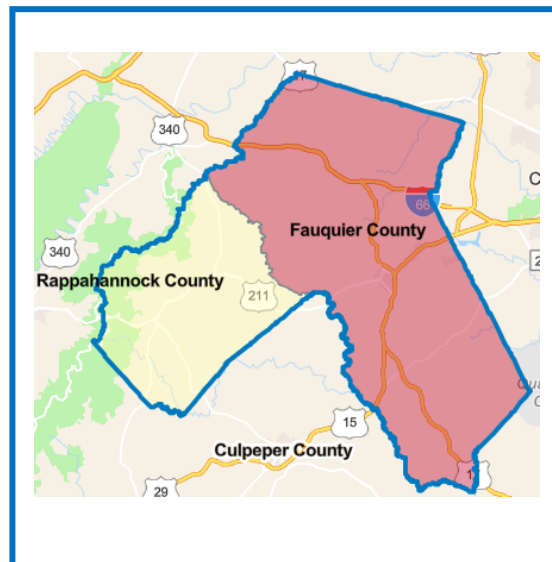


Community Health Needs Assessment Fauquier and Rappahannock Counties

June 2023



| Table of Contents | | Page |
|--|--|-------------|
| Executive Summary | | 1 |
| Organization of the Report | | 1 |
| Sections 1-3: Insights from Community Surveys and Listening Events | | 2 |
| Section 4: Insights from Community Data Profiles | | 4 |
| Section 5: Insights on Social Determinants of Health | | 5 |
| Section 1. Insights from Community Residents | | 6 |
| 1.1 | Demographic Profile | 6 |
| 1.2 | Community Needs Related to COVID-19 | 8 |
| 1.3 | Sources of Health Information | 9 |
| 1.4 | Access to Internet | 9 |
| 1.5 | Neighborhood and Community Environment | 10 |
| 1.6 | Health Care Service Needs | 11 |
| 1.7 | Community Services and Supports | 12 |
| 1.8 | Defining a Healthy Community | 13 |
| 1.9 | Important Health Resources | 14 |
| 1.10 | Groups that Need Help | 15 |
| 1.11 | New Health Issues or Concerns | 16 |
| 1.12 | Ideas for Working Together | 17 |
| 1.13 | Additional Ideas | 18 |
| Section 2. Insights from Community Professionals | | 19 |
| 2.1 | Participant Profile | 19 |
| 2.2 | Difficulties Related to COVID-19 | 20 |
| 2.3 | Community Health Concerns | 21 |
| 2.4 | Services and Supports that Need Improvement | 22 |
| 2.5 | Defining a Healthy Community | 24 |
| 2.6 | Important Health Resources | 25 |
| 2.7 | Groups that Need Help | 26 |
| 2.8 | New Health Issues or Concerns | 27 |
| 2.9 | Ideas for Working Together | 28 |
| 2.10 | Additional Ideas | 29 |
| Section 3. Insights from Community Listening Events | | 30 |
| 3.1 | Attendee Profile | 30 |
| 3.2 | Insights on Most Important Issues or Concerns | 31 |
| 3.3 | Creative Ways that Community Organizations Could Work Together | 32 |

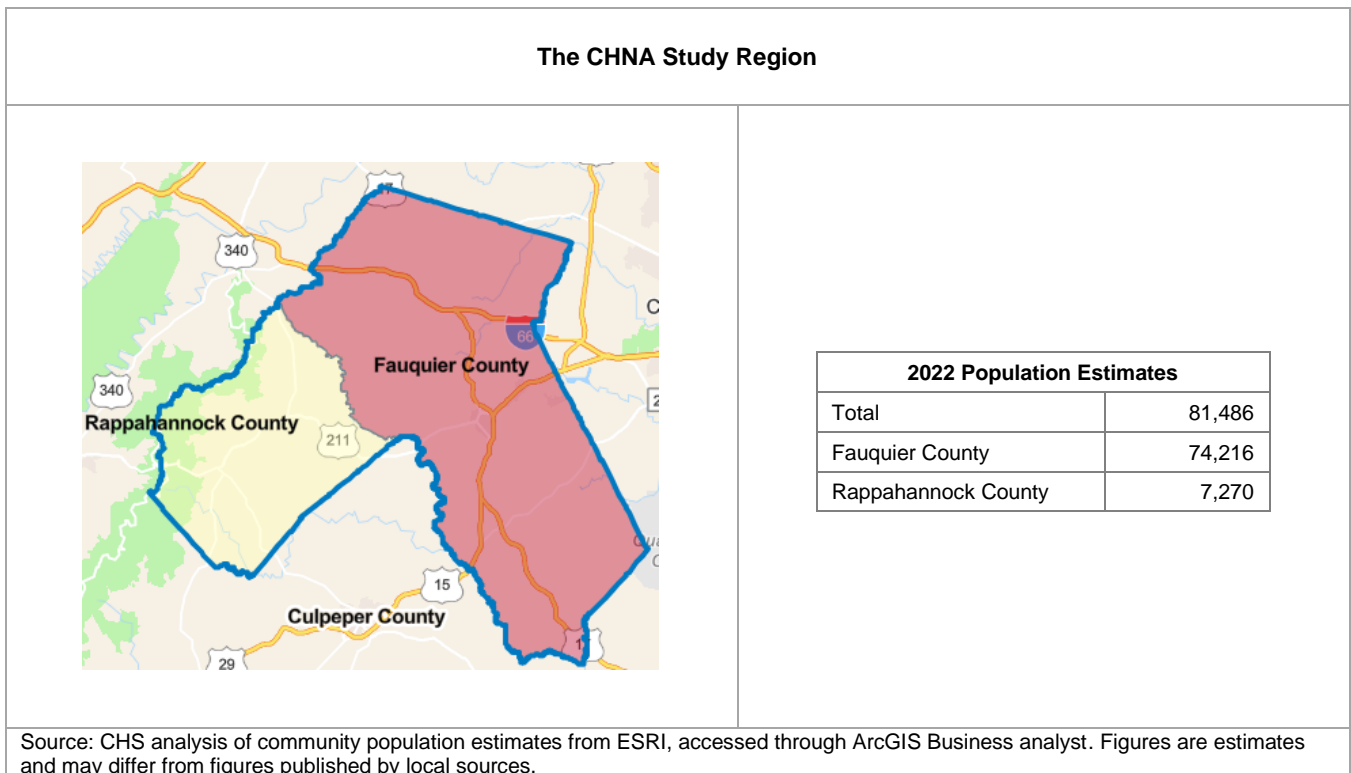
| | | |
|---|--|-----------|
| Section 4. Insights from Community Data Profiles | | 33 |
| 4.1 | Community Demographic Profile | 34 |
| 4.2 | COVID-19 Profile | 35 |
| 4.3 | Mortality Profile | 36 |
| 4.4 | Access to Health Insurance Profile | 37 |
| 4.5 | Avoidable Hospital Visit Profile | 38 |
| 4.6 | Health Behaviors Profile | 39 |
| 4.7 | Maternal and Infant Health Profile | 40 |
| 4.8 | Chronic Conditions Profile | 41 |
| 4.9 | Communicable or Infectious Disease Profile | 42 |
| 4.10 | Injury and Violence Profile | 43 |
| 4.11 | Mental Health Profile | 44 |
| 4.12 | Substance Use Profile | 45 |
| Section 5. Insights on Social Determinants of Health | | 46 |
| 5.1 | Summary Insights from Community Surveys and Listening Events | 47 |
| 5.2 | Community Mapping | 48 |
| 5.3 | Children Under Age 18 | 48 |
| 5.4 | Older Adults Age 65+ | 49 |
| 5.5 | Households with 1+ Persons with a Disability | 50 |
| 5.6 | Households in Poverty | 51 |
| 5.7 | Black or African American Population | 52 |
| 5.8 | Hispanic Population | 53 |
| Appendix A. Data Sources and Methods | | 54 |

Executive Summary

This report presents the results of a Community Health Needs Assessment (CHNA) for the two-county region including Fauquier and Rappahannock counties. The CHNA was guided by five regional organizations that decided to collaborate for community health assessment and improvement: Culpeper Wellness Foundation, Fauquier Health, PATH Foundation, Rappahannock-Rapidan Health District, and UVA Health.¹



As shown in the exhibit below, in 2022 the two counties had an estimated population of 81,486. The CHNA study was designed to provide insight about community health needs and opportunities for community health improvement. Research activities for the study included a survey of community residents, a survey of community professionals, a series of community listening events, and analysis of community health and demographics indicators.



Organization of the Report

The report is organized into five sections. Sections 1 and 2 describe results from the community resident survey and the community stakeholder survey, respectively. Section 3 describes results from the series of community listening events. Section 4 presents a series of community data profiles. Section 5 draws from the multiple sources of data to explore social determinants of health in the region. The remainder of this executive summary describes the key insights generated from Sections 1 through 5 of the report.

¹ Community Health Solutions provided research support, data analysis support, and drafting support for the CHNA.

Sections 1-3: Insights from Community Surveys and Listening Events

The study included three methods for obtaining community insights about community health needs and ideas for community health improvement. **Section 1** of the report presents results from a survey of community residents, with 267 total respondents. **Section 2** presents results from a survey of community stakeholders that work in community organizations, with 38 total respondents. **Section 3** presents results from a series of nine community listening events, including 38 participants who shared their insights and ideas about community health.

The exhibit below provides a summary view of community insights from across the three methods. The results reflect both commonalities and differences in perceptions of community issues and concerns, areas for improvement, the idea of a healthy community, important health resources, groups that need help, and areas where people and organizations can work together for community health improvement. Please note that this summary view only includes the most common response or themes shared in response to each topic. Additional details are provided within Sections 1, 2, and 3.

| Summary Insights from Community Surveys and Listening Events: Most Commonly Identified Responses or Themes | | | |
|---|--|---|--|
| Source | Community Resident Survey | Community Stakeholder Survey | Community Listening Events |
| Topic | | | |
| Participants | <ul style="list-style-type: none"> <input type="checkbox"/> 267 respondents <input type="checkbox"/> See Section 1 for details | <ul style="list-style-type: none"> <input type="checkbox"/> 38 respondents <input type="checkbox"/> See Section 2 for details | <ul style="list-style-type: none"> <input type="checkbox"/> 38 participants <input type="checkbox"/> See Section 3 for details |
| Community issues and concerns | <ul style="list-style-type: none"> <input type="checkbox"/> Affordable housing <input type="checkbox"/> Access to public transportation <input type="checkbox"/> Jobs / healthy economy <input type="checkbox"/> Access to healthy foods <input type="checkbox"/> Welcoming of diversity | <ul style="list-style-type: none"> <input type="checkbox"/> Mental health conditions <input type="checkbox"/> Substance abuse <input type="checkbox"/> Aging concerns <input type="checkbox"/> Suicide <input type="checkbox"/> Domestic violence | <ul style="list-style-type: none"> <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Substance use <input type="checkbox"/> Mental health <input type="checkbox"/> Housing |
| Community health services that need improvement | <ul style="list-style-type: none"> <input type="checkbox"/> Mental health services <input type="checkbox"/> Affordable health insurance <input type="checkbox"/> Healthcare for uninsured or underinsured <input type="checkbox"/> Specialty care services <input type="checkbox"/> Dental services | <ul style="list-style-type: none"> <input type="checkbox"/> Mental health services <input type="checkbox"/> Health care services for the uninsured / underinsured <input type="checkbox"/> Substance use services <input type="checkbox"/> Home health services <input type="checkbox"/> Hospital services | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Substance use services <input type="checkbox"/> Mental health services <input type="checkbox"/> Health behaviors <input type="checkbox"/> Telehealth |
| Other community services that need improvement | <ul style="list-style-type: none"> <input type="checkbox"/> Public transportation <input type="checkbox"/> Aging services <input type="checkbox"/> Housing services <input type="checkbox"/> Long-term care services <input type="checkbox"/> After school programs <input type="checkbox"/> Reliable internet access*² | <ul style="list-style-type: none"> <input type="checkbox"/> Aging services <input type="checkbox"/> Housing / homeless services <input type="checkbox"/> After school programs <input type="checkbox"/> Long-term care supports <input type="checkbox"/> Disability services <input type="checkbox"/> Reliable internet access* | <ul style="list-style-type: none"> <input type="checkbox"/> Housing <input type="checkbox"/> Education <input type="checkbox"/> Transportation <input type="checkbox"/> Food security <input type="checkbox"/> Social isolation |
| Idea of a healthy community | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Food security <input type="checkbox"/> Health environment <input type="checkbox"/> Substance use services | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Food security <input type="checkbox"/> Community collaboration <input type="checkbox"/> Healthy behaviors | (Topic not specifically addressed in this setting) |

² Note: The topic of reliable internet access was addressed differently across the two surveys, but both indicate reliable internet access is a community service that needs improvement.

| Summary Insights from Community Surveys and Listening Events: Most Commonly Identified Responses or Themes | | | |
|---|---|--|--|
| Source | Community Resident Survey | Community Stakeholder Survey | Community Listening Events |
| Topic | | | |
| Participants | <ul style="list-style-type: none"> <input type="checkbox"/> 267 respondents <input type="checkbox"/> See Section 1 for details | <ul style="list-style-type: none"> <input type="checkbox"/> 38 respondents <input type="checkbox"/> See Section 2 for details | <ul style="list-style-type: none"> <input type="checkbox"/> 38 participants <input type="checkbox"/> See Section 3 for details |
| Important health resources in the community | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Health environment <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Food security <input type="checkbox"/> Transportation | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Health environment <input type="checkbox"/> Mental health services <input type="checkbox"/> Substance use services | (Topic not specifically addressed in this setting) |
| People who need help accessing resources to better their health | <ul style="list-style-type: none"> <input type="checkbox"/> Older adults <input type="checkbox"/> Low-income population <input type="checkbox"/> Children and families <input type="checkbox"/> Minority population / people of color <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / undocumented <input type="checkbox"/> LGBTQ+ | <ul style="list-style-type: none"> <input type="checkbox"/> Older adults <input type="checkbox"/> Low-income population <input type="checkbox"/> Children and families | <ul style="list-style-type: none"> <input type="checkbox"/> Children and families <input type="checkbox"/> Older adults <input type="checkbox"/> Low-income population <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / undocumented |
| New health concerns that others may not be aware of yet | <ul style="list-style-type: none"> <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Substance use concerns <input type="checkbox"/> Health related social supports <input type="checkbox"/> Mental health <input type="checkbox"/> Health behaviors | <ul style="list-style-type: none"> <input type="checkbox"/> Substance use concerns <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Health-related social supports <input type="checkbox"/> COVID-19 related concerns <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Social isolation | (Topic not specifically addressed in this setting) |
| Areas where people and organizations can work together for community health improvement | <ul style="list-style-type: none"> <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Community collaboration (generally) <input type="checkbox"/> Education <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Community safety | <ul style="list-style-type: none"> <input type="checkbox"/> Community collaboration (generally) <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Funding-related | <ul style="list-style-type: none"> <input type="checkbox"/> Community collaboration (generally) <input type="checkbox"/> Health-related social supports <input type="checkbox"/> Health care services and coverage <input type="checkbox"/> Education <input type="checkbox"/> Transportation |
| Source: CHS analysis of community resident survey responses, community stakeholder survey responses, and community listening session responses. | | | |

Section 4: Insights from Community Data Profiles

Section 4 of the report presents a series of community data profiles showing a series of indicators relating to community demographics and health. The profiles are not designed to present every indicator of interest. To produce the profile, Community Health Solutions analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health and for which there were readily available data sources. Summary insights from this analysis are outlined below. (Also please see the technical notes on statistical comparisons in the introduction to Section 4).

| Summary Insights from Community Data Profiles | |
|--|---|
| Community Data Profile | Summary Insights |
| Community Demographic Profile (Exhibit 4.1) | <ul style="list-style-type: none"> <input type="checkbox"/> Estimated 79,816 residents as of 2021, projected to grow to more than 86,800 residents by 2030 <input type="checkbox"/> Estimated 22.9% under age 18, and estimated 17.2% age 65+ <input type="checkbox"/> Estimated 84.7% White, 6.7% Black or African American, 8.6% other or mixed race, and 8.7% Hispanic ethnicity <input type="checkbox"/> Estimated 5.9% with income below poverty, 13.9% with income below 200% of poverty |
| COVID-19 Profile (Exhibit 4.2) | <ul style="list-style-type: none"> <input type="checkbox"/> 18,146 reported COVID-19 cases since pandemic started <input type="checkbox"/> 595 COVID-19 hospitalizations since pandemic started <input type="checkbox"/> 178 COVID-19 deaths since pandemic started |
| Leading Causes of Death (Exhibit 4.3) | <ul style="list-style-type: none"> <input type="checkbox"/> Leading causes of death in the 2016-2020 timeframe include cancer, cardiovascular-related, Alzheimer's and dementia-related conditions, and respiratory disease <input type="checkbox"/> Years of potential life lost due to premature death higher than statewide rate |
| Access to Health Insurance Profile (Exhibit 4.4) | <ul style="list-style-type: none"> <input type="checkbox"/> Estimated 6.4% of children without health coverage (2020) <input type="checkbox"/> Estimated 10.1% of adults aged 18-64 without health coverage (2020) |
| Avoidable Hospital Visit Profile (Exhibit 4.5) | <ul style="list-style-type: none"> <input type="checkbox"/> Includes hospitalizations that could be avoided with adequate outpatient care <input type="checkbox"/> Estimated 418 potentially avoidable hospitalizations in 2020 |
| Health Behaviors Profile (Exhibit 4.6) | <ul style="list-style-type: none"> <input type="checkbox"/> Estimated 62.3% of adults classified as overweight or obese (2020) <input type="checkbox"/> Estimated 18.9% of adults smoke (2020) <input type="checkbox"/> Estimated 9% of high school youth smoke tobacco (2019) <input type="checkbox"/> Estimated 25.5% of high school youth use electronic vapor products (2019) <input type="checkbox"/> Estimated 36% of high school youth classified as overweight or obese (2019) |
| Maternal and Infant Health Profile (Exhibit 4.7) | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Note: Figures not fully reported for Rappahannock due to small case numbers</i> <input type="checkbox"/> 11 infant deaths reported in Fauquier during 2018-2020 timeframe <input type="checkbox"/> 714 total live births in Fauquier 2020 <input type="checkbox"/> 30 late or no prenatal care, 52 low weigh births, and 56 premature births in Fauquier in 2020 |
| Chronic Conditions Profile (Exhibit 4.8) | <ul style="list-style-type: none"> <input type="checkbox"/> Estimated 14% of adults diagnosed with asthma (2020) <input type="checkbox"/> Estimated 14% of adults diagnosed with diabetes (2020) <input type="checkbox"/> Substantial numbers of hospitalizations for asthma, diabetes, hypertension, and stroke (2020) |
| Communicable or Infectious Disease Profile (Exhibit 4.9) | <ul style="list-style-type: none"> <input type="checkbox"/> Sexually transmitted disease rates below state rates in 2020 <input type="checkbox"/> HIV infection rates below state rate in 2020 |
| Injury and Violence Profile (Exhibit 4.10) | <ul style="list-style-type: none"> <input type="checkbox"/> 231 unintentional injury deaths in 2016-2020 <input type="checkbox"/> Unintentional injury death rates above statewide rate <input type="checkbox"/> 298 hospitalizations for all injuries in 2020 |

| Summary Insights from Community Data Profiles | |
|---|--|
| Community Data Profile | Summary Insights |
| Mental Health Profile (Exhibit 4.11) | <ul style="list-style-type: none"> <input type="checkbox"/> Estimated 17% of adults report being diagnosed with depression (2020) <input type="checkbox"/> Estimated 32.8% of high school youth report feeling sad or hopeless (2019) <input type="checkbox"/> Estimated 18.1% of high school youth report seriously considering suicide (2019) <input type="checkbox"/> 340 self-harm or suicide-related emergency department visits in 2021 <input type="checkbox"/> 61 deaths by suicide in 2016-2020 (all ages) |
| Substance Use Profile (Exhibit 4.12) | <ul style="list-style-type: none"> <input type="checkbox"/> 98 drug overdose deaths in 2016-2020 <input type="checkbox"/> Drug overdose deaths rates higher than statewide rate <input type="checkbox"/> 58 hospitalizations with drug overdose in 2020 <input type="checkbox"/> Estimated 29.5% of high school youth report drinking alcohol (2021) <input type="checkbox"/> Estimated 17.8% of high school youth report using marijuana (2021) |

Section 5: Insights on Social Determinants of Health

Section 5 of the report explores the study results in the context of **social determinants of health (SDOH)**. As background for this analysis, social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They can be defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can also be grouped into five domains, including economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. All of these factors can influence health disparities and health equity for community populations. Summary insights about social determinants of health are outlined below and presented in more detail in Section 5 of the report.

| Summary Insights about Social Determinants of Health | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|--|---|--|--|
| Source | Selected Indicators | | | | | | | | | | |
| People that may need help accessing services to better their health | <ul style="list-style-type: none"> <input type="checkbox"/> Older adults <input type="checkbox"/> Low-income population <input type="checkbox"/> Children and families <input type="checkbox"/> Minority population / people of color <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / undocumented <input type="checkbox"/> LGBTQ+ | | | | | | | | | | |
| SDOH factors affecting health opportunity | <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Affordable housing</td> <td><input type="checkbox"/> Welcoming of diversity</td> </tr> <tr> <td><input type="checkbox"/> Affordable health care</td> <td><input type="checkbox"/> Educational opportunities</td> </tr> <tr> <td><input type="checkbox"/> Jobs / healthy economy</td> <td><input type="checkbox"/> Access to public parks and playgrounds</td> </tr> <tr> <td><input type="checkbox"/> Access to public transportation</td> <td><input type="checkbox"/> Reliable internet access</td> </tr> <tr> <td><input type="checkbox"/> Access to healthy foods</td> <td></td> </tr> </table> | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Welcoming of diversity | <input type="checkbox"/> Affordable health care | <input type="checkbox"/> Educational opportunities | <input type="checkbox"/> Jobs / healthy economy | <input type="checkbox"/> Access to public parks and playgrounds | <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Reliable internet access | <input type="checkbox"/> Access to healthy foods | |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Welcoming of diversity | | | | | | | | | | |
| <input type="checkbox"/> Affordable health care | <input type="checkbox"/> Educational opportunities | | | | | | | | | | |
| <input type="checkbox"/> Jobs / healthy economy | <input type="checkbox"/> Access to public parks and playgrounds | | | | | | | | | | |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Reliable internet access | | | | | | | | | | |
| <input type="checkbox"/> Access to healthy foods | | | | | | | | | | | |
| Insights from community mapping | <ul style="list-style-type: none"> <input type="checkbox"/> Community data and maps show the estimated counts and distribution of community residents that may be at elevated risk for health disparities due to social, economic, and environmental factors such as income, age, race, ethnicity, and disability. | | | | | | | | | | |

Section 1. Insights from Community Residents

To generate community input for the community health needs assessment, a survey was conducted with community residents. To develop the survey, the project partners began with a common aim to conduct an inclusive survey with insights from all demographic groups, including low-income and minority populations.

With this aim in mind, the survey was conducted in partnership with a wide range of community partners that helped to raise awareness and encourage community members to complete the survey. Online surveys could be completed by community residents willing and able to do so. Paper surveys could be completed at various community sites where diverse people gather.

It should also be noted that the surveys were conducted using convenience sampling. Convenience sampling is a practical approach for obtaining insights from as many people as possible, but without random selection. The results of a convenience sample are instructive for understanding the scope of issues and opportunities in a community; however, results might not be statistically representative of the entire population of a community.

A total of 267 individuals submitted a response to the community resident survey (although not every respondent completed every item). The respondents provided insights about community needs, community services, community members who need help, and ideas for how community organizations could work together for community health improvement. The results are presented in Sections 1.1 through 1.13 that follow.

| Section 1 Outline | |
|-------------------|--|
| 1.1 | Demographic Profile |
| 1.2 | Community Needs Related to COVID-19 |
| 1.3 | Sources of Health Information |
| 1.4 | Access to Internet |
| 1.5 | Neighborhood and Community Environment |
| 1.6 | Health Care Service Needs |
| 1.7 | Community Services and Supports |
| 1.8 | Defining a Healthy Community |
| 1.9 | Important Health Resources |
| 1.10 | Groups that Need Help |
| 1.11 | New Health Issues or Concerns |
| 1.12 | Ideas for Working Together |
| 1.13 | Additional Ideas |

A Technical Note for Reviewing the Exhibits

In the exhibits that follow, 'n' refers to the number of survey respondents answering each item. Note that the 'n' may vary because some respondents did not answer every survey item.

1.1 Demographic Profile

Community residents were asked to describe their demographic background. The resulting demographic profile of survey respondents is shown **in Exhibit 1.1** on the following page. Worth noting:

- 22 percent of survey respondents reported household income below \$35,000, compared to an estimated 14% for the general population.
- 18 percent of survey respondents self-identified as Hispanic, Latino, or Spanish origin, compared to an estimated 9% for the general population.
- 10 percent of survey respondents self-identified as Black or African American, compared to 7% for the general population.
- 81 percent of survey respondents self-identified as female. This over-representation is common for community health surveys of this type.

**Exhibit 1.1
Demographic Profile of Survey Respondents**

| Category | Percent | Count |
|---|---------|-------|
| Age (n=266) | | |
| 18-24 | 4% | 10 |
| 25-34 | 12% | 32 |
| 35-44 | 19% | 50 |
| 45-54 | 19% | 50 |
| 55-64 | 26% | 68 |
| 65-74 | 14% | 38 |
| 75-84 | 6% | 15 |
| 85+ | 1% | 3 |
| Race (n=271) (respondents could choose more than one option) | | |
| Asian | 1% | 4 |
| American Indian or Alaska Native | 2% | 5 |
| Black or African American | 10% | 28 |
| Native Hawaiian or Pacific Islander | 0% | 0 |
| White | 80% | 216 |
| Other | 7% | 18 |
| Ethnicity (n=264) | | |
| Hispanic, Latino, or Spanish origin | 18% | 48 |
| Non-Hispanic, Latino, or Spanish origin | 82% | 216 |
| Gender (n=267) | | |
| Female | 81% | 217 |
| Male | 18% | 49 |
| Unknown | 0% | 1 |
| Sexual Orientation (n=263) | | |
| Gay or lesbian | 2% | 6 |
| Straight, that is not gay or lesbian | 89% | 233 |
| Bisexual | 5% | 12 |
| Other | 1% | 3 |
| I don't know | 1% | 3 |
| Prefer not to answer | 2% | 6 |

| Category | Percent | Count |
|---|---------|-------|
| Household Income (n=262) | | |
| Less than \$25,000 | 12% | 32 |
| \$25,000-\$34,999 | 10% | 25 |
| \$35,000-\$49,999 | 7% | 19 |
| \$50,000-\$74,999 | 12% | 32 |
| \$75,000+ | 10% | 25 |
| \$100,000+ | 41% | 108 |
| Don't Know/Not Sure | 8% | 21 |
| Education (n=263) | | |
| Less than High School | 6% | 17 |
| High School or GED | 16% | 41 |
| Some College | 16% | 43 |
| Associate degree | 8% | 20 |
| Bachelor's Degree | 25% | 67 |
| Master's Degree | 19% | 51 |
| Professional Degree | 3% | 9 |
| Doctorate | 6% | 15 |
| Household Size (n=266) | | |
| 1 | 14% | 38 |
| 2 | 33% | 87 |
| 3 | 15% | 39 |
| 4 | 17% | 44 |
| 5 | 13% | 35 |
| More Than 5 | 9% | 23 |
| School Aged Children in the Household (n=263) | | |
| Yes | 34% | 90 |
| No | 66% | 173 |
| County (based on reported zip code of residence) (n=267) | | |
| Fauquier | 37% | 231 |
| Rappahannock | 6% | 36 |

Source: CHS analysis of community resident survey responses

1.2 Community Needs Related to COVID-19

Community residents were asked to share their insights on community needs specifically related to COVID-19. The results are shown in **Exhibit 1.2**. Most respondents (63%) said they and their immediate family were generally able to obtain the community services and supports they needed during the pandemic, while 20% reported problems. Respondents also reported a wide range of challenges resulting from COVID-19, including lost employment (28%) lost housing (8%). Respondents also reported a number of additional difficulties including keeping good mental health (54%) and physical health (41%) in response to the second question shown in the exhibit.

**Exhibit 1.2
Community Needs Related to COVID-19**

| Which of the following, if any, have happened since the start of the COVID-19 pandemic? Select all that apply. (n=209) | % | Count |
|---|----------|--------------|
| <input type="checkbox"/> I and my immediate family were generally able to obtain the community services and supports we needed during the pandemic. | 63% | 132 |
| <input type="checkbox"/> I or my immediate family had problems obtaining the community services and supports we needed during the pandemic. | 20% | 42 |
| <input type="checkbox"/> I or someone in my immediate family lost employment during the pandemic. | 28% | 59 |
| <input type="checkbox"/> I or someone in my immediate family lost housing during the pandemic. | 8% | 17 |

| Since COVID-19 pandemic started in 2020, have you personally experienced any difficulty with: Select all that apply. (n=185) | % | Count |
|---|----------|--------------|
| <input type="checkbox"/> Keeping good mental health | 54% | 99 |
| <input type="checkbox"/> Keeping good physical health | 41% | 76 |
| <input type="checkbox"/> Feeling lonely or isolated from others | 35% | 64 |
| <input type="checkbox"/> Experiencing overall financial hardship | 27% | 50 |
| <input type="checkbox"/> Getting essential supplies for daily living | 26% | 49 |
| <input type="checkbox"/> Affording housing costs | 26% | 48 |
| <input type="checkbox"/> Managing schooling at home for children | 21% | 38 |
| <input type="checkbox"/> Getting health care | 20% | 37 |
| <input type="checkbox"/> Keeping good dental health | 18% | 33 |
| <input type="checkbox"/> Getting healthy food | 15% | 27 |
| <input type="checkbox"/> Taking care of person who is elderly, disabled, lives alone | 14% | 26 |
| <input type="checkbox"/> Getting dental care | 14% | 26 |
| <input type="checkbox"/> Getting in-home care services | 12% | 22 |
| <input type="checkbox"/> Getting transportation | 10% | 18 |
| <input type="checkbox"/> Getting social services | 9% | 16 |
| <input type="checkbox"/> Getting childcare | 8% | 14 |
| <input type="checkbox"/> Other | 5% | 9 |

Source: CHS analysis of community resident survey responses

1.3 Sources of Health Information

Community residents were asked to identify the sources they use for health information and advice, with the leading sources being health care providers (71%) and online resources (42%). The results are shown in **Exhibit 1.3**.

| Exhibit 1.3 Sources of Health Information | | |
|--|-----|-------|
| If you had a question or needed information about improving your health, where would you go for advice? Select all that apply. (n=246) | % | Count |
| <input type="checkbox"/> Health Care Provider (Example: Physician, Nurse Practitioner) | 71% | 175 |
| <input type="checkbox"/> Online Resources other than Social Media | 42% | 104 |
| <input type="checkbox"/> Family Member | 20% | 50 |
| <input type="checkbox"/> Friends | 17% | 41 |
| <input type="checkbox"/> Urgent Care | 16% | 39 |
| <input type="checkbox"/> Free Clinic | 15% | 38 |
| <input type="checkbox"/> Local Health Department | 15% | 38 |
| <input type="checkbox"/> Hospital Emergency Department | 15% | 36 |
| <input type="checkbox"/> Health Fairs | 9% | 21 |
| <input type="checkbox"/> Faith Based Organization | 7% | 18 |
| <input type="checkbox"/> Social Media Resources | 7% | 17 |
| <input type="checkbox"/> Other | 2% | 5 |

Source: CHS analysis of community resident survey responses

1.4 Access to Internet Service

Community residents were asked to describe their need for reliable internet access, and whether they have reliable internet access at home. The results are shown in **Exhibit 1.4**, with 23% of respondents reporting they do not have reliable internet access at home.

| Exhibit 1.4 Reliable Internet Access | | |
|---|-----|-------|
| Which of the following statements are true for you or other members of your household? Select all that apply. (n=239) | % | Count |
| Need for Reliable Internet Access | | |
| <input type="checkbox"/> We need reliable home internet for educational purposes. | 47% | 113 |
| <input type="checkbox"/> Reliable home internet is important for our quality of life. | 51% | 122 |
| <input type="checkbox"/> We need reliable home internet for work purposes. | 44% | 105 |
| <input type="checkbox"/> We need reliable home internet for health purposes. | 40% | 96 |
| Reliable Access to Internet at Home | | |
| <input type="checkbox"/> We DO have reliable internet access at home. | 57% | 136 |
| <input type="checkbox"/> We DO NOT have reliable internet access at home. | 23% | 54 |

Source: CHS analysis of community resident survey responses

1.5 Neighborhood and Community Environment

Community residents were asked to identify areas that need improvement in the neighborhood or community where they live. The results are shown in **Exhibit 1.5**, with the most commonly cited needs being affordable housing (66%) and access to public transportation (45%).

Exhibit 1.5
Neighborhood and Community Environment

| Based on your experience, select each area that needs improvement in the neighborhood or community where you live. Select all that apply. (n=233) | % | Count |
|---|-----|-------|
| <input type="checkbox"/> Affordable housing | 66% | 154 |
| <input type="checkbox"/> Access to public transportation | 45% | 105 |
| <input type="checkbox"/> Jobs/healthy economy | 42% | 97 |
| <input type="checkbox"/> Access to healthy foods | 36% | 85 |
| <input type="checkbox"/> Welcoming of diversity | 33% | 78 |
| <input type="checkbox"/> Opportunities for healthy activities | 33% | 77 |
| <input type="checkbox"/> Gun safety | 32% | 75 |
| <input type="checkbox"/> Opportunities to participate in community activities | 26% | 61 |
| <input type="checkbox"/> Access to safe public parks or playgrounds | 25% | 58 |
| <input type="checkbox"/> Healthy messaging in media and public spaces | 24% | 56 |
| <input type="checkbox"/> Educational opportunities | 22% | 52 |
| <input type="checkbox"/> Schools | 21% | 49 |
| <input type="checkbox"/> Water quality | 21% | 48 |
| <input type="checkbox"/> Traffic | 16% | 38 |
| <input type="checkbox"/> Air quality | 8% | 19 |
| <input type="checkbox"/> Other | 8% | 18 |

Source: CHS analysis of community resident survey responses

1.6 Health Care Service Needs

Community residents were asked to review a list of common health services, and identify which services need improvement in their community. Respondents identified a wide range of services that need improvement, with the most cited healthcare service needs being mental health (60%), affordable health insurance (53%), and healthcare for uninsured/underinsured (41%) as shown in **Exhibit 1.6**.

| Exhibit 1.6 Health Care Service Needs | | |
|---|----------|--------------|
| Based on your experience, select each type of service that needs improvement in the neighborhood or community where you live. Select all that apply. (n=231) | % | Count |
| <input type="checkbox"/> Mental health services | 60% | 138 |
| <input type="checkbox"/> Affordable health insurance | 53% | 123 |
| <input type="checkbox"/> Healthcare for the Uninsured and Underinsured | 41% | 94 |
| <input type="checkbox"/> Specialty Care services | 40% | 92 |
| <input type="checkbox"/> Dental services | 37% | 85 |
| <input type="checkbox"/> Chronic disease services | 36% | 84 |
| <input type="checkbox"/> Hospital services | 34% | 78 |
| <input type="checkbox"/> Primary care services | 31% | 71 |
| <input type="checkbox"/> Services for weight control | 29% | 66 |
| <input type="checkbox"/> Substance Use services | 28% | 65 |
| <input type="checkbox"/> Vision services | 26% | 60 |
| <input type="checkbox"/> Pharmacy services | 23% | 52 |
| <input type="checkbox"/> Public health services | 20% | 47 |
| <input type="checkbox"/> Home health services | 20% | 46 |
| <input type="checkbox"/> Workplace health services | 20% | 46 |
| <input type="checkbox"/> Maternal, infant, and child health services | 19% | 44 |
| <input type="checkbox"/> Hearing services | 19% | 43 |
| <input type="checkbox"/> Physical Rehabilitation | 13% | 31 |
| <input type="checkbox"/> Services for quitting smoking | 11% | 26 |
| <input type="checkbox"/> Other | 4% | 9 |

Source: CHS analysis of community resident survey responses

1.7 Community Services and Supports

Looking beyond health care, community residents were asked to review a list of community services and supports, and identify any that need improvement in their community. Respondents identified a diverse array of services and supports that can affect access to health care and overall quality of life, with the most commonly cited community service needs being public transportation (49%), aging services (42%), and housing (42%). Results are shown in **Exhibit 1.7**.

Exhibit 1.7
Community Services that Need Improvement

| Based on your experience, select each service or support that needs improvement in the neighborhood or community where you live. Select all that apply. (n=219) | % | Count |
|---|-----|-------|
| <input type="checkbox"/> Public transportation | 49% | 107 |
| <input type="checkbox"/> Aging Services | 42% | 93 |
| <input type="checkbox"/> Housing services | 42% | 92 |
| <input type="checkbox"/> Long term care services | 41% | 89 |
| <input type="checkbox"/> After school programs | 37% | 80 |
| <input type="checkbox"/> Assisted living services | 36% | 78 |
| <input type="checkbox"/> Financial and legal counseling services | 34% | 74 |
| <input type="checkbox"/> Respite care | 33% | 73 |
| <input type="checkbox"/> Services for adults with disabilities | 32% | 71 |
| <input type="checkbox"/> Childcare services | 32% | 70 |
| <input type="checkbox"/> Domestic violence services | 29% | 64 |
| <input type="checkbox"/> Food safety net | 28% | 62 |
| <input type="checkbox"/> Early intervention services | 26% | 57 |
| <input type="checkbox"/> Veterans Services | 26% | 56 |
| <input type="checkbox"/> Services for children with disabilities | 25% | 54 |
| <input type="checkbox"/> Public safety | 20% | 43 |
| <input type="checkbox"/> Other | 5% | 10 |

Source: CHS analysis of community resident survey responses.

A Note on Thematic Analysis

Respondents were invited to respond to a series of survey questions in their own words rather than through a pre-defined checklist. The detailed responses have been shared with the project partners. To summarize the results, Community Health Solutions applied a method called 'thematic analysis' to identify common themes among the responses. Thematic analysis is a process for grouping text responses into categories based on common words and phrases. It is a commonly used method in qualitative analysis. The results of this summary analysis are presented in the exhibits that follow.

1.8 Your Idea of a Health Community

A total of 148 respondents shared their idea of a healthy community. Results of the thematic analysis are shown in **Exhibit 1.8**.

**Exhibit 1.8
Thematic Analysis: Your Idea of a Healthy Community**

| In your own words, how would you define the idea of a healthy community? | |
|--|--|
| Themes identified from 148 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 64 |
| <input type="checkbox"/> Health Related Social Supports | 55 |
| <input type="checkbox"/> Food Security | 31 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 27 |
| <input type="checkbox"/> Substance Use Concerns | 23 |
| <input type="checkbox"/> Mental Health | 21 |
| <input type="checkbox"/> Older Adults | 19 |
| <input type="checkbox"/> Health Behaviors | 17 |
| <input type="checkbox"/> Transportation | 16 |
| <input type="checkbox"/> Housing | 13 |
| <input type="checkbox"/> Community Safety | 12 |
| <input type="checkbox"/> Diversity and Inclusion | 12 |
| <input type="checkbox"/> Education | 12 |
| <input type="checkbox"/> Children and Families | 11 |
| <input type="checkbox"/> Community Collaboration | 11 |
| <input type="checkbox"/> Employment | 9 |
| <input type="checkbox"/> Health Equity | 9 |
| <input type="checkbox"/> <u>Other</u> | 7 |
| <input type="checkbox"/> COVID-19 | 5 |
| <input type="checkbox"/> Don't Know or No | 4 |
| <input type="checkbox"/> Faith-Based Communities | 2 |
| <input type="checkbox"/> Minority Population/POC | 2 |
| <input type="checkbox"/> Telehealth | 2 |
| <input type="checkbox"/> Chronic Conditions | 1 |
| <input type="checkbox"/> Domestic Violence | 1 |
| <input type="checkbox"/> Funding-Related | 1 |
| <input type="checkbox"/> Immigrants/Undocumented | 1 |
| <input type="checkbox"/> Low Income Population | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community resident survey responses.

1.9 Important Health Resources

A total of 147 respondents shared their views on the important health resources in their community. Results of the thematic analysis are shown in **Exhibit 1.9**.

Exhibit 1.9
Thematic Analysis: Important Health Resources

| In your view, what are people, places or things that contribute the most to better health in your neighborhood or community? | |
|---|---|
| Themes identified from 147 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 57 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 54 |
| <input type="checkbox"/> Health Related Social Supports | 44 |
| <input type="checkbox"/> Food Security | 23 |
| <input type="checkbox"/> Children and Families | 14 |
| <input type="checkbox"/> Older Adults | 13 |
| <input type="checkbox"/> Transportation | 13 |
| <input type="checkbox"/> Education | 12 |
| <input type="checkbox"/> Faith-Based Communities | 11 |
| <input type="checkbox"/> Health Behaviors | 10 |
| <input type="checkbox"/> Community Collaboration | 6 |
| <input type="checkbox"/> Employment | 6 |
| <input type="checkbox"/> Substance Use Concerns | 5 |
| <input type="checkbox"/> Mental Health | 4 |
| <input type="checkbox"/> Diversity and Inclusion | 4 |
| <input type="checkbox"/> Community Safety | 3 |
| <input type="checkbox"/> COVID-19 | 3 |
| <input type="checkbox"/> People with Disabilities | 2 |
| <input type="checkbox"/> Housing | 2 |
| <input type="checkbox"/> Funding-Related | 1 |
| <input type="checkbox"/> Low Income Population | 1 |
| <input type="checkbox"/> Telehealth | 1 |

Source: CHS analysis of community resident survey responses.

1.10 Groups that Need Help

A total of 141 respondents shared their views on community members who may need help accessing resources to better their health. Results of the thematic analysis are shown in **Exhibit 1.10**.

| Exhibit 1.10 | |
|--|--|
| Thematic Analysis: Groups that Need Help | |
| Are there particular groups of people within your neighborhood or community who need help accessing resources to better their health? | |
| Themes identified from 141 individual responses: | Number of responses involving this theme |
| Groups that may need help: | |
| <input type="checkbox"/> Older Adults | 42 |
| <input type="checkbox"/> Low Income Population | 23 |
| <input type="checkbox"/> Children and Families | 18 |
| <input type="checkbox"/> Minority Population/POC | 11 |
| <input type="checkbox"/> People with Disabilities | 8 |
| <input type="checkbox"/> Immigrants/Undocumented | 2 |
| <input type="checkbox"/> LGBTQ+ | 2 |
| Areas where help may be needed: | |
| <input type="checkbox"/> Health Care Services and Coverage | 36 |
| <input type="checkbox"/> Health Equity | 29 |
| <input type="checkbox"/> Health Related Social Supports | 28 |
| <input type="checkbox"/> Transportation | 19 |
| <input type="checkbox"/> Substance Use Concerns | 15 |
| <input type="checkbox"/> Mental Health | 14 |
| <input type="checkbox"/> Education | 8 |
| <input type="checkbox"/> Food Security | 6 |
| <input type="checkbox"/> Housing | 6 |
| <input type="checkbox"/> Health Behaviors | 5 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 3 |
| <input type="checkbox"/> Faith-Based Communities | 2 |
| <input type="checkbox"/> Telehealth | 2 |
| <input type="checkbox"/> Chronic Conditions | 1 |
| <input type="checkbox"/> Community Safety | 1 |
| <input type="checkbox"/> COVID-19 | 1 |
| <input type="checkbox"/> Domestic Violence | 1 |
| <input type="checkbox"/> Employment | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community resident survey responses.

1.11 New Health Issues or Concerns

A total of 114 respondents shared their views on new health issues or concerns within their neighborhood or community. Results of the thematic analysis are shown in **Exhibit 1.11**.

| Exhibit 1.11 | |
|--|---|
| Thematic Analysis: New or Emerging Health Concerns | |
| Are there any new health concerns within your neighborhood or community that others may not be aware of, but could cause serious harm today or in the future? | |
| Themes identified from 114 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 23 |
| <input type="checkbox"/> Substance Use Concerns | 22 |
| <input type="checkbox"/> Health Related Social Supports | 17 |
| <input type="checkbox"/> Children and Families | 12 |
| <input type="checkbox"/> Mental Health | 11 |
| <input type="checkbox"/> Health Behaviors | 10 |
| <input type="checkbox"/> Older Adults | 8 |
| <input type="checkbox"/> Education | 7 |
| <input type="checkbox"/> COVID-19 | 6 |
| <input type="checkbox"/> Transportation | 5 |
| <input type="checkbox"/> Community Safety | 5 |
| <input type="checkbox"/> Chronic Conditions | 2 |
| <input type="checkbox"/> Health Equity | 2 |
| <input type="checkbox"/> Low Income Population | 2 |
| <input type="checkbox"/> Food Security | 1 |
| <input type="checkbox"/> Housing | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community resident survey responses.

1.12 Ideas for Working Together

A total of 116 respondents shared their ideas about how people could work together to promote better health in their neighborhood or community. Results of the thematic analysis are shown in **Exhibit 1.12**.

Exhibit 1.12
Thematic Analysis: Ideas for Working Together

| Do you have ideas about how people could work together to promote better health in your neighborhood or community? | |
|--|--|
| Themes identified from 116 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Related Social Supports | 35 |
| <input type="checkbox"/> Community Collaboration | 28 |
| <input type="checkbox"/> Children and Families | 14 |
| <input type="checkbox"/> Education | 14 |
| <input type="checkbox"/> Health Care Services and Coverage | 14 |
| <input type="checkbox"/> Older Adults | 13 |
| <input type="checkbox"/> Community Safety | 8 |
| <input type="checkbox"/> Substance Use Concerns | 7 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 6 |
| <input type="checkbox"/> Mental Health | 5 |
| <input type="checkbox"/> Health Behaviors | 5 |
| <input type="checkbox"/> Housing | 4 |
| <input type="checkbox"/> Transportation | 4 |
| <input type="checkbox"/> Food Security | 4 |
| <input type="checkbox"/> COVID-19 | 3 |
| <input type="checkbox"/> Faith-Based Communities | 3 |
| <input type="checkbox"/> Funding-Related | 3 |
| <input type="checkbox"/> Health Equity | 3 |
| <input type="checkbox"/> Diversity and Inclusion | 2 |
| <input type="checkbox"/> Employment | 2 |
| <input type="checkbox"/> Low Income Population | 2 |
| <input type="checkbox"/> Minority Population/POC | 1 |
| <input type="checkbox"/> People with Disabilities | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community resident survey responses.

1.13 Additional Ideas

A total of 114 respondents shared their about how local organizations can help them and others in their neighborhood or community achieve better health. Results of the thematic analysis are shown in **Exhibit 1.13**.

| Exhibit 1.13 | |
|---|---|
| Thematic Analysis: How Can We Help You and Others in Your Neighborhood or Community? | |
| Do you have ideas about how local organizations can help you and others in your neighborhood or community achieve better health? | |
| Themes identified from 114 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Related Social Supports | 29 |
| <input type="checkbox"/> Health Care Services and Coverage | 21 |
| <input type="checkbox"/> Community Collaboration | 21 |
| <input type="checkbox"/> Food Security | 15 |
| <input type="checkbox"/> Children and Families | 10 |
| <input type="checkbox"/> Education | 10 |
| <input type="checkbox"/> Older Adults | 9 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 9 |
| <input type="checkbox"/> Substance Use Concerns | 8 |
| <input type="checkbox"/> Transportation | 8 |
| <input type="checkbox"/> Health Behaviors | 6 |
| <input type="checkbox"/> Faith-Based Communities | 5 |
| <input type="checkbox"/> Mental Health | 5 |
| <input type="checkbox"/> Funding-Related | 5 |
| <input type="checkbox"/> Housing | 3 |
| <input type="checkbox"/> Community Safety | 2 |
| <input type="checkbox"/> COVID-19 | 2 |
| <input type="checkbox"/> People with Disabilities | 2 |
| <input type="checkbox"/> Telehealth | 2 |
| <input type="checkbox"/> Employment | 2 |
| <input type="checkbox"/> Chronic Conditions | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community resident survey responses.

Section 2. Insights from Community Professionals

In addition to the survey of community residents described in Section 1, a second survey was conducted with a group of community professionals identified by the Planning District 9 Planning Workgroup. The survey was conducted online with a pool of potential respondents identified by the project partners from their existing lists of community contacts. The survey questions addressed the list of topics outlined in the box at right. A total of 38 individuals submitted a response (although not every respondent answered every question).

| Section 2 Outline | |
|-------------------|---|
| 2.1 | Participant Profile |
| 2.2 | Difficulties Related to COVID-19 |
| 2.3 | Community Health Concerns |
| 2.4 | Services and Supports that Need Improvement |
| 2.5 | Defining a Healthy Community |
| 2.6 | Important Health Resources |
| 2.7 | Groups that Need Help |
| 2.8 | New Health Issues or Concerns |
| 2.9 | Ideas for Working Together |
| 2.10 | Additional Ideas |

A Technical Note for Reviewing the Exhibits

In the exhibits that follow, 'n' refers to the number of survey respondents answering each item. Note that the 'n' may vary because some respondents did not answer every survey item.

2.1 Participant Profile

Survey Responses were received from 38 community professionals from the organizations listed in **Exhibit 2.1**. Each respondent was asked to describe their geographic perspective in terms of the counties for which they would share insights on the survey. Most respondents identified multiple counties.

| Exhibit 2.1 Participant Profile (n=38) | | | | | | |
|--|--|----------|----|--------------|----|--|
| <p style="text-align: center;">By Organization <i>(A count denotes multiple respondents from the same organization.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Afro American Historical Association of Fauquier County (2) <input type="checkbox"/> Aging Together <input type="checkbox"/> CHASS <input type="checkbox"/> Community Touch <input type="checkbox"/> DSS <input type="checkbox"/> FCAC Head Start <input type="checkbox"/> Fauquier Community Child Care (5) <input type="checkbox"/> Fauquier Community Food Bank and Thrift <input type="checkbox"/> Fauquier County Department of Social Services (5) <input type="checkbox"/> Fauquier County Parks and Recreation <input type="checkbox"/> Fauquier County Public Schools <input type="checkbox"/> Fauquier FISH <input type="checkbox"/> Generations Central Adult Day Center <input type="checkbox"/> Headwaters Foundation <input type="checkbox"/> Highland School <input type="checkbox"/> Leadership Fauquier <input type="checkbox"/> MAFRAC <input type="checkbox"/> Mental Health Association of Fauquier County <input type="checkbox"/> Rapp Center for Education <input type="checkbox"/> Rappahannock Benevolent Fund <input type="checkbox"/> Rappahannock Rapidan Community Services (3) <input type="checkbox"/> Rappahannock Rapidan Regional Commission (2) <input type="checkbox"/> Rapp at Home <input type="checkbox"/> Saint James Episcopal School <input type="checkbox"/> Services to Abused Families (2) | <p style="text-align: center;">By Geographic Perspective <i>(Multiple respondents identified multiple counties.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="text-align: center;">Fauquier</td> <td style="text-align: center;">34</td> </tr> <tr> <td style="text-align: center;">Rappahannock</td> <td style="text-align: center;">19</td> </tr> </tbody> </table> | Fauquier | 34 | Rappahannock | 19 | |
| Fauquier | 34 | | | | | |
| Rappahannock | 19 | | | | | |
| <p>Source: CHS analysis of community stakeholder survey responses.</p> | | | | | | |

2.2 Difficulties Related to COVID-19

Community professionals were asked to share their insights on community needs specifically related to COVID-19. As shown in **Exhibit 2.2**, survey respondents reported their organization’s clients experienced a wide range of challenges resulting from COVID-19, including keeping good mental health (77%), feeling lonely or isolated (74%), and affording housing costs (71%).

Exhibit 2.2
Community Member Difficulties Due to COVID-19

| Thinking about the people your organization serves, have you noticed people having difficulty with any of the following since the start of the COVID-19 pandemic in 2020? Select all that apply. | % | Count |
|--|-----|-------|
| From 35 total respondents: | | |
| <input type="checkbox"/> Keeping good mental health | 77% | 27 |
| <input type="checkbox"/> Feeling lonely or isolated | 74% | 26 |
| <input type="checkbox"/> Affording housing costs | 71% | 25 |
| <input type="checkbox"/> Experiencing overall financial hardship | 63% | 22 |
| <input type="checkbox"/> Getting transportation | 46% | 16 |
| <input type="checkbox"/> Getting in-home care services | 46% | 16 |
| <input type="checkbox"/> Taking care of a person who is elderly or disabled and lives alone | 43% | 15 |
| <input type="checkbox"/> Getting health care | 34% | 12 |
| <input type="checkbox"/> Keeping good physical health | 34% | 12 |
| <input type="checkbox"/> Getting childcare | 29% | 10 |
| <input type="checkbox"/> Getting healthy food | 29% | 10 |
| <input type="checkbox"/> Getting essential supplies for daily living | 26% | 9 |
| <input type="checkbox"/> Managing schooling at home for children | 23% | 8 |
| <input type="checkbox"/> Getting dental care | 23% | 8 |
| <input type="checkbox"/> Keeping good dental health | 23% | 8 |
| <input type="checkbox"/> Getting social services | 20% | 7 |

Source: CHS analysis of community stakeholder survey responses.

2.3 Community Health Concerns

Community professionals were asked to review a list of common community health needs and identify which are important health concerns in the communities their organization serves. The results are shown in **Exhibit 2.3**, with mental health (84%) being the most commonly cited concern.

| Exhibit 2.3 Community Health Concerns | | |
|---|----------|--------------|
| Important health concerns in the communities your organization serves (check all that apply) | % | Count |
| From 37 total respondents | | |
| <input type="checkbox"/> Mental Health Conditions (other than depression) | 84% | 31 |
| <input type="checkbox"/> Substance Abuse - Illegal Drugs | 62% | 23 |
| <input type="checkbox"/> Depression | 59% | 22 |
| <input type="checkbox"/> Aging Concerns | 57% | 21 |
| <input type="checkbox"/> Substance Abuse - Prescription Drugs | 51% | 19 |
| <input type="checkbox"/> Suicide | 43% | 16 |
| <input type="checkbox"/> Domestic Violence | 43% | 16 |
| <input type="checkbox"/> Intellectual/Developmental Disabilities | 35% | 13 |
| <input type="checkbox"/> Alcohol Use | 32% | 12 |
| <input type="checkbox"/> Gun Safety | 32% | 12 |
| <input type="checkbox"/> Adult Obesity/Overweight | 32% | 12 |
| <input type="checkbox"/> Tobacco Use | 30% | 11 |
| <input type="checkbox"/> Chronic Pain | 30% | 11 |
| <input type="checkbox"/> Maternal, Infant, and Child Health | 30% | 11 |
| <input type="checkbox"/> Dental Care/Oral Health-Adult | 30% | 11 |
| <input type="checkbox"/> Childhood Obesity/Overweight | 27% | 10 |
| <input type="checkbox"/> Diabetes | 27% | 10 |
| <input type="checkbox"/> Physical Disabilities | 27% | 10 |
| <input type="checkbox"/> Alzheimer's Disease | 24% | 9 |
| <input type="checkbox"/> Dental Care/Oral Health-Pediatric | 24% | 9 |
| <input type="checkbox"/> Autism | 19% | 7 |
| <input type="checkbox"/> Other illnesses that spread person to person | 19% | 7 |
| <input type="checkbox"/> Water Quality | 19% | 7 |
| <input type="checkbox"/> Prenatal & Pregnancy Care | 16% | 6 |
| <input type="checkbox"/> Cancer | 16% | 6 |
| <input type="checkbox"/> Food Safety | 16% | 6 |
| <input type="checkbox"/> High Blood Pressure | 16% | 6 |
| <input type="checkbox"/> Preventable Injuries | 14% | 5 |
| <input type="checkbox"/> Stroke | 14% | 5 |
| <input type="checkbox"/> Arthritis | 14% | 5 |
| <input type="checkbox"/> Neurological Disorders | 11% | 4 |
| <input type="checkbox"/> Other Health Concerns | 11% | 4 |
| <input type="checkbox"/> Infectious Diseases | 11% | 4 |
| <input type="checkbox"/> Respiratory Diseases | 8% | 3 |
| <input type="checkbox"/> Teen Pregnancy | 8% | 3 |
| <input type="checkbox"/> Renal Disease | 8% | 3 |
| <input type="checkbox"/> Air Quality | 8% | 3 |
| <input type="checkbox"/> Asthma | 5% | 2 |
| <input type="checkbox"/> HIV/AIDS | 3% | 1 |
| <input type="checkbox"/> Sexually Transmitted Diseases | 3% | 1 |
| <input type="checkbox"/> Orthopedic Problems | 3% | 1 |

Source: CHS analysis of community stakeholder survey responses.

2.4. Services and Supports that Need Improvement

Community professionals were asked to review a list of common community services and supports and identify which need improvement in the communities they serve. The results are summarized in **Exhibit 2.4** in two parts: *A. Health Care Services and Supports*, and *B. Other Community Services and Supports*.



| Exhibit 2.4 | | |
|--|----------|--------------|
| Services and Supports that Need Improvement | | |
| Based on your experience, please select each item you think needs improvement in the communities your organization serves. Select all that apply. | | |
| From 37 total respondents | | |
| A. Health Care Services and Supports | % | Count |
| <input type="checkbox"/> Mental Health Services | 73% | 27 |
| <input type="checkbox"/> Health Care Services for the Uninsured and Underinsured | 43% | 16 |
| <input type="checkbox"/> Substance Use Services | 41% | 15 |
| <input type="checkbox"/> Home Health Services | 32% | 12 |
| <input type="checkbox"/> Health Care Insurance Coverage (private and government) | 30% | 11 |
| <input type="checkbox"/> Hospital Services (including emergency, inpatient and outpatient) | 30% | 11 |
| <input type="checkbox"/> Primary Health Care Services | 27% | 10 |
| <input type="checkbox"/> Dental Care/Oral Health Services-Adult | 24% | 9 |
| <input type="checkbox"/> Health Promotion and Prevention | 24% | 9 |
| <input type="checkbox"/> Chronic Disease Services (including screening and early detection) | 22% | 8 |
| <input type="checkbox"/> Chronic Pain Management Services | 22% | 8 |
| <input type="checkbox"/> Maternal, Infant, and Child Health Services | 22% | 8 |
| <input type="checkbox"/> Hearing Services | 19% | 7 |
| <input type="checkbox"/> Services for Weight Control | 19% | 7 |
| <input type="checkbox"/> Dental Care/Oral Health Services-Pediatric | 16% | 6 |
| <input type="checkbox"/> Physical Rehabilitation | 16% | 6 |
| <input type="checkbox"/> School Health Services | 16% | 6 |
| <input type="checkbox"/> Specialty Medical Care (e.g., Neurology, Endocrinology, Pain Management, etc.) | 16% | 6 |
| <input type="checkbox"/> Cancer Services (screening, diagnosis, treatment) | 14% | 5 |
| <input type="checkbox"/> Family Planning Supports | 14% | 5 |
| <input type="checkbox"/> Hospice Services | 14% | 5 |
| <input type="checkbox"/> Pharmacy Services | 14% | 5 |
| <input type="checkbox"/> Services for Quitting Smoking | 14% | 5 |
| <input type="checkbox"/> Healthy Messaging in Media and Public Spaces | 11% | 4 |
| <input type="checkbox"/> Vision Services | 11% | 4 |

(continued)

**Exhibit 2.4
Services and Supports that Need Improvement**

**Based on your experience, please select each item you think needs improvement in the communities your organization serves.
Select all that apply.**

From 37 total respondents

| B. Other Community Services and Supports | % | Count |
|--|----------|--------------|
| <input type="checkbox"/> Aging Services | 65% | 24 |
| <input type="checkbox"/> Housing Services | 57% | 21 |
| <input type="checkbox"/> After School Programs | 49% | 18 |
| <input type="checkbox"/> Homeless Services | 49% | 18 |
| <input type="checkbox"/> Long Term Care Supports | 49% | 18 |
| <input type="checkbox"/> Reliable Internet Access (at home) | 41% | 15 |
| <input type="checkbox"/> Services for Adults with Disabilities | 41% | 15 |
| <input type="checkbox"/> Assisted Living Services | 38% | 14 |
| <input type="checkbox"/> Early Intervention for Children | 35% | 13 |
| <input type="checkbox"/> Educational Opportunities | 35% | 13 |
| <input type="checkbox"/> Respite Care | 35% | 13 |
| <input type="checkbox"/> Public Transportation Services | 32% | 12 |
| <input type="checkbox"/> Social Services | 32% | 12 |
| <input type="checkbox"/> Food Safety Net (food bank, farmers markets, community gardens) | 30% | 11 |
| <input type="checkbox"/> Employment Opportunity/Workforce Development | 27% | 10 |
| <input type="checkbox"/> Services for Children with Disabilities | 27% | 10 |
| <input type="checkbox"/> Childcare Services | 24% | 9 |
| <input type="checkbox"/> Financial and Legal Counseling Services | 24% | 9 |
| <input type="checkbox"/> Safe Play and Recreation | 24% | 9 |
| <input type="checkbox"/> Veteran Services | 24% | 9 |
| <input type="checkbox"/> Early Childhood Education | 22% | 8 |
| <input type="checkbox"/> Opportunities to Participate in Community Events and Activities | 22% | 8 |
| <input type="checkbox"/> Self-Management Supports | 22% | 8 |
| <input type="checkbox"/> Welcoming of Diversity | 22% | 8 |
| <input type="checkbox"/> Domestic Violence Services | 19% | 7 |
| <input type="checkbox"/> Reliable Internet Access (at work) | 22% | 8 |
| <input type="checkbox"/> Environmental Assets | 19% | 7 |
| <input type="checkbox"/> Education-Kindergarten through High School | 16% | 6 |
| <input type="checkbox"/> Workplace Health and Safety | 16% | 6 |
| <input type="checkbox"/> Other Services and Supports | 14% | 5 |
| <input type="checkbox"/> Public Safety | 11% | 4 |
| <input type="checkbox"/> Traffic Safety | 11% | 4 |

Source: CHS analysis of community stakeholder survey responses.

A Note on Thematic Analysis

Respondents were invited to respond to a series of survey questions in their own words rather than through a pre-defined checklist. The detailed responses have been shared with the project partners. To summarize the results, Community Health Solutions applied a method called 'thematic analysis' to identify common themes among the responses. Thematic analysis is a process for grouping text responses into categories based on common words and phrases. It is a commonly used method in qualitative analysis. The results of this summary analysis are presented in the exhibits that follow.

2.5 Defining a Healthy Community

A total of 24 respondents described their idea of a healthy community. Results of the thematic analysis are shown in **Exhibit 2.5**.



Exhibit 2.5
Thematic Analysis: Your idea of a Healthy Community

| In your own words, how would you define the idea of a healthy community? | |
|--|--|
| Themes identified from 24 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 14 |
| <input type="checkbox"/> Health Related Social Supports | 14 |
| <input type="checkbox"/> Food Security | 7 |
| <input type="checkbox"/> Community Collaboration | 6 |
| <input type="checkbox"/> Health Behaviors | 6 |
| <input type="checkbox"/> Housing | 6 |
| <input type="checkbox"/> Mental Health | 6 |
| <input type="checkbox"/> Substance Use Concerns | 6 |
| <input type="checkbox"/> Children and Families | 4 |
| <input type="checkbox"/> Older Adults | 4 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 4 |
| <input type="checkbox"/> Employment | 3 |
| <input type="checkbox"/> Health Equity | 3 |
| <input type="checkbox"/> Transportation | 3 |
| <input type="checkbox"/> Diversity and Inclusion | 2 |
| <input type="checkbox"/> COVID-19 | 1 |
| <input type="checkbox"/> Education | 1 |
| <input type="checkbox"/> Faith-Based Communities | 1 |
| <input type="checkbox"/> Health Care Services and Coverage | 14 |

Source: CHS analysis of community stakeholder survey responses.

2.6 Important Health Resources

A total of 23 respondents shared their views on the most important health resources in the communities they serve. Results of the thematic analysis are shown in **Exhibit 2.6**.

| Exhibit 2.6 Thematic Analysis: Important Health Resources | |
|---|---|
| In your view, what are the most important health resources in the communities you serve? | |
| Themes identified from 23 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 15 |
| <input type="checkbox"/> Health Related Social Supports | 9 |
| <input type="checkbox"/> Older Adults | 9 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 9 |
| <input type="checkbox"/> Children and Families | 8 |
| <input type="checkbox"/> Mental Health | 8 |
| <input type="checkbox"/> Substance Use Concerns | 8 |
| <input type="checkbox"/> Health Behaviors | 6 |
| <input type="checkbox"/> Education | 5 |
| <input type="checkbox"/> Food Security | 4 |
| <input type="checkbox"/> Health Equity | 3 |
| <input type="checkbox"/> Housing | 3 |
| <input type="checkbox"/> Low Income Population | 2 |
| <input type="checkbox"/> Transportation | 2 |
| <input type="checkbox"/> Chronic Conditions | 1 |
| <input type="checkbox"/> Community Safety | 1 |
| <input type="checkbox"/> Diversity and Inclusion | 1 |
| <input type="checkbox"/> Funding-Related | 1 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community stakeholder survey responses.

2.7 Groups that Need Help

A total of 22 respondents shared their views on groups that may need help accessing resources to better their health. Results of the thematic analysis are shown in **Exhibit 2.7**.



Exhibit 2.7
Thematic Analysis: Groups that Need Help

| Are there particular groups within the communities you serve that need help accessing resources to better their health? | |
|---|--|
| Themes identified from 22 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Older Adults | 11 |
| <input type="checkbox"/> Health Related Social Supports | 8 |
| <input type="checkbox"/> Health Care Services and Coverage | 8 |
| <input type="checkbox"/> Low Income Population | 6 |
| <input type="checkbox"/> Children and Families | 5 |
| <input type="checkbox"/> Health Equity | 5 |
| <input type="checkbox"/> Housing | 4 |
| <input type="checkbox"/> Mental Health | 4 |
| <input type="checkbox"/> Substance Use Concerns | 4 |
| <input type="checkbox"/> Transportation | 3 |
| <input type="checkbox"/> Social Isolation | 3 |
| <input type="checkbox"/> Education | 2 |
| <input type="checkbox"/> Employment | 2 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 2 |
| <input type="checkbox"/> Community Safety | 1 |
| <input type="checkbox"/> Domestic Violence | 1 |
| <input type="checkbox"/> Faith-Based Communities | 1 |
| <input type="checkbox"/> Food Security | 1 |

Source: CHS analysis of community stakeholder survey responses.

2.8 New Health Issues or Concerns

A total of 17 respondents shared their views on new health issues or concerns that may not be widely known yet, but could cause serious harm today or in the future. Results of the thematic analysis are shown in **Exhibit 2.8**.



Exhibit 2.8
Thematic Analysis: New Health Concerns

| Are there any new health concerns within the community that may not be widely known yet, but could cause serious harm today or in the future? | |
|---|--|
| Themes identified from 17 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Substance Use Concerns | 6 |
| <input type="checkbox"/> Children and Families | 4 |
| <input type="checkbox"/> Health Care Services and Coverage | 4 |
| <input type="checkbox"/> Health Related Social Supports | 4 |
| <input type="checkbox"/> COVID-19 | 3 |
| <input type="checkbox"/> Mental Health | 3 |
| <input type="checkbox"/> Social Isolation | 3 |
| <input type="checkbox"/> Community Safety | 2 |
| <input type="checkbox"/> Education | 2 |
| <input type="checkbox"/> Funding-Related | 2 |
| <input type="checkbox"/> Health Behaviors | 2 |
| <input type="checkbox"/> Older Adults | 2 |
| <input type="checkbox"/> Domestic Violence | 1 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 1 |
| <input type="checkbox"/> Housing | 1 |
| <input type="checkbox"/> People with Disabilities | 1 |
| <input type="checkbox"/> Telehealth | 1 |

Source: CHS analysis of community stakeholder survey responses.

2.9 Ideas for Working Together

A total of 18 respondents shared ideas for how people could work together to promote optimal health in the community. Results of the thematic analysis are shown in **Exhibit 2.9**.



Exhibit 2.9
Thematic Analysis: Ideas for Working Together

| Please share your ideas about how people could work together to promote optimal health in the community. | |
|--|--|
| Themes identified from 18 individual responses | Number of responses involving this theme |
| <input type="checkbox"/> Community Collaboration | 12 |
| <input type="checkbox"/> Health Related Social Supports | 4 |
| <input type="checkbox"/> Health Care Services and Coverage | 3 |
| <input type="checkbox"/> Children and Families | 2 |
| <input type="checkbox"/> Funding-Related | 2 |
| <input type="checkbox"/> Diversity and Inclusion | 1 |
| <input type="checkbox"/> Education | 1 |
| <input type="checkbox"/> Faith-Based Communities | 1 |
| <input type="checkbox"/> Food Security | 1 |
| <input type="checkbox"/> Housing | 1 |
| <input type="checkbox"/> Mental Health | 1 |
| <input type="checkbox"/> Older Adults | 1 |
| <input type="checkbox"/> Substance Use Concerns | 1 |

Source: CHS analysis of community stakeholder survey responses.

2.10 Additional Ideas

A total of 14 respondents shared additional ideas or suggestions for improving community health. Results of the thematic analysis are shown in **Exhibit 2.10**.

| Exhibit 2.10 | |
|---|---|
| Thematic Analysis: Additional Ideas for Improving Community Health | |
| Please share any additional ideas or suggestions for improving community health. | |
| Themes identified from 14 individual responses: | Number of responses involving this theme |
| <input type="checkbox"/> Health Care Services and Coverage | 5 |
| <input type="checkbox"/> Health Related Social Supports | 4 |
| <input type="checkbox"/> Health Equity | 3 |
| <input type="checkbox"/> Children and Families | 2 |
| <input type="checkbox"/> Community Collaboration | 2 |
| <input type="checkbox"/> Community Safety | 2 |
| <input type="checkbox"/> Food Security | 2 |
| <input type="checkbox"/> Health Behaviors | 2 |
| <input type="checkbox"/> Housing | 2 |
| <input type="checkbox"/> Low Income Population | 2 |
| <input type="checkbox"/> Older Adults | 2 |
| <input type="checkbox"/> Domestic Violence | 1 |
| <input type="checkbox"/> Education | 1 |
| <input type="checkbox"/> Faith-Based Communities | 1 |
| <input type="checkbox"/> Mental Health | 1 |
| <input type="checkbox"/> Minority Population/POC | 1 |
| <input type="checkbox"/> Substance Use Concerns | 1 |
| <input type="checkbox"/> Transportation | 1 |

Source: CHS analysis of community stakeholder survey responses.

Section 3. Insights from Community Listening Events

In addition to the survey of community residents, the study also included a series of nine community listening events. Eight events were held onsite at community locations, and one event was held virtually.

This section presents results **from four community insight events held in Fauquier and Rappahannock**. The events were advertised and open to any interested community members. Data were collected from 38 individual attendees who shared their insights in response to two primary questions. The results are summarized below.

| Section 3 Outline | |
|-------------------|--|
| 3.1 | Attendee Profile |
| 3.2 | Insights on Most Important Issues or Concerns |
| 3.3 | Creative Ways that Community Organizations Could Work Together |

3.1 Attendee Profile

Community members who attended the listening events were asked to anonymously share some background demographic information on forms provided at the events. The resulting attendee profile data is outlined in **Exhibit 3.1**.

| Exhibit 3.1 Community Listening Events: Attendee Profile | |
|--|----|
| Attendee Profile (4 events) | |
| Total attendees submitting information forms | 38 |
| County (based on reported zip code) | |
| <input type="checkbox"/> Fauquier | 22 |
| <input type="checkbox"/> Rappahannock | 16 |
| By Age | |
| <input type="checkbox"/> 18-24 | 2 |
| <input type="checkbox"/> 25-34 | 2 |
| <input type="checkbox"/> 35-44 | 3 |
| <input type="checkbox"/> 45-54 | 7 |
| <input type="checkbox"/> 55-64 | 9 |
| <input type="checkbox"/> 65+ | 15 |
| By Gender | |
| <input type="checkbox"/> Female | 29 |
| <input type="checkbox"/> Male | 9 |
| By Race and Ethnicity | |
| <input type="checkbox"/> Black or African American (Race) | 6 |
| <input type="checkbox"/> White (Race) | 32 |
| <input type="checkbox"/> Other Race | 1 |
| <input type="checkbox"/> Hispanic Ethnicity | 1 |
| Source: CHS analysis of community listening event responses. | |

3.2 Insights on Most Important Issues or Concerns

Listening event participants were invited to share their insights on the most important issues or concerns that should be addressed in developing strategies for community health improvement. A total of 390 insight statements were shared by the 38 respondents. The results of the thematic analysis are summarized in **Exhibit 3.2**.



Exhibit 3.2
Most Important Issues or Concerns Identified at Community Listening Events

| What are the most important issues or concerns we should focus on as we develop strategies for community health improvement? | |
|--|---|
| Themes identified from 390 ideas shared by listening event participants: | Number of insight statements involving this theme |
| <input type="checkbox"/> Health Related Social Supports | 77 |
| <input type="checkbox"/> Health Care Services and Coverage | 68 |
| <input type="checkbox"/> Substance Use Concerns | 38 |
| <input type="checkbox"/> Mental Health | 31 |
| <input type="checkbox"/> Housing | 28 |
| <input type="checkbox"/> Children and Families | 24 |
| <input type="checkbox"/> Education | 17 |
| <input type="checkbox"/> Transportation | 16 |
| <input type="checkbox"/> Older Adults | 15 |
| <input type="checkbox"/> Health Behaviors | 13 |
| <input type="checkbox"/> Food Security | 12 |
| <input type="checkbox"/> Low Income Population | 9 |
| <input type="checkbox"/> Health Equity | 8 |
| <input type="checkbox"/> Social Isolation | 6 |
| <input type="checkbox"/> COVID-19 | 5 |
| <input type="checkbox"/> Diversity and Inclusion | 4 |
| <input type="checkbox"/> Chronic Conditions | 3 |
| <input type="checkbox"/> People with Disabilities | 3 |
| <input type="checkbox"/> Telehealth | 3 |
| <input type="checkbox"/> Community Collaboration | 2 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 2 |
| <input type="checkbox"/> Domestic Violence | 2 |
| <input type="checkbox"/> Community Safety | 1 |
| <input type="checkbox"/> Faith-Based Communities | 1 |
| <input type="checkbox"/> Funding-Related | 1 |
| <input type="checkbox"/> Immigrants/Undocumented | 1 |

Source: CHS analysis of community listening event responses.

3.3 Creative Ways that Community Organizations Could Work Together

Listening event participants were also invited to share ideas for how community organizations could work together in creative ways. A total of 276 ideas were shared by the 38 respondents. The results of the thematic analysis are summarized in **Exhibit 3.3**.



Exhibit 3.3
Creative Ways that Community Organizations Could Work Together

| What are some creative ways that community organizations could work together for community health improvement? | |
|--|--------------------------------------|
| Themes identified from 276 ideas shared by listening event participants: | Number of ideas involving this theme |
| <input type="checkbox"/> Community Collaboration | 45 |
| <input type="checkbox"/> Health Related Social Supports | 40 |
| <input type="checkbox"/> Health Care Services and Coverage | 34 |
| <input type="checkbox"/> Children and Families | 20 |
| <input type="checkbox"/> Education | 18 |
| <input type="checkbox"/> Faith-Based Communities | 12 |
| <input type="checkbox"/> Transportation | 12 |
| <input type="checkbox"/> Substance Use Concerns | 11 |
| <input type="checkbox"/> Low Income Population | 10 |
| <input type="checkbox"/> Mental Health | 8 |
| <input type="checkbox"/> Older Adults | 8 |
| <input type="checkbox"/> Funding-Related | 8 |
| <input type="checkbox"/> Food Security | 7 |
| <input type="checkbox"/> Health Environment (Built or Natural) | 7 |
| <input type="checkbox"/> Community Safety | 7 |
| <input type="checkbox"/> Housing | 6 |
| <input type="checkbox"/> Health Behaviors | 5 |
| <input type="checkbox"/> Diversity and Inclusion | 4 |
| <input type="checkbox"/> Health Equity | 4 |
| <input type="checkbox"/> Telehealth | 3 |
| <input type="checkbox"/> Chronic Conditions | 2 |
| <input type="checkbox"/> Domestic Violence | 2 |
| <input type="checkbox"/> Employment | 2 |
| <input type="checkbox"/> Social Isolation | 1 |

Source: CHS analysis of community listening event responses.

Section 4. Insights from Community Indicator Profiles

This section of the report provides a profile of the study region based on analysis of community health indicators. To produce the profile, Community Health Solutions analyzed data from multiple sources. By design, the analysis does not include every possible indicator of community health. The analysis is focused on a set of indicators that provide broad insight into community health and for which there were readily available data sources.

The results of this analysis can be helpful for determining the number of people affected by specific health concerns. In addition, the results can be used alongside the survey results to help inform action plans for community health improvement.

The community data profiles are organized into 12 sections as shown in the outline.

| Section 4 Outline | |
|-------------------|--|
| 4.1 | Community Demographic Profile |
| 4.2 | COVID-19 Profile |
| 4.3 | Mortality Profile |
| 4.4 | Access to Health Insurance Profile |
| 4.5 | Avoidable Hospital Visit Profile |
| 4.6 | Health Behaviors Profile |
| 4.7 | Maternal and Infant Health Profile |
| 4.8 | Chronic Conditions Profile |
| 4.9 | Communicable or Infectious Disease Profile |
| 4.10 | Injury and Violence Profile |
| 4.11 | Mental Health Profile |
| 4.12 | Substance Use Profile |

A Note on Context for Statistical Comparisons

In reviewing the following exhibits, it is logical to compare rates for various health indicators between counties within the region, and between the local region and the state of Virginia. Please note that with some exceptions, the underlying source data is not structured to support this type of comparative analysis with a high level of statistical confidence or reliability.

As background, the indicators shown in the following exhibits were obtained from published sources as listed within each exhibit. The published data are in particular formats defined by the source organizations. For various reasons, the formats limit the possibilities for making geographic comparisons. In some situations, the underlying data are based on survey samples rather than complete health records, and the resulting indicators are not published in ways that support comparative statistical analysis. In other situations, the underlying data are based on actual health records, but the relevant indicators are not reported for the smaller counties because of an insufficient number of cases. Another consideration is that some indicators should be adjusted for age and/or population size, and the underlying data to support this analysis is not available.

Despite these statistical considerations, there can still be practical value in evaluating local health indicators in the context of regional and statewide indicators. These differences are noted as applicable in the introductory paragraphs for each of the following exhibits. Where numeric differences are apparent, it may be worthwhile to conduct further research with local stakeholders to learn more about possible health challenges that may be reflected in the data.

4.1 Community Demographic Profile

Exhibit 4.1 provides a demographic profile of the study region as of 2021.³ The estimates are based on data from the U.S. Census Bureau, as published in the Virginia Community Health Improvement Data Portal or (in the case of population projections) the Weldon Cooper Center for Public Service at the University of Virginia. Some of the estimates may differ from local sources due to differences in timing and estimation methodology.

Focusing on rates, compared to Virginia as a whole, the study region is more rural, has a higher percentage of seniors age 65+, is less racially diverse, and has lower levels of poverty. However, there is substantial demographic diversity within the study region, as explored in more detail within **Section 5** of the report.

| Exhibit 4.1 Community Demographic Profile | | | | | |
|--|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Total Population (2021) | 72,416 | 7,400 | 79,816 | 181,569 | 8,582,479 |
| Total Land Area (Square Miles) | 648.0 | 266.4 | 914.4 | 1955.3 | 39,482.1 |
| Population Density (Per Sq. Mile) | 112 | 28 | 87 | 93 | 217 |
| Age (2021) | | | | | |
| Counts | | | | | |
| Population Age 0-4 | 4,084 | 305 | 4,389 | 10,318 | 501,494 |
| Population Age 5-17 | 12,839 | 1,079 | 13,918 | 31,234 | 1,391,258 |
| Population Age 18-64 | 43,635 | 4,133 | 47,768 | 108,012 | 5,361,127 |
| Population Age 65+ | 11,858 | 1,883 | 13,741 | 32,005 | 1,328,600 |
| Rates | | | | | |
| Population Age 0-4 Percent | 5.6% | 4.1% | 5.5% | 5.7% | 5.8% |
| Population Age 5-17 Percent | 17.7% | 14.6% | 17.4% | 17.2% | 16.2% |
| Population Age 18-64 Percent | 60.3% | 55.9% | 59% | 59.5% | 62.5% |
| Population Age 65+ Percent | 16.4% | 25.5% | 17.2% | 17.6% | 15.5% |
| Hispanic Ethnicity (2021) | | | | | |
| Hispanic Total | 6,674 | 295 | 6,969 | 840,248 | 840,248 |
| Hispanic Percent | 9.2% | 4.0% | 8.7% | 8.6% | 9.8% |
| Race (2021) | | | | | |
| Counts | | | | | |
| White Total | 61,017 | 6,576 | 67,593 | 145,510 | 5,574,307 |
| Black Total | 5,012 | 299 | 5,311 | 17,962 | 1,631,941 |
| American Indian Total | 252 | 23 | 275 | 448 | 24,007 |
| Asian Total | 1,165 | 35 | 1,200 | 2,320 | 578,210 |
| Native Hawaiian Total | 33 | (nr) | 33 | 98 | 5,313 |
| Some Other Total | 789 | 239 | 1,028 | 4,979 | 265,361 |
| Mixed Race Total | 4,148 | 228 | 4,376 | 10,252 | 503,340 |
| Rates | | | | | |
| White Percent | 84.3% | 88.9% | 84.7% | 80.1% | 65.0% |
| Black Percent | 6.9% | 4.0% | 6.7% | 9.9% | 19.0% |
| American Indian Percent | 0.3% | 0.3% | 0.3% | 0.2% | 0.9% |
| Asian Percent | 1.6% | 0.5% | 1.5% | 1.3% | 6.8% |
| Native Hawaiian Percent | 0.0% | 0.0% | 0.04% | 0.1% | 0.06% |
| Some Other Race Percent | 1.1% | 3.2% | 1.3% | 2.7% | 3.09% |
| Mixed Race Percent | 5.7% | 3.1% | 5.5% | 5.6% | 5.9% |

³ Some demographic estimates for 2022 are also available and used elsewhere in this report. 2021 estimates are used in this exhibit because they are consistent with other data obtained from the Virginia Community Health Improvement Data Portal.

**Exhibit 4.1
Community Demographic Profile**

| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
|---|----------|--------------|--------------|------------|-----------|
| Poverty (2021) | | | | | |
| Income Below 100% FPL | 4,234 | 449 | 4,683 | 13,489 | 828,664 |
| Income Below 200% FPL | 9,588 | 1,429 | 11,017 | 34,083 | 1,966,819 |
| Income Below 100% FPL, Percent | 5.9% | 6.1% | 5.9% | 7.6% | 9.9% |
| Income Below 200% FPL, Percent | 13.3% | 19.4% | 13.9% | 19.1% | 23.6% |
| Population Growth 2022-2030 | | | | | |
| 2022 | 73,536 | 7,394 | 80,930 | 186,145 | 8,696,955 |
| 2030 | 79,584 | 7,218 | 86,802 | 197,007 | 9,129,002 |
| Pct Change 2022-2030 | 8% | -2% | -2% | 6% | 5% |
| Source: Estimates from the Virginia Department of Health, Virginia Community Health Improvement Data Portal, based on data from US Census Bureau, American Community Survey (2021). Population growth estimates from the Weldon Cooper Center for Public Service at the University of Virginia (accessed May 2023). | | | | | |

4.2 COVID-19 Profile

Exhibit 4.2 lists indicators related to the COVID-19 pandemic. The figures reflect COVID-19 cases, hospitalizations, and deaths since record-keeping began in 2020 through May 30 of 2023. Over this timespan the study region had 18,146 total cases, 595 hospitalizations, and 178 deaths due to COVID-19.

**Exhibit 4.2
COVID-19 Profile**

| Indicators from 2020 through May 30, 2023 | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
|--|----------|--------------|--------------|------------|-----------|
| Total Cases | 16,760 | 1,386 | 18,146 | 45,204 | 2,314,521 |
| Hospitalizations | 552 | 43 | 595 | 1,218 | 61,770 |
| Deaths | 164 | 14 | 178 | 515 | 23,751 |
| Source: CHS analysis of data from the Virginia Department of Health as of May 30, 2023. https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/covid-19-in-virginia-cases/ | | | | | |

4.3 Mortality Profile

Looking beyond the impact of COVID-19, **Exhibit 4.3** lists indicators of overall mortality in the study region.

- The CDC defines premature deaths as those occurring before age 80. Based on this measure, the study region had 901 premature deaths in the 2018-2020 timeframe.
- The CDC defines years of potential life lost as years lost to death before age 75. Based on this measure, the years of potential life lost per 100,000 population was higher than the statewide rate in Rappahannock County.
- Focusing on the leading causes of death in the study region, over the 2016-2020 timeframe the leading causes of death in the study region were related to heart disease, Alzheimer’s or dementia, and cancer.

| Exhibit 4.3 Mortality Profile | | | | | |
|--|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Premature Deaths (2018-2020) | | | | | |
| Premature Deaths, 2018-2020 (Counts) | 804 | 97 | 901 | 2,270 | 100,719 |
| Years of Potential Life Lost, Rate per 100,000 Population | 6,369.0 | 7,186.0 | 14,039.0 | 7,249.0 | 6,707.0 |
| Leading Causes of Death (2016-2020 Combined Counts) | | | | | |
| Cancer-Related (Counts) | | | | | |
| Bronchus or lung, unspecified - Malignant neoplasms | 161 | 19 | 180 | 429 | |
| Pancreas, unspecified - Malignant neoplasms | 49 | (nr) | (nr) | 145 | |
| Breast, unspecified - Malignant neoplasms | 53 | (nr) | (nr) | 135 | |
| Cardiovascular-Related (Counts) | | | | | |
| Atherosclerotic heart disease | 90 | 14 | 104 | 300 | |
| Acute myocardial infarction, unspecified | 71 | (nr) | 71 | 239 | |
| Congestive heart failure | 75 | 13 | 88 | 226 | |
| Stroke, not specified as hemorrhage or infarction | 49 | (nr) | (nr) | 154 | |
| Atherosclerotic cardiovascular disease, so described | 52 | 13 | 65 | 131 | |
| Alzheimer’s or Dementia-Related (Counts) | | | | | |
| Unspecified dementia | 123 | 10 | 133 | 428 | |
| Alzheimer disease, unspecified | 77 | 15 | 92 | 287 | |
| Senile degeneration of brain, not elsewhere classified | 102 | (nr) | (nr) | 157 | |
| Other (Counts) | | | | | |
| Chronic obstructive pulmonary disease, unspecified | 130 | 16 | 146 | 392 | |
| Septicemia | 54 | (nr) | (nr) | 137 | |
| Accidental poisoning by and exposure to narcotics | 54 | (nr) | (nr) | 125 | |

Source: Premature death indicators from Virginia Department of Health, Virginia Community Health Improvement Data Portal (2018-2020) Leading cause of deaths indicators extracted from CDC Wonder by Community Health Solutions (2018-2020).
(nr) = not reported

4.4 Access to Health Insurance Profile

Access to health coverage is fundamental for sustaining optimal lifelong health. **Exhibit 4.4** lists estimates of children and adults without health insurance as of 2020. For this analysis health insurance refers to any type of private or public health coverage, including Medicare and Medicaid. An estimated 6.4% of children and 10.1% of adults aged 18-64 were without health coverage.

| Exhibit 4.4 Access to Health Insurance | | | | | |
|---|-----------------|---------------------|---------------------|-------------------|-----------------|
| 2020 Estimates | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Population without Insurance | | | | | |
| <i>Counts</i> | | | | | |
| Age 0-18 w/o Insurance (count) | 1,041 | 139 | 1,180 | 2,768 | 84,392 |
| Age 18-64 w/o Insurance (count) | 4,152 | 573 | 4,725 | 12,105 | 518,054 |
| <i>Rates</i> | | | | | |
| Age 0-18 w/o Insurance (percent) | 6.1% | 11.2% | 6.4% | 6.5% | 4.4% |
| Age 18-64 w/o Insurance (percent) | 9.7% | 14.4% | 10.1% | 11.4% | 10.1% |
| Source: Virginia Department of Health, Virginia Community Health Improvement Data Portal, based on data from US Census Bureau Small Area Health Insurance Estimates (2020). | | | | | |

4.5 Avoidable Hospital Visit Profile

Potentially avoidable hospital visits are another broad indicator of access to health care. Potentially avoidable visits are identified based on analysis of specific diagnostic and procedure codes for hospital admissions and hospital emergency department visits. Selected codes indicate that the visit may have been avoidable with appropriate utilization of ambulatory care outside of the hospital setting.

Exhibit 4.5 lists indicators of potentially avoidable hospital visits for the study region. The data indicates there were 418 potentially avoidable hospital admissions for area residents in Virginia community hospitals in 2020. The associated rate of hospitalization was lower than the state as a whole. The percentage of emergency department visits classified as potentially avoidable was 8.1% in Fauquier County during 2021.

| Exhibit 4.5 Avoidable Hospital Visit Profile | | | | | |
|---|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Inpatient Hospitalizations | | | | | |
| Potentially Avoidable Hospitalizations (2020) | 380 | 38 | 418 | 1,229 | 55,139 |
| Potentially Avoidable Hospitalizations, Rate (per 100,000 Population 18+) | 691.3 | 627.9 | 685.0 | 866.0 | 820.0 |
| Emergency Department Visits | | | | | |
| Potentially Avoidable Hospital Emergency Department Visits (as percent of total visits, 2021) | 8.1% | (nr) | (nr) | (nr) | 8.4% |
| Source: Data on potentially avoidable hospitalizations are from the Virginia Department of Health, Virginia Community Health Improvement Data Portal (2020). Data on potentially avoidable hospital emergency department visits are from Virginia Health Information, Inc., (2021). (nr) = not reported at the county level | | | | | |

4.6 Health Behaviors Profile

Exhibit 4.6 lists indicators of selected health behaviors that can affect overall health and well-being.

- Among adults as of 2020, an estimated 62.3% were overweight or obese, 78.7% were aerobically active, and 18.9% were current smokers.
- Among high school youth in the planning district as a whole as of 2019, 36% were classified as overweight or obese, 9% smoked cigarettes, and 25.8% used electronic vaping elements. Note that all of these estimates are based on estimates from survey data, and subject to measurement error.

| Exhibit 4.6 Health Behaviors Profile | | | | | |
|---|---|--------------|--------------|------------|----------|
| 2020 Estimates | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Adults 18+ (2020 estimates) | | | | | |
| Adults Overweight or Obese, Weighted Percent | Due to uncertain reliability of the underlying data for county-level estimates, the PD9 region rate is used as a proxy for local rates. | | | 62.3% | 67.3% |
| Adults Aerobically Active, Weighted Percent | | | | 78.7% | 79.1% |
| Adults who are current smokers, Weighted Percent | | | | 18.9% | 13.6% |
| High School Youth (2019 estimates) | | | | | |
| Classified as obese | (nr) | | | 19.8%* | 14.8% |
| Classified as overweight | | | | 16.2%* | 15.8% |
| Currently smoked cigarettes | | | | 9.0%* | 5.5% |
| Currently use electronic vaping product | | | | 25.8%* | 19.9% |
| <p>Note:</p> <p>* Regional estimates are for the Northwest region of Virginia, which includes but is not limited to Planning District 9.</p> <p>**Figures on adult smoking rates may be unreliable due to estimation error.</p> <p>Source: Adult estimates from the Virginia Department of Health, Virginia Community Health Improvement Data Portal, based on data from Virginia Behavioral Risk Factor Survey (2020). High school youth estimates from the Virginia Department of Health Youth Risk Behavior Survey (2019). (nr) = not reported at the county level</p> | | | | | |

4.7 Maternal and Infant Health Profile

Maternal and infant health is a fundamental indicator of overall community health. **Exhibit 4.7** lists a series of indicators of maternal and infant health in the study region. *Please not that most figures for Rappahannock County are not reported due to a small number of case records.* Focusing on Fauquier County:

- In the 2018-2020 timeframe, there were 11 infant deaths in Fauquier County.
- In 2020, there were 19 teen pregnancies, 714 live births, 30 births with late or no prenatal care, 52 low weight births, and 56 pre-term births.

| Exhibit 4.7 Maternal and Infant Health Profile | | | | | |
|--|----------|--------------|--------------|------------|----------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Infant Mortality (2018-2020) | | | | | |
| Total Live Births | 2,226 | (nr) | (nr) | 5,949 | 291,926 |
| Total Infant Deaths | 11 | (nr) | (nr) | 28 | 1,679 |
| Infant Deaths, Rate (per 1,000 Total Live Births) | 4.94 | 6.58 | (nr) | 4.71 | 5.75 |
| Maternal Mortality (2018-2020) | | | | | |
| Total Maternal Deaths | (nr) | (nr) | (nr) | 7 | 139 |
| Maternal Mortality, Rate (per 100,000 Total Live Births) | 89.9 | 0.0 | (nr) | 117.67 | 47.9 |
| Teen Pregnancies (2020) | | | | | |
| Female Population Ages 15-19 | 2,319 | (nr) | (nr) | 5,555 | 267,017 |
| Pregnancies of Females Ages 15-19 | 19 | (nr) | (nr) | 106 | 4,612 |
| Teen Pregnancies, Rate (per 1,000 Females Ages 15-19) | 8.2 | 11.8 | (nr) | 19.08 | 17.3 |
| Total Live Births (2020) | | | | | |
| Total Live Births (2020) | 714 | (nr) | (nr) | 1,948 | 94,694 |
| Prenatal Care (2020) | | | | | |
| Mothers with Late/No Prenatal Care | 30 | (nr) | (nr) | 77 | 3,851 |
| Mothers with Late/No Prenatal Care, Percent of Total Live Births | 4.2% | 4.2% | 4.2% | 4.0% | 4.1% |
| Low Weight Births (2020) | | | | | |
| Low Birth Weight | 52 | (nr) | (nr) | 143 | 7,852 |
| Low Birth Weight, Percent | 7.3% | 8.3% | (nr) | 7.3% | 8.3% |
| Pre-Term Births (2020) | | | | | |
| Preterm Births | 56 | (nr) | (nr) | 170 | 9,091 |
| Preterm Births, Percent | 7.8% | 8.3% | (nr) | 8.7% | 9.6% |
| Source: Infant and maternal mortality data (2018-2020), and teen pregnancy and total live birth data (2020) from Virginia Department of Health, Virginia Community Health Improvement Data Portal. (nr) = not reported at the county level | | | | | |

4.8 Chronic Condition Profile

Chronic conditions are a major cause of illness, hospitalization, disability, and death within communities. **Exhibit 4.8** lists selected indicators of chronic conditions for the study region.

- Among adults aged 18+, an estimated 14% have been diagnosed with asthma, an estimated 14% with pre-diabetes, and an estimated 14-17% with diabetes.
- Focusing on hospitalizations, in 2020 the study region had 256 hospitalizations for asthma, 1,259 hospitalizations for diabetes, 2,711 hospitalizations for hypertension, and 131 hospitalizations for stroke. The population rates of hospitalization for these conditions varied within the study region.

| Exhibit 4.8 Chronic Conditions Profile | | | | | |
|---|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Asthma Estimates (2020) | | | | | |
| Adults Diagnosed with Asthma, Weighted Percent | 14.4% | 13.8% | (nr) | 15.8% | 13.5% |
| Diabetes Estimates (2020) | | | | | |
| Adults with Prediabetes, Weighted Percent | 14.0% | 14.0% | (nr) | 14.5% | 9.3% |
| Adults with Diabetes, Weighted Percent | 13.6% | 17.0% | (nr) | 14.9% | 11.1% |
| Inpatient Hospitalization (2020) | | | | | |
| Counts | | | | | |
| Hospitalizations with Asthma | 235 | 21 | 256 | 866 | 41,865 |
| Hospitalizations with Diabetes | 1,135 | 124 | 1,259 | 3,834 | 170,866 |
| Hospitalizations with Hypertension | 2,499 | 212 | 2,711 | 7,911 | 352,510 |
| Hospitalizations with Stroke | 122 | 9 | 131 | 395 | 19,676 |
| Rates | | | | | |
| Hospitalizations with Asthma, Rate (per 100,000 Total Population) | 329.3 | 289.3 | 325.61 | 472.7 | 487.3 |
| Hospitalizations with Diabetes, Rate (per 100,000 Total Population) | 1,590.5 | 1,708.0 | 1,601.4 | 2,092.8 | 1,989.0 |
| Hospitalizations with Hypertension, Rate (per 100,000 Total Population) | 3,501.9 | 2,920.1 | 3,448.2 | 4,318.3 | 4,103.5 |
| Hospitalizations with Stroke, Rate (per 100,000 Total Population) | 171.0 | 124.0 | 166.6 | 215.6 | 229.0 |

Source: Virginia Department of Health, Virginia Community Health Improvement Data Portal. Asthma estimates and diabetes estimates based on data from Virginia Behavioral Health Risk Factor Surveillance Survey (2020). Cancer mortality indicators based on data from CDC Wonder (2016-2020). Inpatient hospitalization indicators based on data from the Virginia Health Information Virginia Inpatient Hospital Discharge Data Set maintained by Virginia Department of Health (2020). (nr) = not reported at the county level

4.9 Communicable or Infections Disease Profile

Looking beyond chronic disease, **Exhibit 4.9** lists selected indicators of communicable or infectious disease for the study region. In 2020 the study region recorded 191 chlamydia infections, 33 gonorrhea infections, and 102 HIV/AIDS infections. The population rate of infection in the study region was below the statewide rate for each of these diseases.

| Exhibit 4.9 Communicable or Infectious Disease Profile | | | | | |
|--|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Chlamydia (2020) | | | | | |
| Chlamydia Infections | 182 | 9 | 191 | 451 | 40,965 |
| Chlamydia Infections, Rate per 100,000 Pop. | 255.5 | 122.1 | 243.0 | 248.5 | 479.9 |
| Gonorrhea (2020) | | | | | |
| Gonorrhea Infections | 30 | 3 | 33 | 87 | 15,217 |
| Gonorrhea Infections, Rate per 100,000 Pop. | 42.1 | 40.7 | 42.0 | 47.9 | 178.3 |
| HIV/AIDS (2020) | | | | | |
| Population with HIV / AIDS | 91 | 11 | 102 | 280 | 24,046 |
| Population with HIV / AIDS, Rate per 100,000 Pop. | 151.8 | 171.8 | 153.8 | 181.8 | 331.4 |
| Source: Virginia Department of Health, Virginia Community Health Improvement Data Portal, based on data from CDC (2020). | | | | | |

4.10 Injury and Violence Profile

Injury and violence are community health concerns with implications for health, well-being, hospitalization, and death. **Exhibit 4.10** lists selected indicators of injury and violence for the study region.

- During the 2016-2020 timeframe, the study region had 213 unintentional injury deaths. Population rates for injury deaths were above the statewide rate across the study region.
- In 2020, the study region had 298 hospitalizations for injury, with leading causes including falls (163), traumatic brain injury (48), and motor vehicle accidents (41). Population rates for injury hospitalizations were above the statewide rates for nondrug poisoning, falls, motor vehicle accidents, and traumatic brain injury.

| Exhibit 4.10 Injury and Violence Profile | | | | | |
|---|-----------------|---------------------|---------------------|-------------------|-----------------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Deaths (2016-2020) | | | | | |
| Unintentional Injury Death, Five Year Total Deaths, 2016-2020 Total | 201 | 30 | 231 | 614 | 20,285 |
| Unintentional Injury Death, Crude Death Rate (Per 100,000 Population) | 57.1 | 82.0 | 59.5 | 68.5 | 47.7 |
| Hospitalizations (2020 counts) | | | | | |
| All Injuries | 270 | 28 | 298 | 876 | 33,241 |
| Nondrug Poisoning | 6 | 0 | 6 | 13 | 452 |
| Assault Injury | 2 | - | 2 | 5 | 837 |
| Fall Injury | 151 | 12 | 163 | 485 | 17,790 |
| Firearm Injury | 2 | (nr) | 2 | 4 | 829 |
| Motor Vehicle Traffic-related (MVT) | 38 | 3 | 41 | 107 | 3,259 |
| Traumatic Brain Injury (TBI) | 43 | 5 | 48 | 116 | 5,163 |
| Drowning | 0 | 0 | 0 | 0 | 20 |
| Hospitalizations (2020 rates per 100,000 population) | | | | | |
| All Injuries | 378.4 | 385.7 | 379.0 | 478.2 | 387.0 |
| Nondrug Poisoning | 8.4 | 0.0 | 7.6 | 7.1 | 5.3 |
| Assault Injury | 2.8 | 0.0 | 2.5 | 2.7 | 9.7 |
| Fall Injury | 211.6 | 165.3 | 207.3 | 264.7 | 207.1 |
| Firearm Injury | 2.8 | 0.0 | 2.5 | 2.2 | 9.7 |
| Motor Vehicle Traffic-related (MVT) | 53.3 | 41.3 | 52.2 | 58.4 | 37.9 |
| Traumatic Brain Injury (TBI) | 60.3 | 68.9 | 61.1 | 63.3 | 60.1 |
| Drowning | 0.0 | 0.0 | 0 | 0.0 | 0.2 |

Source: Virginia Department of Health, Virginia Community Health Improvement Data Portal. Virginia mortality data from CDC Wonder (2016-2020). Virginia hospitalization data from the Virginia Inpatient Hospital Discharge Data Set, Virginia Health Information (2020). (nr) = not reported.

4.11 Mental Health Profile

Mental health conditions can cause serious harm by themselves or in connection with other illnesses and disabilities. **Exhibit 4.11** lists selected mental health indicators for the study region.

- An estimated 17-19% of adults in the study region reported ever being diagnosed with depressive disorder.
- Within the planning district as a whole, an estimated 32.8% percent of high school youth reported feeling sad or hopeless for at least a two-week period in the prior 12 months, and 18.1% reported seriously considering suicide in the prior 12 months.
- Residents of the study region had 340 self-harm and suicide-related emergency department visits in 2021.
- The study region had 61 deaths by suicide in the 2016-2020 timeframe.

| Exhibit 4.11 Mental Health Profile | | | | | |
|---|----------|--------------|--------------|------------|----------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Depressive Disorder | | | | | |
| Adults with Depressive Disorder, Weighted Percent (2020) | 16.5% | 19.4% | (nr) | 20.3% | 17.2% |
| High school youth reporting feeling sad or hopeless almost every day for at least two weeks in prior 12 months (2019) | (nr) | | (nr) | 32.8%* | 32.4% |
| High school youth seriously considering suicide in prior 12 months (2019) | (nr) | | (nr) | 18.1%* | 11.4% |
| ED Visits (all ages 2021) | | | | | |
| Self-harm and Suicide-related ED Visit Counts (2021) | 325 | 15 | 340 | 829 | 55,067 |
| Self-harm and Suicide-related ED Visit, Rate (per 100,000 Population 5+) (2021) | 483.1 | 216.0 | (nr) | 480.5 | 680.9 |
| Death by Suicide (all ages 2016-2020) | | | | | |
| Deaths by Suicide, Five Year Total Deaths, 2016-2020 Total | 49 | 12 | 61 | 144 | 5,930 |
| Deaths by Suicide, Crude Death Rate (Per 100,000 Population) | 13.9 | (nr) | 15.7 | 16.1 | 13.9 |
| Deaths by Suicide, Age-Adjusted Death Rate (Per 100,000 Population) | 14.6 | (nr) | 14.6 | 14.8 | 13.4 |
| <p>Note:* Regional estimates for Virginia high school youth are from the Virginia Youth Risk Survey Northwest Region report. This report includes but is not limited to Fauquier and Rappahannock counties.</p> <p>Source: Data on deaths (2016-2020) and hospitalizations (2021) from Virginia Department of Health, Virginia Community Health Improvement Data Portal. Data on high school youth from Virginia Department of Health, Virginia Youth Survey (2019). (nr) = not reported at the county level.</p> | | | | | |

4.12 Substance Use Profile

According to the CDC, substance use refers to the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects. Indicators of tobacco use are provided in **Exhibit 4.6**. **Exhibit 4.12** provides additional indicators of substance use in the study region.

- In the 2016-2020 timeframe, there were 98 drug overdose deaths in the study region. Population rates of deaths due to overdose were higher than the statewide rate.
- In 2020 residents of the study region had 58 hospitalizations with drug overdose, and 51 hospitalizations for substance use disorder. Population rates of hospitalization were lower than statewide rates.
- Focusing on high school youth in 2019, within the planning district as a whole, regional survey data indicate that 29.5% drank alcohol, 18.9% had tried alcohol before they were age 13, and 13.3% had ridden in a vehicle with a driver who had been drinking.
- Turning to drug use as of 2019, within the planning district as a whole, 17.8% of high school youth surveyed reported they currently used marijuana, 5.7% said they had tried marijuana before age 13, and 13.5% reported they had been offered, sold, or given illegal drugs on school property.

| Exhibit 4.12 Substance Use Profile | | | | | |
|---|----------|--------------|--------------|------------|----------|
| Indicators | Fauquier | Rappahannock | Study Region | PD9 Region | Virginia |
| Drug Overdose Deaths (2016-2020) | | | | | |
| Drug Overdose Deaths (All Substances), Five Year Total Deaths, 2016-2020 Total | 87 | 11 | 98 | 259 | 8,147 |
| Crude Death Rate (Per 100,000 Population) | 24.7 | (nr) | 25.2 | 28.9 | 19.2 |
| Age-Adjusted Death Rate (Per 100,000 Population) | 27.4 | (nr) | 27.4 | 32.1 | 19.3 |
| Hospitalization with Drug Overdose (2020) | | | | | |
| Hospitalizations with Drug Overdose | 56 | 2 | 58 | 156 | 7,725 |
| Hospitalizations with Drug Overdose, Rate (per 100,000 Total Population) | 78.5 | 27.6 | 73.8 | 85.2 | 89.9 |
| Hospitalization with Substance Use Disorder (2020) | | | | | |
| Hospitalizations with Substance Use Disorder | 50 | 1 | 51 | 124 | 6,447 |
| Hospitalizations with Substance Use Disorder, Rate (per 100,000 Total Population) | 70.1 | 13.8 | 64.9 | 67.7 | 75.1 |
| High School Youth (2019) | | | | | |
| Currently drank alcohol | (nr) | | (nr) | 29.5%* | 25.4% |
| Had first drink of alcohol (other than a few sips) before age 13 years | (nr) | | (nr) | 18.9%* | 15.6% |
| Rode with a driver who had been drinking alcohol | (nr) | | (nr) | 13.3%* | 13.0% |
| Currently used marijuana | (nr) | | (nr) | 17.8%* | 17.3% |
| Tried marijuana for the first time before age 13 years | (nr) | | (nr) | 5.7%* | 5.2% |
| Were offered, sold, or given an illegal drug on school property | (nr) | | (nr) | 13.5%* | 14.0% |
| <p>Note:* Regional estimates for Virginia high school youth are from the Virginia Youth Risk Survey Northwest Region report. This report includes but is not limited to Fauquier and Rappahannock counties.</p> <p>Source: Data on deaths (2016-2020) and hospitalizations (2021) from Virginia Department of Health, Virginia Community Health Improvement Data Portal. Data on high school youth from Virginia Department of Health, Virginia Youth Survey (2019). (nr) = not reported at the county level.</p> | | | | | |

Section 5. Insights on Social Determinants of Health

Sections 1-4 of the report present the primary findings from the survey community residents, the survey community professionals, the community listening events, and the community data profiles. This section further explores these results in the context of **social determinants of health**.

As background for this analysis, **social determinants of health (SDOH)** are the nonmedical factors that influence health outcomes. They can be defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They can also be grouped into **five domains**, including economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. All of these social determinants can influence **health disparities** and **health equity** for community populations.⁴

Given these dynamics, exploring social determinants of health can be an important step for identifying health disparities and advancing health equity within communities. The results are summarized in Sections 5.1-5.8 as outlined below.

| Section 5 Outline | |
|-------------------|--|
| 5.1 | Summary Insights from Community Surveys and Listening Events |
| 5.2 | Community Mapping |
| 5.3 | Children Under Age 18 |
| 5.4 | Older Adults Age 65+ |
| 5.5 | Households with 1+ Persons with a Disability |
| 5.6 | Households in Poverty |
| 5.7 | Black or African American Population |
| 5.8 | Hispanic Population |

⁴ Health equity can be defined as the state in which everyone has a fair and just opportunity to attain their highest level of health. Health disparities can be defined as differences in health care access, quality, utilization, experience, or outcomes. Health inequities exist when health disparities are caused by obstacles in the culture or structure of community systems of care. Additional detail on these concepts is available from the CDC at <https://health.gov/healthypeople/priority-areas/social-determinants-health>.

5.1 Summary Insights from Community Surveys and Listening Events

Community members shared relevant insights through the survey of community residents, the survey of community professionals, and the community listening events. As summarized in **Exhibit 5.1**:

- Community members identified at least seven community groups that may need help accessing services to better their health, including older adults, low-income residents, minority populations / people of color, children and families, people with disabilities, immigrant or undocumented populations, and LGBTQ+ populations.
- In addition, community members identified a series of SDOH factors that can influence health opportunities for community members, including access to affordable health insurance, affordable housing, jobs, transportation, healthy food, a welcoming culture, education, parks, and reliable internet access.

Although the data are not structured to support a one-to-one correspondence between the identified groups and SDOH factors, it is reasonable to assume that members of the identified groups are affected by challenges related to the SDOH factors.

| Exhibit 5.1 | |
|--|--|
| Summary Insights from Community Surveys and Listening Events | |
| People that may need help accessing services to better their health | <ul style="list-style-type: none"> □ Older adults □ Low-income population □ Minority populations / people of color □ Children and families □ People with disabilities □ Immigrant / undocumented population □ LGBTQ+ population |
| SDOH factors affecting health opportunity | <ul style="list-style-type: none"> □ Affordable health insurance □ Affordable housing □ Jobs / healthy economy □ Access to public transportation □ Access to healthy foods □ Welcoming of diversity □ Educational opportunities □ Access to public parks and playgrounds □ Reliable internet access |
| <p>Source: CHS analysis of data from the survey of community residents, the survey of community professionals, and the community listening events.</p> | |

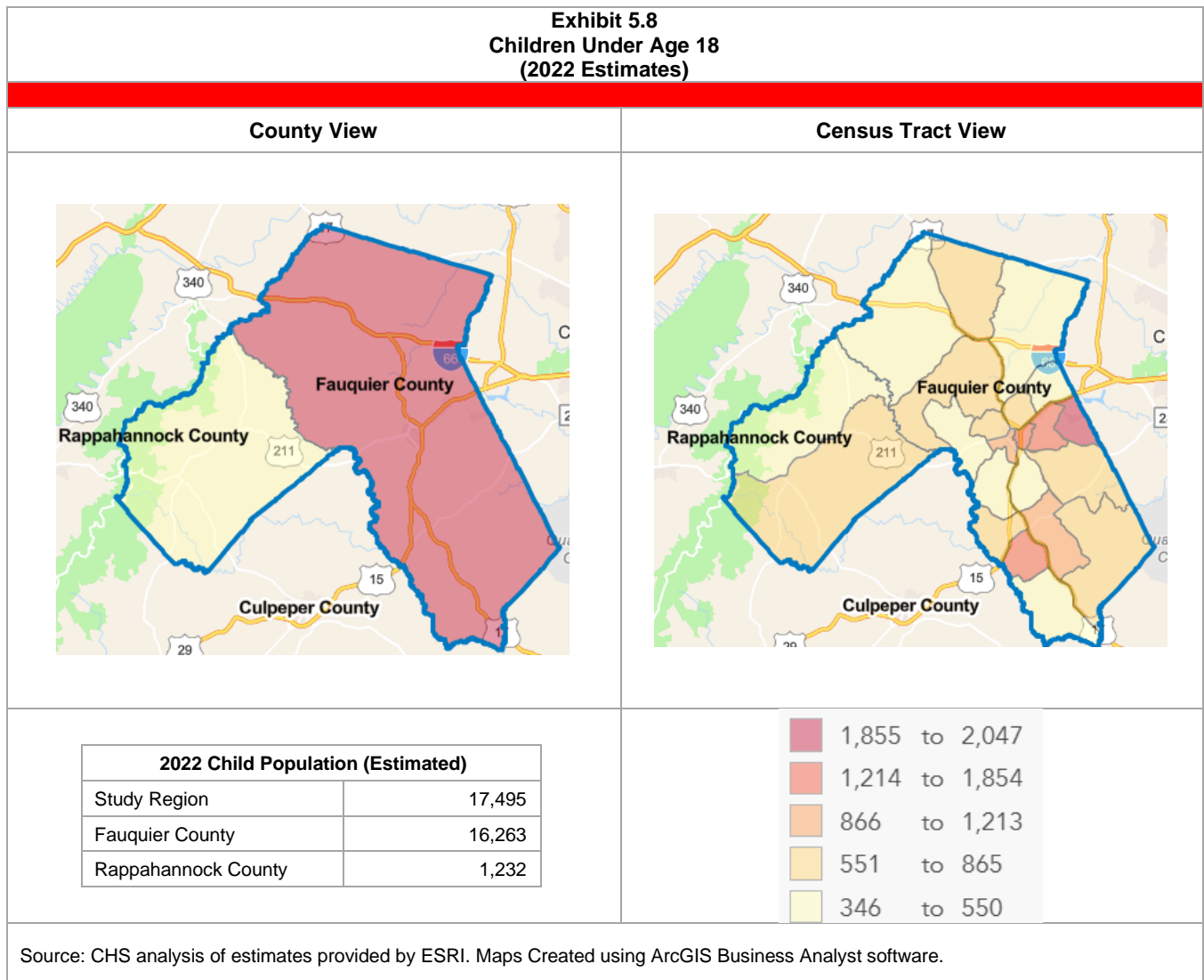
5.2 Community Mapping⁵

For purposes of assessment and planning it is helpful to understand where populations with SDOH risk factors reside in the community. The results can be used to inform planning for community outreach and health improvement efforts. The following exhibits provide maps and data for selected indicators including older adults, low-income households, the Black or African American population, the Hispanic population, households with members having a disability, and the child population. There are many additional SDOH indicators not illustrated here for lack of available data. The indicators shown are intended as a starting point for further analysis of SDOH factors in local communities.

Please note: There are many additional SDOH indicators not illustrated here for lack of available data. The indicators shown are intended as a starting point for further analysis of SDOH factors in local communities.

5.3 Children Under Age 18

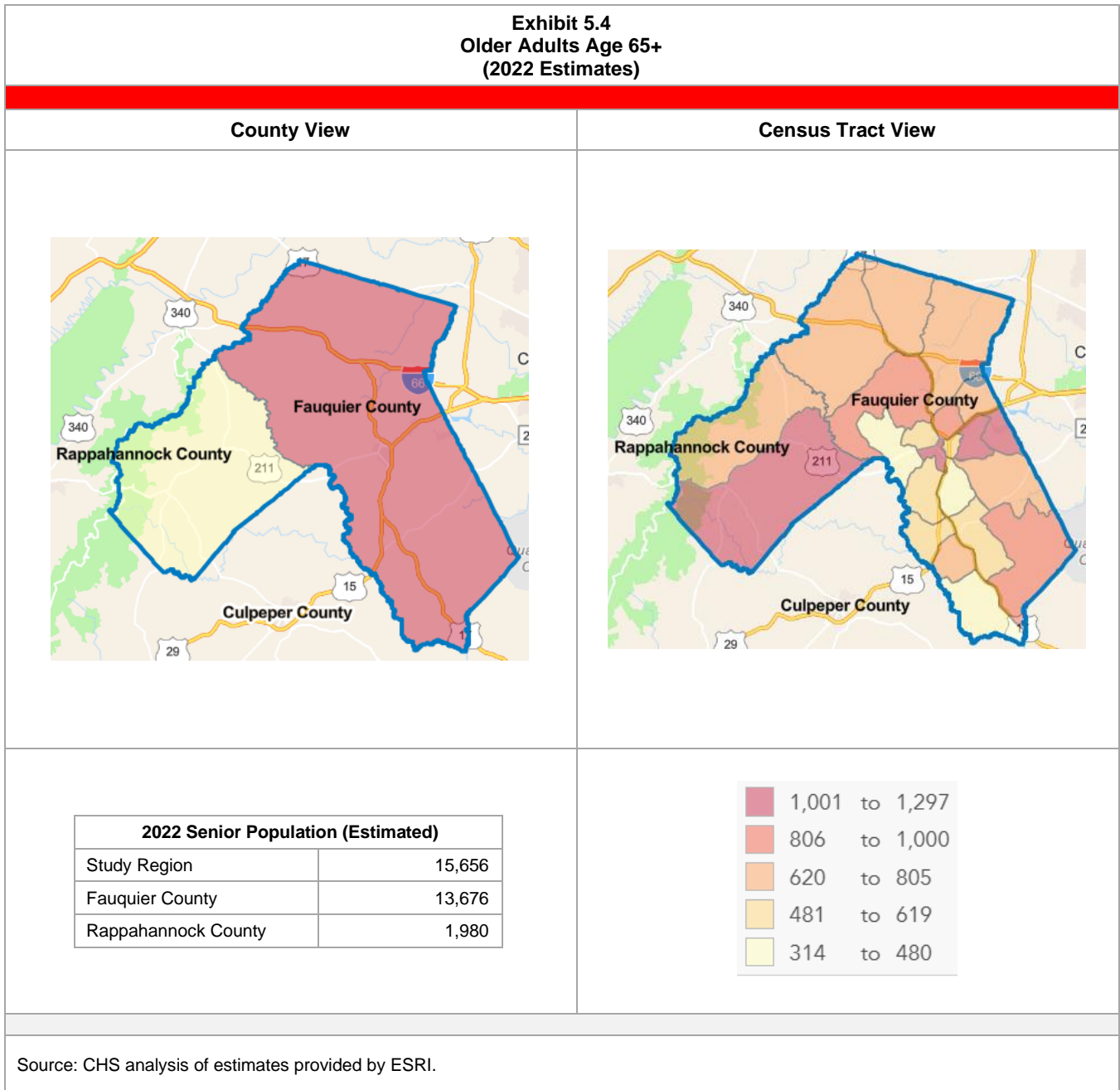
Exhibit 5.3 shows the estimated population of children under 18 as of 2022. The county view shows a total of 17,495 community residents in this age group, along with county-level figures. The census tract view shows where these population members are located across the study region.



⁵ This section includes 2022 demographic estimates. However, 2021 estimates are used in Section 4. Insights from Community Indicator Profiles because they are consistent with other data obtained from the Virginia Community Health Improvement Data Portal.

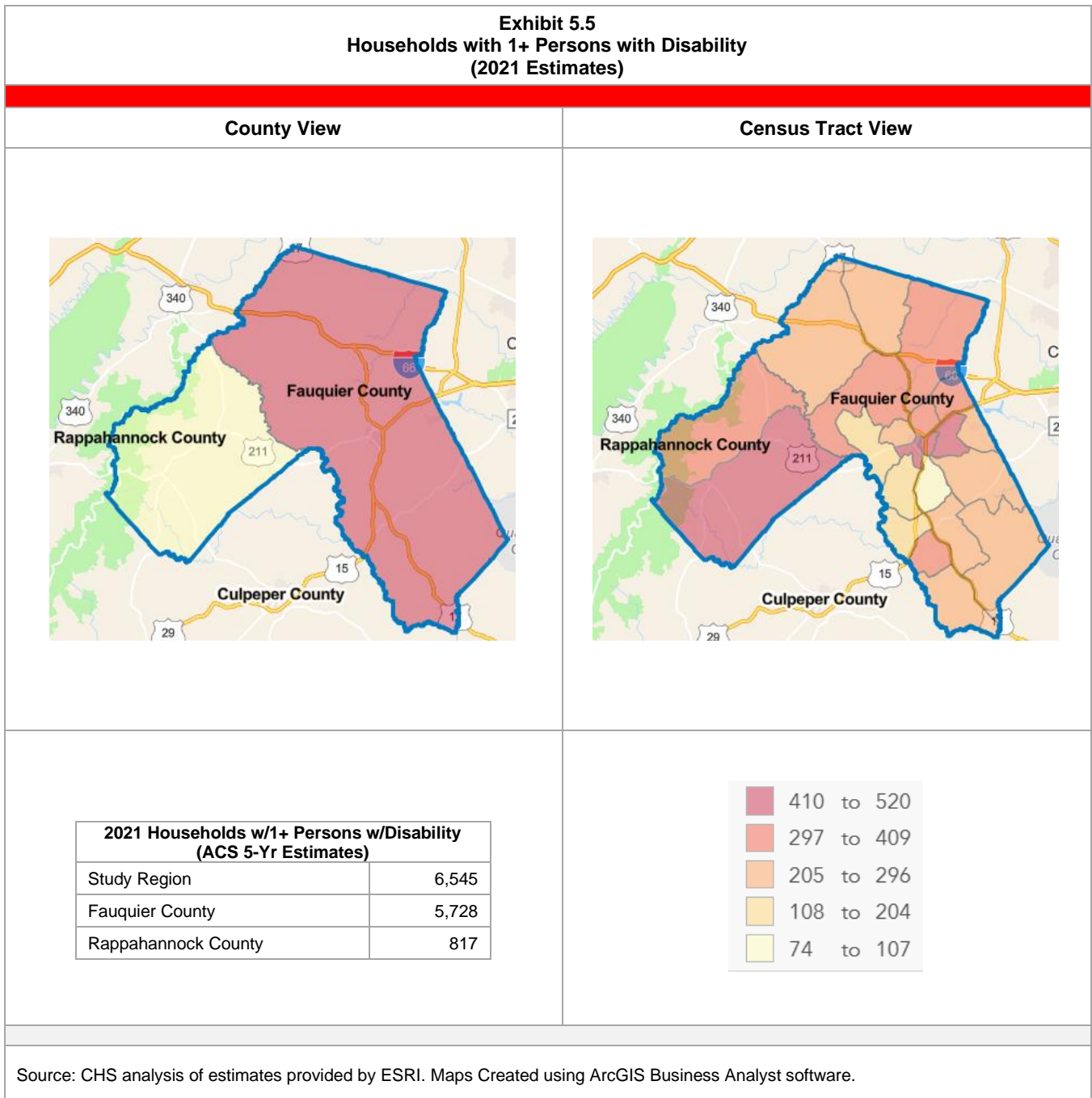
5.4 Older Adults Age 65+

Exhibit 5.4 shows the estimated population age 65+ as of 2022. The county view shows a total of 15,656 community residents in this age group, along with county-level figures. The census tract view shows where these population members are located across the study region.



5.5 Households with 1+ Persons with a Disability

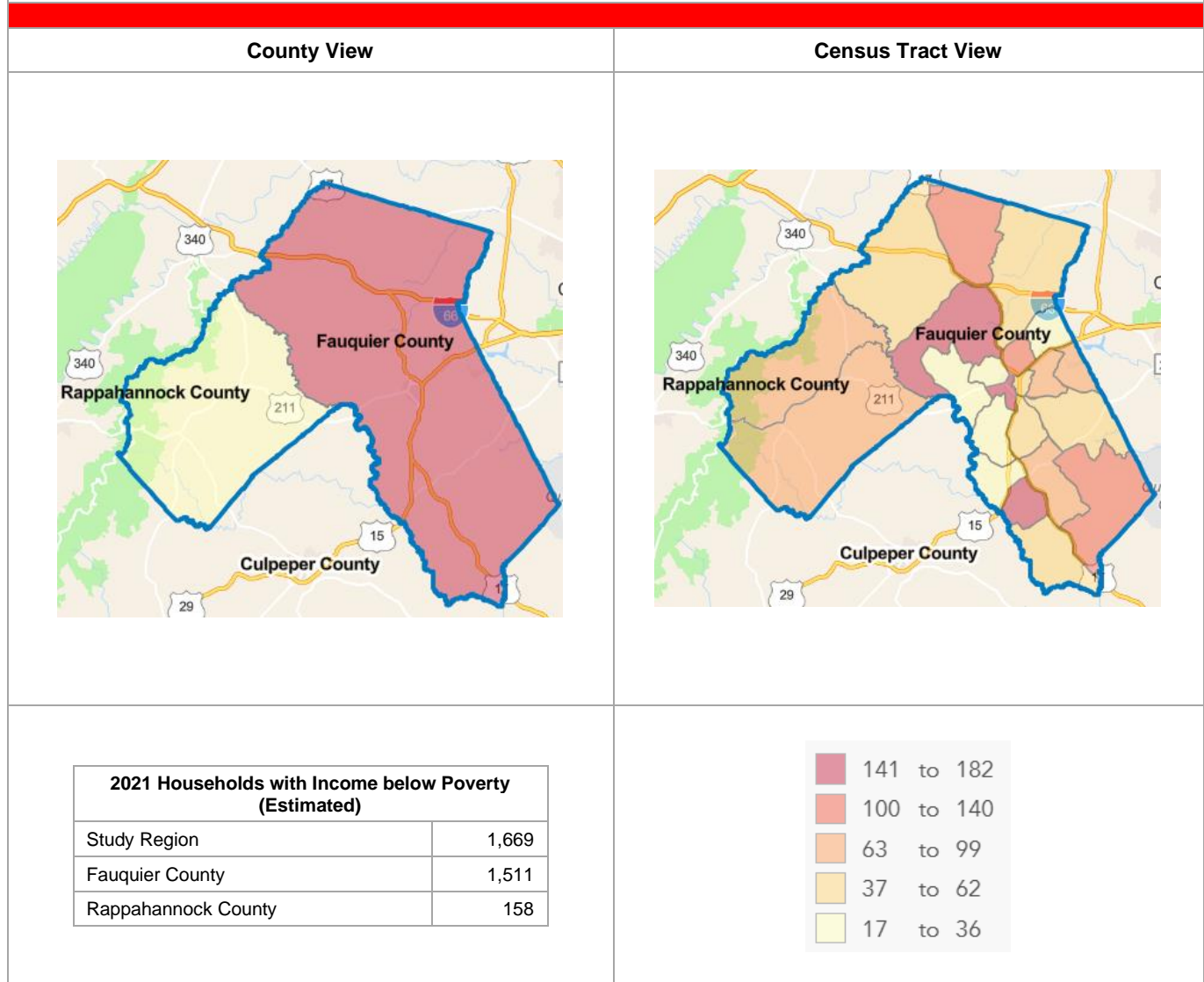
Exhibit 5.5 shows the estimated number of households having one or more members with a disability as of 2021. The county view shows a total of 6,545 households meeting this definition, along with county-level figures. The census tract view shows where these households are located across the study region.



5.6 Households in Poverty

Exhibit 5.5 shows the estimated number of households with income below poverty as of 2021. The county view shows a total of 1,669 households with income below poverty, along with the county-level figures. The census tract view shows where households in poverty are located across the study region.

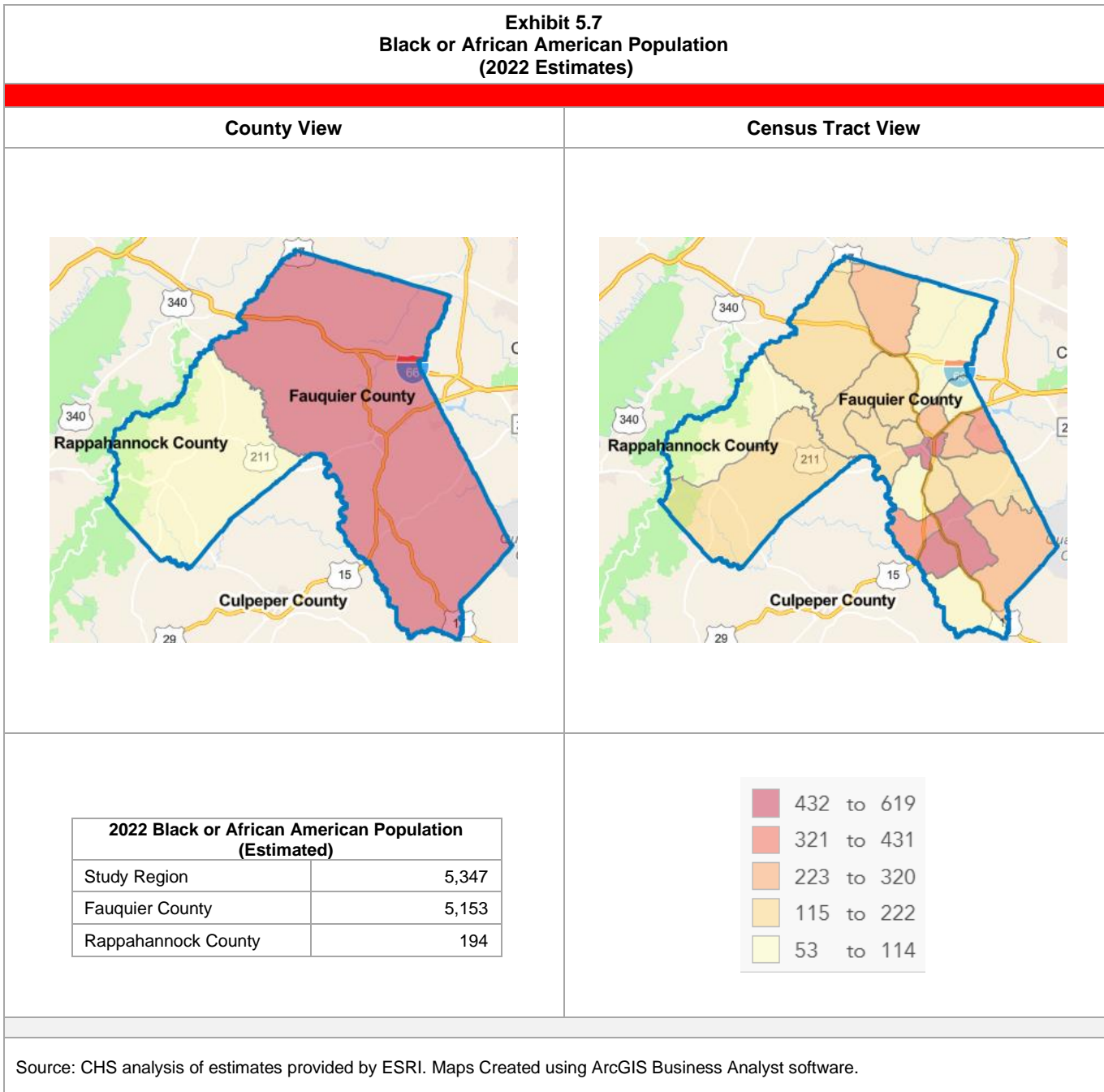
**Exhibit 5.6
Number of Households with Income Below Poverty
(2021 Estimates)**



Source: CHS analysis of estimates provided by ESRI. Maps Created using ArcGIS Business Analyst software.

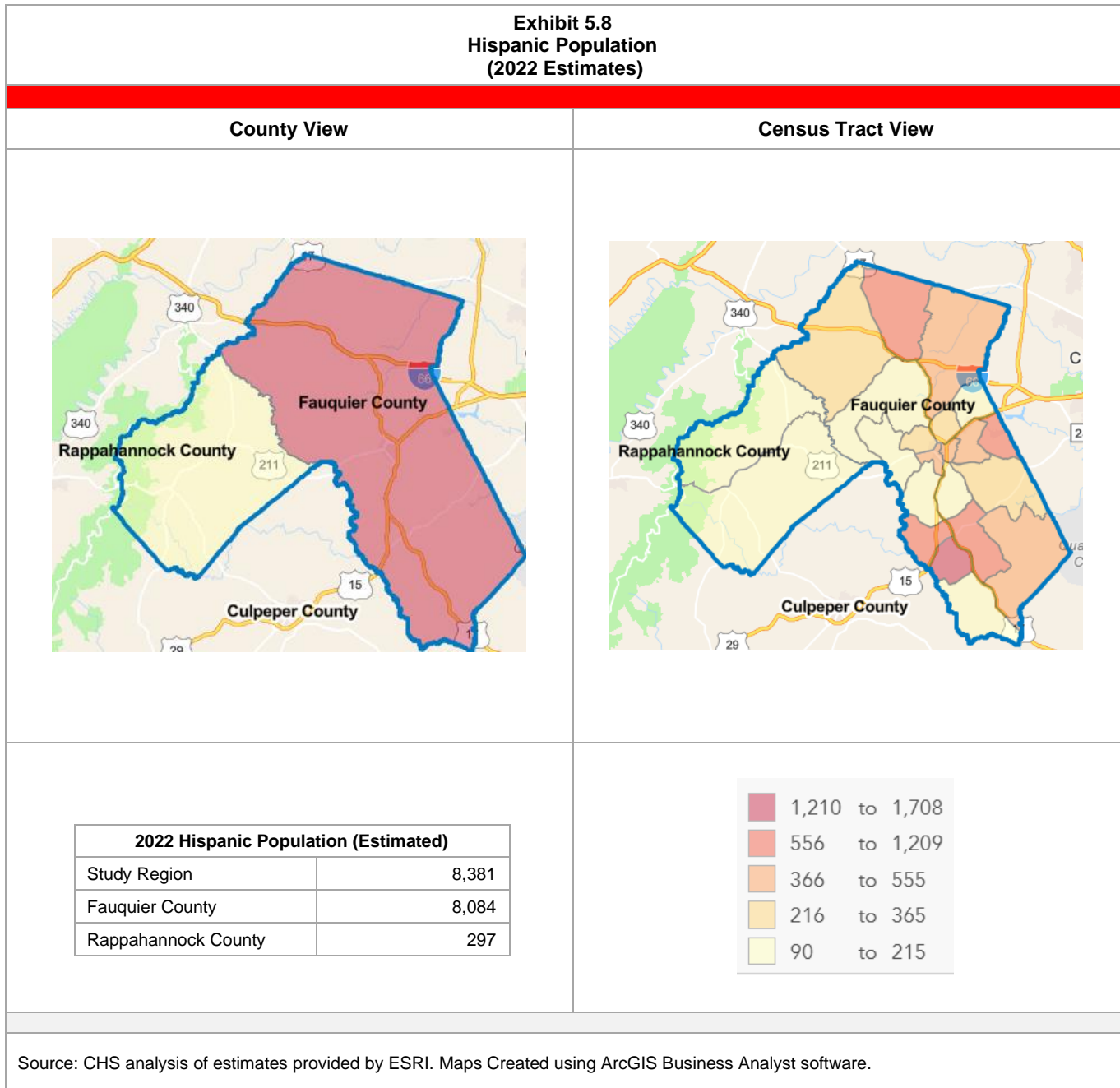
5.7 Black or African American Population

Exhibit 5.7 shows the estimated number of Black or African American residents as of 2022. The county view shows a total of 5,347 Black or African American residents in the study region, along with the county-level figures. The census tract view shows where Black or African American residents reside across the study region.



5.8 Hispanic Population

Exhibit 5.8 shows the estimated number of Hispanic residents as of 2022. The county view shows a total of 8,381 Hispanic residents in the study region, along with the county-level figures. The census tract view shows where Hispanic residents reside across the study region.



**Appendix A
Data Sources and Methods**

| | |
|--|---|
| Section 1. Insights from Community Residents | <p>All exhibits in Section 1 are based on Community Health Solutions analysis of responses to the survey of community residents. The survey was administered online and in some local settings with the help of local partners. Online surveys could be completed by community residents willing and able to do so. Paper surveys could be completed at various community sites where diverse people gather.</p> <p>The survey was conducted using convenience sampling. Convenience sampling is a practical approach for obtaining insights from as many people as possible, but without random selection. The results of a convenience sample are instructive for understanding the scope of issues and opportunities in a community; however, results might not be statistically representative of the entire population of a community.</p> <p>A total of 267 individuals submitted a response to the community resident survey (although not every respondent completed every item). The data collection and analysis were performed using Qualtrics software.</p> <p>As part of the survey, respondents were invited to respond to a series of survey questions in their own words rather than through a pre-defined checklist. The detailed responses have been shared with the project partners. To summarize the results, Community Health Solutions applied a method called 'thematic analysis' to identify common themes among the responses. Thematic analysis is a process for grouping text responses into categories based on common words and phrases. It is a commonly used method in qualitative analysis.</p> |
| Section 2. Insights from Community Professionals | <p>All exhibits in Section 2 are based on Community Health Solutions analysis of responses to the survey of community professionals. The survey was conducted online with a pool of potential respondents identified by the project partners from their existing lists of community contacts.</p> <p>A total of 38 individuals submitted a response to the survey (although not every respondent completed every item). The data collection and analysis were performed using Qualtrics software.</p> <p>As part of the survey, respondents were invited to respond to a series of survey questions in their own words rather than through a pre-defined checklist. The detailed responses have been shared with the project partners. To summarize the results, Community Health Solutions applied thematic analysis as described in Section 1 above.</p> |
| Section 3. Insights from Community Listening Events | <p>In addition to the surveys of community residents and community professionals, the study also included a series of community listening events. Eight events were held onsite at community locations, and one event was held virtually. This report includes results from four events held in Fauquier and Rappahannock.</p> <p>The onsite events were widely advertised and open to any interested community members. Each event was hosted by a local organization in a community location. The project partners made extensive efforts to conduct listening events in both counties, and to spread community awareness about the events.</p> <p>The events were facilitated by a team from Community Health Solutions and the project partner organizations. Participants were invited to share their insights and ideas in response to two primary questions:</p> <ul style="list-style-type: none"> • What are the most important issues or concerns we should focus on as we develop strategies for community health improvement? • What are some creative ways that community organizations could work together for community health improvement? <p>Participants were invited to post their own insights and ideas on poster boards, and they were also given an opportunity to review insights and ideas from other participants. In addition, each participant was invited to complete each of three short forms, all anonymously: one form with demographic background data, and two additional forms with their most important insights and ideas. A total of 38 individuals submitted forms in this fashion.</p> <p>To analyze the results of the community listening events, Community Health Solutions created a database containing all of the insights and ideas posted at the meetings, plus all of the responses included on forms submitted by participants at the end of the meetings. These qualitative data were analyzed using thematic analysis as described in Section 1 above.</p> |

**Appendix A
Data Sources and Methods**

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| Section 4. Insights from Community Data Profiles | <p>Section 4 contains a series of exhibits showing community health and demographic indicators. The indicators were obtained from multiple sources as described in the source notes for each exhibit. Community Health Solutions curated the indicators and developed the exhibits included in this section. Among the primary sources of data for Section 4 were the following:</p> <ul style="list-style-type: none"> □ The Virginia Community Health Improvement Data Portal is a public resource provided by the Virginia Department of Health. The data portal contains a wide range of data points, each with its own source notes. Examples of source data used in data portal indicators include US Census Bureau data. Virginia vital records for births, deaths, and disease reporting; the Virginia Behavioral Risk Factor Surveillance Survey, and the Virginia Inpatient Hospital Discharge Database maintained by Virginia Health Information, Inc. Additional information on data portal sources is provided at https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/. □ The Virginia Youth Survey is also published by the Virginia Department of Health, but not included in the Virginia Community Health Improvement Data Portal at this time. Additional information about the Virginia Youth Risk Survey is provided at https://www.vdh.virginia.gov/virginia-youth-survey/. □ ESRI is a commercial source of community demographic data. Some of the demographic data for the study were obtained from ESRI using ArcGIS Business Analyst software. □ The Weldon Cooper Center for Public Service was the source for population projection data shown in Exhibit 4.1. Additional information about this source is provided at https://demographics.coopercenter.org/population-data-all-overview. |
| | <p>A Technical Note on Statistical Comparisons</p> <p>In reviewing the Section 4 exhibits, it is logical to compare rates for various health indicators between counties within the region, and between the local region and the state of Virginia. Please note that with some exceptions, the underlying source data is not structured to support this type of comparative analysis with a high level of statistical confidence or reliability.</p> <p>As background, the indicators shown in the following exhibits were obtained from published sources as listed within each exhibit. The published data are in particular formats defined by the source organizations. For various reasons, the formats limit the possibilities for making geographic comparisons. In some situations, the underlying data are based on survey samples rather than complete health records, and the resulting indicators are not published in ways that support comparative statistical analysis. In other situations, the underlying data are based on actual health records, but the relevant indicators are not reported for the smaller counties because of an insufficient number of cases. Another consideration is that some indicators should be adjusted for age and/or population size, and the underlying data to support this analysis is not available.</p> <p>Despite these statistical considerations, there can still be practical value in evaluating local health indicators in the context of regional and statewide indicators. These differences are noted as applicable in the introductory paragraphs to each of the Section 4 exhibits. Where numeric differences are apparent, it may be worthwhile to conduct further research with local stakeholders to learn more about possible health challenges that may be reflected in the data.</p> |
| Section 5. Insights on Social Determinants of Health | <p>The community insight data presented in Section 5 was developed by Community Health Solutions from the survey of community residents, the survey of community professionals, and the Community Listening Events, all described above. The maps in Section 5 were developed by Community Health Solutions using data from ESRI, and mapping software provided in ArcGIS Business software.</p> |
| Contact | <p>Technical questions about the data sources and methods used in this report can be forwarded to Stephen Horan of Community Health Solutions at shoran@chsresults.com or 804.673.0166.</p> |