



*Photo by Keith Blowe,
Sussex County Ad Hoc Committee Member*

Community Health Assessment

Sussex, VA | 2023

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

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



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

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 Sussex County 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

Sussex County Ad Hoc Committee

- Keith Blowe (BLW-Solutions)
- Sheriff Ernest Giles (Sussex County)
- Robert Hamlin (Community Coalition of Sussex)
- Thomas Jones (Waverly Town Council)
- Dr. Phyllis Tolliver (Jessica Ann Moore Foundation)
- Andrea Torres (Sussex County)

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 Sussex CHA; however, the process was adapted to suit local community context, needs, and timelines. That included adapting the Sussex County 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

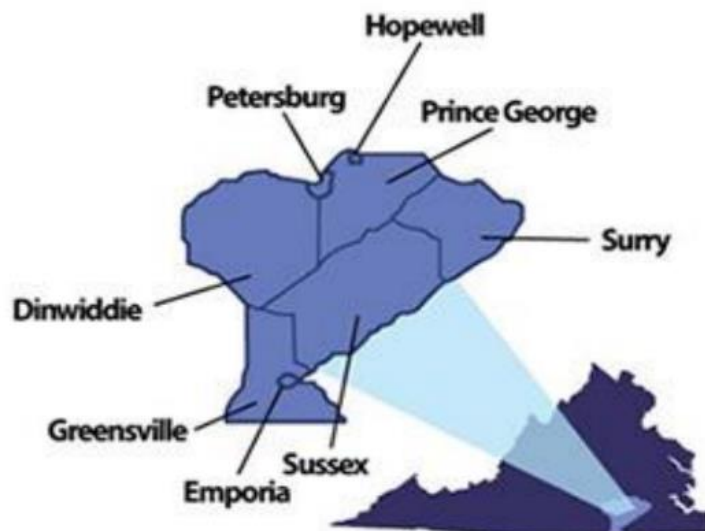
“A community health assessment is a careful, systematic examination of the health status of the community that is used to identify key health problems and assets in the community.”

-Virginia Department of Health

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 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 Sussex County 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 Sussex 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 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 for creating a single CHIP for the Crater Health District. The CHIP will then be the leading framework to help guide Sussex County'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 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.



*Photo by Dr. Phyllis Tolliver
Sussex County Ad Hoc Committee Member*

Ad Hoc Committee: Sussex

The Sussex Ad Hoc Committee met over the course of four consecutive weeks in June of 2023. Two of the meetings were held in person and two were online via Microsoft Teams. Excluding the Crater Health District meeting facilitators, the Sussex County Ad Hoc committee meetings had about 7 consistent participants per meeting. Each meeting was recorded with participant consent.

Meeting 1: Sussex County'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 Sussex, and completed a visioning exercise.

Meeting 2: Sussex County'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: Sussex County's Ad Hoc Committee prioritized 12 health and quality of life indicators through an extensive and detailed facilitated discussion and voted on a community vision.

Meeting 4: Sussex County'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 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. Lastly, Ad Hoc Committee members brainstormed additional words and phrases for their locality’s vision as an exercise.

Sussex County’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 Sussex County Ad Hoc Committee voted for their preferred vision statement via REDCap. The following statement received the greatest number of votes from the Sussex County Ad Hoc Committee and was chosen as the vision for the 2023 Sussex County Community Health Assessment: “Sussex is a family-oriented, unified community that embraces diversity, welcomes new ideas, and promotes a healthy living environment.”

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

Sussex County Vision Statement

Sussex is a family-oriented, unified community that embraces diversity, welcomes new ideas, and promotes a healthy living environment.

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 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 Sussex County compared either to the health district overall, the state of Virginia, and/or the United States. This helps put the data into context, to show where Sussex 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.

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

Sussex Demographic Profile

A total of 10,960 people live in Sussex County according to the U.S. Census Bureau American Community Survey 5-year estimates from 2017-2021. The population density for this area, estimated at 22 persons per square mile, is less than the national average of 93 persons per square mile.

According to the American Community Survey, the male population of Sussex is 59.8%, and 40.2% 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 56.2% of the population of Sussex is Black, 40.5% is White, 2.5% is multiple races, 0.5% is another race, and 0.3% is Asian. The Hispanic or Latino population of Sussex is 3.2%. For additional information on the demographics of Sussex 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: Sussex County's Top 12: The Sussex County Ad Hoc committee prioritized the 12 indicators below for the 2023 Community Health Assessment (these are ranked in no particular order). The prioritization was a two-step process. First, all of the indicators, excluding the demographics data, were put into a REDCap survey. Ad hoc committee members were asked to select their 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 12. The committee then reviewed the indicators that received a high number of votes in the survey but where there was not a clear consensus. This facilitated discussion resulted in the remaining prioritized health indicators, for a total of 12.

Prioritized Indicators with Data: Sussex County's Top 12

A. Physical Inactivity

	Percentage of Adults Reporting No Leisure-Time Physical Activity
Sussex	28%
Virginia	20%
United States	22%

Data Source: County Health Rankings, Behavioral Risk Factor Surveillance System, 2020. *Percentage of adults ages 18 and over reporting in no physical activity outside of work.

B. HIV, Rate per 100,000

	Population Age 13+	Population with HIV/AIDS	Rate per 100,000
Sussex	9,729	58	596.1
Crater Health District	130,164	821	630.74
Virginia	7,255,595	24,046	331.4
United States	277,596,976	1,054,159	379.7

Data Source: Virginia's Plan for Well-Being. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2020

C. Percent of Adults with Diabetes

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
Sussex	14.4%	13.2%
United States	11.3%	9.9%

Data Source: Centers for Disease and Control, CDC. National Center for Chronic Disease and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health. Modeled-based estimates from BRFSS 2019-2020. Population counts from Census 2010 estimates and American Community Survey 2015-2019.

D. High Blood Pressure

	Crude Prevalence, Percent	Age-Adjusted Prevalence, Percent
Sussex	43.1%	40.9%
United States	32.6%	29.6%

Data Source: Centers for Disease and Control, CDC. National Center for Chronic Disease and Health Promotion, Division of Population Health. PLACES: Local Data for Better Health. Modeled-based estimates from BRFSS 2019-2020. Population counts from Census 2010 estimates and American Community Survey 2015-2019.

E. School Drop Out Rate

	Dropout Rate Percentage
Sussex	8.43%
Virginia	5.18%

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

F. School Funding Adequacy

	School Funding Adequacy
Sussex	-\$4,323
Virginia	\$888
United States	\$1,062

Data Source: County Health Rankings, School Finance Indicators Database, 2020. * In Sussex County, Virginia, on average, per-pupil spending among school districts was \$4,323 below the estimated amount needed to support students in achieving average US test scores. The data shows the average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.

G. Households with No Motor Vehicle

	Percentage of Households with No Motor Vehicle
Sussex	5.3%
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.

H. Substandard Housing

	Percentage of Households With At Least 1 of 4 Housing Problems
Sussex	14%
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 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.

I. Water Quality

	Indicator of the Presence of Health-Related Drinking Water Violations
Sussex	No

Data Source: County Health Rankings, EPA Safe Drinking Water Information System, 2021. *Does not count well water sources in Sussex.

J. Childcare Cost Burden

	Percentage of Childcare Cost Burden
Sussex	30%
Virginia	27%
United States	27%

Data Source: County Health Rankings, U.S. Census Bureau, The Living Wage Calculator; Small Area Income and Poverty Estimates, 2021-2022. *Percentage of income spent on childcare costs. Childcare costs for a household with two children as a percent of median household income.

K. Primary Care Providers

	Ratio of the Population to Primary Care Physicians
Sussex	3,640:1
Virginia	1,320:1
United States	1,310:1

Data Source: Number of residents per one physician. County Health Rankings, American Medical Association, Area Health Resource File, 2020.

L. Insurance Coverage Access (Percentage of Adult Population without Insurance)

	Percent of Population Ages 18-64 without Insurance
Sussex	9.87%
Crater Health District	10.15%
Virginia	10.11%
United States	12.38%

Data Source: Virginia's Plan for Well-Being. Virginia Department of Health, Behavioral Risk Factor Surveillance Survey. 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.

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. Sussex County’s Ad Hoc Committee members were tasked with listing community assets and provided commentary on assets that had already been listed by the focus group participants. A general list of categories was given to help members brainstorm assets: Education/Learning, Health, Behavioral and Social Services, Community Based Organizations, Parks, Recreation and Outdoors, and Culture & Attractions. During the focus groups held by the Cameron Foundation, community members were asked to list any assets from their locality. Both lists of assets, along with suggested edits from the Ad Hoc Committee, were used to create the final asset maps. Any assets that were not physically in the locality, but utilized by residents within the locality, were removed from the map. Maps were made using Google Maps.



Focus Groups

Each focus group was used as a forum for an open and honest discussion between local community members. Focus groups were used to collect information from community members about their concerns, likes/dislikes about their locality, and any assets they knew of. 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

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

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

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: Sussex County

The Sussex County Focus Group was held on October 14, 2022. There were nine participants, one notetaker, and two facilitators. Refreshments were provided to all participants and the meeting was audio-recorded. During the Sussex County Focus Group, discussions centered around. The main themes of concern from the Sussex County Focus Group are listed below⁶.

Key Themes from the Sussex Focus Group

- Community Safety
- Economic Health
- Youth Engagement
- Transportation Options
- Challenges to Communicate About Resources and Events County-Wide
- Wi-Fi Access
- Access to Healthy Foods and Retail Providers
- Access to Health Care Services
- Behavioral Health Services
- Health Literacy
- Growing Elderly Population

Community Health Needs Assessment Survey

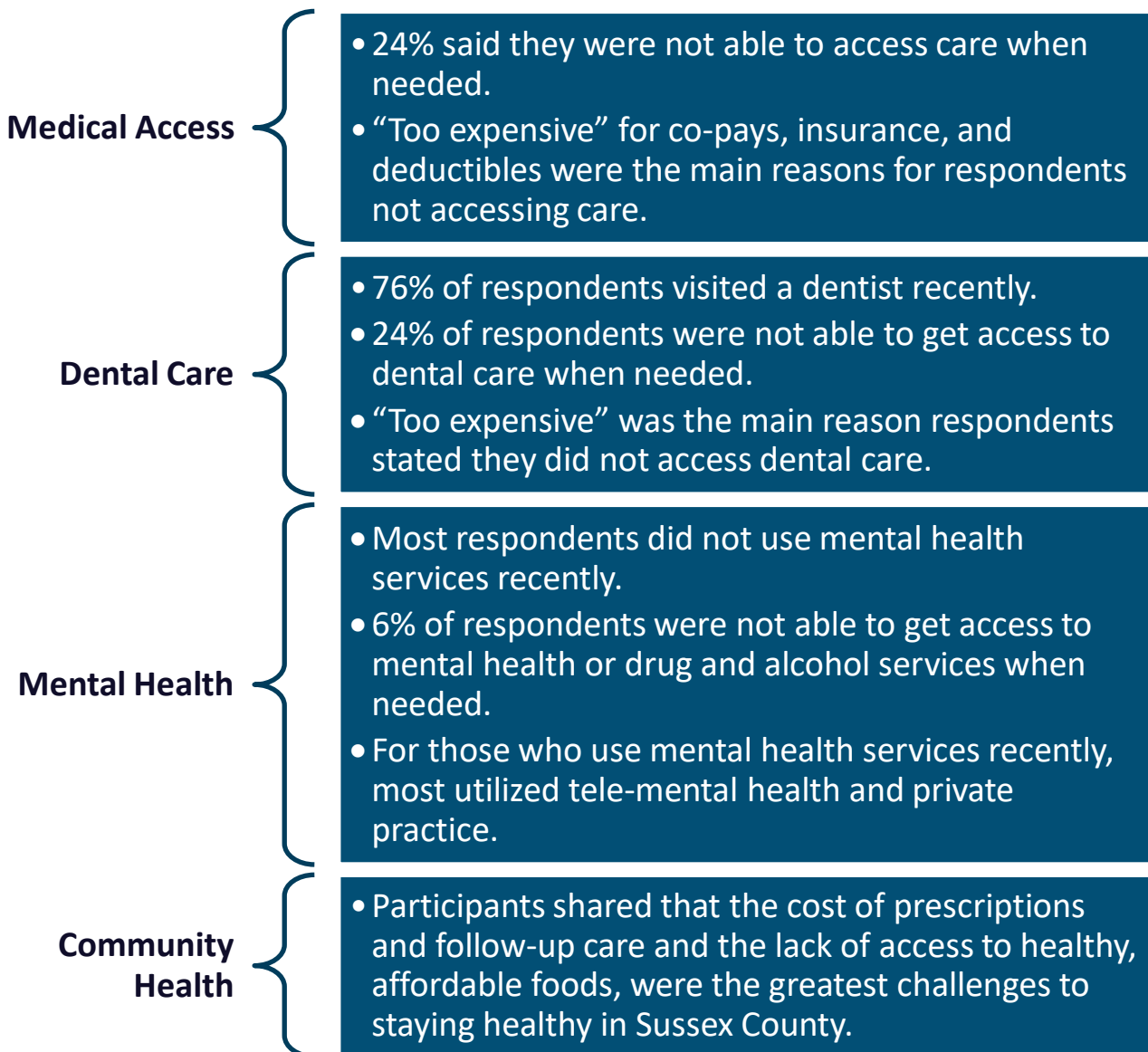
The Crater Health District worked in conjunction with the Cameron Foundation and IPHI to disseminate the Community Health Needs Assessment Survey to the public within Dinwiddie, Hopewell, Petersburg, Prince George, and Sussex. The Cameron Foundation's service area does not extend to Greenville, Emporia, 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.

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

Community Health Assessment Survey: Sussex

A limitation of the survey analysis for each locality is that there was a low response rate. In Sussex County, 17 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. Sussex County residents accounted for 5% of total survey respondents for all 8 Crater Health District Localities. 71% of Sussex County survey respondents were Black, 70% were women, and the majority were between the ages of 45 and 64 years old. A summary of survey results from the Sussex community health needs survey are provided in the graphic below.



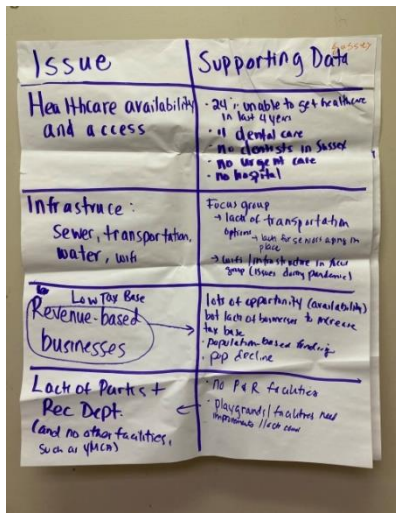
Asset Map: Sussex County

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 Sussex County Ad Hoc Committee.



Assets, Issues, and Perceptions: Sussex County

During the final Ad Hoc Committee meeting for Sussex, committee members were asked to review the survey data, focus group data, and the 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 Sussex County Ad Hoc committee meeting. The assets, issues, and perceptions charts provide the synthesized and summarized data for the Community Themes and Strengths Assessment.



“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 Sussex County 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
Community Support Groups/Organizations	<ul style="list-style-type: none"> Community-Based Organizations Faith-Based Organizations Focus Group Data Points: Youth engagement and Parent engagement
Volunteer and First Responders	<ul style="list-style-type: none"> Volunteer Fire Volunteer squads in Stony Creek and Waverly Mutual Aid Groups
Land and Outdoor Space	<ul style="list-style-type: none"> Two mega-sites for industrial and farmland
Ports, Highways, Interstate, Railways	<ul style="list-style-type: none"> Asset Map

Issues	Evidence from Qualitative Data
Healthcare Availability and Access	<ul style="list-style-type: none"> • 24% unable to get healthcare and dental care in the last 4 years. • No dentists in Sussex • No urgent care • No hospital
Infrastructure: Sewer, Transportation, Wi-Fi	<ul style="list-style-type: none"> • Focus Group: lack of transportation options and lack of facilities for seniors. • Wi-Fi/Infrastructure in the focus group (issues during pandemic)
Low Tax Base: Revenue-Based Businesses	<ul style="list-style-type: none"> • Lots of opportunity (availability) but lack of businesses to increase tax base. • Population-based funding • Population decline
Lack of Parks and Recreation Department (and no other facilities, such as YMCA)	<ul style="list-style-type: none"> • No parks and recreation facilities • Playgrounds and facilities need improvements
Public Safety Resources	<ul style="list-style-type: none"> • No paid Fire/EMS • Very minimal in “survival mode” • Focus group theme: community safety
Political Will to Change	<ul style="list-style-type: none"> • Inequitable regulations/decision-making. • Inconsistency • Favors for friends • Nepotism

Perceptions	Evidence from Qualitative Data
“Sussex County is a Dump”	<ul style="list-style-type: none"> • Ordinances to support • Regulations such as grass length • Trash pickup program • Dump brought to Sussex • Roadkill
“There’s Nothing to Do in Sussex”	<ul style="list-style-type: none"> • Lack of after-school programs due to lack of funding
“There is a Lack of Resources in Sussex”	<ul style="list-style-type: none"> • Lack of health care resources and lack of a parks and recreation department

Conclusion

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



Photo by Keith Blowe