



Lake Chesdin, Dinwiddie County

Community Health Assessment

Dinwiddie County, VA | 2023

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Message from Alton Hart, Jr., MD, MPH, MDiv

As the Director of the Crater Health District, I have the role of leading the health departments for eight very distinct communities in southcentral Virginia, all with their own assets, perspectives, and, of course, distinguishing health needs and priorities. One thing that unifies all of our localities is that the social determinants of health play a critical role in health outcomes. The social determinants of health are the circumstances of where you live and include factors such as access to quality schools, access to healthy and affordable foods, quality and affordable housing, crime rates, and other factors related to the built and natural environments.



One of the core functions of public health in the 21st century is to convene stakeholders representing the local public health system to holistically assess the health of the community. Stakeholders include public and private sector partners, including the health district, social services, healthcare providers, managed care organizations, public safety, behavioral health providers, local government entities, neighborhood organizations, civic groups, faith-based groups, and others. I am incredibly thankful to all the partners who answered my invitation to join the Community Health Assessment (CHA) Ad Hoc Committee for the county of Dinwiddie.

The next phase, following the CHA processes in all eight localities of the Crater Health District, is to mobilize collective action to address the root causes of health inequities and improve health and quality of life in our communities. We will do this by establishing a Crater Health Advisory Council made up of local public health system partners throughout the eight localities of Crater to lead the community health improvement planning (CHIP) process, using the prioritized health issues identified in the CHAs.

I am looking forward to collaborating with the residents and community partners of Dinwiddie County to make this a healthier community for all who live here.

Acknowledgements

The Crater Health District would like to sincerely thank the following community organizations, businesses, and residents for their participation in the 2023 Community Health Assessment (CHA). We would especially like to thank the Cameron Foundation for their support and collaboration throughout the process.

Core Community Health Assessment Team of Crater Health District

- Stacie Desper, Population Health Community Coordinator
- Christy Lemay, Population Health Epidemiologist
- Fota Sall, CHA/CHIP Coordinator
- Julie Thacker, Population Health Manager

Dinwiddie Ad Hoc Committee

- Tiffany Copeland (Sports Backers)
- Marie Grant (Dinwiddie County, VA)
- Cathy Jones (Crater Health District)
- Kevin Massengill (Dinwiddie County, VA)
- Ray Vines (Dinwiddie County, VA)

Purpose & Background

Overview of Crater Health District

Virginia Department of Health's Crater Health District is a system of seven health departments in southcentral Virginia. The district begins 23 miles south of Richmond and extends to the North Carolina state border. With more than 160,000 people with varying health needs living in our district, we work to build resilient communities throughout the cities of Petersburg, Hopewell, and Emporia, as well as the counties of Greensville, Surry, Sussex, Dinwiddie, and Prince George.

What is a Community Health Assessment (CHA)

A community health assessment (referred to as "CHA" hereafter) is a report used to describe the overall health and wellness of a community or region. CHAs are an involved process and are usually convened and facilitated by an organization such as a health department or another similar community health organization. Due to the detail and time involved with CHAs, the entire process takes on average 12 to 18 months to complete. The CHA process is an important part of improving a local community's health status; it also helps to imagine a community's future. CHAs allow public health professionals, residents, and medical practitioners to understand the current state of health in the community. The National Association of County and City Health Officials (NACCHO) is a public health organization that was formed to represent the voice of local public health; NACCHO provides technical assistance, guidance, and informs best practices in local public health, and was responsible for developing the MAPP (Mobilizing for Action through Planning and Partnership) framework. The CHA Core Team used NACCHO's MAPP framework to inform the Dinwiddie CHA; however, the process was adapted to suit local community context, need, and timelines. That included adapting the

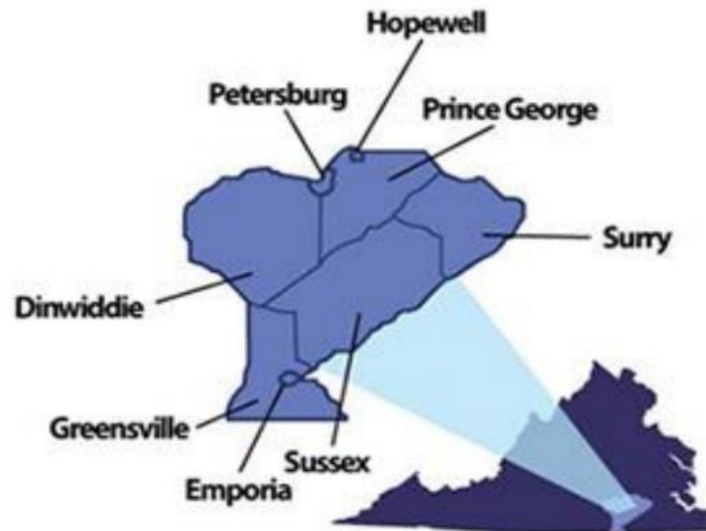
"A community health assessment is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community."

-Virginia Department of Health

Dinwiddie CHA phases to align with the Cameron Foundation's Community Health Needs Assessment (CHNA). The CHA Core Team also eliminated the Local Public Health System Assessment to align with the newly updated MAPP process to be released later in 2023. Finally, the Forces of Change Assessment will be completed for the entire health district later in 2023.

Previous Community Health Assessments

Prior to the current 2023 CHA, Crater Health District previously completed two CHAs in 2018. The 2018 CHA was completed in conjunction with the Cameron Foundation and Virginia Department of Health's Central Office. Although Crater Health District has eight localities in total, Crater Health District was only able to complete two of the CHAs (Petersburg and Hopewell) in 2018 due to time and staffing constraints. Additionally, Bon Secours completed community health needs assessments for their two hospitals, Southside Medical Center in Petersburg, Virginia, and Southern Virginia Medical Center, in Emporia, Virginia, in 2022. The Cameron Foundation recently completed a CHNA for their service areas, including five of the eight Crater Health District localities, that was published in June 2023. Crater Health District collaborated with Cameron Foundation on that process, including serving on the CHNA Steering Committee and supporting their data collection processes. Between February and June of 2023, the Crater Health District CHA Team convened committees in each locality to complete seven community health assessments.



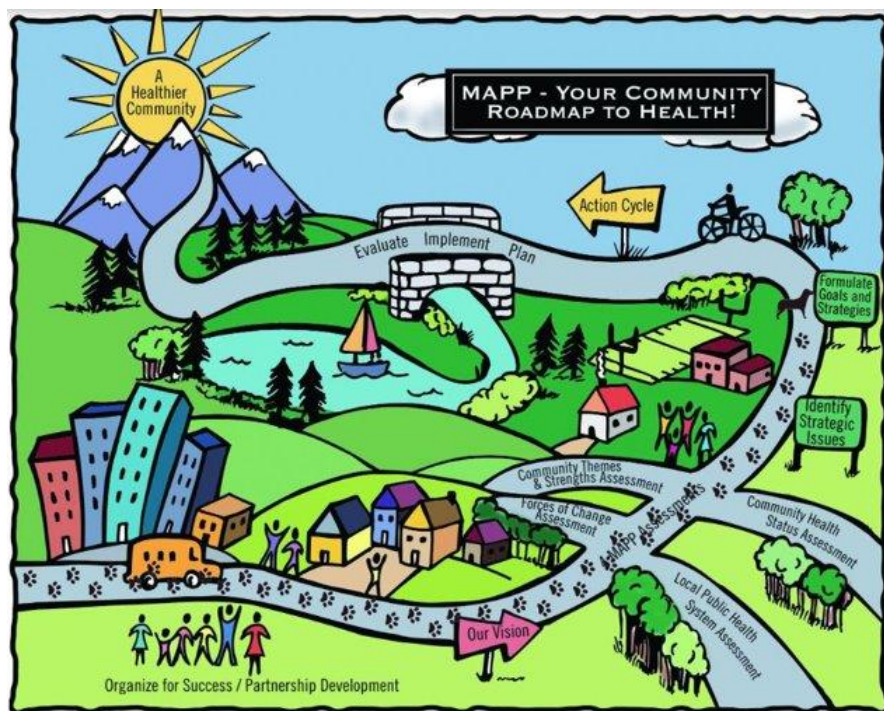
Crater Health District Map

Overview of the Process

Phases of a Community Health Assessment (CHA)

The six phases of the MAPP CHA process are as follows¹:

- **Phase 1-** Organize for Success & Partnership Development
- **Phase 2:** Visioning
- **Phase 3:** The Four Assessments
- **Phase 4:** Identify Strategic Issues
- **Phase 5:** Formulate Goals & Strategies
- **Phase 6:** Action Cycle



Mobilizing for Action through Planning and Partnerships (MAPP) Framework

Aspects of a Community Health Assessment

The CHA process for Dinwiddie County included many components and organizations. The CHA process includes phases one through of the MAPP process. To work through all three phases of the MAPP CHA process, the Crater Health District CHA team recruited diverse representatives of the community in order to gather varied perspectives and represent a broad view of health. The following provides an overview of the six phases of the MAPP process, which includes community health assessment (phases 1-3) and community health improvement planning (phases 4-6).

Phase 1: To begin the CHA process, Crater Health District collaborated with the Cameron Foundation, who had engaged the Institute for Public Health Innovation to provide staffing support and technical assistance for their community health needs assessment (CHNA) process. Crater Health District collaborated with the Cameron Foundation and the Institute for Public Health Innovation (IPHI) as members of the CHNA steering committee and supported the Cameron Foundation's data collection process. Also during this phase, the CHA Team for the Crater Health District began recruiting members for the Dinwiddie Ad Hoc team.

¹ National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user's handbook.

Phases 2 & 3: Next, the Crater Health District held Ad Hoc Committee meetings. During the Ad Hoc Committees, vision statements for each locality were created, and two of the MAPP assessments were completed. One was the Community Health Status Assessment, which reviews and prioritizes a broad set of quantitative health and quality of life data. The other assessment was the Community Themes and Strengths Assessment, which reviews qualitative data, including survey data, asset maps, and focus group themes to prioritize assets, issues, and perceptions in the community.

Phases 4, 5, and 6: After all CHA reports are finalized for the eight localities in the Crater Health District, the next step is to complete the Forces of Change Assessment and begin the process of creating a Community Health Improvement Plan (CHIP). This includes the creation of an Advisory Council, which will review the CHA data from all localities and will help guide the process for creating a single CHIP for the Crater Health District. The CHIP will then be the leading framework to help guide Dinwiddie's health vision for the next five years until a new CHA process begins.



Dinwiddie Public Library

Ad Hoc Committees

Convening Ad Hoc Committees

Each resident experiences their community through a different lens; therefore, it is essential to gather varied during the CHA process. The CHA Core Team recruited diverse ad hoc committee members, representative of the local public health system and the community. Ad hoc Committees were convened for phases 2 and 3 of the CHA process.

Due to Crater Health District's large service area, ad hoc committees were divided into groups of two (Petersburg/Dinwiddie, Hopewell/Prince George, Greensville/Emporia and Surry/Sussex). This allowed the CHA Core Team to make the timeline of the meetings more manageable. Although committees were grouped together for meeting times, each locality broke out into sub-groups to create their locality's vision, review their locality's data, and complete the two assessments.

Ad hoc Committee meeting were held from January to June 2023, with each group having four meetings each eight-week period. Each meeting lasted two hours. Some localities chose to meet virtually only, whereas the majority of localities wanted a mix of in-person and virtual meetings.



Historic Dinwiddie Courthouse

Ad Hoc Committee: Dinwiddie County

The Dinwiddie Ad Hoc Committee met in January and February 2023 and participated in four meetings. The first three meetings were held online via Microsoft Teams while the final meeting was held in-person. Excluding the Crater Health District meeting facilitators, the Dinwiddie Ad Hoc Committee meetings had about five consistent participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Dinwiddie's Ad Hoc Committee made introductions, created group expectations and rules, reviewed key public health terms, reviewed an overview of the CHA process, updated an asset map of Dinwiddie County, and completed a visioning exercise.

Meeting 2: Dinwiddie's Ad Hoc Committee reviewed over 100 health, quality of life, and social determinant of health data indicators and shared photos they had taken of their community.

Meeting 3: Dinwiddie's Ad Hoc Committee prioritized 12 indicators through an extensive and detailed facilitated discussion and voted on a community vision.

Meeting 4: Dinwiddie's Ad Hoc Committee reviewed qualitative data including the Cameron Foundation survey and focus group data that was shared with the CHA Core Team for use in the Crater Health District CHA process. Additional data included asset maps. During the fourth meeting, the Ad Hoc committee completed the Community Themes and Strengths Assessment, through a facilitated discussion of assets, perceptions, and issues within their community. The final vision was also

presented. Meeting 4 was held in-person at the Petersburg Public Library and refreshments were provided.

Creating a Vision for the Future

Visioning Process

Visioning is an essential aspect of the CHA process. It allows residents to envision their community in the future. MAPP describes visioning as an avenue to “... provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future².” Each locality has their own individual vision statement.

The visioning process was a multistep exercise. For the first step, the CHA Core Team gathered online responses from the public using REDCap. The survey was also posted online on all of Crater Health District’s social media pages and by any community partners who agreed to share the survey online. Paper survey responses were also administered by Medical Reserve Corps volunteers in-person at local health department buildings.

The Core CHA Team attempted to only collect vision responses from people who worked or lived within each locality. Lastly, Ad Hoc Committee members brainstormed additional words and phrases for their locality’s vision as an exercise.

Dinwiddie Vision Statement

*Dinwiddie County is an accessible,
welcoming and thriving
community that provides
opportunities for people of all
backgrounds and lifestyles.*

² National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user’s handbook.

Dinwiddie's Vision Statement

To create the vision, the responses from the previously mentioned data collection methods were aggregated into a word cloud. The word cloud emphasized the words that were most common among the responses collected. In a staff meeting, the CHA Core Team used the word cloud to create multiple potential vision statements. After the various potential statements were created, the Dinwiddie Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Dinwiddie Ad Hoc Committee and was chosen as the vision for the 2023 Dinwiddie Community Health Assessment: “Dinwiddie County is an accessible, welcoming and thriving community that provides opportunities for people of all backgrounds and lifestyles.”

Community Health Status Assessment

The Community Health Status Assessment asks, “how healthy are our residents?” and “what does the health status of our community look like?”³. Ad Hoc Committee members reviewed over 100 indicators, including demographic, health outcome, health behavior, infectious disease, maternal/child health, environmental health, and social determinants of health data. To determine which areas of health to focus on, the Ad Hoc Committee members prioritize a large list of indicators during meetings two and three.

At the start of the process, there were about 125 indicators. The health indicator data were pulled from various sources such as VDH’s Cares Portal, Census Bureau, County Health Rankings, and the American Community Survey. The most recent available data was used, which could range from 2010 to 2021. Health indicators were organized into various general categories such as employment, COVID-19, cancer, environment, community safety, and more. For the indicators that had available health disparities data by age, race/ethnicity, and gender, that information was included, as well as data that indicated a trend over time. Whenever available, there were also comparison data shared, to show how Dinwiddie County compared either to the health district overall, the state of Virginia, and/or the United States. This helps put the data into context, to show where Dinwiddie is faring better or worse than average.

The ad hoc committee extensively reviewed and discussed the data indicators during an entire two-hour meeting to ensure that all committee members understood the data and their significance and were able to ask questions about the data.

Dinwiddie County Demographic Profile

A total of 28,040 people live in Dinwiddie County according to the U.S. Census Bureau American Community Survey 5-year estimates for 2017-2021. The population density for this area, estimated at

³ National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user’s handbook.

56 persons per square mile, is less than the national average population density of 93 persons per square mile. According to the American Community, the male population of Dinwiddie County is 50.05%, and 49.95% is female. Also included in the 5-year population estimates from the American Community Survey is the total population by race alone, which shows that 64.5% of the population of Dinwiddie County is white, 31.5% is Black, 2.2% is multiple races, 0.8% is Asian and 1% is another race. The population of Dinwiddie that is Hispanic or Latino is 3.76%. For additional information on the demographics of Dinwiddie and other indicators of health and wellbeing, visit the Virginia Department of Health's data portal: <https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/>

Prioritized Indicators: Dinwiddie's Top 12: Dinwiddie prioritized the 12 indicators below for the 2023 Community Health Assessment (these are ranked in no particular order). The prioritization was a two-step process. First, all of the indicators, excluding the demographics data, were put into a REDCap survey. Ad hoc committee members were asked to select their 12 top indicators based on their impact on the community's health, especially considering health disparities, as well as feasibility for addressing the issue(s) corresponding with the indicator over the next three to five years. The results from the REDCap survey yielded some clear consensus, and all of the indicators that received a majority of votes from the respondents were automatically included in the top 12. The committee then reviewed the indicators that received a high number of votes in the survey but where there was not a clear consensus. This facilitated discussion resulted in the remaining prioritized health indicators, for a total of 12.

Prioritized Indicators with Data: Dinwiddie County's Top 12

A. Broadband Access

	Percentage of Households with Broadband Internet Connection
Dinwiddie County	79%
Virginia	88%
United States	87%

Data Source: County Health Rankings. American Community Survey. 2017-2021. Broadband access is the percentage households with a broadband internet connection accessed at any speed through subscription (cable, DSL, fiber-optic, cell phone, or satellite). Does not account for reasons why households do not have broadband connection.

B. Adults who are Obese

	Percentage of Adults who are Obese
Dinwiddie County	41%
Virginia	32%
United States	32%

Data Source: County Health Rankings. Behavioral Risk Factor Surveillance System. 2020. *Adults 18 or older with a BMI of equal to or greater than 30.

C. Access to Exercise Opportunities

	Percentage of Population with Adequate Access to Locations for Physical Activity
Dinwiddie County	33%
Virginia	83%
United States	84%

Data Source: County Health Rankings. ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census TIGER/Line Shapefiles. 2020 and 2022. *Number of individuals who live close to parks or recreational activities. Adequate access to physical activity includes residing in a census block within a half mile of a park, residing in a census block within one mile of a recreational facility in an urban area, or residing in a census block within three miles of a recreational facility in a rural area.

D. Percentage of Adults Reporting Binge Drinking or Heavy Drinking

	Percentage of Adults Reporting Binge Drinking or Heavy Drinking
Dinwiddie County	17%
Virginia	17%
United States	19%

Data Source: County Health Rankings. Behavioral Risk Factor Surveillance System. 2020. *Percentage of respondents reporting they participated in excessive or binge drinking in the past 30 days. Binge drinking is defined as a woman consuming more than four drinks in a single occasion or a man consuming more than five drinks in a single occasion. Heavy drinking is defined as a woman consuming more than one drink on average per day or a man drinking more than two drinks on average per day.

E. Drug Overdose Mortality

	Total Population, 2016-2020 Average	Five Year Total Deaths 2016-2020	Crude Death Rate (per 100,000 population)
Dinwiddie County	28,423	26	18.3
Crater Health District	155,047	227	34.4
Virginia	8,505,119	8,147	19.2
United States	326,747,554	363,665	22.3

Data Source: Virginia's Plan for Well-Being. Centers for Disease Control and Prevention-National Vital Statistics System. CDC WONDER. 2016-2020. This indicator reports the 2016-2020 five-year average rate of death due to drug overdose of all substances per 100,000 population. This indicator is relevant because drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years.

F. Food Insecurity

	Food Desert Census Tracts	Other Census Tracts	Population Living in a Food Desert (2019)
Dinwiddie County	2	4	12,196
Crater Health District	20	22	74,441
Virginia	269	1,617	1,147,233
United States	9,293	63,238	39,074,974

Data Source: Virginia's Plan for Well-Being. US Department of Agriculture, Economic Research Service, USDA-Food Access Research Atlas. 2019. This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.

G. Uninsured Adults

	Total Population Age 18-64	Population Age 18-64 without Insurance	Population Age 18-64 without Insurance, Percent
Dinwiddie County	16,907	1,711	10.12%
Crater Health District	82,921	8,417	10.15%
Virginia	5,125,242	518,054	10.11%
United States	195,681,336	24,218,806	12.38%

Data Source: Virginia's Plan for Well-Being. U.S. Census Bureau, Small Area Health Insurance Estimates. 2020.

H. Uninsured Children

	Total Population Age 0-18	Population Age 0-18 without Insurance	Population Age 0-18 without Insurance, Percent
Dinwiddie County	5,885	304	5.17%
Crater Health District	32,091	1,345	4.19%
Virginia	1,916,976	84,392	4.40%
United States	78,854,414	4,038,715	5.40%

Data Source: Virginia's Plan for Well-Being. U.S. Census Bureau, Small Area Health Insurance Estimates. 2020.

I. High School Dropout and On-Time Graduation Rate

	4 Year On-Time Graduation Rate	Drop Out Rate
Dinwiddie County	89.58%	5.36%
Virginia	92.14%	5.18%

Data Source: Virginia Department of Education. Cohort Graduation Build a Table. 2022.

J. Access to Primary Care

	Ratio of Population to One Primary Care Physician
Dinwiddie County	7,170:1
Virginia	1,320:1
United States	1,310:1

Data Source: County Health Rankings. American Medical Association Area Health Resource File. 2020.

K. Access to Mental Health Providers

	Ratio of Population to One Mental Health Provider
Dinwiddie County	3,990:1
Virginia	450:1
United States	340:1

Data Source: County Health Rankings. CMS, National Provider Identification. 2022.

L. Prevalence of Coronary Heart Disease

	Population Census 2020	Crude Prevalence Percentage (95% CI)
Dinwiddie County	28,688	7.3%
United States	331,449,281	6.4%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data. 2022.

Community Themes and Strengths

Overview

The Community Themes and Strengths Assessment is another part of the CHA process. MAPP describes the Community Themes and Strengths Assessment as an avenue to gain “...a deep understanding of the issues that residents feel are important by answering the questions: ‘What is important to our community?’ and ‘How is quality of life perceived in our community?’ and ‘What assets do we have that can be used to improve community health?’”⁴ This assessment included creating asset maps and gathering survey data, anecdotes, and thoughts from local focus group participants.

Asset Maps

Assets can be described as anything that improves quality of life in a community. The CHA Core Team collected data about local assets through a variety of means. Dinwiddie’s Ad Hoc Committee members were tasked with listing community assets and provided commentary on assets that had already been listed by the focus group participants. A general list of categories was given to help members brainstorm assets: Education/Learning, Health, Behavioral and Social Services, Community Based Organizations, Parks, Recreation and Outdoors, and Culture & Attractions. During the focus groups held by the Cameron Foundation, community members were asked to list any assets from their locality. Both lists of assets, along with suggested edits from the Ad Hoc Committee, were used to create the final asset maps. Any assets that were not physically in the locality, but utilized by residents within the locality, were removed from the map. Maps were made using Google Maps.

Focus Groups

Each focus group was used as a forum for an open and honest discussion between local community members. Focus groups were used to collect information from community members about their concerns, likes/dislikes about their locality and any assets they knew of. Focus group had the same series of questions; questions were developed by the Cameron Foundation CHNA Steering Committee.

⁴ National Association of City and County Health Officials (NACCHO). (2013). Mobilizing for action through planning and partnerships user’s handbook.

Focus groups were conducted between September and November 2022 and led by the Cameron Foundation, Institute for Public Health Innovation (IPHI) and supported by the Crater Health District and other community partners. Participants were recruited in early autumn 2022 via email, social media and word-of-mouth; about 10 participants were present for each focus group. Each focus group had one or two facilitators (from the Cameron Foundation, Crater Health District, or other community partner) and one or two notetakers (from Crater Health District and/or IPHI). All meetings were recorded using a recording device or a password-protected iPhone. Each meeting was about two hours long; food and refreshments were provided by the Cameron Foundation. As partners in their CHNA process, Cameron Foundation shared the focus group analyses they collected with Crater Health District to use in CHA ad hoc committee meetings for the localities where the catchment areas overlapped. Crater Health District replicated the focus group questions used and conducted additional focus groups in our other localities.

Demographics were collected from focus group participants, including the Crater localities of Petersburg, Hopewell, Dinwiddie, Prince George, and Sussex, as well as South Chesterfield and Colonial Heights. 49 of the 124 of the participants responded. Of the 49 respondents, most were women, between the ages of 35-44, of Hispanic/Latino ethnicity, and lived in a suburban or rural area.⁵

Focus Group: Demographics

Ages

- 33% between the ages of 35-44 years old
- 20% between the ages of 55-64

Race/Ethnicity

- 39% White
- 29% Black
- 3% Asian
- 41% Hispanic or Latino

Gender

- 80% women

Employment Status

- 67% employed full time
- 16% retired

Other Demographic Characteristics

- 29% live in suburban area
- 27% live in rural area
- 51% had a four-year college degree or higher

⁵ The Cameron Foundation. (2023). 2023 community health needs assessment. <https://camfound.org/wp-content/uploads/2023/06/CHNA-5.9.pdf>

Focus Group: Questions Asked

What is your vision for a healthy, thriving community?

Please describe any meaningful impacts (positive or negative) of the COVID-19 pandemic that have affected you or your family.

What resources in your community support this vision of a healthy community?

What are the places in your community you most enjoy spending time in and why?

What do you think are the biggest barriers in your community to allowing this vision of a healthy, thriving community from becoming a reality (if any)?

Focus Group: Dinwiddie

The Dinwiddie Focus Group was held on October 17, 2022. There were six participants, two notetakers, and two facilitators. Refreshments were provided to all participants and the meeting was audio recorded. During the Dinwiddie Focus Group many themes were discussed including community safety, access to healthcare, population retention and growth, among others. The main themes of concern from the Dinwiddie Focus Group are listed below⁶.

Community Health Needs Assessment Survey

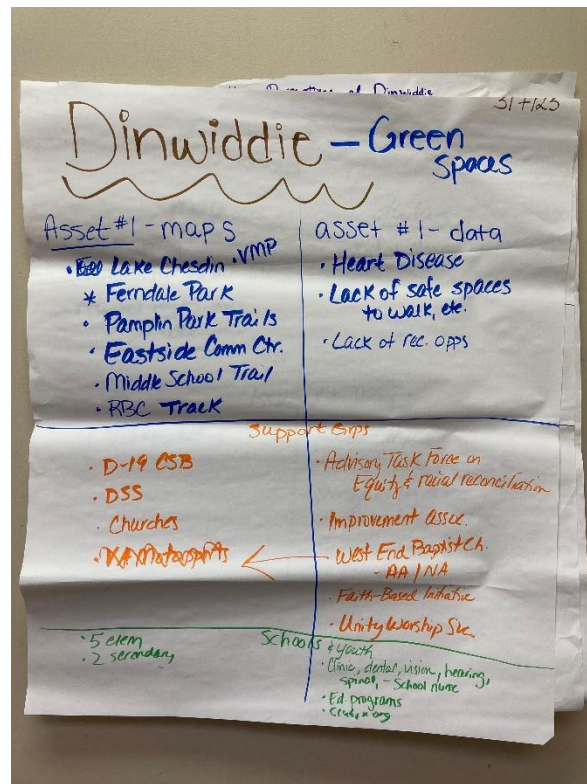
The Crater Health District worked in conjunction with the Cameron Foundation and IPHI to disseminate the Community Health Needs Assessment Survey to the public within Petersburg, Dinwiddie, Hopewell, Prince George, and Sussex. The Cameron Foundation's service area does not extend to Greenville, Emporia or Surry; Crater Health District replicated the survey and distributed the surveys for these three localities separately.

A total of 346 surveys were collected for all 8 localities. Survey distribution was advertised to residents via health fairs, placing paper flyers in businesses, by word-of-mouth and through social media. The survey was distributed from August to November 2022.

Community Health Assessment Survey: Dinwiddie

A limitation of the survey analysis for each locality is that there was a low response rate. In Dinwiddie, 13 surveys were collected (total includes paper and online surveys). The Cameron Foundation and IPHI did not disaggregate the survey data by locality, but did share the raw, anonymous data with Crater Health District so that it could be disaggregated by locality for the purposes of the CHA process. Dinwiddie residents accounted for 4% of total survey respondents. 69% of respondents were women, 62% were over the age of 55, and 54% were white.

Numerous questions were asked of each respondent on the survey regarding medical care, ease of access, dental care, support services and safety. In response to the survey, 31% said there was a time in the preceding 4 years where they were unable to get medical care and the same percentage said that they were also unable to access dental care in that period. A smaller percentage, 15%, said they were unable to access mental healthcare. 31% of Dinwiddie respondents said yes in response to the



Group work during Ad Hoc Meeting

⁶ The Cameron Foundation. (2023). 2023 community health needs assessment. <https://camfound.org/wp-content/uploads/2023/06/CHNA-5.9.pdf>

following question: “Have the staff ever said or done something based on one of your personal traits or characteristics that made you feel uncomfortable or unsafe?” Lack of access to a place to buy healthy foods was a chief concern among survey respondents, and additional concerns included the cost of prescription drugs, lack of places for physical activity, and a lack of support for aging in place. Participants overwhelmingly responded that ‘affordable health insurance that covers your needs’ was needed in Dinwiddie County, followed by mental health resources.

Concerns from Dinwiddie Focus Group Participants

- Community safety
 - Pedestrian safety
 - Transportation
- Access to healthcare
- Lack of preventative health care and health literacy
 - Access to healthy foods
 - Need for economic growth
- Retention of young adults in the county
 - Affordable housing
- Wi-Fi access and digital literacy
 - Behavioral health needs
 - Social inequities
- Communication challenges

Asset Map: Dinwiddie

During the Focus Groups and Ad Hoc Committee meetings, participants were asked to list all assets they believed existed within their locality. The following figure includes the assets listed and mapped by the ad hoc committee.

Community Based Organizations & Culture

- Robert & Betty Ragsdale Community Center
- Virginia Motorsports Park
- Faith-Based Organizations
- Improvement Association

Parks, Recreation & Outdoor Spaces

- Dinwiddie Parks and Recreation
- Lake Chesdin
- Riverside Vines
- Pamplin Park Trails
- Eastside Community Center

Health, Behavioral & Social Services

- Dinwiddie Health Department
- Dinwiddie Social Services
- Dinwiddie Cooperative Extension
- Dinwiddie Fire & EMS
- D19

Education & Learning

- Dinwiddie Public Schools

Assets, Issues and Perceptions: Dinwiddie

During the final Ad Hoc Committee meeting for Petersburg and Dinwiddie, committee members were asked to review the survey data, focus group data, and the asset maps. While reviewing the data, committee members, guided by a Crater Health District facilitator, discussed key assets, issues and perceptions of their local community. These assets, issues, and perceptions needed to be supported by the data. Discussion notes were recorded; see below for the full chart of assets, issues and perceptions discussed during the Dinwiddie Ad Hoc Committee meeting.

Assets	Evidence from Qualitative Data
Greenspaces	<ul style="list-style-type: none"> • Virginia Motorsports Park • Lake Chesdin • Pamplin Park Trails • Eastside Community Center • Middle School Trail • Richard Bland College Track • Heart Disease Data
Support Groups	<ul style="list-style-type: none"> • District 19 Community Services Board • Department of Social Services • Churches – West End Baptist Church • Advisory Task Force on Equity and racial reconciliation • Improvement Association • Alcoholics Anonymous/Narcotics Anonymous • Faith Based Initiative • Unity Worship Service
Schools and Youth	<ul style="list-style-type: none"> • Five Elementary Schools • Two Secondary Schools • School Nurse- clinical, dental, vision, hearing, spinal • ED Programs • Clubs and Organizations • CTE Program • Rowanty Technical Center • Mental Health Services: Social Workers and Counselors

Issues	Evidence from Qualitative Data
Transportation	<ul style="list-style-type: none"> • Lack of carpool • Lack of safe transportation • Shortage of bus drivers • No public transportation • No road shoulders • No pull-off • Lack of safe spaces to walk, etc. • Lack of recreational opportunities
Access to Health Care and Mental Health Services	<ul style="list-style-type: none"> • Cost of insurance • SM Basin = no insurance yet over paid for free services • Cost of private insurance • Lack of service providers: 1 dentist, 1 doctor's office/ Social Services • Lack of support for the elderly
Lack of Support for 80+	<ul style="list-style-type: none"> • Lack of housing • Lack of support for doctor's appointments • 1 adult daycare • No 80+ housing • Children tending to seniors
Food Desert	<ul style="list-style-type: none"> • 2 Food Lions • Corner Stores • Farmer's Market (4-7 Fridays only) • Limited food bank hours • Lots of Fast Food and Fancy Restaurants

Perceptions	Evidence from Qualitative Data
Great, Small Town	<ul style="list-style-type: none"> • How ownership opportunities • Great Place to Raise Kids
"Good Old Boy System"/ Not as Welcoming/	<ul style="list-style-type: none"> • Much of the demographics are elderly and Caucasian. • Lack of Neighborhoods and Communities • Clique-ish

Conclusion

The CHA process helps to provide a broad view of health of a community, including assets and areas of concern. Dinwiddie ad hoc members identified several strengths and opportunities that can be leveraged to address the health issues identified and prioritized over the next five years. The next phase in the process is the recruitment of the Crater Health Advisory Council, which will include representation from the Dinwiddie Ad Hoc Committee. This Advisory Council will review all of the priorities from the 7 CHAs for Crater Health District's eight localities, to synthesize three to five strategic health issues that District partners will work collaboratively to address over the next several years.

Thank you for reading the 2023 Dinwiddie Community Health Assessment.



Eastside Community Enhancement Center