Rappahannock Area Community Health Assessment

Completed in partnership between the Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC)



RAHD
RAPPAHANNOCK AREA HEALTH DISTRICT
CARING FOR A HEALTHY COMMUNITY

Mary Washington Healthcare

Adopted April 4, 2022

Shared Vision and Values

In an effort to ensure that all partnering organizations were working toward the same goals, Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC) prioritized time at the onset of the Community Health Assessment (CHA) process to identify the shared vision and values of the entire CHA team (this included the Core Team, Steering Team, and Locality Workgroups, defined on pages 9 and 10). Together, the groups formed a vision statement that will guide the process toward the desired end result as well as a set of values that will ensure that the intent behind both the CHA document as well as the proceeding Community Health Improvement Plan (CHIP) remains intact.

The shared Vision and Values statements are a reminder that each organization is working toward shared goals, and that regardless of the focus of any particular organization, each has something valuable to contribute to a healthier community.

Vision:

An inclusive, safe, and supportive community where each individual is able to reach their highest level of health and well-being.

Values:

- Addressing health equity and disparities
- Cultural competency
- Meaningful data collection and sharing
- Commitment to coalitions and partnerships, working together to accomplish health improvement in our community

Table of Contents

Shared Vision and Values 2
List of Abbreviations 3
Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC) Overviews 5
a. Mary Washington Healthcare Additional Service Area 5
Previous Community Health Assessments/Community Health Needs Assessments (CHAs/CHNAs) 6
a. RAHD City of Fredericksburg CHA-2017 6
b. MWHC CHNA - 2019 7
i. Top Prioritized Needs 8
Community Health Assessment Methods 8
a. MAPP Process 8
b. Structure 9
Community Themes and Strengths Assessment 10
a. Overview 10
b. Summary of demographics of respondents 10
c. Top three greatest strengths 12
d. Top three most important health issues 12
e. Top three risky behaviors 12
f. Top three ways to improve quality of life 13
Local Public Health System Assessment 14
a. Purpose and Background 14
b. 10 Essential Public Health Services 15
c. Methods 16
d. Conclusions 17
e. Word Clouds 18
Forces of Change Assessment 19
a. Introduction 19
b. Results 19
c. Discussion 21
Community Health Status Assessment 22
a. Introduction 22
b. Topics Covered in this Assessment 22
c. Additionally, there are many other resources that can provide more details 22
d. 1. Demographic Information 23
e. 2. Health Status 29
f. 3. Health Behaviors 39
g. 4. Social Determinants of Health 41
Appendix A: Evaluation of Impact from Previous Community Health Needs Assessment (CHNA) 62
Appendix B: Community Partners Participating in CHA Process 72
Appendix C: RAHD Asset List 74
Appendix D: Local Public Health System Notes 109
Appendix E: Forces of Change Assessment Notes 113
Appendix F: Quantitative Data 118
Appendix G: Disparities & Health Equity Analysis 144

List of Abbreviations

Below is a list of abbreviations that can be found throughout the document.

BWR ..... **Be Well Rappahannock**

CHA ..... **Community Health Assessment**

CHIP ..... **Community Health Improvement Plan**

CHIR ..... **Community Health Information Resources**

CHNA ..... **Community Health Needs Assessment**

CHSA ..... **Community Health Status Assessment**

CMS ..... **Centers for Medicare and Medicaid Services**

COVID-19 ..... **Coronavirus Disease 2019**

CTSA ..... **Community Themes and Strengths Assessment**

DC ..... **The District of Columbia**

DCLS ..... **Division of Consolidated Laboratory Services**

EPHS ..... **Essential Public Health Services**

FPL ..... **Federal Poverty Level**

FOCA ..... **Forces of Change Assessment**

HCI ..... **Healthy Communities Institute**

LPHSA ..... **Local Public Health System Assessment**

MAPP ..... **Mobilizing for Action through Planning and Partnership**

MWHC ..... **Mary Washington Healthcare**

NACCHO ..... **National Association of County and City Health Officials**

NPHPSP ..... **National Public Health Performance Standards Program**

PD16 ..... **Planning District 16**

RAHD ..... **Rappahannock Area Health District**

SDoH ..... **Social Determinants of Health**

US ..... **United States**

USA ..... **United States of America**

USDA ..... **United States Department of Agriculture**

UVA ..... **University of Virginia**

VA ..... **Virginia**

VDH ..... **Virginia Department of Health**

Rappahannock Area Health District (RAHD) and Mary Washington Healthcare (MWHC) Overviews

RAHD is a 1,388-square mile regional health entity composed of five localities in northeast Virginia including Caroline, King George, Spotsylvania, and Stafford counties, as well as the City of Fredericksburg[1]. This area is also known as Planning District 16 (PD16) in accordance with the Planning District Commissions outlined in the Virginia Regional Cooperation Act. This term is frequently used to identify the area by many community partners and community members.

RAHD serves a population of 382,930 people per the 2020 census estimates. The locality populations range from 27,381 (King George County)[2] to 156,748 (Stafford County). RAHD is composed of both urban and rural areas; RAHD localities cover a wide range of rural population percentages, from 1.2% rural in the City of Fredericksburg to 78.4% rural in King George County. PD16 has seen a tremendous amount of growth over the last decade. According to the US Census Bureau, Stafford County is the 5th fastest growing county in the state, and Spotsylvania is the 7th[1]. The City of Fredericksburg has seen the highest population increase with 21.1% and Caroline County with the lowest with 7.8% (see graph on pages 26 and 27). According to the University of Virginia Weldon Cooper Center, Demographics Research Group, the population in RAHD is expected to increase, on average, 16% by 2030[2].

a. Mary Washington Healthcare Additional Service Area

In addition to PD16, MWHC's additional service areas include Westmoreland, eastern Orange, and southern Prince William counties, covering approximately 405 square miles.[1] It should be noted that the data presented for these counties will be reflective of the entire county, unless otherwise indicated. The populations served in each locality range from 18,477 in Westmoreland to 63,216 in southern Prince William County according to the 2020 census, of which Westmoreland and Orange County are defined as rural[3]. In these areas, the population is expected to increase, on average, 10.5% by 2030.[3]

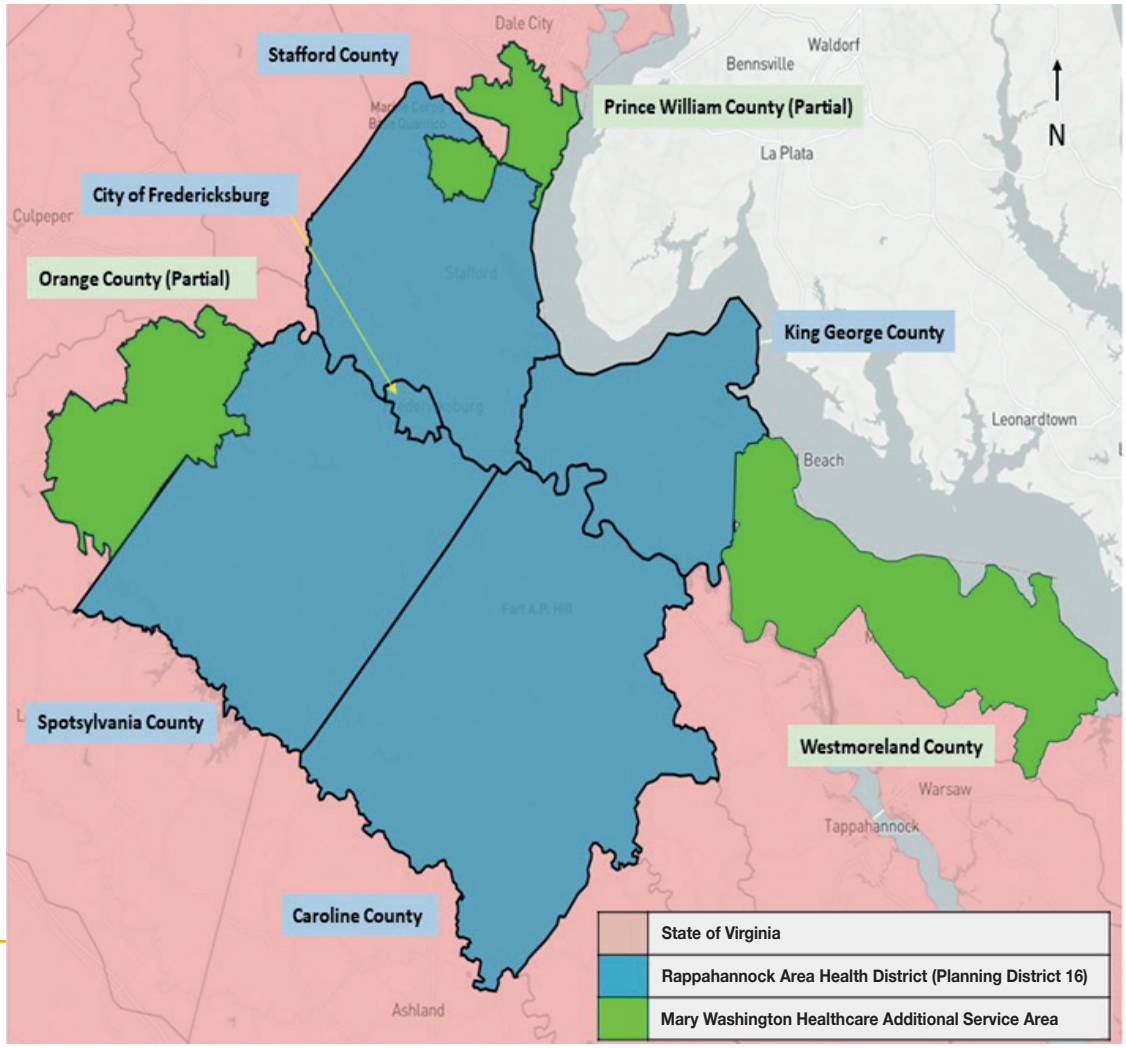


Figure 1: *PD16 and additional MWHC service areas*

[1] United States Census Bureau, 2010.
[2] Census Population Estimates, 2010.
[3] University of Virginia Weldon Cooper Center, Demographics Research Group, 2019.

Previous Community Health Assessments/Community Health Needs Assessments (CHAs/CHNAs)

In previous years, RAHD and MWHC have each done separate assessments, in public health this assessment is referred to as a CHA, and in the hospital setting it is referred to as the CHNA. In an effort to reduce redundancies in surveys, key informant interviews, and other data collection methods, it was decided that a partnership between the two entities would be beneficial to everyone involved. The following are references to previous assessments from RAHD and MWHC.

a. RAHD City of Fredericksburg CHA - 2017

RAHD completed a CHA specific to the City of Fredericksburg in 2017. The assessment was conducted using the Mobilizing for Action through Planning and Partnership (MAPP) tool, which provides steps for evaluating and action planning to improve community health services and outcomes. Guided by the tool, the assessment was planned in late 2016 and conducted in 2017. At the beginning of the assessment, more than 50 stakeholders were identified, oriented about the process and trained on the assessment tool. Following this, a general CHA team, steering committee, and workgroups were formed.



[2]Census Population Estimates, 2010.
[3]University of Virginia Weldon Cooper Center, Demographics Research Group, 2019.

Before launching the assessment, the CHA team developed a vision statement. During the assessment phase, both quantitative and qualitative data were collected, forces of change were examined, and the performance of the local public health system was assessed. Data collected from all types of assessments were analyzed and presented to the CHA steering committee.

The committee was able to review the gathered data in three meetings and identified five priority strategic health issues:

1. Food Insecurity: How can our community improve food security for Fredericksburg City residents?
2. Child Health: How can our community improve access to quality physical and mental health care, educational, food, and safe environment for children?
3. Access to Medical and Mental Health Care: How can our community improve access to primary and mental health services, including different types of subspecialty physicians?
4. Disparity in Neighborhood Quality: How can our community ensure that all neighborhoods have access to resources, recreational activities, transportation services, housing quality and have safe neighborhoods?
5. Population Growth: How can our community provide all kinds of resources to meet the needs of the increasing population?

RAHD subsequently initiated the CHA/CHIP process in early 2020 specific to Caroline County, but this project had to be paused due to competing health department demands associated with the COVID-19 pandemic.

b. MWHC CHNA-2019

MWHC, in collaboration with community partners, conducted a CHNA in 2016 and 2019. The following is the Executive Summary from the 2019 assessment.

The goal of these reports is to offer a meaningful understanding of the health needs across the Rappahannock Region, as well as to guide planning efforts to address the greatest health needs. These reports provide a foundation for working collaboratively with key stakeholders in the community to improve health. Special attention has been given to identify health disparities, needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

The CHNA findings are drawn from an analysis of an extensive set of over 150 health indicators from national and state data sources and in-depth qualitative data sourced from community health leaders, non-health professionals, and community-based organizations. Specific attention was given to identifying and collecting information about vulnerable populations and/or populations with unmet health needs.

The following significant health needs were determined through an analysis of qualitative primary and quantitative secondary data (listed in alphabetical order):

- Access to Health Services and Preventative Care
- Behavioral Health and Behavioral Disorders
- Cancer
- Diabetes
- Exercise, Nutrition and Weight
- Heart Disease and Stroke
- Oral, Dental or Mouth Health
- Public Safety
- Sexual Health
- Substance Abuse
- Transportation

i. Top Prioritized Needs

On August 28, 2019, MWHC staff, members of Be Well Rappahannock (BWR) and local community leaders came together to prioritize the 11 top health needs, determined through primary and secondary data analysis in a session led by Healthy Communities Institute (HCI). The HCI team presented the findings from the data analysis and facilitated group discussions which were followed by two rounds of prioritization voting. Three health needs were identified as top priorities through the prioritization process (listed in the order of the voting results):

1. Access to Health Services and Preventative Care
2. Behavioral Health and Behavioral Disorders
3. Exercise, Nutrition and Weight

Community Health Assessment Methods

The CHA process involved the collection, analysis, and utilization of data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. The process involved the systematic collection and analysis of data to provide the local public health system and the community with a sound basis for decision-making. This CHA was developed in partnership by RAHD and MWHC as well as dozens of other organizations in the community (see partner list in Appendix B).

a. MAPP Process

This CHA utilized the MAPP framework, which is a validated, community-driven strategic framework developed by the National Association of County and City Health Officials (NACCHO). The MAPP framework is deployed to improve the health and quality of life of individual communities and advocates community involvement in each of its assessments. This framework is composed of six phases and includes four assessments to gather comprehensive data. These phases and assessments are identified in Figure 2.



Figure 2. *NACCHO MAPP Model (National Association of County and City Health Officials)*

The CHA process progressed through the first three phases of the MAPP assessment: Organizing for Success and Partnership Development, Visioning, and the Four MAPP Assessments. Completing these three steps marks a major achievement toward understanding not only our community's health needs and challenges but also the strengths and assets that can be leveraged to improve overall health and well-being.

Data from the MAPP assessments will serve as the basis for developing the CHIP, which will be carried out by a variety of organizations throughout the community. This data will also be used internally by RAHD to update the agency's Strategic Plan. The CHIP process, to be completed in the spring and early summer of 2022, will follow steps four through six of the MAPP process.

The majority of the following pages of this report reflect the results from the four MAPP Assessments. A brief summary of each assessment is provided below:

- Community Themes and Strengths Assessment (CTSA) -- Provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.
- Local Public Health System Assessment (LPHSA) -- Measures the capacity and performance of the local public health system by surveying the majority of organizations and entities that contribute to the public's health.
- Forces of Change Assessment (FOCA) -- Is aimed at identifying forces, such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.
- Community Health Status Assessment (CHSA) -- Provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

A community asset list was compiled to identify resources in each locality that can be used to counter some of our most pressing health concerns (see Appendix C)

b. Structure

Due to threats posed by the COVID-19 pandemic, some elements of the MAPP process had to be modified, and all meetings were held virtually to ensure the health and safety of participants.

Following structure from the MAPP process, the following groups were established and met regularly:

- **A Core Team** consisted of representatives from RAHD and MWHC. The group met weekly to plan and manage the overall CHA project, and they also carried out the work of identifying community partners, planning and facilitating meetings, documenting the assessment process, and writing the report. A full list of names and job titles serving on the Core Team is available in Appendix B.

- **The Steering Committee** consisted of leaders in the community who serve all of PD16 and/or represent a key area of the local public health system (e.g. public schools, local governments, private medical practices). The Steering Committee oversaw the progress of the CHA, informed key decisions, and served as subject matter experts in the completion of the LPHSA. The group was composed of members of the BWR Council and other community-based organizations for the purpose of creating a broader community-based coalition to provide direction for the community health assessment. BWR was formed in 2017 as a response to the need to bring together key community stakeholders to help facilitate health improvement initiatives by providing strategic direction, advocacy and active engagement. The council is composed of agencies representative of the community, with a deep concern for the health and well-being of the residents of the Rappahannock Region. The stated purpose of the council is to "…identify priority community needs; provide advice, oversight, and stewardship to planned community improvements; and monitor progress on priority health and social concerns impacting the Rappahannock Region".

- **Work Groups** were established for each of the five localities in PD16. This represented an adaptation of MAPP due to COVID-19. The necessity of a virtual model allowed enough time and resources to hold separate working groups composed of partner organizations local to a specific county or city, allowing for locally focused input than might otherwise have been achieved. The work groups provided ongoing feedback and assisted with completion of the FOCA and the CTSA.

Partner work from both the Steering Committee and Work Groups included establishing the vision and values as well as collecting data on health status, health needs, community assets, resources, and other determinants of health. A full list of organizations represented in each group is available in Appendix B.

Community Themes and Strengths Assessment

a. Overview

A comprehensive assessment process is critical to the success of the MAPP initiative. The CTSA was used to help provide an overall picture of the health of the community. The survey focused on identifying respondents' perceptions of the community's greatest strengths, important health-related issues and concerns, and areas for potential improvement. Measuring the community's perception of its health sets the baseline of health needs of the communities for stakeholders and serves as the most direct form of community feedback completed in the CHA.

In November 2021, a community health survey was distributed throughout PD16 as well as MWHC's service area beyond PD16 in Westmoreland County, eastern Orange County, and southern Prince William County. Surveys were shared extensively by RAHD, MWHC, and community partners engaged in the Steering Team and locality Work Groups. A total of 1,978 survey responses were received (1,548 online survey responses and 430 paper copies).

Though the populations of respondents did not represent a statistical sample of the communities, great effort was made to ensure the proportion of responses from each demographic group reflected the demographics of the service area as a whole. As surveys were returned, RAHD identified demographics that were not returning as many surveys and sent teams to those areas to collect surveys in-person. The effort paid off, and RAHD and MWHC were able to match the respondent demographics to the actual population very closely, with the exception of an underrepresentation of the Hispanic/ Latino population and an overrepresentation of women.

b. Summary of the demographic information of the respondents

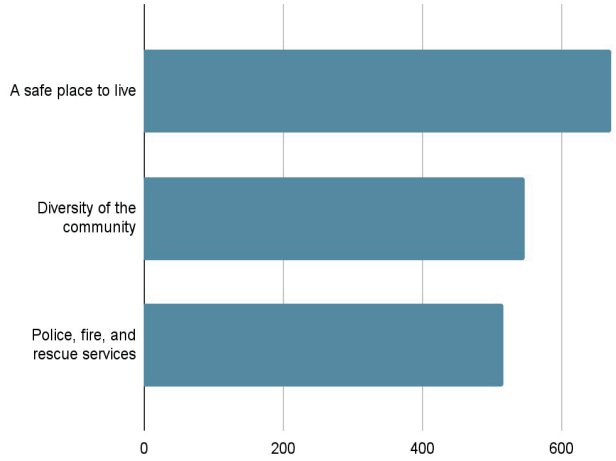
Participants were asked to provide basic demographic information including zip code, gender, age, race/ethnicity, highest education level, and annual household income. A summary of the responses to those questions can be found page 11:



Table 1: *Demographic information of the participants in the Community Themes and Strengths Assessment*

	Attribute	Respondents (n)	Percentage (%)
Areas/Locality	Caroline County	268	14.2%
	City of Fredericksburg	325	17.2%
	King George County	170	9.0%
	Spotsylvania County	605	32.1%
	Stafford County	491	26.0%
	Orange County	10	0.5%
	Prince William County	3	0.2%
	Westmoreland County	15	0.8%
Gender	Man	459	24.3%
	Woman	1,325	71.6%
	Non-binary/Other	10	0.5%
Age	18-29 years	151	8.0%
	30-39 years	370	19.6%
	40-49 years	405	21.5%
	50-59 years	432	22.9%
	60-69 years	313	16.6%
	70 or older	216	11.4%
Race/Ethnicity	White or Caucasian	1,091	57.8%
	Black or African American	526	27.9%
	Hispanic or Latino	85	4.5%
	Asian or Pacific Islander	26	1.4%
	Native American or Alaskan Native	14	0.7%
	Multiracial	73	3.9%
	Other	4	0.2%
Education	Less than high school	23	1.2%
	Some high school	28	1.5%
	High school graduate or equivalent	277	14.7%
	Some college, but degree not received or in progress	345	18.3%
	Associate degree	165	8.7%
	Bachelor's degree	509	27.0%
	Graduate degree	485	25.7%
Annual household income	Less than $25,000	188	10.0%
	$25,000 - $34,999	137	7.3%
	$35,000 - $49,999	150	7.9%
	$50,000 - $74,999	243	12.9%
	$75,000 - $99,999	207	11.0%
	$100,000 - $149,999	326	17.3%
	$150,000 - $199,999	206	10.9%
	$200,000 and above	147	7.8%

Participants were asked to identify their community's top three greatest strengths, the top three most important health issues, the top three risky behaviors, and the top three things that would improve their quality of life. The following are the results for all areas combined (PD16 as well as the additional MWHC service area):

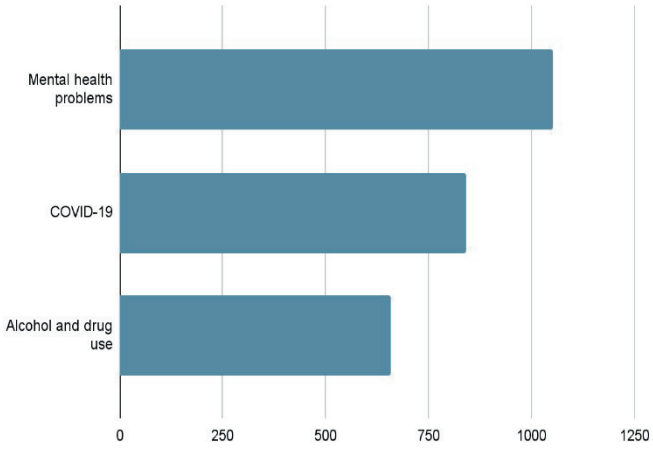


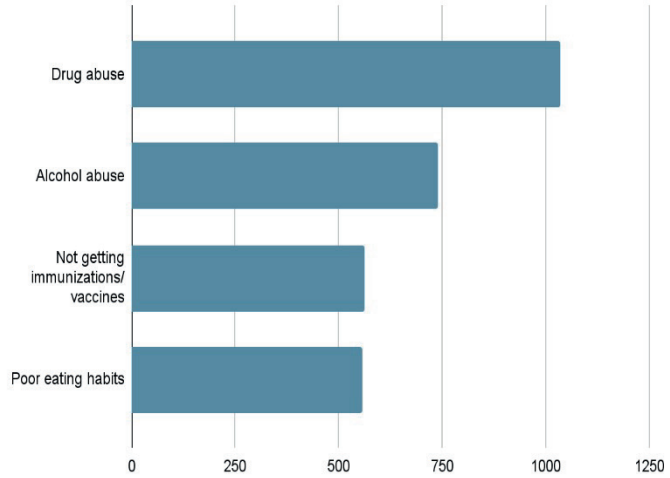
c. Top three greatest strengths (number of responses)

1. A safe place to live (671)
2. Diversity of the community (social, cultural, faith, economic) (548)
3. Police, fire and rescue services (517)

d. Top three most important health issues (number of responses)

1. Mental health problems (depression, anxiety, stress, suicide) (1051)
2. COVID-19 (841)
3. Alcohol, drug, and/or opiate abuse (657)



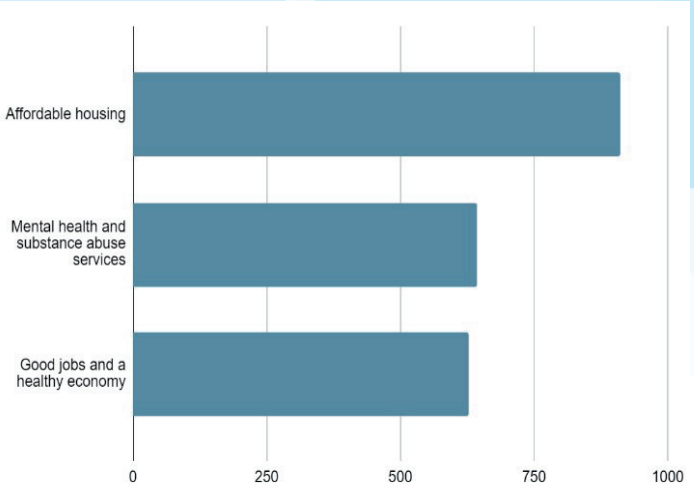


e. Top three risky behaviors:

1. Drug abuse
2. Alcohol abuse
3. Not getting immunizations or vaccines

f. Top three ways to improve quality of life (number of responses)

1. Affordable housing (912)
2. Mental health and substance abuse services (643)
3. Good jobs and a healthy economy (628)



Although looking at the top-picked answers for each of these four questions across the district is important, we also felt it was vital to analyze the data by demographics and the locality of each respondent. While doing so, it became apparent there were several points of interest; for the first health question regarding the greatest strengths of the community there was a trend for young adults (those aged 18-29 years old) and individuals reporting a household income of less than $49,000 annually to choose diversity of the community as their number one answer, instead of a safe place to live as the majority indicated. Respondents from the City of Fredericksburg also tended to choose diversity of the community as a clear number one, followed by a walkable, bikeable community; the City was the only locality to mention a walkable, bikeable community as a strength. The City of Fredericksburg was also the only locality to include parks and spaces for recreation and opportunities to be involved in the community in the top five. Spotsylvania County respondents chose educational opportunities as their number one choice; Stafford County agreed this was also a strength for their locality and ranked educational opportunities as number two.

For the second health question, important health issues, individuals over the age of 60 and African Americans tended to choose COVID-19 as their top choice. This was not surprising as we know that the elderly have been severely impacted by the ongoing COVID-19 pandemic and we know that African Americans across the country have been disproportionately affected by COVID-19 infections. For the third health question, risky behaviors, individuals over the age of 60 again went against the grain; seniors overwhelmingly chose not getting immunizations/ vaccines as the top risky behavior. Interestingly, King George was the only locality where not getting immunizations, vaccines did not show up in the top five choices.

For the last question, improving quality of life, there were several demographic points of interest. Native American respondents tended to choose a healthy economy as the top choice and respondents identifying as non-binary tended to choose mental health and substance abuse services. We also saw a split in the top choice based on income for this question; individuals reporting a household income less than $100,000 annually sided with the majority and chose affordable housing as the top choice while individuals reporting a household income over $100,000 annually chose mental health and substance abuse services. When looking at the data by locality, we noticed that Caroline County respondents tended to choose good jobs and a healthy economy as the top choice and the City of Fredericksburg chose working to end homelessness as a top five answer; the City was the only locality to include this choice in their top five.

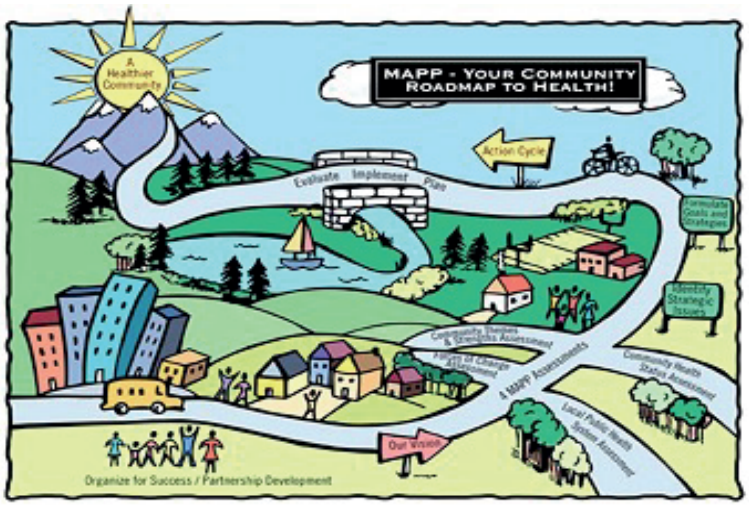


Figure 3: *(NACCHO, Roadmap to a Healthy Community)*

Local Public Health System Assessment

a. Purpose and Background

The local public health system is much larger and more diverse than just the local health department or doctor's offices and hospitals. There are hundreds of organizations, nonprofits, businesses, and government entities that comprise this system, some of which are depicted in Figure 2. The goal of this assessment is to not only assess how the system as a whole is performing, but to also have an in-depth conversation about each entity's role in this system and how the community can adopt Public Health 3.0 to become more efficient and impactful by delivering the 10 Essential Public Health Services.

The COVID-19 pandemic has shined a bright spotlight on the public health system. While it has highlighted much of the good work that everyone is doing, it has also shown that there is a lot of work to be done to improve this system. The first step to improving is to take an honest look at where we are at this moment.

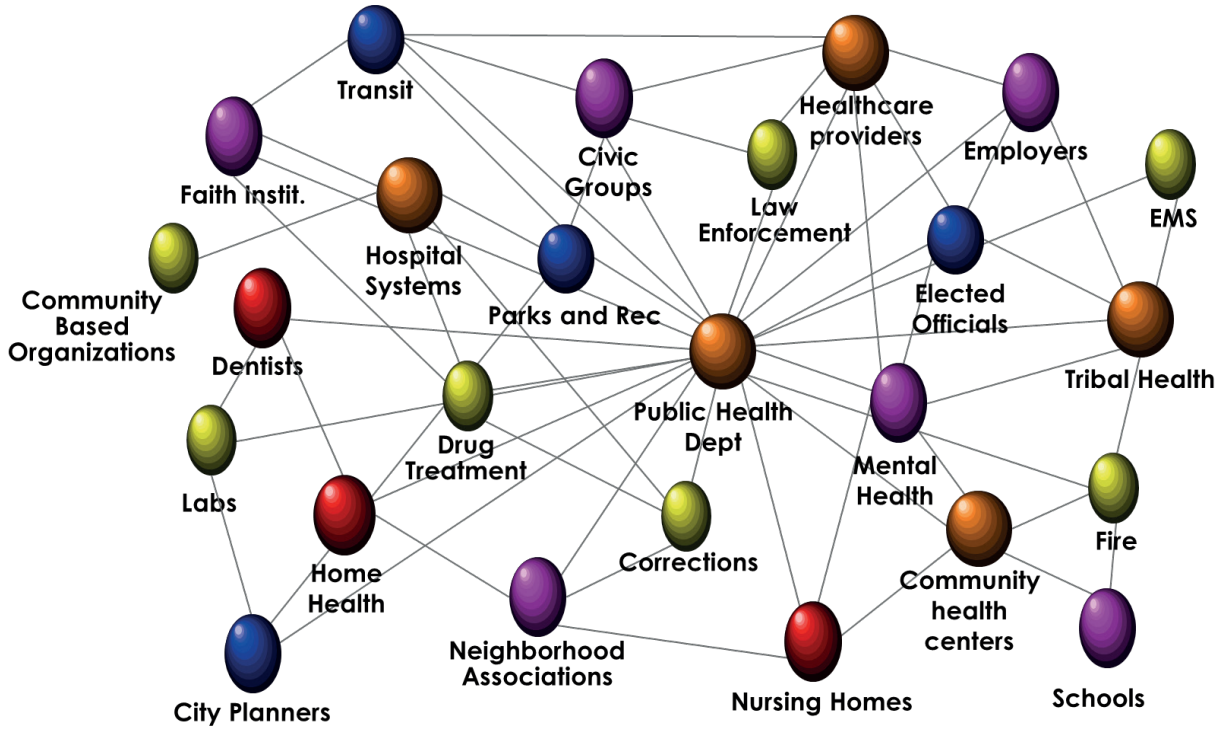


Figure 4: *Graphical representation of a local public health system*

The National Public Health Performance Standards Program (NPHPSP) assessments offer a helpful tool in evaluating the current performance of the local public health system against a set of optimal standards. This LPHSA report is intended to help all organizations who are a part of the local public health system gain an understanding of their performance within this system and to creatively address strengthening it.

According to the CDC: "The 10 Essential Public Health Services (EPHS) provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the EPHS actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being."

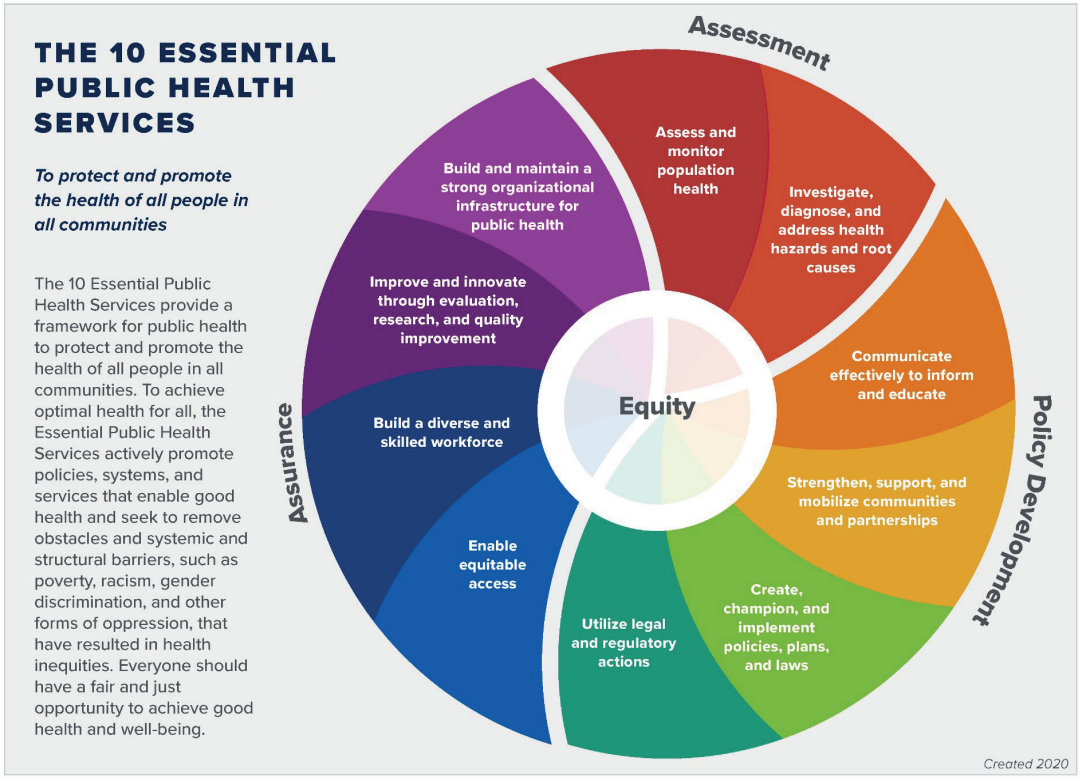


Figure 5: *Ten essential public health services*[5]

b. 10 Essential Public Health Services

EPHS 1: Assess and monitor population health status, factors that influence health, and community needs and assets

EPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population

EPHS 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

EPHS 4: Strengthen, support, and mobilize communities and partnerships to improve health

EPHS 5: Create, champion, and implement policies, plans, and laws that impact health

EPHS 6: Utilize legal and regulatory actions designed to improve and protect the public's health

EPHS 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy

EPHS 8: Build and support a diverse and skilled public health workforce

EPHS 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

EPHS 10: Build and maintain a strong organizational infrastructure for public health

[5] *Centers for Disease Control and Prevention.*

c. Methods

RAHD and MWHC conducted the LPHSA in November 2021 with the Steering Committee. A summary document was provided to all Steering Committee members (see Appendix D), and a brief overview of the 10 Essential Public Health Services (EPHS) was presented. After the presentation, discussion opened so that participating members could identify strengths and weaknesses in the delivery of each essential service. Finally, Steering Committee members were asked to rate each essential service on a scale of 1 – 5.

The rating system for the standards was as follows:

- 1 – Not at all
- 2 – Minimally
- 3 – Moderately
- 4 – Significantly
- 5 – Optimally

Results

The table below provides an overview of the local public health system's performance in each of the 10 EPHS.

Table 2: *Local public health system performance in RAHD and additional MWHC service areas*

	Essential Public Health Services (EPHS)	Average Score
EPHS 8:	Assure a Competent Public and Personal Health Care Workforce	**3.8**
EPHS 6:	Enforce Laws and Regulations that Protect Health and Ensure Safety	**3.75**
EPHS 2:	Diagnose and Investigate Health Problems and Health Hazards	**3.5**
EPHS 4:	Mobilize Community Partnerships to Identify and Solve Health Problems	**3.4**
EPHS 10:	Research for New Insights and Innovative Solutions to Health Problems	**3.3**
EPHS 9:	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	**3.1**
EPHS 1:	Monitor Health Status to Identify Community Health Problems	**3**
EPHS 3:	Inform, Educate, and Empower People about Health Issues	**3**
EPHS 7:	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	**2.9**
EPHS 5:	Develop Policies and Plans that Support Individual and Community Health Efforts	**2.5**
	Overall Performance Average	**3.26**

d. Conclusions

The local public health system is under increased pressure due to the COVID-19 pandemic, and there are societal changes that are required to effectively respond to the issues that have been brought to the surface, however all aspects of the response require political buy-in for the policy changes required. The feedback from the survey was thus heavily influenced by consideration of the participants of the political response to the pandemic, including participants with political appointments giving an assessment of their own performance. Most of the areas that were evaluated scored around "moderate", with some being slightly better and some being slightly worse. Additional notes on the LPHSA voting can be found in Appendix D.

The local public health system scored best on EPHS 8 (Assure a Competent Public and Personal Health Care Workforce), EPHS 6 (Enforcing Laws and Regulations that Protect Health and Ensure Safety), and EPHS 2 (Diagnose and Investigate Health Problems and Health Hazards). Lowest scores were in EPHS 5 (Develop Policies and Plans that Support Individual and Community Health Efforts) and EPHS 7 (Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable). These represent areas for improvement that the LPHS should consider when developing future strategic priorities, including in the CHIP.

The following quotations are from members of the Steering Team while conducting the assessment:

Regarding Essential Function 2 (Diagnose and Investigate Health Problems and Health Hazards): *"DCLS, UVA lab, and VA Tech have been good at finding threats and alerting to those. The labs have been able to keep up with [communicable diseases] during the pandemic. Their capacity has actually expanded. Have done a great job with COVID and other diseases".*

Regarding Essential Function 4 (Mobilize Community Partnerships to Identify and Solve Health Problems): *"Overall, (...) have done a good job, but have learned that we can't use traditional means and approaches. Found that even simple things like advertising events require a nontraditional approach to truly reach the diverse audiences we need to serve."*

Overall Impressions: After completing this assessment, here are some of the things the Steering Team had to say:

> *"...had an opportunity to talk to community members, they were unaware of what we are doing, this brought to light the realization that we have a lot of work to do to integrate more into the community. Stafford is a bedroom community, but there are a lot of people that care. Just keep engaging and talking about what we are doing. We get so busy with our own work, and sometimes we forget that others aren't aware of what we do. A lot more we can do and a lot of people who want to be involved."*

> *"I wasn't aware of a lot of things that we are doing in the community – perception has changed for the better... didn't know that we were doing all of this."*

e. Word Clouds

These are the words most frequently used when describing the top three ranked Essential Public Health Services in RAHD:



These are the words most frequently used when describing the bottom three ranked Essential Public Health Services in RAHD:



Forces of Change Assessment

a. Introduction

While the LPHSA evaluated the internal strengths and weaknesses of the local public health system, the FOCA evaluated the external opportunities and threats (referred to within the assessment as *factors, trends and events) to the community.*

This assessment was conducted in partnership with all five locality workgroups as well as the Steering Committee. Each group was introduced to the Forces of Change Assessment and was asked to consider what is happening within their community that could be considered a "force" (factors, trends, or events) that may impact the community in the future. The eight categories that were discussed are: economic, environmental, ethical, legal, political, scientific, social, and technological. Completing this assessment with all five workgroups and the Steering Committee was essential; each workgroup member brought forth their own ideas and expertise gained from living or working in a specific locality while the Steering Committee was able to consider PD16 as a whole. The localities in PD16 are very diverse from one another so hearing from each workgroup individually allowed for evaluation and discussion of forces specific to each distinct jurisdiction.

A table outlining the full feedback from each workgroup can be found in Appendix E.

As indicated in NACCHO's FOCA, eight categories of forces were thoroughly examined in order to respond to the following questions:

- *What is occurring or might occur that affects the health of our community or local public health system?*
- *What specific threats and/or opportunities are generated by these (potential) occurrences?*

b. Results

Economic

A main economic factor identified by all groups was the increasing volatility of job markets causing a major workforce shortage among public works such as public health, schools, healthcare, and law enforcement. Groups reported difficulty maintaining public works and services due to high demand and low availability of employees. Residents are having to commute further to work each day and there has been a shift from living in more rural areas within the district to now living in the suburbs, especially in Stafford County where many of the residents are commuters to Northern Virginia via the newly expanded Express lanes. Groups stated that this consistent need to move to accommodate a job has led to poor continuity of care and education, as residents have to find new doctors or attend new schools.

Groups also noted there has been a rise in the lack of affordable housing attributed to inflation and increased cost of living in Northern Virginia. They stated this has caused many to live in multigenerational housing out of necessity and is contributing to generational poverty in some circumstances. Broadly, inflation has also caused the metrics used to determine eligibility for economic assistance to change and become more stringent. The City of Fredericksburg workgroup noted that the narrow zoning requirements for housing and high cost of land exacerbate the difficulty of securing affordable housing. Workgroups stated that among the new refugee population there has been a trend of having to move further south to secure housing, but ultimately moving north to Northern VA where social services are more readily available and their culture is more prominent in the community.

Stafford and Spotsylvania workgroups noted that the district has recently seen some significant opportunities for economic growth as well; a new clinic for Veterans is opening in Spotsylvania which will provide better access to care for the population. There are also several development projects that are ongoing in Stafford County including an Amazon warehouse which will provide over 500 new jobs to the area. All groups noted that this trend has been ongoing; opportunities for growth tend to localize in the more urban or suburban areas rather than the rural ones, healthcare included. In the more rural locality of King George, workgroup members reported difficulty accessing healthcare services, recalling stories of 40 minute ambulance rides to reach the nearest hospital in some cases. During the COVID-19 pandemic there has been increased funding for healthcare and social works but now there is worry among all groups about the outcome for residents when pandemic funding is cut off, specifically for single parent households and senior citizens across the district.

Environmental

All groups acknowledged that with climate change came many environmental factors affecting the district. A few specifically mentioned were harmful algae blooms at Lake Anna in Spotsylvania causing health concerns and decreased tourism to the area, and more frequent coastal flooding along the Rappahannock River and the City of Fredericksburg. All groups also mentioned how climate change disproportionately affects low-income and rural communities in regards to health and economics. Caroline County workgroup members stated that residents have reported poor water quality in county wells and water bills higher than their electric bills in some instances. King George workgroup members also expressed concern over water quality and availability, noting that hydrants can be difficult to access at times and the water system (such as pipes for tap water and sewage) has not been adequately maintained.

Legal/ Political

All groups agreed that following the 2016 and 2020 Presidential elections there was an increase in the polarization in politics, a divide which has grown wider during the pandemic. Groups identified this differing of ideals as the underlying cause of increased public violence (seen in schools) and misinformation, difficulty funding and maintaining public works leading to a lack of timely responses from officials on public concerns, and increased difficulty enforcing rules and regulations such as mask mandates.

There have also been large regulatory changes in the field of mental health recently, including the Marcus Act which focuses on reducing the possibility of "use of force" by law enforcement during behavioral health emergencies and deploying a mobile crisis or community care team instead. Mental health employees in the district have reported that these events have caused a high workforce burden and low retention rates, further exacerbating a well-known workforce shortage and making it difficult for residents to access mental health services. Due to the trend of state hospitals not being able to take as many mental health admissions, the responsibility falls to the localities themselves, noted workgroup members.

Finally, with the legalization of marijuana in 2021, workgroup members reported confusion among residents regarding the discrepancy between state and federal laws. Smaller localities have stated this has caused difficulty in enforcing the new laws.

Social

All groups stated that the COVID-19 pandemic prompted an important discussion in PD16 around the sharing of information; PD16 is situated almost halfway between two major news outlets (Washington DC and Richmond, VA) but itself has only a few media sources to get information to the public. Groups pointed out that the lack of a large local media presence in the district led to a perceived increase in misinformation.

As more residents telework there was also an increase in social isolation, noted by all groups to have a negative impact on mental health. Being home more than usual created a need for many residents to eat at home, this became an issue due to reported difficulties accessing healthy foods in rural localities and the fact that healthier options were often more expensive.

The groups stated that there were also some positive factors during the COVID-19 pandemic; a new referral platform named UniteUs placed an emphasis on viewing health in a holistic way and is working to increase how connected the district's healthcare system is. Initiatives such as this have increased collaboration between community partners in recent years. Workgroup members noted that the set-up and planning process for this platform revealed inequities between demographics in the district, putting an emphasis on underlying health issues and a focus on the social determinants of health. An example of this is a strong focus on tackling food deserts in the district; over the past several months there has been great collaboration among food service groups to reach vulnerable populations.

Groups recognized that in tandem with the COVID-19 pandemic, a social justice movement began in mid-2020 recognized by many as "Black Lives Matter." Specifically in RAHD there were several in-person social justice marches and rallies, mostly in the City of Fredericksburg. Groups reported that these demonstrations led to increased awareness among the community about social issues and exposed the need for further education on the topic.

Technologic/ Scientific

Groups identified that throughout the COVID-19 pandemic there has been a trend towards working to improve online and electronic security systems, largely influenced by a newfound emphasis on the importance of electronic software and databases for sharing and storing personal information. Groups noted that this is seen in the realm of healthcare, employment, and even in residents' personal lives via social networking sites. In addition, the increased importance and reliance on technology has created disparities in access to educational opportunities for school-aged children among varying socioeconomic groups and rural and urban populations. There is an apparent disparity in access to broadband internet in PD16, with very limited access in most in the rural areas.

c. Discussion

Though it is not immediately obvious how all of the forces identified in this assessment are directly related to health, it is important to consider the trends, factors and events that impact not only our public health system but the health of our greater community, now and in the future. This information, considered in context with the Community Health Status Assessment, allows the community and key partner organizations to maintain a keener understanding of the many social determinants of health that greatly influence overall health outcomes.



Community Health Status Assessment

a. Introduction

This report provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health. The CHSA provides the secondary data for the CHA. In conjunction with the first three assessments, which were all based on the perception of the community members and stakeholders, this report takes the data about each community and the district as a whole, and allows for identification of where the overlap is. This gives a better idea of where to focus on the CHIP.

The data used for this report was obtained from a number of sources, including the US Census Bureau, Mary Washington Healthcare, County Health Rankings, Virginia Department of Health, National Center for Health Statistics, Center for Disease Control, National Vital Statistics System, National Institute on Minority Health and Health Disparities, United States Diabetes Surveillance System, United States Department of Agriculture, Data USA, American Community Survey, City Data, Bureau of Labor Statistics, Eviction Lab, National Center for Education Statistics, American Medical Association, Centers for Medicare and Medicaid Services, National Provider Information, Area Health Resource File, Small Area Health Insurance Estimates, etc. This data was collected from November 2021 to January 2022 and will be updated annually in the form of addendums.

b. Topics Covered in this Assessment:

- Overall Population Demographics
- Health Status Indicators
- Health Behaviors
- Social Determinants of Health

c. Additionally, there are other resources that can provide more detailed information and insight on these topics and many others.

RAHD's CHA dashboard can be found on the RAHD website, and is accessible to all. The dashboard may also be shared as a link on any community partner websites or social media. RAHD would like to encourage everyone to take advantage of this useful tool. Please feel free to share with friends, family, community members, and clients.

MWHC utilizes the Community Health Information Resource (CHIR) tool. The CHIR tool is a data management resource that equips users to research hundreds of indicators related to the Rappahannock Region, with comparisons to local, state and national benchmarks. The database enables users to focus on Social Determinants of Health (SDoH), explore valuable analysis, build customized dashboards, locate promising practices, and much more. This resource can be found on the MWHC website and is publicly available to all. Link: https://www.marywashington-healthcare.com/Patients-Visitors/Community-Health-Information-Resources.aspx

Contained within this CHA is a detailed list of health indicators and a color coded table to help clarify if the data on display is positive or negative. This tool is static, but will be updated as new data is available or annually and can be found in Appendix F.

d. 1. Demographic Information

Knowing the demographic makeup of a population is the foundation for making data-driven decisions about the health and well-being of a community. PD16 and the additional MWHC service areas consist of a broad variety of races, ethnicities, ages, gender identities, and spoken languages. These basic pieces of information allow helping organizations as well as policy makers to identify who may need additional support in a given area.

1.1 Total resident population

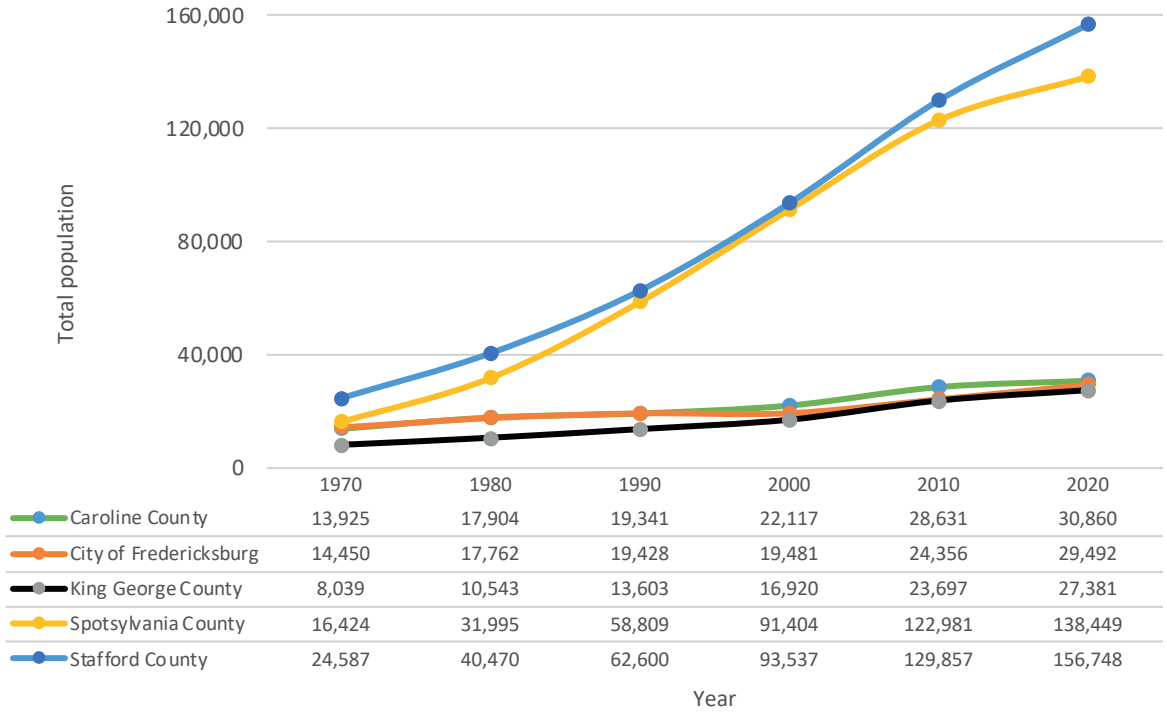
Table: *Total resident population in PD16 and additional MWHC service areas*

SN	Areas/Localities	Total resident population[6]
1	Caroline County	30,860
2	City of Fredericksburg	29,492
3	King George County	27,381
4	Spotsylvania County	138,449
5	Stafford County	156,748
	Total population in PD16	**382,930**
6*	Orange County	37,695
7*	Prince William County	475,533
8	Westmoreland County	18,149
	Overall total population	**914,307**

*Note: MWHC only serves the Eastern portion of Orange County and the Southern portion of Prince William County. However, most indicators are only available at the locality level.

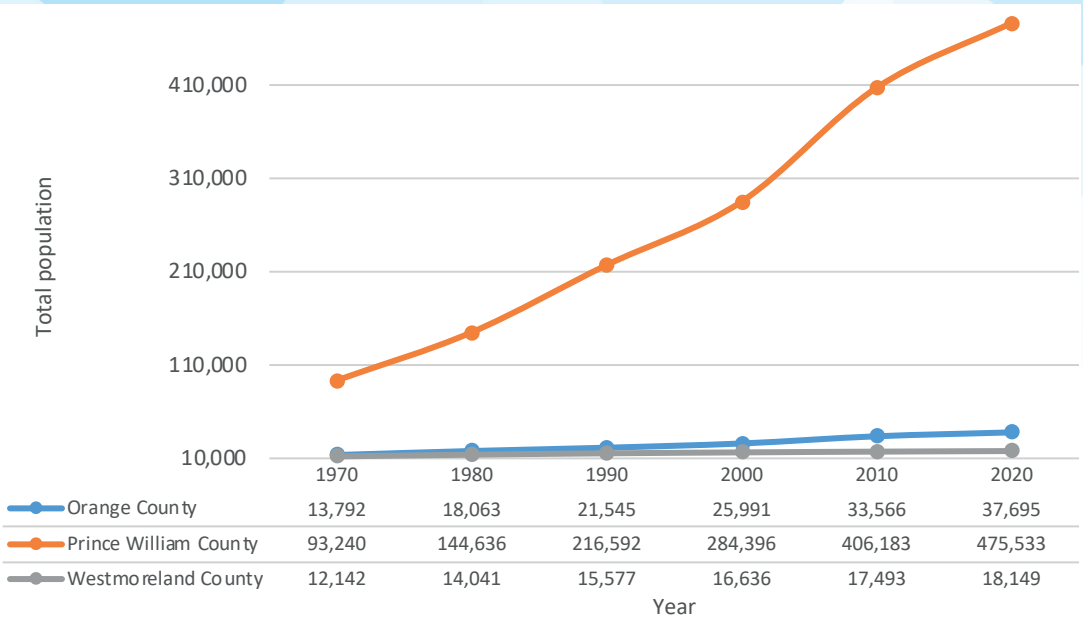
1.2 Population trend (1970-2020)

Figure: *Population trend in PD16 from 1970 to 2020*[1]



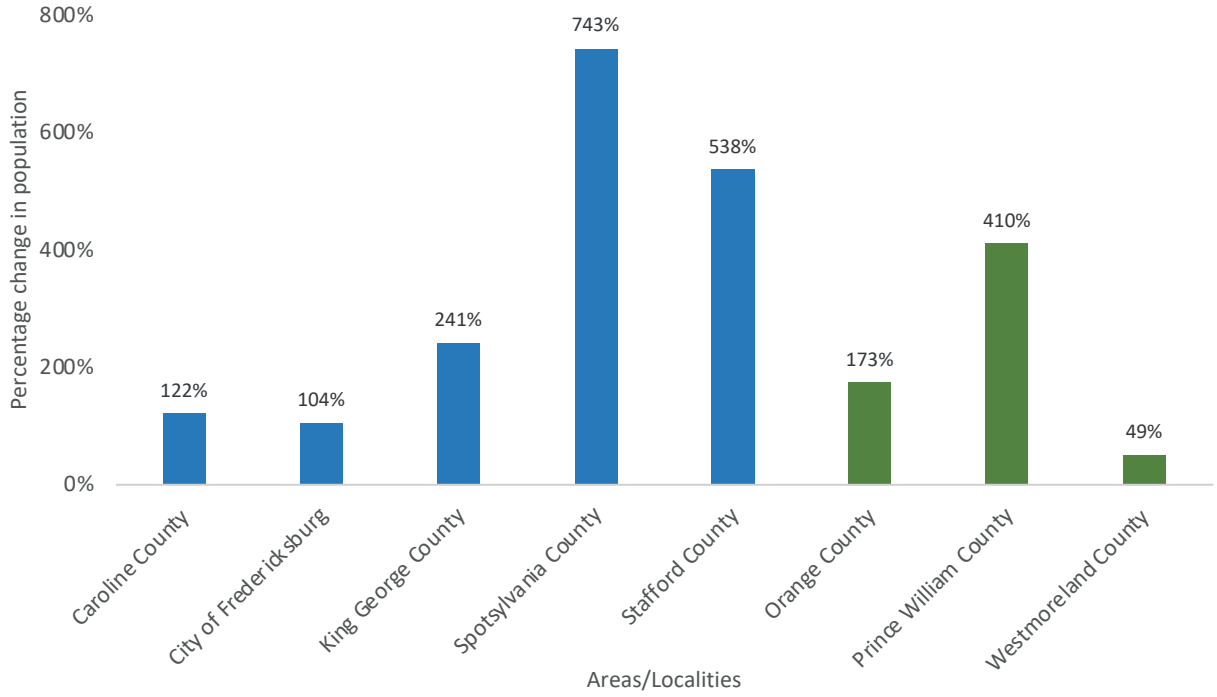
[6] United States Census Bureau, 2020.

Figure: *Population trend in additional MWHC service areas from 1970 to 2020*[7]



1.3 Overall population change since 1970

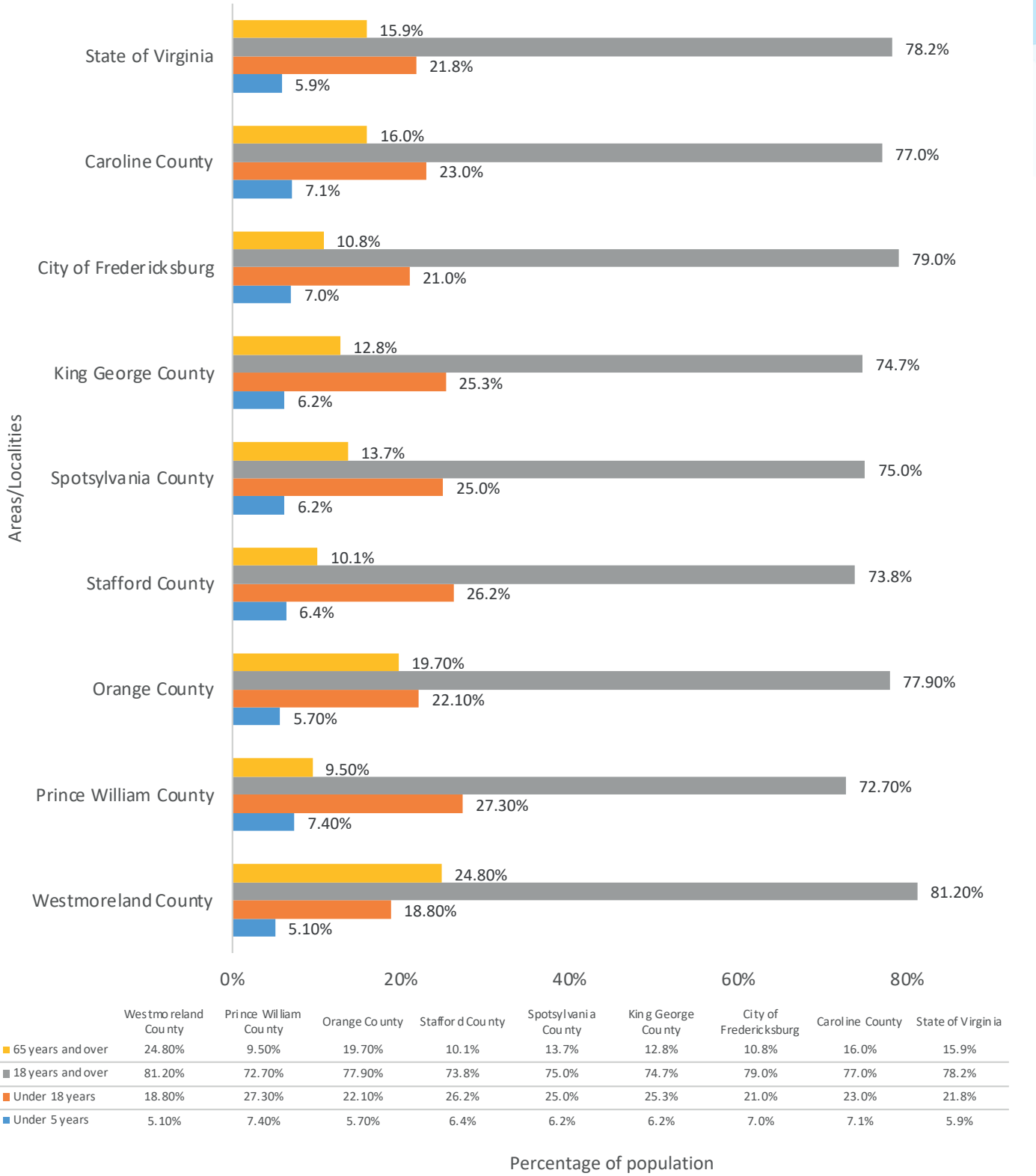
Figure: *Overall population change since 1970 in PD16 and additional MWHC service areas*[2]



[7] United States Census Bureau, 2020.

1.4 Population by age group

Figure: *Percentage of population by age group in the State of Virginia, PD16, and additional MWHC service areas*[8]

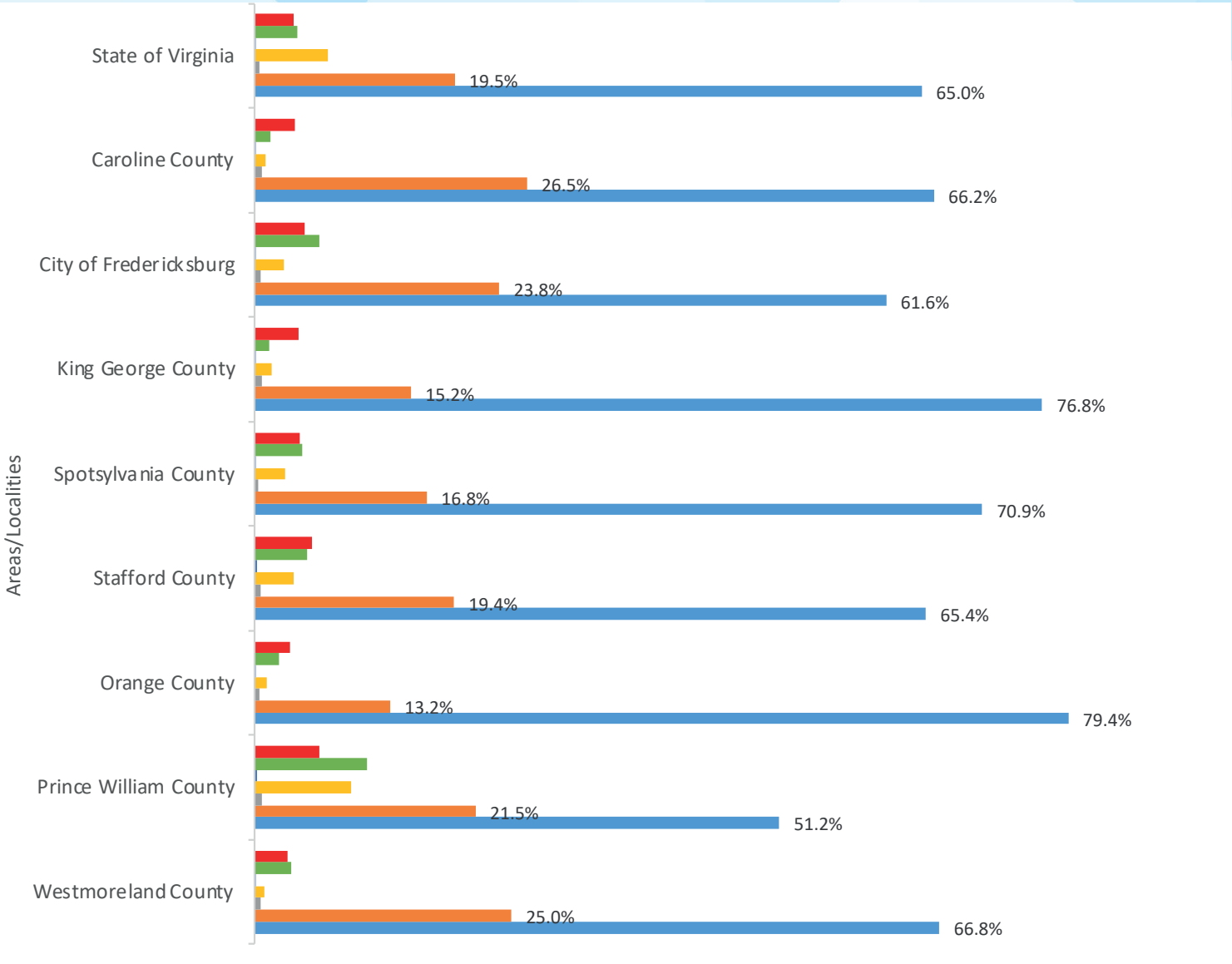


	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
65 years and over	24.80%	9.50%	19.70%	10.1%	13.7%	12.8%	10.8%	16.0%	15.9%
18 years and over	81.20%	72.70%	77.90%	73.8%	75.0%	74.7%	79.0%	77.0%	78.2%
Under 18 years	18.80%	27.30%	22.10%	26.2%	25.0%	25.3%	21.0%	23.0%	21.8%
Under 5 years	5.10%	7.40%	5.70%	6.4%	6.2%	6.2%	7.0%	7.1%	5.9%

[8] United States Census Bureau, 2019.

1.5 Population by race

Figure: *Percentage of population by race in the State of Virginia, PD16, and additional MWHC service areas*[9]

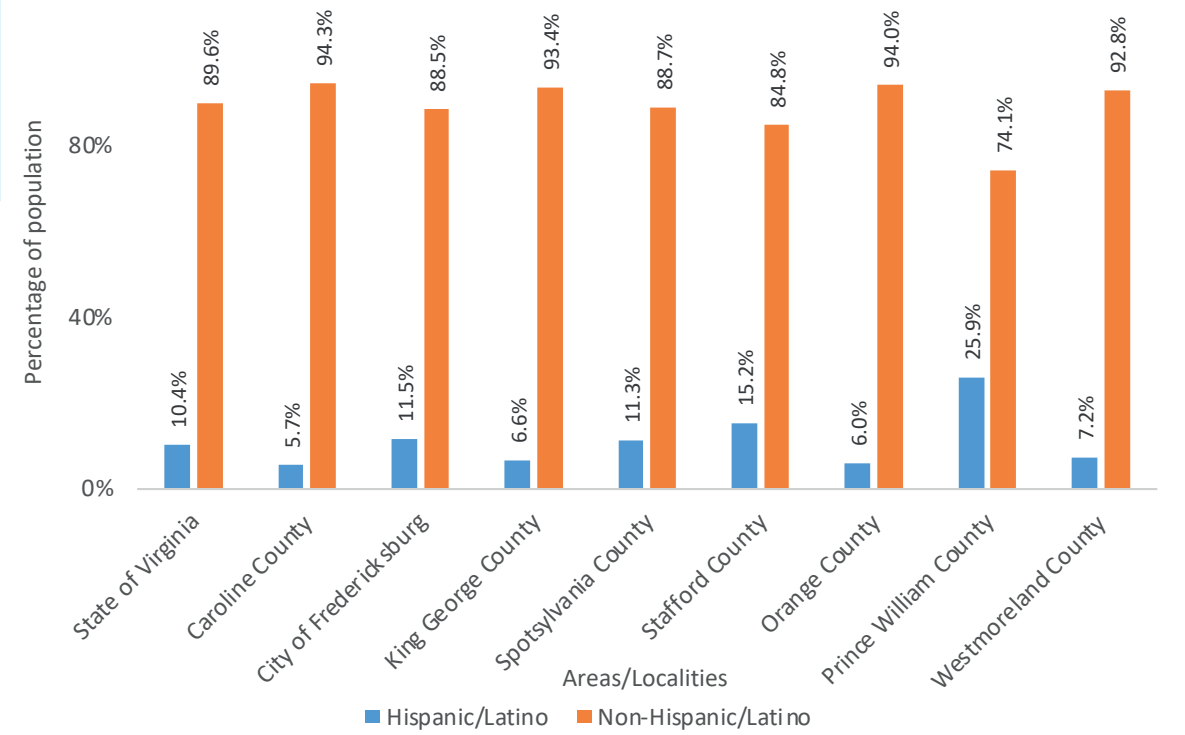


	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
2+ Races	3.1%	6.2%	3.4%	5.6%	4.4%	4.2%	4.9%	3.9%	3.8%
Some Other Race	3.5%	10.9%	2.3%	5.1%	4.6%	1.4%	6.3%	1.5%	4.1%
Native Hawaiian/Pacific Islander	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.1%
Asian	0.9%	9.4%	1.2%	3.8%	2.9%	1.6%	2.8%	1.0%	7.1%
American Indian/Alaskan Native	0.6%	0.6%	0.5%	0.5%	0.3%	0.7%	0.5%	0.7%	0.4%
Black/African American	25.0%	21.5%	13.2%	19.4%	16.8%	15.2%	23.8%	26.5%	19.5%
White	66.8%	51.2%	79.4%	65.4%	70.9%	76.8%	61.6%	66.2%	65.0%

[9] Community Health Information Resources (CHIR), 2021.

1.6 Population by ethnicity

Figure: *Percentage of population by ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[10]



1.7 Population living in rural and urban areas

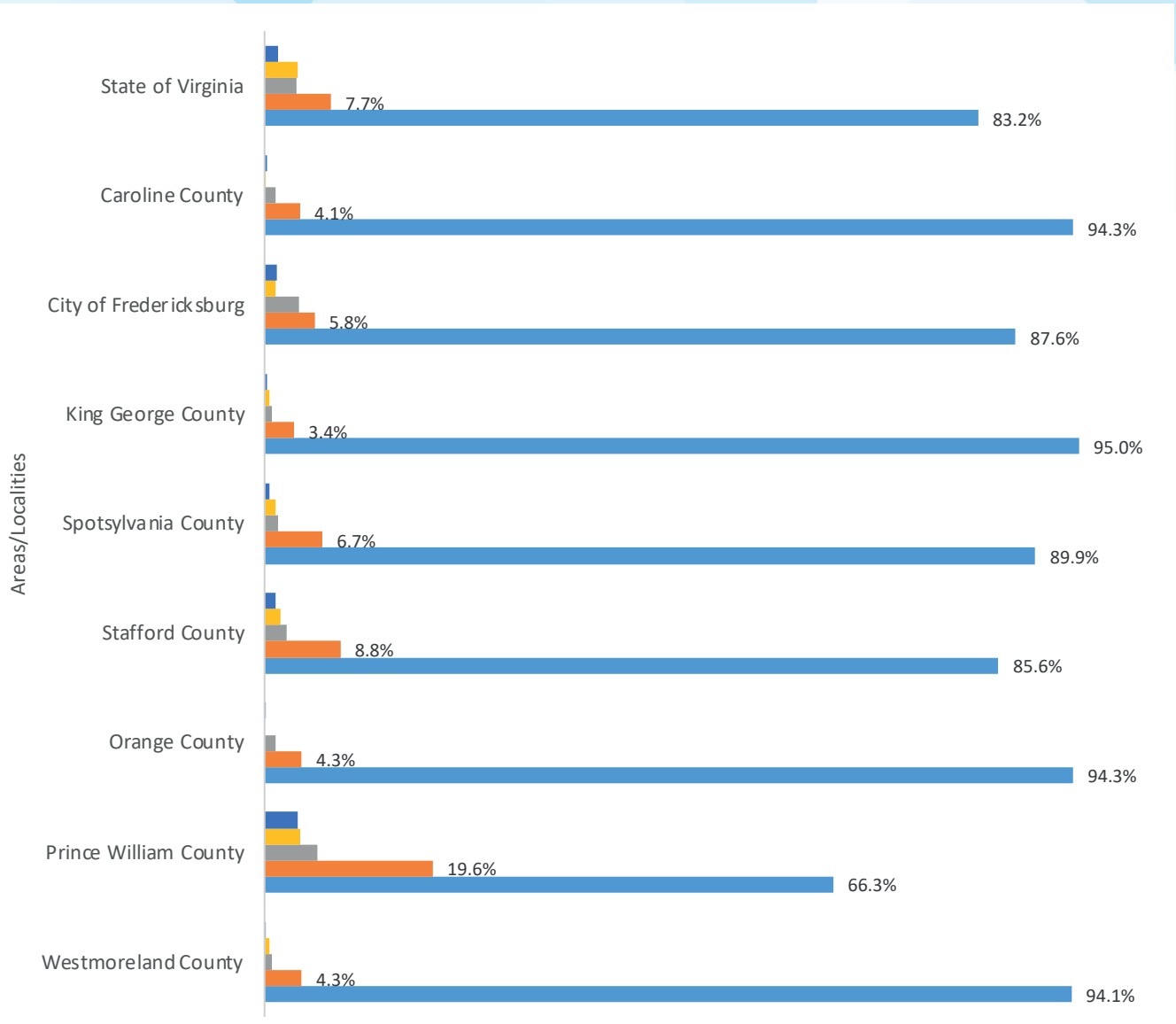
Figure: *Percentage of population living in rural and urban areas in the State of Virginia, PD16, and additional MWHC service areas*[11]



[10] Community Health Information Resources (CHIR), 2021.
[11] County Health Rankings, 2010.

1.8 Language spoken at home

Figure: *Percentage of population speaking specific language at home in the State of Virginia, PD16, and additional MWHC service areas*[12]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Other Languages	0.1%	3.9%	0.1%	1.2%	0.5%	0.2%	1.4%	0.3%	1.6%
Aisan and Pacific Island Languages	0.5%	4.1%	0.0%	1.8%	1.3%	0.5%	1.2%	0.1%	3.9%
Other Indo-European Languages	0.9%	6.2%	1.3%	2.6%	1.6%	0.9%	4.0%	1.3%	3.7%
Spanish	4.3%	19.6%	4.3%	8.8%	6.7%	3.4%	5.8%	4.1%	7.7%
Only English	94.1%	66.3%	94.3%	85.6%	89.9%	95.0%	87.6%	94.3%	83.2%

Percentage of population

[12] United States Census Bureau, 2019.

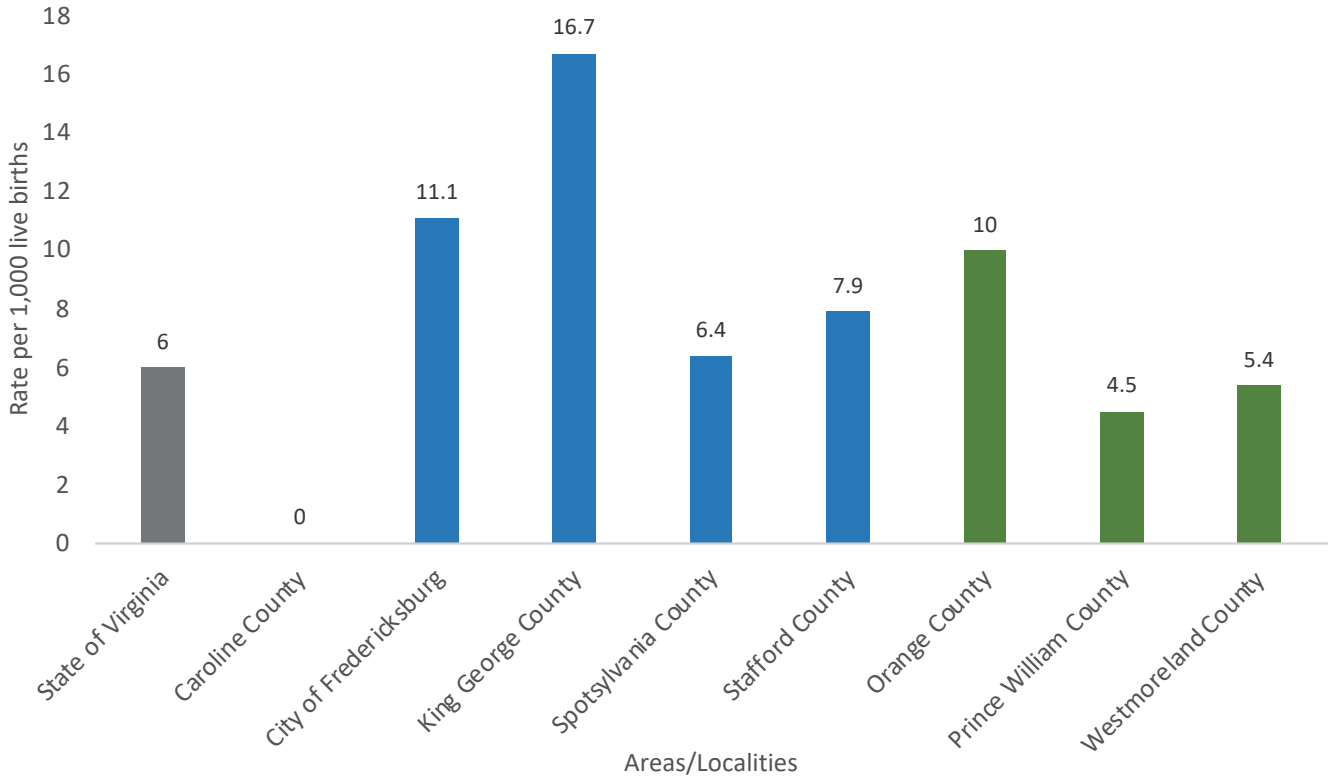
e. 2. Health Status

It is important to know what morbidities are contributing to the lifespan of the population. When looking at this data, it is helpful to ask questions about what data could be connected, both in cause and effect. The data found in this report is all secondary, and as time goes on, primary data will be collected to ensure that it is as accurate and meaningful as possible. Data on the neighborhood level is always more useful than data on a larger level. The correlation between age, race, socioeconomic status, and health status should be observed.

Ask yourself, are the areas with higher rates of poverty disproportionately affected by chronic diseases? What other connections can you make?

2.1 Infant mortality

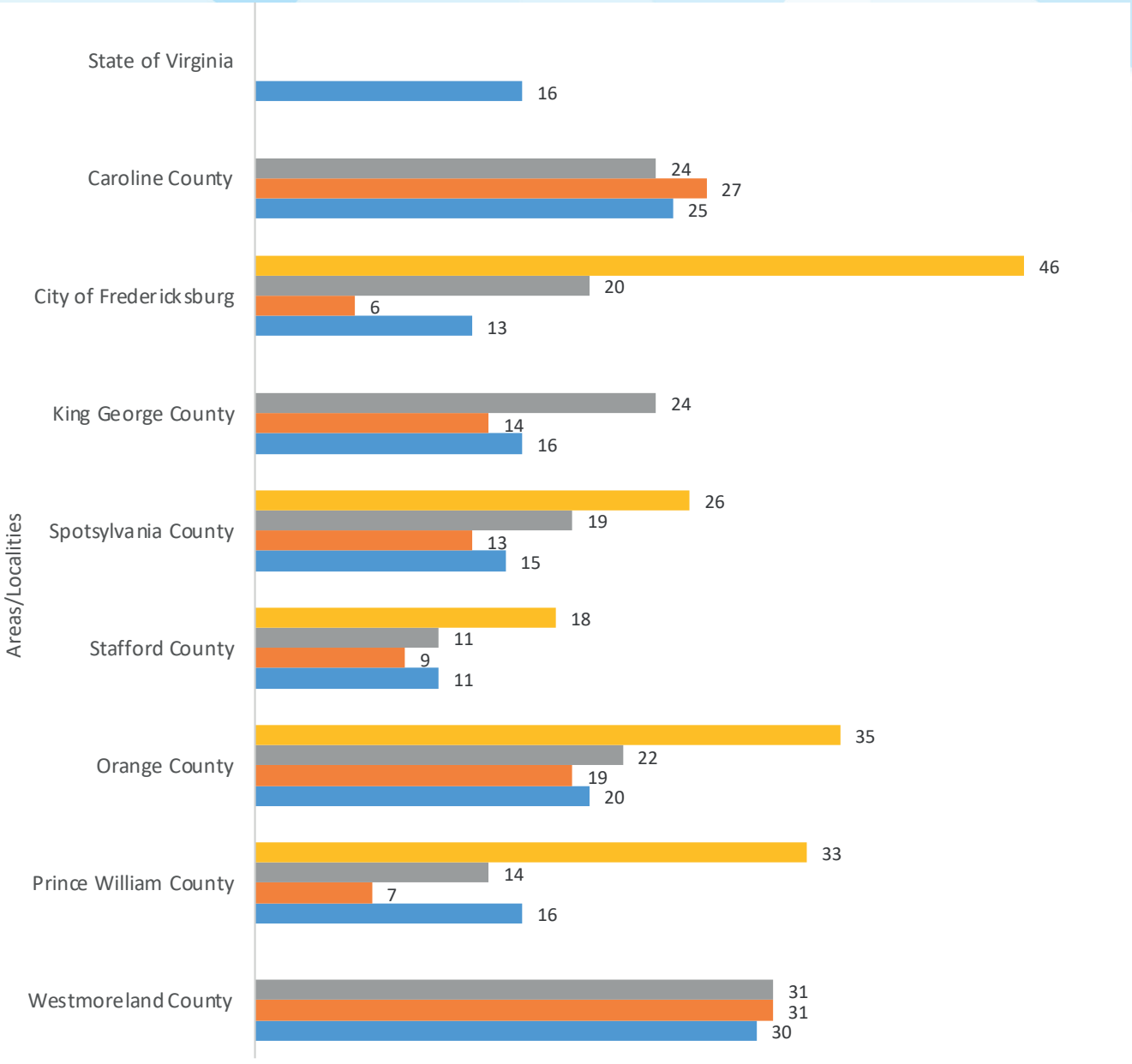
Figure: *Number of all infant deaths per 1,000 live births in the State of Virginia, PD16, and additional MWHC service areas*[13]



[13] Virginia Department of Health, Division of Health Statistics, 2019.

2.2 Teen births by race/ethnicity

Figure: *Number of births by race/ethnicity per 1,000 female population ages 15-19 in the State of Virginia, PD16, and additional MWHC service areas*[14]



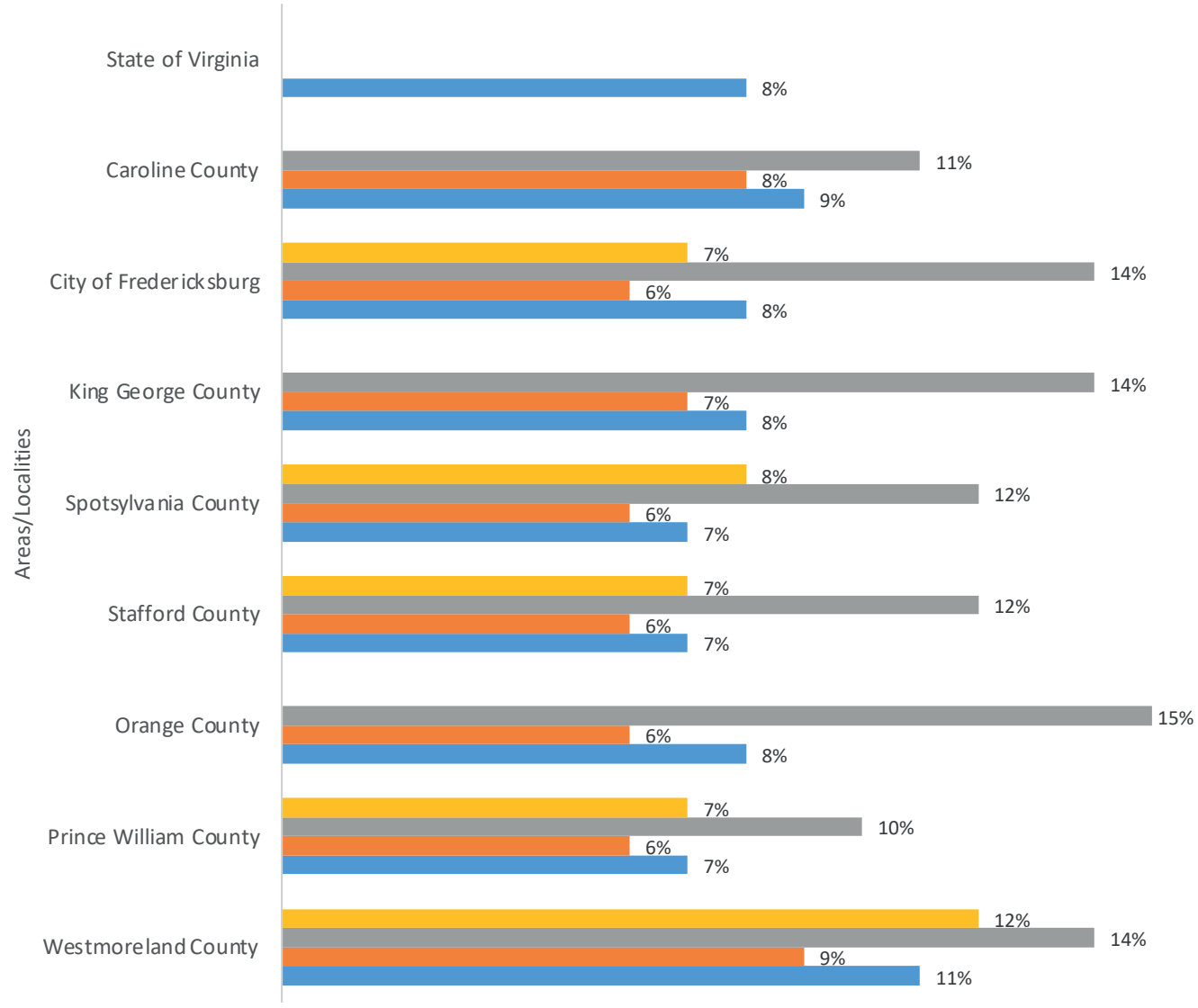
	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino		33	35	18	26		46		
Black/African American	31	14	22	11	19	24	20	24	
White	31	7	19	9	13	14	6	27	
Overall	30	16	20	11	15	16	13	25	16

Rate per 1,000 female population age 15-19

[14] National Center for Health Statistics-Natality files, 2013-19.

2.3 Low birthweight by race/ethnicity

Figure: *Percentage of live births with low birthweight (< 2,500 grams) by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[15]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/ Latino	12%	7%		7%	8%		7%		
Black/African American	14%	10%	15%	12%	12%	14%	14%	11%	
White	9%	6%	6%	6%	6%	7%	6%	8%	
Overall	11%	7%	8%	7%	7%	8%	8%	9%	8%

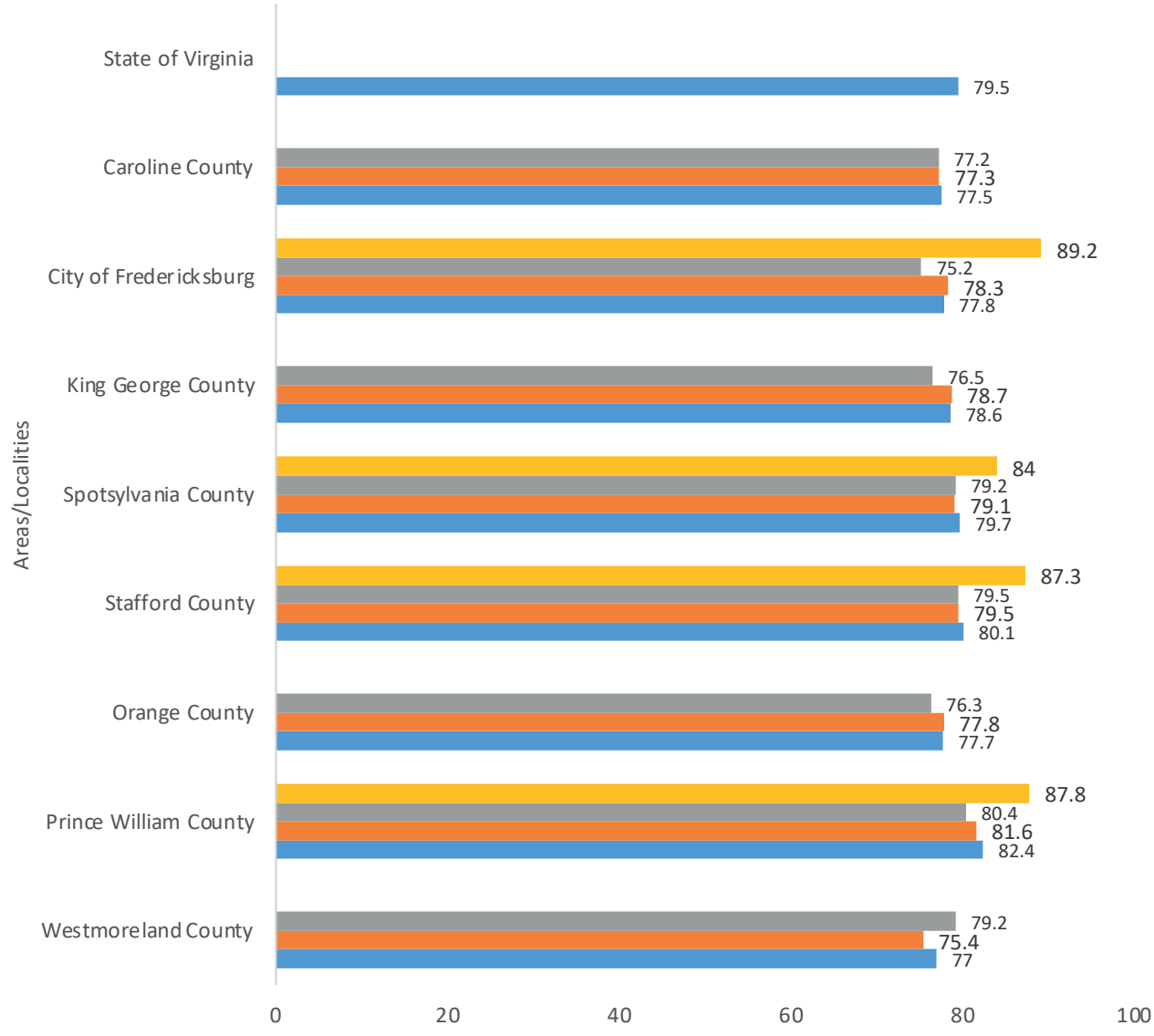
Percentage of live births with low birthweight (<2,500 grams)

[15] National Center for Health Statistics- Natality files, 2013-19.

2.4 Life expectancy by race/ethnicity

This indicator represents the average number of years a person can expect to live.

Figure: *Life expectancy by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[16]

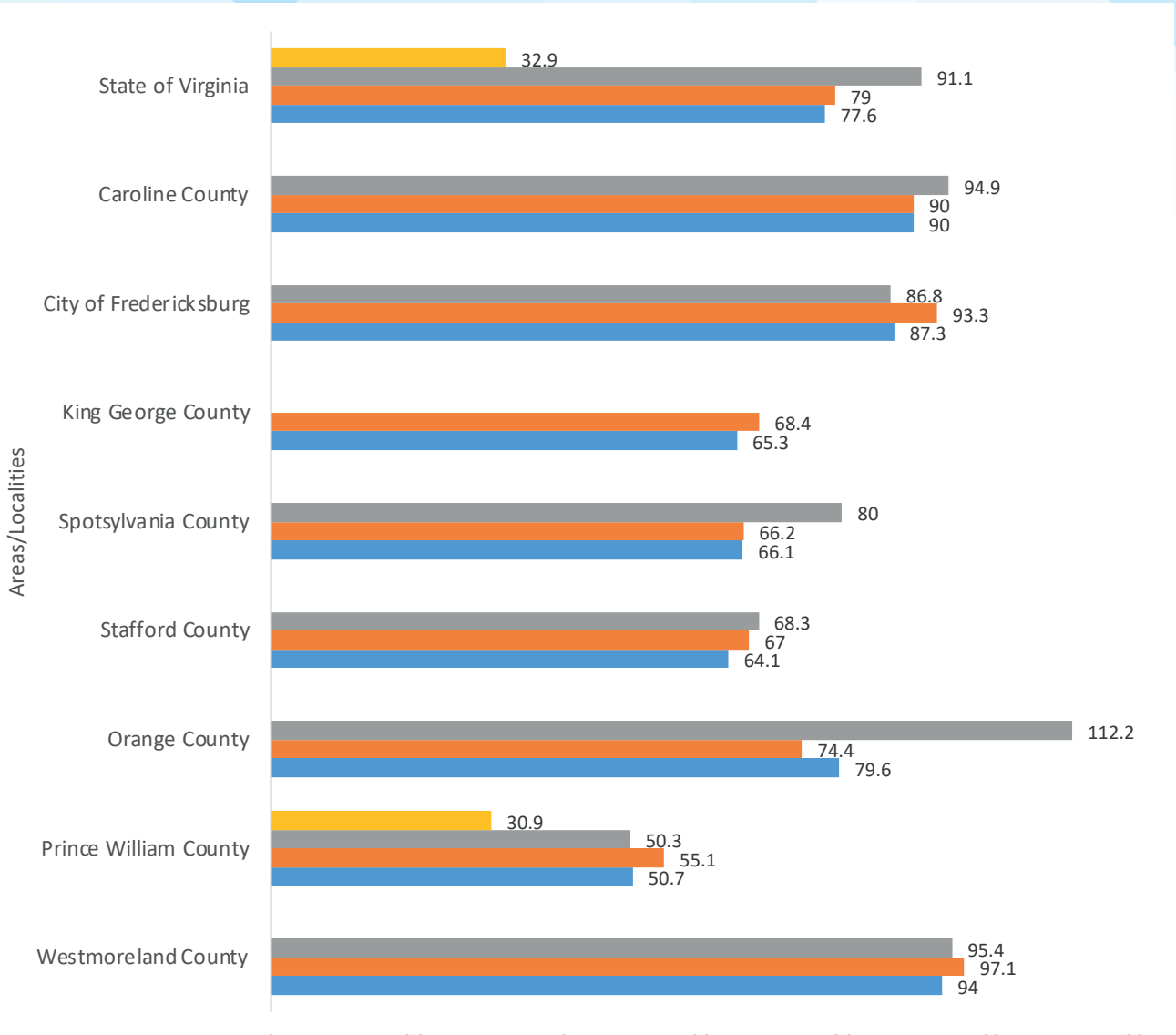


	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino		87.8		87.3	84		89.2		
Black/African American	79.2	80.4	76.3	79.5	79.2	76.5	75.2	77.2	
White	75.4	81.6	77.8	79.5	79.1	78.7	78.3	77.3	
Overall	77	82.4	77.7	80.1	79.7	78.6	77.8	77.5	79.5

[16] National Center for Health Statistics, Mortality Files, 2017-19.

2.5 Mortality due to coronary heart diseases by race/ethnicity

Figure: *Age-adjusted death rate per 100,000 population due to coronary heart diseases by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[17]

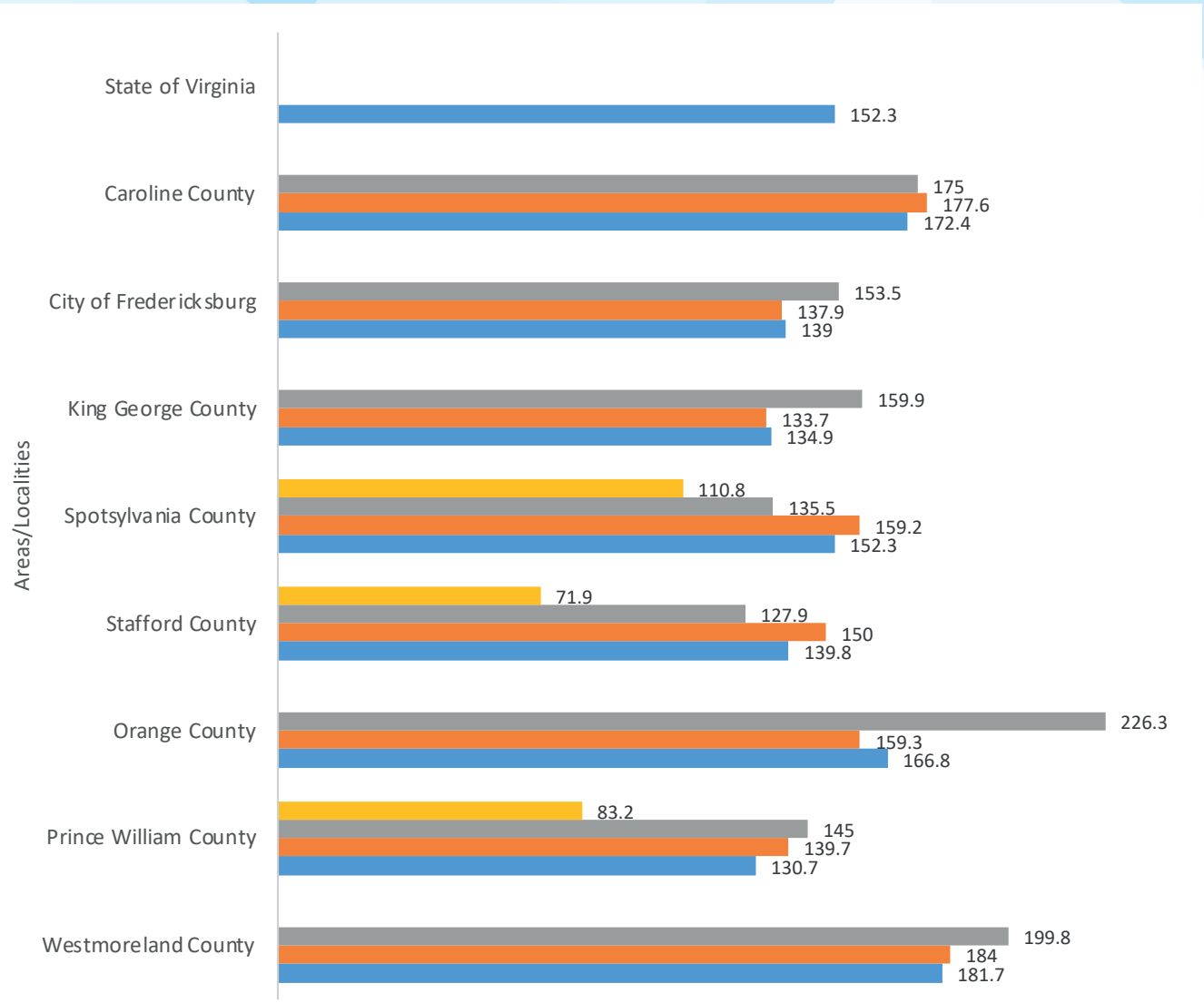


	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino		30.9							32.9
Black/African American	95.4	50.3	112.2	68.3	80		86.8	94.9	91.1
White	97.1	55.1	74.4	67	66.2	68.4	93.3	90	79
Overall	94	50.7	79.6	64.1	66.1	65.3	87.3	90	77.6

[17] Centers for Disease Control and Prevention, National Vital Statistics System, 2015-19.

2.6 Mortality due to cancer by race/ethnicity

Figure: *Age-adjusted death rate per 100,000 population due to cancer by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[18]



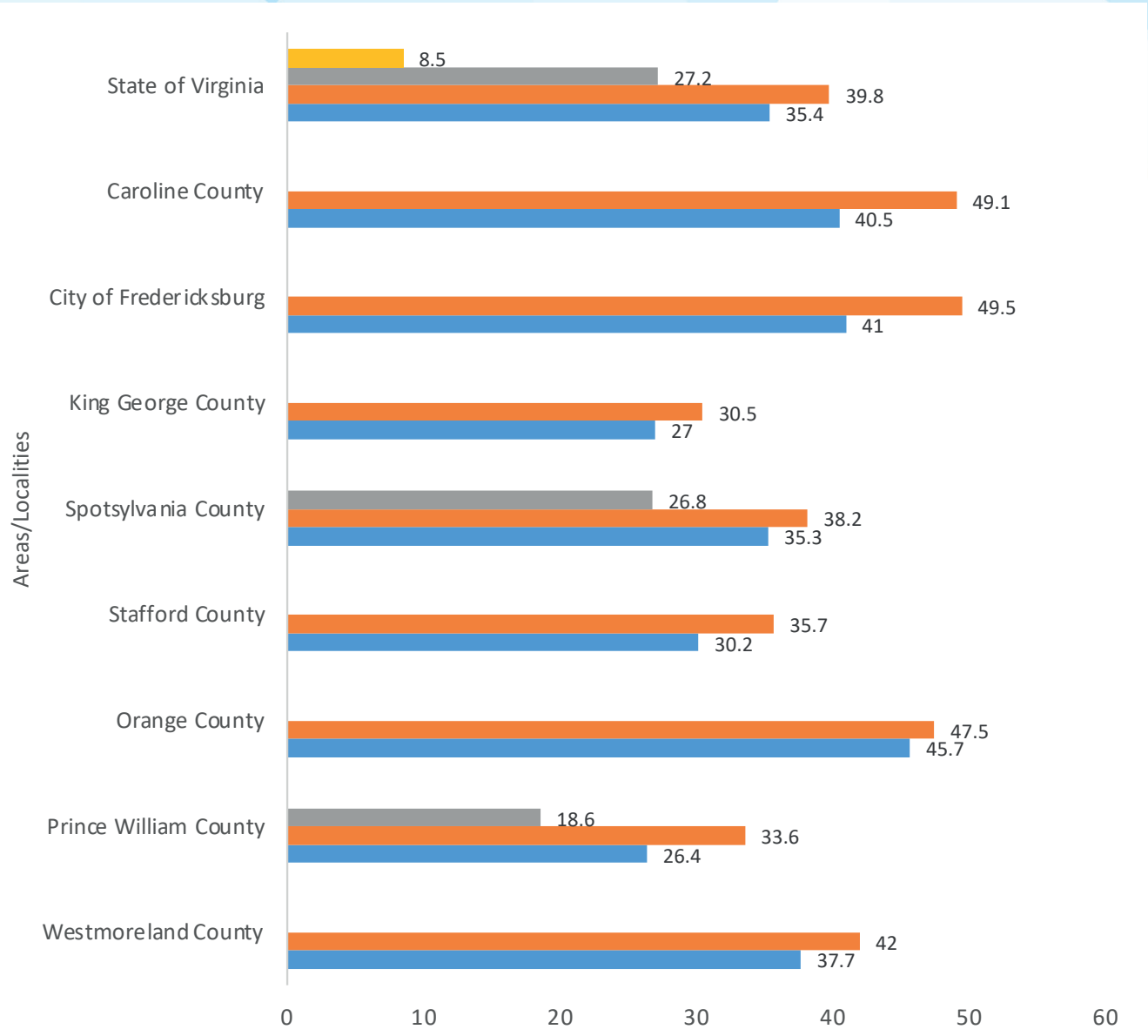
	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino		83.2		71.9	110.8				
Black/African American	199.8	145	226.3	127.9	135.5	159.9	153.5	175	
White	184	139.7	159.3	150	159.2	133.7	137.9	177.6	
Overall	181.7	130.7	166.8	139.8	152.3	134.9	139	172.4	152.3

Rate per 100,000 population

[18] Centers for Disease Control and Prevention, National Vital Statistics System, 2015-19.

2.7 Mortality due to chronic lower respiratory diseases (asthma, emphysema, and all other chronic lower respiratory diseases) by race/ethnicity

Figure: *Age-adjusted death rate per 100,000 population due to chronic lower respiratory diseases by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas*[19]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino									8.5
Black/African American		18.6			26.8				27.2
White	42	33.6	47.5	35.7	38.2	30.5	49.5	49.1	39.8
Overall	37.7	26.4	45.7	30.2	35.3	27	41	40.5	35.4

Rate per 100,000 population

[19] Centers for Disease Control and Prevention, National Vital Statistics System, 2015-19.

2.8 Mortality due to pneumonia

Table: *Age-adjusted death rate per 100,000 population due to pneumonia in the State of Virginia, PD16, and additional MWHC service areas*

SN	Areas/Localities	Age-adjusted mortality rate per 100,000 population due to pneumonia[20]
1	State of Virginia	12.9
2	Caroline County	13.5
3	City of Fredericksburg	14.4
4	King George County	13.3
5	Spotsylvania County	13.0
6	Stafford County	14.1
7	Orange County	16.6
8	Prince William County	11.5
9	Westmoreland County	21.2

2.9 Adult obesity and adults with asthma

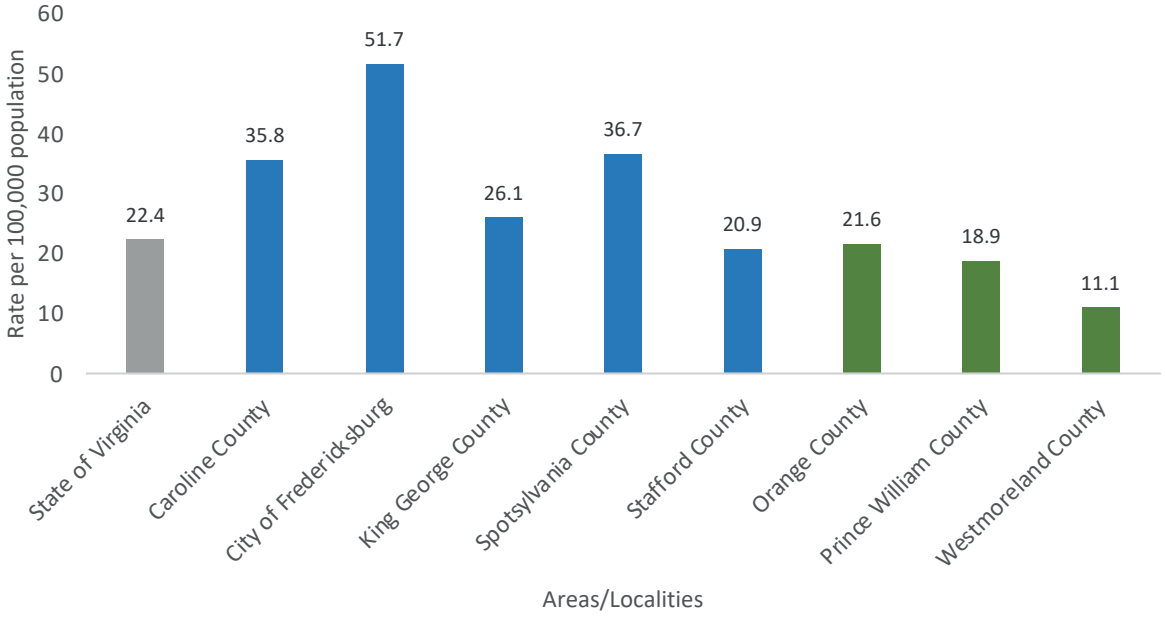
Table: *Percentage of adult obesity and adults with asthma in the State of Virginia, PD16, and additional MWHC service areas*

SN	Areas/Localities	Adult obesity[21]	Adults with asthma[22]
1	State of Virginia	32%	8.8%
2	Caroline County	38%	9.5%
3	City of Fredericksburg	31%	9.5%
4	King George County	32%	8.9%
5	Spotsylvania County	35%	9.2%
6	Stafford County	31%	8.6%
7	Orange County	32%	9.3%
8	Prince William County	35%	8.8%
9	Westmoreland County	35%	9.7%

[20] National Institute on Minority Health and Health Disparities, 2014-18.
[21] Centers for Disease Control and Prevention, 2018.
[22] National Center for Chronic Disease Prevention and Health Promotion, 2019.

2.10 Mortality due to drug overdose (opioids)

Figure: *Rate per 100,000 population of fatal opioid overdose in the State of Virginia, PD16, and additional MWHC service areas*[23]



2.11 Poor mental health days

This indicator indicates age-adjusted average number of mentally unhealthy days reported in the past 30 days

Table: *Poor mental health days reported in the past 30 days in the State of Virginia, PD16, and additional MWHC service areas*

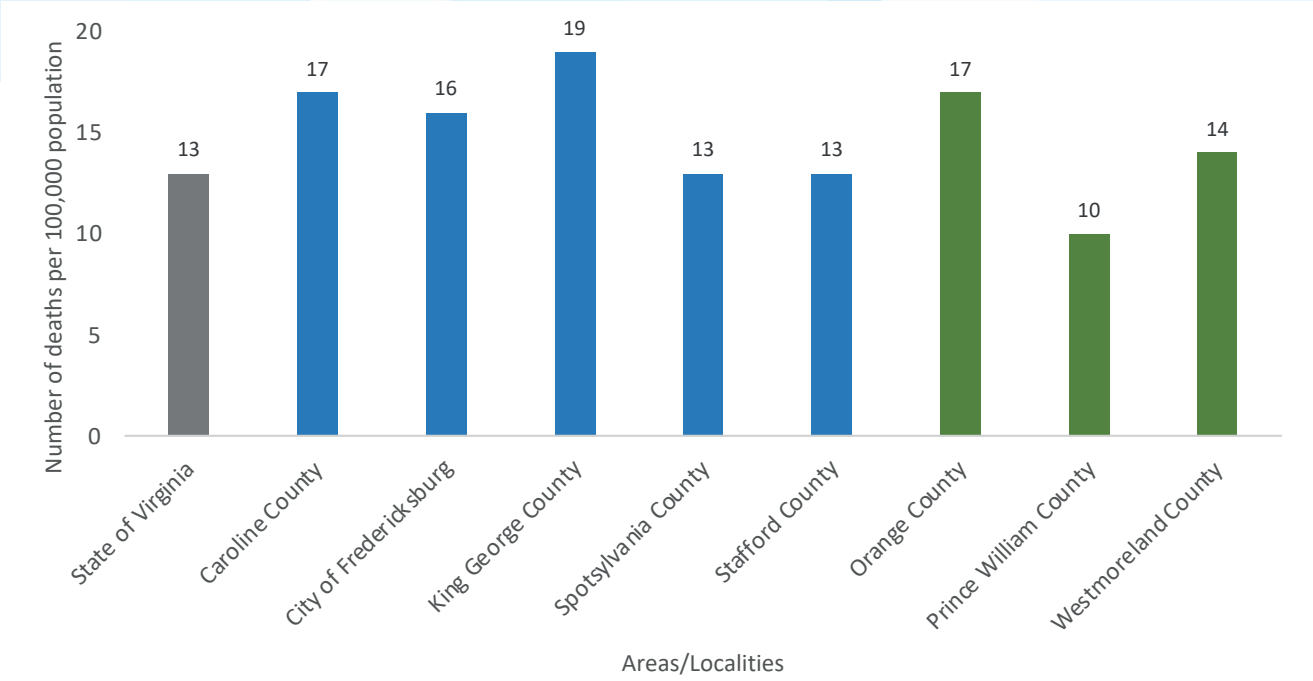
SN	Areas/Localities	Average number of poor mental health days reported in the past 30 days[24]
1	State of Virginia	4.0
2	Caroline County	4.4
3	City of Fredericksburg	4.6
4	King George County	4.2
5	Spotsylvania County	4.2
6	Stafford County	3.6
7	Orange County	4.4
8	Prince William County	3.9
9	Westmoreland County	4.6

[23] Virginia Department of Health, 2020.
[24] Behavioral Risk Factor Surveillance System, 2018.

2.12 Suicides

This indicator represents the age-adjusted number of deaths due to suicide per 100,000 population.

Figure: *Age-adjusted deaths due to suicides per 100,000 population in the State of Virginia, PD16, and additional MWHC service areas*[25]



[25] National Center for Health Statistics, Mortality Files, 2015-19.

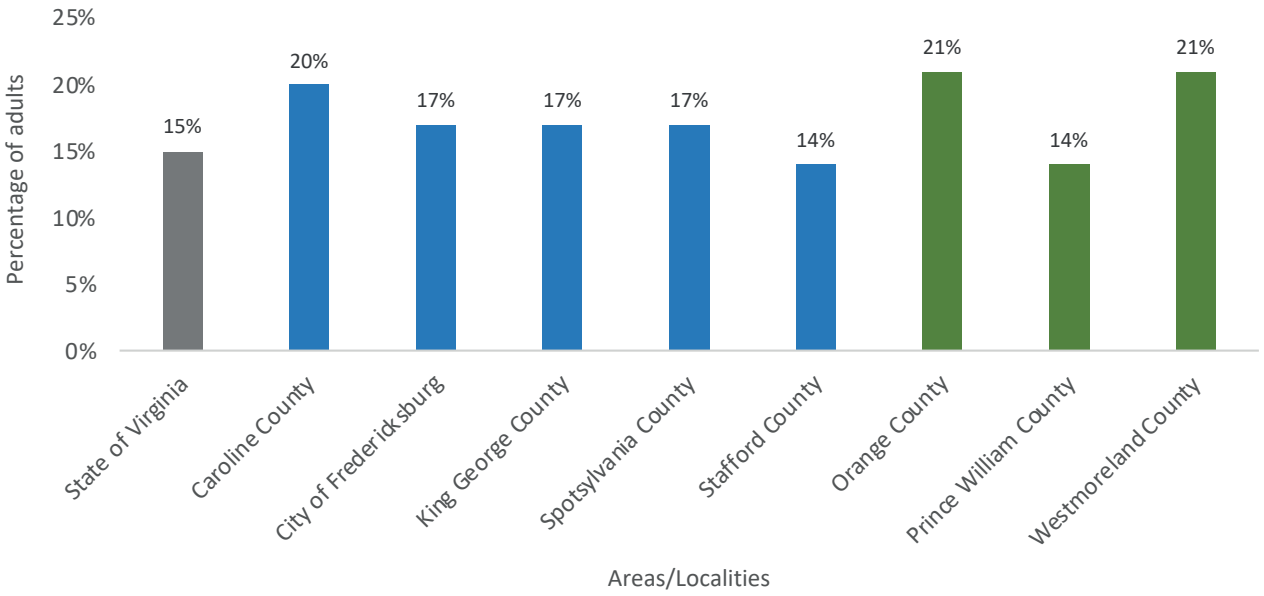
f. 3. Health Behaviors

Health behaviors can be indicative of many other underlying issues. As an example, binge drinking has been tied to mental health issues, abusive situations, and increased motor vehicle accidents and deaths. It is important not to criticize those who have issues with substances, but to recognize these behaviors for what they are, a symptom of a bigger problem, and to offer as much care and support as possible. See Appendix C for an asset list for each locality in PD16, including substance abuse resources.

What other factors can be associated with these health behaviors? What services are offered in the community to address them?

3.1 Adult smoking

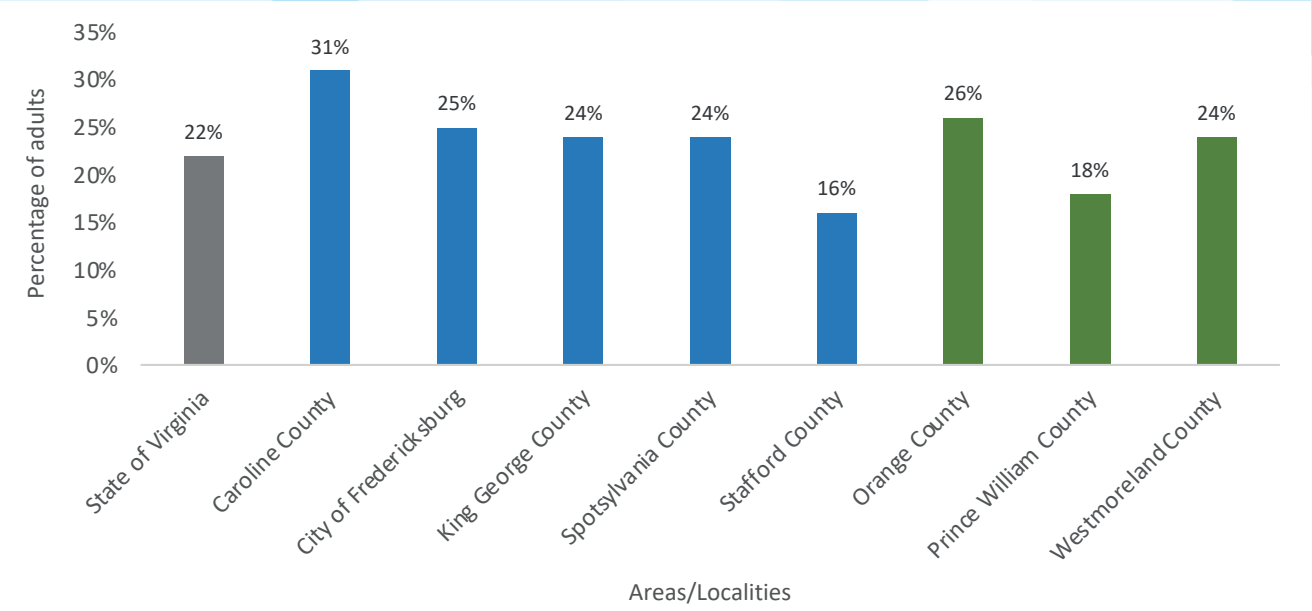
Figure: *Age-adjusted percentage of adults who are current smokers in the State of Virginia, PD16, and additional MWHC service areas* [26]



[26] Behavioral Risk Factor Surveillance System, 2018.

3.2 Physical inactivity

Figure: *Percentage of adults age 20 and over reporting no leisure-time physical activity in the State of Virginia, PD16, and additional MWHC service areas* [27]



3.3 Binge drinking

Table: *Age-adjusted percentage of adults reporting binge or heavy drinking in the State of Virginia, PD16, and additional MWHC service areas*

SN	Areas/Localities	Age-adjusted percentage of adults reporting binge or heavy drinking [28]
1	State of Virginia	18%
2	Caroline County	18%
3	City of Fredericksburg	19%
4	King George County	20%
5	Spotsylvania County	19%
6	Stafford County	19%
7	Orange County	18%
8	Prince William County	17%
9	Westmoreland County	18%

[27] United States Diabetes Surveillance System, 2017.
[28] Behavioral Risk Factor Surveillance System, 2018.

g. 4. Social Determinants of Health

Social determinants of health are simply factors that affect the health outcomes of a population. As communities learn more about the root causes of the inequities of the systems around us, they become more aware of the profound effects of the environment in which they live on their physical and mental health. Things like education access, drinking water quality, built environment, community engagement, and access to care are all examples of social determinants of health. By focusing on the social determinants of health, communities are able to progress toward public health 3.0, where organizations outside of the traditional healthcare system play a vital role in combating the public health issues that are happening in the community.

What are some organizations outside of the traditional healthcare system that can play a part in addressing the social determinants of health in your community?

4.1 Poverty

4.1.1 Food environment index

Food environment index is an index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers.

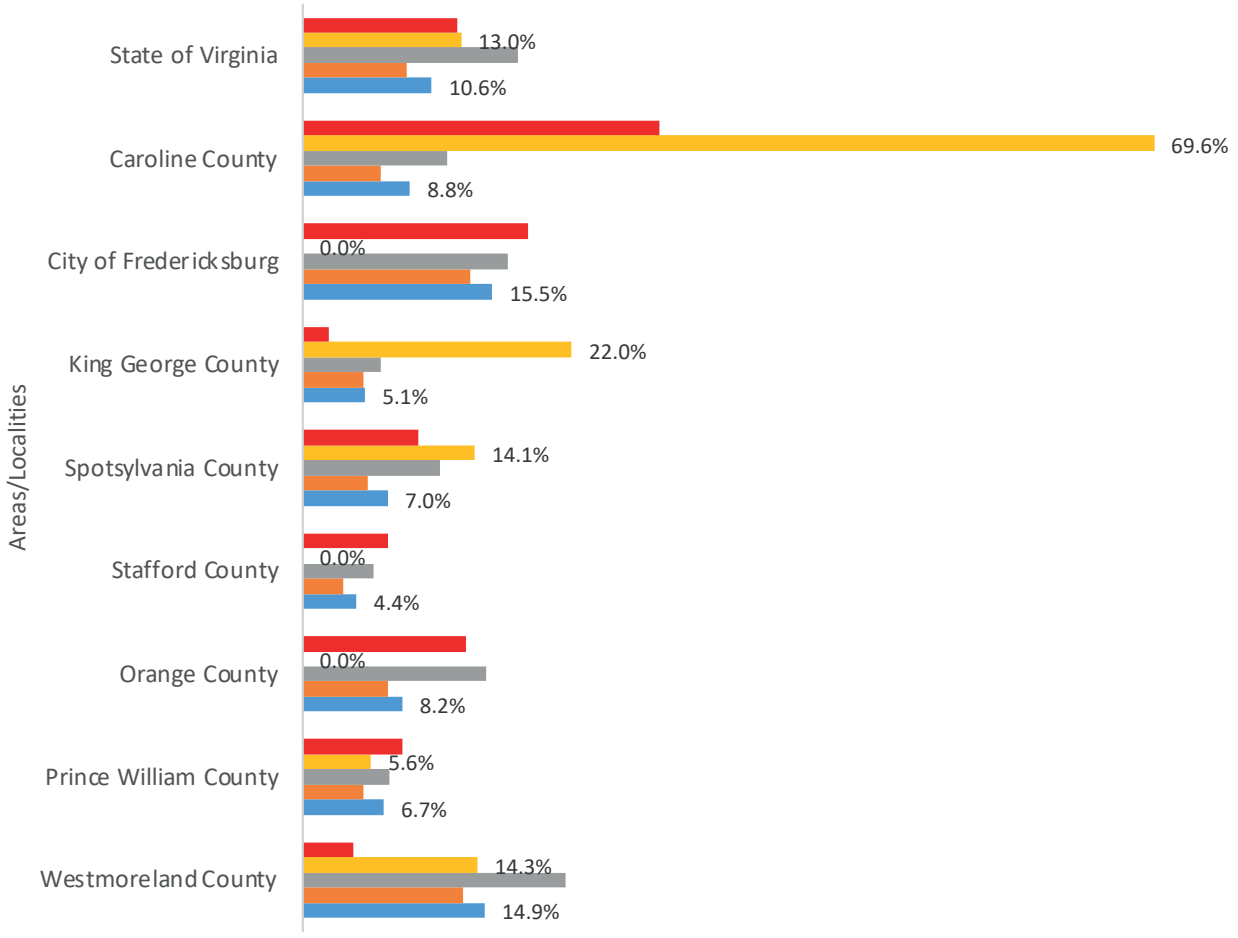
Table: *Food environment index in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Food environment index[29]	
Prince William County	9.4	Best healthy food environment
Stafford County	9.4	
Caroline County	9.0	
Spotsylvania County	9.0	
State of Virginia	8.8	
Westmoreland County	8.6	
Orange County	8.4	
City of Fredericksburg	8.3	Least healthy food environment
King George County	Missing data	

[29] USDA Food Environment Atlas, 2015 & 2018.

4.1.1 Population below 100% Federal Poverty Level (FPL) by race

Figure: *Percentage of population below 100% Federal Poverty Level (FPL) in the State of Virginia, PD16, and additional MWHC service areas* [30]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Multiple race	4.1%	8.2%	13.4%	6.9%	9.5%	2.1%	18.4%	29.2%	12.7%
Native American/Alaska Native	14.3%	5.6%	0.0%	0.0%	14.1%	22.0%	0.0%	69.6%	13.0%
Black/African American	21.5%	7.1%	15.0%	5.9%	11.2%	6.4%	16.7%	11.9%	17.6%
White	13.1%	5.0%	7.0%	3.3%	5.3%	5.0%	13.7%	6.4%	8.6%
Overall population	14.9%	6.7%	8.2%	4.4%	7.0%	5.1%	15.5%	8.8%	10.6%

Percentage of population

[30] United States Census Bureau, 2015-19.

4.2 Income and Employment

4.2.1 Top industries

Table: *Top industries in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Top industries in the area/locality[31]
State of Virginia	1. Elementary and Secondary Schools 2. Construction 3. Restaurants and Food Services
Caroline County	1. Retail Trade 2. Health Care and Social Assistance 3. Public Administration
City of Fredericksburg	1. Educational Services 2. Health Care and Social Assistance 3. Retail Trade
King George County	1. Public Administration 2. Retail Trade 3. Professional, Scientific, and Technical Services
Spotsylvania County	1. Retail Trade 2. Public Administration 3. Health Care and Social Assistance
Stafford County	1. Public Administration 2. Professional, Scientific, and Technical Services 3. Health Care and Social Assistance
Orange County	1. Retail Trade 2. Health Care and Social Assistance 3. Construction
Prince William County	1. Professional, Scientific, and Technical Services 2. Public Administration 3. Retail Trade
Westmoreland County	1. Public Administration 2. Construction 3. Retail Trade

[31] Data USA, 2019.

4.2.2 Highest paying industries

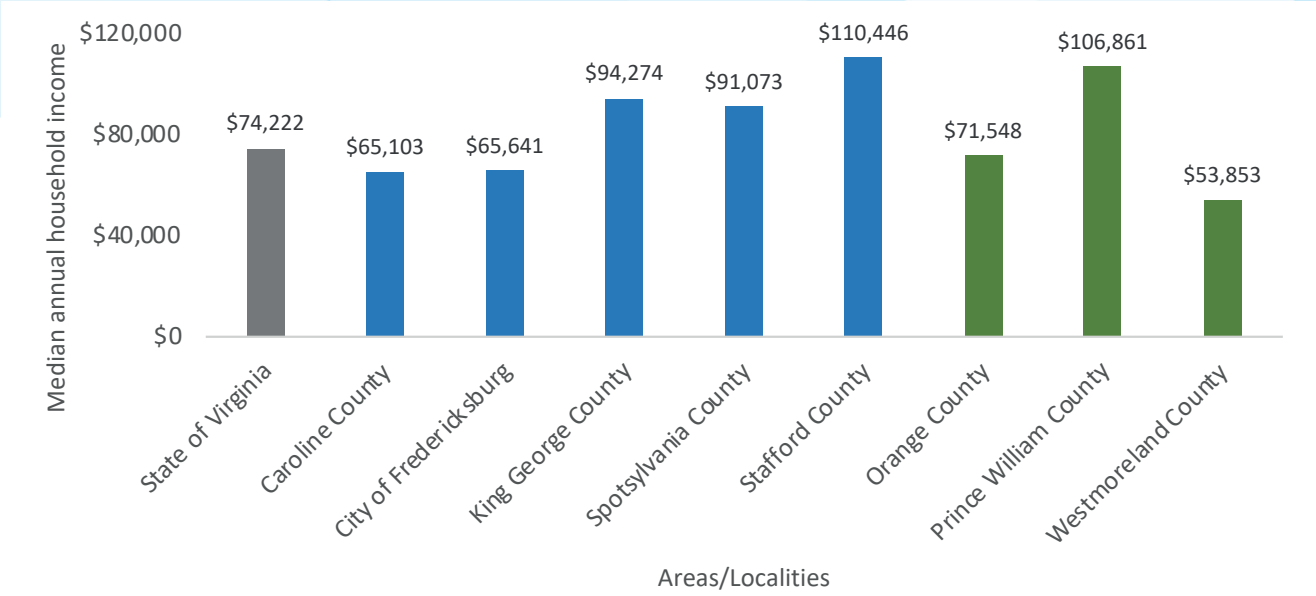
Table: *Highest paying industries in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Highest paying industries in the area/locality[32]
State of Virginia	1. Computer and Peripheral Equipment Manufacturing 2. Software Publishing 3. Legal Services
Caroline County	1. Mining, Quarrying, and Oil & Gas Extraction 2. Agriculture, Forestry, Fishing & Hunting, & Mining 3. Public Administration
City of Fredericksburg	1. Utilities 2. Professional, Scientific, and Technical Services 3. Public Administration
King George County	1. Public Administration 2. Professional, Scientific, and Technical Services 3. Professional, Scientific, & Management, & Administrative, & Waste Management Services
Spotsylvania County	1. Public Administration 2. Professional, Scientific, and Technical Services 3. Utilities
Stafford County	1. Public Administration 2. Professional, Scientific, and Technical Services 3. Management Of Companies And Enterprises
Orange County	1. Utilities 2. Public Administration 3. Professional, Scientific, and Technical Services
Prince William County	1. Administration 2. Professional, Scientific, and Technical Services 3. Utilities
Westmoreland County	1. Real Estate & Rental & Leasing 2. Professional, Scientific, and Technical Services 3. Professional, Scientific, & Management, & Administrative & Waste Management Services

[32] Data USA, 2019.

4.2.3 Median annual household income

Figure: *Median annual household income of the residents in the State of Virginia, PD16, and additional MWHC service areas* [33]

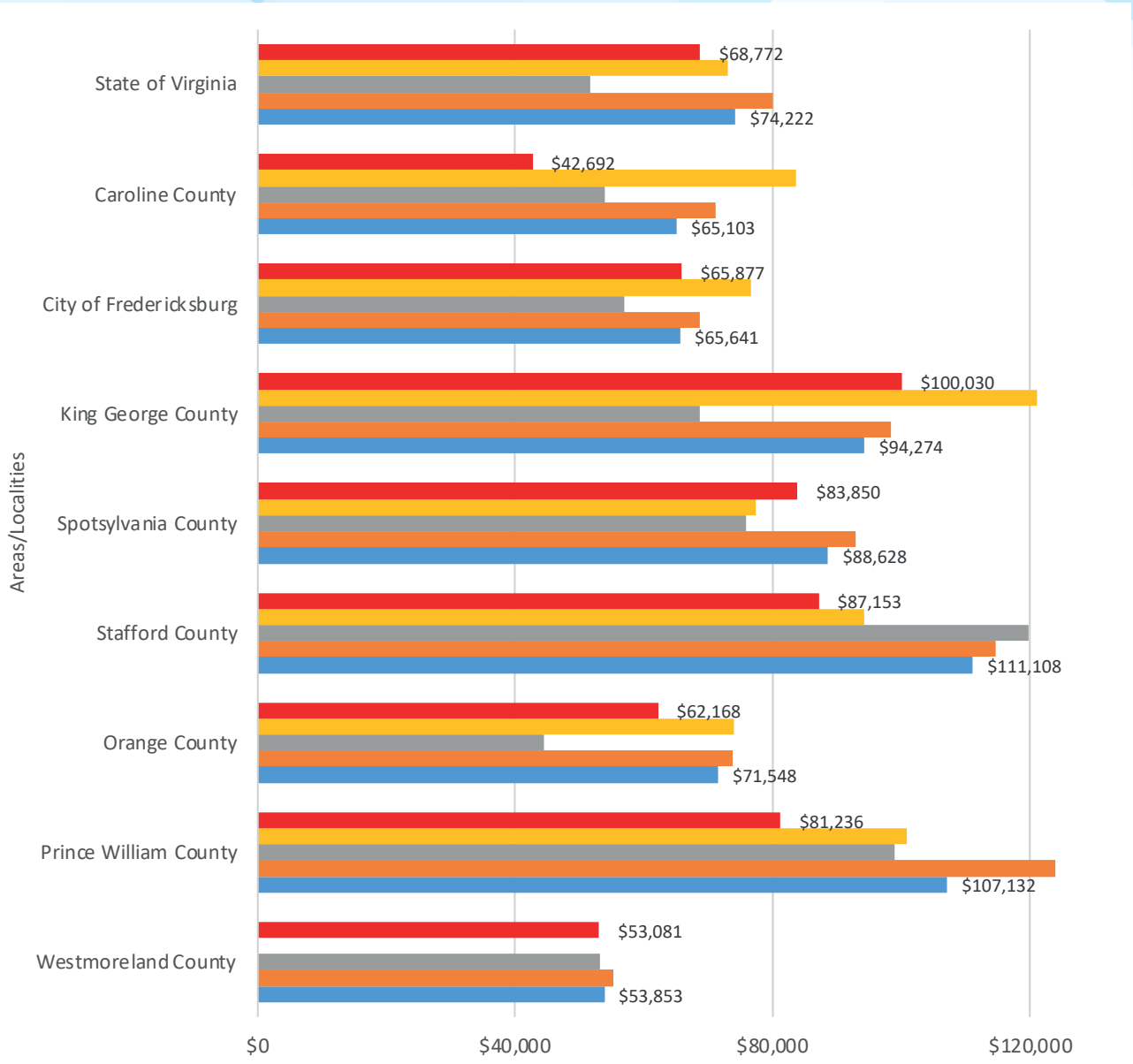




[33] United States Census Bureau, 2019.

4.2.4 Median annual household income by race/ethnicity

Figure: *Median annual household income of the residents by race/ethnicity in the State of Virginia, PD16, and additional MWHC service areas* [34]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia
Hispanic/Latino	$53,081	$81,236	$62,168	$87,153	$83,850	$100,030	$65,877	$42,692	$68,772
Multiple race		$100,753	$74,010	$94,120	$77,439	$121,053	$76,637	$83,693	$73,026
Black/African American	$53,095	$98,986	$44,462	$119,716	$75,866	$68,750	$56,875	$53,887	$51,654
White	$55,310	$123,815	$73,699	$114,562	$92,886	$98,331	$68,750	$71,065	$80,036
Overall population	$53,853	$107,132	$71,548	$111,108	$88,628	$94,274	$65,641	$65,103	$74,222

Median annual household income

[34] United States Census Bureau, American Community Survey, 2015-19.

4.2.5 Income inequality (Gini index)

Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.

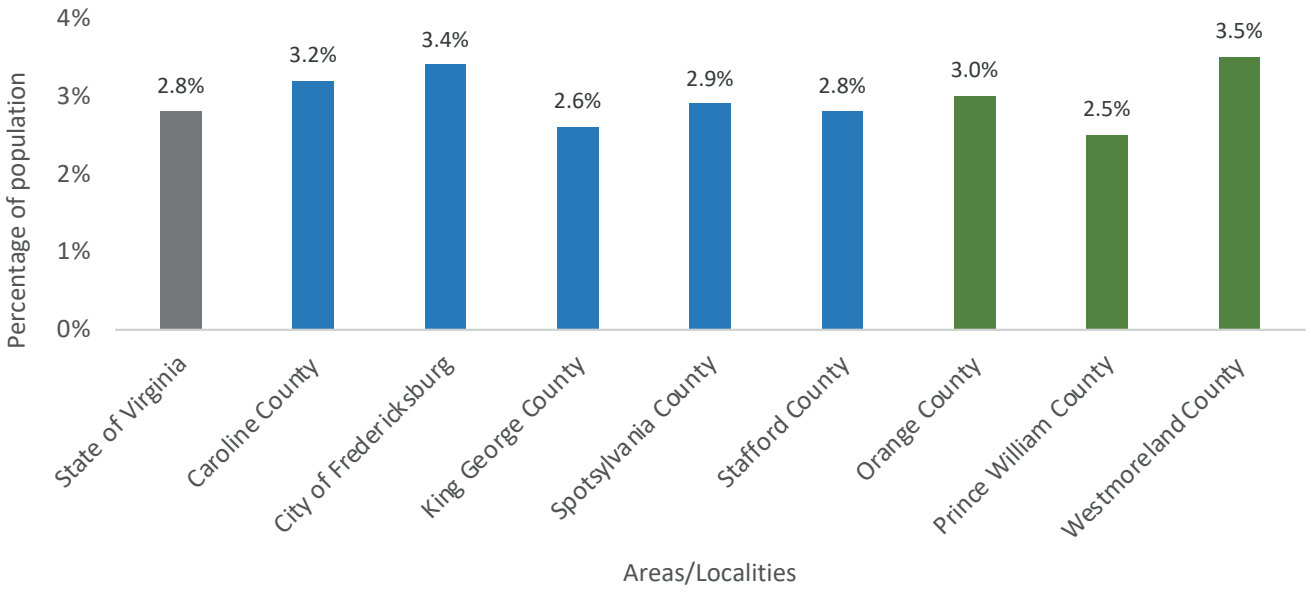
Table: *Income inequality (Gini index) in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Income inequality (Gini index)[35]	
Westmoreland County	0.48	High income inequality
State of Virginia	0.47	
City of Fredericksburg	0.46	
Caroline County	0.41	
Prince William County	0.39	
Spotsylvania County	0.39	
Orange County	0.38	
King George County	0.37	Low income inequality
Stafford County	0.37	

4.2.6 Unemployment rate

This indicator represents the percentage of population ages 16 and older who are unemployed but seeking work.

Figure: *Percentage of unemployed population in the State of Virginia, PD16, and additional MWHC service areas*[36]



[35] American Community Survey, 2015-19.
[36] Bureau of Labor Statistics, 2019.

4.2.7 Cost of living index

The cost of living indices are based on a US average of 100. An amount below 100 means the place is cheaper to live in than the US average. A cost of living index above 100 means the place is more expensive to live in than the US average.

Table: *Cost of living index in the US, State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Cost of living index[37]	
Prince William County	167.4	Higher cost of living than the US average
City of Fredericksburg	166.2	
Spotsylvania County	164.3	
Stafford County	164.2	
King George County	132.9	
State of Virginia	103.7	
United States	100	
Westmoreland County	86.7	
Caroline County	86.6	
Orange County	86.5	Lower cost of living than the US average



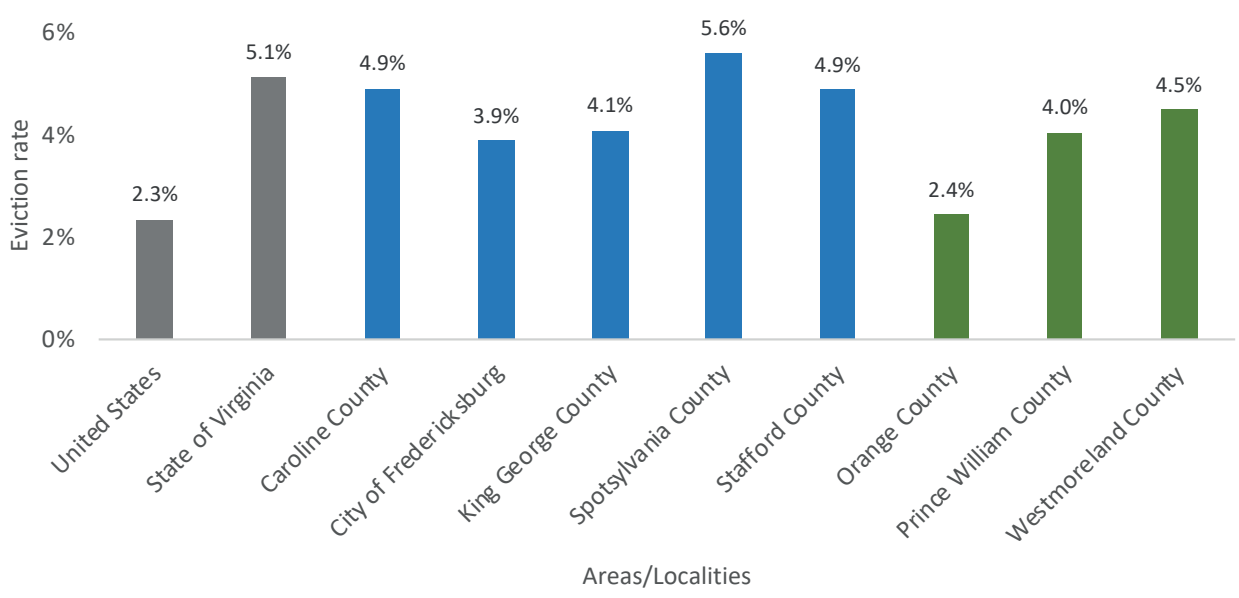
[37] City Data, 2019.

4.3 Housing

4.3.1 Eviction rate

An "eviction rate" is the homes that received an eviction judgment in which renters were ordered to leave.

Figure: *Eviction rate in the United States, State of Virginia, PD16, and additional MWHC service areas*[38]



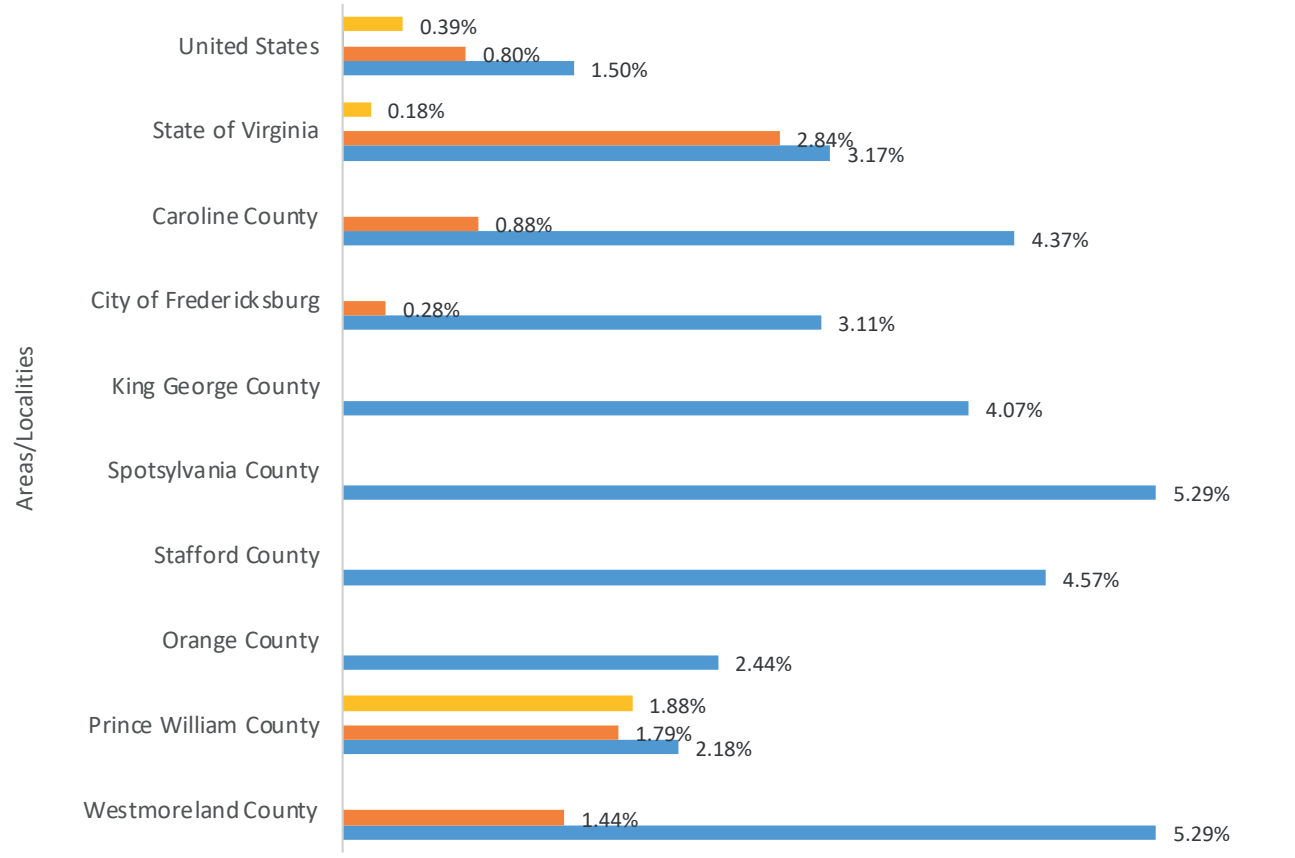


[38] Eviction Lab, 2016.

4.3.2 Eviction filing rate by neighborhood

The eviction filing rate is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. Rates by race/ethnicity are calculated by aggregating data on evictions in census block groups with a majority of the population (over 50%) belonging to a specific race/ethnicity.

Figure: *Eviction filing rate in the United States, State of Virginia, PD16, and additional MWHC service areas*[39]



	Westmoreland County	Prince William County	Orange County	Stafford County	Spotsylvania County	King George County	City of Fredericksburg	Caroline County	State of Virginia	United States
Hispanic/Latino neighborhood		1.88%							0.18%	0.39%
Asian neighborhood									0.00%	0.01%
Black/African American neighborhood	1.44%	1.79%					0.28%	0.88%	2.84%	0.80%
White neighborhood	5.29%	2.18%	2.44%	4.57%	5.29%	4.07%	3.11%	4.37%	3.17%	1.50%

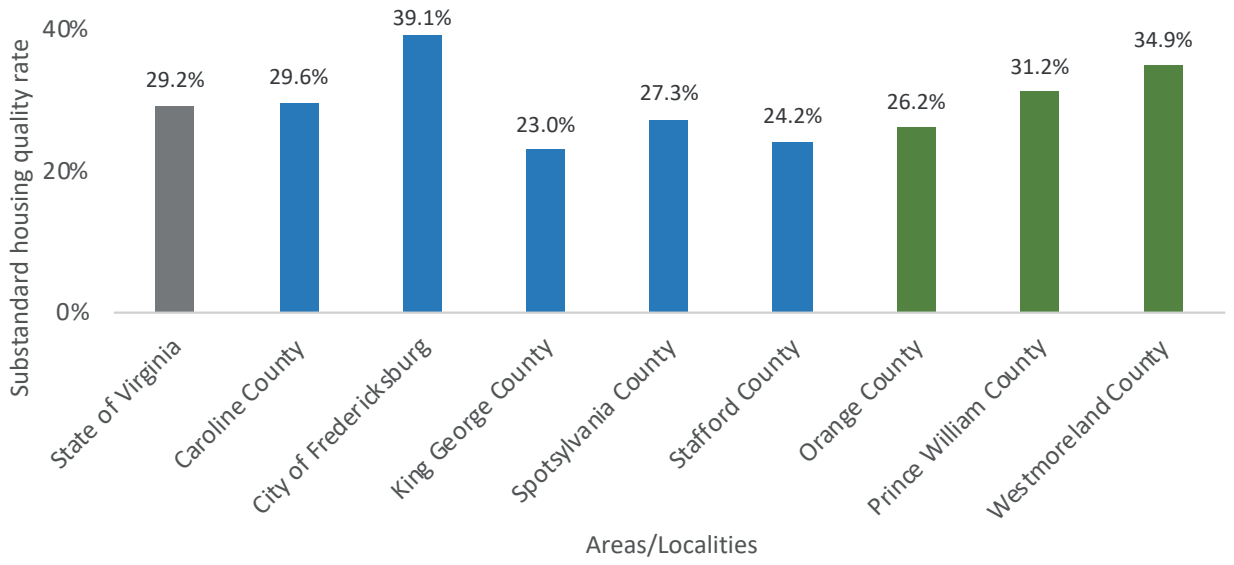
Eviction filing rate

[39] Eviction Lab, 2016.

4.3.3 Substandard housing quality

This indicator reports the percentage of owner- and renter-occupied housing units having at least one of the following conditions: **1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%**.

Figure: *Substandard housing quality rate in the State of Virginia, PD16, and additional MWHC service areas*[40]



4.3.4 Housing stock (age)

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed.

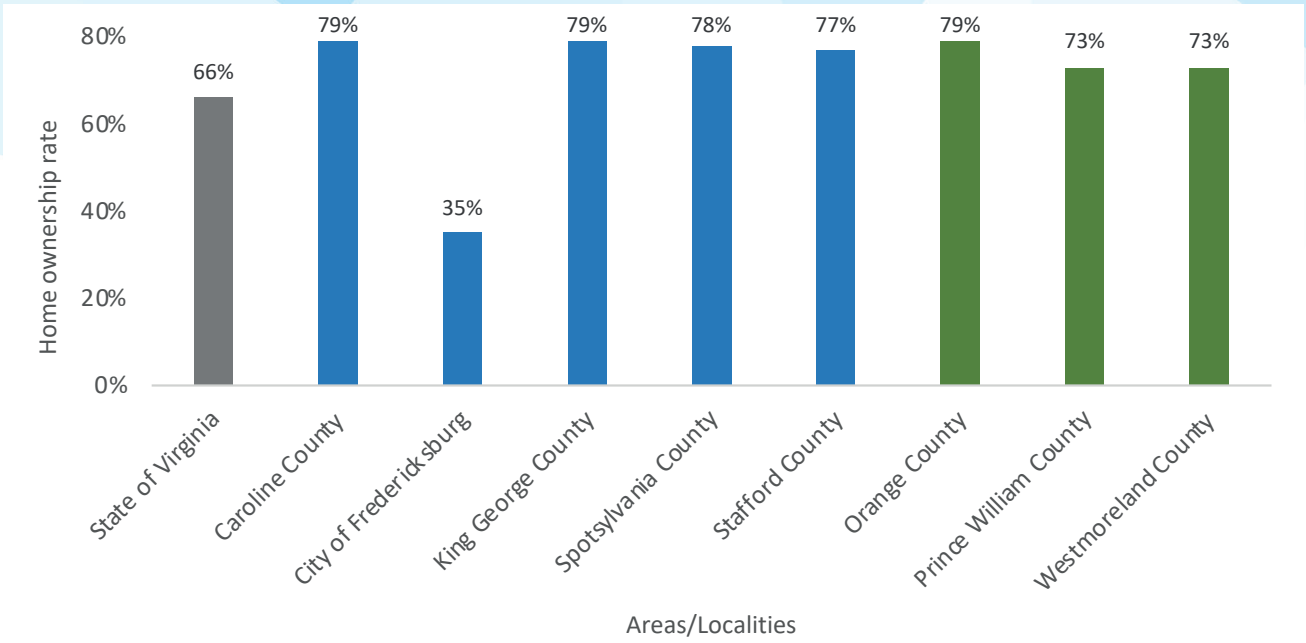
Table: *Median year of construction of all houses in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Median year of construction of all houses[41]
State of Virginia	1982
Caroline County	1988
City of Fredericksburg	1979
King George County	1996
Spotsylvania County	1995
Stafford County	1995
Orange County	1990
Prince William County	1992
Westmoreland County	1981

[40] American Community Survey, 2015-19.
[41] American Community Survey, 2015-19.

4.3.5 Home ownership

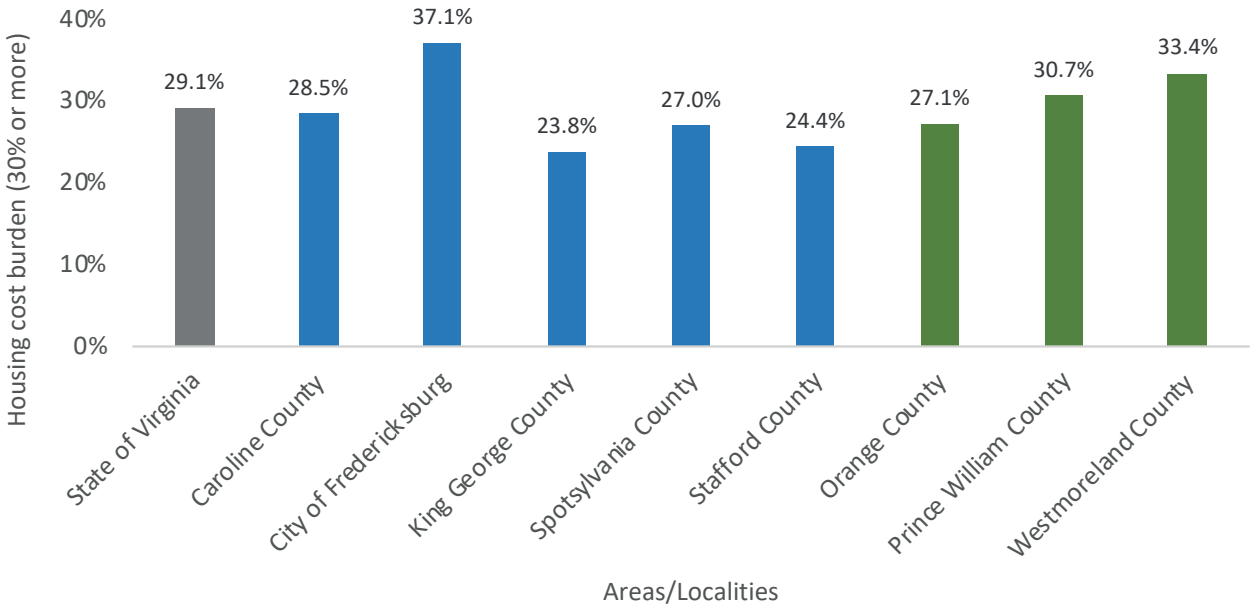
Figure: *Home ownership in the State of Virginia, PD16, and additional MWHC service areas*[41]



4.3.6 Housing cost burden (30% or more)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income.

Figure: *Housing cost burden (30% or more) in the State of Virginia, PD16 areas, and additional MWHC service areas*[42]

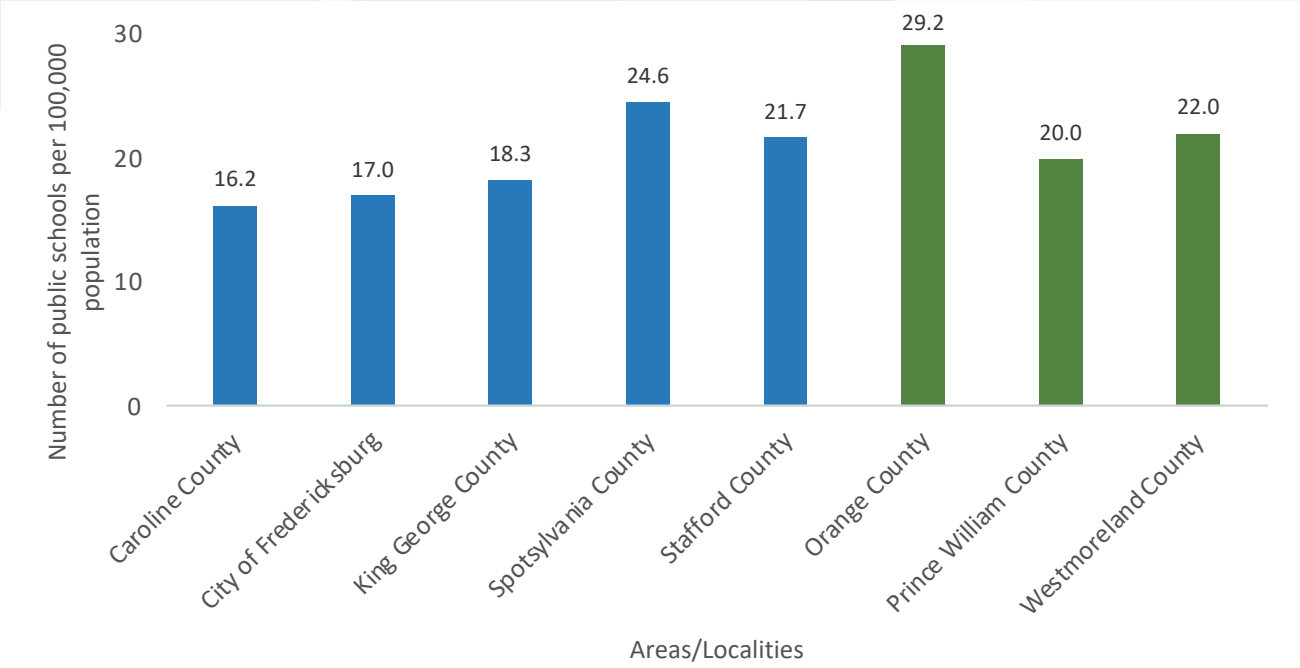


[41] American Community Survey, 2015-19.
[42] American Community Survey, 2015-19.

4.4 Education

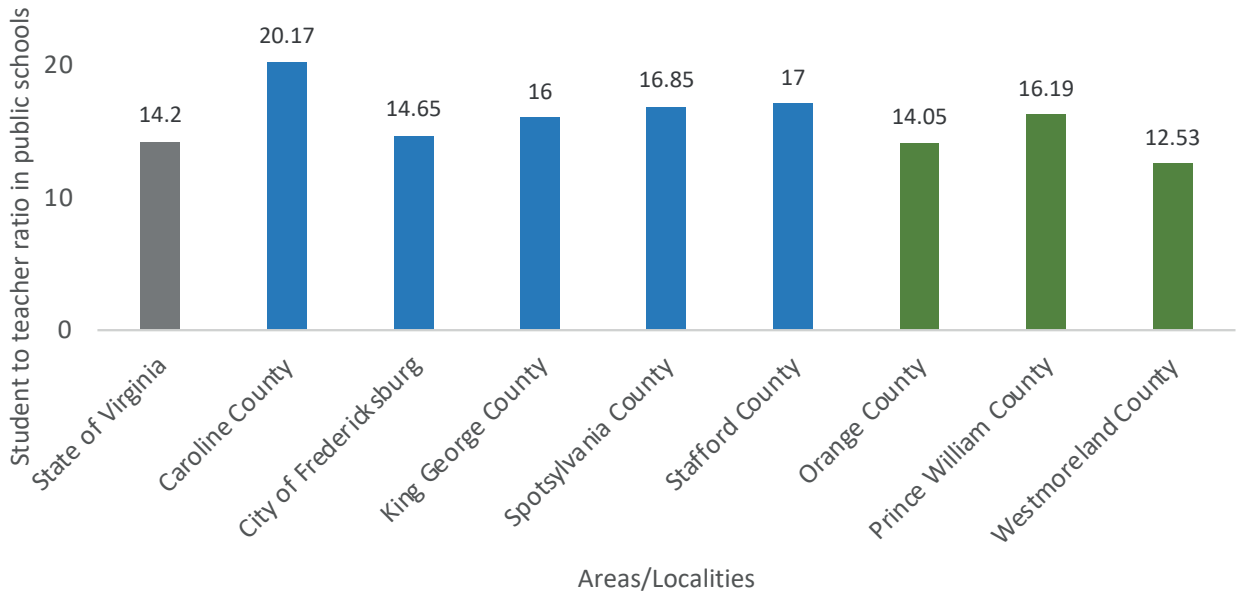
4.4.1 Number of public schools per 100,000 residents

Figure: *Number of public schools per 100,000 population in PD16 and additional MWHC service areas*[44]



4.4.2 Student to teacher ratio in public schools

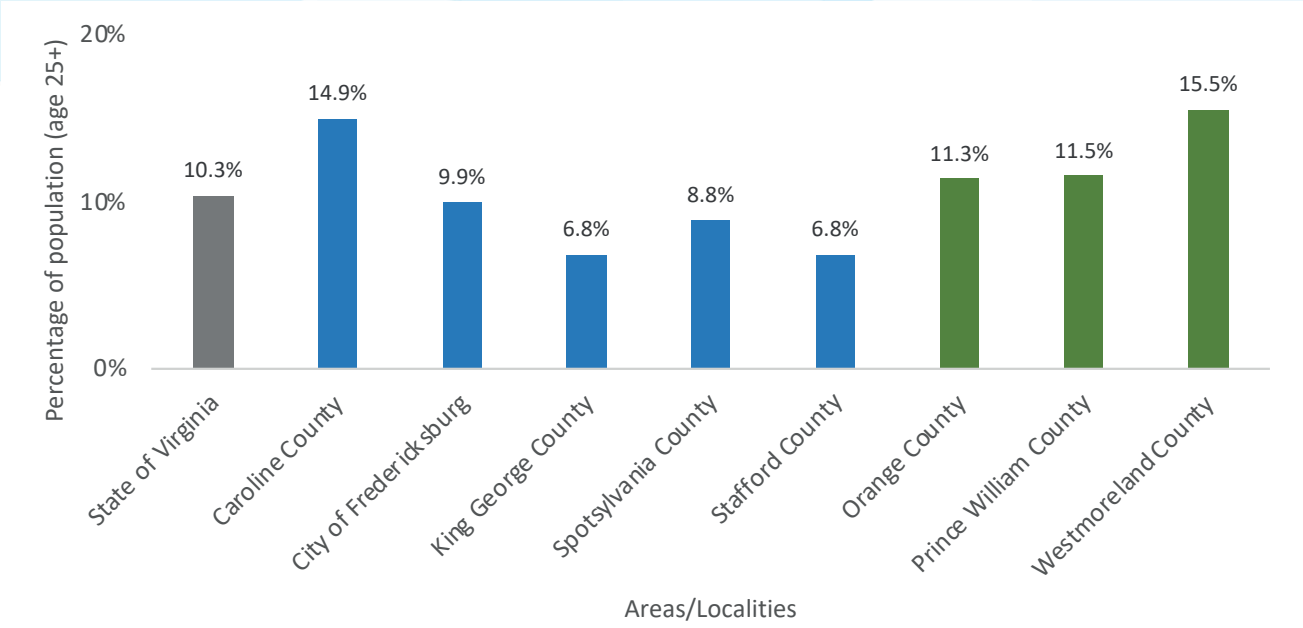
Figure: *Student to teacher ratio in public schools in the State of Virginia, PD16, and additional MWHC service areas*[45]



[44] National Center for Education Statistics, 2019-20.
[45] National Center for Education Statistics, 2019-20.

4.4.3 Percentage of population (age 25+) with no high school diploma

Figure: *Percentage of population (age 25+) with no high school diploma in the State of Virginia, PD16, and additional MWHC service areas*[46]





[46] American Community Survey, 2015-19.

4.5 Access to care

4.5.1 Primary care physicians

This indicator represents the ratio of population to primary care physicians in a given geographic area.

Table: *Ratio of population to primary care physicians in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Ratio of population to primary care physicians[47]
State of Virginia	1,330:1
Caroline County	6,150:1
City of Fredericksburg	730:1
King George County	4,430:1
Spotsylvania County	1,660:1
Stafford County	3,260:1
Orange County	2,290:1
Prince William County	2,230:1
Westmoreland County	5,940:1

4.5.2 Mental health providers

This indicator represents the ratio of population to mental health providers in a geographic area.

Table: *Ratio of population to mental health providers in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Ratio of population to mental health providers[48]
State of Virginia	530:1
Caroline County	3,070:1
City of Fredericksburg	140:1
King George County	2,440:1
Spotsylvania County	1,140:1
Stafford County	1,220:1
Orange County	1,850:1
Prince William County	800:1
Westmoreland County	9,010:1

[47] American Medical Association, 2018.
[48] Centers for Medicare and Medicaid Services, National Provider Identification, 2020.

4.5.3 Dentists

This represent the ratio of population to dentists in a given geographic area.

Table: *Ratio of population to dentists in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Ratio of population to dentists[49]
State of Virginia	1,410:1
Caroline County	4,390:1
City of Fredericksburg	490:1
King George County	2,060:1
Spotsylvania County	2,430:1
Stafford County	2,940:1
Orange County	3,710:1
Prince William County	1,750:1
Westmoreland County	9,010:1

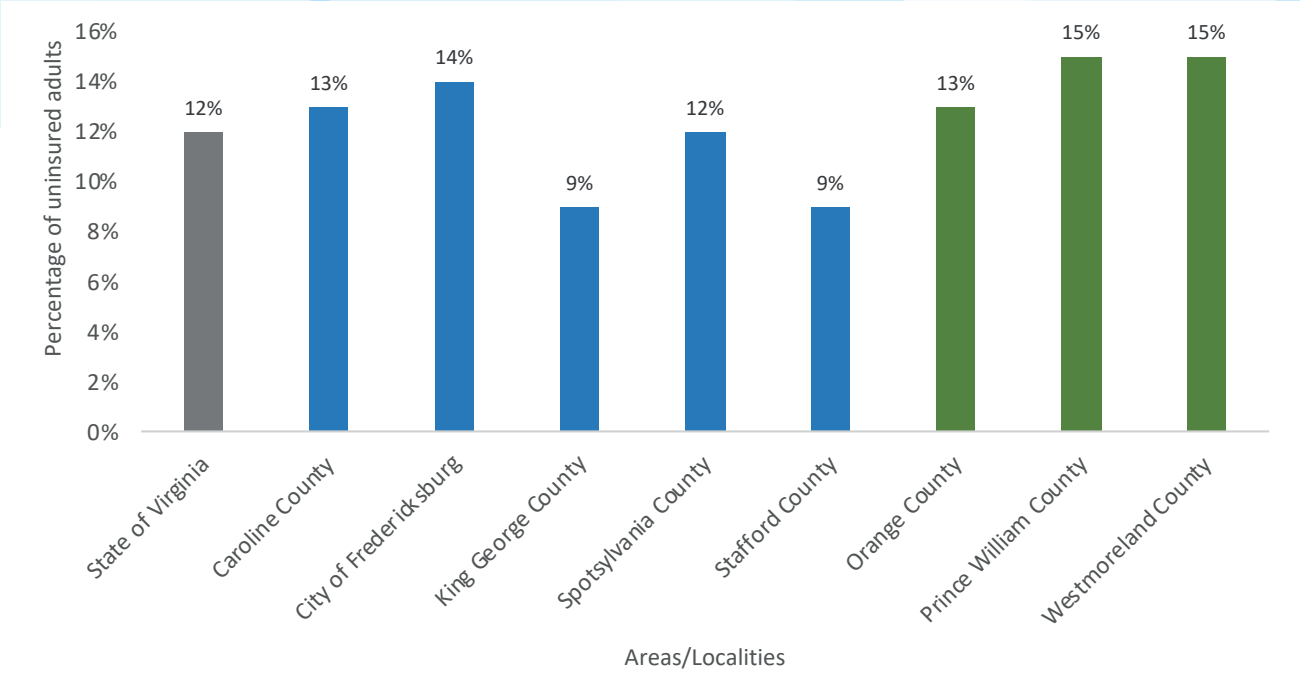


[49] Area Health Resource File, 2019.

4.5.4 Uninsured adults

This indicator represents the percentage of adults under age 65 without health insurance.

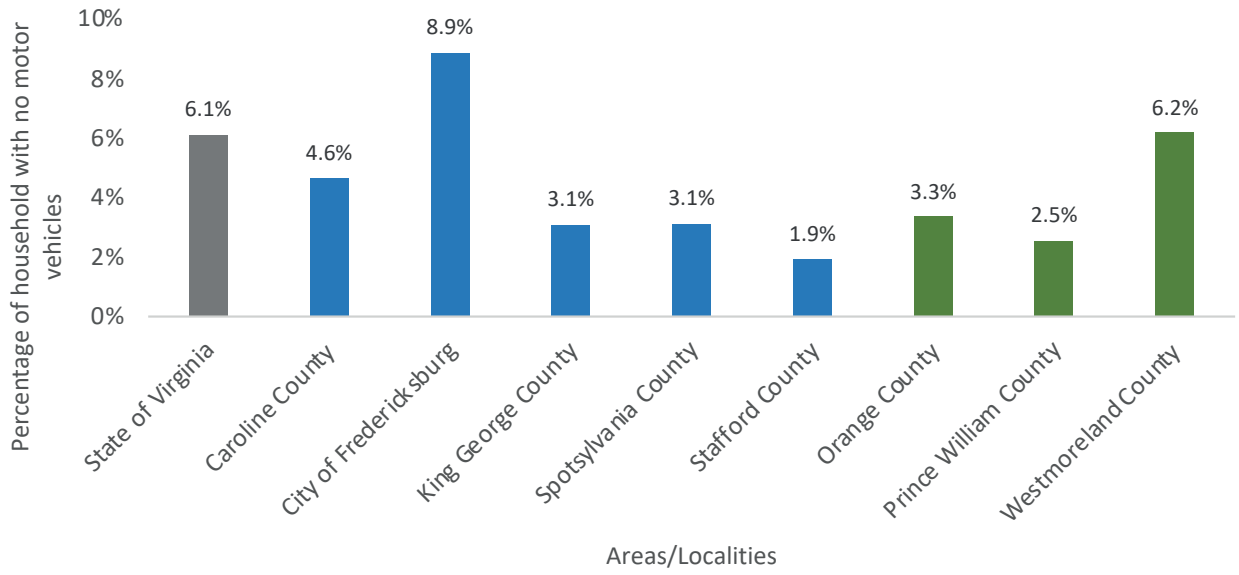
Figure: *Percentage of uninsured adults in the State of Virginia, PD16, and additional MWHC service areas*[50]



4.5.5 Household with no motor vehicle

This indicator reports the percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates.

Figure: *Percentage of household with no motor vehicle in the State of Virginia, PD16, and additional MWHC service areas* [51]



[50] Small Area Health Insurance Estimates, 2018.
[51] United States Census Bureau, 2015-19.

4.6 Other social factors

4.6.1 Social vulnerability index

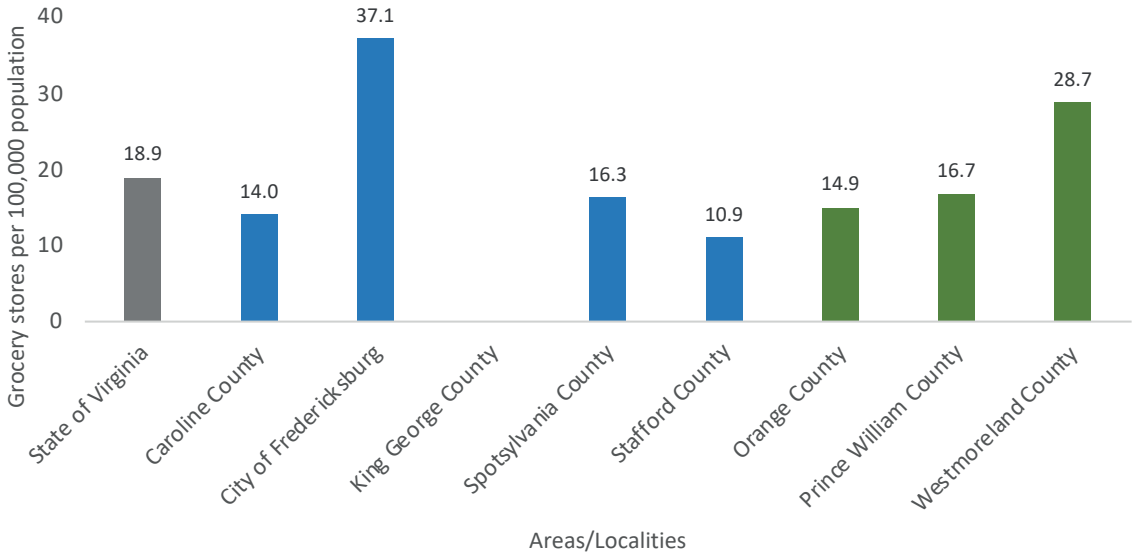
The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability.[52]

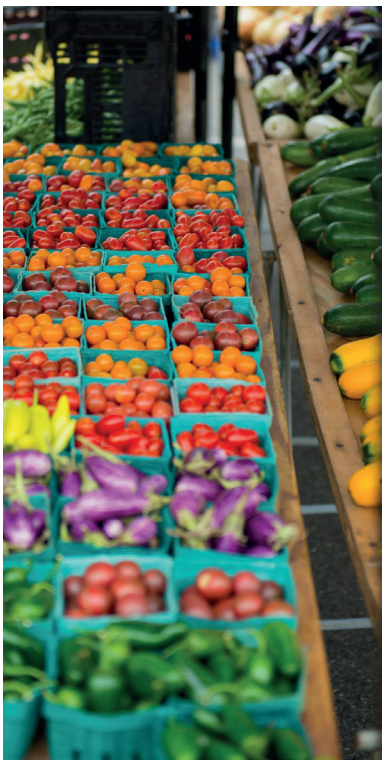
Table: *Social vulnerability index in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Social vulnerability index[53]	
City of Fredericksburg	0.56	High vulnerability
Orange County	0.47	
Caroline County	0.35	
State of Virginia	0.34	
Prince William County	0.30	
Westmoreland County	0.29	
Spotsylvania County	0.22	
Stafford County	0.15	
King George County	0.02	Low vulnerability

4.6.2 Grocery stores per 100,000 population

Figure: *Number of grocery stores per 100,000 population in the State of Virginia, PD16 and additional MWHC service areas* [54]



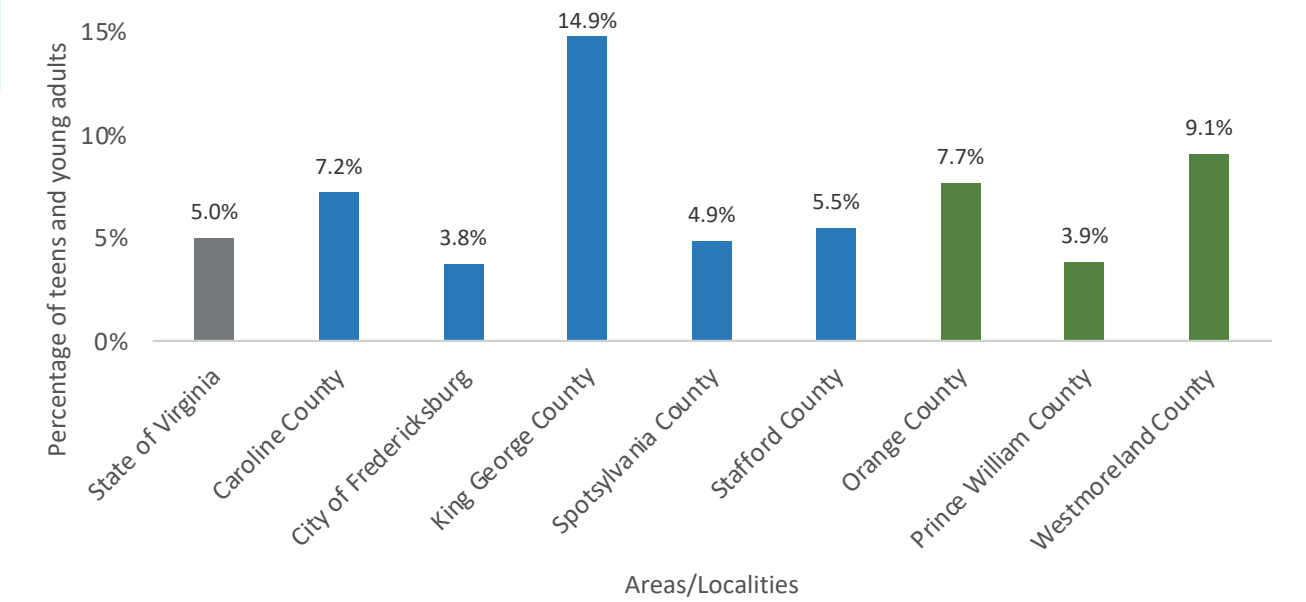


[52] National Center for Health Statistics, 2018.
[53] National Center for Health Statistics, 2018.
[54] United States Census Bureau, County Business Patterns, 2019.

4.6.3 Disconnected youths

This indicator represents the percentage of teens and young adults ages 16-19 who are neither working nor in school.

Figure: *Percentage of disconnected youths in the State of Virginia, PD16 and additional MWHC service areas* [55,56]



4.6.4 Access to recreation and fitness facilities

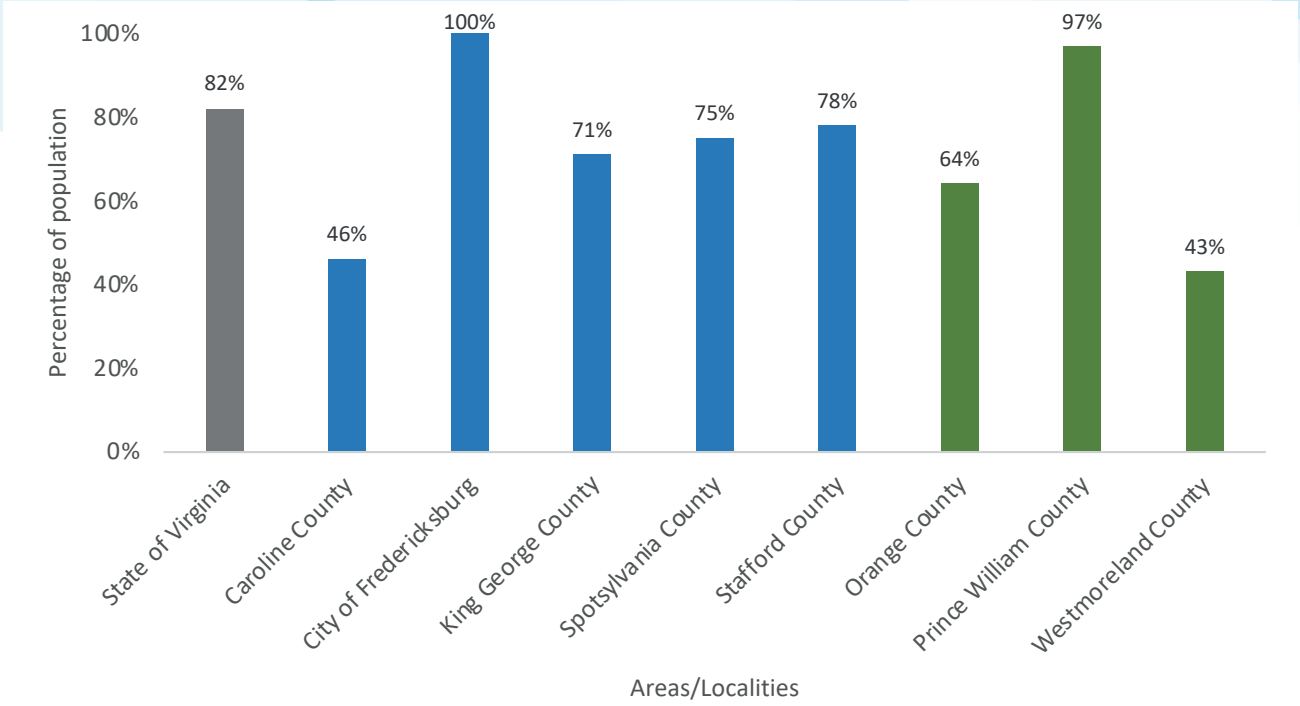
Table: *Number of recreation and fitness facilities per 100,000 population in the State of Virginia, PD16, and additional MWHC service areas*

Areas/Localities	Rate per 100,000 population[57]
State of Virginia	13.75
Caroline County	Less than 3
City of Fredericksburg	16.5
King George County	16.9
Spotsylvania County	8.9
Stafford County	12.4
Orange County	Less than 3
Prince William County	16.2
Westmoreland County	Less than 3

[55] County Health Rankings and Roadmaps, 2015-19.
[56] Fred Economic Data, 2019.
[57] United States Census Bureau, County Business Patterns, 2019.

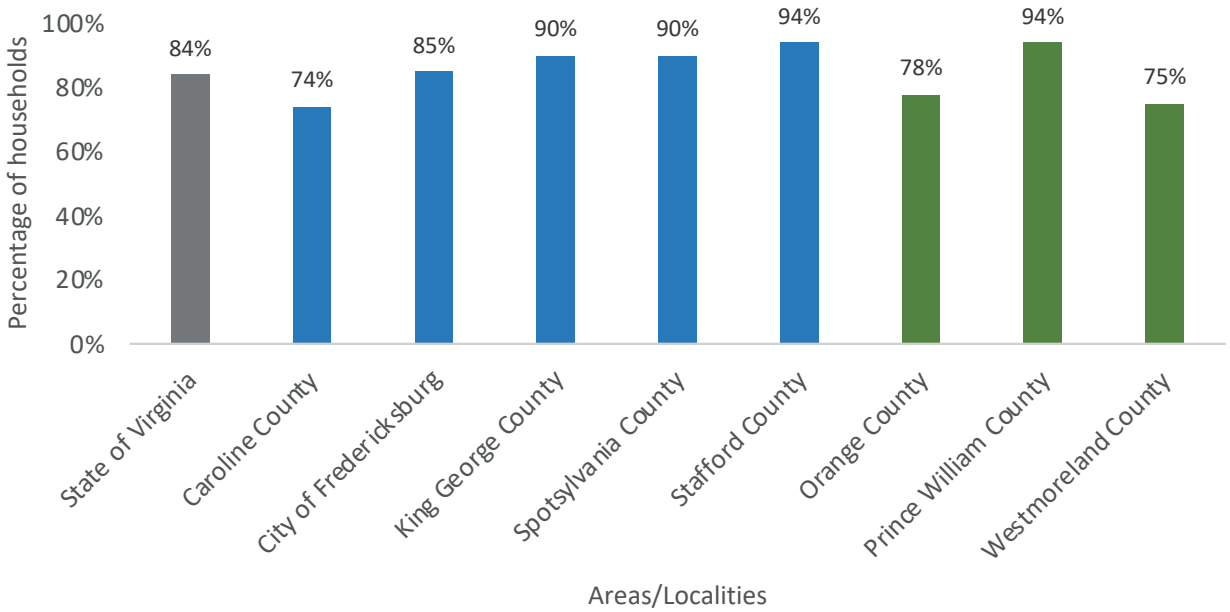
4.6.5 Access to exercise opportunities

Figure: *Percentage of population with adequate access to locations for physical activity in the State of Virginia, PD16, and additional MWHC service areas* [58]



4.6.6 Broadband access

Figure: *Percentage of households with broadband internet connection in the State of Virginia, PD16, and additional MWHC service areas* [59]



[58] County Health Rankings and Roadmaps, 2021.
[59] American Community Survey, 2015-19.

4.6.7 Drinking water violations

Table: *Presence of health-related drinking water violations in PD16 and additional MWHC service areas*

Areas/Localities	"Yes" indicates the presence of a violation, "No" indicates no violations [60]
Caroline County	No
City of Fredericksburg	Missing data
King George County	Yes
Spotsylvania County	No
Stafford County	No
Orange County	No
Prince William County	Yes
Westmoreland County	No



[60] Safe Drinking Water Information System, 2019.

Appendix A:
Evaluation of Impact from Previous CHNA

Mary Washington Healthcare, in compliance with the Internal Revenue Service regulations related to section 501(r) of the Affordable Care Act, created the following document to provide an update on how it will use the findings of the Rappahannock Region Health Needs Assessment to ensure it is meeting the needs of the communities it serves.

Community Health Needs Assessment Summary

The 2019 CHNA conducted for Mary Washington Healthcare (MWHC) in partnership with Be Well Rappahannock (BWR) used a comprehensive set of quantitative and qualitative data to determine the top health needs in the Rappahannock Region. The findings in the report were used to determine the best strategies to improve the health of the region through the development of new programs, enhancement of existing programs, and development of new partnerships. The prioritization process identified three top health needs: Access to Health Services and Preventative Care; Behavioral Health and Behavioral Issues; and Exercise, Nutrition and Weight. MWHC will outline how it plans to address the health needs of the community in its Implementation Strategy and BWR will consider the findings as it continues to develop its strategic plan.

Qualitative data collection

The qualitative data used in this assessment consists of key informant surveys conducted via a 14-question online survey administered through Survey Monkey, an online survey tool. The survey information was gathered through a combination of check box, free text, and ranking questions. Additionally, qualitative data was captured during group discussions held during the prioritization session and provided further insight into prioritized health needs.

Quantitative primary research

The main source for the secondary data, or data that has been previously collected is the Community Health Information Resource (CHIR), a publicly available data platform that is maintained by MWHC and Healthy Communities Institute (HCI). Data on the CHIR tool is retrieved from a variety of state and national sources, including the American Community Survey, Robert Woods Johnsons County Health Rankings and the Virginia Department of Health.

Prioritization Process and Findings

In order to better target community issues with regards to the most pressing health needs, 20 community experts, including members of Be Well Rappahannock were invited to participate in a prioritization session hosted by HCI. Nine community experts participated in the session, which focused on 11 significant health needs. The significant health needs, including the three prioritized health needs, were used for the development of MWHC's implementation plan that address some of the community's most pressing health needs.

Health Need	
1. Access to Health Services and Preventative Care	**6. Diabetes**
2. Transportationg	**7. Heart Disease and Stroke**
3. Behavioral Health	**8. Sexual Health**
4. Substance Abuse	**9. Cancer**
5. Exercise, Nutrition and Weight	**10. Public Safety**

Top 3 Health Priorities

After the first round of voting, the top five health needs were included in what was referred to as "rapid fire discussions" to come up with the ultimate three prioritized health needs. The results of the second round of voting yielded the top three prioritized health needs that were identified from the session.

Health Need
1. Access to Health Services and Preventative Care
2. Behavioral Health
3. Exercise, Nutrition and Weight
4. Substance Abuse
5. Transportation

Addressing the Top Three Health Needs

Mary Washington Hospital and Stafford Hospital organized its implementation strategy around Mary Washington Healthcare's core Community Benefit objectives established for years 2019-2022. Utilizing the resources of Mary Washington Hospital and Mary Washington Healthcare's Centers of Excellence, all Top Three Health Needs will be addressed during the three-year period. The Mary Washington Hospital Implementation Strategy will target persons living in the City of Fredericksburg and the counties of southern Stafford, Spotsylvania, Caroline, King George, Westmoreland, and eastern Orange. Not all Community Benefit Programs listed in the implementation strategy will be held on the campus of Mary Washington Hospital. Promotion of activities and data collection will reflect the targeted communities described above and may result in the development of new sites based upon interest and need.

Internal and external strategies (See Note) along with related anticipated outcomes, identified community partnerships, and specific programs/activities for each Community Benefit outcome describe how the health needs are being addressed. The utilization of the Community Health Information Resource (CHIR) tool is encouraged to provide the ability to benchmark those specific diseases and conditions where a measurement or comparison is available to objectively evaluate the effectiveness of these strategies.

The implementation strategy is reviewed by the Mary Washington Healthcare Board of Trustees. Findings from formal evaluations of each Community Benefit program and continuous engagement of community stakeholders influence modifications to the implementation strategy. The implementation strategy is approved annually by the Mary Washington Healthcare's Board of Trustees.

Note: Mary Washington Healthcare considers efforts to support its patients and Associates part of its commitment to the community. Therefore, while programs/activities that are open to the broader community (external strategies) are only reportable to the Internal Revenue Service, Mary Washington Healthcare includes internal strategies targeting only its patients and Associates in addition to reportable external strategies.



Mary Washington Healthcare Community Benefit Objectives
Objectives were created to specifically address health needs identified in the Rappahannock Region Community Health Needs Assessment.

1. Facilitate **access** to **preventative health-related** services for uninsured/underinsured, while supporting a stronger community referral process and creating **population health** programs.
    1. MWHC supports programs that are continuing to expand our understanding of the many different social, economic and environmental factors which shape our communities health, and empowering communities nationwide with the data, knowledge and tools they need to enable everyone to live the healthiest life possible. MWHC will work to help identify and address the root causes of our communities' health disparities.
    2. MWHC will focus on eliminating racial/ ethnic health disparities in maternal-fetal health for our PD 16 residents
2. Improve access to **behavioral health and behavioral disorders**, both directly and in providing support for community initiatives.
    1. Inform seniors and their caregivers of relevant issues including understanding of mental changes associated with aging, end-of-life decisions, and community resources.
    2. Support the initiatives of community outreach programs that address behavioral health in youth and young adults.
3. Increase focus on exercise, nutrition, and weight for improving and maintaining health.
    1. Increase diabetes education and screening opportunities targeting both pre- diabetes/diabetes populations with a focus on programming that addresses nutrition and obesity from birth through adulthood.
    2. Increase healthy food options to targeted PD 16 food deserts.
    3. Strengthen existing community partnerships to increase access to exercise programs and facilities in PD 16.

Community Benefit Objective 1: Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process and population management.

Top Health Need:
Objective 1 will specifically explore ways to improve access to primary care providers in the Mary Washington Hospital community as well as develop processes to improve the coordination of care for uninsured and/or underinsured patients.

Internal Strategies:

1. Explore opportunities to partner with local primary care physicians and safety net providers to establish referral patterns for all unassigned patients being discharged from the emergency and inpatient departments at Mary Washington Hospital.
2. Provide community resources information to all identified, uninsured/underinsured MWHC patients.
3. Work with internal departments to collect Social Determinants of Health data (including language Race, Ethnicity).

External Strategies:

1. Collaborate with various community service groups and safety-net providers to streamline enrolment processes for financial assistance programs taking into consideration current criteria for various social service programs
2. Host information sessions for community groups and advocates to raise awareness of MWHC's Patient Financial Assistance Programs (PFAP).
3. Raise awareness of community resources, including education related to insurance access
4. Partner with community stakeholders to create initiatives that address the Social Determinants of Health (SDoH) to the health outcomes and reduce readmission rates.

Anticipated Primary Outcomes:

- ➢ Improve health status of patients by establishing medical homes resulting in reduced readmission rates for patients seeking primary care follow-up in emergency departments.
- ➢ Better understanding of community health-related services in the community and appropriate use of medical services
- ➢ Increased participation in Medicaid/Medicare Expansion products, MWHC's Patient Financial Assistance Programs as compared to last year.
- ➢ Increased coordination of care for uninsured/underinsured patients navigating various free or reduced-fee community services.
- ➢ Increase transition care plans for all eligible patients.

Community Benefit Tactic(s) 2019-2022

1. Develop a partnership between MWHC, key safety- net providers, willing community physicians, and other community partners that will encourage a coordinated continuum of care for uninsured/underinsured.
2. Collaborate with The MWHC Alliance to create an intentional plan to address transitional care plans for our patients and the community.

Outcomes to Date

Note: The COVID-19 pandemic has had a major impact on the capacity of health systems to continue the delivery of essential health services. In order to prioritize the safety of patients, staff and the community, the ability to address all the needs identified by the last CHNA has been delayed. Mary Washington Healthcare will continue to reassess and focus on its commitment to improve the health of our community.

- Mary Washington Healthcare is committed to ensuring those who come to us for care will not experience financial hardships when seeking high quality medical care. We have taken several steps to help more people qualify for financial discounts. Those with income levels 200% to 500% of the federal poverty level will not be asked to pay more than 5% of annual household income for services provided by Mary Washington Healthcare.
- MWHC leadership hosted several learning sessions for community safety net agencies and organizations to raise awareness of MWHC's Patient Financial Assistance Programs (PFAP). Fifty agency representatives attended.
- Awareness of resources has been increased by signage and handouts that were posted throughout the health system at patient points of entry as well as on MyChart patient portal. Patient information and financial assistance applications were offered at patient registration. Designated staff were available to field financial questions, and we increased financial support resources in our Emergency Departments.

- Continued support of safety net provides including two free clinics, a community health center and a safety net provider that provides care on a sliding scale basis.
- Support for the expansion of Medicaid and creation of Medicare of Medicare Advantage plan.
- Support of community-based organizations that address the Social Determinants of Health by providing grants and mini-grants.

MWHC has expanded its reach and breadth of services in the last three years. Mary Washington Medical Group has more than doubled the number of medical practices and providers, representing several service lines and specialties. To date, MWHC has 46 practices covering 24 specialties with over 225 providers. The expansion also includes the addition of two urgent care facilities. This growth not only represents expansion of services, but it also demonstrates the physical expansion and growth of access to all our service areas. As our primary and secondary service area population continue to grow, it is critical that access points expand with that growth.

Community Benefit Objective 2: Improve access to behavioral health services, both directly as well as in providing support for community initiatives.

Top Health Need:
Mental health and mental disorders will be addressed in Objective 2. Resources at Mary Washington Hospital and Snowden at Fredericksburg will play a critical role in addressing this objective.

Internal Strategies:
1. Increase capacity and services provided to promote access at Snowden of Fredericksburg to reduce referrals to other facilities due to the lack of beds or specialty services.
2. Continued mental health assessment and physician-requested consultations for disposition with referrals for appropriate services
3. Provide expertise and awareness about mental health and mental disorders as they address specific community mental health concerns.

External Strategies:
1. Continue community-based collaborations with such organizations as the Rappahannock Area Community Services Board, regional utilization management teams, and Mental Health of America and to improve coordination of care and increase access to behavioral health services
2. Continue to provide free mental health assessments and screenings to individuals in the community with appropriate referrals to services offered in the community.
3. Continued grant support for 24-hour Crisis Hotline with professional therapists to address immediate, behavioral health needs of community, including referrals to appropriate programs.
4. Continue to partner with Be Well Rappahannock to continue the Opioid crisis taskforce and continue to align with the initiatives.
5. Support the development of a strong mental health workforce with trainings and internships.

Anticipated Primary Outcomes:
- ➢ Community members will have increased knowledge and awareness of key mental health signs and symptoms as well as a better understanding of services available.
- ➢ To have a more resilient community that can support one another through mental health trauma and substance abuse.

Outcomes to Date

Mental Health

- Despite the tremendous burden placed on MWHC during the pandemic, the health system proceeded with plans to expand space and patient volume at Snowden at Fredericksburg, the inpatient behavioral health unit, located on the MWH campus. Understanding the need for behavior health and wellness resources was greater than ever, SAF opened the new unit in August 2020, expanding capacity by 20 patients. The new addition provides behavioral inpatient beds, bring total capacity to 74.

Opioid Workgroup Summary

- Hosting and facilitating several Hidden in Plain Sight (HiPS) presentations in partnership with the Rappahannock Area Community Services Board(RACSB). HiPS is a curriculum of sorts that allow parents of school-aged children to walk through a mock bedroom of a teenager. Items throughout the room appear harmless to the naked eye but facilitators point out how these everyday items can be used to hide, use, and store harmful substances. 1582 attendees participated in one of 12 in-person or virtual events.
- MWHC implemented was to provide drug disposal kits in the Emergency Department at Mary Washington Hospital. Patients who were leaving the Emergency Department with a prescription for opiates, often for managing pain, were encouraged to take a disposal kit, should the patient not need all the pills prescribed.
- MWHC hosted Operation Medicine Cabinet drop-off sites at Mary Washington Hospital and Stafford Hospital two times every year as part of a collaborative with Partners on Aging. 17 events held in 2020 and 2021; over 4500 pounds of medicine were discarded.

Community Benefit Objective 3: Exercise, Nutrition, and Weight. Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes population with a focus on programming that addresses nutrition and obesity from birth through adulthood.

Objective 3 will work towards reducing the prevalence of diabetes and obesity through its strategies and programs. Resources from MWHC's Diabetes Management Program will be critical in implementing the following strategies.

Internal Strategies:

1. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to/management to adult patients.
2. Promotion of Health & Wellness initiatives related to nutrition and fitness for MWHC Associates

External Strategies:

1. Conduct diabetes-related health screenings in the community
2. Provide diabetes and obesity related support
3. Raise awareness and provide access to healthy food seminars, classes and town halls
4. Advocate for area-wide "health living" campaign
5. Supply educational training related to nutrition counseling for the community
6. Provide community-wide blood pressure screens

Anticipated Primary Outcomes:

- ➢ Improved understanding of nutritional needs to reduce on-set of diabetes, as measured by pre- and post-test analysis with Community Benefit program participants.
- ➢ Increased knowledge of new and healthy foods to low-income youths and their families using access to free fruits and vegetables, recipe/cooking tips and social media reminders.
- ➢ Improved self-efficacy of diabetes management, as measured by pre/post-test analysis.

Community Benefit Tactics 2019-2022:

1. Continue to host "Kids for a Cure Diabetes" Summer Camp in order to promote healthy management of diabetes and provide educational resources to help children manage their health. (MWHC Diabetes Management Program and Diabetes and Obesity work group)
2. Participate in the "Balanced Living with Diabetes" program
3. Work with the area YMCA to enroll eligible patients into the YMCA LEAN and Exercise program

Outcomes to Date:

Diabetes Management

- 602 persons attended diabetes support forums were conducted monthly and offered, free for anyone in the community. An array of topics related to physical activity, nutrition, medication and stress management were covered.
- 2 blog posts were developed educating the community on knowing their risk for diabetes and awareness of top 15 spring inspired "health snacks".
- 4 Podcasts were offered with topics that focused on Diabetes Myths and Misunderstandings, Navigating the Holidays, All About Diabetes and Apps for Diabetes Management.
- 55-60 children attended "Kids for a Cure Diabetes" weeklong summer camps. Children engaged in fun activities that focused on promoting healthy management of diabetes and provides educational resources to help children manage their health.

MWHC has partnered with community-based organizations to strengthen the linkages between traditional healthcare and community-based prevention strategies in order to help individuals prevent, delay, reduce or live better with chronic conditions. Healthcare referrals to evidenced based interventions, such as the YMCA's Diabetes Prevention Program and Lifestyle Essentials for Exercise and Nutrition, blood pressure management and support groups (eg. smoking cessation, Heart to Heart) have been proven to be beneficial and will continue to be an area of focus. Programs concentrate on providing participants with education, strategies, tools, and support to promote healthy living and chronic disease prevention.

Program Enrollments: 2019-2021 (All programs were paused in March 2020, enrollment delivery methods changed to virtual only in April 2020-December 2021)

- **YMCA's Diabetes Prevention Program** (Duration: 1 year):
  - Participants: 95
  - Average Physical Activity minutes: 137 (weekly)
  - Change in body percentage: 4%

- **Lifestyle Essentials for Exercise & Nutrition** (Duration: 12 weeks):
  - Participants: 28 (program launched January 2020)
  - Change in body percentage: 7%
  - Participants who self-reported improvement in quality of life: 75%

- Blood Pressure Self-Monitoring Program (Duration: 4 months):
  - Participants: 49
  - % Average Started Uncontrolled: 43%
  - % Achieved Controlled Blood Pressure: 86%
  - Average Decrease in SBP: 12.72mmHg

MWHC & YMCA Community Health Fairs

Since 2018, MWHC and the local YMCA have collaborated to provide health fairs for our community. Our health fairs focused on providing resource information about good health and preventative medicine, screenings and assessments - blood pressure, mental, physical and cardiovascular health - that could detect a problem and get attendees on a track to a healthier self. MWHC has been actively involved in health fairs throughout our service area to share resources and work to improve the health of the communities we serve.

- **2019**
  - **MWHC/YMCA Community Health Fair:**
    - Delivery Method: In-person
    - 600+ combined event attendees
    - Services provided included:
      - 90+ community vendors
      - Hearing & vision testing
      - Flu shots
      - Glucose screening
      - Balance testing
      - BP screenings
      - Wellness & fitness assessments
      - Physical activity demonstrations
      - Education and connections to many chronic disease community-based prevention, management and wellness programs
- **2020**
  - **MWHC/YMCA Community Health Fair:**
    - Delivery Method: Hybrid, Virtual & In-person events (divided over 4 YMCA branches)
    - Virtual Health Fair Data:
      - Top videos viewed: Pelvic Health, Things to Know About Hypertension, Cancer Care & Mental Health Resilience: 1,300+ minutes Facebook views as of 11/13/20
      - 86 link clicks (Zoom, YouTube health video links)
    - 200+ YMCA in-person fair attendees that participated in the following:(limited due to COVID-19 restrictions):
      - Physical activity demonstrations
      - Glucose Testing
      - BP screening
      - Diabetes Awareness Walk
      - Physical fitness assessments and more

- **2021**
  - **MWHC/YMCA Community Health Fair:**
  - 215 YMCA in-person fair attendees that participated in blood pressure and injury prevention screenings, glucose testing, flu shots and fitness demos (fairs were divided between locations and were limited due to COVID-19 restrictions)
    - Delivery Method: Virtual & In-person
    - Virtual Health Fair Data (collected from November 9th-27th):
      - 300 website views
      - 52 assessment link clicks
      - 62 live seminar attendees (topics discussed were mental health, hypertension and diabetes awareness)

Addendum

MWHC Response to COVID-19

Like so many health systems across the country, MWHC had to pivot and navigate quickly to address the new norms that COVID-19 brought to bear. At the beginning of the pandemic, with so much unknown, MWHC made difficult decisions, always prioritizing the safety of patients, staff, and the community. Whether curtailing scheduled surgeries, limiting visitation and implementing mask mandates, MWHC leadership always erred on the side of safety and health.

As the pandemic evolved, MWHC maintained a physical and virtual presence to keep the community educated and informed. Leadership recognized MWHC's unique position as the subject matter expert in the community and began hosting virtual town halls. Information presented would include current COVID numbers for our region and strategies being implemented. Opportunities for live questions and answers were available for attendees. The town halls were aired live on Facebook, recorded and posted on MWHC's YouTube channel so anyone could watch at their convenience. The number of persons viewing the sessions increased and included over 200,000 thousand views. This free service became the local source of accurate and the most current information about COVID-19. The town halls are still ongoing as needed by updates and changes, particularly with the multiple surges stemming from the different variants of the virus.

Ask the Experts Facebook Live events and podcasts have been another outreach method used to provide the community real-time information and resources on a variety of health concerns thanks to our associates, medical providers, and leaders.

One innovation that was a direct result of the pandemic was the creation of telemedicine opportunities for some of our providers. This allowed individuals to safely access their providers from the comfort of their homes. Though this was a response to the pandemic, the result is this new access opportunity continues to be an option for many in our community. The providers are happy and so are the patients. This effort ultimately expands access to our services for many in our service areas.

Another innovation in response to COVID-19 was the creation of a field hospital. The lower level of the associate parking garage was converted to a field hospital to triage patients, should the Mary Washington Hospital Emergency Department be overwhelmed with virus patients. Ironically, at the beginning of COVID-19, the field hospital was never needed. In fact, before the vaccine clinic opened at the Fick Center, the field hospital was used as a vaccine clinic for our associates. However, as the field hospital remained on site, the health system was in an optimum position when the Omicron variant hit the region. As hospitals and emergency departments were overrun with the highest COVID-19 patient volumes ever in late 2021, the field hospital became operational to serve as an infusion clinic and treating the mild to moderate COVID-19 patients and lessen the impact on the Emergency Department.



Once testing for COVID-19 was approved, MWHC quickly partnered with the Rappahannock Area Health District (RAHD) to provide safe and secure drive-thru testing sites were set up across the region to insure everyone had access to a site. Testing sites were set up in neighborhoods, church/school parking lots as well as at some of MWHC lab locations. MWHC provided some of the supplies, all the testers and several other associates to supplement the staffing needs. The MWHC medical groups were critical to the staffing of the testing sites.

One of the most dramatic impacts MWHC had on our community during the pandemic was our response once the vaccines were available. Once there was mass production and availability of the vaccines MWHC quickly set up the COVID-19 vaccine clinic. Until that point, RAHD was attempting to manage the storage, distribution, and delivery of the vaccines to the most vulnerable in the community, those 75 year of age or older. Though the health department was doing the best they could with the resources they had, they turned to MWHC's Community Programs Office to seek help. Several MWHC corporate departments jumped in to help immediately, including Marketing &
Communications, Centralized Scheduling and Health Link. MWHC even created a help line to assist those individuals who either did not have internet access to schedule their own appointment or just wanted to speak to a human to help them navigate the system. Because of these efforts, the backlog of those 75 and older awaiting a vaccine appointment quickly disappeared.

Because of the tireless work, innovative thinking and carefully planned logistics, the vaccine clinic at the Fick Center opened in January 2021 and remained operational through September 2021. Even after the clinic opened its doors, the clinic coordination team continuously tweaked and improved operations based on observations and feedback from the public and associates. The flow was seamless. Many of our citizens who came to us for a vaccine often compared the clinic operations to Chik-Fil-A with the kindness and friendliness of our staff to the smooth and efficient process. Associates from several departments across the health system jumped in to help. Clinical staff were on hand to fill vials and administer the vaccine, while associates from all over the health system assisted with check-in, check-out, traffic control and patient escort.

A significant effort was made on reducing the disparities between some ethnic groups relative to vaccines. Emphasis was put into partnering with community resources to be culturally sensitive and aware in identifying, educating, recruiting and vaccinating underrepresented and underserved persons in our community. MWHC enlisted many nontraditional partners in our community to achieve this, including churches, fraternities, sororities, civic organizations, minority-owned organizations, and key influencers. Over 7,500 African Americans were vaccinated through this initiative within our vaccination's clinic. As a result, the percentage of the persons vaccinated who were African American became more closely aligned with the representative share of African Americans of the total population.

For several weeks, the vaccine clinic often operated from 7:30am – 8:00pm, Monday – Saturday, occasionally 7 days a week. This allowed the greatest number of residents to access the clinic and receive the vaccine. Over the nine months of operations, the MWHC Vaccine Clinic administered over 200,000 vaccine doses. The daily average for the clinic was 2,000.

Appendix B:
Community Partners and CHA Group Participants

Core Group:

- Allison Balmes-John, Population Health Coordinator, Rappahannock Area Health District
- Phil Brown, Director of Corporate Strategy, Mary Washington Healthcare
- Madison Eberhart, Public Information Specialist, Rappahannock Area Health District
- Susie Hammock, Accreditation and Quality Improvement Coordinator, Rappahannock Area Health District
- Naomie Murdock, Manager of Community Programs, Mary Washington Healthcare
- Dr. Olugbenga Obasanjo, Health Director, Rappahannock Area Health District
- Xavier Richardson, Senior Vice President and Chief Corporate Development Officer, Mary Washington Healthcare; President of Mary Washington Hospital and Stafford Hospital Foundations
- Ashish Shrestha, Population Health Data Analyst, Rappahannock Area Health District

Steering Committee:

- Central Virginia Housing Coalition
- Community Foundation of the Rappahannock River Region
- Disability Resource Center/Center for Independent Living
- Fredericksburg City Public Schools
- Fredericksburg Regional Food Bank
- Healthy Generations Area Agency on Aging
- Geico
- George Washington Regional Commission
- Germanna Community College
- Local Pediatrician
- Mary Washington Healthcare
- Rappahannock Area Community Services Board
- Rappahannock Area Health District
- Rappahannock EMS Council
- Rappahannock United Way
- Smart Beginnings Rappahannock Area
- Stafford County Government

Caroline County Workgroup:

- Caroline's Promise
- Caroline County Department of Social Services
- Caroline County Fire and Rescue
- Caroline County- County Administrator's Office
- Caroline County Habitat for Humanity
- Caroline County NAACP
- Caroline County Parks and Recreation
- Caroline County Public Schools
- Central Virginia Health Services
- Rappahannock Area YMCA Legal Aid Works
- Virginia Cooperative Extension

Fredericksburg Work Group:

- City of Fredericksburg City Manager's Office
- Central Virginia Health Services
- Fredericksburg Area Health and Support Services (FAHASS)
- Fredericksburg Department of Social Services

- Fredericksburg Fire Department
- Fredericksburg NAACP
- Fredericksburg Parks, Recreation, and Events
- Fredericksburg Regional Chamber of Commerce
- Habitat for Humanity of Fredericksburg
- Hazel Hill Healthcare Project
- Lois Ann's Hope House
- Mayfield Community Center
- Mental Health America
- Micah Ecumentical Ministries
- Moss Free Clinic
- St George's Episcopal Church
- Thurman Brisben Center
- True Faith Community Church
- Virginia Community Food Connections

King George Workgroup:

- Community Member
- King George Fire, Rescue and Emergency Services
- King George County NAACP
- King George County Public Schools
- Naval Support Facility Dahlgren

Spotsylvania Workgroup:

- Catholic Charities
- Fredericksburg Christian Health Center
- Imani Multicultural Center
- Spotsylvania County Department of Social Services
- Empowerhouse
- Mount Hope Baptist Church
- Mt Zion Baptist Church
- Rappahannock Area YMCA
- Salem Fields Community Church
- Spotsylvania County Fire, Rescue, and Emergency Management
- Spotsylvania County Parks and Recreation
- Spotsylvania County Public Schools
- Spotsylvania County- County Administrator's Office
- Spotsylvania County NAACP
- Veteran's Administration
- Virginia Organizing

Stafford County Workgroup:

- #Enough
- LUCHA Ministries
- New Hope Christian Church
- Stafford County - County Administrator's Office
- Stafford County Department of Social Services
- Stafford County Fire and Rescue
- Stafford Parks, Recreation and Community Facilities
- Stafford County Public Schools
- *Stafford County NAACP*
- United Faith Christian Ministries

Appendix C: Asset List

Organization	Address	Phone Number	Website
Angels on Wheels	3102 Plank Rd Ste. 425, Fredericksburg, VA 22407	540.735.7887	https://angelsonwheelscharity.org/
Central Rappahannock Regional Library	1201 Caroline St, Fredericksburg, VA 22401	540.372.1144	https://www.librarypoint.org/
Central Virginia Housing Coalition	2300 Charles St, Fredericksburg, VA 22554	540.604.9943	https://centralvahousing.org/
DisAbility Resource Center	409 Progress St, Fredericksburg, VA 22401	540.373.2559	https://www.cildrc.org/
Empowerhouse	150 Olde Greenwich Dr #101, Fredericksburg, VA 22408	540.373.9372	https://www.empowerhouseva.org/
Fredericksburg Area Food Bank	1327 Alum Spring Rd, Fredericksburg, VA 22401	540.371.7666	https://www.fredfood.org/
George Washington Regional Commission	406 Princess Anne St, Fredericksburg, VA 22401	540.373.2890	shoukas@gwregion.org
Greater Fredericksburg Habitat for Humanity	2376 Plank Rd, Fredericksburg, VA 22401	540.891.4401	https://fredhab.org/
Healthy Families Rappahannock Area	4605 Carr Dr, Fredericksburg, VA 22408	540.374.3366	http://www.healthyfamiliesrappahannock.org/
Healthy Generations Area Agency on Aging	460 Lendall Ln, Fredericksburg, VA 22405	540.371.3375	http://healthygenerations.org/
Legal Aid Works	500 Lafayette Blvd #100, Fredericksburg, VA 22401	540.371.1105	https://www.legalaidworks.org/
Rappahannock Area Community Services Board	600 Jackson Street, Fredericksburg, VA 22401	540.373.3223	https://rappahannockareacsb.org/
Rappahannock Area Health District	1320 Central Park Blvd, Fredericksburg, VA 22401	540.899.4797	https://www.vdh.virginia.gov/rappahannock/
Rappahannock Goodwill	4701 Market St, Fredericksburg, VA 22408	540.371.3070	https://fredgoodwill.org/
Rappahannock United Way	3310 Shannon Park Dr., Fredericksburg, VA 22408	540.373.0041	https://www.rappahannockunitedway.org/
Rapphannock Area Regional Adult Education (RARAE)	6713 Smith Station Rd, Spotsy. Courthouse, VA 22553	540.898.8165	https://www.rarae.org/
Salvation Army	821 Lafayette Blvd, Fredericksburg, VA 22401	540.373.3431	https://salvationarmypotomac.org/fredericksburgva/
Virginia Department of Veteran Services	10300 Spotsylvania Ave, Fredericksburg, VA 22408	540.376.7298	https://www.dvs.virginia.gov/dvs/locations/fredericksburg-benefits-office

Organization	Address	Phone Number	Website
Caroline County ***Economic Stability | General***			
Economic Development Authority	23724 Rogers Clark Blvd, Ruther Glen, VA 22546	804.633.4074	https://co.caroline.va.us/149/Visitors
Habitat for Humanity	17518 AP Hill Blvd, Bowling Green, VA 22427	804.223.2056	https://habitatofcaroline.org/calendar/
National Caucus And Center For Community Economic Development (nccced) Woodford	Woodford, VA 22580	804.448.9099	https://www.shelterlistings.org/county/va-caroline-county.html
Low-Income Housing and Homes			
Courthouse Lane Apartments, I & II	150 Courthouse Ln, Bowling Green, VA 22427	804.633.9900	https://www.apartments.com/courthouse-lane-apartments-ii-bowling-green-va/zzf28hw/
Caroline Manor I & II	15421 Caroline Manor Cir, Bowling Green, Virginia 22427	804.633.9900	https://affordablehousingonline.com/housing-search/Virginia/Bowling-Green/Caroline-Manor-I-and-II/38297
Lee Street Townhouses	139 Lee St		https://www.apartments.com/139-lee-st-bowling-green-va/rbqvbl3/
Nutrition and Healthy Eating			
R & D Campground Mobile Pantry	22085 Sparta Rd, Milford, VA 22514	540.371.7666	https://co.caroline.va.us/Calendar.aspx?EID=8081
The Heartwood Center	8063 Ladysmith Rd, Ruther Glen, VA 22546	804.448.8326	https://www.theheartwoodcenter.org/
VA Cooperative Extension	109 County St, Bowling Green, VA 22427	804.633.6550	https://caroline.ext.vt.edu/
Education Access and Quality			
Private Schools			
The Carmel School	9020 Jericho Rd, Ruther Glen, VA 22546	804.448.3288	https://www.thecarmelschool.org/
Public Schools			
Bowling Green Elementary	17502 New Baltimore Rd, Milford, VA 22514	804.596.2391	https://www.ccps.us/bes/
Lew & Clark Elementary	18101 Clark and York Blvd, Ruther Glen, VA 22546	804.448.0175	https://www.ccps.us/lces/
Madison Elementary	9075 Chance Pl, Ruther Glen, VA 22546	804.448.2171	https://www.ccps.us/mes/
Caroline Middle	13325 Devils Three Jump Rd, Milford, VA 22514	804.633.6561	https://www.ccps.us/cms/
Caroline High	19155 Rogers Clark Blvd, Milford, VA 22514	804-633-9886	https://www.ccps.us/chs/

Organization	Address	Phone Number	Website
Early Intervention Services			
Rural Family Development Head Start	16261 Richmond Turnpike, Bowling Green, VA 22427	804.633.5413	https://vacouncilofchurches.org/vcc-programs/rural-family-development-rfd/
Health Care Access and Quality General			
Central VA Health Services	102 W Broaddus Ave, Ste 200, Bowling Green, VA 22427	804-632-1030	https://www.cvhsinc.org/ locations/cfp
Virginia Primary Care Associates	121 Courthouse Ln, Bowling Green, VA 22427	804-633-5840	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Courthouse-Lane.aspx
Caroline Christian Health Center	8051 Prosperity Way, Ruther Glen, VA 22546	804.448.0198	
Ladysmith Medical Center	18020 Patriot Hwy, Ruther Glen, VA 22546	804.448.0198	
Children and Adolescents			
Mary Washington Primary Care and Pediatrics	8051 Prosperity Way, Ste 100, Ruther Glen, VA 22546	804.448.0198	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-and-Pediatrics.aspx
Drug and Alcohol Use			
Caroline Recovery Center	113 Courthouse Ln, Bowling Green, VA 22427	804.632.6015	https://carolinerecoverycenter.org/
Health Insurance			
Global Production Associates	7448 Commerce Way, Ste A, Ruther Glen, VA 22546	804.299.2660	http://www.globalproductionassociates.com/
State Farm	17431 Jefferson Davis Hwy, Ruther Glen, VA 22546	804.633.4242	https://www.mattbrandtinsurance.com/?cmpid=un7d_blm_0001
Oral Conditions			
Belmont Dental at Ruther Glen	11073 Colonel Armistead Dr, Ste 107, Ruther Glen, VA 22546	804.589.2001	http://www.belmontdentalrutherglen.com/
Ladysmith Dental and Orthodontic Center	18121 Jefferson Davis Hwy, Ruther Glen, VA 22546	804.589.1491	http://ladysmithdentalcenter.com/
Trahos Dental Care	18204 Sparta Rd, Milford, VA 22514	804.633.2171	https://www.healthgrades.com/dentist/dr-michael-trahos-xtsl4
Long Term Care Facilities			
Bowling Green Health and Rehab Center	120 Anderson Avenue, Bowling Green, VA 22427	804.633.4839	https://www.mfa.net/center/bowling-green-health-rehabilitation-center
Neighborhood and Built Environment General			
Atlantic Broadband	103 Chase St, Bowling Green, VA 22427	888.536.9600	https://atlanticbb.com/internet?utm_source=Google&utm_medium=Yext

Organization	Address	Phone Number	Website
Bowling Green Electronics	20371 Beale Ln, Bowling Green, VA 22427	804.633.2069	http://www.bealenet.com/
YMCA	17422 Library Blvd, Ruther Glen, VA 22546	804.448.9622	https://family-ymca.org/find-a-y/caroline/
Environmental Health			
Life Time Solutions LLC	10454 Ladysmith Rd, Ruther Glen, VA 22546	540.455.7510	https://lifetimecleanwater.com/
Humanitarian or Faith-based Organizations			
Caroline's Promise	104 South Main Street P.O. Box 1484 Bowling Green VA 22427 US	804.916.9619	https://www.carolinespromise.org/
Agape Family Life Church	16225 Dawn Blvd, Hanover, VA 23069	804.250.1276	https://www.agapefamilylifechurch.org/contact
Ebenezer Baptist Church	18562 Countyline Church Rd, Ruther Glen, VA 22546	804.448.3579	https://mbava.org/ebenezer-baptist-church-caroline-co/
Salem Baptist Church	24032 Sparta Rd, Milford, VA 22514	804.633.5583	https://www.salembaptist.org/
New Liberty Baptist Church	33030 Sparta Rd, Milford, VA 22514	804.443.2929	
Faith Unity Fellowship Ministsries	5621 Corrugated Rd, Sandston, VA 23150	804.562.2623	http://unity-of-faith.org/contact/
Third Mount Zion Baptist Church	9132 Fredericksburg Turnpike, Woodford, VA 22580	804.632.6030	https://tmzbc.org/
CAIR Coalition			https://www.caircoalition.org/help/what-detention-facilities-do-we-visit
Government Organizations			
Department of Social Services	17202 Richmond Turnpike, Milford, VA 22514	804.633.5071	https://co.caroline.va.us/278/Social-Services-Department
Parks and Rec	17202 Richmond Turnpike Milford, VA 22514	804.633.7277	https://co.caroline.va.us/238/Parks-Recreation
Fire and Rescue	17202 Richmond Turnpike, Milford, VA 22514	804.633.9831	https://www.carolinefirerescue.org/
Health Department	17202 Richmond Turnpike, Milford, VA 22514	804.633.5465	https://www.vdh.virginia.gov/rappahannock/caroline-county/
Sheriff's Department	118 Courthouse Ln, Bowling Green, VA 22427	804.633.5400	http://carolinesheriff.org/
Cultural Organizations			
NAACP	P. O. Box 311 Bowling Green, VA 22546	804.633.1321	https://carolinenaacp.webstarts.com/

Organization	Address	Phone Number	Website
Fredericksburg City *Economic Stability | General*			
Regional Chamber of Commerce	2300 Fall Hill Ave Suite 240, Fredericksburg, VA 22401	540.373.9400	https://www.fredericksburgchamber.org/Home
Economic Development Authority	706 Caroline St 2nd floor, Fredericksburg, VA 22401	540.372.1216	http://fredericksburgva.com/
Low-Income Housing and Homes, Homeless and Emergency Shelters			
Crestview Apartments	100 Crestview Way, Fredericksburg, VA 22401	540.299.2905	https://www.crestview-apts.com/?utm_knock=g
Forest Village	1300 Forest Village, Fredericksburg, VA 22401	540.371.2200	https://www.liveatforestvillage.com/
Hazel Hill Apartments	100 Princess Anne St, Fredericksburg, VA 22401	540.373.1422	https://www.edgewoodmgmt.com/apartments/va/fredericksburg/hazel-hill/
Mill Park Terrace Apartments	2216 Caroline St, Fredericksburg, VA 22401	540.371.4430	https://www.res1.net/apartments-for-rent/mill-park-terrace/?utm_source=local&utm_medium=organic&utm_campaign=GMB
Townsend Square Apartments	1100 Townsend Blvd, Fredericksburg, VA 22401	540.899.7711	https://www.townsendsquareapts.com/?y_source=1_OTA0NzY3Ni03MTUtbG9jYXRpb24ud2Vic2l0ZQ%3D%3D
Valor Apartment Homes	1150 Noble Way, Fredericksburg, VA 22401	540.548.9191	https://www.valorapartments.com/?utm_source=google&utm_medium=organic&utm_campaign=gmb&utm_content=website%2520button
Wellington Woods Apartments	1704 Lafayette Blvd, Fredericksburg, VA 22401	888.480.9716	https://wellingtonwoodsapts.com/
Thurman Brisben Center	471 Central Rd, Fredericksburg, VA 22401	540.899.9853	https://brisbencenter.org/
Lois Ann's Hope House	902 Lafayette Blvd, Fredericksburg, VA 22401	540.371.0831	https://loisannshopehouse.org/
Empowerhouse	150 Olde Greenwich Dr #101, Fredericksburg, VA 22408	540.373.9372	https://www.empowerhouseva.org/
Nutrition and Healthy Eating			
VA Community Food Connections	P.O Box 7664 Fredericksburg, VA 22404	540.940.7914	https://www.virginiacfc.org/
Senior Living			
Evergreens at Smith Run	2700 Cowan Blvd, Fredericksburg, VA 22401	540.374.1544	https://www.evergreensatsmithrun.com/
Madonna House at Belmont	2600 Cowan Blvd, Fredericksburg, VA 22401	540.371.8212	

Organization	Address	Phone Number	Website
Education Access and Quality			
Private Schools			
Oberle School	404 Willis St, Fredericksburg, VA 22401	540.372.6710	https://www.eri-va.com/
Public Schools			
Preschool Programs	210 Ferdinand St, Fredericksburg, VA 22041	540.372.1130	https://wgeclc.fxbgschools.us/
Hugh Mercer Elementary	2100 Cowan Blvd, Fredericksburg, VA 22401	540.372.1115	https://hmes.fxbgschools.us/
Lafayette Elementary	3 Learning Ln, Fredericksburg, VA 22401	540.310.0029	https://lues.fxbgschools.us/
Walker-Grant Middle	1 Learning Ln, Fredericksburg, VA 22401	540.372.1145	https://wgms.fxbgschools.us/
James Monroe High	2300 Washington Ave, Fredericksburg, VA 22401	540.372.1100	https://jmhs.fxbgschools.us/
Early Intervention Services			
Fredericksburg Regional Head Start	200 Gunnery Rd, Fredericksburg, VA 22401	540.372.1065	
Parent Education Infant Development	600 Jackson St, Fredericksburg, VA 22401	540.372.3561	https://rappahannockareacsb.org/portfolio/early-intervention/
Colleges/Universities			
University of Mary Washington	1301 College Ave, Fredericksburg, VA 22401	540.654.1000	https://www.umw.edu/
Health Care Access and Quality			
General			
Family Care of Fredericksburg	2216 Princess Anne St, Ste 106, Fredericksburg, VA 22401	540.940.2568	
Fredericksburg Primary Care	2500 Charles St, Fredericksburg, VA 22401	540.374.8140	https://www.fredericksburgpc.com/
Mary Washington Primary Care	120 Executive Center Pkwy, Fredericksburg, VA 22401	540.374.5200	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Executive-Center-Parkway.aspx
Pratt Medical Primary Care Center	1101 Sam Perry Blvd, Fredericksburg, VA 22401	540.361.2040	https://www.sentara.com/hampton-roads-virginia/
Central Virginia Family Medicine PC	2301 Fall Hill Ave #302, Fredericksburg, VA 22401	540.370.4331	
Central Virginia Internal Medicine	2216 Princess Anne St, Fredericksburg, VA 22401	540.479.6961	

Organization	Address	Phone Number	Website
Colonial Internal Medicine	125 Olde Greenwich Dr, Fredericksburg, VA 22408	540.374.5599	http://www.colonialinternalmedicine.com/
Commonwealth Internal Medicine	611 Patriot Hwy # 201, Fredericksburg, VA 22401	540.371.4141	https://www.commonwealthinternalmed.com/?utm_source=gmb_auth
Fredericksburg Emergency Medical Alliance Inc.	1001 Sam Perry Blvd, Fredericksburg, VA 22401	540.741.1167	https://www.femainc.com/
Kaiser Permanente	1201 Hospital Dr, Fredericksburg, VA 22401	540.368.3700	
Personalized Family Medicine	605 Patriot Hwy # 201, Fredericksburg, VA 22401	540.368.2011	
Children and Adolescents			
ABC Pediatrics	231 Park Hill Dr, Fredericksburg, VA 22401	540.373.2228	https://abcpediatricsva.com/
Century Pedicatrics, Inc.	211A Park Hill Dr, Fredericksburg, VA 22401	540.368.1044	
Pedsplus Pediatric Primary and Urgent Care	2565 Cowan Blvd, Fredericksburg, VA 22401	540.289.2273	http://www.pedspluspediatrics.com/
Children's Heart Institute	605 Patriot Hwy #101, Fredericksburg, VA 22401	855.479.9659	https://www.childrensheartinstitute.org/locations/fredericksburg-office/
Pratt Pediatrics	1451 Hospital Dr, Fredericksburg, VA 22401	540.785.7835	https://www.pratthealthcare.com/provider/pooja-prasad-do/
Preferred Pediatrics	331 Park Hill Dr, Fredericksburg, VA 22401	540.368.8091	https://www.mypreferredpediatrics.com/
Cancer			
Regional Cancer Center	1300 Hospital Dr, Ste 101, Fredericksburg, VA 22401	540.741.1236	https://www.marywashingtonhealthcare.com/Our-Services/Cancer-Center.aspx
Mary Washington Surgical Oncology	1101 Sam Perry Blvd, Ste 321, Fredericksburg, VA 22401	540.741.4960	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Surgical-Oncology.aspx
Radiation Oncology Specialists of Central VA	1300 Hospital Dr Suite 101, Fredericksburg, VA 22401	540.741.0655	https://www.fredericksburgradiation.com/
Community			
Big Brothers, Big Sisters	325 Wallace St, Ste A, Fredericksburg, VA 22401	540.371.7444	http://www.bbbsfred.org/
The Community Foundation of the Rappahannock River Region	725 Jackson St, Ste 114, Fredericksburg, VA 22401	540.373.9292	https://www.cfrrr.org/

Organization	Address	Phone Number	Website
Lloyd F. Moss Free Clinic	1301 Sam Perry Blvd, Ste 100, Fredericksburg, VA 22401	540.741.1061	https://mossfreeclinic.org/contact-us/
Micah	1013 Princess Anne St, Fredericksburg, VA 22401	540.479.4116	https://micahfredericksburg.org/
Safe Harbor Child Advocacy Center	PO Box 56, Fredericksburg, VA 22404	540.891.6280	https://www.safeharborva.org/
FAHASS	415 Elm St, Fredericksburg, VA 22401	540.371.7532	
Mental Health America	618 Kenmore Ave # 2A, Fredericksburg, VA 22401	540.371.2704	https://www.mhafred.org/
Snowden at Fredericksburg	1200 Sam Perry Blvd, Fredericksburg, VA 22401	540.741.3900	https://www.marywashingtonhealthcare.com/Our-Services/Brain-Health/Behavioral-Health.aspx
Family Planning			
Birthright of Fredericksburg	2006 Lafayette Blvd, Ste 202, Fredericksburg, VA 22401	540.898.8558	https://birthright.org/
Shady Grove Fertility of Fredericksburg	200 Executive Center Pkwy, Ste 102, Fred., VA 22401	540.779.0132	https://www.shadygrovefertility.com/locations/virginia/fredericksburg-fertility-center/
Washington Fertility Center	2531 Cowan Blvd, Fredericksburg, VA 22407	540.479.6054	https://www.washingtonfertility.com/
New Beginnings OB/GYN PC	2216 Princess Anne St #202, Fredericksburg, VA 22401	540.370.4380	https://www.herhealthva.com/
Health Insurance			
State Farm	1601 Old William St A, Fredericksburg, VA 22401	540.371.0011	https://www.cliffward.com/?cmpid=crmc_blm_0001
Oral Conditions			
Baby2Teens Pediatric Dentistry	221 Park Hill Dr, Fredericksburg, VA 22401	540.228.9200	https://www.baby2teenspediatricdentistry.com/
Blue Bird Dentistry	200 Executive Center Pkwy, Ste 104, Fred., VA 22401	540.373.1641	https://www.bluebirddentistry.com/?utm source=local&utm_medium=organic&utm_campaign=gmb&utm_term=home
Dental One Associates of Fredericksburg	201 Park Hill Dr, Fredericksburg, VA 22401	540.765.4655	https://www.dentalone-va.com/locations/fredericksburg/
Fredericksburg Dental Associates	131 Park Hill Dr, Fredericksburg, VA 22401	540.373.0602	https://www.fdadental.com/
Fredericksburg Dental Center	910 Littlepage St, Fredericksburg, VA 22401	540.373.5642	https://www.freddentalcenter.com/
Fredericksburg Family Dentistry	1740 Carl D. Silver Pkwy, Fredericksburg, VA 22401	540.548.8878	https://www.virginiadds.com/

Organization	Address	Phone Number	Website
Fredericksburg Smile Center	2330 Plank Rd, Fredericksburg, VA 22401	540.854.1085	https://smilefredericksburg.com/?utm_source=local&utm_medium=organic&utm_campaign=gmb
Heresi Dental Care	2501 Fall Hill Ave, Ste A, Fredericksburg, VA 22401	540.249.1849	https://www.heresidentalcare.com/
Heritage Dental	121 Park Hill Dr, Ste A, Fredericksburg, VA 22401	540.373.1660	https://www.heritagedentalva.com/
Neibauer Dental Care	3128 Cowan Blvd, Fredericksburg, VA 22401	540.899.9511	https://www.neibauerdentalcentralpark.com/
Pediatric Dentistry of Fredericksburg	1300 Thornton St, Ste 101, Fredericksburg, VA 22401	540.371.3222	http://www.fredericksburgpediatricdentist.com/
Progressive Dental of Fredericksburg	1239 Central Park Blvd, Fredericksburg, VA 22401	540.785.3733	https://www.scottshirkdds.com/
Serene Smiles of Fredericksburg	433 Bridgewater St, Fredericksburg, VA 22401	540.371.9090	https://www.myserenesmiles.com/
Sofia Dental of Fredericksburg	2306 Plank Rd, Ste 101, Fredericksburg, VA 22401	540.681.1511	https://www.sofiasmilesdental.com/
Trahos Dental	607 Amelia St, Fredericksburg, VA 22401	540.371.6700	https://myfredericksburgdentist.com/
Pregnancy and Childbirth			
Elite Women's Health	1101 Sam Perry Blvd, Ste 401, Fredericksburg, VA 22401	540.940.2000	https://www.elitewomenshealthva.com/?utm_source=GMBlistingFredericksburg&utm_medium=organic
New Beginnings OB/GYN	2216 Princess Anne St, Ste 202, Fredericksburg, VA 22401	540.370.4380	http://www.herhealthva.com/
Rappahannock Women's Health Center	1071 Care Way, Ste 101, Fredericksburg, VA 22401	540.374.3100	https://www.rwhcobgyn.com/
Mary Washington Maternal Fetal Medicine	1300 Hospital Dr, Ste 200, Fredericksburg, VA 22401	540.741.3260	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Maternal-Fetal-Medicine.aspx
Sensory or Communication Disorders			
Ascent Audiology & Hearing	2569 Cowan Blvd, Fredericksburg, VA 22401	540.373.6797	https://ascentfxbg.com/
Beltone Audiology & Hearing	1243 Jefferson Davis Hwy, Fredericksburg, VA 22401	540.374.2332	https://locations.beltone.com/va/fredericksburg/0000383022/
Hear in the Burg Audiology Hearing Aids	1238 Jefferson Davis Hwy, Fredericksburg, VA 22401	540.642.9258	http://hearintheburg.com/index.html **and**
The Hearing Aid Place	2601 Princess Anne St, Ste 102, Fredericksburg, VA 22401	540-371-2333	https://thehearingaidplace.com/

Organization	Address	Phone Number	Website
Hearing Resource Center	1708 Fall Hill Ave, Ste 200, Fredericksburg, VA 22401	540.371.1263	https://hearingresourcecenterllc.com/
Clarkson Eyecare	2352 Plank Rd, Fredericksburg, VA 22401	540.374.1100	https://www.clarksoneyecare.com/?utm_source=gmb&utm_medium=yext
CVHS - Fredericksburg	1965 Jefferson Davis Hwy, Fredericksburg, VA 22401	540.735.0560	https://www.cvhsinc.org/locations/chcrr
Fredericksburg VA Clinic	130 Exective Center Pkwy, Fredericksburg, VA 22401	540.370.4468	https://www.va.gov/richmond-health-care/
Elderly/ Geriatric Care			
Alzheimer's Association		646.703.4455	https://www.alz.org/grva/
Drug and Alcohol Use			
New Genesis Recovery Center	701 Westwood Office Park, Fredericksburg, VA 22401	540.412.8330	http://www.newgenesisrecovery.com/contact-us.html
Arthritis			
Center for Orthopaedics	2201 Charles St #101, Fredericksburg VA 22401	540.371.5333	https://www.centerfororthо.com/
Mary Washington Rheumatology	1101 Sam Perry Blvd, Ste 413, Fredericksburg, VA 22401	540.899.3863	https://www.marywashingtonhealthcare.com/Physician-Directory/K/Edward-Katz-MD.aspx
Other			
Associates in Gastroenterology	1031 Care Way, Fredericksburg, VA 22401	540.371.2046	http://www.gastrofbg.com/
Behavioral Healthcare of Fredericksburg	407 Westwood Office Park, Fredericksburg, VA 22401	540.310.0797	https://www.bhfredericksburg.net/
Fall Hill Gastroenterology Associates	2601 Fall Hill Ave, Fredericksburg, VA 22401	540.371.9696	https://www.fallhillgastro.com/
Fredericksburg Foot & Ankle Center	1500 Dixon St #201, Fredericksburg, VA 22401	540.374.5261	https://www.fredfeet.com/
Fredericksburg Nephrology Associates Inc.	101 Park Hill Dr, Fredericksburg, VA 22401	540.371.3010	https://www.fredericksburgnephrology.com/
Passport Health Clinic	404 Westwood Office Park, Fredericksburg, VA 22401	301.364.0512	https://www.passporthealthusa.com/locations/va/fredericksburg/1063/?utsource=gmb&utm_medium=organic&utm_campaign=GMB%20Franchisee%20Insights
Pulmonary Assoc of Fredericksburg Inc.	521 Park Hill Dr, Fredericksburg, VA 22401	540.899.1615	https://pafred.com/
Rappahannock Gastroenterology Asso.	1500 Dixon St STE 202, Fredericksburg, VA 22401	540.370.0430	
Urology Associates of Fredericksburg	1051 Care Way, Fredericksburg, VA 22401	540.374.3131	http://www.fredericksburgurology.com/

Organization	Address	Phone Number	Website
Virginia Cardiovascular Consultants	1201 Sam Perry Blvd #280, Fredericksburg, VA 22401	540.361.2922	https://vacardiovascular.com/
Long Term Care Facilities			
Hughes Home, Inc.	100 Caroline Street, Fredericksburg 22401	540.373.4100	https://hugheshomeofva.com/
Poet's Walk	3020 Gordon W. Shelton Blvd, Fredericksburg 22401	540.370.8000	https://www.springhills.com/communities/poets-walk-fredericksburg/
Encompass Health and Rehabilitation Hospital of Fredericksburg	300 Park Hill Dr, Fredericksburg, VA 22401	540.368.7300	https://encompasshealth.com/locations/fredericksburgrehab
Neighborhood and Built Environment			
General			
Cox	1931 Plank Rd, Ste 209, Fredericksburg, VA 22401	540.479.8650	https://www.cox.com/local/residential/stores/va/fredericksburg/1931-plank-road?sc_id=dp_z_yext_z_store_19Q2?sc_id=dp_z_goog_z_store_19Q2
Xfinity by Comcast	1460 Central Park Blvd, Ste 104, Fredericksburg, VA 22401	800.266.2278	https://www.xfinity.com/local/va/fredericksburg/1460-central-park-blvd.html?CMP=ORG:OTH:BAU:ALL:COM:GEN:INT5446cc3b393b1
Fredericksburg Nationals Baseball Stadium	42 Jackie Robinson Way, Fredericksburg, VA 22401	540.858.4242	https://www.milb.com/fredericksburg
Fredericksburg Expo & Conference Center	2371 Carl D. Silver Pkwy, Fredericksburg, VA 22401	540.548.5555	https://www.fredericksburgexpocenter.com/
Fredericksburg Fairgrounds	2400 Airport Ave, Fredericksburg, VA 22401	540.373.1294	http://www.fredericksburgfair.org/
Mayfield Community Center			
The Community Foundation of the Rappahannock River Region	725 Jackson St, Ste 114, Fredericksburg, VA 22401	540.373.9292	https://www.cfrrr.org/
Fredericksburg Area HIV/AIDS Support Services	4701 Market St, Ste B, Fredericksburg, VA 22408	540.907.4555	https://www.fahass.org/
Environmental Health			
City of Fredericksburg Wastewater Plant	1000 Beulah Salisbury Rd, Fredericksburg, VA 22401	540.645.3796	https://www.fredericksburgva.gov/459/Public-Works
Transportation			
Fredericksburg Regional Transit	1400 Jefferson Davis Hwy, Fredericksburg, VA 22401	540.372.1222	https://www.fredericksburgva.gov/1687/About-Us
Government Organizations			
Department of Social Services	608 Jackson St, Fredericksburg, VA 22401	540.372.1032	https://www.fredericksburgva.gov/

Organization	Address	Phone Number	Website
Parks and Rec	408 Canal St, Fredericksburg, VA 22401	540.372.1086	https://www.fredericksburgva.gov/
Fire and Rescue	601 Princess Anne St, Fredericksburg, VA 22401	540.372.1059	https://www.fredericksburgva.gov/340/Fire
Health Department	608 Jackson St, Fredericksburg, VA 22401	540.899.4142	https://www.vdh.virginia.gov/rappahannock/city-of-fredericksburg/
City Manager's Office/ City Government	715 Princess Anne St, Fredericksburg, VA 22401	540.372.1001	https://www.fredericksburgva.gov/
Sheriff's Office	701 Princess Anne St B, Fredericksburg, VA 22401	540.372.1056	https://www.fredericksburgva.gov/
Cultural Organizations			
NAACP	PO Box 3071 Fredericksburg, VA 22402	540.710 .1349	https://fredericksburgnaacp.org/
Humanitarian or Faith-based Organizations			
St George's Episcopal	905 Princess Anne St, Fredericksburg, VA 22401	540.373.4133	http://www.stgeorgesepiscopal.net/
Shiloh Baptist Church	801 Sophia St, Fredericksburg, VA 22401	540.373.8701	https://shiloholdsite.org/
FailSafe- ERA	10304 Spotsylvania Ave Suite 100, Fred., VA 22408	540.479.3021	https://www.failsafe-era.org/
Ministerio de Restauracion Torre Fuerte	300 Chatham Heights Rd Suite 119, Fred., VA 22405	540.429.9678	
Iglesia Pentecostal Cristo La Roca	15 Butler Rd, Fredericksburg, VA 22405	703.901.8510	https://www.ministeriocristoeslaroca.com/
Iglesia de Dios de la Profecia	400 McKinney St, Fredericksburg, VA 22401	540.735.7611	
Ministerio Lirios del valle	2222 Patriot Hwy, Fredericksburg, VA 22401	540.841.5844	
Iglesia del Nazareno Fredericksburg	11120 Gordon Rd, Fredericksburg, VA 22407	540.841.8425	https://www.frednaz.org/
Zion of Fredericksburg	2222 Patriot Hwy, Fredericksburg, VA 22401	540.693.0207	http://www.zionfredericksburg.org/
Fredericksburg United Methodist	308 Hanover St, Fredericksburg, VA 22401	540-373-9021	http://fumcva.org/
Arm of The Lord Ministries	2100 Airport Ave, Fredericksburg, VA 22401	540.899.7658	
Chancellor Baptist Church	11324 Gordon Rd, Fredericksburg, VA 22407	540.786.6927	https://chancellorbaptist.org/

Organization	Address	Phone Number	Website
Third Mount Zion Baptist Church	309 Wolfe St, Fredericksburg, VA 22401	804.632.6030	http://www.mtzionfbg.org/
Iglesia Pentecostal Cristo La Roca	15 Butler Rd, Fredericksburg, VA 22405	703.901.8510	https://www.ministeriocristoeslaroca.com/
New Hope Christian Ministries	584 White Oak Rd, Fredericksburg, VA 22405	540.418.6200	https://nhcministries.org/
Kingdom Family Worship Center	400 Bragg Hill Dr, Fredericksburg, VA 22401	540.371.3513	http://kingdomfamilyworshipcenter.org/
Ark Ministries	1420 Central Park Blvd #103, Fredericksburg, VA 22401	540.785.1670	

King George County *Economic Stability | General*

Economic Development Authority	10459 Courthouse Dr, King George, VA 22485	540.775.9181	http://kinggeorgeeda.org/

Low-Income Housing and Homes, Homeless and Emergency Shelters

Dahlgren Harbor Apartments	5392 Harbor Ct, Ste 100, King George, VA 22485	540.663.2617	https://www.communityhousingpartners.org/properties/dahlgren-harbor/#:~:text=Dahlgren%20Harbor%20Apartments%20has%20picnic,30%20minutes%20south%20of%20Waldorf.
Glennel Apartments	11470 Woodside Dr, King George, VA 22485	800.752.2889	http://www.glennel.com/Contact.html
Monmouth Woods	17060 Cromwell Pl, King George, VA 22485	540.775.0209	https://rentwithmonmouthwoods.com/
Pine Forest Estates	5225 Pine Forest Ln, #109, King George, VA 22485	540.663.3475	https://www.apartments.com/pine-forest-apartments-king-george-va/9p6r6g7/
Project Faith	10073 Kings Hwy, King George, VA 22485	540.775.3492	https://centralvahousing.org/housing-resources/
Village Apartments	9308 Hayden Dr, King George, VA 22485	540.220.3691	https://www.apartments.com/king-george-va/

Nutrition and Healthy Eating

King George Mobile Pantry	10069 Kings Hwy, King George, VA 22485	540.371.7666	https://www.fredfood.org/
Love Thy Neighbor	5769 James Madison Pkwy, King George, VA 22485		https://www.kg-ltn.org/

Education Access and Quality

Schools

King George Elementary	10381 Ridge Rd, King George, VA 22485	540.775.5411	https://kges.kgcs.k12.va.us/

Organization	Address	Phone Number	Website
Potomac Elementary	16495 15th St, King George, VA 22485	540.663.3322	https://pes.kgcs.k12.va.us/
Sealston Elementary	11048 Fletcher's Chapel Rd, King George, VA 22485	540.775.3400	https://ses.kgcs.k12.va.us/
King George Middle	8246 Dahlgren Rd, King George, VA 22485	540.775.2331	https://kgms.kgcs.k12.va.us/
King George High	10100 Foxes Way, King George, VA 22485	540.775.3535	https://kghs.kgcs.k12.va.us/
Early Intervention Services			
King George County Preschool Programs	9100 St. Anthony's Rd, King George, VA 22485	540.775.1102	https://www.kgcs.k12.va.us/students_families/king_george_county_preschool_programs
Health Care Access and Quality General			
Centercare Urgent Care Family Practice	7967 Kings Hwy, King George, VA 22485	540.414.6120	http://centercareva.com/
Centercare Urgent Care Family Practice	15521 Real Estate Ave, King George, VA 22485	540.289.2273	http://centercareva.com/
Mary Washington Primary Care	16463 Dahlgren Dr, King George, VA 22485	540.644.9505	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Dahlgren-Road.aspx
Naval Branch Health Clinic Dahlgren	17457 Caffee Rd Suite 204, Dahlgren, VA 22448	540.653.0282	
King George Family Medicine Center	16463 VA-206, King George, VA 22485	540.663.2188	
Children and Adolescents			
King George Pediatrics	11127 Journal Pkwy, King George, VA 22485	540.775.6891	https://www.kinggeorgepeds.com/
New Heights Pediatrics	8117 Kings Hwy, King George, VA 22485	540.775.5709	https://newheightspediatrics.com/
Drug and Alcohol Use			
King George Clinic	8479 St. Anthony's Rd, King George, VA 22485	540.775.9879	http://www.racsb.state.va.us/
Oral Conditions			
Dahlgren Dental	5212 King's Wood Ln, King George, VA 22485	540.663.2221	https://www.dahlgrendentalva.com/
King George Dental	15521 Real Estate Ave, King George, VA 22485	540.663.3139	http://kinggeorgedental.com/

Organization	Address	Phone Number	Website
Richard Cottrell, DDS & Associates	11060 Smile Way, King George, VA 22485	540.808.1303	https://www.cottrellsmilesva.com/?utm_source=GMB&utm_medium=organic&utm_campaign=DevOptimization&utm_content=Website
Wendy Moore, DDS	9449 Grover Dr, Ste 100, King George, VA 22485	540.775.5774	https://www.wendymooredds.com/
Sensory or Communication Disorders			
Beltone Audiology & Hearing Aid Center	16348 Gateway Ln, King George, VA 22485	800.209.2768	https://locations.beltone.com/va/king-george/0000383033/
Access Eye - King George	7961 Kings Hwy, King George, VA 22485	540.371.2020	https://www.accesseye.com/
Eye Care of Virginia	16375 Merchants Ln, King George, VA 22485	540.663.3937	https://www.eyecareofvirginia.com/
Long Term Care Facilities			
Heritage Hall	10051 Foxes Way #3458, King George, VA 22485	540.775.4000	https://www.heritage-hall.org/location/detail/king-george
Neighborhood and Built Environment General			
Atlantic Broadband	11387 Ridge Rd, King George, VA 22485	888.536.9600	https://atlanticbb.com/internet?utm_source=Google&utm_medium=Yext
YMCA	10545 Kings Hwy, King George, VA 22485	540.775.9622	https://family-ymca.org/
L.E. Smoot Memorial Library	9533 Kings Hwy, King George, VA 22485	540.775.2147	http://www.smoot.org/309/L-E-Smoot-Memorial-Library
Environmental Health			
Rollins Enterprises	10558 Kings Hwy, King George, VA 22485	540.775.2442	https://www.dnb.com/business-directory/company-profiles.rollins_enterprises_inc.2f2e586e5c3898dee292cbbefa9355f5.html
Government Organizations			
Department of Social Services	10069 Kings Hwy, King George, VA 22485	540.775.3544	http://king-george.va.us/
Parks and Rec	8076 Kings Hwy, King George, VA 22485	540.775.4386	https://www.kinggeorgecountyva.gov/384/Parks-Recreation
Fire and Rescue	8122 Kings Hwy, King George, VA 22485	540.775.2222	https://www.kinggeorgecountyva.gov/333/Fire-Rescue-Emergency-Services
Health Department	8081-8107 Kings Hwy, King George, VA 22485	540.775.3111	https://www.vdh.virginia.gov/rappahannock/king-george-county-health-department-and-environmental-services/
Sheriff's Office	10445 Government Center Blvd, King George, VA 22485	540.775.2049	http://www.king-george.va.us/

Organization	Address	Phone Number	Website
Cultural Organizations			
NAACP			https://www.kgnaacp.com/
Humanitarian or Faith-based Organizations			
St. Stephen Baptist Church	9142 Comorn Rd, King George, VA 22485	540.775.2688	
Good Shepherd Baptist Church	17223 Good Hope Rd, King George, VA 22485	540-775-9487	http://www.goodhopeministries.org/
First Church Ambar	9469 Caledon Rd, King George, VA 22485	540.775.3939	
Round Hill Baptist Church	16519 Round Hill Rd, King George, VA 22485	540.775.5583	https://www.roundhillbaptist.com/
Mount Bethel Baptist Association	17420 Mt Bethel Ln, King George, VA 22485	301.636.3906	https://www.mtbbadmv.org/contact

Spotsylvania County *Economic Stability | General*

Temporary Solutions Inc	10500 Wakeman Dr, Ste 105, Fredericksburg, VA 22407	540.310.0208	http://www.eeihr.com/home
Virginia Employment Commission	10304 Spotsy. Ave, Ste 100, Fredericksburg, VA 22408	540.322.5768	https://www.vec.virginia.gov/fredericksburg
Economic Development Authority	9019 Old Battlefield Blvd #310, Spotsy. Courthouse, VA 22553	540.507.7210	https://www.spotsylvania.va.us/545/Economic-Development
Low-Income Housing and Homes			
Courthouse Green Apartments	8132 Pool Dr, Spotsy. Courthouse, VA 22551	540.582.9421	https://www.apartments.com/courthouse-green-apartments-spotsylvania-va/88pjh21/
Keswick Apartments	7707 W Tadley Ln, Spotsy. Courthouse, VA 22551	540.805.5726	https://jamesdoranco.com/the-keswicks/
Pines Apartments	8835 Crismond Ln, Spotsy. Courthouse, VA 22551	540.582.2415	https://www.lowincomehousing.us/det/the-pines-apartments
Outlook Terrace	4540 Lookout Ln, Fredericksburg, VA 22408	540.693.1644	https://www.communityhousingpartners.org/properties/overlook-terrace-apartments/
Arthritis			
Arthritis Center	4541 Spotsylvania Pkwy, Fredericksburg, VA 22408	540.899.3863	
Nutrition and Healthy Eating			
Christ Episcopal Church-Food Center	8951 Courthouse Rd, Spotsy. Courthouse, VA 22553	540.582.6162	https://www.christchurchspotsy.com/
S.E.C.A.	8812 Courthouse Rd, Spotsy. Courthouse, VA 22551	540.585.2465	https://www.spotsylvania.va.us//DocumentCenter/View/9690/Spotsylvania-Emergency-Concerns-Association-SECA

Organization	Address	Phone Number	Website
Zion United Methodist Church- Food Center	8700 Courthouse Rd, Spotsy. Courthouse, VA 22551	540.582.6532	https://historiczionumc.org/
Senior Living			
King's Crest Senior Community	11500 Kings Crest Ct, Fredericksburg, VA 22407	540.891.9278	https://kingscrestseniorapts.com/
Asbury Manor Senior Living	10235 Brittany Commons Blvd, Spotsy. Courthouse, VA 22553	540.710.1905	https://asburymanorapartments.com/
Meadows at Salem Run	5711 Castlebridge Rd, Fredericksburg, VA 22407	540.786.1733	https://www.themeadowsatsalemrun.com/
Enoch George Manor	10231 Brittany Commons Blvd, Spotsy. Courthouse, VA 22553	540.710.9989	https://enochgeorgeapartments.com/
Education Access and Quality			
Private Schools			
Elite Academy	4510 Plank Rd # 201, Fredericksburg, VA 22407	540.226.0867	https://sites.google.com/view/eliteacademyva
Faith Baptist School	4105 Plank Rd, Fredericksburg, VA 22407	540.786.4953	http://faithva.school/
Faith Christian Acadmey	10608 Benchmark Rd, Fredericksburg, VA 22408	540.899.2356	https://www.thefcalions.org/
Fredericksburg Academy	10800 Academy Dr, Fredericksburg, VA 22408	540.898.0020	https://www.fredericksburgacademy.org/
Fredericksburg Christian School	9404 Thornton Rolling Rd, Fredericksburg, VA 22408	540.373.5357	https://fredericksburgchristian.com/
Lighthouse Academy of Fredericksburg	10713 Tidewater Trail, Fredericksburg, VA 22408	540.372.9699	https://www.kidslaf.com/
The Marshall School	5707 Salem Run Blvd, Fredericksburg, VA 22407	540.412.0992	https://themarshallschool.org/
St. Michael the Arch Angel Catholic School	6301 Campus Dr, Fredericksburg, VA 22407	540.548.8748	https://saintmichaelhs.org/
St. Patrick Catholic School	9151 Elys Ford Rd, Fredericksburg, VA 22407	540.786.2277	http://www.saintpatrickschoolva.org/
The Summit Academy	5888 Plank Rd, Fredericksburg, VA 22407	540.412.0992	https://thesummitva.org/
Tree of Life Christian Prep School	6050 Plank Rd, Fredericksburg, VA 22407	540.786.2019	https://www.tlcprep.org/
Public Schools			
Center for Family & Preschool Services	7409 Brock Rd, Spotsylvania, VA 22553	540.834.2500	https://www.spotsylvania.k12.va.us/Domain/298

Organization	Address	Phone Number	Website
Battlefield Elementary	11108 Leavells Rd, Fredericksburg, VA 22407	540.786.4532	https://www.spotsylvania.k12.va.us/battlefield
Berkeley Elementary	5979 Partlow Rd, Spotsylvania, VA 22551	540.582.5141	https://www.spotsylvania.k12.va.us/Domain/9
Brock Road Elementary Spotsylvania, VA 22553	10207 Brock Rd,	540.972.3870	https://www.spotsylvania.k12.va.us/Domain/10
Cedar Forest Elementary Fredericksburg, VA 22408	3412 Massaponax Church Rd,	540.834.4569	https://www.spotsylvania.k12.va.us/Domain/293
Chancellor Elementary Fredericksburg, VA 22407	5995 Plank Rd,	540.786.6123	https://www.spotsylvania.k12.va.us/Domain/11
Courthouse Road Elementary	9911 Courthouse Rd, Spotsylvania, VA 22553	540.891.0400	https://www.spotsylvania.k12.va.us/Domain/12
Courtland Elementary Spotsylvania, VA 22553	6601 Smith Station Rd,	540.898.5422	https://www.spotsylvania.k12.va.us/Domain/13
Harrison Road Elementary Fredericksburg, VA 22407	6230 Harrison Rd,	540.548.4864	https://www.spotsylvania.k12.va.us/Domain/14
Lee Hill Elementary Fredericksburg, VA 22408	3600 Lee Hill School Dr,	540.898.1433	https://www.spotsylvania.k12.va.us/Domain/15
Livingston Elementary Spotsylvania, VA 22551	6057 Courthouse Rd,	540.895.5101	https://www.spotsylvania.k12.va.us/Domain/16
Parkside Elementary Fredericksburg, VA 22407	5620 Smith Station Rd,	540.710.5190	https://www.spotsylvania.k12.va.us/Domain/17
Riverview Elementary Spotsylvania, VA 22551	7001 North Roxbury Mill Rd,	540.582.7617	https://www.spotsylvania.k12.va.us/Domain/18
Salem Elementary	4501 Jackson Rd, Fredericksburg, VA 22407	540.786.8218	https://www.spotsylvania.k12.va.us/Domain/20
Smith Station Elementary Fredericksburg, VA 22407	7320 Smith Station Rd,	540.786.5443	https://www.spotsylvania.k12.va.us/Domain/21
Spotswood Elementary Fredericksburg, VA 22408	400 Lorraine Ave,	540.898.1514	https://www.spotsylvania.k12.va.us/Domain/22
Spotsylvania Elementary Spotsylvania, VA 22553	7415 Brock Rd,	540.582.5445	https://www.spotsylvania.k12.va.us/Domain/19
Wilderness Elementary Spotsylvania, VA 22553	11600 Catharpin Rd,	540.786.9817	https://www.spotsylvania.k12.va.us/Domain/23
Battlefield Middle	11120 Leavells Rd, Fredericksburg, VA 22407	540.786.4400	https://www.spotsylvania.k12.va.us/Domain/25

Organization	Address	Phone Number	Website
Chancellor Middle	6320 Harrison Rd, Fredericksburg, VA 22407	540.786.8099	https://www.spotsylvania.k12.va.us/ Domain/26
Freedom Middle	7315 Smith Station Rd, Fredericksburg, VA 22407	540.548.1030	https://www.spotsylvania.k12.va.us/Domain/27
Ni River Middle	11632 Catharpin Rd, Spotsylvania, VA 22553	540.785.3990	https://www.spotsylvania.k12.va.us/Domain/28
Post Oak Middle	6959 Courthouse Rd, Spotsylvania, VA 22551	540.582.7517	https://www.spotsylvania.k12.va.us/Domain/29
Spotsylvania Middle	8801 Courthouse Rd, Spotsylvania, VA 22553	540.582.6341	https://www.spotsylvania.k12.va.us/Domain/30
Thornburg Middle	6929 North Roxbury Mill Rd, Spotsylvania, VA 22551	540.582.7600	https://www.spotsylvania.k12.va.us/Domain/31
Chancellor High	6300 Harrison Rd, Fredericksburg, VA 22407	540.786.2606	https://www.spotsylvania.k12.va.us/Domain/32
Courtland High	6701 Smith Station Rd, Spotsylvania, VA 22553	540.898.4445	https://www.spotsylvania.k12.va.us/Domain/33
Massaponax High	8201 Jefferson Davis Hwy, Fredericksburg, VA 22407	540.710.0419	https://www.spotsylvania.k12.va.us/Domain/34
Riverbend High	12301 Spotswood Furnace Rd, Fredericksburg, VA 22407	540.548.4051	https://www.spotsylvania.k12.va.us/Domain/35
Spotsylvania High	6975 Courthouse Rd, Spotsylvania, VA 22551	540.582.3882	https://www.spotsylvania.k12.va.us/Domain/36
Early Intervention Services			
Reaching Potentials VA, LLC	10707 Spotsylvania Ave, Fredericksburg, VA 22408	540.368.8087	https://www.reachingpotentials.com/contact-us.html
Smart Beginnings Rappahannock Area	4701 Market St, Ste C, Fredericksburg, VA 22408	540.479.6944	http://www.smartbeginningsra.org/
Colleges/Universities			
Germanna Community College	10000 Germanna Point Drive, Fredericksburg, VA 22408	540.891.3000	https://www.germanna.edu/
Health Care Access and Quality General			
Mary Washington Primary Care	4535 Spotsylvania Pkwy, Fredericksburg, VA 22407	540.374.3160	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Spotsylvania-Parkway.aspx
Mary Washington Primary Care	10620 Spotsylvania Ave, Fredericksburg, VA 22408	540.374.3150	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Spotsylvania-Avenue.aspx

Organization	Address	Phone Number	Website
Pratt Healthcare: Family Practice	4701 Spotsylvania Pkwy, Fredericksburg, VA 22407	540.834.5440	https://www.pratthealthcare.com/
Prime Care Urgent & Family Care	9763 Courthouse Rd, Ste 1915, Spotsy. Courthouse, VA 22553	540.786.1200	https://virginiaprimecare.com/
Rappahannock Family Physicians	10502 Rhoads Dr, Ste 7787, Fredericksburg, VA 22407	540.710.9100	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/RFP-MW-Primary-Care.aspx
VA Clinic	10401 Spotsylvania Ave #300, Fredericksburg, VA 22408	540.693.3140	https://www.va.gov/richmond-health-care/
Spotsylvania Regional Medical Center	4600 Spotsylvania Pkwy, Fredericksburg, VA 22408	540.498.4000	https://hcavirginia.com/locations/spotsylvania/
Fredericksburg Christian Health Center	1129 Heatherstone Dr, Fredericksburg, VA 22407	540.785.8500	https://www.fchc.us/
Better Med	4901 Plank Rd, Fredericksburg, VA 22407	540.252.3533	https://www.bettermedcare.com/
Centre Pointe Health Specialties	3920 Plank Rd # 120, Fredericksburg, VA 22407	703-349-3063	https://cpdocs.pro/
Lee's Hill Family Physicians	125 Olde Greenwich Dr STE 220, Fredericksburg, VA 22408	540.898.8001	
Reese Medical Associates	10620 Spotsylvania Ave, Fredericksburg, VA 22408	540.374.3150	
Children and Adolescents			
Kidschoice Pediatrics	10411 Courthouse Rd, Fredericksburg, VA 22407	540.710.6006	https://www.kidschoicepeds.net/
Preferred Pediatrics	9755 Courthouse Rd, Ste 101, Spotsy. Courthouse, VA 22553	540.898.9680	https://www.mypreferredpediatrics.com/
Preferred Pediatrics	10600 Spotsylvania Ave, Fredericksburg, VA 22408	540.604.9500	https://www.mypreferredpediatrics.com/
Sentara Pratt Pediatrics	4701 Spotsylvania Pkwy, Ste 205, Fredericksburg, VA 22407	540-834-5430	https://www.sentara.com/woodbridge-virginia/findadoctor/medical-groups/sentara-medical-group.aspx
Yum Pediatrics	10482 Georgetown Dr, Spotsy. Courthouse, VA 22553	540.369.3316	http://yumpediatrics.com/
Chancellor Pediatrics P.C.	12004 Kilarney Dr, Fredericksburg, VA 22407	540.548.4513	https://www.chancellorpediatrics.com/
Children's Health PC	4425 Plank Rd, Fredericksburg, VA 22407	540.785.9595	https://childrenshealthpc.com/

Organization	Address	Phone Number	Website
Cancer			
Hematology - Oncology Associates, Inc.	4501 Empire Ct, Fredericksburg, VA 22408	540.371.0079	https://www.hoafredericksburg.com/
Family Planning			
Elite Women's Health	9755 Courthouse Rd, Ste 104, Spotsy. Courthouse, VA 22553	540.940.2000	https://www.elitewomenshealthva.com/?utm_source=GMBlistingSpotsylvania&utm_medium=organic
Central Virginia OB/GYN Group PC	4604 Spotsylvania Pkwy #310, Fredericksburg, VA 22408	540.373.5195	https://centralvirginiaobgyn.com/
Health Insurance			
Allstate Insurance	8970 Courthouse Rd, Spotsy. Courthouse, VA 22553	540.805.8080	https://agents.allstate.com/kristin-bishop-spotsylvania-va.html?utm_source=GMB&utm_medium=Website
Oral Conditions			
Advanced Dental Care of Fredericksburg	10524 Spotsylvania Ave, Fredericksburg, VA 22408	540.891.9911	https://www.advanceddentalcarefredericksburg.com/?utm_source=fredericksburg-listing&utm_medium=gmb&utm_campaign=seo&utm_content=website-link
Bright Now! Dental	10454 Hilltop Plaza Way, Spotsy. Courthosue, VA 22553	540.891.6570	https://www.brightnow.com/dentist-near-me/spotsylvania-dentist/34040?utm_source=generic&utm_medium=profiles&utm_campaign=local_profiles
Brilliance Dental	9137 Courthouse Rd, Ste 100, Spotsy. Courthouse, VA 22553	540.582.6247	https://www.brilliancedentalva.com/
Fredericksburg Dental Artists	10040 Jefferson Davis Hwy, Ste 112, Fred., VA 22407	540.908.3888	https://www.fredericksburgdentalartists.com/
Fredericksburg Dental Care	10620 Courthouse Rd, Fredericksburg, VA 22407	540.898.8616	https://www.fredericksburgdentalcare.com/
Freedom Family Dentistry	10039 Jefferson Davis Hwy, Fredericksburg, VA 22407	540.779.8887	https://www.freedomfamilydentistry.com/?utm_source=local&utm_medium=organic&utm_campaign=gmb
Hilltop Dental Studio	10466 Georgetown Dr, Spotsy. Courthouse, VA 22553	540.898.8181	https://www.hilltopdentalstudio.com/
Neibauer Dental Care	9859 Jefferson Davis Hwy, Fredericksburg, VA 22407	540.891.0071	https://www.neibauerdentalcosnerscorner.com/
North River Dental Care	10705 Courthouse Rd, Ste 118, Fredericksburg, VA 22407	540.369.4939	https://www.northriverdentalcare.com/
Reform Dentistry of Fredericksburg	10009 Southpoint Pkwy, Ste 201B, Fred., VA 22407	540.237.1700	https://reformdentistry.com/

Organization	Address	Phone Number	Website
Southpoint Quality Dental	5100 Southpoint Pkwy, Fredericksburg, VA 22407	540.710.1088	https://qualitydentalva.com/?utm_source=Local&utm_medium=GoogleMaps&utm_campaign=GMB
VA Smiles	10608 Leavells Rd, Fredericksburg, VA 22407	540.710.6000	https://www.vasmiles.com/
People with Disabilities - Traumatic Brain Injury			
Brain Injury Associates	927 Maple Grove Dr,	540.785.6122	https://braininjurysvcs.org/fredericksburg-office/
Sensory or Communication Disorders			
Delaney Hearing Center	10711 Spotsylvania Ave, 8 Fredericksburg, VA 2240	434.202.1430	https://www.delaneyhearingcenter.com/
Elevate Hearing Aid Center	4903 Plank Rd, Ste 101b, Fredericksburg, VA 22407	540.785.4676	https://www.elevatemyhearing.com/
Hearing Resource Center	4701 Spotsylvania Pkwy, Ste 100, Fredericksburg, VA 22407	540.371.1263	https://hearingresourcecenterllc.com/
Live Better Hearing	4812 Southpoint Pkwy, Fredericksburg, VA 22407	540.642.6064	https://livebetterhearing.com/
Mary Washington Eye Care Center	4710 Spotsylvania Pkwy, Ste 104, Fredericksburg, VA 22407	540.741.2733	https://www.eyesmwhc.com/
Vision Health Center	3500 Plank Rd, Fredericksburg, VA 22407	540.786.2786	http://www.visionhealthcenter.com/
Other			
Allergy Partners of Fredericksburg	511 Park Hill Dr, Fredericksburg, VA 22401	540.372.6920	https://www.allergypartners.com/fredericksburg/
Cardiology Associates	9530 Cosner Dr STE 200, Fredericksburg, VA 22408	540.373.1124	https://www.fredcardio.com/
Central Virginia Podiatry	4103 Lafayette Blvd Unit 2, Fredericksburg, VA 22408	540.834.0363	
Diabetes and Thyroid Associates PC	10711 Spotsylvania Ave bldg 6, Fredericksburg, VA 22408	540.891-8499	https://www.diabetesandthyroid.com/
Surgical Associates of Fredericksburg	4548 Empire Ct, Fredericksburg, VA 22408	540.373.2244	
MW Spine and Rehab	4710 Spotsylvania Pkwy #201, Fredericksburg, VA 22407	540.374.3233	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Spine-and-Rehabilitation.aspx
Long term care facilities			
Bickford of Spotsylvania	5000 Spotsylvania Parkway Fredericksburg 22407	540.898.1205	https://www.bickfordseniorliving.com/branch/bickford-of-spotsylvania
Chancellor's Village	12100 Chancellor's Village Lane Fredericksburg 22407	540.684.3664	https://chancellors-village.com/

Organization	Address	Phone Number	Website
Cardinal Village	4621 Spotsylvania Parkway Spotsylvania, VA 22408	540.898.1900	https://mhseniorliving.com/property/virginia/cardinal-village-a-memory-care-community/?utm_source=GMB&utm_medium=organic&utm_campaign=597&utm_content=cardinal-village
Carriage Hill Health & Rehab Center	6106 Health Center Lane, Fredericksburg, VA 22407	540.785.1120	https://carriagehill-rehab.com/
Greenfield Senior Living Spotsylvania	9300 Onyx Ct Spotsylvania, 22407	540.891.5540	https://greenfieldseniorliving.com/community/va/spotsylvania/
Fredericksburg Health and Rehab	3900 Plank Road, Fredericksburg, VA 22407	540.786.8351	https://fredericksburgrehab.com/
Paramount Senior Living Fredericksburg	3500 Meekins Drive, Fredericksburg, VA 22407	540.785.3600	https://www.paramountseniorliving.com/paramount-communities/paramount-senior-living-at-fredericksburg/
Spring Arbor of Fredericksburg	5308 River Road, Fredericksburg, VA 22407	540.548.2133	https://www.springarborliving.com/va/fredericksburg/spring-arbor-of-fredericksburg/?utmsource=GMB&utm_medium=organic
Desired Living	603 Montrose Drive Fredericksburg, VA 22407	571.225.9860	http://www.desiredlivingalf.com/
Lake Anna Elder Care	5232 Lewiston Rd, Bumpass, VA 23024	540.894.7804	
Neighborhood and Built Environment			
General			
Cox	10454 Hilltop Plaza Way, Spotsy. Courthouse, VA 22553	540.645.5765	https://www.cox.com/residential/home.html
iWiSP LLC	5751 Delmas Dr, Spotsy. Courthouse, VA 22551	540.379.5866	https://iwisp.net/
YMCA	5700 Smith Station Rd, Fredericksburg, VA 22407	540.735.9622	https://family-ymca.org/find-a-y/ron-rosner/
Spotsylvania Career and Technical Center	6713 Smith Station Rd, Spotsy. Courthouse, VA 22553	540.898.2655	https://www.spotsylvania.k12.va.us/Domain/37
Environmental Health			
Best Water VA	10701 Stoner Dr, Ste 11, Fredericksburg, VA 22408	540.693.1494	https://www.bestwaterva.com/
Government Organizations			
Department of Social Services	9019 Old Battlefield Blvd, Spotsy. Courthouse, VA 22553	540.507.7898	https://www.spotsylvania.va.us/299/Social-Services
Parks and Rec	Hunting Run, 10910 Leavells Rd, Fredericksburg, VA 22407	540-507-7112	https://www.spotsylvania.va.us/parksandrec
Fire and Rescue	Courthouse Rd, Spotsy. Courthouse, VA 22553	540.582.3430	https://www.spotsylvania.va.us/

Organization	Address	Phone Number	Website
Health Department	9104 Courthouse Rd, Spotsy. Courthouse, VA 22553	540.507.7400	https://www.vdh.virginia.gov/rappahannock/spotsylvania-county-health-department-and-environmental-services/
Sheriff's Department	9119 Dean Ridings Ln, Spotsy. Courthouse, VA 22553	540.507.7200	https://www.spotsylvaniasheriff.org/
Humanitarian or Faith-based Organizations			
Catholic Charities	1101 Stafford Ave, Fredericksburg, VA 22401	540.371.1124	https://www.ccda.net/about-us/our-locations/programs-and-services-in-fredericksburg/
Salem Fields Community Church	11120 Gordon Rd, Fredericksburg, VA 22407	540.786.6212	https://salemfields.com/
Mt Hope Baptist Church	6823 Harrison Rd, Fredericksburg, VA 22407	540.786.4274	https://mbava.org/mt-hope-baptist-church-spotsylvania-co/
Mt Zion Baptist Church	6030 Harrison Rd, 7 Fredericksburg, VA 2240	540.786.6085	https://www.mtzbcspotsy.org/
Chancellor Baptist Church	11324 Gordon Rd, Fredericksburg, VA 22407	540.786.6927	https://chancellorbaptist.org/
Iglesia Apostoles y Profetas Templo Nueva Vida	6310 5 Mile Centre Park, Fredericksburg, VA 22407	571.331.9330	
Iglesia Adventista del Séptimo Día Hispana de Fredericksburg / Resurrection Lutheran Church		240.535.9954	https://fredericksburgspanishva.adventistchurch.org/
Iglesia Casa De Dios	8503 Indian Hills Ct, Fredericksburg, VA 22407	571.238.1140	https://www.churchofgod.org/
Iglesia del Nazareno Fredericksburg	11120 Gordon Rd, Fredericksburg, VA 22407	540.841.8425	https://www.frednaz.org/
Iglesia Adventista Del Tercer Ángel	4810 Southpoint Pkwy, Fredericksburg, VA 22407	540.621.1592	https://www.adventistas.org/es/
Fresh Wind Outreach Ministries	4820 Southpoint Pkwy, Fredericksburg, VA 22407	540.898.7549	http://www.freshwindoutreach.org/
New Destiny Baptist Church	11903 Bowman Dr #102, Fredericksburg, VA 22408	540.656.2404	https://www.newdestinyva.org/
Massapanox Bapt. CH	5101 Massaponax Church Rd, Fredericksburg, VA 22407	540-898-0021	http://www.massaponaxchurch.com/
Zion Hill Baptist Church	10411 Cooktown Rd, Spotsy. Courthouse, VA 22553	540.972.2778	https://zion-hills.com/
Spotswood Baptist Church	4009 Lafayette Blvd, Fredericksburg, VA 22408	540.898.0757	https://spotswood.org/

Organization	Address	Phone Number	Website
Land of Promise Church	5924 Smith Station Rd, Fredericksburg, VA 22407	540.891.1347	https://landofpromise.org/
Peace United Methodist Church	801 Maple Grove Dr, Fredericksburg, VA 22407	540.786.8585	https://passthepeacechurch.org/
Islamic Center of Fredericksburg	7020 Harrison Rd, Fredericksburg, VA 22407	540.786.5972	https://islamiccf.org/
Nativity of the Theotokos Greek Orthodox Church	12326 Spotswood Furnace Rd, Fredericksburg, VA 22407	540.548.2665	https://www.nativity.va.goarch.org/
Cultural Organizations			
NAACP	6030 Harrison Rd, Fredericksburg, VA 22407	540.847.7637	https://naacpspotsylvania.org/index.html
Imani Cultural Center	10127 Piney Branch Rd, Spotsy. Courthouse, VA 22553	540.308.3730	https://imanimc.org/
Stafford County ***Economic Stability | General & Workplace***			
Express Employment Professionals	233 Garrisonville Rd, Stafford, VA 22554	540.720.7007	https://www.expresspros.com/
Economic Development Authority	1300 Courthouse Rd, Stafford, VA 22554	540.658.8681	https://www.gostaffordva.com/
Low-Income Housing and Homes			
Arbor Grove Apartments	100 Timberlake St, Stafford, VA 22554	540.277.0330	https://www.arborgroveapts.com/
Aquia Fifteen at Towne Center	15 Towne Square Cir, Stafford, VA 22554	855.249.1069	https://aquia15.com/
Crescent Pointe	414 Malvern Hill Ct, Stafford, VA 22554	540.386.0759	http://www.crescentpointetownhomes.com/
England Run	18 Newcastle Pl, Fredericksburg, VA 22406	540.645.6516	https://www.englandrunnorthapartments.com/
Garrison Woods	207 Garrison Woods Dr, Stafford, VA 22554	855.553.1429	https://www.liveatgarrisonwoods.com/home.aspx
Sky Terrace	25 Sky Terrace, Stafford, VA 22556	540.699.0940	https://www.herculesliving.com/apartments/va/stafford/sky-terrace-townhomes/?utm_source=GMB&utm_medium=organic
Nurtrition and Healthy Eating			
Serve Inc	15 Upton Ln, Stafford, VA 22554	540.288.9603	https://www.serve-helps.org/
SNAP Office	1300 Courthouse Rd, Stafford, VA 22554	540.658.8720	https://staffordcountyva.gov/government/departments_p-z/social_services/index.php
Stafford Food Security	282 Deacon Rd, Ste 102, Fredericksburg, VA 22405	540.225.3900	https://staffordfoodsecurity.org/

Organization	Address	Phone Number	Website
Senior Living			
English Oaks Senior Apartments	11 Darlington Way, Fredericksburg, VA 22406	540.372.7797	https://englishoaksseniorapts.com/
The Gardens at Stafford	2195 Mountain View Rd, Stafford, VA 22556	540.657.1002	https://thegardensseniorapts.com/
Education Access and Quality			
Private Schools			
Alternative Paths Training School	21 Smokehouse Dr, Fredericksburg, VA 22406	540.479.1701	https://www.aptsinc.org/
CARD Academy	2761 Patriot Hwy, Stafford, VA 22554	540.699.3877	https://www.centerforautism.com
Cornerstone Life Academy	56 McWhirt Loop, Fredericksburg, VA 22406	540.374.1876	https://cornerstonelifeacademy.org/
Gateway Private Day School	188 Onville Rd, Stafford, VA 22556	540.288.8806	https://gatewayprivateschool.com/
Grace Preparatory School	2202 Jefferson Davis Hwy, Stafford, VA 22554	540.657.4500	http://www.graceprepschool.org/
Helping Hands Private Day School	2680 Jefferson Davis Hwy, Ste 5011, Stafford, VA 22554	540-657-1423	https://www.hhitherapy.com/
Holy Cross Academy	250 Stafford Lakes Okwy, Fredericksburg, VA 22406	540.286.1600	https://www.holycrossweb.com/
Merit School of Stafford	1001 Parkway Blvd, Stafford, VA 22554	540.602.7296	https://www.meritschools.com/
Rivermont School Fredericksburg	30 Pulte Drive Fredericksburg, VA 22406	540.373.0726	https://newstoryschools.com/locations-overview/virginia/fredericksburg?utm_source=GoogleMyBusiness&utm_medium=organic
South Stafford Christian School	15 Pine Rd, Fredericksburg, VA 22405	540.370.8099	https://www.meritschools.com/
St. William of York Catholic School	3130 Patriot Hwy, Stafford, VA 22554	540.659.5207	https://stwillschool.org/
Public Schools			
Stafford County Public Schools	31 Stafford Ave, Stafford, VA 22554	540.658.6000	https://www.staffordschools.net/Domain/4
Anne E. Moncure Elementary	120 Juggins Rd, Stafford, VA 22556	540.658.6300	https://www.staffordschools.net/Domain/17
Anthony Burns Elementary	60 Gallery Rd, Stafford, VA 22554	540.658.6800	https://www.staffordschools.net/Domain/8

Organization	Address	Phone Number	Website
Conway Elementary	105 Primmer House Rd, Fredericksburg, VA 22405	540.361.1455	https://www.staffordschools.net/Domain/10
Falmouth Elementary	1000 Forbes St, Falmouth, VA 22405	540.371.7458	https://www.staffordschools.net/Domain/11
Ferry Farm Elementary	20 Pendleton Rd, Fredericksburg, VA 22405	540.373.7366	https://www.staffordschools.net/Domain/12
Garrisonville Elementary	100 Wood Dr, Stafford, VA 22556	540.658.6260	https://www.staffordschools.net/Domain/13
Grafton Village Elementary	501 Deacon Rd, Fredericksburg, VA 22405	540.373.5454	https://www.staffordschools.net/Domain/14
Hampton Oaks Elementary	107 Northampton Rd, Stafford, VA 22554	540.658.6280	https://www.staffordschools.net/Domain/15
Hartwood Elementary	14 Shackelford Well Rd, Fredericksburg, VA 22406	540.752.4441	https://www.staffordschools.net/Domain/16
Kate Waller Barrett Elementary	150 Duffey Dr, Stafford, VA 22554	540.658.6464	https://www.staffordschools.net/Domain/9
Margaret Brent Elementary	2125 Mountain View Rd, Stafford, VA 22556	540.658.6790	https://www.staffordschools.net/Domain/38
Park Ridge Elementary	2000 Parkway Blvd, Stafford VA 22554	540.658.6320	https://www.staffordschools.net/Domain/18
Rockhill Elementary	50 Wood Dr, Stafford, VA 22556	540.658.6360	https://www.staffordschools.net/Domain/19
Rocky Run Elementary	95 Reservoir Rd, Fredericksburg, VA 22406	540.286.1956	https://www.staffordschools.net/Domain/20
Stafford Elementary	1349 Courthouse Rd, Stafford, VA 22554	540.658.6340	https://www.staffordschools.net/Domain/21
Widewater Elementary	101 Den Rich Rd, Stafford, VA 22554	540.658.6380	https://www.staffordschools.net/Domain/22
Winding Creek Elementary	475 Winding Creek Rd, Stafford, VA 22554	540.658.6400	https://www.staffordschools.net/Domain/23
A. G. Wright Middle	100 Wood Dr, Stafford, VA 22556	540.658.6240	https://www.staffordschools.net/Domain/30
Dixon-Smith Middle	503 Deacon Rd, Fredericksburg, VA 22405	540.899.0860	https://www.staffordschools.net/Domain/25
Edward E. Drew, Jr. Middle	501 Cambridge St, Falmouth, VA 22405	540.371.1415	https://www.staffordschools.net/Domain/24

Organization	Address	Phone Number	Website
H.H. Poole Middle	800 Eustace Rd, Stafford, VA 22554	540.658.6190	https://www.staffordschools.net/Domain/27
Rodney E. Thompson Middle	75 Walpole St, Stafford, VA 22554	540.658.6420	https://www.staffordschools.net/Domain/29
Shirley C. Heim Middle	320 Telegraph Rd, Stafford, VA 22554	540.658.5910	https://www.staffordschools.net/Domain/31
Stafford Middle	101 Spartan Dr, Stafford, VA	540.658.6210	https://www.staffordschools.net/Domain/28
T. Benton Gayle Middle	100 Panther Dr, Fredericksburg, VA 22406	540.373.0383	https://www.staffordschools.net/Domain/26
Brooke Point High	1700 Courthouse Rd, Stafford, VA 22554	540.658.6080	https://www.staffordschools.net/Domain/32
Colonial Forge High	550 Courthouse Rd, Stafford, VA 22554	540.658.6115	https://www.staffordschools.net/Domain/33
Mountain View High	2135 Mountain View Rd, Stafford, VA 22556	540.658.6840	https://www.staffordschools.net/Domain/34
North Stafford High	839 Garrisonville Rd, Stafford, VA 22554	540.658.6150	https://www.staffordschools.net/Domain/35
Stafford High	63 Stafford Indians Ln, Fredericksburg, VA 22405	540.371.7200	https://www.staffordschools.net/Domain/36
Early Intervention Services			
Stafford Schools Early Childhood Programs	610 Gayle St, Fredericksburg, VA 22405	540.368.2559	https://www.staffordschools.net/Domain/37
Health Care Access and Quality			
General			
Aquia Family Medical Center	2765 Jefferson Davis Hwy, Ste 109, Stafford, VA 22554	540.657.9191	https://www.aquiamedcenter.com/
Asclepeion Primary Care Inc	556 Garrisonville Rd, Stafford, VA 22554	540.720.5500	https://npino.com/primary-clinic/1124388830-asclepeion-primary-care%2C-inc/
Mary Washington Primary Care	422 Garrisonville Rd, #102, Stafford, VA 22554	540.657.4800	https://www.marywashingtonhealthcare.com/Our-Services/Medical-Group/Primary-Care-Garrisonville-Road.aspx
Primary and Urgent Care	231 Garrisonville Rd, Ste 100, Stafford, VA 22554	540.299.9888	https://www.primaryandurgentcare.com/
Stafford Primary Care Associates	422 Garrisonville Rd, #111, Stafford, VA 22554	540.657.9441	https://www.staffordmedicalcare.com/
Stafford Hospital Emergency Department	101 Hospital Center Blvd, Stafford, VA 22554	540.741.9000	https://www.marywashingtonhealthcare.com/Our-Services/Emergency-Services/Stafford-Hospital-Emergency-Department.aspx

Organization	Address	Phone Number	Website
Colonial Internal Medicine	392 Garrisonville Rd, Stafford, VA 22554	540.374.5599	http://www.colonialinternalmedicine.com/
Embracing Health	385 Garrisonville Rd Ste 121, Stafford, VA 22554	540.318.8604	http://embracinghealth.org/
Garrisonville Urgent Care	9 Center St, Stafford, VA 22554	540.288.2222	http://www.garrisonvilleurgentcare.com/
Internal Medicine of Virginia PC	11 Hope Rd STE 205, Stafford, VA 22554	540.288.8284	http://www.internalmedicineofvirginia.com/
MetroHealth Internal Medicine	450 Garrisonville Rd, Stafford, VA 22554	540.318.8167	http://www.metrohealthva.com/
North Stafford Family Medical Center	237 Garrisonville Rd # 101, Stafford, VA 22554	540.659.0550	
Rappahannock Family Physicians	422 Garrisonville Rd, Stafford, VA 22554	540.657.4800	
Stony Hill Internal Medicine	11 Smokehouse Dr #101, Fredericksburg, VA 22406	540.370.0295	
Children and Adolescents			
Kids First Pediatrics of Stafford	2765 Jefferson Davis Hwy, Ste 201, Stafford, VA 22554	540.288.8821	https://kidsfirststafford.com/
Pediatric Partners of Stafford	110 Soaring Eagle Dr, Stafford, VA 22556	540.720.2126	https://www.pediatricpartnersofstafford.com/
Stafford Pediatrics	385 Garrisonville Rd, Stafford, VA 22554	540.659.0111	https://staffordpediatrics.com/
Wee Care Pediatrics	306 Garrisonville Rd, Stafford, VA 22554	540.628.0813	https://weecarepeds.org/
Kid Med	20 Doc Stone Rd, Stafford, VA 22556	540.602.7766	https://www.kidmedva.com/locations/stafford/
Cancer			
Hematology/Oncology Associates of Fredericksburg	125 Woodstream Blvd, 22556 Ste 205, Stafford, VA	540.371.0079	https://www.hoafredericksburg.com/new-patients/location-directions-stafford/
Northern Virginia Hematology & Oncology Associates	125 Hospital Center, Ste 317, Stafford, VA 22554	833.443.6662	http://www.novahemonc.com/
Outpatient Infusion Center at Stafford	101 Hospital Center Blvd, 4th floor, Stafford, VA 22554	540.741.9565	https://www.marywashingtonhealthcare.com/Our-Services/Cancer-Center/Outpatient-Infusion.aspx
Virginia Oncology Care	406 Chatham Square Office Park Fredericksburg, VA 22405	540.300.6182	https://www.virginiaoncologycare.com/Community

Organization	Address	Phone Number	Website
Stafford Junction	791 Truslow Rd, Fredericksburg, VA 22406	540.368.0081	http://staffordjunction.org/
Drug and Alcohol Use			
Angelo Recovery & Counseling Services, Inc.	120 Falcon Dr, Ste 3, Fredericksburg, VA 22408	540.898.2020	http://angelorecoverycenter.org/index.html
Crossroads	4024 Plank Rd, Fredericksburg, VA 22407	800.805.6989	https://locations.crossroadstreatmentcenters.com/va/fredericksburg/VA700/
FCCR Fredericksburg	11720 Main St, Ste 108, Fredericksburg, VA 22408	540.426.3633	https://pinnacletreatment.com/location/virginia/fredericksburg/fccr-fredricksburg/
Rappahannock Area Alcohol Safety Action Program	12 Chatham Heights Rd, Ste 102 Fredericksburg, VA 22405	540.645.6310	https://raasap.com/
SaVida Health Fredericksburg	6330 5 Mile Centre Park, Ste 400 Fredericksburg, VA 22407	540.369.2202	https://savidahealth.com/opioid-addiction-treatment-fredericksburg-va-suboxone-doctors/
Family Planning			
Women's Health and Surgery Center	125 Hospital Center Blvd, Ste 221, Stafford, VA 22554	540.720.7340	https://www.obgynvirginia.com/?utm_source=local-listing&utm_medium=organic&utm_campaign=website-link
Health Insurance			
Celestine's AmeriPlan	119 Paradise Ct, Rm 1, Stafford, VA 22554	540.328.6788	http://ameriplanchawk.weebly.com/
Global Green Insurance Agency	2101 Jefferson Davis, Hwy, Stafford, VA 22554	703.380.5758	https://www.frantzcompanyllc.com/
J. Green Insurance	300 Garrisonville Rd, Ste 301, Stafford, VA 22554	540.318.6020	https://www.jgreeninsurance.com/
Lewis Insurance Associates	1192 Jefferson Davis Hwy, Fredericksburg, VA 22405	540.659.2121	https://www.lewisins.com/?utm_source=google&utm_medium=local&utm_campaign=google-local
State Farm Insurance	2048 Jefferson Davis Hwy, Ste B Stafford, VA 22554	703.221.1771	https://www.garyboxleyinsurance.com/?cmpid=d3r2_blm_0001
Tabitha E. Walker Insurance Agency	385 Garrisonville Rd, Ste 105, Stafford, VA 22554	540.274.1774	https://www.tabithawalkerinsurance.com/contact.aspx
Oral Conditions			
Advanced Dental Care of Stafford	2052 Jefferson Davis Hwy, Ste 103, Stafford, VA 22554	540.288.2800	https://www.advanceddentalcareofstafford.com/
Aquia Dental Care	2712 Jefferson Davis Hwy, Stafford, VA 22554	540.720.8630	https://www.aquiadentalcare.com/
Bright Now! Dental	392 Garrisonville Rd, Ste 205, Stafford, VA 22554	540.659.6816	https://www.brightnow.com/dentist-near-me/stafford-dentist/34070?utm_source=generic&utm_medium=profiles&utm_campaign=local_profiles

Organization	Address	Phone Number	Website
Cahoon Family Dental	282 Choptank Rd, Ste 101, Stafford, VA 22556	540.628.0684	https://www.cahoonfamilydental.com/
Dedicated Dental	11 Hope Rd, Ste 201, Stafford, VA 22554	540.318.8691	https://dedicateddentalva.com/
Elizabeth M. Attreed DDS	2832 Jefferson Davis Hwy, Stafford, VA 22554	540.659.5161	https://www.elizabethmattreeddds.com/
Embrey Mill Dental Care	1610 Publix Way, Ste 120, Stafford, VA 22554	540.779.0395	https://www.embreymilldentalcare.com/
Family First Dental	1229 Garrisonville Rd, Ste 101, Stafford, VA 22556	540.659.9900	https://www.yourfamilyfirstdental.com/
Garrisonville Dental	481 Garrisonville Rd, Ste 105, Stafford, VA 22554	540.659.4900	https://www.garrisonvilledental.com/
Junior Smiles of Stafford	963 Garrisonville Rd, Ste 103, Stafford, VA 22554	540.699.2441	https://juniorsmilesofstafford.com/
Karande Dental Care	2063 Jefferson Davis Hwy, Ste 1, Stafford, VA 22554	540.659.7515	https://www.karandedentalcare.com/
Neibauer Dental Care	20 Berkshire Dr, Ste 115, Stafford, VA 22554	540.720.7720	https://www.neibauerdentalgarrisonville.com/
New Smiles Dental	450 Garrisonville Rd, Ste 201, Stafford, VA 22554	540.720.1222	https://www.virginianewsmiles.com/
Precision Smile Dentistry	963 Garrisonville Rd, Ste 101, Stafford, VA 22556	540.300.2255	https://www.precisionsmiledentistry.com/
Rai Family Dentistry	239 Garrisonville Rd, Ste 102, Stafford, VA 22554	540.701.4619	https://www.sraidds.com/?utm_source=gmb&utm_medium=organic
Raj Patel, DDS	2757 Jefferson Davis Hwy, Ste 119, Stafford, VA 22554	540.659.2000	https://www.staffordvadentist.com/
Southpoint Quality Dental	125 Hospital Center Blvd, Ste 105, Stafford, VA 22554	540.242.5251	https://qualitydentalva.com/
Stafford Family Dental Care	35 Walpole St, Stafford, VA 22554	540.720.7332	http://staffordfamilydentalcare.com/
Stafford Gentle Touch Dentistry	2777 Jefferson Davis Hwy, Ste 115, Stafford, VA 22554	540.602.7768	http://www.staffordgentledental.com/
Stafford Smile Design	12 PGA Dr, Ste 201, Stafford, VA 22554	540.720.2627	https://www.staffordsmiledesign.com/
Stafford Smiles	623 Garrisonville Rd, Stafford, VA 22554	540.659.6650	http://www.staffordsmiles.com/

Organization	Address	Phone Number	Website
Unique Dental Care	556 Garrisonville Rd, Ste 208, Stafford, VA 22554	540.699.2414	http://www.uniquedentalcares.com/
VA Smiles	385 Garrisonville Rd, Ste 108, Stafford, VA 22554	540.657.7645	https://www.vasmiles.com/
People with Disabilities - Traumatic Brain Injury			
Brain Injury Services	927 Maple Grove Dr, Fredericksburg, VA 22407	540.785.6122	https://braininjurysvcs.org/fredericksburg-office/
Pregnancy and Childbirth			
Fredericksburg Pregnancy Center	10008 Southpoint Pkwy, Ste 105 Fredericksburg, VA 22407	540.370.1800	https://fredericksburgchoices.com/
Sensory or Communication Disorders			
Live Better Hearing	4812 Southpoint Pkwy, Fredericksburg, VA 22407	540.642.6064	https://livebetterhearing.com/
Access Eye - Aquia	2761 Jefferson Davis Hwy, Ste 205, Stafford, VA 22554	540.371.2020	https://www.accesseye.com/
Eagle Eye Vision Center	120 Soaring Eagle Dr, Stafford, VA 22556	540.720.0407	https://eevc2020.com/
Fredericksburg Christian Health Center	1129 Heatherstone Dr, Fredericksburg, VA 22407	540.785.8500	https://www.fchc.us/
MyEyeDr	1515 Stafford Market Pl, Ste 121, Stafford, VA 22556	540.657.2020	https://locations.myeyedr.com/va/stafford/1515-stafford-market-pl?utm_source=google-gmb&utm_medium=organic
Vision Essentials Optical Center	125 Hospital Center Blvd, Ste 110, Stafford, VA 22554	540.602.6320	https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/facilities/Colonial-Forge-Medical-Center-336715?kp_shortcut_referrer=kp.org/colonialforge
Vision Health Center	3500 Plank Rd, Fredericksburg, VA 22407	540.786.2786	http://www.visionhealthcenter.com/
Sexually Transmitted Infections			
Confidential STD Testing Centers	608 Garrisonville Rd, Stafford, VA 22554	571.364.6846	https://website--29888648329301737476O-stdtestingservice.business.site/
Other			
Central Virginia Surgical Specialists	125 Hospital Center Blvd #201 Stafford, VA 22554	540.374.3224	
Nova Cardiovascular Care-Stafford	422 Garrisonville Rd #104, Stafford, VA 22554	540.628.2173	https://www.novacardiocare.com/
Long Term Care Facilities			
Commonwealth Senior Living Northside Fredericksburg	1001 Northside Drive, Fredericksburg VA 22405	540.374.8200	https://www.commonwealthsl.com/community/commonwealth-senior-living-at-fredericksburg/

Organization	Address	Phone Number	Website
Commonwealth Senior Living Kings Crest Stafford	30 Kings Crest Drive, Stafford, VA 22554	540-.288.9353	https://www.commonwealthsl.com/community/commonwealth-senior-living-at-stafford/
Harmony at Falls Run	60 Brimley Dr, Fredericksburg, VA 22406	540.479.3788	https://www.harmonyseniorservices.com/senior-living/va/fredericksburg/brimley-dr/
Charter Sr Living of Fredericksburg	20 Heartfields Lane, Fredericksburg, VA 22405	540.373.8800	https://www.charterfredericksburg.com/
Marian Manor of Stafford	177 Old Potomac Church Road, Stafford 22554	540.659.6375	http://www.marianmanorofstafford.com/
Falls Run Nursing and Rehab Center	140 Brimley Drive, Fredericksburg, VA 22406	540.752.0111	https://www.saberhealth.com/locations/falls-run-nursing-and-rehabilitation?utm_source=google&utm_medium=organic&utm_campaign=google-my-business&utm_term=SHGVA10
Woodmont Center	11 Dairy Lane, Fredericksburg, VA 22405	540.371.9414	https://www.genesishcc.com/woodmont
Berea Health & Rehab	55 Brimley Drive, Fredericksburg VA 22406	540.701.9480	https://www.saberhealth.com/locations/berea-health-rehab
Neighborhood and Built Environment			
General			
Cox	1931 Plank Rd, Ste 209, Fredericksburg, VA 22401	540.479.8650	https://www.cox.com/local/residential/stores/va/fredericksburg/1931-plank-road?sc_id=dp_z_yext_z_store_19Q2?sc_id=dp_z_goog_z_store_19Q2
Xfinity by Comcast	1460 Central Park Blvd, Ste 104 Fredericksburg, VA 22401	800.266.2278	https://www.xfinity.com/local/va/fredericksburg/1460-central-park-blvd.html?CMP=ORG:OTH:BAU:ALL:COM:GEN:INT5446cc3b393b1
Environmental Health			
Best Water VA	10701 Stoner Dr, Ste 11, Fredericksburg, VA 22408	540.693.1494	https://www.bestwaterva.com/
Culligan Water of Central Virginia	20 McCarty Rd, Fredericksburg, VA 22405	540.208.5254	https://www.midatlanticculligan.com/locations/fredericksburg-va/926
Pristine Water Treatment	912 Courthouse Rd, Stafford, VA 22554	571.334.8283	https://pristinewater-treatment.com/contact.php
Quality Water, Inc.	2827 Garrisonville Rd, Stafford, VA 22556	540.752.4180	http://qualitywaterinc.mobi/
Virginia Environmental Resources	14 Commerce Pkwy, Fredericksburg, VA 22554	540.737.4915	https://vah2o.com/
Government Organizations			
Department of Social Services	1300 Courthouse Rd, Stafford, VA 22554	540.658.8720	https://staffordcountyva.gov/government/departments_p-z/social_services/index.php

Organization	Address	Phone Number	Website
Parks and Rec	1729 Patriot Hwy, Stafford, VA 22554	540.658.4864	https://staffordcountyva.gov/government/departments_p-z/parks_and_recreation/index.php
Fire and Rescue	Stafford County Public Safety Center, 1225 Courthouse Rd, Stafford, VA 22554	540.658.7200	https://staffordcountyva.gov/government/departments_f-o/fire_and_rescue/index.php
Health Department	1300 Courthouse Rd, Stafford, VA 22554	540.659.3101	https://staffordcountyva.gov/residents/public_safety/health_department.php
Sheriff's Office	1225 Courthouse Rd, Stafford, VA 22554	540.658.4400	https://www.staffordsheriff.com/
Cultural Organizations			
NAACP	1214 W Graham Rd, Richmond, VA 23261	800.426.2227	http://www.staffordnaacp.org/
Other			
#ENOUGH	34 Nugent Drive Stafford VA 22554	252.969.0692	www.shoutenough.com
Humanitarian or Faith-based Organizations			
New Hope Christian Church	300 Chatham Heights Rd #109 Fredericksburg, VA 22405	540.368.2909	
Richland Baptist Church	2482 Warrenton Rd, Fredericksburg, VA 22406	540.752.9352	https://www.richlandbaptist.com/
LUCHA	P.O. Box 8239 400 Chatham Square Office Pk Fredericksburg, VA 22404-8239	540.370.4502	https://www.immigrationadvocates.org/nonprofit/legaldirectory/organization.650125-LUCHA_Ministries_Inc
Mt Ararat Church	1112 Garrisonville Rd, Stafford, VA 22556	540.659.2554	https://www.mtararat.org/
United Faith Christian Ministries	150 Susa Drive, Stafford, VA 22554	540.288.9253	https://www.ufcm.org/
Regester Chapel United Methodist	Regester Chapel Rd, Stafford, VA 22554	540.659.2642	https://www.regesterchapel.org/
Iglesia Cristiana Mensajeros del Señor	32 Bells Hill Rd, Stafford, VA 22554	540.385.5050	http://www.icmsva.org/
Iglesia Jardin de Delicias, Inc	279 Bells Hill Rd, Stafford, VA 22554	571.635.8399	https://jardindedelicias.org/
Iglesia Alfa y Omega de Stafford	791 Telegraph Rd, Stafford, VA 22554	571.241.6061	http://alfayomegadestafford.weebly.com/
St. William of York Catholic Church	3130 Patriot Hwy, Stafford, VA 22554	540.659.1102	https://www.swoycc.org/

Organization	Address	Phone Number	Website
Shiloh Temple of Praise	11 Joshua Rd, Stafford, VA 22556	540.720.5340	
Victorious Overcomers Ministries	2080 Patriot Hwy, Stafford, VA 22554	703.589.7096	https://iliveinvictory.org/Contact-Us
Palm of Deborah Ministries, Inc	106 Wyche Rd, Stafford, VA 22554		https://www.podministriesinc.org/
Beth Shalom Temple	805 Lyons Blvd, Fredericksburg, VA 22406	540.373.4834	https://www.bstva.org/
New Hope Christian Ministries	584 White Oak Rd, Fredericksburg, VA 22405	540.418.6200	https://nhcministries.org/
Bethel Baptist Church	1193 White Oak Rd, Fredericksburg, VA 22405	540.371.3650	https://www.bethelbaptistva.org/
Islamic Center of Stafford	2604 Patriot Hwy, Stafford, VA 22554	540.207.9831	https://masjidaliya.org/
Migration & Refugee Services	100 Riverside Manor Blvd Suite 135, Fred., VA 22406	540.899.6510	https://www.ccda.net/need-help/immigrants-and-refugees/migration-and-refugee-services/



Appendix D:
Local Public Health Systems Assessment (LPHSA) Overview

The LPHSA is the final assessment of the MAPP process, and we need your help completing it! This assessment will review how well our local public health system (LPHS) addresses the 10 essential functions of public health *(see Figure 1 below).*

When ranking how well each essential function is addressed it is best to consider the local public health system holistically; it is not just the health department or local hospital system. This system includes any and all entities that contribute to the delivery of public health services in our community. For examples of which entities are included, see Figure 2.

Figure 1

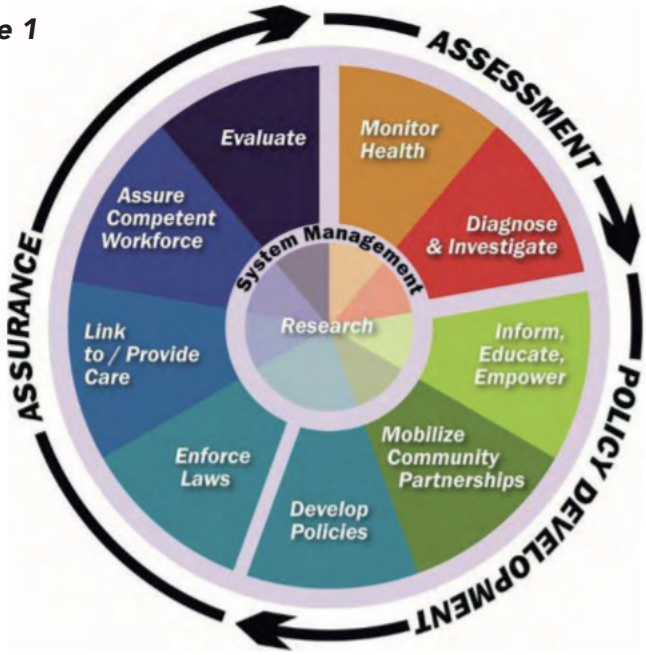
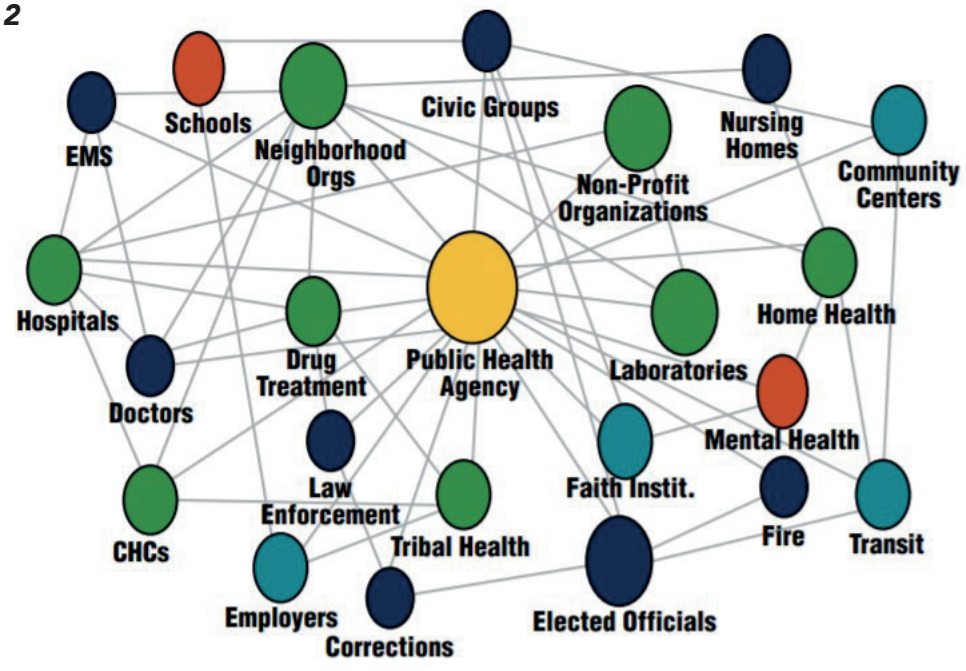


Figure 2



In order to prepare for the upcoming steering committee meeting during which we will complete the LPHSA, please complete the below rankings of our LPHS using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest). Bring your rankings to the meeting.

Think of each ranking as "On a scale of 1 to 10, what is the priority of each standard to our LPHS?"

Below each ranking, in italics, are examples of questions we will ask you to answer during the meeting. Answer choices for these questions range from "no activity" to "optimal activity."

	Ranking (1-10)
Essential function 1: Monitor health status to identify community health problems	
Population-based Community Health Assessment (CHA) *At what level does the LPHS conduct regular CHAs?*	
Current technology to manage and communicate population health data *At what level does the LPHS use the best available technology and methods to display data on the public's health?*	
Maintaining population health registries At what level does the LPHS collect timely data consistent with current standards on health concerns in order to provide data to population health registries?	
Essential function 2: Diagnose and investigate health problems and health hazards	
Identifying and monitoring health threats *At what level does the LPHS participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?*	
Investigating and responding to public health threats and emergencies *At what level does the LPHS maintain written instructions on how to handle communicable diseases, including details about case findings, contact tracing, and source identification and containment?*	
Lab support for investigating health threats *At what level does the LPHS have ready access to labs that can meet routine public health needs for finding out what health problems are occurring?*	
Essential function 3: Inform, educate, and empower people about health issues	
Health education and promotion *At what level does the LPHS provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?*	
Health communication *At what level does the LPHS develop health communication plans for media and public relations and for sharing information among organizations?*	
Risk communication *At what level does the LPHS develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?*	

	Ranking (1-10)
Essential function 4: Mobilize community partnerships to identify and solve health problems	
Constituency development *At what level does the LPHS maintain a complete and current directory of community organizations?*	
Community partnerships *At what level does the LPHS establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?*	
Essential function 5: Develop policies and plans that support individual and community health efforts	
Governmental presence at the local level *At what level does the LPHS support the work of the local health department to make sure the 10 essential services are provided?*	
Public health policy development *At what level does the LPHS contribute to public health policies by engaging in activities that inform the policy development process?*	
Community health improvement process and strategic planning *At what level does the LPHS establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?*	
Plan for public health emergencies *At what level does the LPHS support a workgroup to develop and maintain emergency preparedness and response plans?*	
Essential function 6: Enforce laws and regulations that protect health and ensure safety	
Reviewing and evaluating laws, regulations, and ordinances *At what level does the LPHS identify public health issues that can be addressed through laws, regulations, or ordinances?*	
Involvement in improving laws, regulations, and ordinances *At what level does the LPHS identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?*	
Enforcing laws, regulations, and ordinances *At what level does the LPHS identify organizations that have the authority to enforce public health laws, regulations, and ordinances?*	
Essential function 7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	
Identifying personal health service needs of populations *At what level does the LPHS identify groups of people in the community who have trouble accessing or connecting to personal health services?*	
Ensuring people are linking to personal health services *At what level does the LPHS connect or link people to organizations that can provide the personal health services they may need?*	

	Ranking (1-10)
Essential function 8: Assure a competent public health and personal healthcare workforce	
Workforce assessment, planning, and development *At what level does the LPHS complete a workforce assessment, a process to track the numbers and types of LPHS jobs and the associated knowledge, skills, and abilities required of the jobs?*	
Public health workforce standards *At what level does the LPHS ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?*	
Life-long learning through CE, training, and mentoring *At what level does the LPHS identify education and training needs and encourage the public health workforce to participate in available education and training?*	
Public health leadership development *At what level does the LPHS provide access to formal and informal leadership development opportunities for employees at all organizational levels?*	
Essential function 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services	
Evaluation population-based health services *At what level does the LPHS evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?*	
Evaluating personal health services *At what level does the LPHS evaluate the accessibility, quality, and effectiveness of personal health services?*	
Evaluating the LPHS *At what level does the LPHS identify all public, private, and voluntary organizations that contribute to the delivery of the 10 essential services?*	
Essential function 10: Research for new insights and innovative solutions to health problems	
Fostering innovation *At what level does the LPHS provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?*	
Linking with institutions of higher learning and/or research *At what level does the LPHS develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?*	
Capacity to initiative or participate in research *At what level does the LPHS collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?*	

Appendix E:
Forces of Change Assessment Table of Results

Forces of Change Affecting Health in the Rappahannock Area Health District

	Events	Factors	Trends
Economic		Volatility of job market	Workforce shortage, especially in public realm (public health, schools, healthcare, law enforcement)
		Volatility of job market	Trouble maintaining public works and services due to demand
		Volatility of job market	Commuting further for work, typically living in South and driving North
		Volatility of job market	Poor continuity of care and education due to having to move to where jobs are available
		Volatility of job market	Shift in population from rural to suburban
	Inflation	Lack of affordable housing	Multigeneral housing out of neccessity
	Inflation	Lack of affordable housing	Generational poverty
	Inflation	Lack of affordable housing	Metrics used to determine eligibility for economic assistance becoming more stringent
	Inflation	Lack of affordable housing	Population migration, North to South
	Medicaid expansion in 2019		Better access to providers for patients
	HCC opening for VA		Better access to providers for veterans/ VA patients
	HCC opening for VA		Greater healthcare workforce shortage for general population
	Express lane expansion		Worsening traffic and pollution (air and noise)
	Development (Amazon and DHL)		Migration to community for new job opportunities (500+ from new facilities)
	National opioid settlement	Settlement funding to provide resources through community partners	Public focus on tackling substance use and abuse together
		Limited public transportation	Difficulty getting and maintaining a job
		Limited public transportation	Investment in infrastructure (8 new road projects in 5-7 years in Stafford alone)
	COVID-19		Increased funding for healthcare and social works
	COVID-19	Supply chain issues	Collabortation between businesses to get work done efficiently and find needed products
Environmental	Climate change		Disproportionate economic and health impacts on low-income communities
	Climate change		Severe weather events such as coastal and flash flooding threatening community
	Climate change	Harmful algae blooms	Less recreational activities occurring on Lake Anna
	Climate change	Harmful algae blooms	Decreased tourism in Lake Anna area
		Poor tap water quality in Caroline	Cost of water very high (higher than electric in some communities)

Forces of Change Affecting Health in the Rappahannock Area Health District

	Events	Factors	Trends
Legal/Political	Regulatory changes in field of mental health	Workforce burden and low retention rates	Workforce shortage
	Regulatory changes in field of mental health	Workforce burden and low retention rates	State hospitals taking less admissions, responsibility falling on smaller localities
	Regulatory changes in field of mental health	Workforce burden and low retention rates	Difficulty accessing mental health services
	Regulatory changes in field of mental health	Workforce burden and low retention rates	Family and friends acting as caregivers without proper training
	Regulatory changes in field of mental health; Marcus Act		Accountability for public service responders during behavioral health emergencies; resources for behavioral health emergencies
	2016 and 2020 Presidential elections	Increased polarization of politics	Increase in public violence (especially schools) and misinformation
	2016 and 2020 Presidential elections	Increased polarization of politics	Difficulty funding and maintaining public services and works in localities
	2016 and 2020 Presidential elections	Increased polarization of politics	Lack of timely response from officials on public concerns
	2016 and 2020 Presidential elections	Increased polarization of politics	Trouble enforcing rules and regulations
	Legalization of marijuana		Confusion among citizens about discrepancy between federal and state laws
			Law enforcement having trouble enforcing new laws
Social	Black Lives Matter movement beginning in mid-2020	Large number of social justice movements locally	Awareness among community about social issues
	Black Lives Matter movement beginning in mid-2020	Large number of social justice movements locally	Increased need and availability of education on social issues
		Information sharing	Loss of smaller media outlets causing difficulty in getting key messages out to the public; RAHD has FLS but lacks additional outlets to reach general population
	COVID-19	Information sharing	Increase in misinformation and distrust in media sources
		Unite Us referral platform	Shift toward viewing health in holistic way
		Unite Us referral platform	Connectedness within healthcare system
		Food deserts	Trouble accessing healthy foods
		Food deserts	Healthy options becoming more expensive due to demand
		Food deserts	Increased collaboration among food service groups to reach vulnerable populations
	COVID-19	Teleworking, need for social distancing	Social isolation, negative effects on mental health
	COVID-19	Exposing health inequities between demographics	Focus on underlying health issues and social determinents of health
Technological/ Scientific	COVID-19	Emphasis on using electronic software and systems for personal information	Improvement in online and electronic security systems
	COVID-19	Shift to online learning	Disparities in broadband access, less educational opportunity for rural populations

Forces of Change Meeting Notes (consolidated)

Force	Force Category (social, economic, political, technological, environmental, scientific, legal, ethical)	Threats Posed	Opportunities Created	Factors	Trends
COVID-19	Event	Transmission in community, social isolation, increased trouble accessing services, workforce logisitics/ returning to work, polititization of healthcare, COVID fatigue	Funding, focus on underlying conditions/ related health issues, exposing health inequities, work from home (less commute), creativity in getting business done, increased innovation around workforce shortages (virtual RN, ICU)	Workforce shortage, supply chain problems, assistance programs	Cost of healthcare increases, access/ availability decreases, childcare shortage; Collaboration among businesses to fill needs and share resources, questioning the need of things; trouble paying bills once assistance ends
Increased cost of living/ inflation (housing, gas, food, etc.)	Economic	Difficult to make ends meet	Increased need for collaboration among food service groups	Lack of affordable housing; metrics to qualify for assistance changing	Multigeneral housing out of neccessity; generational poverty
Social justice movements	Social	People of color with decreased access and level of service in healthcare	Increased awareness among population, getting to the root of the problem, realizing a need for community education on topic		
Regulatory changes	Political, Legal	Especially in mental health, preventing people from entering the field, workforce burden, decreased retention rates	Long-term improvement in access, lays foundation		
Information sharing	Social	Media overload, misinformation, mental health effects, loss of smaller media outlets, distrust in media, more time needed to make informed decisions due to conflicting sources, hard to get info to rural populations due to lack of broadband internet; Need for direct messaging from trusted sources (employers, health department, etc.), context of COVID and vaccines/ boosters, trouble getting messaging out to the public (have FLS)	Increased ease of communication		
Polarization in politics	Political	Uncertainty about the future among communities when state administrations change, uncertainty about funding, increased public violence and misinformation	New ideas in office when leadership changes		
Population growth and migration	Social, economic	Housing costs increasing (people with high salaries working in RAHD and commuting North for work), traffic, growing pains/ shifting ideologies, need for language services; bouncing from 1 community to another makes continuity of care and education difficult, harder to access public services due to demand	Jobs, resources, public transportation (EZ pass and VRE), increased infrastructure, diversity and new culture in communities		Shift from rural to suburban or further South for economic reasons
Unite Us referral system	Event	Better connection in health field, holistic view of health	New resource to be managed, new system to learn for users		

Forces of Change Meeting Notes (consolidated)

Force	Force Category (social, economic, political, technological, environmental, scientific, legal, ethical)	Threats Posed	Opportunities Created	Factors	Trends
Climate change	Environmental	Local weather impacts, disproportionate impact on low-income communities, health effects, recreational activities (harmful algae blooms); Mental health concern, severe weather events threatening health, long-term effects on health, flash flooding on the Rappahannock, coastal flooding events	Innovation, rethinking current systems		
Security	Technological	Access to personal information if breached, working from home	Easy to access your own information on many platforms		
Medicaid expansion in 2019	Event		Increased access for patients		
HCC opening for VA	Event	Potential workforce shortage for other residents/ medical providers (government, NGO)	Access to care for veterans		
Algae blooms at lake anna	Environmental	Decreased tourism, loss of lake for recreation			
Express lane expansion	?	Increased traffic during building phase, possibly more noise and air pollution when complete	Less congested roads when complete, shorter commute		
Business expansion (Amazon, DHL)	Economic/ event	Increased traffic, more people utilizing public services	New job opportunities (500+)		
Census redistricting	Event/political	Impacts on local politics	Better representation		
National opioid settlement	Event/economic	Opioid addiction and overdose continues to be a problem	Settlement funding to provide resources through community partners, focus on mental health and drug abuse		
Job market	Economic	Workforce shortage, issues with transporation (school bus drivers), very competitive wages with Northern VA, trouble maintaining public works (parks, rec, roads, etc.), hard for government to compete with private industry that can pay more (clinical nurses for RAHD, nurses for public schools)	Low unemployment		
Limited public transportation		Trouble getting and holding a job, trouble accessing childcare or healthcare, transportation hard to access and use, transportation unreliable (routes/ times unknown)	Increased awareness of issue, discussion about how to solve transportation issues/ improve access-- investment in infrastructure (1B in next 5 yrs), 8 new road projects in next 5-7 years		
Poor water quality	Environmental	Expensive to buy bottled water, water bills very expensive (more than electric), only 1 option for water so forced to pay high costs, possible health effects due to poor quality			
Lack of government response to timely issues (federal, state, local)	Political	Workforce shortage, issues funding public services (fire and rescue, schools), lack of continuity between federal and state law (legalization of marijuana) making enforcement difficult			

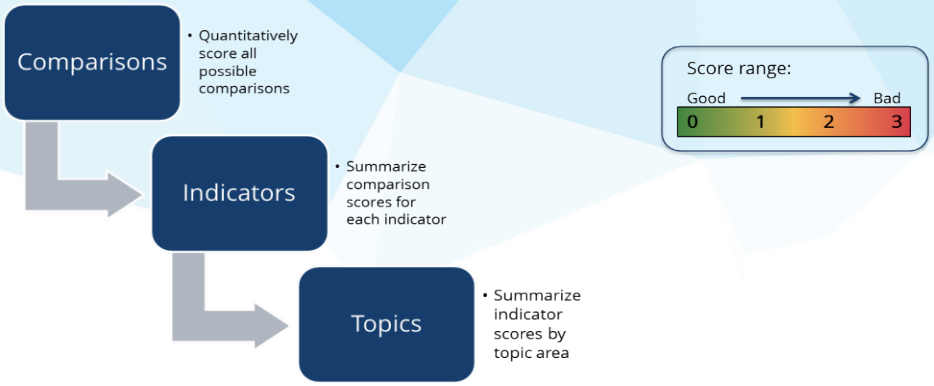
Forces of Change Meeting Notes (consolidated)

Force	Force Category (social, economic, political, technological, environmental, scientific, legal, ethical)	Threats Posed	Opportunities Created	Factors	Trends
Mental health system changes; state hospitals taking lower admissions, trickle down to local hospitals, Marcus Act	Social, event	Trouble accessing mental health services, caregivers not being properly trained (family members or friends taking on the role)			
Poor eating habits/ food deserts		Trouble accessing healthy food options, healthy food options are typically expensive, supply chain issues, not wanting to try new foods			
Increase in substance use and abuse		Increase in overdoses, Pending legalization of marijuana,			

Conduent Healthy Communities Institute Data Scoring Tool - Methodology

Scoring Method

Data Scoring is done in three stages:



For each indicator, your county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2030 (HP2030) goals as well as locally set goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

HCI Platform Compare to State or National Value



HCI Platform Compare to Healthy People 2030 Target



Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent

comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Significant Disparities

When a given indicator has data available for subgroups like race/ethnicity, age or gender–and values for these subgroups include confidence intervals–we are able determine if there is a significant difference between the subgroups value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Only significant differences in which a subgroup is worse than the overall value is identified.



County: Caroline
Mary Washington Health System
Total indicators: 174
Thursday 16th of December 2021 08:40:49 AM

Topic	Indicators	Score
Education	8	1.92
Heart Disease & Stroke	16	1.83
Health Care Access & Quality	9	1.78
Oral Health	4	1.76
Immunizations & Infectious Diseases	11	1.73
Prevention & Safety	3	1.70
Respiratory Diseases	11	1.70
Wellness & Lifestyle	6	1.68
Mortality Data	21	1.63
Alcohol & Drug Use	12	1.62
Women's Health	5	1.59
Sexually Transmitted Infections	4	1.56
Cancer	17	1.55
Older Adults	24	1.55
Children's Health	7	1.50
County Health Rankings	6	1.50
Mental Health & Mental Disorders	7	1.47
Other Conditions	5	1.46
Community	26	1.44
Maternal, Fetal & Infant Health	6	1.44
Environmental Health	26	1.38
Physical Activity	16	1.30
Economy	32	1.01



County: Caroline
Mary Washington Health System
Total indicators: 174
Thursday 16th of December 2021 08:35:43 AM





Indicator	County Distribution State	US	Value State	US	Target HP2030	Local	Trend	Score	Precision	Disparities Age	Race/Ethnicit
Age-Adjusted Death Rate due to Unintentional Injuries	3	3	3	3	3		2	2.72	High		
Diabetes: Medicare Population	3	3	3	3	1.5		2	2.64	High		
Mean Travel Time to Work	3	3	3	3	1.5		2	2.64	High		
Solo Drivers with a Long Commute	3	3	3	3	1.5		2	2.64	High		
Stroke: Medicare Population	3	3	3	3	1.5		2	2.64	High		
Chronic Kidney Disease: Medicare Population	2	3	3	2	1.5		3	2.58	High		
Age-Adjusted Death Rate due to Breast Cancer	2	3	3	3	3		2	2.56	High		
Food Insecure Children Likely Ineligible for Assistance	3	3	3	3	1.5		1.5	2.50	Medium		
COVID-19 Daily Average Incidence Rate	3	2	3	3	1.5		2	2.47	High		
Heart Failure: Medicare Population	2	2	3	2	1.5		3	2.42	High		
Overcrowded Households	3	1.5	3	1.5	1.5		3	2.42	Medium		
Babies with Very Low Birth Weight	3	1.5	3	3	1.5		2	2.39	Medium		
Dentist Rate	3	3	3	1.5	1.5		2	2.39	Medium		
Non-Physician Primary Care Provider Rate	3	3	3	1.5	1.5		2	2.39	Medium		
Asthma: Medicare Population	3	3	3	3	1.5		1	2.36	High		
Access to Exercise Opportunities	2	3	3	3	1.5		1.5	2.33	Medium		
Age-Adjusted Death Rate due to Prostate Cancer	1.5	3	3	3	3		1.5	2.33	Medium		
Age-Adjusted Death Rate due to Suicide	1.5	3	3	3	3		1.5	2.33	Medium		
Death Rate due to Drug Poisoning	2	2	3	3	1.5		2	2.31	High		
Hypertension: Medicare Population	2	3	2	3	1.5		2	2.31	High		
Insufficient Sleep	2	3	2	3	3		1.5	2.25	High		
Primary Care Provider Rate	3	3	3	1.5	1.5		1.5	2.25	Medium		
Households with an Internet Subscription	2	2	3	3	1.5		1.5	2.17	Medium		
Hyperlipidemia: Medicare Population	2	3	2	3	1.5		1.5	2.17	High		
Oral Cavity and Pharynx Cancer Incidence Rate	2	2	3	3	1.5		1.5	2.17	High		
4th Grade Students Proficient in Math	3	1.5	3	1.5	1.5		2	2.14	Medium		
4th Grade Students Proficient in Reading	3	1.5	3	1.5	1.5		2	2.14	Medium		
8th Grade Students Proficient in Math	3	1.5	3	1.5	1.5		2	2.14	Medium		
Ischemic Heart Disease: Medicare Population	3	2	3	1	1.5		2	2.14	High		
Renters Spending 30% or More of Household Income on Rent	2	3	2	2	1.5		2	2.14	High		
Student-to-Teacher Ratio	3	3	1.5	1.5	1.5		2	2.14	Medium		
Syphilis Incidence Rate: Early Stage	3	1.5	3	1.5	1.5		2	2.14	Medium		
Age-Adjusted Death Rate due to Cancer	2	2	3	3	3		1	2.11	High		
Mental Health Provider Rate	3	3	3	1.5	1.5		1	2.11	Medium		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2	2	2	3	3		1.5	2.08	High		
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	3	1.5		1.5	2.00	Low		
Grocery Store Density	3	3	1.5	1.5	1.5		1.5	2.00	Medium		
Persons with an Internet Subscription	2	2	3	2	1.5		1.5	2.00	Medium	65+	Black/Africar
WIC Certified Stores	3	3	1.5	1.5	1.5		1.5	2.00	Low		
Atrial Fibrillation: Medicare Population	2	2	2	2	1.5		2	1.97	High		
Breast Cancer Incidence Rate	2	2	2	2	1.5		2	1.97	High		
Death Rate due to Fentanyl Overdose	2	1.5	3	1.5	1.5		2	1.97	Medium		
Social Associations	2	2	3	1	1.5		2	1.97	High		
Workers Commuting by Public Transportation	2	1	3	3	3		1	1.94	High		
Adults who Smoke	1	1	3	3	3		1.5	1.92	High		
Single-Parent Households	2	3	3	3	1.5		0	1.92	High		
Colorectal Cancer Incidence Rate	2	2	3	2	1.5		1	1.86	High		
Lung and Bronchus Cancer Incidence Rate	2	1	3	3	1.5		1	1.86	High		
People 25+ with a Bachelor's Degree or Higher	2	1	3	3	1.5		1	1.86	High		Black/Africar
Persons Fully Vaccinated Against COVID-19	3	3	1.5	1.5	1.5		1	1.86	Medium		
Age-Adjusted Hospitalization Rate due to Heart Attack	2	1.5	3	1.5	1.5		1.5	1.83	Low		
Hepatitis C Incidence Rate (18-30 years)	2	1.5	3	1.5	1.5		1.5	1.83	Medium		
Households that are Asset Limited, Income Constrained, Employed (ALI	2	1.5	3	1.5	1.5		1.5	1.83	Low		
Households with No Car and Low Access to a Grocery Store	2	3	1.5	1.5	1.5		1.5	1.83	Low		
Child Abuse Rate	1	1.5	3	1.5	1.5		2	1.81	Medium		
Emergency Department Admission Rate due to Opioids	2	1.5	2	1.5	1.5		2	1.81	Medium		
Age-Adjusted Death Rate due to Lung Cancer	1	1	3	3	3		1	1.78	High		
Teen Birth Rate	2	1.5	3	2	1.5		1	1.78	Medium		
Clinical Care Ranking	3	1.5	1.5	1.5	1.5		1.5	1.75	Low		
High School Graduation	3	1.5	2	1.5	2		1	1.72	Medium		
All Cancer Incidence Rate	2	1	3	2	1.5		1	1.69	High		
People 25+ with a High School Degree or Higher	2	2	2	2	1.5		1	1.69	High	65+	American Inc
Premature Death	1	1	3	3	1.5		1	1.69	High		
Frequent Mental Distress	1	1	3	2	1.5		1.5	1.67	Medium		
Frequent Physical Distress	1	1	3	2	1.5		1.5	1.67	Medium		
High Blood Pressure Prevalence	1	1	1.5	3	3		1.5	1.67	Medium		
Life Expectancy	2	1	2	2	1.5		1.5	1.67	Medium		
Number of Extreme Heat Events	1.5	1.5	1.5	1.5	1.5		2	1.64	Low		
Tuberculosis Cases	1.5	1.5	1.5	1.5	1.5		2	1.64	Low		
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5	1.5		2	1.64	Low		
Workers who Drive Alone to Work	1	1	2	2	1.5		2	1.64	High		American Inc
Alcohol-Impaired Driving Deaths	1	2	1	2	1		2	1.61	High		
Adults who Binge Drink	2	2	1.5	1	1.5		1.5	1.58	Medium		
Adults who Experienced a Stroke	1	1	1.5	3	1.5		1.5	1.58	Medium		
Adults who Have Taken Medications for High Blood Pressure	2	2	1.5	1	1.5		1.5	1.58	Medium		
Adults with Arthritis	1	1	1.5	3	1.5		1.5	1.58	Medium		
Adults with COPD	1	1	1.5	3	1.5		1.5	1.58	Medium		
Age-Adjusted Death Rate due to Heart Disease	2	1.5	3	0	1.5		1.5	1.58	Medium		
Cholesterol Test History	2	1	1.5	2	1.5		1.5	1.58	Medium		
Health Behaviors Ranking	2	1.5	1.5	1.5	1.5		1.5	1.58	Low		
Non-Marital Births	1	1.5	3	1	1.5		1.5	1.58	Medium		
Children with Health Insurance	1	1	2	1.5	1.5		2	1.56	Medium		
8th Grade Students Proficient in Reading	2	1.5	2	1.5	1.5		1	1.53	Medium		
Recreation and Fitness Facilities	2	2	1.5	1.5	1.5		1	1.53	Medium		
Adults who Drink Excessively	2	1	2	1	1.5		1.5	1.50	Medium		
COPD: Medicare Population	2	1	2	1	1.5		1.5	1.50	High		
Households that are Above the Asset Limited, Income Constrained, Emp	1	1.5	2	1.5	1.5		1.5	1.50	Low		



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Thursday 16th of December 2021 08:35:43 AM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Households with One or More Types of Computing Devices	1	1	2	2	1.5		1.5	1.50	Medium		
Voter Turnout: Presidential Election	2	1.5	1	1.5	1.5		1.5	1.50	Medium		
Cancer: Medicare Population	1	2	1	1	1.5		2	1.47	High		
Emergency Department Admission Rate due to Heroin	2	1.5	0	1.5	1.5		2	1.47	Medium		
Gonorrhea Incidence Rate	2	1.5	0	1.5	1.5		2	1.47	Medium		
HIV Diagnosis Rate	2	1.5	0	1.5	1.5		2	1.47	Medium		
Students Eligible for the Free Lunch Program	1	1	1.5	1.5	1.5		2	1.47	Medium		
Unemployed Workers in Civilian Labor Force	2	1	2	0	1.5		2	1.47	High		
Adults 65+ with Total Tooth Loss	1	1	1.5	2	1.5		1.5	1.42	Medium		
Adults with Current Asthma	1	1	1.5	2	1.5		1.5	1.42	Medium		
Depression: Medicare Population	1	1	1	0	1.5		3	1.42	High		
High Cholesterol Prevalence: Adults 18+	1	1	1.5	2	1.5		1.5	1.42	Medium		
Morbidity Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low		
Mortality Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low		
Physical Environment Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low		
Poor Mental Health: 14+ Days	1	1	1.5	2	1.5		1.5	1.42	Medium		
Poor Physical Health: 14+ Days	1	1	1.5	2	1.5		1.5	1.42	Medium		
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	0	1	1	1	1.5		3	1.42	High		
Social and Economic Factors Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low		
Death Rate due to Heroin Overdose	2	1.5	1	1.5	1.5		1	1.36	Medium		
Deaths due to Homicide	1.5	1.5	1.5	1.5	1.5		1	1.36	Low		
Lyme Disease Cases	1.5	1.5	1.5	1.5	1.5		1	1.36	Low		
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5	1.5		1	1.36	Low		
PBT Released	1.5	1.5	1.5	1.5	1.5		1	1.36	Low		
SNAP Certified Stores	1	2	1.5	1.5	1.5		1	1.36	Medium		
Households that are Below the Federal Poverty Level	1	1.5	1	1.5	1.5		1.5	1.33	Low		
Adults with Health Insurance: 18-64	1	1	2	1.5	1.5		1	1.28	Medium		
Adults 65+ who Received Recommended Preventive Services: Males	2	0	1.5	1	1.5		1.5	1.25	Medium		
Adults who Experienced Coronary Heart Disease	1	0	1.5	2	1.5		1.5	1.25	Medium		
Adults who have had a Routine Checkup	2	0	1.5	1	1.5		1.5	1.25	Medium		
Adults with Cancer	1	0	1.5	2	1.5		1.5	1.25	Medium		
Alzheimer's Disease or Dementia: Medicare Population	1	1	0	0	1.5		3	1.25	High		
Projected Child Food Insecurity Rate	1	0	2	1.5	1.5		1.5	1.25	Medium		
Prostate Cancer Incidence Rate	2	2	2	1	1.5		0	1.25	High		
Death Rate due to Prescription Opioid Overdose	2	1.5	0	1.5	1.5		1	1.19	Medium		
Farmers Market Density	1	1	1.5	1.5	1.5		1	1.19	Medium		
Chlamydia Incidence Rate	1	1.5	0	1.5	1.5		1.5	1.17	Medium		
COVID-19 Daily Average Case-Fatality Rate	2	2	0	0	1.5		1.5	1.17	High		
Fast Food Restaurant Density	0	0	1.5	1.5	1.5		2	1.14	Medium		
Annual Ozone Air Quality	1.5	0	1.5	1.5	1.5		1	1.11	Low		
Babies with Low Birth Weight	1	1.5	1	1	1.5		1	1.11	Medium		
Colon Cancer Screening	1	0	1.5	1	2		1.5	1.11	Medium		
Adults who Visited a Dentist	1	0	1.5	1	1.5		1.5	1.08	Medium		
Adults with Kidney Disease	1	0	1.5	1	1.5		1.5	1.08	Medium		
Liquor Store Density	2	1	3	0	1.5		0	1.08	High		
Per Capita Income	1	0	3	2	1.5		0	1.08	High		Asian, Two o
Size of Labor Force	1.5	1.5	1.5	1.5	1.5		0	1.08	Low		
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	1	0	2	1	1.5		1	1.03	High		
Age-Adjusted Death Rate due to Diabetes	1	1	1	1	1.5		1	1.03	High		
Age-Adjusted Death Rate due to Heart Attack	0	1.5	1	1.5	1.5		1	1.03	Medium		
Teen Pregnancy Rate	1	1.5	0	1.5	1.5		1	1.03	Medium		
Children with Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low		
Low-Income and Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low		
People 65+ with Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low		
People with Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low		
Mammogram in Past 2 Years: 50-74	0	0	1.5	1	2		1.5	0.94	Medium		
Adults 65+ who Received Recommended Preventive Services: Females	1	0	1.5	0	1.5		1.5	0.92	Medium		
Median Household Income	1	0	3	1	1.5		0	0.92	High		Black/Africar
Cervical Cancer Screening: 21-65	0	0	1.5	1	1		1.5	0.89	Medium		
Poverty Status by School Enrollment	1	1	1	0	1.5		1	0.86	High		
Child Food Insecurity Rate	1	0	1	0	1.5		1.5	0.83	Medium		
Adults 20+ who are Obese	0	0	1.5	1.5	0		1	0.78	Medium		
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	1	1	3		1	0.78	High		
Infant Mortality Rate	0	1.5	0	1.5	0		1	0.78	Medium		
Violent Crime Rate	1	1.5	0	0	1.5		1	0.78	Medium		
Projected Food Insecurity Rate	0	0	0	1.5	1.5		1.5	0.75	Medium		
Households without a Vehicle	1	1	0	0	1.5		1	0.69	High		
Houses Built Prior to 1950	0	0	0	0	1.5		2	0.64	High		
Osteoporosis: Medicare Population	0	0	0	0	1.5		2	0.64	High		
People Living 200% Above Poverty Level	1	0	1	1	1.5		0	0.58	High		
Children Living Below Poverty Level	1	0	0	0	1.5		1	0.53	High		Two or More
Food Environment Index	0	0	1	0	1.5		1	0.53	High		
Food Insecurity Rate	0	0	0	0	1.5		1.5	0.50	Medium		
Homeownership	0	0	0	0	1.5		1.5	0.50	High		
Income Inequality	0	0	0	0	1.5		1.5	0.50	High		
People 65+ Living Alone	0	0	0	0	1.5		1.5	0.50	High		
Workers who Walk to Work	0	0	0	0	1.5		1.5	0.50	High	45-54, 55-59, 60-64	
Homeowner Vacancy Rate	1	1	0	0	1.5		0	0.42	High		
Households with Cash Public Assistance Income	1	1	0	0	1.5		0	0.42	High		
People Living Below Poverty Level	0	0	0	0	2		1	0.39	High	44547	American Inc
Melanoma Incidence Rate	0	0	0	0	1.5		1	0.36	High		
People 65+ Living Below Poverty Level	0	0	0	0	1.5		1	0.36	High		
Persons with Disability Living in Poverty (5-year)	0	0	0	0	1.5		1	0.36	High		
Families Living Below Poverty Level	1	0	0	0	1.5		0	0.25	High		
Age-Adjusted Death Rate due to Alzheimer's Disease	0	0	0	0	1.5		0	0.08	High		
Households with Supplemental Security Income	0	0	0	0	1.5		0	0.08	High		
Severe Housing Problems	0	0	0	0	1.5		0	0.08	High		



County: Fredericksburg City
Mary Washington Health System
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Thursday 16th of December 2021 09:12:27 AM

Topic	Indicators	Score
Prevention & Safety	3	2.09
Women's Health	5	2.00
Alcohol & Drug Use	12	1.98
Cancer	17	1.90
Education	8	1.88
Mental Health & Mental Disorders	6	1.79
Sexually Transmitted Infections	4	1.78
Mortality Data	20	1.73
Economy	32	1.72
Older Adults	24	1.66
Children's Health	7	1.63
Respiratory Diseases	11	1.52
Community	26	1.50
Environmental Health	25	1.49
Maternal, Fetal & Infant Health	6	1.49
Immunizations & Infectious Diseases	11	1.48
County Health Rankings	6	1.47
Heart Disease & Stroke	16	1.38
Oral Health	4	1.33
Wellness & Lifestyle	6	1.25
Physical Activity	16	1.16
Health Care Access & Quality	9	0.99
Other Conditions	5	0.96



County: Fredericksburg City
Mary Washington Health System
Total indicators: 172
Thursday 16th of December 2021 09:07:09 AM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Age-Adjusted Death Rate due to Alzheimer's Disease	3	3	3	3			3	3.00	High		
All Cancer Incidence Rate	3	3	3	3			3	3.00	High		
Colorectal Cancer Incidence Rate	3	3	3	3			3	3.00	High		
Alcohol-Impaired Driving Deaths	3	3	3	3			2	2.71	High		
Breast Cancer Incidence Rate	3	3	3	3			2	2.71	High		
Oral Cavity and Pharynx Cancer Incidence Rate	3	3	3	3			2	2.71	High		
People 65+ Living Alone	3	3	3	3			2	2.71	High		
People 65+ Living Below Poverty Level	3	3	3	3			2	2.71	High		
Asthma: Medicare Population	3	3	3	3			1.5	2.56	High		
Lung and Bronchus Cancer Incidence Rate	3	3	3	3			1.5	2.56	High		
8th Grade Students Proficient in Math	3	1.5	3	1.5			3	2.47	Medium		
8th Grade Students Proficient in Reading	3	1.5	3	1.5			3	2.47	Medium		
HIV Diagnosis Rate	3	1.5	3	1.5			3	2.47	Medium		
Overcrowded Households	3	1.5	3	1.5			3	2.47	Medium		
Liquor Store Density	1.5	3	3	3			2	2.44	High		
Atrial Fibrillation: Medicare Population	3	3	3	3			1	2.41	High		
Homeowner Vacancy Rate	3	3	3	3			1	2.41	High		
Homeownership	3	3	3	3			1	2.41	High		
Persons with Disability Living in Poverty (5-year)	3	3	3	3			1	2.41	High		
Single-Parent Households	3	3	3	3			1	2.41	High		
Age-Adjusted Death Rate due to Breast Cancer	2	3	3	3			1.5	2.38	High		
Severe Housing Problems	3	3	3	2			1.5	2.38	High		
Death Rate due to Drug Poisoning	2	2	3	3			2	2.35	High		
Mean Travel Time to Work	2	3	2	3			2	2.35	High		
Poverty Status by School Enrollment	2	2	3	3			2	2.35	High		
Age-Adjusted Death Rate due to Prostate Cancer	3	3	3	1.5			1.5	2.29	Medium		
Students Eligible for the Free Lunch Program	2	3	1.5	1.5			3	2.29	Medium		
Non-Marital Births	2	1.5	3	3			2	2.26	High		
Households without a Vehicle	3	3	3	2			1	2.24	High		
4th Grade Students Proficient in Math	3	1.5	3	1.5			2	2.18	Medium		
Child Abuse Rate	3	1.5	3	1.5			2	2.18	Medium		
Children Living Below Poverty Level	2	2	3	2			2	2.18	High		Other
Depression: Medicare Population	2	2	3	2			2	2.18	High		
Emergency Department Admission Rate due to Heroin	3	1.5	3	1.5			2	2.18	Medium		
Gonorrhea Incidence Rate	3	1.5	3	1.5			2	2.18	Medium		
Melanoma Incidence Rate	2	2	3	2			2	2.18	High		
Teen Pregnancy Rate	3	1.5	3	1.5			2	2.18	Medium		
Adults who Have Taken Medications for High Blood Pressure	3	3	1.5	2			1.5	2.12	Medium		
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	1	1	3	2			3	2.12	High		
Cholesterol Test History	3	3	1.5	2			1.5	2.12	Medium		
Student-to-Teacher Ratio	2	2	1.5	1.5			3	2.12	Medium		
Age-Adjusted Death Rate due to Diabetes	2	2	3	3			1	2.06	High		
Families Living Below Poverty Level	2	2	3	3			1	2.06	High		
Houses Built Prior to 1950	2	2	3	3			1	2.06	High		
People Living Below Poverty Level	2	2	3	3			1	2.06	High	18-24	Other
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	3			1.5	2.03	Medium		
Death Rate due to Fentanyl Overdose	3	1.5	3	1.5			1.5	2.03	Medium		
Fast Food Restaurant Density	3	3	1.5	1.5			1.5	2.03	Medium		
Food Insecurity Rate	2	1	3	3			1.5	2.03	High		
Households that are Above the Asset Limited, Income Constrained, Emp	3	1.5	3	1.5			1.5	2.03	Medium		
Households that are Asset Limited, Income Constrained, Employed (ALI	3	1.5	3	1.5			1.5	2.03	Medium		
Insufficient Sleep	2	2	2	3			1.5	2.03	High		
4th Grade Students Proficient in Reading	2	1.5	3	1.5			2	2.00	Medium		
Emergency Department Admission Rate due to Opioids	2	1.5	3	1.5			2	2.00	Medium		
Premature Death	1	1	3	3			2	2.00	High		
Voter Turnout: Presidential Election	3	1.5	2	1.5			2	2.00	Medium		
Violent Crime Rate	3	1.5	3	2			1	1.97	High		
Adults who Binge Drink	3	2	1.5	2			1.5	1.94	Medium		
Poor Mental Health: 14+ Days	2	2	1.5	3			1.5	1.94	Medium		
Alzheimer's Disease or Dementia: Medicare Population	3	2	2	2			1	1.88	High		
Cancer: Medicare Population	2	3	2	2			1	1.88	High		
Infant Mortality Rate	3	1.5	3	1.5			1	1.88	Medium		
Persons Fully Vaccinated Against COVID-19	3	3	1.5	1.5			1	1.88	Medium		
Stroke: Medicare Population	2	3	2	2			1	1.88	High		
Age-Adjusted Hospitalization Rate due to Heart Attack	2	1.5	3	1.5			1.5	1.85	Medium		
Households that are Below the Federal Poverty Level	2	1.5	3	1.5			1.5	1.85	Medium		
Diabetes: Medicare Population	1	2	2	2			2	1.82	High		
Unemployed Workers in Civilian Labor Force	2	2	3	0			2	1.82	High		
Projected Child Food Insecurity Rate	2	1	3	1.5			1.5	1.76	Medium		
Projected Food Insecurity Rate	2	1	3	1.5			1.5	1.76	Medium		
Age-Adjusted Death Rate due to Heart Disease	2	1.5	3	0			2	1.74	High		
High School Graduation	3	1.5	2	1.5			1	1.71	Medium		
Prostate Cancer Incidence Rate	2	2	2	2			1	1.71	High		
Death Rate due to Heroin Overdose	2	1.5	2	1.5			1.5	1.68	Medium		
Hypertension: Medicare Population	1	2	2	2			1.5	1.68	High		
Renters Spending 30% or More of Household Income on Rent	2	2	2	1			1.5	1.68	High		
Deaths due to Homicide	1.5	1.5	1.5	1.5			2	1.65	Low		
Heart Failure: Medicare Population	2	1	2	1			2	1.65	High		
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			2	1.65	Low		
Adults who have had a Routine Checkup	3	1	1.5	1			1.5	1.59	Medium		
Cervical Cancer Screening: 21-65	2	1	1.5	2			1.5	1.59	Medium		
Chlamydia Incidence Rate	3	1.5	3	1.5			0	1.59	Medium		
Clinical Care Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Colon Cancer Screening	2	1	1.5	2			1.5	1.59	Medium		
Social and Economic Factors Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	3			1	1.53	High		
Age-Adjusted Death Rate due to Unintentional Injuries	1	1	3	2			1	1.53	High		



County: Fredericksburg City
Mary Washington Health System
Total indicators: 172
Thursday 16th of December 2021 09:07:09 AM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Adults who Drink Excessively	2	1	2	1			1.5	1.50	High		
Death Rate due to Prescription Opioid Overdose	3	1.5	0	1.5			1.5	1.50	Medium		
Farmers Market Density	2	1	1.5	1.5			1.5	1.50	Medium		
Food Insecure Children Likely Ineligible for Assistance	1	2	0	3			1.5	1.50	High		
Frequent Mental Distress	1	1	2	2			1.5	1.50	High		
Income Inequality	2	2	1	1			1.5	1.50	High		
Life Expectancy	1	1	2	2			1.5	1.50	High		
Persons with an Internet Subscription	1	1	2	2			1.5	1.50	High	65+	American Inc
WIC Certified Stores	1	2	1.5	1.5			1.5	1.50	Medium		
Chronic Kidney Disease: Medicare Population	1	2	1	1			2	1.47	High		
COPD: Medicare Population	1	1	2	1			2	1.47	High		
Grocery Store Density	1	1	1.5	1.5			2	1.47	Medium		
Adults with Health Insurance: 18-64	2	1	2	1.5			1	1.44	High		
Adults with Current Asthma	1	1	1.5	2			1.5	1.41	Medium		
Health Behaviors Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Morbidity Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Mortality Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Physical Environment Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Hyperlipidemia: Medicare Population	1	2	1	2			1	1.35	High		
Ischemic Heart Disease: Medicare Population	2	1	2	1			1	1.35	High		
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Tuberculosis Cases	1.5	1.5	1.5	1.5			1	1.35	Low		
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			1	1.35	Low		
Adults who Smoke	0	0	3	2			1.5	1.32	High		
Child Food Insecurity Rate	1	0	3	1			1.5	1.32	High		
People 25+ with a High School Degree or Higher	1	1	1	1			2	1.29	High		Hispanic/Lati
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			2	1.29	High		
SNAP Certified Stores	1	0	1.5	1.5			2	1.29	Medium		
Solo Drivers with a Long Commute	1	2	0	1			2	1.29	High		
Children with Health Insurance	1	1	2	1.5			1	1.26	High		
Babies with Low Birth Weight	1	1.5	1	1			1.5	1.24	High		
COVID-19 Daily Average Incidence Rate	1	1	0	0			3	1.24	High		
Adults 20+ who are Obese	1	1	1.5	1.5			1	1.18	Medium		
Children with Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium		
Frequent Physical Distress	0	0	2	2			1.5	1.15	High		
Low-Income and Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium		
People with Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium		
Recreation and Fitness Facilities	0	0	1.5	1.5			2	1.12	Medium		
Teen Birth Rate	1	1.5	2	0			1	1.09	High		
Adults 65+ who Received Recommended Preventive Services: Males	1	0	1.5	1			1.5	1.06	Medium		
Adults who Visited a Dentist	1	0	1.5	1			1.5	1.06	Medium		
Lyme Disease Cases	1.5	1.5	1.5	1.5			0	1.06	Low		
Mammogram in Past 2 Years: 50-74	1	0	1.5	1			1.5	1.06	Medium		
Size of Labor Force	1.5	1.5	1.5	1.5			0	1.06	Low		
Food Environment Index	1	0	2	1			1	1.00	High		
People Living 200% Above Poverty Level	1	0	2	1			1	1.00	High		
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
People 65+ with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
Adults 65+ who Received Recommended Preventive Services: Females	1	0	1.5	0			1.5	0.88	Medium		
Median Household Income	1	0	3	1			0	0.88	High		
Syphilis Incidence Rate: Early Stage	2	1.5	0	1.5			0	0.88	Medium		
Dentist Rate	0	0	0	1.5			2	0.85	High		
Age-Adjusted Death Rate due to Heart Attack	0	1.5	0	1.5			1	0.82	Medium		
Households with an Internet Subscription	0	0	1	1			1.5	0.79	High		
Households with One or More Types of Computing Devices	0	0	1	1			1.5	0.79	High		
People 25+ with a Bachelor's Degree or Higher	0	0	1	0			2	0.76	High	25-34	Black/Africar
Adults 65+ with Total Tooth Loss	0	0	1.5	0			1.5	0.71	Medium		
Adults who Experienced a Stroke	0	0	1.5	0			1.5	0.71	Medium		
Adults who Experienced Coronary Heart Disease	0	0	1.5	0			1.5	0.71	Medium		
Adults with Arthritis	0	0	1.5	0			1.5	0.71	Medium		
Adults with Cancer	0	0	1.5	0			1.5	0.71	Medium		
Adults with COPD	0	0	1.5	0			1.5	0.71	Medium		
Adults with Kidney Disease	0	0	1.5	0			1.5	0.71	Medium		
Age-Adjusted Death Rate due to Colorectal Cancer	1	1	1	1			0	0.71	High		
Hepatitis C Incidence Rate (18-30 years)	1	1.5	0	1.5			0	0.71	Medium		
High Blood Pressure Prevalence	0	0	1.5	0			1.5	0.71	Medium		
High Cholesterol Prevalence: Adults 18+	0	0	1.5	0			1.5	0.71	Medium		
Poor Physical Health: 14+ Days	0	0	1.5	0			1.5	0.71	Medium		
Age-Adjusted Death Rate due to Cancer	0	0	1	1			1	0.65	High		
Osteoporosis: Medicare Population	1	1	0	0			1	0.65	High		
Social Associations	1	1	0	0			1	0.65	High		
Households with Supplemental Security Income	0	0	0	0			2	0.59	High		
Primary Care Provider Rate	0	0	0	1.5			1	0.56	High		
Per Capita Income	0	0	2	1			0	0.53	High		Asian, Hispar
Households with Cash Public Assistance Income	0	1	0	0			1	0.47	High		
Workers Commuting by Public Transportation	0	0	0	1			1	0.47	High	16-19	Other
Access to Exercise Opportunities	0	0	0	0			1.5	0.44	High		
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0			1.5	0.44	High		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0			1	0.29	High		
Workers who Drive Alone to Work	0	0	0	0			1	0.29	High		Native Hawa
Workers who Walk to Work	0	0	0	0			1	0.29	High	60-64	
Babies with Very Low Birth Weight	0	1.5	0	0			0	0.26	High		
Mental Health Provider Rate	0	0	0	1.5			0	0.26	High		
Non-Physician Primary Care Provider Rate	0	0	0	1.5			0	0.26	High		



County: King George
Mary Washington Health System
Total indicators: 172
Thursday 16th of December 2021 09:17:12 AM

Topic	Indicators	Score
Prevention & Safety	3	2.00
Alcohol & Drug Use	12	1.58
Mortality Data	19	1.58
Heart Disease & Stroke	16	1.56
Health Care Access & Quality	9	1.53
Education	8	1.50
Older Adults	24	1.49
Mental Health & Mental Disorders	7	1.47
County Health Rankings	6	1.44
Immunizations & Infectious Diseases	11	1.40
Cancer	16	1.39
Oral Health	4	1.38
Maternal, Fetal & Infant Health	6	1.37
Physical Activity	16	1.37
Women's Health	5	1.35
Respiratory Diseases	11	1.33
Sexually Transmitted Infections	4	1.28
Environmental Health	26	1.24
Children's Health	7	1.15
Wellness & Lifestyle	6	1.13
Other Conditions	5	1.12
Community	26	1.00
Economy	32	0.74



County: King George
Mary Washington Health System
Total indicators: 172
Thursday 16th of December 2021 09:16:17 AM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Death Rate due to Drug Poisoning	3	3	3	3			3	3.00	High		
Stroke: Medicare Population	3	3	3	3			3	3.00	High		
Mean Travel Time to Work	3	3	3	3			2	2.71	High		
Solo Drivers with a Long Commute	3	3	3	3			2	2.71	High		
Age-Adjusted Death Rate due to Unintentional Injuries	3	3	3	3			1.5	2.56	High		
Diabetes: Medicare Population	2	3	3	3			2	2.53	High		
Hypertension: Medicare Population	3	3	2	3			2	2.53	High		
Primary Care Provider Rate	3	3	3	1.5			2	2.44	High		
Asthma: Medicare Population	3	3	3	3			1	2.41	High		
Hyperlipidemia: Medicare Population	3	3	2	3			1.5	2.38	High		
Oral Cavity and Pharynx Cancer Incidence Rate	2	2	3	3			2	2.35	High		
Age-Adjusted Death Rate due to Breast Cancer	3	3	3	1.5			1.5	2.29	Medium		
Age-Adjusted Death Rate due to Suicide	1.5	3	3	3			1.5	2.29	Medium		
COVID-19 Daily Average Incidence Rate	2	2	3	1			3	2.29	High		
Hepatitis C Incidence Rate (18-30 years)	2	1.5	3	1.5			3	2.29	Medium		
Babies with Very Low Birth Weight	2	1.5	3	3			2	2.26	High		
Adults who Drink Excessively	3	2	3	2			1.5	2.21	High		
Age-Adjusted Death Rate due to Colorectal Cancer	2	2	3	3			1.5	2.21	High		
Ischemic Heart Disease: Medicare Population	3	2	3	2			1.5	2.21	High		
Emergency Department Admission Rate due to Heroin	3	1.5	3	1.5			2	2.18	Medium		
Infant Mortality Rate	3	1.5	3	1.5			2	2.18	Medium		
4th Grade Students Proficient in Math	2	1.5	2	1.5			3	2.12	Medium		
Adults who Have Taken Medications for High Blood Pressure	3	3	1.5	2			1.5	2.12	Medium		
Mental Health Provider Rate	2	3	3	1.5			1.5	2.12	High		
Homeowner Vacancy Rate	2	2	3	3			1	2.06	High		
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	3			1.5	2.03	Medium		
Age-Adjusted Hospitalization Rate due to Heart Attack	3	1.5	3	1.5			1.5	2.03	Medium		
Food Insecure Children Likely Ineligible for Assistance	2	3	1	3			1.5	2.03	High		
Grocery Store Density	3	3	1.5	1.5			1.5	2.03	Medium		
8th Grade Students Proficient in Math	2	1.5	3	1.5			2	2.00	Medium		
HIV Diagnosis Rate	2	1.5	3	1.5			2	2.00	Medium		
Premature Death	1	1	3	3			2	2.00	High		
Student-to-Teacher Ratio	3	2	1.5	1.5			2	2.00	Medium		
Workers who Drive Alone to Work	2	2	2	2			2	2.00	High		
Adults who Binge Drink	3	2	1.5	2			1.5	1.94	Medium		
Heart Failure: Medicare Population	2	1	2	1			3	1.94	High		
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			3	1.94	Low		
Workers who Walk to Work	2	3	3	3			0	1.94	High		
Age-Adjusted Death Rate due to Lung Cancer	2	1	3	3			1	1.88	High		
Cancer: Medicare Population	2	3	2	2			1	1.88	High		
Access to Exercise Opportunities	1	1	3	3			1.5	1.85	High		
Emergency Department Admission Rate due to Opioids	2	1.5	3	1.5			1.5	1.85	Medium		
Adults 20+ who are Obese	2	2	1.5	1.5			2	1.82	Medium		
Chronic Kidney Disease: Medicare Population	1	2	2	2			2	1.82	High		
4th Grade Students Proficient in Reading	1	1.5	1	1.5			3	1.76	Medium		
Clinical Care Ranking	3	1.5	1.5	1.5			1.5	1.76	Low		
Lung and Bronchus Cancer Incidence Rate	2	2	3	3			0	1.76	High		
Physical Environment Ranking	3	1.5	1.5	1.5			1.5	1.76	Low		
Atrial Fibrillation: Medicare Population	2	2	2	2			1	1.71	High		
Child Abuse Rate	0	1.5	3	1.5			2	1.65	Medium		
Deaths due to Homicide	1.5	1.5	1.5	1.5			2	1.65	Low		
Tuberculosis Cases	1.5	1.5	1.5	1.5			2	1.65	Low		
Adults who have had a Routine Checkup	3	1	1.5	1			1.5	1.59	Medium		
Dentist Rate	1	1	3	1.5			1.5	1.59	High		
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			3	1.59	High		
Persons Fully Vaccinated Against COVID-19	2	2	1.5	1.5			1	1.53	Medium		
Prostate Cancer Incidence Rate	2	2	2	1			1	1.53	High		
SNAP Certified Stores	2	2	1.5	1.5			1	1.53	Medium		
Farmers Market Density	2	1	1.5	1.5			1.5	1.50	Medium		
Life Expectancy	1	1	2	2			1.5	1.50	High		
Non-Physician Primary Care Provider Rate	2	2	3	1.5			0	1.50	High		
WIC Certified Stores	1	2	1.5	1.5			1.5	1.50	Medium		
8th Grade Students Proficient in Reading	1	1.5	1	1.5			2	1.47	Medium		
Depression: Medicare Population	1	1	1	0			3	1.41	High		
Mortality Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Death Rate due to Fentanyl Overdose	2	1.5	1	1.5			1	1.35	Medium		
Death Rate due to Prescription Opioid Overdose	3	1.5	0	1.5			1	1.35	Medium		
Lyme Disease Cases	1.5	1.5	1.5	1.5			1	1.35	Low		
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5			1	1.35	Low		
Size of Labor Force	1.5	1.5	1.5	1.5			1	1.35	Low		
Social Associations	2	2	2	0			1	1.35	High		
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			1	1.35	Low		
Age-Adjusted Death Rate due to Alzheimer's Disease	1	1	2	1			1.5	1.32	High		
Alzheimer's Disease or Dementia: Medicare Population	2	1	1	1			1.5	1.32	High		
Households with No Car and Low Access to a Grocery Store	1	1	1.5	1.5			1.5	1.32	Medium		
Melanoma Incidence Rate	1	1	2	1			1.5	1.32	High		
Teen Pregnancy Rate	1	1.5	1	1.5			1.5	1.32	Medium		
Voter Turnout: Presidential Election	1	1.5	1	1.5			1.5	1.32	Medium		
Breast Cancer Incidence Rate	1	1	1	1			2	1.29	High		
Gonorrhea Incidence Rate	1	1.5	0	1.5			2	1.29	Medium		
Recreation and Fitness Facilities	1	0	1.5	1.5			2	1.29	Medium		
Cholesterol Test History	1	1	1.5	1			1.5	1.24	Medium		
Colon Cancer Screening	1	1	1.5	1			1.5	1.24	Medium		
Health Behaviors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low		
Morbidity Ranking	0	1.5	1.5	1.5			1.5	1.24	Low		



County: King George
Mary Washington Health System
Total indicators: 172
Thursday 16th of December 2021 09:16:17 AM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Social and Economic Factors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low		
Age-Adjusted Death Rate due to Heart Disease	1	1.5	1	0			2	1.21	High		
Non-Marital Births	1	1.5	1	0			2	1.21	High		
Fast Food Restaurant Density	1	1	1.5	1.5			1	1.18	Medium		
High School Graduation	1	1.5	1	1.5			1	1.18	Medium		
Adults who Smoke	0	0	3	1			1.5	1.15	High		
Insufficient Sleep	0	1	1	2			1.5	1.15	High		
COPD: Medicare Population	1	1	1	0			2	1.12	High		
High Blood Pressure Prevalence	0	0	1.5	2			1.5	1.06	Medium		
Mammogram in Past 2 Years: 50-74	1	0	1.5	1			1.5	1.06	Medium		
Workers Commuting by Public Transportation	0	0	3	3			0	1.06	High		
Children with Health Insurance	0	0	1	1.5			2	1.03	High		
Chlamydia Incidence Rate	1	1.5	0	1.5			1	1.00	Medium		
Children with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
Frequent Mental Distress	0	0	2	1			1.5	0.97	High		
Frequent Physical Distress	0	0	2	1			1.5	0.97	High		
Households that are Above the Asset Limited, Income Constrained, Emp	0	1.5	0	1.5			1.5	0.97	Medium		
Households that are Asset Limited, Income Constrained, Employed (ALI	0	1.5	0	1.5			1.5	0.97	Medium		
Households that are Below the Federal Poverty Level	0	1.5	0	1.5			1.5	0.97	Medium		
Low-Income and Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
People 65+ with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
People with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
Adults 65+ who Received Recommended Preventive Services: Males	1	0	1.5	0			1.5	0.88	Medium		
Adults who Visited a Dentist	0	0	1.5	1			1.5	0.88	Medium		
Adults with Arthritis	0	0	1.5	1			1.5	0.88	Medium		
Adults with Cancer	0	0	1.5	1			1.5	0.88	Medium		
Adults with COPD	0	0	1.5	1			1.5	0.88	Medium		
Adults with Current Asthma	0	0	1.5	1			1.5	0.88	Medium		
Adults with Health Insurance: 18-64	0	0	1	1.5			1.5	0.88	High		
All Cancer Incidence Rate	1	1	2	1			0	0.88	High		
Cervical Cancer Screening: 21-65	0	0	1.5	1			1.5	0.88	Medium		
High Cholesterol Prevalence: Adults 18+	0	0	1.5	1			1.5	0.88	Medium		
Poor Mental Health: 14+ Days	0	0	1.5	1			1.5	0.88	Medium		
Poor Physical Health: 14+ Days	0	0	1.5	1			1.5	0.88	Medium		
Violent Crime Rate	0	1.5	0	0			2	0.85	High		
Age-Adjusted Death Rate due to Heart Attack	0	1.5	0	1.5			1	0.82	Medium		
Death Rate due to Heroin Overdose	0	1.5	0	1.5			1	0.82	Medium		
Overcrowded Households	0	1.5	0	1.5			1	0.82	Medium		
Students Eligible for the Free Lunch Program	0	0	1.5	1.5			1	0.82	Medium		
Syphilis Incidence Rate: Early Stage	0	1.5	0	1.5			1	0.82	Medium		
Households with an Internet Subscription	0	0	1	1			1.5	0.79	High		
Households with One or More Types of Computing Devices	0	0	1	1			1.5	0.79	High		
People 25+ with a High School Degree or Higher	0	0	1	1			1.5	0.79	High	65+	
Persons with an Internet Subscription	0	0	1	1			1.5	0.79	High	65+	
Food Environment Index	0	0	1	0			2	0.76	High		
Households with Cash Public Assistance Income	0	1	0	0			2	0.76	High		
Renters Spending 30% or More of Household Income on Rent	0	1	0	0			2	0.76	High	15-24	
Adults 65+ who Received Recommended Preventive Services: Females	0	0	1.5	0			1.5	0.71	Medium		
Adults 65+ with Total Tooth Loss	0	0	1.5	0			1.5	0.71	Medium		
Adults who Experienced a Stroke	0	0	1.5	0			1.5	0.71	Medium		
Adults who Experienced Coronary Heart Disease	0	0	1.5	0			1.5	0.71	Medium		
Adults with Kidney Disease	0	0	1.5	0			1.5	0.71	Medium		
Babies with Low Birth Weight	0	1.5	0	0			1.5	0.71	High		
Projected Child Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium		
Projected Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium		
Alcohol-Impaired Driving Deaths	1	1	0	0			1	0.65	High		
People 25+ with a Bachelor's Degree or Higher	0	0	2	0			1	0.65	High		Black/Africar
Children Living Below Poverty Level	0	0	0	0			2	0.59	High		
Families Living Below Poverty Level	0	0	0	0			2	0.59	High		
Osteoporosis: Medicare Population	0	0	0	0			2	0.59	High		
Poverty Status by School Enrollment	0	0	0	0			2	0.59	High		
Unemployed Workers in Civilian Labor Force	0	0	0	0			2	0.59	High		
Teen Birth Rate	0	1.5	0	0			1	0.56	High		
Colorectal Cancer Incidence Rate	1	0	1	1			0	0.53	High		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0			1.5	0.44	High		
Child Food Insecurity Rate	0	0	0	0			1.5	0.44	High		
Food Insecurity Rate	0	0	0	0			1.5	0.44	High		
Income Inequality	0	0	0	0			1.5	0.44	High		
Severe Housing Problems	0	0	0	0			1.5	0.44	High		
Per Capita Income	0	0	2	0			0	0.35	High		Black/Africar
Age-Adjusted Death Rate due to Cancer	0	0	0	0			1	0.29	High		
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0	0	0	0			1	0.29	High		
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0			1	0.29	High		
Households without a Vehicle	0	0	0	0			1	0.29	High		
Liquor Store Density	0	0	0	0			1	0.29	High		
People 65+ Living Alone	0	0	0	0			1	0.29	High		
People 65+ Living Below Poverty Level	0	0	0	0			1	0.29	High		
People Living 200% Above Poverty Level	0	0	0	0			1	0.29	High		
People Living Below Poverty Level	0	0	0	0			1	0.29	High		
Homeownership	0	0	0	0			0	0.00	High		
Households with Supplemental Security Income	0	0	0	0			0	0.00	High		
Houses Built Prior to 1950	0	0	0	0			0	0.00	High		
Median Household Income	0	0	0	0			0	0.00	High		Black/Africar
Persons with Disability Living in Poverty (5-year)	0	0	0	0			0	0.00	High		
Single-Parent Households	0	0	0	0			0	0.00	High		



County: Orange
Mary Washington Health System
Total indicators: 173
Wednesday 15th of December 2021 02:49:18 PM

Topic	Indicators	Score
Alcohol & Drug Use	12	1.86
Cancer	17	1.84
Prevention & Safety	3	1.79
Oral Health	4	1.76
Health Care Access & Quality	9	1.73
Physical Activity	16	1.68
Education	8	1.66
Mental Health & Mental Disorders	7	1.63
Wellness & Lifestyle	6	1.63
Mortality Data	22	1.62
Children's Health	7	1.57
Environmental Health	24	1.50
County Health Rankings	6	1.47
Community	26	1.46
Respiratory Diseases	12	1.44
Heart Disease & Stroke	16	1.43
Women's Health	5	1.41
Older Adults	24	1.37
Sexually Transmitted Infections	4	1.32
Immunizations & Infectious Diseases	12	1.29
Maternal, Fetal & Infant Health	6	1.29
Other Conditions	5	1.13
Economy	32	0.95



County: Orange
Mary Washington Health System
Total indicators: 173
Wednesday 15th of December 2021 02:44:13 PM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Social Associations	3	3	3	3	1.5		3	2.92	High			
Atrial Fibrillation: Medicare Population	3	3	3	3	1.5		2	2.64	High			
Breast Cancer Incidence Rate	3	3	3	3	1.5		2	2.64	High			
Oral Cavity and Pharynx Cancer Incidence Rate	3	3	3	3	1.5		2	2.64	High			
Solo Drivers with a Long Commute	3	3	3	3	1.5		2	2.64	High			
Workers who Walk to Work	3	3	3	3	1.5		2	2.64	High			
Death Rate due to Drug Poisoning	3	3	3	3	1.5		1.5	2.50	High			
Age-Adjusted Death Rate due to Unintentional Injuries	3	3	3	3	3		1	2.44	High			
All Cancer Incidence Rate	2	2	3	2	1.5		3	2.42	High			
Cancer: Medicare Population	2	3	2	2	1.5		3	2.42	High			
Non-Physician Primary Care Provider Rate	3	3	3	1.5	1.5		2	2.39	Medium			
Mean Travel Time to Work	3	3	3	3	1.5		1	2.36	High			
Age-Adjusted Death Rate due to Prostate Cancer	1.5	2	3	3	3		2	2.31	High			
Lung and Bronchus Cancer Incidence Rate	2	2	3	3	1.5		2	2.31	High			
Melanoma Incidence Rate	2	2	3	3	1.5		2	2.31	High			
Premature Death	2	2	3	3	1.5		2	2.31	High			
Dentist Rate	2	3	3	1.5	1.5		2	2.22	Medium			
Age-Adjusted Death Rate due to Suicide	1.5	3	3	3	3		1	2.19	High			
Access to Exercise Opportunities	2	2	3	3	1.5		1.5	2.17	Medium			
Emergency Department Admission Rate due to Heroin	3	1.5	3	1.5	1.5		2	2.14	Medium			
Emergency Department Admission Rate due to Opioids	3	1.5	3	1.5	1.5		2	2.14	Medium			
Grocery Store Density	3	3	1.5	1.5	1.5		2	2.14	Medium			
4th Grade Students Proficient in Reading	2	1.5	2	1.5	1.5		3	2.08	Medium			
Infant Mortality Rate	3	1.5	3	1.5	3		1.5	2.08	Medium			
Workers who Drive Alone to Work	1	2	2	2	1.5		3	2.08	High			American Indian/Alaska Native, Asi
Primary Care Provider Rate	2	2	3	1.5	1.5		2	2.06	Medium			
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	3	1.5		1.5	2.00	Low			
Death Rate due to Prescription Opioid Overdose	3	1.5	3	1.5	1.5		1.5	2.00	Medium			
Food Insecure Children Likely Ineligible for Assistance	2	3	1	3	1.5		1.5	2.00	Medium			
People 65+ with Low Access to a Grocery Store	3	3	1.5	1.5	1.5		1.5	2.00	Low			
4th Grade Students Proficient in Math	2	1.5	3	1.5	1.5		2	1.97	Medium			
People 25+ with a Bachelor's Degree or Higher	1	1	3	3	1.5		2	1.97	High			Black/African American, Hispanic/L
Syphilis Incidence Rate: Early Stage	3	1.5	2	1.5	1.5		2	1.97	Medium			
Alcohol-Impaired Driving Deaths	2	2	2	3	3		1	1.94	High			
Adults who Smoke	1	1	3	3	3		1.5	1.92	High			
Adults with Cancer	2	2	1.5	3	1.5		1.5	1.92	Medium			
Colorectal Cancer Incidence Rate	1	1	2	2	1.5		3	1.92	High			
Diabetes: Medicare Population	1	2	1	2	1.5		3	1.92	High			
Insufficient Sleep	1	2	2	3	3		1.5	1.92	High			
Ischemic Heart Disease: Medicare Population	2	1	2	1	1.5		3	1.92	High			
Workers Commuting by Public Transportation	1	0	3	3	3		2	1.89	High			
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2	1	3	3	1.5		1	1.86	High			
Death Rate due to Fentanyl Overdose	3	1.5	3	1.5	1.5		1	1.86	Medium			
Death Rate due to Heroin Overdose	3	1.5	3	1.5	1.5		1	1.86	Medium			
Age-Adjusted Hospitalization Rate due to Heart Attack	2	1.5	3	1.5	1.5		1.5	1.83	Low			
Frequent Physical Distress	1	1	3	3	1.5		1.5	1.83	Medium			
Hepatitis C Incidence Rate (18-30 years)	2	1.5	3	1.5	1.5		1.5	1.83	Medium			
People with Low Access to a Grocery Store	3	2	1.5	1.5	1.5		1.5	1.83	Low			
8th Grade Students Proficient in Math	1	1.5	3	1.5	1.5		2	1.81	Medium			
Age-Adjusted Death Rate due to Alzheimer's Disease	1	1	3	2	1.5		2	1.81	High			
Fast Food Restaurant Density	2	2	1.5	1.5	1.5		2	1.81	Medium			
Age-Adjusted Death Rate due to Cancer	2	2	2	2	3		1	1.78	High		Male	
Children with Health Insurance	3	2	2	1.5	1.5		1	1.78	Medium			
Mental Health Provider Rate	2	2	3	1.5	1.5		1	1.78	Medium			
High Cholesterol Prevalence: Adults 18+	1	2	1.5	3	1.5		1.5	1.75	Medium			
Hypertension: Medicare Population	1	1	1	2	1.5		3	1.75	High			
Liquor Store Density	1.5	1	3	2	1.5		1.5	1.75	Medium			
Students Eligible for the Free Lunch Program	1	1	1.5	1.5	1.5		3	1.75	Medium			
Age-Adjusted Death Rate due to Colorectal Cancer	1	1	2	2	3		2	1.72	High			
Children with Low Access to a Grocery Store	2	2	1.5	1.5	1.5		1.5	1.67	Low			
Colon Cancer Screening	2	1	1.5	2	3		1.5	1.67	Medium			
Frequent Mental Distress	1	1	3	2	1.5		1.5	1.67	Medium			
High Blood Pressure Prevalence	1	1	1.5	3	3		1.5	1.67	Medium			
Households with No Car and Low Access to a Grocery Store	2	2	1.5	1.5	1.5		1.5	1.67	Low			
Low-Income and Low Access to a Grocery Store	2	2	1.5	1.5	1.5		1.5	1.67	Low			
Persons with an Internet Subscription	1	2	2	2	1.5		1.5	1.67	Medium	65+		
8th Grade Students Proficient in Reading	1	1.5	2	1.5	1.5		2	1.64	Medium			
Deaths due to Homicide	1.5	1.5	1.5	1.5	1.5		2	1.64	Low			
Lyme Disease Cases	1.5	1.5	1.5	1.5	1.5		2	1.64	Low			
Tuberculosis Cases	1.5	1.5	1.5	1.5	1.5		2	1.64	Low			
Non-Marital Births	1	1.5	3	2	1.5		1	1.61	Medium			
Adults who Experienced a Stroke	1	1	1.5	3	1.5		1.5	1.58	Medium			
Adults who Experienced Coronary Heart Disease	1	1	1.5	3	1.5		1.5	1.58	Medium			
Adults with Arthritis	1	1	1.5	3	1.5		1.5	1.58	Medium			
Adults with COPD	1	1	1.5	3	1.5		1.5	1.58	Medium			
Clinical Care Ranking	2	1.5	1.5	1.5	1.5		1.5	1.58	Low			
Physical Environment Ranking	2	1.5	1.5	1.5	1.5		1.5	1.58	Low			
Child Abuse Rate	1	1.5	3	1.5	1.5		1	1.53	Medium			
SNAP Certified Stores	2	2	1.5	1.5	1.5		1	1.53	Medium			
Teen Pregnancy Rate	2	1.5	2	1.5	1.5		1	1.53	Medium			
Adults who Drink Excessively	2	1	2	1	1.5		1.5	1.50	Medium			
Households with an Internet Subscription	1	1	2	2	1.5		1.5	1.50	Medium			
Households with One or More Types of Computing Devices	1	1	2	2	1.5		1.5	1.50	Medium			
Life Expectancy	1	1	2	2	1.5		1.5	1.50	Medium			
WIC Certified Stores	1	2	1.5	1.5	1.5		1.5	1.50	Low			
People 25+ with a High School Degree or Higher	1	1	2	1	1.5		2	1.47	High			
Renters Spending 30% or More of Household Income on Rent	1	2	1	1	1.5		2	1.47	High			
Adults with Health Insurance: 18-64	2	1	2	1.5	1.5		1	1.44	Medium			
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	2	3		1	1.44	High			
Adults with Current Asthma	1	1	1.5	2	1.5		1.5	1.42	Medium			
Adults with Kidney Disease	1	1	1.5	2	1.5		1.5	1.42	Medium			
COPD: Medicare Population	1	1	1	0	1.5		3	1.42	High			
Health Behaviors Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low			
Morbidity Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low			
Mortality Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low			
Poor Mental Health: 14+ Days	1	1	1.5	2	1.5		1.5	1.42	Medium			
Poor Physical Health: 14+ Days	1	1	1.5	2	1.5		1.5	1.42	Medium			
Projected Child Food Insecurity Rate	1	0	3	1.5	1.5		1.5	1.42	Medium			
Social and Economic Factors Ranking	1	1.5	1.5	1.5	1.5		1.5	1.42	Low			
Age-Adjusted Death Rate due to Heart Disease	1	1.5	2	0	1.5		2	1.39	Medium			



County: Orange
Mary Washington Health System
Total indicators: 173
Wednesday 15th of December 2021 02:44:13 PM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Number of Extreme Heat Days	1.5	1.5	1.5	1.5	1.5		1	1.36	Low			
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5	1.5		1	1.36	Low			
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5	1.5		1	1.36	Low			
COVID-19 Daily Average Incidence Rate	2	1	2	0	1.5		1.5	1.33	High			
Farmers Market Density	1	1	1.5	1.5	1.5		1.5	1.33	Medium			
Recreation and Fitness Facilities	1	1	1.5	1.5	1.5		1.5	1.33	Medium			
Stroke: Medicare Population	1	2	1	1	1.5		1.5	1.33	High			
Depression: Medicare Population	1	1	1	1	1.5		2	1.31	High			
HIV Diagnosis Rate	1	1.5	0	1.5	1.5		2	1.31	Medium			
Teen Birth Rate	1	1.5	2	1	1.5		1	1.28	Medium			
Adults who Binge Drink	1	1	1.5	1	1.5		1.5	1.25	Medium			
Adults who have had a Routine Checkup	2	0	1.5	1	1.5		1.5	1.25	Medium			
Adults who Have Taken Medications for High Blood Pressure	1	1	1.5	1	1.5		1.5	1.25	Medium			
Alzheimer's Disease or Dementia: Medicare Population	1	1	0	0	1.5		3	1.25	High			
Heart Failure: Medicare Population	1	0	1	0	1.5		3	1.25	High			
Persons Fully Vaccinated Against COVID-19	2	2	1.5	1.5	1.5		0	1.25	Medium			
Overcrowded Households	2	1.5	0	1.5	1.5		1	1.19	Medium			
Student-to-Teacher Ratio	1	1	1.5	1.5	1.5		1	1.19	Medium			
Voter Turnout: Presidential Election	1	1.5	1	1.5	1.5		1	1.19	Medium			
High School Graduation	1	1.5	1	1.5	1		1	1.17	Medium			
Households that are Above the Asset Limited, Income Constrained, Emp	0	1.5	1	1.5	1.5		1.5	1.17	Low			
Households that are Asset Limited, Income Constrained, Employed (ALIC	0	1.5	1	1.5	1.5		1.5	1.17	Low			
Violent Crime Rate	0	1.5	0	0	1.5		3	1.17	Medium			
Gonorrhea Incidence Rate	0	1.5	0	1.5	1.5		2	1.14	Medium			
Houses Built Prior to 1950	1	1	1	0	1.5		2	1.14	High			
People Living 200% Above Poverty Level	1	0	1	1	1.5		2	1.14	High			
Unemployed Workers in Civilian Labor Force	1	1	1	0	1.5		2	1.14	High			
Adults 20+ who are Obese	1	1	1.5	1.5	0		1	1.11	Medium			
Mammogram in Past 2 Years: 50-74	1	0	1.5	1	2		1.5	1.11	Medium			
Adults 65+ who Received Recommended Preventive Services: Females	2	0	1.5	0	1.5		1.5	1.08	Medium			
Adults 65+ with Total Tooth Loss	1	0	1.5	1	1.5		1.5	1.08	Medium			
Adults who Visited a Dentist	1	0	1.5	1	1.5		1.5	1.08	Medium			
Cholesterol Test History	1	0	1.5	1	1.5		1.5	1.08	Medium			
Chronic Kidney Disease: Medicare Population	0	1	0	0	1.5		3	1.08	High			
Per Capita Income	1	0	3	2	1.5		0	1.08	High			American Indian/Alaska Native, Bla
Projected Food Insecurity Rate	1	0	1	1.5	1.5		1.5	1.08	Medium			
Size of Labor Force	1.5	1.5	1.5	1.5	1.5		0	1.08	Low			
Cervical Cancer Screening: 21-65	1	0	1.5	1	1		1.5	1.06	Medium			
Age-Adjusted Death Rate due to Heart Attack	0	1.5	1	1.5	1.5		1	1.03	Medium			
Asthma: Medicare Population	1	2	0	1	1.5		1	1.03	High			
Food Environment Index	1	0	2	1	1.5		1	1.03	High			
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	1	2	1	1.5		0	1.00	Medium			
Child Food Insecurity Rate	1	0	2	0	1.5		1.5	1.00	Medium			
Households that are Below the Federal Poverty Level	0	1.5	0	1.5	1.5		1.5	1.00	Low			
Prostate Cancer Incidence Rate	1	1	1	0	1.5		1.5	1.00	High			
Adults 65+ who Received Recommended Preventive Services: Males	1	0	1.5	0	1.5		1.5	0.92	Medium			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	0	0	0	0	1.5		3	0.92	High			
Chlamydia Incidence Rate	0	1.5	0	1.5	1.5		1	0.86	Medium			
Single-Parent Households	1	1	1	0	1.5		1	0.86	High			
Children Living Below Poverty Level	1	0	1	0	1.5		1.5	0.83	High			
Food Insecurity Rate	1	0	1	0	1.5		1.5	0.83	Medium			
Hyperlipidemia: Medicare Population	0	1	0	1	1.5		1.5	0.83	High			
Homeowner Vacancy Rate	1	1	0	0	1.5		1	0.69	High			
Age-Adjusted Death Rate due to Diabetes	0	0	0	0	1.5		2	0.64	High			
Osteoporosis: Medicare Population	0	0	0	0	1.5		2	0.64	High			
People 65+ Living Alone	0	0	0	0	1.5		2	0.64	High			
Age-Adjusted Death Rate due to Breast Cancer	0	0	0	1	3		1	0.61	High			
Babies with Low Birth Weight	0	1.5	0	0	1.5		1	0.61	Medium			
Babies with Very Low Birth Weight	0	1.5	0	0	1.5		1	0.61	Medium			
Poverty Status by School Enrollment	1	0	0	0	1.5		1	0.53	High			
Homeownership	0	0	0	0	1.5		1.5	0.50	High			
Income Inequality	0	0	0	0	1.5		1.5	0.50	High			
People 65+ Living Below Poverty Level	0	0	0	0	1.5		1.5	0.50	High			
Median Household Income	0	0	2	0	1.5		0	0.42	High			Black/African American
Severe Housing Problems	1	1	0	0	1.5		0	0.42	High			
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0	1.5		1	0.36	High			
Families Living Below Poverty Level	0	0	0	0	1.5		1	0.36	High			
Households with Supplemental Security Income	0	0	0	0	1.5		1	0.36	High			
Households without a Vehicle	0	0	0	0	1.5		1	0.36	High			
Persons with Disability Living in Poverty (5-year)	0	0	0	0	1.5		1	0.36	High			
People Living Below Poverty Level	0	0	0	0	2		0	0.11	High			
Households with Cash Public Assistance Income	0	0	0	0	1.5		0	0.08	High			
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0	0		0	0.00	High			



County: Prince William
Mary Washington Health System
Total indicators: 180
Wednesday 15th of December 2021 03:15:57 PM

Topic	Indicators	Score
Sexually Transmitted Infections	4	1.62
Health Care Access & Quality	9	1.57
Physical Activity	16	1.47
County Health Rankings	6	1.38
Environmental Health	28	1.34
Education	8	1.31
Immunizations & Infectious Diseases	12	1.26
Children's Health	7	1.24
Heart Disease & Stroke	16	1.17
Older Adults	24	1.16
Alcohol & Drug Use	12	1.14
Wellness & Lifestyle	6	1.13
Community	25	1.07
Other Conditions	5	1.07
Prevention & Safety	3	1.04
Maternal, Fetal & Infant Health	7	0.99
Economy	33	0.87
Mental Health & Mental Disorders	7	0.85
Respiratory Diseases	12	0.83
Mortality Data	22	0.82
Oral Health	4	0.73
Women's Health	6	0.72
Cancer	19	0.68



County: Prince William
Mary Washington Health System
Total indicators: 180
Wednesday 15th of December 2021 03:12:48 PM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Solo Drivers with a Long Commute	3	3	3	3			3	3.00	High			
Mean Travel Time to Work	3	3	3	3			2	2.71	High		Male	
Workers who Walk to Work	2	3	3	3			2	2.53	High	55-59, 60-64		
Social Associations	3	3	3	3			1	2.41	High			
Insufficient Sleep	3	3	2	3			1.5	2.38	High			
Renters Spending 30% or More of Household Income on Rent	2	3	2	2			2	2.18	High	15-24, 65+		
Stroke: Medicare Population	2	3	2	2			2	2.18	High			
Mortgaged Owners Spending 30% or More of Household Income on Hou	1.5	3	3	3			1	2.15	High			
Adults who Have Taken Medications for High Blood Pressure	3	3	1.5	2			1.5	2.12	Medium			
Alcohol-Impaired Driving Deaths	2	2	1	2			3	2.12	High			
Asthma: Medicare Population	3	3	3	3			0	2.12	High			
Adults with Health Insurance: 18-64	3	2	2	1.5			2	2.09	High			
Primary Care Provider Rate	2	2	3	1.5			2	2.09	High			
SNAP Certified Stores	3	3	1.5	1.5			1.5	2.03	Medium			
WIC Certified Stores	3	3	1.5	1.5			1.5	2.03	Medium			
Children with Health Insurance	3	2	2	1.5			1.5	1.94	High			
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			3	1.94	Low			
HIV Diagnosis Rate	3	1.5	3	1.5			1	1.88	Medium			
Overcrowded Households	3	1.5	3	1.5			1	1.88	Medium			
Student-to-Teacher Ratio	3	3	1.5	1.5			1	1.88	Medium			
Children with Low Access to a Grocery Store	3	2	1.5	1.5			1.5	1.85	Medium			
Farmers Market Density	3	2	1.5	1.5			1.5	1.85	Medium			
Grocery Store Density	2	2	1.5	1.5			2	1.82	Medium			
Mothers who Received Early Prenatal Care	1.5	1.5	2	2			2	1.82	Medium			
Syphilis Incidence Rate: Early Stage	3	1.5	1	1.5			2	1.82	Medium			
Voter Turnout: Presidential Election	2	1.5	2	1.5			2	1.82	Medium			
Cancer: Medicare Population	1	2	1	1			3	1.76	High			
Physical Environment Ranking	3	1.5	1.5	1.5			1.5	1.76	Low			
Child Abuse Rate	2	1.5	3	1.5			1	1.71	Medium			
Adults 20+ who are Obese	2	2	1.5	1.5			1.5	1.68	Medium			
People with Low Access to a Grocery Store	2	2	1.5	1.5			1.5	1.68	Medium			
8th Grade Students Proficient in Math	1	1.5	2	1.5			2	1.65	Medium			
Severe Housing Problems	2	2	2	0			2	1.65	High			
Adults who have had a Routine Checkup	3	1	1.5	1			1.5	1.59	Medium			
Clinical Care Ranking	2	1.5	1.5	1.5			1.5	1.59	Low			
Colon Cancer Screening	2	1	1.5	2			1.5	1.59	Medium			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			3	1.59	High			
Fast Food Restaurant Density	2	2	1.5	1.5			1	1.53	Medium			
Food Insecure Children Likely Ineligible for Assistance	1	2	0	3			1.5	1.50	High			
Hyperlipidemia: Medicare Population	1	2	1	2			1.5	1.50	High			
Non-Physician Primary Care Provider Rate	2	2	3	1.5			0	1.50	High			
4th Grade Students Proficient in Math	1	1.5	1	1.5			2	1.47	Medium			
4th Grade Students Proficient in Reading	1	1.5	1	1.5			2	1.47	Medium			
Chlamydia Incidence Rate	2	1.5	0	1.5			2	1.47	Medium			
Death Rate due to Fentanyl Overdose	2	1.5	0	1.5			2	1.47	Medium			
Emergency Department Admission Rate due to Heroin	2	1.5	0	1.5			2	1.47	Medium			
People 25+ with a High School Degree or Higher	1	1	2	1			2	1.47	High			Other
Students Eligible for the Free Lunch Program	1	1	1.5	1.5			2	1.47	Medium			
Adults who Binge Drink	2	1	1.5	1			1.5	1.41	Medium			
Chronic Kidney Disease: Medicare Population	0	1	1	1			3	1.41	High			
Hypertension: Medicare Population	0	1	1	1			3	1.41	High			
Ischemic Heart Disease: Medicare Population	1	1	1	0			3	1.41	High			
Prostate Cancer Incidence Rate	1	1	1	0			3	1.41	High			Black/African American
Lyme Disease Cases	1.5	1.5	1.5	1.5			1	1.35	Low			
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			1	1.35	Low			
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low			
PBT Released	1.5	1.5	1.5	1.5			1	1.35	Low			
Tuberculosis Cases	1.5	1.5	1.5	1.5			1	1.35	Low			
Death Rate due to Prescription Opioid Overdose	2	1.5	0	1.5			1.5	1.32	Medium			
8th Grade Students Proficient in Reading	0	1.5	1	1.5			2	1.29	Medium			
Atrial Fibrillation: Medicare Population	1	1	1	1			2	1.29	High			
Gonorrhea Incidence Rate	1	1.5	0	1.5			2	1.29	Medium			
Infant Mortality Rate	1	1.5	0	1.5			2	1.29	Medium			
Unemployed Workers in Civilian Labor Force	2	1	1	0			2	1.29	High			
Babies with Very Low Birth Weight	1	1.5	1	2			1	1.26	High			
Health Behaviors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Morbidity Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Mortality Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Social and Economic Factors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Workers Commuting by Public Transportation	0	0	0	2			3	1.24	High	16-19, 20-24		Hispanic/Latino, Other
Age-Adjusted Death Rate due to Prostate Cancer	1.5	1	0	1			2	1.21	High			Black/African American
Violent Crime Rate	2	1.5	0	0			2	1.21	High			
Dentist Rate	1	1	3	1.5			0	1.15	High			
Diabetes: Medicare Population	1	1	1	1			1.5	1.15	High			
Households that are Asset Limited, Income Constrained, Employed (ALIC	0	1.5	1	1.5			1.5	1.15	Medium			
Low-Income and Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium			
Mental Health Provider Rate	1	1	3	1.5			0	1.15	High			
Recreation and Fitness Facilities	1	0	1.5	1.5			1.5	1.15	Medium			
Alzheimer's Disease or Dementia: Medicare Population	1	1	1	0			2	1.12	High			
Annual Ozone Air Quality	1.5	0	1.5	1.5			1	1.09	Medium			
Adults 65+ who Received Recommended Preventive Services: Females	2	0	1.5	0			1.5	1.06	Medium			
Adults who Visited a Dentist	1	0	1.5	1			1.5	1.06	Medium			
Cervical Cancer Screening: 21-65	1	0	1.5	1			1.5	1.06	Medium			
Cholesterol Test History	1	0	1.5	1			1.5	1.06	Medium			
Heart Failure: Medicare Population	0	0	1	0			3	1.06	High			
High School Graduation	2	1.5	1	1.5			0	1.06	Medium			
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5			0	1.06	Low			
Size of Labor Force	1.5	1.5	1.5	1.5			0	1.06	Low			
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			0	1.06	Low			
COVID-19 Daily Average Case Fatality Rate	2	2	0	0			1	1.00	High			
Death Rate due to Heroin Overdose	1	1.5	0	1.5			1	1.00	Medium			
Age-Adjusted Death Rate due to Heart Attack	0	1.5	0	1.5			1.5	0.97	Medium			
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	0	0			1.5	0.97	Medium		Male	
Age-Adjusted Hospitalization Rate due to Heart Attack	0	1.5	0	1.5			1.5	0.97	Medium			
Emergency Department Admission Rate due to Opioids	0	1.5	0	1.5			1.5	0.97	Medium			
Households that are Above the Asset Limited, Income Constrained, Emp	0	1.5	0	1.5			1.5	0.97	Medium			
Households that are Below the Federal Poverty Level	0	1.5	0	1.5			1.5	0.97	Medium			
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium			
People 65+ with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium			
Age-Adjusted Death Rate due to Breast Cancer	0	1	0	1			2	0.94	High			



County: Prince William
Mary Washington Health System
Total indicators: 180
Wednesday 15th of December 2021 03:12:48 PM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
COVID-19 Daily Average Incidence Rate	1	1	0	0			2	0.94	High			
Osteoporosis: Medicare Population	1	1	0	0			2	0.94	High			
Workers who Drive Alone to Work	0	0	1	1			2	0.94	High	20-24		
Adults 65+ who Received Recommended Preventive Services: Males	1	0	1.5	0			1.5	0.88	Medium			
Adults with Current Asthma	0	0	1.5	1			1.5	0.88	Medium			
Age-Adjusted Death Rate due to Diabetes	0	0	0	0			3	0.88	High			Black/African American
Cervical Cancer Incidence Rate	1.5	0	1	0			1.5	0.88	High			
Death Rate due to Drug Poisoning	0	0	0	0			3	0.88	High			
Depression: Medicare Population	0	0	0	0			3	0.88	High			
High Blood Pressure Prevalence	0	0	1.5	1			1.5	0.88	Medium			
High Cholesterol Prevalence: Adults 18+	0	0	1.5	1			1.5	0.88	Medium			
Mammogram in Past 2 Years: 50-74	0	0	1.5	1			1.5	0.88	Medium			
Poor Mental Health: 14+ Days	0	0	1.5	1			1.5	0.88	Medium			
Age-Adjusted Death Rate due to Suicide	1.5	0	0	0			2	0.85	High		Male	
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	1	1	1			1	0.82	High			
Hepatitis C Incidence Rate (18-30 years)	0	1.5	0	1.5			1	0.82	Medium			
Frequent Mental Distress	0	0	1	1			1.5	0.79	High			
Frequent Physical Distress	0	0	1	1			1.5	0.79	High			
Households with One or More Types of Computing Devices	0	0	1	1			1.5	0.79	High			
Life Expectancy	0	0	1	1			1.5	0.79	High			Black/African American
Homeowner Vacancy Rate	1	0	0	0			2	0.76	High			
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	0	1	0			1	0.74	High			
Teen Birth Rate	1	1.5	0	0			1	0.74	High			
Adults 65+ with Total Tooth Loss	0	0	1.5	0			1.5	0.71	Medium			
Adults who Experienced a Stroke	0	0	1.5	0			1.5	0.71	Medium			
Adults who Experienced Coronary Heart Disease	0	0	1.5	0			1.5	0.71	Medium			
Adults with Arthritis	0	0	1.5	0			1.5	0.71	Medium			
Adults with Cancer	0	0	1.5	0			1.5	0.71	Medium			
Adults with COPD	0	0	1.5	0			1.5	0.71	Medium			
Adults with Kidney Disease	0	0	1.5	0			1.5	0.71	Medium			
Age-Adjusted Death Rate due to Heart Disease	0	1.5	0	0			1.5	0.71	High			
Poor Physical Health: 14+ Days	0	0	1.5	0			1.5	0.71	Medium			
Projected Child Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Projected Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Teen Pregnancy Rate	1	1.5	0	1.5			0	0.71	Medium			
Adults who Drink Excessively	0	0	1	0			1.5	0.62	High			
Adults who Smoke	0	0	1	0			1.5	0.62	High			
Food Environment Index	0	0	1	0			1.5	0.62	High			
Persons with an Internet Subscription	0	0	1	0			1.5	0.62	High	65+		American Indian/Alaska Native, His
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	0			2	0.59	High			
Age-Adjusted Death Rate due to Unintentional Injuries	0	0	0	0			2	0.59	High		Male	
COPD: Medicare Population	0	0	0	0			2	0.59	High			
People 65+ Living Alone	0	0	0	0			2	0.59	High			
People 65+ Living Below Poverty Level	0	0	0	0			2	0.59	High			
Premature Death	0	0	0	0			2	0.59	High			Black/African American
Age-Adjusted Death Rate due to Melanoma	1.5	0	0	0			1	0.56	High			
Babies with Low Birth Weight	0	1.5	0	0			1	0.56	High			
Non-Marital Births	0	1.5	0	0			1	0.56	High			
Persons Fully Vaccinated Against COVID-19	0	0	1.5	1.5			0	0.53	Medium			
People Living 200% Above Poverty Level	0	0	1	0			1	0.47	High			
Poverty Status by School Enrollment	1	0	0	0			1	0.47	High			
Access to Exercise Opportunities	0	0	0	0			1.5	0.44	High			
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0	0	0	0			1.5	0.44	High			
Child Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Colorectal Cancer Incidence Rate	0	0	0	0			1.5	0.44	High			
Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Households with an Internet Subscription	0	0	0	0			1.5	0.44	High			
Income Inequality	0	0	0	0			1.5	0.44	High			
Age-Adjusted Death Rate due to Alzheimer's Disease	0	0	0	0			1	0.29	High			
Age-Adjusted Death Rate due to Cancer	0	0	0	0			1	0.29	High		Male	
Age-Adjusted Death Rate due to Lung Cancer	0	0	0	0			1	0.29	High			
Households with Cash Public Assistance Income	0	0	0	0			1	0.29	High			
Households with Supplemental Security Income	0	0	0	0			1	0.29	High			
Households without a Vehicle	0	0	0	0			1	0.29	High			
Houses Built Prior to 1950	0	0	0	0			1	0.29	High			
Lung and Bronchus Cancer Incidence Rate	0	0	0	0			1	0.29	High			
People Living Below Poverty Level	0	0	0	0			1	0.29	High	12-17, 18-24, 6-11, <6		Hispanic/Latino, Other
Liquor Store Density	1.5	0	0	0			0	0.26	High			
People 25+ with a Bachelor's Degree or Higher	0	0	1	0			0	0.18	High	25-34, 65+		American Indian/Alaska Native, Otl
Per Capita Income	0	0	1	0			0	0.18	High			American Indian/Alaska Native, Asi
All Cancer Incidence Rate	0	0	0	0			0	0.00	High			
Breast Cancer Incidence Rate	0	0	0	0			0	0.00	High			White
Children Living Below Poverty Level	0	0	0	0			0	0.00	High			Hispanic/Latino, Other
Families Living Below Poverty Level	0	0	0	0			0	0.00	High			
Homeownership	0	0	0	0			0	0.00	High			
Median Household Income	0	0	0	0			0	0.00	High			Black/African American, Hispanic/L
Melanoma Incidence Rate	0	0	0	0			0	0.00	High			White
Oral Cavity and Pharynx Cancer Incidence Rate	0	0	0	0			0	0.00	High			
Persons with Disability Living in Poverty (5-year)	0	0	0	0			0	0.00	High			
Single-Parent Households	0	0	0	0			0	0.00	High			



County: Spotsylvania
Mary Washington Health System
Total indicators: 180
Thursday 16th of December 2021 09:35:46 AM

Topic	Indicators	Score
Prevention & Safety	3	1.76
Alcohol & Drug Use	12	1.73
Heart Disease & Stroke	16	1.65
Older Adults	24	1.65
Physical Activity	16	1.60
Education	8	1.50
Children's Health	7	1.49
Health Care Access & Quality	9	1.45
Respiratory Diseases	12	1.45
Immunizations & Infectious Diseases	12	1.42
County Health Rankings	6	1.41
Mental Health & Mental Disorders	7	1.41
Women's Health	6	1.41
Environmental Health	27	1.40
Mortality Data	23	1.39
Sexually Transmitted Infections	4	1.31
Cancer	19	1.27
Maternal, Fetal & Infant Health	7	1.27
Other Conditions	5	1.26
Community	26	1.17
Oral Health	4	1.13
Wellness & Lifestyle	6	1.10
Economy	33	0.89



County: Spotsylvania
Mary Washington Health System
Total indicators: 180
Thursday 16th of December 2021 09:33:37 AM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Atrial Fibrillation: Medicare Population	3	3	3	3			2	2.71	High			
Mean Travel Time to Work	3	3	3	3			2	2.71	High		Male	
Social Associations	3	3	3	3			2	2.71	High			
Age-Adjusted Death Rate due to Alzheimer's Disease	2	2	3	3			3	2.65	High			
Hypertension: Medicare Population	2	3	2	3			3	2.65	High			
Stroke: Medicare Population	2	3	2	3			3	2.65	High			
Age-Adjusted Death Rate due to Breast Cancer	2	3	3	3			2	2.53	High			
Solo Drivers with a Long Commute	2	3	3	3			2	2.53	High			
Cancer: Medicare Population	2	3	2	2			3	2.47	High			
Death Rate due to Drug Poisoning	2	2	3	2			3	2.47	High			
Voter Turnout: Presidential Election	3	1.5	3	1.5			3	2.47	Medium			
Workers who Walk to Work	3	3	3	3			1	2.41	High			Asian, Hispanic/Latino
Hyperlipidemia: Medicare Population	2	3	2	3			2	2.35	High			
Ischemic Heart Disease: Medicare Population	3	2	3	2			2	2.35	High			
Chronic Kidney Disease: Medicare Population	2	2	2	2			3	2.29	High			
Overcrowded Households	3	1.5	2	1.5			3	2.29	Medium			
Age-Adjusted Death Rate due to Unintentional Injuries	2	1	3	3			2	2.18	High		Male	
Death Rate due to Fentanyl Overdose	3	1.5	3	1.5			2	2.18	Medium			
Death Rate due to Heroin Overdose	3	1.5	3	1.5			2	2.18	Medium			
Emergency Department Admission Rate due to Opioids	3	1.5	3	1.5			2	2.18	Medium			
Adults who Have Taken Medications for High Blood Pressure	3	3	1.5	2			1.5	2.12	Medium			
Dentist Rate	2	2	3	1.5			2	2.09	High			
Asthma: Medicare Population	2	3	2	3			1	2.06	High			
Food Insecure Children Likely Ineligible for Assistance	2	3	1	3			1.5	2.03	High			
WIC Certified Stores	3	3	1.5	1.5			1.5	2.03	Medium			
Child Abuse Rate	2	1.5	3	1.5			2	2.00	Medium			
Hepatitis C Incidence Rate (18-30 years)	2	1.5	3	1.5			2	2.00	Medium			
SNAP Certified Stores	2	3	1.5	1.5			2	2.00	Medium			
8th Grade Students Proficient in Reading	1	1.5	2	1.5			3	1.94	Medium			
Alcohol-Impaired Driving Deaths	2	2	2	3			1	1.88	High			
Lung and Bronchus Cancer Incidence Rate	2	1	3	3			1	1.88	High			
Student-to-Teacher Ratio	3	3	1.5	1.5			1	1.88	Medium			
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	2			1.5	1.85	Medium			
Age-Adjusted Hospitalization Rate due to Heart Attack	2	1.5	3	1.5			1.5	1.85	Medium			
Children with Low Access to a Grocery Store	3	2	1.5	1.5			1.5	1.85	Medium			
Non-Marital Births	1	1.5	2	1			3	1.85	High			
People with Low Access to a Grocery Store	3	2	1.5	1.5			1.5	1.85	Medium			
8th Grade Students Proficient in Math	1	1.5	3	1.5			2	1.82	Medium			
Grocery Store Density	2	2	1.5	1.5			2	1.82	Medium			
4th Grade Students Proficient in Reading	1	1.5	1	1.5			3	1.76	Medium			
COPD: Medicare Population	1	1	2	1			3	1.76	High			
Heart Failure: Medicare Population	1	1	2	1			3	1.76	High			
Age-Adjusted Death Rate due to Lung Cancer	1	1	3	3			1	1.71	High			
Access to Exercise Opportunities	1	1	2	3			1.5	1.68	High			
Farmers Market Density	2	2	1.5	1.5			1.5	1.68	Medium			
Fast Food Restaurant Density	2	2	1.5	1.5			1.5	1.68	Medium			
Infant Mortality Rate	2	1.5	2	1.5			1.5	1.68	Medium			
COVID-19 Daily Average Incidence Rate	2	2	2	0			2	1.65	High			
Deaths due to Homicide	1.5	1.5	1.5	1.5			2	1.65	Low			
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			2	1.65	Low			
Tuberculosis Cases	1.5	1.5	1.5	1.5			2	1.65	Low			
Adults who Binge Drink	2	2	1.5	1			1.5	1.59	Medium			
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	1	0	2	1			3	1.59	High			
Clinical Care Ranking	2	1.5	1.5	1.5			1.5	1.59	Low			
Colon Cancer Screening	2	1	1.5	2			1.5	1.59	Medium			
Depression: Medicare Population	1	1	1	1			3	1.59	High			
Gonorrhea Incidence Rate	1	1.5	0	1.5			3	1.59	Medium			
Physical Environment Ranking	2	1.5	1.5	1.5			1.5	1.59	Low			
Primary Care Provider Rate	1	1	3	1.5			1.5	1.59	High			
Babies with Very Low Birth Weight	1	1.5	1	2			2	1.56	High			
Children with Health Insurance	1	1	2	1.5			2	1.56	High			
Adults 20+ who are Obese	2	2	1.5	1.5			1	1.53	Medium			
Diabetes: Medicare Population	1	2	2	2			1	1.53	High			
High School Graduation	2	1.5	2	1.5			1	1.53	Medium			
Renters Spending 30% or More of Household Income on Rent	2	2	2	1			1	1.53	High	65+		
Adults who Drink Excessively	2	1	2	1			1.5	1.50	High			
Households that are Asset Limited, Income Constrained, Employed (ALIC	1	1.5	2	1.5			1.5	1.50	Medium			
Insufficient Sleep	1	2	1	2			1.5	1.50	High			
Low-Income and Low Access to a Grocery Store	2	1	1.5	1.5			1.5	1.50	Medium			
Mental Health Provider Rate	2	2	3	1.5			0	1.50	High			
4th Grade Students Proficient in Math	1	1.5	1	1.5			2	1.47	Medium			
Emergency Department Admission Rate due to Heroin	2	1.5	0	1.5			2	1.47	Medium			
Premature Death	1	1	2	1			2	1.47	High			
Cervical Cancer Incidence Rate	1.5	1	3	1			1	1.44	High			
Adults who have had a Routine Checkup	3	0	1.5	1			1.5	1.41	Medium			
Cholesterol Test History	1	1	1.5	2			1.5	1.41	Medium			
Health Behaviors Ranking	1	1.5	1.5	1.5			1.5	1.41	Low			
Mortality Ranking	1	1.5	1.5	1.5			1.5	1.41	Low			
Poor Mental Health: 14+ Days	1	1	1.5	2			1.5	1.41	Medium			
Babies with Low Birth Weight	1	1.5	1	1			2	1.38	High			
Age-Adjusted Death Rate due to Colorectal Cancer	1	1	2	2			1	1.35	High			
Age-Adjusted Death Rate due to Heart Attack	1	1.5	2	1.5			1	1.35	Medium			
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low			
PBT Released	1.5	1.5	1.5	1.5			1	1.35	Low			
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5			1	1.35	Low			
Workers Commuting by Public Transportation	0	0	3	3			1	1.35	High	20-24, 65+		Other
Adults who Smoke	0	0	3	2			1.5	1.32	High			
Chlamydia Incidence Rate	2	1.5	0	1.5			1.5	1.32	Medium			
Death Rate due to Prescription Opioid Overdose	2	1.5	0	1.5			1.5	1.32	Medium			
HIV Diagnosis Rate	2	1.5	0	1.5			1.5	1.32	Medium			
Households that are Above the Asset Limited, Income Constrained, Emp	1	1.5	1	1.5			1.5	1.32	Medium			
Non-Physician Primary Care Provider Rate	1	2	3	1.5			0	1.32	High			
People 65+ with Low Access to a Grocery Store	1	1	1.5	1.5			1.5	1.32	Medium			
Recreation and Fitness Facilities	1	1	1.5	1.5			1.5	1.32	Medium			
Alzheimer's Disease or Dementia: Medicare Population	1	1	1	1			2	1.29	High			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			2	1.29	High			
Students Eligible for the Free Lunch Program	0	1	1.5	1.5			2	1.29	Medium			
Age-Adjusted Death Rate due to Melanoma	1.5	1	1	2			1	1.26	High			
Morbidity Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Persons Fully Vaccinated Against COVID-19	2	2	1.5	1.5			0	1.24	Medium			



County: Spotsylvania
Mary Washington Health System
Total indicators: 180
Thursday 16th of December 2021 09:33:37 AM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Social and Economic Factors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Colorectal Cancer Incidence Rate	1	1	2	1			1	1.18	High			
Mothers who Received Early Prenatal Care	1.5	1.5	1	1			1	1.18	Medium			
Workers who Drive Alone to Work	0	1	2	2			1	1.18	High	20-24		
COVID-19 Daily Average Case-Fatality Rate	2	2	0	0			1.5	1.15	High			
Frequent Mental Distress	0	0	2	2			1.5	1.15	High			
Frequent Physical Distress	0	0	2	2			1.5	1.15	High			
Melanoma Incidence Rate	1	1	1	0			2	1.12	High			
Unemployed Workers in Civilian Labor Force	1	1	1	0			2	1.12	High			
Adults with Health Insurance: 18-64	1	1	1	1.5			1	1.09	High			
Adults with Arthritis	0	0	1.5	2			1.5	1.06	Medium			
Adults with Current Asthma	1	0	1.5	1			1.5	1.06	Medium			
High Blood Pressure Prevalence	0	0	1.5	2			1.5	1.06	Medium			
High Cholesterol Prevalence: Adults 18+	0	0	1.5	2			1.5	1.06	Medium			
Lyme Disease Cases	1.5	1.5	1.5	1.5			0	1.06	Low			
Mammogram in Past 2 Years: 50-74	1	0	1.5	1			1.5	1.06	Medium			
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			0	1.06	Low			
People 25+ with a Bachelor's Degree or Higher	1	0	3	2			0	1.06	High	65+		Black/African American, Other
Size of Labor Force	1.5	1.5	1.5	1.5			0	1.06	Low			
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			0	1.06	Low			
Age-Adjusted Death Rate due to Heart Disease	0	1.5	1	0			2	1.03	High			
Age-Adjusted Death Rate due to Cancer	1	1	1	1			1	1.00	High			
Syphilis Incidence Rate: Early Stage	1	1.5	0	1.5			1	1.00	Medium			
Households that are Below the Federal Poverty Level	0	1.5	0	1.5			1.5	0.97	Medium			
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium			
Osteoporosis: Medicare Population	1	1	0	0			2	0.94	High			
Adults 65+ who Received Recommended Preventive Services: Males	1	0	1.5	0			1.5	0.88	Medium			
Adults who Experienced a Stroke	0	0	1.5	1			1.5	0.88	Medium			
Adults who Experienced Coronary Heart Disease	0	0	1.5	1			1.5	0.88	Medium			
Adults who Visited a Dentist	0	0	1.5	1			1.5	0.88	Medium			
Adults with Cancer	0	0	1.5	1			1.5	0.88	Medium			
Adults with COPD	0	0	1.5	1			1.5	0.88	Medium			
All Cancer Incidence Rate	1	1	2	1			0	0.88	High			
Cervical Cancer Screening: 21-65	0	0	1.5	1			1.5	0.88	Medium			
Poor Physical Health: 14+ Days	0	0	1.5	1			1.5	0.88	Medium			
Prostate Cancer Incidence Rate	1	1	2	1			0	0.88	High			Black/African American
Households with Cash Public Assistance Income	1	1	1	0			1	0.82	High			
Oral Cavity and Pharynx Cancer Incidence Rate	1	0	1	1			1	0.82	High			
Teen Pregnancy Rate	0	1.5	0	1.5			1	0.82	Medium			
Households with an Internet Subscription	0	0	1	1			1.5	0.79	High			
Households with One or More Types of Computing Devices	0	0	1	1			1.5	0.79	High			
Life Expectancy	0	0	1	1			1.5	0.79	High			
Persons with an Internet Subscription	0	0	1	1			1.5	0.79	High	65+		Black/African American
Single-Parent Households	1	1	0	0			1.5	0.79	High			
Households with Supplemental Security Income	1	0	0	0			2	0.76	High			
People 65+ Living Below Poverty Level	1	0	0	0			2	0.76	High			Hispanic/Latino
Poverty Status by School Enrollment	1	0	0	0			2	0.76	High			
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	0	1	0			1	0.74	High			
Adults 65+ who Received Recommended Preventive Services: Females	0	0	1.5	0			1.5	0.71	Medium			
Adults 65+ with Total Tooth Loss	0	0	1.5	0			1.5	0.71	Medium			
Adults with Kidney Disease	0	0	1.5	0			1.5	0.71	Medium			
Breast Cancer Incidence Rate	1	1	1	1			0	0.71	High			
Liquor Store Density	1.5	0	0	0			1.5	0.71	High			
Projected Child Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Projected Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Homeowner Vacancy Rate	1	1	0	0			1	0.65	High			
Severe Housing Problems	1	1	0	0			1	0.65	High			
Violent Crime Rate	2	1.5	0	0			0	0.62	High			
Age-Adjusted Death Rate due to Prostate Cancer	1.5	0	0	0			1	0.56	High			Black/African American
Mortgaged Owners Spending 30% or More of Household Income on Hou	1.5	0	0	0			1	0.56	High			
People 25+ with a High School Degree or Higher	0	1	1	1			0	0.53	High	65+		
Per Capita Income	0	0	2	1			0	0.53	High			Black/African American, Hispanic/L
Food Environment Index	0	0	1	0			1	0.47	High			
Child Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Income Inequality	0	0	0	0			1.5	0.44	High			
Teen Birth Rate	1	1.5	0	0			0	0.44	High			
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0			1	0.29	High			
Age-Adjusted Death Rate due to Diabetes	0	0	0	0			1	0.29	High			
Children Living Below Poverty Level	0	0	0	0			1	0.29	High			Black/African American, Hispanic/L
Families Living Below Poverty Level	0	0	0	0			1	0.29	High			
Homeownership	0	0	0	0			1	0.29	High			
Households without a Vehicle	0	0	0	0			1	0.29	High			
Houses Built Prior to 1950	0	0	0	0			1	0.29	High			
People 65+ Living Alone	0	0	0	0			1	0.29	High			
People Living Below Poverty Level	0	0	0	0			1	0.29	High	12-17, 18-24		Black/African American, Hispanic/L
Age-Adjusted Death Rate due to Suicide	1.5	0	0	0			0	0.26	High			
People Living 200% Above Poverty Level	0	0	1	0			0	0.18	High			
Median Household Income	0	0	0	0			0	0.00	High			Asian, Black/African American
Persons with Disability Living in Poverty (5-year)	0	0	0	0			0	0.00	High			



County: Stafford
Mary Washington Health System
Total indicators: 178
Thursday 16th of December 2021 09:40:38 AM

Topic	Indicators	Score
Heart Disease & Stroke	16	1.59
Physical Activity	16	1.54
Older Adults	24	1.49
Health Care Access & Quality	9	1.45
Alcohol & Drug Use	12	1.43
Education	8	1.43
Sexually Transmitted Infections	4	1.39
Mental Health & Mental Disorders	7	1.34
Children's Health	7	1.32
County Health Rankings	6	1.32
Environmental Health	27	1.32
Immunizations & Infectious Diseases	12	1.26
Maternal, Fetal & Infant Health	7	1.25
Oral Health	4	1.21
Cancer	18	1.17
Mortality Data	21	1.14
Other Conditions	5	1.05
Community	25	1.00
Respiratory Diseases	12	1.00
Women's Health	6	0.92
Wellness & Lifestyle	6	0.87
Economy	33	0.67
Prevention & Safety	3	0.57



County: Stafford
Mary Washington Health System
Total indicators: 178
Thursday 16th of December 2021 09:39:30 AM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Age-Adjusted Death Rate due to Alzheimer's Disease	3	3	3	3			3	3.00	High			
Atrial Fibrillation: Medicare Population	3	3	3	3			2	2.71	High			
Social Associations	3	3	3	3			2	2.71	High			
Solo Drivers with a Long Commute	3	3	3	3			2	2.71	High			
Ischemic Heart Disease: Medicare Population	3	2	3	2			3	2.65	High			
Cancer: Medicare Population	2	3	2	2			3	2.47	High			
Mean Travel Time to Work	3	3	3	3			1	2.41	High		Male	
Hyperlipidemia: Medicare Population	2	3	2	3			2	2.35	High			
Emergency Department Admission Rate due to Heroin	3	1.5	3	1.5			2	2.18	Medium			
Prostate Cancer Incidence Rate	2	2	3	2			2	2.18	High			
Stroke: Medicare Population	2	3	2	2			2	2.18	High			
Adults who Have Taken Medications for High Blood Pressure	3	3	1.5	2			1.5	2.12	Medium			
Hypertension: Medicare Population	1	2	2	2			3	2.12	High			
Dentist Rate	2	2	3	1.5			2	2.09	High			
Children with Low Access to a Grocery Store	3	3	1.5	1.5			1.5	2.03	Medium			
Food Insecure Children Likely Ineligible for Assistance	2	3	1	3			1.5	2.03	High			
Grocery Store Density	3	3	1.5	1.5			1.5	2.03	Medium			
SNAP Certified Stores	3	3	1.5	1.5			1.5	2.03	Medium			
WIC Certified Stores	3	3	1.5	1.5			1.5	2.03	Medium			
8th Grade Students Proficient in Math	2	1.5	3	1.5			2	2.00	Medium			
Death Rate due to Fentanyl Overdose	2	1.5	3	1.5			2	2.00	Medium			
Infant Mortality Rate	2	1.5	3	1.5			2	2.00	Medium			
Primary Care Provider Rate	2	3	3	1.5			1	1.97	High			
4th Grade Students Proficient in Reading	1	1.5	2	1.5			3	1.94	Medium			
Adults who Binge Drink	3	2	1.5	2			1.5	1.94	Medium			
Heart Failure: Medicare Population	2	1	2	1			3	1.94	High			
Student-to-Teacher Ratio	3	3	1.5	1.5			1	1.88	Medium			
Workers who Walk to Work	1	2	3	3			1	1.88	High	25-44, 45-54, 55-59, 60-64	Female	
Adults who Drink Excessively	2	2	2	2			1.5	1.85	High			
People with Low Access to a Grocery Store	3	2	1.5	1.5			1.5	1.85	Medium			
Colorectal Cancer Incidence Rate	1	1	3	2			2	1.82	High			
Adults 20+ who are Obese	3	2	1.5	1.5			1	1.71	Medium			
Diabetes: Medicare Population	1	2	2	2			1.5	1.68	High			
Farmers Market Density	2	2	1.5	1.5			1.5	1.68	Medium			
Non-Physician Primary Care Provider Rate	2	3	3	1.5			0	1.68	High			
Violent Crime Rate	2	1.5	1	0			3	1.68	High			
4th Grade Students Proficient in Math	1	1.5	2	1.5			2	1.65	Medium			
8th Grade Students Proficient in Reading	1	1.5	2	1.5			2	1.65	Medium			
Alcohol-Impaired Driving Deaths	1	2	1	2			2	1.65	High			
Child Abuse Rate	0	1.5	3	1.5			2	1.65	Medium			
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			2	1.65	Low			
Tuberculosis Cases	1.5	1.5	1.5	1.5			2	1.65	Low			
Workers Commuting by Public Transportation	0	0	3	3			2	1.65	High	16-19, 20-24		Other
Cholesterol Test History	2	1	1.5	2			1.5	1.59	Medium			
Clinical Care Ranking	2	1.5	1.5	1.5			1.5	1.59	Low			
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			3	1.59	High			
Babies with Low Birth Weight	1	1.5	1	2			2	1.56	High			
Babies with Very Low Birth Weight	1	1.5	1	2			2	1.56	High			
Asthma: Medicare Population	2	3	1	1			1	1.53	High			
Breast Cancer Incidence Rate	1	2	2	2			1	1.53	High			
Access to Exercise Opportunities	1	1	2	2			1.5	1.50	High			
Age-Adjusted Hospitalization Rate due to Heart Attack	1	1.5	2	1.5			1.5	1.50	Medium			
Mental Health Provider Rate	2	2	3	1.5			0	1.50	High			
Recreation and Fitness Facilities	2	1	1.5	1.5			1.5	1.50	Medium			
Emergency Department Admission Rate due to Opioids	1	1.5	1	1.5			2	1.47	Medium			
Fast Food Restaurant Density	1	1	1.5	1.5			2	1.47	Medium			
HIV Diagnosis Rate	2	1.5	0	1.5			2	1.47	Medium			
Syphilis Incidence Rate: Early Stage	2	1.5	0	1.5			2	1.47	Medium			
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	1	3	1			1	1.44	High			
Adults who have had a Routine Checkup	3	0	1.5	1			1.5	1.41	Medium			
Annual Ozone Air Quality	1.5	1	1.5	1.5			1.5	1.41	Medium			
Death Rate due to Drug Poisoning	1	1	1	0			3	1.41	High			
Physical Environment Ranking	1	1.5	1.5	1.5			1.5	1.41	Low			
Age-Adjusted Death Rate due to Heart Disease	1	1.5	2	0			2	1.38	High			
Children with Health Insurance	1	1	1	1.5			2	1.38	High			
Age-Adjusted Death Rate due to Colorectal Cancer	1	1	2	2			1	1.35	High			
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	2			1	1.35	High			
Hepatitis C Incidence Rate (18-30 years)	1	1.5	2	1.5			1	1.35	Medium			
Lyme Disease Cases	1.5	1.5	1.5	1.5			1	1.35	Low			
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			1	1.35	Low			
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low			
Oral Cavity and Pharynx Cancer Incidence Rate	1	1	2	2			1	1.35	High			
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			1	1.35	Low			
Chlamydia Incidence Rate	2	1.5	0	1.5			1.5	1.32	Medium			
Mothers who Received Early Prenatal Care	1.5	1.5	1	1			1.5	1.32	Medium			
Alzheimer's Disease or Dementia: Medicare Population	1	1	1	1			2	1.29	High			
Chronic Kidney Disease: Medicare Population	1	1	1	1			2	1.29	High			
COVID-19 Daily Average Incidence Rate	2	1	1	0			2	1.29	High			
Gonorrhea Incidence Rate	1	1.5	0	1.5			2	1.29	Medium			
Overcrowded Households	1	1.5	0	1.5			2	1.29	Medium			
Health Behaviors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Morbidity Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Mortality Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
Social and Economic Factors Ranking	0	1.5	1.5	1.5			1.5	1.24	Low			
High School Graduation	1	1.5	1	1.5			1	1.18	Medium			
Voter Turnout: Presidential Election	1	1.5	1	1.5			1	1.18	Medium			
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	1	0			1.5	1.15	Medium			
Insufficient Sleep	0	1	1	2			1.5	1.15	High			
Low-Income and Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium			
People 65+ with Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium			
Age-Adjusted Death Rate due to Heart Attack	0	1.5	0	1.5			2	1.12	Medium			
Students Eligible for the Free Lunch Program	0	0	1.5	1.5			2	1.12	Medium			
Unemployed Workers in Civilian Labor Force	1	1	1	0			2	1.12	High			
Colon Cancer Screening	1	0	1.5	1			1.5	1.06	Medium			
Depression: Medicare Population	1	0	0	0			3	1.06	High			
Lung and Bronchus Cancer Incidence Rate	1	1	2	2			0	1.06	High			
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5			0	1.06	Low			
Size of Labor Force	1.5	1.5	1.5	1.5			0	1.06	Low			
Age-Adjusted Death Rate due to Suicide	1.5	0	1	0			2	1.03	High			
Non-Marital Births	0	1.5	1	0			2	1.03	High			



County: Stafford
Mary Washington Health System
Total indicators: 178
Thursday 16th of December 2021 09:39:30 AM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Gender	Disparities Race/Ethnicity
Death Rate due to Prescription Opioid Overdose	1	1.5	0	1.5			1	1.00	Medium			
Teen Pregnancy Rate	1	1.5	0	1.5			1	1.00	Medium			
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	1	1	1			1.5	0.97	High			
Households that are Above the Asset Limited, Income Constrained, Emp	0	1.5	0	1.5			1.5	0.97	Medium			
Households that are Asset Limited, Income Constrained, Employed (ALIC	0	1.5	0	1.5			1.5	0.97	Medium			
Households that are Below the Federal Poverty Level	0	1.5	0	1.5			1.5	0.97	Medium			
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium			
COPD: Medicare Population	1	0	1	0			2	0.94	High			
Osteoporosis: Medicare Population	1	1	0	0			2	0.94	High			
People 25+ with a High School Degree or Higher	0	0	1	1			2	0.94	High	65+		
Workers who Drive Alone to Work	0	0	1	1			2	0.94	High		Female	
Adults with Current Asthma	0	0	1.5	1			1.5	0.88	Medium			
All Cancer Incidence Rate	1	1	2	1			0	0.88	High			
Cervical Cancer Screening: 21-65	0	0	1.5	1			1.5	0.88	Medium			
Mammogram in Past 2 Years: 50-74	0	0	1.5	1			1.5	0.88	Medium			
Persons Fully Vaccinated Against COVID-19	1	1	1.5	1.5			0	0.88	Medium			
Poor Mental Health: 14+ Days	0	0	1.5	1			1.5	0.88	Medium			
Renters Spending 30% or More of Household Income on Rent	1	2	1	1			0	0.88	High	65+		
Age-Adjusted Death Rate due to Prostate Cancer	1.5	0	0	0			2	0.85	High			
Households with One or More Types of Computing Devices	0	0	1	1			1.5	0.79	High			
Life Expectancy	0	0	1	1			1.5	0.79	High			
Age-Adjusted Death Rate due to Diabetes	0	1	0	0			2	0.76	High			
Melanoma Incidence Rate	1	0	0	0			2	0.76	High			
Adults with Health Insurance: 18-64	0	0	1	1.5			1	0.74	High			
Adults 65+ who Received Recommended Preventive Services: Females	0	0	1.5	0			1.5	0.71	Medium			
Adults 65+ who Received Recommended Preventive Services: Males	0	0	1.5	0			1.5	0.71	Medium			
Adults 65+ with Total Tooth Loss	0	0	1.5	0			1.5	0.71	Medium			
Adults who Experienced a Stroke	0	0	1.5	0			1.5	0.71	Medium			
Adults who Experienced Coronary Heart Disease	0	0	1.5	0			1.5	0.71	Medium			
Adults who Visited a Dentist	0	0	1.5	0			1.5	0.71	Medium			
Adults with Arthritis	0	0	1.5	0			1.5	0.71	Medium			
Adults with Cancer	0	0	1.5	0			1.5	0.71	Medium			
Adults with COPD	0	0	1.5	0			1.5	0.71	Medium			
Adults with Kidney Disease	0	0	1.5	0			1.5	0.71	Medium			
Death Rate due to Heroin Overdose	1	1.5	0	1.5			0	0.71	Medium			
High Blood Pressure Prevalence	0	0	1.5	0			1.5	0.71	Medium			
High Cholesterol Prevalence: Adults 18+	0	0	1.5	0			1.5	0.71	Medium			
Poor Physical Health: 14+ Days	0	0	1.5	0			1.5	0.71	Medium			
Projected Child Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Projected Food Insecurity Rate	0	0	0	1.5			1.5	0.71	Medium			
Age-Adjusted Death Rate due to Breast Cancer	0	1	0	1			1	0.65	High			
Age-Adjusted Death Rate due to Cancer	0	0	1	1			1	0.65	High			
Adults who Smoke	0	0	1	0			1.5	0.62	High			
Frequent Mental Distress	0	0	1	0			1.5	0.62	High			
Frequent Physical Distress	0	0	1	0			1.5	0.62	High			
Persons with an Internet Subscription	0	0	1	0			1.5	0.62	High	65+		
Houses Built Prior to 1950	0	0	0	0			2	0.59	High			
People 65+ Living Alone	0	0	0	0			2	0.59	High			
Premature Death	0	0	0	0			2	0.59	High			
Cervical Cancer Incidence Rate	1.5	0	0	0			1	0.56	High			
Liquor Store Density	1.5	0	0	0			1	0.56	High			
Food Environment Index	0	0	1	0			1	0.47	High			
Child Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Food Insecurity Rate	0	0	0	0			1.5	0.44	High			
Households with an Internet Subscription	0	0	0	0			1.5	0.44	High			
Income Inequality	0	0	0	0			1.5	0.44	High			
Mortgaged Owners Spending 30% or More of Household Income on Hou	1.5	1	0	0			0	0.44	High			
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0	0	0	0			1	0.29	High			
Age-Adjusted Death Rate due to Unintentional Injuries	0	0	0	0			1	0.29	High			
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0			1	0.29	High			
Homeowner Vacancy Rate	0	0	0	0			1	0.29	High			
Households with Cash Public Assistance Income	0	0	0	0			1	0.29	High			
Households with Supplemental Security Income	0	0	0	0			1	0.29	High			
Households without a Vehicle	0	0	0	0			1	0.29	High			
People 65+ Living Below Poverty Level	0	0	0	0			1	0.29	High			
People Living 200% Above Poverty Level	0	0	0	0			1	0.29	High			
Persons with Disability Living in Poverty (5-year)	0	0	0	0			1	0.29	High			
Single-Parent Households	0	0	0	0			1	0.29	High			
Teen Birth Rate	0	1.5	0	0			0	0.26	High			
People 25+ with a Bachelor's Degree or Higher	0	0	1	0			0	0.18	High	25-34, 65+		American Indian/Alaska Native, Oth
Per Capita Income	0	0	1	0			0	0.18	High			Hispanic/Latino, Other, Two or Mor
Children Living Below Poverty Level	0	0	0	0			0	0.00	High			Asian
Families Living Below Poverty Level	0	0	0	0			0	0.00	High			
Homeownership	0	0	0	0			0	0.00	High			
Median Household Income	0	0	0	0			0	0.00	High			Hispanic/Latino, Other
People Living Below Poverty Level	0	0	0	0			0	0.00	High	18-24		
Poverty Status by School Enrollment	0	0	0	0			0	0.00	High			
Severe Housing Problems	0	0	0	0			0	0.00	High			



County: Westmoreland
Mary Washington Health System
Total indicators: 174
Wednesday 15th of December 2021 03:32:37 PM

Topic	Indicators	Score
Prevention & Safety	3	2.20
Maternal, Fetal & Infant Health	6	2.03
Mortality Data	21	2.03
Community	26	1.91
Heart Disease & Stroke	16	1.89
Education	8	1.88
Respiratory Diseases	12	1.84
Wellness & Lifestyle	6	1.84
Oral Health	4	1.80
Economy	32	1.79
Health Care Access & Quality	9	1.75
Older Adults	24	1.75
Mental Health & Mental Disorders	6	1.74
Cancer	17	1.68
Alcohol & Drug Use	12	1.63
Other Conditions	5	1.61
Children's Health	7	1.60
County Health Rankings	6	1.59
Immunizations & Infectious Diseases	12	1.50
Sexually Transmitted Infections	4	1.49
Environmental Health	26	1.40
Physical Activity	16	1.37
Women's Health	5	1.23



County: Westmoreland
Mary Washington Health System
Total indicators: 174
Wednesday 15th of December 2021 03:26:30 PM





Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Persons with Disability Living in Poverty (5-year)	3	3	3	3			3	3.00	High		
Workers who Walk to Work	3	3	3	3			3	3.00	High		
Non-Physician Primary Care Provider Rate	3	3	3	1.5			3	2.74	High		
Age-Adjusted Death Rate due to Unintentional Injuries	3	3	3	3			2	2.71	High		
Death Rate due to Drug Poisoning	3	3	3	3			2	2.71	High		
Mean Travel Time to Work	3	3	3	3			2	2.71	High		
Renters Spending 30% or More of Household Income on Rent	3	3	3	3			2	2.71	High		
Solo Drivers with a Long Commute	3	3	3	3			2	2.71	High		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2	2	3	3			3	2.65	High		
People 25+ with a Bachelor's Degree or Higher	2	2	3	3			3	2.65	High		Black/Africar
Access to Exercise Opportunities	3	3	3	3			1.5	2.56	High		
Alcohol-Impaired Driving Deaths	3	3	3	3			1.5	2.56	High		
Hyperlipidemia: Medicare Population	3	3	2	3			2	2.53	High		
Age-Adjusted Death Rate due to Alzheimer's Disease	2	1	3	3			3	2.47	High		
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	2	1	3	3			3	2.47	High		
Students Eligible for the Free Lunch Program	3	3	1.5	1.5			3	2.47	Medium		
Age-Adjusted Death Rate due to Lung Cancer	3	3	3	3			1	2.41	High		
Oral Cavity and Pharynx Cancer Incidence Rate	3	3	3	3			1	2.41	High		
Single-Parent Households	2	3	3	3			1.5	2.38	High		
Families Living Below Poverty Level	2	2	3	3			2	2.35	High		
Households with Supplemental Security Income	2	2	3	3			2	2.35	High		
Hypertension: Medicare Population	2	3	2	3			2	2.35	High		
Ischemic Heart Disease: Medicare Population	3	2	3	2			2	2.35	High		
People 65+ Living Below Poverty Level	2	2	3	3			2	2.35	High		
People Living Below Poverty Level	2	2	3	3			2	2.35	High		
Poverty Status by School Enrollment	2	2	3	3			2	2.35	High		
Adults with Arthritis	3	3	1.5	3			1.5	2.29	Medium		
Adults with Cancer	3	3	1.5	3			1.5	2.29	Medium		
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	3	3	3			1.5	2.29	Medium		
Babies with Low Birth Weight	3	1.5	3	3			1.5	2.29	High		
Babies with Very Low Birth Weight	3	1.5	3	3			1.5	2.29	High		
Diabetes: Medicare Population	2	2	2	2			3	2.29	High		
Lung and Bronchus Cancer Incidence Rate	3	2	3	3			1	2.24	High		
Adults who Smoke	2	2	3	3			1.5	2.21	High		
8th Grade Students Proficient in Reading	3	1.5	3	1.5			2	2.18	Medium		
Income Inequality	3	3	2	1			2	2.18	High		
People 65+ Living Alone	2	2	3	2			2	2.18	High		
Stroke: Medicare Population	2	3	2	2			2	2.18	High		
Workers Commuting by Public Transportation	2	1	3	3			2	2.18	High		
Age-Adjusted Death Rate due to Prostate Cancer	1.5	3	3	3			1	2.15	High		
Dentist Rate	3	3	3	1.5			1	2.15	High		
Mental Health Provider Rate	3	3	3	1.5			1	2.15	High		
Primary Care Provider Rate	3	3	3	1.5			1	2.15	High		
Adults who Experienced a Stroke	2	3	1.5	3			1.5	2.12	Medium		
Adults with Kidney Disease	2	3	1.5	3			1.5	2.12	Medium		
High Blood Pressure Prevalence	2	3	1.5	3			1.5	2.12	Medium		
Homeowner Vacancy Rate	3	3	3	3			0	2.12	High		
Teen Birth Rate	2	1.5	3	3			1.5	2.12	High		
Age-Adjusted Death Rate due to Cancer	2	2	3	3			1	2.06	High		
Age-Adjusted Death Rate due to Colorectal Cancer	2	2	3	3			1	2.06	High		
Liquor Store Density	3	2	3	2			1	2.06	High		
Premature Death	2	2	3	3			1	2.06	High		
4th Grade Students Proficient in Math	3	1.5	3	1.5			1.5	2.03	Medium		
8th Grade Students Proficient in Math	3	1.5	3	1.5			1.5	2.03	Medium		
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	1.5	1.5	3	3			1.5	2.03	Medium		
Age-Adjusted Hospitalization Rate due to Heart Attack	3	1.5	3	1.5			1.5	2.03	Medium		
Asthma: Medicare Population	2	3	2	2			1.5	2.03	High		
Households with an Internet Subscription	2	2	3	2			1.5	2.03	High		
Median Household Income	2	1	3	3			1.5	2.03	High		
Teen Pregnancy Rate	3	1.5	3	1.5			1.5	2.03	Medium		
4th Grade Students Proficient in Reading	2	1.5	3	1.5			2	2.00	Medium		
Atrial Fibrillation: Medicare Population	2	2	2	2			2	2.00	High		
Children Living Below Poverty Level	2	1	3	2			2	2.00	High		
COPD: Medicare Population	2	1	3	2			2	2.00	High		
Hepatitis C Incidence Rate (18-30 years)	2	1.5	3	1.5			2	2.00	Medium		
People 25+ with a High School Degree or Higher	2	2	2	2			2	2.00	High	65+	Black/Africar
People Living 200% Above Poverty Level	2	1	3	2			2	2.00	High		
Non-Marital Births	2	1.5	3	3			1	1.97	High		
Adults who Experienced Coronary Heart Disease	2	2	1.5	3			1.5	1.94	Medium		
Adults with COPD	2	2	1.5	3			1.5	1.94	Medium		
High Cholesterol Prevalence: Adults 18+	2	2	1.5	3			1.5	1.94	Medium		
Poor Physical Health: 14+ Days	2	2	1.5	3			1.5	1.94	Medium		
Age-Adjusted Death Rate due to Diabetes	1	2	3	3			1	1.88	High		
Cancer: Medicare Population	2	3	2	2			1	1.88	High		
Death Rate due to Fentanyl Overdose	3	1.5	3	1.5			1	1.88	Medium		
Death Rate due to Heroin Overdose	3	1.5	3	1.5			1	1.88	Medium		
Homeownership	2	2	3	2			1	1.88	High		
Child Food Insecurity Rate	2	1	3	2			1.5	1.85	High		
Frequent Mental Distress	1	1	3	3			1.5	1.85	High		
Frequent Physical Distress	1	1	3	3			1.5	1.85	High		
Life Expectancy	2	2	2	2			1.5	1.85	High		
Age-Adjusted Death Rate due to Heart Attack	2	1.5	2	1.5			2	1.82	Medium		
Clinical Care Ranking	3	1.5	1.5	1.5			1.5	1.76	Low		
Depression: Medicare Population	2	1	1	1			3	1.76	High		
Melanoma Incidence Rate	1	1	2	1			3	1.76	High		
Overcrowded Households	2	1.5	0	1.5			3	1.76	Medium		
Projected Child Food Insecurity Rate	2	1	3	1.5			1.5	1.76	Medium		



County: Westmoreland
Mary Washington Health System
Total indicators: 174
Wednesday 15th of December 2021 03:26:30 PM

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2030	Target Local	Trend	Score	Precision	Disparities Age	Disparities Race/Ethnicit
Child Abuse Rate	1	1.5	3	1.5			1.5	1.68	Medium		
Households that are Below the Federal Poverty Level	1	1.5	3	1.5			1.5	1.68	Medium		
Households with One or More Types of Computing Devices	1	2	2	2			1.5	1.68	High		
Insufficient Sleep	1	2	1	3			1.5	1.68	High		
Persons with an Internet Subscription	1	2	2	2			1.5	1.68	High	65+	
Recreation and Fitness Facilities	2	2	1.5	1.5			1.5	1.68	Medium		
Chlamydia Incidence Rate	2	1.5	1	1.5			2	1.65	Medium		
HIV Diagnosis Rate	2	1.5	1	1.5			2	1.65	Medium		
Households without a Vehicle	2	2	2	0			2	1.65	High		
Lyme Disease Cases	1.5	1.5	1.5	1.5			2	1.65	Low		
Number of Extreme Heat Events	1.5	1.5	1.5	1.5			2	1.65	Low		
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5			2	1.65	Low		
Tuberculosis Cases	1.5	1.5	1.5	1.5			2	1.65	Low		
Voter Turnout: Presidential Election	2	1.5	1	1.5			2	1.65	Medium		
Workers who Drive Alone to Work	1	1	2	2			2	1.65	High		American Inc
Adults 65+ with Total Tooth Loss	2	1	1.5	2			1.5	1.59	Medium		
Adults with Current Asthma	2	1	1.5	2			1.5	1.59	Medium		
Breast Cancer Incidence Rate	1	1	1	1			3	1.59	High		
Health Behaviors Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Morbidity Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Mortality Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Social and Economic Factors Ranking	2	1.5	1.5	1.5			1.5	1.59	Low		
Age-Adjusted Death Rate due to Heart Disease	1	1.5	3	0			2	1.56	High		
All Cancer Incidence Rate	2	1	2	2			1	1.53	High		
Persons Fully Vaccinated Against COVID-19	2	2	1.5	1.5			1	1.53	Medium		
Food Insecure Children Likely Ineligible for Assistance	1	2	0	3			1.5	1.50	High		
Households that are Above the Asset Limited, Income Constrained, Emp	1	1.5	2	1.5			1.5	1.50	Medium		
Households with No Car and Low Access to a Grocery Store	1	2	1.5	1.5			1.5	1.50	Medium		
WIC Certified Stores	1	2	1.5	1.5			1.5	1.50	Medium		
Infant Mortality Rate	1	1.5	1	1.5			2	1.47	Medium		
SNAP Certified Stores	1	1	1.5	1.5			2	1.47	Medium		
Syphilis Incidence Rate: Early Stage	2	1.5	0	1.5			2	1.47	Medium		
Adults with Health Insurance: 18-64	2	1	2	1.5			1	1.44	High		
Children with Health Insurance	2	1	2	1.5			1	1.44	High		
Chronic Kidney Disease: Medicare Population	0	1	1	1			3	1.41	High		
Colorectal Cancer Incidence Rate	2	1	3	2			0	1.41	High		
Physical Environment Ranking	1	1.5	1.5	1.5			1.5	1.41	Low		
Poor Mental Health: 14+ Days	1	1	1.5	2			1.5	1.41	Medium		
Projected Food Insecurity Rate	1	0	3	1.5			1.5	1.41	Medium		
Deaths due to Homicide	1.5	1.5	1.5	1.5			1	1.35	Low		
Number of Extreme Heat Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5			1	1.35	Low		
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5			1	1.35	Low		
Adults who Drink Excessively	1	1	2	1			1.5	1.32	High		
Food Insecurity Rate	1	0	3	1			1.5	1.32	High		
Households that are Asset Limited, Income Constrained, Employed (ALI	1	1.5	1	1.5			1.5	1.32	Medium		
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	1	1			2	1.29	High		
Adults 65+ who Received Recommended Preventive Services: Males	2	0	1.5	1			1.5	1.24	Medium		
Gonorrhea Incidence Rate	2	1.5	0	1.5			1	1.18	Medium		
Prostate Cancer Incidence Rate	1	1	2	1			1	1.18	High		
Severe Housing Problems	2	2	1	0			1	1.18	High		
Student-to-Teacher Ratio	1	1	1.5	1.5			1	1.18	Medium		
Unemployed Workers in Civilian Labor Force	2	1	2	0			1	1.18	High		
Low-Income and Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium		
People 65+ with Low Access to a Grocery Store	1	0	1.5	1.5			1.5	1.15	Medium		
Adults 65+ who Received Recommended Preventive Services: Females	2	0	1.5	0			1.5	1.06	Medium		
Adults who Visited a Dentist	1	0	1.5	1			1.5	1.06	Medium		
Cervical Cancer Screening: 21-65	1	0	1.5	1			1.5	1.06	Medium		
Colon Cancer Screening	1	0	1.5	1			1.5	1.06	Medium		
Mammogram in Past 2 Years: 50-74	1	0	1.5	1			1.5	1.06	Medium		
Per Capita Income	1	0	3	2			0	1.06	High		Black/Africar
Size of Labor Force	1.5	1.5	1.5	1.5			0	1.06	Low		
Violent Crime Rate	1	1.5	0	0			2	1.03	High		
Emergency Department Admission Rate due to Heroin	1	1.5	0	1.5			1	1.00	Medium		
High School Graduation	0	1.5	1	1.5			1	1.00	Medium		
Children with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
Emergency Department Admission Rate due to Opioids	0	1.5	0	1.5			1.5	0.97	Medium		
Grocery Store Density	0	0	1.5	1.5			1.5	0.97	Medium		
Houses Built Prior to 1950	1	1	1	0			1.5	0.97	High		
People with Low Access to a Grocery Store	0	0	1.5	1.5			1.5	0.97	Medium		
COVID-19 Daily Average Incidence Rate	1	1	0	0			2	0.94	High		
Heart Failure: Medicare Population	1	0	1	0			2	0.94	High		
Households with Cash Public Assistance Income	1	1	0	0			2	0.94	High		
Osteoporosis: Medicare Population	1	1	0	0			2	0.94	High		
Adults 20+ who are Obese	1	1	1.5	1.5			0	0.88	Medium		
Adults who have had a Routine Checkup	0	0	1.5	1			1.5	0.88	Medium		
Adults who Have Taken Medications for High Blood Pressure	0	0	1.5	1			1.5	0.88	Medium		
Cholesterol Test History	0	0	1.5	1			1.5	0.88	Medium		
Death Rate due to Prescription Opioid Overdose	0	1.5	0	1.5			1	0.82	Medium		
Farmers Market Density	0	0	1.5	1.5			1	0.82	Medium		
Fast Food Restaurant Density	0	0	1.5	1.5			1	0.82	Medium		
Food Environment Index	1	0	2	0			1	0.82	High		
Alzheimer's Disease or Dementia: Medicare Population	0	1	0	0			2	0.76	High		
Adults who Binge Drink	0	0	1.5	0			1.5	0.71	Medium		
Social Associations	0	0	0	0			2	0.59	High		
Age-Adjusted Death Rate due to Breast Cancer	0	0	0	1			1	0.47	High		
COVID-19 Daily Average Case-Fatality Rate	0	0	0	0			1	0.29	High		

2022 Disparities and Health Equity Analysis

RAHD
RAPPAHANNOCK AREA HEALTH DISTRICT
CARING FOR A HEALTHY COMMUNITY

Mary Washington Healthcare

Table of Contents

Disparities and Health Equity Analysis 3
Caroline County, Virginia 3
Race/Ethnic & Gender Disparities for Caroline County, VA 3
Geographic Disparities for Caroline County, VA 5
SocioNeeds Index 5
Food Insecurity Index 6
Fredericksburg City County, Virginia 8
Race/Ethnic & Gender Disparities for Fredericksburg City County, VA 8
Geographic Disparities for Fredericksburg City County, VA 9
SocioNeeds Index 9
Food Insecurity Index 10
King George County, Virginia 11
Race/Ethnic & Gender Disparities for King George County, VA 11
Geographic Disparities for King George County, VA 12
SocioNeeds Index 12
Food Insecurity Index 14
Orange County, Virginia 15
Race/Ethnic & Gender Disparities for Orange County, VA 15
Geographic Disparities for Orange County, VA 16
SocioNeeds Index 16
Food Insecurity Index 18
Prince William County, Virginia 20
Race/Ethnic & Gender Disparities for Prince William County, VA 20
Geographic Disparities for Prince William County, VA 22
SocioNeeds Index 22
Food Insecurity Index 23
Spotsylvania County, Virginia 26
Race/Ethnic & Gender Disparities for Spotsylvania County, VA 26
Geographic Disparities for Spotsylvania County, VA 28
SocioNeeds Index 28
Food Insecurity Index 29
Stafford County, Virginia 31
Race/Ethnic & Gender Disparities for Stafford County, VA 31
Geographic Disparities for Stafford County, VA 32

SocioNeeds Index 32
Food Insecurity Index 33
Westmoreland County, Virginia 35
Race/Ethnic & Gender Disparities for Westmoreland County, VA 35
Geographic Disparities for Westmoreland County, VA 36
SocioNeeds Index 36
Food Insecurity Index 37
Future Considerations 39

Disparities and Health Equity Analysis

Identifying disparities by race/ethnicity, gender, age, and geography helps to inform and focus priorities and strategies. Understanding disparities also help us better understand root causes that impact health in a community and inform action towards health equity. Health equity focuses on the fair distribution of health determinants, outcomes and resources across communities.[1] National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black, Indigenous, or People of Color, individuals living below the poverty level, and LGBTQ+ communities.

Primary and secondary data revealed significant community health disparities based on race/ethnicity, particularly among the Black, Asian and Hispanic communities. The assessment also found zip codes, cities, and municipalities with disparities related to health and social determinants of health. It is important to note that while much of the data is presented to show differences and disparities of data by population groups, differences within each population group can be as great as differences between different groups. For instance, Asian or Asian and Pacific Islander encompasses individuals from over 40 different countries with very different languages, cultures, and histories in the U.S. Information and themes captured through an online community survey have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

Caroline County, Virginia

Race/Ethnic & Gender Disparities for Caroline County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 1 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Caroline County.

TABLE 1. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Children Living Below Poverty Level	Black/African American, American Indian/Alaska Native, Multiple Races; Hispanic/Latino
People Living Below Poverty Level	Black/African American, American Indian/Alaska Native, Multiple Races; Hispanic/Latino

[1] Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

Health Indicator	Group Negatively Impacted (highest rates)
Families Living Below Poverty Level	Black/African American, American Indian/Alaska Native, Multiple Races; Hispanic/Latino
People 65+ Living Below Poverty Level	Black/African American, Multiple Races, Hispanic/Latino
Workers Commuting by Public Transportation	Black/African American, Asian, American Indian/Alaska Native, Multiple Races, Other Race; Hispanic/Latino
Workers who Walk to Work	Black/African American, White, American Indian/Alaska Native
Babies with Low Birth Weight	Black/African American
Babies with Very Low Birth Weight	Black/African American
Workers Commuting by Public Transportation	Female
Workers who Walk to Work	Female
Age-Adjusted Death Rate due to Lung Cancer	Male
Colorectal Cancer Incidence Rate	Male
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Male
Age-Adjusted Death Rate due to Unintentional Injuries	Male

The indicators listed in Table 1 show a statistically significant difference in race or ethnicity and gender according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Caroline County, experiencing significant disparities, of indicators listed in Table 1. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Caroline County.

Geographic Disparities for Caroline County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Caroline County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 1. The following zip codes had the highest socioeconomic need (as indicated by the darkest shades of green): 22514 (Milford) and 22427 (Bowling Green). Table 2 provides the index values for each zip code.

FIGURE 1. SOCIONEEDS INDEX

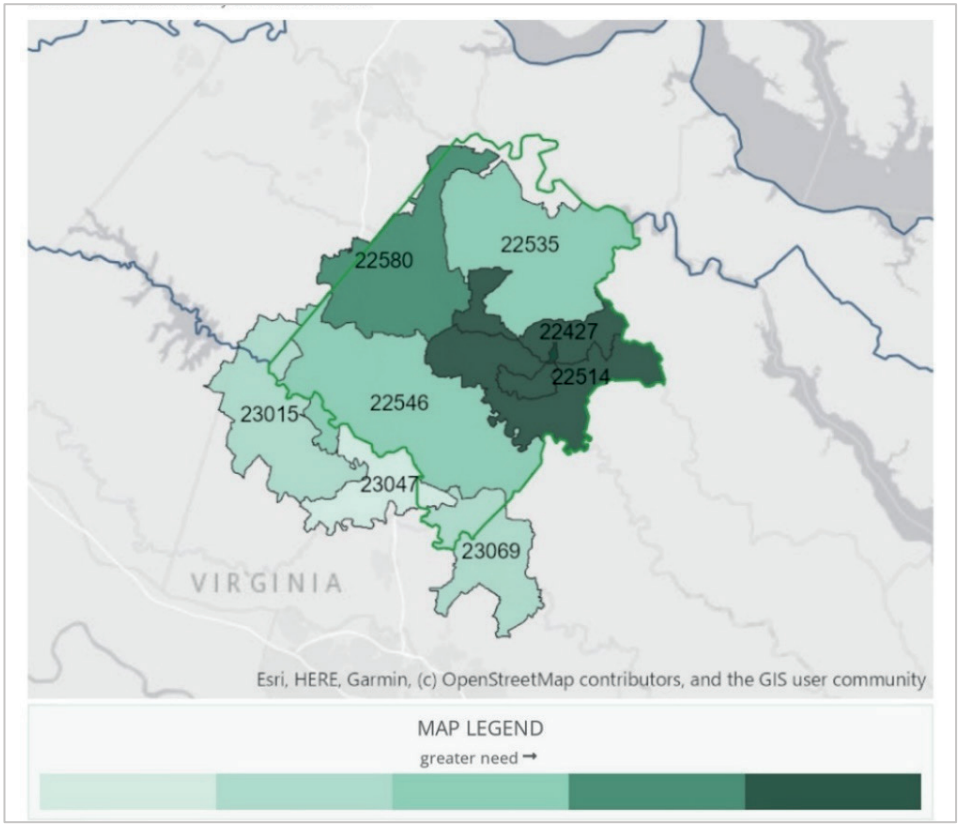


TABLE 2. SNI VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22514	Milford	55.3
22427	Bowling Green	49.5
22580	Woodford	40.5
22546	Ruther Glen	30.8
22535	Port Royal	29.9
23015	Beaverdam	20.7
23069	Hanover	18.8
23047	Doswell	15.1

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Caroline County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 2. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 22580 (Woodford) and 22427 (Bowling Green). Table 3 provides the index values for each zip code.

FIGURE 2. FOOD INSECURITY INDEX

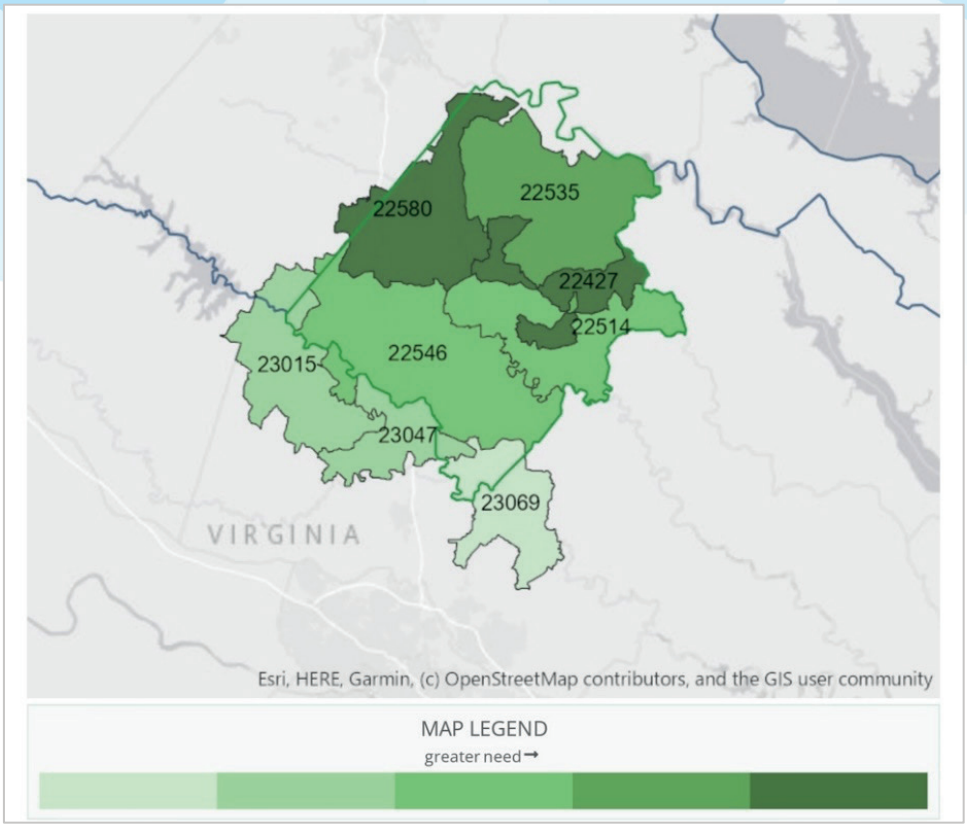


TABLE 3. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22580	Woodford	48.5
22427	Bowling Green	45.2
22535	Port Royal	41.8
22546	Ruther Glen	39.3
22514	Milford	38.7
23047	Doswell	18.9
23015	Beaverdam	18.7
23069	Hanover	13.8

Fredericksburg City, Virginia

Race/Ethnic & Gender Disparities for Fredericksburg City, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 4 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Fredericksburg County.

TABLE 4. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
4th Grade Students Proficient in Math	Black/African American; Hispanic / Latino
Babies with Low Birth Weight	Black/African American
Babies with Very Low Birth Weight	White, Other Race
Families Living Below Poverty Line	Black/African American, Multiple Races, Other Race; Hispanic / Latino
Infant Mortality Rate	Black/African American, Other Race
People 65+ Living Below Poverty Line	Black/African American, Asian
Teen Birth Rate	Black/African American, Other Race
Children Living Below Poverty Level	Male
People 65+ Living Below Poverty Level	Female
8th Grade Students Proficient in Math	Male
8th Grade Students Proficient in Reading	Male
Workers Commuting by Public Transportation	Female

The indicators listed in Table 4 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Fredericksburg County, experiencing significant disparities, of indicators listed in Table 4. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Fredericksburg County.

Geographic Disparities for Fredericksburg City, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. A single zip code, 22401, constitutes all of Fredericksburg County. The map in Figure 3 illustrates this zip code. Table 5 provides the index value.

FIGURE 3. SOCIONEEDS INDEX



TABLE 5. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22401	Fredericksburg	37

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. A single zip code, 22401, constitutes all of Fredericksburg County. The map in Figure 4 illustrates this zip code. Table 6 provides the index value.

FIGURE 4. FOOD INSECURITY INDEX

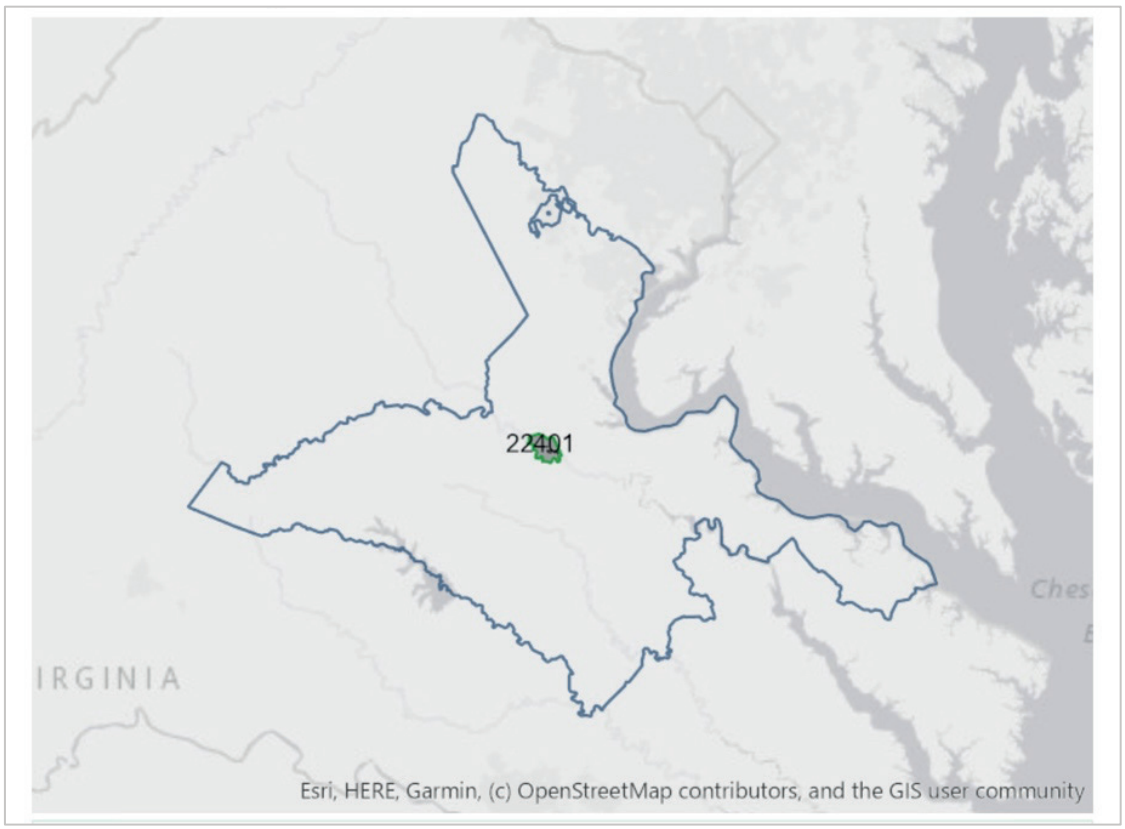


TABLE 6. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22401	Fredericksburg	43

King George County, Virginia

Race/Ethnic & Gender Disparities for King George County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 7 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for King George County.

TABLE 7. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Babies with Very Low Birth Weight	White
Families Living Below Poverty Level	Black/African American, Asian
Infant Mortality Rate	White
People 65+ Living Below Poverty Level	Black/African American; Hispanic/Latino
People Living Below Poverty Level	Black/African American, White, American Indian/Alaska Native
Teen Birth Rate	Black/African American
Workers Commuting by Public Transportation	White, American Indian/Alaska Native, Multiple Races, Other Race; Hispanic/Latino
Workers who Walk to Work	White, American Indian/Alaska Native, Multiple Races, Other Race
People Living Below Poverty Level	Female
Workers Commuting by Public Transportation	Male
Workers who Walk to Work	Female

Health Indicator	Group Negatively Impacted (highest rates)
Age-Adjusted Death Rate due to Cancer	Male
Age-Adjusted Death Rate due to Lung Cancer	Male

The indicators listed in Table 7 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in King George County, experiencing significant disparities, of indicators listed in Table 7. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in King George County.

Geographic Disparities for King George County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in King George County, the two zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 5. The two zip codes are: 22448 (Dahlgren) and 22485 (Shiloh). Table 8 provides the index values for each zip code.

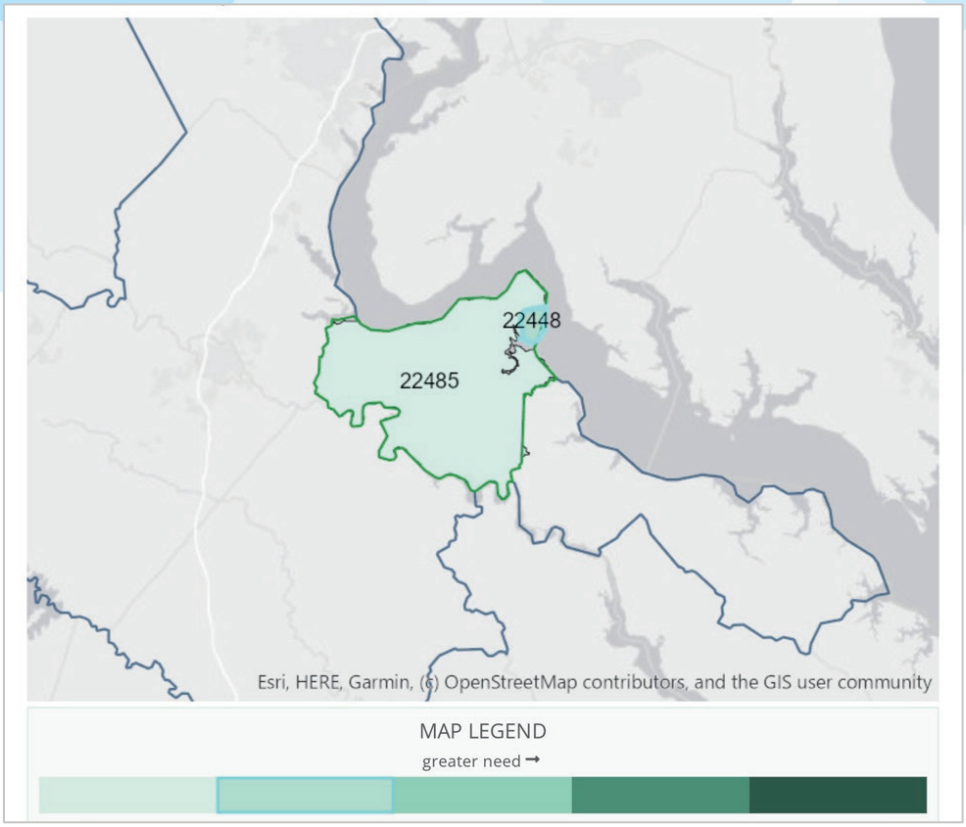


TABLE 8. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22448	Dahlgren	36.3
22485	Shiloh	13.8

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in King George County, the two zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 6. The two zip codes are: 22448 (Dahlgren) and 22485 (Shiloh). Table 9 provides the index values for each zip code.

FIGURE 6. FOOD INSECURITY INDEX

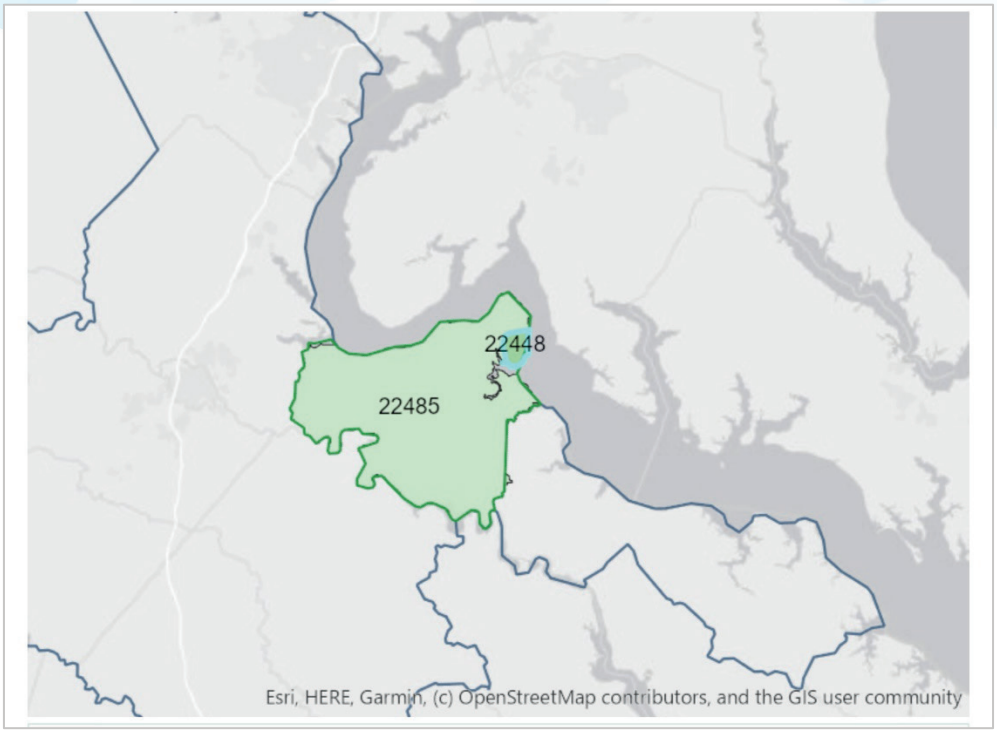


TABLE 9. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22448	Dahlgren	34.9
22485	Shiloh	20.6

Orange County, Virginia

Race/Ethnic & Gender Disparities for Orange County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 10 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Orange County.

TABLE 10. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Babies with Low Birth Weight	Black/African American, Other Race
Babies with Very Low Birth Weight	Black/African American, Other Race
Families Living Below Poverty Level	Black/African American
Infant Mortality Rate	Black/African American
People 65+ Living Below Poverty Level	White, Multiple Races
Teen Birth Rate	Black/African American, Other Race
Workers Commuting by Public Transportation	White, Asian, American Indian/Alaska Native
Workers who Walk to Work	Black/African American, Asian, American Indian/Alaska Native, Other Race
Age-Adjusted Death Rate due to Lung Cancer	Male
Age-Adjusted Death Rate due to Unintentional Injuries	Male
Children Living Below Poverty Level	Female

Health Indicator	Group Negatively Impacted (highest rates)
Colorectal Cancer Incidence Rate	Male
Workers Commuting by Public Transportation	Female
Workers who Walk to Work	Male

The indicators listed in Table 10 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Orange County, experiencing significant disparities, of indicators listed in Table 10. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Orange County.

Geographic Disparities for Orange County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Orange County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 7. The following zip code had the highest socioeconomic need (as indicated by the darkest shades of green): 22960 (Orange). Table 11 provides the index values for each zip code.

FIGURE 7. SOCIONEEDS INDEX

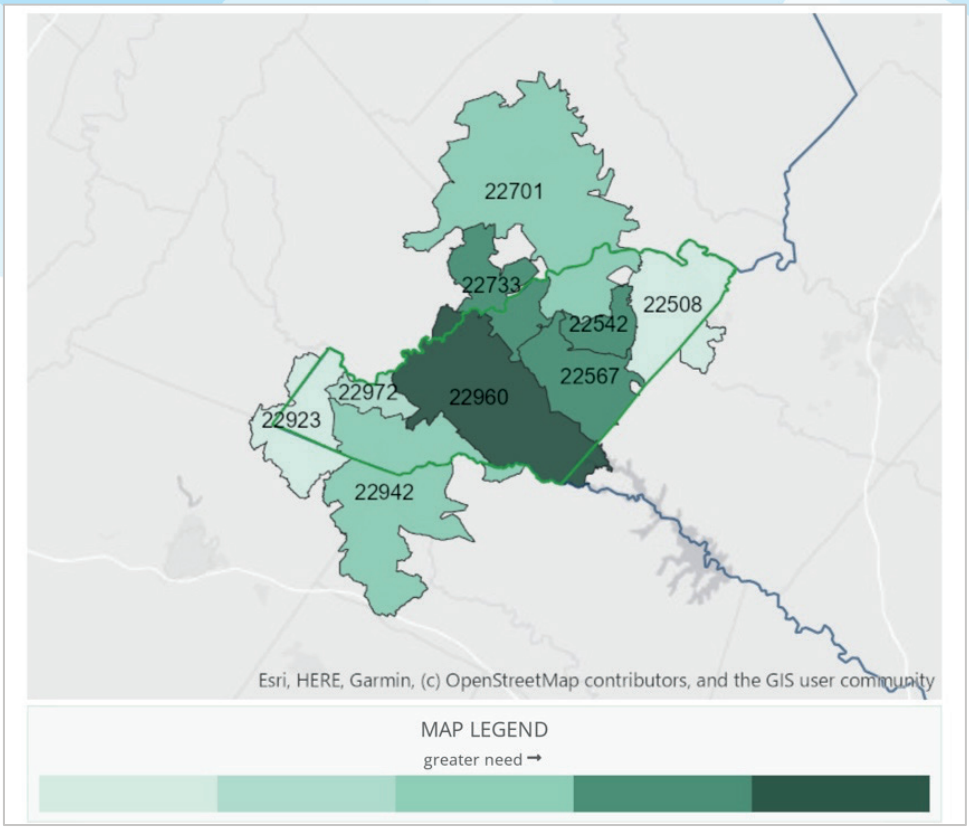


TABLE 11. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22960	Orange	63
22567	Unionville	52.1
22542	Rhoadesville	51.9
22733	Rapidan	48.2
22942	Gordonsville	45.7
22701	Culpeper	40
22972	Somerset	26
22923	Barboursville	23.4
22508	Locust Grove	22.6

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Orange County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 8. The following zip code had the highest level of food insecurity (as indicated by the darkest shade of green): 22960 (Orange). Table 12 provides the index values for each zip code.

FIGURE 8. FOOD INSECURITY INDEX

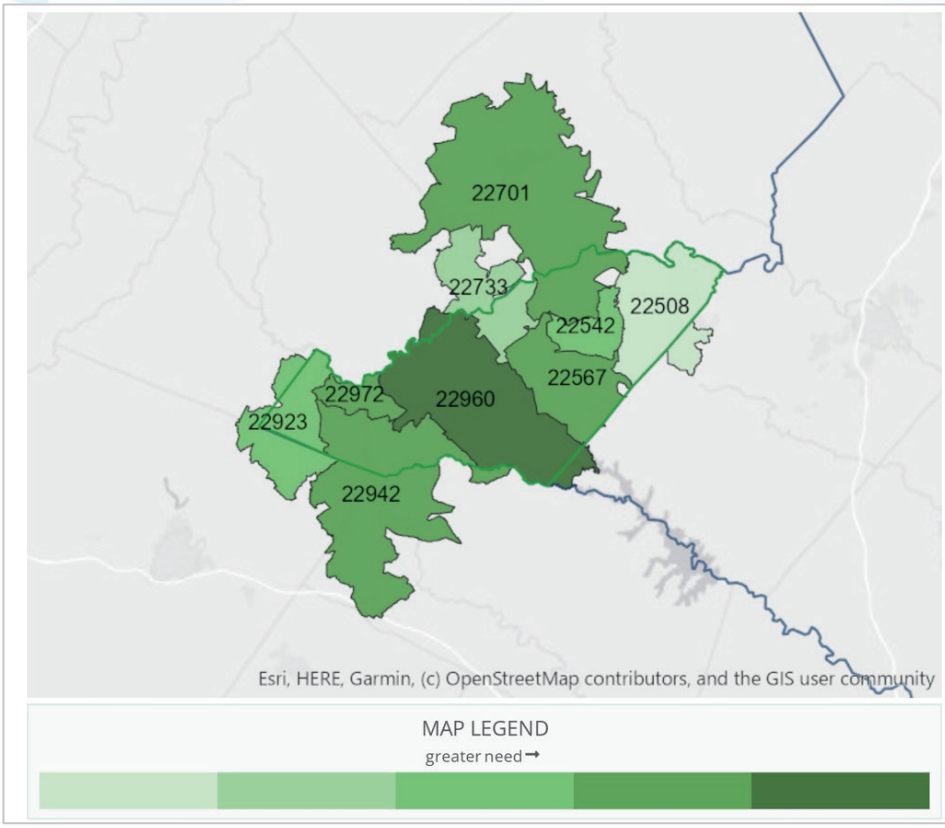


TABLE 12. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22960	Orange	62.4
22942	Gordonsville	43.3
22701	Culpeper	40.9
22567	Unionville	37.4
22972	Somerset	37.4

Zip Code	Area Name	Index Value
22542	Rhoadesville	32.6
22923	Barboursville	29.8
22733	Rapidan	23.7
22508	Locust Grove	8.5

Prince William County, Virginia

Race/Ethnic & Gender Disparities for Prince William County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 13 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Prince William County.

TABLE 13. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Age-Adjusted Death Rate due to Prostate Cancer	Black/African American
Babies with Very Low Birth Weight	Black/African American, Other Race
Cervical Cancer Incidence Rate	Hispanic/Latino
Children Living Below Poverty Level	Multiple Races, Other Race; Hispanic/Latino
Families Living Below Poverty Level	Black/African American, Multiple Races, Other Race; Hispanic/Latino
Infant Mortality Rate	Black/African American, White
People 65+ Living Below Poverty Level	Black/African American, Asian, Other Race; Hispanic/Latino
People Living Below Poverty Level	Black/African American, Multiple Races, Other Race; Hispanic/Latino
Teen Birth Rate	Other Race
Workers Commuting by Public Transportation	White, Other Race; Hispanic/Latino

Health Indicator	Group Negatively Impacted (highest rates)
Workers who Walk to Work	White, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander
Age-Adjusted Death Rate due to Alzheimer's Disease	Female
Age-Adjusted Death Rate due to Diabetes	Male
Age-Adjusted Death Rate due to Influenza and Pneumonia	Male
Age-Adjusted Death Rate due to Suicide	Male
Age-Adjusted Death Rate due to Unintentional Injuries	Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Male
Melanoma Incidence Rate	Male
Oral Cavity and Pharynx Cancer Incidence Rate	Male

The indicators listed in Table 13 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Prince William County, experiencing significant disparities, of indicators listed in Table 13. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Prince William County.

Geographic Disparities for Prince William County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Prince William County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 9. The following zip codes had the highest socioeconomic need (as indicated by the darkest shades of blue): 20109 (Bull Run), 22172 (Triangle), 20111 (Manassas Park), and 20110 (Manassas). Table 14 provides the index values for each zip code.

FIGURE 9. SOCIONEEDS INDEX

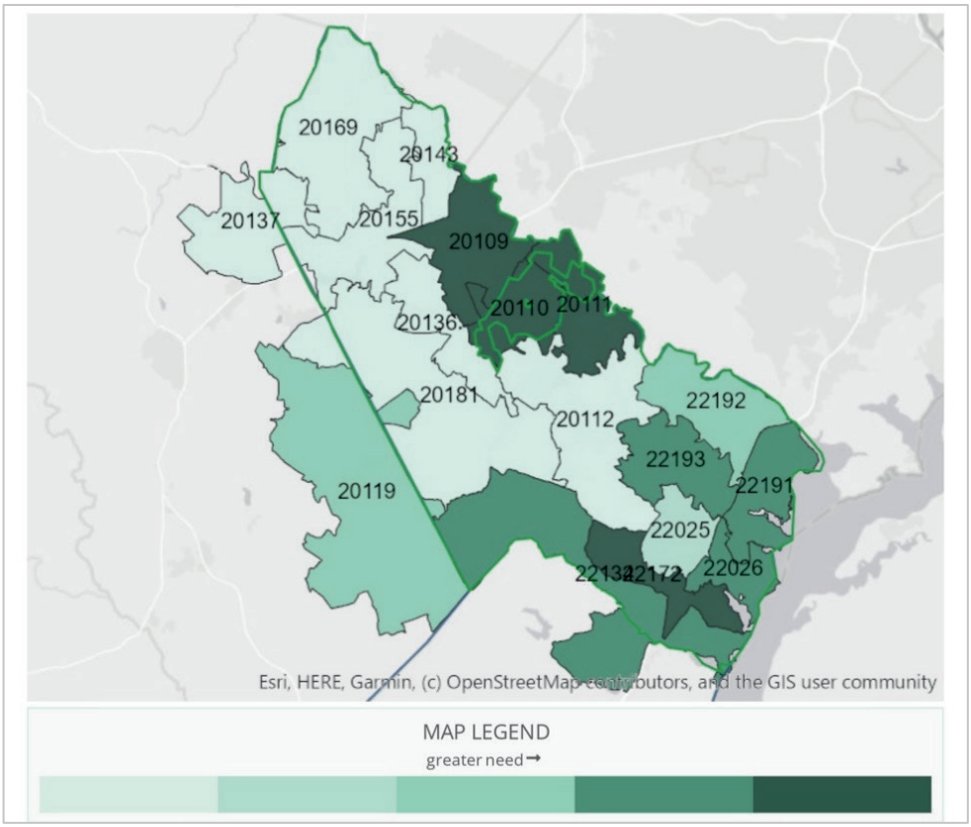


TABLE 14. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
20109	Bull Run	60.7
22172	Triangle	49.5
20111	Manassas Park	45.2
20110	Manassas	42.6
22191	Woodbridge	35.5
22134	Quantico	35.2
22026	Dumfries	31.4
22193	Dale City	26.9
22192	Lake Ridge	11.8
20119	Catlett	9.5
22025	Montclair	5.4
20181	Nokesville	3.5
20136	Bristow	3
20155	Gainesville	2.6
20112	Woodbine	2.3
20137	Broad Run	2
20169	Haymarket	1.5
20143	Catharpin	1.4

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Prince William County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 10. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 22172 (Triangle), 20109 (Bull Run), 22026 (Dumfries), 22134 (Quantico), and 22191 (Woodbridge). Table 15 provides the index values for each zip code.

FIGURE 10. FOOD INSECURITY INDEX

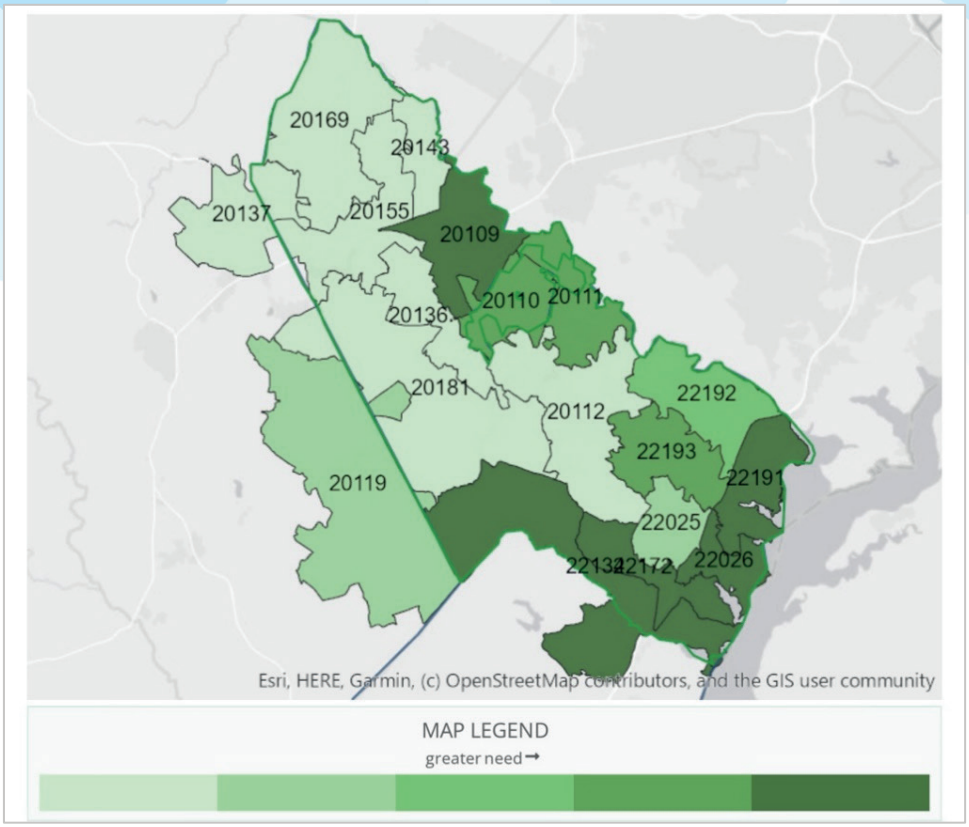


TABLE 15. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22172	Triangle	57.2
20109	Bull Run	48.2
22026	Dumfries	46.7
22134	Quantico	41.7
22191	Woodbridge	38.8
20110	Manassas	31.1
20111	Manassas Park	23.8
22193	Dale City	22.7
22192	Lake Ridge	16.9
20119	Catlett	7.9

Zip Code	Area Name	Index Value
22025	Montclair	5.5
20136	Bristow	2.9
20137	Broad Run	2.6
20155	Gainesville	2.2
20181	Nokesville	2
20143	Catharpin	1.4
20169	Haymarket	1.1
20112	Woodbine	0.8

Spotsylvania County, Virginia

Race/Ethnic & Gender Disparities for Spotsylvania County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 16 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Spotsylvania County.

TABLE 16. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Age-Adjusted Death Rate due to Prostate Cancer	Black/African American
Children Living Below Poverty Level	Black/African American, American Indian/Alaska Native, Other Race; Hispanic/Latino
Families Living Below Poverty Level	Black/African American, Asian, American Indian/Alaska Native, Multiple Races, Other Race; Hispanic/Latino
Infant Mortality Rate	Black/African American, White
People 65+ Living Below Poverty Level	Asian, Other Race; Hispanic/Latino
People Living Below Poverty Level	Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple Races, Other Race; /Hispanic/Latino
Prostate Cancer Incidence Rate	Black/African American
Teen Birth Rate	Black/African American, Other Race
Workers Commuting by Public Transportation	White, Other Race; Hispanic/Latino

Health Indicator	Group Negatively Impacted (highest rates)
Workers who Walk to Work	White, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple Races, Other Race; Hispanic/Latino
Age-Adjusted Death Rate due to Diabetes	Male
Age-Adjusted Death rate due to Unintentional Injuries	Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Male
Mean Travel Time to Work	Male
Melanoma Incidence Rate	Male
Oral Cavity and Pharynx Cancer Incidence Rate	Male
Workers Commuting by Public Transportation	Female

The indicators listed in Table 16 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Spotsylvania County, experiencing significant disparities, of indicators listed in Table 16. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Spotsylvania County.

Geographic Disparities for Spotsylvania County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Spotsylvania County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 11. The following zip code had the highest socioeconomic need (as indicated by the darkest shade of green): 23117 (Mineral). Table 17 provides the index values for each zip code.

FIGURE 11. SOCIONEEDS INDEX

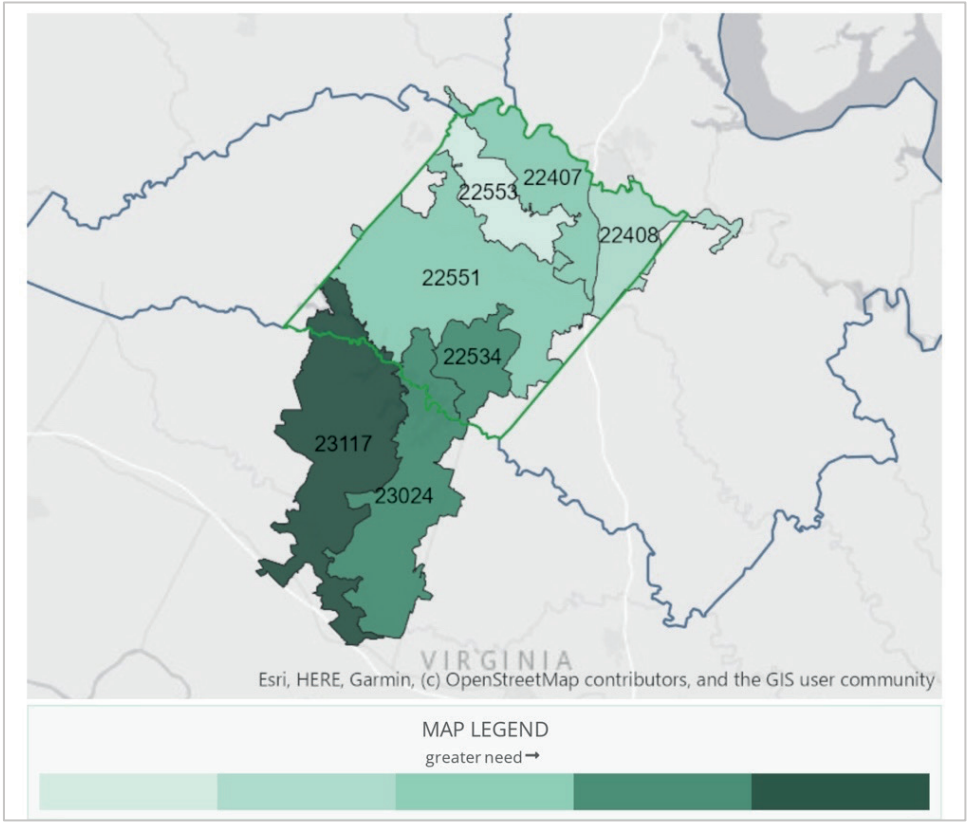


TABLE 17. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
23117	Mineral	49.2
22534	Partlow	40.6
23024	Bumpass	34.5
22551	Spotsylvania	20.9
22407	Cosner's Corner	19.3
22408	Olive	17.4
22553	Brockroad	12.3

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Spotsylvania County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 12. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 23117 (Mineral) and 22534 (Partlow). Table 18 provides the index values for each zip code.

Figure 12. Food insecurity index

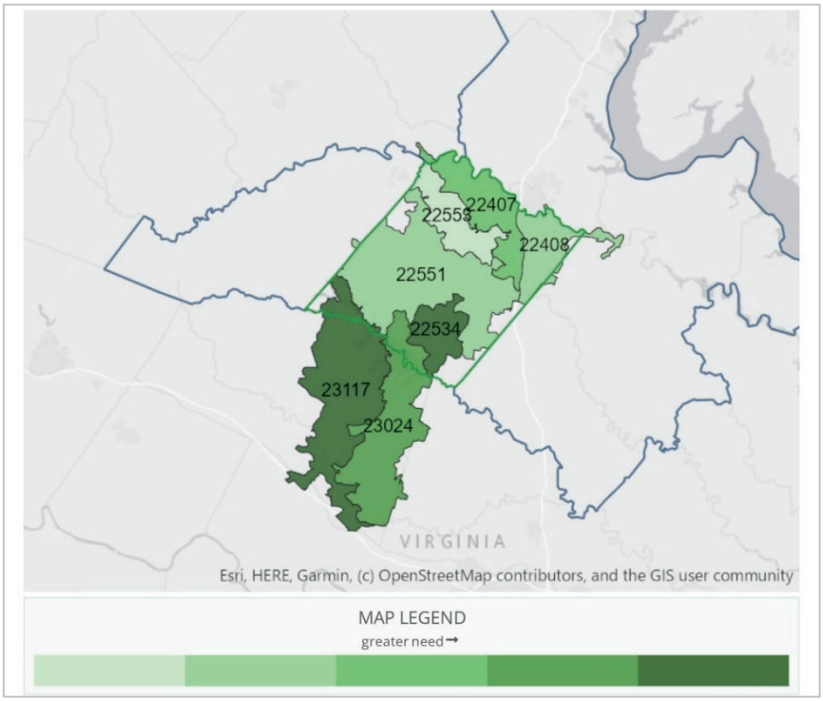


TABLE 18. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
23117	Mineral	35.2
22534	Partlow	32.5
23024	Bumpass	29.5
22407	Cosner's Corner	22.5
22551	Spotsylvania	21.4
22408	Olive	20.9
22553	Brockroad	13.6

Stafford County, Virginia

Race/Ethnic & Gender Disparities for Stafford County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 19 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Stafford County.

TABLE 19. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Babies with Very Low Birth Weight	Black/African American, Other Race
Families Living Below Poverty Level	Black/African American, Asian, Multiple Races, Other Race; Hispanic/Latino
Infant Mortality Rate	Black/African American
People 65+ Living Below Poverty Level	Multiple Races; Hispanic/Latino
People Living Below Poverty Level	Black/African American, Asian, Native Hawaiian/Pacific Islander, Multiple Races, Other Race; Hispanic/Latino
Teen Birth Rate	Other Race
Workers Commuting by Public Transportation	White, Other Race; Hispanic/Latino
Workers who Walk to Work	Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multiple Races
Age-Adjusted Death Rate due to Alzheimer's Disease	Female
Age-Adjusted Death Rate due to Unintentional Injuries	Male
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Male

Health Indicator	Group Negatively Impacted (highest rates)
Oral Cavity and Pharynx Cancer Incidence Rate	Male
People Living Below Poverty Line	Female
Workers Commuting by Public Transportation	Female
Workers who Walk to Work	Female

The indicators listed in Table 19 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Stafford County, experiencing significant disparities, of indicators listed in Table 19. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Stafford County.

Geographic Disparities for Stafford County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Stafford County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 13. The following zip code had the highest socioeconomic need (as indicated by the darkest shades of green): 22405 (Falmouth). Table 20 provides the index values for each zip code.

FIGURE 13. SOCIONEEDS INDEX

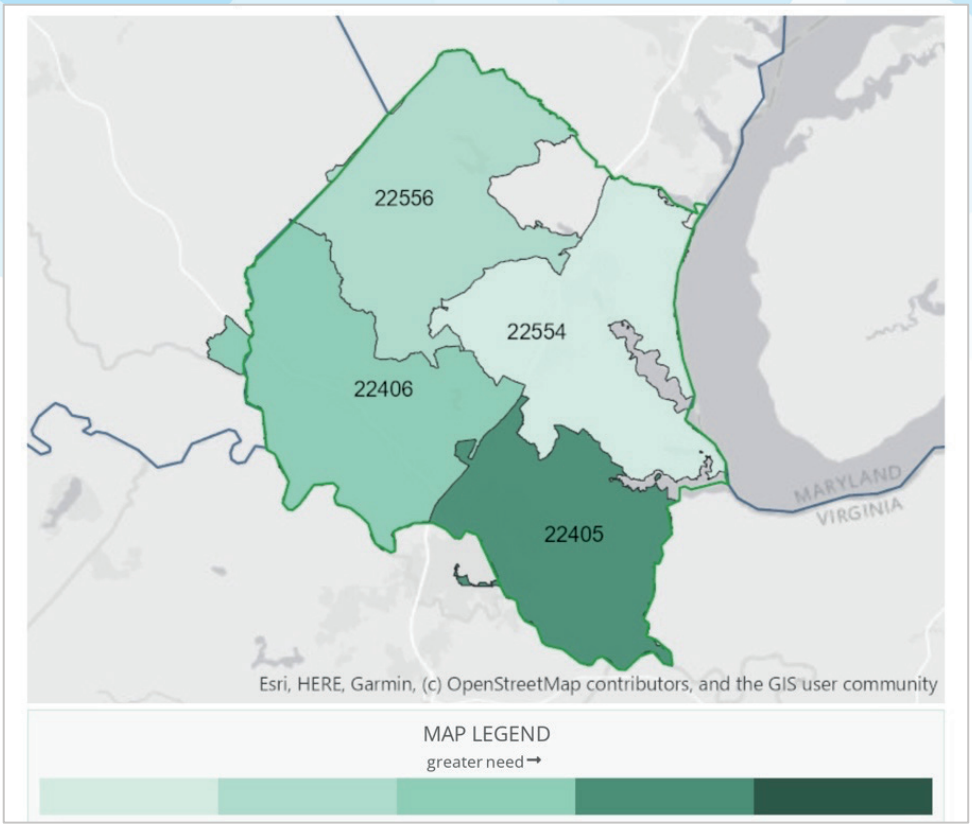


TABLE 20. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22405	Falmouth	10.9
22406	Hartwood	10.1
22556	Ruby	7.6
22554	Stafford	7.2

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Stafford County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 14. The following zip code had the highest level of food insecurity (as indicated by the darkest shades of green): 22406 (Hartwood). Table 21 provides the index values for each zip code.

FIGURE 14. FOOD INSECURITY INDEX

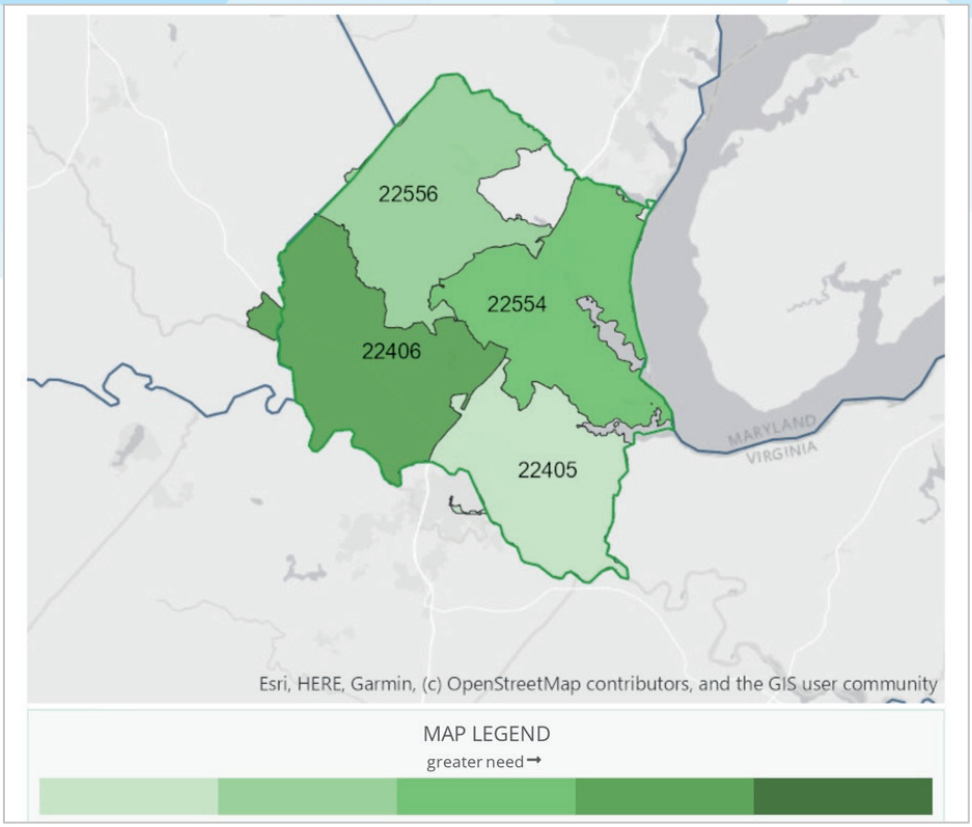


TABLE 21. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22406	Hartwood	16.8
22554	Stafford	14.6
22556	Ruby	13.7
22405	Falmouth	12.6

Westmoreland County, Virginia

Race/Ethnic & Gender Disparities for Westmoreland County, VA

Community health disparities were assessed in both the primary and secondary data collection processes. Table 22 below identifies secondary data health indicators with a statistically significant race or ethnic disparity, and gender disparity for Westmoreland County.

TABLE 22. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & GENDER DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Babies with Very Low Birth Weight	Black/African American
Children Living Below Poverty Level	Black/African American
Families Living Below Poverty Level	Black/African American, Multiple Races
Infant Mortality Rate	White
People 25+ with a Bachelor's Degree or Higher	Black/African American, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other Race
People 65+ Living Below Poverty Level	White; Hispanic/Latino
Teen Birth Rate	Other Race
Workers who Walk to Work	Black/African American, American India/Alaska Native, Other Race; Hispanic/Latino
Children Living Below Poverty Level	Female
Workers who Walk to Work	Female
4th Grade Students Proficient in Math	Female

Health Indicator	Group Negatively Impacted (highest rates)
8th Grade Students Proficient in Math	Male
Workers Commuting by Public Transportation	Female
Age-Adjusted Death Rate due to Lung Cancer	Male

The indicators listed in Table 22 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American, Asian, and Hispanic populations are the most negatively impacted race groups in Westmoreland County, experiencing significant disparities, of indicators listed in Table 22. These important disparities in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Westmoreland County.

Geographic Disparities for Westmoreland County, VA

Geographic disparities were identified using the SocioNeeds Index® and Food Insecurity Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need or food insecurity. Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. For both indices, counties, zip codes, and census tracts with populations over 300 are assigned index values ranging from zero to 100, where higher values are correlated with highest needs. Understanding communities with highest need and where they are localized is critical to targeting prevention and outreach activities.

SocioNeeds Index

Conduent's SocioNeeds Index estimates areas of highest socioeconomic need correlated with poor health outcomes. Based on the SocioNeeds Index, in Westmoreland County, zip codes are ranked based on their index value to identify the relative needs, as illustrated by the map in Figure 15. The following zip code had the highest socioeconomic need (as indicated by the darkest shades of green): 22488 (Kinsale). Table 23 provides the index values for each zip code.

FIGURE 15. SOCIONEEDS INDEX

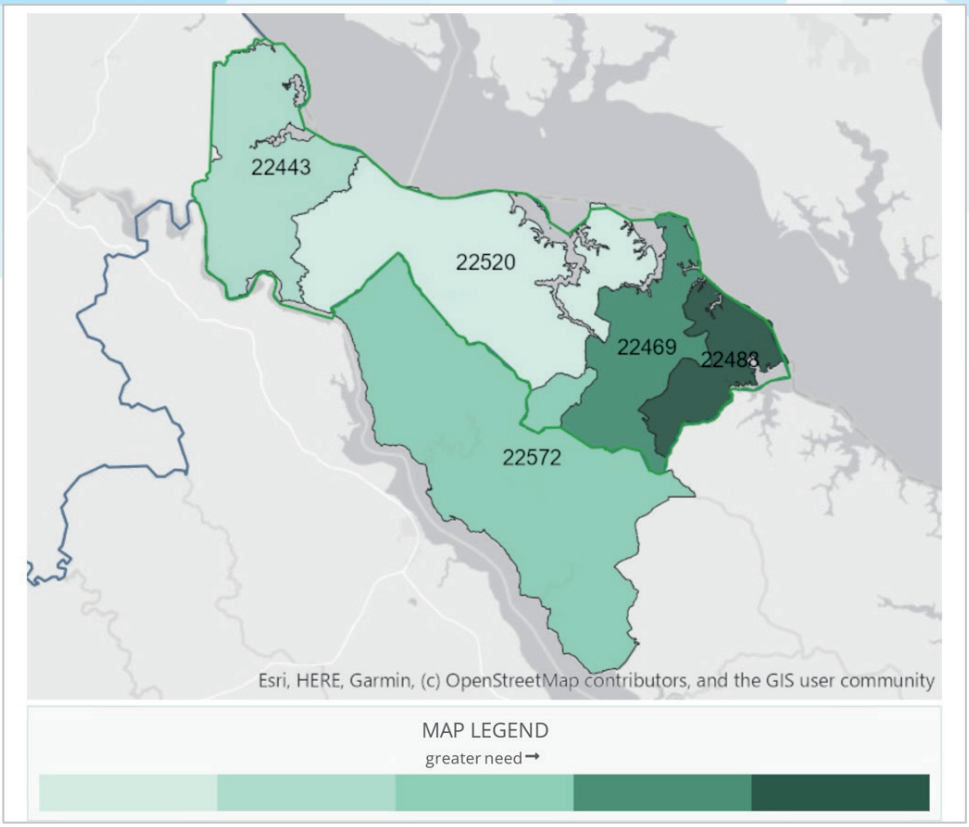


TABLE 23. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22488	Kinsale	89.1
22469	Hague	66.1
22572	Warsaw	57.1
22443	Colonial Beach	52.6
22520	Montross	38.3

Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Based on the Food Insecurity Index, in Westmoreland County, zip codes are ranked based on their index value to identify needs relative to surrounding zip codes, as illustrated by the map in Figure 16. The

following zip code had the highest level of food insecurity (as indicated by the darkest shades of green): 22488 (Kinsale). Table 24 provides the index values for each zip code.

FIGURE 16. FOOD INSECURITY INDEX

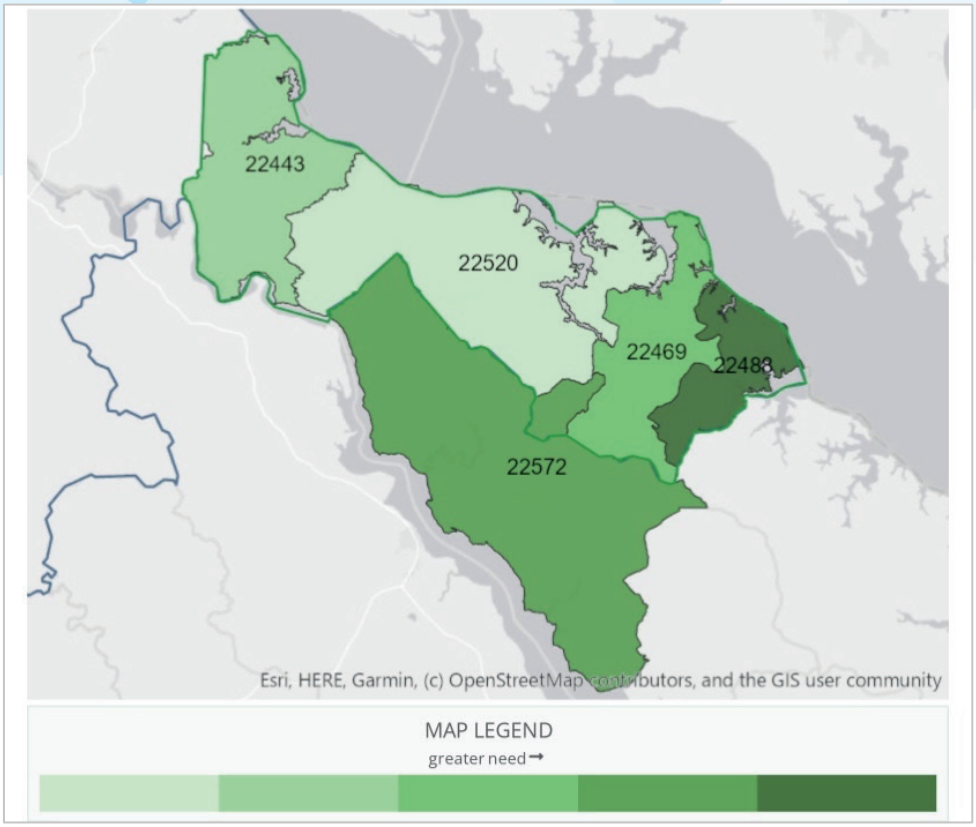


TABLE 24. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	Area Name	Index Value
22488	Kinsale	67.2
22572	Warsaw	60.2
22469	Hague	49.6
22443	Colonial Beach	37.7
22520	Montross	34.4

Future Considerations

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health. The findings of this disparity and health equity analysis for those counties served by Mary Washington Healthcare will be incorporated into findings from the broader Community Health Needs Assessment (CHNA) implemented across the counties in their service area to inform the selection of top health needs and future strategy planning.