Community Health Assessment

Prince George, VA | 2023

Contents

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 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 assess the health of the community holistically. 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 Prince George.

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 Prince George to make this a healthier community for all who live here.

Acknowledgments

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

Prince George Ad Hoc Committee
- Amy Burke Donnellan (BrightView Health)
- Lili Quintana (The James House)
- Marlene Waymack (Prince George County)
- Shantae Wheeler (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 Prince George CHA; however, the process was adapted to suit the local community context, needs, and timelines. That included adapting the Prince George 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.

> **"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**

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 the 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 the 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.
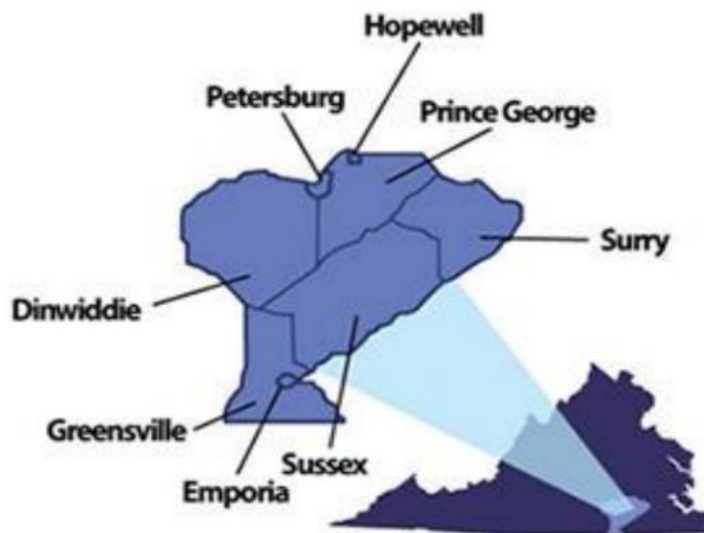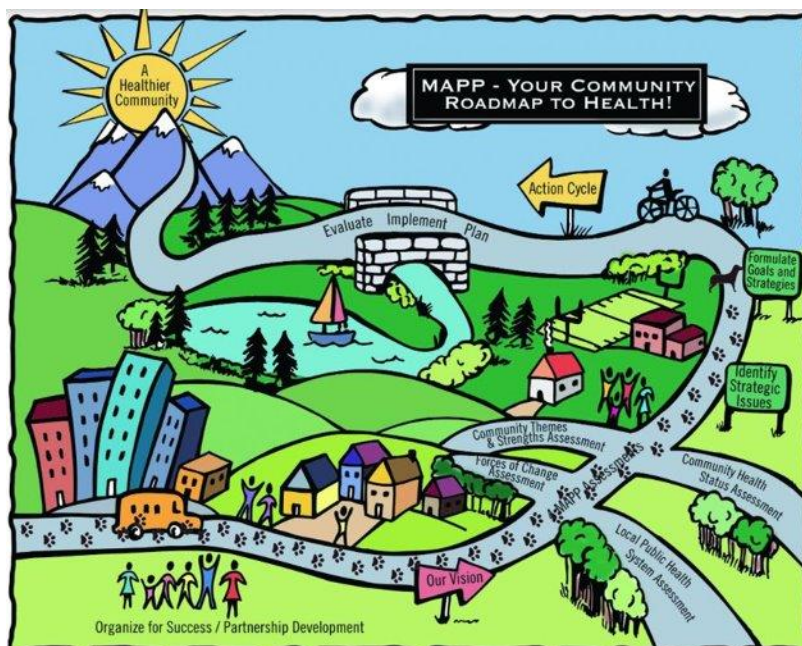

Crater Health District Map

Overview of the Process

Phases of a Community Health Assessment (CHA)

The six phases of the MAPP CHA process are as follows[1]:

- 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 Prince George 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 Prince George Ad Hoc team.

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[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 processes 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 of creating a single CHIP for the Crater Health District. The CHIP will then be the leading framework to help guide Prince George'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, representatives 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 meetings were held from January to June 2023, with each group having four meetings 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: Prince George
The Prince George Ad Hoc Committee met in February and March 2023 and participated in four meetings. All of the meetings were held online via Microsoft. Excluding the Crater Health District meeting facilitators, the Prince George Ad Hoc Committee meetings had about 4 consistent participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Prince George'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 Prince George, and completed a visioning exercise.

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

Meeting 4: Prince George'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 future[2]." Each locality has its 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

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

Reserve Corps volunteers in person at local health department buildings. CHA Core 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.

Prince George's Vision Statement

Prince George is a beautiful, scenic county that has a connected community and promotes growth within its local government, schools, and healthcare systems for the advancement of its citizens.

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 Prince George Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Prince George Ad Hoc Committee and was chosen as the vision for the 2023 Prince George Community Health Assessment: "Prince George is a beautiful, scenic county that has a connected community and promotes growth within its local government, schools, and healthcare systems for the advancement of 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 demographics, health outcomes, 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

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

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 Prince George 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 Prince George 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.

Prince George Demographic Profile

A total of 42,170 people live in Prince George according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. The population density for this area, estimated at 159 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 Prince George is 53.8%, and 46.2% 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 57.6% of the population of Prince George is White, 31.2% is Black, 7% is multiple races, 1.8% is another race, 1.6% is Asian, and 0.5% is American Indian/Alaska Native. The Hispanic or Latino population of Prince George is 8.7%. For additional information on the demographics of Prince George 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: Prince George's Top 15: Prince George 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 the 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: Prince George's Top 15

A. Youth Physically Forced to Have Sexual Intercourse

	9th	10th	11th	12th	Female	Male	Total
Virginia	4%	5%	6.2%	9.2%	8.6%	3.7%	6.1%
United States	5.1%	6.6%	8.9%	8.7%	11.4%	3.4%	7.3%

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. Students who are Seriously Considered Attempting Suicide

	9th	10th	11th	12th	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.

C. Infant Mortality, Rate per 1,000

	Total Live Births	Total Infant Deaths	Rate per 1,000
Prince George	1,055	6	5.69
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.

D. Self-Harm and Suicide-Related ED Visits, Rate per 100,000

	Self-Harm and Suicide-Related ED Visit Counts	Rate per 100,000 Population Ages 5+
Prince George *Combined with Hopewell and Petersburg for count/rate calculation	1,361	1,593.7
Crater Health District	1,667	1,150.4
Virginia	55,067	680.9

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Syndromic Surveillance Data, Division of Surveillance and Investigation, Office of Epidemiology. 2021

E. Drug Overdose Mortality Rate

	Total Population (2016-2020 Average)	5 Year Total Deaths	Crude Death Rate per 100,000	Age-Adjusted Rate per 100,000
Prince George	38,155	33	17.3	17.0
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 Statistics System. Accessed via CDC WONDER. 2016-2020.

F. Living Wage

	Hour Wage Needed to Cover Basic Household Expenses for a Household of One Adult and Two Children
Prince George	44.90
Virginia	49.23
United States	45.00

Data Source: County Health Rankings. The Living Wage Calculator. 2022. *Hourly wage to cover basic household expenses for a household of one adult and two children.

G. Unemployment

	Unemployment Percentage
Prince George	4.5%
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.

H. Cost-Burdened Households

	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Prince George	12,492	3,199	25.61%
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%

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

I. Hours per Week at Average Wage Needed Afford a 2 Bedroom

	Minimum Wage	Hours per Week at a Minimum Wage to Afford a Two Bedroom
Prince George	12	86
Virginia	12	89

Data Source: National Low Income Housing Coalition. Housing Needs by State. Virginia. Compare Jurisdictions. 2023.

J. Households with No Motor Vehicle

	Percentage of Households with No Motor Vehicle
Prince George	2.4%
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.

K. Low Food Access and Food Insecure Population

	Food Desert Census Tracts	Other Census Tracts	Food Desert Population
Prince George	3	4	15,166
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.

L. Grocery Store Proximity

	Percentage of Population who are Low-Income and Do Not Live Close to a Grocery Store
Prince George	7%
Virginia	4%
United States	6%

Data Source: County Health Rankings. United States Department of Agriculture USDA Food Environment Atlas. 2019. *Number of people living less than 1 mile away from a grocery store in an urban area or 10 miles in rural areas. With a family income of less than or equal to 200 percent of the federal poverty threshold.

M. Access to Primary Care

	Ratio of Population to Primary Care Physicians
Prince George	5,530:1
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.

N. Asthma Prevalence Among Adults

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
Prince George	9.6%	9.6%
United States	9.2%	9.2%

Data Source: Centers for Disease and Control, Division of Population Health. PLACES: Local Data for Better Health. 2020.

O. Diabetes

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
Prince George	**11.6%**	**11.0%**
United States	**11.1%**	**9.7%**

Data Source: Centers for Disease and Control, Division of Population Health. PLACES: Local Data for Better Health. 2020.

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 the 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.

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

Asset Maps

Assets can be described as anything that improves the quality of life in a community. The CHA Core Team collected data about local assets through a variety of means. Prince George'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.

Prince George by H. Stover

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. The 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 partners) 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, the 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 areas
- 27% live in rural areas
- 51% had a four-year college degree or higher

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[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?

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

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)?

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

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

Focus Group: Prince George

The Prince George Focus Group was held on October 24, 2022. There were seven participants, one notetaker, and two facilitators. Refreshments were provided to all participants and the meeting was audio-recorded. During the Prince George Focus Group, discussions centered around the economy, affordable housing, access to culturally responsive services, access to other resources, and more. The main themes of concern from the Prince George Focus Group are listed below.[6]

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: Prince George

A limitation of the survey analysis for each locality is that there was a low response rate. In Prince George, 44 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 disaggregated by locality for the CHA process. Prince George residents accounted for 12.7% of total survey respondents. 79.5% of respondents were white, 75% were women, and the majority were between the ages of 65-79 years old.

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 (84%) and dental care (86%) when they needed it. For those who were unable to access needed care, the most common reason given was that it was too expensive, citing deductibles, co-pays, and uncovered care. Participants shared that the cost of prescription drugs and follow-up care, lack of access to healthy foods, and community violence were the greatest challenges to staying healthy in Prince George.

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

Concerns from Prince George Focus Group Patricipants

- Economic Health
- Affordable Housing
- Access to Behavioral Health Services
- Access to Health Care Providers
- Culturally Responsive Services
- Limited Transportation Options
- Aging Populations' Needs
- Access to Healthy Foods
- Difficulty Communicating About Events and Resources
- Limitations with Wi-Fi Access
- Political Will to Address the Needs of Vulnerable Residents

Asset Map: Prince George

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	•Churches •Fire/EMS Services •Prince George Police Department •Department of Social Services •Prince George Rotary Club •John Randolph Foundation •James House
Health, Behavioral, and Social Services	•Prince George Health Department •Central Virginia Health Services
Education and Learning	•Prince George County Public Schools •Prince George County Public Library •Rowanty Technical Center
Parks, Recreation, and Outdoors	•Farmer's Market •Prince George Parks and Recreation

Assets, Issues, and Perceptions: Prince George

During the final Ad Hoc Committee meeting for Prince George, committee members were asked to review the survey data, focus group data, and 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 need to be supported by the data. Discussion notes were recorded; see below for the full chart of assets, issues, and perceptions identified during the Prince George Ad Hoc Committee meeting.

Assets	Evidence from Qualitative Data
Accessibility	• There is an awareness of resources that are provided in the community. Such as: Meals on Wheels, food banks, parks, recreational facilities, services from the Crater Health District, Red Cross, Rotary Club, and services from Social Services. • Increased opportunities for telework and provides a better work-life balance.
Social Services	• Awareness of resources provided. • School-based programs available including sports teams. • Social Services provided (fuel assistance, cooling assistance, and Medicaid). • Churches providing social support and emergency financial aid.
Recreation	• Greenspaces noted in asset maps. • Opportunities for physical and recreation activities. • Farmer's Market and parks available. • Parks and Rec Program- Master Gardener Class. • Library Classes • Spaces for diverse communities to come together.

Issues	Evidence from Qualitative Data
Affordability and Accessibility	• Affordable medical services were expressed as a high-priority need in the community. • Obtaining access to essential supplies was noted to be difficult during the COVID-19 pandemic. • Survey answers expressed caring for any elderly or disabled family members was a challenge during the COVID-19 pandemic. • Lack of access to healthy foods was an indicator of one of the reasons it was hard to stay healthy in the community • Lack of transportation. • Long wait time for appointments. • Food insecurity and not many grocery stores in Prince George.
Mental Health and Addiction	• Mental Health and addiction issues were rated as top health issues in the community. • Attitudes of youth and the older populations regarding mental health support in schools. • Focus group feeling isolated during the COVID-19 pandemic.
Service Needs for Elderly and Children Populations	• Growing elderly population. • Intimate partner violence and child abuse.

Perceptions	Evidence from Qualitative Data
Demographics	• Lack of diversity: Gender, race, and age. The majority of the participants had the demographics of retirement age, white, and female. Other demographics were not fully represented. • Senior populations are more vulnerable to several health issues, especially those arising out of the COVID-19 pandemic. This includes feelings of isolation and loneliness that contribute to mental health issues. • Issues related to aging were expressed as a problem in the community. • The option to telework allows more individuals to move to Prince George. Increase in population. Access to broadband and no longer have to worry about commuting.
Safety	• Safety was mentioned as a top priority in the focus group and a vision statement for Prince George. • Violence in the community was expressed to be a key factor in making it difficult to stay healthy in the community. • Perception that crime is moving into the area from other localities. • Increase in population- increase in crime and poverty. Increase in crime in cities near the county (Hopewell and Petersburg)
Resources	• Obtaining access to essential supplies was difficult during the COVID-19 pandemic. • Resources for mental health and addiction are needed. • Need to coordinate with localities Dinwiddie and Petersburg for resources. Partnering with neighboring counties and cities to offer more services. Obtaining resources in other localities. Ex. Eliminating silos across localities. • Broadband services and internet access are needed.

Conclusion

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