VDH VIRGINIA DEPARTMENT OF HEALTH

Hampton and Peninsula HEALTH DISTRICTS

VOICES OF THE PENINSULA

2025 COMMUNITY HEALTH ASSESSMENT REPORT

TABLE OF CONTENTS

I. INTRODUCTION

Acknowledgements..... 3
Director's Message..... 5
About Us..... 6
How to Read this Report..... 7
Methodology..... 8

II. COMMUNITY HEALTH ASSESSMENT

Districtwide Results..... 9
- Data Interpretation..... 10
- Community Demographic Profile..... 11
- Stakeholder Demographic Profile..... 14
- Community Conversations..... 22
- Summary..... 27
- Recommendations..... 28

Locality Survey Data..... 30
- Data Interpretation..... 31
- Hampton..... 32
- Newport News..... 43
- Poquoson..... 54
- Williamsburg..... 65
- James City County..... 76
- York County..... 87

III. APPENDICES

Appendix A 98
Community Survey Instrument
Appendix B 104
Stakeholder Survey Instrument
Appendix C 109
Community Conversations - Questionnaire

ACKNOWLEDGEMENTS

This Community Health Assessment (CHA) report was made possible through the collaboration and dedication of numerous individuals and organizations.

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- HPHD Executive Management Team
- HPHD Community Health Improvement Steering Committee

Special Thanks

We extend our gratitude to the community partners, survey respondents, and stakeholders who contributed their time, insights, and support throughout this assessment process.

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ACKNOWLEDGEMENTS

A very special thank you to our Steering Committee for their unwavering commitment and guidance.

Name	Organization
Daphne Cunningham	Hampton-Newport News Community Services Board (CSB)
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Mary Wainwright	HPHD
Barbara Watson	James City County Social Services
Charvalla West	United Way of the Virginia Peninsula
Patrick Wiggins	Virginia Department of Health

We thank Mike Landen, for his skilled facilitation and valuable guidance throughout the Steering Committee process.

We are also deeply grateful to the health system partners within the Partners for Community Health Collaboration (PCHC) for their invaluable support and collaboration.

Name	Organization
Phyllita Bolden	Bon Secours
Alexis Burrell	Sentara Healthcare
Debbie Campbell	Riverside Health
Sandra Fabian	Children’s Hospital of the King’s Daughters
Sandra McMasters	Sentara Healthcare
Ijeamo Nwazuruokeh	Bon Secours

DIRECTOR'S MESSAGE

The Hampton and Peninsula Health Districts (HPHD) are proud to present the 2025 Community Health Assessment (CHA), a vital snapshot of our region's health status, emerging trends, and evolving community needs. This report serves as a bridge between our previous full 2022 CHA and the next comprehensive cycle in 2028, offering timely insights to inform public health planning, resource allocation, and collaborative action.

HPHD encompasses a diverse and dynamic population, each community shaped by unique social, economic, and environmental factors. This assessment draws upon survey data; including stakeholder input and community feedback to inform current priority health issues, identify gaps in services, and track progress toward health equity.

While not exhaustive, this CHA reflects our commitment to transparency, responsiveness, and continuous improvement. It is designed to support local leaders, health professionals, and residents in making informed decisions that promote well-being across all neighborhoods.

We extend our gratitude to the individuals and organizations who contributed to this effort. Your voices and expertise are the foundation of meaningful change.

Together, we move forward toward a healthier, more resilient community.

-Dr. Natasha Dwamena

Health District Director

ABOUT US

Two health districts serving the residents of the Cities of Hampton, Newport News, Poquoson, Williamsburg, and the Counties of James City and York.

Our Mission: To promote community well-being and advance health equity through data-informed decision-making and collaborative partnerships that ensure accessible and responsive services for the residents of the Virginia Peninsula.

Our Vision: To cultivate communities that encourage each individual's access to resources needed to live a healthy, empowered quality of life.

Our Values: Our work is guided by these core values: Access, Equity, Collaboration, Respect, and Holistic Health.

- Access: We believe everyone deserves access to quality health services, resources, and information, regardless of their circumstances, and that innovative methods of providing this access are a part of our responsibility.
- Equity: We are committed to advancing health equity by addressing disparities and creating inclusive environments where all voices are valued and heard.
- Collaboration: We recognize the power of working together with localities, local partners, and the greater community to achieve shared health goals.
- Respect: We approach every interaction with humility, valuing our role as partners to recognize the feelings, rights, wishes, and traditions of others.
- Holistic Health: We embrace a comprehensive understanding of health that includes food, housing, transportation, environmental factors, and mental, cultural, and physical well-being.

HOW TO READ THIS REPORT

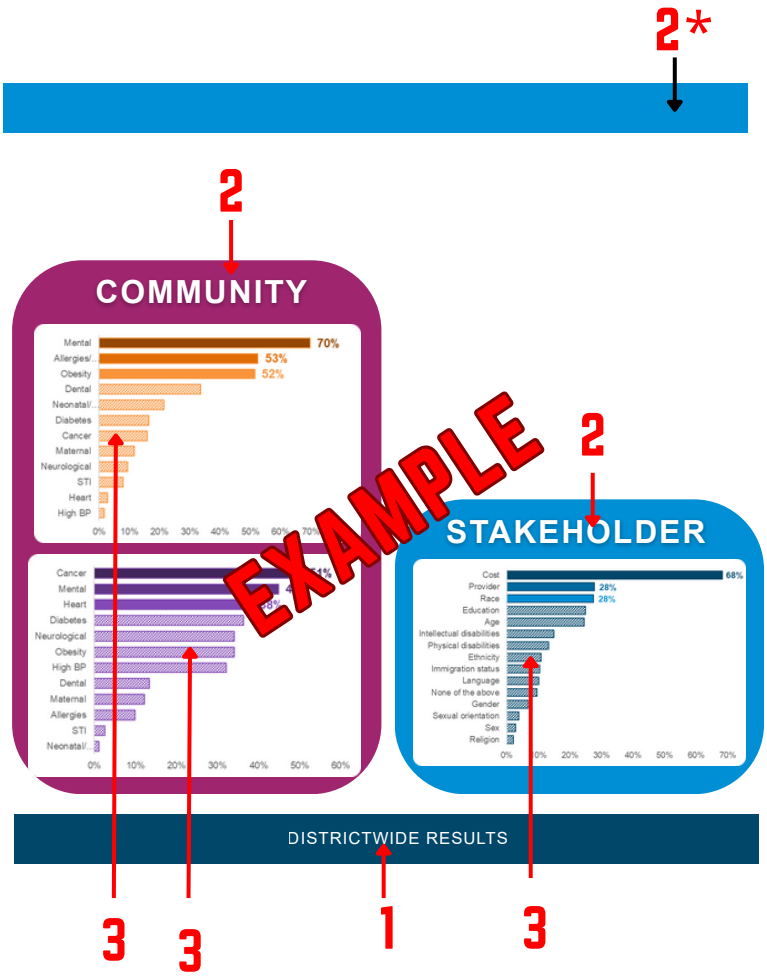
The Community Health Assessment (CHA) data analysis is organized to help readers navigate results clearly and efficiently. The structure and formatting elements are intentional, so understanding them will make interpretation much easier.

1. **Organization by Geography:** To help readers quickly identify the geographic focus, each locality is represented by a color band at the bottom of each page:
    - Districtwide – Navy Blue
    - Hampton – Blue
    - Newport News – Purple
    - Williamsburg – Orange
    - Poquoson – Green
    - James City County – Magenta
    - York County – Light Blue

2. **Organization by Source of Input**: Within each page, data is separated into two major sections:
    - Community Responses (highlighted in magenta boxes) – feedback collected directly from residents.
    - Stakeholder Responses (highlighted in blue boxes) – insights provided by organizational partners, subject-matter experts, and key community leaders.
    - Community Conversations (highlighted in green header) – feedback collected from focus groups.

**Please note that header colors will reflect source of input as well.*

3. **Breakdown by Population Group:** Inside each Community or Stakeholder section, results are further divided by reference group:
    - Children – charts marked in orange.
    - Adults – charts marked in purple.
    - Unspecified Population - charts marked blue.



Additional Notes for Readers

- Consistency in color coding is maintained throughout the document, so readers can quickly associate sections with the appropriate locality, respondent type, or population group.
- When interpreting charts and graphs, pay close attention to the page band color (geographic scope), the box color (community vs. stakeholder), and the visual color (children vs. adults).

METHODOLOGY

The 2025 CHA for HPHD was developed using a mixed-methods approach that integrates quantitative data analysis with qualitative community input. This methodology ensures a comprehensive understanding of the region's health landscape and supports data-driven decision-making.

Data Collection

- Stakeholder Interviews: Semi-structured interviews were conducted with local healthcare providers, nonprofit leaders, educators, and public health officials to gather insights on emerging health concerns and service gaps.
- Community Listening Sessions: Facilitated discussions were held in both districts to capture resident perspectives, lived experiences, and priorities for health improvement.
- Survey Distribution: A brief community health survey was disseminated online and in-person, targeting diverse populations to ensure broad representation.

Data Analysis and Integration

- Triangulation: Findings from quantitative and qualitative sources were cross-referenced to validate trends and uncover nuanced challenges.
- Equity Lens: All data were analyzed with a focus on health equity, emphasizing populations disproportionately affected by adverse health outcomes.
- Interim Focus: As an interim CHA, this assessment prioritizes timely updates to key indicators and community feedback rather than a full-scale reassessment.

Collaboration and Oversight

- The CHA process was guided by a multidisciplinary advisory group composed of representatives from both health districts, healthcare systems, and community-based organizations.
- Regular meetings ensured transparency, alignment with public health goals, and responsiveness to stakeholder input.
- The CHA survey and community listening sessions were conducted in partnership with health system members of the Partners for Community Health Collaboration (PCHC).

Limitations

- Limited representation: The survey did not include responses from teens, which may result in an incomplete picture of health behaviors and needs among youth populations.
- Self-reporting bias: As data is self-reported, responses may be influenced by the desire to provide socially acceptable answers.

DISTRICTWIDE RESULTS

DATA INTERPRETATION

This section presents findings from HPHD's community health survey and community conversations. Responses were collected from both community members and professional stakeholders, offering a comprehensive view of health-related concerns, barriers, and priorities across the region.

Survey Data Overview

Survey questions were largely consistent across both audiences, with slight variations to reflect their perspectives. Community members were asked to respond based on their personal experiences within their community, while stakeholders were asked to respond based on the communities they serve.

Topics covered in the survey include:

- Individual and community health concerns for youth and adults
- Barriers to accessing healthcare services
- Social, personal, and environmental factors affecting health and healthcare quality
- Most trusted sources of health information

To provide context for the responses:

- The first few pages of this section include a demographic overview of community respondents from the Peninsula region, including age, race/ethnicity, gender, and ZIP code.
- Stakeholder demographic data were not collected at the individual level. Instead, their profile includes information about the type of organization they represent and the localities they serve.

For a full list of survey questions and response options, please refer to Appendices A and B.

Community Conversations

This section presents findings from HPHD's community listening sessions, offering deeper qualitative insights into community health and well-being. These sessions included both community members and professional stakeholders and provided an opportunity for participants to share their perspectives in their own words.

These conversations offer valuable context and help illuminate the lived experiences behind the data. For the specific questions asked during these sessions, please refer to Appendix C.

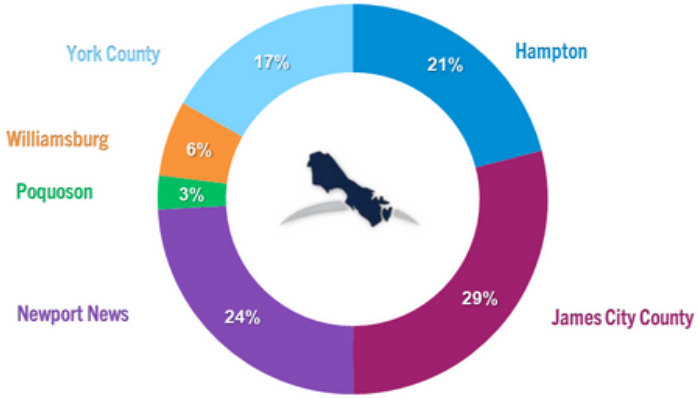
COMMUNITY DEMOGRAPHIC PROFILE

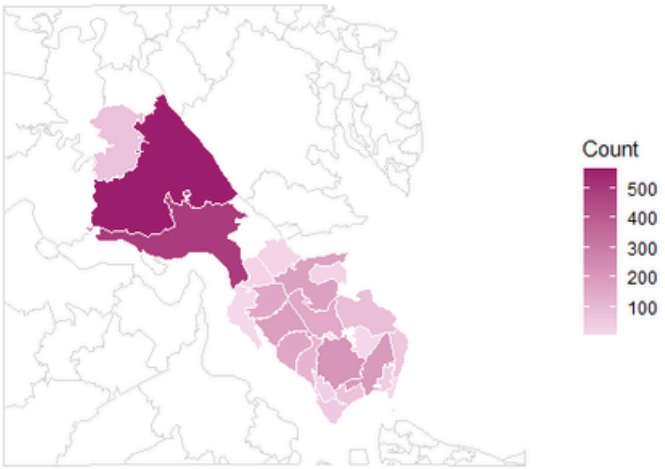
SURVEY RESPONSES

We gathered valuable feedback from 2,972 community members across the Peninsula. These responses were collected through a multi-faceted approach, including email listservs, targeted community outreach, and engagement on various social media platforms.

RESPONSES BY LOCALITY

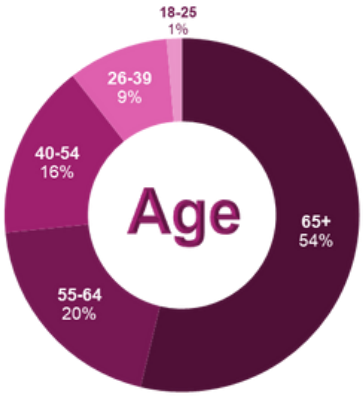
The diverse range of collection methods allowed us to reach a broad cross-section of the community, ensuring our data is representative of HPHD's six localities: The Cities of Hampton, Poquoson, Newport News, and Williamsburg, and the Counties of James City and York.

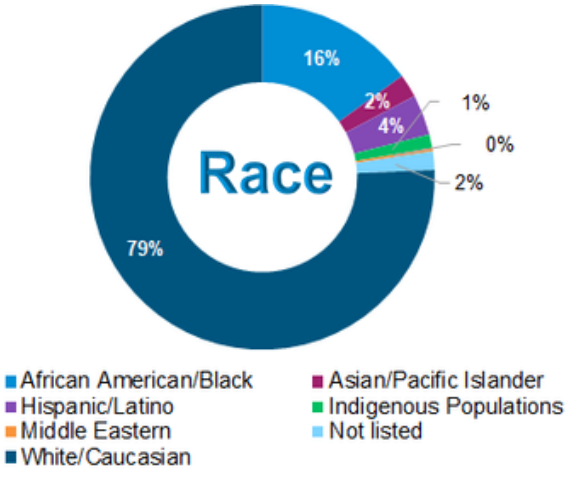


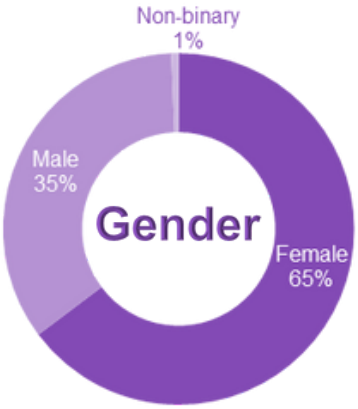


RESPONDENT PROFILE

Survey responses were predominantly from older, White women, suggesting HPHD's outreach and distribution efforts need improvement to better reflect the broader community.



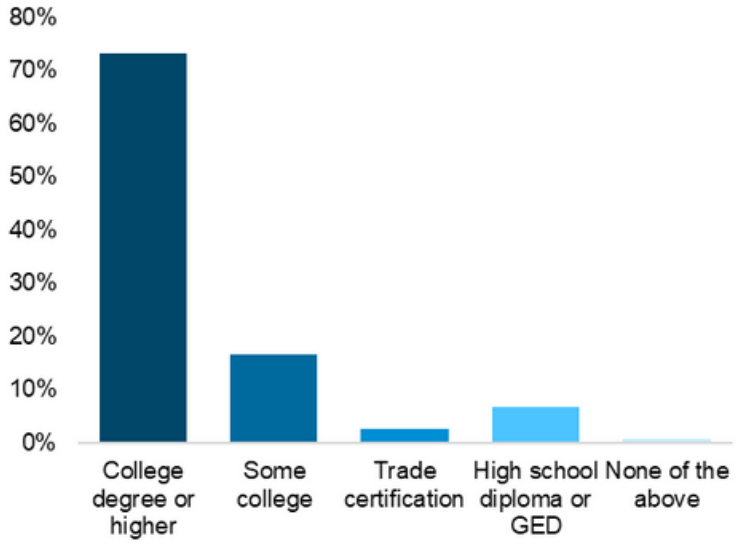




COMMUNITY DEMOGRAPHIC PROFILE

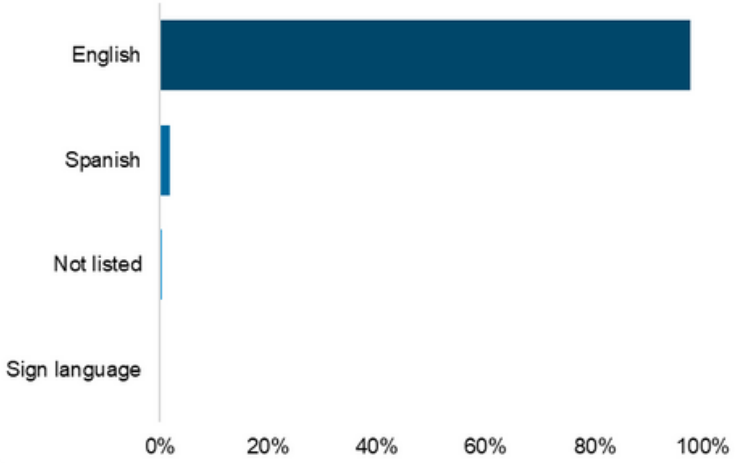
Education in the District

A significant portion of respondents (73%) hold a college degree or higher, reflecting a strong emphasis on higher education within the community. Another 17% have some college experience, while only 7% report having a high school diploma or GED. These results could indicate a need to engage and support under-educated populations who may be underrepresented in the data.



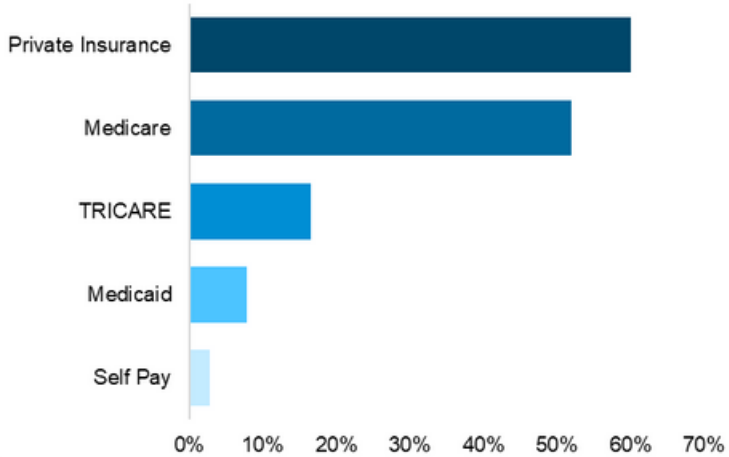
Language Demographics

The majority of respondents (97.7%) reported that they are English-speaking. In comparison, a much smaller portion, just 1.8% of respondents, reported being Spanish-speaking.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. Private insurance is the most common, held by 60% of respondents, followed by Medicare at 52%. TRICARE and Medicaid cover 17% and 10% respectively, while 3% of respondents report being self-pay without formal insurance.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

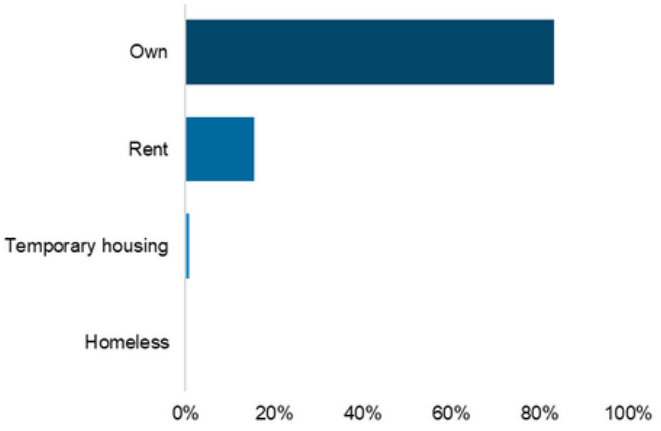
COMMUNITY DEMOGRAPHIC PROFILE

HOUSING

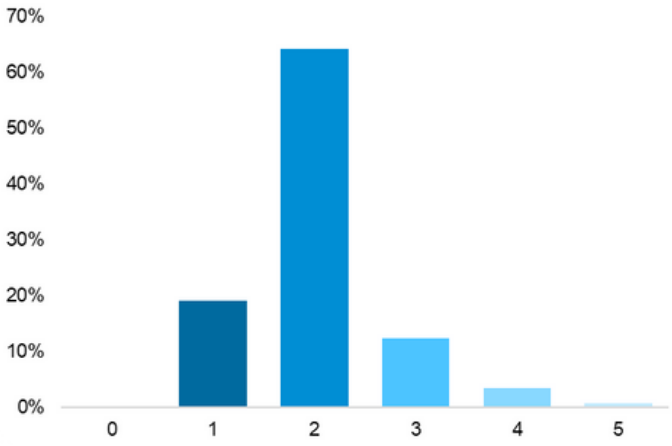
The data below summarizes survey responses regarding the number of children and adults living in each household, as well as housing status—whether respondents own, rent, live in temporary housing, or are unhoused. This information is essential for understanding community demographics, identifying vulnerable populations, and guiding the effective allocation of resources.

While the overall survey responses are skewed and not fully representative of the entire community, this primary data remains valuable. It highlights opportunities for HPHD and its partners to align health improvement initiatives and services to better support the Peninsula's growing elderly population, ultimately contributing to improved community health outcomes.

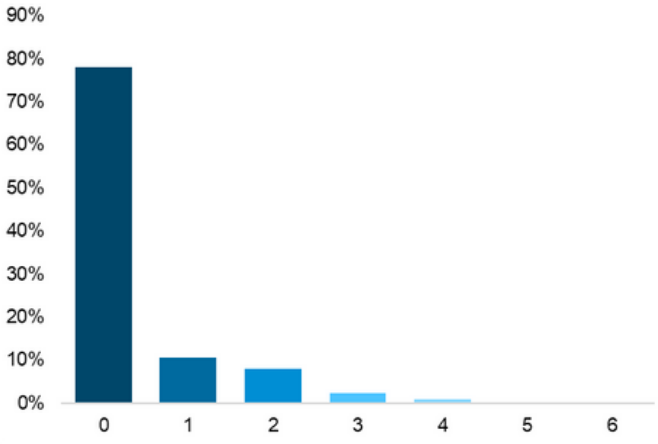
HOUSING



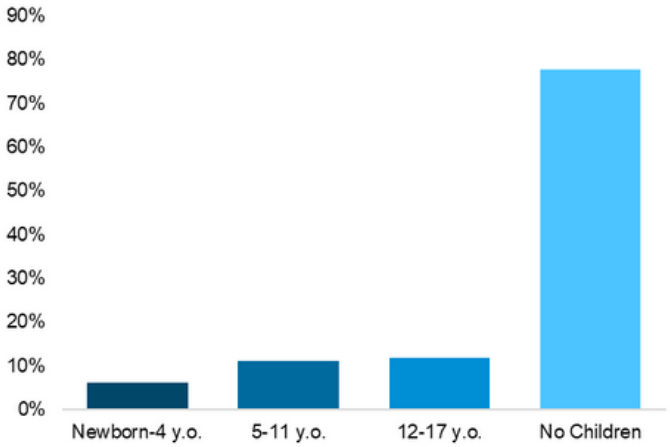
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



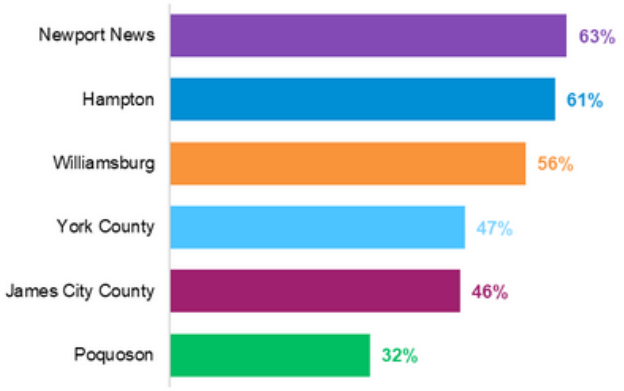
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY

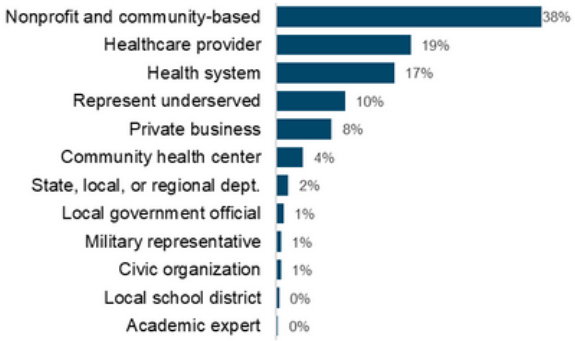
Response rates varied widely by locality. Newport News (63%) and Hampton (61%) had the highest participation, while Poquoson had the lowest at 32%. James City County (46%), York County (47%), and Williamsburg (56%) showed moderate engagement, highlighting the need for improved outreach in those areas



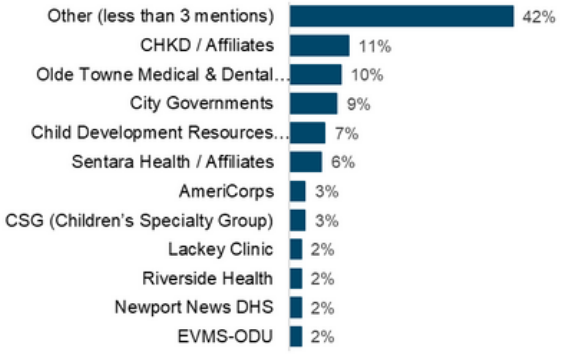
RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.



Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



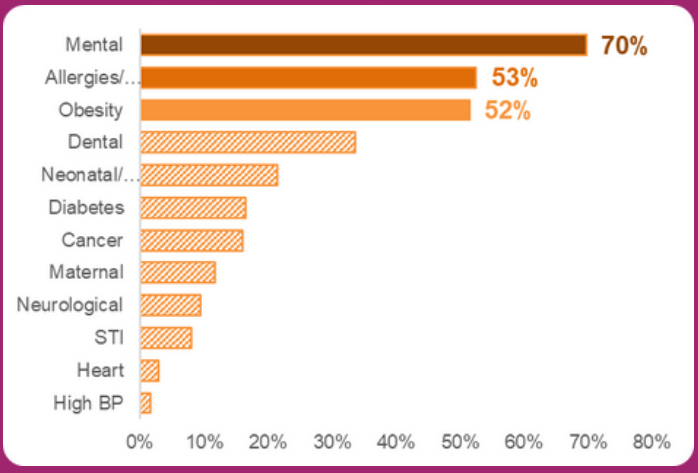
Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

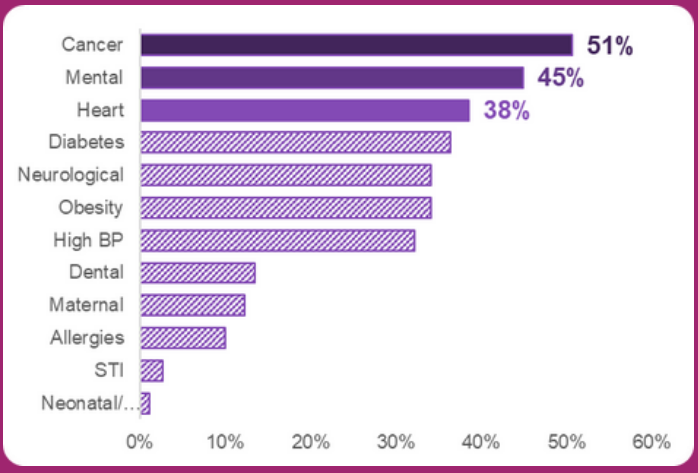
INDIVIDUAL HEALTH CONCERNS

Survey results reveal that mental health is a top concern for residents of all ages. For children, it was the top-ranked issue by both community respondents (70%) and stakeholders (75%). These groups also consistently identified physical health concerns like allergies/asthma and obesity in their top three for children. The shared emphasis on these issues across different groups highlights a unified recognition of the need for comprehensive support for youth well-being, encompassing both mental and physical health.

A key difference in perspective emerged when adult health concerns were evaluated. Community members ranked cancer (51%), mental health (45%), and heart disease (38%) as their top three priorities. In contrast, stakeholders identified mental health (71%), diabetes (47%), and obesity (39%) as the most important issues for adults. This divergence suggests that while everyone acknowledges the importance of mental health, there are different views on which chronic physical ailments present the greatest threat to adult well-being. This information is vital for developing targeted health initiatives that address the specific concerns of various community members.

COMMUNITY





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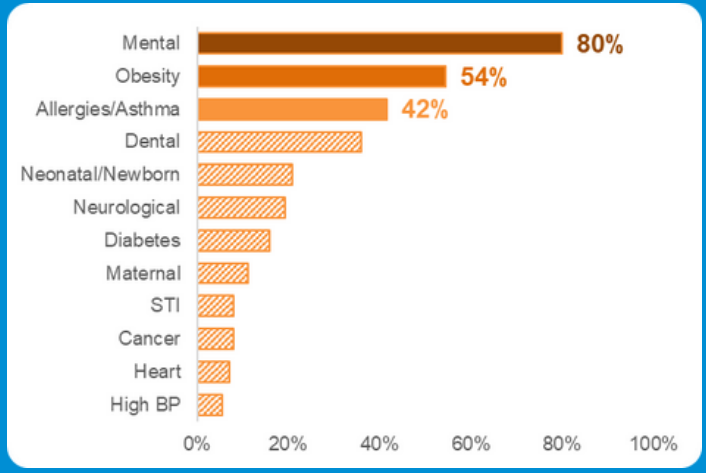
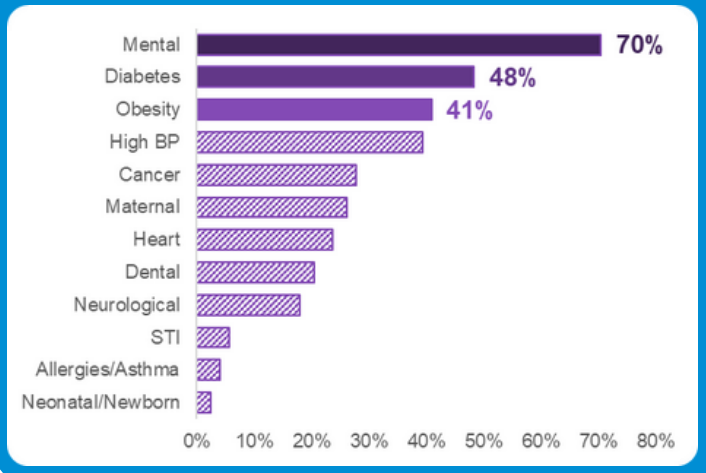


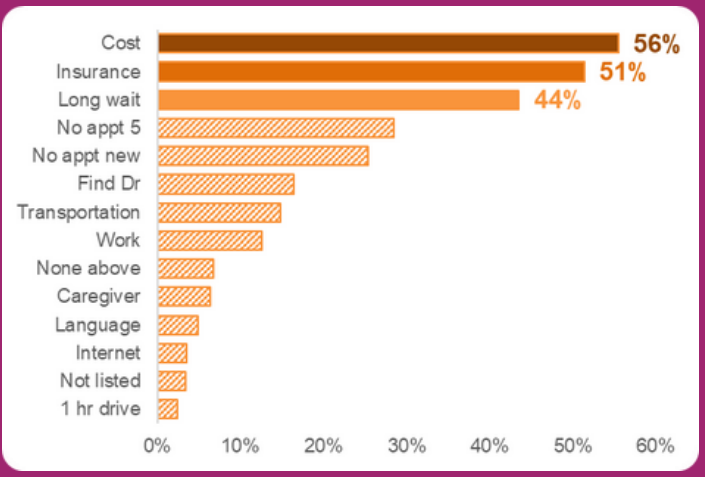


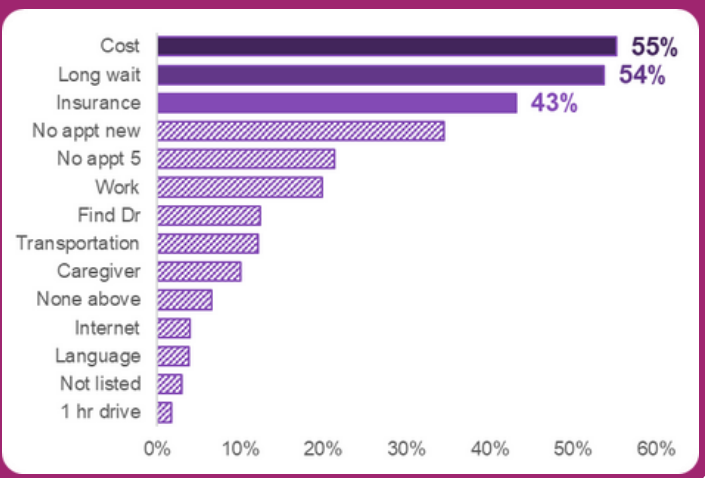
BARRIERS TO HEALTHCARE

Community members and stakeholders revealed several significant barriers to healthcare access for both youth and adults. For both groups, financial concerns were a major issue. Community respondents identified cost and type of insurance as the top two barriers for youth and adults, with over half of the respondents noting these concerns. Similarly, stakeholders also ranked these factors highly for adults.

A significant portion of both community members and stakeholders identified long wait times for a scheduled appointment as one of the single most significant concerns. Stakeholders also highlighted transportation as a major issue. While community respondents did not observe this as a significant barrier, the differences between the two groups suggests that stakeholders may be more attuned to systemic and logistical challenges that directly affect a person's ability to get to an appointment.

COMMUNITY





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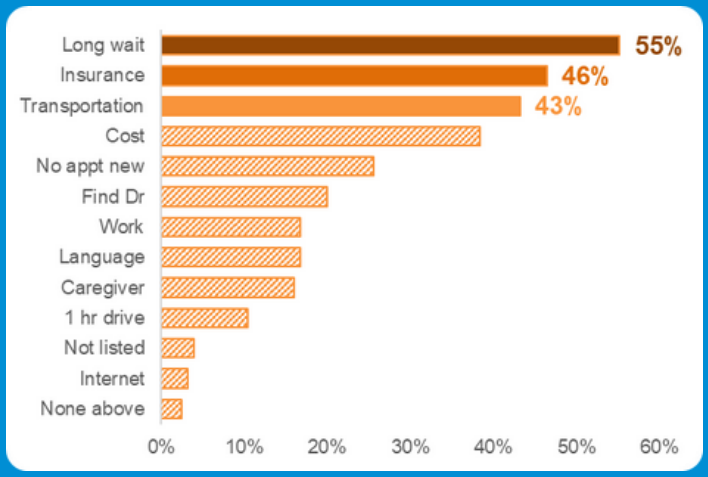
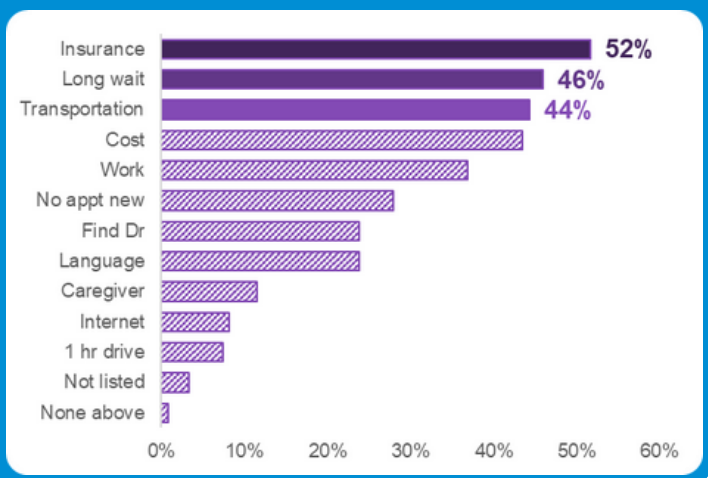




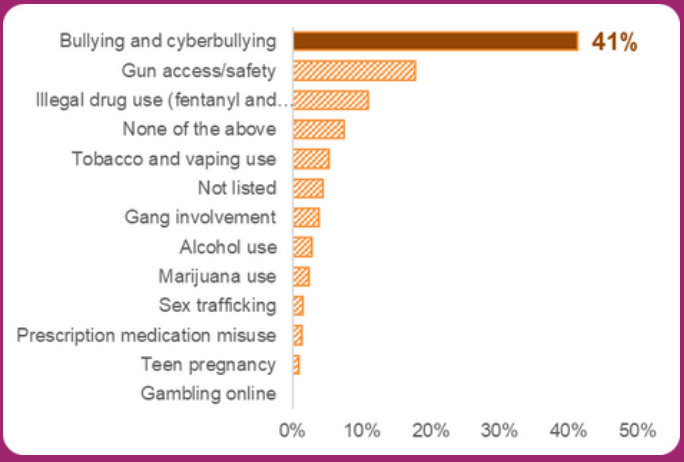
**No appt 5 = No appointments available after 5 pm or on weekends*

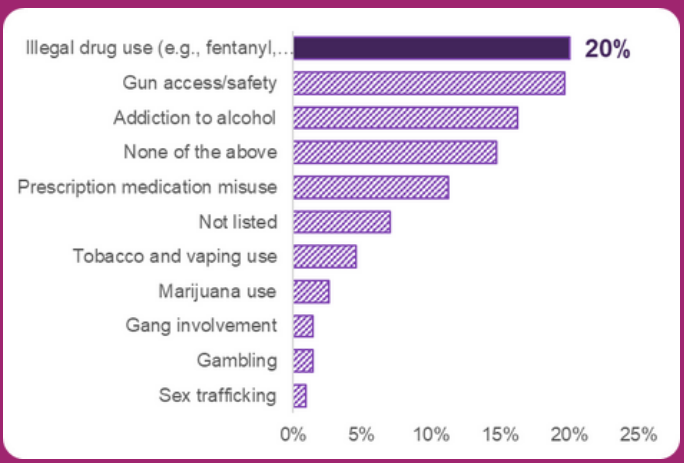
COMMUNITY HEALTH CONCERNS

Community members and stakeholders were asked to identify priority health and safety concerns affecting children and adults. Among children, bullying and cyberbullying emerged as the predominant issue, with 41% of community members and 32% of stakeholders highlighting it as their top concern. Other notable concerns for children included gun access and safety, as well as substance use, specifically illegal drugs and tobacco/vaping.

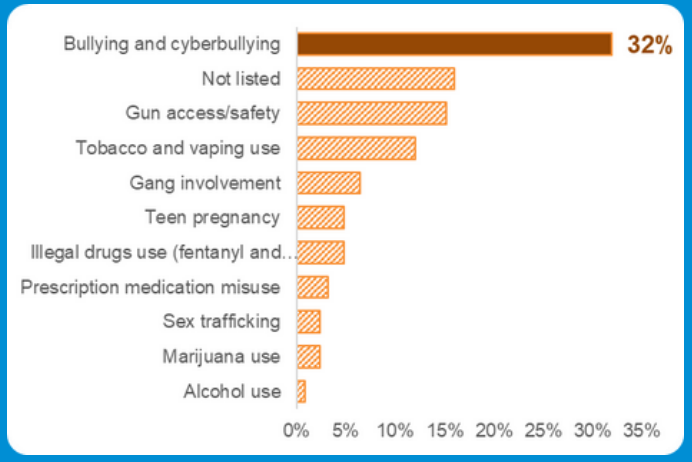
For adults, illegal drug use was identified as the most critical issue by community members, closely followed by gun access and safety, and alcohol addiction. Stakeholders similarly expressed concerns about substance use and addiction among adults. These findings underscore the community's urgent need for targeted interventions addressing violence prevention, mental health support, and substance use reduction to enhance overall well-being and safety.

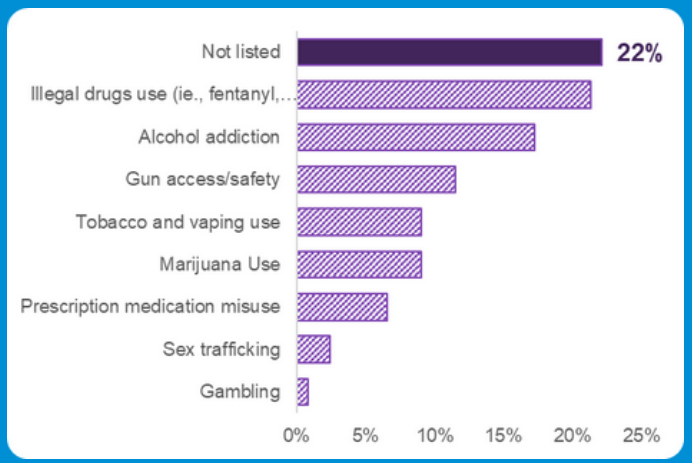
COMMUNITY





STAKEHOLDER





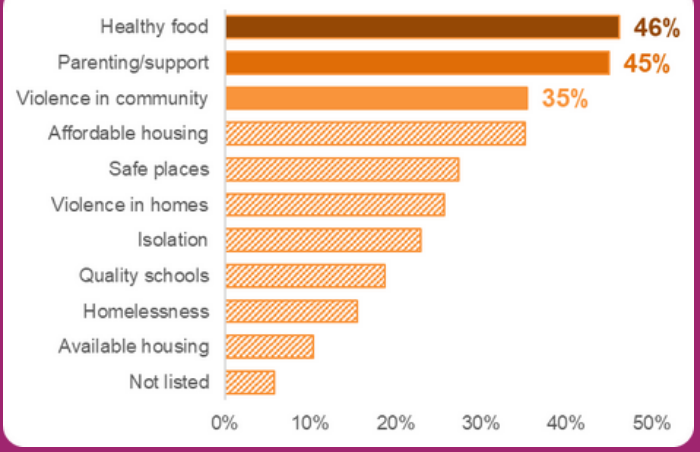
**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.*

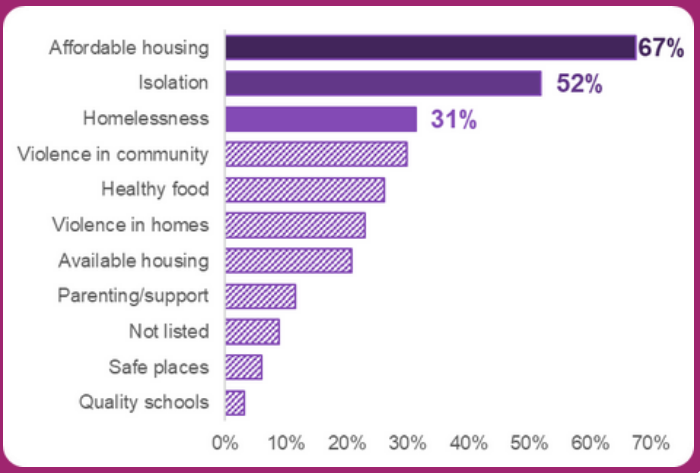
SOCIAL CONCERNS

Assessing nonmedical factors is essential to understanding health disparities and creating effective interventions. Survey results revealed that community members identified healthy food access, parenting support, and community violence as the top concerns affecting children's health, while affordable housing, isolation, and homelessness were the primary issues for adults. Similarly, stakeholders prioritized parental support, healthy food access, and affordable housing for children, and affordable housing, healthy food access, and homelessness for adults. These findings highlight the critical social determinants influencing health outcomes across different age groups.

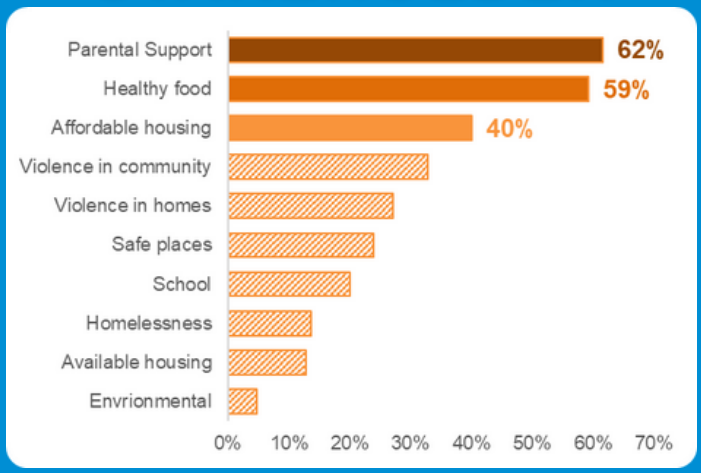
Assessing the nonmedical factors that influence health outcomes is crucial for understanding the root causes of health disparities and developing effective interventions to improve the health and well-being of all residents.

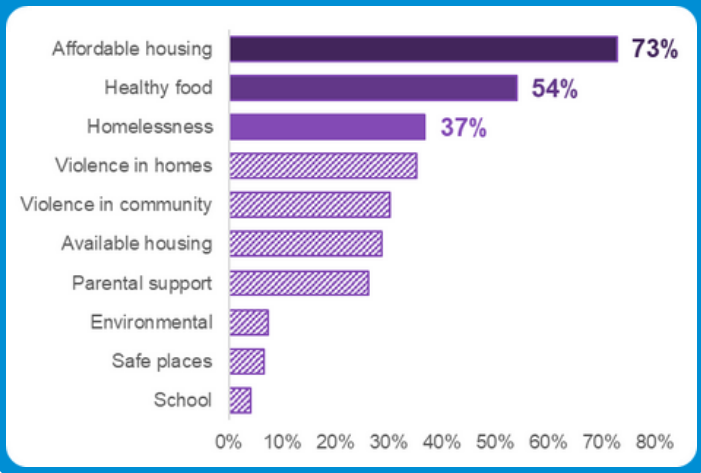
COMMUNITY





STAKEHOLDER





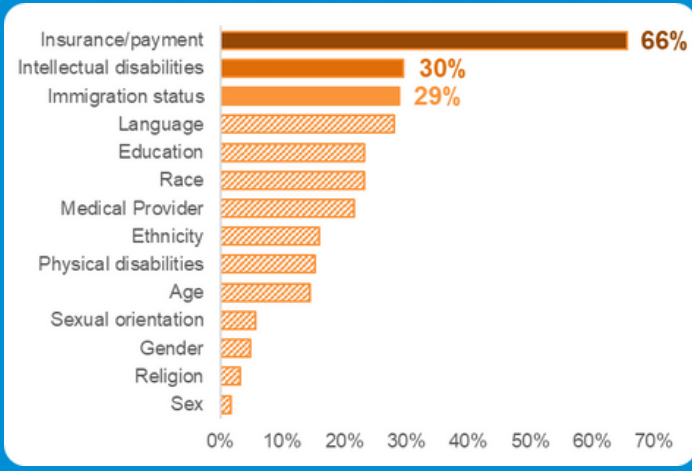
PERSONAL FACTORS

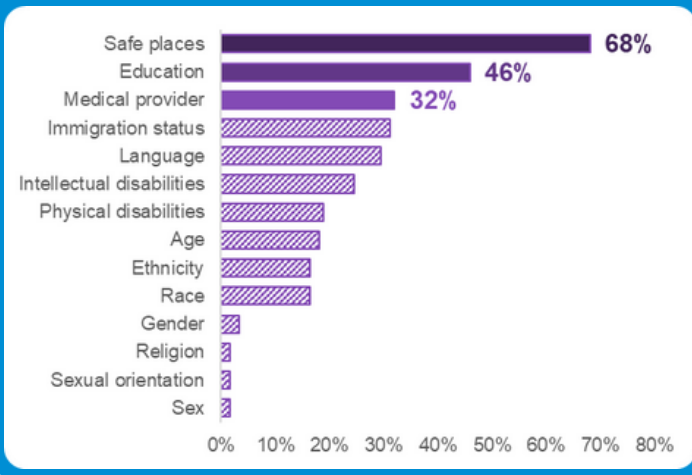
As part of the community health assessment, both community members and key stakeholders were asked to identify personal factors that may act as barriers to receiving quality healthcare.

Among community members, type of insurance or payment method was cited most frequently (68%) as a limiting factor, followed by medical provider and race, both identified by 28% of respondents. Stakeholders echoed concerns about insurance, with 66% indicating it as the most significant factor affecting healthcare access for children. Other notable concerns for children included intellectual disabilities (30%) and immigration status (29%). For adults in the community, stakeholders emphasized the importance of having a safe place to receive care (68%), followed by education level (46%) and the role
of the medical provider (32%).

These insights highlight the complex and varied barriers that influence healthcare access, underscoring the need for targeted strategies that address financial, social, and structural determinants of health.

STAKEHOLDER





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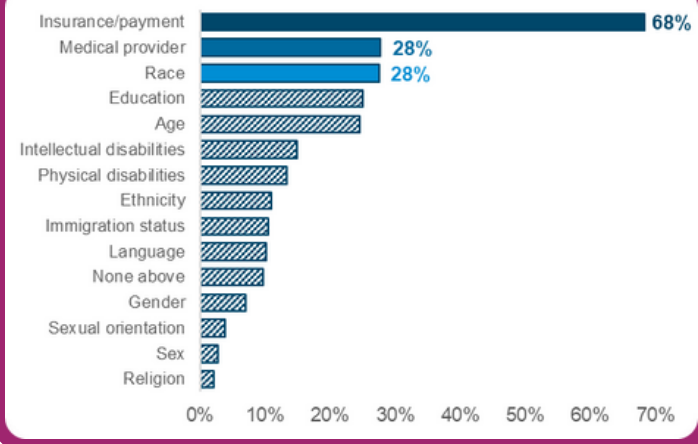


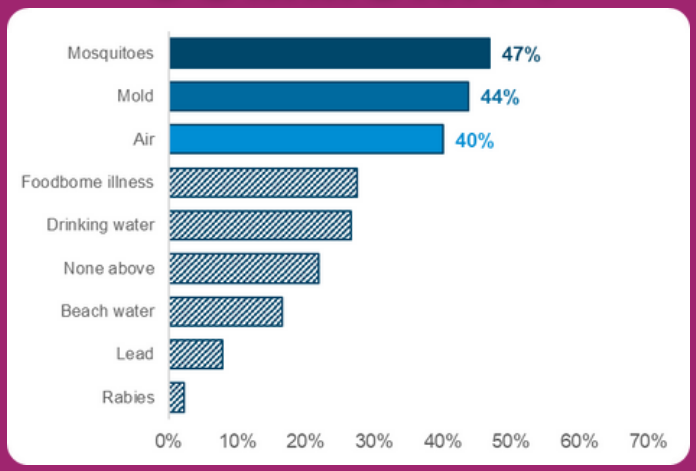
ENVIRONMENTAL SAFETY

Environmental health plays a vital role in protecting and promoting the well-being of communities. It encompasses the assessment and control of environmental factors—such as air, water, and living conditions—that can impact human health. When these factors are not properly managed, they can lead to increased disease risk, reduced quality of life, and broader public health challenges.

Findings from the survey highlight key environmental health concerns within the community. Community members identified mosquitoes (47%), mold (44%), and air quality (40%) as their top issues, reflecting a strong awareness of vector-borne disease risks and indoor environmental conditions. In contrast, stakeholders—such as health professionals and community leaders—placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These results show a shared concern between the community and stakeholders regarding mold and air quality, underscoring the need for improved indoor environmental safety. However, they also reveal differing priorities: the community is more focused on mosquito control, while stakeholders are more concerned with water quality. Together, these perspectives point to the broad impact of environmental factors on health and the importance of addressing both indoor and outdoor environmental threats to support a healthier, safer community.

COMMUNITY



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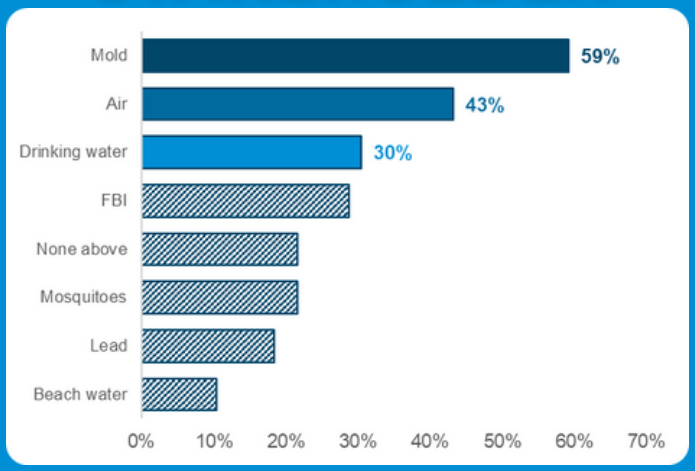
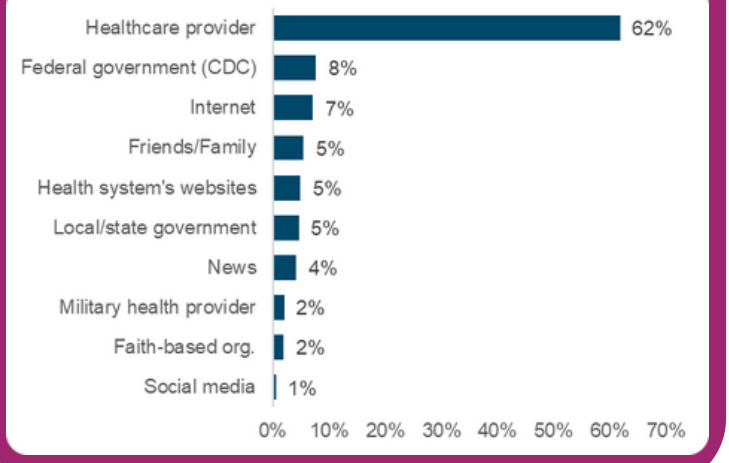


TRUSTED SOURCE

The survey results reveal that healthcare providers are overwhelmingly regarded as the most trusted source of health information among community respondents, with 62% identifying them as their primary source. In contrast, the Federal Government (e.g., Centers for Disease Control and Prevention) and the internet were trusted by a smaller proportion of respondents, at 8% and 7% respectively. Stakeholders perceived a slightly different landscape, believing that healthcare providers (31%), the internet (27%), and friends or family (22%) are the most trusted sources within the broader population.

These findings underscore the pivotal role healthcare providers play in disseminating accurate and credible health information, highlighting their influence in shaping public perceptions and behaviors. For HPHD, understanding this trust dynamic is essential to designing effective communication strategies. Leveraging healthcare providers as key partners in outreach efforts can enhance the reach and impact of health education initiatives. Additionally, recognizing the growing reliance on digital platforms and personal networks suggests opportunities to integrate multiple trusted channels to improve community engagement and promote informed health decisions. Overall, prioritizing trusted sources is vital for advancing public health goals and ensuring the community receives reliable guidance on health and wellness.

COMMUNITY



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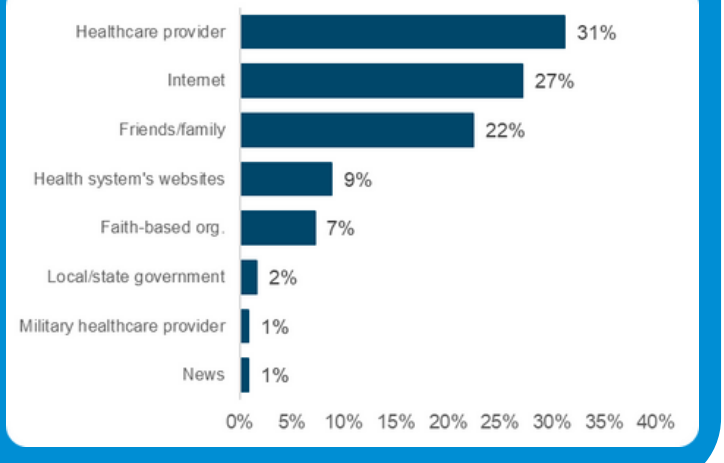


COMMUNITY CONVERSATIONS

Between December 2024 and May 2025, the Hampton & Peninsula Health Districts (HPHD), in partnership with Partners for Community Health Collaboration (PCHC) members, undertook a series of Community Conversations across the Peninsula to gain a deeper, grassroots understanding of local health challenges. These listening sessions brought together community members and professional stakeholders to share their experiences, health needs, priorities, and the barriers they face in accessing care.

Held at trusted and accessible locations—including the York Senior Center; 100 Black Men of Virginia Peninsula; YMCA (SWRMC/York County); Riverside's Patient & Family Advisory Council; Peninsula Pastoral Counseling Center; LGBTQ Life Center in Hampton; Hampton Roads Community Action Program (HRCAP); LINK of Hampton Roads with Newport News Housing staff; Hispanic Circle of Parents at Bon Secours; An Achievable Dream Academy; and Four Oaks Day Center in Newport News—these sessions ensured diverse and meaningful representation. Additionally, three sessions were conducted with justice-involved individuals within Virginia correctional facilities, further emphasizing inclusion.

Each venue and participant group was thoughtfully selected in collaboration with local partners to capture the voices of marginalized populations, including seniors, youth and families, Spanish-speaking residents, LGBTQ+ individuals, unhoused persons, and reentry populations. The feedback collected from these conversations was carefully analyzed to identify critical trends, common concerns, and actionable opportunities to improve community health.

The insights gained through this process will serve as a foundation for HPHD's Community Health Improvement Plan (CHIP) and provide valuable qualitative context to complement the quantitative data presented in the 2025 Community Health Assessment (CHA).

METHODOLOGY

VOICES OF THE PENINSULA

Data analysis by Ky'Yana Smith, 2025 NSU Health Informatics Intern

HPHD, in partnership with PCHC, conducted 14 community conversations across Newport News, Hampton, Williamsburg, and surrounding areas. These focus groups engaged a total of 146 adult participants - community members and professional stakeholders, aged 18 to over 65 years, with the objective of gathering qualitative insights on access to care, chronic health conditions, mental health, and social determinants of health. The majority of participants identified as Black or African American (47%) and female (55%). Notably, residents from Newport News zip codes 23607 and 23608 were strongly represented.

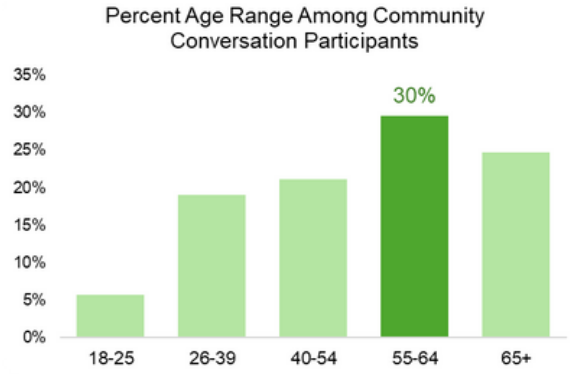
Each session lasted approximately 60 to 90 minutes and was conducted in person. Facilitation was a collaborative effort among partners, including HPHD, Riverside, and Sentara. Recruitment was primarily achieved through direct outreach to community organizations by PCHC members. While flyers were distributed, most participants were engaged through partner networks rather than public advertising. A key recruitment partner was The Humanization Project, which played a vital role in connecting justice-involved individuals to the conversations.

To acknowledge participants' time and contributions, gift card incentives were provided, and refreshments were offered at all sessions. Sessions were transcribed in real-time by a dedicated note-taker, and transcripts were securely stored for subsequent analysis and reporting.

Qualitative data were manually coded thematically using Excel, with emerging themes categorized by frequency. Participant demographics were collected via optional forms; although some data was incomplete, available information was summarized for reporting purposes.

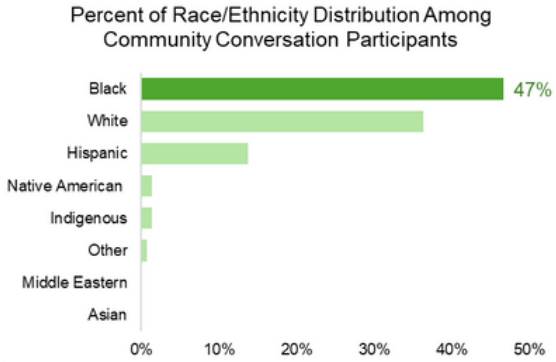
DEMOGRAPHIC PROFILE

The demographic makeup of the Community Conversations offers a crucial lens for interpreting feedback on community health. By including a diverse mix of participants across age, gender, and race, we can better understand how different groups experience and perceive health disparities and access to care.



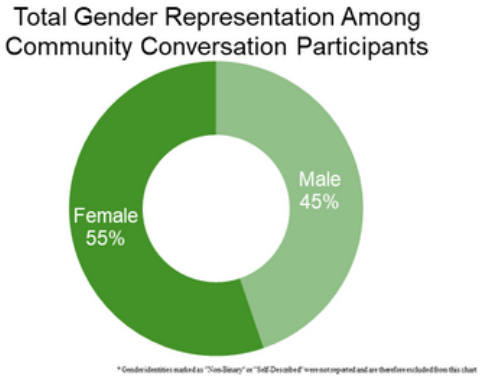
Age

Older adults showed strong engagement, with those aged 55–64 and 65+ making up 55% of all attendees. Their high participation reflects a deep interest in community health and suggests their input significantly shaped the report's key themes and priorities.



Race/Ethnicity

In terms of race and ethnicity, the findings revealed a notable area of consensus. Participants from all major racial groups—Black (47%), White (36%), and Hispanic (14%)—expressed similar priorities.



Gender

Community Conversation participants were comprised of 55% female and 45% male, reflecting a fairly balanced gender representation.

Specifically, mental health access, community safety, and increased support for the aging population were consistently highlighted as key concerns. This alignment of priorities across diverse racial backgrounds emphasizes the need for community initiatives that are broad in scope and address the shared needs of all residents, not just one specific group.

PARTICIPANT PERSPECTIVES
REAL VOICES, REAL IMPACT

WHY COMMUNITY VOICES MATTER

Listening to the lived experiences of community members is essential to understanding the true state of health and wellbeing in our region. Their insights offer valuable context that data alone cannot capture—highlighting barriers, strengths, and opportunities that shape everyday life. By centering community voices, we ensure that health initiatives are responsive, equitable, and grounded in the realities of those they aim to serve.

Below are several quotes that showcase individual experiences and insights, offering a deeper understanding of the community's health-related challenges, needs, and hopes.

> "Addiction is everywhere here, but nobody knows where to go for help."
>
> - Participant from Four Oaks

"I'd rather ask my neighbor than risk being misunderstood at the clinic."

- Participant from Hispanic Circle of Parents

"You can't be healthy when you're afraid to leave your house."

– Participant from Four Oaks Group

"They don't look like us or listen to us. That's why brothers won't go [to the doctor]."

- Participant from 100 Black Men

KEY FINDINGS

Access to Care and Navigation

Across nearly all focus groups, participants described significant challenges in accessing timely, affordable, and quality healthcare. Long wait times, difficulty securing appointments, and navigating insurance were recurring themes. Formerly incarcerated individuals and immigrants especially noted gaps in continuity of care and difficulties transferring medical records or accessing Medicaid services. Transportation barriers also impeded appointment attendance, particularly for seniors, low-income residents, and reentry populations. “When I got out, I had to start all over—no ID, no insurance, no doctor. Just a paper and a prayer.” – Participant from Incarcerated Group

Mental Health and Substance Use

Mental health was a central concern across all populations. Participants cited difficulty accessing therapy, long waitlists, stigma, and lack of culturally competent counselors. Trauma, grief, and depression were common, especially among veterans, reentry groups, LGBTQ+ individuals, and low-income families. Substance use support was described as limited and not always accessible during critical moments of crisis. “Addiction is everywhere here, but nobody knows where to go for help.” – Participant from Four Oaks Group

Social Determinants of Health

Housing insecurity, food deserts, unemployment, and poverty were reported as major barriers to wellness. Formerly incarcerated individuals, immigrants, and youth experienced extreme instability that overshadowed health priorities. Community members requested more job training, affordable housing, and healthy food access. “How can you worry about a doctor when you don’t have a roof over your head?” – Participant from LINK/Newport News Group

Trust, Stigma, and Cultural Competence

Mistrust in the healthcare system—especially among Black, Hispanic, LGBTQ+, and justice-involved participants—contributed to avoidance of care. Individuals feared judgment, bias, or inadequate treatment due to identity or background. Participants expressed a strong need for affirming providers and services that respect their lived experiences. “They treat you different soon as they see your record or your skin.”– Participant from Reentry Group

Health Literacy and Education

Many participants—especially older adults, immigrants, and those with disabilities—struggled to understand health information, insurance documents, and medical instructions. Confusion led to poor self-management and delayed care. “I had no clue what the paper said. It felt like I needed a lawyer, not a doctor.”– Participant from York Senior Center

Youth and Family Wellness

Parents and caregivers shared concerns about child health, including asthma, obesity, ADHD, and limited pediatric care. School-based services and culturally relevant family education were seen as vital support. “We need more help in schools—not just for grades, but for health too.”– Parent from An Achievable Dream

2025 CHA SUMMARY

The 2025 CHA highlights key health concerns identified by both community members and professional stakeholders. These findings align with Virginia's Plan for Well-Being, local health data, and current community health initiatives—reinforcing the need for coordinated, community-wide action.

TOP HEALTH PRIORITIES

Across All Age Groups

- Mental Health
  - Most frequently cited concern
  - Closely linked to substance use and firearm violence

Youth Health Priorities

- Mental Health
- Allergies & Asthma
- Obesity

Adult Health Priorities

- Community Members: Cancer, Heart Disease
- Stakeholders: Diabetes, Obesity

Barriers to Care

- Cost & insurance limitations
- Long wait times
- Transportation challenges
- Need for culturally responsive, safe care environments

Violence & Substance Use

- Youth: Bullying & Cyberbullying, Firearm Access & Safety, Drug Use
- Adults: Drug Use, Alcohol Addiction, Firearm Access & Safety

Social Determinants of Health

- Housing
- Food Access
- Parenting Resources
- Neighborhood Safety

PATH FORWARD

HPHD will continue to collaborate with healthcare systems, community-based organizations, and locality partners to:

- Evaluate resources
- Identify service gaps
- Develop sustainable, data-informed strategies

These efforts support HPHD's strategic priorities:
Firearm Violence, Heart Disease, Infant Mortality, and Substance Use

RECOMMENDATIONS

Priority Area	Recommendations for Community Health Improvement
1. Mental Health & Substance Use	• Expand school-based mental health services (bullying, cyberbullying) • Increase access to behavioral health providers via UniteUs and mobile clinics • Develop peer support programs for recovery • Promote trauma-informed care training for educators, providers, and first responders • Strengthen culturally competent services, including MAT • Deliver care through trusted community hubs (YMCA, faith-based, mobile units)
2. Chronic Disease Prevention & Management	• Expand access to healthy food via community gardens • Promote physical activity through safe walking trails and sidewalks • Increase screening and education for heart disease in underserved populations • Co-locate chronic disease services with social supports
3. Violence Prevention & Community Safety	• Launch firearm safety campaigns and distribute gun locks • Support youth mentorship and violence interruption programs • Integrate violence prevention into maternal and child health programs • Invest in community-based safety initiatives
4. Maternal, Infant, & Child Health	• Improve access to prenatal and postpartum care for uninsured/underinsured • Provide culturally competent breastfeeding and maternal mental health support • Address housing and food insecurity impacting infant health • Strengthen coordination with pediatric providers and expand family-focused programs
5. Environmental & Housing Health	• Conduct education on mold prevention, air quality, and mosquito control • Collaborate on safe, affordable housing initiatives • Integrate environmental health into public health outreach

RECOMMENDATIONS

Priority Area	Recommendations for Community Health Improvement
6. Access, Navigation & Equity	• Enhance Medicaid access and reduce wait times • Expand mobile clinics and transportation assistance • Provide patient navigation and reentry planning (ID, insurance) • Improve provider cultural competence and in-language services
7. Community Engagement & Health Literacy	• Train providers in cultural humility and bias reduction • Employ peer navigators and community health workers • Provide plain-language education and simplify system navigation • Offer workshops through schools, churches, and community centers
8. Youth & Family Support	• Invest in school-based and faith-aligned mental health support • Strengthen school health services and pediatric coordination • Expand holistic, family-centered health programs

LOCALITY SURVEY DATA

DATA INTERPRETATION

This section presents locality specific findings from HPHD's community health survey. Responses were collected from both community members and professional stakeholders, offering a comprehensive view of health-related concerns, barriers, and priorities across the region.

Survey Data Overview
Survey questions were largely consistent across both audiences, with slight variations to reflect their perspectives. Community members were asked to respond based on their personal experiences within their community, while stakeholders were asked to respond based on the communities they serve.

Topics covered in the survey include:

- Individual and community health concerns for youth and adults
- Barriers to accessing healthcare services
- Social, personal, and environmental factors affecting health and healthcare quality
- Most trusted sources of health information

To provide context for the responses:

- The first few pages of this section include a demographic overview of community respondents from the Peninsula region, including age, race/ethnicity, gender, and ZIP code.
- Stakeholder demographic data were not collected at the individual level. Instead, their profile includes information about the type of organization they represent and the localities they serve.

For a full list of survey questions and response options, please refer to Appendices A and B.

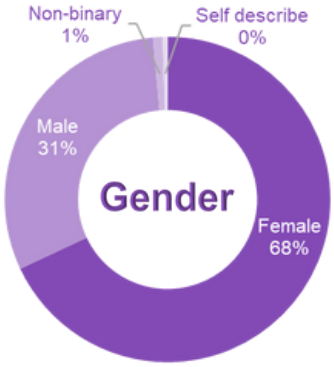
COMMUNITY DEMOGRAPHIC PROFILE

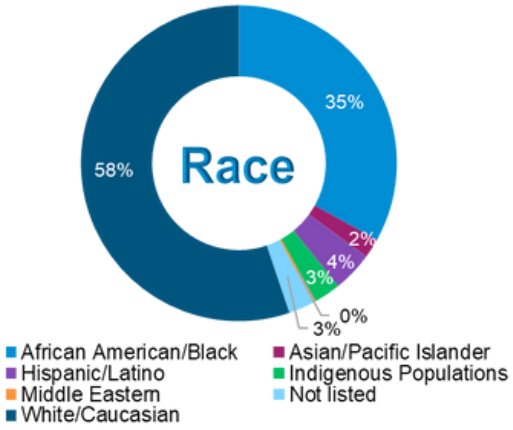
The community survey responses for the City of Hampton reflect a predominantly female participant base, with 68% identifying as female, 31% as male, and 1% as non-binary.

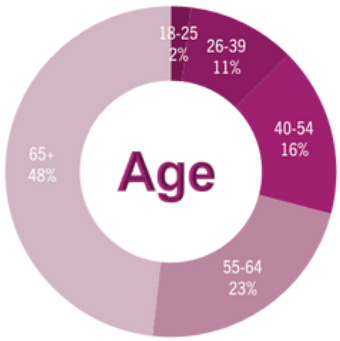
In terms of racial and ethnic representation, the majority of respondents identified as White/Caucasian (58%), followed by African American/Black (35%), with smaller proportions identifying as Hispanic/Latino (4%) and Asian/Pacific Islander (2%).

The age distribution indicates a strong representation from older adults, with 48% of respondents aged 65 and older, and an additional 23% between the ages of 55 and 64. Respondents aged 45 to 54 made up 16%, while younger adults aged 26 to 39 and 18 to 25 accounted for 11% and 2%, respectively.

These demographics suggest that the survey captured insights primarily from older, African American women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



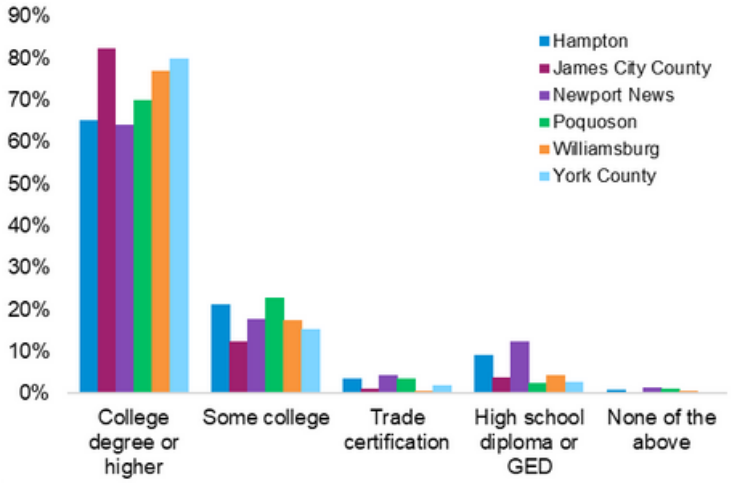




COMMUNITY DEMOGRAPHIC PROFILE

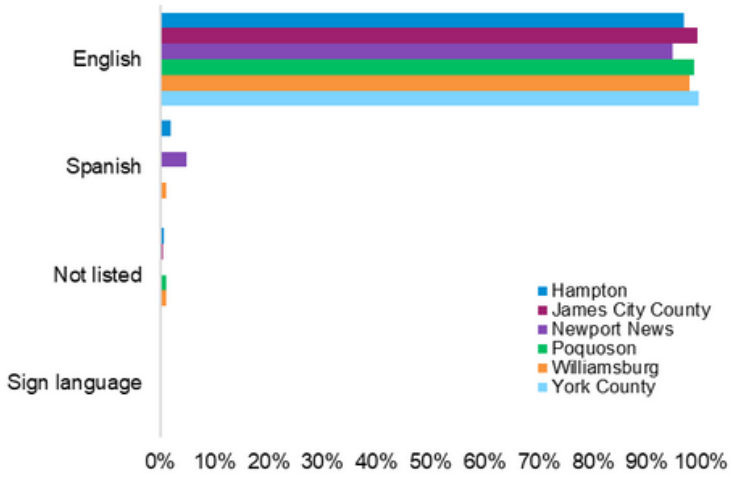
Education

Education levels among respondents indicate a highly educated community, with 65% holding a college degree or higher, 21% having some college experience, and smaller percentages possessing a high school diploma/GED (9%), trade certifications (4%), or no formal qualifications (1%).



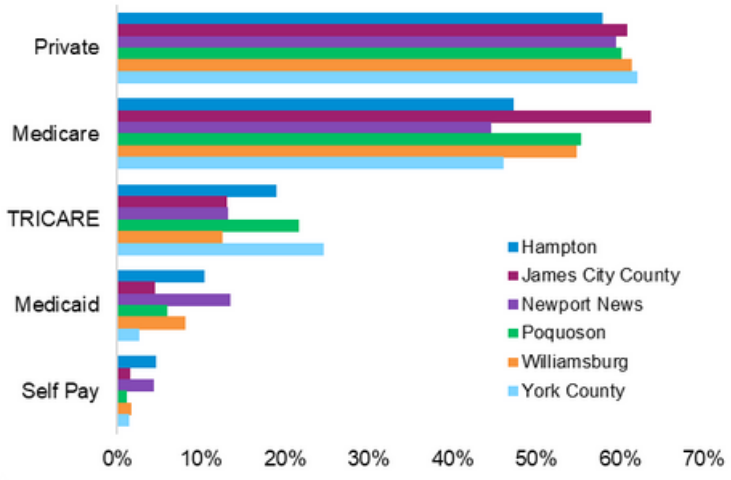
Language Demographics

The majority of respondents primarily speak English (96.9%), with a small but notable Spanish-speaking minority (1.9%). This linguistic distribution suggests that incorporating Spanish-language resources could enhance inclusivity and outreach.



Health Insurance Coverage

A diverse mix was reported: 58% of respondents hold private insurance, 47% are covered by Medicare, 19% by Tricare, 10% by Medicaid, and 5% are self-pay. The overlapping percentages indicate that some respondents may have multiple types of coverage, reflecting a varied economic and healthcare access landscape within the community. This diversity highlights the importance of tailored healthcare communication and services to meet the needs of insured and uninsured populations alike.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

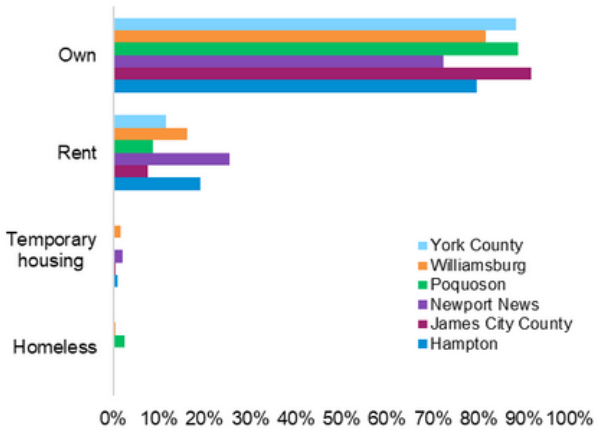
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 80% of respondents own their homes, 19% rent, and 1% reside in temporary housing, with no respondents reporting homelessness.

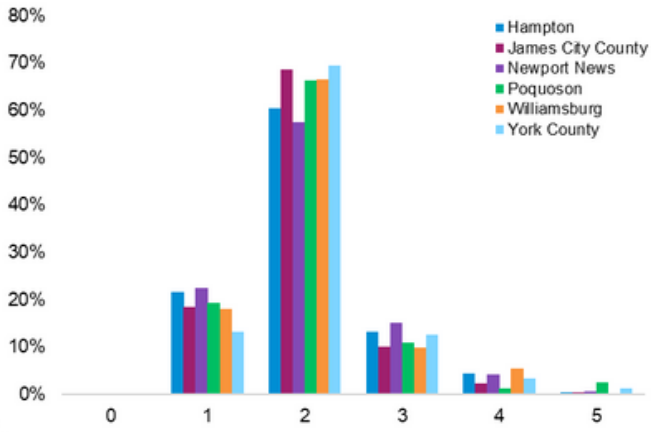
Household composition data shows that 60% of respondents live in two-adult households, 22% live alone, 13% live with three adults, and 4% with four adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 74% of respondents reported having no children, while 26% reported having between one and four children. The age distribution of children present skews slightly older, with 15% of households including children aged 12–17, 12% with children aged 5–11, and 7% with children aged newborn to 4 years.

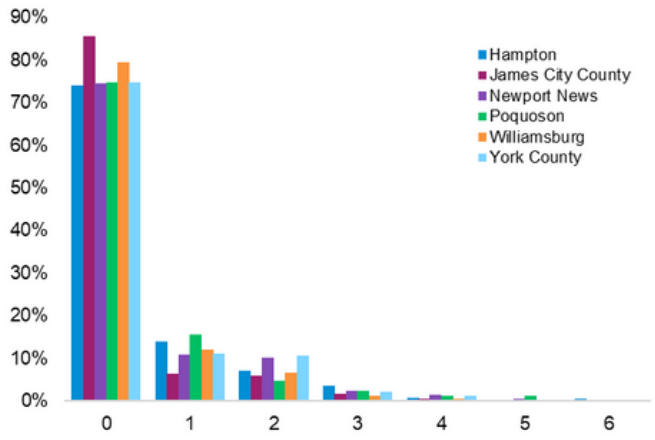
HOUSING



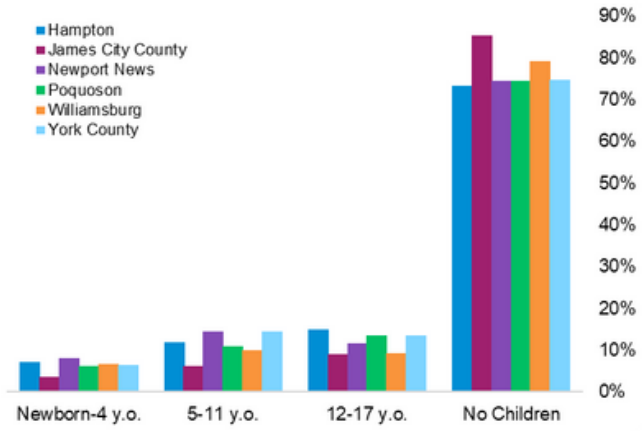
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



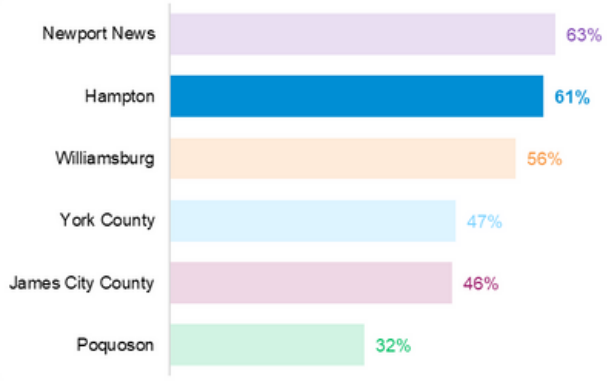
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

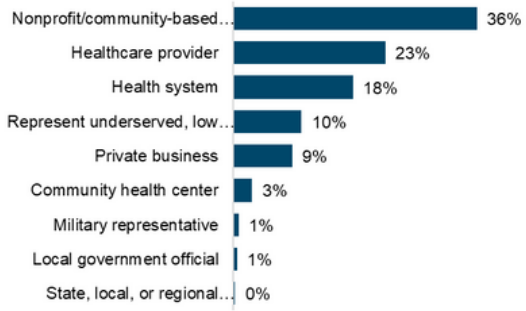
Stakeholders were asked which localities they serve and Response rates varied widely by locality. Hampton was the second highest response at 61%.



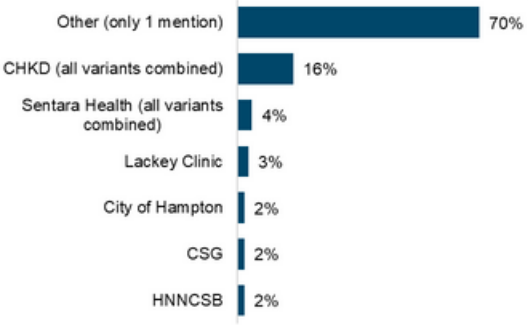
RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.



Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



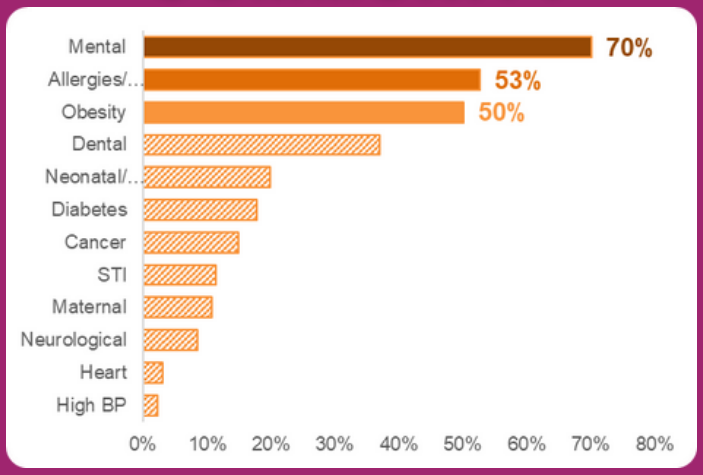
Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

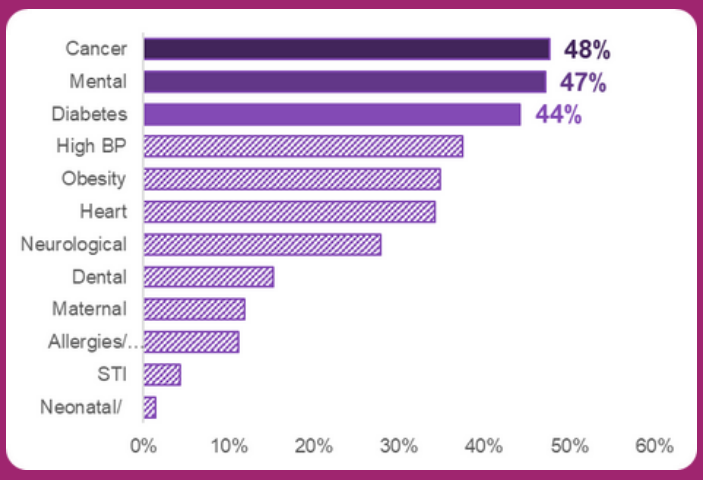
INDIVIDUAL HEALTH CONCERNS

Community survey responses from Hampton reveal a strong alignment with districtwide health concerns, particularly around mental health, chronic conditions, and youth wellness. Among Hampton community members, the most pressing health issues identified for children and youth were mental health (70%), allergies/asthma (53%), and obesity (50%). For adults, the top concerns were cancer (48%), mental health (47%), and diabetes (44%). These concerns closely mirror those of Hampton stakeholders, who also prioritized mental health for both youth (79%) and adults (73%), followed by obesity and allergies/asthma for youth, and diabetes and obesity for adults.

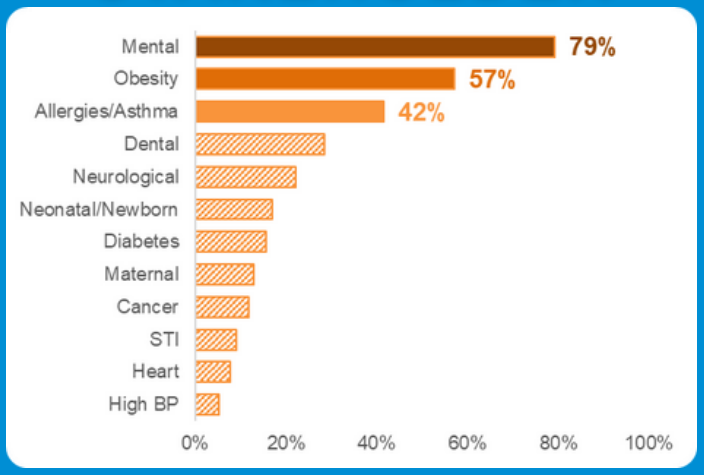
Overall, the Hampton-specific data aligns closely with districtwide trends, reinforcing the need for targeted interventions in mental health support, chronic disease prevention, and youth health promotion. The consistency across both community and stakeholder perspectives strengthens the case for coordinated, districtwide strategies to address these shared health priorities.

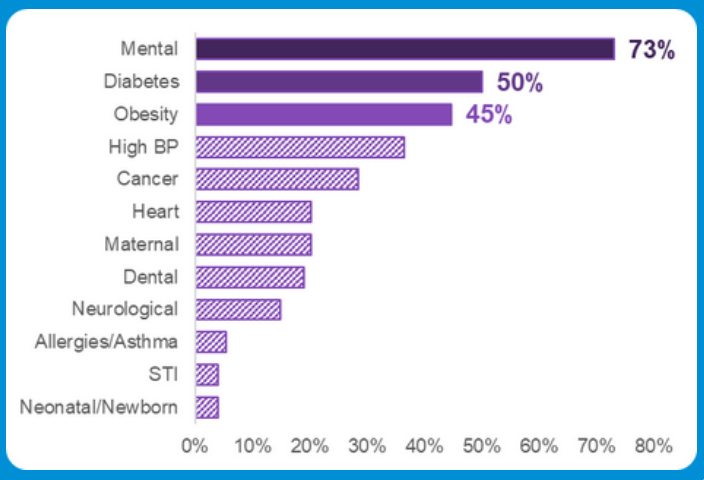
COMMUNITY





STAKEHOLDER



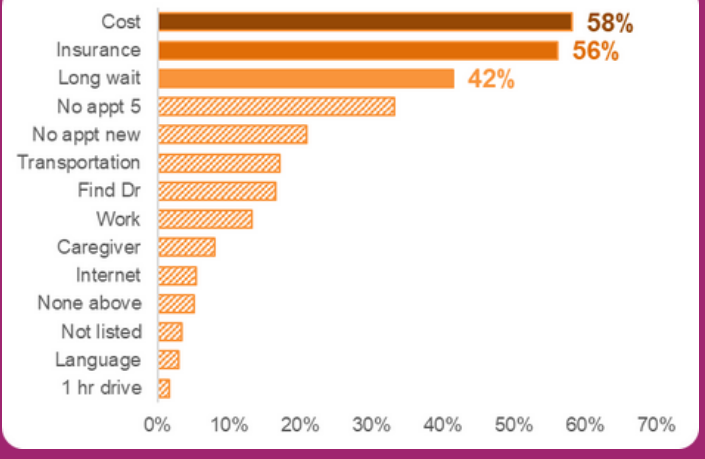


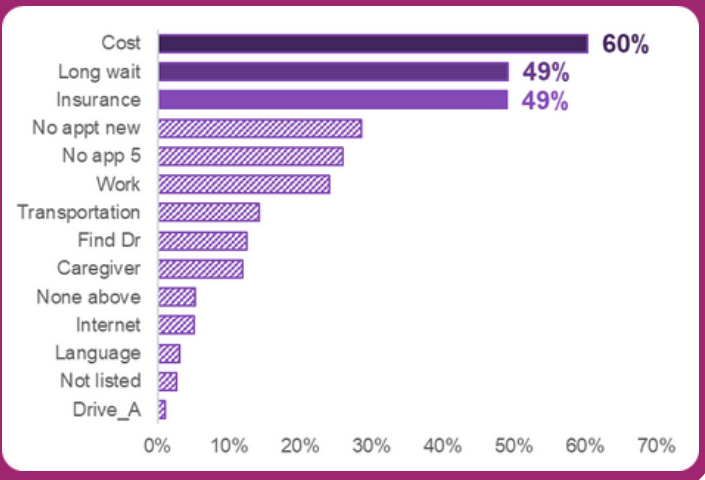
BARRIERS TO HEALTHCARE

Survey findings from the City of Hampton closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. Hampton community members echoed this, identifying cost (58%), type of insurance (56%), and long wait times (42%) as the top barriers for children, and cost (60%), long wait times (49%), and type of insurance (49%) for adults.

Stakeholders in Hampton also aligned with districtwide perspectives, emphasizing long wait times (62%), type of insurance (44%), and cost (40%) as the primary barriers for children. For adults, they cited type of insurance (53%), long wait times (50%), and transportation (45%)—the latter being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

COMMUNITY





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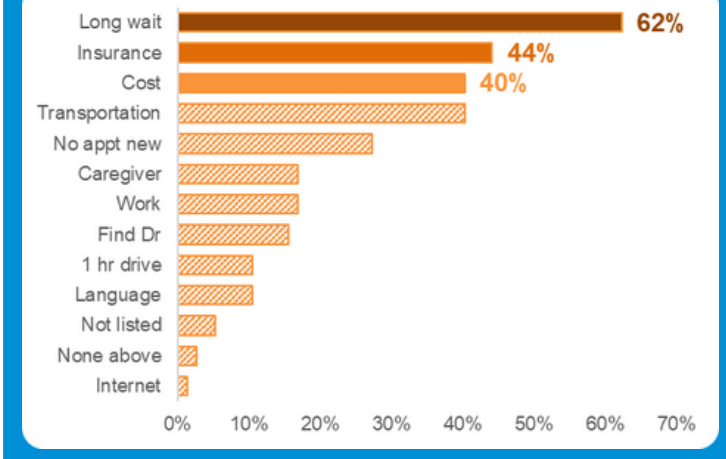
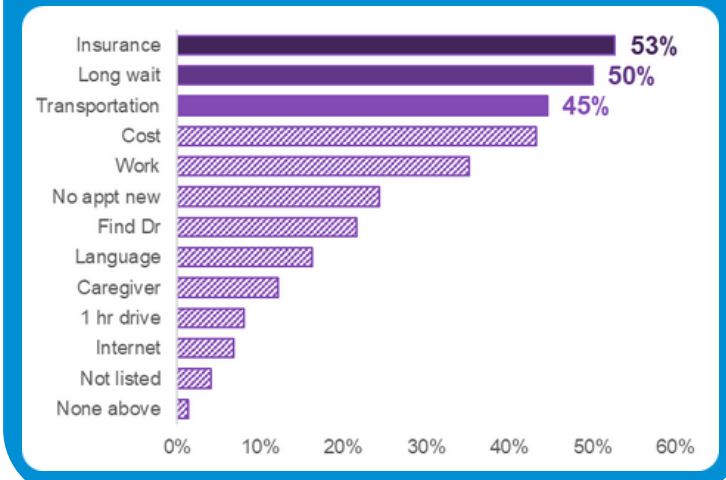




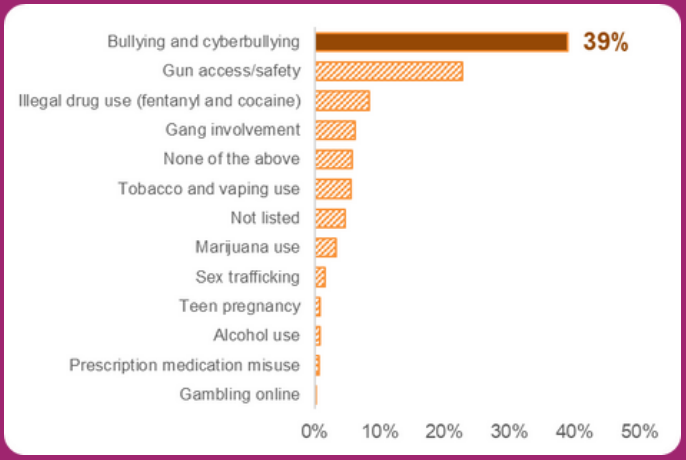
COMMUNITY HEALTH CONCERNS

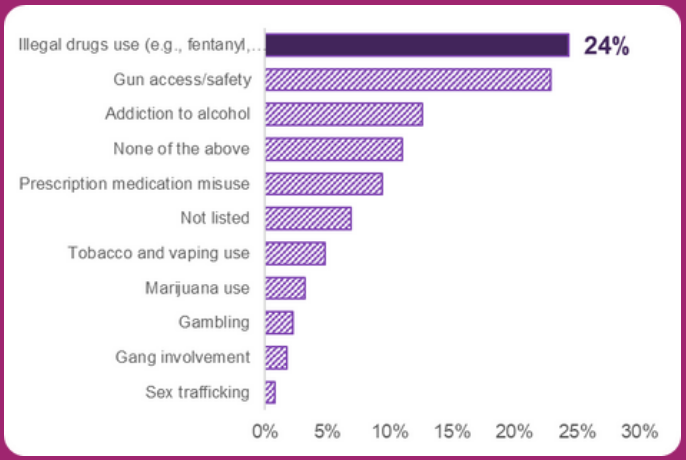
Survey responses from the City of Hampton reveal strong alignment with districtwide findings regarding the most pressing health and safety concerns affecting both children and adults. Among Hampton community members, bullying and cyberbullying emerged as the top concern for youth (39%), followed closely by gun access and safety. Similarly, illegal drug use was identified as the most critical issue facing adults (24%), with gun access and safety again ranking as a significant concern. These priorities were echoed by Hampton stakeholders, who also cited bullying and cyberbullying (30%) as the leading concern for youth and illegal drug use as a primary issue for adults.

These local findings are consistent with districtwide survey results and underscores a shared and urgent need for violence prevention, mental health support, and substance use reduction strategies.

**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.*

COMMUNITY





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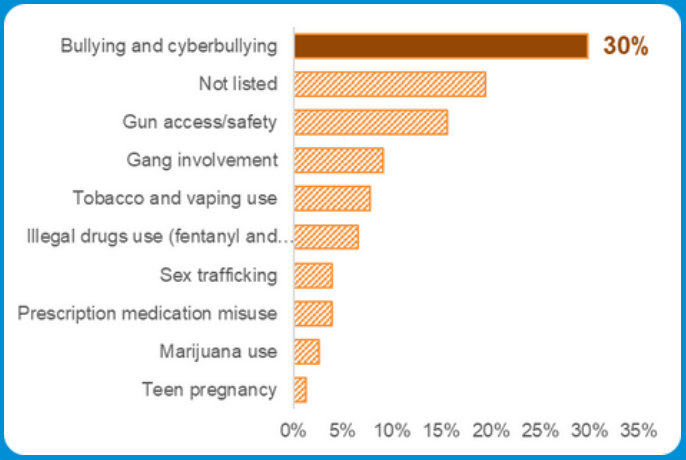
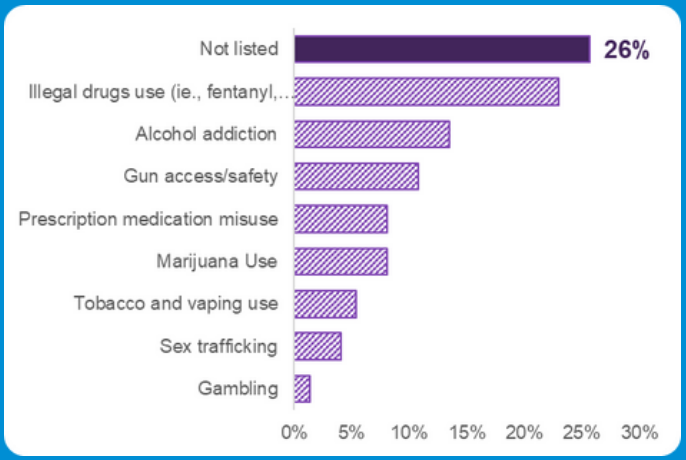


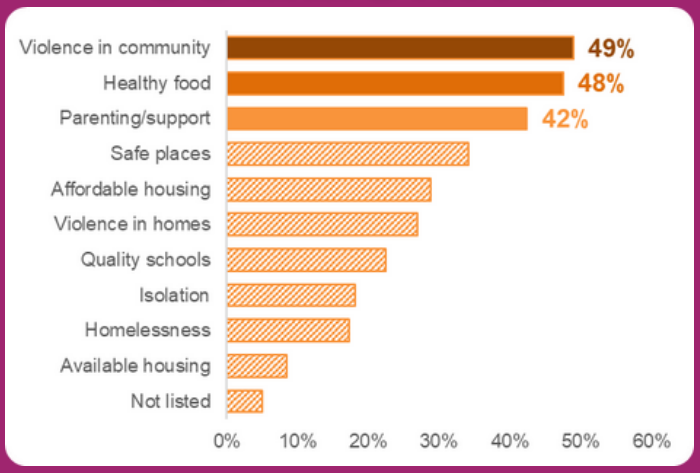


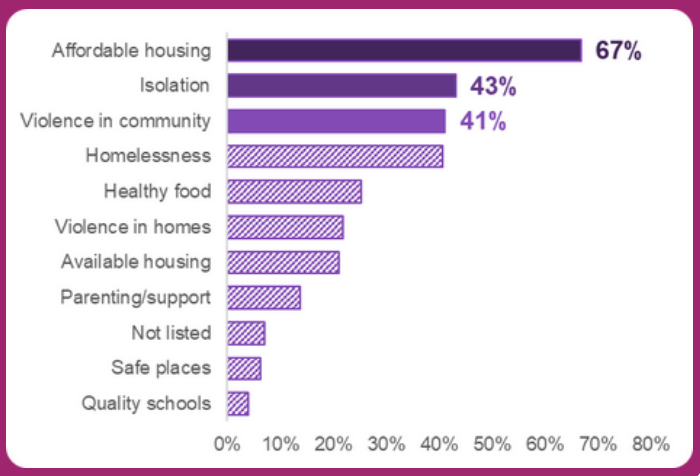
SOCIAL CONCERNS

Survey results from the City of Hampton closely align with districtwide findings on key social determinants of health. For youth, Hampton community members identified community violence (49%), healthy food access (48%), and parenting support (42%) as top concerns. For adults, affordable housing (67%), isolation (43%), and community violence (41%) were most significant. Stakeholders echoed these priorities, emphasizing parental support, healthy food access, and violence for youth, and affordable housing, food access, and violence in the home for adults.

These local findings mirror districtwide concerns, where both community members and stakeholders highlighted housing, food access, parenting support, and violence as critical issues. The alignment underscores the need for coordinated strategies that address these social challenges to improve health outcomes across all age groups.

COMMUNITY





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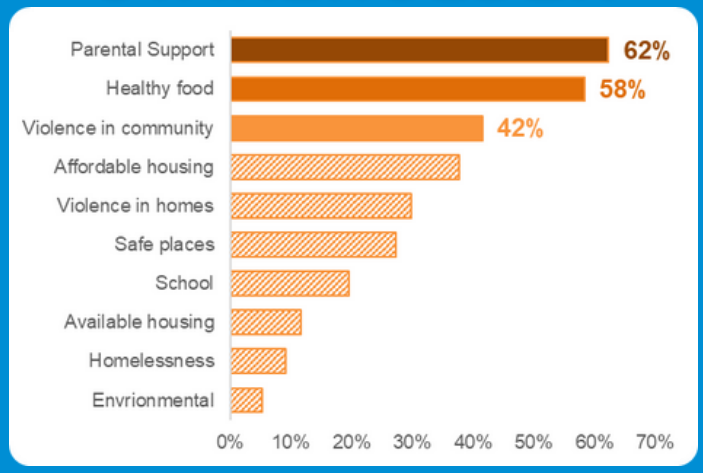
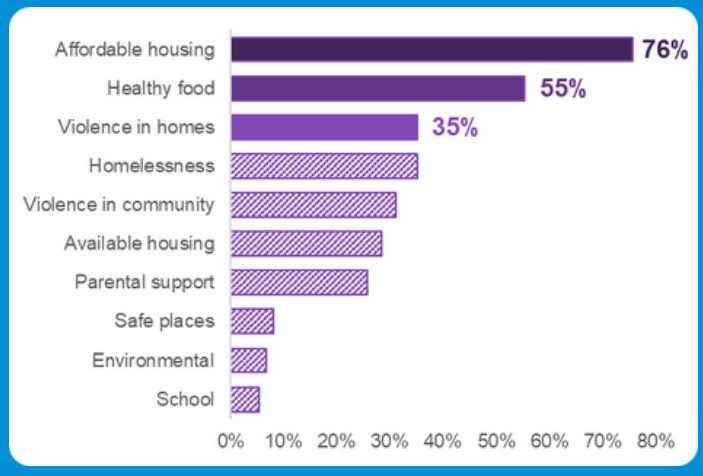




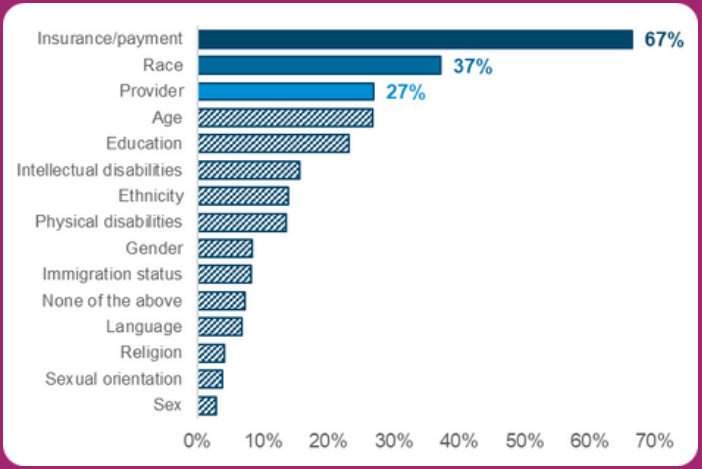
PERSONAL FACTORS

Survey responses from the City of Hampton highlight several key personal factors that influence access to quality healthcare. Among community members, the most frequently cited barriers were type of insurance or payment method (67%), race (37%), and provider type (27%). Stakeholders identified insurance/payment type (68%), race (31%), and intellectual disabilities (30%) as the most significant factors affecting youth. For adults, stakeholders emphasized the importance of safe places to receive care (68%), education level (45%), and the medical provider (38%).

These findings are closely aligned with districtwide results. Across the district, community members also identified insurance/payment type (68%) as the most common barrier, followed by medical provider and race (both at 28%). Stakeholders similarly prioritized insurance (66%) for children, along with intellectual disabilities (30%) and immigration status (29%). For adults, districtwide stakeholders echoed Hampton's concerns, citing safe care environments (68%), education (46%), and medical provider (32%) as key factors.

Overall, the City of Hampton's data reflects districtwide patterns, reinforcing the need to address financial barriers, provider accessibility, and social and demographic factors—such as race, disability, and education—to ensure equitable access to quality healthcare for all populations.

COMMUNITY



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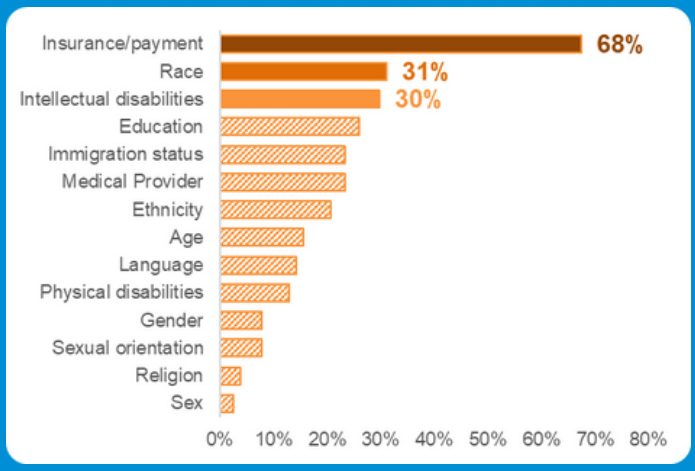
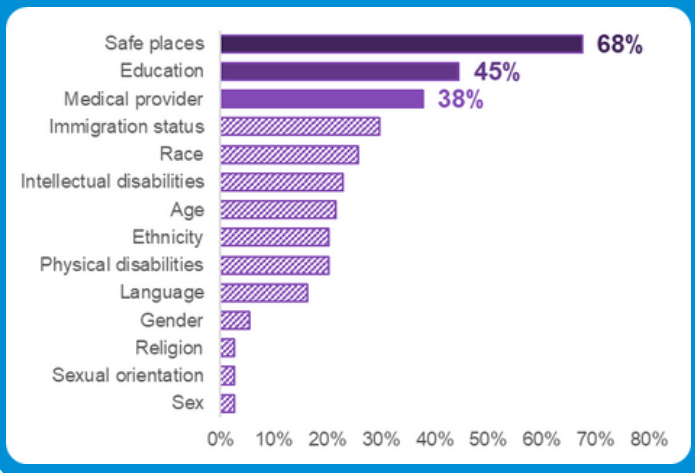




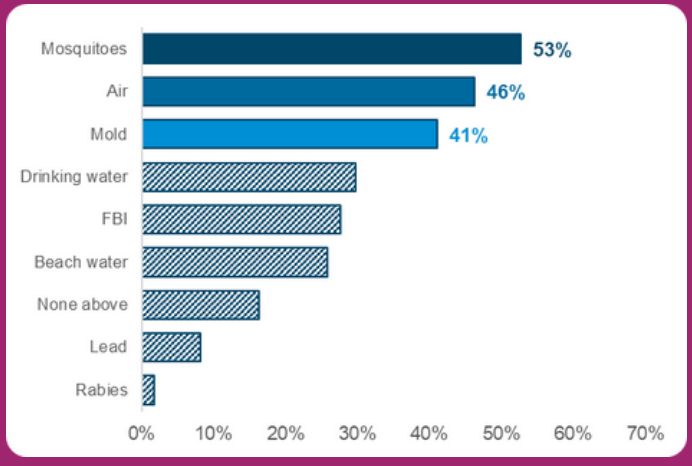
ENVIRONMENTAL SAFETY

Survey results from the City of Hampton reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. Hampton community members identified mosquitoes (53%), air quality (46%), and mold (41%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in Hampton emphasized similar issues, citing mold (52%), air quality (48%), and quality drinking water (34%) as the most pressing.

Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



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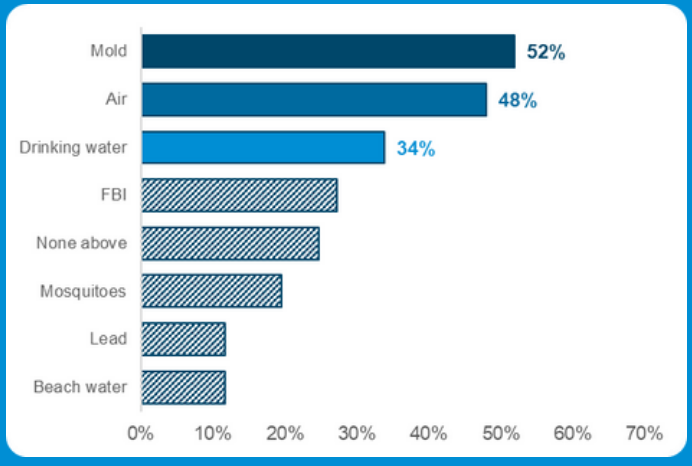


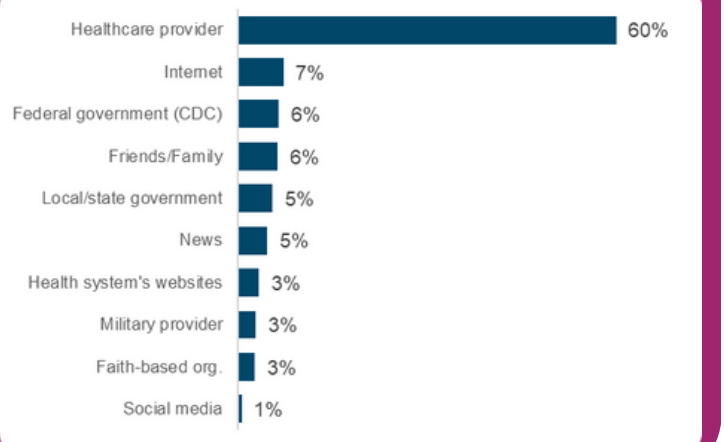
TRUSTED SOURCE

Results from the City of Hampton demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among Hampton community members, healthcare providers were overwhelmingly identified as the most trusted source (60%), followed by the internet (7%), and a tie between the federal government and friends/family (each at 6%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

Stakeholders in Hampton perceived a slightly broader distribution of trust, identifying healthcare providers (31%), the internet (27%), and friends/family (18%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



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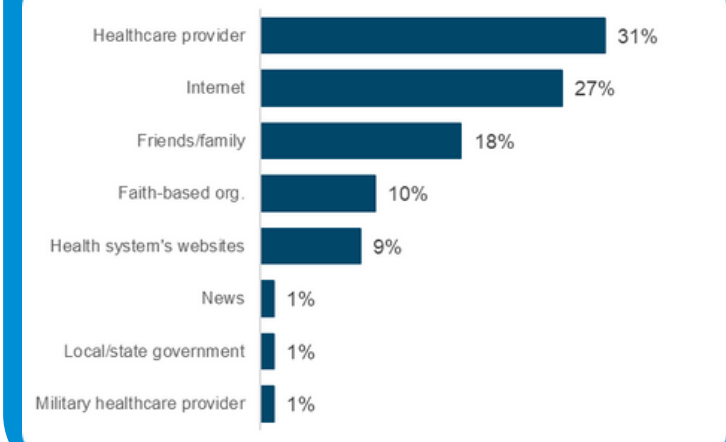


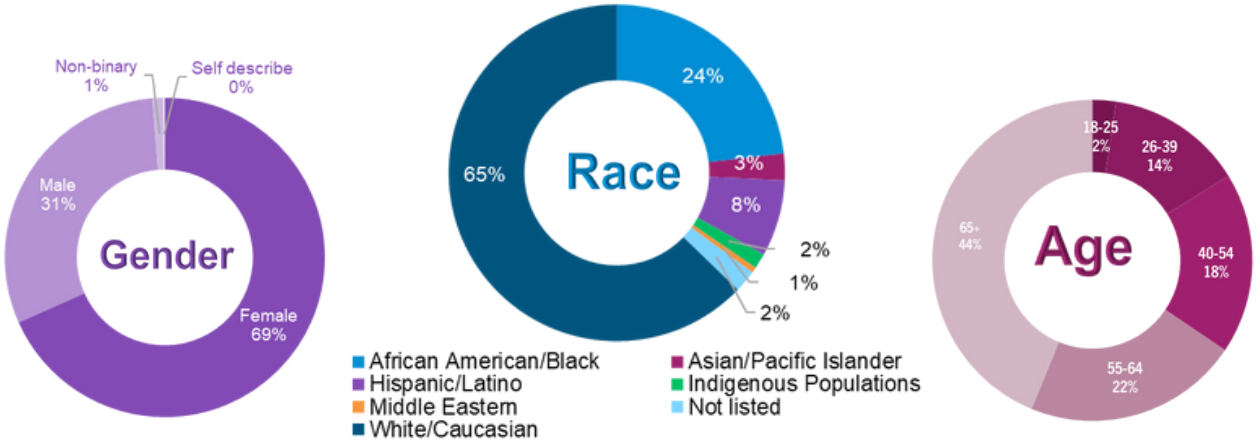
COMMUNITY DEMOGRAPHIC PROFILE

The community survey responses for the City of Newport News reflect a predominantly female participant base, with 69% identifying as female, 31% as male, and 1% as non-binary.

In terms of racial and ethnic representation, the majority of respondents identified as White/Caucasian (65%), followed by African American/Black (24%), with smaller proportions identifying as Hispanic/Latino (8%) and Asian/Pacific Islander (3%).

The age distribution indicates a strong representation from older adults, with 44% of respondents aged 65 and older, and an additional 22% between the ages of 55 and 64. Respondents aged 45 to 54 made up 18%, while younger adults aged 26 to 39 and 18 to 25 accounted for 14% and 2%, respectively.

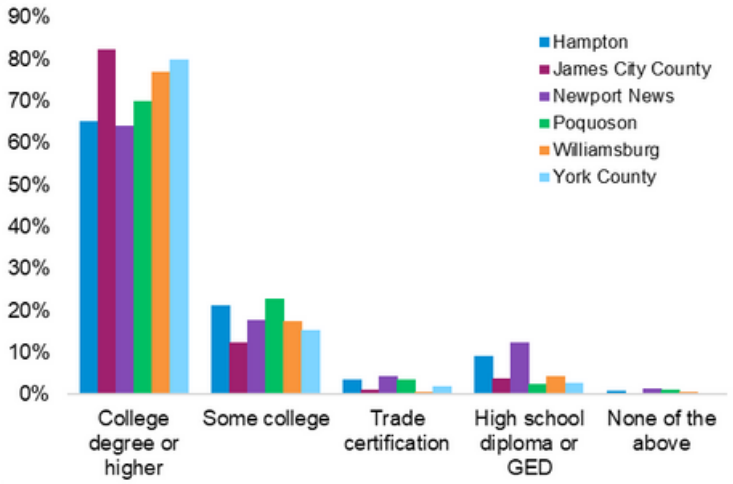
These demographics suggest that the survey captured insights primarily from older, White women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



COMMUNITY DEMOGRAPHIC PROFILE

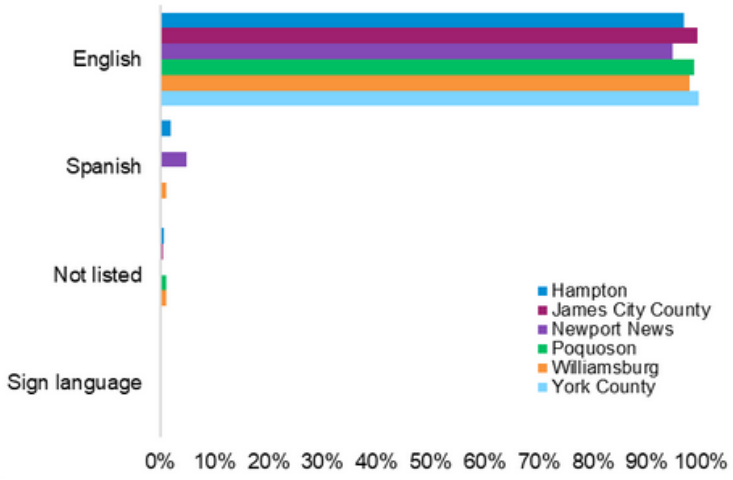
Education

A significant majority, 64% of respondents, have achieved a college degree or higher. This indicates a strong emphasis on higher education within the community. Furthermore, 18% of respondents reported having some college education, while a smaller portion, 12%, have a high school diploma or GED.



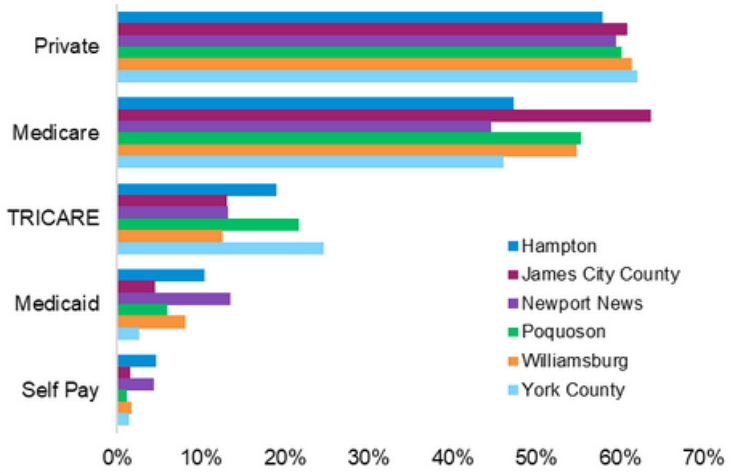
Language Demographics

A significant 94.7% of respondents reported that they are English-speaking. In comparison, a much smaller portion, just 4.9% of respondents, reported being Spanish-speaking.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. The most common type of coverage reported was private insurance, held by 59% of respondents. Additionally, a significant number of individuals are covered by government programs, with Medicare being the most prevalent at 45%. Other notable forms of coverage include Tricare at 13% and Medicaid at 14%. A small percentage of respondents, 4%, reported being self-pay, indicating they do not have a formal insurance plan.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

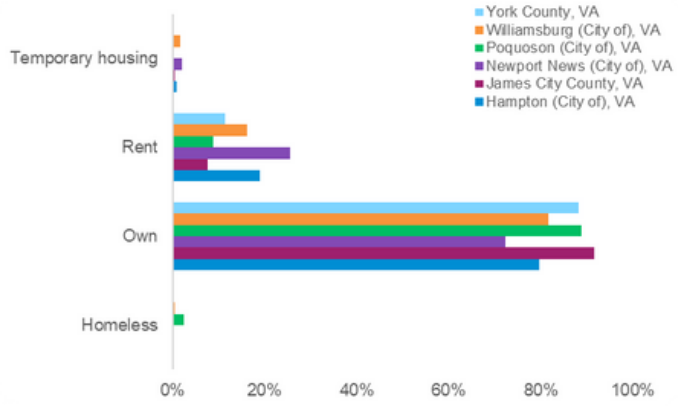
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 72% of respondents own their homes, 25% rent, and 2% reside in temporary housing, with no respondents reporting homelessness.

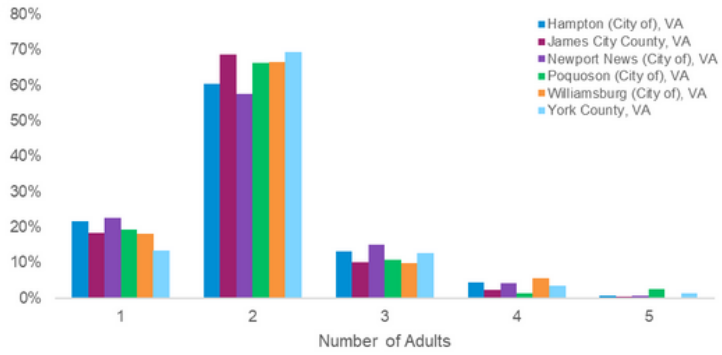
Household composition data shows that 58% of respondents live in two-adult households, 22% live alone, 15% live with three adults, and 4% with four adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 74% of respondents reported having no children, while 25% reported having between one and four children. The age distribution of children present skews slightly older, with 9% of households including children aged 12–17, 6% with children aged 5–11, and 8% with children aged newborn to 4 years.

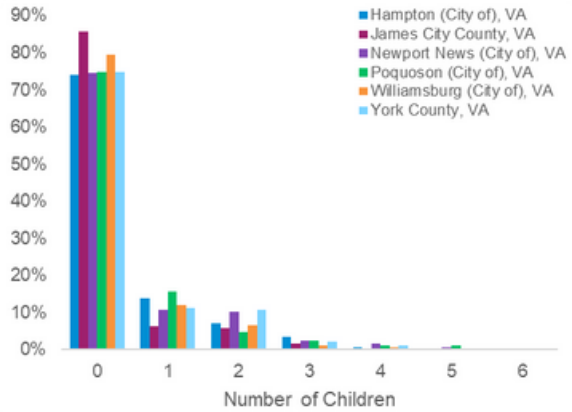
HOUSING



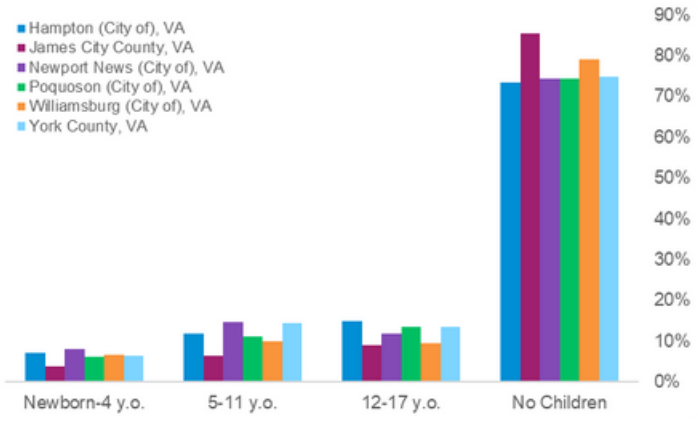
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



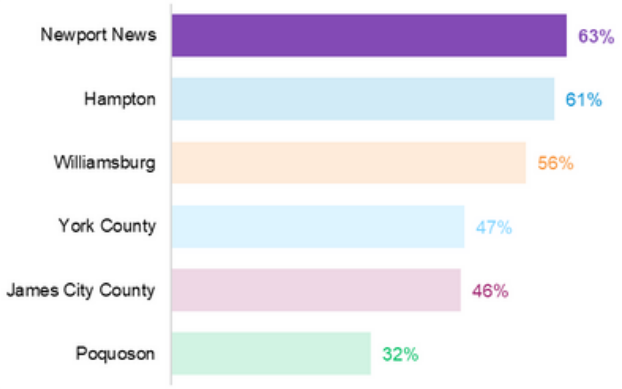
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

Stakeholders were asked which localities they serve and Response rates varied widely by locality. Newport News had the highest response at 63%.



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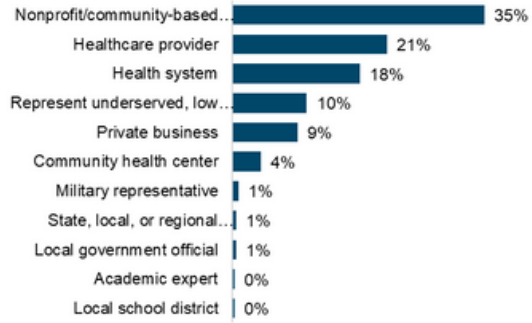

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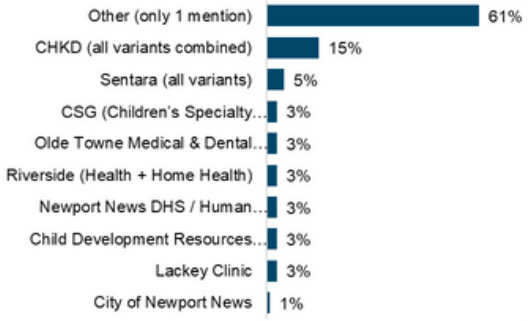

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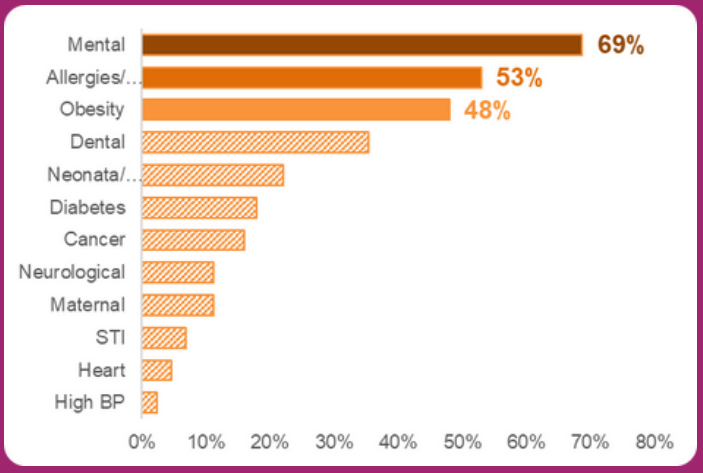
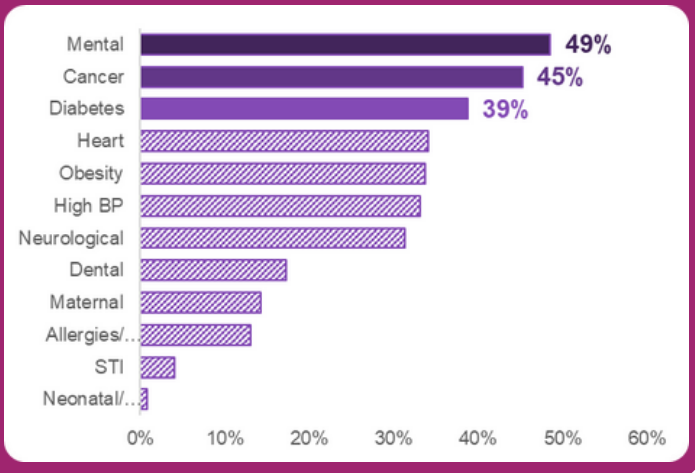
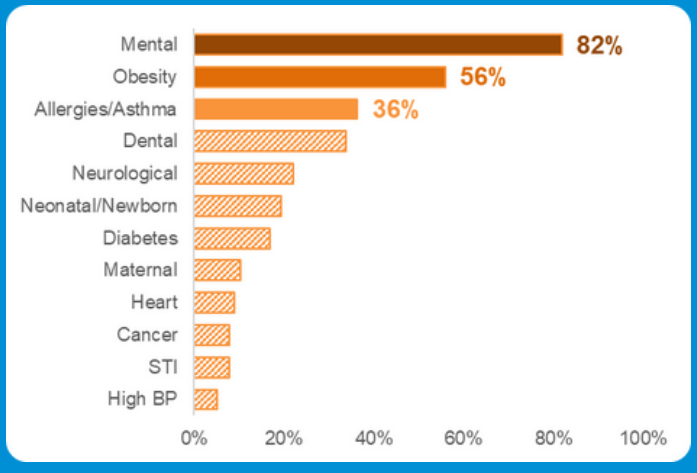
Overall, the Newport News-specific data aligns closely with districtwide trends, reinforcing the need for targeted interventions in mental health support, chronic disease prevention, and youth health promotion. The consistency across both community and stakeholder perspectives strengthens the case for coordinated, districtwide strategies to address these shared health priorities.

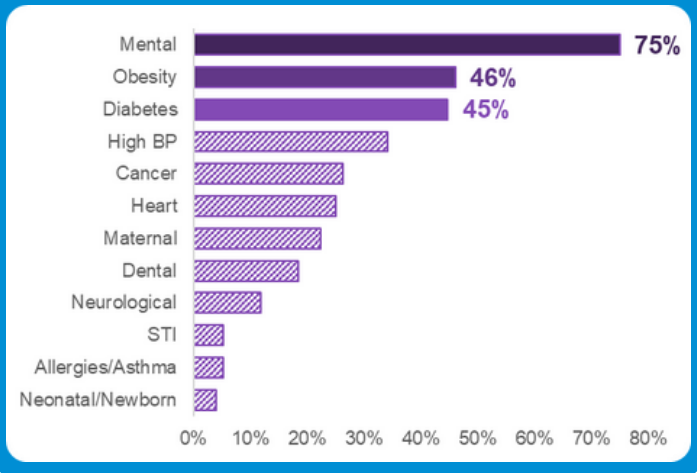
COMMUNITY





STAKEHOLDER



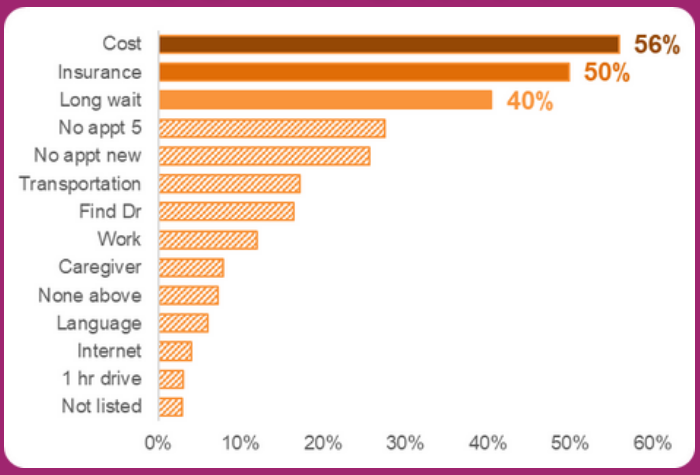


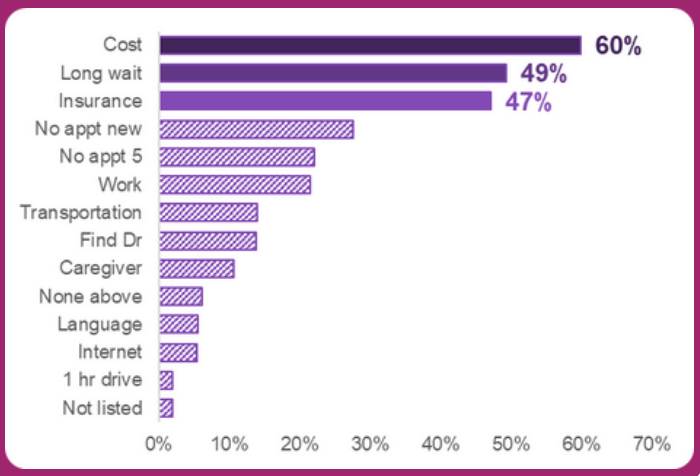
BARRIERS TO HEALTHCARE

Survey findings from the City of Newport News closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. Newport News community members echoed this, identifying cost (56%), type of insurance (50%), and long wait times (40%) as the top barriers for children, and cost (60%), long wait times (49%), and type of insurance (47%) for adults.

Stakeholders in Newport News also aligned with districtwide perspectives, emphasizing long wait times (56%) and type of insurance (45%) as the primary barriers for children - with transportation (43%) rising to the top three. For adults, they cited type of insurance (49%), long wait times (46%), and transportation (46%)—the latter being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

COMMUNITY





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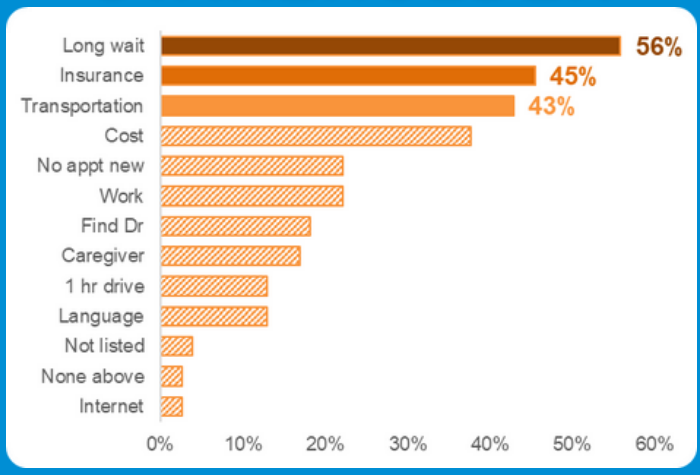
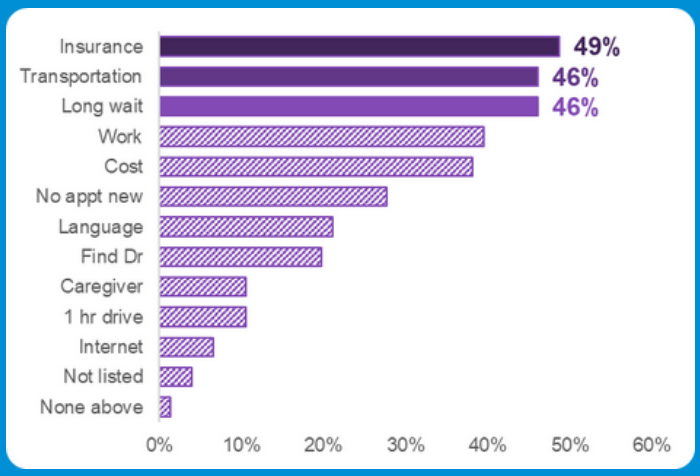




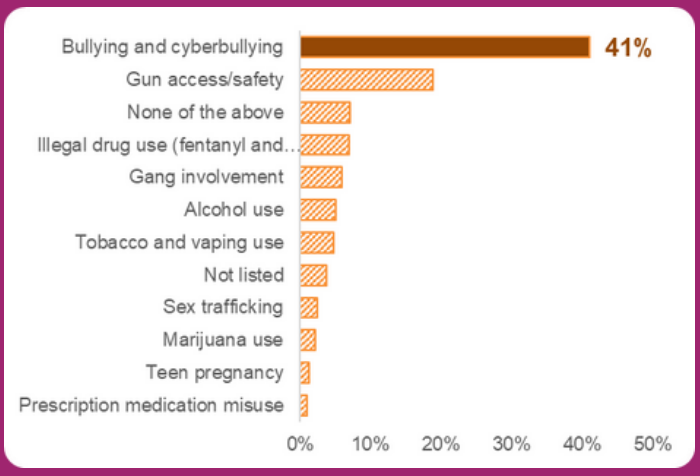
COMMUNITY HEALTH CONCERNS

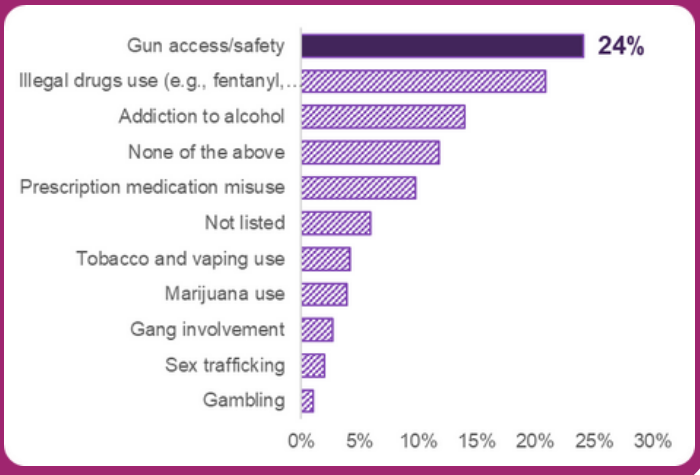
Survey responses from the City of Newport News reveal strong alignment with districtwide findings regarding the most pressing health and safety concerns affecting both children and adults. Among Newport News community members, bullying and cyberbullying emerged as the top concern for youth (41%), followed closely by gun access and safety. Similarly, gun access and safety was identified as the most critical issue facing adults (24%), with illegal drug use ranking as a significant concern. These priorities were echoed by Newport News stakeholders, who also cited bullying and cyberbullying (29%) as the leading concern for youth and illegal drug use as a primary issue for adults.

These local findings are consistent with districtwide survey results and underscores a shared and urgent need for violence prevention, mental health support, and substance use reduction strategies.

**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.*

COMMUNITY





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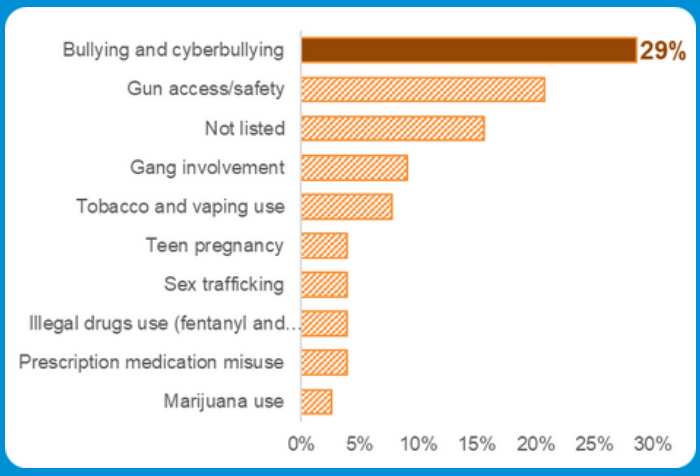
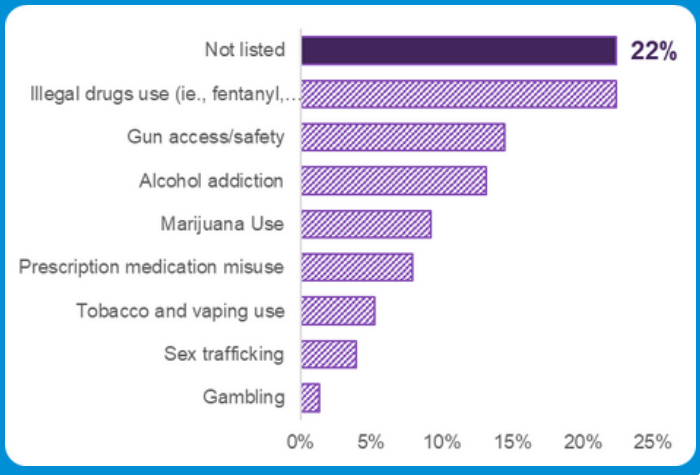


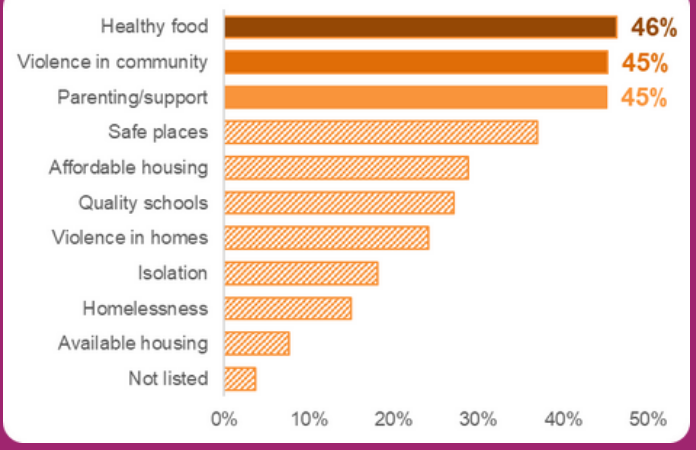


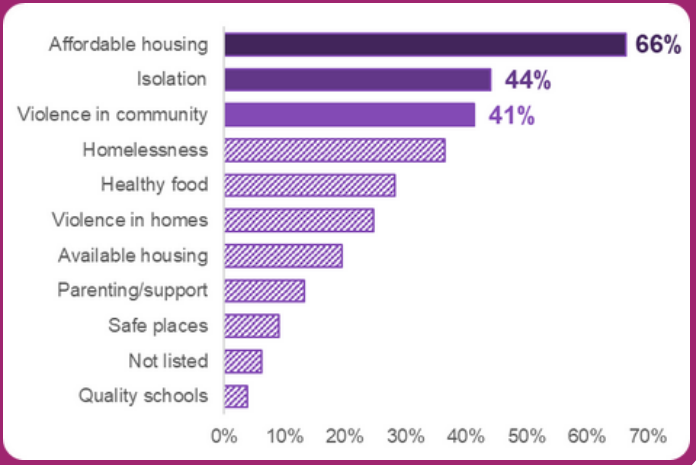
SOCIAL CONCERNS

Survey results from the City of Newport News closely align with districtwide findings on key social determinants of health. For youth, Newport News community members identified healthy food access (46%), violence in the community (45%), and parenting support (45%) as top concerns. For adults, affordable housing (66%), isolation (44%), and community violence (41%) were most significant. Stakeholders echoed these priorities, emphasizing parental support, healthy food access, and violence for youth, and affordable housing, food access, and violence in the home for adults.

These local findings mirror districtwide concerns, where both community members and stakeholders highlighted housing, food access, parenting support, and violence as critical issues. The alignment underscores the need for coordinated strategies that address these social challenges to improve health outcomes across all age groups.

COMMUNITY





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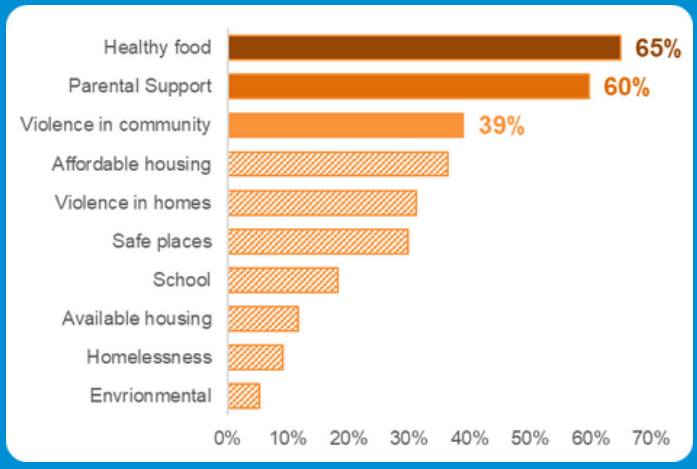
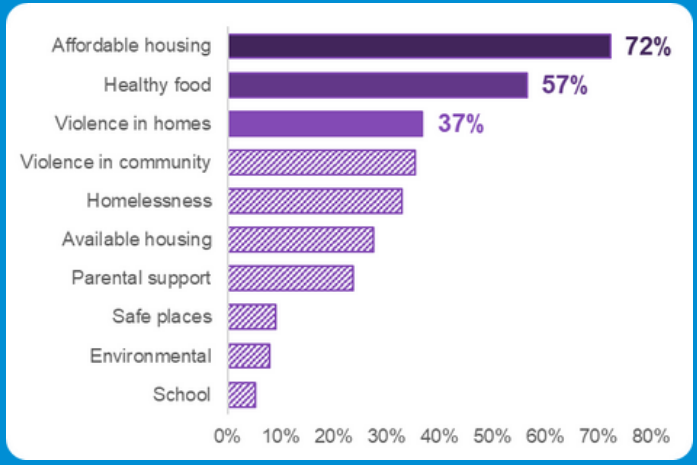




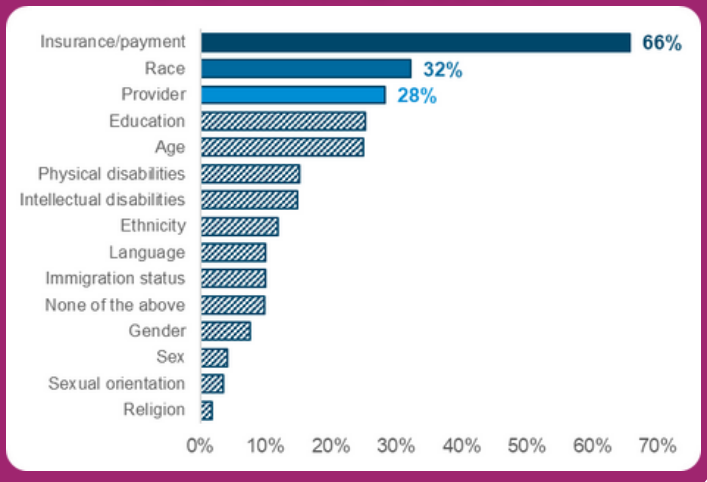
PERSONAL FACTORS

Survey responses from the City of Newport News highlight several key personal factors that influence access to quality healthcare. Among community members, the most frequently cited barriers were type of insurance or payment method (66%), race (32%), and provider type (28%). Stakeholders identified insurance/payment type (62%), race (32%), and intellectual disabilities (31%) as the most significant factors affecting youth. For adults, stakeholders emphasized the importance of safe places to receive care (64%), education level (47%), and immigration status (38%).

These findings are closely aligned with districtwide results. Across the district, community members also identified insurance/payment type (68%) as the most common barrier, followed by medical provider and race (both at 28%). Stakeholders similarly prioritized insurance (66%) for children, along with intellectual disabilities (30%) and immigration status (29%). For adults, districtwide stakeholders echoed Hampton's concerns, citing safe care environments (68%), education (47%), and medical provider (36%) as key factors.

Overall, the City of Newport News's data reflects districtwide patterns, reinforcing the need to address financial barriers, provider accessibility, and social and demographic factors—such as race, disability, and education—to ensure equitable access to quality healthcare for all populations.

COMMUNITY



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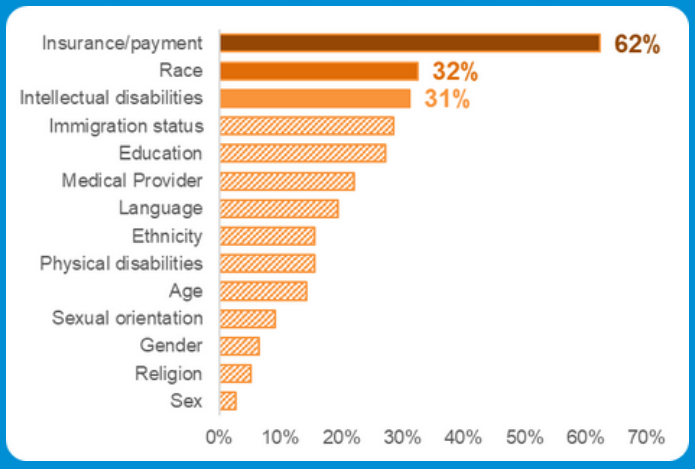
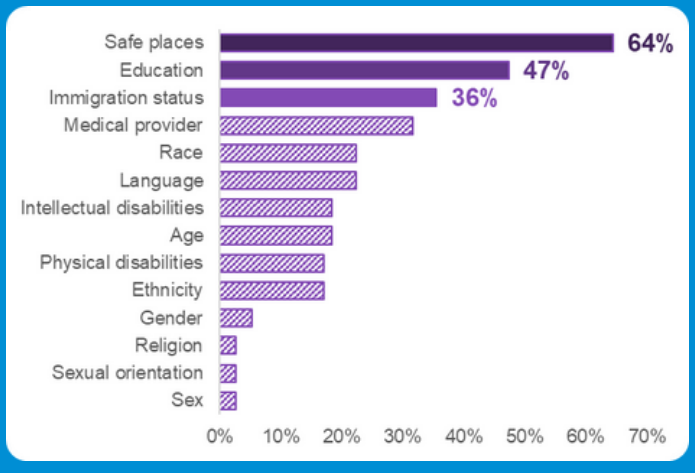




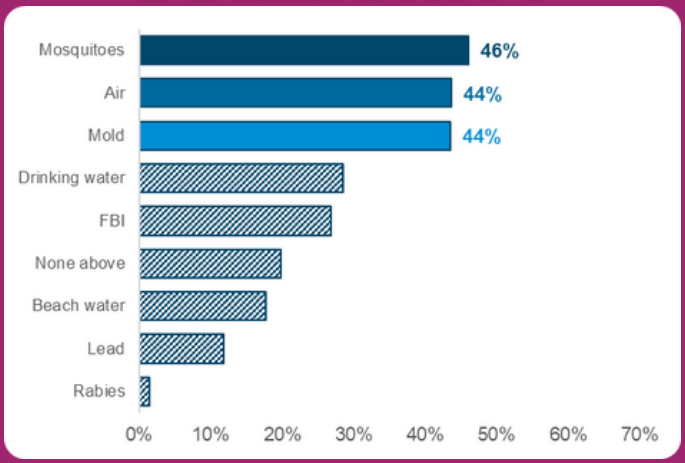
ENVIRONMENTAL SAFETY

Survey results from the City of Newport News reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. Newport News community members identified mosquitoes (46%), air quality (44%), and mold (44%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in Newport News emphasized similar issues, citing mold (58%), air quality (51%), and quality drinking water (36%) as the most pressing.

Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



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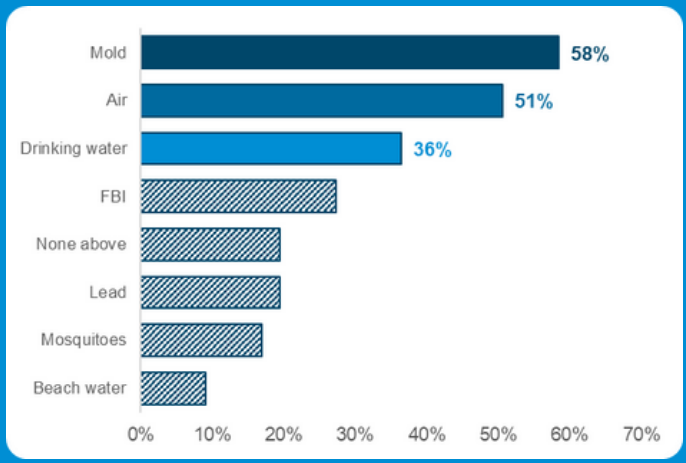


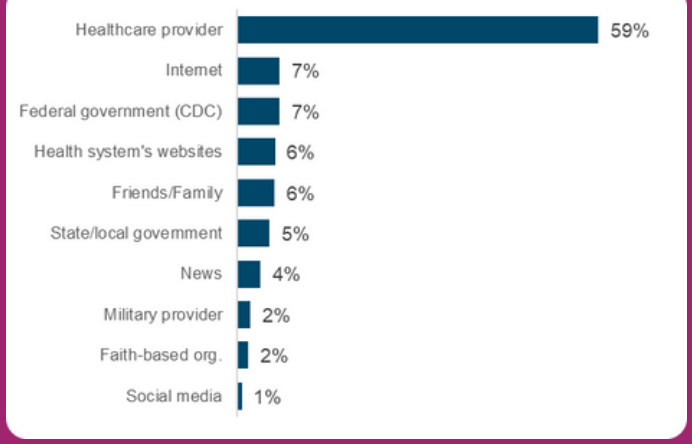
TRUSTED SOURCE

Results from the City of Newport News demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among Newport News community members, healthcare providers were overwhelmingly identified as the most trusted source (59%), followed by a tie between the internet and the federal government (each at 7%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

Stakeholders in Newport News perceived a slightly broader distribution of trust, identifying healthcare providers (31%), the internet (29%), and friends/family (21%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



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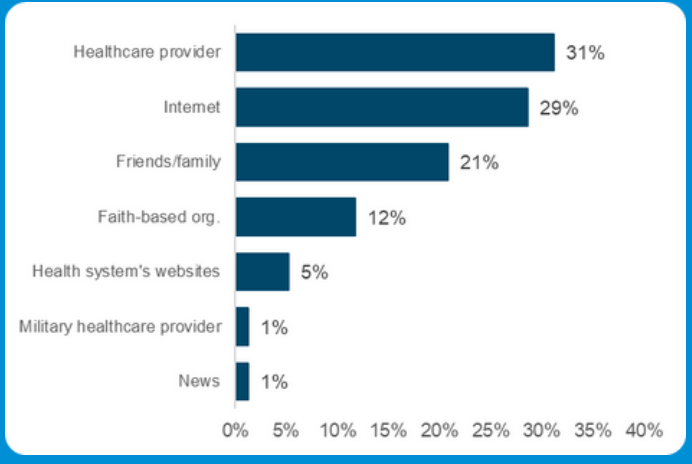


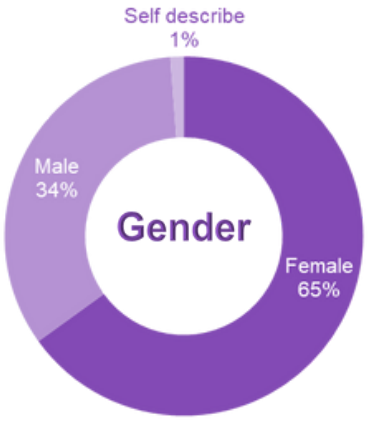
COMMUNITY DEMOGRAPHIC PROFILE

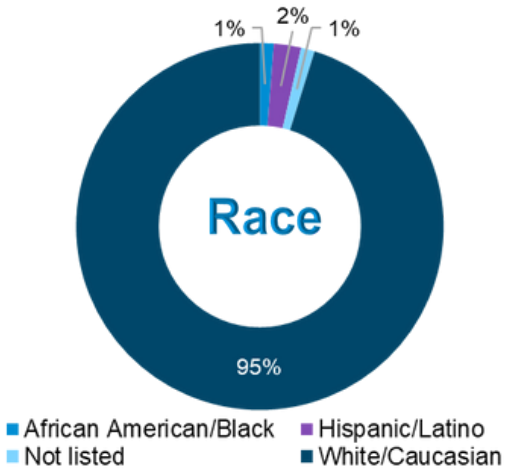
The community survey responses for the City of Poquoson reflect a predominantly female participant base, with 65% identifying as female, 34% as male, and 1% as non-binary.

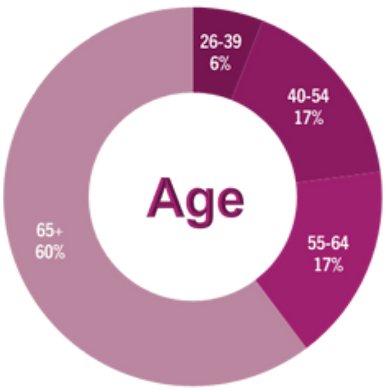
In terms of racial and ethnic representation, the overwhelming majority of respondents identified as White/Caucasian (95%), with smaller proportions identifying as Hispanic/Latino (2%), and African American/Black (1%).

The age distribution indicates a strong representation from older adults, with 60% of respondents aged 65 and older, and an additional 17% between the ages of 55 and 64. Respondents aged 40 to 54 made up 17%, and adults aged 26 to 39 accounted for 6%.

These demographics suggest that the survey captured insights primarily from older, White women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



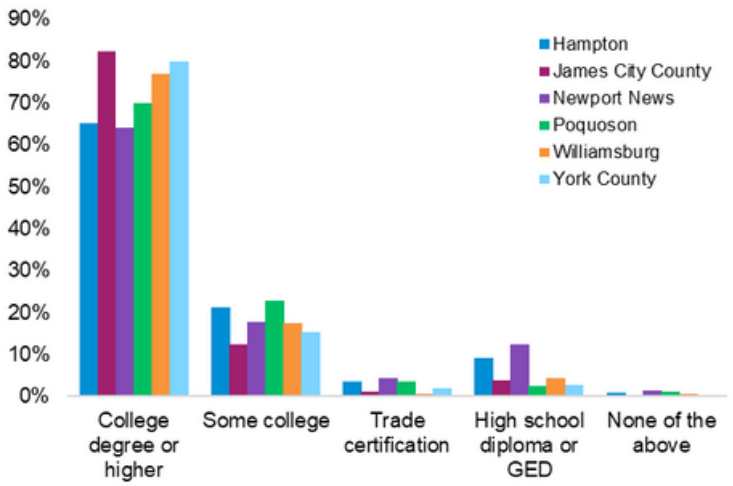




COMMUNITY DEMOGRAPHIC PROFILE

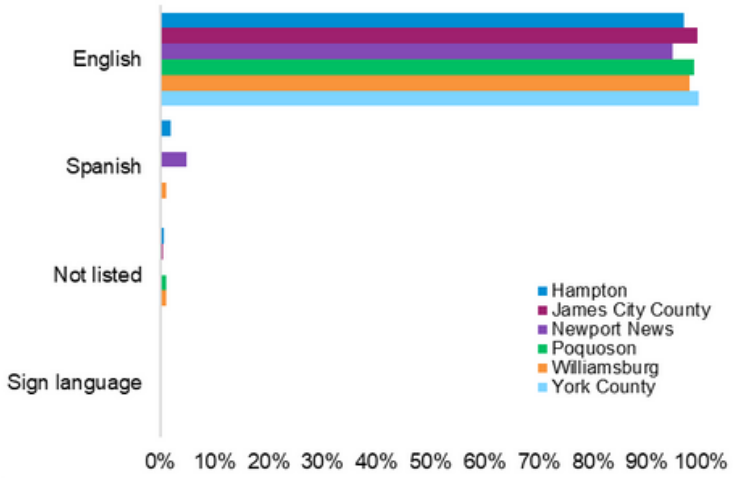
Education in the District

A significant majority, 70% of respondents, have achieved a college degree or higher. This indicates a strong emphasis on higher education within the community. Furthermore, 23% of respondents reported having some college education, while a smaller portion, 2%, have a high school diploma or GED.



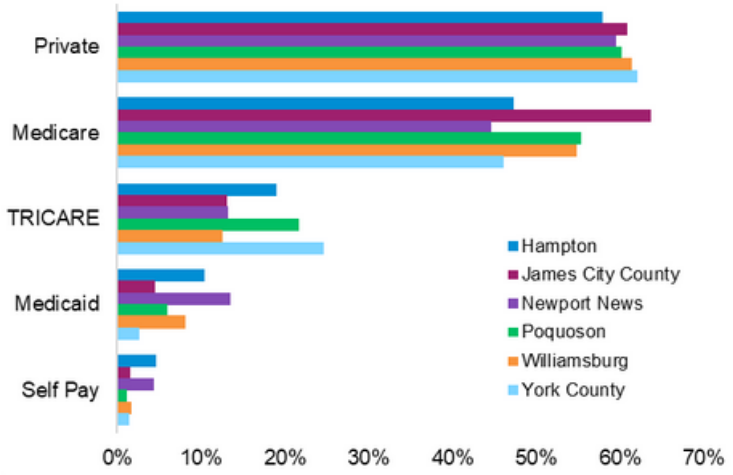
Language Demographics

A significant 98.8% of respondents reported that they are English-speaking. An additional 1.2% reported their primary language as not listed.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. The most common type of coverage reported was private insurance, held by 60% of respondents. Additionally, a significant number of individuals are covered by government programs, with Medicare being the most prevalent at 55%. Other notable forms of coverage include Tricare at 22% and Medicaid at 6%. A small percentage of respondents, 1%, reported being self-pay, indicating they do not have a formal insurance plan.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

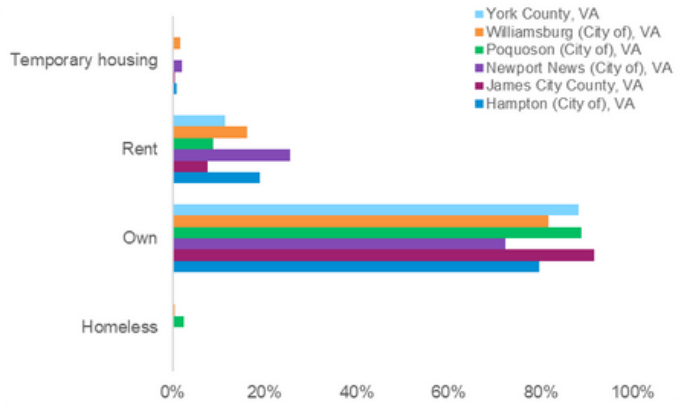
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 89% of respondents own their homes, 9% rent, and 3% of respondents reporting homelessness.

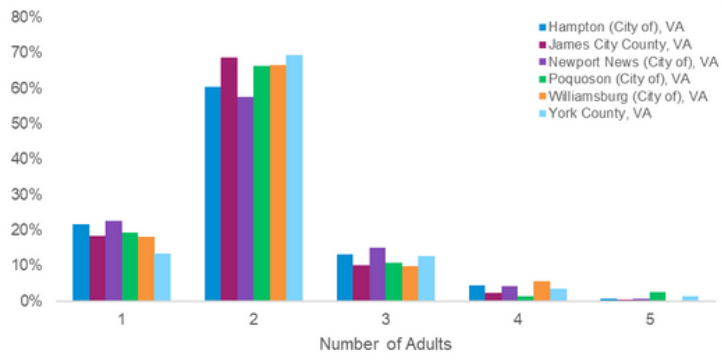
Household composition data shows that 66% of respondents live in two-adult households, 19% live alone, 11% live with three adults, and 3% with four to five adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 74% of respondents reported having no children, while 24% reported having between one and four children. The age distribution of children present skews slightly older, with 13% of households including children aged 12–17, 11% with children aged 5–11, and 6% with children aged newborn to 4 years.

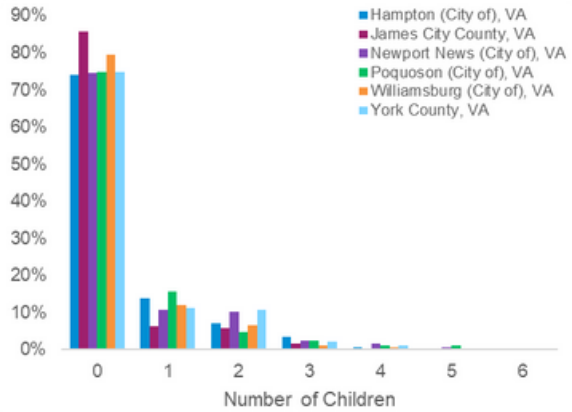
HOUSING



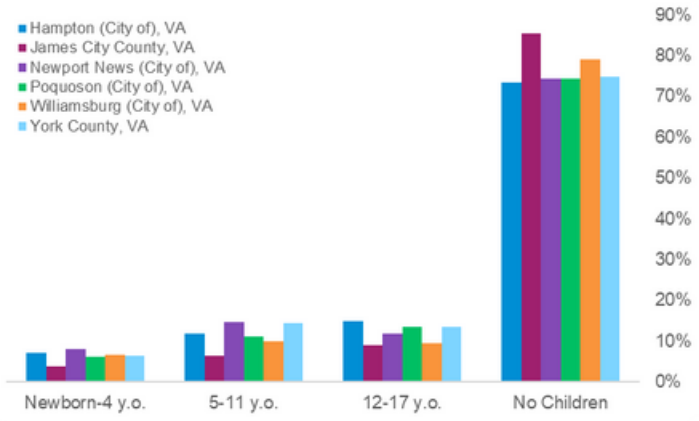
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



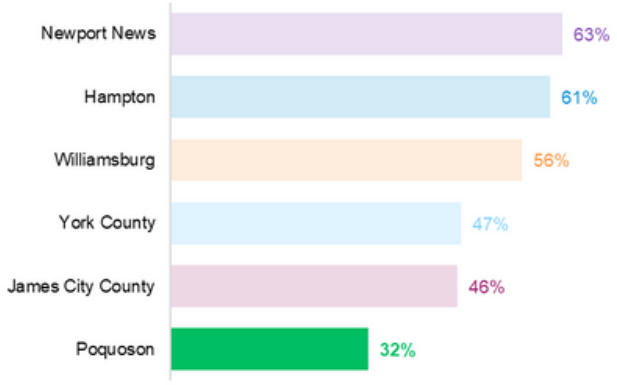
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

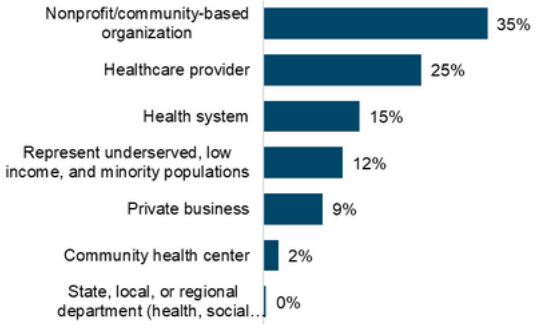
Stakeholders were asked which localities they serve and Response rates varied widely by locality. Poquoson was the least amount reported, at 47% of the stakeholders.



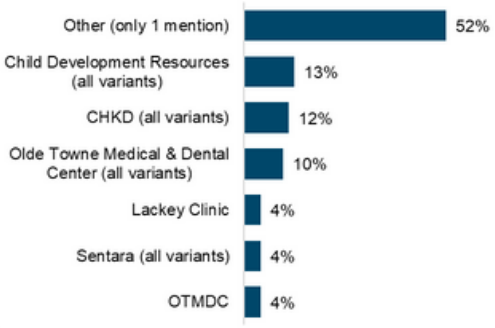
RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.



Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

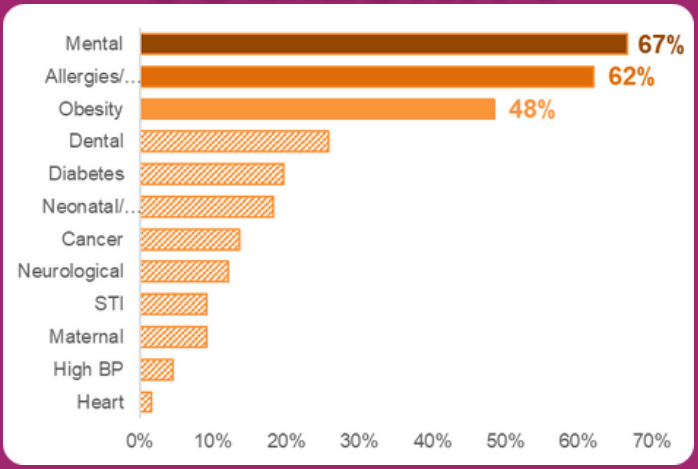
INIDIVIDUAL HEALTH CONCERNS

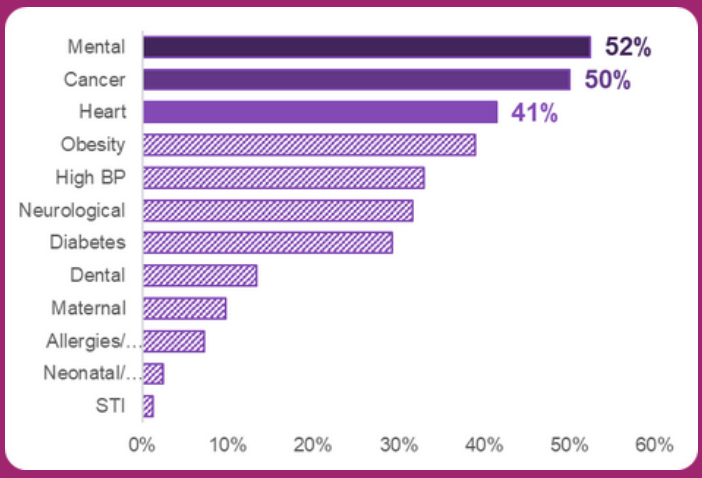
Survey responses from Poquoson show strong alignment with districtwide health priorities, particularly around mental health, chronic conditions, and youth wellness. For children and youth, both Poquoson community members and stakeholders identified mental health, allergies/asthma, and obesity as top concerns—closely mirroring districtwide findings.

For adults, mental health remained a shared priority across Poquoson and the district. However, differences emerged in the ranking of physical health concerns. Poquoson community members emphasized cancer (50%) and heart disease (41%), while stakeholders focused more on obesity (47%) and diabetes (39%). Districtwide, community members also prioritized cancer, but stakeholders leaned more heavily toward diabetes and obesity, suggesting a broader concern with chronic disease management.

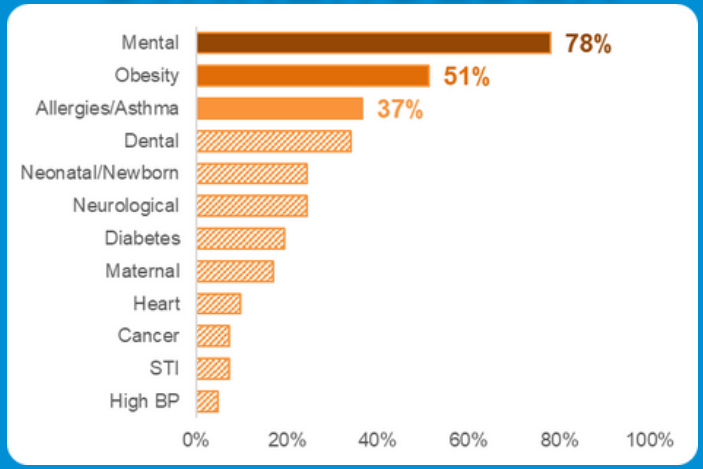
These findings highlight a strong regional consensus on the importance of mental health, while also pointing to local variations in how physical health challenges are perceived—insights that can inform more tailored, community-responsive health strategies.

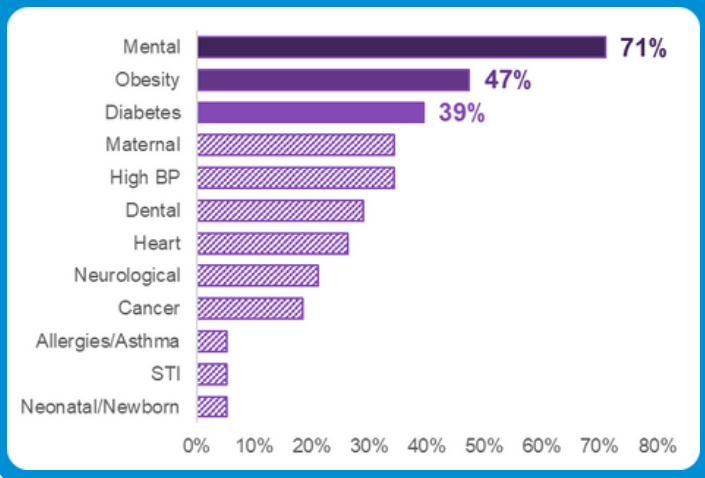
COMMUNITY





STAKEHOLDER



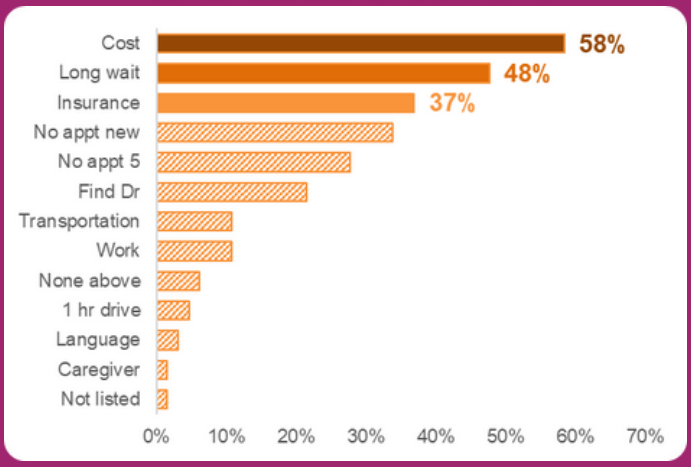


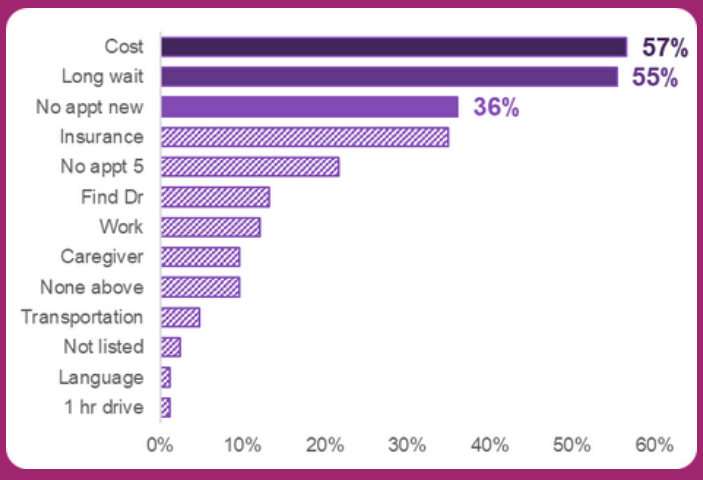
BARRIERS TO HEALTHCARE

Survey findings from the City of Poquoson closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. Poquoson community members echoed this, identifying cost (58%), long wait times (48%), and type of insurance (37%%) as the top barriers for children, and cost (57%), long wait times (55%), but placed greater emphasis on no new appointments (36%) for adults, which wasn't echoed as a districtwide concern.

Stakeholders in Poquoson varied slightly from districtwide perspectives, emphasizing long wait times (68%) and transportation (46%) as the primary barriers for children - with cost (37%) rising to the top three. For adults, they cited transportation (53%), type of insurance (53%), and long wait times (50%)—the former being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

COMMUNITY





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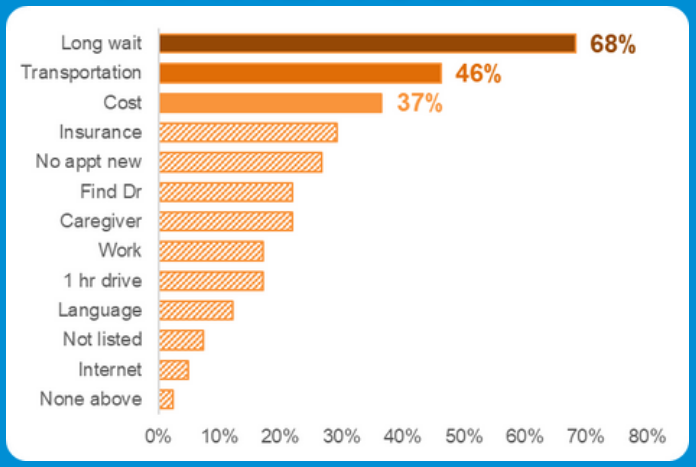
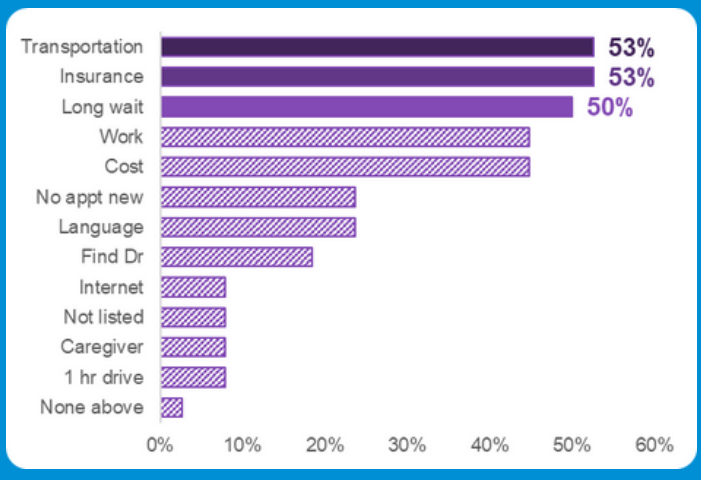




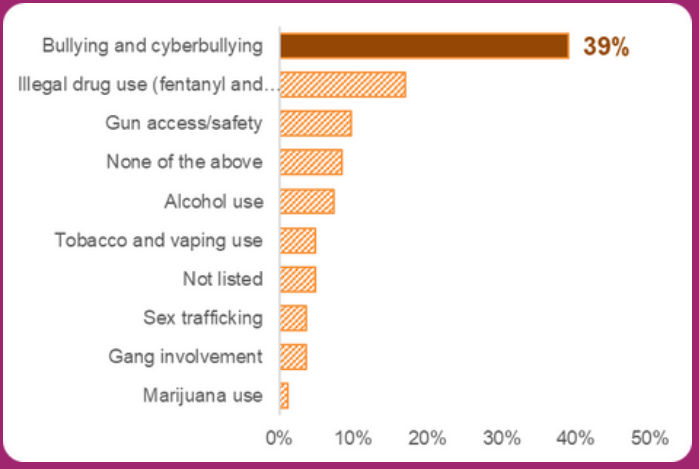
COMMUNITY HEALTH CONCERNS

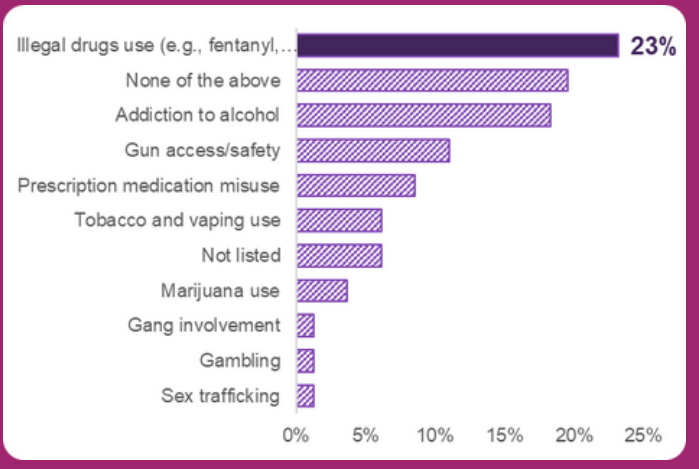
Survey responses from the City of Poquoson closely mirror districtwide findings on key health and safety concerns, especially for youth. Bullying and cyberbullying were identified as the top concern for children and youth by both Poquoson community members (39%) and stakeholders, aligning with districtwide results (41% community; 32% stakeholders). Other concerns—such as substance use and gun safety—also appeared consistently across both local and districtwide data.

For adults, illegal drug use was the leading concern among Poquoson community members (23%), consistent with districtwide community responses. However, Poquoson stakeholders placed greater emphasis on alcohol addiction (26%), while districtwide stakeholders highlighted a broader mix of concerns, including illegal drugs, alcohol, and gun access and safety.

**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.*

COMMUNITY





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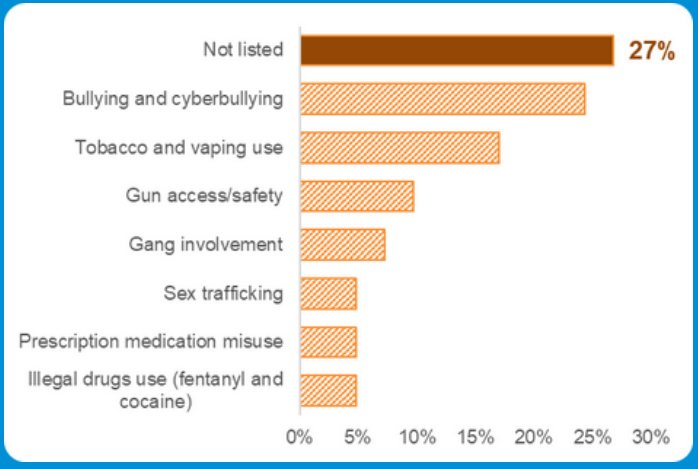
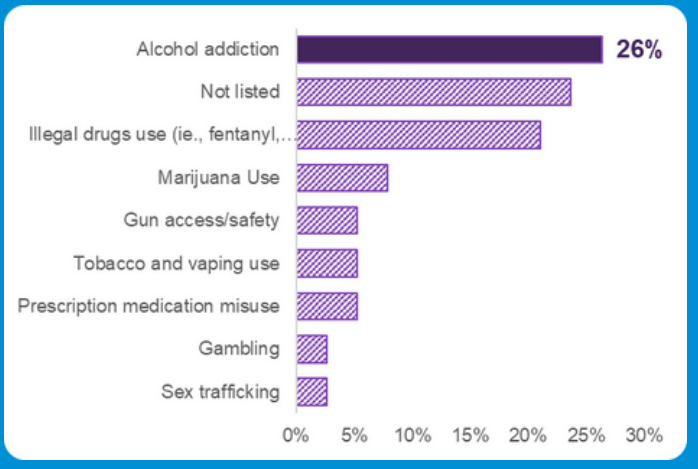




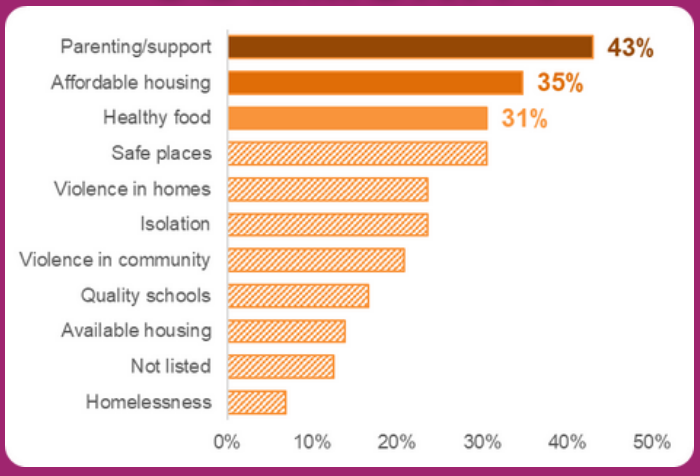
SOCIAL CONCERNS

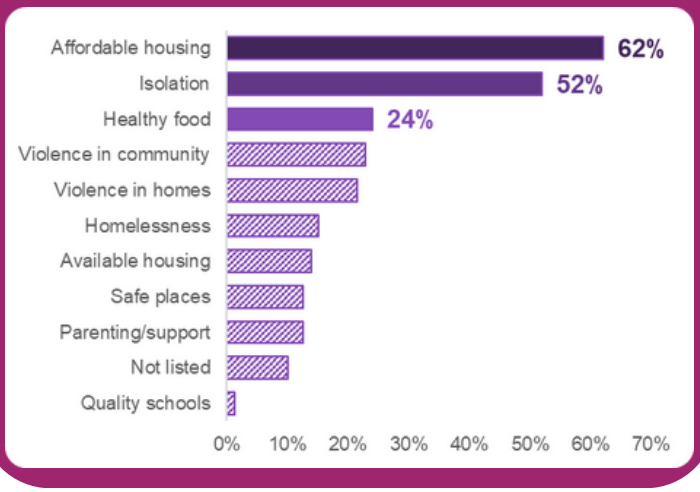
Survey responses from Poquoson align closely with districtwide findings on key nonmedical factors affecting health, particularly around parenting support, affordable housing, and healthy food access.

For youth, Poquoson community members prioritized parenting support (43%), affordable housing (35%), and healthy food (31%), which mirrors districtwide concerns. Stakeholders in Poquoson echoed these priorities, aligning with districtwide stakeholder responses that also emphasized parental support, food access, and housing stability.
For adults, affordable housing and isolation were top concerns in Poquoson, consistent with districtwide community findings. Poquoson stakeholders also highlighted violence in the home, which was less prominent in districtwide data, where homelessness was more frequently cited.

Overall, Poquoson's results reinforce districtwide priorities while also pointing to localized concerns, such as domestic violence, that may require targeted attention within broader regional strategies.

COMMUNITY





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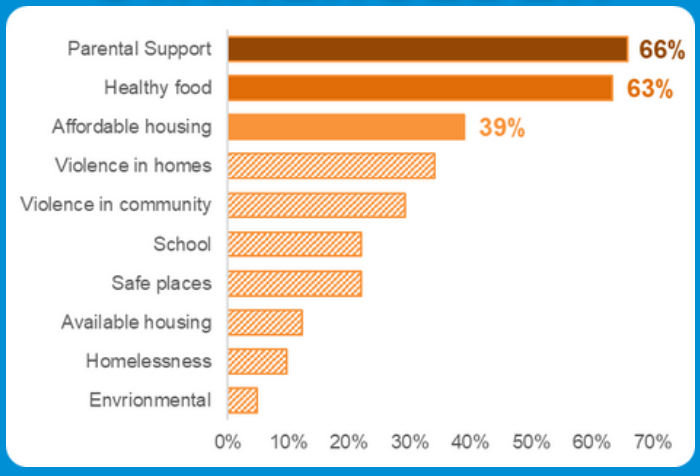
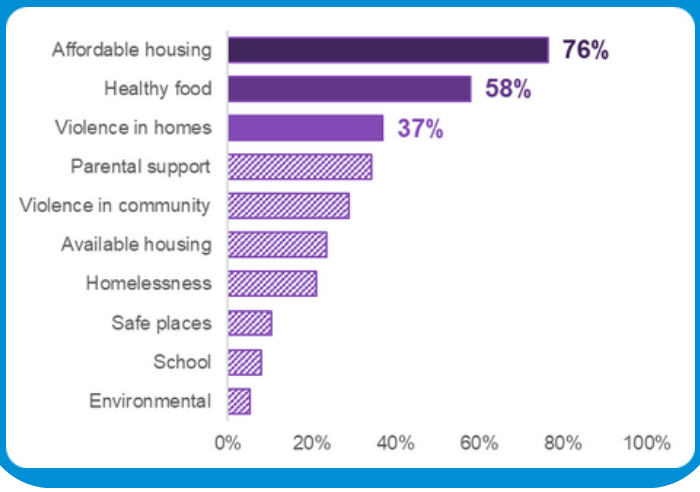




PERSONAL FACTORS

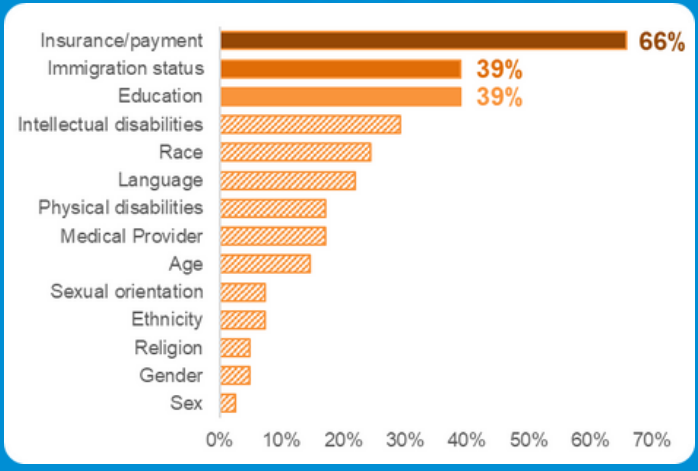
Survey responses from the City of Poquoson reflect strong alignment with districtwide findings on key personal barriers to healthcare access, particularly around insurance or payment type, which was the top concern among both Poquoson community members (66%) and stakeholders (66%), as well as districtwide respondents (68%).

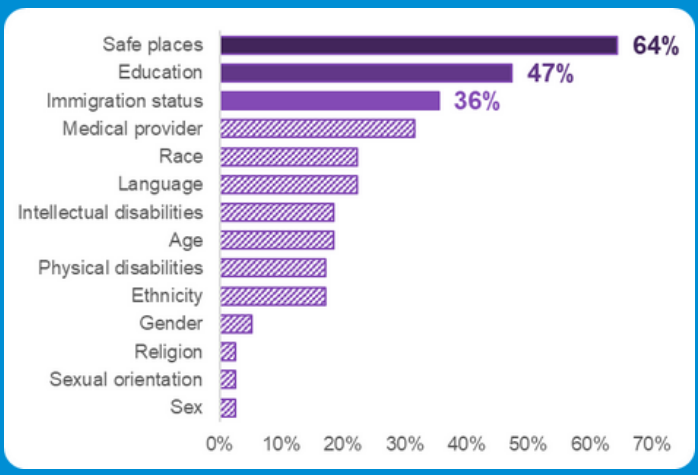
Poquoson stakeholders emphasized immigration status (39%) and education (39%), aligning with districtwide concerns about parental education and immigration status (29%), though intellectual disabilities (30%) were more prominent districtwide than locally.

For adults, Poquoson stakeholders highlighted safe places to receive care (64%), education level (47%), and immigration status (36%), closely mirroring districtwide stakeholder concerns around safe care settings (68%) and education (46%), but placing less emphasis on the role of the medical provider, which was more frequently cited districtwide (32%).

These findings show broad agreement on core barriers like insurance and education, while also pointing to localized concerns—such as immigration status and provider trust—that may require tailored approaches within broader districtwide strategies.

STAKEHOLDER





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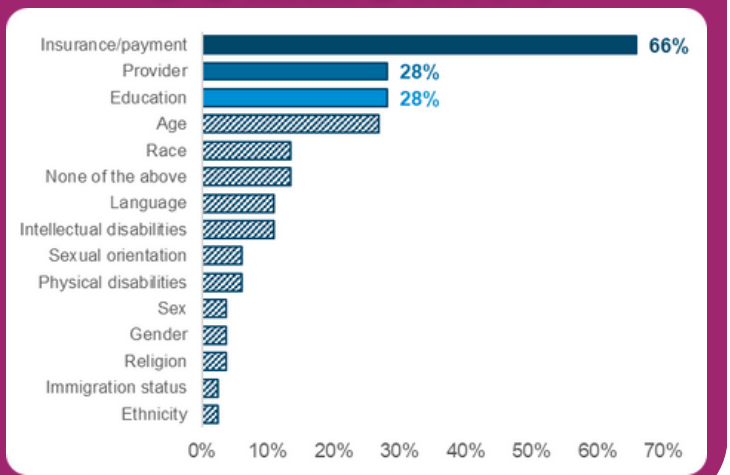


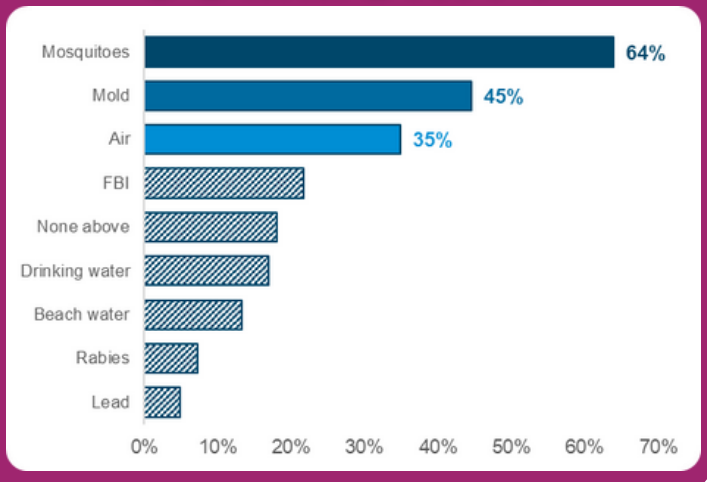
ENVIRONMENTAL SAFETY

Survey results from the City of Poquoson reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. Poquoson community members identified mosquitos (64%), mold (45%), and air quality (35%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in Poquoson emphasized similar issues, citing mold (56%), air quality (51%), and quality drinking water (37%) as the most pressing.

Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



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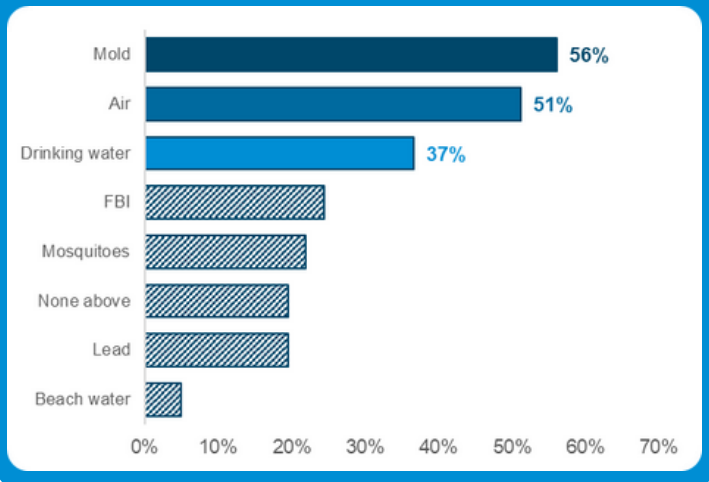


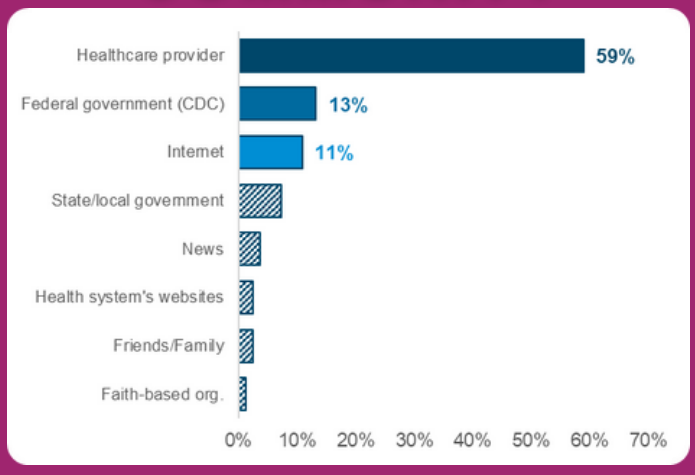
TRUSTED SOURCE

Results from the City of Poquoson demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among Poquoson community members, healthcare providers were overwhelmingly identified as the most trusted source (59%), followed by the federal government (13%) and internet (each at 11%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

Stakeholders in Poquoson perceived a slightly broader distribution of trust, identifying the internet (39%) and healthcare providers at (29%), and both faith-based and friends/family (12%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



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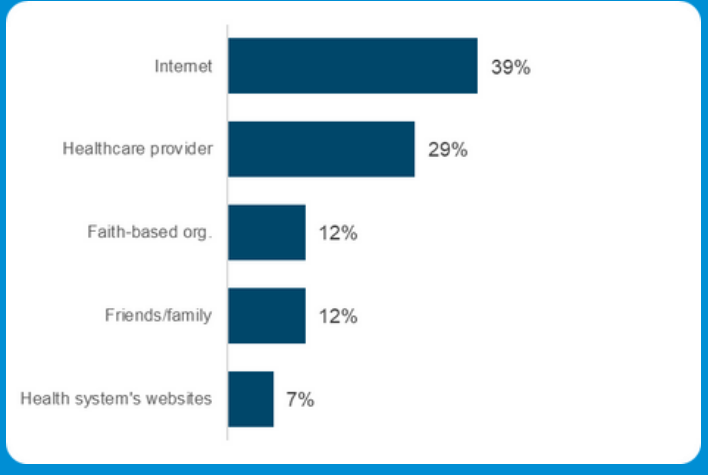


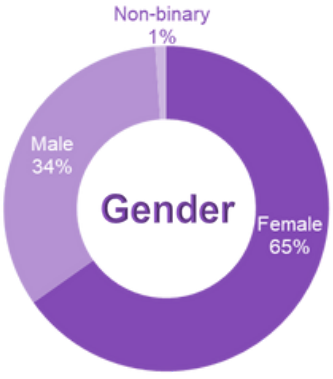
COMMUNITY DEMOGRAPHIC PROFILE

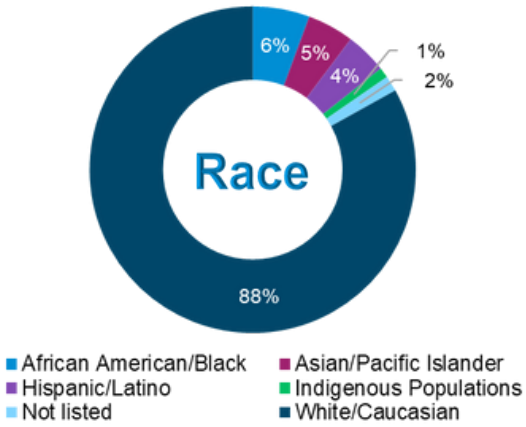
The community survey responses for the City of Williamsburg reflect a predominantly female participant base, with 65% identifying as female, 34% as male, and 1% as non-binary.

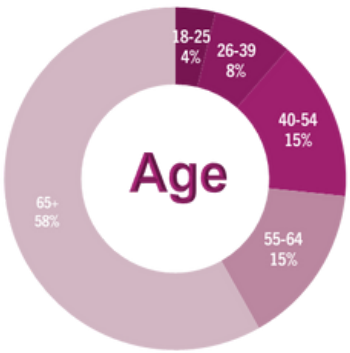
In terms of racial and ethnic representation, the overwhelming majority of respondents identified as White/Caucasian (88%), followed by African American/Black (6%), with smaller proportions identifying as Hispanic/Latino (4%) and Asian/Pacific Islander (5%).

The age distribution indicates a strong representation from older adults, with 58% of respondents aged 65 and older, and an additional 15% between the ages of 55 and 64. Respondents aged 45 to 54 made up 15%, while younger adults aged 26 to 39 and 18 to 25 accounted for 8% and 4%, respectively.

These demographics suggest that the survey captured insights primarily from older, White women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



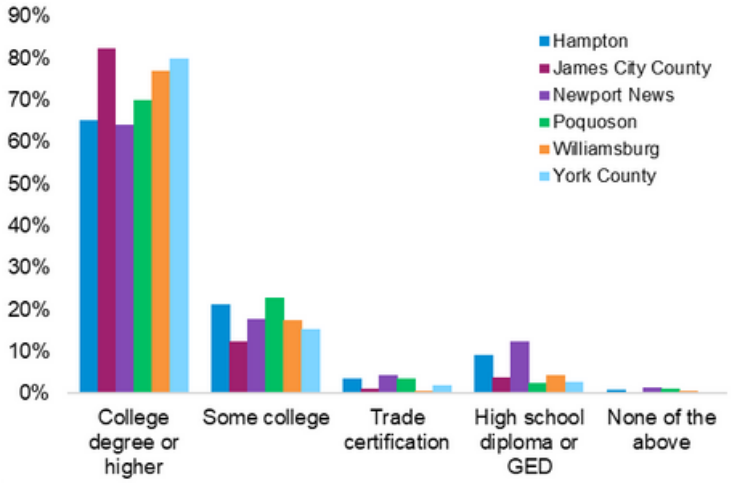




COMMUNITY DEMOGRAPHIC PROFILE

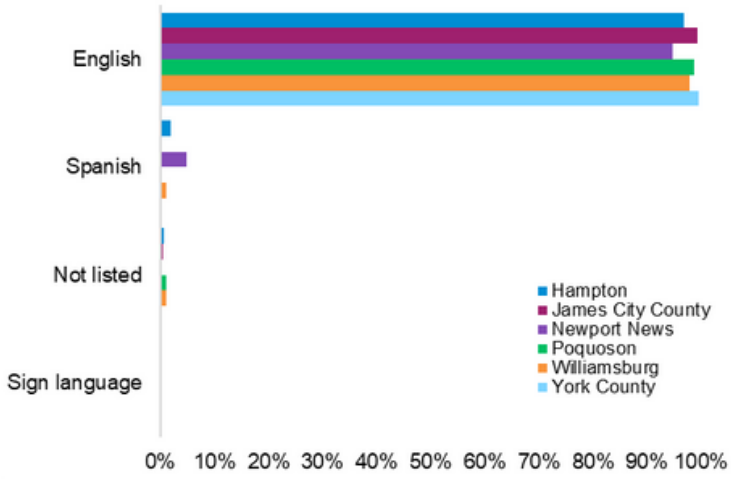
Education in the District

A significant majority, 77% of respondents, have achieved a college degree or higher. This indicates a strong emphasis on higher education within the community. Furthermore, 17% of respondents reported having some college education, while a smaller portion, 4%, have a high school diploma or GED.



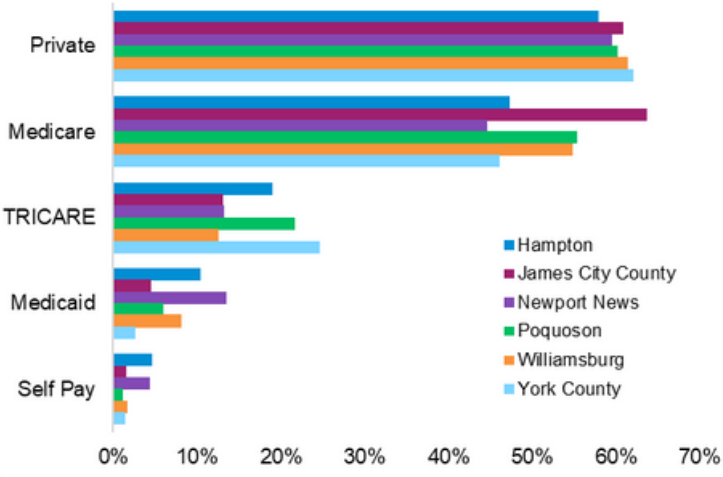
Language Demographics

A significant 97.8% of respondents reported that they are English-speaking. In comparison, a much smaller portion, just 1.1% of respondents, reported being Spanish-speaking.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. The most common type of coverage reported was private insurance, held by 61% of respondents. Additionally, a significant number of individuals are covered by government programs, with Medicare being the most prevalent at 55%. Other notable forms of coverage include Tricare at 13% and Medicaid at 8%. A small percentage of respondents, 2%, reported being self-pay, indicating they do not have a formal insurance plan.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

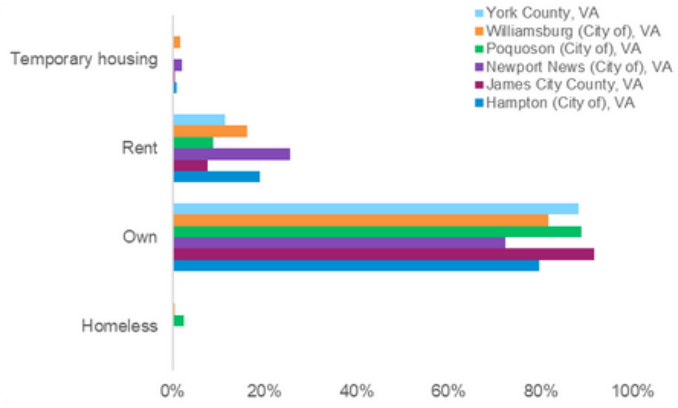
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 82% of respondents own their homes, 16% rent, and 2% reside in temporary housing, with 1% of respondents reporting homelessness.

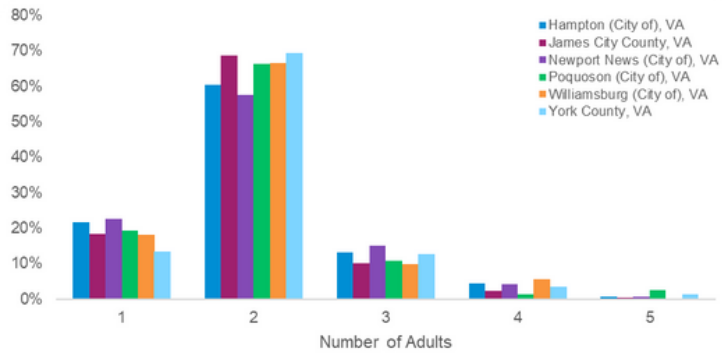
Household composition data shows that 66% of respondents live in two-adult households, 18% live alone, 10% live with three adults, and 5% with four adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 79% of respondents reported having no children, while 21% reported having between one and four children. The age distribution of children present skews slightly older, with 9% of households including children aged 12–17, 10% with children aged 5–11, and 7% with children aged newborn to 4 years.

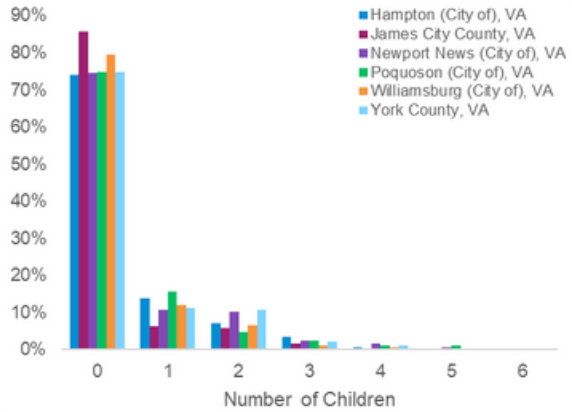
HOUSING



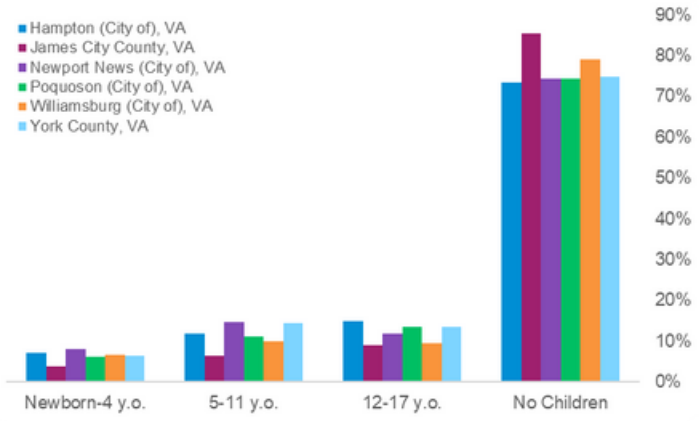
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



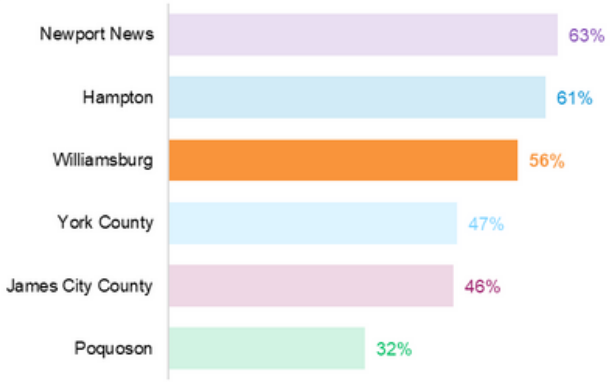
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

Stakeholders were asked which localities they serve and Response rates varied widely by locality. Williamsburg was reported by 56% of the stakeholders.

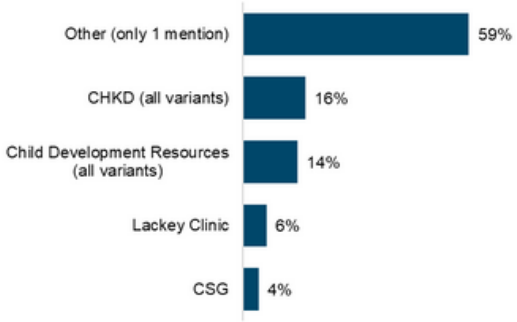


RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.

Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



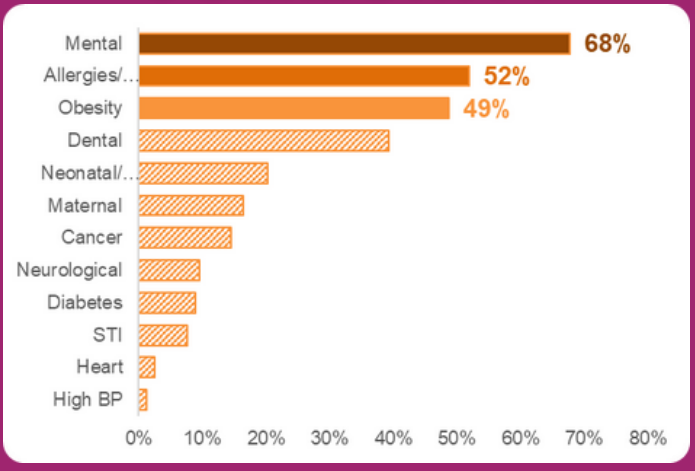
Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

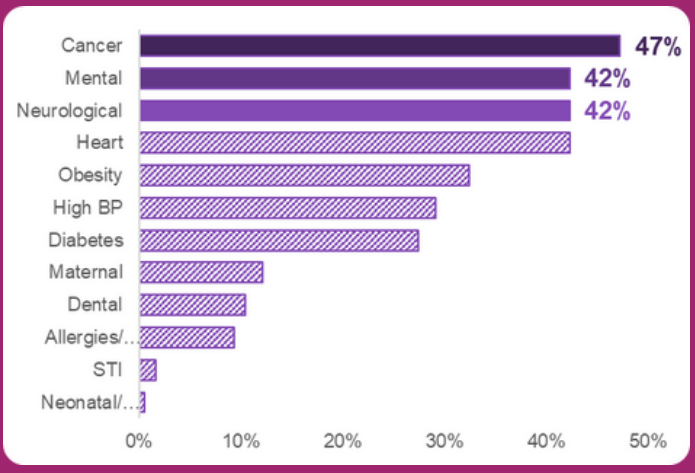
INIDIVIDUAL HEALTH CONCERNS

Community survey responses from Williamsburg reveal a strong alignment with districtwide health concerns, particularly around mental health, chronic conditions, and youth wellness. Among Williamsburg community members, the most pressing health issues identified for children and youth were mental health (68%), allergies/asthma (52%), and obesity (49%). For adults, the top concerns were cancer (47%), mental health (42%), and neurological conditions (42%). Notably, neurological conditions emerged as a unique concern among Williamsburg community respondents and were not reflected in the broader districtwide or stakeholder data, suggesting this may be an outlier specific to this locality.

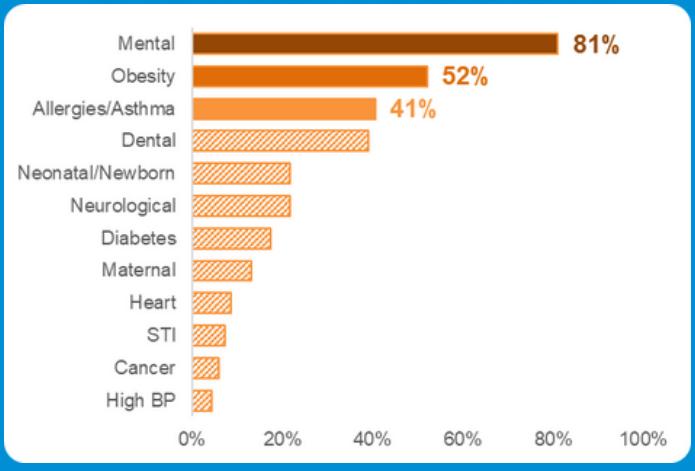
Overall, the Williamsburg-specific data aligns closely with districtwide trends, reinforcing the need for targeted interventions in mental health support, chronic disease prevention, and youth health promotion. The consistency across both community and stakeholder perspectives strengthens the case for coordinated, districtwide strategies to address these shared health priorities.

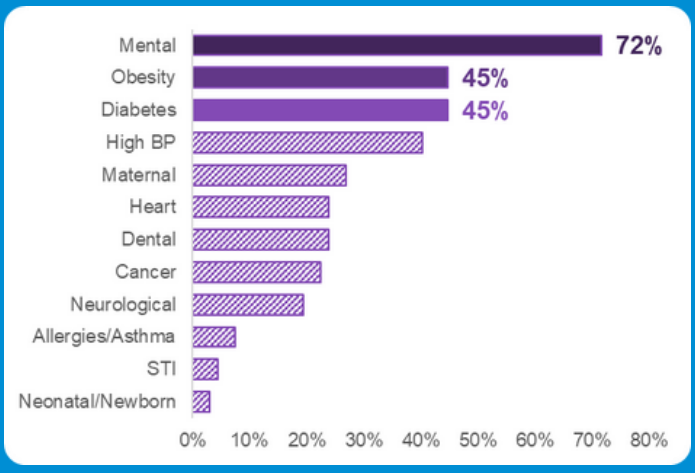
COMMUNITY





STAKEHOLDER



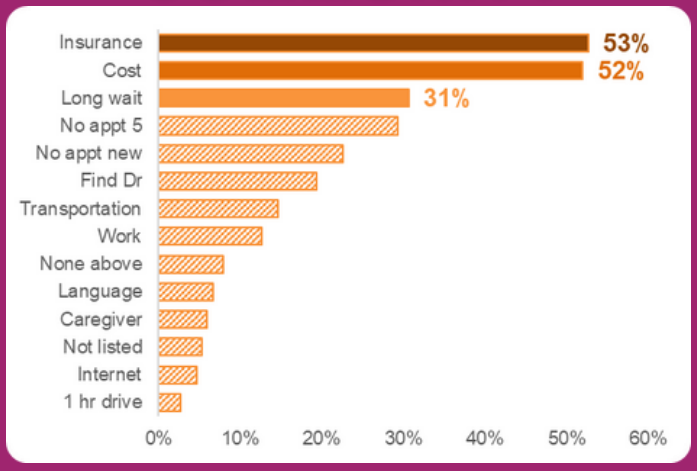


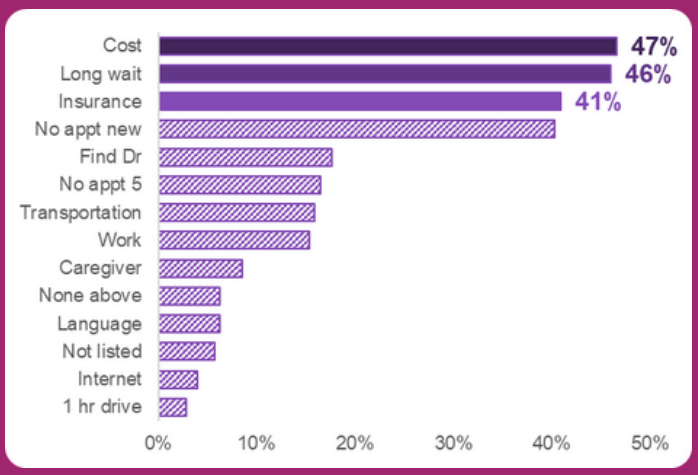
BARRIERS TO HEALTHCARE

Survey findings from the City of Williamsburg closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. Williamsburg community members echoed this, identifying type of insurance (53%), cost (52%), and long wait times (31%) as the top barriers for children, and cost (47%), long wait times (46%), and type of insurance (41%) for adults.

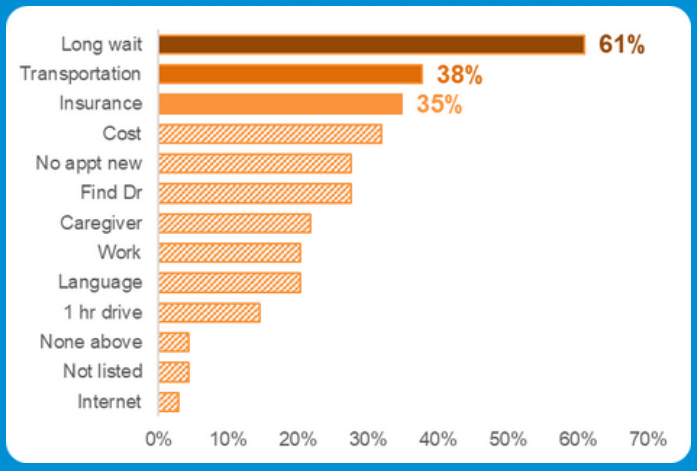
Stakeholders in Williamsburg also aligned with districtwide perspectives, emphasizing long wait times (61%), transportation (38%), and transportation (35%) as the primary barriers for children. For adults, they equally cited type of insurance and long wait times (48%), and transportation (42%)—the latter being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

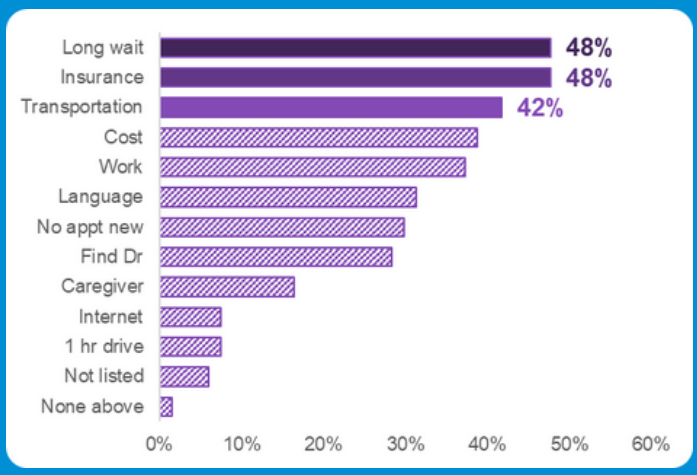
COMMUNITY





STAKEHOLDER





COMMUNITY HEALTH CONCERNS

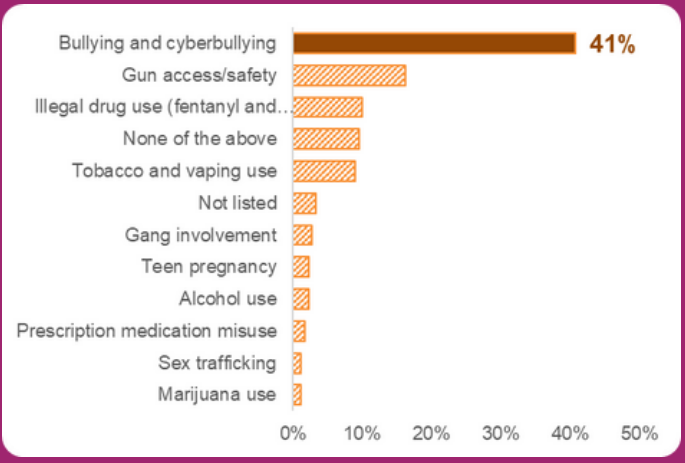
Survey responses from the City of Williamsburg largely align with districtwide findings on key health and safety concerns. Bullying and cyberbullying were identified as the top concern for youth by both Williamsburg community members (41%) and stakeholders (35%), consistent with districtwide results (41% and 32%, respectively). Gun access and safety also ranked highly across both levels.

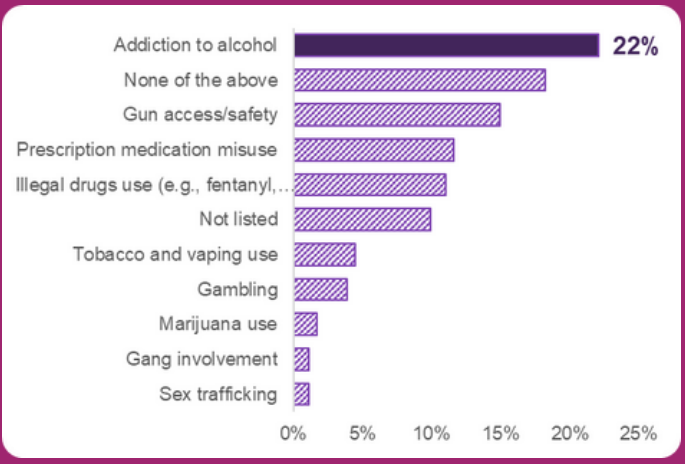
For adults, alcohol addiction was a leading concern in Williamsburg, while districtwide, illegal drug use was the top issue, followed by gun safety and alcohol. This suggests a stronger local focus on alcohol-related issues.

These findings support the need for districtwide strategies focused on youth safety, mental health, and substance use, while also allowing for community-specific priorities.

**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.*

COMMUNITY





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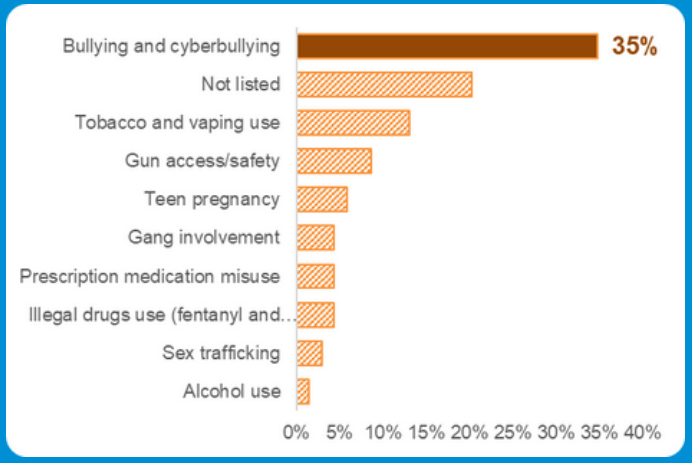
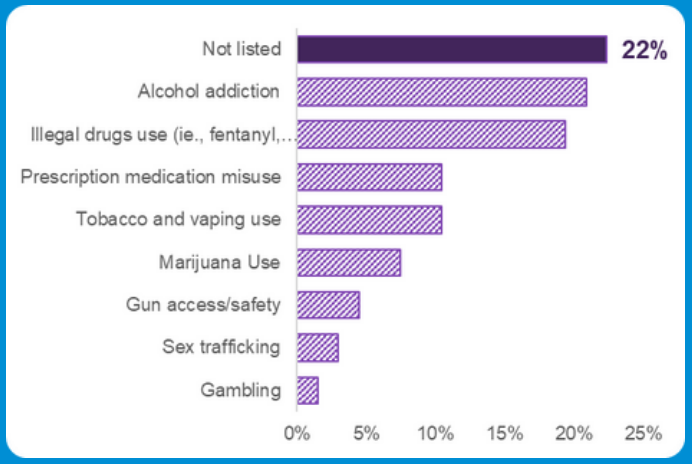




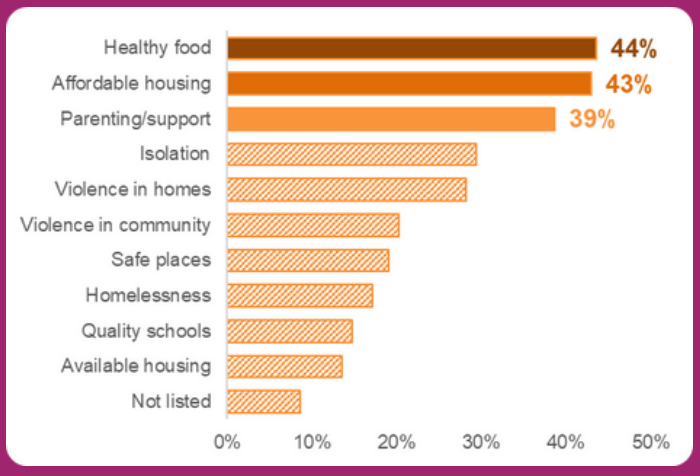
SOCIAL CONCERNS

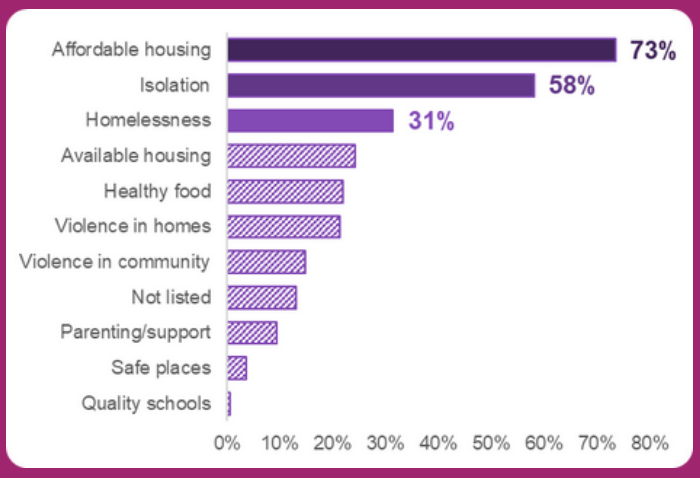
Survey results from the City of Williamsburg generally align with districtwide findings on key social determinants of health, with some local distinctions. For youth, Williamsburg community members prioritized healthy food access (44%), affordable housing (43%), and parenting support (39%), closely matching districtwide concerns. Stakeholders echoed these priorities, emphasizing parental support (61%), healthy food access (59%), and affordable housing (43%).

For adults, affordable housing was the top concern across both Williamsburg and the district. However, Williamsburg respondents placed greater emphasis on isolation (58%) and homelessness (31%), while stakeholders also highlighted violence in homes (39%)—issues less prominent in districtwide data.

These results reflect shared priorities around housing and food access, while also pointing to localized concerns that may benefit from tailored interventions within broader districtwide strategies.

COMMUNITY





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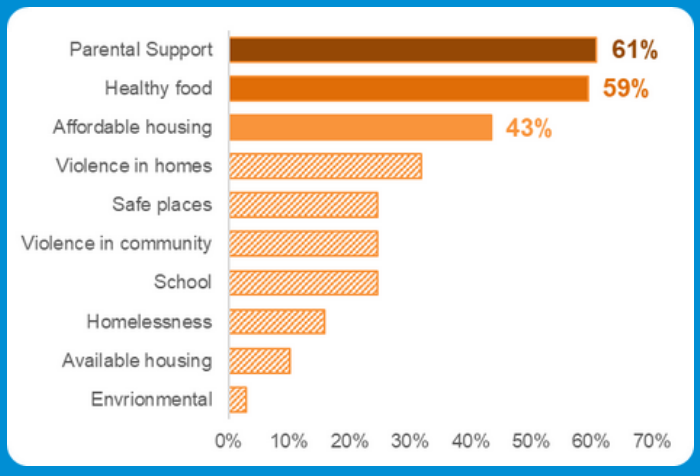
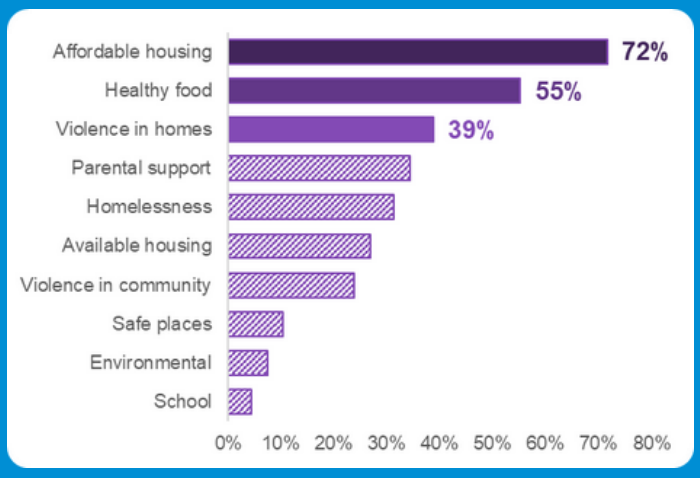




PERSONAL FACTORS

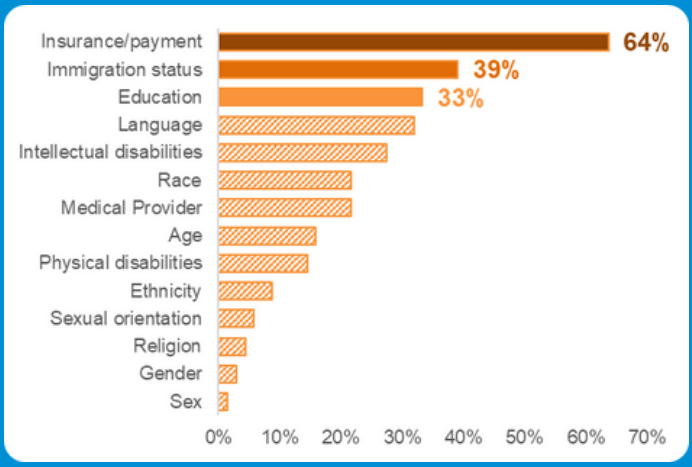
Survey responses from the City of Williamsburg reflect strong alignment with districtwide findings on key personal barriers to healthcare access, particularly around insurance or payment type, which was the top concern among both Williamsburg community members (67%) and stakeholders (64%), as well as districtwide respondents (68%).

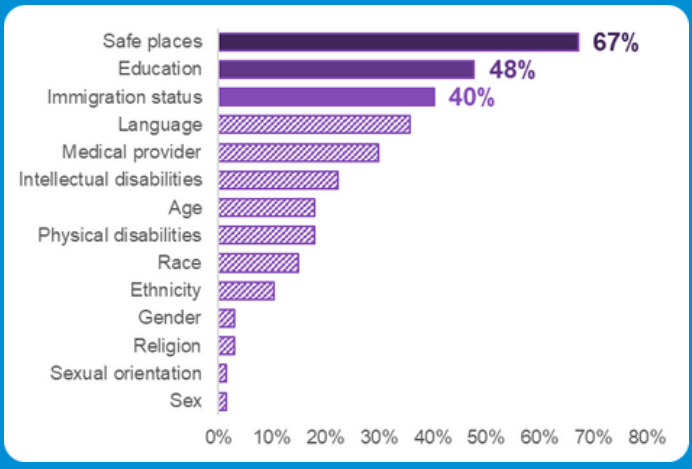
For youth, Williamsburg stakeholders emphasized education (33%) and immigration status (39%), aligning with districtwide concerns about parental education and immigration status (29%), though intellectual disabilities (30%) were more prominent districtwide than locally.

For adults, Williamsburg stakeholders highlighted safe places to receive care (67%), education level (48%), and immigration status (40%), closely mirroring districtwide stakeholder concerns around safe care settings (68%) and education (46%), but placing less emphasis on the role of the medical provider, which was more frequently cited districtwide (32%).

These findings show broad agreement on core barriers like insurance and education, while also pointing to localized concerns—such as immigration status and provider trust—that may require tailored approaches within broader districtwide strategies.

STAKEHOLDER





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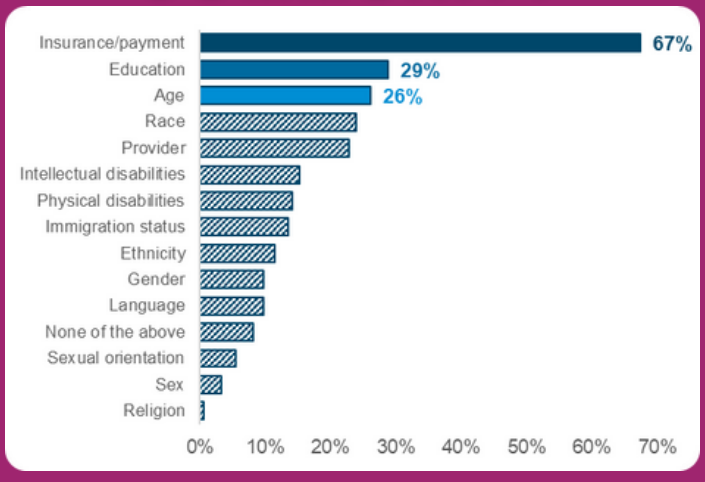


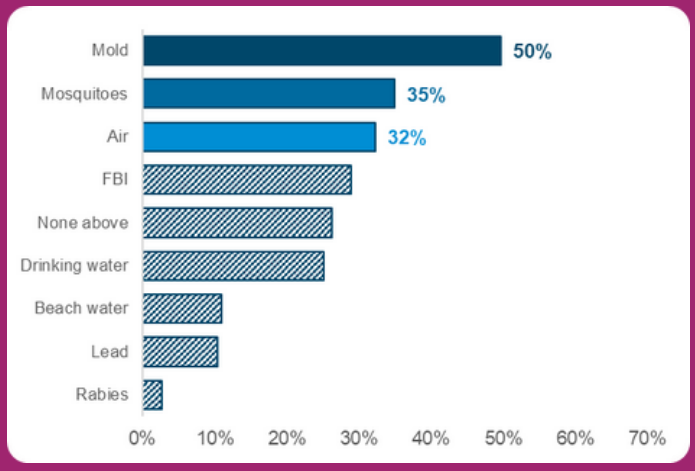
ENVIRONMENTAL SAFETY

Survey results from the City of Williamsburg reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. Williamsburg community members identified mold (50%), mosquitos (35%), and air quality (32%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in Williamsburg emphasized similar issues, citing mold (57%), air quality (42%), and quality drinking water (36%) as the most pressing.

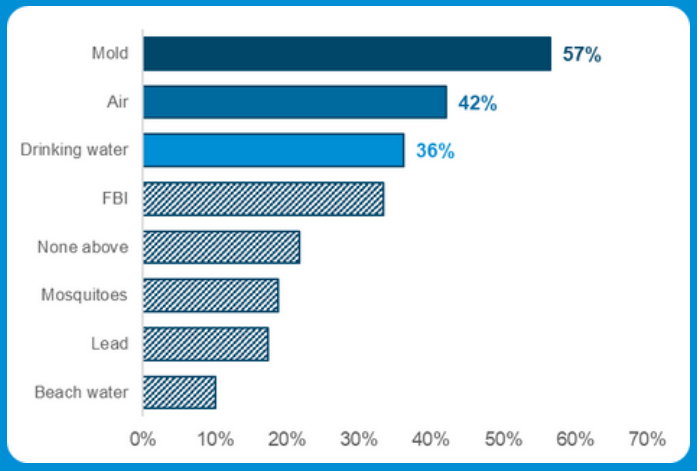
Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



STAKEHOLDER



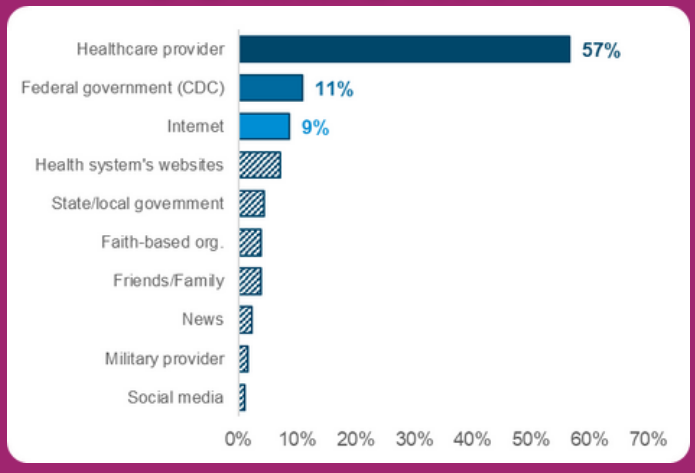
TRUSTED SOURCE

Results from the City of Williamsburg demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among Williamsburg community members, healthcare providers were overwhelmingly identified as the most trusted source (57%), followed by the federal government (11%) and internet (each at 9%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

Stakeholders in Williamsburg perceived a slightly broader distribution of trust, identifying healthcare providers and the internet at (30%), and friends/family (20%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



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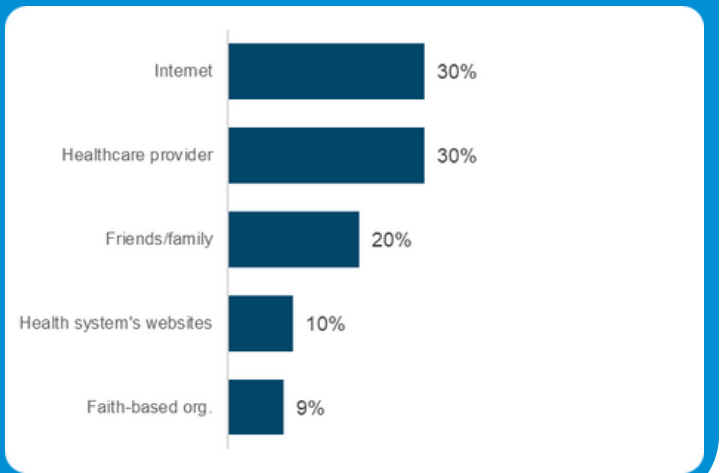


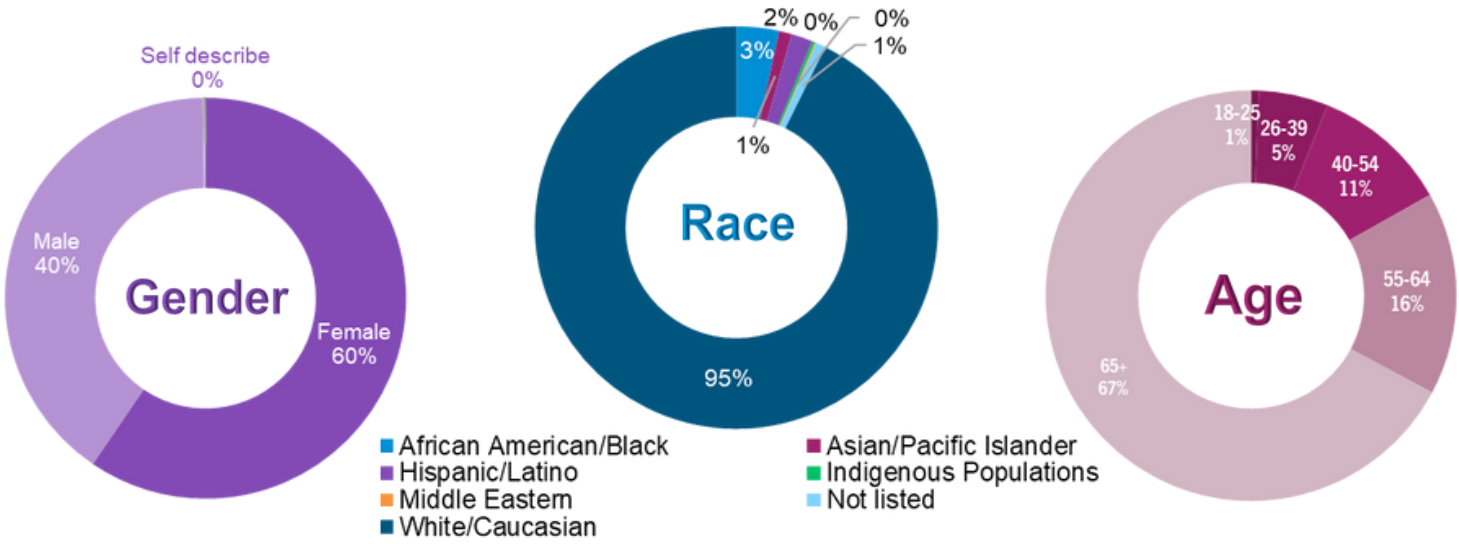
COMMUNITY DEMOGRAPHIC PROFILE

The community survey responses for James City County reflect a predominantly female participant base, with 60% identifying as female, and 40% as male.

In terms of racial and ethnic representation, the overwhelming majority of respondents identified as White/Caucasian (95%), with smaller proportions identifying as African American/Black (3%), and Hispanic (2%).

The age distribution indicates a strong representation from older adults, with 67% of respondents aged 65 and older, and an additional 16% between the ages of 55 and 64. Respondents aged 40 to 54 made up 11%, adults aged 26 to 39 accounted for 5%, and 1% for ages 18-25.

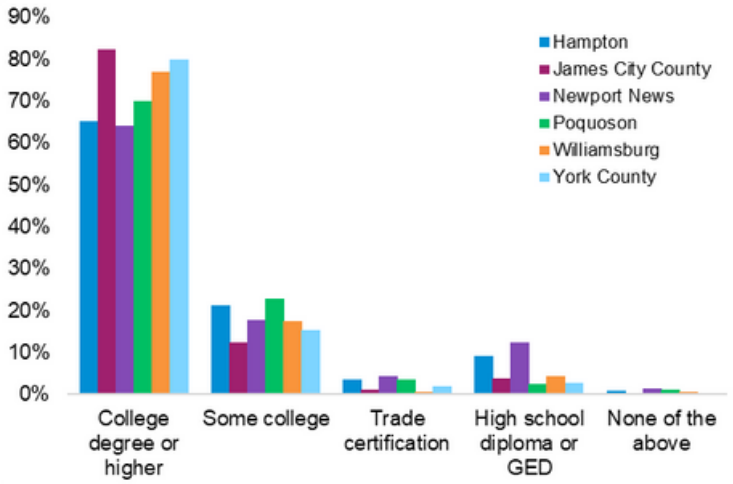
These demographics suggest that the survey captured insights primarily from older, White women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



COMMUNITY DEMOGRAPHIC PROFILE

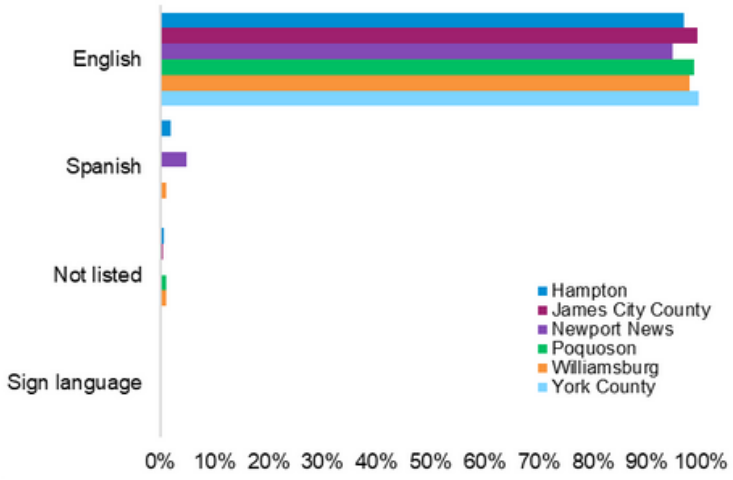
Education

A significant majority, 82% of respondents, have achieved a college degree or higher. This indicates a strong emphasis on higher education within the community. Furthermore, 12% of respondents reported having some college education, while a smaller portion, 4%, have a high school diploma or GED.



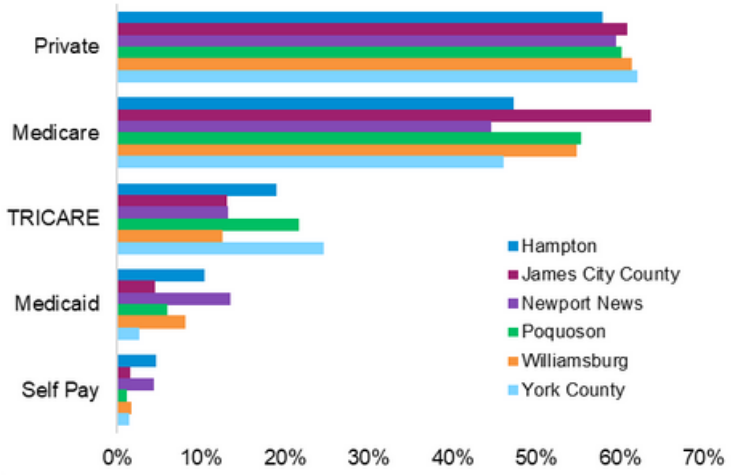
Language Demographics

A significant 99.4% of respondents reported that they are English-speaking. In comparison, a much smaller portion, just 0.1% of respondents, reported being Spanish-speaking.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. The most common type of coverage reported was Medicare, held by 64% of respondents. Additionally, a significant number of individuals have private insurance (61%). Other notable forms of coverage include Tricare at 13% and Medicaid at 5%. A small percentage of respondents, 2%, reported being self-pay, indicating they do not have a formal insurance plan.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

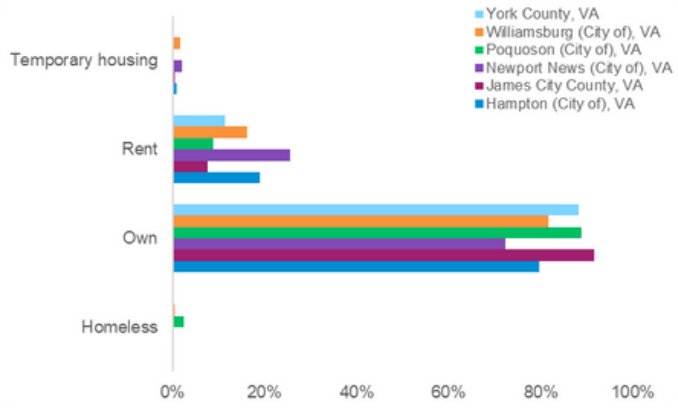
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 92% of respondents own their homes and 8% rent.

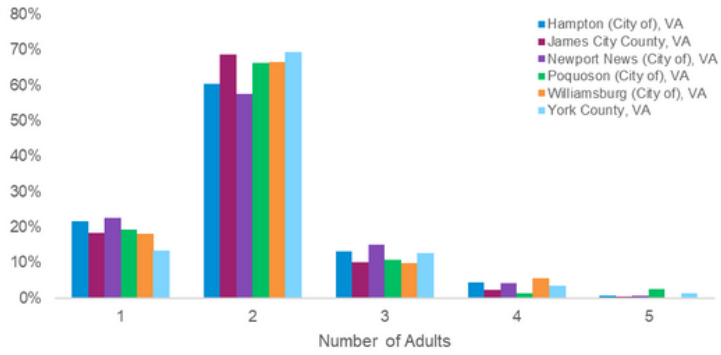
Household composition data shows that 69% of respondents live in two-adult households, 18% live alone, 10% live with three adults, and 2% with four adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 86% of respondents reported having no children, while 14% reported having between one and three children. The age distribution of children present skews slightly older, with 9% of households including children aged 12–17, 6% with children aged 5–11, and 4% with children aged newborn to 4 years.

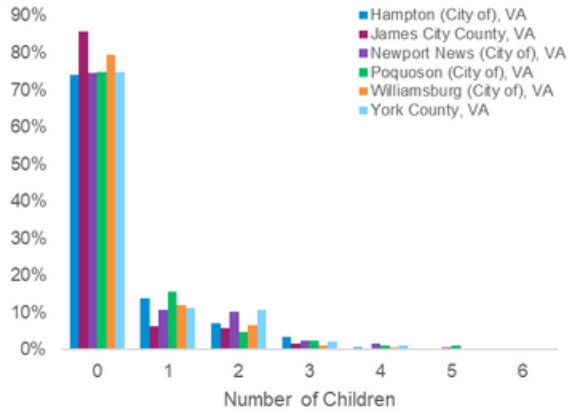
HOUSING



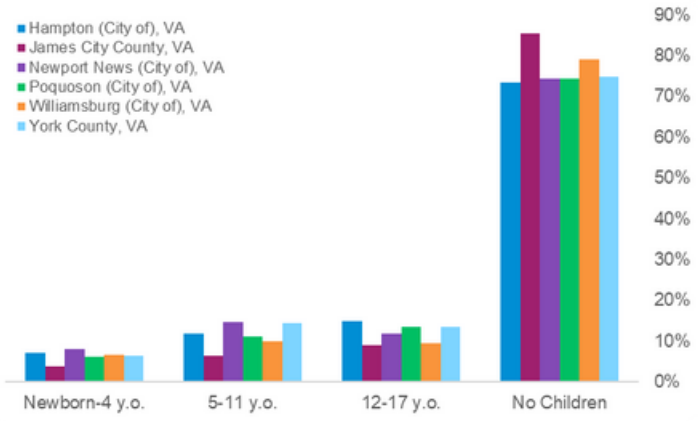
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



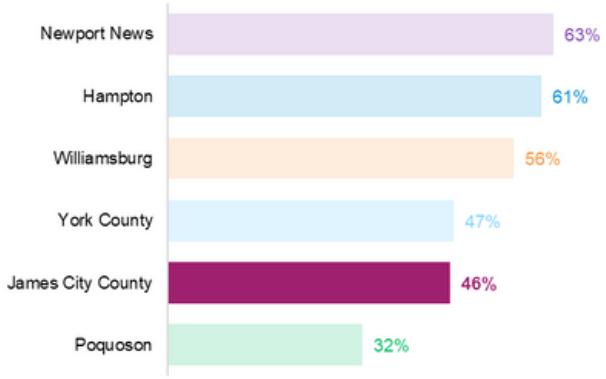
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

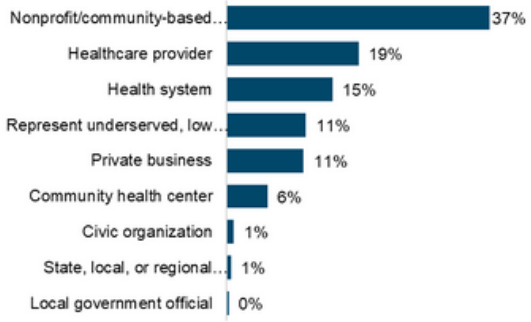
Stakeholders were asked which localities they serve and Response rates varied widely by locality. James City County was reported by 47% of the stakeholders.



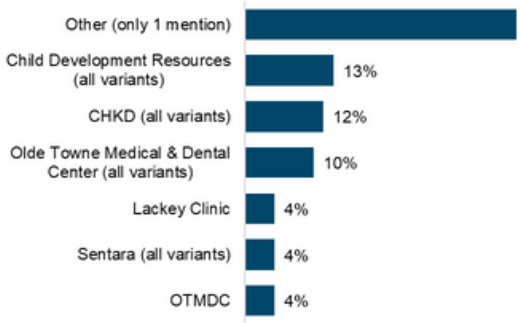
RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.



Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



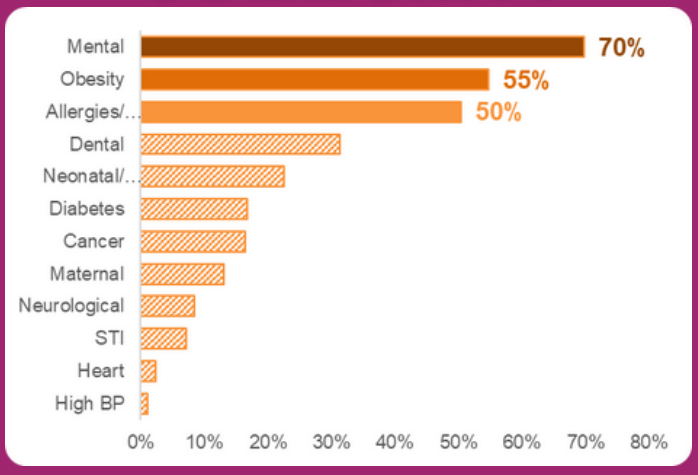
Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

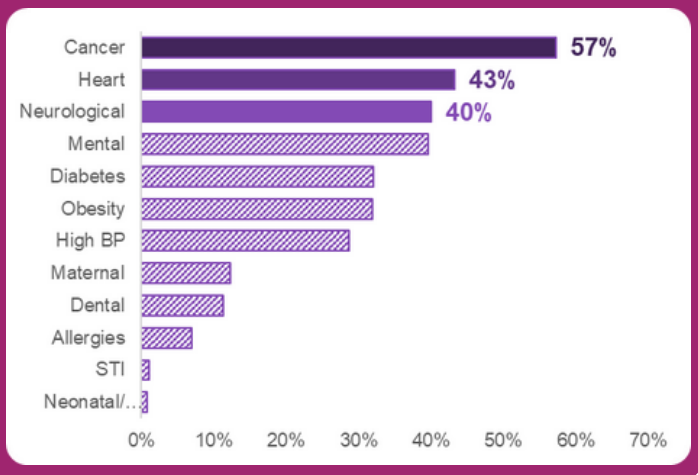
INIDIVIDUAL HEALTH CONCERNS

Survey responses from James City County show strong alignment with districtwide health priorities, particularly around mental health, chronic conditions, and youth wellness. For children and youth, both Poquoson community members and stakeholders identified mental health and obesity as top concerns—closely mirroring districtwide findings. James City County stakeholders also highlighted access to dental services (44%) for youth, which was less prominent in districtwide data.

For adults, mental health remained a shared priority across James City County and the district. However, differences emerged in the ranking of physical health concerns. James City County community members emphasized cancer (50%) and heart disease (41%), while stakeholders focused more on obesity (47%) and diabetes (39%). Districtwide, community members also prioritized cancer, but stakeholders leaned more heavily toward diabetes and obesity, suggesting a broader concern with chronic disease management.

COMMUNITY





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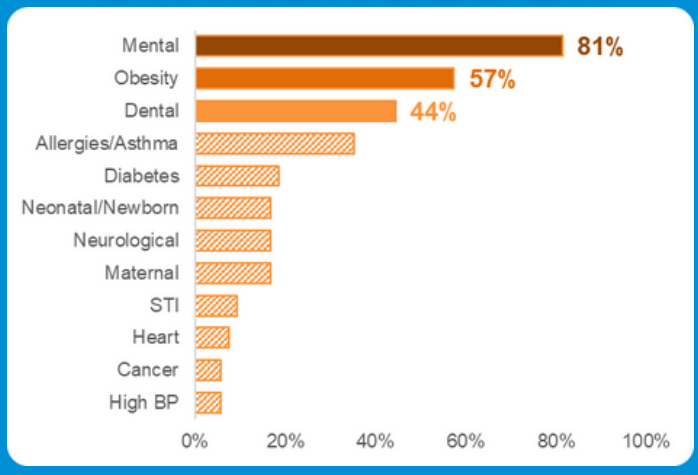
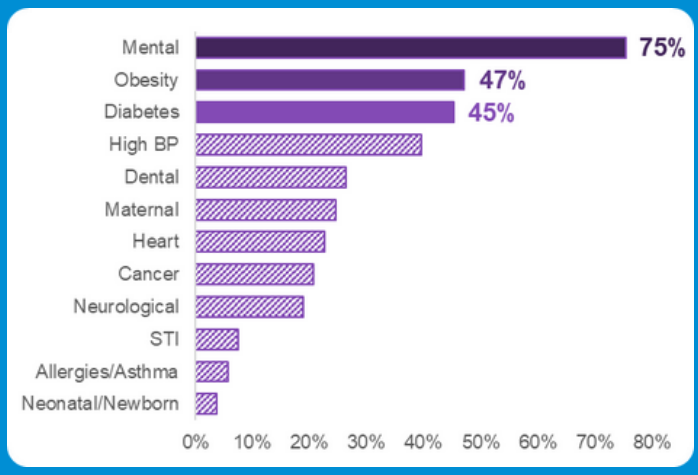


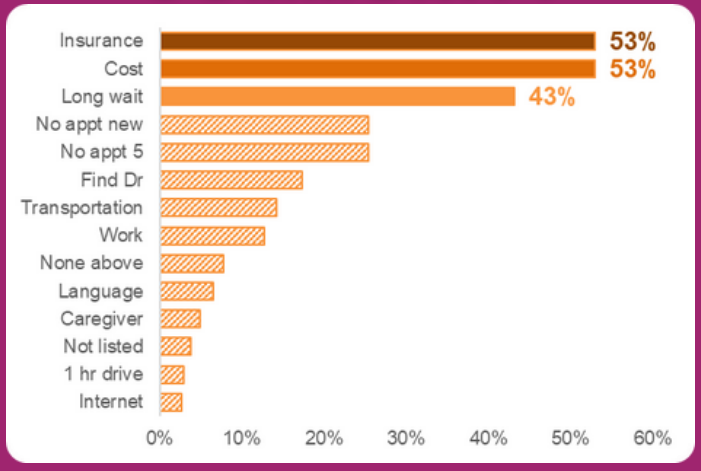


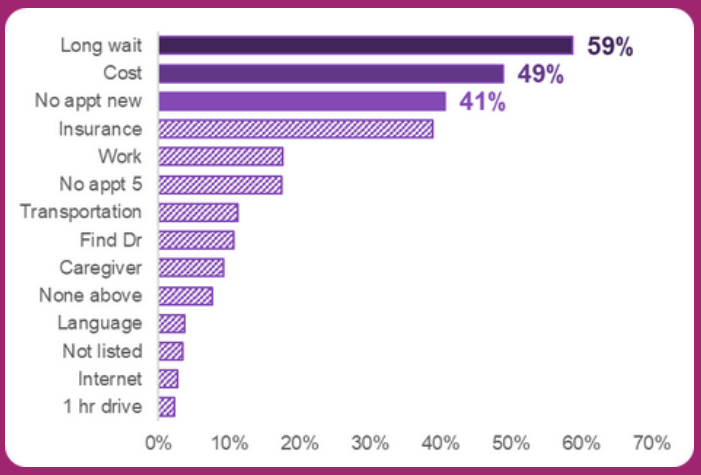
BARRIERS TO HEALTHCARE

Survey findings from James City County closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. James City County community members echoed this, identifying type of insurance (53%), cost (53%), and long wait times (43%) as the top barriers for children, and cost (49%) and long wait times (59%) for adults. Additionally, no new appointments was prioritized (43%) for adults.

Stakeholders in James City County also aligned with districtwide perspectives, emphasizing long wait times (56%), transportation (52%), and type of insurance (41%) as the primary barriers for children. For adults, they equally cited type of insurance, long wait times, and transportation (51%)—the latter being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

COMMUNITY





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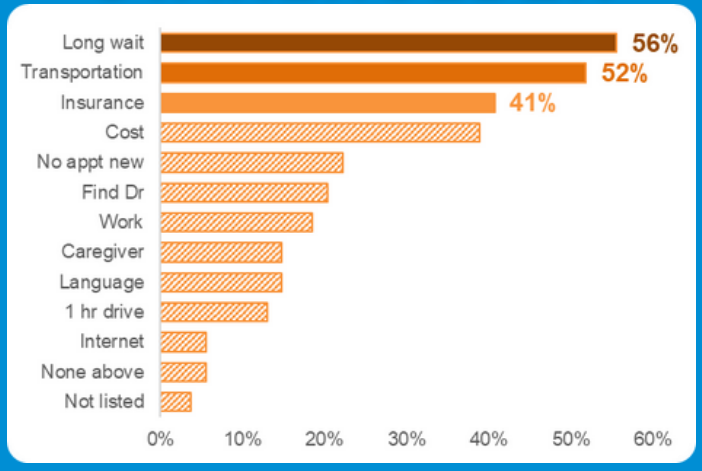
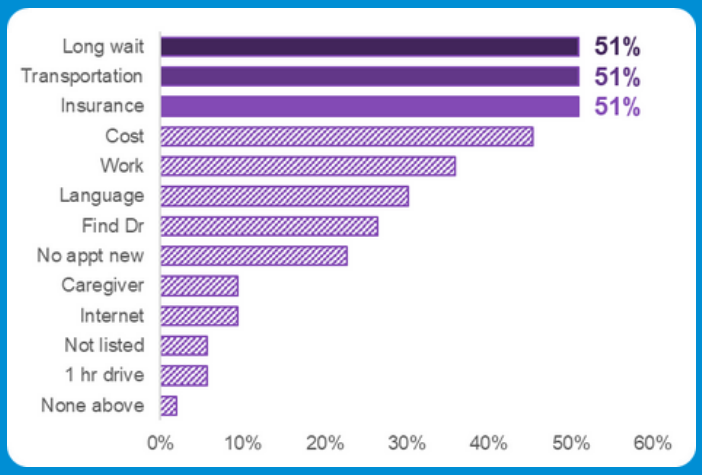




COMMUNITY HEALTH CONCERNS

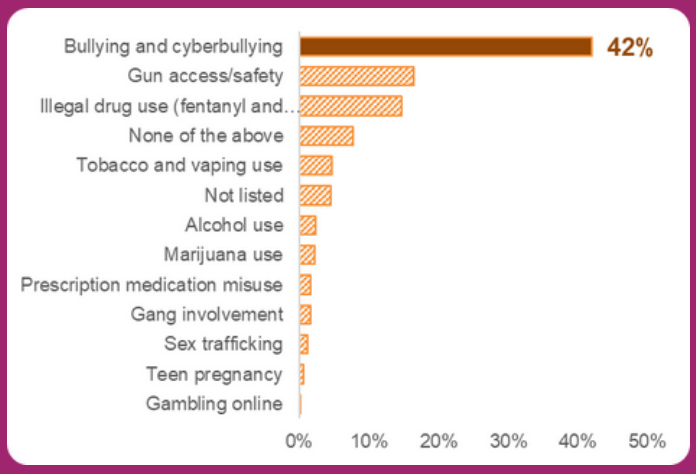
Survey responses from James City County largely align with districtwide findings on key health and safety concerns. Bullying and cyberbullying were identified as the top concern for youth by both community members (42%) and stakeholders (37%), consistent with districtwide results (41% and 32%, respectively). Gun access and safety also ranked highly for community members, whereas stakeholders noted tobacco and vaping use as a concern.

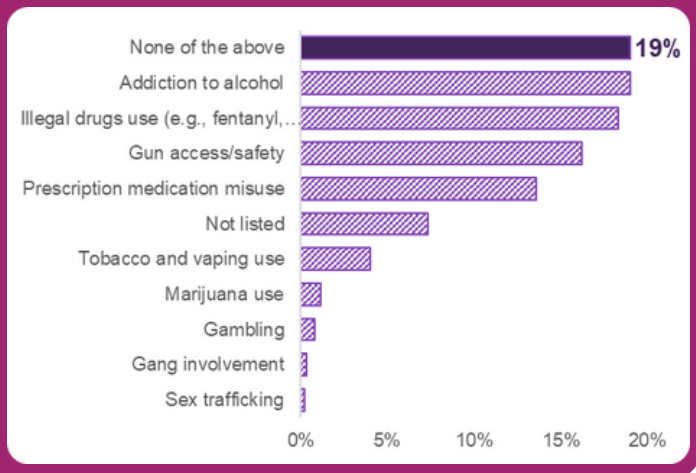
For adults, alcohol addiction was a leading concern in James City County, while districtwide, illegal drug use was the top issue, followed by gun safety and alcohol. This suggests a localized emphasis on alcohol-related concerns in James City County not as strongly reflected in broader district data.

Overall, these findings support the need for districtwide strategies focused on youth safety, mental health, and substance use, while also allowing for community-specific priorities.

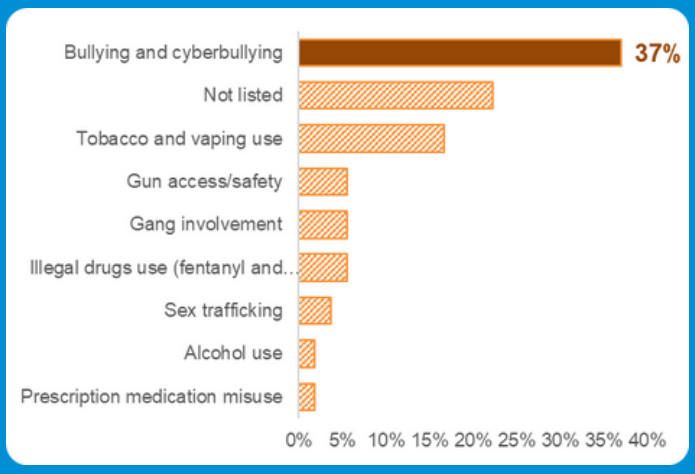
**Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage*

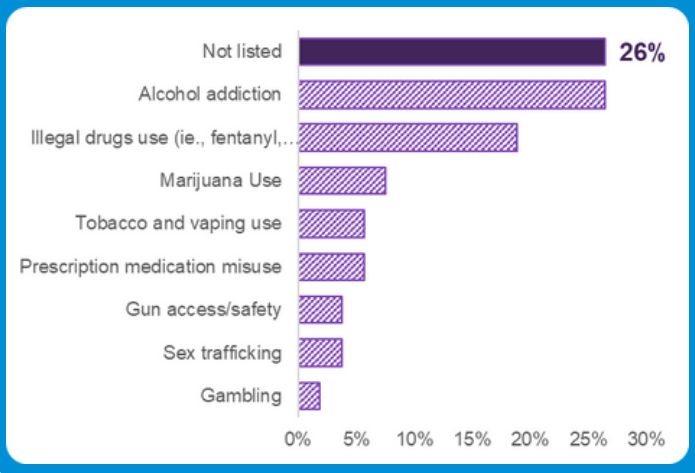
COMMUNITY





STAKEHOLDER





SOCIAL CONCERNS

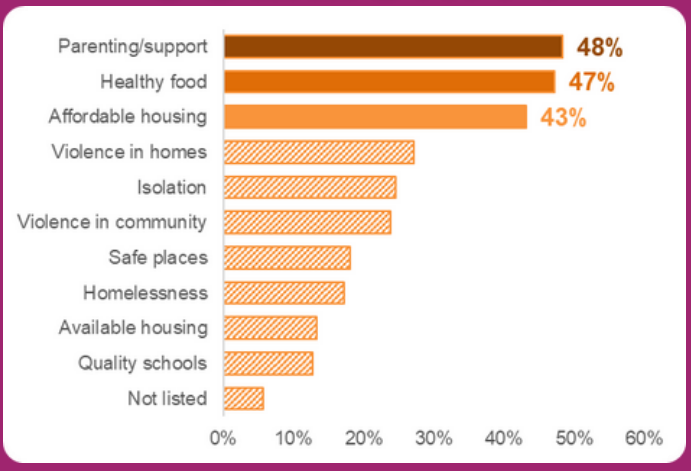
Survey responses from James City County closely align with districtwide findings on key nonmedical health factors, particularly parenting support, affordable housing, and healthy food access.

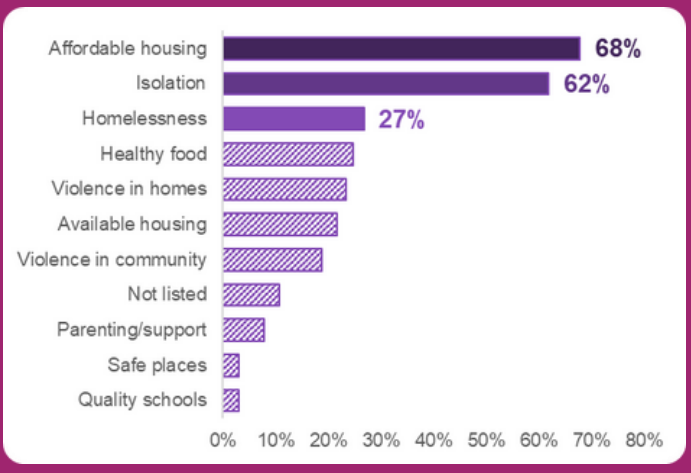
For youth, community members prioritized parenting support (48%), healthy food access (47%), and affordable housing (43%), mirroring districtwide concerns. Local stakeholders echoed these priorities, consistent with districtwide stakeholder input.

For adults, affordable housing and isolation were top concerns, aligning with districtwide community responses. However, James City County stakeholders highlighted violence in the home, a concern less prominent districtwide, where homelessness was more frequently cited.

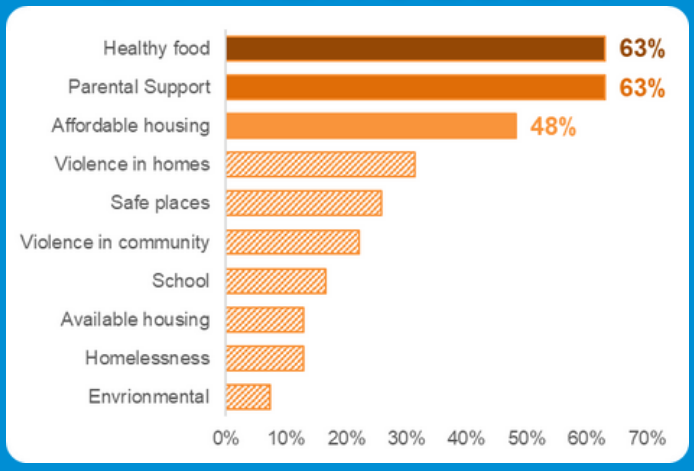
Overall, James City County's results reinforce shared regional priorities while also pointing to localized concerns—such as domestic violence—that may require targeted attention within broader regional strategies.

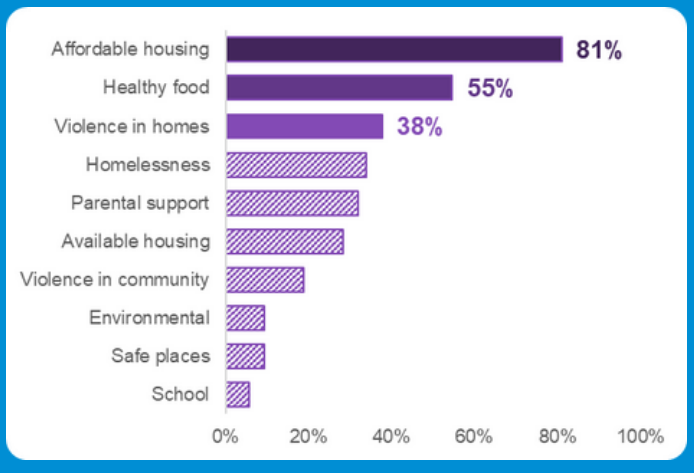
COMMUNITY





STAKEHOLDER





PERSONAL FACTORS

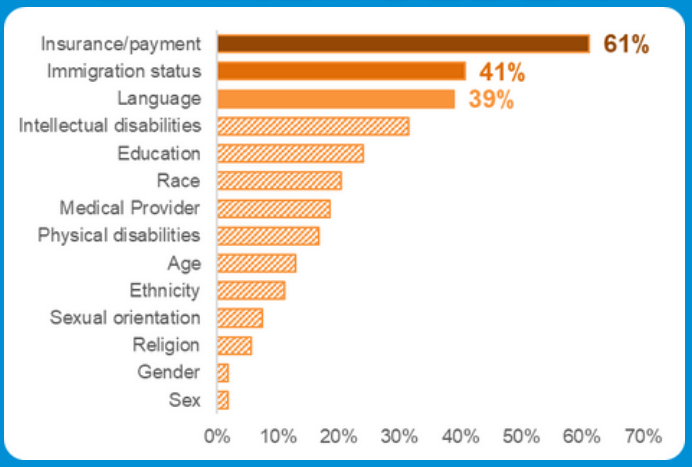
Survey responses from James City County reflect strong alignment with districtwide findings on key personal barriers to healthcare access, particularly around insurance or payment type, which was the top concern among both James City County community members (71%) and stakeholders (61%), as well as districtwide respondents (68%).

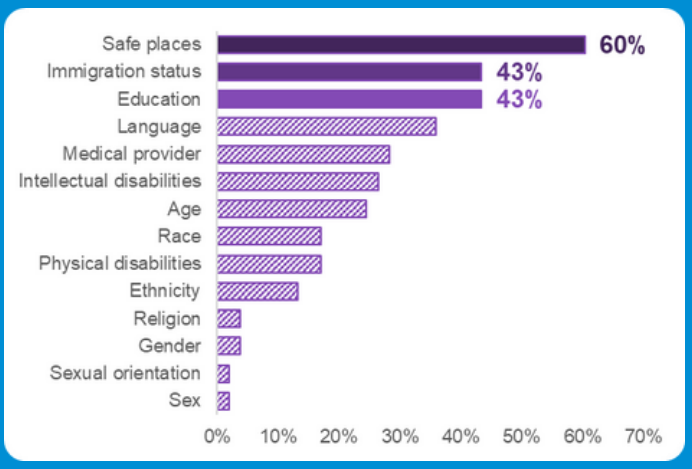
James City County stakeholders emphasized immigration status (41%) and language barriers (39%), aligning with districtwide concerns about immigration status (29%), though intellectual disabilities (30%) were more prominent districtwide than locally.

For adults, James City County stakeholders highlighted safe places to receive care (60%), education level (43%), and immigration status (43%), closely mirroring districtwide stakeholder concerns around safe care settings (68%) and education (46%), but placing less emphasis on the role of the medical provider, which was more frequently cited districtwide (32%).

These findings show broad agreement on core barriers like insurance and education, while also pointing to localized concerns—such as immigration status and language barriers—that may require tailored approaches within broader districtwide strategies.

STAKEHOLDER





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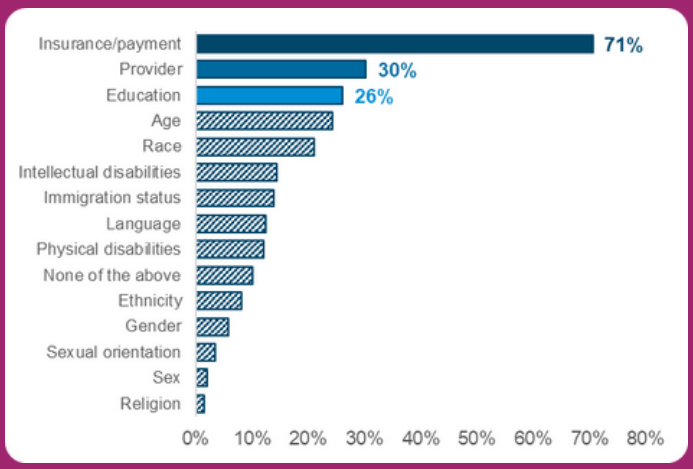


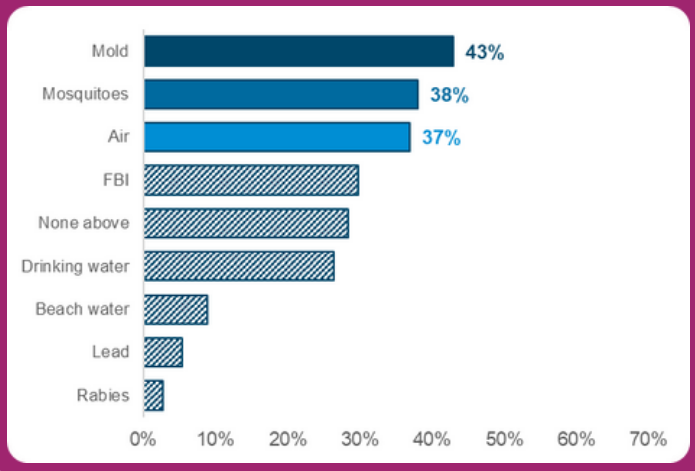
ENVIRONMENTAL SAFETY

Survey results from James City County reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. James City County community members identified mold (43%), mosquitos (38%), and air quality (37%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in James City County emphasized similar issues, citing mold (67%), air quality (37%), and quality drinking water (31%) as the most pressing.

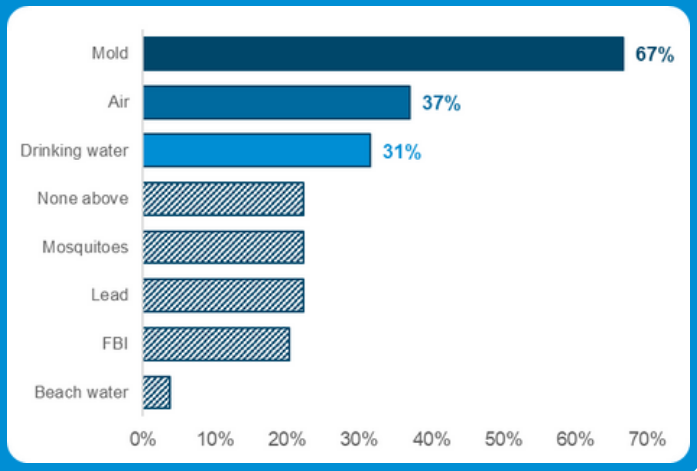
Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



STAKEHOLDER



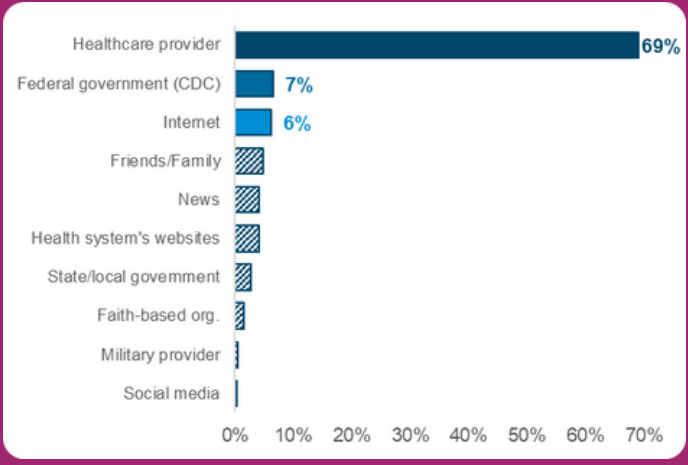
TRUSTED SOURCE

Results from James City County demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among James City County community members, healthcare providers were overwhelmingly identified as the most trusted source (69%), followed by the federal government (7%) and internet (each at 6%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

Stakeholders in James City County perceived a slightly broader distribution of trust, identifying healthcare providers (33%), the internet (28%),and friends/family (22%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



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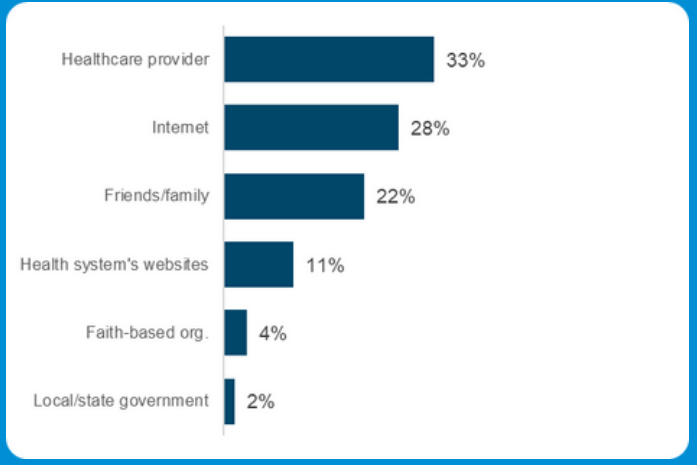


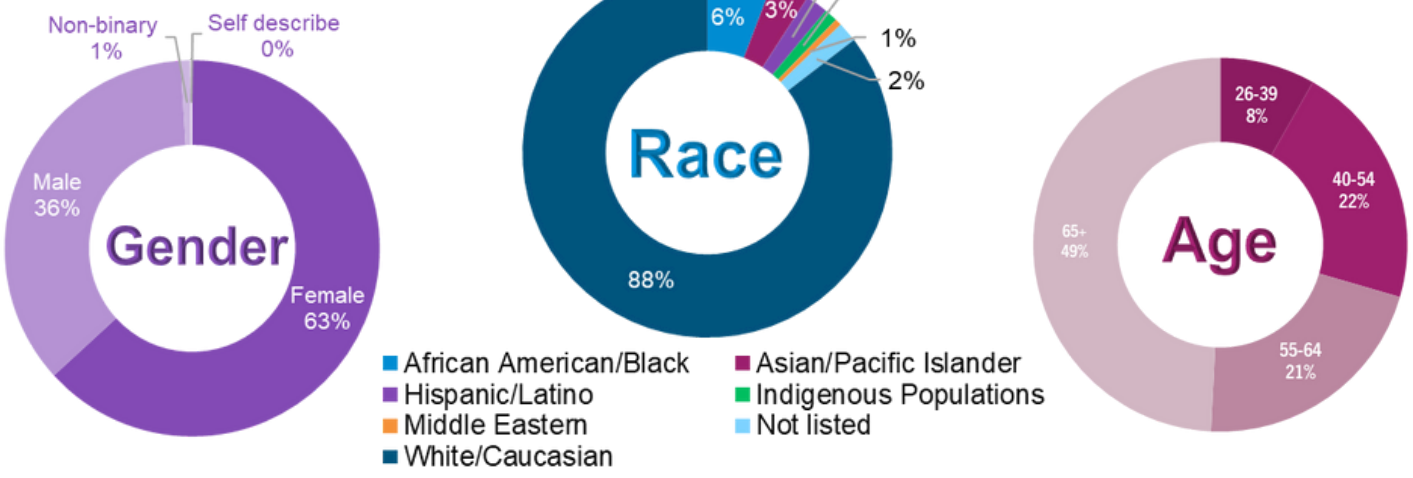
COMMUNITY DEMOGRAPHIC PROFILE

The community survey responses for York County reflect a predominantly female participant base, with 63% identifying as female, 36% as male, and 1% as non-binary.

In terms of racial and ethnic representation, the overwhelming majority of respondents identified as White/Caucasian (88%), with smaller proportions identifying as African American/Black (6%), Asian/Pacific Islander (3%), and Hispanic (2%).

The age distribution indicates a strong representation from older adults, with 49% of respondents aged 65 and older, and an additional 21% between the ages of 55 and 64. Respondents aged 40 to 54 made up 21%, and adults aged 26 to 39 accounted for 8%.

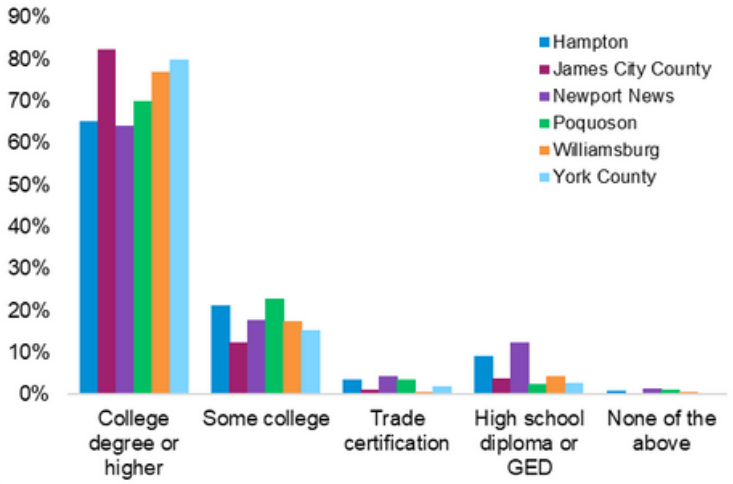
These demographics suggest that the survey captured insights primarily from older, White women, highlighting the need for continued efforts to engage younger and more diverse populations in future assessments.



COMMUNITY DEMOGRAPHIC PROFILE

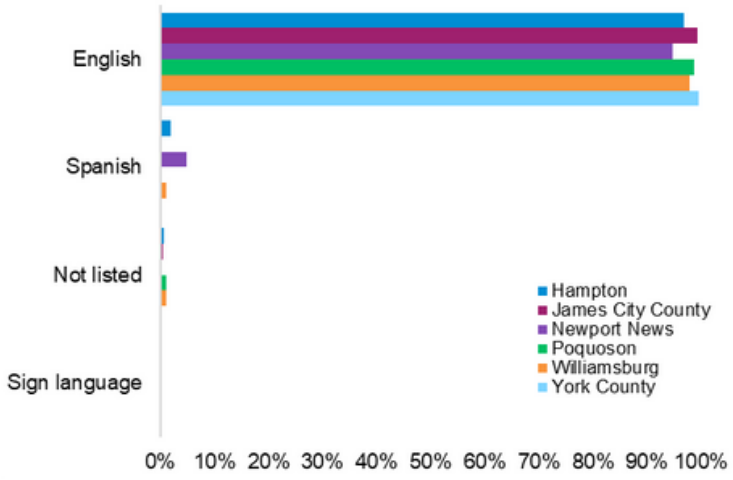
Education

A significant majority, 80% of respondents, have achieved a college degree or higher. This indicates a strong emphasis on higher education within the community. Furthermore, 15% of respondents reported having some college education, while a smaller portion, 3%, have a high school diploma or GED.



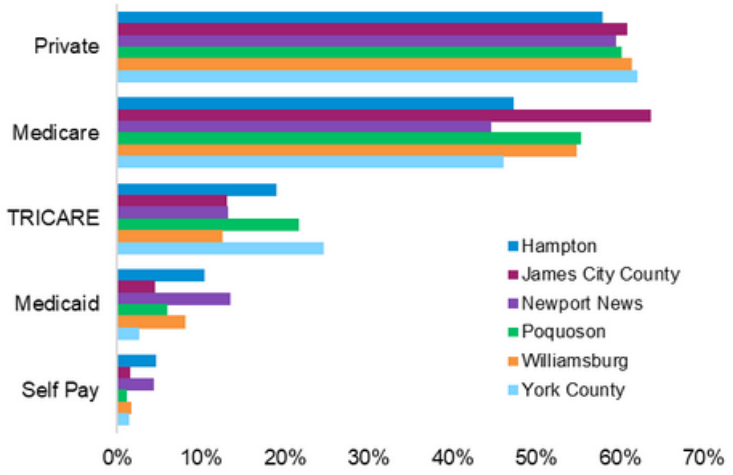
Language Demographics

A significant 99.6% of respondents reported that they are English-speaking. In comparison, a much smaller portion, just 0.4% of respondents, reported being Spanish-speaking.



Health Insurance Coverage

The survey results indicate a diverse range of health insurance coverage. The most common type of coverage reported was private insurance, held by 62% of respondents. Additionally, a significant number of individuals are covered by government programs, with Medicare being the most prevalent at 46%. Other notable forms of coverage include Tricare at 25% and Medicaid at 3%. A small percentage of respondents, 1%, reported being self-pay, indicating they do not have a formal insurance plan.



*Indian Health Service was excluded from the analysis due to a lack of respondent data.

COMMUNITY DEMOGRAPHIC PROFILE

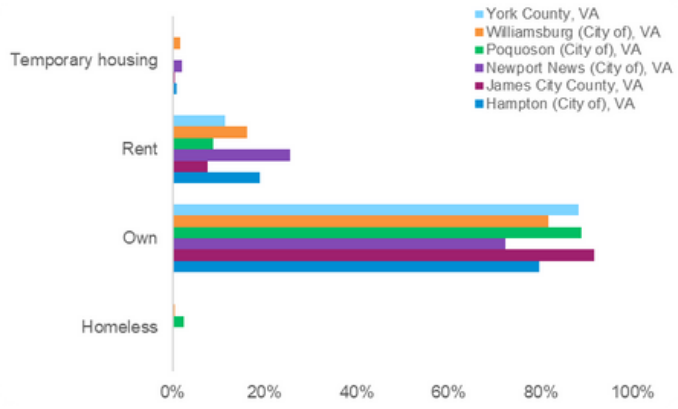
HOUSING

Survey responses reveal a largely stable and homeowner-dominant population. Housing data indicates that 88% of respondents own their homes and 12% rent.

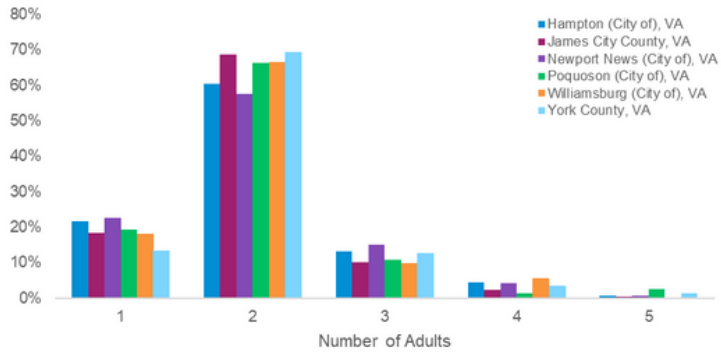
Household composition data shows that 69% of respondents live in two-adult households, 18% live alone, 13% live with three adults, and 3% with four adults, highlighting that most households are small to moderately sized.

In terms of children in the home, 75% of respondents reported having no children, while 25% reported having between one and four children. The age distribution of children present skews slightly older, 13% with children aged 12-17,14% of households including children aged 5-11, and 6% with children aged newborn to 4 years.

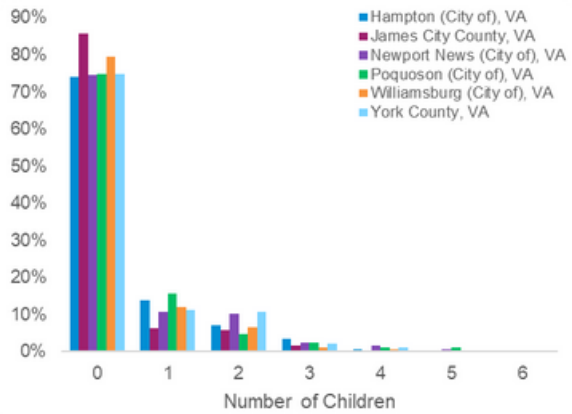
HOUSING



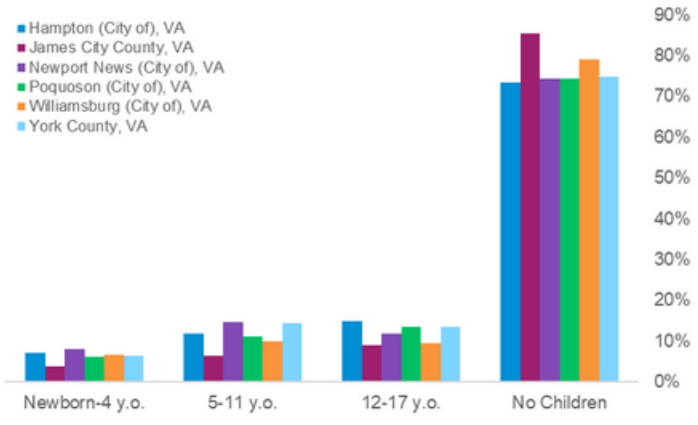
NUMBER OF ADULTS LIVING IN THE HOME



NUMBER OF CHILDREN LIVING IN THE HOME



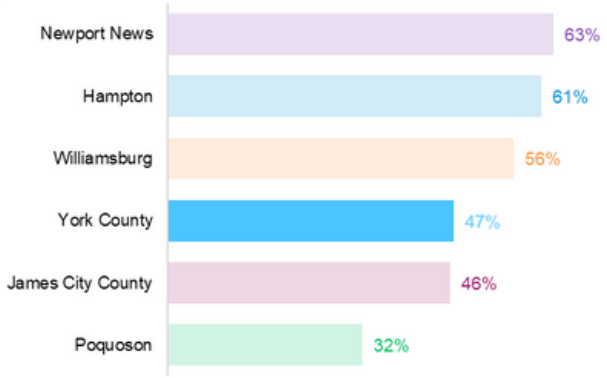
AGE RANGE OF CHILDREN LIVING IN THE HOME



STAKEHOLDER DEMOGRAPHIC PROFILE

RESPONSES BY LOCALITY SERVED

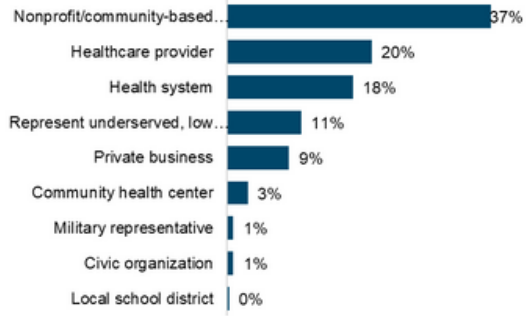
Stakeholders were asked which localities they serve and Response rates varied widely by locality. York county was reported by 47% of the stakeholders.



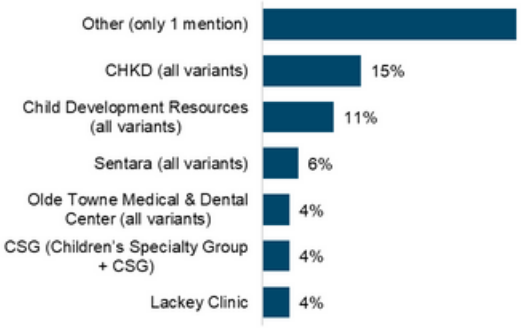
RESPONDENT PROFILE

A total of 154 stakeholders participated in the survey, representing a broad mix of organizations, roles, and sectors.

Organization Types: Most respondents represented nonprofit and community-based organizations (38%), followed by healthcare providers (19%), health systems (17%), and groups serving underserved populations (10%). Smaller shares came from private businesses, government, and civic or military sectors.



Top Organizations: Top mentions included Children's Hospital of The King's Daughters (15), Olde Towne Medical & Dental Center (13), and Child Development Resources (9), with additional input from Sentara Health (8), city departments, and local nonprofits.



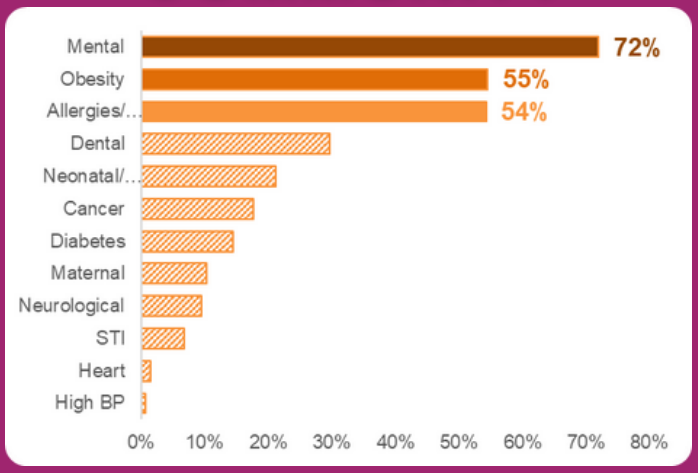
Roles: The largest group of respondents (39) held executive leadership roles (e.g., Executive Director, CEO, Program Director). Other common roles included medical professionals (20), nursing staff (11), administrative/support staff (14), and education/outreach personnel (11).

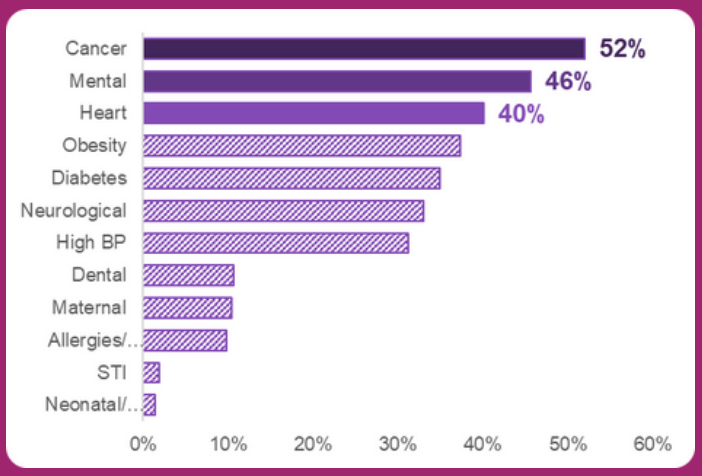
INIDIVIDUAL HEALTH CONCERNS

Survey responses from York County show strong alignment with districtwide health priorities, particularly around mental health, chronic conditions, and youth wellness. For children and youth, both York County community members and stakeholders identified mental health and obesity as top concerns—closely mirroring districtwide findings. York County stakeholders also highlighted access to dental services (44%) for youth, which was less prominent in districtwide data.

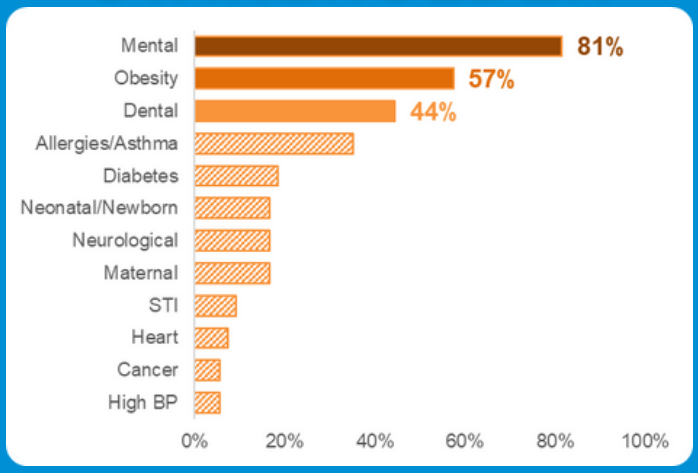
For adults, mental health remained a shared priority across York County and the district. However, differences emerged in the ranking of physical health concerns. York County community members emphasized cancer (52%) and heart disease (40%), while stakeholders focused more on obesity (47%) and diabetes (39%). Districtwide, community members also prioritized cancer, but stakeholders leaned more heavily toward diabetes and obesity, suggesting a broader concern with chronic disease management.

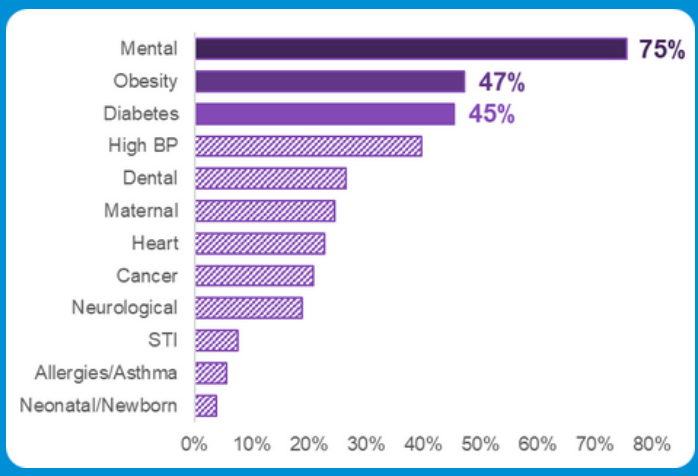
COMMUNITY





STAKEHOLDER



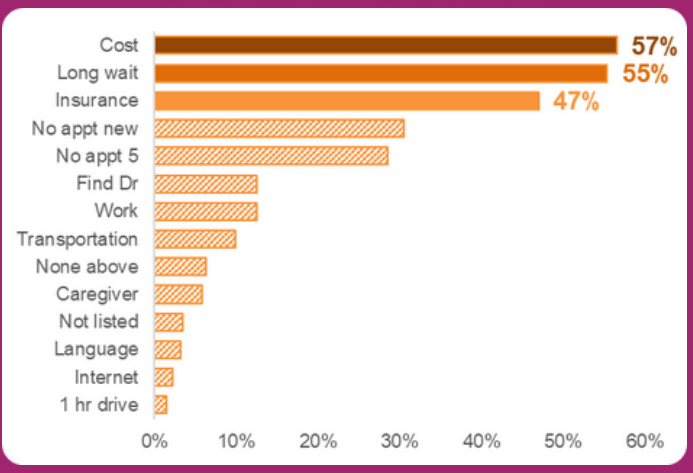


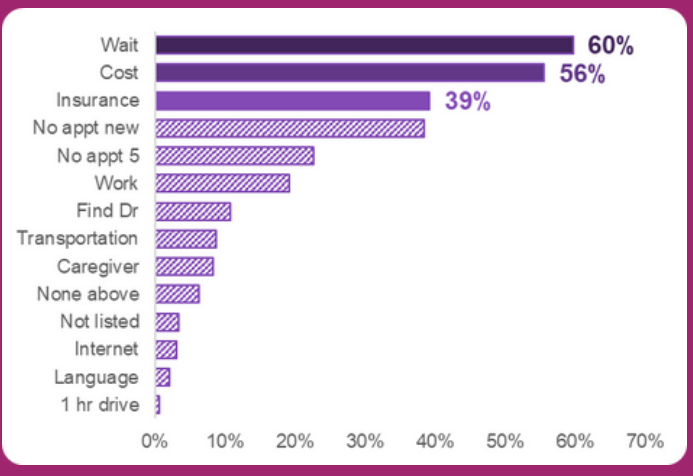
BARRIERS TO HEALTHCARE

Survey findings from York County closely mirror districtwide trends in identifying key barriers to healthcare access for both youth and adults. Across the district, both community members and stakeholders cited cost and type of insurance as the most significant obstacles, with over half of respondents highlighting these financial concerns. York County community members echoed this, identifying cost (57%), long wait times (55%), and type of insurance (47%) as the top barriers for children, and long wait times (60%) and cost (56%) for adults.

Stakeholders in York County also aligned with districtwide perspectives, emphasizing long wait times (56%), transportation (52%), and type of insurance (41%) as the primary barriers for children. For adults, they equally cited type of insurance, long wait times, and transportation (51%)—the latter being a barrier more frequently recognized by stakeholders than community members. This difference suggests that stakeholders may have a broader view of systemic and logistical challenges, such as transportation, that impact access to care.

COMMUNITY





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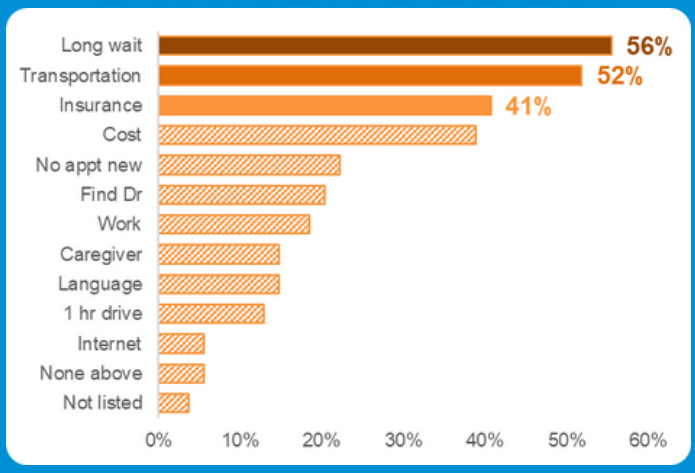
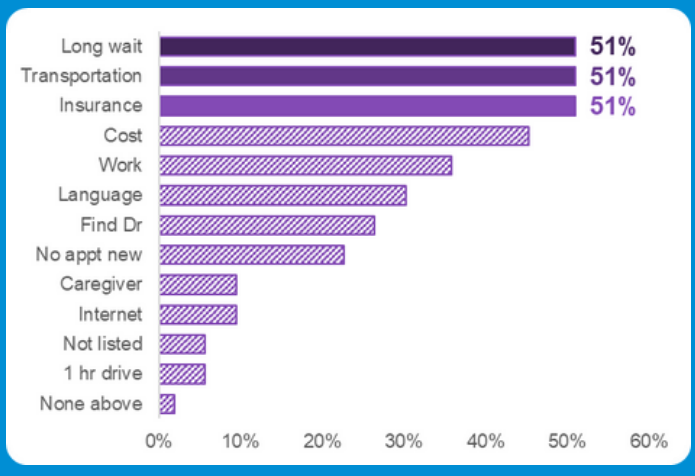




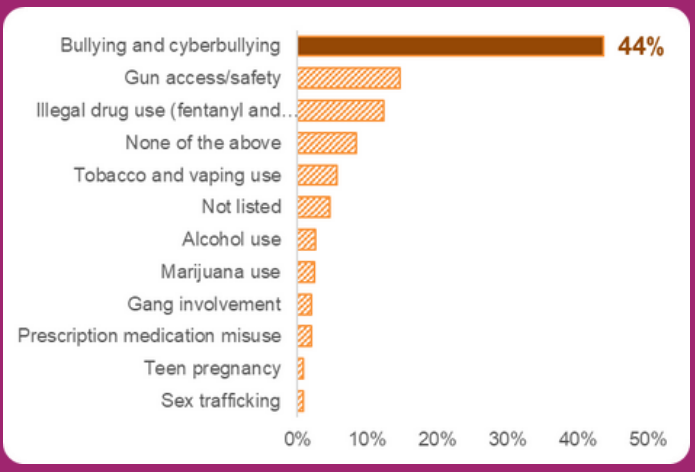
COMMUNITY HEALTH CONCERNS

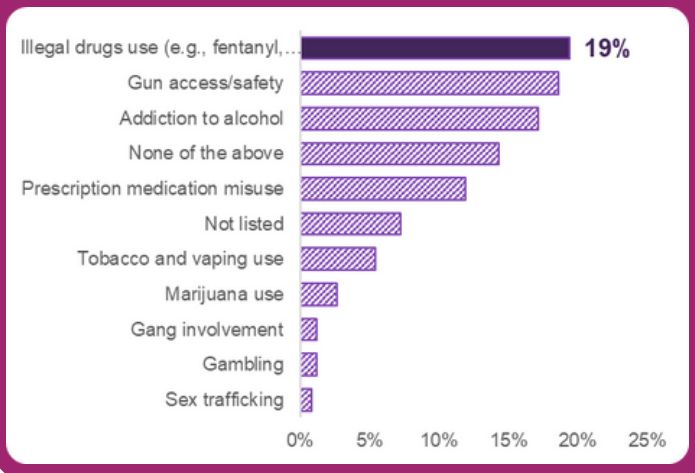
Responses from York County largely align with districtwide findings on key health and safety concerns. Bullying and cyberbullying were identified as the top concern for youth by both community members (44%) and stakeholders (37%), consistent with districtwide results (41% and 32%, respectively). Gun access and safety also ranked highly for community members, whereas stakeholders noted tobacco and vaping use as a concern.

For adults, alcohol addiction was a leading concern in York County, while districtwide, illegal drug use was the top issue, followed by gun safety and alcohol. This suggests a localized emphasis on alcohol-related concerns in York County not as strongly reflected in broader district data.

*Respondents could select 'Not Listed' and provide written responses. Analysis showed these write-ins aligned with the existing list of top community concerns, confirming the survey's comprehensive coverage.

COMMUNITY





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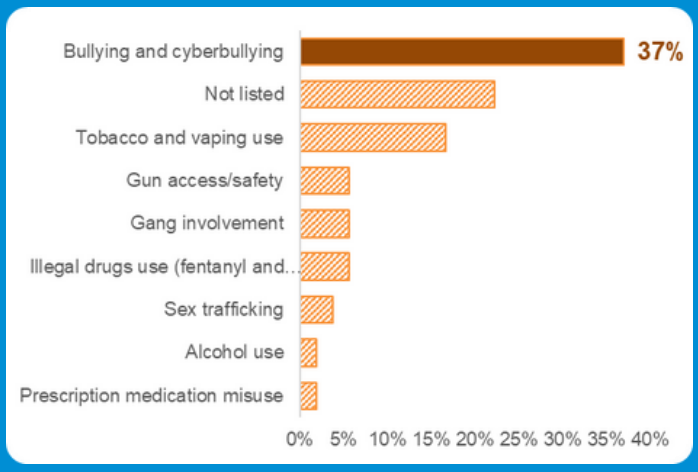
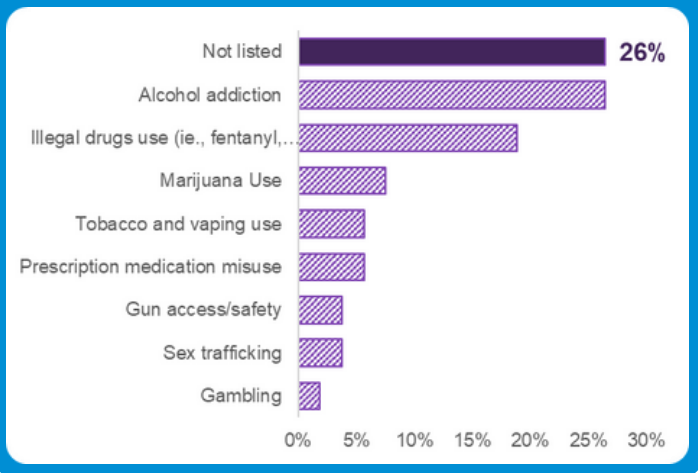




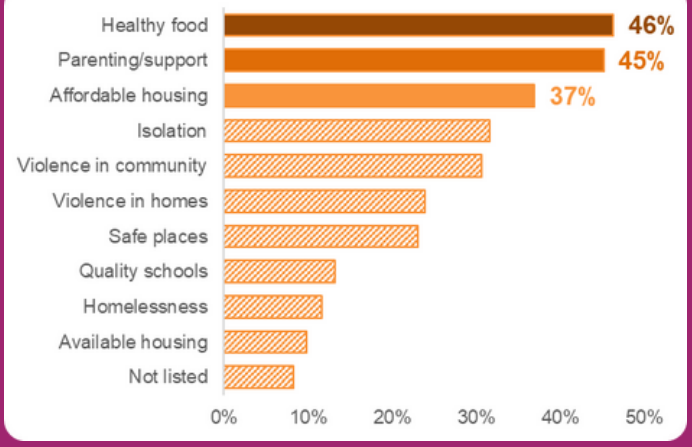
SOCIAL CONCERNS

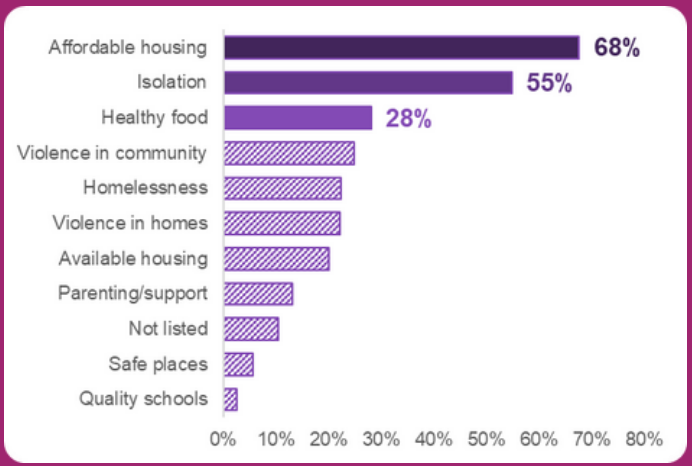
Survey responses from York County closely align with districtwide findings on key nonmedical health factors, particularly parenting support, affordable housing, and healthy food access.

For youth, community members prioritized healthy food access (46%), parenting support (45%), and affordable housing (37%), mirroring districtwide concerns. Local stakeholders echoed these priorities, consistent with districtwide stakeholder input. For adults, affordable housing and isolation were top concerns, aligning with districtwide community responses. However, York County stakeholders highlighted violence in the home, a concern less prominent districtwide, where homelessness was more frequently cited.

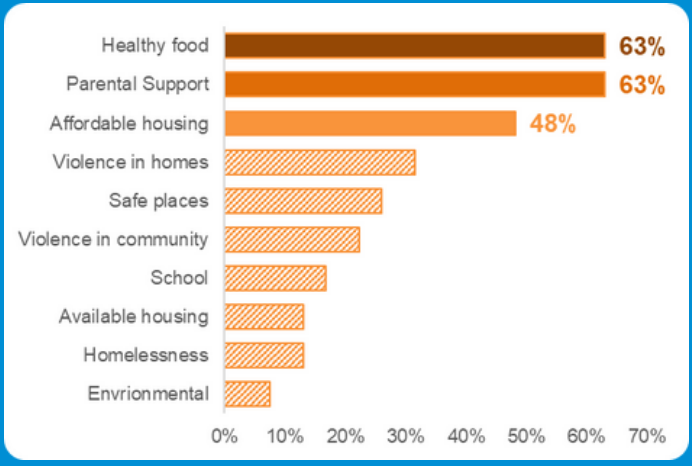
Overall, York County's results reinforce shared regional priorities while also pointing to localized concerns—such as domestic violence—that may require targeted attention within broader regional strategies.

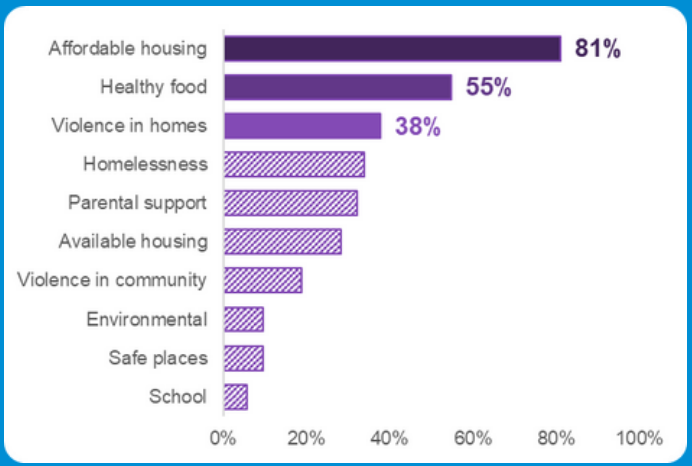
COMMUNITY





STAKEHOLDER





PERSONAL FACTORS

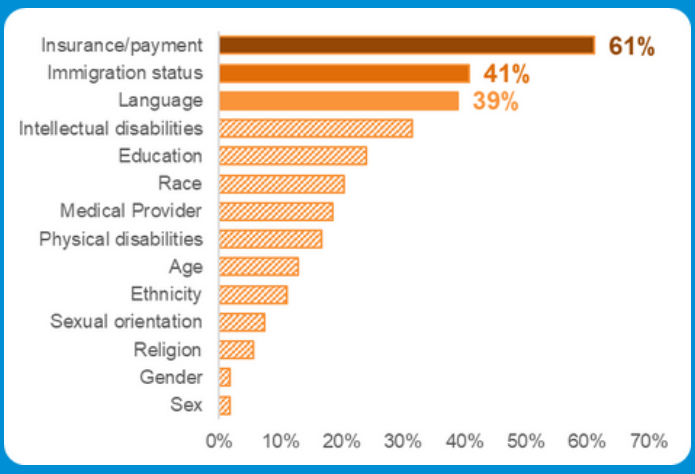
Survey responses from York County reflect strong alignment with districtwide findings on key personal barriers to healthcare access, particularly around insurance or payment type, which was the top concern among both York County community members (72%) and stakeholders (61%), as well as districtwide respondents (68%).

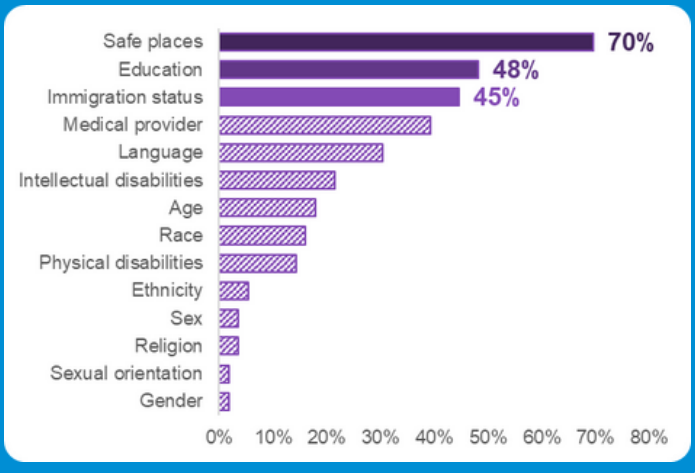
York County stakeholders emphasized immigration status (41%) and language barriers (39%), aligning with districtwide concerns about immigration status (29%), though intellectual disabilities (30%) were more prominent districtwide than locally.

For adults, York County stakeholders highlighted safe places to receive care (70%), education level (48%), and immigration status (45%), closely mirroring districtwide stakeholder concerns around safe care settings (68%) and education (46%), but placing less emphasis on the role of the medical provider, which was more frequently cited districtwide (32%).

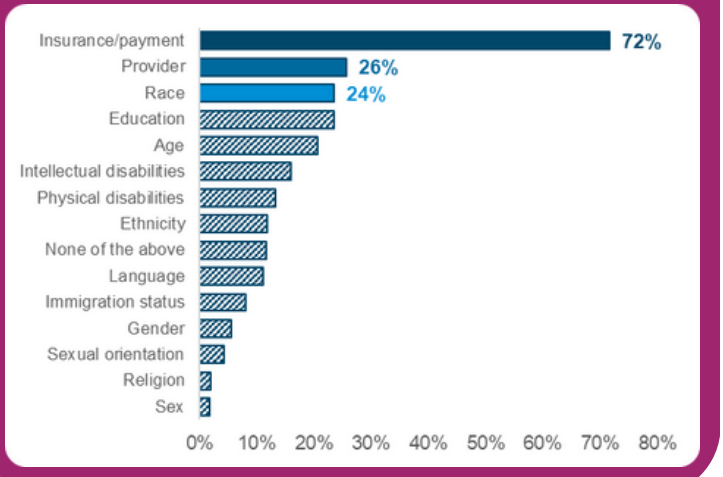
These findings show broad agreement on core barriers like insurance and education, while also pointing to localized concerns—such as immigration status and language barriers—that may require tailored approaches within broader districtwide strategies.

STAKEHOLDER





COMMUNITY



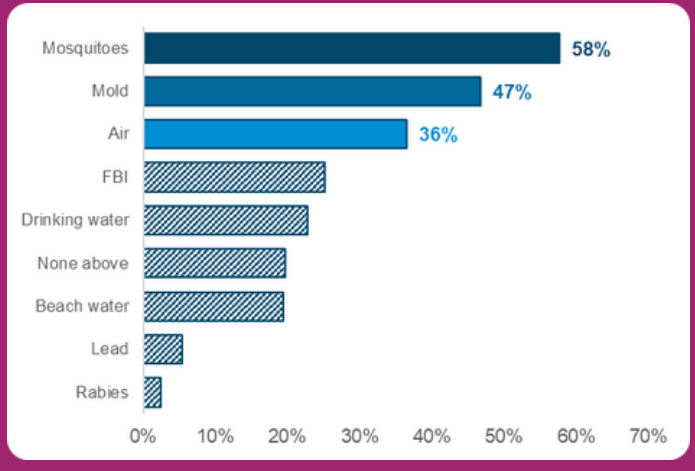
ENVIRONMENTAL SAFETY

Survey results from York County reflect strong community awareness of environmental health risks, closely aligning with districtwide findings. York County community members identified mosquitos (58%), mold (47%), and air quality (36%) as their top environmental concerns, highlighting both outdoor and indoor health risks. Stakeholders in York County emphasized similar issues, citing mold (59%), air quality (45%), and quality drinking water (32%) as the most pressing.

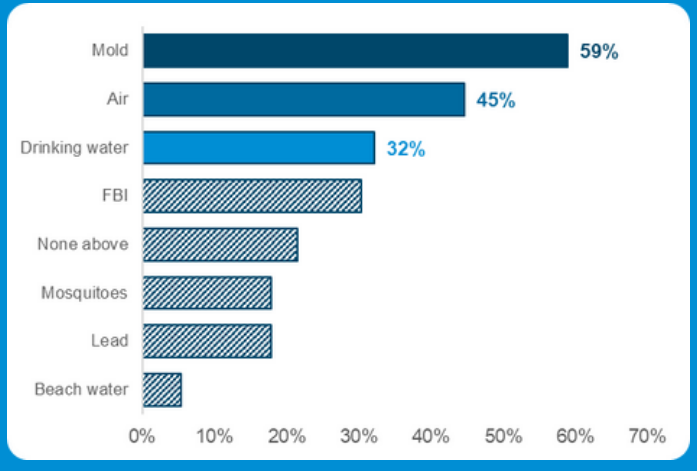
Districtwide, community members also prioritized mosquitoes (47%), mold (44%), and air quality (40%), while stakeholders placed greater emphasis on mold (59%), air quality (43%), and quality drinking water (30%).

These findings demonstrate a shared concern across the region for vector control, indoor air quality, and safe water access, reinforcing the need for continued investment in environmental health initiatives that address both public and household-level risks.

COMMUNITY



STAKEHOLDER



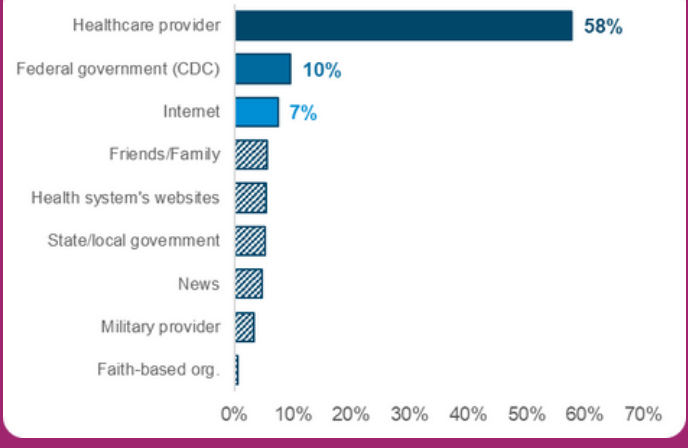
TRUSTED SOURCE

Results from York County demonstrate strong alignment with districtwide trends regarding trusted sources of health information. Among York County community members, healthcare providers were overwhelmingly identified as the most trusted source (58%), followed by the federal government (10%) and internet (7%). This mirrors districtwide community responses, where 62% of respondents also selected healthcare providers as their primary source of trusted health information, with significantly lower trust in the federal government (8%) and the internet (7%).

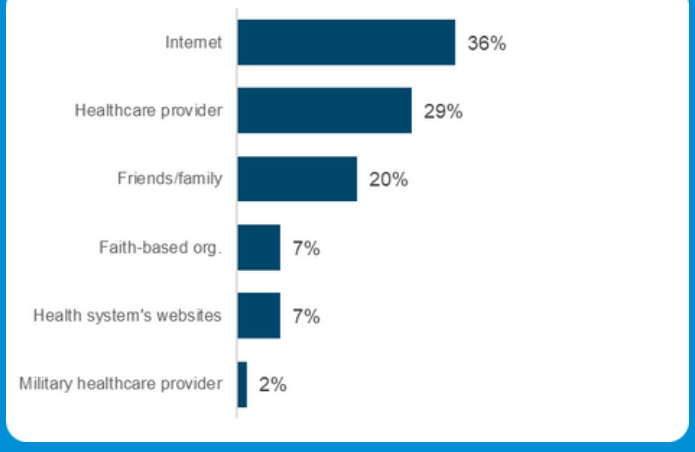
Stakeholders in York County perceived a slightly broader distribution of trust, identifying the internet (36%), healthcare providers (29%),and friends/family (20%) as the most trusted sources among the general population. These perceptions are consistent with districtwide stakeholder responses, which also ranked healthcare providers (31%), internet (27%), and friends/family (22%) as the top sources.

Overall, the alignment between local and districtwide data reinforces the central role of healthcare providers in public health communication, while also highlighting the growing influence of digital platforms and personal networks in shaping health-related decision-making.

COMMUNITY



STAKEHOLDER



APPENDIX-A COMMUNITY SURVEY INSTRUMENT

Community Member: Your Community

1. Below is a list of Virginia and North Carolina communities. In which locality listed below do you live?

- ◯ Accomack County, VA
- ◯ Charles City County, VA
- ◯ Charlottesville (City of), VA
- ◯ Chesapeake (City of), VA
- ◯ Dumfries (Town of), VA
- ◯ Fluvanna County, VA
- ◯ Franklin (City of), VA
- ◯ Gloucester County, VA
- ◯ Greene County, VA
- ◯ Hampton (City of), VA
- ◯ Isle of Wight County, VA
- ◯ James City County, VA
- ◯ King and Queen County, VA
- ◯ King William County, VA
- ◯ Lancaster County, VA
- ◯ Lorton (City of), VA
- ◯ Louisa County, VA
- ◯ Mathews County, VA
- ◯ Middlesex County, VA
- ◯ Nelson County, VA
- ◯ New Kent County, VA
- ◯ Newport News (City of), VA
- ◯ Norfolk (City of), VA
- ◯ Northampton County, VA
- ◯ Poquoson (City of), VA
- ◯ Portsmouth (City of), VA
- ◯ Prince William County, VA
- ◯ Quantico (City of), VA
- ◯ Southampton County, VA
- ◯ Suffolk (City of), VA
- ◯ Stafford County, VA
- ◯ Surry County, VA
- ◯ Sussex County, VA
- ◯ Virginia Beach (City of), VA
- ◯ Williamsburg (City of), VA
- ◯ York County, VA
- ◯ Albemarle County, NC
- ◯ Bertie County, NC
- ◯ Camden County, NC
- ◯ Chowan County, NC
- ◯ Currituck County, NC
- ◯ Dare County, NC
- ◯ Gates County, NC
- ◯ Hertford County, NC
- ◯ Pasquotank County, NC
- ◯ Perquimans County, NC

2. Please share your ZIP code.

_____

APPENDIX-A

3. Please check the top 3 most important health concerns for CHILDREN/YOUTH (ages 0-17) and the top 3 concerns for ADULTS, in your community.

	Children	Adults
Asthma/Allergies	☐	☐
Cancer	☐	☐
Dental/Oral health	☐	☐
Diabetes	☐	☐
Heart conditions	☐	☐
High blood pressure	☐	☐
Maternal health (pregnancy and postpartum care)	☐	☐
Mental health (anxiety, depression, bipolar disorder, isolation)	☐	☐
Neonatal/newborn health	☐	☐
Neurological disorders (MS, stroke, Alzheimer's/dementia, concussions, autism)	☐	☐
Obesity	☐	☐
Sexual transmitted infections (STI)	☐	☐

4. Please share any specific information about your top 3 concerns for children or adults (e.g., types of cancer, mental health conditions, etc.). _____

5. Please check the top 3 barriers to accessing healthcare resources and services, for CHILDREN/YOUTH (ages 0-17) and the top 3 barriers for ADULTS, in your community.

	Children	Adults
Cost	☐	☐
Did not know where to go or how to find a doctor	☐	☐
Language	☐	☐
Limited or no internet access	☐	☐
Limited or no insurance	☐	☐
Long wait for a scheduled appointment	☐	☐
No appointments available for new patients	☐	☐
No appointments available after 5 pm or on weekends	☐	☐

APPENDIX-A

No local medical care available within one hour's drive from my home	☐	☐
Responsibility as a caregiver for another person (child or adult)	☐	☐
Transportation	☐	☐
Work-related issues (time off/leave)	☐	☐
Not listed	☐	☐
None of the above	☐	☐

Not listed

_____

6. Which of the following is the greatest concern for CHILDREN/YOUTH (ages 0-17)?

- ◯ Alcohol use
- ◯ Bullying and cyberbullying
- ◯ Gambling online
- ◯ Gang involvement
- ◯ Gun access/safety
- ◯ Illegal drug use (fentanyl and cocaine)
- ◯ Marijuana use
- ◯ Prescription medication misuse
- ◯ Sex trafficking
- ◯ Tobacco and vaping use
- ◯ Teen pregnancy
- ◯ Not listed
- ◯ None of the above

Not listed

_____

7. Which of the following is the greatest concern for ADULTS in your community?

- ◯ Addiction to alcohol
- ◯ Gambling
- ◯ Gang involvement
- ◯ Gun access/safety
- ◯ Illegal drugs use (e.g., fentanyl, cocaine, etc.)
- ◯ Marijuana use
- ◯ Prescription medication misuse
- ◯ Sex trafficking
- ◯ Tobacco and vaping use
- ◯ Not listed
- ◯ None of the above

Not listed

_____

APPENDIX-A

8. Please check the top 3 social concerns impacting health for CHILDREN/YOUTH (ages 0-17) and the top 3 concerns for ADULTS, in your community.

	Children	Adult
Homelessness	☐	☐
Lack of available healthy food	☐	☐
Lack of affordable housing	☐	☐
Lack of available housing	☐	☐
Lack of parenting support/education services	☐	☐
Lack of quality schools	☐	☐
Lack of a safe place to play or exercise	☐	☐
Loneliness/Isolation	☐	☐
Violence in homes (adult partner, child, and elderly abuse)	☐	☐
Violence in the community (gun and/or gang)	☐	☐
Not listed	☐	☐

9. Please select the top 3 personal factors that impact the quality of healthcare that CHILDREN/YOUTH and/or ADULTS receive?

- ☐ Age
- ☐ Race
- ☐ Ethnicity
- ☐ Immigration status
- ☐ Language
- ☐ Sex
- ☐ Gender
- ☐ Level of education
- ☐ Intellectual disabilities
- ☐ Physical disabilities
- ☐ Relationship with medical provider
- ☐ Religious beliefs
- ☐ Sexual orientation
- ☐ Type of health insurance/How I pay for health services
- ☐ None of the above

10. Please check the top 3 environmental health safety concerns in the community where you live.

- ☐ Quality drinking water in your home
- ☐ Beach water quality
- ☐ Air quality
- ☐ Rabies
- ☐ Foodborne illness
- ☐ Lead
- ☐ Mold
- ☐ Mosquitoes
- ☐ None of the above

APPENDIX-A

11. Which of the following do you consider to be your most trusted source of health information?	◯ Faith-based organization ◯ Friends/Family ◯ Internet ◯ Social media (Instagram, X, Facebook) ◯ Local or national news sources, newspaper ◯ State/local government (health department, mayor, governor) ◯ Local health systems website (hospital, free clinics, etc.) ◯ My healthcare provider (doctor, pediatrician, physician assistant, nurse) ◯ My military or VA healthcare provider (doctor, pediatrician, physician assistant, nurse) ◯ Federal government (CDC)
Please tell us about yourself.	
12. Gender: How do you identity?	☐ Male ☐ Female ☐ Non-binary ☐ Prefer to self-describe
Self Describe	_____
13. Race (limit two selections)	☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ Indigenous Populations ☐ Middle Eastern ☐ White/Caucasian ☐ Not listed
Not listed	_____
14. Age (years)	◯ 18-25 ◯ 26-39 ◯ 40-54 ◯ 55-64 ◯ 65+
15. Highest Level of Education Completed	◯ High school diploma or GED ◯ Some college ◯ College degree or higher ◯ Trade certification ◯ None of the above
16. Medical Insurance- check all that apply	☐ Indian Health Services ☐ Medicaid ☐ Medicare ☐ Private insurance (e.g., individual, exchange plan, employer sponsored, etc.) ☐ Military (Tricare/VA benefits) ☐ Uninsured/Self-pay

APPENDIX-A

17. Primary Language Spoken in Your Home	◯ Arabic ◯ English ◯ Farsi/Persian ◯ German ◯ Gujarati ◯ Haitian/French Creole ◯ Hindi ◯ Japanese ◯ Korean ◯ Mandarin ◯ Mon-Khmer, Cambodian ◯ Russian ◯ Sign language ◯ Spanish ◯ Tagalog ◯ Vietnamese ◯ Not listed
Not listed	_____
18. Housing	◯ Homeless ◯ Own ◯ Rent ◯ Temporary housing
Members in Household	
19. Number of Adults Living in the Home	_____
20. Number of Children (0-17) Living in the Home	_____
21. Age Range of Children	☐ Newborn - 4 years old ☐ 5-11 ☐ 12-17 ☐ No children live in my home

APPENDIX-B STAKEHOLDER SURVEY INSTRUMENT

Stakeholder: Your Community

1. Below is a list of Virginia and North Carolina communities.

Please check all localities you serve below.

- ☐ Accomack County, VA
- ☐ Charles City County, VA
- ☐ Charlottesville (City of), VA
- ☐ Chesapeake (City of), VA
- ☐ Dumfries (Town of), VA
- ☐ Fluvanna County, VA
- ☐ Franklin (City of), VA
- ☐ Gloucester County, VA
- ☐ Greene County, VA
- ☐ Hampton (City of), VA
- ☐ Isle of Wight County, VA
- ☐ James City County, VA
- ☐ King and Queen County, VA
- ☐ King William County, VA
- ☐ Lancaster County, VA
- ☐ Lorton (City of), VA
- ☐ Louisa County, VA
- ☐ Mathews County, VA
- ☐ Middlesex County, VA
- ☐ Nelson County, VA
- ☐ New Kent County, VA
- ☐ Newport News (City of), VA
- ☐ Norfolk (City of), VA
- ☐ Northampton County, VA
- ☐ Poquoson (City of), VA
- ☐ Portsmouth (City of), VA
- ☐ Prince William County, VA
- ☐ Quantico (City of), VA
- ☐ Southampton County, VA
- ☐ Suffolk (City of), VA
- ☐ Stafford County, VA
- ☐ Surry County, VA
- ☐ Sussex County, VA
- ☐ Virginia Beach (City of), VA
- ☐ Williamsburg (City of), VA
- ☐ York County, VA
- ☐ Albemarle County, NC
- ☐ Bertie County, NC
- ☐ Camden County, NC
- ☐ Chowan County, NC
- ☐ Currituck County, NC
- ☐ Dare County, NC
- ☐ Gates County, NC
- ☐ Hertford County, NC
- ☐ Pasquotank County, NC
- ☐ Perquimans County, NC

APPENDIX-B

2. Please select the organizational perspective you represent as you complete this survey.

- ◯ State, local, or regional department (health, social services)
- ◯ Organization representing medically underserved, low income, and minority populations
- ◯ Health system
- ◯ Nonprofit and community-based organization
- ◯ Academic expert
- ◯ Local government official
- ◯ Local school district
- ◯ Healthcare provider
- ◯ Community health center
- ◯ Health insurance and managed care organization
- ◯ Private business
- ◯ Labor and workforce representative
- ◯ Military representative
- ◯ Civic organization

3. Please share your organization's name.

_____

4. Please share your role in your organization.

_____

Stakeholder: Community Priorities

5. Please check the top 3 most important health concerns for CHILDREN/YOUTH (ages 0-17) and the top 3 concerns for ADULTS, in the community you serve.

	Children	Adult
Asthma/Allergies	☐	☐
Cancer	☐	☐
Dental/Oral health	☐	☐
Diabetes	☐	☐
Heart condition	☐	☐
High blood pressure	☐	☐
Maternal health (pregnancy and postpartum care)	☐	☐
Mental health (anxiety, depression, bipolar disorder, isolation)	☐	☐
Neonatal/Newborn Health	☐	☐
Neurological disorders (MS, stroke, Alzheimer's/Dementia, Concussions, Autism)	☐	☐
Obesity	☐	☐
Sexual transmitted infections (STI)	☐	☐

6. Please share any specific information about your top 3 concerns (e.g., types of cancer, mental health conditions, etc.)

_____

APPENDIX-B

Stakeholder: Barriers

7. Please check the top 3 barriers to accessing healthcare resources and services for CHILDREN/YOUTH (ages 0-17) and the top 3 barriers for ADULTS, in the community you serve.

	Children	Adult
Cost	☐	☐
Did not know where to go or how to find a doctor	☐	☐
Language	☐	☐
Limited or no internet service	☐	☐
Limited or no insurance	☐	☐
Long wait for a scheduled appointment	☐	☐
No appointments available for new patients	☐	☐
No local medical care available within an hour drive from their home	☐	☐
Responsibility as a caregiver for another person (child or adult)	☐	☐
Transportation	☐	☐
Work-related issues (time off/leave)	☐	☐
Not listed	☐	☐
None of the above	☐	☐

Not listed

_____

8. Which of the following is the greatest concern, for CHILDREN/YOUTH (ages 0-17), in the community you serve?

- ◯ Alcohol use
- ◯ Bullying and cyberbullying
- ◯ Gambling online
- ◯ Gang involvement
- ◯ Gun access/safety
- ◯ Illegal drugs use (fentanyl and cocaine)
- ◯ Marijuana use
- ◯ Prescription medication misuse
- ◯ Sex trafficking
- ◯ Tobacco and vaping use
- ◯ Teen pregnancy
- ◯ Not listed

Not listed

_____

APPENDIX-B

9. Which of the following is the greatest concern, for ADULTS, in the community you serve?

- ◯ Alcohol addiction
- ◯ Gambling
- ◯ Gang involvement
- ◯ Gun access/safety
- ◯ Illegal drugs use (ie., fentanyl, cocaine, etc.)
- ◯ Marijuana Use
- ◯ Prescription medication misuse
- ◯ Sex trafficking
- ◯ Tobacco and vaping use
- ◯ Not listed

Not listed

_____

10. Please select the top 3 factors that negatively impact the quality of care for CHILDREN/YOUTH (ages 0-17) and/or ADULTS in the community you serve.

	Children	Adult
Lack of affordable housing	☐	☐
Lack of available healthy food	☐	☐
Lack of available housing	☐	☐
Environmental safety (water, rabies, foodborne illness, etc.)	☐	☐
Homelessness	☐	☐
Lack of parenting support/education services	☐	☐
Lack of quality schools	☐	☐
Lack of safe place to play or exercise	☐	☐
Violence in the home (adult partner, child and elderly abuse)	☐	☐
Violence in the community (gun and/or gang)	☐	☐

11. Please share any specific information about your top 3 concerns selected (i.e., violence in the community, quality of schools, homelessness, environmental safety, etc.)

_____

12. Please select the top 3 factors that negatively impact the quality of care for CHILDREN/YOUTH (ages 0-17) and/or ADULTS, in the community you serve.

	Children	Adult
Age	☐	☐
Ethnicity	☐	☐

APPENDIX-B

Gender	☐	☐
Immigration status	☐	☐
Intellectual disabilities	☐	☐
Language	☐	☐
Level of education	☐	☐
Physical disabilities	☐	☐
Race	☐	☐
Relationship with medical provider	☐	☐
Religious beliefs	☐	☐
Sex	☐	☐
Sexual orientation	☐	☐
Type of health insurance/way clients pay for health services	☐	☐

13. Please check the top 3 environmental health safety concerns in the communities you serve.

☐ Quality drinking water in the home
☐ Beach water quality
☐ Air quality
☐ Rabies
☐ Foodborne illness
☐ Lead
☐ Mold
☐ Mosquitoes
☐ None of the above

14. Which of the following do you feel your clients consider to be the most trusted source of health information?

◯ Faith-based organization
◯ Friends/family
◯ Internet/social media
◯ Local or national news sources, newpaper
◯ State/local government (health department, mayor, governor)
◯ Local health systems website (hospital, free clinics, etc.)
◯ Healthcare provider (doctor, pediatrician, physician assistant, nurse)
◯ Military or VA healthcare provider (doctor, pediatrician, physician assistant, nurse)
◯ Federal government (CDC)

APPENDIX-C
COMMUNITY CONVERSATION QUESTIONNAIRE

Community Health Needs Assessment Focus Group / Hampton Roads

Community Conversation-Focus Group: Adult Community Members, total											
Gender				Age					Zip code		
Male	Female	Non-binary	Self - describe	18-25	26-39	40-54	55-64	65+			
Prefer not to say											

Race Description							
	Asian	Indigenous	White	Black	Middle Eastern	Hispanic	Native American
Not Listed							
Prefer not to say							

Topics	Discussion
Health and Wellness	
1). What serious health problems are in your community for children (0-17) and for adults (18+)? a. Who is most affected?	
Social Determinants of Health	
2). What are some of the environmental and social conditions that affect quality of life for children and adults living in your community?	
Access to Care	
3). What do you think about the health-related services that are available in your community, including medical care, dental care, and mental healthcare for children and adults?	
Healthy Foods	
4). Do you feel like it is hard to access healthy, fresh food in your community? a. What keeps you from trying new fresh fruits and/or vegetables?	
Open Discussion	
5.) What is working in your community that can help residents live healthier lives?	
6.). What do you think your local health systems (hospitals and primary care) and health departments can do to improve the health and wellness in your community?	