

RICHMOND CITY & HENRICO COUNTY, VIRGINIA

# Community Health Assessment 2024



RICHMOND & HENRICO HEALTH DISTRICTS

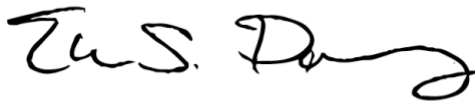
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# Message From Local Health Director

I am very pleased to introduce the first ever Community Health Assessment (CHA) for the combined Richmond and Henrico Health Districts (RHHD). Throughout 2024, the RHHD team, along with our local governments and other community partners, asked the residents of Richmond City and Henrico County to identify the public health issues that concern them most. This type of data collection is critical to ensuring that our public health work is helping to meet the needs of our residents. Our next step is to take this assessment and use it to develop a Community Health Improvement Plan (CHIP) that will guide the efforts of RHHD and our community partners through the coming years. For more information about the planning process, or to get involved, please visit our website at [rhhd.gov/cha](https://rhhd.gov/cha).

Best regards,

A handwritten signature in black ink that reads "E.S. Perry". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Elaine S. Perry, MD, MS

Health Director

Richmond and Henrico Health Districts

# Introduction: What is a CHA?

Community Health Assessments (CHAs) are a powerful tool for ensuring that public health efforts align with the needs, resources, and experiences of a specific place.

Just like individuals experience health and illness, communities can experience different levels of health and well-being. A doctor might review a patient’s history and current symptoms. To learn about a community’s health, public health workers also need to conduct thorough reviews. We can only take meaningful steps toward health and well-being when we understand the histories, strengths, opportunities, and challenges that make our communities what they are.

This **Community Health Assessment (CHA)** serves as a comprehensive evaluation of the health status, needs, and resources within Richmond City and Henrico County with the goal of identifying possible improvements.

Evaluating a community’s health means looking at a complex interplay of factors, including access to healthcare, socioeconomic conditions, environmental influences, and individual behaviors. The range of factors that can impact someone’s health are considered the “social determinants of health,” or SDoH. The CHA process also involves the systematic collection and analysis of data related to key health indicators like chronic disease prevalence and mental health.

Through this document, we seek to present a clear and evidence-based picture of the current health landscape, informed by input from community members, healthcare providers, and local stakeholders. The CHA is a first step in developing tailored interventions and policies that will improve overall well-being in our area.

Perhaps most importantly, this assessment emphasizes the resilience and assets that exist within Richmond and Henrico, in addition to highlighting health challenges. The CHA enables us to prioritize health issues, allocate resources effectively, and foster partnerships that will enhance the overall quality of life for all residents. By leveraging this data, we can work together to create a healthier, more equitable future for our community.



# Executive Summary

The **2024 Richmond City & Henrico County Community Health Assessment (CHA)** provides a comprehensive overview of the health needs, assets, and priorities within both localities. Findings reflect data collected from local health surveys, public health data, and feedback from community members and stakeholders. This assessment has multiple aims: understand the current state of health in the community, identify the key factors influencing the health and well-being of our residents, and guide future initiatives aimed at improving health outcomes for all.

## Influences on Community Health:

1. **Health Disparities:** Health outcomes in our community are uneven. Certain populations--including low-income individuals and racial and ethnic minorities, face greater barriers to care and poorer health outcomes. Addressing these disparities is critical to improving overall community health.
2. **Access to Care:** While healthcare services are available, there are significant barriers to access, particularly for underserved populations. These include a lack of insurance, transportation challenges, and limited availability of primary care providers.
3. **Social Determinants of Health:** Factors such as income, education, housing, and employment status have a substantial impact on health outcomes. Strengthening social support networks and improving the conditions that influence health are key priorities for improving long-term health in the community.

## Community Assets:

Our community has many strengths in addition to challenges. Strengths highlighted throughout the CHA process included a strong network of local healthcare providers, engaged community organizations, and a growing number of wellness initiatives. Additionally, residents have demonstrated a high level of interest in improving community health, with many expressing a desire for increased education and access to preventive services.

## Priorities:

Based on community input and existing data, the CHA team (CHAT; see Appendix A) identified three key areas for focus during the Community Health Improvement.

## Planning process:

1. **Chronic Diseases:** Chronic diseases are prevalent in the community, contributing to a high burden on healthcare resources and individuals' quality of life. Risk factors such as poor diet, lack of physical activity, and smoking are widespread, indicating the need for more focused prevention and management strategies.
2. **Mental Health:** Improving mental health remains a critical priority for the community. Expanding access to essential mental health services, including youth counseling, crisis intervention, and addiction support programs, is key to effectively addressing this growing need and enhancing overall well-being.
3. **Community Safety & Violence Prevention:** Community safety remains a concern. Incidents of violence, including domestic violence, youth violence, and firearm-related crimes, affect the well-being of residents.

## Conclusion:

The findings of this Community Health Assessment underscore the importance of a coordinated, community-driven approach to improving health outcomes. With a clear understanding of our health strengths and challenges, we are positioned to take meaningful steps toward a healthier, more equitable future for all residents.



# Purpose & Methodology

The primary purpose of a CHA is to identify the health issues that affect the community, ranging from chronic diseases (e.g., diabetes, heart disease) to environmental factors (e.g., air quality, access to clean water), infectious diseases, and social determinants of health (e.g., poverty, education, housing).

The CHA helps prioritize health problems based on their severity, the number of people affected, and the community's capacity to address them.

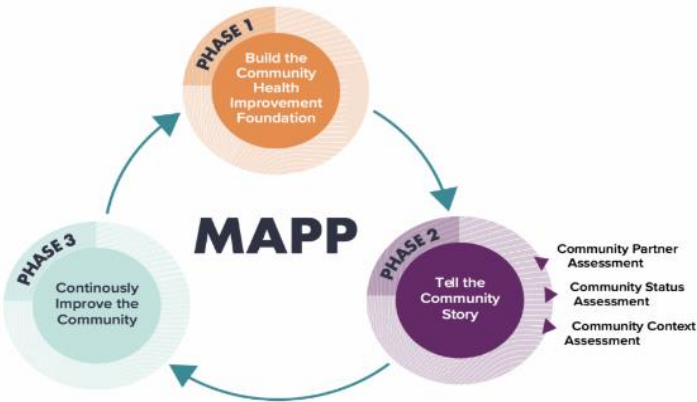
This Community Health Assessment was developed using the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is designed to help communities engage in a comprehensive, collaborative approach to identify and address public health issues and to help create a shared understanding of public health needs and develop strategic actions to improve health.

The MAPP process involves completion of three assessments that, when assembled, are vital to improving community health:

1. **Community Partner Assessment (CPA):** Provides a structure for all community partners to look critically at their (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities.
2. **Community Status Assessment (CSA):** Collects quantitative data on the status of your community such as demographics, health status, and health inequities. The CSA helps a community move “upstream” and identify inequities beyond health behaviors and outcomes, including their association with SDOH and systems of power, privilege, and oppression.
3. **Community Context Assessment (CCA):** A qualitative tool to assess and collect data through three domains: community strengths and assets, built environment, and forces of change. It collects the insights, expertise, and

views of people and communities affected by social systems to improve the functioning and impact of those systems

The results of these assessments guided the Richmond & Henrico Community Health Assessment Team (CHAT) in identifying health priorities for improvement, understanding the health status of the community, and listening to the voices of community members.



Overview of MAPP 2.0 Components, showing the three phases and their key elements.

# Description of Richmond & Henrico

Richmond City and Henrico County are neighboring areas in central Virginia, each with its own histories, characteristics, and features that shape their community health dynamics.

**Richmond City**, the capital of Virginia, is situated at the fall line of the James River. This geographical characteristic has made Richmond a historically important hub for transportation and trade. The city features a blend of urban neighborhoods, historic sites, cultural institutions, and riverfront areas. It has a diverse population, with varying socioeconomic backgrounds, contributing to the city’s distinct public health needs.

**Henrico County**, located to the north and west of Richmond, offers a suburban environment that combines residential, commercial, and rural areas. The county is bordered by the James River to the south. While more spread out than Richmond, Henrico also has urbanized regions, such as the Short Pump area. Its proximity to Richmond makes it a key part of the region’s overall development, with many residents commuting to the city.

Together, Richmond and Henrico create a dynamic region with both urban and suburban characteristics, which impacts public health services, healthcare access, and community well-being. The contrast between these areas presents unique challenges and opportunities in addressing health disparities and improving infrastructure.

Map showing the locations of Richmond City and Henrico County in Central Virginia.





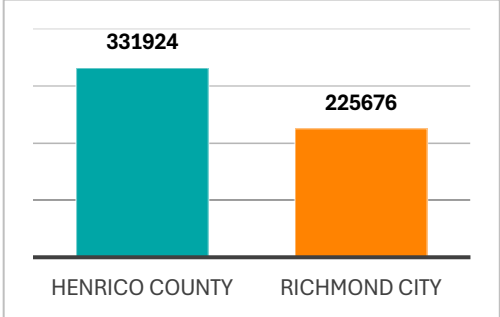
# Demographics of Richmond & Henrico

Demographic data provides essential information about the structure, characteristics, and needs of populations. This data supports informed decision-making, equitable policy development, targeted resource allocation, and strategic planning across many areas of society.

## Total Population

In 2021, Henrico County had a total population of 331,924 people and Richmond had 225,676.<sup>1</sup>

Figure 1. Total Population for Richmond City & Henrico County, 2021

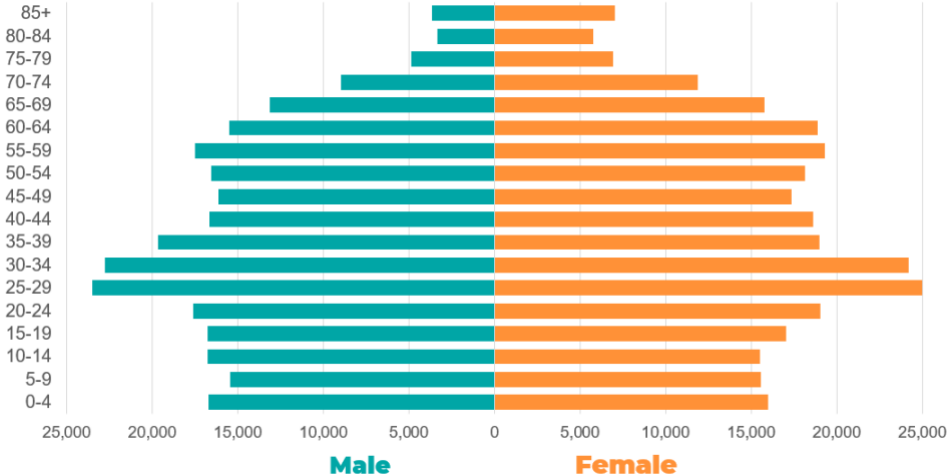


Source: US Census Bureau, American Community Survey. 2018-2022.

## Total Population by Age & Gender

Both localities had a higher female population in 2021, and the largest age group were those between 25-34 years old.<sup>1</sup>

Figure 2. Total Population by Age Group & Gender, for Richmond & Henrico, 2021

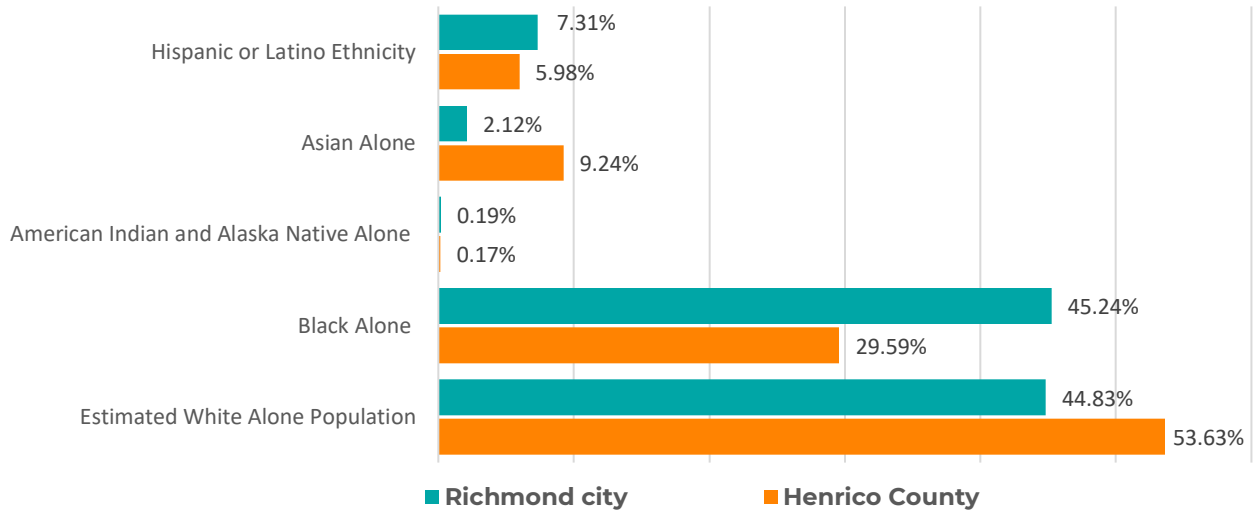


Source: US Census Bureau, American Community Survey. 2018-2022.

## Total Population by Race/Ethnicity

In 2021, the most populous racial/ethnic group in Richmond City was Black or African American (non-Hispanic). In Henrico County, the most populous was White (non-Hispanic).<sup>1</sup>

Figure 3. Percent of Total Population by Race/Ethnicity, Richmond & Henrico, 2021



Source: US Census Bureau, [American Community Survey, 2018-2022](#).

## Priority Areas

The prioritization process is an important step in the Community Health Assessment. Through analysis of findings, the CHA team (see Appendix A) selects some of the community's most pressing concerns to be areas of focus through the development of community health improvement plans (CHIPs).

In September 2024, the CHA team gathered to review the results of the 2024 Community Health Assessment Survey and supplemental numerical data. A list of priorities that corresponded to the areas for improvement and community concerns identified in the survey was presented to the team. Out of that list, the team then voted on 3 priorities that would be selected as key areas of focus. Based upon the significant impact of these issues and feedback given by residents through the Community Health Assessment Survey, the following health-related concerns were chosen as priorities:



**Mental Health,  
Including  
Substance Use**



**Community Safety  
& Violence  
Prevention**



**Chronic Diseases**

In the survey, residents identified these areas as their top 3 health-related concerns. Additionally, residents expressed room for improvement in areas pertaining to the social determinants of health. As CHIPs are developed to address these priorities, they will do so with a focus on the social conditions that impact these areas. Furthermore, the action plans prioritize uplifting the populations that are disproportionately affected by poor health outcomes in each area.

# Priority #1: Mental Health, Including Substance Use

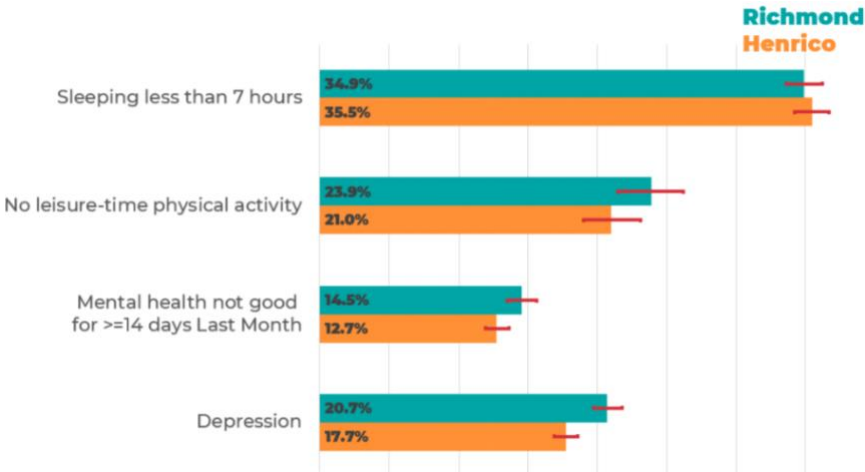
The Community Health Assessment Survey, revealed mental health, including substance use, as a critical community health improvement priority due to its profound impacts on both Henrico County and Richmond City. Below are key pieces of data that illustrate the nature of these health concerns in our communities:

## Key Quantitative Indicators

### Adult Mental & Behavioral Health

Both Richmond City and Henrico County experience mental health challenges, with conditions like depression being prevalent across populations. Residents in each locality self-reported their experience of sleep, leisure-time physical activity, depression, and mental health more broadly.<sup>2</sup>

Figure 4. Adult Mental & Behavioral Health, Richmond & Henrico, 2020

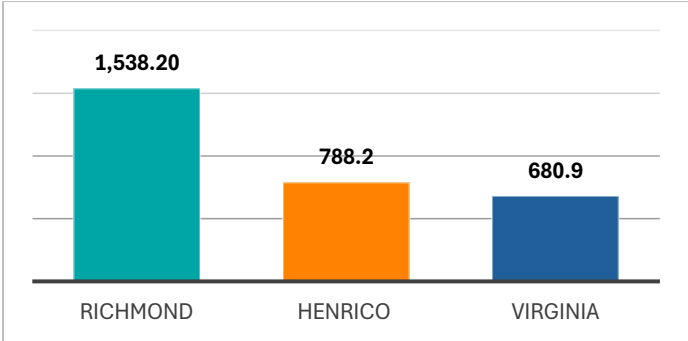


Source: CDC Places, Age-Adjusted, 2020

### Rates of Suicide and Self-Harm Related Emergency Department Visits

Rates of emergency department visits related to self-harm and suicide serves as a critical marker of mental health and overall well-being in a community. High rates of these visits can signal underlying issues such as increased mental distress, inadequate mental health services, or broader social and economic challenges. Both Henrico and Richmond experience higher rates than that of Virginia as a whole (n=680.9). The Richmond City rate (n=1,538.20) is over two times higher than Virginia's rate.<sup>3</sup>

Figure 5. Self-Harm and Suicide-Related ED Visits, Rate per 100,000 Population 5+, Richmond, Henrico, & Virginia, 2021

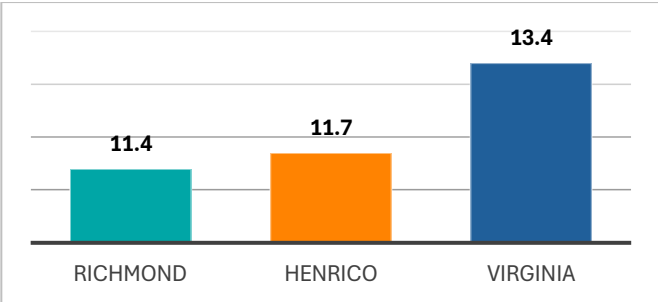


Source: Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of Health, 2021

### Suicide Mortality

This indicator reports the age-adjusted rate of death due to intentional self-harm (suicide) per 100,000 population from 2016-2020. The age-adjusted rate adjusts for the effects of age differences in the population, providing a more accurate comparison by eliminating the potential confounding effect of age on health outcomes. Both Richmond and Henrico experience a lower suicide mortality rate than the state.<sup>4</sup>

Figure 6. Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.), Richmond, Henrico, & Virginia, 2016-2020

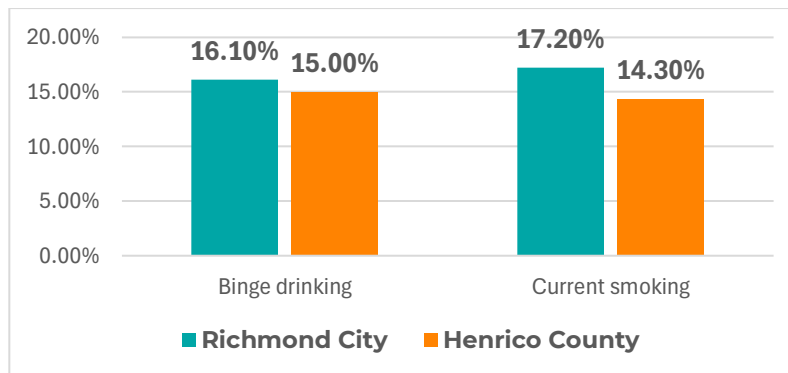


Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022

## Adult Tobacco & Alcohol Use

Tobacco and alcohol are widely used substances with significant health risks. According to The National Institute on Alcohol Abuse and Alcoholism (NIAAA), binge drinking is a pattern of drinking alcohol that regularly results in a person's blood alcohol concentration (BAC) rising to 0.08% or more.<sup>5</sup> This is a self-reported indicator. 17.2% of Richmond respondents reported being current smokers and 14.3% of Henrico respondents reported being current smokers.<sup>2</sup> Furthermore, 16.1% of Richmond respondents reported partaking in binge drinking and 15.0% of Henrico respondents reported experience with binge drinking.<sup>2</sup>

Figure 7. Adult Tobacco & Alcohol Use, Richmond & Henrico, 2020

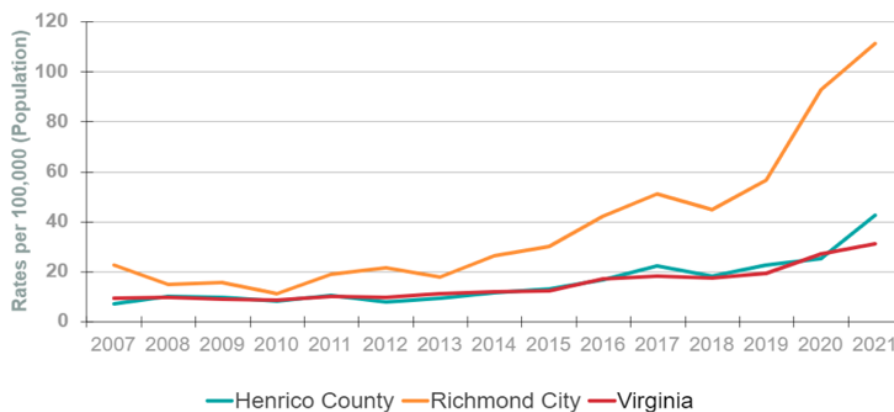


Source: CDC Places, Age-Adjusted, 2020

## Overdose Death Rates (All Substances)

Over the years, fatal drug overdoses have been a leading cause of unnatural deaths in Virginia. In 2021, these rates reached a peak. That same year, in Richmond, there were 113.8 overdose deaths per 100,000 people.<sup>6</sup> In Henrico, there were 42.2 overdose death rates per 100,000 people.<sup>6</sup>

Figure 8. Overdose Death Rates (All Substances) By Year, Richmond, Henrico, & Virginia, 2007-2021



Source: Virginia Department of Health, Office of the Medical Examiner Forensic Epidemiology, 2007-2021

## Learned From Key Informant Interviews

In addition to analyzing existing data sets and surveying community members broadly, the CHA relies on key informant interviews to reach a comprehensive understanding of critical community health issues. Interviews were conducted with Dr. Tonjanika Ballard, DNP, PMHNP-BC, founder of Unique Holistic Care and Michael Harris from Henrico Area Mental and Behavioral Health. These interviews focused on experts' perspectives of current trends, root causes, barriers to addressing the issue, and the ways in which the key informant's organization is helping to rectify them.

### Key Findings

- In Richmond and Henrico there is an increased demand for mental health services, a growing need for neurodivergent assessments, rising trauma (especially in the African American community), and the need for culturally competent care for the LGBTQ+ community.
- Stigma, lack of provider diversity, insurance limitations, and transportation issues are identified as barriers to accessing mental health care.
- Several critical trends and root causes are affecting mental health and substance use, including poor housing and environmental conditions, increased access to firearms and substances, and the growing number of vape shops targeting marginalized communities and youth.
- Other challenges include limited access to healthcare due to transportation issues, food deserts, rising housing costs, and a lack of community or parent involvement. These issues are exacerbated by underfunded programs and a lack of awareness about existing resources.

## Priority #2: Community Safety & Violence Prevention

Community safety and violence are significant concerns in both Richmond City and Henrico County. However, because of each locality's unique socio-economic and demographic characteristics, these concerns present in different ways. As findings demonstrate, topics that impact community safety are wide-ranging.

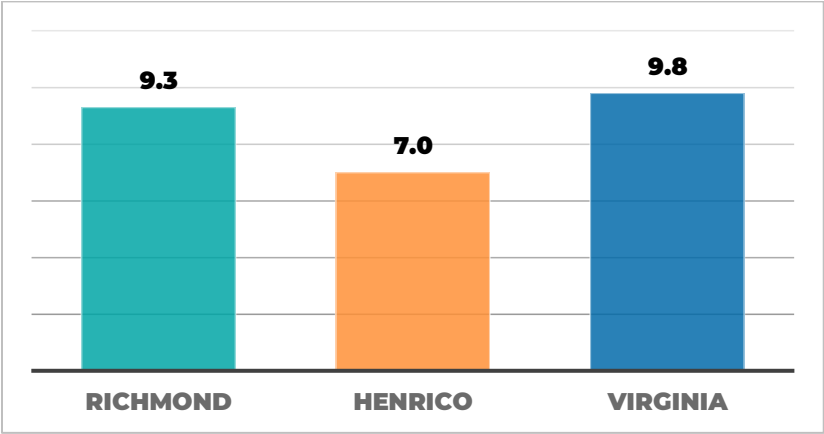
### Key Quantitative Indicators

#### Motor Vehicle Traffic Crash Deaths

Motor vehicle traffic crash deaths is an indicator that includes collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. It provides critical insight into the safety of transportation

systems, the effectiveness of traffic laws and enforcement, and the overall well-being of the population. Between 2016-2020, Richmond had an age-adjusted rate of 9.3 motor vehicle traffic crash deaths per 100,000 people and Henrico had a rate of 7.0 per 100,000 people. <sup>4</sup>

Figure 9. Motor Vehicle Traffic Crash Deaths, Age-Adjusted Rate (Per 100,000 Pop.), Richmond, Henrico, & Virginia, 2016-2020



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2022

### Pedestrian and Bicyclist Crash, Fatalities, & Injuries

The pedestrian and bicyclist crashes, fatalities, and injuries indicator tracks the number of deaths, injuries, and accidents involving pedestrians and cyclists due to collisions with vehicles over a specific period. This indicator is vital for assessing the safety of non-motorized road users, highlighting trends in fatalities and injuries for both groups. It helps policymakers and planners identify high-risk areas, road conditions, and factors such as traffic volume or speed limits that contribute to accidents. By monitoring these incidents, localities can implement targeted safety measures, improve infrastructure like crosswalks, bike lanes, and lighting, and promote awareness campaigns.

Tables 1 and 2 shows the number of pedestrian-involved crashes, injuries, and fatalities that occurred 2014 through 2024 in Richmond and Henrico. Crashes indicates the total number of collisions that occurred between a vehicle and a pedestrian that year. Fatalities count the number of pedestrian deaths that occurred in those crashes. Injuries is the proportion of pedestrian injuries reported in a crash.

The number of pedestrian crashes, injuries, and fatalities in Richmond have fluctuated over the past 10 years. A significant drop occurred in 2020 (105 crashes, 9 fatalities, 99 injuries) likely due to reduced traffic during the COVID-19 pandemic.<sup>7</sup> Crashes spiked in 2016 and 2019. Fatalities peaked in 2017 and 2022. Crashes reached a high point in 2018.<sup>7</sup>

Table 1. Pedestrian Crashes, Injuries, & Fatalities, Count, Richmond, 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>Crashes</b>	138	136	150	131	144	150	105	117	147	145	137
<b>Fatalities</b>	2	5	5	11	2	5	9	4	11	9	5
<b>Injuries</b>	144	143	150	121	149	148	99	116	144	139	140

Source: Virginia Department of Motor Vehicles, Traffic Records Electronic Data System (TREDS), 2014-2024

The total count of pedestrian-involved crashes, injuries, and fatalities in Henrico has varied from year to year. In most recent years (2020-2025) the number of pedestrian involved crashes increased steadily. <sup>7</sup>The number of fatalities peaked in 2021 and 2024 with a count of 11. Injuries peaked in 2018 and 2023 with a total of 87 recorded in those years. <sup>7</sup>

Table 2. Pedestrian Crashes, Injuries, & Fatalities, Count, Henrico, 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>Crashes</b>	64	64	69	69	91	85	70	76	78	87	88
<b>Fatalities</b>	6	1	7	8	9	10	8	11	8	7	11
<b>Injuries</b>	58	71	62	64	87	78	63	65	74	87	82

Source: Virginia Department of Motor Vehicles, Traffic Records Electronic Data System (TREDS), 2014-2024

Tables 3 and 4 shows the number of bicyclist-involved crashes, injuries, and fatalities that occurred 2014 through 2024. Through 2014-2024, in Richmond there have been fewer than 3 bicyclist fatalities that have occurred as a result of a traffic collision. The highest number of bicyclists involved crashes occurred in the years 2017 and 2019. <sup>7</sup> Whereas the highest number of bicyclists injuries occurred in 2015 and 2019. <sup>7</sup>

Table 3. Bicyclist Crashes, Injuries, & Fatalities, Count, Richmond, 2014-2024

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>Crashes</b>	62	57	52	59	54	59	37	40	36	38	52
<b>Fatalities</b>	0	0	0	1	2	1	0	1	0	0	0
<b>Injuries</b>	60	56	49	55	47	56	34	34	33	36	47

Source: Virginia Department of Motor Vehicles, Traffic Records Electronic Data System (TREDS), 2014-2024

In Henrico, the total number of crashes, fatalities, and injuries that involved bicyclist remained fairly steady. There have been fewer than 4 bicyclist fatalities in each year. From 2023-2024 the number of bicyclist-involved crashes, fatalities, and injuries increased, and these numbers all reached a peak in 2024. <sup>7</sup>



Table 4. Bicyclist Crashes, Injuries, & Fatalities, Count, Henrico, 2014-2024

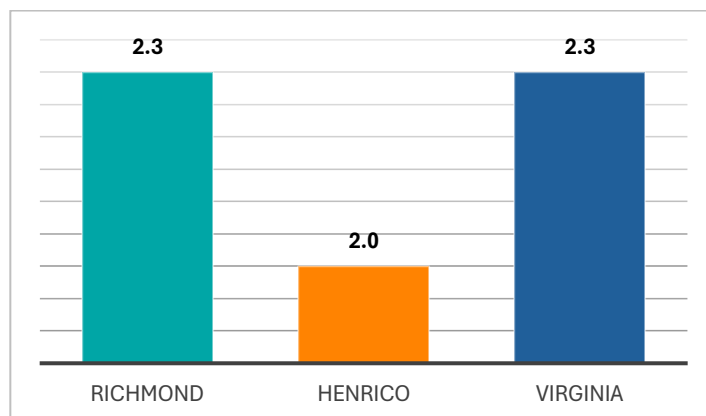
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
<b>Crashes</b>	26	27	37	24	31	20	24	23	21	23	40
<b>Fatalities</b>	0	1	1	1	1	2	0	1	1	1	3
<b>Injuries</b>	23	29	34	20	24	17	24	22	20	20	34

Source: Virginia Department of Motor Vehicles, Traffic Records Electronic Data System (TREDS), 2014-2024

### Alcohol-Impaired Driving Deaths

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. From 2016-2020, Richmond had an age-adjusted rate of 2.3 alcohol-impaired and Henrico had an age-adjusted rate of 2.0. For the state of Virginia, the rate was 2.3.<sup>8</sup>

Figure 10. Alcohol-Impaired Driving Deaths, Age-Adjusted Rate (Per 100,000 Pop.), Richmond, Henrico, & Virginia, 2016-2020



Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2016-2020

### Firearm-Related Deaths

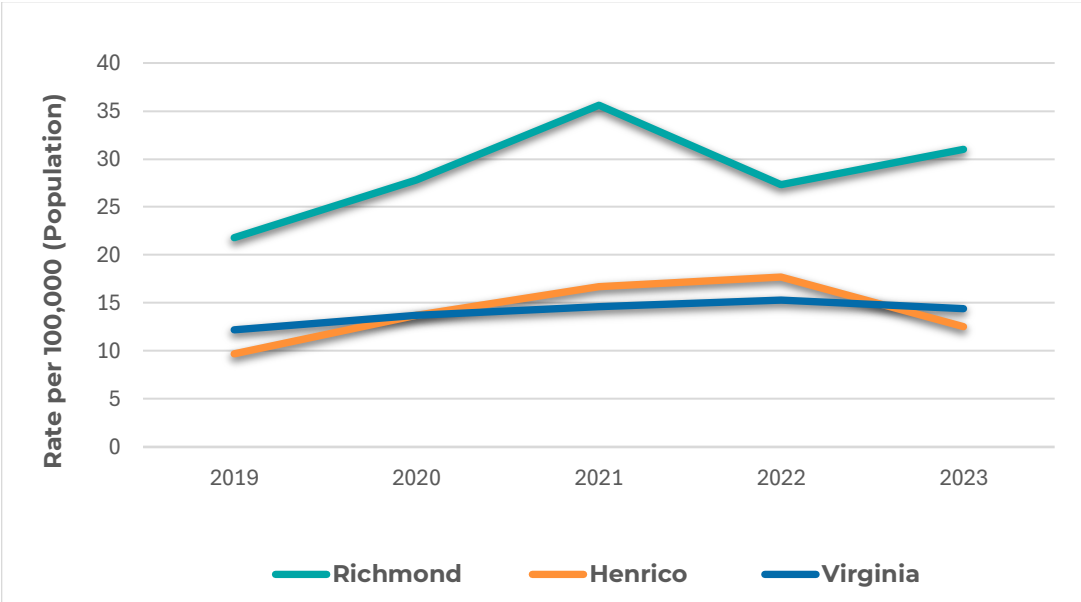
This indicator includes data on suicides, homicides, unintentional deaths, those related to legal intervention or war, or deaths with undetermined intent that involved a firearm. Firearm-related deaths and injuries have placed a significant burden on the health and wellbeing of residents in both Richmond City and Henrico County. Data also demonstrate a higher burden for those living within Richmond City limits.

Factors such as poverty, limited access to quality education, unemployment, and social inequality contribute to higher levels of violent crime. Although it continues to be an ongoing challenge in our region, local authorities and organizations in both

Richmond and Henrico have implemented various measures to address firearm-related violence, including community outreach programs, stricter firearm control enforcement, and public awareness campaigns.

Figure 11 shows the rate of firearm-related deaths that occurred in Richmond, Henrico, and Virginia from 2019 through 2023. From 2019-2021, there the rate of firearm-related deaths increased in Richmond, Henrico, and Virginia. In Richmond, these numbers reached a peak in 2021 and then decreased significantly in 2022. <sup>9</sup> These rates then increased in 2023. In Henrico, the rates plateaued from 2021- 2022 and then decreased in 2023. <sup>9</sup> Virginia rates remained more stable but there has been a slight decline since 2021. <sup>9</sup>

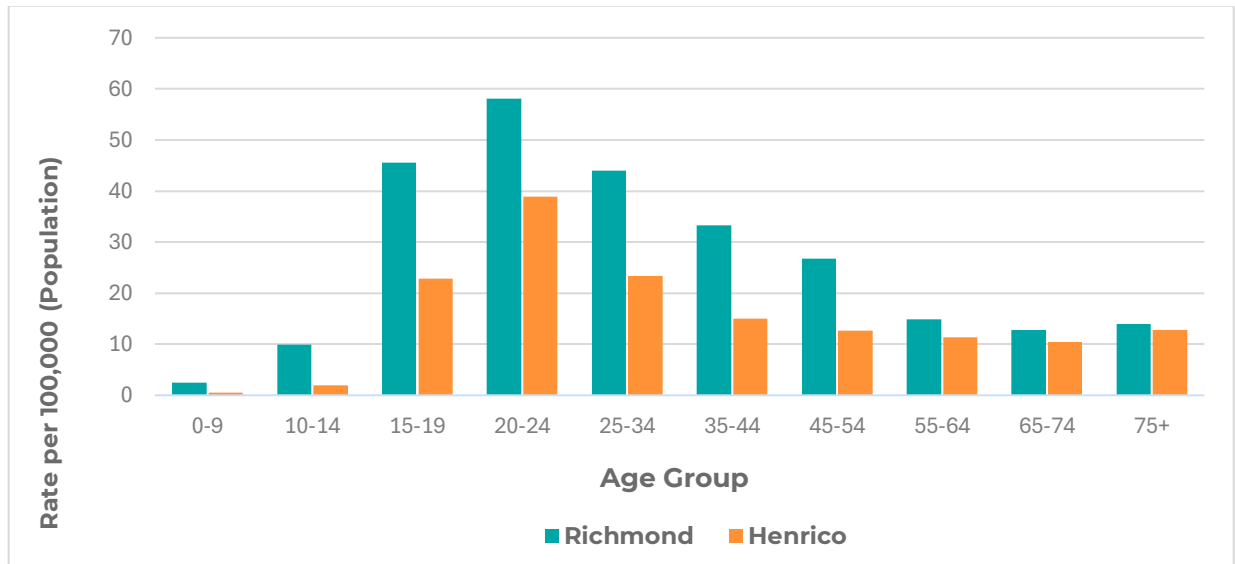
Figure 11. Firearm-Related Deaths by Year (Rates per 100,000 Pop.), Richmond, Henrico, & Virginia, 2019-2023



Source: Virginia Department of Health – PUD, 2019-2023

Figure 12 displays the rates of firearm-related deaths by age group. Amongst age groups in Richmond and Henrico, those between the ages of 20-24 have the highest rates of firearm-related deaths. The rates in after age 24 fall slightly but are still highly prevalent in both Richmond and Henrico. <sup>9</sup>

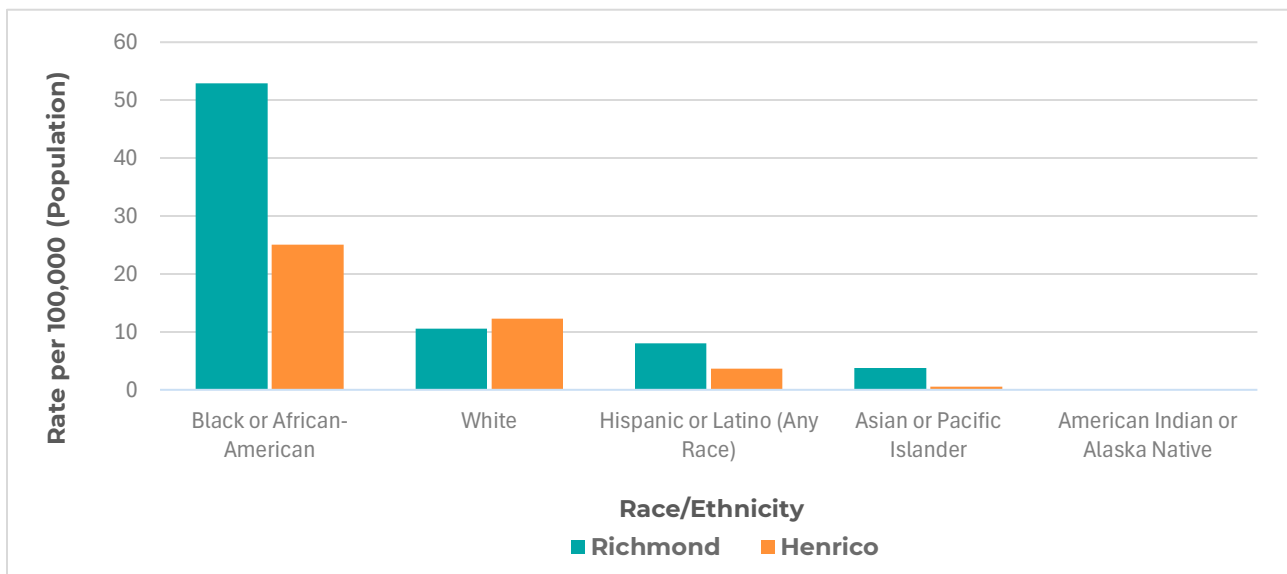
Figure 12. Firearm-Related Deaths by Age Group (Rates per 100,000 Population), Richmond & Henrico, 2019 – 2023



Source: Virginia Department of Health – PUD, 2019-2023

Figure 13 portrays the rate of firearm-related deaths in Richmond and Henrico by race/ethnicity. Notable disparities are present amongst ethnic & race groups in both localities when examining firearm-related deaths. In each locality, Black or African Americans experience the highest rates of deaths due to firearms.<sup>9</sup>

Figure 13. Firearm-Related Deaths by Race/Ethnicity (Rate per 100,000 Population) Richmond & Henrico, 2019 – 2023



Source: Virginia Department of Health – PUD, 2019-2023

## Learned from Stakeholder Conversations

In the area of community safety and violence, conversations were held with a member of each locality's police department. Lieutenant Scott Kubicki, a 30-year veteran with the Henrico County Police Department, and Major Ronnie Armstead, who has nearly 40 years of experience at the Richmond Police Department, spoke about trends, root causes, barriers to problem solving, and opportunities for improvement.

### Key Findings

- There are significant issues related to violence and substance use in the community, particularly the link between illicit drug sales, violence, and unregulated substances such as those sold at vape shops.
- The county is working to impose stricter regulations on vape shops, while efforts to catch drug dealers, educate youth, and strengthen marijuana laws are ongoing.
- There is increased concern about the rising number of young people facing mental health crises linked to substance use, particularly concentrated THC, which could lead to long-term psychological harm.
- In Richmond, there has been a decrease in overall violent crime and non-life-threatening firearm violence, though motor vehicle accidents and property crimes like car break-ins remain significant concerns.
- Social media and peer pressure are driving some criminal behavior, especially among youth, while socioeconomic status and poor conflict management also contribute to crime rates.
- The main barrier to addressing crime is the lack of community involvement, as crime reduction requires collaboration between the police and the community.
- In response, the Richmond Police Department is focusing on increasing their presence in high-crime areas.

## Priority #3: Chronic Diseases

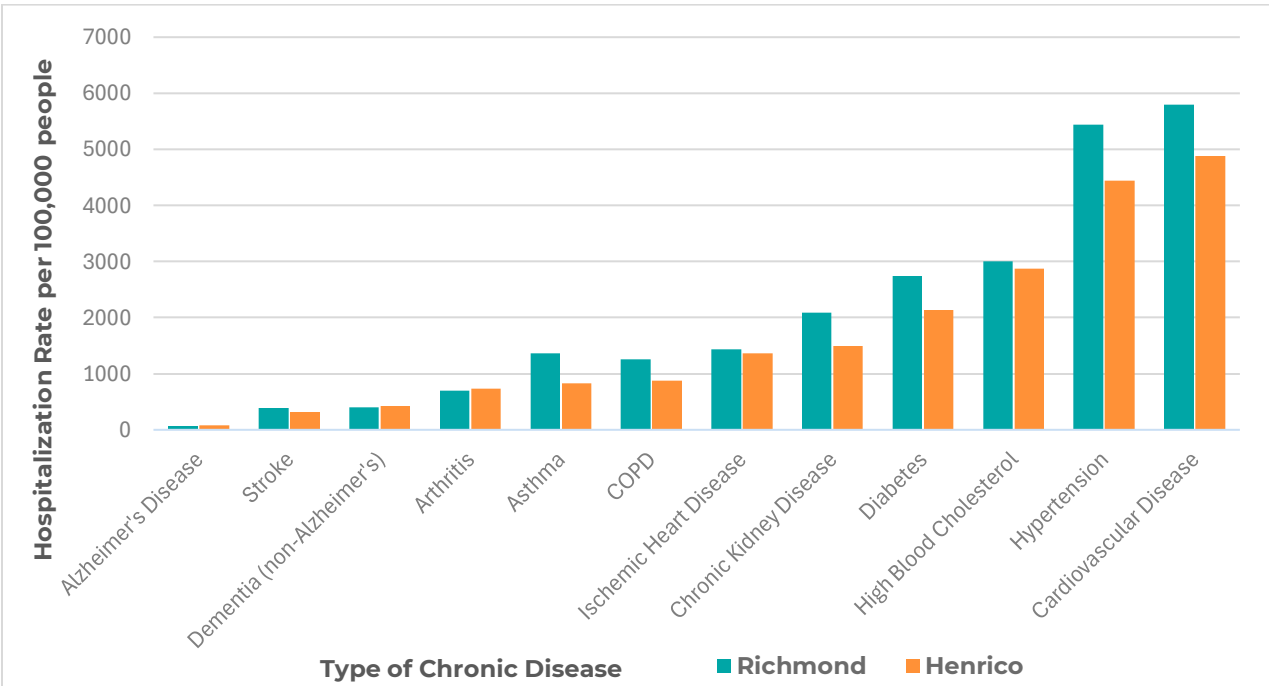
Chronic diseases are a major focus of public health because they are among the leading causes of morbidity, disability, and premature death worldwide. The burden of chronic diseases is growing in our localities, and addressing these diseases is a critical component of improving public health.

# Key Quantitative Indicators

## Chronic Disease Hospitalizations

Chronic disease hospitalizations refer to admissions to hospitals due to conditions that are long-term or ongoing, typically lasting for a year or more. These diseases often require ongoing medical management and can result in complications that lead to hospital stays. The rate of hospitalizations in Richmond, Henrico, and the state for the following chronic diseases is shown in Figure 14: Alzheimer's disease, stroke, dementia (non-Alzheimer's), arthritis, chronic obstructive pulmonary disease (COPD), ischemic heart disease, chronic kidney disease, diabetes, high blood cholesterol, hypertension, and cardiovascular disease. Cardiovascular diseases contributed to the highest rates of hospitalization in Richmond, Henrico, and Virginia. 10

Figure 14. Chronic Disease Hospitalizations (Rate per 100,000 People), Richmond, Henrico, and Virginia, 2023



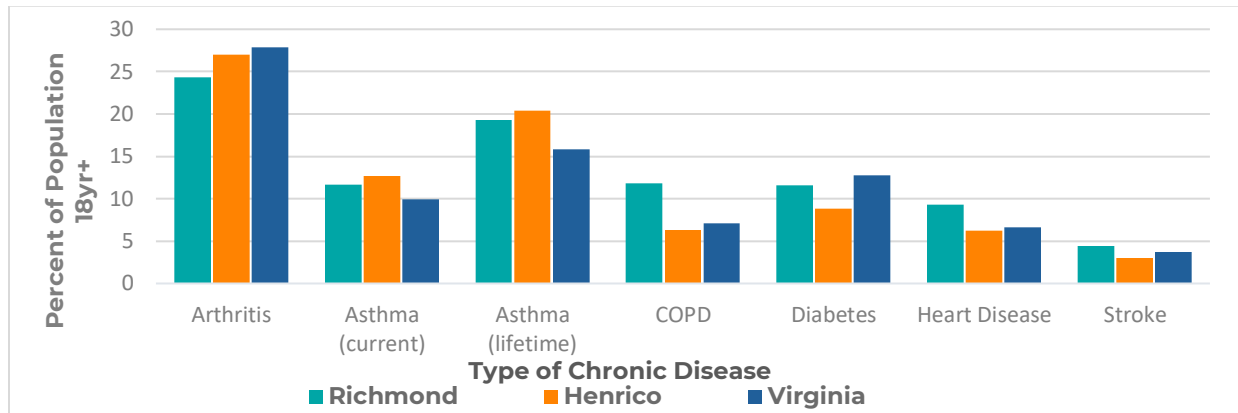
Source: Virginia Department of Health, Chronic Disease Dashboard, 2023

## Prevalence of Chronic Diseases

The "prevalence of chronic diseases" indicator measures the proportion of individuals within a specific population who are living with one or more chronic diseases at a given point in time. It reflects how widespread chronic diseases are in that population, giving an idea of the burden these conditions place on the healthcare system, society, and the individuals affected. The following chart shows the

prevalence of arthritis, asthma (current), asthma (lifetime), COPD, diabetes, heart disease, and stroke in Richmond, Henrico, and Virginia. Arthritis and asthma (both current and lifetime) are extremely prevalent in Richmond, Henrico, and the state. <sup>11</sup>

Figure 15. Prevalence of Chronic Diseases in Adults 18+, Percent of Population, Richmond, Henrico, & Virginia, 2022

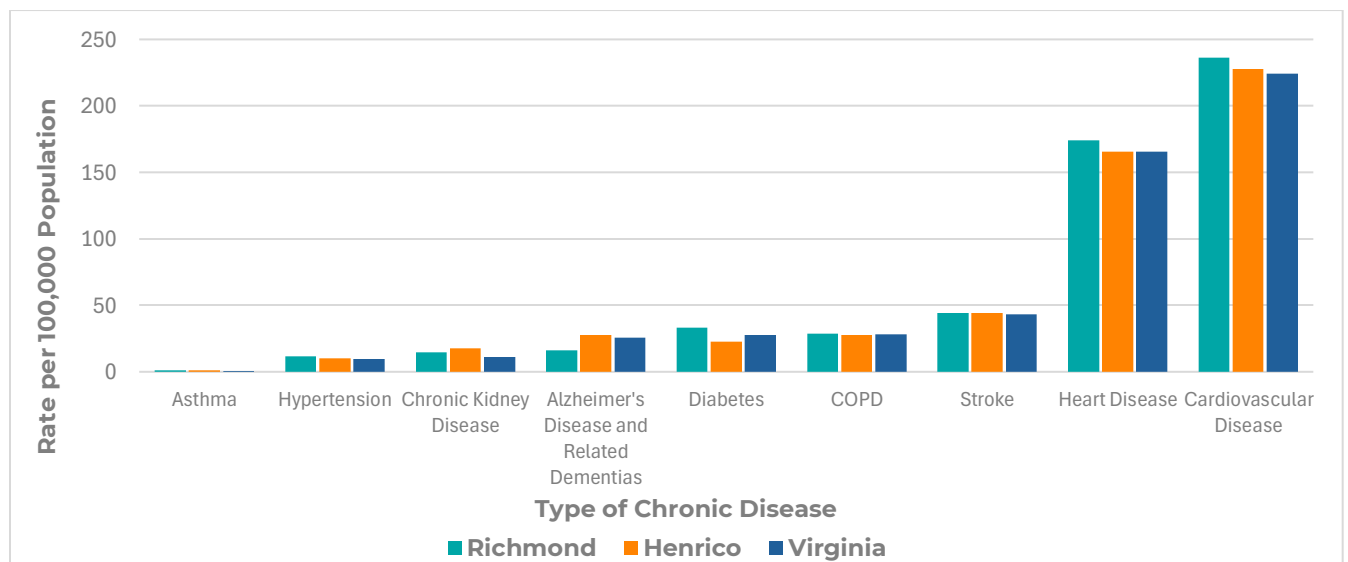


Source: Virginia Department of Health, Chronic Disease Dashboard, 2022

### Chronic Disease Deaths

This indicator measures the number of deaths attributable to chronic diseases within a specific population or region. Tracking this indicator helps to identify which diseases are contributing most to mortality. This in turn, allows governments and public health organizations to allocate resources effectively for prevention, treatment, and care for affected populations. In Richmond, Henrico, and Virginia, cardiovascular diseases are the leading causes of death. <sup>12</sup>

Figure 16. Chronic Disease Deaths, Rate per 100,000 Population, Richmond, Henrico, & Virginia, 2022

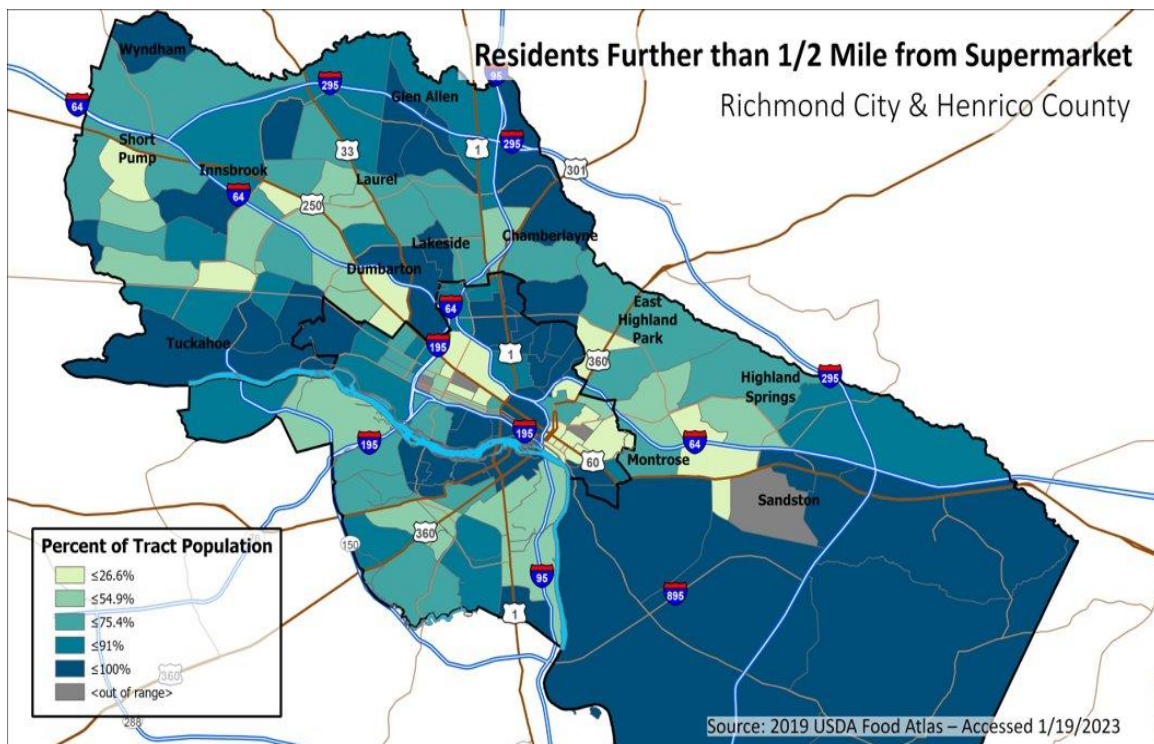


Source: Virginia Department of Health, Chronic Disease Dashboard, 2022

## Food Access

The US Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.<sup>13</sup> Limited access to healthy foods can lead to poor dietary habits, which in turn increase the risk of chronic diseases. Data shows that many communities within Richmond and Henrico have challenges with obtaining the foods needed to live healthy lifestyles.<sup>14</sup>

Figure 17. Residents Further than 1/2 Mile from Supermarket, Richmond City & Henrico County, 2019

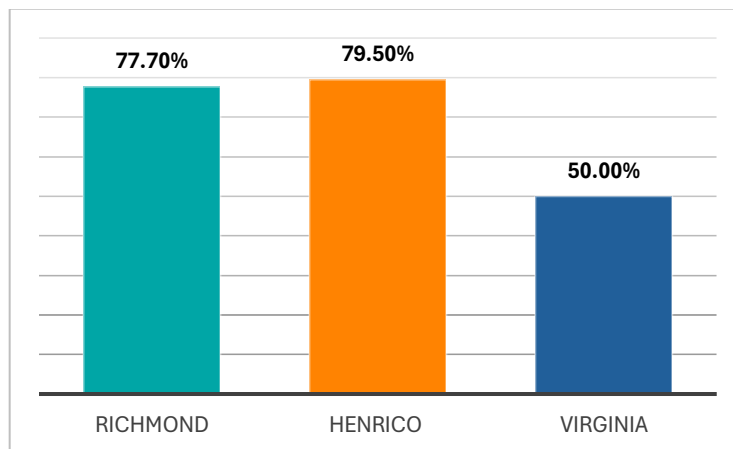


Source: USDA Food Atlas, 2019

## Adults Aerobically Active

Adults aerobically active reflects the percentage of adults in Virginia who responded "yes" to the question: "In the past month, outside of your regular job, did you engage in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?" Regular physical activity offers significant health benefits, including reducing the risk of conditions such as diabetes, heart disease, and stroke. Over 75% of adults in Richmond and Henrico reported engaging in regular physical activities outside of work.<sup>15</sup>

Figure 18. Adults Aerobically Active, Percentage, Richmond, Henrico, & Virginia, 2020



Source: BRFSS, 2020

## Learned from Stakeholder Conversations

Dr. Megan Donohue, an Emergency Medicine physician with dual training in Internal Medicine, who currently works in the Emergency Department and Observation Unit at VCU Health as a clinical provider was interviewed to highlight the current state of chronic diseases in the Greater Richmond region.

### Key Findings

- The inability to control chronic diseases is worsened by the difficulty many people face in affording medications and limited access to primary care and mental health services.
- Factors such as low reimbursement rates for physicians, an emphasis on in-person care during traditional hours, and patient barriers like cost, transportation, work schedules, family obligations, and health literacy are inhibiting the ability to treat chronic disease.
- The primary barrier to improving the state of chronic disease is the financial motivations of healthcare institutions. These motivations often overlook complex sociomedical problems.
- To address these challenges, VCU Health is working to expand telehealth services.



# 2024 Community Health Assessment Survey

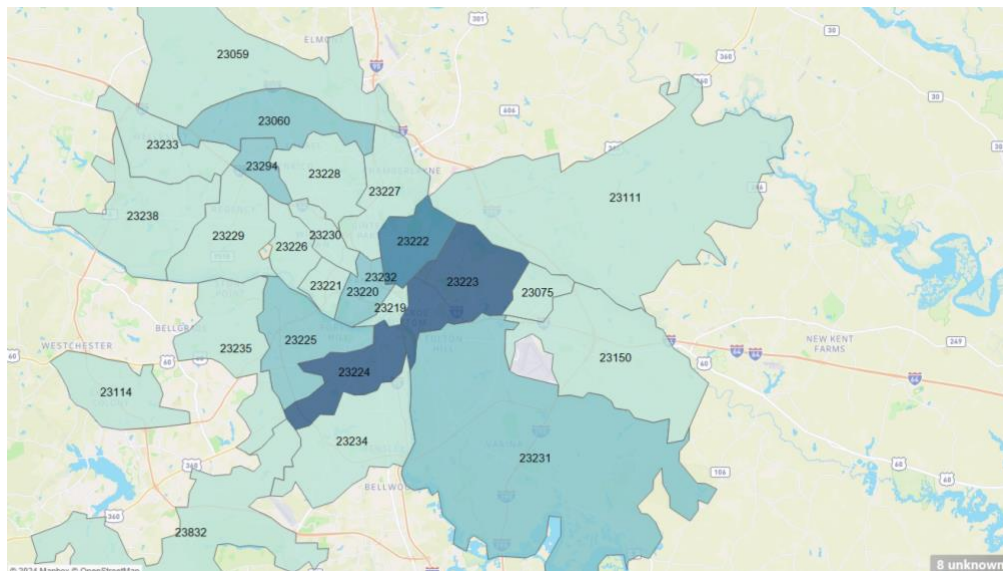
An important part of the Community Health Assessment process is a localities-wide survey. A CHA Survey is a tool used to gather data and insights about the health status, needs, and concerns of a specific community. It is an invaluable opportunity to hear directly from residents. Collecting their lived experience and knowledge was a critical part of the Community Health Assessment.

Through the summer of 2024, the Richmond & Henrico Health Districts Community Health Assessment Team (CHAT; see Appendix A) developed a questionnaire with the goals of being both comprehensive and easy to fill out. The CHA survey asked respondents what is and is not going well in their communities, as well as what health issues concern them most. The survey was available in English and Spanish, both in hard copy and online (see Appendices B and C). RHHD promoted the survey at the health districts' clinics and Resource Centers, through social media platforms and online newsletters, and through community partnership at local libraries and other agencies.

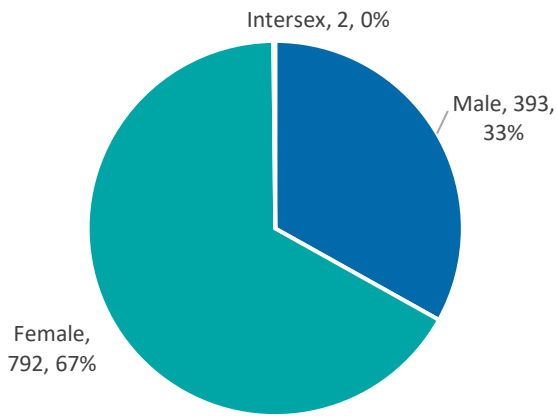
1,126 residents—including 465 people from Henrico and 661 from Richmond—completed the survey. Here's what we learned:

## Demographics of Survey Respondents (Richmond & Henrico Combined)

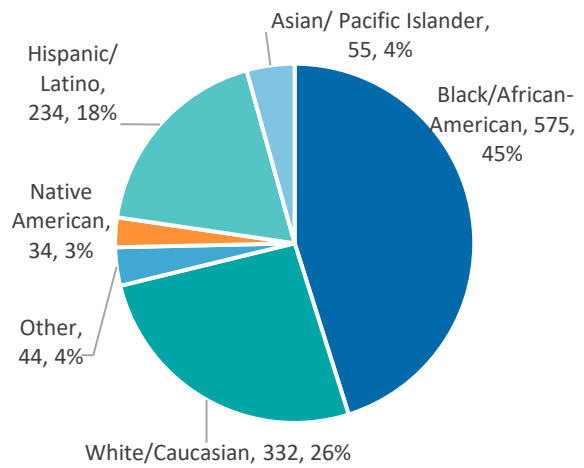
### Zip Codes of Respondents



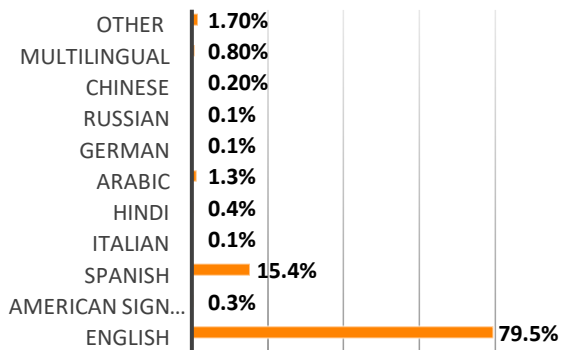
### Sex Assigned at Birth



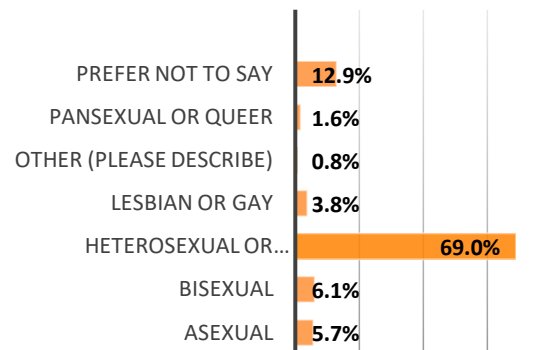
### Race/Ethnicity



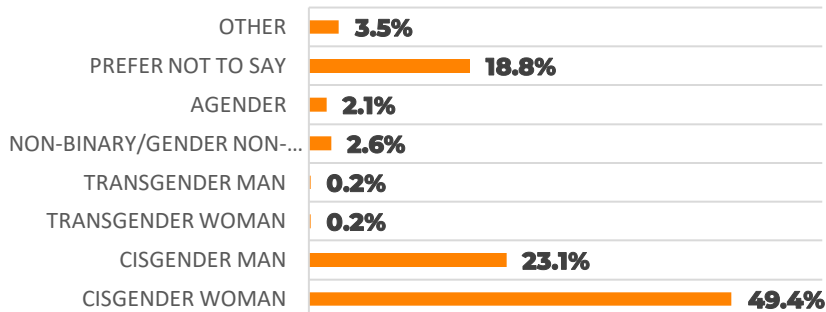
### What Language is Most Spoken in Your Home?



### How Would You Describe Your Sexuality?



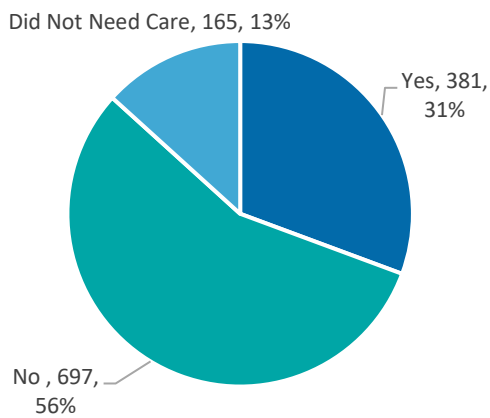
### How Would You Describe Your Gender?



## Access to Care Questions

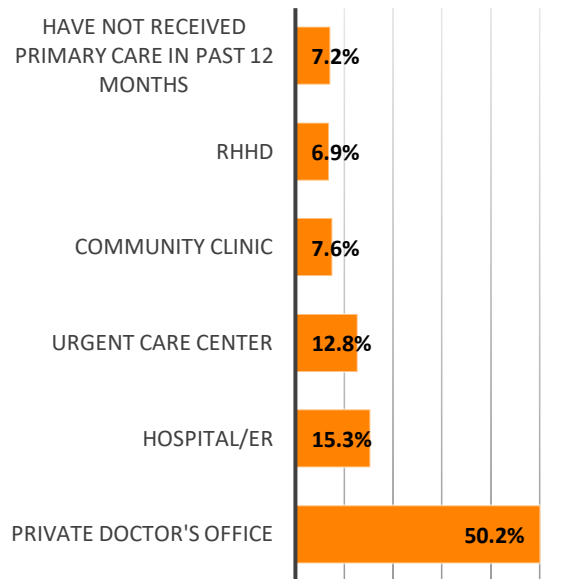
During the past 12 months, was there a time when you could not get the healthcare (primary care, dental care, mental health care, etc.), that you needed?

### Richmond & Henrico Survey Respondents Combined



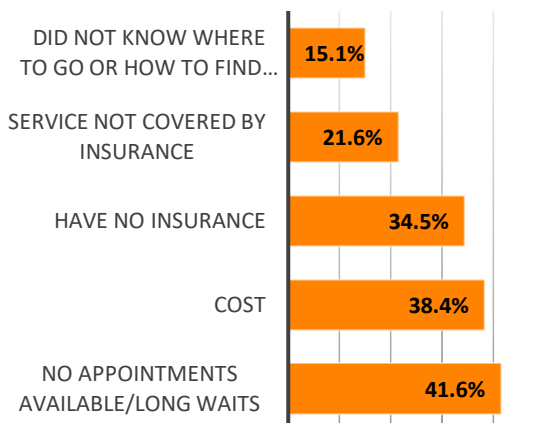
Within the past year, where did you go most often for primary care?

### Richmond & Henrico Survey Respondents Combined



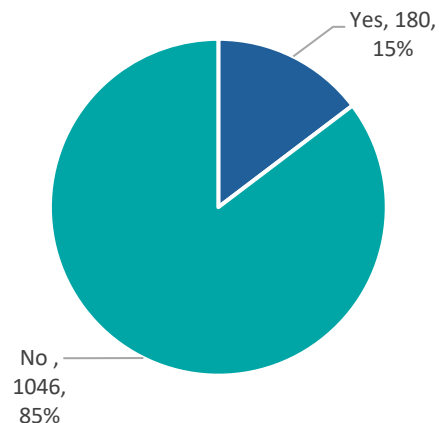
What were the reasons (if this applies) you / your family could not get the care you needed during the past 12 months? Choose all that apply.

### Richmond & Henrico Survey Respondents Combined (Top 5 Reasons)



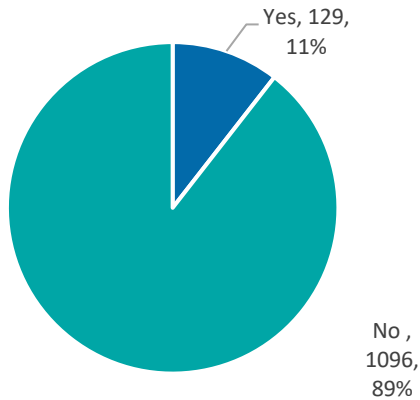
In the past 12 months have you avoided seeking healthcare (primary care, dental care, mental health care, or alcohol and drug services) because you were worried about how you would be treated by the people that work there?

### Richmond & Henrico Survey Respondents Combined



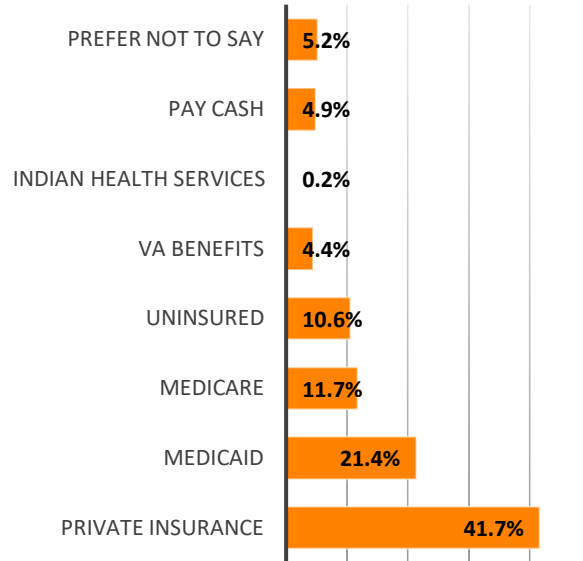
In the past 12 months, have healthcare staff ever said or done something to you that made you feel uncomfortable or unsafe, based on one of your personal traits or characteristics (e.g., sexual orientation, racial/ethnic identity, physical appearance, etc.)?

**Richmond & Henrico Survey Respondents Combined**



I pay for healthcare services through:

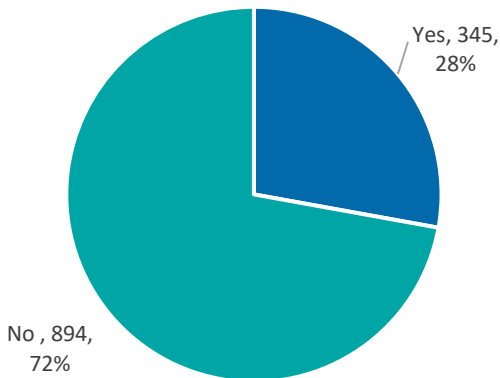
**Richmond & Henrico Survey Respondents Combined**



**Experiences In Your Community**

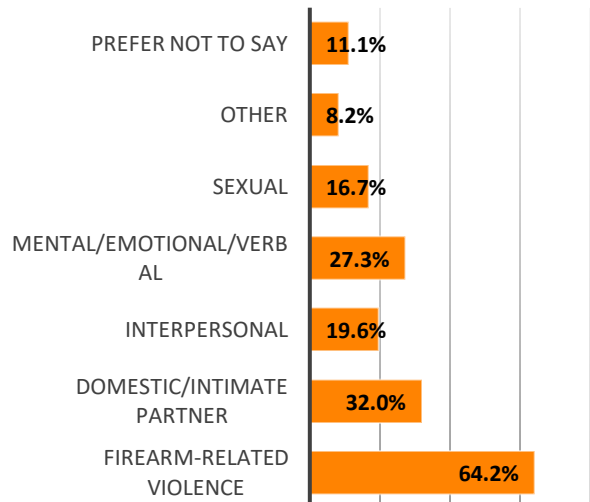
Have you or your family ever been impacted by violence in your community?

**Richmond & Henrico Survey Respondents Combined**



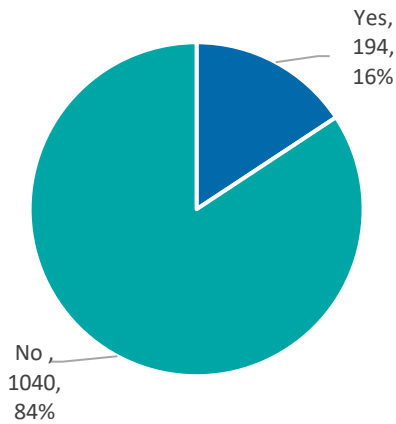
What type(s) of violence have impacted you and your family in your community?

**Richmond & Henrico Survey Respondents Combined**



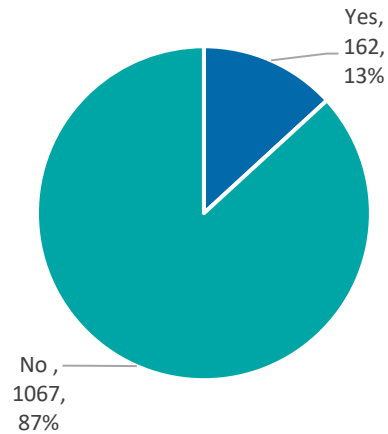
Have you or your family experienced racism in a way that impacted your health?

**Richmond & Henrico Survey Respondents Combined**



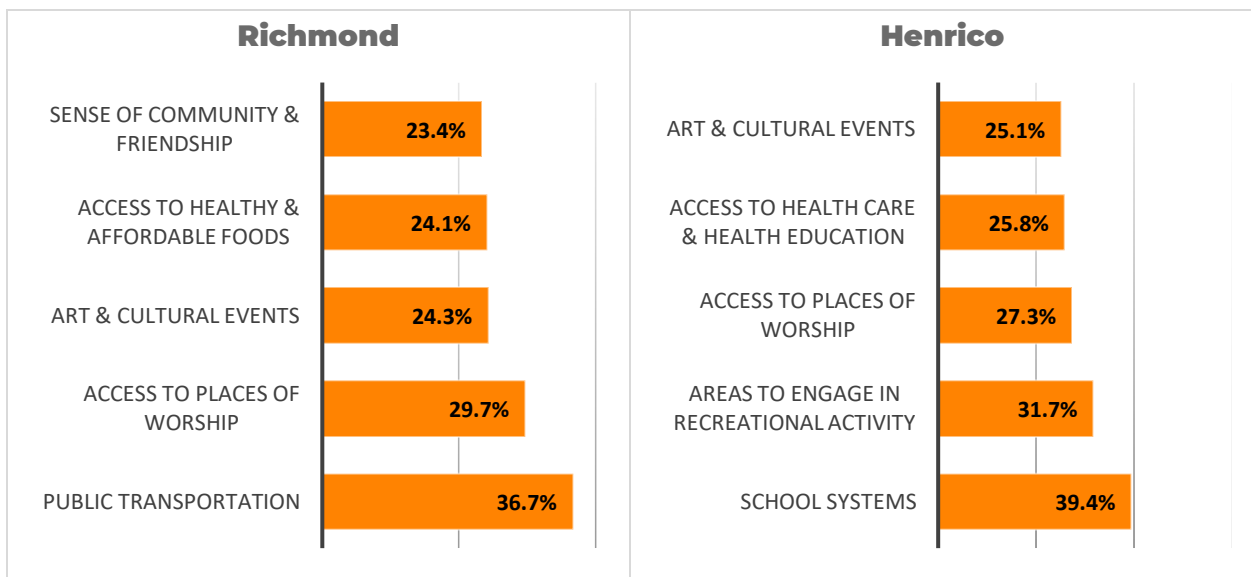
Have you or your family experienced sexism or gender-based discrimination in a way that impacted your health?

**Richmond & Henrico Survey Respondents Combined**



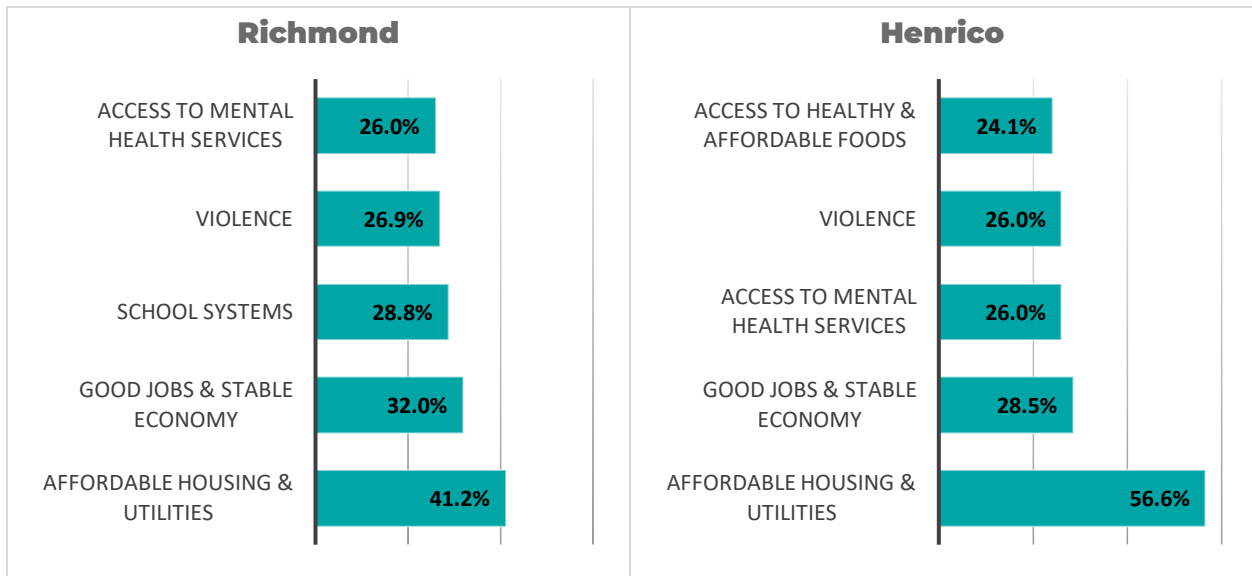
**Community Strengths & Weaknesses**

What is Going Well? Please Choose 3.



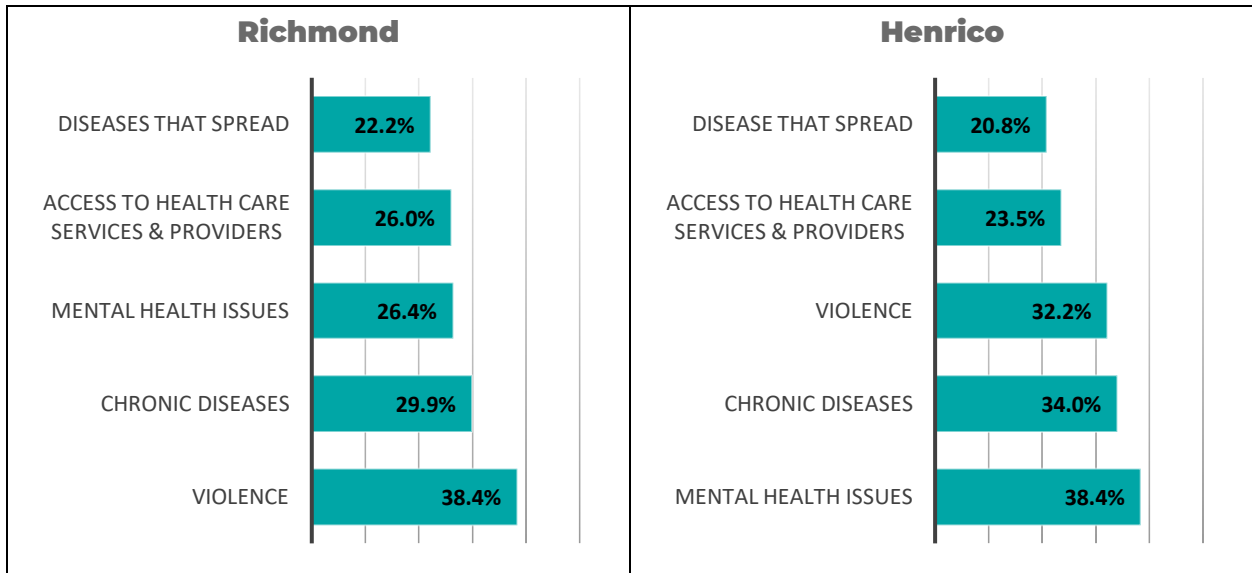
\*Top Five Most Selected Responses

What is NOT Going Well? Please Choose 3.



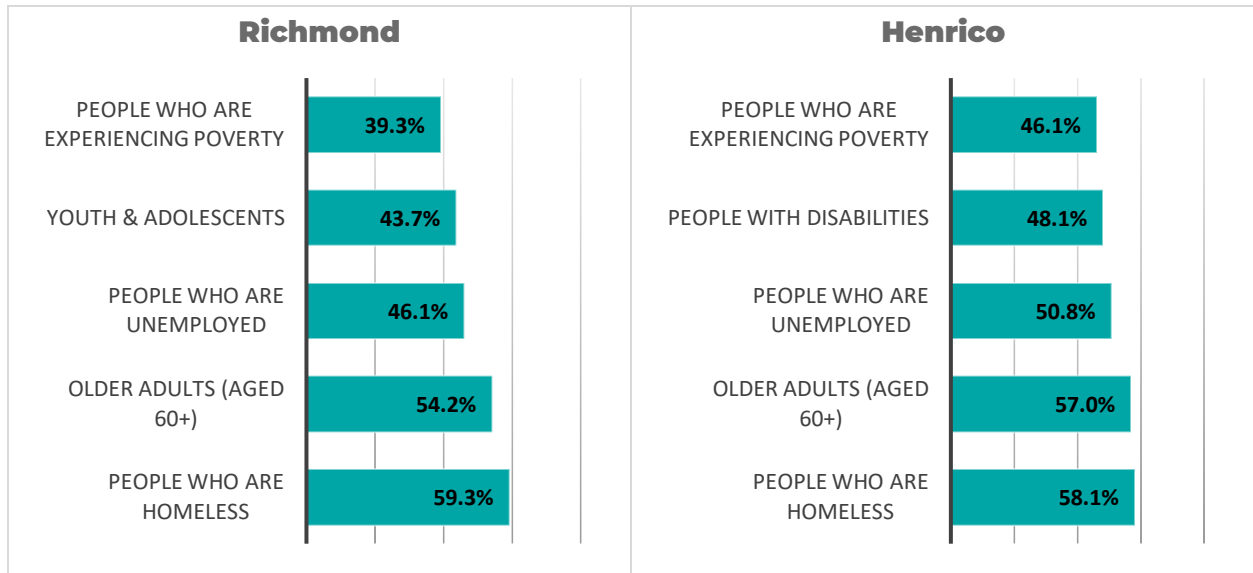
\*Top Five Most Selected Responses

Select up to 3 health related issues that you are most concerned within your community



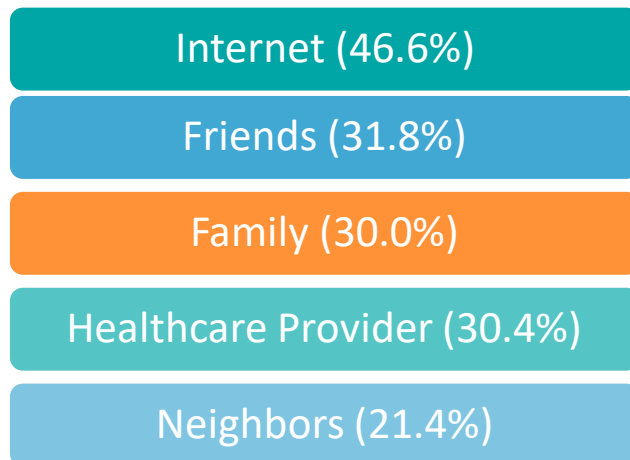
\*Top Five Most Selected Responses

Which of the following groups might need more support in our communities?  
(check all that apply)



\*Top Five Most Selected Responses

Where do you get information about health resources available in your community?  
(Check all that apply).



# Conclusion

The 2024 Richmond & Henrico Community Health Assessment highlights critical health trends and challenges faced by the residents of Richmond City and Henrico County. While there have been significant strides in areas such as access to healthcare and community health initiatives, ongoing issues such as chronic disease prevalence, mental health concerns, and firearm violence continue to impact the overall well-being of the community. Socioeconomic disparities, food access, and health inequities remain central to many of these challenges.

Addressing these issues requires continued collaboration among public health districts, community organizations, healthcare providers, policymakers, and community members. By focusing on prevention, improving access to care, reducing health disparities, and enhancing community support, Richmond and Henrico can work toward a healthier and more resilient future. The data from this assessment provide a valuable foundation for ongoing efforts to improve the quality of life for all residents, ensuring a healthier and more equitable community for years to come.

Now, more than ever, it is essential for all residents of Richmond and Henrico to actively participate in these efforts. Community members are encouraged to get involved in local health initiatives, voice their concerns, and work alongside health professionals and local leaders to drive positive change. Whether it's advocating for policies that support mental health, promoting programs that address chronic disease, or supporting efforts to reduce violence, each action counts. By fostering a culture of health and well-being, we can collectively create an environment where everyone can thrive. This work will continue in community health improvement planning, where ongoing feedback and collaboration will be key to ensuring our strategies remain effective and responsive to the evolving needs of our community. Together, we can make meaningful progress toward building a healthier, more equitable future for all.



# Acknowledgements

We would like to express our sincere gratitude to all the individuals and organizations who contributed to the completion of the 2024 Richmond & Henrico Community Health Assessment. This project would not have been possible without the collaboration and dedication of community leaders, healthcare professionals, public health district staff, and residents who shared their insights and experiences.

A special thank you to the members of the Richmond and Henrico Community Health Assessment Team for their guidance, expertise, and commitment to improving the health of our community. We also appreciate the hard work of the data collection teams, local agencies, and partner organizations who provided invaluable support in gathering and analyzing health data.

Additionally, we are grateful to the community members who participated in surveys, discussions, and interviews, as their input was crucial in shaping a comprehensive understanding of the health needs and priorities in our region.

Finally, we extend our appreciation to all the staff, volunteers, and stakeholders whose tireless efforts have ensured that the voices of our diverse community are represented. Your contributions are integral to the development of policies and programs aimed at improving health and quality of life for all.

Together, we continue to work toward a healthier, more equitable future for Richmond and Henrico County. Thank you for your continued support and collaboration.

# Appendices

## Appendix A: 2024 CHA Team Members

### CHA Facilitator

**Jasmine Carmichael**

Richmond & Henrico Health Districts

<b>Tyler Agee</b>	Virginia Commonwealth University Health System
<b>Haasita Akkala</b>	Richmond & Henrico Health Districts
<b>Celeste Anderson</b>	United Way
<b>Kate Ayers</b>	ReEstablish Richmond
<b>Carter Barker</b>	Sportable Richmond Adaptive Sports and Recreation
<b>Laura Bennett</b>	Sportable Richmond Adaptive Sports and Recreation
<b>Candice Bourne</b>	Richmond Public Schools
<b>Cotina Brake</b>	Richmond & Henrico Health Districts
<b>Sophie Brickley</b>	YMCA of Greater Richmond
<b>Adrienne Cole-Johnson</b>	Henrico County Public Schools
<b>Talaiya Cosby</b>	Richmond Redevelopment and Housing Authority
<b>Ethan Coston</b>	Virginia Commonwealth University
<b>Rev. Dr. Lacette Cross</b>	Diversity Richmond
<b>Traci DeShazor</b>	City of Richmond
<b>Charlene Edwards</b>	Richmond Behavioral Health Authority
<b>Eric English</b>	Henrico County Police Department
<b>Cameron Foster</b>	Richmond & Henrico Health Districts
<b>Tamara Jones</b>	Richmond & Henrico Health Districts
<b>Christina Kincaid</b>	Health Brigade
<b>Louise Lockett Gordon</b>	Richmond & Henrico Health Districts
<b>Katie Logan</b>	Richmond & Henrico Health Districts

<b>Kerrissa MacPherson</b>	Bon Secours Richmond Health System
<b>Neal Masri</b>	Richmond Behavioral Health Authority
<b>Deborah Morton</b>	City of Richmond, Department of Parks, Recreation and Community Facilities
<b>Renisha Parks</b>	Richmond Public Schools
<b>Jana Pushkin</b>	Richmond & Henrico Health Districts
<b>Karen Redford</b>	Richmond Behavioral Health Authority
<b>Patrice Shelton</b>	Richmond & Henrico Health Districts
<b>Jennifer Sheppard</b>	Richmond & Henrico Health Districts
<b>Karell Smith</b>	Richmond Public Schools
<b>Monica Smith-Callahan</b>	County of Henrico
<b>Leslie Stephen</b>	Henrico Area Mental Health & Developmental Services
<b>William Thornton</b>	YMCA of Greater Richmond
<b>Nermina Tihic</b>	Richmond & Henrico Health Districts
<b>Jelisa Turner</b>	County of Henrico
<b>Katherine Werner</b>	Richmond & Henrico Health Districts
<b>Na-Keisha A. White</b>	Richmond Public Schools
<b>Lorraine Wright</b>	Richmond & Henrico Health Districts
<b>Dr. Melissa Viray</b>	Richmond & Henrico Health Districts

# Appendix B: 2024 Community Health Assessment Survey Results - Infographic

**FINDINGS FROM THE COMMUNITY HEALTH Assessment**

In 2024, the Richmond and Henrico Health Districts worked closely with partner organizations and residents across our neighborhoods to conduct a Community Health Assessment (CHA). This assessment lets us know what issues matter most to you so that we can take informed action.

**1,126**  
Richmond & Henrico residents responded (465 Henrico, 661 Richmond)

**Age**  
We heard from residents between ages 18 and 88—that's a lot of experience!

**Race/ Ethnicity of Respondents**

**Gender of Respondents**

**Income of Respondents**

**We asked you**

**What's going well?**

- School systems 29%
- Access to church / places of worship 29%
- Public transportation 25%
- Access to healthy affordable foods 25%
- Arts & cultural events & safe rec activities 24%

How did we get these numbers? Participants could choose multiple answers. Each percentage reflects the total participants who selected that particular answer.

**Which groups need More Support?**

Top 5 Most Frequently Selected\*

- People who are homeless 58%
- Older adults (aged 60+) 55%
- People who are unemployed 48%
- Youth and adolescents 43%
- People experiencing poverty 42%

**Access to Health Care**

Respondents able to access health care they needed within the past 12 months:

**56% YES**

**30% NO**

**LEARN MORE ABOUT THE CHA FINDINGS AT [RHHD.GOV/CHA](https://rhhd.gov/cha)**

**What needs Improvement in our communities**

- Affordable housing / utilities 47%
- Good jobs / stable economy 30%
- Violence 26%
- Access to mental health services 26%
- Access to healthy affordable foods 25%

How did we get these numbers? Participants could choose multiple answers. Each percentage reflects the total participants who selected that particular answer.

**Top Health-related concerns**

You saw big health challenges facing our communities—and we can work together to address them! We asked: "What three health related issues are you most concerned about in your community?"\*\*

- Violence 35%
- Chronic health conditions 32%
- Mental health issues 32%
- Access to health care 25%
- Diseases that spread 22%

**What happens NEXT?**

**The Community Health Improvement Plan (CHIP)**

RHHD's CHA Steering Committee evaluated the survey results and identified three priority areas to address in the next step: The Community Health Improvement Plan.

**Mental Health**  
including Substance Use Disorder

**Community Safety & Violence Prevention**

**Chronic Diseases**

Prioritizing helps us make concrete change in key areas. There are lots of areas that still need support, like affordable housing, food access, and stable jobs. We see many of these areas as connected and know that ongoing public health work will help us make an impact in these areas.

**How to Get involved**

We're looking for community members to participate in the CHIP steering committees for the three priority areas. If you spend a lot of time thinking about or working on one of these issues, we need your ideas!

To sign up, scan QR code or call 804-774-9776!

# Appendix C: 2024 Community Health Assessment Survey – English

## Access to Care

**During the past 12 months, was there a time when you could not get the healthcare (primary care, dental care, mental health care, etc.), that you needed?**

- Yes
- I did not need care
- No - I was able to access my care provider when I needed to

[reset](#)

**In the past 12 months have you avoided seeking healthcare (primary care, dental care, mental health care, or alcohol and drug services) because you were worried about how you would be treated by the people that work there?**

- Yes
- No

[reset](#)

**In the past 12 months, have healthcare staff ever said or done something to you that made you feel uncomfortable or unsafe, based on one of your personal traits or characteristics (e.g., sexual orientation, racial/ethnic identity, physical appearance, etc.)?**

- Yes
- No

[reset](#)

## Experiences in your Community

**Have you or your family ever been impacted by violence in your community?**

- Yes
- No

[reset](#)

**Have you or your family experienced racism in a way that impacted your health?**

- Yes
- No

[reset](#)

**Have you or your family experienced sexism or gender based discrimination in a way that impacted your health?**

- Yes
- No

[reset](#)

## Community Strengths and Weaknesses

### What is going well in your community? (Please choose 3)

- Access to mental health services
- Access to health care and health education
- School systems
- Access to healthy, affordable foods
- Arts and cultural events
- Open areas where it is safe to engage in recreational activities
- Sense of community and friendship
- Access to churches or other places of worship
- Good jobs and stable economy
- Affordable housing and utilities
- Public transportation
- Quick and reliable police, fire, and rescue services
- Support and services during emergencies
- Low violence (domestic, elder, youth, firearm-related, etc.)
- Other (Please describe):

### What is NOT going well in your community? Please choose 3.

- Access to mental health services
- Access to health care and health education
- School systems
- Access to healthy, affordable foods
- Arts and cultural events
- Open areas where it is safe to engage in recreational activities
- Sense of community and friendship
- Access to churches or other places of worship
- Good jobs and stable economy
- Affordable housing and utilities
- Public transportation
- Quick and reliable police, fire, and rescue services
- Support and services during emergencies
- Violence (domestic, elder, youth, firearm-related, etc.)
- Other (Please describe):

**Please select up to 3 health related issues that you are most concerned with in your community:**

- Access to health care services and providers
- Cancer
- Chronic health conditions (obesity, diabetes, hypertension, high cholesterol, etc.)
- Dental and oral health
- Diseases that spread (e.g., COVID-19, pneumonia, flu, pertussis, Hepatitis C)
- Vaccinations
- Injuries (e.g. car accidents, falls, concussion)
- Violence (e.g. guns and assaults)
- Mental health issues (e.g. anxiety, depression, suicide)
- Sexually transmitted infections (e.g. HIV/AIDS, chlamydia, gonorrhea)
- Tobacco use or cigarette smoking
- Environmental health (pollution, unsafe drinking water, waste disposal, rising water levels, etc.)
- Physical inactivity
- Substance use disorder
- Other (please describe):

**Priority Populations**

**Which of the following groups might need more support in our communities? (check all that apply)**

- Older adults (aged 60+)
- People who are unemployed
- People who are homeless
- People who are experiencing poverty
- Youth and adolescents
- Members of the LGBTQIA+ community
- People who give birth
- People who use recreational drugs
- People who have served in the military
- People with disabilities
- People seeking refugee status
- People leaving incarceration
- People who are currently incarcerated
- People who speak English as a second language
- Another group (please explain)

## Information & Resources

**Where do you get information about health resources available in your community? (Check all that apply)**

- School
- Church
- Neighbors
- Family
- Friends
- TV
- Newspaper
- RHHH Instagram & Facebook Posts
- RHHH Newsletters
- Community Health Workers (CHWs) in my community
- Community Service Organizations (please specify)
- Healthcare provider
- Internet
- Other (please specify):



**Tell us about you!**

**Zip Code**

**County**

**Age**

**Ethnic/Racial Group**

- African American / Black
- Asian / Pacific Islander
- Hispanic / Latino
- Native American
- White / Caucasian
- Other

**What was your assigned sex at birth (ASAB)?**

**Gender Identity**

**Sexual Orientation**

**Language spoken MOST in your home**

**Highest Level of Education**

**Household Income**

**I pay for health care services through:**

**Do you have a disability?**

**Are you currently employed?**

- Yes  No

[reset](#)

**Submit**

# Appendix D: 2024 Community Health Assessment Survey - Spanish

## Acceso a la atención

**Durante los últimos 12 meses, ¿hubo un momento en el que no pudo obtener la atención médica (atención primaria, atención dental, atención de salud mental, etc.) que necesitaba?**

- Sí
- No necesité atención
- No; pude acceder a mi proveedor de atención cuando era necesario

restablecimiento

**En los últimos 12 meses, ¿ha evitado buscar atención médica (atención médica, atención dental, atención de salud mental o servicios contra el consumo de alcohol y drogas) porque le preocupaba cómo le tratarían las personas que trabajan allí?**

- Sí
- No

restablecimiento

**En los últimos 12 meses, ¿alguna vez el personal de atención médica le ha dicho o hecho algo que le haya producido incomodidad o inseguridad, basado en uno de sus rasgos o características personales (p. ej., orientación sexual, identidad racial o étnica, apariencia física, etc.)?**

- Sí
- No

restablecimiento

## Experiencias en su comunidad

**¿Alguna vez usted o su familia se han visto afectados por la violencia en su comunidad?**

- Sí
- No

restablecimiento

**¿Ha experimentado usted o su familia el racismo de alguna forma que haya repercutido en su salud?**

- Sí
- No

restablecimiento

**¿Ha experimentado usted o su familia el sexismo o la discriminación por razón de género de alguna forma que haya repercutido en su salud?**

- Sí
- No

restablecimiento

## Fortalezas y debilidades de la comunidad

### ¿Qué aspectos están marchando bien en su comunidad? Elija 3:

- Acceso a servicios de salud mental
- Acceso a la atención médica y a la educación para la salud
- Buenas escuelas
- Acceso a alimentos saludables y asequibles
- Eventos culturales y artísticos
- Áreas abiertas donde es seguro participar en actividades recreativas
- Sentido de comunidad y amistad
- Acceso a iglesias u otros centros de culto
- Buenos empleos y economía estable
- Vivienda y servicios públicos asequibles
- Transporte público
- Servicios rápidos y confiables del personal policial, de rescate y del cuerpo de bomberos
- Apoyo y servicios durante emergencias
- Bajo nivel de violencia (doméstica, en ancianos, en jóvenes, relacionada con armas de fuego, etc.)
- Otros (Por favor describa):

### ¿Qué aspectos NO están marchando bien en su comunidad? Elija 3:

- Acceso a servicios de salud mental
- Acceso a la atención médica y a la educación para la salud
- Buenas escuelas
- Acceso a alimentos saludables y asequibles
- Eventos culturales y artísticos
- Áreas abiertas donde es seguro participar en actividades recreativas
- Sentido de comunidad y amistad
- Acceso a iglesias u otros centros de culto
- Buenos empleos y economía estable

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- Vivienda y servicios públicos asequibles
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- Servicios rápidos y confiables del personal policial, de rescate y del cuerpo de bomberos
- Apoyo y servicios durante emergencias
- Violencia (doméstica, en anciano, en jóvenes, con armas, etc.)
- Otros (Por favor describa):

**Seleccione hasta 3 temas relacionados con la salud que más le preocupen en su comunidad:**

- Acceso a servicios y proveedores de atención médica
- Cáncer
- Afecciones de salud crónicas (obesidad, diabetes, hipertensión, colesterol alto, etc.)
- Salud dental y bucal
- Enfermedades contagiosas (por ejemplo, COVID-19, neumonía, gripe, tos ferina, hepatitis C)
- Vacunas
- Lesiones (p. ej., accidentes automovilísticos, caídas, conmociones cerebrales)
- Violencia (p. ej., armas y agresiones)
- Problemas de salud mental (p. ej., ansiedad, depresión, suicidio)
- Infecciones de transmisión sexual (p. ej., VIH/SIDA, clamidia, gonorrea)
- Consumo de tabaco o cigarrillos
- Salud ambiental (contaminación, agua potable contaminada, eliminación de desechos, aumento de los niveles de agua, etc.)
- Inactividad física
- Trastorno por consumo de sustancias
- Otros (por favor describa):

## Poblaciones prioritarias

¿Cuál de los siguientes grupos podría necesitar más apoyo en nuestras comunidades? (Marque todas las opciones que correspondan)

- Adultos mayores (de 60 años o más)
- Personas desempleadas
- Personas sin hogar
- Personas en situación de pobreza
- Jóvenes y adolescentes
- Miembros de la comunidad LGBTQIA+
- Mujeres que dan a luz
- Personas que usan drogas de uso recreativo
- Personas que han servido en el ejército
- Personas con discapacidad
- Personas que buscan la condición de refugiado
- Personas que salen de la cárcel
- Personas que están actualmente en la cárcel
- Personas que hablan inglés como segunda lengua
- Otro grupo (por favor explique)

## Información y recursos

¿Dónde obtiene información sobre los recursos de salud disponibles en su comunidad? (Marque todas las opciones que correspondan)

- Escuela
- Iglesia
- Vecinos
- Familia
- Amigos
- TV
- Periódico
- Publicaciones en las cuentas de Instagram y Facebook de RHHD
- Boletines de RHHD
- Trabajadores comunitarios de la salud (CHW) de mi comunidad
- Organizaciones de servicios comunitarios (especifique)
- Proveedores de atención médica
- Internet
- Otros (especifique):

**¡Cuéntenos sobre usted!**

**Código postal**

**Condado**

**Edad**

**Grupo étnico o racial**

- Afroamericano / Negro
- Asiático / Isleño del Pacífico
- Hispano / latino
- Nativo Americano
- Blanco / Caucásico
- Otro

**¿Cuál fue su sexo asignado al nacer?**

**Identidad de género**

**Orientación sexual**

**Idioma que MÁS se habla en su hogar**

**Nivel de educación más alto alcanzado**

**Ingresos del grupo familiar**

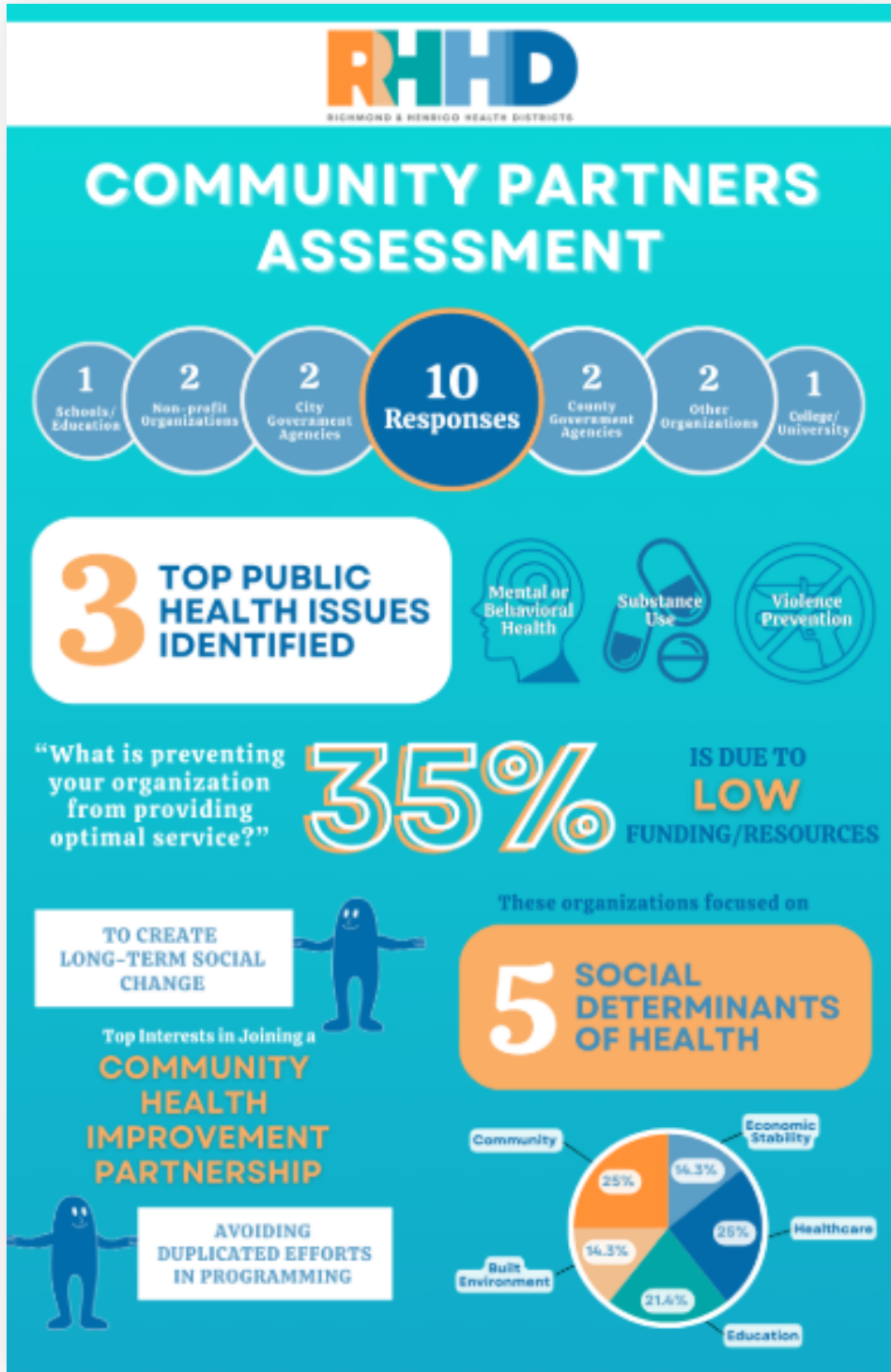
**Pago por los servicios de atención médica mediante:**

**¿Tiene alguna discapacidad?**

**Actualmente, ¿cuenta con un empleo?**

- Sí  No

# Appendix E: 2024 Community Partners Assessment (CPA) Results – Infographic



CREATED BY: HAASITA AKKALA

# Appendix F: Leading Causes of Death – Richmond & Henrico

## Leading Causes of Death – Henrico

### Leading Causes of Death – Henrico

Underlying Cause of Death, 2018-2023, Single Race Results

Deaths occurring through 2023

15 Leading Causes of Death	Deaths	Population	Crude Rate Per 100,000
#Diseases of heart (I00-I09,I11,I13,I20-I51)	2,562	1,376,691	186.1
#Malignant neoplasms (C00-C97)	2,126	1,376,691	154.4
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	1,361	1,376,691	98.9
#Cerebrovascular diseases (I60-I69)	633	1,376,691	46.0
#COVID-19 (U07.1)	508	1,376,691	36.9
#Chronic lower respiratory diseases (J40-J47)	484	1,376,691	35.2
#Diabetes mellitus (E10-E14)	423	1,376,691	30.7
#Assault (homicide) (*U01-*U02,X85-Y09,Y87.1)	322	1,376,691	23.4
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	295	1,376,691	21.4
#Alzheimer disease (G30)	236	1,376,691	17.1
#Septicemia (A40-A41)	188	1,376,691	13.7
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	171	1,376,691	12.4
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	170	1,376,691	12.3
#Chronic liver disease and cirrhosis (K70,K73-K74)	135	1,376,691	9.8
#Influenza and pneumonia (J09-J18)	133	1,376,691	9.7

Underlying Cause of Death, 2018-2023, Single Race Results

Deaths occurring through 2023

15 Leading Causes of Death	Deaths	Population	Crude Rate Per 100,000
#Diseases of heart (I00-I09,I11,I13,I20-I51)	3,748	1,996,121	187.8
#Malignant neoplasms (C00-C97)	3,697	1,996,121	185.2
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	1,155	1,996,121	57.9
#Cerebrovascular diseases (I60-I69)	1,032	1,996,121	51.7
#COVID-19 (U07.1)	837	1,996,121	41.9
#Chronic lower respiratory diseases (J40-J47)	761	1,996,121	38.1
#Alzheimer disease (G30)	757	1,996,121	37.9
#Diabetes mellitus (E10-E14)	503	1,996,121	25.2
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	469	1,996,121	23.5
#Septicemia (A40-A41)	277	1,996,121	13.9
#Parkinson disease (G20-G21)	276	1,996,121	13.8
#Influenza and pneumonia (J09-J18)	263	1,996,121	13.2
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	236	1,996,121	11.8
#Chronic liver disease and cirrhosis (K70,K73-K74)	202	1,996,121	10.1
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	181	1,996,121	9.1

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2023



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