



Community Health Assessment

Greensville County & the City of Emporia
2023

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

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



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

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 Greenville and Emporia to create healthier communities 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
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- Julie Thacker, Population Health Manager

Greensville/Emporia Ad Hoc Committee

- MaRendia Garner (Greensville County Public Schools)
- Rustin Jessee (TopHand Foundation)
- William Johnson (City of Emporia)
- Lynn Parker (Greensville County)
- Mike Rae (City of Emporia)
- Tara Rose (Crater Health District)
- Kristin Vaughan (YMCA of Emporia-Greensville)
- Kathleen Ware (Southern Virginia Medical Center)

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, Greenville, 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 Greenville/Emporia CHA; however,

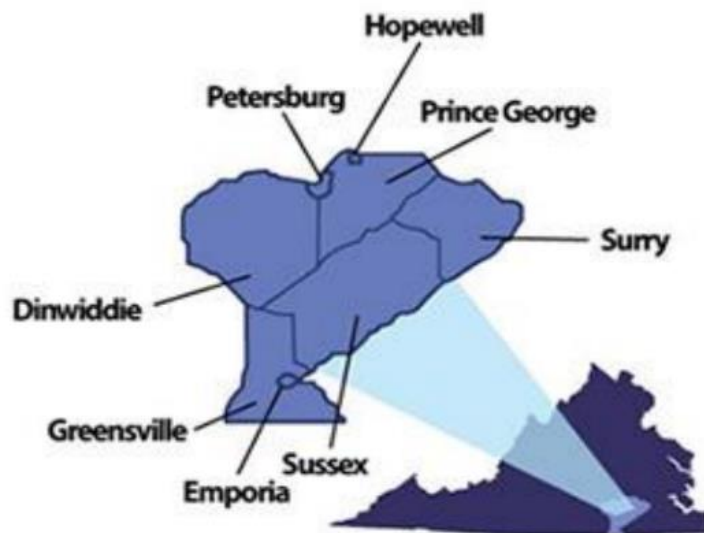
"A community health assessment is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community."

-Virginia Department of Health

the process was adapted to suit the local community context, needs, and timelines. That included adapting the 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 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.



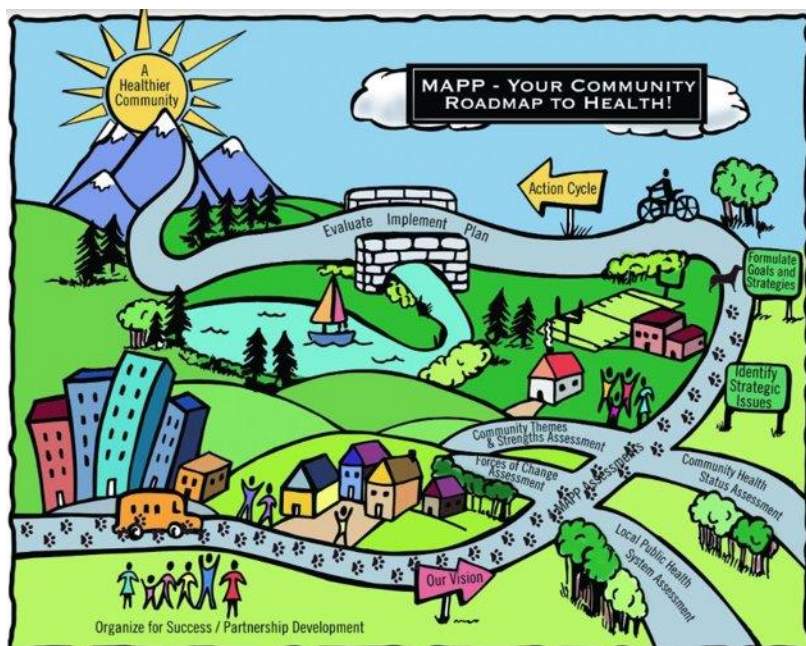
Crater Health District Map

Overview of the Process

Phases of a Community Health Assessment (CHA)

The six phases of the MAPP CHA process are as 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 Greenville/Emporia 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 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 Greenville/Emporia 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 Greenville/Emporia'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, 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.

Ad hoc committee meetings were held from January to June 2023, with each group having four meetings each during the eight weeks. 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: Greenville/Emporia

The Greenville/Emporia Ad Hoc Committee met in April and May of 2023 and participated in four meetings. The first and last meetings were held in person at the



Southern Virginia Medical Center and the second and third were conducted via Microsoft Teams. Excluding the Crater Health District meeting facilitators, the Greenville/Emporia Ad Hoc Committee meetings had about 8 consistent participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Greenville/Emporia’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 Greenville and Emporia, and completed a visioning exercise. Meeting one was held in person at the Southern Virginia Medical Center and refreshments were provided by Bon Secours.

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

Meeting 4: Greenville/Emporia’s Ad Hoc Committee reviewed qualitative data including the survey and focus group data that were collected by the CHA Core Team, replicating the survey and focus group processes developed by The Cameron Foundation and IPHI 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 Southern Virginia Medical Center and refreshments were provided by Bon Secours.

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.” Each locality has its own individual vision statement.



CHA/CHIP so that participants collectively achieve a shared vision for the future.” 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 Reserve Corps volunteers in person at local health department buildings. Crater Health District team also solicited input into the vision at the 2022 National Night Out in Emporia.

The CHA Core Team attempted to only collect vision responses from people who worked or lived within each locality. The Ad Hoc Committee also participated in a visioning exercise to provide additional input.

Greensville/Emporia Vision Statement

Greensville/Emporia is a welcoming, vibrant, healthy, family-oriented community that encourages diversity and economic growth development.

Greensville/Emporia'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 Greensville/Emporia Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Greensville/Emporia Ad Hoc Committee and was chosen as the vision for the 2023 Greensville/Emporia Community Health Assessment: "Greensville/Emporia is a welcoming, vibrant, healthy, family-oriented community that encourages diversity and economic growth development."

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?"². 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

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

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 Greenville/Emporia 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 Greenville/Emporia 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.

Greenville and Emporia Demographics Profile



A total of 17,226 people live in Greenville and Emporia according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. Of those, 11,465 people live in Greenville County and 5,761 live in the city of Emporia. The population density for this area, estimated at 57 persons per square mile, is less than the national average population density of 93 persons per square mile.

According to the American Community Survey, the male population of Greenville and Emporia is 57.3%, and 42.7% 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 58.2% of the population of Greenville and Emporia is Black, 31.2% is White, 9.6% is multiple races, 0.3% is another race, and 0.2% is American Indian/Alaska Native. The Hispanic or Latino population of Greenville and Emporia is 4.4%. For additional information on the demographics of Greenville and Emporia 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: Greenville and Emporia's Top 15: The Greenville/Emporia Ad Hoc committee 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: Greenville and Emporia's Top 15

A. Adults Overweight or Obese

	Adult Obesity Percentage
Emporia	47%
Greenville	42%
Virginia	32%
United States	32%

Data Source: County Health Rankings. Behavioral Risk Factor Surveillance System. 2020. *Percentage of the adult population (ages 18 and older) that reports a body mass index (BMI) greater than or equal to 30.

B. Students who 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. Broadband Access

	Percentage of Households with Broadband Internet Connection
Emporia	79%
Greenville	79%
Virginia	88%
United States	87%

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

D. Access to Mental Health Care Providers

	Ratio of Population to Mental Health Providers
Emporia	280:1
Greenville	1,270:1
Virginia	450:1
United States	340:1

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

E. Unintended Pregnancy

	Percentage of Unintended Pregnancies by Race/Ethnicity in Virginia
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.

F. Violent Crimes (Combined Firearm Mortalities and Homicides Rate per 100,000)

		2016	2017	2018	2019	2020	2021
Emporia	Homicide Rate	0	56.8	19.5	18.7	19.0	38.0
	Firearm Rate	0	18.9	39.1	18.7	38.0	57.1
Greensville	Homicide Rate	0	8.6	0	0	0	8.9
	Firearm Rate	0	17.1	8.6	8.8	0	8.9
Crater Health District	Homicide Rate	11.6	12.9	18.7	15.5	19.5	17.5
	Firearm Rate	17.3	19.3	21.9	24.5	31.8	24.7
Virginia	Homicide Rate	5.2	5.3	4.9	5.1	6.1	7.0
	Firearm Rate	12.2	12.2	12.1	12.0	13.6	14.5

Data Source: Death certificate data are from the 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.

G. Food Insecurity

	Food Desert Census Tracts	Food Desert Population
Emporia	0	0
Greensville	0	0
Crater Health District	20	74,441
Virginia	269	1,147,233
United States	9,293	39,074,974

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

H. Unemployment

	Unemployment Percentage
Emporia	7.8%
Greensville	4.9%
Virginia	3.9%
United States	5.4%

Data Source: County Health Rankings, Bureau of Labor Statistics, 2021. *Percentage of the population ages 16 and older unemployed but seeking work.

I. High School Graduation and Dropouts

	On-Time Graduation Rate	Drop-Out Rate
Greensville and Emporia	79.11%	13.29%
Virginia	92.14%	5.18%

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

J. Inadequate Social-Emotional Support (Combined indicators of Residential Segregation, Children in a Single Parent Household, Number of Social Associations, and Frequent Mental Distress)

	Emporia	Greensville	Virginia	United States
Residential Segregation Index-Black/White	61	10	51	63
Percentage of Children that Live in a Household Headed by a Single Parent	52%	41%	24%	25%
Number of Membership Associations per 10,000 Population	24.7	0	11	9.1
Percentage of Adults Reporting 14 or More Days of Poor Mental Health per Month	17%	14%	13%	14%

Residential Segregation Data Source: County Health Rankings. American Community Survey. 2017-2021. *The index ranges from 0 to 100 with lower values representing less residential segregation and a value of 100 representing complete segregation.

Children in Single-Parent Households Data Source: County Health Rankings. American Community Survey. 2017-2021.

Social Associations 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.

Frequent Mental Distress Data Source: County Health Rankings. Behavioral Risk Factor Surveillance System. 2020. *Percentage of adults who reported 14 or more days in response to this question: "Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

K. Infant Mortality, Rate per 1,000

	Total Live Births	Total Infant Deaths	Rate per 1,000
Emporia	189	5	26.46
Greensville	Suppressed	Suppressed	8.96
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, Viral 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 Mortality, Rate per 100,000

	Total Population (2016-2020 Average)	Five-Year Total Deaths	Crude Death Rate per 100,000	Age-Adjusted Death Rate per 100,000
Emporia	5,262	No Data	No Data	No Data
Greensville	11,526	14	No Data	No Data
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. *Data is suppressed for counties with fewer than 20 deaths in the time frame.

M. Avoidable Hospitalizations, Rate per 100,000

	Population 18+	Potentially Avoidable Hospitalizations	Rate per 100,000
Emporia	3,950	188	4,759.49
Greensville	9,469	63	665.33
Crater Health District	121,288	2,256	1,860.04
Virginia	6,724,204	55,139	820.01

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

N. Substandard Housing

	Severe Housing Problems, Percent
Emporia	20%
Greensville	12%
Virginia	14%
United States	17%

Data Source: County Health Rankings. Comprehensive Housing Affordability Strategy (CHAS) data. 2015-2019. *Incomplete kitchen facilities are defined as a unit that lacks a sink with running water, a stove or range, or a refrigerator. Incomplete plumbing facilities are 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 exceed 50% of monthly income.

O. Premature Death Mortality, Rate per 100,000

	Premature Deaths (2018-2020)	Years of Potential Life Lost	Rate per 100,00
Emporia	147	2,890	20,540
Greensville	217	3,048	9,450
Crater Health District	3,140	52,778	12,213
Virginia	100,719	1,608,158	6,707
United States	4,125,218	66,925,233	7,296

Data Source: Virginia's Plan for Well-Being. Centers for Disease Control and Prevention, CDC-National Vital Statistics System. Accessed via County Health Rankings. 2018-2020.

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 quality of life perceived in our community?' and 'What assets do we have that can be used to improve community health?'"³ This assessment included creating asset maps and gathering survey data, anecdotes, and thoughts from local focus group participants.

³ 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.

Greensville/Emporia'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 group held by the Crater Health District, community members were asked to list any assets from their locality. Both lists of assets, along with suggested edits from the Ad Hoc Committee, were used to create the final asset maps. Any assets that were not physically in the locality, but utilized by residents within the locality, were removed from the map. Maps were made using Google Maps.



Focus Groups

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

Focus groups led by the Cameron Foundation, Institute for Public Health Innovation (IPHI), and supported by the Crater Health District and other community partners were conducted between September and November 2022. 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.

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 the localities outside of The Cameron Foundation’s catchment area, including Greenville/Emporia and Surry.

Focus Group: Questions Asked



Focus Group: Greenville/Emporia

The Greenville/Emporia Focus Group was held on December 5, 2022, at the Richardson Memorial Library in Emporia. There were eight participants, two notetakers, and two facilitators. Refreshments were provided to all participants and the meeting was audio-recorded. During the Greenville/Emporia Focus Group, discussions centered around the lack of access to specialty healthcare services and other services. The main themes from the Greenville/Emporia Focus Group are listed below.

Key Themes from the Greenville/Emporia Focus Group

- Access to specialized healthcare service
- Access to healthcare services and appointment scheduling
- Lack of health education
- Economic health
- Poverty
- Access to healthy foods
- Lack of socialization and recreational activities
- Community safety
- Limited WIFI access
- Transportation challenges

Community Health 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. Crater Health District staff attended the Emporia National Night Out, Peanut Festival, and a meeting of local Sunday School associations to gather survey responses in Greenville/Emporia.

Community Health Assessment Survey: Greenville and Emporia

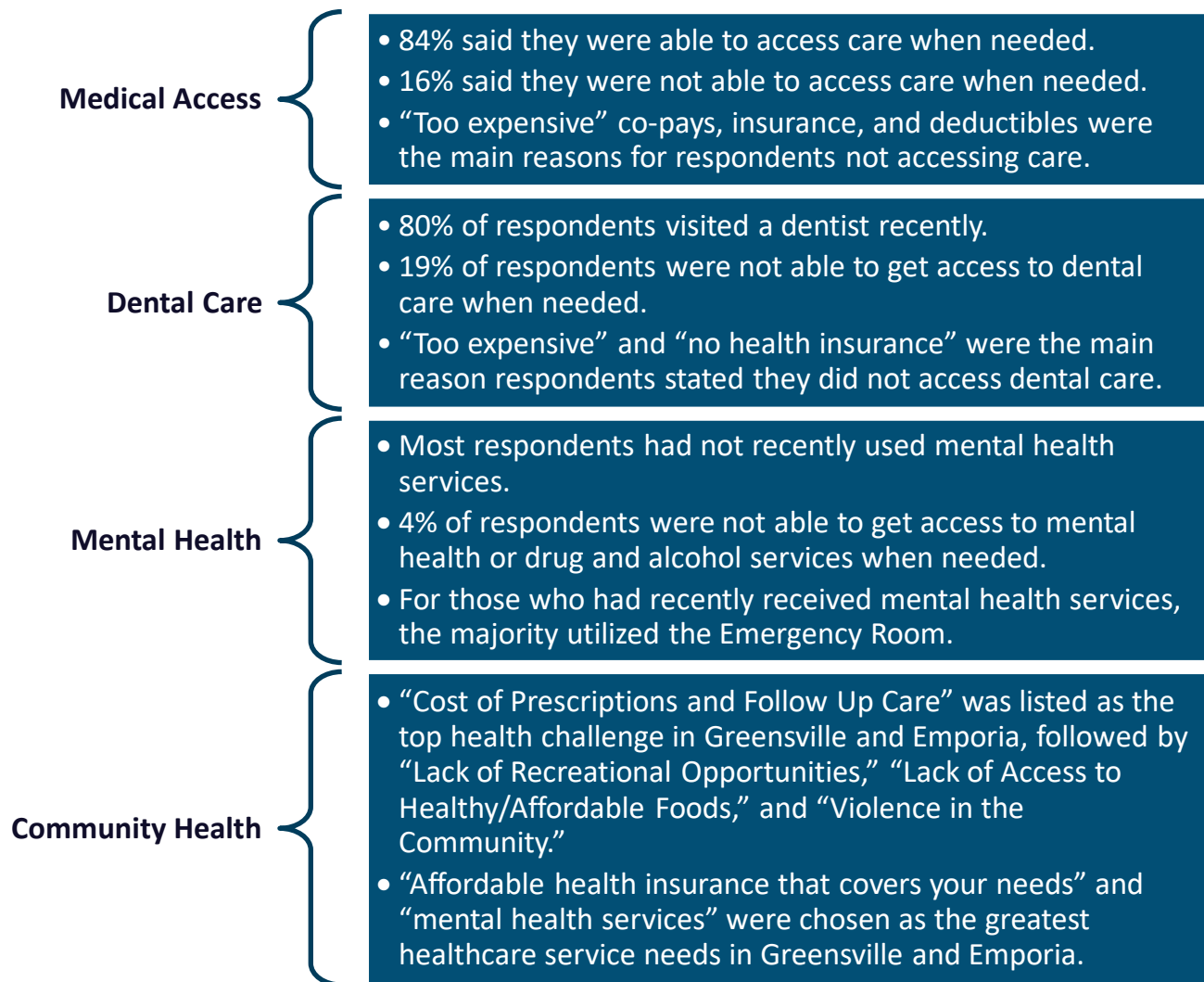
A limitation of the survey analysis for each locality is that there was a low response rate. In Greenville/Emporia, 52 surveys were collected (total includes paper and online surveys). 58% of survey respondents were Black, and 38% were White, one person was of Hispanic/Latino ethnicity,

and the remaining participants did not provide a response. There was a diverse representation of age groups that responded to the survey. The overall majority of respondents were women, at 72%.

Numerous questions were asked of each respondent on the survey regarding medical care, ease of access, dental care, support services, and safety. The majority of survey respondents sought medical advice from healthcare providers or the internet.

Greensville/Emporia Survey Results

A summary of survey results from the Greensville/Emporia community health needs survey is provided in the graphic below.



Asset Map: Greenville and Emporia

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

- Family YMCA of Emporia-Greenville
- Improvement Association
- Greenville-Emporia Virginia Cooperative Extension Office
- Emporia-Greenville Chamber of Commerce
- Greenville County Ruritan Club
- Emporia Rotary Club
- Churches

Health, Behavioral, and Social Services

- Greenville-Emporia Social Services
- Greenville Health Department
- District 19 Community Services
- Greenville Corrections-Probation & Parole
- Emporia/Greenville Counseling Services
- FVSAU Child Advocacy Center
- Southern Virginia Regional Medical Center
- Emporia Rehabilitation and Healthcare Center

Education and Learning

- Greenville County Public Schools
- Richardson Memorial Library
- Southside Virginia Community College
- TopHand Foundation

Parks, Recreation, and Outdoors

- Greenville County High School Athletic Complex
- Greenville County High School Cross Country Forest Trail
- Playgrounds
- Emporia Farmers' Market
- Emporia-Greenville Recreation Association
- Meherrin River Park
- Community Youth Center
- Old Emporia Armory
- Community Youth Center

Assets, Issues, and Perceptions: Greenville and Emporia

During the final Ad Hoc Committee meeting for Greenville and Emporia, committee members were asked to review the survey data, focus group data, and asset maps. While reviewing the data, committee members, guided by Crater Health District facilitators, discussed key assets, issues, and perceptions of their local community. Rather than listing individual assets, issues, and perceptions, these were the thematic or overarching findings that could be supported by the data from the asset maps, focus groups, and survey results. “Assets” are defined as community strengths; “Issues” are defined as community challenges; and, “Perceptions” are defined as ideas, true or untrue, that people inside or outside of the community, hold about the community. Discussion notes were recorded; see below for the full chart of assets, issues, and perceptions identified during the final Greenville/Emporia Ad Hoc committee meeting. The assets, issues, and perceptions charts provide the synthesized and summarized data for the Community Themes and Strengths Assessment.

Assets	Evidence from Qualitative Data
Faith-Based Community	<ul style="list-style-type: none"> • Organization and volunteer work • Contributes to resilience and supports growth. • Helps reach out into the community
Opportunities for Recreation	<ul style="list-style-type: none"> • YMCA and the programs provided
Availability of Primary and Emergency Care	<ul style="list-style-type: none"> • Southern Regional Virginia Medical Center
Geographic Location	<ul style="list-style-type: none"> • Proximity to major roadways: 95,85, and 58

Issues	Evidence from Qualitative Data
Lack of Trust in Systems	<ul style="list-style-type: none"> • Lack of trust in law enforcement, medical care, and schools
Lack of Access to Specialty Care and Pharmacy Services	<ul style="list-style-type: none"> • Difficulty for the aging population and too confusing to access patient portals and make appointments. • Difficulty navigating Medicare benefits • Difficulty obtaining prescriptions in a timely manner
Lack of Age-Appropriate Health and Wellness Education	<ul style="list-style-type: none"> • Organizations and Individuals • Education not culturally competent
Cost of Healthy Food Options and Knowledge of Healthy Foods	<ul style="list-style-type: none"> • Grocery availability • Listed as “hard to be healthy” in the Cameron Foundation survey
Hopelessness, Lack of Motivation to Improve Circumstances	<ul style="list-style-type: none"> • Community not utilizing available services
Lack of Community Pride	<ul style="list-style-type: none"> • Lack of showing up during community events. Only the same people attend community events. • Community cohesion

Perceptions	Evidence from Qualitative Data
Stuck in Time	<ul style="list-style-type: none"> • Difficulty with accepting change • People want what they want and want it now. • Not solution-oriented and do not engage in helping fix issues.
Lack of Openness to New Ideas and Lack of Exposure	<ul style="list-style-type: none"> • Residents not aware of community-based resources that are provided or do not utilize resources.

Conclusion

The CHA process helps to provide a broad view of the health of a community, including assets and areas of concern. Greenville/Emporia ad hoc committee 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 Greenville and Emporia 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 Greenville and Emporia Community Health Assessment.



Richardson Memorial Library in Emporia, VA