

**Riverside Shore Memorial Hospital 2019  
Community Health Needs Assessment**



**This Community Health Needs Assessment and Implementation Strategy for Riverside Shore Memorial Hospital was conducted and developed between June 2018 and May 2019 to fulfill the requirements described in section 501(r)(3) of the Internal Revenue Code. It was formally approved and adopted by the Riverside Shore Memorial Hospital Board of Directors on September 24, 2019.**

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# COMMUNITY HEALTH NEEDS ASSESSMENT

## Introduction

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Riverside Shore Memorial Hospital is part of Riverside Health System, with a mission to “care for others as we would care for those we love.” While Riverside cares for its patients every day, it recognizes that caring for others can often mean those who are not in the hospital. Riverside Shore Memorial Hospital understands it has a unique and important role in caring for the health of its community. Conducting a Community Health Needs Assessment allows Riverside to view the community as a broader population and better understand the unique needs, concerns and priorities of the community it serves.

## Community Health Needs Assessment Process

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A Community Health Needs Assessment (CHNA) and Implementation Strategy for Riverside Shore Memorial Hospital was conducted between June 2018 and May 2019 in fulfillment of the requirements described in section 501(r)(3) of the Internal Revenue Code. The data assessment process was conducted by Riverside’s Marketing, Strategy and Development Department utilizing publically available information for the health indicator data. The community survey process was done in conjunction with Bon Secours of Hampton Roads, Children’s Hospital of the King’s Daughters, Sentara Healthcare and multiple local districts of the Virginia Department of Health. Details about the joint survey process are noted in that section of the report.

The CHNA process consisted of four phases: data collection (quantitative), community input (qualitative), analysis and prioritization. The quantitative data is summarized in the first section of this report, and represents a broad assessment of demographic and health indicators. The data sources are noted within each section. The qualitative community input data is summarized in the second section of this report and was gathered through an electronic survey process from October 23, 2018 – December 14, 2018.

# Community Served by the Hospital

The community served by Riverside Shore Memorial Hospital is a geographic region that covers 54 ZIP codes across Accomack and Northampton Counties on Virginia’s Eastern Shore. While Riverside’s Tangier Island clinic is also supported by Riverside Walter Reed Hospital on the Middle Peninsula, it is a part of Accomack County and is included in the RSMH CHNA.



## Community Indicators

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The community indicators present a wide array of quantitative community health indicators for the study region. To produce the profiles, RHS analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health, and for which there were readily available public data sources. Detailed reviews follow below, but to summarize:

- **Demographic Profile:** As of 2017, the study region included an estimated 45,456 people. The population is expected to increase 0.5% by 2022. Compared to Virginia as a whole, the study region is more rural, older, and has a higher percentage of low income households than Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and the 2014 data reported in the 2016 CHNA.
- **Mortality Profile:** In 2016, the study region had 613 total deaths. The leading causes of death included malignant neoplasms of the lung or bronchus, atherosclerotic cardiovascular disease, atherosclerotic heart disease, COPD and congestive heart failure. Crude and age-adjusted death rates were higher than the statewide rate for all categories.
- **Maternal & Infant Health Profile:** In 2016, the study region had 480 total live births. Compared to Virginia as a whole, the study region had lower rates of births, births to teens age 10-19 and low weight births as a percent of all births.
- **Behavioral Health Hospitalization Discharge Profile:** Behavioral health (BH) hospitalizations provide another important indicator of community health status. In 2017, residents of the study region had 265 hospital discharges from Virginia community hospitals for behavioral health conditions. The leading diagnosis for these discharges was psychoses. Fatal drug overdoses are up in the service area compared to Virginia as a whole in 2018 (preliminary data). There was a spike in the rate of fatal overdoses on the Eastern Shore in 2014 however the rates in 2015 and 2017 were much lower compared to Virginia as a whole.
- **Health Risk Profile:** Health behaviors have a tremendous impact on the state of a community's health. The service area has higher rates of diabetes, obesity, smoking and physical inactivity than the Commonwealth as a whole. While better than Virginia's total rates, the service area still has approximately two thirds of the school children eligible to receive a free lunch, and approximately 13% of the total population facing food insecurity. There is a higher rate of HIV particularly in Northampton County and a higher rate of violent crime in Accomack County. Notably, the percent of the population who drink excessively is lower in both counties than the Virginia statewide rate.
- **Uninsured Profile:** At any given point in time in 2016, an estimated 5,804 nonelderly residents of the study region were uninsured. This included an estimated 779 children and 5,025 adults. The estimated uninsured rates were 8.3% for children age 0-18, 20.1% for adults age 19-64, and 16.9% for the population age 0-64. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and to the 2014 rate reported in 2016.

- **Medically Underserved Profile:** Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designated by the U.S. Health Resources and Services Administration as being at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty, and the prevalence of seniors age 65+. Both Accomack and Northampton Counties are designated as Medically Underserved Areas.

## Demographic Profile

Trends in health-related demographics are instructive for anticipating changes in community health status. Changes in the size, age and racial/ethnic mix of the population can have a significant impact on overall health status, health needs and demand for local services. In order to have the most reliable data, the demographic profile was based on the census projections for Accomack and Northampton Counties. While Riverside's Tangier Island Clinic is also supported by Riverside Walter Reed Hospital, it is a part of Accomack County and is included in the RSMH CHNA.

As shown in Exhibit I-A, as of 2017, the study region included an estimated 45,456 people. The total population is projected to increase slightly by 2022. Focusing on age groups, a decline is projected for the 0-19, 35-44 and 45-64 age groups while growth is anticipated for the 19-34 and 65+ age groups. Focusing on racial/ethnic background, growth is projected for all except for the white population.

Community health is driven in part by community demographics. The age, sex, race, ethnicity, income and education status of a population are strong predictors of community health status and community health needs.

Exhibit I-B presents a snapshot of key health-related demographics of the study region compared to Virginia as a whole. Focusing on population rates, compared to Virginia as a whole, the study region is older, has a higher percentage of lower income households and a greater population age 25+ without a high school diploma compared to Virginia as a whole. These comparative patterns were also seen in the 2011 demographic profile reported in the 2012/2013 CHNA and in the 2014 profile reported in the 2016 CHNA.



## Exhibit I-A

### Community Health Demographic Trend Profile, 2010-2022

<b>Exhibit II-1 Health Demographic Trend Profile for the Study Region, 2010-2022</b>				
<b>Indicator</b>	<b>2010 Census</b>	<b>2017 Estimate</b>	<b>2022 Projection</b>	<b>% Change 2017- 2022</b>
Total Population	45,539	45,456	45,683	0.5%
Population Density (per Sq. Mile)	68.2	68.0	68.4	0.5%
Total Households	19,114	19,100	19,402	1.6%
<b>Population by Age</b>				
Children Age 0-19	10,410	10,156	9,973	-1.8%
Adults Age 19-34	7,082	7,283	7,479	2.7%
Adults Age 35-44	4,956	4,539	4,529	-0.2%
Adults Age 45-64	13,976	13,221	12,043	-8.9%
Seniors Age 65+	9,114	10,258	11,659	13.7%
<b>Population by Race/Ethnicity</b>				
White	28,820	28,671	28,241	-1.5%
Black/African American	13,828	13,502	13,803	2.2%
American Indian or Alaska Native	162	188	193	2.7%
Asian / Native Hawaiian / Other Pacific Islander	319	389	411	5.7%
Some Other Race	1,695	1,823	2,018	10.7%
Two or More Races	716	884	1,018	15.2%
Hispanic Ethnicity	3,724	4,066	4,471	10.0%
<i>Note: Hispanic is a classification of ethnicity; therefore, Hispanic individuals are also included in the race categories.</i>				

## Exhibit I-B

### Community Health Demographic Snapshot Profile, 2017

Exhibit II-2 Health Demographic Snapshot Profile, 2017			
Indicator		Study Region	Virginia
<b>Population Counts</b>			
Total Population	Population	45,456	8,453,091
Age	Children Age 0-19	10,156	2,113,825
	Adults Age 19-34	7,283	1,796,873
	Adults Age 35-44	4,539	1,100,177
	Adults Age 45-64	13,221	2,245,888
	Seniors Age 65+	10,258	1,196,328
Sex	Female	23,386	4,294,256
	Male	22,070	4,158,836
Race	White	28,671	5,361,326
	Black	13,502	1,637,782
	American Indian or Alaska Native	188	32,518
	Asian / Native Hawaiian / Other Pacific Islander	389	554,158
	Some Other Race	1,823	306,572
	Two or More Races	884	290,736
Ethnicity	Hispanic Ethnicity	4,066	774,121
Income	Low Income Households (Households with Income < \$25,000)	6,303	545,927
Education	Population Age 25+ Without a High School Diploma	6,320	696,580
<b>Population Rates</b>			
Total Population	Population Density (population per sq. mile)	68.0	207.06
Age	Children Age 0-19 percent of Total Population	22.3%	25.0%
	Adults Age 19-34 percent of Total Population	16.0%	21.3%
	Adults Age 35-44 percent of Total Population	10.0%	13.0%
	Adults Age 45-64 percent of Total Population	29.1%	26.6%
	Seniors Age 65+ percent of Total Population	22.6%	14.2%
Sex	Female percent of Total Population	51.4%	50.8%
	Male percent of Total Population	48.6%	49.2%
Race	White percent of Total Population	63.1%	66.6%
	Black percent of Total Population	29.7%	19.4%
	American Indian or Alaska Native percent of Total Population	0.4%	0.4%
	Asian / Native Hawaiian / Other Pacific Islander percent of Total Population	0.9%	6.6%
	Some Other Race percent of Total Population	4.0%	3.6%
	Two or More Races percent of Total Population	1.9%	3.4%
Ethnicity	Hispanic Ethnicity percent of Total Population	8.9%	9.2%
Income	Low Income Households (Households with Income < \$25,000) percent of Total Households	33.0%	17.0%
Education	Population Age 25+ Without a High School Diploma percent of Total Population Age 25+	19.2%	12.1%
<i>Note: Hispanic is a classification of ethnicity; therefore, Hispanic individuals are also included in the race categories.</i>			

## Mortality Profile

Mortality is one of the most commonly cited community health indicators. As shown in Exhibit I-C in 2016, the study region had 613 total deaths. The top five leading causes of death were malignant neoplasms of the lung or bronchus (lung cancer) (46), atherosclerotic cardiovascular disease (39), atherosclerotic heart disease (39), chronic obstructive pulmonary disease (27) and congestive heart failure (22). Study region crude and age-adjusted death rates per 100,000 were higher than the statewide rates for all deaths combined, and for each of the noted categories except for unspecified dementia, where the age-adjusted rate fell below Virginia's statewide rate.

The 2016 mortality profile presented Exhibit I-C is generally comparable to the 2010 mortality profile reported in the 2012/2013 CHNA and the 2013 profile presented in the 2016 CHNA. Please note that the data for the 2013 and 2016 CHNAs was in combined categories, and the data in this analysis is at the sub-category level. When sub-categories are combined, cancer and heart disease continue to be the leading causes of death.

**Exhibit I-C**  
**Mortality Profile, 2016**

Cause of Death	Study Area (2016)			Virginia (2016)		
	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000	Number of Deaths	Crude Death Rate per 100,000	Age Adjusted Death Rate per 100,000
All Deaths	613	1359.6	875.1	66,473	790.2	715.5
Bronchus or lung, unspecified - Malignant neoplasms	46	102	61.3	3,727	44.3	38.1
Atherosclerotic cardiovascular disease	39	86.5	53.4	1075	12.8	11.2
Atherosclerotic heart disease	39	86.5	49.7	2,912	34.6	31.1
Chronic obstructive pulmonary disease, unspecified	27	59.9	34.2	2,528	30.1	27.0
Congestive heart failure	22	48.8	27	1,605	19.1	17.4
Unspecified dementia	20	44.4	24.4	3,365	40.0	37.3
Alzheimer disease, unspecified	18	<i>Unreliable / Number too small to calculate</i>		2,363	28.1	26.3
Acute myocardial infarction, unspecified	16	<i>Unreliable / Number too small to calculate</i>		2,358	28.0	24.8
Malignant neoplasm of prostate	15	<i>Unreliable / Number too small to calculate</i>		310	3.7	3.4
Colon, unspecified – Malignant neoplasm	14	<i>Unreliable / Number too small to calculate</i>		9769	11.6	10.3
Septicaemia, unspecified	12	<i>Unreliable / Number too small to calculate</i>		1177	114	12.6
Parkinson Disease	11	<i>Unreliable / Number too small to calculate</i>		739	8.8	8.3
Pancreas, unspecified - Malignant neoplasms	10	<i>Unreliable / Number too small to calculate</i>		1,056	12.6	10.8
SOURCE: Internal analysis of data from Centers for Disease Control and Prevention’s WONDER online database wonder.cdc.gov						

## Maternal and Infant Health Profile

Maternal and infant health indicators are another widely cited category of community health. As shown in Exhibit I-D, the study region had 480 total live births in 2016. Compared to Virginia as a whole, the study region had lower birth rates, higher teen birth rates, higher percentage of low birth weight babies and a higher infant death rate than Virginia as a whole.

Comparing the 2016 profile in Exhibit I-D to the 2010 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 2016 CHNA, the study region had similar rates for most maternal and infant health indicators.

### Exhibit I-D Maternal and Infant Health Profile, 2016

	Study Area (2016)	Virginia (2016)
Total Live Births	480	101,220
Rate of Live Births Per 100,000	10.6	12.2
Total Low Weight Births	44	8,266
Low Weight Birth as Percent of Total Births	9.2%	8.2%
Total Live Births to Teens (age 10-19)	28	4,140
Teenage Birth Rate	12.0	7.9
Live Births to Teens Age <15	0	84
Live Births to Teens Age 15-17	7	1,346
Live Births to Teens Age 18-19	21	4,199
Total Infant Deaths	9	593
Infant Death Rate	18.8	5.8
SOURCE: Internal analysis of data from the Virginia Department of Health <a href="http://www.vdh.gov/HealthStats/stats.htm">www.vdh.gov/HealthStats/stats.htm</a>		

## Behavioral Health Hospitalization Discharge Profile

Behavioral health (BH) hospitalizations provide another important indicator of community health status. As shown in Exhibit I-E, residents of the study region had 265 hospital discharges from Virginia community hospitals for behavioral health conditions in 2016. The leading diagnosis for these discharges was psychoses (196). The BH discharge rate for the study region (5.83) was 26.1% below the Virginia rate (7.88).

The leading causes of behavioral health hospitalization in 2017 were generally the same as in the 2011 profile reported in the 2012/2013 CHNA and the 2013 profile reported in the 2016 CHNA. A more detailed analysis of ranks and rates between the two study years is not feasible due to changes in diagnostic definitions and other technical factors.

Separate from the inpatient behavioral health admissions, it is important to also note the increase in ED visits from drug overdoses as well as the overall increase in deaths from drug overdoses since the last CHNA that has been seen across the Commonwealth. The Virginia Department of Health reports that Fatal Drug Overdose has been the leading cause of unnatural death in Virginia since 2013 and that opioids have been the driving force in this increase. VDH notes that statewide rural areas face higher deaths from illicit opioids while urban areas have higher impacts from Rx opioids.

While these are overarching state-wide statistics, the Eastern Shore's fatal drug overdoses are erratic with rates in 2015 and 2017 well below the state average and 2014 and 2018 (preliminary) well above the average.

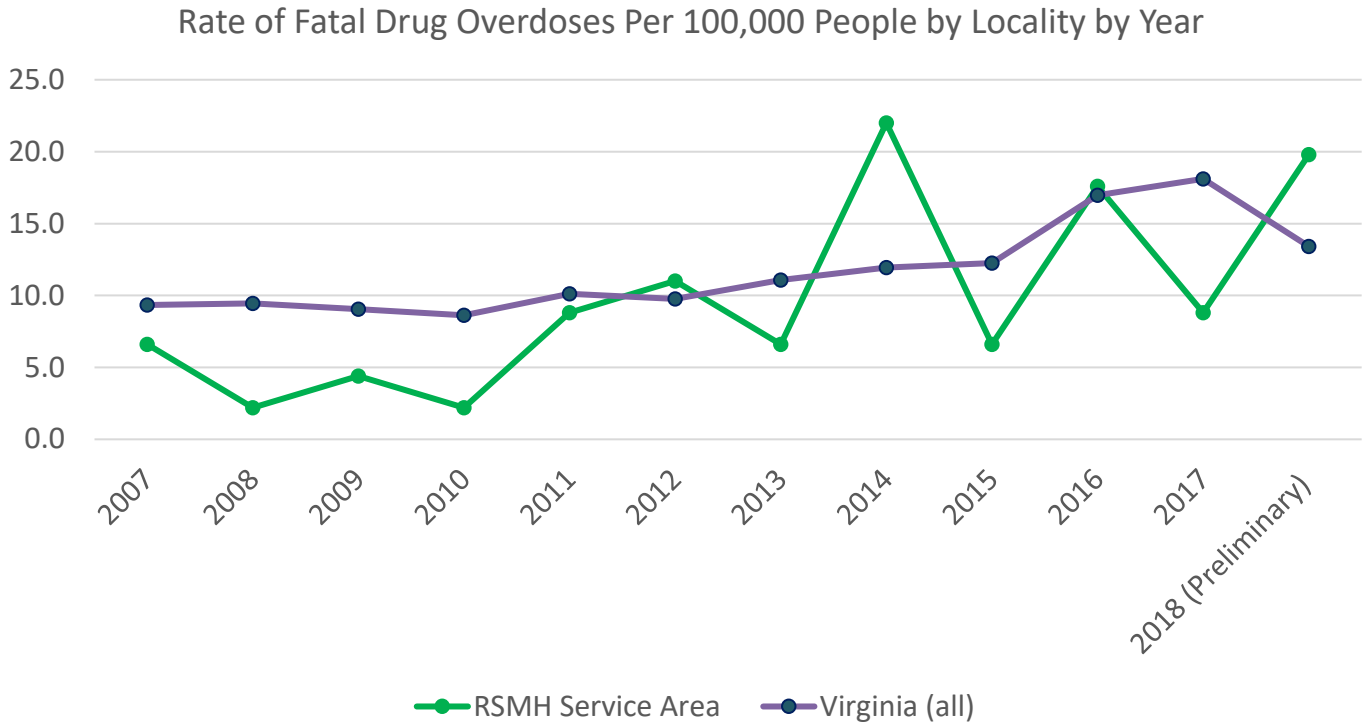
## Exhibit I-E

### Behavioral Health Hospital Discharge Profile, 2017

DRG	DRG Description	Virginia's Eastern Shore (2017)		Virginia (2017)	
		Number of Inpatient Discharges	Crude Rate per 100,000	Number of Inpatient Discharges	Crude Rate per 100,000
	All inpatient behavioral health discharges	265	5.83	66,640	7.88
880	Acute adjustment reaction & psychosocial dysfunction	4	0.09	1,256	0.15
881	Depressive neuroses	17	0.37	4,737	0.56
882	Neuroses except depressive	7	0.15	2,149	0.25
883	Disorders of personality & impulse control	0	0	353	0.04
884	Organic disturbances & mental retardation	3	0.07	1,311	0.16
885	Psychoses	196	4.31	44,837	5.30
886	Behavioral & developmental disorders	2	0.04	334	0.04
887	Other mental disorder diagnoses	0	0	58	0.01
894	Alcohol / drug abuse or dependence, left AMA (Against Medical Advice)	1	0.02	844	0.10
895	Alcohol / drug abuse or dependence with rehabilitation therapy	1	0.02	873	0.10
896	Alcohol / drug abuse or dependence without rehabilitation therapy with MCC (Major Complicating Condition)	7	0.15	1,084	0.13
897	Alcohol / drug abuse or dependence without rehabilitation therapy without MCC	27	0.59	8,804	1.04
SOURCE: Inpatient Hospital Discharge data from Virginia Health Information (VHI), 2017					

**Exhibit 1-F**

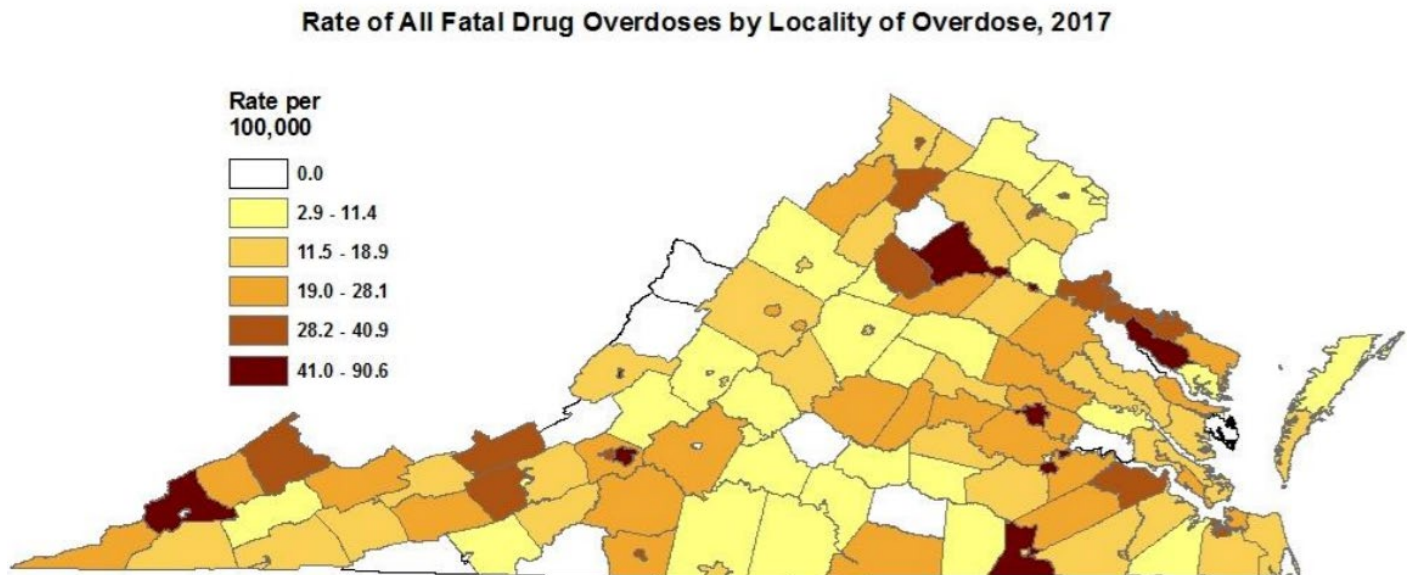
**Rate of Fatal Drug Overdoses per 100,000 (2007 - 2018)**



Source: Virginia Department of Health Fatal Drug Overdose Report

**Exhibit 1-G**

**Rate of Fatal Drug Overdoses by Locality of Overdose (2017)**



Source: Virginia Department of Health, Office of the Chief Medical Examiner



## Health Risk Profile

This section examines health risks for adults age 18+. Prevalence estimates of health risks, chronic disease and health status can be useful in developing prevention and improvement efforts. As shown in Exhibit I-H, estimates from 2016 indicate that substantial numbers of adults in the study region have health risks related to nutrition, weight, physical inactivity and tobacco. In addition the number of adults with diabetes is higher than Virginia as a whole. The 2016 profile generally reflects the health risk patterns found in 2011 as reported in the 2012/2013 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

### Exhibit I-H

#### Health Risk Profile, 2016

**\*Note: This data comes from a wide variety of sources. Most draw from years at least 2-3 years prior. Please note the sources and years for additional context for each measure.**

	Accomack County	Northampton County	Virginia (All)
<b>Diabetes:</b> % of adults that report having been diagnosed with diabetes			
2013	12.4%	14.2%	9.6%
2016	14.3%	11.9%	9.4%
2019	15.2%	12.4%	10.0%
<b>Obesity:</b> % of adults that report a BMI >= 30			
2013	33.4%	32.1%	28.1%
2016	36.6%	29.5%	27.3%
2019	34.4%	32.6%	28.8%
<b>Excessive Drinking:</b> % of adults that report excessive or binge drinking			
2013	15.4%	12.6%	15.9%
2016	13.6%	15.7%	16.6%
2019	15.1%	12.8%	17.4%
<b>Physical Inactivity:</b> % of adults that report being physically inactive			
2013	30.4%	30.0%	24.0%
2016	29.8%	24.6%	22.2%
2019	29.0%	26.1%	21.6%
<b>Food Insecurity:</b> % of adults that report worrying that they will			
2013			
2016	14.5%	13.8%	11.9%
2019	14.1%	12.8%	10.6%
<b>Free School Lunch:</b> % of children eligible to receive free lunch at school			
2013	58.2%	67.3%	30.8%
2016	63.6%	46.4%	32.1%
2019	67.7%	53.3%	41.2%

	<b>Accomack County</b>	<b>Northampton County</b>	<b>Virginia (All)</b>
<b>Smoking:</b> % of adults that smoke			
<b>2013</b>	21.7%	21.4%	18.3%
<b>2016</b>	20.2%	19.4%	19.5%
<b>2019</b>	16.5%	16.9%	15.3%
<b>HIV Rate:</b> HIV+ Individuals per 100,000 population			
<b>2013</b>	373	372	307
<b>2016</b>	394	540	320
<b>2019</b>	346	543	308
<b>Mammography:</b> % of Female Medicare Enrollees Ages 65-74 That Had a Screening Mammogram (NOTE – changed data source in 2019)			
<b>2013</b>	58.7%	66.4%	66.0%
<b>2016</b>	64.0%	69.0%	63.0%
<b>2019</b>	44.0%	48.0%	43.0%
<b>Mental Health Provider Ratio:</b> The number of Mental Health Providers Population Ratio			
<b>2013</b>	11077:1	2478:1	2216:1
<b>2016</b>	1436:1	685:1	685:1
<b>2019</b>	1050:1	1077:1	628:1
<b>Preventable Hospitalizations:</b> Number of Hospital Stays for Ambulatory Care Sensitive Conditions per 100,000 Medicare Enrollees (NOTE: reporting switched from per 1,000 in 2013 & 2016 to per 100,000 in 2019)			
<b>2013</b>	63	61	58
<b>2016</b>	46	37	49
<b>2019</b>	4,745	5,995	4,454
<b>Violent Crime Rate:</b> The number of violent crimes per 100,000 population			
<b>2013</b>	199	116	233
<b>2016</b>	188	72	200
<b>2019</b>	226	100	207

## Uninsured Profile

Decades of research show that health coverage matters when it comes to overall health status, access to health care, quality of life, school and work productivity, and even mortality. Exhibit I-I shows the estimated number of uninsured individuals by income in the study region as of 2016. At a given point in time in 2016, an estimated 5,804 nonelderly residents of the study region were uninsured, including 779 children and 5,025 adults. The estimated uninsured rates were 8.3% for children age 0-18, 20.1% for adults age 19-64, and 16.9% for the population age 0-64. This is a higher rate in every category than Virginia has as a whole. The estimated uninsured rate for the population under 65 is generally comparable to the estimated rate in 2011 as reported in the 2012/2013 CHNA and the 2014 rate reported in the 2016 CHNA. Available data are not sufficient to support a more detailed comparative analysis between the study years.

### Exhibit I-I Uninsured Profile (Estimates), 2016

	Study Area (2016)		Virginia (2016)	
	Number of Uninsured	% of Total Population In Age Group	Number of Uninsured	% of Total Population In Age Group
Children (Age 0-18)	779	8.3%	94,398	4.9%
Adults (Age 19-64)	5,025	20.1%	606,611	11.8%
All Under 65	5,804	16.9%	701,009	9.9%

SOURCE: Urban Institute for the Virginia Health Care Foundation, based on the 2016 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). [www.vhcf.org/wp-content/uploads/2018/03/VHCF-Final-Tables-2016-28Feb2018.pdf](http://www.vhcf.org/wp-content/uploads/2018/03/VHCF-Final-Tables-2016-28Feb2018.pdf)

## Medically Underserved Profile

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are designations used by the U.S. Health Resources and Services Administration to identify populations at-risk for health care access problems. The designations are based on several factors including primary care provider supply, infant mortality, prevalence of poverty and the prevalence of seniors age 65+.

As shown in Exhibit I-J, both localities that overlap with the zip code study region have been designated as Medically Underserved Areas (Accomack and Northampton counties). For a more detailed description, visit the U.S. Health Resources and Service Administration designation webpage at <http://muafind.hrsa.gov/>.

### Exhibit I-J

#### Medically Underserved Areas Profile, 2016

Locality	MUA / MUP Designation	Index of Medical Underservice Score
Accomack County	Medically Underserved Area	61.2
Northampton County	Medically Underserved Area	59.7
SOURCE: United States Health Resources and Service Administration <a href="http://muafind.HRSA.gov">muafind.HRSA.gov</a>		

## Community Input

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In an effort to obtain community input for the study, a community survey was conducted. This survey data is an important way to ensure the members of the community have a voice in the CHNA, but it is important to note that this is not a representative sample so the input should be considered as qualitative and directional data only. That said, the insight and consistency in responses still proves helpful in prioritizing the issues to address.

Due to the overlap of service areas, a joint survey was developed by the Peninsula Community Health Collaborative (PCHC). The PCHC is comprised of representatives from Bon Secours Hampton Roads, The Children's Hospital of the Kings' Daughters, Riverside Health System, Sentara Healthcare, local organizations such as the United Way and the Foodbank as well as multiple districts of the Virginia Department of Health.

The survey participants were asked to provide their perspective on:

- Community Health Issues affecting Adults
- Community Health Services for Adults that need to be strengthened
- Community Health Issues affecting Children and Teens
- Community Health Services for Children and Teens that need to be strengthened
- Issues that affect individuals access to care in the community
- Vulnerable populations in the community that need additional services or support
- Community Assets that need to be strengthened

In prior years, response rates to each health system's survey was low, and there had been feedback that people did not like answering multiple surveys that asked basically the same question. In response to this concern, the PCHC allowed the health systems to work together and create a more streamlined approach to garnering community input for the CHNA process.

There were two versions of the survey created, one aimed at key community health stakeholders, leaders and clinicians, and one for the broader community. The stakeholder survey was sent directly to 1,670 identified individuals across southeast Virginia. The invitation was emailed from the Virginia Department of Health and included a letter signed by the CEOs of the four area health systems and the Medical Director of two local health districts. The stakeholders included local leaders in government, law enforcement, education, business, behavioral health, and civic groups as well as clinicians and other community health figures leaders. Additionally, the community survey was promoted on the hospital websites and on social media for the hospitals and health department. Riverside also followed up with a number of individuals personally to ensure their participation in the survey.

The survey was facilitated using SurveyMonkey, an online survey tool. Each survey asked respondents to identify the community they were answering for when they took the survey. This allowed the same survey to be used across multiple regions and for multiple hospitals. Once the survey was closed, each hospital was able to filter the data to only use the responses relevant to their unique service area.

## Survey Respondents

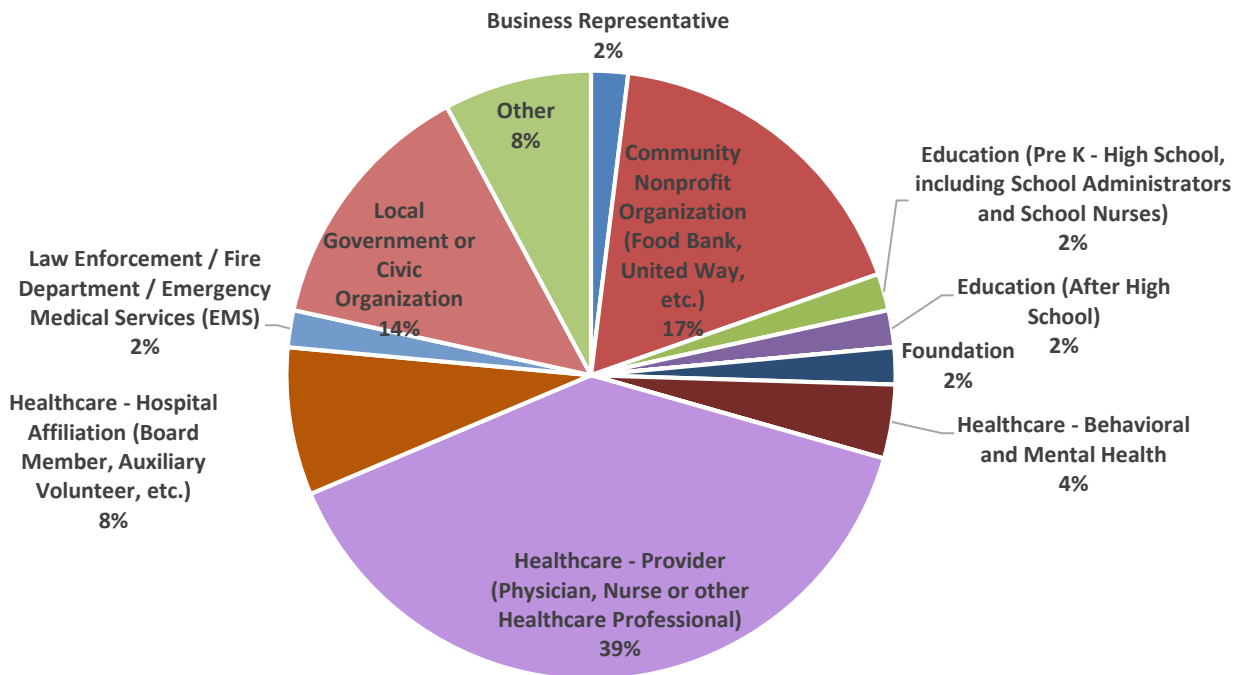
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The survey was open between October 23, 2018 and December 14, 2018. During that time, 57 respondents completed the stakeholder survey and three respondents completed the community survey who identified areas within RSMH's service area as their community for a total of 60 completed. This response size is down slightly from 2016's 67 responses, but still significantly ahead of 2013's 31 surveys.

Community respondents were not asked to identify their organizational affiliations, but the key stakeholders were asked that question. Where completed, the responses are included in the appendix as written by the respondents. The breakdown of the types of organizations is included in the Exhibit II-A.

### Exhibit II-A Employer Affiliation of Survey Respondents

Type of Employer or Organizational Affiliation (n=57)



## Community Health Issues Affecting Adults

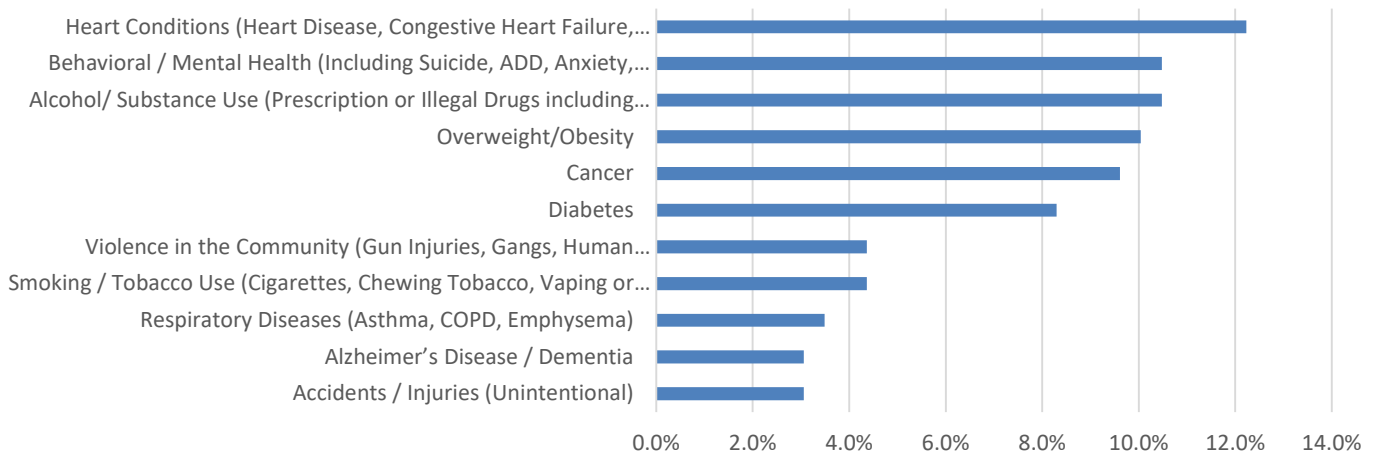
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Survey respondents were asked to review a list of common community health issues affecting adults aged 18 and over. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from a provided list up to five issues they viewed as the most important health concerns affecting adults in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - B shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

### Exhibit II-B Top Community Health Issues Facing Adults

*47 of 60 respondents with up to five priorities each; 229 responses*

#### Top Adult Health Concerns



## Community Health Services for Adults

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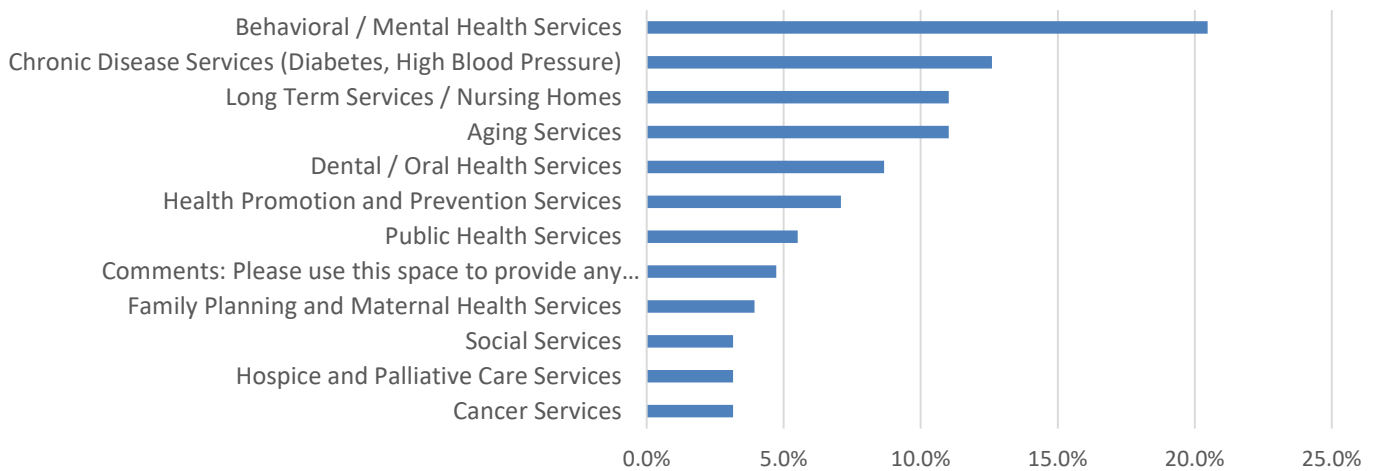
Survey respondents were asked to review a list of community services that are typically important for addressing the health needs of adults in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - C shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

### Exhibit II-C

#### Top Community Health Services for Adults In Need of Strengthening

45 of 60 respondents with up to five priorities each; 127 responses

Top Community Assets in Need of Strengthening for Adults





## Community Health Issues Affecting Children & Teens

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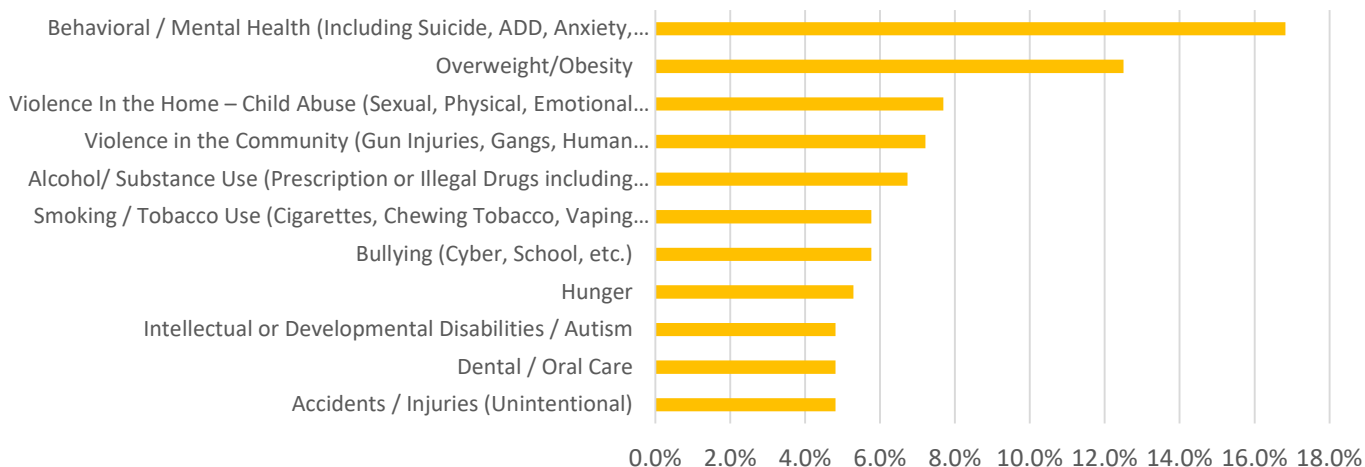
Survey respondents were asked to review a list of common community health issues affecting children and teens, ages 0 - 17. The list of issues drew from the topics in Healthy People 2020 with some refinements. The survey asked respondents to identify from the list up to five issues they viewed as the most important health concerns in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II - D shows the ten issues most frequently indicated as being the most important in the community. See **appendix** for all survey responses.

### Exhibit II-D

#### Top Community Health Issues Affecting Children and Teens

44 of 60 respondents with up to five priorities each; 208 responses

##### Prioritized Top Health Concerns for Children and Teens



## Community Health Services for Children & Teens

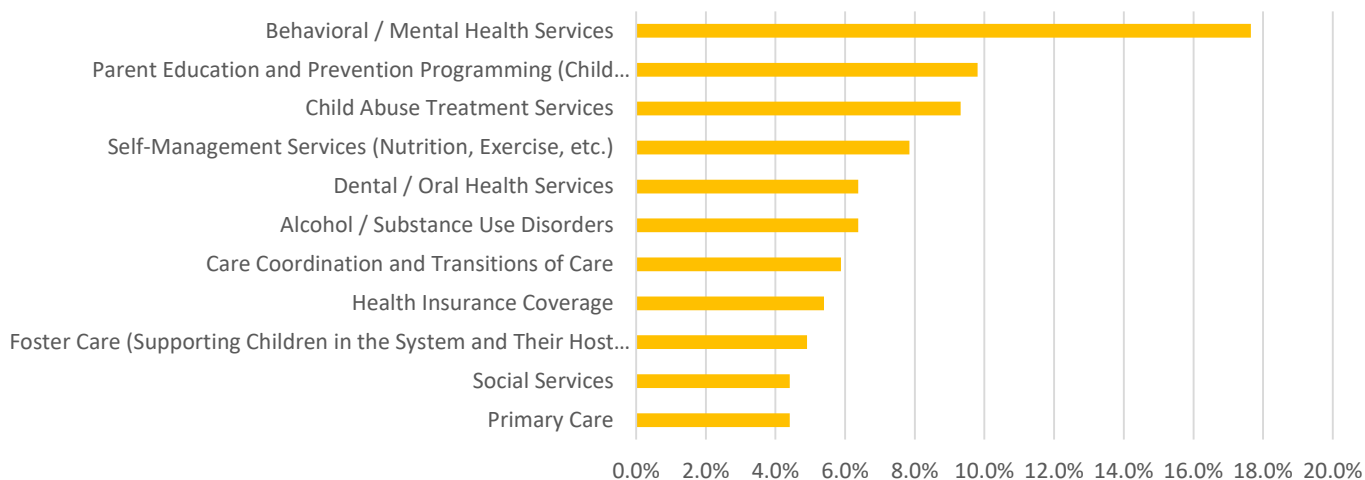
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Survey respondents were asked to review a list of community services that are typically important for addressing the health needs children and teens in a community. Respondents were asked to identify from the list the five services they thought most needed strengthening in their community in terms of availability, access or quality. Respondents were also invited to identify additional service gaps not already defined on the list. Exhibit II - E shows the ten community health services most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

### Exhibit II-E Top Community Health Services for Children and Teens In Need of Strengthening

*42 of 60 responses with up to five priorities each; 204 responses*

Prioritized Top 10 Health Services for Children and Teens that Need to Be Strengthened



## Community Issues Affecting Access to Healthcare

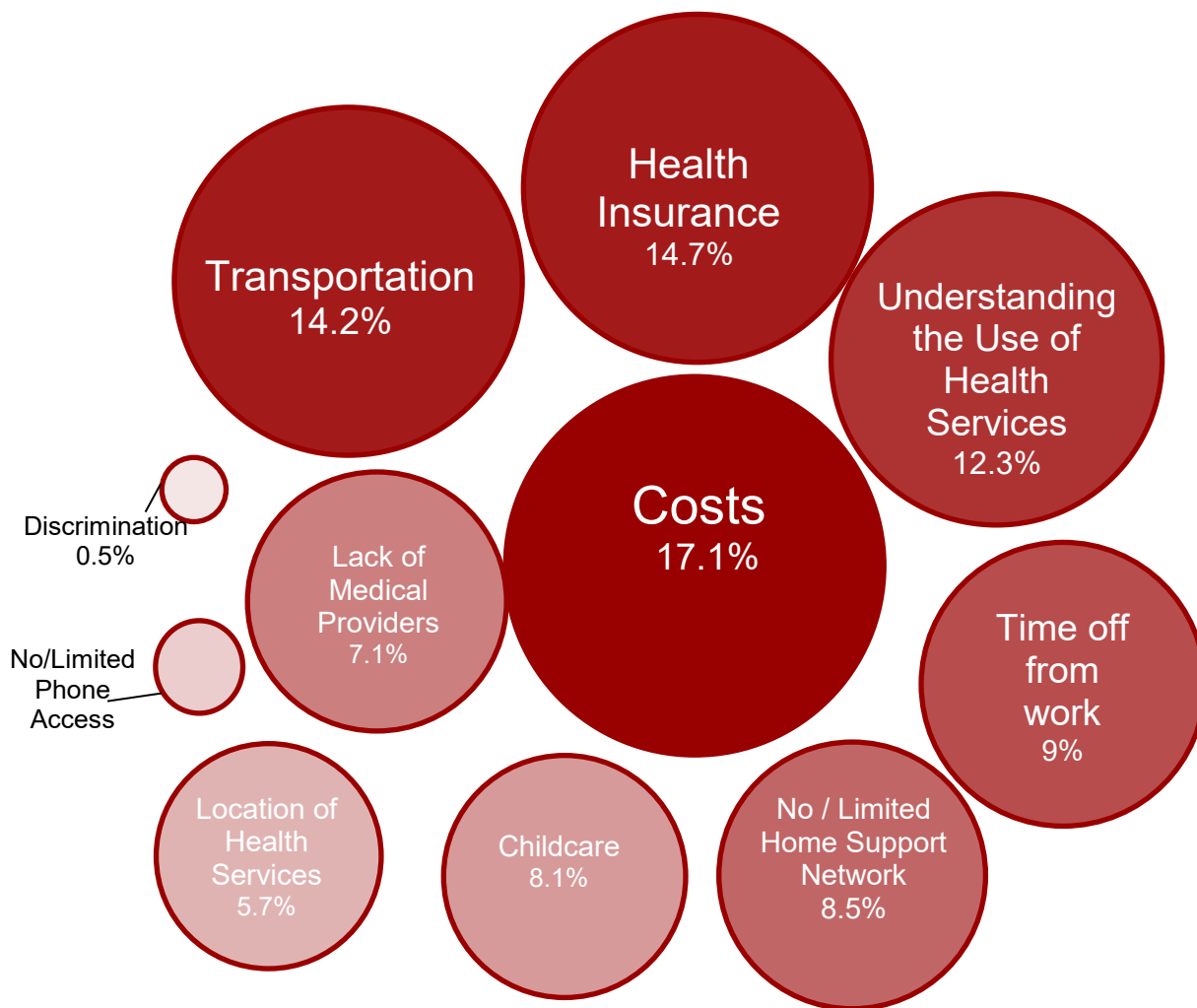
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Survey respondents were asked to review a list of issues that may affect the ability for individuals to access healthcare. The survey asked respondents to identify from the list up to five issues they viewed as most affecting access to healthcare in their community. Respondents were also invited to identify additional issues not already defined on the list. Exhibit II-F shows the issues affecting access to care as they were ranked by the survey respondents. See **appendix** for all survey responses.

### Exhibit II-F

#### Top Community Issues Impacting Access to Healthcare

44 of 60 respondents with up to five priorities each; 211 responses



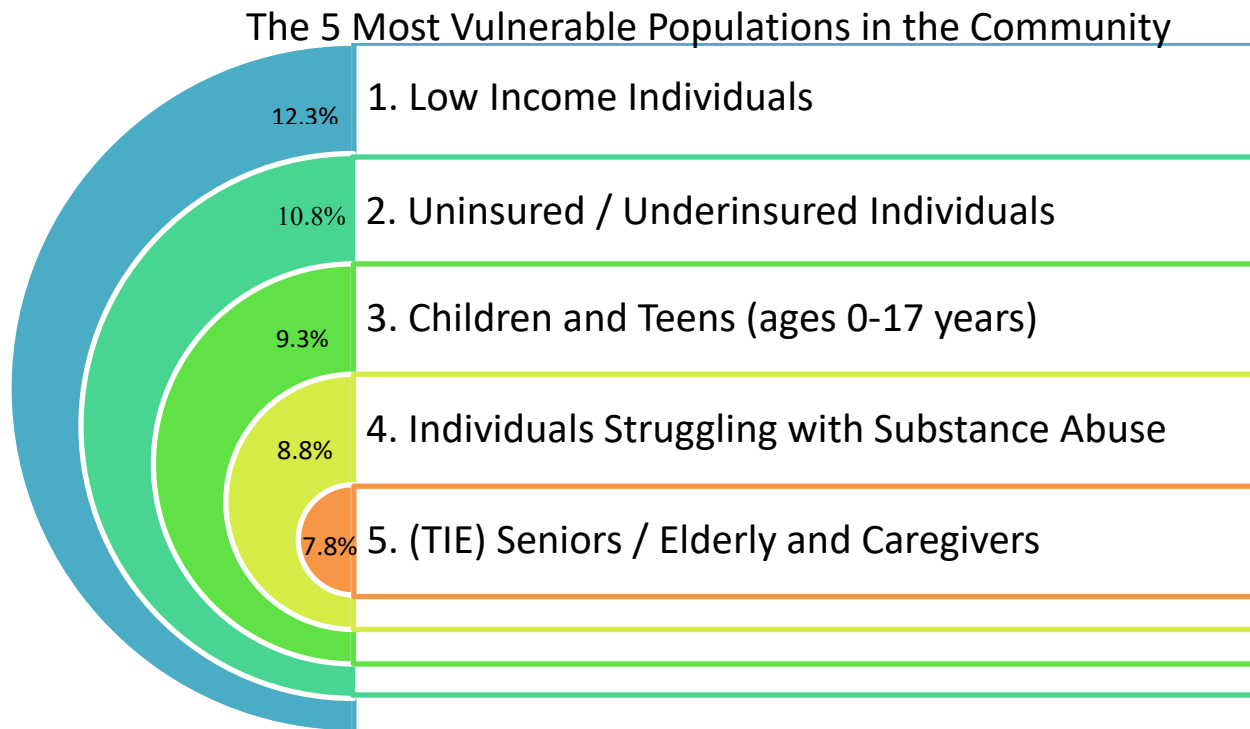
## Vulnerable Populations

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Survey respondents were asked to review a list of populations that may need additional services or support to maintain their health. Respondents were asked to identify from the list the five populations they think are most in need of additional services or support in their community. Respondents were also invited to identify additional populations not already defined on the list. Exhibit II-G shows the five populations most frequently indicated as being in need of additional services or support. See **appendix** for all survey responses.

### Exhibit II-G Five Most Vulnerable Populations in the Community

*43 of 60 respondents with up to five priorities each; 204 responses*



Percent of respondents that indicated the population is in need of additional support

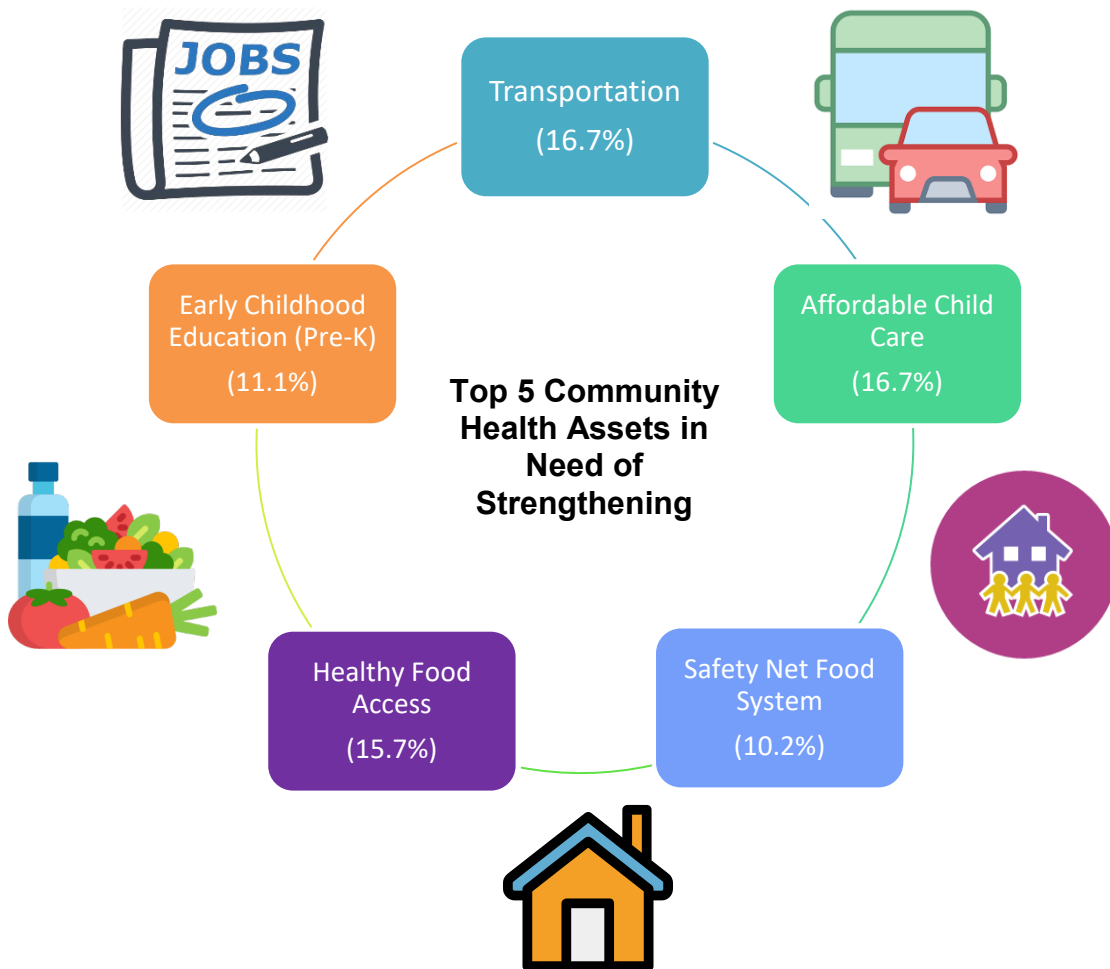
## Health Assets in the Community

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Survey respondents were asked to review a list of assets outside of the direct provision of health care that may impact health. Respondents were asked to identify from the list the five community health assets they think are most in need of strengthening in their community. Respondents were also invited to identify additional community health assets not already defined on the list. Exhibit II-H shows the five community health assets most frequently indicated as being in need of strengthening. See **appendix** for all survey responses.

### Exhibit II-H Top Community Health Assets In Need of Strengthening

41 of 60 respondents with up to five priorities each; 108 responses



## **Progress Made From the 2016 Implementation Plan**

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An important component of the 2019 CHNA is to review the work accomplished since the 2016 Implementation Plan. There were five focus areas as part of the 2016 Implementation Plan for the Eastern Shore of Virginia.

### ***Awareness of Services***

There was a lack of awareness about the existing health services available to the residents of the Eastern Shore. In evaluating the current information sources in the Commonwealth of Virginia, it was determined that adding information into the 2-1-1 VA is an easy way for individuals to access information via web or phone. Government, non-profits and community-based agencies are encouraged to list their services on this site. Riverside Shore Memorial Hospital coordinated with local Eastern Shore organizations and agencies encouraging them to submit their information and further, provided tutoring on how to add information into the database.

RSMH and several local agencies educated and promoted 2-1-1 VA as a helpful resource to Eastern Shore residents through a “Spread the Word” campaign targeted to Riverside employees and the community using social media and radio.

### ***Mental Health***

As in the rest of the country, mental health is perceived as an underserved health need on the Eastern Shore. While there is no inpatient behavioral health facility on the Eastern Shore, the Community Services Board supports multiple programs including preventive and crisis services, group homes and day programs for those with intellectual disabilities. To augment mental health services on the Shore, RSMH partnered with local first responders and CSB to create a Crisis Intervention Team that trained first responders on recognizing how mental health issues differ from criminal activity.

### ***Healthy Lifestyle/Obesity***

The population on the Eastern Shore struggles with obesity and obesity-related conditions, such as hypertension and diabetes. The Eastern Shore Healthy Communities group is a community partnership with a mission of creating a healthier Eastern Shore. The ESHC is taking a broader, population health focus to promoting better health. RSMH remains an active member of the Eastern Shore Healthy Communities group. In addition, RSMH offers classes at no charge to the community on the topics of Healthy Weight, Healthy Heart and Healthy Living with Diabetes.

### ***Cancer***

Riverside is deeply invested in offering residents of the Eastern Shore comprehensive cancer services. The new Shore Cancer Center opened in 2017 and offers the latest radiation therapy technologies. The hospital has a dedicated radiation oncologist along with oncologists and other clinical team members dedicated to cancer care. RSMH offers breast cancer and skin cancer screenings for free each year. RSMH also provided tobacco/vaping prevention education to local middle- and high-schoolers. RSMH offers low-dose CT scans for the early detection of lung cancer. RSMH also continues to partner with the American Cancer Society.

## **Diabetes**

RSMH and Eastern Shore Rural Health partnered on the Taking Aim grant. The grant was awarded to ESRH. This grant is funded by the Virginia Health Care Foundation to focus on the care of patients with diabetes. As noted in the Healthy Lifestyle progress paragraph, the hospital also provides classes on Healthy Living with Diabetes to the community.

### **Prioritization of the 2019 Significant Health Needs**

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In order to appropriately review the health indicator data and community survey input, a group of key community stakeholders came together on September 5, 2019 at Riverside Shore Memorial Hospital. Participants included: Roberta Newman (Eastern Shore Smart Beginnings), Andre Elliott (Eastern Shore Family YMCA and Eastern Shore Community Services Board), Robie Marsh (Eastern Shore of Virginia Chamber of Commerce and Eastern Shore of Virginia Tourism Commission), John Peterman (Riverside Shore Memorial Hospital), Nancy Stern (Eastern Shore Rural Health), Jon Richardson (Eastern Shore Health District, VDH), Kathy Lewis (Eastern Shore Health District, VDH), and Sally Schreiber (Riverside Shore Memorial Hospital, moderator).

The group reviewed the demographic and health indicator data as well as the community survey results. Additionally, there was review and discussion of the 2016 CHNA Implementation Plan and the work that had been accomplished. There were multiple discussions about what the data actually reflected in the community, and which efforts had been working.

Prioritization was determined by a voting process, with everyone except Sally Schreiber (moderator) participating. Health concerns that could be voted for included the five focus areas from the 2016 CHNA, top health issues highlighted in the 2019 health indicator data, top health issues highlighted by respondents to the 2019 survey, and any additional issues the group wanted to add. Each participant was given five votes for their top priorities.

Results of the prioritization exercise were as follows:

Lifelong Wellness (including dental health, obesity and exercise)	15
Mental and Behavioral Health (including substance abuse)	8
Parental Engagement and Education	5
Sensitivity to Cultural Differences	4
Reproductive Health	3

The identified top three areas of focus are:

1. Lifelong Wellness
2. Mental and Behavioral Health
3. Parental Engagement and Education

# IMPLEMENTATION STRATEGY

## Strategy Process for Addressing Prioritized Health Needs

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In the prioritization process, Riverside engaged stakeholders who have professional knowledge of the state-of-health care on the Shore, including the Health Department, primary care providers, and others focused on exercise, early childhood development and more.

Following the prioritization of health needs by the stakeholder group, the next step was to develop an implementation strategy. Conversation touched on obstacles faced by community members and by the community organizations that are engaged in addressing the issues, and focused on additional work to be done to advance the efforts.

Through the conversation around existing efforts, the stakeholders determined that existing plans for addressing key needs were strong, and that supporting the community organizations that were already working on the needs was a priority along with some expanded efforts. The process for the 2019 CHNA Action Plan will be similar to one used in the 2016 CHNA.

## Significant Health Need To Be Addressed

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- Lifelong Wellness
- Mental and Behavioral Health
- Parental Engagement and Education

## Significant Health Needs Not Being Addressed

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Not every need identified in the CHNA process can be addressed as a priority area. Due to the limitation of resources, the size of the issue and the capacity of existing organizations to impact the problem, the following issues were not identified as priorities:

- Reproductive health
- Cultural sensitivity
- Awareness of services

Additionally, issues that did not rank as top health indicator problems in the quantitative analysis or noted as perceived community health issues in the survey are not going to be addressed as a part of the 2019 CHNA and Implementation Strategy. Examples of these areas include:

- Environmental health
- Water safety / drowning



- Autism
- HIV / AIDS
- Hunger
- Chronic pain
- Bullying

## **Initial Implementation Strategy**

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Background information, action steps and anticipated resources are noted.

### ***Lifelong Wellness***

#### ***Background:***

In many instances, Eastern Shore citizens do not have the resources and/or education to take care of their health. Many are reluctant to seek health care until they are in significant pain; many engage in unhealthy behaviors such as tobacco use, poor nutrition and a sedentary lifestyle; and for a large number, barriers to care include language differences and transportation.

#### ***Action Steps & Resources:***

Riverside has been and will continue to be a strong participant in the Eastern Shore Healthy Communities coalition of organizations and agencies as it focuses on promoting better health on the Eastern Shore. In addition, Riverside will continue to offer healthy lifestyle education to the public and in the schools, as well as support other organizations that promote healthy lifestyles.

### ***Mental and Behavioral Health***

#### ***Background:***

This topic was the only one held over from the 2016 CHNA as a continuing need, but with some shifting areas of focus. Mental and behavioral health is perceived to be an underserved health need on the Eastern Shore of Virginia. While there is no inpatient behavioral health facility on the Eastern Shore, the Community Services Board offers multiple programs including preventive and crisis services, group homes, and day programs for those with intellectual disabilities. Local first responders have been trained by a Crisis Intervention Team to recognize how behaviors that stem from mental health issues differ from criminal activity, but that training will have to be ongoing and frequently reinforced. Funding continues to be a problem with few funds coming directly from the state or from reimbursable services.

#### ***Action Steps & Resources:***

Riverside will continue to be supportive of the Community Services Board and other organizations serving the mental and behavioral health needs of the Eastern Shore population. As opportunities arise to address

suicide, substance abuse disorders, ADHD/ADD, and opioid abuse, Riverside may partner with the CSB and others to provide needed services and education for the community.

### ***Parental Engagement and Education***

#### ***Background:***

Riverside's commitment to healthy babies begins before birth, through the birthing experience and beyond. The Eastern Shore has experienced improvements in maternal and infant health indicators but still lags behind statewide rates.

#### ***Action Steps & Resources:***

Riverside will continue to partner with ES Rural Health, local school systems, Smart Beginnings Eastern Shore and other organizations to provide babies the best possible start in life through education and access to local resources.

## **Questions, Comments and Copies**

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To view an electronic copy of this document, please visit [www.riversideonline.com/community\\_benefit](http://www.riversideonline.com/community_benefit).

For questions or comments on this Community Health Needs Assessment and Implementation Plan, please contact Riverside Shore Memorial Hospital at 757-302-2100 or via the comments section on [www.riversideonline.com/community\\_benefit](http://www.riversideonline.com/community_benefit).

To obtain a paper copy, write to: Riverside Shore Memorial Hospital Administration located at 20480 Market Street, Onancock, VA 23417.

# Appendices

## Appendix A

<b>Specific Organizational Affiliations of Respondents</b> <i>(as entered by respondents on the survey)</i>
Accomack DSS
American Diabetes Association
Bay Rivers Telehealth Alliance
Buy Fresh Buy Local Hampton Roads
Catholic Charities of Eastern Virginia
Children’s Hospital of the King’s Daughters
CHKD
CHKD
Compassionate Care Hospice
Eastern Virginia Medical School
ES CSB
ES RHS
EVMS
EVMS
Northampton County
Northampton County Chamber of Commerce
Northampton County Sheriff’s Office
Riverside Health System
Riverside Health System
Riverside Medical Group
Riverside Shore Memorial
Riverside Shore Memorial Hospital
Riverside Shore Memorial Auxiliary

Senior Services of Southeastern
Town of Exmore
Town of Onancock
VersAbility Resources
Virginia Oral Health Coalition
YMCA of South Hampton Roads

## Appendix B

<b>Community Health Issues Affecting Adults (Ages 18+) Ranked by Survey Respondents</b>		
Note: 47 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	59.72%	43
Heart Conditions (Heart Disease, Congestive Heart Failure / CHF, Heart Attacks / AMI, High Blood Pressure / Hypertension)	56.94%	41
Behavioral / Mental Health (Suicide, ADHD, Anxiety, Depression, etc.)	50.00%	36
Overweight / Obesity	50.00%	36
Diabetes	47.22%	34
Cancer	34.72%	25
Alzheimer’s Disease / Dementia	20.83%	15
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	20.83%	15
Dental / Oral Care	18.06%	13
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	16.67%	12
Accidents / Injuries (Unintentional)	13.89%	10
Respiratory Diseases (Asthma, COPD, Emphysema)	13.89%	10
Hunger	12.50%	9
Neurological Conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	11.11%	8
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	11.11%	8
Chronic Pain	8.33%	6
Prenatal and Pregnancy Care	8.33%	6
Violence – Sexual and / or Domestic	8.33%	6
Intellectual / Developmental Disabilities / Autism	6.94%	5
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	5.56%	4
Other Health Problems: Please share other health concerns if they are not listed	5.56%	4
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	4.17%	3
Physical Disabilities	4.17%	3
Bullying (Cyber, Workplace, etc)	1.39%	1
Drowning / Water Safety	1.39%	1

<b>Other Health Issues Affecting Adults (Ages 18+): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.</b>
How did Women’s health and health care disparities not make this list
I treat only children and do not live in any of the areas I serve and treat

cigarette smoking   poverty and cigarettes
balanced diet, availability of healthy, fresh foods across income levels and geographic areas
Lack of understanding of community resources that are already available to patients and are under utilized
3 of my family members have either died of it or have it now



## Appendix C

<b>Community Health Services for Adults (Ages 18+) In Need of Strengthening Ranked by Survey Respondents</b>		
Note: 45 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health Services	61.43%	43
Alcohol / Substance Abuse Services	44.29%	31
Health Insurance Coverage	34.29%	24
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	32.86%	23
Care Coordination and Transitions of Care	31.43%	22
Aging Services	30.00%	21
Health Promotion and Prevention Services	27.14%	19
Dental / Oral Health Services	24.29%	17
Self-Management Services (Nutrition, Exercise, etc.)	24.29%	17
Long Term Services / Nursing Homes	18.57%	13
Domestic Violence / Sexual Assault Services	17.14%	12
Home Health Services	17.14%	12
Social Services	17.14%	12
Telehealth / Telemedicine	15.71%	11
Hospice and Palliative Care Services	14.29%	10
Cancer Services	12.86%	9
Chronic Pain Management Services	11.43%	8
Family Planning and Maternal Health Services	11.43%	8
Primary Care	10.00%	7
Public Health Services	10.00%	7
Hospital Services (Inpatient, outpatient, emergency care)	8.57%	6
Other Community Health Services: Please share other needed community health services if they are not listed	8.57%	6
Pharmacy Services	4.29%	3
Physical Rehabilitation Services	2.86%	2
Bereavement Support Services	0.00%	0

<b>Other Community Health Services for Adults (Ages 18+): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on their above selections.</b>
Women's health
same
In the rural areas of Eastern Virginia, access to services is essential. Through the use of telemedicine access to many services available in urban areas may be increased empowering patients to address complex issues, coordinate care across settings and sectors, and improve self-care
Transportation to physician's offices

Health insurance and Dental care are also big issues.

Transportation is a major issue for the aging population.

## Appendix D

<b>Community Health Issues Affecting Children &amp; Teens (Age 0 - 17) Ranked by Survey Respondents</b>		
Note: 44 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health (Suicide, ADD, Anxiety, Depression)	81.43%	57
Overweight / Obesity	57.14%	40
Alcohol/ Substance Use (Prescription or Illegal Drugs including Opioids)	50.00%	35
Bullying (Cyber, Workplace, etc)	41.43%	29
Violence In the Home – Child Abuse (Sexual, Physical, Emotional or Neglect) or Exposure to Domestic Violence	34.29%	24
Violence in the Community (Gun injuries, Gangs, Human Trafficking, etc.)	30.00%	21
Smoking / Tobacco Use (Cigarettes, Chewing Tobacco, Vaping or E-Cigarettes)	27.14%	19
Accidents / Injuries (Unintentional)	24.29%	17
Intellectual / Developmental Disabilities / Autism	24.29%	17
Hunger	21.43%	15
Dental / Oral Care	18.57%	13
Respiratory Diseases (Asthma and Cystic Fibrosis)	14.29%	10
Teen Pregnancy	11.43%	8
Diabetes	10.00%	7
Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, Gonorrhea, Herpes, etc.)	8.57%	6
Drowning / Water Safety	7.14%	5
Eating Disorders	5.71%	4
Other Health Problems: Please share other health concerns if they are not listed above. Also, please use this space to provide any additional information on your above selections.		4
Environmental Health (Water Quality, Pollution, Mosquito Control, etc.)	4.29%	3
Neurological Conditions (Epilepsy, Seizures, Tourette Syndrome-TICS, Sleep Disorders)	4.29%	3
Cancer	1.43%	1
Infectious Diseases (Hepatitis, TB, MRSA, etc.)	1.43%	1
Physical Disabilities	1.43%	1
Chronic Pain	0.00%	0
Heart Conditions (Congenital Heart Defects, Fainting and Rhythm Abnormalities)	0.00%	0

<b>Other Health Issues Affecting Children &amp; Teens (Ages 0 – 17): Respondents were asked to share other health concerns if they were not listed above or to use this space to provide any additional information on their above selections.</b>
Do not take care of children.

Health promotion should be for children as well.

have no children living with me

## Appendix E

<b>Community Health Services for Children &amp; Teens (Age 0 - 17) In Need of Strengthening Ranked by Survey Respondents</b>		
Note: 42 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Behavioral / Mental Health Services	84.06%	58
Child Abuse Prevention and Treatment Services	49.28%	34
Parent Education and Prevention Programming	49.28%	34
Alcohol / Substance Use Services	46.38%	32
Self-Management Services (Nutrition, Exercise, etc.)	42.03%	29
Foster Care (Supporting children in the system and their host families)	33.33%	23
Dental / Oral Health Services	27.54%	19
Social Services	27.54%	19
Care Coordination and Transitions of Care	21.74%	15
Primary Care	20.29%	14
Public Health Services	18.84%	13
Health Insurance Coverage	14.49%	10
Telehealth / Telemedicine	14.49%	10
Chronic Disease Services (Diabetes, High Blood Pressure/ Hypertension)	10.14%	7
Other Community Health Services: Please share other needed community health services if they are not listed	10.14%	7
Chronic Pain Management Services	8.70%	6
Home Health Services	7.25%	5
Cancer Services	2.90%	2
Bereavement Support Services	1.45%	1
Pharmacy Services	1.45%	1
Physical Rehabilitation Services	0.00%	0

<b>Other Community Health Services for Children &amp; Teens (Ages 0 – 17): Respondents were asked to share other needed community health services if they were not listed above or to use this space to provide any additional information on your above selections.</b>
Violence prevention and gun safety education Palliative care services
Schools are a primary source of care and support for children and teens in rural areas. By improving the health infrastructure of rural schools through telemedicine, schools can be equipped to support physical, behavioral, dental and chronic disease care services, teaching children at a young age how to be healthier adults.
Do not take care of children do not know the services

## Appendix F

<b>Community Issues Affecting Access to Healthcare Ranked by Survey Respondents</b>		
Note: 44 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Costs	87.14%	61
Transportation	75.71%	53
Health Insurance	61.43%	43
Understanding the Use of Health Services	57.14%	40
Time Off From Work	55.71%	39
Childcare	50.00%	35
Lack of Medical Providers	31.43%	22
No / Limited Home Support Network	31.43%	22
Location of Health Services	22.86%	16
No / Limited Phone Access	2.86%	2
Discrimination	1.43%	1

<b>Access Issues: Respondents were asked to use this space to provide any additional information on why they selected these concerns.</b>
Poor broadband and cellular reception in rural areas make it difficult to access services that might be available via telemedicine, which could overcome several of these access obstacles such as transportation, time off from work, etc.
perception of issues confronting community
Awareness/education

## Appendix G

<b>Vulnerable Populations In Need of Additional Services or Support Ranked by Survey Respondents</b>		
Note: 43 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Low Income Individuals	62.86%	44
Individuals Struggling with Substance Use or Abuse	52.86%	37
Uninsured / Underinsured Individuals	51.43%	36
Individuals / Families / Children experiencing Homelessness	47.14%	33
Seniors / Elderly	41.43%	29
Caregivers (Examples: caring for a spouse with dementia or a child with autism)	40.00%	28
Children (age 0-17 years)	35.71%	25
Immigrants or community members who are not fluent in English	27.14%	19
Individuals with Intellectual or Developmental Disabilities	21.43%	15
Unemployed Individuals	20.00%	14
Individuals Transitioning out of Incarceration	14.29%	10
Individuals Needing Hospice / End of Life Support	12.86%	9
Victims of Human Trafficking, Sexual Violence or Domestic Violence	12.86%	9
Individuals with Physical Disabilities	11.43%	8
Veterans and Their Families	11.43%	8
Individuals Struggling with Literacy	10.00%	7
Migrant Workers	10.00%	7
Other Vulnerable Populations: share other vulnerable populations if they are not listed	7.14%	5
Individuals in the LBGTQ+ community	5.71%	4

<b>Other Vulnerable Populations: Respondents were asked to share other vulnerable populations if they were not listed above or to use this space to provide any additional information on their above selections.</b>
The VA just terminated funding for the Veteran's connected program for rural veterans to access care in their communities. Only 8-10% of veterans in the rural areas of Eastern Virginia are enrolled in VA services at the VAMC's in Hampton or Richmond. These populations are at increased risk of not accessing health services because they are no longer being paid for.
Individuals with mental health disabilities

## Appendix H

<b>Community Health Assets In Need of Strengthening Ranked by Survey Respondents</b>		
Note: 40 of 60 respondents answered this question.		
Answer Options	Response Percent	Response Count
Transportation	58.57%	41
Affordable Child Care	41.43%	29
Affordable Housing	41.43%	29
Healthy Food Access (Fresh Fruits & Vegetables, Community Gardens, Farmers Markets, etc.)	41.43%	29
Employment Opportunity/Workforce Development	38.57%	27
Homelessness	35.71%	25
Neighborhood Safety	27.14%	19
Senior Services	27.14%	19
Social Services	27.14%	19
Early Childhood Education	25.71%	18
Education – Kindergarten through High School	22.86%	16
Social and Community Networks	22.86%	16
Safe Play and Recreation Spaces (Playgrounds, Parks, Sports Fields)	21.43%	15
Walk-able and Bike-able Communities (Sidewalks, Bike/Walking Trails)	18.57%	13
Safety Net Food System (Food Bank, WIC, SNAP, Meals on Wheels, etc)	14.29%	10
Public Safety Services (Police, Fire, EMT)	11.43%	8
Education – Post High School	5.71%	4
Other Community Assets: share other community assets if they are not listed	5.71%	4
Green Spaces	2.86%	2
Environment – Air & Water Quality	1.43%	1
Public Spaces with Increased Accessibility for those with Disabilities	1.43%	1
Housing Affordability & Stability	0.00%	0

<b>Other Community Assets: Respondents were asked to share other community assets if they were not listed above or to use this space to provide any additional information on their above selections.</b>
health safety net
I really do not know
Recreational activities



# Appendix I

<b>Respondents were asked to express any final comments or closing ideas</b>
Bay Rivers Telehealth Alliance has conducted a number of Community Needs Assessments related to the provision of Telemedicine in the Northern Neck, Middle Peninsula and Eastern Shore related to Care Transitions, Geriatric Care, Rural Opioid Planning and School Based Health Services. In addition, we have developed a comprehensive data base for all of Eastern Virginia on the Veteran Population beyond the statistics of the Veterans Administration. If we can be of support in the Needs Assessment by sharing any of this information
please do not send me anymore these surveys.
This area (Eastern Shore) has a serious lack of resources.
Thank you for allowing me the opportunity to share my concerns