Sentara Halifax Regional Hospital

Community Health Needs Assessment 2024

Serving Charlotte County, Halifax County, and Mecklenburg County Residents

Sentara®

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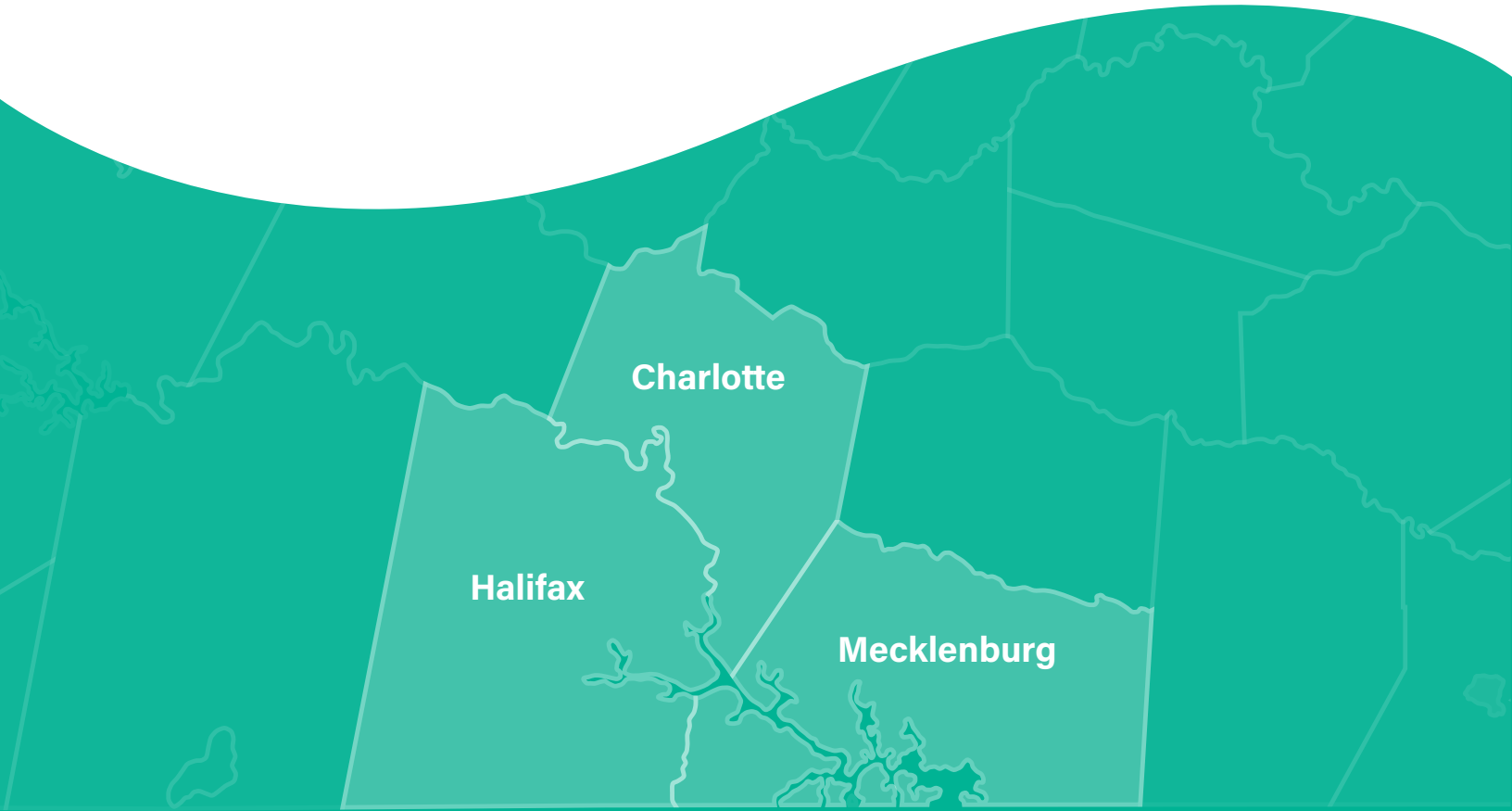
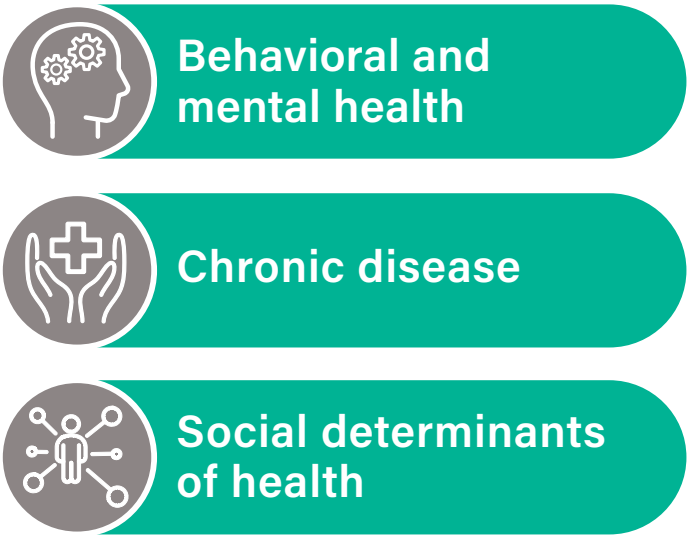


Executive summary

Sentara Health is proud of our long-standing commitment to the communities served by Sentara Halifax Regional Hospital (SHRH). Our commitment to the counties of Charlotte, Halifax, and Mecklenburg will be strengthened over the next few years through major investments in a new $70 million acute care hospital that will be conveniently located near the current facility. The flexible design of the new building ensures that we will continue to meet the changing healthcare needs of this community for many years to come.

Top priorities



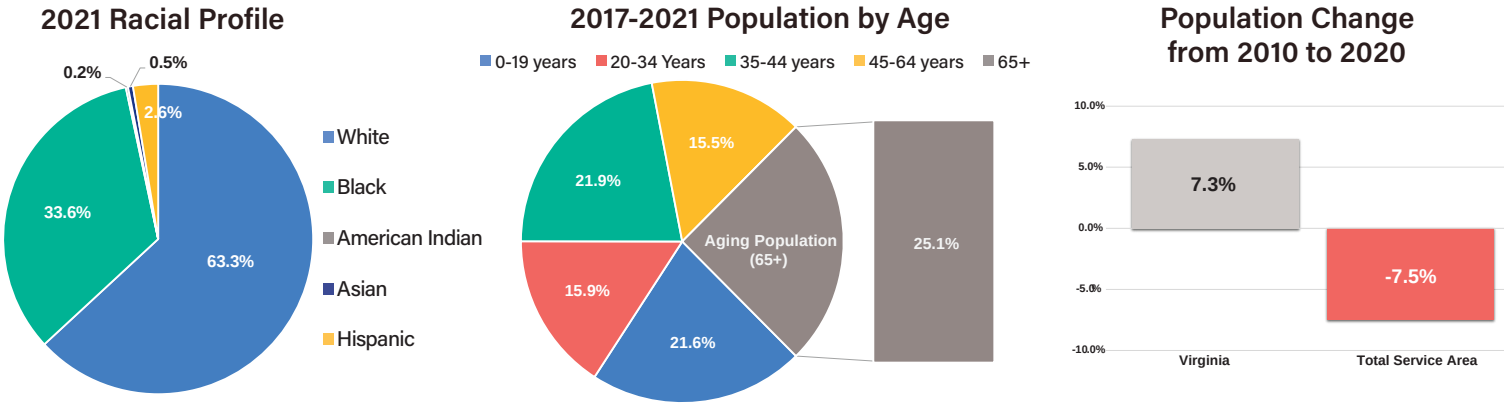
In this exciting time, it is even more important that we listen to the voices of individuals in the community to better understand the health needs and priorities of those we serve. The Community Health Needs Assessment (CHNA) provides a view of the region's health through a combination of focus groups, a community survey, as well as data on healthcare utilization and trends.

Work on the 2024 CHNA for SHRH began in 2023. The priorities identified by community members are consistent with previous assessments, as well as assessments conducted in other communities across the Commonwealth. Residents support continued work to improve access to behavioral health services, resources for management of chronic disease, and a broad approach to health that includes initiatives addressing social determinants of health, including housing and food security.

Sentara conducts comprehensive community health needs assessments every three years for each of our inpatient hospitals and outpatient surgical centers across Virginia and Eastern North Carolina. This CHNA is an important tool we use to determine community strengths and assets, including community partners, so that we can collectively address the challenges and opportunities identified in this report. These assessments are an essential element in realizing our mission "to improve health every day." They help us to identify barriers to health access so we can more effectively address health disparities in our communities and provide the quality healthcare the residents deserve.

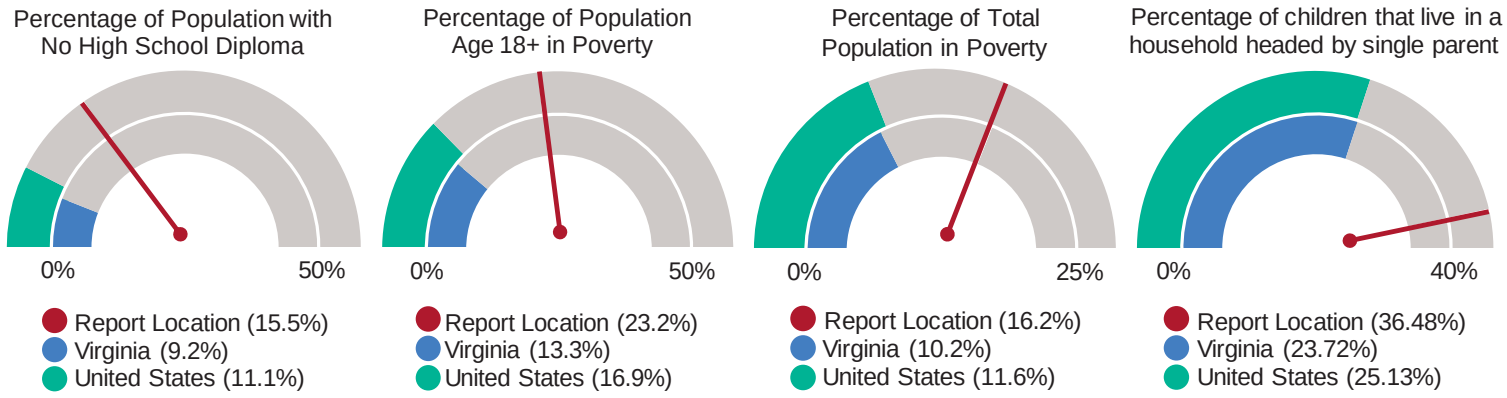
Looking at the data

Community demographics of the 75,627 persons living in the counties of Charlotte, Halifax, and Mecklenburg.



Figures 2, 3 and 4 Source: U.S. Census Bureau.

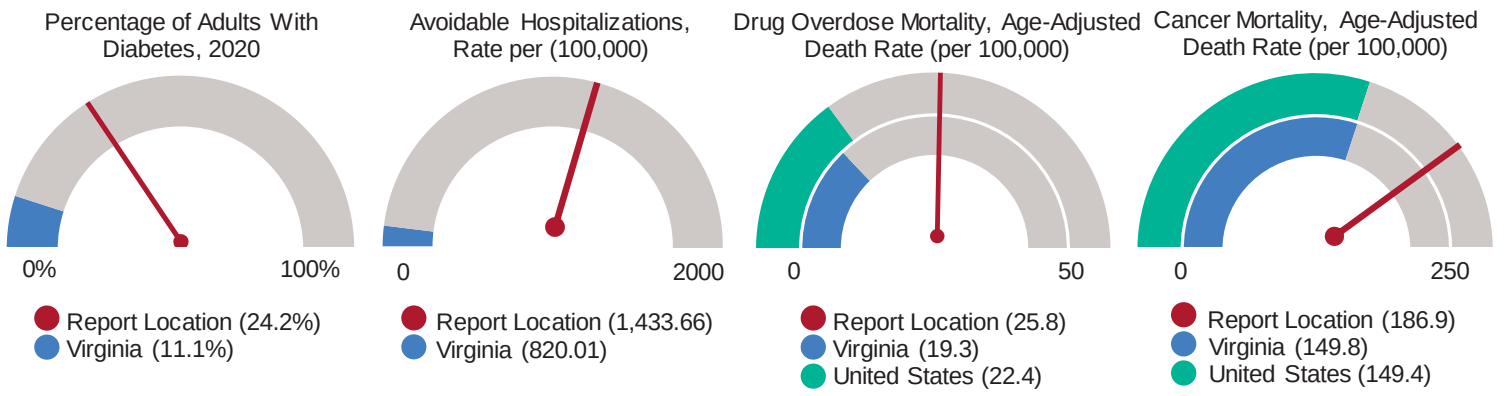
Determinants of health include:



Figures 5, 6 and 7 Source: U.S. Census Bureau.

Figure 8 Source: U.S. Census Bureau, American Community Survey, 2021 5-Year Estimates.

Top health concerns include:



Figures 9, 10 and 11 Source: Virginia Department of Health.

Figure 12 Source: National Cancer Institute.

Key findings

This assessment incorporates community demographics and other factors influencing and contributing to the overall health of our communities. The report uses data on health factors, health outcomes and health indicators from County Health Rankings[1]. The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. Explore the model to learn more about these measures and how they fit together to provide a profile of community health.

- There are many factors that influence how well and how long people live.
- The County Health Rankings model (right) is a population health model that uses data from a variety of sources to identify strengths and areas of concern to help communities achieve optimal health and wellness outcomes.
- The rankings provide county-level data on health behavior, clinical care, social and economic, and physical environment factors.

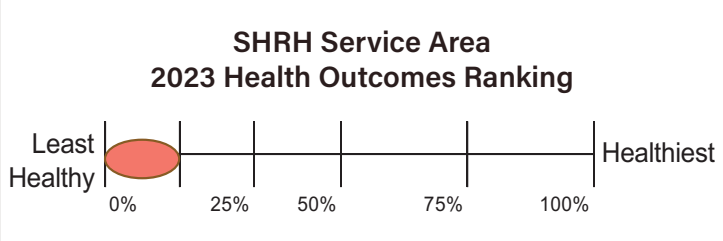


Figure 13 Source: 2023 County Health Rankings for the SHRH community. Source: County Health Rankings Data and Documentation, (www.countyhealthrankings.org).

Demographics

Of the total population in the three counties, 63.3% of residents are white, 33.6% are Black, 2.6% are Hispanic, 0.5% are Asian, and 0.2% are American Indian. (The total exceeds 100% due to rounding and multiple races selected in the census.) The age profile for the population closely mirrors that of the Commonwealth of Virginia, except for the aging population. 40.6% of the population in the three counties is 55 or older, compared to 28.6% of the population in the state. The overall population in the hospital's service area is declining due to the large

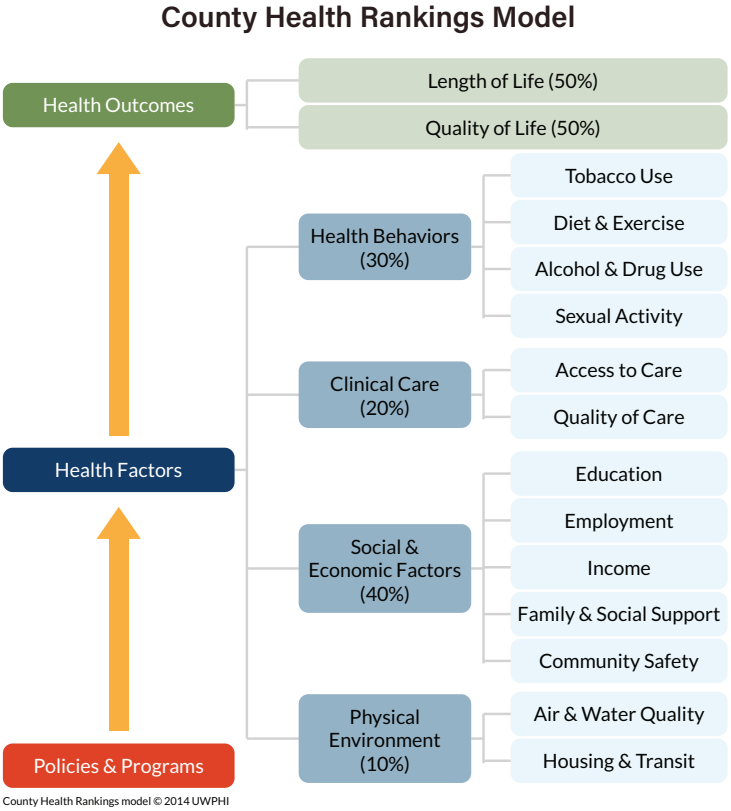


Figure 14 Source: County Health Rankings Model ©2014 UWPHI.

population of residents 55 and older. Within the next five years, the total population in the three counties is estimated to decrease by 9.7%, a loss of roughly 4,142 residents.[2]

Social and economic factors

Sentara recognizes that a community's health outcomes are driven by a variety of factors beyond the clinical care provided in hospitals and other healthcare settings. Keeping this in mind, our CHNA includes information on education, employment, housing, poverty, and public health insurance enrollment of residents in the three counties.

Education

Education supports stable employment and financial stability for individuals and their families. As of the 2021 U.S. Census, 84.5% of the residents in the three counties were high school graduates, compared to 90.8% of Virginia residents. Just 18.6% of residents in the three counties hold advanced or professional degrees compared to 40.3% statewide.

Employment

As of the 2021 U.S. Census, 51.8% of residents in the three counties participated in the civilian labor force, below the state average of 64.1%. Of total county residents, the percentage of female residents in the civilian labor force (51.3%) is also lower than the state average (60.5%).

Poverty

Poverty creates barriers to accessing healthcare, healthy foods, and safe living environments, resulting in a lower quality of life and negative health outcomes. As of the 2021 U.S. Census, residents living in the three counties are more likely to live in poverty (16.2%) compared to the rest of Virginia (10.2%). The combination of socioeconomic factors and racial inequalities have a negative impact on health outcomes for individuals and families in this area. As in Virginia as a whole, people of color living in the three counties are more likely to live in poverty compared to white residents. In the three counties, Black (22.2%) and Hispanic (31.6%) residents experience a higher rate of poverty compared to white residents (14.1%) and compared to the same demographic groups in Virginia as a whole (16.7% for Black residents and 12.9% for Hispanic residents). Asian residents in the three counties also include a higher percentage (9.5%) living in poverty compared to the percentage of Asian residents living in poverty in Virginia (7.1%).

Medicaid, FAMIS, Medicare

Uninsured individuals face significant barriers when attempting to access healthcare. As of the 2021 U.S. Census, 10.2% of residents living in the three counties were uninsured, higher than the state uninsured rate of 8.0%.

Public health insurance programs play an important role in providing coverage for individuals who qualify based on income, age, or disability. A total of 2,131,004 Virginians had health coverage through Medicaid or Family Access to Medical Insurance Security (FAMIS) as of December 2022, including 27,797 residents of the three counties served by SHRH. Medicaid and FAMIS members represent 36.8% of the total population in the three counties. Halifax County has the highest rate of Medicaid and FAMIS membership at 38.5%. In comparison, 24.7% of all Virginians have Medicaid or FAMIS health coverage.[3]

In 2021, there were 51,629 residents in the three counties receiving Medicare and 6,648 receiving both Medicare and Medicaid coverage.[4] As the aging population grows in this community, so will the need for these programs.

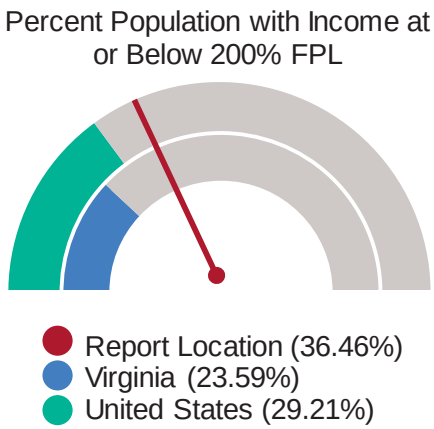


Figure 14 Source: U.S. Census Bureau, American Community Survey, 2016-20.

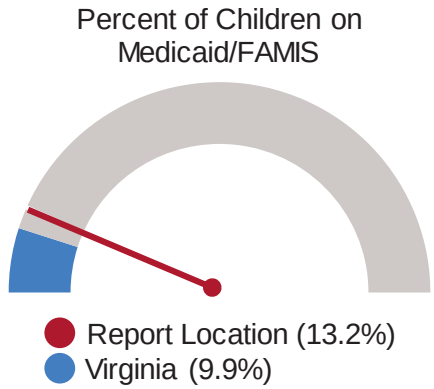


Figure 15 Source: Virginia Medicaid, Department of Medical Assistance Services.

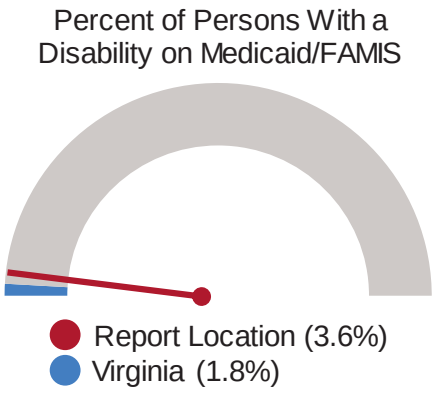


Figure 16 Source: Virginia Medicaid, Department of Medical Assistance Services.

Community insight

Community participation is critical to the CHNA process. This assessment includes community insights shared through two methodologies: Community surveys and a series of in-depth focus groups that included a diverse group of community participants. We are grateful to the county residents, faith-based organizations, businesses, clinics, nonprofits, government agencies, and others who shared their expertise and time to help us better understand community health priorities. We are committed to continuing these important partnerships with residents and community leaders to identify solutions to the challenges highlighted in the assessment.

Community survey

Between August 15 and September 1, we invited eight key community partners to share and complete the survey. 84 residents of Charlotte, Halifax, and Mecklenburg counties participated in the community survey. SHRH appreciates the time and contributions these individuals made to help enhance health and well-being in our community.

Top concerns identified included:

- Alcohol or illegal drug use
- Mental health
- Cancer
- Obesity
- Diabetes
- Heart conditions

Top barriers identified included:

- Cost of healthcare services
- Health insurance availability and cost
- Lack of medical providers
- Transportation

Focus groups

Hospital leaders conducted Community Focus Groups from August 28 through August 31, 2023, to gain more in-depth insights from community stakeholders on their health concerns and healthcare barriers. SHRH intentionally promoted these focus groups to diverse populations to obtain feedback from participants truly representative of the communities we serve.

Top concerns identified included:

- Health conditions: Cancer, diabetes, dementia, mental health
- Access to health care: Cost, doctors, transportation, emergency services, preventive services
- Needed resources: Health education, social support, improved living conditions, employment opportunities

Health status

We viewed health status indicators from the County Health Rankings data and documentation to gain a better understanding of the clinical concerns community members face. When and where data was available, SHRH paid particular attention to the disparities affecting marginalized populations.

Life expectancy for a person living in the Commonwealth of Virginia is 79.1 years, three years longer than the national average of 76.1. In the three counties served by SHRH, the average life expectancy is 74.6, four and a half years less than the state average. It is important to note disparities affecting Black residents. The average life expectancy of Black residents in the three counties is 71.7 years, seven years less than white residents in Virginia, and four years less than white residents in the three counties.

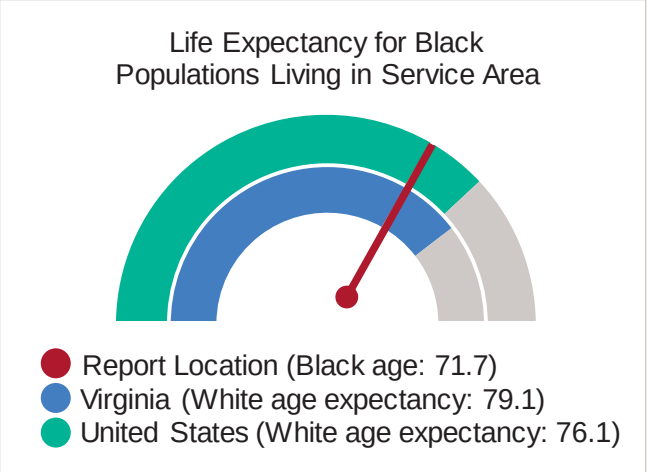
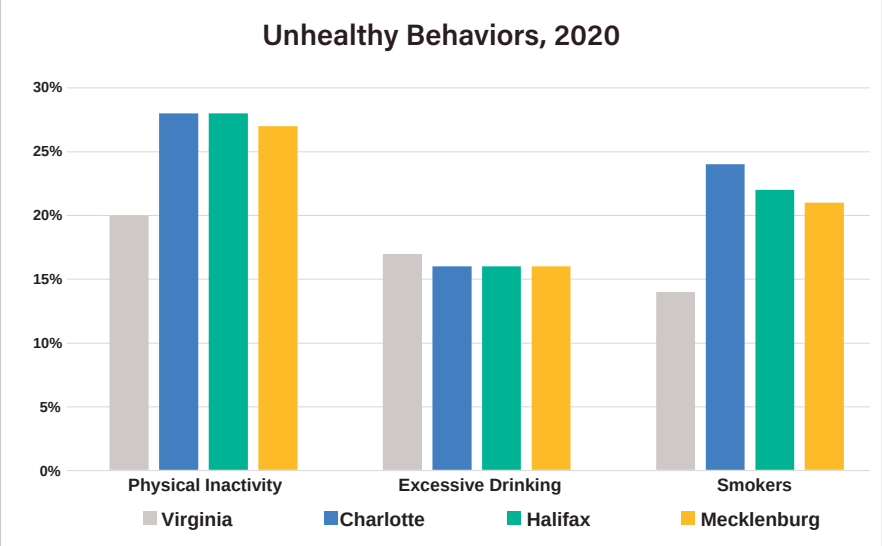


Figure 17 Source: County Health Rankings Data and Documentation.

Access to health services is limited by the low numbers of primary care and mental health providers in this community. Statewide, there is one primary care provider (pcp) for every 1,324 Virginians, with one pcp per 1,970 Charlotte County resident, one pcp to 2,587 Halifax County resident and one pcp to 2,045 Mecklenburg County resident. Similarly, there is one mental health provider for every 447 Virginians, with one provider per 2,290 Charlotte County resident, one provider per 843 Halifax County resident and one provider per 971 Mecklenburg resident. Again, access to mental health services is lower in the three counties at a time when the need continues to grow. In 2022, 275 adults and 55 youth visited the SHRH emergency room for behavioral health concerns. Of those patients, 28.7% of the adults and 41.8% of the young people reported suicidal ideation's.

Health conditions driving hospitalizations at SHRH include chronic diseases, unhealthy lifestyles, violence, and mental health. Hospitalizations for chronic and other medical conditions include COVID-19, asthma, diabetes, hypertension, and stroke. Cancer rates for prostate, breast, lung and bronchus, and colon cancers are either stable or falling.[5] However, it is important to note the breast cancer incident rate for Black and Asian populations continues to rise in the Commonwealth of Virginia, although the cancer death rate for these populations is falling. Risk factors for chronic conditions include obesity, smoking, limited access to healthy foods and physical inactivity.



Figures 18 Source: County Health Rankings Data and Documentation.

Other community concerns include mental health and suicidal ideation. Suicide rates—determined by the number of deaths due to suicide per 100,000 population (age-adjusted)—are higher in this community than the state rate of 13. Halifax County has a suicide rate of 14, Mecklenburg County has a rate of 20, and Charlotte County has a rate of 24.

Health concerns most prevalent in the aging population (65 and older) of this community are hypertension, diabetes, kidney disease, and heart disease. Prevalence of these chronic conditions is higher in the three counties compared to Virginia overall, according to data from the Centers for Medicare & Medicaid Services. Rates of community violence and gun violence are also higher than the state rate in two of the three counties.

Focus areas

Sentara Cares is the community engagement and impact arm of Sentara Health. Our goal is to advance health equity and ensure that all members of our communities have access to the resources they need to live their healthiest and most fulfilling lives. We are focusing our funding around the key issues listed below based on identified health disparities, the availability of effective interventions, community input and alignment with our mission "to improve health every day."

The remainder of this report provides more detail about the 2024 assessment, including social and economic data, demographic information, and health determinant data. Throughout this document we have incorporated extensive information obtained through the community survey and stakeholder outreach.

Sentara cares grant priorities enhance SHRH health priorities for 2024-2025

Sentara Priorities	Socioeconomic Needs	Health Needs	SHRH Priorities
	Access to Care	Behavioral/Mental Health	
	Food Security	Chronic Disease	
	Skilled Careers	Social Determinants of Health	

Increasing Needs

Table 1 Sentara cares priorities for grant opportunities and SHRH implementation strategy priorities for 2024-2025.

Endnotes

1 County Health Rankings & Roadmaps: Rankings Data & Documentation. Accessed April 18, 2023. https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation.

2 United States Census Bureau. QuickFacts. www.census.gov. Accessed May 2, 2023. https://www.census.gov/quickfacts/fact/table/mecklenburgcountyvirginia,halifaxcountyvirginia,charlottecountyvirginia,VA/PST045221.

3 Virginia Medicaid. Department of Medical Assistance Services. DMAS Data. Medicaid / FAMIS Enrollment. Accessed May 2, 2023. https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/.

4 Centers for Medicare & Medicaid Services. Data.CMS.gov. Mapping Medicare Disparities by Population. Accessed May 2, 2023. https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

5 National Cancer Institute. State Cancer Profiles. Access Accessed March 1, 2023. https://statecancerprofiles.cancer.gov/index.html.

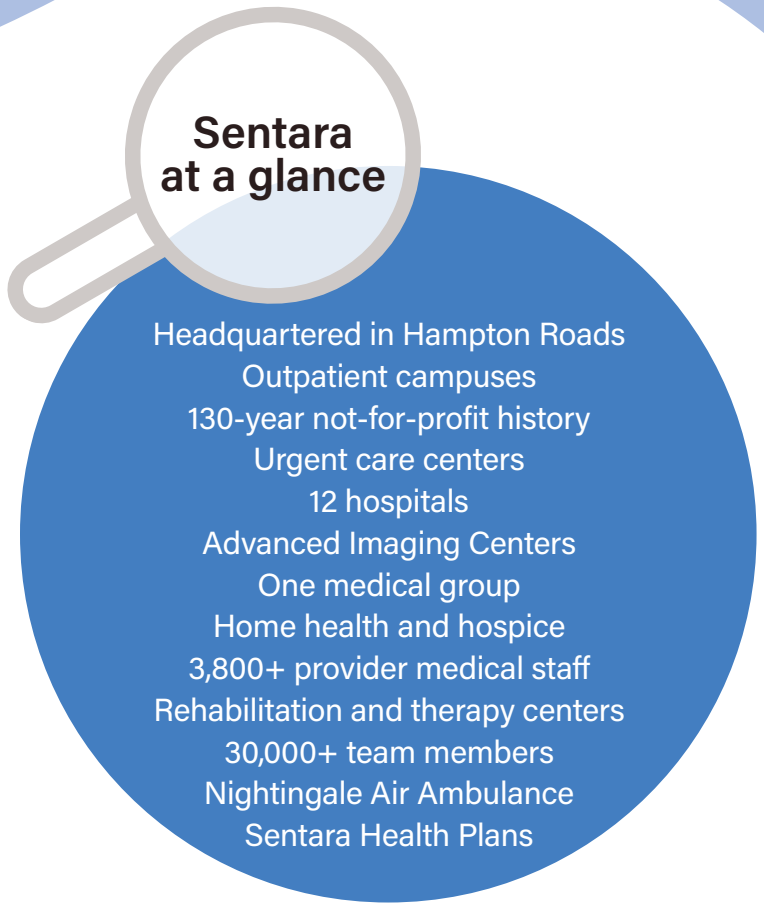
Introduction

Sentara Health

Sentara Health celebrates more than 130 years in pursuit of its mission: "We improve health every day." Named to IBM Watson Health's "Top 15 Health Systems" in 2018 and 2021, Sentara is an integrated, not-for-profit health system with 12 hospitals in Virginia and northeastern North Carolina, including a Level I trauma center, the Sentara Heart Hospital, the Sentara Brock Cancer Center, two orthopedic hospitals, and the Sentara Neurosciences Institute. The Sentara family also includes a medical group, Nightingale Regional Air Ambulance, home care and hospice, ambulatory outpatient campuses, advanced imaging and diagnostic centers, a clinically integrated network, and the Sentara College of Health Sciences. Sentara Health Plans oversees Optima Health, serving 950,000 members in Virginia and North Carolina. Sentara is the largest Medicaid managed care organization in Virginia. Sentara has more than 30,000 dedicated employees and was recognized as one of "America's Best Employers" by Forbes in 2018 and 2023. Sentara is strategically focused on clinical quality and safety, innovation, and creating an extraordinary healthcare experience for our patients and members.[1]

Sentara Halifax Regional Hospital (SHRH)

Our commitment to patient-centered care is the backbone of SHRH, located in South Boston, Virginia. Fueled by the expertise of a well-established medical staff representing a variety of specialties, SHRH is focused on providing excellent care—a tradition we have honored throughout the hospital's nearly 70-year history. Services offered within our clinics and/or hospital include: Anesthesiology, Behavioral Health, Cardiology, Cardiopulmonary Rehabilitation, Dentistry, Family Medicine, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology/ Oncology, Infectious Disease, Infusion Services, Internal Medicine, Nephrology, Occupational Medicine, Orthopedics, Pathology, Pediatrics, Pulmonology, Radiology, Rehabilitation and Sleep Study.[2]



Sentara cares

Our purpose calls us to address healthcare issues every day, where people live—not just when patients are under our care. This broad vision is essential in our work to eliminate health disparities and promote equitable access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities. We know health disparities cannot be solved solely in the exam room, and they cannot be solved solely by Sentara. Through our partnerships, we continue to make both immediate impacts on and lasting change for our communities.[3]

> We approach every community and every partner with our ears and our hearts open. We're not here to provide prescriptive solutions. We're here to support and amplify the work of our partners in every way we can to improve more lives and inspire more hope for the future.

— Sherry Norquist, MSN, RN-ACM
Executive Director of Community Engagement & Impact

Community cares

Sentara Community Care launched in 2022 to increase access to healthcare services in communities across the Commonwealth. Leveraging data-driven strategies, we are rapidly expanding this model to meet the needs of Virginians who are uninsured and underinsured, as well as those with Medicaid plans. We have partnered with community and faith-based leaders to ensure that we are hearing and responding to the people we serve.

This pioneering model includes both brick-and-mortar community care centers and mobile care vehicles that travel to neighborhoods and community events. Our Halifax mobile care vehicle began accepting walk-ins and appointments in early 2024. Services available at our locations include primary and preventive care, pediatric care for children, mental health services, treatment for substance use, food and housing support, and care management. Staff also assist individuals who need to enroll in or renew their insurance.

Health equity

By identifying the most pressing health concerns within a community, this assessment assists in setting priorities for health interventions and resource allocation to advance health equity based on community insight. Our work in support of health equity amplifies awareness, education, and access to care across racial, ethnic, gender, age, language, geographic, and socioeconomic groups. Health equity not only examines the health and wellness of a population; it addresses how implicit or unconscious bias among clinicians, caregivers, communities, and interested parties affects treatment decisions and outcomes. The move toward value-based healthcare supports our efforts to address health disparities in the communities we serve and to reduce equity gaps that exist in knowledge, access, and outreach. Meaningful progress in health equity will require an ongoing effort to transform attitudes and beliefs, and to improve communications and trust between Sentara and the community.

The Department of Health Equity at Sentara collaborates with community organizations, faith leaders, and clinicians to develop initiatives to address social determinants of health, reduce health disparities, and improve health and well-being in the communities we serve. We are working to improve screening and diagnosis rates for common health issues, such as hypertension, diabetes and prostate cancer; increase treatment access and utilization; and support health initiatives that benefit historically marginalized groups like immigrant populations, individuals experiencing homelessness, sexual orientation and gender identity (SOGI) populations, and individuals with different abilities.

Our process

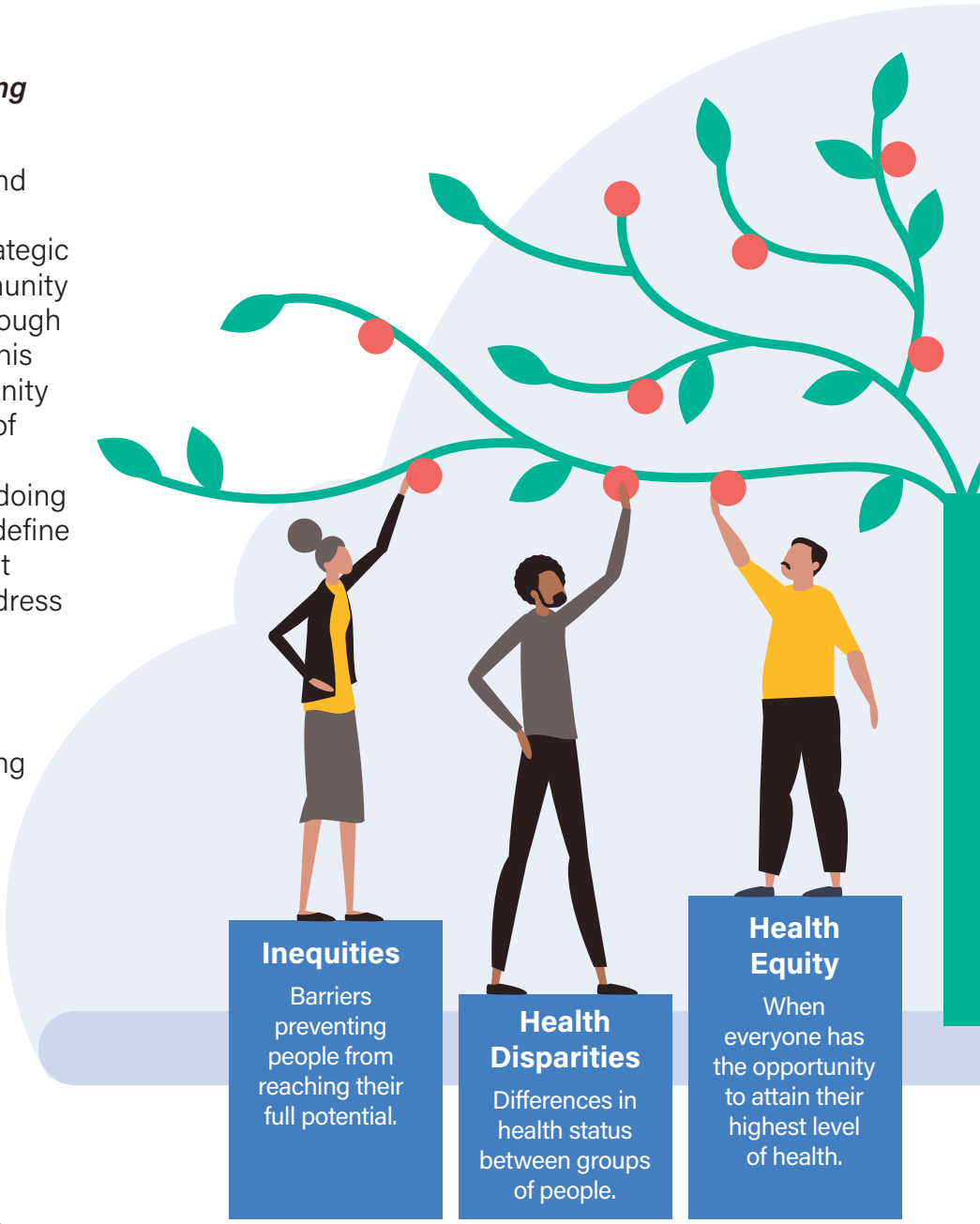
Sentara conducts comprehensive CHNA for each of our inpatient hospitals and outpatient surgical centers across Virginia and northeastern North Carolina. These assessments provide a snapshot of the health status of residents in our communities, including information about key health and health-related challenges and opportunities. The CHNA incorporates information from a variety of primary and secondary quantitative data sources to help us to understand the disparities that affect vulnerable populations.

Process overview

Mobilizing for action through planning and partnerships

The National Association of County and City Health Officials (NACCHO) has implemented a community-driven strategic planning process for improving community health called Mobilizing for Action through Planning and Partnerships (MAPP). This framework includes engaging community partners in the collection and review of qualitative and quantitative data from trusted local and national sources. In doing so, participating partners can clearly define the conditions that support or obstruct wellness and identify resources to address obstacles (NACCHO, 2022).[4]

SHRH began the MAPP process by engaging community partners, developing support teams, and creating a shared vision and common values. Community partners included Tri-County Community Action Agency, Virginia Department of Health, and Southside Health District. SHRH worked collaboratively with these partners to engage community members in focus groups and collect responses to be used for prioritizing health needs. We then collected and analyzed data to identify strategic priorities and formulate goals and strategies to address health concerns.



Assessment	Description
Qualitative data	We survey our community members and hold focus groups to discuss community conditions, health, and needs. We ask our community members about their personal circumstances—like having a safe place to live, healthy and accessible food, social connections, and other daily essentials—and connect them to community resources.
Quantitative data	We collect demographic and health indicator data to identify differences in community and health outcomes. We look at the data to better inform our community health improvement work.

Table 2 SHRH data collection process.

Sentara created a data profile that combines medical bills and records to see how people use emergency and preventive care, their ongoing health problems, and any cultural or language requirements they might have. A secondary statistical data profile uses advanced data sources to assess population characteristics such as household statistics, age, educational level, economic measures, mortality rates, prevalence rates of chronic illnesses, and racial and ethnic composition. Our assessment includes a review of risk factors, including obesity, smoking, and other health indicators.

Research components for this assessment included data from the following sources:

- *Centers for Disease Control and Prevention*
- *Centers for Medicare & Medicaid Services*
- *County Health Rankings 2023*
- *National Cancer Institute*
- *United States Census Bureau*
- *Virginia Alzheimer's Commission, AlzPossible Initiative*
- *Virginia Department of Health*
- *Virginia Medicaid, Virginia Department of Medical Assistance Services*
- *Virginia's Plan for Well-Being: Virginia Community Health Assessment*
- *Weldon Cooper Center for Population Studies, University of Virginia*
- *CHNA Survey and Focus Groups*

Our next steps

SHRH works with trusted community partners and faith-based leaders to address disparities and health needs. Information on available resources is available from sources like 2-1-1 Virginia and Virginia's Plan for Well-Being. Together, we will work to improve the health of the communities we serve.

Your input is important to us so that we can incorporate your feedback into our future assessments. You may use our online feedback form available on sentara.com.

Endnotes

[1] Sentara Health. About Sentara. https://www.sentara.com/aboutus.aspx.

[2] Sentara Health. Sentara Halifax Regional Hospital. https://www.sentara.com/hospitalslocations/locations/sentara-halifax-regional-hospital.aspx.

[3] Sentara Cares. Strengthening Communities. https://sentaracares.com/.

[4] National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp#:~:text=Mobilizing%20for%20Action%20through%20Planning%20and%20Partnerships%20%28MAPP%29,health%20issues%20and%20identify%20resources%20to%20address%20them.

Community description

Locality demographics of our community

SHRH is located in South Boston, Halifax County. The SHRH community includes a population of 75,627 people living in the 1,918.34 square mile service area defined for this assessment, according to the U.S. Census Bureau American Community Survey 2017-2021 five-year estimates.[1] Halifax County has the highest population in the service area, followed by Mecklenburg County, and Charlotte County.

Geography

The SHRH community is comprised of three counties: Halifax, Charlotte, and Mecklenburg. The reason this community is defined this way is that many health status indicators used in this report are only available at the county level, not at the zip code level, though much of the data incorporates the entire community SHRH serves. The service area for SHRH is entirely rural. Poor access to healthcare is exacerbated by a lack of public transportation, high poverty levels, and a clustering of social, medical, and educational services.

Community specific demographics

Charlotte County was established in 1764. As of the 2021 U.S. Census, the county population was 11,522, with 16.9% of residents living in poverty and 11.4% uninsured. 23.7% of county residents are ages 0-19, 15.3% are ages 20-34, 23.0% are ages 35-54, 16.1% are ages 55-64, and 21.9% are 65 and older. 98.6% of the residents primarily speak English. The racial and ethnic profile for the county is 70.0% white, 26.8% Black, 2.4% Hispanic, and 0.4% Asian.

Halifax County was established in 1752. As of the 2021 U.S. Census, the county population was 33,758, with 16.0% of residents living in poverty and 9.3% uninsured. 22.3% of county residents are ages 0-19, 16.3% are ages 20-34, 22.2% are ages 35-54, 15.0% are ages 55-64, and 24.2% are 65 and older. 97.1% of the residents primarily speak English. The racial and ethnic profile for the county is 60.7% white, 35.0% Black, 2.3% Hispanic, 0.2% Asian, and 0.1% American Indian.

Mecklenburg County was established in 1765. As of the 2021 U.S. Census, the county population was 30,300, with 15.7% of this population living in poverty and 10.8% uninsured. 20.6% of county residents are ages 0-19, 16.0% are ages 20-34, 21.8% are ages 35-54, 16.3% are ages 55-64, and 25.4% are 65 and older. 95.9% of the residents primarily speak English. The racial and ethnic profile for the county is 62.5% white, 34.0% Black, 3.0% Hispanic 0.9% Asian, and 0.5% American Indian.

Looking at the data

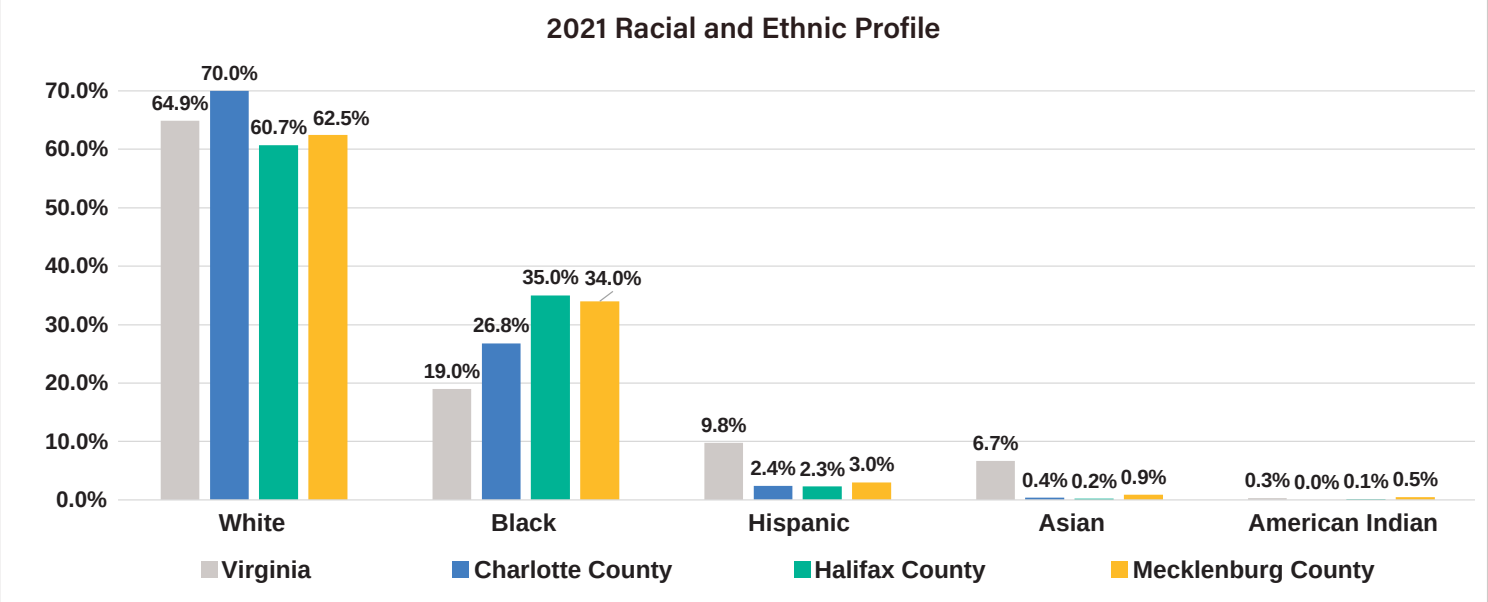


Figure 1 Source: U.S. Census Bureau.

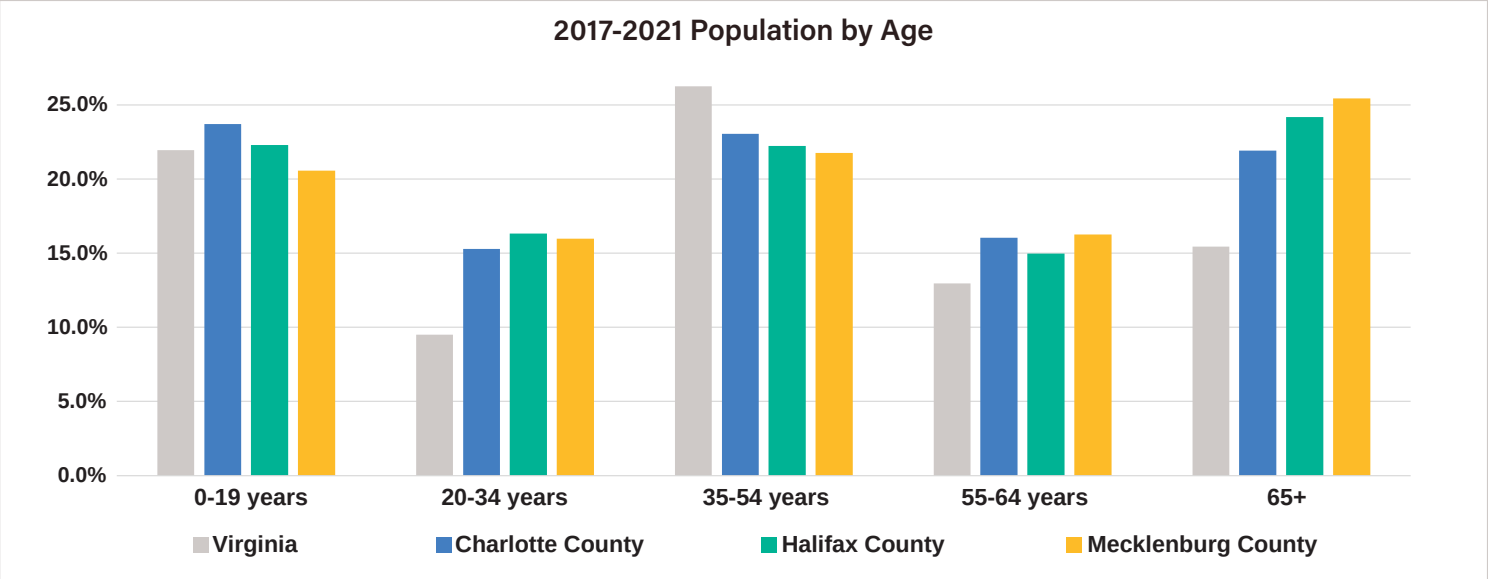


Figure 2 Source: U.S. Census Bureau.

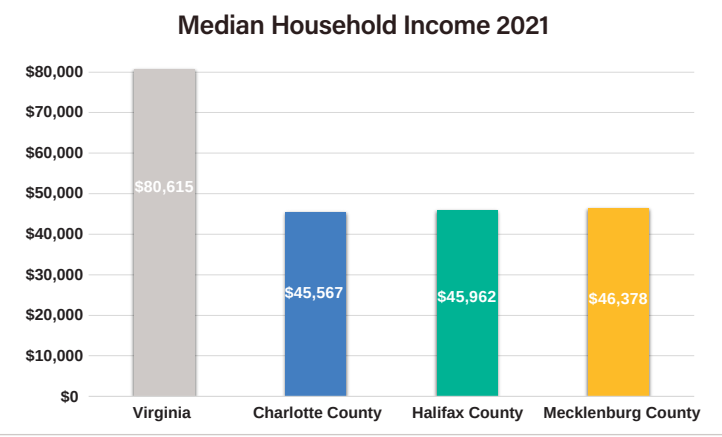


Figure 3 Source: U.S. Census Bureau, 2021: ACS 5-Year Estimates.

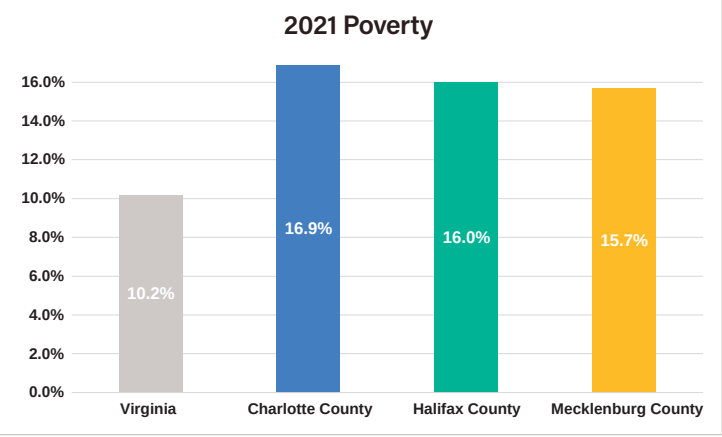


Figure 4 Source: U.S. Census Bureau.

Population highlights

Population change

Of the three counties, Halifax has the largest population, at 33,644 as of 2022 U.S. Census, but it is expected to experience the greatest population loss over the next 10 years, with a decline of 3,771 residents. Charlotte County and Mecklenburg County are expected to lose 1,088 and 2,452 residents respectively.[2]

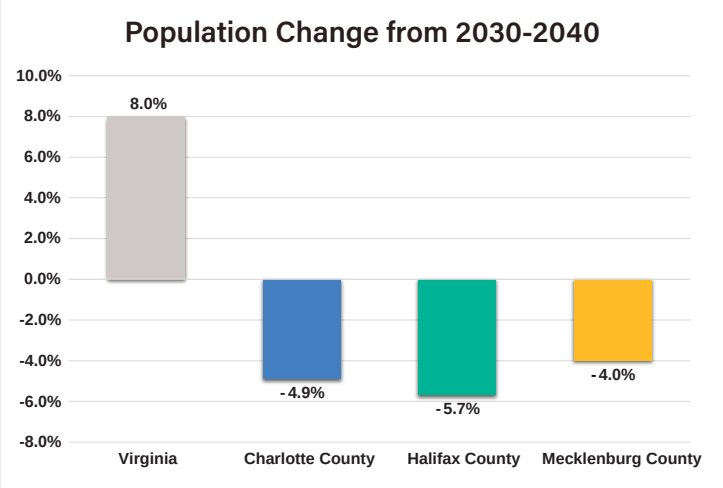


Figure 5 Source: U.S. Census Bureau.

Age and sex

Per the 2021 U.S. Census, of the total population of 75,627 in the three counties, most residents are between the age of 35-64. This community has a higher percentage of residents aged 65 and older (25.1%) when compared to the state (15.5%). Due to declining birth rates, the percentage of residents who are children is 20.0%, which is below the state level of 22.0%.

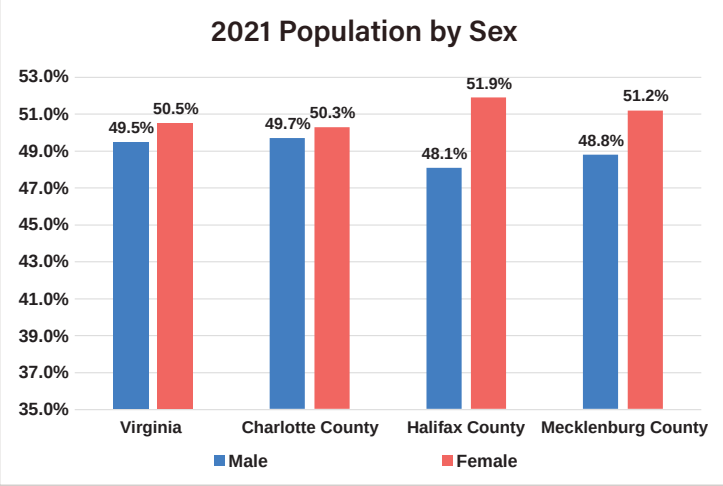


Figure 6 Source: U.S. Census Bureau.

Aging population

Research shows the highest utilization of medical services among the aging population (those 65 and older) and the elderly population (ages 85 and older). In 2021, 25.1% of the residents living in the three counties were age 65 and older, compared to 15.5% in Virginia. Per the 2021 U.S. Census, Halifax County has the largest number of adults ages 85 and older of the three counties, with 2,058 residents. Estimates indicate the population of older adults age 65 and older will increase 3.6% by 2030 to 28.7% of total residents. Over the next 10 years, the number of aging adults will increase by 21,067 in the three counties.

Other demographic features

According to the 2021 U.S. Census, veterans represent 7.1% of the population in the three counties, compared to 7.8% statewide. The three counties have a higher percentage of owner-occupied homes (72.0%) compared to the state overall (66.6%). Fewer households in the three counties have computers (74.9%) and internet access (66.1%), reducing access to remote learning, telehealth, and other resources. A higher percentage of the population in the three counties is living with a disability (15.1%) compared to the state overall (8.2%). The three counties also have a higher percentage of persons living in poverty (16.2%) compared to Virginia overall (10.2%), and a lower percentage of residents with college degrees (18.6%) when compared to the state overall (40.3%).

Community diversity profile

Race and ethnicity

The population of the three counties is overwhelmingly white (63.3%) and Black (33.6%)[3]. The counties are home to a small Hispanic population (2.6%). In comparison, in the Commonwealth of Virginia, more than 9.8% of people identify as Hispanic. The SHRH service area is also home to a small Asian population (0.5%).

Cultural and linguistic needs

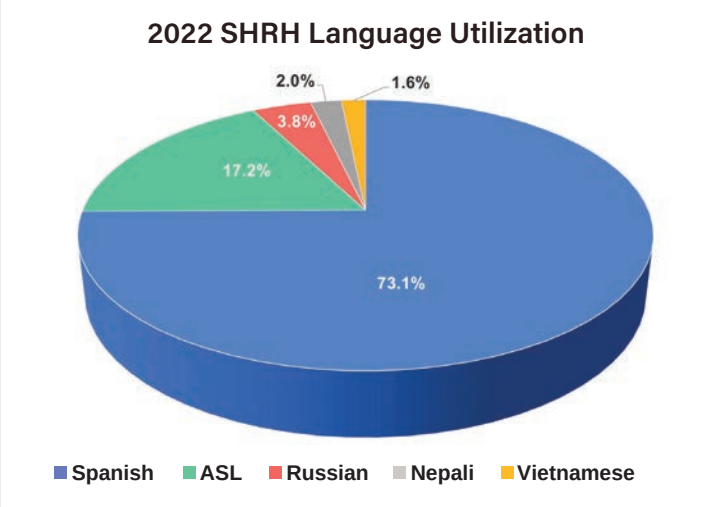


Figure 7 Source: SHRH Language Line Usage Report.

English is the primary language spoken in the three counties. As of the 2021 U.S. Census, 96.8% of the population in the SHRH service area identified as English speaking. Non-English-speaking populations are disproportionately represented in low socioeconomic groups, have poorer health outcomes, are more likely to have a disability, are often linguistically and culturally isolated, and have lower educational attainment compared to their English-speaking counterparts. Language barriers make it difficult for this population to understand, interpret, and benefit from information about their health.

Sentara is committed to ensuring that all communication to our patients and health insurance members is in their preferred language. Sentara provides its patients and their families with qualified interpreters for a variety of languages, including American Sign Language (ASL). In 2022, SHRH had 443 requests for interpreter services. The highest percentage of interpreter services (73.1%) were for Spanish speaking individuals, with the second highest percentage for ASL (17.2%).

Social determinants of health

Sentara recognizes that meaningful improvements in health outcomes require strategies reaching beyond clinical settings to address the root causes of health inequities.

Sentara works to:

- Fill the unprecedented need for behavioral health practitioners and ensure greater access to behavioral health services for children, families, and adults.
- Secure consistent, equitable access to nutritious food — every day and in times of emergency need.
- Support targeted training and development programs for higher-paying skilled careers.
- Develop more robust emergency and scattered housing solutions in our communities.
- Dismantle barriers to accessing health and human services in traditionally underserved populations.

Figure 8 U.S. Department of Health and Human Services. Healthy People 2030. Accessed May 2, 2023. Source: Healthy People 2030.[4]

To understand the population better, SHRH looked at socioeconomic status including poverty rates, educational attainment, employment and unemployment, and insurance.

The Cycle of Poverty

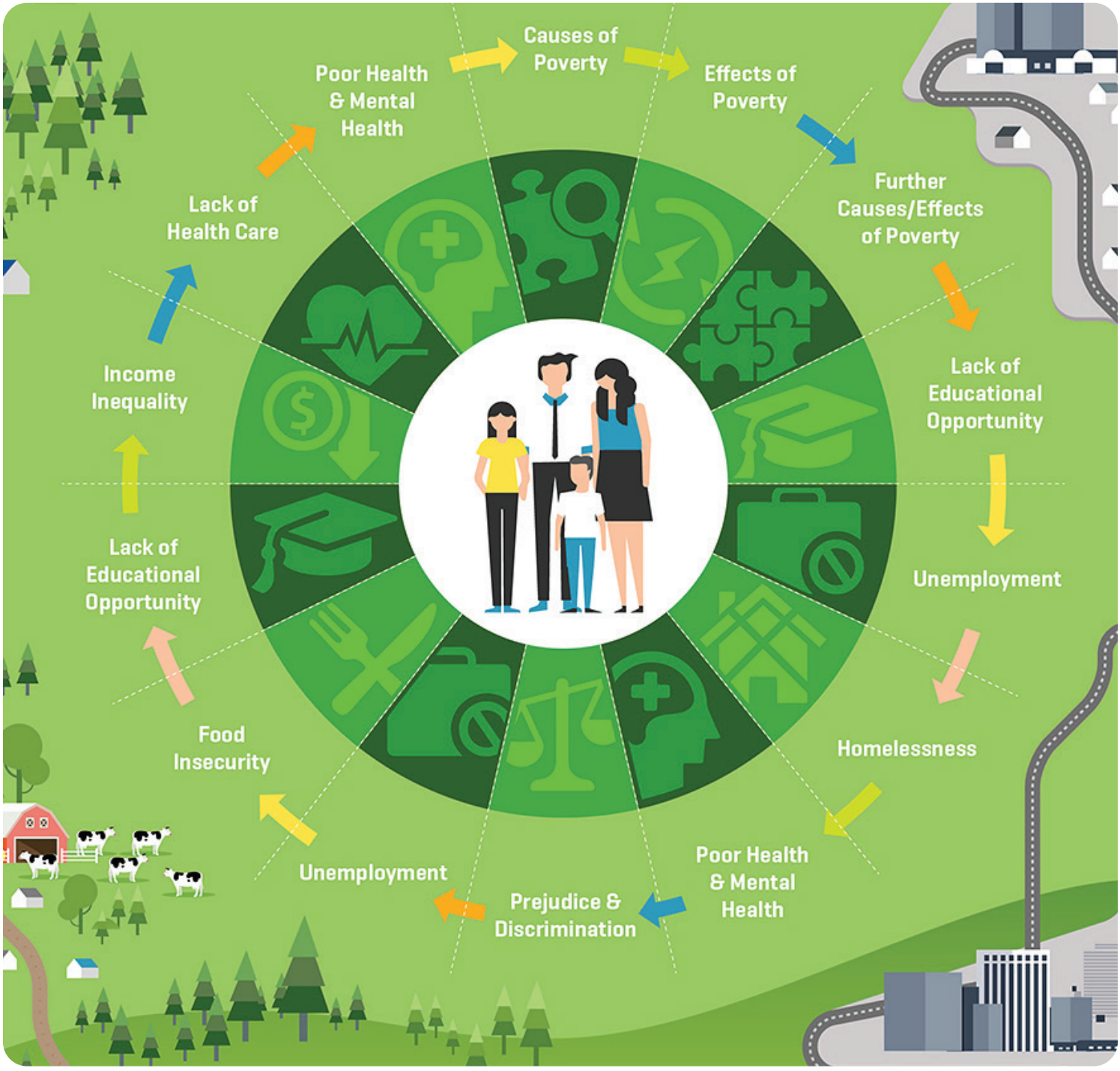


Figure 9 Social Work and Poverty: Rural vs. Urban Poverty. Access May 2, 2023. Source: Aurora University.[5]

Poverty

An examination of poverty rates and racial demographics underscores the racial disparities that impact economic and health outcomes for residents and their families. As in Virginia as a whole, Black and Hispanic residents in the three counties are more likely to live in poverty compared to white residents. At 16.2%, the three counties have a higher percentage of residents living in poverty compared to the Commonwealth of Virginia (10.2%).[3]

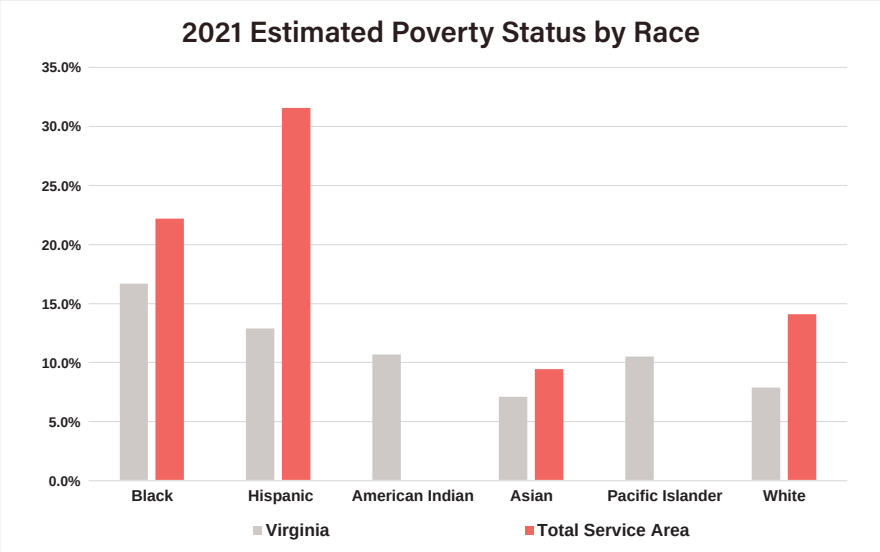


Figure 11 Source: U.S. Census Bureau.

Education

Education is the basis for stable employment and financial stability, which in turn supports access to quality healthcare and positive health outcomes. The three counties all fall below the statewide percentage (90.8%) of residents who are high school graduates (84.5%). Per the 2021 Census, Halifax County has the lowest percentage of high school graduates (82.7%). Mecklenburg County has the highest percentage of residents with bachelor's degrees (22.3%) among the three counties. However, the three counties combined have a lower percentage of college graduates (18.6%) compared to the state overall (40.3%).

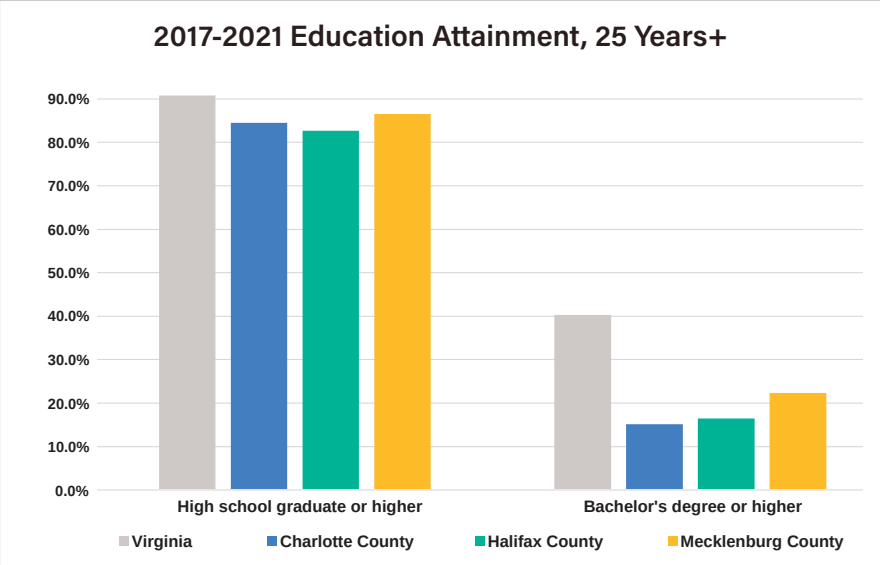


Figure 10 Source: U.S. Census Bureau.

Employment

Per the 2021 Census, the three counties have a lower percentage of unemployed residents (2.3%) compared to Virginia overall (2.9%). The civilian labor force represents 51.8% of total county residents. Within the civilian labor force, the percentage of employed female residents in Charlotte County (54.1%), Halifax County (52.5%), and Mecklenburg County (49.0%) is lower than the state overall (60.5%).

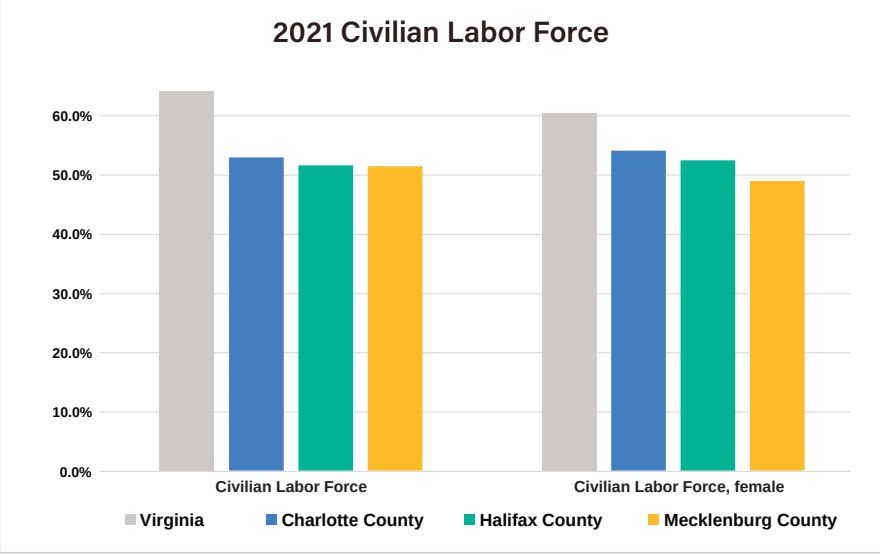


Figure 12 Source: U.S. Census Bureau.

Medicaid & FAMIS, Medicare, Medicare & Medicaid

According to the 2021 Census, 10.2% of residents living in the SHRH service area do not have health insurance. Of the residents with some type of insurance, 36.8% have Medicaid/FAMIS, 68.9% of residents 65 and older have Medicare, and 8.8% of residents 65 and older have both Medicaid and Medicare. The community has a higher percentage of residents with Medicaid and FAMIS coverage (36.8%) compared to Virginia overall (24.7%)[6]. Sentara works closely with the Virginia Health Care Foundation to assist individuals in applying for Medicaid and Medicare. Enrollment specialists are available to provide guidance for and assistance for qualifying individuals and families with enrolling in these government programs.

Medicaid and FAMIS (below 138% FPL) enrollment December 2022					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Medicaid/FAMIS enrollment	2,131,004	27,797	4,347	12,982	10,468
Medicaid/FAMIS percentage	24.7%	36.8%	38.0%	38.5%	34.6%
65+ enrolled in Medicaid/FAMIS enrollment	86,938	1,555	256	762	537
65+ enrolled in Medicaid/FAMIS percentage	1.0%	2.1%	2.2%	2.3%	1.8%
Children enrolled in Medicaid/FAMIS	856,443	9,975	1,581	4,602	3,792
Children enrolled in Medicaid/FAMIS percentage	9.9%	13.2%	13.8%	13.6%	12.5%
Persons with disability enrolled in Medicaid/FAMIS	153,172	2,720	424	1,298	998
Persons with disability enrolled in Medicaid/FAMIS percentage	1.8%	3.6%	3.7%	3.8%	3.3%
Medicare enrollment 2021					
July 1, 2021 census estimates	8,657,365	75,580	11,522	33,758	30,300
65+ Medicare	5,627,287	51,629	6,708	24,589	20,331
65+ Medicare percentage	65.0%	68.3%	58.2%	72.8%	67.1%
65+ Medicare and Medicaid	409,493	6,648	1,575	3,025	2,048
65+ Medicare and Medicaid percentage	4.7%	8.8%	13.7%	9.0%	6.8%
Persons in poverty	10.2%	16.2%	16.9%	16.0%	15.7%

Table 2 Source: Virginia Medicaid, Department of Medical Assistance Services Data and Centers for Medicare & Medicaid Services Data.

Endnotes

1 United States Census Bureau. American Community Survey 5-Year Estimates, 2017-21. Demographic and Housing Estimates. Accessed May 2, 2023. https://data.census.gov/table?q=DP05&g=050XX00US51083,51117,51037_040XX00US51&tid=ACSDP5Y2021.DP05.

2 Weldon Cooper Center for Public Service. Virginia Population Projections. Accessed May 2, 2023. https://demographics.coopercenter.org/virginia-population-projections/#map-01.

3 United States Census Bureau. QuickFacts. www.census.gov. Accessed May 2, 2023. https://www.census.gov/quickfacts/fact/table/mecklenburgcountyvirginia,halifaxcountyvirginia,charlottecountyvirginia,VA/PST045221.

4 U.S. Department of Health and Human Services. Healthy People 2030. Accessed May 2, 2023. https://health.gov/healthypeople/priority-areas/social-determinants-health.

5 Aurora University. Social Work and Poverty: Rural vs. Urban Poverty. Access May 2, 2023. https://online.aurora.edu/infographics/rural-poverty-vs-urban-poverty/.

6 Centers for Medicare & Medicaid Services. Data.CMS.gov. Mapping Medicare Disparities by Population. Accessed May 2, 2023. https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

Community Input

Description

A broad range of diverse community members provided input through a community survey and focus groups. We consulted with individuals with firsthand knowledge of the health needs of the community. These individuals included representatives from health departments, school districts, local non-profits, and other regional public and private organizations. In addition, we gathered input from community leaders, clients of local service providers, and other individuals representing people who are medically underserved, low income, or who face unique barriers to health (e.g., race/ethnic minorities and individuals experiencing homelessness). View Appendix C for the complete list of communities and organizations that provided input.

Methodology

In an effort to include a wide range of community perspectives, as well as the views of those who work with or represent underserved populations within the community, SHRH staff used several methods to identify groups and collect qualitative data. First, SHRH staff reviewed the participant lists from previous CHNA reports in the same community. Second, they examined reports published by local organizations and agencies (e.g., county and city plans, community-based organizations) to identify additional high-needs communities. Finally, staff researched local news stories and identified emerging health needs and social conditions affecting community health that may not yet be indicated in secondary data. Importantly, the inclusion of service providers and community members (through surveys and focus groups) allowed us to identify health needs from the perspectives of diverse populations. For a complete list of participating organizations who completed the survey see Appendix C.

Community survey

The community surveys were conducted jointly with Pittsylvania-Danville and Southside Health Districts and VCU Health. The survey was conducted with a broad-based group of community stakeholders and community members. Electronic surveys were available to the public from August 15, 2023 – September 8, 2023. The survey gathered demographic data such as race, income, and county location. The survey asked respondents for their insight and perspective regarding important health concerns in the community. For the full list of questions and responses, see Appendix C.

The survey was distributed to stakeholders including individuals representing public health, education,

social services, businesses, local government, and local civic organizations. At the completion of the survey period, 84 survey responses for the SHRH community were received. It is important to note that not every respondent answered every question in the survey.

After the initial survey period, the collaborative recognized that a majority of respondents were white. Most counties did not have an equally distributed response to surveys to represent the entire population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. Feedback from the most underserved populations is not adequately reflected in most of the surveys.

Demographics of survey respondents

Of the 84 SHRH community respondents, 85.7% were white, 11.9% Black, 1.2% Asian, and 1.2% Native American.

Survey responses

For this CHNA, we will focus on the survey questions below. Survey respondents were asked to review a list of common community health issues and select all that applied to their community. The tables below show the top five answers for the questions among community member respondents.

Which do you think are the most important issues that affect all of the people in your community?

Respondents chose alcohol or illegal drug use and mental health as being primary concerns in the community, as well as some chronic conditions and obesity. These are top concerns identified in data collection and all three focus groups.

	Percentage	Total number of responses
Alcohol or illegal drugs	50.0%	42
Mental health	48.8%	41
Cancer	40.5%	34
Obesity/overweight	40.5%	33
Diabetes	29.8%	25

What resources and providers are hard to find in your community?

Top resources needed in the community include mental health care services, treatment for substance use, dental care, as well as mother, infant, and elder care.

	Percentage	Total number of responses
Mental health care	60.7%	51
Treatment for alcohol/substance use disorder	47.6%	40
Dental care	45.2%	38
Baby/mother care	42.9%	36
Elder care	36.9%	31

Lifestyle during the last 30 days.

Though a majority of respondents stated unhealthy substance use did not apply to them during the past 30 days, some did identify tobacco use and/or high consumption of alcohol during one sitting.

	Percentage	Total number of responses
None of the above statements apply to my last 30 days	82.1%	69
I have used tobacco products like cigarettes, smokeless tobacco, vaping devices	63.1%	53
I have had 5 or more alcoholic drinks (male) or I have had 4 or more alcoholic drinks (female) in one sitting or occasion	59.5%	50
Drink alcohol only on occasion	54.8%	46
I have used marijuana in any form	47.6%	40

Five most important issues in accessing healthcare for adults in your community.

Top important issues identified include healthcare costs, access to, and affordability of health insurance, lack of medical providers, transportation, as well as having the ability to take time off from work to access healthcare.

	Percentage	Total number of responses
Costs	82.1%	69
Health insurance	63.1%	53
Lack of medical providers	59.5%	50
Transportation	54.8%	46
Time off from work	47.6%	40

Community focus groups

In addition to the online surveys for community insight, Tri-County Community Action carried out a series of more in-depth community focus groups to obtain greater insight from diverse stakeholders and community members. Focus groups were promoted electronically and by word of mouth to hospital patients and visitors, existing hospital and community groups, and partner organizations. Input was also sought from other populations in the community, including representatives of underserved communities and consumers of services. SHRH, in collaboration with Tri-County Community Action, held four focus group sessions between August 28 and August 31, 2023. The number of participants in each group ranged from seven to 12.

Focus groups

- August 28, 2023: In-person Halifax County Focus Group
- August 29, 2023: In-person Charlotte County Focus Group
- August 30, 2023: In-person Mecklenburg County Focus Group
- August 31, 2023: Virtual LGBTQ+ Focus Group

Demographics

The 33 participants ranged in ages from 17 to 61 and older. Altogether, focus group participants were 36.4% white and 63.6% Black. The group identified as 69.7% female, 27.3% male, and 3.0% nonbinary.

Results

Brief summary of key findings

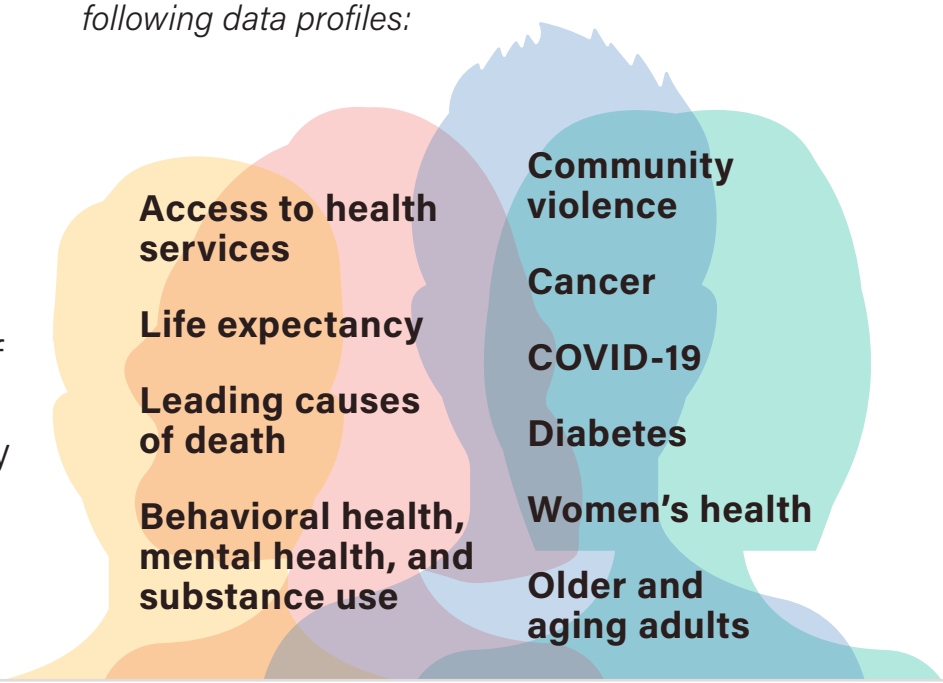
Topic: What are the top three most serious health problems in our community?			
Findings			
aging health	dementia	medication access	self-care
allergies	diabetes	mental health	substance use
ambulance services	health education	nutrition	transportation
cancer	heart health	pediatric health	wait lists
counseling for LGBTQ+	maternity health	prevention	
Topic: What keeps people from being healthy? What are the barriers you and our community face with taking care of our health and accessing care?			
Findings			
affordability	doctors not seeing new patients	knowledge	PCP left, can't get preventative services
availability of doctors	eating habits	lack of specialists	poor housing conditions
availability of services	food desert	lack of trust	transportation
copay	insurance	not motivated	
Topic: What resources would you need to make lifestyle change to be healthier?			
Findings			
access to health care	employment resources/ education	lifestyle change resources/ education	social support
affordable gyms	food banks	meals on wheels	transportation access
affordable healthy foods	healthcare careers for LGBTQ+	phones for aging communities	updated EMR for LGBTQ+
case management	improved living environments	safe outdoor activities	walking trails
Topic: What is being done in our community to improve health and reduce barriers?			
Findings			
community gardens	exercise classes	nurses in schools	trainings for non-nursing staff
crisis mobile clinics for mental health emergencies	financial assistance	senior programs	YMCA programs
mobile clinics	trainings for non-nursing staff		
Topic: What more can be done to improve health, particularly for those individuals and groups most in need? Are there specific opportunities or actions our community could take?			
Findings			
affordable preventative services	health education	meet people where they are	social activities
ambulance services	health screenings	more discussions	support groups for families with autism
care for children with disabilities	hotline for available services	more inclusive documentation	transportation resources
collaborative partnerships	Mammovan	recruiting of doctors, specialists	trauma-informed care training
doctor support, burnout	meal planning on a budget	resource fair	

Health status and prioritization

Health indicators

To gain a deeper understanding of our communities we looked at the County Health Rankings 2023 data to view length of life, quality of life, health behaviors, clinical care, social and economic factors, and physical environment results for this community. Per the County Health Rankings, "many of the leading causes of death and disease are attributed to unhealthy behaviors." Below are key health status indicators for the counties representing this community.

The key health status indicators are organized in the following data profiles:



Access to health services

Access to quality and affordable healthcare is important to an individual's health. Health insurance and local care resources can help ensure access to care. If outpatient care in a community is poor, then people may be more likely to overuse the hospital as their main source of care, resulting in unnecessary hospital stays. Typically, areas with more primary care providers have lower rates of hospitalizations for preventable health issues. Increasing access to primary care is a key solution to reducing unnecessary and costly hospital stays and improving the health of the community. It is important to note that Black populations living in Virginia and in this community have higher rates of preventable hospital stays compared to white residents.[1]

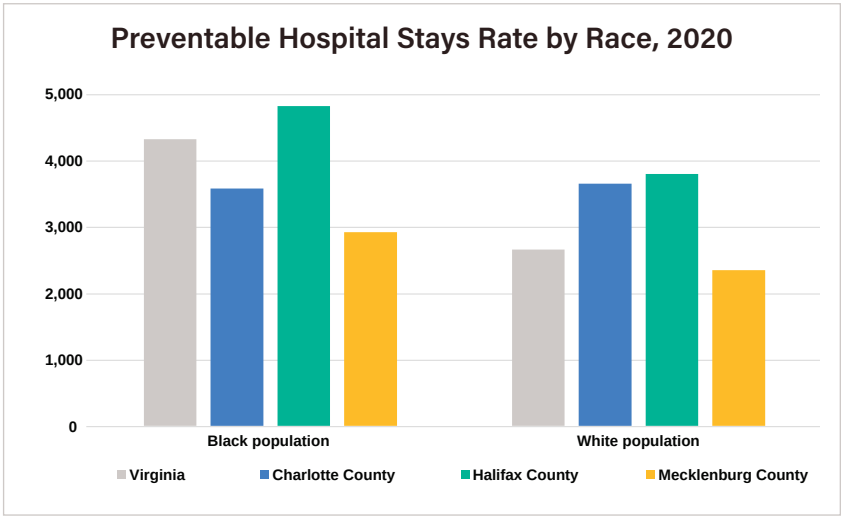


Figure 1 Source: County Health Rankings Data and Documentation.

Life expectancy

Per the County Health Rankings 2022, the life expectancy for a person living in the Commonwealth of Virginia is 79.1. At 74.7, residents in this community have a lower life expectancy than Virginians overall. It is important to note that there is a racial/ethnicity disparity related to life expectancy specific to Black populations. The life expectancy for Black individuals is seven to nine years shorter than white individuals in Virginia.

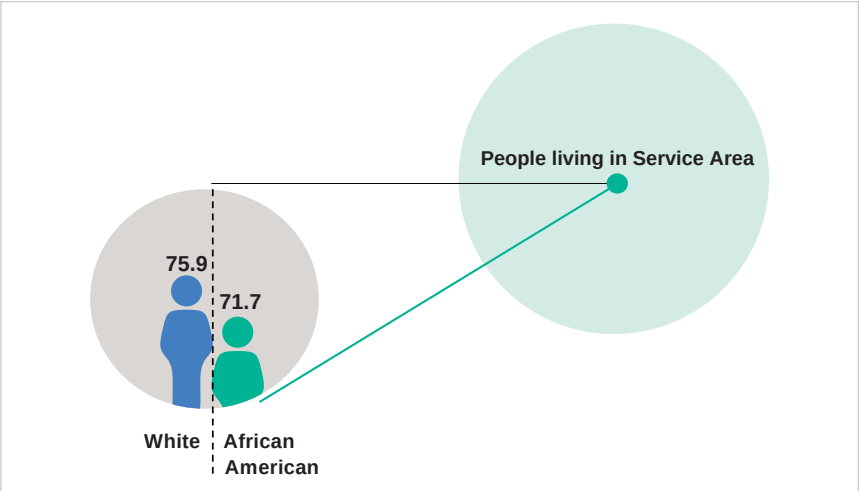


Figure 2 Source: County Health Rankings Data and Documentation.

Leading causes of death

The Virginia Department of Health examined leading causes of death in localities of this community. In 2019, heart disease, cancer, and stroke—in that order—were the top three causes of death in this community.[2]

Leading Causes of Death Per 100,000, Age-adjusted, 2019

		All causes	Cancer	Heart disease	Respiratory diseases	Accidents	Stroke	Alzheimer's disease	Diabetes	Suicide	Chronic liver disease	Influenza and pneumonia
Charlotte	Prevalence rate	1,439	277.8	311.4	42.1	126.3	42.1	58.9	92.6	16.8	33.7	8.4
	Annual average count	171	33	37	5	15	5	7	11	2	4	1
Halifax	Prevalence rate	1,451	300.8	345	88.5	70.8	88.5	59	61.9	8.8	14.7	35.2
	Annual average count	492	102	117	30	24	30	20	21	3	5	12
Mecklenburg	Prevalence rate	1,484	271.4	307.3	81.7	68.7	81.7	52.3	94.8	13.1	19.6	42.4
	Annual average count	454	83	94	25	21	25	16	29	4	6	13
Virginia	Prevalence rate	822.9	176.0	176.1	42.9	46.8	44.7	30.8	27.5	13.3	12.1	9.6
	Annual average count	70,242	15,024	15,035	3,662	3,993	3,819	2,626	2,351	1,135	1,037	816

Figure 3 Source: Virginia Department of Health.

Behavioral health, mental health, and substance use

Hospitalization rates due to alcohol, substance use, mental health, suicide, and self-inflicted injury were examined. In Charlotte and Mecklenburg counties, there were higher hospitalization rates (per 100,000 population) due to substance use disorder and drug overdose compared to Virginia rates[3]. Halifax and Mecklenburg counties had a higher drug overdose death rate (age-adjusted) compared to the state. This community also has higher rates of alcohol-impaired driving deaths compared to Virginia overall.

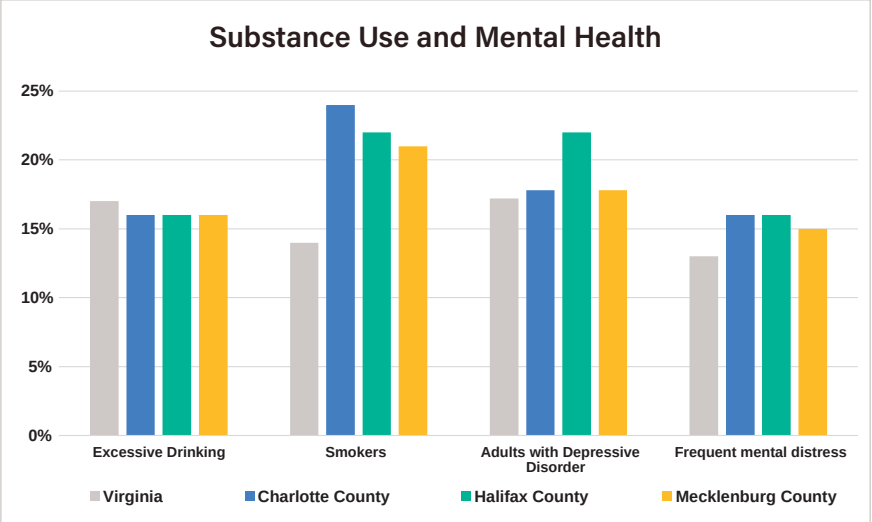


Figure 4 Source: Virginia's Plan for Well-Being Community Health Improvement Data Portal and County Health Rankings Data and Documentation.

Mental health is becoming an increasing health concern for both adolescents and adults. Sentara examined emergency department visits for 2022 - 2023 to gain a better understanding of the mental health crisis communities have been facing since the COVID-19 pandemic. Between April 19, 2022 and April 18, 2023, the SHRH emergency department treated 290 adults with behavioral health diagnoses. Of the 290 visits 28.9% of patients presented with suicidal ideation's, 5.5% with anxiety, 4.1% with schizophrenia, and 4.1% with delusional disorders. SHRH also had 76 adolescents (age 0-17), present with a behavioral health diagnosis. Of the 76 visits, 42.1% presented suicidal ideas and 1.3% with anxiety. It is important to note that the mental health workforce is nearing retirement age, which will negatively impact provider capacity. There is also a need for greater racial and ethnic representation in the mental health workforce.[4]

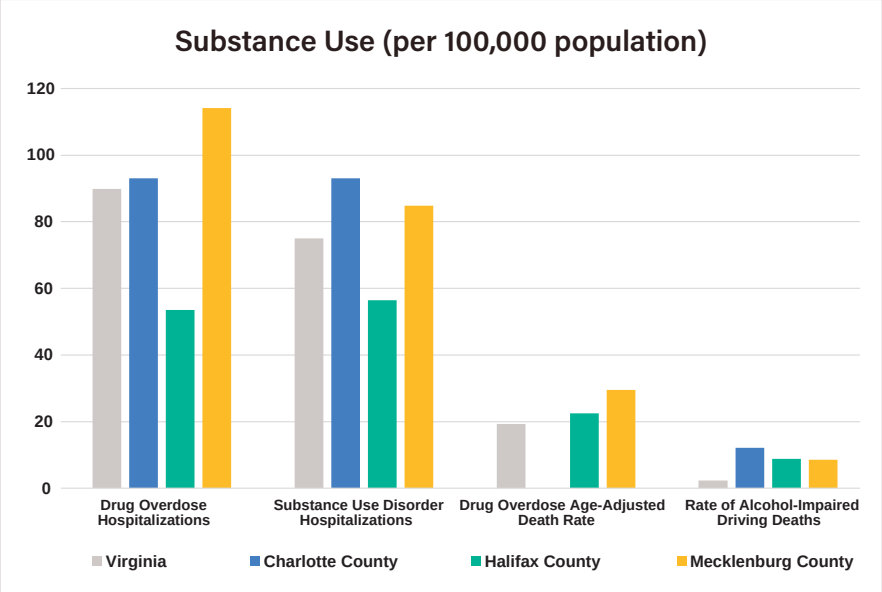


Figure 5 Source: Virginia's Plan for Well-Being Community Health Improvement Data Portal and County Health Rankings Data and Documentation.

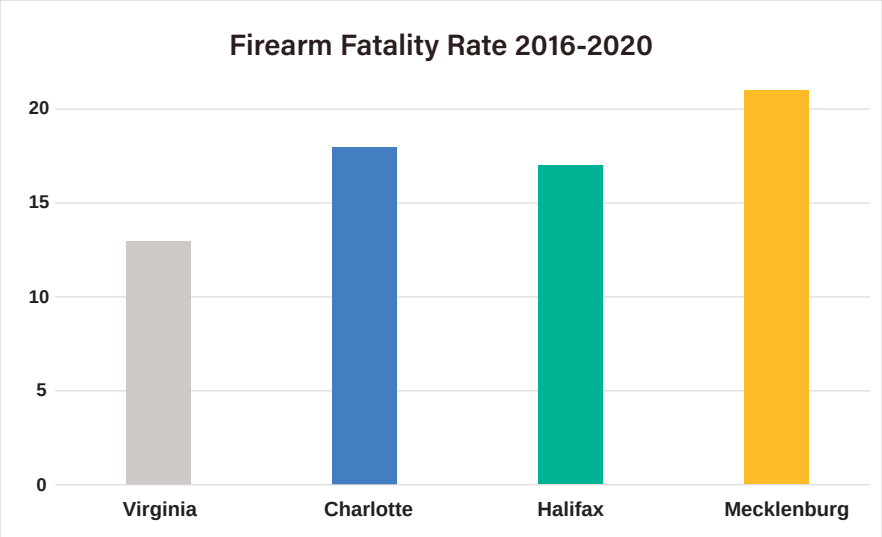


Figure 6 Source: County Health Rankings Data and Documentation.

Community violence

Violent crimes such as gun violence, robbery, or aggravated assault have a harmful socio-emotional impact. They can cause physical and emotional symptoms such as sleep disturbances, increased feelings of distress, anger, depression, inability to trust, and significant issues with family, friends, or coworkers. Violent crimes can be a barrier to healthy behaviors such as engaging in physical activities outdoors. Chronic stress has been associated with violent crimes and increases the prevalence of certain illnesses such as upper respiratory illness and asthma. This can have a life-long impact on the health of the individual.

The rate of violent crime was much higher in several localities in this community compared to the state rate of 207 violent crime offenses per 100,000 people[1]. Per County Health Rankings 2022, Mecklenburg County has the highest rate of violent crimes at 248, followed by Charlotte at 218. Deaths due to firearms are considered largely preventable; as a result, gun violence has been identified as a key public health issue by national agencies. A 2022 study published by the American Academy of Pediatrics showed an increase in pediatric deaths due to firearms. The study also showed a disparity among Black youth who are 14 times more likely to die of firearm injury compared to their white peers (Andrews AL, et al. Pediatrics. Feb. 28, 2022).[6]

Cancer

Since cancer is a leading cause of death in this community, death and incidence rates for a variety of cancer types were examined. Compared to the previous five-year rates, the number of cases and deaths from the most common types of cancer are decreasing in this community.[7] It is important to note the incident rates are rising for the Black and Asian populations living in the Commonwealth of Virginia as a whole[6]. Mortality rates were highest among lung, breast, prostate, and colon cancers. Prostate and lung cancers are the leading causes of cancer death for Black populations living in Virginia. Mecklenburg had the greatest incidence rates for all cancers (503.8).[6] Medical advancements and community outreach programs providing cancer screenings and education are making strides, but to have the greatest impact, we will need to focus efforts on the populations at highest risk for various cancers.

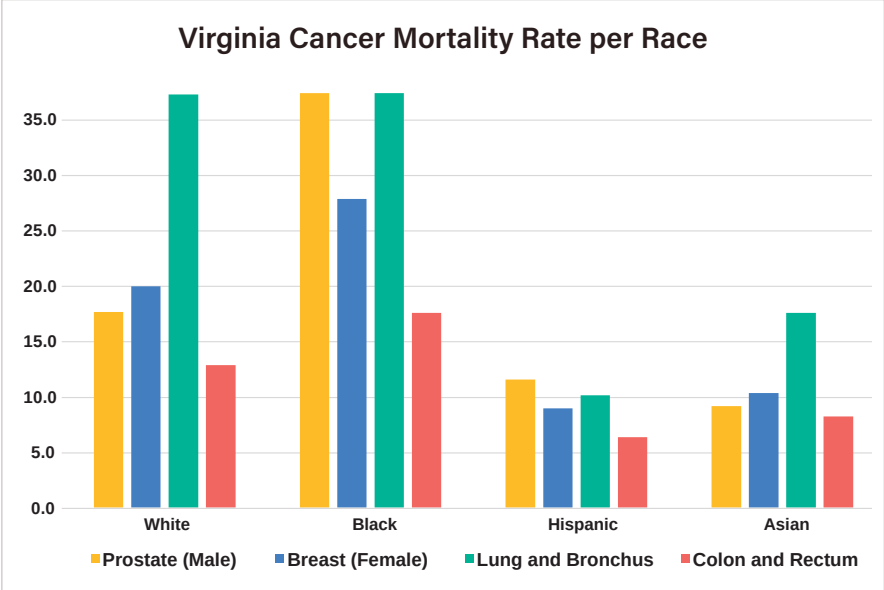


Figure 7 Source: National Cancer Institute, State Cancer Profiles, Death Rates Table.

> Providing quality care to the communities we are fortunate to serve is at the heart of all that we do. We believe partnership is fundamental in the health of the community. Partnering with charitable organizations in our community is critical. Whether we provide financial support, health screenings or health education it is the work we do together that improves the health of the communities we serve. We are honored to be a part of expanding health and wellbeing for all.

— Brian Zwoyer
President, Sentara Halifax Regional Hospital

COVID-19

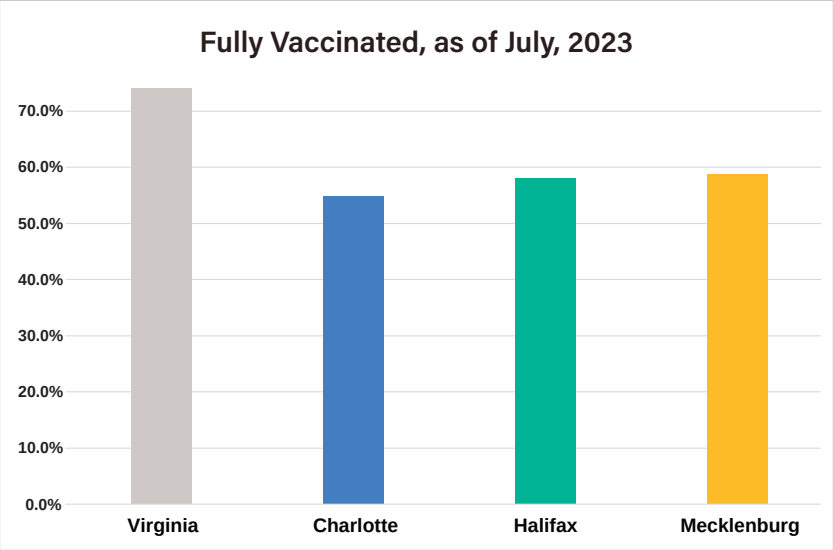


Figure 8 Source: Virginia Department of Health, COVID-19 Dashboard.

In 2020, the COVID-19 pandemic began in the U.S. This contagious disease impacted the health of communities everywhere, including those serviced by SHRH. While many infected with the virus experience mild to moderate respiratory illness and recover without medical treatment, it can be serious and even deadly for others. Per Virginia Department of Health, the Commonwealth of Virginia has seen 2,196,867 cases of COVID-19 with 22,664 deaths. Between December 2021 and December 2022, Charlotte County had the highest rate of cases at 14,746 per 100,000 residents. Halifax County had the highest rate of deaths at 154.6 per 100,000 residents. As of December 2022, Halifax County had the highest percentage of residents fully vaccinated at 58.6%. The percentage of fully vaccinated residents in this community is well below the state percentage of fully vaccinated (73.6%).[8]

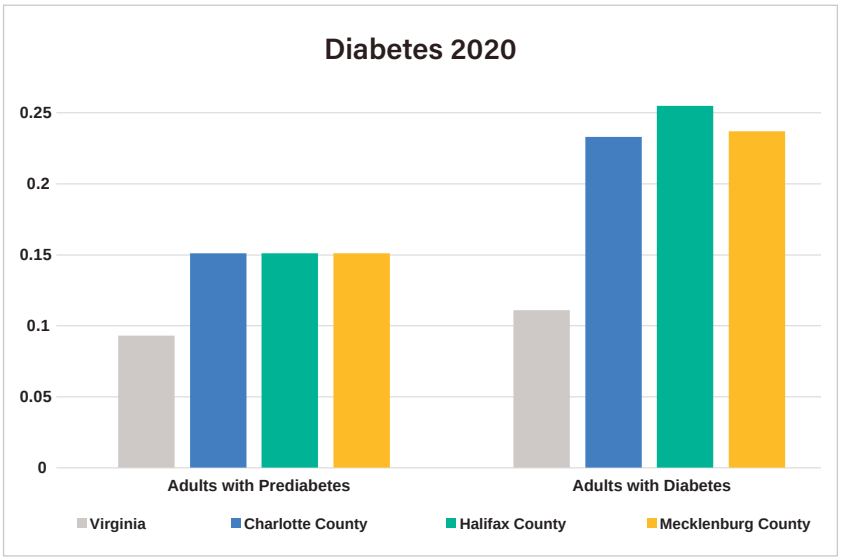


Figure 9 Source: Virginia's Plan for Well-Being Community Health Improvement Data.

Diabetes

According to the Centers for Disease Control and Prevention, the prevalence of Type 2 diabetes continues to increase in the United States and is the seventh leading cause of death in the U.S. Risk factors such as obesity and physical inactivity have played a significant role in this increase, but age and race/ethnicity are also key risk factors. The percentage of adults living with diabetes in this community is higher than the state percentage of 11.1%. SHRH found the hospitalization rate (per 100,000for diabetes was above the state rate of 1,989.00, with Charlotte County having a rate of 4,881.56, Halifax County, 3,000.03 and Mecklenburg County at 3,539.88.[3]

Women's health

Though there are available gynecological services and primary care providers in some areas, transportation challenges continue to create barriers to much needed preventative care for women living in this community. This is something that was widely discussed in the focus groups. Breast and cervical cancer data sources show low rates; however, the lack of access and barriers to cancer screening services suggests these rates may not truly represent the number of women living with these cancers.

Older and aging adults

In many communities, older adults are the fastest growing segment of the population. Challenges come with an aging population, including health-related factors and other factors that ultimately impact health. The percentage of Medicare recipients being seen for hypertension and diabetes, the top conditions for which patients received hospital treatment in this community, was higher in this service area than in the state overall. The percentage of Medicare beneficiaries treated for Alzheimer's disease or dementia was higher in Mecklenburg County (8%)[9] than in Virginia overall (7%). These conditions are important to note as they will impact the aging population's health, quality of life, healthcare demand and costs.

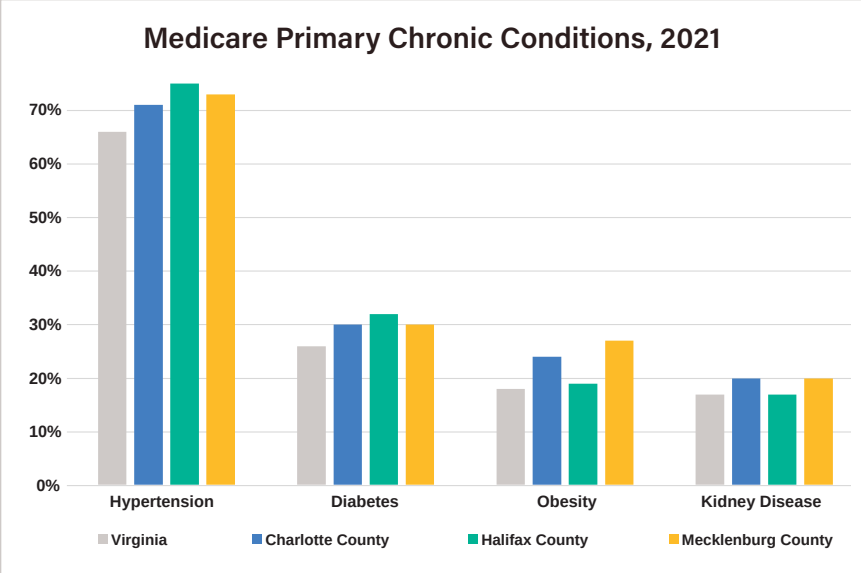


Figure 10 Source: Centers for Medicare & Medicaid Services.

SHRH is also working with the community to complete Advance Care Plans. Advance Care Plans are designed for adults to specify their medical wishes and/or designate someone as their legal medical decision-maker in the event they cannot communicate or advocate for themself. While many team members working within the healthcare industry understand the importance and value of Advance Care Plans, it is evident within the acute care setting that our community members may not have that same understanding until it is too late. Currently, within the Commonwealth of Virginia, there are approximately 99,975 active registrants with Advance Care Plans filed within the U.S. Living Will Registry[11]. Sentara has approximately 72,893 active registrants with Advance Care Plans on file within The U.S. Advance Care Plan Registry (USLWR) with 302 of those completed for residents of SHRH community.

SHRH prioritization

The forces of change

The Forces of Change Assessment (FOCA) focuses on identifying all driving factors that can affect the public health system in a community. The assessment folds into the Mobilizing for Action through Planning and Partnerships model of community health improvement and was used to inform our new CHNA improvement strategy. Extensive secondary quantitative data from publicly available data, as well as primary qualitative data collected from surveys and focus groups were synthesized and analyzed to identify the community health needs. For more details, refer to Appendix D.

Recommendations

With the completion of the 2024 CHNA, Sentara and SHRH developed goals to positively impact the health concerns and socioeconomic needs identified. Sentara and SHRH will leverage community partners and resources to identify ways to address the health concerns identified and create specific priority objectives for the implementation strategy. For 2024-2025, SHRH will focus on the following:

Conclusion

The information presented in this CHNA reveals a rural community facing a number of health challenges resulting from geographic constraints, demographic forces, and, per the focus groups and survey responses, cultural beliefs and choices based on generations of behavior. The same challenges can be found in countless rural communities throughout the country. Beyond the scope of Sentara and SHRH alone, these opportunities will require active partnerships among community organizations and individuals to create lasting impact. Sentara and SHRH are committed to finding innovative, responsive, and successful strategies to address these challenges in order to fulfill our mission to improve health every day.

Endnotes

1 County Health Rankings & Roadmaps: Rankings Data & Documentation. Accessed April 18, 2023. https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation.

2 Virginia Department of Health. Received January 2020.

3 Virginia's Plan for Well-Being Community Health Improvement Data Portal. Accessed May 5, 2023. https://virginiawellbeing.com/virginia-community-health-improvement-data-portal/

4 Virginia Health Care Foundation. (January 2022). Assessment of the Capacity of Virginia's Licensed Behavioral Health Workforce. Retrieved from https://www.vhcf.org/wp-content/uploads/2022/01/BH-Assessment-Final-1.11.2022.pdf on April 11, 2022.

5 Annie L. Andrews, Xzavier Killings, Elizabeth R. Oddo, Kelsey A.B. Gastineau, Ashley B. Hink; Pediatric Firearm Injury Mortality Epidemiology. Pediatrics March 2022; 149 (3): e2021052739. 10.1542/peds.2021-052739. Retrieved from https://pubmed.ncbi.nlm.nih.gov/35224633/ on April 11, 2022.

6 National Cancer Institute, State Cancer Profiles. Incidence Rates Table. Accessed March 1, 2023. https://statecancerprofiles.cancer.gov/incidencerates/index.php.

7 National Cancer Institute, State Cancer Profiles. Death Rates Table. Accessed March 1, 2023. https://statecancerprofiles.cancer.gov/deathrates/index.php.

8 Virginia Department of Health, COVID-19 Dashboard. Accessed July 14, 2023. https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/.

9 Centers for Medicare & Medicaid Services. Data.CMS.gov. Mapping Medicare Disparities by Population. Accessed xxx. https://data.cms.gov/tools/mapping-medicare-disparities-by-population.

10 Virginia Department of Health. Division of Health Statistics. Statistical Reports and Tables. Accessed April 18, 2023. https://apps.vdh.virginia.gov/HealthStats/stats.htm#tables.

11 The U.S. Will Registry. Accessed May 1, 2023. https://www.theuswillregistry.org/.

Supplemental resources

2021-2024 Implementation strategy progress summary

The previous CHNA identified several health issues in the service area. The SHRH implementation strategy progress report was developed to document activities addressing health needs identified in the 2021 CHNA report through both primary and secondary data sources. This section of the CHNA report describes these activities and collaborative efforts. SHRH is monitoring and evaluating progress to date on 2021 implementation strategies to track implementation and document the impact of those strategies in addressing selected CHNA health needs.

For reference, the list below includes the 2021 CHNA health needs that were prioritized to be addressed by SHRH in the 2021 Implementation Strategy.

- **Behavioral health**
- **Access to care**
- **Economic and social factors: Impact on health (social determinants of health)**

Behavioral health

Sentara Behavioral Health created a Dialectical Behavior Therapy (DBT) Skill Building Group to reduce barriers to access mental health services and provide education to the community to reduce the stigma surrounding mental and behavioral health issues. Weekly individual and group sessions were held to help people develop healthier ways of thinking and accepting who they are. Diary cards, behavioral chain analysis, prioritizing targets and formal assessments are included in individual DBT skill building sessions. There are four modes in DBT: individual therapy, group skills training, peer consultation team meetings, and intersession contact between therapist and patient. Sentara Behavioral Health has added two licensed residents in counseling to serve clients in this service area. SHRH also hosts community wellness screening activities to provide anxiety screening and educational materials to the community.

Access to care

SHRH collaborates with multiple community partners to improve the health of the community. SHRH provides health education through social media and educational videos to improve community awareness of preventative care and services available. SHRH also attends multiple community events each year to provide cancer, cardiac, cholesterol, diabetes, BMI, and stroke education and screenings to community members. Diabetes education classes are available to learn about self-monitoring blood glucose, diabetes complications, stress management, lipid control and weight management, which includes setting health goals, exercise, nutrition, and meal planning.

Economic and social factors

SHRH continues to meet people where they live, work and play to increase community health and access to services. SHRH provides community support through multiple initiatives. One initiative is the Health Harvest Community Garden, which provides fresh produce for those in need, education on the importance of healthy eating, and collaboration with other community actors who work toward the same goals.

Grantmaking and community benefit

In the 2021 Implementation Strategy process, Sentara and hospital facilities planned for and drew on a broad array of resources and strategies

> There is no one-size-fits-all solution, and there is no one single entity that can tackle these issues alone. That's why we're committed to advancing regional Community Health Improvement Plans developed in partnership with other providers and community leaders. These plans represent the next step in our ability to truly deliver on our mission: We Improve Health Every Day.
>
> — Dr. Jordan Asher
> *Sentara Health Executive Vice President and Chief Physician Executive*

to improve the health of our communities and vulnerable populations, such as grant making, in-kind resources, collaborations, and partnerships.

Sentara is aware of the significant impact that our organization has on the economic vitality of our communities. As a system, Sentara will continue to invest in and support organizations and projects that address prominent social determinants of health. We will continue to promote health equity by working to eliminate traditional barriers to health and human services. In 2021, Sentara invested $245 million in the communities we serve; $16 million in community giving, $23 million in health and prevention programs, $45 million in teaching and training of healthcare professionals and $167 million in uncompensated patient care. In 2022, Sentara invested $260 million in our communities, which included $6.7 million in health education and prevention programs, $48.5 million in teaching and training opportunities for healthcare professionals, $48 million in community giving and provided $157 million in uncompensated patient care to further address health disparities.

Clearly, the definition of community health is broader than medical care. As more is known about the role of social determinants of health, more opportunities will arise to influence population health by engaging in community approaches to care. Beyond the scope of SHRH alone, these opportunities will require active partnerships among local organizations and individuals to create lasting impact. Sentara and SHRH are committed to finding innovative, responsive, and successful strategies to address these challenges, to fulfill our mission to improve health every day. While we will consider proposals that fall outside of the following focus areas, we strongly encourage proposals that align with one or more of the following priorities:

- **Housing:** Partner with agencies and organizations that can creatively address a variety of housing issues.
- **Food Security:** Improve food security in our communities through innovative programs.
- **Skilled Careers:** Educate people to gain higher paying jobs for more sustainable economic opportunities.

Healthcare access and its importance

How easy is it to get healthcare when you need it?

Health care is considered accessible if it is affordably offered nearby, on time, and by culturally competent, high-quality providers.[3]

Nearly One in Ten...

9.0% of Virginians under 65 are uninsured

Compared with...

9% of Halifax county residents and

11% Charlotte and Mecklenburg counties[1]

Blacks in SHRH are

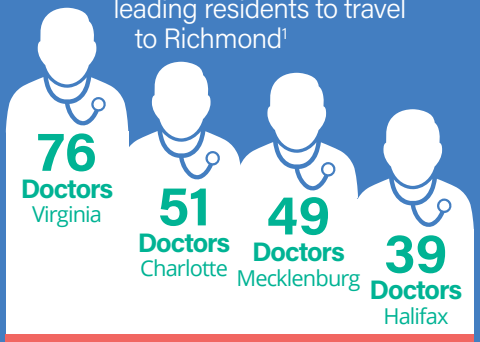
45%

more likely than Whites to be hospitalized for problems that might have been addressed at the primary care level.[2]

It is...

3 times harder

to find a primary care doctor in Charlotte, Halifax, and Mecklenburg counties, leading residents to travel to Richmond[1]



per 100,000 residents

2 times harder

to find a dentist for SHRH residents[2]

There are **47 dentists per 100,000 residents** in Halifax county vs. **33 per 100,000** in the other 2 counties.

2 times easier

to find a mental health provider in Halifax county[1]

There are **119 mental health providers per 100,000 residents** in Halifax county vs. **100** in Mecklenburg and **44** in Charlotte counties.

[1] County Health Rankings & Roadmaps. Rankings Data & Documentation. Accessed November 28, 2023. https://www.countyhealthrankings.org/explore-health-rankings/compare-counties?compareCounties=51000%2C51083%2C51037%2C51117&year=2023

[2] Centers for Medicaid and Medicare Services. Mapping Medicare Disparities by Population. Accessed November 28, 2023. https://data.cms.gov/tools/mapping-medicare-disparities-by-population

[3] Healthy People 2020. Access to Health Services. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed August 21, 2022.

Prioritizing mental health

The COVID-19 pandemic heaped enormous stress on all Americans, but **especially the most vulnerable**.

By the end of 2021[1]...

20%

35%

33%

33% of Virginians had symptoms of either **depressive or anxiety disorders**, down from 35% a year earlier, but up from the lowest levels in August 2022 (20%)

34% vs. 32%

A higher proportion of Blacks reported symptoms of anxiety or depression disorders than Whites

but...

19% vs. 29%

A smaller proportion of Blacks took prescription medication for mental health concerns than Whites

People with disabilities were strongly affected...

45% of people with disabilities experienced symptoms of depressive or anxiety disorders, as compared with only **13% of people without disabilities**

[1] National Center for Health Statistics. U.S. Census Bureau, Household Pulse Survey, 2020–2023. Anxiety and Depression. Accessed October 17, 2023. Generated interactively: from https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

Understanding the impacts of

Social determinants of health

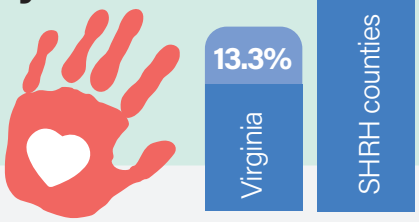
When social, economic, and environmental needs are met, there are more opportunities to be healthy. But when there are obstacles to meeting those needs, such as poverty and lack of jobs or education, then healthy living can be out of reach and beyond an individual's control.

Median household income

varies widely across SHRH (as of 2021), from **$45,567** in Charlotte County to **$46,378** in Mecklenburg County[3]

23.2% of SHRH children live in poverty[1]

vs. 13.3% in Virginia



Racial disparities in household income

Overall in SHRH, Black mean household income is **$32,670** less than for White households, with a difference as large as **$24,841** in Mecklenburg county and as small as **$14,984** in Charlotte county.[3]

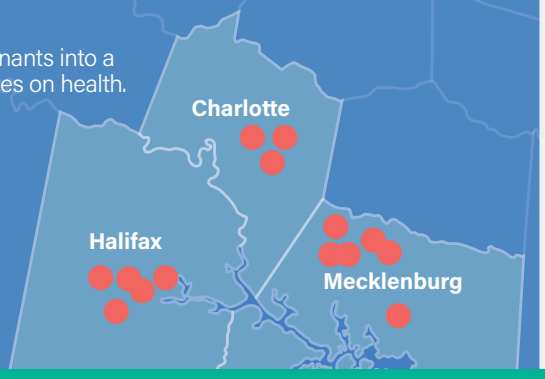
Social vulnerability index

The CDC's Social Vulnerability Index combines a number of social determinants into a single measure to determine how vulnerable a location is to external stresses on health.

14 out of 27 SHRH census tracts are highly vulnerable

On average:

- 6 tracts in Mecklenburg
- 5 in Halifax
- 3 in Charlotte



Unemployment in SHRH (as of 2021) is also marginally better than in Virginia as a whole (2.3% vs 2.9%).[1]

Technology access 84.5% SHRH households have computers with only 66.1% having internet, compared to Virginia with 90.8% having computers and 87.6% with internet services.[3]

56% in Halifax, 60% in Charlotte and 61% in Mecklenburg Counties have some **college education** compared to Virginia with 72%.

[1] US Census Bureau, 2021, Small Area Income and Poverty Estimates (SAIPE). Accessed May 3, 2023, https://www.census.gov/data-tools/demo/saipe/#/?map_geoSelector=aa_c&s_state=51&s_year=2020&s_county=51037,51083,51117&s_district=&s_geography=county&s_measures=u18

[2] Brown CL, Raza D, Pinto AD. Voting, health and interventions in healthcare settings: a scoping review. Public health reviews, 2020. 41(1), 1-21

[3] US Census Bureau. 2017-2021 ACS 5-Year Estimates. Accessed November 28, 2023, https://data.census.gov/table/ACSST5Y2021.S1903?q=United%20States&t=Income%20(Households,%20Families,%20Individuals):Income%20and%20Earnings:Income%20and%20Poverty&g=040XX00US51_050XX00US51037,51083,51117

[4] The Social Vulnerabilty Index (SVI): Interactive Map, Agency for Toxic Substances and Disease Registry, Census Tract 2020. Accessed November 28, 2023. https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Community health needs assessment references

Community demographics

Geographic data

- USA.com, Virginia State Population Density. http://www.usa.com/virginia-state.htm

Population data

- Centers for Medicare & Medicaid Services 2019; Mapping Medicare Data. https://data.cms.gov/tools/mapping-medicare-disparities-by-population
- Research Group of the Weldon Cooper Center for Public Service, Demographics. https://demographics.coopercenter.org/virginia-population-projections/#map-01
- U.S. Census Bureau QuickFacts Table 2020, Virginia Quick Facts. https://www.census.gov/quickfacts/fact/table/mecklenburgcountyvirginia,halifaxcountyvirginia,charlottecountyvirginia,VA/PST045221
- U.S. Census Bureau, American Community Survey Five-Year Estimates, 2017-21. https://data.census.gov/table?q=DP05&g=050XX00US51083,51117,51037_040XX00US51&tid=ACSDP5Y2021.DP05
- Virginia Medicaid Department of Medical Assistance Services; Data (As of May 2, 2023). https://www.dmas.virginia.gov/data/medicaid-famis-enrollment/

Health indicators

Advance care planning

- The United States Will Registry, https://www.theuswillregistry.org

Alzheimer's disease

- Virginia Alzheimer's Commission, AlzPossible Initiative. https://alzpossible.org/data-and-data-sets/

Cancer

- NIH National Cancer Institute, State Cancer Profile; 2016-2020. https://statecancerprofiles.cancer.gov/index.html

County health rankings

- County Health Rankings & Roadmaps: Rankings Data & Documentation. https://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation

COVID-19

- Virginia Department of Health, COVID-19 Data in Virginia, Dashboard. https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/

Maternal and infant

- Virginia Department of Health Division of Health statistics. https://apps.vdh.virginia.gov/HealthStats/stats.htm#tables

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