ALLEGHANY HIGHLANDS COMMUNITY HEALTH ASSESSMENT

SEPTEMBER 2020

LIVE WELL ALLEGHANY HIGHLANDS
Our community, our health, our future

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

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Section 1:
Introduction and Background

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This section provides an overview of the Community Health Assessment:

Background

The 2019 Alleghany/Covington Community Health Assessment (CHA) is a collaborative project that provides an overview of the health needs in Alleghany County and the City of Covington, Virginia. The goal of this project is to offer a meaningful understanding of health needs in the community, and drive an action plan to address prioritized needs. Special attention has been given to ensure that the work is representative of the community and identifies health disparities, the needs of vulnerable populations, and unmet health and human services needs and gaps.

Acknowledgements

The project is led by the Live Well Alleghany Highlands Alleghany/Covington CHA Steering Committee and is facilitated by the Virginia Department of Health's Roanoke City and Alleghany Health Districts and the Virginia Tech Center for Public Health Practice and Research.

Thank you to all the community members who participated in the Community Health Assessment project.

Steering Committee
The Steering Committee included representatives from local governments, schools, community agencies, colleges, non-profits, and other stakeholders who worked to (1) review and discuss collected secondary data, (2) inform additional data that should be collected through primary data collection, and (3) oversee the primary data collection through surveys and focus groups. The Steering Committee was comprised of individuals from over 20 organizations. The Steering Committee partners are noted on the following page.

In August of 2019, following the Community Health Improvement Plan launch, the Steering Committee branded the organization as, "Live Well Alleghany Highlands" with the tagline, "Our community, our health, our future." The team worked with students at Jackson River Technical School to develop the inspiration for what became our final logo:

LIVE WELL ALLEGHANY HIGHLANDS
Our community, our health, our future

Community Partners
Community Partners committed to working with the CHA project to promote the surveys and/or focus groups. The partners are vital to the work, ensuring that we were able to hear from individuals throughout the community. A list of community partners can be found on page 7.

Steering Committee Partners

Community Partners

Thank you to the following partners who supported the Alleghany/Covington Community Health Assessment data collection by promoting or distributing the surveys, and/or hosting a focus group.

- 657 Paperwork Union
- AA/NA
- Alleghany County
- Alleghany County Public Schools
- Alleghany County Sheriff's Office
- Alleghany/Covington Department of Social Services
- Alleghany/Covington Health Department
- Alleghany Foundation
- Alleghany Health and Rehab
- Alleghany Highlands Art Center
- Alleghany Highlands Chamber of Commerce
- Alleghany Highlands Community Services Board
- Alleghany Highlands Economic Development Corporation
- Alleghany Highlands YMCA
- Alleghany Highlands Regional Library
- Alleghany Humane Society
- Alliance Urgent Care
- American Red Cross
- Americare Plus
- Bath Co. Physicians
- Bath Community Hospital
- BB&T Bank
- Bacova
- Boys Home of Virginia
- Brian Center Nursing Home
- Carilion Clinic
- Christmas Mother Shop
- City of Covington
- City of Covington Police
- City of Covington Public Schools
- Clifton Forge Elks Club
- Clifton Forge Moose Club
- Clifton Forge Public Library
- Clifton Forge School of the Arts
- Clifton Forge Shrine Club
- Cliftonwoods Apartments
- Club Car
- Council of Community Services
- Covington C&O Depot
- Dabney S. Lancaster Community College
- Department of Motor Vehicles
- Dolly Ann Apartments
- Edgemont Nursery School & Edgemont Presbyterian Church
- Everyday Elegance
- Family Dentistry, David L Wheeler
- Family Preservation Services
- First Citizen's Bank
- First Presbyterian Church Preschool
- Gospel Tabernacle Church of God in Christ
- Granbery Memorial United Methodist Church
- Harrah's Hair Salon
- Highland House
- Highlands Community Bank
- Jackson River Pediatrics
- Jackson River Rapid Care
- Lewis Gale Hospital Alleghany
- Local Office On Aging
- McAllister Memorial Church & Food Pantry
- Ministerial Association - Eastern Alleghany
- Mountain Regional Hospice
- Pine Street Baptist Church
- Post Offices
- Regional Home Care
- Roanoke Valley-Alleghany Regional Commission
- Rockbridge Area Health Center
- SafeHomes
- Salvation Army
- Scott Hill Apartments
- Sentara Home Health
- Sona Bank
- South Covington United Methodist Church & Food Pantry
- The Alleghany Foundation
- Total Action for Progress
- Town of Clifton Forge
- Virginia Employment Commission
- Virginia Department of Health
- Virginia Tech
- Volunteer Fire Departments
- Westrock & Converting Plant
- Woodlands Nursing Home

Process Overview

The Steering Committee led the Community Health Assessment (CHA) and oversaw primary and secondary data collection. Secondary data was compiled by the Virginia Tech Center for Public Health Practice and Research, including demographics and socioeconomic indicators, as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors, and social determinants of health such as transportation and education. Beginning in 2017, primary data collection included one survey, one questionnaire, and six focus groups with target populations. The target populations for the CHA project consisted of the following groups: underserved/vulnerable populations disproportionately impacted by the social determinants of health, including: poverty, race/ethnicity, education, and/or lack of insurance.

Exploratory Community Health Survey
At the start of the CHA process, a small-scale exploratory survey was conducted focusing on community perception in school aged children (0-19 years old) and young adults (20-30 years old). This survey was created to collect preliminary data that could be used to develop the full Community Health Assessment Questionnaire. Survey data was analyzed and presented to the Steering Committee in June 2017.

Community Health Assessment Questionnaire
The Community Health Assessment Questionnaire consisted of 75 questions for adults age 18 and older regarding general health questions, access and barriers to healthcare, and demographic information. The second part of the questionnaire consisted of 17 questions for adults who are the parent or guardian of a child or children under the age of 18. The questionnaire mirrored Healthy People 2020 goals, as well as many other national health survey questions. The questionnaire method used oversampling techniques to ensure adequate representation of the target population. Collected data was weighted on education and race to best reflect the population of Alleghany County and Covington City according to the 2016 American Community Survey.

Focus Groups
To complement the quantitative data of the Community Health Assessment Questionnaire, focus groups were conducted to gather qualitative data. The focus groups allow for more in-depth understanding of the experiences of individuals in underserved groups. The goal of the focus groups was to identify barriers related to the care and gaps in services in the community. Information provided in focus groups was analyzed to identify and understand main themes discussed within group responses.

Secondary Data
Secondary data was compiled to obtain a more comprehensive description of the community that went beyond the scope of the primary data collected through the questionnaire and focus groups. Relevant information from existing data sources not only validated the trends seen throughout primary data collection, but also provided more detailed, descriptive information on the characteristics of the community.

These population-level measures were identified from secondary sources such as:

- The American Community Survey, U.S. Census Bureau
- Behavioral Risk Factor Surveillance System, Center for Disease Control and Prevention
- County Health Rankings, Robert Wood Johnson Foundation
- Youth Risk Behavior Survey, Center for Disease Control and Prevention
- Virginia Department of Health
- Virginia Department of Education

Section 2:
Community Health Assessment Primary Data

Section 2: Community Health Assessment Primary Data

This section shares the data gathered through our three primary data gathering tools:

Exploratory Community Health Survey

A short exploratory community health survey was distributed to assess initial community health needs and to help inform the development of the community health assessment questionnaire. Development and oversight of the survey development were provided by the Steering Committee. The survey was implemented in the area school systems and through community partners. All questions were open-ended and analyzed by common theme responses. A copy of the survey is available in Appendix B.

Survey Highlights

Overall responses:

- 908 surveys received
    - 882 paper surveys received (97.1%)
    - 26 online surveys received (2.9%)

Response Data

Respondents by age:

- 207 (23.5%) respondents between ages 10-14
- 413 (46.9%) respondents between ages 15-19
- 44 (5.0%) of respondents between ages 20-29
- 38 (4.3%) of respondents between ages 30-39
- 34 (3.9%) of respondents between ages 40-49
- 87 (9.9%) of respondents between aged 50 and over

Themes

The questions and common themes are shown below:

1. What do you like best about your community?
    - Close-knit
    - Everybody knows everyone else
    - Small town
    - Friendly neighbors
    - People are willing to help in times of need, working together
    - Beautiful area
    - Peaceful and quiet
    - Outdoor recreation
2. What would make your community better?
    - More things to do
        - More recreational options (pools, sports, skate park)
        - More community events
        - Things specifically for children and teens
    - More businesses and stores
        - More food options (restaurants)
        - Mall
        - Create more jobs/fill empty spaces
    - Reduce trash and pollution
        - Reduce littering
        - Clean up the highways, parks, and schools

        - Increase recycling
        - Paper Mill—reduce pollution
    - Miscellaneous
        - Less drugs in the community
        - Improve/repair roads and infrastructure
3. What would make your family's life better?
    - Nothing, all is well
    - Money
        - Taxes in Clifton Forge
        - Better paying jobs
        - Jobs for teenagers
        - Paying bills, specifically water bill
    - Housing
        - New housing, larger houses, more affordable houses, etc.
    - More things to do for families
        - Family friendly outings
        - Spend more time with family

Observations/Lessons Learned

- In analyzing the results of school aged children (10-19), it appears that some class discussions were held prior to completing the survey, which led to similar (almost exact) responses to questions.
- The outreach approaches taken to capture the desired survey population were excellent.
- Overall, respondents were not averse to providing their street name—in some cases house number.

Community Health Assessment Questionnaire

The Community Health Assessment Questionnaire (survey) was used to evaluate the health of the community and identify potential geographic areas to target improvements. Input and oversight of the questionnaire development was provided by the Steering Committee.

The 92-question questionnaire was developed to inquire about socioeconomic factors, access to medical, dental, and mental healthcare, healthy behaviors, physical environment, health outcomes, and community demographics. The questionnaire included commonly used questions and metrics from the following established community surveys:

- Behavioral Risk Factor Surveillance System, Center for Disease Control
- Youth Risk Behavior Surveillance System, Center for Disease Control
- Community Themes and Strength Assessments, National Association of County and City Health Officials (NACCHO), Mobilizing for Action through Planning and partnerships (MAPP)

Target populations, collection sites, and methods of questionnaire distribution were identified by the Steering Committee. The population of interest for the questionnaire was Alleghany County and Covington City residents 18 years of age and older. Underserved and vulnerable populations disproportionately impacted by the social determinants of health were targeted for sampling, including: poverty, race/ethnicity, education, and lack of health insurance. The Steering Committee and community partners worked hard to collect questionnaires from a representative portion of the population—ensuring that responses from low-income, low-education, rural, and minority populations were represented.

A non-probability sample method was used, where questionnaire participants were not randomly selected. The questionnaire was available to all residents living in Alleghany County and Covington City. Oversampling of the targeted population ensured that needs of populations of interest were captured.

Questionnaires were distributed October 2017 through August 2018. The questionnaire was available through the following methods:

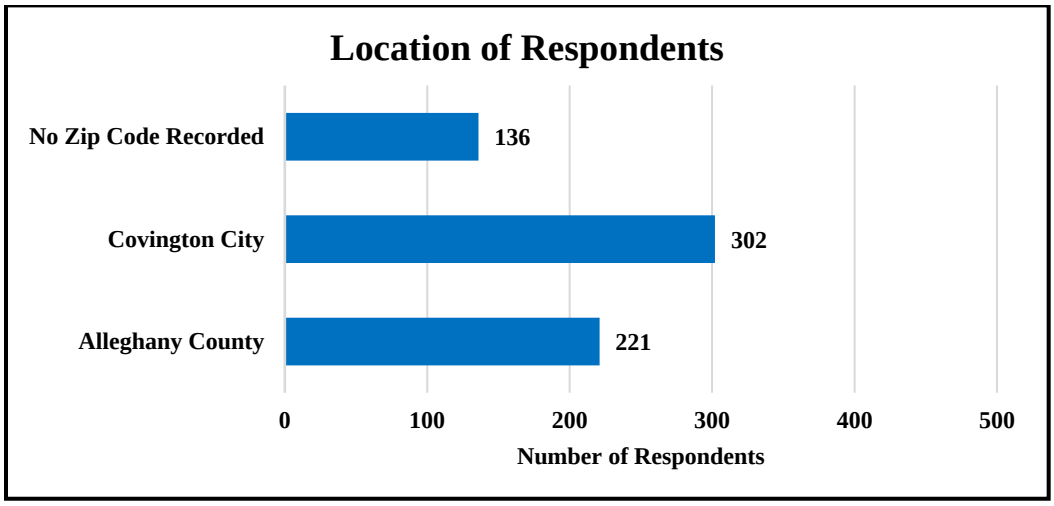
- Survey Monkey website link
- Paper questionnaire—collected by volunteers and/or staff of partnering agencies

In total, 658 surveys were completed; 268 were paper responses, and 391 online responses. A copy of the questionnaire is available in Appendix C.

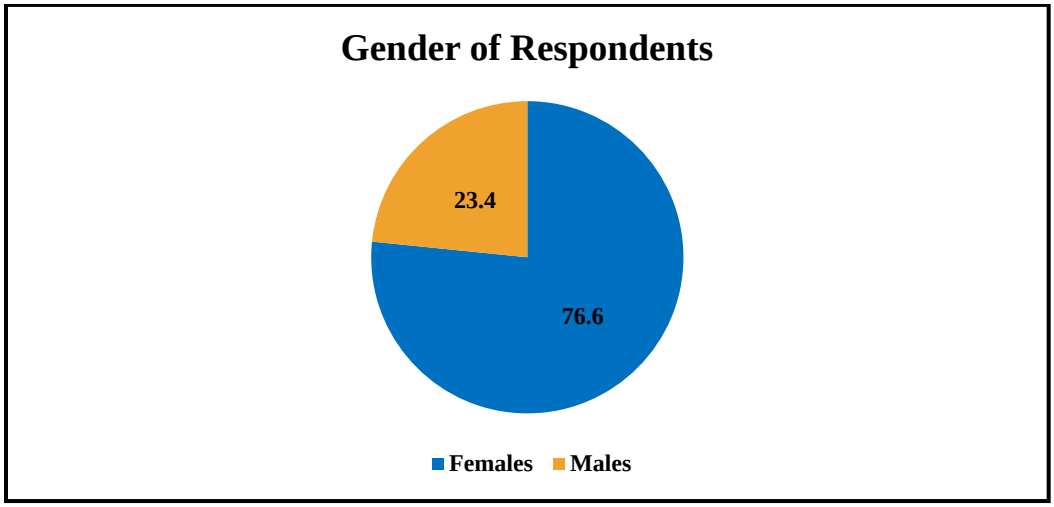
Questionnaires were analyzed and reported using SPSS statistical software. Final CHA questionnaire data was weighted on education and race in order to best reflect the population of both Alleghany County and Covington City according to the 2016 American Community Survey. Weighting data is a statistical technique used to adjust the raw questionnaire data to become more representative of the general population. Weighting data gives a voice to underrepresented populations who participated in the questionnaire.

Additionally, questions were analyzed by demographics, including income, age, race, education, and employment status to identify statistically significant relationships. Areas of statistical significance offer opportunities to explore health inequities, causes, and solutions. Cross tabulations and notations of categories with statically significant relationships can be found in the Appendix A: Community Health Assessment Data Analysis.

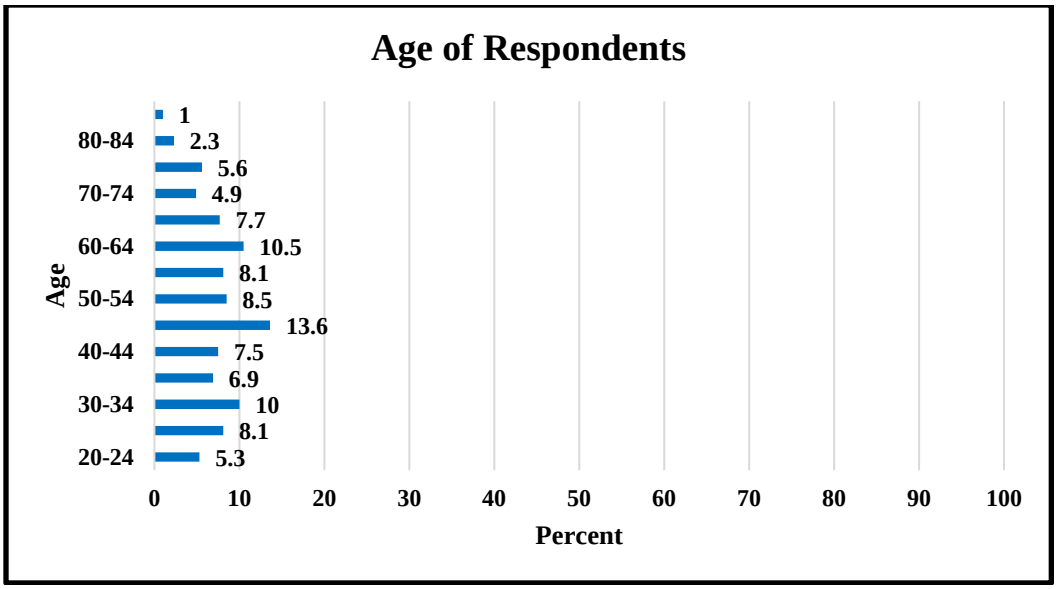
Community Health Assessment Questionnaire Data
Demographics of Respondents



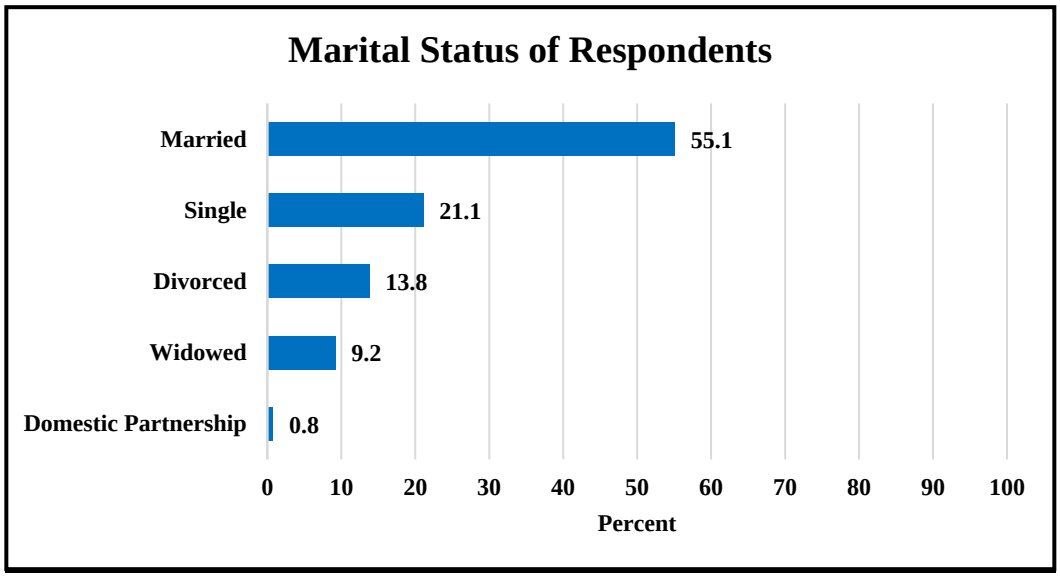
Regarding location, 302 respondents recorded a ZIP code in Covington City while 221 recorded a ZIP code in Alleghany County. One hundred and thirty-six respondents did not record their ZIP code.



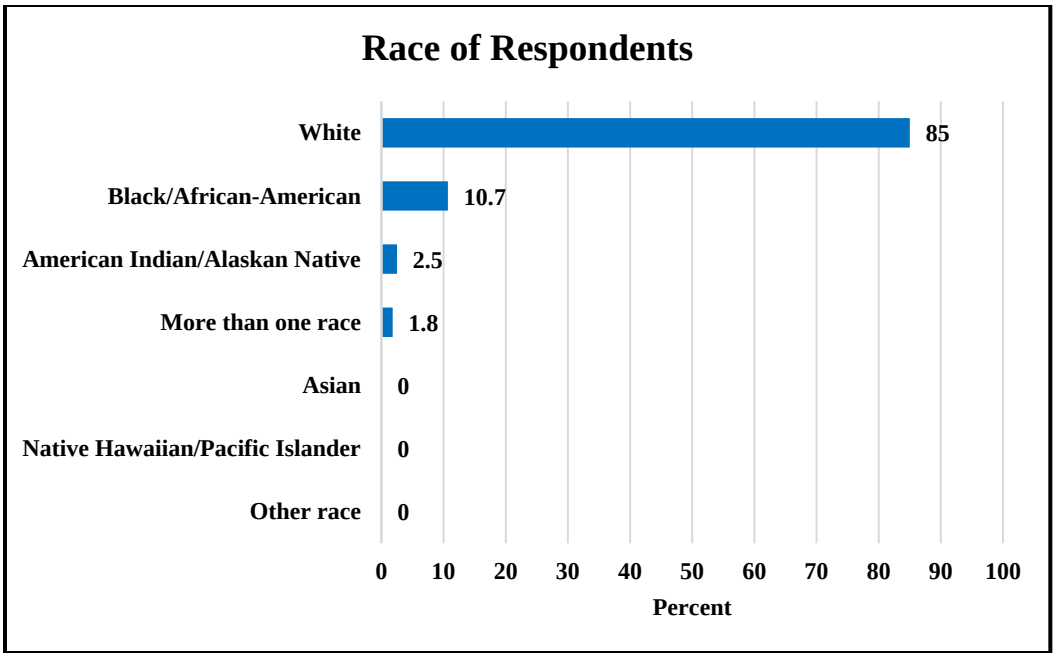
Regarding gender, 76.6% of respondents were female while 23.4% were male.



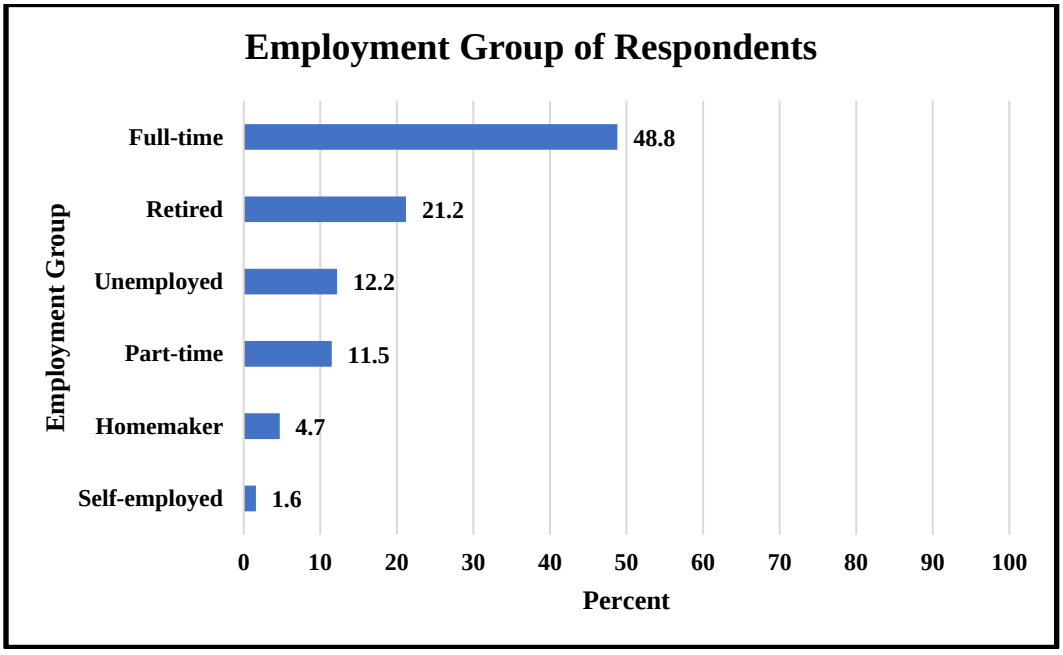
Regarding age, 5.3% of respondents were between the ages of 20-24 years, 8.1% were 25-29 years old, 10% were 30-34 years old, 6.9% were 35-39 years old, 7.5% were 40-44 years old, 13.6% were 45-49 years old, 8.5% were 50-54 years old, 8.1% were 55-59 years old, 10.5% were 60-64 years old, 7.7% were 65-69 years old, 4.9% were 70-74 years old, 5.6% were 75-79 years old, 2.3% were 80-84 years old, and 1% were 85 years old and older.



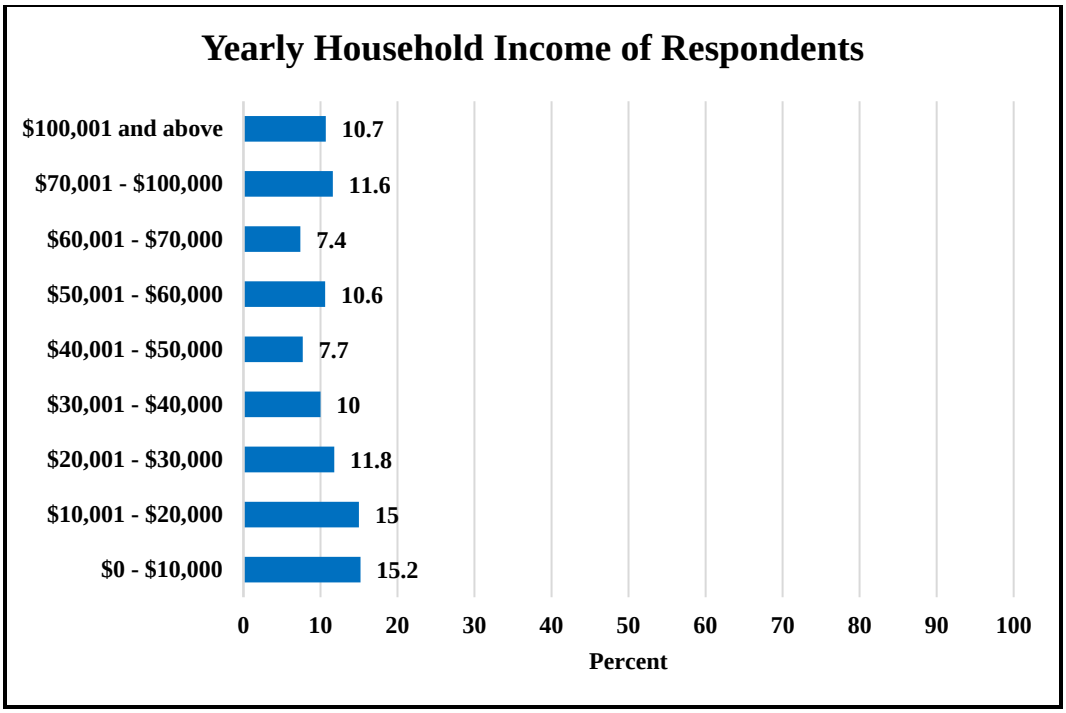
Regarding marital status, 55.1% of respondents were married, 21.1% were single, 13.8% were divorced, 9.2% were widowed, and 0.8% were in a domestic partnership.



Regarding race, 85% of respondents were White, 10.7% were Black or African-American, 2.5% were American Indian or Alaskan Native, and 1.8% were more than one race. No respondents were Asian, Native Hawaiian or Pacific Islander, or Other.



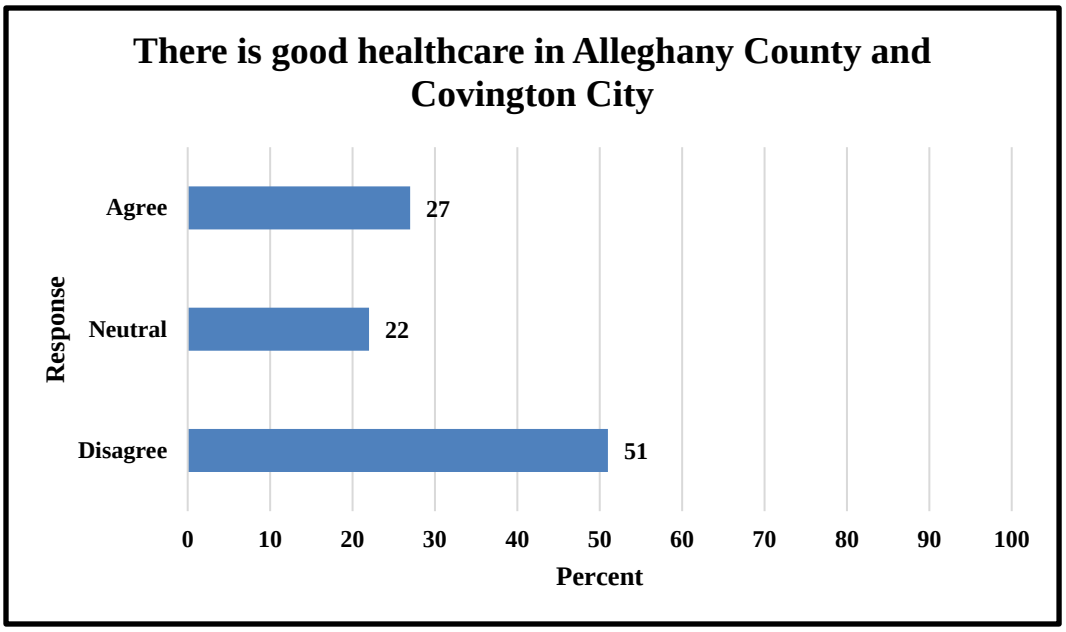
Regarding employment group, 48.8% of respondents were employed full-time, 21.2% were retired, 12.2% were unemployed, 11.5% were employed part-time, 4.7% were homemakers, and 1.6% were self-employed.



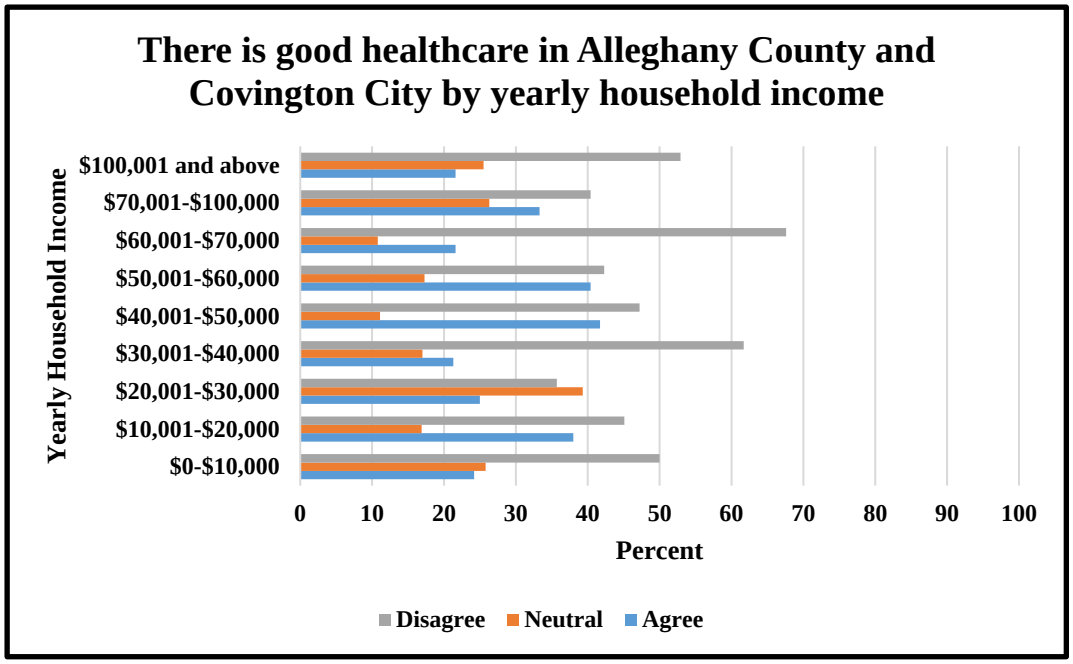
Regarding income, 15.2% of respondents had a yearly household income between $0 and $10,000, 15% between $10,001 and $20,000, 11.8% between $20,001 and $30,000, 10% between $30,001 and $40,000, 7.7% between $40,001 and $50,000, 10.6% between $50,001 and $60,000, 7.4% between $60,001 and $70,000, 11.6% between $70,001 and $100,000, and 10.7% at $100,001 and above.

Perceptions of Alleghany County and Covington City

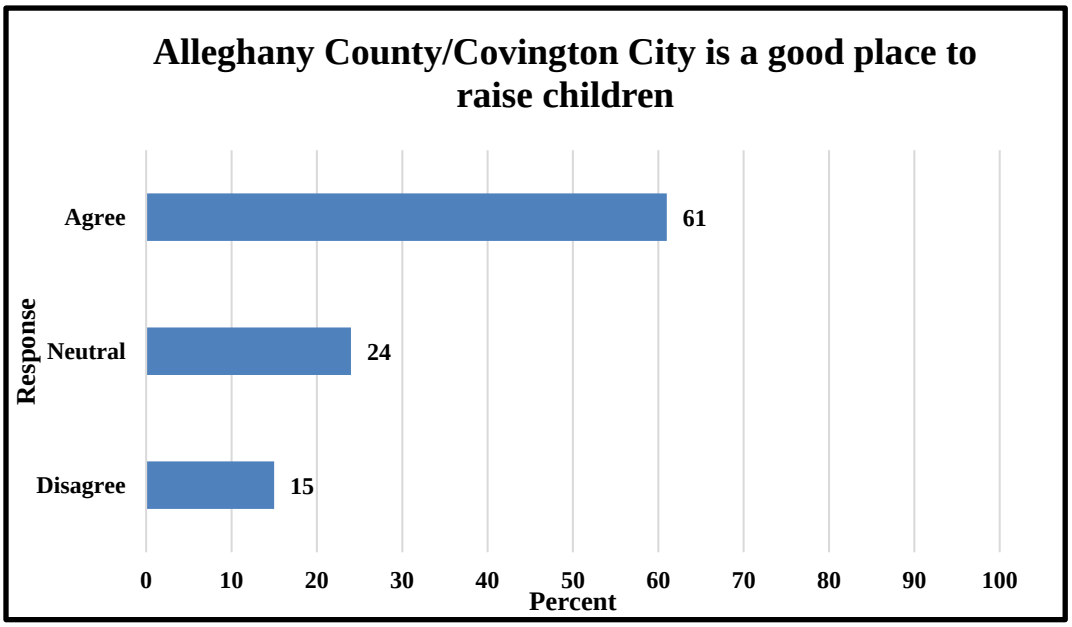
In the following section, there is a series of figures conveying the perceptions of Alleghany County and Covington City. The following figures illustrate the responses of all respondents. Participant response options were: strongly disagree, disagree, neutral, agree, and strongly agree. For the purposes of these analyses, strongly disagree and disagree were grouped together. In addition, strongly agree and agree were grouped together. Chi-square analysis ($p < 0.05$) was used to test for significant differences in participant responses based on different sociodemographic groupings. Sociodemographic groupings included age, race, education level, employment status, and income.



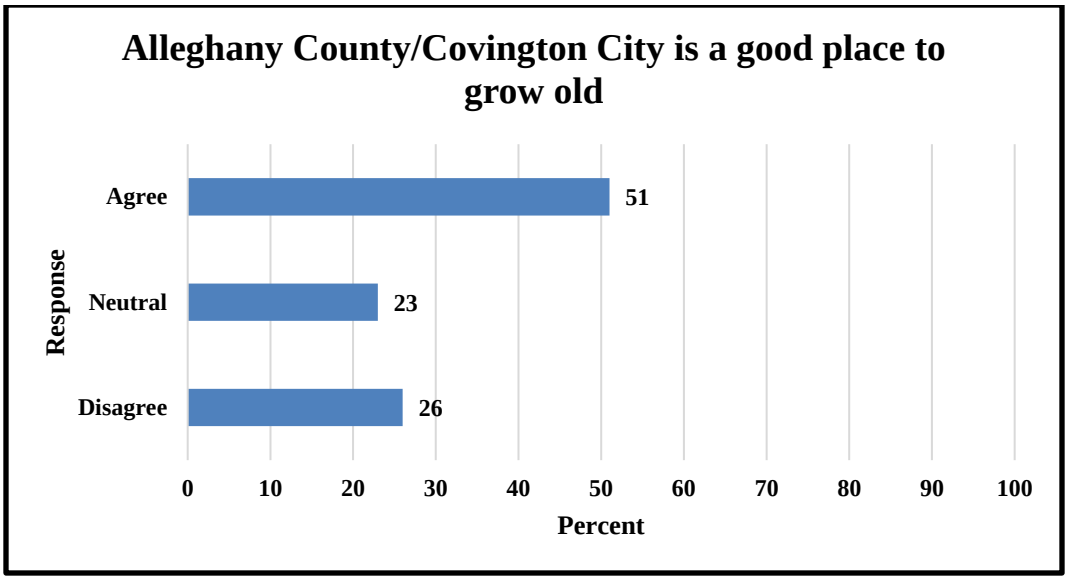
Overall, 27% of the respondents agreed that there is good healthcare in Alleghany County and Covington City, while 51% of the respondents disagreed, and 22% of the respondents were neutral. There were no statistically significant differences in the perception of good healthcare based on age, race, educational level, or employment status.



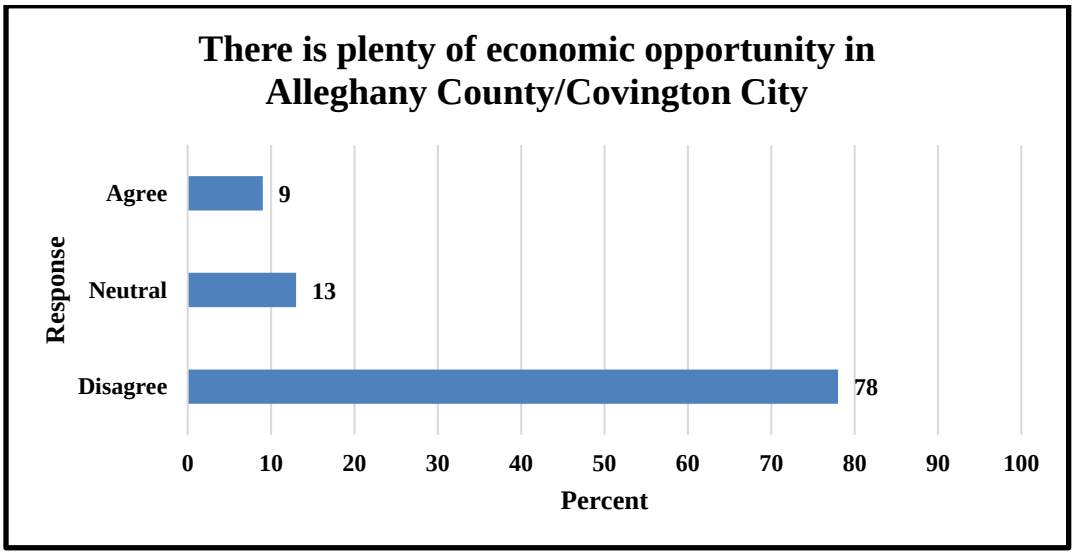
There was a statistically significant difference in perception of healthcare in Alleghany County and Covington City based on income level. The income levels with the largest percentage of respondents that disagreed with there being good healthcare were the $60,001-70,000 and $30,000-40,000 income levels. The income levels with the largest percentage of respondents that agreed were the $40,001-50,000 and $50,001-60,000 income levels.



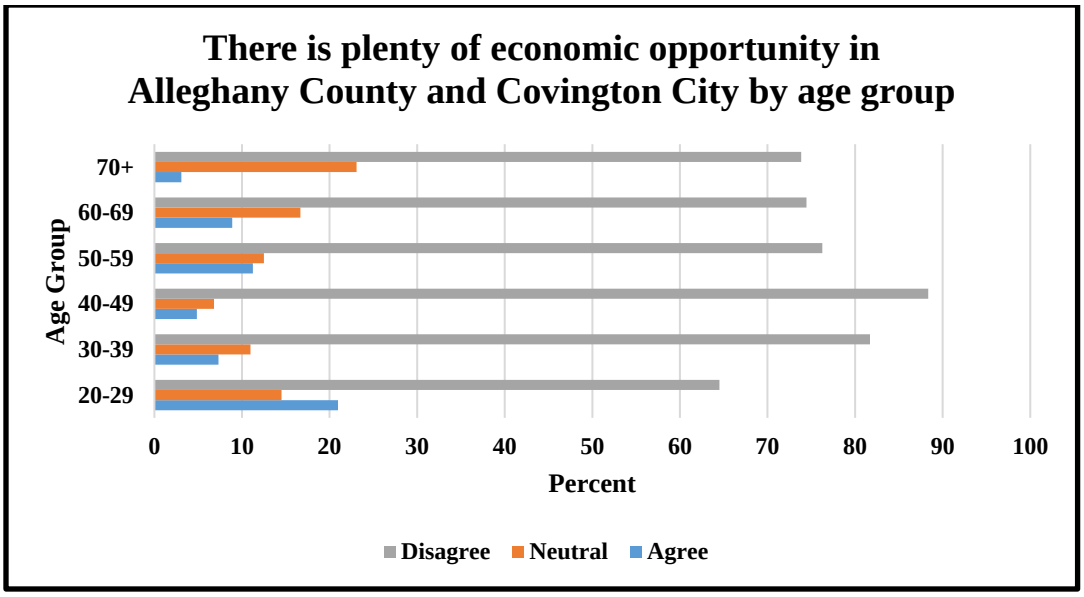
Overall, 61% of the respondents agreed that Alleghany County and Covington City is a good place to raise children, while 15% of the respondents disagreed, and 24% of the respondents were neutral.



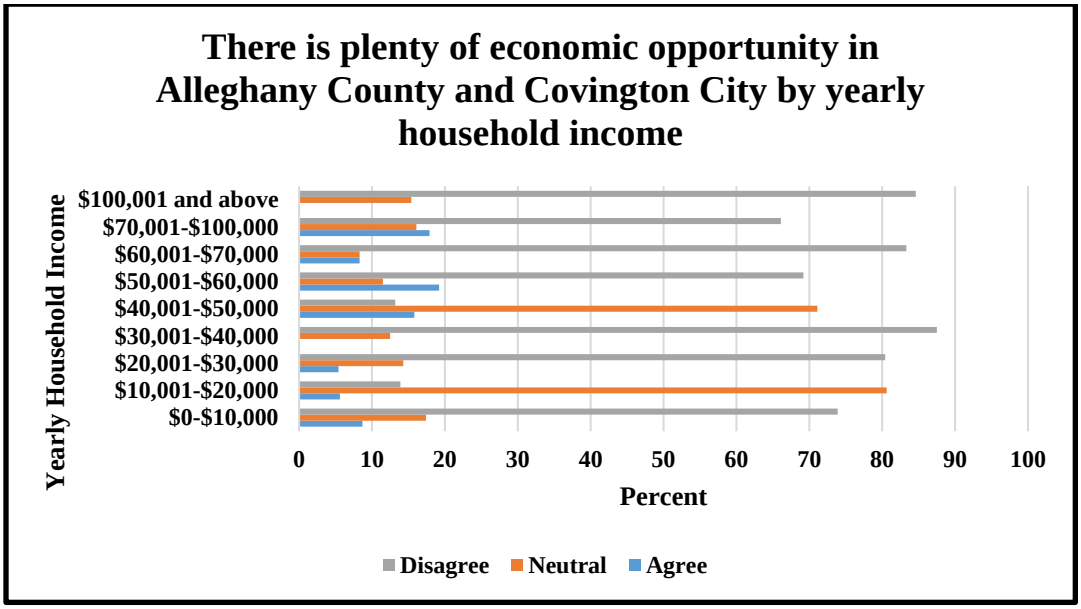
Overall, 51% of the respondents agreed that Alleghany County and Covington City is a good place to grow old, while 26% of the respondents disagreed, and 23% of the respondents were neutral.



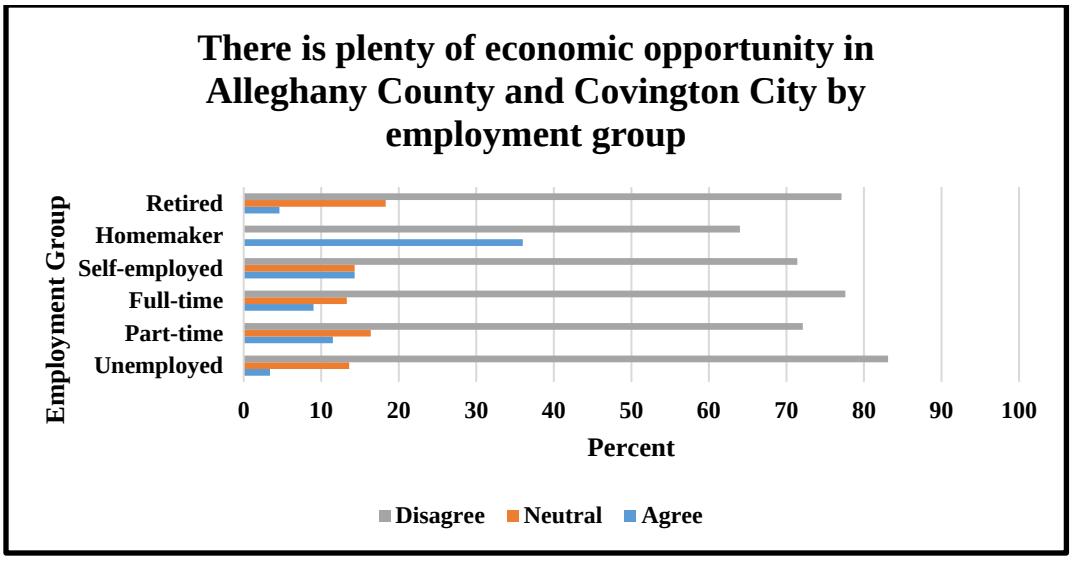
Overall, 9% of the respondents agreed that there is plenty of economic opportunity in Alleghany County and Covington City, while 78% of the respondents disagreed, and 13% of the respondents were neutral. There were no statistically significant differences in the perception of economic opportunity based on race or education level.



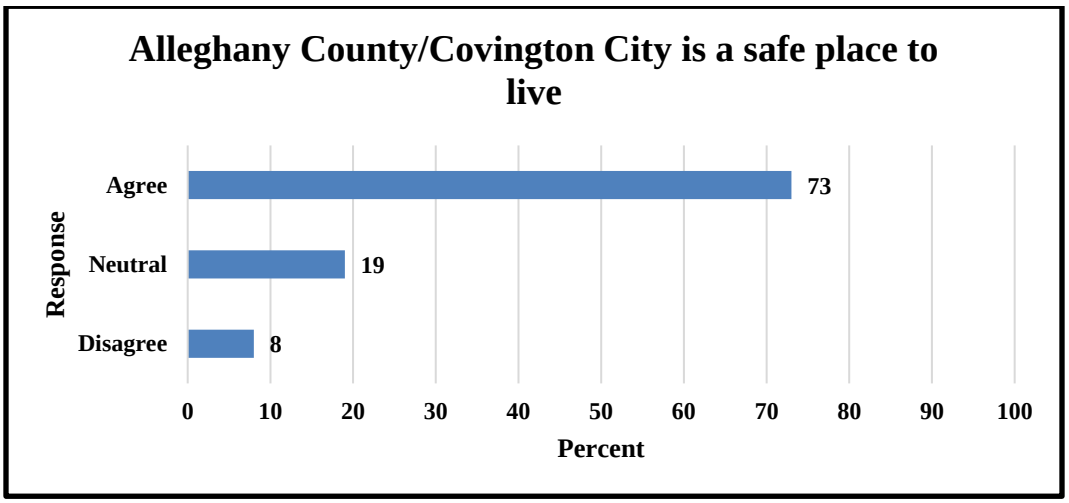
There was a statistically significant difference in perception of economic opportunity in Alleghany County and Covington City based on age. The age categories with the largest percentage of respondents that disagreed with there being good economic opportunity were the 40-49 and 30-39 age categories. The age categories with the largest percentage of respondents that agreed were the 20-29 and 50-59 age categories.



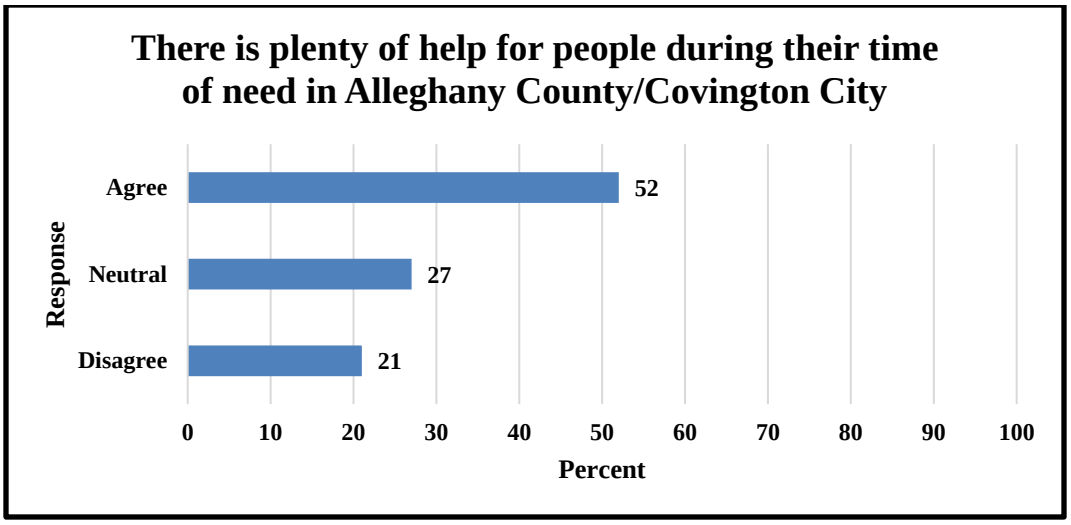
There was a statistically significant difference in perception of economic opportunity in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that disagreed with there being good economic opportunity were the $30,001-40,000 and $100,001 and above income levels. The income groups with the largest percentage of respondents that agreed were the $50,001-$60,000 and $70,001-$100,000 income levels.



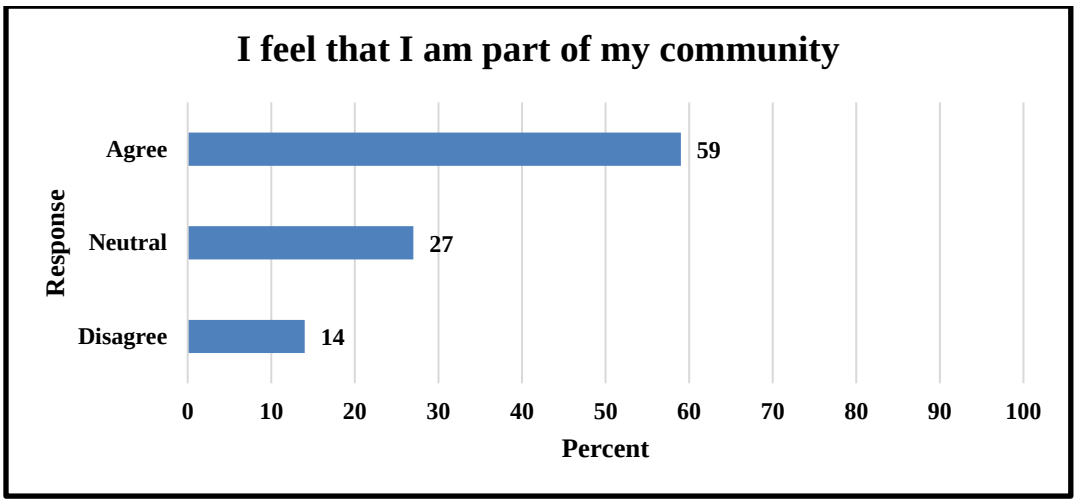
There was a statistically significant difference in perception of economic opportunity in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that disagreed with there being good economic opportunity were the unemployed, full-time, and retired employment groups. The employment groups with the largest percentage of respondents that agreed were the homemaker and self-employed employment groups.



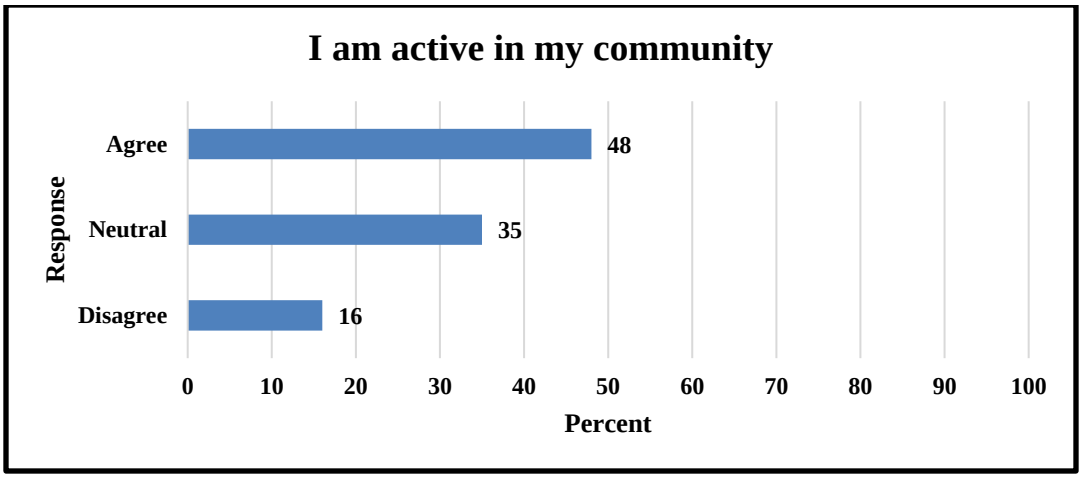
Overall, 73% of the respondents agreed that Alleghany County and Covington City is a safe place to live, while 8% of the respondents disagreed, and 19% of the respondents were neutral.



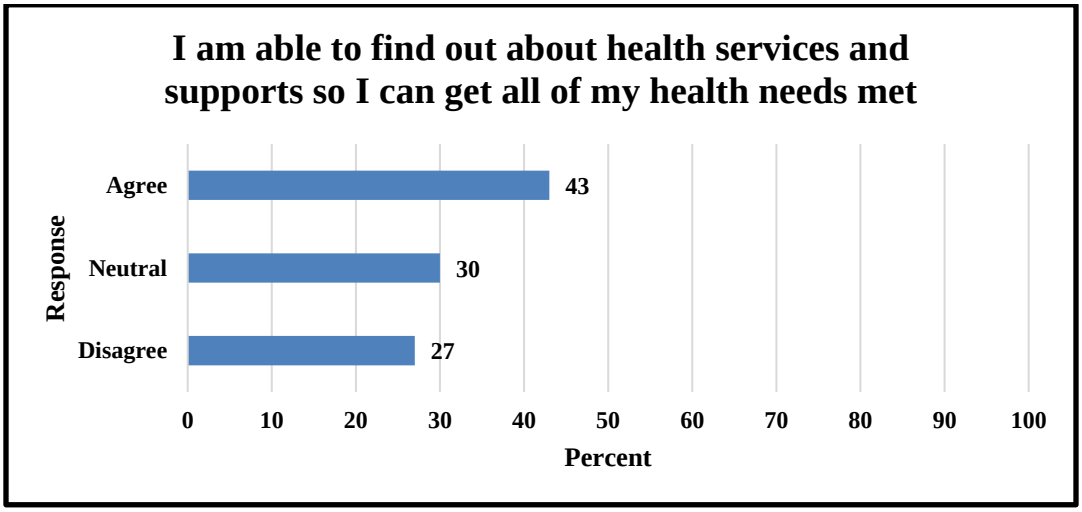
Overall, 52% of the respondents agreed that there is plenty of help for people during their time of need in Alleghany County and Covington City, while 21% of the respondents disagreed, and 27% of the respondents were neutral.



Overall, 59% of the respondents agreed that they felt as though they are part of the community in Alleghany County/Covington City, while 14% of the respondents disagreed, and 27% of the respondents were neutral.

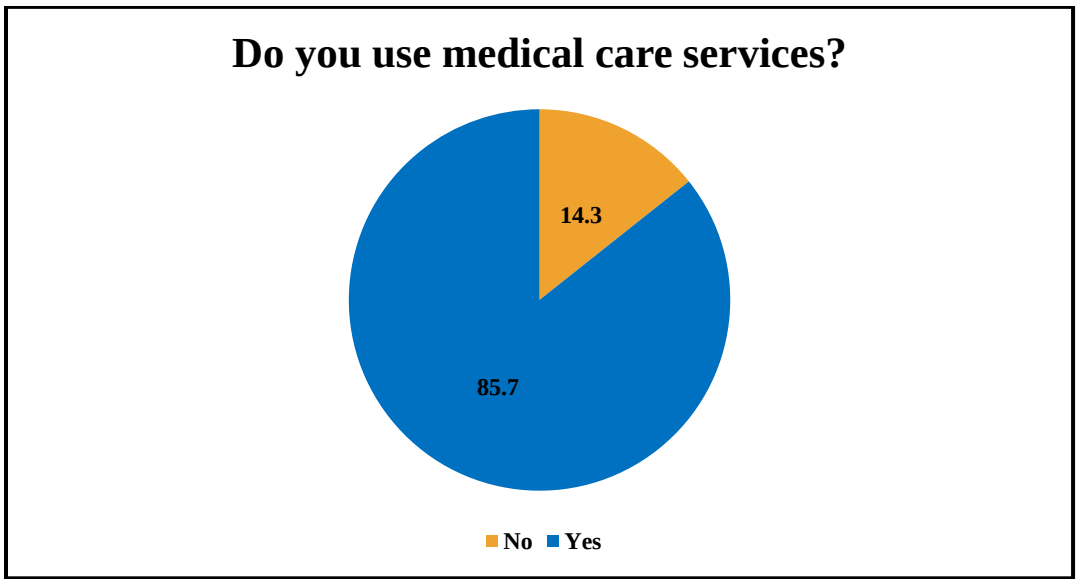


Overall, 48% of the respondents agreed that they are active in the community in Alleghany County/Covington City, while 16% of the respondents disagreed, and 35% of the respondents were neutral.

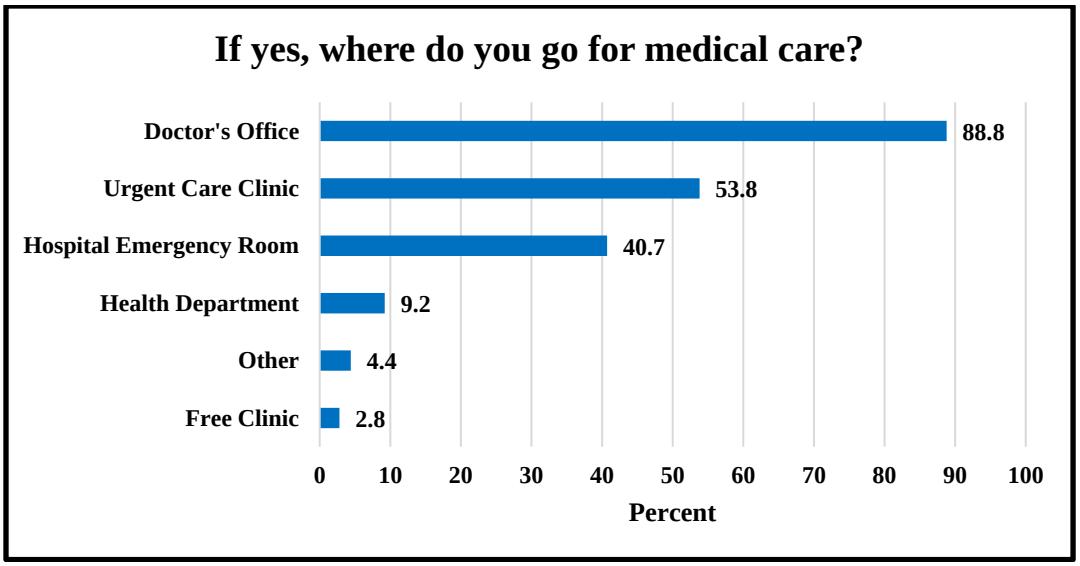


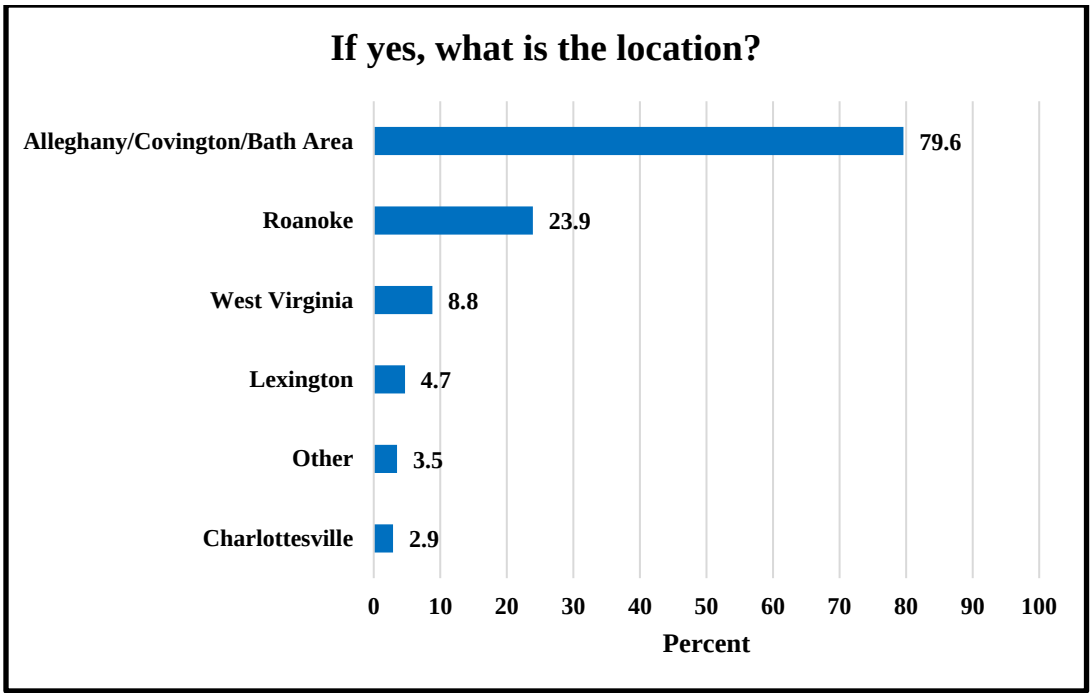
Overall, 43% of the respondents agreed that they are able to find out about health services and supports so that they can get all of their health needs met in Alleghany County/Covington City, while 27% of the respondents disagreed, and 30% of the respondents were neutral.

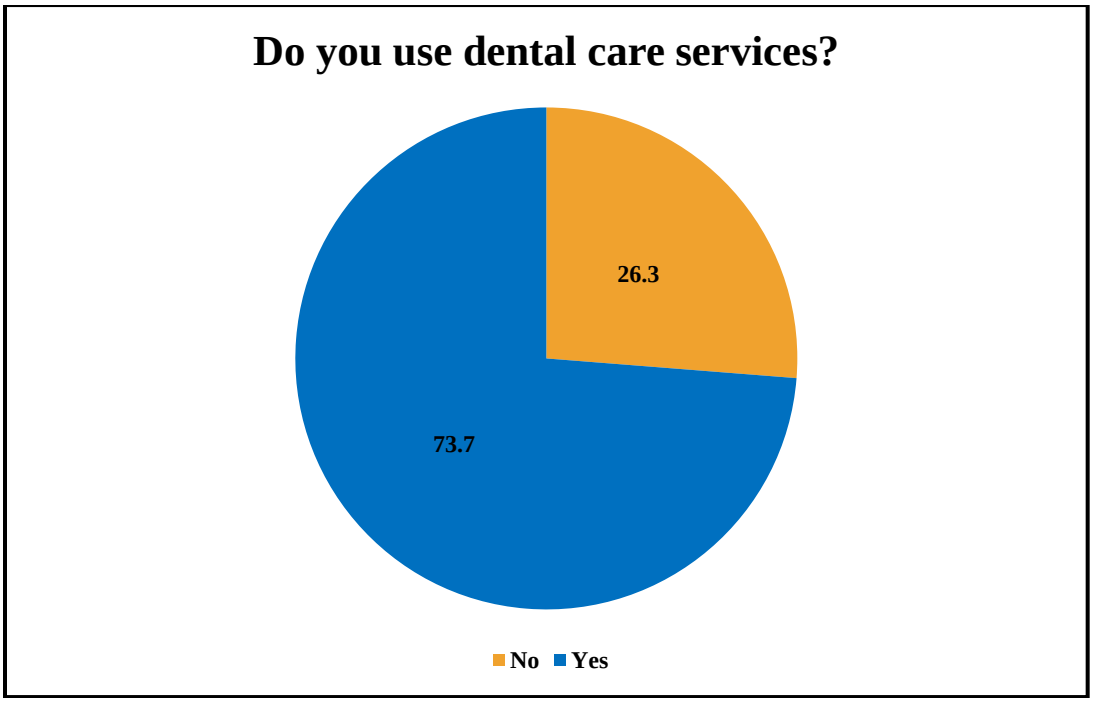
Personal Health of Respondents



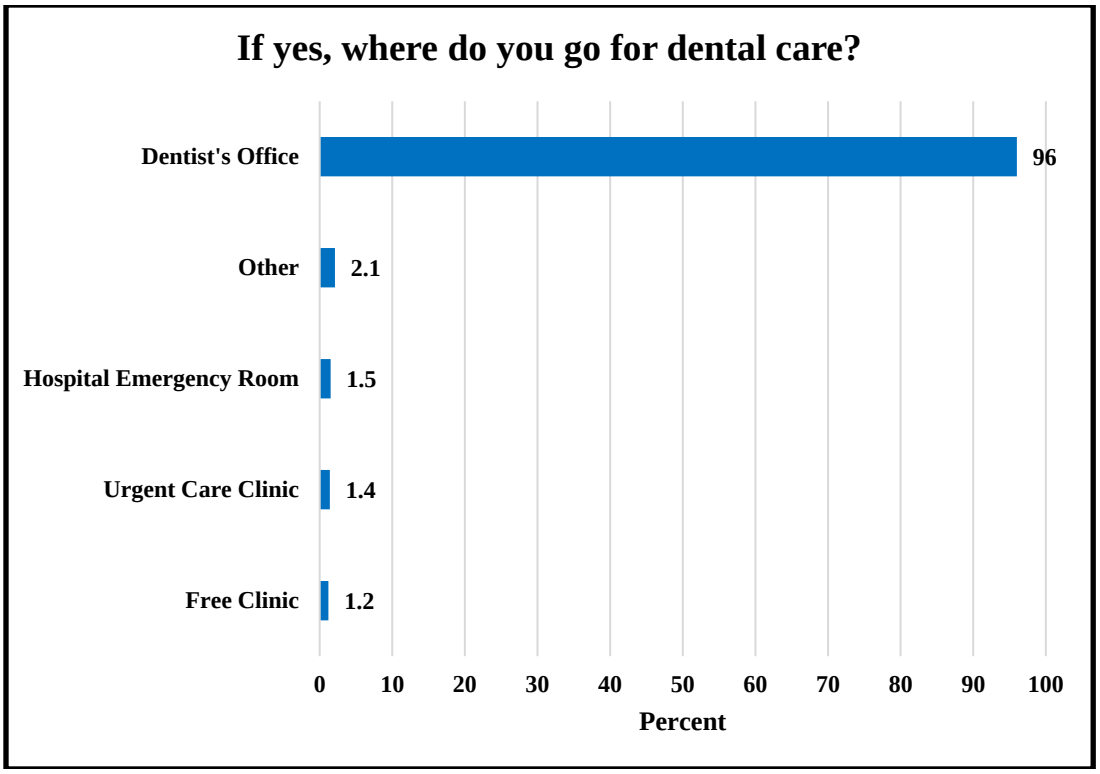
Overall, 86% of the respondents reported that they utilize medical care services, while 14% of the respondents reported that they do not utilize medical care services. The majority of respondents reported that they go to the doctor's office or urgent care clinic to get medical care. Meanwhile, 80% of the respondents reported that they utilize these services in the Alleghany/Covington/Bath area.

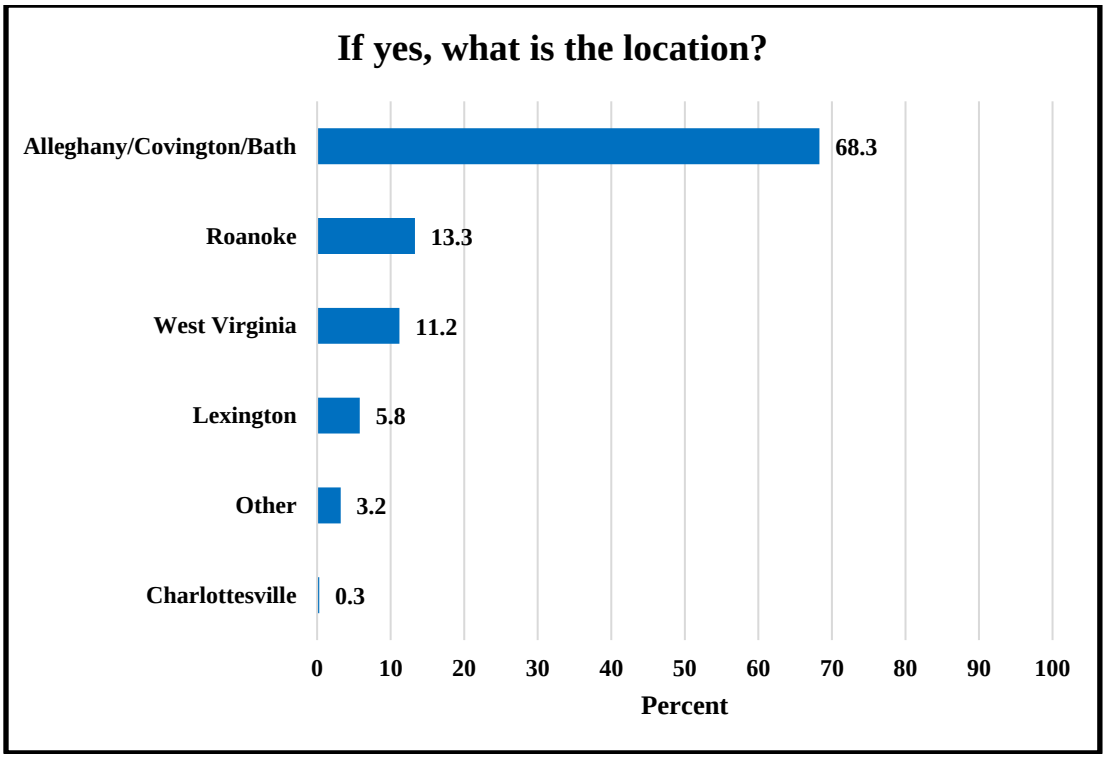


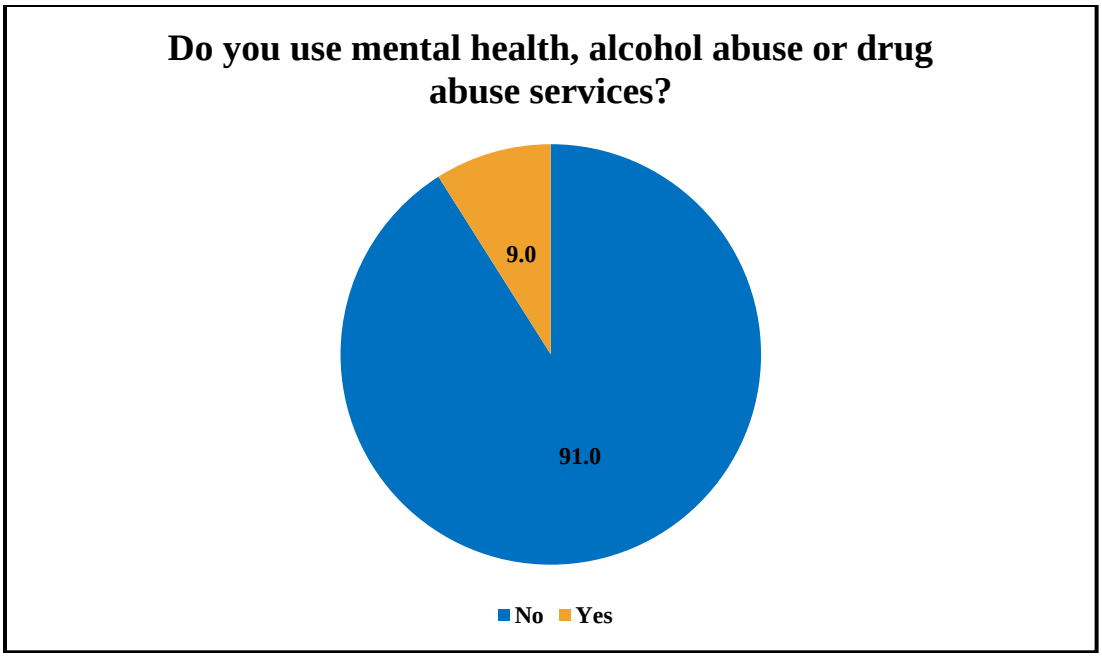




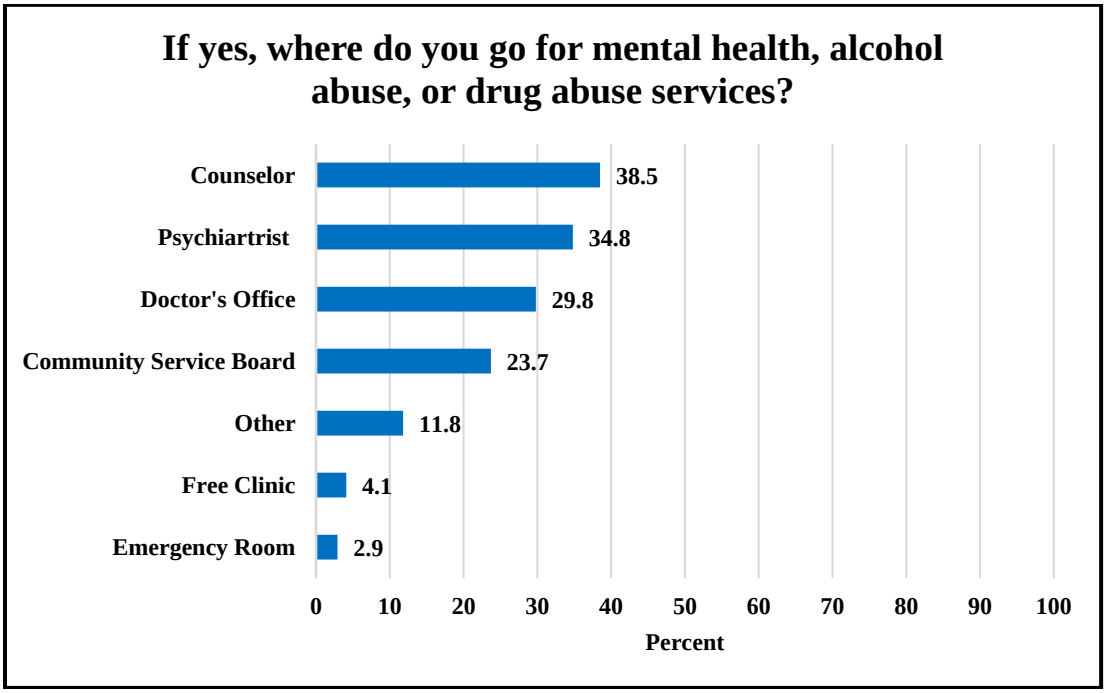
Overall, about 74% of the respondents reported that they utilize dental care services, while 26% of the respondents reported that they do not utilize dental care services. The majority of respondents reported that they go to the dentist's office to utilize these services. Meanwhile, 68% of the respondents reported that they utilize these services in the Alleghany/Covington/Bath area.

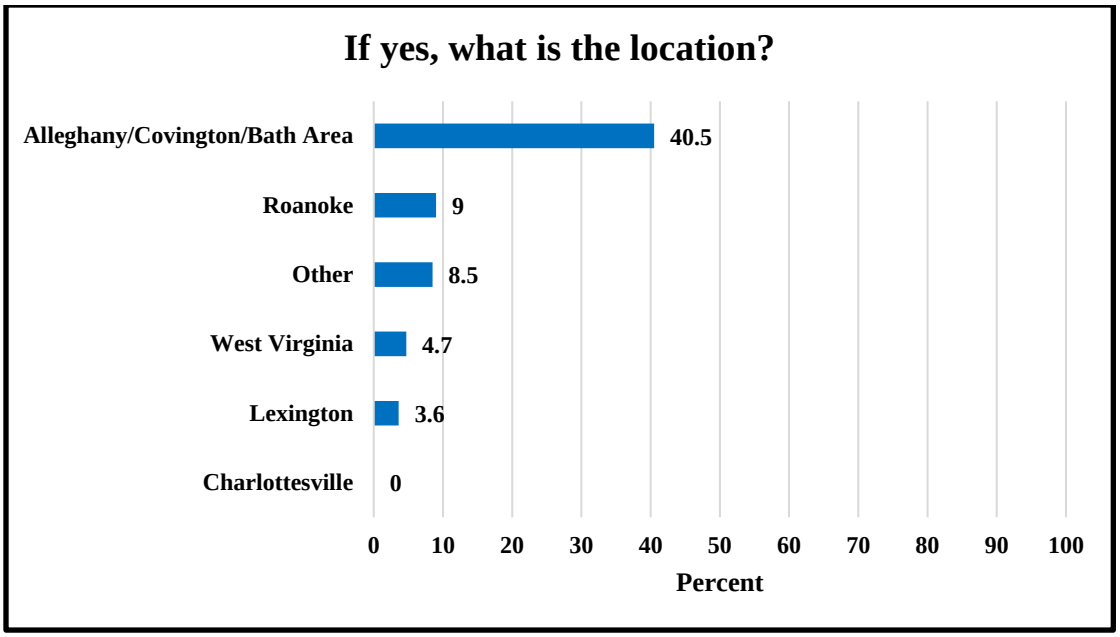

If yes, where do you go for dental care?
Dentist's Office
96
Other
2.1
Hospital Emergency Room
1.5
Urgent Care Clinic
1.4
Free Clinic
1.2
0
10
20
30
40
50
60
70
80
90
100
Percent

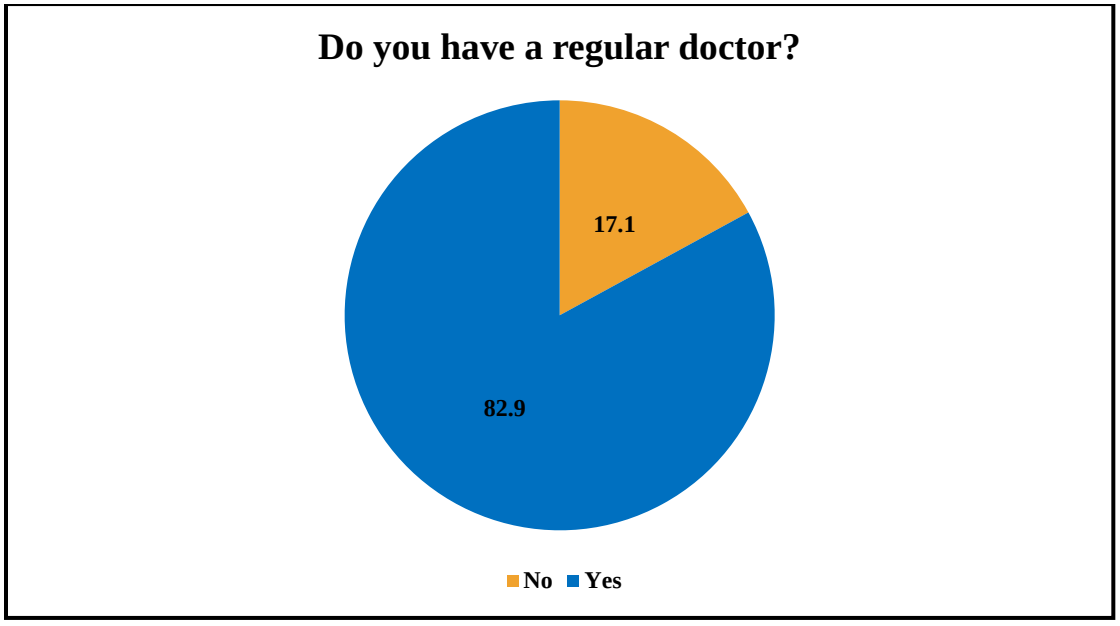

If yes, what is the location?
Alleghany/Covington/Bath
68.3
Roanoke
13.3
West Virginia
11.2
Lexington
5.8
Other
3.2
Charlottesville
0.3
0
10
20
30
40
50
60
70
80
90
100
Percent



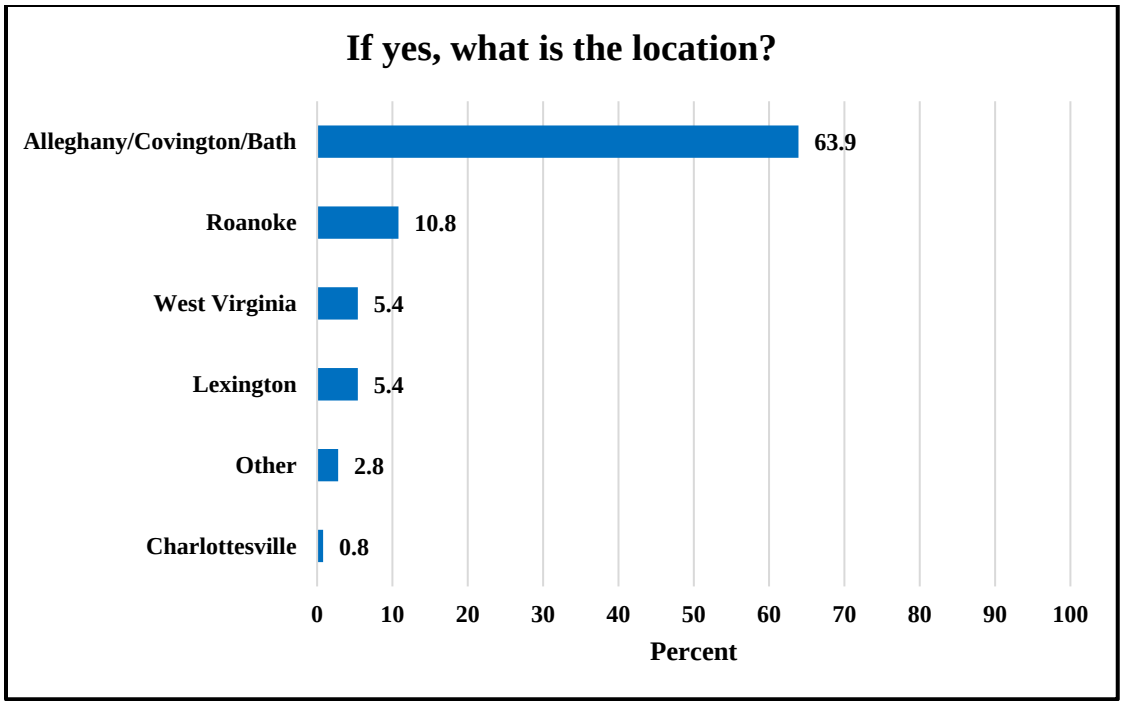
Overall, 9% of the respondents reported that they utilize mental health, alcohol abuse, or drug abuse services, while 91% of the respondents reported that they do not utilize these services. The majority of respondents reported that they go to a counselor or psychiatrist to utilize these services. Meanwhile, about 41% of the respondents reported that they utilize these services in the Alleghany/Covington/Bath area.

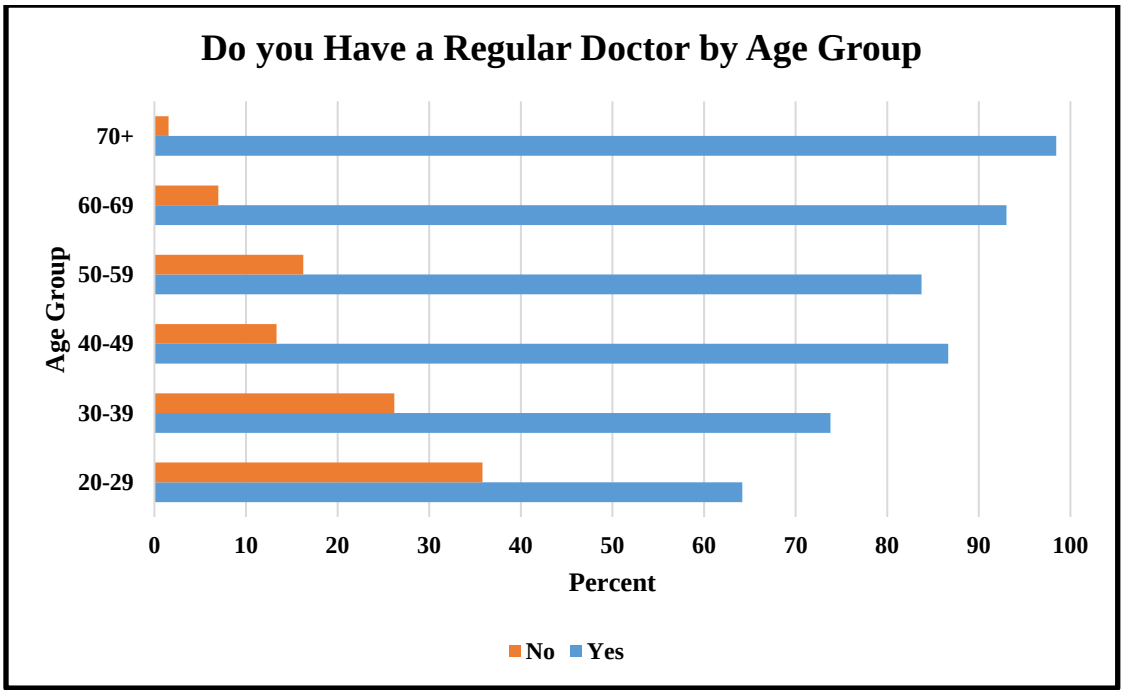




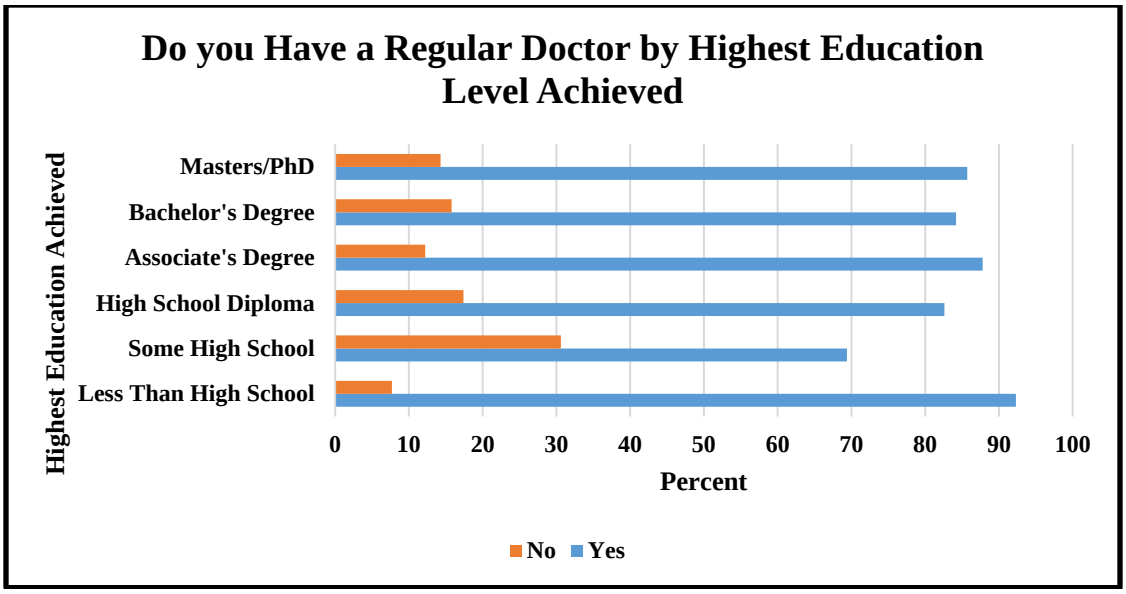


Overall, 83% of the respondents reported that they have a regular doctor, while 17% of the respondents reported that they did not have a regular doctor. The majority of respondents reported that their regular doctor is located in the Alleghany/Covington/Bath area. There were no statistically significant differences in the percentage of people who have a regular doctor based on race or income level.

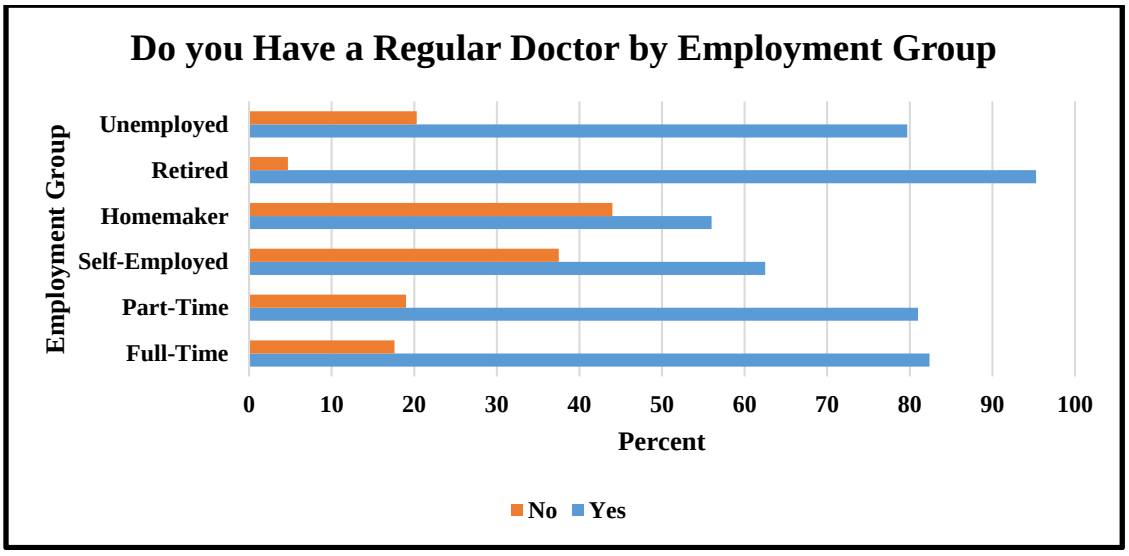




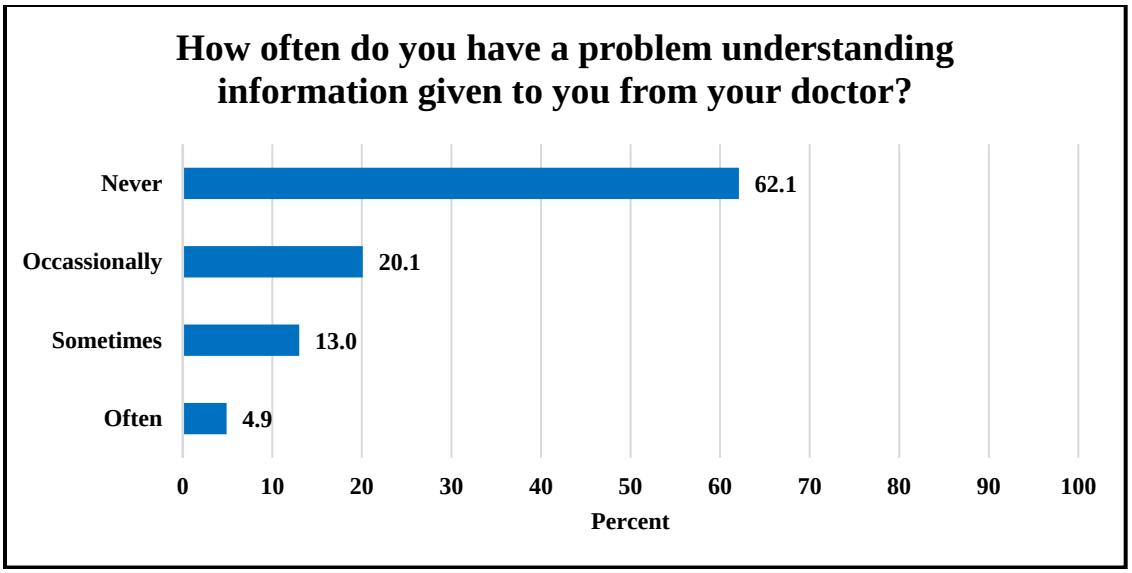
There was a statistically significant difference in the percentage of people who have a regular doctor in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not have a regular doctor were the 20-29 and 30-39 age groups. The age categories with the largest percentage of respondents that did have a regular doctor were the 70+ and 60-69 age groups.



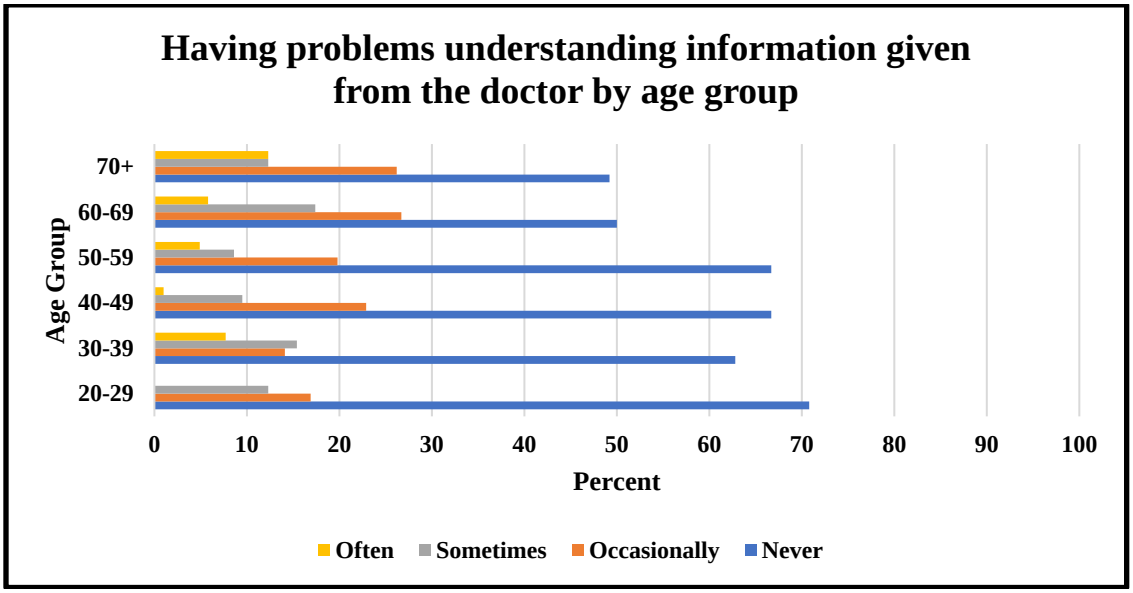
There was a statistically significant difference in the percentage of people who have a regular doctor in Alleghany County and Covington City based on the highest education level achieved. The education levels with the largest percentage of respondents that did not have a regular doctor were those with some high school education and those with a high school diploma. The education levels with the largest percentage of respondents that did have a regular doctor were those with and education level less than high school and those with an Associate's degree.



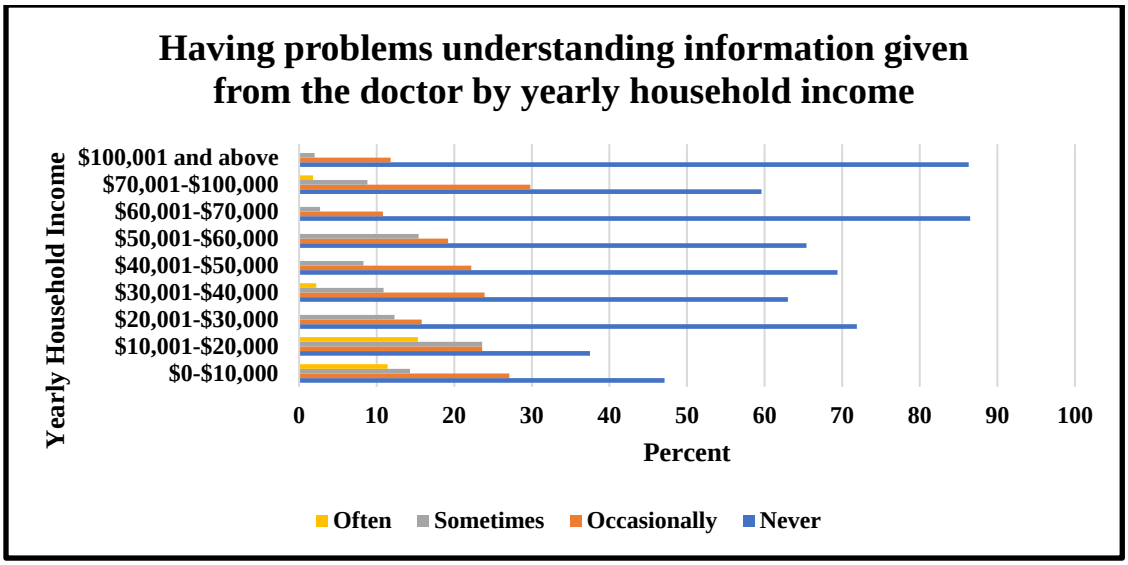
There was a statistically significant difference in the percentage of people who have a regular doctor in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that did not have a regular doctor were the homemaker and self-employed employment groups. The employment statuses with the largest percentage of respondents that did have a regular doctor were the retired and full-time employment groups.



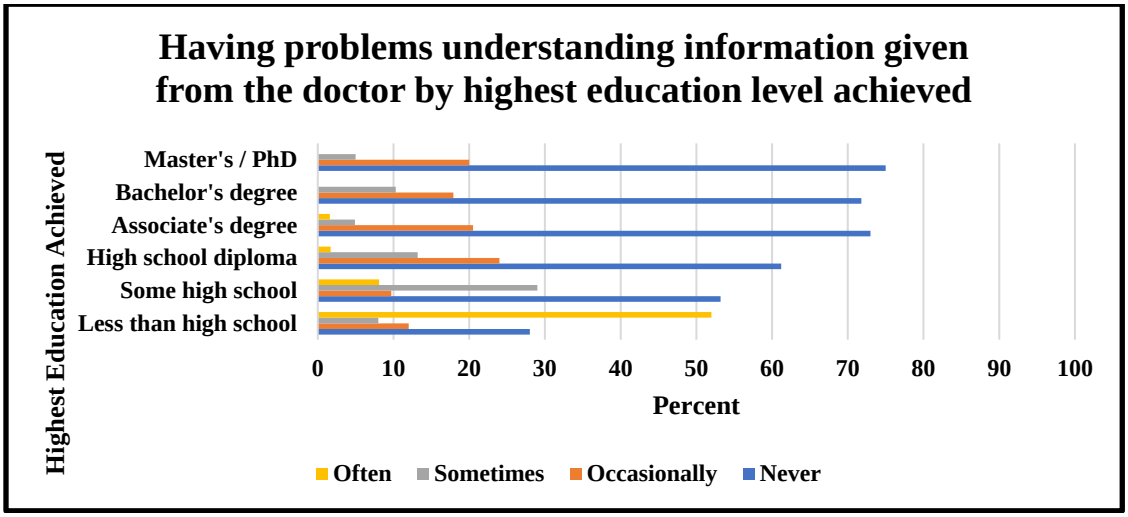
Overall, 62% of the respondents reported that they never have a problem understanding the information given to them from their doctor, while 20% of the respondents reported that they occasionally have a problem understanding the information given to them from their doctor. There was not a statistically significant difference in ability to understand information given by a doctor based on race.



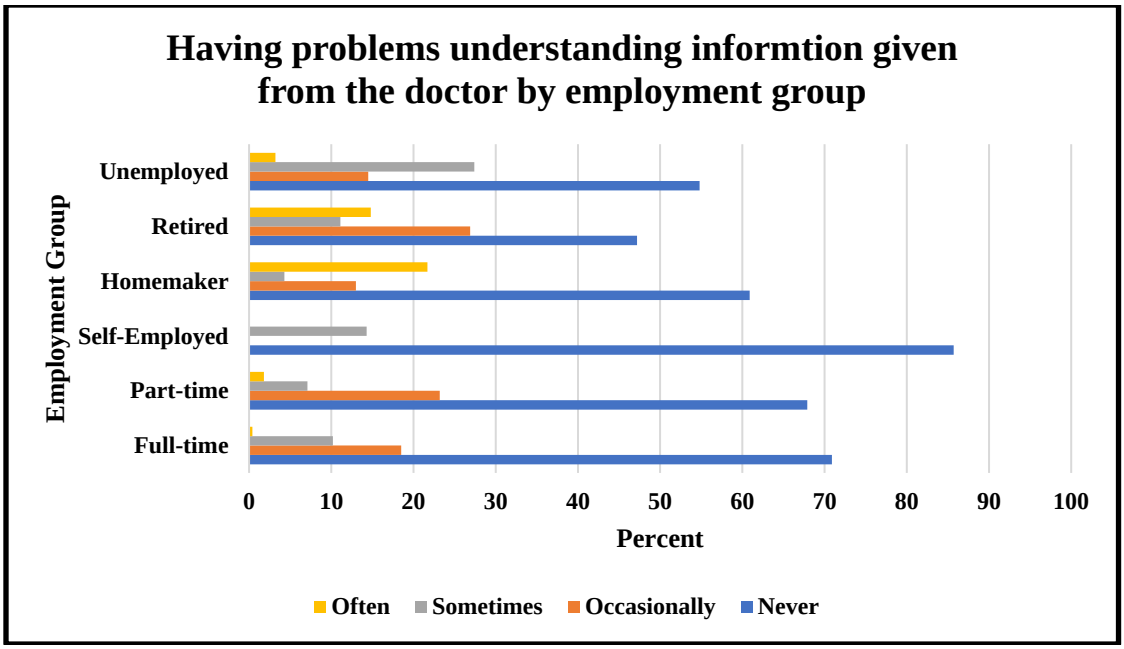
There was a statistically significant difference in the ability to understand information given by a doctor in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that often had difficulty understanding information given by a doctor were the 70+ and 30-39 age groups. The age groups with the largest percentage of respondents that never had difficulty understanding information given by a doctor were the 20-29, 40-49, and 50-59 age groups.



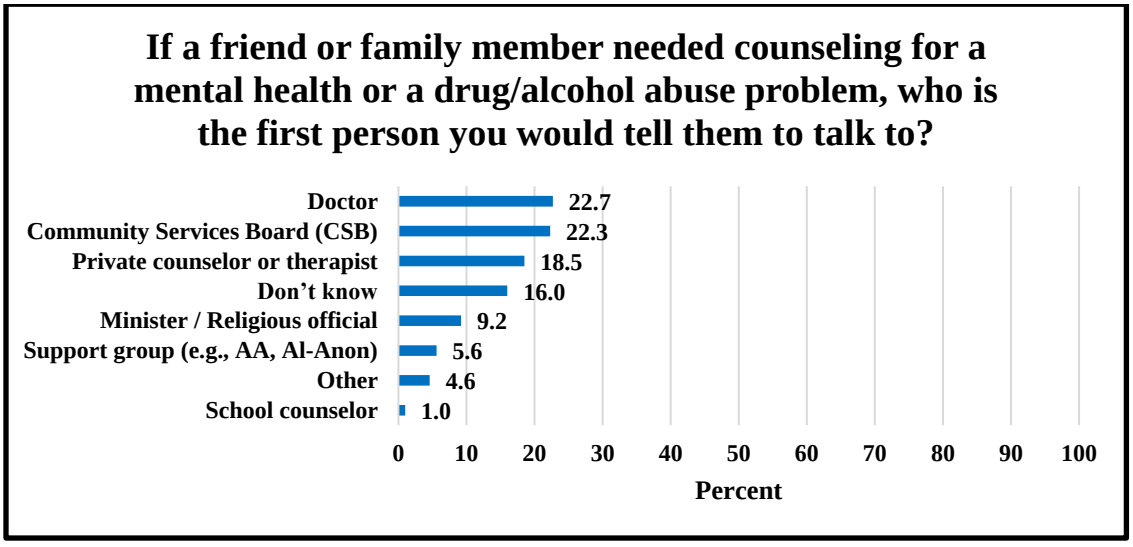
There was a statistically significant difference in the ability to understand information given by a doctor in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that often had difficulty understanding information given by a doctor were the $10,001-20,000 and $0-10,000 income levels. The age categories with the largest percentage of respondents that never had difficulty understanding information given by a doctor were the $100,001 and above and $60,001-70,000 income levels.



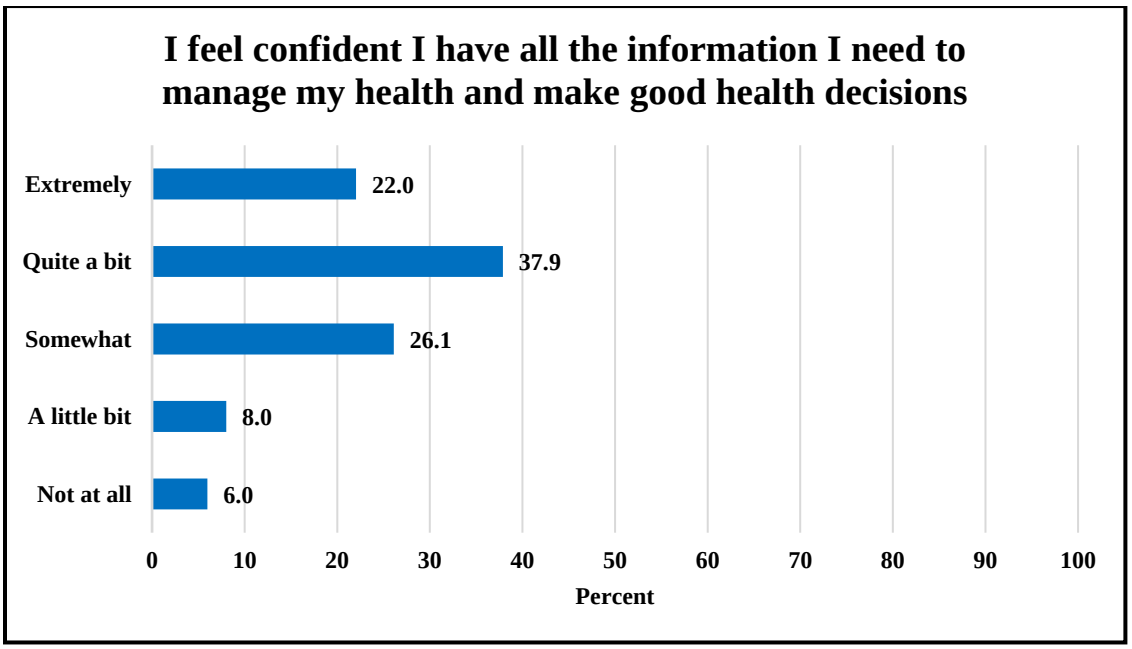
There was a statistically significant difference in the ability to understand information given by a doctor in Alleghany County and Covington City based on highest education level achieved. The education levels with the largest percentage of respondents that often had difficulty understanding information given by a doctor were those with an education level less than high school and those with some high school education. The education levels with the largest percentage of respondents that never had difficulty understanding information given by a doctor were those with a Masters/PhD degree, those with an Associate's degree, and those with a Bachelor's degree.



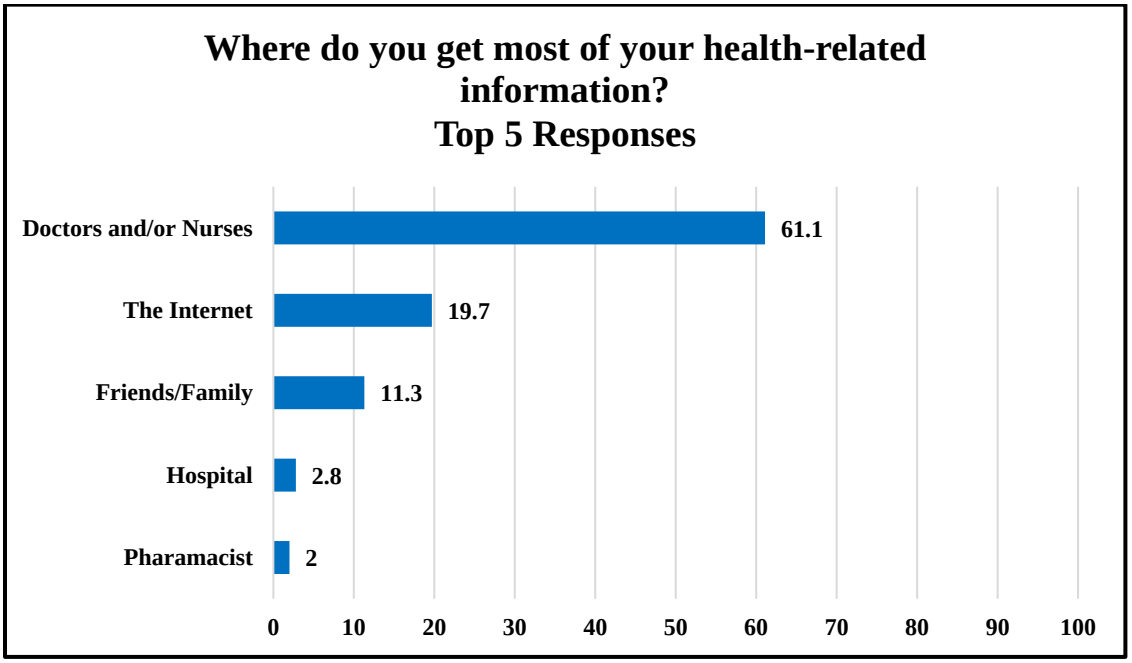
There was a statistically significant difference in the ability to understand information given by a doctor in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that often had difficulty understanding information given by a doctor were the homemaker and retired employment groups. The employment groups with the largest percentage of respondents that never had difficulty understanding information given by a doctor were the self-employed and full-time employment groups.



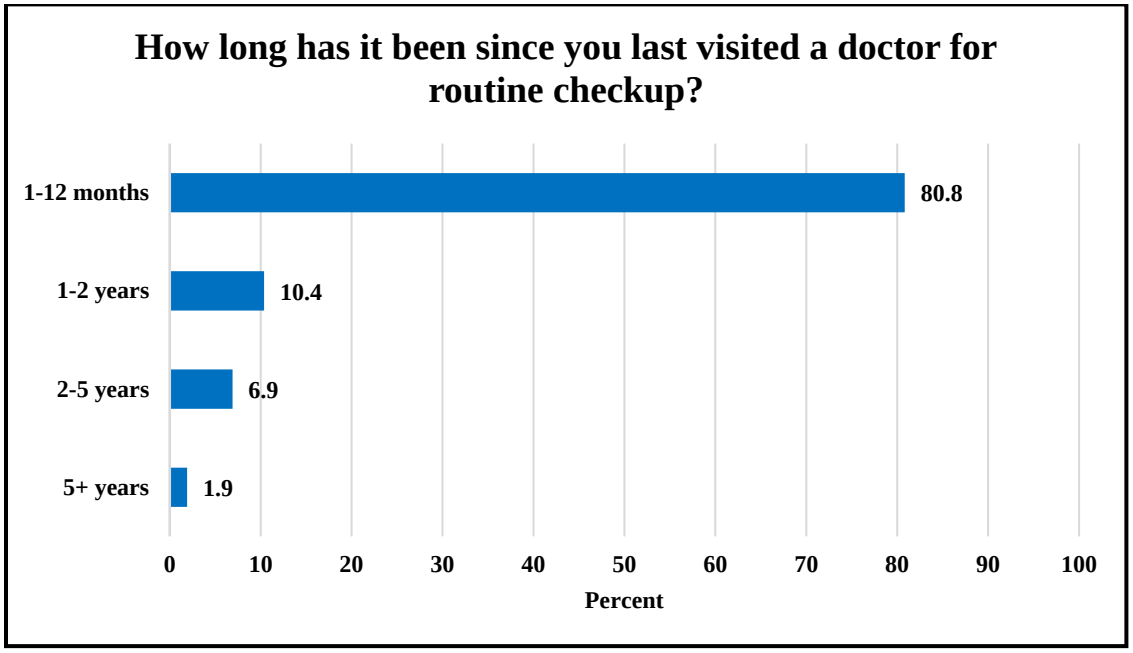
Overall, 23% of the respondents reported that they would talk to a doctor first, if a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem. Meanwhile, 22% reported that they would talk to a community services board first and 18.5% reported that they would talk to a private counselor or therapist first.



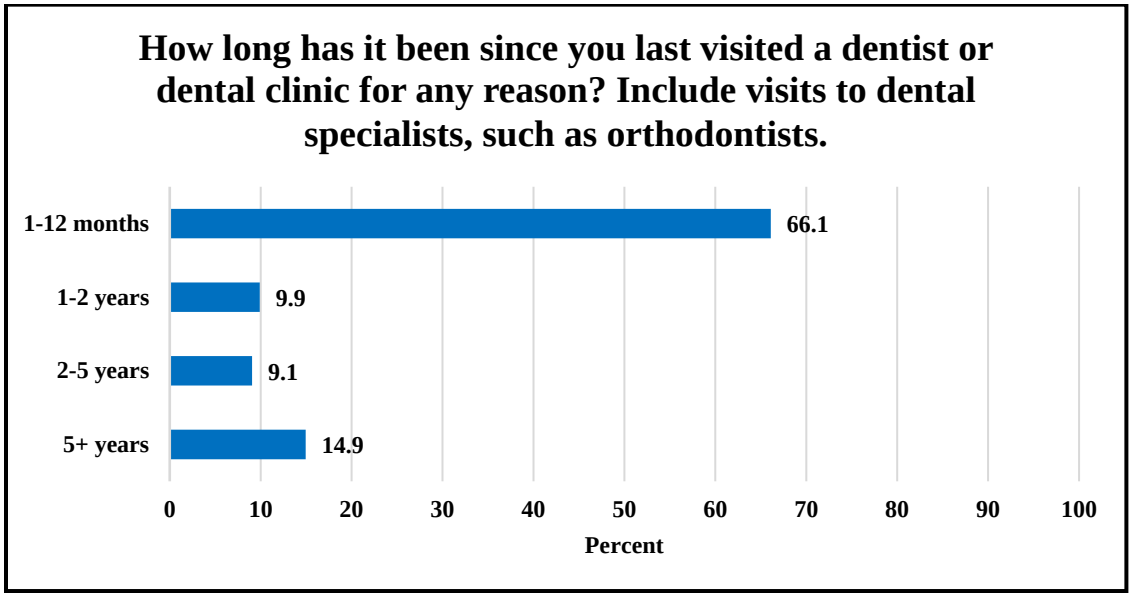
Overall, 38% of the respondents reported that they feel "quite a bit" confident in having all of the information they need to manage their health and make good health decisions, while 26% of the respondents reported that they felt "somewhat" confident.



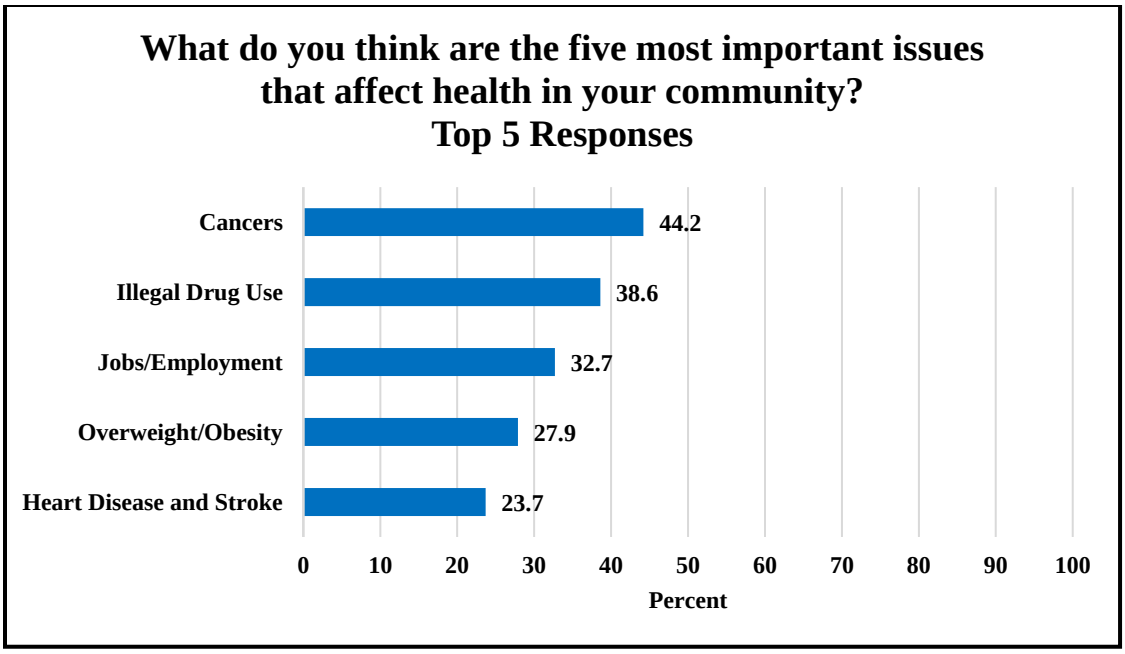
Overall, 61% of the respondents reported that they get most of their health-related information from doctors and/or nurses, while 20% of the respondents reported that they get most of their health-related information from the Internet.



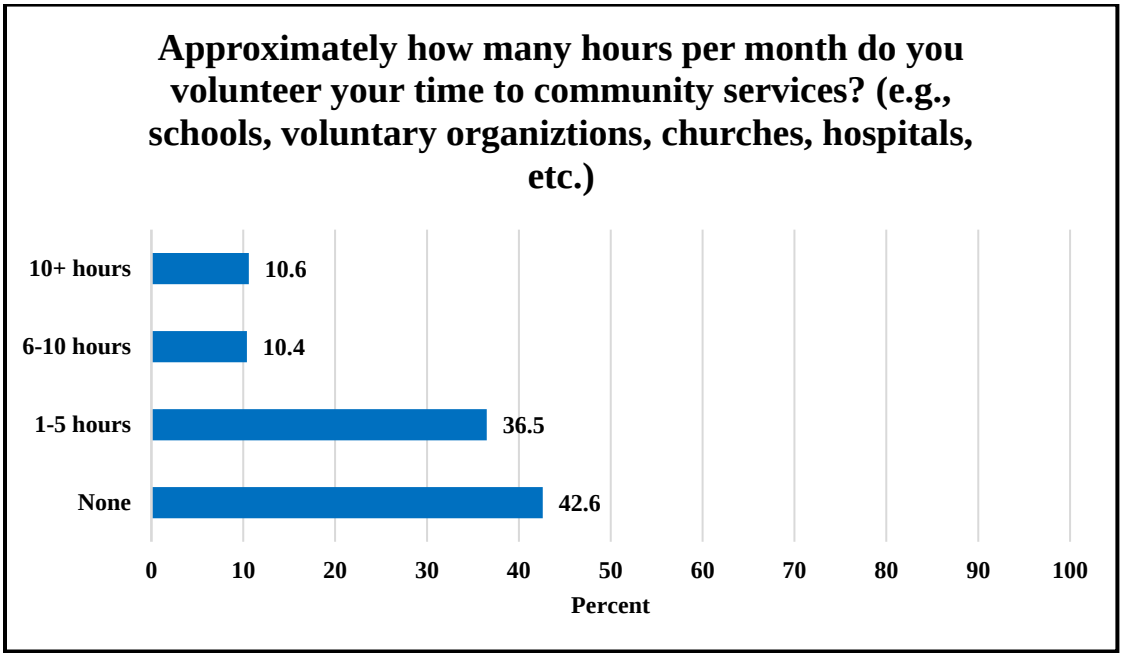
Overall, 81% of the respondents reported that they have had a routine checkup from a doctor in the past 1-12 months, while 10% of the respondents reported that they have had a routine checkup from a doctor in the past 1-2 years.



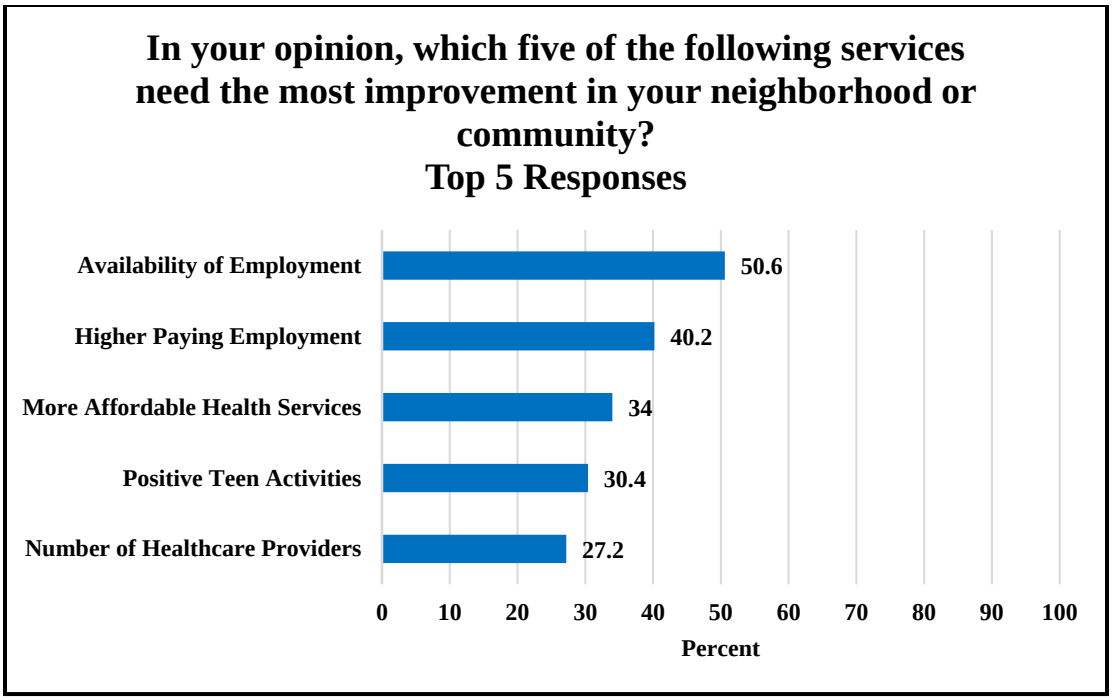
Overall, 66% of the respondents reported that they have visited the dentist or a dental clinic in the past 1-12 months, while 10% of the respondents reported that they have visited the dentist or a dental clinic in the past 1-2 years.



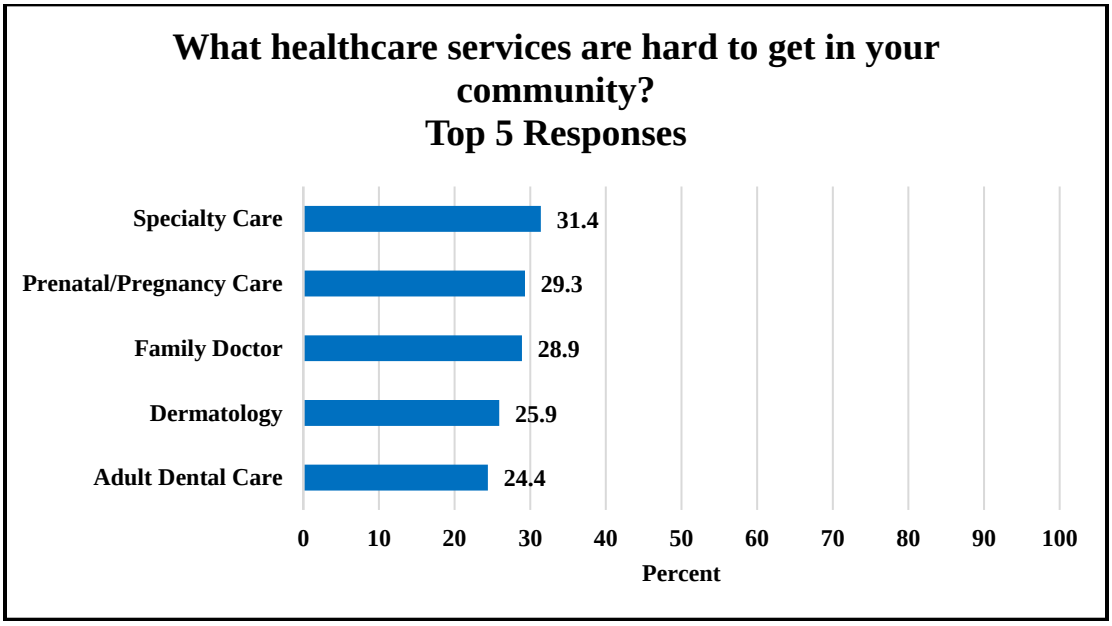
Overall, 44% of the respondents reported that cancers are one of the most important issues that affect health in their community, while 39% of the respondents reported that illegal drug use is one of the most important issues that affect health in their community.



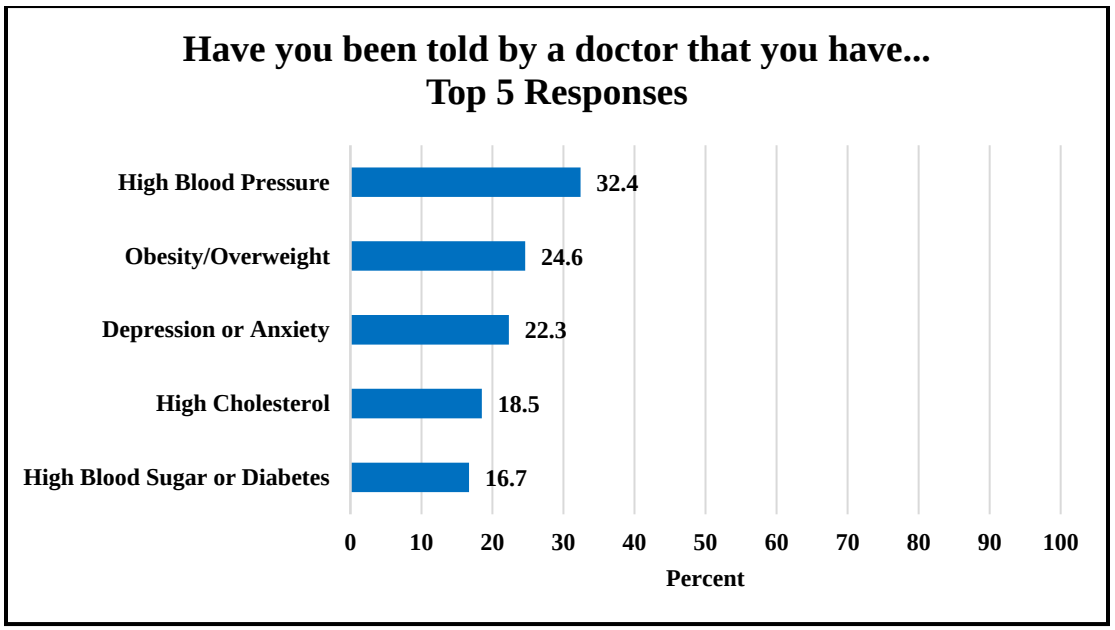
Overall, 43% of respondents reported that they do not volunteer their time to community services, while 36% reported that they volunteer 1-5 hours of their time to their community.



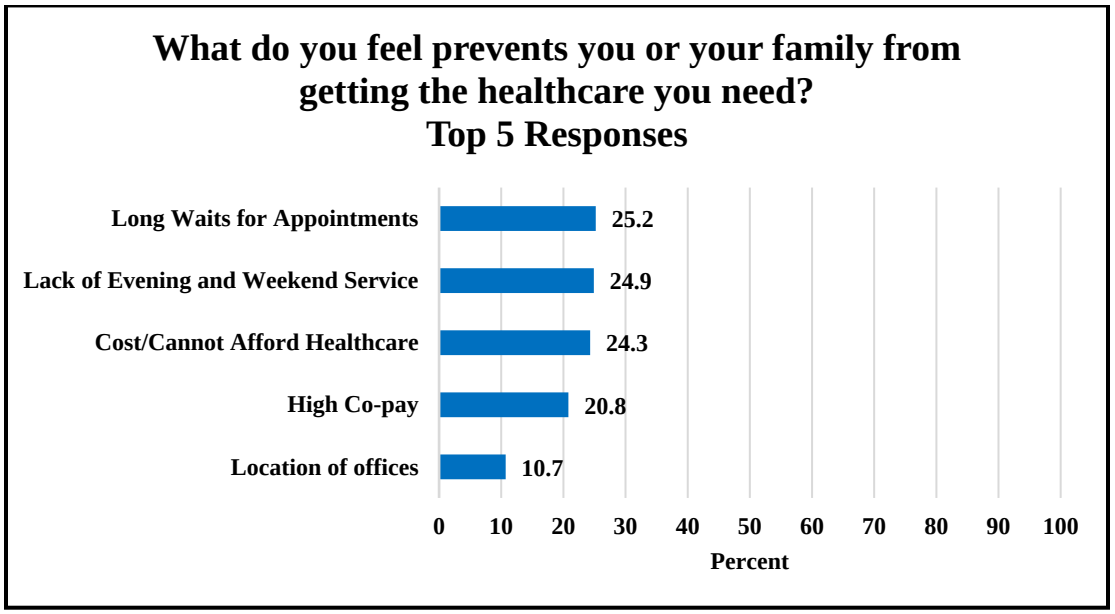
Overall, 51% of the respondents reported that in their opinion availability of employment was the service that needed the most improvement in their neighborhood or community. Similarly, 40% of the respondents reported that in their opinion higher paying employment was the next service in need for the most improvement in their neighborhood or community.



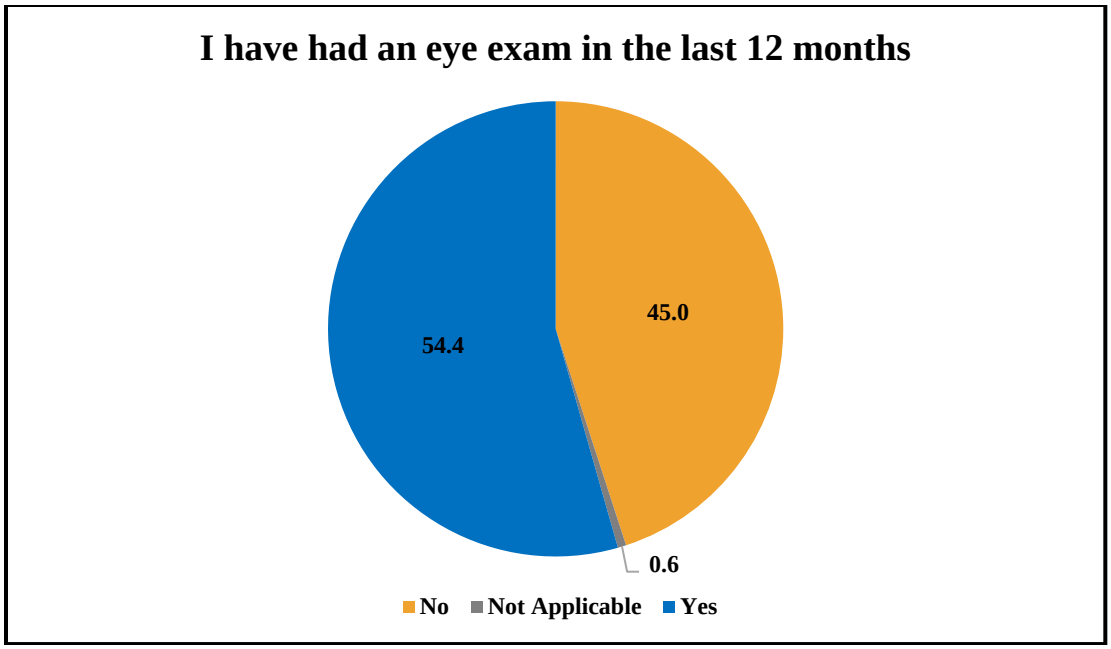
Overall, 31% of the respondents reported that specialty care was the healthcare service that was the hardest to get in their community. Next was prenatal/pregnancy care (29%) followed by a family doctor (29%).



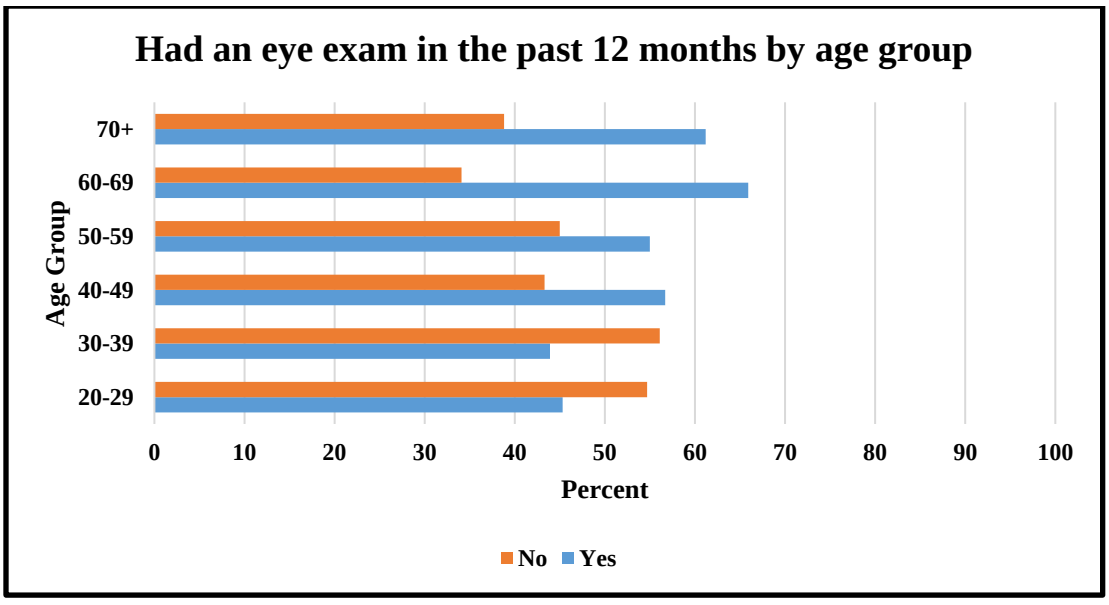
Overall, 32% of the respondents reported that they have been told by a doctor that they have high blood pressure, 25% reported that they have told that they are obese or overweight, 22% reported that they have been told that they have depression or anxiety, and 19% reported that they have been told that they have high cholesterol.



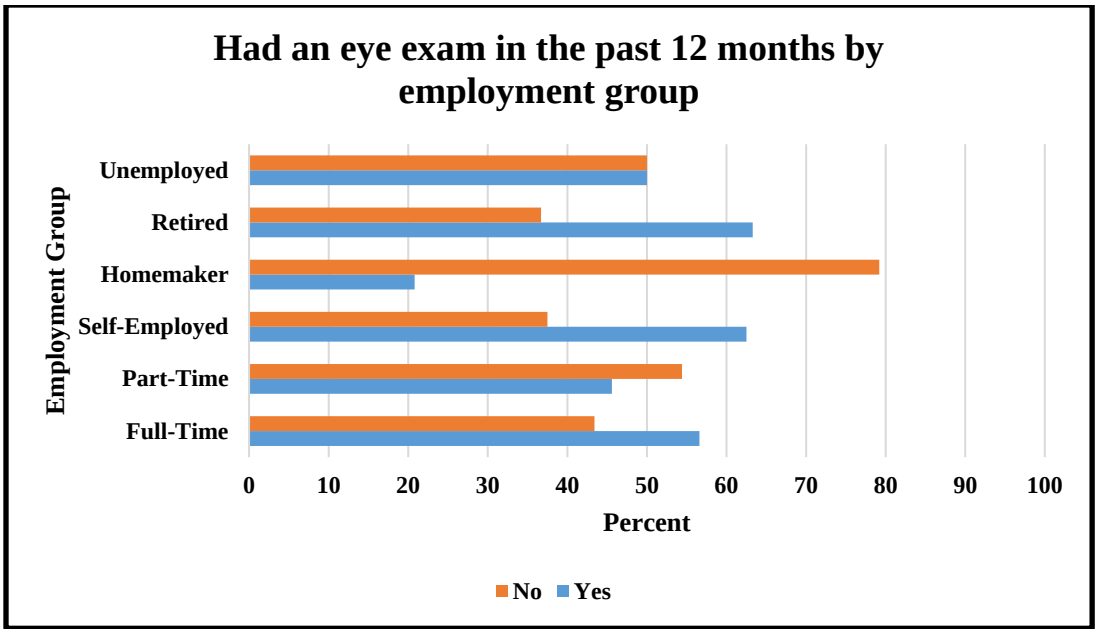
Overall, 25% of the respondents reported that they feel that long waits for appointments is the top barrier preventing them or their family from getting healthcare. A lack of evening and weekend service was the next most reported barrier (25%) followed by cost (24%).



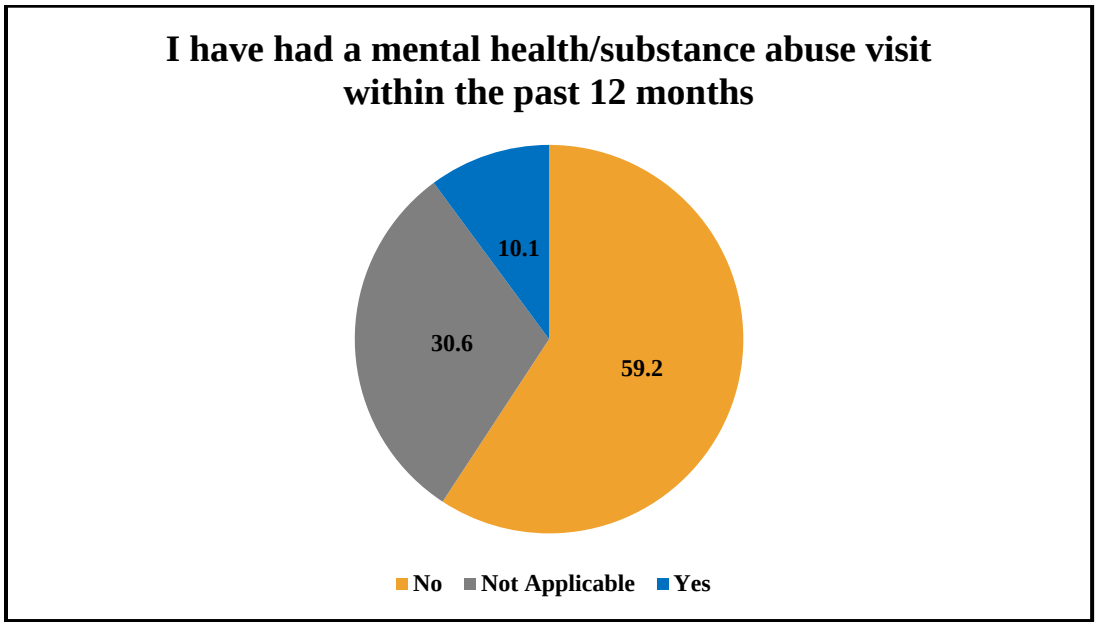
Overall, 54% of the respondents reported that they have had an eye exam in the past 12 months, while 45% reported that they had not. There were no statistically significant differences in the percentage of respondents who have had an eye exam in the last 12 months based on race, education, or income level.



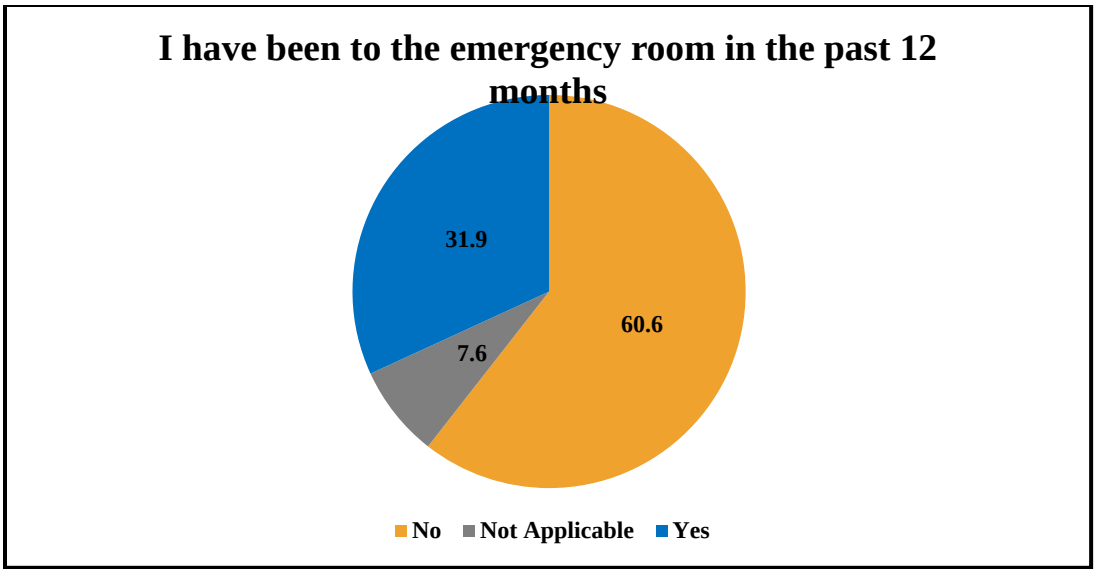
There was a statistically significant difference in the percentage of respondents who have had an eye exam in the past 12 months in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not have an eye exam in the past 12 months were the 30-39 and 20-29 age groups. The age groups with the largest percentage of respondents that did have an eye exam in the past 12 months were the 60-69 and 70+ age groups.



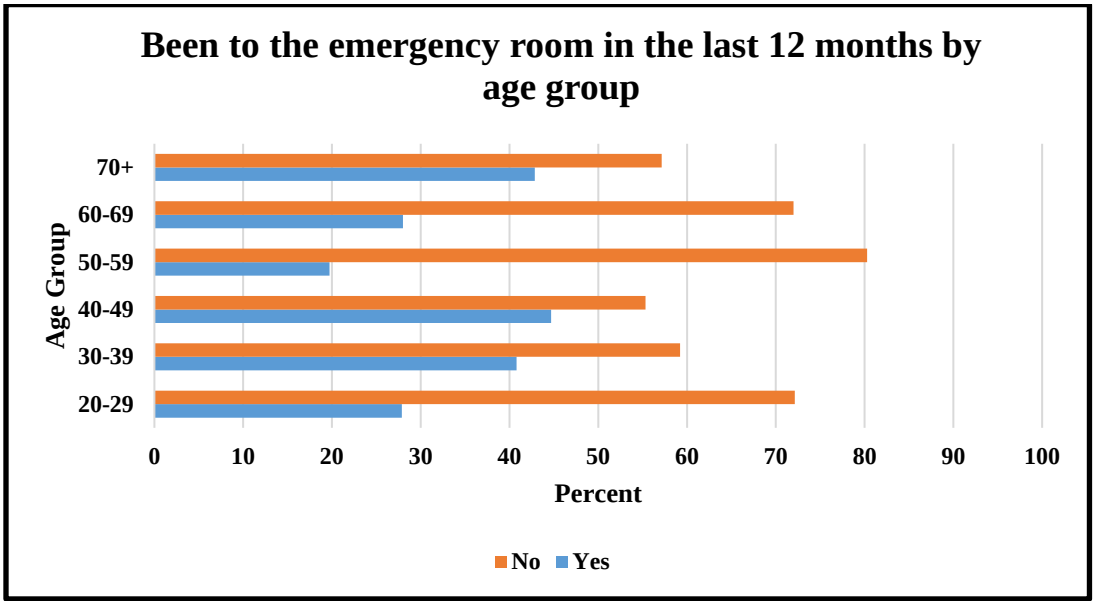
There was a statistically significant difference in the percentage of respondents who have had an eye exam in the past 12 months in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that did not have an eye exam in the past 12 months were the homemaker and part-time employment groups. The employment groups with the largest percentage of respondents that did have an eye exam in the past 12 months were the retired and self-employed employment groups.



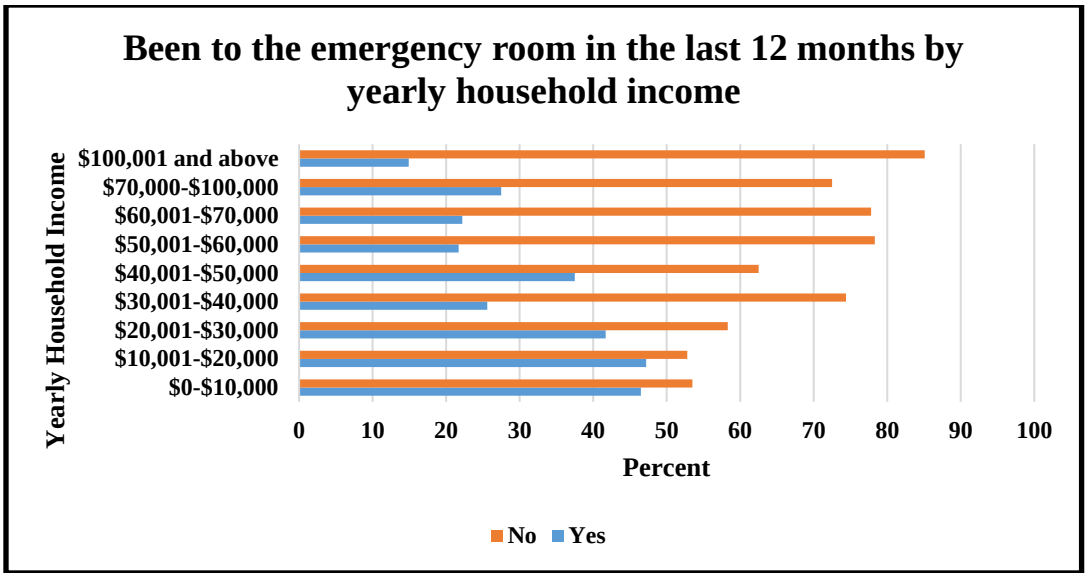
Overall, 10% of the respondents reported that they have had a mental health/substance abuse visit within the past 12 months, while 59% reported that they had not.



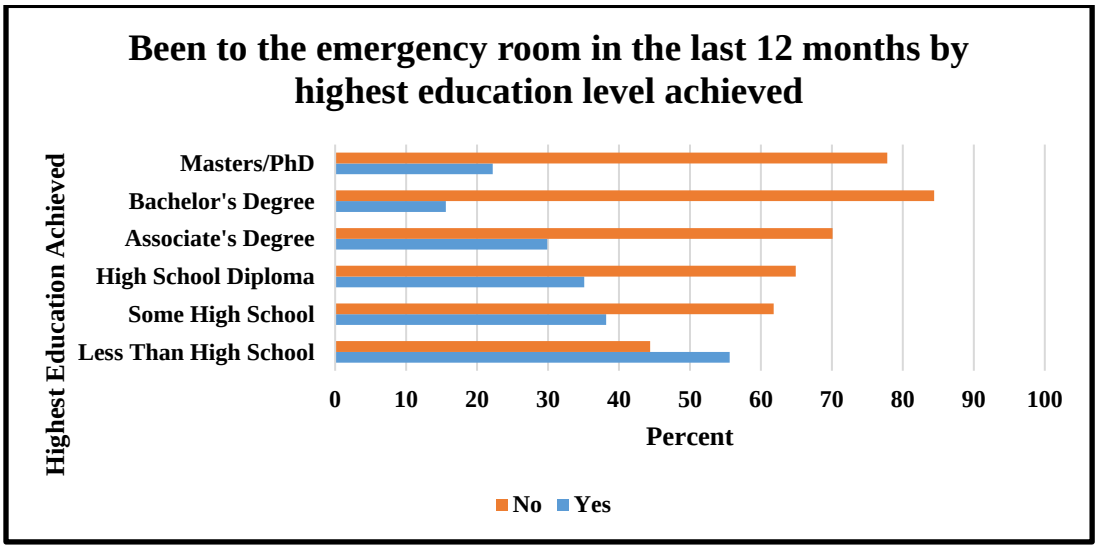
Overall, 32% of the respondents reported that they have had been to the emergency room in the past 12 months, while 61% reported that they had not. Respondents who reported "Not Applicable" were not included in follow-up chi-square analyses. There were no statistically significant differences in use of the emergency room in the last 12 months based on race or employment status.



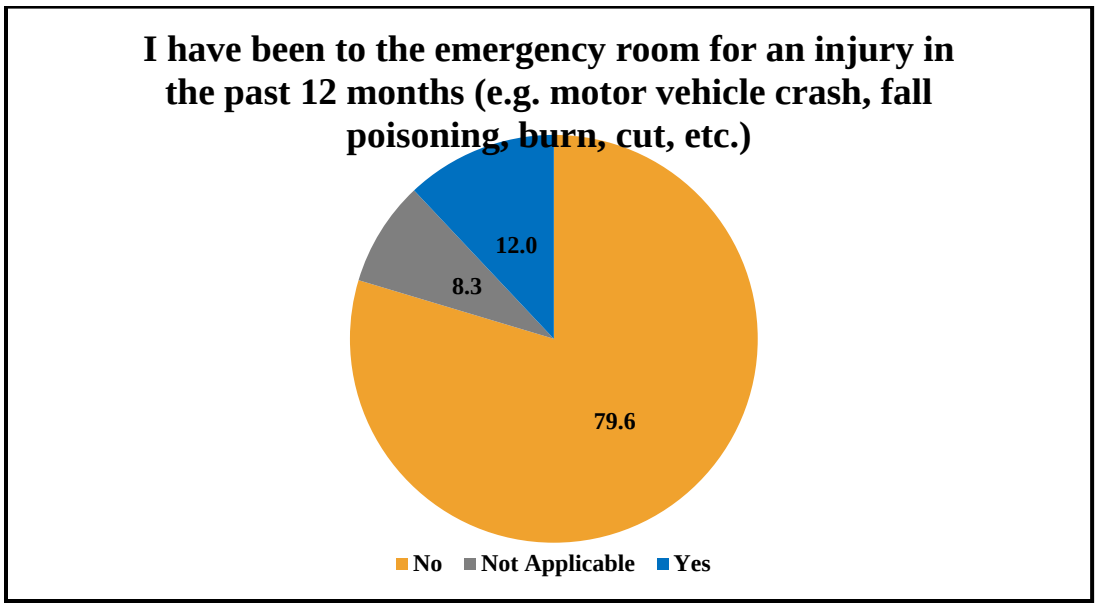
There was a statistically significant difference in the use of the emergency room in the last 12 months in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not visit the emergency room in the last 12 months were 50-59 years and 20-29 years. The age groups with the largest percentage of respondents that did visit the emergency room in the last 12 months were 40-49 years and 70+ years.



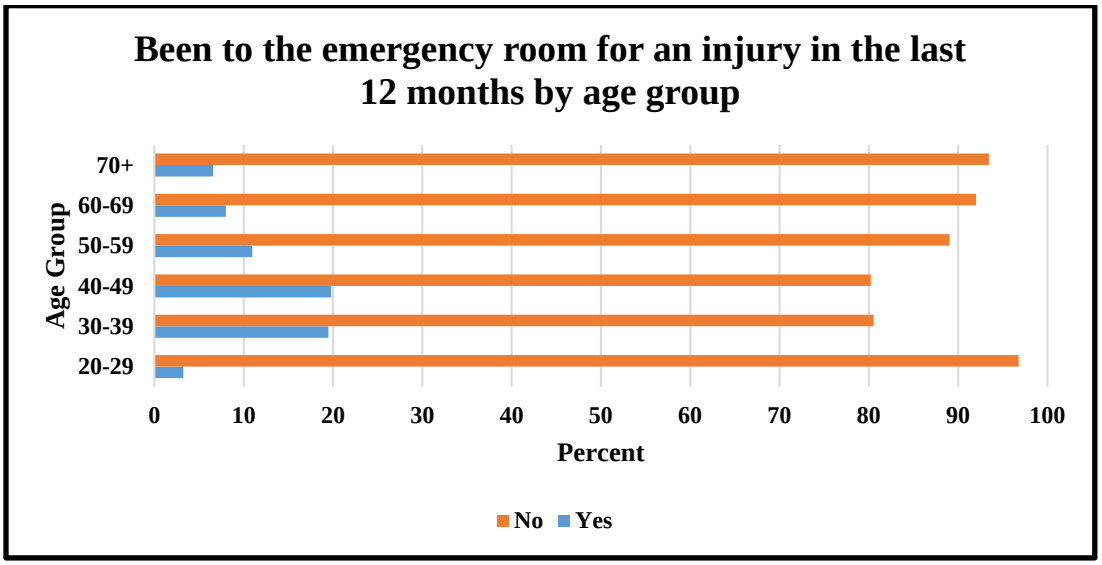
There was a statistically significant difference in the use of the emergency room in the last 12 months in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that did not visit the emergency room in the last 12 months were the $100,001 and above, $60,001-$70,000, and $50,001-$60,000 income levels. The income levels with the largest percentage of respondents that did visit the emergency room in the last 12 months were the $10,001-20,000 and $0-10,000 income levels.



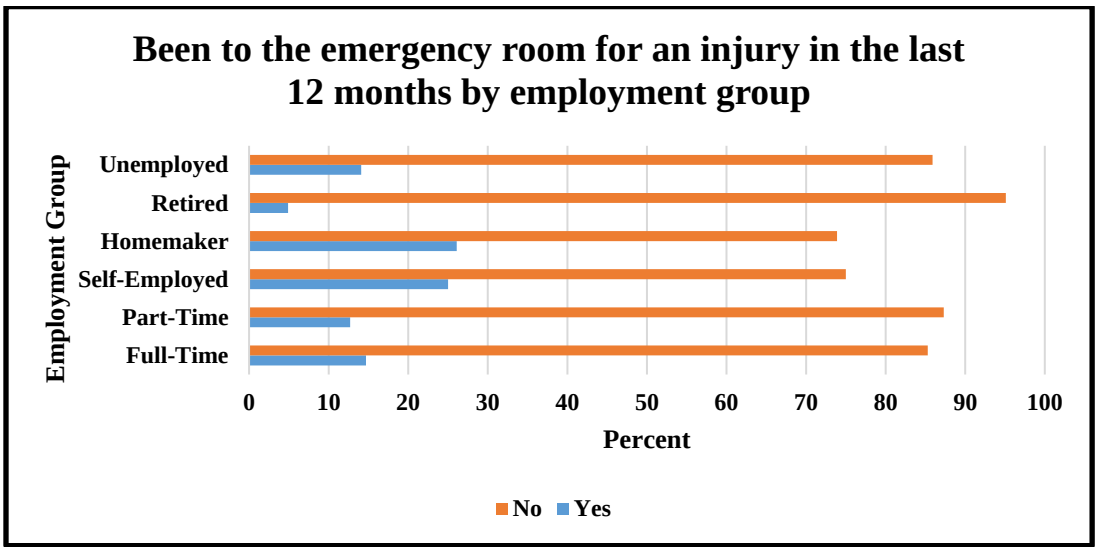
There was a statistically significant difference in the use of the emergency room in the last 12 months in Alleghany County and Covington City based on the highest education level achieved. The education levels with the largest percentage of respondents that did not visit the emergency room in the last 12 months were those with a Bachelor's degree and those with a Masters/PhD degree. The education levels with the largest percentage of respondents that did visit the emergency room in the last 12 months were those with an education level less than high school and those with some high school education.



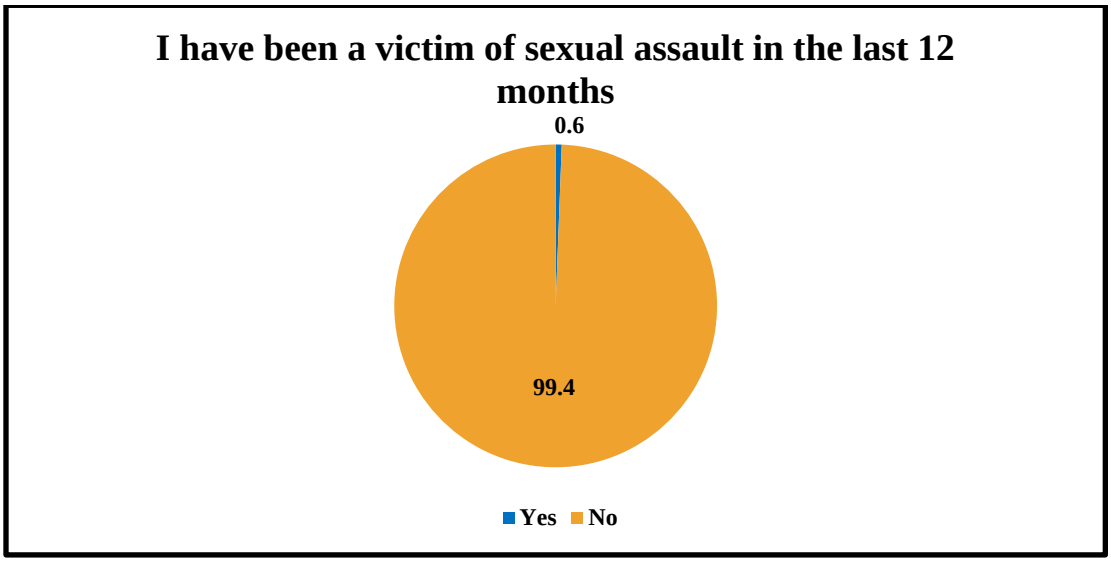
Overall, 12% of the respondents reported that they have been to the emergency room for an injury in the past 12 months, while 80% reported that they had not. There were no statistically significant differences in the use of the emergency room for an injury in the last 12 months based on race, education level, or income level.



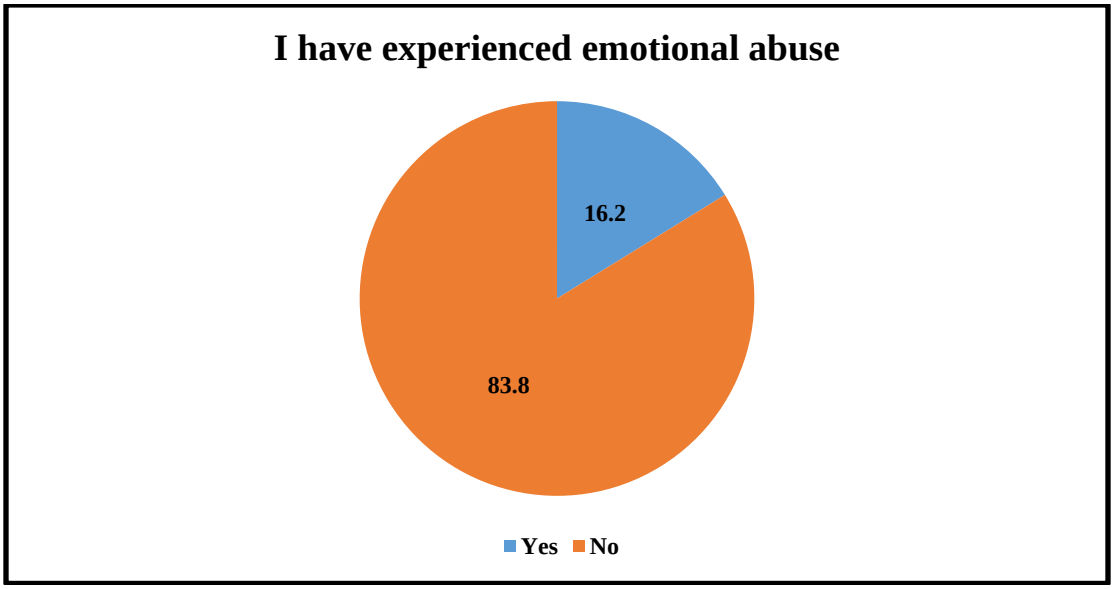
There was a statistically significant difference in the use of the emergency room for an injury in the last 12 months in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not visit the emergency room for an injury in the last 12 months were 20-29 years and 70+ years. The age groups with the largest percentage of respondents that did visit the emergency room for an injury in the last 12 months were 40-49 years and 30-39 years.



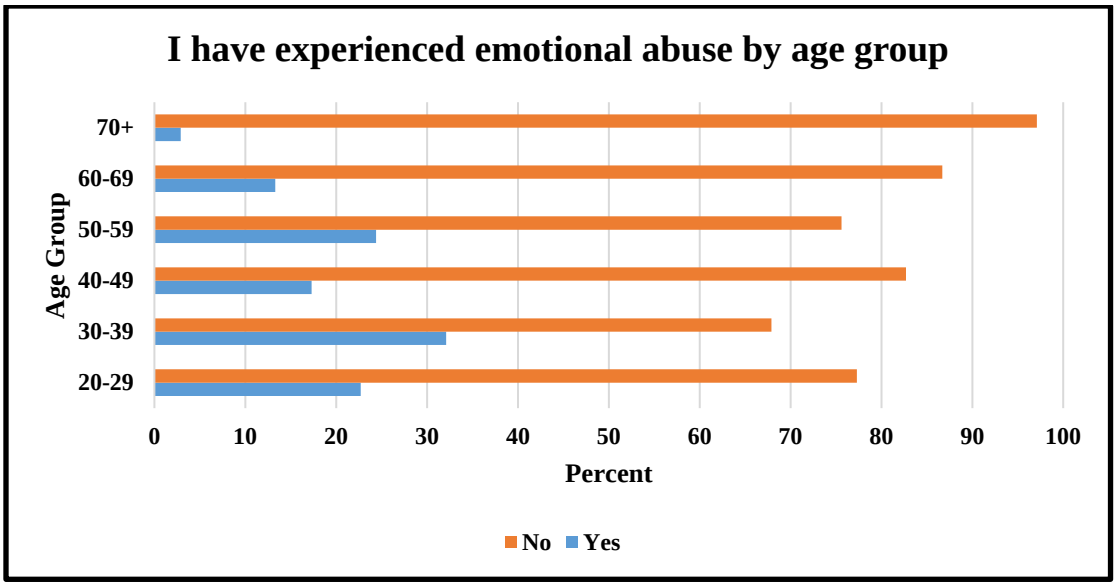
There was a statistically significant difference in the use of the emergency room for an injury in the last 12 months in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that did not visit the emergency room for an injury in the last 12 months were the retired and part-time employment groups. The employment groups with the largest percentage of respondents that did visit the emergency room for an injury in the last 12 months were the homemaker and self-employed employment groups.



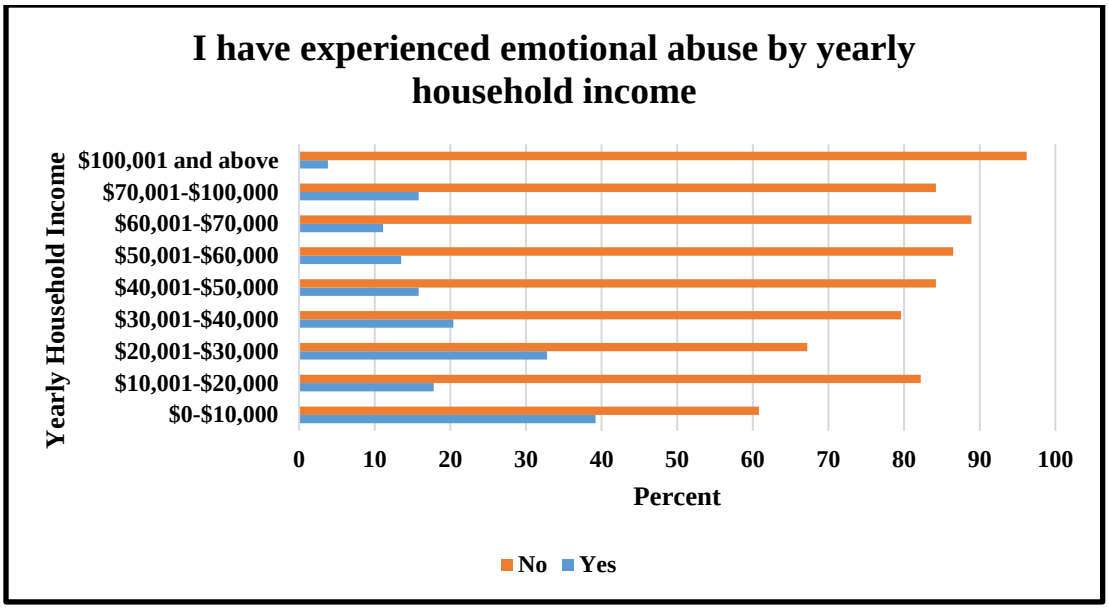
Overall, 0.6% of the respondents reported that they have been a victim of sexual assault in the past 12 months, while 99% reported that they had not. There were no statistically significant differences in having been a victim of sexual assault based on age, race, education, or income level.



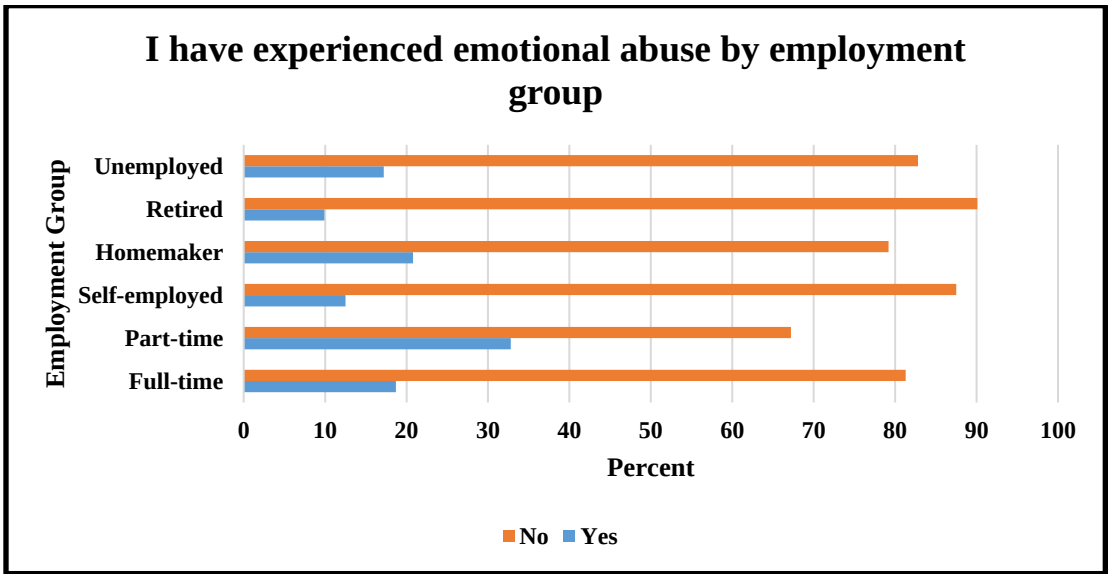
Overall, 16% of respondents reported that they have experienced emotional abuse, while 84% reported that they have not. There were no statistically significant differences in having experienced emotional abuse based on race or education level.



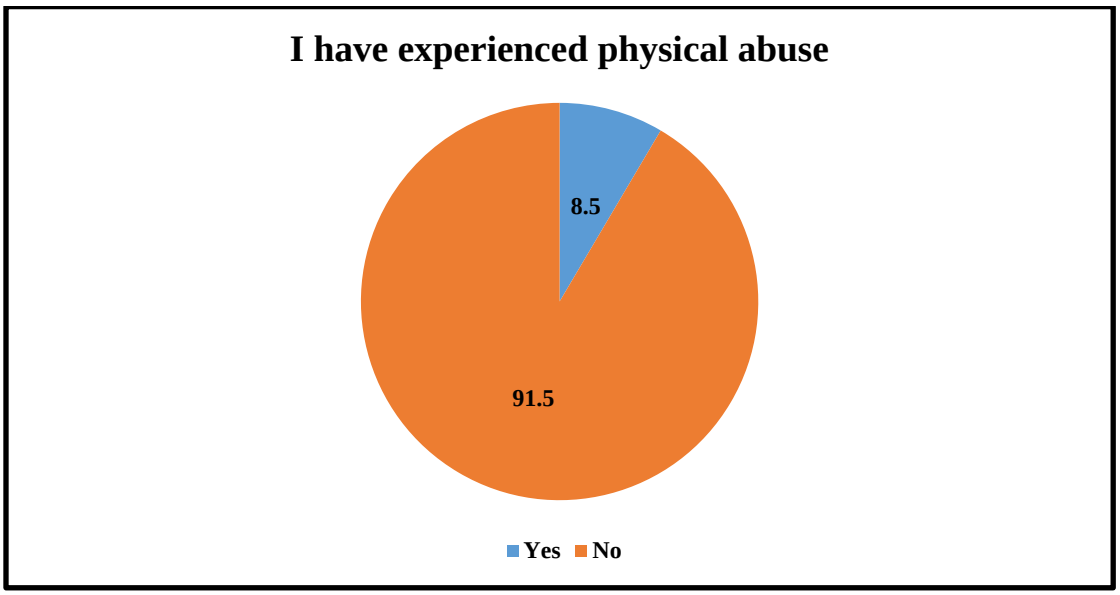
There was a statistically significant difference in the percentage of respondents who have experienced emotional abuse in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not experience emotional abuse were 70+ years and 60-69 years. The age groups with the largest percentage of respondents that did experience emotional abuse were 30-39 years and 50-59 years.



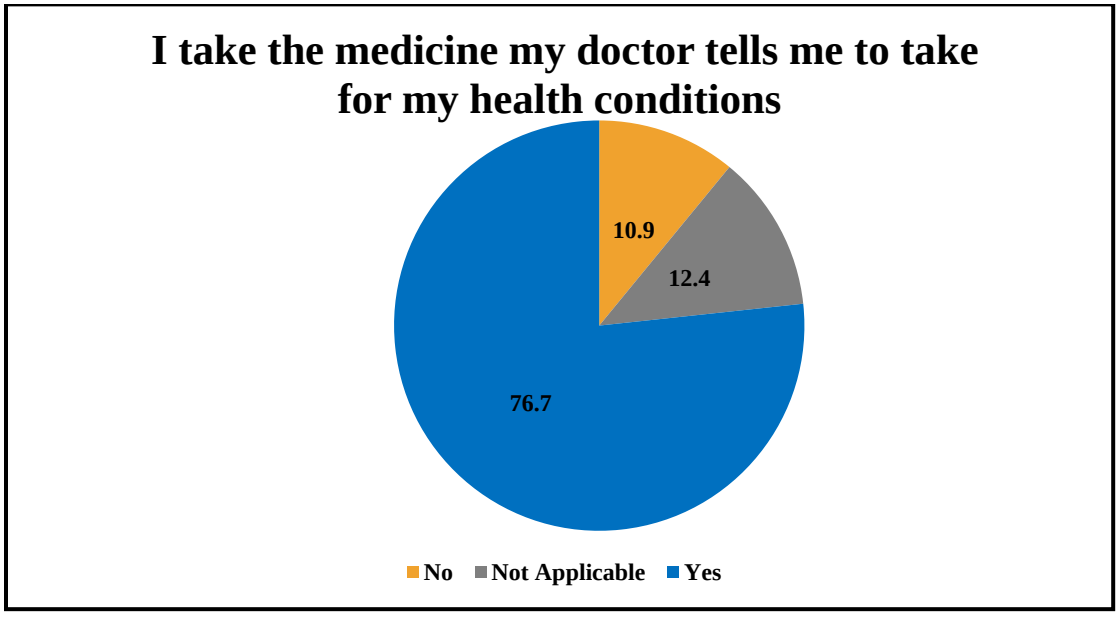
There was a statistically significant difference in the percentage of respondents who have experienced emotional abuse in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that did not experience emotional abuse were the $100,001 and above and $60,001-$70,000 income levels. The income groups with the largest percentage of respondents that did experience emotional abuse were the $0-$10,000 and $20,001-$30,000 income levels.



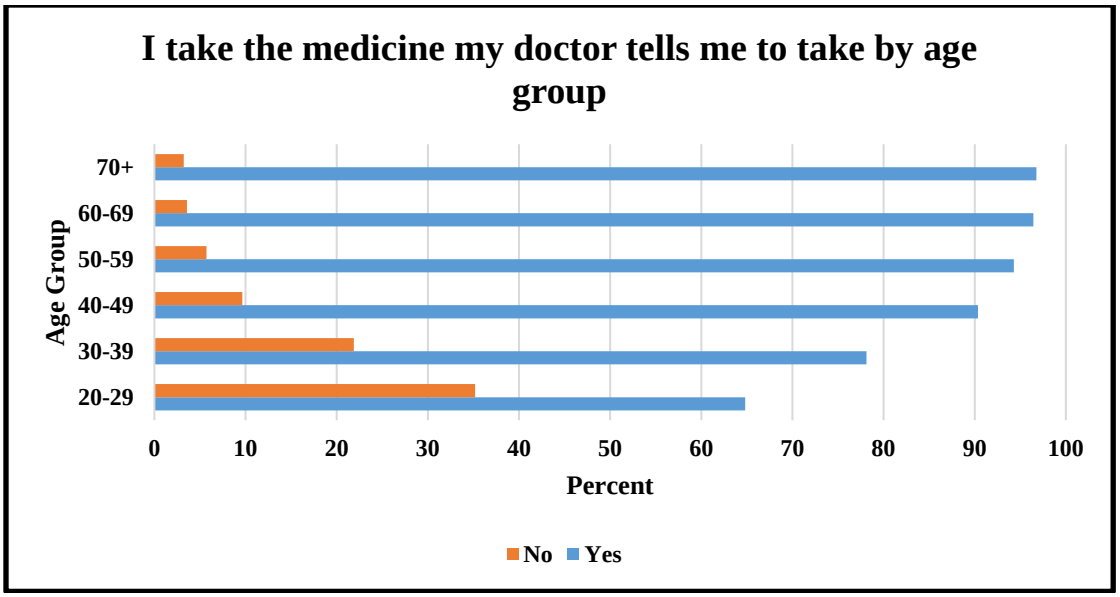
There was a statistically significant difference in the percentage of respondents that have experienced emotional abuse in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that have not experienced emotional abuse were the retired and self-employed employment groups. The employment groups with the largest percentage of respondents that have experienced emotional abuse were the part-time and homemaker employment groups.



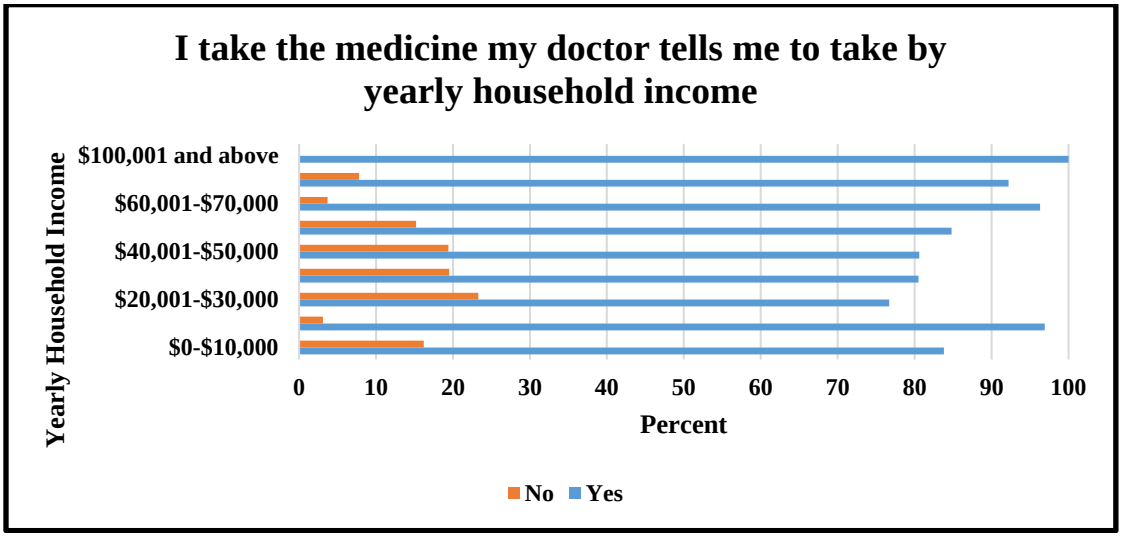
Overall, 8% of respondents reported that they have experienced physical abuse, while 92% reported that they have not. There were no statistically significant differences in having experienced physical abuse based on age, race, education, employment status, or income level.



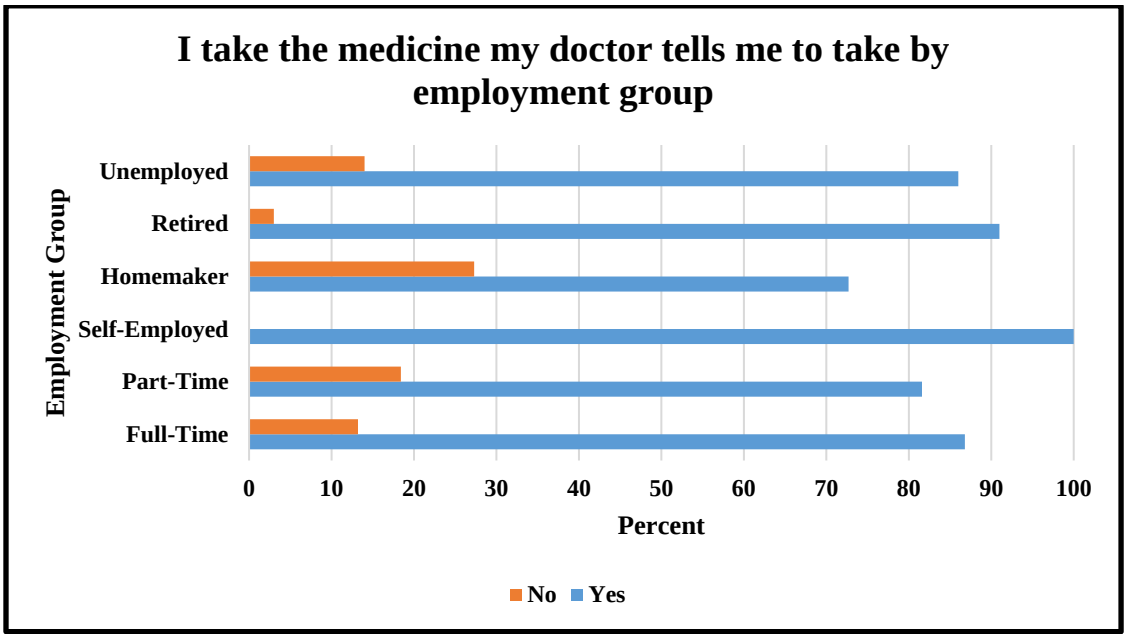
Overall, 77% of the respondents reported that they take all of the medicine that their doctor tells them to take for their health conditions, while 11% report that they do not. There were no statistically significant differences in the compliance of medication instructions as prescribed by a doctor based on race or education.



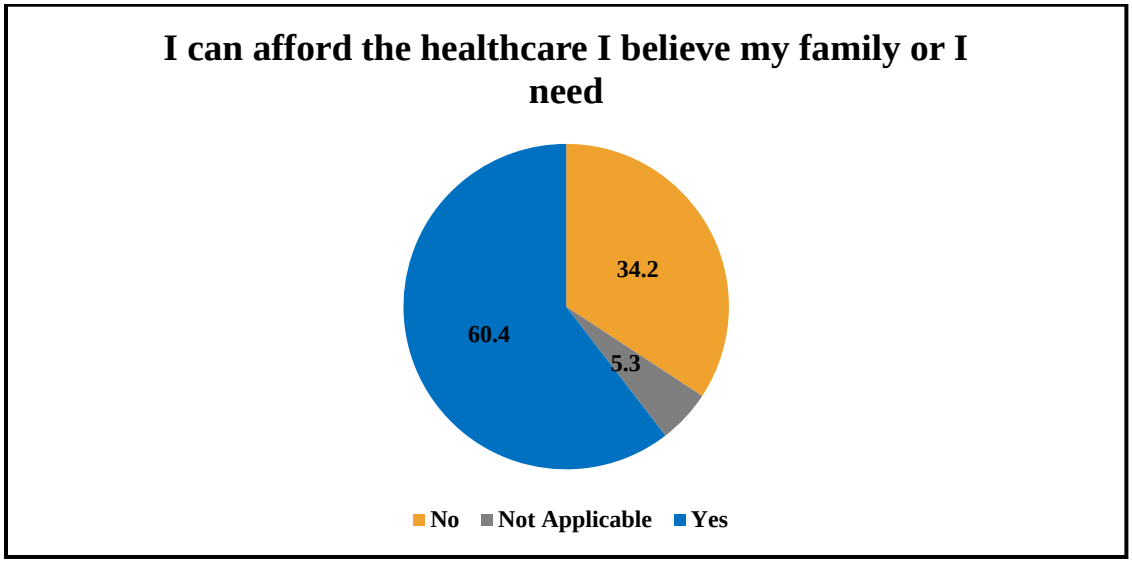
There was a statistically significant difference in the compliance of medication instructions as prescribed by a doctor in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that did not take the medicine their doctor told them to were the 20-29 and 30-39 age groups. The age groups with the largest percentage of respondents that did take the medicine their doctor told them to were the 70+ and 60-69 age groups.



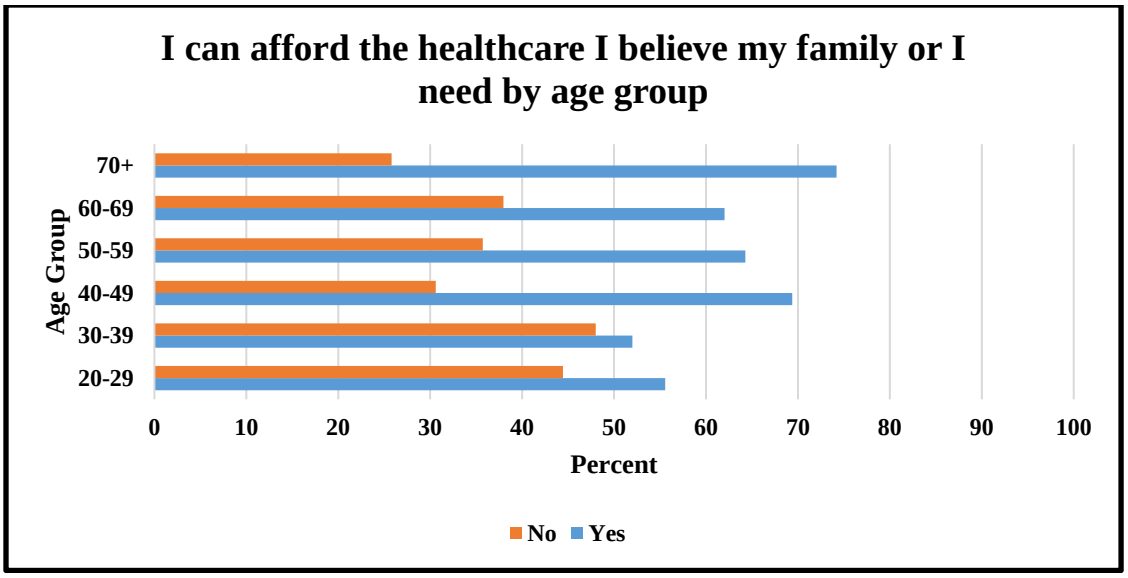
There was a statistically significant difference in the compliance of medication instructions as prescribed by a doctor in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that did not take the medicine their doctor told them to were the $20,001-$30,000, $30,001-$40,000, and $40,001-$50,000 income levels. The income level with the largest percentage of respondents that did take the medicine their doctor told them to were the $100,001 and above and $10,001-$20,000 income levels.



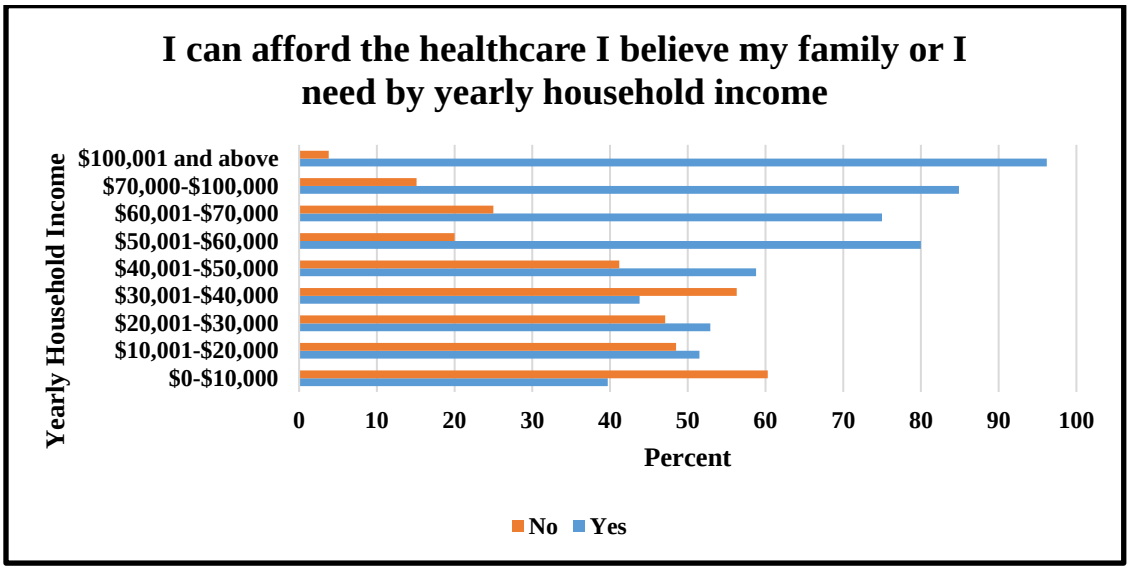
There was a statistically significant difference in the compliance of medication instructions as prescribed by a doctor in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that did not take the medicine their doctor told them to were the homemaker and part-time employment groups. The employment groups with the largest percentage of respondents that did take the medicine their doctor told them to were the self-employed and retired employment groups.



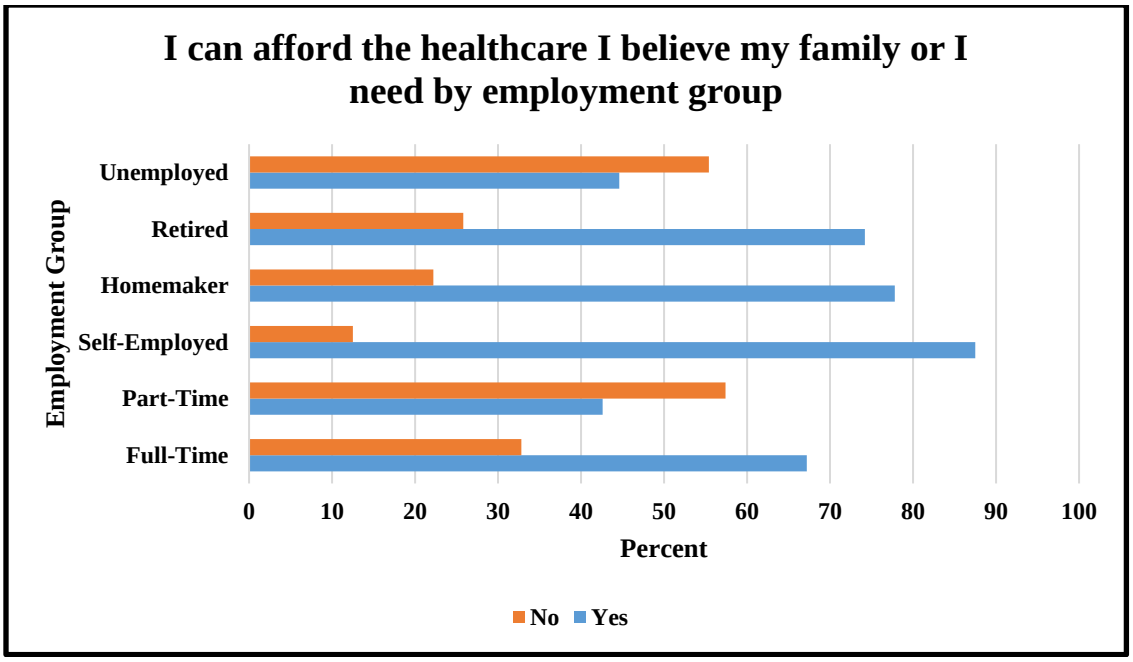
Overall, 60% of the respondents reported that they can afford the healthcare that they believe their family or themselves need, while 34% reported that they could not. There were no statistically significant differences in the ability to afford necessary healthcare based on race and education.



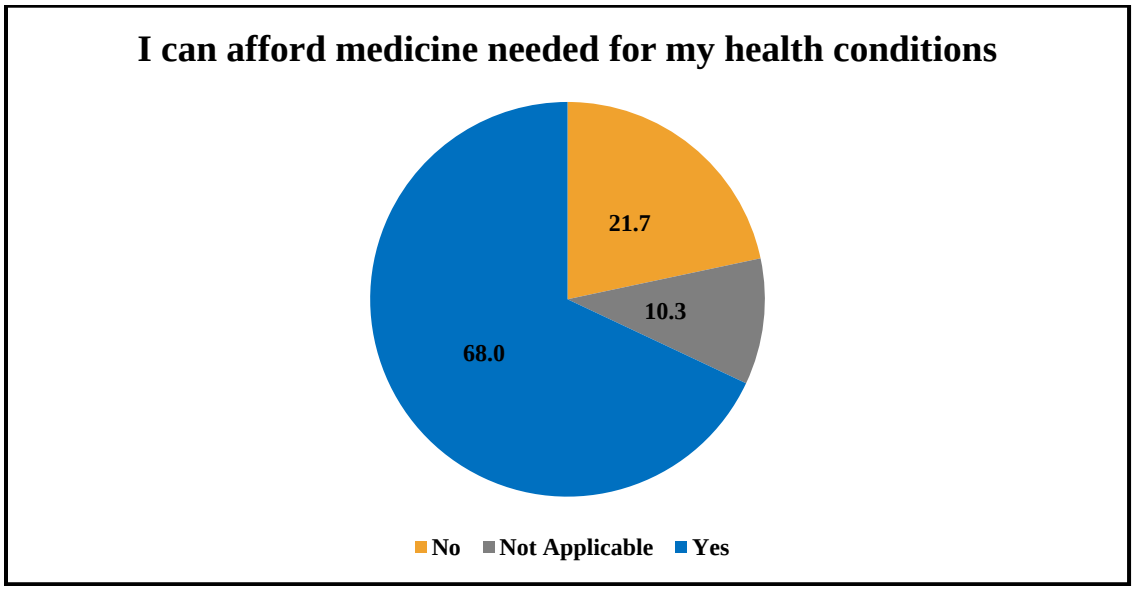
There was a statistically significant difference in the ability to afford necessary healthcare in Alleghany County and Covington City based on age group. The age groups with the largest percentage of respondents that were not able to afford the healthcare necessary for themselves or their family were the 30-39 and 20-29 age groups. The age groups with the largest percentage of respondents that were able to afford the healthcare necessary for themselves or their family were the 70+ and 40-49 age groups.



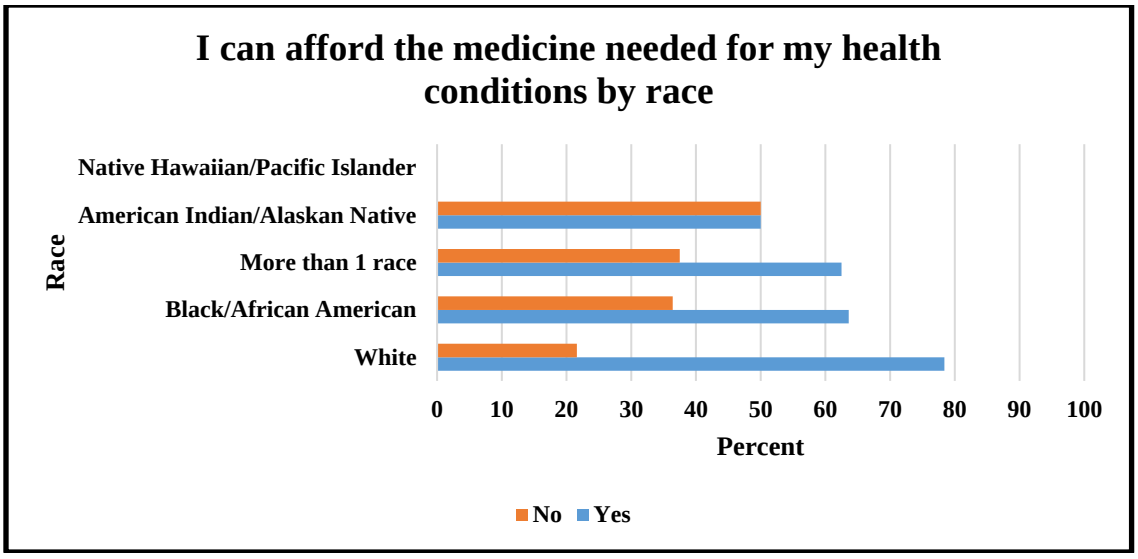
There was a statistically significant difference in the ability to afford necessary healthcare in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that were not able to afford the healthcare necessary for themselves or their family were the $0-$10,000 and $30,001-$40,000 income levels. The income levels with the largest percentage of respondents that were able to afford the healthcare necessary for themselves or their family were the $100,001 and above and $70,001-$100,000 income levels.



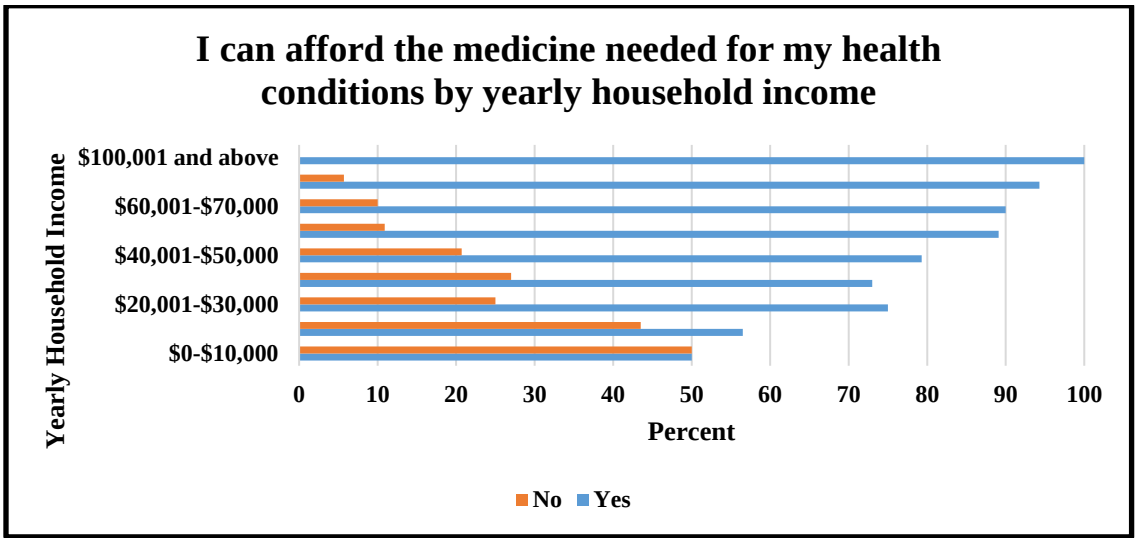
There was a statistically significant difference in the ability to afford necessary healthcare in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that were not able to afford the healthcare necessary for themselves or their family were the unemployed and part-time employment groups. The employment groups with the largest percentage of respondents that were able to afford the healthcare necessary for themselves or their family were the self-employed and homemaker employment groups.



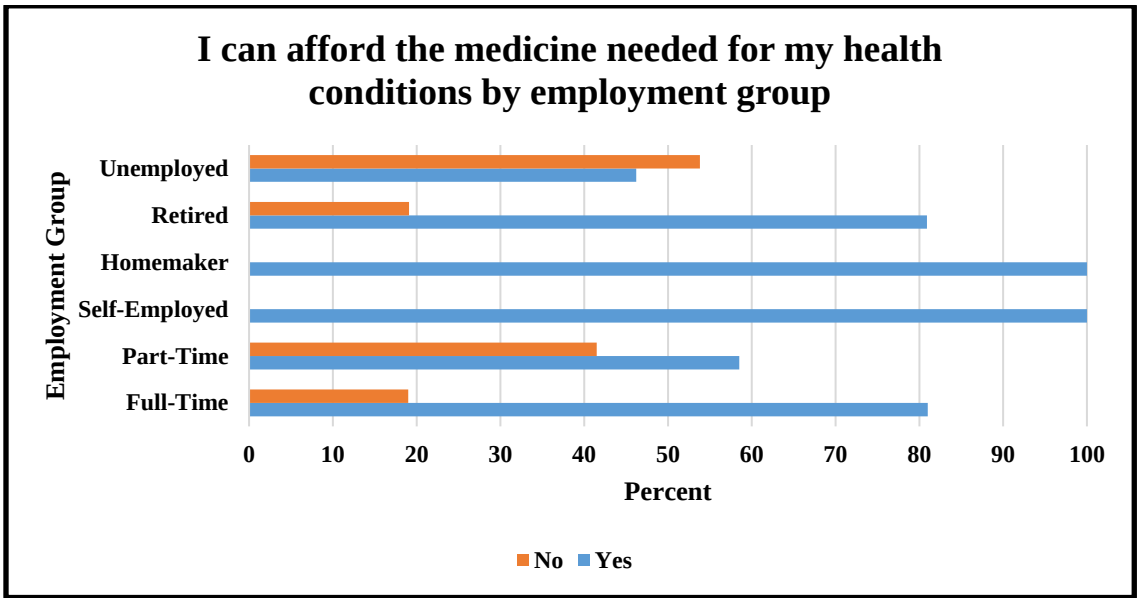
Overall, 68% of the respondents reported that they can afford medicine that they need for their health conditions, while 22% reported that they could not. There were no statistically significant differences in the ability to afford necessary medications based on age or education.



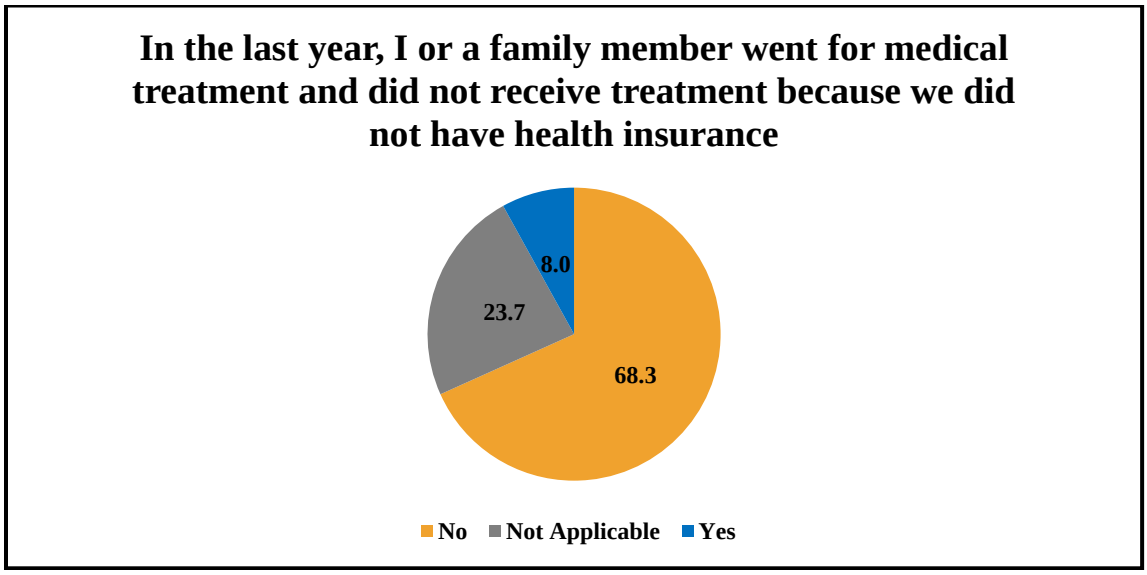
There was a statistically significant difference in the ability to afford necessary medications in Alleghany County and Covington City based on race. The race categories with the largest percentage of respondents that could not afford the medication needed for their health were those identified as American Indian/Alaskan Native and those identified as more than one race. The race categories with the largest percentage of respondents that could afford the medication needed for their health were those identified as White and those identified as Black/African American.



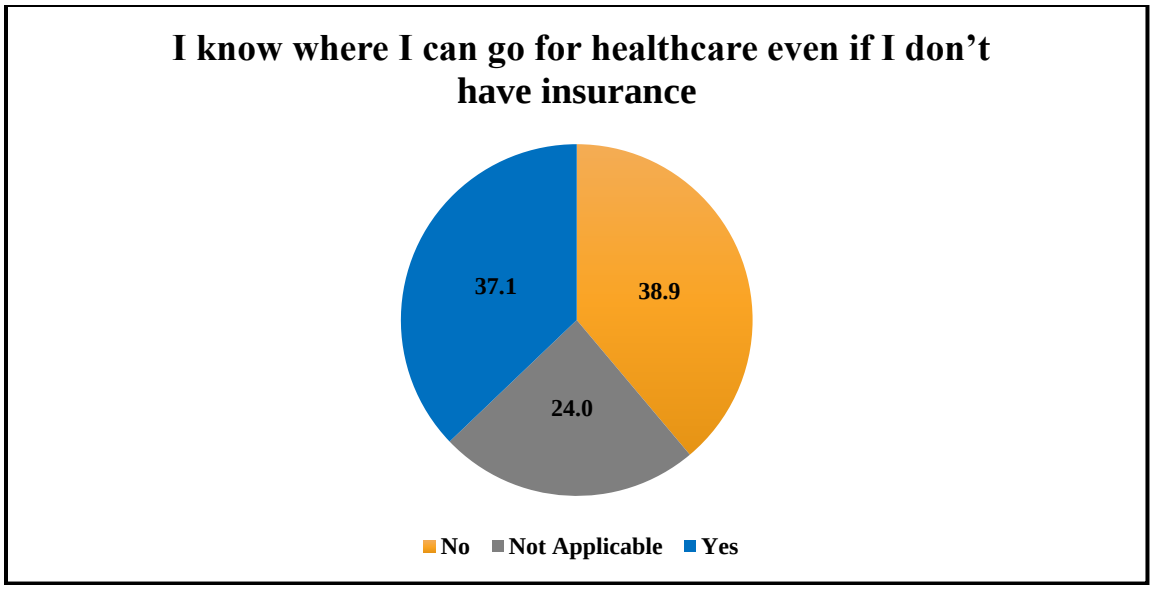
There was a statistically significant difference in the ability to afford necessary medications in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that could not afford the medication needed for their health were the $0-$10,000 and $10,001-$20,000 income levels. The income levels with the largest percentage of respondents that could afford the medication needed for their health were the $100,001 and above and $70,001-$100,000 income levels.



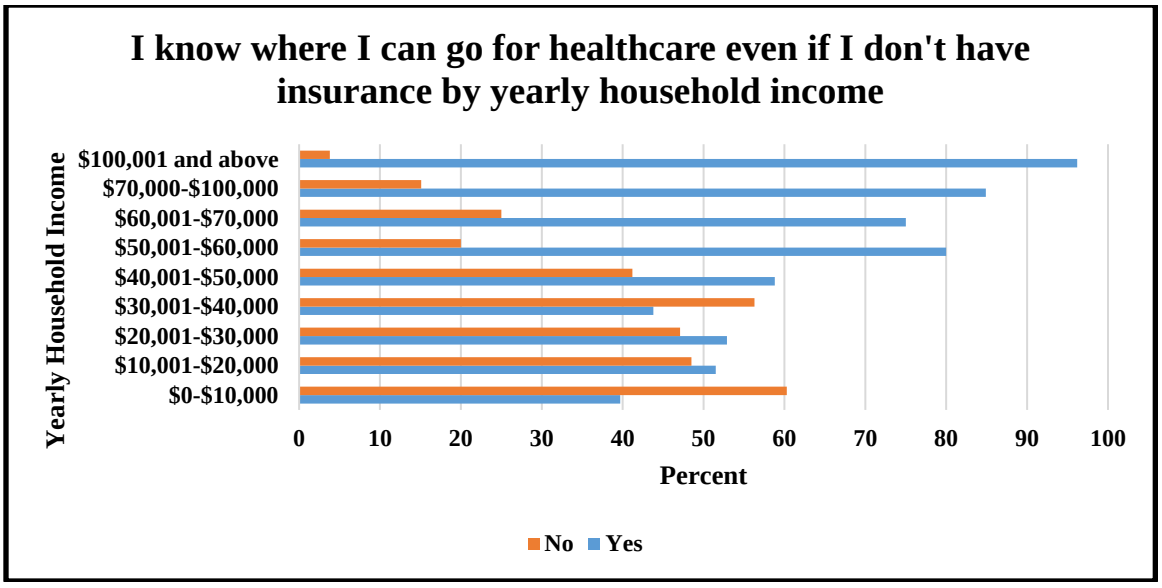
There was a statistically significant difference in the ability to afford necessary medications in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that could not afford the medication needed for their health were the unemployed and part-time employment groups. The employment groups with the largest percentage of respondents that could afford the medication needed for their health were the homemaker and self-employed employment groups.



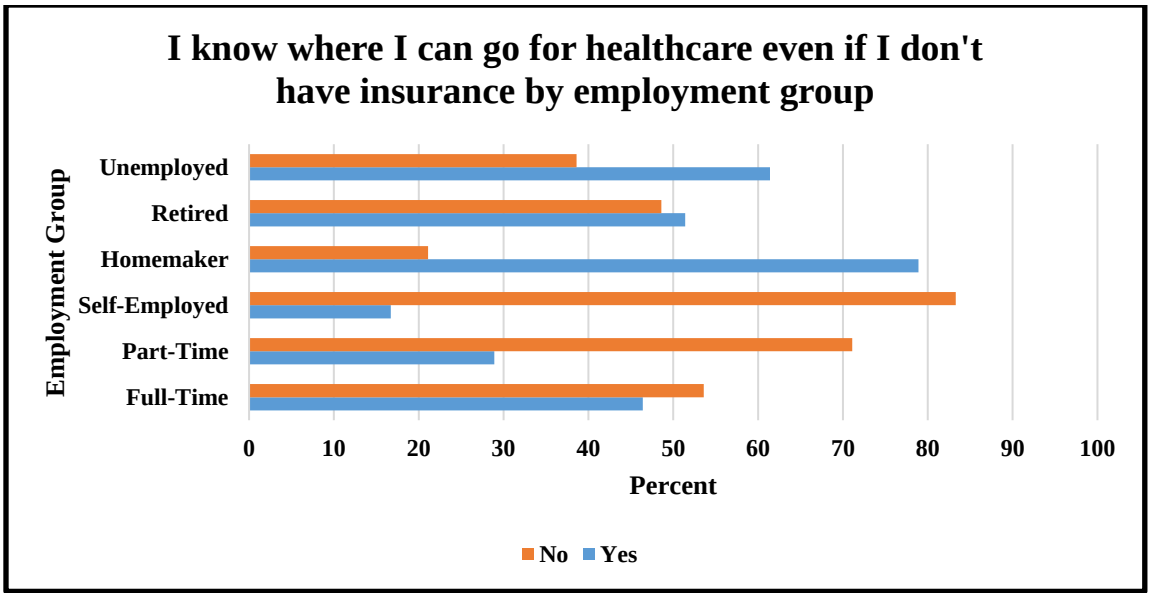
Overall, 8% of the respondents reported that in the past year either themselves or a family member went for medical treatment and did not receive treatment because they did not have health insurance, while 68% reported that they did not.



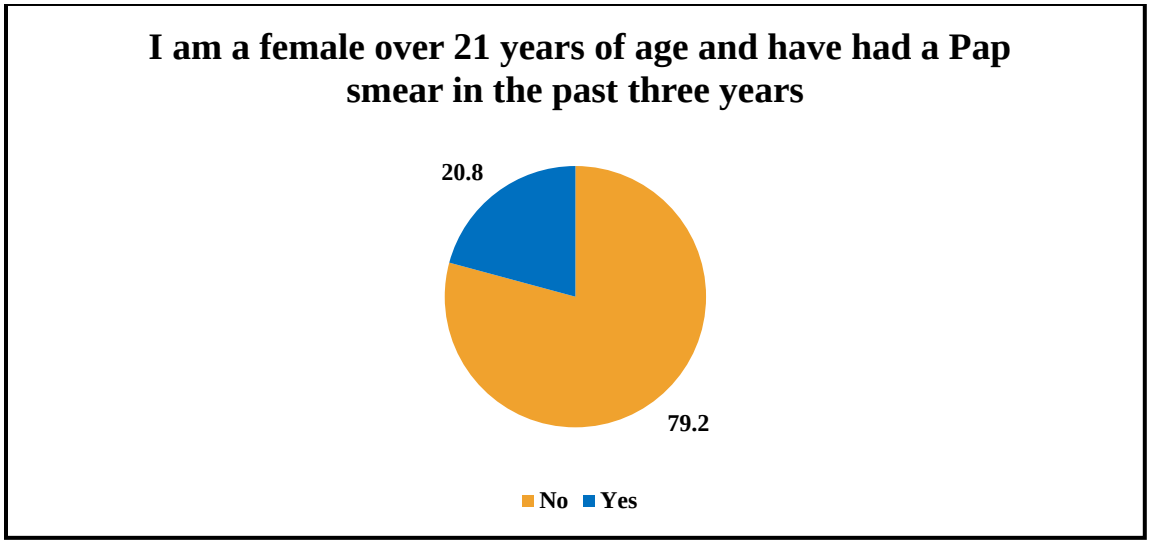
Overall, 37% of the respondents reported that they know where they can go for healthcare even if they do not have health insurance, while 39% reported that they did not. There were no statistically significant differences in knowledge of healthcare resources regardless of insurance status based on age, race, or education.



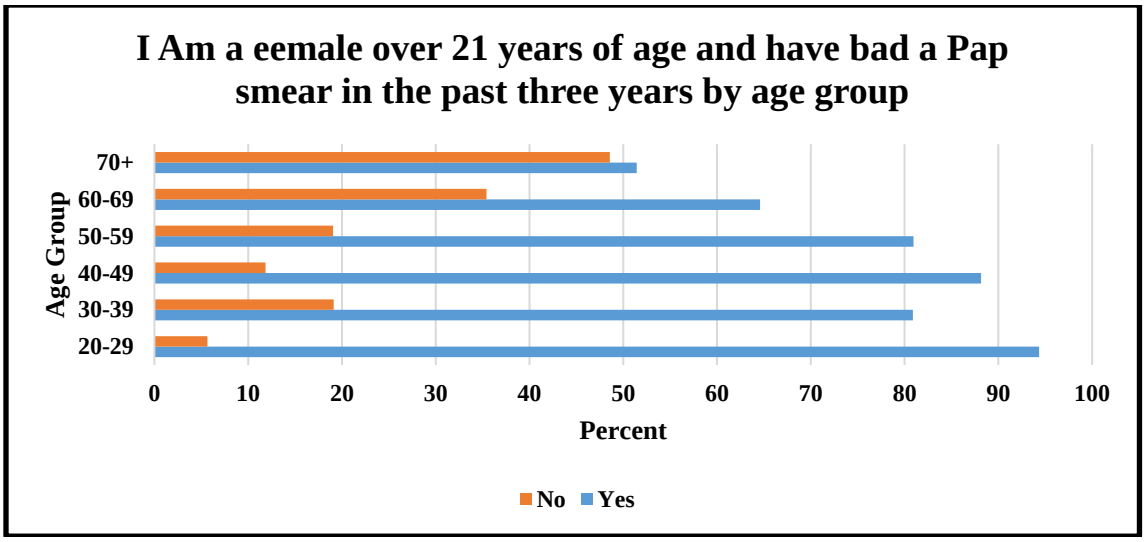
There was a statistically significant difference in the knowledge of healthcare resources regardless of insurance status in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of respondents that did not know where to go for healthcare even if they did not have insurance were the $0-10,000 and $30,001-40,000 income levels. The income levels with the largest percentage of respondents that did know where to go for healthcare even if they did not have insurance were the $100,001 and above and $70,001-100,000 income levels.



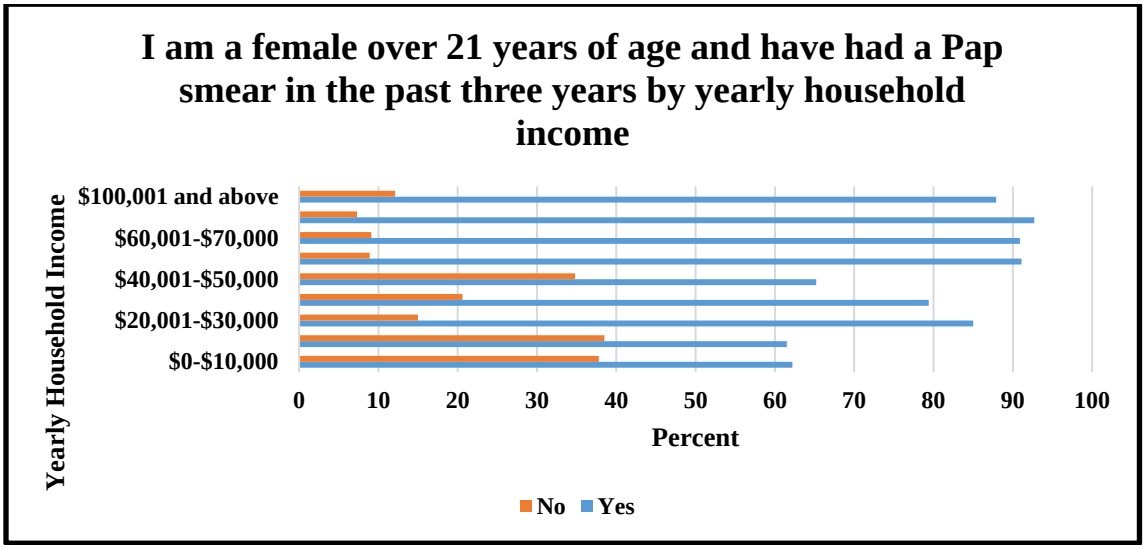
There was a statistically significant difference in the knowledge of healthcare resources regardless of insurance status in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents did not know where to go for healthcare even if they did not have insurance were the self-employed and part-time employment groups. The employment groups with the largest percentage of respondents that did know where to go for healthcare even if they did not have health insurance were the homemaker and unemployed employment groups.



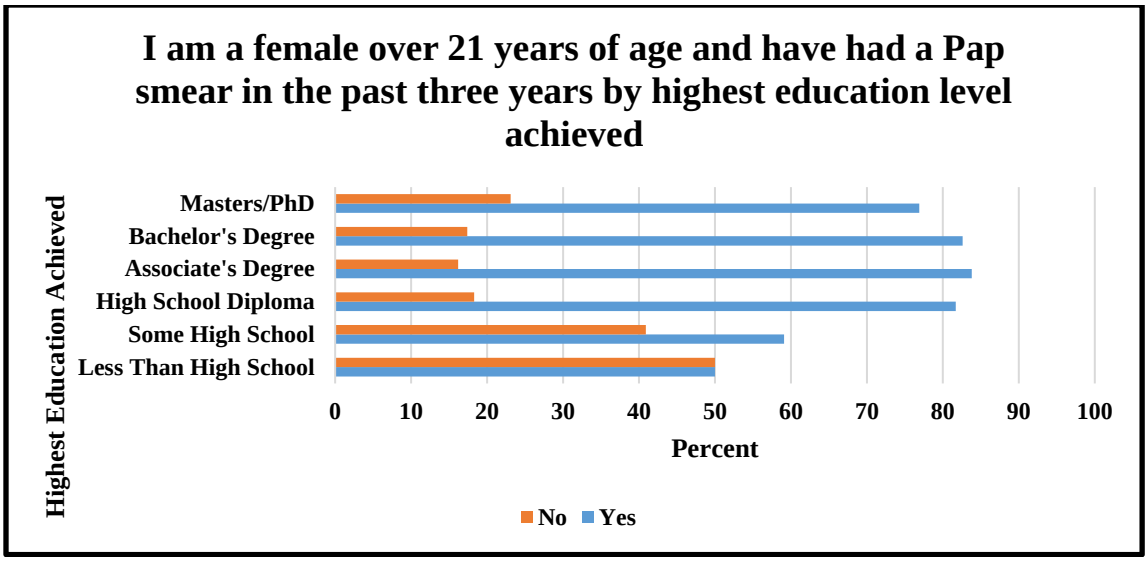
Overall, 21% of the respondents reported that they are a female over 21 years of age and have had a pap smear in the past three years, while 79% reported that they had not. There were no statistically significant differences in compliance with Pap smear testing in women over 21 years of age in the past three year based on race.



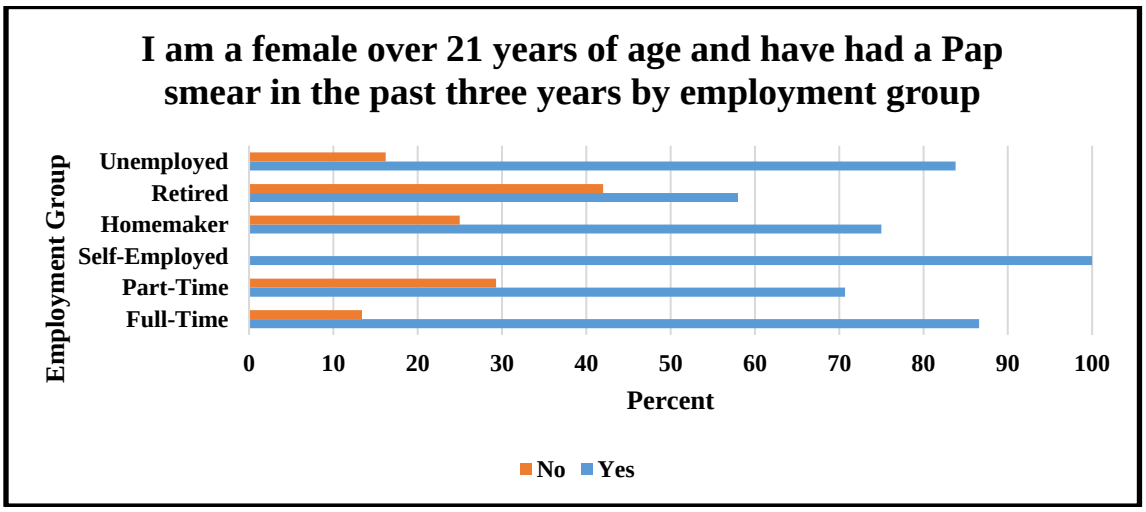
There was a statistically significant difference in the compliance of Pap smear testing in women over 21 years of age within the past three years in Alleghany County and Covington City based on age group. The age groups with the largest percentage of female respondents that were over 21 years of age and did not have a pap smear within the past three years were 70+ years and 60-69 years. The age groups with the largest percentage of female respondents that were over 21 years of age and did have a pap smear within the past three years were 21-29 years and 40-49 years.



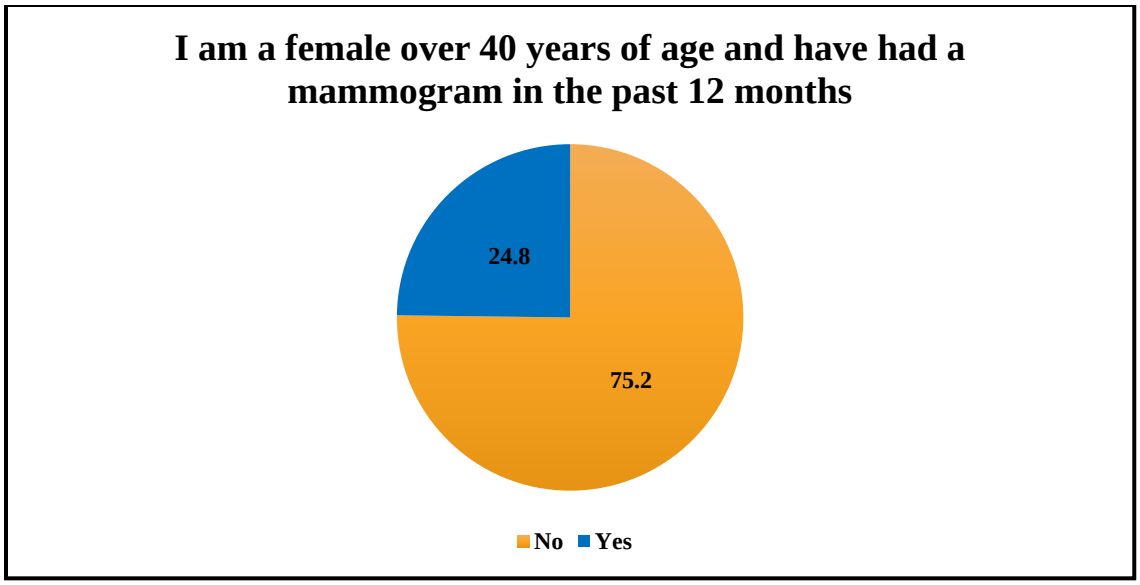
There was a statistically significant difference in the compliance of Pap smear testing in women over 21 years of age within the past three years in Alleghany County and Covington City based on yearly household income. The income levels with the largest percentage of female respondents that were over 21 years of age and did not have a pap smear within the past three years were the $10,001-$20,000 and $0-10,000 income levels. The income levels with the largest percentage of female respondents that were over 21 years of age and did have a pap smear within the past three years were the $70,001-$100,000 and $50,001-$60,000 income levels.



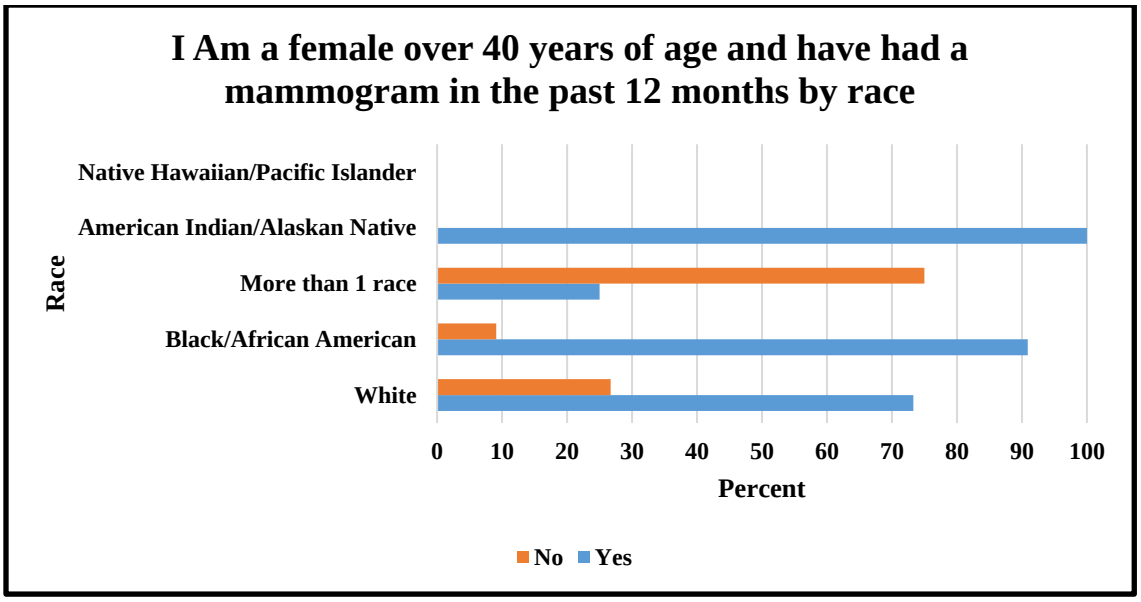
There was a statistically significant difference in the compliance of Pap smear testing in women over 21 years of age within the past three years in Alleghany County and Covington City based on highest level of education achieved. The education levels with the largest percentage of female respondents that were over 21 years of age and did not have a pap smear within the past three years were those with an education level less than high school and those with some high school education. The education levels with the largest percentage of female respondents that were over 21 years of age and did have a pap smear within the past three years were those with an Associate's degree and those with a Bachelor's degree.



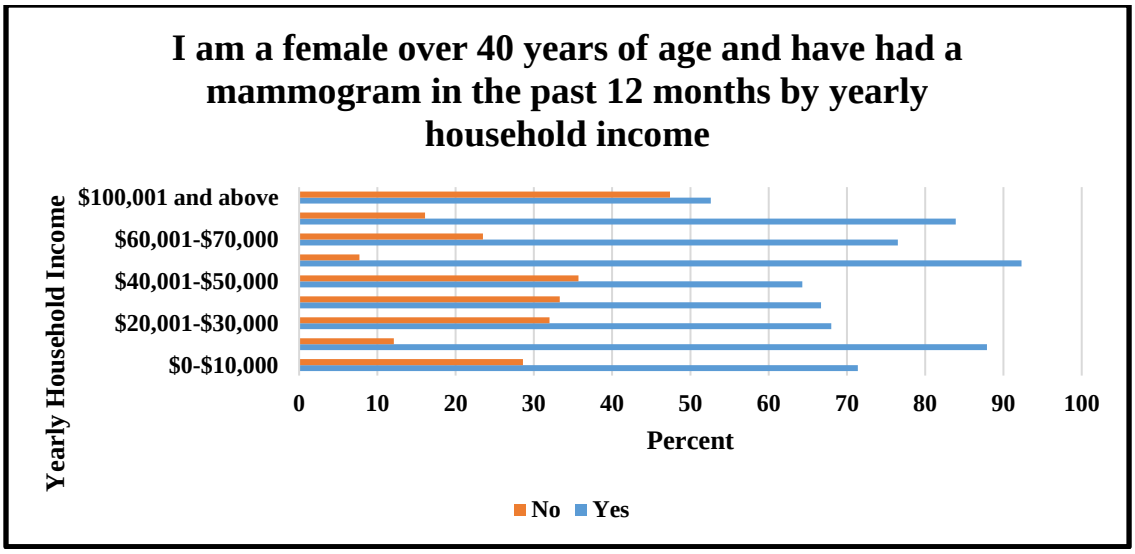
There was a statistically significant difference in the compliance of Pap smear testing in women over 21 years of age within the past three years in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of female respondents that were over 21 years of age and did not have a Pap smear within the past three years were the retired and part-time employment groups. The employment groups with the largest percentage of female respondents that were over 21 years of age and did have a Pap smear within the past three years were the self-employed and full-time employment groups.



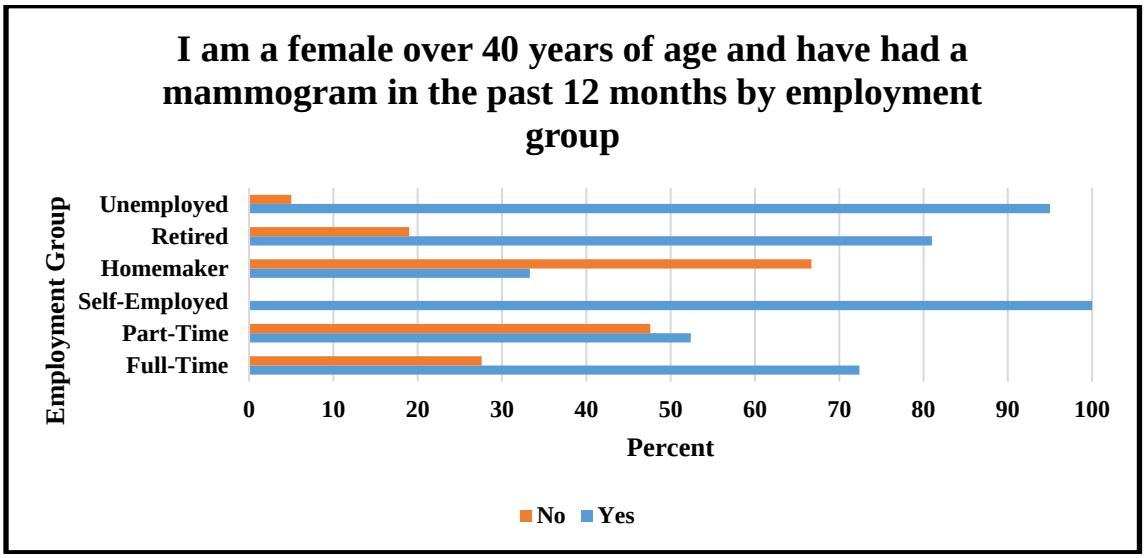
Overall, 25% of the respondents reported that they are a female over 40 years of age and have had a mammogram in the past 12 months, while 75% reported they had not. There were no statistically significant differences in mammography compliance among women over 40 in the past 12 months based on age or education.



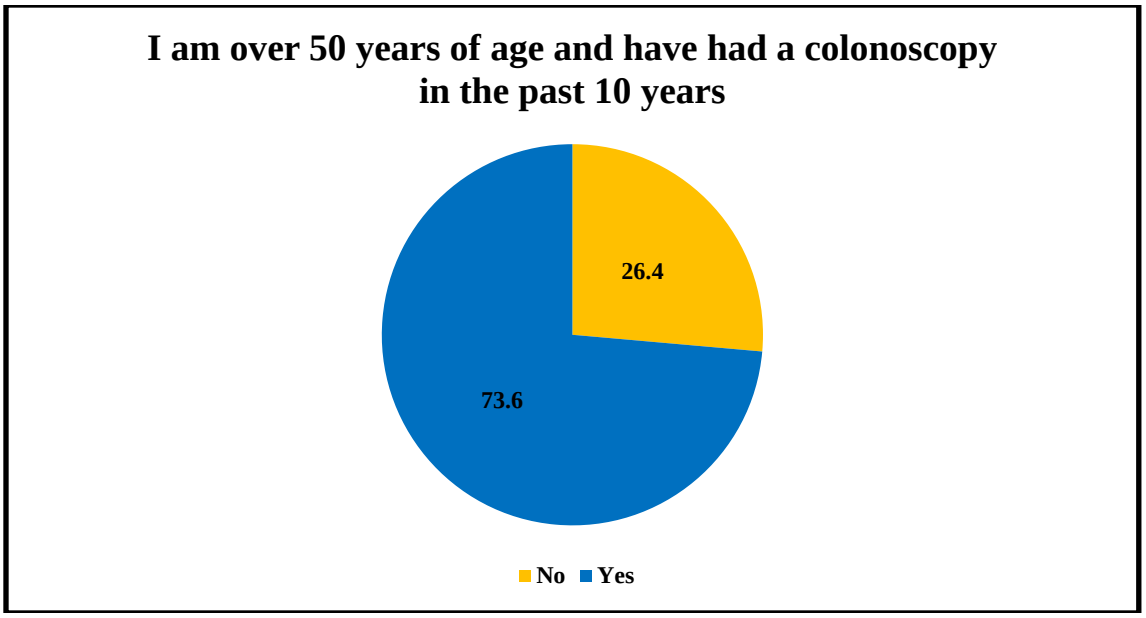
There was a statistically significant difference in mammography compliance among women over 40 in the past 12 months in Alleghany County and Covington City based on race. The race categories with the largest percentage of women over 40 who have not had a mammogram in the past 12 months were those identified as more than one race and those identified as White. The race categories with the largest percentage of women over 40 who have had a mammogram in the past 12 months were those identified as American Indian/Alaskan Native and those identified as Black/African American.



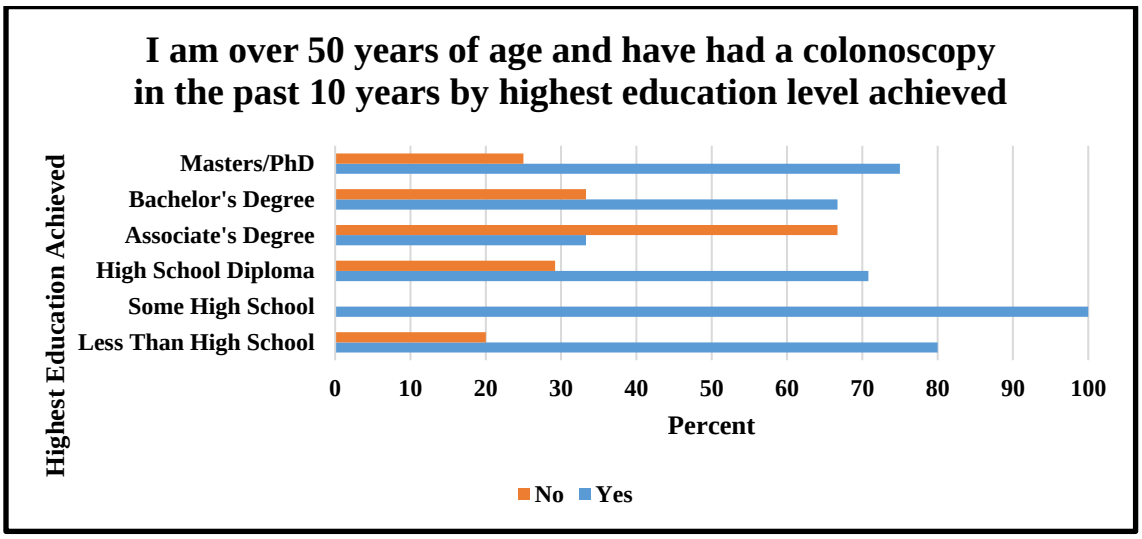
There was a statistically significant difference in mammography compliance among women over 40 in the past 12 months in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of women over 40 who have not had a mammogram in the past 12 months were the $100,001 and above and the $40,001-$50,000 income levels. The income groups with the largest percentage of women over 40 who have had a mammogram in the past 12 months were the $50,001-$60,000 and the $10,001-$20,000 income levels.



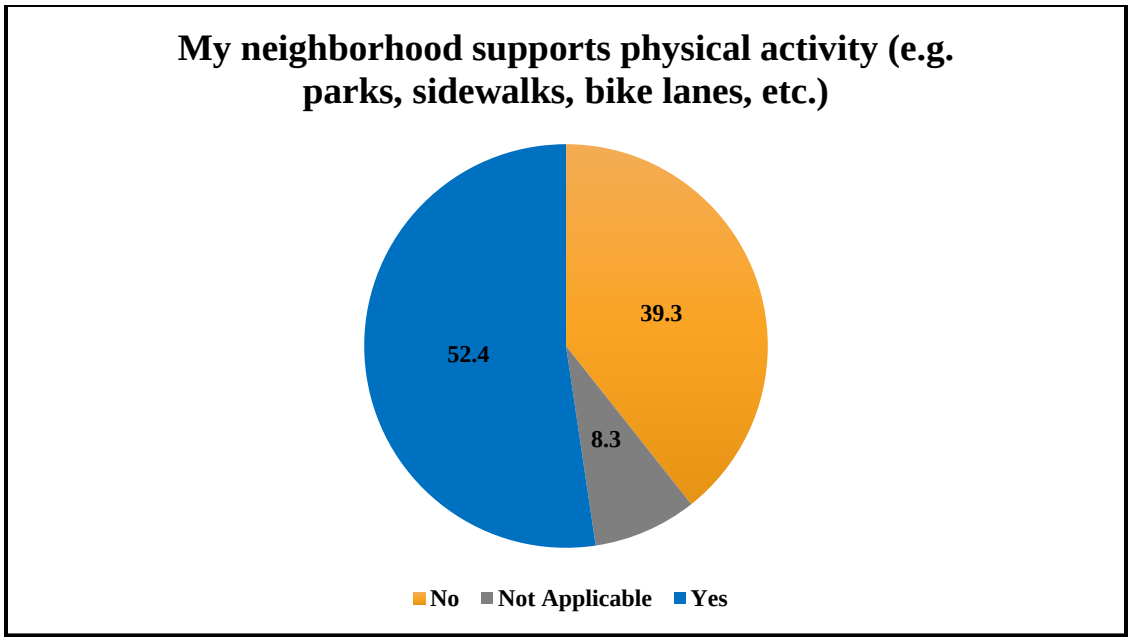
There was a statistically significant difference in mammography compliance among women over 40 in the past 12 months in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of women over 40 that have not had a mammogram in the past 12 months were the homemaker and part-time employment groups. The employment groups with the largest percentages of women over 40 that have had a mammogram in the past 12 months were the self-employed and unemployed groups.



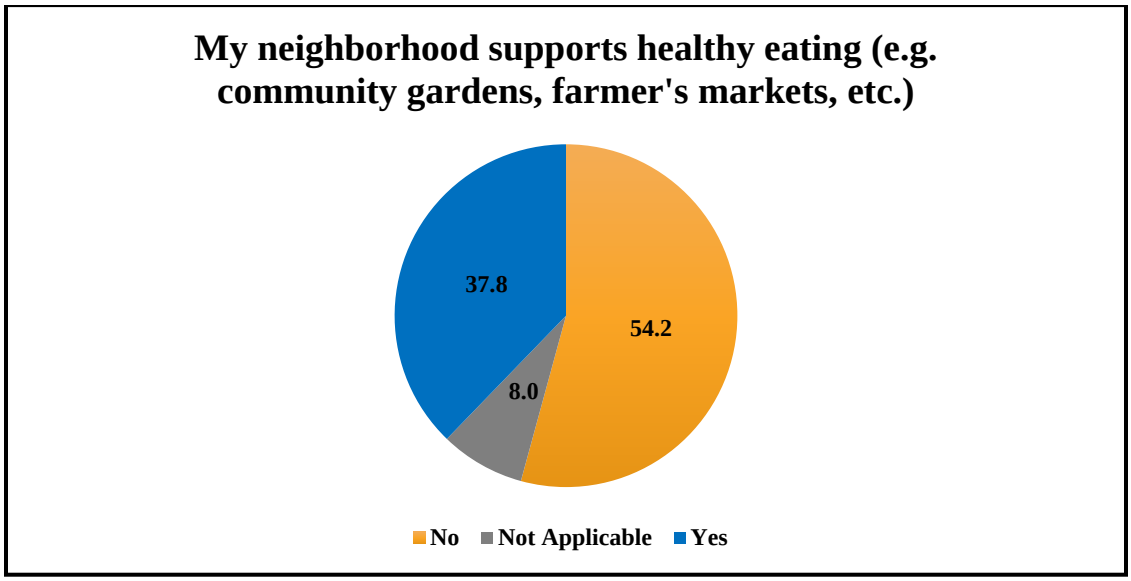
Overall, 74% of the respondents reported that they are over 50 years of age and have had a colonoscopy in the past 10 years, while 26% reported that they had not. There were no statistically significant differences in colonoscopy compliance among respondents over 50 in the past 10 years based on age, race, income, or employment status.



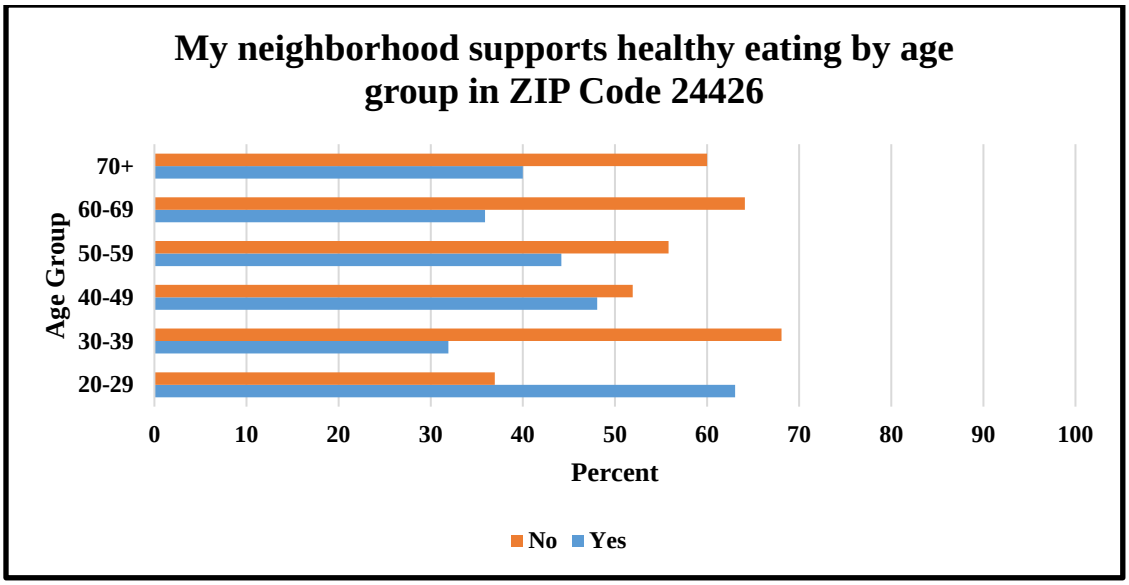
There was a statistically significant difference in colonoscopy compliance among respondents over 50 in the past 10 years in Alleghany County and Covington City based on highest education level achieved. The education levels with the largest percentage of respondents over 50 that have not had a colonoscopy in the past 10 years were those with an Associate's degree and those with a Bachelor's degree. The education levels with the largest percentage of respondents over 50 that have had a colonoscopy in the past 10 years were those with some high school education and those with an education level less than high school.



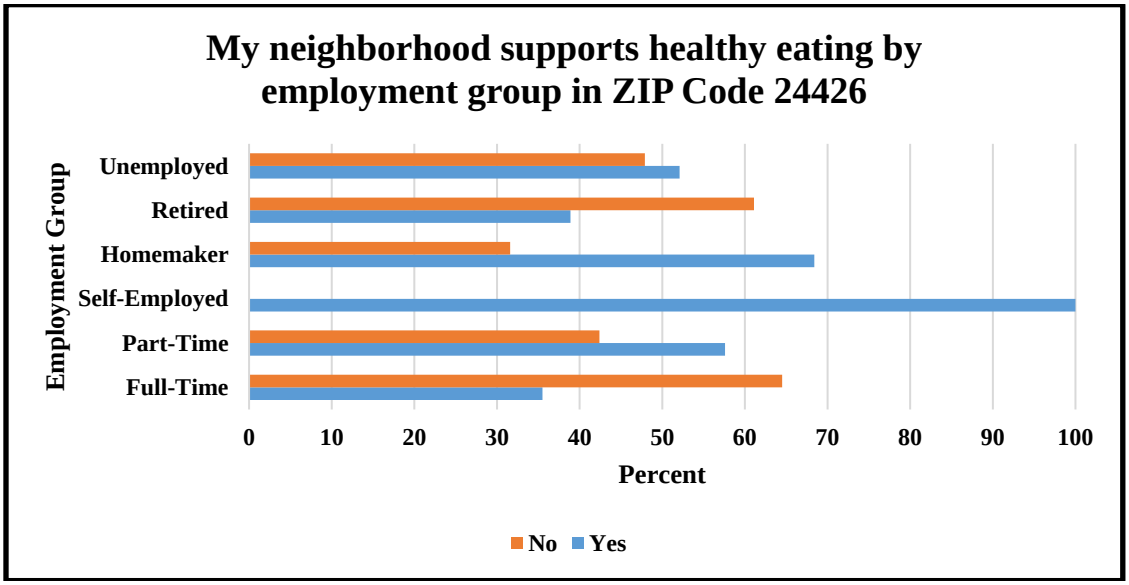
Overall, 52% of the respondents reported that their neighborhood supports physical activity, while 39% reported that their neighborhood did not. In ZIP codes 24422, 24426, 24457, 24474, and 24460, there were no statistically significant differences in the perception of neighborhood support for physical activity based on age, race, income, education, or employment group.



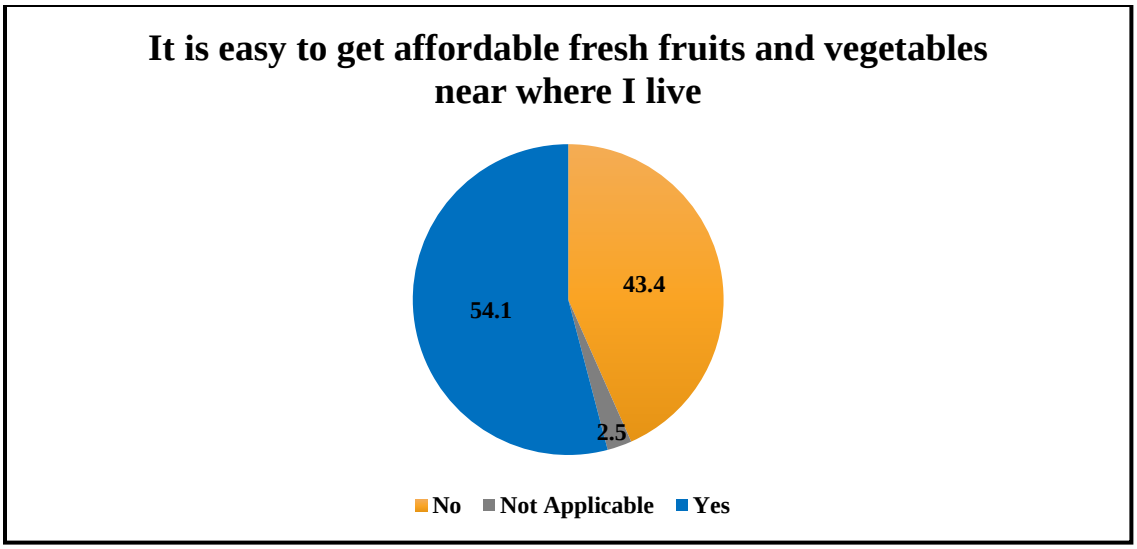
Overall, 38% of the respondents reported that they had a neighborhood that supports healthy eating, while 54% reported that they did not. In ZIP codes 24422, 24457, 24474, and 24460, there were no statistically significant differences in the perception of neighborhood support for healthy eating based on age, race, income, education, or employment group. In ZIP code 24426, there were no statistically significant differences based on race, income, or education.



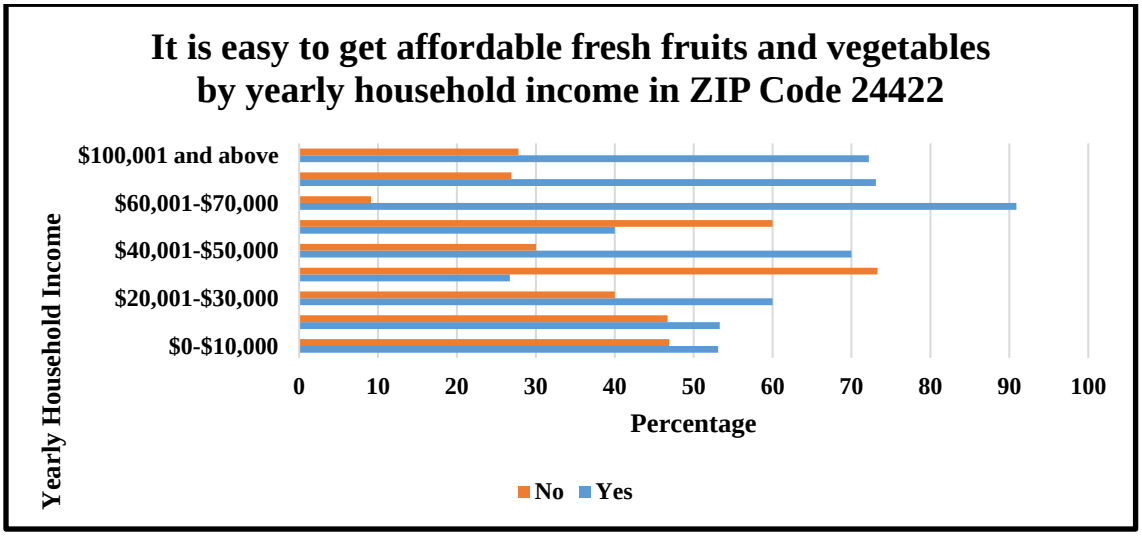
There was a statistically significant difference in the perception of neighborhood support for healthy eating based on age group for respondents in ZIP code 24426. The age groups with the highest percentage of respondents who agreed that their neighborhood supports healthy eating were 20-29 years and 40-49 years. The age groups with the highest percentage of respondents who disagreed were 30-39 years and 60-69 years.



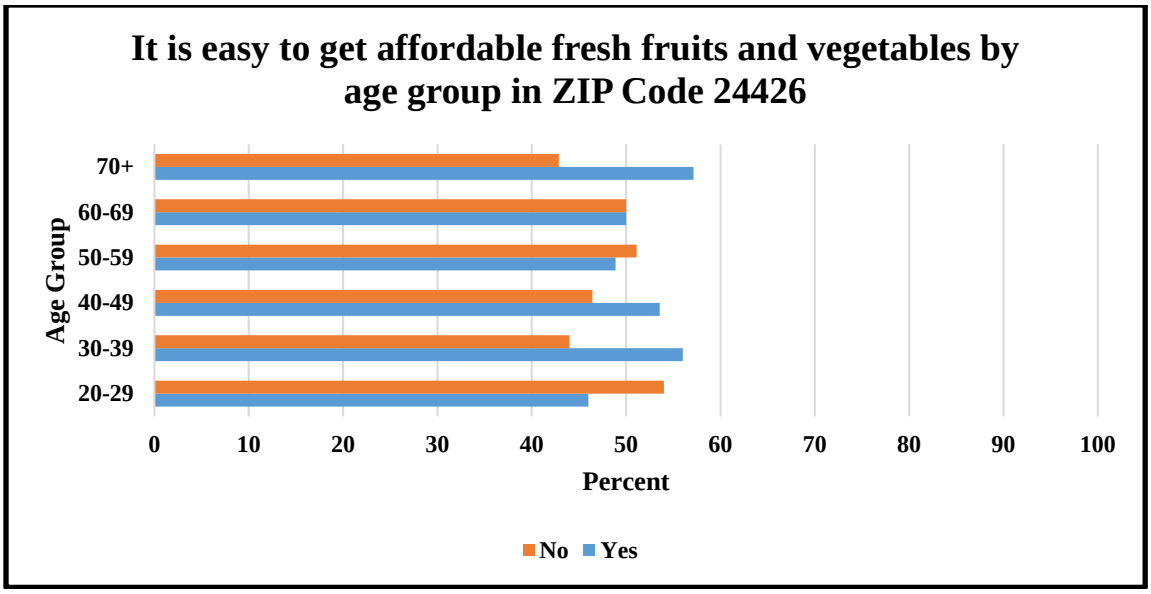
There was a statistically significant difference in the perception of neighborhood support for healthy based on employment group for respondents in ZIP code 24426. The employment groups with the largest percentage of respondents who agreed that their neighborhood supports healthy eating were the self-employed and homemaker employment groups. The employment groups with the largest percentage of respondents who disagreed were the full-time and retired employment groups.



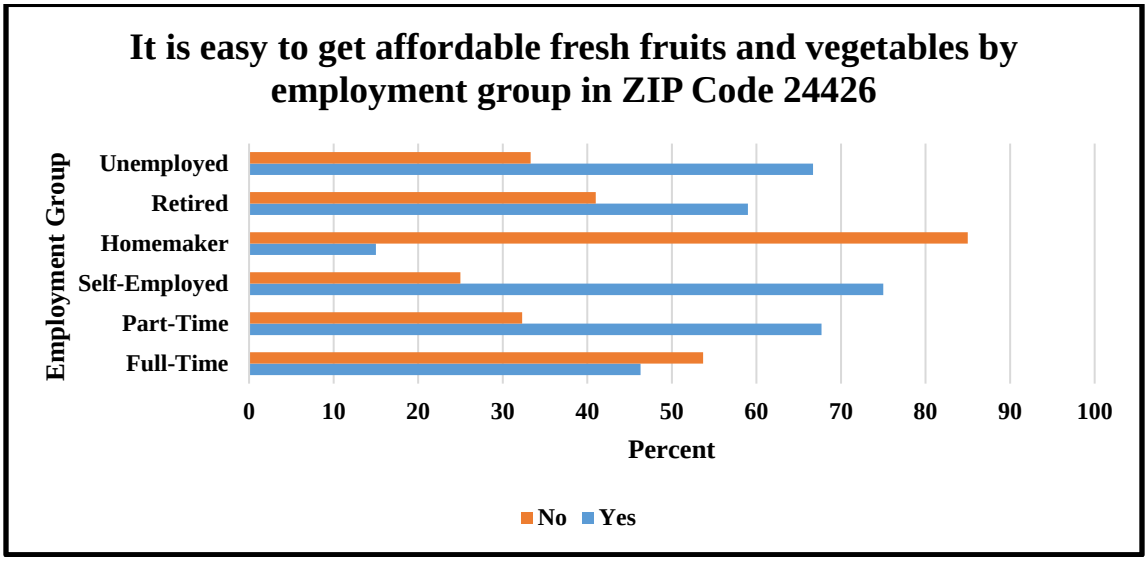
Overall, 54% of the respondents reported that it is easy to get affordable fresh fruits and vegetables near where they live, while 43% reported that it is not. In ZIP code 24422, there were no statistically significant differences in access to affordable, fresh fruits and vegetables based on age, race, education, or employment group. In ZIP code 24426, there were no statistically significant differences based on race, income, or education. In ZIP code 24457, there were no statistically significant differences based on age, income, education, or employment group. In ZIP codes 24460 and 24474, there were no statistically significant differences based on age, race, income, education, or employment status.



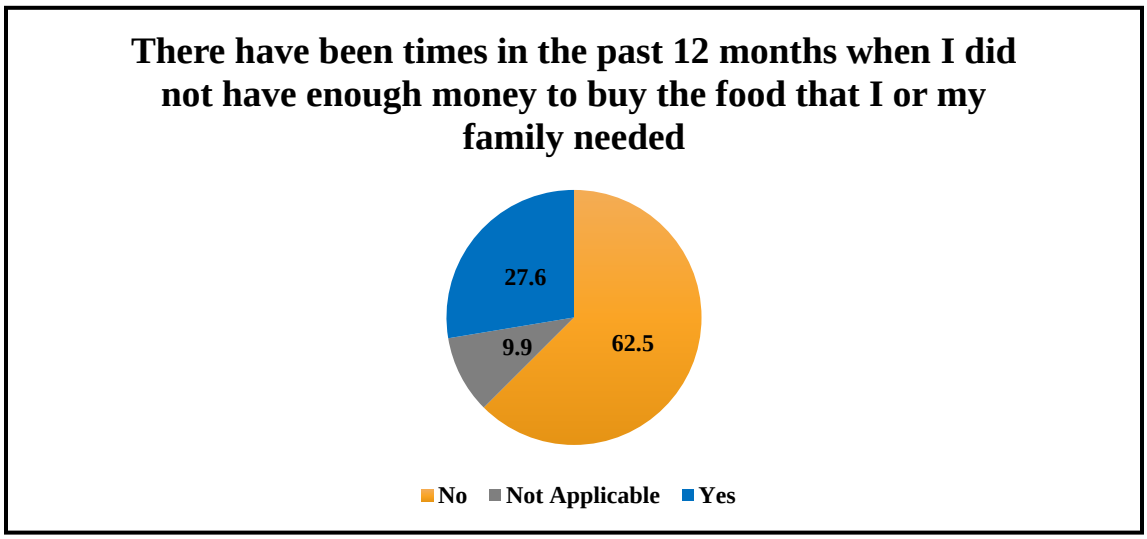
There was a statistically significant difference in access to affordable fresh fruits and vegetables based on yearly household income for respondents in ZIP code 24422. The income levels with the highest percentage of respondents who agreed that it was easy to get affordable fresh fruits and vegetables were the $60,001-$70,000, $70,001-$100,000, and $100,001 and above income levels. The income levels with the highest percentage of respondents who disagreed were the $30,001-$40,000 and $50,001-$60,000 income levels.



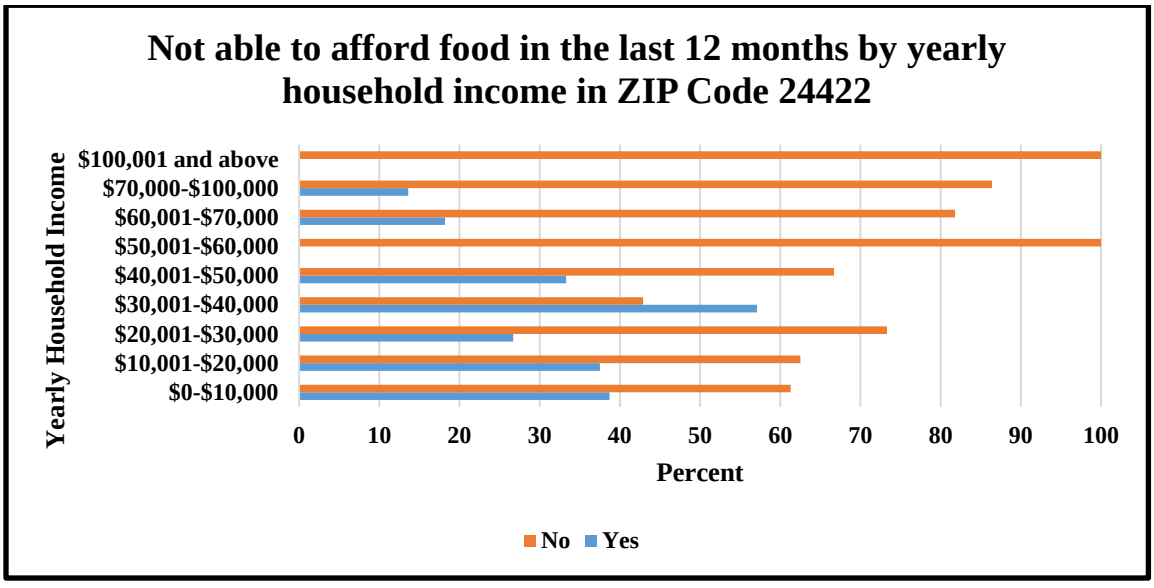
There was a statistically significant difference in access to affordable fresh fruits and vegetables based on age group in ZIP code 24426. The age groups with the highest percentage of respondents who agreed that it is easy to get affordable fresh fruits and vegetables were 70+ and 30-39 years. The age groups with the highest percentage of respondents who disagreed were 20-29 and 50-59 years.



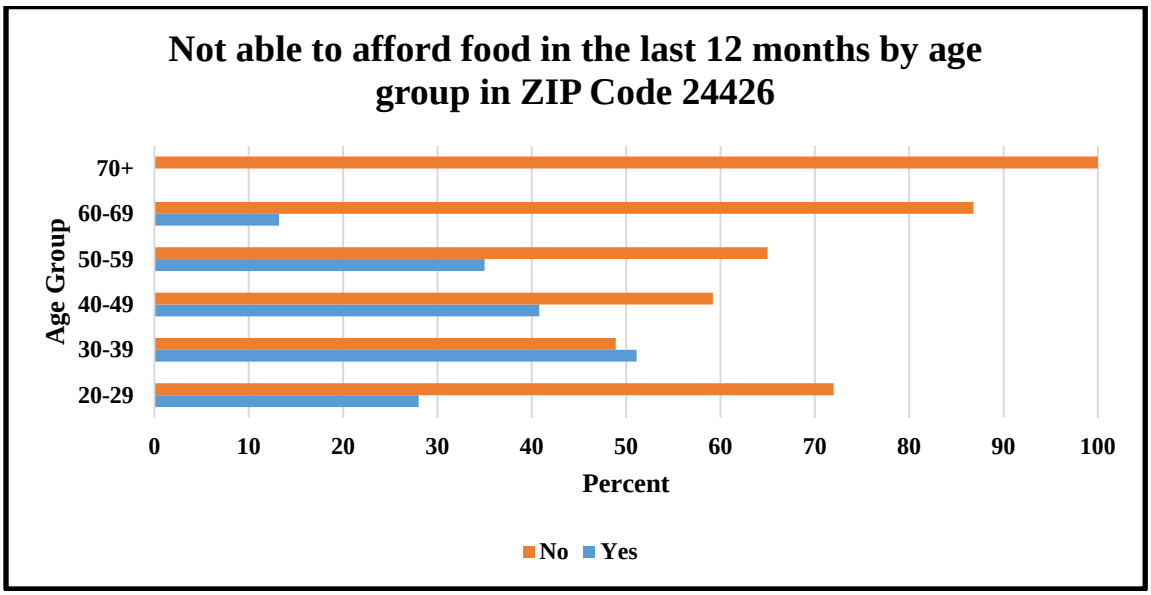
There was a statistically significant difference in access to affordable fresh fruits and vegetables based on employment group for respondents in ZIP code 24426. The employment groups with the highest percentage of respondents who agreed that it is easy to get affordable fresh fruits and vegetables were the self-employed and part-time employment groups. The employment groups with the highest percentage of respondents who disagreed were the homemaker and full-time employment groups.



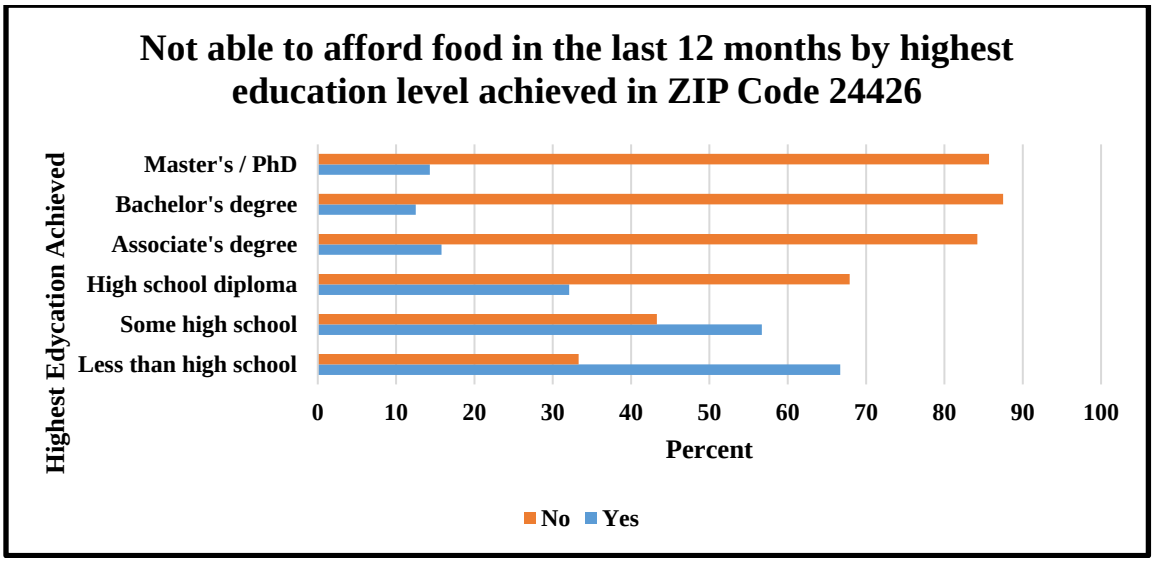
Overall, 28% of the respondents reported that there have been times in the past 12 months when they did not have enough money to buy the food that their family needed, while 62% reported that there had not. In ZIP code 24422, there were no statistically significant differences in the ability to afford food based on age, education, race, or employment group. In ZIP code 24426, there were no statistically significant differences based on race. In ZIP codes 24460, 24457, and 24474, there were no statistically significant differences based on age, race, income, education, or employment group.



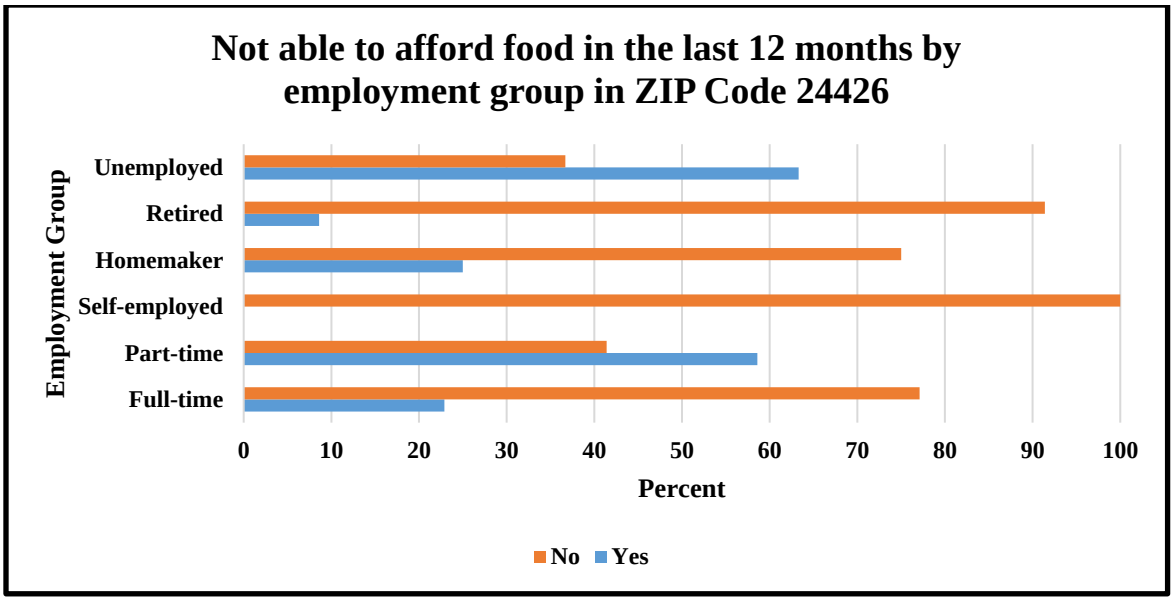
There was a statistically significant difference in ability to afford food based on yearly household income level for respondents in ZIP code 24422. The income levels with the highest percentage of respondents who agreed that they could not afford the food they needed were the $30,001-$40,000 and $0-$10,000 income levels. The income levels with the highest percentage of respondents who disagreed were the $50,001-$60,000 and $100,000 and above income levels.



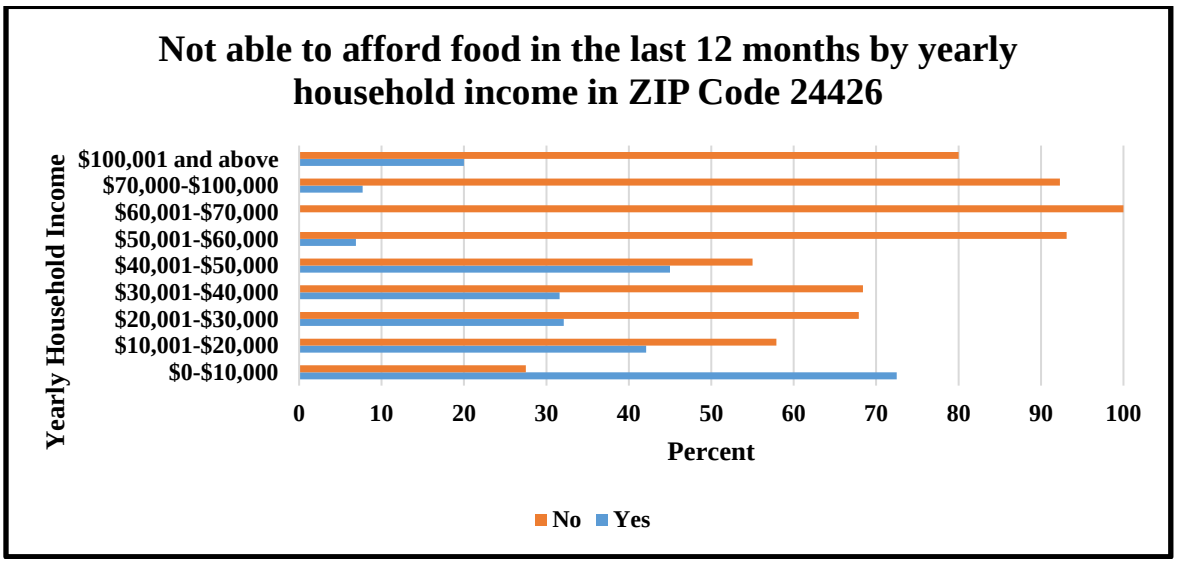
There was a statistically significant difference in the ability to afford food based on age group for respondents in ZIP code 24426. The age groups with the highest percentage of respondents who agreed that they could not afford the food they needed were 30-39 and 40-49 years. The age groups with the highest percentage of respondents who disagreed were 70+ and 60-69 years.



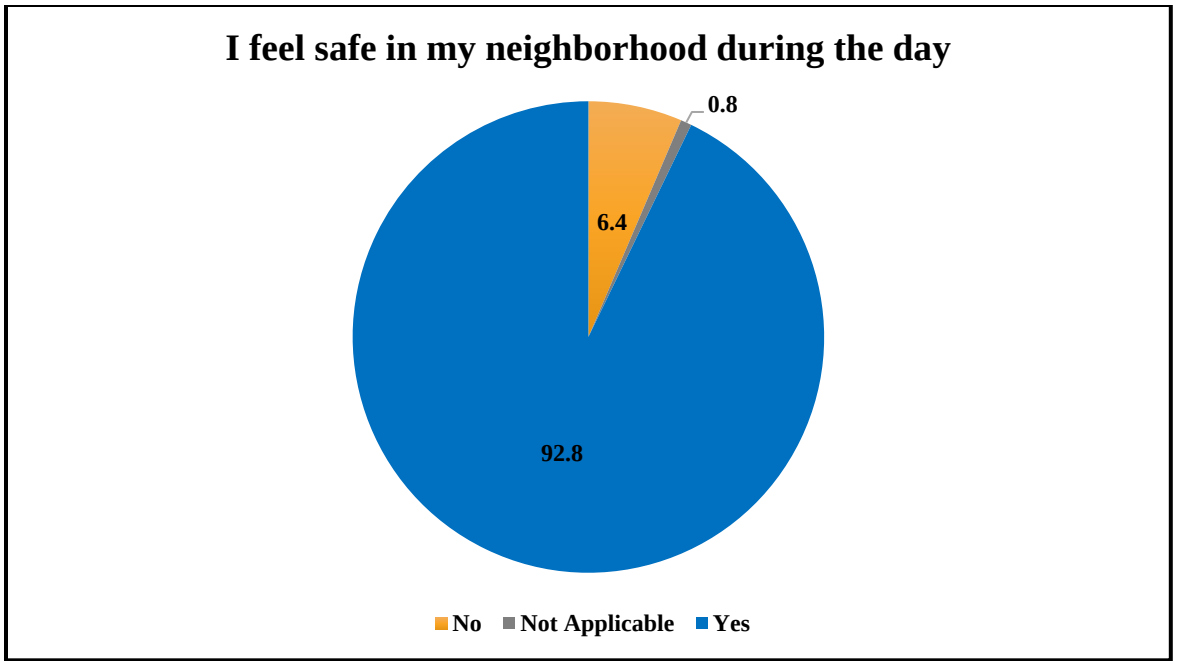
There was a statistically significant difference in the ability to afford food based on highest education level achieved for respondents in ZIP code 24426. The education levels with the highest percentage of respondents who agreed that they could not afford the food they needed were those with an education level less than high school and those with some high school education. The education levels with the highest percentage of respondents who disagreed were those with a Bachelor's degree and those with a Master's/PhD degree.



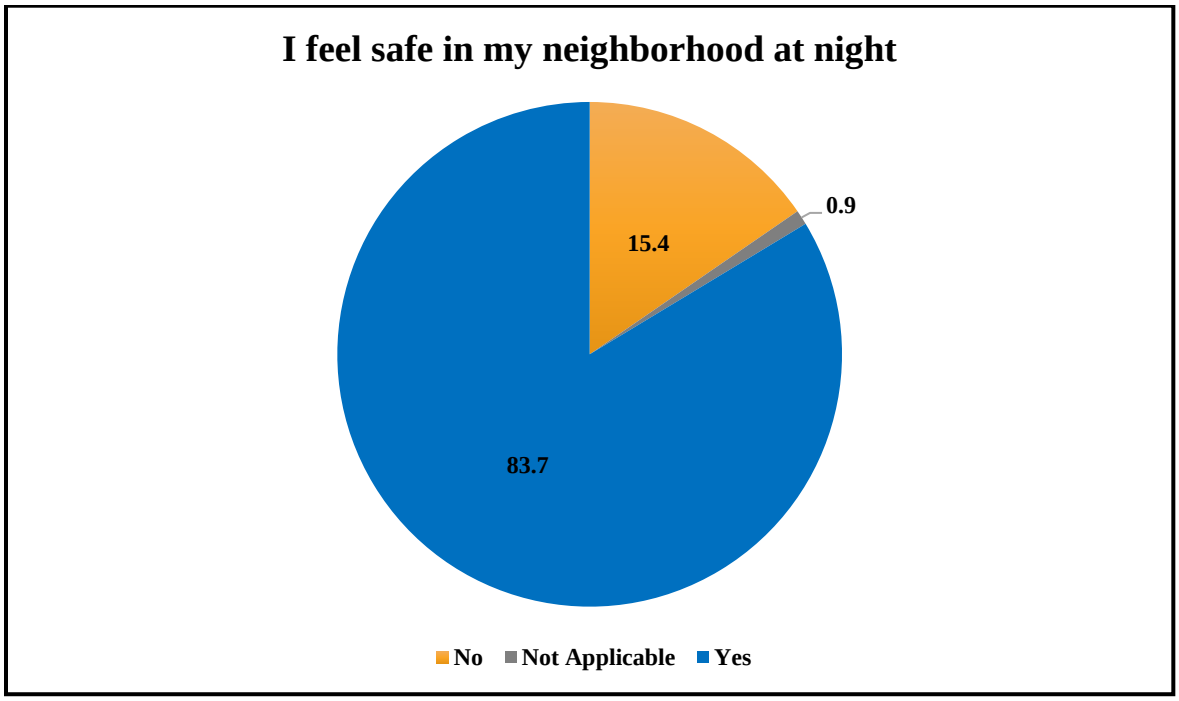
There was a statistically significant difference in ability to afford food based on employment group for respondents in ZIP code 24426. The employment groups with the highest percentage of respondents who agreed that they could not afford the food they needed were the unemployed and part-time employment groups. The employment groups with the highest percentage of respondents who disagreed were the self-employed and retired employment groups.



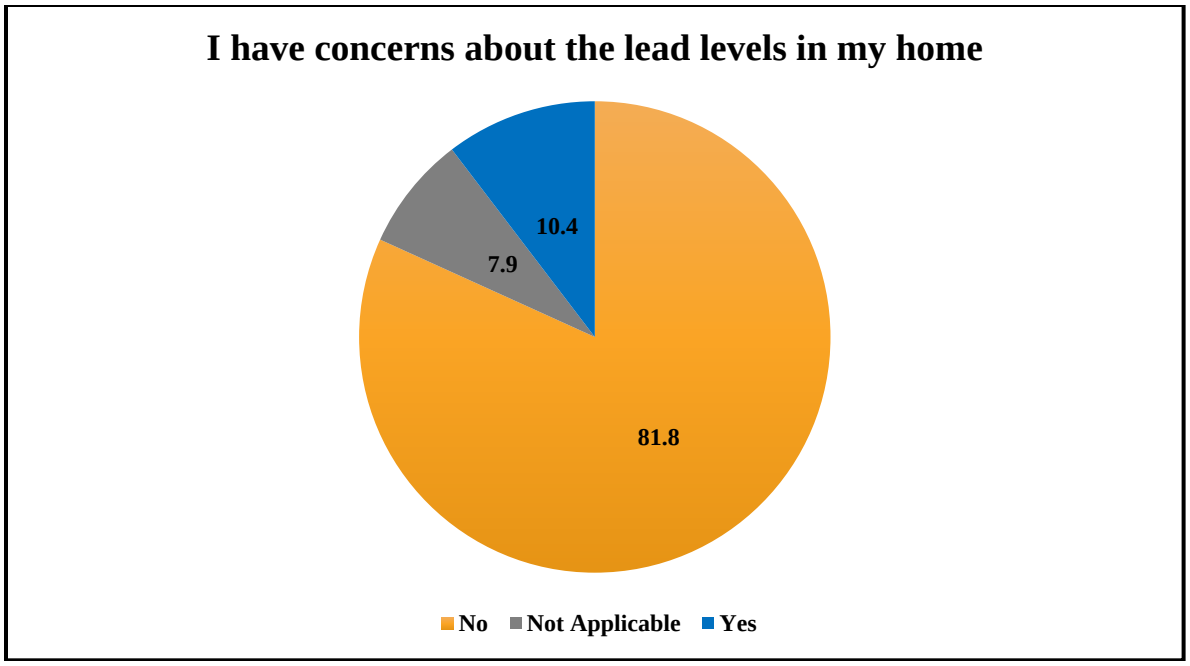
There was a statistically significant difference in the ability to afford food based on yearly household income in ZIP code 24426. The income levels with the highest percentage of respondents who agreed that they could not afford the food they needed were the $0-$10,000 and $40,001-$50,000 income levels. The income levels with the highest percentage of respondents who disagreed were the $60,001-$70,000, $50,001-$60,000, and $70,001-$100,000 income levels.



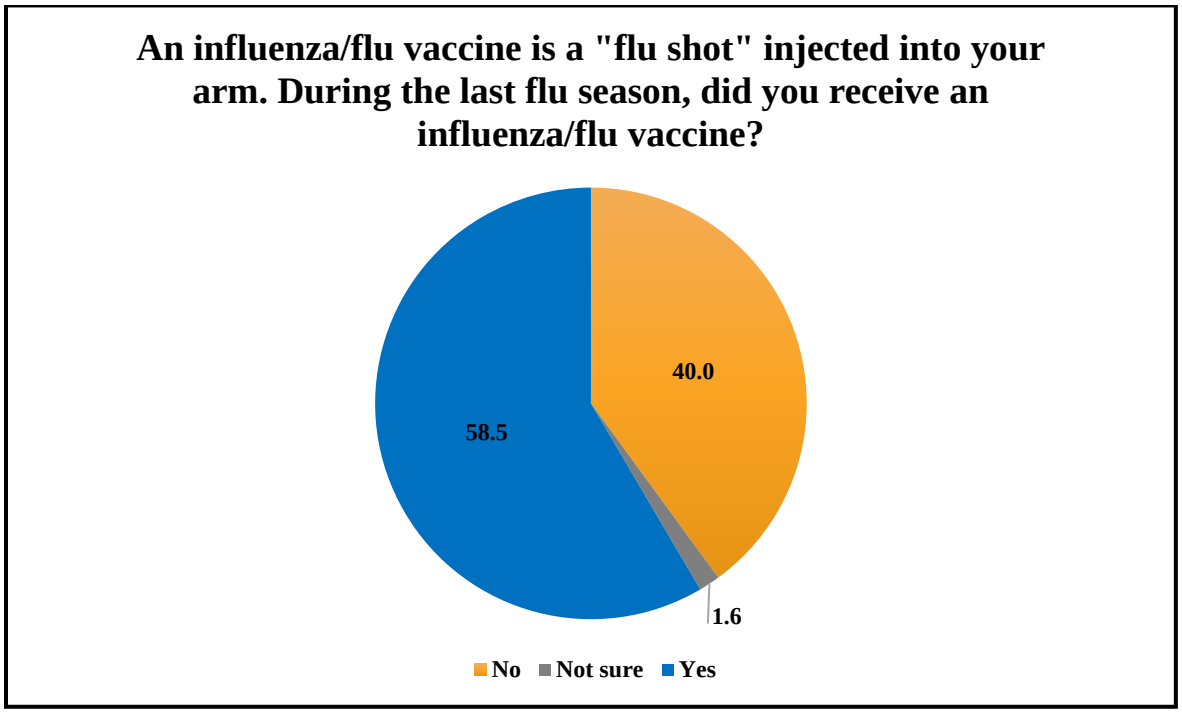
Overall, 93% of respondents reported that they felt safe in their neighborhood during the day, while 6% reported that they did not.



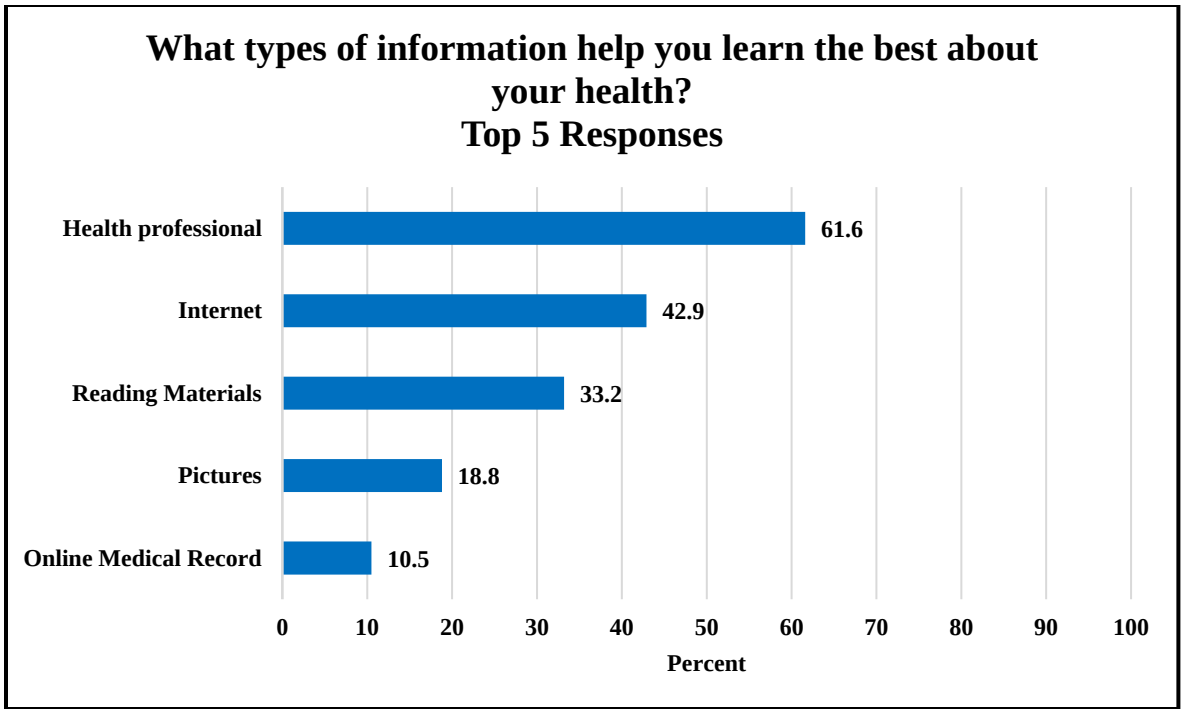
Overall, 84% of respondents reported that they felt safe in their neighborhood at night, while 15% reported that they did not.



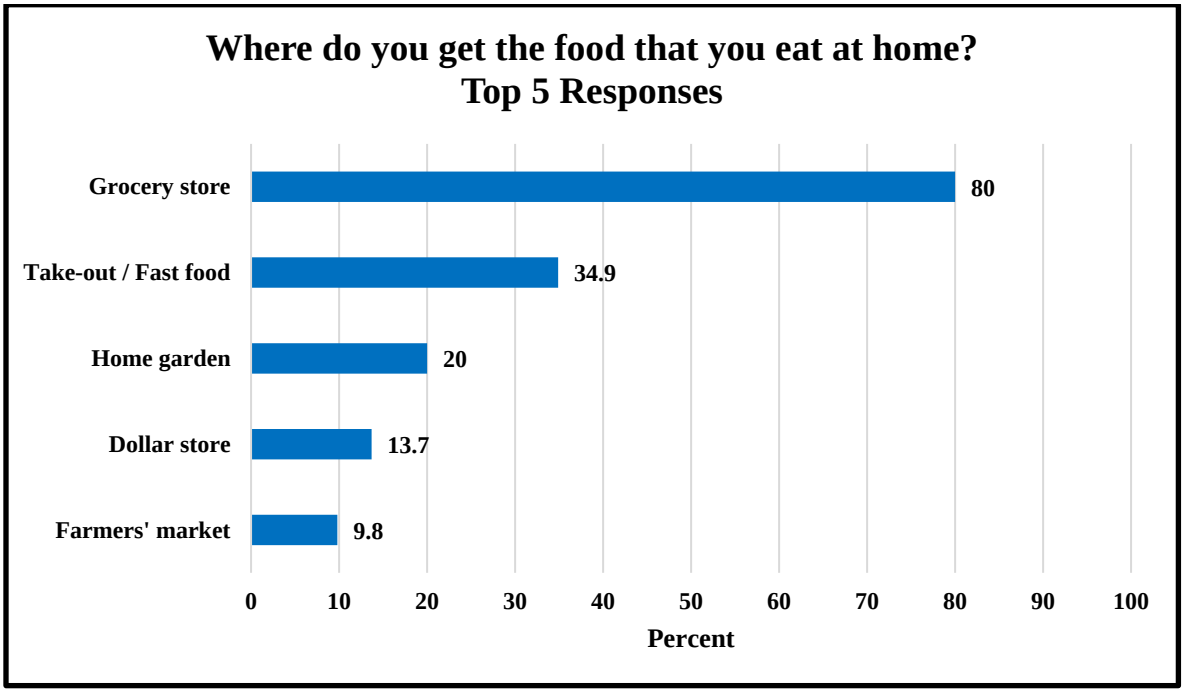
Overall, 10% of respondents reported that they had concerns about the lead levels in their home, while 82% reported that they did not.



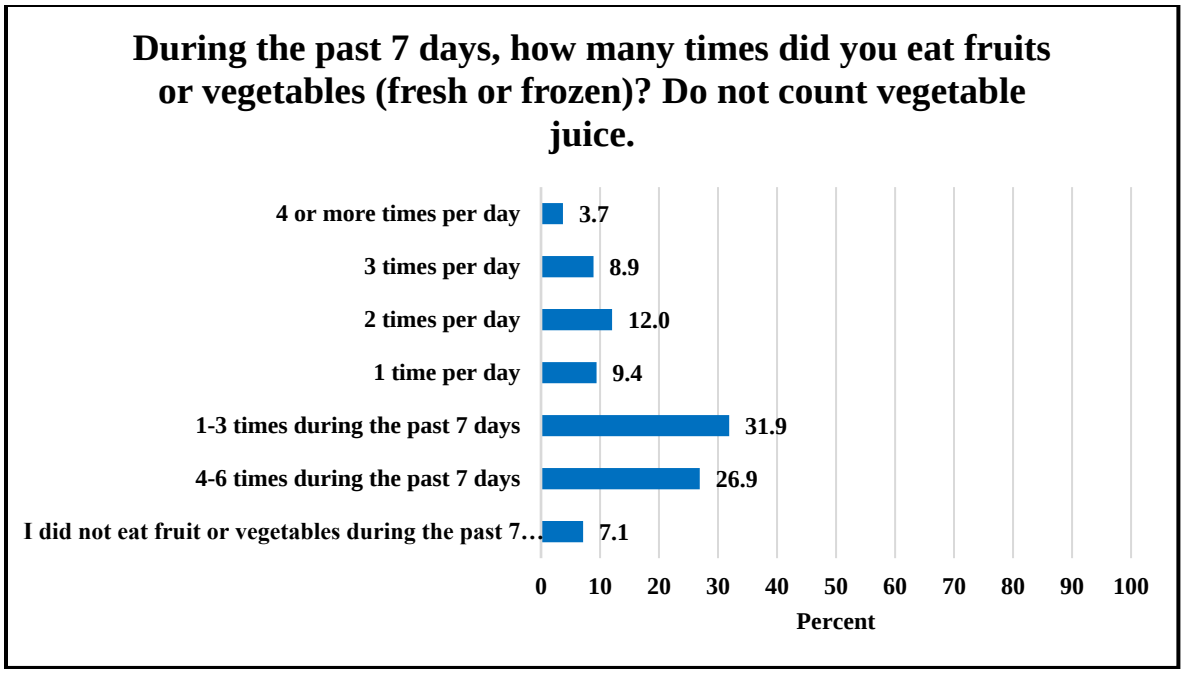
Overall, 59% of respondents reported that they received an influenza/flu vaccine during the last flu season, while 40% reported that they did not.



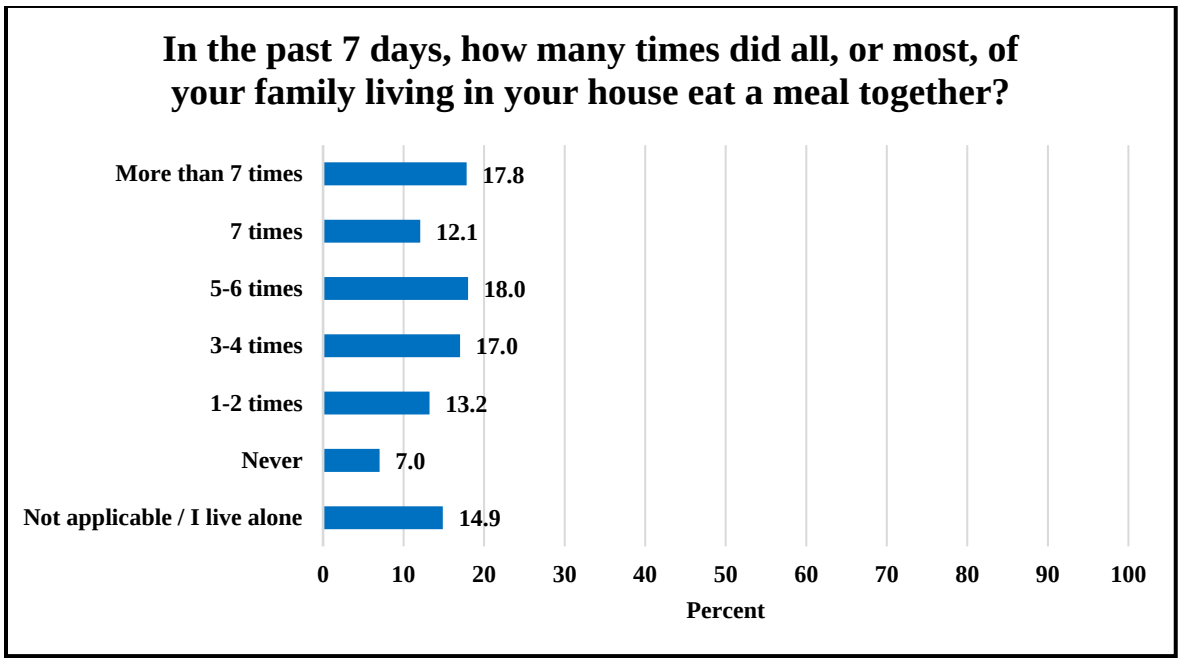
Overall, 62% of respondents reported that health professionals helped them learn the best about their health, while 43% reported that the Internet helped them learn the best.



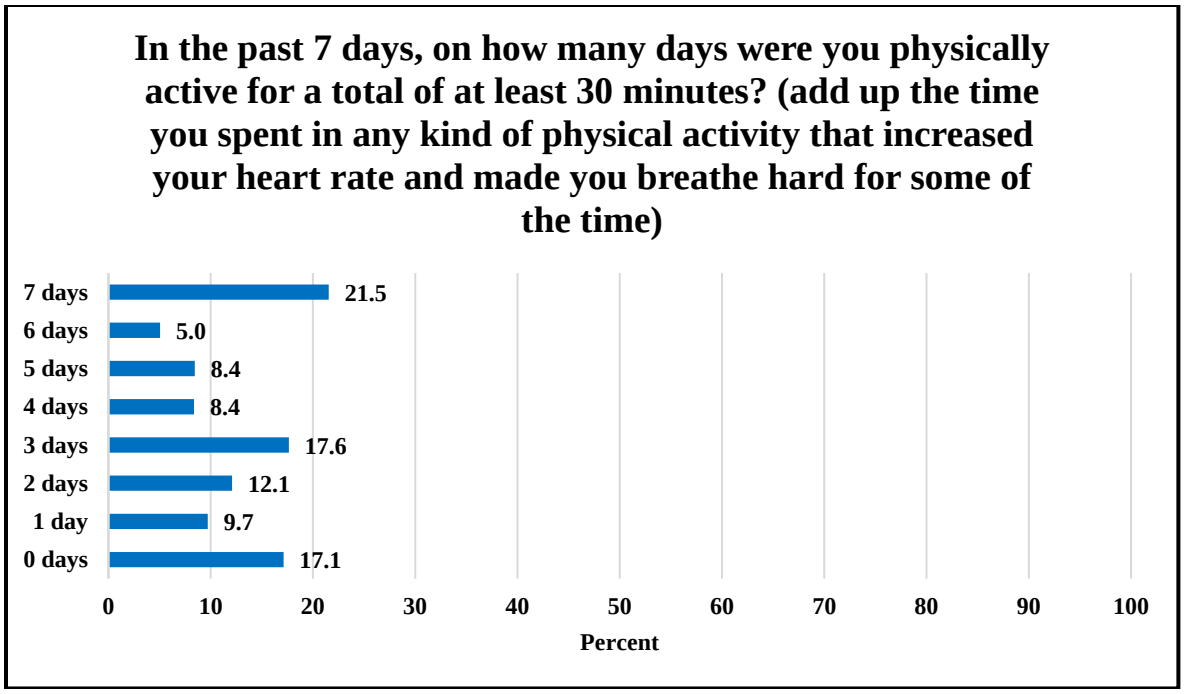
Overall, 80% of respondents reported that they get the food they eat at home from the grocery store, while 35% reported that they get the food they eat at home from take-out or fast food.



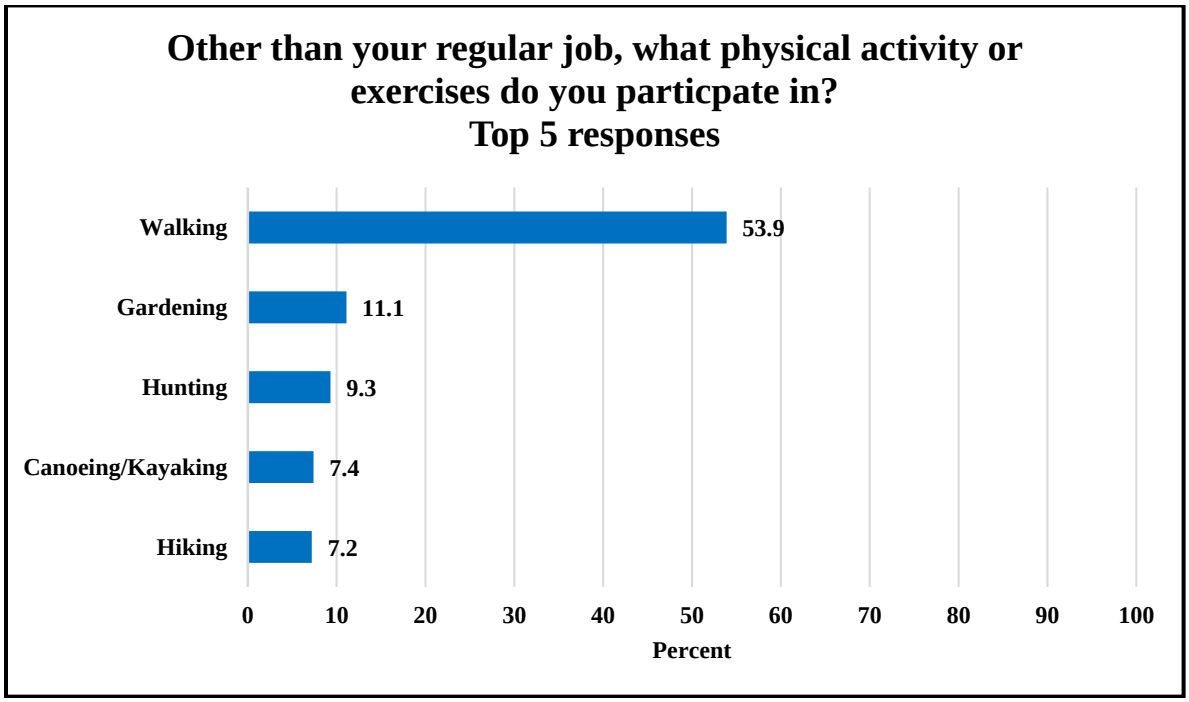
Overall, 32% of respondents reported that they ate fruits or vegetables 1-3 times during the past 7 days, while 27% reported that they ate fruits or vegetables 4-6 times during the past 7 days.



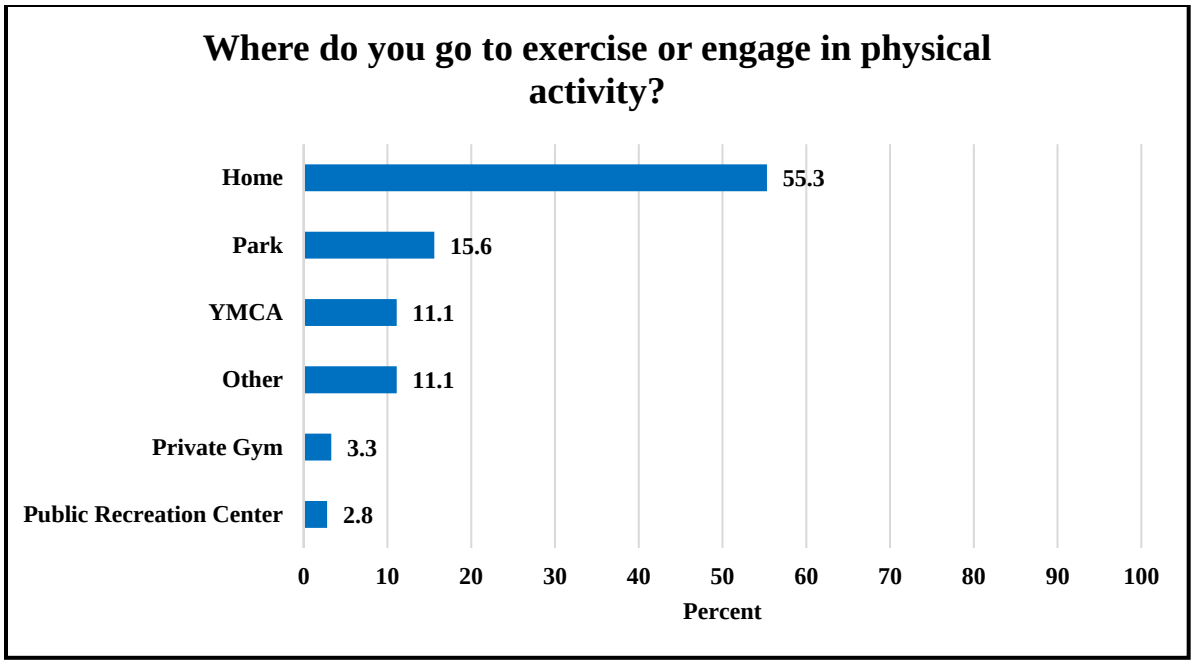
Overall, 18% of respondents reported that all or most of their family living in their home ate a meal together 5-6 times in the past 7 days.



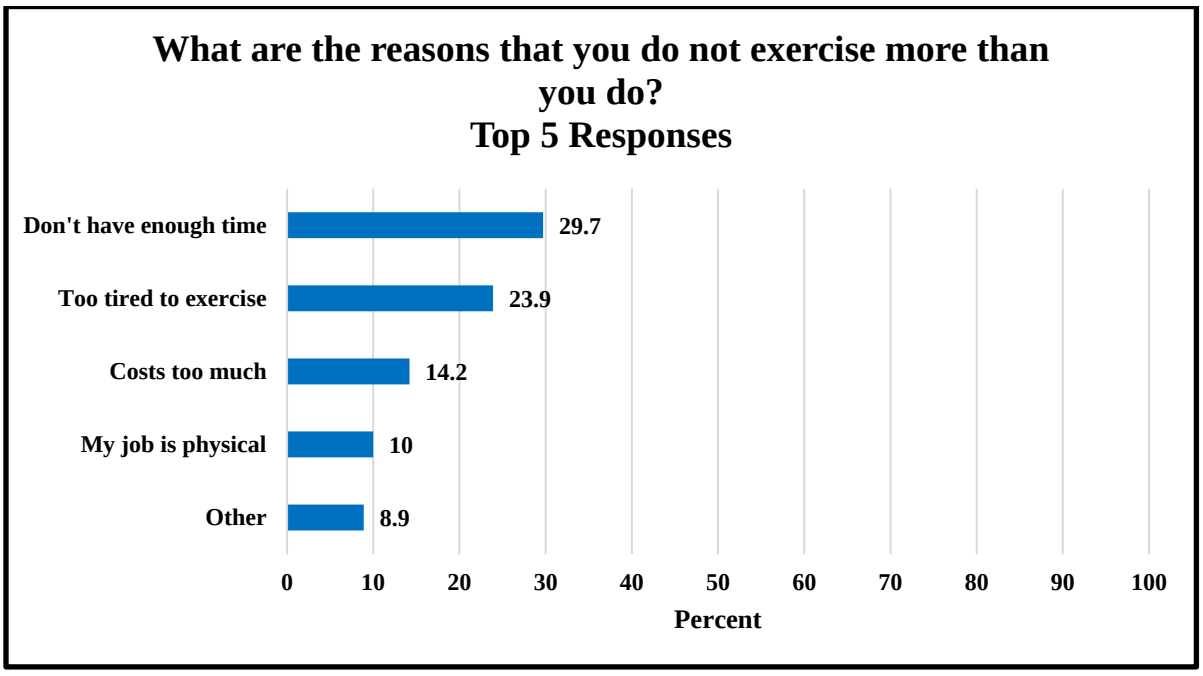
Overall, 22% of respondents reported that they were physically active for at least 30 minutes on each of the past 7 days.



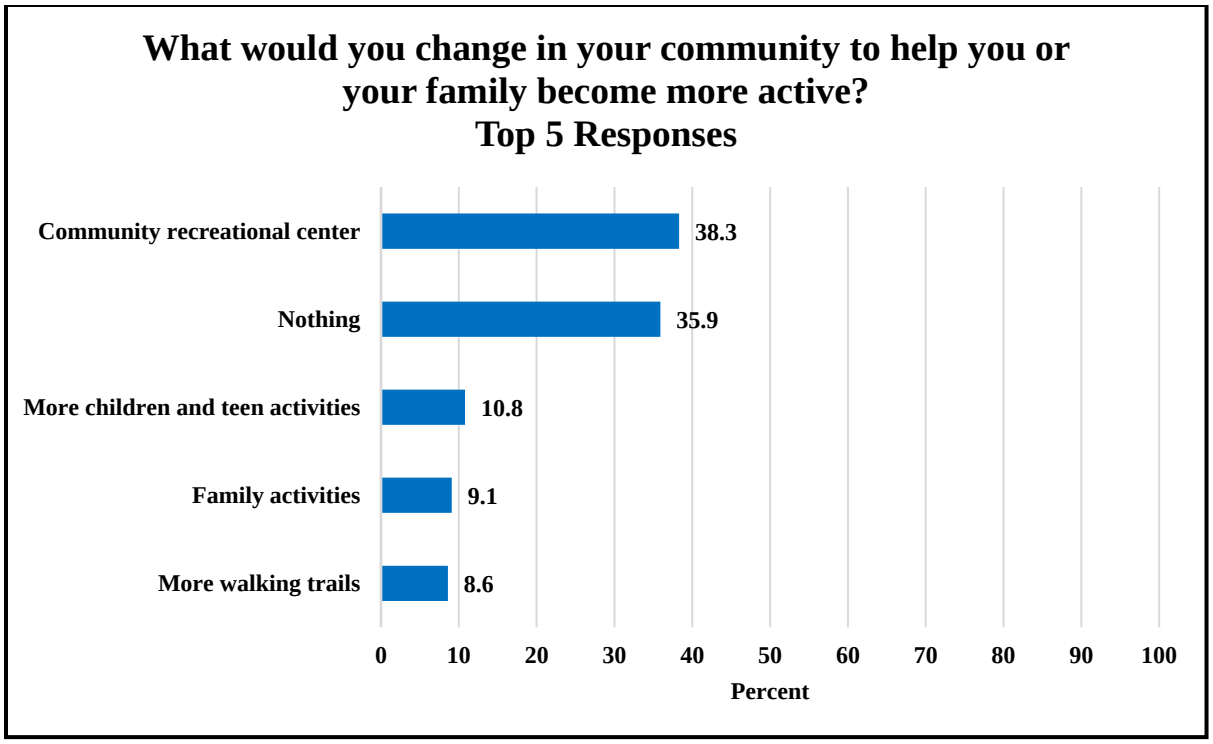
Overall, 54% of respondents reported that they participated in walking as physical activity, while 11% reported gardening.



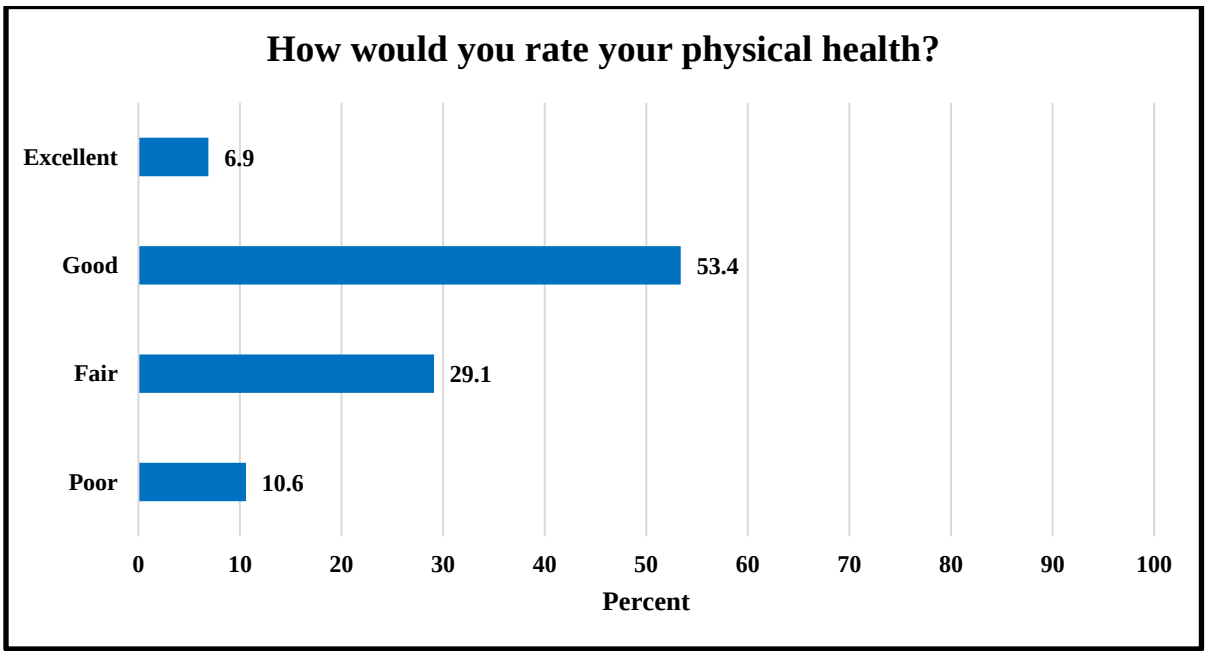
Overall, 55% of respondents reported that they exercise or engage in physical activity at home, while 16% of respondents reported that they go to a park to exercise or engage in physical activity.



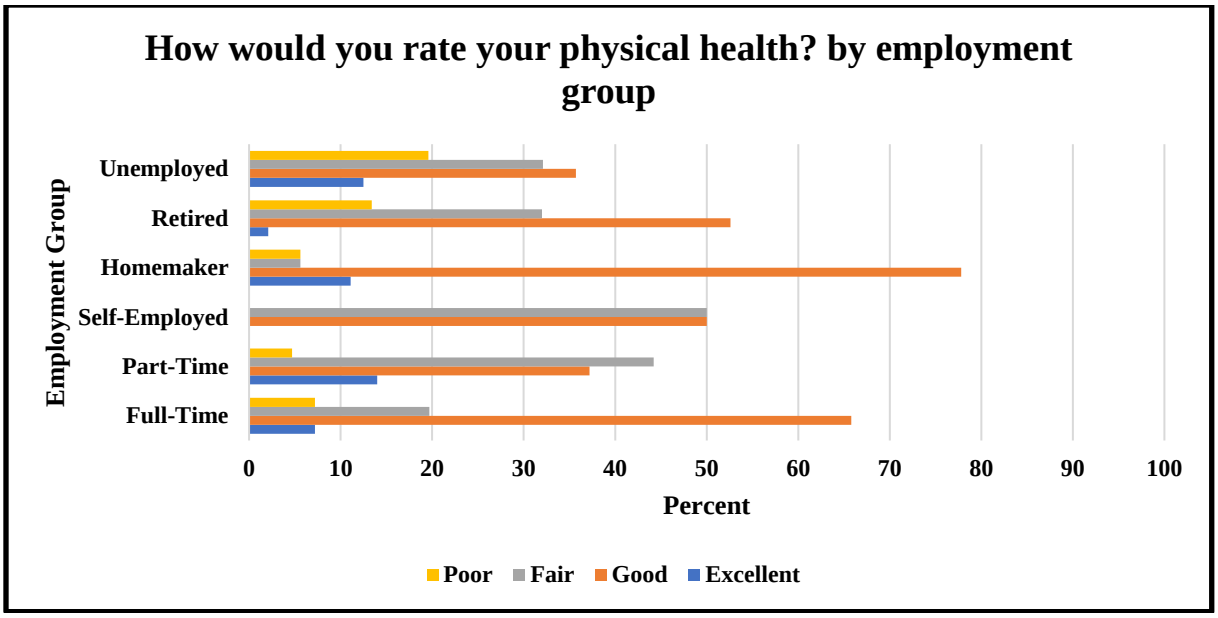
Overall, 30% of respondents reported that they do not exercise more because they don't have enough time, while 24% reported that they are too tired to exercise.



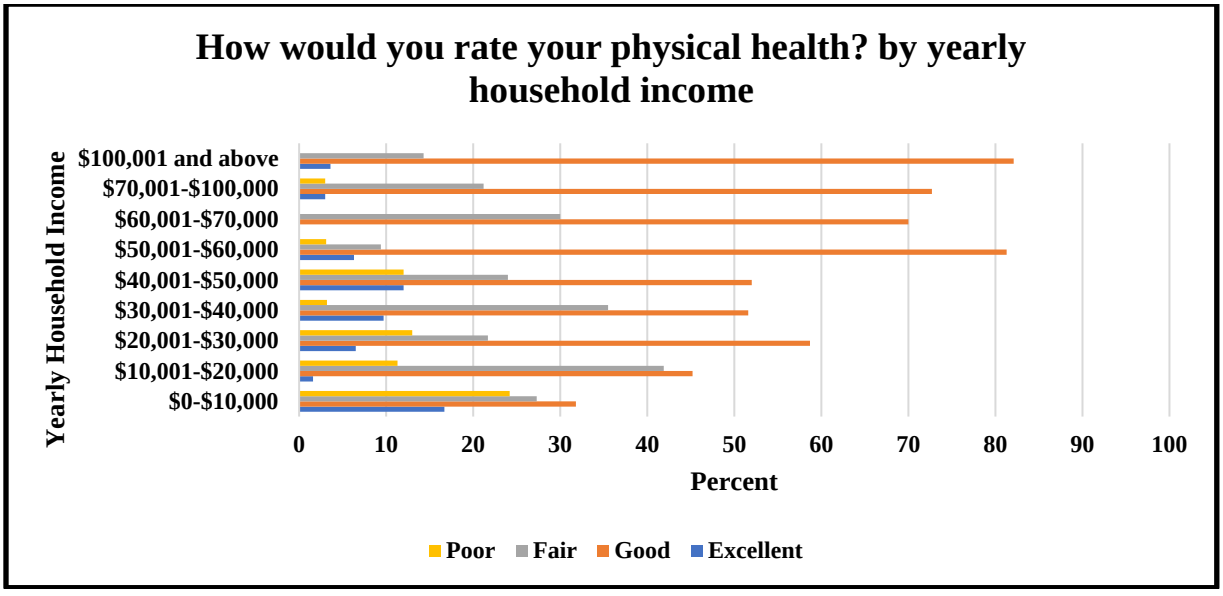
Overall, 38% of respondents reported that they would add a community recreational center to their community to help themselves or their family become more active, while 36% reported that they would not change anything in their community.



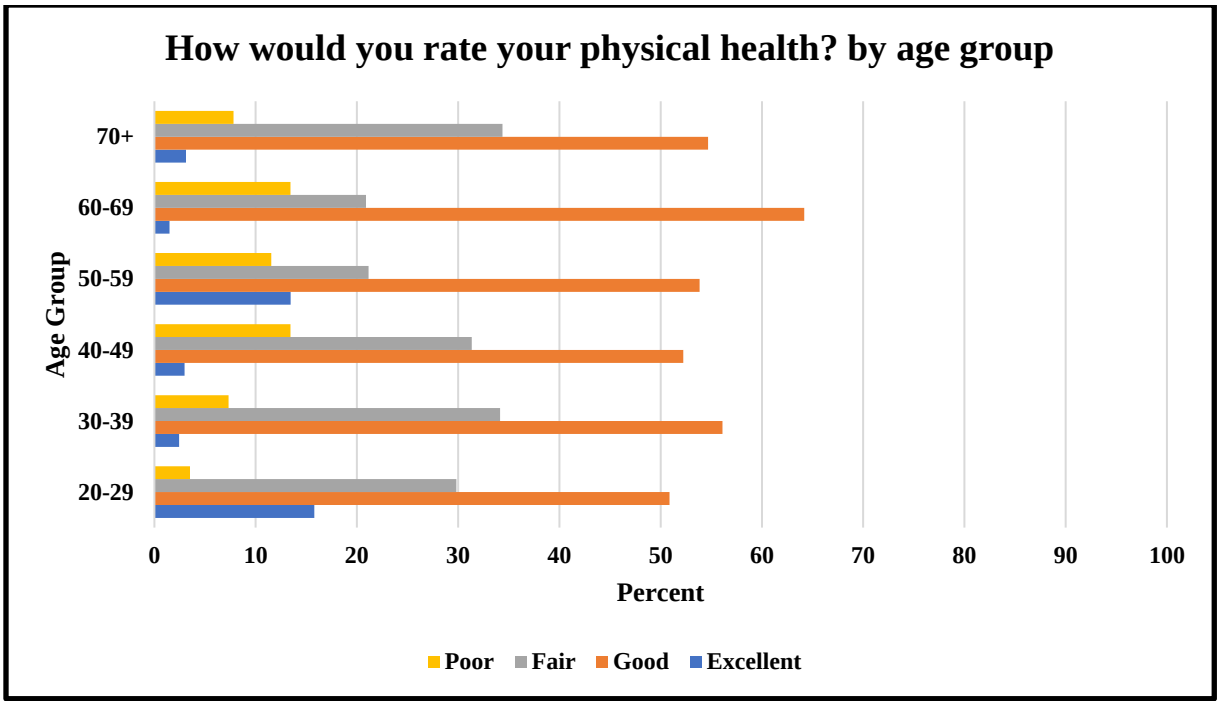
Overall, 53% of respondents reported that their physical health was “Good,” while 29% reported that their physical health was “Fair.” There were no statistically significant differences in perception of physical health based on race or education.



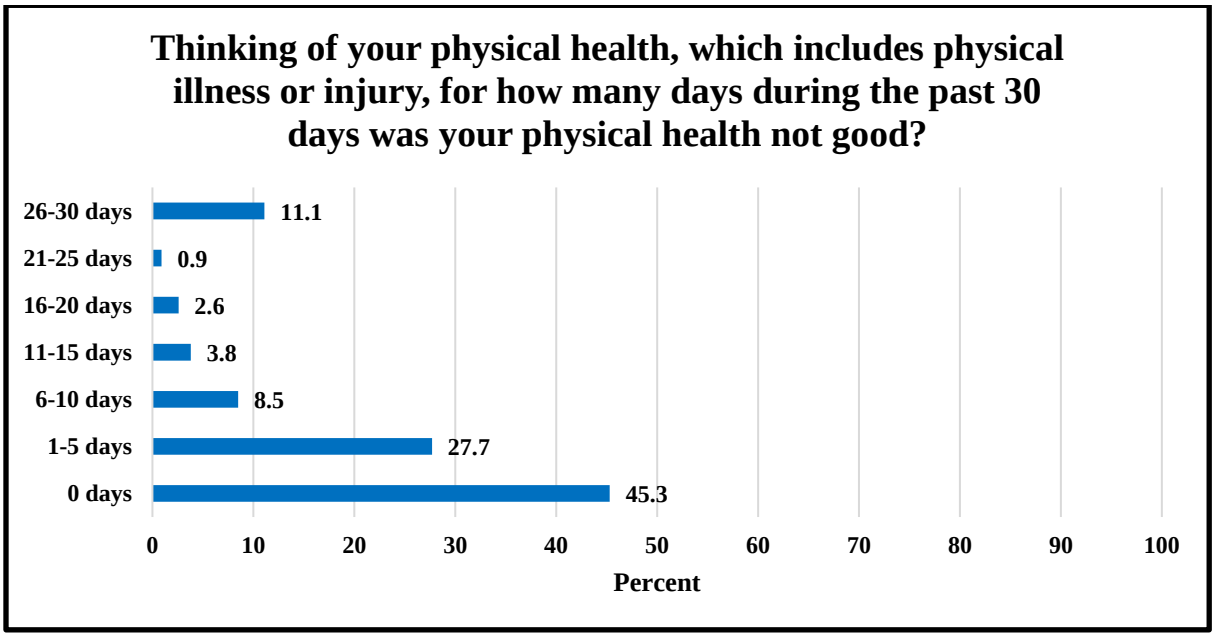
There was a statistically significant difference in ratings of physical health in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that reported poor physical health were the unemployed and retired employment groups. The employment groups with the largest percentage of respondents that reported good to excellent health were the homemaker and full-time employment groups.



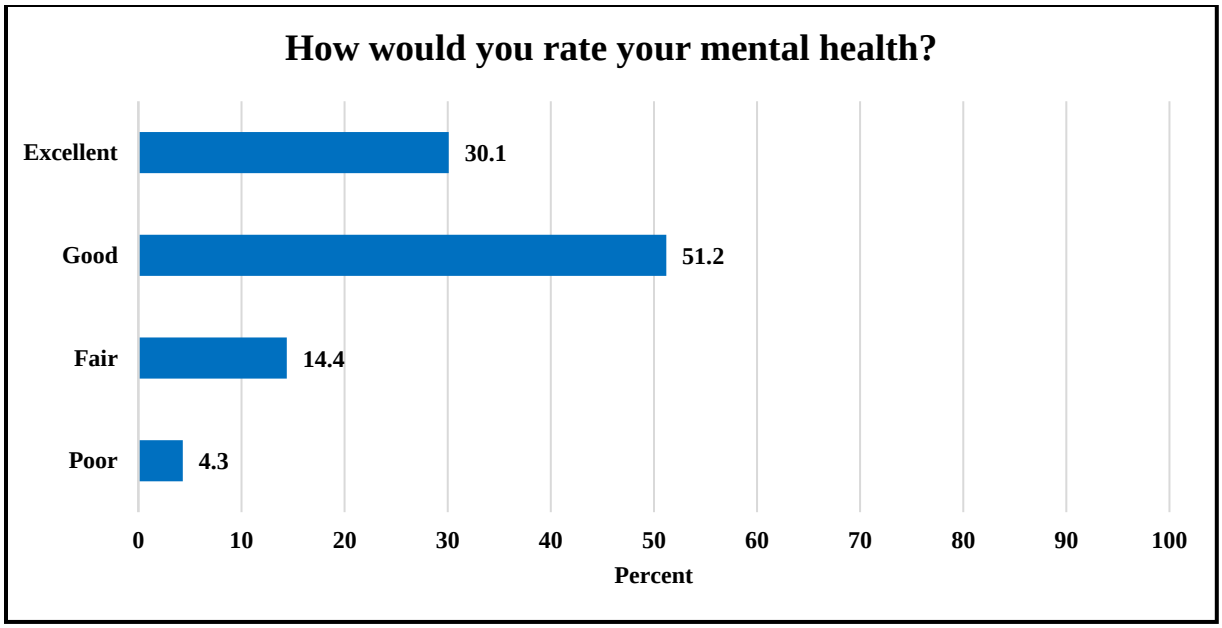
There was a statistically significant difference in ratings of physical health in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that reported poor physical health were the $0-$10,000 and $20,001-$30,000 income levels. The income groups with the largest percentage of respondents that reported good to excellent physical health were the $100,001 and above and $50,001-$60,000 income levels.



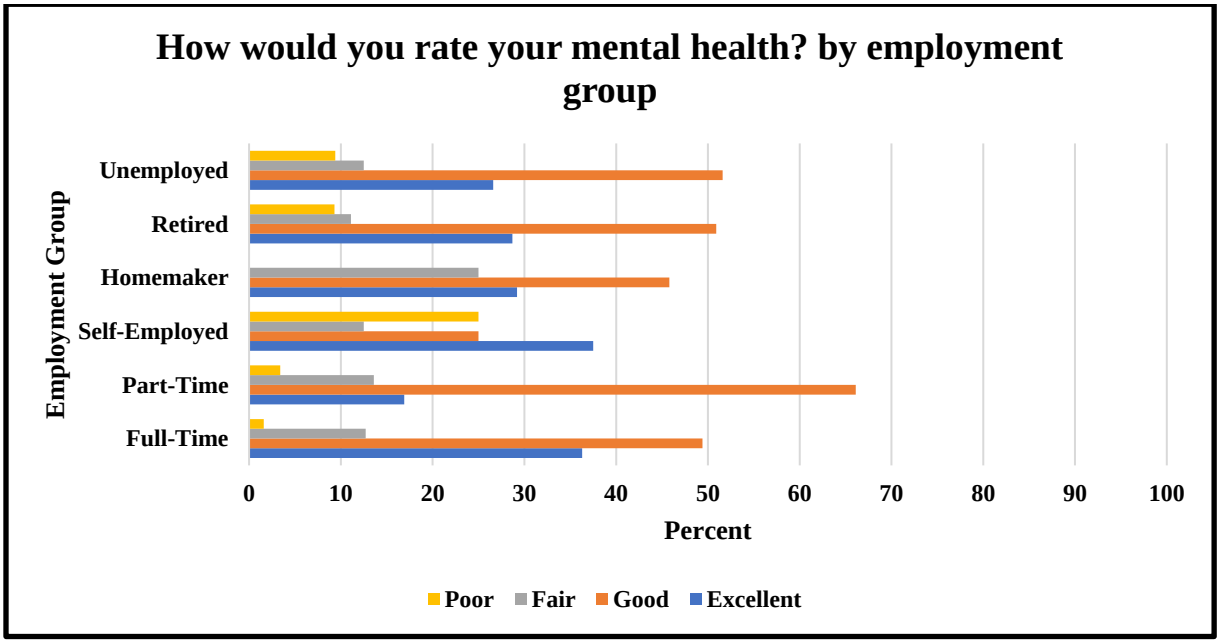
There was a statistically significant difference in the ratings of physical health in Alleghany County and Covington City based on age. The age categories with the largest percentage of respondents that reported poor physical health were 40-49 years and 60-69 years. The age categories that reported excellent physical health were 20-29 years and 50-59 years.



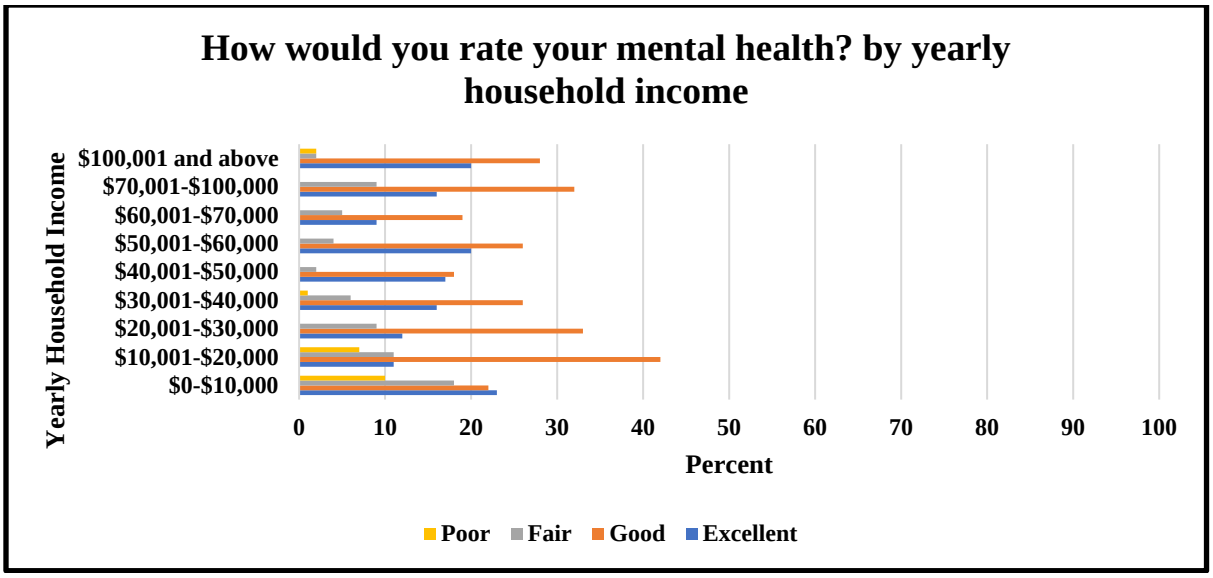
Overall, the largest percentage of respondents (45%) reported that their physical health was not good for 0 of the past 30 days, while 28% reported that their physical health was not good for 1-5 of the past 30 days.



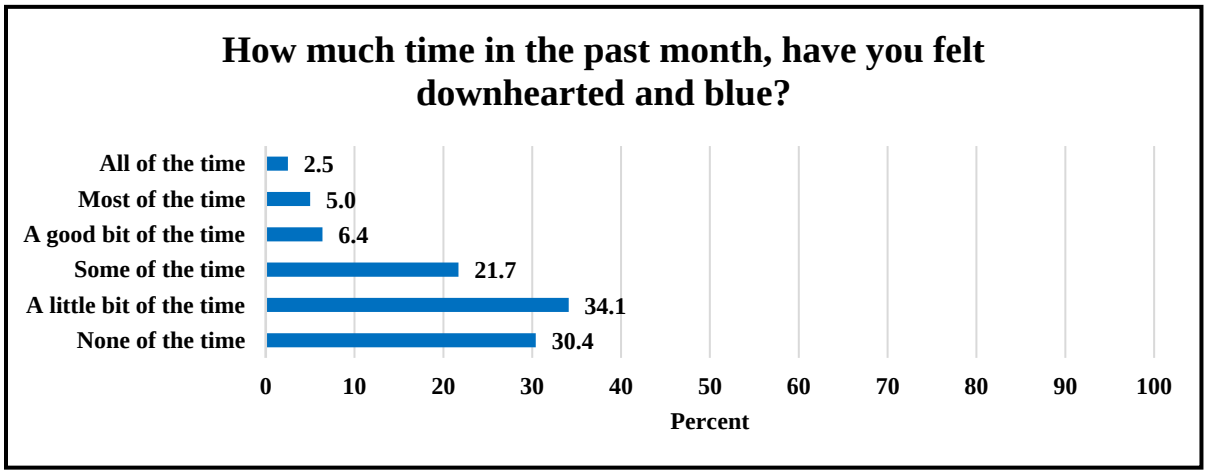
Overall, 30% of respondents reported that their mental health was excellent, while 4% of respondents reported that their mental health was poor. There were no statistically significant differences in perception of mental health based on age, race, or education.



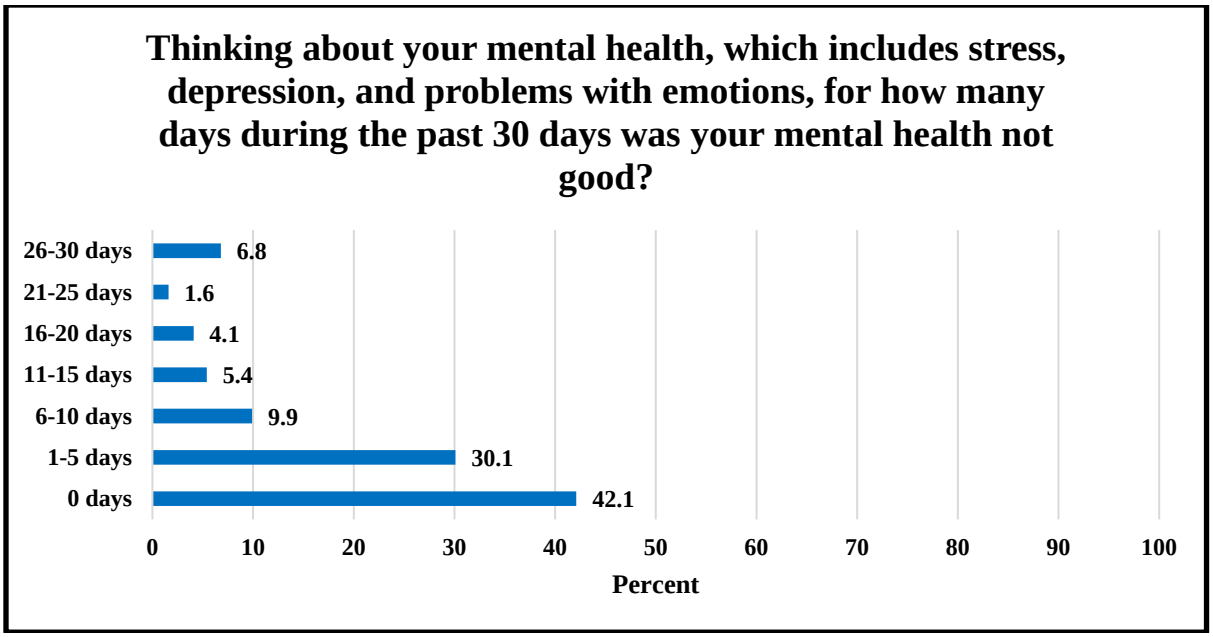
There was a statistically significant difference in ratings of mental health in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that reported poor mental health were the self-employed and unemployed employment groups. The employment groups with the largest percentage of respondents that reported good to excellent health were the part-time and full-time employment groups.



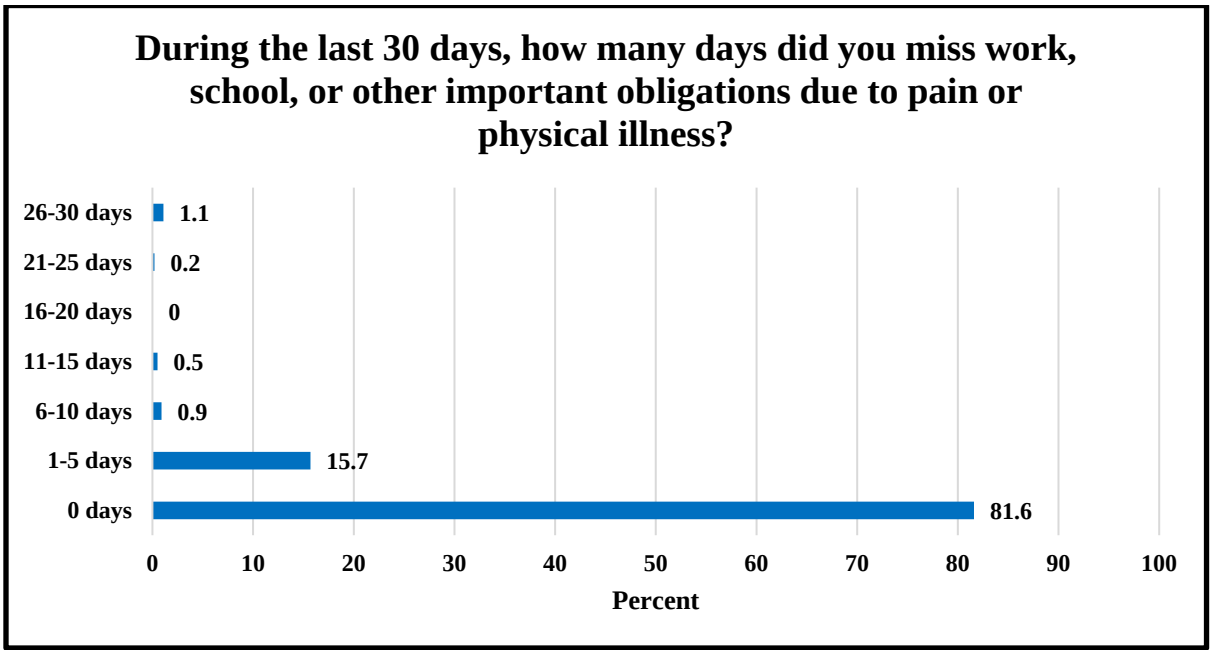
There was a statistically significant difference in ratings of mental health in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that reported poor mental health were the $0-10,000 and $10,001-20,000 income levels. The income groups with the largest percentage of respondents that reported excellent mental health were the $0-10,000 and $100,001 and above income levels.



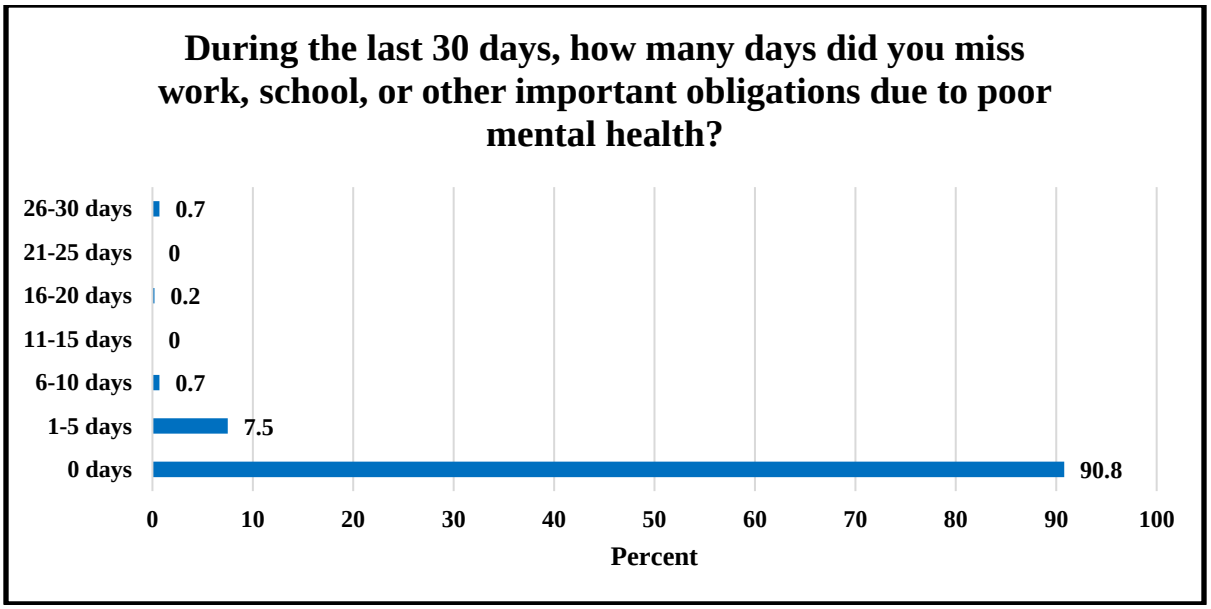
Overall, 34% of respondents reported that they had felt downhearted and blue “A little bit of the time” in the past month, while 5% reported that they had felt downhearted and blue “Most of the time.”



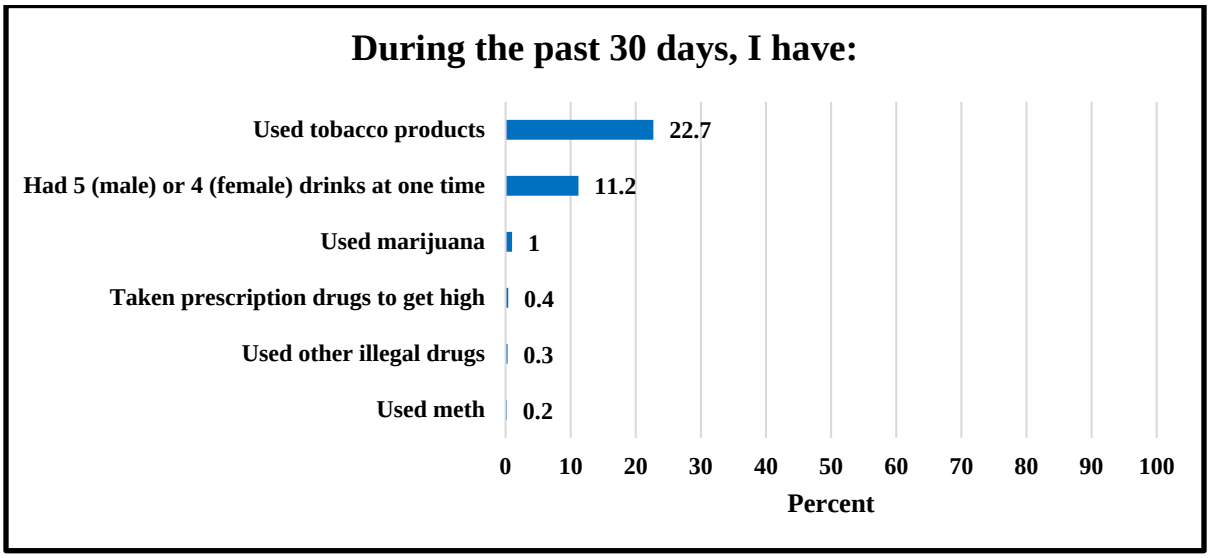
Overall, 42% of respondents reported that their mental health was not good for 0 of the past 30 days, while 10% reported that their mental health was not good for 6-10 of the past 30 days.



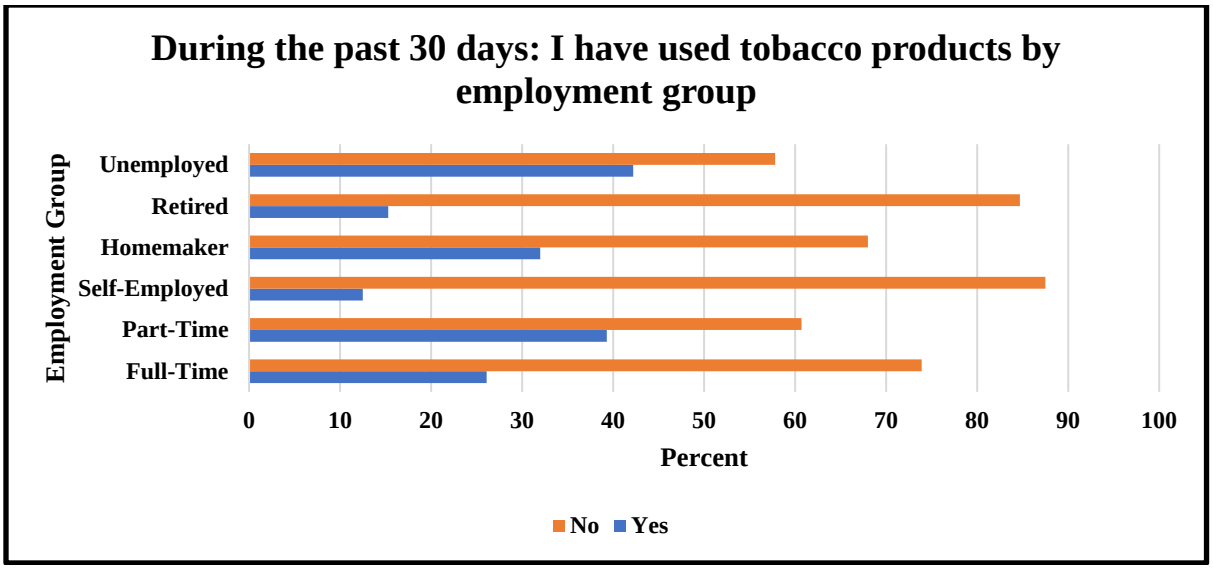
Overall, 82% of respondents reported that they had missed important obligations on 0 of the past 30 days because of pain or physical illness, while 16% reported that they had missed important obligations on 1-5 of the past 30 days because of pain or physical illness.



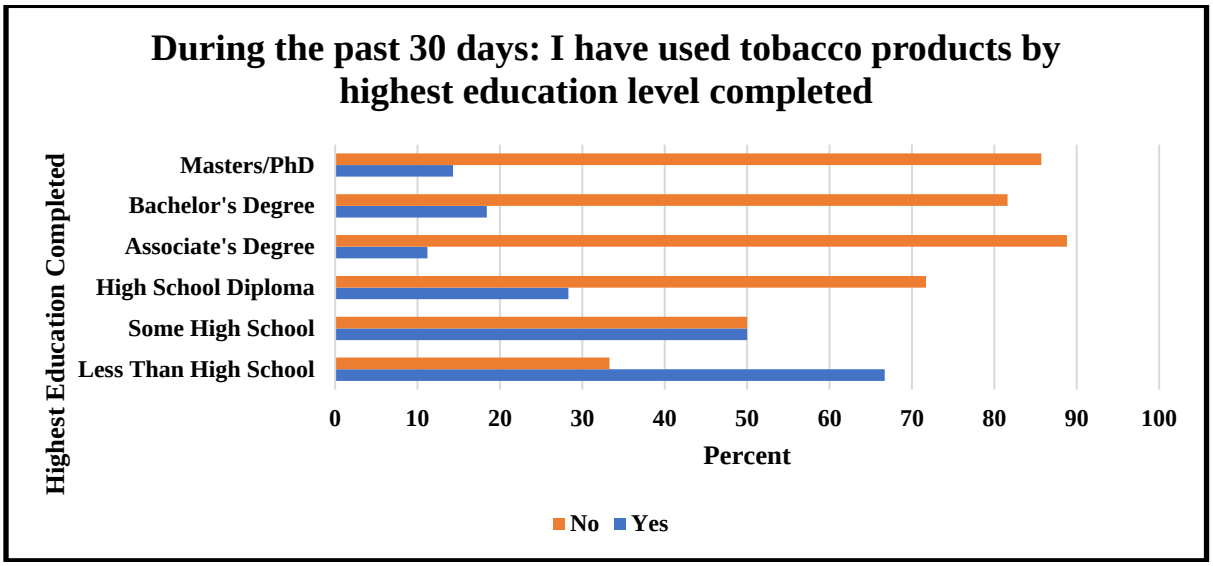
Overall, 91% of respondents reported that they had missed important obligations on 0 of the past 30 days because of poor mental health, while 8% reported that they had missed important obligations on 1-5 of the past 30 days because of poor mental health.



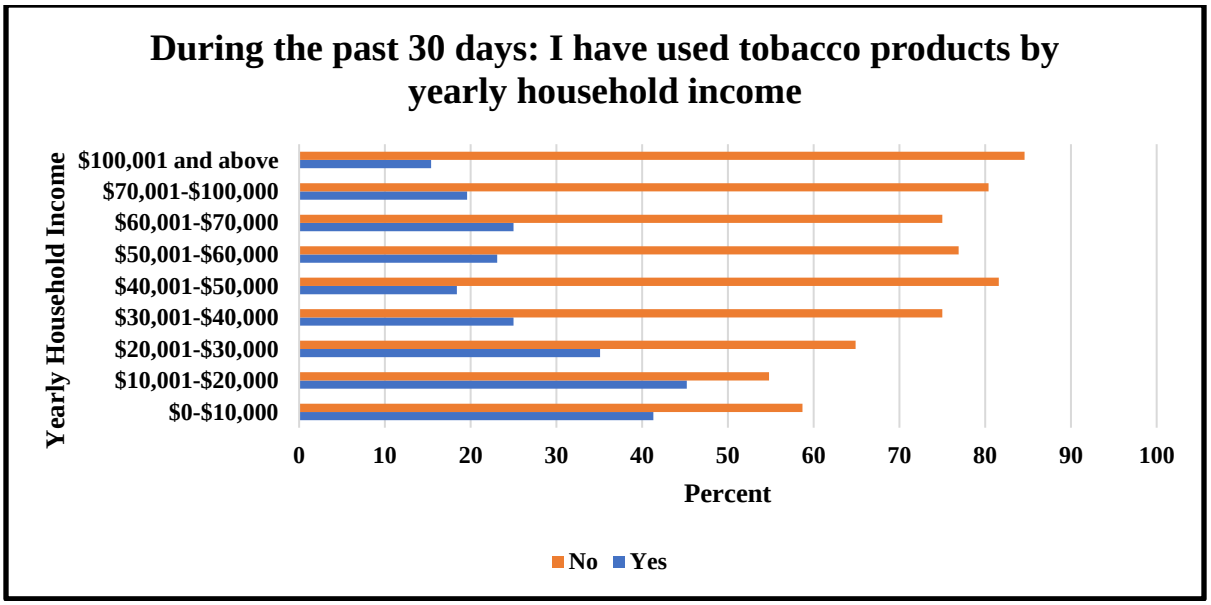
Overall, 23% of respondents reported that they had used tobacco products during the past 30 days, while 11% of respondents reported that they had had 5 (if they are a male) or 4 (if they are a female) drinks at one time during the past 30 days. There were no statistically significant differences in having used tobacco products in the past 30 days based on age or race.



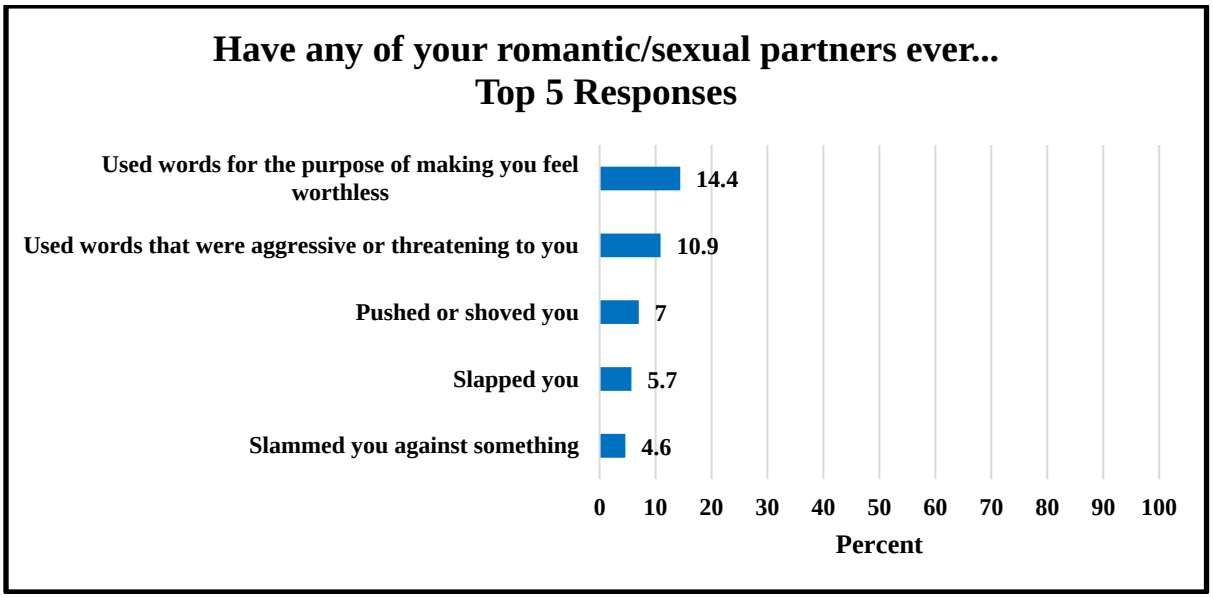
There was a statistically significant difference in the usage of tobacco products within the past 30 days in Alleghany County and Covington City based on employment group. The employment groups with the largest percentage of respondents that did use tobacco products in the past 30 days were the unemployed and part-time employment groups. The employment groups with the largest percentage of respondents that did not use tobacco products in the past 30 days were the self-employed and retired employment groups.



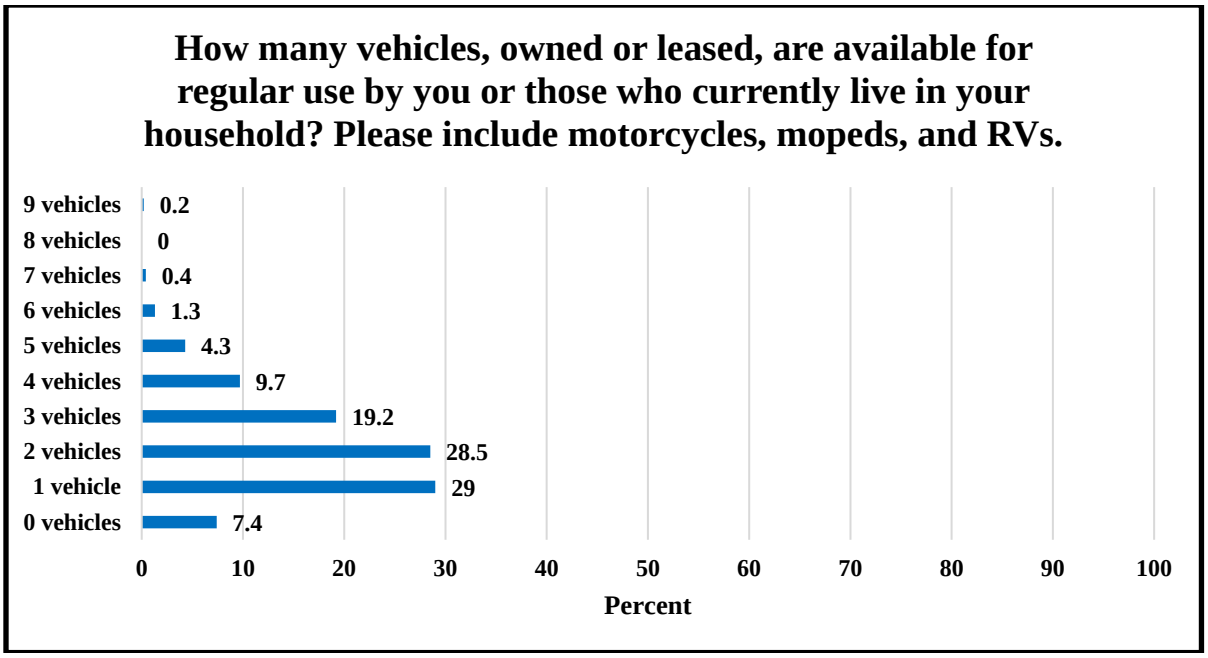
There was a statistically significant difference in the usage of tobacco products within the past 30 days in Alleghany County and Covington City based on highest education level achieved. The education levels with the largest percentage of respondents that did use tobacco products in the past 30 days were those with an education level less than high school and those with some high school education. The education levels with the largest percentage of respondents that did not use tobacco products in the past 30 days were those with an Associate's degree and those with a Masters/PhD degree.



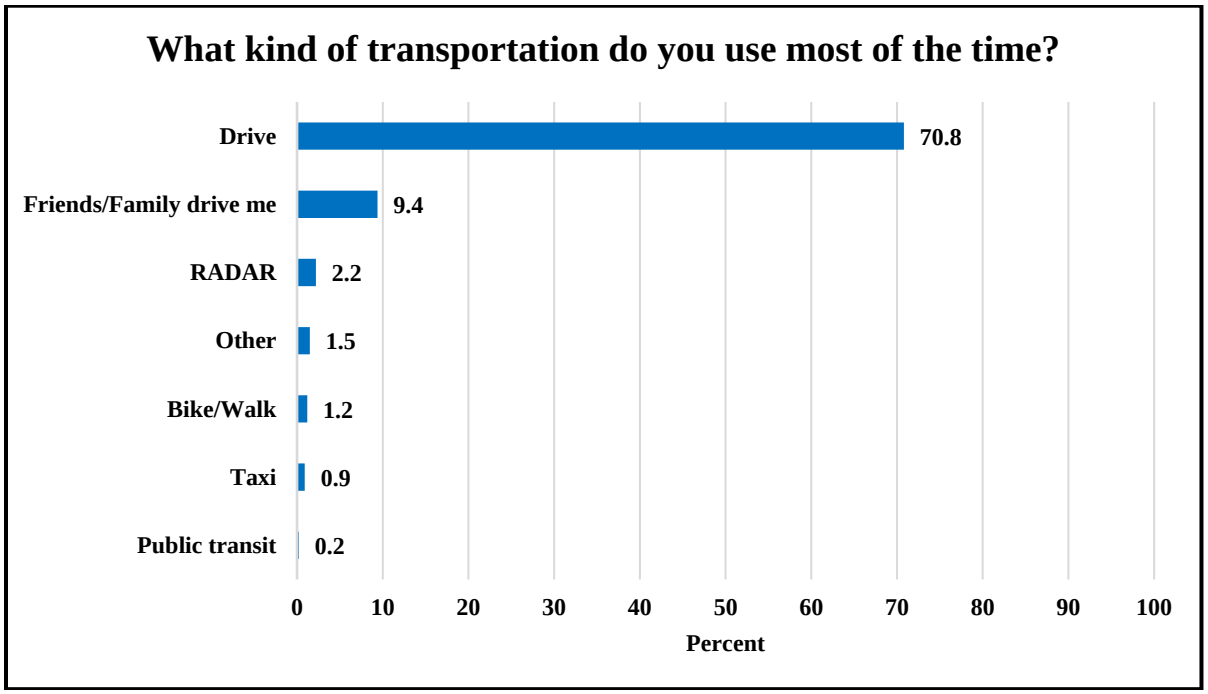
There was a statistically significant difference in the usage of tobacco products within the past 30 days in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that did use tobacco products in the past 30 days were the $10,001-$20,000 and $0-$10,000 income levels. The income groups with the largest percentage of respondents that did not use tobacco products in the past 30 days were the $100,001 and above and $40,001-$50,000 income levels.



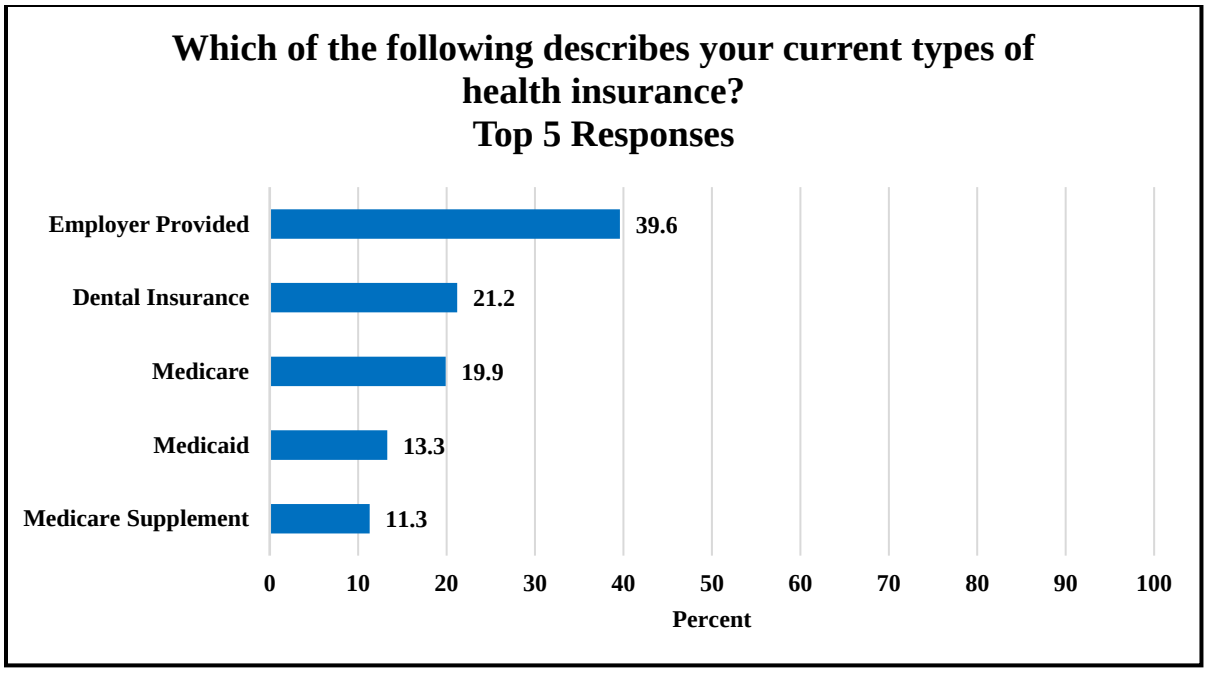
Overall, 14% of respondents reported that any of their romantic/sexual partners had used words for the purpose of making them feel worthless, while 11% reported that any of their romantic/sexual partners had used words that were aggressive or threatening toward them.



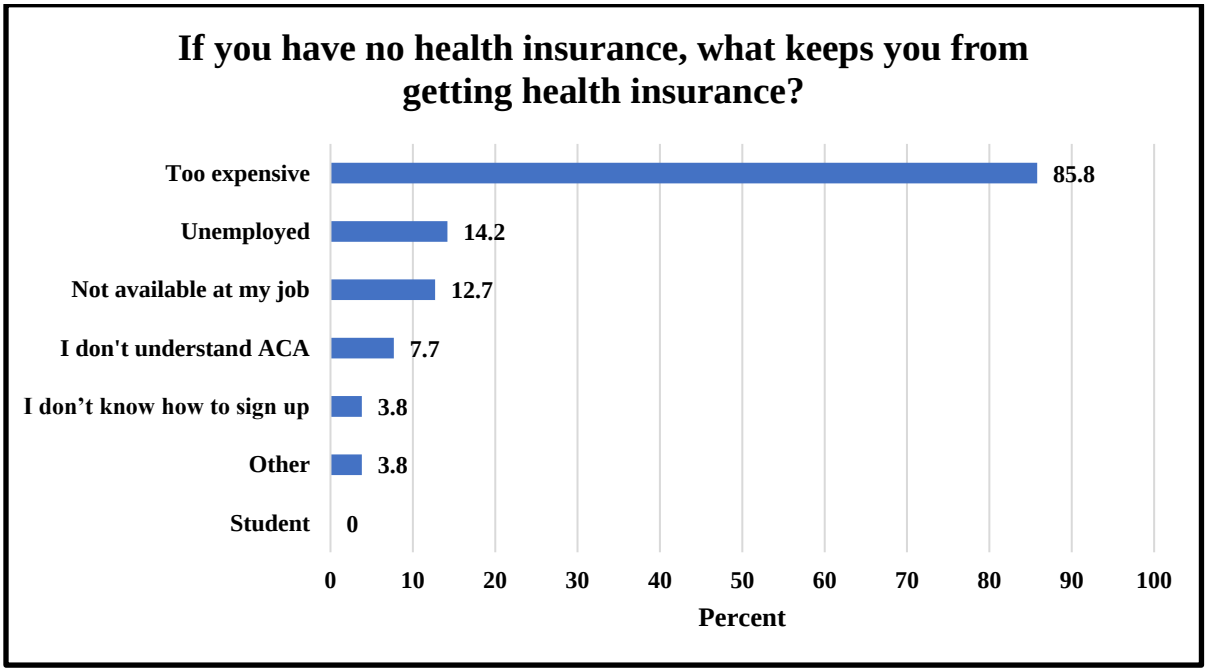
Overall, 29% of respondents reported that 1 vehicle was available for regular use by themselves or those currently living in their household.



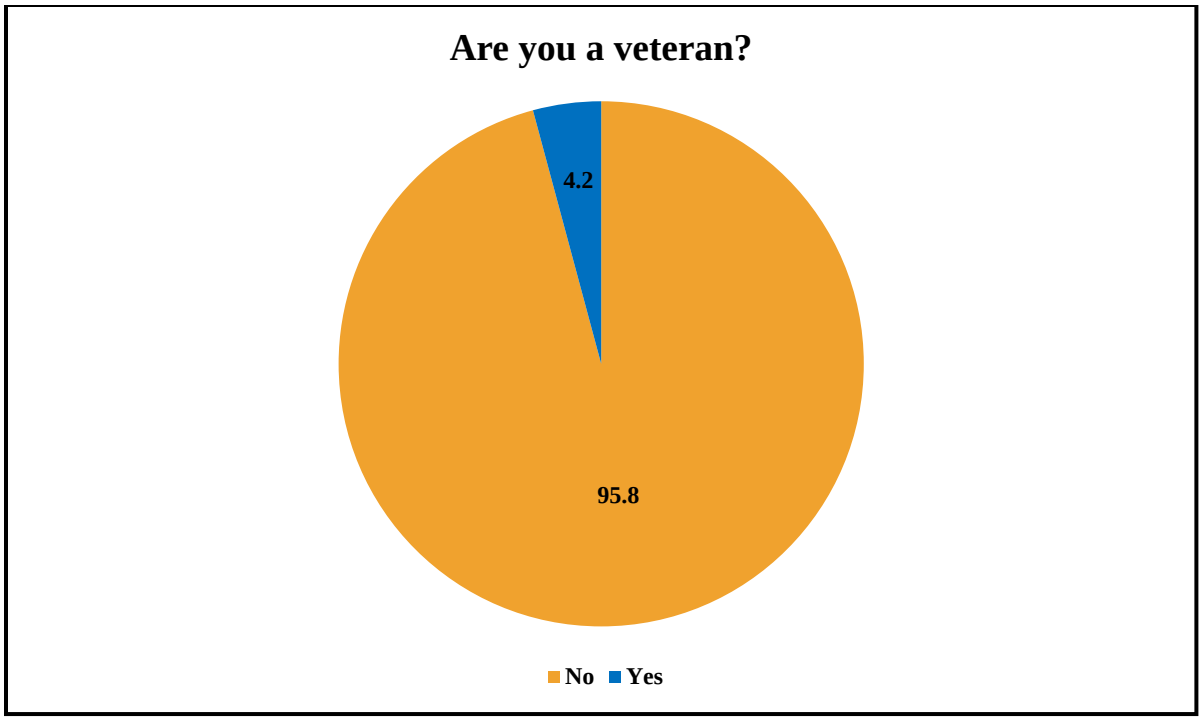
Overall, 71% of respondents reported that they drive most of the time, while 9% reported that friends or family drive them most of the time.



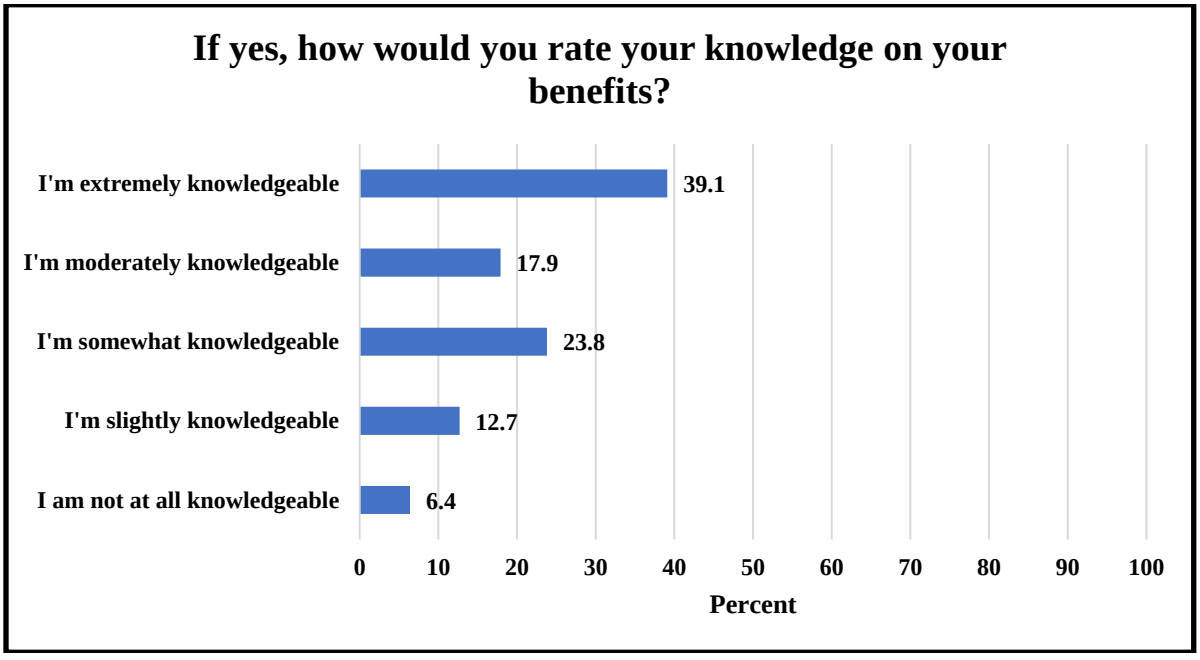
Overall, 40% of respondents reported that their current health insurance was employer provided, while 20% reported that their current health insurance was Medicare.



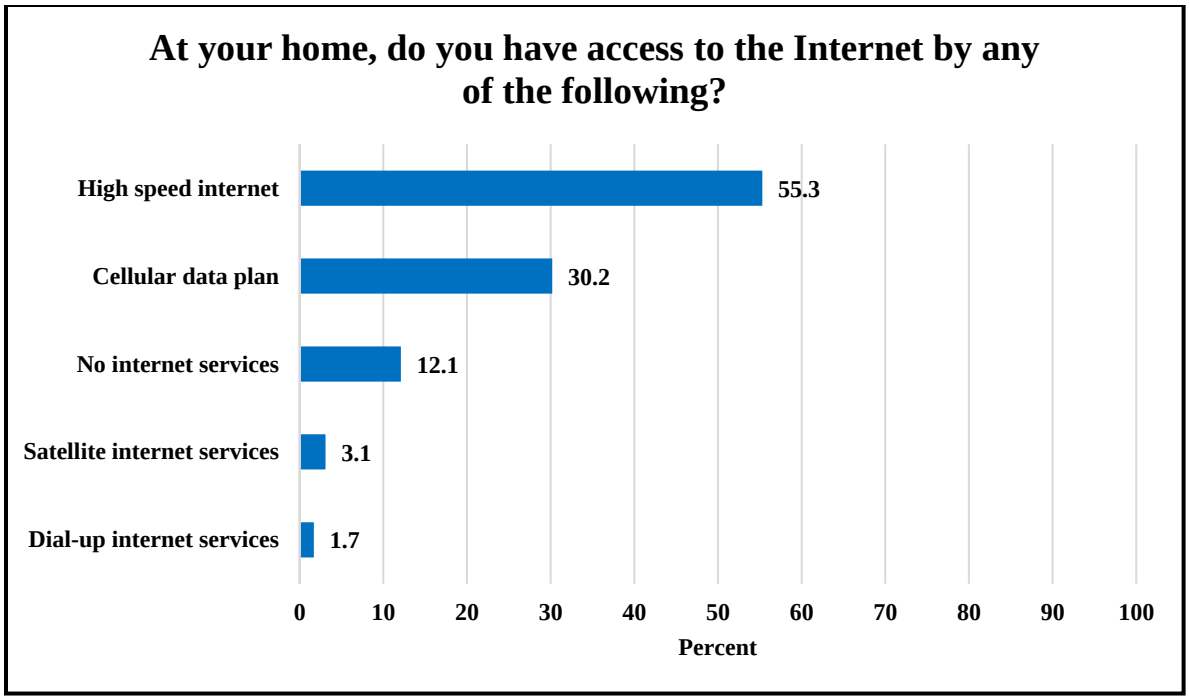
Of the respondents with no health insurance, 86% of respondents reported that cost prevents them from getting health insurance, while 14% reported that unemployment prevents them from getting health insurance.



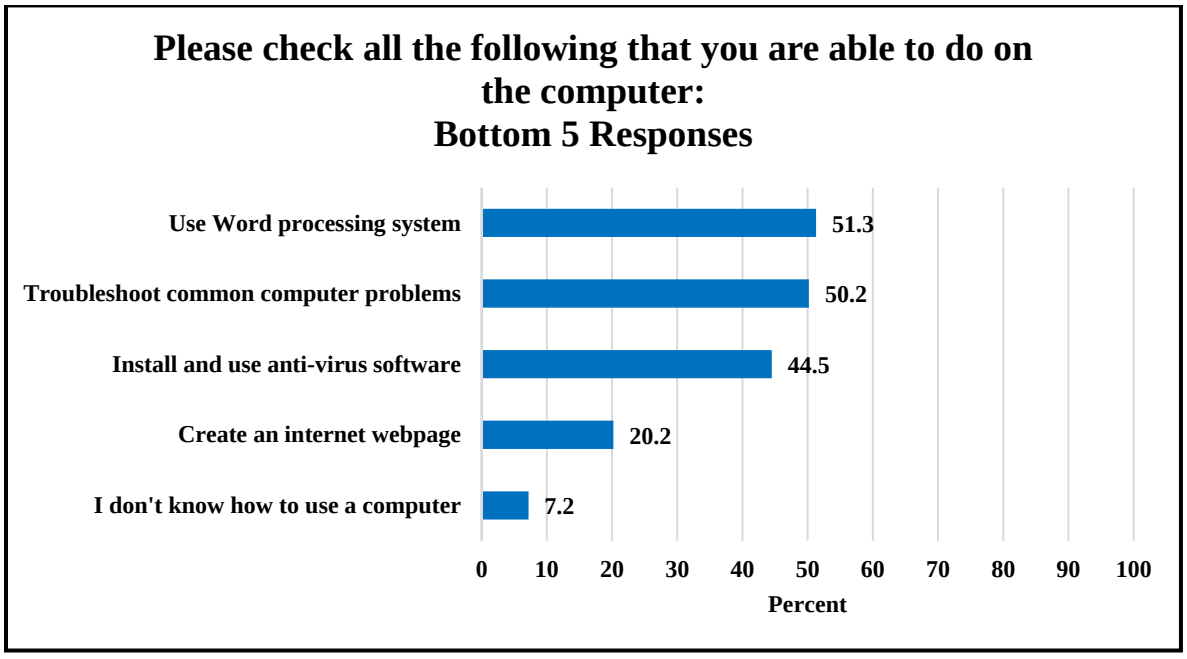
Overall, 4% of respondents reported that they are a veteran, while 96% reported that they are not.



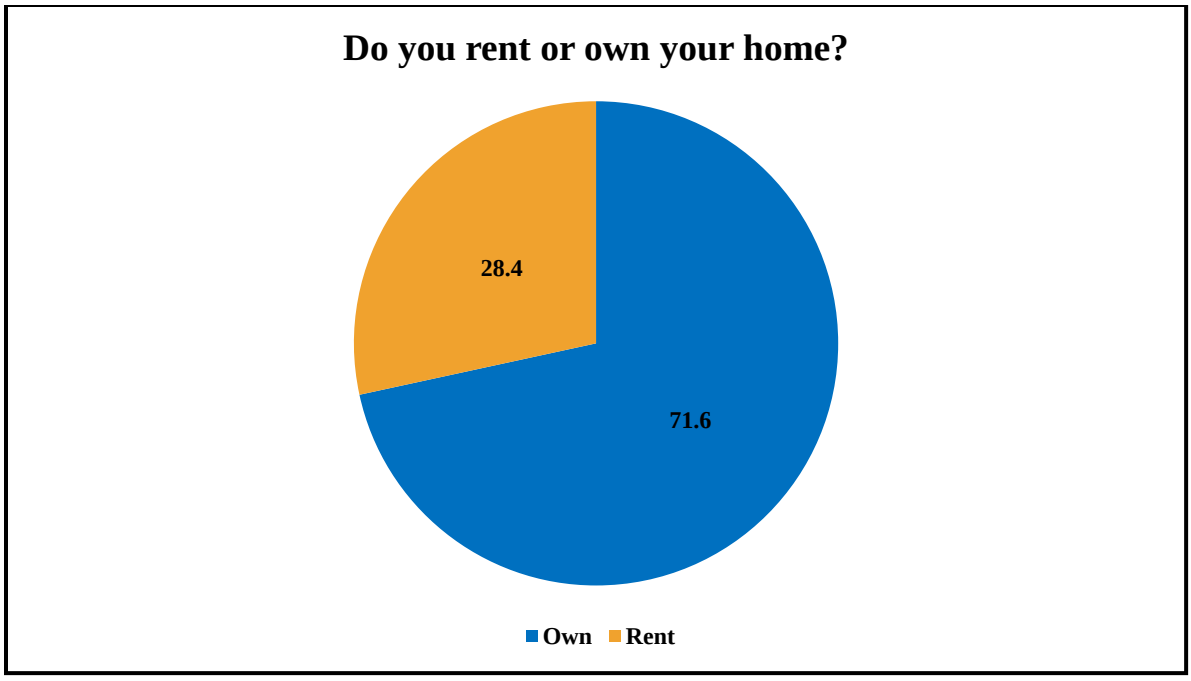
Of those respondents that were veterans, 39% reported that they are extremely knowledgeable about their benefits, while 24% reported that they are somewhat knowledgeable.



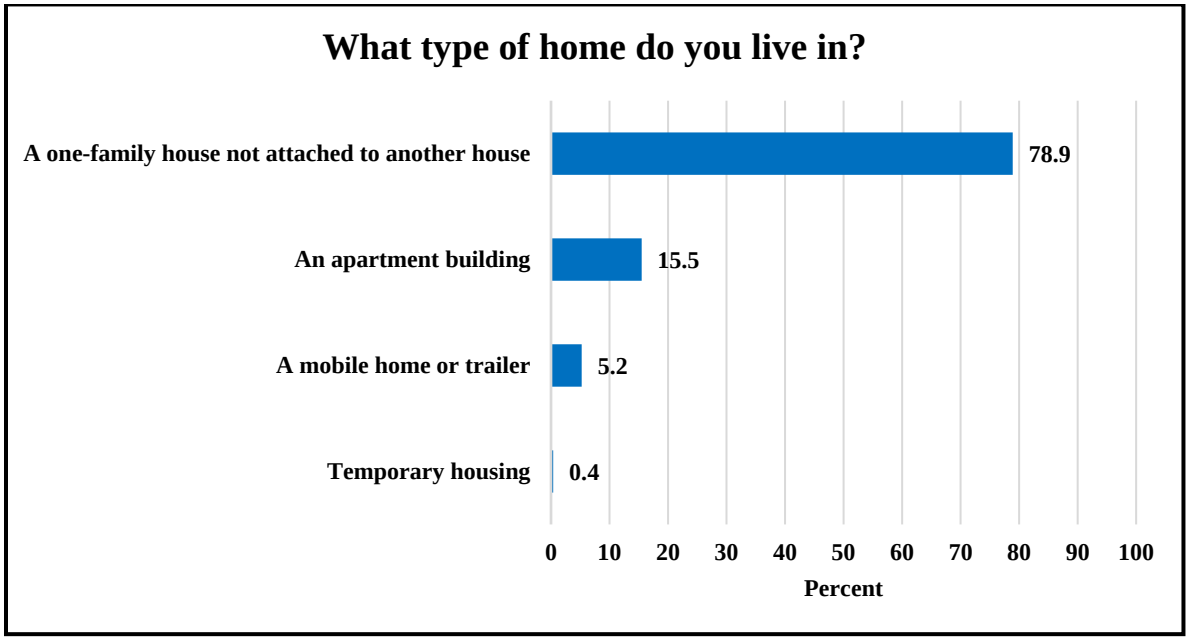
Overall, 55% of respondents reported that they have access to high speed internet, while 12% reported that they have no internet services.



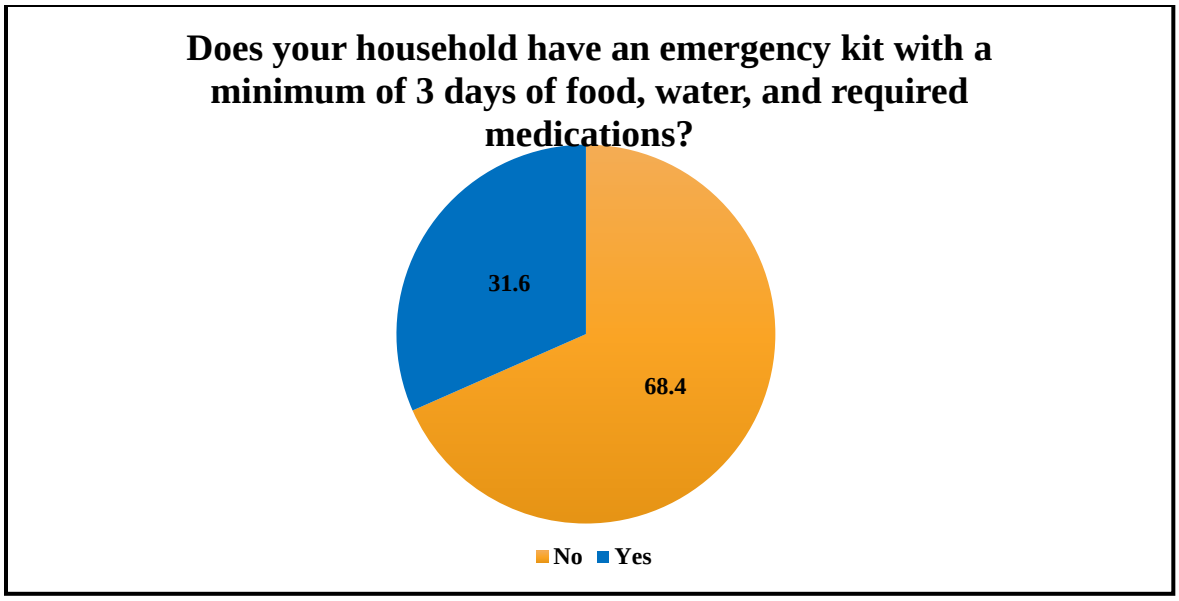
Overall, 51% of respondents reported that they are able to use a word processing system on a computer, while 7% reported that they do not know how to use a computer.



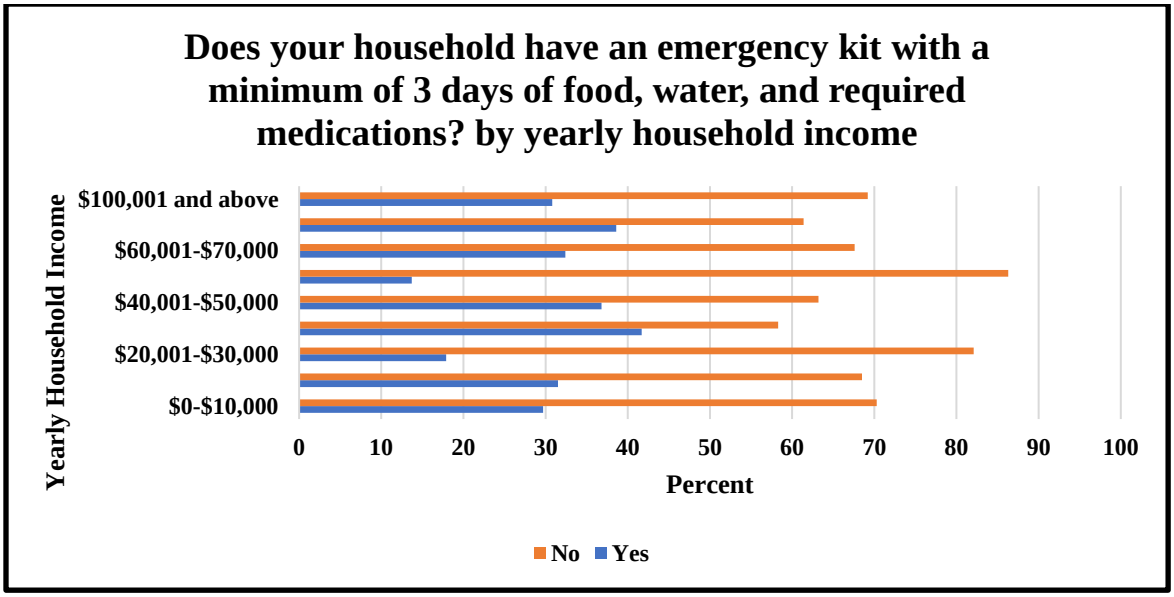
Overall, 72% of respondents reported that they own their home, while 28% reported that they rent their home.



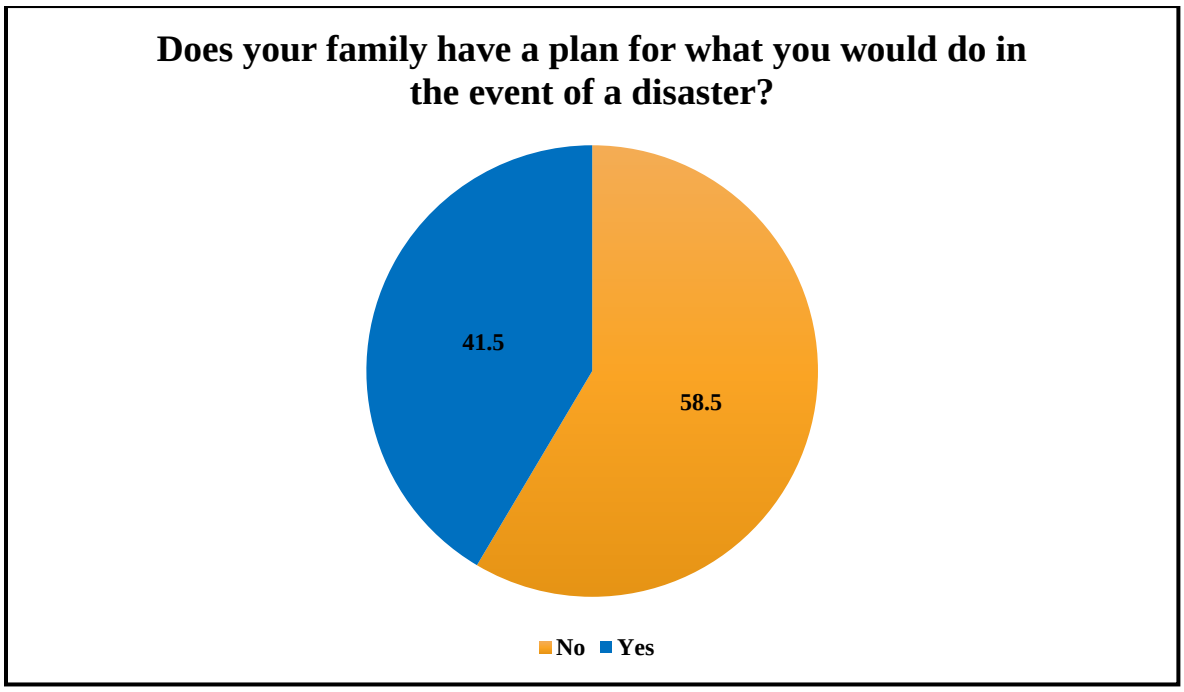
Overall, 79% of respondents reported that they live in a one-family house not attached to another house, while 16% reported that they live in an apartment building.



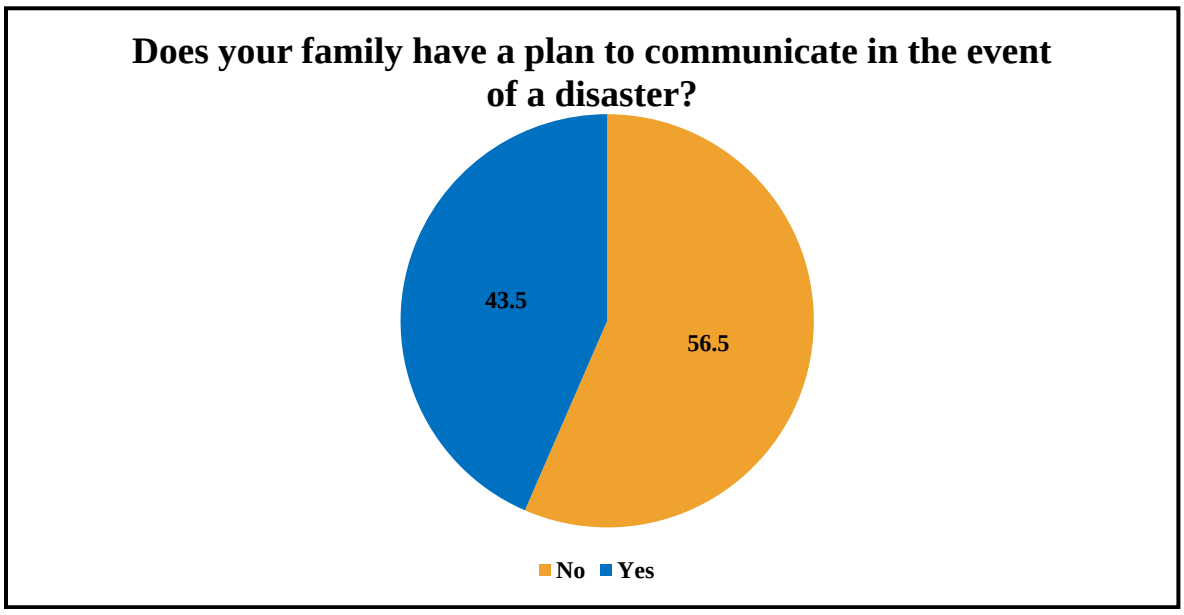
Overall, 32% of respondents reported that their household has an emergency kit with at least 3 days of food, water, and required medications, while 68% reported that their household does not have such an emergency kit. There were no statistically significant differences in having a household emergency kit based on age, race, education, or employment group.



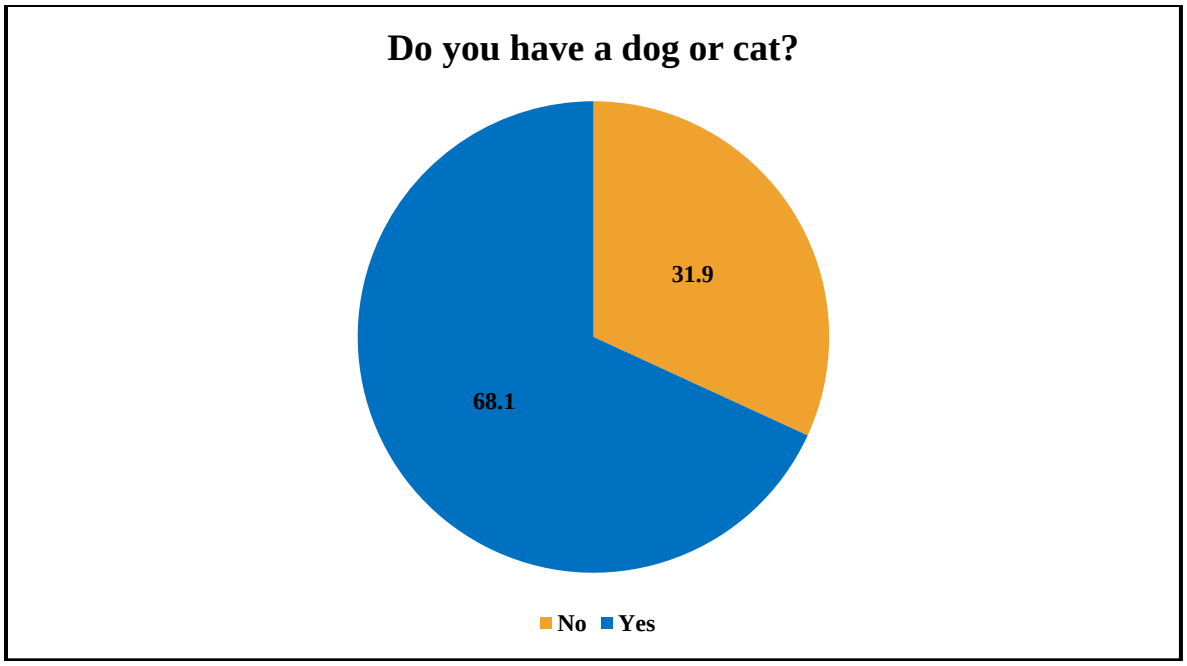
There was a statistically significant difference in the number of households with an emergency kit that contained a minimum of 3 days worth of food, water, and required medications in Alleghany County and Covington City based on yearly household income. The income groups with the largest percentage of respondents that did not have an emergency kit were the $50,001-$60,000 and $20,001-$30,000 income levels. The income groups with the largest percentage of respondents that did have an emergency kit were the $30,001-40,000 and $70,001-100,000 income levels.



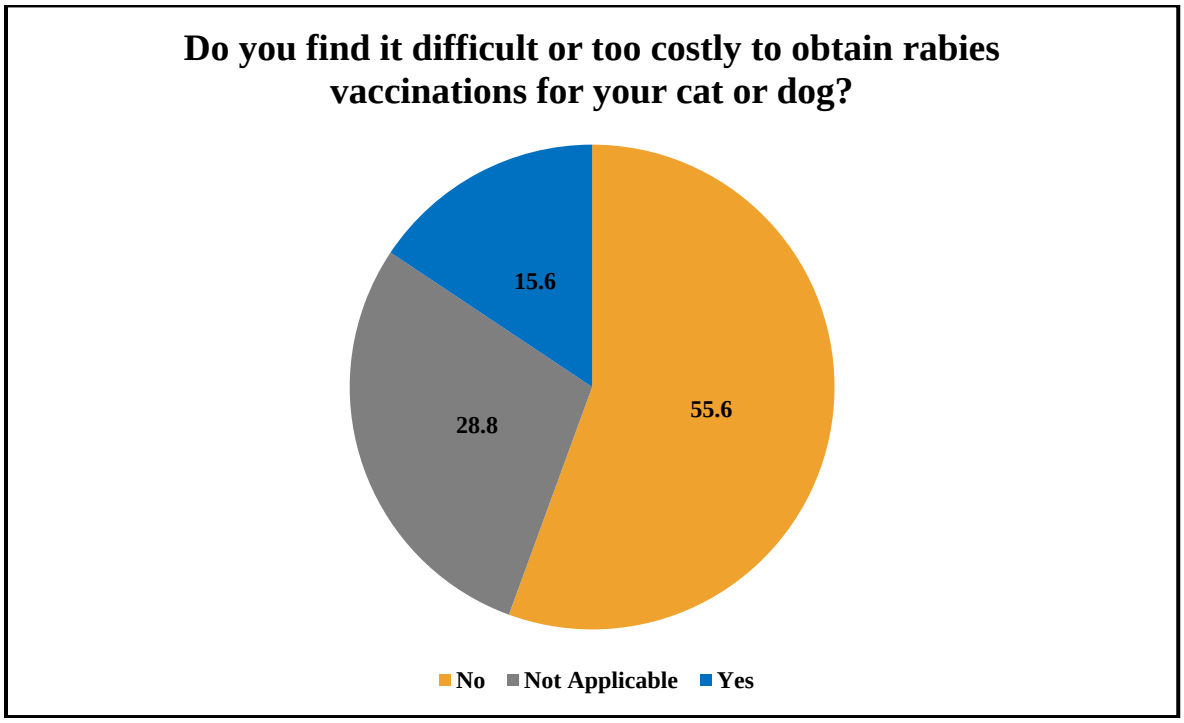
Overall, 42% of respondents reported that their family has a plan of action in the event of a disaster, while 59% reported that their family does not have a plan of action in the event of a disaster.



Overall, 44% of respondents reported that their family has a plan to communicate in the event of a disaster, while 57% reported that their family does not have a plan to communicate in the event of a disaster.

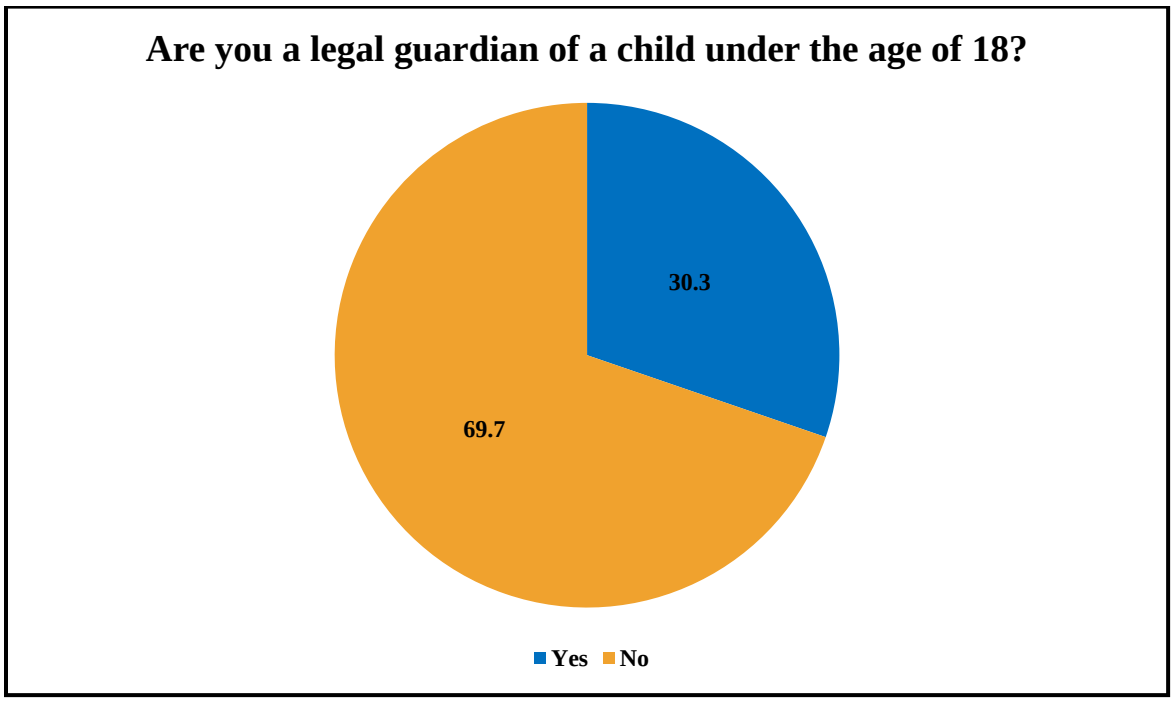


Overall, 68% of respondents reported that they have a dog or cat, while 32% reported that they do not.

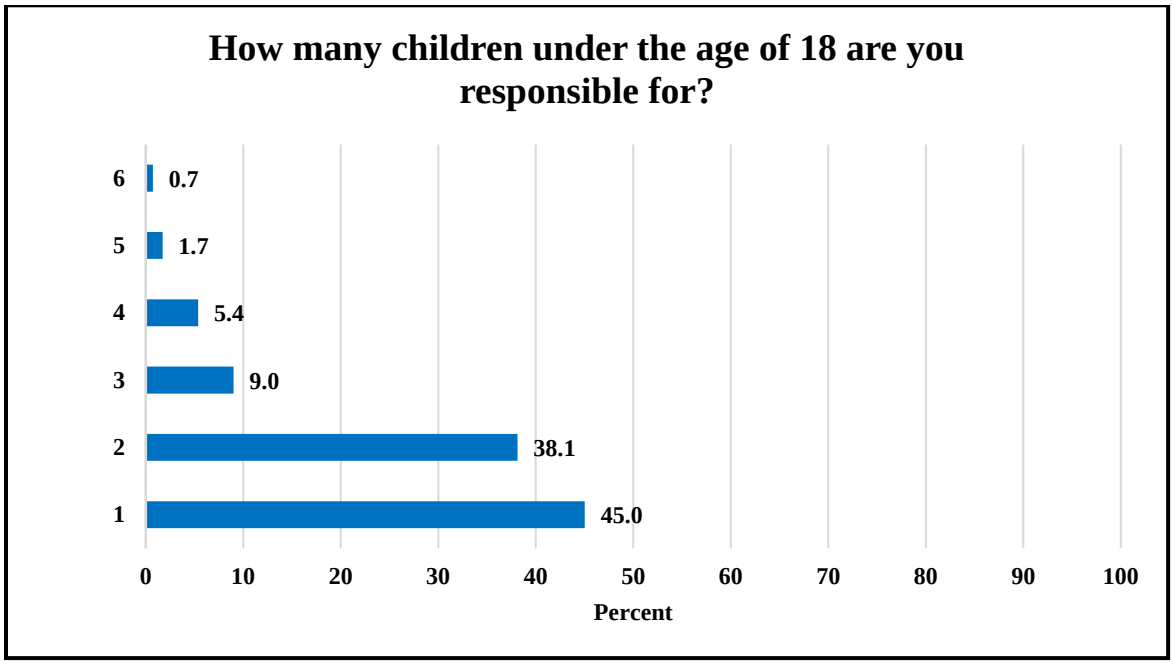


Overall, 16% of respondents reported that they find it difficult or too costly to obtain rabies vaccinations for their cat or dog, while 56% reported that they do not.

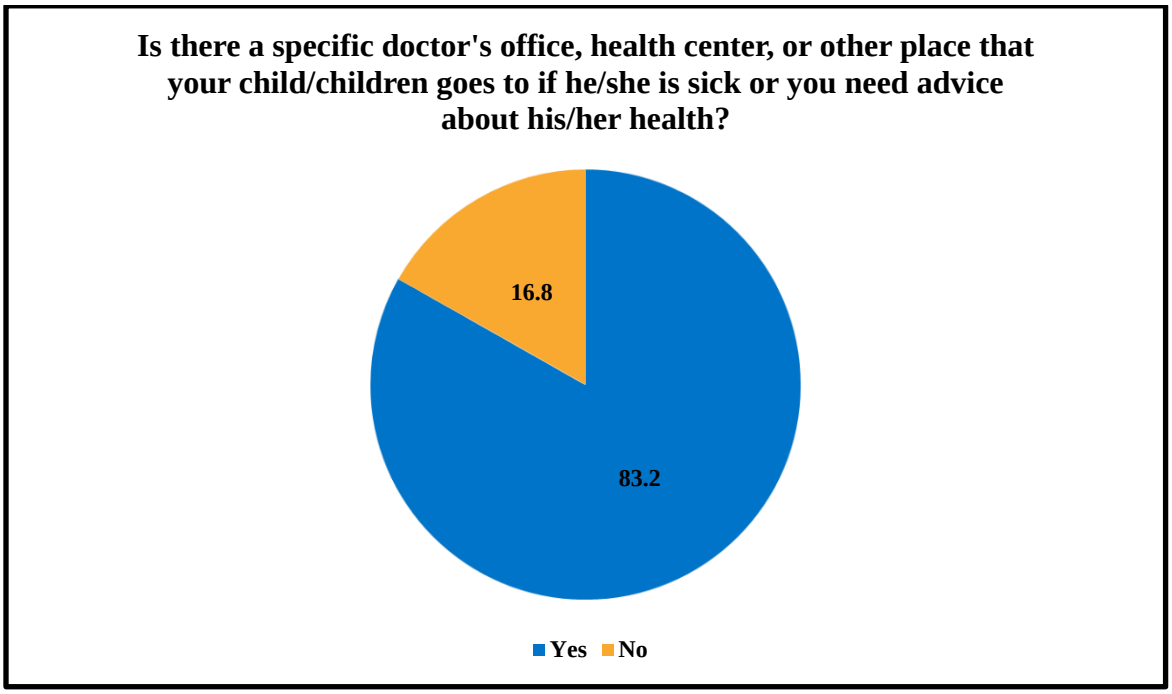
Participants with Children



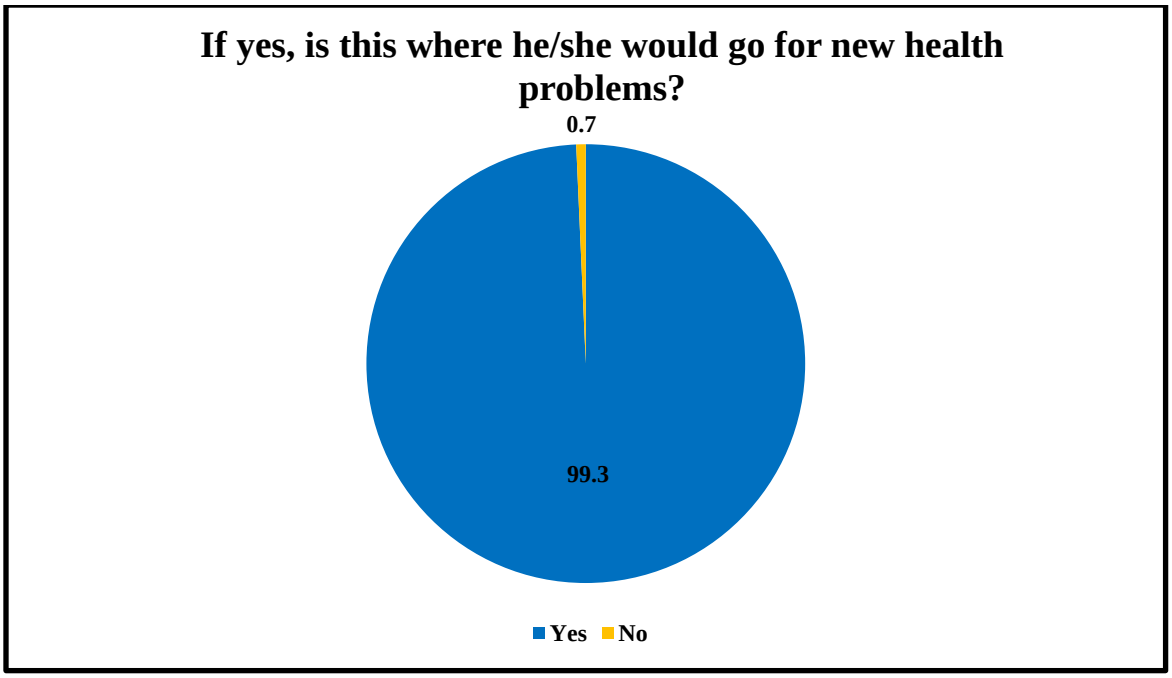
Overall, 30% of respondents reported that they are the legal guardian of a child under the age of 18, while 70% reported that they are not.



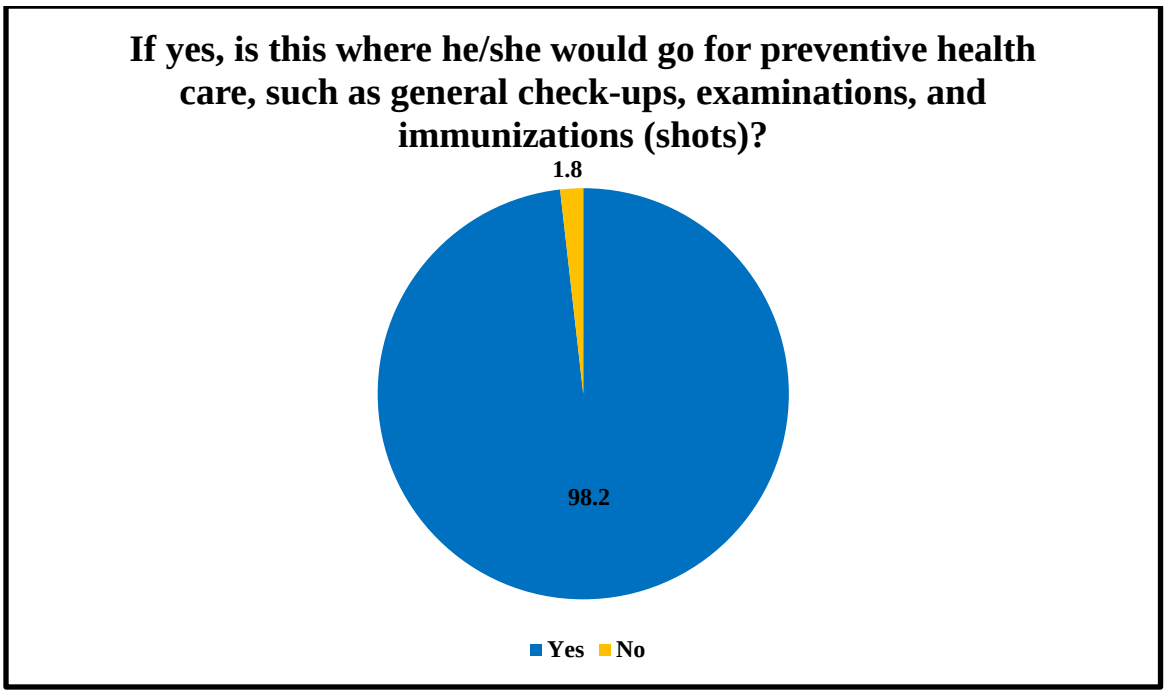
Overall, 45% of respondents reported that they are responsible for 1 child under the age of 18, while 38% reported that they are responsible for 2 children under the age of 18.



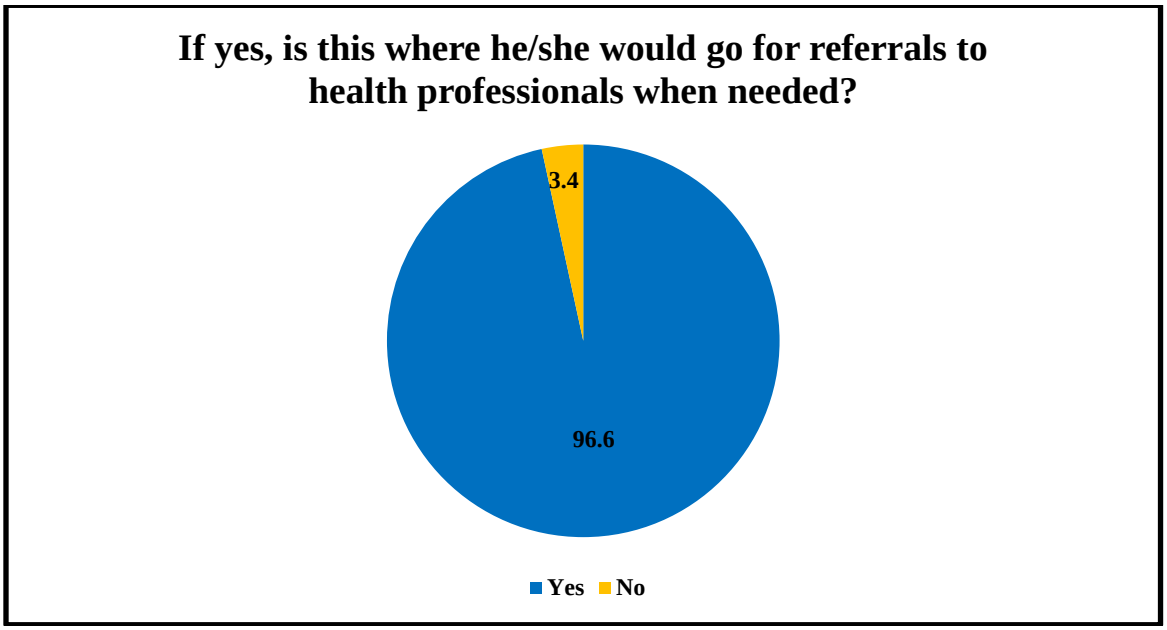
Overall, 83% of respondents reported that there is a specific doctor's office, health center, or some other place that their child/children would go to if he/she was sick or they needed advice about his/her health, while 17% reported that there was not.



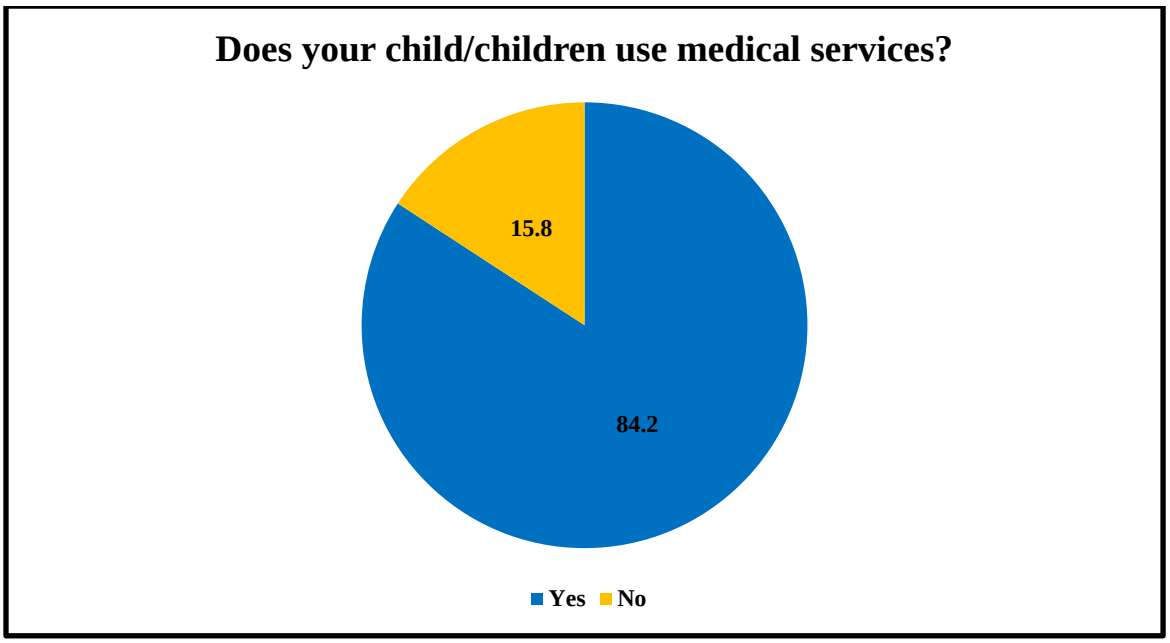
Overall, 99% of respondents reported that their child/children did have a specific doctor's office/health center to go to for new health problems, while 1% reported that their child/children did not.



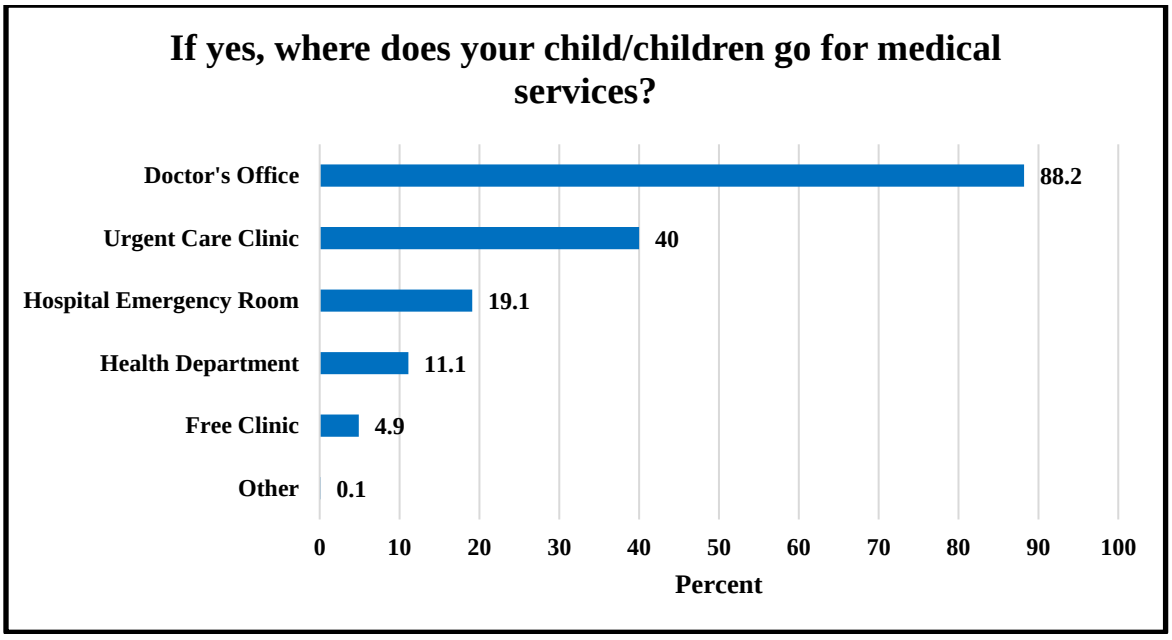
Overall, 98% of respondents reported that their child/children have a specific doctor's office/health center to go to for preventive care, while 2% reported that their child/children did not.

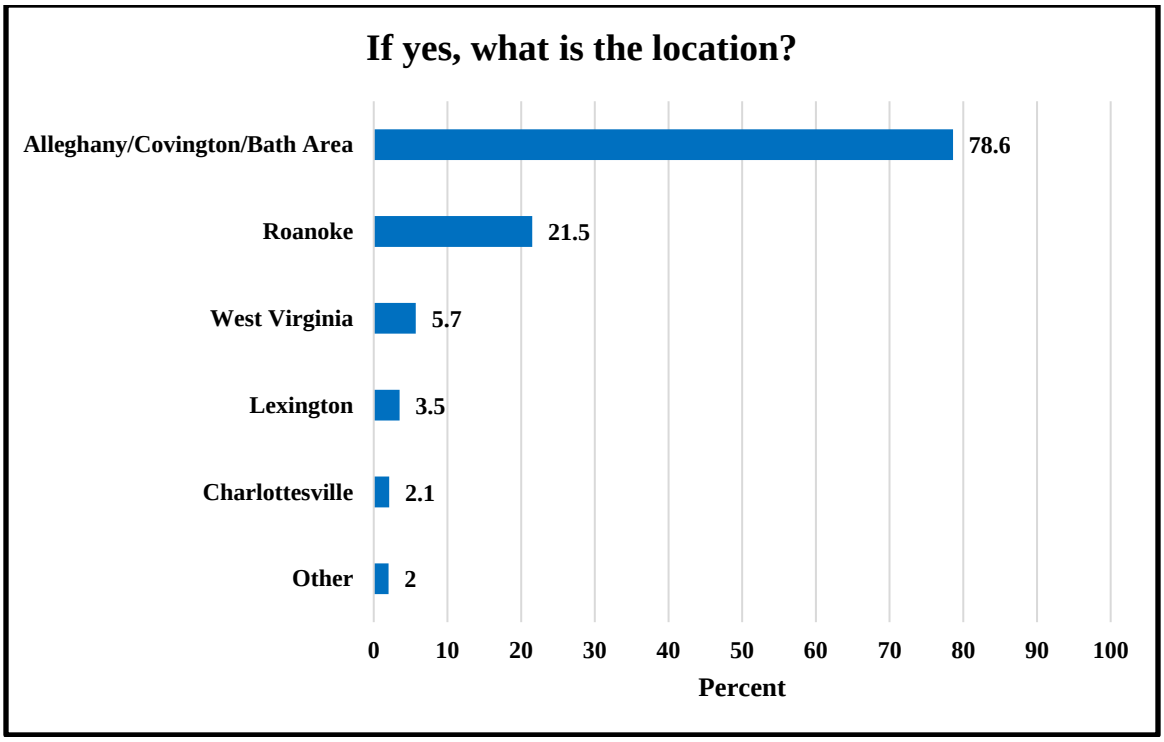


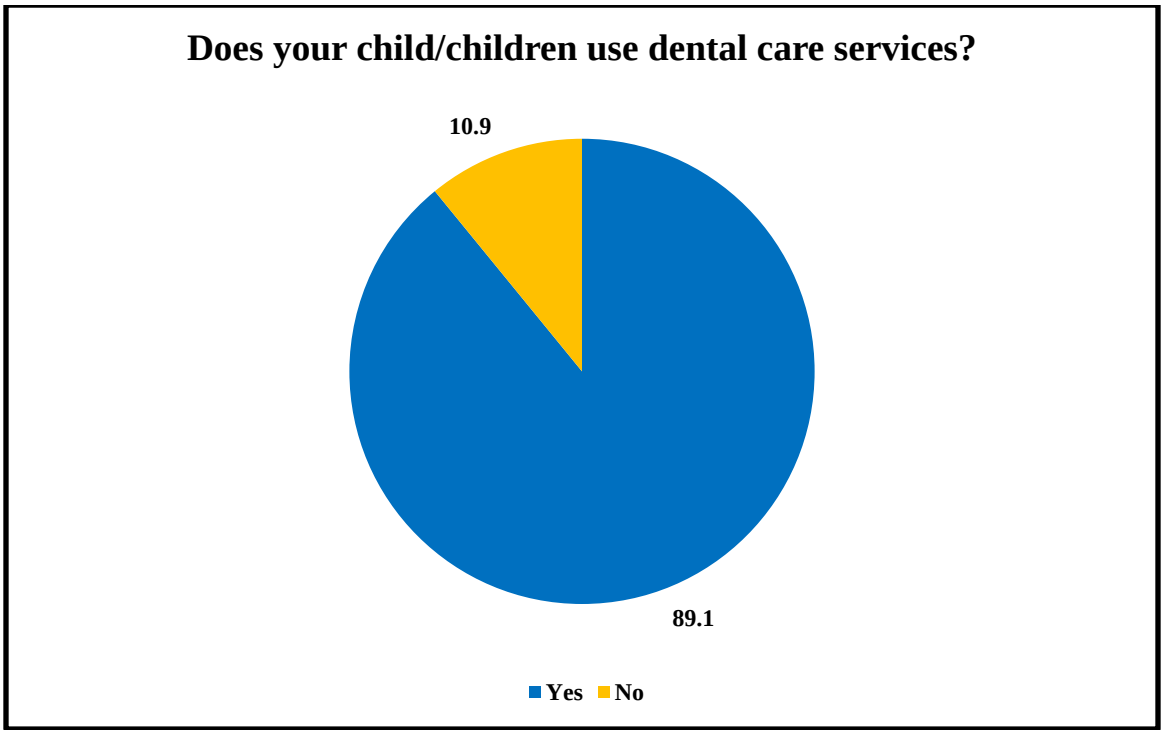
Overall, 97% of respondents reported that their child/children did have a specific doctor's office/health center to go to for referrals to health professionals, while 3% reported that their child/children did not.



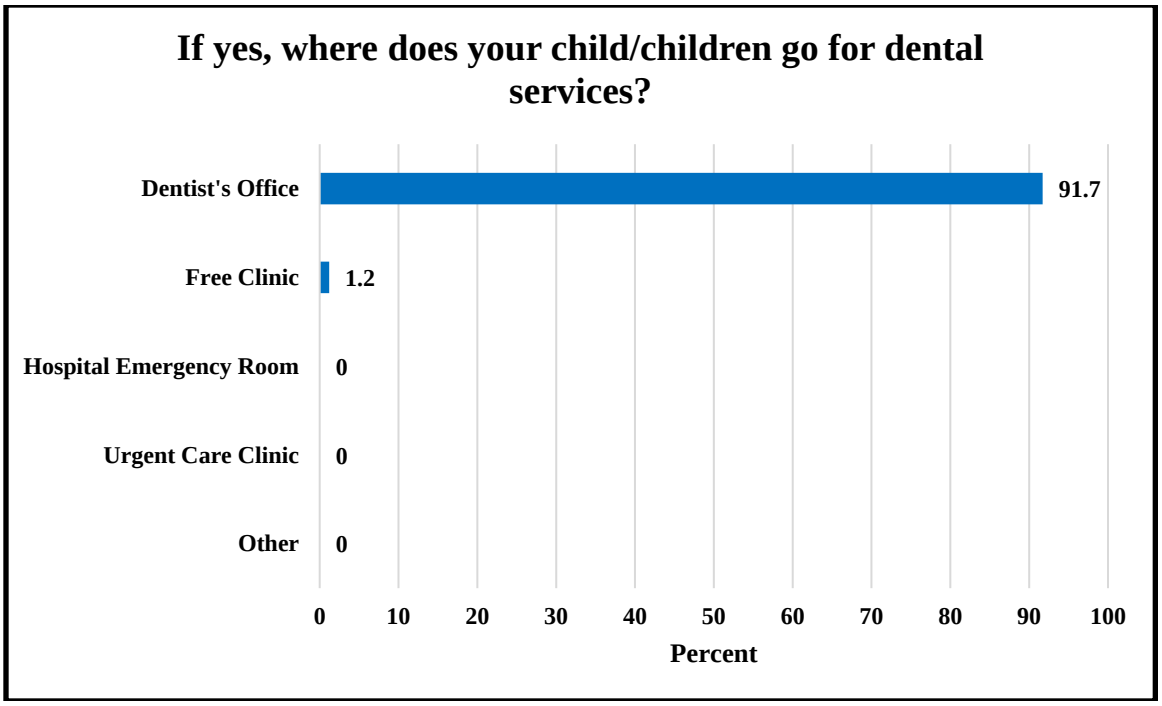
Overall, 84% of respondents reported that their child/children use medical services, while 16% reported that their child/children did not. The majority (88%) reported that their child goes to a doctor's office for these services. Meanwhile, 79% said that their child utilizes these services in the Alleghany/Covington/Bath area.

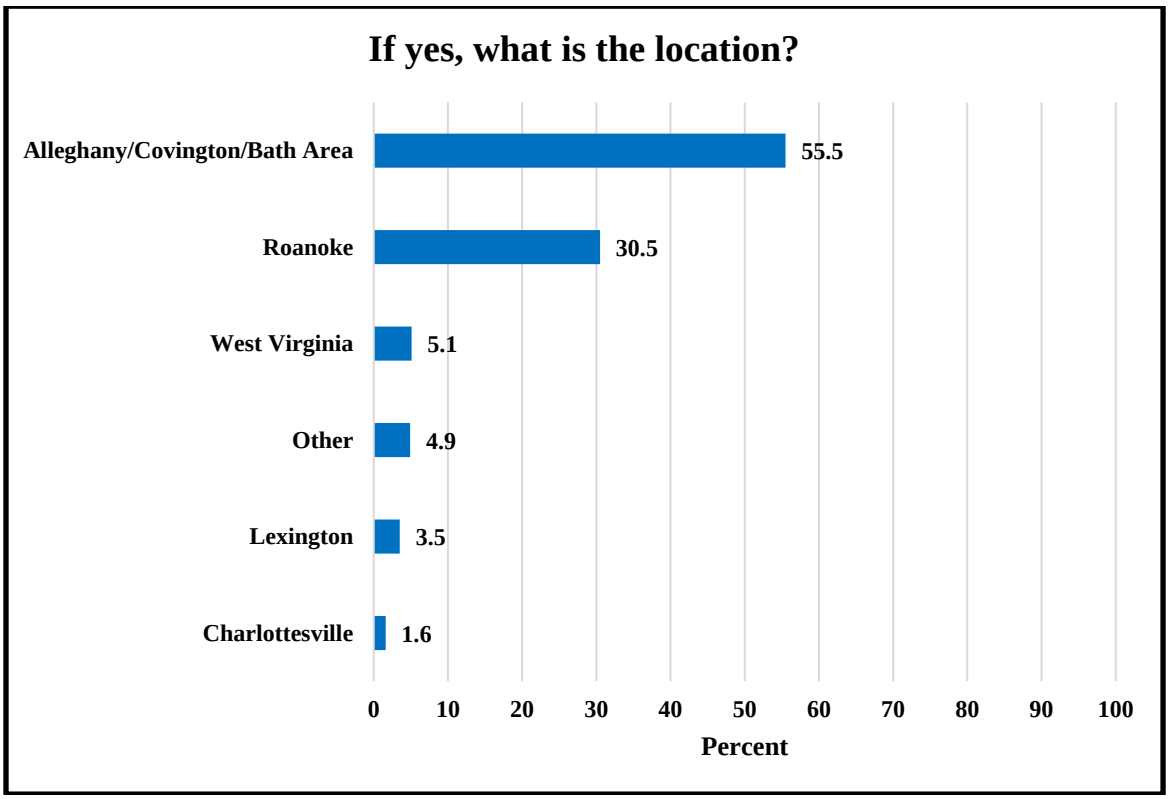


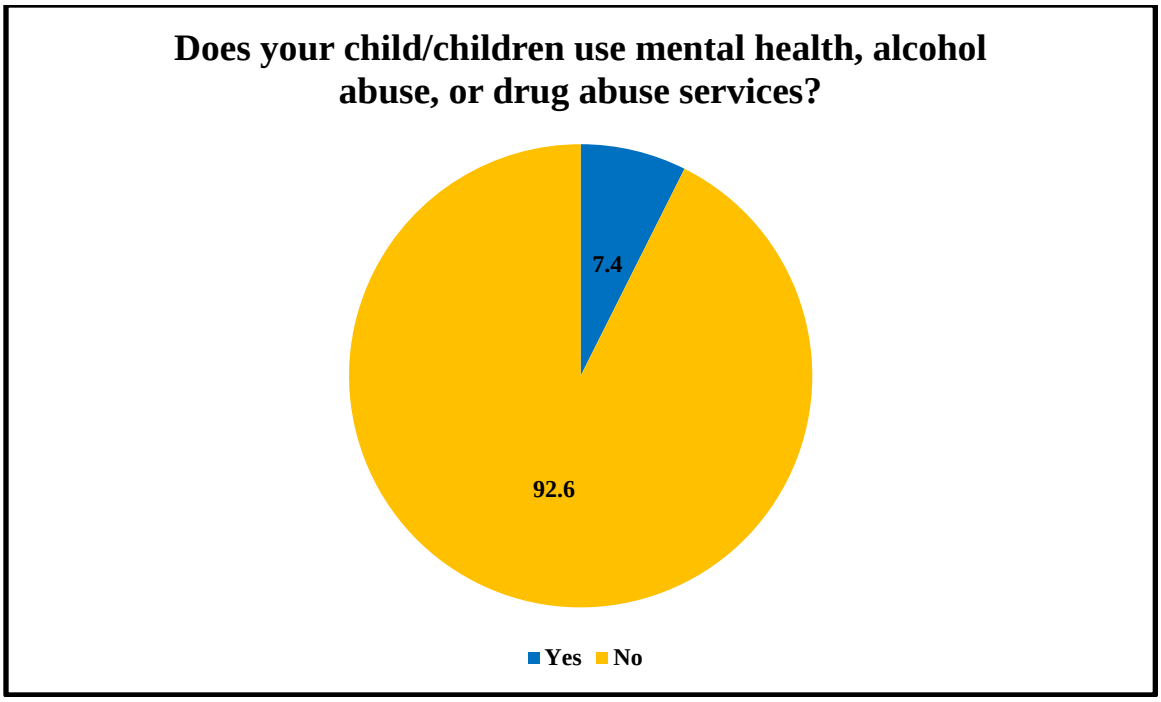




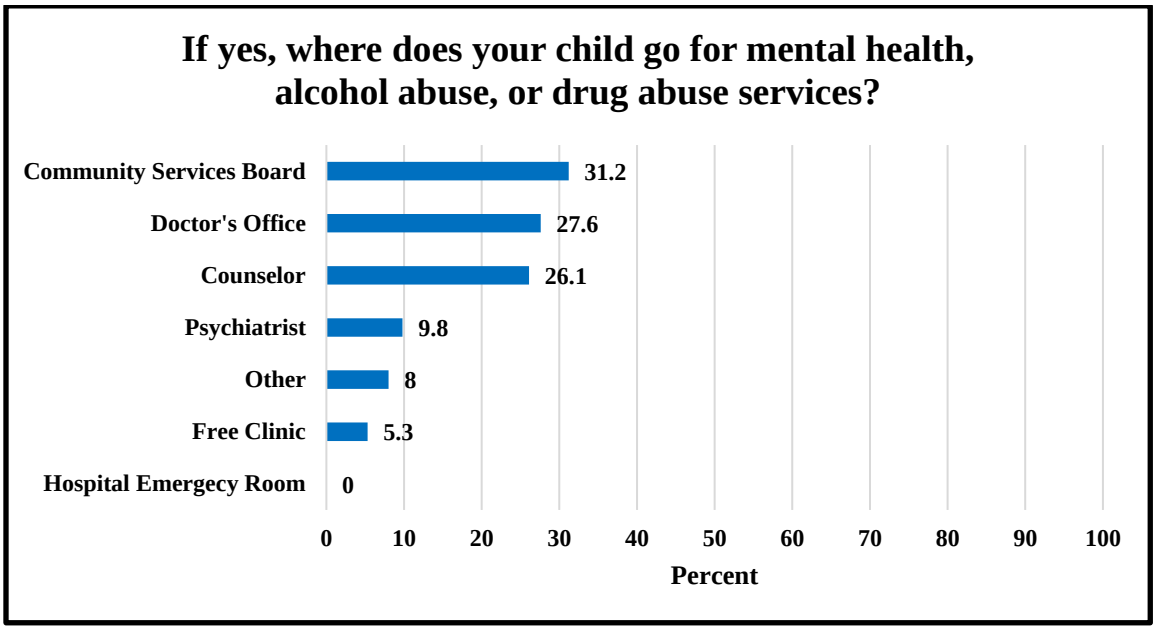
Overall, 89% of respondents reported that their child/children use dental care services, while 11% reported that their child/children did not. The majority (92%) reported that their child goes to a dentist for these services. Meanwhile, 56% reported that their child utilizes these services in the Alleghany/Covington/Bath area.

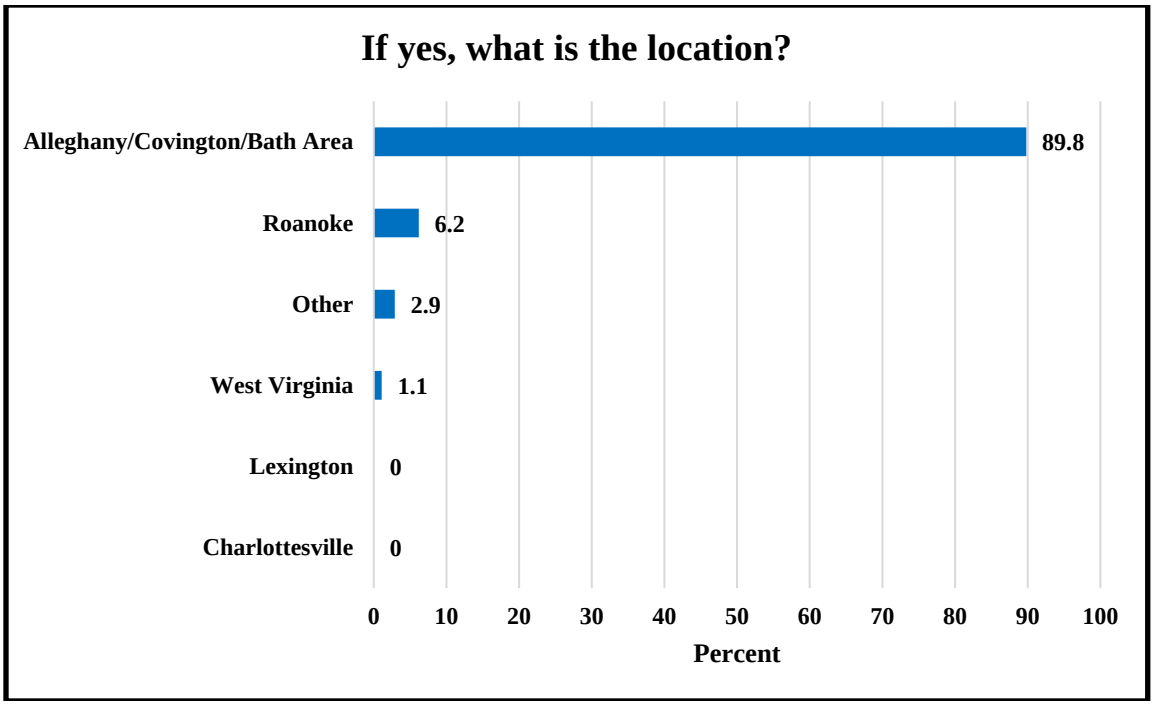

If yes, where does your child/children go for dental services?
Dentist's Office
91.7
Free Clinic
1.2
Hospital Emergency Room
0
Urgent Care Clinic
0
Other
0
0
10
20
30
40
50
60
70
80
90
100
Percent

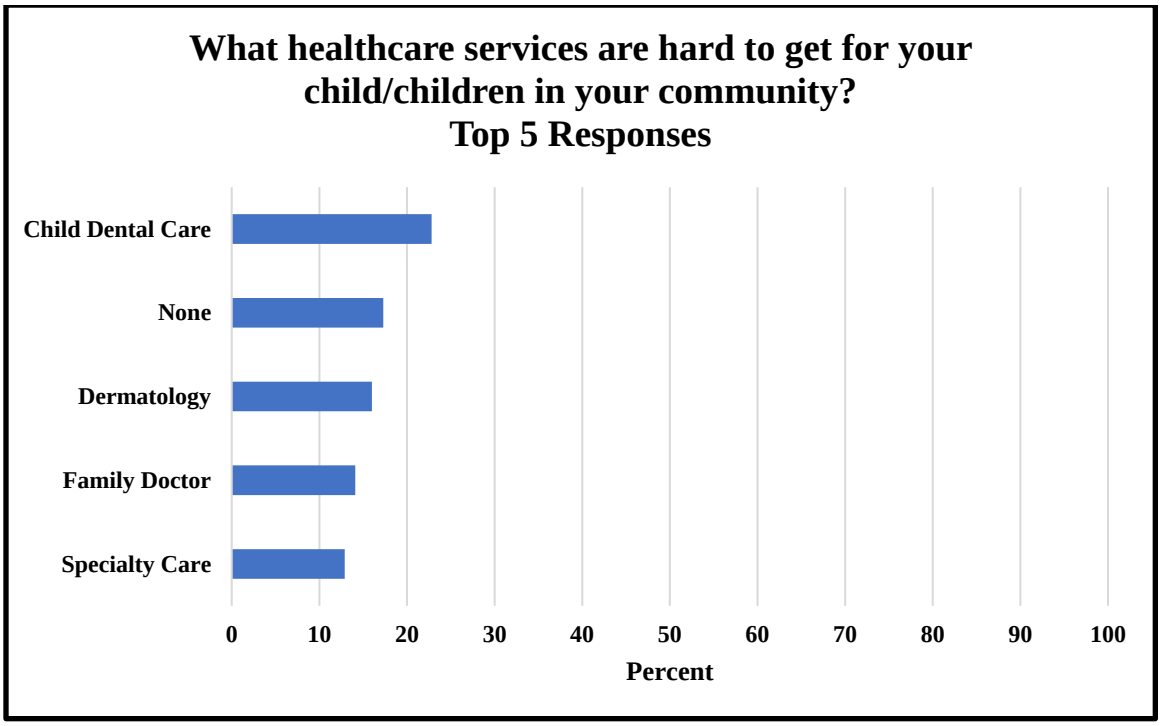

If yes, what is the location?
Alleghany/Covington/Bath Area
55.5
Roanoke
30.5
West Virginia
5.1
Other
4.9
Lexington
3.5
Charlottesville
1.6
0
10
20
30
40
50
60
70
80
90
100
Percent



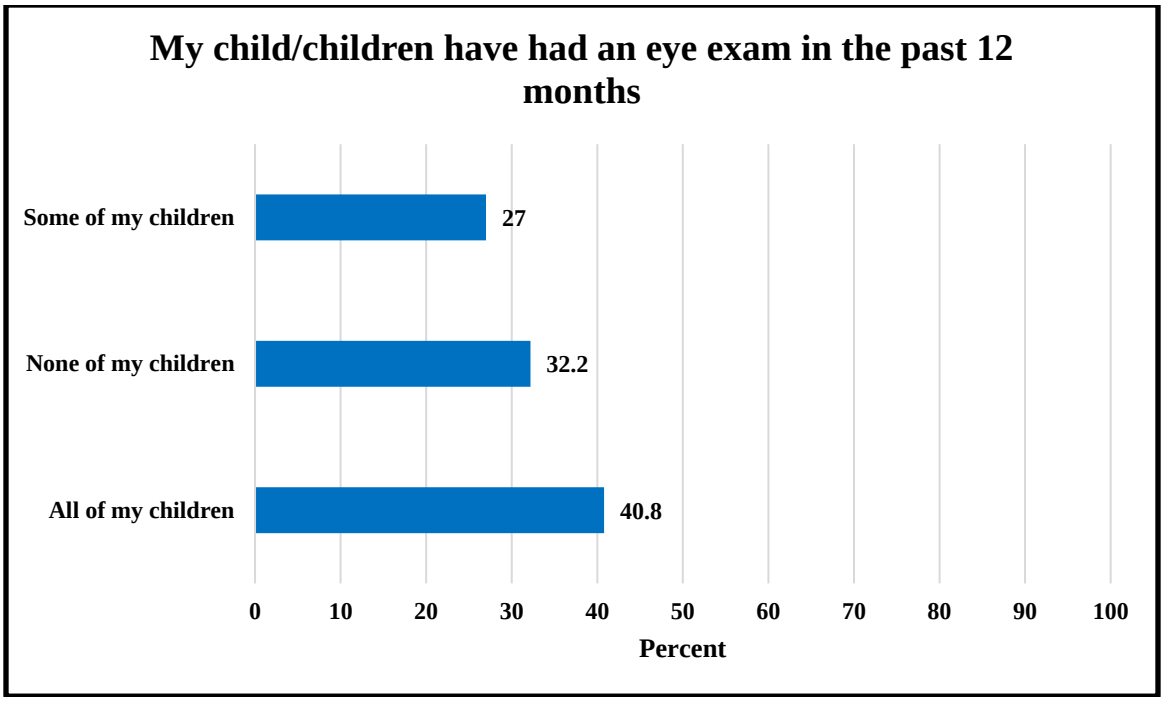
Overall, 7% of respondents reported that their child/children use mental health, alcohol abuse, or drug abuse services, while 93% reported that their child/children did not. The majority (31%) of respondents reported that their child goes to a community services board member for these services. Meanwhile, 90% reported that their child utilizes these services in the Alleghany/Covington/Bath area.



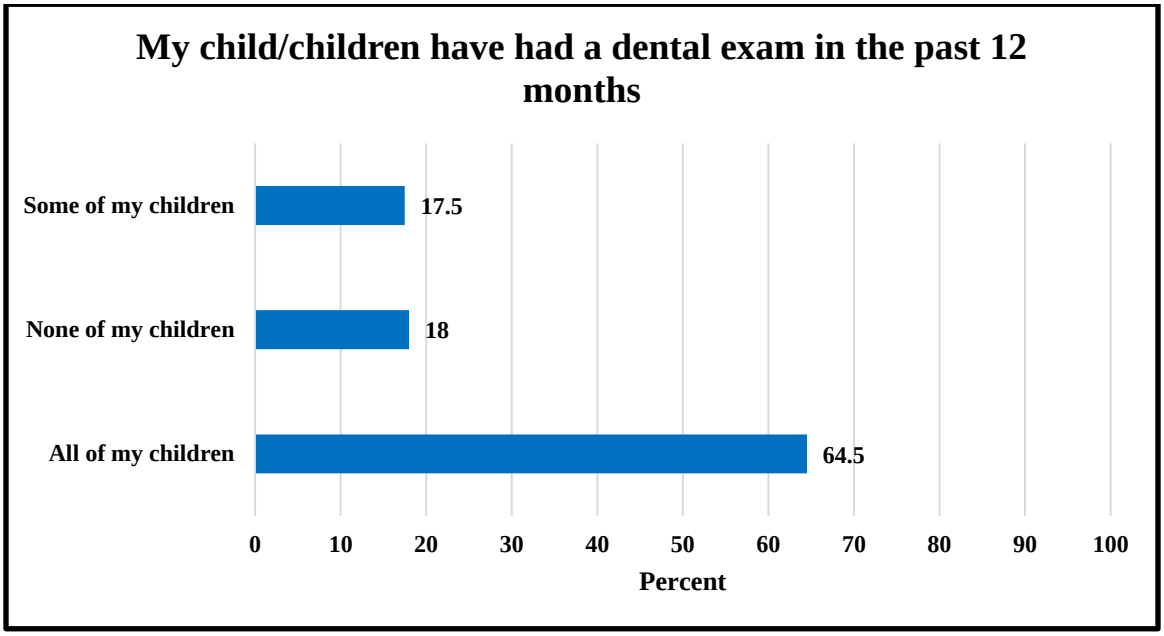




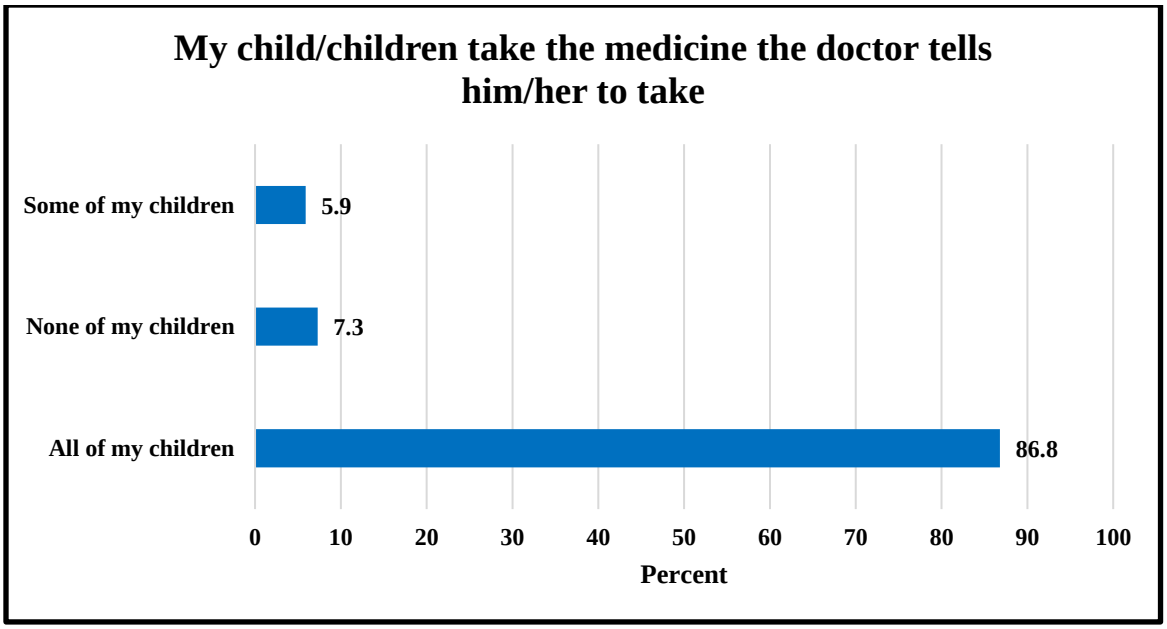
Overall, 23% of respondents reported that it was hard for their child/children to get child dental care in their community. The next most frequent response was none (17%), followed by dermatology (16%), family doctor (14%), and specialty care (13%).



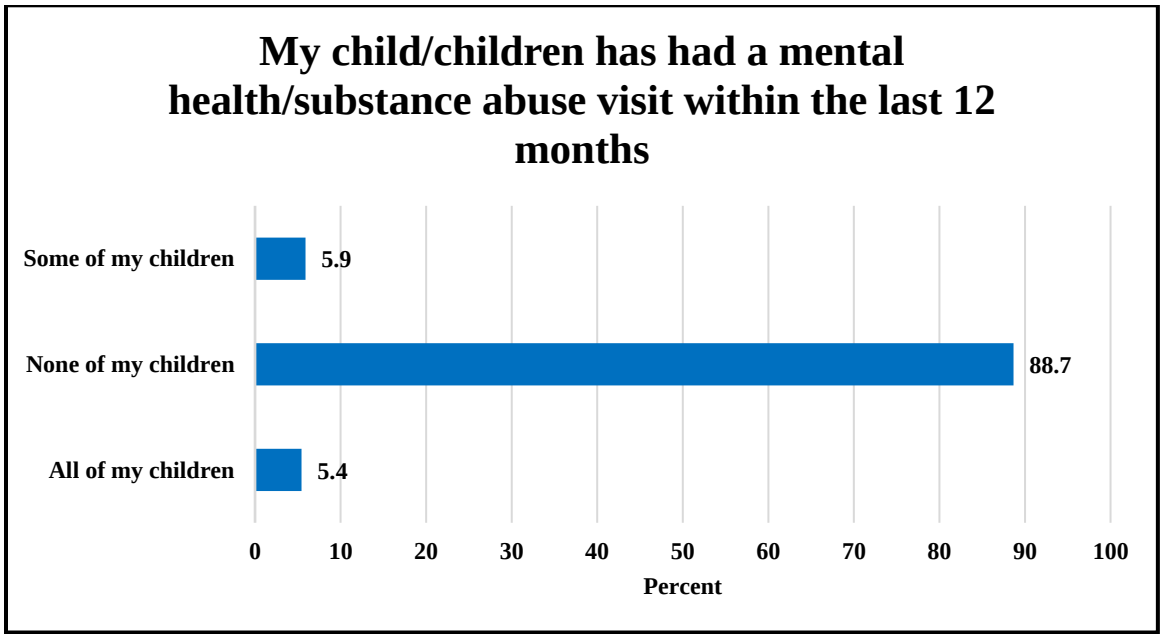
Overall, 41% of respondents reported that all of their children have had an eye exam in the past 12 months, while 32% reported that none of their children have. Twenty-seven percent reported that some of their children had had an eye exam in the past 12 months.



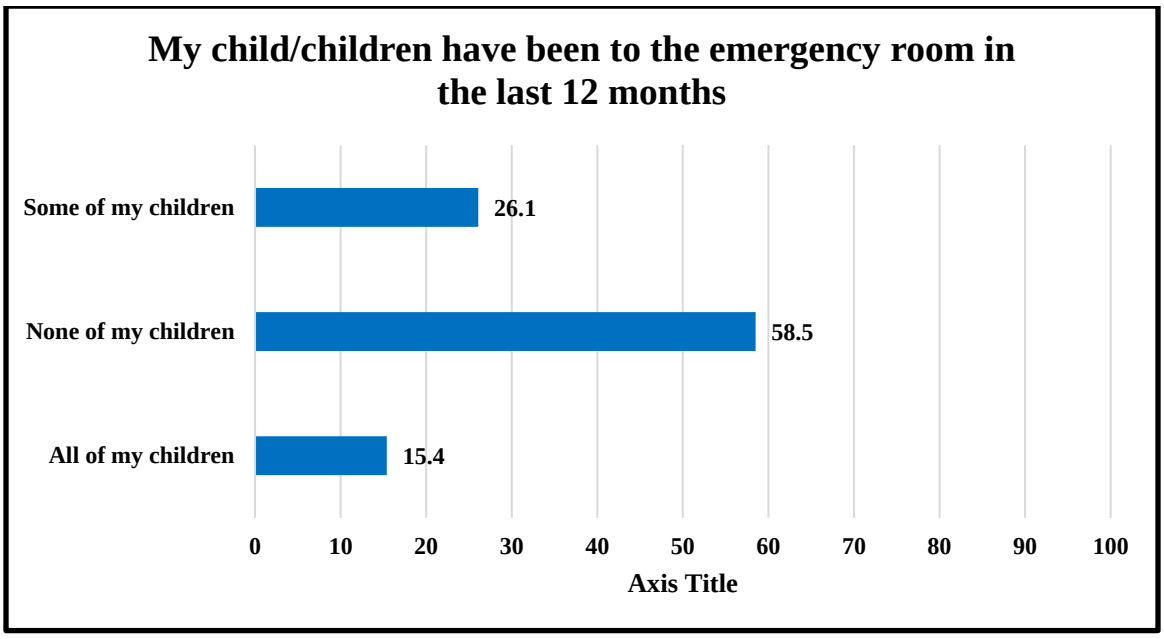
Overall, 65% of respondents reported that all of their children have had a dental exam in the past 12 months, while 18% reported that none of their children have had a dental exam in the past 12 months. Eighteen percent reported that some of their children have had a dental exam in the past 12 months.



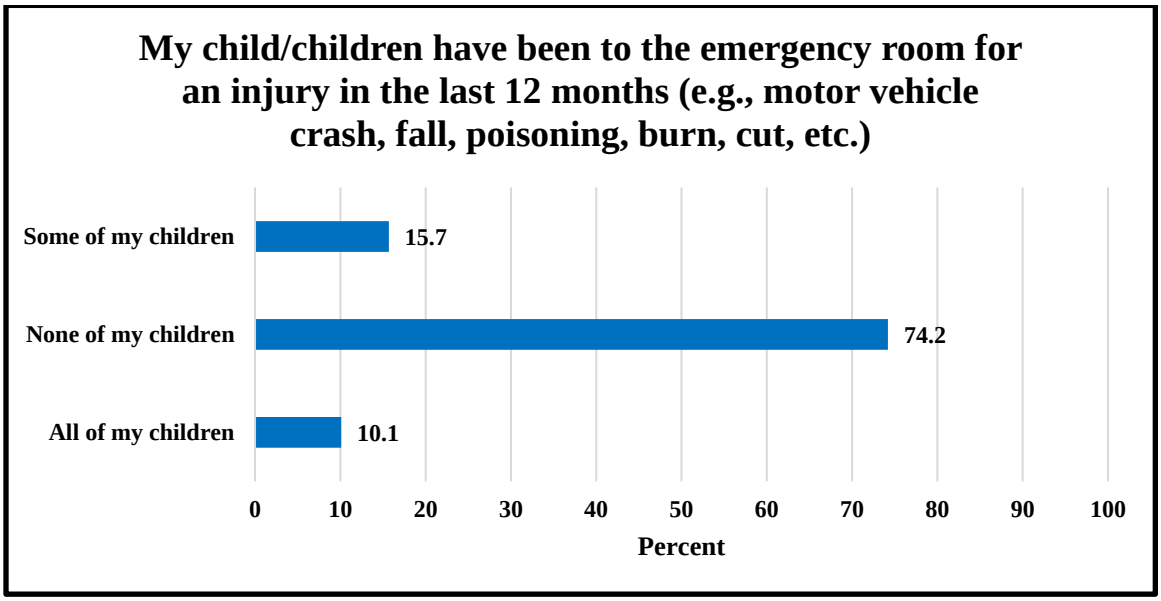
Overall, 87% of respondents reported that all of their children take the medicine the doctor tells him/her to take, while 7% reported that none of their children take the medicine the doctor tells him/her to take. Six percent reported that some of their children take the medicine the doctor tells him/her to take.



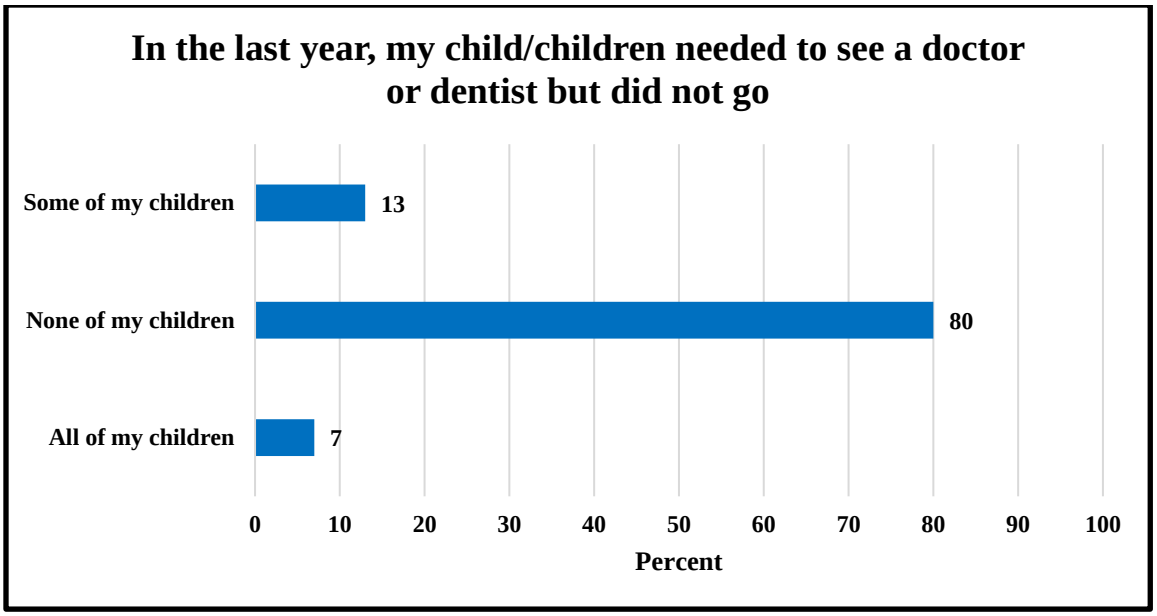
Overall, 5% of respondents reported that all of their children have had a mental health/substance abuse visit within the last 12 months, while 89% reported that none of their children have had a mental health/substance abuse visit within the last 12 months. Six percent reported that some of their children have had a mental health/substance abuse visit within the last 12 months.



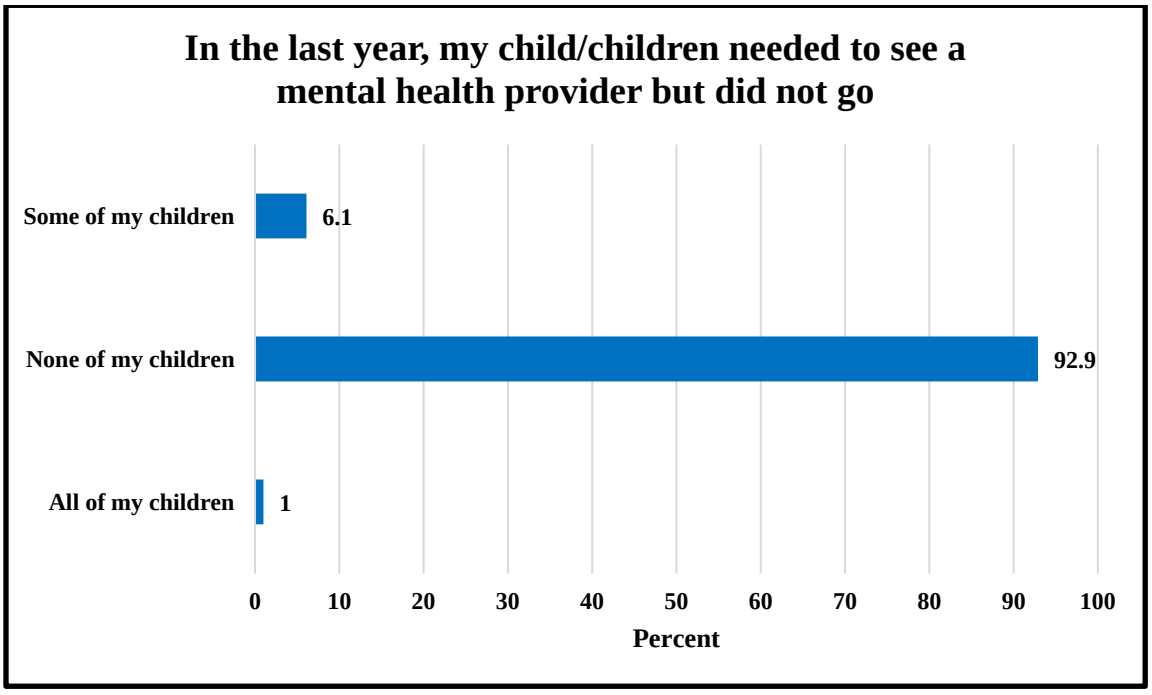
Overall. 15% of respondents reported that all of their children have been to the emergency room in the last 12 months, while 59% reported that none of their children have been to the emergency room in the last 12 months. Twenty-six percent reported that some of their children have been to the emergency room in the last 12 months.



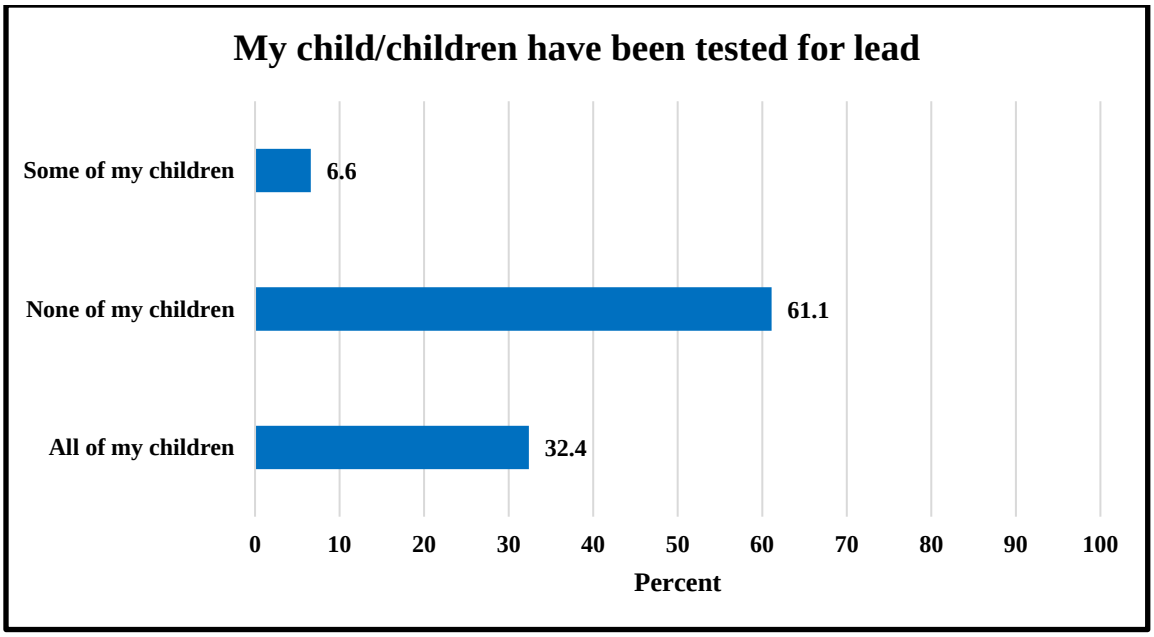
Overall, 10% of respondents reported that all of their children have been to the emergency room for an injury in the last 12 months, while 74% reported that none of their children have been to the emergency room for an injury in the last 12 months. Sixteen percent reported that some of their children have been to the emergency room for an injury in the last 12 months.



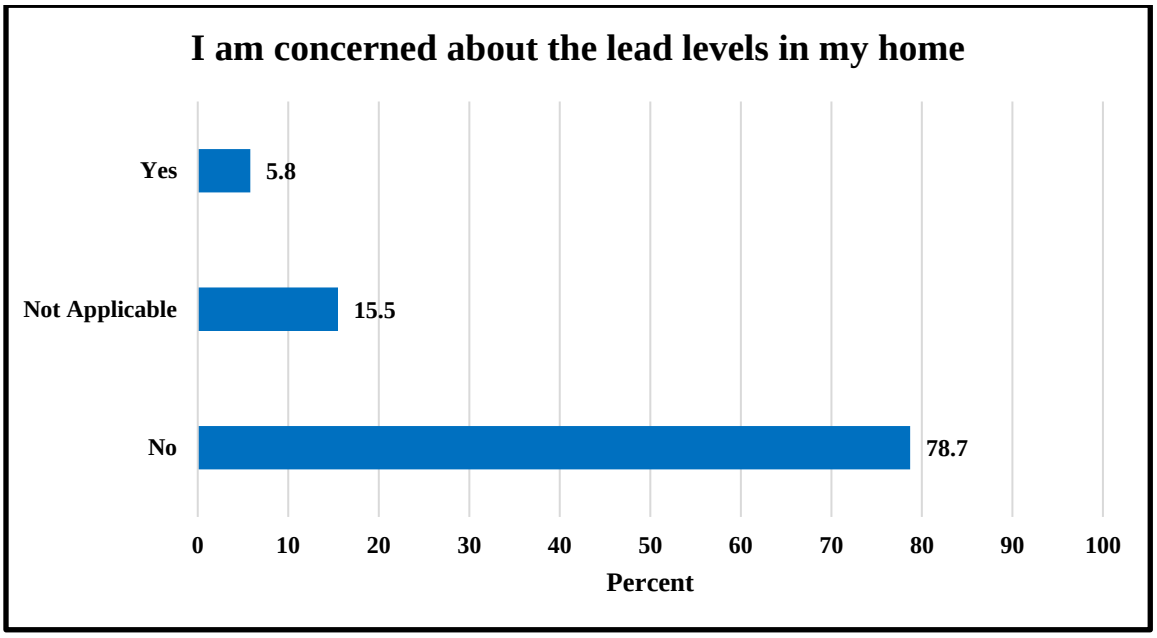
Overall, 7% of respondents reported that all of their children needed to see a doctor or dentist in the last year but did not go, while 80% reported that none of their children needed to see a doctor or dentist but did not go. Thirteen percent reported that some of their children needed to see a doctor or dentist in the last year but did not go.



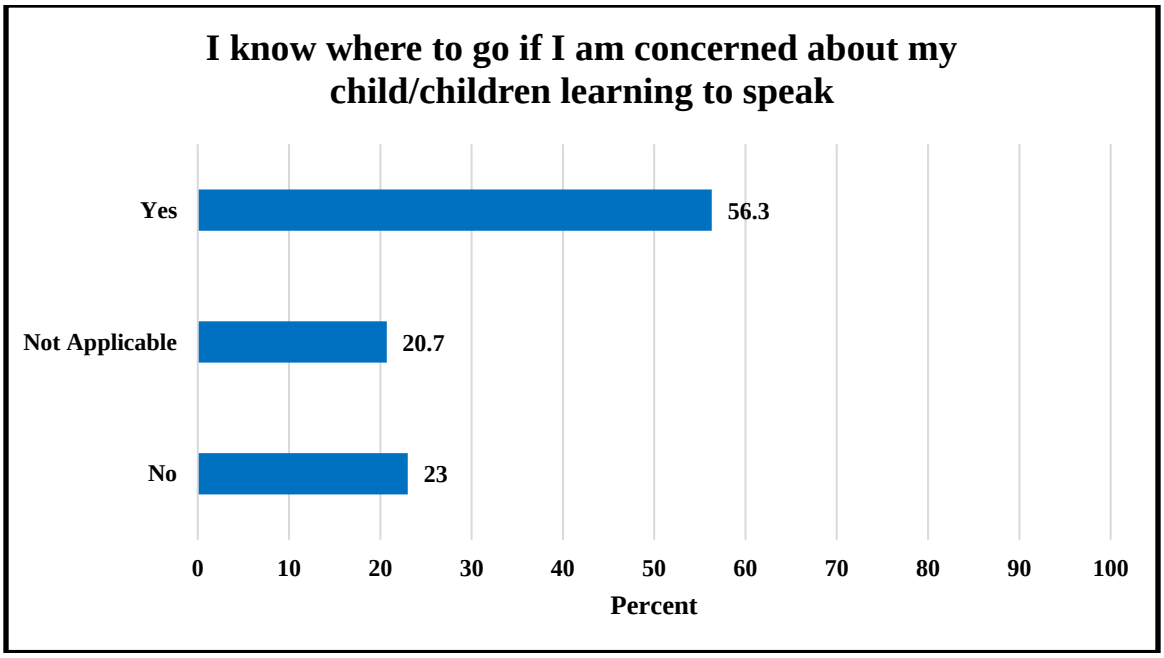
Overall, 1% of respondents reported that all of their children needed to see a mental health provider in the last year but did not go, while 93% reported that none of their children needed to see a mental health provider in the last year but did not go. Six percent reported that some of their children needed to see a mental health provider in the last year but did not go.



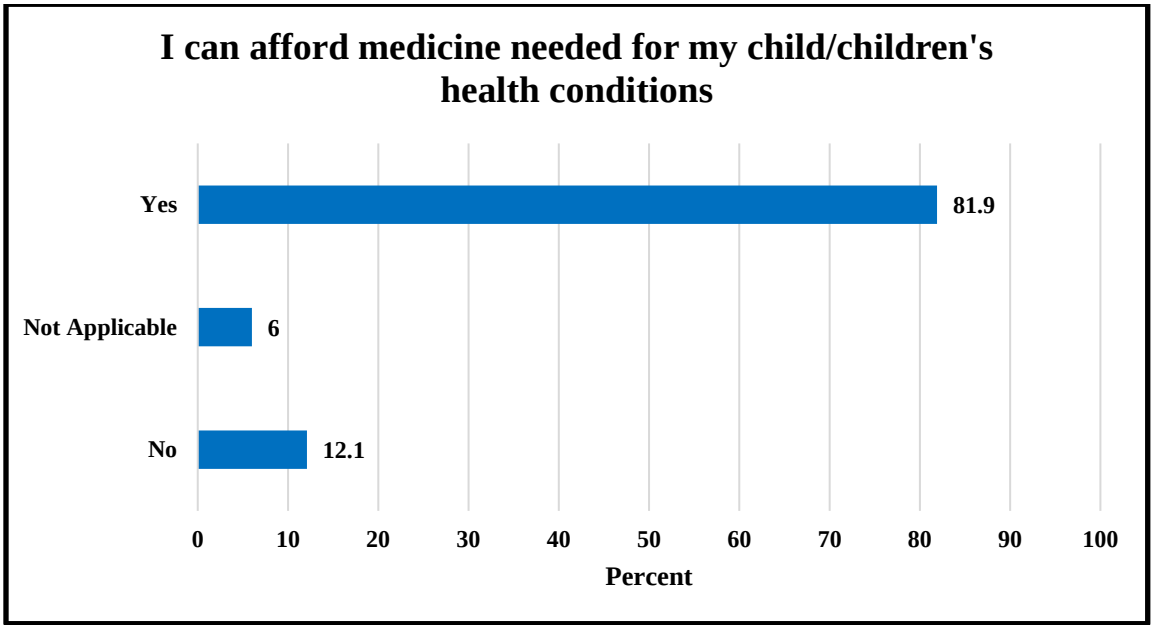
Overall, 32% of respondents reported that all of their children have been tested for lead, while 61% reported that none of their children have been tested for lead. Seven percent reported that some of their children have been tested for lead.



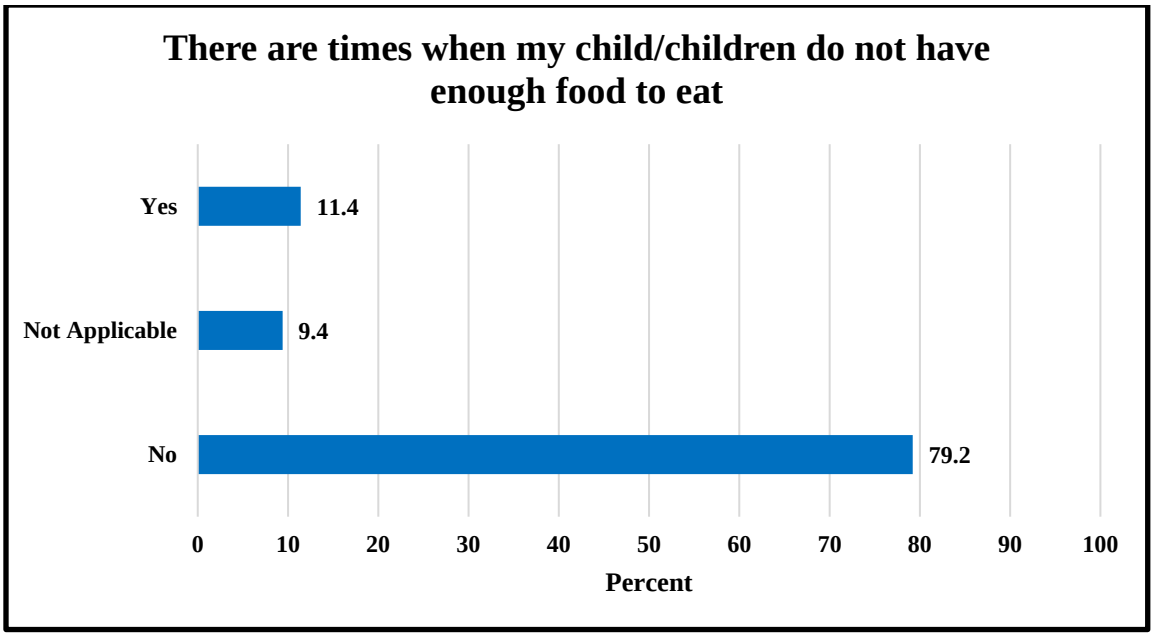
Overall, 79% of respondents reported that they are not concerned about the lead levels in their home, while 6% reported that they are concerned about the lead levels in their home.



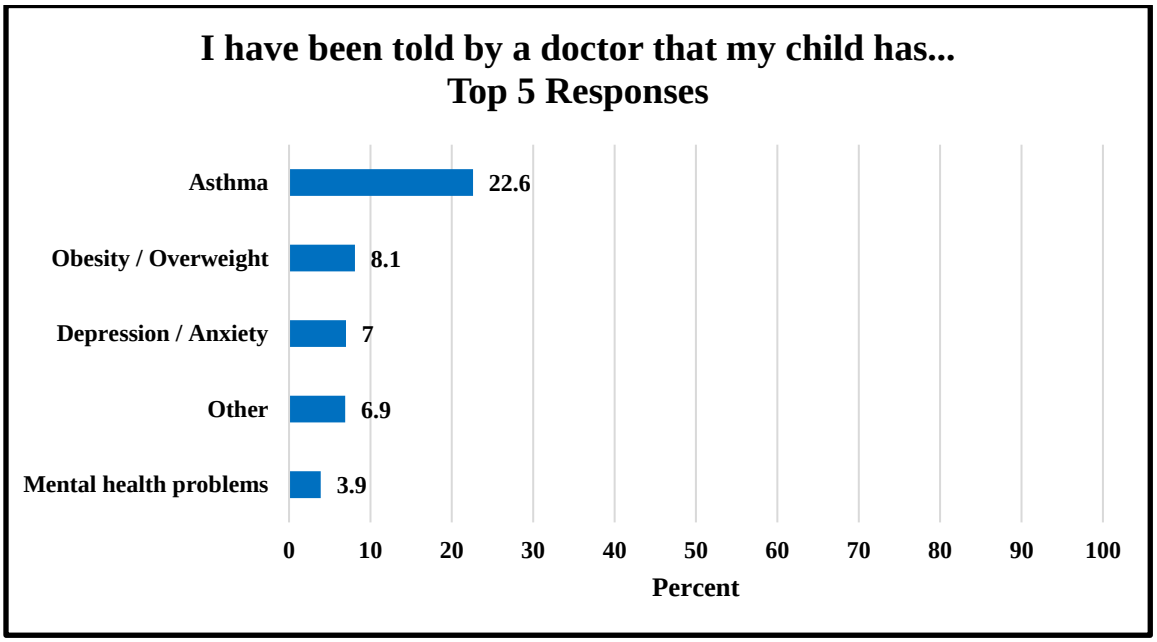
Overall, 23% of respondents reported that they do not know where to go if they are concerned about their child/children learning to speak, while 56% reported that they do know where to go.



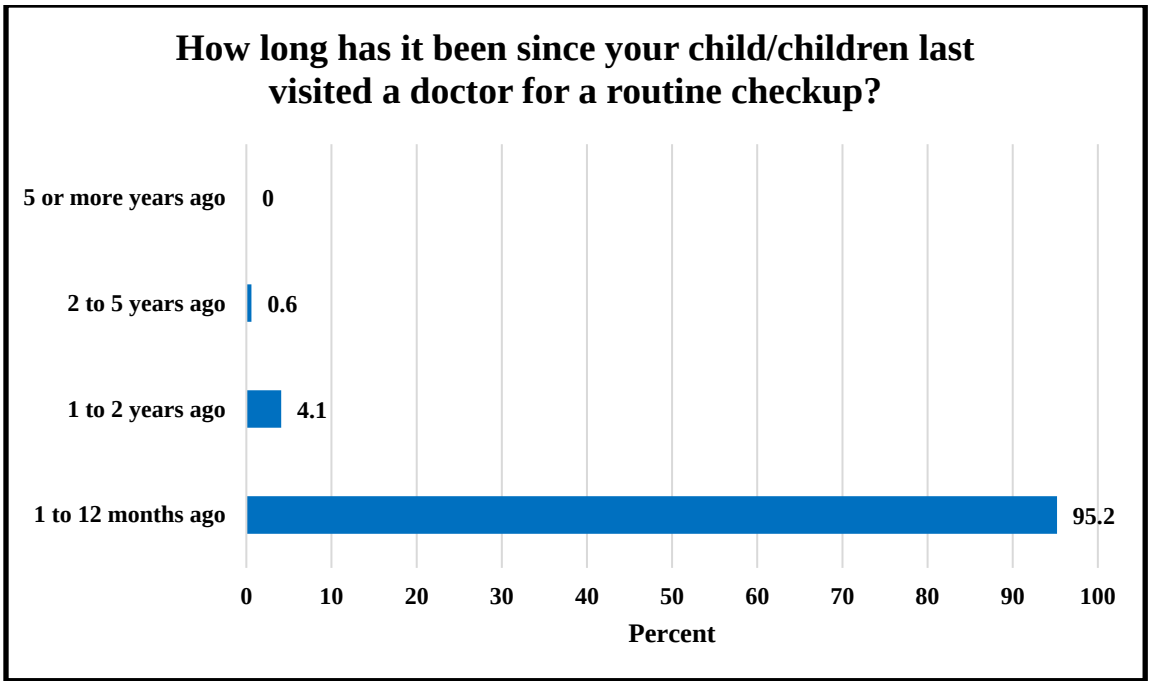
Overall, 12% of respondents reported that they cannot afford the medicine needed for their child/children's health conditions, while 82% reported that they can afford the medicine.



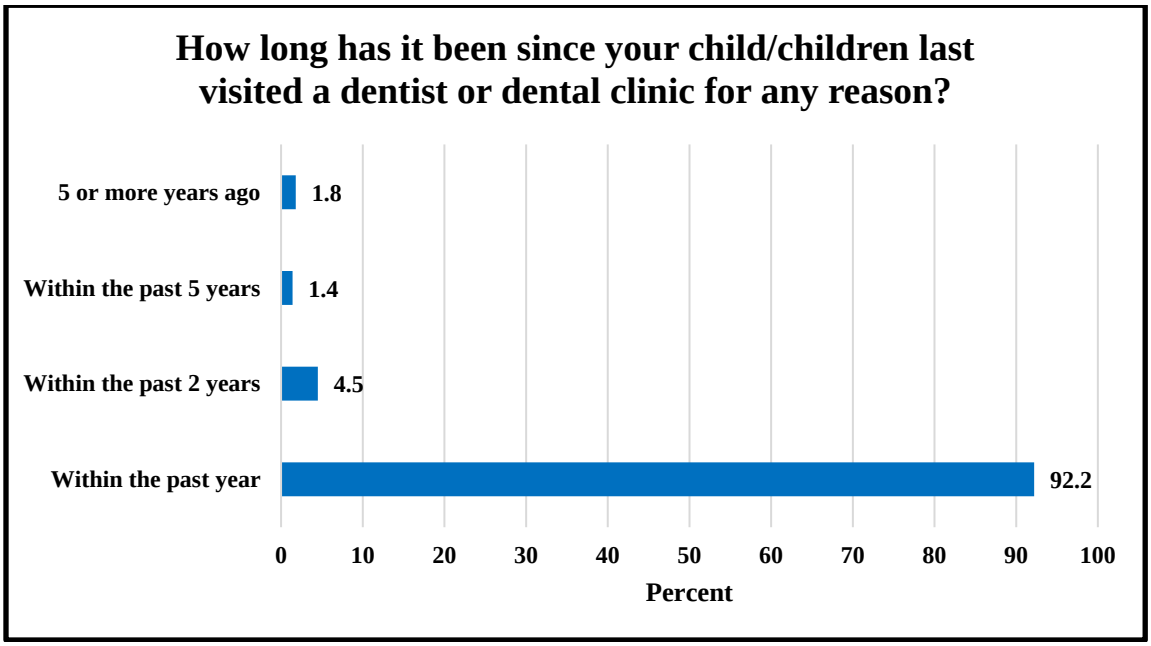
Overall, 79% of respondents reported that there are not times when their child/children do not have enough food to eat, while 11% reported that there are times when there is not enough food.



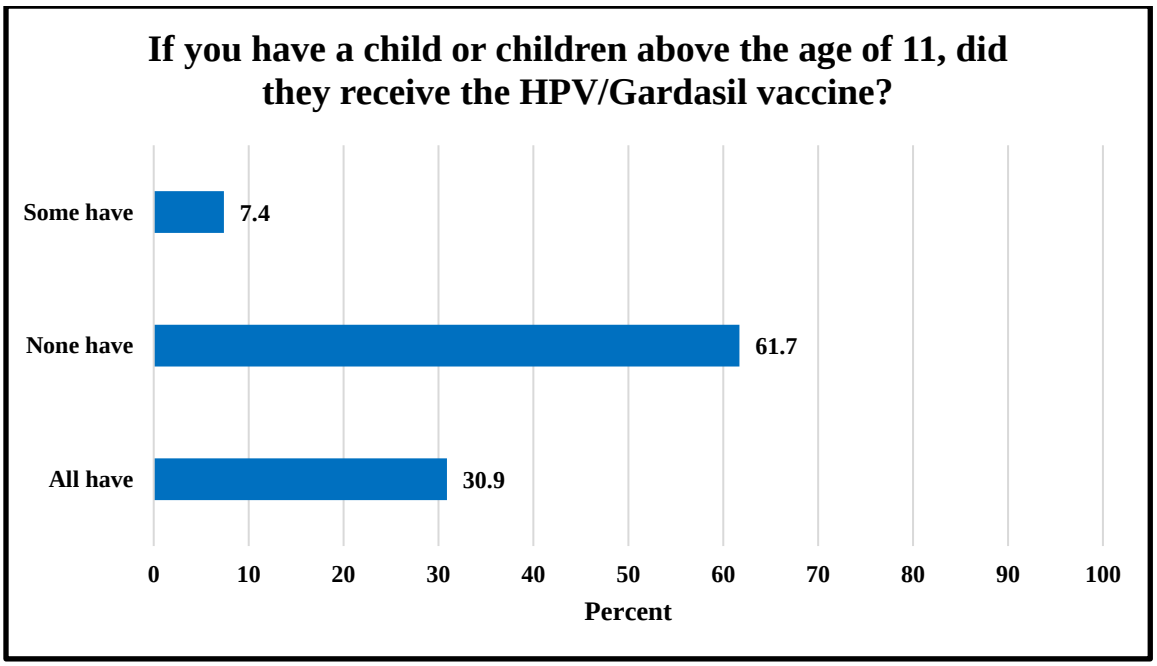
Overall, 23% of respondents reported that they have been told by a doctor that their child has asthma, while 8% reported that they have been told by a doctor that their child is obese / overweight. The next most frequent responses were depression / anxiety (7%), other (7%), and mental health problems (4%).



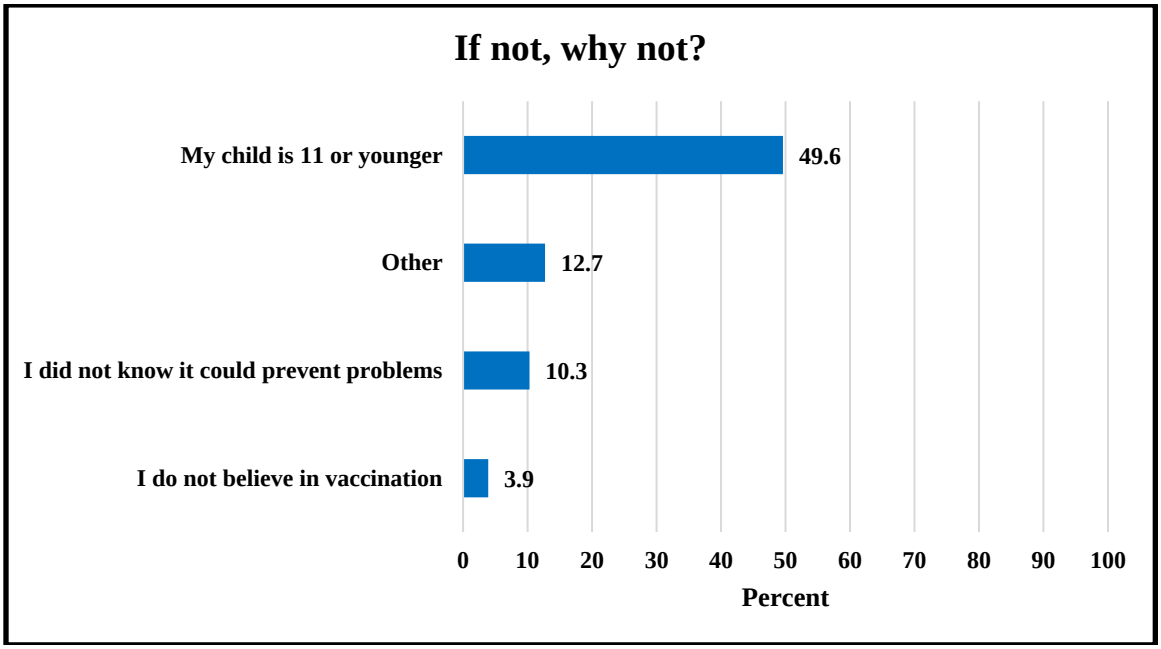
Overall, 95% of respondents reported that their child/children last visited a doctor for a routine checkup 1-12 months ago, while 4% reported that their child/children last visited a doctor for a routine checkup 1-2 years ago.

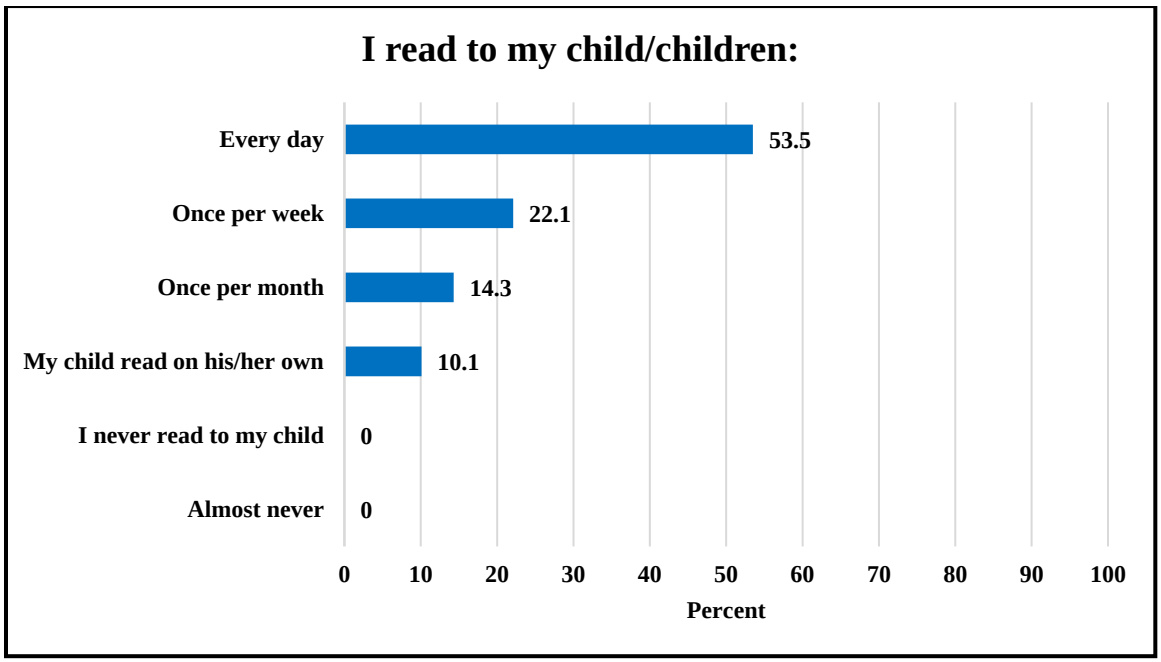


Overall, 92% of respondents reported that their child/children last visited a dentist or dental clinic within the past year, while 5% reported that their child/children last visited a dentist or dental clinic within the past 2 years.

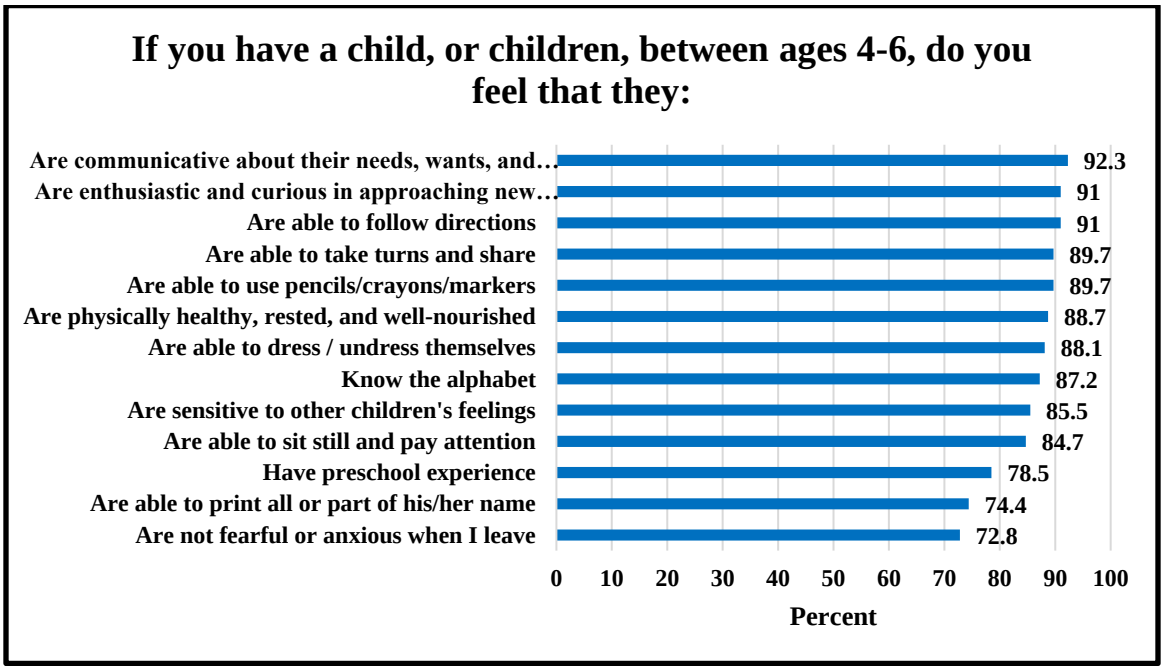


Overall, 31% of respondents reported that all of their children above the age of 11 received the HPV/Gardasil vaccine, while 62% reported that none of their children did. Seven percent reported that some of their children above the age of 11 received the HPV/Gardasil vaccine. Of those whose children had not, 50% reported that their child was 11 or younger, while 10% reported that they did not know the vaccine could prevent problems.

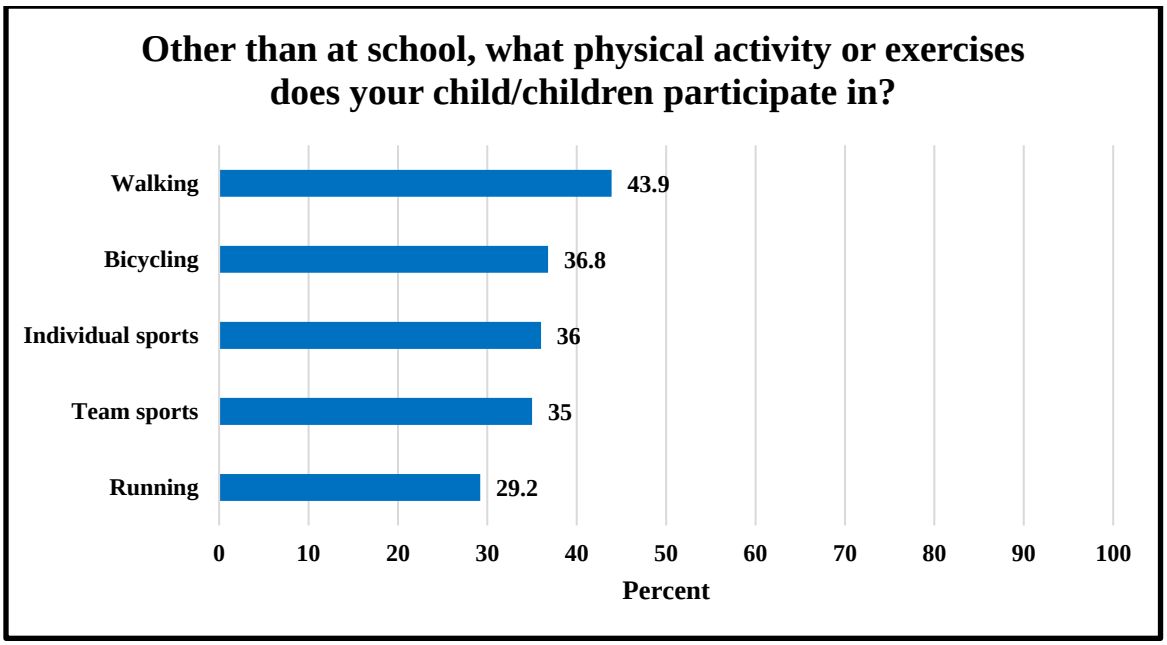




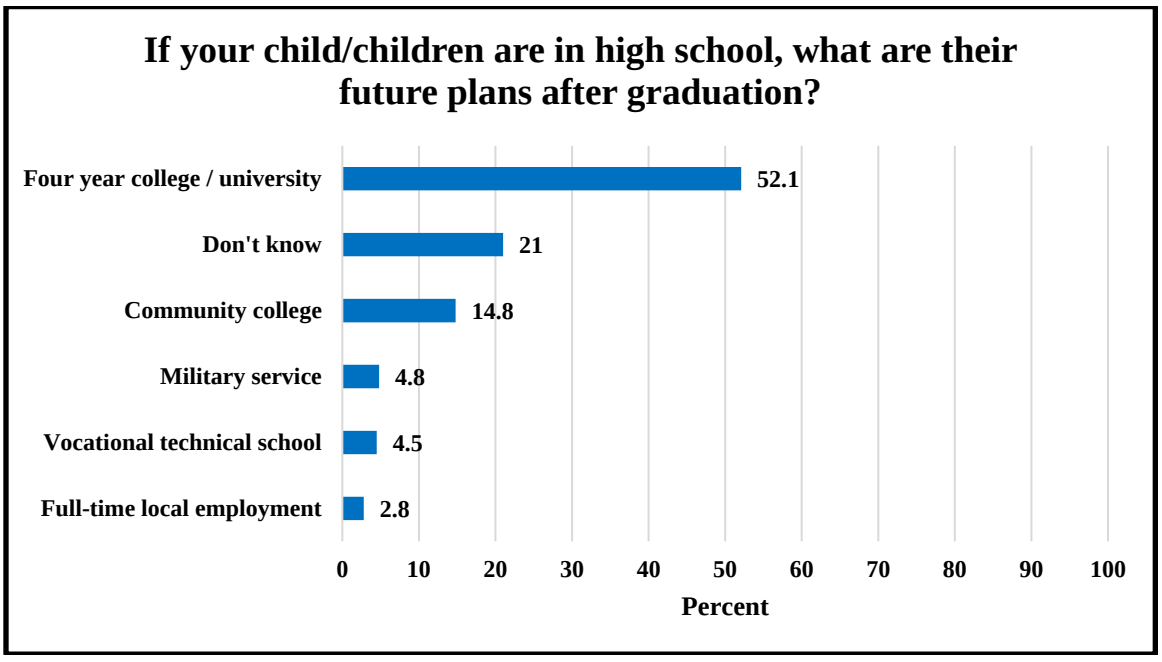
Overall, 53% of respondents reported that they read to their child/children every day, while 22% reported that they read to their child/children once per week. Ten percent reported that their child/children read on his/her own.



Overall, 92% of respondents who have a child/children between the ages of 4 and 6 reported that they feel that their child/children are communicative about their needs, wants, and desires. Seventy-three percent reported that they feel their child/children are not fearful or anxious when they leave.



Overall, 44% of respondents reported that their child walks, while 37% reported that their child bicycles. The next most frequent responses were individual sports (36%), team sports (35%), and running (29%).



Overall, 52% of respondents whose child/children are in high school reported that their future plans after graduation are to attend a four-year college or university, while 21% reported that they did not know. The next most frequent responses were community college (15%), military service (5%), vocational technical school (5%), and full-time local employment (3%).

Focus Groups

A trained facilitator conducted each focus group meeting and the meetings were audio recorded and later transcribed for analysis. In order to contribute, participants gave verbal consent prior to each meeting, were given information on how their responses would be used, and were ensured confidentially. The groups were held in convenient, neutral locations and/or in sites where participants already congregated.

Focus group participants consisted of individuals from the following locations/categories.

1. Total Action for Progress, Job Seekers: 5 clients
2. Clubhouse, Mental Health: 8 clients
3. Scott Hill, Older Adults: 5 residents
4. SafeHomes, Domestic Violence Survivors: 7 individuals
5. Gospel Tabernacle, African-American: 2 members
6. Virginia Employment Commission, Employers: 8 individuals

The script for the focus groups was concise and consisted of 4 topic areas, as detailed below. Refer to Appendix C for focus group questions.

1. Access to/Quality of Healthcare Services
2. Health Behaviors
3. Economic Opportunity
4. Target Group Questions—formulated specifically for each group

General Focus Group Data

The following 16 questions were asked during all facilitated focus groups. The number in parentheses (n) denotes the number of groups that mentioned that specific theme. Specific group that diverged from common theme is noted next to the response

1. **How do you describe good health?**
   Common Themes
   - Good physical health (5)
   - Proper medication (4)
   - Happiness (3)
   - Good mental health (3)
   - Prevention services (2)
   - Hygiene (2)

   Themes that occurred in only one focus group
   - Personal/children's needs met (SafeHomes)
   - Stress management (Scott Hill)
   - Good sleep habits (Scott Hill)
   - Not drinking/smoking (Clubhouse)
   - Proper nutrition/energy (Scott Hill)
   - No pain (Gospel Tabernacle)

2. **What makes a healthy community?**
   Common Themes
   - Teamwork (3)

- Healthcare access (2)
- Respect (3)
- Friendliness (3)

Themes that occurred in only one focus group

- Socialization (Scott Hill)
- Religious opportunity (Scott Hill)
- Fair access to community services (Gospel Tabernacle)
- Diversity (Gospel Tabernacle)
- Active and healthy children (Gospel Tabernacle)
- Support services (Employers)

3. **What concerns do people have in the community about getting good healthcare?**

Common Themes

- Long wait times (5)
- Affordability (4)
- Long wait to schedule appointment (3)
- Limited availability/access to doctors (4)
- Frequent use of urgent care (3)
- Lack of resources for people without insurance (2)
- Emergency room pricing (2)
- Transportation (2)

Themes that occurred in only one focus group

- Knowledge of health insurance (Clubhouse)
- Hospital doctor's contracts (Employers)
- Lack of knowledge about affordable health insurance (Employers)

4. **When somebody needs specific healthcare services, what types of resources exist in your community?**

Common Themes

- Lack of specialist—driving to Roanoke (5)
- Hospital specialists are only in once a month (3)
- Doctor's retiring (3)
- Lack of mental health services (2)
- Use of urgent care due to long appointment wait times (2)
- No OBGYN (2)

Themes that occurred in only one focus group

- Limited case management (Gospel Tabernacle)
- No children's mental health services (Gospel Tabernacle)

5. **What could we change to make sure people get good healthcare?**

Common Themes

- Permanent doctors (3)
- More doctors (2)
- Reduced cost clinic/free clinic (4)
- Provide transportation (2)
- Improved friendliness/knowledge level of nurses (2)

Themes that occurred in only one focus group
- Improved wait time in hospital (Clubhouse)
- Better insurance options (Total Action for Progress)
- Programs with video doctors (SafeHomes)
- RAM clinics (Total Action for Progress)
- Education programs on available resources (Gospel Tabernacle)

6. What keeps people from eating healthier?

Common Themes
- High price of healthy foods (5)
- Easy access to junk/fast food (5)
- Quality/freshness of grocery store food (2)
- Transportation (2)
- "Hard" illegal drugs—meth, heroin, cocaine is easily accessible (4)

7. What would help people eat healthier food?

Common Themes
- Better restaurants (2)
- Improved farmers market hours (2)
- Less regulation on local food (2)
- Barriers:
    - No local garden (2)
    - Transportation (2)
    - Weather (Scott Hill)
    - Theft of produce (Scott Hill)
- Interest in community gardens
    - Beneficial (4)
    - Localized gardens/sharing of produce (3)
    - Provide nutritional education (3)

8. What keeps people from being more physically active and exercising more?

Common Themes
- Walking access/sidewalks (3)
- Behavior/attitude towards activity/laziness (3)
- Lack of group activities (2)
- Price—YMCA (2)
- Motivation/prioritization (2)

Themes that occurred in only one focus group
- Lack of concern from local officials (Total Action for Progress)
- Time (Gospel Tabernacle)
- Lifestyle/upbringing (Employers)

9. What would help people participate in more physical activity?

Common Themes
- Improved trails/sidewalks (4)

Themes that occurred in only one focus group

- Knowledge of outdoor facilities—parks and trails (SafeHomes)
- More community activity (Clubhouse)
- Access to affordable facilities (Scott Hill)
- Longer hours at YMCA (Gospel Tabernacle)
- Exercise challenges at work (Employers)
- Weight room in place of employment (Employers)

10. Do you see drugs and alcohol use as a problem in your community? How and to who?

Common Themes

- Drugs (6)
    - Affects young, old, and families (4)
    - Easy access for youth (3)
    - "Hard" illegal drugs are easily accessible (4)
    - Lower class drew attention to issue, its seen across all classes of people (Clubhouse)
    - Soft-spoken topic (Total Action for Progress)
- Current restrictions on prescribing, preventing those who really need it (Scott Hill)
- Parents selling children's medication (Gospel Tabernacle)
- Lack of good paying jobs leads to selling drugs (Gospel Tabernacle)
- People aren't applying to jobs because of drug issues (Employers)

11. What does economic opportunity mean to you?

Common Themes

- Jobs (4)
- Income (2)
- Future stability (2)
- Community growth (2)

Themes that occurred in only one focus group

- Benefits (Scott Hill)
- Fair hiring (Gospel Tabernacle)

12. Are there good jobs in Alleghany County / Covington City?

Common Themes

- No (4)
- Paper Mill is large employer (4)
- Nursing (SafeHomes)
- Carpentry (SafeHomes)

Themes that occurred in only one focus group

- Yes (Employers)
    - Not filling out applications fully
    - Not everybody actually wants a job
    - People aren't taking advantage of open job opportunities

13. What are barriers to good jobs?

Common Themes
- Lots of part time jobs go to high school students (2)
- Transportation (3)
- Criminal background issues (3)
- Growth prevention in employment (2)

Themes that occurred in only one focus group
- Gap between minimum wage jobs and high paying jobs, nothing in-between (SafeHomes)
- Mill is preventing other business from coming into town (Scott Hill)

14. Are the jobs meeting people's needs?

Common Themes
- No (4)
    - Minimum wage is not enough to live off of (3)
    - Not providing health insurance/benefits (3)

Themes that occurred in only one focus group
- Lack of training for advancement (Total Action for Progress)

15. Do many people have multiple jobs?

Common Themes
- Yes: common with friends and families (4)
- Part-time/minimum wage with no benefits (3)

Themes that occurred in only one focus group
- Lack of raises due to government regulations (Total Action for Progress)
- 90 day waiting period for benefits to be active—too long (Total Action for Progress)

16. What kinds of economic opportunities are missing from Alleghany County / Covington City?

Common Themes
- Small businesses (4)
- Full time/high paid positions outside of the Paper Mill (4)

Themes that occurred in only one focus group
- Job market/accessible jobs (Clubhouse)
- Knowledge of finance and knowing how to maintain finances (SafeHomes)
- Town turning new businesses away to keep "small town" feel (Scott Hill)
- Children/teen resources and activities (Gospel Tabernacle)
- Local loan/grant opportunities for minorities (Gospel Tabernacle)
- Critical skills, education on how to get/maintain/be successful in a job (Employers)

Specific Focus Group Data

The following questions were individually asked to specific focus groups. The specific focus group is identified prior to the question and all response themes were reported.

1. **Total Action for Progress: When people are looking for a job, what steps do they take? Where do they start looking?**
    - Employment Commission

- Library to use computer / internet services
- Majority of community moves away for better job opportunities
- Online applications are difficult, no personal contact

2. **Total Action for Progress: If there was one change that could be made that could make your life better, what would it be?**
   - Better economic opportunity
   - More jobs
   - Higher income
   - Access to affordable healthcare/insurance
   - Better lifestyle conditions
   - Social security—explanation of benefits

3. **Total Action for Progress: If there was one change that could be made to make your community better, what would it be?**
   - Having government/city officials separate from long-term goals and focus on short-term improvement (stop looking at 10-year plan)
   - Improve healthcare: access, affordability, consistent pricing of medical services

4. **Total Action for Progress: Share your ideas about how people can work together to promote better health in your neighborhood.**
   - Raise awareness and knowledge of types of vaccines available

5. **SafeHomes: If there was one change to make your life better, what would it be?**
   - Better education
   - Easier access to grants for low-income individuals/families
   - Affordable housing
   - Transitional housing

6. **SafeHomes: If there was one change to make your community better, what would it be?**
   - Better jobs
   - Improved and affordable housing
   - Improve downtown area to attract tourism/businesses
   - Create teenage activities
   - Tax break for small businesses to encourage growth

7. **Clubhouse: Do you feel that people in the community are supportive and understanding of all its members and their needs?**
   - No
   - Feel disregarded if unqualified
   - Discrimination against education and background
   - Lacks support system: social/peer support, mental health support

8. **Clubhouse: Do you feel there were times when you were treated unfairly?**
   - Yes

- Lack of understanding by therapists: not engaging with clients, listening as well as judging

9. **Clubhouse: What gets in the way of people following their doctor's orders and taking medications?**
   - Stubbornness
   - Lack of care by the person
   - Doctor didn't fully explain the treatment to the proper level of understanding
   - Can't afford prescriptions (and refills)
   - Lack of peer-support programs

10. **Scott Hill: How do people meet their health needs when it is difficult to stay healthy?**
    - Use radar bus for transportation
    - Go to healthcare provider with [Scott Hill] community

11. **Scott Hill: What gets in the way** of older adults maintaining their homes, especially if they are in older homes?
    - Affordability of house (mortgage payments)
    - Affordability of maintenance (contractors/handymen)
    - Flexibility and mobility of individual to do household tasks (yardwork, repairs)

12. **Gospel Tabernacle: What gets in the way of people regularly seeing their primary care doctor?**
    - Cost of doctor/cost of insurance premiums
    - Poor or no coverage health insurance
    - Lack of available doctors (retiring, leaving area, no specialists)

13. **Gospel Tabernacle: What gets in the way of people following their doctor's orders?**
    - Price/affordability of prescriptions
    - Pharmacies not filling prescriptions in accordance to what is covered on insurance plan

14. **Gospel Tabernacle: How does your community support children in order to succeed in school?**
    - Schools aren't providing these services: overwhelming special education teachers
    - Need for more diverse child/youth activities and centers for youth

15. **Gospel Tabernacle: If there was one change that could be made to make your life better, what would it be?**
    - Less stress
    - Better knowledge of available health and community resources
    - Better and higher paying jobs
    - Better work/life balance

16. Gospel Tabernacle: If there was one change that could make your community better, what would it be?

- More diverse community programs

17. Employers: What actions do you take to recruit and maintain employees?

- Offer online high school diploma courses
- Scholarships for furthering education
- Providing a sense of value and acknowledgement
- Providing an enjoyable work environment

Section 3:
Community Health Assessment Secondary Data

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This section provides an overview of the secondary data gathered from existing sources.

Demographics

As identified in the 2010 U.S. Census, both the County of Alleghany and City of Covington have seen a drop in population size within the past decade, with an estimated 7.0% (Alleghany) and 7.1% (Covington) decrease in population size from April 2010 to July 2017[1]. In comparison the 2017 census estimate is shown to see a 5.9% population increase in Virginia and 5.5% population increase in the whole of the United States. The 2011-2015 American Community Survey identifies the 2019 populations to be 16,066 (Alleghany) and 5,736 (Covington). Alleghany County and the City of Covington both see a higher number of females than males living within their locality.

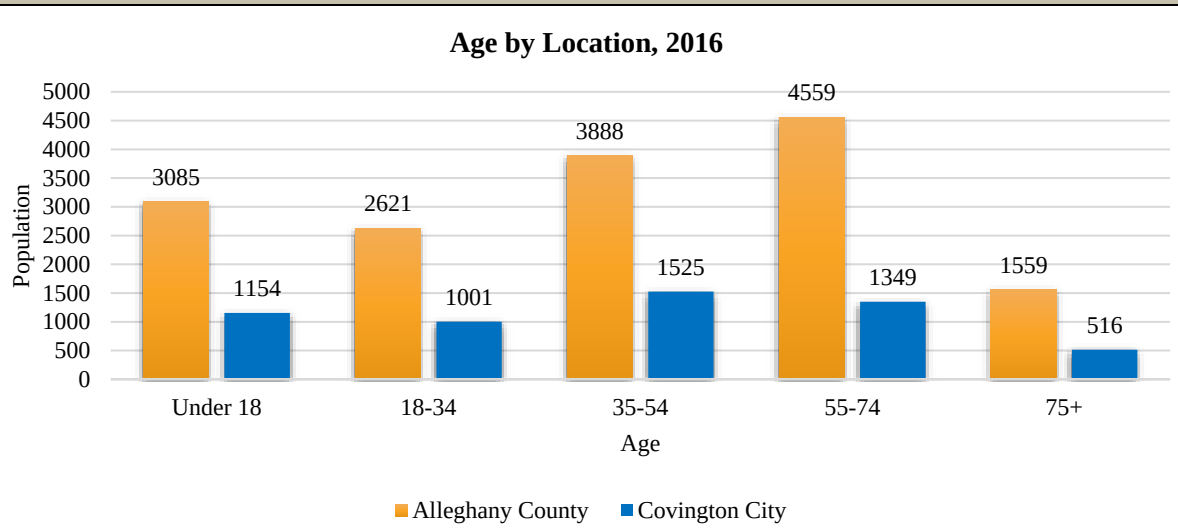
Population by Location, 2017[2]		
Location	Population (2010)	Estimated Population Change (2017)
Virginia	8,001,043	+5.9%
Alleghany County	16,250	-7.0%
Covington City	5,961	-7.1%

[1] United States Census Bureau. Quick Facts: Alleghany County, Virginia. (2010)
[2] United States Census Bureau. American Community Survey. Population (2010)

Age Distribution

According to the 2010 U.S. Census there were 8,296 females and 7,954 males living in Alleghany County, and 2,823 females and 2,979 males living in Covington.[3] The median age in 2016 for Alleghany was 48 years old, and Covington was 43 years old. The age distribution for the region is similar to that of Virginia, with slightly less adults aged 18-34 and more adults aged 55-74. This age distribution pattern can be seen for both localities over the past 10 years, with population declines in the 20-24 age range.[4]

Age Distribution by Location, 2016[5]

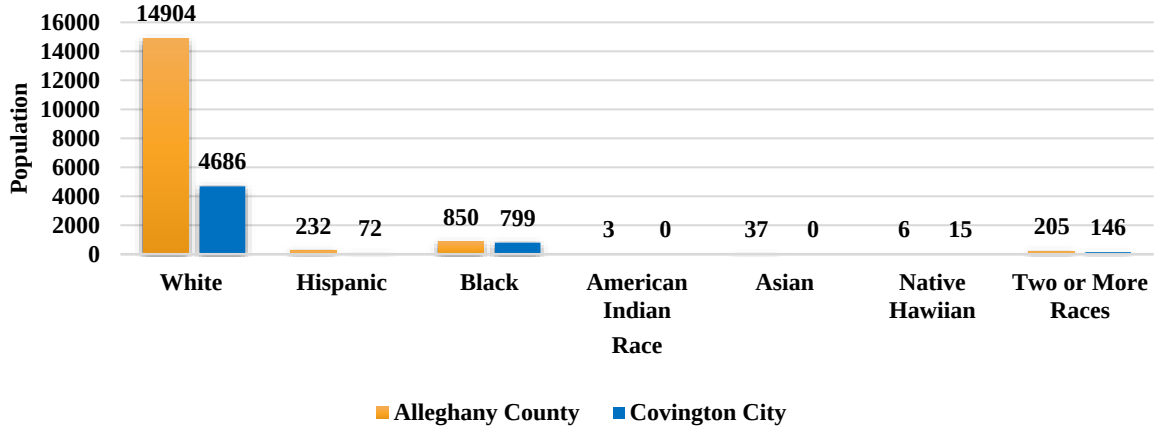


[3] United States Census Bureau. Quick Facts: Alleghany County and Covington City, Virginia. (2010)
[4] Virginia Department of Health. Demographics: Alleghany and Covington. (2016)
[5] United States Census Bureau. American Community Survey. Age. (2010)

Racial and Ethnic Diversity

A majority of both Alleghany and Covington identify as White, while the least identified as American Indian and Alaskan Natives.[6]

Racial Distribution by Location, 2016[7]



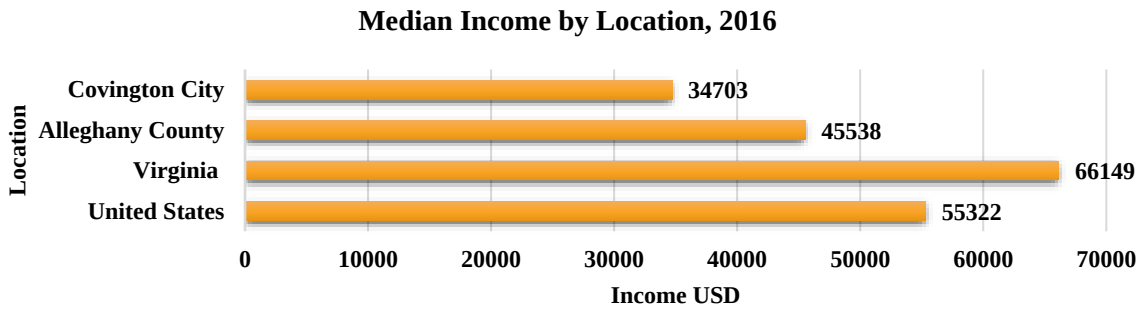
[6] United States Census Bureau. Quick Facts. (2010)
[7] United States Census Bureau. American Community Survey. Age. (2010)

Income, Poverty, and Employment

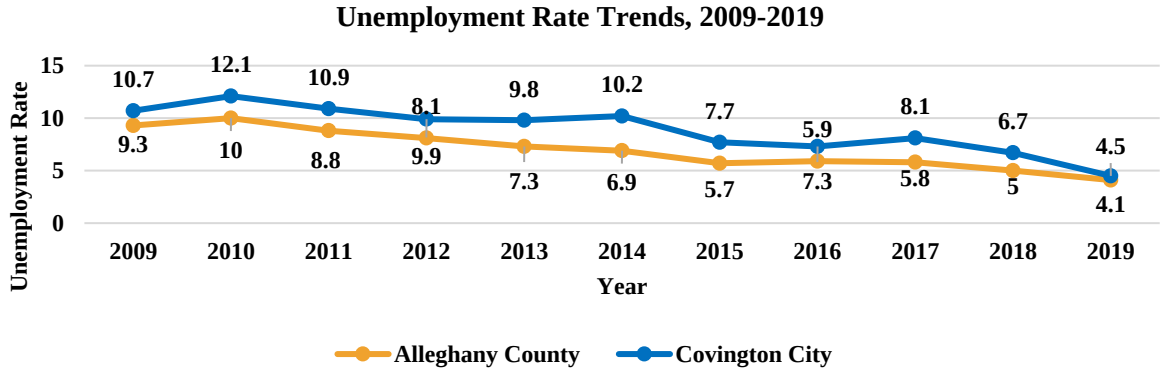
The 2016 median household income for Alleghany County was $48,538 and Covington City was $34,703 both below the Virginia median income of $66,149 in 2016[8]. Unemployment rates have seen a decrease in trend since 2008.

According to the Federal Poverty Guidelines, a family of four with an income of $24,600 or less is defined as living in poverty. In 2016, 18.3% of Alleghany residents and 21.4% of Covington residents were living in poverty, compared to the 11% of total Virginian residents[9]. As of 2019, Alleghany County had a 4.1% unemployment, while Covington City had a 4.5% unemployment rate[10]. The biggest perceived barriers to employment are job availability, transportation/commuting, and under qualification. Alleghany sees more white females that are unemployed, while Covington sees more white males. The biggest employer of Alleghany County is the Alleghany Highlands Public School Board, followed by the HCA Virginia Health System[11].

Median Income by Location, 2016[12]



Unemployment Rate Trends, 2009-2019[13]



[8] Data USA. Economy: Alleghany and Covington, VA. (2017)
[9] U.S. Census Bureau. Quick Facts: Alleghany and Covington, VA. (2010)
[10] Bureau of Labor Statistics. Local Area Unemployment Statistics (2019)
[11] Virginia Employment Commission. Community Profile: Alleghany and Covington. (2017)
[12] Virginia Employment Commission. Community Profile: Alleghany and Covington (2016)
[13] Bureau of Labor Statistics. Local Area Unemployment Statistics. (2019)

Ranking and Indices

Alleghany County ranked 95 out of 134 Virginia counties for overall health outcomes in the 2017 County Health Rankings (where 1 is the best), while Covington City ranked 123. While Covington has seen a drop in their health ranking over the past several years (111 in 2011); Alleghany has seen an improvement (97 in 2011). The County Health Rankings provide a snapshot of the factors that affect health in Alleghany and Covington and allow us to compare the health status of one county to the health status of other counties of Virginia.

Health Opportunity Index: Provides broad insight into the overall opportunity Virginians have to live long and healthy lives based on the social determinants of health.

Economic Opportunity Index: A measure of the economic opportunities available within a community, including: Employment Accessibility, Income Inequality, and Job Participation.

Consumer Opportunity Index: A measure of the consumer resources available within a community, including: Affordability, Education, Food Accessibility, and Townsend Material Deprivation Index.

Community Environmental Profile: An indicator of the natural, built and social environment of a community, including: Air Quality Index, Population Churning, Population-weighted Density, and Walkability.

Wellness Profile: a measure of the disparate access to health services within a community, including: access to care and segregation index.

The chart below shows how Alleghany and Covington compare to Virginia state averages for each ranked factor. Each location is ranked out of 134 localities throughout Virginia.

Community Health Rankings, 2017[14]					
	Health Opportunity	Economic Opportunity	Consumer Opportunity	Community Environmental Profile	Wellness Disparities
Alleghany	95	110	27	78	111
Covington	93	111	82	37	133

[14] Virginia Department of Health. Community Health Rankings, Alleghany and Covington, VA. (2016)

Community Safety
Crime rates and related data can help us better understand community safety. Exposure to violence and its norms can lead to further community violence, deterring residents from pursuing healthy behaviors, and increase individual stress. Violent crimes are defined as "offenses that involved face-to-face confrontation between the victim and the perpetrator, including: homicide, rape, robbery, and aggravated assault."

The violent crime rate for Alleghany was 123 per 100,000 during 2017, lower than the 194 per 100,000 seen throughout the state of Virginia. The violent crime rate for Covington also fell below state average at a rate of 123 per 100,000.[15]

Property crime in Alleghany County was ranked on a 1 (low crime) to 100 (high crime) and compared to national averages. Property crime includes offenses of burglary, larceny-theft, motor vehicle theft, and arson. All offenses are conducted without force or having a threat of force against the victims. In 2016, Alleghany ranked 38.3 and Covington in 39.4 in property crimes, both slightly above the national average of 38.1.[16]

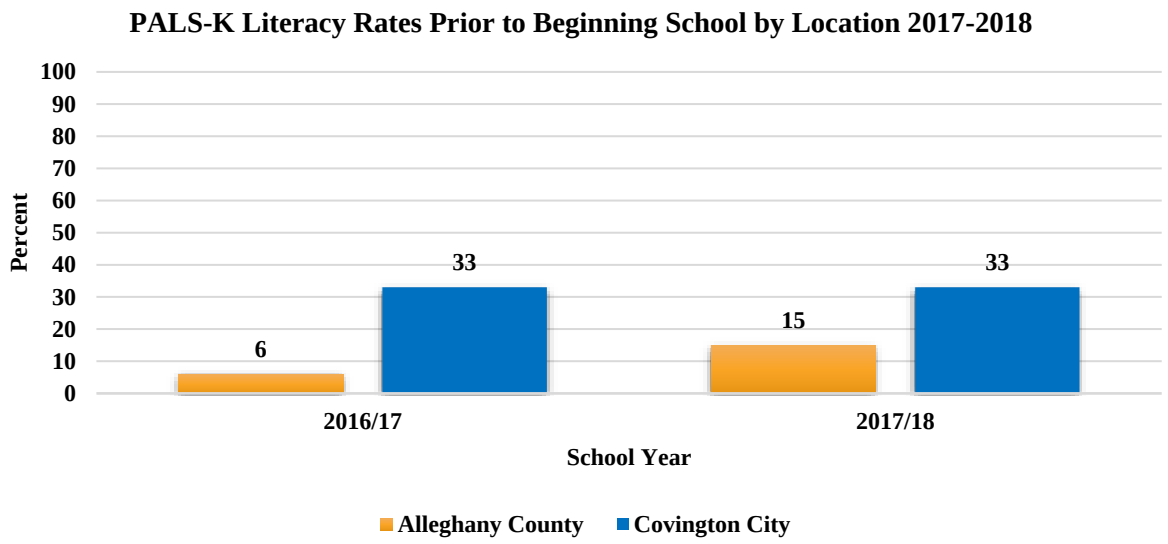
Aside from violent and property crimes substance abuse crimes are seen in both Alleghany and Covington areas. The highest offenses are in marijuana, prescription opioid, and methamphetamine use. As per most counties in the United States, juvenile marijuana crimes have also seen an increase in offenses.

Social Determinants of Health

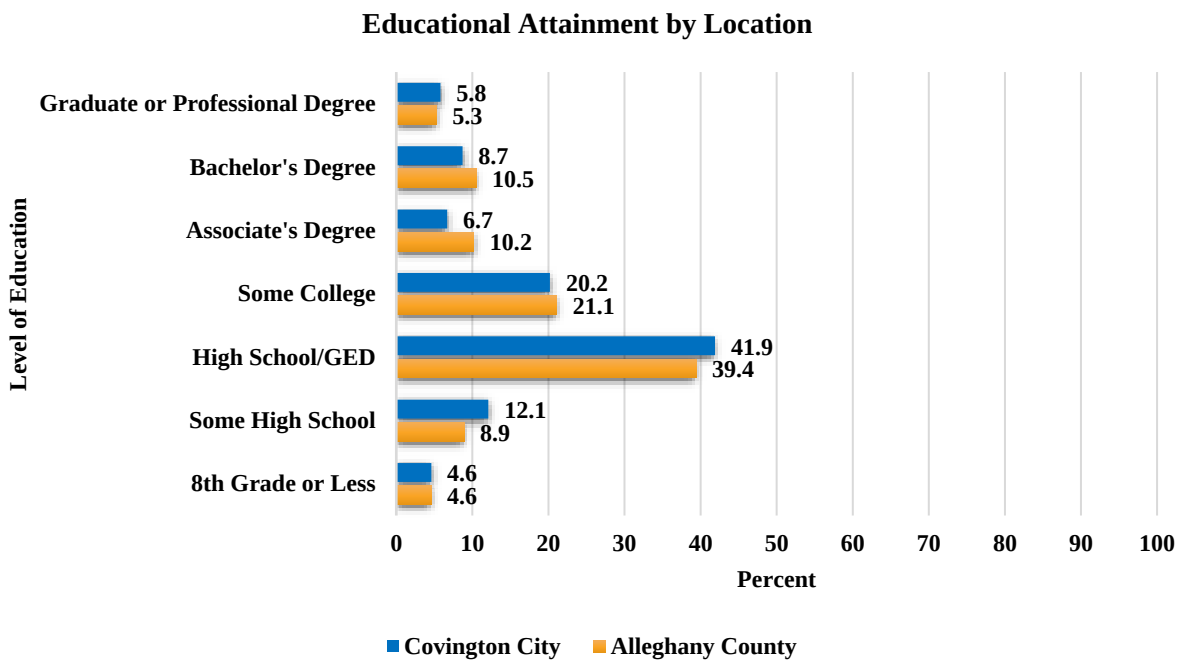
Education
Approximately one-fifth of both Alleghany and Covington residents have a bachelor's degree or higher, while 85% have obtained a high school diploma or GED[17]. Third and Fourth grade students had the lowest SOL scores with only 60-65% passing the English: Reading section compared to the 76% passing rate at the state level.[18] Phonological Awareness Literacy Screening (PALS) is a screening diagnostic, and progress monitoring tool for measuring the fundamental components of literacy. PALS-K measures children's knowledge of several important literacy fundamentals: phonological awareness, alphabet recognition, concept of word, knowledge of letter sounds, and spelling. PALS-K provides a direct means of matching literacy instruction to specific literacy needs and provides a means of identifying those children who are relatively behind in their acquisition of these fundamental literacy skills[19]. The table below shows the percentage of students who fell below national, standard levels.

[15] County Health Rankings. Alleghany, Covington and Virginia. (2016)
[16] Data USA. Quick Facts: Covington, Alleghany. (2017)
[17] United States Census Bureau. Quick Facts: Alleghany County & Covington City, VA. (2010)
[18] Virginia Department of Education. Alleghany and Covington Public Schools: Assessment Results at each Proficiency Level. (2016)
[19] University of Virginia. Phonological Awareness Literacy Screening.

PALS-K Literacy Rates Prior to Beginning School by Location, 2017-2018[20]



Educational Attainment by Location, 2017[21]

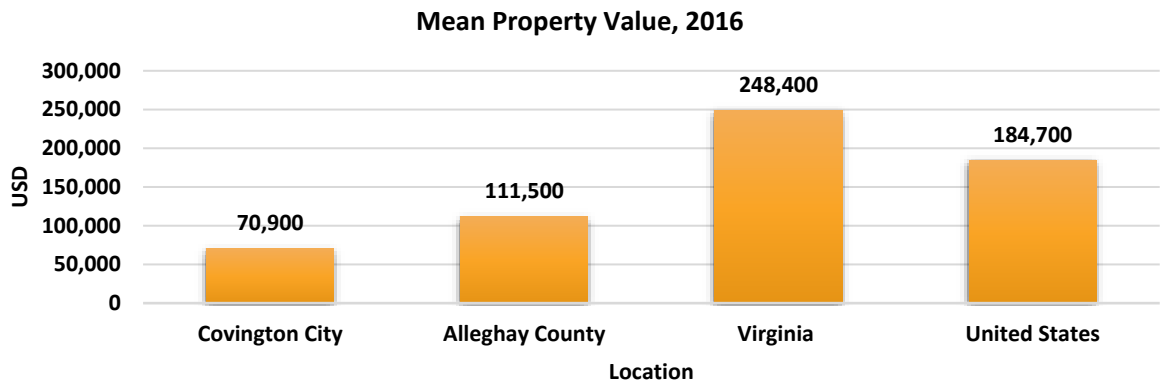


[20] Kids Count Data Center. Fall PALS-K after 2015/16 in Virginia. (2019)
[21] Virginia Employment Commission. Community Profile: Alleghany County. (2017)

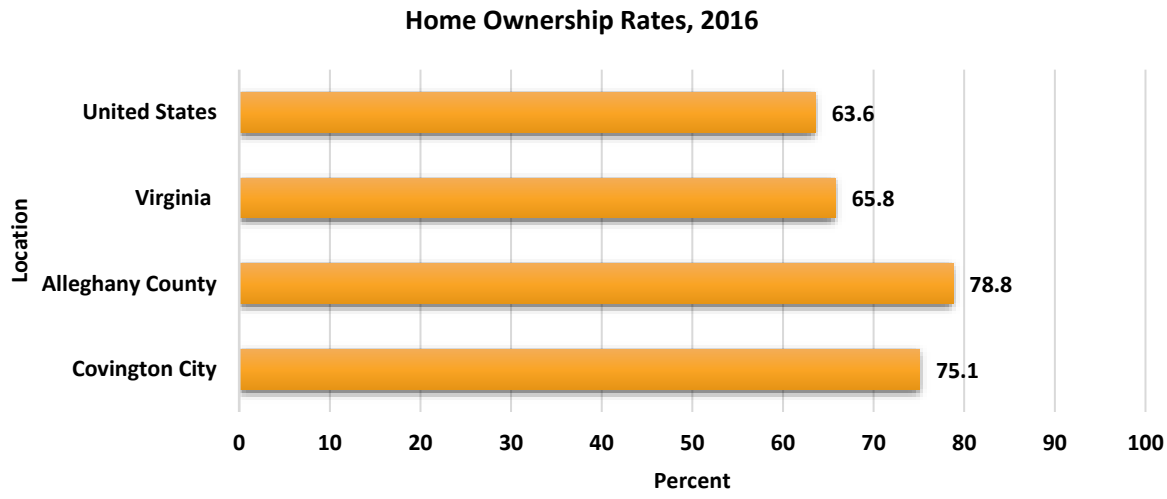
Housing

As a lower income region of the state, Alleghany and Covington reflect income and employment demographics in their housing market. The estimated median rent for a 1-2 bedroom apartment in Alleghany County was $636 in 2016, compared to the median rent price of $981 for a 1-2 bedroom apartment the state of Virginia. Owner-occupied housing rate for 2016 was 78%, with monthly owner costs estimated around $933[22].

Mean Property Value, 2016[23]



Home Ownership Rates, 2016[24]



[22] DataUSA. Housing and Living. Alleghany and Covington, VA. (2016)
[23] DataUSA. Housing and Living. Alleghany and Covington, VA. (2016)
[24] DataUSA. Housing and Living. Alleghany and Covington, VA (2016)

Youth Risk Behaviors

Early childhood experiences have a great impact on health, educational achievement and financial stability. Adverse childhood experiences such as abuse, neglect, bullying, or poverty can negatively affect brain development and increase a person's risk for physical and behavioral problems later in life.

According to the 2015 Youth Risk Behavior Survey (YRBS), 29.5% of surveyed Covington middle school students and 26.8% of Alleghany middle school students had ever felt sad or hopeless almost every day for the past two weeks in a row that they stopped doing usual activities. In addition, 28.6% of Covington and 23.3% of Alleghany middle school students had intentionally cut, pinched, burned or bruised themselves in the past 30 days. These feelings of dis-belonging can have negative consequences such as adolescent tobacco use and bullying.

The YRBS shows 39.6% of Covington high school students reported had ever tried cigarette smoking, similar to the 39.3% of high school students in Alleghany. It also shows, 59% of Covington high school students reported being bullied at school, while 44% of Alleghany high school students did.

Covington Childhood Experiences, 2015[25]				
	Middle School	Middle School National Average (2014)	High School	High School National Average (2014)
Feeling Sad or Hopeless	29.5%	45.2%	30.7%	29.9%
Intentionally Hurting Themselves	28.6%	35.5%	24.5%	31.7% (2013)
Reported Being Bullied	66.1%	71.2%	59.0%	55.4% (2013)
Had Ever Smoked A Cigarette	12.5%	20.0%	39.6%	41.1%

[25] Youth Risk Behavior Survey. Covington Schools. (2015)

Alleghany Childhood Experiences, 2016[26]				
	Middle School	Middle School National Average (2014)	High School	High School National Average (2014)
Feeling Sad or Hopeless	26.8%	27.7%	31.4%	27.6%
Intentionally Hurting Themselves	64.0%	68.6%	24.0%	25.7%
Reported Being Bullied	47.0%	56.3%	44.0%	46.3%
Had Ever Smoked A Cigarette	16.1%	28.1%	39.3%	41.3%

Environmental Health

Environmental health includes several important factors such as the air we breathe, the water we drink, the food we eat, the built environment in which we live in, and our exposure to communicable diseases. Assessing and monitoring our environmental health saves lives, predicts health outcomes, saves money, and protects our future.

The air quality index for Alleghany County and Covington City is not reported; however the Roanoke region for air quality can give us a good predictor for our own air quality. The main air pollutant in 2015 for the region was from the ozone with a regional value of 46.2ppb, falling below the state average of 48.6ppb. Alleghany falls in the 15th percentile in the state for air pollution, while Covington falls in the 19th for air pollution. The top three chemicals released into the air in Covington were Methanol (62%), Hydrochloric Acid (14%), and Ammonia (8%)[27]. The largest industrial concern for air pollution in the region comes from the WestRock Covington paper mill.

Transportation

Transportation is a leading barrier to accessing necessary services and care for many individuals in Alleghany County and Covington City. The number of net commuters (in-commuters minus out commuters) for Alleghany is -2,744, with more people commuting in. Net commuting total for Covington is 943, with more people commuting out[28].

The most common method of travel for commuters was driving alone, with 84.8% of Alleghany commuters, and 89.6% of Covington commuters. Carpooling only made up 10.2% of commuters in Alleghany, and 4.81 in Covington.[29]

[26] Youth Risk Behavior Survey. Alleghany Schools. (2016)
[27] TRI Factsheet: Covington and Alleghany, VA. (2015)
[28] Virginia Employment Commission. Community Profile: Alleghany County and Covington City. (2017)
[29] Data USA. Alleghany County and Covington City. (2017)

The average travel time for residents to get to work in Alleghany is 23.8 minutes and Covington is 19.9 minutes.[30]

Health Indicators

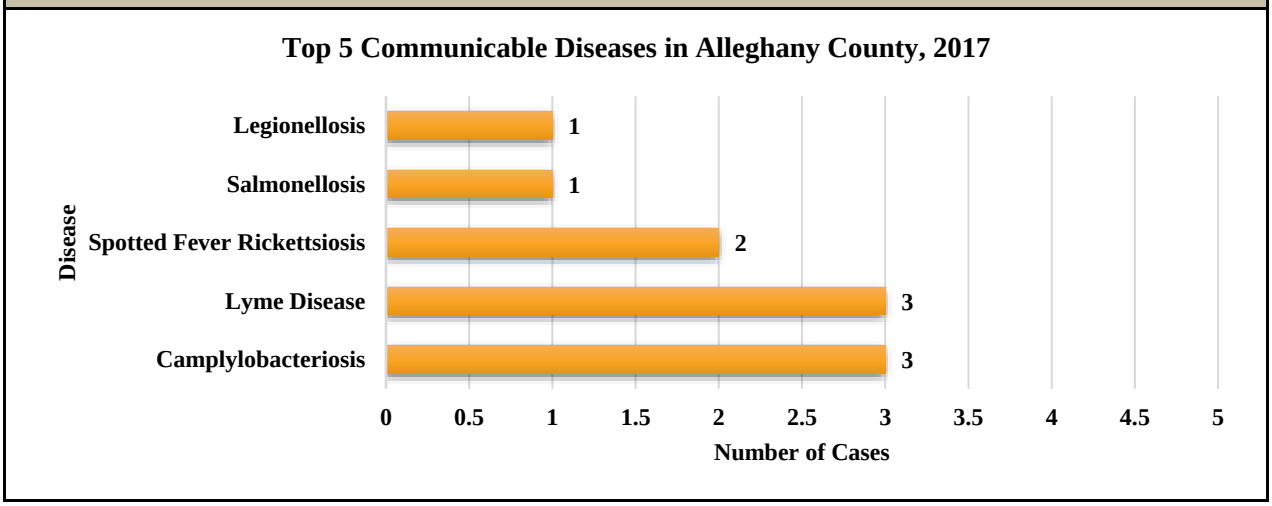
Communicable Disease Exposure

Communicable diseases are spread from person to person through a variety of ways, including contact with blood and bodily fluids, breathing in an airborne virus, or by being bitten by an insect. There are over 70 communicable diseases in Virginia that are mandated by law to be reported to the state health department.

Chronic Hepatitis C was the most frequently reported communicable disease in Alleghany County in 2015, with 11 cases and an incidence rate of 69.5 cases per 100,000 people, followed by Pertussis with an incidence rate of 19.0 per 100,000 people. Chronic Hepatitis C was also the most frequently reported communicable disease in Covington in 2015, with 11 cases and an incidence rate of 120.6 per 100,000 people, followed also by Pertussis with an incidence rate of 68.9 per 100,000 people. In 2015 Virginia saw a total of 2375 cases, creating an incidence rate of 28.5 per 100,000 people.

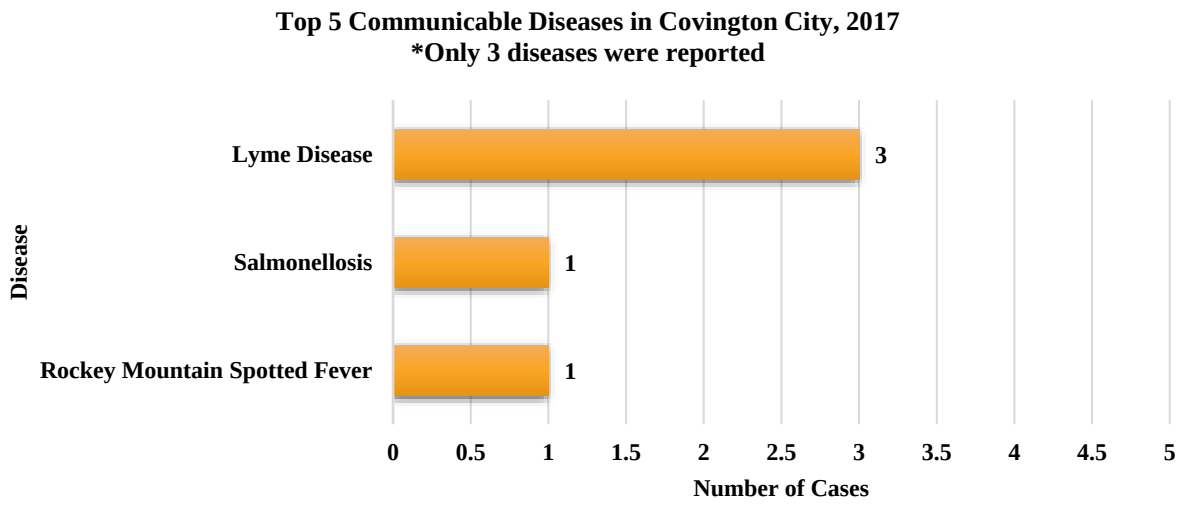
Sexually transmitted infections have seen an increase in transmission throughout the state over the past decade. In 2015 Alleghany County saw Chlamydia rates at their lowest since 2011, with 34 cases and an incidence rate of 214.9 per 100,000 people. While Covington City had 19 cases with an incidence rate of 335.8 per 100,000 people.[31]

Top 5 Communicable Diseases in Alleghany County, 2017[32]

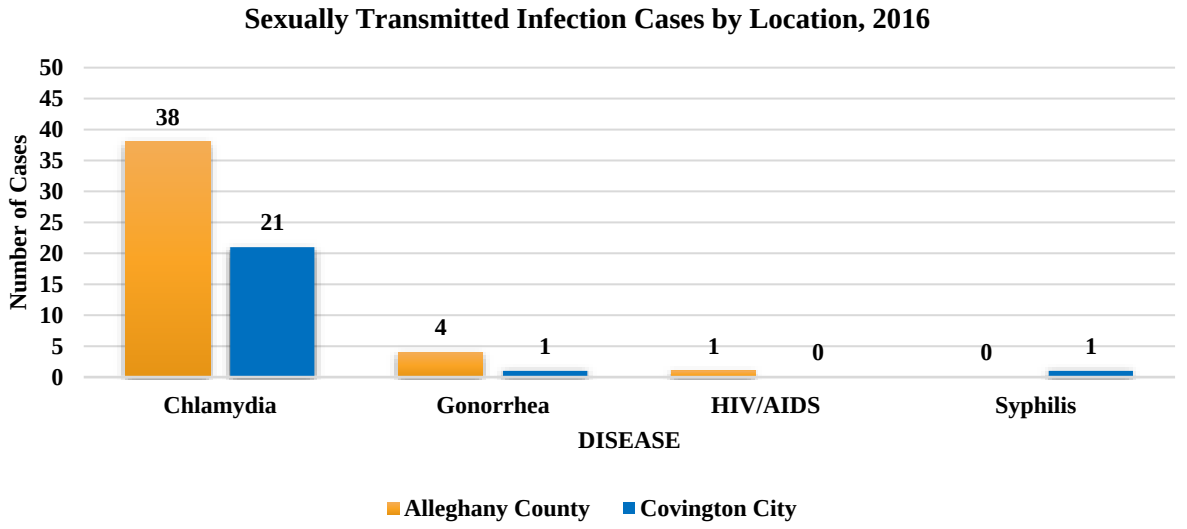


[30] Virginia Employment Commission. Community Profile: Alleghany County and Covington City. (2017)
[31] Virginia Department of Health. Sexually Transmitted Infections by Locality. (2016)
[32] Virginia Department of Health. Communicable Disease: Alleghany County. (2016)

Top 5 Communicable Disease in Covington City, 2017[33]



Sexually Transmitted Infection Cases by Location, 2016[34]



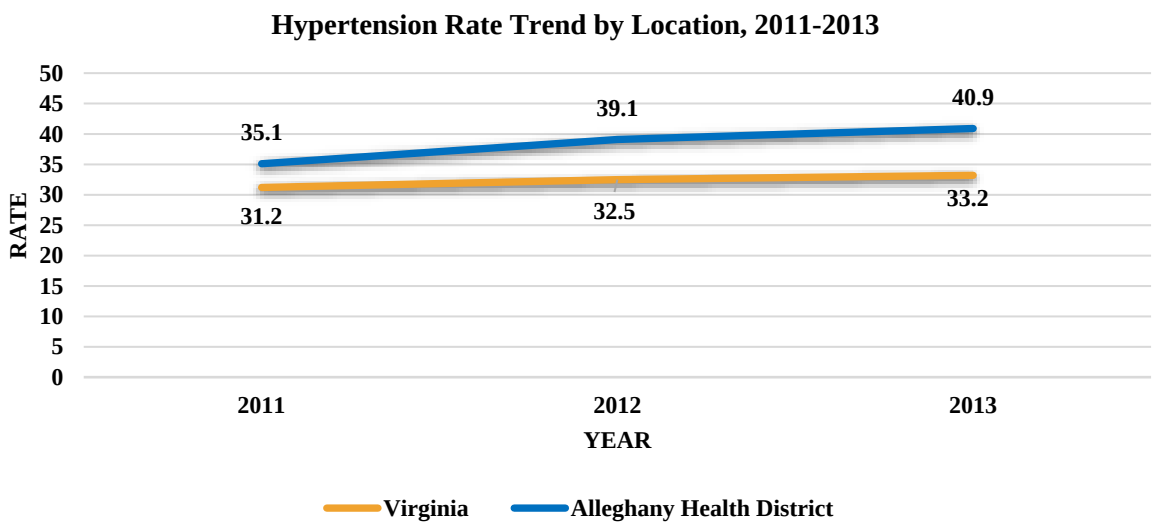
Chronic Disease

Chronic disease is one of the biggest causes of poor health. A chronic disease is a long lasting illness such as: cancer, type II diabetes, and heart disease. Although genetics and other factors contribute to the development of chronic health issues, an individual's behaviors also plays a major role. Social determinants of health such as: employment, education level, the physical environment, and access to healthcare services can all impact and/or worsen chronic health conditions.

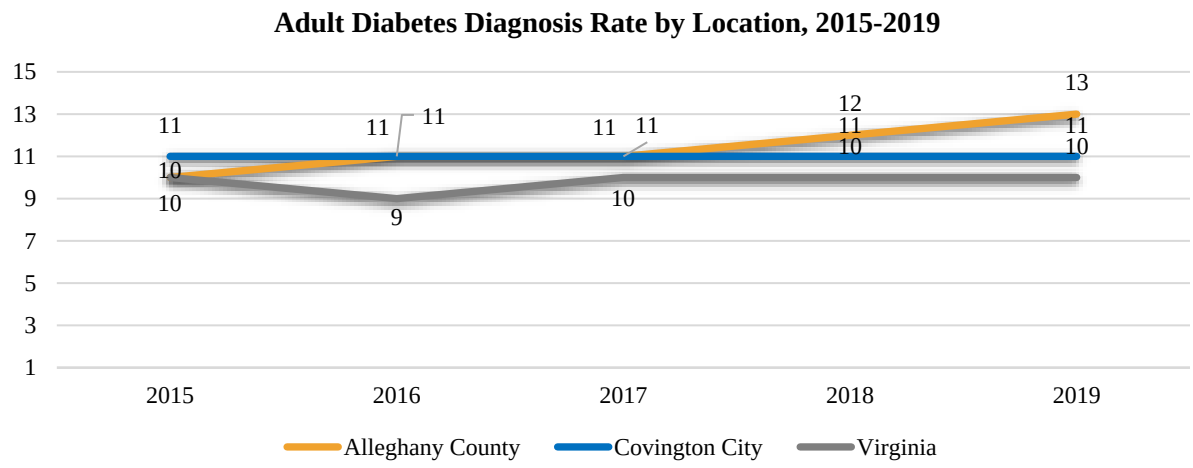
[33] Virginia Department of Health. Communicable Disease. Covington City. (2017)
[34] Virginia Department of Health. Communicable Diseases. Alleghany County. (2017)

Heart disease was the most seen chronic disease among the Alleghany Health District. In 2012 it caused 474 deaths, 2185 hospitalizations, and a healthcare cost of over 113 million USD. Heart disease includes several conditions regarding blood flow and vessel structure within the heart including, hypertension, cardiovascular disease, stroke, coronary artery disease, etc. In 2015 Alleghany Health District had an estimated 40.9% of adults over the age of 18 diagnosed with high blood pressure, well above the Virginia average of 33.2%.

Hypertension Rate Trend by Location, 2011-2013[35]



Adult Diabetes Mellitus Rate by Location, 2015-2019[36]



[35] Virginia Department of Health. Health Profile. Alleghany and Covington. (2013)
[36] County Health Rankings. Diabetes Prevalence. Alleghany and Covington (2019)

Mortality

Mortality is the event or the frequency of death. Mortality rates are indicators of community health issues, such as access to healthcare and risk factors related to personal behaviors and the built environment. By examining mortality rates we can identify links between social determinants of health and health outcomes.

With the introduction of health care, medicine, and technology, the leading causes of death throughout the country have shifted from communicable disease to non-communicable disease over the past several decades.

In 2016 the leading cause of death in Virginia was Cancer, causing over 15,000 deaths.[37] The Virginia Office of the Chief Medical examiner identifies manner of deaths through Accident, Homicide, Natural, Suicide, and Undetermined. In 2015, the highest cause of death in Alleghany and Covington was Accidental (n=11, n=5).[38] All manners of death increased from 2015 to 2016.

Manner of Death and Locality of Residence, 2016[39]

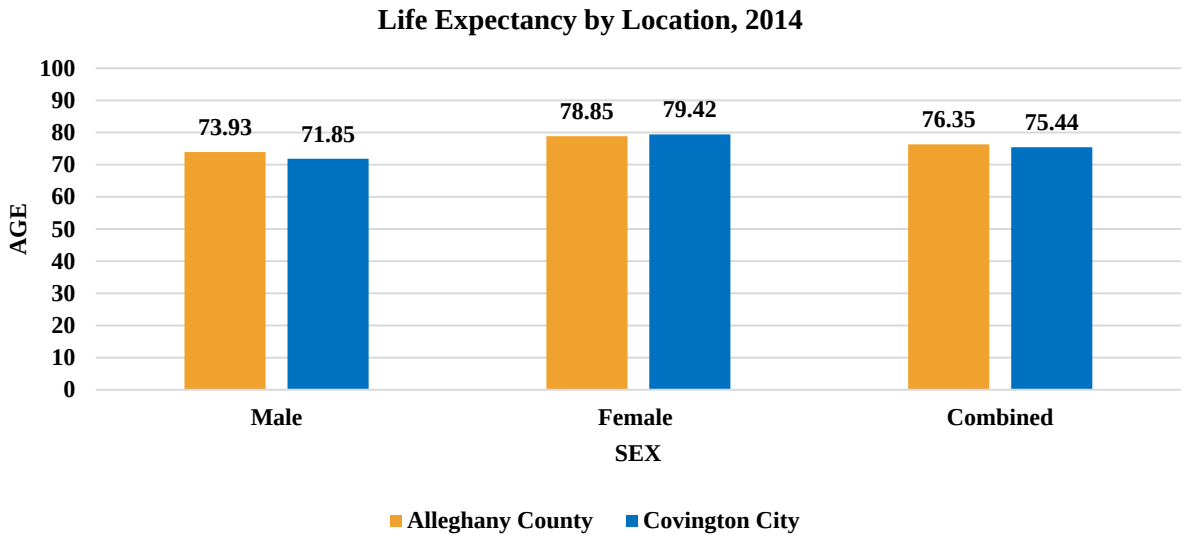
	Accident		Homicide		Natural		Suicide		Undetermined		Total	
	Total	Rate	Total	Rate	Total	Rate	Total	Rate	Total	Rate	Total	Rate
Alleghany	11	70.5	0	0.0	8	51.3	5	32.1	0	0.0	24	153.9
Covington	5	90.6	0	0.0	2	36.2	1	18.1	0	0.0	8	145.0

Life Expectancy

The graph below shows the average life expectancy at birth for women and men in Alleghany County, Covington City, Virginia, and the United States. The average life expectancy at birth in Alleghany County is 76.35 years, while Covington City is 75.44 years. The average life expectancy at birth for women in Alleghany is 78.85 years, and Covington is 79.42 years. The average life expectancy at birth for men in Alleghany is 73.93 years, and Covington is 71.85 years.[40]

[37] Center for Disease Control. National Center for Health Statistics. Stats of the State of Virginia. (2016)
[38] Office of the Medical Examiner. Annual Report. (2016)
[39] Office of the Medical Examiner. Annual Report. (2016)
[40] Institute for Health Metrics and Evaluation. US Health Map: Life Expectancy. (2014)

Life Expectancy by Location, 2014[41]



Oral Health

Dental care is an important part of overall healthcare. One of the factors that impact a person's ability to access oral preventive services are the number of dental care providers in the area. In 2016, there were 7 dental clinics within the Alleghany/Covington region.

Dentists by Location, 2015[42]

Location	Ratio of Population to Dentists
Alleghany County	4,040:1
Covington City	1,939:1
Virginia	1,611:1

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventative services. Data are only available by health district and not by locality. In the 2013/2014 survey, Virginia residents were asked…

> *"Have you visited a dentist, dental hygienist, or dental clinic within the past year?"*
> *"Have your permanent teeth been removed because of tooth decay or gum disease?"*

[41] Institute for Health and Metrics and Evaluation. US Health Map; Life Expectancy. (2014)
[42] County Health Ranking. Compare Counties: Alleghany and Covington. (2015)

The table below shows the "Yes" response rates for the above questions.

BRFSS Oral Health Results, 2014[43]	
Have you visited a dentist, dental hygienist, or dental clinic within the past year?	
Alleghany Health District	Yes: 70.0%
Southwestern Region	Yes: 62.7%
Virginia	Yes: 68.9%
Have your permanent teeth been removed because of tooth decay or gum disease?	
Alleghany Health District	Yes: 36.0%
Southwestern Region	Yes: 51.1%
Virginia	Yes: 40.8%

Health Behavior

Our individual behaviors affect our health more so than our genetics, environment, or access to care. Some behaviors protect and improve our health, such as washing our hands or regular exercising. Other behaviors increase our chances of developing diseases or injuries, such as drinking untreated water or smoking.

Substance Use

Substance use includes alcohol use, tobacco use, and other drug use, including prescription drugs. Substance misuse is the harmful misuse of substances for non-medical purposes. The term "substance abuse" usually refers to illegal drugs, but alcohol and prescription medication can also be misused and abused.

Beyond the harmful consequences for a person with addiction, substance misuse can cause serious health problems for others. Use of some drugs such as opioids during pregnancy can increase the risk of developmental problem in babies. Injection drugs such as heroin, cocaine, and methamphetamine can increase the spread of infectious diseases such as Hepatitis C and HIV.

Drug Poisoning and Opioid Use

Deaths due to medication and drug overdoses have been steadily increasing in Virginia and across the United States over the past decade. In Virginia, the number of medication and drug deaths has increased from 2.7 deaths per 100,000 person in 2010 to 13.5 deaths per 100,000 persons in 2016. In 2016 there were 1,130 opioid-related overdose deaths in Virginia.

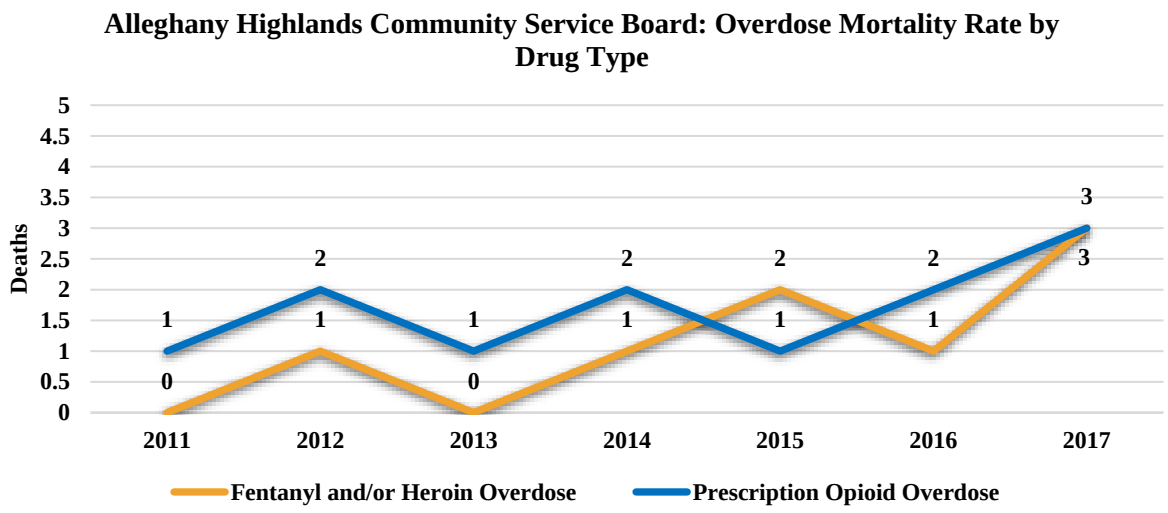
[43] Behavioral Risk Factor surveillance System. Virginia. Oral Health. (2014)

In 2017, the 5-month average rate of unintentional overdose by opioids or unspecified substance in Alleghany County was 12.5 per 100,000 people[44]

Data acquired from the Virginia Department of Health found that there were 34 emergency department visits due to opioid overdose within Alleghany County in 2016, causing an opioid overdose rate of 218.0 per 100,000 people[45]. This was an increase in emergency department visits compared to 2015, which had rates of 184.9 per 100,000 people.

Alleghany Highlands Community Service Board:

Overdose Mortality Rate by Drug Type[46]

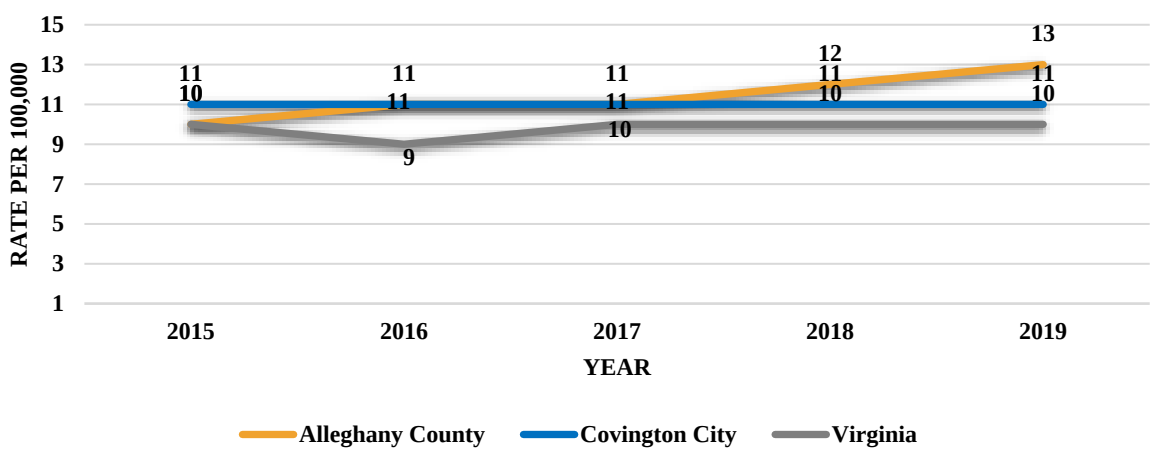


[44] Virginia Department of Health. Opioid Addiction. Alleghany County. (2017)
[45] Virginia Department of Health. Alleghany County. (2017)
[46] Virginia Department of Health. Opioid Addiction. Community Service Board Trends. (2018)

Smoking and Tobacco Use

In the Alleghany Health District more than 1 in 5 adults smoke (22.3%), compared to the 19.4% of Virginians.[47] The 2014 BRFSS looked at the percentage of adults 18 years and older who have smoked 100 cigarettes in their lifetime and now smoke every day or some days or use chewing tobacco, snuff, or snus. The BRFSS Small Area Estimation identifies that to be 29.5% in Alleghany County and 25.7% in Covington City[48].

Alleghany Health District Tobacco Use Trend, 2015-2019[49]



Overweight and Obesity

Obesity is a known risk factor for many chronic diseases. Obesity is linked to heart disease, stroke, diabetes, and cancer. It cost an estimated $147 billion in annual healthcare costs in the U.S., or an additional $1,429 in medical costs in comparison to those of healthy weight.[50]

Obesity is measured through body mass index, which is a calculation of weight relative to height. A body mass index between 25-29.9 kg/m is considered overweight, while a BMI of 30.0 kg/m or above is considered obese. In 2016, the adult obesity rate in Virginia was 29.0%. Alleghany County had a 26% reporting of adults who had a BMI of 30 or more in 2015, while Covington had 29%.[51] In 2018, the adult obesity rate in Alleghany County was 35.0% and Covington City was 28.0%[52].

[47] Virginia Department of Health. Health Behavior- any tobacco use. (2015)
[48] Virginia Department of Health. Health Behaviors by Locality. Any Tobacco Use. (2014)
[49] Virginia Department of Health. Health Behavior: Any Tobacco Use. (2015)
[50] Center for Disease Control and Prevention (2013)
[51] County Health Rankings. Virginia Adult Obesity (2015)
[52] County Health Ranking. Virginia Adult Obesity. (2018)

Motor Vehicle Injuries

There were 843 motor vehicle fatalities and 127,375 motor vehicle crashes in Virginia in 2017. Speed was the most commonly reported circumstance that contributed to these motor vehicle crashes with 23,948 crashes, and alcohol-related was second with 7285 crashes.[53] The following tables show the numbers for vehicle related crashes, fatalities, and injuries in Alleghany, Covington, and Virginia and the causes of those incidents in 2017[54].

Motor Vehicle Crash Summary by Location, 2017[55]			
Location	Crashes	Fatalities	Injuries
Alleghany County	266	2	102
Covington City	107	0	44

Motor Vehicle Crash Summary by Cause, 2016[56]						
Location	Alcohol-Related			Speed-Related		
	Crashes	Fatalities	Injuries	Crashes	Fatalities	Injuries
Alleghany County	18	2	4	54	0	28
Covington City	5	0	7	6	0	6

According to the Youth Risk Behavior Survey conducted in both Alleghany County and Covington City High Schools in 2016, the percentage of students reporting never or rarely wearing a seat belt when riding in a car driven by someone else increased from 9.9% in 2015 to 13.6% in 2016 (Alleghany) and from 15.0% in 2014 to 24.5% in 2015 (Covington). Less students from both jurisdictions reported riding in a vehicle driven by someone who had been drinking alcohol in 2016 than in 2015. Alleghany County students: 20.8% in 2015 to 17.0% in 2016. Covington City students: 25.0% in 2014 to 22.6% in 2015. The percentage of Alleghany County and Covington City High School students who reported texting while driving decreased from 38.0% in 2014 to 25.3% in 2015 (Alleghany) and from 27.5% in 2013 to 13.9% in 2015 (Covington).[57]

Maternal and Child Health

The live birth rate is 7.9 per 1,000 persons in Alleghany County compared to 13.0 per 1,000 in Covington City and 12.2 per 1,000 in Virginia in 2013.[58] Of the 123 total births in Alleghany

[53] Department of Motor Vehicles. Virginia Traffic Crash Facts. (2016)
[54] Department of Motor Vehicles. Virginia Traffic Crash Facts. (2016)
[55] Department of Motor Vehicles. Virginia Traffic Crash Facts. (2016)
[56] Department of Motor Vehicles. Virginia Traffic Crash Facts. (2016)
[57] Youth Risk Behavior Surveillance System: Alleghany County and Covington City. (2016, 2015)
[58] Virginia Department of Health. Live Birth Rates by Place of Residence. (2016)

County, 9.8% were considered low birth rate and 3.3% were considered very low birth rate. Of the 72 total births in Covington City 9.7% were considered low birth rate and 2.8% were considered very low birth rate.

In addition, data collected from the Virginia Department of Health identifies teen birth rates and low birth weight rates, which can play future roles in chronic disease later in the child's life. The table below shows the low birth weight rates between Alleghany and Covington as well as comparative rates of Virginia.

Low Birth Weight Rates by Location, 2013[59]	
Alleghany County	9.0%
Covington City	14.6%
Virginia	8.0%

Infant Mortality

The infant mortality rate for Alleghany County in 2015 was 0. The infant mortality rate for Covington City in 2015 was 9.6. According to the Virginia Department of Health, both localities had a rate of 0.0 per 1,000 in 2016. The following table shows infant mortality rates for both localities in a 5 year period.

Infant Mortality Rates per 1,000 by Year by Location, 2012-2016[60]					
	2016	2015	2014	2013	2012
Alleghany County	0.0	0.0	30.6	30.0	7.9
Covington City	0.0	9.6	0.0	19.4	0.0
Virginia	5.8	5.9	5.7	6.2	6.3

Teen Pregnancy

In 2016, Alleghany County reported 13 pregnancies among 15-19 year old girls, with a majority of pregnancies occurring among 18-19 year old girls. Covington City reported 7 pregnancies among 15-19 year old girls in 2016, also with a majority occurring among 18-19 year old girls[61].

Behavioral Health

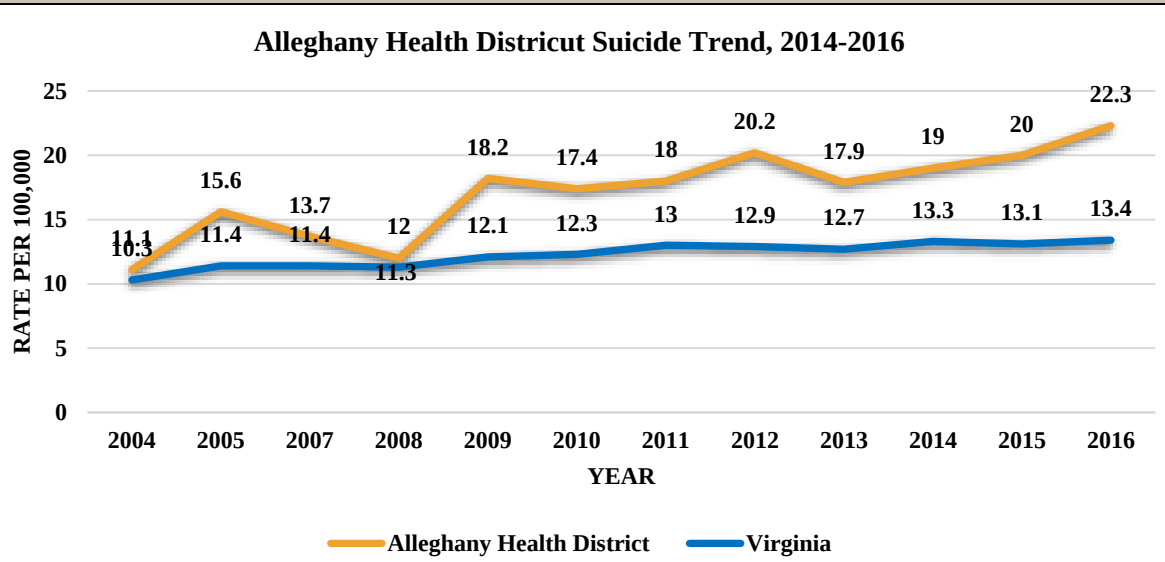
[59] Virginia Department of Health. Health Profile: Alleghany and Covington. (2013)
[60] Virginia Department of Health. Infant Deaths by Place of Residence. (2016)
[61] Virginia Department of Health. Teenage Pregnancies by City or County. (2016)

Behavioral health describes the connection between behaviors and the wellbeing of the body, mind, and spirit. Behavioral health includes not only mental health but also behaviors, such as eating habits or use of alcohol.

Suicide

Suicide is the third leading manner of death in Alleghany County and Covington City. According to the YRBS conducted at Alleghany County High Schools in 2016, 14.5% of students seriously considered attempting suicide in the past 12 months and 13.0% of students made a plan about how to attempt suicide in the past 12 months. Approximately 8.8% of students attempted suicide in the past 12 months. The Youth Risk Behavior Survey conducted at Covington City High Schools in 2015, 17.8% of students seriously considered attempting suicide in the past 12 months and 12.9% of students made a plan about how to attempt suicide in the past 12 months. Approximately 10.8% of students attempted suicide in the past 12 months[62]. As of 2014, the suicide rate in Alleghany County was 21.2 per 100,000 people, Covington City data was not available[63]

Alleghany Health District Suicide Trend, 2004-2016[64]



Healthcare Resources and Access

Health Insurance

Health insurance coverage is an important indicator of health in our communities and is important for accessing healthcare resources. The 2017 Census estimates show Alleghany County having an estimated 9.8% of individuals and Covington City having an estimated 16.7% of individuals under 65 years old who have no health insurance coverage, based on the 2010 U.S. Census.[65]

[62] Youth Risk Behavior Survey. Alleghany County (2016). Covington City (2015)
[63] Center for Disease Control. Fatal Injury Mapping by County. (2014)
[64] Virginia Department of Health. Injury and Violence. Injury Deaths by Locality. (2016)
[65] United States Census Bureau. Quick Facts: Alleghany County, Covington City. (2017)

Access to Clinical Care and Barriers to Care

The available health resources in the community have great influence on access to healthcare services. Understanding access to primary healthcare services in our community is important since we know that having a primary medical home and access to wellness screenings ultimately support better health outcomes. Having a medical home and access to care also lowers healthcare cost in the community overall.

The table below shows the access to primary care in ratio of population to primary care physicians. Covington City has a larger ratio than that of Alleghany County and Virginia. The American Medical Association defines primary care providers as the following groups: General Family Medicine, General Practice, General Internal Medicine, and General Pediatrics.

Primary Physicians by Location, 2017[66]	
Location	Ratio of Population to Primary Care Physician
Alleghany County	1,353:1
Covington City	1,443:1
Virginia	1,344:1

[66] County Health Rankings. Compare Counties: Alleghany and Covington. (2017)

SECTION 4: COMMUNITY HEALTH IMPROVEMENT PLAN

Section 4: Community Health Improvement Plan

This section provides an overview of the process and the outcome of the Community Health Improvement Plan.

Introduction to the Community Health Improvement Plan

After a careful review of all available primary and secondary data, the Steering Committee compiled a list of approximately 50 health topics for consideration. The Steering Committee identified the top 14 health topics across the following categories: (1) Early childhood (2) Children (3) Youth (4) Adults (5) Older Adults (6) Family and (7) Community. The following health topics emerged as priorities in each of the seven categories:

Preliminary Prioritization

Category	Health Topic
Early Childhood (0-5)	➢ Kindergarten readiness for children 0-5 ▪ Low rate of grade level reading ▪ Children not accessing primary care
Child (6-10)	➢ High rates of obesity/being overweight ➢ Academic attainment and high school graduation
Youth (11-17)	➢ Limited teen activities ➢ High rates of youth involvement in juvenile justice system
Adult (18-64)	➢ Limited economic opportunities ➢ Limited health literacy (understanding health information to make health decisions)
Older adult (65+)	➢ Need for increased services for older adults to age in place ➢ Quality elder care, inability to afford medicine
Family	➢ Inability to afford food ➢ Mental health concerns: depression, anxiety, suicide, stigma
Community	➢ Insufficient knowledge of community and health resources ➢ Substance use: alcohol, illicit drugs, prescription drug abuse, tobacco, opioids

A Community Health Launch was planned and held on February 6th, 2019 at the Clifton Forge Fire Department (the event on February 5th did not occur due to low RSVPs). Community members attended to review the Community Health Assessment data that supported the 14 health topics and share community resources and assets in each of the 14 health topics. Following the meeting, all of the input on resources and assets were compiled in a Community Resource Guide.

At a follow up meeting, community members and Steering Committee members prioritized the top three health topics through a process of voting. After distributing the Community Resource Guide and reviewing strengths and assets, each voted for the top three health topics that were most important to them. The following emerged as our top three focus areas with the most votes:

- **Community: Knowledge of Resources**
- **Community: Substance Use**
- **Early Childhood: Kindergarten Readiness, Low Rate of Grade Level Reading**

A series of planning meetings were held with community members from March – August 2019. Goals, objectives, strategies, and action steps were documented for each of the action steps. An action plan was created and the full action plan for each focus area is included in Appendix B.

The Live Well Alleghany Highlands Steering Committee continues to oversee the implementation of the action plans.

APPENDICES

Reference Document - Appendix A: Community Health Assessment Data Analysis

Community Health Assessment Survey: Responses by demographic

There is good healthcare in Alleghany County and Covington City			
	Agree	Neutral	Disagree
Income**			
$0-10,000	24%	26%	50%
$10,001-20,000	38%	17%	45%
$20,001-30,000	25%	39%	36%
$30,001-40,000	21%	17%	62%
$40,001-50,000	42%	11%	47%
$50,001-60,000	40%	11%	47%
$60,001-70,000	22%	11%	67%
$70,001-100,000	33%	26%	41%
>$100,001	22%	25%	53%
Age			
20-29	40%	30%	30%
30-39	14%	18%	67%
40-49	32%	14%	54%
50-59	27%	23%	50%
60-69	39%	18%	43%
70+	28%	30%	42%
Race			
White	31%	22%	47%
Black/African-American	31%	25%	44%
American Indian	8%	23%	69%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	22%	11%	66%
Education Level			
Less than high school	28%	12%	60%
Some high school	33%	22%	45%
High school diploma	32%	22%	45%
Associate's Degree	25%	24%	52%
Bachelor's Degree	30%	19%	72%
Master's/PhD	27%	23%	50%
Employment Status			
Unemployed	31%	22%	48%
Part-time	31%	18%	52%
Full-time	28%	22%	50%
Self-employed	14%	29%	57%
Homemaker	44%	16%	40%
Retired	34%	23%	44%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

Alleghany County/Covington City is a good place to raise children			
	Agree	Neutral	Disagree
Income			
$0-10,000	28%	22%	50%
$10,001-20,000	48%	27%	65%
$20,001-30,000	25%	39%	36%
$30,001-40,000	15%	23%	62%
$40,001-50,000	42%	21%	37%
$50,001-60,000	30%	16%	52%
$60,001-70,000	25%	8%	67%
$70,001-100,000	38%	31%	31%
>$100,001	10%	25%	65%
Age			
20-29	30%	40%	30%
30-39	14%	18%	67%
40-49	42%	14%	44%
50-59	37%	10%	53%
60-69	42%	10%	48%
70+	28%	30%	42%
Race			
White	50%	25%	25%
Black/African-American	25%	35%	40%
American Indian	25%	45%	30%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	80%	10%	10%
Education Level			
Less than high school	38%	2%	60%
Some high school	54%	28%	18%
High school diploma	24%	42%	34%
Associate's Degree	52%	16%	32%
Bachelor's Degree	40%	45%	15%
Master's/PhD	37%	13%	50%
Employment Status**			
Unemployed	63%	25%	12%
Part-time	61%	26%	13%
Full-time	63%	24%	13%
Self-employed	14%	86%	0%
Homemaker	35%	64%	1%
Retired	67%	14%	19%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

Alleghany County/Covington City is a good place to grow old			
	Agree	Neutral	Disagree
Income			
$0-10,000	17%	42%	59%
$10,001-20,000	23%	31%	46%
$20,001-30,000	38%	27%	65%
$30,001-40,000	8%	49%	43%
$40,001-50,000	36%	31%	33%
$50,001-60,000	27%	41%	68%
$60,001-70,000	31%	16%	53%
$70,001-100,000	29%	38%	33%
>$100,001	13%	34%	47%
Age**			
20-29	36%	27%	37%
30-39	24%	38%	62%
40-49	31%	25%	56%
50-59	26%	14%	60%
60-69	38%	37%	25%
70+	41%	24%	35%
Race**			
White	54%	25%	21%
Black/African-American	47%	27%	25%
American Indian	38%	0%	62%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	22%	34%	44%
Education Level**			
Less than high school	60%	20%	20%
Some high school	20%	60%	20%
High school diploma	60%	19%	21%
Associate's Degree	53%	22%	25%
Bachelor's Degree	42%	29%	29%
Master's/PhD	52%	24%	24%
Employment Status**			
Unemployed	40%	40%	20%
Part-time	30%	54%	16%
Full-time	22%	53%	25%
Self-employed	88%	12%	0%
Homemaker	28%	44%	28%
Retired	58%	18%	24%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

There is plenty of economic opportunity in Alleghany County/Covington City			
	Agree	Neutral	Disagree
Income			
$0-10,000	9%	17%	74%
$10,001-20,000	5%	14%	81%
$20,001-30,000	5%	15%	80%
$30,001-40,000	0%	13%	87%
$40,001-50,000	15%	14%	71%
$50,001-60,000	19%	12%	69%
$60,001-70,000	13%	4%	83%
$70,001-100,000	15%	20%	65%
>$100,001	18%	30%	52%
Age			
20-29	8%	27%	65%
30-39	11%	24%	65%
40-49	10%	37%	53%
50-59	16%	42%	58%
60-69	28%	31%	41%
70+	21%	31%	48%
Race**			
White	14%	10%	76%
Black/African-American	11%	7%	82%
American Indian	8%	8%	84%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	10%	0%	90%
Education Level**			
Less than high school	7%	8%	85%
Some high school	22%	13%	65%
High school diploma	8%	15%	77%
Associate's Degree	7%	15%	78%
Bachelor's Degree	8%	13%	79%
Master's/PhD	10%	14%	76%
Employment Status**			
Unemployed	3%	14%	83%
Part-time	11%	17%	72%
Full-time	9%	13%	78%
Self-employed	14%	14%	71%
Homemaker	36%	0%	64%
Retired	5%	18%	77%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

Alleghany County/Covington City is a safe place to live			
	Agree	Neutral	Disagree
Income**			
$0-10,000	72%	16%	12%
$10,001-20,000	68%	14%	18%
$20,001-30,000	66%	30%	4%
$30,001-40,000	59%	31%	10%
$40,001-50,000	81%	16%	3%
$50,001-60,000	82%	8%	10%
$60,001-70,000	75%	25%	0%
$70,001-100,000	86%	16%	0%
>$100,001	83%	17%	2%
Age			
20-29	75%	15%	10%
30-39	71%	14%	5%
40-49	75%	21%	4%
50-59	74%	21%	5%
60-69	76%	18%	6%
70+	71%	15%	14%
Race**			
White	75%	19%	6%
Black/African-American	64%	23%	11%
American Indian	92%	8%	0%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	60%	0%	40%
Education Level			
Less than high school	70%	12%	18%
Some high school	76%	18%	6%
High school diploma	72%	11%	17%
Associate's Degree	81%	16%	3%
Bachelor's Degree	78%	18%	4%
Master's/PhD	75%	10%	15%
Employment Status			
Unemployed	73%	24%	3%
Part-time	81%	9%	10%
Full-time	72%	22%	6%
Self-employed	100%	0%	0%
Homemaker	60%	32%	8%
Retired	77%	12%	11%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

There is plenty of help for people during their time of need in Alleghany County/Covington City			
	Agree	Neutral	Disagree
Income**			
$0-10,000	41%	22%	37%
$10,001-20,000	49%	31%	20%
$20,001-30,000	53%	22%	25%
$30,001-40,000	52%	25%	23%
$40,001-50,000	53%	31%	16%
$50,001-60,000	60%	23%	17%
$60,001-70,000	42%	44%	14%
$70,001-100,000	65%	21%	14%
>$100,001	50%	39%	11%
Age			
20-29	47%	36%	17%
30-39	41%	36%	23%
40-49	56%	24%	20%
50-59	54%	27%	19%
60-69	58%	20%	22%
70+	71%	21%	8%
Race**			
White	55%	26%	19%
Black/African-American	43%	24%	23%
American Indian	2%	96%	2%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	40%	0%	60%
Education Level			
Less than high school	32%	28%	40%
Some high school	54%	31%	15%
High school diploma	54%	28%	18%
Associate's Degree	52%	29%	19%
Bachelor's Degree	58%	24%	18%
Master's/PhD	43%	33%	24%
Employment Status**			
Unemployed	33%	45%	22%
Part-time	49%	30%	21%
Full-time	53%	27%	20%
Self-employed	43%	57%	0%
Homemaker	52%	28%	20%
Retired	63%	17%	20%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

I am able to find out about health services and supports so I can get all of my health needs met			
	Agree	Neutral	Disagree
Income			
$0-10,000	38%	42%	20%
$10,001-20,000	49%	29%	22%
$20,001-30,000	61%	37%	2%
$30,001-40,000	52%	31%	17%
$40,001-50,000	53%	31%	16%
$50,001-60,000	49%	22%	29%
$60,001-70,000	42%	44%	14%
$70,001-100,000	54%	36%	10%
>$100,001	53%	28%	19%
Age			
20-29	41%	35%	24%
30-39	41%	36%	23%
40-49	47%	29%	24%
50-59	54%	27%	19%
60-69	58%	28%	14%
70+	81%	16%	3%
Race			
White	65%	30%	5%
Black/African-American	43%	24%	23%
American Indian	60%	20%	20%
Native Hawaiian/Pacific Islander	0	0	0
More than one race	60%	0%	40%
Education Level**			
Less than high school	40%	0%	60%
Some high school	42%	27%	31%
High school diploma	42%	33%	25%
Associate's Degree	52%	29%	19%
Bachelor's Degree	51%	31%	18%
Master's/PhD	29%	47%	24%
Employment Status			
Unemployed	58%	31%	11%
Part-time	49%	30%	21%
Full-time	51%	27%	22%
Self-employed	49%	31%	20%
Homemaker	52%	17%	31%
Retired	63%	17%	20%

(**) Denotes a statically significant relationship between variables at a p-value of .05.

I have trouble understanding information given from the doctor				
	Never	Occasionally	Sometimes	Often
Income**				
$0-10,000	47%	27%	14%	11%
$10,001-20,000	38%	24%	24%	15%
$20,001-30,000	72%	16%	12%	0%
$30,001-40,000	63%	24%	11%	2%
$40,001-50,000	69%	22%	8%	0%
$50,001-60,000	65%	19%	15%	0%
$60,001-70,000	87%	11%	3%	0%
$70,001-100,000	60%	30%	9%	2%
>$100,001	86%	12%	2%	0%
Age**				
20-29	71%	17%	12%	0%
30-39	63%	14%	15%	8%
40-49	67%	23%	10%	1%
50-59	67%	20%	9%	5%
60-69	50%	27%	17%	6%
70+	49%	26%	12%	12%
Race				
White	54%	0%	31%	15%
Black/African-American	62%	16%	18%	4%
American Indian/Alaskan Native	54%	0%	31%	15%
Native Hawaiian/Pacific Islander	0	0	0	0
More than one race	70%	20%	10%	0%
Education Level**				
Less than high school	28%	12%	8%	52%
Some high school	53%	10%	29%	8%
High school diploma	61%	24%	13%	2%
Associate's Degree	73%	21%	5%	2%
Bachelor's Degree	72%	18%	10%	0%
Master's/PhD	75%	20%	5%	0%
Employment Status**				
Unemployed	55%	15%	27%	3%
Part-time	68%	23%	7%	2%
Full-time	71%	19%	10%	0%
Self-employed	86%	0%	14%	0%
Homemaker	61%	13%	4%	22%
Retired	47%	27%	11%	15%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Do you have a regular doctor?		
	Yes	No
Income		
$0-10,000	80%	20%
$10,001-20,000	92%	8%
$20,001-30,000	81%	19%
$30,001-40,000	83%	17%
$40,001-50,000	81%	19%
$50,001-60,000	69%	31%
$60,001-70,000	92%	8%
$70,001-100,000	88%	12%
>$100,001	77%	23%
Age**		
20-29	64%	36%
30-39	74%	26%
40-49	83%	13%
50-59	84%	16%
60-69	93%	7%
70+	98%	2%
Race		
White	82%	18%
Black/African-American	88%	12%
American Indian/Alaskan Native	85%	15%
Native Hawaiian/Pacific Islander	0	0
More than one race	90%	10%
Education Level**		
Less than high school	92%	8%
Some high school	69%	31%
High school diploma	83%	17%
Associate's Degree	88%	12%
Bachelor's Degree	84%	16%
Master's/PhD	86%	14%
Employment Status**		
Unemployed	80%	20%
Part-time	81%	19%
Full-time	82%	18%
Self-employed	63%	37%
Homemaker	56%	44%
Retired	95%	5%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I have had an eye exam within the last 12 months		
	Yes	No
Income		
$0-10,000	43%	57%
$10,001-20,000	60%	40%
$20,001-30,000	55%	45%
$30,001-40,000	57%	43%
$40,001-50,000	58%	42%
$50,001-60,000	42%	58%
$60,001-70,000	55%	45%
$70,001-100,000	56%	44%
>$100,001	61%	39%
Age**		
20-29	45%	55%
30-39	44%	56%
40-49	57%	43%
50-59	55%	45%
60-69	66%	34%
70+	61%	39%
Race		
White	54%	46%
Black/African-American	62%	38%
American Indian/Alaskan Native	69%	31%
Native Hawaiian/Pacific Islander	0	0
More than one race	44%	56%
Education Level		
Less than high school	48%	52%
Some high school	48%	52%
High school diploma	53%	47%
Associate's Degree	60%	40%
Bachelor's Degree	66%	34%
Master's/PhD	57%	43%
Employment Status**		
Unemployed	50%	50%
Part-time	46%	54%
Full-time	57%	43%
Self-employed	63%	37%
Homemaker	21%	79%
Retired	63%	37%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I have been to the emergency room in the last 12 months		
	Yes	No
Income**		
$0-10,000	47%	53%
$10,001-20,000	47%	53%
$20,001-30,000	42%	58%
$30,001-40,000	26%	74%
$40,001-50,000	38%	62%
$50,001-60,000	22%	78%
$60,001-70,000	22%	79%
$70,001-100,000	28%	72%
>$100,001	15%	85%
Age**		
20-29	28%	72%
30-39	41%	59%
40-49	45%	55%
50-59	20%	80%
60-69	28%	72%
70+	43%	57%
Race		
White	34%	66%
Black/African-American	39%	61%
American Indian/Alaskan Native	15%	85%
Native Hawaiian/Pacific Islander	0	0
More than one race	33%	67%
Education Level**		
Less than high school	56%	44%
Some high school	38%	62%
High school diploma	35%	65%
Associate's Degree	30%	70%
Bachelor's Degree	16%	84%
Master's/PhD	22%	78%
Employment Status		
Unemployed	37%	63%
Part-time	35%	65%
Full-time	32%	68%
Self-employed	57%	43%
Homemaker	30%	70%
Retired	35%	65%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I have been to the emergency room for an injury in the last 12 months		
	Yes	No
Income		
$0-10,000	16%	84%
$10,001-20,000	10%	90%
$20,001-30,000	14%	86%
$30,001-40,000	14%	86%
$40,001-50,000	18%	82%
$50,001-60,000	6%	94%
$60,001-70,000	18%	82%
$70,001-100,000	14%	86%
>$100,001	16%	84%
Age**		
20-29	3%	97%
30-39	19%	81%
40-49	20%	80%
50-59	11%	89%
60-69	8%	92%
70+	7%	93%
Race		
White	14%	86%
Black/African-American	8%	92%
American Indian/Alaskan Native	8%	92%
Native Hawaiian/Pacific Islander	0	0
More than one race	22%	78%
Education Level		
Less than high school	27%	73%
Some high school	15%	85%
High school diploma	12%	88%
Associate's Degree	17%	83%
Bachelor's Degree	6%	94%
Master's/PhD	0%	100%
Employment Status**		
Unemployed	14%	86%
Part-time	13%	87%
Full-time	15%	85%
Self-employed	25%	75%
Homemaker	26%	74%
Retired	5%	95%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Victim of 1 or More Instances of Sexual Assault in the Last 12 Months		
	Yes	No
Income**		
$0-10,000	2%	98%
$10,001-20,000	2%	98%
$20,001-30,000	0%	100%
$30,001-40,000	0%	100%
$40,001-50,000	0%	100%
$50,001-60,000	0%	100%
$60,001-70,000	0%	100%
$70,001-100,000	0%	100%
>$100,001	0%	100%
Age		
20-29	0%	100%
30-39	0%	100%
40-49	0%	100%
50-59	2%	98%
60-69	0%	100%
70+	2%	98%
Race		
White	1%	99%
Black/African-American	2%	98%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	100%
Education Level		
Less than high school	0%	100%
Some high school	0%	100%
High school diploma	1%	99%
Associate's Degree	0%	100%
Bachelor's Degree	0%	100%
Master's/PhD	0%	100%
Employment Status		
Unemployed	3%	97%
Part-time	0%	100%
Full-time	0%	100%
Self-employed	0%	100%
Homemaker	0%	100%
Retired	0%	100%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Victim of 1 or More Instances of Emotional Abuse		
	Yes	No
Income**		
$0-10,000	39%	61%
$10,001-20,000	18%	82%
$20,001-30,000	33%	67%
$30,001-40,000	20%	80%
$40,001-50,000	16%	84%
$50,001-60,000	14%	86%
$60,001-70,000	11%	89%
$70,001-100,000	16%	84%
>$100,001	4%	96%
Age		
20-29	23%	77%
30-39	32%	68%
40-49	17%	83%
50-59	24%	76%
60-69	13%	87%
70+	3%	97%
Race		
White	20%	80%
Black/African-American	16%	84%
American Indian/Alaskan Native	8%	92%
Native Hawaiian/Pacific Islander	0	0
More than one race	33%	67%
Education Level		
Less than high school	26%	74%
Some high school	13%	87%
High school diploma	18%	82%
Associate's Degree	22%	78%
Bachelor's Degree	26%	74%
Master's/PhD	14%	86%
Employment Status		
Unemployed	17%	83%
Part-time	33%	67%
Full-time	19%	81%
Self-employed	13%	87%
Homemaker	21%	79%
Retired	10%	90%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Victim of 1 or More Instances of Physical Abuse		
	Yes	No
Income**		
$0-10,000	18%	82%
$10,001-20,000	12%	88%
$20,001-30,000	16%	84%
$30,001-40,000	10%	90%
$40,001-50,000	10%	90%
$50,001-60,000	10%	90%
$60,001-70,000	3%	97%
$70,001-100,000	4%	96%
>$100,001	2%	98%
Age		
20-29	10%	90%
30-39	13%	87%
40-49	11%	89%
50-59	12%	88%
60-69	8%	92%
70+	2%	98%
Race		
White	10%	90%
Black/African-American	9%	91%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0	0
More than one race	33%	67%
Education Level		
Less than high school	7%	93%
Some high school	0%	100%
High school diploma	12%	88%
Associate's Degree	10%	90%
Bachelor's Degree	13%	87%
Master's/PhD	5%	95%
Employment Status		
Unemployed	13%	87%
Part-time	12%	88%
Full-time	10%	90%
Self-employed	13%	87%
Homemaker	0%	100%
Retired	7%	93%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I take the medicine my doctor tells me to take for my health conditions		
	Yes	No
Income**		
$0-10,000	84%	16%
$10,001-20,000	97%	3%
$20,001-30,000	77%	23%
$30,001-40,000	80%	20%
$40,001-50,000	81%	19%
$50,001-60,000	85%	15%
$60,001-70,000	96%	4%
$70,001-100,000	92%	8%
>$100,001	100%	0%
Age**		
20-29	65%	35%
30-39	78%	22%
40-49	90%	10%
50-59	94%	6%
60-69	96%	3%
70+	97%	3%
Race		
White	89%	11%
Black/African-American	78%	22%
American Indian/Alaskan Native	73%	27%
Native Hawaiian/Pacific Islander	0	0
More than one race	100%	0%
Education Level		
Less than high school	91%	9%
Some high school	85%	15%
High school diploma	85%	15%
Associate's Degree	92%	8%
Bachelor's Degree	90%	10%
Master's/PhD	94%	6%
Employment Status**		
Unemployed	14%	86%
Part-time	13%	87%
Full-time	15%	85%
Self-employed	25%	75%
Homemaker	26%	74%
Retired	5%	95%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I can afford the medicine needed for my health conditions		
	Yes	No
Income**		
$0-10,000	50%	50%
$10,001-20,000	57%	43%
$20,001-30,000	75%	25%
$30,001-40,000	73%	27%
$40,001-50,000	79%	21%
$50,001-60,000	89%	11%
$60,001-70,000	90%	10%
$70,001-100,000	94%	6%
>$100,001	100%	0%
Age		
20-29	68%	32%
30-39	67%	33%
40-49	83%	17%
50-59	69%	31%
60-69	81%	19%
70+	83%	17%
Race**		
White	78%	22%
Black/African-American	64%	36%
American Indian/Alaskan Native	50%	50%
Native Hawaiian/Pacific Islander	0	0
More than one race	63%	37%
Education Level		
Less than high school	87%	13%
Some high school	74%	26%
High school diploma	77%	29%
Associate's Degree	82%	18%
Bachelor's Degree	79%	21%
Master's/PhD	84%	16%
Employment Status**		
Unemployed	46%	54%
Part-time	59%	41%
Full-time	81%	19%
Self-employed	100%	0%
Homemaker	10%	0%
Retired	81%	19%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I can afford the healthcare I believe my family or I need		
	Yes	No
Income**		
$0-10,000	84%	16%
$10,001-20,000	97%	3%
$20,001-30,000	77%	23%
$30,001-40,000	80%	20%
$40,001-50,000	81%	19%
$50,001-60,000	85%	15%
$60,001-70,000	96%	4%
$70,001-100,000	92%	8%
>$100,001	100%	0%
Age**		
20-29	65%	35%
30-39	78%	22%
40-49	90%	10%
50-59	94%	6%
60-69	96%	3%
70+	97%	3%
Race		
White	89%	11%
Black/African-American	78%	22%
American Indian/Alaskan Native	73%	27%
Native Hawaiian/Pacific Islander	0	0
More than one race	100%	0%
Education Level		
Less than high school	91%	9%
Some high school	85%	15%
High school diploma	85%	15%
Associate's Degree	92%	8%
Bachelor's Degree	90%	10%
Master's/PhD	94%	6%
Employment Status**		
Unemployed	14%	86%
Part-time	13%	87%
Full-time	15%	85%
Self-employed	25%	75%
Homemaker	26%	74%
Retired	5%	95%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I know where I can go for healthcare even if I don't have insurance		
	Yes	No
Income**		
$0-10,000	40%	60%
$10,001-20,000	52%	48%
$20,001-30,000	53%	47%
$30,001-40,000	44%	56%
$40,001-50,000	59%	41%
$50,001-60,000	80%	20%
$60,001-70,000	75%	25%
$70,001-100,000	85%	15%
>$100,001	96%	4%
Age		
20-29	57%	43%
30-39	56%	44%
40-49	49%	51%
50-59	44%	56%
60-69	42%	58%
70+	41%	59%
Race		
White	48%	52%
Black/African-American	61%	39%
American Indian/Alaskan Native	25%	75%
Native Hawaiian/Pacific Islander	0	0
More than one race	43%	57%
Education Level		
Less than high school	77%	23%
Some high school	49%	51%
High school diploma	49%	51%
Associate's Degree	46%	54%
Bachelor's Degree	40%	60%
Master's/PhD	57%	43%
Employment Status**		
Unemployed	61%	39%
Part-time	29%	71%
Full-time	46%	54%
Self-employed	17%	83%
Homemaker	79%	21%
Retired	51%	49%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I am over 21 years of age and have had a Pap smear in the past three years		
	Yes	No
Income**		
$0-10,000	62%	38%
$10,001-20,000	61%	39%
$20,001-30,000	85%	15%
$30,001-40,000	79%	21%
$40,001-50,000	65%	35%
$50,001-60,000	91%	9%
$60,001-70,000	91%	9%
$70,001-100,000	93%	7%
>$100,001	88%	12%
Age**		
20-29	94%	6%
30-39	81%	19%
40-49	88%	12%
50-59	81%	19%
60-69	65%	35%
70+	51%	49%
Race		
White	79%	21%
Black/African-American	87%	13%
American Indian/Alaskan Native	50%	50%
Native Hawaiian/Pacific Islander	0	0
More than one race	80%	20%
Education Level**		
Less than high school	50%	50%
Some high school	59%	41%
High school diploma	82%	18%
Associate's Degree	84%	16%
Bachelor's Degree	83%	17%
Master's/PhD	77%	23%
Employment Status**		
Unemployed	84%	16%
Part-time	71%	29%
Full-time	87%	13%
Self-employed	100%	0%
Homemaker	75%	25%
Retired	58%	42%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Reference Document

I am over 40 years of age and have had a mammogram in the past 12 months		
	Yes	No
Income**		
$0-10,000	71%	29%
$10,001-20,000	88%	12%
$20,001-30,000	68%	32%
$30,001-40,000	67%	13%
$40,001-50,000	64%	36%
$50,001-60,000	92%	8%
$60,001-70,000	76%	24%
$70,001-100,000	84%	16%
>$100,001	53%	47%
Age		
20-29	x	x
30-39	x	x
40-49	68%	32%
50-59	77%	23%
60-69	76%	24%
70+	83%	16%
Race**		
White	73%	27%
Black/African-American	91%	9%
American Indian/Alaskan Native	100%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	25%	75%
Education Level		
Less than high school	80%	20%
Some high school	54%	46%
High school diploma	75%	25%
Associate's Degree	77%	23%
Bachelor's Degree	81%	19%
Master's/PhD	70%	30%
Employment Status**		
Unemployed	95%	5%
Part-time	52%	48%
Full-time	72%	28%
Self-employed	100%	0%
Homemaker	33%	67%
Retired	81%	19%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

I am over 50 years of age and have had a colonoscopy in the past 10 years		
	Yes	No
Income		
$0-10,000	78%	22%
$10,001-20,000	71%	29%
$20,001-30,000	67%	33%
$30,001-40,000	86%	14%
$40,001-50,000	50%	50%
$50,001-60,000	50%	50%
$60,001-70,000	100%	0%
$70,001-100,000	60%	40%
>$100,001	86%	14%
Age		
20-29	x	x
30-39	x	x
40-49	x	x
50-59	60%	40%
60-69	77%	23%
70+	89%	11%
Race		
White	75%	25%
Black/African-American	100%	0%
American Indian/Alaskan Native	100%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level**		
Less than high school	80%	20%
Some high school	100%	0%
High school diploma	71%	29%
Associate's Degree	33%	67%
Bachelor's Degree	67%	33%
Master's/PhD	75%	25%
Employment Status		
Unemployed	80%	20%
Part-time	50%	50%
Full-time	65%	35%
Self-employed	100%	0%
Homemaker	0%	0%
Retired	84%	16%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports physical activity (e.g., parks, sidewalks, bike lanes, etc.) in ZIP code 24422		
	Yes	No
Income		
$0-10,000	42%	58%
$10,001-20,000	62%	39%
$20,001-30,000	40%	60%
$30,001-40,000	56%	44%
$40,001-50,000	46%	54%
$50,001-60,000	46%	54%
$60,001-70,000	64%	36%
$70,001-100,000	75%	25%
>$100,001	67%	33%
Age		
20-29	45%	55%
30-39	48%	52%
40-49	61%	39%
50-59	61%	39%
60-69	63%	37%
70+	60%	40%
Race		
White	58%	42%
Black/African-American	69%	31%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0	0
More than one race	100%	0%
Education Level		
Less than high school	38%	63%
Some high school	56%	44%
High school diploma	52%	48%
Associate's Degree	72%	28%
Bachelor's Degree	59%	41%
Master's/PhD	55%	46%
Employment Status		
Unemployed	58%	42%
Part-time	44%	56%
Full-time	58%	42%
Self-employed	75%	25%
Homemaker	50%	50%
Retired	59%	41%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports physical activity (e.g., parks, sidewalks, bike lanes, etc.) in ZIP code 24426		
	Yes	No
Income		
$0-10,000	55%	45%
$10,001-20,000	61%	39%
$20,001-30,000	59%	41%
$30,001-40,000	43%	57%
$40,001-50,000	45%	55%
$50,001-60,000	81%	19%
$60,001-70,000	50%	50%
$70,001-100,000	66%	35%
>$100,001	61%	39%
Age		
20-29	64%	36%
30-39	43%	57%
40-49	67%	33%
50-59	53%	47%
60-69	57%	42%
70+	78%	22%
Race		
White	62%	38%
Black/African-American	56%	44%
American Indian/Alaskan Native	22%	78%
Native Hawaiian/Pacific Islander	0	0
More than one race	50%	50%
Education Level		
Less than high school	67%	33%
Some high school	84%	16%
High school diploma	55%	45%
Associate's Degree	59%	41%
Bachelor's Degree	50%	50%
Master's/PhD	50%	50%
Employment Status		
Unemployed	59%	42%
Part-time	69%	31%
Full-time	56%	44%
Self-employed	100%	0%
Homemaker	59%	42%
Retired	61%	39%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports physical activity (e.g., parks, sidewalks, bike lanes, etc.) in ZIP code 24460		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	0%	0%
$20,001-30,000	100%	0%
$30,001-40,000	0%	100%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	0%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	0%	0%
30-39	0%	0%
40-49	0%	100%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	67%	33%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	100%
High school diploma	0%	0%
Associate's Degree	0%	100%
Bachelor's Degree	0%	0%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	0%	100%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports physical activity (e.g., parks, sidewalks, bike lanes, etc.) in ZIP code 24474		
	Yes	No
Income		
$0-10,000	100%	0%
$10,001-20,000	0%	0%
$20,001-30,000	0%	100%
$30,001-40,000	0%	0%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	100%
$70,001-100,000	0%	100%
>$100,001	0%	100%
Age		
20-29	0%	0%
30-39	0%	2%
40-49	33%	67%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	86%	14%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	100%
High school diploma	0%	100%
Associate's Degree	50%	50%
Bachelor's Degree	0%	100%
Master's/PhD	100%	0%
Employment Status		
Unemployed	0%	100%
Part-time	100%	0%
Full-time	0%	100%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports healthy eating (e.g., community gardens, farmer's markets, etc.) in ZIP code 24422		
	Yes	No
Income		
$0-10,000	33%	67%
$10,001-20,000	41%	59%
$20,001-30,000	36%	64%
$30,001-40,000	19%	81%
$40,001-50,000	50%	50%
$50,001-60,000	29%	71%
$60,001-70,000	45%	55%
$70,001-100,000	43%	57%
>$100,001	31%	69%
Age		
20-29	9%	91%
30-39	31%	69%
40-49	31%	69%
50-59	46%	54%
60-69	42%	58%
70+	50%	50%
Race		
White	38%	62%
Black/African-American	54%	46%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0	0
More than one race	100%	0%
Education Level		
Less than high school	63%	38%
Some high school	44%	56%
High school diploma	40%	60%
Associate's Degree	38%	62%
Bachelor's Degree	29%	71%
Master's/PhD	27%	73%
Employment Status		
Unemployed	21%	79%
Part-time	44%	56%
Full-time	34%	66%
Self-employed	100%	0%
Homemaker	25%	75%
Retired	48%	53%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports healthy eating (e.g., community gardens, farmer's markets, etc.) in ZIP code 24426		
	Yes	No
Income		
$0-10,000	49%	51%
$10,001-20,000	37%	63%
$20,001-30,000	38%	62%
$30,001-40,000	40%	60%
$40,001-50,000	38%	62%
$50,001-60,000	71%	29%
$60,001-70,000	36%	64%
$70,001-100,000	50%	50%
>$100,001	39%	61%
Age		
20-29	63%	37%
30-39	32%	68%
40-49	48%	52%
50-59	44%	56%
60-69	36%	64%
70+	40%	60%
Race		
White	44%	56%
Black/African-American	50%	50%
American Indian/Alaskan Native	40%	60%
Native Hawaiian/Pacific Islander	0	0
More than one race	33%	67%
Education Level		
Less than high school	33%	67%
Some high school	70%	30%
High school diploma	42%	58%
Associate's Degree	42%	58%
Bachelor's Degree	25%	75%
Master's/PhD	33%	67%
Employment Status		
Unemployed	52%	48%
Part-time	58%	42%
Full-time	36%	64%
Self-employed	100%	0%
Homemaker	68%	32%
Retired	39%	48%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports healthy eating (e.g., community gardens, farmer's markets, etc.) in ZIP code 24457		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	100%	0%
$20,001-30,000	0%	100%
$30,001-40,000	0%	100%
$40,001-50,000	0%	0%
$50,001-60,000	100%	0%
$60,001-70,000	0%	100%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	100%	0%
30-39	0%	100%
40-49	0%	100%
50-59	0%	100%
60-69	100%	0%
70+	0%	0%
Race		
White	44%	56%
Black/African-American	50%	50%
American Indian/Alaskan Native	40%	60%
Native Hawaiian/Pacific Islander	0	0
More than one race	33%	67%
Education Level		
Less than high school	0%	0%
Some high school	0%	0%
High school diploma	33%	67%
Associate's Degree	0%	100%
Bachelor's Degree	100%	0%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	20%	80%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports healthy eating (e.g., community gardens, farmer's markets, etc.) in ZIP code 24460		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	0%	0%
$20,001-30,000	100%	0%
$30,001-40,000	0%	100%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	0%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	0%	0%
30-39	0%	0%
40-49	0%	100%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	67%	33%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	100%	0%
High school diploma	0%	0%
Associate's Degree	0%	100%
Bachelor's Degree	0%	0%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	0%	100%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

My neighborhood supports healthy eating (e.g., community gardens, farmer's markets, etc.) in ZIP code 24474		
	Yes	No
Income		
$0-10,000	100%	0%
$10,001-20,000	0%	0%
$20,001-30,000	0%	100%
$30,001-40,000	0%	0%
$40,001-50,000	0%	100%
$50,001-60,000	0%	0%
$60,001-70,000	100%	0%
$70,001-100,000	0%	100%
>$100,001	0%	100%
Age		
20-29	0%	0%
30-39	0%	100%
40-49	33%	67%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	25%	75%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	100%
High school diploma	0%	100%
Associate's Degree	50%	50%
Bachelor's Degree	0%	100%
Master's/PhD	33%	67%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	17%	83%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

It is easy to get affordable fresh fruits and vegetables near where I live in ZIP code 24422		
	Yes	No
Income**		
$0-10,000	53%	47%
$10,001-20,000	53%	47%
$20,001-30,000	60%	40%
$30,001-40,000	27%	73%
$40,001-50,000	70%	30%
$50,001-60,000	40%	60%
$60,001-70,000	91%	9%
$70,001-100,000	73%	27%
>$100,001	72%	28%
Age		
20-29	17%	83%
30-39	52%	48%
40-49	64%	36%
50-59	71%	29%
60-69	71%	29%
70+	53%	47%
Race		
White	60%	40%
Black/African-American	69%	31%
American Indian/Alaskan Native	100%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	100%	0%
Education Level		
Less than high school	63%	37%
Some high school	56%	44%
High school diploma	56%	44%
Associate's Degree	71%	29%
Bachelor's Degree	61%	39%
Master's/PhD	55%	45%
Employment Status		
Unemployed	62%	38%
Part-time	50%	50%
Full-time	66%	34%
Self-employed	75%	25%
Homemaker	25%	75%
Retired	57%	43%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

It is easy to get affordable fresh fruits and vegetables near where I live in ZIP code 24426		
	Yes	No
Income		
$0-10,000	65%	35%
$10,001-20,000	37%	63%
$20,001-30,000	63%	37%
$30,001-40,000	56%	44%
$40,001-50,000	46%	54%
$50,001-60,000	38%	62%
$60,001-70,000	60%	40%
$70,001-100,000	59%	41%
>$100,001	60%	40%
Age**		
20-29	46%	54%
30-39	56%	44%
40-49	54%	46%
50-59	49%	51%
60-69	50%	50%
70+	57%	43%
Race		
White	50%	50%
Black/African-American	71%	29%
American Indian/Alaskan Native	40%	60%
Native Hawaiian/Pacific Islander	0	0
More than one race	50%	50%
Education Level		
Less than high school	33%	67%
Some high school	43%	57%
High school diploma	54%	46%
Associate's Degree	55%	45%
Bachelor's Degree	63%	37%
Master's/PhD	57%	43%
Employment Status**		
Unemployed	67%	33%
Part-time	68%	32%
Full-time	46%	54%
Self-employed	75%	25%
Homemaker	15%	85%
Retired	59%	41%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

It is easy to get affordable fresh fruits and vegetables near where I live in ZIP code 24457		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	100%	0%
$20,001-30,000	0%	100%
$30,001-40,000	100%	0%
$40,001-50,000	0%	0%
$50,001-60,000	100%	0%
$60,001-70,000	100%	0%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	100%	0%
30-39	100%	0%
40-49	100%	0%
50-59	50%	50%
60-69	100%	0%
70+	0%	0%
Race**		
White	100%	0%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	0%
High school diploma	100%	0%
Associate's Degree	50%	50%
Bachelor's Degree	100%	0%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	80%	20%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

It is easy to get affordable fresh fruits and vegetables near where I live in ZIP code 24460		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	0%	0%
$20,001-30,000	100%	0%
$30,001-40,000	0%	100%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	0%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	0%	0%
30-39	0%	0%
40-49	0%	100%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	67%	33%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	100%	0%
High school diploma	0%	0%
Associate's Degree	0%	100%
Bachelor's Degree	0%	0%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	0%	100%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

It is easy to get affordable fresh fruits and vegetables near where I live in ZIP code 24474		
	Yes	No
Income		
$0-10,000	100%	0%
$10,001-20,000	0%	0%
$20,001-30,000	67%	33%
$30,001-40,000	0%	0%
$40,001-50,000	0%	100%
$50,001-60,000	0%	0%
$60,001-70,000	100%	0%
$70,001-100,000	100%	0%
>$100,001	0%	100%
Age		
20-29	0%	0%
30-39	0%	100%
40-49	100%	0%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	71%	29%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0	0
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	100%	0%
High school diploma	0%	100%
Associate's Degree	100%	0%
Bachelor's Degree	0%	100%
Master's/PhD	50%	50%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	60%	40%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Not Able to Afford Food in the Last 12 Months in ZIP Code 24422		
	Yes	No
Income**		
$0-10,000	39%	61%
$10,001-20,000	38%	62%
$20,001-30,000	27%	73%
$30,001-40,000	57%	43%
$40,001-50,000	33%	67%
$50,001-60,000	0%	100%
$60,001-70,000	18%	82%
$70,001-100,000	14%	86%
>$100,001	0%	100%
Age		
20-29	20%	80%
30-39	44%	56%
40-49	30%	70%
50-59	19%	81%
60-69	24%	76%
70+	21%	79%
Race		
White	26%	74%
Black/African-American	31%	69%
American Indian/Alaskan Native	0%	100%
Native Hawaiian/Pacific Islander	0%	0%
More than one race	0%	100%
Education Level		
Less than high school	38%	62%
Some high school	31%	69%
High school diploma	21%	79%
Associate's Degree	37%	63%
Bachelor's Degree	26%	74%
Master's/PhD	10%	90%
Employment Status		
Unemployed	43%	57%
Part-time	24%	76%
Full-time	24%	76%
Self-employed	0%	100%
Homemaker	50%	50%
Retired	25%	75%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Not Able to Afford Food in the Last 12 Months in ZIP Code 24426		
	Yes	No
Income**		
$0-10,000	73%	27%
$10,001-20,000	42%	58%
$20,001-30,000	32%	68%
$30,001-40,000	32%	68%
$40,001-50,000	45%	55%
$50,001-60,000	7%	93%
$60,001-70,000	0%	100%
$70,001-100,000	8%	92%
>$100,001	20%	80%
Age**		
20-29	28%	72%
30-39	51%	49%
40-49	41%	59%
50-59	35%	65%
60-69	13%	87%
70+	0%	100%
Race		
White	33%	67%
Black/African-American	24%	76%
American Indian/Alaskan Native	22%	78%
Native Hawaiian/Pacific Islander	0%	0%
More than one race	80%	20%
Education Level**		
Less than high school	67%	33%
Some high school	57%	43%
High school diploma	32%	68%
Associate's Degree	16%	84%
Bachelor's Degree	13%	87%
Master's/PhD	14%	86%
Employment Status**		
Unemployed	63%	37%
Part-time	59%	41%
Full-time	23%	77%
Self-employed	0%	100%
Homemaker	25%	75%
Retired	9%	91%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Not Able to Afford Food in the Last 12 Months in ZIP Code 24457		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	0%	100%
$20,001-30,000	100%	0%
$30,001-40,000	50%	50%
$40,001-50,000	0%	0%
$50,001-60,000	0%	100%
$60,001-70,000	0%	100%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	0%	100%
30-39	100%	0%
40-49	0%	100%
50-59	50%	50%
60-69	0%	100%
70+	0%	0%
Race		
White	20%	80%
Black/African-American	0%	0%
American Indian/Alaskan Native	100%	0%
Native Hawaiian/Pacific Islander	0%	0%
More than one race	0%	0%
Education Level**		
Less than high school	0%	0%
Some high school	0%	0%
High school diploma	0%	100%
Associate's Degree	100%	0%
Bachelor's Degree	0%	100%
Master's/PhD	0%	0%
Employment Status		
Unemployed	0%	0%
Part-time	0%	100%
Full-time	40%	60%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Not Able to Afford Food in the Last 12 Months in ZIP Code 24460		
	Yes	No
Income		
$0-10,000	0%	0%
$10,001-20,000	0%	0%
$20,001-30,000	0%	100%
$30,001-40,000	100%	0%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	0%
$70,001-100,000	0%	0%
>$100,001	0%	0%
Age		
20-29	0%	0%
30-39	0%	0%
40-49	100%	0%
50-59	0%	100%
60-69	0%	0%
70+	0%	0%
Race		
White	33%	67%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0%	0%
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	100%
High school diploma	0%	0%
Associate's Degree	100%	0%
Bachelor's Degree	0%	0%
Master's/PhD	0%	100%
Employment Status		
Unemployed	0%	0%
Part-time	0%	100%
Full-time	100%	0%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Not Able to Afford Food in the Last 12 Months in ZIP Code 24474		
	Yes	No
Income		
$0-10,000	100%	0%
$10,001-20,000	0%	0%
$20,001-30,000	0%	100%
$30,001-40,000	0%	0%
$40,001-50,000	0%	0%
$50,001-60,000	0%	0%
$60,001-70,000	0%	100%
$70,001-100,000	0%	100%
>$100,001	100%	0%
Age		
20-29	0%	0%
30-39	50%	50%
40-49	67%	33%
50-59	100%	0%
60-69	0%	0%
70+	0%	0%
Race		
White	29%	71%
Black/African-American	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Pacific Islander	0%	0%
More than one race	0%	0%
Education Level		
Less than high school	0%	0%
Some high school	0%	100%
High school diploma	0%	100%
Associate's Degree	50%	50%
Bachelor's Degree	100%	0%
Master's/PhD	0%	100%
Employment Status		
Unemployed	0%	0%
Part-time	100%	0%
Full-time	20%	80%
Self-employed	0%	0%
Homemaker	0%	0%
Retired	0%	0%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

How would you rate your physical health?				
	Excellent	Good	Fair	Poor
Income**				
$0-10,000	17%	32%	27%	24%
$10,001-20,000	2%	45%	42%	11%
$20,001-30,000	6%	59%	22%	13%
$30,001-40,000	10%	52%	35%	3%
$40,001-50,000	12%	52%	24%	12%
$50,001-60,000	6%	81%	10%	3%
$60,001-70,000	0%	70%	30%	0%
$70,001-100,000	3%	73%	21%	3%
>$100,001	4%	82%	14%	0%
Age**				
20-29	16%	51%	30%	3%
30-39	3%	56%	34%	7%
40-49	3%	52%	31%	14%
50-59	13%	54%	21%	12%
60-69	2%	64%	21%	13%
70+	3%	55%	34%	8%
Race				
White	7%	57%	27%	9%
Black/African-American	6%	45%	35%	14%
American Indian/Alaskan Native	0%	61%	31%	8%
Native Hawaiian/Pacific Islander	0	0	0	0
More than one race	20%	40%	0%	40%
Education Level				
Less than high school	0%	70%	18%	12%
Some high school	15%	39%	31%	15%
High school diploma	7%	55%	29%	9%
Associate's Degree	4%	61%	27%	8%
Bachelor's Degree	6%	83%	11%	0%
Master's/PhD	0%	67%	22%	11%
Employment Status**				
Unemployed	12%	36%	32%	20%
Part-time	14%	37%	44%	5%
Full-time	7%	66%	20%	7%
Self-employed	0%	50%	50%	0%
Homemaker	11%	77%	6%	6%
Retired	2%	53%	32%	13%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

How would you rate your mental health?				
	Excellent	Good	Fair	Poor
Income**				
$0-10,000	32%	30%	25%	14%
$10,001-20,000	16%	59%	16%	10%
$20,001-30,000	22%	61%	17%	0%
$30,001-40,000	33%	53%	12%	2%
$40,001-50,000	46%	49%	5%	0%
$50,001-60,000	52%	40%	8%	0%
$60,001-70,000	58%	27%	15%	0%
$70,001-100,000	28%	56%	16%	0%
>$100,001	39%	54%	4%	4%
Age**				
20-29	32%	43%	20%	5%
30-39	28%	48%	20%	4%
40-49	33%	53%	7%	7%
50-59	21%	64%	11%	4%
60-69	31%	55%	10%	4%
70+	33%	47%	15%	5%
Race				
White	31%	51%	14%	4%
Black/African-American	47%	36%	9%	8%
American Indian/Alaskan Native	31%	69%	0%	0%
Native Hawaiian/Pacific Islander	0	0	0	0
More than one race	30%	40%	20%	10%
Education Level				
Less than high school	7%	68%	25%	0%
Some high school	31%	47%	11%	11%
High school diploma	34%	49%	14%	4%
Associate's Degree	29%	54%	12%	6%
Bachelor's Degree	47%	39%	14%	0%
Master's/PhD	33%	57%	10%	0%
Employment Status**				
Unemployed	27%	52%	13%	9%
Part-time	17%	66%	14%	3%
Full-time	36%	49%	13%	2%
Self-employed	38%	25%	13%	25%
Homemaker	29%	46%	25%	0%
Retired	29%	51%	11%	9%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

During the past 30 days: I have used tobacco products		
	Yes	No
Income**		
$0-10,000	41%	59%
$10,001-20,000	45%	55%
$20,001-30,000	35%	65%
$30,001-40,000	25%	75%
$40,001-50,000	18%	82%
$50,001-60,000	23%	77%
$60,001-70,000	25%	75%
$70,001-100,000	20%	80%
>$100,001	15%	85%
Age		
20-29	21%	79%
30-39	41%	59%
40-49	30%	70%
50-59	29%	71%
60-69	25%	75%
70+	19%	81%
Race		
White	27%	73%
Black/African-American	30%	70%
American Indian/Alaskan Native	39%	61%
Native Hawaiian/Pacific Islander	0	0
More than one race	40%	60%
Education Level**		
Less than high school	67%	33%
Some high school	50%	50%
High school diploma	28%	72%
Associate's Degree	11%	89%
Bachelor's Degree	18%	82%
Master's/PhD	14%	86%
Employment Status**		
Unemployed	42%	58%
Part-time	39%	61%
Full-time	26%	74%
Self-employed	12%	88%
Homemaker	32%	68%
Retired	15%	85%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Does your household have an emergency kit with a minimum of 3 days of food, water and required medications?		
	Yes	No
Income**		
$0-10,000	30%	70%
$10,001-20,000	32%	68%
$20,001-30,000	18%	82%
$30,001-40,000	42%	58%
$40,001-50,000	37%	63%
$50,001-60,000	14%	86%
$60,001-70,000	32%	68%
$70,001-100,000	39%	61%
>$100,001	31%	69%
Age		
20-29	20%	80%
30-39	22%	78%
40-49	28%	72%
50-59	35%	65%
60-69	36%	64%
70+	38%	62%
Race		
White	32%	68%
Black/African-American	22%	78%
American Indian/Alaskan Native	23%	77%
Native Hawaiian/Pacific Islander	0	0
More than one race	44%	56%
Education Level		
Less than high school	26%	74%
Some high school	22%	78%
High school diploma	36%	64%
Associate's Degree	31%	69%
Bachelor's Degree	26%	74%
Master's/PhD	32%	68%
Employment Status		
Unemployed	27%	73%
Part-time	25%	75%
Full-time	31%	69%
Self-employed	44%	56%
Homemaker	20%	80%
Retired	40%	60%

(**) Denotes a statistically significant relationship between variables at a p-value of .05.

Appendix B: Community Health Improvement Plan, Action Plans

Live Well Alleghany Highlands / 2019-2022 Action Plan: Substance Use - As of September 2019

Goal: Reduce substance use in youth and adults		
Objectives	**Strategies**	**Action steps**
OBJECTIVE I By 2022, reduce youth tobacco/nicotine use by 5% as measured by the Youth Risk Behavior Survey (Baseline: 30 day use of an electronic vapor product, Covington Middle School 2019 - TBD, Alleghany County Middle School 2018 - 11%, Covington High School 2019 - TBD, Alleghany County High School 2018 - 34%)	**Strategy A:** Build the capacity of the Alleghany Highlands Healthy Youth Coalition	1. Cross-promote community events to encourage attendance and promote awareness of substance abuse prevention
		2. Advocate with schools, parents, and youth to form Healthy Youth clubs in the middle and high schools
	Strategy B: Reduce tobacco use through outreach and education	1. Promote efforts to educate and enforce new legislation that increases the age to purchase tobacco products to age 21
		2. Recruit volunteers for Synar checks of tobacco retailers throughout community
		3. Educate the community on the hazards of vaping with events and materials
		4. Recruit volunteers for annual smoking stinks program in all elementary schools
OBJECTIVE II By 2022, decrease the stigma and fear associated with addiction (Increase the number of people who attend trainings by 5%, Increase knowledge of substance use and stigma through trainings, add a question to measure stigma to the Community Health Assessment survey, reduce stigma experienced by clients seeking treatment)	**Strategy A:** Educate the community about addiction and mental health	1. Plan and advertise trainings with Alleghany Highlands Community Services that educate about addiction and mental health (Adverse Childhood Experiences (ACEs) Connection, Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST), etc…)
		2. Target invitations and training locations to address vulnerable populations
	Strategy B: Launch a campaign to reduce stigma and increase education	1. Identify and establish a tool to measure stigma experienced by clients seeking treatment
		2. Host and support events, speakers, and concerts to attract attendees and provide education that combats stigma
		3. Establish messaging and materials to combat stigma
		4. Utilize CHA/CHIP partners to promote anti-stigma campaign

OBJECTIVE III By 2022, increase access to treatment (Increase the number of people accessing treatment by 5%)	**Strategy A:** Explore the opportunity for specialty dockets for individuals facing mental illness or substance use disorders	1. Gather and review data to inform the need for specialty dockets
		2. Support community efforts to establish dockets through advocacy and engagement in planning efforts
	Strategy B: Work with community partners to reduce barriers to access to treatment (i.e.: childcare, transportation, etc…)	1. Promote 'knowledge of resources' campaign for 2-1-1 and other information and referral opportunities
		2. Convene partners to identify barriers and work through solutions
OBJECTIVE IV By 2022, reduce the availability of opioid medications that could be diverted for misuse in the community (Increase the amount of drug disposal kits distributed by 10% and medications returned through drop boxes and take back events by 5%)	**Strategy A:** Increase education and opportunities about prescription medications for older adults	1. Increase opportunities for safe prescription storage and disposal (lock boxes, kits, drug take back, permanent lock boxes) by partnering with organizations who serve older adults (such as LOA, Scott Hill, etc..) to distribute resources
		2. Explore and implement education for older adults about prescription literacy for opioids and other medications
	Strategy B: Promote supply reduction avenues in the community	1. Promote bi-annual drug take back events and permanent drop box locations by disseminating information through all CHA/CHIP partners
		2. Increase distribution of drug disposal kits to CHA/CHIP and community partners and at events

Goal: Increase kindergarten readiness and early literacy		
Objectives	**Strategies**	**Action steps**
OBJECTIVE I By 2022, increase the number of students who are ready for kindergarten to 90% as measured by the PALS-K assessment and Virginia Kindergarten Readiness Assessment (Baseline: PALS-K: 85% in Alleghany County and 67% in Covington)	**Strategy A**. Empower parents/caregivers by establishing parent/caregiver councils in neighborhoods with events and promote enrollment for programs (meet in firehouses and apartment complexes)	1. Establish a planning committee with partners (TAP, Health Department, YMCA, AHELP, etc…)
		2. Identify the mentors in each community area to initiate council activities
		3. Define the responsibility of the parent/caregiver councils and community mentors
	Strategy B. Increase number of children ages 0-5 attending Child Finds and accessing Early Intervention services to identify and address developmental delays	1. Enhance the media campaign to promote Child Finds
		2. Hold quarterly Child Finds events in the community
		3. Consider a communication plan to rebrand and include provider information and connections
	Strategy C. Improve quality in early childhood education programs as evidenced by the Virginia Kindergarten Readiness Program (VKRP) August scores. Identify current baseline.	1. Expand Streamin3 curriculum across preschools
		2. Develop a training program to sustain high quality implementation of Streamin3
		3. Increase staff participation in the community college's Early Childhood Education Program
		4. Review data to match/identify pre-k students and VKRP results
	Strategy D. Advocate for expansion of publically funded early childhood education programs	1. Invite policy makers (City Council, Board of Supervisors, state delegates, state senators, and others) to learn about our early childhood education and literacy efforts
		2. Support advocacy efforts for expanded early childhood education programs through state partners, such as Smart Beginnings, Virginia Preschool Initiative, Head Start, Virginia Kindergarten Readiness Program, E3, and others

OBJECTIVE II By 2022, 75% of students in the Alleghany County Public Schools and Covington City Public Schools will be reading at grade level by the end of 3rd grade as evidenced by results from the 3rd grade SOLs (Baseline: 66% in Alleghany and 62% in Covington) and PALS-3 assessments (Determine baseline)	**Strategy A.** Fill all open preschool slots	1. Identify parent/caregivers of children ages 0-5
		2. Use community-based education to make parents/caregivers aware of preschool requirements
		3. Use media to recruit for preschool
		4. Partner with medical providers to get preschool information to parents
		5. Host dinner for doctors' offices to educate providers on resources, provide pamphlets and posters, etc… for the offices
	Strategy B. Expand the use of PALs resources for teachers	1. Provide training on PALS including how to administer the PALS assessment
		2. Ensure all early childhood educators are trained on PALS (new teachers)
		3. Ensure teachers are assessing their students with PALS and using the data to guide instruction
	Strategy C. 10% increase in the number of children (baseline: 543 participants) receiving high quality books through Dolly Parton's Imagination Library, Rock n Read bags, and book distributions at community events	1. Offer Dolly Parton Imagination Library registration at community events
		2. Expand events to include Bike Rodeo and Hometown Halloween
		3. Solicit involvement of OB/GYN and pediatricians to distribute the Rock n Read bags
		4. Sustain funding for Dolly Parton's Imagination Library
	Strategy D. Increase preschool slots	1. Count the current number of slots for each age, consider teacher to child ratio
		2. Identify potential funding sources
		3. Identify an appropriate space for expansion
		4. Survey providers to assess expansion capability

Goal: Increase knowledge of and access to community resources		
Objectives	**Strategies**	**Action steps**
OBJECTIVE I By 2022, increase knowledge of resources as measured by an increased usage of information and referral systems (i.e. 2-1-1 and Virginia Navigator) (Increase calls to 2-1-1 by 50% - Baseline of 185 calls (Spring 2018-Spring 2019))	**Strategy A:** Improve and increase the agency information available in 2-1-1	1 Review 2-1-1 database listings to identify agencies currently listed and those who are missing
		2 Plan a training with 2-1-1 and invite staff from agencies identified, utilize direct connections and community groups such as the Chamber, Economic Development, CHA/CHIP, CAPP, Bridges Out of Poverty, and others
		3 Host the training in the late summer at a computer lab with 3 sessions throughout the day – morning, noon, and late afternoon
	Strategy B: Establish local stakeholders/champions/navigators in the community who are well prepared to offer information and referrals	1 Promote a training session with agency staff and community partners such as churches, civic groups, etc…
		2 Offer a learning session annually in the fall for agencies to share information through presentations and resource tables with the theme, “Don’t FALL off the Grid!”
	Strategy C: Launch a community-wide campaign to promote knowledge of resources	1 Create/obtain promotional materials (print and digital) for 2-1-1, Virginia Navigator, and other resources
		2 Promote the campaign with potential users, including a speakers bureau, groups, and churches