Community Health Assessment

Chesterfield & City of Colonial Heights

2023

VDH VIRGINIA DEPARTMENT OF HEALTH

Table of Contents

Introduction

Understanding Our Community

Director Dr. Alexander Samuel

Public health agencies should work to understand and ultimately address the health needs of the communities they serve. This requires that we listen to those communities. Back in 2019, health district staff were reviewing the data collected from its most recent Community Health Assessment when the COVID-19 pandemic struck. We were forced to drop everything as we directed our resources toward pandemic response and the results of that assessment never saw the light of day. The pandemic changed everything, and that snapshot of health captured back in 2019 is no longer relevant. Our lives, our communities, and the health needs of our communities have changed so much since then.

We returned our attention to listening to our communities in the fall of 2022. Our COVID-19 response experience highlighted the significant disparities that our residents face. Our Community Health Assessment Steering Committee prioritized the voices of those most impacted by the pandemic, which included our marginalized communities and those with high-acuity health needs. We oriented our data gathering approach to *really* listen, which meant spending time holding more individual conversations and small group discussions in addition to collecting survey responses. This resulted in a deeper, more nuanced understanding of our collective health.

We now have a better understanding of the health status of the various communities we serve. On top of that, since we've been working collaboratively with our community partners to gain this understanding, we've begun to assemble the framework for how we can collectivity develop a Community Health Improvement Plan. Creating this plan will lead to the action that we all want to see: better ways to protect the health and promote the wellbeing of all people in our community. I stand alongside my health district team and am very proud to share with you what we learned.

- Dr. Alexander Samuel, Director, Chesterfield Health District

Steering Committee

Thank you to the organizations that supported the development and dissemination of the Community Health Assessment

- Bon Secours
- Chesterfield County Citizen Information Resources
- Chesterfield County Public Schools
- Community Services Board
- Chesterfield County Dept. of Juvenile Justice
- Chesterfield County Dept. of Social Services
- La Casa de Salud
- Latinos In Virginia Engagement Center
- Southside Community Development & Housing Corporation
- VCU Health
- Waymakers Foundation
- YMCA of Greater Richmond

Supporting Our Most Vulnerable

Applying a Health Equity Lens

The Community Health Assessment was guided by NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) framework. This framework focuses on the Community Story- a compilation of information collected from residents. This data is collected through surveys and interviews, with special emphasis on understanding residents' stories and experiences. Using the MAPP process, community members lead the health department's strategic focus, planning, and response for the coming years through a Community Health Improvement Plan (CHIP). The CHIP process for this Community Health Assessment will begin in the fall of 2023

Health Equity | Health equity means that all people have what they need to achieve optimal health.

Working towards health equity means focusing on the broader contexts in which people live their lives and moving the focus away from individual health behaviors and risk factors. In public health, the factors that influence this life context are referred to as the Social Determinants of Health (SDOH).

"SDOH needs are at the basis of everything. Many patients are recent immigrants to the US and have a significant number of resultant needs for successful healthcare utilization. Our patients face a lot of challenges as immigrants receiving care in a new country."

- Drs. Laurel Wallace and Marcee Vest
Bon Secours, St. Francis Family Medicine

"Our patients often arrive in the US with nothing or almost nothing and have significant social needs."

-Madelyn Cutter, Manager, Primary & Specialty Care Services, Bon Secours Community Health

Social Determinants of Health (SDOH)

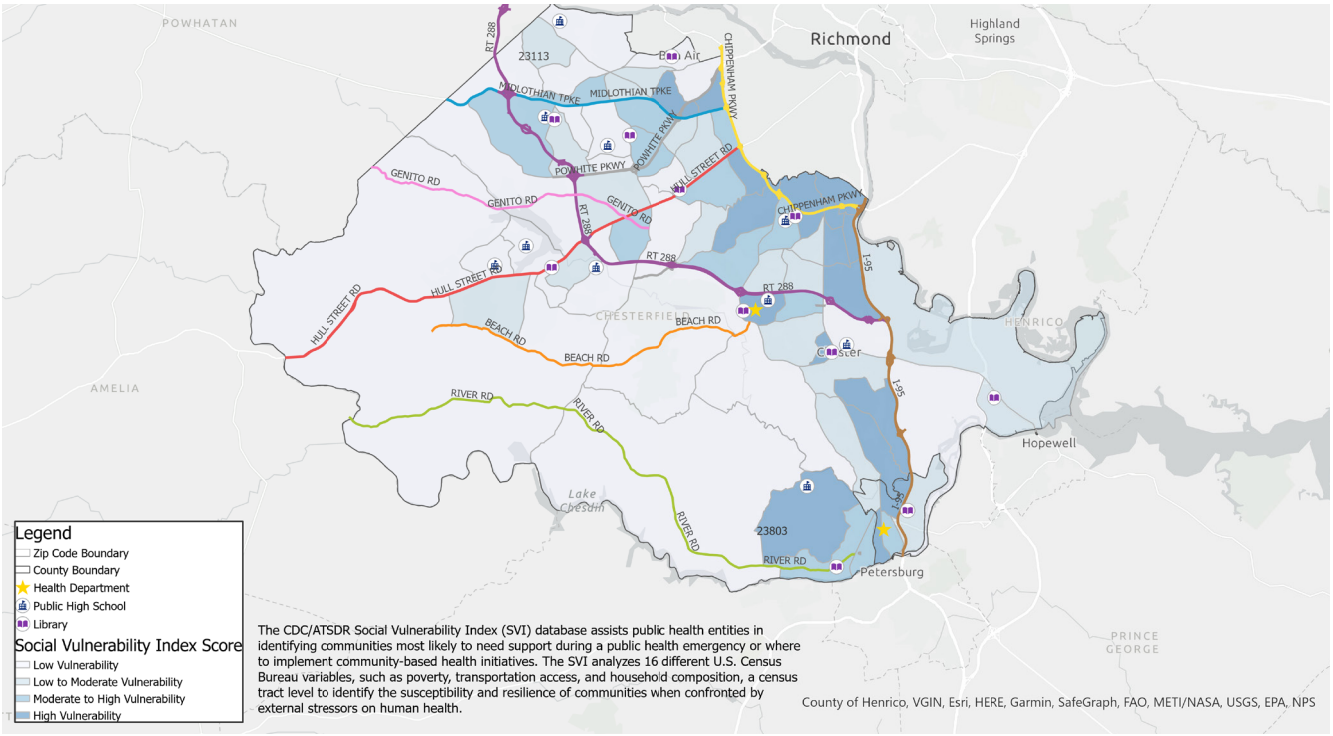
- **Education Access & Quality**
- **Health Care Access & Quality**
- **Neighborhood & Built Environment**
- **Social & Community Context**
- **Economic Stability**

Methodology

A health equity lens for data collection requires strategizing methods for varied literacy levels, public agency trust, and language access. Data analysis included both primary data, collected by the CHA Steering Committee, as well as existing secondary data. Local collection purposefully focused on identifying themes through a concise survey paired with focus groups and interviews gathering information about priority health needs, their causes, and the barriers to addressing those needs. Publicly sourced data was then used to help develop a comprehensive understanding of the community's health.

Applying the Social Vulnerability Index

Equal access to the things that we need to achieve good health and a high quality of life are not available to everyone. Different factors influence a person's individual health and can put them at higher risk for disease. To ensure that we were learning about the needs of our most vulnerable residents, we applied the Center for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry's (ATDSR) Social Vulnerability Index (SVI) to understand where the greatest need is in Chesterfield and Colonial Heights. The SVI uses 16 different variables (e.g., language spoken at home, poverty, and household composition) to identify communities that are at higher risk of poor health outcomes. The map below points out the most vulnerable communities in Chesterfield County's and the City of Colonial Heights.



Using this map as a guide, the CHA steering committee directed data collection efforts at communities that demonstrate high vulnerability. As a result, much attention was given to CHD's growing Latino community, who make up a large proportion of the population in these highly vulnerable areas. The Health District deployed three bilingual, bicultural community health workers to assist with the important work of collecting data from this targeted group of at-risk individuals.

Did you know?

Did you know? Environmental burdens are also higher in socially vulnerable communities. Air and water quality, heat spots, landfills, and toxic waste are a few examples of these burdens.

Between February 14th and April 1st, 2023, Chesterfield and Colonial Heights residents completed the community survey, which contained a series of questions about community, family, and individual needs. Data collectors spent hundreds of hours in community organizations based in socially vulnerable geographic areas that focus on serving the Latino community. Organizations such as Waymakers Foundation, Latinos En Virginia, The Chesterfield Food Bank, the Colonial Heights Food Pantry, and Intensive Supervision Appearance Program (a U.S. Immigration and Customs Enforcement program), as well as laundromats, flea markets, and other community hubs, served as trusted spaces where community members could feel safe answering survey questions and sharing their needs. During the data collection period, the CHA Steering Committee conducted interviews with community members and leaders and facilitated focus group discussions with Chesterfield and Colonial Heights residents. Through all of this, we have captured the story of a community with great strengths but also with significant needs.

This CHA report shares the needs most often identified by residents of Chesterfield and Colonial Heights that participated in the survey. The survey responses highlighted greater barriers and needs for respondents speaking Spanish as their first language, indicating that they are more vulnerable. For this reason, we are taking this opportunity to highlight the needs expressed by Spanish-speaking community members who participated in our data collection campaign. We will also be highlighting research that describes the factors that put this community at greater risk for poor health outcomes, and how we see it playing out in our community. In order to improve the overall health and quality of life in our district, we must prioritize achieving health equity for those who do not have the same advantages and opportunities that others have.

2,158
Surveys taken

Surveys Up Close

Surveys by language:

English: 1221 • Spanish: 924
Vietnamese: 7 • Arabic: 6

Surveys by ethnicity:

Latino: 48% • White: 36%
Black or African American: 10.9%

83 Residents in focus groups

21 Interviews conducted

Landscape of Chesterfield County & City of Colonial Heights

Chesterfield County

Since 2010, Chesterfield County's population has grown by almost 20% to a total of 378,408 people by mid 2022.[1] The change in population size has resulted in changing population demographics, including age, ethnicity, diverse abilities, and household income.

15.8%

Of the population are Age 65 or over compared to 9.7% in 2010.

11.3%

Of the population identify as Latino compared to 7.2% in 2010.

11.8%

Of the population has a disability compared to 8.9% in 2010.

Race / Ethnicity of Residents[4]:

Race / Ethnicity of Residents	Chesterfield County	Virginia
White alone	67.2%	68.8%
Black or African American alone	25.3%	20.0%
American Indian and Alaska Native alone	0.6%	0.6%
Asian alone	3.8%	7.2%
Native Hawaiian and Other Pacific Islander alone	0.2%	0.1%
Two or More Races	3.0%	3.4%
Hispanic or Latino	10.2%	10.2%

Median Income by Types of Families[4]

in Chesterfield County, Virginia

In Chesterfield County the median income is $85,796, higher than the median household income in Virginia, $80,963.

City of Colonial Heights

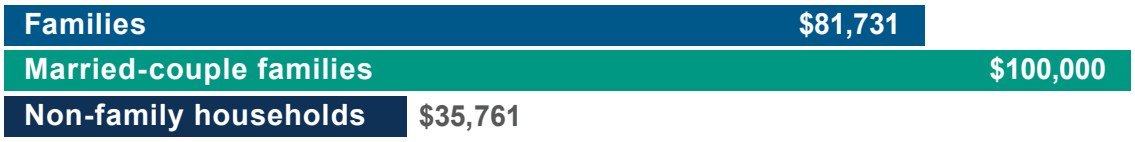
As of July 1, 2021, a total population of 18,273 was reported for Colonial Heights City, a 4.9% increase since 2010. [2, 3]

Race / Ethnicity of Residents:

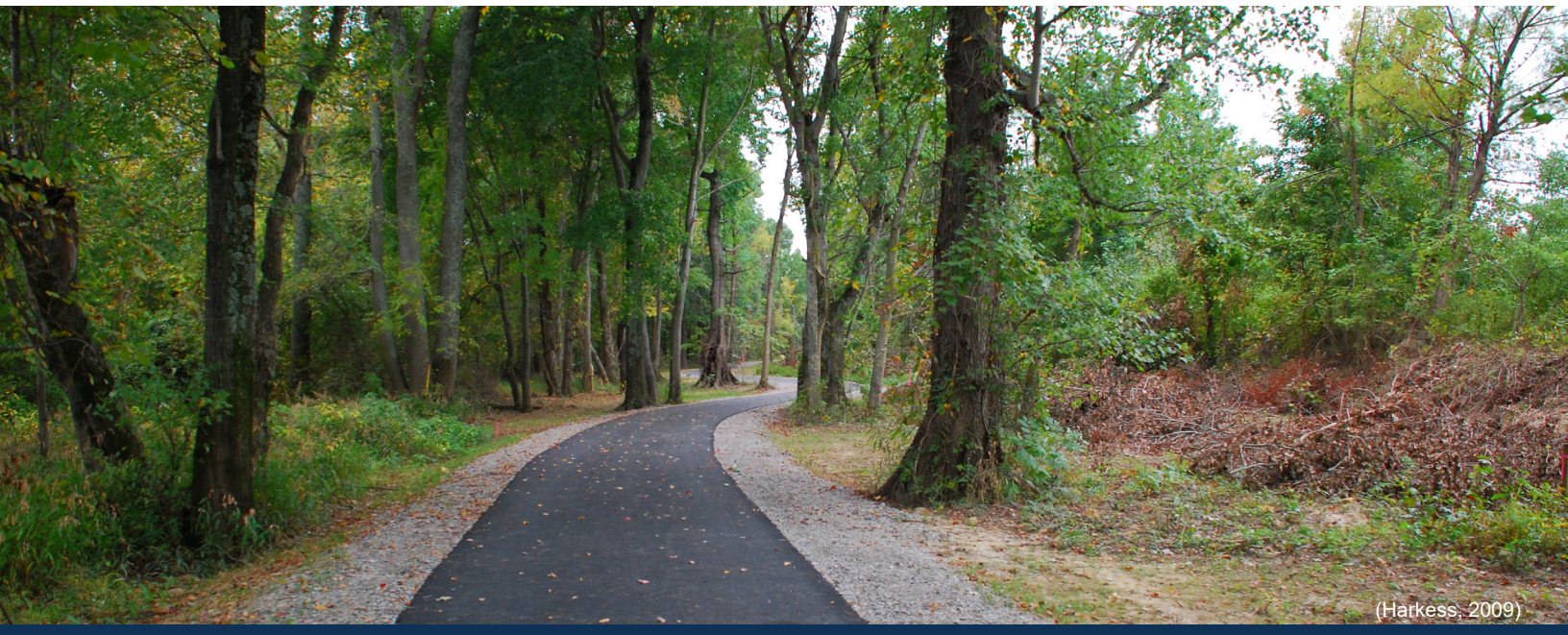
Race / Ethnicity of Residents	Colonial Heights City	Virginia
White alone	73.2%	68.8%
Black or African American alone	17.0%	20.0%
American Indian and Alaska Native alone	0.2%	0.6%
Asian alone	3.5%	7.2%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.1%
Two or More Races	3.9%	3.4%
Hispanic or Latino	6.7%	10.2%

Median Income by Types of Families[3]

in Colonial Heights City, Virginia



In Colonial Heights the median household income is $65,570, significantly lower than the state's median household income of $80,963.

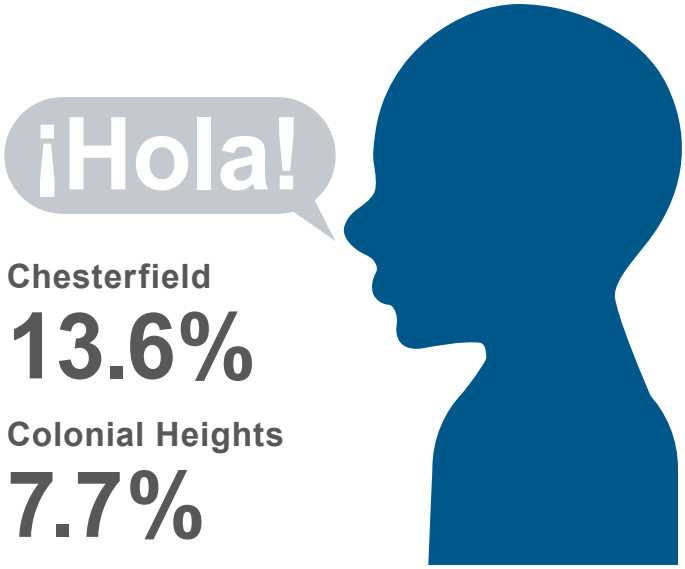

(Harkess, 2009)


(CHD, 2023)

Changing Demographics

Latinos continue to be Virginia's fastest growing non-majority group, with the statewide population of the group increasing by 175% over the last two decades. This growth trend is mirrored in the Richmond region (Richmond City, Henrico County, and Chesterfield County), where the Latino population has increased by 143% in the last 10 years.[1, 4] Almost half (46.7%) of the Latinos living in the region call Chesterfield County their home.[5]

As this community grows, their needs grow as well. The priorities identified by residents who completed the Spanish-language survey demonstrates that many of their basic needs (food, shelter, etc.) are not being met. There are stark differences in income, health insurance coverage rates, and educational attainment between participants whose first language is English and those whose first language is Spanish.



Chesterfield

13.6%

Colonial Heights

7.7%

Persons over 5 years of age speak a language other than English at home.


(Toro the Bull, 2016)

Assessment Findings

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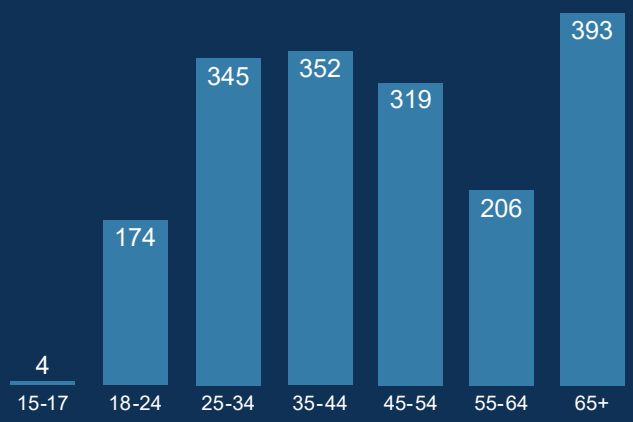
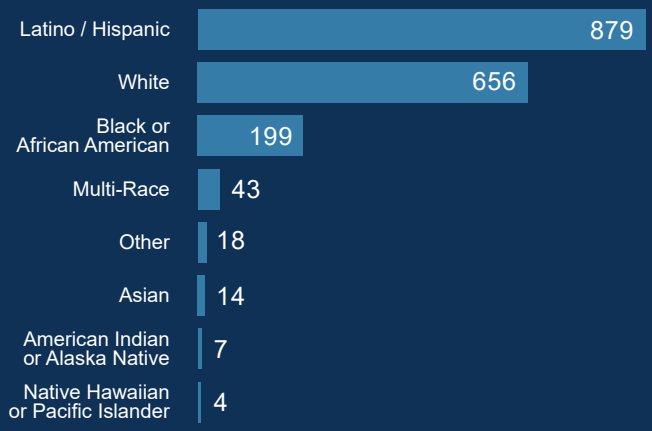
Demographics of Residents Reached

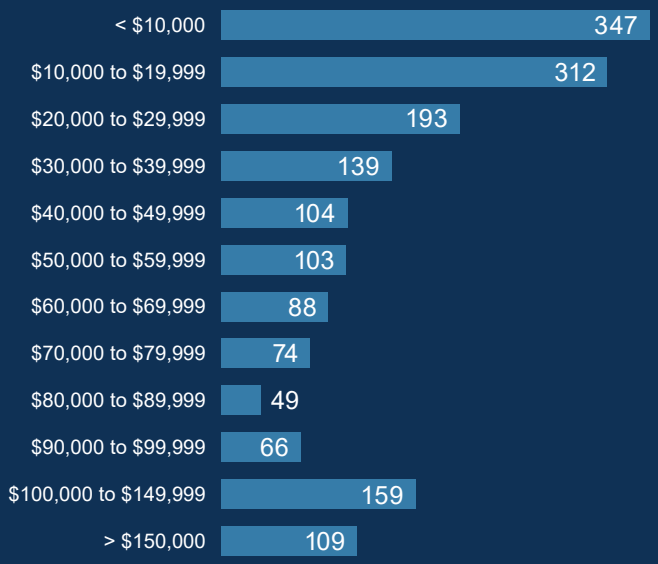
Survey Respondents Age Distribution



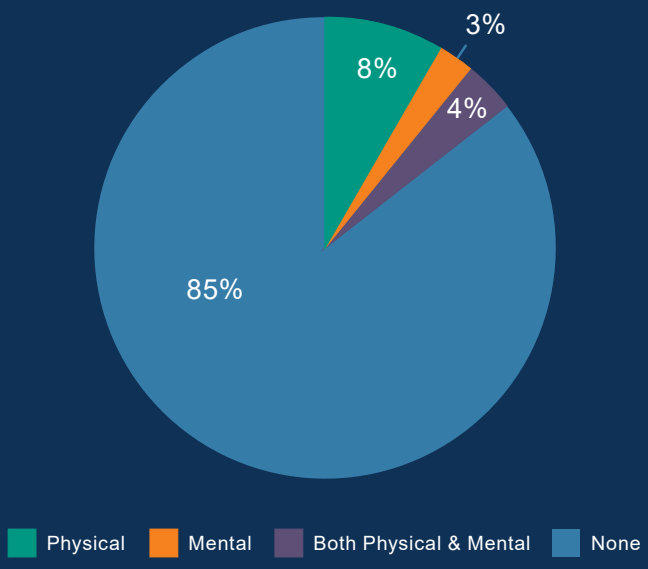
Survey Respondents by Race/Ethnicity (N=1,820)



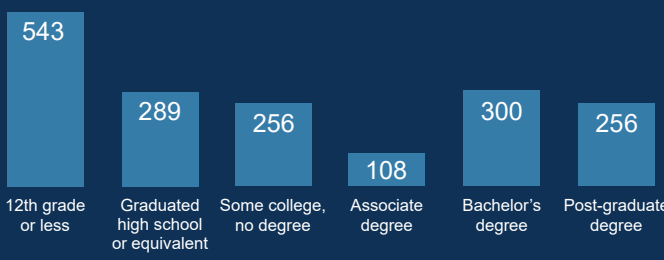
Household Income of Respondents



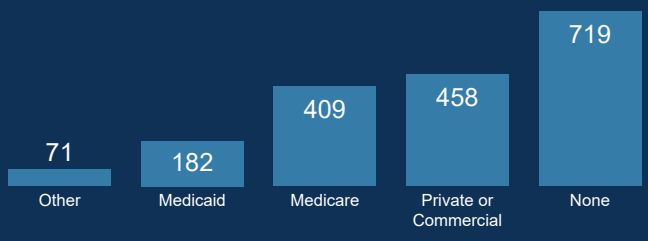
Disability Status



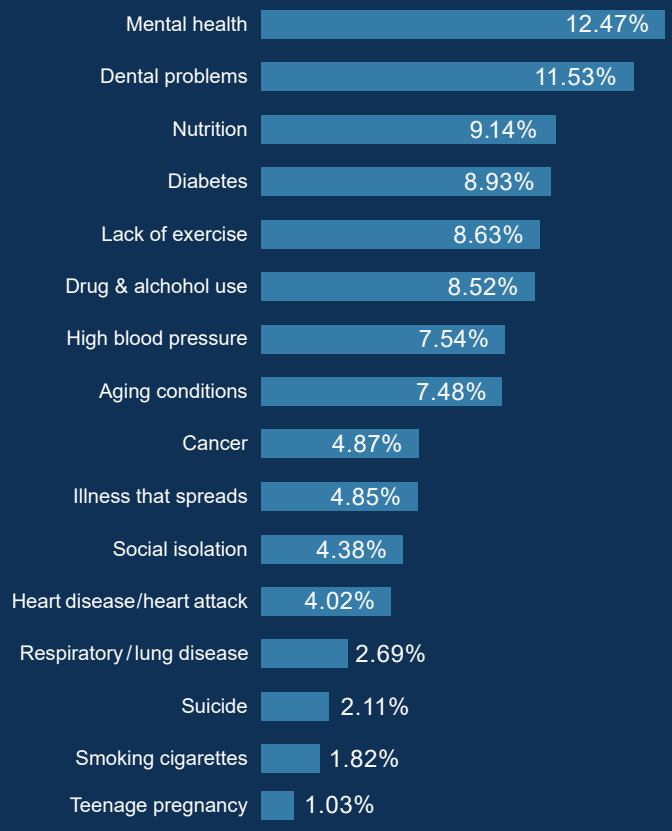
Educational Attainment of Respondents



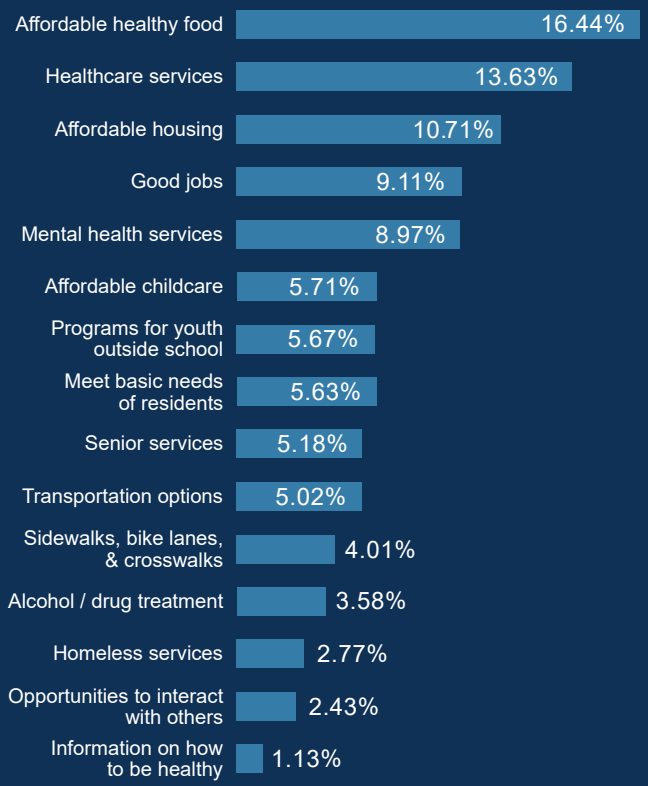
Medical Insurance Type



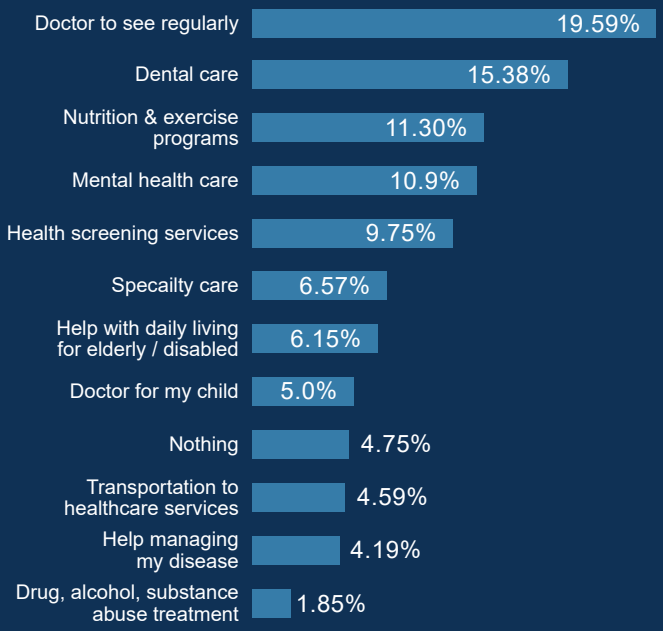
What are the most important health problems in the community?



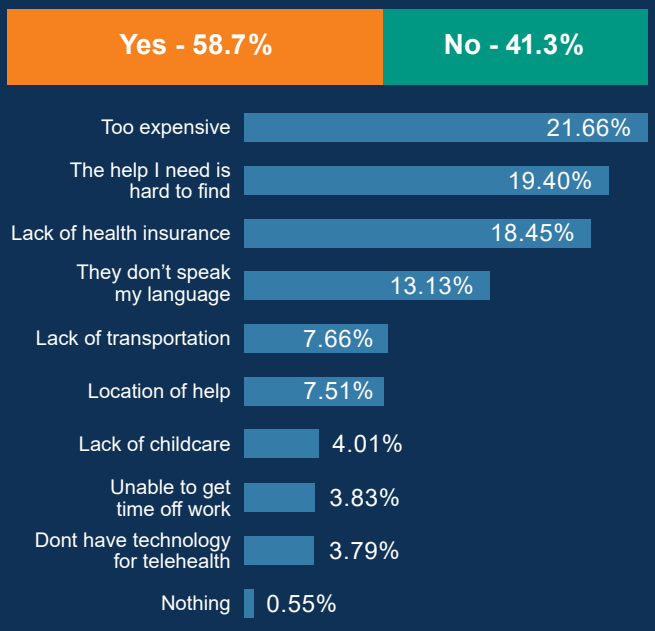
What would most improve quality of life and health in the community?



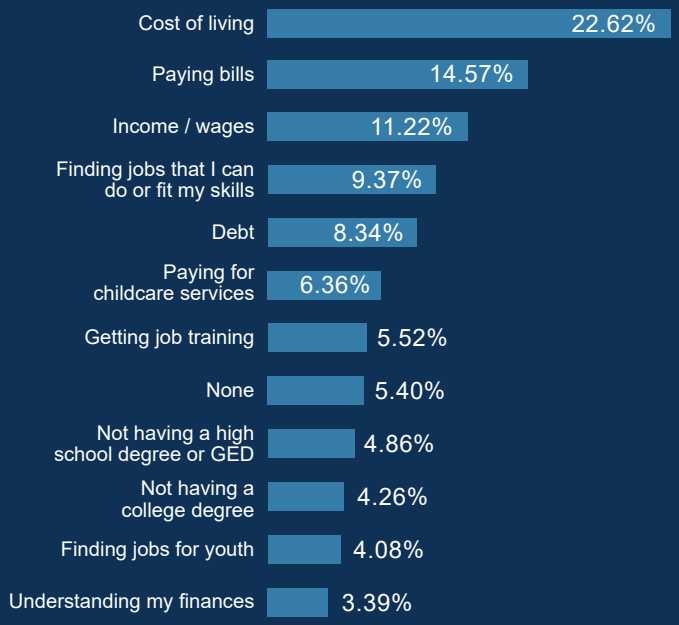
What do you and your family need to become or stay healthy?



Do you find it difficult to get help, services, or care you need? If so, why?



Which of the following are a problem in your household?



Are any adults in your household having a hard time finding or keeping work? if so, why?

Focus Group & Interview Themes

See page 29 for focus group questions

Community Needs

- Information and education about how to be healthy
- Knowledge of available resources
- Low-cost healthcare services
- Financial aid

Root Causes of Poor Health

- Lack of understanding or knowledge of U.S. processes and systems
- Poverty
- Racism

Barriers to Accessing Services

- Language
- Lack of health insurance
- Immigration status
- Cost
- Lack of transportation


(Parsons / CBP, 2018)

Discussion

This section will present both primary and secondary data regarding the priority needs of Chesterfield and the City of Colonial Heights. All primary data was collected directly from Chesterfield and Colonial Heights community members, either through surveys, interviews, or focus group discussions. Primary data is represented throughout the following pages in the form of infographics, charts, and quotes. You will also find it throughout the narrative, in bold, to highlight its importance. Secondary data is included to provide information that is beyond the scope of our assessment, as well as to provide context which highlights the possible impacts of certain assessment findings.

Among the themes that rose to the top in both survey data and community conversations were needs related to access to healthcare and economic stability.

Healthcare Access

There are several factors that influence a person's ability and likelihood to access healthcare, including health insurance coverage, transportation, limited availability of programs, and language or cultural barriers.

Most frequently identified family need:

Access to Primary Care Doctors
19.6%

Access to Dental Health Services
15.4%

"In my home, no one has medical insurance. My family has no insurance."
- Focus group participant, Spanish-language

Access to Healthcare

Access to healthcare is defined as the "timely use of personal health services to achieve the best possible health outcomes." [7]

Health Insurance Coverage

Health insurance coverage has a direct impact on a person's health. Uninsured or underinsured people are more likely to postpone health services, or forgo them altogether, which can lead to severe consequences.[6] People without health insurance are less likely to receive health screenings, including checks for chronic diseases such as abnormal blood pressure, cholesterol, blood sugar, pap smears, mammograms, and colon functions.[7] Missing preventive screenings puts them at an increased risk of being diagnosed at later stages of disease, and uninsured people demonstrate higher mortality rates than those with insurance.[8]

In the U.S., the likelihood of having health insurance is associated with a person's income and racial/ethnic status. Among all people with low incomes, people of color are most likely to be uninsured or underinsured.[9] This was reflected in the Community Health Assessment survey. **Spanish-language survey respondents were significantly more likely to report having no insurance (79.6%) than those who responded in English (4.1%). Additionally, costs associated with healthcare services was the primary theme from focus groups and interviews.**

Did you know?

Over 71% of people aged 19-64, across various industries, report receiving health insurance coverage through their employer or a family member's job.

Recommendations to Improve Access to Health Insurance Coverage[28]

What can be done across our health district to improve access to health insurance?

Strategy	Evidence-Based Practice
Reduce barriers to health insurance coverage	**Enrollment outreach and support programs:** Health-insurance enrollment programs assist individuals with health insurance needs, including new enrollment or reenrolling. Such programs can be offered by a variety of organizations, including government agencies, schools, community-based or non-profit organizations, health care organizations, and more.

(Borba, 2019)

Transportation

Lack of reliable transportation presents a significant barrier to accessing healthcare. People who do not have access to reliable transportation are more likely to reschedule or miss appointments, which leads to delayed or missed care.[10] This disproportionately impacts the most socially vulnerable residents, who frequently have low incomes and are living with chronic health conditions.[10] Those living below the poverty threshold of $13,590 per year, Medicaid recipients, people who identify as Latino, and people with a disability have greater odds of reporting a transportation barrier.[10] **Lack of transportation was identified as a significant barrier to accessing healthcare services, getting to work, and accessing community resources such as food pantries for Latino residents that participated in focus groups. 10.9% of survey respondents say transportation is a barrier for work and 7.7% say it's why services are hard to get.**

(CHD, 2023)

"I've been working in this field for 15 years. Transportation has always been an issue."
- Vivian Robles, Case Manager, The Daily Planet

"In my home, I don't know how to drive, my husband neither. Nothing. I go to work and return on foot."
- Focus group participant, Spanish-language

Recommendations to Improve Access to Transportation[28]

What can be done across our health district to improve access to transportation?

Strategy	Evidence-Based Practice
Support active travel	**Complete Streets:** Complete Streets is an approach to planning streets that enable safe access for all people who need to use them, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. **Mixed-use development:** Mixed-use development areas have high population densities and incorporate places to live, work, shop, and play. This type of development encourages healthy and vibrant communities that are designed with the whole person in mind.
Support shared transportation	**Expand public transportation:** Expanding public transportation infrastructure may decrease disparities in access to services, employment, and recreation opportunities for individuals with low incomes, individuals with disabilities, and the elderly.

Availability of Health Services and Providers

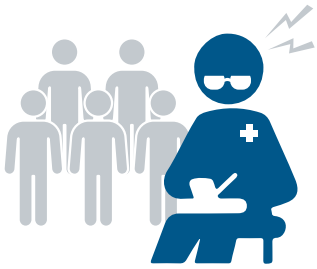
Limited availability of healthcare services and providers is another obstacle to the timely access of health services, leading to worse community health outcomes.[11] For example, mental illness and substance use have significantly increased nationwide since the COVID-19 pandemic.[12] While the need for mental and behavioral health services has exploded, the workforce continues to face staffing shortages, especially in Chesterfield and Colonial Heights:

Survey respondents identified mental health as the most important community health problem

Chesterfield
460:1

Colonial Heights
470:1

United States
340:1



Population to Mental Health Providers

County Health Rankings, 2023

In the United States, the average wait time to access behavioral health services is about six weeks, and if you're looking for a specialist in a certain area, wait times can stretch into months.[13] The average wait time for a new patient appointment for family medicine is a little shorter, at about 20.6 days.[14] Provider shortages of any kind, whether they be for mental, physical, or dental health, means that patients experience longer wait times and are forced to delay care.

"Most of the need is dental and medical."

- Sandra Shearn, Program Manager, ISAP

It is important to also consider the availability of resources and tools that affect the health of individuals but aren't necessarily healthcare services. These are programs that offer respite to people who are struggling to meet their basic needs such as food, clothing, and shelter. During the COVID-19 pandemic, Trillions of dollars nationwide were allocated to support the basic needs of all residents. As that funding dries up, many individuals and families are left in need, and organizations are trying to identify stop-gap solutions to avoid turning people away.

"Mental health – that's a problem – we don't have enough resources. We don't have enough mental health counselors."

- Virginia State University student

(Tootupphoto, 2021)

Recommendations to Improve Availability of Health Services & Providers[28]

What can be done across our health district to improve access to health services?

Strategy	Evidence-Based Practice
Adopt alternate care delivery models	**Federally qualified health centers (FQHCs):** FQHCs deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay. **School-based health centers (SBHCs):** SBHCs provide students a variety of health care services on school premises or at off-site centers linked to schools.
Increase opportunities for oral health care	**School dental programs:** School dental programs provide preventive dental care using mobile vans parked at schools or by using on-site equipment. **Expand dental professionals' scope of practice:** The roles of allied dental professionals (dental assistants, dental hygienists, ect.) can be expanded, decreasing dentist supervision requirements.

Language, Literacy, and Cultural Barriers

Having limited English proficiency makes it challenging to access and understand health information, follow proper medication protocols, and communicate with providers and support staff.[15] These challenges often discourage English language learners (ELL) from seeking preventive care, including regular check-ups and health screenings, which may adversely affect their health.[16] When patients do not understand their providers and/or when a provider is not sensitive to language and cultural differences between themselves and their patients, the quality of care provided to the patient is significantly lowered.[16]

17.5%

Spanish survey respondents reported experiencing a language barrier when accessing services

> *"It's so difficult. I try to call. No one speaks Spanish. They answer in English."*
>
> ***- Midlothian resident, Focus group participant, Spanish language***

These communication gaps between patient and provider contribute to existing health inequities. Without bilingual staff, culturally competent providers, a workforce that is representative of the Latino residents in the community, and robust interpreter services, ELLs will not receive the quality of care that is afforded to native English speakers.

Another key piece of this conversation is understanding the obstacles that newcomers face navigating US

healthcare and other government systems. This is an important aspect of health literacy, which refers to a person's ability to understand health information and navigate health systems. **A major theme of focus groups and interviews was that a lack of understanding or knowledge of the processes and systems of the U.S. was a major barrier to good health and quality of life amongst Latino residents.** Immigrants come from diverse countries with different systems and cultural practices, and it takes a significant amount of time to understand and learn to use new systems. Add language barriers to the mix and it is easy to see how challenging it is for our immigrant neighbors to access health-care services. These problems are magnified for residents who are undocumented, as a larger proportion of them report issues with insurance, affordability, and language barriers compared to those who are US-born or permanent residents.

"The cost and taking the one two three months to wait...it's a lot of complication. If I need an MRI or something, it's so easy in my country – some people will put it all off until they go visit their country to do all the checkups and do everything."

- Rana Kashroom, Family Engagement Specialist, CCPS

(Millauer, 2019)

Did you know?

In 2019, immigrants in the Richmond Metro Area paid $1.1B in federal, state, and local taxes and represented $2.9 billion in spending power that year, despite being unable to access all government benefits.

Recommendations to Improve Language, Literacy, and Cultural Barriers[28]

What can be done across our health district to improve language, literacy, and cultural barriers?

Strategy	Evidence-Based Practice
Reduce barriers to care	**Expand language accessibility through staffing:** Increasing Latino, workforce representation across all organizations ensures that the needs of this community, the barriers they face, and the solutions that will work for them are truly understood. **Health literacy interventions:** Approaches to addressing limited health literacy include improving patient-provider communication, simplifying health educational materials, and efforts to improve underlying health literacy skills, such as the ability to read.

Access to Healthcare

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36%
English-speaking survey respondents

84.5%
Spanish-speaking survey respondents

Noted that it was difficult for them to obtain Health Services.

Spanish-speaking respondents were

19x

more likely to report having no insurance than English-speaking respondents.

Top 3 Barriers to Healthcare
from survey respondents

1. Too expensive (21.7%)
2. Difficulty finding help (19.4%)
3. Lack of health insurance (18.5%)

Health Needs
from focus group

1. Low-cost healthcare
2. Financial aid for medical, healthy food, housing
3. Education on how to be healthy

Top 3 Health Challenges
from survey respondents

1. Mental Health (12.5%)
2. Dental Health (11.5%)
3. Nutrition (9%)

"If they had adequate insurance and they could afford to go to the doctor on time they wouldn't be coming in with their blood sugar through the roof. So many people wait until the last minute and then they end up in the ER. A lot of it is due to insurance, or the copay with insurance. They don't want to go because they don't have the copay or don't want to pay the copay."

- Susan Franco,
Case Manager, Chippenham Hospital

(CHD, 2023)

Economic Stability

Across survey responses and throughout community conversations, affordability was a common concern.

Economic stability is interwoven into all other social determinants of health. It promotes the other protective pillars that uphold and promote health and wellbeing: housing, nutrition, social connectivity, access to physical and mental health services, etc.[17] People experiencing economic instability are more likely to engage in health risk behaviors and are more likely to experience chronic health conditions, disability, and premature death.[18]

Continued on page 20


(CHD, 2023)

Economic Stability

Economic stability means that people have stable, sufficient income to meet basic needs.

There are several factors that affect a person's economic stability beyond simply having steady employment: affordable housing, living wage employment, worker protections, paid sick leave, childcare, and access to reliable transportation, among other things. [18]

16.4% of survey respondents identified affordable, healthy food would most improve quality of life.

"Too expensive" was the number one barrier that residents face when trying to access healthcare services

From page 19

Among residents working with CHD's Community Health Workers, financial aid is the most requested service. Financial aid is not only requested for hospital or medical bills, but for basic needs as well. **Over the past year, 21.2% of clients requested food assistance, 10.9% requested assistance with rent payments, and 9.4% requested utility assistance.**

"Poverty is at the root of our clients' needs. A lot of times there's stuff that they're going through, it's just a survival mode. So, it's not a priority to get your teeth fixed or get a filling put in or to even get braces. It's not a priority. There are people that have cancer- they didn't know they had cancer. And the pain that they were having, 'well I've been making teas and I've been doing this, and I've been getting up and I've been going to work, and I've been doing everything to survive.' I think, yeah, I think it's poverty and also priority"

- Sandra Shearn, Program Manager, ISAP

Did you know?

While the median household income in Chesterfield is higher than in other Virginia localities, over 99% of our Spanish-speaking survey respondents have a household income of under the state average of $80,963, and 68% have an annual income lower than $20,000.

Affordable and Accessible Food

Compounding the stress of those who experience economic insecurity is the rising cost of food. Between August 2021 and August 2022 grocery store prices increased by 13.5%.[19] On top of that, Chesterfield and Colonial Heights families receiving benefits to assist in paying for food (SNAP benefits) saw a decrease in their allocations as the COVID-19 emergency declarations expired.[20] Between increases in food prices and decreased benefits, many families are beginning to encounter a new struggle to afford healthy foods. Meanwhile, **survey respondents identified that access to affordable, healthy food was the factor that would most improve quality of life in Chesterfield and Colonial Heights**

Residents identified nutrition as being one of the top 3 health problems in the community.

(Carpenter, 2020)

In addition to the challenge of paying for groceries, access to supermarkets that sell affordable, healthy foods can also be a barrier. Across Chesterfield County and Colonial Heights, about 20,000 people live more than one mile from the closest supermarket, supercenter, or large grocery store.[21] Most of these

areas with low access to healthy foods overlap with areas where a large proportion of the population have low incomes.[22] When healthy food is not available or affordable, people may settle for food that is less nutritious but higher in calories, a common precursor to chronic illness.

Did you know?

Some SNAP recipients have seen their benefits decrease from as much as $281 to only $23 a month.

"When COVID hit, many people lost their jobs and many people that had never been to food pantries went and asked for food. In Chesterfield when the pandemic hit, we were feeding over 1,000 families each week…We thought that once people returned to their jobs the need would go back to normal, but the cost of everything went up- utilities, rent, food. People are still struggling to buy food, so our numbers have not gone down."

- Xiomara Encarnacion, Regional Manager, Outreach & Compliance, Feed More

Recommendations to Improve Affordability and Accessibility of Food [28]

What can be done across our health district to improve access to nutritious affordable food?

Strategy	Evidence-Based Practice
Increase access to healthy food options	**EBT payment at farmers' markets:** Enabling *Electronic Benefit Transfer* (EBT) payment at farmers markets increases access to fruit and vegetable consumption for consumers with low incomes. **Fruit and vegetable incentive programs:** Fruit and vegetable incentive programs offer participants with low incomes matching funds to purchase fresh produce. **New grocery stores in underserved areas:** Financing initiatives, tax incentives, or zoning regulation changes can bring grocery stores to underserved neighborhoods.

Safe and Affordable Housing

Economic security includes living in homes that are safe and affordable without fear of displacement. **Chesterfield and Colonial Heights residents ranked affordable housing among the top three most important factors to improve health and quality of life.** Safe and stable housing has been associated with improved health and wellbeing, while housing instability has been associated with poorer health outcomes, including higher rates of lifetime hospitalization for children.[23] Nationally, there is a serious shortage of safe and affordable housing. In fact, there is currently no state or county in the United States where a renter working full-time at minimum wage can afford a two-bedroom apartment.[24]

In many places, rents are rising faster than incomes, leading to decreased affordability. In Chesterfield

Continued on page 22

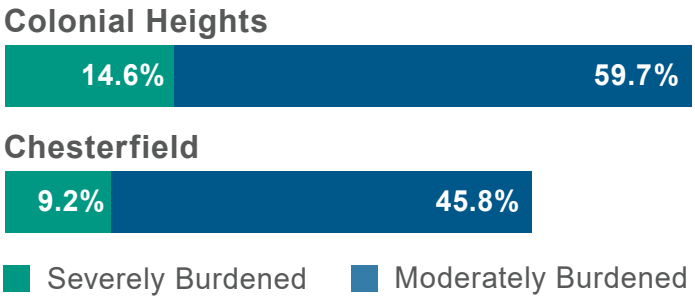
(Saunders, 2022)

From page 21

for example, in a span of ten years (2011 to 2021), the monthly median rent rose 29.8%, while the annual, median, family income rose only 22.6%.[25] However, during that same time frame, Colonial Heights became more affordable, with the monthly median rent growing 22.0% and incomes 25.3%.[26] Unfortunately, many economically, insecure families in both Chesterfield and Colonial Heights are still cost-burdened when it comes to housing, meaning they spend more than 30% of their income on housing costs.

To afford rent on a 2-bedroom apartment in Colonial Heights, a person would need to work full time at a rate of $21.54/hour.[27] In Chesterfield that rate ranges from $20.19/hour in some neighborhoods in North Chesterfield to $31.15/hour in parts of Midlothian.[27] Compare these rates to Virginia's current minimum wage of $12.00/hour and the gap between income and the rising cost of living becomes clearer.

Cost Burden of Renting[25, 26]



Severely cost-burdened is defined as spending 50% or more of their household income on gross rent.

Recommendations to Improve Affordability and Accessibility of Housing[28]

What can be done across our health district to improve access to affordable housing?

Strategy	Evidence-Based Practice
Improve housing quality	**Housing rehabilitation loan & grant programs:** Housing rehabilitation loan and grant programs provide funding to repair or improve dwellings, and remove health or safety hazards from those dwellings.
Support affordable housing	**Inclusionary zoning & housing policies:** *Inclusionary zoning* (IZ) and housing policies require developers to reserve a proportion of housing units for residents with low incomes.

Employment

For many economically insecure homes, unemployment and underemployment present a major challenge. This issue impacted our Spanish language survey respondents significantly more than our English language respondents, with **64% of all Spanish language respondents reporting that there were adults in their household experiencing difficulties finding or keeping work.**

The top three reasons identified by Spanish language respondents as to why they were experiencing difficulty finding work:

25.7%

Immigration Status

24.5%

Do not speak English well

14.3%

Few job opportunities

"It's hard to get things like healthcare, insurance, childcare – so (we need) job opportunities that pay well – and link to insurance, childcare."

- VSU student

(Kochetkov, 2021)

Recommendations to Improve Employment Rates[28]

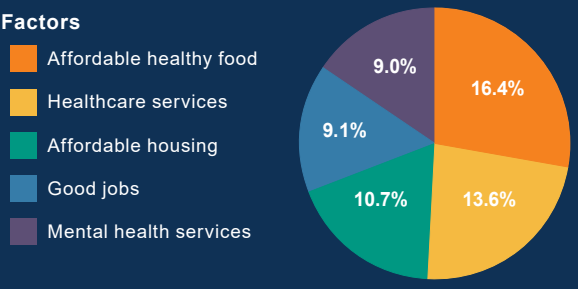
What can be done across our health district to improve access to employment that provides a living wage?

Strategy	Evidence-Based Practice
Increase worker employability	**Bridge programs for hard-to-employ adults:** Bridge programs for adults are basic education and training programs that teach fundamental skills in addition to hands-on training tied to in-demand jobs. **Adult vocational training:** Vocational training for adults supports acquisition of job-specific skills through education programs, or on-the-job training.

Economic Stability

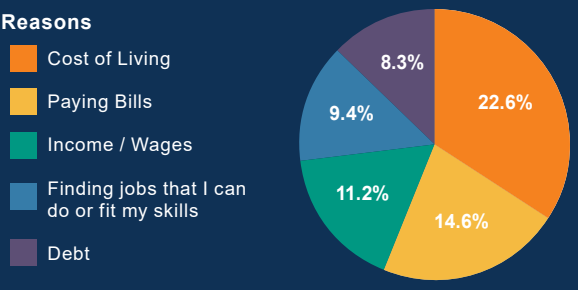
VDH VIRGINIA DEPARTMENT OF HEALTH

Factors to Improve Quality of Life
from survey respondents



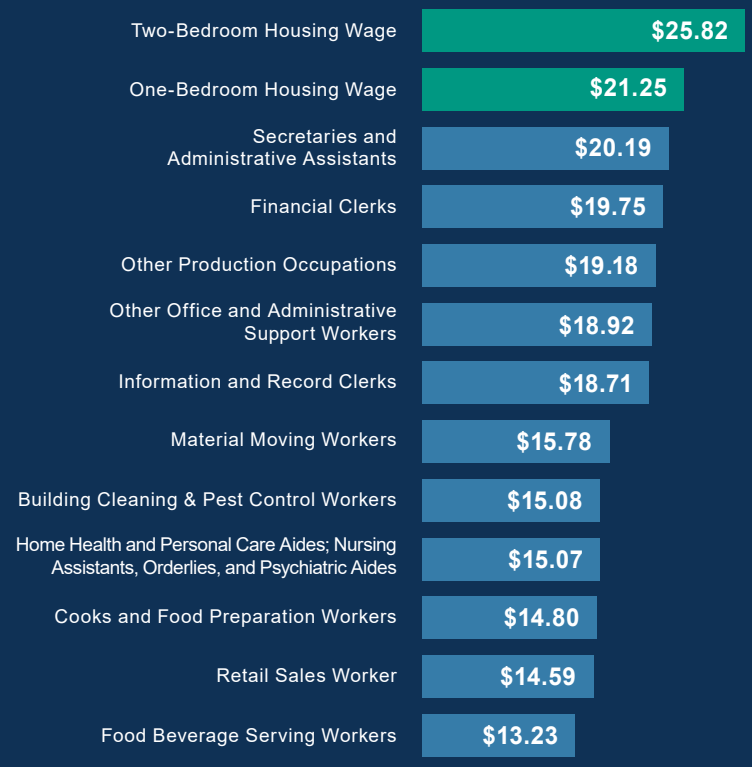
This chart represents the top 5 responses. The remaning responses were spread across 10 other categories.

Economic Stability Problems
from survey respondents



This chart represents the top 5 responses. The remaning responses were spread across 7 other categories.

Eleven of the 25 Largest Occupations in the Us Pay Less Than the Housing Wage



6.7%

of respondents said lack of affordable childcare is a barrier to work.

10.9%

of respondents say lack of transportation is a barrier for work and 7.7% say it's why services are hard to get.

"If I were to go out today to get an apartment, a one bedroom is about $1,300, then I've got to have at least $1,300, if not $2,600, if not $3,900 for the deposit...On top of that, you've gotta take $1,300 and triple it, which is three times the rent. If they're hung up in SSI, SSA, SSDI in any combination, they don't make $3,900 a month to make triple the rent. There's no such thing as affordable housing."

- Bridgette Engle,
Case Manager, My Brother's Keeper

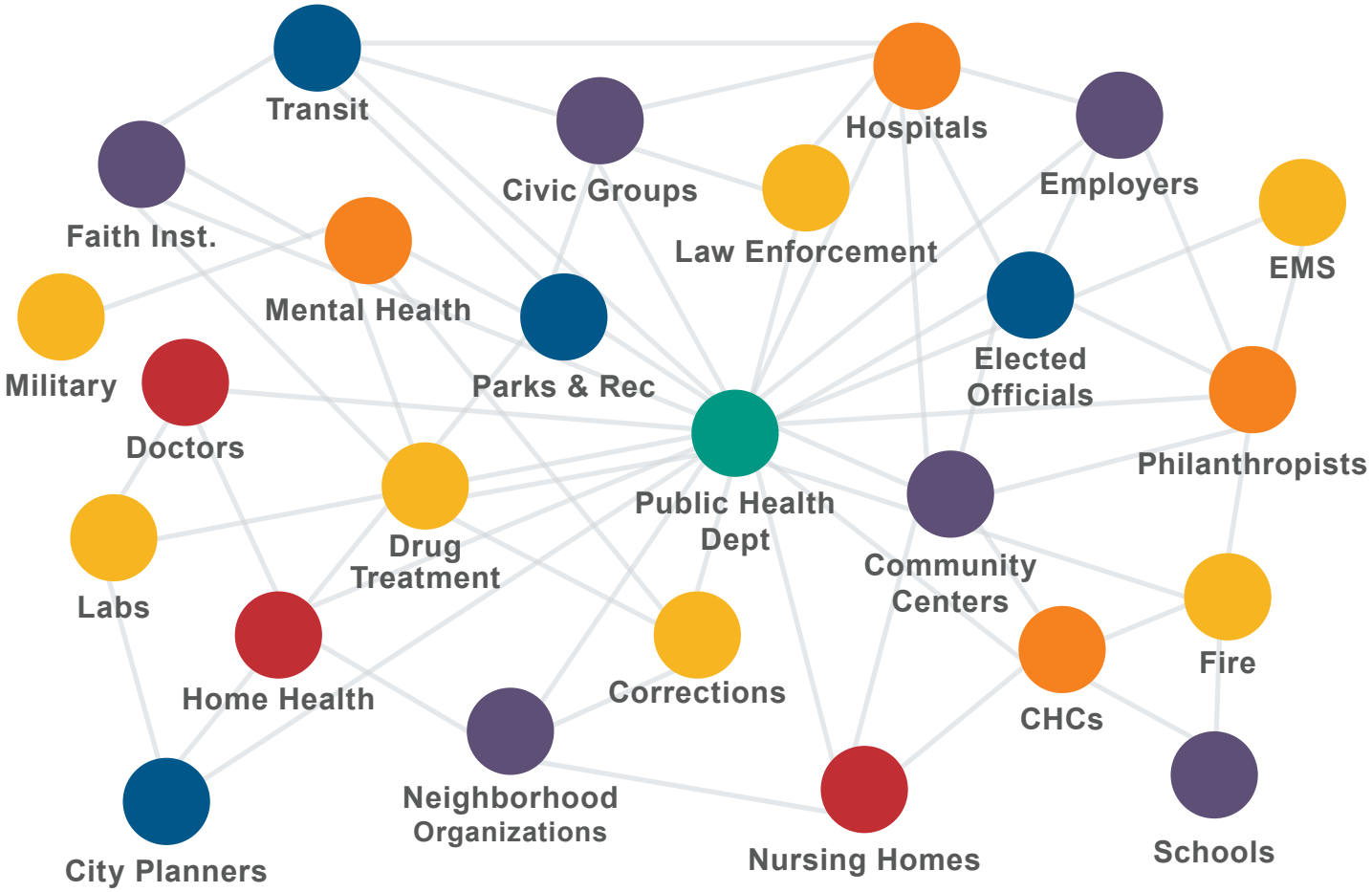

(Saunders, 2018)

Collective Impact

Moving from understanding community needs to solution-focused action requires a multi-sector approach. **Focus group participants and interviewees said the most important things that can be done to improve the health of the community are enhancing cultural sensitivity and disseminating information about available resources.** Chesterfield and Colonial Heights are home to robust ecosystems of passionate organizations, agencies, and residents who work tirelessly every day to support the community at-large. However, the rapidly changing needs in these communities are outpacing currently available resources. Systemic improvements are imperative for health equity and community sustainability. The success of these systems requires intentional and deliberate collaboration between community members, organizations, agencies, and institutions. By working together more intentionally, it becomes possible to harness our collective energy, resources, and influence.

Continued on page 26

Local Public Health System



From page 25

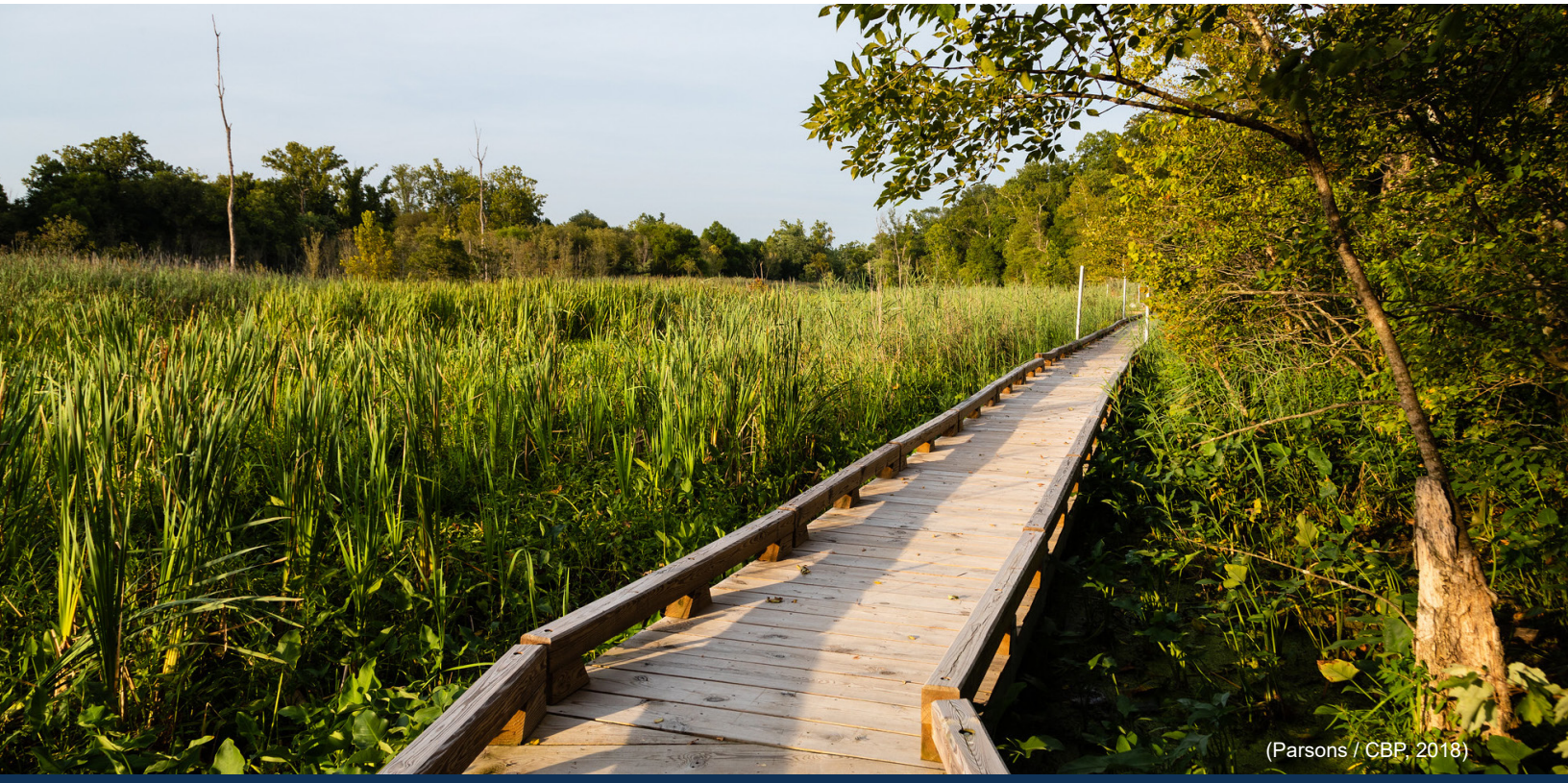
Collaboration can better influence policy and lead to the development of evidence-based strategies and models that provide equitable access for our most vulnerable residents. The Chesterfield Health District recommends that stakeholders collectively identify an aim that supports preventive health, facilitate organizational self-assessments, and then draft a plan that uses each stakeholder's strengths to achieve the aim. While this approach might require that stakeholders adjust, add, or yield certain services to partners that have more capacity or experience in a particular area, it provides service sustainability and quality by using an intentional, strategic, and equitable approach.

Collective Impact

Collective Impact is a network of multi-sector stakeholders who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. Because these partnerships bring people together from all parts of the community, their efforts are more likely to be successful.

Individual Impact

The key to the success of any change initiative is the full participation and leadership of those who are most affected. There is a motto that floats around many grassroots groups – those closest to the problem are closest to the solution. Those living in Chesterfield and Colonial Heights and those living in the most vulnerable communities identified on our SVI map have intimate knowledge of what isn't working and, more importantly, they see what needs to be done to make it work better. Impactful change in Chesterfield and Colonial Heights will not come from large organizations working in silos, and it is not reserved for a select few community members. Change beckons to all of us- lead from where you are, whoever you are!



(Parsons / CBP, 2018)

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Community Survey Questions

1. What are the most important health problems in the community? Select the top 3.

- Aging conditions (Alzheimer's disease, hearing loss, etc.)
- Cancer
- Dental problems
- Diabetes
- Drug and alcohol use
- Heart disease/Heart attack
- High blood pressure
- Illness that spreads (Flu, Covid-19, etc.)
- Lack of exercise
- Mental health (Depression, stress, etc.)
- Nutrition (healthy foods, eating habits)
- Respiratory/lung disease
- Smoking cigarettes
- Social isolation (being alone)
- Suicide
- Teenage pregnancy

2. What would most improve quality of life and health in the community? Select the top 3.

- Affordable healthy food
- Alcohol/drug treatment
- Affordable childcare
- Healthcare services
- Mental health services
- Affordable housing
- Senior services
- Good jobs
- Meet basic needs of residents (food, shelter, clothing, care)
- Programs for youth outside of school
- Transportation options
- Sidewalks, bike lanes, and crosswalks
- Opportunities to interact with others
- Homeless services

3. What do you and your family need to become or stay healthy? Select the top 3.

- Doctor I see regularly
- Doctor for my child
- Dental care
- Specialty care (care for specific issue)
- Mental health care (stress, anxiety, etc.)
- Help managing my disease
- Nutrition and exercise programs
- Help with daily living for elderly/disabled
- Health screening services
- Drug, alcohol, substance use treatment
- Transportation to healthcare services
- Nothing

4.. Do you find it difficult to get the help, services, or care you need? (Y/N)

4a. (if yes) Why? Select the top 3 reasons.

- The help I need is hard to find
- Lack of childcare
- Too expensive
- Don't have technology for telehealth
- Lack of health insurance
- They don't speak my language
- Location of help
- Lack of transportation
- Unable to get time off work
- Nothing

5. Which of the following are a problem in your household? Select the top 3.

- Getting job training
- Finding jobs that I can do or fit my skills
- Finding jobs for youth
- Not having a high school degree or GED
- Not having a college degree
- Paying for child-care services
- Cost of living
- Paying bills
- Income/Wages
- Debt
- Understanding my finances
- None

6. Are any of the adults in your household having a hard time finding or keeping work? (Y/N)

6a. (if yes) Why? Select the top 3 reasons.

- Immigration status
- Need affordable childcare
- Caring for an adult family member
- Do not speak English well
- Need transportation
- Need job experience or training
- Few job opportunities
- Don't have high school diploma/GED
- Do not have a college degree
- Disability
- Criminal record

Demographics

What type of health insurance do you have: • Medicare • Medicaid • Private or Commercial • None • Other

Total household income last year: ($0-$150,000 in $10k increasing increments as choices)

Race/Ethnicity: • White • Black or African American • Latino/Hispanic • American Indian or Alaska Native • Asian • Native Hawaiian or Other Pacific Islander • Multi-race • Other

Do you currently describe yourself as: • Male • Female • Neither of these

Highest grade of school completed? Age?

Current employment status: • Unemployed • Employed part-time • Employed full-time • Homemaker • Full-time Student • Retired • Unable to work • Day labor

Do you have a disability? • Physical • Mental • Both physical and mental • No

Focus Group Questions

1. What makes a community healthy?

2. What are the most important issues that need to be addressed to improve health and life in your community?

3. What are some ideas you have to help your community get or stay healthy?

4. Is there anything that already exists in your community that can be used to improve community health?

5. Are there any organizations in your community that should work together more?

Cover: Top Left (Parsons / CBP, 2018), Bottom Left (McKinsey, 2019), Bottom Right: (Parsons / CBP, 2018)