



Hopewell Downtown
Photo by Jennifer Murphy-James

Community Health Assessment

Hopewell, VA | 2023

Contents

Message from Dr. Hart..... 3

Acknowledgements..... 4

Purpose & Background..... 5

Ad Hoc Committees 9

Creating a Vision for the Future 10

Community Health Status Assessment 11

Community Themes & Strengths Assessment..... 17

Conclusion..... 25

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 Hopewell.

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 Hopewell 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

Hopewell Ad Hoc Committee

- Melissa Diggs-Perez (Crater Health District)
- Brian Manning (Appomattox Regional Library System)
- Jennifer Murphy-James (One Hopewell)
- Kelly Stock (Hopewell City Public Schools)
- Shantae Wheeler (Hopewell-Prince George Healthy Families)

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 Hopewell CHA; however, the process

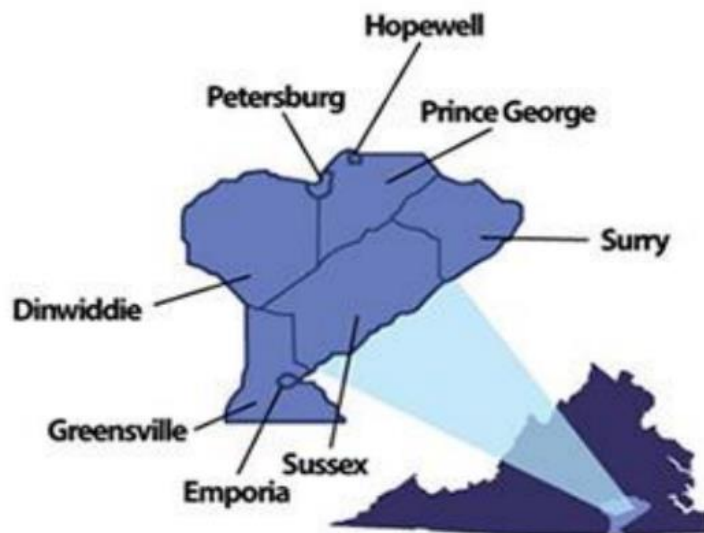
"A community health assessment is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community."

-Virginia Department of Health

was adapted to suit local community context, need, and timelines. That included adapting the Hopewell 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.



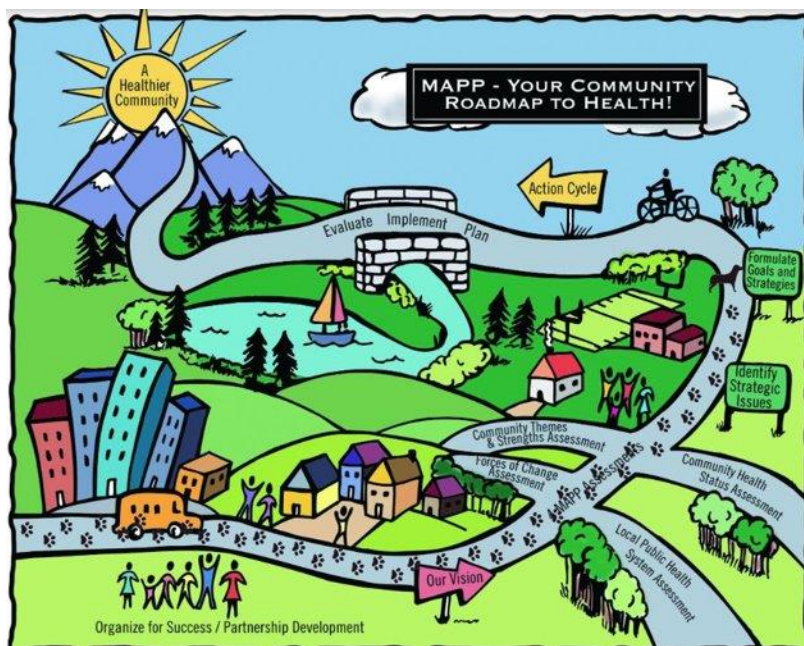
Crater Health District Map

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 Hopewell 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 Hopewell 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 Hopewell'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.



Photo by Aariyana Britton

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 meetings 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: Hopewell

The Hopewell Ad Hoc Committee met in February and March 2023 and participated in four meetings. All four meetings were conducted via Microsoft Teams. Excluding the Crater Health District meeting facilitators, the Hopewell Ad Hoc Committee meetings had about 5 participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Hopewell'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 Hopewell, and additional asset map created recently by OneHopewell, and completed a visioning exercise.

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

Meeting 4: Hopewell'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.

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

Hopewell Vision Statement

Hopewell is a safe, accessible, attractive place for learning, working, and living that contributes to continued growth and prosperity for its citizens.

Hopewell'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 Hopewell Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Hopewell Ad Hoc Committee and was chosen as the vision for the 2023 Hopewell Community Health Assessment: "Hopewell is a safe, accessible, attractive place for learning, working, and living that contributes to continued growth and prosperity for its citizens."

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 Hopewell 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 Hopewell 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.

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

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

Hopewell Demographic Profile

A total of 23,020 people live in Hopewell according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. The population density for this area, estimated at 2,223 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 Hopewell is 46.95% and 53.05% 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 44.27% of the population of Hopewell is Black, 47.42% is white, 4.35% is multiple races, 1.01% is Asian, and 2.91% is another race. The Hispanic or Latino population of Hopewell is 8.6%. For additional information on the demographics of Hopewell 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: Hopewell's Top 15: Hopewell 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: Hopewell's Top 15

A. Students who Seriously Considered Attempting Suicide

	9 th Grade	10 th Grade	11 th Grade	12 th Grade	Female	Male	Total
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.

B. Mortality by Firearms and HomicidesDeaths by Homicide

		2016	2017	2018	2019	2020	2021
Hopewell	Count	5	1	8	2	6	3
	Rate	22.0	4.4	35.4	8.9	26.8	13.4
Crater Health District	Count	18	20	29	24	30	27
	Rate	11.6	12.9	18.7	15.5	19.5	17.5
Virginia	Count	434	451	419	435	520	601
	Rate	5.2	5.3	4.9	5.1	6.1	7.0

Fire-arm Related Mortalities

		2016	2017	2018	2019	2020	2021
Hopewell	Count	3	4	9	6	12	4
	Rate	13.2	17.7	39.8	26.6	53.6	17.9
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. Population estimates to calculate crude rates per 100,000 population come from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS). 2020 population estimates were used to calculate crude rates for 2020 and 2021 counts. Rates with counts less than 20 should be considered unstable and should be interpreted with caution.

C. Living Wage

Definition: The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.

Hopewell	\$44.90
Virginia	\$49.23
United States	\$45.00

Data Source: County Health Rankings. The Living Wage Calculator. 2022.

D. Severe Housing Problems

	Severe Housing Problems Percent
Hopewell	22%
Virginia	14%
United States	17%

Data Source: County Health Rankings. Comprehensive Housing Affordability Strategy (CHAS) data. 2015-2019. Defined as experiencing one or more of the following: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 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.

E. Head Start Centers

	Total Population under 5 years old	Number of Head Start Programs	Head Start Programs per 1,000 population under 5 years old
Hopewell	1,635	1	0.61
Crater Health District	9,437	8	0.84
Virginia	501,494	455	0.907

Data Source: Number of Head Start Programs for Hopewell and Virginia was from HeadStartPrograms.org. Data from total population under 5 years old was from Virginia's Plan for Well-Being Assessment and American Community Survey 2017-2021. The rate of Head Start Programs per 1,000 population under 5 years old was calculated by dividing by the number of Head Start programs and the total population under 5 years old the multiplying by 1,000.

F. Households with No Motor Vehicle

	Percentage of Households with No Motor Vehicle
Hopewell	1.2%
Virginia	2.8%
United States	4.2%

Data Source: U.S. Census Bureau. American Community Survey. Table S0802 Means of Transportation to Work by Selected Characteristics. 2021.

G. Low Food Access and Food Insecure Population**Food Deserts**

	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Hopewell	22,591	3	3	12,120	10,471
Crater Health District	156,052	20	22	74,441	81,611
Virginia	8,001,024	269	1,617	1,147,233	6,853,791
United States	308,745,538	9,293	63,238	39,074,974	269,670,564

Data Source: Virginia's Plan for Well-Being. U.S. Department of Agriculture, Economic Research Service. USDA- Food Access Research Atlas. 2019.

Food Insecurity

	Percentage of the Population who Lack Adequate Access to Food
Hopewell	17%
Virginia	8%
United States	12%

Data Source: County Health Rankings. Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America. Statistical modeling using Core Food Insecurity Model and information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

H. Access to Mental Health Providers

	Ratio of Population to Mental Health Providers
Hopewell	700:1
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.

I. Access to Primary Care

	Ratio of Population to Primary Care Physicians
Hopewell	2,800:1
Virginia	1,320:1
United States	1,310:1

Data Source: County Health Rankings. Area Health Resource File-American Medical Association. 2020. *Ratio represents the number of individuals served by one physician.

J. Inadequate Social Emotional Support

	Rate of Membership Organizations per 10,000 People
Hopewell	13.9
Virginia	11.0
United States	9.1

Data Source: County Health Rankings. County Business Patterns. 2020. *Number of Membership Associations per 10,000 population. Includes civic, political, religious, sports, and professional organizations.

K. Infant Mortality Rate

	Total Live Births (2018-2020)	Total Infant Deaths (2018-2020)	Infant Deaths, Rate (per 1,000 Total Live Births)
Hopewell	1,004	7	6.97
Crater Health District	5,672	50	8.82
Virginia	291,926	1,679	5.75

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Vital Event Statistics Program- Office of Information Management. 2018-2020. *An asterisk on rates denotes that rates were derived from counts ≤ 12 and should be regarded as unstable.

L. Drug Overdose Deaths

	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (per 100,000 population)	Age-Adjusted Death Rate (per 100,000 population)
Hopewell	22,571	60	53.2	59.7
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. National Vital Statistics Systems. Assessed via CDC Wonder. 2016-2020.

M. Deaths by Suicide

	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (per 100,000 population)	Age-Adjusted Death Rate (per 100,000 population)
Hopewell	22,571	29	25.7	27.7
Crater Health District	155,047	113	18.7	18.9
Virginia	8,505,119	5,930	13.9	13.4
United States	326,747,554	233,972	14.3	13.8

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

N. Unemployment

	Unemployment
Hopewell	7.5%
Virginia	3.9%
United States	5.4%

Data Source: County Health Rankings. Bureau of Labor Statistics- The Local Area Unemployment Statistics. 2021. *Population ages 16 and older unemployed but seeking work.

O. Reading Scores

	Average Grade Level Performance for 3 rd Graders on English Language Arts Standardized Tests
Hopewell	2.8
Virginia	3.2
United States	3.1

Data Source: County Health Rankings. Stanford Education Data Archive. 2018. *A score of 3.0 indicates students performed at grade-level.

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. Hopewell’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. Moreover, additional asset maps created by OneHopewell were provided for review. 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.



Photo by Aariyana Britton

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

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

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: Hopewell

The Hopewell Focus Group was held on October 12, 2022, at the John Randolph Foundation. There were nine participants, one notetakers, and two facilitators. Refreshments were provided to all participants and the meeting was audio recorded. During the Hopewell Focus Group, discussions centered around access to services and the social determinants of health. The main themes of concern from the Hopewell Focus Group are listed below⁶.

Concerns from Hopewell Focus Group Participants
<ul style="list-style-type: none">• Social inequities• Lack of transportation• Need for culturally responsive services<ul style="list-style-type: none">• Personal safety concerns• Political will• Pandemic-related learning gap<ul style="list-style-type: none">• Affordable housing• Limited WIFI access• Environmental health concerns• Access to health-care specialists who accept Medicaid<ul style="list-style-type: none">• Need for more behavioral health• Need for workforce development

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

20

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: Hopewell

A limitation of the survey analysis for each locality is that there was a low response rate. In Hopewell, 58 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. Hopewell residents accounted for 16.8% of total survey respondents. 76% of Hopewell respondents were women. One-third were over the age of 65. 59% of respondents were white, 29% were Black or African American, and 7% were Hispanic or Latino.

Numerous questions were asked of each respondent on the survey regarding medical care, ease of access, dental care, support services, and safety. In summary, many respondents struggled with access to medical care (26%), dental care (31%) and mental healthcare (14%) when they needed it. Participants selected addiction, mental health, and obesity as the highest priority health issues in Hopewell. Cost of prescriptions and follow up care after visiting the doctor, lack of access to healthy, affordable foods, and community violence were selected as the greatest challenges to staying healthy.

Asset Map: Hopewell

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

- John Randolph Foundation
- United Way
- Pearl's Pepper Pantry
- Hopewell Food Pantry

Parks, Recreation & Outdoor Spaces

- Hopewell City Park
- Hopewell Community Center
- Crystal Lake Park
- Atwater Soccer Complex
- King's Court Playground

Health, Behavioral & Social Services

- Hopewell-Prince George Community Center
- John Randolph Medical Center
- Hopewell Department of Social Services
- Hopewell-Prince George Healthy Families
- Hopewell Health Department

Education & Learning

- Hopewell School System
- Hopewell Office on Youth
- Appomatox REgional Library-Hopwell Branch

Assets, Issues and Perceptions: Hopewell

During the final Ad Hoc Committee meeting for Hopewell and Prince George, 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 Hopewell Ad Hoc Committee meeting.

Hopewell Assets	
Asset	Evidence from Qualitative Data
Asset 1: Access to Cultural Opportunities	<ul style="list-style-type: none"> • Businesses are community-minded • Cultural activities • Community events • Cultural activities • Other assets clustered together in a walkable area, such as library, historic Hopewell; • Music at high school and Saucy's • Shadowbox Theatre
Asset 2: Parks and recreational opportunities	<ul style="list-style-type: none"> • Many parks throughout the city on asset map • Ice rink • Summer camp • Sportsbackers at the library • Yoga at the library • Bike lanes in process

Hopewell Issues	
Issue	Evidence from Qualitative Data
Issue 1: Prevalence of violence and other community safety concerns	<ul style="list-style-type: none"> • Key theme "personal safety concerns" • Top "things that make it hardest to stay healthy" – both violence, and lack of safe places to walk/bike/skateboard
Issue 2: Lack of quality/affordable housing/homelessness	<ul style="list-style-type: none"> • Ranked high as one of the things that "make it hardest to stay healthy" • Key theme "housing affordability" • Other comments: "Another economic and retention challenge mentioned was a lack of affordable housing in Hopewell. Some mentioned environmental-health concerns both in the housing developments and in some schools alleged to be near

	<p>“cancer-causing outputs from the industry” and vulnerable to infestation of pests.</p> <ul style="list-style-type: none"> • In addition to environmental concern in public housing, participants noted a threat of violence from gang activity in that area.
Issue 3: Lack of healthcare/dental care that is affordable, accepts Medicaid	<ul style="list-style-type: none"> • Cost of prescriptions and follow-up care after visiting the doctor listed as the highest “thing that makes it hard to stay healthy” • Key theme “access to healthcare specialists who accept Medicaid” • About healthcare access, participants said there are few or no doctors that accept Medicaid, or dental providers. • School-based health centers were mentioned as a valuable resource to increase health care access.
Issue 4: Need for behavioral health services	<ul style="list-style-type: none"> • 14% of survey respondents answered yes to “in the last 4 years, was there a time when you needed mental health or drug and alcohol services but could not get it?” • 6 of 56 respondents used the emergency room for behavioral health services • Addiction was listed as the number one health issue in the community, followed in second place by mental health conditions, such as depression • Key theme “need for more behavioral health”
Issue 5: Lack of access to healthy, affordable foods	<ul style="list-style-type: none"> • Lack of access to healthy, affordable foods was listed as one of the top things that make it difficult to stay healthy

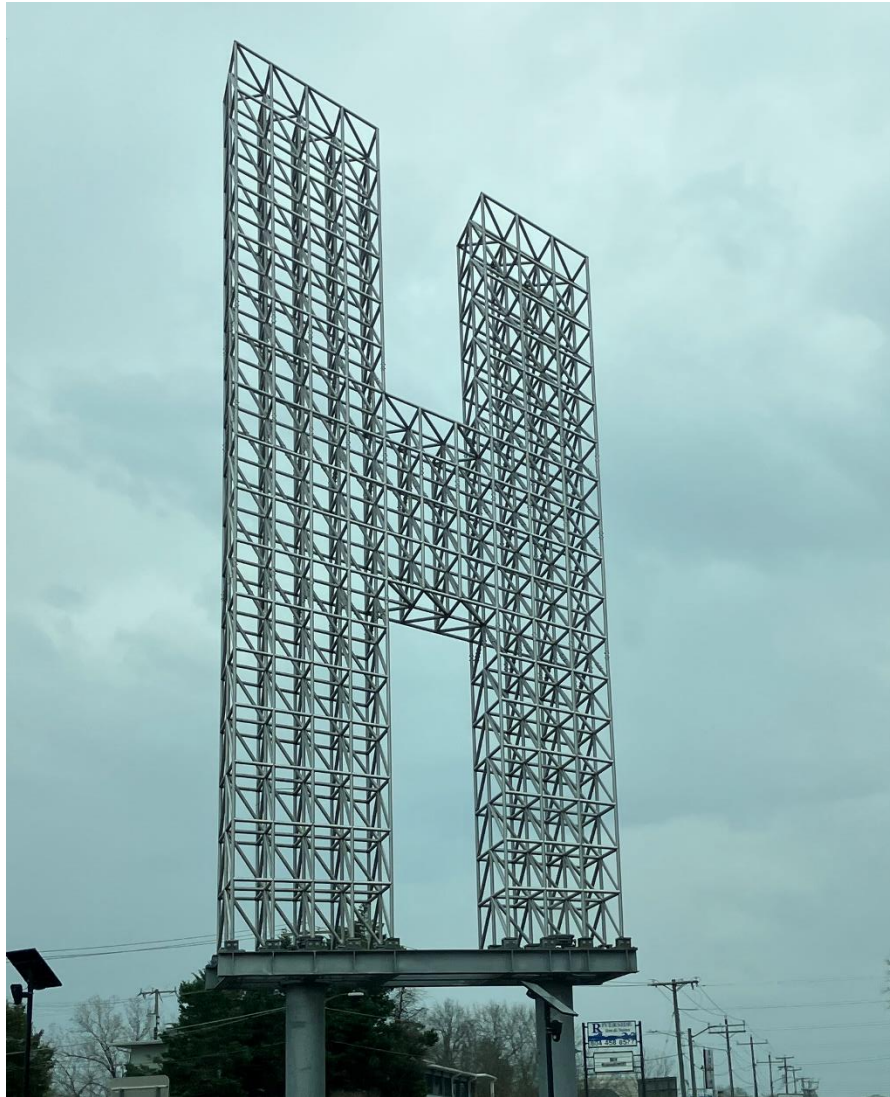
Hopewell Perceptions	
Perception	Evidence from Qualitative Data
Perception 1: Divisions (racial/political) and distrust fueled, at least in part, by racial/cultural divisions/biases	<ul style="list-style-type: none"> • Discomfort accessing services or perceptions of discrimination: • Q: When seeking health or support services in the last 4 years, have the staff ever said or done something based on one of your personal traits or characteristics that made you feel uncomfortable or unsafe? 6 of 56 respondents said yes, and 4 said they prefer not to answer

	<ul style="list-style-type: none"> In the past 4 years, I have avoided seeking medical, dental, or mental health or alcohol and drug services because I was worried about how I would be treated by the people that work there. 7 of 56 respondents said yes, 1 said they prefer not to answer
Perception 2: A sense of community pride	<ul style="list-style-type: none"> Focus group participants noted an “existing culture of community pride” and mentioned community-focused businesses and innovative community programs
Perception 3: Community divisions and other issues can make people feel unwelcome downtown	<ul style="list-style-type: none"> Several comments on this: ‘this isn’t for me’ Sense of belonging Sense of racial divisions

Conclusion

The CHA process helps to provide a broad view of health of a community, including assets and areas of concern. Hopewell 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 Hopewell 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 Hopewell Community Health Assessment.



*Photo by Aariyana Britton,
Crater Health District CHW*