

Welcome

The New Kent County Community Health Assessment (CHA) report, and the currently in progress Community Health Improvement Plan (2023-2027), provides guidance to community members and stakeholders who wish to start or continue to engage in health and wellness improvement.

The CHA draws on data from the New Kent County area which has various services, resources, and efforts already in place to address health from numerous perspectives – the CHA process confirmed this. The process also documented, however, that there are gaps in services and highlighted ways to build on and strengthen efforts. Insights from the CHA led to the identification of three main priority areas.

Priority 1: Mental Health and Substance Use (including Nicotine and Alcohol)

Priority 2: Health Care Access and Quality

Priority 3: Affordable and Safe Housing

These priority areas are the foundation for the next phase of this on-going process – the Community Health Improvement Plan (CHIP). Health is complex and affected by a variety of determinants such as access to healthcare, environmental factors, culture and history, social support networks, literacy levels and educational attainment/job training opportunities, housing, and employment. No single organization or program can alone solve a community health issue, but together, through coordination and communication, we can each play a part in effecting change that collectively helps resolve issues.

The CHA is a starting point for work with a focus in the priority areas over the next five years. This report along with the CHIP are living documents, meaning that they will continue to be revisited, revised, and built upon as needed to assure progress in the priority areas. It is the hope of everyone involved in this process that interested stakeholders, community members, and all others will identify with the CHA-CHIP's findings and support the strategies and direction proposed for our community. The CHA-CHIP should be revisited every five years. Each of us has a role in working to improve health and the quality of life in New Kent County.

Inquiries regarding this report may be directed to:

Emily Hines, Community Health Coordinator
Chickahominy Health District/Virginia
Department of Health
CHDWellness@vdh.virginia.gov



Letter from the Director

Dear Reader,

On behalf of the Chickahominy Health District, I am pleased to present the 2022 New Kent 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 many community partners and residents together to collectively choose the top health topics they believe should be prioritized and addressed over the next few years. Our goal is to improve the health outcomes and quality of life for all through collaboration and community informed strategies.

This project would not have been possible without the outstanding participation and support from New Kent County leadership, dedicated 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, Community Health Coordinator, Felicia Baez-Smith, Community Engagement Specialist, and Dr. Luz Vilca, Community Epidemiologist.

This Community Health Assessment is the initial phase of an ongoing process to evaluate and improve the health of New Kent County community members. Our hope is that this report initiates dialogue, informs decisions, and inspires coordinated action that will promote health and wellness for all. After reading this report, please consider joining us in addressing the identified health priority issues as we begin the Community Health Improvement Plan in 2023.

Sincerely,

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



Table of Contents

Welcome.....	1
Letter from the Director.....	2
Table of Contents.....	3
Acknowledgements.....	5
Executive Summary.....	6
Introduction.....	7
History.....	7
Shared Vision and Values.....	7
Purpose.....	8
Approach.....	9
Methods.....	9
Community Health Status Assessment.....	10
Overview.....	10
Methodology.....	10
About New Kent.....	11
Length of Life.....	14
Quality of Life.....	15
Health Behaviors.....	16
Clinical Care.....	18
Social and Economic Factors.....	21
Physical Environment.....	24
Community Themes and Strengths Assessment.....	27
Community Asset and Resource Mapping.....	27
Community Health Survey Results.....	29
Focus Groups.....	36
Key Informant Interviews.....	37
Forces of Change Assessment.....	38
Community Identified Priorities.....	40
Conclusion.....	42
Data Sources and References.....	43
Glossary.....	46
Appendices.....	49

Appendix A: List of Resources used during the Community Health Status Assessment (CHSA)..... 49

Appendix B: List of Additional Indicators assessed during the Community Health Status Assessment (CHSA)..... 55

Appendix C: Community Asset Mapping Summary 64

Appendix D: Community Health Survey – English..... 66

Appendix E: Community Health Survey – Spanish 75

Appendix F: New Kent Community Health Survey Toolkit..... 85

Appendix G: Focus Group Questions 88

Appendix H: Key Informant Questions 89

Appendix I: Forces of Change - Threats and Opportunities Worksheet 90

Appendix J: New Kent County Forces of Change Assessment – Priority Worksheet..... 92

Appendix K: Small Group Discussion and Prioritization Worksheet..... 93



Photo Courtesy of New Kent County

Acknowledgements

We would like to thank all the agencies and individuals who participated in this process. Their knowledge, collaboration, dedication, and commitment make New Kent County a great place to live, work, pray, play, and visit.

New Kent County Community Health Assessment Steering Committee

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

- Kayla Locklear, Chickahominy Indian Tribe Eastern Division
- Abi Nimitz, Chickahominy Health District
- Caitlin Hodge, Chickahominy Health District
- Pastor William Goodwin, Citizen
- Bill Keswick, Citizen
- Mark Hennaman, Habitat for Humanity - Peninsula & Greater Williamsburg
- Janice Atwell, Henrico Area Mental Health and Developmental Services
- Keith Engel, Mind Meld Psychotherapy
- Suzanne Grable, New Kent Department of Social Services
- Matt Smolnik, New Kent Economic Development
- Chief Richard Opett, New Kent Fire and Rescue
- Kate Hale, New Kent Emergency Management
- Kim Turner, New Kent County Parks and Recreation
- Pam Brooks, New Kent County Public Schools
- Ken Lantz, Plan RVA
- Jim Crouse, Proclaiming Grace Outreach
- Evelyn Beaumont, Senior Connections
- Claire Keener-Eck, Thrive VA
- Frank Cardella, United Way of Greater Richmond & Petersburg
- Karen Mortensen, Victim Witness Assistance Program
- Dr. Megan Donohue, VCU Health - New Kent Emergency Center

MAPP Core Team

The MAPP Core Group, also known as the Chickahominy Health District Community Health Team, designs, plans, and facilitates the CHA-CHIP process according to the MAPP framework.

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

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

- Heritage Library in New Kent
- New Kent Sheriff's Office
- New Kent NAACP
- Mind Meld Psychotherapy
- Radio Poder 1380 - Richmond's Spanish Radio

Executive Summary

The Community Health Assessment (CHA) for New Kent County is the initial phase of a process to evaluate and improve the health outcomes and opportunities of the whole community. This document is intended to serve as a guide for those seeking to improve community health and make impactful change in New Kent County. Quantitative and qualitative data was collected and analyzed to better understand the issues and barriers influencing the population’s health. Multiple activities were conducted to add context, perspective, and real-life examples of health determinants from the community. These activities included: community asset mapping to identify strengths and resources within New Kent County; a community health survey to gather perspectives from those who live, work, play, and pray in New Kent County; the facilitation of three focus groups, and three key informant interviews to gain greater understanding of what health issues matter most to the community; a Forces of Change Assessment with the New Kent CHA Steering Committee to identify factors, trends and events that influence health in the community currently and in the future; and multi-voting to select health priorities with the New Kent CHA Steering Committee by defining, categorizing, and selecting health indicators most relevant to the health and well-being of the community.

The health assessment identified many strengths in New Kent County such as an extremely engaged and strong faith-based community, a rural and small-town charm located conveniently between two metropolitan areas, an excellent educational system, friendly atmosphere filled with a sense of community and belongingness, and beautiful natural scenery.

The health assessment also revealed three health priorities the community expressed they would benefit most from addressing. The three priority areas include: 1) Mental Health and Substance Use (including Nicotine and Alcohol); 2) Healthcare Access and Quality; and 3) Affordable and Safe Housing. Beginning in 2023, the New Kent CHIP Steering Committee will research, review, adopt, and/or develop evidence-based strategies for the Community Health Improvement Plan (CHIP). The CHIP will aim to strategically improve the quality of life and health for the community of New Kent County regardless of income, race, education, and zip code through ongoing collaboration of diverse community members, organizations, and leaders.



Photo Courtesy of New Kent County

Introduction

History

The Chickahominy Health District’s Community Health Team, also known as the “core team”, began planning for the Community Health Assessment (CHA) in March 2022. The core team oversaw the facilitation of the CHA process, with guidance from the New Kent CHA Steering Committee; therefore, the first step in the planning process was to recruit members to serve on the Steering Committee (SC). The core team connected with a diverse set of stakeholders in various sectors in New Kent County to form the SC. The intent and effort of the individuals involved in the SC were to collectively examine local health priorities. The team met monthly over the course of six months and identified community needs, assets, and resources to promote better health opportunities for all New Kent County community members. Each member recognized that the collective impact of working together would greatly exceed the work that any one agency could achieve on its own. Collaboration eliminates duplicative efforts, and leads to the creation of an effective, 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, public health professionals, and many other agencies to identify opportunities for joint efforts to improve the health and well-being of our community.

Shared Vision and Values

The shared Vision and Values statements are a reminder that each organization is working toward shared goals, and that regardless of the focus of any organization, each has something valuable to contribute to a healthier community. The SC developed the statements below to guide the CHA process.

Vision Statement:

- To be the most accessible, inclusive, safe, and healthy county to thrive and grow in Virginia.

Value Statement:

- We aspire to grow, transform, and support one another by treating everyone with respect, holding each other accountable, creating a welcoming environment, leading with compassion, prioritizing health equity, and collaborating across agencies to ensure everyone has a fair opportunity to attain wellness.



Purpose

Improving community health by working across various sectors is an essential part of improving the overall health of Virginians. The National Association of County and City Health Officials (NACCHO) defines a community health assessment (CHA) as a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. A CHA report informs decision-making, prioritizes health problems, and lays the groundwork for developing, implementing, and evaluating a community health improvement plan (CHIP). (1) The needs of a community continuously change and require improved strategies; Figure 1 illustrates the cyclical nature of the CHA-CHIP process, starting with the CHA.



FIGURE 1: CHA-CHIP PROCESS

Approach

The New Kent County CHA applied the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which is a community-driven strategic planning process for improving community health. (2) This framework is composed of six phases and includes four assessments to gather comprehensive data. These phases and assessments are identified in Figure 2. (3)

Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP 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.

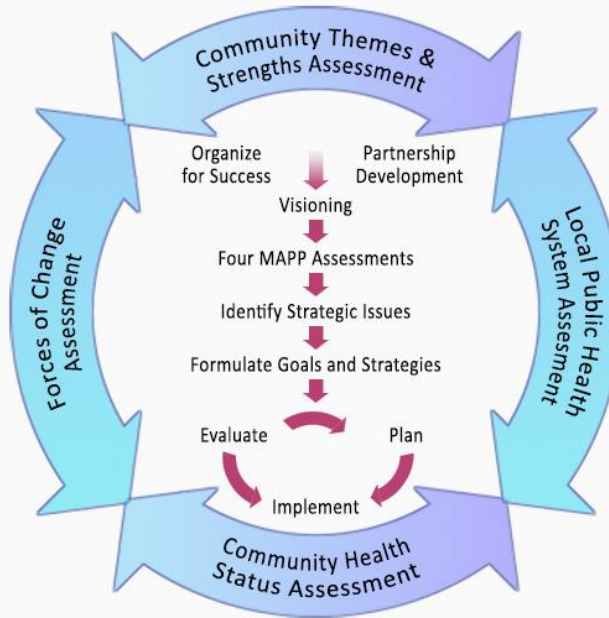


FIGURE 2: NACCHO MAPP MODEL

Methods

Primary and secondary data were collected from a variety of sources to get a more complete understanding of the main health issues that impact the length and quality of life in New Kent County. We used a mixed-methods approach gathering qualitative and quantitative information through the following three assessments/tools from the MAPP framework:

1. **Community Health Status Assessment (CHSA)** -- Provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.
2. **Community Themes and Strengths Assessment (CTSA)** -- Provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.
3. **Forces of Change Assessment (FOCA)** -- Is aimed at identifying forces, such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

Most of the following pages of this report reflect the results from the CHSA, CSTA, and the FOCA. The MAPP framework also recommends completing a Local Public Health System Assessment (LPHA), but this was not completed due to time constraints.

Community Health Status Assessment

Overview

This assessment was designed to provide a wide overview of health and well-being in New Kent County. We aimed to identify the most relevant issues related to community health in this county. Throughout the report, data are disaggregated by relevant demographic characteristics (if available) to highlight any disparities and inequities. Although we made a significant effort to collect the most updated health indicators for New Kent 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 sets.

Methodology

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

To gain a broad vision of health within New Kent County, the County Health Rankings & Roadmaps (CHR&R) model was used as a guide to review indicators. The Rankings are based on a conceptual model of population health that includes both health outcomes and health factors. According to the 2022 County Health Rankings, of the 133 ranked counties in Virginia, New Kent occupies the 36th position (second quartile) in the health outcome rankings and the 22nd position in the health factors rankings (first quartile). Health outcomes reflect the current state of health in a county

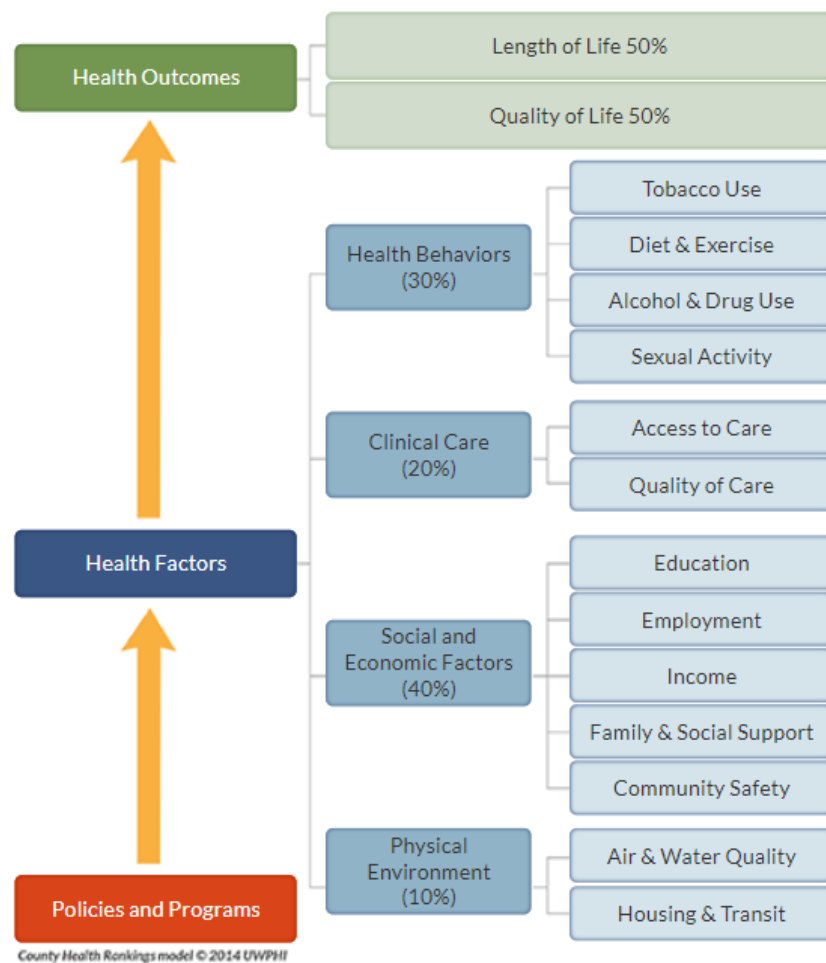


FIGURE 3: COUNTY HEALTH RANKINGS MODEL

and are split broadly into two components: length of life and quality of life (see Figure 3). Health factors are divided into four categories (health behaviors, clinical care, social and economic factors, and the physical environment). Each component comprises 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.

The CHR&R program compares the health of nearly all counties in the United States to others within its own state. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically informed weights. (4)

About New Kent

As of July 1, 2021, New Kent County's population was approximately 23,897 and was recently recognized by the Weldon Cooper Center as the fastest growing locality in the Commonwealth of Virginia (5, 6). According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area grew by 4,502 persons, a change of 24.4%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

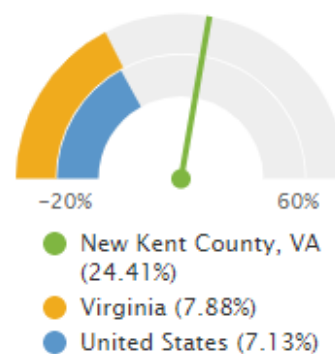
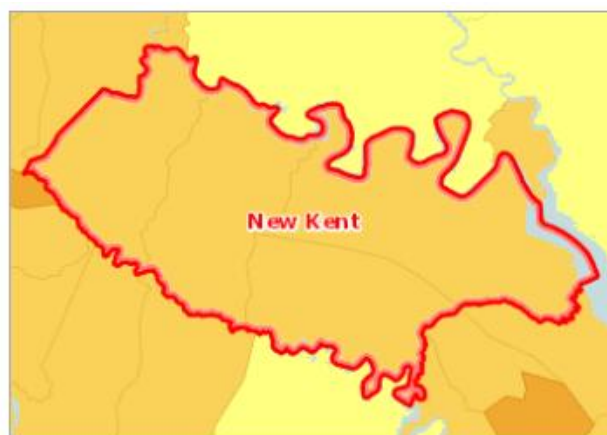


FIGURE 4: POPULATION CHANGE 2010-2020, PERCENT

The county is located in the coastal plain and has many pine and hardwood trees throughout the area, making it a recreational haven to golf, fish, hunt, and even pari-mutuel horse racing. Many who live in New Kent County work in one of the two nearby metropolitan areas (Richmond and Williamsburg), which are both approximately 30 minutes away. Residents are drawn to the quaint, friendly, small town feel of New Kent County. The county is 100% rural. (7)



Population, Density (Persons per Sq Mile) by Tract, ACS 2016-20

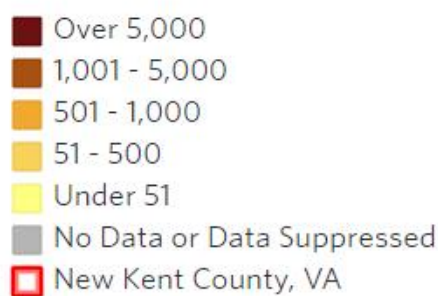


FIGURE 5: MAP OF POPULATION DENSITY, SPARKMAP, 2022

Race and Ethnicity

As of July 2021, those who identified as Non-Hispanic, White alone represent 80.6% of the county, Non-Hispanic, Black alone represent 13.9% of the county, followed by 4.0% Hispanic, 1.2% Asian, 1.1% American Indian & Alaska Native, and 0.1% Native Hawaiian/Other Pacific Islander. (6)

TABLE 1: RACE

	New Kent County	Virginia
Non-Hispanic White	80.6%	68.8%
Non-Hispanic Black	13.9%	20.0%
Hispanic	4.0%	10.2%
American Indian & Alaska Native	1.1%	0.6%
Asian	1.2%	7.2%
Native Hawaiian/Other Pacific Islander	0.1%	0.1%

Gender

As of July 2021, 48.5% of the population identifies as female, and 51.5% identify as male. There are slightly more males in the county across all ages of community members. (6)

TABLE 2: TOTAL POPULATION BY GENDER

	New Kent County	Virginia
Female	48.5%	49.5%
Male	51.5%	50.5%

Age

As of 2020, 4.7% of New Kent County's population is under 5 years of age compared to Virginia (5.9%). Children, between 5 and 17 years of age, made up 14.9%, while young adults, between 18 and 24 years of age, made up 6.5% of the county's population. Adults 25 through 34 years of age were 12.7% and adults 35 through 44 years of age were 13.4% of the county's population. Higher than what is seen in Virginia and the United States, adults 45 to 54 years of age were 14.8% of the county's population, and adults 55 to 64 years of age were 15.8%. Adults over 65 years of age made up the largest group, 17.3%, of the county's population. (7)

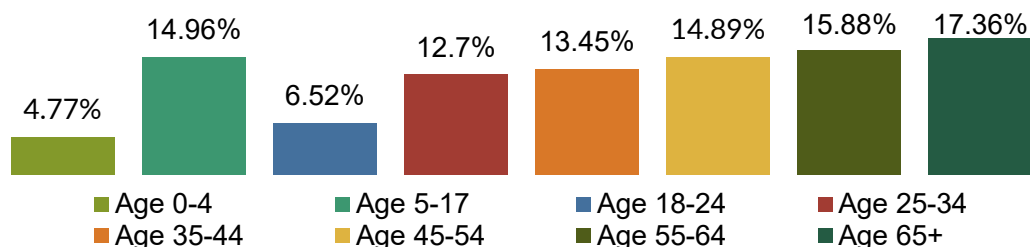


FIGURE 6: POPULATION BY AGE, PERCENT

Between 2016-2020, New Kent County's median age was 43.9 years, which is nearly 5 years older than Virginia's median age (38.4). New Kent County is a desirable location for the 55 and older population, and those wanting to retire in charming, quiet neighborhoods. (7) Societal aging can affect economic growth, patterns of work and retirement, the way that families function, the ability of governments and communities to provide adequate resources for older adults, and the prevalence of chronic disease and disability. (8) It would be beneficial for New Kent County to have the structure and support in place for the older population to age in the communities they

have planted roots in. Nearly 90% of older adults want to stay in their own homes as they age and respecting their aging in place preference is an important way to support them. Aging in place promotes life satisfaction, a positive quality of life, and self-esteem—all of which are needed to remain happy, healthy, and well into old age. (9)

Families With Children

Between 2016-2020 in New Kent County, 31.1% of all occupied households are family households with one or more child(ren) under the age of 18. As defined by the U.S. Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. (7)

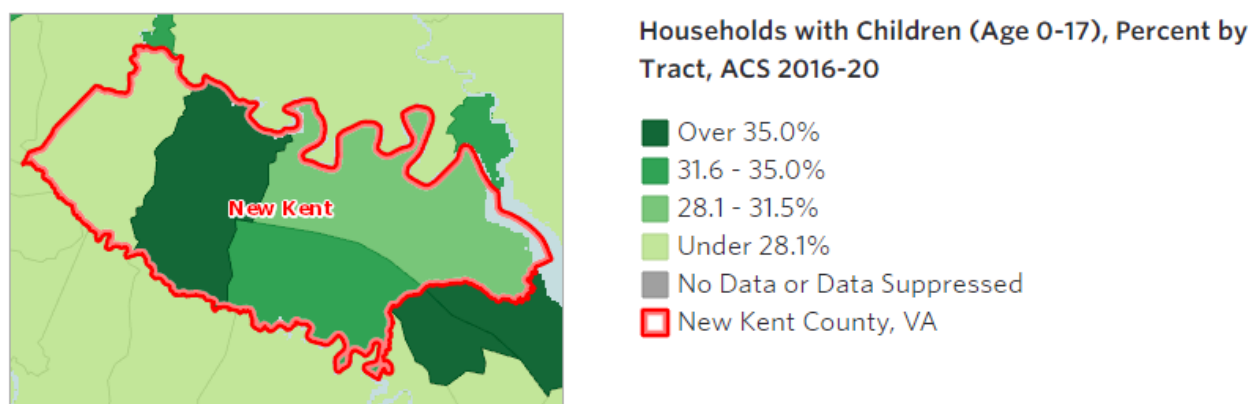


FIGURE 7: HOUSEHOLDS WITH CHILDREN, SPARKMAP, 2022

Population With Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. As of 2016-2020, 9.7% of the population had a determined disability in New Kent County, compared to 11.8% of Virginia, and 12.6% of the United States. 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. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. For people 65 years and older, 26.6% of this population have a disability. (7)

Foreign-born Population

This indicator reports the percentage of the population that is foreign-born. 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 United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. As of July 2021, 3.9% of the New Kent County population are foreign-born. This percentage is less than the state average of 12.5% and the national average of 13.5%. (7)

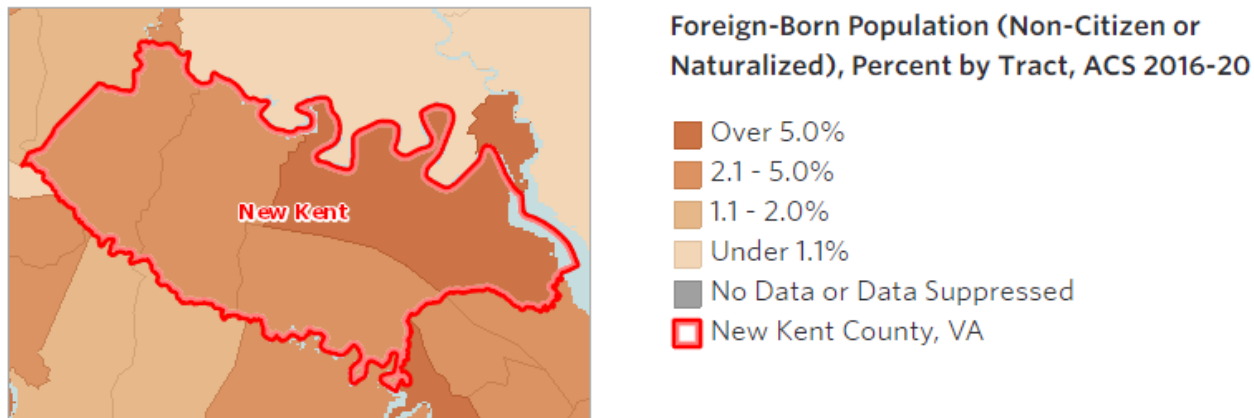


FIGURE 8: MAP OF THE FOREIGN-BORN POPULATION, SPARKMAP, 2022

Limited English Proficiency (LEP) by Language Spoken at Home

In New Kent County, 1.1% of the population aged 5 and older in New Kent County speak a language other than English at home and speak English less than "very well." This is highlighted because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Spanish is the most common language spoken at home other than English (82.2%), followed by Asian and Pacific Island languages (17.8%). (7)

Veteran Status

Between 2016-2020, 1,925 individuals or 10.8% of the population are veterans in New Kent County. In Virginia, 10.3% of the population are veterans, and in the United States, 7% of the population are veterans. Veterans are men and women 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. (7)

Length of Life

Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before the age of 75 per 100,000 population for all causes of death, age adjusted. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. YPLL provides insight on the overall health status of a community. As of 2018-2020, the New Kent County YPLL rate is high (7,200) compared to the state-level (6,700), but lower than the national-level (7,300), which indicates that the overall health status of the county is fair. Premature death is a relatively rare event in most counties. Counties with smaller populations can see a lot of change in their rates of premature death data from year to year. Such changes are usually due to normal variation and are not necessarily caused by any actual change in the underlying risk of premature death in the county. (10)

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. As of 2018-2020, New Kent County's life expectancy is 78.1 years of age. This average is lower compared to Virginia (79.1), and nationally (78.8). When the data for New Kent County was broken down by race, those who identify as Black have a life expectancy of 77.5, compared to

those who identify as White (78.0). Life expectancy data for other races was not available. ⁽¹⁰⁾ Life expectancy is a complex topic with multiple contributing factors.

Quality of Life

Poor or Fair Health

In 2019, 16% of adults in New Kent County reported that they consider themselves in fair or poor health. Virginia's average was also 16%, and the United States was 17%. ⁽¹⁰⁾ 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. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how well people live.

Poor Physical Health Days

In 2019, New Kent County adults reported that their physical health was not good on 3.7 of the previous 30 days. Virginia's average was also 3.7, and the United States had a higher rate (3.9). ⁽¹⁰⁾ A study examining the validity of healthy days as a summary measure for county health status found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days. ⁽¹¹⁾

Poor Mental Health Days

In 2019, New Kent County adults reported they had on average 4.4 mentally unhealthy days in past 30 days. Virginia's average was 4.2, and the United States' average was 4.5 ⁽¹⁰⁾ Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. ^(11, 12)

Low Birthweight (Disaggregated by Race)

Between 2014-2020, there were 13 babies born with low birth weight (under 5 pounds, 8 ounces). ⁽¹⁰⁾ This represents 7.5% of the total live births. That is lower than Virginia's rate of 8.1%, and the Nation's at 8.2%. Low birthweight is an important public health indicator that can be used to assess maternal health, nutrition, healthcare delivery, and poverty. ⁽¹³⁾ Babies born with low birthweight have approximately 20 times greater chance of dying than those with normal birthweight. ^(13, 14) There are large disparities in the prevalence of low birth weight by race and ethnicity, especially between Black and White women. ⁽¹⁵⁾ In New Kent County, 15% of Black babies had a low birthweight, compared to White babies at 7%.

For a complete list of all health outcomes indicators that were assessed during the data collection process, please refer to the Appendix B (leading causes of death under age 75, COVID-19 crude mortality rate, premature age-adjusted mortality, diabetes prevalence, HIV prevalence, and high blood pressure).

Health Behaviors

Adult Smoking

In 2019, New Kent County, 18% of adults reported that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime. That is 4% higher than Virginia, and 2% higher than the Nation's percentage. (10)

Each year approximately 480,000 premature deaths can be attributed to smoking in the United States. (16) Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.

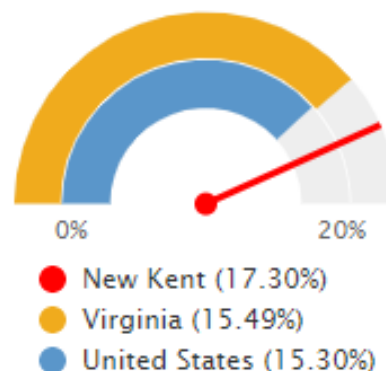


FIGURE 9: ADULTS WHO ARE CURRENT SMOKERS, PERCENT

Adult Obesity

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems (such as asthma), osteoarthritis, and poor health status.

This indicator reports the percentage of the adult population (18+) that reports a body mass index (BMI) greater than or equal to 30. In 2019, Behavioral Risk Factor Surveillance System (BRFSS) reported that 32% of the adult population in New Kent County, Virginia, and the United States have a BMI greater than or equal to 30. (10)

It is important to consider the clinical limitations of BMI because BMI is a surrogate measure of body fatness because it is a measure of excess weight rather than excess body fat. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. Also, BMI does not distinguish between excess fat, muscle, or bone mass, nor does it provide any indication of the distribution of fat among individuals. (17)

Food Environment Index

The County Health Rankings measure of the food environment 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 health food purchases in most communities, and the inability to access healthy food because of cost barriers. Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). In 2019, New Kent County's index was 9.7, compared to Virginia (8.8), and the nation (7.8). When this data was presented, the SC was not surprised because there is a strong faith-based community in the area that help families with food insecurity. Additionally, the SC and the focus group participants mentioned they would like to see some more grocery store options other than Food Lion. (10)

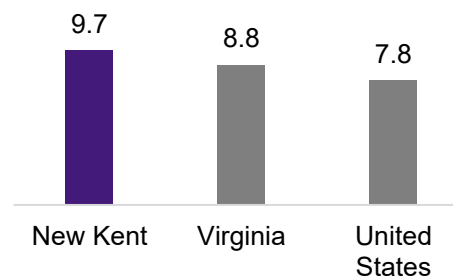


FIGURE 10: FOOD ENVIRONMENT INDEX

Physical Inactivity

This indicator is the percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). In 2019, 25% of the adults aged 18 and older in New Kent County and Virginia reported no leisure-time physical activity, while the United States reported 26%. (10)

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. Physical activity improves sleep, cognitive ability, and bone and musculoskeletal health, as well as reduces risks of dementia. (16)

Access to Exercise Opportunities

This indicator reports the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. In 2021, County Health Rankings stated that 70.3% of the New Kent County population has access to exercise opportunities, compared to Virginia (77.8%), and the United States (79.7%). (10) Some community members stated in the focus groups that they would like an exercise program for the older population led at a nearby gym, and another participant said having a gym in New Kent County with childcare services would be extremely beneficial for families.

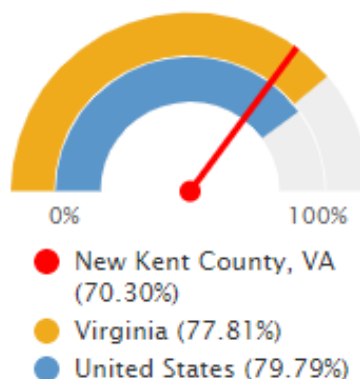


FIGURE 11: POPULATION WITH ACCESS TO EXERCISE OPPORTUNITIES, PERCENT

Excessive Drinking

In 2019, 19% of adults in New Kent County reported binge or heavy drinking, compared to Virginia (17%). Overall, Virginia and New Kent County have less reported binge drinking than the United States (20%). (10) Excessive drinking is a risk factor for several adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. (16)

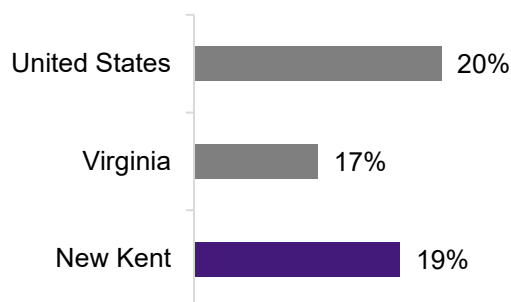


FIGURE 12: ADULTS REPORTING EXCESSIVE DRINKING IN 30 DAYS, PERCENT

Alcohol-Impaired Driving Deaths

In 2016-2020, 24% of motor vehicle crash deaths involved alcohol in New Kent County, which is lower than the state (30%), and the national (27%) percentages. (10) 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 United States. (18)

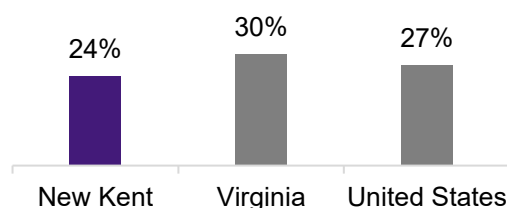


FIGURE 13: ALCOHOL-IMPAIRED DRIVING DEATHS, PERCENT

Drug Overdose Deaths

In 2018-2020, there were 22 drug overdose deaths per 100,000 people in New Kent County. That is more than Virginia (20), and the United States (11). (10) Fatal drug overdose has been the leading cause of unnatural death in Virginia since 2013, and fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in 76.4% of all fatal overdoses in 2021. (19)

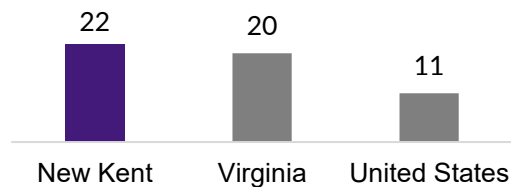


FIGURE 14: DRUG OVERDOSE DEATHS, RATE PER 100,000 POPULATION

Sexually Transmitted Infections

In 2019, 207.9 new cases of chlamydia were diagnosed per 100,000 people in New Kent County. This is significantly less than the State (564.3) and national (551.0) rates. (10) Chlamydia incidence rates are associated with unsafe sexual activity. Chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. (20)

For a complete list of all health behavior indicators that were assessed during the data collection process, please refer to the Appendix B (food insecurity, limited access to healthy foods, motor vehicle crash deaths, teen births, and insufficient sleep).

Clinical Care

Uninsured

Nine percent of New Kent County residents did not have health insurance in 2019, which is the same as Virginia, but below the United States (11%). (10) 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 (Veterans Affairs), or any other health insurance or health coverage plan. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. (10)

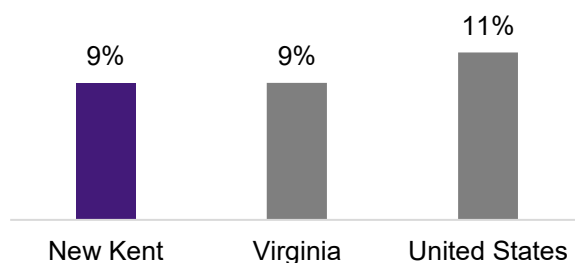


FIGURE 15: UNINSURED POPULATION 65 AND BELOW, PERCENT

Primary Care Physicians

In 2019, there was one primary care physician (PCP) per 2,890 people in New Kent County. (10) This ratio of 2,890 reports the average population served by a single PCP. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. (21, 22)

A PCP can be defined as an M.D. (Doctor of Medicine) and a D.O. (Doctor of Osteopathic Medicine) only. This data does not account for physicians living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties, and other practitioners available for primary care services such as nurse practitioners, and physician assistants.

Dentists

There was one dentist per 4,730 people registered in New Kent County in 2020. (10) Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral health care, much of the country suffers from workforce shortages.

According to the Health Resources and Services Administration, as of December 2020, there were 6,559 Dental Health Professional Shortage Areas (HPSAs), with 60 million people total living in them. (23) Dentists are classified by county, but dentists living on the edge of counties or who practice in multiple locations may see patient populations that reside in surrounding counties.

Mental Health Providers

In 2021, there was one registered mental health provider per 1,030 people registered in New Kent County. (10) 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.

Many community members stated they would like better access to in-person mental health services. Mind Meld Psychotherapy (MMP) opened August of 2022 in Providence Forge, Virginia, and offers a broad range of diagnostic, therapy, and counseling services (in-person or online) for adults, families, and children. (24) MMP is a new resource to the county and has increased access to mental health services locally, yet community members stated it is difficult to recruit specialty mental health providers to the area.

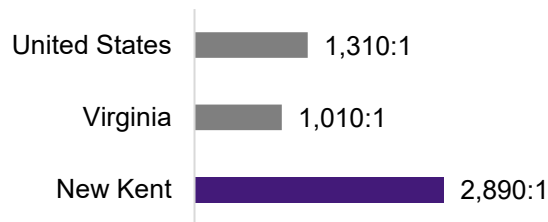


FIGURE 16: AVERAGE POPULATION SERVED BY A SINGLE PRIMARY CARE PHYSICIAN, RATIO

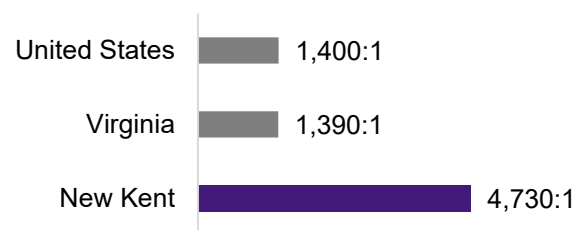


FIGURE 17: AVERAGE POPULATION SERVED BY A SINGLE DENTIST, RATIO

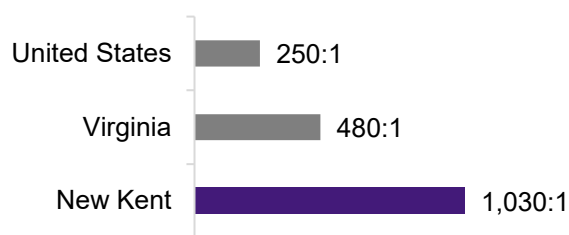


FIGURE 18: AVERAGE POPULATION SERVED BY A SINGLE MENTAL HEALTH PROVIDER, RATIO

Preventable Hospital Stays (Disaggregated by Race)

In 2019, 3,937 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment in New Kent County. (10) Hospitalizations for conditions traditionally treated in a medical office or diagnoses usually treatable in outpatient settings, suggest that quality outpatient care was not accessible. This measure may also represent a tendency to overuse emergency rooms and urgent care as a main source of care. When broken down by race, the White population had 3,905 hospital stays per 100,000 people enrolled in Medicare, compared to the Black population (3,860 per 100,000 people enrolled in Medicare). Rates for other races for preventable hospital stays were not available.

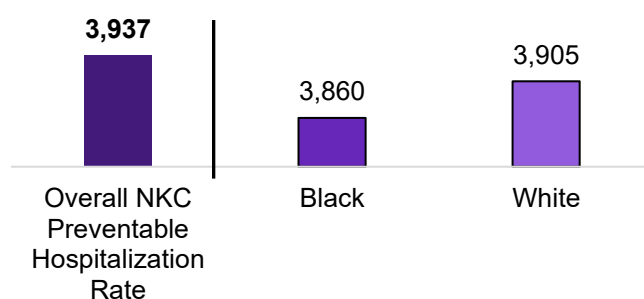


FIGURE 19: MEDICARE POPULATION (OVERALL, BLACK, WHITE), PREVENTABLE HOSPITAL STAYS, RATE PER 100,000 POPULATION

Mammography Screening (Disaggregated by Race)

In 2019, fifty-one percent of female Medicare enrollees in New Kent County received an annual mammography screening. (10) That is higher than Virginia (44%), and the United States (43%). When the data for New Kent County was broken down by race, 53% of Black women were screened annually compared to 51% of White females enrolled in Medicare. Percentages for other races for mammography screening was not available. Mammography screening is the percentage of female fee-for-service (FFS) Medicare enrollees, ages 65-74, that receive an annual mammogram. Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. (25)

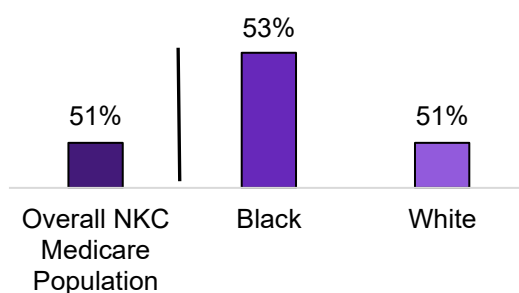


FIGURE 20: MEDICARE POPULATION (OVERALL, BLACK, WHITE), MAMMOGRAPHY SCREENING, PERCENT

Flu Vaccinations (Disaggregated by Race)

In 2019, 53% of Medicare enrollees received an annual flu vaccine in New Kent County. (10) The Hispanic population had the highest rates of flu vaccination (63%), followed by the White and Asian population (55%), and then the Black population (41%).

Influenza is a potentially serious disease that can lead to hospitalization and even death.

Every year there are millions of influenza infections, hundreds of thousands of flu-related hospitalizations, and thousands of flu-related deaths. An annual flu vaccine is the best way to help protect against influenza and may reduce the risk of flu illness, flu-related hospitalizations, and even flu-related death. (26) It is recommended that everyone 6 months and

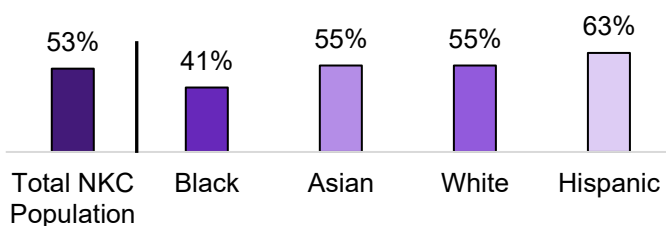


FIGURE 21: MEDICARE POPULATION (OVERALL, BLACK, WHITE), WHO RECEIVED THE FLU VACCINATION, PERCENT

older get a seasonal flu vaccine each year, and those over 65 years of age are especially encouraged because they are at higher risk of developing serious complications from the flu. (27)

For a complete list of all clinical care indicators that were assessed during the data collection process, please refer to the Appendix B (uninsured adults, uninsured children, and other primary care providers).

Social and Economic Factors

High School Completion

This indicator is the percentage of New Kent County adults (age 25 or older) had a high school degree or equivalent. Between 2016-2020, 94% of adults in New Kent County had a high school degree or equivalent, which is higher than Virginia's rate (90%), and the United States (89%). (10)

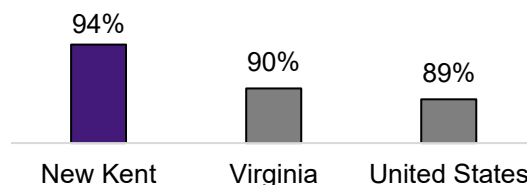


FIGURE 22: HIGH SCHOOL COMPLETION, PERCENT OF POPULATION 25 YEARS AND OLDER

Some College

This indicator is the percentage of New Kent County adults with some post-secondary education. Between 2016-2020, 60% of New Kent County adults (age 25-44) had completed some post-secondary education, including vocational/technical schools, junior colleges, or four-year colleges. This includes those who had and had not attained degrees. Virginia (72%), and the United States (67%) had a higher percentage than New Kent County. (10)

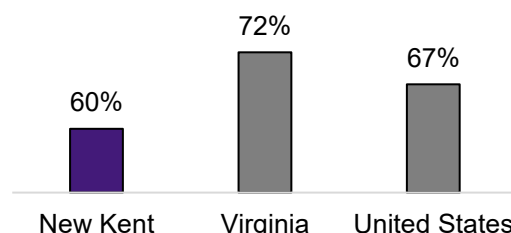


FIGURE 23: SOME COLLEGE, PERCENT OF POPULATION 25-44 YEARS OF AGE

Unemployment

In 2022, the Bureau of Labor Statistics reported 2.1% of people in New Kent County aged 16 and older were unemployed but seeking work. This is lower than Virginia (2.6%), and the United States (3.3%). Through September 2021 to September 2022, the unemployment rate never surpassed 3%. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. (7)

Children in Poverty

In 2020, 5.5% or 239 children in New Kent County aged 0-17 are living in households with income below the Federal Poverty Level (FPL). (7) Children living in low-income households have an increased risk of injury because of unsafe environments and are susceptible to more frequent and severe chronic conditions and their complications, such as asthma, obesity, diabetes, attention-deficit/hyperactivity disorder (ADHD), behavior

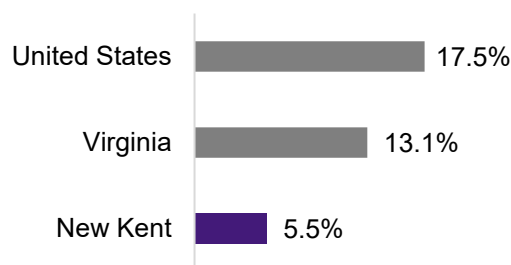


FIGURE 24: CHILDREN IN POVERTY, PERCENT

disorders, and anxiety, than children living in high income households. (28, 29)

Median Household Income (Disaggregated by Race)

The U.S. Census Bureau reported in 2020 that the median household income in New Kent County was \$107,700. That is significantly greater than Virginia (\$79,200) and the United States (\$67,300). In Figure 25, we can see income gaps between the different racial groups. Households who identify as White report the highest median household income (\$98,800) compared to Black (\$84,300) and Asian (\$66,200) households. Households who identify as Hispanic had the lowest median family income (\$58,300). (10)

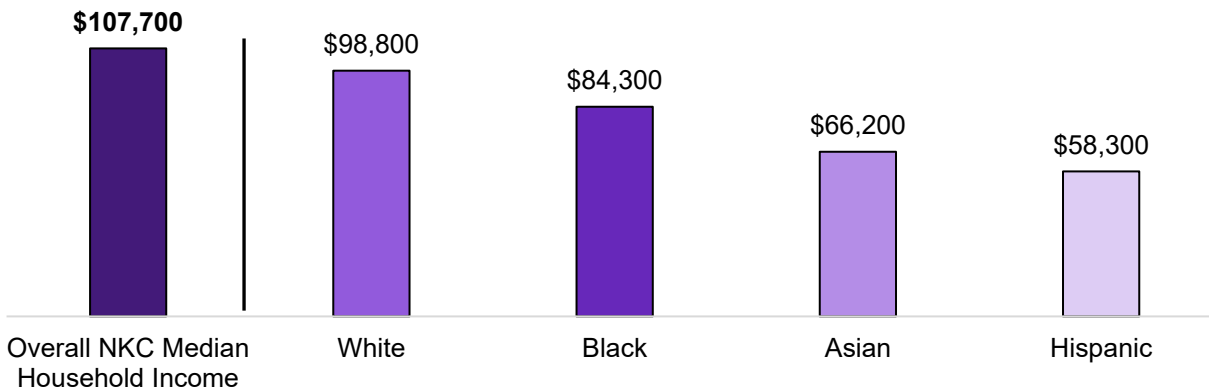


FIGURE 25: MEDIAN HOUSEHOLD INCOME

Income Inequality

Between 2016-2020, New Kent County had a Gini index value of 0.37, which indicates the distribution of income among individuals or households within New Kent County is better than the state (0.47), and national (0.48) averages. This indicator reports income inequality using the Gini coefficient. Gini index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income. (10)

Social Associations

In 2019, there were 7.4 membership organizations per 10,000 people in New Kent County. This indicator reports the number of social associations per 100,000 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. (10)



FIGURE 26: SOCIAL ASSOCIATIONS PER 100,000 POPULATION, RATE

Violent Crime

In 2014 and 2016, there were 146 violent crimes in New Kent County, such as rape, homicide, robbery, and aggravated assault, reported in per 100,000 people, which is less than Virginia's (207) and the United States' (386) reported violent crime offenses per 100,000 population. (10) Crimes are counted in the police precinct where they occur, rather than the residence of the victim or the perpetrator. High levels of violent crime compromise physical safety and

psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. (30)

Rate of Rape

The 2015-2017 three-year total of reported rapes in New Kent was 26, which equates to an annual rate of 41.5 rapes per 100,000 people, which is higher than the state (32.1), and national (38.6) rates. (7)

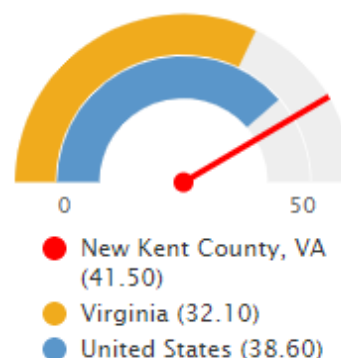


FIGURE 27: ANNUAL REPORTED RAPE, RATE PER 100,000 POPULATION

One in four women and about one in 26 men have experienced completed or attempted rape. Sexual violence typically starts early. More than four in five female rape survivors reported that they were first raped before age 25 and almost half were first raped as a minor (i.e., before age 18). About one in nine men were made to penetrate someone during his lifetime. Nearly eight in ten male rape survivors reported that they were made to penetrate someone before age 25 and about four in ten were first made to penetrate as a minor. (31)

Injury Deaths

Between 2016-2020, there were 79 deaths due to injury such as homicides, suicides, motor vehicle crashes and poisonings, per 100,000 people in New Kent County. (10) The average rates of Virginia (68) and the United States (76) are lower than New Kent County. In 2019, unintentional injuries were the leading cause of death for all groups under the age of 45 in the United States. (32)

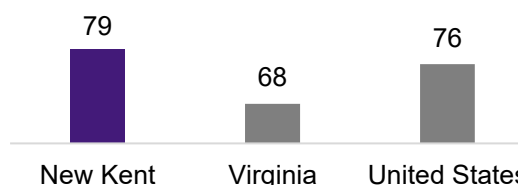


FIGURE 28: INJURY DEATHS, RATE PER 100,000 POPULATION

Suicide Deaths

In 2016-2020, there were 16 deaths by suicide per 100,000 people in New Kent County compared to Virginia (13) and the United States (14). (10) Many factors can increase the risk for suicide or protect against it. Suicide is connected to other forms of injury and violence. For example, people who have experienced violence, including child abuse, bullying, or sexual violence have a higher suicide risk. Being connected to family and community support and having easy access to health care can decrease suicidal thoughts and behaviors. (33)

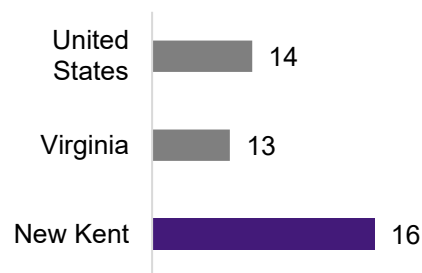


FIGURE 29: SUICIDE DEATHS, RATE

For a complete list of all social and economic indicators that were assessed during the data collection process, please refer to the Appendix B (educational attainment, reading scores, school segregation, school funding adequacy, living wage, gender pay gap, children in single-parent households, residential segregation (black, white), childcare cost burden, childcare centers, firearm fatalities, and juvenile arrests).

Physical Environment

Homeownership

In New Kent County between 2016 and 2020, 90% of housing units were owner-occupied, compared to Virginia (67%), and the United States (64%). (10) Housing is central to opportunities for living long and well, and stable and affordable housing is an essential element of healthy communities.

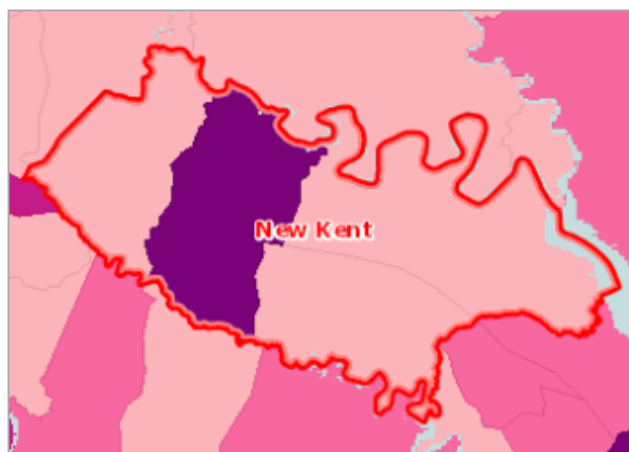
Homeownership is associated with better health, fewer illnesses, and lower rates of depression and anxiety. (34)



FIGURE 30: HOMEOWNERSHIP, PERCENT

Housing Quality – Substandard Housing

This indicator reports the number and percentage of owner-occupied and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities; 2) lacking complete kitchen facilities; 3) with one 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%. Selected conditions provide information assessing the quality of the housing inventory and its occupants. This data is used to easily identify homes where the quality of living and housing can be considered substandard. In 2016-2020, New Kent County had 21.7% occupied housing units with one or more substandard conditions compared to Virginia (28.3%), and the United States (31.4%). Of the substandard occupied housing units in New Kent County, 20.6% have one condition present, 0% have two to three conditions, and 1% have four conditions present. Furthermore, 120 housing units lack complete plumbing facilities, 140 housing units lack complete kitchen facilities, and 161 housing units lack telephone services. In Figure 31, 34% of the population living in census tract 7002 live in substandard housing. (7)



Substandard Housing Units, Percent of Total by Tract, ACS 2016-20

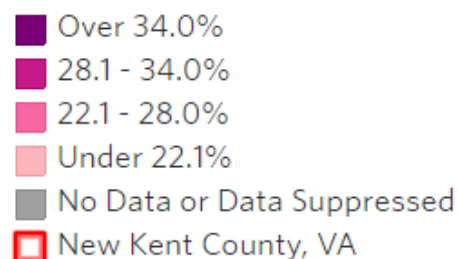


FIGURE 31: MAP OF NKC POPULATION LIVING IN SUBSTANDARD HOUSING, PERCENT, SPARKMAP, 2022

Severely Cost Burdened Households

This indicator reports the percentage of the households where housing costs are 50% or more total household income. This indicator provides information on the cost of monthly housing

expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Overall, in 2016-2020, New Kent County (10.4%) has less severely cost burdened households compared to Virginia (12.0%), and the United States (13.7%). In Figure 32, over 15% of the population in census tract 7002 spent more than 50% of their income on housing costs. (7)

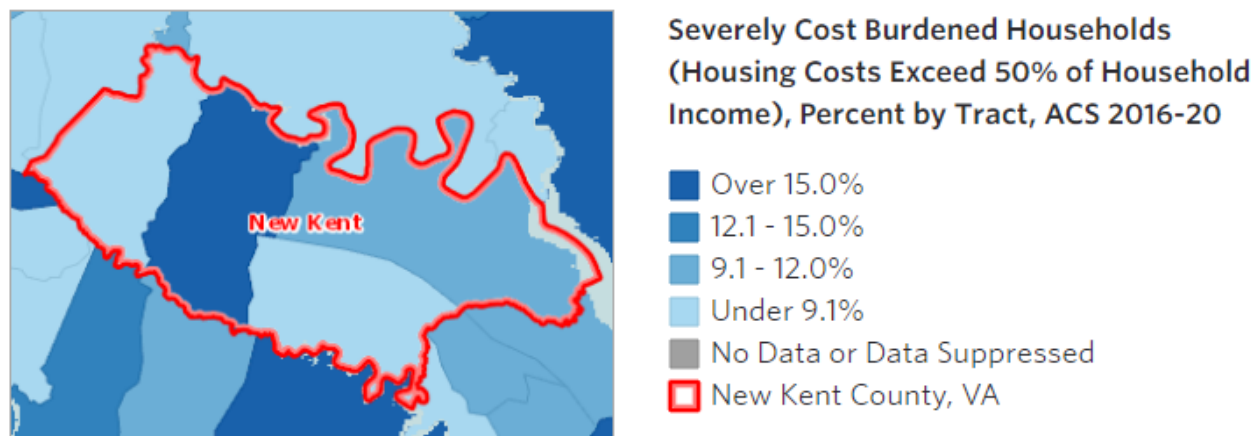


FIGURE 32: MAP OF NKC HOUSEHOLDS SEVERELY COST BURDENED, PERCENT, SPARKMAP, 2022

Cost Burdened Rental Households

Cost burdened rental households (those that spent more than 30% of the household income on rental costs), represented 51.9% of all the rental households in New Kent County between 2016-2020. Although most people in New Kent County own their homes, for those who rent, half of renters spent 30% of their income on rental costs. In Virginia, 43.8% of renters spent more than 30% of their income on rental costs, which is less than the United States (45.6%). (7)

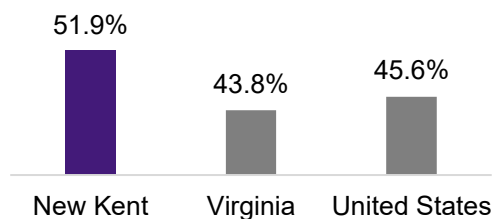


FIGURE 33: COST BURDENED RENTAL HOUSEHOLDS, PERCENT

Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Between 2016-2020, 82.9% of New Kent had access to broadband internet offering download speeds of 25 MBPS (megabits per second) or more. This is lower than the state (96.5%) and national (97.6%) averages. The data represents both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included.

Broadband access is essential to all aspects of a community, including business, education, health care, and quality of life. The county aims to improve broadband access via an agreement they approved in August of 2022 with Cox Communications to expand fiber optic high

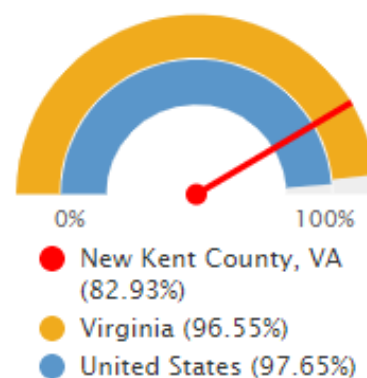


FIGURE 34: POPULATION WITH ACCESS TO BROADBAND INTERNET, PERCENT

speed broadband services to every household and business in New Kent County. (7)

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. People who drive to work are less likely to reach recommended activity levels than people who use other forms of transportation. (35)

Between 2016-2020, 81% of the workforce in New Kent County drives alone to work, compared to Virginia and the United States (75%). When the data is broken down by race, people who identify as Black drive alone to work 14% more than compared of people who identify as White. (10)

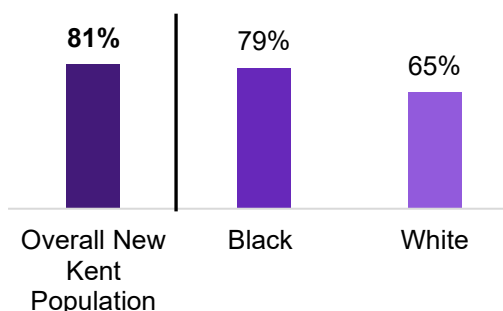


FIGURE 36: POPULATION WHO DRIVE ALONE TO WORK, PERCENT

Long Commute – Driving Alone for Over 30 Minutes

This indicator reports the percentage of the population that commutes alone to work for over 30 minutes each direction. Between 2016-2020, 63% of New Kent County commutes more than 30 minutes. This is significantly higher than Virginia (41%), and the United States (37%). Being in a rural area, many individuals understand that a longer commute is necessary, especially since there is no public transportation system serving the area. (10)

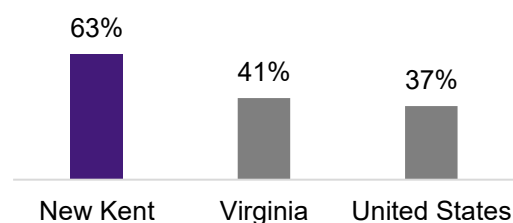


FIGURE 37: POPULATION WHO DRIVE ALONE TO WORK OVER 30 MIN.,

For a complete list of all physical environment indicators that were assessed during the data collection process, please refer to the Appendix B (air pollution- particulate matter, drinking water violations, travel time, carpool use, population with any computer without internet subscription, and households with no or slow internet).

Community Themes and Strengths Assessment

Community Asset and Resource Mapping

Overview

At the first meeting, the CHA Steering Committee participated in an asset mapping activity to identify the strengths and community resources currently available in New Kent County. The goal of asset mapping is to identify resources and advantages available in a community that make it a healthy place to live, work, play, and worship. For example, the VCU New Kent Emergency Center that was established in 2020 was listed as an asset to the community.

For this activity, the SC separated into pairs and began listing various assets. The assets included organizations, resources, programs, people, and places. There were six large pieces of paper hung around the room, one for each dimension of wellness: 1) social/spiritual; 2) mental/emotional; 3) physical; 4) environmental/neighborhood; 5) education/occupation; and 6) economic. Below is a description of each dimension. (36)



*VCU New Kent Emergency Center
Groundbreaking Ceremony
Photo Courtesy of New Kent County*

1. Social/Spiritual

- Opportunities to connect with other people and establish/maintain positive relationships with family, friends, community members, and co-workers. Having a personal way (or group of people) to help establish a sense of peace and harmony in our lives and develop congruency between values and actions.

2. Mental/Emotional

- Assistance with coping related to the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness, stress, hope, love, joy, and happiness in a productive manner. Emotional wellness encompasses optimism, self-esteem, and self-acceptance.

3. Physical

- Encompasses a variety of behaviors/access to services that are good for your body including adequate exercise, proper nutrition, and abstaining from harmful habits such as drug use and alcohol abuse. It includes identifying/seeking care for symptoms of disease, getting regular medical checkups, and protecting yourself from injuries and harm.

4. Environmental/Neighborhood

- Services that improve/maintain the quality of the air, water, and the land that surrounds us. Opportunities to make positive impacts on the quality of our environment, be it our homes or communities, as well as the safety/security of the places you spend your time.

5. Education/Occupation

- Getting personal fulfillment from our jobs or career fields while still maintaining balance in our lives. Opportunities to open our minds to new ideas and experiences that can be applied to personal decisions and community betterment. The desire to learn new concepts, improve skills, and seek challenges in pursuit of lifelong learning.

6. Economic

- A financially well person is aware of their financial state and budgets, saves, and manages finances to achieve realistic goals. Opportunities and skills to obtain a steady income that provides a sense of security and independence.

At the completion of the activity, the group reflected and discussed the results. The SC members identified 71 assets; each asset could be listed under multiple dimensions of wellness. The largest amount of assets was under the **economic** dimension, and the least amount of assets were under the dimension **environmental/neighborhood** dimension. These assets and strengths will be referenced and harnessed during the entire CHA-CHIP processes. Please see Appendix C for a complete list of assets under the dimensions of wellness.

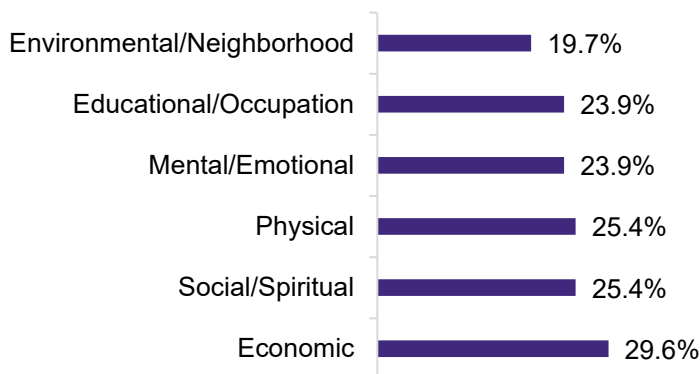


FIGURE 38: ASSETS FOR THE SIX DIMENSIONS OF WELLNESS, PERCENT

Community Health Survey Results

Overview

The community health survey was distributed throughout New Kent County in July and August 2022. The survey was available in English and Spanish and could be accessed digitally via Google Forms. Paper copies were also available at the New Kent Health Department and the Heritage Library in New Kent County. 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

We conducted a cross-sectional survey among New Kent County community members from July 12th to August 7th. To see a copy of the English version of the survey, see Appendix D, and Appendix E for the Spanish translated survey. A convenience sample of residents or individuals who work in the county was promoted through several channels (i.e., social media platforms, county newsletters, 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 F to view the toolkit. Eligible survey respondents had to be 18 years of age or older. See Table 3 on page 34 to see the age demographics of survey respondents. All included participants were asked to fill out a survey with 24 questions regarding socio-demographic characteristics and information about community health, quality of life and community belonging, and the potential impact of COVID-19. The core team developed an anonymously self-completed and structured survey based on literature research as well as previous community health surveys. The survey was pilot tested with a convenience sample of ten individuals to ensure clarity, comprehensibility, and ease of administration. 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.

A Note on Health Equity

It was important for us to hear from many individuals in the community, so the core team created a survey dissemination plan to engage and accommodate individuals of various abilities, diverse backgrounds, races, incomes, ages, languages, and internet capabilities.

Some examples of our efforts included translating the survey into Spanish, having paper copies at the library and health department for those without internet, promoting the survey on Radio Poder in Spanish, sending the survey to the clergy association, posting the survey at food banks, promoting the survey at the New Kent NAACP meeting, and the New Kent Friendship Café.

Going forward, the core team will continue centering health equity at the core of their processes and engage all individuals throughout the county to continually gather input and identify health disparities.



Results

Community Health

Approximately 340 surveys were received. If a survey had incomplete or incoherent answers, this was considered an exclusion criterion. Overall, a total of 332 responses were included in the final analysis. The answers obtained for all the survey questions are displayed in the following figures and tables:

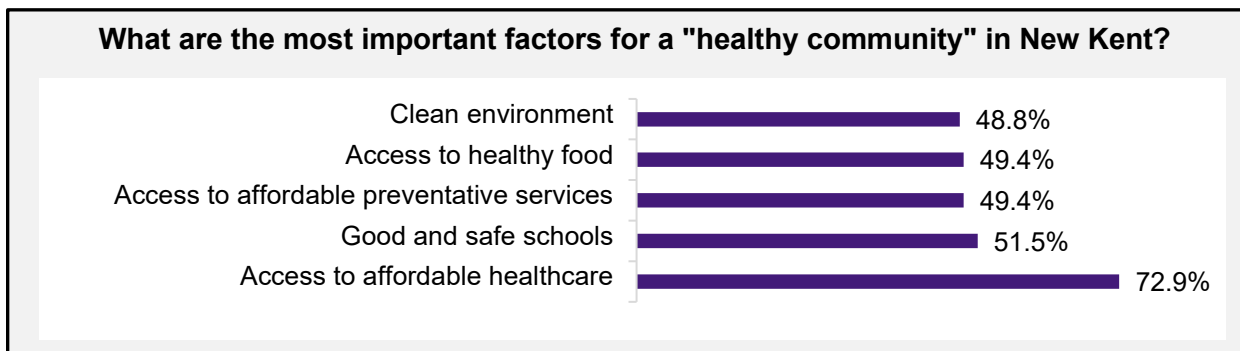


FIGURE 39: MOST IMPORTANT FACTORS FOR A HEALTHY COMMUNITY, PERCENT, COMMUNITY HEALTH SURVEY, 2022

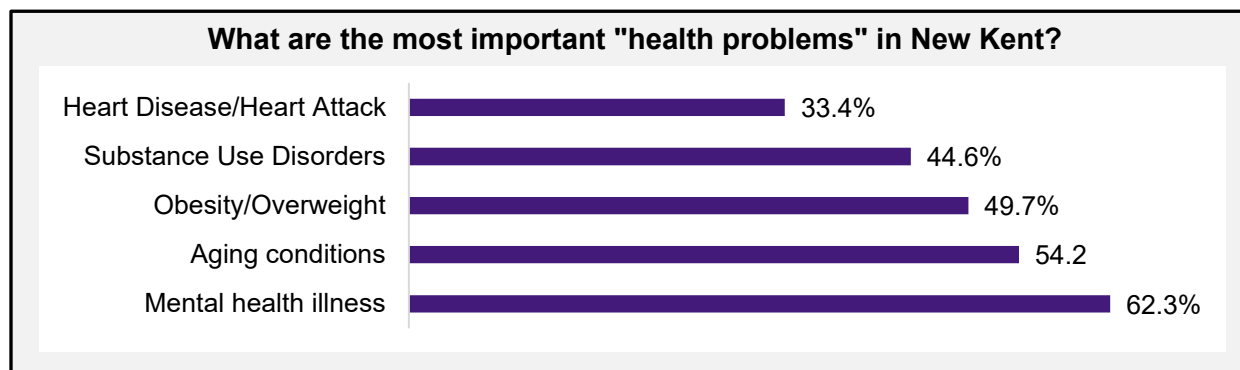


FIGURE 40: MOST IMPORTANT HEALTH PROBLEMS, PERCENT, COMMUNITY HEALTH SURVEY,

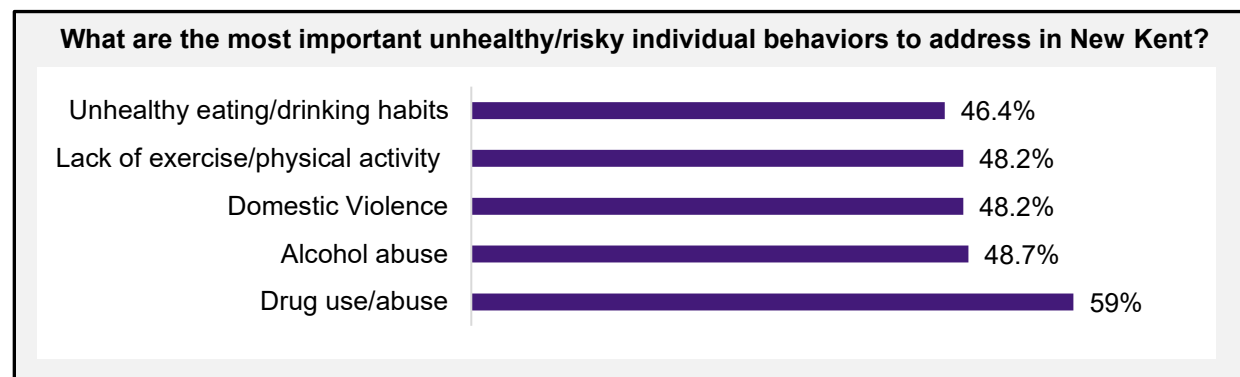


FIGURE 41: MOST IMPORTANT UNHEALTHY/RISKY INDIVIDUAL BEHAVIORS, PERCENT, COMMUNITY HEALTH SURVEY, 2022

What are the most important health factors which affect how well/how long we live in New Kent?

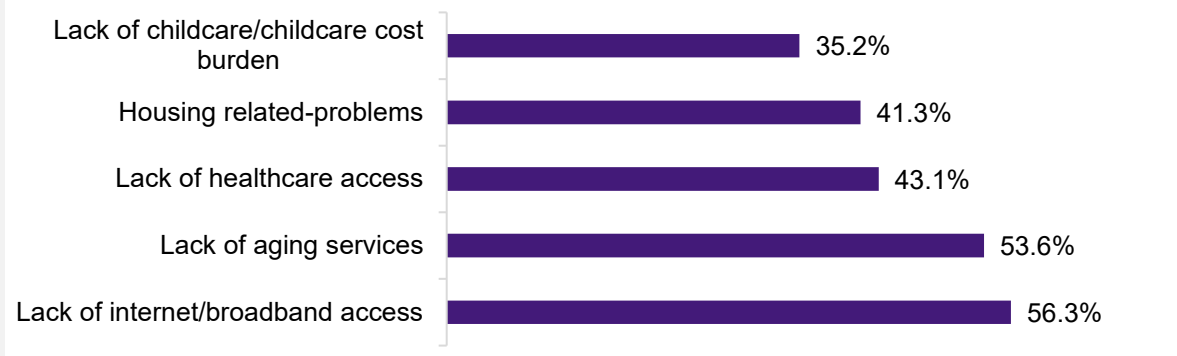


FIGURE 42: MOST IMPORTANT HEALTH FACTORS WHICH AFFECT HOW WELL/HOW LONG WE LIVE, PERCENT, COMMUNITY HEALTH SURVEY, 2022

In general, how would you rate your personal health? The community's overall health?

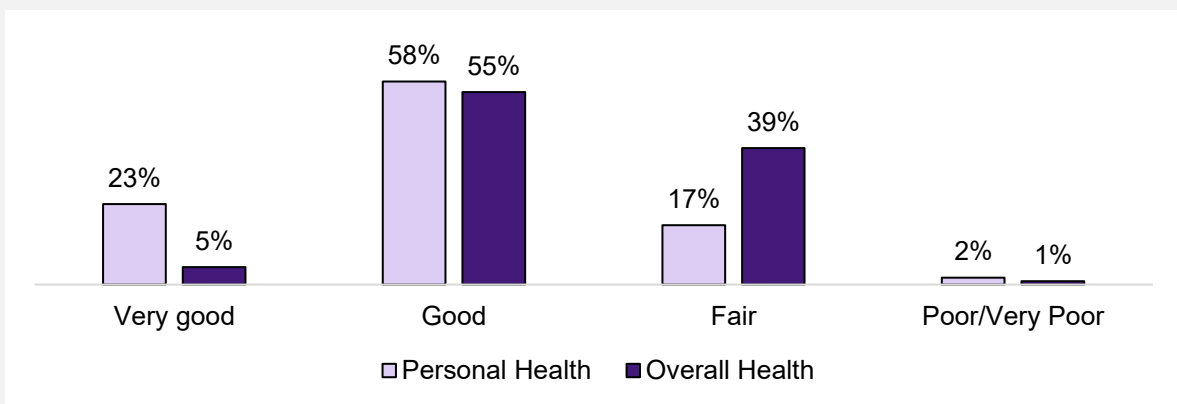


FIGURE 43: RATING OF PERSONAL AND COMMUNITY HEALTH, PERCENT, COMMUNITY HEALTH SURVEY, 2022

Quality of Life and Community Belonging

Participants were asked various questions to assess their quality of life and sense of belonging. Individuals who feel connected to their community report better overall physical and mental health compare to those who feel disconnected. (37)

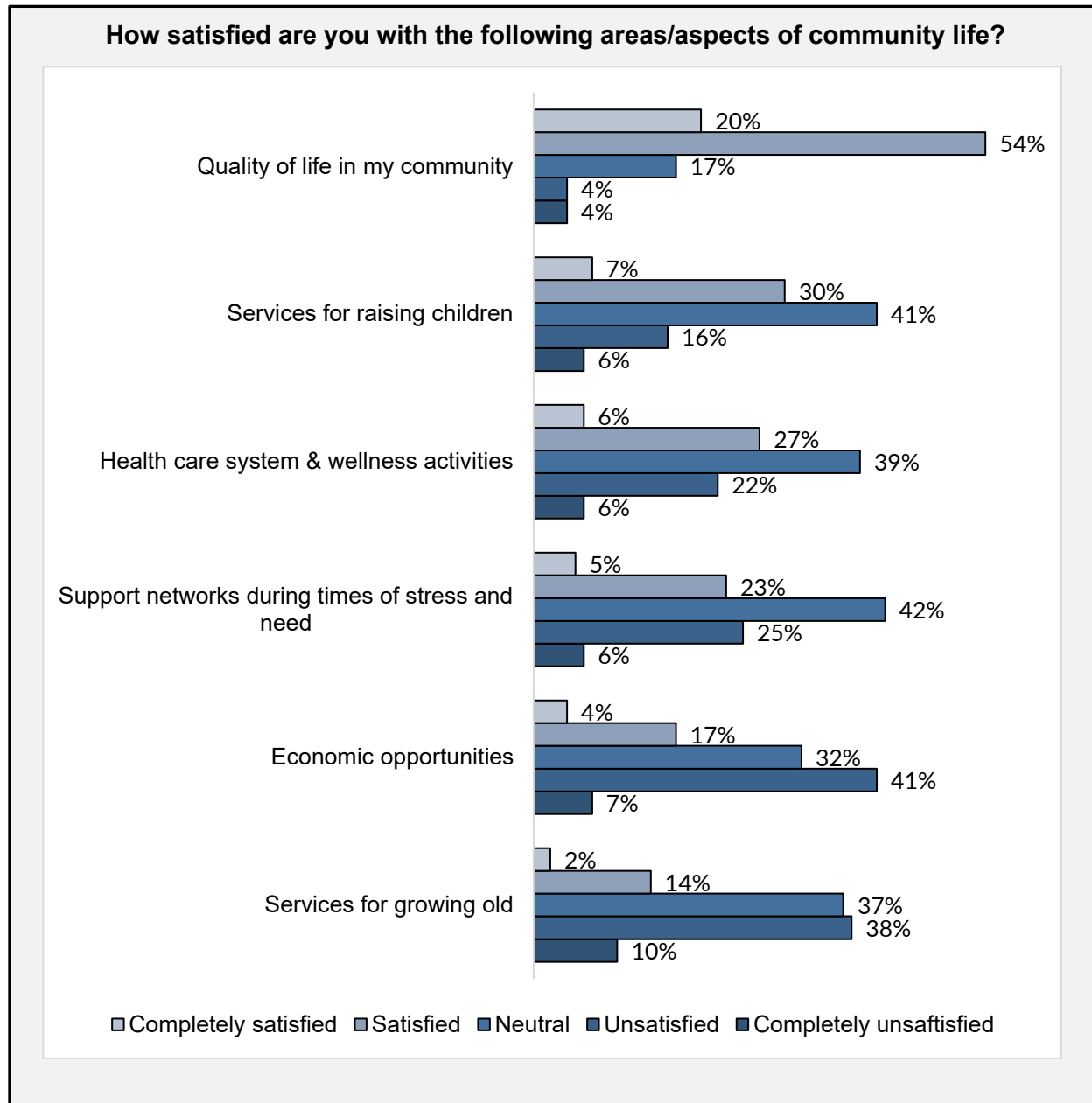


FIGURE 44: SATISFACTION OF CERTAIN ASPECTS OF COMMUNITY LIFE, PERCENT, COMMUNITY HEALTH SURVEY, 2022

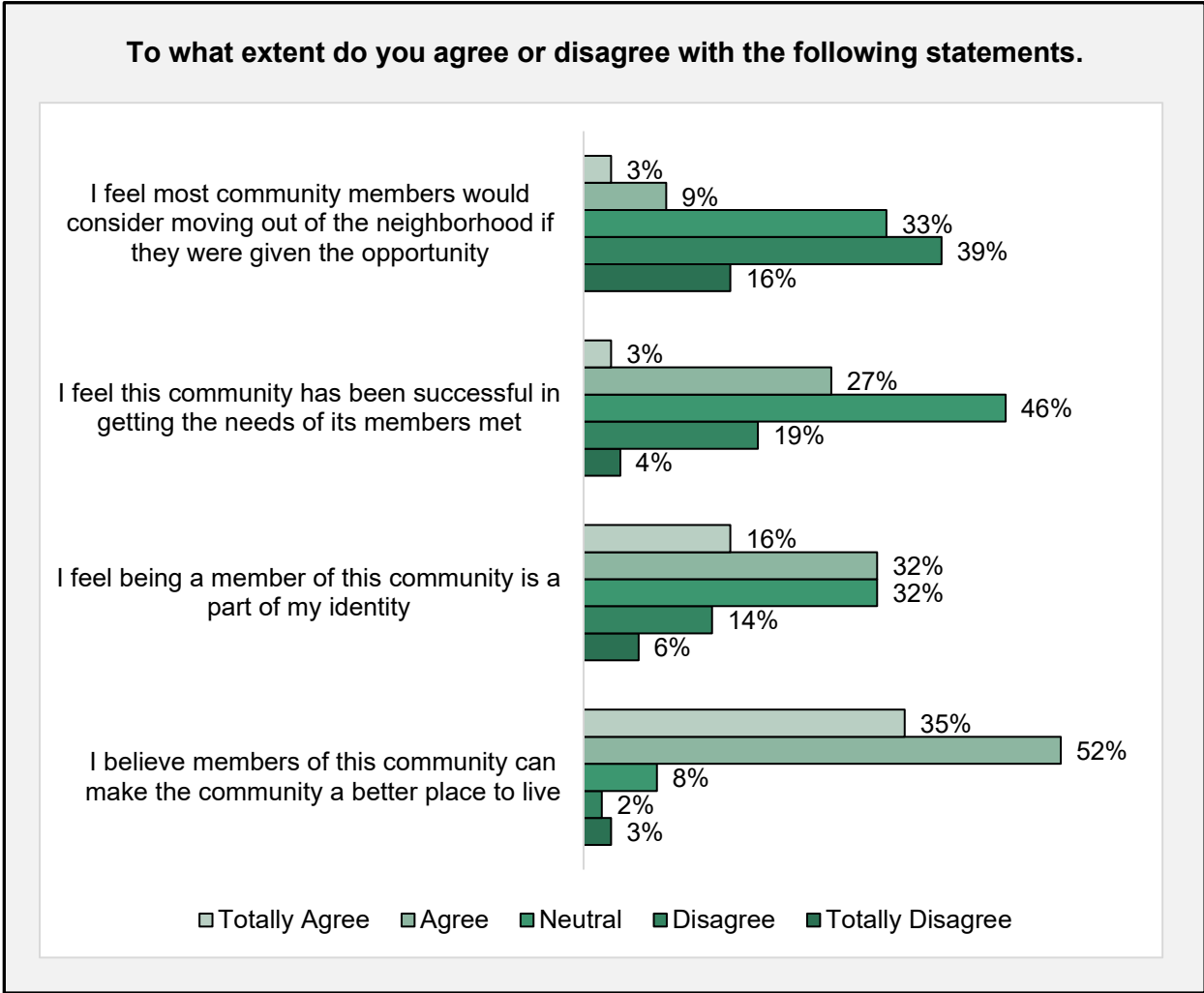


FIGURE 45: ASSESSMENT OF QUALITY OF LIFE AND COMMUNITY BELONGING, PERCENT, COMMUNITY HEALTH SURVEY, 2022

Impact of COVID-19

Participants were asked to reflect on the potential impact of the COVID-19 pandemic. A recent study conducted in Virginia, using county-level publicly available COVID-19 mortality data, showed that three particular social determinants of health (SDOH) were significant predictors of COVID-19 mortality: median household income, unemployment, and educational attainment. (38) See Appendix B for additional COVID-19 data.

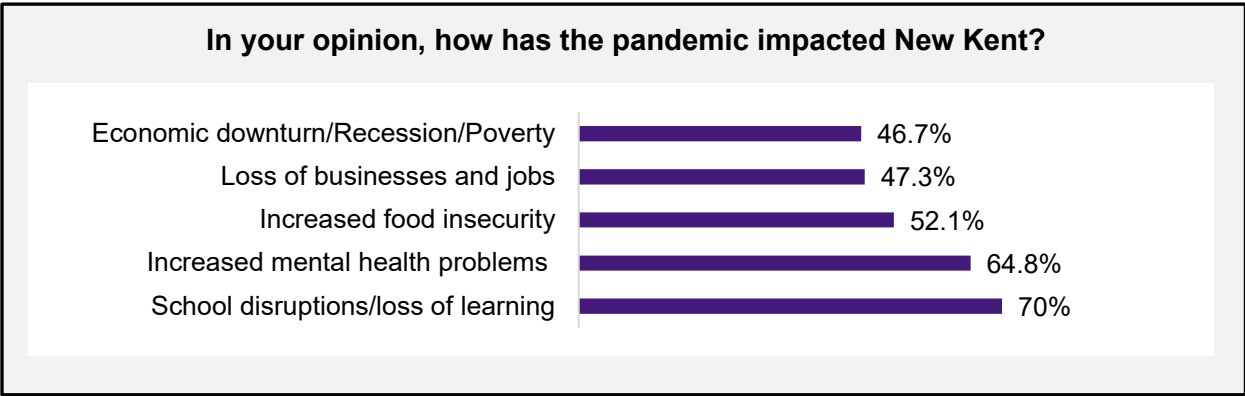


FIGURE 46: IMPACT OF COVID-19, PERCENT, COMMUNITY HEALTH SURVEY, 2022

- Please share any positive outcome(s) you may have experienced during the pandemic.**
- Themes:**
- More family time
 - Closer with friends/neighbors
 - Ability to work from home
 - Vaccines/vaccine clinics
 - Less traffic
 - Schools
 - Continued employment
 - Appreciation for outdoors
 - Food/grocery delivery services
 - Community became closer

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 New Kent County as a whole and a summary of those responses and comparison with the New Kent County population can be found below.

TABLE 3: DEMOGRAPHICS, COMMUNITY SURVEY RESPONDENTS,

Demographics	New Kent CHA Survey† N (%) N=332	County-Wide Data N (%) N=22,310
Age (N=328)§		
19-24	6 (1.8)	1455 (8.1)
25-34	33 (10.1)	2716 (15.2)
35-44	64 (19.5)	3001 (16.8)
45-54	60 (18.3)	3321 (18.5)
55-64	71 (21.7)	3542 (19.8)
65-88	94 (28.7)	3872 (21.6)
Gender (N=316)		

Female	232(73.4)	10945 (49.1)
Male	84 (26.6)	11365 (50.9)
Race (N=313)		
Non-Hispanic White/Caucasian	229 (73.2)	17841 (78.3)
Non-Hispanic Black/African American	47 (15.0)	2,967 (13.3)
Non-Hispanic Mixed Race	13 (4.2)	714 (3.2)
Non-Hispanic American Indian/Alaskan Native	12 (3.8)	245 (1.1)
Hispanic	8 (2.6)	789 (3.5)
Non-Hispanic Asian	4 (1.3)	290 (1.2)
Education (N=329)[§]		
High school diploma or equivalent	33 (10.0)	30.6%
Some college, no degree	69 (21.0)	22.8%
College degree or higher	49 (14.9)	Associate degree - 8.0%
Bachelor's degree	95 (28.9)	20.5%
Master's degree	64 (19.5)	Graduate degree - 11.6%
Terminal degree (JD, PhD, MD, etc.)	16 (4.9)	
Other	3 (0.9)	-
Employment status (N=324)*		
		<i>County data not available for all the categories</i>
Fulltime	188 (58.0)	-
Retired	98 (30.3)	-
Part-time	33 (10.2)	-
Homemaker	23 (7.1)	-
Veteran	18 (5.6)	1,925 (10.8)
Student	12 (3.7)	-
Disabled	8 (2.5)	2,096 (9.7)
Other	6 (1.9)	-
Unemployed	2 (0.6)	260 (2.1)
Health Insurance (N=314)*		
Private or Commercial	221 (70.4)	20,190 (90.5)
Medicare	80 (25.5)	4007 (19.7)
Medicaid	8 (2.5)	1144 (5.6)
Tricare (Military)	8 (2.5)	872 (4.3)
Home Type (N=319) &		
Own	290 (90.9)	7,302 (90.0)
Rent	21 (6.6)	815 (10.0)
Other	8 (2.5)	-
Household Income (N=271)[#]		
\$100,000 or more	129 (47.6)	\$100,000 or more - 48.3%
\$80,000 to \$99,999	40 (14.8)	-
\$60,000 to \$79,999	33 (12.2)	-
\$40,000 to \$59,999	32 (11.8)	\$50,000-99,000 - 29%
\$20,000 to \$39,999	26 (9.6)	Under \$50,000 - 22.7%
Less than \$20,000	11 (4.1)	-
Language (N=323)[?]		
English Only	311 (96.3)	

Spanish	9 (2.8)	<i>Population who speaks a language other than English at home -</i>
Polish	2 (0.6)	
Chinese	1 (0.3)	
242 (1.14%)-		
Zip Code (N=319)		
23124	97 (30.4)	4,625 (20.7)
23141	80 (25.1)	7,550 (33.8)
23140^	57 (17.9)	6,453
23089^	34 (10.7)	5,361
23011	10 (3.1)	1,404 (6.3)
23181^	9 (2.8)	5,075
23168	1 (0.3)	-
Work Only	31 (9.7)	c

† Percentages shown exclude missing data.

§ We excluded citizens 18 years and younger from the county-wide data to estimate the final percentages (N=17907).

§ Educational attainment for New Kent County is calculated for persons over 25 years.

* Percentages may exceed 100% as individuals may have chosen more than one option.

& Percentage of owned or rented housing units within New Kent County.

The county-wide income brackets were different from those available in the survey.

? Percentage of the population aged 5 and older with limited English proficiency (LEP) within New Kent County.

^ These zip codes include residents from other counties in the total population, so they are not comparable.

Focus Groups

Overview

In September 2022, the Chickahominy Health District's core team facilitated two formal focus groups, and one informal focus group to gather insights on strengths, assets, and areas for growth as it relates to health in the county. A total of 20 community members participated in the focus groups. See Table 4 for the number of focus group attendees at each session.

TABLE 4: FOCUS GROUP TYPE AND NUMBER OF ATTENDEES, 2022

Focus Group Type	Attendees
In-person	3
Virtually via Zoom	5
New Kent University	12

Methodology

The focus groups were structured with questions facilitated by Chickahominy Health District staff. All the formal focus groups were approximately one hour and 30 minutes in length. The informal focus group, which was held as part of the county's "New Kent University" event, was a shortened version of the focus group, and the discussions were for 45 minutes. After acquiring verbal consent to participate in the focus group, we asked participants to answer some questions about what they loved most about their community, what worries them about their community, what makes a community healthy, and more. For a full list of questions asked during the focus groups, see Appendix G. At the end of each formal focus group, a randomly selected participant received a Walmart gift card as an incentive for participation.

Each focus group was audio-recorded and then transcribed. The data was collected until reaching theoretical saturation. Each transcript was de-identified, and participants were assigned a number before performing the analysis. Two members of the core team conducted a thematic analysis of the transcripts and then they met with another team member to review the themes and reach consensus.

Results

In terms of strengths, participants shared their love for the sense of community, the small town/rural feel, and belief that New Kent County is welcoming, friendly, and tight knit community. The location of the county is seen as an asset as it is within proximity to the mountains, beach, and other destinations/cities. The school system, as well as parks and recreation, were other strengths mentioned.

“THERE ARE A LOT OF FOLKS WHO ARE CHOOSING TO GROW OLD HERE; WHERE ARE THEY GOING TO GO IN THE NEXT 15-20 YEARS FROM NOW?”

FOCUS GROUP PARTICIPANT

A challenge consistently shared was the rapid population growth occurring throughout the county. Participants shared concerns for the ability of services to keep up with the demand, and the potential over development of the area. Another challenge participants mentioned was the lack of awareness of services and resources. Many participants were unaware of resources available in New Kent County, and most of the stated services they receive are obtained from outside of the county. To address this issue, participants suggested educating the population via social media and other methods to increase awareness and their knowledge of what resources and services are available to them and how to access them locally. Another topic mentioned was the need for better access to medical services, and better support and services for the aging population.

During the focus groups, participants mentioned the lack of specialty and general medical providers, as well as the fact that there are no long-term care facilities or home healthcare organizations in New Kent County. There is a large retirement community and they expressed concerns about being unable to stay in their community because of the lack of aging in place support services.

Lastly, participants explained the difficulties faced when navigating issues “post pandemic” including transportation, health insurance coverage, and fear/stigma and how there are barriers to accessing care especially for those who are older, low-income, and living with disabilities.

“I AM WORRIED ABOUT THE BALANCE BETWEEN FEELING LIKE WE NEED THINGS BUT NOT WANTING TO OVERBUILD OR TURN INTO A CROWDED CITY.”

FOCUS GROUP PARTICIPANT

Overall, the focus group participants felt mental health/wellness, substance use, chronic conditions, transportation, and broadband/internet access should be prioritized. These results align with those collected during the community health survey and key informant interviews.

Key Informant Interviews

Overview

Key informant interviews were also conducted to gain additional qualitative data. Three in-depth interviews were completed with community members who are seen by many to have a good sense of what is happening in the community, how people are being impacted, and what is changing/emerging that could or has influenced the health and well-being of community members.

Methodology

The Chickahominy Health District staff conducted key informant interviews with: 1) an Emergency Department (ED) Medical Doctor; 2) the New Kent County Sheriff; and 3) a Mental Health Provider in New Kent County, in October 2022. Key informants were asked a total of 6 questions related to the strengths and challenges faced by community members in New Kent County, plus demographic questions. All questions were open-ended and an analysis of the content to identify common themes were performed. See Appendix H for a full list of questions.

Results

There were six cross cutting themes identified in all three interviews. The first two themes were related to the strengths and assets in New Kent County. The first theme was the closeness of the community, and the second strength was New Kent County's access and proximity to Interstate 64. The third theme was lack of access to primary care and specialty healthcare providers. Mental health challenges and a lack of mental health providers was the fourth theme, followed by drug and alcohol abuse. The final theme was a lack of awareness, and therefore utilization of services and resources available to community members.

Forces of Change Assessment

Overview

The Forces of Change Assessment (FOCA) is one of the four MAPP assessments. The purpose of this assessment is to identify current and potential factors or events (e.g., legislation, population changes, technology, economic shifts, etc.) that may directly or indirectly affect the health of communities in New Kent County, and/or the county's local public health system. Forces of Change 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., New Kent's population growth)

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. Though it is not immediately obvious how all the forces identified in this assessment are directly related to health, it is important to consider the trends, factors, and events that impact not only the local public health system but the health of our greater community, now and in the future.

Methodology

On August 16, 2022, the Chickahominy Health District hosted a Forces of Change brainstorming session. Representatives from 11 local and regional organizations attended the session.

The FOCA was focused on the following questions:

1. *What events have occurred recently that may impact the health of the New Kent County community?*
2. *Are there any trends occurring that will have an impact?*
3. *What forces are occurring locally, regionally, Statewide, and Nationally that may impact New Kent County?*
4. *What may occur in the next 5-10 years that impacts the health of the community?*



EXHIBIT 1: PICTURE OF FORCES OF CHANGE BRAINSTORMING SESSION

For each question posed, 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. Each participant reviewed the other participants' ideas and were encouraged to write down/note what was missing, which populations will be most impacted by these forces of change, and if they noticed any overarching themes. Once the group felt confident all ideas were posted, they began to organize each of the sticky notes into categories based upon similarities. The forces of change (FOC) categories they established are listed to the right.

FORCES OF CHANGE

Access

Aging Population

Climate Change/Environmental Issues

Economic/Infrastructure

Funding

Health Crisis (Infectious Disease)

Housing

Mental Health/Substance Use

Population Growth

Socialization

Societal Concerns

Technology (Broadband)

Transportation

The group then 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 reaching our vision, and what favorable external forces could give the community an advantage or create space for positive change. See Appendix I for a complete list of T&O identified by the group during the meeting.

Results

At the end of the meeting, all participants completed a written worksheet (see Appendix J). The worksheet asked them to select three FOC categories they believe are the most important FOC to prioritize and explain their reasoning to their selection based upon discussion and the information shared. The overall most common responses were Mental Health/Substance Use, Population Growth, and Access.

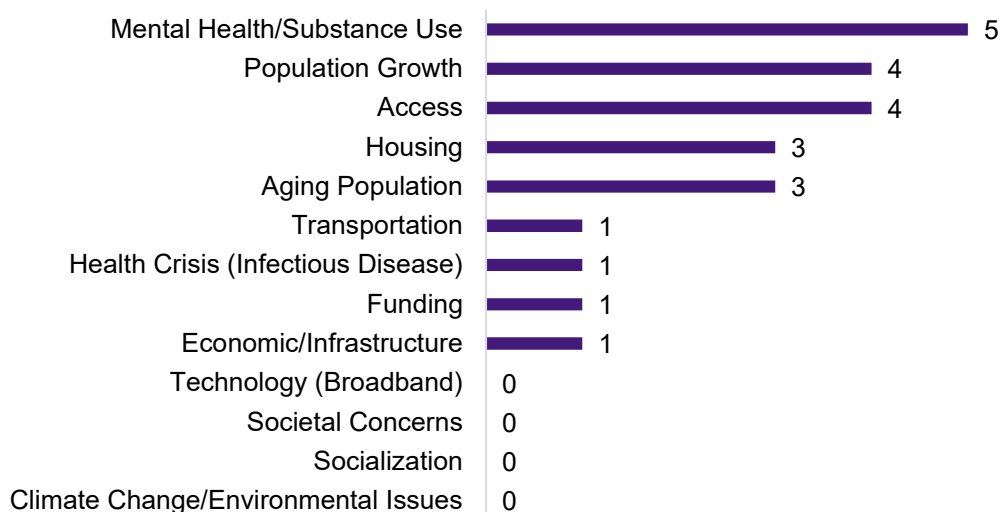


FIGURE 47: RANKED FORCES OF CHANGE PRIORITIES,

Community Identified Priorities

On September 29th, 2022, the SC met to review the results of the Community Themes and Strengths Assessment (CTSA). 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.

1. *If this priority 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 priority overlap/relate to another health issue/topic?*

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 from the CHA, the SC narrowed the top 14 priorities down to the top seven priorities, which were (listed from most important to least):

1. Healthcare access and quality
2. Mental health/substance use
3. Affordable and safe housing

4. Aging in place support services
5. Physical activity and healthy eating
6. Broadband/Internet access
7. Transportation options

On October 25th, 2022, the New Kent County Community Health Forum was held. Anyone who lived or worked in New Kent County was welcome to attend either in-person or online via Zoom. During the meeting, the meeting participants reviewed the CHA process, the social determinants of health and why they are important, the CHA data for the top seven priorities, Virginia’s Plan for Wellbeing Plan priorities, Healthy People 2030 priorities for the United States, the MAPP process, the CHIP development process, and how we intend to move forward with the information gathered at the community health forum.

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 monopoly money to “spend” on the 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 issues. Participants had the choice of splitting up their spending or they could put all of it on one or multiple priorities of their choice. 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 money by commenting a dollar amount underneath each priority. While participants were spending, the core 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 at the meeting.

The top three health priority areas were identified through the prioritization process. These health priority areas will be focused on during the Community Health Improvement Plan. **Mental Health and Substance Use (including Nicotine and Alcohol)** was the most funded health issue with the total of \$9,600, followed by **Healthcare Access and Quality** with \$7,000, and then **Affordable and Safe Housing** with \$2,600.



Mental Health and Substance Use (including Nicotine and Alcohol)



Healthcare Access and Quality



Affordable and Safe Housing

Conclusion

The CHA informs the next phase of this cyclical process - the Community Health Improvement Plan. 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 (2023-2027) to provide or connect resources and tools that can positively impact the community's well-being. To successfully address the top three priorities - mental health and substance use (including nicotine and alcohol), health care access and quality, and affordable and safe housing - involvement from diverse community partners and leaders is essential.

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



Photo Courtesy of New Kent County

Data Sources and References

1. Community Health Assessment and Improvement Planning: National Association of County and City Health Officials. Available from: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>.
2. Mobilizing for Action through Planning and Partnerships (MAPP): National Association of County and City Health Officials; 2022. Available from: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>.
3. Section 13. MAPP: Mobilizing for Action through Planning and Partnerships Community Tool Box: Center for Community Health and Development at the University of Kansas. Available from: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main>.
4. County Health Rankings Model: University of Wisconsin. Population of Health Institute. School of Medicine and Public Health; 2022. Available from: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.
5. Virginia Population Estimates | Weldon Cooper Center for Public Service; 2022. Available from: <https://demographics.coopercenter.org/virginia-population-estimates>.
6. QuickFacts: United States Census Bureau; 2021. Available from: <https://www.census.gov/quickfacts/fact/table/newkentcountyvirginia,US/PST045221>.
7. Community Health Needs Assessment Report, New Kent County, VA. SparkMap; 2022 November 17, 2022.
8. Goal E: Improve our understanding of the consequences of an aging society to inform intervention development and policy decisions: National Institute on Aging; 2022. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/>.
9. Aging in Place in Rural Communities – RHIhub Aging in Place Toolkit: Rural Health Information Hub; 2016. Available from: <https://www.ruralhealthinfo.org/toolkits/aging/1/rural-issues>.
10. County Health Rankings & Roadmaps. 2022. Available from: <https://www.countyhealthrankings.org/explore-health-rankings/virginia/new-kent?year=2022>.
11. Zhang, X. Holt, J., Yun, S., Lu, H., Greenlund, K., Croft, J.B. Validation of multilevel regression and poststratification methodology for small area estimation of health outcomes; 2015 [127-37]. Available from: <http://aje.oxfordjournals.org/content/182/2/127.full.pdf+html?sid=71379e3d-4594-41f6-b6bd-659a6f3e6960>.
12. CDC. Mental Health: Centers for Disease Control and Prevention (CDC); 2022 [updated 2022-09-13]. Available from: <https://www.cdc.gov/mentalhealth/index.htm>.
13. Cutland CL, Lackritz, E. M., Mallett-Moore, T., Bardají, A., Chandrasekaran, R., Lahariya, C., Nisar, M. I., Tapia, M. D., Pathirana, J., Kochhar, S., Muñoz, F. M., and Brighton Collaboration Low Birth Weight Working Group. Low birth weight: Case definition and guidelines for data collection, analysis, and presentation of maternal immunization safety data 2017. Available from: <https://doi.org/10.1016/j.vaccine.2017.01.049>.

14. Hughes M.M., Black, R.E. & Katz, J. Low birth weight cutoff: History and implications for future research and policy; 2017. Available from: <https://doi.org/10.1007/s10995-016-2131-9>.
15. Ratnasiri A.W.G., Parry S.S., Arief V.N., DeLacy I.H., Halliday L.A., and DiLibero R.J.. Recent trends, risk factors, and disparities in low birth weight in California; 2018. Available from: <https://pubmed.ncbi.nlm.nih.gov/30094052/>.
16. Zhang X, Holt J.B., Lu H, Wheaton A.G., Ford E.S., Greenlund K, and Croft JB. Multilevel regression and poststratification for small-area estimation of population health outcomes: a case study of chronic obstructive pulmonary disease prevalence using the Behavioral Risk Factor Surveillance System 2014. Available from: <https://academic.oup.com/aje/article-pdf/179/8/1025/254708/kwu018.pdf?sid=664de759-c0e7-44db-8919-4addca353870>.
17. Body Mass Index: Considerations for Practitioners: Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/obesity/downloads/bmiforpractitioners.pdf>.
18. Drunk Driving Washington, D.C.: U.S. Department of Transportation; 2019. Available from: <https://www.nhtsa.gov/risky-driving/drunk-driving>.
19. Virginia Department of Health. Fatal Drug Overdose Quarterly Report, 2022. Available from: <https://www.vdh.virginia.gov/content/uploads/sites/18/2022/10/Quarterly-Drug-Death-Report-FINAL-Q2-2022.pdf>.
20. Genuis S.J., Genuis S.K.,. Managing the sexually transmitted disease pandemic: A time for reevaluation; 2004. Available from: <https://pubmed.ncbi.nlm.nih.gov/15507928/>.
21. Steinbrook, Dr. Robert. Easing the shortage in adult primary care -- Is it all about money? 2009. Available from: <https://www.nejm.org/doi/full/10.1056/nejmp0903460>.
22. Baicker, K., Chandra, A.. Medicare spending, the physician workforce, and beneficiaries' quality of care. 2004 [184-97]. Available from: <https://pubmed.ncbi.nlm.nih.gov/15451981/>.
23. Designated Health Professional Shortage Areas Statistics. First Quarter of Fiscal Year; 2021. Bureau of Health Workforce. Health Resources and Service Administration (HRSA). U.S. Department of Health & Human Services; 2020. Available from: <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.
24. Mind Meld Psychotherapy, PLLC; 2022. Available from: <https://mindmeldpsychotherapy.com/home>.
25. Elmore, J.G. Armstrong, K., Lehman, C.D., Fletcher, S.W. Screening for breast cancer. 2005 [1245-56]. Available from: <https://pubmed.ncbi.nlm.nih.gov/15755947/>.
26. Key Facts About Seasonal Flu Vaccine. Centers for Disease Control and Prevention; 2020. Available from: <https://www.cdc.gov/flu/prevent/keyfacts.htm>.
27. Flu & People 65 Years and Older. Centers for Disease Control and Prevention.; 2021 Available from: <https://www.cdc.gov/flu/highrisk/65over.htm>.
28. McCarty, A.T. Child poverty in the United States: A tale of devastation and the promise of hope; 2016. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5589198/>.
29. Dreyer, B.P. To create a better world for children and families: the case for ending childhood poverty; 2013 [83-90]. Available from: [https://www.academicpedsinl.net/article/S1876-2859\(13\)00006-5/fulltext](https://www.academicpedsinl.net/article/S1876-2859(13)00006-5/fulltext).

30. Ellen, I.G., Mijanovich, T., Dillman K.N. Neighborhood effects on health: Exploring the links and assessing the evidence; 2001 [391-408]. Available from: <https://www.tandfonline.com/doi/abs/10.1111/0735-2166.00096>.
31. Fast Facts: Preventing Sexual Violence | Violence Prevention | Injury Center | CDC 2022 updated 2022-07-07. Available from: <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>.
32. Heron, M. Leading causes for 2019. National Vital Statistics Reports; 2021. Available from: <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>.
33. Facts About Suicide | Suicide | CDC 2022 [updated 2022-10-24]. Available from: <https://www.cdc.gov/suicide/facts/index.html>.
34. Macintyre, S., Hiscock, R., Kearns, A., Ellaway, A. Housing, tenure and health inequalities: A three-dimensional perspective on people, homes, and neighbourhoods. Graham H, ed. Understanding Health Inequalities. New York: Open University Press; 2000. Available from: https://www.researchgate.net/publication/292022248_Housing_tenure_and_health_inequalities_A_three-dimensional_perspective_on_people_homes_and_neighbourhoods.
35. Wen, L.M., Orr, C., Millett, C., Rissel, C. Driving to work and overweight and obesity: findings from the 2003 New South Wales Health Survey, Australia. International Journal of Obesity; 2006 [782-6]. Available from: <https://pubmed.ncbi.nlm.nih.gov/16404406/>.
36. THE SIX DIMENSIONS OF WELLNESS: National Wellness Institute 2020. Available from: <https://nationalwellness.org/resources/six-dimensions-of-wellness/>.
37. Michalski, C.A., Diemert, L.M., Helliwell, J.F., Goel, V., and Rosella, L.C. Relationship between sense of community belonging and self-rated health across life stages: PubMed; 2020. Available from: <https://pubmed.ncbi.nlm.nih.gov/33134474/>.
38. Pattath, P. Social Determinants of Health and Racial/Ethnic Disparities in COVID-19 Mortality at the County Level in the Commonwealth of Virginia: National Library of Medicine; 2022. Available from: <https://pubmed.ncbi.nlm.nih.gov/36455199/>.
39. Parker, K., Patten, E. The Sandwich Generation, Rising Financial Burdens for Middle-Aged Americans Pew Research Center; 2013 [January 30, 2013]. Available from: <https://www.pewresearch.org/social-trends/2013/01/30/the-sandwich-generation/#fn-15903-2>.

Glossary

Assessment

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

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.

(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.

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 by the intent or purposefulness of occurrence in two categories, intentional and 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.

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.

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.

Sandwich Generation

Adults who are part of the sandwich generation—that is, those who have a living parent aged 65 or older and are either raising a child under age 18 or supporting a grown child—are pulled in many directions. (39)

Stakeholders

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

Appendices

Appendix A: List of Resources used during the Community Health Status Assessment (CHSA)

Indicator group	Indicator category	Indicator subcategory	Measure	Source	Years of Data
Health outcomes	Length of Life		Premature death	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
			COVID-19 deaths, crude mortality rate	National Center for Health Statistics - Mortality Files	2022
			Premature age-adjusted mortality	National Center for Health Statistics - Mortality Files	2018-2020
	Quality of Life		Poor or fair health	Behavioral Risk Factor Surveillance System	2019
			Poor physical health days	Behavioral Risk Factor Surveillance System	2019
			Poor mental health days†	Behavioral Risk Factor Surveillance System	2019
			Low birthweight	National Center for Health Statistics - Natality files	2014-2020

			Diabetes prevalence	Behavioral Risk Factor Surveillance System	2019
			HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
			High blood pressure	Behavioral Risk Factor Surveillance System	2019
Health Factors	Health Behaviors	Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2019
		Diet and Exercise	Adult obesity	Behavioral Risk Factor Surveillance System	2019
			Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2019
			Food insecurity	Map the Meal Gap	2019
			Limit access to healthy foods	USDA Food Environment Atlas	2019
			Physical inactivity	Behavioral Risk Factor Surveillance System	2019
			Access to exercise opportunities	Business Analyst, ESRI, YMCA & US Census TIGER/Line Files	2010 & 2021
			Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System

			Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
			Drug overdose deaths	National Center for Health Statistics - Mortality Files	2018-2020
			Motor vehicle crash deaths	National Center for Health Statistics - Mortality Files	2014-2020
		Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2019
			Teen births	National Center for Health Statistics - Natality files	2014-2020
		Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
	Clinical Care	Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
			Primary care physicians	Area Health Resource File/American Medical Association	2019
			Dentists	Area Health Resource File/National Provider Identification file	2020
			Mental health providers	CMS, National Provider Identification	2021
			Uninsured adults	Small Area Health Insurance Estimates	2019

			Uninsured children	Small Area Health Insurance Estimates	2019
			Other primary care providers	CMS, National Provider Identification	2021
		Quality of Care	Preventable hospital stays	Mapping Medicare Disparities Tool	2019
			Mammography screening	Mapping Medicare Disparities Tool	2019
			Flu vaccinations	Mapping Medicare Disparities Tool	2019
		Social and Economic Factors	Education	High school completion	American Community Survey, 5-year estimates
	Some college			American Community Survey, 5-year estimates	2016-2020
	Educational Attainment			American Community Survey, 5-year estimates	2016-2020
	Reading scores			Stanford Education Data Archive	2018
	School segregation			National Center for Education Statistics	2020-2021
	School funding adequacy			School Finance Indicators Database	2019
	Employment		Unemployment	Bureau of Labor Statistics	2020
		Living wage	The Living Wage Calculator	2021	

			Gender pay gap	American Community Survey, 5-year estimates	2016-2020
		Income	Children in poverty	Small Area Income and Poverty Estimates	2020
			Median household income	US Census Bureau	2020
			Income inequality	American Community Survey, 5-year estimates	2016-2020
		Family and Social Support	Social associations	County Business Patterns	2019
			Children in single-parent households	American Community Survey, 5-year estimates	2016-2020
			Residential segregation Black-White	American Community Survey, 5-year estimates	2016-2020
			Residential segregation Non-white-White	American Community Survey, 5-year estimates	2016-2020
			Child care cost burden	The Living Wage Calculator, Small Area Income and Poverty Estimates	2021 & 2020
			Child care centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
		Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016

			Rate of rape	Uniform Crime Reporting - FBI	2015-2017
			Injury deaths	National Center for Health Statistics - Mortality Files	2016-2020
			Suicide deaths	National Center for Health Statistics - Mortality Files	2016-2020
			Firearm fatalities	National Center for Health Statistics - Mortality Files	2016-2020
			Juvenile arrests	Easy Access to State and County Juvenile Court Case Counts	2019
	Physical Environment	Air and Water Quality	Air pollution - particulate matter	Environmental Public Health Tracking Network	2018
			Drinking water violations	Safe Drinking Water Information System	2020
	Housing and Transit		Homeownership	American Community Survey, 5-year estimates	2016-2020
			Housing Quality - Substandard Housing	American Community Survey, 5-year estimates	2016-2020
			Severely cost burdened households	American Community Survey, 5-year estimates	2016-2020
			Cost burdened Rental Household	American Community Survey, 5-year estimates	2016-2020

			Broadband Access	American Community Survey, 5-year estimates	2016-2020
			Population with any computer without internet subscription	American Community Survey, 5-year estimates	2016-2020
			Households with No or Slow Internet	American Community Survey, 5-year estimates	2016-2020
			Driving alone to work	American Community Survey, 5-year estimates	2016-2020
			Long commute - driving alone for over 30 minutes	American Community Survey, 5-year estimates	2016-2020
			Travel time	American Community Survey, 5-year estimates	2016-2020
			Carpool use	American Community Survey, 5-year estimates	2016-2020

Appendix B: List of Additional Indicators assessed during the Community Health Status Assessment (CHSA)

The bolded and red numbers show New Kent County’s rates or percentages are worse than Virginia’s rates or percentages.

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent 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>	1. Malignant neoplasms (*Unreliable) 2. Diseases of heart (*Unreliable) 3. COVID-19 (*Unreliable)	1. Diseases of heart (168.2 per 100,00) 2. Malignant neoplasms (144.1 per 100,00) 3. COVID-19 (85.0 per 100,000) 4. Accidents (57.6 per 100,000)
			COVID-19 deaths, crude rate per 100,000 population (Last update 11/23/2022)	183.11	262.25
			Premature age-adjusted mortality (number of deaths among residents under age 75 per 100,000 population)	340	330 (330-340)
	Quality of Life		Diabetes prevalence (Percentage of adults aged 20 and above [age-adjusted] with diagnosed diabetes)	9% (9-10%)	10% (9-11%)
			HIV prevalence (Number of people aged 13 years and older)	161	329

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
			living with a diagnosis of human immunodeficiency virus [HIV] infection per 100,000 population)		
			High blood pressure (percentage of adults age 18+ with high blood pressure)	35.8%	33.6%
Health Factors	Health Behaviors	Diet and Exercise	Food insecurity (Percentage of population who lack adequate access to food)	6%	9%
			Limit access to healthy foods (Percentage of population who are low-income and do not live close to a grocery store)	0%	4%
		Alcohol and Drug Use	Motor vehicle crash deaths (Number of motor vehicle crash deaths per 100,000 population)	18	10
		Sexual Activity	Teen births (Number of births per 1,000 female)	8 (5-11)	15

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
			population ages 15-19)		
		Other Health Behaviors	Insufficient sleep (Percentage of adults who report fewer than 7 hours of sleep on average [age-adjusted])	38%	39%
	Clinical Care	Access to Care	Uninsured adults (Percentage of adults under age 65 without health insurance)	9% (8-11%)	11%
Uninsured children (Ratio of population to primary care providers other than physicians)			7% (5-9%)	5%	
Other primary care providers (Ratio of population to primary care providers other than physicians)			2,960:1	920:1	
	Social and Economic Factors	Education	Educational Attainment (this indicator is calculated for persons over 25 years old, and is an estimated average for the period from 2016 to 2020)	No High School Diploma: 6.5% High School only: 30.6% Some College: 22.8% Associates Degree: 8.0%	No High School Diploma: 9.7% High School only: 23.9% Some College: 19.1% Associates Degree: 7.9%

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
				Graduate or Professional Degree: 11.6%	Graduate or Professional Degree: 17.2%
			Reading scores (Average grade level performance for 3rd graders on English Language Arts standardized tests)	3.4	3.2
			Reading scores (Disaggregated by Race)	Black: 2.9 White: 3.4	3.2
			School segregation (The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation)	0.01	0.21
			School funding adequacy (The average gap in dollars between actual and required spending per pupil among public school districts)	\$2,843	-\$186

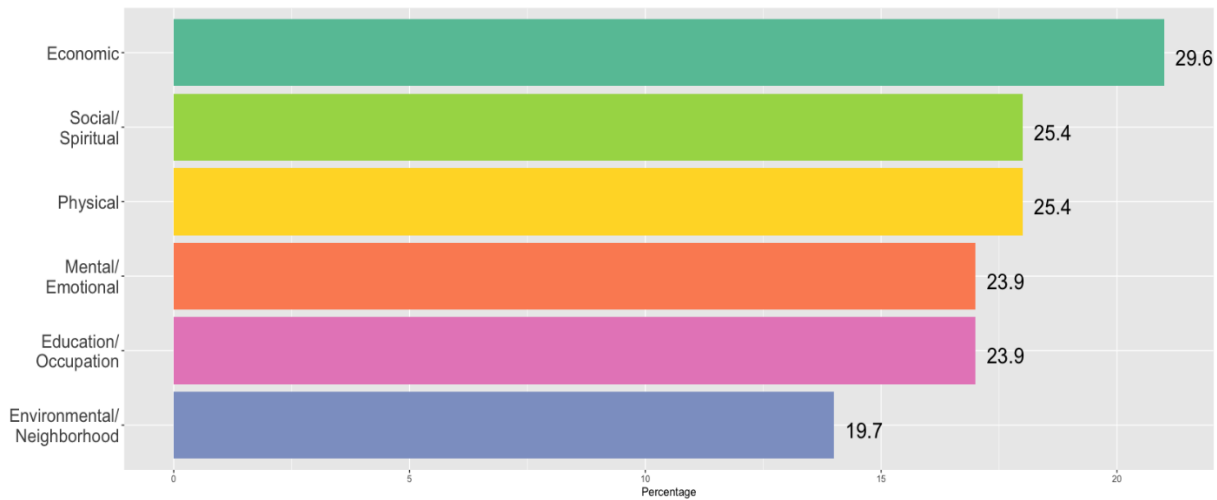
Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
		Employment	Living wage (The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children)	\$38.47	\$41.81
			Gender pay gap (Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar")	\$0.93 (\$0.79-\$1.07)	\$0.80
		Family and Social Support	Children in single-parent households (Percentage of children that live in a household headed by a single parent)	13% (6-20%)	24%
			Residential Segregation Black-White (This index can range from 0 to 100, with lower values representing less residential segregation and a value of 100 representing complete segregation)	22	50

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
			Residential Segregation Non-white-White (Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents)	10	42
			Child Care Cost Burden (Childcare costs for a household with two children as a percent of median household income)	14%	25%
			Child Care Centers (Number of childcare centers per 1,000 population under 5 years old)	8	7
		Community Safety	Firearm fatalities (Number of deaths due to firearms per 100,000 population)	12 (6-20)	13
			Juvenile arrests (Rate of delinquency cases per 1,000 juveniles)	42	30

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
	Physical Environment	Air and Water Quality	Air pollution - particulate matter (Average daily density of fine particulate matter in micrograms per cubic meter [PM2.5])	7.5	7.3
			Drinking water violations (Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation)	No	
	Housing and Transit	Travel time in minutes (Percent of Workers) 30 to 60 minutes	57.3%	32%	
		Carpool use (This indicator shows the method of transportation workers used to travel to work for the report area)	5%	8.9%	
		Population with any computer without internet subscription (This indicator reports the computer but without an Internet subscription of	11%	5.7%	

Indicator group	Indicator category	Indicator subcategory	Measure	New Kent County	Virginia
			household population on the 2016-2020 American Community Survey estimates)		
			Households with No or Slow Internet (This indicator reports the percentage of households who either use dial-up as their only way of internet connection, or have internet access but don't pay for the service, or have no internet access in their home)	18.7%	14%

Appendix C: Community Asset Mapping Summary



1) Economic

- Wineries
- Thrive VA
- Natural Resources/Outdoor Recreation (rivers, trees, gardening, trails, forests)
- New Kent Public Schools
- Golf courses and leagues
- New Kent Health Department
- USDA Programs
- Economic Development
- Rosie's
- Banks
- AutoZone
- Food Lions
- Small Businesses
- I-64/Corridors
- Dollar General
- New housing developments
- Location of County (close to Richmond or Williamsburg)
- High household median income
- Low unemployment
- Chamber of Commerce
- United Way

2) Social & Spiritual

- Faith-based organizations
- Parks & Recreations Department
- School Sports Programs
- Fundraisers/Fundraising Events
- Boy Scouts/Girls Scouts
- Wineries
- Friendship Cafe
- Senior Connections
- Volunteer Groups
- New Kent County Fair
- Grand Illumination
- Junior Women's
- Lion's Club
- Rotary Club
- Kiwanis
- Farmer's Market
- Golf courses and leagues
- United Way

3) Physical

- Faith-based organizations
- Parks & Recreations Department
- School Sports Programs
- Wineries
- Farmer's Market
- Henrico Area Mental Health & Developmental Services
- Bridges of Change Shelter
- Fitness/ Gym Facilities

- Natural Resources/Outdoor Recreation (rivers, trees, gardening, trails, forests)
- Support Groups (AA/Alzheimer/Caregiver Support)
- Food pantries
- Two WHKS
- Golf courses and leagues
- VCU Emergency Department
- Running Events (5k, etc.)
- VEGA (Gymnastics Academic)
- Matthew's Haven
- Proclaiming Grace Outreach

4) Mental & Emotional

- Faith-based organizations
- Parks & Recreations Department
- Boy Scouts/Girls Scouts
- DSS (Dept. of Social Services)
- Cumberland Hospital
- NAMI (National Alliance on Mental Illness)
- Henrico CSB
- Bridges of Change Shelter
- Fitness/ Gym Facilities
- Freedom Fields
- Victim Witness
- Thrive VA
- Natural Resources/Outdoor Recreation (rivers, trees, gardening, trails, forests)
- Employee Assistance Program (EAP)
- Support Groups (AA/Alzheimer/Caregiver Support)
- New Kent Public Schools
- United Way

5) Education & Occupation

- Faith-based organizations
- Senior Connections
- New Kent Dept. of Social Services
- National Alliance on Mental Illness (NAMI)
- Bridges of Change Shelter
- Thrive VA
- New Kent Public Schools
- New Kent Health Department
- Library
- Bridging Community – Regional Career and Technical Center
- Rappahannock Community College - New Kent Site
- Parent Child Development Corporation (PCDC) Head Start
- PACE (Program of All-inclusive Care for the Elderly)
- County Extension Office
- Citizens Academy
- New Kent University
- United Way

6) Environmental & Neighborhood

- Parks & Recreations Department
- Natural Resources/Outdoor Recreation (rivers, trees, gardening, trails, forests)
- New Kent Public Schools
- Food pantries
- Solar Farms
- Smaller population
- Chesapeake Bay Watershed
- New Kent Health Department
- USDA Programs
- Electric Cars
- New Kent Sherriff's Office
- New Kent Fire and Rescue
- Walkability
- Habitat for Humanity

Appendix D: Community Health Survey – English

New Kent Community Health Survey

The Chickahominy Health District (CHD) and the New Kent Community Health Assessment (CHA) Steering Committee are partnering to better understand the key health needs of those who live, work, play, and pray in New Kent County. The Steering Committee is a group of representatives from several local and regional organizations including New Kent Fire-Rescue, New Kent Parks and Recreation, Thrive VA, Department of Social Services, New Kent County Public Schools, and many more.

Please take ten minutes to complete this anonymous survey to share your perspective. The information collected will help identify local concerns to prioritize for upcoming health improvement planning. You must be 18 years or older to complete this survey. If you have any questions about the survey or the CHA, please contact the CHD's Community Health Coordinator, at emily.hines@vdh.virginia.gov.

Community Health in New Kent

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

___ / ___ / _____

2. What are the most important factors for a "healthy community" in New Kent? Select up to 5 choices.

- Access to affordable health care (family doctor/provider, specialized care, mental health care, and dental care)
- Access to affordable preventative services (vaccines, cancer screenings, annual check-ups, etc.)
- Access to healthy food
- 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: _____

3. What are the most important "health problems" in New Kent? Select up to 5 choices.

- Aging conditions (Alzheimer's disease, memory loss, hearing loss, etc.)
- Cancer/Neoplasms
- Chronic Pain (back pain, neck pain, etc.)
- Dental problems
- Diabetes (high blood sugar)
- Firearm related injuries/gun violence
- Heart disease/Heart attack
- Infant/neonatal deaths
- Infectious diseases (COVID-19, flu, pneumonia, etc.)
- Injuries/Trauma (motor vehicle collisions, sports injuries, falls, etc.)
- Lung conditions (asthma, chronic obstructive pulmonary disease, etc.)
- Mental health illness (depression, anxiety, suicide, etc.)
- Obesity/Overweight
- Pregnancy-related illness (gestational hypertension/preeclampsia, postpartum hemorrhage, prematurity, etc.)
- Sexually transmitted infections (HIV/AIDS, gonorrhea, syphilis, etc.)
- Substance use disorders (opioids, stimulants, alcohol, etc.)
- Teen-pregnancies/Teen-births
- Other: _____

4. What are the most important unhealthy/risky individual behaviors to address in New Kent? Select up to 5 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
- Screen time/excessive social media use
- Tobacco use (smoking)
- Unsafe sex
- Unsecured firearms
- Other: _____

5. What are the most important health factors which affect how well/how long we live in New Kent? Select up to 5 choices.

- Air pollution/drinking water violations
- Bullying and/or cyber-bullying
- Gender disparities (gender pay gap, health inequalities)
- Housing related-problems (including housing cost burden, poor walkability, etc.)
- Lack of aging services (nursing homes, at-home care, transportation services, etc.)
- Lack of child care/childcare cost burden
- Lack of access to preventative services (vaccines, screening services, annual check-ups, etc.)
- Lack of family planning services (contraceptive counseling, sexual-transmitted illnesses testing/treatment, etc.)
- Lack of healthcare access (family doctors/providers, hospitals, mental health services, etc.)
- Lack of internet/broadband access
- Lack of maternity care services (prenatal care, delivery care and postnatal care services)
- Lack of social, cultural and recreational spaces and activities
- Long-commute/lack of diverse transportation options besides driving
- Low levels of high-school graduates/school related problems
- Racial/ethnic disparities (residential segregation, health inequalities)
- Minority groups health disparities (LGBTQ+, people with disabilities, etc.)
- Unemployment, income inequality, and poverty
- Other: _____

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

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

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

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

Quality of Life and Community Belonging in New Kent

8. How satisfied are you with the following areas/aspects of community life?

Fill in one circle for each row based upon your satisfaction rating.

	1 Completely unsatisfied	2 Unsatisfied	3 Neutral	4 Satisfied	5 Completely satisfied
THE QUALITY OF LIFE IN MY COMMUNITY (Consider how safe you feel, overall well-being, and taking part in community life and activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THE HEALTH CARE SYSTEM AND WELLNESS ACTIVITIES (Consider how easy it is to get an appointment, quality of the care you receive, location, and cost of healthcare services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SERVICES FOR RAISING CHILDREN (Consider the quality of schools, day care, after-school programs, recreation, and safety)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SERVICES FOR GROWING OLD (Consider homes with age - friendly features, transportation to appointments, home health/nursing homes, social support, groceries, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THE ECONOMIC OPPORTUNITIES IN MY COMMUNITY (Consider local, small businesses, quality jobs, employment and higher education opportunities, affordable housing, reasonable commute)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THE SUPPORT NETWORKS FOR INDIVIDUALS AND FAMILIES DURING TIMES OF STRESS AND NEED (neighbors, support groups, faith community, community engagement, outreach, services/programs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	1 Totally disagree	2 Disagree	3 Neutral	4 Agree	5 Completely agree
I feel being a member of this community is a part of my identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe members of this community, individually or collectively, can make the community a better place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel this community has been successful in getting the needs of its members met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel most community members would consider moving out of the neighborhood if they were given the opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Impact of COVID-19 in New Kent

10. In your opinion, how has the pandemic impacted New Kent? Choose all that apply:

- Economic downturn/Recession/Poverty
- Increased conflicts and violence-related issues
- Increase in drug use/abuse (opioids, stimulants, alcohol etc.)
- Increased family violence
- Increased food insecurity
- Increased fragility of vulnerable groups
- Increased gender gap
- Increased health-care access disparities
- Increased internet inequalities
- Increased mental health problems
- Loss of businesses and jobs
- School disruptions, loss of learning opportunities
- I believe the pandemic did not impact New Kent
- Other: _____

11. Please share any positive outcome(s) you may have experienced during the pandemic.

Demographics

12. Please select your 5 digit zip code of where you live.

- 23011
- 23089

- 23124
- 23140
- 23141
- 23181
- I don't live in New Kent but I work in New Kent County

13. What is your gender?

- Female
- Male
- Non-binary / Gender non-conforming
- Transgender Female
- Transgender Male
- Prefer not to answer
- Other: _____

14. What is your age? Write numbers only. (e.g. 44)

15. To which racial group you identify yourself with? Choose all that apply:

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

16. Do you identify yourself as Hispanic/Latino(a)?

- Yes
- No
- Prefer not to answer

17. Which languages do you speak at home? Choose all that apply:

- Arabic
- Chinese (including Mandarin and Cantonese)
- English
- Spanish

- Prefer not to answer
- Other: _____

18. What is your highest level of education completed?

- Never attended school
- Less than high school
- High school diploma or equivalent (e.g. GED)
- Some college, no degree
- College degree or higher
- Bachelor's degree
- Master's degree
- Terminal degree (JD, PhD, MD, etc.)
- Prefer not to answer
- Other: _____

19. What is your current status? Choose all that apply:

- Disabled
- Full-time
- Homemaker
- Part-time
- Retired
- Student
- Unemployed
- Veteran
- Prefer not to answer
- Other: _____

20. What was your household income last year (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

21. What type of health coverage/insurance do you have?

- Medicare

- Medicaid
- Private or Commercial
- None
- Prefer not to answer
- Other: _____

22. Do you rent or own where you live?

- Rent
- Own
- Other
- Prefer not to answer

23. Enter the number of adults (18+) living in your household, including yourself. Please use numbers only. (e.g., 3).

24. Enter the number of children (0-17) living in your household. Please enter numbers only. (e.g., 2)

Final Comments

Is there anything else you would like to tell us about the community, the community's health problems, strengths, and/or areas of improvement for New Kent County?

Thank you for sharing your perspective! - The New Kent CHA Steering Committee

Appendix E: Community Health Survey – Spanish

Encuesta de Salud Comunitaria del condado de New Kent

El distrito de salud de Chickahominy (CHD, siglas en inglés) y el Comité Directivo de Evaluación de Salud Comunitaria (ESC) están colaborando juntos para entender las necesidades más importantes de aquéllos que viven, trabajan, juegan y rezan en el condado de New Kent. El Comité Directivo está formado por un grupo de representantes de organizaciones locales y regionales incluyendo el Servicio de Incendios y Rescate de New Kent, Servicios de Parques y Recreación de New Kent, Thrive VA, Departamento de Servicios Sociales, Escuelas Públicas y muchas otras organizaciones del condado de New Kent.

Por favor tómese unos diez minutos en completar este cuestionario anónimo para compartir su perspectiva. La información recibida ayudará a identificar las preocupaciones locales que se necesitan priorizar en el próximo plan de mejora de la salud. Tiene que tener 18 años para completar esta encuesta. Si tiene alguna pregunta sobre esta encuesta o sobre la ESC por favor contacte el Coordinador de Salud Comunitaria escribiendo a emily.hines@vdh.virginia.gov.

Salud Comunitaria

1. Por favor, seleccione el día en el cuál está completando este cuestionario

___ / ___ / ____ (Mes/Día/Año)

2. ¿Cuáles son los factores más importantes para una comunidad saludable en New Kent? Puede escoger hasta 5 opciones.

- Acceso a atención sanitaria a un precio razonable (médico de familia u otro profesional, servicios especializados, servicios de salud mental, servicios dentales, entre otros)
- Acceso a servicios preventivos de salud a un precio razonable (vacunas, cribado de cáncer, chequeos médicos anuales, etc.)
- Acceso a alimentos saludables
- 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
- Other: _____

3. ¿Cuáles son los problemas de salud más importantes en New Kent?

Puede escoger hasta 5 opciones.

- Problemas de salud asociados al envejecimiento (enfermedad de Alzheimer, pérdida de memoria, pérdida de oído, etc.)
- Cáncer/neoplasias
- Diabetes (nivel alto de azúcar en sangre)
- Dolor crónico (en el cuello, zona dorsal, zona lumbar, etc.)
- Embarazos/partos en la adolescencia
- Enfermedades del corazón/ataque cardiaco
- Enfermedades infecciosas (COVID-19, gripe, neumonía, etc.)
- Enfermedades mentales (depresión, ansiedad, suicidio, etc.)
- Enfermedades del pulmón (asma, enfermedad pulmonar obstructiva crónica, etc.)
- Infecciones de transmisión sexual (VIH/SIDA, gonorrea, sífilis, etc.)
- Lesiones/traumatismos (accidentes de tránsito, lesiones deportivas, caídas, etc.)
- Muertes infantiles/muertes neonatales [de recién nacidos]
- Obesidad/sobrepeso
- Problemas de salud durante el embarazo (hipertensión gestacional/preeclampsia, hemorragia postparto, parto prematuro, etc.)
- Problemas dentales
- Trastornos por consumo de sustancias (opioides, estimulantes, alcohol, etc.)
- Lesiones por armas de fuego/Violencia con armas de fuego
- Other: _____

4. ¿Cuáles son las conductas individuales no saludables/de riesgo más importantes en New Kent? Puede escoger hasta 5 opciones.

- Armas de fuego no guardadas de manera segura
- Comer alimentos poco saludables/tomar bebidas azucaradas
- Excesivo consumo de alcohol (ingerir bebidas alcohólicas en exceso)
- Falta de ejercicio y/o actividad física
- Maltrato/abuso de niños (físico, emocional, sexual)
- Maltrato/abuso de las personas mayores (físico, emocional, financiero, sexual)
- No ponerse vacunas para prevenir enfermedades infecciosas
- No usar cinturones de seguridad/asientos de seguridad para niños
- No usar métodos anticonceptivos
- Practicar sexo no seguro
- Uso del cigarrillo (fumar)
- Uso del cigarrillo electrónico/fumar vaporizador
- Uso/abuso de drogas
- Uso de las redes sociales en exceso/pasar tiempo excesivo mirando pantallas
- Violencia doméstica/violencia contra las mujeres (física, emocional, financiera, sexual)
- Other: _____

5. ¿Cuáles son los factores de salud más importantes que afectan cuánto tiempo y cuán bien vivimos en New Kent? Puede escoger hasta 5 opciones.

- Acoso/intimidación (bullying) o acoso/intimidación cibernética (cyber-bullying)
- Desempleo, desigualdad salarial, y pobreza
- Desigualdad de género (la brecha salarial de género, las desigualdades de salud)
- Desigualdades de salud en los grupos minoritarios (LGBTQ+, individuos discapacitados, entre otros)
- Desigualdades raciales/étnicas (segregación residencial, desigualdades de salud)
- Falta de espacios y actividades sociales, culturales, y recreativas
- Falta de servicios de atención de adultos mayores (residencias de ancianos, atención domiciliaria, servicios del transporte, etc.)
- Falta de servicios de atención materna (atención prenatal, atención del parto y del postparto)

- Falta del acceso a atención sanitaria (médicos de familia, hospitales, servicios de salud mental, etc.)
- Falta del acceso a servicios preventivos (vacunas, servicios de cribado del cáncer, chequeos médicos anuales, etc.)
- Falta de guarderías/costos elevados de guarderías o servicios de cuidado infantil
- Falta de servicios de internet/acceso a banda ancha
- Falta de servicios de planificación familiar (métodos anticonceptivos, tamizaje/tratamiento para enfermedades de transmisión sexual, etc.)
- Polución del ambiente/no contar con agua potable
- Pocos alumnos que consiguen terminar la educación secundaria/problemas escolares
- Problemas relacionados a la vivienda (incluyendo barrios donde no se puede caminar, costo elevado de la vivienda, etc.)
- Tiempo de viaje al trabajo muy largo/ausencia de opciones de transporte además del automóvil
- Other: _____

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

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

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

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

Calidad de vida y sentido de pertenencia en New Kent

8. ¿Cuán satisfecho está con los siguientes áreas/aspectos de la vida comunitaria? Llene un círculo en cada fila según su índice de satisfacción.

	1 Totalmente insatisfecho	2 Insatisfecho	3 Neutral	4 Satisfecho	5 Totalmente satisfecho
LA CALIDAD DE VIDA EN MI COMUNIDAD (Considere lo seguro que se siente, sensación de bienestar y la participación en las actividades comunitarias)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EL SISTEMA DE ATENCIÓN SANITARIA Y LAS ACTIVIDADES DE BIENESTAR (Considere cuán fácil es sacar una cita, la calidad de la atención que recibe, ubicación y costo de los servicios de salud)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LOS SERVICIOS PARA EL CUIDADO Y CRECIMIENTO DE LOS NIÑOS (Considere calidad de las escuelas, guardería, programas extra-escolares, actividades recreativas y la seguridad)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LOS SERVICIOS PARA EL ENVEJECIMIENTO (Considere vivienda apta para adultos mayores, transporte a los servicios médicos, atención domiciliar/casas de reposo, ayudas sociales, ayuda con la compra de alimentos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LAS OPORTUNIDADES ECONÓMICAS EN MI COMUNIDAD (Considere los pequeños negocios y	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

empresarios, trabajos de calidad, oportunidades de empleo y de educación superior, vivienda a costo razonable, tiempo de viaje al trabajo razonable)					
LAS REDES DE APOYO PARA INDIVIDUOS/FAMILIAS DURANTE TIEMPOS DEL ESTRÉS Y MAYOR NECESIDAD (vecinos, grupos de apoyo, organizaciones religiosas, participación comunitaria, programas de proyección comunitaria, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. ¿En qué grado está Ud. de acuerdo o en desacuerdo con las siguientes afirmaciones?

	1 Totalmente en desacuerdo	2 En desacuerdo	3 Neutral	4 De acuerdo	5 Totalmente de acuerdo
Siento que ser miembro de esta comunidad es parte de mi identidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creo que los miembros de esta comunidad, individual o colectivamente, pueden hacerla un mejor lugar para vivir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Siento que esta comunidad ha logrado cubrir las necesidades de sus miembros	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Siento que la mayoría de los miembros de la comunidad considerarían mudarse a otro condado si tuvieran la	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

oportunidad de hacerlo					
------------------------	--	--	--	--	--

Impacto de COVID-19 en New Kent

10. En su opinión, ¿cómo ha afectado la pandemia a New Kent? Puede marcar todas las opciones que considere conveniente.

- Ha aumentado el uso/abuso de drogas
- Ha aumentado las desigualdades en el acceso a internet
- Ha aumentado las diferencias de género
- Ha aumentado las disparidades en el acceso al cuidado de salud
- Ha aumentado la fragilidad de los grupos vulnerables
- Ha aumentado la inseguridad alimentaria
- Ha aumentado los problemas de salud mental
- Ha aumentado la violencia familiar
- Ha aumentado los conflictos y temas relacionados con la violencia
- Ha ocasionado desaceleración económica/recesión/pobreza
- Ha ocasionado la pérdida de negocios y trabajos
- Ha ocasionado la alteración del programa escolar/pérdida de oportunidades para aprender
- Creo que la pandemia no afectó a New Kent
- Other: _____

11. Por favor comparta algún resultado positivo que haya experimentado durante la pandemia.

Datos Demográficos

Nota: Por favor recuerde que es un cuestionario anónimo y no recogemos información personal pero las siguientes preguntas nos ayudarán a conocer la perspectiva de diferentes personas en nuestra comunidad respecto a temas de salud local

12. Por favor, seleccione los 5 dígitos del código postal dónde Ud. vive

- 23011
- 23089
- 23124
- 23140
- 23141
- 23181
- No vivo, pero trabajo en el condado de New Kent
- Other: _____

13. ¿Cuál es su identidad de género?

- Hombre
- Mujer
- Hombre transgénero/Hombre trans
- Mujer transgénero/Mujer trans
- De género no conformista/Género binario
- Prefiero no responder
- Other: _____

14. ¿Cuántos años tiene usted? Escriba solo números. (ej. 44)

15. ¿Con cuál grupo racial se identifica? Elija todos los 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
- Other: _____

16. ¿Se identifica como hispano o latino?

- Sí
- No
- Prefiero no responder

17. ¿Qué idiomas habla Ud. en casa? Elija todos los que correspondan:

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

18. ¿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
- Título universitario o superior
- Grado de Bachiller
- Grado de Maestría
- Grado de doctorado o similar (JD, PhD, MD, etc.)
- Prefiero no responder
- Other: _____

19. ¿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
- Other: _____

20. ¿Cuáles fueron los ingresos de su hogar el año pasado (antes de pagar los respectivos impuestos)?

- 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

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

- Medicare
- Medicaid
- Seguro privado o comercial
- Ninguno
- Prefiero no responder
- Other: _____

22. ¿Ud. alquila el lugar donde vive o es el propietario?

- Estoy en alquiler
- Soy propietario
- Otra modalidad
- Prefiero no responder

23. ¿Cuántos adultos (+18) viven en su hogar, incluyendo a Ud. mismo?

Escriba solo números (ej. 3).

24. ¿Cuántos niños viven en su hogar (0-17)? Escriba solo números (ej. 2).

Comentarios Finales

¿Hay algo más que Ud. nos quisiera decir acerca de la comunidad, los problemas de salud, fortalezas, y/o áreas de mejora en el condado de New Kent?

¡Gracias por compartir sus opiniones! - Comité Directivo de New Kent

Appendix F: New Kent Community Health Survey Toolkit

NEW KENT COMMUNITY HEALTH SURVEY TOOLKIT

*This guide was designed to give the NK 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 **800 responses**.*

Quick Facts About the Survey:

- The survey begins Tuesday, July 12th through Sunday, August 7th, 2022
- Must be 18 years or older to participate
- Must live or work in New Kent County
- Responses are anonymous
- Paper copies can be picked up at the New Kent Public Health Department.
- Survey is available in English and Spanish
- For any questions regarding the survey, they can contact emily.hines@vdh.virginia.gov 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 New Kent Community Health Assessment (CHA) Steering Committee
 - The Steering Committee is a group of representatives from several local and regional organizations including New Kent Fire-Rescue, New Kent Parks and Recreation, Thrive VA, Department of Social Services, New Kent County Public Schools, faith-based organizations, 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. Electronic Survey Link:

- Distribution Methods/Ideas:
 - <https://bit.ly/NKCHASurvey>
 - Send in an email blast to your organization, customers, or congregation
 - Post on your website
 - Post on social media
 - Place in your weekly newsletter

2. Paper survey (pdf)

- Distribution Methods/Ideas:
 - See pdf attachment: **New Kent Community Health Survey** for a copy in English.
 - See pdf attachment: **New Kent 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 New Kent 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. Script

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

4. Flyers (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, place in bulletins, or have laying on a table.
 - Emily will print and drop off any copies of flyers upon request

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 emily.hines@vdh.virginia.gov to brainstorm the best method for your organization and those you serve.

Appendix G: Focus Group Questions

Focus Group Questions

1. What do you love most about your community? What are the strengths?
2. What worries you about your community? What are the risks unique to where you live?
3. What makes New Kent County a good place to live? Why do you live/work here?
4. What makes a community healthy?
5. What are some of the health issues you see in your community?
6. If you had an unlimited budget, what would you buy for your community?
7. What are the important networks? How do you connect to other people?
8. What resources are needed that aren't currently available?
9. What resources (i.e., agencies, institutions, programs) does the community have that address mental health/substance use issues?
10. What are the barriers for residents to get mental health and/or substance use services? What are some possible solutions to overcome these barriers?
11. What kind of housing is available?
12. Who would be partners to work with to solve affordable housing challenges?
13. Are there housing policies that the county does not have that it should?
14. What 3 health issues/topics do you think New Kent County should prioritize?

Appendix H: Key Informant Questions

Key Informant Interview

Name:

Date:

Intro:

- Thank participant for their time
- Give a little background (goals of CHA-CHIP)
- Explain purpose of interview

Gather:

- Interviewee background data (age, gender, race)
 - Sex:
 - Age:
 - Race/Ethnicity:
- Information on their perspective/role in the community- Title, How Long, background, etc.

Key Informant 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 are the major health concerns for 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?

Appendix I: Forces of Change - Threats and Opportunities Worksheet

Forces of Change - Threats and Opportunities Worksheet

Identify the threats and opportunities for the public health system or community created by each. Continue onto another page if needed.

Forces (Trend, Events, Factors)	Threats Posed <i>(external forces that may adversely affect the success of us reaching our vision)</i>	Opportunities Created <i>(favorable external factors that could give us an advantage)</i>
Population Growth	<ul style="list-style-type: none"> • More people moving to the area may cause less healthcare provider access • Infrastructure weakens (Longer response times from EMS/Fire due to an increase of calls, busier roads, etc.) • More people moving to the area may lead to environmental impact/deforestation 	<ul style="list-style-type: none"> • Bring business in • More money into the County (taxes) • A more diverse population / demographic • Implement changes to support children with disabilities in school • Build larger schools
Access	<ul style="list-style-type: none"> • Lack of providers in the area (including metro areas) • People delay seeking care because they can't get into an appointment - leads to higher costs, stress on EMS, and patient • Hard to get to appointments (Bay Transit isn't the easiest to navigate) • Community is using VCU ED to seek non-urgent care 	<ul style="list-style-type: none"> • Proximity to I-64 • Increase in Uber/Lyft drivers • Outreach Council has kickstarted work • Have a lot of land/property for potential doctor offices • VCU ED has been a great asset and could be a great partner to show need for more primary care/urgent care • The spirit of collaboration is strong
Transportation	<ul style="list-style-type: none"> • It is hard to move throughout the community if you do not have a car due to lack of sidewalks 	<ul style="list-style-type: none"> • Work with Bay Transit to enhance services • Recruit Uber/Lyft drivers to serve New Kent
Mental Health / Substance Use	<ul style="list-style-type: none"> • Lack of MH providers (especially in person) • New Kent County is not attractive to specialty MH providers looking to move here • Isolation from COVID-19 has led to a lot of behavior issues - suicide, violence, anxiety attacks • Drugs have become more deadly (fentanyl) 	<ul style="list-style-type: none"> • Offer REVIVE trainings to the community • Make NK more attractive to MH providers • Great collaboration with current providers • Continue partnering with VCU and strategies how we can address these issues together

<p>Climate Change/ Environmental Issues</p>	<ul style="list-style-type: none"> • More extreme weather puts stress on emergency response personnel and communities 	<ul style="list-style-type: none"> • Strong sense of community • Community resilience • Reduce energy footprint • Provides us with incentive to have closer scrutiny of the impact that business will have on our local environment. • Educate ourselves ahead of issues
<p>Aging Population</p>	<ul style="list-style-type: none"> • Lack of in-home care in the county • NK has a larger older population • Not many resources to help folks age in place • Intergenerational issues • “Sandwich Generation” continued (caring for kids and aging parents) 	<ul style="list-style-type: none"> • Sense of community to help support network for grandparents raising their grandchildren • Work with Chickahominy TRIAD on how to better meet the needs of the senior community • Work with churches to share resources
<p>Funding</p>	<ul style="list-style-type: none"> • Funding has been reduced for some local / special programs 	<ul style="list-style-type: none"> • Opportunity to partner with other counties to improve chances of getting funded
<p>Socialization</p>	<ul style="list-style-type: none"> • Transportation is a barrier to attend socialization events • Less events around networking/socialization due to COVID • Lack of activities for new residents/newcomers • The shift to virtual meetings and less in person meetings has led to less socialization • Increase in cultural exclusion 	<ul style="list-style-type: none"> • Work with Chamber of Commerce and Tourism Dept to hold more events that everyone feels welcome attending
<p>Societal Concerns</p>	<ul style="list-style-type: none"> • Issues with globalization / supply chain is impacting us locally (gas/food production) • Political stances are causing polarizations and causing a divide/less unity • Political divides result in sensible legislation from being able to pass • Spotlight on racism and police brutality • Increase in violence (firearm, hate crimes) • Distrust in the government 	<ul style="list-style-type: none"> • Become involved/advocate • Learn your local legislators and engage them
<p>Economic/</p>	<ul style="list-style-type: none"> • Inflation is causing families to struggle financially • There are a lot of external pressures to implement economic development initiatives 	<ul style="list-style-type: none"> • AutoZone Distribution Plant • NK County has secured a contract to expand broadband with Cox

Infrastructure	<ul style="list-style-type: none"> • NKC infrastructure is struggling to keep up with the population growth • Need more commercial space • There is a demand for high quality/good paying jobs in the area 	
Health Crisis (Infectious Disease)	<ul style="list-style-type: none"> • Increase cases in Monkeypox • Caused a lot of stress on the workforce • COVID-19 recovery has been difficult, and people still are isolated • Closures of schools has negatively impacted children/school staff 	<ul style="list-style-type: none"> • COVID-19 has strengthened many relationships to ultimately strengthen the local public health system
Housing	<ul style="list-style-type: none"> • Limited low-income housing • Some homes are not adequate because they are older homes/not maintained • Limited affordable housing (no inventory) • No inventory for homes or apartments that are 2 bedrooms • Home improvements are expensive for seniors • Market has skyrocketed over the years 	<ul style="list-style-type: none"> • Apply for funding to help seniors with home repairs/ home modifications • Churches are very helpful for helping with families who have been evicted/house fire • DSS - promote services they offer to help with homelessness, etc. • Service Coordinator - there is an opportunity to organize and mobilize passionate/caring community
Technology (Broadband)	<ul style="list-style-type: none"> • Having broadband access is becoming more of an essential service because of schoolwork, working from home, etc. • Location is rural and that is a threat because population is smaller and the demand from businesses and residents isn't as high for broadband 	<ul style="list-style-type: none"> • NK County has secured a contract to expand broadband with Cox

Appendix J: New Kent County Forces of Change Assessment – Priority Worksheet

New Kent County Forces of Change Assessment – Priority Worksheet

August 16, 2022

Which forces are most important to the health of the New Kent County community?

Please write down your top 3 and state briefly why these are priorities for the community. Once completed, leave face down on the table for the Community Health Coordinator to collect.

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

Appendix K: Small Group Discussion and Prioritization Worksheet

New Kent CHA/CHIP Steering Committee
Small Group Discussion and Prioritization | September 29, 2022

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

1. If this priority 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 priority overlap/relate to another health priority/topic? Note the overlaps you see.

Step 2 (~10 minutes): Review the detailed list of the health priorities on the following pages. After reviewing each health priority carefully, please rank the priorities discussed today individually (1-14, with 1 being the most important to address in New Kent 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 Priorities	Rank (1-14)
Affordable and Safe Housing	_____
Aging in Place Support and Services	_____
Broadband/Internet Access	_____
Chronic Diseases (Diabetes, Heart Disease, Stroke)	_____
Domestic Violence	_____
Early Childhood Issues	_____
Economic Stability, Infrastructure, and Workforce	_____
Health Care Access and Quality	_____
Infectious Diseases (COVID-19, influenza)	_____
Mental Health and Substance Use (Including Nicotine and Alcohol)	_____
Physical Activity and Healthy Eating	_____
Safe Neighborhoods and Environment	_____
Social Support, Sense of Belonging and Involvement	_____
Transportation Options	_____

Use this space for any additional comments/feedback:

Description of Health Priorities

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, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Housing

Aging in place 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 1, Table 2, Table 7), Key Informant Interviews, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Aging Population

Broadband/Internet Access: (including, but not limited to: highest quality internet services, ability to complete telehealth)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Broadband Access
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 1) Key Informant Interviews, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Technology (Broadband)

Chronic Diseases: (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:** Not noted/mentioned.

Domestic Violence: (including, but not limited to: domestic violence)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Domestic Violence, Violent Crimes - Total,
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 3), Key Informant Interview
- **Forces of Change Assessment:** Not noted/mentioned.

Early Childhood Issues: (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)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Children in Poverty,
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 1, Table 4, Table 6)

- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Aging population (intergenerational issues/sandwich generation)

Economic Stability, Infrastructure and Workforce: (including, but not limited to: population living in poverty, median income, employment status, major employers in the area, homelessness, housing [owners, renters, costs, substandard], rapid population growth, 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 6, Table 8), Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Population Growth, Economic/Infrastructure

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 - CHA Survey Results - (Table 1, Table 4, Table 6) Focus Group Results, Key Informant Interview
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Access

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

Sources:

- **Community Health Status Assessment:** County Health Rankings: Access to PCPs
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 2)
- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Health Crisis (Infectious Disease)

Mental Health and Substance Use: (including, but not limited to: access to care, number of MH providers, resources for all ages [children and adults], suicide rates/suicide prevention, disabilities [mental/developmental], substance abuse, social isolation, depression, alcohol consumption/abuse, e-cigarettes, cigarettes/tobacco products use and quit attempts, prescription drug abuse, opioid and drug overdoses, marijuana, fentanyl)

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, Table 2, Table 8), Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Mental Health / Substance Use

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)

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 2, Table 3, Table 4, Table 8)
- **Forces of Change Assessment:** Not noted/mentioned.

Safe Neighborhoods and Environment: (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)

Sources:

- **Community Health Status Assessment:** County Health Rankings: Air Pollution - Particulate Matter
- **Community Themes and Strengths Assessment:** CHA Survey Results - (Table 4), Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Climate Change / Environmental Issues, Technology (Broadband)

Social Support, Sense of Belonging and Involvement: (including, but not limited to: knowledge of resources and services available for all [veterans, elderly, immigrants, etc.], grandparents raising grandchildren, social isolation/living alone, English as a second language, 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 Results - (Table 6, Table 7), Key Informant Interview, Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet: Societal Concerns, Socialization

Transportation Options: (including, but not limited to: traffic/roads, infrastructure, walkability/bike-ability, 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:** CHA Survey Results - (Table 4), Focus Group Results
- **Forces of Change Assessment:** Threat and Opportunity Worksheet - Transportation