

2023 Community Health Assessment

Charles City County, Virginia

Published in March of 2024



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CHICKAHOMINY
HEALTH DISTRICT

Letter from Chickahominy Health District's Health Director

Dear Reader,

On behalf of the Chickahominy Health District, I am pleased to present the 2023 Charles City County Community Health Assessment (CHA). This report provides a comprehensive assessment of the community's health and includes input from those who live, work, play, and pray in the county. This process brought together community partners and residents to collectively review and choose the top health topics they believe should be prioritized and addressed over the next five years. This project would not have been possible without the dedicated participation and support provided by Charles City County leadership, passionate partners, and the CHA Steering Committee members, who met monthly to work on this assessment. I would especially like to acknowledge the dedication and teamwork of several Chickahominy Health District staff members: Emily Hines, Population Health Planning and Improvement Coordinator, Felicia Baez-Smith, Community Engagement Specialist, Dr. Luz Vilca, Community Health Epidemiologist, and Amelia Swafford, Data Manager.



Our goal during this process has been to understand the social determinants of health and quality of life in Charles City County through collaboration and community informed strategies. This CHA is the initial phase of an ongoing process to evaluate and improve the health of all community members. Our hope is that this report initiates dialogue, informs decisions, and inspires coordinated action that will promote well-being for all. After reading this report, please consider joining us in addressing the identified health priorities as we begin the Community Health Improvement Plan in 2024.

Sincerely,

Thomas G. Franck, MD, MPH
Director, Chickahominy Health District

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Acknowledgements

We would like to thank all the community members who participated in this process. Their deep understanding of the community, and guidance was crucial to this process. This work was not funded by a grant except for personnel costs.

Community Health Assessment Steering Committee

This group participated in the planning process and provided feedback as we moved through each Mobilizing for Action through Planning and Partnerships phase.

- Brad Kern, Chickahominy Health District
- Byron Adkins, Board of Supervisor – District 3
- Caitlin Hodge, Chickahominy Health District
- Cara Hoover, Purpose Medical Outreach
- Chris Luck, ROC Church – Charles City
- Cynthia Boone, Charles City County Economic Development and Tourism
- Donald Charity, Charles City County National Association for the Advancement of Colored People (NAACP)
- Dr. Thomas Franck, Chickahominy Health District
- Dr. Todd Perelli, Charles City County Public Schools
- Elizabeth Holt, Charles City County Department of Social Services
- Frank Cardella, United Way of Greater Richmond and Petersburg
- Hillary Connolly, VCU Massey Cancer Center
- Janice Atwell, Henrico Area Mental Health and Development Services
- Jimmy Johnson, Charles City County Fire and Rescue
- Julia Boyd, Cultural Alliance
- Ken Lantz, Plan RVA
- Kim Barrow, Charles City County Parks and Recreation
- LaTonya Williams, Charles City County NAACP
- Leila Ward, Thrive VA
- Lisa Luck, ROC Church – Charles City
- Lisa Wood, Promise Land Storehouse Pantry
- Paula Cotman, Charles City County Food Pantry
- Robin Tyler, Central Virginia Health Services
- Steve Fuhman, Citizen of Charles City County
- Stormie Miles, Chickahominy Indian Tribe
- Tammi Fox, Chickahominy Health District
- Zach Revene, Chickahominy Health District

Community Health Team

The Community Health Team of Chickahominy Health District designs, plans, and facilitates the assessment process.

- Emily Hines, Chickahominy Health District
- Felicia Baez-Smith, Chickahominy Health District
- Dr. Luz Vilca, Chickahominy Health District
- Amelia Swafford, Chickahominy Health District

In addition, we'd also like the express gratitude to the following individuals and organizations:

- Tammi Fox with the Chickahominy Health District and LaTonya Williams with the Charles City NAACP for helping distribute the Community Health Assessment survey.
- Miranda Venable and Sheron Black for reserving meeting space.
- Austin Bruce, Dana Morcillo, Amelia Swafford, Karen Comeaux, Nick Kass, Thomas Carr with the Vaccine Mobile Team from Chickahominy Health District for offering vaccines at the Community Health Forum.
- Marissa Gernon, a Community Health Worker with Chickahominy Health District, for providing Rapid REVIVE! trainings at the Community Health Forum.



Photo Courtesy of Charles City County

Executive Summary

This Community Health Assessment (CHA) report is the result of a robust and cooperative process that took six months and involved a variety of stakeholders, including community-based organizations, governmental agencies, and community members. The Charles City County CHA is the first step to evaluate and improve the health outcomes and opportunities of the whole community. This report is for individuals seeking information about the current health status of the community members, review which factors contribute to certain health issues, and which assets and resources can be drawn upon to improve health in Charles City County. Since June 2023, the Charles City County CHA Steering Committee has been meeting to oversee the entire CHA process. The main role of the Steering Committee was to review quantitative and qualitative data and analyze it to better understand the current issues and barriers influencing the population's health. The Steering Committee and community members participated in many activities: 1) community asset mapping to identify strengths and resources within Charles City County; 2) a community health survey to gather perspectives from those who live, work, play, and worship in Charles City County; 3) two focus groups, and five key informant interviews to gain greater understanding of what health issues matter most to the community; and 4) a Forces of Change Assessment to identify current and future factors, trends and events that influence health in the community. Finally, community members participated in a multi-voting prioritization process to select the top health priorities for Charles City County by reviewing the results of the three completed assessments and determining how those issues affect the achievement of the shared vision.

The CHA identified many strengths in Charles City County. The community is close-knit, diverse, has strong family ties, and offers many social associations to community members. Additionally, Charles City County is a great tourist destination for those wanting to soak up the beautiful, rural scenery whether by cycling or walking on the Virginia Capital Trail, fishing on the rivers, or visiting historical sites.

The health assessment revealed three health priorities the community viewed as the most important to address over the next five years: 1) Healthcare Access and Quality; 2) Economic Stability, Infrastructure and Workforce Development; and 3) Childhood Health and Education. Beginning in 2024, the Charles City Community Health Improvement Plan (CHIP) Steering Committee will research, review, adopt, and develop evidence-based strategies for the CHIP. The CHIP will aim to strategically improve the quality of life and health for all community members in Charles City County through the ongoing collaboration of various community members, organizations, and leaders.

Background

History

In 2014, Charles City County completed their first version of a community health assessment (CHA) through the Healthy Eating and Active Living (HEAL) grant project. One of the results of this assessment included a newly formed community coalition named, “Let’s Get HEALthy Charles City”. This coalition developed a comprehensive strategic plan to improve the length and quality of life of Charles City residents through healthy eating and active living. In recent years, progress slowed, and the coalition met less frequently.

Health needs and issues in Charles City County have evolved and changed over the last decade. Therefore, 2023 was a great opportunity for the Chickahominy Health District to facilitate another CHA to identify current health needs and strengths of the community, and strategically plan how to address the health priorities identified through the community’s input and collective impact.

Purpose

This report details and documents the community health indicators and health priorities of Charles City County and provides a foundation for local public health departments to conduct a CHA every five years.

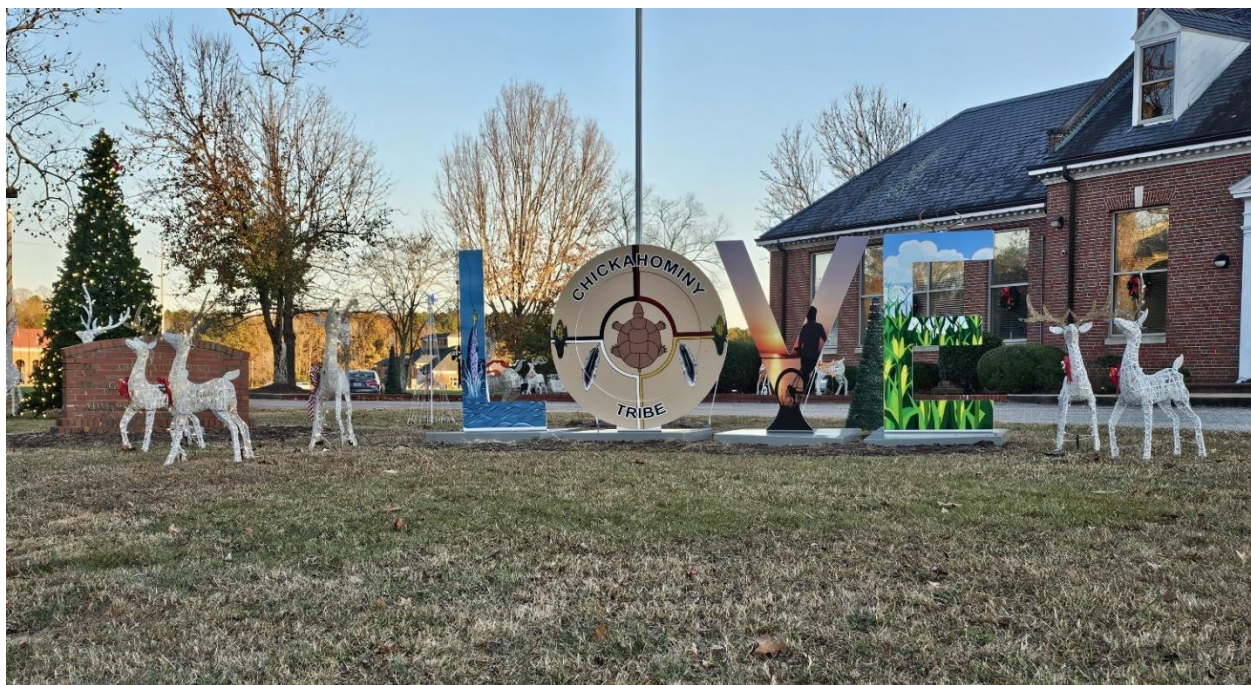


Photo Courtesy of Charles City County

Approach

For this iteration of the Charles City County CHA, the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework was applied. This framework is a community-driven strategic planning process for improving community health that is used by hundreds of local health departments and hospitals across the nation. MAPP 2.0 helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP 2.0 is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. MAPP, also known as MAPP 1.0, was originally developed in 2001 by the National Association of County and City Health Officials (NACCHO) and was updated in 2023 to take a more active role related to addressing health inequities. The new MAPP 2.0 framework has three phases and includes three assessments, which are displayed in Figure 1.(1)

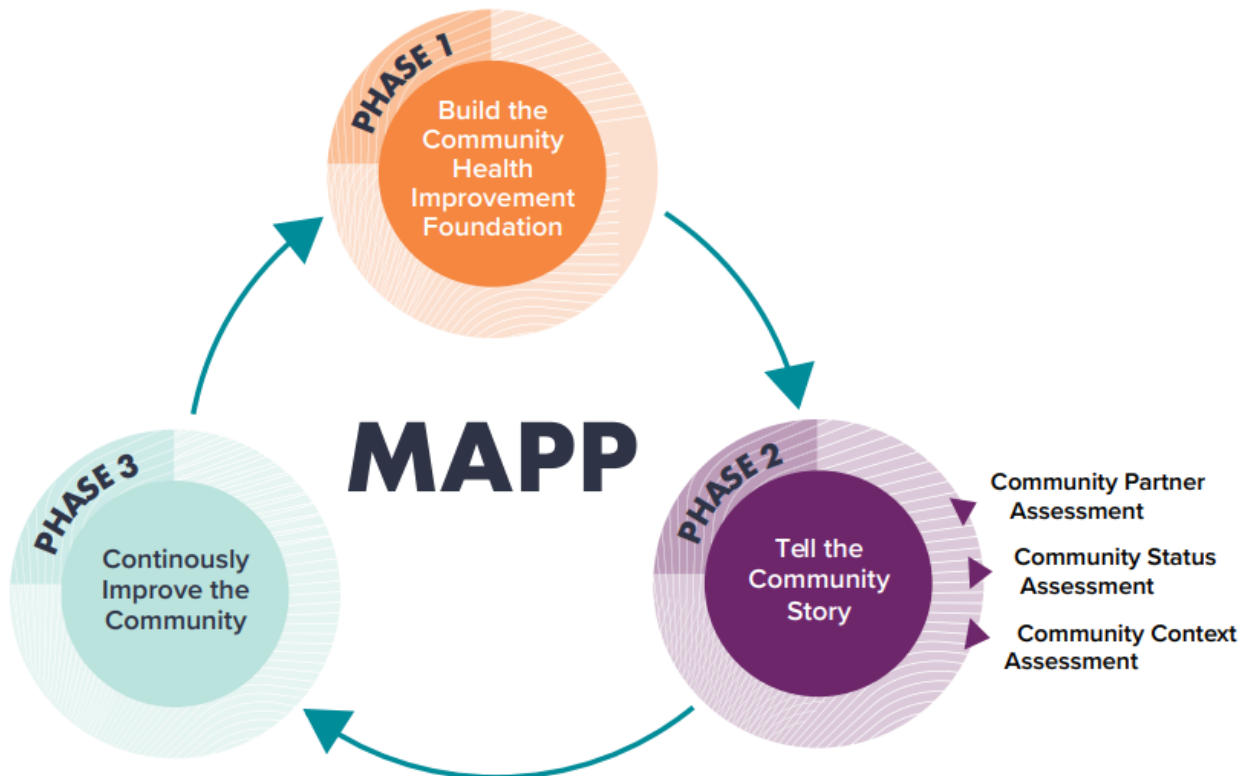


FIGURE 1: MAPP 2.0 FRAMEWORK

Phase I: Build the Community Health Improvement Foundation

The first step in Phase I is to establish a steering committee (SC) to oversee the CHA process. The SC is an essential component of the MAPP 2.0 process, as they represent various populations and sectors within the community. In April of 2023, the Chickahominy Health District's Community Health Team (CHT) began planning for the second iteration of the Charles City County Community Health Assessment (CHA). The CHT connected with a diverse set of stakeholders in various sectors to form the SC. The intent and effort of the individuals involved were to collectively examine local health priorities. The team met monthly over the course of seven months and identified community needs, assets, and resources to promote better health opportunities for all Charles City County community members. Each member recognized working together would greatly exceed the work that any one agency could achieve on its own. Collaboration eliminates duplicative efforts and leads to a sustainable process while allowing a rural health department to collect more robust local data. It also allows the SC to build stronger relationships among non-profit organizations, faith-based organizations, local government, public health professionals, and many other agencies to identify opportunities for joint efforts to improve the health and well-being of our community together.

Vision and Value Statements

The shared vision and values statements are a reminder that each organization is working toward shared goals. Regardless of the focus of any one organization, each has something valuable to contribute to a healthier community. The SC developed the statements below to guide the CHA process in July 2023. The vision statement articulates where community members hope Charles City County will be in ten years, and the value statement describes how they hope community members interact with each other.

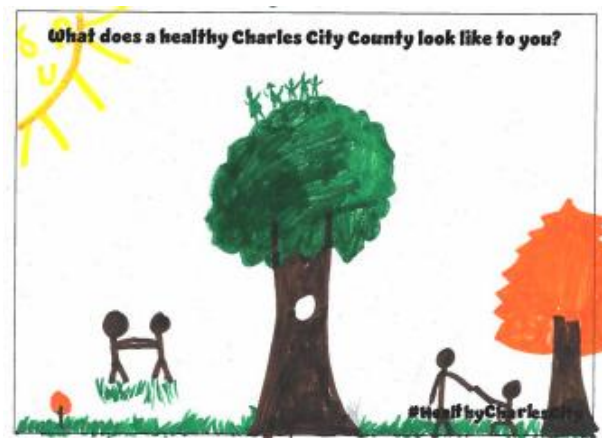
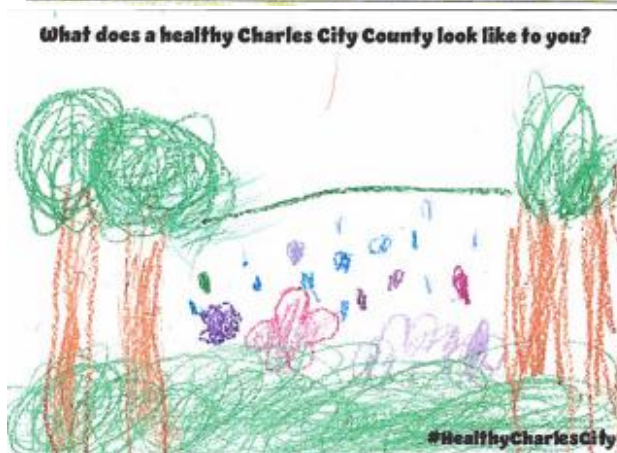
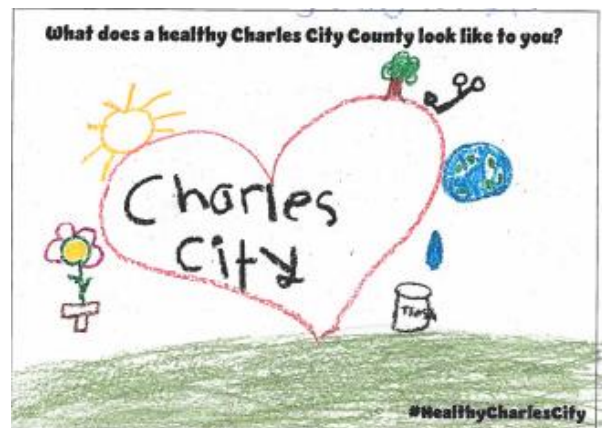
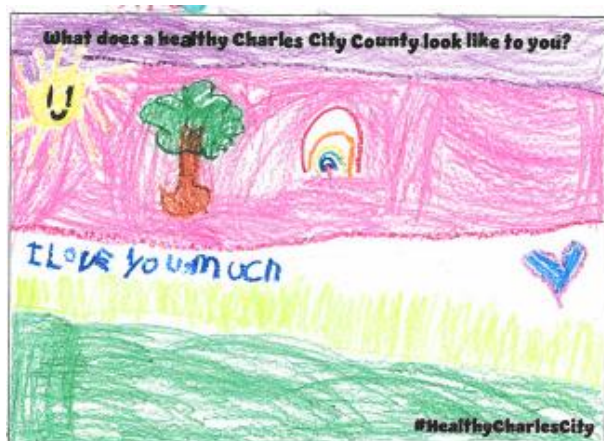
Vision Statement:

Charles City County is a rural county where individuals and families are living in a healthy environment and enjoy social connectiveness and opportunities to achieve their full potential.

Value Statement:

We value our strong community connections in a peaceful, rural setting where all have access to affordable services which are continually improved, all are respected and valued, and we aspire to grow and hold each other accountable for collaborations that ensure Charles City community members are represented.

Additionally, the CHT wanted to involve the youth of Charles City County. They asked the Charles City County Parks and Recreation Summer Camps and the Chickahominy Indian Tribe Summer Camps to distribute coloring pages for the children to draw “What does a healthy Charles City County look like to you?”. We shared several images with the SC, in hopes to inspire them and share the perspective of the youth. Many of the drawings included trees, children playing, clean water and skies, fresh fruit and vegetables, flowers and express their love for Charles City County.



Drawings Courtesy of Charles City County Youth

Phase II: Tell the Community Story

Community Partners Assessment

Overview

The Community Partners Assessment (CPA) is one of three assessments in Phase II. The CPA allows all the community partners involved in MAPP 2.0 to critically look at: 1) their own individual systems, processes, and capacities; and 2) their collective capacity as a network/across all community partners to address health inequities.⁽¹⁾

Methodology for Data Collection

The CHT developed a survey to distribute to SC members to gather essential information and document the landscape of community partners in the room to summarize collective strengths and opportunities to grow. To view a copy of the CPA survey, see Appendix A.

Results

Seventeen organizations completed the survey, and eleven organizations have participated in a community health assessment or improvement process previously. One question asked the organizations to choose their top three interests in joining a community health improvement initiative. The results were:

- To create long-term, permanent social change.
- To plan and launch community-wide initiatives.
- To deliver programs effectively and efficiently and avoid duplicated efforts.

The results helped the CHT decide who else should be invited to these meetings forward such as faith-based organizations and local businesses.

Community Status Assessment

Overview

The Community Status Assessment (CSA) is the second assessment in Phase II of the MAPP framework. The CSA is a quantitative assessment aimed at understanding the community's status. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression.⁽¹⁾ Although we made a significant effort to collect the most updated health indicators for Charles City County, the list of health indicators is not inclusive of every health-related issue that community members might face, and it might not represent all possible populations of interest due to limitations in available data sources.

Methodology for Data Collection

This assessment was based on secondary data collection, which is data previously collected by and readily available from other data sources. Indicators were selected to describe the demographic characteristics as well as the main factors that influence community health, including how long and how well we live in Charles City County. Data synthesis and secondary analysis were conducted using a variety of local, state, and national data sources. A list of all resources used in this report is available in Appendices B and C.

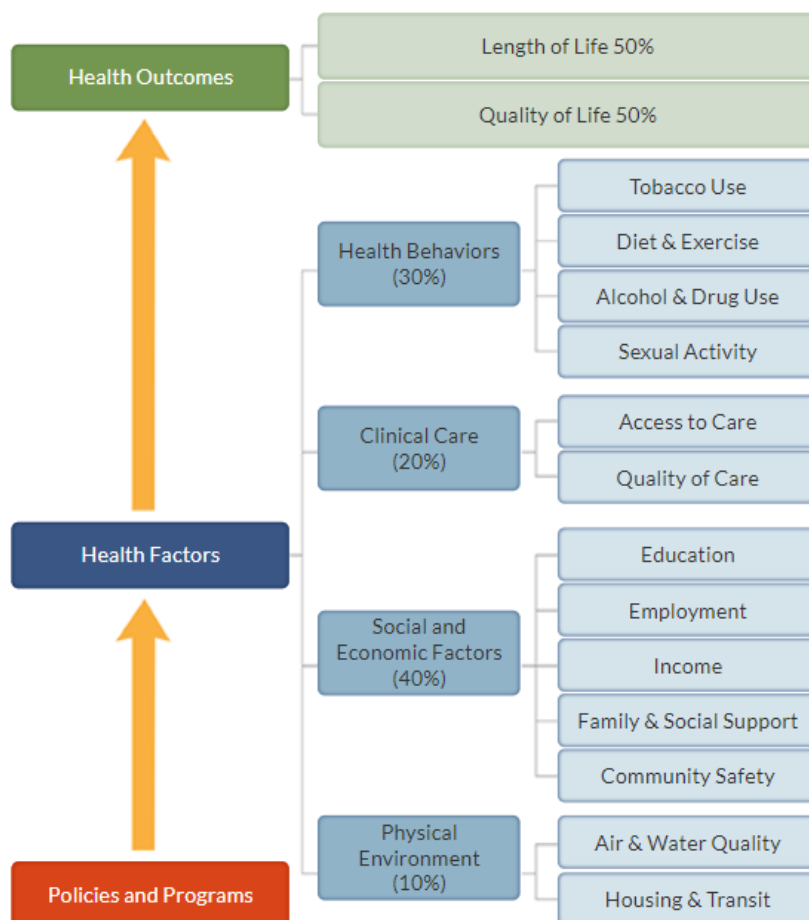


FIGURE 3: COUNTY HEALTH RANKINGS AND ROADMAPS MODEL

The County Health Rankings and Roadmaps model was used as a guide to review indicators in this report. The Rankings are based on a conceptual model of population health that includes both health outcomes and health factors. According to the 2023 County Health Rankings, of the 133 ranked counties in Virginia, Charles City County occupies the 101st position (lowest quartile) in the health outcomes ranking and the 109th position (lowest quartile) in the health factors ranking.

Health outcomes reflect the current state of health in a county and are split broadly into two components: length of life and quality of life. Health factors are divided into four categories: 1) health behaviors; 2) clinical care, 3) social and economic factors, and 4) the physical environment. See Figure 3 for details. Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities. Each component is comprised of one or more subcomponents, which are defined by one or more measures from various data sources and assigned a weight based on its relative importance.

About Charles City County

Charles City County's population was approximately 6,605 as of July 1, 2022. According to the United States (U.S.) Census Bureau Decennial Census, between 2010 and 2020, the population in Charles City County decreased by 6.7%. See Figure 4 for a comparison between the population in 2010 vs. 2020. Additionally, between April 2020 and July 1, 2021, the population decreased by 2.6%.⁽²⁾ Charles City County is located on the southeast of Richmond, Virginia and to the west of Jamestown, Virginia. Most of the population lives in the western part of the county (District 1) – see Figure 5. The county is known for its rich history, diverse culture, and natural beauty. Two major rivers run through Charles City County with the James River bordering the south of the County, and the Chickahominy River surrounding the northern border of the county. Those who live in the county enjoy the quiet, laid-back community where people take care of one another. The county is considered 100% rural. Charles City County is home to the Chickahominy Indian Tribe, which became federally recognized in 2018 as a sovereign nation.⁽³⁾ The Chickahominy Indian Tribe will soon have access to the Mid-Atlantic Indian Health Center in Charles City County, slated to open in Summer 2024.⁽⁴⁾

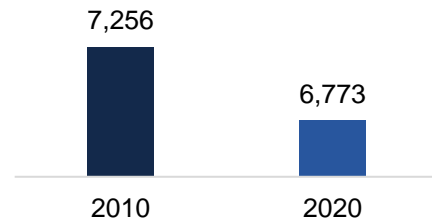


FIGURE 4: POPULATION, CENSUS, APRIL 1, 2010-2020

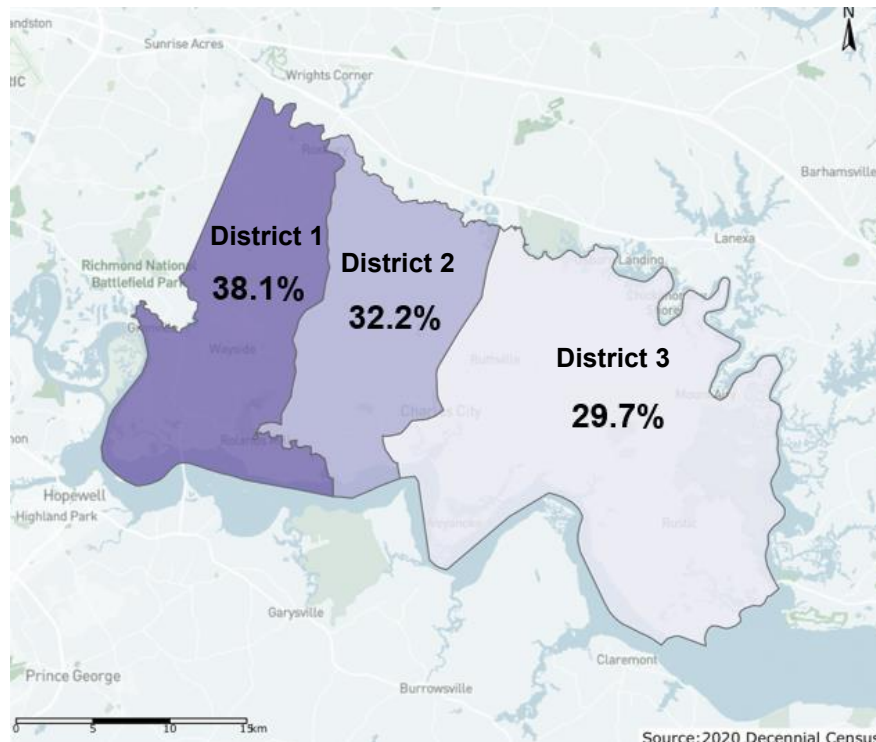


FIGURE 5: MAP OF TOTAL POPULATION BY CENSUS TRACT, PERCENT, 2020 DECENNIAL CENSUS

Race and Ethnicity

As of July 2022, those who identified as Non-Hispanic, White represented 46.3% of the county, Non-Hispanic, Black represented 42.7% of the county, followed by 6.7% American Indian & Alaska Native, 3.6% identified as two or more races, 2.5% identified as Hispanic, 0.6% identified as Asian, and 0.1% as Native Hawaiian/Other Pacific Islander (Figure 6). Charles City County's diversity was noted as a strength several times throughout the CHA assessment.(2)

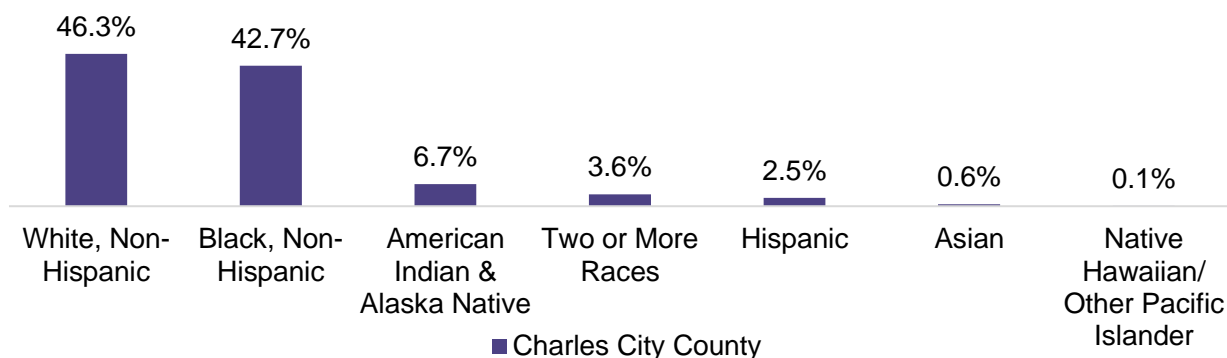


FIGURE 6: POPULATION BY RACE, PERCENT

Gender

As of July 2022, 50.3% of the population identified as female, and 49.7% identified as male. There were slightly more females in the county across all ages of community members.(2)

Age

As of 2020, 2.9% of Charles City County's population was under 5 years of age compared to Virginia (5.8%). Children, between 5 and 17 years of age, made up 12.3% of the population, while young adults, between 18 and 24 years of age, made up 6.4% of the county's population. Adults 25 through 34 years of age were 9.4% and adults 35 through 44 years of age were 10.4% of the county's population. Higher than what is seen in Virginia and the U.S., adults 45 to 54 years of age were 14.5% of the county's population, and adults 55 to 64 years of age were 19.3%. Adults over 65 years of age made up the largest group, 25%, of the county's population (Figure 7).

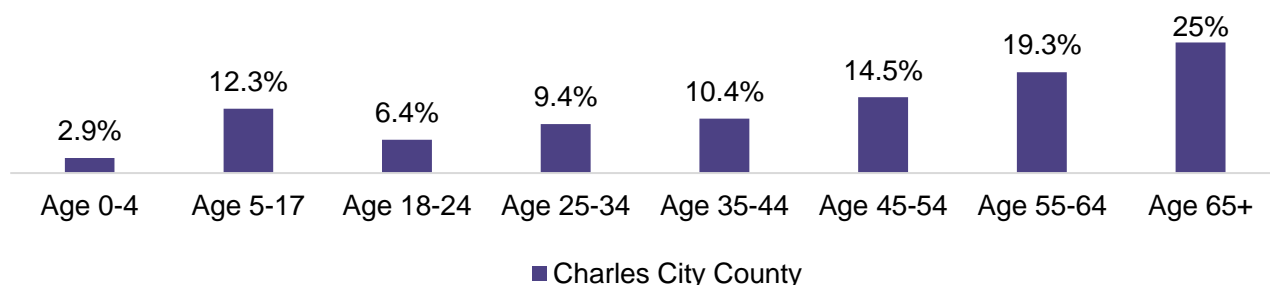


FIGURE 7: POPULATION BY AGE, PERCENT

Charles City County's median age is 51.4 years, which is the 6th highest median age in Virginia according to 2020 Decennial Census.⁽⁵⁾

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. As of 2017-2021, 20.2% of the Charles City County population had a determined disability, compared to 11.9% of Virginia, and 12.6% of the U.S – see Figure 8. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types: 1) hearing; 2) vision; 3) cognition (serious difficulty concentrating, remembering, or making decisions); 4) mobility (serious difficulty walking or climbing stairs); 5) self-care (difficulty dressing or bathing); or 6) independent living (difficulty doing errands alone).

For people 65 years and older, 43.7% of this population have a disability. This indicator is relevant because disabled individuals require targeted services and additional outreach by providers.⁽⁵⁾

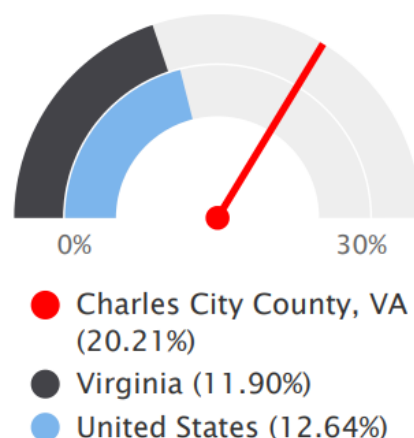


FIGURE 8: POPULATION WITH A DISABILITY, PERCENT

Foreign-born Population

As of July 2021, 1.8% of the Charles City County population are foreign-born. This percentage is less than the state average of 12.5% and the national average of 13.6%. In Figure 9, the map shows the percent of the foreign-born population by census tract. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the U.S., Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents.⁽⁵⁾

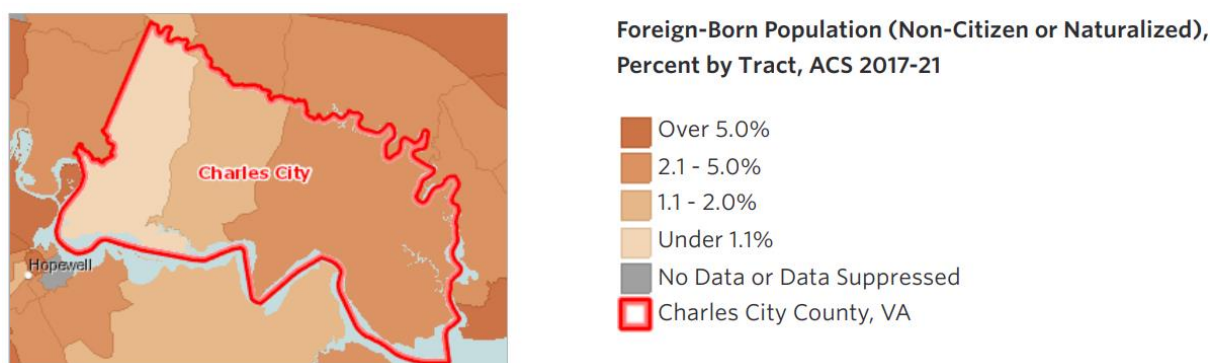


FIGURE 9: FOREIGN-BORN POPULATION BY CENSUS TRACT, PERCENT

Limited English Proficiency (LEP) by Language Spoken at Home

In Charles City County, 2.1% of the population aged 5 and older in Charles City County spoke a language other than English at home and speak English less than "very well", compared to Virginia (16.7%) and the U.S. (21.7%) percentages.⁽²⁾ Spanish is the most common language spoken at home other than English (78.7%) in Charles City County, followed by Other Indo-European Languages (17.0%), and Asian and Pacific Island Languages (4.3%).⁽⁵⁾

Veteran Status

According to the U.S. Census Bureau, between 2017-2021, 616 individuals or 10.7% of the population are Veterans in Charles City County. In Virginia and in the U.S., 10.2% and 6.9% of the population are veterans, respectively. Veterans are people who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II.⁽⁵⁾

Length of Life

Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before the age of 75 per 100,000 people for all causes of death, age adjusted. YPLL is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that might have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. As of 2018-2020, 9,776 years of life were lost to deaths of people under age 75, per 100,000 people in Charles City County – see Figure 10. This figure is higher than the state-level (6,707), and also higher than the national-level (7,296).⁽⁶⁾

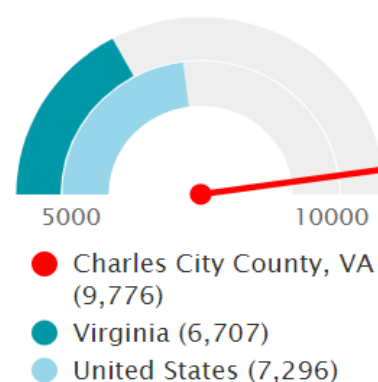


FIGURE 10: YEARS OF POTENTIAL LIFE LOST, RATE PER 100,000 PEOPLE

Life Expectancy (Disaggregated by Race)

Life expectancy measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Charles City County's life expectancy was 76.4 years of age between 2018-2020. This average is lower compared to Virginia (79.1), and the U.S. (78.5). When the data for Charles City County was broken down by race, those who identify as Black have a life expectancy of 76.6, compared to those who identify as White (77.3) – see Figure 11. Life expectancy data for other races was not available.

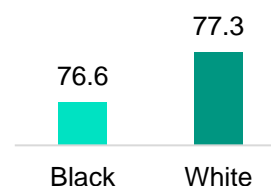


FIGURE 11: LIFE EXPECTANCY BY RACE, AVERAGE

Life expectancy is a complex topic with multiple contributing factors. From 2018 to 2020, the three leading causes of death under 75 years were cancer/malignant neoplasms, diseases of heart, and accidents (unintentional injuries such as poisonings, motor vehicle crashes, falls, fire, drowning, and suffocation) in Charles City County.(6)

Total Mortality Rate

This indicator reports the 2018-2021 four-year average rate of death per 100,000 people (figures are reported as crude rates). In Charles City County, the crude death rate was 1,486.2 per 100,000 people, which is higher than Virginia (893.1) and the U.S. (952.5) rates. (7)

According to the Centers for Disease Prevention and Control (CDC) National Vital Statistics System, malignant neoplasms, which is another term for cancerous tumors, was the top cause of death in Charles City County between 2018-2021, followed by diseases of the heart, COVID-19, accidents, and cerebrovascular diseases. See Table 1 for the crude mortality rates for the top five causes of death for the four-year period 2018-2021.(7)

TABLE 1: LEADING CAUSE OF DEATH IN CHARLES CITY COUNTY

Cause of Death in Charles City	Mortality Rate (per 100,000 people)
Cancer/Malignant Neoplasms	340.42
Diseases of the Heart	311.14
COVID-19	84.19
Accidents	76.87
Cerebrovascular Diseases	73.21

Cancer Mortality Rate

This indicator reports the 2016-2020 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 people. Figures are reported as age-adjusted rates to year 2000 standard. In Charles City County, the age-adjusted cancer death rate was 167 per every 100,000 people. This rate is higher than Virginia (152.5) and the U.S. (149.4) rates. When the data for Charles City County was broken down by race, those who identify as Black have a cancer death rate of 164.8, compared to those who identify as White (158.7) – see Figure 12.(7)

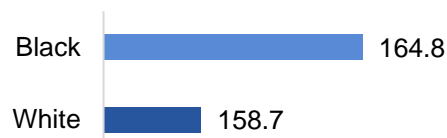


FIGURE 12: CANCER MORTALITY, RATE

Cancer Incidence

This indicator measures the rate of new cases of cancer. The cancer incidence rate for Charles City was 441.9 new cases per 100,000 per year (based on 2015-2019 cases). As shown in Figure 13, Charles City County's rate was higher than Virginia (409.4), but lower than the U.S. rate (449.4).⁽⁷⁾

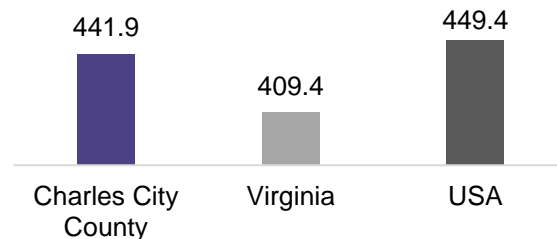


FIGURE 13: CANCER INCIDENCE, RATE PER 100,000 PEOPLE

Infant Mortality Rate (Disaggregated by Race)

This indicator reports the three-year average rate of deaths of infants per 1,000 live births with Virginia residence from 2018 to 2020. In Charles City County, the infant death rate was 7.5, which is higher than Virginia's rate of 5.8. Infant mortality is defined as deaths of children under one year of age, some of whom may have been born in the previous year. The leading causes of infant death include birth defects, preterm birth and low birth weight, sudden infant death syndrome (SIDS), injuries (e.g., suffocation), and maternal pregnancy complications. High rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. The infant mortality rate among Black infants was 19.6 per 1,000 live births from 2018 to 2020 (Note: In Charles City County the total count of infant deaths from 2018 to 2020 were less than 12. For this reason, all rates with counts less than 12 should be interpreted carefully. With a low birth rate, making population-wide claims may not be valid or appropriate).⁽⁷⁾

Quality of Life

Poor or Fair Health

In 2020, 19% of adults in Charles City County reported they consider themselves in fair or poor health, which is higher than Virginia (12%) and the U.S. (12%) percentages. Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. Measuring HRQoL helps characterize the experience of people with disabilities and people living with chronic conditions in a population.⁽⁶⁾

Poor Physical Health Days

In 2020, Charles City County adults reported that their physical health was 'not good' on 3.6 of the previous 30 days. Charles City County's average was higher than Virginia (2.7), and the U.S. (3.0).⁽⁶⁾

Poor Mental Health Days

In 2020, Charles City County adults reported they had on average 4.8 mentally unhealthy days in past 30 days. Virginia's average was 4.1, and the U.S. average was 4.4.⁽⁶⁾

Low Birthweight (Disaggregated by Race)

Between 2014-2020, 11% of infants had low birth weights (under 5 pounds and 8 ounces) as shown in Figure 14. That is higher than Virginia (8%), and the U.S. (8%). Low birthweight is an important public health indicator that can be used to assess maternal health, nutrition, healthcare delivery, and poverty. Of the low birthweight infants born between 2014-2020, 15% percent were Black and 7% were White.⁽⁶⁾

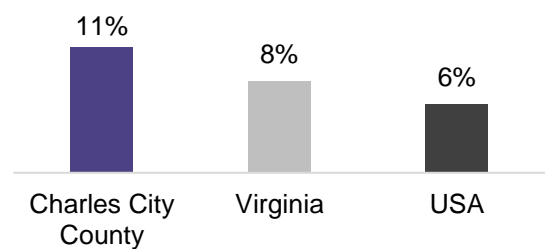


FIGURE 14: LOW BIRTH WEIGHT, PERCENT

Diabetes Prevalence

In Charles City County, 13% of adults aged 20 and older were living with a diagnosis of diabetes in 2020. This indicator is higher than Virginia (10%) and the U.S. (9%) – see Figure 15. Diabetes is a chronic condition known to have broad impact on physical, social, and mental well-being, and may cause significant morbidity and mortality in the U.S.⁽⁶⁾

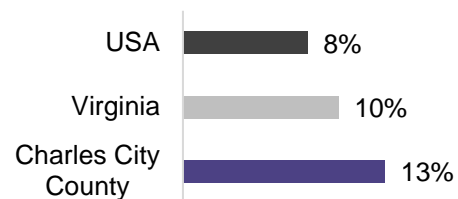


FIGURE 15: DIABETES PREVALENCE, PERCENT

HIV Prevalence

In Charles City County, 342 of every 100,000 residents (age 13 and above) are living with a diagnosis of HIV, which is higher than Virginia's (331), but lower than the U.S. (380). Prevalence of HIV can serve as a marker for environments leading to unsafe intravenous drug use, unprotected sex, lack of HIV treatment (antiretroviral therapy), or lack of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).⁽⁶⁾

Health Behaviors

Adult Smoking

In 2020, 21% of Charles City County adults reported that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime, which is higher than Virginia (14%), and the U.S. (16%) as shown in Figure 16.⁽⁶⁾ Each year approximately 480,000 premature deaths can be attributed to smoking in the U.S.⁽⁸⁾

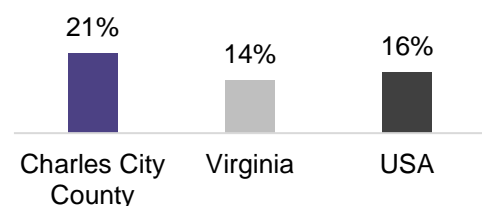


FIGURE 16: ADULT SMOKING, PERCENT

Heavy Alcohol Consumption

In 2020, 16% of adults in Charles City County reported binge or heavy drinking, compared to 17% in Virginia. Overall, Virginia and Charles City County have a lower percentage of self-reported binge drinking than the U.S. (19%).⁽⁶⁾

Alcohol-Impaired Driving Deaths

In 2017-2021, 50% of motor vehicle crash deaths involved alcohol in Charles City County, which is higher than the state (30%), and the national (27%) percentages – see Figure 17. Alcohol-impaired driving deaths directly measures the relationship between alcohol and motor vehicle crash deaths. In 2018, approximately 10,500 Americans were killed in alcohol-related motor vehicle crashes across the U.S.⁽⁹⁾

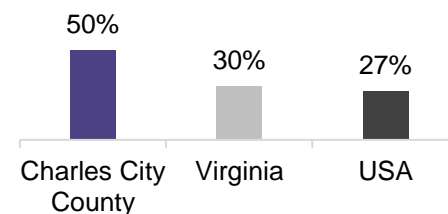


FIGURE 17: ALCOHOL-IMPAIRED DRIVING DEATHS, PERCENT

Access to Exercise Opportunities

This indicator reports the percentage of individuals in Charles City County who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. In 2022, County Health Rankings stated that 18% of the population in Charles City County had access to exercise opportunities, which is lower compared to Virginia (83%), and the U.S. (84%).⁽⁶⁾

Physical Inactivity

This indicator is the percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). In 2020, 27% of the adults aged 18 and older in Charles City County reported no leisure-time physical activity, which is higher compared to Virginia (20%) the U.S. (22%).⁽⁶⁾

Food Environment Index

This indicator accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for healthy food purchases in most communities, and the inability to access healthy food because of cost barriers. The index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). In 2020, Charles City County and Virginia's index was (8.9), which is better than the U.S. index of 7.0.⁽⁶⁾

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. According to Feeding America, the food insecurity rate in Charles City County in 2020 was 9.1%, compared to 7.7% in Virginia and 10.2% in the U.S. Food insecurity may indicate limited or uncertain access to adequate food. Charles City County opened a new food pantry to improve food access and reduce food insecurity in the summer of 2023. Community members often stated

during the CHA process that Charles City County has great food pantries, and the new pantry is a great asset to the community.(5)

Adult Obesity

This indicator reports the percentage of the adult population (18+) who reports a body mass index (BMI) greater than or equal to 30. In 2020, the Behavioral Risk Factor Surveillance System (BRFSS) reported that 40% of the adult population in Charles City County had a BMI greater than or equal to 30. An adult who has a BMI of 30 or higher is classified as obese. In Virginia and the U.S., 30% of the adult population have a BMI greater than or equal to 30, which is lower than Charles City County's percentage.(6)

Adult obesity is a chronic condition that increases an individual's risk of high blood pressure, heart disease, type 2 diabetes, breathing issues, chronic inflammations, mental illness, and some cancers. It is important to consider the clinical limitations of BMI because BMI is a surrogate measure of body fatness. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. BMI does not distinguish between excess fat, muscle, or bone mass, nor does it provide any indication of the distribution of fat among individuals.(10)

Drug Overdose Hospitalizations

This indicator reports the number and rate of hospital inpatient stays due to drug overdose, per 100,000 people in 2020. In Charles City County, the rate for drug overdose hospitalizations was 117.3, which was higher than Virginia's rate of 89.9 – see Figure 18. A drug overdose is accidentally or intentionally taking too much of a substance (prescription, over the counter, legal, or illegal) that is more than the recommended amount or enough to have a harmful effect. Data for the U.S. was not available.(7)

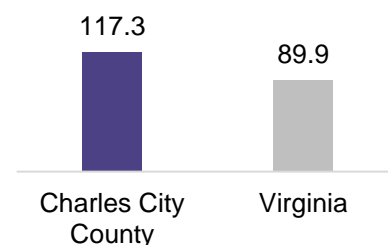


FIGURE 18: DRUG OVERDOSE HOSPITALIZATIONS, RATE PER 100,000 PEOPLE

Substance Use Disorder (SUD) Hospitalization

This indicator reports the number and rate of hospital inpatient stays due to substance use disorder (SUD), per 100,000 people in 2020. In Charles City County, the rate for hospitalizations with SUD was 73.3, which was lower than Virginia's rate of 75.1. No data was available for the U.S. The term substance includes drugs with potential for abuse/dependence *excluding alcohol*. SUD is defined as a chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain. It is considered both a complex brain disorder and a mental illness. The most severe form of a full spectrum of SUD is also called addiction.(7)

Teen Pregnancy Rate

This indicator reports the rate of pregnancies per 1,000 females aged 15 to 19 years old with Virginia residence in 2020. In Charles City County, the teen pregnancy rate was

7.41 per 1,000 females ages 15-19, which is lower than Virginia's rate of 8.14. Teen pregnancy has unique medical risks as lack of prenatal care, high blood pressure, premature birth, low birth weight, sexually transmitted infections (STIs), and postpartum depression. Apart from health concerns, teen pregnancy also has serious social and economic consequences.⁽⁷⁾

Self-Harm and Suicide-Related Emergency Department (ED) Visits

This indicator reports the number and rate of self-harm and suicide-related emergency department (ED) visits, per 100,000 people among Virginia residents ages 5 years and older. According to the 2021 Virginia Syndromic Surveillance data, Charles City County's rate was 426.0 ED visits per 100,000 people, compared to Virginia's rate of 680.9. This indicator includes visits with suicidal ideation or thoughts, self-harm, or suicide attempts. Suicide and self-harm (a risk factor for suicide) is a growing public health concern among all age groups. Suicide claims tens of thousands of people's lives each year in the U.S. and has devastating long-term effects on families and communities.⁽⁷⁾

Clinical Care

Adults Uninsured

This indicator is the percentage of population under age 65 without health insurance. In 2020, 15% of the population in Charles City County under age 65 did not have health insurance, which is higher than Virginia (9%) and the U.S. (10%) percentages – see Figure 19. Lack of health insurance coverage is a large barrier to accessing needed health care and to maintaining financial security.⁽⁶⁾

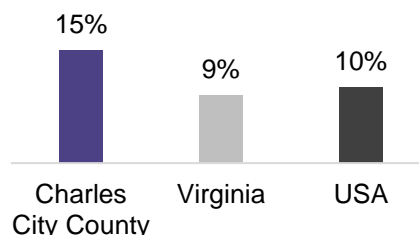


FIGURE 19: UNINSURED POPULATION 65 AND BELOW, PERCENT

Children Uninsured

This indicator is the percentage of children under age 19 without health insurance. In 2020, 10% of the population under age 19 did not have health insurance in Charles City County, which is higher than Virginia and the U.S. (4% and 5%) – see Figure 20. Uninsured children are less likely to receive preventive care such as vaccinations and well child visits on time.⁽⁶⁾

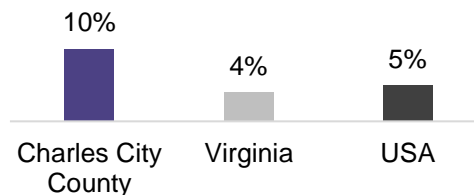


FIGURE 20: UNINSURED CHILDREN 19 AND BELOW, PERCENT

Primary Care Physicians

This indicator is the ratio of population to primary care physicians. The ratio represents the number of individuals served by one physician in a county. In 2020, there was one primary care physician (PCP) per 3,410 people in Charles City County, compared to Virginia's (1,320:1) and the U.S. (1,310:1) ratios – see Figure 21. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.⁽⁶⁾

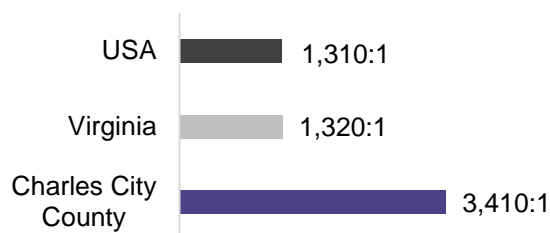


FIGURE 21: AVERAGE POPULATION SERVED BY A SINGLE PCP, RATIO

Annual Wellness Exam

In Charles City County, 41% of Medicare beneficiaries had one or more annual wellness visits in 2020, which is higher than Virginia (36%) and the U.S. (30%). Annual wellness visits are visits to develop or update a personalized prevention plan and perform a health risk assessment.⁽⁷⁾

Dentists

In 2020, the ratio of population to dentist in Charles City County was 6,590:1, compared to Virginia (1,350:1) and the U.S. (1,380:1) – see Figure 22. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.⁽⁶⁾

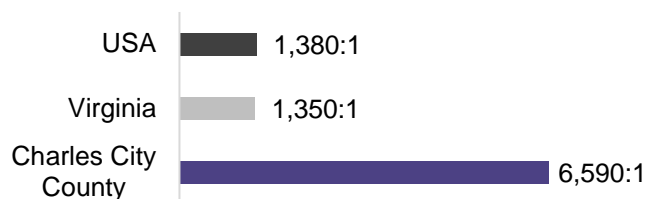


FIGURE 22: AVERAGE POPULATION SERVED BY A SINGLE DENTIST, RATIO

Adults Visiting a Dentist in the Past Year

This indicator reports the percentage of adults in Virginia who visited a dentist, dental hygienist, or dental clinic in the past year. In Charles City County, 67.2% of adults visited a dentist, dental hygienist, or a dental clinic in the past year, which is slightly less than Virginia's (69.98%) percentage. Regular dental checkups provide access to cleaning, early diagnosis, treatment, and education about caring for teeth to prevent problems, thus lessening the likelihood of diagnosis with more severe dental problems like gum disease, cavities, and tooth decay.⁽⁷⁾

Mental Health Providers

In 2022, there was one registered mental health provider per 3,300 people registered in Charles City County, which is significantly fewer mental health providers compared to Virginia (450:1) and the U.S. (340:1) – see Figure 23. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.⁽⁶⁾

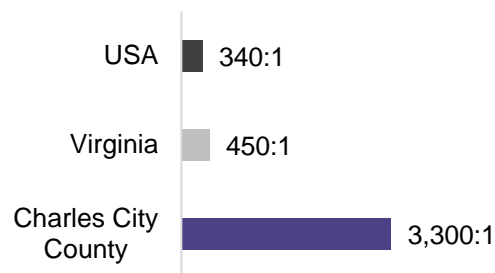


FIGURE 23: AVERAGE POPULATION SERVED BY A MENTAL HEALTH PROVIDER, RATIO

Avoidable Hospitalizations

This indicator reports the number and rate of avoidable hospitalizations, per 100,000 people aged 18 and older. In Charles City County, there were 1,079.5 potentially preventable hospitalizations compared to Virginia (820.0) in 2020. Preventable hospitalizations place financial burdens on patients, insurance providers, and hospitals. Although not all such hospitalizations can be avoided, this measure may also represent issues to access to primary care, care-seeking behaviors, and the quality of care available.⁽⁷⁾

Mothers with No or Late Prenatal Care

Of the total live births in 2020, 10% of mothers in Charles City County did not receive adequate prenatal care. This is higher than Virginia's percentage of 4.1% – see Figure 24. Prenatal care reduces complications during pregnancy and may prevent problems during delivery. This data was obtained from the Vital Statistics Program, Office of Information Management within the Virginia Department of Health.⁽⁷⁾

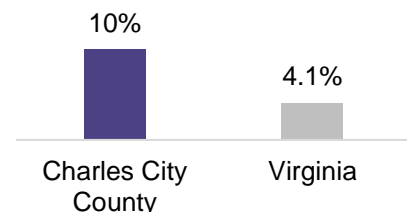


FIGURE 24: MOTHERS WHO HAVE NOT RECEIVED ADEQUATE PRENATAL CARE, PERCENT

Flu Vaccinations (Disaggregated by Race)

This indicator is the percentage of fee-for-service Medicare enrollees that had a reimbursed flu vaccination during the year 2020. In Charles City, 52% of fee-for-service Medicare enrollees had a reimbursed flu vaccination, compared to 53% of fee-for-service Medicare enrollees in Virginia and 51% in the U.S. As shown in Figure 25, 46% of enrollees who were Black in Charles City County received a flu vaccination, compared to 56% of enrollees who were White. Additional race data was not available.⁽⁶⁾

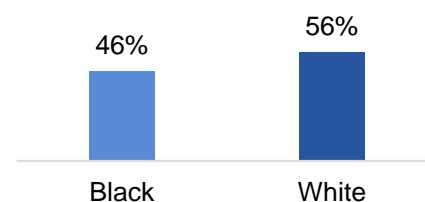


FIGURE 25: FLU VACCINES BY RACE, PERCENT

Social and Economic Factors

High School Completion

This indicator is the percentage of Charles City County adults (age 25 or older) who had a high school degree or equivalent. Between 2017-2021, 83% of adults in Charles City County had a high school degree or equivalent, which is lower than Virginia's (91%), and the U.S. (89%) percentages – see Figure 26.(6)

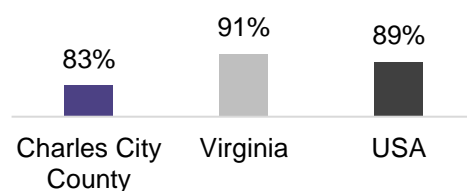


FIGURE 26: HIGH SCHOOL COMPLETION, PERCENT

Some College Completion

The term “some college” is the percentage of the population ages 25-44, with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. Between 2017-2021, 59% of adults in Charles City County had completed some college, which is lower than Virginia's (72%), and the U.S. (67%) percentages – see Figure 27.(6)

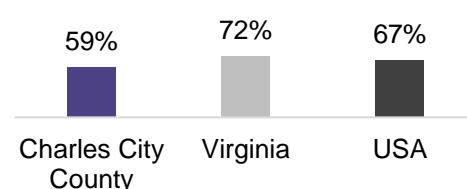


FIGURE 27: SOME COLLEGE COMPLETION, PERCENT

Median Household Income (Disaggregated by Race)

In 2021, the U.S. Census Bureau reported the median household income in Charles City County was \$63,300. That is less than Virginia (\$80,900) and the U.S. (\$69,700). Additionally, the differences in median household income between racial groups are shown in Figure 30. Households who identify as American Indian/Alaskan Native (AIAN) report the highest median household income (\$86,500), followed by White households (\$77,600), Hispanic households (\$66,200), and Black households (\$50,800). Households who identify as Asian had the lowest median family income (\$36,600). See Figure 28 for details.(6)

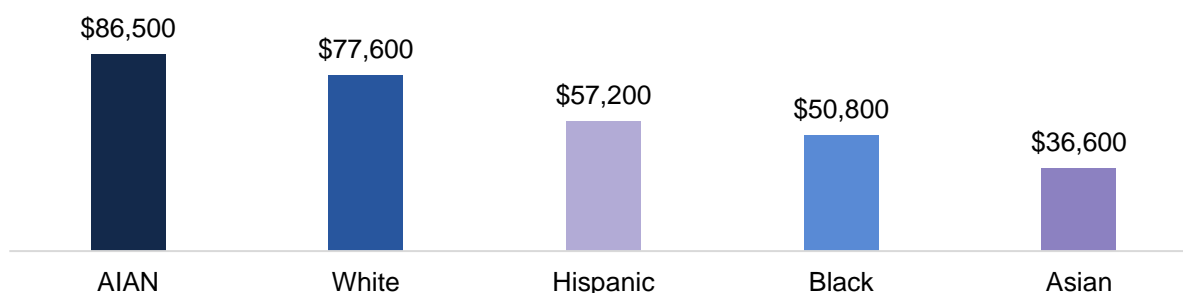


FIGURE 28: MEDIAN HOUSEHOLD INCOME (DISAGGREGATED BY RACE)

Unemployment

In 2021, the Bureau of Labor Statistics reported 4.4% of people in Charles City County aged 16 and older were unemployed but seeking work. This is higher than Virginia (3.9%), but lower than the U.S. (5.4%). This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, and healthy food.⁽⁶⁾

Poverty – Population Below 100% of the Federal Poverty Level (FPL)

In Charles City County, 12.3% or 839 individuals are living in households with an income below the Federal Poverty Level (FPL), which is higher than Virginia's (9.9%), but slightly lower than the U.S. (12.6%) reported measurements.⁽⁷⁾

Children in Poverty

In 2021, 19% of children under the age of 18 were living in poverty in Charles City County according to the U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE). This is higher than Virginia's (13%) and the U.S. (17%) reported percentages – see Figure 28. This indicator is relevant because children in poverty may experience lasting effects on academic achievement, health, and income into adulthood.⁽⁶⁾

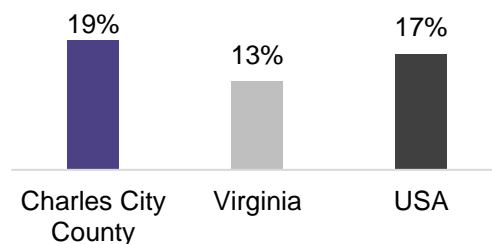


FIGURE 28: CHILDREN IN POVERTY, PERCENT

Children in Single-Parent Households

This self-reported indicator is the percentage of children (under 18 years of age) living in family households that are headed by a single parent. In Charles City County, 33% of children (under 18 years of age) were living in households where only one parent was present between 2017-2021. This indicator is higher than Virginia (24%) and the U.S. (25%).⁽⁶⁾

School Funding Adequacy

In Charles City County, on average, per-pupil spending among school districts was \$2,468 below the estimated amount needed to support students in achieving average U.S. test scores in 2020. The state-wide average was \$888 dollars spent per pupil, and the U.S. had an average of \$1,062 spent per pupil – see Figure 29. School Funding Adequacy is the average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. Increased school spending can improve student outcomes in a variety of ways, such as reductions in class size, and increases in the number of adults per school, amount of instructional time, and teacher's salaries (resulting in more highly qualified teachers). For Charles City County to reach the state average, the required spending would need to increase by \$3,356 dollars.⁽⁶⁾

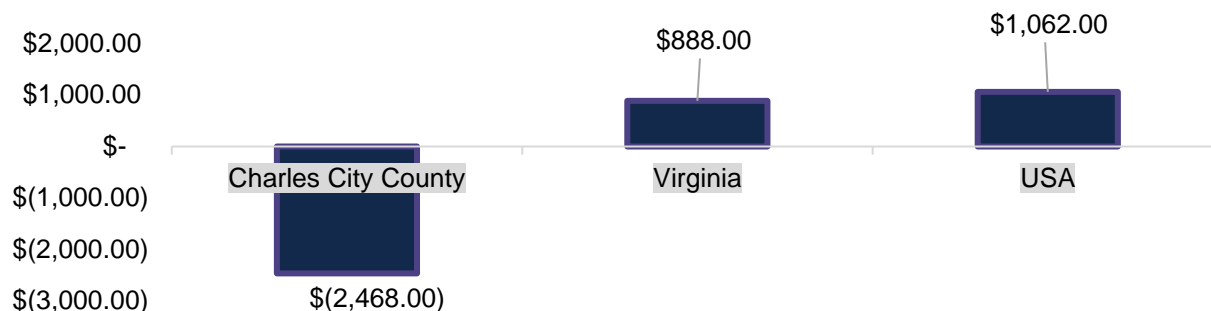


FIGURE 29: SCHOOL FUNDING ADEQUACY, DOLLARS

Reading Scores

This indicator is the average grade level performance for 3rd graders on English Language Arts standardized tests. In Charles City County, the average grade level performance for 3rd graders on the standardized tests was 2.9, which is lower than Virginia (3.2) and the U.S. (3.1) averages. A score of 3.0 indicates students performed at grade-level.⁽⁶⁾

Social Associations

In 2020, there were 17.6 membership organizations per 10,000 people in Charles City County, which is much higher than Virginia (11) and the U.S. (9.1). This indicator reports the number of social associations per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.⁽⁶⁾

Injury Deaths

In Charles City County, there were 103 deaths per 100,000 people due to injuries such as homicide, suicide, motor vehicle crashes, and poisonings between 2016-2020. This indicator reports higher rates than Virginia (68) and the U.S. (76) – see Figure 30. Injuries may be intentional or unintentional.⁽⁶⁾

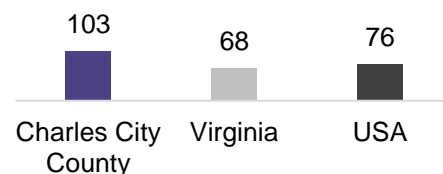


FIGURE 30: INJURY DEATHS, RATE PER 100,000 PEOPLE

Motor Vehicle Crash Deaths

Between 2014-2020, there were 37 deaths from motor vehicle crashes per 100,000 people, which is much higher than Virginia (10) and the U.S. (12) death rates. Motor vehicle crashes are one of the leading causes of death in the U.S. with almost 100 people dying each day.⁽⁶⁾

Hospitalizations for All Injuries

In Charles City County, the hospitalization rate for all injuries was 762.4 per 100,000 people in 2020. That is higher than Virginia's hospitalization rate of 387.0 per 100,000 people. No U.S. data was available. All injuries include anatomic injuries; foreign bodies;

burns; acute poisoning with corrosive substances; frostbite; poisoning by drugs; medicaments; and biological substances; toxic effects of substances nonmedicinal as to source; other and unspecified effects of external causes; certain early complications of trauma; traumatic injuries and abuse complicating pregnancy; childbirth; and the puerperium (postnatal period beginning immediately after the birth of a child and extending for about six weeks); and fractures around joint replacement prostheses.(7)

Fall-related Injury Hospitalizations

In Charles City County, there were 307.87 fall-related injury hospitalizations by 100,000 people during 2020, which is higher than Virginia (207.09). Unintentional falls are where a person may slip, stumble, trip, or lose one's balance and collapse. Falls can happen anywhere, such as stairs, ladders, furniture, from one level to another, etc. Unintentional falls can lead to health complications with the most severe being death.(7)

Traumatic Brain Injury (TBI) Hospitalizations

This indicator reports the rate of hospital inpatient stays due to traumatic brain injury (TBI), per 100,000 people. A traumatic brain injury, or TBI, is an injury that affects how the brain works. In Charles City, 132.0 TBI per 100,000 people were reported during 2020, which is much higher than Virginia's rate (82.7). TBI usually results from a violent blow or jolt to the head or body, or an object that goes through brain tissue. Traumatic brain injuries lead to a lifetime of physical, cognitive, emotional, and behavioral changes and the most severe ones can cause permanent brain damage, coma, or death.(7)

Physical Environment

Homeownership

In Charles City County between 2017 and 2021, 85% of housing units were owner-occupied, which is higher than Virginia (67%), and the U.S. (65%) – see Figure 31. Housing is crucial to living long and well, and stable and affordable housing is a fundamental element of healthy communities. Homeownership is associated with better health, fewer illnesses, and lower rates of depression and anxiety.(6)

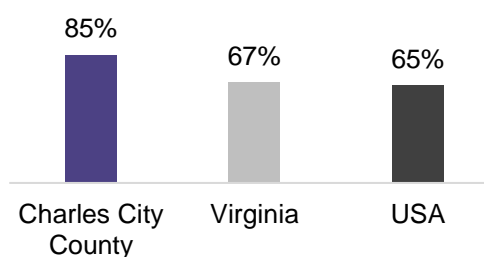
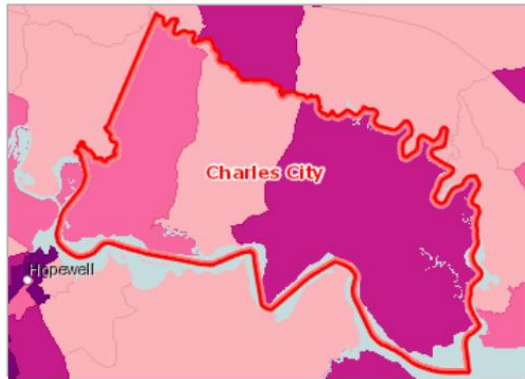


FIGURE 31: HOMEOWNERSHIP, PERCENT

Housing Quality – Substandard Housing

Between 2017-2021, 23.7% of overall households in Charles City County experienced at least one of the following housing problems: 1) lacking complete plumbing facilities; 2) lacking complete kitchen facilities; 3) with 1 or more occupants per room; 4) selected monthly owner costs as a percentage of household income greater than 30%; and 5) gross rent as a percentage of household income greater than 30%. Charles City County has less severe housing problems than Virginia (28.3%) and the U.S. (31.5%). See Figure 32 for a map of the substandard housing units by census tract.(7)



Substandard Housing Units, Percent of Total by Tract, ACS 2017-21

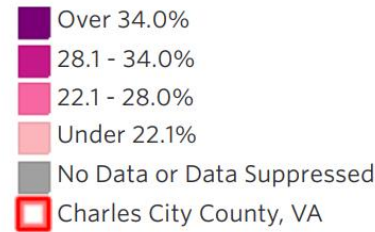


FIGURE 32: HOUSING QUALITY, SUBSTANDARD HOUSING, PERCENT

Severely Cost Burdened Households

This indicator reports the percentage of the households where housing costs are 50% or more of their total household income and offers a measure of housing affordability and excessive housing costs. In 2017-2021, Charles City County (13%) had more severely cost burdened households than Virginia (12%), and fewer than the U.S. (14%). In Figure 33 for a map of the severely cost burdened households by census tract.(5)



Severely Cost Burdened Households (Housing Costs Exceed 50% of Household Income), Percent by Tract, ACS 2017-21

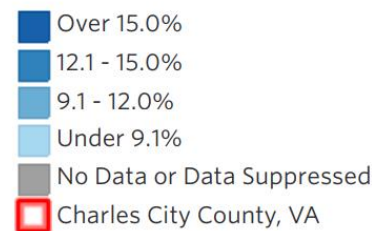


FIGURE 33: SEVERELY COST BURDENED HOUSEHOLDS, PERCENT

Broadband Access

This indicator reports the percentage of households with broadband internet connection between 2017-2021. In Charles City County, 67% of households had a broadband internet connection, which is less than Virginia (88%) and the U.S. (87%) – see Figure 34. During the Community Context Assessment (CCA), a couple of individuals remarked broadband access is getting better, but there is still room for improvement.(6)

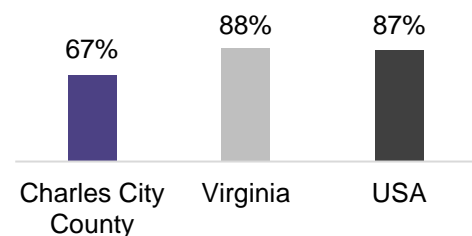


FIGURE 34: BROADBAND ACCESS, PERCENT

Driving Alone to Work (Disaggregated by Race)

This indicator reports the percentage of the population that commutes to work daily using a motor vehicle where they were the only occupant of the vehicle. Between 2017-2021, 82% of the workforce in Charles City County drives alone to work, compared to Virginia and the U.S. (73%). When the data is broken down by race, 82% of people who identify as White drive alone to work compared of people who identify as Black (58%). People who drive to work are less likely to reach recommended activity levels than people who use other forms of transportation.⁽⁶⁾

Long Commute- Driving Alone

This indicator reports the percentage of the population that commutes alone to work for over 30 minutes each direction. Between 2017-2021, 70% of Charles City County commutes more than 30 minutes. This is higher than Virginia (41%), and the U.S. (37%).⁽⁶⁾

Air Pollution – Particulate Matter

This indicator is a measure of the fine particulate matter in the air. It is reported as the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5). In Charles City County, an annual average of 6.6 micrograms per cubic meter of fine particulate matter was measured in the air in 2019, which is lower than Virginia (7.3) and the U.S. (7.4). The Environmental Protection Agency (EPA) has primary annual average standards of 12.0 micrograms per cubic meter. Charles City County's annual average has improved over the last two decades according to the Environmental Public Health Tracking Network. See Figure 35 for details.⁽⁶⁾

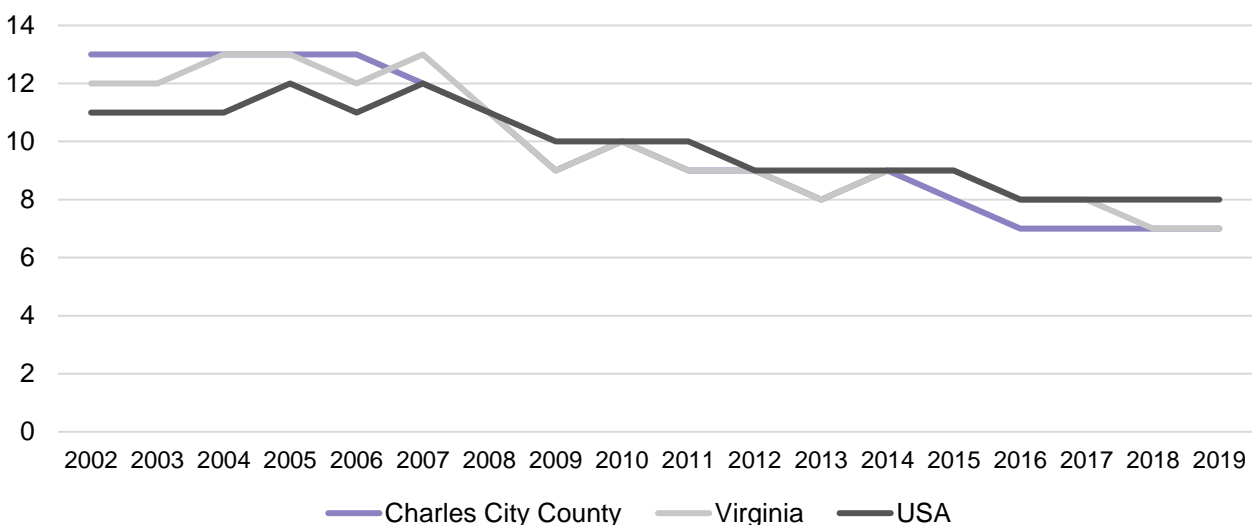


FIGURE 35: AIR POLLUTION – PARTICULATE MATTER, AVERAGE DAILY DENSITY OF FINE PARTICULATE MATTER IN MICROGRAMS PER CUBIC METER

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) in Charles City County. ADI ranks the neighborhoods (census block group) and communities relative to all neighborhoods across the nation or the state. It allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest (e.g., at the state or national level). (11) The ADI is calculated based on 17 measures based on four domains: 1) Education; 2) Income and Employment; 3) Housing; and 4) Household Characteristics. The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).(7)

Food Deserts by Census Tract

This indicator reports the number of neighborhoods in the report area that are within food deserts. The U.S. Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Charles City County has a population of 0 living in food deserts and a total of 0 census tracts classified as food deserts by the USDA. Some residents of food desert census tracts may live within 1 or 10 miles of a supermarket; these residents are not counted as low access and thus not counted in the total. It is important to note that Charles City County does not have a grocery store within the county. The data may not reflect the reality of food access in the county for community members.(7)



Indian Fields Tavern | Photo Courtesy of Charles City County

Community Context Assessment

Overview

The Community Context Assessment (CCA) is the final assessment in Phase II of the MAPP framework. The purpose of the CCA is to gather qualitative data aimed at connecting the unique insights, expertise, and perspectives of individuals and communities directly impacted by social systems to improve the functioning and impact of those systems.⁽¹⁾

Community Asset and Resource Mapping

At the first meeting, the CHA Steering Committee participated in an asset mapping activity to identify the strengths and community resources currently available in Charles City County. This helps increase the SC awareness of what resources and advantages are available within the community to possibly draw upon to make it a healthier place to live, work, play, and worship. For example, the Young at Heart Senior Club, Chickahominy Indian Tribal Pow Wows, and Peace Hill Farm were listed as assets. For a complete list of the assets listed, please view Appendix D.



Photo of Steering Committee Members Listing Community Assets

Methodology

For this activity, the in-person SC members separated into pairs and began listing various assets. The assets included organizations, resources, programs, people, and places. There were eight large pieces of paper hung around the room, one for each dimension of wellness: 1) social; 2) emotional; 3) physical; 4) environmental; 5) occupational; 6) economic; 7) spiritual; and 8) intellectual. Below is a description of each dimension. The online group completed this activity using notes via an online platform called Padlet.⁽¹²⁾

1. **Physical:** Assets and resources available to assist community members is caring for their body to stay healthy now and in the future.
2. **Intellectual:** Assets and resources pertaining to brain health and growth via thought-provoking mental activities.
3. **Emotional:** Assets and resources designed to help community members manage their and others' emotions and mental well-being in a constructive way.
4. **Social:** Assets and resources that help maintain healthy relationships, create opportunities for people to connect and be with others, develop friendships and intimate relations, contribute to your community, caring about others, and letting others care about you.
5. **Spiritual:** Assets and resources that help find purpose, value, and meaning in your life with or without organized religion.
6. **Occupational:** Assets and resources that provide personal satisfaction and life enrichment, workforce, trainings, job/career, creates opportunities to develop unique gifts, skills, and talents.
7. **Financial:** Assets and resources for wellbeing pertaining to finances including knowledge and skills of financial planning and managing expenses.
8. **Environmental:** Assets and resources that relate to the environment and in turn, how the environment can impact human health. Environmental wellness includes eco-friendly considerations, active participation in recycling and proper disposal of electronics and medicine, energy, fuel, and water conservation, and the use of sustainable products.

Result

The Charles City County SC listed a total of 77 assets on June 22nd, 2023. Ten assets were repeated in two or more dimensions. The highest proportion of assets and resources recorded were in the social wellness dimension. See Figure 36 for details.

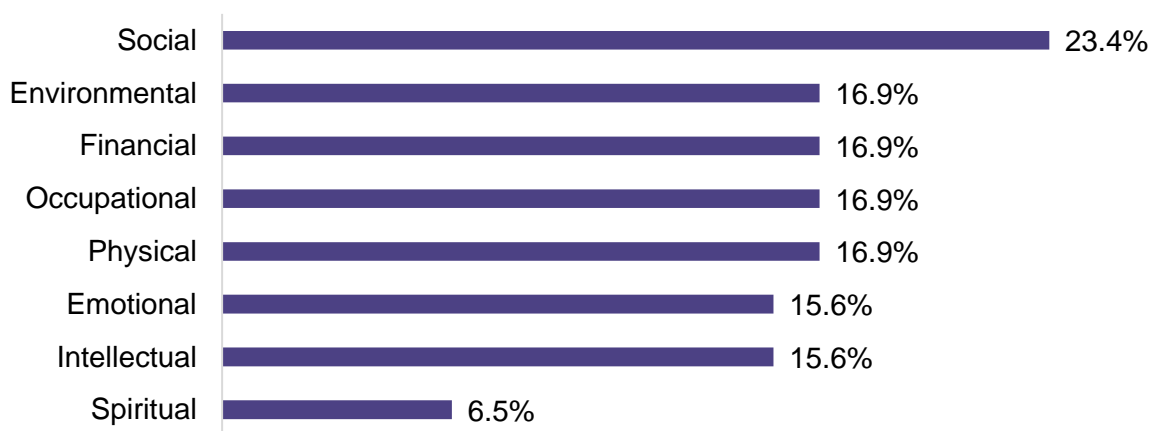


FIGURE 36: ASSETS FOR THE SIX DIMENSIONS OF WELLNESS, PERCENT

Charles City County CHA Survey

Overview

We conducted a cross-sectional survey among Charles City County community members from August 21st to October 15th, 2023. The survey was available in English and Spanish and could be accessed digitally via REDCap. Paper copies were also available at the Charles City Health Department and the Charles City County Department of Social Services. The goal of the survey was to gather perceptions and opinions from diverse community members and stakeholders on what health topics matter most to them and identify community strengths and challenges to achieve better health outcomes.

Methodology

The community health team (CHT) developed an anonymously self-completed and structured survey based on literature research, as well as previous community health surveys. The survey was reviewed by all SC members to ensure clarity, comprehensibility, and ease of administration. After this initial review, the edits suggested were incorporated in the final version of the survey and it was translated into Spanish. To see a copy of the English version of the survey, see Appendix E, and Appendix F for the Spanish version of the survey. A convenience sample of residents or individuals who work in the county was promoted through several channels (i.e., social media platforms, county website, and emailed out by local and regionally community organizations). The SC was sent a toolkit listing various strategies on how to distribute the survey. See Appendix G to view the toolkit. Eligible survey respondents had to be 18 years of age or older. See Table 2 on page 43 for demographics of survey respondents. All participants were asked to fill out a survey with 31 questions regarding: community health; community identification; loneliness; and demographics. Regarding the statistical analysis, for the descriptive statistics, response frequency distribution was tabulated for each question of the survey, excluding non-responses for denominators. Median and interquartile ranges were estimated for continuous variables. The Chi square test or the Fisher exact test was performed to compare categorical variables, as appropriate. Factors associated with social isolation and loneliness were analyzed using binary logistic regression analysis. Collinearity and interactions between variables were checked. All statistical analyses and interval estimates for odds ratio (OR) were two-tailed and performed using an alpha = 0.05. Findings were reported as significant at $p < 0.05$.

Results

Approximately 220 surveys were received. If a survey had incomplete or incoherent answers, this was considered an exclusion criterion, and the survey responses were not included in the analysis. Overall, a total of 161 responses were included in the final analysis. The answers obtained for all the survey questions are displayed in the following figures and table.

PART I: COMMUNITY HEALTH

Q1: What are the most important factors for a “healthy community” in Charles City County?

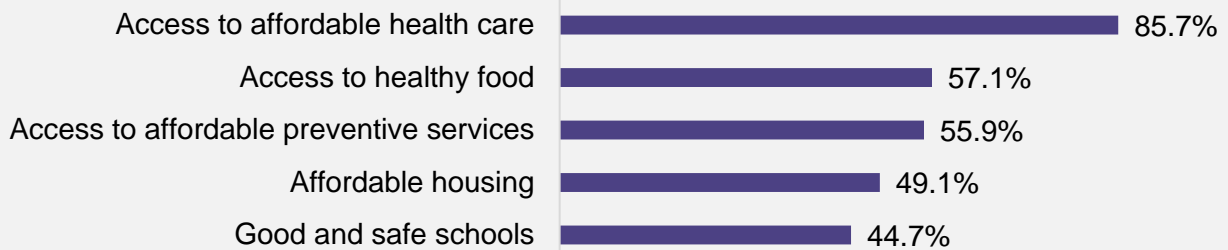


FIGURE 37: MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY, PERCENT, COMMUNITY HEALTH SURVEY, 2023

Q2: What are the most important health problems in Charles City County?



FIGURE 38: MOST IMPORTANT HEALTH PROBLEMS, PERCENT, COMMUNITY HEALTH SURVEY, 2023

Q3: What are the most important unhealthy/risky individual behaviors to address in Charles City County?



FIGURE 39: MOST IMPORTANT UNHEALTHY/RISKY INDIVIDUAL BEHAVIORS, PERCENT, COMMUNITY HEALTH SURVEY, 2023

Q4: What are the most important health factors which affect how well/how long we live in Charles City County?

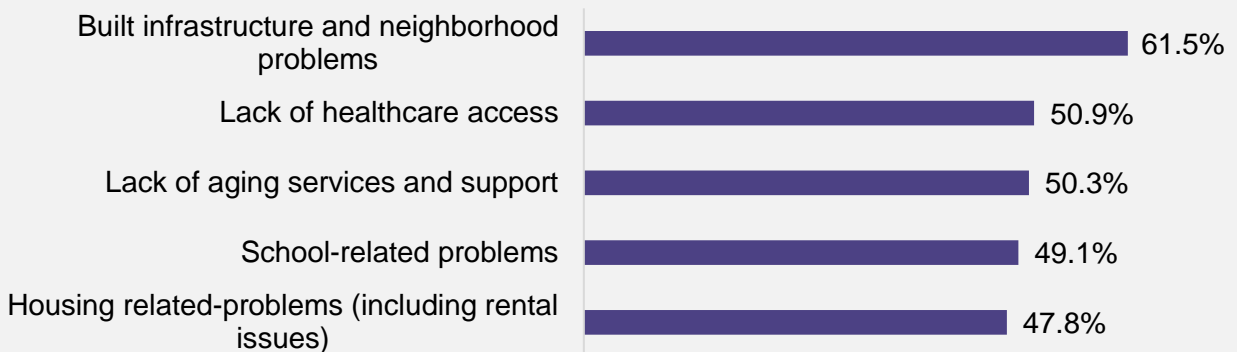


FIGURE 40: MOST IMPORTANT HEALTH FACTORS WHICH AFFECT HOW WELL/HOW LONG WE LIVE, PERCENT, COMMUNITY HEALTH SURVEY, 2023

Q5: How would you rate your personal health and the overall health of the community in Charles City County?

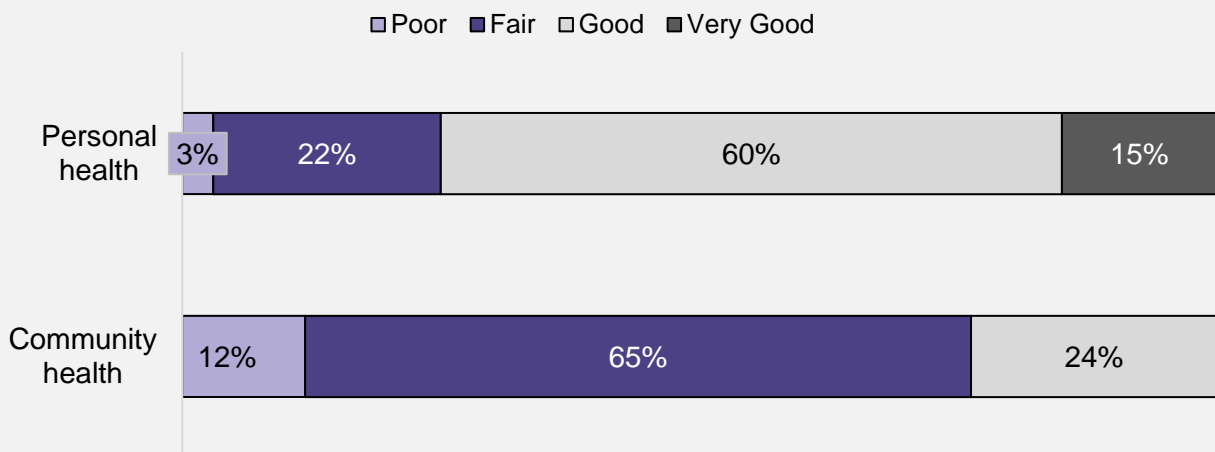


FIGURE 41: RATING OF PERSONAL AND COMMUNITY HEALTH, PERCENT, COMMUNITY HEALTH SURVEY, 2023

PART II: COMMUNITY IDENTIFICATION, LONELINESS, AND SOCIAL ISOLATION

To what extent do you agree or disagree with the following statements. Fill in one circle for each row.

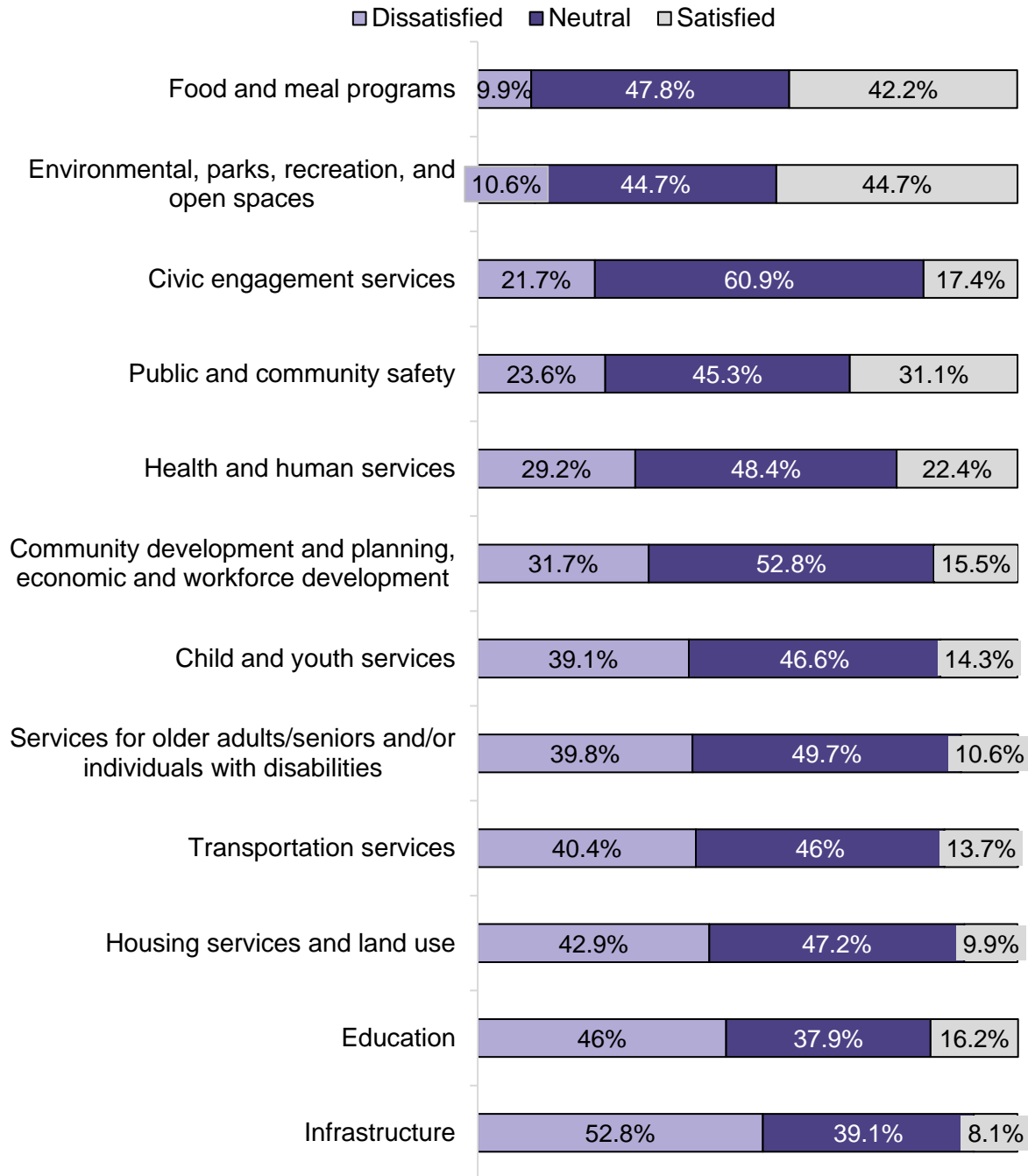


FIGURE 42: SATISFACTION OF COMMUNITY SERVICES IN CHARLES CITY, PERCENT, COMMUNITY HEALTH SURVEY, 2023

Social Isolation and Loneliness in Charles City County

Social isolation and loneliness pose a serious threat to our mental and physical health. Social connectedness not only improves your individual health, it can also help create trust and resilience within communities. Strong social connections and networks can boost a person's lifespan by 50%. The tree metaphor or "health equiTREE" pictured below, is a useful framework to acknowledge the role of underlying systems, dominant culture and narratives, root causes and social determinants in driving disparities, instead of having the perception that individual subgroups carry responsibility for the observed disparities in a specific community.⁽¹³⁾ Consequently, social isolation should not be considered as an individual problem and should be assessed considering the root causes and the underlying systems in place.

In addition, current evidence shows that increased connection can help reduce the risk of serious health conditions such as heart disease, stroke, dementia, and depression. Communities where residents are more connected with one another perform better on several measures of population health, community safety, community resilience when natural disasters strike, prosperity, and civic engagement.⁽¹⁴⁾

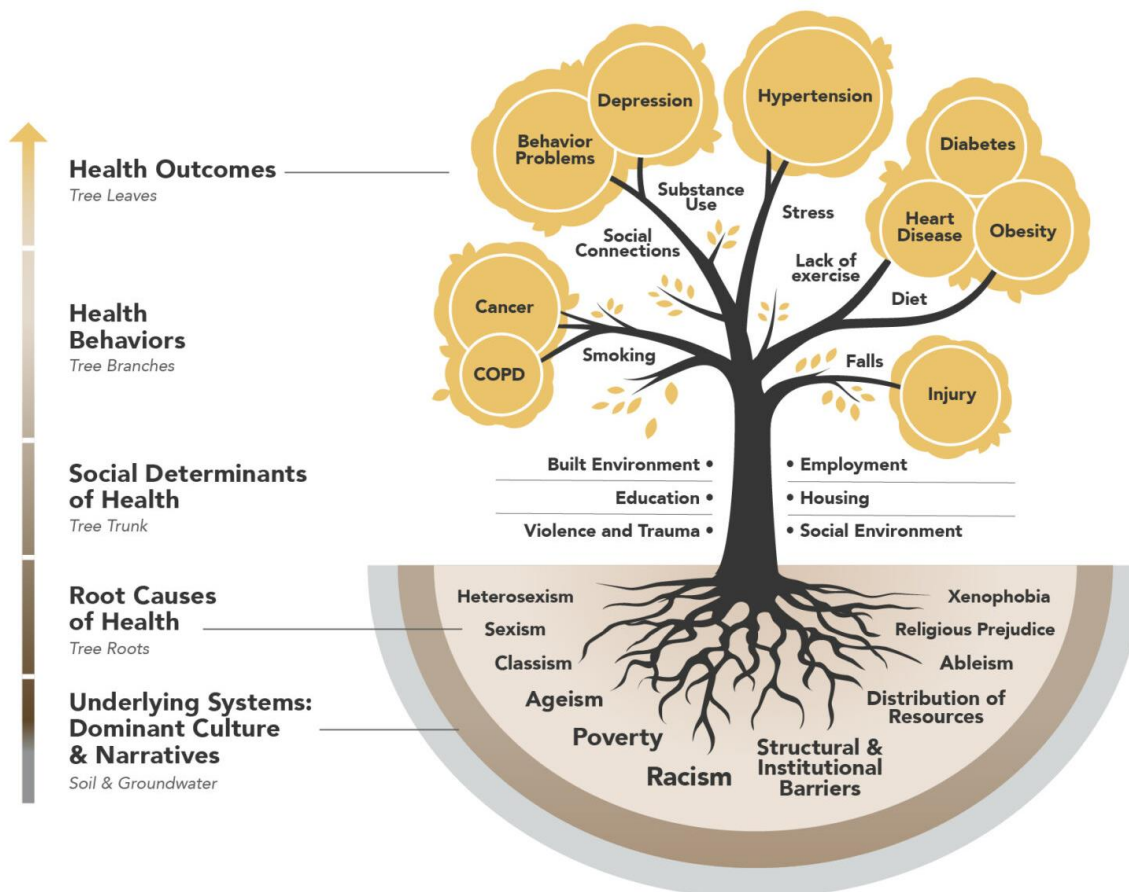
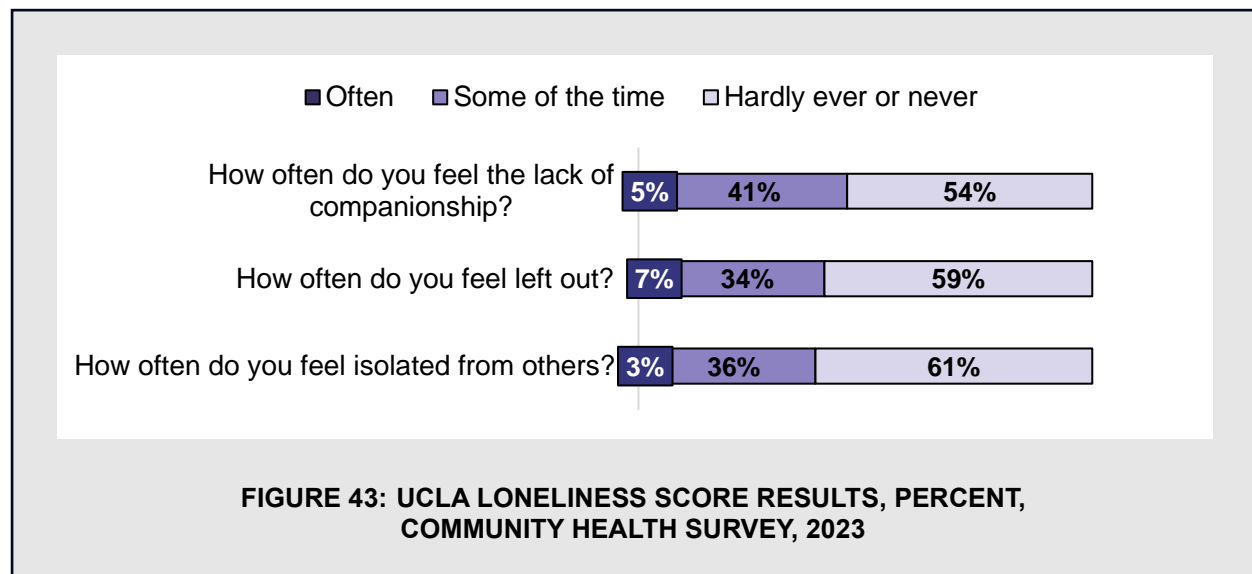


Photo of the "Health EquiTREE" (2022)

Illustration by Health Resources in Action for the Massachusetts Community Health and Healthy Aging Funds

Loneliness

To assess loneliness in Charles City County we used the UCLA Loneliness Scale. This scale comprises three questions that measure three dimensions of loneliness: relational connectedness; social connectedness; and self-perceived isolation.⁽¹⁵⁾ Loneliness is the feeling of being alone, regardless of the amount of social contact. To score somebody's answers, the responses to the three questions in Figure 43 are coded as follows: "Often" = 3, "Sometimes" = 2 and "Hardly ever or never" = 1.



Then, respondents were classified as lonely (score: 3-5 points) or as "not lonely" (score: 6 to 9 points). As shown in Figure 44, 112 or 70% of survey respondents were classified as not lonely, and 49 or 30% of survey respondents were classified as lonely.



FIGURE 44: UCLA LONELINESS SCORE RESULTS, COUNT AND PERCENT, COMMUNITY HEALTH SURVEY, 2023

Social Isolation

Social isolation is a lack of social connections, interactions, or relationships. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated. We asked five questions to assess social isolation. See the questions from the Charles City County Community Health Survey.

- 1. Are you now married, widowed, divorced, separated, never married, or living with a partner?**
 - ☐ Married
 - ☐ Widowed
 - ☐ Divorced
 - ☐ Separated
 - ☐ Never married
 - ☐ Living with a partner
 - ☐ Don't know
 - ☐ Prefer not to answer
- 2. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors? Please enter a number only (e.g., 3).**

_____ (number of times per week)
- 3. How often do you get together with friends or relatives? Please enter a number only (e.g., 3).**

_____ (number of times per week)
- 4. How often do you attend church or religious services? Please enter a number only (e.g., 50).**

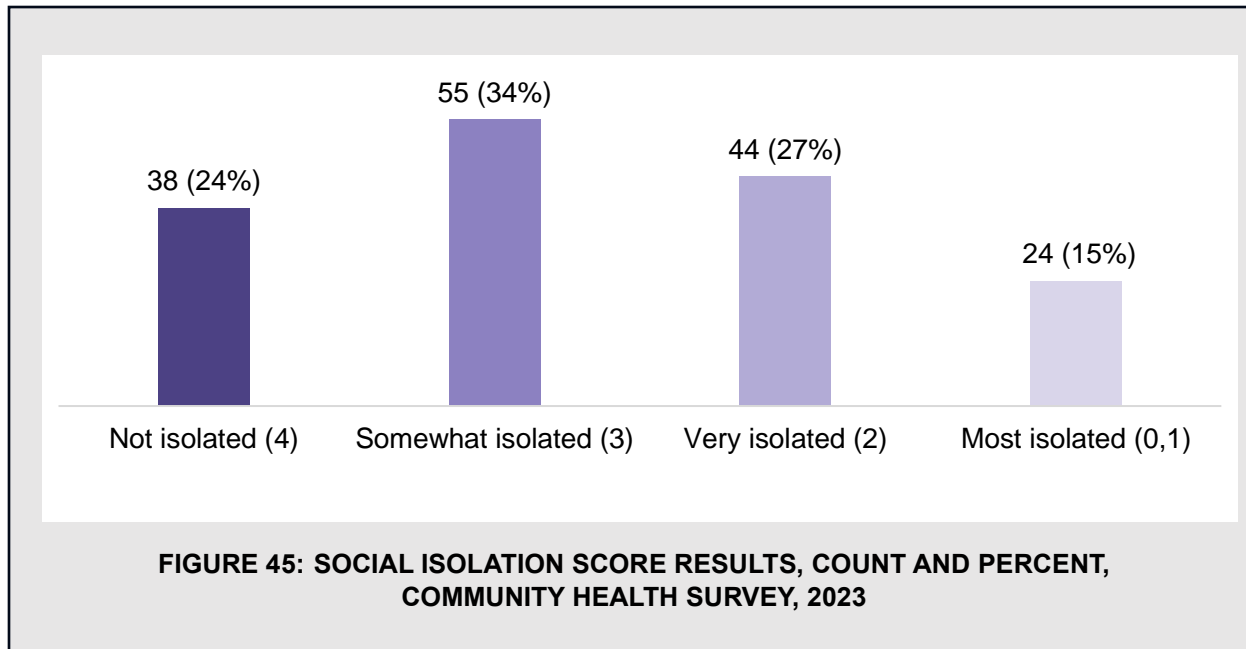
_____ (number of times per year)
- 5. Do you belong to any clubs or organizations such as church group unions, fraternal or athletic groups, or school groups?**
 - ☐ Yes
 - ☐ No

The Community Health Team determined scores that ranged from 0 to 4, with 0 representing the highest level of social isolation and 4 representing the lowest level. Scores of 0 or 1 are the most socially isolated participants. Survey respondents received 1 point for each of the following items:

- If they answered yes to being married or living together with someone in a partnership at the time of questioning.

- If they averaged 3 or more interactions per week with other people (the average number of interactions was calculated based on the average number of times per week of telephone interaction plus the number of times per week of get-togethers with family or friends).
- Attend church or religious services 4 or more times per year.
- Participate in a club or organization such as a church group, union, fraternal or athletic group, or school group.

See Figure 45 for the results of the five questions regarding social isolation score.



PART III: DEMOGRAPHICS

Participants were asked to provide demographic information including zip code, gender, age, race/ethnicity, highest education level, annual household income, health insurance coverage, home type, and languages spoken at home. The demographics of respondents did reflect the demographics of Charles City County based on the U.S. Census and a summary of those responses and comparison with the Charles City County population can be found below in Table 2: Demographics of CHA Survey Respondents.

TABLE 2: DEMOGRAPHICS OF CHA SURVEY RESPONDENTS

N = 161¹

Zip code	
23030	98 / 158 (62%)
23140	40 / 158 (25%)
Other zip codes	4 / 158 (2.5%)
Work only	16 / 158 (10%)
(Missing values)	3
Gender	
Female	119 / 158 (75.3%)
Male	39 / 158 (24.7%)
(Missing values)	3
Age	
Median Age of Respondents = 52.61	
20-25	6 / 155 (3.9%)
25-35	12 / 155 (7.7%)
35-45	18 / 155 (12%)
45-55	33 / 155 (21%)
55-65	44 / 155 (28%)
65-85	42 / 155 (27%)
(Missing values)	6
Race	
Non-Hispanic (NH) Mixed	10 / 146 (6.8%)
NH AIAN	19 / 146 (13%)
NH Asian	0 / 146 (0%)
NH Black-African American	82 / 146 (56%)
NH White/Caucasian	30 / 146 (21%)
Hispanic	3 / 146 (2.1%)
Other	2 / 146 (1.4%)
(Missing values)	15
Language	
Only English	149 / 156 (96%)
Spanish	4 / 156 (2.6%)
Spanish and other language	2 / 156 (1.3%)
Other	1 / 156 (0.6%)
(Missing values)	5
Education	
Never attended school/Less than high school	5 / 155 (3.2%)
High school diploma or equivalent (e.g. GED)	47 / 155 (30%)
Post-secondary certificate or some college	28 / 155 (18%)
Associate or bachelor's degree	50 / 155 (32%)
Master's degree or terminal degree (JD, PhD, MD, etc.)	25 / 155 (16%)
(Missing values)	6
Income	
\$100,000 or more	25 / 127 (20%)
\$20,000 to \$39,999	31 / 127 (24%)
\$40,000 to \$59,999	21 / 127 (17%)
\$60,000 to \$79,999	23 / 127 (18%)
\$80,000 to \$99,999	17 / 127 (13%)
Less than \$20,000	10 / 127 (7.9%)
(Missing values)	34
Status	
Full-time	93 / 153 (61%)
Retired	35 / 153 (8.5%)
Part-time	16 / 153 (10%)
Homemaker	5 / 153 (3.3%)
Veteran	5 / 153 (3.3%)
Student	5 / 153 (3.3%)
Disabled	13 / 153 (8.5%)
Other	2 / 153 (1.3%)
Unemployed	3 / 153 (2.0%)

TABLE 2: DEMOGRAPHICS OF CHA SURVEY RESPONDENTS**N = 161¹**

(Missing values)	8
Insurance type	
Medicare	45 / 141 (32%)
Medicaid	16 / 141 (11%)
Private	90 / 141 (64%)
TRICARE	1 / 141 (0.7%)
None	1 / 141 (0.7%)
Other	6 / 141 (4.3%)
(Missing values)	20
Home Type	
Own	120 / 146 (82%)
Rent	19 / 146 (13%)
Other	7 / 146 (4.8%)
(Missing values)	15
Number of Adults per Household	
One adult	36 / 151 (24%)
Two adults	74 / 151 (49%)
3 or more	41 / 151 (27%)
(Missing values)	10
Number of Children per Household	
0 children	106 / 161 (66%)
1 child	28 / 161 (17%)
2 children	9 / 161 (5.6%)
3 or more children	8 / 161 (5.0%)
Prefer not to answer	10 / 161 (6.2%)
Overall Number of Households with Children	45 / 151 (30%)
(Missing)	10
Number of Children in Households with Children	
Only 1 child	28 / 45 (62%)
2 or more children	17 / 45 (38%)
(Missing values)	116

¹n / N (%); Mean (SD)*Peace Hill Bed and Breakfast | Photo Courtesy of Charles City*

Focus Groups

Overview

In August 2023, the Community Health Team (CHT) facilitated two focus groups. The purpose was to dive deeper into issues and gather insights on strengths, assets, and areas for growth as it relates to health in the community. A total of nine community members participated in the focus groups.

Methodology

The CHT developed a focus group discussion guide to help facilitate the discussions. The focus groups were approximately one hour in length. The facilitator asked participants to answer questions on what they love most about their community, what worries them about their community, what makes a community healthy, and more. At the end of each focus group, a randomly selected participant received a gift card as a thank you for their input and participation. A thematic analysis was conducted for each focus group.

Result

The thematic analysis revealed the following top themes after reviewing the data captured from the focus groups:

- Transportation/work incompatibility
- Mobile health care availability
- Affordable housing (including rental)
- Wealth/income gap
- Quality of nutrition
- Community activities and marketing
- Integration of services provided by different agencies
- Lack of opportunities for young residents
- High level of awareness and perception of chronic diseases and cancer
- Lack of education and resources for chronic diseases and cancer
- Lack of healthcare access for chronic diseases and cancer
- Lower quality of life due to landfill odors/hazards
- Competing interests relating to landfill operations
- Potential water and air hazards

Key Informant Interviews

Overview

Key informant interviews (KII) were conducted to gain additional perspectives from community members and experts. Five in-depth interviews were conducted by the CHT and scheduled with community members who are seen by many as well connected in the community, have their “finger on the pulse”, and understand what is changing/emerging that could (or has) influenced the health and well-being of community members.

Methodology

Key informants were asked a total of six questions related to the strengths and challenges faced by community members in Charles City County, plus demographic questions. All questions were open-ended, and interviews lasted roughly forty-five minutes each. See Appendix H for a full list of questions as well as additional questions we asked based on the interviewee’s expertise. A thematic analysis was conducted on the top themes identified for the KII.

Results

The thematic analysis revealed the following top themes after reviewing the data captured from the KII:

- Quality education for all students including those with special needs.
- Access to specific healthcare services for the older adult population.
- Infrastructure funding and capability.
- Quality and diversity of fresh produce.
- More local job opportunities and workforce development opportunities.
- Stigma and isolation issues related to mental health and substance use.
- Lack of parent engagement and competing priorities.
- Regular local public transportation.
- Strong social support.
- Balance of maintaining privacy and community closeness.
- School funding adequacy (enrichment programs needs to be reinforced).
- Safe and neutral recovery support services.
- Need for affordable housing, not low-income housing.
- Prevalence of cancer in a small community.
- Need for drug use prevention in school.

On November 6th, 2023, the CHT met to review the thematic analysis results from the focus groups and the KII to identify overarching themes and make a final list. After carefully reviewing each of themes, the CHT established the following themes based upon how often they were mentioned by key informants and focus group participants. See Figure 46 for the themes from the focus groups and the KII.



FIGURE 46: THEMES FROM THE FOCUS GROUPS AND KII, 2023

Forces of Change Assessment

Overview

The Forces of Change Assessment (FOCA) is an assessment from the MAPP 1.0 framework. The purpose of this assessment is to identify current and potential factors/events (e.g., legislation, population changes, technology, economic shifts, etc.) that may directly or indirectly affect the health of communities in Charles City County, and/or Charles City's local public health system. Forces of Change (FoC) can be trends, factors, and events outside of our control that may influence the health of our community or our local public health system.

- **Trends:** patterns over time (e.g., population decline)
- **Factors:** discrete elements (e.g., inflation)
- **Events:** one-time occurrences (e.g., natural disaster)

By identifying and understanding the factors and events that lead to significant changes, the community can prepare to mitigate potential threats and be ready to take advantage of opportunities to improve the community's health and well-being.



Methodology

On October 24, 2023, Chickahominy Health District hosted a FOCA brainstorming session. A total of eleven local and regional organizations and one citizen attended the session in-person and online.

The FOCA was focused on the following questions:

1. What events have occurred recently that may impact the health of the Charles City County community?
2. Are there any trends occurring that will have an impact?
3. What forces are occurring Locally, Regionally, Statewide & Nationally that may impact Charles City County?
4. What may occur in the next five to ten years that impacts the health of the community?

For each question posed, the in-person meeting participants wrote down their ideas on sticky notes and placed the sticky note under the trend, factor, or event(s) that best fit their idea. Online participants were provided a link to a Padlet board with the questions listed, and they could add comments under each category.

Each participant reviewed others' ideas and were encouraged to write down/note what was missing, which populations will be most impacted, and if they noticed overarching themes. An affinity diagram was then completed to categorize each FoC. Those categories are listed below.

Forces of Change Categories

1. COVID Recovery
2. Population Decline
3. Lack of Opportunities/Unemployment
4. Healthcare Access
5. Aging Population and Services
6. Business Expansion/Economic Development
7. Political Divide
8. Opioid Use/ Drug Use
9. Environmental Concerns (Air and Water Pollution)
10. Ethics, Racism, and Health Equity
11. Infrastructure (Road Closures, Power Outages, Broadband)
12. Healthy Food Access
13. Chronic Disease Management

The group began to identify threats and opportunities (T&O) for each of the FoC. The purpose of identifying T&O is to see what external forces may adversely affect the success of the SC reaching their vision, and what favorable external forces could give us an advantage or create space for positive change. See Appendix I for a complete list of threats and opportunities identified by the group.



Result

At the end of the meeting, all participants completed a worksheet where they selected and explained their top three forces of change priorities based on the discussion and information shared. To view a copy of the worksheet, see Appendix J. The top responses included: 1) Infrastructure; 2) Healthcare Access; 3) Business Expansion and Economic Development and 4) Aging Population and Services.

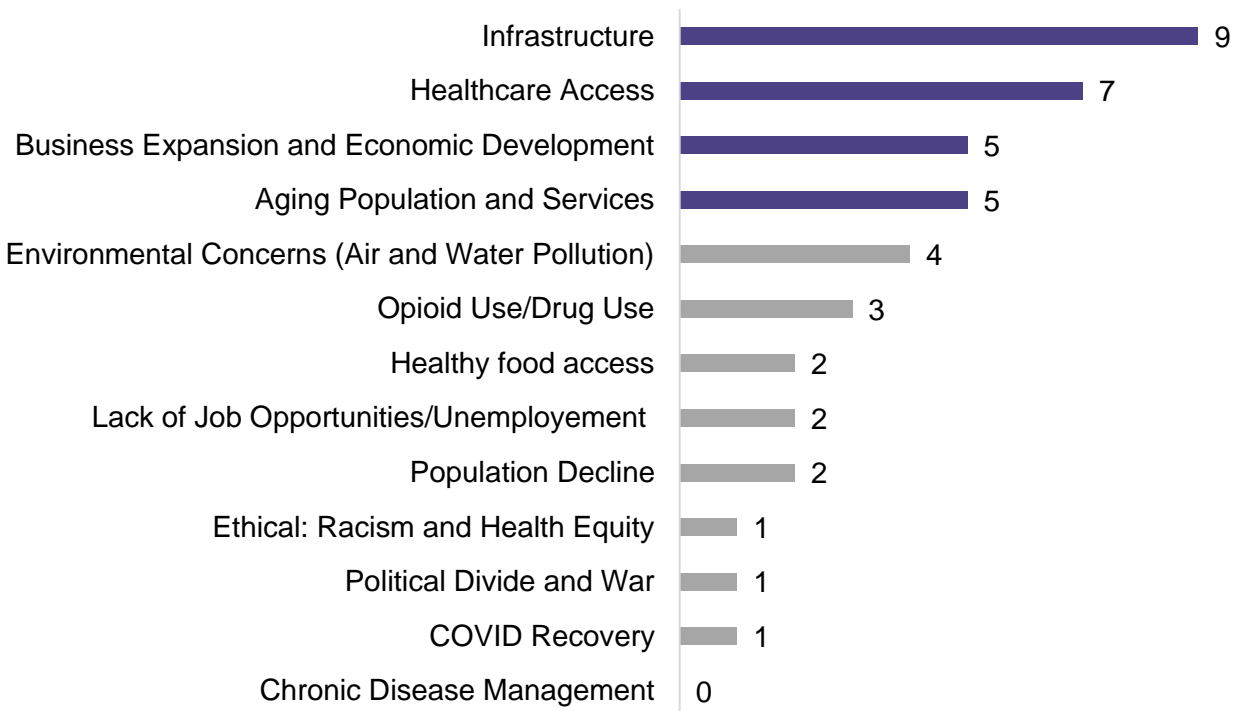


FIGURE 47: RESULTS OF PRIORITY WORKSHEET, TOP FOC TO FOCUS ON, COUNTS, 2023



Photo Courtesy of Charles City County

Phase III: Continuously Improve the Community

Community Identified Priorities

On November 14, 2023, the Steering Committee (SC) met to review the results of the Community Context Assessment (CCA) and the Community Status Assessment (CSA). The core team presented the findings from the data analysis and reoccurring themes from the community health survey, focus groups, and the key informant interviews. After the data presentation, the SC was asked to break into small groups and consider the following questions for each health issue to narrow down the list. See Appendix K to view the worksheet.

- If this issue was addressed, what do you think the impact would be?
- Consider how feasible it could be to solve this issue in your community (consider community buy-in, political climate, resources, and capacity, along with other factors). Will we be able to move the needle?
- Does this health issue overlap/relate to another health issue/topic? Note the overlaps you see.

Once individuals from the small groups answered the questions for each health priority, they were instructed to rank each priority from 1-14 (1 being the most important, and 14 being the least important). Based on the three questions referenced above and the data presented, the SC narrowed the top 14 priorities down to the top seven health priorities, which were (listed from most important to least):

1. Healthcare Access and Quality
2. Affordable, Safe, and Available Housing
3. Economic Stability, Infrastructure and Workforce Development
4. Mental Health and Substance Use
5. Transportation Options
6. Childhood Health and Education
7. Chronic Diseases (Cancer, Diabetes, Heart Disease, etc.)

Community Health Forum

On December 12th, 2023, the Charles City County Community Health Forum was held. Anyone who lived or worked in Charles City County was welcome to attend either in-person or online via Zoom. During the meeting, the participants reviewed the CHA process, social determinants of health, the CHA data related to the seven health priorities listed on the previous page, Virginia's Plan for Wellbeing Plan priorities, Healthy People 2030 priorities for the U.S., the MAPP 2.0 process, and the CHIP development process. Details on how the information gathered at the community health forum will be utilized was also discussed.

After an in-depth review of the top seven health priorities, attendees were invited to participate in a prioritization activity. For the in-person group, attendees were given \$1,000 of pretend money to “spend” on the health priorities they felt were the most important to address in the community over the next five years. Participants were given 15 minutes to place their money in brown paper bags which were labeled to represent the top seven health priorities. Participants had the choice of splitting up their spending or they could spend all of their pretend money on one priority. For the virtual group, attendees were provided a link to an interactive Padlet board that displayed the top seven health priorities. Attendees were able to anonymously spend their pretend money by commenting a dollar amount underneath each priority. While participants were spending, the Community Health Team tracked spending in real time to determine the total sum of dollars in each health priority. The online and the in-person results were combined to reveal the top three health priorities.



The top three health priority areas were identified through the prioritization process, and these health priority areas will be the focus during the CHIP: 1) Healthcare Access and Quality (\$4,750); 2) Economic Stability, Infrastructure and Workforce Development (\$4,500); and 3) Childhood Health and Education (\$4,150).



**Healthcare
Access and
Quality**



**Economic
Stability,
Infrastructure,
and Workforce
Development**



**Childhood
Health and
Education**

Limitations

The Charles City County CHA faced some limitations. First, county-level data for all health-related issues of potential interest was not available due to the small population size of the county. Similarly, data by age group or race categories was not available for several population health indicators. Second, although we selected the most recent available data from all the indicators included in this CHA, each one of the secondary data sources reviewed has their own specific cadence. Therefore, most indicators included in this report were collected during 2018 to 2022 and, in some cases, the original data was collected before this period. Furthermore, some data points represent five-year data or three-year data to provide more reliable county-level estimates. In contrast, primary data obtained for this CHA (community health survey, focus groups and key informant interviews) was collected during 2023. Finally, some participatory CHA Steering Committee activities (community asset mapping and multi-voting) were completed during monthly meetings or over short multi-week timeframes during 2023. As a result, participants relied on their personal perspective, experience, and knowledge of the subject matter to inform their contributions.

The generalizability or external validity and robustness of future CHAs would benefit from some methodological changes. First, this assessment was not supported by designated funds; as a result, the meeting facilitation, planning, and drafting of the report were completed by the Chickahominy Health District with support from the Steering Committee. Designated funds will improve the planning and execution process of the CHA and will provide the necessary resources to develop a cluster survey design for the community health survey. Second, the Community Health Forum should be offered in the evening as well to encourage more community/resident participation. Involving more community members who represent diverse age groups, racial/ethnic identities, educational attainment, and occupations would expand the reach of the project and broaden the array of insights and perspectives obtained during community-based assessment activities. Including more members of the private sector or local businesses on the CHA Steering Committee would also diversify the perspectives included in the assessment. Lastly, another challenge faced during this CHA was related to the Chickahominy TRUTH (Trust, Research, Understand, Tell, Heal) Project. This project is led by VCU Massey Cancer Center in partnership with the Chickahominy Indian Tribe and aims to better understand structural and individual-level contributors to cancer risk. As part of the TRUTH project a community-wide survey was distributed in Charles City County during 2023. The TRUTH survey and the CHA survey overlapped in their distribution and data collection timeframes. Although the TRUTH survey had a different purpose and asked different questions, the target population was the same as the CHA survey, and this could have impacted the rate of participation in both surveys. The CHA survey could have been negatively impacted due to survey fatigue as well as the lack of incentives for participation in the CHA survey.

Conclusion

The CHA informs the next phase of this cyclical process - the Community Health Improvement Plan (CHIP). The CHIP will be action-oriented with measurable goals and objectives. It will involve planning and implementing programs, policies, and/or activities over the next five years (2024-2028) to provide or connect resources and tools that can positively impact the community's well-being. To successfully address the top three priorities – 1) Healthcare Access and Quality; 2) Economic Stability, Infrastructure and Workforce Development; and 3) Childhood Health and Education - involvement from diverse community partners and leaders is essential.

To learn more about this report or to inquire about being part of the Charles City County CHIP process, please email Emily Hines with the Chickahominy Health District: CHDWellness@vdh.virginia.gov.



Photo Courtesy of Charles City County

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Glossary

Affinity Diagram

A method of brainstorming , in which seemingly random ideas or suggestions are eventually organized within natural groupings.

Assessment

The regular collection, analysis, and sharing of information about health conditions, risks, and resources in a community.

Asset Mapping

The Public Health Accreditation Board states asset mapping is derived from an "asset-based" approach to community development and refers to a range of approaches that work from the principle that a community can be built only by focusing on the strengths and capacities of the citizens and associations that call a neighborhood, community, or county "home".

CDC

The Centers for Disease Control and Prevention (CDC) is part of the U.S. Department of Health and Human Services. It provides federal leadership and funding in the prevention and control of diseases.

Community Health Assessment (CHA)

Community health assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, epidemiologic, and other studies of health problems.

Community Health Improvement Plan (CHIP)

Focuses on the combined effects of individual and community, physical and social environments, and the policies and interventions used to promote health, prevent disease, and ensure access to quality health care. A CHIP is used to guide partners and help move them towards accomplishing the goals, objectives, and strategies listed in the action plan.

Social Determinants of health

Direct causes and risk factors which, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.

Disability

Having a physical or mental impairment that substantially limits one or more major life activities.

Disaggregated data

To separate data into separate parts.

Disease

A state of dysfunction of organs or organ systems that can result in diminished quality of life.

Ethics

Moral principles that govern a person's behavior or the conducting of an activity.

Food insecurity

The household-level economic and social condition of limited or uncertain access to adequate food.

Health

The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

Health disparities

Population-specific differences in the presence of disease, health outcomes, or access to health care.

Health equity

All members within the population have the opportunity to attain their highest level of health.

Health indicator

A health indicator is a measure that reflects, or indicates, the state of health in a defined population, such as the infant mortality rate.

Health outcomes

Health outcomes are changes in health that result from measures or specific health care investments or interventions.

Health-related quality of life (HRQoL)

Health-related quality of life is an individual's or a group's perceived physical and mental health over time.

Health status

The current state of a given population using a variety of indices, including morbidity, mortality, and available health resources.

Incidence

The number of new cases of an event in a defined population, occurring within a specified period of time.

Infrastructure

The human, organizational, information and fiscal resources that enables performance of core functions and essential services in the community.

Injury

Injuries can be classified based upon the intent or purposefulness of occurrence into two categories: 1) intentional; and 2) unintentional injuries. Intentional injuries are ones that are purposely inflicted and often associated with violence. These include child abuse, domestic violence, sexual assault, aggravated assault, homicide, and suicide. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted.

Intervention

Used in public health to describe a program or policy designed to have an effect on a health problem.

Life expectancy

Average expected length of life for a group of people, of a particular age, chosen at a particular time.

Loneliness

The feeling of being alone, regardless of the amount of social contact.

Medicaid

A government assistance program that provides health insurance coverage. The program is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Medicare

Medicare is federal health insurance for people 65 or older, some younger people with disabilities, people with End-Stage Renal Disease.

Methodology

A body of methods, rules, and postulates employed by a discipline; a particular procedure or set of procedures.

Morbidity

A measure of disease incidence or prevalence in a given population, location or other grouping of interest.

Mortality

A measure of deaths in a given population, location, or other grouping of interest.

Premature death

Death that occurs before the average age of death in a certain population.

Prevalence

The number of cases of a disease, infected people or people with some other attribute present during a particular interval of time.

Population health

Approach to health that aims to improve the health of an entire population.

Qualitative data

Data collected often by open-ended inquiry methods that includes insights into perceptions, values, opinions, and community norms.

Quantitative data

Data that can be measured numerically. Risk factors social, economic, biological status, behaviors, or environments associated with increased susceptibility to disease.

Uninsured

A person is uninsured if they are currently not covered by insurance through a current/former employer or union, purchased from an insurance company, Medicare, Medicaid, Medical Assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, VA, or any other health insurance or health coverage plan.

Social Isolation

A lack of social connections, interactions, or relationships. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.

Stakeholders

Stakeholders are individuals and organizations that have an interest in or are affected by evaluation and/or its results.

Appendices

Appendix A: Charles City Community Partner Assessment Survey

Community Partner Assessment Survey

This survey is part of the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA). All organizations involved in the MAPP process take this survey to help name whom they serve, what they do, and their capacities and skills to support their local community health improvement process.

Your Organization

1. What is the full name of your organization?
2. Which best describes your position or role in your organization?
 - ☐ Administrative staff
 - ☐ Front line staff
 - ☐ Supervisor (not senior management)
 - ☐ Senior management level/unit or program lead
 - ☐ Leadership team
 - ☐ Community member
 - ☐ Community leader
 - ☐ Other: _____
3. Has your organization ever participated in a community health improvement process?
 - ☐ Yes
 - ☐ No
 - ☐ Unsure

Organizational Interest in Participating in and Supporting MAPP

4. What are your organization's top-three interests in joining a community health improvement partnership:^[1]

- ☐ To deliver programs effectively and efficiently and avoid duplicated efforts
- ☐ To pool resources
- ☐ To increase communication among groups
- ☐ To break down stereotypes
- ☐ To build networks and friendships
- ☐ To revitalize low energy of groups who are trying to do too much alone
- ☐ To plan and launch community-wide initiatives
- ☐ To develop and use political power to gain services or other benefits for the community
- ☐ To improve line of communication from communities to government decision-making

- ☐ To improve line of communication from government to communities
- ☐ To create long-term, permanent social change
- ☐ To obtain or provide services
- ☐ Other: _____

Demographics and Characteristics of Clients/Members Served/Engaged

5. What racial/ethnic populations does your organization work with? (check all that apply)

- ☐ Black/African American
- ☐ African
- ☐ Native American/Indigenous/Alaska Native
- ☐ Latinx/Hispanic
- ☐ Asian
- ☐ Asian American
- ☐ Pacific Islander/Native Hawaiian
- ☐ Middle Eastern/North African
- ☐ White/European
- ☐ Other: _____

Topic Area Focus

6. How much does your organization focus on each of these topics?

For each one, circle a) A lot, b) A little, c) Not at all, or d) Unsure.

Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.

Circle: a) A lot b) A little c) Not at all d) Unsure

Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.

Circle: a) A lot b) A little c) Not at all d) Unsure

Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This includes issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

Circle: a) A lot b) A little c) Not at all d) Unsure

Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment—and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.

Circle: a) A lot b) A little c) Not at all d) Unsure

Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.

Circle: a) A lot b) A little c) Not at all d) Unsure

**7. Which of the following categories does your organization work on/with?
(check all that apply)**

- ☐ Arts and culture
- ☐ Businesses and for-profit organizations
- ☐ Criminal legal system
- ☐ Disability/independent living
- ☐ Early childhood development/childcare
- ☐ Education
- ☐ Community economic development
- ☐ Economic security
- ☐ Environmental justice/climate change
- ☐ Faith communities
- ☐ Family well-being
- ☐ Financial institutions (e.g., banks, credit unions)
- ☐ Food access and affordability (e.g., food bank)
- ☐ Food service/restaurants
- ☐ Gender discrimination/equity
- ☐ Government accountability
- ☐ Healthcare access/utilization
- ☐ Housing
- ☐ Human services
- ☐ Immigration
- ☐ Jobs/labor conditions/wages and income
- ☐ Land use planning/development
- ☐ LGBTQIA+ discrimination/equity
- ☐ Parks, recreation, and open space
- ☐ Public health
- ☐ Public safety/violence
- ☐ Racial justice
- ☐ Seniors/elder care
- ☐ Transportation
- ☐ Utilities
- ☐ Veterans' issues
- ☐ Violence
- ☐ Youth development and leadership
- ☐ Other: _____

**8. Which of the following health topics does your organization work on?
(check all that apply)**

- ☐ Cancer

- ☐ Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- ☐ Family/maternal health
- ☐ Immunizations and screenings
- ☐ Infectious disease
- ☐ Injury and violence prevention
- ☐ HIV/STD prevention
- ☐ Healthcare access/utilization
- ☐ Health equity
- ☐ Health insurance/Medicare/Medicaid
- ☐ Mental or behavioral health (e.g., PTSD, anxiety, trauma)
- ☐ Physical activity
- ☐ Tobacco and substance use and prevention
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)/food stamps
- ☐ None of the above/Not applicable
- ☐ Other: _____

Capacities to Support Community Health Improvement

9. How does your organization collect data? (check all that apply)

- ☐ Surveys
- ☐ Focus groups
- ☐ Interviews
- ☐ Feedback forms
- ☐ Photovoice or other participatory research
- ☐ Notes from community meetings
- ☐ Videos
- ☐ Secondary data sources
- ☐ Electronic health records
- ☐ Data tracking systems
- ☐ Other: _____

Community Engagement Practices

10. Which of the following methods of community engagement does your organization use most often? (check all that apply):

- ☐ Customer/patient satisfaction surveys
- ☐ Fact sheets
- ☐ Open houses
- ☐ Presentations
- ☐ Billboards
- ☐ Videos
- ☐ Public comment
- ☐ Focus groups
- ☐ Community forums/events
- ☐ Surveys
- ☐ Community organizing

- ☐ Advocacy
- ☐ House meetings
- ☐ Interactive workshops
- ☐ Polling
- ☐ Memorandums of understanding (MOUs) with community-based organizations
- ☐ Citizen advisory committees
- ☐ Open planning forums with citizen polling
- ☐ Community-driven planning
- ☐ Consensus building
- ☐ Participatory action research
- ☐ Participatory budgeting
- ☐ Social media
- ☐ Other: _____

Appendix B: Description of the Indicators Detailed in the Community Status Assessment (CSA) Section of this Report

Indicator group	Indicator category	Indicator subcategory	Measure	Data Source	Years of Data
Health outcomes	Length of Life		Premature death (Years of Potential Life Lost – YPLL)	National Center for Health Statistics - Mortality Files	2018-2020
			Life expectancy	National Center for Health Statistics - Mortality Files	2018-2020
			Leading causes of death under age 75	National Center for Health Statistics - Mortality Files, Mortality	2020
			Total Mortality Rate	National Center for Health Statistics - Mortality Files	2018-2021
			Cancer Mortality Rate	CDC National Vital Statistics - CDC WONDER 2016-2020	2016-2020
			Infant Mortality	Vital Statistics Program. Virginia Department of Health	2018-2020
			Cancer Incidence Rate	State Cancer Profiles	2015-2019
	Quality of Life		Poor or fair health	Behavioral Risk Factor Surveillance System	2020
			Poor physical health days	Behavioral Risk Factor Surveillance System	2020
			Poor mental health days	Behavioral Risk Factor Surveillance System	2020
			Low birthweight	National Center for Health Statistics - Natality files	2014-2020
			Diabetes prevalence	Behavioral Risk Factor Surveillance System	2020

			HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2020
Health Factors	Health Behaviors	Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2020
		Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2020
			Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
			Drug-overdose Hospitalizations	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
			Substance Use Disorder (SUD) Hospitalization	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
		Diet and Exercise	Access to exercise opportunities	Business Analyst, ESRI, YMCA & US Census TIGER/Line Files	2010 & 2021
			Physical inactivity	Behavioral Risk Factor Surveillance System	2020
			Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019 & 2020
			Food insecurity rate	Map the Meal Gap	2020
			Adult obesity	Behavioral Risk Factor Surveillance System	2020
		Sexual Activity	Teen births	National Center for Health Statistics - Natality files	2014-2020
		Other Health Behaviors	Self-harm and Suicide-related Emergency Department Visits	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020

	Clinical Care	Access to Care	Adults Uninsured	Small Area Health Insurance Estimates	2020
			Children Uninsured	Small Area Health Insurance Estimates	2020
			Primary care physicians	Area Health Resource File/American Medical Association	2020
			Dentists	Area Health Resource File/National Provider Identification file	2021
			Mental health providers	CMS, National Provider Identification	2022
			Prevention – Dental Visit	Behavioral Risk Factor Surveillance System	2020
		Quality of Care	Avoidable Hospitalizations	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
			Mothers with No or Later Prenatal Care	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (PLACES Data Portal)	2020
			Annual Wellness Exam	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2020
			Flu vaccination	Mapping Medicare Disparities Tool	2020
	Social and Economic Factors	Education	High school completion	American Community Survey, 5-year estimates	2017-2021
			Some college	American Community Survey, 5-year estimates	2017-2021
			Reading scores	Stanford Education Data Archive	2018
			School funding adequacy	School Finance Indicators Database	2020

		Employment	Unemployment	Bureau of Labor Statistics	2021
		Income	Poverty	Small Area Income and Poverty Estimates (SAIPE)	2021
			Children in poverty	Small Area Income and Poverty Estimates (SAIPE)	2021
			Median household income	US Census Bureau	2021
			Income inequality	American Community Survey, 5-year estimates	2017-2021
		Family and Social Support	Social associations	County Business Patterns	2020
			Children in single-parent households	American Community Survey, 5-year estimates	2017-2021
		Community Safety	Injury deaths	National Center for Health Statistics - Mortality Files	2016-2020
			Motor Vehicle Crash Deaths	National Center for Health Statistics - Mortality Files	2014-2020
			Hospitalizations for all injuries	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
			Fall-related injury Hospitalizations	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
			Traumatic Brain Injury (TBI) Hospitalizations	Virginia Department of Health, Office of Information Management, Division of Health Statistics	2020
	Physical Environment	Air and Water Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2019

			Drinking water violations	Safe Drinking Water Information System	2021
		Housing and Transit	Homeownership	American Community Survey, 5-year estimates	2017-2021
			Housing Quality - Substandard Housing	American Community Survey, 5-year estimates	2017-2021
			Severely cost burdened households	American Community Survey, 5-year estimates	2017-2021
			Broadband Access	American Community Survey, 5-year estimates	2017-2021
			Driving alone to work	American Community Survey, 5-year estimates	2017-2021
			Long commute - driving alone for over 30 minutes	American Community Survey, 5-year estimates	2017-2021
	Other		Area Deprivation Index	American Community Survey, 5-year estimates	2021

Appendix C: List of additional indicators Assessed During the CSA but Not Described in Detail in this Report

The bolded and red numbers show Charles City County's rates or percentages are worse than Virginia's rates or percentages.

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
Health outcomes	Length of Life		Leading causes of death under age 75 in 2020 <i>* Death rates are flagged as unreliable when the rate is calculated with a numerator of 20 or less.</i>	Malignant neoplasms (*Unreliable) Diseases of heart (*Unreliable) Accidents (*Unreliable)	Diseases of heart (per 100,00) Malignant neoplasms (per 100,00) Accidents (6 per 100,000)
			Premature age-adjusted mortality (number of deaths among residents under age 75 per 100,000 population) 2018-2020	450	330
			Mortality – Coronary heart disease (Age-adjusted death rate) 2016-2020	112.3	76.5
	Quality of Life		Frequent physical distress (BRFSS 2020)	11%	8%
			Frequent Mental Distress (BRFSS 2020)	16%	13%
Health Factors	Health Behaviors	Tobacco Use	Smoking during pregnancy (Vital Event Statistics)	12.5%	5%

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
			Program Office of Information Management – VDH)		
		Diet and Exercise	Walking or biking to work (ACS 2017-2022)	2%	2.6%
		Sexual Activity	Chlamydia new infections (NCHS HIV, VH, STD, TB, 2020)	473.9	479.9
		Other Health Behaviors	Insufficient sleep BRFSS (2020)	40%	35%
	Clinical Care	Access to Care	Uninsured (SAHIE, 2020)	15%	9%
			Other primary care providers (CMS, National Provider Identification, 2022)	1,100:1	860:1
		Quality of Care	Prevention – Annual Check-up (CDC, BRFSS, PLACES Data Portal, 2021)	76.1%	74.9%
			Preventable Hospital Stays (Mapping Medicare Disparities Tool, 2020)	3604 per 100,00	2902 per 100,000
			Cancer Screening – Mammogram (CDC, BRFSS, PLACES Data Portal, 2020)	76.4%	75.8%
			Cancer Screening – Cervical Cancer (CDC, BRFSS,	83.3%	83.8%

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
			PLACES Data Portal, 2020)		
			Adequate Colorectal Cancer Screening (CDC, BRFSS, PLACES Data Portal, 2020)	74%	74.6%
			Mammography screening (Mapping Medicare Disparities Tool, 2020)	46%	39%
			Hospitalizations – Stroke (Inpatient Discharge Dataset from Virginia Health Information, 2020)	205.3 per 100,000	209.04 per 100,000
			Hospitalizations – Asthma (Inpatient Discharge Dataset from Virginia Health Information, 2020)	542.4 per 100,000	487.34 per 100,000
			Hospitalizations – Diabetes (Inpatient Discharge Dataset from Virginia Health Information, 2020)	3797.1 per 100,000	1989 per 100,00
			Hospitalizations – Hypertension (Inpatient Discharge Dataset from Virginia Health	6128.1 per 100,000	4103.46 per 100,000

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
			Information, 2020)		
	Social and Economic Factors	Education	Bachelor's degree or higher (American Community Survey 2017-2021)	16.2%	41%
		Income	Gender pay gap (American Community Survey 2017-2021)	\$0.90	\$0.80
			Living Wage (The Living Wage Calculator, 2022)	\$44.90	\$49.23
		Family and Social Support	Residential Segregation Black-White (This index can range from 0 to 100, with lower values representing less residential segregation) (American Community Survey 2017-2021)	11	51
			Childcare Cost Burden (Childcare costs for a household with two children as a percent of median household income) Living Wage Calculator 2022 & 2021	26%	27%
			Childcare Centers (Homeland Infrastructure	10 per 1000 population under 5 y.o.	7 per 1000 population under 5 y.o.

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
			Foundation-Level Data (HIFLD), 2010 to 2022)		
		Other	Voter Turnout MIT Election Data and Science Lab; American Community Survey, 5-year estimates, 2022 & 2016-2020)	76.3%	72%
			Census Participation (Census Operational Quality Metric, 2020)	67%	65.2% in the US
	Physical Environment	Housing and Transit	Severe Housing Problems (American Community Survey, 5-year estimates 2015-2019)	15%	14%
		Other	Tree Canopy: Percentage of the report area that is covered by tree canopy. (Multi-Resolution Land Characteristics Consortium, 2016)	58%	33.3%
			Walkability Index: The block groups are assigned their final National Walkability Index scores on a scale of 1 to 20 where the higher a score, the more	4	9

Indicator group	Indicator category	Indicator subcategory	Measure	Charles City County	Virginia
			walkable the community is. (Environmental Protection Agency, EPA - Smart Locations Database, 2021)		

Appendix D: Community Asset List

SOCIAL

- Community Events/Concert Series
- County Parks & Trails
- Charles City Social
- Recreation/Community Center
- Charles City Public Schools
- Young at Heart Senior Club
- Faith- based organizations
- Hunt Clubs
- Local restaurants
- Wineries
- Public Library System
- Peace Hill Farm
- Parks and Recs
- Bike/Car Clubs
- Mudbog
- Turkeyshoot
- Farmers Market
- Thrive VA

PHYSICAL

- Local Parks (Harrison Park, Chesapeake State Park, Lawrence Lewis Park/Boat Landing)
- Parks and Recs
- Summer Camps
- Young at Heart
- Gym/Group Exercises Classes
- Health Clinic
- Charles City Public Schools
- Food Banks
- Tribal Health
- Capitol Bike Trail
- EMS
- VCU Emergency Department
- Charles City Health Department

SPIRITUAL

- County Parks & Trails
- Faith- Based Organizations
- Tribal Pow Wows
- Community Gardens/Natural Spaces

- Yoga/Meditation Events

ENVIRONMENTAL

- Local Biking and Walking Trails
- Local Parks and Waterways
- River Rest
- Waste Management/Recycling Program
- Sherriff's Office (Medication Disposal)
- VDH
- James River Association
- VCU Rice Center
- Wildlife Management Area
- Fish Hatchery
- Plantations
- VDOT Litter Clean up
- Group volunteering/JROTC Adopt- A- Highway

INTELLECTUAL

- Charles City Public Schools
- Citizen Academy (Fire Dept.)
- Public Library System
- Courthouse Museum
- Plantation Museum
- VCU Rice Center
- Charles City Government
- Charles City Cultural Alliance
- County Historical Society
- County Citizen Course
- Route 5 History Markers
- Boys/Girl Scouts

OCCUPATIONAL

- Charles City Government
- B & Bs
- Restaurants
- Parks and Recs
- Promise Land
- Cultural Alliance (Enrichment)
- Public Library System
- VA Dept of Game & Fishery
- Thrive VA
- Fire/EMS (Volunteer Fire/Citizen's Academy)
- Sheriffs/Dispatch
- Driver's Education

- Pottery on Hill
- CCHA
- Social Services
- Henrico Area Mental Health
- County career choice program
- Partnerships with local community colleges
- Workforce development program

EMOTIONAL

- Faith- Based Organizations
- County parks & Trails
- Henrico Area Mental Health
- Senior Services
- Animal Shelter Programs
- Thrive VA
- Parks and Recs
- Charles City Public Schools
- Social Services
- Art Therapy
- Local CSB
- Support Groups (AA)

FINANCIAL

- Truist
- Senior Connections
- Thrive VA
- Student Finance Courses
- Unite Us
- Providence Forge Business Community
- Grants (VDEF, VDFP, Dominion, Aid to Locality)
- Peace Hill- Medical Debt Relief Initiative

We recognize not all assets were captured, so if you'd like to provide an edit to the list, please email CHDWellness@vdh.virginia.gov.

Last Revised: June 28th, 2023

Appendix E: Community Health Survey – English

2023 Charles City Community Health Survey

We want to hear from you! The Chickahominy Health District and the Charles City County Steering Committee are seeking input from Charles City community members. The purpose of the survey is gain to better understanding of the current health needs to help determine which concerns to focus on over the next few years. Please take 10 minutes to fill out the survey and share what matters most to you when it comes to your health. We value your opinions and perspectives.

All responses will be anonymous, and participants will not be identified in any way. You must be 18 years or older to complete this survey. If you have any questions about the survey or the health assessment, please call 804-382-6159 or email CHDWellness@vdh.virginia.gov.

Part One: Community Health

Enter the date you completed this survey (MM/DD/YYYY)

___ / ___ / ____

1. What are the most important factors for a "healthy community" in Charles City? Select up to five choices.

- ☐ Access to affordable health care (primary care providers, dentists, medical specialists, hospitals, mental health services, health insurance coverage, etc.)
- ☐ Access to affordable preventative services (vaccines, cancer screenings, annual check-ups, etc.)
- ☐ Access to healthy food (fruits and vegetables)
- ☐ Access to transportation options besides driving (bicycling, public transit, etc.)
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Clean environment (clean water and air)
- ☐ Enough religious and spiritual activities
- ☐ Good jobs and strong economy
- ☐ Good parks and recreation activities (trails, summer camps, gardening)

- ☐ Good racial/ethnic relations
- ☐ Good and safe schools
- ☐ Supportive services and social opportunities for diverse community groups
- ☐ Walkable, connected, and safe neighborhoods
- ☐ Other(s): _____

2. What are the most important "health problems" in Charles City? Select up to five choices.

- ☐ Aging conditions (e.g., Alzheimer's diseases, memory loss, hearing loss, etc.)
- ☐ Cancer/Neoplasms
- ☐ Chronic pain (back pain, neck pain, etc.)
- ☐ Dental problems
- ☐ Diabetes (high blood sugar)
- ☐ Disabilities (body and/or mind impairments)
- ☐ Firearm related injuries/gun violence
- ☐ Heart conditions (coronary heart disease, heart attack, etc.)
- ☐ Infant/neonatal deaths
- ☐ Infectious disease (COVID-19, flu, pneumonia, etc.)
- ☐ Injuries/Trauma (motor vehicle collisions, sports injuries, falls, etc.)
- ☐ Lung conditions (asthma, COPD)
- ☐ Mental health illness (depression, anxiety, suicide, etc.)
- ☐ Obesity/overweight
- ☐ Pregnancy-related issues (prenatal care, gestational hypertension, postpartum hemorrhage, prematurity, etc.)
- ☐ Sexually transmitted infections (HIV/AIDS, gonorrhea, syphilis, etc.)
- ☐ Substance use disorders (opioids, stimulants, alcohol, tobacco, etc.)
- ☐ Teen-pregnancies/teen-births
- ☐ Other(s): _____

3. What are the most important unhealthy and/or risky individual behaviors to address in Charles City? Select up to five choices.

- ☐ Alcohol abuse (excessive drinking)
- ☐ Child abuse (physical, emotional, sexual)
- ☐ Domestic violence (physical, emotional, financial, sexual)
- ☐ Drug use/abuse
- ☐ Eating unhealthy foods/drinking sugar-sweetened drinks
- ☐ Elder abuse (physical, emotional, financial, sexual)
- ☐ Electronic cigarettes/vaping

- ☐ Lack of exercise/physical activity
- ☐ Not getting vaccinated to prevent infectious diseases
- ☐ Not using birth control
- ☐ Not using seat belts/child safety seats
- ☐ Tobacco use (smoking)
- ☐ Unsafe sex
- ☐ Unsecured firearms
- ☐ Other(s): _____

4. What are the most important health-related factors which affect how well and/or how long we live in Charles City? Select up to five choices.

- ☐ Built infrastructure and neighborhood problems (including lack of internet/broadband access, safety issues, poor walkability, etc.)
- ☐ Environmental hazards (air pollution, water supply, waste management, etc.)
- ☐ Gender disparities (gender pay gap, health inequalities)
- ☐ Health disparities in racial/ethnic groups (residential segregation, health inequalities)
- ☐ Health disparities in other minority groups (LGBTQ+, people with disabilities, etc.)
- ☐ Housing-related problems (including housing cost burden, rental issues, etc.)
- ☐ Lack of healthy food options
- ☐ Lack of community engagement/events/opportunities to connect
- ☐ Lack of aging services and support (nursing homes, at-home care, transportation services, senior center/activities, etc.)
- ☐ Lack of access to preventive services (vaccines, screening services, annual check-ups, etc.)
- ☐ Lack of family planning services (contraceptive counseling, sexual-transmitted disease testing/treatment, etc.)
- ☐ Lack of healthcare access (e.g., access to primary care providers, medical specialists, hospitals, mental health services, health insurance coverage, etc.)
- ☐ School related problems (low levels of high-school graduates, bullying and/or cyberbullying, funding, etc.)
- ☐ Transportation issues (long-commute/lack of diverse transportation options besides driving)
- ☐ Unemployment, income inequality, lack of job opportunities, and poverty
- ☐ Other(s): _____

5. In general, you would say your personal health is:

- ☐ Very Good
- ☐ Good
- ☐ Fair

- ☐ Poor
- ☐ Very poor

6. In general, you would say the overall health of the community is:

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

Part Two. Community Identification, Loneliness and Social Isolation

Please note there are no right or wrong answers. We ask you to be honest and think of your life as it is right now.

7. To what extent do you agree or disagree with the following statements. Fill in one circle for each row.

Statement	Strongly agree	Agree	Neither	Disagree	Strongly disagree
I see myself as a member of my local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be a member of my local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel strong ties with members of my local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify with other members of my local community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How often do you feel that you lack companionship?

- ☐ Hardly ever or never
- ☐ Some of the time
- ☐ Often

9. How often do you feel left out?

- ☐ Hardly ever or never
- ☐ Some of the time
- ☐ Often

10. How often do you feel isolated?

- ☐ Hardly ever or never
- ☐ Some of the time
- ☐ Often

11. How often do you feel lonely?

- ☐ Often/always
- ☐ Some of the time
- ☐ Occasionally
- ☐ Hardly ever
- ☐ Never

12. Are you now married, widowed, divorced, separated, never married, or living with a partner?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Living with a partner
- ☐ Don't know
- ☐ Prefer not to answer

13. In a typical week, how many times do you talk on the telephone with family, friends, or neighbors? Please enter a number only (e.g., 3).

_____ (number of times per week)

14. How often do you get together with friends or relatives? Please enter a number only (e.g., 3).

_____ (number of times per week)

15. How often do you attend church or religious services? Please enter a number only (e.g., 50).

_____ (number of times per year)

16. Do you belong to any clubs or organizations such as church group unions, fraternal or athletic groups, or school groups?

- ☐ Yes
☐ No

17. To what extent are you satisfied or dissatisfied with the following services available in Charles City County. Fill in one circle for each row:

Service	Satisfied	Neither	Dissatisfied
Health and human services (preventive services, social services, outpatient clinics, mental health/substance use services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing services and land use (rental assistance programs, affordable housing programs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education (school system, certificate/degree programs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child and youth services (childcare, after school programs, parent support groups, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for older adults/seniors and/or individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infrastructure and utilities (broadband access, landfill, illegal dumping, sewer, water quality, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental, parks, recreation, and open spaces (parks, wildlife, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food/meal programs (food banks, Meals on Wheels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community development and planning, economic and workforce development (comprehensive plans, tourism, growth management, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public and community safety (fire, EMS, crime, disaster preparedness and response, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation services (public transportation and roads)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civic engagement services (neighborhood associations, community boards, citizenship classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part Three. Demographics

18. Please select your five-digit zip code of where you live:

- ☐ 23030
☐ 23140
☐ I don't live in Charles City, but I work in Charles City County
☐ Other: _____

19. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary/Gender non-conforming
- ☐ Transgender male or female
- ☐ Prefer not to answer
- ☐ A gender not listed here: _____

20. What is your age? Please enter numbers only. (e.g., 55)

21. To which racial group do you identify yourself with? Check all that apply:

- ☐ Asian
- ☐ American Indian/Alaskan native
- ☐ Black/African American
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian or another Pacific Islander
- ☐ White/Caucasian
- ☐ Prefer not to answer
- ☐ Other: _____

22. Do you identify yourself as Hispanic/Latino?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

23. Which language(s) do you speak at home? Check all that apply:

- ☐ Arabic
- ☐ Chinese (including Mandarin and Cantonese)
- ☐ English
- ☐ Spanish
- ☐ Prefer not to answer
- ☐ Other: _____

24. What is your highest level of education completed?

- ☐ Never attended school
- ☐ Less than high school
- ☐ High school diploma or equivalent (e.g., GED)
- ☐ Post-secondary certificate or some college

- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree or terminal degree (JD, PhD, MD, etc.)
- ☐ Prefer not to answer
- ☐ Other: _____

25. How do you describe your current status as community member? Check all that apply:

- ☐ Disabled
- ☐ Full-time worker
- ☐ Home maker
- ☐ Part-time worker
- ☐ Retired
- ☐ Student
- ☐ Unemployed
- ☐ Veteran
- ☐ Prefer not to answer
- ☐ Other: _____

26. What was your household income last year (2022) before taxes approximately?

- ☐ Less than \$20,000
- ☐ \$20,000 to \$39,999
- ☐ \$40,000 to \$59,999
- ☐ \$60,000 to \$79,999
- ☐ \$80,000 to \$99,999
- ☐ \$100,000 or more
- ☐ Prefer not to answer
- ☐ Other: _____

27. What type of health coverage/insurance do you have? Check all that apply:

- ☐ Medicare
- ☐ Medicaid
- ☐ Private/Commercial
- ☐ Tricare
- ☐ None
- ☐ Prefer not to answer
- ☐ Other: _____

28. Do you rent or own where you live?

- ☐ Rent
- ☐ Own
- ☐ Prefer not to answer
- ☐ Other: _____

29. How many adults (18+) currently live in your household including yourself?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Prefer not to answer

30. How many children (0 – 17 years old) currently live in your household?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3 or more
- ☐ Prefer not to answer

31. What else should we know about the community's health concerns, strengths, and/or challenges for Charles City County?

Thank you for sharing your thoughts! - The Charles City County Steering Committee

The Chickahominy Health District (CHD) and the Charles City Community Health Assessment (CHA) Steering Committee are partnering to better understand the key health needs of those who live, work, play, and pray in Charles City County. The Steering Committee is a group of representatives from several local and regional organizations including the Charles City County Public Schools, Heritage Library, Central Virginia Health Services, Parks and Recreation, Chickahominy Indian Tribe, Department of Social Services, local food banks, Henrico Mental Health and Developmental Services, Thrive VA, and more.

If you would like to learn more about the health assessment, you can contact us at 804-382-6159 or via email at CHDWellness@vdh.virginia.gov. To learn more, visit our website at <https://www.vdh.virginia.gov/chickahominy/community-health-assessment/>.

Appendix F: Community Health Survey – Spanish

Encuesta de Salud Comunitaria del condado de Charles City

¡Queremos escuchar de usted! El Distrito de Salud de Chickahominy y el Comité Directivo del Condado de Charles City buscan la opinión de los miembros de la comunidad de Charles City. El propósito de la encuesta es obtener una mejor comprensión de las necesidades de salud actuales para ayudar a determinar en cuáles aspectos nos debemos enfocar en los próximos años. Le tomará 10 minutos completar la encuesta y así compartir lo que más le importa respecto a su salud. Valoramos sus opiniones y perspectivas.

Todas las respuestas serán anónimas y los participantes no podrán ser identificados de ninguna manera. Debe tener 18 años o más para completar esta encuesta. Si tiene alguna pregunta sobre esta encuesta o la evaluación de salud, llame al 804-382-6159 o envíe un correo electrónico a CHDWellness@vdh.virginia.gov.

Primera Parte: Salud Comunitaria

Por favor, seleccione la fecha en el cuál está completando este cuestionario

___ / ___ / ___ (Mes/Día/Año)

1. ¿Cuáles son los factores más importantes para una comunidad saludable en Charles City? Seleccione hasta cinco opciones.

- ☐ Acceso a atención médica asequible (proveedores de atención primaria, dentistas, médicos especialistas, hospitales, servicios de salud mental, cobertura de seguro médico, etc.)
- ☐ Acceso a servicios preventivos de salud a un precio razonable (vacunas, cribado de cáncer, chequeos médicos anuales, etc.)
- ☐ Acceso a alimentos saludables (frutas y verduras)
- ☐ Acceso a diferentes opciones de transporte además del automóvil (bicicleta, transporte público, etc.)
- ☐ Ambiente saludable (agua y aire limpios)
- ☐ Barrios donde se pueda caminar, bien conectados y seguros
- ☐ Buenas relaciones raciales/étnicas

- ☐ Buenos servicios de parques y recreación (senderos, campamentos de verano y espacios comunitarios)
- ☐ Condiciones de trabajo favorables y una economía robusta
- ☐ Escuelas seguras y buenas
- ☐ Eventos artísticos y culturales
- ☐ Servicios de apoyo y oportunidades sociales para diferentes grupos en la comunidad
- ☐ Suficientes actividades religiosas y espirituales
- ☐ Vivienda a un precio razonable
- ☐ Otros: _____

2. ¿Cuáles son los "problemas de salud" más importantes en Charles City? Seleccione hasta cinco opciones.

- ☐ Condiciones de envejecimiento (por ejemplo, enfermedades de Alzheimer, pérdida de memoria, pérdida de audición, etc.)
- ☐ Cáncer/Neoplasias
- ☐ Dolor crónico (dolor de espalda, dolor de cuello, etc.)
- ☐ Problemas dentales
- ☐ Diabetes (nivel alto de azúcar en la sangre)
- ☐ Discapacidades (deficiencias corporales y/o mentales)
- ☐ Lesiones relacionadas con armas de fuego/violencia armada
- ☐ Afecciones cardíacas (enfermedad coronaria, infarto de miocardio, etc.)
- ☐ Muertes infantiles/neonatales
- ☐ Enfermedades infecciosas (COVID-19, gripe, neumonía, etc.)
- ☐ Lesiones/Trauma (colisiones de vehículos de motor, lesiones deportivas, caídas, etc.)
- ☐ Afecciones pulmonares (asma, EPOC)
- ☐ Enfermedades de salud mental (depresión, ansiedad, suicidio, etc.)
- ☐ Obesidad/sobrepeso
- ☐ Problemas relacionados con el embarazo (cuidado prenatal, hipertensión gestacional, hemorragia posparto, prematuridad, etc.)
- ☐ Infecciones de transmisión sexual (VIH/SIDA, gonorrea, sífilis, etc.)
- ☐ Trastornos por uso de sustancias (opioides, estimulantes, alcohol, tabaco, etc.)
- ☐ Embarazos en adolescentes o precoces
- ☐ Otros: _____

3. ¿Cuáles son los comportamientos individuales nocivos para la salud y/o de riesgo más importantes que deben abordarse en Charles City? Seleccione hasta cinco opciones.

- ☐ Abuso de alcohol (beber en exceso)
- ☐ Abuso infantil (físico, emocional, sexual)
- ☐ Violencia doméstica (física, emocional, financiera, sexual)
- ☐ Uso/abuso de drogas
- ☐ Comer alimentos poco saludables/beber bebidas azucaradas
- ☐ Abuso de ancianos (físico, emocional, financiero, sexual)
- ☐ Cigarrillos electrónicos/vapeo

- ☐ Falta de ejercicio/actividad física
- ☐ No vacunarse para prevenir enfermedades infecciosas
- ☐ No usar control de la natalidad
- ☐ No usar cinturones de seguridad/asientos de seguridad para niños
- ☐ Consumo de tabaco (fumar)
- ☐ Sexo inseguro
- ☐ Armas de fuego no seguras
- ☐ Otros: _____

4. ¿Cuáles son los factores más importantes relacionados con la salud que afectan qué tan bien y/o cuánto tiempo vivimos en Charles City? Seleccione hasta cinco opciones.

- ☐ Infraestructura construida y problemas del vecindario (incluida la falta de acceso a Internet/banda ancha, problemas de seguridad, mala accesibilidad para peatones, etc.)
- ☐ Peligros ambientales (contaminación del aire, suministro de agua, gestión de residuos, etc.)
- ☐ Disparidades de género (brecha salarial de género, desigualdades en salud)
- ☐ Disparidades en salud en grupos raciales/étnicos (segregación residencial, desigualdades en salud)
- ☐ Las disparidades de salud en otros grupos minoritarios (LGBTQ+, personas con discapacidades, etc.)
- ☐ Problemas relacionados con la vivienda (incluida la carga del costo de la vivienda, problemas de alquiler, etc.)
- ☐ Falta de opciones de alimentos saludables
- ☐ Falta de compromiso/eventos/oportunidades de la comunidad para conectarse
- ☐ Falta de servicios y apoyo para personas mayores (hogares de ancianos, cuidados en el hogar, servicios de transporte, centro/actividades para personas mayores, etc.)
- ☐ Falta de acceso a servicios preventivos (vacunas, servicios de tamizaje, chequeos anuales, etc.)
- ☐ Falta de servicios de planificación familiar (consejería anticonceptiva, pruebas/tratamiento de enfermedades de transmisión sexual, etc.)
- ☐ Falta de acceso a la atención médica (por ejemplo, acceso a proveedores de atención primaria, médicos especialistas, hospitales, servicios de salud mental, cobertura de seguro médico, etc.)
- ☐ Problemas relacionados con la escuela (bajos niveles de bachillerato, acoso escolar y/o ciberacoso, financiación, etc.)
- ☐ Problemas de transporte (viaje largo/falta de diversas opciones de transporte además de conducir)
- ☐ Desempleo, desigualdad de ingresos, falta de oportunidades laborales y pobreza
- ☐ Otros: _____

5. En general, Ud. diría que su salud personal es:

- ☐ Muy buena
- ☐ Buena
- ☐ Regular
- ☐ Mala

☐ Muy mala

6. En general, Ud. diría que la salud global de la comunidad es:

- ☐ Muy buena
☐ Buena
☐ Regular
☐ Mala
☐ Muy mala

Segunda Parte. Identificación Comunitaria, Soledad y Aislamiento Social

Tenga en cuenta que no hay respuestas correctas o incorrectas. Le pedimos que sea honesto y piense en su vida tal como es ahora.

7. ¿Hasta qué punto está de acuerdo o en desacuerdo con las siguientes afirmaciones? Elija una opción para cada afirmación.

Declaración	Totalmente de acuerdo	De acuerdo	Neutral	Desacuerdo	Muy en desacuerdo
Me veo a mí mismo como un miembro de mi comunidad local.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estoy orgulloso de ser miembro de mi comunidad local.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tengo fuertes vínculos con miembros de mi comunidad local.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Me identifico con otros miembros de mi comunidad local.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. ¿Con qué frecuencia siente que le falta compañía?

- ☐ Raramente o nunca
☐ Algunas veces
☐ Frecuentemente

9. ¿Con qué frecuencia se sientes excluido?

- ☐ Raramente o nunca
☐ Algunas veces
☐ Frecuentemente

10. ¿Con qué frecuencia se sientes aislado de los demás?

- ☐ Raramente o nunca
☐ Algunas veces

☐ Frecuentemente

11. ¿Con qué frecuencia se siente solo?

- ☐ A menudo/siempre
- ☐ Algunas veces
- ☐ Ocasionalmente
- ☐ Raramente
- ☐ Nunca

12. ¿Está casado, viudo, divorciado, separado, nunca se ha casado o vive con una pareja?

- ☐ Casado
- ☐ Viudo
- ☐ Divorciado
- ☐ Separado
- ☐ Nunca me he casado
- ☐ Vivo con mi pareja
- ☐ No sé
- ☐ Prefiero no responder

13. En una semana típica, ¿cuántas veces habla por teléfono con familiares, amigos o vecinos? Número de veces por semana:

_____ (Número de veces por semana)

14. ¿Con qué frecuencia se reúne con amigos o familiares? Número de veces por semana:

_____ (Número de veces por semana)

15. ¿Con qué frecuencia asiste a la iglesia o servicios religiosos? Número de veces por año:

_____ (Número de veces por año)

16. ¿Pertenece a algún club u organización, como grupos religiosos, grupos fraternales o deportivos, o grupos escolares?

- ☐ Si
- ☐ No

17. ¿Hasta qué punto está satisfecho o insatisfecho con los siguientes servicios disponibles en el condado de Charles City? Elija una opción para cada uno de los servicios:

Servicios	Satisfecho	Neutral	Insatisfecho
Servicios humanos y de salud (servicios preventivos, servicios sociales, clínicas ambulatorias, servicios de salud mental/uso de sustancias, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de vivienda y uso de la tierra (programas de asistencia de alquiler, programas de vivienda asequible, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educación (sistema escolar, programas de certificados/títulos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios para niños y jóvenes (cuidado de niños, programas extracurriculares, grupos de apoyo para padres, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios para adultos mayores/ancianos y/o personas con discapacidades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infraestructura y servicios públicos (acceso de banda ancha, relleno sanitario, vertederos ilegales, alcantarillado, calidad del agua, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medio ambiente, parques, recreación y espacios abiertos (parques, vida silvestre, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alimentos/programas de comidas (bancos de alimentos, "Meals on Wheels", etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planificación y desarrollo comunitario, desarrollo económico y laboral (planes integrales, turismo, gestión del crecimiento, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seguridad pública y comunitaria (incendios, servicios de emergencia, delincuencia, preparación y respuesta ante desastres, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de transporte (transporte público y carreteras)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Servicios de participación ciudadana (asociaciones de vecinos, juntas comunitarias, clases de ciudadanía)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tercera Parte. Características demográficas

18. Por favor, seleccione el código postal dónde Ud. Vive:

- ☐ 23030
☐ 23140
☐ No vivo, pero trabajo en el condado de Charles City
☐ Otro: _____

19. ¿Cuál es su identidad de género?

- ☐ Hombre
☐ Mujer
☐ No binario/género no conforme
☐ Hombre o mujer transgénero
☐ Prefiero no responder

☐ Un género no listado aquí: _____

20. ¿Cuántos años tiene usted? Escriba solo números. (ej. 55)

21. ¿Con qué grupo racial se identifica? Elija todas las opciones que correspondan:

- ☐ Asiático
- ☐ Blanco/caucásico
- ☐ Indio americano o nativo de Alaska
- ☐ Nativo de Hawai u otra isla del Pacífico
- ☐ Nativo de Medio Oriente/Norte de África
- ☐ Negro o Afroamericano
- ☐ Prefiero no responder
- ☐ Otro: _____

22. ¿Se identifica como hispano o latino?

- ☐ Sí
- ☐ No
- ☐ Prefiero no responder

23. ¿Qué idiomas habla Ud. en casa? Elija todas las opciones que correspondan:

- ☐ Árabe
- ☐ Español
- ☐ Inglés
- ☐ Chino (se incluye el mandarín y el cantonés)
- ☐ Prefiero no responder
- ☐ Otro: _____

24. ¿Cuál es el nivel de educación más alto que Ud. ha completado?

- ☐ Nunca he asistido a la escuela
- ☐ Escuela secundaria incompleta
- ☐ Diploma de escuela secundaria o equivalente (ej. GED)
- ☐ Algo de estudios universitarios sin obtener el título, certificado post-secundaria
- ☐ Grado de Asociado
- ☐ Grado de Bachiller
- ☐ Grado de Maestría / Grado de doctorado o similar (JD, PhD, MD, etc.)
- ☐ Prefiero no responder
- ☐ Otro: _____

25. ¿Cuál es su situación laboral? Elija todas las opciones que correspondan:

- ☐ Ama de casa
- ☐ Desempleado
- ☐ Discapacitado
- ☐ Estudiante

- ☐ Jubilado
- ☐ Trabajo a tiempo completo
- ☐ Trabajo a tiempo parcial
- ☐ Veterano
- ☐ Prefiero no responder
- ☐ Otro: _____

26. ¿Cuál fue el ingreso de su hogar el año pasado (2022) antes de impuestos aproximadamente?

- ☐ Menos de \$20,000
- ☐ \$20,000 a \$39,999
- ☐ \$40,000 a \$59,999
- ☐ \$60,000 a \$79,999
- ☐ \$80,000 a \$99,999
- ☐ \$100,000 o más
- ☐ Prefiero no responder
- ☐ Otro: _____

27. ¿Qué tipo de cobertura sanitaria/seguro médico tiene Ud.?

- ☐ Medicare
- ☐ Medicaid
- ☐ Seguro privado o comercial
- ☐ Tricare
- ☐ Ninguno
- ☐ Prefiero no responder
- ☐ Otro: _____

28. ¿Alquila o es propietario del lugar donde vive?

- ☐ Estoy de alquiler
- ☐ Soy propietario
- ☐ Otro: _____

29. ¿Cuántos adultos (mayores de 18 años) viven actualmente en su hogar, incluido usted mismo?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 o más
- ☐ Prefiero no responder

30. ¿Cuántos niños (0 – 17 años) viven actualmente en su hogar?

- ☐ 0
- ☐ 1
- ☐ 2

- ☐ 3 o más
- ☐ Prefiero no responder

31. ¿Qué más debemos saber sobre las inquietudes, fortalezas y/o desafíos de salud de la comunidad para el condado de Charles City?

¡Gracias por compartir tus pensamientos! - El Comité Directivo del Condado de Charles City

El Distrito de Salud de Chickahominy (CHD) y el Comité Directivo de Evaluación de Salud Comunitaria (CHA) de Charles City se están asociando para comprender 96hick las necesidades clave de salud de quienes viven, trabajan, juegan y oran en el condado de Charles City. El Comité Directivo es un grupo de representantes de varias organizaciones locales y 96hickahom, incluidas las Escuelas Públicas del Condado de Charles City, la Biblioteca Heritage, los Servicios de Salud, Parques y Recreación de Virginia Central, la Tribu India Chickahominy, los Servicios Sociales, los bancos de alimentos locales, Henrico Mental Health and Developmental Servicios, Thrive VA y muchos más.

Si desea obtener más información sobre la evaluación de salud, puede comunicarse con nosotros al 804-382-6159 o por correo electrónico a CHDWellness@vdh.virginia.gov. Para obtener más información, visite nuestro sitio web en <https://www.vdh.virginia.gov/chickahominy/community-health-assessment/>.

Appendix G: Charles City County Community Health Survey Toolkit

CHARLES CITY COMMUNITY HEALTH SURVEY DISTRIBUTION TOOLKIT

*This guide was designed to give the CC Steering Committee the tools to distribute the Community Health Assessment survey using consistent messaging, and a variety of communication platforms to reach our goal of **375 responses**.*

Quick Facts About the Survey:

- The survey begins Monday, August 21st through Sunday, September 17th.
- Must be 18 years or older to participate.
- Must live or work in Charles City County.
- Responses are anonymous.
- Paper copies can be picked up at the Charles City Public Health Department or DSS Office at the County Admin Building.
- Survey is available in English and Spanish.
- For any questions regarding the survey, they can contact CHDWellness@vdh.virginia or call 804-382-6159.

Frequently Asked Questions:

- **What is the purpose of the survey?**
To better understand the most pressing health-related issues impacting the people living and working in the communities we serve.
- **Who is conducting the survey?**
Chickahominy Health District and the Charles City Community Health Assessment (CHA) Steering Committee
The Chickahominy Health District (CHD) and the Charles City Community Health Assessment (CHA) Steering Committee are partnering to better understand the key health needs of those who live, work, play, and pray in Charles City County. The Steering Committee is a group of representatives from several local and regional organizations including the Charles City County Public Schools, Heritage Library, Central Virginia Health Services, Parks and Recreation, Chickahominy Indian Tribe, Department of Social Services, Promise Land Pantry, Henrico Mental Health and Developmental Services, Thrive VA, and many more.
- **How long will it take to complete the survey?**
Approximately 10 minutes

- **What will you do with the responses?**

The information collected will help identify local concerns to prioritize for upcoming health improvement planning. Also, responses will be compiled in a report that will be released at the end of the year.

STEP 1: REVIEW SURVEY ATTACHMENTS, PROMOTIONAL MATERIALS, AND DISTRIBUTION METHODS/IDEAS

1. Send the survey via electronic survey link:

- Distribution Methods/Ideas:
- <https://redcap.link/CharlesCityCHA2023>
- Send in an email blast to your organization, customers or congregation
- Post on your website
- Post on social media – we have graphics you can use or share!
- Place in your weekly newsletter

2. Send the survey via paper survey (pdf)

- Distribution Methods/Ideas:
- See pdf attachment: **Charles City Community Health Survey** for a copy in English.
- See pdf attachment: **Charles City Community Health Survey (Spanish)** for a copy in Spanish.
- Best suited for those without/limited internet access, or not as tech savvy.
- Paper copies can be picked up at the Charles City Public Health Department.
- Emily Hines will drop off any copies if printing is an issue and then come and collect them once the survey is closed.

3. Spread the word using templates for emails, messages to colleagues, partners, or clients!

- Distribution Methods/Ideas:
- See pdf attachment: **Templates for CC Comm Health Survey Promotion**
- Feel free to copy these to use in emails, newsletters, your website, etc.! This script contains blurbs that your staff can use when explaining the who, what, when, where, and why of the CHA survey.

4. Promote the survey using fliers (8 ½ x 11')

- Distribution Methods/Ideas:
- Hang on bulletin board
- Place in bills, mailing materials, place in packets
- Emily will print and drop off any copies of flyers upon request

5. Handouts (4x4) - English and/or Spanish

- Distribution Methods/Ideas:

- This would be great to hand out to clients after appointments, place in bulletins, or have laying on a table.

STEP 2: DETERMINE HOW YOU WILL DISTRIBUTE THE SURVEY

- Think of those you serve. What is the best method to reach your population? Is it via email? Paper survey distribution?

Write your ideas in the box below:



Feel free to reach out to Emily Hines to brainstorm the best method for your organization and those you serve.

Thank you for your assistance in distributing the survey!

It is greatly appreciated.

Appendix H: Key Informant Interview Questions

Key Informant Interview Questions

Name:

Date:

Intro:

- Thank participant for their time
- Give a little background (goals of CHA-CHIP)
- Understand community's health needs
- Identify health disparities
- Engage community members
- Prioritize health issues
- Inform health planning
- Explain purpose of interview
- Explain everything will be confidential

Gather:

- Interview background data (age, gender, race)
- Information on their perspective/role in the community (Title, How Long, Background, etc)
- Information about affiliation (background, population served, etc)

Key Informant Questions

Standard Questions

- What do you consider are some of the **strengths** in our community/county?
- What do you consider are some of the **challenges** for our community/county?
- What do you consider the **major health concerns** for the community/county residents?
- What do you consider are some of the **needs for community/county residents that are not being addressed?**
- In your opinion, why are they not being addressed?
- Any additional comments/suggestions?

Healthcare Access & Quality

- What are the top three health care access concerns facing people in Charles City?
- What makes you believe these are concerns and who is affected by them?
- What do you think could be done to address these concerns?
- Do members of your community experience barriers in accessing health care services? What are those barriers?
- What factors do you think contribute most to the differences in healthcare access and quality?

Education

- In your opinion, what are the main reasons why students leave or drop out of school before completing their studies?
- What should be done to retain students in school?
- In your opinion, how well prepared, or competent, are recent graduates of schools?
- What are some of the things that schools are doing well with regard to meeting the health needs of Charles City?
- What are the top three concerns facing youth and families in Charles City?

- What makes you believe these are concerns and who is adversely affected by them?
- What do you think could be done to address these concerns?
- Are you aware of any activities/initiatives taking place or resources available in your community to address and assist with any of these problems/issues/concerns?
- What resources are you aware of in your community that are available to support youth and families toward graduation?
- What challenges are present in relation to youth development within Charles City County?
- Please share any suggestions you may have concerning how current community resources might be redesigned or redirected to be more effective.
- What goals would you suggest be set to address these concerns in Charles City County?
- What resources would be needed to fulfill these goals?
- Additional Comments (probe: who else should be involved, what can public officials do)

Mental Health

- What are the major populations groups that your organization serves and what services do you provide? What are your hours of operation and service area?
- What are the major needs of those seeking mental health services?
- What populations would you say are in greatest need of increased mental/behavioral health services?
- Are there any groups that are underserved?
- What are the strengths in currently provided services in the community? What is your assessment of the readiness of the community to support behavioral health/mental health?
- What are the gaps or those services that need expansion/ improvement both in county and statewide?
- What barriers keep people from using services already available?
- What resources does your agency/organization need to fulfill your goals when addressing behavioral health issues?
- What level of severity are you seeing in the community in terms of mental wellness?
- What are the main reasons for stress and behavioral health concerns, in your opinion?

Substance Use/Drug Overdose

- What, in your opinion, constitutes inappropriate use of prescription opioids?
- What are some factors specific to this community that lead people to misuse prescription opioids? Heroin?
- Why or under what circumstances do people start misusing prescription opioids or heroin?
- How do most people in Charles City view using substances or drugs to get high?

Alcohol Related Injuries

- How do you think the community views alcohol use and its potential consequences?
- Are there any cultural or social factors that may influence these attitudes?
- Is alcohol easily accessible in Charles City, and do you think this plays a role in alcohol-related injuries?
- How would you describe the enforcement of alcohol-related regulations in Charles City?

Disability

- How do you perceive the level of support and understanding for individuals with disabilities in Charles City?
- Are there any challenges faced by people with disabilities in accessing essential services in Charles City, such as healthcare, education, or transportation?

Food Insecurity/Hunger

- Tell me about the mission of your organization.
- What are the major populations groups that your organization serves?
- What populations would you say are in greatest need of food assistance?
- In your opinion, what are the main reasons why folks come Promise Land? Unemployment? Poverty? Please expand.
- Root causes?
- How do you think the community views coming to the food pantry?

- Are there any cultural or social factors that may influence these attitudes?
- What level of severity are you seeing in the community in terms of food insecurity?
- Can you speak to other issues you see among clients? Any issues that co-exist? E.g., diabetes, etc.
- Please share any suggestions you may have concerning how current community resources might be redesigned or redirected to be more effective.
- How can we improve food security, and decrease hunger? Discuss at least 3 options.

Wrap Up

- Thank participants again for their time
- Assure confidentiality
- Encourage participants to stay engaged and continue their involvement in community initiatives

For Interviewer

Identify key discussion points & recurring themes

Appendix I: Forces of Change - Threats and Opportunities Worksheet

Charles City Forces of Change - Threats and Opportunities Worksheet

List the major categories identified in Step 2 of the Forces of Change phase in the left-hand column ("Forces"). Then, for each category, identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

- **Trends** are **patterns over time**, such as migration in and out of a community or growing disillusionment with government
- **Factors** are **discrete elements**, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events** are **one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

FoC Categories	Threats Posed Threats may adversely affect the success of us reaching our vision.	Opportunities Created Opportunities are favorable external factors that could give us an advantage.
COVID Recovery	Loss of employment Increase in drug use Isolation – especially for older population	New and existing partnerships have strengthened. Some people are wanting to connect and attend events Grant opportunities Strong County leadership and workforce Community resilience
Population Decline	Less tax money coming into the county (diminishing tax base) Population is mostly aging Economic decline Shrinking workforce, less job opportunities	Charles City is beautiful – use as an asset to attract people Strong families ties in Charles City Retirees are moving to Charles City
Lack of Job Opportunities/Unemployment	Population will continue to decline Education will suffer due to teacher shortage Mental health effects	VCU Rice Center
Healthcare Access	Transportation needs to be affordable Bay Transit isn't the easiest to navigate Lack of healthcare providers in the area	Transportation access to medical appointments/medical providers and other health care services Central Virginia Health Services Bay Transit New Chickahominy Tribe Medical Center (<i>caveat that only tribal members will be able to access at 1st</i>)

Aging Population and Services	No local nursing homes and limited home care services Caregivers are exhausted – taking care of parents and kids Limited resources for the aging population No adult day care center	Strong family ties Work with Chickahominy TRIAD on how to better meet the needs of the senior community Strong and resourceful clergy association and churches in the community VCU ED 24 hr access
Business Expansion / Econ. Development	Funding is needed for economic development Land development issues Inflation is causing families to struggle financially	Great community events (fair, concert series) New Economic Development position for the County Strategic plan focuses on creating opportunities for retailers Using the Capital Trail to create economic opportunities for the trail users and the community.
Political Divide and War	Political stands are causing polarization and divides Political divides hamper the passage of sensible legislation Distrust in government and its competency.	Become involved/advocate Learn your local legislators and engage them
Opioid Use/ Drug Use	Isolation from COVID-19 has led to a lot of behavior issues - suicide, violence, anxiety attacks Drugs have become more deadly (fentanyl) No local AA/NA meetings	Offer REVIVE! trainings to the community Naloxone available over the counter (Access has improved)
Environmental Concerns (Air and Water Pollution)	Tourism – Capital Trail Outdoor recreation (hunting, fishing, waterfront)	Landfill accepts a lot of garbage from all over the eastern seaboard
Ethical: Racism and Health Equity	Contributes to health disparities Mental health issues caused by racism	Legacy of Chickahominy Tribe Charles City is diverse and full of culture Strong sense of community
Infrastructure (road closures, power outages, broadband)	Businesses may be less likely to invest/locate to Charles City	Broadband continues to get better Vision 2040 New fire station
Healthy food access	A social determinant of health that contributes to chronic disease	Farmers Market
Chronic Disease Management	Decrease in quality of life and mental health Premature deaths	Senior Connections can provide workshops

Appendix J: Charles City County Forces of Change Assessment – Priority Worksheet

Charles City County Forces of Change Assessment – Priority Worksheet

October 24, 2023

Which forces are most important to the health of the Charles City County community?

Please write down your top three and state briefly why these are priorities for the community. Once completed, leave face down on the table for the Community Health Team to collect.

Force Category:	Why did you choose this as a priority for Charles City?
1)	
2)	
3)	

Once completed, leave face down on the table for the Community Health Team to collect.

Appendix K: Small Group Discussion and Prioritization Worksheet

Charles City CHA/CHIP Steering Committee

Small Group Discussion and Prioritization | November 14, 2023

Step 1 (~35 minutes of discussion): Please consider the following as a small group:

1. If this issue was addressed, what do you think the impact would be?
2. Consider how feasible it could be to solve this issue in your community (consider community buy-in, political climate, resources, and capacity, along with other factors). Will we be able to move the needle?
3. Does this health issue overlap/relate to another health issue/topic? Note the overlaps you see.

Step 2 (~10 minutes): Review the detailed list of the health issues below. After reviewing each health issue carefully, please rank the issues discussed today **individually** (1-14, with 1 being the most important to address in CC County and 14 being the least important). Once finished, please leave the sheet on the desk in front of you, or email it to emily.hines@vdh.virginia.gov.

Health Issues	Rank (1-14)
Affordable, Safe and Available Housing	_____
Aging Population Support and Services	_____
Childhood Issues and Education	_____
Chronic Diseases (Cancer, Diabetes, Heart Disease)	_____
Economic Stability, Infrastructure and Workforce Development	_____
Environment and Safe Neighborhoods	_____
Healthcare Access and Quality	_____
Infectious Diseases	_____
Maternal, Infant and Child Health	_____
Mental Health	_____
Substance and Alcohol Use	_____
Physical Activity and Healthy Eating	_____
Family and Social Support	_____
Transportation Options	_____

Use this space for any additional comments/feedback:

Description of Health Issues

1. **Affordable and Safe Housing:** (including but not limited to: percent of people with severe housing problems, percent of population owning a home, people spending 30-50% or more of their income on housing (housing cost burden), limited housing inventory, shortage of rental homes/apartments, cost of home modifications/repairs)
Sources:
 - **Community Health Status Assessment:** County Health Rankings: Severe Housing Problems, Homeownership, Housing Costs - Cost Burden
 - **Community Themes and Strengths Assessment:** CHA Survey Results -Table 1 and 4, Focus Group and Key Informant Interview Results
 - **Forces of Change Assessment:** Not noted/mentioned.
2. **Aging Population Support and Services:** (including, but not limited to: social association, isolation, Alzheimer's/Dementia, overall cognitive decline, hearing and vision impairment, caregiving, screenings and vaccinations, hospitalizations, crime targeting older adults, elder abuse, lack of nursing homes and home care services, resources to age in your home)
Sources:
 - **Community Health Status Assessment:** County Health Rankings: Access to PCPs, Social Associations
 - **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 4), Key Informant Interviews, Focus Group Results
 - **Forces of Change Assessment:** Threat and Opportunity Worksheet: Aging Population and Services
3. **Childhood Issues and Education:** (including, but not limited to: children in poverty, childhood literacy rates, childhood lead exposures, cost and quality of childcare, childcare availability, early childhood interventions, preschool, childhood asthma rates, school funding adequacy)
Sources:
 - **Community Health Status Assessment:** County Health Rankings: Children in Poverty,
 - **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 1, Table 4)
 - **Forces of Change Assessment:** Not noted/mentioned.
4. **Chronic Diseases (Cancer, Diabetes, Heart Disease):** (including, but not limited to: cancer rates, cancer screening rates, heart disease, stroke, high blood pressure, overweight and obesity, diabetes, leading causes of death, obesity/overweight)
Sources:
 - **Community Health Status Assessment:** County Health Rankings: Access to PCPs, Obesity/overweight rates
 - **Community Themes and Strengths:** CHA Survey Results - (Table 2), Key Informant Interview, Focus Group Results
 - **Forces of Change Assessment:** Chronic Disease Management
5. **Economic Stability, Infrastructure and Workforce Development:** (including, but not limited to: population living in poverty, median income, employment status, major employers in the area, homelessness, housing (owners, renters, costs, substandard, population decline, cost of living, age-restricted communities, mixed income neighborhoods, Gini Index -income inequality, transportation options/cost of a personal vehicle, internet access)
Sources:
 - **Community Health Status Assessment:** County Health Rankings: Unemployment, Broadband Access
 - **Community Themes and Strengths Assessment:** CHA Survey Results – Table 4, Key Informant Interview, Focus Group Results
 - **Forces of Change Assessment:** Threat and Opportunity Worksheet – Population Decline, Business Expansion / Econ. Development, Lack of Opportunities/Unemployment, Infrastructure (road closures, power outages, broadband)
6. **Environment and Safe Neighborhoods:** (including, but not limited to: air quality/pollution, water quality, septic systems and wells (private and public), lead exposure, chemical runoff/groundwater pollution, infrastructure/buildings, parks/green space, internet access/broadband coverage, rural/farm land, Area Deprivation Index)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Air Pollution - Particulate Matter
- **Community Themes and Strengths Assessment:** CHA Survey Results – Table 1, Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Environmental Concerns (Air and Water Pollution)

7. **Healthcare Access and Quality:** (including but not limited to: health insurance coverage, Medicaid, home health agencies, nursing homes, access to affordable preventive services, hospital utilization and number of hospitals, preventable hospital events, access to resources for disabilities, asthma related hospitalizations, readmissions)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Primary Care Physicians to Patients - Ratio, Poor or Fair Health, Uninsured, Preventable Hospital Stays,
- **Community Themes and Strengths Assessment:** CHA Survey Results – Table 1 and 4, Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Healthcare Access, Ethical Racism and Health Equity

8. **Infectious Diseases:** (including, but not limited to: COVID-19 and COVID-19 recovery, STDs, AIDS/HIV, Hep C, immunizations, emergency preparedness and response to communicable diseases)

Sources:

- **Community Health Status Assessment:** County Health Rankings: HIV Prevalence, STD (Chlamydia)
- **Community Themes and Strengths Assessment:** Not noted/mentioned.
- **Forces of Change Assessment:** Threat and Opportunity Worksheet – COVID Recovery

9. **Maternal and Infant Health:** (including, but not limited to: uninsured children, Mothers with No or Late Prenatal Care – % of total live births, Infant Mortality Rate, Teen Births)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Domestic Violence, Violent Crimes - Total,
- **Community Themes and Strengths Assessment:** CHA survey results – Table 2
- **Forces of Change Assessment:** Not noted/mentioned.

10. **Mental Health:** (including, but not limited to: access to care, number of MH providers, social isolation, depression, resources for all ages (children and adults), suicide rates/suicide prevention, disabilities (mental/developmental), frequent mental distress)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Poor Mental Health Days, Mental Health Providers to Patients - Ratio, Adult smoking, Heavy Alcohol Consumption, Impaired Driving Deaths, Drug Overdose Deaths
- **Community Themes and Strengths Assessment:** CHA Survey Results – Table 1
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Not noted/mentioned.

11. **Substance and Alcohol Use:** (including, but not limited to: lack of recovery services and support, alcohol consumption/abuse, prescription drug abuse, opioid and drug overdoses, marijuana, fentanyl, Substance Use Disorder Hospitalizations, Alcohol - Impaired Driving Deaths, Drug Overdose Hospitalizations)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Adult smoking, Heavy Alcohol Consumption, Impaired Driving Deaths, Drug Overdose Deaths
- **Community Themes and Strengths Assessment:** CHA Survey Results – Table 3, Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Opioid Use/ Drug Use

12. **Physical Activity and Healthy Eating:** (including, but not limited to: recreation opportunities, exercise opportunities, fruit and vegetable consumption, food deserts, food insecurity, self-reported physical inactivity, access to food assistance programs, obesity/overweight, Frequent physical distress)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Adult obesity, Food Environment Index, Physical Inactivity, Access to exercise opportunities,
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 1, Table 3)
- **Forces of Change Assessment:** Healthy food access

13. **Family and Social Support:** (including, but not limited to: knowledge of resources and services available for all (veterans, elderly, immigrants, etc.), caregiver support, grandparents raising grandchildren, parent engagement and involvement, social groups/associations/opportunities for all ages)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Children in Single-Parent Households, Social Associations,
- **Community Themes and Strengths Assessment:** CHA Survey - Loneliness Figures, Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Not noted/mentioned.

14. **Transportation Options:** (including, but not limited to: traffic/roads, infrastructure, walkability/bikeability, transportation options, commuting patterns, motor vehicle mortality, vehicle-pedestrian accidents, motor vehicle crashes, access to care and resources)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Long Commute- Driving Alone, Driving Alone to Work
- **Community Themes and Strengths Assessment:** Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet – Healthcare Access