



Community Health Assessment

Petersburg, VA | 2023

Contents

Message from Dr. Hart.....3

Acknowledgements4

Purpose & Background.....5

Ad Hoc Committees9

Creating a Vision for the Future.....10

Community Health Status Assessment11

Community Themes & Strengths Assessment17

Conclusion27

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 city of Petersburg.

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 Petersburg 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

Petersburg Ad Hoc Committee

- Theresa Caldwell (Petersburg Wellness Consortium and Crater Health District)
- Marco Callender (Petersburg YMCA)
- Debra Jones (Virginia Cooperative Extension)
- Jennifer Lewis (Southside Virginia Emergency Crew)
- Valerie Liggins (Cameron Foundation)
- Monique Lindsey-Howell (Petersburg Wellness Consortium and Crater Health District)
- Genevieve Lohr (Petersburg Police Department)
- Robert Noriega (Petersburg Public Library)
- Norris Stevenson (Petersburg Department of Social Services)



“I really am concerned about health issues, the accessibility to good healthy food and activities for families, places for children to not just play, but develop and to learn about their environment.”

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 Dinwiddie, Greensville, Prince George, Surry, and Sussex.

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 Petersburg CHA; however, 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."

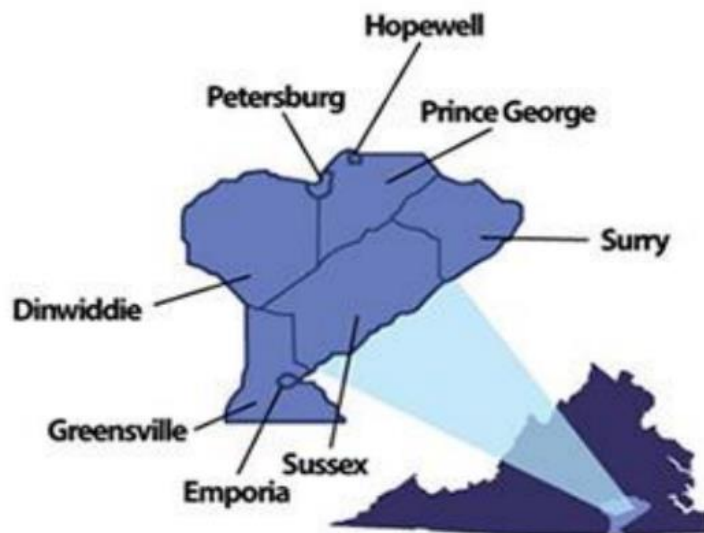
-Virginia Department of Health

process was adapted to suit local community context, need, and timelines. That included adapting the Petersburg 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 CHAs were 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, which 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.



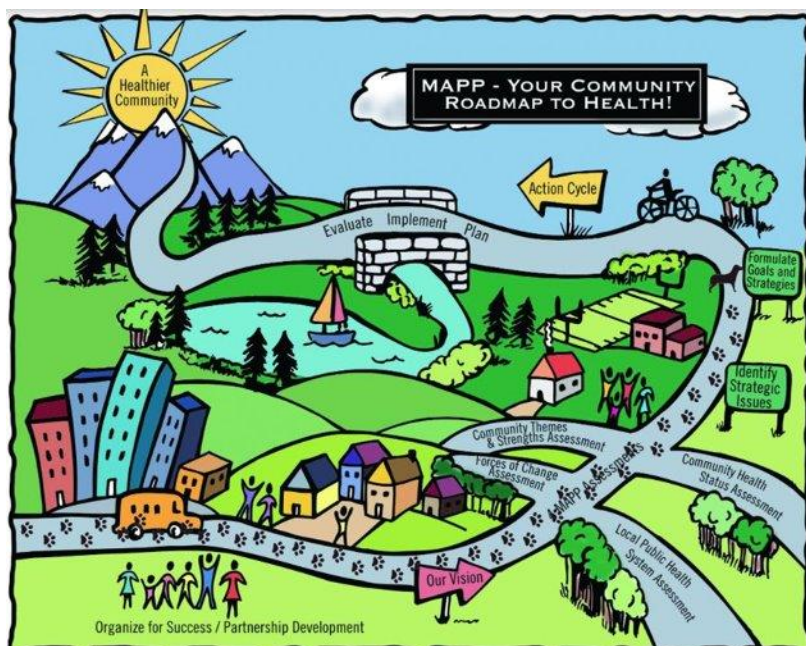
Crater Health District Map

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 Petersburg CHA process included many components and organizations. The CHA process includes phases one through three 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 Petersburg 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 8 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 Petersburg's health vision for the next five years until a new CHA process begins.

Ad Hoc Committees

Convening Ad Hoc Committees

Each resident experiences their community through a different lens; therefore, it is essential to gather varied input 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, Greenville/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.



Petersburg by Harrison Stover

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

Ad Hoc Committee: Petersburg

The Petersburg 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 Petersburg Ad Hoc Committee meetings had about 13 consistent participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Petersburg’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 Petersburg, and completed a visioning exercise.

Meeting 2: Petersburg’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: Petersburg’s Ad Hoc Committee prioritized 15 indicators through an extensive and detailed facilitated discussion and voted on a community vision.

Meeting 4: Petersburg’s Ad Hoc Committee reviewed qualitative data including the Cameron Foundation survey and focus group data that were shared with the CHA Core Team for use in the Crater Health District CHA process. Additional data included asset maps created during the Ad-Hoc meeting process. 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.



Petersburg High School by H. Stover

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.

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

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 CHA Core Team attempted to only collect vision responses from people who worked or lived within each locality. A similar version of the survey was also collected at health fairs in Petersburg during the autumn of 2022. Lastly, Ad Hoc Committee members brainstormed additional words and phrases for their locality's vision as an exercise.

Petersburg Vision Statement

Petersburg is a safe, healthy, connected, and supportive community for its citizens to live, work, grow, and play in.

Petersburg'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 Petersburg Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Petersburg Ad Hoc Committee and was chosen as the vision for the 2023 Petersburg Community Health Assessment: "Petersburg is a safe, healthy, connected, and supportive community for its citizens to live, work, grow, and play in."

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 prioritized 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 were used, which could range from 2010 to 2021. Health indicators were organized into various 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 Petersburg 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 Petersburg 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.

Petersburg Demographic Profile

A total of 33,229 people live in Petersburg according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. The population density for this area, estimated at 1,463 persons per square mile, is greater than the national average population density of 93 persons per square mile.

According to the American Community Survey, the male population of Petersburg is 46.25%, and 53.75% of the population is female. Also included in the 5-year population estimates from the American Community Survey is the total population by race alone, which showed that 76.6% of the population of Petersburg is Black, 17% is white, 3.8% is multiple races, 1% is Asian, and 1.5% is another race. The Hispanic or Latino population of Petersburg is 5.08%. For additional information on the demographics of Petersburg 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/>

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

Prioritized Indicators: Petersburg's Top 15: Petersburg prioritized the 15 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 15 top indicators based on their impact on the community's health, especially considering health disparities, as well as feasibility of addressing the issue(s) corresponding with the indicator over the next 3 to 5 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 15. 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 15.

Prioritized Indicators with Data: Petersburg's Top 15

A. Percentage of Adults who are Obese

	Petersburg	Virginia	United States
Obesity Percentage	47%	32%	32%

Data Source: County Health Rankings. Behavioral Risk Factor Surveillance System. 2020. *Ages 18 and older reporting a body mass index greater than or equal to 30.

B. Students who Seriously Considered Attempting Suicide

	9 th Grade	10 th Grade	11 th Grade	12 th Grade	Female	Male	Total
Petersburg	22.1%	23.4%	15.6%	0	17.3%	29.7%	23.3%
Virginia	16.7%	17.7%	13.8%	16%	21%	11.4%	16%
United States	17.7%	18.5%	19.3%	19.6%	24.1%	13.3%	18.8%

Data Source: Virginia Department of Health, Division of Health Population Data, Youth Risk Behavior Survey, 2019. Grade level is used in place of age due to US-level data being reported by grade level.

C. Substance Use Disorder Hospitalizations

	Total Population	Substance Use Disorder Hospitalizations	Rate per 100,000
Petersburg	30,446	95	312.03
Crater Health District	154,042	247	160.35
Virginia	8,590,563	6,447	75.05

The term substance as used for this indicator is defined as drugs with potential for abuse and dependence, excluding alcohol, substances that cause adverse effects in therapeutic use, and underdosing. Data Source: Virginia's Plan for Well-Being. Virginia Department of Health. 2020.

D. Mortality by Firearms Rate per 100,000

		2016	2017	2018	2019	2020	2021
Petersburg	Count	16	9	15	20	17	19
	Rate	50.2	28.3	47.5	63.8	55.8	62.4
Crater Health District	Count	27	30	34	38	49	38
	Rate	17.3	19.3	21.9	24.5	31.8	24.7
Virginia	Count	1,027	1,037	1,033	1,025	1,165	1,244
	Rate	12.2	12.2	12.1	12.0	13.6	14.5

Data Source: Death certificate data are from Vital Event Statistics Program, Office of Information Management, Virginia Department of Health. Data analyzed by the Injury and Violence Epidemiology Team, Division of Population Health Data, Office of Family Health Services on February 9, 2023.

E. Avoidable Hospitalizations, Rate per 100,000 Population 18+

	Population 18+	Potentially Avoidable Hospitalizations	Rate per 100,000
Petersburg	23,800	963	4,046.22
Crater Health District	121,288	2,256	1,860.04
Virginia	6,724,204	55,139	820.01

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration, urinary tract infections) or worsening chronic conditions (e.g., diabetes, hypertension) that might not have required hospitalization had these conditions been managed successfully in an outpatient setting. Data Source: Virginia's Plan for Well-Being, Virginia Department of Health Office of Information Management, Division of Health Statistics. 2020.

F. Cost-Burdened Housing

	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Petersburg	14,464	5,986	41.39%
Crater Health District	58,292	18,011	30.90%
Virginia	3,248,528	915,143	28.17%
United States	124,010,992	37,625,113	30.34%

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. Data Source: Virginia's Plan for Well-Being. US Census Bureau, American Community Survey. 2017-2021.

G. Food Insecurity

	Food Desert Census Tracts	Other Census Tracts	Population Living in a Food Desert
Petersburg	9	2	25,204
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. The report area has a population of 12,196 living in food deserts and a total of 2 census tracts classified as food deserts by the USDA.

H. Population Below Poverty

	Total Population	Population in Poverty	Population in Poverty, Percent
Petersburg	32,792	6,995	21.33%
Crater Health District	150,214	22,909	15.25%
Virginia	8,337,068	828,664	9.94%
United States	321,897,703	40,661,636	12.63%

Data Source: Virginia's Plan for Well-Being. US Census Bureau, American Community Survey. 2017-2021.

I. Infant Mortality

	Total Live Births	Total Infant Deaths	Rate per 1,000
Petersburg	2,081	20	9.61
Crater Health District	5,672	50	8.82
Virginia	291,926	1,679	5.75

Data Source: Virginia's Plan for Well-Being. Vital Event Statistics Program, Office of Information Management- Virginia Department of Health. 2018-2020.

J. Sexual and Reproductive Health

	Percentage of Unintended Pregnancies by Race/Ethnicity in Virginia Years 2016-2020
Non-Hispanic White	44%
Non-Hispanic Black	27%
Non-Hispanic Other	9%
Hispanic	20%
Total	44.5%

Data Source: Centers for Disease Control and Prevention. Virginia Pregnancy Risk Assessment Monitoring System. 2016-2020. *Data is collected with the following question to mothers: "When you got pregnant with your new baby, were you trying to get pregnant?". Women who answer "No" are considered to have an unintended pregnancy.

K. Drug Overdose Deaths

	Total Population (2016-2020 Average)	5 Year Total Deaths	Crude Death Rate per 100,000	Age Adjusted Rate per 100,000
Petersburg	31,398	94	59.9	65.9
Crater Health District	155,047	227	34.4	38.5
Virginia	8,505,119	8,147	19.2	19.3
United States	326,747,554	363,665	22.3	22.4

Data Source: Virginia's Plan for Well-Being. Centers for Disease Control and Prevention, CDC- National Vital Statistic System. Accessed via CDC WONDER. 2016-2020.

L. Self-Harm and Suicide Related ED Rates, Ages 5 Years and Over, 2021

	Self-Harm and Suicide Related ED Visits	Rate per 100,000 population 5+
Petersburg (Combined with Hopewell and Prince George County for count/rate calculation)	1,361	1,593.70
Crater Health District	1,667	1,150.40
Virginia	55,067	680.9

This indicator reports the number and rate of self-harm and suicide-related emergency department (ED) visits, per 100,000 population among Virginia residents ages 5 years and older, as of 2021. This includes visits with suicidal ideation or thoughts, self-harm, or suicide attempts. Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology-Virginia Department of Health. 2021.

M. Labor Force Participation Rate

	Labor Force Participation Rate
Petersburg	60.4%
Virginia	64.1%
United States	63.1%

In Civilian Labor Force, total, percent (population 16 years and over). Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates.

N. Substandard Housing

	Petersburg	Virginia	United States
Percentage of households with at least 1 of 4 housing problems (Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)	27%	14%	17%

Data Source: County Health Rankings. Comprehensive Housing Affordability Strategy (CHAS) data. 2015-2019. *Incomplete kitchen facilities are defined as a unit which lacks a sink with running water, a stove or range, or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Overcrowding is defined as more than 1 person per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceeds 50% of monthly income.

O. Access to a Mental Health Provider

	Ratio of the Population That Has Access to a Mental Health Provider
Petersburg	200:1
Virginia	450:1
United States	340:1

Data Source: County Health Rankings. CMS, National Provider Identification. 2022. Ratio represents the number of individuals served by one mental health provider.

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. Petersburg’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.



Petersburg by H. Stover

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

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.

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. Forty-nine 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



Focus Group: Petersburg

The Petersburg Focus Group was held on October 25, 2022, at the Cameron Foundation's office space. There were seven participants, two notetakers, and two facilitators. Refreshments were provided to all participants and the meeting was audio recorded. During the Petersburg Focus Group, discussions centered around racial division, poor housing, lack of welcoming attitudes towards youth, lack of childcare and more. The main themes of concern from the Petersburg 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 Greensville, 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: Petersburg

A limitation of the survey analysis for each locality is that there was a low response rate. In Petersburg, 64 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. Petersburg residents accounted for 12.8% of total survey

Issues	Evidence
Social determinants of health	<ul style="list-style-type: none"> → housing <ul style="list-style-type: none"> → affordability → quality → food access → transportation → affordable childcare → disconnected youth → quality schools, lack of economic engines
Lack of safe, nurturing environments for children	<ul style="list-style-type: none"> → lack of quality + safe schools → childcare affordability → adults not trauma-informed
Lack of trauma-informed / restorative justice practices	<ul style="list-style-type: none"> → punitive focus → lack of understanding of trauma and its impacts
Lack of mental health providers	<ul style="list-style-type: none"> → lack of alignment of services w/ needs

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

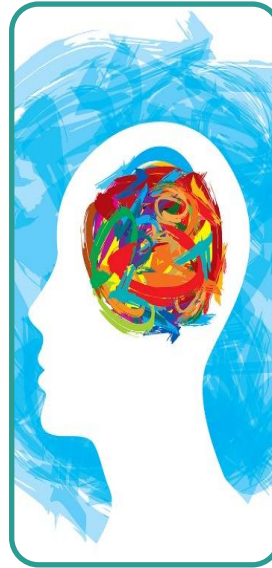
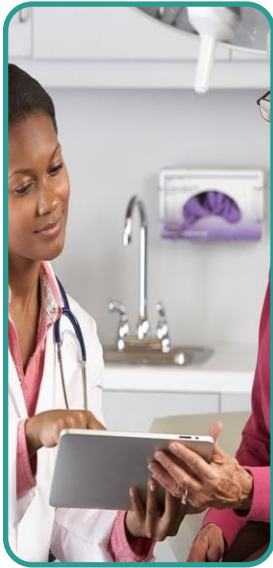
respondents. 73% of respondents were women, and the majority were between the ages of 55-64 years old and identified as African American or Black.

Numerous questions were asked of each respondent on the survey regarding medical care, ease of access, dental care, support services, and safety. In summary, most respondents said they were usually able to get medical care (81%), dental care (77%) and mental healthcare (89%) when they needed it. Participants stated that affordable health insurance and mental health insurance are some services that are needed the most in Petersburg. Lastly, when looking for health information or advice, most participants stated that they visit a healthcare professional or browse the internet.

Concerns from Petersburg Focus Group Participants

- Transportation Challenges
- Persistent Social Inequities
- Problems in Communication
- Culturally Responsive Services
 - Political Will
 - Scarcity of Resources
 - Economic Health
- Need for Behavioral Health Services
 - Workforce Development
 - Housing
 - Access to Healthy foods

Community Health Needs Assessment Survey, Themes: Petersburg



Medical Access

- 81% said they were able to access care when needed
- 19% said they were not able to access care when needed
- "Difficulty getting appointments" and "Too expensive" were the main reasons for respondents not accessing care

Dental Care

- Majority of respondents visited a dentist recently
- "Too expensive" was the main reason respondents stated they did not access dental care

Mental Health

- Most respondents did not use mental health services recently
- For those who did use mental health services recently, most utilized the emergency room or a private practice office

Community Health

- "Costs of prescriptions and follow-up care" and "Lack of access to healthy, affordable foods" were listed as the main reasons it is hard to stay healthy in Petersburg

Asset Map: Petersburg

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**

- Serenity
- The Cameron Foundation
- Legal Aid Justice Center
- Petersburg Association of Neighborhoods
- Petersburg Symphony Orchestra
- Old Towne

**Parks, Recreation
& Outdoor Spaces**

- Petersburg Family YMCA
- Appomattox Park
- Petersburg Oasis Community Farm
- Petersburg Sports Complex
- Legends Park
- Virginia Cooperative Extension
- Battlefield Park

**Health, Behavioral
& Social Services**

- Bon Secours: Southside Medical Center
- Central Virginia Health Services
- District 19 Community Services Board
- Petersburg Health Department
- Crimson Clinic at Petersburg High School
- Petersburg Social Services

**Education &
Learning**

- Petersburg Public Library
- Governor's School
- Virginia State University

Transportation

- Petersburg Area Transit
- Petersburg Transfer Station

Assets, Issues and Perceptions: Petersburg

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 identified during the Petersburg Ad Hoc Committee meeting.

Assets	Evidence from Qualitative Data
Faith-based organizations	<ul style="list-style-type: none"> • 142 • Open Table (The Gathering on Washington Street) • Supporting Hope Center • Upward Bound
Youth-serving organizations	<ul style="list-style-type: none"> • Boys and Girls Club • Pretty Purposed • Parks & Recreation • YMCA • Library • Communities in Schools • Girls on the Run • Cisco • Social Services • Boy Scouts • Girls Scouts • Teen Clinic at PHD • Boys to Men • Kappa League • Cooperative Extension
Opportunities to be outdoors and physically active	<ul style="list-style-type: none"> • Library (Healthy Living and Learning Center) • Fitness Warriors • Parks & Recreation • YMCA
Availability of healthcare resources	<ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHCs) • Health Department • Pathways • Mobile Clinic • Crimson Clinic • Bon Secours • Dental • Poplar Springs • Central Virginia Health Services (CVHS) • District 19 Community Service Board • Destiny
Engagement with access to higher education and workforce development opportunities	<ul style="list-style-type: none"> • Brightpoint Community College • Virginia State University • Richard Bland • Workforce Center • Virginia Commonwealth University

Civic/non-profit resources	<ul style="list-style-type: none"> • Pretty Purposed • Food pantry • Petersburg Wellness Consortium • CASH • STICN • PHOPS • Fraternal Order of Eagles • Masonic Organizations • YMCA • Cameron Foundation • Sororities & Fraternities • Rotary • Open Table
----------------------------	---

Issues	Evidence from Qualitative Data
Lack of cooperative leadership with shared vision and alignment	<ul style="list-style-type: none"> • Turnover in high level positions • Everyone doing their own thing • Community priorities (i.e. violence) not prioritized by leadership
Community violence	<ul style="list-style-type: none"> • Firearm fatalities • Sexual assaults • Rape • Strangulation • No treatments • Courts are not trauma-informed or restorative
Community Safety	<ul style="list-style-type: none"> • Break-ins and lack of lighting • Hit and runs • Sidewalks • Lack of traffic calming measures • Abandoned homes and buildings
Social Determinants of Health	<ul style="list-style-type: none"> • Housing affordability and quality • Food access • Transportation • Disconnected youth • Lack of economic engines
Lack of safe, nurturing environments for children	<ul style="list-style-type: none"> • Lack of quality and safe schools • Childcare affordability • Adults not trauma-informed
Lack of mental health providers	<ul style="list-style-type: none"> • Lack of alignment of services with needs

Perceptions	Evidence from Qualitative Data
New/more jobs alone won't fix the problem	<ul style="list-style-type: none"> • Workforce development
Many healthcare resources exist but people don't know how to/that they can access them	<ul style="list-style-type: none"> • Health insurance is expensive • Knowing that everyone can access FQHCs • Not knowing insurance benefits • Organizational health literacy
Mental health needs are normalized until they are emergencies	<ul style="list-style-type: none"> • Use of ER for mental health • Lack of resources • Community-level traumas

Conclusion

The CHA process helps to provide a broad view of health of a community, including assets and areas of concern. Petersburg 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 Petersburg Ad Hoc Committee. This Advisory Council will review all of the priorities from the seven 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 Petersburg Community Health Assessment.



*Appomattox River, University Blvd. Trailhead
Photo by Theresa Caldwell*