CENTRA

FARMVILLE-AREA
Community Health Needs Assessment
2024–2027

TOWN OF FARMVILLE AND AMELIA, BUCKINGHAM, CHARLOTTE, CUMBERLAND, LUNENBURG, NOTTOWAY, & PRINCE EDWARD COUNTIES

Approved by Centra Community Benefit Committee – November 22, 2024
Approved by Centra Southside Community Hospital Board of Directors – December 4, 2024
Approved by Centra Board of Directors – December 9, 2024

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Centra Southside Community Hospital

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EXECUTIVE SUMMARY

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Centra Health is pleased to provide the triennial 2024 Community Health Needs Assessment (CHNA) for Centra Southside Community Hospital located in Farmville, Virginia. For the purposes of this report, the service area is referred to as the Farmville Area and includes the town of Farmville and the counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway and Prince Edward. The CHNA provides an overview of the health status of the communities served by the health system. It is the intent of this report to provide readers with a deeper understanding of the needs of the Farmville Area as well as to guide Centra Health, and its community partners and stakeholders, in developing Implementation Plans to address the prioritized needs identified as part of the assessment process. The Community Health Needs Assessment and Prioritization of Needs was approved by the Centra Community Benefit Committee on November 22, 2024, the Centra Southside Community Hospital Board of Directors on December 4, 2024, and the Centra Board of Directors on December 9, 2024.

The impact of the COVID-19 pandemic was a key component of the 2021 Community Health Needs Assessment. While the immediate crisis phase has passed, COVID-19's ripple effects continue to shape Virginia's public health landscape and policy priorities. Since 2022, the impact of COVID-19 on the health of Virginians has evolved significantly. While the severity of the illness has generally declined due to increased vaccination and the availability of effective treatments, COVID-19 continues to affect public health and social systems. Virginia experienced a reduction in severe cases and deaths compared to earlier years, largely attributed to widespread immunity from vaccination and previous infections. However, the virus still poses challenges, particularly for vulnerable populations such as the elderly and those with preexisting conditions.

The state's public health policy has transitioned from emergency measures to integrated management of COVID-19 alongside other respiratory illnesses like influenza. This includes continued vaccine availability, updated booster recommendations, and increased access to testing and treatment options. The Virginia Department of Health has also shifted towards tracking COVID-19 data through broader respiratory illness dashboards and wastewater surveillance to monitor trends.

The pandemic has also highlighted social determinants of health, with lasting impacts on mental health, educational attainment, and healthcare access. Virginia's response included increased support for mental health services, efforts to mitigate educational disruptions, and policies aimed at addressing disparities exposed by the pandemic. The state has adapted social policies, promoting telehealth and flexible work arrangements, which have had positive long-term effects on health equity and access.

In 2024, a Community Health Assessment Team (CHAT) composed of over 76 individuals with a broad representation of community leaders and cross-sector stakeholders acted to oversee, advise, and support the CHNA activities. On average, 40 individuals attended each of the four meetings conducted throughout the assessment. This team was committed to regional alignment of a collaborative and rigorous needs assessment process that result in action-oriented solutions to improve the health of the communities they serve. The Piedmont Health District served as a pivotal partner in 2024, participating in the planning of the CHNA as well as leading efforts in the collection of our primary data. In addition, the University of Lynchburg's Research Center team was engaged in the revisions and analysis of the primary data.

The 2024 Farmville Area Community Health Needs Assessment focused on lifting the voice of the community through the collection of 951 Community Health Surveys as well as conducting a stakeholder focus group and 3 target population focus groups. In addition, over 75 sources of publicly available secondary data were collected.

Key Findings

The data for the Community Health Needs Assessment is reported using the framework for the County Health Rankings from the University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation. Until 2024, these rankings, released annually, measure the health of a community, and rank them against all other counties within a state. In Virginia, there are 133 localities that are ranked annually. The County Health Rankings for the Farmville service area for 2021-2023 are in the 3rd to 4th quartile for "Health Outcomes", which is a measure of morbidity and mortality and how healthy a locality is today, and for "Health Factors", which represent the factors that influence the health of a community in the future.

County Health Rankings

Locality	2021		2022		2023		3 YR Change	
	Health Outcomes	Health Factors	Health Outcomes	Health Factors	Health Outcomes	Health Factors	Health Outcomes	Health Factors
Amelia	74	70	87	86	87	94	13	24
Buckingham	87	124	82	119	81	122	-6	-2
Charlotte	116	122	118	121	115	118	-1	-4
Cumberland	93	103	80	91	72	85	-21	-18
Lunenburg	126	121	122	113	121	113	-5	-8
Nottoway	104	118	102	115	100	108	-4	-10
Prince Edward	92	95	92	92	97	86	5	-9

Note: "1" equals best; "133" equals worst. In Virginia, Health Outcome and Health Factor Ranks are by quartiles as follows 1st quartile (1 to 33); 2nd quartile (34 to 66); 3rd quartile (67 to 100); 4th quartile (101 to 133).

WORSE

BETTER

Change: 'minus (-)' equals improving; 'plus (+)' equals worsening

In 2024, the County Health Rankings & Roadmaps introduced several key updates to enhance the assessment and comparison of health across U.S. counties. Notably, the changes include a shift from purely state-based comparisons to tools that allow for direct comparisons across all counties nationwide. This new approach aims to provide a more comprehensive understanding of health outcomes regardless of state boundaries. Counties are assigned composite scores for health outcomes and health factors that fall into (1 of 10) for health outcomes and/or (1 of 9) for health factors, grouping localities in terms of healthiest to least healthiest counties in the country. The lower the number, the healthier the locality. For health outcomes, communities ranked 1–5 are the healthiest, with those ranked 6–10 being the least healthy. For health factors, communities ranked 1–5 are the healthiest, while those ranked 6–9 are the least healthy.

The updated framework now emphasizes factors like housing affordability, income levels, educational attainment, and access to recreational spaces. Additionally, the data incorporates more nuanced racial and ethnic groupings, better reflecting diverse community identities based on updated census information. New visualization tools also help to present data on health outcomes (like life expectancy) and health determinants more clearly, aiming to support local and national initiatives for health equity.

The County Health Rankings for the Farmville Area for 2024 reveal distinct changes in which locality is considered healthier as compared to similar localities nationally. Based on these new metrics, Charlotte, Lunenburg, Nottoway, Prince Edward, and Amelia counties are the healthiest localities for "Health Outcomes" and all counties are in the healthiest localities range for "Health Factors". With the previous methodology, these counties were in the lower quartiles in Virginia (least healthy).

Health Outcomes		
County	National Group Rank	Health Group Range
Charlotte	3	0.95 to 1.42
Lunenburg	4	0.56 to 0.95
Nottoway	5	0.22 to 0.56
Prince Edward	5	0.22 to 0.56
Amelia	5	0.22 to 0.56
Buckingham	6	-0.1 to 0.21
Cumberland	6	-0.1 to 0.21

Health Factors		
County	National Group Rank	Health Group Range
Lunenburg	3	0.23 to 0.47
Charlotte	3	0.23 to 0.47
Buckingham	3	0.23 to 0.47
Nottoway	3	0.23 to 0.47
Amelia	4	0 to 0.23
Prince Edward	4	0 to 0.23
Cumberland	5	-0.22 to 0

1	2	3	4	5	6	7	8	9	10

Four major categories contribute to the Health Factors rankings for a community. Forty percent (40%) of these factors are impacted by social and economic factors; 30% by health behaviors; 20% by clinical care; and 10% by physical environment.

Demographics, Social and Economic Status

According to the U.S. Census, the total population for the service area is 108,313 where 52.2% of the population is male and 47.8% is female. The median age for the service area is 40.2 years and ranges from 24.4 years in the town of Farmville to 46.3 years in Cumberland County. The median age in Virginia is 38.7. Approximately 19.3% of the population is 65 years of age or older which is a slight increase since the 2021 needs assessment (18.8%) and higher than those 65 years of age or older living in Virginia (16%). Approximately 64.3% of those living in the service area are White, 30.2% are Black, and 3.5% are Hispanic or Latino.

The median household income in the service area is $57,926 as compared to $85,873 in Virginia with Whites and Hispanic populations having higher median household incomes than Blacks. Approximately 39.8% of the population lives at or below 200% of the Federal Poverty Level as compared to 36.6% in Virginia. Almost half of residents living in Charlotte (49%), Nottoway (40.8%), and Prince Edward (47.2%) and the town of Farmville (46%) live at or below 200% of the Federal Poverty Level. Additionally, approximately 35% of the 37,148 households in the service area are classified as ALICE (Asset Limited, Income Constrained, Employed) as compared to 29% of households in Virginia. ALICE is a way of defining and understanding the struggles of households that earn above the Federal Poverty Level, but not enough to afford basic household needs (i.e., cost of living outpaces what they earn).

Of the public school-aged children in the service area, 94.8% (11,159) are eligible for free and reduced lunches as compared to 58.1 % of children in the Commonwealth. This is even more pronounced for children attending Nottoway County Public Schools where 100% are eligible for free and reduced lunches due to the Community Eligibility Provision (CEP). The CEP in Virginia allows high-poverty schools to provide free breakfast and lunch to all students without collecting individual applications.

Almost 17% of children under 18 years of age live below the Federal Poverty Level in the Farmville service area as compared to 12.8% in Virginia. This is even more pronounced in Charlotte (28.4%), Prince Edward (21.3%), and Buckingham (18.5%) counties.

Although unemployment rates were decreasing in 2018 and 2019 across the Commonwealth, there was an almost doubling of these rates in 2020 because of the COVID-19 pandemic at 5.9% in the service area. However, these rates have slowly improved since the end of the pandemic with the service area rate at 3.5% in 2023 as compared to 2.9% in Virginia. Prince Edward County had the highest unemployment rate at 4.1% in 2023. In the service area, of the population age 25 and over, educational attainment is 16.4% for less than high school graduate; 37.1% for high school graduate or equivalent; 28.6% for some college or associate's degree; and 18.1% for bachelor's degree or higher. These statistics have improved slightly since they were last reported in the 2021 Community Health Needs Assessment.

Most 2024 Community Health Survey respondents (87%) lived in the Farmville Area. US Census data for the service area population was used as a comparison to determine whether there was a good representation of residents living in the region. More survey respondents lived in Farmville (21%) as compared to 7% of the service area population living in Farmville (US Census). Fewer respondents reported living in Prince Edward (9%), Lunenburg (5%) and Amelia (4%) counties as compared to the US Census statistics (20%, 11%, and 12% respectively). In 2024, 43% of respondents reported their age as 25-54 years and 53% reported their age as 55 and older. In comparison, the US Census reports that 35% of the service area population is aged 25-54 years and 34% of the population is aged 55 and older. In 2021, 51% of respondents were 25-54 years of age and 36% were 55 and older. In 2024 we saw a significant increase in those respondents aged 65 and older (34%) as compared to respondents in 2021 (14%). In 2024, we saw a 50% decrease in the number of male respondents (15%) as compared to 31% of respondents in 2021. Conversely, 82% of respondents were female in 2024 as compared to 68% in 2021. Approximately 55% of 2024 survey respondents were White, 36% were Black/African American, and 1% Hispanic/Latino as compared to US Census statistics where 64% of the service area population is White, 30% is Black/African American, and 4% is Hispanic/Latino.

More survey respondents in 2024 (22%) reported an annual income of $20,000 or less per year as compared to 2021 (19%). In addition, there was a slight decrease in the number of respondents who reported incomes of $20,001 to $40,000 in 2024 (21%) as compared to 2021 (23%). This income level may represent the number of respondents who are ALICE (Asset Limited, Income Constrained, Employed). There was a slight increase in the number reporting household incomes of over $101,000 or more per year in 2024 (18%) as compared to 2021 (14%). Education attainment rates continue to be roughly the same for respondents in 2024 as compared to 2021 with 34% reporting having a high school diploma/GED, 14% with an associate's degree, 21% with a Bachelor's degree, and 15% with a Masters/PhD degree. In 2024, almost half of respondents were employed full-time (similar to 2021), 4% reported being unemployed (compared to 8% in 2021) while there was a more than a 50% increase in those reporting being retired (29%). In 2024, more respondents reported not having enough money in the past 12 months to pay for rent or mortgage (23%) and not having enough money in the past 12 months to buy food (29%). Approximately 21% could not afford to pay for their medications in 2024.

There was no change in the number of respondents that reported being a victim of domestic violence or abuse in the past 12 months in 2024 (4%) as compared to 2021. More reported that they did not feel safe where they lived in 2024 (8%) as compared to 2021 (5%). When asked which social/support resources are hard to get in the community, the top 5 resources included (1) affordable/safe housing; (2) childcare; (3) transportation; (4) employment/job assistance; and (5) healthy food.

Health Behaviors

According to County Health Rankings data, the obesity rate for the service area is 41% as compared to 34% in Virginia. A greater proportion of adults in the service area report no-leisure time physical activity (27%) as compared to 20% in the Commonwealth. Fewer Farmville Area Community Health Survey respondents (32%) met physical activity guidelines of 150 minutes of aerobic activity weekly in 2024 as compared to 44% in 2021.

Approximately 51% of Community Health Survey respondents reported that their neighborhoods don't support physical activity (compared to 35% in 2021) while 44% reported that it is not easy to get affordable fresh fruits and vegetables in their neighborhoods (compared to 35% in 2021). There was no change in the number of respondents who reported that they get their food from grocery stores (91%). However, there was an increase in those who reported using the Dollar Store (33% in 2024 compared to 18% in 2021) for the food they eat at home while all other responses remained similar to what was reported in 2021. Additionally, many respondents did not meet the minimum requirements for daily fruit and vegetable consumption in 2024.

Data for the service area reveals that 15% of adults binge or drink heavily (18% in Virginia) while 20% are current tobacco smokers (13% in Virginia). In 2024, 15% of Community Health Survey respondents reported using tobacco products and 15% reported binge drinking during one occasion in the past month, a slight decrease compared to responses in 2021 (19% and 17% respectively). There was no change in the number who reported taking prescription drugs to get high (2%); used marijuana (6%) or used other illicit drugs (2%).

Since 2021, the opioid epidemic in Virginia has remained a severe public health crisis. Opioid-related deaths continue to be alarmingly high, driven largely by fentanyl or analogs. In 2022, the opioid-related death rate in Virginia was approximately 26 per 100,000 residents. Opioid overdose death rates in the Farmville service area were 27 per 100,000 representing a change of 22.2 per 100,000 from 2018 to 2022. The highest number of deaths occurred in Cumberland County (40.3 per 100,000) in 2022.

In 2022, diagnoses rates for Chlamydia and Gonorrhea, both sexually transmitted illnesses, were 500.4 per 100,000 and 169.6 per 100,000 as compared to rates of 593.1 per 100,000 and 155.7 per 100,000 in Virginia respectively. The 3-year average rates of newly diagnosed cases of HIV were higher in the service area (14.1 per 100,000) compared to Virginia (9.7 per 100,000). The rate was highest in Nottoway County at 38.5 per 100,000.

Clinical Care

All of the counties in the service area are designated as federal Medically Underserved Areas and Health Professional Shortage Areas for Primary Care, Mental Health, and Dental. There are two Federally Qualified Health Centers (FQHCs), one Free Clinic, and one Community Services Board that serve the area.

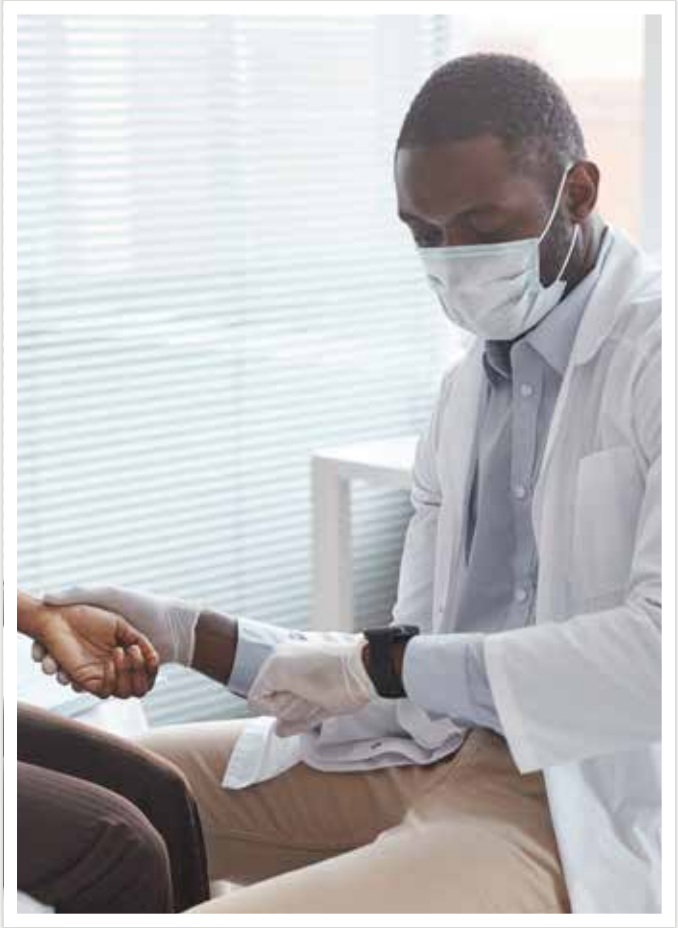
Over 87% of Community Health Survey respondents reported using medical services. Of those who use medical services, 65% reported Doctor's Office as their top choice for care while there was an increase in the use of Centra Medical Group (48%), Emergency Room (39%), Urgent Care/Walk-in Clinic (37%), telehealth (19%), Health Department (15%), and FQHC (15%) as compared to 2021 survey responses.

Respondents reported a slight increase in utilization of dental services from 79% in 2021 to 84% in 2024. Of those who use dental services, 59% reported having a dental exam within the past 12 months, an increase from 56% in 2021. The majority used a Dentist Office (92%) and slightly more used FQHC's, Emergency Room and Urgent Care for dental care as compared to respondents in 2021.

The number of respondents indicating that they use mental health, alcohol or drug abuse services increased from 14% in 2021 to 22% in 2024. Approximately 50% who utilized these services used Doctor/Counselor's office for care, 15% used FQHC's, 14% used the Community Services Board, 13% used the Emergency Room and 12% used Urgent Care/Walk-in, an overall increase compared to 2021 survey respondents. Fewer used online, telehealth, or virtual visits (17%), the Free Clinic (3%) and Veterans Administration Medical Center (8%) in 2024.

Insurance status reported by 2024 survey respondents, included 40% with Employer provided insurance (48% in 2021), 25% with dental insurance (24% in 2021), 34% with Medicare (18% in 2021) and 23% with Medicaid (18% in 2021). Three percent (3%) of respondents reported having no health insurance (7% in 2021). In comparison, according to the County Health Rankings in 2024, 11.9% of adults under age 65 in the service area population was uninsured compared to 9% in Virginia. Additionally, the US Census reports that 7.2% of those living in the service area have Medicare, 14.4% have Medicaid, and 64.1% are privately insured.

When asked which healthcare services are hard to get in the community, survey respondents reported (1) mental health/counseling; (2) adult dental care; (3) urgent care and walk-in clinic; (4) primary care provider; and (5) older adult care. When asked what prevents them from being healthy, survey respondents reported (1) long waits for appointments; (2) cost; (3) lack of evening and weekend services; (4) access to fresh fruits and vegetables; and (5) lack of doctors/dentists accepting new patients.



Physical Environment

The physical environment can impact a wide range of health and quality-of-life outcomes and include such factors as the natural environment, transportation, the built environment, housing, exposure to toxic substances, and physical barriers especially for those living with disabilities. Data for the service area reveals that 14% of households have severe housing problems with the largest number in Prince Edward County (18%). Housing problems include overcrowding, high housing costs, or lack of kitchen or plumbing facilities. The residential segregation for the service area (the degree to which two or more groups live separately from one another in a geographic area) is low at a segregation index of 17 as compared to 51 in Virginia.

Community Health Survey respondents were asked where they sleep most often. In 2024, 93% of respondents slept most often in their own homes. There was no significant change in the percent of respondents who reported staying with friends or family because of financial issues, in a shelter or transitional home, in a hotel or in a group home/treatment program as compared to respondents in 2021.

Approximately 91% of respondents in 2024 indicated that they had access to reliable transportation compared to 95% in 2021. When asked what type of transportation they use most often, 80% indicated that they drove, biked/walked (2%); relied on others to drive them (14%) or used public transit (4%).

Since the onset of the COVID-19 pandemic, Virginia has significantly accelerated efforts to expand broadband access, recognizing its essential role in education, telehealth, and economic activities. Virginia aims to achieve universal broadband coverage using public and private sources including federal COVID relief funds. According to County Health Rankings, 72% of households in the Farmville Area have broadband internet connection for the years 2018-2022 as compared to 89% in Virginia.

Health Outcomes

Health Outcomes rankings are determined by length of life and quality of life measures and reflect the physical and mental well-being of residents within a community.

Length of Life

In the service area, the life expectancy by average number of years lived is 74.4 years as compared to 78.1 in Virginia. The lowest life expectancy rates are in Charlotte County (71.8 years). Disparities can be found with lower life expectancy for blacks living in the service area (72.0 years). The premature death rate per 100,000 population for the service area is 511.6 as compared to 361.9 in Virginia with the highest rates in Charlotte County (596.0). Again, these rates are higher for blacks living in the service area (635.8 per 100,000). In the service area, death rates are higher for overall deaths; deaths due to injury; stroke; heart disease; and hypertension. Service area death rates for heart disease and stroke were higher especially in blacks compared to whites. Overall cancer incidence rates are higher for all cancers, prostate, breast, lung, colon and rectal cancers as compared to rates in Virginia while cancer incidence rates are higher for blacks in the service area for all cancers, prostate, breast, lung, and colon and rectal cancers.

Suicide rates in the service area per 100,000 population are higher (19.9) than the overall state rate (13.4) with the highest rates in Charlotte (33.0) and Lunenburg (27.3) counties.

Quality of Life

Low birth weights by percent of total live births on average were slightly higher in the service area (9%) as compared to the Commonwealth (8.3%). Racial disparities exist however for black and "other" races where low birth weight percentages are significantly higher than percentages for whites. These disparities are also evident for teen birth rates where the service area rate (number of births per 1,000 female population ages 15-19) is higher (17 per 1,000) compared to the rate in Virginia (13 per 1,000). These rates are even more pronounced for black and Hispanic teens at 28 and 39 births per 1,000 births, respectively.

In 2024, when thinking about their health in the past month, 41% of survey respondents reported that their physical health was not good for 1 to 13 days and 15% reported their physical health was not good for 14 to 30 days. When thinking about their mental health in the past month, 40% reported their mental health was not good for 1 to 13 days and 13% reported their mental health was not good for 14 to 30 days. Secondary data for the service area revealed that persons reporting the average number of physically unhealthy days (4.2) and average number of poor mental health days (5.5) in the past month was higher for the service area as compared to Virginia (3.2 and 4.9).

Survey respondents diagnosed with a chronic condition reported having high blood pressure, depression or anxiety, arthritis, obesity/overweight, and high cholesterol most frequently.

One Stakeholder and three Target Population focus group meetings were held in the Farmville Area. The Stakeholders' focus group meeting was held with 34 cross-sector non-profit organizations, service providers, business leaders, and local government officials. The Target Population focus group meetings were held with 22 marginalized residents representing the Muslim, Pride, and Black/African American communities. Participants were asked questions regarding the needs in the community, resources available to address those needs (including any gaps in resources), and how we can work together to create healthier communities. Areas of need identified by both stakeholders and target populations included access to healthcare; mental health care and drug abuse treatment; transportation; affordable childcare; affordable housing; and food insecurity. Additionally, stakeholders identified domestic violence; educational opportunity; employment; poverty; and resource navigators. The target population also focused on diversity and inclusion; educator retention (in public schools); and recreational facilities and athletic programs.

Community Need

The 2024 Community Health Survey respondents were asked what are the most important issues that affect health in our community by ranking both health factors and health conditions/ outcomes. The top 10 responses were as follows:

Health Factors		
1	**Access to healthy foods**	59%
2	**Access to affordable housing**	57%
3	**Aging problems**	53%
4	**Poor eating habits**	50%
5	**Alcohol and illegal drug use**	45%
6	**Lack of exercise**	45%
7	**Transportation problems**	40%
8	**Housing problems (e.g., mold, bed bugs, lead paint)**	35%
9	**Tobacco use/ smoking/ vaping**	32%
10	**Distracted driving (cell phone use/ texting and driving)**	31%

Health Conditions or Outcomes		
1	**High blood pressure**	62%
2	**Diabetes**	61%
3	**Overweight/obesity**	61%
4	**Mental health problems**	57%
5	**Heart disease and stroke**	53%
6	**Cancers**	52%
7	**Stress**	50%
8	**Drug/ alcohol problems**	47%
9	**Back, hip, knee pain**	43%
10	**Alzheimer's/ Dementia**	41%

Prioritization of Needs

Upon completion of primary and secondary data collection, the Farmville Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community. A detailed "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. **Responses from the Community Health Survey**
    a. Q3A: What do you think are the most important issues that affect health in our community? (Health Factors) (n= 858 survey respondents)
    b. Q3B: What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 858 survey respondents)
    c. Q4: Which healthcare services are hard to get in our community? (n= 852 respondents)
    d. Q5: Which social/support resources are hard to get in our community? (n= 851 respondents)
    e. Q6: What keeps you from being healthy? (n=788)
2. **Responses from the Stakeholders' & Target Population Focus Groups**
    a. Q1: Stakeholders - What are the top 5 greatest needs in the community(s) you serve? (n= 34 participants, 1 meeting conducted)
    b. Q1: Target Population - What are the top 5 greatest needs in your community(s) around health and wellness? (n=22 participants, 3 meetings conducted)

To develop a list of priority needs for 2024, the top 10 responses to the five survey questions (Q3A-Q6) were sorted in an Excel workbook along with the top 12 community needs identified by the Stakeholder Focus Group and the top 10 community needs identified by the 3 Target Population Focus Groups (Q1). In addition, the top 10 Priority Areas of Need for the Farmville Service Area in 2021 were included. Altogether there were 19 Areas of Need.

On September 25, 2024, an in-person CHAT meeting was held to prioritize the top 10 priority areas of need for the 2024 Farmville Area Community Health Needs Assessment. There were 41 in attendance and members were asked to rank the 19 Areas of Need from 1 to 10. The answer choice with the most responses had the largest weight and was ranked as #1 and the answer choice with the least responses had the smallest weight and was ranked as #19.

The top 10 priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment. At Centra, we view all these health factors through the lens of equity, inclusion, and diversity.

The following table presents the final Top 10 Priority Areas of Need for 2024 as compared to the priorities in 2021. New priority areas for 2024 include:

- **Food Insecurity & Nutrition**
- **Transportation**
- **Financial Stability & Assistance**

Farmville Area Top 10 Priority Areas of Need | *2021 and 2024 Compared*

Ranking	*2021*	*2024*
1	Access to healthcare services	Access to Healthcare Services
2	Broadband/Internet Access	Mental Health and Substance Use Disorders & Access to Services
3	Issues Impacting Children & their Families: Childcare Child abuse/neglect	Food Insecurity & Nutrition
4	Mental Health and Substance Use Disorders & Access to Services	Homelessness & Housing
5	Aging and Eldercare	Transportation
6	Chronic Disease	Aging and Eldercare
7	Coordination of Resources & Community Outreach	Issues Impacting Children & their Families: Child Abuse & Neglect Childcare
8	Education and Literacy (Pre-K & Public Schools)	Employment / Job assistance
9	Housing & Homelessness	Financial Stability & Assistance
10	Employment/Job Assistance	Chronic Disease

PROJECT BACKGROUND

This section highlights Centra's services and programs, a project overview, and description of the service area, target population and methodology for the 2024 Farmville-Area Community Health Needs Assessment.

PROJECT BACKGROUND

Organizational Overview

Centra Health (Centra) is a regional nonprofit healthcare system based in Lynchburg, Virginia. With more than 7,500 employees, 550 employed providers and physicians and a medical staff of nearly 1,100 providing care in 50 locations, Centra serves over 500,000 people as the dominant provider of critical medical services in central and southern Virginia. Over the last three years, the system's net revenue grew from $1.2 billion in 2020 to $1.3 billion in 2023.

Centra was created in 1987 through the merger of Lynchburg General (LGH) and Virginia Baptist (VBH) Hospitals. In 2006, Southside Community Hospital (CSCH) in Farmville became a Centra affiliate. In 2014, Centra acquired full ownership of Bedford Memorial Hospital (BMH), in the town of Bedford, which is its fourth hospital. In addition to these flagship facilities, the system includes Centra Specialty Hospital, a long-term acute care hospital, a regional standalone emergency department, health and rehabilitation centers, a cancer center, a nursing school and sites and providers serving a geography of approximately 9,000 square miles. Centra services also include residential and outpatient mental health facilities, home health and hospice programs, mammography centers, a sleep disorders center and a center for wound care and hyperbaric medicine. Centra is home to the Central Virginia Center for Simulation and Virtual Learning, the only center in Virginia that offers a full range of simulation experiences. In October 2024, Centra welcomed Richard Tugman to the role of president and Chief Executive Officer.

Centra Southside Community Hospital (CSCH) located in Farmville, Virginia is a 116-bed full-service acute care facility with a state-of-the art birth center, serving as a medical hub for an eight-county region. Each year, Southside has approximately 4,000 admissions and sees more than 30,000 patients in its emergency department. The hospital has a long rich history in the community that started in 1925 when a group of citizens set out to obtain a hospital that would serve all residents as well as measure up to "big city" standards of medicine in a rural setting. CSCH has been the healthcare center of Southside Virginia since opening its doors on November 9, 1927. Since then, it has operated on a non-profit basis whose mission is "improving the health and quality of life for the communities we serve". The hospital now serves the residents of Amelia, Appomattox, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Counties.

At the ***Alan B. Pearson Regional Cancer Center*** that opened in 2008, Centra caregivers treat a broad range of cancers, including lung, prostate, breast, brain, kidney, bladder, ovarian, lymphoma, leukemia, colon, uterine and rectal. The Cancer Center brings radiation and medical oncology together in one facility for patient convenience. Centra's comprehensive cancer services and treatments range from the newest minimally invasive robotic surgery and Trilogy linear accelerator to chemotherapy; biological and targeted drug therapies; genetic testing; and clinical trials.

Centra College offers four nursing programs: Registered Nurse to Bachelor of Science in Nursing (RN-BSN), Associate Degree in Nursing (ADN), Practical Nursing Program (PN) and Nurse Aide Education Program. The College incorporates the various aspects of the Professional Practice Model developed and implemented by Centra for the purpose of educating nursing students to provide safe, quality, patient-centered care based on best practices.

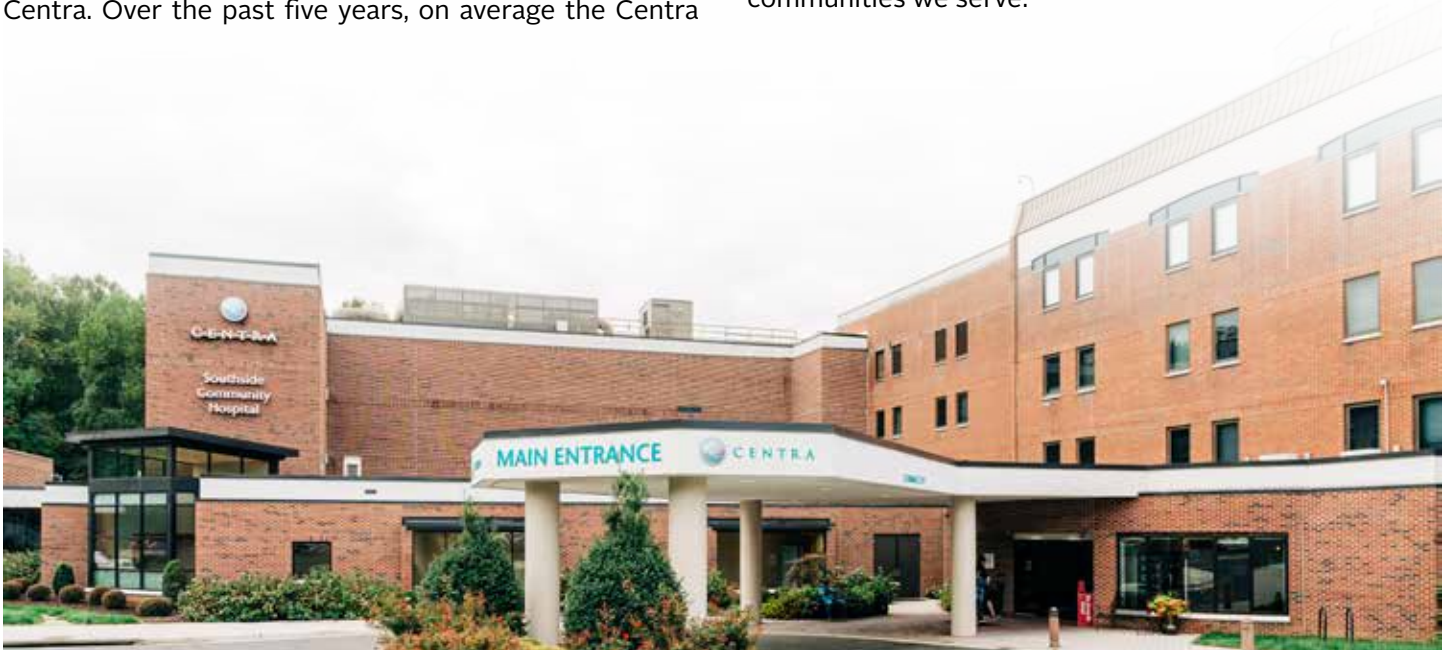
Centra Heart and Vascular Institute (HVI) is home to many heart and vascular services. In addition to providing general cardiology care, HVI includes cardiothoracic surgery, vascular surgery, bariatrics, endocrinology and wound care specialties. They also offer advanced cardiac imaging and other diagnostic tests. HVI has locations throughout the Centra footprint including Lynchburg, Farmville, Gretna, Moneta, Bedford and Amherst.

Centra Medical Group (CMG) is a network of local family practices, primary care providers and medical and surgical specialists. With almost 600 employed providers, specialists and surgeons covering the greater Lynchburg area and spanning from Danville to Farmville, Moneta and Bedford, CMG provides the community with primary care providers, cardiologists, cardiothoracic surgeons, gerontologists, neurosurgeons, physiatrists, psychiatrists, therapists and urologists. CMG-Lynchburg Family Medicine Residency is a training ground for future Family Physicians. Many of the physicians at the side hold academic appointments with the University of Virginia, Virginia Commonwealth University, Edward Via College of Osteopathic Medicine or Liberty University.

The Centra Foundation was established in 1993 to develop and direct resources for the support of Centra. Over the past five years, on average the Centra Foundation contributed $4 million annually in support of Centra programs to help our regional not-for-profit healthcare system provide quality care and meet the critical healthcare needs of over 500,000 people in our local communities, regardless of ability to pay. The Centra Foundation has a net asset portfolio of $84 million and gifts in 2023 totaled $3.66 million.

Centra's Community Health Services, formed in 2020, exists "to improve the health and quality of life for the communities we serve". This includes system-wide triennial Community Health Needs Assessments (CHNA) and Implementation Plans, community-based grants, and Community Benefit Reporting. From 2021-2023, Centra awarded over $3.8 million in community grants to our non-profit partners, addressing the CHNA priority needs in the community and projects of regional importance. In 2024, we anticipate awarding $1.5 million in grants. For more information, please visit https://www.centrahealth.com/community-resources/community-health to review the 2021-2023 Centra Community Benefit and Impact Report.

Central Virginia Accountable Care Collaborative (CVACC), or Centra Alliance, which is an accountable care organization (ACO) was formed to collectively create processes and clinical initiatives that are designed to control costs, improve quality of care of the community and improve the patient experience. Centra will develop the expertise to manage risk as it transitions from a "volume to value" orientation and focuses on population health. Centra Alliance will further the adoption of new models of reimbursement, care management, electronic record integration, data analysis, and physician alignment to support high-quality, affordable care to the communities we serve.



Scope and Purpose of Community Health Needs Assessment

The scope of this Community Health Needs Assessment pertains to Centra Southside Community Hospital.

Centra defines its triennial Community Health Needs Assessment (CHNA) as a continuous process for evaluating the health needs of the communities served. It is used to support the system's "Just Cause" which is "partnering with you to live your best life." Centra's new Strategic Plan, launched in 2022, serves as our compass, guiding us toward the mission "to improve the health and quality of life for the communities we serve." Our vision is to "Pursue Excellence. Inspire Hope. Advance Health and Healing." Guided by the 2021 Community Health Needs Assessment (CHNA), the plan emphasizes Community Heath and Value-Based Care as one of 5 key pillars. The plan focuses on addressing local and regional health needs by fostering strategic partnerships, expanding access, and creating value to transform community health. Diversity, Equity, and Inclusion (DE&I) is embedded across all efforts, ensuring we meet the diverse needs of those we serve. Through collaboration with stakeholders, Centra remains committed to improving health and quality of life for all. For more information on Centra's Strategic Plan, please visit https://www.centrahealth.com/strategic-plan.

In addition, the CHNA and Implementation Plan is used to guide the actions of the Centra Board of Directors' Community Benefit Committee, which provides community-based grant and sponsorship funding to area non-profit organizations addressing prioritized needs identified through the triennial CHNA. Lastly, the completion of both the triennial Community Health Needs Assessment and successful execution of the associated Implementation Plan ensures compliance with the Patient Protection and Affordable Care Act of 2010 which is promulgated in regulation by the Internal Revenue Service as documented annually in Centra's Form 990- Schedule H.

Social Determinants of Health (SDOH) are non-medical factors that influence health outcomes, including the environments in which people are born, grow up, work, live, and age. These factors include:

- **Economic stability**
- **Education and employment access**
- **Neighborhood and physical environment**
- **Social connectedness**
- **Access to quality healthcare**

These conditions together shape the well-being and quality of life of individuals and communities while contributing to major health disparities. For instance, individuals in neighborhoods with limited access to nutritious food or safe recreational spaces are more likely to experience chronic diseases such as obesity and diabetes. Conversely, environments that promote physical activity, such as those with bike lanes and parks, encourage healthier lifestyles and reduce risks of illness.

Marginalized groups, such as those in low-income or rural areas, often face systemic barriers to these determinants, resulting in poorer outcomes and shorter life expectancies. Addressing these disparities requires collaboration between public health organizations and partners in sectors like education, transportation, and housing to enhance social supports, improve infrastructure, and ensure equitable access to essential resources.

Source: Centers for Disease Control and Prevention (CDC) – Social Determinants of Health: Know What Affects Health. https://www.cdc.gov/health-equity-chronic-disease/social-determinants-of-health-and-chronic-disease/index.html
Data Retrieved: 11/15/2024

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries
Data Retrieved: 11/15/2024

Hospitals and health systems play a vital role in serving their communities by addressing social needs, ensuring equitable access to care, improving population health outcomes, and "bolstering the local economy and quality of life by hiring local workers and contractors, buying locally through their procurement strategies, and building new clinical facilities in neighboring communities. These activities often lead these hospitals to be called 'anchor institutions.' These increasingly frequent forms of community investment by health care organizations typically flow either from their charitable purpose or from their long-term mission of providing community benefit. In places with relatively high-functioning systems, stakeholders from community organizations, government agencies, foundations, banks, and nonprofits collaborate to articulate clear community priorities, develop a pipeline of investable opportunities that advance those priorities, and shape the context of policies and processes so that investments can move forward."

Source: Center for Community Investment, Initiative for Responsible Investment, & Robert Wood Johnson Foundation. Improving Community Health by Strengthening Community Investment. https://www.rwjf.org/content/dam/farm/reports/reports/2017/rwjf435716
Data Retrieved: 11/15/2024

In Virginia, a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are a Virginia Department of Health (VDH) requirement for all health districts every 5 years. Overseen by the Public Health Accreditation Board, these processes are crucial for identifying and addressing health disparities across the state. A key initiative in this work is "Partnering for a Healthy Virginia," launched in 2018. This partnership, forged between the Virginia Department of Health (VDH) and the Virginia Hospital and Healthcare Association (VHHA), coordinates efforts of hospitals, local health departments, and community stakeholders to enhance population health through shared resources, technical support, and best practices and address community health improvement.

The COVID-19 pandemic underscored the importance of leveraging data and building strong community partnerships to improve health outcomes. In response, in September 2022, VDH and VHHA launched the Virginia Community Health Improvement Data Portal, developed in partnership with the Center for Applied Research and Engagement (CARES), to improve access to health data. The Virginia Community Health Improvement Data Portal is a tool that provides users with comprehensive information on the health status of their communities, from chronic disease to infant mortality.

Source: Virginia Department of Health. https://www.vdh.virginia.gov/blog/2022/10/17/vdh-and-the-virginia-hospital-healthcare-association-launch-community-health-data-portal/; https://www.vdh.virginia.gov/community-health-assessments/
Data Retrieved: 11/15/2024

To ensure we all have the opportunity to live in vibrant healthy communities, it is important to assess the strengths, weaknesses and unique resources across all sectors of each community and to listen to those who live, work and play there. A community-driven assessment provides the data and information that allows us to act and develop goals and strategies that can contribute to long-lasting social changes and positive health outcomes. Recognizing the importance of these collaborative efforts, Centra, local Health Districts, University of Lynchburg,

and other community stakeholders partnered in 2024 to conduct Community Health Needs Assessments across Centra's service region.

The Piedmont Health District (PHD) serves Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward counties. PHD's mission is to achieve and maintain optimum personal and community health for the residents of the Piedmont Health District by emphasizing health promotion, disease prevention, and environmental protection. PHD's extensive services include Nursing, Environmental Health, Vital Records, WIC, epidemiology services, maternal-child health education, and Population Health (community engagement and outreach, grants coordination, Community Health Workers (CHWs), and communications). The integration of CHWs has bridged the gap between the health department and the community, ensuring effective health initiatives, resource access, and education on safe sleep and car seat installation. PHD plans to leverage the CHNA by working collaboratively with community partners to create a data-driven community health improvement plan to enhance the community's overall well-being and influence targeted health interventions.

Centra engaged with the ***University of Lynchburg Research Center (URC)*** to support and guide primary data collection for the Community Health Survey, Stakeholder Focus Groups, and Target Population Focus Groups, including analyzing the Bedford Area Community Health Survey and Focus Groups. Located in Lynchburg, Virginia, the University of Lynchburg, established in 1903, is a private institution known for its commitment to diversity, inclusivity, and academic excellence across undergraduate, graduate, and doctoral programs. The URC is a vital hub for research, fostering collaboration among faculty, students, and external partners to promote intellectual inquiry and community engagement. Its work aligns closely with the university's mission to support scholarly collaboration and address pressing community needs.

A ***Community Health Assessment Team (CHAT)*** with over 76 individuals and a broad representation of community leaders and cross-sector stakeholders in the service area was developed. The role of the CHAT is to oversee, advise and assist in CHNA data collection activities, prioritize needs, and participate in the development of the Implementation Plan as appropriate. On average, 40 individuals attended each of the four meetings conducted throughout the assessment. A list of these individuals is presented in the "Acknowledgements" section of this report.

CHNA activities began in September 2023 and concluded in late September 2024 with the Prioritization of Needs. A timeline and work plan were created for the 2024-2025 CHNA and Implementation Planning (IP) process for all Centra catchment areas. The work plan included primary data collection (Community Health Survey, Stakeholders' Focus Group, and Target Population Focus Groups) as well as secondary data collection. Due to the lifting of COVID-19 restrictions, we were able to host three target population focus group meetings for this CHNA, unlike in 2021 when these in-person meetings were not possible. This allowed us to engage more directly with the community and gather valuable input.

2024-2025 Farmville-Area CHNA & IP Activities	*Date*
Data Collection: Primary & Secondary Data	September 2023 – April 2024
CHAT: Launch of CHNA activities	January 24, 2024
CHAT: Stakeholder Focus Group Meeting	April 24, 2024
CHAT: Presentation of Primary & Secondary Data	August 20, 2024
CHAT: Prioritization of Needs	September 25, 2024
Target Population Focus Groups	March 2024 – May 2024
Approval by Community Benefit Committee **Presentation to Centra Executive Leadership** **Approval by Centra Southside Community Hospital Board of Directors** **Approval by Centra Board of Directors**	November 22, 2024 December 4, 2024 December 4, 2024 December 9, 2024
Implementation Planning	January 2025 – April 2025
Centra Board Approval of Implementation Plan	By May 15, 2025

Centra Board of Directors, Community Benefit Committee, and Executive Leadership have been kept informed of the 2024 CHNA process through updates from the Community Benefit Chair and Vice President of Community Health.

The 2024 Farmville Area Community Health Needs Assessment (CHNA) and Prioritization of Needs (PON) was approved by the Centra Community Benefit Committee on November 22, 2024. This committee includes members of both the Centra Board of Directors and the Centra Foundation Board of Directors and provides oversight of the health system's community benefit activities. Final approval of the 2024 CHNA and PON by the Centra Southside Community Hospital Board of Directors occurred on December 4, 2024, and by the Centra Board of Directors on December 9, 2024. The Community Health Needs Assessment was made publicly available on the Centra website prior to December 31, 2024, and was widely shared with the Community Health Assessment Team and other key community stakeholders and leaders.

Service Area

The service area for the 2024 Farmville Area Community Health Needs Assessment includes Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward Counties and the town of Farmville (localities served by the Piedmont Health District). The service area was determined by assessing 80% of the hospital discharges for Centra Southside Community Hospital by zip code and locality for the years of 2021 – 2023.

Source: Cerner EMR Data via Enterprise Data Warehouse
Data Retrieved: January 18, 2024

The findings revealed:

Discharge Summary by Zip Codes Representing 80% of Discharges

Locality	# of Discharges	% of Total Discharges
Farmville, Town	26,720	25.86
***Appomattox**	7,467	7.23
Buckingham	6,849	6.63
Charlotte	5,541	5.36
Cumberland	3,855	3.73
Lunenburg	8,175	7.91
Nottoway	14,320	13.86
Prince Edward	11,492	11.12
Total	84,419	81.7

**Appomattox will be included in the 2024 Centra Lynchburg Area Community Health Needs Assessment. .*

Although patients from Amelia County did not appear in the top 80% of discharges, it is included in this assessment because it is served by the Piedmont Health District.

The Farmville Region is one of the largest and most sparsely populated areas in Virginia, spanning 3,118 square miles of predominantly rural landscape. The region includes the Town of Farmville and the counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward. Situated in the Piedmont region, it features rolling hills, agricultural fields, state parks, forests, and waterways such as the James and Appomattox Rivers. Farmville is known for the High Bridge Trail State Park, home to Virginia's longest recreational bridge, which offers hiking and biking along its 125-foot-high span over the Appomattox River. The region is a destination for wildlife and outdoor recreation enthusiasts, steeped in U.S. history and architectural heritage. Buckingham County, one of Virginia's oldest counties, is renowned for its natural beauty, including the expansive Appomattox-Buckingham State Forest, one of the largest state forests in the state. Amelia and Charlotte Counties offer proximity to Richmond, while Fort Pickett, a Virginia Army National Guard installation, is in Nottoway County. With its blend of history, outdoor adventure, and cultural significance, the Farmville Region offers a unique snapshot of Virginia's heritage and natural charm. (https://www.farmvilleva.gov/)

Prince Edward County, known as "The Heart of Virginia," is strategically located at the crossroads of US 460 and US 15, two major transportation corridors that provide direct access to four interstate highway systems: I-95, I-85, I-81, and I-64. This central location positions the county as the commercial hub for the region. (www.co.prince-edward.va.us) The Town of Farmville, the county seat, is approximately 64 miles west of Richmond, 47 miles east of Lynchburg, and 76 miles south of Charlottesville. Farmville is home to Longwood University and Hampden-Sydney College, both of which play a significant role in the vitality and culture of its downtown area. These institutions, along with Farmville's historic and cultural offerings, contribute to the town's reputation as a hub for education, art, and heritage. The town also hosts cultural landmarks like the Longwood Center for the Visual Arts and the R.R. Moton Museum, which commemorates the pivotal 1951 Civil Rights student strike. Farmville is a destination for tourism, recreation, retirement, and trade, offering a mix of modern infrastructure and natural beauty. The town's vibrant downtown features locally-owned shops, restaurants, and galleries, while the surrounding countryside is rich with opportunities for outdoor recreation. (https://www.farmvilleva.com/)

Target Population

The target population is defined as (1) the medically underserved, low-income, or minority populations and those suffering from chronic disease; (2) the geographic area served by the hospital(s); and (3) targeted populations served by the hospital(s) (i.e., children, women, seniors, cancer patients).

Methodology

The 2024 Farmville Area Community Health Needs Assessment (CHNA) "lifted the voice of the community" (primary data) and included a collection of over 75 sources of publicly available secondary data. In addition, information about existing community resources was gathered. Primary data included findings from a Community Health Survey, Stakeholders' Focus Group, and Target Population Focus Groups. Details on the specific methodology and findings of the primary and secondary data components are included in following sections of this assessment.

The data collected for the CHNA is reported using the framework for County Health Rankings and Roadmaps, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The work is rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location or any other factor. Released annually, the rankings are based on a model of population health that emphasizes the many factors, that if improved, can help make communities healthier places to live, learn, work and play. (http://www.countyhealthrankings.org/)

The County Health Rankings Model measures health outcomes and health factors for each community. Health outcomes represent how healthy a county is today through:

- **Length of Life** (Mortality)
- **Quality of Life** (Morbidity)

Health factors represent what influences the health of a county in the future and includes four types of factors:

- **Social and Economic Factors**
  (accounts for 40% of what influences health)
- **Health Behaviors**
  (accounts for 30% of what influences health)
- **Clinical Care**
  (accounts for 20% of what influences health)
- **Physical Environment**
  (accounts for 10% of what influences health)

All data collected for the Community Health Needs Assessment was used to prioritize needs for the Farmville service area and will be used to develop a 3-year Implementation Plan for the hospital system, community partners, and stakeholders in the Farmville service area.

PRIMARY DATA

Collection of primary data allows us to “lift the voice of the community” by engaging with vulnerable populations and cross-sector stakeholders who serve these populations. It is a key driver in the development of prioritized needs for each of Centra’s service regions. In 2024, a Community Health Survey, stakeholder focus groups, and target population focus groups provided primary data that was used for identification and prioritization of needs.

COMMUNITY HEALTH SURVEY

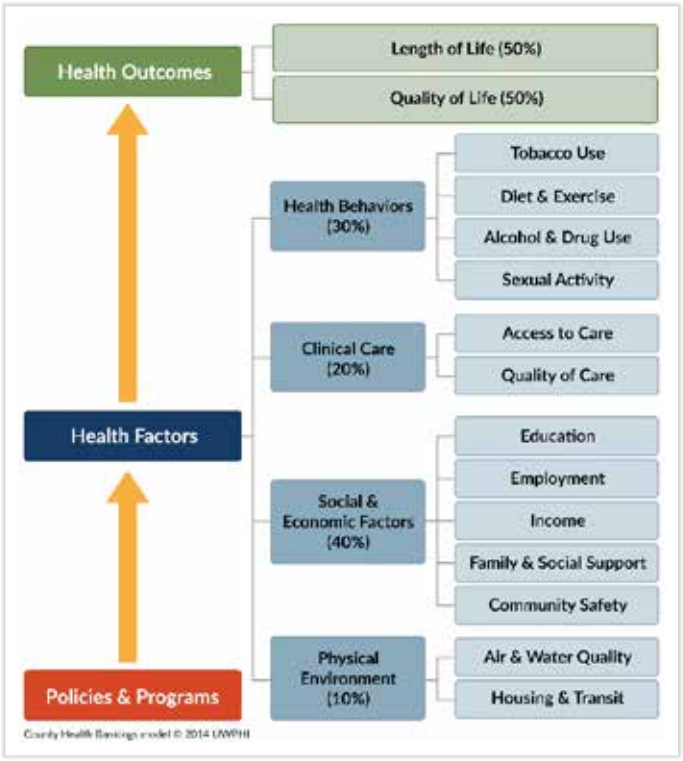
A Community Health Survey was administered to Farmville Area residents, 18 years of age and older, from February 1, 2024 to March 31, 2024. The survey includes standardized questions that address the County Health Rankings' four health factors that influence health (Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment) and health outcomes (Length of Life and Quality of Life). Many of the questions were developed from national survey tools from the Centers for Disease Control and Prevention, Healthy People 2030, and the Behavior Risk Factor Surveillance System so that local data can be compared to state and national data, benchmarks and targets. In 2024, Centra, local Health Districts, and the University of Lynchburg conducted comprehensive reviews and revisions of the survey questions to reduce bias and enhance accessibility. Key updates included adding more response options to questions related to health behaviors, health factors, health conditions, and available community services. Many of these response options align with those used by the CDC's National Health and Nutrition Examination Survey (NHANES). Additionally, the "gender" question was expanded to better reflect diverse identities, now including non-binary, transgender, and genderqueer options.

The Community Health Survey was administered both electronically through a publicly available link via Survey Monkey and through paper surveys (which were in turn entered into Survey Monkey). Paper surveys were available in both English and Spanish to address possible technology barriers that impact out target populations (i.e. lack of broadband internet access, lack of access to smartphones, challenges related to usability). These issues are amplified for rural populations, where broadband access is often limited. Older adults and people with disabilities often struggle with internet access and usability due to limited digital literacy. Even when they have internet access, many lack the technical skills to navigate online platforms effectively. Additionally, concerns about online security and privacy further discourage these groups from engaging with digital services, especially those with low health literacy. Language barriers also affect non-native English speakers. In total, 951 surveys were collected, including 352 paper surveys (constituting 37% of responses), while 599 were completed electronically. All survey respondents were offered the opportunity to enter a raffle to win a $15 gift card if they completed the survey.

The survey link was advertised in local newspapers, on social media, on Centra's website, flyers, billboards, podcasts, and through a mass email to all Centra staff. In addition to marketing the survey to the general population, attempts were made to oversample the target population in the service area. Members of the Community Health Assessment Team (CHAT), who serve and represent the target population, were asked to assist in advertising and distributing the survey (both electronically and paper) to their client base.

This year's 2024 survey presented some challenges, including inconsistencies in how paper surveys were collected and instances where respondents selected multiple options on paper surveys when they were asked to "check one". Additionally, while 37% of responses were paper surveys, community outreach to our target populations was less than anticipated as evidenced by our survey respondents' demographic information. While our community partners who serve our target populations contributed to the distribution of paper surveys, the sampling underrepresented certain pockets of our target population. However, these insights offer valuable lessons for future improvements. For the 2027 Community Health Needs Assessment, we aim to strengthen outreach strategies to better reach our target populations and will work closely with key stakeholders for recommendations on improving survey collection. To reduce errors and speed up data analysis, we plan to collect all surveys electronically using a boots on the ground approach to sampling our target population. We also will continue to align survey questions with national databases like the U.S. Census, Virginia Vital Statistics, Centers for Disease Control and Prevention (CDC), National Health and Nutrition Examination Survey (NHANES), and Healthy People 2030. Additionally, we may consider streamlining the survey by reducing the number of questions to encourage higher completion rates.

The County Health Rankings Model was used as the framework to summarize the findings of the 2024 Farmville Community Health Survey that follow. This framework is based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).

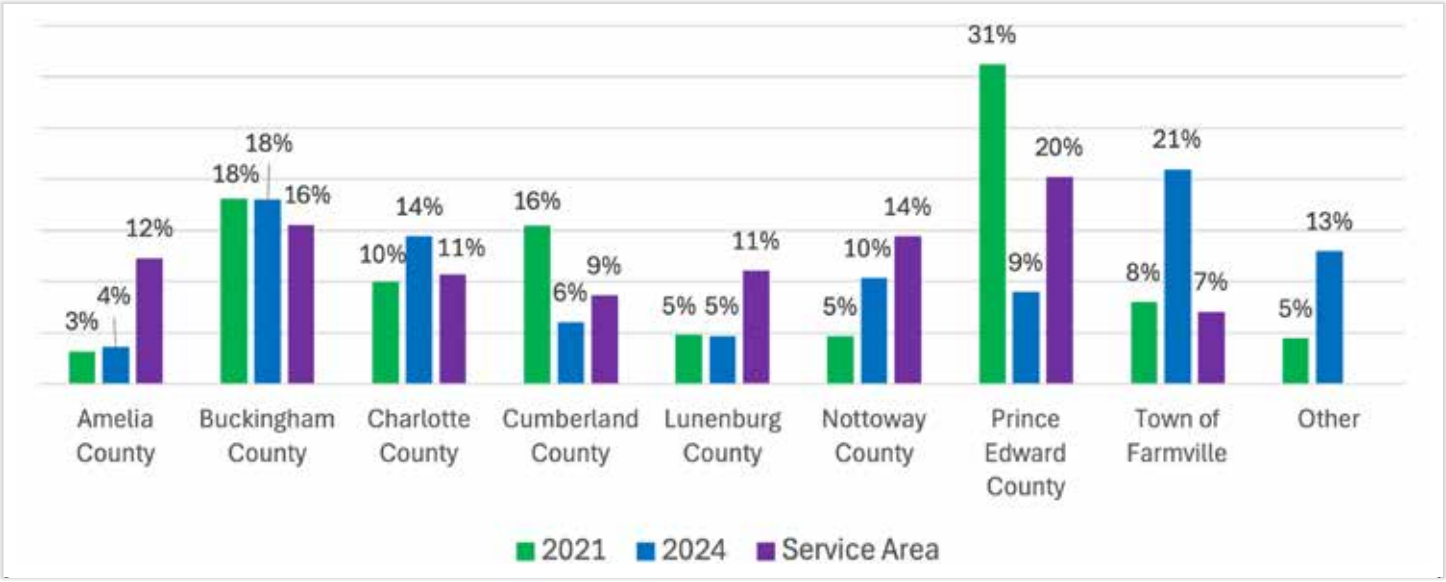


Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. Retrieved 10/30/24 www.countyhealthrankings.org

Demographic Profile of Respondents

The demographic profile of respondents compares trends from the 2021 and 2024 surveys, highlighting changes over time. U.S. Census data is also incorporated for the Farmville Service Area, which includes the Town of Farmville and nearby regions like Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward counties. This broader data helps contextualize survey results, offering a clearer view of the population characteristics across the communities served.

Where do you live?



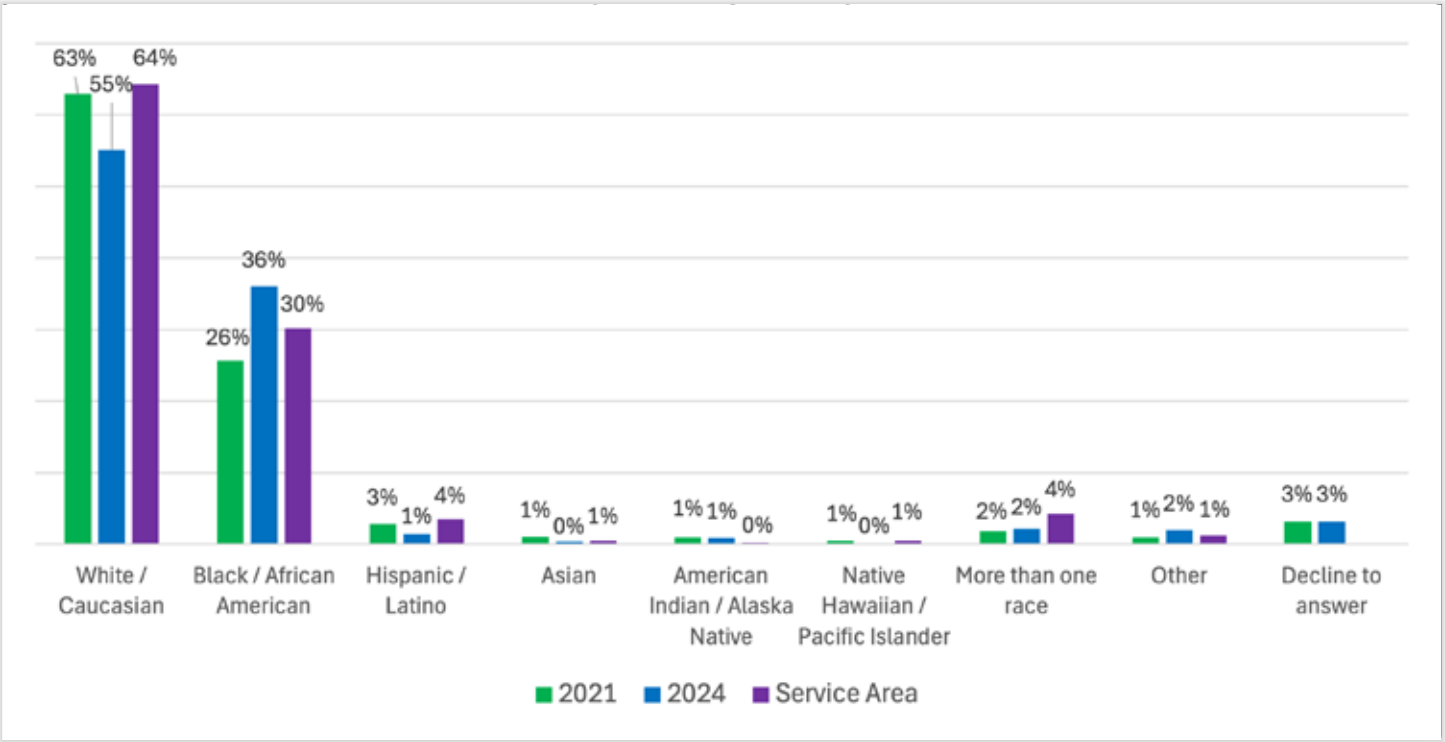
Where do you live?	2021	2024	Service Area (U.S. Census)
Amelia County	3%	4%	12%
Buckingham County	18%	18%	16%
Charlotte County	10%	14%	11%
Cumberland County	16%	6%	9%
Lunenburg County	5%	5%	11%
Nottoway County	5%	10%	14%
Prince Edward County	31%	9%	20%
Town of Farmville	8%	21%	7%
Other	5%	13%	
Total Answered	**1,039**	**935**	
Skipped	**17**	**16**	

Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates Retrieved from https://factfinder.census.gov 04/09/2024

Most respondents were from the Service Area, with a significant rise in Town of Farmville respondents—from 8% in 2021 to 21% in 2024—despite the town representing only 7% of the Area's population. Buckingham County (18%) and Lunenburg County (5%) remained steady between 2021 and 2024. However, Cumberland County and Prince Edward County experienced notable declines, with responses dropping to 6% and 9%, respectively, in 2024. Prince Edward County was particularly underrepresented, contributing only 9% of responses despite making up 20% of the Service Area population.

Respondents from Amelia County accounted for just 4% of responses, while they represent 12% of the Area's population. Charlotte County saw an increase from 10% in 2021 to 14% in 2024, and Nottoway County also rose from 5% to 10%, though still underrepresented compared to the Service Area. Respondents from other localities made up 13% of the survey responses.

What race/ethnicity do you identify with?



What race/ethnicity do you identify with?	*2021*	*2024*	*Service Area (U.S. Census)*
White / Caucasian	63%	55%	64%
Black / African American	26%	36%	30%
Hispanic / Latino	3%	1%	4%
Asian	1%	0%	1%
American Indian / Alaska Native	1%	1%	0%
Native Hawaiian / Pacific Islander	1%	0%	1%
More than one race	2%	2%	4%
Other	1%	2%	1%
Decline to Answer	3%	3%	
Total Answered	977	788	
Skipped	79	163	

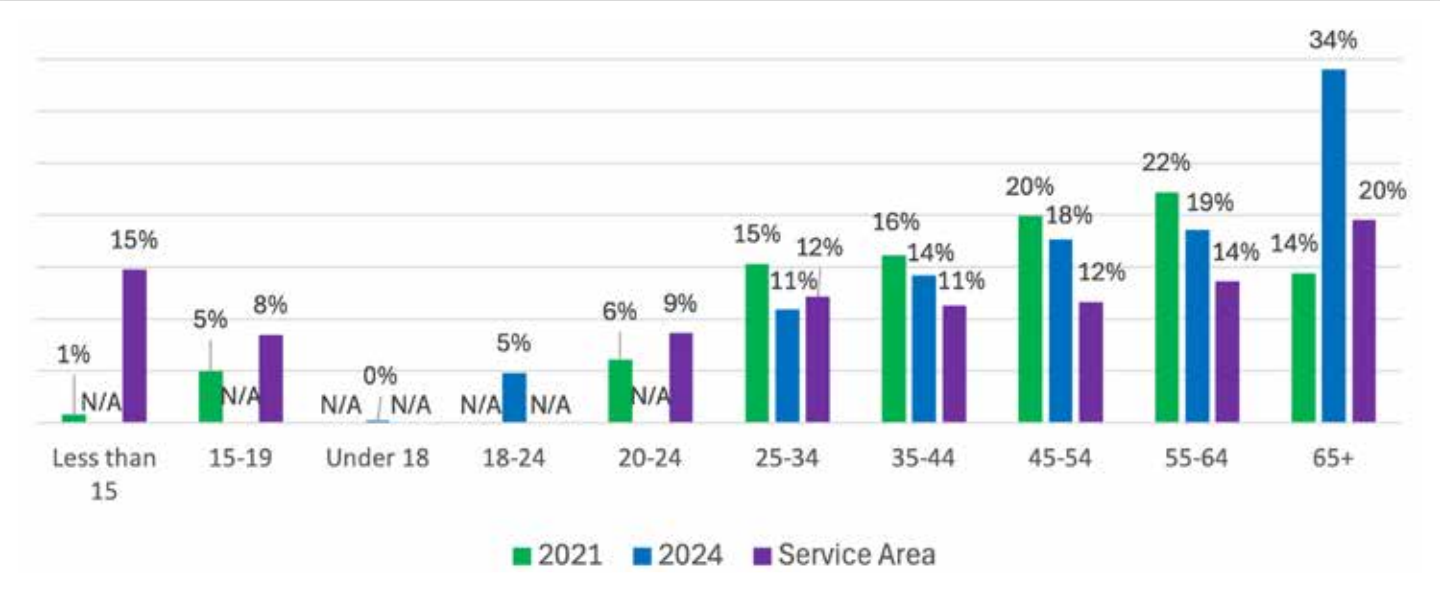
Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates Retrieved from https://factfinder.census.gov 04/09/2024

In 2021, the population identifying as White/Caucasian was 63%, declining to 55% in 2024. In comparison, the White population in the Service Area is 64% (U.S. Census). Meanwhile, the percentage of respondents identifying as Black/African American increased from 26% in 2021 to 36% in 2024, slightly exceeding the Service Area percentage of 30%.

Hispanic/Latino respondents, however, decreased from 3% in 2021 to 1% in 2024, while they constitute 4% of the Service Area population. This indicates a continued need for outreach to engage this demographic.

There was also a decline in those identifying as Asian (0%), American Indian/Alaska Native (1%), and Native Hawaiian/Pacific Islander (0%) in 2024, compared to 1% for each group in 2021. The Service Area population figures for these groups are 1% Asian, 0% American Indian/Alaska Native, and 1% Native Hawaiian/Pacific Islander.

What is your age?



What is your age?	2021	2024	Service Area (U.S. Census)
Less than 15	1%	N/A	15%
15-19	5%	N/A	8%
Under 18	N/A	0%	N/A
18-24	N/A	5%	N/A
20-24	6%	N/A	9%
25-34	15%	11%	12%
35-44	16%	14%	11%
45-54	20%	18%	12%
55-64	22%	19%	14%
65+	14%	34%	20%
Total Answered	963	938	
Skipped	91	13	

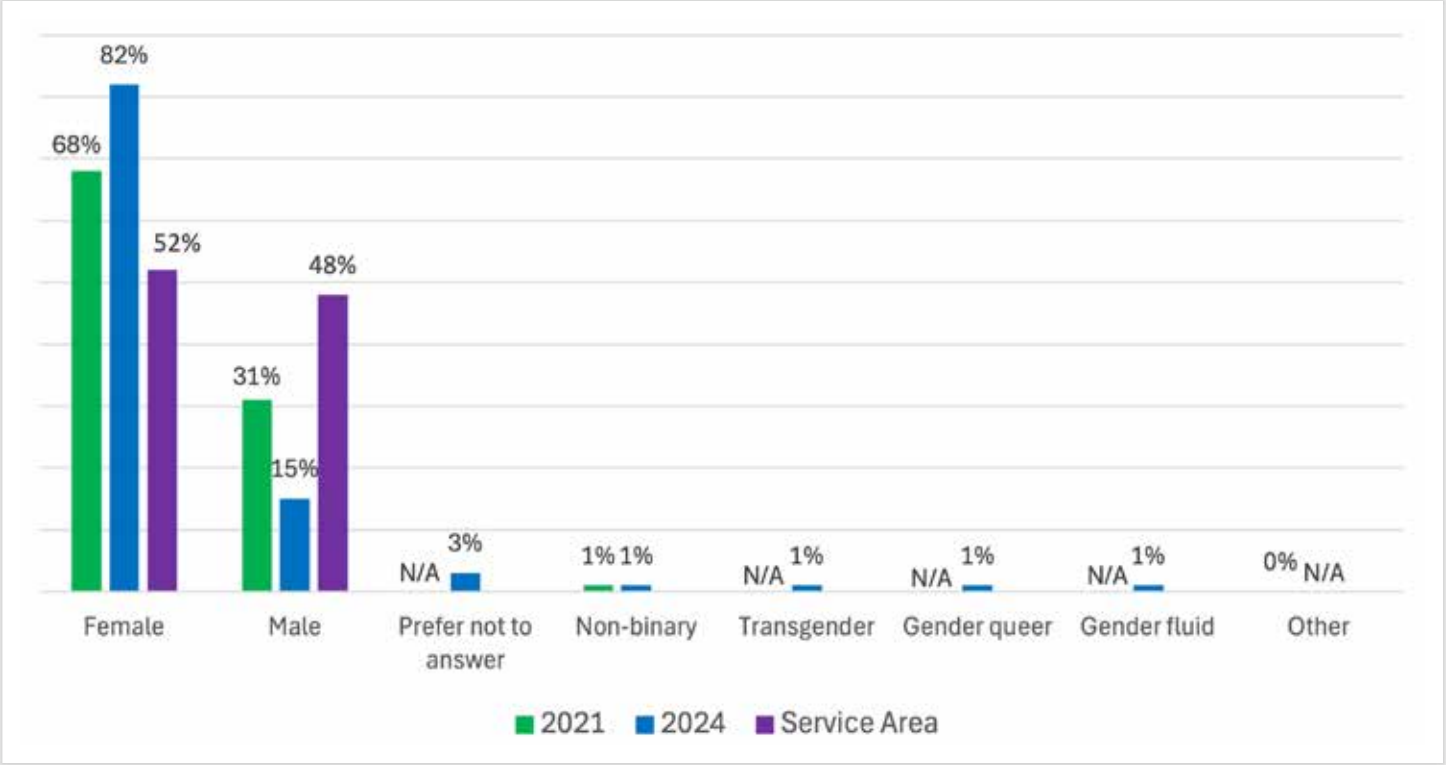
Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates Retrieved from https://factfinder.census.gov 04/09/2024

The "N/A" values in the data reflect a change in how age groups were categorized, moving from an open-ended format to predefined single choices in the 2024 survey, which may explain some of the gaps in data for younger populations.

Respondents aged 25 to 34 declined from 15% in 2021 to 11% in 2024, while those aged 35 to 44 also decreased from 16% to 14%. The largest group in 2021 was respondents aged 55 to 64, who made up 22%, but this dropped to 19% in 2024, still exceeding the Service Area percentage of 14%.

The representation of respondents aged 45 to 54 remained relatively stable, with 20% in 2021 and 18% in 2024, also overrepresented compared to the Service Area's 12%. Notably, respondents aged 65 and older increased significantly from 14% in 2021 to 34% in 2024, surpassing the Service Area representation of 20% and indicating growing participation among senior citizens.

What is your gender identity?



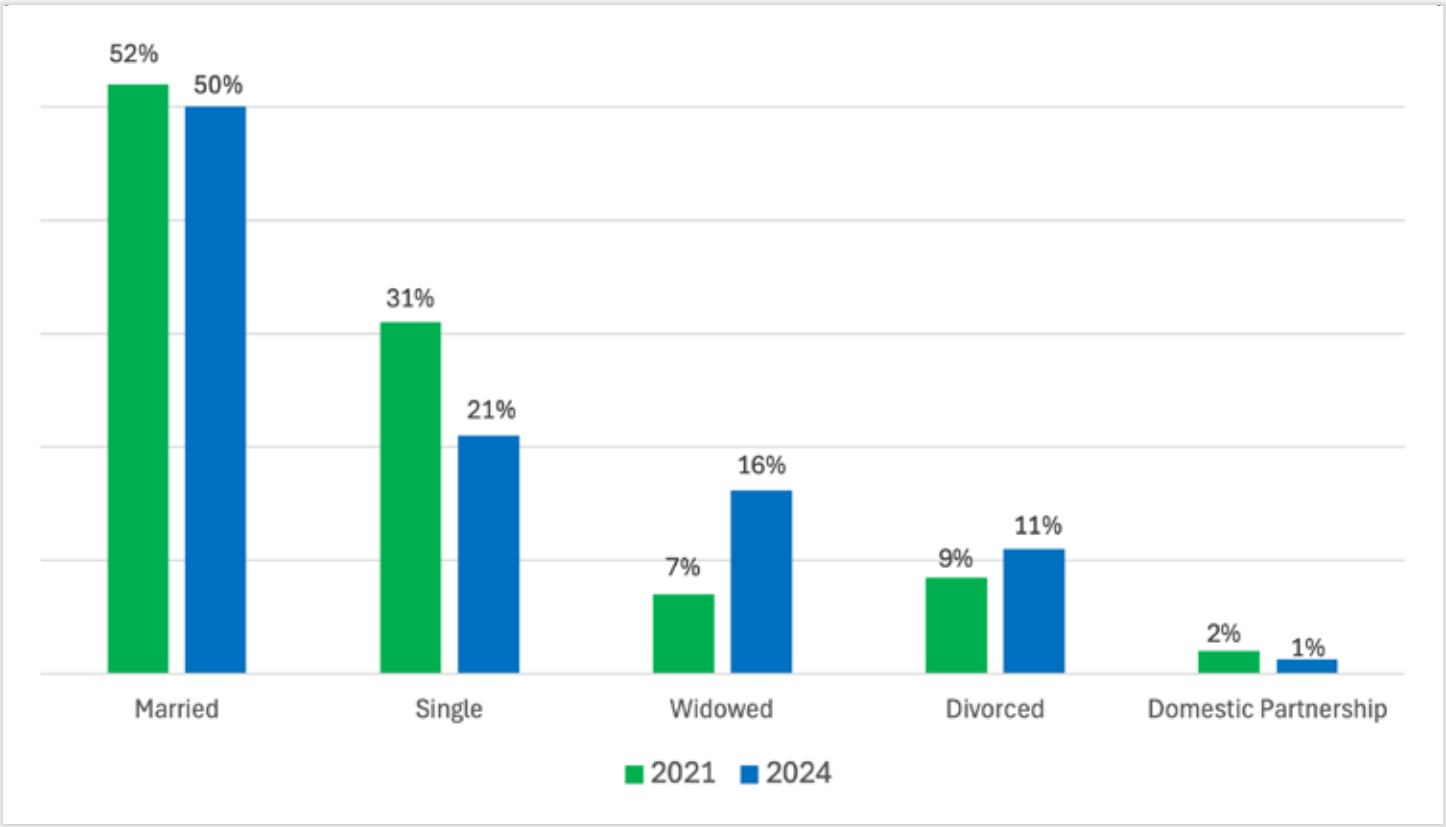
What is your gender identity?	2021	2024	Service Area (U.S. Census)
Female	68%	82%	52%
Male	31%	15%	48%
Prefer not to answer	N/A	3%	
Non-binary	1%	1%	
Transgender	N/A	1%	
Gender queer	N/A	1%	
Gender fluid	N/A	1%	
Other	0%	N/A	
Total Answered	1,004	779	
Skipped	52	172	

Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 – 2022 Demographic and Housing Estimates Retrieved from https://factfinder.census.gov 04/09/2024

The percentage of female respondents increased significantly from 68% in 2021 to 82% in 2024, which is above the Service Area average of 52%. In 2021, 31% of respondents identified as male. In 2024, this dropped to 15%, which is now notably lower than the 48% representation of males in the Service Area.

The introduction of new categories in 2024, including "Transgender (1%)" "Gender queer(1%)" and "Gender fluid(1%)" reflects a recognition of broader gender diversity. The sexual orientation & gender identity estimate in Virginia is 7.2% (Source: U.S. Census. Sexual Orientation and Gender Identity in the Household Plus Survey. Characteristics of the LGBTQ+ adult population. Retrieved 08/09/24, https://www.census.gov/quickfacts/).

What is your marital status?



What is your marital status?	*2021*	*2024*
Married	52%	50%
Single	31%	21%
Divorced	7%	16%
Widowed	9%	11%
Domestic Partnership	2%	1%
Total Answered	1,001	780
Skipped	55	171

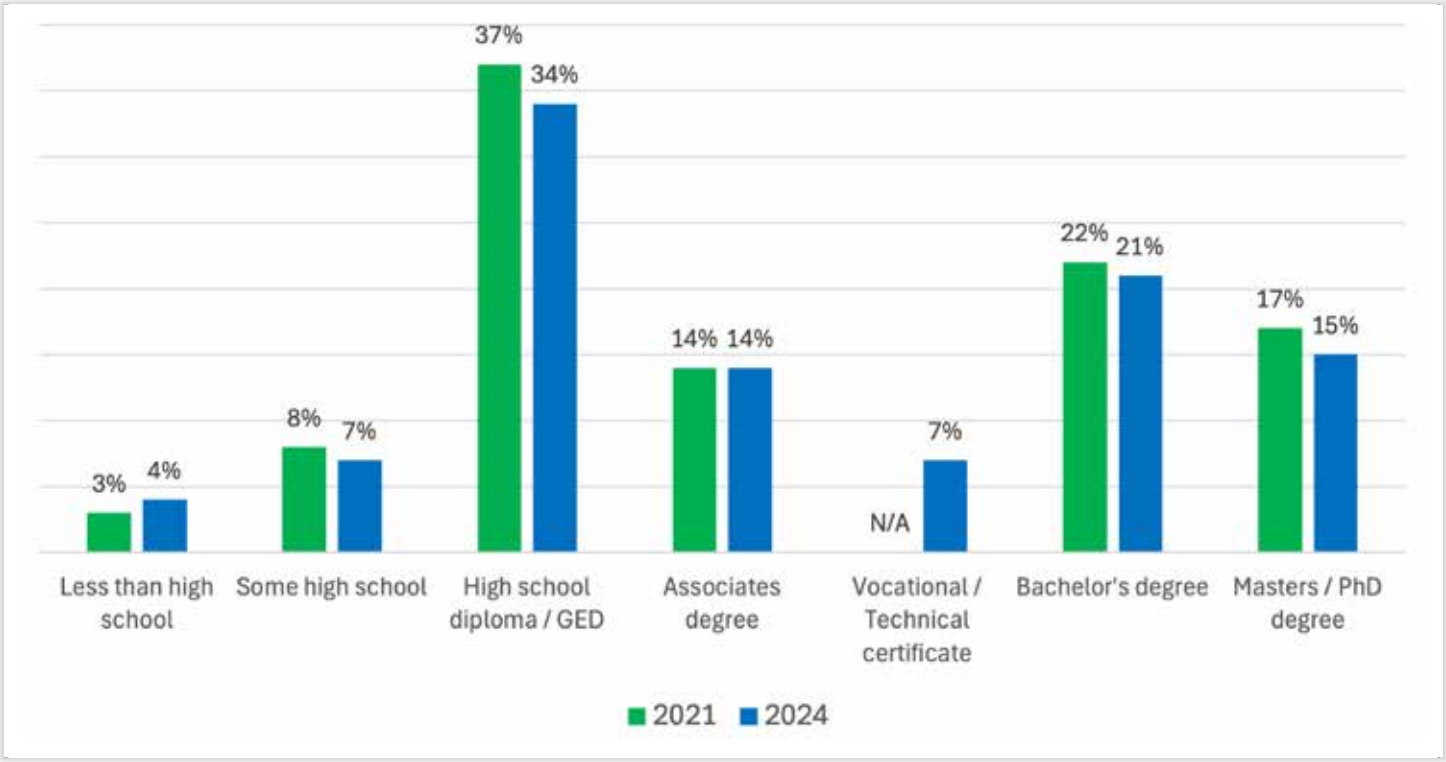
The percentage of people responding that they were married in the 2024 Community Health Needs Assessment remained consistent with only a 2% decrease from the 2021 response (52%). Those indicating they were single decreased from 31% in 2021 to 21% in 2024. The percentage of divorced respondents increased from 9% in 2021 to 11% in 2024. The number of windowed respondents also increased to 16% of 2024 respondents from 7% of 2021 respondents.

HEALTH FACTORS

Social and Economic Factors

EDUCATION

What is your highest education level completed?



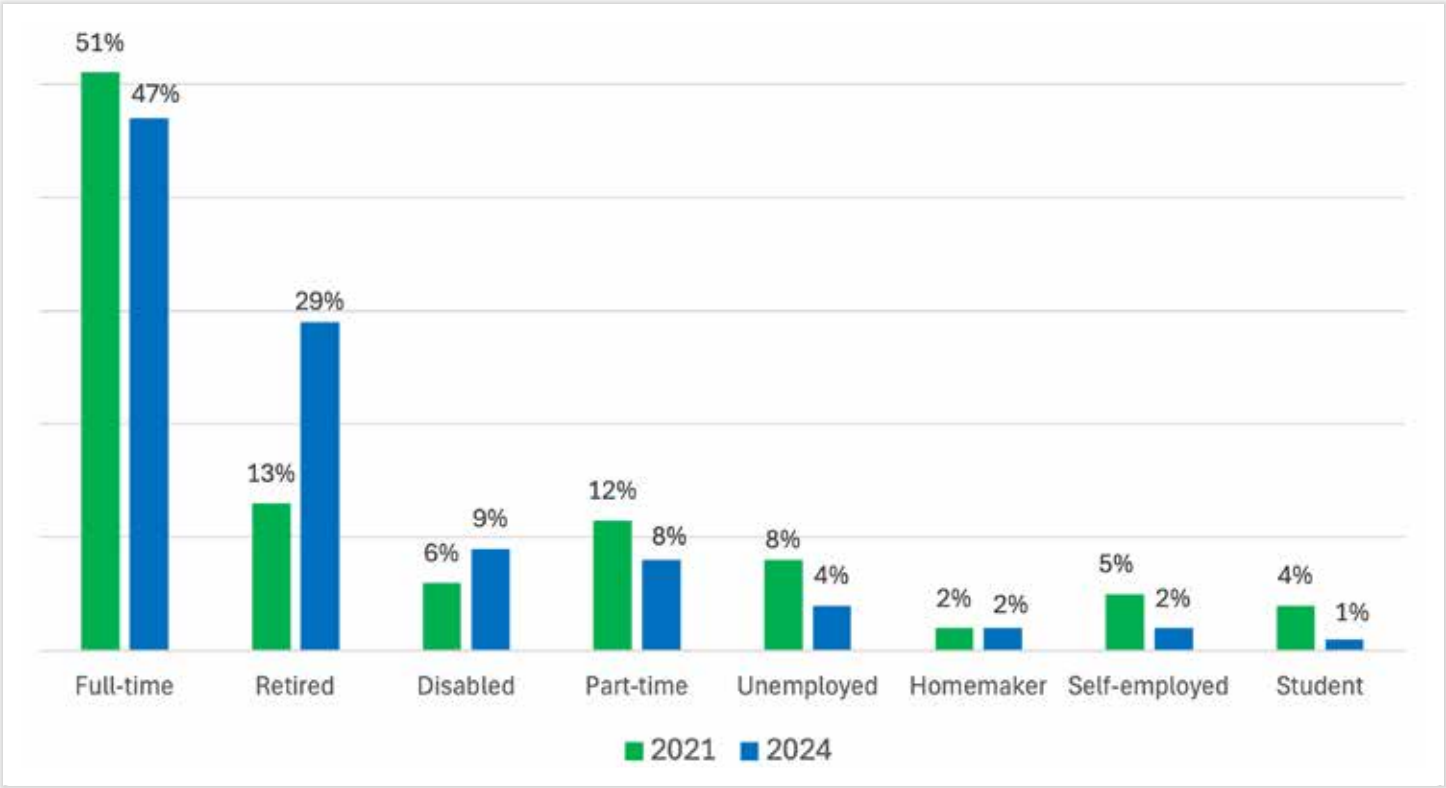
What is your highest education level completed?	*2021*	*2024*
Less than high school	3%	4%
Some high school	8%	7%
High school diploma / GED	37%	34%
Associates degree	14%	14%
Vocational / Technical certificate	N/A	7%
Bachelor's degree	22%	21%
Masters / PhD degree	17%	15%
Total Answered	982	770
Skipped	74	181

In 2024, 4% of respondents reported having less than a high school diploma or GED, a slight increase from 3% in 2021. The percentage of respondents with some high school education decreased from 8% to 7%, while those with a high school diploma or GED fell from 37% in 2021 to 34% in 2024.

A new response option, vocational/technical certificates, was introduced in 2024, with 7% of respondents obtaining one, highlighting the growing value of non-traditional education. "Middle-skill jobs" (those requiring some education beyond high school but not a 4-year degree) make up 52% of the U.S. labor market (Source: National Skills Coalition, The Roadmap for Racial Equality, Retrieved 10/27/2024, https://nationalskillscoalition.org/wp-content/uploads/2020/12/Racial-Equity-Report_6x9_web.pdf).

The percentage of respondents with an associate's degree remained steady at 14%. However, those with a bachelor's degree decreased from 22% in 2021 to 21% in 2024, and the percentage of respondents with a master's degree dropped from 17% to 15%.

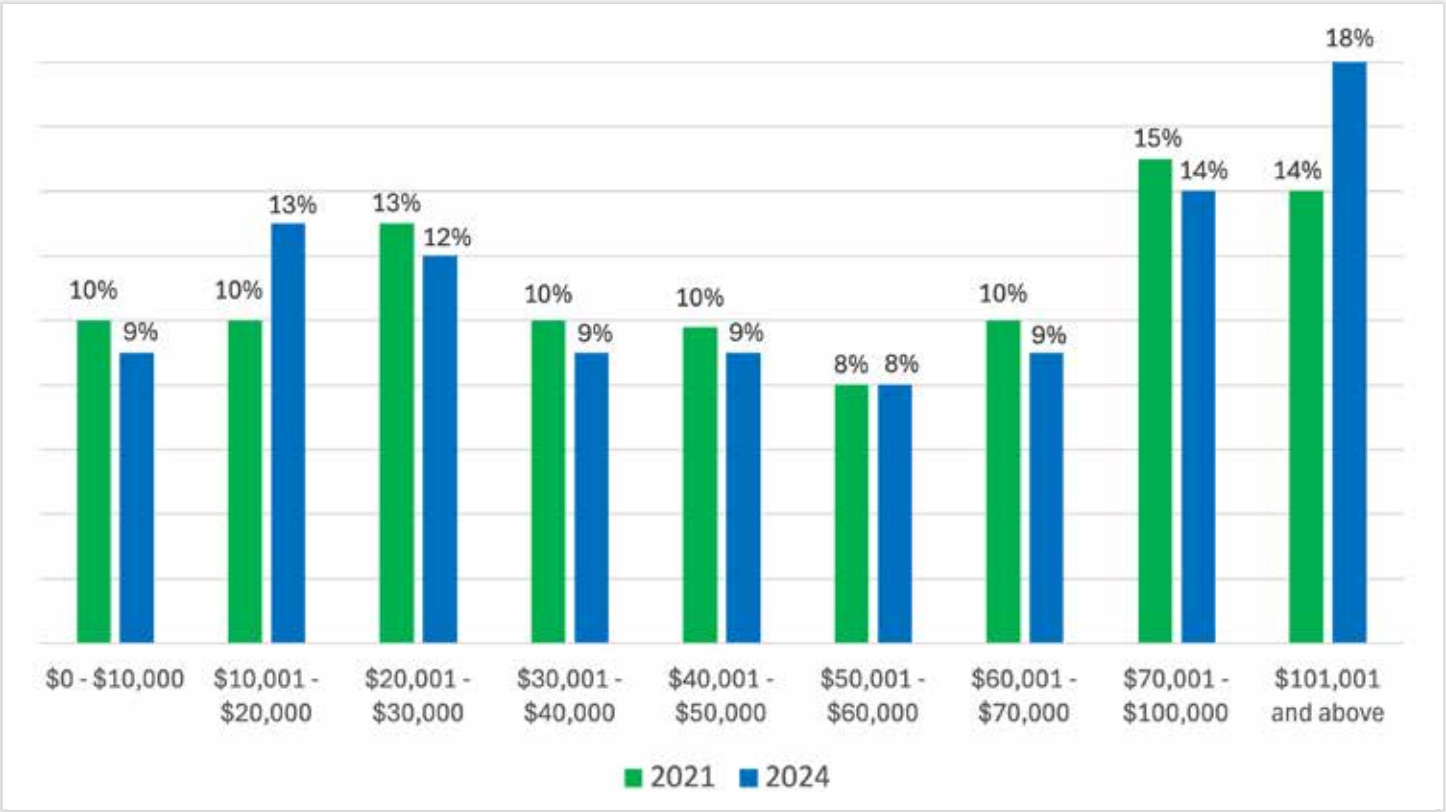
What is your current employment status?



What is your current employment status?	2021	2024
Full-time	51%	47%
Retired	13%	29%
Disabled	6%	9%
Part-time	12%	8%
Unemployed	8%	4%
Homemaker	2%	2%
Self-employed	5%	2%
Student	4%	1%
Total Answered	983	778
Skipped	73	173

2024 respondents who indicated they were employed full-time declined from those of 2021 respondents from 51% in 2021 to 47% in 2024. The number of unemployed in 2024 (4%) reduced in number compared to 2021 (8%). The number of part-time employed respondents was 8% in 2024 compared to 12% in 2021, which could indicate a shift to full-time employment or retirement. The 2024 survey reflected a significant rise in retired respondents, increasing from 13% in 2021 to 29% in 2024.

What is your yearly household income?



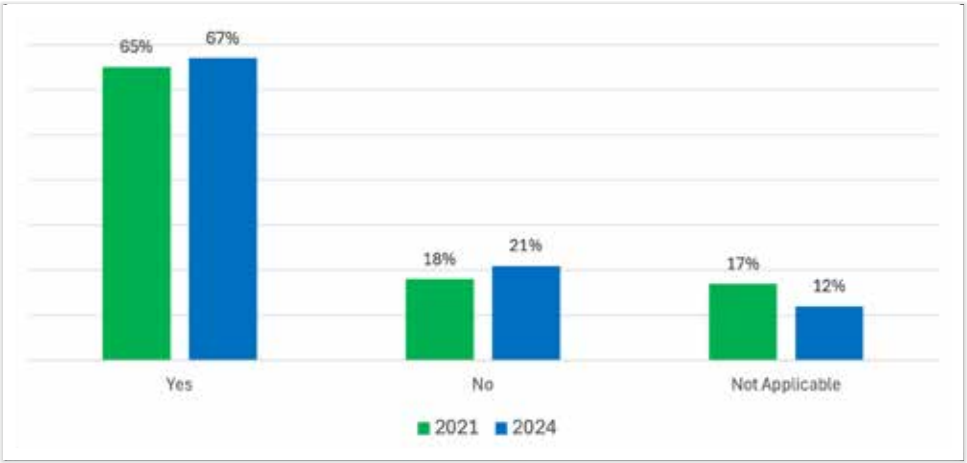
What is your yearly household income?	*2021*	*2024*
$0 - $10,000	10%	9%
$10,001 - $20,000	10%	13%
$20,001 - $30,000	13%	12%
$30,001 - $40,000	10%	9%
$40,001 - $50,000	10%	9%
$50,001 - $60,000	8%	8%
$60,001 - $70,000	10%	9%
$70,001 - $100,000	15%	14%
$101,001 and above	14%	18%
Total Answered	909	725
Skipped	147	226

In 2024, the percentage of respondents from households earning between $20,001 and $40,000 decreased to 21%, down from 23% in 2021. The proportion of respondents with incomes between $50,001 and $60,000 remained stable at 8% for both years. Conversely, the percentage of respondents with household incomes over $100,000 increased from 14% in 2021 to 18% in 2024.

AFFORDABILITY AND SAFETY

Respondents were asked about the affordability of medications, rent/mortgage, and food, as well as personal and community safety and social connectedness. In 2024, "not applicable" responses were factored into the analysis, and a new Likert scale question on social connectedness was added to the survey.

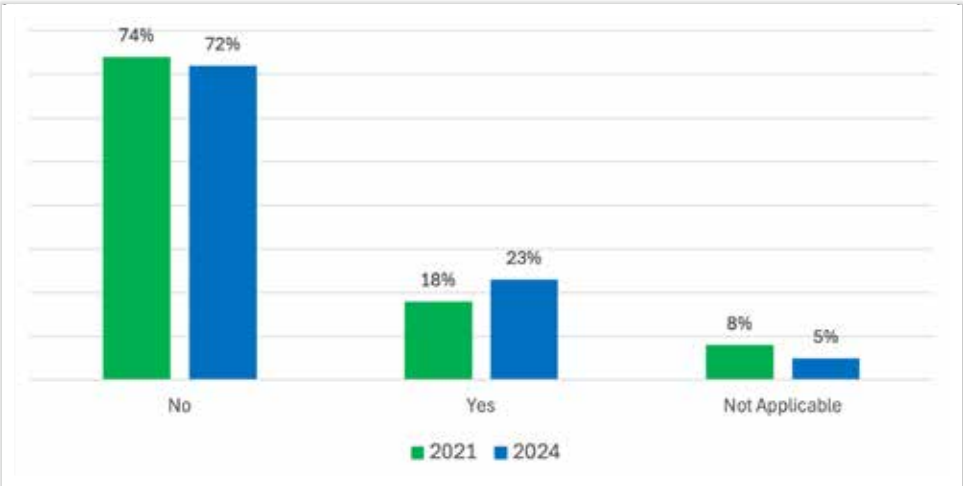
I can afford the medicine needed for my health conditions.



I can afford the medicine needed for my health conditions.	*2021*	*2024*
Yes	65%	67%
No	18%	21%
Not Applicable	17%	12%
Total Answered	975	749
Skipped	81	202

The number of respondents indicating that they can afford the medicine needed for their health conditions increased from 65% in 2021 to 67% in 2024 while those reporting "no" in 2021 was 18% and 21% in 2024.

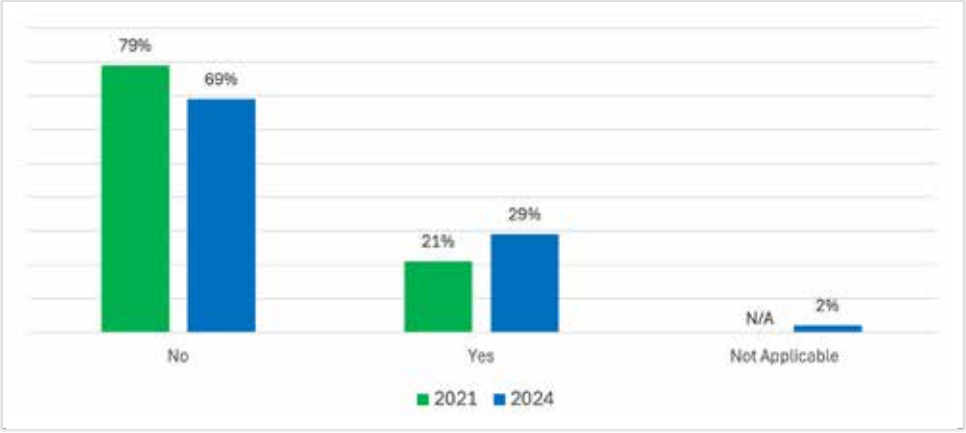
Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?



Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?	*2021*	*2024*
No	74%	72%
Yes	18%	23%
Not Applicable	8%	5%
Total Answered	993	760
Skipped	63	191

In 2024, the percentage of respondents unable to afford rent or mortgage rose to 23%, up from 18% in 2021. Conversely, those who reported they could afford their payments decreased from 74% in 2021 to 72% in 2024.

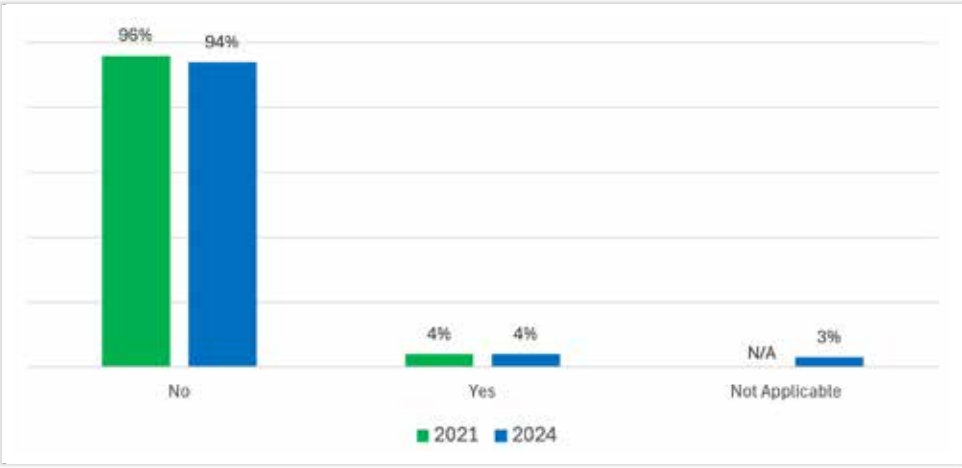
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?



Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	*2021*	*2024*
No	79%	69%
Yes	21%	29%
Not Applicable	N/A	2%
Total Answered	996	758
Skipped	60	193

The percentage of respondents who reported not having enough money to buy food for themselves or their families rose from 21% in 2021 to 29% in 2024. In contrast, those who indicated they could afford food decreased from 79% in 2021 to 69% in 2024.

I have been the victim of domestic violence or abuse in the past 12 months.

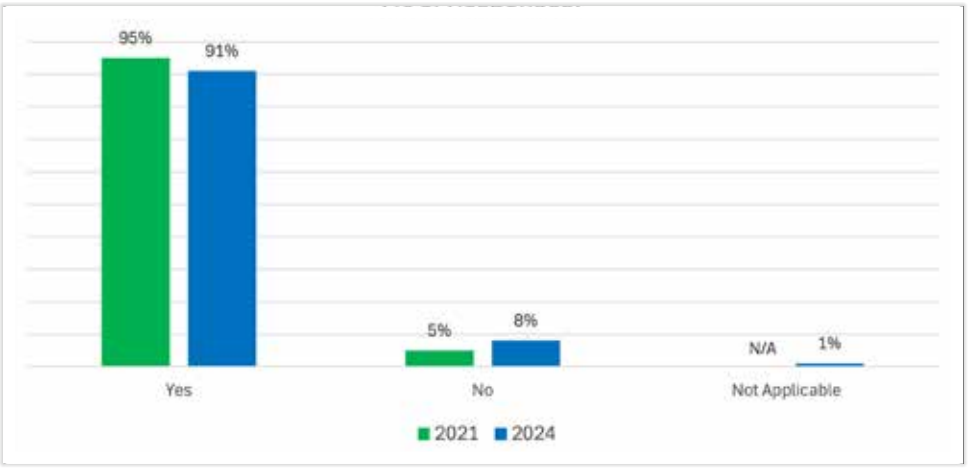


I have been a victim of domestic violence or abuse in the past 12 months.	*2021*	*2024*
No	96%	94%
Yes	4%	4%
Not Applicable	N/A	3%
Total Answered	998	757
Skipped	58	194

The percentage of respondents reporting experiences of domestic violence or abuse remained at 4% for 2021 and 2024. Those reporting no experience with domestic violence decreased from 96% to 94%, indicating increased reporting due to greater community awareness.

There were approximately 1,370,440 domestic violence victimizations in the United States in 2022, indicating that this issue continues to affect many individuals (Source: Bureau of Justice Statistics, Criminal Victimization, 2022, Retrieved 10/27/24, https://bjs.ojp.gov/document/cv22.pdf). In Virginia, from 2021-2023 domestic violence and sexual assault hotlines experienced a high demand for assistance for those impacted including emergency temporary shelter, transitional and self-supported housing. (Source RD841-2023 Annual Report on Domestic and Sexual Violence in Virginia, Retrieved 10/31/24, https://rga.lis.virginia.gov/Published/2023/RD841). Increased community advocacy and awareness of domestic violence may be occurring in the Farmville Area due to the reopening of Madeline's House in September 2024. STEPS Inc., a community action group located in Farmville, worked to restart domestic violence services in the region and has gained large support from the federal, state, and local levels.

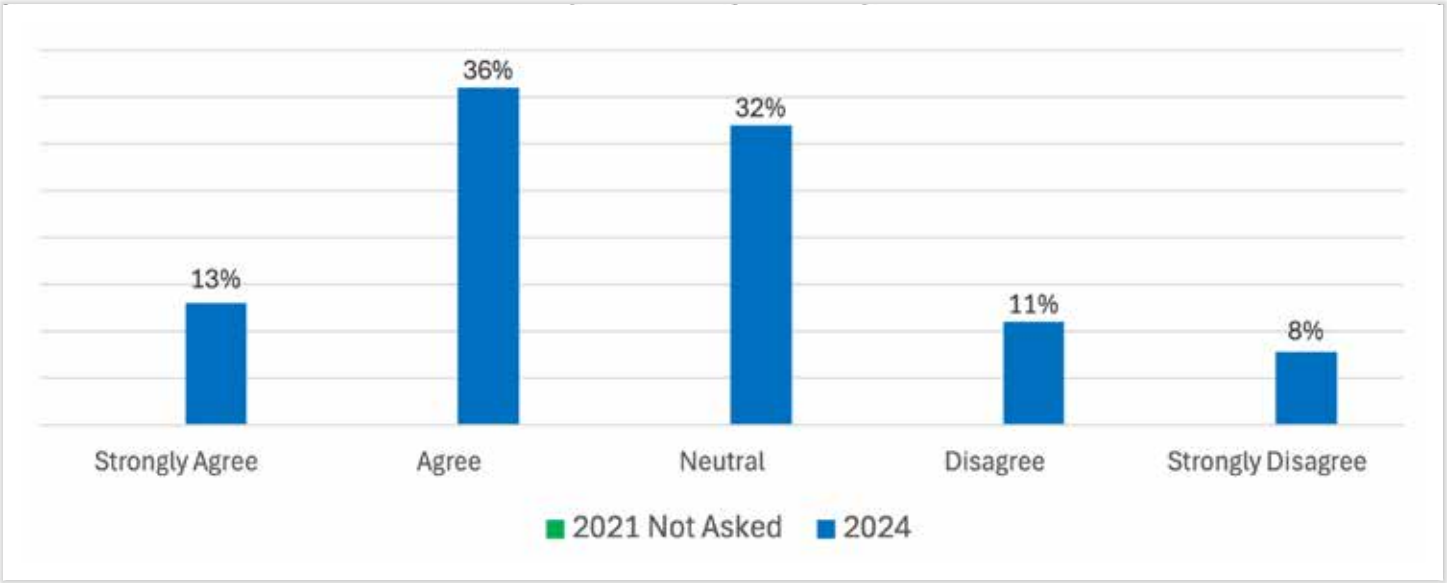
Do you feel safe where you live?



Do you feel safe where you live?	*2021*	*2024*
Yes	95%	91%
No	5%	8%
Not Applicable	N/A	1%
Total Answered	999	771
Skipped	57	180

The percentage of respondents who felt safe in their neighborhoods decreased from 95% in 2021 to 91% in 2024. Meanwhile, those who did not feel safe rose from 5% to 8% during the same period.

I feel socially connected to the community and those around me.



I feel socially connected to the community and those around me.	*2021 Not Asked*	*2024*
Strongly Agree		13%
Agree		36%
Neutral		32%
Disagree		11%
Strongly Disagree		8%
Total Answered		754
Skipped		197

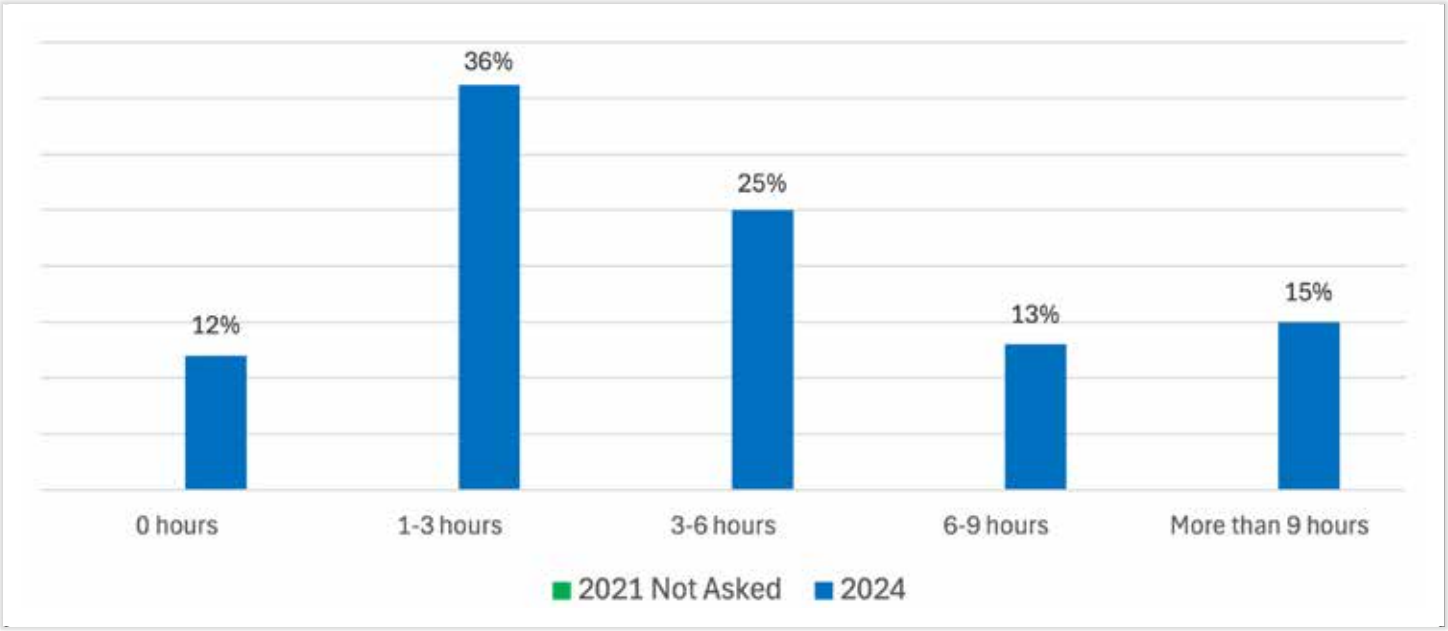
In 2024, many respondents expressed a positive sense of social connection to the community and those around them, with 36% agreeing and 13% strongly agreeing. However, 32% of respondents remained neutral, indicating they neither agreed nor disagreed. 11% of respondents disagreed and 8% strongly disagreed with feeling socially connected.

USE OF TECHNOLOGY

In the 2024 Community Health Needs Assessment, respondents were asked two new questions about their technology usage outside of school or work: overall technology use and social media use.

The rise of technology and social media has significantly impacted community health and individual well-being. As of 2024, technology is integral to daily life, influencing how people access health information and connect with services. While social media can foster support networks and promote healthy behaviors, excessive use may lead to negative outcomes, such as increased anxiety and social isolation. Research indicates that moderate social media use can enhance social connectedness and provide valuable health information, but excessive use is linked to issues like depression and sleep disturbances (Source: Pew Research Center, Social Media Use in 2021, Retrieved 10/27/24, https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/).

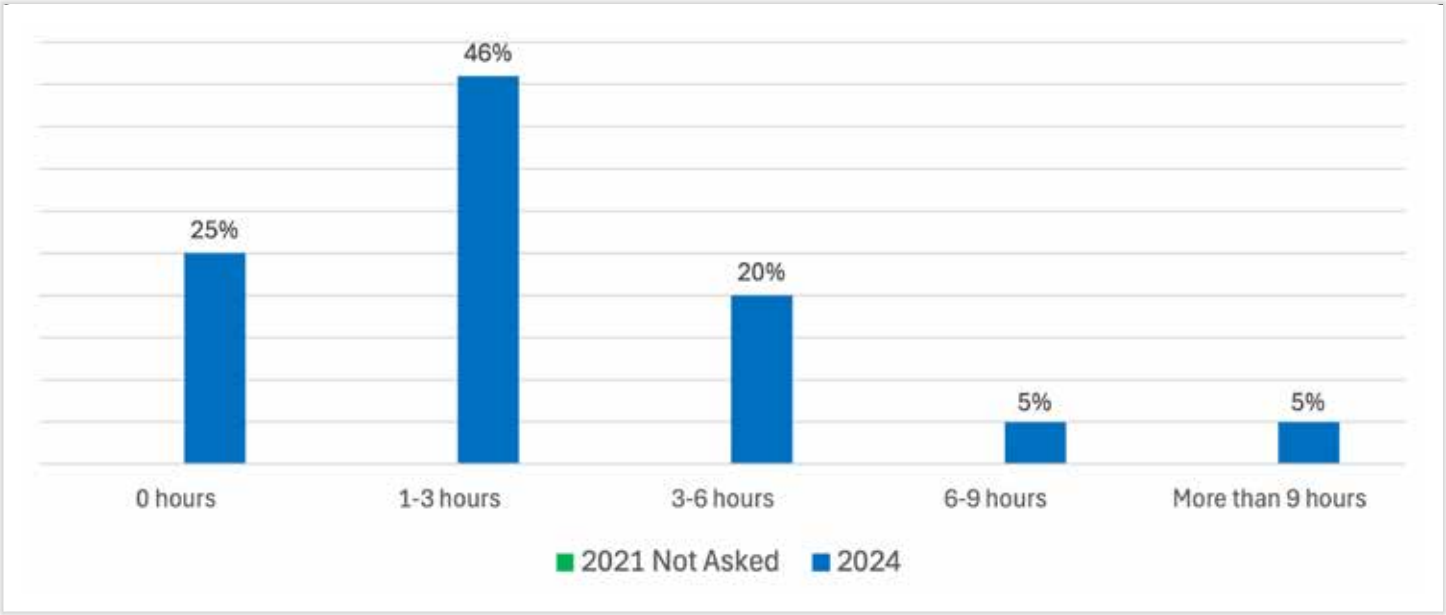
Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?



Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?	*2021 Not Asked*	*2024*
0 hours		12%
1-3 hours		36%
3-6 hours		25%
6-9 hours		13%
More than 9 hours		15%
Total Answered		774
Skipped		177

Only 12% of respondents reported spending no time on technology. The largest group, 36%, spent 1 to 3 hours per day, while 25% spent 3 to 6 hours. Those who used technology for 6 to 9 hours made up 13%, and 15% reported using it for more than 9 hours daily.

Over the past 7 days, how many hours per day do you spend using social media outside of school or work?



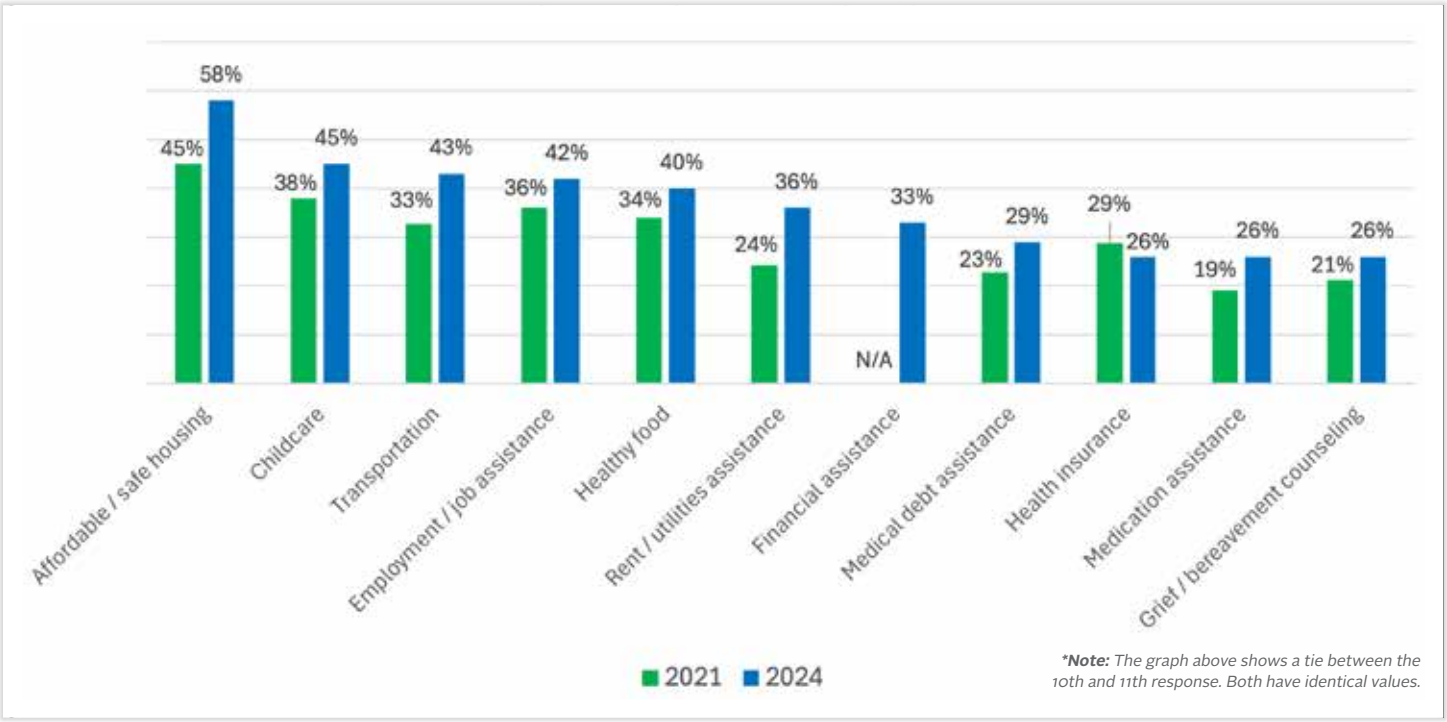
Over the past 7 days, how many hours per day do you spend using social media outside of school or work?	*2021 Not Asked*	*2024*
0 hours		25%
1-3 hours		46%
3-6 hours		20%
6-9 hours		5%
More than 9 hours		5%
Total Answered		768
Skipped		183

Regarding social media usage, 25% of respondents reported no daily use. The majority (46%) spent 1 to 3 hours on social media, while 20% used it for 3 to 6 hours. A smaller percentage, 5%, spent 6 to 9 hours, and another 5% reported using it for more than 9 hours each day.

SOCIAL/SUPPORT RESOURCES IN THE COMMUNITY

Respondents were asked to identify social and support resources that are difficult to access in the community, with the option to select multiple answers. The 2024 survey refined the response options from 2021 by separating "Banking/ financial assistance" into "Financial assistance" (33%) and "Banking services" (8%), as well as breaking down "Education and literacy" into "Education (GED, high school, college)" (13%) and "Reading and writing support" (14%). The 2024 survey also removed the option "COVID-19 has made one or more of the services I selected hard to get," reflecting the easing of strict COVID-19 protocols.

Which social/support resources are hard to get in our community? (Check all that apply) — *Top 10 responses shown*



***Note:** The graph above shows a tie between the 10th and 11th response. Both have identical values.*

Which social/support resources are hard to get in our community? (Check all that apply)	*2021*	*2024*
Affordable / safe housing	45%	58%
Childcare	38%	45%
Transportation	33%	43%
Employment / job assistance	36%	42%
Healthy food	34%	40%
Rent / utilities assistance	24%	36%
Financial assistance	N/A	33%
Medical debt assistance	23%	29%
Health insurance	29%	26%
Medication assistance	19%	26%
Grief / bereavement counseling	21%	26%
Domestic violence victim assistance	22%	24%
Legal services	16%	23%
Food benefits (SNAP, WIC)	15%	23%
Veteran's services	20%	22%
TANF (Temporary Assistance for Needy Families)	10%	16%
Unemployment benefits	14%	15%
Reading and writing support	N/A	14%
Education (GED / high school / college)	N/A	13%
Banking services	N/A	8%
Other	2%	7%
Education and literacy	19%	N/A
Banking / financial assistance	16%	N/A
COVID-19 has made one or more of the services I selected hard to get	12%	N/A
Total Answered	935	851
Skipped	121	100

The top challenges cited in 2024 were affordable and safe housing (58%), childcare (45%), transportation (43%), employment/job assistance (42%), and access to healthy food (40%). Concerns about housing surged from 45% in 2021, exacerbating issues related to childcare and food security. Access to childcare, now a barrier for 45% of respondents (up from 38% in 2021), particularly affects working parents and impacts employment opportunities and housing stability. Additionally, a significant number of respondents (36% in 2024 compared to 24% in 2021) reported that rent and utilities assistance is hard to obtain in the community.

With 40% of respondents reporting limited access to healthy food, financial strain from high housing and childcare costs further limits families' ability to afford nutritious options. According to the U.S. Department of Agriculture (USDA), in 2023, 13.5% of U.S. households were food insecure at some time (Source: U.S. Department of Agriculture, Economic Research Service, Food Security Status of U.S. Households in 2023, Retrieved 10/30/24 https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/).

Health Behaviors

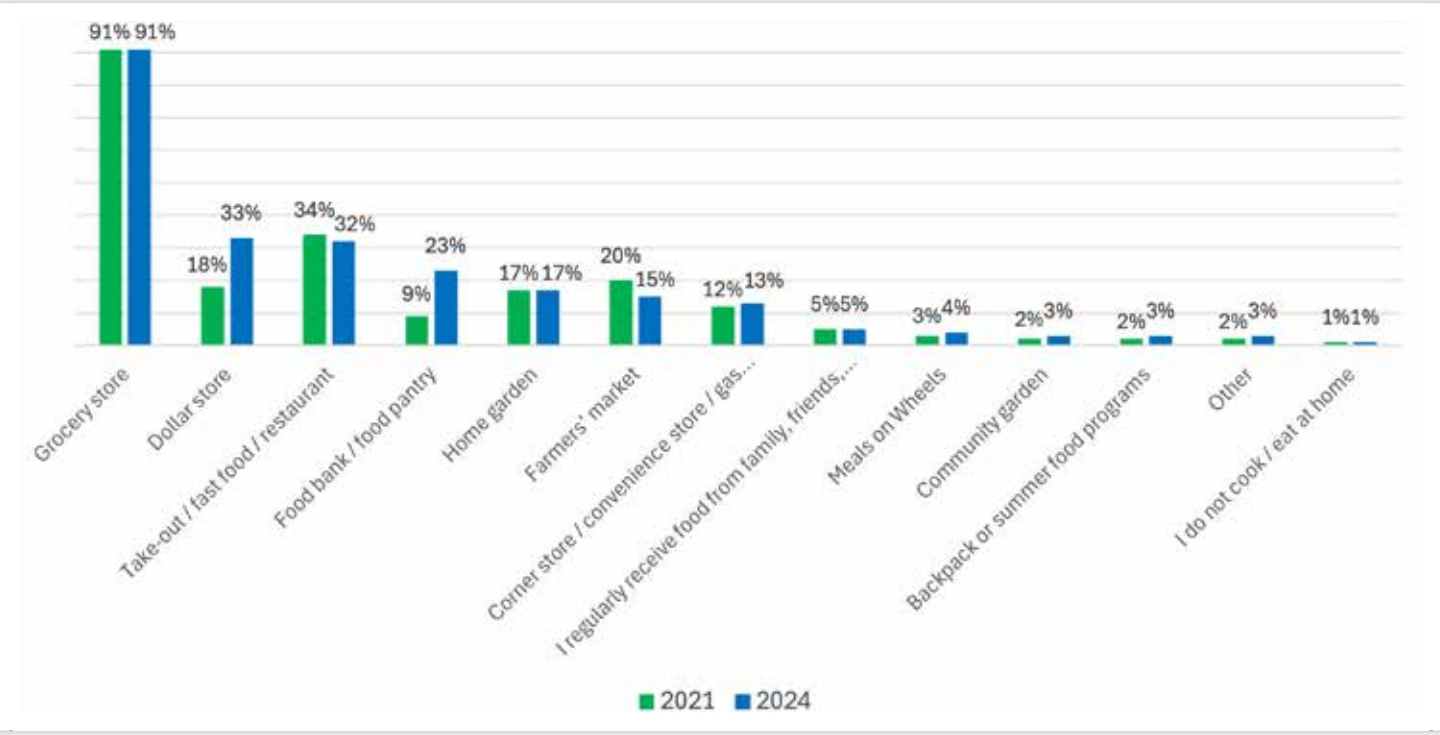
DIET AND EXERCISE

In 2024, respondents were asked a series of questions regarding food availability, fruit and vegetable consumption, family meal patterns, and physical activity. A new question was introduced, asking how often respondents walked for at least 10 minutes continuously over the past seven days.

Body Mass Indices of Respondents

Please note: As in 2018 and 2021, we asked Community Health Survey respondents to self-report their height and weight to determine their Body Mass Index (BMI). (Please refer to Questions 20 and 21 in the Survey included in the Appendix of this report.) BMI is used to determine healthy weight versus underweight or overweight/obesity status of an individual. We included the option in 2024 to report height and weight as either imperial measurements (pounds and feet/inches) or metric measurements (kilograms/centimeters). Unfortunately, there were significant discrepancies identified with the responses for these two options that led to questioning the validity of the data across all three CHNA service areas. Based on these discrepancies, it was decided not to include this data set in the 2024 Community Health Survey summaries. However, there is information presented in the Secondary Data section in this report addressing obesity levels by locality.

Where do you get the food that you eat at home? (Check all that apply)

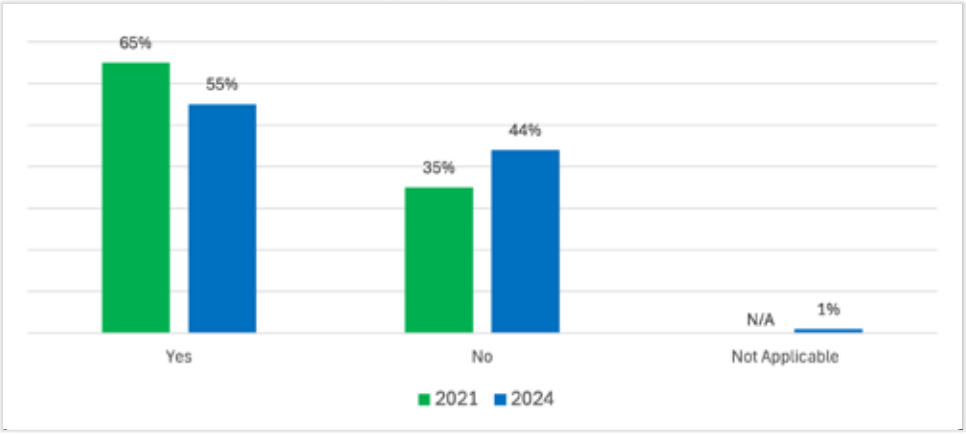


Where do you get the food that you eat at home? (Check all that apply)	*2021*	*2024*
Grocery store	91%	91%
Dollar store	18%	33%
Take-out / fast food / restaurant	34%	32%
Food bank / food pantry	9%	23%
Home garden	17%	17%
Farmers' market	20%	15%
Corner store / convenience store / gas station	12%	13%
I regularly receive food from family, friends, neighbors, or my church	5%	5%
Meals on Wheels	3%	4%
Community garden	2%	3%
Backpack or summer food programs	2%	3%
Other	2%	3%
I do not cook / eat at home	1%	1%
Total Answered	1,016	796
Skipped	40	155

In 2021, 91% of respondents obtained food from grocery stores, a figure that remained unchanged in 2024. However, the percentage sourcing food from dollar stores nearly doubled, rising from 18% to 33%. The use of community gardens increased slightly from 2% in 2021 to 3% in 2024, while home garden usage remained steady at 17%. Take-out and restaurant food consumption decreased from 34% in 2021 to 32% in 2024.

Reliance on food from family, friends, or churches remained consistent at 5% for both years, while the use of Meals on Wheels and food programs each increased by 1% (4% and 3%, respectively). Lastly, only 1% of respondents reported not eating at home in 2024, the same as in 2021.

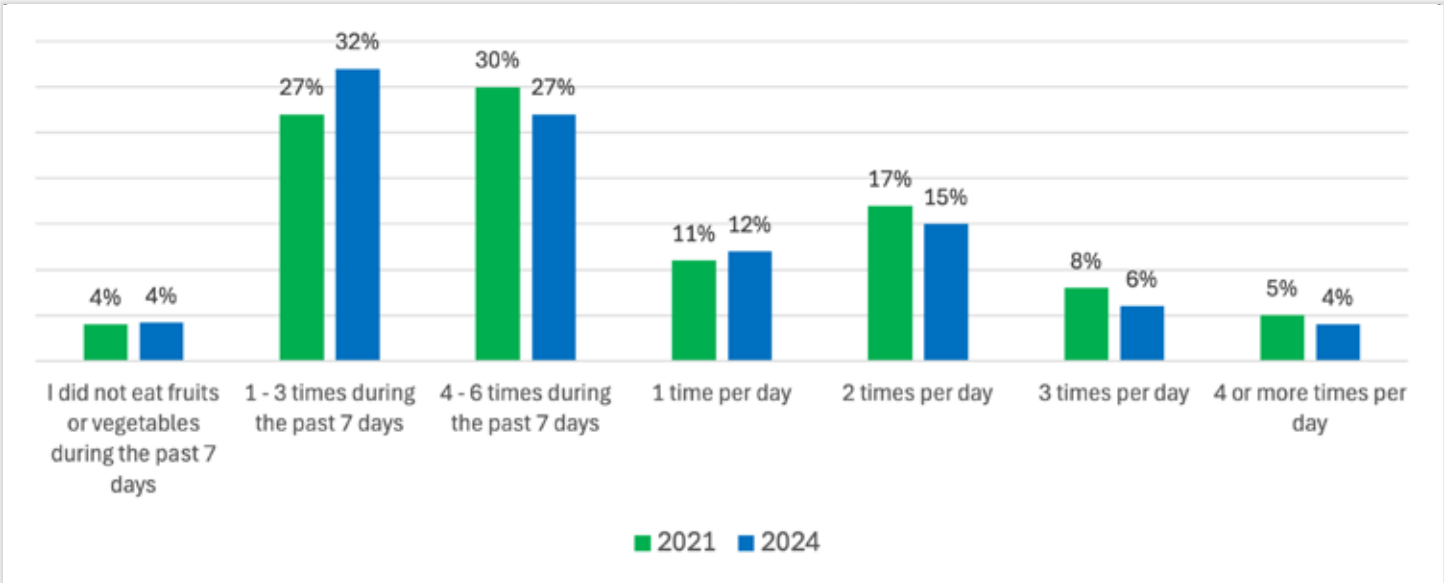
In the area where you live, is it easy to get fresh fruits and vegetables?



In the area where you live, is it easy to get fresh fruits and vegetables?	*2021*	*2024*
Yes	65%	55%
No	35%	44%
Not Applicable	N/A	1%
Total Answered	989	765
Skipped	67	186

The percentage of respondents who found it easy to access affordable fresh fruits and vegetables dropped from 65% in 2021 to 55% in 2024. Consequently, those who answered "no" increased from 35% to 44% during the same period.

During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice/supplements. (Check one)

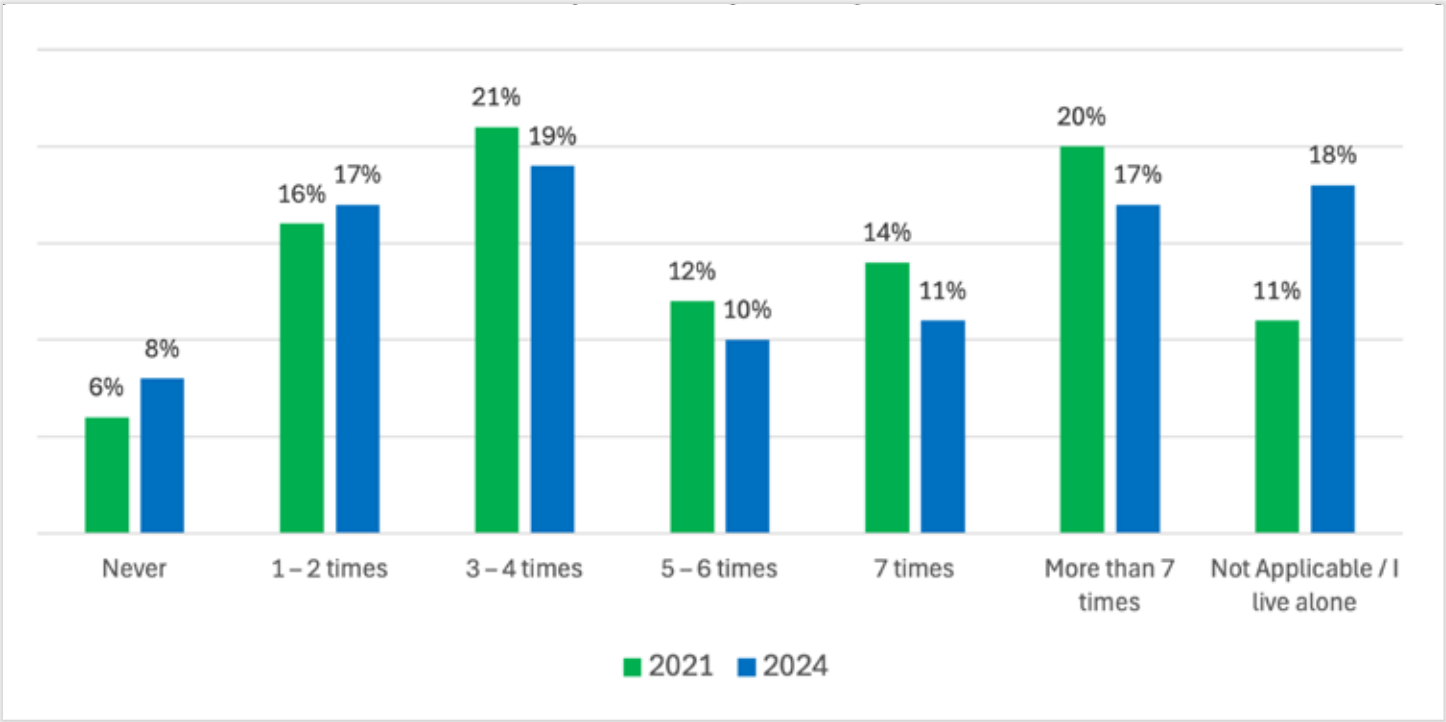


During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice/supplements. (Check one)	*2021*	*2024*
I did not eat fruits or vegetables during the past 7 days	4%	4%
1 - 3 times during the past 7 days	27%	32%
4 - 6 times during the past 7 days	30%	27%
1 time per day	11%	12%
2 times per day	17%	15%
3 times per day	8%	6%
4 or more times per day	5%	4%
Total Answered	1,001	780
Skipped	55	171

Between 2021 and 2024, fruit and vegetable consumption among respondents showed mixed trends. While the percentage of individuals not consuming any fruits or vegetables remained constant at 4%, other consumption patterns revealed notable changes.

The proportion of respondents eating fruits and vegetables at least twice daily decreased slightly from 17% in 2021 to 15% in 2024, suggesting a potential decline in healthy eating habits. Moderate consumption, defined as eating fruits or vegetables 4 to 6 times per week, also fell from 30% to 27%. Similarly, the number of respondents consuming fruits or vegetables four or more times daily decreased from 5% to 4%. A positive trend emerged among those consuming fruits or vegetables 1 to 3 times in the past week, which increased from 27% to 32%. This increase suggests that more respondents are incorporating fruits and vegetables into their diets, although at lower frequencies than recommended.

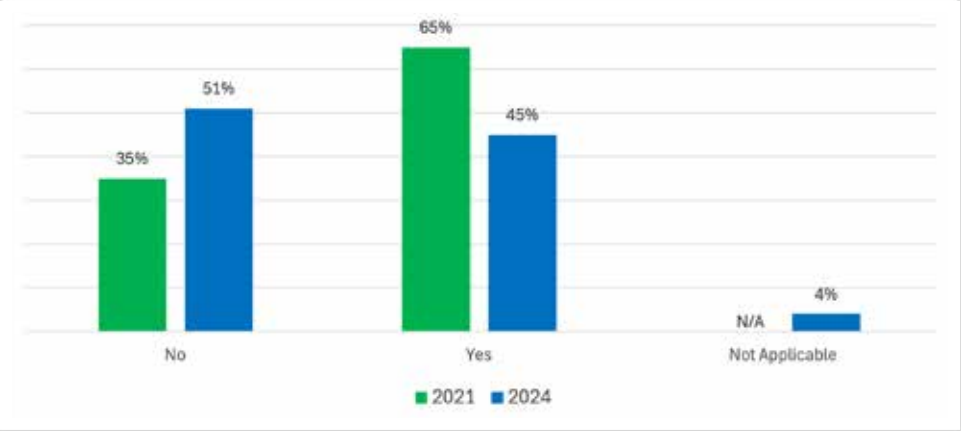
In the past 7 days, how many times did all or most of the people living in your house eat a meal together?



In the past 7 days, how many times did all or most of the people living in your house eat a meal together?	*2021*	*2024*
Never	6%	8%
1 – 2 times	16%	17%
3 – 4 times	21%	19%
5 – 6 times	12%	10%
7 times	14%	11%
More than 7 times	20%	17%
Not Applicable / I live alone	11%	18%
Total Answered	1,006	783
Skipped	50	168

29% of respondents had meals with their families between three and six times a week. Those eating meals together seven or more times per week in 2024 was 28% compared to 34% in 2021. Frequent family meals are linked to numerous health benefits, including improved nutrition and better family dynamics. Studies indicate that families who share meals regularly tend to consume more fruits and vegetables, contributing to healthier eating habits and lower obesity rates among children (Source: FMI, New Study Confirms Value of Family Meals, Retrieved 10/30/24, https://www.fmi.org/newsroom/news-archive/view/2020/03/10/new-study-confirms-value-of-family-meals).

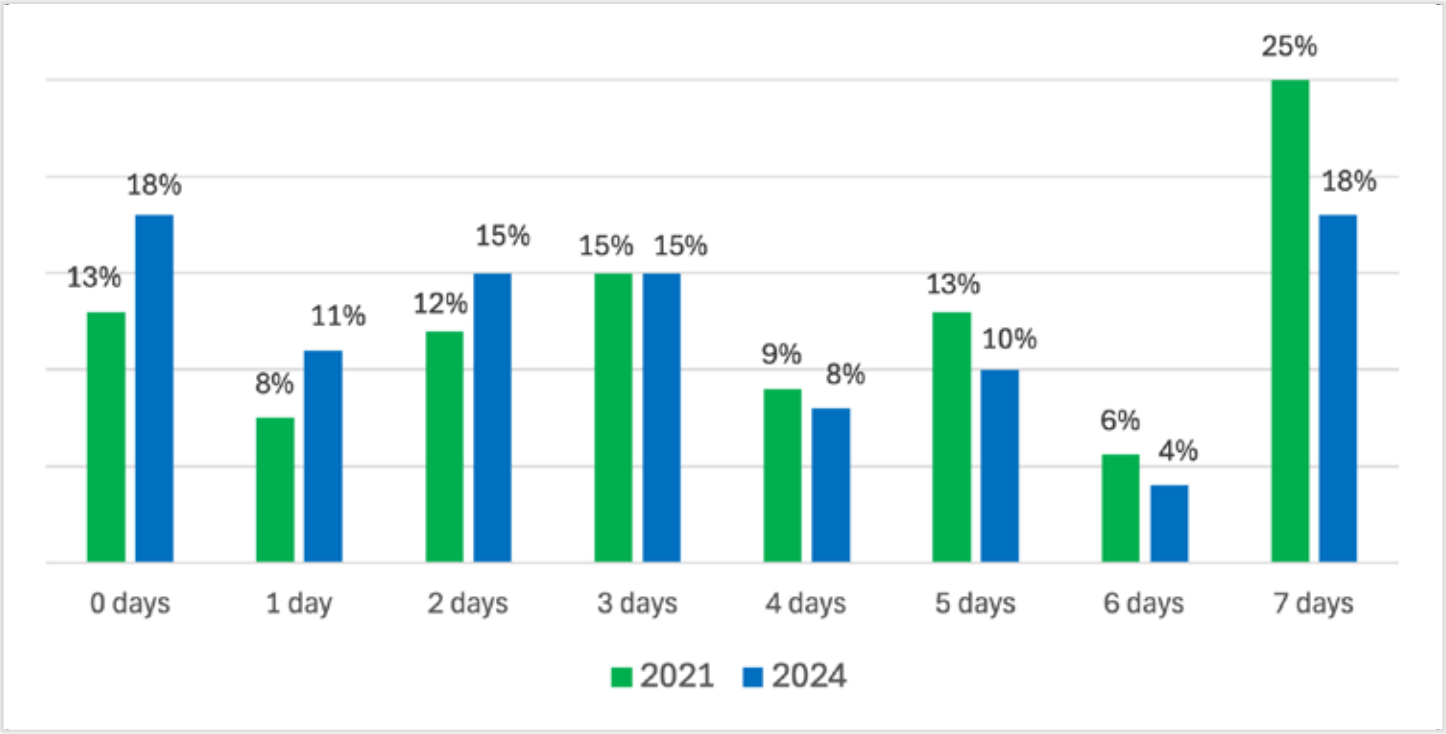
Does your community neighborhood support physical activity? (e.g. parks, sidewalks, bike lanes, etc.)



Does your community neighborhood support physical activity? (e.g., parks, sidewalks, bike lanes, etc.)	*2021*	*2024*
No	35%	51%
Yes	65%	45%
Not Applicable	N/A	4%
Total Answered	974	746
Skipped	82	205

In 2024, only 45% of respondents reported that their community neighborhood supported physical activity through amenities like parks, sidewalks, and bike lanes, a notable drop from 65% in 2021. This decline indicates a growing concern among community members about the accessibility and availability of resources for physical activity. Correspondingly, the percentage of those answering "no" to the question about community support jumped from 35% in 2021 to 51% in 2024.

Over the past 7 days, how many days were you physically active for a total of at least 30 minutes?

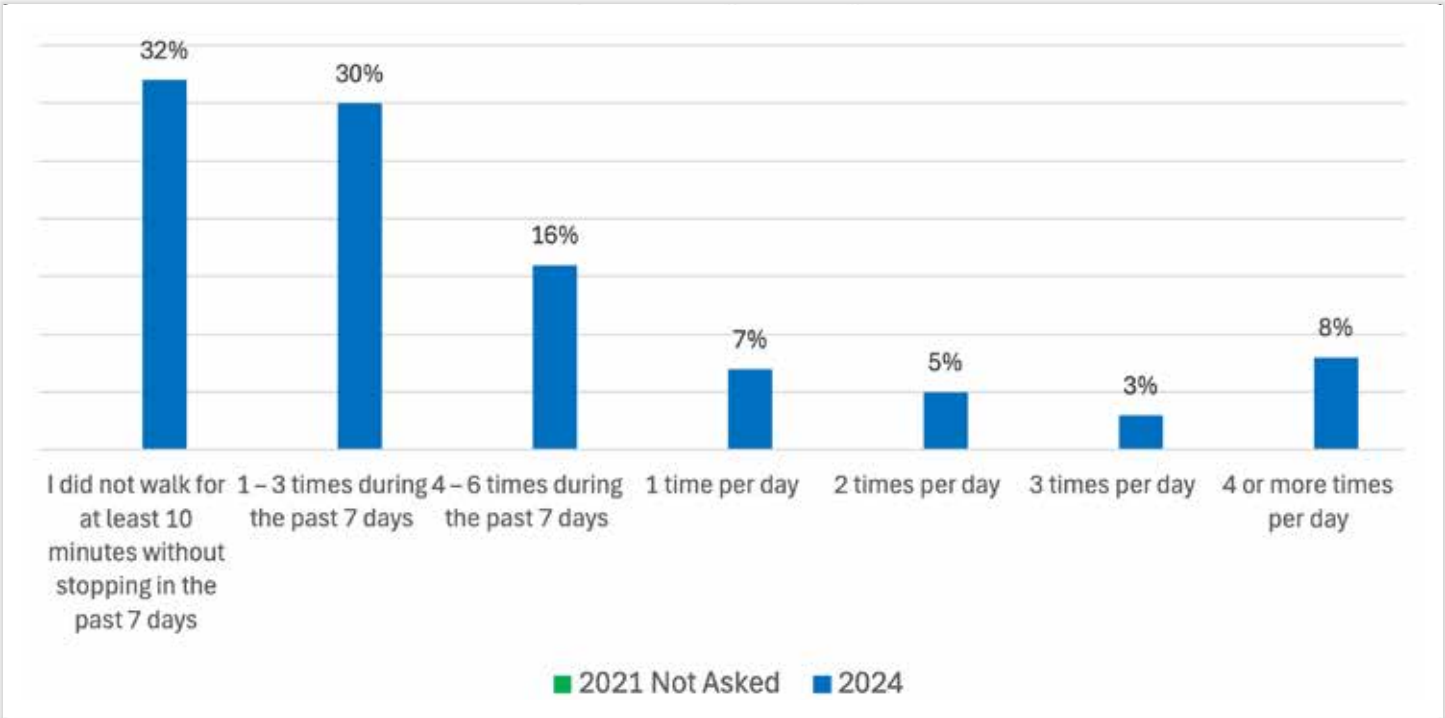


Over the past 7 days, how many days were you physically active for a total of at least 30 minutes?	*2021*	*2024*
0 days	13%	18%
1 day	8%	11%
2 days	12%	15%
3 days	15%	15%
4 days	9%	8%
5 days	13%	10%
6 days	6%	4%
7 days	25%	18%
Total Answered	982	775
Skipped	74	176

Physical activity habits among respondents from 2021 to 2024 reveals concerning trends in overall engagement in regular exercise. The percentage of individuals who reported being active five or more days a week significantly decreased from 44% in 2021 to just 32% in 2024, indicating a substantial decline in consistent physical activity. Similarly, those active three to four days a week saw a slight decrease from 24% to 23%.

In contrast, the proportion of respondents active only one or two days a week increased from 20% in 2021 to 26% in 2024. This shift suggests that more individuals are engaging in minimal physical activity rather than maintaining a regular exercise routine. Additionally, the percentage of respondents who reported being inactive (0 days) rose from 13% to 18%, further highlighting a decline in physical activity levels.

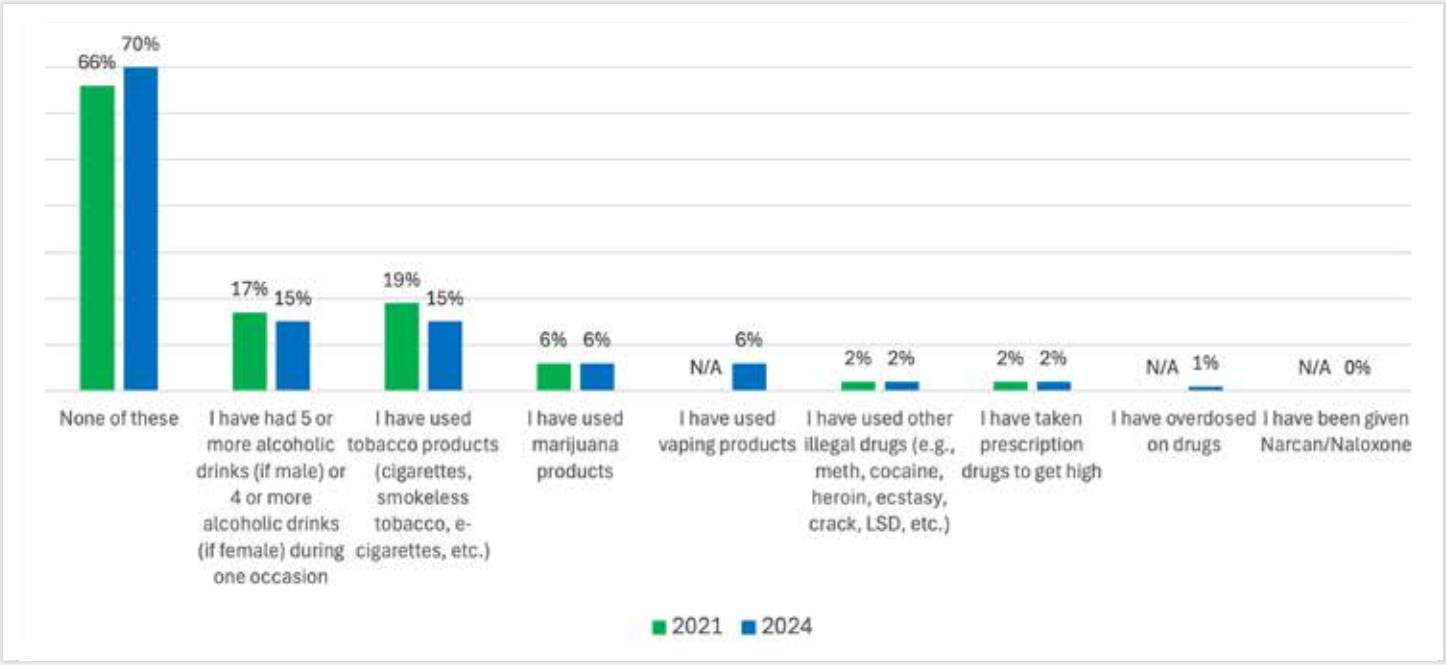
During the past 7 days, how many times did you walk for at least 10 minutes without stopping?



During the past 7 days, how many times did you walk for at least 10 minutes without stopping?	*2021 Not Asked*	*2024*
I did not walk for at least 10 minutes without stopping in the past 7 days		32%
1 – 3 times during the past 7 days		30%
4 – 6 times during the past 7 days		16%
1 time per day		7%
2 times per day		5%
3 times per day		3%
4 or more times per day		8%
Total Answered		763
Skipped		188

32% of respondents did not walk for at least 10 minutes in the past week, indicating significant inactivity. 30% of respondents walked 1 to 3 times per week. About 16% walked 4 to 6 times per week. Daily walking was less frequent, with 7% walking once per day, 5% twice per day, and 3% three times per day. Additionally, 8% walked four or more times daily.

During the past 30 days: (Check all that apply)



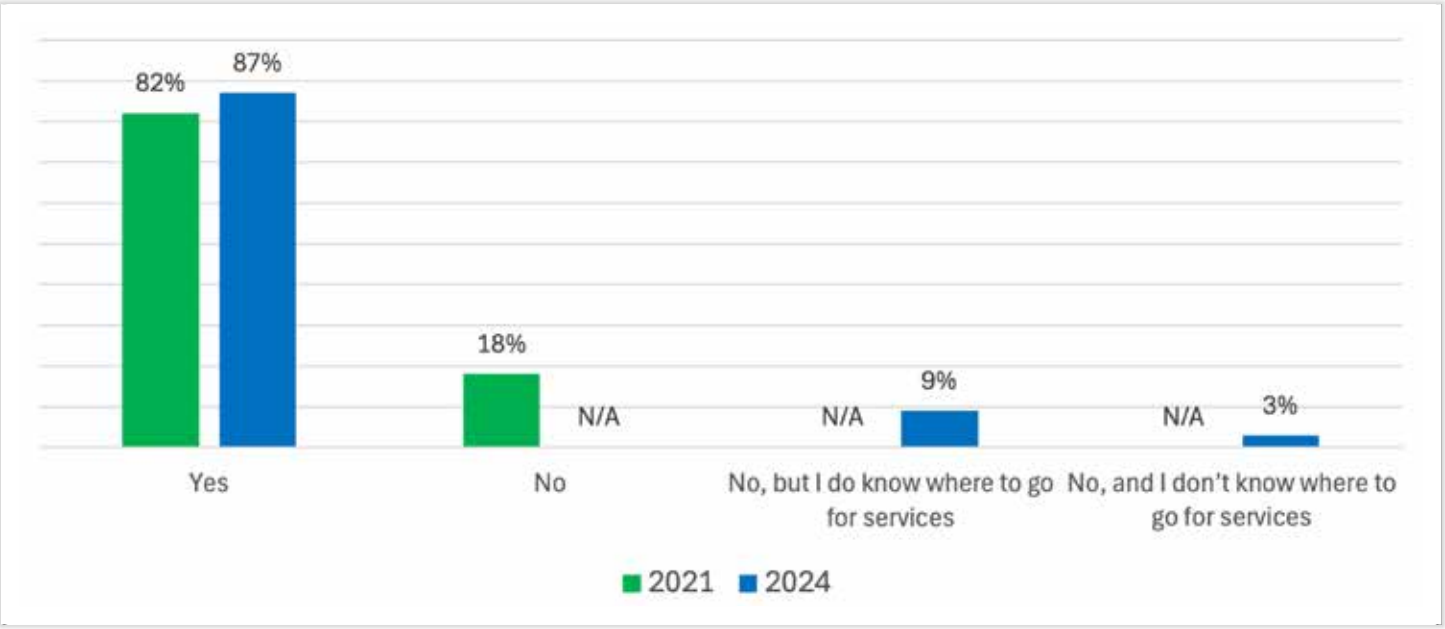
During the past 30 days: (Check all that apply)	*2021*	*2024*
None of these	66%	70%
I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion	17%	15%
I have used tobacco products (cigarettes, smokeless tobacco, e-cigarettes, etc.)	19%	15%
I have used marijuana products	6%	6%
I have used vaping products	N/A	6%
I have used other illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)	2%	2%
I have taken prescription drugs to get high	2%	2%
I have overdosed on drugs	N/A	1%
I have been given Narcan/Naloxone	N/A	0%
Total Answered	950	733
Skipped	106	218

Respondents were asked about their alcohol, tobacco, and substance use over the past 30 days, with new questions in 2024 addressing vaping, drug overdoses, and the administration of Narcan/Naloxone. Binge drinking declined from 2021, with 17% of respondents in 2021 reporting they had 5 or more drinks (if male) or 4 or more drinks (if female) during one occasion, compared to just 15% in 2024. There was also a decrease in the use of tobacco products, with 19% of respondents in 2021 reporting use compared to 15% in 2024. Marijuana use remained unchanged at 5% across both years. In 2024, new questions revealed that 6% of respondents used vaping products, while 2% reported using other illegal drugs or taking prescription drugs to get high. Additionally, 1% of respondents reported experiencing a drug overdose, though 0% reported receiving Narcan/Naloxone.

ACCESS AND UTILIZATION OF SERVICES

Survey respondents were asked about their use of medical, dental, and mental health, alcohol use, or drug use services. In the 2021 survey, respondents were asked to indicate their use of services by answering simple "yes" or "no" questions. For 2024, these questions were restructured to provide more detailed insights. Instead of merely selecting "no," respondents could specify whether they knew where to access services. This change explains the absence of a straightforward "no" option in the 2024 results, as responses were divided into more specific categories. This adjustment offers a nuanced understanding of barriers to service access.

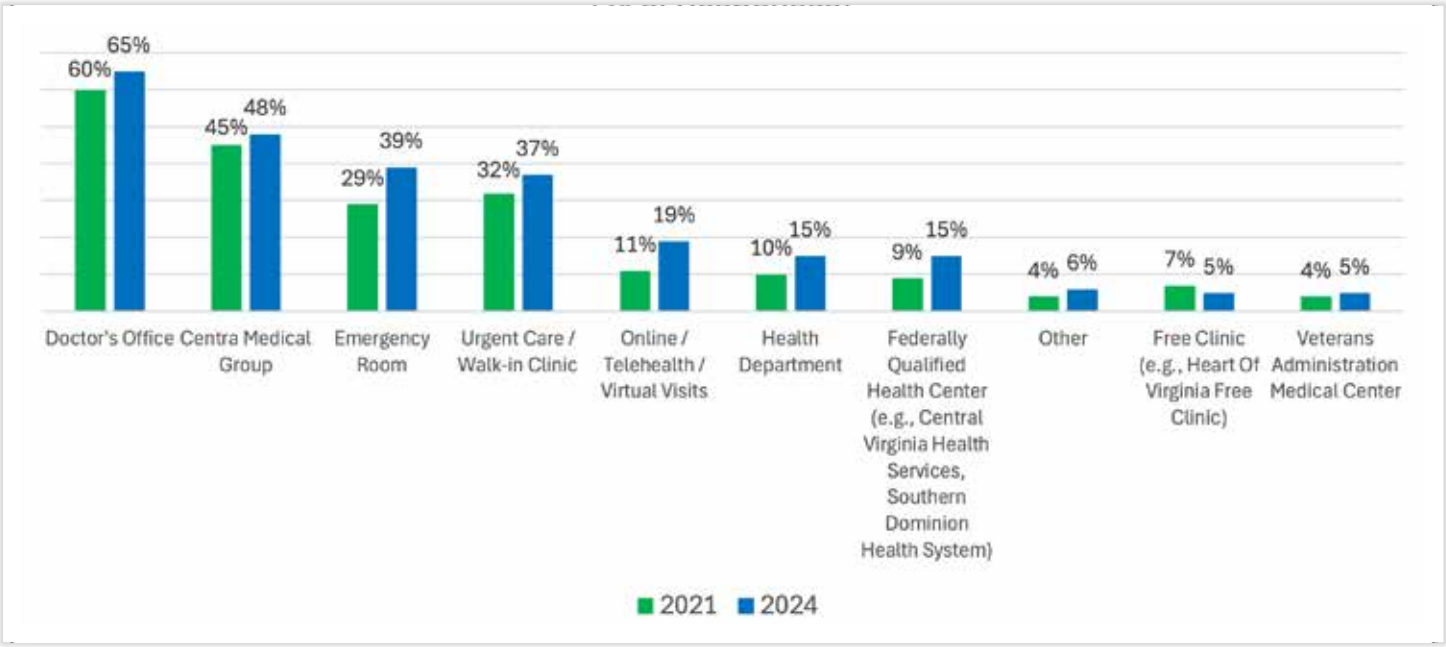
Do you use medical care services?



Do you use medical care services?	*2021*	*2024*
Yes	82%	87%
No	18%	N/A
No, but I do know where to go for services	N/A	9%
No, and I don't know where to go for services	N/A	3%
Total Answered	605	792
Skipped	233	159

The proportion of respondents using medical services grew from 82% in 2021 to 87% in 2024. In 2021, 18% had indicated they didn't use medical services. By 2024, this was broken down further: 9% knew where services were available but didn't use them, while 3% were unsure where to go for services.

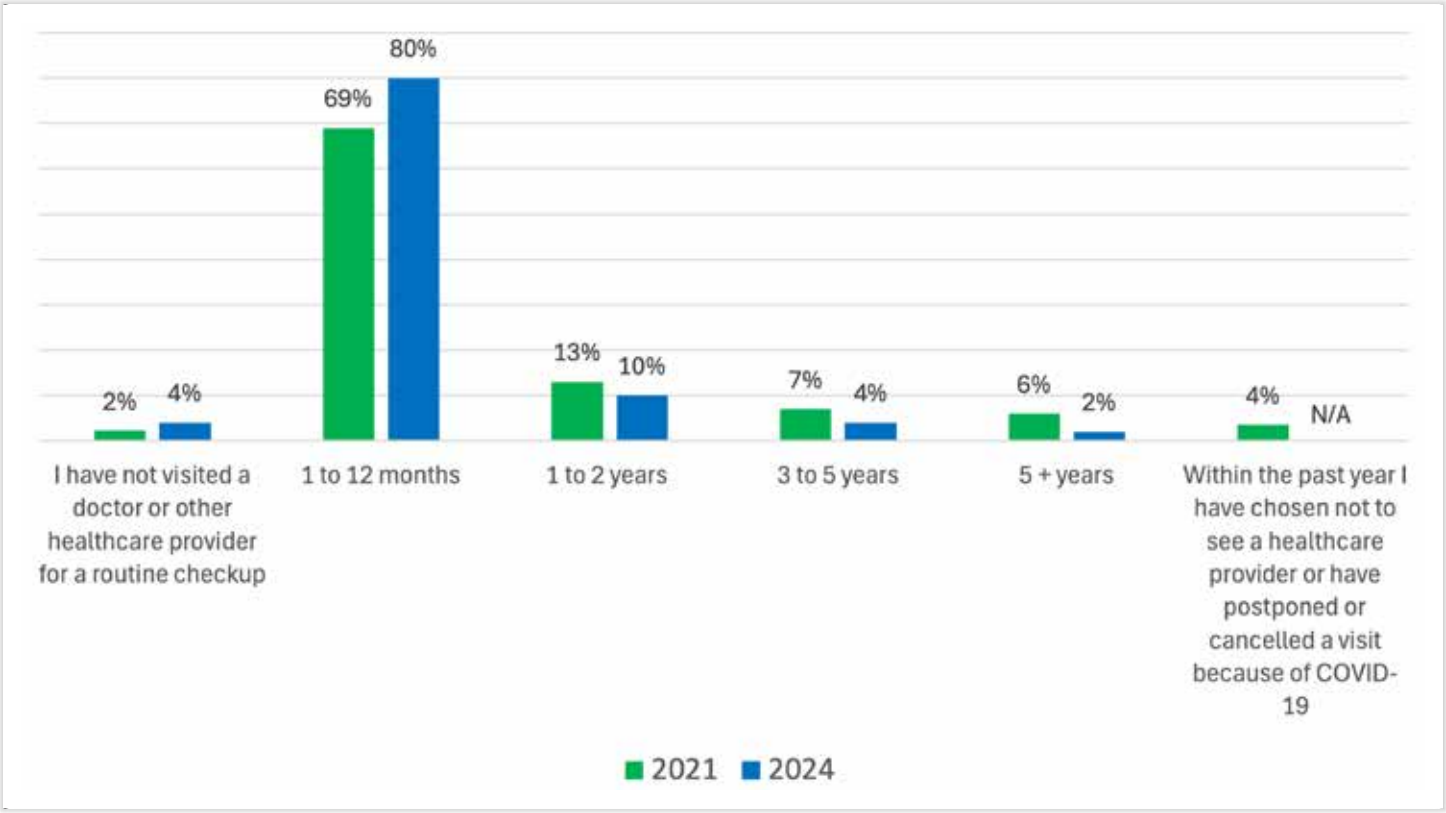
Please check all the medical care services you use.



Please check all the medical care services you use.	*2021*	*2024*
Doctor's Office	60%	65%
Centra Medical Group	45%	48%
Emergency Room	29%	39%
Urgent Care / Walk-in Clinic	32%	37%
Online / Telehealth / Virtual Visits	11%	19%
Health Department	10%	15%
Federally Qualified Health Center (e.g., Central Virginia Health Services, Southern Dominion Health System)	9%	15%
Other	4%	6%
Free Clinic (e.g., Heart of Virginia Free Clinic)	7%	5%
Veterans Administration Medical Center	4%	5%
Total Answered	883	699
Skipped	173	159

When asked what type of medical services they use, the generic "Doctor's Office" was the top response in 2024 (65%). Urgent care or walk-in clinic visits rose to 37%, up from 32% in 2021, while emergency room use increased significantly from 29% to 39%. Visits to the region's Federally Qualified Health Centers (FQHCs) also grew, from 9% in 2021 to 15% in 2024. Additionally, the use of online/telehealth services increased slightly, from 11% in 2021 to 19% in 2024.

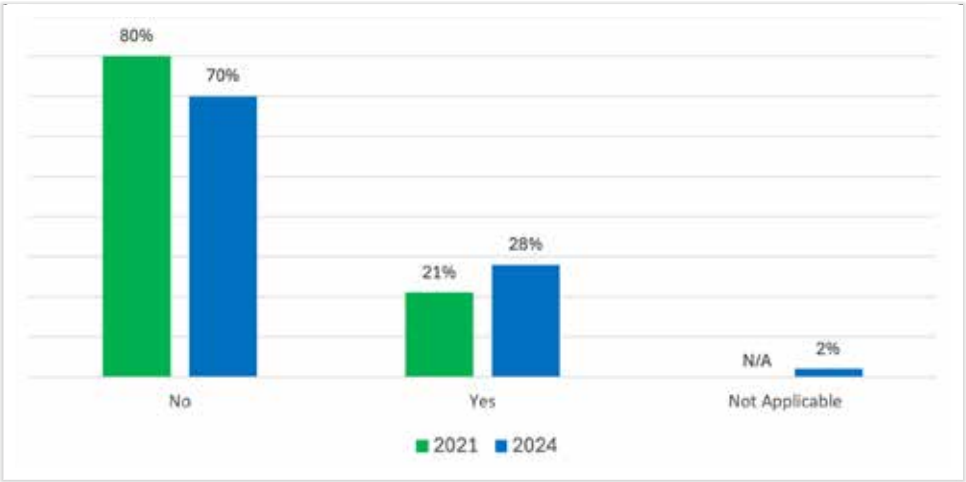
How long has it been since you last visited a doctor or other healthcare provider for a routine checkup?



How long has it been since you last visited a doctor or other healthcare provider for a routine checkup?	*2021*	*2024*
I have not visited a doctor or other healthcare provider for a routine checkup	2%	4%
1 to 12 months	69%	80%
1 to 2 years	13%	10%
3 to 5 years	7%	4%
5 + years	6%	2%
Within the past year I have chosen not to see a healthcare provider or have postponed or cancelled a visit because of COVID-19	4%	N/A
Total Answered	1,054	757
Skipped	49	194

The number of respondents indicating that they last visited a healthcare provider for a routine check-up within the past year increased dramatically from 69% in 2021 to 80% in 2024. The number of respondents who had not visited a healthcare provider for a routine check-up within the past five years decreased from 6% in 2021 to 2% in 2024. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 4% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

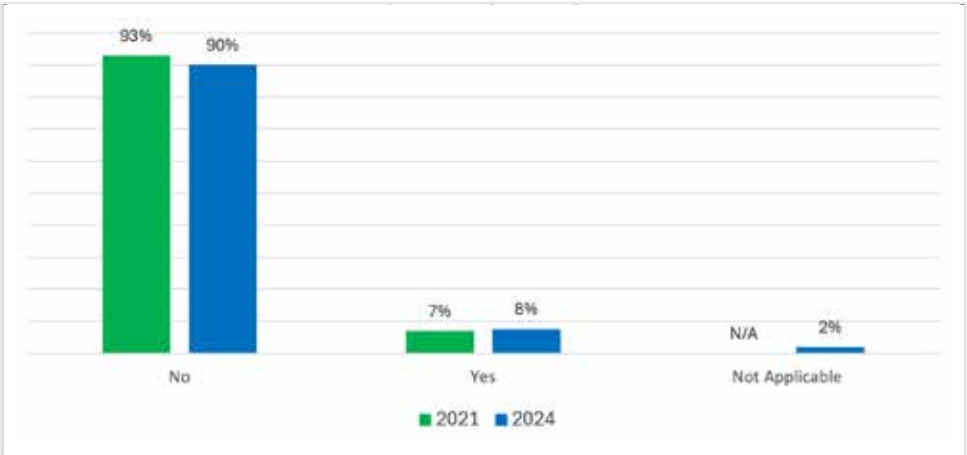
I have been to the emergency room in the past 12 months.



I have been to the emergency room in the past 12 months.	*2021*	*2024*
No	80%	70%
Yes	21%	28%
Not Applicable	N/A	2%
Total Answered	1,004	770
Skipped	52	181

The percentage of respondents who reported visiting the Emergency Room (ER) in the past 12 months increased from 21% in 2021 to 28% in 2024. Conversely, those who had not visited the ER dropped from 80% in 2021 to 70% in 2024.

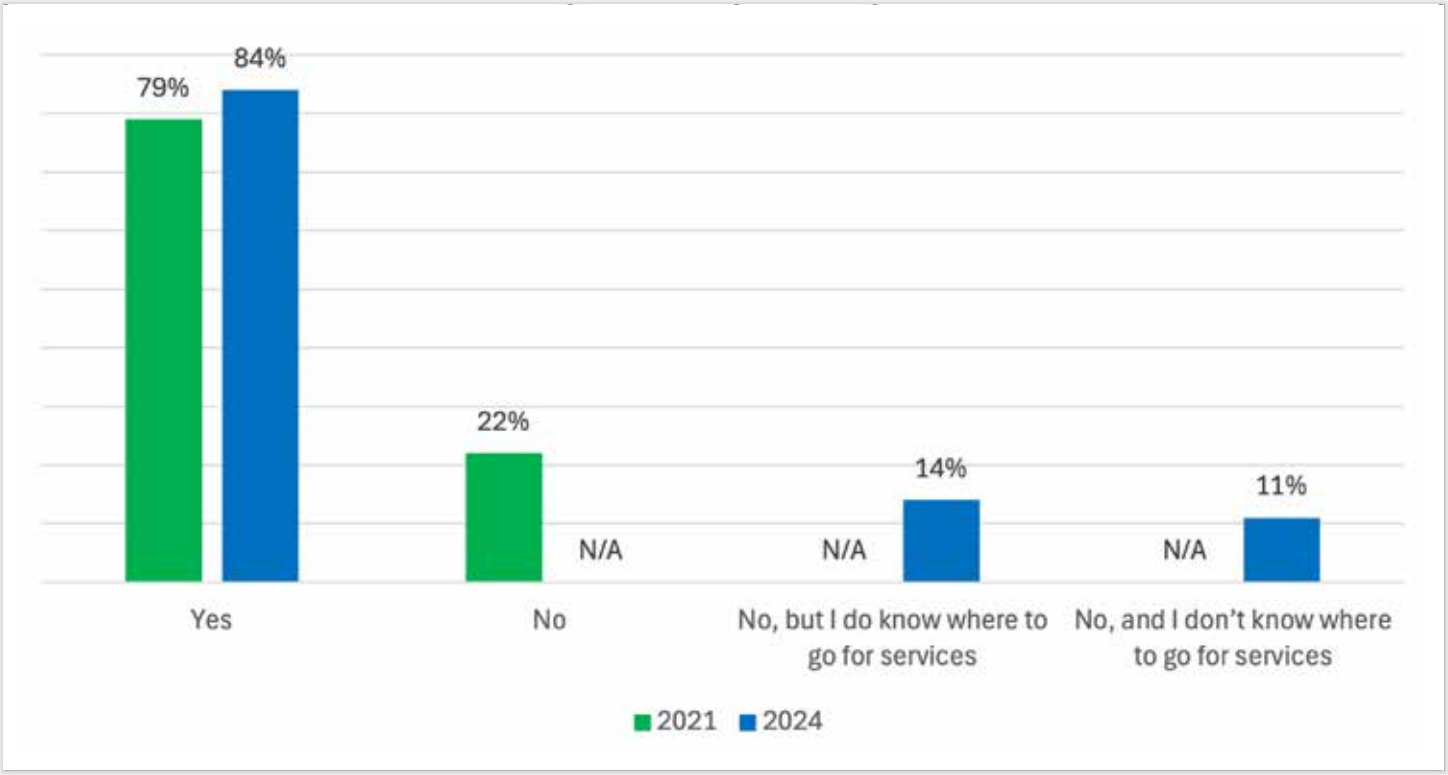
I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).



I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).	*2021*	*2024*
No	93%	90%
Yes	7%	8%
Not Applicable	N/A	2%
Total Answered	999	765
Skipped	57	186

In 2024, 8% of respondents reported visiting the emergency room for an injury in the past year, up from 7% in 2021. The percentage of those who indicated they had not gone to the emergency room for injuries dropped from 93% in 2021 to 90% in 2024.

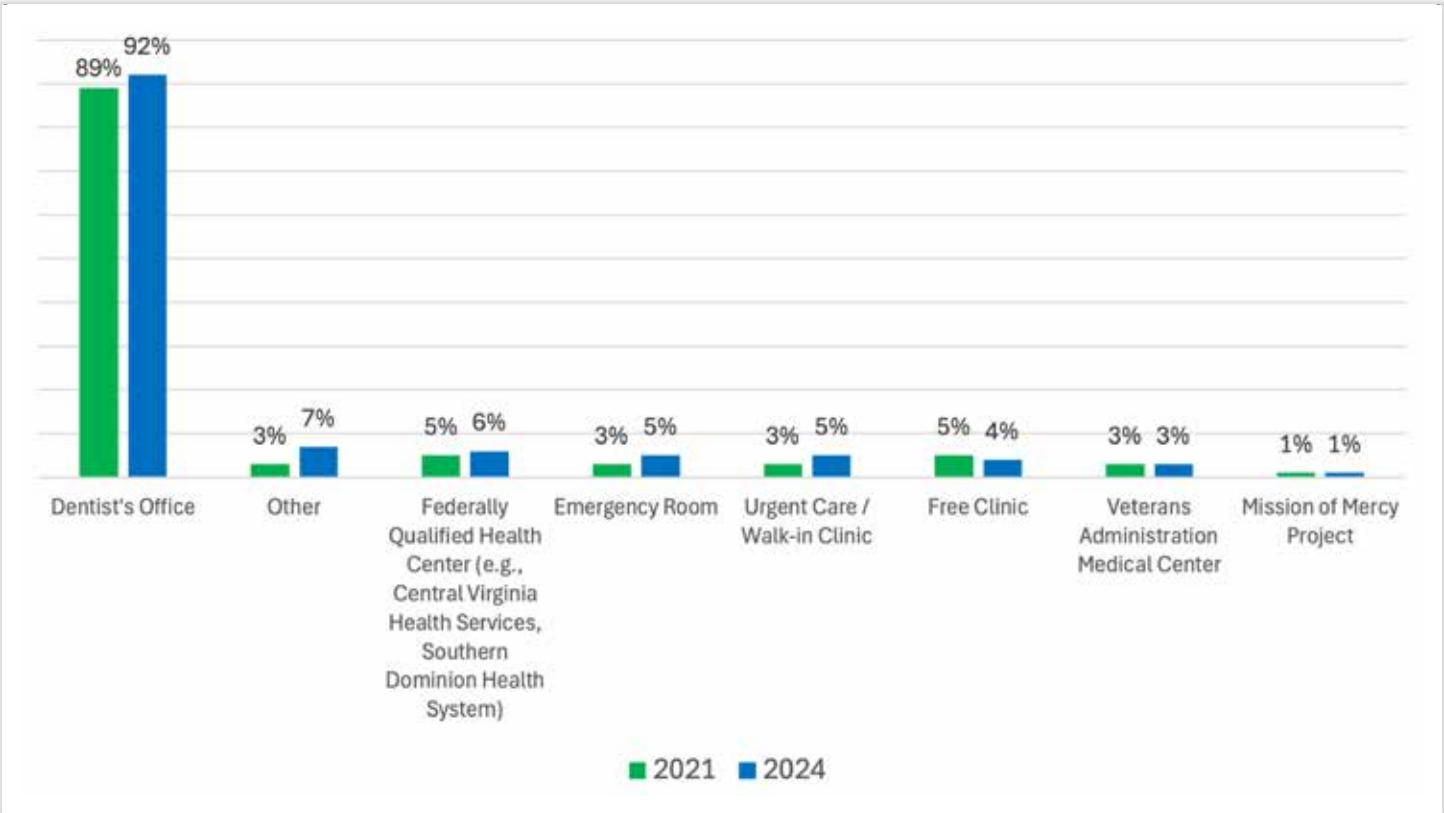
Do you use dental care services?



Do you use dental care services?	*2021*	*2024*
Yes	79%	84%
No	22%	N/A
No, but I do know where to go for services	N/A	14%
No, and I don't know where to go for services	N/A	11%
Total Answered	822	784
Skipped	234	167

The number of respondents indicating that they use dental care services increased from 79% in 2021 to 84% in 2024. In 2021, 22% answered "no". For 2024, this was broken down further: 14% reported not using services but knowing where to go, while 11% said they did not know where to go for assistance.

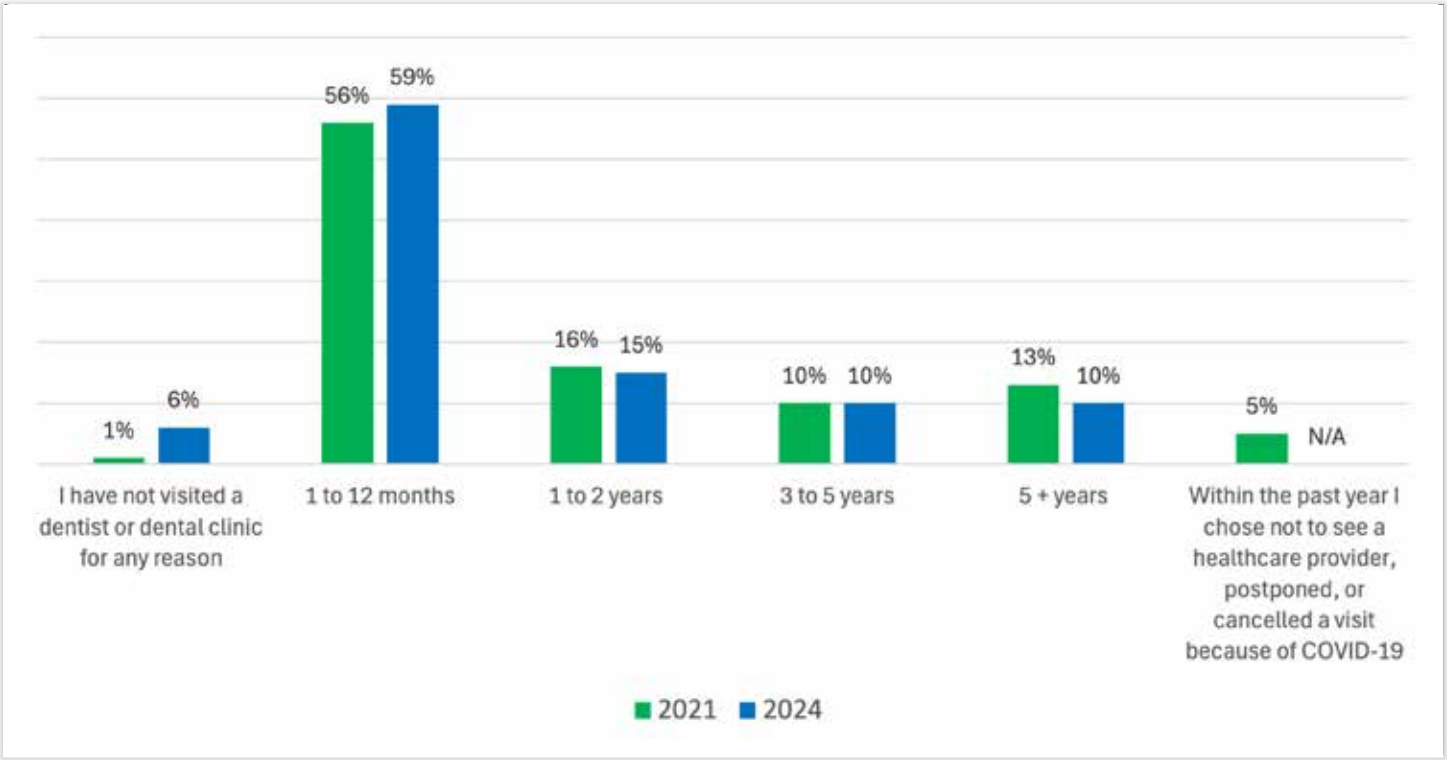
Please check all the dental care services you use.



Please check all the dental care services you use.	*2021*	*2024*
Dentist's Office	89%	92%
Other	3%	7%
Federally Qualified Health Centers (e.g., Central Virginia Health Services, Southern Dominion Health System)	5%	6%
Emergency Room	3%	5%
Urgent Care / Walk-in Clinic	3%	5%
Free Clinic	5%	4%
Veterans Administration Medical Center	3%	3%
Mission of Mercy Project	1%	1%
Total Answered	843	589
Skipped	213	167

Respondents were asked what type of dental services they use. The number of respondents selecting the generic response "Dentist's Office" rose slightly from 89% in 2021 to 92% in 2024. The use of "Free Clinic" for dental services decreased in 2024 to 4% from 5% in 2021. Respondents using Federally Qualified Health Centers (e.g., Central Virginia Health Services or Southern Dominion Health System) increased, from 5% in 2021 to 6% in 2024. Respondents using other dental care services comprised 7% of responses, up from 3% in 2021.The use of emergency rooms and urgent care dental care services increased from 3% in 2021 to 5%.

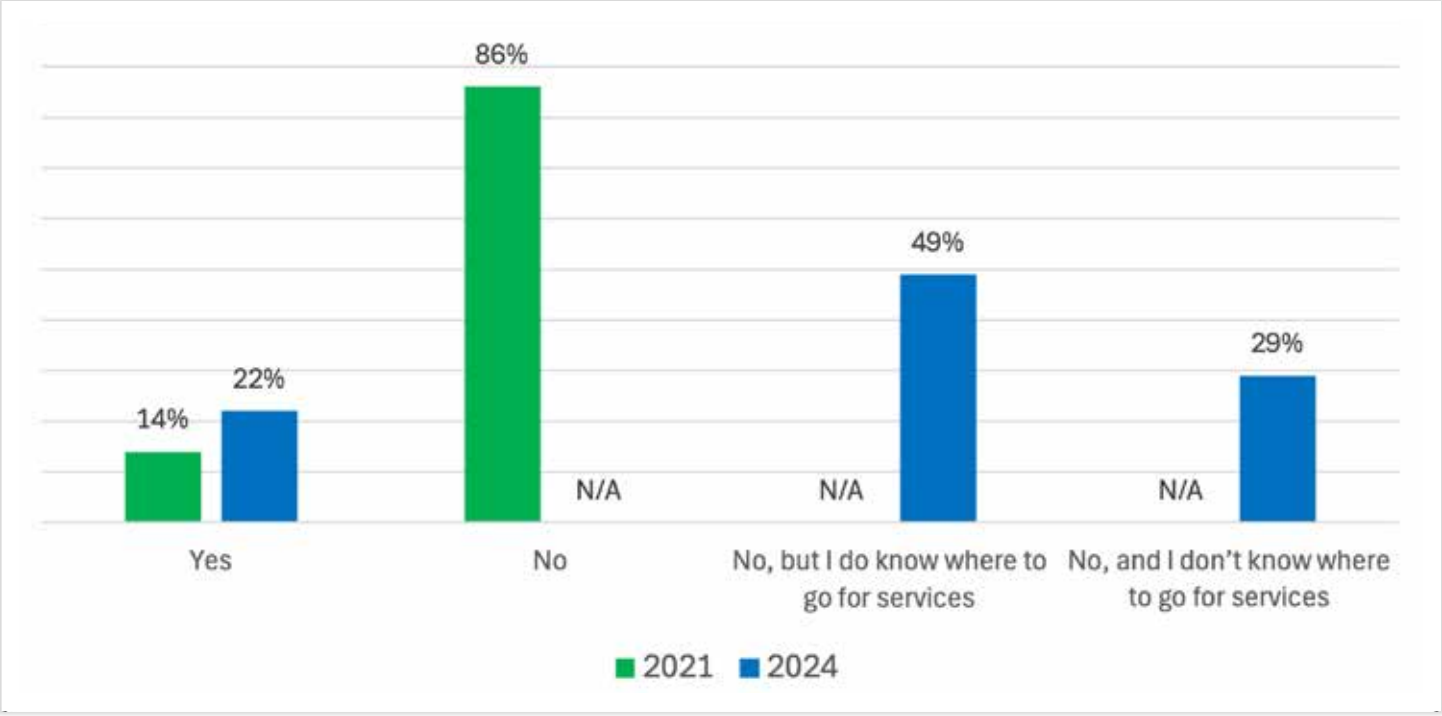
How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist).



How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist).	*2021*	*2024*
I have not visited a dentist or dental clinic for any reason	1%	6%
1 to 12 months	56%	59%
1 to 2 years	16%	15%
3 to 5 years	10%	10%
5 + years	13%	10%
Within the past year I chose not to see a healthcare provider, postponed, or cancelled a visit because of COVID-19	5%	N/A
Total Answered	1,055	767
Skipped	49	184

The percentage of respondents who visited a dentist or dental clinic in the last 12 months rose from 56% in 2021 to 59% in 2024. There was a slight decrease in those reporting they had not visited a dentist or dental clinic in the past two years, from 16% in 2021 to 15% in 2024. The proportion of individuals who had not seen a dentist in 3 to 5 years remained stable at 10% for both years. However, those who had not visited a dentist in 5 or more years decreased from 13% in 2021 to 10% in 2024. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 5% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

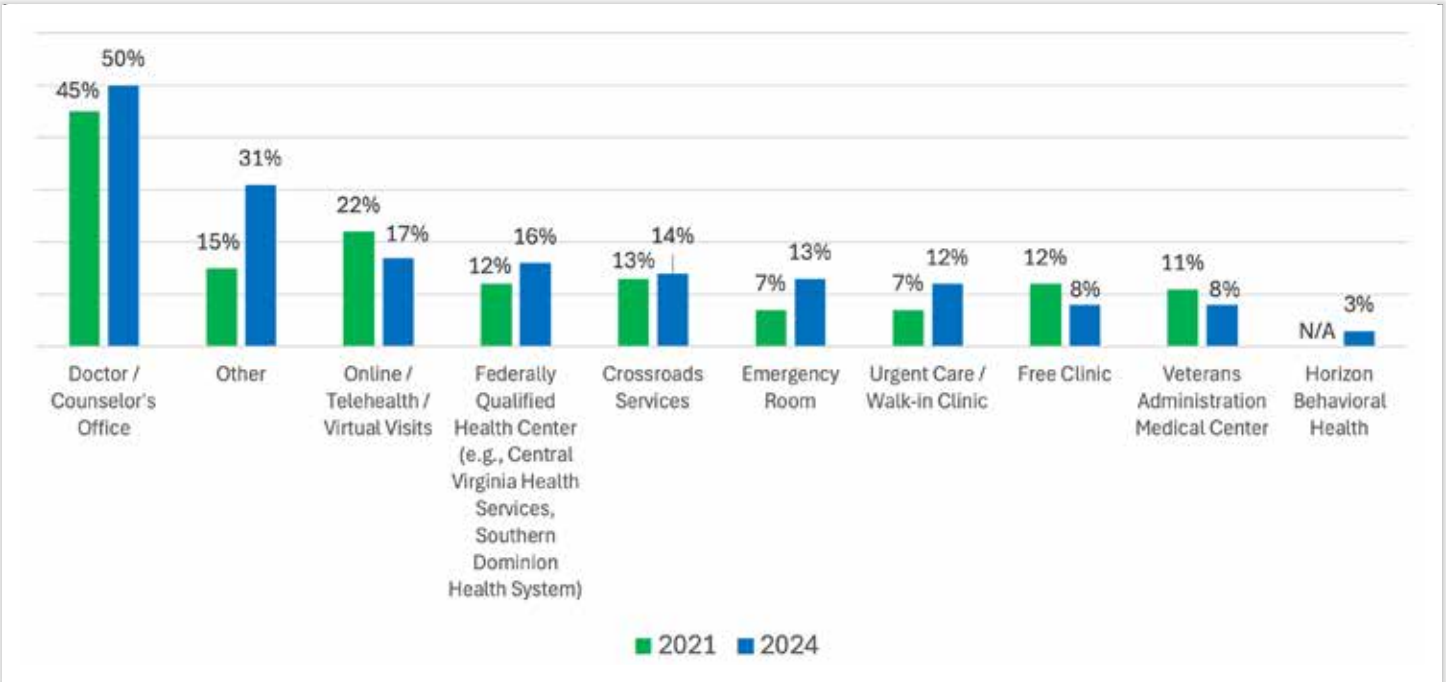
Do you use mental health, alcohol use, or drug use services?



Do you use mental health, alcohol use, or drug use services?	*2021*	*2024*
Yes	14%	22%
No	86%	N/A
No, but I do know where to go for services	N/A	49%
No, and I don't know where to go for services	N/A	29%
Total Answered	945	777
Skipped	111	174

The percentage of respondents using mental health, alcohol, or drug use services increased from 14% in 2021 to 22% in 2024. In 2021, 86% answered "no". For 2024, this was broken down further: 49% reported not using services but knowing where to go, while 29% said they did not know where to go for assistance.

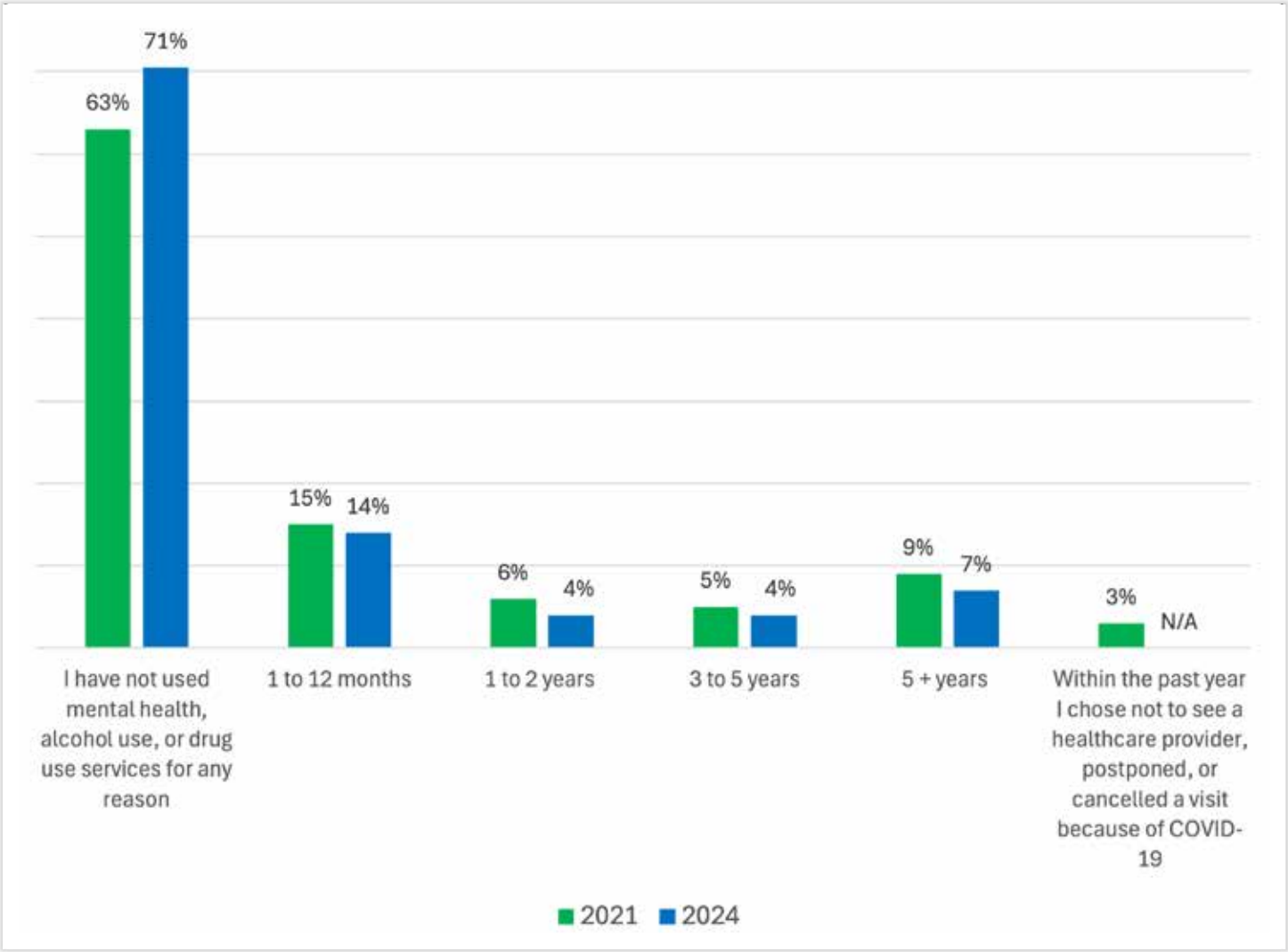
Please check all the mental health, alcohol use, or drug use services you use.



Please check all the mental health, alcohol use, or drug use services you use.	*2021*	*2024*
Doctor / Counselor's Office	45%	50%
Other	15%	31%
Online / Telehealth / Virtual Visits	22%	17%
Federally Qualified Health Center (e.g., Central Virginia Health Services, Southern Dominion Health System)	12%	16%
Crossroads Services	13%	14%
Emergency Room	7%	13%
Urgent Care / Walk-in Clinic	7%	12%
Free Clinic	12%	8%
Veterans Administration Medical Center	11%	8%
Horizon Behavioral Health	N/A	3%
Total Answered	218	173
Skipped	**832**	**174**

The percentage of respondents utilizing a "Doctor or Counselor's Office" for services increased from 45% in 2021 to 50% in 2024. Conversely, the use of online/telehealth/virtual visits declined from 22% to 17%, and the use of Free Clinics dropped from 12% to 8% during the same period. However, those accessing Federally Qualified Health Centers (FQHCs) rose from 12% in 2021 to 16% in 2024. Emergency room visits for mental health or substance use services also saw an increase, rising from 7% to 13%. Additionally, the category of "Other" services reported a significant rise, with usage doubling from 15% in 2021 to 31% in 2024, indicating a broader array of care options being sought. Meanwhile, visits to the Veterans Administration Medical Center decreased from 11% to 8%.

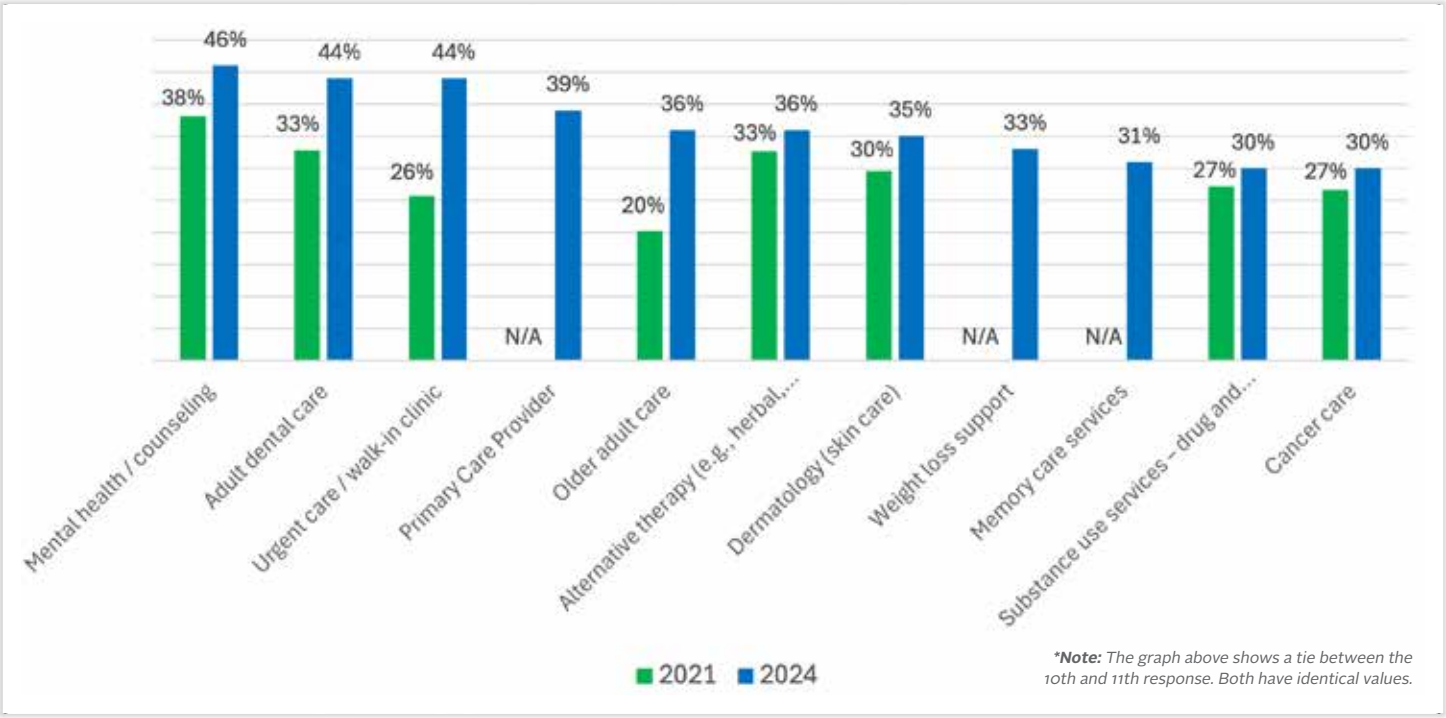
How long has it been since you last used mental health, alcohol use, or drug use services for any reason?



How long has it been since you last used mental health, alcohol use, or drug use services for any reason?	*2021*	*2024*
I have not used mental health, alcohol use, or drug use services for any reason	63%	71%
1 to 12 months	15%	14%
1 to 2 years	6%	4%
3 to 5 years	5%	4%
5 + years	9%	7%
Within the past year, I chose not to see a healthcare provider, postponed or cancelled a visit because of COVID-19	3%	N/A
Total Answered	907	746
Skipped	182	205

In 2024, 71% of respondents reported not using mental health, alcohol, or drug use services, a slight increase from 63% in 2021. Short-term gaps in service use (1-12 months) remained consistent, with 15% in 2021 and 14% in 2024. However, long-term gaps saw a sharp decline, with only 4-7% reporting 1-5 year gaps in 2024, compared to 6% (1-2 years), 5% (3-5 years), and 9% (5+ years) in 2021. The 2021 response option about postponing healthcare visits due to COVID-19, acknowledged by 3% of respondents, was not included in 2024, as pandemic-related restrictions had been largely lifted.

Which healthcare services are hard to get in our community? (Check all that apply) — *Top 10 responses shown*



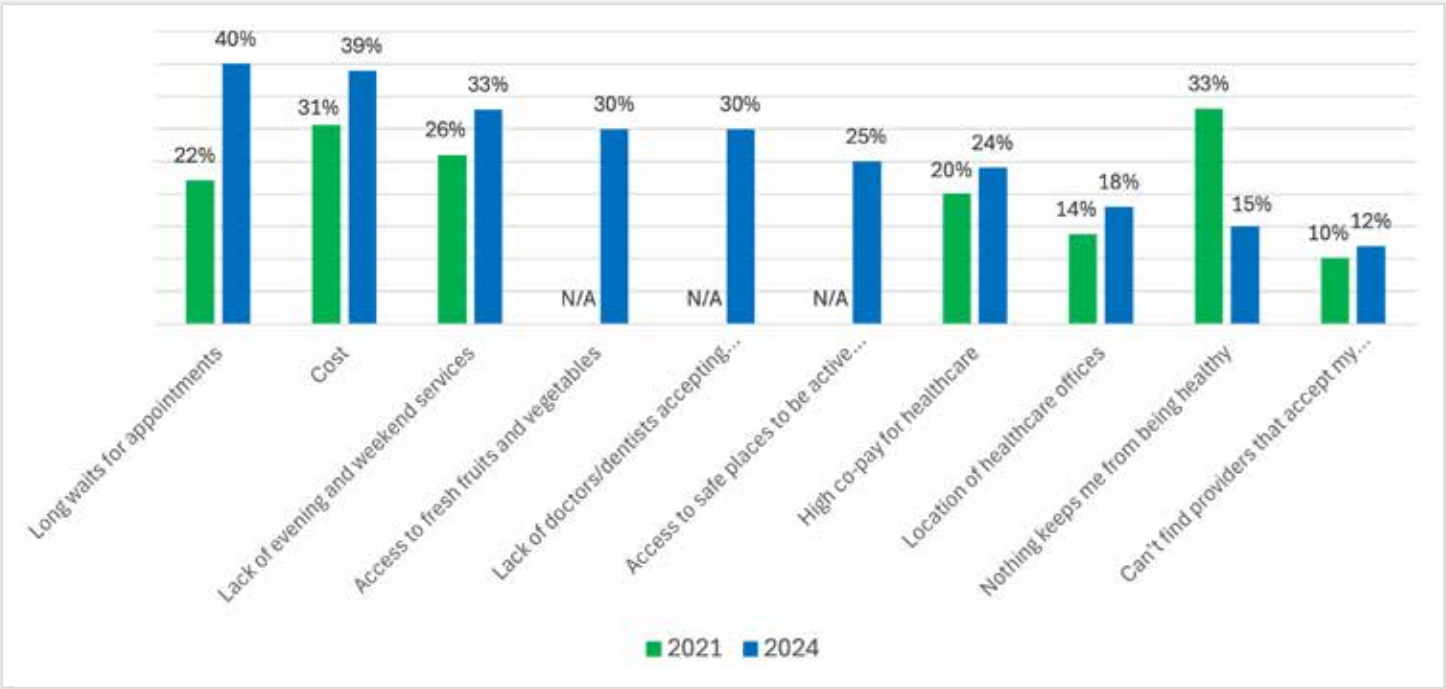
**Note:* *The graph above shows a tie between the 10th and 11th response. Both have identical values.*

In 2024, survey respondents identified significant barriers to accessing healthcare services. Mental health and counseling emerged as the most challenging, with 46% of respondents reporting difficulties, up from 38% in 2021. The survey introduced primary care as a new option, with 39% citing challenges in accessing these services. Access issues for adult dental care increased from 33% to 44%, while difficulties in urgent care nearly doubled from 26% to 44%. Additionally, challenges in accessing older adult care rose from 20% in 2021 to 36% in 2024.

New or revised categories introduced in 2024 included memory care services (31%), weight loss support (33%), exercise professionals (22%), COVID-19/Long COVID care (11%), blood work (13%), and respiratory care (13%).

Which healthcare services are hard to get in our community? (Check all that apply)	*2021*	*2024*
Mental health / counseling	38%	46%
Adult dental care	33%	44%
Urgent care / walk-in clinic	26%	44%
Primary Care Provider	N/A	39%
Older adult care	20%	36%
Alternative therapy (e.g., herbal, acupuncture, massage)	33%	36%
Dermatology (skin care)	30%	35%
Weight loss support	N/A	33%
Memory care services	N/A	31%
Substance use services – drug and alcohol	27%	30%
Cancer care	27%	30%
Vision (eye) care	21%	29%
Domestic violence services	17%	25%
Women's health services	19%	23%
Emergency department care	17%	23%
Prescription medication / medical supplies	12%	22%
Exercise professional	N/A	22%
Child dental care	15%	21%
Programs to stop using tobacco products	20%	20%
Physical therapy or physical rehabilitation	12%	19%
Hospital care (staying overnight)	10%	16%
X-rays / mammograms	12%	15%
Ambulance services	11%	15%
Chiropractic care	11%	14%
End of life / hospice / palliative care	10%	14%
Yearly check-ups	16%	14%
Blood work	N/A	13%
Respiratory (lung) care	N/A	13%
LGBTQIA support	18%	13%
COVID-19 / Long COVID-19 care	N/A	11%
Immunizations (vaccines)	7%	7%
Other	10%	6%
None	5%	2%
COVID-19 has made one or more of the services I selected hard to get	13%	N/A
Specialty care (e.g., heart doctor)	25%	N/A
Lab work	11%	N/A
Total Answered	960	852
Skipped	96	99

What keeps you from being healthy? (Check all that apply) — *Top 10 responses shown*



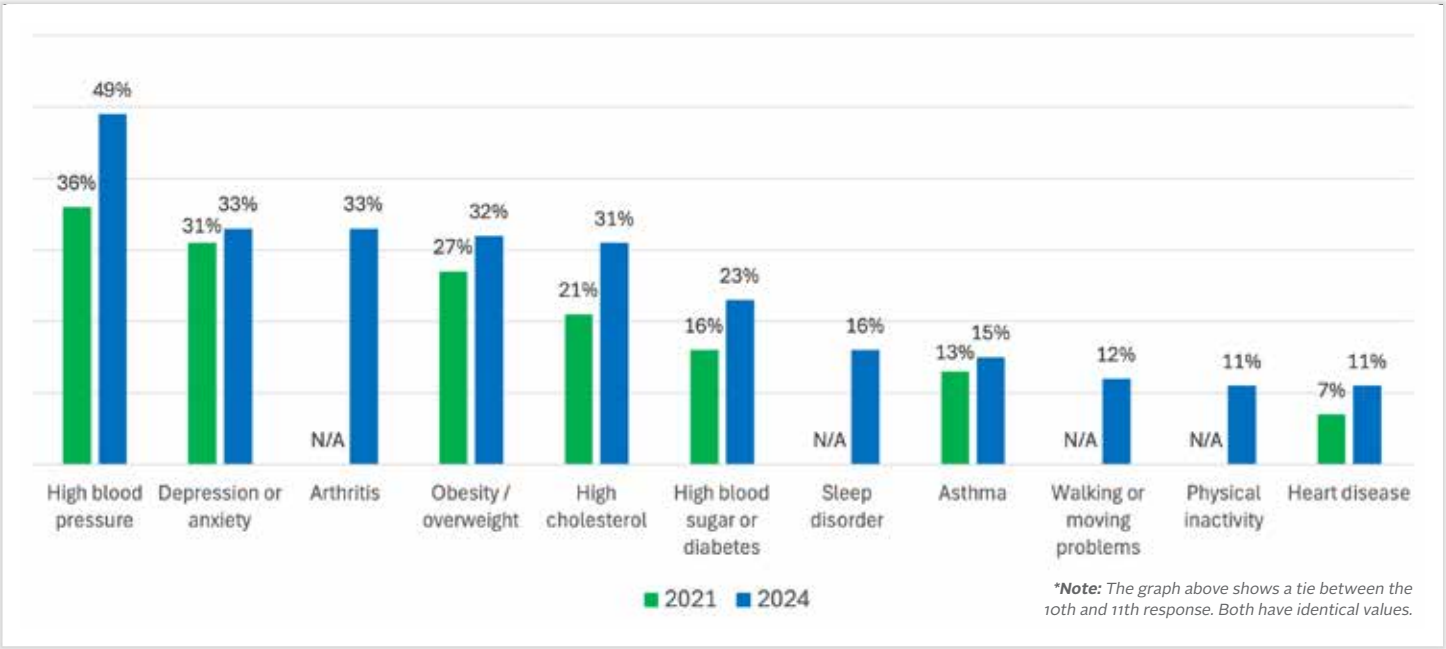
What keeps you from being healthy? (Check all that apply)	*2021*	*2024*
Long waits for appointments	22%	40%
Cost	31%	39%
Lack of evening and weekend services	26%	33%
Access to fresh fruits and vegetables	N/A	30%
Lack of doctors/dentists accepting new patients	N/A	30%
Access to safe places to be active outside (parks, sidewalks)	N/A	25%
High co-pay for healthcare	20%	24%
Location of healthcare offices	14%	18%
Nothing keeps me from being healthy	33%	15%
Can't find providers that accept my insurance	10%	12%
No transportation	6%	11%
No health insurance	9%	9%
Don't trust doctors / clinics	N/A	9%
Other	6%	9%
Afraid to have check-ups	9%	8%
Have no regular source of healthcare	9%	7%
Childcare	5%	7%
Unable to learn about medical condition because of difficulty understanding spoken or written information	N/A	6%
Don't trust my insurance to help	N/A	6%
Don't like accepting government assistance	7%	4%
Language services (access to interpreter)	2%	3%
Don't trust doctors / clinics / my insurance	7%	N/A
Don't know what type of services are available	14%	N/A
Total Answered	931	788
Skipped	125	163

The 2024 survey data reveals notable changes in reported health barriers compared to 2021. "Long waits for appointments" saw a significant rise, nearly doubling from 22% in 2021 to 40% in 2024, while concerns about "Cost" increased from 31% to 39%, underscoring growing issues with access and affordability. Additionally, 33% of respondents cited a "Lack of evening and weekend services," pointing to a need for more flexible healthcare options.

Fewer respondents reported "No regular source of healthcare" (dropping from 9% to 7%). New barriers introduced in 2024 included "Lack of doctors/dentists accepting new patients" (30%), "Access to fresh fruits and vegetables" (30%), and "Access to safe places to be active outside" (25%). Meanwhile, the number of respondents who stated that nothing prevents them from being healthy dropped significantly from 33% in 2021 to 15% in 2024.

The option "Don't trust doctor/clinics/my insurance" was split in 2024 into "Don't trust my insurance to help" (6%) and "Don't trust doctors/clinics" (9%), The response option "Don't know what services are available" was removed from the 2024 survey.

Have you been told by a doctor that you have... (Check all that apply) — *Top 10 responses shown*



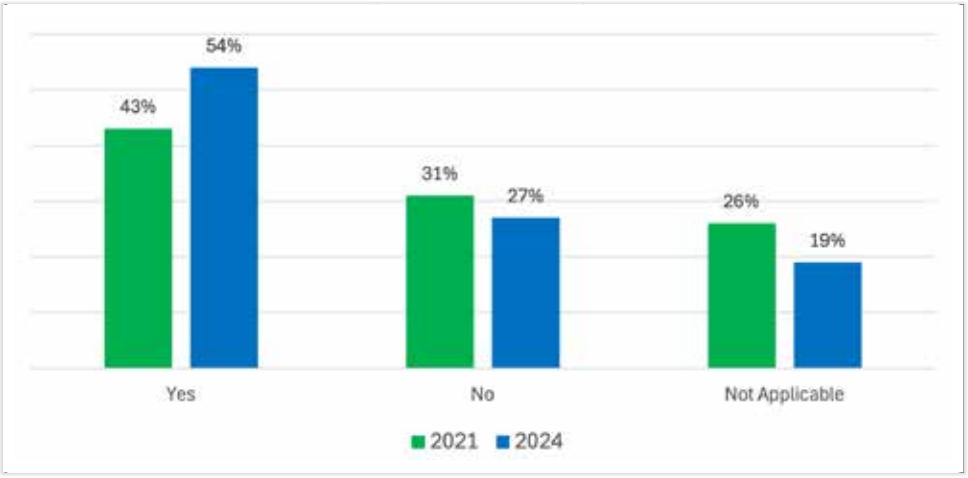
***Note:** The graph above shows a tie between the 10th and 11th response. Both have identical values.*

Have you been told by a doctor that you have... (Check all that apply)	*2021*	*2024*
High blood pressure	36%	49%
Depression or anxiety	31%	33%
Arthritis	N/A	33%
Obesity / overweight	27%	32%
High cholesterol	21%	31%
High blood sugar or diabetes	16%	23%
Sleep disorder	N/A	16%
Asthma	13%	15%
Walking or moving problems	N/A	12%
Physical inactivity	N/A	11%
Heart disease	7%	11%
None of these	21%	9%
Cancer	6%	8%
Mental health problems	9%	8%
Other	9%	7%
Stroke / cerebrovascular disease	3%	3%
Eating disorder	N/A	3%
Long COVID-19	N/A	2%
Drug or alcohol problems	3%	2%
Alzheimer's / Dementia	N/A	2%
HIV / AIDS	1%	1%
Cerebral palsy	0%	1%
Sexually transmitted infections	N/A	1%
Total Answered	953	795
Skipped	103	156

The 2024 survey highlights important shifts in diagnosed health conditions. Reports of "High blood pressure" increased from 36% to 49%, and "High cholesterol" rose from 21% to 31%. "Obesity/overweight" also saw a rise, from 27% to 32%, emphasizing growing weight-related health concerns. In contrast, those stating "None of these" dropped significantly from 21% to 9%. Respondents with "Depression or anxiety" increased from 31% in 2021 to 33% in 2024.

Newly added conditions like "Long COVID-19" and "Alzheimer's/Dementia" were each reported by 2% of respondents. Other newly reported conditions in 2024 included "Arthritis" (33%), "Sleep disorder" (16%), "Physical inactivity" (11%), "Walking or moving problems" (12%), "Eating disorder" (3%), and "Sexually transmitted infections" (1%).

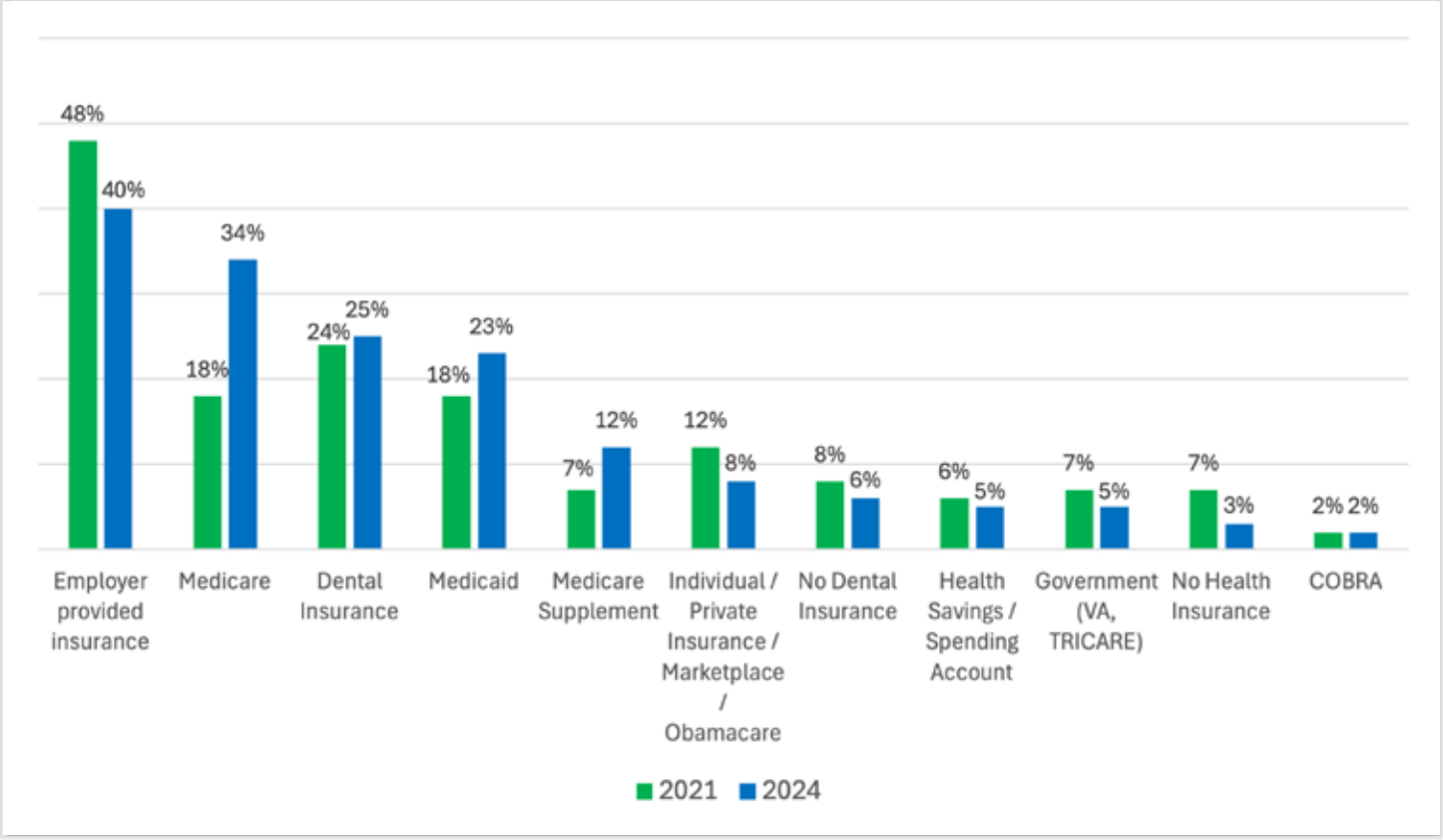
I take the medicine my doctor tells me to take to control my chronic illness.



I take the medicine my doctor tells me to take to control my chronic illness.	*2021*	*2024*
Yes	43%	54%
No	31%	27%
Not Applicable	26%	19%
Total Answered	976	751
Skipped	80	200

Respondents were asked whether they take the medicine their doctor prescribes to manage their chronic illness. In 2024, 54% reported taking their prescribed medications, up from 43% in 2021. Those who did not follow their prescribed treatment decreased from 31% in 2021 to 27% in 2024. The percentage of respondents who found the question "not applicable" decreased slightly from 26% to 19%.

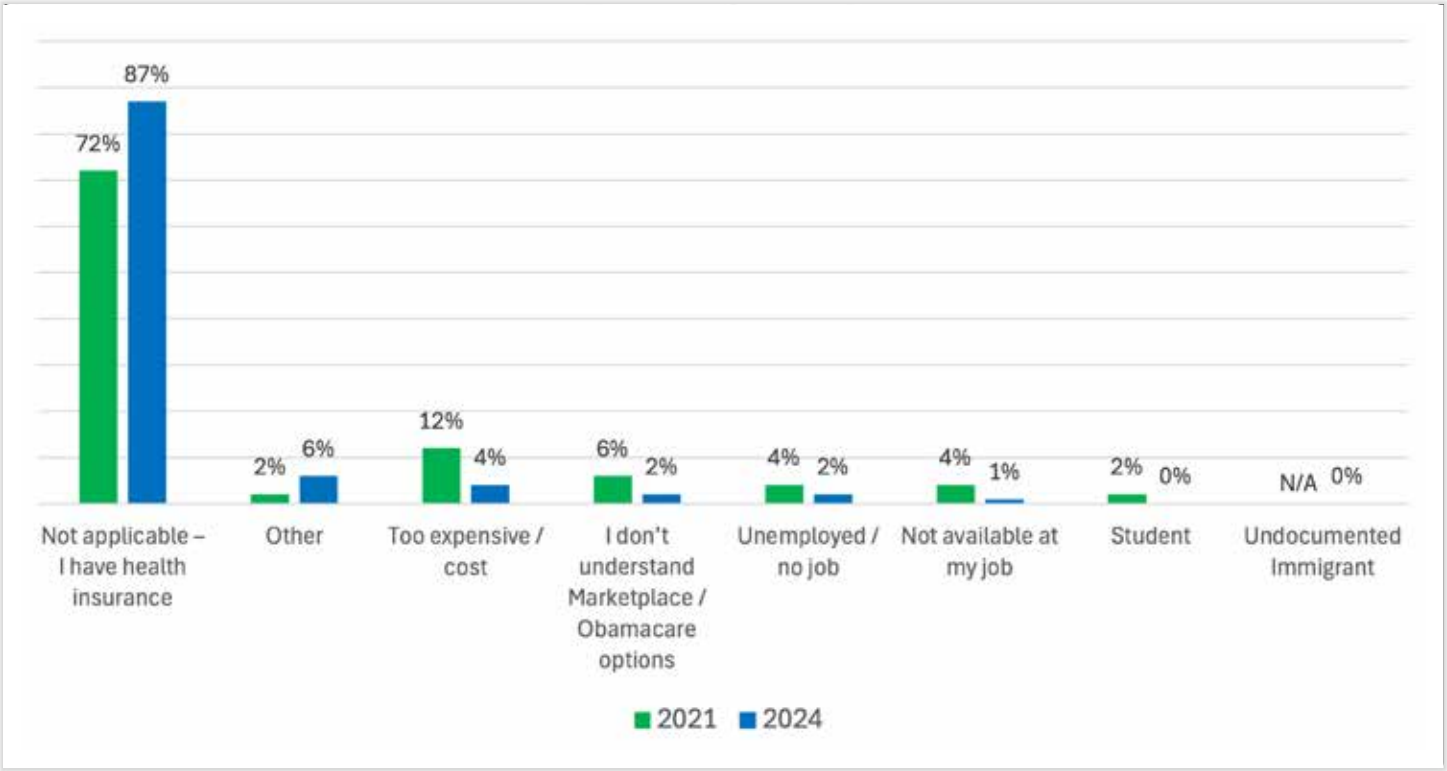
Which of the following describes your current type of health insurance? (Check all that apply)



Which of the following describes your current type of health insurance? (Check all that apply)	*2021*	*2024*
Employer provided insurance	48%	40%
Medicare	18%	34%
Dental Insurance	24%	25%
Medicaid	18%	23%
Medicare Supplement	7%	12%
Individual / Private Insurance / Marketplace / Obamacare	12%	8%
No Dental Insurance	8%	6%
Health Savings / Spending Account	6%	5%
Government (VA, TRICARE)	7%	5%
No Health Insurance	7%	3%
COBRA	2%	2%
Total Answered	987	772
Skipped	69	179

The 2024 survey shows notable changes in health insurance coverage. Less respondents reported having employer-provided insurance, decreasing from 48% in 2021 to 40% in 2024. Respondents citing that they have Medicare increased from 18% to 34%. The percentage of uninsured respondents decreased from 7% to 3%. Additionally, dental insurance coverage grew from 24% in 2021 to 25% in 2024.

If you have no health insurance, why don't you have insurance? (Check all that apply)

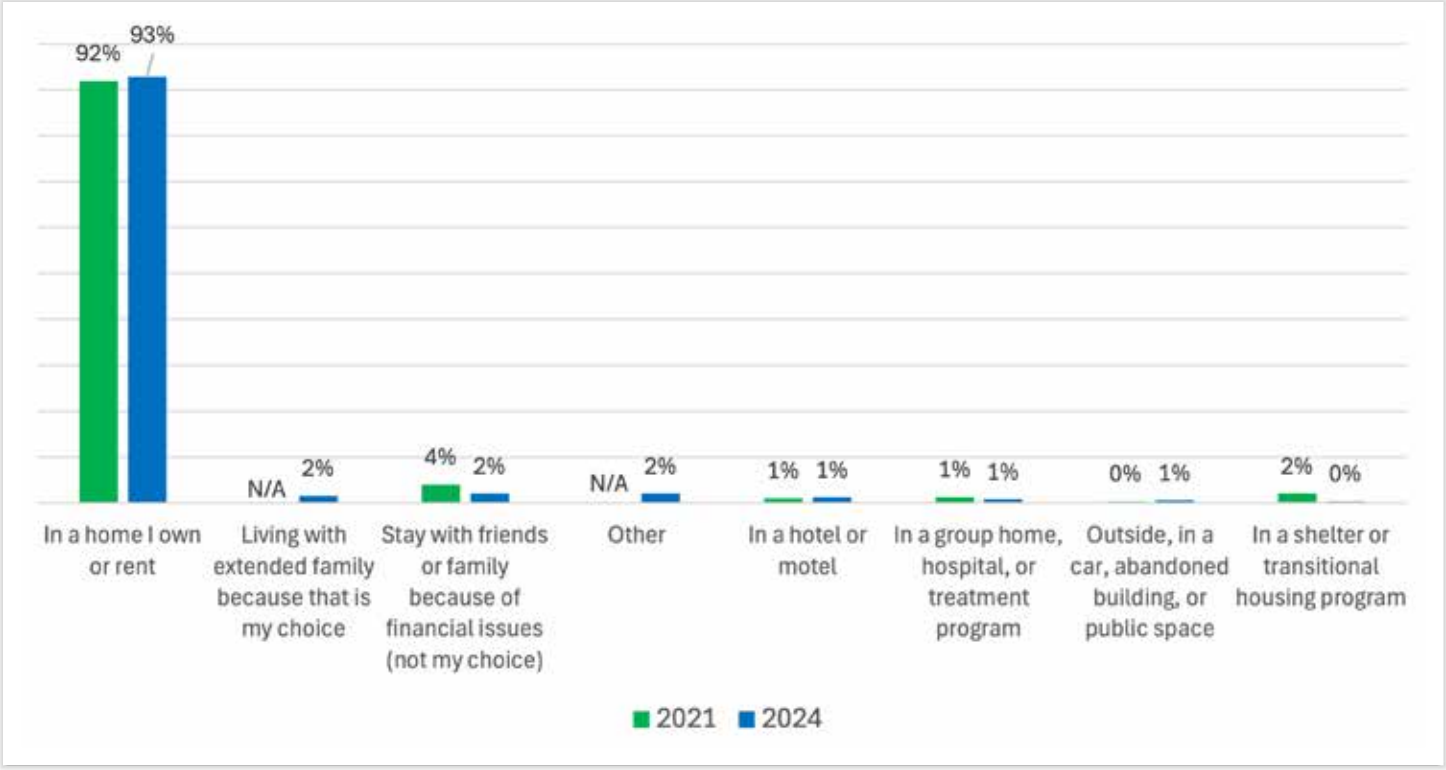


If you have no health insurance, why don't you have insurance? (Check all that apply)	*2021*	*2024*
Not applicable – I have health insurance	72%	87%
Other	2%	6%
Too expensive / cost	12%	4%
I don't understand Marketplace / Obamacare options	6%	2%
Unemployed / no job	4%	2%
Not available at my job	4%	1%
Student	2%	0%
Undocumented Immigrant	N/A	0%
Total Answered	619	713
Skipped	486	238

The 2024 survey data reflects a positive trend in health insurance coverage, with a significant increase in respondents indicating they have insurance, as shown by the rise in "not applicable" responses from 72% in 2021 to 87% in 2024. This suggests that more people have gained access to health coverage over time. Among those without insurance, the percentage citing cost as a barrier dropped from 12% to 4%. A new response option, "undocumented immigrant," was introduced in 2024, though 0% of respondents selected this option.

HOUSING

Where do you sleep most often? (Check one)

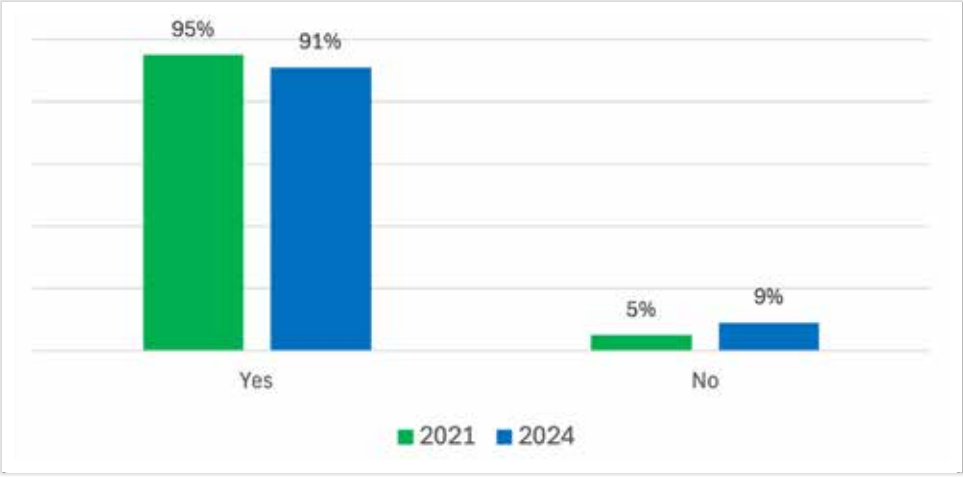


Where do you sleep most often? (Check one)	2021	2024
In a home I own or rent	92%	93%
Living with extended family because that is my choice	N/A	2%
Stay with friends or family because of financial issues (not my choice)	4%	2%
Other	N/A	2%
In a hotel or motel	1%	1%
In a group home, hospital, or treatment program	1%	1%
Outside, in a car, abandoned building, or public space	0%	1%
In a shelter or transitional housing program	2%	0%
Total Answered	1,004	789
Skipped	52	162

In 2024, 93% of participants reported sleeping in their own homes, up from 92% in 2021. Additionally, those indicating they stayed with friends or family due to financial issues decreased from 4% to 2%, and the percentage residing in shelters or transitional housing also fell significantly from 2% to 0%. Again, this is most likely related to the demographics of the respondents completing the survey in 2024.

Despite this decline in homelessness reported by respondents in 2024, housing insecurity has likely worsened overall due to escalating housing costs. The demand for affordable housing has increased dramatically in the United States, as nearly 40% of renters now find themselves cost-burdened – spending more than 30% of their income on housing (Source: U.S. Census Bureau, Retrieved 10/30/24, https://www.census.gov/newsroom/press-releases/2022/renters-burdened-by-housing-costs.html).

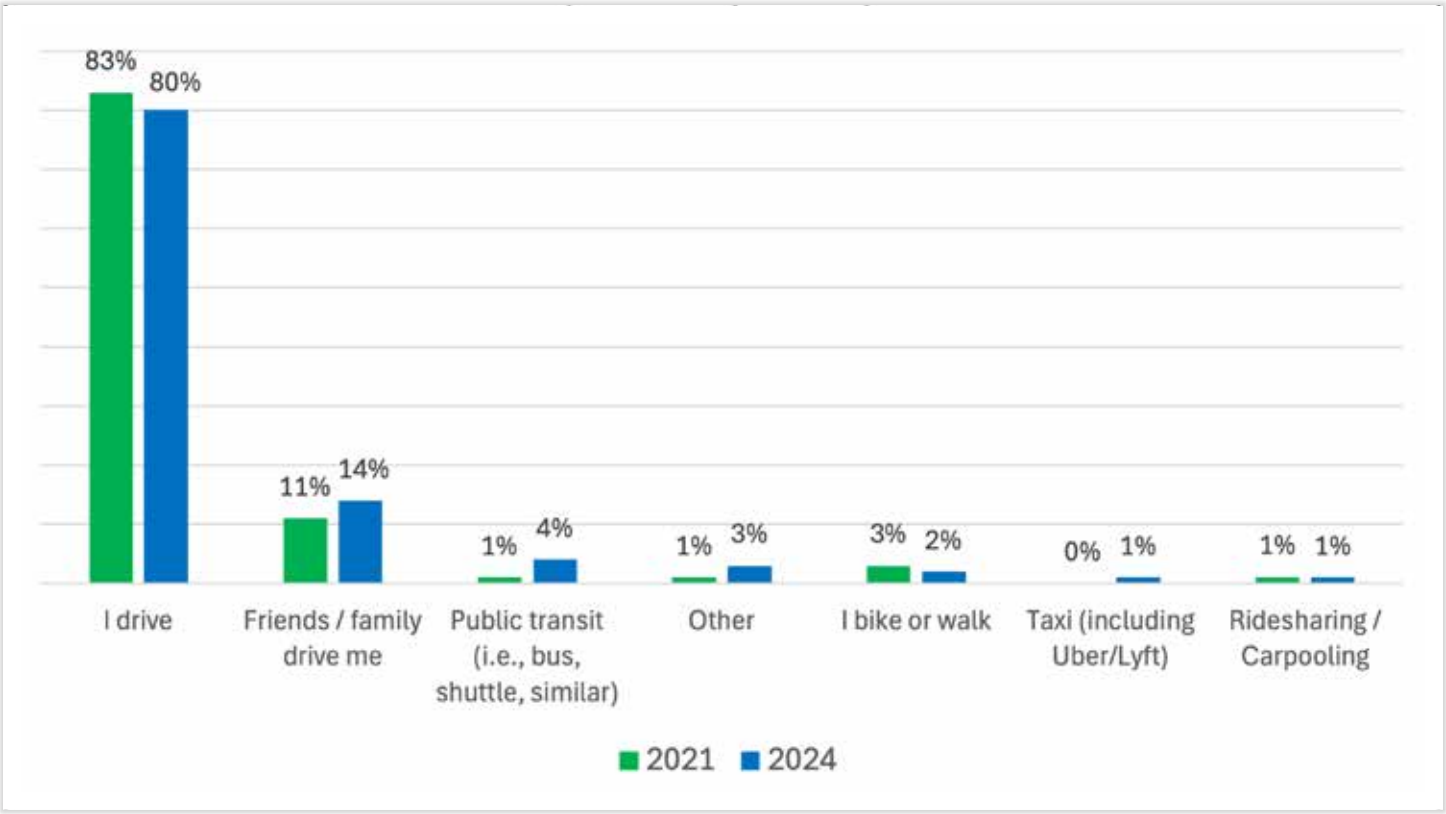
Do you have access to reliable transportation?



Do you have access to reliable transportation?	*2021*	*2024*
Yes	95%	91%
No	5%	9%
Total Answered	985	775
Skipped	71	176

In 2024, 91% reported having access to reliable transportation, a decrease from 95% in 2021. Those who responded "no" increased from 5% in 2021 to 9% in 2024.

What type of transportation do you use most often?



What type of transportation do you use most often?	*2021*	*2024*
I drive	83%	80%
Friends / family drive me	11%	14%
Public transit (i.e., bus, shuttle, similar)	1%	4%
Other	1%	3%
I bike or walk	3%	2%
Taxi (including Uber/Lyft)	0%	1%
Ridesharing / Carpooling	1%	1%
Total Answered	953	796
Skipped	103	155

In 2024, when asked about their primary mode of transportation, 80% of respondents indicated they drove, a decrease from 83% in 2021. The percentage of respondents who rely on family or friends for rides increased from 11% in 2021 to 14% in 2024. Additionally, those who use public transit, rose from 1% in 2021 to 4% in 2024.

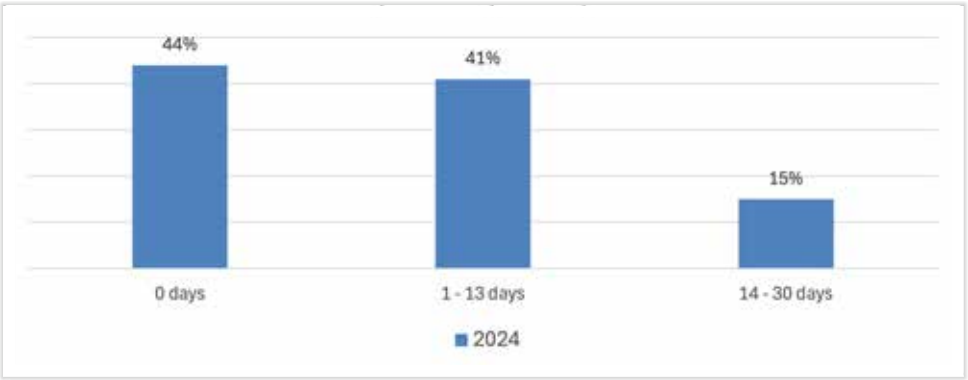
HEALTH OUTCOMES

Quality of Life

PHYSICALLY AND MENTALLY UNHEALTHY DAYS

Respondents were asked whether their physical and mental health was not good over the past 30 days. The 2024 survey revised the response options from "0 days," "1 to 2 days," and "3 to 5 days" in 2021 to "0 days," "1 to 13 days," and "14 to 30 days."

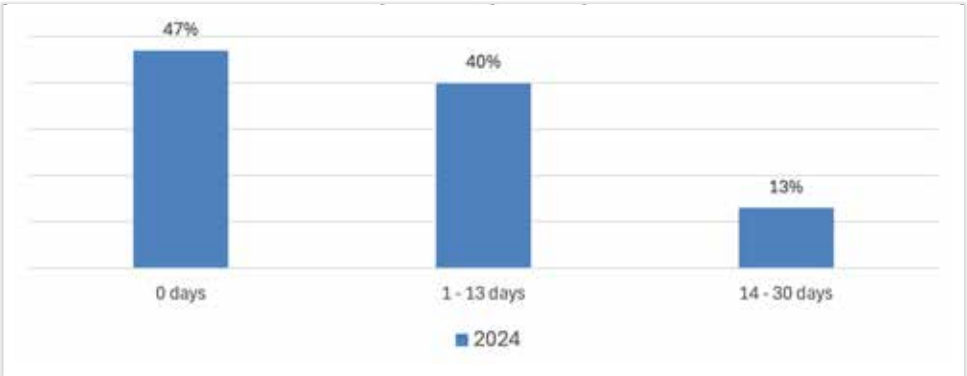
How many days during the past 30 days was your physical health not good? (Check one)



Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Check one)	*2024*
0 days	44%
1-13 days	41%
14-30 days	15%
Total Answered	747
Skipped	204

In 2024, 44% of respondents reported having no days of poor physical health, while 41% experienced 1 to 13 days of poor health. Only 15% indicated that their physical health was not good for 14 to 30 days.

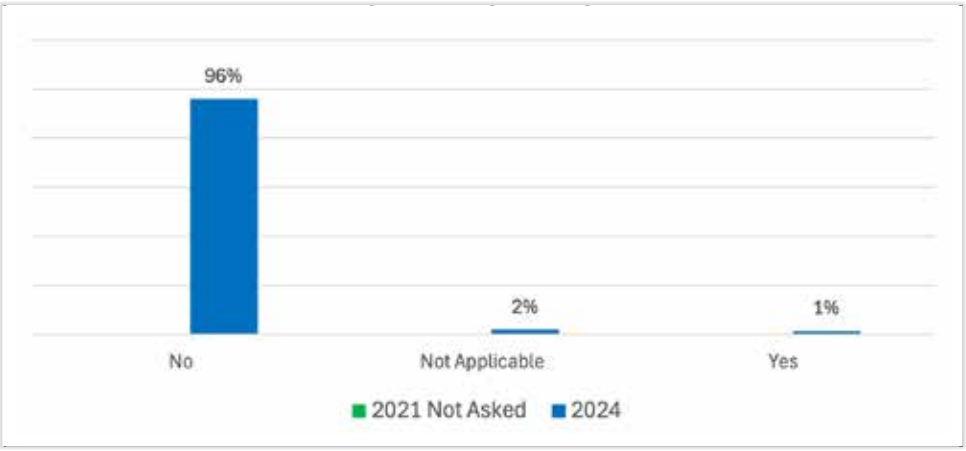
How many days during the past 30 days was your mental health not good? (Check one)



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? (Check one)	*2024*
0 days	47%
1-13 days	40%
14-30 days	13%
Total Answered	741
Skipped	210

In 2024, 47% of respondents reported no days of poor mental health. Meanwhile, 40% experienced 1 to 13 days of poor mental health, and 13% reported more than 14 to 30 days of poor mental health.

I have attempted suicide in the past 12 months.



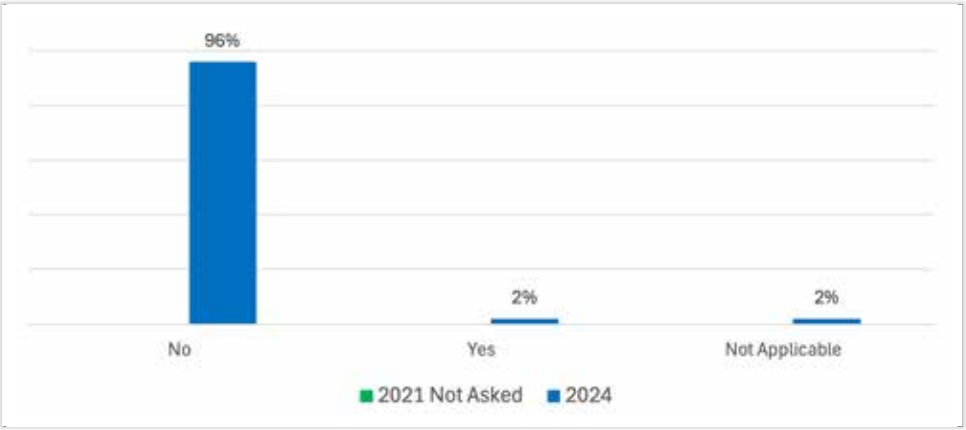
I have attempted suicide in the past 12 months.	*2021 Not Asked*	*2024*
No		96%
Not Applicable		2%
Yes		1%
Total Answered		762
Skipped		189

In 2024, respondents were asked if they had attempted suicide in the past 12 months—a question not included in the 2021 survey. Of those surveyed, 96% reported no attempts, 2% reported they had attempted suicide, and 1% selected "not applicable."

Suicide and self-harm are key indicators of community health in Virginia, reflecting broader societal, economic, and mental health challenges. Monitoring these behaviors offers insight into the state's public health and the effectiveness of prevention efforts.

Virginia's suicide rate has fluctuated in recent years. In 2022, the state recorded 1,208 suicide deaths, with a rate of 13.3 per 100,000 people—marking a 22% increase over the past two decades (Source: USA Facts, Retrieved 10/31/24, https://usafacts.org/answers/how-many-people-die-by-suicide/state/virginia/). Nationally, the age-adjusted suicide rate in 2022 was 14.3 per 100,000, placing Virginia slightly below the national average (Source: CDC National Vital Statistics System, Provisional Monthly and Quarterly Estimates of Mortality by Cause, Retrieved 10/31/24, https://www.cdc.gov/nchs/data/vsrr/vsrr034.pdf). These trends emphasize the critical need for continued mental health support and suicide prevention programs across the state.

I have attempted self-harm in the past 12 months.



I have attempted self-harm in the past 12 months.	*2021 Not Asked*	*2024*
No		96%
Yes		2%
Not Applicable		2%
Total Answered		759
Skipped		192

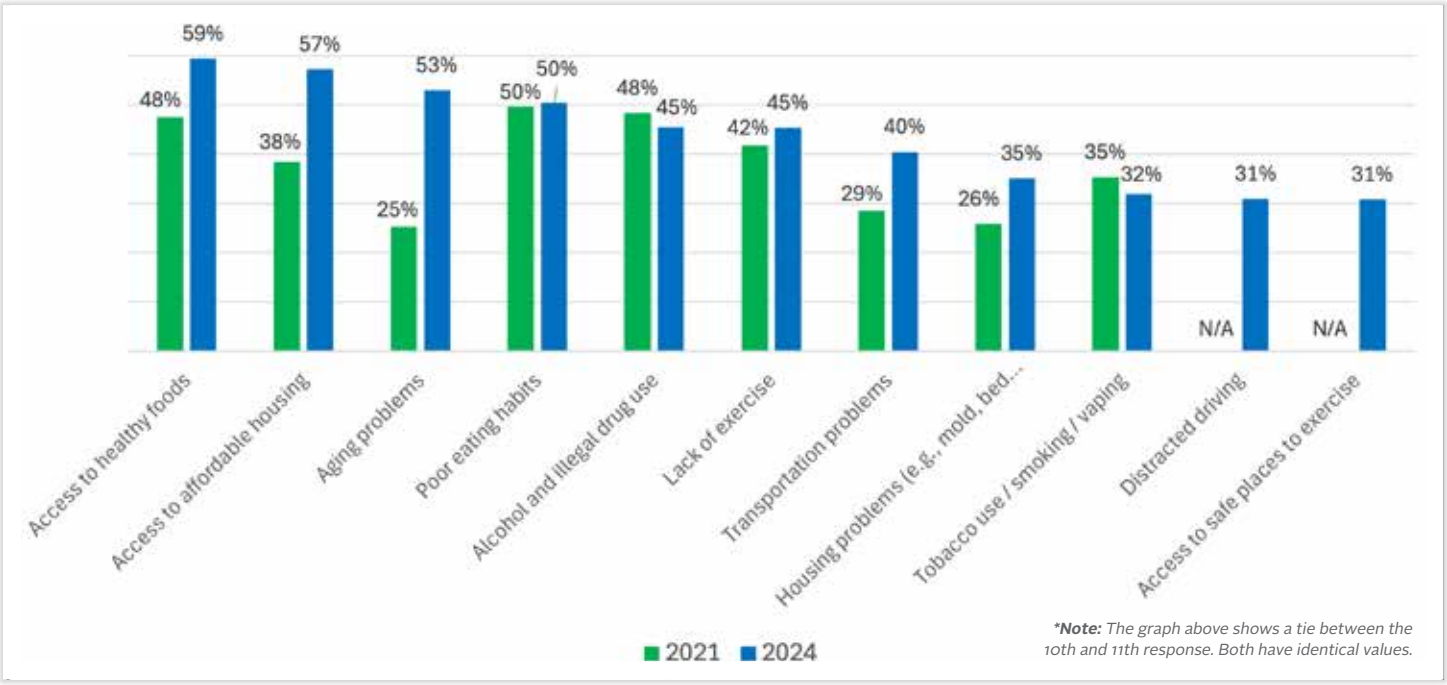
In 2024, respondents were asked if they had attempted self-harm in the past 12 months—a question not included in the 2021 survey. Of those surveyed, 96% reported no self-harm, 2% reported attempts, and 2% selected "not applicable."

In Virginia, self-harm rates have shown significant trends, particularly among youth. According to the Virginia Department of Health, from 2015 to 2021, emergency department (ED) visits for self-harm among individuals aged 9 to 18 increased sharply—from about 300 visits per 100,000 people in 2015 to over 500 per 100,000 in 2021. This rise was especially notable among females aged 13 to 15 (Source: Virginia Department of Health, Injury and Violence Data, Retrieved 10/31/24, https://www.vdh.virginia.gov/injury-and-violence-prevention/surveillance-and-data/). These trends highlight the growing concern of self-harm behavior among Virginia's youth, highlighting the need for targeted mental health interventions and support.

Community Need

In the 2024 survey, respondents were asked to identify which health factors and health conditions had the most significant impact on community health. This year's survey included several new response options to capture a broader range of health issues and their effects on the community. These new categories reflect an effort to better understand the multifaceted nature of community health, which is vital for developing targeted interventions and resource allocations.

What do you think are the most important issues that affect health in our community? Health Factors (Check all that apply) — *Top 10 responses shown*



***Note:** The graph above shows a tie between the 10th and 11th response. Both have identical values.*

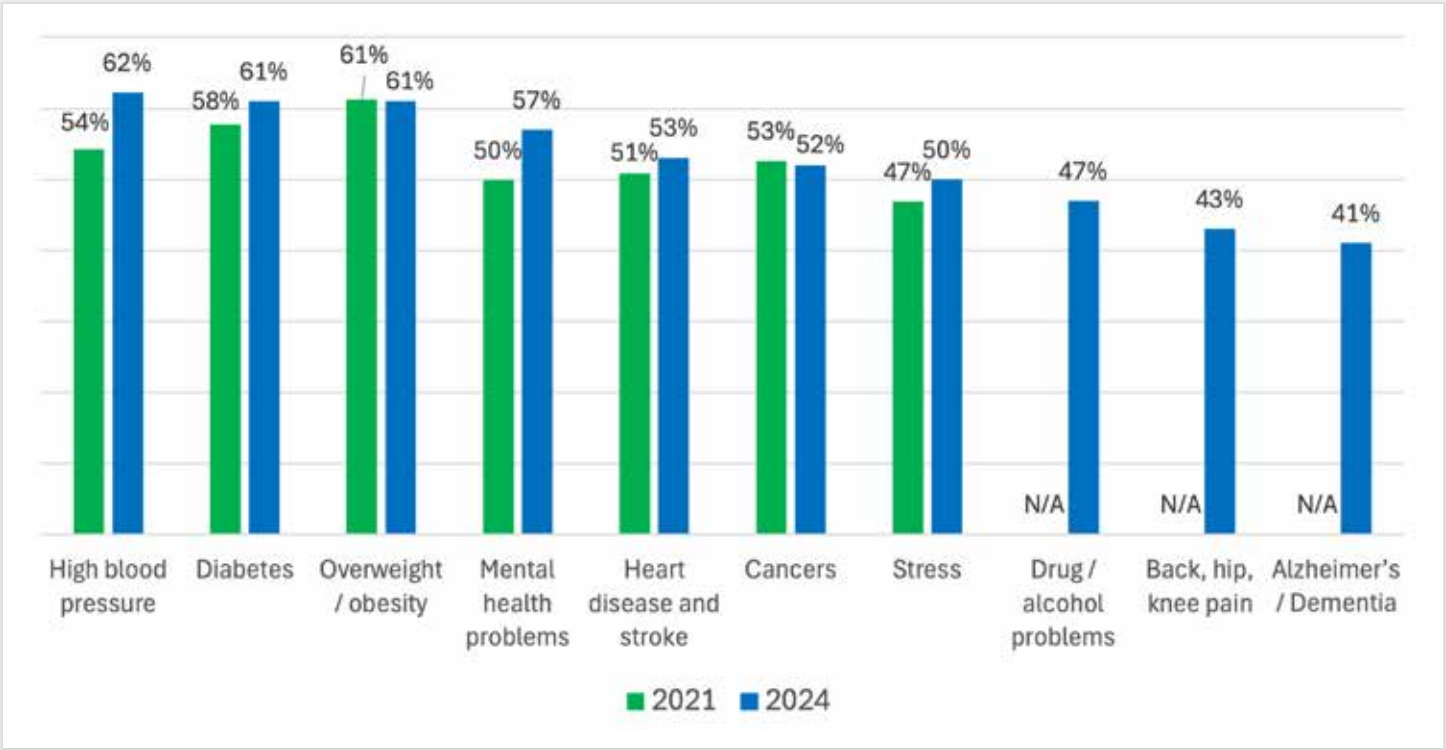
The 2024 survey highlights significant increases in community concerns regarding "Access to affordable housing," which surged from 38% in 2021 to 57% in 2024. Additionally, worries about "Access to healthy food" rose from 48% to 59%, and concerns about "Aging problems (support for older adults)" doubled, climbing from 25% to 53%. Respondents citing "Transportation problems" as an important issue increased from 29% in 2021 to 40% in 2024. These trends underscore critical socioeconomic and support service challenges facing the community.

Notable health concerns in 2024 include a constant in reported "Poor eating habits" (50%) and a slight increase in "Lack of exercise" (from 42% to 45%), highlighting lifestyle factors that negatively impact health. New socioeconomic and safety issues have also emerged, with "Distracted driving" (31%) and "Homelessness" (29%) among key concerns. The 2024 survey introduced several new response options, such as "Gun violence" (19%), "Access to safe places to exercise" (31%), and "Gender identification" (9%). Existing categories were refined for clarity—for example, "Distracted driving" (31%) and "Cell phone use (social media)" (28%) were split into distinct categories. The broader category of "Neighborhood safety" now includes sidewalks, roads, and lighting, (21%). Additional issues identified in 2024 include "Injuries" (18%), "Poor water and/or air quality" (17%), and "Gambling" (11%).

Access to affordable housing has become a pressing issue, with over half of respondents indicating concern. The shortage of affordable housing limits families' and individuals' choices about where they live, often relegating lower-income families to substandard housing in unsafe, overcrowded neighborhoods with higher rates of poverty and fewer resources for health promotion (e.g., parks, bike paths, recreation centers and activities). (Source: Robert Wood Johnson Foundation, Housing and Health, Retrieved 10/30/24, https://www.rwjf.org/en/insights/our-research/2011/05/housing-and-health.html).

What do you think are the most important issues that affect health in our community? Health Factors (Check all that apply)	*2021*	*2024*
Access to healthy foods	48%	59%
Access to affordable housing	38%	57%
Aging problems	25%	53%
Poor eating habits	50%	50%
Alcohol and illegal drug use	48%	45%
Lack of exercise	42%	45%
Transportation problems	29%	40%
Housing problems (e.g., mold, bed bugs, lead paint)	26%	35%
Tobacco use / smoking / vaping	35%	32%
Distracted driving	N/A	31%
Access to safe places to exercise	N/A	31%
Social isolation	20%	29%
Homelessness	N/A	29%
Domestic Violence	29%	28%
Cell phone use (social media)	N/A	28%
Bullying	17%	24%
Child abuse / neglect	28%	23%
Prescription drug abuse	25%	21%
Neighborhood is not safe (sidewalks, roads, crossings, street lighting)	N/A	21%
Accidents in the home (e.g., falls, burns, cuts)	13%	20%
Not getting "vaccine shots" to prevent disease	N/A	20%
Gun violence	N/A	19%
Injuries (car accident, workplace injuries, home accidents)	N/A	18%
Poor water quality and/or poor air quality	N/A	17%
Not using seat belts / child safety seats / helmets	18%	16%
Unsafe sex	15%	14%
Sexual assault	13%	13%
Gang activity	8%	12%
Gambling (slot machines, sports betting, lottery tickets)	N/A	11%
Homicide	7%	10%
Gender identification	N/A	9%
Cell phone use / texting and driving / distracted driving	31%	N/A
Environmental health (e.g., water quality, air quality, pesticides, etc.)	21%	N/A
Not getting “shots” to prevent disease	21%	N/A
Neighborhood safety	8%	N/A
Other	5%	6%
Total Answered	1,027	858
Skipped	29	93

What do you think are the most important issues that affect health in our community? Health Conditions/Health Outcomes (Check all that apply) — *Top 10 responses shown*



The 2024 survey reveals a sharp increase in community concerns about health conditions. "High blood pressure" rose from 54% to 62%, while concerns about "Overweight/obesity" stayed consistent at 61%. Respondents who cited "Mental health problems" increased from 50% to 57%. Chronic conditions like "Diabetes" saw a marked rise from 58% to 61%, and "Heart disease and stroke" increased from 51% to 53%.

Newly introduced concerns for 2024 include "Drug/alcohol problems" (47%) and "Alzheimer's/Dementia" (41%). Additional new response options highlighted in the survey include "Sedentary lifestyle (38%)," "Back, hip, knee pain (43%)," "Sleep problems (27%)," "Long COVID-19 (22%)," "Kidney disease (26%)," "Sexually transmitted infections (14%)," and "Stomach disease (14%)."

Research shows that mental health issues are often intertwined with socioeconomic challenges such as poverty, housing instability, and lack of access to healthcare. These conditions can lead to increased rates of depression and anxiety, which further exacerbate health disparities within the community. For instance, the World Health Organization highlights that mental health is influenced by various structural and social determinants, including economic status and access to community resources, indicating that addressing mental health is essential for improving overall community health outcomes (Source: World Health Organization, Mental health, Retrieved 10/30/24, https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response).

What do you think are the most important issues that affect health in our community? Health Conditions/Health Outcomes (Check all that apply)	*2021*	*2024*
High blood pressure	54%	62%
Diabetes	58%	61%
Overweight / obesity	61%	61%
Mental health problems	50%	57%
Heart disease and stroke	51%	53%
Cancers	53%	52%
Stress	47%	50%
Drug / alcohol problems	N/A	47%
Back, hip, knee pain	N/A	43%
Alzheimer's / Dementia	N/A	41%
Sedentary lifestyle (physical inactivity)	N/A	38%
Disability	29%	35%
Dental problems	29%	35%
Sleep problems	N/A	27%
Grief	16%	27%
Kidney disease	N/A	26%
COVID-19 / coronavirus / Long COVID-19	N/A	22%
Suicide	21%	22%
Lung Disease	19%	21%
Teenage pregnancy	17%	17%
Stomach disease	N/A	14%
Sexually transmitted infections	N/A	14%
HIV / AIDS	11%	9%
Infant death (less than 1 year old)	7%	6%
Other	2%	3%
COVID-19 / coronavirus	37%	N/A
Total Answered	985	858
Skipped	71	93

2024 FARMVILLE AREA COMMUNITY HEALTH SURVEY RESPONDENTS

“Our community needs more healthy eating & active living options.”

“We are a one income family, my spouse is unemployed seeking disability, it is hard to find assistance to navigate that process, meanwhile our family struggles.”

“More primary care physicians needed in the Farmville area.”

FOCUS GROUPS

FOCUS GROUPS

Focus groups are a cornerstone of the Community Health Needs Assessment (CHNA) process and serve as a powerful platform for diverse voices to share their perspectives and experiences. These groups foster in-depth discussions that unveil nuanced insights into the challenges and needs of the community, which would not be captured through quantitative data alone. By directly engaging with community stakeholders and target population members, focus groups help identify priority issues, root causes, and potential solutions from the community's viewpoint. This participatory approach ensures that the resulting data is rich and reflects the real-life experiences of those most affected by the issues within each service area. Ultimately, the insights gained from focus groups empower stakeholders to make more informed decisions, enabling them to develop targeted, effective interventions that address the community's specific needs. This process is crucial for community development, as it ensures that the strategies implemented are grounded in community members' actual needs and preferences, fostering more sustainable and impactful growth.

To ensure regional alignment of a collaborative and rigorous needs assessment process, Centra, the Piedmont Health District, and University of Lynchburg Research Center led focus group efforts in 2024. A retrospective review of the 2018 and 2021 Centra CHNA focus groups format was conducted. A notable change in 2024 was that questions asked were similar for both the stakeholder and target population groups. In doing so, it is easier to compare the perspectives of those directly impacted (target population) with those involved in policymaking, funding, and service provision (stakeholders). This process helps identify gaps between perceived needs and the solutions offered.

Evidence of consistency in responses between these groups can validate the findings, making the data more reliable. Discrepancies can highlight areas where communication or understanding needs improvement. This method provides a holistic picture of the community's needs, capturing lived experiences and strategic viewpoints. It ensures that the voices of those experiencing and addressing the issues are heard and considered.

Understanding each group's perspectives fosters collaboration and ensures the data collected is aligned. This data alignment allows stakeholders to tailor their programs and initiatives better to meet the actual needs and priorities of the target population. In addition, decision-makers can use this aligned data to create more effective, targeted interventions that will likely gain community support and engagement. This confidence in the alignment of data ensures that the voices of those experiencing the issues and those addressing them are heard and considered, fostering a sense of trust and confidence in the decision-making process. This dual approach enhances the depth and breadth of the Community Health Needs Assessment, leading to more informed, inclusive, and effective community development strategies.

On Wednesday April 24, 2024, a Stakeholder Focus Group meeting was held at the Woodland in Farmville, Virginia. A total of 34 individuals attended the meeting including members of the Community Health Assessment Team and other identified cross-sector stakeholders, non-profit organizations, service providers, business leaders and local government officials. A directory of participants can be found in the Appendix.

The focus group meeting was led by the University of Lynchburg Research Center. An overview of the process included the format of the break-out session and tips and guidelines for facilitating the focus groups. Participants were randomly assigned to a table at registration. A volunteer facilitator and scribe facilitated and recorded the discussion at each table. A 40-minute break-out session occurred where participants were asked a series of questions including:

1. **What are the top 5 greatest needs in the community(s) you serve?**
    a. **Are there particular localities in the service area that have greater needs than others?**
2. **What do you see as the root cause of these needs?**
3. **What resources are available in the community to meet these needs?**
4. **What are the barriers to accessing these resources?**
5. **What is one issue/need we can work on together, to create a healthier community? How do we get started?**

Report outs from each table were presented to those present and discussion followed. Notes were taken during the break-out session on a form available at each table. These notes were transcribed and analyzed.

STAKEHOLDER FOCUS GROUP ANALYSIS

An analysis of the Stakeholder Focus Groups was conducted by the University of Lynchburg using the following process:

1. **Review all the focus group responses to understand the consistent content across the groups.**
2. **Develop a coding sheet.**
3. **Re-review the gathered data and apply the coding sheet.**
4. **Group the data and identify recurring patterns.**
5. **Note the outliers in the data.**
6. **Create a report that includes quantitative analysis ranking responses and qualitative summaries of the conversations.**
7. **Compare the greatest needs identified by stakeholders to those identified by target population participants.**

STAKEHOLDER FOCUS GROUP FINDINGS

Community Need

The Farmville Area Stakeholder Focus Group identified the following as the most critical needs within the community:

Areas of Need	*Percent of Responses*
Access to healthcare	17%
Affordable housing	17%
Transportation	17%
Mental health care	11%
Food insecurity	11%
Educational opportunity	9%
Affordable childcare	3%
Domestic violence	3%
Employment	3%
Poverty	3%
Resource connectors	3%
Substance abuse treatment	3%

Access to healthcare is a pervasive issue, encompassing the need for **primary care, urgent care, mental health services, dental care, and drug and alcohol**

rehabilitation. There is also a demand for **medical transportation,** both emergent and non-emergent, to ensure residents can reach healthcare facilities. The need for **navigators to connect** existing resources highlights the necessity of better coordination and communication within the community. Additionally, there is a need for **cultural competency training** for providers to ensure inclusive and sensitive care for all, including the LGBTQ community. **Mental health care services** are insufficient, with a pressing need for more accessible and affordable mental health resources. This includes addressing the mental health needs of specific populations, such as the elderly and those suffering from chronic diseases, to provide comprehensive support and care.

Affordable housing is another critical need, particularly in rural areas, with a significant emphasis on providing resources for the homeless and creating more affordable options. This includes addressing **domestic violence,** which often correlates with housing instability. Ensuring safe and affordable housing can alleviate many stressors and improve overall community health.

Transportation remains a significant barrier, especially connecting residents to essential healthcare, employment, and education services. The lack of reliable public transportation options exacerbates issues related to accessing these services, making it imperative to develop more robust and accessible transportation solutions. **Food insecurity** is a growing concern, emphasizing the need for access to healthy foods. Many areas in Farmville are food deserts, where residents have limited access to quality food. Establishing more food pantries and increasing the availability of fresh produce can help mitigate this issue. **Poverty, economic opportunity and workforce development** are also essential areas of focus. There is a significant need for increased labor market opportunities, **career pathway programs starting in middle and high schools, and stronger connections between colleges and employers.** This can help residents gain the skills necessary for employment and improve economic stability.

Community(s) with Greatest Need

The Farmville service area encompasses a range of localities, each with unique challenges and needs. Stakeholders identified the **rural regions outside Farmville, including Lunenburg County, Nottoway County, Cumberland County, Charlotte County, Prince Edward County, and Buckingham County,** as having the greatest needs. These counties face significant challenges in **accessing healthcare, affordable housing, and transportation.** The area's rural nature exacerbates these issues, making it difficult for residents to reach essential services and employment opportunities. There is also a pronounced **need for better mental health care and food security.** The lack of local resources means that many residents must travel long distances for necessities, compounded by inadequate transportation infrastructure. **Poverty and lack of economic opportunity** compound these issues.

Root Causes of Community Need

The Farmville Area Stakeholder Focus Group identified the following as the top root causes that have an impact on the needs of the community.

Root Cause	*Percent of Responses*
Poverty	19%
Educational disparities	15%
Economic disparities	15%
Knowledge of resources	15%
Access to healthcare	12%
Availability of resources	8%
Lack of transportation	8%
Affordable housing	4%

Poverty is a pervasive issue in the Farmville service area, profoundly affecting residents' ability to meet basic needs. Many individuals face economic hardship due to insufficient pay and lack of livable wages, which limits their ability to afford necessities such as housing, healthcare, and transportation. The cyclical nature of poverty also perpetuates other issues, such as food insecurity and poor health outcomes, further entrenching individuals in a state of need. A significant barrier to improving community well-being is the widespread **knowledge deficit regarding available resources,** preventing individuals from accessing vital resources including healthcare, housing assistance, and employment opportunities. **Educational disparities** play a crucial role in the ongoing needs of the Farmville Area. Limited access to quality education and educational opportunities hinders residents' ability to secure well-paying jobs and advance economically. Additionally, a lack of career pathway programs starting in middle and high school leaves students unprepared for the workforce, perpetuating the cycle of poverty and limiting economic mobility. **Economic disparities** exacerbate these challenges, including the lack of economic opportunities and employment. Jobs that pay sufficient wages are limited, and many residents need help finding stable employment that allows them to support their families.

These economic challenges are compounded by systemic issues such as socioeconomic discrimination and political barriers associated with healthcare access.

Access to healthcare is a critical need in the Farmville Area, impacted by multiple factors. The high cost of care, limited availability of healthcare resources, and significant travel distances to medical facilities all contribute to inadequate healthcare access. **Chronic medical issues** are prevalent, and many residents are unable to receive timely and effective treatment due to financial constraints and logistical barriers. Additionally, there is a need for more **resource connectors** to help individuals navigate the healthcare system and access the services they require. Addressing these root causes requires a comprehensive approach that includes improving education, increasing awareness of available resources, enhancing economic opportunities, and expanding access to healthcare. By tackling these underlying issues, the Farmville Area community can work towards creating a more equitable and supportive environment for all residents.

Community Resources

The Farmville Area Stakeholder Focus Group identified the following as the top resources that impact the needs of the community.

Community Resources	*Percent of Responses*
Community agencies (i.e., state funded entities including Department of Social Service, Virginia Department of Health, Community Services Board)	32%
Healthcare organizations	19%
Crisis Centers	13%
Educational organizations	11%
Nonprofit organizations	9%
Religious organizations	6%
Elder care organizations	4%
Transportation organizations	4%
Community Health Workers	2%

Diverse resources address the community's critical needs, provided by various organizations, including nonprofit organizations, healthcare providers, community agencies, educational institutions, and more, support the service area. **Community agencies** such as the Department of Social Services and asset-based community development initiatives provide various services, including emergency assistance, social services, and community development programs. **Healthcare organizations** such as Centra Southside Medical Center and Crossroads Community Services Board provide critical medical and mental health services. The Heart of VA Free Clinic offers uninsured and underinsured residents free healthcare services. At the same time, Piedmont Senior Resources and the Health Department provide specialized care for seniors and public health services.

Crisis centers like Madeline's House, a domestic violence shelter, offer critical support for individuals facing emergencies. These centers provide safe housing, counseling, and other essential services to help individuals recover and rebuild their lives. In addition to these specific organizations, community collaboration is a critical element of the Farmville service area. The Piedmont Community Health Coalition and other collaborative initiatives work to coordinate efforts across different sectors, ensuring a more integrated and practical approach to addressing community needs. **Educational institutions** including local schools, Southside Virginia Community College, Longwood University, and Hampden Sydney, contribute to the community by providing educational opportunities, job training, and career pathway programs. Libraries and extension offices also offer resources for lifelong learning and community development. **Nonprofit organizations** play a significant role in supporting the Farmville Area. These organizations offer various services, including housing support through Habitat for Humanity and STEPS, food assistance from FACES Food Pantry and Gleaning for the World, and comprehensive community support from entities like Better Days FVA. These nonprofits are crucial in addressing immediate needs and providing long-term solutions for residents.

Religious organizations, including local churches and faith communities, offer significant support through various outreach programs. These organizations often provide needy people with food, shelter, and financial assistance. They also serve as community gathering and support centers, fostering a sense of community and mutual aid. **Transportation services** like the Farmville Area Bus and Medicaid Taxi are essential for ensuring residents access healthcare, employment, and other vital services. These services are critical in rural areas where public transportation options are limited. **Elder care organizations** including Piedmont Senior Resources and Meals on Wheels provide essential services to older adults. These organizations offer nutrition assistance, healthcare, and support for daily living activities, ensuring seniors can maintain their independence and quality of life. **Certified Community Health Workers** are vital in bridging the gap between healthcare providers and the

community. They help residents navigate the healthcare system, provide health education, and connect individuals to necessary services. They are essential in ensuring underserved populations receive the care and information needed.

Barriers to Accessing Community Resources

The Farmville Area Stakeholder Focus Group identified the following as the top barriers to accessing community resources that impact the needs of the community.

Barriers to Accessing Community Resources	*Percent of Responses*
Access to healthcare	27%
Transportation	17%
Affordable childcare	7%
Affordable housing	7%
Educational disparities	7%
Food insecurity	7%
Policy	7%
Poverty	7%
Access to mental health care	3%
Accessibility of farming products	3%
Awareness of available resources	3%
Broadband access	3%
Employment	3%

Access to healthcare is a prominent barrier in the Farmville Area. High costs of medical care, long distances to healthcare facilities, and limited availability of services create significant obstacles for residents. Healthcare bias and a lack of health literacy further complicate access, making it challenging for individuals to receive timely and appropriate care. State-level support and innovative approaches are needed to enhance healthcare accessibility and address these systemic issues. **Transportation** is a significant challenge, particularly in rural areas. Limited public transit options make it difficult for residents to reach healthcare facilities, employment opportunities, and other essential services. The lack of reliable transportation exacerbates healthcare access, employment, and food insecurity issues. Integrated strategies that improve public transit infrastructure and provide alternative transportation solutions are crucial.

Poverty remains a barrier with low incomes and limited financial resources hindering access to healthcare, affordable housing, and nutritious food. Residents often have to make tough decisions between essential needs. The **high cost of childcare** is a barrier for many families in the service area. Affordable childcare options are scarce, making it difficult for parents to work or pursue education and training opportunities. This barrier contributes to economic instability and limits career advancement. **Food insecurity** is a prevalent issue, with many residents lacking access to nutritious food. Limited income, high prices, and insufficient food assistance programs contribute to this problem. **Educational disparities** hamper residents' ability to secure well-paying jobs and improve their socio-economic status. Limited access to quality education and career pathways starting in middle and high school restrict opportunities for economic advancement. The **lack of affordable housing** is a critical issue, exacerbated by rising housing costs and limited availability of low-cost housing options. Many residents struggle to find housing that fits their budget, leading to housing instability and homelessness. **Policy-related barriers,** including restrictive healthcare policies and insufficient state-level support, impact residents' access to essential services.

Limited employment opportunities and barriers to workforce entry impact many residents' economic stability. **Access to mental health services** is limited, with a shortage of mental health providers and high costs of care. The stigma surrounding mental health issues also prevents individuals from seeking help. **Lack of internet access** is a barrier, particularly in rural areas. Limited broadband access affects residents' access to information, resources, and services, including telehealth and online education. In a largely rural, agrarian service area, **limited accessibility of essential farming products** affects residents' ability to maintain their livelihoods. A **lack of awareness and knowledge** of available resources prevents residents from accessing essential services. Improving communication and outreach efforts to inform residents about available programs and services is crucial.

Areas for Collaboration

The Farmville Area Stakeholder Focus Group identified the following as areas for collaboration to the needs of the community.

Collaboration Opportunities	*Percent of Responses*
Education (Community resources; career pathway programs)	50%
Transportation	33%
Chronic disease management	17%

Education emerges as a critical area for collaboration, influencing the community's overall well-being and economic potential. Stakeholders discussed enhancing educational initiatives through several strategies:

- **Expert Discussions:** Organizing provider talks and panel discussions can benefit the community by providing accurate and relevant information on healthcare, financial literacy, and employment skills.
- **Advertising and Outreach:** Effective communication is crucial for raising awareness about available resources and educational opportunities. Stakeholders can collaborate on advertising campaigns through various channels such as social media, newspapers, radio, and community bulletin boards. This coordinated effort ensures information reaches a broad audience, including those who might not actively seek it.
- **Career Pathway Programs:** Developing career pathway programs in middle and high schools can help students understand the opportunities and prepare for future employment. Creating stronger connections between local colleges and employers can facilitate smoother transitions from education to the workforce.
- **Connecting Resources to Schools:** By prioritizing schools and connecting them with resources such as employers, healthcare providers, mental health professionals, and nonprofits, students can receive early intervention and become more engaged in their community. This integrated approach can address behavioral issues and increase awareness of available resources.

Transportation is another vital area where stakeholder collaboration can make a significant impact. Collaborative strategies include:

- **Strategic Action Planning:** Developing comprehensive action plans to improve transportation infrastructure and services can help meet the community's needs. Stakeholders can create more effective transportation solutions by focusing on existing resources and identifying gaps.
- **Medical Transportation:** Ensuring that medical transportation services are available and accessible can help individuals reach healthcare appointments, particularly those with chronic conditions who require regular visits.

Managing chronic diseases is a concern for Farmville Area stakeholders. Collaborative strategies include:

- **Integrated Care Programs:** Developing integrated care programs involving healthcare providers, community health workers, and social services can help manage chronic diseases more effectively.
- **Preventive Health Education:** Promoting preventive health education through community workshops and health fairs can help individuals manage their health better and prevent the onset of chronic diseases. Local healthcare providers and public health organizations can support these initiatives.
- **Support Groups and Resources:** Establishing support groups and providing resources for individuals with chronic diseases can offer emotional support and practical advice for managing their conditions. Collaboration between healthcare providers, non-profit organizations, and community groups can enhance these support networks.

Target Population Focus Groups

From April to May, three Target Population Focus Group meetings were held throughout the Farmville service area. The Piedmont Health District identified targeted populations, recruited participants, and facilitated the focus group meetings, often using their Community Health Workers to conduct the meetings. No more than 12 participants were recruited for each meeting. All attempts were made to use groups that already meet/gather in areas and times convenient for the participants. The University of Lynchburg created a training video, "Focus Groups & Strategies for Community Engagement" for facilitation of these focus groups to ensure there was consistency in the process and cultural awareness. Meetings were audiotaped and there was a facilitator and scribe from the Health District present. Each participant was asked to complete a consent form prior to the meeting to ensure they understood the purpose and confidential nature of each meeting.

Target Population Focus Groups were on average one hour in length and participants were asked a series of questions as follows:

1. **What are the top 5 greatest needs in your community(s) around health and wellness?**
2. **What do you see as the cause of these needs?**
3. **What resources are available in the community to meet these needs?**
4. **What are the barriers to accessing these resources?**
5. **What is one issue/need we can work on together, to create a healthier community? How?**
6. **Is there anything else you would like to share? (optional depending on time)**

All notes and audio recordings were sent to the University of Lynchburg's team for analysis.

TARGET POPULATION FOCUS GROUP ANALYSIS

An analysis of the Target Population Focus Groups was conducted by the University of Lynchburg using the following process:

1. **Review all the focus group responses (audio recording and notes) to understand the content across the groups.**
2. **Audio recordings were analyzed using transcription software and listening to the recording after this transcription process to ensure that the nuances of the conversations were accurately captured.**
3. **Create a report that includes qualitative analysis of the key responses and summaries of the conversations as well as quotes from focus group participants. Unlike the Stakeholder Focus Group meeting, these responses were not ranked.**
4. **Compare the greatest needs identified by stakeholders to those identified by target population participants.**

DESCRIPTION OF TARGET POPULATION FOCUS GROUPS

In the Farmville service area, comprehensive focus group discussions were conducted with marginalized and underrepresented populations, including the Muslim and LGBTQIA+ communities in Farmville and members of the chapter of NAACP (National Association for the Advancement of Colored People) in Buckingham County. A total of 22 community members participated. These discussions provided invaluable qualitative data, offering deep insights into these populations' specific challenges and needs. By engaging directly with community members, the focus groups allowed for a nuanced exploration of local issues, from healthcare accessibility and infrastructure deficits to cultural barriers. This analysis aims to synthesize the key findings from these discussions, highlighting unique and shared concerns across different groups and identifying potential areas for community collaboration and intervention.

A summary of the populations of focus for each group is as follows:

County/Town	*Population of Focus*	*Number Attended*
Farmville	Muslim Community	7
Farmville	Pride Community (LGBTQIA+)	7
Buckingham County	African American Community Members of NAACP	8

TOWN OF FARMVILLE

Site of Meeting: Moton Museum, Farmville, Virginia

Target Population: Muslim Community

Number of Participants: 7

Community Need in the Muslim Community

A group of multicultural target population focus group participants representing the Muslim Community said that the greatest needs in the Farmville Area are:

- **Substance abuse treatment**
- **Mental health care**
- **Access to healthcare services**
- **Transportation**
- **Affordable housing**
- **Food insecurity**
- **Recreational spaces**

There is a desperate need for **drug abuse treatment and rehabilitation services.** Farmville lacks local recovery programs, forcing residents to seek help outside the community. The community is also in the **midst of a mental health crisis,** exacerbated by the absence of sufficient mental health services. Both adults and school-aged children require more comprehensive mental health support. There is also a recognition of the need for mental health services within the school system to address issues such as bullying, suicide prevention, and general psychological well-being. There is also a critical need for better **access to quality healthcare services,** including primary and specialized care. The lack of local healthcare providers and long commutes to medical facilities in nearby counties make it difficult for residents to receive timely and adequate care.

Transportation is a significant barrier for many residents, particularly in rural areas. The lack of reliable public transportation impacts access to healthcare, healthy foods, and other essential services. Focus group participants noted that **access to affordable housing** is another pressing need. High housing costs and limited availability of affordable options strain low-income families. This situation is further complicated by the long commutes required to access jobs and services in other counties. Many residents struggle with **food insecurity and lack access** to healthy food options. The community also highlighted the need for access to Halal foods and other special dietary requirements. Transportation barriers further complicate access to these foods, making it difficult for residents to adhere to their nutritional needs and preferences. The group also expressed a need for **more recreational facilities and athletic programs.** Activities are scarce for children outside of school sports, and the development of programs like swimming and aquatics is seen as beneficial. These programs are essential not only for physical health but also for fostering community engagement and well-being.

Root Causes of Community Need in the Muslim Community

The primary causes of community need include economic factors such as **poverty and the high cost of services,** which exacerbate the need, making it difficult for residents to afford essential care and transportation. Job opportunities in the area contribute to financial stability. Many residents are forced to **commute long distances to find work,** which adds to their financial burden due to high transportation costs. The Farmville Area's **rural setting presents significant transportation challenges.** The lack of public transportation options makes it difficult for residents to access essential services, including healthcare, grocery stores, and employment opportunities. This isolation is particularly challenging for seniors and low-income families who do not own vehicles. The **scarcity of local mental health professionals and facilities** means that many residents do not receive the necessary care and support for mental health issues. The absence of local rehabilitation and recovery programs for substance abuse forces residents to seek help in distant

locations. This lack of accessibility exacerbates the addiction problems within the community. Focus group participants noted that the **breakdown of community connections and support systems** leaves many residents isolated. This isolation can lead to mental health issues and make it difficult for individuals to access the help they need. In addition, **cultural stigmas and a lack of trust** in available resources can prevent residents from seeking help. This is particularly true for mental health and substance abuse issues, where shame and fear of judgment can be significant barriers.

Community Resources in the Muslim Community

The service area has various community resources to address its residents' needs, mainly focusing on senior services, food security, education, and technological infrastructure. Senior services like **Meals on Wheels** deliver nutritious meals to homebound seniors, ensuring they receive regular food support and maintaining their independence. **Piedmont Senior Resources** offers a range of services for seniors, including health services, transportation, and meal programs, enhancing the quality of life for elderly residents. **Tri-County Community Action Agency** supports seniors through grants and other assistance, particularly in maintaining their homes and accessing essential services. **FACES Food Pantry and Charlotte County Church Food Banks** are critical resources for providing food to families and individuals in need, helping to alleviate food insecurity in the Farmville Service Area. Regarding educational and employment Support, **STEPS Inc.** provides job training, employment services, and support for individuals seeking to improve their job prospects. At the same time, the **CDA-CDL Training Program** offers training for commercial driver's licenses. **Local Health Departments** in the area offer various services, including vaccinations, health screenings, and educational programs to promote community health.

Barriers to Accessing Community Resources in the Muslim Community

The focus group identified several critical barriers to residents' access to essential services in Farmville. These barriers span **transportation, food security, internet connectivity, and systemic issues related to income requirements, mental health, and communication.** There is a **lack of adequate mental health services** to address issues related to substance misuse, trauma, and other mental health concerns. This leaves many residents without the necessary support to manage their conditions effectively. Many residents need help accessing **transportation to medical appointments, work, and other essential services.** This is incredibly challenging for those living in rural areas without reliable public transportation systems.

Accessing fresh, healthy foods is a significant challenge, particularly for low-income residents. The limited availability of grocery stores and fresh produce markets exacerbates food insecurity and contributes to poor dietary habits. Although fiber optic internet is being introduced, many areas **still need more reliable internet connectivity.** This affects residents' access to online resources, educational opportunities, and telehealth services.

There is a perception that the government **needs to be more in touch with the local needs of the people** to impact policies and programs required to address the community's challenges more effectively. The income level requirements for various assistance programs are often unrealistic, leaving many residents ineligible for much-needed public support despite financial distress. The general requirements and application processes for accessing services are often complicated and burdensome, discouraging residents from seeking help. **Local organizations usually operate in silos,** resulting in a lack of coordination and information sharing. This fragmentation hinders the efficient delivery of services and support to those in need. As a result, there is a **significant barrier to disseminating information about available resources** and services to the community. Many residents need to be made aware of the support that exists due to ineffective communication strategies.

Areas for Collaboration in the Muslim Community

The focus group discussions highlighted several critical areas for collaboration among community members and organizations. These areas focus on transportation, community economics, communication, and leveraging community influencers. By working together, community members can **develop local transportation initiatives** that cater to the needs of residents, particularly those in rural areas. This could include carpool systems, community shuttles, or volunteer driver programs. To encourage participation, community leaders can **offer incentives such as discounted rides, fuel vouchers, or recognition programs for volunteer drivers.** This would help to alleviate transportation barriers and improve access to essential services.

By **supporting local businesses and creating job opportunities** within the Farmville Service Area, residents can reduce the need for long commutes, easing transportation challenges.

To **foster collaboration,** participants suggested the **development of communication channels** with stakeholders that inform residents about available opportunities and resources. This can include community bulletin boards, social media platforms, newsletters, and local radio announcements. **Influential community members** can play a vital role in encouraging others to take advantage of opportunities and participate in collaborative efforts. These influencers can share success stories, lead by example, and motivate others to contribute to community initiatives. By focusing on these areas for collaboration, the Farmville Area can build a stronger, more connected community where residents work together to overcome challenges and improve their quality of life.

TOWN OF FARMVILLE

Target Population: Pride Community (LGBTQIA+)

Number of Participants: 7

Greatest Need in the Pride Community

Participants in the focus group emphasized several critical health and wellness needs for the Lesbian, Gay, Bi-sexual, Transgender, Intersex, Queer/Questioning, Asexual, + other identities (LGBTQIA+) community in the Farmville Area. The greatest needs were:

- **Access to healthcare**
- **Mental healthcare**
- **Diversity and inclusion**

A significant concern is the **shortage of healthcare providers** who are competent and sensitive to the unique needs of LGBTQIA+ individuals. There is a notable lack of **gender-affirming care and hormone replacement therapy (HRT) services,** which are essential for the well-being of many in this community. Additionally, the participants stressed the importance of **mental health services that are affirmative and supportive of LGBTQIA+ identities,** noting that many providers lack adequate training in this area.

The participants shared their personal experiences to highlight the systemic challenges they face. One 69-year-old woman discussed her interactions with local healthcare providers, noting positive experiences and pointing out the difficulties independent pharmacies face in filling hormone prescriptions due to financial reimbursement changes. This issue underscores broader systemic problems affecting access to necessary medications for transgender individuals. Another participant shared the experience of advocating for a chronically ill spouse who faced misgendering and bias from healthcare staff, highlighting the urgent need for better training and sensitivity among providers. The discussion revealed a consensus that healthcare providers in rural areas like the Farmville Area **need to proactively demonstrate inclusivity** to create a safe and welcoming environment for LGBTQIA+ patients. The group stressed that **healthcare providers must receive training on inclusivity and sensitivity** to avoid bias and ensure a respectful and supportive environment for LGBTQIA+ patients.

Root Causes of Community Need in the Pride Community

Participants in the focus group discussed several underlying causes contributing to the health and wellness needs of the LGBTQIA+ community in the service area. A significant issue identified is **the apathy and need for follow-through from healthcare providers** and governing bodies. Community members expressed frustration over being asked for input without seeing tangible changes implemented. Another critical root cause is the need for **continuous and updated education for healthcare providers.** Participants noted that even recent training for healthcare professionals might need to be updated, failing to address the evolving needs and best practices for LGBTQIA+ care. This gap in education leads to a need for more competency and sensitivity among providers, exacerbating the challenges faced by LGBTQIA+ individuals seeking care.

Many LGBTQIA+ individuals in the Farmville Area **lack personal vehicles, and the area's limited public transit options** further restrict their ability to reach healthcare facilities. This issue is particularly problematic for those who need specialized care, often requiring traveling outside the local area.

Community Resources in the Pride Community

The most significant resource for the LGBTQIA+ community in Farmville is the **Virginia Rural Health Association's Pride of Rural Virginia initiative.** This program aims to compile a list of LGBTQIA+-affirming providers in the area. However, more comprehensive data collection is needed to identify and verify these affirming providers to make this initiative effective.

Additional local resources of support for the LGBTQIA+ community in Farmville include:

- **Farmville Pride** plays a crucial role in the community by organizing social and educational events. These events help foster a sense of community and provide valuable information and support to LGBTQIA+ individuals.
- **Crossroads Community Services Board (CSB)** offers comprehensive mental health care services for the LGBTQIA+ population.

Despite these affirming providers and resources, a significant challenge still needs to be addressed in ensuring the community's awareness of them. Many community members **need to be fully informed about the available resources,** which limits their ability to access the support they need.

Barriers to Accessing Community Resources in the Pride Community

Participants identified several barriers that impede access to community resources for the LGBTQIA+ community in Farmville. The **cost of care remains a significant hurdle,** compounded by **transportation challenges.** Another critical barrier is the **need for more information and better advertising of available services.** Participants emphasized the significant lack of education and training among healthcare providers regarding LGBTQIA-specific needs. **This deficit leads to fear and mistrust within the community, as providers often lack sensitivity and fail to ask appropriate questions.** This results in delays in seeking care or complete avoidance of healthcare services. **The role of front office staff in facilitating care access was a significant discussion point. Even when doctors are well-meaning, front office staff can create barriers. This creates an unwelcoming atmosphere that exacerbates the already challenging healthcare access process.**

Areas for Collaboration in the Pride Community

Participants highlighted that establishing a **clinic specializing in transgender care** in Farmville could be an area for collaboration with local stakeholders. This clinic would address the need for accessible and competent care for the transgender community, providing essential services locally and reducing the necessity for long commutes to receive appropriate healthcare. Creating **a regularly maintained list of affirming providers** is essential. Making this information accessible online through platforms like the Virginia Department of Health (VDH) or Farmville Pride's website would significantly improve community awareness and access to competent care. Participants suggested that **Pride organizations review the literature available in healthcare offices** to ensure inclusiveness. This includes materials like birth control pamphlets, which should address the needs of trans men and other diverse groups. Ensuring that literature reflects the community it serves is an essential step toward creating an inclusive healthcare environment. **A provider-by-provider review of healthcare literature is proposed,** supported by an advisory board recruited from local resources such as Farmville Pride. This review would ensure healthcare providers are held accountable for the inclusiveness of the materials they distribute and their services, promoting a more welcoming environment for LGBTQIA+ individuals. A participant also proposed **creating a system for reporting mistreatment by healthcare providers.** This initiative would give patients a voice and ensure that healthcare providers are held accountable without necessarily taking legal action.

The **importance of safe visibility for the LGBTQIA+ community,** including a pride float in the holiday parade and regular meetings at local venues, has already positively impacted the community. These initiatives help create a supportive environment and foster a sense of belonging.

BUCKINGHAM COUNTY

Target Population: African American Community

Number of Participants: 8

Community Need in the African American Community

Members of the NAACP in Buckingham County noted that the most significant community needs were:

- **Access to healthcare**
- **Mental healthcare**
- **Transportation**
- **Affordable childcare**
- **Educator retention (public schools)**

NAACP members emphasize the need for **more accessible health care,** especially for residents without reliable transportation. Although opening new health centers is a positive development, many community members still need help reaching these facilities. There is also a clear need for **more urgent care options** to alleviate the burden on hospital emergency rooms, which are often used for non-emergency issues. **Health services in Buckingham County are fragmented,** with different entities providing mental health services, lab services, and breast screenings. This fragmentation makes it challenging for residents to receive comprehensive care, as they must navigate multiple providers to meet their health needs. There is a pressing need for **better health education, particularly in mental health awareness and preventive care.** The **absence of regular wellness programs and screenings** exacerbates health issues, highlighting the importance of accessible educational initiatives to promote overall well-being.

A **robust transportation system** in Buckingham County is needed to improve access to health care and other essential services. **Affordable and quality childcare** remains a significant concern for residents, and high costs and variable quality impact the health and development of children in the community. **Underpaid teachers and inadequate health care benefits** contribute to difficulty retaining quality educators. This issue affects teachers' livelihoods, the quality of education, and the prospects of children in Buckingham County.

Root Causes of Community Need in the African American Community

The **loss of satellite health services** has significantly impacted the Buckingham community. Initially, the local health center provided essential satellite services and transportation, but these services were discontinued because of a lack of funding. The health care challenges in Buckingham County are primarily attributed to **policymakers' need for insight,** who design these systems without a clear understanding of local realities. **The prohibitive cost of prescriptions** prevents many residents from obtaining necessary medications. The **stigma associated with admitting financial struggles** further exacerbates health issues, as individuals may avoid seeking help.

Community Resources in the African American Community

NAACP focus group members said **Piedmont Senior Resources** is a vital community resource. It offers transportation services for older people, but many residents need to be made aware of this resource. Organizations like **4-H (Virginia Cooperative Extension)** provide families with nutrition education, helping to counteract the reliance on fast food. Buckingham County has **three medical facilities**: Centra Medical Group, Troublesome Creek Medicine, and Buckingham Health Center that operates on a sliding scale. Residents must go to **Crossroads** (Community Services Board) in Farmville or seek private facilities for mental health needs. The county also has **two dental facilities but lacks an optometrist. The affordability and accessibility** of these services remain significant challenges for residents. **The Board of Supervisors** is crucial in funding local projects

and services. **Social services and the local health department** are resources that can assist the community, though the extent of their assistance sometimes needs to be clarified.

Barriers to Accessing Community Resources in the African American Community

The focus group discussion identified barriers to accessing healthcare and other essential services in Buckingham County. They highlighted that the **cost of services and the rural location of their community** significantly hinder access to healthcare. Many residents have to travel to Lynchburg for specialized medical care, and the associated costs, including gas, make it challenging, especially for those on fixed incomes. The **absence of after-hours pharmacies** in the area is a significant barrier. Residents often must travel long distances to access 24-hour pharmacy services, increasing inconvenience and healthcare costs.

There is a **lingering distrust of healthcare institutions** within the Black community, stemming from past experiences of unequal treatment. This historical distrust affects the current usage of health department services and other healthcare providers.

The **lack of broadband internet access** limits the use of telehealth services, which became particularly evident during the COVID-19 pandemic. Poor internet infrastructure affects healthcare, education, and other essential services. Many residents must be **made aware of available services,** including those provided by Piedmont Senior Resources. Better communication and education are needed to ensure people know what services are available and how to access them.

Areas for Collaboration in the African American Community

Based on the discussion from the focus group, the following areas for collaboration were identified to improve community health and wellness in Buckingham County:

- **Establishing and expanding transportation services,** including emergency transportation, would significantly help residents, especially seniors and those without personal vehicles.
- **Collaborating with local organizations, churches, and community groups to disseminate health information** through health fairs, pamphlets, and community events can help raise awareness and utilization of services.
- **Exploring partnerships with local hospitals and pharmacies** to offer extended hours or in-house pharmacy services can improve medication access.
- **Addressing the funding and availability of mental health services** through collaborations with organizations like Crossroads Community Services Board and Piedmont Senior Resources to ensure adequate funding and support for mental health initiatives can help meet community needs.
- **Developing community health worker programs** to assist with resource navigation, provide health education, and support vulnerable populations can improve access to care.

"I'm a local therapist... my favorite topic is working with the LGBTQ population. And I'm a member of the community myself. But there's not enough training also for mental health providers. We don't get enough continuing education. It might get mentioned in grad school, in your cultural competency class, but there's not enough continuing education on how to provide affirmative mental health treatment for the LGBTQ community. So that's something I run into a lot... But there's not enough standardized continuing education on our population."

Analysis of Similarities between Stakeholders and Target Populations' Community Needs

2024 Farmville Area Community Health Needs Assessment Focus Groups Greatest Needs in the Community	
Stakeholder Focus Group	***Target Population Focus Groups***
Access to healthcare **Affordable childcare** **Affordable housing** Domestic violence Educational opportunity Employment **Food insecurity** **Mental health & substance abuse treatment** Poverty Resource navigators **Transportation**	**Access to healthcare services** **Affordable & quality childcare** **Affordable housing** Diversity & inclusion Educator retention (public schools) **Food insecurity** **Mental health & substance abuse treatment** Recreational facilities & athletic programs **Transportation**

By comparing the perspectives of the stakeholders and the target population in the 2024 Farmville Area Community Health Needs Assessment, it is possible to comprehensively understand the community's health needs. Stakeholders may have a broader or more strategic view of the issues, while the target population provides insight into residents' immediate, day-to-day challenges. This dual perspective ensures that all aspects of community well-being are considered.

In the Farmville Area, both Stakeholder and Target Population Focus Groups identified the following areas of community need:

- **Access to healthcare**
- **Affordable, quality childcare**
- **Affordable housing**
- **Food insecurity**
- **Mental health care & substance abuse treatment**
- **Transportation**

Stakeholders also included the following areas of need:

- **Domestic violence**
- **Educational opportunities (health education, career pathways)**
- **Employment**
- **Poverty**
- **Resource navigators**

In addition to the overlaps in community needs with the Stakeholder Focus Group findings, the Target Population Focus Groups participants identified additional needs as follows:

- **Diversity & inclusion**
- **Educator retention (public schools)**
- **Recreational facilities and athletic programs**

Recommendations for 2027 Focus Groups

To ensure a balance between stakeholder and target population voices, the following recommendations should be considered for the future:

- **Use neutral third-party facilitators to guide the focus group discussions. This will ensure that participants are asked probing questions revealing the community's needs and that everyone feels heard and included.**
- **Consider a joint focus group session in each locality, including stakeholders and target population respondents.**
- **Record target population and stakeholder group conversations to ensure the collected data is aligned to facilitate a more cohesive analysis process.**
- **Ensure target population focus groups include diverse representations to gather a more holistic picture of the community's needs.**

SECONDARY DATA

Secondary data in this assessment includes population data for the Centra Farmville Service Area. The service area includes the following counties: Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward and the town of Farmville.

Health Equity

Since 1980, Healthy People is a national initiative led by the U.S. Department of Health and Human Services that sets data-driven objectives to improve the health and well-being of Americans each decade. It builds on previous iterations of the Healthy People program, focusing on addressing health disparities, improving health equity, and fostering environments that promote good health. It is updated every 10 years. The initiative identifies key areas such as social determinants of health, health literacy, and preventive care, aiming to achieve a society where everyone can live healthier lives.

Healthy People incorporated a stronger focus on health equity beginning with Healthy People 2020, which explicitly identified the elimination of health disparities as a key objective. This effort was expanded further in Healthy People 2030, which emphasizes health equity as a foundational goal, aiming to ensure all individuals can achieve their full potential for health and well-being. Health equity is defined as the attainment of the highest level of health for all people, requiring efforts to address avoidable health disparities and social determinants of health. It includes eliminating structural barriers, addressing injustices, and ensuring equal access to health resources. The initiative focuses on reducing health disparities—differences in health outcomes that are closely linked to social, economic, or environmental disadvantages. Central themes include addressing social determinants of health such as education access, economic stability, healthcare quality, and neighborhood environments. Additionally, the initiative integrates health literacy as a crucial factor in advancing equity by ensuring individuals can access and understand health information effectively.

Source: Office of Disease Prevention and Health Promotion, Health People 2030, https://odphp.health.gov/
Data Retrieved: 11/27/2024

Since 2021, the impact of COVID-19 in Virginia has been significant, with the pandemic continuing to influence public health, economic activity, and societal behavior. In 2021, the state experienced surges related to the Delta variant, followed by Omicron in late 2021 and early 2022. The Omicron variant resulted in record-high case numbers, but relatively lower hospitalization and mortality rates compared to earlier waves due to increased vaccination coverage and prior immunity. Vaccination efforts have been central to mitigating severe outcomes. By early 2023, over 77% of Virginians had received at least one vaccine dose, with disparities in vaccine uptake observed among racial and ethnic groups.

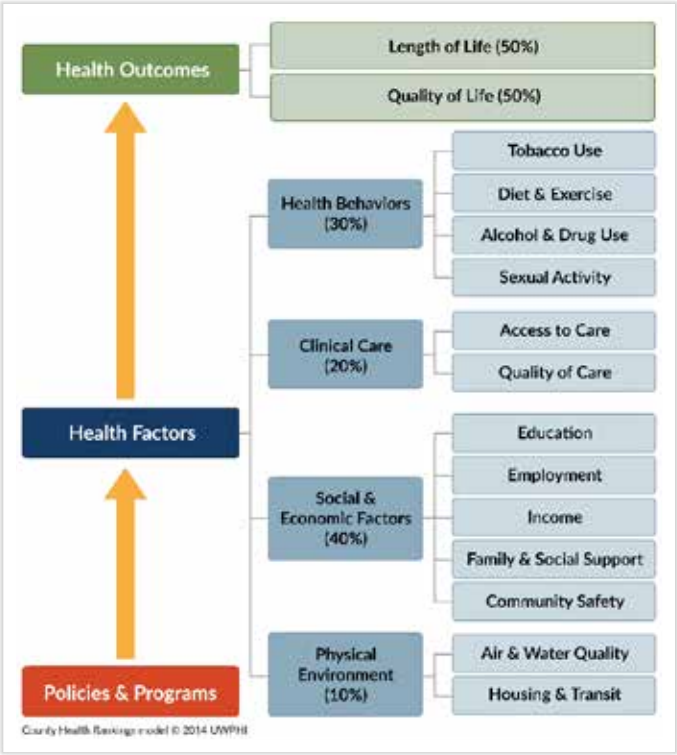
The prevalence of long COVID has become a significant health issue. Many Virginians experience lingering symptoms such as fatigue, respiratory issues, and cognitive difficulties, impacting quality of life and increasing the burden on healthcare systems. Although acute COVID-19 cases have decreased, the healthcare system continues to feel pressure from residual effects, including delayed treatments for other conditions due to prior disruptions and a surge in respiratory infections like RSV and flu. The lifting of most COVID-19 restrictions in Virginia, including mask mandates and social distancing measures, has led to a return to normalcy but also to periodic surges of infection. The end of the federal Public Health Emergency (PHE) in May 2023 resulted in changes to testing, vaccination coverage, and treatment access, particularly impacting those without insurance or in low-income communities.

Disproportionate impacts of the pandemic were particularly pronounced among minority populations, with higher rates of infection, hospitalization, and mortality early in the pandemic due to factors such as healthcare access, employment in essential industries, and socioeconomic disparities. Vulnerable groups, such as the elderly and those with pre-existing conditions, remain at higher risk. Additionally, the pandemic exacerbated mental health issues among Virginians. Increased stress, anxiety, and depression have been notable, especially among healthcare workers, students, and vulnerable populations.

While acute impacts of COVID-19 have declined, the ongoing effects on social determinants of health and healthcare access continue to shape the well-being of Virginians especially among racial and ethnic minority groups in Virginia. COVID-19 exacerbated economic disparities, especially affecting low-income families and communities of color. Job losses, inflation, and reduced financial support after the Public Health Emergency (PHE) have heightened economic stress, affecting health outcomes. Medicaid expansion in Virginia before the pandemic helped improve access to care, but the end of continuous enrollment policies during the PHE led to many losing coverage. This loss impacts preventive care and access to treatment for COVID-related complications. Prolonged school closures and disruptions have had lasting effects on children's health, including mental health challenges and learning losses. While schools have fully reopened, the pandemic's impact on educational outcomes continues to be a concern. Rising housing costs and inflation have intensified issues of housing insecurity and food access, and key social determinants of health. Programs like expanded SNAP benefits during the PHE helped temporarily but post-pandemic cuts have left many families vulnerable.

Source: Virginia Department of Health, COVID-19 in Virginia, https://www.vdh.virginia.gov/coronavirus/see-the-numbers-covid-19-in-virginia/
Source: Johns Hopkins Bloomberg School of Public Health, COVID-19 in 2022, A Year-End Wrap-up, https://publichealth.jhu.edu/2022/covid-year-in-review
Data Retrieved: 11/27/2024

County Health Rankings



Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. Retrieved 10/30/24 www.countyhealthrankings.org

The County Health Rankings & Roadmaps initiative, launched by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation, provides data and resources to improve health at the county level across the United States. Since its inception in 2010, the program has ranked counties based on a variety of health factors and outcomes, offering insight into disparities and actionable strategies to address them. The County Health Rankings in Virginia, up to 2023, utilize a comprehensive methodology to assess health outcomes (length and quality of life) and health factors (determinants that influence outcomes) across counties. These factors include social and economic elements, clinical care, health behaviors, and the physical environment. In Virginia, County Health Rankings were determined for 133 localities in the Commonwealth annually, with the healthiest county ranked as #1.

In 2024, the County Health Rankings & Roadmaps program introduced significant updates to its approach for evaluating county health. One of the key changes was the shift from ordinal rankings, which previously compared counties only within their respective states, to a more comparative framework that evaluates counties across state lines. This update aims to more accurately reflect regional health disparities and enable counties with similar conditions to collaborate on addressing shared health inequities. These changes have led to shifts in how counties are assessed and ranked. Previously ranked "healthy" counties may now appear less healthy due to adjustments in data presentation and evaluation criteria.

Counties are assigned composite scores for health outcomes and health factors that fall into (1 of 10) for health outcomes and or (1 of 9) for health factors, grouping localities in terms of healthiest to least healthiest counties in the country. The lower the number, the healthier the locality.

The updated framework now emphasizes factors like housing affordability, income levels, educational attainment, and access to recreational spaces. Additionally, the data incorporates more nuanced racial and ethnic groupings, better reflecting diverse community identities based on updated census information. New visualization tools also help to present data on health outcomes (like life expectancy) and health determinants more clearly, aiming to support local and national initiatives for health equity.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org,
Source: Wisconsin Health News, County Health Rankings & Roadmaps takes new approach to rankings, May 26, 2024, https://wisconsinhealthnews.com/2024/03/26/county-health-rankings-roadmaps-takes-new-approach-to-rankings/,
Data Retrieved: 11/27/2024

Farmville County Health Rankings

Locality	2021		2022		2023		3 YR Change	
	Health Outcomes	Health Factors	Health Outcomes	Health Factors	Health Outcomes	Health Factors	Health Outcomes	Health Factors
Amelia County	74	70	87	86	87	94	13	24
Buckingham County	87	124	82	119	81	122	-6	-2
Charlotte County	116	122	118	121	115	118	-1	-4
Cumberland County	93	103	80	91	72	85	-21	-18
Lunenburg County	126	121	122	113	121	113	-5	-8
Nottoway County	104	118	102	115	100	108	-4	-10
Prince Edward County	92	95	92	92	97	86	5	-9

Table Source: 2021 – 2023 County Health Rankings, https://www.countyhealthrankings.org/health-data
Data Retrieved: 11/7/2024

WORSE
BETTER

From 2021 to 2023, Amelia County has seen a significant deterioration in both Health Outcomes and Health Factors. Cumberland County has shown significant improvement in both Health Outcomes and Health Factors, making it stand out in terms of positive change. Prince Edward County has a mixed performance, with Health Outcomes deteriorating but Health Factors improving. The data reflects diverse trends across different counties in Farmville. While some counties like Cumberland have made notable improvements, others like Amelia have faced challenges, showing a need for targeted public health interventions and policy changes in specific areas.

2024 County Health Rankings

Health Outcomes Groupings		
County	Group Range Rank	Health Group Range
Charlotte	3	0.95 to 1.42
Lunenburg	4	0.56 to 0.95
Nottoway	5	0.22 to 0.56
Prince Edward	5	0.22 to 0.56
Amelia	5	0.22 to 0.56
Buckingham	6	-0.1 to 0.21
Cumberland	6	-0.1 to 0.21

Health Outcomes Groupings		
	Group Range Rank	Group Range
Healthiest	1	2.02 to 2.99
	2	1.42 to 2
	3	0.95 to 1.42
	4	0.56 to 0.95
	5	0.22 to 0.56
Least Healthy	6	-0.1 to 0.21
	7	-0.4 to -0.11
	8	-0.72 to -0.4
	9	-1.09 to -0.72
	10	-1.76 to -1.1

Health Factors Groupings		
County	Group Range Rank	Health Group Range
Lunenburg	3	0.23 to 0.47
Charlotte	3	0.23 to 0.47
Buckingham	3	0.23 to 0.47
Nottoway	3	0.23 to 0.47
Amelia	4	0 to 0.23
Prince Edward	4	0 to 0.23
Cumberland	5	-0.22 to 0

Health Factors Groupings		
	Group Range Rank	Group Range
Healthiest	1	0.75 to 1.11
	2	0.47 to 0.75
	3	0.23 to 0.47
	4	0 to 0.23
	5	-0.22 to 0
Least Healthy	6	-0.44 to -0.22
	7	-0.67 to -0.44
	8	-0.96 to -0.67
	9	-1.62 to -0.97

The County Health Rankings for the Farmville Area for 2024 reveal distinct changes in which locality is considered healthier as compared to similar localities nationally. Based on these new metrics, Charlotte, Lunenburg, Nottoway, Prince Edward, and Amelia counties are the healthiest localities for "Health Outcomes" and all counties are in the healthiest localities range for "Health Factors". With the previous methodology, these counties were in the lower quartiles in Virginia (least healthy).

HEALTH OPPORTUNITY INDEX

Like the County Health Rankings, Virginia's Health Opportunity Index (HOI) is a data-driven tool that evaluates health risks among populations by considering various social determinants of health. It is designed to identify areas and communities that may face greater health challenges due to factors such as socioeconomic status, access to healthcare, and environmental conditions.

The HOI uses a range of indicators, including:

1. **Demographics:** Age, race, and ethnicity statistics to understand the diverse needs of the population.
2. **Health Access:** Data on insurance coverage, availability of healthcare providers, and access to preventive services.
3. **Socioeconomic Factors:** Information on income levels, education, employment status, and poverty rates.
4. **Health Outcomes:** Prevalence of chronic diseases, infant mortality rates, and other health indicators.

This index enables public health officials and policymakers to identify high-risk areas, allocate resources effectively, and design targeted interventions to address health disparities.

The HOI is reported at both the census tract and county/independent city level. Numeric scores are based on 134 Virginia localities with the highest scores (worst) labeled as Very Low Opportunity to the lowest scores (best) labeled as Very High Opportunity. The HOI score helps to identify localities where there are barriers to achieving the highest level of health possible. As an example, currently Arlington County is ranked number 1 in the Commonwealth of Virginia indicating that the community members have the highest opportunity to live long and healthy lives based on the Social Determinants of Health. Buckingham County, in the Farmville Service Area, is currently ranked number 133, meaning their community members have the very lowest opportunity to live long and healthy lives. All localities in the service area are rated low to very low.

Source: https://apps.vdh.virginia.gov/omhhe/hoi/dashboards
Data Retrieved: 10/23/24

Health Opportunity Index		
Locality	*Rank*	*Rating*
Amelia County	102	Low
Buckingham County	133	Very Low
Charlotte County	123	Very Low
Cumberland County	126	Very Low
Lunenburg County	129	Very Low
Nottoway County	120	Very Low
Prince Edward County	106	Low

Table Source: Virginia Department of Health. Virginia Health Opportunity Index. https://apps.vdh.virginia.gov/omhhe/hoi/dashboards/counties
Data Retrieved: 08/09/2024

Farmville Population by Age Group by Locality

Age Group	Amelia		Buckingham		Charlotte		Cumberland		Farmville Town	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 5 years	725	5.45%	785	4.70%	612	5.29%	425	4.53%	254	3.32%
5 to 9 years	611	4.59%	851	5%	679	5.87%	307	3.27%	158	2.07%
10 to 14 years	929	6.98%	900	5.30%	790	6.83%	719	7.67%	91	1.19%
15 to 19 years	828	6.22%	920	5.50%	785	6.79%	581	6.20%	1413	18.48%
20 to 24 years	415	3.12%	818	4.80%	543	4.70%	450	4.80%	2032	26.57%
25 to 29 years	900	6.76%	1062	6.30%	578	5.00%	521	5.56%	656	8.58%
30 to 34 years	729	5.48%	1272	7.50%	638	5.52%	601	6.41%	306	4.00%
35 to 39 years	755	5.67%	1161	6.90%	761	6.58%	771	8.22%	265	3.47%
40 to 44 years	750	5.64%	1041	6.20%	343	2.97%	316	3.37%	231	3.02%
45 to 49 years	852	6.40%	1057	6.30%	619	5.35%	644	6.87%	154	2.01%
50 to 54 years	944	7.09%	1197	7.10%	781	6.75%	657	7.01%	333	4.35%
55 to 59 years	1,296	9.74%	1259	7.50%	943	8.16%	682	7.27%	286	3.74%
60 to 64 years	910	6.84%	1206	7.10%	911	7.88%	502	5.35%	241	3.15%
65 to 69 years	703	5.28%	1174	7.00%	911	7.88%	502	5.35%	227	2.97%
70 to 74 years	653	4.91%	873	5.20%	544	4.70%	749	7.99%	312	4.08%
75 to 79 years	546	4.10%	663	3.90%	518	4.48%	398	4.24%	185	2.42%
80 to 84 years	329	2.47%	305	1.80%	415	3.59%	132	1.41%	151	1.97%
85 years and over	434	3.26%	325	1.90%	192	1.66%	420	4.48%	352	4.60%
Median Age	45.1		43.3		45.4		46.3		24.4	
Total	13,309	100%	16,869	100%	11,563	100%	9,377	100%	7,647	100%

Age Group	Lunenburg		Nottoway		Prince Edward		Service Area		Virginia	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Under 5 years	570	4.75%	782	5.00%	928	4.23%	4,296	4.70%	494,148	5.73%
5 to 9 years	538	4.49%	898	5.74%	960	4.38%	4,151	4.50%	511,965	5.94%
10 to 14 years	848	7.07%	785	5.02%	817	3.73%	4,979	5.40%	545,595	6.33%
15 to 19 years	601	5.01%	986	6.31%	3,082	14.06%	8,276	9.10%	573,642	6.65%
20 to 24 years	632	5.27%	968	6.19%	3,483	15.89%	8,523	9.30%	580,019	6.73%
25 to 29 years	551	4.60%	1,138	7.28%	1,232	5.62%	5,576	6.10%	579,897	6.72%
30 to 34 years	784	6.54%	980	6.27%	1,206	5.50%	5,244	5.70%	590,216	6.84%
35 to 39 years	925	7.72%	954	6.10%	1,020	4.65%	5,451	6.00%	588,506	6.82%
40 to 44 years	682	5.69%	1,167	7.46%	1,061	4.84%	4,550	5.00%	556,645	6.45%
45 to 49 years	670	5.59%	865	5.53%	994	4.53%	4,798	5.20%	541,770	6.28%
50 to 54 years	756	6.31%	1,029	6.58%	1,058	4.83%	5,558	6.10%	561,174	6.51%
55 to 59 years	908	7.57%	949	6.07%	1,174	5.36%	6,238	6.80%	576,469	6.68%
60 to 64 years	845	7.05%	1,280	8.19%	1,322	6.03%	6,011	6.60%	543,459	6.30%
65 to 69 years	803	6.70%	775	4.96%	869	3.96%	4,790	5.20%	453,677	5.26%
70 to 74 years	802	6.69%	935	5.98%	1,118	5.10%	5,113	5.60%	365,967	4.24%
75 to 79 years	410	3.42%	497	3.18%	502	2.29%	3,056	3.30%	251,265	2.91%
80 to 84 years	344	2.87%	311	1.99%	464	2.12%	2,146	2.30%	158,796	1.84%
85 years and over	319	2.66%	339	2.17%	632	2.88%	2,688	2.90%	151,301	1.75%
Median Age	44		41.3		32		39.8		38.7	
Total	11,988	100%	15,638	100%	21,922	100%	91,444	100%	8,624,511	100%

Table Source: US Census. American Fact Finder. Table DP05. American Community Survey Demographic and Housing Estimates. 2018 – 2022. https://factfinder.census.gov
Data Retrieved: 04/04/2024

There is a higher percentage of young adults (15 to 24 years) living in Farmville and Prince Edward County as compared to all other localities or the Service Area and Virginia as a whole. This is most likely due to the presence of Longwood University and Hampden Sydney College in the town of Farmville. The percentage of the elderly population (65 years and older) is higher in the Service Area compared to the state average, especially in the 70 to 74 and 75 to 79 years age groups. In addition, the median age in the Service Area (39.8 years) is slightly higher compared to Virginia's average (38.7 years). Other than the town of Farmville and Prince Edward County, which is adjacent to Farmville, the median age in all other localities is significantly higher than the Service Area and Virginia's Median Age. Overall, the service area reflects an aging population.

Farmville Population by Sex

Locality	Male		Female	
	Number	%	Number	%
Amelia County	6,531	49.1%	6,778	50.9%
Buckingham County	9,405	55.8%	7,464	44.3%
Charlotte County	5,865	50.7%	5,698	49.3%
Cumberland County	4,887	50.4%	4,810	49.6%
Lunenburg County	6,285	52.4%	5,703	47.6%
Nottoway County	8,295	53.0%	7,343	47.0%
Prince Edward County	11,433	52.2%	10,489	47.9%
Service Area	52,701	52.2%	48,285	47.8%
Virginia	4,159,173	49.2%	4,295,290	50.8%

Table Source: US Census. American Fact Finder. Table DP05. American Community Survey 2018 - 2022 Demographic and Housing Estimates https://factfinder.census.gov
Data Retrieved: 04/09/2024

Most localities in the Farmville Service Area have a higher percentage of males compared to females with the exception of Amelia County. This is especially evident in Buckingham, Lunenburg, and Nottoway counties where there are correctional centers that serve males only in these counties. On average, the Farmville Service Area has a higher percentage of males (52.2%) compared to the Commonwealth (49.20%). Conversely, Virginia as a whole has a higher percentage of females (50.80%) than the Farmville service area (47.8%).

Sexual Orientation and Gender Identity Estimate

Locality	Population 18 and Older	LGBTQI+ Estimate
Amelia County	10,676	769
Buckingham County	13,990	1,007
Charlotte County	8,831	636
Cumberland County	7,922	570
Lunenburg County	9,654	695
Nottoway County	12,491	899
Prince Edward County	18,521	1,334
Service Area	82,086	5,910
Virginia		7.2%

Table Source: U.S. Census. Quick Facts. Population estimates, July 1, 2023. https://www.census.gov/quickfacts/
Data Retrieved: 08/09/2024
Table Source: U.S. Census. Sexual Orientation and Gender Identity in the Household Plus Survey. Characteristics of the LGBTQ+ adult population. https://www.census.gov/quickfacts/
Data Retrieved: 08/09/2024

Beginning in 2021, the US Census Bureau began collecting Sexual Orientation and Gender Identity (SOGI) data to advance equity for lesbian, gay, transgender, queer and intersexual (LGBTQI+) individuals. In Virginia, it is estimated that 7.2% of the population 18 years of age and older identify as LGBTQI+. Using this estimate, we can determine the Service Area data for the population 18 years of age and older who identify as LGBTQI+.

https://www.census.gov/library/stories/2021/11/census-bureau-survey-explores-sexual-orientation-and-gender-identity.html

Farmville Population by Race

Locality	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino	Total Population
Amelia County	9,928	2,679	0	1	0	0	701	455	12,854	13,309
Buckingham County	10,348	5,429	37	4	0	293	758	426	16,443	16,869
Charlotte County	8,486	3,238	83	59	0	30	313	299	11,264	11,563
Cumberland County	6,181	2,946	4	79	10	29	448	114	9,583	9,697
Lunenburg County	7,022	3,929	2	40	0	480	515	730	11,258	11,988
Nottoway County	8,770	5,955	3	83	0	62	765	783	14,855	15,638
Prince Edward County	13,737	6,559	98	308	185	140	895	791	21,131	21,922
Service Area	64,472	30,735	227	574	195	1,034	4,395	3,598	97,388	100,986
Virginia	5,473,610	1,630,355	23,728	591,088	6,185	576,163	341,207	865,015	7,759,496	8,624,511

Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2018 - 2022 American Community Survey 5-Year Estimates https://factfinder.census.gov Data Retrieved: 04/18/2024

Farmville Population by Race by Percent of Total Population

Locality	White	Black	American Indian / Alaskan Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino	Not Hispanic or Latino
Amelia County	74.6%	20.1%	0.0%	0.0%			5.3%	3.4%	96.6%
Buckingham County	61.3%	32.2%	0.2%	0.0%		1.7%	4.5%	2.5%	97.5%
Charlotte County	73.4%	28.0%	0.7%	0.5%		0.3%	2.7%	2.6%	97.4%
Cumberland County	63.7%	30.4%	0.0%	0.8%	0.1%	0.3%	4.6%	1.2%	98.8%
Lunenburg County	58.6%	32.8%	0.0%	0.3%		4.0%	4.3%	6.1%	93.9%
Nottoway County	56.1%	38.1%	0.0%	0.5%		0.4%	4.9%	5.0%	95.0%
Prince Edward County	62.7%	29.9%	0.4%	1.4%	0.8%	0.6%	4.1%	3.6%	96.4%
Service Area	64.3%	30.2%	0.2%	0.5%	0.5%	1.2%	4.3%	3.5%	96.5%
Virginia	63.5%	18.9%	0.3%	6.9%	0.1%	6.7%	4.0%	10.0%	90.0%

Table Source: US Census. American Fact Finder. Table DP05. ACS Demographic and Housing Estimates. 2018 - 2022 American Community Survey 5-Year Estimates, https://factfinder.census.gov Data Retrieved: 04/18/2024

The Farmville localities have a predominantly White and Black population. The % of Whites in the Service Area (64.3%) aligns closely with Virginia as a whole (63.5%) However, the % of Blacks is significantly higher in the Service Area (30.2%) as compared to Virginia (18.9%) and the % of Not Hispanic or Latino is higher in the Service Area (96.5%) as compared to Virginia (90.0%). Other racial groups (American Indian / Alaskan Native, Asian, Native Hawaiian or Pacific Islander) are present but in much smaller numbers. There is a presence of people identifying as two or more races in each locality, and overall indicates a diverse racial composition with a significant Hispanic or Latino population in some areas.

Farmville Limited English-Speaking Households

Locality	Total			Alternate Language		
	Total Population Over Five	Speaks English Less than Very Well	Percent	Spanish	Asian and Pacific Isl.	Other
Amelia County	12,584	206	1.6%	206	0	0
Buckingham County	16,084	205	1.3%	140	1	64
Charlotte County	10,951	26	0.2%	5	11	10
Cumberland County	9,272	33	0.4%	0	9	24
Lunenburg County	11,418	418	3.7%	405	0	13
Nottoway County	14,856	318	2.1%	297	3	18
Prince Edward County	20,994	428	2.0%	376	20	32
Service Area	96,159	1634	1.6%	1429	44	161
Virginia	8,130,363	477,522	5.9%	246,030	118,157	113,365

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimates 2018 - 2022.
Data Retrieved: 04/18/2024

A "limited English-speaking" household is one in which all members age 14 and older have at least some difficulty with English. The U.S. Census Bureau defines "limited English-speaking" household as one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English "very well."(https://www.census.gov/topics/population/language-use/about/faqs.html Retrieved 10/23/24)

The localities in the Farmville Service Area generally have a lower percentage of residents who speak English less than very well compared to the state average (1.61% vs. 5.90%). Spanish is the predominant non-English language spoken by those who speak English less than very well in Amelia, Buckingham, Nottoway, and Prince Edward. The presence of Asian and Pacific Islander languages and other languages is relatively minimal compared to Spanish with the exception of Buckingham, Charlotte, and Cumberland Counties.

Population Projections by Locality, 2030-2050

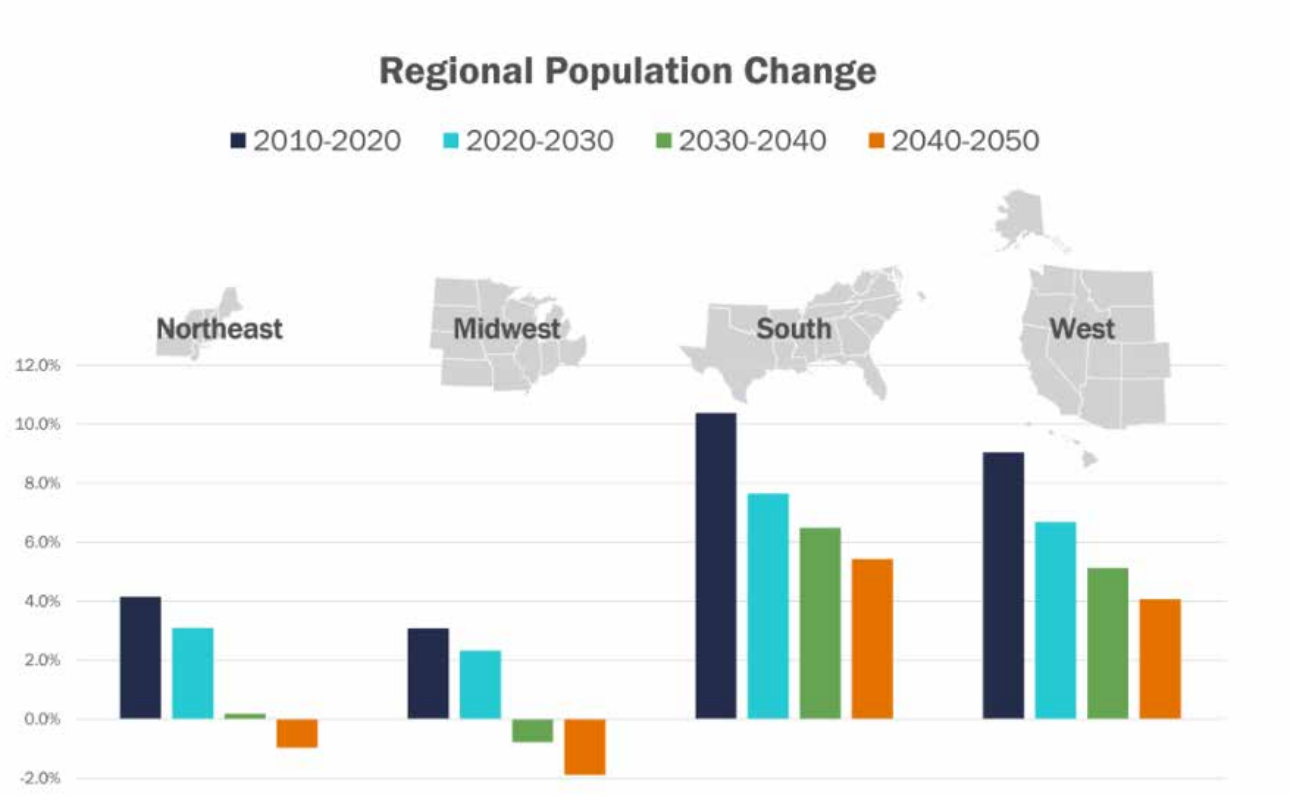
Locality	2030	2040	2050	+/-
Amelia County	13,648	14,359	15,292	12.0%
Buckingham County	16,265	16,617	17,218	5.9%
Charlotte County	10,322	9,705	9,234	-10.5%
Cumberland County	9,165	9,354	9,683	5.7%
Lunenburg County	10,801	10,046	9,441	-12.6%
Nottoway County	15,210	14,945	14,903	-2.0%
Prince Edward County	20,039	20,792	21,856	9.1%
Service Area	95,450	95,818	97,627	2.3%
Virginia	9,129,002	9,759,371	10,535,810	15.4%

Table Source: Weldon Cooper Center for Public Service. https://www.coopercenter.org/virginia-population-projections Years Measured: 2030-2050 Data Retrieved: 07/16/2024

The majority of the counties in the Service Area are experiencing growth, though at different rates. Amelia County has the highest projections for growth over the next 25 years (12.0%) while Charlotte and Lunenburg Counties are notable for their declining populations (-10.5% and -12.6% respectively), which may indicate economic or demographic challenges. The overall Service Area population is growing slowly (2.3%), in contrast to the state of Virginia (15.4%), which is growing more rapidly.

"Between now and 2050, the overall population of the United States is expected to increase, from 331 million in 2020 to 349 million in 2030 and 371 million in 2050. In continuation of the well-established trend of slowing growth rates, we may see the national rate of growth decrease from nearly 10% in 2000-2010 to 7.4% over 2010-2020 to an anticipated 5.5% over 2020-2030. Most states will also experience similar deceleration as per the projections. This pattern can be partially attributed to the lower level of immigration as well as the accompanying lower birth rates and older age profile over the recent decades. The change in the total U.S. population is of course not uniformly distributed across all geographies. This variation can be demonstrated in multiple ways, by regions and by states. A comparison across the regions in the United States reveals that population growth over the next several decades is expected to continue to move towards the South and West, with both regions experiencing 6-8% increase in the current decade until 2030. Between 2040-2050 the Northeast is expected to see a slight population decline, whereas the Midwest is expected to shrink even earlier and see negative population change over 2030-2040."

Source: https://www.coopercenter.org/research/national-50-state-population-projections-2030-2040-2050
Data Retrieved 10/23/2024



HEALTH FACTORS

The County Health Rankings measure Health Factors, which are elements influencing a community's overall health. These factors fall into four broad categories and each health factor is assigned different weights to reflect its estimated contribution to overall health outcomes.

1. **Social and Economic Factors (40%):** Social determinants of health like education level, employment rates, income inequality, family support, and community safety.
2. **Health Behaviors (30%):** Indicators such as smoking rates, physical activity levels, diet, alcohol use, and sexual activity patterns.
3. **Clinical Care (20%):** Access to and quality of healthcare services, including the number of uninsured individuals and the ratio of healthcare providers to the population.
4. **Physical Environment (10%):** Environmental conditions such as air and water quality, housing affordability, and access to transportation and healthy foods.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org,
Data Retrieved 10/23/2024.

Social and Economic Factors

Social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety, and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress. Social and economic opportunities help communities live longer and healthier lives. For example, a living wage shapes opportunities for housing, education, childcare, food, and medical care. Strategies to improve these factors can have a greater impact on health than strategies that target individual behaviors. Communities that have been cut off from investments or who have experienced discrimination have fewer social and economic opportunities. These gaps disproportionately affect people of color and people living in rural areas. Children may be especially impacted.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors
Data Retrieved 10/23/2024

EDUCATION

The relationship between education and health is well-documented, with numerous studies showing that higher levels of education are linked to better health outcomes. This connection stems from various factors, including access to resources, health knowledge, and social determinants of health.

People with higher levels of education are more likely to engage in healthier behaviors. They tend to have better knowledge of health practices, such as the importance of regular exercise, a balanced diet, and preventive care. Education also improves critical thinking skills, which helps individuals make informed health decisions. Research shows that higher educational attainment is associated with lower rates of smoking, obesity, and other risky behaviors. Education can play a protective role in mental health. Higher educational attainment has been linked to lower rates of depression, anxiety, and psychological distress. The cognitive and social skills acquired through education help individuals manage stress more effectively and access mental health resources when needed. Education is strongly correlated with income levels, and higher income provides better access to healthcare services, nutritious food, and healthier living environments. People with more education are more likely to secure jobs that offer health insurance, paid sick leave, and less physically taxing working conditions, all of which contribute to better health.

Sources: Cutler, D. M., Huang, W., & Lleras-Muney, A. (2021). Economic approaches to understanding and reducing health disparities. JAMA, 326 (7), 637-638; Galama, T. J., & van Kippersluis, H. (2019). A theory of socio-economic disparities in health over the life cycle. The Economic Journal, 129 (617), 338-374; Hamad, R., Penner, E. C., & Tylavsky, F. A. (2019). The effects of cumulative and intergenerational education on health in young adulthood. Social Science & Medicine, 222, 1-9; Zimmerman, E., Woolf, S. H., & Haley, A. (2020). Understanding the relationship between education and health: A review of the evidence and an examination of community perspectives. Health Affairs, 39 (6), 1019-1025.
Date Retrieved: 10/23/24

Educational Attainment by Locality for the Population Age 25 and Over

Locality	Population 25 Years and Over	Less than High School Graduate	High School Grad or Equivalent	Some College of Associate's Degree	Bachelor's Degree or Higher
Amelia	9,801	13.6%	45.3%	23.4%	17.7%
Buckingham	12,595	15.9%	45.3%	26.7%	12.2%
Charlotte	8,154	15.5%	38.0%	29.8%	16.6%
Cumberland	7,215	13.9%	34.7%	32.9%	18.5%
Lunenberg	8,799	21.3%	36.4%	31.2%	11.1%
Nottoway	11,219	16.2%	39.5%	28.3%	16.2%
Prince Edward	12,652	11.6%	35.3%	26.2%	26.9%
Service Area	70,435	16.4%	37.1%	28.6%	18.1%
Virginia	5,919,142	9.9%	23.9%	26.3%	41.0%

Table Source: US Census. American Fact Finder. EDUCATIONAL ATTAINMENT 2018 -2022. American Community Survey 5-Year Estimates.
Data Retrieved: 05/27/2024

The service area generally shows lower educational attainment compared to Virginia as a whole, especially in terms of higher education (bachelor's degree or higher). Some localities have higher percentages of less formal education (e.g., Lunenburg), while others have relatively higher percentages of Bachelor's Degrees (e.g., Prince Edward). Areas like Buckingham and Amelia have a high percentage of High School Graduates but lower percentages of higher education.

Poverty Rate for the Population 25 Years and Over and for Whom Poverty Status is Determined by Educational Attainment

Locality	Less than high school graduate	High school graduate	Some college, associate's degree	Bachelor's degree or higher
Amelia	19.6%	8.5%	7.7%	5.2%
Buckingham	24.2%	13.4%	11.6%	4.2%
Charlotte	29.3%	19.2%	17.5%	5.0%
Cumberland	21.5%	6.4%	6.3%	3.4%
Lunenberg	26.1%	12.3%	6.5%	2.1%
Nottoway	36.5%	24.1%	7.8%	8.4%
Prince Edward	37.7%	21.0%	12.8%	5.7%
Service Area	27.8%	15.0%	10.0%	4.9%
Virginia	23.4%	13.0%	9.2%	3.4%

Table Source: US Census. American Fact Finder. POVERTY STATUS IN THE PAST 12 MONTHS 2018 - 2022. American Community Survey 5-Year Estimates.
Data Retrieved: 05/09/2024

In the Farmville service area higher levels of education consistently correlate with lower poverty rates. This trend is visible across all localities. Nottoway (36.5%) and Prince Edward (37.7%) counties show the highest poverty rates at lower education levels. The Service Area generally has higher poverty rates compared to the state averages across all education levels, indicating potential areas for economic improvement or targeted educational and support interventions.

ON TIME GRADUATION AND DROP-OUT RATES

The Virginia On-Time Graduation Rate defines graduates as students who earn Advanced Studies, Standard, International Baccalaureate (IB), or Applied Studies Diplomas for students who entered the ninth grade for the first time together and were scheduled to graduate four years later. The formula also recognizes that some students with disabilities and limited English proficient (EL) students are allowed more than the standard four years to earn a diploma and counts those students as 'on-time' graduates.

Amelia County

Amelia County High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	91.27%	94.12%	87.93%	90.24%	93.10%	<	86.96%	80.00%
Drop-out Rate	4.76%	2.94%	6.90%	4.88%	3.45%	<	7.25%	20.00%

Buckingham County

Buckingham County High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	90.67%	85.94%	94.19%	90.79%	92.59%	<	88.89%	88.89%
Drop-out Rate	7.33%	12.50%	3.49%	6.58%	5.56%	<	8.89%	11.11%

Charlotte County

Randolph-Henry High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	82.71%	90.38%	77.78%	84.71%	82.50%	<	76.92%	69.57%
Drop-out Rate	9.02%	1.92%	13.58%	8.24%	7.50%	<	15.38%	26.09%

Cumberland County

Cumberland High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	89.69%	91.11%	88.46%	85.00%	100.00%	<	89.58%	84.62%
Drop-out Rate	4.12%	4.44%	3.85%	5.00%	0.00%	<	2.08%	7.69%

Lunenburg County

Central High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	94.21%	95.83%	93.15%	90.48%	100.00%	100.00%	91.43%	89.47%
Drop-out Rate	2.48%	0.00%	4.11%	4.76%	0.00%	0.00%	2.86%	10.53%

Nottoway County

Nottoway High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	85.00%	86.36%	83.78%	83.61%	92.42%	<	80.95%	82.35%
Drop-out Rate	12.86%	13.64%	12.16%	14.75%	4.55%	<	16.67%	17.65%

Prince Edward County

Prince Edward County High	*Total*	*Female*	*Male*	*White*	*Black*	*Hispanic*	*Economically Disadvantaged*	*Disability*
On Time Graduation	80.25%	82.35%	77.78%	70.59%	85.42%	<	82.56%	88.24%
Drop-out Rate	14.56%	14.12%	15.28%	23.53%	9.38%	<	10.47%	11.76%

Note: < Indicates insufficient data from VDOE

Table Source: Virginia Department of Education. Statistics and Reports. Graduation, Completion, Dropout & Postsecondary Date. 2023. https://p1pe.doe.virginia.gov/apex/f?p=246:1:::::p_session_id,p_application_name:14515291606537576 2,cohortgrad

Data Retrieved: 05/23/2024

For the 2023-2024 school year, the Virginia Department of Education (VDOE) published on-time graduation and dropout rates for various student demographics across the state. Key data include:

- **Total Graduation Rate:** 92.8%, with a dropout rate of around 4.5%.
- **By Gender:** Female students typically graduate at slightly higher rates than male students.
- **By Race/Ethnicity:** White students generally have higher graduation rates than Black and Hispanic students.
- **By Economic and Disability Status:** Economically disadvantaged and students with disabilities have lower graduation rates and higher dropout rates than their peers.

Source: Virginia Department of Education, https://www.doe.virginia.gov/, Graduation and Dropout Reports
Data Retrieved: 10/25/2024

FREE AND REDUCED LUNCH RATES

The Free and Reduced Lunch (FRL) rate from the Virginia Department of Education (VDOE) refers to the percentage of students in a school or school district who qualify for free or reduced-price meals under the National School Lunch Program (NSLP). This rate serves as an indicator of student economic need within schools and districts.

Eligibility for free or reduced-price meals is based on household income and family size, using federal poverty guidelines:

- **Free lunch:** Students from households with income at or below 130% of the federal poverty line.
- **Reduced-price lunch:** Students from households with income between 130% and 185% of the federal poverty line.

The FRL rate is commonly used as a socioeconomic metric in school reporting, and it can have an impact on funding, resource allocation, and the development of educational programs targeted at reducing educational inequities.

In Virginia, some districts report the same Free and Reduced Lunch (FRL) rates across all schools due to a program called the Community Eligibility Provision (CEP). Under CEP, schools or districts with a high percentage of low-income students can offer free breakfast and lunch to all students, regardless of individual eligibility. This eliminates the need for families to apply individually, which can help reduce administrative burdens and stigma associated with free meals.

CEP-eligible districts calculate a district-wide FRL rate based on the proportion of students directly certified for free meals, such as those enrolled in specific assistance programs (e.g., SNAP, TANF). The VDOE then applies this rate uniformly across all schools in the CEP district for reporting purposes, even though the actual economic need might vary slightly among individual schools.

All school districts in the Farmville Service Area are CEP-eligible and their total Free and Reduced Lunch (FRL) rates are as follows:

School Division Number	*District*	*School Nutrition Program Membership (Number)*	*Total FRL Eligible (Number)*	*Total FRL Eligible (%)*
04	**Amelia County Public Schools**	1,559	1,284	82.36%
015	**Buckingham County Public Schools**	1,923	1,857	96.53%
020	**Charlotte County Public Schools**	1,700	1,512	89.02%
025	**Cumberland County Public Schools**	1,237	1,210	97.82%
055	**Lunenburg County Public Schools**	1,615	1,585	98.14%
067	**Nottoway County Public Schools**	1,819	1,819	100.00%
073	**Prince Edward County Public Schools**	1,920	1,892	98.54%
	Service Area	11,773	11,159	94.8%
	Virginia Public School Division	1,257,975	730,844	58.10%

Table Source: Virginia Department of Education retrieved from https://www.doe.virginia.gov/programs-services/school-operations-support-services/school-nutrition/program-statistics-reports. Data for the 2023 - 2024 School Year.
Data Retrieved: 05/16/2024

CHRONIC ABSENTEEISM

Since the COVID-19 pandemic, Virginia has experienced a significant increase in chronic absenteeism among K-12 students. In the 2021-2022 school year, chronic absenteeism—defined as missing 10% or more of school days—reached nearly double pre-pandemic levels, with around 20% of students meeting this threshold. This surge has been linked to various pandemic-related issues, including mental health challenges, disrupted routines, and economic difficulties that impacted family stability and student engagement. Nearly all school divisions in the 2021–22 school year experienced surges in chronic absenteeism, with just three divisions experiencing a decrease. While COVID-19 quarantines contributed to increased absenteeism, school staff indicated other factors contributed as well. More students also exhibited disruptive behavior as they returned to in-person instruction, according to school staff (though quantifying the increase is difficult because of data limitations). School staff were asked to rate the seriousness of 15 issues they faced, such as teacher compensation, student academic progress, lack of respect from parents, and concerns about health during the pandemic. Student behavior problems were rated as the most serious of all 15 issues listed. Principals and teachers cited months spent out of the physical classroom as the main reason for increased student behavioral problems. (Source: Commonwealth of Virginia, Joint Legislative Audit & Review Commission, Pandemic Impact on Public K-12 Education, 2022, https://jlarc.virginia.gov/pdfs/reports/Rpt568-1.pdf)

To address this, the Virginia Department of Education (VDOE) under Governor Glenn Youngkin established the Chronic Absenteeism Task Force under its "ALL IN VA" plan. This task force works with schools and community organizations to re-engage students and support families, emphasizing the importance of consistent attendance, especially in elementary grades, where absenteeism has remained a persistent issue. (Source: Virginia Department of Education, Chronic Absenteeism Task Force, https://www.doe.virginia.gov/teaching-learning-assessment/all-in-va/attendance-matters/chronic-absenteeism-task-force)

By the 2023-2024 academic year, chronic absenteeism rates in Virginia showed some improvement, falling to 15.1% from a high of 19.3% the previous year, although rates remain above pre-pandemic averages. The VDOE has continued to focus on long-term solutions, such as mental health resources and family engagement programs, to further reduce absenteeism and support students' educational outcomes.

Division	*Chronic Absenteeism Rate 2023-2024*
Amelia County Public Schools	13.6%
Buckingham County Public Schools	25.1%
Charlotte County Public Schools	17.2%
Cumberland County Public Schools	21.0%
Lunenburg County Public Schools	13.2%
Nottoway County Public Schools	21.2%
Prince Edward County Public Schools	20.6%
Virginia	15.1%

Table Source: Virginia Department of Education, School Quality Profiles, https://schoolquality.virginia.gov/download-data
Data Retrieved: 10/27/2024

Chronic absenteeism is defined by VDOE as the number of students missing 10% or more of days enrolled. For the percentage, this number is then divided by student enrollment.

In the 2023-2024 school year, all school divisions in the service area, with the exception of Amelia and Lunenburg counties, had higher chronic absenteeism rates as compared to the rate in Virginia.

EMPLOYMENT

Employment trends in Virginia following the COVID-19 pandemic reveal both shifts and resilience across various sectors. Virginia has benefited from a strong tech and professional services presence, which buffered the state from the worst job losses seen in other regions, especially due to its high number of remote-capable jobs. This has been particularly evident in sectors like Information Technology, which saw stable or increased demand due to Virginia's large data center industry.

Conversely, tourism, hospitality, and retail sectors were hard-hit initially. Hotels and restaurants faced significant challenges, with some establishments permanently closing. However, these sectors are rebounding, though not fully to pre-pandemic levels, as reduced business travel and a shift towards remote work diminished demand for in-person services. Additionally, there has been increased investment in automation and e-commerce, which has expanded warehouse and transportation roles to meet rising online shopping demand. However, these trends also mean that traditional retail and low-wage service positions are unlikely to return to former levels, and job growth is concentrated in higher-wage positions.

As of recent data from the Bureau of Labor Statistics, Virginia's unemployment rate has stabilized, with industries like construction, healthcare, and technology continuing to show resilience. Construction alone saw nearly a 5.4% increase year-over-year, while the manufacturing and trade sectors are growing but at a slower pace. This dynamic landscape indicates a broader trend of employment recovery, tempered by a shift towards automation and remote work.

Sources: Virginia Business, The great transformation, February 28, 2021, https://virginiabusiness.com/the-great-transformation/; McKinsey Global Institute, The future of work after COVID-10, February 18, 2021, https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19; US Bureau of Labor Statistics, Economy at a glance, Virginia, https://www.bls.gov/eag/eag.va.htm
Data Retrieved: 10/27/24

UNEMPLOYMENT RATES

Unemployment is associated with adverse health effects. Prolonged unemployment increases the risk of mental health issues, including depression and anxiety, and is correlated with higher rates of substance use and mortality. Physical health can deteriorate due to factors like stress-induced health conditions and lack of access to employer-based health insurance. Research indicates that unemployed individuals may experience a 20-30% increase in mortality risk compared to those employed.

Source: Virginia Business, The great transformation, February 28, 2021, https://virginiabusiness.com/the-great-transformation/; McKinsey Global Institute, The future of work after COVID-10, February 18, 2021, https://www.mckinsey.com/featured-insights/future-of-work/the-future-of-work-after-covid-19)
Data Retrieved: 10/27/24

Unemployment Rates by Locality by Percent

Locality	*2020*	*2021*	*2022*	*2023*
Amelia County	6	3.5	2.9	3
Buckingham County	7.6	5.1	3.8	3.9
Charlotte County	5.8	3.7	3	3.5
Cumberland County	6.3	4.2	3.3	3.5
Lunenburg County	5.5	3.8	3.3	3.3
Nottoway County	5.2	3.7	2.9	3
Prince Edward County	6.7	4.8	3.8	4.1
Service Area	6.2	4.1	3.3	3.5
Virginia	6.5	3.9	2.8	2.9

Table Source: Virginia Works. Current Local Area Unemployment Statistics (LAUS). https://virginiaworks.com/Local-Area-Unemployment-Statistics-LAUS.
Data Retrieved: 06/10/2024

WAGES

The nature and quality of employment also plays a crucial role in health outcomes. Jobs with high levels of stress, poor working conditions, or lack of autonomy can negatively impact health. For example, low-wage or high-stress positions often lead to burnout and physical health issues, such as cardiovascular problems. Meanwhile, secure, well-compensated jobs with good working conditions are associated with better health outcomes, as they afford employees the means and time to prioritize health.

Source: US Bureau of Labor Statistics, Economy at a glance, Virginia https://www.bls.gov/eag/eag.va.htm
Data Retrieved: 10/27/24

Annual Employment and Wage Statistics by Locality in 2023

County	Annual Establishments	Annual Average Employment	Total Annual Wages	Annual Average Weekly Wage	Annual Wages per Employee
Amelia	437	2,542	$118,775,063.00	$899.00	$46,730.00
Buckingham	574	2,996	$144,070,957.00	$925.00	$48,081.00
Charlotte	752	2,856	$128,858,989.00	$868.00	$45,127.00
Cumberland	288	1,312	$57,038,515.00	$836.00	$43,466.00
Lunenberg	381	2,295	$105,423,127.00	$884.00	$45,944.00
Nottoway	501	5,457	$281,132,593.00	$991.00	$51,519.00
Prince Edward	749	8,711	$406,611,695.00	$898.00	$46,681.00
Service Area	526	3,738	$177,415,848.43	$900.14	$46,792.57
Virginia	322,450	4,048,268	$300,603,986,144.00	$1,428.00	$74,255.00
United States	11,916,357	153,087,529	$11,076,974,138,515.00	$1,391.00	$72,357.00

Table Source: Total Covered, 10 Total, all industries, All Counties in Virginia 2023 Annual Averages, All establishment sizes Source: Quarterly Census of Employment and Wages - Bureau of Labor Statistics (bls.gov), https://data.bls.gov/cew/apps/table_maker/v4/table_maker.htm#type=2&st=51&year=2023&qtr=A&own=0&ind=10&supp=1.
Data Retrieved: 07/16/2024

The Farmville service area generally has lower annual average weekly wages and annual wages per employee compared to state and national figures. Employment numbers in these localities are modest compared to the overall state and national employment figures, reflecting their smaller population size.

Largest Employers by Locality

Amelia County Top 10 Employers (2024)	
1	Amelia County School Board
2	County of Amelia
3	Wellsprings At Amelia Rehabilitation and Nursing Center
4	Food Lion
5	Star Children's Dress Company
6	Catapult Learning LLC
7	Swift Creek Forest Products
8	Masons Touch Inc
9	McDonald's
10	Amelia Overhead Door

The top industries with the greatest number employed in Amelia County include "Government, Local Government, Construction, Healthcare & Social Assistance, Manufacturing, and Retail Trade".

Buckingham County Top 10 Employers (2024)	
1	Buckingham County School Board
2	Buckingham Correctional Center
3	Dillwyn Correctional Center
4	Central Virginia Health Services Inc
5	County of Buckingham
6	Kyanite Mining Corporation
7	Food Lion
8	Heritage Hall
9	The Rock Kamps, LLC
10	McDonalds

The top industries with the greatest number employed in Buckingham County include "Government, State Government, Local Government, Health Care & Social Assistance and Retail Trade".

Charlotte County Top 10 Employers (2024)	
1	Charlotte County School Board
2	County of Charlotte
3	Morgan Lumber Company Inc.
4	Southside Virginia Community College
5	Kituwah Manufacturing LLC
6	Genesis Products Inc
7	Ontario Hardwood Company
8	U.P.S.
9	Snowshoe LTC Group
10	Food Lion

The top industries with the greatest number employed in Charlotte County include "Government, Local Government, Manufacturing, Health Care & Social Assistance and Retail Trade".

Cumberland County Top 10 Employers (2024)	
1	Cumberland County School Board
2	County of Cumberland
3	Retail Execution East, LLC
4	Gemini
5	Johnny R. Asal Lumber Company
6	Virginia Department of Conservation
7	C.F. Marion Trucking
8	Cumberland Restaurant LLC
9	N & S Construction Inc
10	NaturChem, Inc.

The top industries with the greatest number employed in Cumberland County include "Government, Local Government, Retail Trade, Manufacturing, and Construction".

Largest Employers by Locality *(continued)*

Lunenburg County Top 10 Employers (2024)	
1	Lunenburg County Public School
2	Lunenburg Correctional Center
3	Virginia Marble Manufacturing
4	Three Rivers Treatment Center
5	Benchmark Community Bank
6	Lunenburg County
7	Trash Fairies Llc
8	Food Lion
9	Lunenburg Medical Center
10	Insurance Services South, Inc.

The top industries with the greatest number employed in Lunenburg County include "Government, Local Government, State Government, Manufacturing and Retail Trade".

Nottoway County Top 10 Employers (2024)	
1	Virginia Center for Behavioral Rehabilitation
2	Piedmont Geriatric Hospital
3	Nottoway County Public School Board
4	Nottoway Correctional Center
5	Virginia Department of Military Affairs
6	Hci Management Services Co
7	Wal Mart
8	Heritage Hall
9	County of Nottoway
10	U.S. Department of Defense

The top industries with the greatest number employed in Nottoway County include "Government, Local Government, State Government, Manufacturing and Retail Trade".

Prince Edward County Top 10 Employers (2024)	
1	Longwood University
2	Centra Health
3	Wal Mart
4	Prince Edward County Public Schools
5	Hampden-Sydney College
6	Pike Electric
7	Crossroads Services Board
8	J.R. Tharpe Truck Company
9	County of Prince Edward
10	Aramark Campus LLC

The top industries with the greatest number employed in Prince Edwards County include "Government, Health Care & Social Assistance, Retail, Accommodation and Food Service, and State Government".

Table Source for all localities: Virginia Works, Economic Information & Analytics, Quarterly Census of Employment and Wages (QCEW), 2nd Quarter (April, May, June) 2024, https://virginiaworks.com/community-profiles
Data Retrieved: 10/26/2024

INCOME

The link between poverty and health is a critical public health issue, as poverty has consistently been shown to negatively impact health outcomes. Poverty influences health through multiple pathways, including limited access to healthcare, poor living conditions, inadequate nutrition, and increased exposure to stress.

People living in poverty often lack access to affordable healthcare. Without health insurance or financial resources, they are less likely to receive preventive services, timely medical treatment, and necessary medications. This delay in care can lead to the progression of preventable diseases and worse health outcomes. Studies show that uninsured individuals are more likely to experience poor health and higher mortality rates. Poverty is associated with chronic stress, which negatively affects both physical and mental health and is impacted by financial insecurity, food scarcity, and unsafe living environments. Chronic stress has been linked to an increased risk of mental health issues, including depression, anxiety, and substance abuse disorders. Furthermore, long-term exposure to stress hormones can lead to the development of chronic diseases like hypertension and diabetes.

Poverty is associated with higher rates of chronic diseases such as heart disease, diabetes, and respiratory disorders. Low-income individuals often face barriers to managing these conditions, including limited access to medications, healthy food, and safe places to exercise. Additionally, poverty exacerbates the impact of these diseases because of delayed diagnosis and inadequate treatment. Recent studies show that individuals in the lowest income bracket have a significantly higher risk of developing chronic diseases compared to wealthier counterparts.

Poverty affects not just the individual but also subsequent generations. Children raised in poverty are more likely to experience poor health, educational deficits, and reduced economic opportunities as adults. This cycle of poverty and poor health continues across generations, perpetuating health disparities. Exposure to adverse childhood experiences (ACEs), which are more common in low-income households, can lead to lifelong health issues like cardiovascular disease and mental health disorders. Addressing poverty is essential for improving public health and reducing health disparities.

Sources: Boehm, J. K., & Kubzansky, L. D. (2020). The heart's content: The association between positive psychological well-being and cardiovascular health. Psychological Bulletin, 146(8), 617–644; Braveman, P., & Gottlieb, L. (2019). The social determinants of health: It's time to consider the causes of the causes. Public Health Reports, 129(1), 19-31; Fiscella, K., & Sanders, M. R. (2019). Racial and ethnic disparities in the quality of health care. Annual Review of Public Health, 37, 375-394; Garner, A. S., Forkey, H., & Szilagyi, M. (2021). Translating developmental science to address childhood adversity. Pediatrics, 147(2), e2020040282; Seligman, H. K., & Berkowitz, S. A. (2019). Aligning programs and policies to support food security and public health goals. Annual Review of Public Health, 40, 319-337.
Data Retrieved: 10/23/24

Median Household Income ($) by Locality, by Race 2022

Locality	Households	White	Black	Hispanic
Amelia County	63,438	61,322	67,656	
Buckingham County	59,894	65,842	47,143	33,162
Charlotte County	51,548	56,066	38,953	18,561
Cumberland County	56,497	62,782	47,837	
Lunenburg County	54,438	63,357	48,341	
Nottoway County	62,366	63,790	61,949	
Prince Edward County	57,304	63,434	37,088	115,945
Service Area	57,926	62,370	49,852	55,889
Virginia	85,873	91,924	60,526	84,525

Table Source: US Census. American Fact Finder. Median Income in the Past 12 Months. 2018-2022 American Community Survey 5-Year Estimates
Data Retrieved: 05/07/2024

This data highlights income disparities by race in different localities and suggests that while some areas show substantial gaps, others like Prince Edward show positive trends with Hispanic households earning more. Virginia has a higher median household income overall at $85,873 as compared to the Service Area at $57,926. There is a consistent pattern of White households earning more than Black and Hispanic households in most localities.

2024 Health & Human Services (HHS) Poverty Guidelines

Persons in Family/Household	*Poverty Guideline*
1	$15,060
2	$20,440
3	$25,820
4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families/households with more than 8 persons, add $5,380 for each additional person.	

Table Source: https://aspe.hhs.gov/poverty-guidelines
Data Retrieved: 05/07/2024

The 2024 HHS Poverty Guidelines show the annual income thresholds considered to be at or below the poverty line in the United States, based on family size. The poverty guideline increases as the number of people in the household increases. For each additional person, the amount added to the guideline is $5,380, reflecting the higher cost of living for larger households. The poverty guideline shows a progressive increase as household size grows. For a single-person household, the guideline is $15,060, while for an 8-person household, it is $52,720. This difference highlights the increased financial needs of larger households. These guidelines are often used to determine eligibility for various federal programs and benefits. Households with income below these thresholds might qualify for assistance programs designed to help low-income individuals and families.

Percentage of Families and People Whose Income in the Past 12 Months is Below the Poverty Level

Locality	All People	Persons Age 65 Years and Over	Persons Under 18 Years	Families with female householder, no spouse present
Amelia County	11.1%	10.5%	14.6%	16.6%
Buckingham County	14.0%	12.7%	18.5%	36.7%
Charlotte County	20.3%	13.4%	28.4%	48.5%
Cumberland County	7.9%	9.0%	8.2%	10.8%
Farmville, Town	18.9%	17.4%	9.8%	8.8%
Lunenburg County	13.0%	15.2%	15.7%	39.2%
Nottoway County	19.1%	17.3%	18.0%	34.3%
Prince Edward County	18.1%	20.6%	21.3%	21.2%
Service Area	15.3%	14.5%	16.8%	27.0%
Virginia	10.0%	8.0%	12.8%	21.1%

Table Source: US Census, American Fact Finder. Selected Economic Characteristics 2018-2022 American Community Survey 5-Year Estimates. Table DP03
Data Retrieved: 01/02/2024

More persons live below poverty in the Service Area (15.3%) as compared to the state (10.0%). This is especially evident in Charlotte, Nottoway, and Prince Edward counties and the town of Farmville. A contributor in Prince Edward County and Farmville may be due to the population of college students present in these localities. Cumberland is the only county in the service area that has a lower percentage of all people living below poverty (7.9%).

Living in poverty has a profound and unique impact on seniors, children, and female head of households due to their increased vulnerability and the compounded challenges they face. In Virginia, 8% of those 65 years and older live below the poverty line and even more so in the Farmville Service Area (14.5%) with all localities exceeding the rate in Virginia. In Virginia, 12.8% of children live below poverty while 16.8% of children in the Service Area live in poverty. This is most evident in the counties of Buckingham (18.5%), Charlotte (28.4%), Nottoway (18.9%) and Prince Edward (21.3%). Additionally, families with female householder, with no spouse present have a higher probability of living below poverty in Virginia (21.1%) and the Service Area (27.0%) and more strikingly in Cumberland (48.5%), Lunenburg (39.2%), Buckingham (36.7%), and Nottoway (34.3%) counties.

Children living in households headed by single mothers without a spouse present often face various health challenges compared to those in two-parent households. Research indicates that these children are more likely to experience adverse physical and mental health outcomes, including higher rates of depression, anxiety, and stress-related disorders. They are also more vulnerable to food insecurity and unhealthy behaviors such as poor dietary habits, which can have long-term impacts on their well-being. These outcomes are often linked to socioeconomic factors, as single-mother households frequently experience higher rates of poverty, reduced access to healthcare, and limited social support. Despite these risks, some studies have highlighted protective factors, such as strong maternal engagement and community resources, which can mitigate these challenges and promote resilience in children.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org; BMJ Open, Health outcomes, healthcare use and development in children born into or growing up in single-parent households, a systemic review study protocol, https://bmjopen.bmj.com/content/11/2/e043361
Data Retrieved: 12/11/2024

Locality	Percent Population Between 100% and 200% of Poverty Level
Amelia County	22.0%
Buckingham County	20.0%
Charlotte County	28.7%
Cumberland County	19.5%
Lunenburg County	28.1%
Nottoway County	21.7%
Prince Edward County	29.1%
Farmville Town	27.1%
Service Area	24.5%
Virginia	26.6%

Table Source: US Census, American Fact Finder. 2018 - 2022 American Community Survey 5-Year Estimates. Data Retrieved: 05/02/2024

Living between 100% and 200% of the federal poverty level means having an income that is above the official poverty line but still relatively low, often making it difficult to afford basic necessities like housing, healthcare, and food without financial strain. Although people in this range are above the poverty line, they still often struggle with "near-poverty" conditions, where they may not qualify for some government assistance programs but face financial challenges with rising living costs, such as rent, healthcare, and childcare. They are also more vulnerable to financial instability in the event of unexpected expenses or emergencies.

Of the population living between 100% and 200% of poverty, the state average is 26.6%, which is slightly higher than the service area average of 24.5%. This suggests that, overall, the Farmville Service Area has a slightly lower proportion of its population on average living between 100% -200% of the poverty level compared to Virginia as a whole. However, three counties (Charlotte, Lunenburg, and Prince Edward) and the town of Farmville have a higher proportion of the population living between 100% and 200% of the poverty level as compared to the Service Area and Virginia.

ALICE HOUSEHOLDS

An ALICE household refers to a group of individuals or families who are ***A***sset ***L***imited, ***I***ncome ***C***onstrained but ***E***mployed. These households earn above the federal poverty level but still do not make enough to cover basic living costs such as housing, food, healthcare, childcare, and transportation. ALICE families struggle financially despite working, often because their jobs pay low wages, offer limited benefits, or are unstable.

The concept of ALICE helps to shed light on the struggles of households that do not fall under traditional definitions of poverty but are still financially unstable. These families often don't qualify for public assistance but still struggle to afford everyday necessities. The ALICE population is significant in many regions, highlighting how economic challenges extend beyond just those living below the poverty line.

In 2022, 40% of Virginia households faced financial hardship, meaning they either lived in poverty or were part of the ALICE (Asset Limited, Income Constrained, Employed) population. Out of Virginia's 3.3 million households:

- 11% (359,347 households) lived below the Federal Poverty Level (FPL), struggling with extreme financial hardship.
- 29% (977,828 households) were ALICE, meaning they earned more than the FPL but not enough to cover basic living costs like housing, healthcare, childcare, and transportation.
- The remaining 60% of households were above the ALICE threshold, having enough income to meet their essential needs.

The ALICE population includes many essential workers, such as childcare providers and home health aides, who often live paycheck to paycheck despite being employed. The economic challenges for these households have been exacerbated by rising living costs and the rollback of pandemic-related financial supports.

Source: https://unitedforalice.org/virginia
Data Retrieved: 10/24/24

ALICE Households by Locality by Percent, 2022

Locality	Total Households	Poverty Households	Poverty Households %	ALICE Households	Above ALICE Households	Percent ALICE Households
Amelia County	5,258	691	13%	1,905	2,662	36%
Buckingham County	5,898	879	15%	2,275	2,744	39%
Charlotte County	4,540	1,007	22%	1,357	2,176	30%
Cumberland County	4,055	425	10%	1,448	2,182	36%
Lunenburg County	4,566	798	17%	1,437	2,331	31%
Nottoway County	5,415	865	16%	1,874	2,676	35%
Prince Edward County	7,416	1,447	20%	2,744	3,225	37%
Service Area	37,148	6,112	16%	13,040	17,996	35%
Virginia			11%			29%

Table Source: United for ALICE, Research Center- Virginia, https://unitedforalice.org/virginia
Data Retrieved: 10/24/2024

In the Farmville Service Area, there are more households that live in poverty (16%) and more ALICE households (35%) as compared to Virginia as a whole (11% and 29% respectively)

FAMILY & SOCIAL SUPPORT

The Virginia Department of Social Services (VDSS) provides a wide range of services designed to assist residents with basic needs, promote family stability, and ensure child and adult welfare. Services include financial assistance programs (Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Emergency Assistance Program); child and family services (Child Protective Services, Foster Care and Adoption, Childcare Subsidy Program); adult services (Adult Protective Services, Home and Community Based Services); housing and homelessness services (Housing Assistance Programs, Emergency Assistance); employment and workforce development (Virginia Initiative for Employment not Welfare, Workforce Services); health and wellness programs (Medicaid, Child Support services) and funding for Community Action Programs.

VDSS plays a crucial role in helping Virginia's most vulnerable populations by offering a comprehensive range of programs and services aimed at promoting economic stability, protecting vulnerable children and adults, and supporting healthy families.

Source: Virginia Department of Social Services https://www.dss.virginia.gov/
Data Retrieved: 10/24/24

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) provides low-income individuals and families with monthly benefits to purchase food. During the COVID-19 pandemic, the U.S. government introduced emergency SNAP EBT benefits to provide additional financial support to families struggling with food insecurity. These benefits were part of the federal response to the economic challenges created by the pandemic, ensuring that vulnerable populations had enough resources to purchase food. In Virginia, these emergency benefits ended in 2023 with the lifting of the public health emergency due to the pandemic. After the emergency allotments ended, SNAP recipients in Virginia returned to receiving the regular benefit amount based on their income, household size, and expenses, which for many meant a significant reduction in monthly benefits. The reduction in benefits has been substantial for many families, especially those who had been receiving the maximum monthly amount during the pandemic. Some households experienced a decrease of hundreds of dollars per month, making it harder to afford groceries as food prices remained high due to inflation. Since that time, community organizations, food banks, and local governments have been working to provide additional support for families in need, though the transition has been difficult for many households relying on the enhanced benefits.

SNAP Participation Report

Locality	*2020*	*2021*	*2022*	*2023*	*4 YR Change*
Amelia County	12.5%	14.2%	10.9%	10.0%	-2.5%
Buckingham County	11.2%	10.7%	10.1%	9.5%	-1.7%
Charlotte County	14.9%	14.9%	15.4%	14.3%	-0.6%
Cumberland County	12.0%	11.2%	10.9%	10.4%	-1.6%
Lunenburg County	14.1%	13.4%	12.8%	12.3%	-1.8%
Nottoway County	14.8%	14.9%	14.0%	13.7%	-1.1%
Prince Edward County	13.8%	13.7%	11.4%	11.1%	-2.7%
Service Area	13.3%	13.3%	12.2%	11.6%	-1.7%
Virginia	13.2%	13.1%	Not available	Not available	Not available

Table Source: Virginia Department of Social Services retrieved from https://www.dss.virginia.gov/geninfo/reports/financial_assistance/snap_participation.cgi
Data Retrieved: 05/16/2024

According to the data presented, most localities in the Farmville service area, as well as the overall service area, have experienced a decrease in SNAP participation over the four-year period. The service area's SNAP participation rate has decreased by 1.7% over four years.

There has been an uptick in the use of food pantries/food banks in the area since the reduction in SNAP benefits.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

The Temporary Assistance for Needy Families (TANF) program in Virginia provides financial assistance and supportive services to low-income families with children to help them achieve self-sufficiency. The program offers temporary cash benefits and aims to reduce dependency on government aid by promoting job preparation, work, and family stability.

TANF Participation Report - Total Persons

Locality	April 2021	April 2022	April 2023	3 YR Change
Amelia County	61	65	69	8.0
Buckingham County	46	74	48	2.0
Charlotte County	111	134	110	-1.0
Cumberland County	58	66	76	18.0
Lunenburg County	95	91	68	-27.0
Nottoway County	127	149	117	-10.0
Prince Edward County	148	172	116	-32.0
Service Area	92	107	86	-6.0
Virginia	37,229	Not available	Not available	Not available

Table Source: https://www.dss.virginia.gov/geninfo/reports/financial_assistance/tanf.cgi
Data Retrieved: 05/16/2024

In the service area, there has been an overall decrease in TANF participation from 2021-2023. Amelia, Cumberland, and Buckingham have shown an increase in TANF participation over the same time period.

CHILD ABUSE AND NEGLECT

From 2021 to 2023, Virginia saw fluctuations in child abuse and neglect reports, heavily influenced by the COVID-19 pandemic and systemic challenges within the child welfare system. The number of reports of abuse and neglect decreased during the pandemic, likely due to reduced in-person interactions with mandated reporters such as educators. In Virginia, "founded cases" of child abuse and neglect refer to cases where the evidence gathered during an investigation meets the "preponderance of the evidence" standard. This means it is more likely than not that the abuse or neglect occurred. These determinations are made after a thorough review of facts by Child Protective Services (CPS). Founded cases typically lead to interventions to ensure the child's safety, which may include family services, legal actions, or other protective measures. In contrast, "unfounded" cases lack sufficient evidence to substantiate the allegation.

Source: Virginia Department of Social Services, Child Maltreatment Death Investigations in Virginia during State Fiscal Year 2021, July 2022, https://www.dss.virginia.gov/files/about/reports/children/cps/all_other/2022/FINAL_Report_on_CDI_for_SFY21_COMBINED.pdf; Family and Children's Trust Fund, Report of the Child Abuse and neglect Advisory Committee Citizen Review Panel, May 2023, https://www.fact.virginia.gov/wp-content/uploads/2023/05/FACT.CAN_.CAPTA-2023-Final.-Report.051223.pdf
Data Retrieved: 12/11/2024

Farmville Area — Founded Cases of Child Abuse and Neglect

Locality	2023	2022	2021
Amelia	5	9	2
Buckingham	8	10	10
Charlotte	2	3	6
Cumberland	10	4	12
Lunenberg	7	13	10
Nottoway	2	4	2
Prince Edward	10	3	6
Service Area	44	46	48
Virginia	2913	3161	3360

Table Source: https://cpsaccountability.dss.virginia.gov/index-social-services.html/ Virginia Social Services CPA Reports
Data Retrieved: 10/28/2024

The data on founded cases of child abuse and neglect in the Farmville area from 2021 to 2023 shows a gradual decline in the total number of cases across the service area, from 48 in 2021 to 44 in 2023, reflecting a similar statewide trend in Virginia. Some localities, such as Cumberland and Prince Edward, experienced significant increases in cases in 2023, while others, like Amelia and Lunenberg, saw notable decreases. Statewide, Virginia reported a consistent decline, with cases dropping from 3,360 in 2021 to 2,913 in 2023, potentially indicating improved interventions or reporting systems.

FOSTER CARE

Since 2022, the number of children in Virginia's foster care system has remained relatively stable. In April 2023, there were 4,973 children in foster care, compared to 4,948 in April 2022. Of these, more than half were placed in non-relative foster homes, indicating a persistent reliance on traditional placements over kinship care options. Virginia's implementation of the federal Family First Prevention Services Act emphasized keeping children with their families and providing in-home services. While this approach seeks to reduce reliance on foster care, concerns persist about its long-term effects on child safety and well-being, including inconsistencies in local application and the capacity of families to meet children's needs without robust support. Governor Glenn Youngkin's Safe and Sound Task Force seeks to improve housing placements for foster children. However, systemic issues such as funding limitations and lack of sufficient foster family recruitment persist.

Source: Virginia Department of Social Services, Foster Care by the Numbers, https://www.dss.virginia.gov/fosterVA/fostercare_facts.html
Source: Final Report of the Virginia Commission on Youth, Improving Virginia's Foster Care System, https://vcoy.virginia.gov/Improving%20Virginia%20Foster%20Care%20System%20-%20Final%20Report%20-%202023.pdf
Source: Family and Children's Trust Fund, Report of the Child Abuse and neglect Advisory Committee Citizen Review Panel, May 2023, https://www.fact.virginia.gov/wp-content/uploads/2023/05/FACT.CAN_.CAPTA-2023-Final.-Report.051223.pdf
Data Retrieved: 12/11/2024

Rate of Children Entering Congregate Foster Care per 1,000

Locality	3-Yr. Avg.	2023	2022	2021
Amelia	1.3	1.7	1.9	0.3
Buckingham	1.1	1.4	1.3	0.5
Charlotte	1.6	2.1	1.5	1.1
Cumberland	3.2	2.8	2.9	3.8
Lunenberg	3.0	2.9	3.7	2.5
Nottoway	2.5	2.1	2.3	3.0
Prince Edward	1.1	1.1	1.5	0.8
Service Area	2.0	2.0	2.2	1.7
Virginia	1.5	1.6	1.5	1.5

https://www.dss.virginia.gov/geninfo/reports/children/fc.cgi
Data Retrieved: 10/29/2024

The foster care entry rate is the rate of children who entered foster care for at least one day during that state fiscal year. From 2021 to 2023, this rate was higher in the service area as compared to Virginia, especially in Cumberland, Lunenburg, and Nottoway counties.

CHILDCARE

Childcare in Virginia is a significant financial burden for families and presents challenges in terms of availability. On average, families spend $12,000 to $15,000 annually per child for childcare, which surpasses the cost of in-state tuition at many Virginia colleges. This expenditure accounts for roughly 12-15% of the median household income of married couples, which is higher than the 7% affordability benchmark set by the U.S. Department of Health and Human Services. In terms of availability, Virginia has about 5-8 childcare centers per 1,000 children under the age of five, varying by county. This measure reflects center-based childcare facilities and does not include in-home or informal care options. However, this number does not fully capture issues such as affordability, quality, or capacity, all of which significantly affect families' access to adequate childcare.

In May 2024, Virginia's General Assembly approved a biennial budget allocating over $1.1 billion to early childhood education for fiscal years 2025 and 2026. This historic investment includes state general fund contributions of $366 million for FY25 and $461 million for FY26. The funding aims to support more than 42,000 children in FY25 and 45,000 in FY26 through the Child Care Subsidy Program, with additional resources directed toward the Mixed Delivery Program and the Virginia Preschool Initiative. These investments reflect Virginia's commitment to expanding access to quality early childhood education, benefiting families across the Commonwealth.

Source: Child Care VA, Virginia Department of Education, Estimating the Cost of High-Quality Early Childhood Care and Education, https://www.childcare.virginia.gov/reports-resources/research-reports-and-resource/virginia-s-cost-estimation-model
The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. www.countyhealthrankings.org
Source: Virginia Promise Partnership, Gotta Have Child Care- Virginia Early Childcare Advocates Laud Historic Childcare Investments in Biennial Budget, https://vapromisepartnership.org/news-events
Data Retrieved: 12/11/2024

Childcare Cost Burden- % Household Income Required for Child Care Expenses

Locality	*2022 & 2023*
Amelia	19
Buckingham	22
Charlotte	25
Cumberland	23
Lunenburg	26
Nottoway	25
Prince Edward	24
Service Area	23
Virginia	26

Table Source: 2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2022 & 2023. Data Retrieved: 11/12/2024

The Childcare Cost Burden is highest in Charlotte, Lunenburg, and Nottoway counties. However, the service area average (23%) is slightly lower than in Virginia as a whole (26%).

Number of Childcare Centers per 1,000 Population under 5 years old

Locality	2010 - 2022	
	Number of Child Care Centers	Childcare Centers per 1,000 Children
Amelia	6	9
Buckingham	4	5
Charlotte	2	4
Cumberland	2	4
Lunenburg	2	4
Nottoway	5	7
Prince Edward	9	9
Service Area	30	6
Virginia	-	7

Table Source: 2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.]
Years Measured: 2010-2022. Data Retrieved: 11/12/2024

Only Amelia and Prince Edward counties have more childcare centers per 1,000 children as compared to the statewide average. Charlotte, Cumberland, and Lunenburg counties have close to 50% fewer childcare centers per 1,000 children than Virginia as a whole.

Head Start programs support children's growth from birth to age 5 through services centered around early learning and development, health, and family well-being. Head Start staff actively engage parents, recognizing family participation throughout the program as key to strong child outcomes. Head Start services are available at no cost to children from birth to 5 years of age in eligible families. Eligible participants include children whose families meet the federal low-income guidelines — that is, whose incomes are at or below the federal poverty guidelines or who receive Temporary Assistance for Needy Families, Supplemental Security Income, or Supplemental Nutrition Assistance Program public assistance services. Other eligible participants include children who are in the foster care system or experiencing homelessness. Programs may also accept a limited number of children who do not meet any of those eligibility criteria.

The federal government funds Head Start programs through the U.S. Department of Health and Human Services, Administration for Children and Families. The federal-to-local model allows local leaders to create a Head Start experience that is responsive to the unique and specific needs of their community. Many programs combine funding from federal, state, and local sources to maximize service delivery and continuity. Head Start Collaboration Offices facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low-income children and their families.

Head Start preschool services work with children ages 3 to 5 and their families. Early Head Start services work with families that have children ages birth to 3, and many also serve expectant families. Many programs operate both Head Start preschool and Early Head Start services. Programs deliver child development services in center-based, home-based, or family childcare settings. Head Start programs operate in every state, many tribal nations, and several U.S. territories, including Puerto Rico. All Head Start programs continually work toward the mission for eligible children and families to receive high-quality services in safe and healthy settings that prepare children for school and life.

Source: US Department of Health & Human Services, Office of Head Start, Head Start Services, https://www.acf.hhs.gov/ohs/about/head-start
Data Retrieved: 12/11/2024

STEPS, Inc. is a Community Action Group that is the provider of Early Head Start and Head Start education to families in the Farmville region. They have Head Start classrooms in Amelia, Buckingham, Charlotte, Lunenburg, Nottoway, and Prince Edward counties and the town of Farmville serving 123 children. In addition, they have a Head Start program in Appomattox County serving 17 children. They operate Early Head Start classrooms in Amelia, Charlotte, Lunenburg, and Prince Edward counties and the town of Farmville serving 87 children. All STEPS programs are state licensed.

DOMESTIC VIOLENCE

Domestic Violence also referred to as "intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years. IPV is connected to other forms of violence and is related to serious health issues and economic consequences.

IPV affects millions of people in the United States each year. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate:

- About 41% of women and nearly 26% of men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV related impact.
- Over 61 million women and 53 million men have experienced psychological aggression by an intimate partner in their lifetime.
- About 16 million women and 11 million men who reported experiencing contact sexual violence, physical violence, or stalking by an intimate partner in their lifetime said that they first experienced these forms of violence before the age of 18."

Source: Centers for Disease Control and Prevention. Violence Prevention. Intimate Partner Violence Prevention. https://www.cdc/intimate-partner-violence. Data Retrieved: 11/05/2024

Domestic violence prevention programs are federal- and state-funded public or private, non-profit agencies that provide services to survivors of domestic violence and their children. Local domestic violence programs provide for the safety of battered adults and their children through the provision of emergency housing and transportation, crisis intervention, peer counseling, support, advocacy and information and referral. Funding also supports public awareness initiatives and the statewide Family Violence and sexual assault hotlines.

In Virginia, the Domestic Violence Program is administered by the Virginia Department of Social Services which identifies, mobilizes, and monitors resources for victims of domestic violence. Over 20,000 women and children are served annually across the Commonwealth.

Source: Commonwealth of Virginia. Virginia Department of Social Services. Domestic Violence. https://www.dss.virginia.gov/family/domestic_ violence/index.cgi. Data Retrieved: 11/05/24

In 2024, the World Population Review cited that domestic violence against women in Virginia is 33.6% and 28.6% against men.

Source: World Population Review. Domestic Violence by State 2024. https:// worldpopulationreview.com/state-rankings/domestic-violence-by-state. Data Retrieved: 11/05/2024

The Southside Center for Violence Prevention's (https://www.scvpcares.org/) primary service area is the counties of Amelia, Buckingham, Cumberland, Lunenburg, Mecklenburg, Nottoway, and Prince Edward with the counties of Brunswick, Charlotte, Dinwiddie, Halifax, and Powhatan as secondary service areas. They provide free, confidential and comprehensive services to those affected by sexual and domestic violence including counseling and crisis intervention; advocacy and accompaniment; resources and referrals; education and evidence recovery; and safe emergency shelter (Madeline's House). Through funding from Centra Health, county governments, multiple community organizations, businesses, churches, and private donors, STEPS was able to purchase, repair, and refurbish Madeline's House to reopen on September 30, 2024. Senators Warner and Kaine supported our communities through a $949,000 Congressionally directed spending request that supplied operational funding to bring a full array of domestic violence and sexual assault services back to our region until all state directed funding is received. Prior to reopening Madeline's House, STEPS provided safety planning, hotel sheltering, transportation to shelters across the state, court accompaniment, and case management to 57 adult victims and 47 children during fiscal year 2024. Starting in November 2024, STEPS will begin 24/7 volunteer and staff accompaniment during forensic examinations at the Centra Southside Hospital emergency department to give emotional support, inform victims of their rights, and connect them to appropriate services.

RESIDENTIAL SEGREGATION (BLACK/WHITE)

In rural Virginia, residential segregation has contributed to health disparities by reinforcing systemic inequities in access to essential resources. Historical policies, such as redlining and discriminatory housing practices, concentrated economic disadvantages in certain rural communities, limiting access to quality healthcare, transportation, and nutritious food. These challenges are exacerbated by the rural nature of the region, which often results in fewer healthcare facilities and economic opportunities. The legacy of segregation has also influenced environmental health risks, such as inadequate infrastructure and higher exposure to pollutants, disproportionately affecting minority populations in rural areas. Efforts to address these inequities in rural Virginia focus on enhancing access to healthcare, improving transportation networks, and targeted reinvestment in underserved areas.

The index of dissimilarity is a measure used to quantify how evenly two groups are distributed across geographic areas (such as neighborhoods or census tracts). It provides values ranging from 0 to 100, where 0 indicates perfect integration (both groups are evenly distributed across all areas) and 100 represents complete segregation (the groups do not share any neighborhoods).

Source: University of Richmond's Digital Scholarship Lab & National Community Reinvestment Coalition, Not Even Past, https://dsl.richmond.edu/socialvulnerability/
Data Retrieved: 12/11/2024

Residential Segregation - Non-white/White

Locality	*2017-2021*
Amelia	11
Buckingham	27
Charlotte	18
Cumberland	7
Lunenburg	10
Nottoway	25
Prince Edward	20
Service Area	17
Virginia	51

Table Source: Community Health Rankings 2017-2021 from American Community Survey, 5-year estimates
Data Retrieved: 05/20/2024

Cumberland County has the lowest dissimilarity index at 7, indicating relatively less residential segregation between non-white and white populations compared to other localities. Buckingham has the highest index in the Farmville area at 27, followed by Nottoway at 25 and Prince Edward at 20. These values suggest a higher level of residential segregation in these localities. The service area average index is 17 which is lower than the state average (51) but higher than some localities within the service area indicating that localities within the Farmville area experience less residential segregation compared to the state as a whole.

COMMUNITY SAFETY

Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of one and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways.

The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/community-safety
Data Retrieved: 12/11/2024

Key: Community Safety Metrics

Metric	Definition	Source	Period Measured
Homicides	Number of deaths due to homicide per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	**2015-2021**
Suicides	Number of deaths due to suicide per 100,000 population (age-adjusted).	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	**2017-2021**
Firearm Fatalities	Number of deaths due to firearms per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	**2017-2021**
Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	**2015-2021**
Juvenile Arrests	Rate of delinquency cases per 1,000 juveniles.	Easy Access to State and County Juvenile Court Case Counts	**2021**

Table Source: 2024 County Health Rankings Report.https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Data Retrieved: 09/13/2024

Community Safety

County	Homicide Rate	Suicide Rate (Age-Adjusted)	Firearm Fatalities Rate	Motor Vehicle Mortality Rate	Juvenile Arrest Rate
Amelia	*	18.7	24.4	31.8	13.3
Buckingham	*	14.9	17.6	37.7	25
Charlotte	*	33	20.3	41.9	*
Cumberland	*	20	20.3	17.5	*
Lunenburg	*	27.3	26.4	24.6	32.7
Nottoway	*	13.1	*	32.4	29.2
Prince Edward	*	11.9	13.2	25.1	
Service Area	*	19.8	20.4	30.1	25.1
Virginia	5.5	13.4	12.9	10.2	*

Table Source: 2024 County Health Rankings Report.https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Data Retrieved: 09/13/2024

Data available for homicide rates in the Farmville service area is unavailable. Suicide rates are highest in Charlotte (33.0) and Lunenburg (27.3) counties as compared to the service area (19.8) and Virginia (13.4), indicating elevated mental health risks in these counties. Firearm fatalities rates in Amelia (24.4) and Lunenburg (26.4) counties surpass both the service area (20.4) and Virginia (12.9) averages. This suggests that firearm-related interventions may be critical in these regions and the service area, as fatalities are significantly higher than the state rate. Motor vehicle mortality rates for the service area are three times the rate in Virginia with the highest rates in Charlotte (41.9), Buckingham (37.7), and Amelia (31.8) counties. Where data is available, juvenile arrest rates are highest in Lunenburg (32.7) and Nottoway (29.2) counties. No data is available at the state level for this metric.

Health Behaviors

Health behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health behaviors are determined by the choices available in the places where people live, learn, work, and play. Not everyone has the money, access, and privilege needed to make healthy choices.

The County Health Rankings (CHR) model considers healthy behaviors to be a 30% contributor to population health. Healthy behaviors include tobacco use, diet and exercise, alcohol and drug use, and sexual activity.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors Data Retrieved 10/23/2024

TOBACCO USE

Tobacco use is the leading cause of preventable death in the United States. It affects not only those who choose to use tobacco, but also people who live and work around tobacco. The term "tobacco" refers to commercial tobacco, not ceremonial or traditional tobacco. Each year, smoking kills 480,000 Americans, including about 41,000 from exposure to secondhand smoke. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease which includes emphysema and chronic bronchitis. On average, smokers die 10 years earlier than nonsmokers.

Tobacco is not only smoked. Smokeless tobacco, while less lethal than smoked tobacco, can lead to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18. Tobacco use has real economic impacts for individuals and communities. It costs the nation about $170 billion annually to treat tobacco-related illnesses, and another $156 billion in productivity losses. In 2006, over $5 billion of that lost productivity was due to secondhand smoke.

Researchers estimate that tobacco control policies have saved at least 8 million Americans. Yet about 18% of adults still smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 transition from occasional to daily smokers. Continuing to adopt and implement tobacco control policies can motivate users to quit, help youth choose not to start, and improve the quality of the air we all breathe.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/tobacco-use Data Retrieved 10/23/2024

Percentage of Adults Who are Current Smokers (%) Age Adjusted

Locality	2019	2020	2021
Amelia	21	21	19
Buckingham	23	23	23
Charlotte	25	24	21
Cumberland	22	19	17
Lunenburg	23	23	22
Nottoway	23	22	21
Prince Edward	21	21	20
Service Area	23	22	20
Virginia	14	14	13

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 05/30/2024

In the service area, more adults are current smokers as compared to Virginia although this is trending downward. The most recent data reported by County Health Rankings shows that Amelia and Cumberland counties have the lowest percentage of adult smokers in the service area. On average 1 in 5 adults smoke in the service area (20%) compared to 13% in Virginia.

DIET AND EXERCISE

ADULT OBESITY

People who have obesity, compared to those with a healthy weight, are at an increased risk for many serious diseases and health conditions. In addition, obesity and its associated health problems have a significant economic impact on the U.S. health care system. Obesity in children and adults increases the risk for chronic conditions including heart disease; Type 2 diabetes; breathing problems, such as asthma and sleep apnea; joint problems; and gallstones and gallbladder disease. Adults with obesity have higher risks for stroke, many types of cancer, premature death, and mental illness such as clinical depression and anxiety. A healthy diet and regular exercise are a key component to managing obesity.

Body Mass Index (BMI) is a widely used measure to classify weight categories based on height and weight. It is divided into three categories:

- **Healthy Weight:** BMI 18.5- 24.9
- **Overweight:** BMI 25.0- 29.9
- **Obesity:** BMI ≥ 30.0

Source: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Reviewed July 15, 2022
Source: US Centers for Disease Control and Prevention, BMI, https://www.cdc.gov/bmi/faq/?CDC_AAref_Val=https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
Data Retrieved: 12/11/2024

Percent of Adults with Obesity

Locality	*2019*	*2020*	*2021*
Amelia	35	36	40
Buckingham	41	43	41
Charlotte	40	41	42
Cumberland	38	39	41
Lunenburg	41	42	43
Nottoway	39	41	40
Prince Edward	37	39	42
Service Area	39	40	41
Virginia	32	32	34

Table Source: 2022- 2024 County Health Rankings https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Years Measured: 2019-2021. Data Retrieved: 11/05/2024

The data presented is a measurement of the percentage of the adult population (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2. For the years measured (2019-2021), more adults in the service area (39-41%) reported a BMI that classifies them as obese as compared to Virginia (32-34%). These measurements progressively increased over the three years.

FOOD INSECURITY

Food insecurity is an ongoing concern in Virginia, with recent trends showing a troubling increase, particularly among vulnerable groups like children, seniors, and minority communities. Currently, about 11.1% of Virginians (nearly 1 in 9) experience food insecurity, with rural areas in Southwest Virginia showing some of the highest rates. Food insecurity affects children at a rate of 13.6%, meaning 1 in 7 children live in households that struggle to provide consistent, nutritious food.

The impact of the COVID-19 pandemic and inflation has exacerbated this issue. For example, the expiration of pandemic-related Supplemental Nutrition Assistance Program (SNAP) emergency allotments in March 2023 has left many households struggling as their benefits were significantly reduced. Rising food prices—up by 9.5% as of early 2023—are putting additional strain on both low- and middle-income families, causing many parents to skip meals to ensure their children are fed.

Virginia has implemented several initiatives to combat this problem, including the "Produce Rx" program, which connects food access with healthcare by providing prescriptions for fresh produce to improve diet-related health outcomes. Additionally, partnerships with local farmers and the "Food is Medicine" initiative are helping provide nutritionally tailored foods through Virginia's food banks, which collectively distributed over 157 million pounds of groceries in 2023.

To address these needs, Virginia advocates are focusing on policy improvements, such as strengthening SNAP benefits, increasing access to school meal programs, and expanding community-based programs that address food security at local levels.

Source: Virginia Roadmap to End Hunger, 2024 Update, https://vplc.org/wp-content/uploads/2024/01/Roadmap-to-End-Hunger_2024-Update_Final.pdf
Food Security in Virginia, Virginia Department of Social Services, https://www.dss.virginia.gov/community/food_security/index.cgi
No Kid Hungry Virginia, Rising Food Prices & Childhood Hunger, https://state.nokidhungry.org/virginia/2023/04/11/food-insecurity-rates-on-the-rise/
Federation of Virginia Food Banks, Hunger in Virginia, https://vafoodbanks.org/about-us/hunger-in-virginia/
Data Retrieved: 10/29/24

FOOD ENVIRONMENT INDEX

The Food Environment Index is a measure that reflects access to affordable and nutritious food within a community. It typically combines data on food insecurity (the percentage of individuals who lack reliable access to sufficient food) and the proximity of households to healthy food outlets, such as grocery stores or supermarkets. A higher index score, ranging from 0 (worst) to 10 (best), indicates better access to food resources and lower levels of food insecurity. The Food Environment Index is often used to evaluate disparities in food access, inform policy decisions, and support interventions aimed at improving public health and reducing food deserts.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024
Data Retrieved 10/23/2024

Food Environment Index

Locality	*2019 & 2020*	*2019 & 2021*
Amelia	8.4	8.6
Buckingham	7.9	8.2
Charlotte	6.3	6.7
Cumberland	7.1	7.7
Lunenburg	8.5	8.8
Nottoway	6.3	6.6
Prince Edward	7.6	7.6
Service Area	7.4	7.7
Virginia	8.9	9.0

Table Source: 2023-24 County Health Rankings Report : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2019 & 2020, 2019 & 2021. Data Retrieved: 06/10/2024; 11/04/2024

All localities in the Farmville Area have lower Food Environment Indexes as compared to the Virginia Index.

PHYSICAL INACTIVITY

Physical inactivity is linked to increased risk of health conditions such as Type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and shortened life expectancy. Physical activity is associated with improved sleep, cognitive ability, bone and musculoskeletal health, and reduced risk of dementia. Physical activity, in addition to diet, is important for the prevention of obesity.

In Virginia, physical activity data by county indicates notable disparities in access to exercise opportunities and levels of physical inactivity. According to County Health Rankings, access to exercise opportunities in Virginia varies, with some counties reporting less than 40% of residents living close to parks or recreational facilities. In contrast, certain counties, particularly in urban areas, report higher access levels, exceeding 80%. These opportunities are defined by proximity to locations like parks or gyms, within a half-mile in urban regions or up to three miles in rural areas. In addition, inactivity rates (i.e. % of adults reporting no leisure-time physical activity) tends to be higher in rural and lower-income counties, where access to exercise facilities is often limited.

These trends underline the importance of both community design and local policy support in promoting physical activity through the availability of accessible, safe, and affordable recreational spaces across all counties. The data also supports targeted interventions in underserved areas to help address these physical activity disparities.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/physical-inactivity?year=2024
Data Retrieved 10/23/2024

% of Adults Reporting No Leisure- Time Physical Activity (Age-Adjusted)

Locality	*2019*	*2020*	*2021*
Amelia	30	24	26
Buckingham	34	29	29
Charlotte	35	28	28
Cumberland	33	25	24
Lunenburg	34	28	29
Nottoway	36	28	29
Prince Edward	31	27	27
Service Area	33	27	27
Virginia	25	20	20

Table Source: County Health Rankings Report: 2022-2024 https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Years Measured: 2019-2021. Data Retrieved: 11/05/2024

On average, 27-33% of adults aged 18 and over reported no leisure-time physical activity in the past month in the Farmville service area which is higher than Virginia as a whole (20%).

ALCOHOL AND DRUG USE

Excessive alcohol consumption in Virginia has significant health and social impacts. According to the Centers for Disease Control and Prevention (CDC), excessive drinking—including binge drinking and heavy drinking—leads to numerous health problems such as liver disease, cancer, cardiovascular issues, and unintentional injuries. Excessive alcohol use is also a leading preventable cause of death in the United States, contributing to conditions like alcohol poisoning, motor vehicle crashes, and violence.

Binge drinking is defined as consuming 4 or more drinks on a single occasion for women and 5 or more drinks for men, within 2 hours. Heavy drinking is defined as drinking 8 or more drinks per week for women and 15 or more drinks per week for men. In Virginia, binge drinking rates are a concern, with economic costs resulting from health care expenses, lost productivity, and other related societal burdens. These costs, driven primarily by binge drinking, place a strain on individuals, families, and public resources. Additionally, alcohol misuse is linked to the development of alcohol use disorder (AUD), a condition that affects millions nationwide, disrupting lives and public safety. Efforts to mitigate these impacts include public health campaigns, alcohol policy enforcement, and community programs aimed at promoting awareness and responsible consumption.

Source: US Centers for Disease Control and Prevention, Alcohol Use, https://www.cdc.gov/alcohol/index.html
Source: Virginia Department of Health, https://www.vdh.virginia.gov/
Source: National Institute on Alcohol Abuse and Alcoholism, https://www.niaaa.nih.gov/
Data Retrieved: 12/12/2024

EXCESSIVE DRINKING

% of Adults Reporting Binge or Heavy Drinking (age-adjusted)

Locality	*2019*	*2020*	*2021*
Amelia	18	18	16
Buckingham	17	17	16
Charlotte	17	16	15
Cumberland	17	18	16
Lunenburg	17	16	14
Nottoway	16	16	15
Prince Edward	17	16	16
Service Area	17	17	15
Virginia	17	17	18

Table Source: 2022-2024 County Health Rankings Reports : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2019-2021. Data Retrieved: 05/10/2024

For the years measured (2019-2021), the percentage of adults reporting binge or heavy drinking in the service area is similar to Virginia as a whole with the exception of the most recent year where the percentage in the service area is lower than in the Commonwealth (15% and 18% respectively).

OPIOID OVERDOSE MORTALITY RATES

Since 2021, the opioid crisis has remained a significant public health issue in Virginia, with fentanyl and its analogs being the primary drivers of opioid-related deaths. In 2022, Virginia experienced an opioid-related death rate of approximately 26 per 100,000 residents, underscoring the severity of the epidemic. The Virginia Department of Health and related agencies continue to address this issue through harm reduction strategies, including naloxone distribution and awareness campaigns.

Source: Virginia Department of Health, Overdose Deaths, https://www.vdh.virginia.gov/drug-overdose-data/overdose-deaths/
Data retrieved: 12/12/2024

Opioid Overdose Mortality Rates (per 100,000 Population)

Locality	*Mortality Rate (2018)*	*Mortality Rate (2022)*	*Change*
Amelia	7.7	15.4	7.7
Buckingham	0	29.1	29.1
Charlotte	8.4	25.4	17
Cumberland	0	40.3	40.3
Lunenburg	0	25.4	25.4
Nottoway	13	26.4	13.4
Prince Edward	4.4	0	-4.4
Service Area	4.8	27	22.2

Table Source: Virginia Department of Health - Drug Overdose Data; https://www.vdh.virginia.gov/drug-overdose-data/overdose-deaths/
Data Retrieved: 05/10/2024

Opioid overdose death rates in the Farmville service area were 27 per 100,000 representing a change of 22.2 per 100,000 from 2018 to 2022. The highest number of deaths occurred in Cumberland County (40.3 per 100,000) in 2022.

SEXUAL ACTIVITY

SEXUALLY TRANSMITTED ILLNESSES

Sexually transmitted illnesses (STIs) reflect patterns of unsafe sexual activity, prevention, and access to care within communities. High STI rates signal risky behaviors like unprotected sex or inadequate screening and highlight gaps in education and healthcare resources. STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, HIV risk, and premature death. STIs also have a high economic burden on society. Monitoring STI rates helps identify areas for targeted public health interventions to promote healthier behaviors and reduce disparities. Chlamydia and Gonorrhea are two of the most common STIs in the United States and worldwide.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/sexual-activity/sexually-transmitted-infections?year=2024
Source: US Centers for Disease Control and Prevention, Sexually Transmitted Infections (STIs), https://www.cdc.gov/sti/index.html
Data Retrieved 10/23/2024

Chlamydia Diagnoses Rate per 100,000 Population

Locality	*2020*	*2021*	*2022*
Amelia	258.7	276.6	331.6
Buckingham	361.6	401.9	318.6
Charlotte	412.5	406.1	410.6
Cumberland	422.9	473.2	413.2
Lunenburg	328	366.8	486.3
Nottoway	623.7	732.2	872.1
Prince Edward	640.3	591.2	670.3
Service Area	435.4	464	500.4
Virginia	606.3	582.1	593.1

Table Source: Virginia 2022 Annual Morbidity Report- Chlamydia; https://www.vdh.virginia.gov/content/uploads/sites/10/2023/08/Virginia-2022-Annual-Morbidity-Report-Chlamydia.pdf
Data Retrieved: 11/07/2024

From 2020 to 2022, Nottoway had the highest Chlamydia diagnosis rate in 2022 at 872.1 per 100,000 population, while Buckingham reported the lowest at 318.6. Lunenburg showed the largest increase over the period, with rates rising by 48.3%, whereas Buckingham experienced an 11.9% decrease.

Gonorrhea Diagnoses Rate per 100,000 Population

Locality	2020	2021	2022
Amelia	91.3	84.5	52.8
Buckingham	81.6	145.6	147.5
Charlotte	176.8	135.4	166
Cumberland	110.8	201.3	216.9
Lunenburg	164	309.8	209.6
Nottoway	111.6	138.5	166.7
Prince Edward	201.7	273.8	228
Service Area	134	184.1	169.6
Virginia	174.1	167.1	155.7

Table Source: Virginia 2022 Annual Morbidity Report Gonorrhea; https://www.vdh.virginia.gov/content/uploads/sites/10/2023/08/Virginia-2022-Annual-Morbidity-Report-Gonorrhea.pdf
Data Retrieved: 11/07/2024

Prince Edward had the highest Gonorrhea diagnosis rate in 2022, at 228.0 per 100,000 population, while Amelia had the lowest at 52.8. Cumberland experienced the largest increase, with rates nearly doubling, whereas Amelia showed the greatest decrease, with rates falling by 42.2%. These trends highlight notable regional variations and shifts in Gonorrhea rates over time.

These trends highlight significant regional variations in Chlamydia and Gonorrhea rates and changes over time.

HIV

As of December 31, 2023, Virginia reported 27,712 people living with HIV, including 12,150 with AIDS. This is an increase from 22,445 in 2014 and reflects advancements in treatment and care, enabling longer lives for those affected. Males accounted for 75.3% of cases, with the highest prevalence among individuals aged 45 and older. Black/African American individuals were disproportionately affected, representing 56.6% of cases with the highest rates per 100,000 population. Male-to-male sexual contact was the most common transmission risk, followed by heterosexual contact and injection drug use. The Central and Eastern regions had the highest rates. These trends highlight the ongoing need for targeted prevention and care efforts in Virginia.

Source: Virginia Department of Health, People with HIV, https://www.vdh.virginia.gov/content/uploads/sites/10/2024/09/2023-Epi-Profile_PWH.pdf
Data Retrieved: 11/11/2024

Rate of Persons Living with HIV as of December 31, 2023 per 100,000

	HIV only	AIDS	Total
Amelia	67.8	90.4	158.2
Buckingham	236.0	159.3	395.3
Charlotte	69.9	96.1	166.0
Cumberland	154.9	72.3	227.2
Lunenburg	142.5	159.3	301.8
Nottoway	262.9	250.1	513.0
Prince Edward	186.9	186.9	373.8
Service Area	160.1	144.9	305.0
Virginia	185.0	144.6	329.6

Definitions: The rate of persons living with HIV as of December 31, 2023.
Table Source: https://www.vdh.virginia.gov/content/uploads/sites/10/2024/08/HIV-AIDS-Annual-Report-2023.pdf
Data Retrieved: 11/11/2024

In 2023, Nottoway reported the highest total rate of persons living with HIV and AIDS, at 513.0 per 100,000 population, while Amelia had the lowest total rate, at 158.2 per 100,000. The total service area rate (305.0 per 100,000) is slightly lower than the rate in Virgnia (329.6 per 100,000).

TEEN BIRTH RATE

In 2022, Virginia's teen birth rate for females aged 15–19 was 11.2 births per 1,000, reflecting a significant decline over recent years. This trend aligns with national decreases in teen births, attributed to factors such as improved access to contraception and comprehensive sex education. Despite the overall decline, disparities persist among different regions and demographic groups within the state. For instance, certain localities report higher rates, and racial and ethnic differences remain evident. Ongoing efforts focus on addressing these disparities through targeted public health initiatives and education programs to further reduce teen pregnancies across all communities in Virginia.

Source: US Center for Disease Control and Prevention, National Center for Health Statistics- Virginia, https://www.cdc.gov/nchs/pressroom/states/virginia/va3.htm
Data retrieved: 12/12/2024

Number of births per 1,000 female population ages 15-19

Locality	*Teen Birth Rate*	*Teen Birth Rate (Black)*	*Teen Birth Rate (Hispanic)*	*Teen Birth Rate (White)*
Amelia	12	20		9
Buckingham	14			
Charlotte	20	16		22
Cumberland	14	38	39	
Lunenburg	27	44		23
Nottoway	24	29		23
Prince Edward	8	21		5
Service Area	17	28	39	16
Virginia	13	Data not available	Data not available	Data not available

Table Source: 2024 County Health Rankings; National Center for Health Statistics; https://www.countyhealthrankings.org/health-data/county-health-rankings-measures
Years Measured: 2016-2022. Data Retrieved: 06/15/2024

The data reflects teen births for 2016-2022. Teen birth rates in the Farmville service area for females aged 15–19 show significant variation across localities and demographic groups. Lunenburg had the highest overall teen birth rate at 27 per 1,000, followed by Nottoway at 24 per 1,000. Demographic disparities are evident, with Black teens experiencing the highest rates in Lunenburg (44 per 1,000) and Cumberland (38 per 1,000). Hispanic teens in Cumberland had elevated rates of 39 per 1,000. White teens generally had lower rates, with the highest observed in Charlotte, Lunenburg, and Nottoway. These disparities highlight the need for targeted public health efforts to address teen pregnancy in specific communities and demographic groups.

According to County Health Rankings, clinical care accounts for 20% of the factors influencing overall health outcomes. This reflects the significant, though not sole, role of healthcare access and quality in shaping population health, which are key drivers of health outcomes. Indicators like the uninsured rate, provider availability, and preventable hospital stays highlight disparities and barriers to care. By identifying gaps in access and quality, these metrics guide targeted interventions to improve health equity and outcomes. Ensuring access to affordable, effective healthcare is essential for fostering healthier communities.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care
Data Retrieved: 12/12/2024

ACCESS TO CARE

INSURANCE STATUS

In Virginia, health insurance status significantly influences individuals' access to healthcare services. **Uninsured** adults are less likely to have a regular healthcare provider and often forgo necessary medical care due to cost concerns. This lack of insurance correlates with poorer health outcomes and increased financial strain. The Virginia Health Care Foundation reports that 7.7% of Virginians under 65 are uninsured, totaling approximately 544,000 individuals. Among children, 88,000 are uninsured, with 44.3% of them eligible for Medicaid or FAMIS, indicating that nearly half of these uninsured children could have access to coverage but are not enrolled. These statistics underscore the critical role of health insurance in facilitating access to care and highlight the need for initiatives to reduce the number of uninsured Virginians.

Source: Virginia Health Care Foundation, Data- Profile of Virgnia's Uninsured, https://www.vhcf.org/data/
Data Retrieved: 12/12/2024

Percentage of Adults Under Age 65 Without Health Insurance

Locality	2019		2020		2021	
	# Uninsured	% Uninsured	# Uninsured	% Uninsured	# Uninsured	% Uninsured
Amelia	1,015	13	1,001	13	963	12
Buckingham	1,197	14	1,129	13	1,013	12
Charlotte	965	15	863	13	758	12
Cumberland	703	12	631	11	603	11
Lunenburg	980	16	932	16	804	14
Nottoway	1,159	16	926	13	878	11
Prince Edward	1,316	11	1,258	11	1,172	11
Service Area	1,048	13.9	963	12.9	884	11.9

Percentage of Children Under Age 19 Without Health Insurance

Locality	2019		2020		2021	
	# Uninsured	% Uninsured	# Uninsured	% Uninsured	# Uninsured	% Uninsured
Amelia	207	7	209	8	215	8
Buckingham	185	6	192	6	194	6
Charlotte	161	6	151	6	149	6
Cumberland	105	5	108	6	94	5
Lunenburg	169	7	193	8	160	7
Nottoway	174	6	155	5	164	5
Prince Edward	181	5	173	5	177	5
Service Area	169	6.0	169	6.3	165	6.0
Virginia	93,757	5	84,392	4	84,941	4

Table Source: 2022-2024 County Health Rankings, Small Area Health Insurance Estimates, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 06/13/2024

From 2019-2021, the percentage of uninsured adults under age 65 decreased across the service area. Nottoway showed the largest improvement, dropping from 16% to 11%. However, the percent uninsured in the service area by 2021, (11.9%) was still higher than the 7.7% in Virginia (as reported by the Virginia Health Care Foundation).

The percentage of children under age 19 without health insurance remained largely stable across localities, with minor fluctuations. In the service area, most localities, such as Buckingham, Charlotte, and Prince Edward, maintained low uninsured rates at or below 6% throughout the period. Amelia and Lunenburg experienced slight increases rising to 8%. Statewide, Virginia maintained a low rate of uninsured children, decreasing from 5% in 2019 to 4% in 2020 and remaining steady through 2021. These trends indicate ongoing efforts to sustain health insurance coverage for children across the state and within the service area.

Uninsured by Educational Attainment by Locality

Locality	Less than High School Graduate	High School Graduate or Equivalency	Some College or Associate's Degree	Bachelor's Degree or Higher
Amelia	10.5%	6.9%	2.6%	4.9%
Buckingham	11.8%	10.2%	6.9%	5.4%
Charlotte	4.2%	15.4%	11.2%	1.7%
Cumberland	14.0%	11.3%	1.1%	2.6%
Lunenburg	23.2%	8.0%	8.6%	7.1%
Nottoway	17.4%	17.4%	10.4%	14.6%
Prince Edward	16.6%	11.4%	7.7%	4.1%
Service Area	14.0%	11.5%	6.9%	5.8%
Virginia	20.8%	11.5%	7.3%	3.2%

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, https://factfinder.census.gov
Years Measured: 2018-2022. Data Retrieved: 05/30/2024

Across the service area, uninsured rates vary significantly by educational attainment, with individuals having lower educational levels experiencing higher rates of being uninsured. Those with less than a high school diploma had the highest uninsured rates, averaging 14% in the service area, compared to 6.9% for high school graduates and 5.8% for those with a bachelor's degree or higher. Lunenburg and Nottoway recorded the most notable disparities, with uninsured rates for individuals with less than a high school diploma at 23.2% and 17.4%, respectively. Statewide, Virginia reflects a similar trend, with the uninsured rate for those without a high school diploma at 20.8%, significantly higher than the 3.2% for individuals with a bachelor's degree or higher. These findings highlight the strong correlation between educational attainment and access to health insurance.

Medicare coverage alone is a critical component of healthcare access in rural Virginia, where a significant portion of the population depends on it, particularly older adults and individuals with disabilities. Rural areas often have higher proportions of Medicare beneficiaries compared to urban regions, reflecting an aging population. Despite this reliance, rural residents frequently face challenges such as limited provider availability and greater travel distances for care. While Medicare ensures access to essential health services, these barriers underscore the need for targeted support and infrastructure improvements to meet the unique healthcare needs of rural Virginians.

Source: Medicare Rights Center, Health Care Access Improving in Rural Areas, Challenges Persist, November 14, 2024,
https://www.medicarerights.org/medicare-watch/2024/11/14/health-care-access-improving-in-rural-areas-challenges-persist
Data Retrieved: 12/12/2024

Population with Medicare Coverage Alone

Locality	Total	Percent of Total Population
Amelia	724	5.5%
Buckingham	1269	8.5%
Charlotte	950	8.3%
Cumberland	697	7.2%
Lunenburg	998	9.0%
Nottoway	854	6.1%
Prince Edward	1181	5.7%
Service Area	6673	7.2%
Virginia	446,898	5.3%

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS, https://factfinder.census.gov
Years Measured: 2018-2022. Data Retrieved: 05/30/2024

In the service area, 7.2% of the population relies solely on Medicare coverage, which is higher than Virginia's statewide percentage of 5.3%. Lunenburg has the highest proportion of residents with Medicare alone at 9.0%, followed closely by Buckingham at 8.5% and Charlotte at 8.3%. In contrast, Prince Edward and Amelia have lower proportions, at 5.7% and 5.5%, respectively.

Between 2018 and 2022, Virginia experienced significant growth in **Medicaid** enrollment, primarily due to the state's expansion of the program in January 2019 and the continuous enrollment provision during the COVID-19 pandemic. In fiscal year 2018, approximately 12.3% of Virginia's population was enrolled in Medicaid. By fiscal year 2023, this proportion had risen to 22.2%, reflecting the combined impact of policy changes and public health measures.

This expansion improved access to healthcare for many Virginians, particularly low-income adults who became newly eligible under the expanded criteria. However, the continuous enrollment provision, which prevented disenrollment during the pandemic, concluded on March 31, 2023. As a result, a gradual decline in enrollment is anticipated as states resume regular eligibility redeterminations.

Overall, the period from 2018 to 2023 marked a substantial increase in Medicaid coverage in Virginia, enhancing healthcare access for a significant portion of the state's population.

Source: Virginia Senate Finance and Appropriations Committee, Medicaid Trends and Health & Human Resources 2025 Session Outlook, November 22, 2024
Source: Kaiser Family Foundation, Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic, https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/
Data Retrieved 12/12/2024

Population with Medicaid Coverage Alone

Locality	Total	Percent of Total Population
Amelia	1402	10.6%
Buckingham	2210	14.8%
Charlotte	2321	20.3%
Cumberland	1176	12.1%
Lunenburg	1799	16.2%
Nottoway	2113	15.2%
Prince Edward	2368	11.5%
Service Area	13389	14.4%
Virginia	882,576	10.5%

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, ACS PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS, https://factfinder.census.gov
Years Measured: 2018-2022. Data Retrieved: 05/30/2024

In the service area, 14.4% of the population is covered by Medicaid alone, exceeding the statewide percentage of 10.5%. Charlotte has the highest proportion, with 20.3% of its population relying solely on Medicaid, followed by Lunenburg at 16.2% and Nottoway at 15.2%. In contrast, Amelia and Prince Edward have lower rates, at 10.6% and 11.5%, respectively. These figures reflect regional variations in Medicaid reliance, highlighting higher dependence in rural areas compared to the state average.

In Virginia, **private health insurance** is the primary form of coverage, with around 60.5% of residents enrolled. Most individuals receive coverage through employer-sponsored plans, while others rely on direct-purchase policies or military-related coverage, reflecting the state's large military community. These options ensure access to healthcare for a majority of Virginians.

Source: USAFacts, https://usafacts.org/
Data Retrieved: 12/12/2024

Private Health Insurance Coverage by Type

Locality	Private Health Insurance	Private Insurance that is Employer Based	Private Insurance that is Direct Purchase	Private Insurance that is Tri-Care/Military
Amelia	74.9%	54.2%	21.5%	4.7%
Buckingham	60.0%	47.4%	12.9%	2.1%
Charlotte	56.7%	44.0%	13.3%	2.5%
Cumberland	65.7%	50.2%	16.9%	1.0%
Lunenburg	59.4%	43.5%	17.6%	2.8%
Nottoway	59.5%	47.2%	12.7%	3.5%
Prince Edward	72.6%	56.5%	17.8%	3.6%
Service Area	64.1%	49.0%	16.1%	2.9%
Virginia	74.5%	60.0%	13.0%	7.9%

Table Source: US Census, American Fact Finder. American Community Survey 5-Year Estimate, https://factfinder.census.gov
Years Measured: 2018-2022. Data Retrieved: 05/30/2024

In the service area, 64.1% of the population is covered by private health insurance, with employer-based coverage being the most common type at 49%. Direct-purchase insurance accounts for 16.1%, while 2.9% of individuals rely on military-related coverage. This is slightly below the state average, where 74.5% of residents have private insurance, with 60% being employer-based and 13% direct-purchase.

AVAILABILITY OF CLINICAL CARE

Medically Underserved Areas (MUAs) and **Medically Underserved Populations (MUPs)** are federal designations identifying regions and groups lacking sufficient access to primary healthcare services. MUAs are specific geographic areas, such as counties or urban census tracts, with shortages of primary care providers, high infant mortality rates, elevated poverty levels, or a significant elderly population. MUPs refer to specific populations within a geographic area facing economic, cultural, or linguistic barriers to healthcare, including low-income individuals, migrant farmworkers, and Native American communities. These designations assist in allocating resources and support to improve healthcare access in underserved communities.

Health Professional Shortage Areas (HPSAs) are federal designations used to identify regions, populations, or facilities experiencing shortages of healthcare providers in primary care, dental care, or mental health. HPSA designations are based on criteria such as provider-to-population ratios, poverty levels, and specific needs within the area or population. They can apply to geographic areas, such as rural counties, or to specific groups, like low-income residents or individuals in federally recognized facilities like Federally Qualified Health Centers (FQHCs) and FQHC Look-A-Likes. These designations help prioritize resources, incentivize healthcare providers to work in underserved areas, and support efforts to improve healthcare access.

Source: Us Department of Health and Human Services, Health Professional Shortage Areas and Medically Underserved Areas/Populations Shortage Designation Types, https://www.hhs.gov/guidance/document/hpsa-and-muap-shortage-designation-types
Data Retrieved: 12/12/2024

Medically Underserved Area and Medically Underserved Population Designations

Locality	MUA Designation Type	Score	Update Date
Amelia County	Medically Underserved Area	59	5/24/2021
Buckingham County	Medically Underserved Area	56.4	12/15/2021
Charlotte County	Medically Underserved Area	58	1/20/2011
Cumberland County	Medically Underserved Area	61.5	1/20/2011
Lunenburg County	Medically Underserved Area	51.2	8/5/2008
Nottoway County	Medically Underserved Area	59.3	12/15/2021
Prince Edward County	Medically Underserved Area	59	1/20/2011

Table Source: Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/mua-find
Data Retrieved: 07/25/2024

All localities in the service area are designated as Medically Underserved Areas.

Primary Care

Locality	HPSA Designation Type	Score	Update Date
Amelia County	Geographic HPSA	10	8/27/2021
Buckingham County	Geographic HPSA	16	12/10/2021
Charlotte County	Geographic HPSA	16	9/10/2021
Cumberland County	Geographic HPSA	13	12/10/2021
Lunenburg County	High Needs Geographic HPSA	13	9/10/2021
Nottoway County	High Needs Geographic HPSA	11	9/10/2021
Prince Edward County	Geographic HPSA	13	8/6/2021

Dental Health

Locality	HPSA Designation Type	Score	Update Date
Amelia County	High Needs Geographic HPSA	3	10/24/2022
Buckingham County	High Needs Geographic HPSA	16	11/7/2023
Charlotte County	Low Income Population HPSA	20	9/7/2021
Cumberland County	Low Income Population HPSA	18	12/10/2021
Lunenburg County	Low Income Population HPSA	18	9/7/2021
Nottoway County	Low Income Population HPSA	18	9/10/2021
Prince Edward County	Low Income Population HPSA	16	9/9/2021

Mental Health

Locality	HPSA Designation Type	Score	Update Date
Amelia County	High Needs Geographic HPSA	17	9/11/2021
Buckingham County	High Needs Geographic HPSA	17	9/11/2021
Charlotte County	High Needs Geographic HPSA	17	9/11/2021
Cumberland County	High Needs Geographic HPSA	17	9/11/2021
Lunenburg County	High Needs Geographic HPSA	17	9/11/2021
Nottoway County	High Needs Geographic HPSA	17	9/11/2021
Prince Edward County	High Needs Geographic HPSA	17	9/11/2021

Table Source: Health Resources Services and Administration , https://data.hrsa.gov/tools/shortage-area/hpsa-find
Data Retrieved: 7/25/2024

All localities in the service area are designated as Health Professional Service Areas for Primary Care, Dental and Mental Health.

In the Farmville Area, Centra Health is the largest health system serving those living in these Medically Underserved and Health Professional Shortage Areas. Additional safety net providers in the area include Federally Qualified Health Centers (Central Virginia Health Services and Southern Dominion Health System), a Free Clinic (Heart of Virginia Free Clinic), Community Services Board (Crossroads Services), and the Piedmont Health District. Free Clinics in Virginia provide services at no cost or low cost to low-income uninsured and publicly insured patients. Community Services Boards are the points of entry for publicly funded mental health, substance use disorder, and developmental services for intellectual disabilities and/or developmental disabilities.

AVAILABILITY OF PROVIDERS

The provider-to-population ratio quantifies the number of healthcare providers relative to the population size, serving as a key indicator of healthcare accessibility within a community. For instance, a ratio of 2,500:1 signifies that one primary care physician is available for every 2,500 individuals in a given area. This ratio is crucial because a lower provider-to-population ratio generally correlates with better access to healthcare services, leading to improved health outcomes. Conversely, higher ratios can indicate potential shortages of healthcare providers, which may result in longer wait times, reduced access to preventive care, and overall poorer health outcomes. Monitoring the provider-to-population ratio helps identify regions that may require additional healthcare resources to ensure equitable access to care for all populations.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/primary-care-physicians
Data Retrieved: 12/12/2024

Primary Care Provider to Population Ratio

Locality	2019	2020	2021
Amelia	13145:1	13014:1	13268:1
Buckingham	4287:1	4292:1	8474:1
Charlotte	1980:1	1970:1	1908:1
Cumberland	2483:1	2483:1	3227:1
Lunenburg	6098:1	6134:1	5963:1
Nottoway	1523:1	2166:1	2599:1
Prince Edward	1754:1	1770:1	1567:1
Service Area	4467:1	4547:1	5287:1
Virginia	1310:1	1324:1	1341:1

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Years Measured: 2019-2021. Data Retrieved: 09/13/2024

From 2019 to 2021, the primary care provider-to-population ratio in the service area worsened, increasing from 4,467:1 to 5,287:1, reflecting fewer providers relative to the population. This trend diverges significantly from Virginia's statewide average, which remained much lower, increasing modestly from 1,310:1 in 2019 to 1,341:1 in 2021. Within the service area, notable disparities emerged. For instance, Amelia consistently exhibited the highest ratios, exceeding 13,000:1 annually, while Charlotte maintained the most favorable ratios, improving slightly to 1,908:1 in 2021. These figures underscore significant challenges in healthcare accessibility across the service area, particularly in rural localities like Amelia, Buckingham, and Lunenburg where ratios are well above the state average, indicating critical provider shortages.

Dental Provider to Population Ratio

Locality	2020	2021	2022
Amelia	2603:1	2654:1	2691:1
Buckingham	1908:1	1883:1	1698:1
Charlotte	2955:1	2862:1	2869:1
Cumberland	9933:1	9681:1	9746:1
Lunenburg	3067:1	2982:1	3008:1
Nottoway	2166:1	2228:1	2223:1
Prince Edward	2556:1	2437:1	2436:1
Service Area	3598:1	3532:1	3524:1
Virginia	1393:1	1351:1	1329:1

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Years Measured: 2020-2022. Data Retrieved: 09/13/2024

Between 2020 and 2022, the dental provider-to-population ratio in the service area showed slight improvement, decreasing from 3,598:1 to 3,524:1. However, this ratio remains significantly higher than Virginia's statewide average, which improved from 1,393:1 in 2020 to 1,329:1 in 2022, indicating better access to dental care across the state compared to the service area. Within the service area, Cumberland had the highest and most concerning ratios, exceeding 9,700:1 in 2022, while Buckingham showed notable improvement, reducing its ratio from 1,908:1 in 2020 to 1,698:1 in 2022. These disparities highlight persistent challenges in dental care access, particularly in rural areas, and underscore the need for targeted efforts to increase provider availability in underserved regions.

Mental Health Provider to Population Ratio

Locality	2021	2022	2023
Amelia	1446:1	1327:1	1346:1
Buckingham	2146:1	1883:1	1698:1
Charlotte	3940:1	2290:1	1639:1
Cumberland	2483:1	1936:1	1949:1
Lunenburg	1533:1	1491:1	1337:1
Nottoway	1011:1	866:1	864:1
Prince Edward	338:1	343:1	332:1
Service Area	1843:1	1448:1	1309:1
Virginia	484:1	447:1	411:1

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources

Years Measured: 2021-2023. Data Retrieved: 09/13/2024

From 2021 to 2023, the mental health provider-to-population ratio in the service area improved significantly, decreasing from 1,843:1 to 1,309:1. Despite this progress, the service area still lags behind Virginia's statewide ratio, which improved from 484:1 in 2021 to 411:1 in 2023, indicating better access to mental health services statewide. Local disparities remain notable. Prince Edward consistently had the most favorable ratios, maintaining a low of 332:1 in 2023, while Charlotte showed the most substantial improvement, dropping from 3,940:1 in 2021 to 1,639:1 in 2023.

QUALITY OF CARE

The preventable hospitalization rate per 100,000 among the Medicare population measures the frequency of hospital admissions for conditions that could typically be managed with effective outpatient care, known as ambulatory care-sensitive conditions. This metric serves as an indicator of the accessibility and quality of primary healthcare services; higher rates suggest potential deficiencies in outpatient care, leading to unnecessary hospitalizations.

Primary care plays a critical role in reducing preventable hospitalization rates by offering timely, effective management of ambulatory care-sensitive conditions, such as asthma, diabetes, and hypertension. Access to robust primary care enables early detection, consistent monitoring, and treatment of these conditions, reducing the likelihood of complications that necessitate hospital admissions. Research shows that communities with higher primary care provider density have significantly lower rates of preventable hospitalizations. For example, a study by the Agency for Healthcare Research and Quality (AHRQ) found that improving primary care access and continuity can reduce hospital admissions for preventable conditions by up to 20%. Conversely, areas with limited access to primary care often experience higher preventable hospitalization rates due to delayed treatment and inadequate disease management.

In Virginia, investments in primary care infrastructure have contributed to favorable trends in reducing these hospitalizations, positioning the state among the better-performing states for Medicare beneficiaries. Strengthening primary care services remains essential for improving healthcare outcomes and reducing costs associated with unnecessary hospitalizations.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/quality-of-care/preventable-hospital-stays
Source: Agency for Healthcare Research and Quality, https://www.ahrq.gov/
Data Retrieved: 12/12/2024

Preventable Hospitalization Rate per 100,000 Among the Medicare Population

Locality	*2019*	*2020*	*2021*
Amelia	4324	2916	3624
Buckingham	4395	2410	3067
Charlotte	4583	3451	3476
Cumberland	4299	3037	3024
Lunenburg	4113	3539	3073
Nottoway	4214	4149	3180
Prince Edward	4171	2816	2966
Service Area	4300	3188	3201
Virginia	3896	2902	2601

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources
Years Measured: 2019-2021. Data Retrieved: 09/13/2024

From 2019 to 2021, the preventable hospitalization rate per 100,000 among the Medicare population in the service area showed a decline, improving from 4,300 in 2019 to 3,201 in 2021. However, the service area consistently reported higher rates than the statewide average in Virginia, which decreased more significantly from 3,896 in 2019 to 2,601 in 2021. Among localities, Buckingham experienced the most notable reduction, dropping from 4,395 in 2019 to 3,067 in 2021. These trends highlight gradual progress in reducing preventable hospitalizations, but the service area continues to face challenges compared to statewide averages, emphasizing the need for enhanced primary care access and chronic disease management.

Physical Environment

According to County Health Rankings, physical environment accounts for 10% of the factors influencing overall health outcomes. This component evaluates how the surroundings where individuals live, learn, work, and play impact their health. This assessment includes factors such as air and water quality, housing conditions, and transportation systems. For instance, exposure to air pollutants like fine particulate matter can lead to respiratory and cardiovascular issues, while contaminated water sources may cause various illnesses. Additionally, inadequate housing and limited access to transportation can hinder individuals from obtaining necessary healthcare services and nutritious food. By analyzing these elements, the Rankings aim to highlight environmental determinants that influence community health outcomes.

AIR AND WATER QUALITY

AIR QUALITY

Virginia's air quality has generally improved in recent years, with most areas meeting the National Ambient Air Quality Standards (NAAQS) for pollutants such as fine particulate matter ($PM_{2.5}$), nitrogen dioxide (NO_2), carbon monoxide (CO), and ozone as of 2022. However, in 2023, the state experienced air quality challenges due to external factors, notably the impact of forest fires from outside Virginia, including those in Canada, which affected air quality during the summer months.

The Department of Environmental Quality (DEQ) monitors air quality across the state and provides daily forecasts for regions including Richmond, Norfolk, Roanoke, Winchester, and Northern Virginia. These forecasts help residents plan activities, especially during periods when air quality may pose health risks. Overall, while Virginia has made significant strides in improving air quality, ongoing efforts are necessary to address localized pollution sources and mitigate impacts from external environmental events.

Air pollution-particulate matter, often measured as $PM_{2.5}$, represents the concentration of fine inhalable particles with diameters of 2.5 micrometers or smaller in the air. These metric captures pollution from various sources, including vehicle emissions, industrial processes, construction dust, and wildfires. $PM_{2.5}$ is significant because its small size allows it to penetrate deeply into the lungs and enter the bloodstream, contributing to health issues such as respiratory and cardiovascular diseases, premature death, and aggravated asthma. This allows for the assessment of community exposure to air quality and great health risks, especially for vulnerable populations like children, the elderly, and those with preexisting health conditions.

Source: Reports to the General Assembly, RD809- Air Quality and Air Pollution Control Policies of the Commonwealth of Virginia- December 2023
https://rga.lis.virginia.gov/Published/2023/RD809
Source: Virginia Department of Health, DEQ, Air Quality Forecasting, Public Health Preparedness Planning and Response, October 24, 2023,
https://www.vdh.virginia.gov/content/uploads/sites/8/2023/10/VDEQ_AirQualityForecasting_2023Oct24_update.pdf
Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/air-and-water-quality/air-pollution-particulate-matter
Data Retrieved: 12/12/2024

Air Pollution- Particulate Matter

Locality	Average Daily Density of Fine Particulate Matter (micrograms/cubic meters)
Amelia	7.7
Buckingham	7.4
Charlotte	7.6
Cumberland	7.4
Lunenburg	7.7
Nottoway	7.7
Prince Edward	7.5
Service Area	7.6
Virginia	7.3

Table Source: 2024 County Health Rankings, Environmental Public Health Tracking Network, https://www.countyhealthrankings.org/health-data/virginia?year=2024

Year Measured: 2019. Data Retrieved: 11/07/2024

In the service area, the average daily density of fine particulate matter ($PM_{2.5}$) is 7.6 micrograms per cubic meter, slightly higher than Virginia's statewide average of 7.3. Localities such as Amelia, Lunenburg, and Nottoway report the highest levels within the service area at 7.7, while Buckingham and Cumberland have the lowest at 7.4. These levels, while relatively low compared to national standards, indicate slight variations in air quality that could impact respiratory and cardiovascular health, especially for sensitive populations. Continued monitoring and mitigation efforts are essential to maintaining and improving air quality in the region.

WATER QUALITY

In Virginia, drinking water violations occur when public water systems fail to meet health-based standards under the Safe Drinking Water Act, such as exceeding contaminant limits, improper treatment processes, or inadequate monitoring and reporting. These violations are overseen by the Virginia Department of Health's Office of Drinking Water to protect public health. Efforts focus on ensuring compliance and maintaining safe, clean drinking water for residents.

Source: Virginia Department of Health, Drinking Water, https://www.vdh.virginia.gov/drinking-water/office-of-drinking-water/compliance/penalties/
Data Retrieved: 12/12/2024

Drinking Water Violations

Locality	Presence of health-related drinking water violations
Amelia	No
Buckingham	No
Charlotte	No
Cumberland	No
Lunenburg	No
Nottoway	Yes
Prince Edward	No

Table Source: 2024 County Health Rankings, Safe Drinking Water Information System, https://www.countyhealthrankings.org/health-data

Year Measured: 2022. Data Retrieved: 11/07/2024

In 2022, only Nottoway reported health-related drinking water violations, while all other areas, including Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, and Prince Edward, had no reported violations. This indicates that most localities in the area meet drinking water safety standards.

Virginia Health Catalyst advocates for **community water fluoridation (CWF)** as a safe, cost-effective public health measure that reduces cavities by approximately 25% in both children and adults. By adjusting fluoride levels in public water supplies to the optimal amount of 0.7 milligrams per liter, CWF ensures equitable access to preventive dental care across communities, regardless of income or education levels. This practice not only decreases dental decay but also translates into economic benefits, with communities saving an average of $32 per person annually in dental costs. For populations of 1,000 or more, the return on investment can be as high as $20 for every $1 spent on fluoridation. Virginia Health Catalyst collaborates with the Virginia Department of Health and other partners to maintain and promote fluoridation practices, aiming to enhance oral health outcomes statewide.

Source: Virginia Health Catalyst, Community Water Fluoridation and Drinking Water, https://vahealthcatalyst.org/community-water-fluoridation/
Data Retrieved: 12/12/2024

Water Fluoride Levels

Public Water System Name	County	Population Served	Fluoridated	Fluoride Conc. (mg/l)
Amelia Courthouse	Amelia	2930	No	0.3
Buckingham Co Water System	Buckingham	5393	Yes	0.7
Gold Hill Village	Buckingham	21	No	0.2
Charlotte Courthouse, Town of	Charlotte	1850	No	0.2
Drakes Branch, Town of	Charlotte	496	No	0.2
Keysville, Town of	Charlotte	749	No	0
Phenix, Town of	Charlotte	193	No	0.43
Cumberland County Water System	Cumberland	1723	No	0.2
Lakeside Village	Cumberland	206	No	0.2
Kenbridge, Town of	Lunenburg	1311	Yes	0.7
Victoria, Town of	Lunenburg	1779	Yes	0.7
Blackstone, Town of	Nottoway	5942	No	0.2
Burkeville, Town of	Nottoway	405	No	0.26
Crewe, Town of	Nottoway	2308	Yes	0.7
Hickory Hill	Nottoway	47	Yes	0.6
Farmville, Town of	Prince Edward	7690	Yes	0.7
Hampden-Sydney College	Prince Edward	962	No	0.2

Table Source: Centers for Disease Control and Prevention. My Water's Fluoride: https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemDetails.aspx
Years Measured: 2022. Data Retrieved: 06/28/2024

In the service area localities, fluoridation practices vary significantly across public water systems. Of the systems serving these communities, many are non-fluoridated, with fluoride concentrations below the recommended level of 0.7 mg/L. For example, Amelia Courthouse and several systems in Charlotte, Cumberland, and Nottoway counties report fluoride levels of 0.2–0.3 mg/L, which is insufficient for optimal dental health benefits.

In contrast, several systems are fluoridated and meet the optimal concentration of 0.7 mg/L, including the Buckingham County Water System, the towns of Kenbridge and Victoria in Lunenburg, Crewe in Nottoway, and Farmville in Prince Edward County. These fluoridated systems help provide significant oral health benefits to their served populations, aligning with public health recommendations. Disparities in fluoridation coverage suggest a need for expanded efforts to promote water fluoridation across more communities to improve oral health outcomes.

HOUSING AND TRANSIT

Housing significantly impacts health by influencing physical, mental, and social well-being. Poor housing conditions, such as inadequate ventilation, mold, or pest infestations, can contribute to respiratory illnesses, allergies, and infectious diseases. Overcrowding increases the risk of communicable diseases, while unaffordable housing may force families to prioritize rent over essentials like food and healthcare, exacerbating chronic conditions. Stable, safe, and affordable housing improves health outcomes by reducing stress, enhancing access to healthcare, and fostering community stability. Addressing housing disparities is critical for improving public health.

Source: US Center for Disease Control and Prevention, Health Topics, https://www.cdc.gov/
Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit?year=2024
Data Retrieved: 12/13/2024

STEPS Inc., the Farmville Area Community Action Group, is addressing homelessness and housing insecurity in the Farmville service area. The Affordable Housing Coalition is a project of STEPS Inc. and includes stakeholders from the Town of Farmville, Prince Edward County, Longwood University, Hampden-Sydney College, Prince Edward County Public Schools, Fuqua School, Centra Southside Community Hospital, Habitat for Humanity, and STEPS, who are addressing affordable housing options for residents in Farmville and Prince Edward County. https://www.steps-inc.org/. In late 2024, STEPS announced that they would be reopening Madeline's House under STEPS leadership. This facility will serve domestic violence victims and provide safe housing for them. Senator Mark Warner presented a $949,000 congressionally directed funding check to the efforts (VA CAMH, 2024).

Source: Virginia Coalition for Affordable Mental Health. (2024, October 18). Madeline's House reopens in Farmville. Virginia Coalition for Affordable Mental Health. Retrieved November 14, 2024, from https://www.vacap.org/madelines-house-reopens-in-farmville/

The Virginia Homeless Solutions Program provides case management services to individuals and families who are homeless or at risk of becoming homeless through three branches of programming: shelter, rapid-re-housing, and prevention. For homeless clients, STEPS can temporarily shelter individuals and families in local hotels (funds permitting) or transport clients to shelters in neighboring service areas. This program is funded by the Virginia Department of Housing and Community Development. STEPS served 95 households with sheltering services from July 2023 to June 2024, which included 128 adults and 82 children. In the 2024 homeless Point In Time Count for Amelia, Buckingham, Cumberland, Lunenburg, Nottoway, and Prince Edward counties, they counted 51 individuals in 25 households. Of these households, 12 had a total of 26 children in them. This trend is the same one STEPS is encountering throughout their shelter caseload, which has significant implications for children's health, development, and education.

Those seeking emergency shelter in the Farmville Area are served in local hotels, however there is a need for a multi-unit supportive housing complex that will provide focused case management and a full array of health and social services for those facing homelessness. The Virginia Supportive Housing Project is led by STEPS, in collaboration with SupportWorks (formerly Virginia Supportive Housing) and the Robert Russa Moton Museum, have begun a new housing initiative: the Virginia Supportive Housing Project at Israel Hill. With the support of Centra Health, county governments, foundations, and generous donors, STEPS has purchased 48 acres of land to build supportive housing for the homeless in the Farmville region. In 2024, STEPS was awarded a $88,229 grant to aid in these efforts to address Homeless Emergency Sheltering & Rapid Rehousing.

Severe housing cost burden measures the percentage of households spending 50% or more of their income on housing-related expenses, including rent, mortgage payments, utilities, and taxes. This metric highlights financial strain that limits resources for essentials such as food, healthcare, and education, adversely affecting health and well-being. Communities with high rates of severe housing cost burden often experience increased rates of poverty, homelessness, and poor health outcomes. Tracking this measure helps identify areas needing affordable housing solutions and economic support.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-cost-burden?year=2024
Source: US Department of Housing & Urban Development's Office of Policy Development & Research, HUD User, https://www.huduser.gov/portal/home.html
Data Retrieved 12/13/2024

Severe Housing Cost Burden

Locality	# Households with Severe Cost Burden	% Households with Severe Cost Burden
Amelia	522	10%
Buckingham	688	12%
Charlotte	527	13%
Cumberland	436	11%
Lunenburg	293	7%
Nottoway	672	13%
Prince Edward	1369	11%
Service Area	644	11%
Virginia	406,590	13%

Table Source: US Census. American Fact Finder. 2018 - 2022 American Community Survey 5-Year Estimates. Data Retrieved: 04/04/2024

In the service area, 11% of households experience severe housing cost burden, aligning closely with the statewide rate of 13%. Among localities, Charlotte and Nottoway have the highest proportions of households facing severe cost burdens, both at 13%, matching Virginia's overall average. Lunenburg reports the lowest percentage in the region at 7%. Prince Edward has the largest number of affected households at 1,369.

The percentage of households with housing problems measures the proportion of homes facing at least one of four key issues: overcrowding, high housing costs (spending over 30% of income on housing), lack of kitchen facilities, or lack of plumbing. This metric provides insight into housing quality and affordability, which are critical for health and well-being. Households with these problems are more likely to experience stress, poor living conditions, and barriers to health equity.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-problems?year=2024
Data Retrieved: 12/12/2024

Percentage of Households with Housing Problems

Locality	2014-2018	2015-2019	2016-2020
Amelia	13%	10%	15%
Buckingham	15%	15%	15%
Charlotte	13%	11%	13%
Cumberland	14%	14%	10%
Lunenburg	13%	12%	13%
Nottoway	14%	10%	11%
Prince Edward	14%	13%	18%
Service Area	14%	12%	14%
Virginia	14%	14%	14%

Table Source: 2022-2024 County Health Rankings, Comprehensive Housing Affordability Strategy data; https://www.countyhealthrankings.org/health-data
Years Measured: 2014-2018, 2015-2019, 2016-2020
Data Retrieved: 04/24/2024

From 2014 to 2020, the percentage of households with housing problems in the service area remained relatively consistent, fluctuating between 12% and 14%, which is in line with Virginia's statewide rate of 14%. Among localities, Prince Edward showed the most notable increase, rising from 14% in 2014–2018 to 18% in 2016–2020, indicating growing housing challenges. Conversely, Amelia saw an increase from 10% to 15% during the same period, while other localities, such as Nottoway and Cumberland, showed slight decreases.

Expanding broadband access in Virginia is essential for enhancing education, healthcare, and economic development, particularly in underserved rural areas. High-speed internet enables online learning, supports telemedicine services, and fosters business growth by connecting communities to global markets. Recognizing these benefits, Virginia has invested significantly in broadband infrastructure which is crucial for bridging the digital divide and ensuring equitable access to information and opportunities across the state.

From 2021 to 2024, Virginia made significant strides in broadband expansion, aiming for universal coverage by 2028. A $2 billion initiative announced in 2021, supported by the Virginia Telecommunication Initiative (VATI), extended broadband to unserved areas. In 2024, $41 million in VATI grants targeted over 12,000 connections. Despite progress, challenges like delays in utility pole attachments and updated mapping revealing more unserved areas slowed some projects. Federal funding, including $1.48 billion from the federal Broadband Equity, Access, and Deployment (BEAD) program, is supporting ongoing efforts to bridge the digital divide and achieve reliable high-speed internet access for all Virginians.

Source: Virginia Mercury, Virginia plan projects universal broadband access by 2028, https://virginiamercury.com/2023/09/06/virginia-plan-projects-universal-broadband-access-by-2028/
Source: Virginia Department of Housing & Community Development, https://www.dhcd.virginia.gov/broadband
Source: Virginia Business, https://virginiabusiness.com/?s=broadband+expansion
Data Retrieved: 12/13/2024

Percentage of Households with Broadband Internet Connection

Locality	2017-2021	2018-2022
Amelia	77%	79%
Buckingham	65%	69%
Charlotte	68%	70%
Cumberland	75%	76%
Lunenburg	58%	62%
Nottoway	67%	71%
Prince Edward	74%	75%
Service Area	69%	72%
Virginia	88%	89%

Table Source: 2023-2024 County Health Rankings, American Community Survey, 5-year estimates; Report : https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2017-2021; 2018-2022. Data Retrieved: 11/08/2024

Between 2017–2021 and 2018–2022, broadband internet access in the service area improved modestly, increasing from 69% to 72% of households however this continues to be below the statewide averages for the same years measured (88% and 89% respectively). Lunenburg remains the least connected, with only 62% of households having broadband access by 2018–2022.

Transit measures evaluate access to and use of public transportation systems, focusing on their availability and impact on community health. Access to reliable transit improves access to jobs, healthcare, and essential services, reducing transportation barriers and promoting equity. These measures help identify areas needing investment to enhance connectivity and reduce social and economic disparities. In the service area, public transportation is available in the town of Farmville (Farmville Area Bus) and Prince Edward County (Prince Edward County Transit.) However, they do not serve the additional localities in the service area.

The American Community Survey (ACS) measures "commuting patterns by county of residence" to analyze how residents travel to work. This includes modes of transportation (e.g., car, public transit, walking, biking), average travel time, and carpooling rates. It also identifies commuting flows, such as the number of residents working within or outside their county. These patterns provide insights into infrastructure needs, economic activity, and environmental impacts, helping policymakers improve transportation planning, reduce commute times, and enhance regional connectivity.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. https://www.countyhealthrankings.org/health-data/health-factors/physical-environment/housing-and-transit/severe-housing-problems?year=2024
Source: US Census Bureau, Measuring America's People, Places, and Economy, https://www.census.gov/
Data Retrieved: 12/12/2024

Commuting Patterns by County of Residence

Locality	Worked in county of residence	Worked outside county of residence
Amelia	30.3%	69.7%
Buckingham	33.7%	65.8%
Charlotte	45.2%	53.4%
Cumberland	31.6%	67.7%
Lunenburg	42.4%	57.3%
Nottoway	56.1%	43.7%
Prince Edward	61.0%	38.5%
Service Area	42.9%	56.6%
Virginia	57.3%	37.0%

Table Source: U.S. Census, American Community Survey, COMMUTING CHARACTERISTICS BY SEX, Table S0801, 5 Year Estimates. https://data.census.gov/ Years Measured: 2018-2022. Data Retrieved: 06/10/2024

In the service area, 42.9% of residents work within their county of residence, while 56.6% commute outside their county for work. This contrasts with the statewide average in Virginia, where a higher percentage (57.3%) work locally and only 37.0% commute outside their county. Among the localities, Prince Edward has the highest proportion of residents working locally (61.0%), while Amelia and Cumberland have the lowest, with nearly 70% of residents commuting outside their county. These patterns highlight regional differences in local job availability and commuting demands, emphasizing the need for infrastructure and economic development to support local employment opportunities.

HEALTH OUTCOMES

"Health Outcomes" measure the overall health of a community by assessing key indicators of length and quality of life. Length of life is evaluated using premature death rates (deaths before age 75), while quality of life considers factors like self-reported health status, physical and mental health days, and the prevalence of low birthweight. Both length of life and quality of life impact Health Outcomes by 50%. These outcomes highlight disparities and help identify areas needing targeted public health interventions to improve community health and equity.

Length of Life

LIFE EXPECTANCY

Life expectancy measures the average number of years a person is expected to live based on current mortality rates. It reflects overall health and well-being in a population, influenced by factors like access to healthcare, socioeconomic conditions, lifestyle behaviors, and environmental factors. Tracking life expectancy helps identify health disparities and evaluate the effectiveness of public health policies and interventions.

Race and ethnicity significantly impact life expectancy due to systemic inequities in healthcare access, socioeconomic status, living conditions, and exposure to stressors. Historical and structural disparities often lead to higher rates of chronic illnesses, limited access to preventive care, and differential treatment within healthcare systems among racial and ethnic minorities. For example, in the United States, Black Americans and Native Americans generally have lower life expectancies than White Americans, while Hispanic Americans often exhibit a longer life expectancy despite facing socioeconomic disadvantages—a phenomenon known as the "Hispanic paradox." Addressing these disparities requires targeted interventions to promote equity in healthcare, education, and economic opportunities.

Source: US Center for Disease Control and Prevention, Health Topics, https://www.cdc.gov/
Source: Kaiser Family Foundation, https://www.kff.org/
Data Retrieved: 12/12/2024

Life Expectancy by Average Number of Years Lived 2022-2023 County Health Rankings - Years Measured: 2018-2020

Locality	All Populations	Black	Hispanic	White
Amelia	74.8	75.1	Not available	74.3
Buckingham	78.1	75.4	Not available	79.5
Charlotte	74.4	72.1	Not available	75.1
Cumberland	78.6	76.3	Not available	79.3
Lunenburg	75.1	70.3	Not available	77.5
Nottoway	74.6	73.1	Not available	75.4
Prince Edward	76.0	71.8	Not available	78.7
Service Area	75.9	73.4	Not available	77.1
Virginia	79.1	75.6	87.4	79.1

Life Expectancy by Average Number of Years Lived 2022-2023 County Health Rankings - Years Measured: 2019-2021

Locality	All Populations	Black	Hispanic	White
Amelia	73.4	71.0	Not available	73.4
Buckingham	75.9	74.4	Not available	76.3
Charlotte	71.8	67.7	Not available	73.2
Cumberland	77.6	76.0	Not available	77.8
Lunenburg	73.7	71.0	Not available	73.7
Nottoway	73.7	72.4	Not available	73.6
Prince Edward	75.0	71.2	Not available	76.8
Service Area	74.4	72.0	Not available	75.0
Virginia	78.1	Not available	Not available	Not available

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2018-2020; 2019-2021. Data Retrieved: 11/10/2024

The analysis of life expectancy trends between the periods 2018–2020 and 2019–2021 shows a general decline across localities in the service area. Given that the most recent dataset was measured during the peak of the COVID-19 pandemic (2019-2021), this decline may be attributed to the pandemic and increases in other mortality factors. On average, life expectancy is lower for blacks and higher for whites and Hispanics.

DEATH RATES

As of 2022, the leading causes of death in Virginia were:

1. **Heart Disease**
2. **Cancer**
3. **Accidents** (Unintentional Injuries)
4. **COVID-19**
5. **Cerebrovascular Diseases** (Stroke)

These top five causes accounted for 57% of all deaths in the state. As of this writing, this data for Virginia in 2023 is unavailable.

Nationally, in 2023, the leading causes of death were:

1. **Heart Disease**
2. **Cancer**
3. **Unintentional Injuries**
4. **Chronic Lower Respiratory Diseases**
5. **Stroke** (Cerebrovascular Diseases)

Notably, COVID-19, which was the fourth leading cause of death in 2022, became the tenth leading cause in 2023, accounting for 1.6% of all deaths.

These statistics highlight the significant impact of chronic diseases and accidents on mortality rates both in Virginia and across the United States.

Source: USAFACTS, What are the leading causes of death in Virginia?, July 19, 2024, https://usafacts.org/answers/what-are-the-leading-causes-of-death-in-the-us/state/virginia/
Source: Centers for Disease Control and Prevention, Mortality in the United States-Provisional Data, 2023, https://www.cdc.gov/mmwr/volumes/73/wr/mm7331a1.htm
Data Retrieved: 12/13/2024

Deaths per 100,000 Population Rate by Race

Locality	*2020*			
	Total	*White*	*Black*	*Other*
Amelia	14.4	13.5	18.8	
Buckingham	12.2	13.2	10.4	18
Charlotte	16.1	14.7	19	31.6
Cumberland	11.8	11.8	12	7.4
Lunenburg	13.8	13.1	15.7	
Nottoway	14.8	16.5	12.8	4.4
Prince Edward	11.9	10.6	14.8	2.4
Service Area	13.6	13.3	14.8	12.8
Virginia	9.4	9.9	9.5	4.6

Table Source: Virginia Department of Health, Division of Health Statistics, https://www.vdh.virginia.gov/data/
Data Retrieved: 11/10/2024

It is important to note that the data set presented is the most current available from the Virginia Department of Health. In 2020, death rates in the service area exceeded the Virginia statewide average, with notable disparities among racial groups. This was also during the COVID-19 pandemic. Black populations consistently experienced higher death rates across most localities, with Charlotte and Amelia showing particularly elevated figures. White populations had slightly lower death rates overall but still exhibited significant variation, with Nottoway reporting one of the highest rates. For individuals categorized as "Other," rates were generally lower but varied widely between localities. These patterns highlight persistent health disparities influenced by social determinants such as healthcare access, economic inequality, and chronic disease prevalence, emphasizing the need for targeted public health interventions in the region.

Premature Age Adjusted Mortality Rates per 100,000 Population by Race 2018-2020 County Health Rankings

Locality	All Populations	Black	Hispanic	White
Amelia	482.7	487.5	Not available	492.7
Buckingham	377.7	474.2	Not available	327.1
Charlotte	486.5	620.3	Not available	440.0
Cumberland	399.3	511.0	Not available	361.6
Lunenburg	476.3	660.5	Not available	392.5
Nottoway	496.4	569.8	Not available	463.8
Prince Edward	463.7	654.7	Not available	365.0
Service Area	454.7	568.3	Not available	406.1
Virginia	334.9	474.8	181.1	328.6

Premature Age Adjusted Mortality Rates per 100,000 Population by Race 2019–2021 County Health Rankings

Locality	All Populations	Black	Hispanic	White
Amelia	533.9	620.4	Not available	529.7
Buckingham	461.6	542.0	Not available	432.1
Charlotte	596.0	827.4	Not available	521.5
Cumberland	433.1	525.4	Not available	408.3
Lunenburg	540.9	656.3	Not available	531.6
Nottoway	518.0	600.6	Not available	505.6
Prince Edward	498.0	678.8	Not available	416.0
Service Area	511.6	635.8	Not available	477.8
Virginia	361.9	Not available	Not available	Not available

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2018-2020; 2019-2021. Data Retrieved: 11/10/2024

There was a rise in premature mortality rate between 2018-2020 and 2019-2021 due in large part to the COVID-19 pandemic. This data also shows systemic health disparities especially among Black populations.

"Deaths due to injury" encompass fatalities resulting from both unintentional and intentional injuries. Unintentional injuries include incidents such as motor vehicle crashes, falls, drownings, and poisonings. Intentional injuries involve deliberate acts like homicide and suicide. These injuries can lead to immediate death or result in complications that cause death later. Tracking injury-related deaths helps identify public health priorities and develop prevention strategies.

In Virginia, injury-related death rates exhibit notable differences between urban and rural areas. Nationally, rural regions experience higher unintentional injury death rates compared to urban areas, a trend that is also observed within the state. Factors contributing to this disparity include limited access to trauma care, higher prevalence of high-risk occupations, and increased rates of behaviors such as impaired driving and lower seatbelt use in rural communities. Additionally, rural areas often face challenges like longer emergency response times and greater distances to healthcare facilities, which can exacerbate injury outcomes.

Source: World Health Organization, Injuries and violence, https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence
Source: Rural Health Information Hub, Unintentional Injury in Rural Areas, https://www.ruralhealthinfo.org/toolkits/unintentional-injury/1/rural-issues
Data Retrieved: 12/13/2024

Number of Deaths due to Injury per 100,000 Population

Locality	*2016-2020*	*2017-2021*
Amelia	133.6	128.3
Buckingham	93.6	102.0
Charlotte	130.2	150.3
Cumberland	83.4	83.4
Lunenburg	101.5	113.7
Nottoway	91.1	96.3
Prince Edward	84.6	88.2
Service Area	102.6	108.9
Virginia	67.9	71.8

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2016-2020; 2017-2021. Data Retrieved: 11/10/2024

Injury death rates increased across most of the service area between 2016–2020 and 2017–2021, rising from 102.6 to 108.9 per 100,000, significantly higher than Virginia's statewide average, which increased from 67.9 to 71.8. Charlotte saw the highest rate at 150.3, while Cumberland remained the lowest at 83.4.

Virginia has experienced fluctuations in **suicide rates,** with a general upward trend over the past few years. In 2021, the age-adjusted suicide rate was 13.3 per 100,000 people, marking a 22% increase over two decades. In Virginia, suicide rates vary significantly across demographic groups. Males are disproportionately affected, accounting for approximately 77% of suicide deaths. Individuals aged 45 and older represent 54% of suicide deaths, with notable increases among those aged 15–24 and 35–44. White, non-Hispanic individuals constitute 85% of suicide deaths, with rates over three times higher than Black, non-Hispanic individuals and twice that of Hispanic/Latinx individuals. Rural areas, particularly in the Southwest region of Virginia, experience higher suicide rates compared to urban localities. Factors contributing to elevated rates in rural areas include limited access to mental health services, greater social isolation, economic challenges, and higher prevalence of firearm ownership. Addressing these issues is crucial for effective suicide prevention in Virginia's rural communities.

Source: Virginia Department of Health, Suicide and Self-Harm in Virginia, July 2020, https://www.vdh.virginia.gov/content/uploads/sites/179/2020/08/Suicide-and-Self-Harm-in-Virginia.pdf

Number of Deaths & Rates due to Suicide per 100,000 Population (Age-adjusted)

Locality	2016-2020		2017-2021	
	Number of Deaths	Suicide Rate	Number of Deaths	Suicide Rate
Amelia	14	20.2	14	18.7
Buckingham	11	10.9	14	14.9
Charlotte	13	23.7	16	33.0
Cumberland	10	20.0	10	20.0
Lunenburg	14	21.6	16	27.3
Nottoway	-	-	10	13.1
Prince Edward	14	12.3	15	11.9
Service Area	76	18.1	14	19.9
Virginia	5921	13.4	5944	13.4

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2016-2020; 2017-2021. Data Retrieved: 11/10/2024

Between the periods 2016–2020 and 2017–2021, the suicide rates and number of deaths in the service area saw slight increases, with the age-adjusted suicide rate rising from 18.1 to 19.9 per 100,000. This rate remains higher than Virginia's statewide rate of 13.4 per 100,000, which remained unchanged during these periods. Charlotte and Lunenburg experienced notable increases in suicide rates, with Charlotte rising sharply from 23.7 to 33.0 and Lunenburg increasing from 21.6 to 27.3 per 100,000. Meanwhile, Prince Edward showed a slight decrease in its rate, despite an additional recorded death.

Heart disease and **stroke** are top causes of death in Virginia. **Hypertension** is often a contributor to these chronic diseases as are certain health behaviors including poor diet, inactivity, smoking and excessive drinking.

Stroke Death Rate Age 35+ per 100,000 Population by Race

Locality	2018-2020		
	Total	White	Black
Amelia	77.3	71	107.3
Buckingham	74.8	68	103.3
Charlotte	103.2	96.2	125.5
Cumberland	73.3	65.7	104.2
Lunenburg	103.6	94.6	123.4
Nottoway	92.5	83.7	113.2
Prince Edward	95.2	90	112.3
Service Area	88.6	81.3	112.7
Virginia	74.1	72.7	101.8

Table Source: CDC. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx
Years Measured: 2018-2020. Data Retrieved: 07/11/2024

Stroke death rates (age 35+) in the service area during 2018–2020 reveal disparities between racial groups and higher overall rates compared to the Virginia state average. The total stroke death rate in the service area was 88.6 per 100,000, exceeding the statewide rate of 74.1. White populations in the service area had a rate of 81.3, higher than the state average of 72.7 for this group. However, Black populations experienced significantly higher rates, with a service area average of 112.7 compared to 101.8 statewide, underscoring a pronounced racial disparity. Localities such as Charlotte (103.2) and Lunenburg (103.6) reported the highest total stroke death rates, driven by elevated rates among Black populations (125.5 and 123.4, respectively).

Heart Disease Death Rate Age 35+ per 100,000 Population by Race

Locality	2018-2020		
	Total	White	Black
Amelia	362.5	342.4	381.2
Buckingham	292.6	306.7	282.3
Charlotte	350.4	319	448.5
Cumberland	272.6	274	302.2
Lunenburg	379.5	348.5	471
Nottoway	431.4	390.6	495.7
Prince Edward	373.2	341.8	479.5
Service Area	351.7	331.9	408.6
Virginia	289.7	291.5	365.6

Table Source: CDC. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx
Years Measured: 2018-2020. Data Retrieved: 07/11/2024

The 2018–2020 heart disease death rates (age 35+) in the service area reveal significant disparities by race and locality. The total rate in the service area was 351.7 per 100,000, notably higher than Virginia's statewide average of 289.7. White populations in the service area had a rate of 331.9, slightly above the statewide average of 291.5 for this group. However, Black populations experienced a much higher rate at 408.6, compared to 365.6 statewide, emphasizing pronounced racial disparities. Among localities, Nottoway exhibited the highest overall rate at 431.4, with Black residents facing an especially elevated rate of 495.7. Similar disparities were observed in Lunenburg (471 for Black populations) and Prince Edward (479.5 for Black populations), while rates for White populations were consistently lower.

Hypertension Death Rate Age 35+ per 100,000, All Races/Ethnicities

Locality	2018-2020
Amelia	158.8
Buckingham	132.9
Charlotte	244.6
Cumberland	182.9
Lunenburg	214.9
Nottoway	245.4
Prince Edward	214.7
Service Area	199.2
Virginia	193.7

Table Source: CDC. Interactive Atlas of Heart Disease and Stroke. https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx
Years Measured: 2018-2020. Data Retrieved: 02/20/2024

Between 2018 and 2020, the hypertension death rate for individuals aged 35 and older in the service area was 199.2 per 100,000, slightly exceeding Virginia's statewide average of 193.7. Among localities, Nottoway and Charlotte reported the highest rates at 245.4 and 244.6, respectively, indicating significant health challenges in these areas. Lunenburg (214.9) and Prince Edward (214.7) also recorded rates well above the state average, suggesting that hypertension-related mortality is particularly acute in these rural regions. Conversely, Buckingham had the lowest rate in the service area at 132.9, well below the state and service area averages.

This data highlights disparities and the need for targeted stroke, heart disease and hypertension prevention and chronic disease management in the counties with elevated mortality rates particularly for Black residents in these rural areas.

Quality of Life

HEALTH STATUS

"Persons reporting being in poor or fair health by percent" measures the proportion of adults who self-rate their health as poor or fair, providing insight into general health perceptions and disparities within a population. "Physically unhealthy days reported in the past 30 days (age-adjusted)" tracks the average number of days adults experience physical health issues, while "Mentally unhealthy days reported in the past 30 days (age-adjusted)" captures days of poor mental health, reflecting overall well-being. These indicators help identify community health needs and areas for targeted intervention.

Source: The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024.
https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/poor-or-fair-health?year=2024
Data Retrieved: 12/12/2024

Persons Reporting Being in Poor or Fair Health by Percent

Locality	2019	2020	2021
Amelia	20	17	18
Buckingham	24	20	22
Charlotte	25	20	20
Cumberland	22	16	16
Lunenburg	25	20	22
Nottoway	25	19	22
Prince Edward	22	19	20
Service Area	23	19	20
Virginia	16	12	14

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2019-2021. Data Retrieved: 11/20/2024

Between 2019 and 2021, the percentage of adults reporting being in poor or fair health in the service area decreased slightly, improving from 23% in 2019 to 20% in 2021. Despite this improvement, the service area consistently reported higher rates than the Virginia state average, which ranged from 16% in 2019 to 14% in 2021. Among localities, Amelia and Cumberland showed the lowest percentages in 2021, at 18% and 16%, respectively, indicating relatively better self-reported health. In contrast, nearly 1 in 5 individuals in the other counties (Buckingham, Charlotte, Lunenburg, Nottoway and Prince Edward) reported being in poor or fair health. These trends reflect ongoing disparities in health perceptions, with rural areas continuing to report poorer overall health compared to the state average.

The Centers for Disease Control and Prevention (CDC) utilize the **"Healthy Days"** measures to assess health-related quality of life, including the number of physically and mentally unhealthy days reported within the past 30 days. These measures provide insight into the burden of physical and mental health issues within a population. According to the CDC, individuals reporting 14 or more mentally unhealthy days in the past 30 days are considered to be experiencing frequent mental distress, indicating more severe or persistent mental health problems. Similarly, reporting 14 or more physically unhealthy days suggests frequent physical distress, reflecting significant physical health challenges.

Source: US Centers for Disease Control and Prevention, Health Status,
https://www.cdc.gov/places/measure-definitions/health-status.html
Data Retrieved: 12/12/2024

Physically Unhealthy Days Reported in the Past 30 Days (Age-adjusted)

Locality	2019	2020	2021
Amelia	4.2	3.5	4.0
Buckingham	4.7	3.8	4.4
Charlotte	5.1	3.9	4.3
Cumberland	4.5	3.3	3.8
Lunenburg	4.8	3.8	4.5
Nottoway	4.8	3.7	4.3
Prince Edward	4.4	3.7	4.2
Service Area	4.7	3.7	4.2
Virginia	3.7	2.7	3.2

Table Source: 2022-2024 County Health Rankings,
https://www.countyhealthrankings.org/health-data/virginia/data-and-resources.
Years Measured: 2019-2021. Data Retrieved: 11/10/2024

The average number of physically unhealthy days reported in the past 30 days was higher than the state averages. There was an improvement in the service area days in 2020 (3.7 days) compared to 2019 (4.7 days), likely reflecting temporary declines in health issues reported during the pandemic and rose again to 4.2 days in 2021.

Mentally Unhealthy Days Reported in the Past 30 Days (Age-adjusted)

Locality	2019	2020	2021
Amelia	4.9	4.7	5.6
Buckingham	5	4.8	5.3
Charlotte	5.4	5	5.7
Cumberland	5	4.7	5.2
Lunenburg	5.1	4.9	5.5
Nottoway	5	4.7	5.6
Prince Edward	4.9	4.6	5.4
Service Area	5	4.8	5.5
Virginia	4.2	4.1	4.9

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 11/10/2024

The average number of mentally unhealthy days reported in the past 30 days (age-adjusted) in the service area showed a gradual increase from 5.0 in 2019 to 5.5 in 2021. These figures consistently exceeded the statewide averages in Virginia, which rose from 4.2 in 2019 to 4.9 in 2021, highlighting a greater mental health burden in the service area.

Diabetes and **cancer** significantly impact health status by contributing to chronic disease burdens, reduced quality of life, and premature mortality. Diabetes increases the risk of complications such as cardiovascular disease, kidney failure, and neuropathy, leading to long-term disability and increased healthcare costs. Cancer, the second leading cause of death in the U.S., affects health through its physical toll, treatment side effects, and mental health challenges. Both conditions disproportionately impact underserved populations, exacerbating health disparities and requiring comprehensive prevention and management strategies to improve outcomes.

Source: US Centers for Disease Control & Prevention, Health Topics, https://www.cdc.gov/ Data Retrieved: 12/13/2024

DIABETES PREVALENCE

Diabetes Prevalence Percentage (%) of Adults Aged 20+, (Age-adjusted)

Locality	2019	2020	2021
Amelia	10.6	11.2	11.1
Buckingham	13.2	12.9	12.9
Charlotte	13.3	13.2	12.2
Cumberland	12.1	11.1	10.5
Lunenburg	13.2	13.3	13.2
Nottoway	13.6	13.1	13.2
Prince Edward	12.6	13.3	12.9
Service Area	12.7	12.6	12.3
Virginia	9.8	9.8	10.2

Table Source: 2022-2024 County Health Rankings, https://www.countyhealthrankings.org/health-data/virginia/data-and-resources. Years Measured: 2019-2021. Data Retrieved: 11/11/2024

Between 2019 and 2021, diabetes prevalence among adults aged 20 and older in the service area remained consistently higher than Virginia's statewide average. While Virginia's diabetes prevalence increased slightly from 9.8% in 2019 to 10.2% in 2021, the service area's average showed a slight decrease, from 12.7% in 2019 to 12.3% in 2021.

CANCER INCIDENCE RATES

Cancer incidence rates across the Farmville service area were higher than the rates statewide. Most notable is that the cancer incidence rates for Blacks were higher than rates for Whites overall.

All Cancer Types: Age-adjusted Incidence Cases per 100,000

Locality	Total		White		Black		Hispanic	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Amelia	539.9	528	546.0	396	520.4	126	N/A	N/A
Buckingham	443.3	530	452.3	355	406.9	161	N/A	N/A
Charlotte	453.8	410					N/A	N/A
Cumberland	426.6	321	395.8	203	484.3	112	N/A	N/A
Lunenburg	488.2	447	472.0	277	517.9	163	N/A	N/A
Nottoway	542.1	581	540.9	362	530	209	N/A	N/A
Prince Edward	475.1	577	450.9	348	519.4	220	N/A	N/A
Service Area	453.8	3394	476.3	1941	520.4	991		
Virginia	412	212,484	405.3	158,004	428	40135	N/A	N/A

Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites
Years Measured: 2017-2021. Data Retrieved: 03/15/2024

Prostate Cancer: Age-adjusted Incidence Cases per 100,000

Locality	Total		White		Black		Hispanic	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Amelia	166.9	85	137.9	54	261	30	N/A	N/A
Buckingham	93.4	61	87.1	37	105	23	N/A	N/A
Charlotte	114	58						
Cumberland	90.9	36	65.2	19	154	17	N/A	N/A
Lunenburg	142.2	71	105.3	34	224	36	N/A	N/A
Nottoway	161	89	116.3	41	233	45	N/A	N/A
Prince Edward	148.3	92	107.7	46	219	44	N/A	N/A
Service Area	131.0	492	103.3	231	199	195		
Virginia	107.1	27,987	91.4	18,422	173	7,760	N/A	N/A

Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites
Years Measured: 2017-2021. Data Retrieved: 03/15/2024

Breast Cancer: Age-adjusted Incidence Cases per 100,000

Locality	Total		White		Black		Hispanic	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Amelia	167.9	78	187.7	64			N/A	N/A
Buckingham	127.6	69	125.6	45	113.6	21	N/A	N/A
Charlotte	144.6	62					N/A	N/A
Cumberland	105	39	86.5	19	144.2	19	N/A	N/A
Lunenburg	129.9	58	140.7	40	112.7	17	N/A	N/A
Nottoway	142.6	71	137	41	155.9	30	N/A	N/A
Prince Edward	120.9	73	117.9	43	133.8	30	N/A	N/A
Service Area	134.1	450	132.6	252	132.0	117		
Virginia	129.2	34,157	127.5	24,937	131.6	6,680	N/A	N/A

Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites
Years Measured: 2017-2021. Data Retrieved: 03/15/2024

Lung and Bronchus Cancer: Age-adjusted Incidence Cases per 100,000

Locality	Total		White		Black		Hispanic	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Amelia	90	97	93	75	83.9	22	N/A	N/A
Buckingham	72.7	92	73.4	61	71.1	30	N/A	N/A
Charlotte	69.8	70						
Cumberland	47.5	40	53	30	N/A	N/A	N/A	N/A
Lunenburg	82.5	81	77.1	50	96.4	31	N/A	N/A
Nottoway	74.9	84	74.7	54	71.7	28	N/A	N/A
Prince Edward	91.9	117	78.6	66	115.6	50	N/A	N/A
Service Area	75.6	581	75.0	336	87.7	161		
Virginia	51.4	27,341	51.8	21,202	53.8	4,974	N/A	N/A

Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites
Years Measured: 2017-2021. Data Retrieved: 03/15/2024

Colon and Rectum Cancer: Age-adjusted Incidence Cases per 100,000

Locality	Total		White		Black		Hispanic	
	Rate	Count	Rate	Count	Rate	Count	Rate	Count
Amelia	37.1	36	31.3	23	N/A	N/A	N/A	N/A
Buckingham	39.5	48	30.6	25	60.4	23	N/A	N/A
Charlotte	42.1	35						
Cumberland	50.6	32	40.9	17	N/A	N/A	N/A	N/A
Lunenburg	34.4	30	29.2	18	N/A	N/A	N/A	N/A
Nottoway	45.1	48	48.6	32	39.4	16	N/A	N/A
Prince Edward	33.7	37	34.6	25			N/A	N/A
Service Area	40.4	266	35.9	140	49.9	39	N/A	N/A
Virginia	33.9	17,031	32.5	12,345	37.7	3,420	N/A	N/A

Table Source: Virginia Cancer Registry 1995-2021, Cancer Incidence Counts & Age-adjusted Rates (per 100,000) by Locality, Sex, and Race for Selected Cancer Sites
Years Measured: 2017-2021. Data Retrieved: 03/15/2024

MATERNAL AND CHILD HEALTH INDICATORS

The United States is facing an urgent maternal and infant health crisis. Efforts to end preventable maternal health risks and death, preventable preterm birth, and close the health equity gap for every family are critical to the health of the community. Maternal and Child Health indicators like **low birthweight, prenatal care in the first trimester,** and **infant deaths** are key indicators of a community's quality of life, reflecting healthcare access, maternal health, and social determinants. High rates of low birthweight suggest challenges in maternal health and nutrition or limited access to prenatal care. Low rates of first-trimester prenatal care indicate barriers to healthcare access, such as affordability, availability, or awareness, while high infant death rates often highlight deficiencies in maternal and neonatal healthcare services and broader systemic issues like poverty and environmental hazards. Together, these measures provide a comprehensive view of the overall well-being of maternal and child health in communities.

Source: US Centers for Disease Control & Prevention, Health Topics, https://www.cdc.gov/
Source: March of Dimes, https://www.marchofdimes.org/
Data Retrieved: 12/13/2024

Prenatal Care Beginning in the First Trimester

Locality	2019	2020
Amelia	98%	86%
Buckingham	82%	76%
Charlotte	60%	78%
Cumberland	73%	86%
Lunenburg	76%	75%
Nottoway	82%	89%
Prince Edward	76%	85%
Service Area	78%	82%
Virginia	78%	79%

Table Source: Kids Count Data Center- VA Kids. https://datacenter.kidscount.org/
Years Measured: 2019-2020. Data Retrieved: 03/15/2024

Between 2019 and 2020, the percentage of mothers receiving prenatal care in the first trimester in the service area improved slightly, increasing from 78% to 82%, surpassing Virginia's statewide average, which rose marginally from 78% to 79%. Among localities, Nottoway reported the highest rates in 2020, at 89% reflecting strong access to early prenatal care. Charlotte saw a notable improvement, increasing from 60% in 2019 to 78% in 2020. However, Buckingham and Lunenburg showed declines during the same period, dropping to 76% and 75%, respectively, indicating potential barriers to early care.

BIRTH RATE PER 1,000 POPULATION BY RACE

Virginia's birth rate per 1,000 population measures the number of live births occurring annually for every 1,000 people in the state's population. This metric provides a standard way to compare birth rates across different regions and time periods, accounting for population size. It is a key demographic indicator used to assess population growth trends, fertility levels, and the potential need for public services such as healthcare, education, and childcare.

Birth Rate Per 1,000 Population

Locality	2020 total	2021 total	2022 total
Amelia	5.7	4.5	5.4
Buckingham	3.9	4.0	3.7
Charlotte	6.6	6.4	5.3
Cumberland	3.8	4.3	4.4
Lunenburg	5.0	4.9	4.4
Nottoway	4.8	5.7	4.7
Prince Edward	5.5	5.0	5.1
Service Area	5.0	5.0	4.7
Virginia	11.0	11.0	11.0

The birth rates in the service area are consistently lower than the statewide rate, which remained stable at 11.0 across all three years. This is most likely due to the aging demographics of the service area. Within the service area, locality rates fluctuated, with some showing declines over time.

Total Infant Deaths by Place of Residence 2020

Locality	Number of Infant Deaths				Rates per 1,000 Live Births			
	Total	White	Black	Other	Total	White	Black	Other
Amelia	2	2			13.2	52.6		
Buckingham	2	1	1		15.3	11	27	
Charlotte								
Cumberland								
Lunenburg	2	1	1		16.7	11.9	30.3	
Nottoway	1	1			6.7	16.4		
Prince Edward	3	1	2		12.6	7.1	21.7	
Service Area	10	6	4	0	12.9	19.8	26.3	
Virginia	497	220	210	67	5.3	3.8	10.2	4.3

Table Source: Virginia Department of Health, Division of Health Statistics. https://www.vdh.virginia.gov/HealthStats/stats.htm; inf_1-1_2020.xls
Years Measured: 2020. Data Retrieved: 03/15/2024

In 2020, the service area experienced 10 infant deaths, resulting in an infant mortality rate of 12.9 per 1,000 live births, more than double Virginia's statewide average of 5.3. The rate for Black infants in the service area was particularly high at 26.3, compared to 19.8 for White infants and 10.2 statewide for Black infants. Among localities, Buckingham and Lunenburg had the highest infant mortality rates, at 15.3 and 16.7 per 1,000 live births, respectively, while Charlotte and Cumberland reported no infant deaths.

Resident Low Weight Births by Percent of Total Live Births

Locality	2020			
	TOTAL	WHITE	BLACK	OTHER
Amelia	6.6	3.6	13.2	33.3
Buckingham	7.6	4.4	16.2	
Charlotte	12.6	8.8	27	
Cumberland	4.1	5.4		
Lunenburg	9.2	6	18.2	
Nottoway	10.7	7.1	16.4	
Prince Edward	12.1	6.4	20.7	16.7
Service Area	9	6	18.6	25
Virginia	8.3	6.6	13.5	7.6

Table Source: Virginia Department of Health, Division of Health Statistics. https://www.vdh.virginia.gov/HealthStats/stats.htm;
Years Measured: 2020. Data Retrieved: 03/15/2024

In 2020, the percentage of low-weight births (less than 5.5 pounds) in the service area was 9%, slightly higher than Virginia's statewide average of 8.3%. Black infants in the service area faced a disproportionately high rate of low-weight births at 18.6%, compared to 6% for White infants and 25% for those categorized as "Other," reflecting significant racial disparities.

Localities such as Charlotte (12.6%), Prince Edward (12.1%), and Nottoway (10.7%) reported the highest overall rates of low-weight births, with Black infants in these areas experiencing especially high rates—27% in Charlotte, 20.7% in Prince Edward, and 16.4% in Nottoway. Conversely, Cumberland reported the lowest overall rate at 4.1%, with no data for Black or "Other" populations.

These disparities suggest ongoing challenges in maternal and child health, particularly for Black and minority populations, likely due to factors such as access to prenatal care, socioeconomic conditions, and health equity. Addressing these issues is crucial for improving birth outcomes in the service area.

PRIORITIZATION OF NEEDS

PRIORITIZATION OF NEEDS

Upon completion of primary and secondary data collection, the Farmville Area Community Health Assessment Team (CHAT) was charged with prioritizing the needs of the community. A detailed "Prioritization of Needs Worksheet" was developed based on the importance placed on areas of need identified through two methods:

1. **Responses from the Community Health Survey**
   a. **Q3A:** What do you think are the most important issues that affect health in our community? (Health Factors) (n= 858 survey respondents)
   b. **Q3B:** What do you think are the most important issues that affect health in our community? (Health Conditions or Outcomes) (n= 858 survey respondents)
   c. **Q4:** Which healthcare services are hard to get in our community? (n= 852 respondents)
   d. **Q5:** Which social/support resources are hard to get in our community? (n= 851 respondents)
   e. **Q6:** What keeps you from being healthy? (n=788)
2. **Responses from the Stakeholders' & Target Population Focus Group**
   a. **Q1. Stakeholders-** What are the top 5 greatest needs in the community(s) you serve? (n= 34 participants, 1 meeting conducted)
   b. **Q1: Target Population-** What are the top 5 greatest needs in your community(s) around health and wellness? (n=22 participants, 3 meetings conducted)

To develop a list of priority needs for 2024, the top 10 responses to the five survey questions (Q3A-Q6) were sorted in an Excel workbook along with the top 12 community needs identified by the Stakeholder Focus Group and the top 10 community needs identified by the 3 Target Population Focus Groups (Q1). In addition, the top 10 Priority Areas of Need for the Farmville Service Area in 2021 were included. (It is important to note that after the 2024 primary and secondary data was presented to the CHAT at the August 20, 2024 meeting, members present agreed that the 2021 Priority Areas of Need were still relevant in 2024.) Altogether there were 19 Areas of Need. To determine how often an Area of Need was identified, an "x" was placed under one or more of the 7 survey and focus group questions to measure alignment with the Area of Need. The 19 Areas of Need and the detailed worksheet can be found in the Appendix.

An in-person CHAT meeting was held on September 25, 2024 in Farmville. There were 41 in attendance. The purpose of the meeting was to prioritize the top 10 priority needs for the 2024 Farmville Area Community Health Needs Assessment (CHNA). In addition to the detailed Area of Need worksheet, participants were provided with other supplemental information to help with their decision-making including recommendations for community collaboration to address need from Stakeholder and Target Population Focus Group participants, draft 2024 primary and secondary data, and responses from the CHAT meeting on January 24, 2024 regarding the state of our communities since 2021 and what programs/policies have had an impact on need. Those present were given time to review the materials and discuss them with others at their table.

Using Poll Everywhere, CHAT members were asked to rank the 19 Areas of Need from 1 to 19. Poll Everywhere allowed for ranking in real time and participants were given 15 minutes to complete the poll electronically. The answer choice with the most responses had the largest weight and was ranked as #1 and the answer choice with the least responses had the smallest weight and was ranked as #19. Thirty-two (32) CHAT members completed the poll. (Centra CHNA support staff did not complete the poll.)

The following table depicts the final rankings with the shaded area representing the top 10 Areas of Need:

2024 Community Health Needs Assessment
Farmville Service Area Prioritization of Needs (All)

Ranking	*Priority Area*
1	Access to Healthcare Services
2	Mental Health and Substance Use Disorders & Access to Services
3	Food Insecurity and Nutrition
4	Homelessness & Housing
5	Transportation
6	Aging and Eldercare
7	Issues Impacting Children & their Families: Child Abuse & Neglect Childcare
8	Employment / Job assistance
9	Financial Stability & Assistance
10	Chronic Disease
11	Dental Care & Dental Problems
12	Education and Literacy
13	Domestic Violence
14	Educator Retention
15	Coordination of Resources & Community Outreach
16	Broadband/Internet Access
17	Physical Activity & Recreational Spaces
18	Alternative Therapy
19	Distracted Driving

The top 10 priority areas are reflective of the County Health Rankings' four categories for Health Factors including Social and Economic Factors, Health Behaviors, Clinical Care, and Physical Environment. At Centra, we view all these health factors through the lens of equity, inclusion, and diversity.

The following table presents the final Top 10 Priority Areas of Need for 2024 as compared to the priorities in 2021. New priority areas for 2024 include:

- Food Insecurity & Nutrition
- Transportation
- Financial Stability & Assistance

These rankings will be used by Centra, the Piedmont Health District, and community leaders and stakeholders to develop plans, collaborations and partnerships that address these needs over the next three years. Centra performs triennial Community Health Needs Assessments in three service areas (Bedford, Farmville, Lynchburg) that are served by the system's four hospitals. In 2024, the top three Priority Areas of Need for all service areas were the same.

Farmville Area Top 10 Priority Areas of Need 2021 and 2024 Compared

Ranking	2021	2024
1	Access to healthcare services	Access to Healthcare Services
2	Broadband/Internet Access	Mental Health and Substance Use Disorders & Access to Services
3	Issues Impacting Children & their Families: Childcare Child abuse/neglect	Food Insecurity & Nutrition
4	Mental Health and Substance Use Disorders & Access to Services	Homelessness & Housing
5	Aging and Eldercare	Transportation
6	Chronic Disease	Aging and Eldercare
7	Coordination of Resources & Community Outreach	Issues Impacting Children & their Families: Childcare Child abuse/neglect
8	Education and Literacy (Pre-K & Public Schools)	Employment / Job assistance
9	Housing & Homelessness	Financial Stability & Assistance
10	Employment/Job Assistance	Chronic Disease

COMMUNITY IMPACT & RESOURCES

This evaluation of Community Impact & Resources presents the actions taken by Centra and community stakeholders across the service area to address the priority areas of need identified in the 2021 Community Health Needs Assessment.

COMMUNITY IMPACT & RESOURCES

The following section provides highlights of national, state, and local policies and programs that impacted the 2021 Farmville Area "Priority Areas of Need." It also highlights the partnerships and collaborations occurring within the region that address one or more of these priority areas.

At the conclusion of this section, a table organized by the 2021-2024 Farmville Area Priority Areas of Need outlines the efforts made by Centra and our community partners to address these needs. Most of the "Current State" and "Community Impact" sections in the table were reported by the Farmville Area Community Health Assessment Team on January 24, 2024. The "Centra Impact" section is based primarily on outcomes, services, and programs that resulted from the 2022-2025 Centra Implementation Plan.

For the 2024 Farmville Area Community Health Needs Assessment, a list of community resources that address each of the top ten Priority Areas of Need was created. This list of available resources was developed using Virginia 2-1-1 Information and Referral system (https://www.dss.virginia.gov/community/211.cgi), resources collected from Stakeholder Focus Group responses, and other web-based resource lists. This information serves to inform Centra and other community stakeholders about existing programs and resources that can support the development of Centra's Implementation Plans, the Piedmont Health District's Community Health Improvement Plan, and other community responses to address need and improve health outcomes. **The list of resources is included in the Appendix.**

COVID-19 RELIEF: THE AMERICAN RESCUE PLAN ACT (2021)

The American Rescue Plan Act (ARPA) was signed into law by President Joe Biden in March 2021. Through the Coronavirus State and Local Fiscal Recovery Fund (SLFRF), it guaranteed direct relief to cities, towns, and villages across the United States. The purpose of this one-time funding was to assist in recovering from the public health emergency and negative economic impacts caused by the COVID-19 pandemic. Virginia was awarded $7.2 billion, with $4.3 billion allocated to the state and $2.9 billion distributed directly to localities. (https://www.wvtf.org/news/2021-05-11/how-much-is-your-community-getting-from-arpa). In the summer of 2021, Virginia's House of Delegates, Senate, and Governor agreed on how to spend $3.5 billion of the $4.3 billion in flexible federal funding for the state.

Since ARPA's enactment in 2021, the Commonwealth of Virginia has received a total of $4.29 billion as part of the American Rescue Plan Act and the Coronavirus State and Local Fiscal Recovery Fund. This funding has supported 198 projects across 42 agencies. Of the $4.29 billion, $3.85 billion has been obligated, and $2.63 billion has been spent. Virginia has effectively utilized these funds for a wide range of programs and initiatives to address the multitude of needs impacted by the COVID-19 pandemic. These initiatives have focused on efforts to strengthen health care systems, enhance unemployment benefits, expand broadband access, and provide more flexible assistance overall. (ARPA SLFRF Recovery Plan, 2024)

Source: American Rescue Plan Act SLFRF Recovery Plan. The Commonwealth of Virginia. (2024). Recovery Plan Performance Report (pdf). Retrieved from https://doa.virginia.gov/reports/AmericanRescure/Virginia-Recovery-Plan-Performance-Report-July-2024.pdf

ACCESS TO HEALTHCARE SERVICES

Medicaid (Medical and Dental Benefits)

During the COVID-19 pandemic, Medicaid enrollment in Virginia increased by 43%, growing from 1.53 million people in January 2020 to 2.1 million members by April 2023. This growth was due to federal requirements mandating that Virginia suspend normal Medicaid renewal processes and provide continuous coverage during the COVID-19 emergency. In May 2023, however, these federal requirements ended, and the state began recertifying the eligibility of all Medicaid recipients. This process, referred to as "unwinding," was conducted through the Department of Medical Assistance Services (DMAS) and the Department of Social Services (VA Free Clinics, n.d.). At the time, it was estimated that nearly 351,000 people would lose Medicaid eligibility due to these changes (VA Free Clinics, n.d.). As of September 2023, an estimated 12 million people – including 5.9 million adults and 6.1 million children – had already lost Medicaid-covered dental insurance following the end of the COVID-19 emergency (UCSF Oral Health, 2024). In Virginia alone, over 117,740 children lost dental coverage, and 90,836 children remained uninsured (UCSF Oral Health, 2024). These shifts are expected to have a significant impact on the recent progress made in improving access to dental care.

Source: Virginia Free Clinics. (n.d.). Medicaid. Virginia Free Clinics. Retrieved November 14, 2024, from https://www.vafreeclinics.org/medicaid
Source: UCSF Oral Health. (2024, November 14). Estimated 12 million children and adults lost Medicaid dental insurance after COVID-19 public health emergency. UCSF Oral Health. Retrieved November 14, 2024, from https://oralhealthsupport.ucsf.edu/news/estimated-12-million-children-and-adults-lost-medicaid-dental-insurance-after-covid-19-public

BROADBAND/INTERNET ACCESS

Between 2021 and 2024, Virginia made significant strides in improving broadband and internet access, particularly in underserved and rural areas. In 2021, the state launched the Virginia Telecommunications Initiative (VATI), a state-funded program aimed at expanding broadband infrastructure in regions with limited access (Virginia Department of Housing and Community Development, 2021). By 2024, Virginia had allocated millions of dollars in federal and state funds to support broadband expansion projects, ensuring high-speed internet was available to thousands of households, schools, and businesses in rural areas. These efforts were further bolstered by the federal American Rescue Plan Act (ARPA), which provided additional funding for broadband development across the state (Virginia Economic Development Partnership, 2023).

As of 2024, approximately 95% of Virginians have access to high-speed internet, up from about 80% in 2020 (Virginia Secretary of Technology, 2024). Key initiatives, such as partnerships between local governments and private broadband providers, helped close the digital divide. For example, the GO Virginia Region initiative focused on improving broadband access through local partnerships, using both state and federal funding to bring faster internet to rural communities (Virginia Governor's Office, 2023). Additionally, the state's expansion efforts were complemented by the Virginia Telehealth Network,

which allowed healthcare providers to offer services in remote areas, improving access to healthcare during and after the pandemic (Virginia Department of Medical Assistance Services, 2023).

These improvements have been essential for enhancing education, economic development, and healthcare in rural areas. Reliable internet access has become a critical tool for remote learning, telework, and telemedicine, helping to level the playing field for Virginians in underserved communities.

Source: Virginia Department of Housing and Community Development. (2021). Virginia Telecommunications Initiative: Expanding broadband access. Retrieved from https://www.dhcd.virginia.gov
Source: Virginia Economic Development Partnership. (2023). Broadband access in Virginia: 2021-2024 updates. Retrieved from https://www.vedp.org
Source: Virginia Secretary of Technology. (2024). Progress on broadband expansion across the Commonwealth of Virginia. Retrieved from https://www.vita.virginia.gov
Source: Virginia Governor's Office. (2023). Virginia's broadband initiatives and partnerships: A 2024 update. Retrieved from https://www.governor.virginia.gov
Source: Virginia Department of Medical Assistance Services. (2023). The role of broadband in telehealth access in Virginia. Retrieved from https://www.dmas.virginia.gov

MENTAL HEALTH AND SUBSTANCE USE DISORDERS

In July 2021, Governor Ralph Northam proposed a $485.2 million spending package for the 2022-2024 biennial budget, designed to reduce pressure on state behavioral health facilities by pledging almost $224 million to increase support for state hospitals, community-based providers, and substance abuse prevention and treatment programs across Virginia.

In 2022, Governor Glenn Youngkin proposed an additional $230 million for behavioral health initiatives aimed at improving the capacity of Virginia's mental health system. One of the key developments was the expansion of the Crisis Intervention Team (CIT) program, which trains law enforcement officers to respond effectively to mental health crises. By 2024, over 90% of Virginia's localities had implemented CIT training, improving the handling of mental health emergencies and diverting individuals from the criminal justice system to appropriate treatment (Virginia Department of Criminal Justice Services, 2024). In addition, Youngkin's plan included increased funding and expansion of Crisis Stabilization Units (CSUs) across the state, providing alternative options to emergency rooms for individuals experiencing mental health crises (Virginia Department of Behavioral Health and Developmental Services [DBHDS], 2022). The proposal also increased funding for Mobile Crisis Teams, allowing mental health professionals to respond directly to crisis situations in the community rather than relying solely on law enforcement (DBHDS, 2022). This initiative was intended to reduce the burden on emergency departments and law enforcement while ensuring individuals receive the appropriate mental health care.

The package leveraged funds from the American Rescue Plan (ARPA) to support mental health services in schools and included funding to expand school-based mental health services. This effort focused on increasing the number of counselors, psychologists, and social workers in Virginia schools to support students' mental health needs (Virginia Department of Education, 2022). Recognizing the impact of the pandemic on children and adolescents, these efforts targeted rising rates of anxiety, depression, and behavioral issues among the student population.

In 2023, the General Assembly passed an additional $100 million in behavioral health funding to expand services for both adults and children, with a particular emphasis on telehealth services and psychiatric beds for individuals needing inpatient care (Virginia General Assembly, 2023).

By 2024, this behavioral health spending package had led to the establishment of new statewide mental health crisis centers, a marked increase in the number of individuals receiving treatment through Medicaid expansion, and progress in integrating mental health care into primary care settings. These efforts also improved access to behavioral health services for Virginians living in rural and underserved areas (Virginia Health Care Foundation, 2024).

This comprehensive spending package, supported by the General Assembly and federal funding, represented a significant step toward improving Virginia's behavioral health infrastructure, offering a more holistic and accessible approach to mental health care.

From 2021 to 2024, Virginia's behavioral and mental health initiatives focused on expanding access, integrating mental health care with other services, and addressing urgent needs through innovative, community-based models. These efforts made significant strides toward creating a more accessible and responsive mental health system.

Source: Virginia Department of Criminal Justice Services. (2024). Crisis Intervention Team (CIT) program expansion and outcomes. Retrieved from https://www.dcjs.virginia.gov
Source: Virginia Department of Behavioral Health and Developmental Services (DBHDS). (2022). Governor Northam's behavioral health spending proposal: 2022-2024 updates. Retrieved from https://www.dbhds.virginia.gov
Source: Virginia Department of Education. (2022). Mental health services in schools: Expanding support for Virginia students. Retrieved from https://www.doe.virginia.gov
Source: Virginia General Assembly. (2023). Virginia behavioral health funding and legislative updates 2023-2024. Retrieved from https://www.virginia.gov
Source: Virginia Health Care Foundation. (2024). Virginia's behavioral health initiatives: Impact of Governor Northam's funding package 2022-2024. Retrieved from https://www.vhcf.org

Regarding substance use legislation, Virginia legalized marijuana for adults on July 1, 2021, with retail sales set to begin in July 2024. Public opinion in the United States has shifted significantly since then, with 70% of Americans now supporting marijuana legalization. An article from *The New York Times* explores the evolving attitudes

toward marijuana in the United States, highlighting how it has gone from being criminalized to becoming widely accepted and legalized in various states. This shift in public opinion has been fueled by changing perceptions of marijuana's safety, medical benefits, and economic potential (Baker, 2024).

Source: Baker, P. (2024, October 24). America's embrace of marijuana: A historical perspective. The New York Times. Retrieved November 14, 2024, from https://www.nytimes.com/2024/10/24/briefing/americas-embrace-of-marijuana.html

In 2021, House Bill 2132 and Senate Bill 1303 were passed to reduce barriers to addiction treatment and recovery services. The bills enhanced access to medication-assisted treatment (MAT) for individuals with opioid use disorder and expanded access to naloxone, an opioid overdose reversal drug (Virginia General Assembly, 2021). This legislation improved access to syringe services programs and supervised consumption programs to reduce harm, minimize the spread of infectious diseases, and encourage individuals to seek treatment (Virginia Department of Health, 2022). In 2022, Senate Bill 1379 expanded telemedicine services for substance use disorder treatment, allowing individuals in rural and underserved areas to access addiction treatment remotely. However, in 2023, the Centers for Medicare & Medicaid Services (CMS) officially codified a requirement into the 2023 Physician Fee Schedule for Medicare, stating that, as of January 2025, "For behavioral health, an in-person visit is required within the first six months of an initial telehealth visit and every 12 months thereafter, with certain exceptions" (U.S.DOHHS, n.d.). This change is expected to impact access to behavioral health services in the coming years.

Source: U.S. Department of Health & Human Services. (n.d.). Medicare and Medicaid policies. Telehealth.HHS.gov. Retrieved November 14, 2024, from https://telehealth.hhs.gov/providers/telehealth-policy/medicare-and-medicaid-policies

Additionally, the Virginia Behavioral Health Recovery Fund was established, providing $50 million to support local recovery programs and initiatives aimed at reducing substance use and supporting long-term recovery (Virginia Department of Behavioral Health and Developmental Services [DBHDS], 2023). By 2024, the Drug Prevention and Recovery Act created a new task force to develop and implement a statewide addiction prevention strategy focusing on youth education, community engagement, and family-based interventions (Virginia General Assembly, 2024).

These legislative updates reflect Virginia's broader shift toward a more holistic, public health-oriented approach to substance use, prioritizing prevention, treatment, harm reduction, and recovery support services.

Source: Virginia General Assembly. (2021). HB 2132 and SB 1303: Expanding access to treatment and harm reduction for substance use disorders. Retrieved from https://lis.virginia.gov
Source: Virginia Department of Health. (2021). Virginia Harm Reduction and Syringe Exchange Programs: Legislative and public health updates. Retrieved from https://www.vdh.virginia.gov
Source: Virginia Department of Behavioral Health and Developmental Services (DBHDS). (2023). Substance use legislation and the Behavioral Health Recovery Fund: 2021-2024 updates. Retrieved from https://www.dbhds.virginia.gov
Source: Virginia General Assembly. (2024). Drug Prevention and Recovery Act of 2024: A comprehensive approach to addiction prevention. Retrieved from https://www.virginia.gov

Partnerships and Coalitions

The following partnerships and coalitions address one or more of the 2024 Priority Areas of Need:

STEPS, Inc.

The Affordable Housing Coalition is a project of STEPS Inc. in Farmville and includes stakeholders from the Town of Farmville, Prince Edward County, Longwood University, Hampden-Sydney College, Prince Edward County Public Schools, Fuqua School, Centra Southside Community Hospital, Habitat for Humanity, and STEPS, who are addressing affordable housing options for residents in Farmville and Prince Edward County. https://www.steps-inc.org/

In late 2024, STEPS announced that they would be reopening Madeline's House under STEPS leadership. This facility will serve domestic violence victims and provide safe housing for them. Senator Mark Warner presented a $949,000 congressionally directed funding check to the efforts (VA CAMH, 2024).

Source: Virginia Coalition for Affordable Mental Health. (2024, October 18). Madeline's House reopens in Farmville. Virginia Coalition for Affordable Mental Health. Retrieved November 14, 2024, from https://www.vacap.org/madelines-house-reopens-in-farmville/

The Virginia Homeless Solutions Program - This program provides case management services to individuals and families who are homeless or at risk of becoming homeless through three branches of programming: shelter, rapid-re-housing, and prevention. For homeless clients, STEPS can temporarily shelter individuals and families in local hotels (funds permitting) or transport clients to shelters in neighboring service areas. This program is funded by the Virginia Department of Housing and Community Development.

The Virginia Supportive Housing Project - STEPS, in collaboration with Virginia Supportive Housing (VSH) and the Robert Russa Moton Museum, have begun a new housing initiative: the Virginia Supportive Housing Project at Israel Hill. After purchasing 48 acres of land, the initiative is underway to build supportive housing for the homeless in the Farmville region. Centra is a proud supporter of this work, and in 2024, STEPS was awarded a $88,229 grant to aid in these efforts to address Homeless Emergency Sheltering & Rapid Rehousing.

FACES Food Pantry

FACES is a food pantry that addresses food insecurity in the Farmville Region https://www.facesfoodpantry.com

Since its inception in 1981, FACES has evolved into one of the largest food agencies in Virginia. FACES now distributes food to an average of 900 households annually, representing over 1,800 individuals. FACES operates two food pantry locations, one in Farmville and one in Keysville. They also sponsor a backpack program providing weekend meals for school children, supplying food for the homeless in partnership with STEPS, Inc., and collaborating with other community organizations for the betterment of the community. They have a Healthy Pantry Initiative, a national health-focused, neighbor-centered transformation of the national food pantry network aimed at implementing healthy pantry practices to support the health and nutrition of neighbors facing hunger. Centra proudly supports the great work that FACES is doing.

South-Central Virginia Non-profit Network (SCVNN)

The South-Central Virginia Non-profit Network (SCVNN) is a collective of area nonprofits coordinating to support the communities in the Farmville region as well as the nonprofits who serve these communities. Currently, SCVNN supports a website and messaging campaign regarding available resources in the region. In addition, they are considering other outreach efforts, including direct mailings to rural residents who lack internet access and a questionnaire for nonprofits seeking volunteer assistance. The network is led by Crossroads Community Services Board, STEPS Inc., and Piedmont Senior Resources.

The mission of SCVNN is to provide a comprehensive list of essential services and resources that support individuals and families in the seven-county service area. They focus on providing resource information that addresses:

- **Meeting critical needs such as food, shelter, or other essential resources for daily living.**
- **Nonprofits or state/government agencies.**
- **Locally based or regional/national organization with a local presence.**
- **Faith groups providing specific essential services to the community.**

CENTRA SOUTHSIDE COMMUNITY HOSPITAL IMPLEMENTATION PLAN

Upon completion of the 2021 CHNA, a 2022-2025 system-wide Centra implementation planning process was held. Led by the Senior Vice President - Chief Transformation Officer and Department of Community Health Director, the team was instrumental in the development of the plan and was composed of key Centra executive leaders, including Senior Vice Presidents and Chief Physician Executive, Chief Operating Officer, and Chief Clinical Officer; the Vice President of Behavioral Health, Chief Executive Officers (CEO) and Chief Nursing Officers for each Centra hospital, and others.

A series of three meetings were held with the Leadership Team on January 28, February 18, and March 25, 2022. Team members participated in the following activities:

- **Ranked the top three to five Priority Areas of Need for the service area that will be addressed by Centra**
  - Identified policies, programs, and resources already available to address the needs
  - Identified additional resources and partnerships needed to address gaps and barriers
  - Developed 3-year goals to address priority needs
  - Developed strategies to support the goals and considered whether these strategies were measurable, realistic, as well as considering organizational capacity and resources, and opportunities for community collaboration
  - Developed evaluative measures for the goals and/or strategies
- **Identified which priority needs will not be addressed by Centra and why**

The priority needs addressed by Centra Southside Community Hospital included the following:

- **Access to Healthcare Services***
- **Mental Health and Substance Use Disorders & Access to Services***
- **Coordination of Resources and Community Outreach**

Priority Areas of Need addressed across the entire Centra service region

The complete 2022-2025 Implementation Plan can be found at https://www.centrahealth.com/community-resources/community-health#chna. A Community Health Assessment Implementation Plan Leadership Team was developed and met, monthly initially and eventually quarterly, to share progress on their plan goals with members who represented the Centra hospitals and relevant service lines.

CENTRA COMMUNITY BENEFIT AND IMPACT REPORT

Centra's Community Health Services is responsible for the development and implementation of the triennial Community Health Needs Assessments and Implementation Plans, Community Grants and Sponsorships, and tracking Community Benefit activities. Community Benefit activities are programs and services provided by non-profit hospital systems like Centra, that are designed to improve health in communities and increase access to care in response to community need. Centra's Community Grants and Sponsorships fund non-profit organizations addressing the Priority Areas of Need and projects of regional importance annually. The 2021-2023 Centra Community Benefit and Impact Report can be found at https://www.centrahealth.com/sites/default/files/2024-06/Community%20Health%20Report%20Final.pdf

2021-2024 Community Impact Activities

The table below provides an evaluation of the impact made since the 2021 Farmville Area Community Health Needs Assessment (CHNA) and is delineated by the 2021 Priority Areas of Need.

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Access to Healthcare Services	**Current State:** • Increased use of virtual appointments and telehealth • Need extended hours for medical appointments • Need improvements in transportation to medical appointments • Unreliable Medicaid transportation
	Centra Impact: • Opening of Centra Medical Group (CMG) Buckingham (primary care practice) • Opening of Centra Medical Group (CMG) Keysville & Burkeville Clinic (primary care practices) • Launched system-wide closed loop referral platform, UNITE VA- a tool that assists in addressing Social Determinants of Health (SDOH) through the use of the PRAPARE screening tool to improve access to healthcare services & community resources- patients 18yrs+ are screened upon admission into the hospital for needs related to (Food, Housing, Transportation, Utilities & Interpersonal Safety) and referrals are sent to community partners via the UNITE VA platform or other referral methods • Centra hosts/participates in many community events aimed at addressing Access to Healthcare Services such as a "Walk With a Doc" events, Stroke prevention events, Skin cancer screening events, and other health fairs and events • Centra convened a Provider Recruitment Team with plans to hire 45 additional Providers for Primary Care 2024-2026; so far 12 have been hired
	Community Impact: • Safe Haven Baby Box established to allow for an anonymous and safe baby drop location • Drakes Branch VFD increasing opportunities for Basic Life Support training • Southside VA Community College Foundation, Inc.- increasing Nursing education opportunities in Southside VA • Heart of Virginia Free Clinic- Medication Assistance Program increasing access to affordable medications and prescriptions

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Broadband/ Internet Access	**Current State:** • Increased use of telehealth • Providing health information & access to care through tech skills • Increased funding for broadband access and infrastructure development underway • Need education for elderly on how to use technology- email, internet, cell phones (smartphones) • Since the onset of the COVID-19 pandemic, Virginia has significantly accelerated efforts to expand broadband access, recognizing its essential role in education, telehealth, and economic activities. Virginia aims to achieve universal broadband coverage using public and private sources including federal COVID relief funds.
	Community Impact: • Localities are working closely with local broadband service providers to expand access

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Issues Impacting Children and Their Families: Childcare, Child Abuse/ Neglect	**Current State:** • Virginia's $1.1 billion investment for early childhood education access approved in 2024 • Region is a childcare desert • Additional COVID funds for childcare have gone away **Centra Impact:** • Centra's Forensic Nursing Department expanded to Southside Community Hospital (child abuse) **Community Impact:** • Eleven Pictures- Provides year-round reading programs • STEPS Inc. is the HeadStart provider for the region

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Mental Health and Substance Use Disorders & Access to Services	**Current State:** • State Level Policy Changes- 2021 legalization of marijuana, telehealth law increased barriers to behavioral health services • Lack of resources to address the need • Issues have increased in children because of home experiences & electronic access • Increased Narcan access • Opioid abatement and grants for substance abuse **Centra Impact:** • Centra Medical Group opened a Farmville Bridge Clinic as an extension of the Centra Medical Group Addiction Treatment Center in Lynchburg- to serve as a crucial link between the emergency department and patients seeking treatment for substance misuse • Centra Southside Community Hospital Caregivers received Crisis Prevention Intervention Training in 2022 • Centra Southside Community Hospital Caregivers received Mental Health First Aid Training **Community Impact:** • Crossroads Community Services Board (CSB) and Piedmont Health District are providing several programs to address mental health, behavioral health, and substance use services • Tri-County Community Action Agency has infant & maternal health support group services

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Aging and Eldercare	**Current State:** • The population is aging but resources are not keeping up with the demand/need **Centra Impact:** • Southside Community Hospital provides the cooked meals for the Meals on Wheels program in Prince Edward County • Centra services address many of the needs and services required of an aging population both in the inpatient and outpatient settings. **Community Impact:** • Senior Citizens of Prince Edward County's collaboration with Meals on Wheels for "Feeding our Neighbors Campaign" to deliver meals to senior citizens of Prince Edward County • Area Agencies on Aging provide a wide variety of services to the elderly/aging population

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Chronic Disease	**Current State:** • 2023 cuts in Supplemental Nutrition Assistance Program (SNAP) benefits have increased food insecurity • Introduction of "Feed More" program in Nottoway Co. schools • Expansion of FACES Food Pantry • Benefits have increased food insecurity • Possible cuts to WIC benefits
	Centra Impact: • Patient education (in- patient and out-patient, target chronic disease treatment & management) • Nutrition services provide Alpha Gal friendly menu options now • Centra participates in many health fairs and events to provide education and preventative screenings such as skin cancer screenings, mammograms, blood pressure screenings, STI education, Tick Born illness education, etc.
	Community Impact: • FACES Expansion- The Healthy Pantry Initiative

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Coordination of Resources & Community Outreach	**Current State:** • COVID provided an opportunity for organizations providing resources to be identified and increased collaboration • Need for a better understanding of agency resources • Organizations need to professionalize outreach
	Centra Impact: • Additional Advanced Practice Providers being hired on at Centra in various Farmville locations- (CMG Pulmonology, Gastroenterology, Neurology, etc.) • Launched system-wide closed loop referral Social Determinants of Health platform, UNITE VA • Centra Southside Community Hospital Leadership convened quarterly meetings with community stakeholders focused on updates regarding 2021 community needs and coordination of resources and programs • With a generous Grant from the Centra Foundation, Centra has hired our first Community Health Worker (CHW) for the Centra Medical Group (CMG) Brookneal (Campbell County). Additional workforce development is underway, with expansion to occur in Farmville in 2025. This will allow the health system to achieve greater impact by increasing the (CHW) footprint across the regions served by Centra
	Community Impact: • South Central VA Nonprofit Network

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Education and Literacy (Pre-K & Public Schools)	**Current State:** • Virginia's $1.1 billion investment for early childhood education access was approved in 2024 • Additional COVID funds for childcare have gone away, many facilities had to close • Significant lack of childcare services due to the impact of COVID-19 & facilities closing their doors indefinitely, lack of funding/funding subsided, inflation, etc.
	Community Impact: • STEPS Inc. has early Head Start and Head Start programs

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Housing and Homelessness	**Current State:** • End to the eviction moratorium for the CDC in 2021 • End to the eviction moratorium for Virginia in 2021 and rental assistance programs ended in 2022 • Lack of affordable housing; inflation, interest rates and housing market changes have contributed to increased rent/home purchasing costs and requirements • College housing is driving up housing costs • Need more landlord training & knowledge • Ongoing loss of funding for housing/utilities **Community Impact:** • STEPS, Inc. provides temporary shelter for the homeless, creating a rapid rehousing structure, and working to develop affordable housing neighborhoods through both their Homeless Emergency Sheltering & Rapid Rehousing Projects • STEPS, Inc. reopens Madeline's House for Domestic Violence victims • Piedmont Habitat for Humanity- the Cumberland Build Project • With the support of Centra Health, county governments, foundations, and generous donors, STEPS has taken the first step in bringing this critically needed resource to our region by purchasing 48 acres of land in the Town of Farmville and partnering with SupportWorks Housing (formerly Virginia Supportive Housing) to build and manage the complex.

2021 Priority Area of Need	2021-2024 Community Impact & Current State
Employment/ Job Assistance	**Current State:** • Unemployment rates have decreased since COVID **Community Impact:** • VA Career Works Career Center in Keysville • STEPS, Inc.- Supportive employment for those with disabilities project

APPENDIX

The following documents are included as appendices:

1. 2024 Farmville Area Community Health Survey Tool (English and Spanish)
2. 2024 Farmville Area Stakeholders' Directory
3. 2024 Farmville Area Prioritization of Needs Survey and Detailed Worksheet
4. 2024 Farmville Area Community Resources

FOR OFFICE USE ONLY: Site of Collection: _____ Date: _____

Centra Health, in partnership with the Piedmont Health District and University of Lynchburg, would like to learn more about what you need to be healthy. Please complete the following questions with the best answer or answers. Please complete this survey only once. You must be over 18 to complete this survey. All surveys will be kept confidential. Surveys can be returned to the site of collection or mailed to Centra Department of Community Health Services, 1901 Tate Springs Rd, Lynchburg VA 24501. Thank you for taking the time to complete the survey.

FARMVILLE AREA COMMUNITY HEALTH SURVEY

HEALTH OF THE COMMUNITY

1. What is your zip code? _____

2. What is your age?

❒ Under 18 ❒ 18 - 24 ❒ 25 - 34 ❒ 35 - 44 ❒ 45 - 54 ❒ 55 - 64 ❒ 65+ (years)

3. What do you think are the most important issues that affect health in our community? (Please check all that apply)

Health Factors

- ❒ Access to affordable housing
- ❒ Access to healthy foods (vegetables, lean meats, fruit)
- ❒ Access to safe places to exercise
- ❒ Accidents in the home (e.g., falls, burns, cuts)
- ❒ Aging problems (support for older adults)
- ❒ Alcohol and illegal drug use
- ❒ Bullying
- ❒ Cell phone use (social media)
- ❒ Child abuse / neglect
- ❒ Distracted Driving (Cell phone use / texting and driving)
- ❒ Domestic Violence
- ❒ Gambling (slot machines, sports betting, lottery tickets)
- ❒ Gang activity
- ❒ Gender identification
- ❒ Gun violence
- ❒ Homelessness
- ❒ Homicide (murders)
- ❒ Housing problems (e.g., mold, bed bugs, lead paint)
- ❒ Injuries (car accident, workplace injuries, home accidents)
- ❒ Lack of exercise (physical inactivity)
- ❒ Neighborhood is not safe (sidewalks, roads, crossings, street lighting)
- ❒ Not getting “vaccine shots” to prevent disease
- ❒ Not using seat belts / child safety seats / helmets
- ❒ Poor eating habits
- ❒ Poor water quality and/or poor air quality
- ❒ Prescription drug abuse
- ❒ Sexual assault
- ❒ Social isolation (loneliness)
- ❒ Tobacco use / smoking / vaping
- ❒ Transportation problems
- ❒ Unsafe sex (unprotected sex)
- ❒ Other: _____

Health Conditions or Outcomes

- ❒ Alzheimer’s / Dementia
- ❒ Back, hip, knee pain
- ❒ Cancers
- ❒ COVID-19 / coronavirus / Long COVID-19
- ❒ Dental pain/problems
- ❒ Diabetes
- ❒ Disability
- ❒ Drug / alcohol problems
- ❒ Grief (sadness)
- ❒ Heart disease and stroke
- ❒ High blood pressure
- ❒ HIV / AIDS
- ❒ Infant death (less than 1 year old)
- ❒ Kidney disease
- ❒ Lung disease
- ❒ Mental health problems
- ❒ Overweight / obesity
- ❒ Sedentary lifestyle (physical inactivity)
- ❒ Sexually transmitted infections
- ❒ Sleep problems
- ❒ Stomach disease
- ❒ Stress
- ❒ Suicide
- ❒ Teenage pregnancy
- ❒ Other: _____

4. Which healthcare services are hard to get in our community? (Please check all that apply)

- ❒ Adult dental care
- ❒ Alternative therapy (e.g., herbal, acupuncture, massage)
- ❒ Ambulance services
- ❒ Blood work
- ❒ Cancer care
- ❒ Child dental care
- ❒ Chiropractic care
- ❒ Dermatology (skin care)
- ❒ Domestic violence services
- ❒ Emergency department care
- ❒ End of life / hospice / palliative care
- ❒ Exercise professional
- ❒ Hospital care (staying overnight)
- ❒ Immunizations (vaccines)
- ❒ LGBTQIA support
- ❒ COVID-19 / Long COVID-19 care
- ❒ Memory care services
- ❒ Mental health / counseling
- ❒ Older adult care
- ❒ Physical therapy or physical rehabilitation
- ❒ Prescription medication / medical supplies
- ❒ Primary Care Provider
- ❒ Programs to stop using tobacco products
- ❒ Respiratory (lung) care
- ❒ Substance use services – drug and alcohol
- ❒ Urgent care / walk-in clinic
- ❒ Vision (eye) care
- ❒ Weight loss support
- ❒ Women’s health services
- ❒ X-rays / mammograms
- ❒ Yearly check ups
- ❒ None
- ❒ Other: _____

5. Which social / support resources are hard to get in our community? (Please check all that apply)

- ❒ Affordable / safe housing
- ❒ Banking services
- ❒ Childcare
- ❒ Domestic violence victim assistance
- ❒ Education (GED / high school / college)
- ❒ Employment / job assistance
- ❒ Financial assistance
- ❒ Food benefits (SNAP, WIC)
- ❒ Grief / bereavement counseling
- ❒ Health insurance
- ❒ Healthy food
- ❒ Legal services
- ❒ Medical debt assistance
- ❒ Medication assistance
- ❒ Reading and writing support
- ❒ Rent / utilities assistance
- ❒ TANF (Temporary Assistance for Needy Families)
- ❒ Transportation
- ❒ Unemployment benefits
- ❒ Veteran’s services
- ❒ Other: _____

GENERAL HEALTH QUESTIONS ABOUT YOU/YOUR FAMILY

6. What keeps you from being healthy? (*Please check all that apply*)

- ❒ Access to fresh fruits and vegetables
- ❒ Access to safe places to be active outside (park, sidewalks)
- ❒ Afraid to have check-ups
- ❒ Can't find providers that accept my insurance
- ❒ Childcare
- ❒ Cost (money)
- ❒ Don't like accepting government assistance
- ❒ Don't trust doctors / clinics
- ❒ Don't trust my insurance to help
- ❒ Have no regular source of healthcare
- ❒ High co-pay for healthcare
- ❒ Lack of evening and weekend services
- ❒ Lack of doctors/dentists accepting new patients
- ❒ Language services (access to interpreter)
- ❒ Location of healthcare offices
- ❒ Long waits for appointments
- ❒ No health insurance
- ❒ No transportation
- ❒ Nothing keeps me from being healthy
- ❒ Unable to learn about medical condition because of difficulty understanding spoken or written information
- ❒ Other: _____

7. Do you use medical care services?

❒ **Yes** - **Check where you go for medical care** (***check all that apply***) ❒ **No**

- ❒ Centra Medical Group
- ❒ Doctor's Office
- ❒ Emergency Room
- ❒ Health Department
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Free Clinic (e.g., Heart of Virginia Free Clinic)
- ❒ Online / Telehealth / Virtual Visit
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

If no, do you know where to go for medical care in your community? ❒ **Yes** ❒ **No**

8. How long has it been since you last visited a doctor or other healthcare provider for a routine checkup? (*Please check one*)

- ❒ I have not visited a doctor or other healthcare provider for a routine checkup
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

9. Do you use dental care services?

❒ **Yes** – **Check where you go for dental care** (***check all that apply***) ❒ **No**

- ❒ Dentist's office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Free Clinic
- ❒ Mission of Mercy Project
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

If no, do you know where to go for dental care in your community? ❒ **Yes** ❒ **No**

10. How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists (e.g., orthodontist, periodontist). (*Please check one*)

- ❒ I have not visited a dentist or dental clinic for any reason
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

11. Do you use mental health, alcohol use, or drug use services?

❒ **Yes** – **Check where you go for services** (***check all that apply***) ❒ **No**

- ❒ Crossroads Services
- ❒ Doctor / Counselor's office
- ❒ Emergency Room
- ❒ Federally Qualified Health Center (e.g., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Free Clinic
- ❒ Horizon Behavioral Health
- ❒ Online / Telehealth / Virtual Visits
- ❒ Urgent Care / Walk-in Clinic
- ❒ Veterans Administration Medical Center
- ❒ Other: _____

If no, do you know where to go for mental health, substance use, and/or alcohol use services in your community? ❒ **Yes** ❒ **No**

12. How long has it been since you last used mental health, alcohol use, or drug use services for any reason? (*Please check one*)

- ❒ I have not used mental health, alcohol use, or drug use services for any reason
- ❒ 1 to 12 months
- ❒ 1 to 2 years
- ❒ 3-5 years
- ❒ 5+ years

13. Have you been told by a doctor that you have… (*Please check all that apply*)

- ❒ Alzheimer's / Dementia
- ❒ Arthritis
- ❒ Asthma
- ❒ Cancer
- ❒ Cerebral palsy
- ❒ Depression or anxiety
- ❒ Drug or alcohol problems
- ❒ Eating disorder
- ❒ Heart disease
- ❒ High blood pressure
- ❒ High blood sugar or diabetes
- ❒ High cholesterol
- ❒ HIV / AIDS
- ❒ Long COVID-19
- ❒ Mental health problems
- ❒ Obesity / overweight
- ❒ Physical inactivity
- ❒ Sexually transmitted infections
- ❒ Sleep disorder
- ❒ Stroke / cerebrovascular disease
- ❒ Walking or moving problems
- ❒ Not applicable
- ❒ Other: _____

14. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Please check one)

❒ 0 ❒ 1 – 13 ❒ 14 – 30 (Days)

15. 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? (Please check one)

❒ 0 ❒ 1 – 13 ❒ 14 – 30 (Days)

16. During the past 30 days: (*Please check all that apply*)

❒ I have used marijuana products
❒ I have used illegal drugs (e.g., meth, cocaine, heroin, ecstasy, crack, LSD, etc.)
❒ I have had 5 or more alcoholic drinks (if male) or 4 or more alcoholic drinks (if female) during one occasion
❒ I have used tobacco products (cigarettes, chewing tobacco, cigars, etc.)
❒ I have used vaping products (e-cigarettes)
❒ I have taken prescription drugs to get high
❒ I have overdosed on drugs
❒ I have been given Narcan/Naloxone
❒ None of these

17. Please check one of the following for each statement:

	Yes	No	Not Applicable
I have been to the emergency room in the past 12 months.	❒	❒	
I have been to the emergency room for an injury in the past 12 months (e.g., motor vehicle crash, fall, poisoning, burn, cut, etc.).	❒	❒	
I have attempted suicide in the past 12 months.	❒	❒	
I have attempted self-harm in the past 12 months.	❒	❒	
I have been a victim of domestic violence or abuse in the past 12 months.	❒	❒	
I take the medicine my doctor tells me to take to control my chronic illness.	❒	❒	❒
I can afford the medicine needed for my health conditions.	❒	❒	❒
Does your community neighborhood support physical activity? (e.g., parks, sidewalks, bike lanes, etc.)	❒	❒	
In the area where you live, is it easy to get fresh fruits and vegetables?	❒	❒	
Have there been times in the past 12 months when you did not have enough money to buy the food that you or your family needed?	❒	❒	
Have there been times in the past 12 months when you did not have enough money to pay your rent or mortgage?	❒	❒	❒
Do you feel safe where you live?	❒	❒	

18. Over the past 7 days, how many days did you spend at least 30 minutes per day being physically active (walking, running, bicycling, yard work, physical labor)

❒ 7 days ❒ 6 days ❒ 5 days ❒ 4 days ❒ 3 days ❒ 2 days ❒ 1 day ❒ 0 days

19. During the past 7 days, how many times did you walk for at least 10 minutes without stopping?

❒ I did not walk for at least 10 minutes without stopping in the past 7 days
❒ 1 – 3 times during the past 7 days
❒ 4 – 6 times during the past 7 days
❒ 1 time per day
❒ 2 times per day
❒ 3 times per day
❒ 4 or more times per day

20. What is your height? _____feet_____inches
_____centimeters

21. What is your weight? _____pounds
_____kilograms

22. Over the past 7 days, how many hours per day do you spend using technology (smartphones, computers, tablets, gaming devices) outside of school or work?

❒ 0 hours ❒ 1 – 3 hours ❒ 3 – 6 hours ❒ 6 – 9 hours ❒ More than 9 hours

23. Over the past 7 days, how many hours per day do you spend using social media outside of school or work?

❒ 0 hours ❒ 1 – 3 hours ❒ 3 – 6 hours ❒ 6 – 9 hours ❒ More than 9 hours

24. Where do you get the food that you eat at home? (*Please check all that apply*)

❒ Backpack or summer food programs
❒ Community garden
❒ Corner store / convenience store / gas station
❒ Dollar store
❒ Farmers' market
❒ Food bank / food pantry
❒ Grocery store
❒ Home garden
❒ I do not cook / eat at home
❒ I regularly receive food from family, friends, neighbors, or my church
❒ Meals on Wheels
❒ Take-out / fast food / restaurant
❒ Other: _____

25. During the past 7 days, how many times did you eat fruit and vegetables? Do not count fruit or vegetable juice, or fruit or vegetable supplements. (*Please check one*)

❒ I did not eat fruits or vegetables during the past 7 days
❒ 1 – 3 times during the past 7 days
❒ 4 – 6 times during the past 7 days
❒ 1 time per day
❒ 2 times per day
❒ 3 times per day
❒ 4 or more times per day

26. In the past 7 days, how many times did all or most of the people living in your house eat a meal together?

❒ Never ❒ 3 – 4 times ❒ 7 times ❒ Not Applicable / I live alone
❒ 1 – 2 times ❒ 5 – 6 times ❒ More than 7 times

27. How socially connected do you feel with the community and those around you?	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I feel socially connected.	❒	❒	❒	❒	❒

28. Where do you sleep most often? (*Please check <u>one</u>*)

❒ In a group home, hospital, or treatment program
❒ In a home I own or rent
❒ In a hotel or motel
❒ In a shelter or transitional housing program
❒ Living with extended family because that is my choice
❒ Outside, in a car, abandoned building, or public space
❒ Stay with friends or family because of financial issues (not my choice)

29. Do you have access to reliable transportation? ❒ Yes ❒ No

30. What type of transportation do you use most often?

❒ Friends / family drive me
❒ I bike or walk
❒ I drive
❒ Other transit service (name): _____
❒ Public transit (i.e., bus, shuttle, similar)
❒ Ridesharing / Carpooling
❒ Taxi (including Uber / Lyft)
❒ Other: _____

DEMOGRAPHIC INFORMATION AND HEALTH INSURANCE

31. Which of the following describes your current type of health insurance? (*Please check <u>all</u> that apply*)

❒ COBRA
❒ Dental Insurance
❒ Employer provided insurance
❒ Government (VA, TRICARE)
❒ Health Savings / Spending Account
❒ Individual / Private Insurance / Marketplace / Obamacare
❒ Medicaid
❒ Medicare
❒ Medicare Supplement
❒ No Dental Insurance
❒ No Health Insurance

32. If you have no health insurance, why don't you have insurance? (*Please check <u>all</u> that apply*)

❒ Not applicable – I have health insurance
❒ I don't understand Marketplace / Obamacare
❒ Not available at my job
❒ Student
❒ Too expensive / cost
❒ Unemployed / no job
❒ Undocumented immigrant
❒ Other: _____

33. What is your gender identity?

❒ Male ❒ Non-binary ❒ Gender queer ❒ Prefer not to answer
❒ Female ❒ Transgender ❒ Gender fluid

34. What is your highest education level completed?

❒ Less than high school ❒ High school diploma / GED ❒ Associate degree ❒ Masters / PhD degree
❒ Some high school ❒ Vocational / Technical certificate ❒ Bachelor's degree

35. What race/ethnicity do you identify with? (*Please check <u>all</u> that apply*)

❒ Native Hawaiian / Pacific Islander
❒ American Indian / Alaskan Native
❒ Asian
❒ Hispanic / Latino
❒ Black / African American
❒ White
❒ More than one race
❒ Decline to answer
❒ Other: _____

36. What is your marital status?

❒ Married ❒ Single ❒ Divorced ❒ Widowed ❒ Domestic Partnership

37. How many people live in your home (including yourself)?

Number of children (0 – 17 years) _____ Number of adults (18 – 64 years) _____ Number of adults (65+ years) _____

38. What is your yearly household income?

❒ $0 - $10,000 ❒ $20,001 - $30,000 ❒ $40,001 - $50,000 ❒ $60,001 - $70,000 ❒ $101,001 and above
❒ $10,001 - $20,000 ❒ $30,001 - $40,000 ❒ $50,001 - $60,000 ❒ $70,001 - $100,000

39. What is your current employment status?

❒ Full-time ❒ Unemployed ❒ Retired ❒ Student
❒ Part-time ❒ Self-employed ❒ Homemaker ❒ Disabled

40. Is there anything else we should know about your (or someone living in your home) needs to stay healthy?

_____

_____

Thank you for helping make the greater Farmville Area a healthier place to live, work, and play!

PARA USO EXCLUSIVO EN LA CONSULTA: Centro de recogida: _____ Fecha: _____

Centra Health, en colaboración con el Distrito Central de Piedmont Health District y la Universidad de Lynchburg, desearía obtener más información sobre lo que necesita para estar sano. Responda a las siguientes preguntas con la mejor respuesta o las mejores respuestas. Complete esta encuesta solo una vez. Debe tener más de 18 años para completar esta encuesta. Todas las encuestas se mantendrán confidenciales. Las encuestas se pueden enviar al centro de recolección o enviar por correo postal al Department of Community Health, 1901 Tate Springs Rd, Lynchburg VA 24501. Gracias por dedicar su tiempo a completar esta encuesta.

ENCUESTA DE SALUD COMUNITARIA DEL ÁREA DE FARMVILLE

SALUD DE LA COMUNIDAD

1. ¿Cuál es su código postal? _____

2. ¿Cuál es su edad?

❒ Menos de 18 años ❒ De 18 a 24 ❒ De 25 a 34 ❒ De 35 a 44 ❒ De 45 a 54 ❒ De 55 a 64 ❒ Más de 65 años

3. ¿Cuáles cree que son los problemas más importantes que afectan a la salud de nuestra comunidad? (Marque todas las que correspondan)

Factores de salud

- ❒ Acceso a una vivienda accesible
- ❒ Acceso a alimentos saludables (verduras, carnes magras, fruta)
- ❒ Acceso a lugares seguros para hacer ejercicio
- ❒ Accidentes en el hogar (p. ej., caídas, quemaduras, cortes)
- ❒ Problemas de envejecimiento (apoyo para adultos de edad avanzada)
- ❒ Consumo de alcohol y drogas ilegales
- ❒ Acoso
- ❒ Uso del teléfono móvil (redes sociales)
- ❒ Abuso/descuido infantil
- ❒ Conducción distraída (uso del teléfono móvil/mensajes de texto y conducción)
- ❒ Violencia doméstica
- ❒ Juegos (máquinas de juego, apuestas deportivas, billetes de lotería)
- ❒ Actividad de pandillas
- ❒ Identidad de género
- ❒ Violencia con armas
- ❒ Sin vivienda
- ❒ Homicidio (asesinatos)
- ❒ Problemas de vivienda (p. ej., moho, chinches, pintura de plomo)
- ❒ Lesiones (accidente de tráfico, lesiones en el lugar de trabajo, accidentes domésticos)
- ❒ Falta de ejercicio (inactividad física)
- ❒ El vecindario no es seguro (veredas, carreteras, cruces, iluminación)
- ❒ No recibir “inyecciones” para prevenir enfermedades
- ❒ No usar cinturones de seguridad/sillas de seguridad para niños/cascos
- ❒ Malos hábitos alimenticios
- ❒ Mala calidad del agua y/o mala calidad del aire
- ❒ Abuso de fármacos con receta
- ❒ Agresión sexual
- ❒ Aislamiento social (soledad)
- ❒ Tabaquismo/fumar/vapear
- ❒ Problemas de transporte
- ❒ Prácticas sexuales poco seguras (relaciones sexuales sin protección)
- ❒ Otro: _____

Afecciones o consecuencias médicas

- ❒ Alzheimer/demencia
- ❒ Dolor de espalda, cadera, rodilla
- ❒ Tipos de cáncer
- ❒ COVID-19/coronavirus/COVID-19 prolongada
- ❒ Dolor/problemas odontológicos
- ❒ Diabetes
- ❒ Discapacidad
- ❒ Problemas con drogas o alcohol
- ❒ Pena (tristeza)
- ❒ Cardiopatía y accidente cerebrovascular
- ❒ Presión arterial alta
- ❒ VIH/SIDA
- ❒ Muerte infantil (menores de 1 año)
- ❒ Nefropatía
- ❒ Enfermedad pulmonar
- ❒ Problemas de salud mental
- ❒ Sobrepeso/obesidad
- ❒ Estilo de vida sedentario (inactividad física)
- ❒ Infecciones de transmisión sexual
- ❒ Problemas para dormir
- ❒ Enfermedad estomacal
- ❒ Estrés
- ❒ Suicidio
- ❒ Embarazo en la adolescencia
- ❒ Otro: _____

4. ¿Qué servicios de atención médica son difíciles de obtener en nuestra comunidad? (Marque todas las que correspondan)

- ❒ Cuidado dental en adultos
- ❒ Terapia alternativa (p. ej., a base de hierbas, acupuntura, masaje)
- ❒ Servicios de ambulancia
- ❒ Análisis de sangre
- ❒ Atención oncológica
- ❒ Cuidado dental infantil
- ❒ Atención quiropráctica
- ❒ Dermatología (cuidado de la piel)
- ❒ Servicios de violencia doméstica
- ❒ Atención en el departamento de emergencias
- ❒ Final de la vida/cuidados paliativos
- ❒ Profesional del ejercicio
- ❒ Atención hospitalaria (permanecer durante la noche)
- ❒ Inmunizaciones (vacunas)
- ❒ Apoyo a personas LGBTQIA
- ❒ Coronavirus/Cuidado prolongado de COVID-19
- ❒ Servicios de atención de la memoria
- ❒ Salud mental/orientación
- ❒ Atención de adultos de edad avanzada
- ❒ Fisioterapia o rehabilitación física
- ❒ Medicamentos con receta/suministros médicos
- ❒ Proveedor de atención primaria
- ❒ Programas para dejar de usar productos de tabaco
- ❒ Atención respiratoria (pulmón)
- ❒ Servicios de consumo de sustancias: drogas y alcohol
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Atención oftalmológica (ojos)
- ❒ Apoyo para la pérdida de peso
- ❒ Servicios médicos para mujeres
- ❒ Radiografías/mamografías
- ❒ Revisiones anuales
- ❒ Ninguno
- ❒ Otro: _____

5. ¿Qué recursos sociales/de apoyo son difíciles de obtener en nuestra comunidad? (Marque todas las que correspondan)

- ❒ Vivienda accesible/segura
- ❒ Servicios bancarios
- ❒ Guardería
- ❒ Asistencia a víctimas de violencia doméstica
- ❒ Educación (GED/secundario/universidad)
- ❒ Empleo/asistencia laboral
- ❒ Asistencia financiera
- ❒ Beneficios alimentarios (SNAP, WIC)
- ❒ Asesoramiento sobre duelo/sentimiento de pérdida
- ❒ Seguro médico
- ❒ Alimentos saludables
- ❒ Servicios jurídicos
- ❒ Asistencia en deudas médicas
- ❒ Asistencia con medicamentos
- ❒ Apoyo para la lectura y escritura
- ❒ Asistencia con el alquiler/servicios públicos
- ❒ Asistencia temporal para familias con necesidades (Temporary Assistance for Needy Families, TANF)
- ❒ Transporte
- ❒ Beneficios de desempleo
- ❒ Servicios para veteranos
- ❒ Otro: _____

PREGUNTAS GENERALES SOBRE SU SALUD O LA DE SU FAMILIA

6. ¿Qué le impide estar sano? *(Marque <u>todas</u> las que correspondan)*

- ❒ Acceso a frutas y verduras frescas
- ❒ Acceso a lugares seguros para estar activo en el exterior (aparcamiento, aceras)
- ❒ Temo tener revisiones
- ❒ No puedo encontrar proveedores que acepten mi seguro
- ❒ Guardería
- ❒ Costo (dinero)
- ❒ No me gusta aceptar asistencia gubernamental
- ❒ Falta de confianza en los médicos/las clínicas
- ❒ Falta de confianza en mi seguro para ayudar
- ❒ No tengo una fuente regular de atención de la salud
- ❒ Copago alto por la atención de la salud
- ❒ Falta de servicios nocturnos y de fin de semana
- ❒ Falta de médicos/dentistas que acepten pacientes nuevos
- ❒ Servicios lingüísticos (acceso a un intérprete)
- ❒ Ubicación de las oficinas de atención de la salud
- ❒ Largos períodos de espera para las citas
- ❒ Sin seguro médico
- ❒ Sin transporte
- ❒ Nada me impide estar sano
- ❒ Incapacidad para aprender sobre la afección médica debido a la dificultad para comprender información verbal o escrita
- ❒ Otro: _____

7. Utiliza servicios de atención médica?

❒ **Sí - Marque el lugar adonde acudir para recibir atención médica (*marque <u>todas las respuestas</u> que correspondan*)** ❒ **<u>No</u>**

- ❒ Centra Medical Group
- ❒ Consultorio del médico
- ❒ Servicio de urgencias
- ❒ Departamento de Salud
- ❒ Centro de salud con calificación federal (p. ej., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Clínica gratuita (p. ej., clínica gratuita Heart of Virginia)
- ❒ Visitas en línea/de telesalud/virtuales
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

Si la respuesta es <u>no</u>, ¿sabe dónde acudir para recibir atención médica en su comunidad? ❒ **<u>Sí</u>** ❒ **<u>No</u>**

8. ¿Cuánto tiempo ha pasado desde que visitó por última vez a un médico u otro proveedor de atención médica para una revisión de rutina? *(Marque <u>una</u> opción)*

- ❒ No he acudido a un médico u otro profesional de atención de la salud para una revisión rutinaria
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

9. Utiliza servicios de cuidado dental?

❒ **Sí - Marque el lugar adonde acudir para recibir atención** ❒ **<u>No</u>**

- ❒ Consultorio del dentista
- ❒ Servicio de urgencias
- ❒ Centro de salud con calificación federal (p. ej., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Clínica gratuita
- ❒ Misión del proyecto Mercy
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

Si la respuesta es <u>no</u>, ¿sabe dónde acudir para recibir atención odontológica en su comunidad? ❒ **<u>Sí</u>** ❒ **<u>No</u>**

10. ¿Cuánto tiempo ha pasado desde que visitó por última vez un dentista o clínica dental por cualquier motivo? Incluya visitas a especialistas odontológicos (como ortodoncistas, periodontista). *(Marque <u>una</u> opción)*

- ❒ Nunca he visitado a un dentista o una clínica odontológica por ningún motivo.
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

11. Utiliza servicios de salud mental, o para el consumo de alcohol o drogas?

❒ **Sí - Marque el lugar adonde acudir para recibir estos servicios** ❒ **No**

- ❒ Crossroads Services
- ❒ Consultorio del médico/orientador
- ❒ Servicio de urgencias
- ❒ Centro de salud con calificación federal (p. ej., Central Virginia Health Services, Southern Dominion Health System)
- ❒ Clínica gratuita
- ❒ Horizon Behavioral Health
- ❒ Visitas en línea/de telesalud/virtuales
- ❒ Atención de urgencias/Puesto de asistencia sanitaria básica
- ❒ Veterans Administration Medical Center
- ❒ Otro: _____

Si la respuesta es no, ¿sabe dónde acudir para obtener servicios de salud mental, consumo de sustancias y/o consumo de alcohol en su comunidad? ❒ **Sí** ❒ **No**

12. ¿Cuánto tiempo ha pasado desde que utilizó por última vez servicios de salud mental, para el consumo de alcohol o de drogas por cualquier motivo? *(Marque una opción)*

- ❒ No he utilizado servicios de salud mental, para consumo de alcohol o de drogas por ningún motivo
- ❒ De 1 a 12 meses
- ❒ De 1 a 2 años
- ❒ De 3 a 5 años
- ❒ Más de 5 años

13. ¿Le ha dicho un médico que tiene...? (*Marque todas las que correspondan*)

- ❒ Alzheimer/demencia
- ❒ Artritis
- ❒ Asma
- ❒ Cáncer
- ❒ Parálisis cerebral
- ❒ Depresión o ansiedad
- ❒ Problemas con las drogas o el alcohol
- ❒ Trastorno de la alimentación
- ❒ Cardiopatía
- ❒ Presión arterial alta
- ❒ Nivel alto de azúcar en sangre o diabetes
- ❒ Colesterol alto
- ❒ VIH/SIDA
- ❒ COVID-19 prolongada
- ❒ Problemas de salud mental
- ❒ Obesidad/sobrepeso
- ❒ Inactividad física
- ❒ Infecciones de transmisión sexual
- ❒ Trastorno del sueño
- ❒ Accidente/enfermedad cerebrovascular
- ❒ Problemas para caminar o moverse
- ❒ No corresponde
- ❒ Otro: _____

14. Pensando en su salud física, que incluye enfermedad física y lesión, ¿durante cuántos días de los últimos 30 días su salud física no fue buena? (Marque una opción)

❒ 0 ❒ De 1 a 13 ❒ De 14 a 30 (días)

15. Pensando en su salud mental, que incluye estrés, depresión y problemas emocionales, ¿durante cuántos días de los últimos 30 días su salud mental no fue buena? (Marque una opción)

❒ 0 ❒ De 1 a 13 ❒ De 14 a 30 (días)

16. Durante los últimos 30 días: *(Marque todas las opciones que correspondan)*

- ❒ He consumido productos de marihuana
- ❒ He consumido otras drogas ilegales (p. ej., metanfetaminas, cocaína, heroína, éxtasis, crac, LSD, etc.)
- ❒ He tomado 5 o más bebidas alcohólicas (si es hombre) o 4 o más bebidas alcohólicas (si es mujer) durante una ocasión
- ❒ He utilizado productos de tabaco (cigarrillos, tabaco de mascar, cigarros, etc.)
- ❒ He utilizado productos de vapeo (cigarrillos electrónicos)
- ❒ He tomado medicamentos con receta para drogarme
- ❒ He tenido sobre dosis por consumo de drogas
- ❒ Me han administrado Narcan/Naloxone
- ❒ Ninguno de estas

17. Marque una de las siguientes opciones para cada

	Sí	**No**	**No corresponde**
He acudido a urgencias en los últimos 12 meses.	❒	❒	
He estado en urgencias por una lesión en los últimos 12 meses (p. ej., accidente de un vehículo de motor, choque, caída, intoxicación, quemadura, corte, etc.).	❒	❒	
He intentado suicidarme en los últimos 12 meses.	❒	❒	
He intentado autolesionarme en los últimos 12 meses.	❒	❒	
He sido víctima de violencia o abuso doméstico en los últimos 12 meses.	❒	❒	
Tomo el medicamento que mi médico me dice que tome para controlar mi enfermedad crónica.	❒	❒	❒
Puedo pagar los medicamentos necesarios para mis afecciones médicas.	❒	❒	❒
¿Su comunidad apoya la actividad física? (p. ej., parques, aceras, carriles para bicicletas, etc.)	❒	❒	
En la zona donde vive, ¿es fácil obtener frutas y verduras frescas?	❒	❒	
¿Ha habido momentos en los últimos 12 meses en que no tenía suficiente dinero para comprar la comida que usted o su familia necesitaban?	❒	❒	
¿Ha habido momentos en los últimos 12 meses en que no tenía dinero suficiente para pagar su alquiler o hipoteca?	❒	❒	❒
¿Se siente seguro donde vive?	❒	❒	

18. En los últimos 7 días, ¿cuántos días ha pasado al menos 30 minutos al día realizando actividades físicas (caminar, correr, montar en bicicleta, jardinería, trabajo físico)?

❒ 7 días ❒ 6 días ❒ 5 días ❒ 4 días ❒ 3 días ❒ 2 días ❒ 1 día ❒ 0 días

19. Durante los últimos 7 días, ¿cuántas veces ha caminado durante al menos 10 minutos sin parar?

❒ No he caminado durante al menos 10 minutos sin parar en los últimos 7 días.
❒ 1 a 3 veces durante los últimos 7 días
❒ De 4 a 6 veces durante los últimos 7 días
❒ 1 vez por día
❒ 2 veces por día
❒ 3 veces por día
❒ 4 o más veces por día

20. ¿Cuál es su estatura? _____pies _____pulgadas
_____centímetros

21. ¿Cuál es su peso? _____libras
_____kilogramos

22. En los últimos 7 días, ¿cuántas horas al día dedica a utilizar la tecnología (teléfonos inteligentes, computadoras, tabletas, dispositivos de juegos) fuera de la escuela o del trabajo?

❒ 0 horas ❒ De 1 a 3 horas ❒ De 3 a 6 horas ❒ De 6 a 9 horas ❒ Más de 9 horas

23. En los últimos 7 días, ¿cuántas horas al día dedica a utilizar las redes sociales fuera de la escuela o del trabajo?

❒ 0 horas ❒ De 1 a 3 horas ❒ De 3 a 6 horas ❒ De 6 a 9 horas ❒ Más de 9 horas

24. Dónde consigue la comida que come en su hogar? ***(Marque <u>todas</u> las opciones que correspondan)***

❒ Programas de comida de mochila o de verano
❒ Jardín comunitario
❒ Tienda de conveniencia/estación de servicio
❒ Tienda todo por 1 dólar
❒ Mercado
❒ Banco de alimentos/despensa de alimentos
❒ Supermercado
❒ Huerta familiar
❒ No cocino/como en casa
❒ Habitualmente recibo comida de mi familia, amigos, vecinos o de mi iglesia
❒ Programa Meals on Wheels
❒ Comida para llevar/comida rápida/restaurante
❒ Otro: _____

25. Durante los últimos 7 días, ¿cuántas veces ha comido frutas y verduras? No cuente los zumos de frutas o verduras, ni los suplementos de frutas o verduras. ***(Marque <u>una</u> opción)***

❒ No he comido frutas ni verduras durante los últimos 7 días
❒ 1 a 3 veces durante los últimos 7 días
❒ De 4 a 6 veces durante los últimos 7 días
❒ 1 vez por día
❒ 2 veces por día
❒ 3 veces por día
❒ 4 o más veces por día

26. En los últimos 7 días, ¿cuántas veces comieron juntos todos o la mayoría de los miembros de su familia que viven en su casa?

❒ Nunca ❒ 1 a 2 veces ❒ 3 a 4 veces ❒ 5 a 6 veces ❒ 7 veces ❒ Más de 7 veces ❒ No corresponde/Vivo solo

27. ¿En qué medida se siente socialmente conectado con la comunidad y las personas que le rodean?	**Totalmente en desacuerdo**	**En desacuerdo**	**Neutral**	**De acuerdo**	**Totalmente de acuerdo**
Me siento socialmente conectado.	❒	❒	❒	❒	❒

28. ¿Dónde duerme con más frecuencia? ***(Marque <u>una</u> opción)***

❒ En un hogar de grupo, hospital o programa de tratamiento
❒ En una casa que poseo o alquilo
❒ En un hotel o motel
❒ En un refugio o en un programa de vivienda de transición
❒ Vivo con mi familia extendida porque esa es mi decisión.
❒ Fuera, en un coche, en un edificio abandonado o en un espacio público
❒ Me quedo con amigos o familiares debido a problemas económicos (no es mi decisión).

29. Tiene acceso a un transporte fiable? ❒ Sí ❒ No

30. Qué tipo de transporte utiliza con más frecuencia?

❒ Mis amigos/familiares me llevan
❒ Ando en bicicleta o camino
❒ Conduzco
❒ Otro servicio de transporte (nombre): _____
❒ Transporte público (es decir, autobús, servicio de enlaces, similar)
❒ Uso compartido de vehículos
❒ Taxi (incluido Uber/Lyft)
❒ Otro: _____

INFORMACIÓN DEMOGRÁFICA Y SEGURO MÉDICO

31. ¿Cuál de las siguientes opciones describe su tipo actual de seguro médico? *(Marque <u>todas</u> las que correspondan)*

- ❒ COBRA
- ❒ Seguro dental
- ❒ Seguro proporcionado por el empleador
- ❒ Gobierno (VA, TRICARE)
- ❒ Cuenta de ahorros/gastos médica
- ❒ Seguro individual/privado/Marketplace/Obamacare
- ❒ Medicaid
- ❒ Medicare
- ❒ Complemento de Medicare
- ❒ Sin seguro dental
- ❒ Sin seguro médico

32. Si no tiene seguro médico, ¿por qué no tiene seguro? *(Marque <u>todas</u> las que correspondan)*

- ❒ No corresponde; tengo seguro médico
- ❒ No entiendo las opciones de Marketplace/Obamacare
- ❒ No disponible en mi trabajo
- ❒ Estudiante
- ❒ Demasiado caro/costo
- ❒ Desempleado/sin trabajo
- ❒ Inmigrante no documentado
- ❒ Otro: _____

33. Cuál es su identidad de género? ❒ Hombre ❒ Mujer ❒ No binario ❒ Transgénero ❒ Género *queer* ❒ Género fluido ❒ Prefiero no responder

34. Cuál es su nivel de educación completo más alto?

- ❒ Menos que la escuela secundaria
- ❒ Algo de la escuela secundaria
- ❒ Título de escuela secundaria/GED
- ❒ Certificado vocacional/técnico
- ❒ Técnico superior
- ❒ Licenciatura
- ❒ Máster/doctorado

35. ¿Con qué raza/origen étnico se identifica? *(Marque <u>todas</u> las que correspondan)*

- ❒ Nativo de Hawái/islas del Pacífico
- ❒ Nativo estadounidense/Nativo de Alaska
- ❒ Asiático
- ❒ Hispano/Latino
- ❒ Negro/Afroestadounidense
- ❒ Blanco
- ❒ Más de una raza
- ❒ Rehúso responder
- ❒ Otro: _____

36. Cuál es su estado civil?

❒ Casado/a ❒ Soltero/a ❒ Divorciado/a ❒ Viudo/a ❒ En pareja

37. Cuántas personas viven en su casa (incluido usted)?

Cantidad de niños (de 0 a 17 años) _____

Cantidad de adultos (de 18 a 64 años) _____

Cantidad de adultos (de más de 65 años) _____

38. Cuáles son los ingresos anuales de su familia?

- ❒ $0 - $10,000
- ❒ $10,001 - $20,000
- ❒ $20,001 - $30,000
- ❒ $30,001 - $40,000
- ❒ $40,001 - $50,000
- ❒ $50,001 - $60,000
- ❒ $60,001 - $70,000
- ❒ $70,001 - $100,000
- ❒ $101 001 y más

39. Cuál es su situación laboral actual?

- ❒ A tiempo completo
- ❒ A tiempo parcial
- ❒ Desempleado
- ❒ Autónomo
- ❒ Jubilado
- ❒ Tareas domésticas
- ❒ Estudiante
- ❒ Discapacitado/a

40. Hay algo más que deberíamos saber sobre sus necesidades (o las de alguien que vive en su hogar) para mantenerse sano?

_____

_____

_____

_____

Gracias por ayudar a convertir el área metropolitana de Farmville en un lugar más saludable para vivir, trabajar y jugar!

Farmville Stakeholder Focus Group Directory Date: April 24, 2024		
Last Name	**First Name**	**Organization**
Almond	Maria	Piedmont Health District
Angelo	Thomas	Centra - SCH Hospital VP & CEO
Angle	Geoff	Piedmont Senior Resources
Baker	Paul	FACES
Beatson	Amy	Piedmont Health District
Bunting	Melinda	Centra - Community Health Services
Calhoun	Lonnie	NAACP of Prince Edward County
Cawley	Kelsie	Centra - SCH
Cawley-Chambers	Melissa	Centra - SCH
Chassey	Liz	Farmville Pride
Crews	Allison	Natural pHuel
Daniel	Tiffany	Centra - SCH
Davis	Jaylin	Centra - Community Health Services
Flores	Julie	Centra - SCH Spiritual Care & Interim Director
Giles	Le'Tina	Prince Edward County Public Schools
Handy	Quincy	Piedmont Health District
Hathaway	Amy	Centra - SCH
Henderson	Tyler	Commonwealth Regional Council
Jack	Alex	Centra - Community Health Services
Kendall	Kathy	Centra - SCH Nursing Director
Lacks	Couper	South Central Workforce Development Board
Lewis	Ghislaine	University of Lynchburg
Meinhard	Claudia	Centra - SCH VP Chief Nursing Officer
Mossler	Kerry	Centra - SCH Community Engagement
Moyer	Jamie	Centra Medical Group Farmville
Napier	Terra	South Central Workforce Development Board
Patterson	Cameron	Longwood University - Vice President for Student Affairs
Rabon	Sam	Piedmont Habitat for Humanity
Richards	Brenda	Centra - SCH Administrative Assistant
Rozier	Shawn	STEPS - VP of Housing
Scott-Tillerson	Chaquitta	Crossroads Community Service Board
Stump	Joy	Southside Electric Cooperative
Young	Pat	Centra – VP Community Health Services
Young	Justine	Piedmont Senior Resources

2024 Farmville Area Prioritization of Needs Worksheet Instructions: Rank the following "Areas of Need" from 1 to 19 (1 is the greatest need)	
1 - 19	**Area of Need**
	Access to healthcare services
	Aging and Eldercare
	Alternative Therapy
	Broadband/Internet Access
	Chronic Disease
	Coordination of Resources & Community Outreach
	Dental Care & Dental Problems
	Distracted Driving
	Domestic Violence
	Education and Literacy
	Educator Retention
	Employment / Job assistance
	Financial Stability & Assistance
	Food Insecurity and Nutrition
	Homelessness & Housing
	Issues Impacting Children & their Families Child Abuse & Neglect Childcare
	Mental Health and Substance Use Disorders & Access to Services
	Physical Activity & Recreational Spaces
	Transportation

2024 Farmville Area Prioritization of Needs Worksheet
Instructions: Rank the following "Areas of Need" from 1 to 19
(1 is the greatest need)

		2024 Community Health Survey					Stakeholder Focus Group	Target Population Focus Groups
1 - 19	Area of Need	What do you think are the most important issues that affect health in our community? Health Factors	What do you think are the most important issues that affect health in our community? Health Conditions	Which health care services are hard to get in our community?	Which social/support resources are hard to get in our community?	What keeps you from being healthy?	What are the top 5 greatest needs in the community(s) you serve?	What are the top 5 greatest needs in your community(s) around health and wellness?
	Access to healthcare services			x		x	x	x
	Aging and Eldercare	x	x	x				
	Alternative Therapy			x				
	Broadband/Internet Access							
	Chronic Disease		x					
	Coordination of Resources & Community Outreach						x	
	Dental Care & Dental Problems	x		x		x		
	Distracted Driving							
	Domestic Violence						x	
	Education and Literacy						x	
	Educator Retention							x
	Employment / Job assistance				x		x	
	Financial Stability & Assistance				x			
	Food Insecurity and Nutrition	x			x	x	x	x
	Homelessness & Housing	x			x		x	x
	Issues Impacting Children & their Families Child Abuse & Neglect Childcare				x		x	x
	Mental Health and Substance Use Disorders & Access to Services	x	x	x			x	x
	Physical Activity & Recreational Spaces	x				x		x
	Transportation	x			x		x	x

2024 Farmville Priority Area of Needs and Community Resources		
Ranking	**2024 Priority Area of Need**	**Resources Available**
1	Access to Healthcare Services	**Medical Services** Heart of Virginia Free Clinic Centra Health & Centra Medical Group Centra Southside Community Hospital Virginia Department of Medical Assistance Services VA Medical Center Central Virginia Health Services Virginia Department of Aging & Rehabilitative Services Enroll Virginia The Woodland Piedmont Senior Resources Southern Dominion Health System Farmville Lions Club VCU Health System UVA Health System **Prescription Assistance** FamilyWize Discount Card Virginia Medication Assistance Program (VA MAP) GoodRx **Virginia Department of Health** Piedmont Health District *Amelia County Health Department* *Buckingham County Health Department* *Charlotte County Health Department* *Cumberland County Health Department* *Lunenburg County Health Department* *Nottoway County Health Department* *Prince Edward County Health Department*
2	Mental Health & Substance Use Disorders & Access to Services	**Mental Health & Substance Abuse Treatment Services** Crossroads Community Services Board Virginia Family Services Southside Dominion Health System Celebrate Recovery Health Brigade DePaul Community Resources Discovery Counseling Center Hope for Tomorrow Counseling Pathways Treatment Center Centra – EmPATH Unit, Bridges Treatment Center, Centra Medical Group Central Virginia Health Services Oxford Houses Acute Psychiatric Inpatient – Virginia Baptist Hospital *continued on next page…*

Ranking	2024 Priority Area of Need	Resources Available
		Crisis Intervention Prevention Crossroads Community Services Board Southside Center for Violence Prevention RAINN Hotline for Sexual Violence National Suicide Prevention Line
3	Food Insecurity & Nutrition	**Food / Food Pantries** Feed More Blue Ridge Area Food Bank FACES Food Distribution Piedmont Senior Resources Meals on Wheels Virginia Cooperative Extension Heart of Virginia Farmers' Market Natural pHuel Loaves & Fishes Food Pantry Helping Every Life Prosper Amelia County Food Pantry Union Branch Missionary Circle Food Pantry By God's Grace Mission Center Dillwyn Mobile Food Pantry Delma's Pantry Curtis Rhoten Food Pantry Alms House Gleaning for the World Scottsville Bread of Life Tri-County Community Action Agency Arvonia Christan Fellowship
4	Homelessness & Housing	**Housing** Farmville Housing Authority STEPS, Inc. *Affordable Housing Coalition* *Virginia Homeless Solutions Program* *Virginia Supportive Housing Project* Buckingham Housing Development Piedmont Habitat for Humanity USDA Rural Development Better Days Farmville **Shelters & Transitional Housing** Madeline's House STEPS, Inc. Oxford Houses **Housing Weatherization & Rehabilitation** Tri-County Community Action Agency Piedmont Habitat for Humanity Southside Outreach Community Housing Partners

Ranking	2024 Priority Area of Need	Resources Available
5	Transportation	**Transportation** Farmville Area Bus ModivCare (Medicaid Transportation) Piedmont Senior Resources Relax & Ride Transportation
6	Aging & Eldercare	**Senior Services** Piedmont Senior Resources Virginia Department for Aging & Rehabilitative Services Meals on Wheels AARP Virginia Centra PACE The Woodland Farmville Rotary Club Department of Social Services **Veterans** Virginia Department of Veterans Services Piedmont Area Veterans Council **Disability Services and Rehabilitation** Centra Rehabilitation Farmville Health & Rehabilitation Center Progressive Therapy Virginia Department for Aging & Rehabilitative Services
7	Issues Impacting Children & their Families: Childcare, Child Abuse/Neglect	**Childcare – Financial Assistance** Department of Social Services *Amelia County Social Services* *Buckingham County Social Services* *Charlotte County Social Services* *Cumberland County Social Service* *Lunenburg County Social Services* *Nottoway County Social Services* *Prince Edward County Social Services* Tri-County Community Action Agency STEPS Inc. – Head Start Program **Childcare – Resources and Referrals** 2-1-1 Virginia STEPS Inc. – Head Start Program **Child/Infant Car Seats** Piedmont Health District Farmville Police Department **Child Protective Services** Department of Social Services Childhelp National Child Abuse Hotline *continued on next page...*

Ranking	2024 Priority Area of Need	Resources Available
		Children & Family Recreation Parks & Recreation *Amelia County Parks & Recreation* *Buckingham County Recreation* *Cumberland County Recreation* *Farmville Parks & Recreation* Virginia Cooperative Extension Virginia Department of Wildlife Girl Scouts of Virginia Skyline Council Boy Scouts of America Southside Virginia Family YMCA Robert Russa Moton Museum Heart of Virginia Festival **Parenting Skills & Family Support** STEPS, Inc. *Whole Family Program*
8	Employment / Job Assistance	**Job Counseling, Training, & Placement** Virginia Department of Rehabilitative Services South Central Workforce Development Board Virginia Employment Commission STEPS, Inc. Southside Virginia Community College Longwood University Hampden Sydney
9	Financial Stability & Assistance	**Emergency Financial Assistance** STEPS, Inc. Department of Social Services Tri-County Community Action Agency **Social Services (SNAP, TANF, Medicaid) Assistance** Department of Social Services *Amelia County Social Services* *Buckingham County Social Services* *Charlotte County Social Services* *Cumberland County Social Service* *Lunenburg County Social Services* *Nottoway County Social Services* *Prince Edward County Social Services*
10	Chronic Disease	**Health Education** Centra Health Central Virginia Health Services Southern Dominion Health System Virginia Cooperative Extension American Cancer Society American Diabetes Association Alzheimer's Association