • SRMH Mobile Mammography provided 1,587 mammograms at 118 events at 46 unique locations through the service region (van down from Mar – Jun because of COVID). • Mammography Screening programs: 323 women received free mammograms (201 through Every Woman's Life, 122 through the RMH Foundation).

Health Problem	Three Year Implementation Strategies	Progress
		• SRMH Pharmacy processed an estimated $603,900 in medication for patients unable to afford their medications through our drug donation partnership with Sirium. • Continued SRMH involvement with the Healthcare Safety Net Coalition: hospital President, Director of Integrated Care Management & Community Health Services, Community Health Project Manager, and Director of Behavioral Health attend.
Behavioral Health & Substance Abuse	Improve health outcomes and continuity of care for patients and family members experiencing mental health challenges.	• SRMH Outpatient Pharmacy Consumer Drug Take Back Bin: collected and disposed of 512.9 lbs of unused medications. • SRMH Behavioral Health services: - Counseling services: 407 new visits, 2,700 follow up for individual; 748 group visits - Clinical Psychology assessments: 225 new visits; 1,631 testing hours - Bereavement services: 297 new patient visits - LIFE Recovery addiction treatment services: patients over age 13 who have already completed intensive treatment - Partial Hospitalization Program: 423 admissions - Intensive Outpatient Program: 166 admissions (services suspended for part of the year due to COVID) - Psychiatric Emergency Team services (Emergency Department-based): 2,788 adult assessments; 130 child/adolescent assessments - Inpatient: 729 admissions, average length of stay 5.5 days • Partnering with JMU to host Viewpoints on Health event with author David Sheff (planned for Mar 2020) – event changed to virtual and was rescheduled to Mar 2021 because of COVID. Goals

Health Problem	Three Year Implementation Strategies	Progress
		are to increase community awareness of addiction as a disease and provide CMEs to providers. • The Shenandoah Valley Maternal Mental Health Coalition, a network of local maternal-child health providers, mental health professionals, nursing leaders, and others, in partnership with Postpartum Support Virginia, met virtually each quarter with 15-25 average attendance.
Chronic Disease Prevention & Management	Increase the capacity of primary care in the SRMH service region to manage chronic disease. Improve health outcomes and continuity of care for patients. Implement best practice prevention strategies to reduce the burden of chronic disease morbidity and mortality.	• Diabetes Education outpatient visits: 865 unduplicated patients seen; average change in Hemoglobin A1c values from 8.87 (baseline at consult) to 7.94 at 6-month participation in DSME program. • Diabetes Education inpatient visits: 1,139; most patients leave with follow-up Diabetes Education outpatient visit appointment made • Diabetes Prevention Program: piloted a virtual DPP model for the Virginia Department of Medical Assistance Services • Child Obesity Prevention: Safe Routes to School grant (Virginia Department of Transportation grant) activities – pandemic limited some activities/participation: - National Bike to School Day: 3 schools participated with 1,100 students involved - International Walk to School Day: 20 students participated - Bike Safety Education: 4 schools participated with 2,200 students involved • Toward No Tobacco (TNT) curriculum taught to all 7th and 8th graders in Harrisonburg City and Rockingham County Public Schools by SRMH Respiratory Therapist – pivoted to a virtual learning module delivered with the Health curriculum.