

A photograph of a man with a beard and short hair, wearing a grey t-shirt and blue jeans, carrying a young girl with curly hair on his shoulders. They are both smiling and holding hands, standing outdoors with a bright, sunny background. A large, dark blue, curved graphic element is on the left side of the image.

# Community Health Needs Assessment

**Winchester Medical Center**

 **ValleyHealth**  
Winchester Medical Center

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# EXECUTIVE SUMMARY

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## Introduction

This community health needs assessment (CHNA) was conducted by Winchester Medical Center (WMC or the hospital) to identify community health needs and to inform the subsequent development of an Implementation Strategy to address those needs. The hospital's assessment of community health needs also responds to regulatory requirements.

Winchester Medical Center is a 495-bed regional referral hospital that serves 13 counties in Virginia and West Virginia, and Winchester City in Virginia. The Magnet designated hospital provides an unusual breadth of services, including the region's only Level II Trauma Center, an accredited Chest Pain Center-Primary PCI, an Advanced Primary Stroke Center, a Level 4 Epilepsy Center, and a Level III Neonatal Intensive Care Unit (NICU). Additional information regarding the hospital and its services is available at: <http://www.valleyhealthlink.com>.

The hospital is an operating unit of Valley Health System, which includes one other acute care hospital (Warren Memorial Hospital), and 4 critical care access hospitals, and operates a range of other facilities and services in Virginia, West Virginia and Maryland. Two of the critical access hospitals, Page Memorial Hospital and Shenandoah Memorial Hospital are located in Virginia while Hampshire Memorial Hospital and War Memorial Hospital are located in West Virginia.



Federal regulations require that tax-exempt hospital facilities conduct a CHNA every three years and develop an implementation strategy that addresses priority community health needs. Tax-exempt hospitals also are required to report information about community benefits they provide on IRS Form 990, Schedule H.

As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities and programs seek to achieve several objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.<sup>1</sup>

To be reported, community need for the activity or program must be established. Needs can be established by conducting a community health needs assessment.

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of *how* the hospital can best address significant needs is subject of a separate Implementation Strategy.

## Community Health Needs Assessment Adoption

This community health needs assessment was adopted by the Valley Health Board of Trustees on December 13, 2022.

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<sup>1</sup> Instructions for IRS form 990 Schedule H, 2018.

## Methodology Summary

An already active Community Advisory Committee along with additional invited community members was used to help guide the hospital's Community Health Needs Assessment (CHNA) process. This committee included individuals who had previously served on various community committees – Valley Health Board of Trustees, the Health Director from the Lord Fairfax Health District which serves Clarke, Frederick, Page, Shenandoah, and Warren counties and Winchester City. Committee members included representatives from Winchester Medical Center and across Valley Health.

Community health needs were identified by collecting and analyzing data and information from multiple sources. Statistics for numerous health status, health care access, and related indicators were analyzed, including comparisons to benchmarks where possible. The principal findings of recent health assessments conducted by other organizations were reviewed as well.

Input from 172 individuals was received through 63 key informant interviews. These informants represented the broad interests of the community and included individuals with special knowledge of, or expertise, in public health.

A community health survey was administered between the months of November 1, 2021 and extended through April 20, 2022. The survey was translated into Spanish. A total of 1,852 completed surveys from across the region were received. Among those, 108 surveys were received from the Hispanic community.

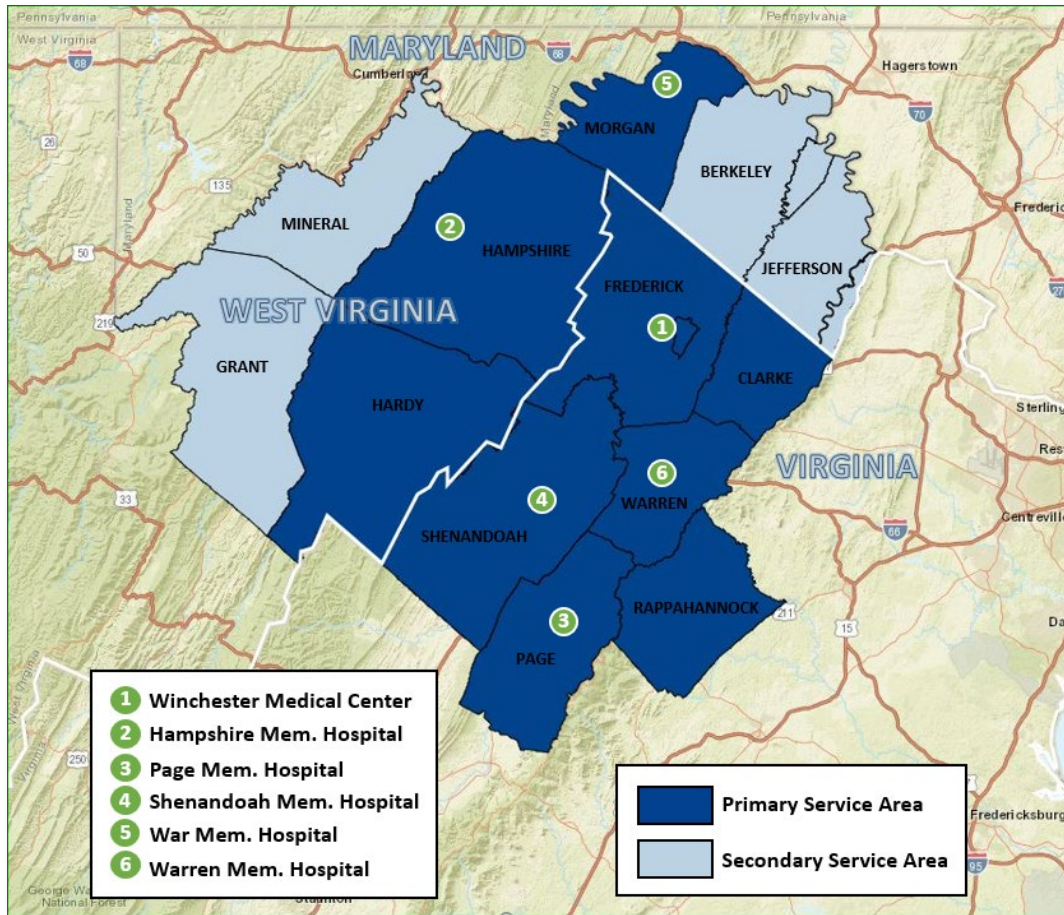
Valley Health applied a ranking methodology to prioritize the community health needs identified, incorporating both quantitative and qualitative data throughout. Scores for the severity and scope of identified health needs were assigned and calculated using weighted averages taking into account multiple data sources. Major themes discussed in the community response sessions were compared to the scored health issues to aid in identifying the prioritized list of health needs.

Community health needs were determined to be “significant” if they were identified as problematic in at least three of the four following data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessment developed by other organizations, (3) community input provided by the key informants who participated in the interview process, or (4) the community health survey.

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

WMC collaborated with the other Valley Health hospitals for this assessment: Hampshire Memorial Hospital, Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, and Warren Memorial Hospital.

## Community Served by Hospital



Source: ESRI 2019, Created by Planning and Business Development

### Winchester Medical Center Community by the Numbers

PSA and SSA Community includes thirteen counties and Winchester City: Clarke, Frederick, Page, Rappahannock, Shenandoah, Warren, and Winchester City in Virginia, and Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral and Morgan counties in West Virginia. Darker blue shading is Winchester Medical Center's primary service area.

Total population 2021: 542,288

Projected population change between 2021 and 2026 is 6.4%.

Demographics:

1. 17.6% of the population is 65+.
2. 80.9% of inpatient discharges originate from Winchester Medical Center's primary services area, while 12.1% comes from Winchester Medical Center's secondary service area.

## Significant Community Health Needs

The CHNA identified and prioritized community health needs using the data sources, analytic methods, and prioritization process and criteria described in the Methodology section. These needs are listed below in priority order and described on the following pages, with examples of the data supporting the determination of each health need as a priority. Further detail regarding supporting data, including sources, can be found in the CHNA Data and Analysis section of this report.

### Prioritized Health Needs

1. Health Behaviors and Chronic Disease
2. Social & Economic Factors
3. Access to Primary, Preventative, and Clinical Care
4. Mental Health and Substance Abuse
5. Physical Environment
6. Health Outcomes
7. Maternal and Child Health

To provide insight into trends, a comparison to findings from WMC's August 2019 CHNA is included below the description and key findings of each priority need, and outlined *below*.

### 1. Health Behaviors and Chronic Disease

A lack of physical activity and poor nutrition are contributing factors to being overweight. Obesity can also lead to a wide range of health problems and chronic diseases among all age groups. This includes high cholesterol, hypertension, diabetes, heart disease, stroke, and some cancers. Nationally, the increase in the prevalence of being overweight and obesity and associated chronic diseases is well-documented, and has negative consequences for individuals and society. Low-income and poverty often contribute to poor nutrition and to hunger.

#### Key Findings

- Frederick, Page, Shenandoah, Warren counties, and Winchester City in Virginia, and Grant County in West Virginia reported adult obesity rates higher than their state averages. (**Exhibits 24 and 25**).
- Physical inactivity was reported higher than the Virginia average of 25 percent for six out of the seven Virginia counties, and four out of seven West Virginia counties reported higher than the West Virginia average of 30 percent (**Exhibits 24 and 25**).
- Areas that reported higher access to exercise opportunities include Winchester City in Virginia, and Grant, and Hardy counties in West Virginia (**Exhibits 24 and 25**).
- Clarke, Page, Rappahannock, Shenandoah, Warren counties reported higher percentages of excessive drinking than the commonwealth average of 17 percent, and in West Virginia, Berkeley, Jefferson, Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15 percent (**Exhibits 24 and 25**).
- Alcohol-impaired driving deaths were reported higher than state averages for Frederick County in Virginia, and Berkeley, Hampshire, and Morgan counties in West Virginia.



- Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, influenza/pneumonia, and suicide rates were greater than the commonwealth average for six of the seven counties in Virginia (**Exhibit 26A**).
- For all seven West Virginia counties mortality due to cancer, heart disease, chronic lower respiratory diseases, nephritis and nephrosis, influenza and pneumonia, and suicide rates were greater than West Virginia and national averages. (**Exhibit 26B**).
- Berkeley, Frederick, Hampshire, Jefferson, Mineral, Morgan, Shenandoah, and Warren counties reported unintentional-injury related mortality at a higher rate than the Virginia, West Virginia and national averages for that cohort. The overall populations of Virginia counties reported higher rates of mortality related to suicide than commonwealth averages (**Exhibit 27**).
- Clarke, Frederick, Page, Warren, and Winchester City residents experienced cancer mortality rates higher than the commonwealth and national averages for lung and bronchus (**Exhibit 28A**).
- Breast cancer rates were highest in Frederick and Shenandoah counties, and Winchester City (**Exhibit 28A**).
- Prostate cancer was reported higher than both the commonwealth and national averages in Shenandoah and Warren counties, and Winchester City (**Exhibit 28A**).
- Berkeley, Hampshire, and Morgan County residents experienced cancer mortality rates higher than the West Virginia and National averages for colorectal cancer. Berkeley, Hampshire, and Morgan counties reported Cancer Mortality rates higher than both West Virginia national averages for lung and bronchus. Berkeley, Jefferson, and Mineral counties showed the highest rates for breast cancer in the WMC's community (**Exhibit 28B**).
- Commenting on the contributing factors to poor health status, interview participants mentioned nutrition and diet, low physical activity and exercise, and food insecurity. Many commented on the lack of affordable, healthy food choices in some parts of the community.

Comparison to WMC's 2019 CHNA: Physical activity, nutrition, and obesity-related chronic diseases were top health priorities areas identified in WMC's 2019 CHNA. Participants in key informant interviews in 2019 reported obesity prevalence bad as or worse than two to three years ago.

## 2. Social & Economic Factors (Education, Employment, and Income)

Income levels, employment and economic self-sufficiency correlate with the prevalence of a range of health problems and factors contributing to poor health. People with lower income or who are unemployed/underemployed are less likely to have health insurance or the ability to afford out-of-pocket healthcare expenses. Lower household income is associated with increased difficulty in securing reliable transportation, impacting access to medical care and the ability to purchase an adequate quantity of healthy food on a regular basis. For these and other reasons, the assessment identified financial hardship and basic needs insecurity as a priority health need in the community.

### Key Findings

- All Virginia counties in the community had a higher percentage than the commonwealth average of residents aged 25 and older who did not graduate high school. Page County experienced a slight increase of 20 percent of non-graduates compared to the previous 2019 assessment showing 19.6 percent of non-graduates (**Exhibit 12**).
- Grant, Hampshire, Hardy, and Morgan counties in West Virginia had higher percentages of non-graduates than the state average of 13.8 percent. Berkeley and Jefferson counties have higher percentages of residents who completed a college degree than the state average of 29.1 percent (**Exhibit 12**).
- In Virginia, three of the seven counties reported higher percentages of households with income less than \$25,000 than the Virginia commonwealth average of 15 percent. In West Virginia, all seven counties reported percentages lower than the state average of 25.8 percent, however, four of those counties reported household incomes greater than the national average of 18 percent (**Exhibit 14**).
- Page and Shenandoah counties, and Winchester City reported median household income levels below the state and national averages. In West Virginia, Hardy, Morgan, Grant and Mineral counties also reported median household income levels below the state and national averages (**Exhibit 15**).
- **Exhibit 16A** shows unemployment rates for December 2019-July 2022. Post-pandemic unemployment rates are higher than pre-pandemic rates across all counties in our region with the exception of Page County.
- In 2019, Page County reported the highest unemployment rate among Virginia counties in the WMC community, and Hardy County reported the highest unemployment rate for West Virginia counties. The unemployment rate for Page County reported a slight increase from previous year, and is higher than Virginia and national averages (**Exhibit 16B**).
- Clarke, Rappahannock, Berkeley, Jefferson, and Mineral counties reported the highest percentage of students completing high school (**Exhibits 24 & 25**).
- The highest unemployment rate for WMC's community was in Page County.
- The highest percentages of children in poverty were reported for Hampshire, Page, Rappahannock, Shenandoah, and Warren counties, and Winchester City (**Exhibits 24 & 25**).
- Children in single households were reported higher for Mineral and Warren counties, and Winchester City (**Exhibits 24 & 25**).

- Winchester City, Hardy and Morgan counties reported the highest violent crime rates for WMC's community (**Exhibits 24 & 25**).
- **Exhibit 18** provides certain crime statistics for counties served by Winchester Medical Center. Frederick and Shenandoah counties had a higher number of offenses for property crimes, including burglary, compared to other counties within WMC's community. Offenses reported for larceny were also comparatively high in Frederick and Jefferson counties. Frederick County had the highest number of reported offenses of motor vehicle thefts compared to other counties within the service area.
- The highest percentages of students receiving free or reduced lunches for the WMC Community were located in Page County and Winchester City, VA (**Exhibit 20A**).
- Interview participants believe that low income housing and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- From the community health survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to WMC's 2019 CHNA: Financial hardship and basic needs insecurity was not one of the top health priority areas identified in WMC's 2019 CHNA, but that assessment did note several financial hardship measures relevant to health. From the interview and survey data collected, COVID-19 pandemic was cited as major contributor to financial hardship.

### 3. Access to Primary, Preventive, and Clinical care

Access to primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital to the health of the community's residents. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, the availability and location of health care providers, an understanding of where to find services when needed, and reliable personal or public transportation.

#### Key Findings

- In 2021, the WMC community accounted for 90.2 percent of the hospital's inpatients and emergency department discharges. The majority (86.4 percent) of the hospital's inpatients originated from the primary service area. Approximately 45 percent of emergency department visits originated from Winchester City and Frederick County (**Exhibit 2**).
- Population characteristics and change play a role in influencing the health issues of and service needed by communities. The total population in the WMC's community is expected to grow 6.4 percent from 2021 to 2026 (**Exhibit 4**).
- The Winchester community is experiencing lower ratio rates when it comes to the number of primary care physicians per 100,000 populations and the number of dentists available within the region. In addition, while there have been some growth in providers, there is a need for additional access to mental health providers. The Winchester community is below the Virginia ratio in several counties for these types of providers, according to the *County Health Rankings* report. In West Virginia, ratio rates for mental health providers are lower in all areas except Berkeley County. The need of primary care physicians, dentists, and mental health providers were higher than the state average for all of WMC's community, except for Winchester City for both dental and mental health providers, and Berkeley County for mental health. (**Exhibit 24C and 25C**).
- **Exhibit 17A** demonstrates that all Virginia counties except Frederick and Shenandoah had uninsured rates higher than the commonwealth and national averages. Rappahannock County, and Winchester City had reported uninsured rates higher than the other Virginia counties.
- Since January 1, 2019, more adults living in Virginia have access to quality, low-cost, health insurance through Virginia Medicaid. Covered adults include individuals ages 19-64 with income at or below 138% of the federal poverty limit. As of August 2022, there are 679,591 enrolled members in the commonwealth of Virginia.
- West Virginia's leaders opted to expand Medicaid under the Affordable Care Act (ACA) starting on January 1, 2014, providing coverage to low-income adults, most of whom have jobs but no option for employer-sponsored health insurance. As of May 2022, West Virginia has enrolled 622,788 individuals in Medicaid and CHIP — a net increase of 75.7% since the first Marketplace Open Enrollment Period.
- Clarke, Page, Rappahannock, and Warren counties, and Winchester City reported higher uninsured percentages higher than Virginia (8.4%) and national (8.7%) averages. Berkeley, Hampshire, Morgan, Grant, and Mineral counties in West Virginia had uninsured population percentages higher than the West Virginia state average of 5.9% (**Exhibit 17B**).

- In West Virginia the uninsured rate decreased from 6.5 percent to 5.9 percent, and in Virginia there was a decrease from 9.9 percent to 8.4 percent during the reporting period. **(Exhibit 17B)**.
- The percent of female Medicare enrollees that received mammography screenings in Grant (42%) and Mineral (52%) Counties in West Virginia percentages were higher than the state average of 42 percent.
- The preventable hospital stay rate is higher than the state average for Frederick, Page, Shenandoah, Warren, and Winchester City in Virginia, and Grant County in West Virginia.
- Both Clarke and Winchester City reported higher flu vaccination rates than the commonwealth average of 51 percent in Virginia, and Berkeley and Mineral counties in West Virginia higher than that state average of 42 percent.
- Key informant interviews mentioned that there is a need to promote the importance of health screenings among women aged 40-50 years old.
- In key informant interviews, concerns about access to care, as well as the need for specialty care, were the most frequently mentioned factors contributing to poor health.
- Lack of accessible or reliable transportation to health care appointments and a lack of providers who accept new Medicaid and even Medicare patients were the most frequently mentioned specific access to care issues in interviews, especially for low-income individuals and senior citizens.

Comparison to WMC's 2019 CHNA: Access to affordable health care was one of the priority issues identified in WMC's 2019 CHNA, for reasons including: a lack of providers relative to the population; affordability and the uninsured; and the challenges of unemployment and low income.

## 4. Mental Health and Substance Abuse

Mental and behavioral health includes both mental health conditions (e.g., depression, bi-polar) and behavioral problems (e.g., bullying, suicidal behavior). Poor mental and behavioral health causes suffering for both those afflicted and the people around them. It can negatively impact the ability of children to learn in school, and the ability of adults to be productive in the workplace and to provide a stable and nurturing environment for their families. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness.

Substance abuse includes the use of: illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana); misuse of legal over-the-counter and prescription medications; and abuse of alcohol. Substance abuse affects not only the individual substance user, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, student ability to learn, and families' ability to function. Tobacco smoking is well-documented to be a risk factor for various forms of cancer, heart disease and other ailments, and to pose health risks for those exposed to secondhand smoke.

- Nine of the 13 counties in WMC's Community reported poor mental health days higher than their state's average according to the *County Health Rankings* report (**Exhibits 24 and 25**).
- Clarke, Page, Rappahannock, Shenandoah, and Warren counties reported higher percentages of excessive drinking than the state average of 17 percent, and in West Virginia, Berkeley, Jefferson, Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15 percent (**Exhibits 24B and 25B**).
- Mental health days (physically unhealthy days) were reported higher than the state average (4.2) for all seven Virginia counties (**Exhibits 24B and 25B**).
- Alcohol-impaired driving deaths were reported higher than state averages for Frederick County in Virginia, and Berkeley, Hampshire, and Morgan counties in West Virginia.
- Substance abuse was a major concern and mentioned frequently by key informant interview participants. It was portrayed as a growing and serious issue within the community.

Comparison to WMH's 2019 CHNA: Mental health was one of the priority issues identified in WMC's 2019 CHNA, for reasons including: the presence of mental health, Health Professional Shortage Area (HPSAs); and unfavorable suicide rates compared to the state's average. In 2019, 77 percent of deaths by suicide were male, and 54 percent of deaths by persons aged 45 years or older at time of death.

## 5. Physical Environment (Air and Water Quality, Housing and Transit)

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Clean air and safe water are necessary for good health. Air pollution is associated with increased asthma rates and lung diseases, and an increase in the risk of premature death from heart or lung disease. Water contaminated with chemicals, pesticides, or other contaminants can lead to illness, infection, and increased risks of cancer.

Stable, affordable housing can provide a safe environment for families to live, learn, grow, and form social bonds. However, housing is often the single largest expense for a family and when too much of a paycheck goes to paying the rent or mortgage, this housing cost burden can force people to choose among paying for other essentials such as utilities, food, transportation, or medical care.

### Key Findings

- Severe housing problems were reported for Berkeley, Clarke, Jefferson, Rappahannock, and Morgan counties, and Winchester City (**Exhibits 24 & 25**).
- The percentages of the workforce that drives alone to work in Clarke, Frederick, Page, and Shenandoah counties in Virginia, and Berkeley, Hampshire, and Mineral counties in West Virginia were higher than the state averages (**Exhibits 24 & 25**).
- The reported percentage of the workforce that commute alone, and drive more than 30 minutes in Clarke, Frederick, Page, and Shenandoah counties was higher than the commonwealth average in Virginia. Berkeley, Hampshire, and Mineral counties were higher than the West Virginia state average (**Exhibits 24 & 25**).
- Participants in interviews believe that low income housing, and poverty were the top issues contributing to poor health status and limited care. Other income-related factors noted include difficulty with securing transportation to medical appointments and homelessness.
- In the survey, low income and financial challenges were reported. For survey respondents who reported not being able to always get the care they needed, affordability and lack of insurance coverage were the reasons most frequently mentioned.

Comparison to WMC's 2019 CHNA: Physical Environment was not one of the top health priority areas identified in WMC's 2019 CHNA, but that assessment did note several measures relevant to health, housing, and transit.

## 6. Health Outcomes (Length of Life & Quality of Life)

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing both length of life and the quality of life. Length of Life measures how long people within a community live and whether the people are considered to be dying too early. Quality of Life refers to how healthy people feel while alive. It represents the well-being of a community, and represents the importance of physical, mental, social and emotional health from birth to adulthood.

### Key Findings

- Mental health days (physically unhealthy days) were reported higher than the commonwealth average (4.2) for all seven Virginia counties (**Exhibit 24**).
- **Exhibits 24 & 25** from the County Health Rankings reported poor physical health days for Page, Shenandoah, and Warren counties, and Winchester City, higher than the state average of 3.7 in Virginia, and Grant, Hampshire and Hardy counties in West Virginia (5.3).
- Frederick, Page, Shenandoah, Warren Counties, and Winchester City reported poor health days (percent fair/poor) higher than the state average of 16 percent, and Grant, Hampshire, and Hardy counties exceed the West Virginia state average of 24%. (**Exhibits 24 & 25**).

Comparison to WMC's 2019 CHNA: Health Outcomes was not one of the top health priority areas identified in WMC's 2019 CHNA, but that assessment did note several measures relevant to mortality, unintentional injury and suicide rates.



## 7. Maternal and Child Health

Maternal and child health indicators, including teen pregnancy and infant mortality, should be considered when evaluating the health of a community. The rate of teen pregnancy is an important health statistic in any community for reasons that include: concerns for the health of the mother and child, the financial and emotional ability of the mother to care for the child, and the ability of the mother to complete her secondary education and earn a living. Teen pregnancy also stresses the educational system and the families of teen mothers. Infant mortality can be a sign of deficits in access to care, health education, personal resources, and the physical environment.

### Key Findings

- Teen birth rates were higher in Frederick, Page, Shenandoah, Warren counties, and Winchester City than the commonwealth average in Virginia, and Grant, Hampshire, and Hardy counties reported higher than state average in West Virginia (**Exhibits 24 & 25**).
- Sexually transmitted infections were reported higher in Winchester City than the commonwealth average. (**Exhibit 24**).
- Key informant interviews mentioned that there was limited access to prenatal care and obstetric services in Front Royal and Warren County.

Comparison to August 2019 CHNA: Maternal and child health indicators, including teen pregnancy and infant mortality, were not identified as top health priorities in Winchester Medical Center's August 2019 CHNA.

# DATA ANALYSIS

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## Data Sources and Analytic Methods

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and assists in identifying the highest-priority health needs.

Statistics for health status, health care access, and related indicators were analyzed and included data from local, state, and federal public agencies, community service organizations in the WMC community, and Valley Health. Comparisons to benchmarks were made where possible. Details from these quantitative data are presented in the report's body, followed by a review of the principal findings of health assessments conducted by other organizations in the community in recent years.

Input from persons representing the broad interests of the community was collected through: 63 individual/group interviews with over 172 key informants (January-March 2022); 133 low-income population interviews at local food banks and Valley Health Wellness Festival were collected, a community health survey with 1,852 respondents; and six community response sessions (April 2022) comprised of 49 additional community stakeholders where preliminary findings were discussed. Interviews and community response sessions included: individuals with special knowledge of, or expertise in, public health; local and state health agencies with current data or information about the health needs of the community; and leaders, representing the medically underserved, low-income, and minority populations, and populations with chronic disease needs. Feedback from community response session participants helped validate findings and prioritize identified health needs.

## Collaborating Organizations

WMC collaborated with the other Valley Health hospitals for this assessment: Hampshire Memorial Hospital, Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, and Warren Memorial Hospital.

Valley Health's internal project team included Mark Nantz, president and CEO, Valley Health System; Grady (Skip) Philips, senior vice president, Valley Health and president of Winchester Medical Center; Dr. Jeff Feit, Valley Health Population Health and Community Health Officer, and Chris Rucker, Chief Strategy Officer and Chief of Staff, Valley Health, Tracy Mitchell, VHS director, community health & wellness services, Michael Wade, operations manager; marketing and communications; and Mary Welch-Flores, manager, business intelligence.

The Valley Health Community Health Needs Assessment (CHNA) Steering Committee was developed to provide insight regarding the needs of the communities participating in the 2022 CHNA. The Steering Committee guides the process to ensure alignment with organizational mission and vision and support of legislative mandates regarding CHNA reporting. Members of the committee make sure those components of the CHNA are being adequately compiled and addressed and that the project is completed with prioritized health needs.

Valley Health System's Community Advisory Council steering committee included:

Gwen Borders-Walker, vice president, NAACP (Winchester, VA)  
Pastor George Bowers, faith-based community member  
Travis Clark, vice president, Valley Health; President, Shenandoah Memorial Hospital and Page Memorial Hospital  
Jennifer Coello, vice president, Operations and Administrator, Warren Memorial Hospital  
Jason Craig, director, VHS Community Health  
Miranda Delmerico, president, WMC Auxiliary  
Dr. Jeff Feit, Valley Health Population Health and Community Health Officer  
Dr. Ray Grimm, former member, WMH Board of Trustees (Front Royal, VA)  
Sharen Gromling, executive director, Our Health (Winchester, VA)  
Jenny Grooms, executive director, Valley Health Foundations  
Henry (Mac) Hobgood, former chairman, WMH Board of Trustees (Front Royal, VA)  
Diane Kerns, former member, WMC Board of Trustees (Winchester, VA)  
Thomas Kluge, senior vice president, Valley Health Critical Access Hospitals, and president, War and Hampshire Memorial Hospital  
Richard (Dick) L. Masincup, former member, PMH Board of Trustees (Luray, VA)  
Tracy Mitchell, VHS director, Community Health & Wellness Services  
Mark Nantz, president and CEO, Valley Health  
Grady (Skip) Philips, III, senior vice president, Valley Health; president, Winchester Medical Center  
Dr. Iyad Sabbagh, chief physician executive and president, Valley Physician Enterprise  
Elizabeth Savage, senior vice president/chief human resource officer (CHRO)  
Ethel Showman, former member, SMH Board of Trustees (Front Royal, VA)  
Michael Wade, operations manager, Marketing & Communications  
Cathy Weaver, former member, PMH Board of Trustees (Luray, VA)  
Mary Welch-Flores, manager, Business Intelligence  
Karen Whetzel, former member, SMH Board of Trustees (Woodstock, VA)

Additionally, lists of the interviewees and community response session participants are provided in **Exhibits 61** through **65** of this report.

## Prioritization Process and Criteria

Valley Health System applied a ranking methodology to prioritize the community health needs identified by the assessment, incorporating both quantitative and qualitative data throughout. Scores were calculated for each data category (secondary data, previous assessments, survey, and interviews) based on the number of sources measuring each health issue and the severity of the issue as measured by the data and as indicated by community input. Scores were averaged and assigned a weight for each data category: 40 percent, 10 percent, 10 percent, and 40 percent, respectively. All identified health issues were assigned scores for severity and scope. Major themes discussed by participants in the community response sessions were compared to the scored health issues.

## Information Gaps

No information gaps have affected the hospital's ability to reach reasonable conclusions regarding priority community health needs.

# DEFINITION OF COMMUNITY ASSESSED

This section identifies the community that was assessed by Winchester Medical Center (WMC). WMC’s community is comprised of 13 counties in Virginia and West Virginia and Winchester City in Virginia (114 ZIP codes). The hospital’s primary service area (PSA) includes Clarke, Frederick, Page, Rappahannock, Shenandoah, and Warren counties and Winchester City in Virginia, and Hampshire, Hardy, and Morgan counties in West Virginia. The secondary service area (SSA) includes Berkeley, Grant, Jefferson, and Mineral counties in West Virginia (**Exhibit 1**). The hospital is located in Winchester, Virginia.

In 2022, the WMC community was estimated to have a population of 542,288 persons. Approximately 58 percent of the population resided in the primary service area (**Exhibit 1**).

**Exhibit 1: Community Population, 2022**

2022 DATA		
County/City	Total Population 2021	Percent of Total Population
<b>PSA</b>	<b>314,818</b>	<b>58.1%</b>
Clarke County, VA	15,195	2.8%
Frederick County, VA	94,769	17.5%
Hampshire County, WV	25,447	4.7%
Hardy County, WV	14,805	2.7%
Morgan County, WV	18,779	3.5%
Page County, VA	24,772	4.6%
Rappahannock County, VA	7,562	1.4%
Shenandoah County, VA	44,577	8.2%
Warren County, VA	40,943	7.6%
Winchester City, VA	27,969	5.2%
<b>SSA</b>	<b>227,470</b>	<b>41.9%</b>
Berkeley County, WV	126,690	23.4%
Grant County, WV	13,551	2.5%
Jefferson County, WV	59,210	10.9%
Mineral County, WV	28,019	5.2%
<b>Total</b>	<b>542,288</b>	<b>100%</b>
<b>Virginia</b>	8,757,467	2.7%
<b>West Virginia</b>	1,781,860	0.5%
<b>USA</b>	<b>330,088,686</b>	<b>100%</b>

Sources: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties

This community definition was validated by the geographic origins of WMC inpatients and emergency department encounters (**Exhibit 2**).

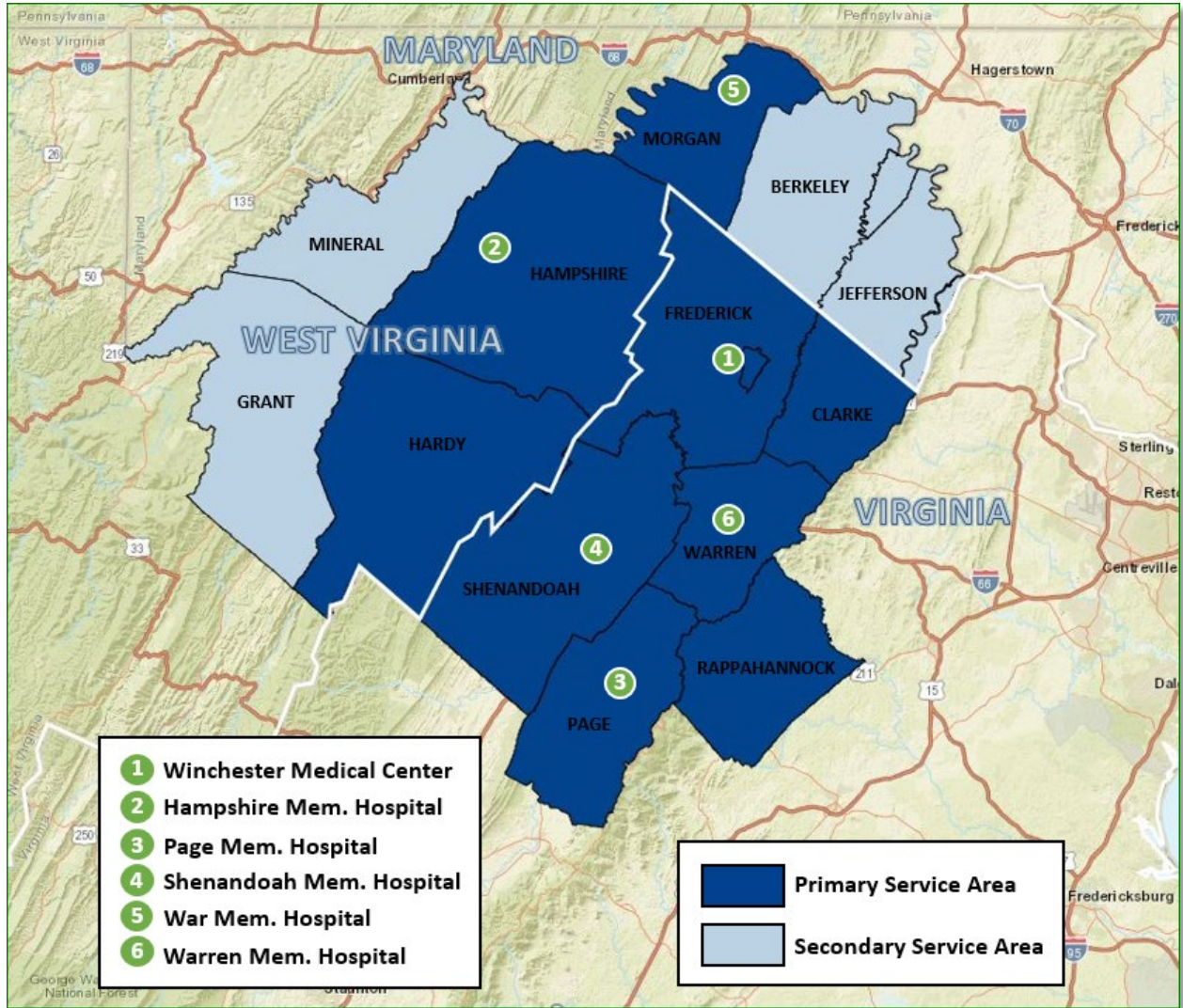
**Exhibit 2: WMC Inpatient and Emergency Department Discharges, 2021**

2021	Number of Inpatient Discharges	Percent of Patient Discharges	Number of ED Discharges*	Percent of ED Discharges
<b>PSA</b>	<b>21,990</b>	<b>80.9%</b>	<b>52,141</b>	<b>80.0%</b>
Clarke County, VA	1,052	3.9%	3380	5.2%
Frederick County, VA	6,853	25.2%	24,829	38.1%
Hampshire County, WV	1,742	6.4%	2957	4.5%
Hardy County, WV	607	2.2%	1278	2.0%
Morgan County, WV	1,202	4.4%	1643	2.5%
Page County, VA	1281	4.7%	528	0.8%
Rappahannock County, VA	126	0.5%	58	0.1%
Shenandoah County, VA	3,102	11.4%	3220	4.9%
Warren County, VA	3,264	12.0%	2561	3.9%
Winchester City, VA	2,761	10.2%	11,687	17.9%
<b>SSA</b>	<b>3,281</b>	<b>12.1%</b>	<b>8,436</b>	<b>12.9%</b>
Berkeley County, WV	2,167	8.0%	6,301	9.7%
Grant County, WV	177	0.7%	235	0.4%
Jefferson County, WV	781	2.9%	1731	2.7%
Mineral County, WV	156	0.6%	169	0.3%
<b>PSA and SSA Total</b>	<b>25,271</b>	<b>93.0%</b>	<b>60,577</b>	<b>92.9%</b>
<b>Other areas</b>	<b>1,916</b>	<b>7.0%</b>	<b>4604</b>	<b>7.1%</b>
<b>Total Discharges</b>	<b>27,187</b>	<b>100.0%</b>	<b>65,181</b>	<b>100.0%</b>

Source: Winchester Medical Center Patient Discharge Volumes IP and ED, 2021 (Tableau)

In 2021, the WMC community accounted for 93 percent of the hospital’s inpatients and emergency department discharges. The majority (80.9 percent) of the hospital’s inpatients originated from the primary service area. Approximately 56 percent of emergency department visits originated from Winchester City and Frederick County (**Exhibit 2**).

**Exhibit 3: Winchester Medical Center Community:** 13 counties plus Winchester City that comprise WMC’s primary and secondary service areas.



Source: ESRI 2021, Created by Planning and Business Development

# SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in WMC’s community.

## Demographics

Population characteristics and change play a role in influencing the health issues of and service needed by communities. The total population in the WMC’s community is expected to grow 6.4 percent from 2021 to 2026 (**Exhibit 4**).

**Exhibit 4: Percent Change in Population by County/City, 2021-2026**

2021 DATA			
County/City	Total Population 2021	Total Population estimates 2026	Percent Change in Population 2021-2026
<b>PSA</b>	314,818	328,921	4.5%
Clarke County, VA	15,195	15,682	3.2%
Frederick County, VA	94,769	104,650	10.4%
Hampshire County, WV	25,447	25,436	0.0%
Hardy County, WV	14,805	15,162	2.4%
Morgan County, WV	18,779	19,249	2.5%
Page County, VA	24,772	24,646	-0.5%
Rappahannock County, VA	7,562	7,447	-1.5%
Shenandoah County, VA	44,577	45,628	2.4%
Warren County, VA	40,943	42,337	3.4%
Winchester City, VA	27,969	28,684	2.6%
<b>SSA</b>	227,470	248,292	9.2%
Berkeley County, WV	126,690	141,163	11.4%
Grant County, WV	13,551	13,817	2.0%
Jefferson County, WV	59,210	65,751	11.0%
Mineral County, WV	28,019	27,561	-1.6%
<b>Total</b>	542,288	577,213	6.4%

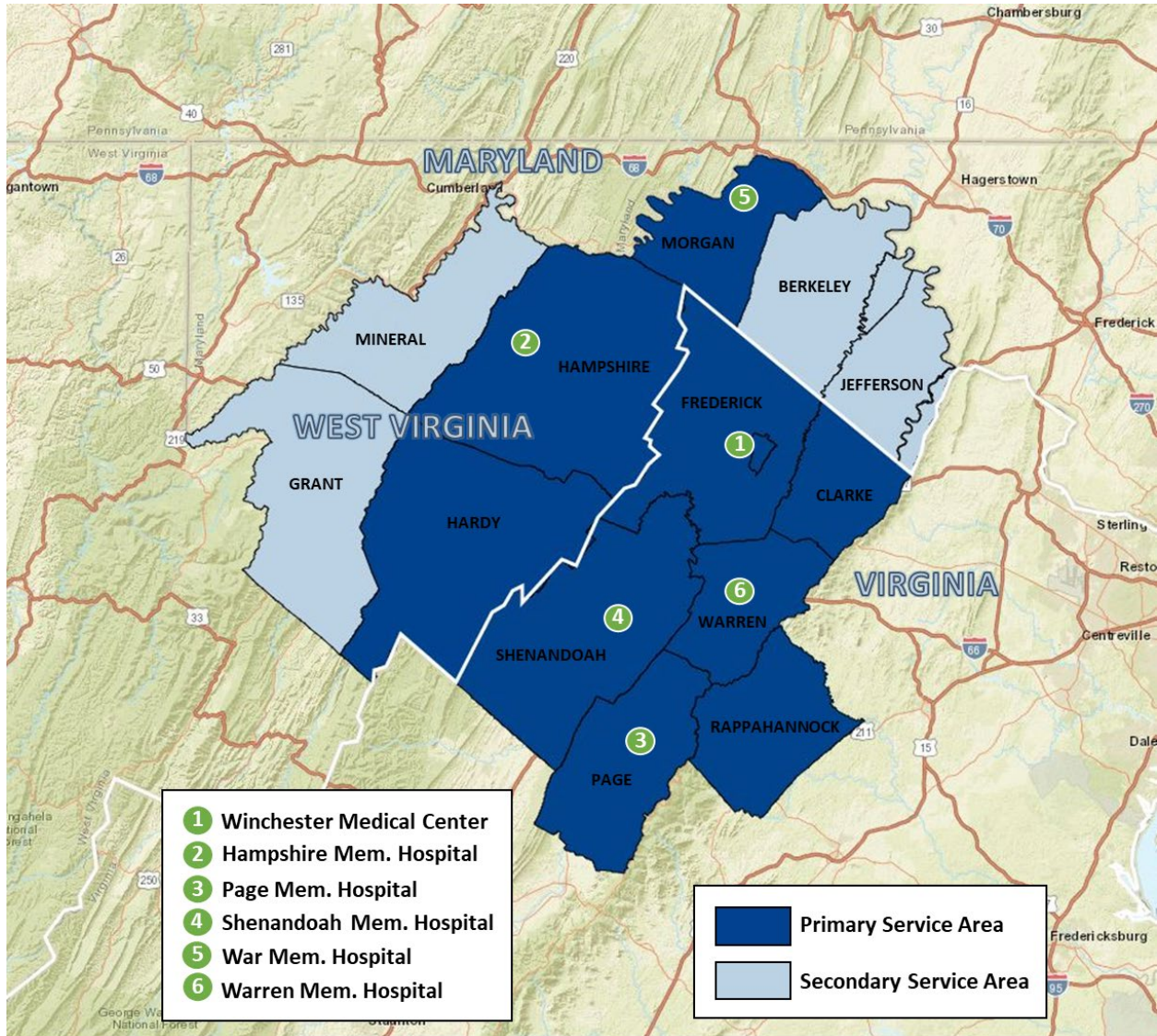
Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All counties

Frederick County, Virginia is expected to increase by 10.4 percent and Jefferson County, West Virginia to increase by 11 percent between 2021 and 2026.<sup>2</sup> Berkeley County has the largest projected population increase at 11.4 percent for the WMC community (**Exhibit 4**).

<sup>2</sup> ESRI Detailed Age Profiles PSA and SSA All counties



**Exhibit 5: Population Change by County/City and ZIP Code, 2021-2026**



Source: ESRI 2021, Created by Planning and Business Development

Berkeley and Jefferson counties in West Virginia are expected to grow faster than the community as a whole (approximately 11.4 and 11 percent respectively), while Rappahannock County in Virginia, and Mineral County in West Virginia are projected to experience population declines (**Exhibits 4 and 5**).

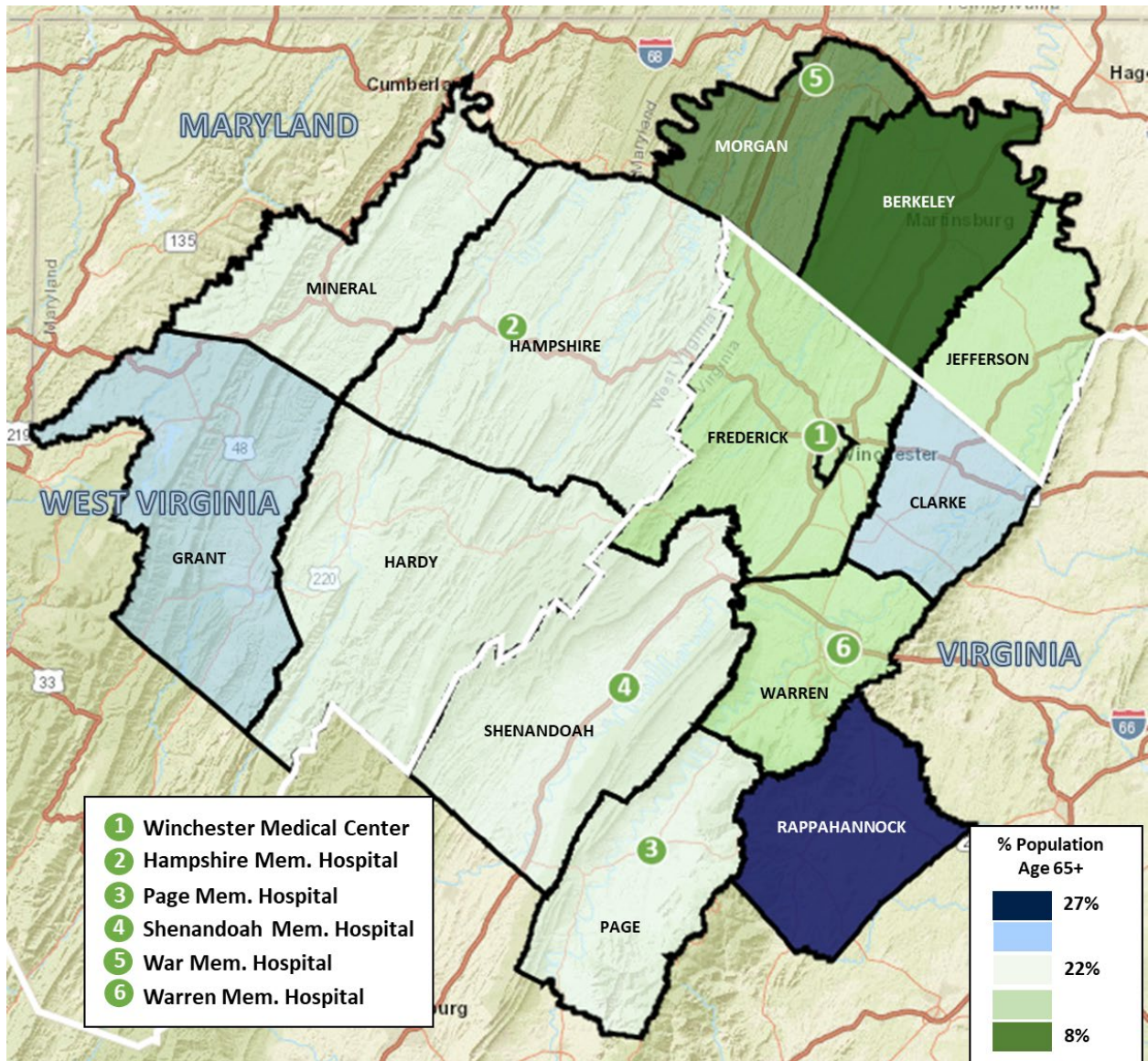
**Exhibit 6: Percent Change in Population by Age/Sex Cohort, 2021-2023**

Age/Sex Total Population	Population 2018	Population 2021	% Growth 2018-2021	Population 2026	5 Year % Change	% total 2021 Population
<b>Female 0-19</b>	60,928	61,745	1.3%	65,783	6.5%	11.4%
<b>Male 0-19</b>	63,643	64,730	1.7%	69,309	7.1%	11.9%
<b>Female 20-44</b>	78,354	81,409	3.9%	84,717	4.1%	15.0%
<b>Male 20-44</b>	78,556	81,649	3.9%	85,237	4.4%	15.1%
<b>Female 45-64</b>	73,918	74,592	0.9%	74,766	0.2%	13.8%
<b>Male 45-64</b>	73,062	73,906	1.2%	74,268	0.5%	13.6%
<b>Female 65+</b>	49,646	55,471	11.7%	65,450	18.0%	10.2%
<b>Male 65+</b>	43,294	48,786	12.7%	57,683	18.2%	9.0%
<b>Total</b>	<b>521401</b>	<b>542,288</b>	<b>4.0%</b>	<b>577,213</b>	<b>6.4%</b>	<b>100.0%</b>

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All Counties

The number of residents aged 44 years and younger has increase by 10.9 percent since 2018. The number of residents aged 65+ years has increased by 24.4 percent since 2018, while the 45 and older age cohort, in total, has had an increase of 26.5 percent. The 65+ age cohort experienced a 19.2 percent increase from 2018 (**Exhibit 6**).

**Exhibit 7: Percent of Population Aged 65+ by County/City, 2021**



Source: ESRI 2021, Created by Planning and Business Development

### Exhibit 7: Percent of Population Aged 65+ by County/City, 2021

Market/County	2021	2026	2021 Total Population	%65+	5 year growth
<b>Primary</b>	<b>61,433</b>	<b>71,513</b>	<b>314,818</b>	<b>19.5%</b>	<b>16.4%</b>
Clarke, VA	3,547	4,232	15,195	23%	19.3%
Frederick, VA	16,482	20,664	94,769	17.4%	25.4%
Hampshire, WV	5,759	6,519	25,447	22.6%	13.2%
Hardy, WV	3,253	3,730	14,805	22.0%	14.7%
Morgan, WV	2,436	2,765	18,779	13.0%	13.5%
Page, VA	5,553	6,057	24,772	22.4%	9.1%
Rappahannock, VA	2,041	2,294	7,562	27.0%	12.4%
Shenandoah, VA	10,414	11,674	44,577	23.4%	12.1%
Warren, VA	7,170	8,371	40,943	17.5%	16.8%
Winchester, VA	4,778	5,207	27,969	17%	9.0%
<b>Secondary</b>	<b>30,857</b>	<b>37,018</b>	<b>227,470</b>	<b>13.57%</b>	<b>20.0%</b>
Berkeley, WV	10,858	13,555	126,690	8.57%	24.8%
Grant, WV	3,308	3,726	13,551	24%	12.6%
Jefferson, WV	10,236	12,776	59,210	17%	24.8%
Mineral, WV	6,455	6,961	28,019	23%	7.8%
<b>Total</b>	<b>92,290</b>	<b>108,531</b>	<b>542,288</b>	<b>17%</b>	<b>17.6%</b>

Source: Projections: ESRI 2021 Detailed Age Profiles PSA and SSA All Counties

At 27 percent, Rappahannock County reported the highest percentage of people aged 65 and older. Grant County showed 24 percent, Clarke and Shenandoah counties in Virginia, and Mineral County in West Virginia has 23 percent of population were 65 and older. Berkeley County in West Virginia had the lowest percentage of people aged 65 and over.

### Exhibit 8: Distribution of Population by Race, 2018-2023

Race/Ethnicity	2021 Total	2026 Total	%Change in Population 2021-2026	% of Total 2021 Population	% of Total Population 2026
American Indian and Alaska Native	1,739	2,005	15.3%	0.3%	0.3%
Asian	6,920	8,840	27.7%	1.3%	1.5%
Black or African American	27,439	31,210	13.7%	5.1%	5.4%
Native Hawaiian/Pacific Islander	206	238	15.5%	0.04%	0.0%
Some other Race	14,674	18,137	23.6%	2.7%	3.1%
Two or more Races	15,633	19,004	21.6%	2.9%	3.3%
White	475,677	497,779	4.6%	87.7%	86.2%
<b>Total</b>	<b>542,288</b>	<b>577,213</b>	<b>6.4%</b>	<b>100%</b>	<b>100%</b>
<b>Hispanic or Latino</b>	<b>35,975</b>	<b>38,909</b>	<b>8.2%</b>	<b>6.6%</b>	<b>6.7%</b>
Not Hispanic or Latino	506,313	538,304	6.3%	93.4%	93.3%
<b>Total</b>	<b>542,288</b>	<b>577,213</b>	<b>6.4%</b>	<b>100%</b>	<b>100%</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties.

About 87.7 percent of the WMC’s community population is White compared to the previous assessment in 2019 at 88.5 percent. According to the ESRI Community Profiles, the Hispanic or Latino population is expected to increase 8.2 percent between 2021 and 2026 (**Exhibit 8A**).

**Exhibit 8A: VA Counties Distribution of Population by Race, 2021-2026**

Race/Ethnicity	Page, VA		Rappahannock, VA		Shenandoah, VA		Warren, VA	
	2021	2026	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	79	94	23	25	135	153	213	248
Asian	119	144	85	102	563	700	556	694
Black or African American	539	550	307	288	1,298	1,623	1,940	2,000
Native Hawaiian/Pacific Islander	8	9	3	3	8	9	13	15
Some other Race	194	228	52	58	1,623	1,885	664	836
Two or more Races	436	525	165	186	1,023	1,226	1,309	1,606
White	23,397	23,096	6,927	6,785	39,927	40,032	36,248	36,938
<b>Total</b>	<b>24,772</b>	<b>24,646</b>	<b>7,562</b>	<b>7,447</b>	<b>44,577</b>	<b>45,628</b>	<b>40,943</b>	<b>42,337</b>
<b>Hispanic or Latino</b>	<b>603</b>	<b>721</b>	<b>305</b>	<b>408</b>	<b>3,484</b>	<b>4,054</b>	<b>2,329</b>	<b>2,977</b>
Not Hispanic or Latino	24,169	23,925	7,257	7,039	41,093	41,574	38,614	39,360
<b>Total</b>	<b>24,772</b>	<b>24,646</b>	<b>7,562</b>	<b>7,447</b>	<b>44,577</b>	<b>45,628</b>	<b>40,943</b>	<b>42,337</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties

**Exhibit 8B: VA Counties Distribution of Population by Race, 2021-2026**

Race/Ethnicity	Clarke, VA		Frederick, VA		Winchester City	
	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	79	94	306	367	118	127
Asian	200	249	1,718	2,308	697	755
Black or African American	650	607	4,369	5,282	2,948	2,977
Native Hawaiian/Pacific Islander	8	9	58	73	4	4
Some other Race	358	434	4,432	5,865	3,116	3,516
Two or more Races	451	527	2,878	3,563	1,162	1,367
White	13,449	13,762	81,008	87,192	19,924	19,938
<b>Total</b>	<b>15,195</b>	<b>15,682</b>	<b>94,769</b>	<b>104,650</b>	<b>27,969</b>	<b>28,684</b>
<b>Hispanic or Latino</b>	<b>1,035</b>	<b>1,267</b>	<b>9,778</b>	<b>13,000</b>	<b>5,463</b>	<b>6,291</b>
Not Hispanic or Latino	14,160	14,415	84,991	91,650	22,506	22,393
<b>Total</b>	<b>15,195</b>	<b>15,682</b>	<b>94,769</b>	<b>104,650</b>	<b>27,969</b>	<b>28,684</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties

**Exhibit 8C: West Virginia Counties Distribution of Population by Race, 2021-2026**

Race/Ethnicity	Berkeley, WV		Grant, WV		Jefferson, WV		Hampshire, WV	
	2021	2026	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	333	371	20	21	210	255	52	52
Asian	1,505	2,016	35	43	978	1,299	84	84
Black or African American	9,825	11,885	147	176	3,642	3,961	354	354
Native Hawaiian/Pacific Islander	45	51	4	5	33	37	15	15
Some other Race	2,080	2,612	101	124	1,526	1,959	72	72
Two or more Races	4,618	5,625	187	218	1,999	2,562	376	376
White	108,284	118,603	13,057	13,230	50,822	55,678	24,494	24,483
<b>Total</b>	<b>126,690</b>	<b>141,163</b>	<b>13,551</b>	<b>13,817</b>	<b>59,210</b>	<b>65,751</b>	<b>25,447</b>	<b>25,436</b>
<b>Hispanic or Latino</b>	<b>6,736</b>	<b>8,644</b>	<b>207</b>	<b>247</b>	<b>4,153</b>	<b>5,374</b>	<b>429</b>	<b>429</b>
Not Hispanic or Latino	119,954	132,519	13,344	13,570	55,057	60,377	25,018	25,007
<b>Total</b>	<b>126,690</b>	<b>141,163</b>	<b>13,551</b>	<b>13,817</b>	<b>59,210</b>	<b>65,751</b>	<b>25,447</b>	<b>25,436</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties

**Exhibit 8D: West Virginia Counties Distribution of Population by Race, 2021-2026**

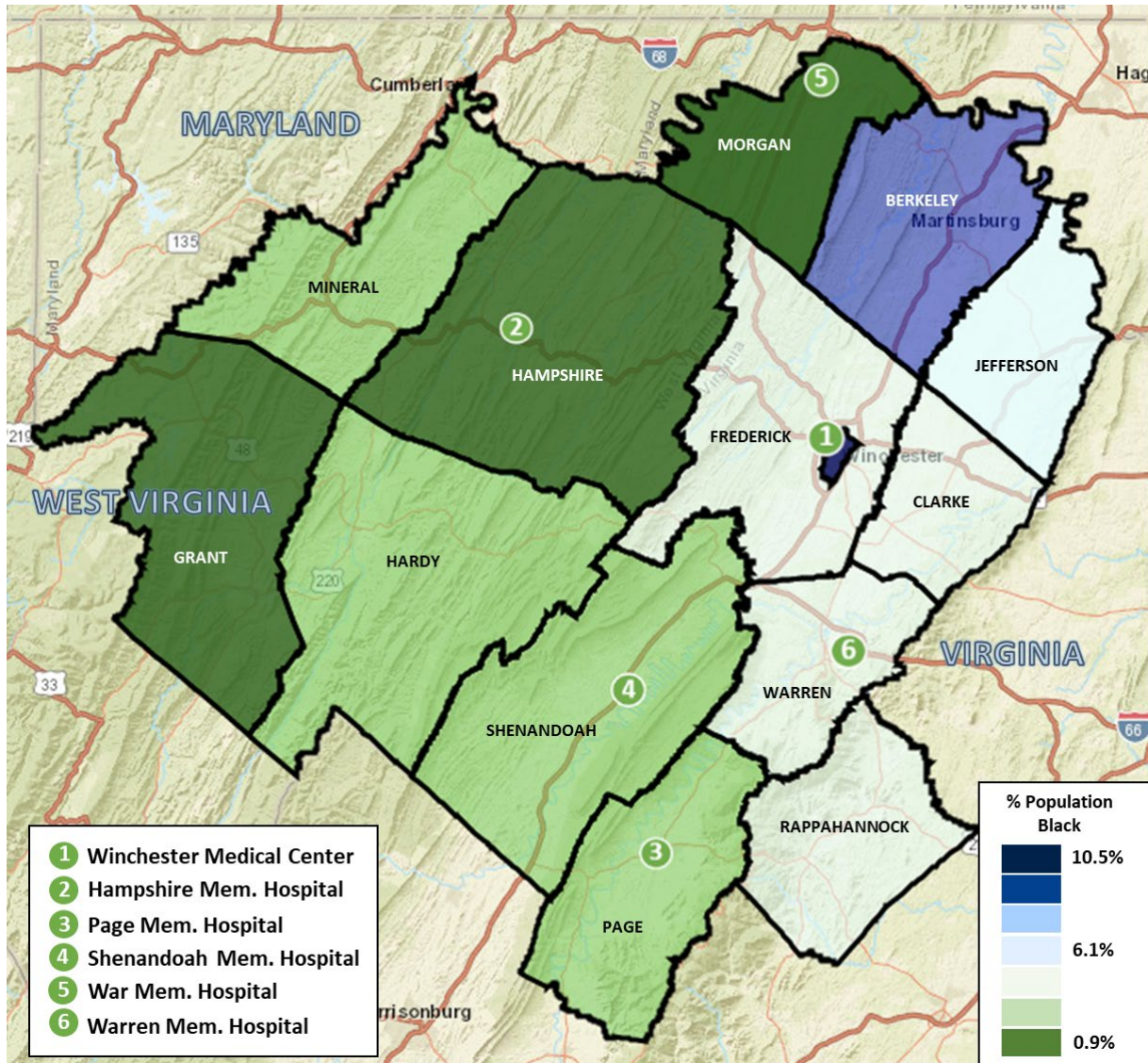
Race/Ethnicity	Hardy, WV		Morgan, WV		Mineral, WV	
	2021	2026	2021	2026	2021	2026
American Indian and Alaska Native	31	35	72	82	68	81
Asian	91	75	85	105	204	266
Black or African American	434	481	176	214	810	812
Native Hawaiian/Pacific Islander	1	1	5	6	1	1
Some other Race	341	419	61	72	54	57
Two or more Races	155	169	373	467	501	587
White	13,752	13,982	18,007	18,303	26,381	25,757
<b>Total</b>	<b>14,805</b>	<b>15,162</b>	<b>18,779</b>	<b>19,249</b>	<b>28,019</b>	<b>27,561</b>
<b>Hispanic or Latino</b>	<b>795</b>	<b>988</b>	<b>352</b>	<b>445</b>	<b>306</b>	<b>355</b>
Not Hispanic or Latino	14,010	14,174	18,427	18,804	27,713	27,206
<b>Total</b>	<b>14,805</b>	<b>15,162</b>	<b>18,779</b>	<b>19,249</b>	<b>28,019</b>	<b>27,561</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties



**Exhibits 9, and 10** illustrate locations in the community where the percentage of the population that is Black, and Hispanic or Latino were highest. The percentages of Black and Hispanic residents are highest in Winchester City.

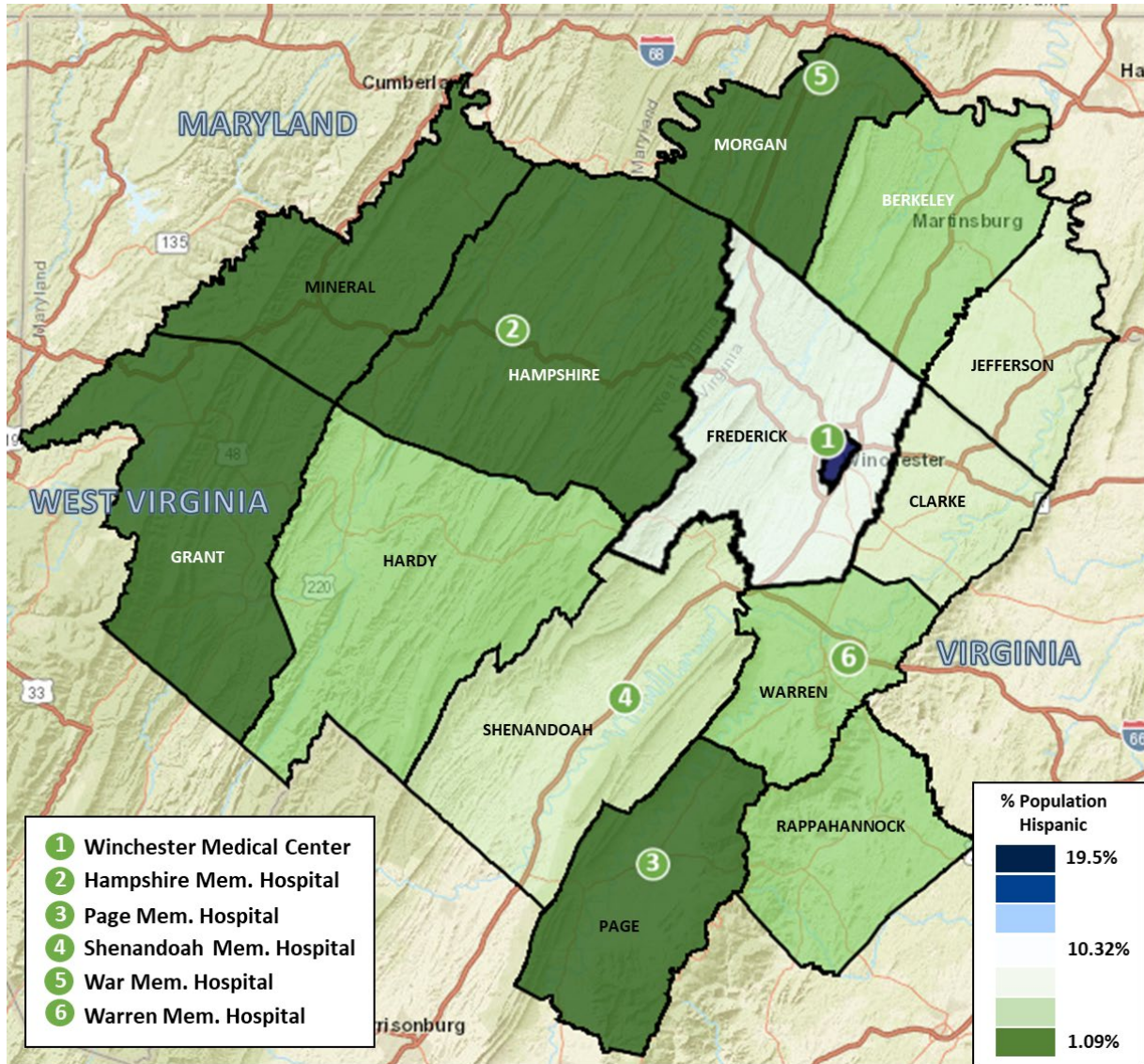
**Exhibit 9: Percent of Population – Black, 2021**



Source: ESRI 2021, Created by Planning and Business Development

*Berkeley County and Winchester City reported the highest percentages of Black or African American populations*

**Exhibit 10: Percent of Population – Hispanic or Latino, 2021**



Source: ESRI 2021, Created by Planning and Business Development

Frederick County and Winchester City reported the highest percentages of Hispanic or Latino residents.

**Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020**

2020 Census Data Language	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	7,903,819	464,606	5.9%	13,695	283	2.1%	80,029	2,576	3.2%	22,642	128	0.6%
Speak only English	6,632,464	(X)	(X)	12,799	(X)	(X)	72,369	(X)	(X)	22,114	(X)	(X)
Speak a language other than English	1,271,355	464,606	36.5%	896	283	31.6%	7,660	2,576	33.6%	528	128	24.2%
<b>Spanish</b>	<b>562,347</b>	<b>236,492</b>	<b>42.1%</b>	<b>546</b>	<b>140</b>	<b>25.6%</b>	<b>6,278</b>	<b>2,243</b>	<b>35.7%</b>	<b>264</b>	<b>83</b>	<b>31.4%</b>
5 to 17 years old	119,914	22,950	19.1%	100	44	44.0%	1,886	137	7.3%	16	0	0.0%
18 to 64 years old	412,413	197,736	47.9%	404	94	23.3%	4,114	1,875	45.6%	235	83	35.3%
65 years old and over	30,020	15,806	52.7%	42	2	4.8%	278	231	83.1%	13	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers Total		Percent of specified language speakers	Total Percent of specified language speakers		Total	Percent of specified language speakers Total		Percent of specified language speakers	Total Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other Indo-European languages</b>	<b>284,147</b>	<b>69,851</b>	<b>24.6%</b>	<b>232</b>	<b>85</b>	<b>36.6%</b>	<b>695</b>	<b>160</b>	<b>23.0%</b>	<b>180</b>	<b>45</b>	<b>25.0%</b>
5 to 17 years old	38,712	5,319	13.7%	0	0	-	16	0	0.0%	0	0	-
18 to 64 years old	206,989	49,466	23.9%	106	54	50.9%	571	140	24.5%	157	26	16.6%
65 years old and over	38,446	15,066	39.2%	126	31	24.6%	108	20	18.5%	23	19	82.6%
<b>Asian and Pacific Island languages</b>	<b>294,911</b>	<b>120,892</b>	<b>41.0%</b>	<b>97</b>	<b>56</b>	<b>57.7%</b>	<b>509</b>	<b>170</b>	<b>33.4%</b>	<b>67</b>	<b>0</b>	<b>0.0%</b>
5 to 17 years old	37,346	7,555	20.2%	9	0	0.0%	63	0	0.0%	16	0	0.0%
18 to 64 years old	217,654	87,196	40.1%	88	56	63.6%	421	164	39.0%	24	0	0.0%
65 years old and over	39,911	26,141	65.5%	0	0	-	25	6	24.0%	27	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Virginia			Clarke County, Virginia			Frederick County, Virginia			Page County, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"				Speak English less than "very well"	Percent speak English less than "very well"				Speak English less than "very well"
<b>Other languages</b>	<b>129,950</b>	<b>37,371</b>	<b>28.8%</b>	<b>21</b>	<b>2</b>	<b>9.5%</b>	<b>178</b>	<b>3</b>	<b>1.7%</b>	<b>17</b>	<b>0</b>	<b>0.0%</b>
5 to 17 years old	22,119	3,870	17.5%	2	0	0.0%	3	1	33.3%	0	0	-
18 to 64 years old	98,401	29,144	29.6%	19	2	10.5%	175	2	1.1%	0	0	-
65 years old and over	9,430	4,357	46.2%	0	0	-	0	0	-	17	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

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Approximately 37.6 percent of the Hispanic population in Winchester City does not speak English. Clarke (40.5%) and Rappahannock (59.3%) counties show a higher percentage of their Asian population that do not speak English.

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**Exhibit 11A: Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Population 5 years and over	6,975	125	1.8%	40,597	1,333	3.3%	37,075	574	1.5%	25,921	2,315	8.9%
Speak only English	6,640	(X)	(X)	37,666	(X)	(X)	34,975	(X)	(X)	21,297	(X)	(X)
Speak a language other than English	335	125	37.3%	2,931	1,333	45.5%	2,100	574	27.3%	4,624	2,315	50.1%
<b>Spanish</b>	<b>162</b>	<b>79</b>	<b>48.8%</b>	<b>2,325</b>	<b>1,107</b>	<b>47.6%</b>	<b>1,231</b>	<b>246</b>	<b>20.0%</b>	<b>3,965</b>	<b>2,113</b>	<b>53.3%</b>
5 to 17 years old	0	0	-	756	176	23.3%	289	0	0.0%	1,241	330	26.6%
18 to 64 years old	149	79	53.0%	1,501	916	61.0%	855	246	28.8%	2,531	1,638	64.7%
65 years old and over	13	0	0.0%	68	15	22.1%	87	0	0.0%	193	145	75.1%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11B: Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other Indo-European languages</b>	<b>85</b>	<b>0</b>	<b>0.0%</b>	<b>383</b>	<b>120</b>	<b>31.3%</b>	<b>401</b>	<b>96</b>	<b>23.9%</b>	<b>261</b>	<b>27</b>	<b>10.3%</b>
5 to 17 years old	19	0	0.0%	20	0	0.0%	0	0	-	19	0	0.0%
18 to 64 years old	32	0	0.0%	227	84	37.0%	216	29	13.4%	209	9	4.3%
65 years old and over	34	0	0.0%	136	36	26.5%	185	67	36.2%	33	18	54.5%
<b>Asian and Pacific Island languages</b>	<b>88</b>	<b>46</b>	<b>52.3%</b>	<b>171</b>	<b>84</b>	<b>49.1%</b>	<b>329</b>	<b>214</b>	<b>65.0%</b>	<b>223</b>	<b>134</b>	<b>60.1%</b>
5 to 17 years old	17	0	0.0%	8	8	100.0%	38	19	50.0%	9	0	0.0%
18 to 64 years old	47	46	97.9%	133	65	48.9%	178	115	64.6%	162	94	58.0%
65 years old and over	24	0	0.0%	30	11	36.7%	113	80	70.8%	52	40	76.9%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11B: Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Rappahannock County, Virginia			Shenandoah County, Virginia			Warren County, Virginia			Winchester City, Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other languages</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>52</b>	<b>22</b>	<b>42.3%</b>	<b>139</b>	<b>18</b>	<b>12.9%</b>	<b>175</b>	<b>41</b>	<b>23.4%</b>
5 to 17 years old	0	0	-	2	2	100.0%	43	0	0.0%	46	3	6.5%
18 to 64 years old	0	0	-	41	20	48.8%	96	18	18.8%	123	32	26.0%
65 years old and over	0	0	-	9	0	0.0%	0	0	-	6	6	100.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2020



**Exhibit 11C: West Virginia Counties Percent of Population – Not proficient in English, 2020**

	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
2020 Census Data Language		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
<b>Population 5 years and over</b>	<b>1,729,763</b>	<b>12,764</b>	<b>0.7%</b>	<b>106,435</b>	<b>1,360</b>	<b>1.3%</b>	<b>11,064</b>	<b>166</b>	<b>1.5%</b>	<b>22,329</b>	<b>70</b>	<b>0.3%</b>
Speak only English	1,686,899	(X)	(X)	100,887	(X)	(X)	10,812	(X)	(X)	22,111	(X)	(X)
Speak a language other than English	42,864	12,764	29.8%	5,548	1,360	24.5%	252	166	65.9%	218	70	32.1%
<b>Spanish</b>	<b>17,189</b>	<b>5,818</b>	<b>33.8%</b>	<b>2,747</b>	<b>949</b>	<b>34.5%</b>	<b>164</b>	<b>138</b>	<b>84.1%</b>	<b>111</b>	<b>35</b>	<b>31.5%</b>
5 to 17 years old	2,905	1,026	35.3%	568	72	12.7%	35	35	100.0%	50	35	70.0%
18 to 64 years old	12,852	4,296	33.4%	2,037	814	40.0%	117	91	77.8%	41	0	0.0%
65 years old and over	1,432	496	34.6%	142	63	44.4%	12	12	100.0%	20	0	0.0%

Source: U.S. Census Bureau, ACS 5-year estimates, 2021

**Exhibit 11C: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other Indo-European languages</b>	<b>12,751</b>	<b>2,588</b>	<b>20.3%</b>	<b>1,456</b>	<b>221</b>	<b>15.2%</b>	<b>82</b>	<b>28</b>	<b>34.1%</b>	<b>107</b>	<b>35</b>	<b>32.7%</b>
5 to 17 years old	1,377	191	13.9%	233	0	0.0%	0	0	-	13	9	69.2%
18 to 64 years old	8,955	1,602	17.9%	1,125	203	18.0%	68	14	20.6%	73	14	19.2%
65 years old and over	2,419	795	32.9%	98	18	18.4%	14	14	100.0%	21	12	57.1%
<b>Asian and Pacific Island languages</b>	<b>8,877</b>	<b>3,259</b>	<b>36.7%</b>	<b>811</b>	<b>158</b>	<b>19.5%</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>	<b>0</b>	<b>-</b>
5 to 17 years old	958	105	11.0%	201	0	0.0%	0	0	-	0	0	-
18 to 64 years old	6,845	2,734	39.9%	556	148	26.6%	0	0	-	0	0	-
65 years old and over	1,074	420	39.1%	54	10	18.5%	0	0	-	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11C: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	West Virginia			Berkeley County, West Virginia			Grant County, West Virginia			Hampshire County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other languages</b>	<b>4,047</b>	<b>1,099</b>	<b>27.2%</b>	<b>534</b>	<b>32</b>	<b>6.0%</b>	<b>6</b>	<b>0</b>	<b>0.0%</b>	<b>0</b>	<b>0</b>	<b>-</b>
5 to 17 years old	471	67	14.2%	116	0	0.0%	0	0	-	0	0	-
18 to 64 years old	2,933	838	28.6%	418	32	7.7%	0	0	-	0	0	-
65 years old and over	643	194	30.2%	0	0	-	6	0	0.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11D: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
Label	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Population 5 years and over	13,075	651	5.0%	53,078	713	1.3%	25,881	436	1.7%	16,888	101	0.6%
Speak only English	12,343	(X)	(X)	49,735	(X)	(X)	25,255	(X)	(X)	16,568	(X)	(X)
Speak a language other than English	732	651	88.9%	3,343	713	21.3%	626	436	69.6%	320	101	31.6%
<b>Spanish</b>	<b>262</b>	<b>210</b>	<b>80.2%</b>	<b>1,677</b>	<b>356</b>	<b>21.2%</b>	<b>389</b>	<b>362</b>	<b>93.1%</b>	<b>278</b>	<b>88</b>	<b>31.7%</b>
5 to 17 years old	101	85	84.2%	245	61	24.9%	70	70	100.0%	62	44	71.0%
18 to 64 years old	158	122	77.2%	1,224	222	18.1%	304	277	91.1%	145	9	6.2%
65 years old and over	3	3	100.0%	208	73	35.1%	15	15	100.0%	71	35	49.3%

Source: U.S. Census Bureau, ACS 5-year estimates, 2021

Approximately 93.1 percent (362 people) of the total Hispanic population (389 people) in Mineral County does not speak English.

**Exhibit 11D: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other Indo-European languages</b>	<b>122</b>	<b>93</b>	<b>76.2%</b>	<b>943</b>	<b>100</b>	<b>10.6%</b>	<b>83</b>	<b>46</b>	<b>55.4%</b>	<b>29</b>	<b>0</b>	<b>0.0%</b>
5 to 17 years old	0	0	-	150	0	0.0%	0	0	-	0	0	-
18 to 64 years old	63	34	54.0%	578	40	6.9%	40	10	25.0%	3	0	0.0%
65 years old and over	59	59	100.0%	215	60	27.9%	43	36	83.7%	26	0	0.0%
<b>Asian and Pacific Island languages</b>	<b>219</b>	<b>219</b>	<b>100.0%</b>	<b>474</b>	<b>218</b>	<b>46.0%</b>	<b>147</b>	<b>23</b>	<b>15.6%</b>	<b>13</b>	<b>13</b>	<b>100.0%</b>
5 to 17 years old	0	0	-	9	0	0.0%	0	0	-	0	0	-
18 to 64 years old	219	219	100.0%	383	195	50.9%	124	23	18.5%	13	13	100.0%
65 years old and over	0	0	-	82	23	28.0%	23	0	0.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

**Exhibit 11D: West Virginia Counties Percent of Population – Not proficient in English, 2020 (continued)**

2020 Census Data Language	Hardy County, West Virginia			Jefferson County, West Virginia			Mineral County, West Virginia			Morgan County, West Virginia		
	Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers		Total	Percent of specified language speakers	
		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"		Speak English less than "very well"	Percent speak English less than "very well"
<b>Other languages</b>	<b>129</b>	<b>129</b>	<b>100.0%</b>	<b>249</b>	<b>39</b>	<b>15.7%</b>	<b>7</b>	<b>5</b>	<b>71.4%</b>	<b>0</b>	<b>0</b>	<b>-</b>
5 to 17 years old	31	31	100.0%	5	0	0.0%	0	0	-	0	0	-
18 to 64 years old	98	98	100.0%	179	39	21.8%	2	0	0.0%	0	0	-
65 years old and over	0	0	-	65	0	0.0%	5	5	100.0%	0	0	-

Source: U.S. Census Bureau, ACS 5-year estimates, 2020

Data regarding residents without a high school diploma, those who have a high school diploma, residents that have had some college, and those that have earned a college degree are presented in **Exhibit 12** by city and county, for Virginia, West Virginia and the United States.

**Exhibit 12A: 2021 Population 25+ by Educational Attainment, VA-2021**

	Page County	Rappahannock County	Shenandoah County	Warren County	Winchester City
<b>Less than 9th Grade</b>	6%	5.2%	4.3%	2.9%	7.1%
<b>9th-12th Grade, No Diploma</b>	10.7%	5.9%	8.1%	9.7%	7.8%
<b>High School Graduate</b>	36.7%	21%	31.7%	29.3%	18.5%
<b>GED/Alternative Credential</b>	8.3%	6%	5.5%	5.9%	5.4%
<b>Some College, No Degree</b>	17.8%	18.3%	20.1%	21.8%	17.4%
<b>Associate Degree</b>	5.9%	6.5%	8.7%	7.5%	6.9%
<b>Bachelor's Degree</b>	9.5%	18.8%	14.6%	15.7%	20.8%
<b>Graduate/Professional Degree</b>	5.1%	18.3%	7%	7.2%	16.1%

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties.

Key findings include:

- Page County has the highest percent of non-graduates (16.7%); however, the rate has improved since 2019 at 19.6 percent (**Exhibit 12A**).
- Rappahannock County and Winchester City had the highest percentages of population that received a college degree at 43.6, and 43.8 percent (**Exhibit 12A**).
- Warren County has the highest percent of some college, no degree at 21.8 percent (**Exhibit 12A**).

**Exhibit 12B: Population 25+ by Educational Attainment, WV-2021**

	Berkeley County	Grant County	Hampshire County	Hardy County	Jefferson County	Mineral County	Morgan County
<b>Less than 9th Grade</b>	2.9%	7.3%	4.8%	7.2%	3.2%	1%	3.7%
<b>9th-12th Grade, No Diploma</b>	7.7%	10%	10.5%	11.9%	6.6%	6.5%	9.9%
<b>High School Graduate</b>	30.6%	39%	38.2%	38.3%	24.9%	43%	33.6%
<b>GED/Alternative Credential</b>	6.7%	7%	7.8%	6.3%	5.7%	5.8%	6.6%
<b>Some College, No Degree</b>	20.2%	14.2%	18.2%	13.9%	18.9%	17.7%	18.7%
<b>Associate Degree</b>	9.7%	8%	7.6%	7.2%	7.7%	9.7%	9.8%
<b>Bachelor's Degree</b>	14.1%	9.5%	7.7%	8.4%	19.6%	9.7%	10%
<b>Graduate/Professional Degree</b>	8%	5%	5.2%	6.8%	13.4%	6.4%	7.7%

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties.

- Grant and Jefferson counties have the highest percentages of residents who did not receive a high school diploma (**Exhibit 12B**).
- Jefferson County reported the highest percentages for student who had completed a Bachelor’s Degree or a Graduate/Professional Degree (**Exhibit 12B**).
- Mineral County reported the highest percent of high school graduates at 43 percent (**Exhibit 12B**).



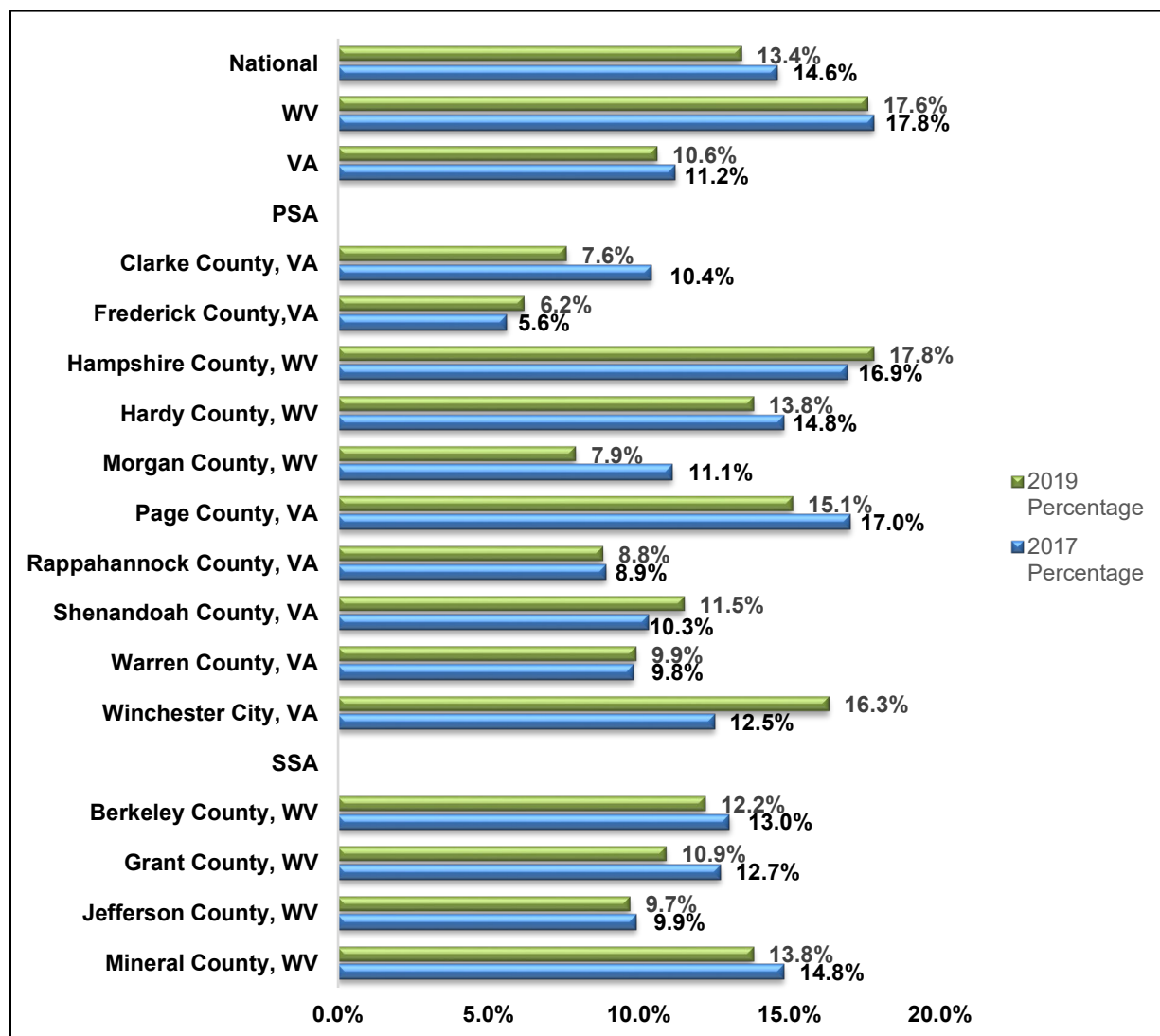
## Economic Indicators

The following types of economic indicators with implications for health were assessed: (1) people in poverty; (2) household income; (3) unemployment rate; (4) crime; and (5) insurance status.

### 1. People in Poverty

Many health needs are associated with poverty. In 2019, approximately 13.4 percent of people in the U.S., 10.6 percent of people in Virginia, and 17.6 percent of people in West Virginia reported living in poverty (**Exhibit 13A**).

**Exhibit 13A: Percent of People in Poverty, Virginia & West Virginia Counties, 2019**



Source: U.S. Census Bureau, ACS estimates, 2019 Retrieved from: [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_DP03&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table)

Poverty levels for Winchester City increased from 12.5 percent in 2017 to 16.3 percent in 2019. Winchester City and Page County reported poverty rates of 16.3 and 15.1 percent higher than the Virginia average of 10.6 percent (**Exhibit 13A**).

Hampshire, Hardy, and Mineral counties reported poverty rates higher than the US average. The poverty rates for all counties were lower than the West Virginia average (**Exhibit 13A**).

**Exhibit 13B: Percent of People in Poverty by Race/Ethnicity, by County, 2019**

% of Families & People Income Past 12 Months Below Poverty Level-By County and Ethnicity/Race				
County/City	Poverty Level 2019			
	White	Black	Asian	Hispanic or Latino
<b>PSA</b>				
Clarke County, VA	6.4%	8.0%	32.7%	9.9%
Frederick County, VA	6.2%	9.1%	4.4%	15.0%
Hampshire County, WV	17.1%	69.7%	20.2%	19.9%
Hardy County, WV	13.2%	19.4%	0.0%	10.6%-
Morgan County, WV	7.6%	31.6%	52.9%	7.1%
Page County, VA	15.3%	7.1%	36.9%	15.3%
Rappahannock County, VA	7.7%	8.1%	55.3%	55.7%
Shenandoah County, VA	11.0%	23.6%	31.8%	22.8%
Warren County, VA	9.3%	15.2%	23.0%	13.4%
Winchester City, VA	15.3%	17.8%	12.1%	37.1%
<b>SSA</b>				
Berkeley County, WV	10.6%	27.5%	13.6%	14.4%
Grant County, WV	10.8%	24.3%	0.0%	0.0%
Jefferson County, WV	8.9%	12.4%	4.6%	17.5%
Mineral County, WV	13.5%	23.0%	0.0%	66.3%
<b>VA</b>	<b>8.5%</b>	<b>17.6%</b>	<b>7.3%</b>	<b>14.0%</b>
<b>WV</b>	<b>16.90%</b>	<b>29.20%</b>	<b>16.80%</b>	<b>21.50%</b>
<b>National</b>	<b>11.1%</b>	<b>23.0%</b>	<b>10.9%</b>	<b>19.6%</b>

Source: U.S. Census Bureau, ACS estimates, 2019. Retrieved from: <http://factfinder.census.gov>

Poverty rates across the community have been comparatively high for African American, Hispanic (or Latino), and Asian residents. In counties served by the hospital, the poverty rates for Hispanic (or Latino) residents are the highest in Rappahannock County and Winchester City in Virginia, and Hardy and Mineral counties in West Virginia.

The Black population in Hampshire and Hardy counties reported higher poverty rates than the White population. The Asian population in Berkeley and Morgan counties in West Virginia, and Shenandoah County in Virginia also reported higher poverty rates than the White population, with Berkeley, Morgan and Shenandoah counties exceeding the national and state averages (**Exhibit 13B**).

## 2. Household Income

The Federal Poverty Level (FPL) is used by many public and private agencies to assess household needs for low-income assistance programs. In the WMC community in 2021, 10 of the 14 counties, including Winchester City, were above the state average for percent of households with incomes below \$25,000, an approximation of the federal poverty level (FPL) for a family of four. **Exhibit 14** indicates the percent of lower-income households in the community.

**Exhibit 14: Percent Lower-Income Households by County/City, 2021**

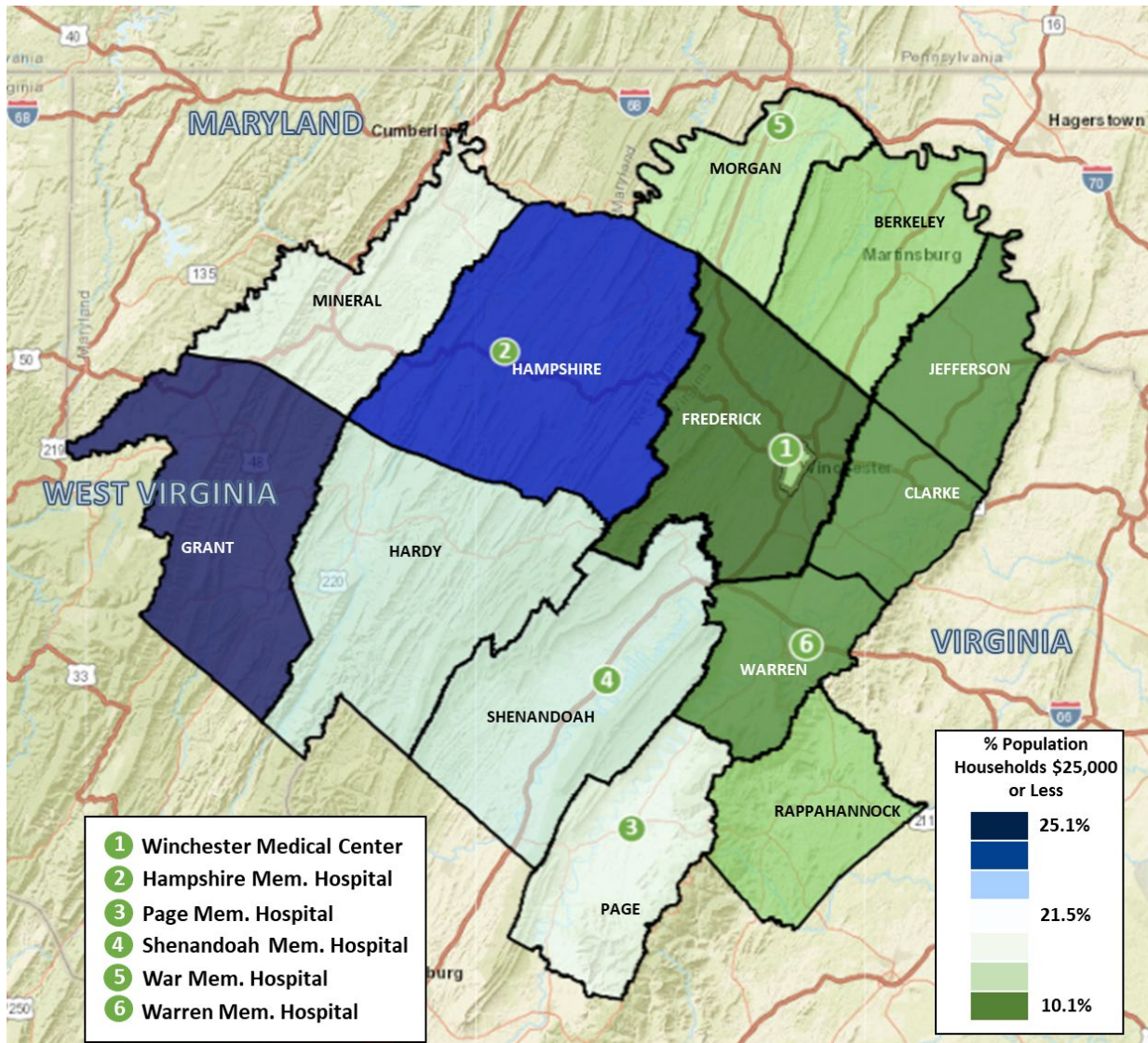
2021 DATA		
County/City	Median Household Income	Percent of Households Less than \$25,000 in 2021 <sup>3</sup>
<b>PSA</b>		
Clarke, VA	\$88,206.00	12.3%
Frederick, VA	\$84,253.00	10.1%
Hampshire, WV	\$50,030.00	23.0%
Hardy, WV	\$48,762.00	20.0%
Morgan, WV	\$53,638.00	17.8%
Page, VA	\$52,131.00	21.5%
Rappahannock, VA	\$78,823.00	14.6%
Shenandoah, VA	\$57,280.00	19.6%
Warren, VA	\$72,252.00	12.2%
Winchester, VA	\$57,713.00	15.2%
<b>SSA</b>		
Berkeley, WV	\$60,918.00	14.1%
Grant, WV	\$44,895.00	25.1%
Jefferson, WV	\$84,235.00	12.8%
Mineral, WV	\$51,995.00	21.5%
<b>Virginia</b>	<b>\$76,448.00</b>	<b>15.0%</b>
<b>West Virginia</b>	<b>\$48,509.00</b>	<b>25.8%</b>
<b>US</b>	<b>\$64,730.00</b>	<b>18.0%</b>

Source: Projections: ESRI 2021 Community Profiles for all PSA and SSA Counties

In Virginia, three of the seven counties reported higher percentages of households with income less than \$25,000 than the Virginia commonwealth average of 15 percent. In West Virginia, all seven counties reported percentages lower than the state average of 25.8 percent, however, four of those counties reported household incomes greater than the national average of 18 percent (**Exhibit 14**).

<sup>3</sup> ESRI Community Profiles for all PSA and SSA Counties. Total is from 2018 Households by Income Category, Add <\$15,000 and \$15,000-\$24,000 lines

**Exhibit 15: Percent of Households with Incomes under \$25,000 by County/City, 2021**



Source: ESRI 2021, Created by Planning and Business Development

Page and Shenandoah counties, and Winchester City reported median household income levels below the commonwealth and national averages. In West Virginia, Hampshire, Hardy, Grant and Mineral counties also reported median household income levels below the state and national averages (**Exhibit 15**).

### 3. Unemployment Rates

**Exhibit 16A** shows unemployment rates for 2019-July 2022. Unemployment is problematic because many receive health insurance coverage through their (or a family member's) employer. If unemployment rises, employer based health insurance can become less available. Unemployment rates increased during the COVID-19 pandemic from 2019-2020 for all counties reported.

**Exhibit 16A: Unemployment Rates, Virginia Counties, December 2019 - July 2022**

Unemployment Rates By County	Dec.2019	Dec. 2020	Dec. 2021	Jul-22
Clarke County	1.9	3.5	2.3	2.5
Frederick County	2	3.1	2.5	2.4
Page County	4.3	5.5	3.2	2.9
Rappahannock County	1.8	3.4	2.2	2.6
Shenandoah County	2.1	3.9	2.5	2.5
Warren County	2.3	4.2	3	2.8
Winchester City	2.3	3.9	2.8	2.7

Source: 2022 Local Area Unemployment Statistics Map, Retrieved from: <https://www.bls.gov>.

**Exhibit 16B: Unemployment Rates, West Virginia Counties, December 2019 - July 2022**

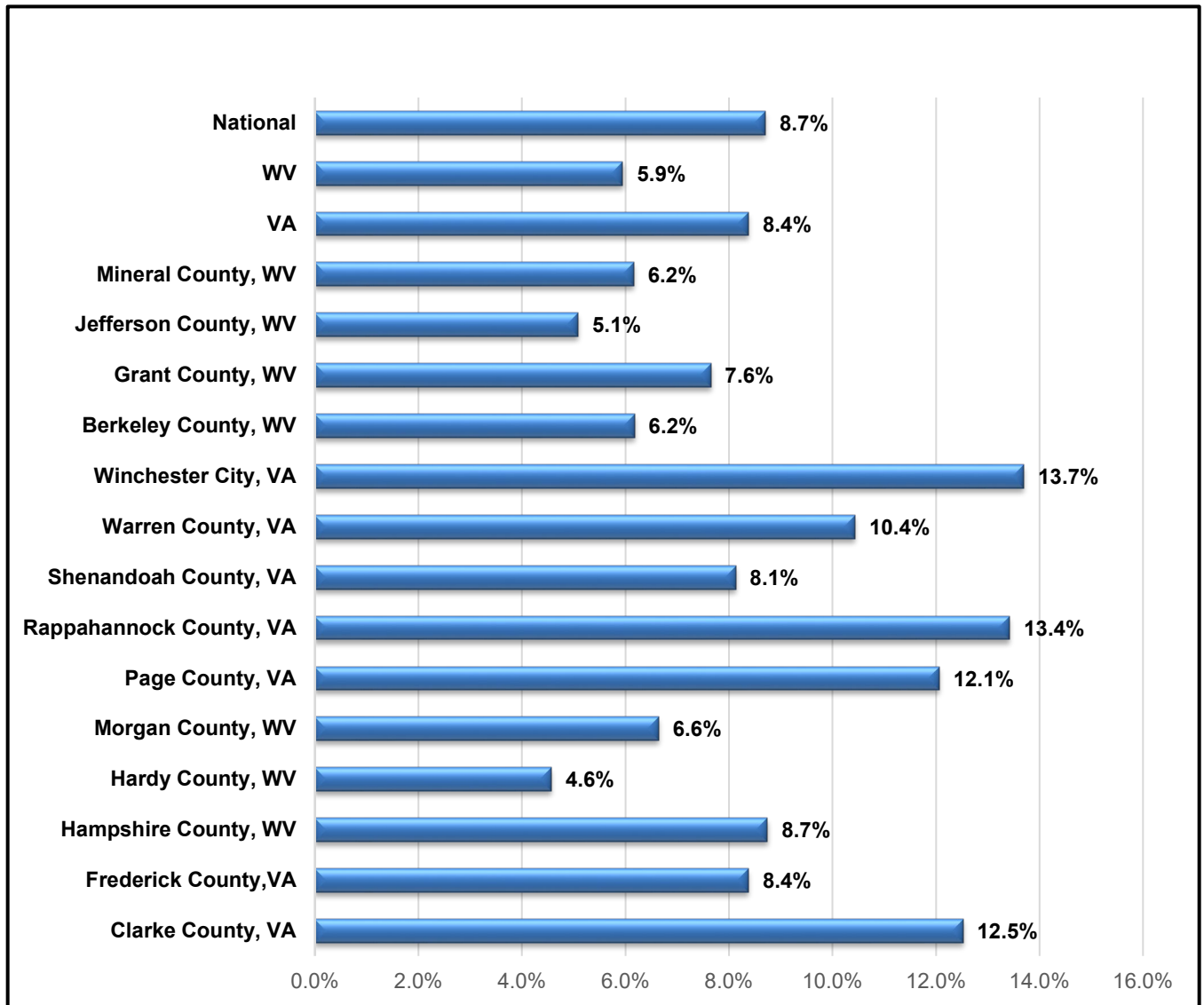
Unemployment Rates By County	Dec.2019	Dec. 2020	Dec. 2021	Jul-22
Berkeley County	2.9	4.2	2.4	3.1
Grant County	5.3	5.9	3.4	3.7
Hampshire County	3.5	4.5	2.3	2.9
Hardy County	5.1	6.3	3.9	4.2
Jefferson County	2.6	4.2	2.1	2.7
Mineral County	5.7	6.2	3.3	4
Morgan County	3.3	4.2	2.4	2.9

Source: 2022 Local Area Unemployment Statistics Map, Retrieved from: <https://www.bls.gov>.

The highest unemployment rates were reported in 2020 during the COVID-19 pandemic. Page County in Virginia, and Hardy County in West Virginia reported the highest unemployment rates compared to all other counties within WMC's community. As of July 2022, the Virginia unemployment rate was 2.7%, West Virginia's was 3.7%, while the national rate was 3.7% (**Exhibit 17B**).

## 4. Insurance Status

Exhibit 17A: Uninsured Population, 2019



Source: Projections: ESRI 2021 Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

- Exhibit 17A** demonstrates that all Virginia counties except Frederick and Shenandoah counties had uninsured rates higher than the commonwealth and national averages. Rappahannock County and Winchester City reported uninsured rates higher than the other Virginia counties.
- In WV the uninsured rate decreased from 6.5 percent to 5.9 percent, and in VA there was a decrease from 9.9 percent to 8.4 percent during the reporting period. Medicaid expansion was adopted for WV counties.

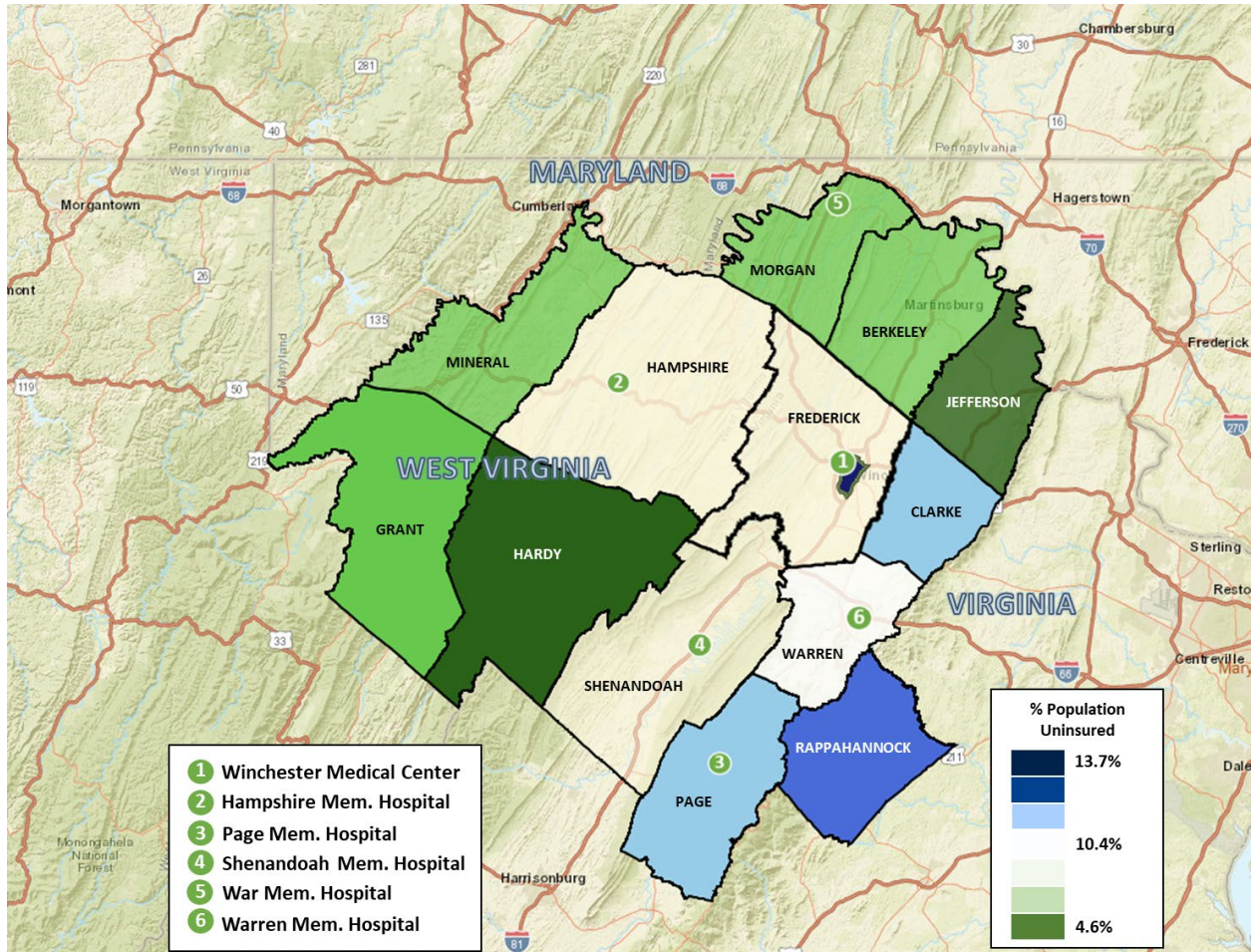
**Exhibit 17B: Uninsured Rates by County, State, and National, 2019**

<b>Uninsured Rates by County , State, National 2019 ACS Estimate</b>	
<b>County/City</b>	<b>% of Population</b>
<b>PSA</b>	
Clarke County, VA	12.5%
Frederick County, VA	8.4%
Hampshire County, WV	8.7%
Hardy County, WV	4.6%
Morgan County, WV	6.6%
Page County, VA	12.1%
Rappahannock County, VA	13.4%
Shenandoah County, VA	8.1%
Warren County, VA	10.4%
Winchester City, VA	13.7%
<b>SSA</b>	
Berkeley County, WV	6.2%
Grant County, WV	7.6%
Jefferson County, WV	5.1%
Mineral County, WV	6.2%
<b>VA</b>	<b>8.4%</b>
<b>WV</b>	<b>5.9%</b>
<b>National</b>	<b>8.7%</b>

Source: Projections: ESRI Community Profiles for all counties in PSA and SSA, VA and WV State and National Profiles

Clarke, Page, Rappahannock, Warren counties, and Winchester City reported higher uninsured percentages higher than Virginia (8.4%) and national (8.7%) averages. Berkeley, Hampshire, Morgan, Grant, and Mineral counties in West Virginia had uninsured population percentages higher than the West Virginia state average of 5.9% (**Exhibit 17B**).

### Exhibit 17C: Uninsured Populations by County, 2021



Source: ESRI 2021, Created by Planning and Business Development

In the WMC community, the highest percent of uninsured people were located in Rappahannock County and Winchester City (**Exhibit 17C**).



## 5. Crime

**Exhibit 18: Violent and Property Crime Rates per 100,000 Population, 2019**

County/City	Population (2019)	Violent crime	Murder and no negligent manslaughter	Rape (revised definition) <sup>1</sup>	Robbery	Property crime	Burglary	Larceny-theft	Aggravated assault	Motor vehicle theft	Arson
<b>PSA</b>	<b>309,583</b>										
Clarke	14,973	6	0	2	0	64	11	49	4	4	1
Frederick	91,160	80	0	17	13	910	97	748	50	65	1
Hampshire	25,575	25	0	2	1	118	42	61	22	15	1
Hardy	15,308	33	0	0	0	13	5	5	33	3	0
Morgan	18,862	59	0	4	2	71	15	50	53	6	0
Page	24,326	29	0	9	2	152	34	110	18	8	1
Rappahannock	7,556	4	0	1	0	16	2	13	3	1	0
Shenandoah	44,081	46	2	7	0	237	54	174	37	9	0
Warren	40,194	34	1	20	1	154	14	135	12	5	4
Winchester	27,548										
<b>SSA</b>	<b>221,220</b>										
Berkeley	121,361	55	2	5	0	88	5	81	48	2	0
Grant	12,628										
Jefferson	58,700	40	1	8	7	214	27	167	24	20	1
Mineral	28,531	2	0	0	0	40	8	32	2	0	0
<b>Virginia Total</b>	<b>8,632,203</b>	<b>7,002</b>	<b>141</b>	<b>1,572</b>	<b>1,237</b>	<b>60,885</b>	<b>6,037</b>	<b>50,848</b>	<b>4,052</b>	<b>4,000</b>	<b>291</b>
<b>West Virginia Total</b>	<b>1,895,632</b>	<b>1,532</b>	<b>25</b>	<b>109</b>	<b>48</b>	<b>4,276</b>	<b>1,304</b>	<b>2,487</b>	<b>1,350</b>	<b>485</b>	<b>50</b>

Sources: Violent crime counts retrieved from the Federal Bureau of Investigation, Uniform Crime Reports, 2019. Projections: ESRI Detailed Age Profiles PSA and SSA All counties. Retrieved from: [FBI — Virginia](#) & [FBI — West Virginia](#)

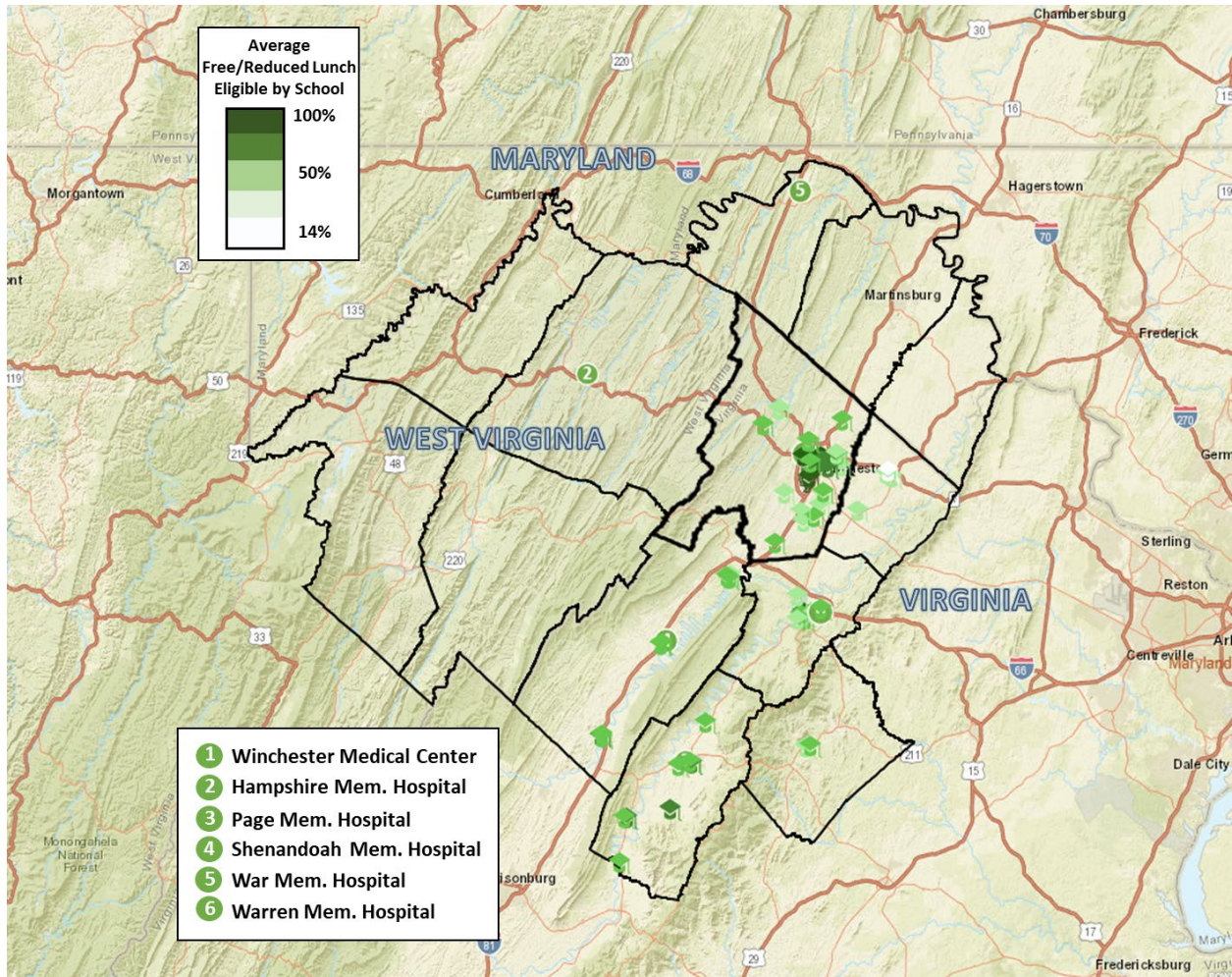
**Exhibit 18** provides certain crime statistics for counties served by Winchester Medical Center’s community. Frederick, and Shenandoah counties had a higher number of offenses for property crimes, including burglary, compared to other counties within WMC’s community. Offenses reported for larceny were also comparatively high in Frederick and Jefferson counties. Frederick County had the highest number of reported offenses of motor vehicle thefts compared to other counties within the service area.

<sup>1</sup> 1 The figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape. See the data declaration for further explanation. 2 The figures shown in this column for the offense of rape were reported using the legacy UCR definition of rape. See the data declaration for further explanation. 3 Data shown in this table do not reflect county totals but are the number of offenses reported by the sheriff’s office or county police department

## 6. Eligibility for the National School Lunch Program

Schools participating in the National School Lunch Program are eligible to receive financial assistance from the United States Department of Agriculture (USDA) to provide free or reduced-price meals to low-income students. Schools with 40 percent or more of their student bodies receiving this assistance are eligible for school-wide Title I funding, designed to ensure that students meet grade-level proficiency standards (**Exhibit 19**).

**Exhibit 19: Public School Students Eligible for Free or Reduced-Price Lunches, School Year 2020- 2021**



Source: ESRI 2021, Created by Planning and Business Development

In the WMC community, there were 59 schools in Virginia eligible for Title 1 funds (**Exhibit 19**).

**Exhibit 20A: Virginia Department of Education - Office of School Nutrition Programs  
2019-2020 Free and Reduced Eligibility Report - SFA Level**

SFA Name and Number	SNP Memb.	Free Eligible	Free %	Red. Eligible	Reduced %	Total F/R Eligible	Total F/R %
<b>022-Clarke County Public Schools</b>	1,928	341	17.69%	68	3.53%	409	21.21%
<b>034-Frederick County Public Schools</b>	14,041	4,065	28.95%	904	6.44%	4,969	35.39%
<b>069-Page County Public Schools</b>	3,321	1,542	46.43%	310	9.33%	1,852	55.77%
<b>082-Rappahannock County Public Schools</b>	797	250	31.37%	48	6.02%	298	37.39%
<b>085-Shenandoah County Public Schools</b>	6,053	2,497	41.25%	366	6.05%	2,863	47.30%
<b>093-Warren County Public Schools (CEP - Note 1)</b>	5,366	2,198	40.96%	302	5.63%	2,500	46.59%
<b>132-Winchester City Public Schools (CEP - Note 1)</b>	4,371	2,761	63.17%	195	4.46%	2,956	67.63%

Source: Virginia Department of Education, Office of School of Nutrition Programs (SNP) Retrieved from: <http://doe.virginia.gov/support/nutrition/statistics/index.shtml><sup>4</sup>

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and non-profit private schools and residential child care institutions since 1946. The program provides nutritionally balanced, low-cost or free lunches to school children. School meals contribute to student learning success, while positively affecting their health and nutrition.

Effective SY 2012-2013, lunch meals will offer a minimum of 5 components (fruits, vegetables, grains, meat/meat alternate and milk) and must also meet dietary specifications for calories, sodium, saturated fat and trans fat. While lunches must meet healthy meal standards set at federal and state levels, local sponsors make decisions about specific foods and menus, and plan special menus for children with medically ordered special diets.

The highest percentage of students receiving free or reduced lunches for the WMC Community were located in Page County and Winchester City, VA (**Exhibit 20A**).

<sup>4</sup> The free eligibility for those sites is calculated based on USDA guidance.

## Community Eligibility Provision (CEP) in West Virginia Public Schools

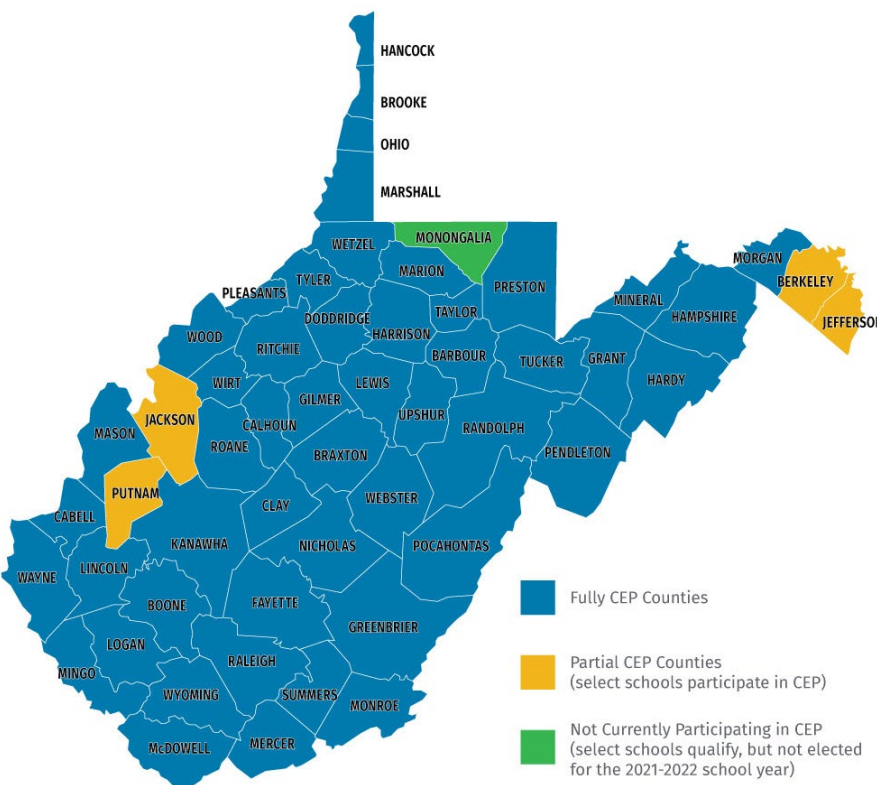
Community Eligibility Provision (CEP) is a federal meal pricing benefit. CEP allows schools in areas of high need to serve breakfast and lunch to all enrolled students at no cost and without collecting household applications.

For more information on which counties and schools in West Virginia have elected CEP for the 2021-22 school year, please see the map below and keep this in mind:

- Blue counties on the map mean all public schools in these areas are 100% CEP and those public school students all qualify for free school meals through NSLP.
- Gold counties on the map mean that certain public schools are CEP in the 2021-22 school year.

The National School Lunch Program state allocation for Virginia was \$593,545. West Virginia was \$213,153. In the WMC community, there were 57 schools in Virginia and 86 schools in West Virginia that were eligible for Title 1 funds (**Exhibits 20A and 20B**).

### Exhibit 20B: West Virginia Department of Education County CEP Counties (2021)



Source: West Virginia Department of Education, Retrieved from: <https://www.fns.usda.gov/>

## 7. Changing Health Care

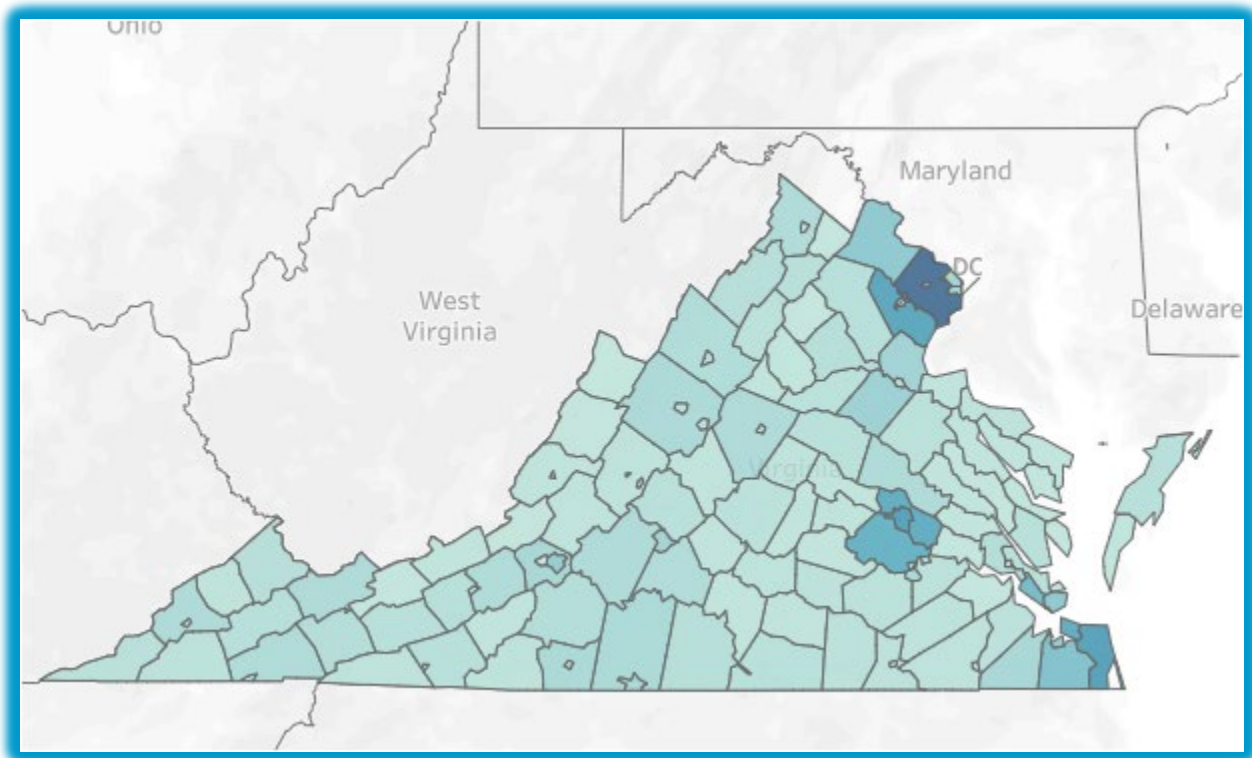
### Health Insurance

#### Virginia Medicaid

Prior to 2019 in Virginia, Medicaid was primarily available to children in low-income families, pregnant women, and low-income elderly persons, individuals with disabilities, and parents who met specific income thresholds.<sup>5</sup> Adults without children or disabilities were ineligible.

Since January 1, 2019, more adults living in Virginia have access to quality, low-cost, health insurance through Virginia Medicaid. Covered adults include individuals ages 19-64 with income at or below 138% of the federal poverty limit. Individuals in the adult group have comprehensive health care coverage provided through the Medicaid programs. Most eligible individuals are enrolled in managed care, in either the Medallion 4.0 or the Commonwealth Care Plus (CCC Plus) program. As of August 2022, there are 679,591 enrolled members in the state of Virginia.

#### Exhibit 21A: Medicaid Members as of August 2022, VA



Source: [Medicaid Expansion Access \(virginia.gov\)](https://www.virginia.gov/healthcare/medicaid-expansion-access)

# of Members

5

51,368

### Health Insurance

<sup>5</sup> DMAS

## West Virginia Medicaid

As of May 2022, West Virginia has enrolled 622,788 individuals in Medicaid and CHIP — a net increase of 75.7% since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013. There are 622,788 enrolled members for both Medicaid and CHIP in the state of West Virginia.

### Exhibit 21B: Medicaid Members as of August 2022, WV

Metric	West Virginia	National Totals
Total Medicaid & CHIP Enrollment (Preliminary)	622,788	88,978,791
Net Change in Enrollment July-September 2013	268,244	31,122,628
% Change in Enrollment July-September 2013	75.66%	55.05%

Source: [Medicaid/CHIP Enrollment](#)

## Coronavirus Disease 2019

COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person. Early in the outbreak, many patients were reported to have a link to a large seafood and live animal market; however, later cases with no link to the market confirmed person-to-person transmission of the disease. Additionally, travel-related exportation of cases occurred.

There are three main ways that COVID-19 can spread:

1. By breathing in air carrying droplets or aerosol particles that contain the SARS-CoV-2 virus when close to an infected person or in poorly ventilated spaces with infected persons
2. By having droplets and particles that contain the SARS-CoV-2 virus land on the eyes, nose, or mouth – especially through splashes and sprays like a cough or sneeze
3. By touching the eyes, nose, or mouth with hands that have the SARS-CoV-2 virus particles on them

The droplets that contain the SARS-CoV-2 virus are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. CDC recommends maintaining a physical distance of at least 1.8 meters (6ft) between persons. Respiratory droplets can land on hands, objects, or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes,

nose, or mouth. Additionally, transmission can occur from those with mild symptoms or from those who do not feel ill.

There are certain circumstances that can increase the risk of infection for COVID-19 such as poorly ventilated space. In indoor spaces with poor ventilation, the concentration of virus particles is often higher than outdoors.<sup>2,3</sup> Other factors that are associated with increased COVID-19 risk include prolonged exposure to those infected with COVID-19, close contact with infected persons, and any other activity that leads to exposure to a greater amount of respiratory droplets and particles.

A wide range of symptoms for COVID-19 have been reported.<sup>4</sup> These symptoms include:

- Fever or chills
- Cough
- Muscle or body aches
- Anorexia
- Sore throat
- Nasal congestion or runny nose
- Headache
- Diarrhea
- Nausea
- Shortness of breath or difficulty breathing
- Loss of smell or taste

The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel ill.

As the region's healthcare leader, Valley Health has a responsibility to help protect the community's health and prevent the spread of disease. Valley Health is closely monitoring COVID-19 and working with the Virginia and West Virginia Departments of Health as well as internal committees representing departments from across the system to keep our patients and employees safe. Valley Health Chief Physician Executive Iyad Sabbagh, MD had been appointed as the lead for the system-wide COVID-19 response team. The response team worked closely with government and public health departments, medical hospitals, long-term care and other resources to coordinate and stay informed about COVID-19.

While Valley Health is planning to care for patients affected by COVID-19, staff was encouraged to take steps to assure readiness for normal routines to be disrupted. These disruptions may include; an ill family member requiring your assistance; an ill childcare provider; and the closure of schools or day care centers. CDC suggested creating a household plan of action to help better prepare for such circumstances. In order to prepare for potential increase in the need for COVID-19 testing, Valley Health had established a referral-based outpatient testing sites across our service area. It was encouraged that any person who met the criteria for testing to contact the Department of Health in their state.

As of March 14, 2020, COVID-19 was declared a global pandemic. The emerging virus has been declared a worldwide pandemic and National Emergency. Fear and uncertainty cause record plunges in the U.S. stock market. In an effort to reduce contact between people and curb the

spread of disease, large-scale social disruption began in this county with international travel suspension, event suspension, closings and cancellations of collegiate and professional sports events, Broadway plays, festivals, theme parks, schools, and more. Based upon advice from the American College of Surgeons and the Centers for Medicare and Medicaid Services, Medical Staff and administrative leaders decided to postpone all elective and non-essential procedures and surgeries across Valley Health.



## Local Health Status and Access Indicators

This section examines health status and access to care data for the WMC community. Data sources include: (1) *County Health Rankings*; (2) the Centers for Disease Control and Prevention, (3) Virginia Department of Health; (4) West Virginia Department of Health; and (4) Behavioral Risk Factor Surveillance System. Indicators also were compared to Healthy People 2020 goals.

### 8. County Health Rankings

*County Health Rankings*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, examines a variety of health status indicators and ranks each county/city within each commonwealth or state in terms of “health factors” and “health outcomes.” These health factors and outcomes are composite measures based on several variables grouped into the following categories: length of life (years of potential life lost before age 75), quality of life (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days), health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and physical environment (air & water, housing & transit). *County Health Rankings* is updated annually. *County Health Rankings* relies on data from 2018 to 2020.

**Exhibit 22** illustrates each county’s or city’s ranking for each composite category in 2022. Rankings indicate how each county/city in Virginia ranked compared to the 133 counties in the Commonwealth, and how each county in West Virginia ranked compared to the 55 counties in West Virginia. A rank of 1 indicates the best county/city in the state. Indicators are shaded based on the county’s percentile for the state or commonwealth ranking. For example, Page County compared unfavorably to other Virginia counties for Clinical Care; with a rank of 132 out of 133 counties and placing in the bottom quartile of all Virginia counties.



**Exhibit 22B: County Rank among 133 Virginia Counties, 2022**

Indicator Category	Clarke		Frederick		Page		Rappahannock		Shenandoah		Warren		Winchester City	
	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
<b>Health Outcomes</b>	36	19↓	21	25	55	79	12	29	38	47	46	57	61	59↓
<b>Length of Life (50%)</b>	50	27	26	29	68	68	10	41	33	43	63	80	53	56
<b>Quality of Life (50%)</b>	27	17↓	23	29	47	88	18	21	48	59	35	43	72	60
<b>Health Factors<sup>6</sup></b>	30	28↓	22	36	94	103	37	47	53	67	51	60	46	43↓
<b>Health Behaviors (30%)</b>	14	19	13	27	53	98	31	34	50	55	67	50	49	37↓
<b>Clinical Care (20%)</b>	96	72↓	84	88	132	131	105	98↓	94	105	71	97	33	31↓
<b>Social &amp; Economic Factors (40%)</b>	24	14↓	18	26	95	95	33	41	39	52	45	61	56	64
<b>Physical Environment (10%)</b>	79	105	48	50	11	24	7	27	101	112	16	32	59	45↓

Source: 2022 County Health Ranking↓ = If ranking has changed from previous 2019 assessment.

VA Health Outcomes Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

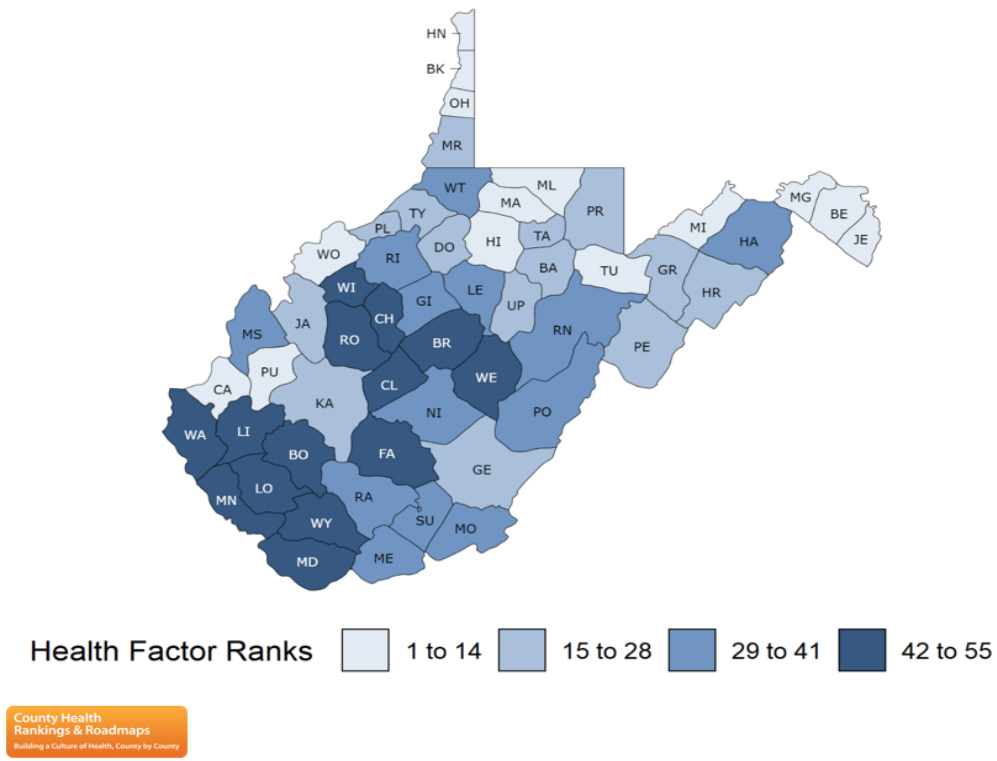
VA Health Factors Key	
Rank 1-33	
Rank 34-66	
Rank 67-100	
Rank 101-133	

<sup>6</sup> Health Factors is a weighted average based on health behaviors, clinical care, social & economic factors and physical environment.

**Exhibit 23** provides data for each underlying indicator of the composite categories in the County Health Rankings.<sup>7</sup> The *County Health Rankings* methodology provides a comparison of counties within a state or commonwealth to one another. It also is important to analyze how these same indicators compare to the national average; this information is illustrated in Exhibits 24A-E (for West Virginia). For example, the clinical care and physical environment for Hampshire, Hardy and Jefferson counties was more than 75 percent worse than the U.S. average, and the cell in the table for the county was shaded to reflect this. Cells in the tables below are shaded if the indicator for a county/city in the WMC community exceeded the national average for that indicator by more than ten percent.

**Exhibit 23A: County Rank among 55 West Virginia Counties, 2022**

**2022 Health Factors – West Virginia**



<sup>7</sup> *County Health Rankings* provides details about what each indicator measures, how it is defined, and data sources at [http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures\\_datasources\\_years.pdf](http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf)



### Exhibit 23B: County Rank among 55 West Virginia Counties, 2022

Indicator Category	Berkeley		Grant		Hampshire		Hardy		Jefferson		Mineral		Morgan	
	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
<b>Health Outcomes</b>	25	8	21	26	32↓	35	13	31	1	2	10	10	35	27↓
<b>Length of Life (50%)</b>	30	26↓	5	18	35↓	38	15	28	3	5	10	16	38	32↓
<b>Quality of Life (50%)</b>	18	6↓	36	32↓	21↓	29	12	31	12	1↓	20	10↓	24	19↓
<b>Health Factors<sup>8</sup></b>	9	7↓	11	15	32	32	22	23	3	2↓	6	5↓	5	11
<b>Health Behaviors (30%)</b>	34	6↓	20	26	24↓	29	12	9↓	12	1↓	11	10	3	7
<b>Clinical Care (20%)</b>	13	16	25	38	46	47	49	50	49	11↓	9	8↓	32	44
<b>Social &amp; Economic Factors (40%)</b>	4	3↓	15	9	26	16	22	27	22	1↓	8	7↓	5	5
<b>Physical Environment (10%)</b>	27	52	2	4	24	46	6	5↓	6	50	5	13	15	33

Source: 2022 County Health Ranking. ↓ = If ranking has changed from previous 2019 assessment.

WV Health Outcomes Key	
Rank 1-14	
Rank 15-28	
Rank 29-41	
Rank 42-55	

WV Health Factors Key	
Rank 1-14	
Rank 15-28	
Rank 29-41	
Rank 42-55	

<sup>8</sup> Health Factors is a weighted average based on health behaviors, clinical care, social & economic factors and physical environment.

**Exhibit 24A: County/City Data Compared to Virginia Average, Virginia Counties, 2022**

2019	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
<b>Health Outcomes</b>	19	25	79	29	47	57	59	
<b>Length of Life</b>	27	29	68	41	43	80	56	
Premature Death (Years of Potential Life Lost Rate)	6411	6551	8760	7186	7259	9231	8242	6707
<b>Quality of Life</b>	17	29	88	21	59	43	60	~
Poor or Fair Health (Percent Fair/Poor)	16%	17%	21%	16%	19%	18%	20%	16%
Poor Physical Health Days (Physically Unhealthy Days)	3.7	3.7	4.6	3.6	4.2	4.0	4.1	3.7
Poor Mental Health Days (Mentally Unhealthy Days)	4.4	4.4	5.2	4.4	4.8	4.7	4.5	4.2
Low Birthweight (Percent LBW)	6%	7%	8%	7%	8%	7%	8%	8%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 24B: County/City Data Compared to Virginia Average, Virginia Counties, 2022**

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
<b>Health Factors</b>	<b>28</b>	<b>36</b>	<b>103</b>	<b>47</b>	<b>67</b>	<b>60</b>	<b>43</b>	
<b>Health Behaviors</b>	<b>19</b>	<b>27</b>	<b>98</b>	<b>34</b>	<b>55</b>	<b>50</b>	<b>37</b>	
Adult Smoking (Percent Smokers)	17%	17%	23%	17%	19%	19%	17%	14%
Adult Obesity (Percent Obese)	32%	33%	35%	32%	35%	33%	35%	32%
Food Environment Index	9.3	8.9	~	8.4	8.4	8.4	7.9	8.8
Physical Inactivity (Percent Physically Inactive)	25%	26%	32%	26%	29%	28%	29%	25%
Access to Exercise Opportunities (Percent with Access)	65%	71%	28%	38%	58%	68%	100%	78%
Excessive Drinking (Percent)	20%	17%	18%	20%	18%	19%	17%	17%
Alcohol-impaired Driving Deaths (Percent driving deaths with alcohol involvement)	20%	36%	26%	29%	23%	17%	~	30%
Sexually Transmitted Infections (Chlamydia Rate)	184.7	302.3	359.8	271.4	249.9	336.1	584.1	564.3
Teen Births Rate	9	17	26	10	23	23	24	15

Source: County Health Rankings, 2022

<b>Key</b>	
<b>Unreliable or missing data</b>	~
<b>Higher than state average</b>	



**Exhibit 24C: County/City Data Compared to Virginia Average, Virginia Counties, 2022**

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
<b>Clinical Care</b>	<b>72</b>	<b>88</b>	<b>131</b>	<b>98</b>	<b>105</b>	<b>97</b>	<b>31</b>	
Uninsured (Percent)	9%	9%	11%	12%	10%	10%	13%	9%
Primary Care Physicians (Ratio)	2924:1	2077:1	2988:1	2457:1	2423:1	1674:1	395:1	1310:1
Dentists (Ratio)	2924:1	7593:1	5983:1	2420:1	2927:1	3373:1	504:1	1393:1
Mental Health Providers (Ratio)	1625:1	1599:1	2393:1	908:1	1829:1	987:1	134:1	484:1
Preventable Hospital Stays (Rate)	3537	4847	4688	3049	4522	4829	4239	3896
Mammography Screening (Percent with Annual Mammogram)	31%	35%	40%	34%	42%	37%	35%	44%
Flu vaccinations (Percent vaccinated)	54%	53%	32%	46%	39%	49%	54%	51%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Lower than state average	
Higher than state average	

**Exhibit 24D: County/City Data Compared to Virginia Average, Virginia Counties, 2022**

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
<b>Social and Economic Factors</b>	<b>14</b>	<b>26</b>	<b>95</b>	<b>41</b>	<b>52</b>	<b>61</b>	<b>64</b>	
High School Graduation (Percent Completed High School)	92%	88%	84%	91%	88%	88%	86%	90%
Some College (Completion Rate)	66%	61%	44%	53%	54%	58%	61%	72%
Unemployment (Percent unemployed)	4.5%	4.6%	7.3%	4.5%	5.3%	5.8%	5.8%	6.2%
Children in Poverty (Percent in Poverty)	7%	9%	17%	14%	15%	15%	19%	12%
Income Inequality (Income Ratio)	4.4	3.5	3.8	4.6	4.3	4.2	4.0	4.8
Children in single-parent households	14	20	23	10	18	27	29	24
Social Associations (Association Rate)	15.7	8.2	10.9	10.9	13.3	10.5	17.8	11.2
Violent Crime (Rate)	73	112	154	41	178	138	272	207
Injury Deaths (Rate)	95	74	94	120	82	98	86	68

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 24E: County/City Data Compared to Virginia Average, Virginia Counties, 2022**

2022	Clarke	Frederick	Page	Rappahannock	Shenandoah	Warren	Winchester City	Virginia
<b>Physical Environment</b>	<b>105</b>	<b>50</b>	<b>24</b>	<b>27</b>	<b>112</b>	<b>32</b>	<b>45</b>	
Air Pollution - Particulate Matter (Average Daily PM2.5)	7.6	7.3	6.9	6.8	7.1	7.2	7.6	7.3
Drinking Water Violations (Presence of Violations)	No	No	No	No	Yes	No	~	
Severe Housing Problems (Percent Severe Housing Problems)	18	11	13	15	13	12	15	14
Driving Alone to Work (Percent Driving Alone to work)	78%	84%	78%	74%	80%	75%	68%	75%
Long Commute-Driving Alone (Percent Long Community Drives Alone)	59%	39%	53%	60%	44%	57%	25%	41%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 25A: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022**

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
<b>Health Outcomes</b>	<b>8</b>	<b>26</b>	<b>35</b>	<b>31</b>	<b>2</b>	<b>10</b>	<b>27</b>	
<b>Length of Life</b>	<b>26</b>	<b>18</b>	<b>38</b>	<b>28</b>	<b>5</b>	<b>16</b>	<b>32</b>	
Premature Death (Years of Potential Life Lost Rate)	10210	9502	12205	10495	8096	9425	10843	11318
<b>Quality of Life</b>	<b>6</b>	<b>32</b>	<b>29</b>	<b>31</b>	<b>1</b>	<b>10</b>	<b>19</b>	
Poor or Fair Health (Percent Fair/Poor)	22%	26%	25%	26%	20%	23%	23%	24%
Poor Physical Health Days (Physically Unhealthy Days)	4.9	5.6	5.5	5.5	4.6	5.1	5.3	5.3
Poor Mental Health Days (Mentally Unhealthy Days)	5.9	6.5	6.4	6.3	5.6	6.1	6.2	6.6
Low Birthweight (Percent LBW)	8%	9%	9%	9%	8%	9%	9%	9%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 25B: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022**

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
<b>Health Factors</b>	<b>7</b>	<b>15</b>	<b>32</b>	<b>23</b>	<b>2</b>	<b>5</b>	<b>11</b>	
<b>Health Behaviors</b>	<b>6</b>	<b>26</b>	<b>29</b>	<b>9</b>	<b>1</b>	<b>10</b>	<b>7</b>	
Adult Smoking (Percent Smokers)	22%	26%	26%	24%	20%	23%	24%	26%
Adult Obesity (Percent Obese)	38%	42%	40%	37%	36%	40%	39%	40%
Food Environment Index	8.0	8.2	7.1	8.1	8.9	7.8	8.8	6.6
Physical Inactivity (Percent Physically Inactive)	30%	34%	33%	34%	25%	33%	30%	30%
Access to Exercise Opportunities (Percent with Access)	38%	52%	24%	60%	37%	45%	32%	50%
Excessive Drinking (Percent)	16%	15%	15%	15%	16%	16%	16%	15%
Alcohol-impaired Driving Deaths (Percent driving deaths with alcohol involvement)	38%	22%	28%	18%	25%	14%	33%	26%
Sexually Transmitted Infections (Chlamydia Rate)	279.4	112.4	164.0	188.7	215.2	141.4	139.8	313.0
Teen Births Rate	25	37	32	32	16	25	20	28

Source: County Health Rankings, 2022

<b>Key</b>	
<b>Unreliable or missing data</b>	~
<b>Higher than state average</b>	

**Exhibit 25C: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022**

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
<b>Clinical Care</b>	<b>16</b>	<b>38</b>	<b>47</b>	<b>50</b>	<b>11</b>	<b>8</b>	<b>44</b>	
Uninsured (Percent)	8%	9%	10%	10%	7%	7%	10%	8%
Primary Care Physicians (Ratio)	2249:1	1653:1	3863:1	6888:1	1905:1	3359:1	1987:1	1270:1
Dentists (Ratio)	2035:1	1918:1	2899:1	2727:1	3026:1	3026:1	2672:1	1740:1
Mental Health Providers (Ratio)	553:1	1439:1	1449:1	1239::1	1027:1	1215:1	1375:1	670:1
Preventable Hospital Stays (Rate)	4483	6439	4219	4737	3735	4812	4235	5472
Mammography Screening (Percent with Annual Mammogram)	36%	42%	39%	37%	37%	52%	34%	41%
Flu vaccinations (Percent vaccinated)	47%	35%	37%	32%	42%	43%	34%	42%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 25D: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022**

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
<b>Social and Economic Factors</b>	<b>3</b>	<b>9</b>	<b>16</b>	<b>27</b>	<b>1</b>	<b>7</b>	<b>5</b>	
High School Graduation (Percent Completed High School)	90%	83%	87%	81%	91%	92%	88%	88%
Some College (Completion Rate)	59%	54%	48%	38%	67%	55%	50%	57%
Unemployment (Percent unemployed)	6.2%	6.5%	5.5%	7.2%	5.9%	7.6%	6.0%	8.3%
Children in Poverty (Percent in Poverty)	14%	19%	23%	19%	9%	18%	16%	20%
Income Inequality (Income Ratio)	3.7	4.1	3.9	3.5	4.1	3.8	3.3	5.0
Children in single-parent households	22%	17%	23%	19%	16%	28%	15%	24%
Social Associations (Association Rate)	7.7	13.8	8.2	8.0	8.4	13.0	13.4	13.1
Violent Crime (Rate)	168	224	227	429	187	242	407	330
Injury Deaths (Rate)	141	110	155	103	112	103	159	133

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	

**Exhibit 25E: County/City Data Compared to West Virginia Average, West Virginia Counties, 2022**

2022	Berkeley	Grant	Hampshire	Hardy	Jefferson	Mineral	Morgan	West Virginia
<b>Physical Environment</b>	<b>52</b>	<b>4</b>	<b>46</b>	<b>5</b>	<b>50</b>	<b>13</b>	<b>33</b>	
Air Pollution - Particulate Matter (Average Daily PM2.5)	8.1	6.3	7.0	6.5	8.3	7.0	7.7	7.6
Drinking Water Violations (Presence of Violations)	Yes	No	Yes	Yes	Yes	Yes	No	
Severe Housing Problems (Percent Severe Housing Problems)	13%	9%	11%	5%	13%	6%	12%	11%
Driving Alone to Work (Percent Driving Alone to work)	83%	82%	86%	80%	79%	84%	82%	82%
Long Commute-Driving Alone (Percent Long Community Drives Alone)	41%	27%	60%	29%	52%	33%	57%	34%

Source: County Health Rankings, 2022

Key	
Unreliable or missing data	~
Higher than state average	



**Exhibit 24 and Exhibit 25 (A-E)** highlights the following comparatively unfavorable indicators:

- Mental health days (physically unhealthy days) were reported higher than the commonwealth average (4.2) for all seven Virginia counties.
- Poor physical health days were reported higher for Page, Shenandoah, Warren counties, and Winchester City than the state average of 3.7 in Virginia, and Grant, Hampshire and Hardy counties in West Virginia (5.3).
- Poor health days (percent fair/poor) were reported higher for Frederick, Page, Shenandoah, Warren counties, and Winchester City than the commonwealth average of 16 percent, and Grant, Hampshire, and Hardy counties in West Virginia (24%).
- Adult smoking in Clarke, Frederick, Page, Rappahannock, Shenandoah, Warren counties, and Winchester City is higher than commonwealth average.
- Frederick, Page, Shenandoah, and Warren counties, and Winchester City in Virginia, and Grant County in West Virginia reported adult obesity rates higher than the commonwealth and state averages.
- Physical Inactivity was reported higher than the Virginia average of 25 percent for six out of the seven Virginia counties, and four out of seven counties reported higher than the West Virginia average of 30 percent.
- Counties that reported higher access to exercise opportunities include Winchester City in Virginia, and Grant and Hardy counties in West Virginia.
- Clarke, Page, Rappahannock, Shenandoah, and Warren counties reported higher percentages of excessive drinking than the commonwealth average of 17 percent, and in West Virginia, Berkeley, Jefferson, Mineral and Morgan counties reported higher percentages of excessive drinking than the state average of 15 percent.
- Alcohol-impaired driving deaths were reported higher than state averages for Frederick County in Virginia, and Berkeley, Hampshire, and Morgan counties in West Virginia.
- Teen birth rates were higher in Frederick, Page, Shenandoah, and Warren counties, and Winchester City than the commonwealth average in Virginia, and Grant, Hampshire, and Hardy Counties reported higher than state average in West Virginia.
- Sexually transmitted infections were reported higher in Winchester City.
- Uninsured percentages were higher than the Virginia commonwealth average (9%) for Page, Rappahannock, Shenandoah, Warren, and Winchester City, and Grant, Hampshire, Hardy, and Morgan Counties exceeded the West Virginia state average (8%).
- The need of primary care physicians, dentists, and mental health providers were higher than the commonwealth average for the entire WMC community, except for Winchester City for both dental and mental health providers, and Berkeley County for mental health.
- Preventable hospital stay rate is higher than the commonwealth average for Frederick, Page, Shenandoah, Warren, and Winchester City in Virginia, and Grant County in West Virginia.
- Percentage of female Medicare enrollees that received mammography screenings in Grant and Mineral counties in West Virginia was higher than the state average of 42 percent.
- Both Clarke County and Winchester City reported higher flu vaccination rates than the commonwealth average of 51 percent in Virginia, while Berkeley and Mineral counties in West Virginia reported rates higher than the state average of 42 percent.

- Clarke, Rappahannock, Berkeley, Jefferson, and Mineral counties reported the highest percentage of students completing high school.
- The highest unemployment rate for WMC's community was in Page County.
- The highest percentages of children in poverty were reported for Hampshire, Page, Rappahannock, Shenandoah, and Warren counties, and Winchester
- Children in single parent households were reported higher for Mineral and Warren counties, and Winchester City.
- Winchester City, Hardy and Morgan counties reported the highest violent crime rates for WMC's community.
- Injury death rate was reported higher for all seven of the Virginia counties, and Berkeley, Hampshire, and Morgan counties in West Virginia.
- Severe housing problems were reported for Berkeley, Clarke, Jefferson, Rappahannock, and Morgan counties, and Winchester City.
- Percent of workforce that drives alone to work in Clarke, Frederick, Page, and Shenandoah counties in Virginia, and Berkeley, Hampshire, and Mineral counties in West Virginia was higher than the state averages.
- The reported percentage of the workforce that commute alone, and drive more than 30 minutes in Clarke, Frederick, Page, and Shenandoah counties was higher than the commonwealth average in Virginia. Berkeley, Hampshire, and Mineral counties were higher than the West Virginia state average. (**Exhibits 24 & 25**).

## 9. Virginia Department of Health

The Virginia Department of Health (VDH) maintains a data warehouse that includes indicators regarding a number of health issues. In **Exhibits 25A through 30B**, cells in the tables below are shaded if the mortality rate for a county/city or health district in the WMC community exceeded the Virginia average for that condition by more than ten percent. In some cases, data from VDH is presented by health district.

The Lord Fairfax Health District is composed of Clarke, Frederick, Page, Shenandoah; and Warren counties, and Winchester City. The Rappahannock/Rapidan Health District includes Rappahannock County from the WMC community, as well as Culpeper, Fauquier, Madison, and Orange counties. Supplemental cancer incidence data were gathered from the Centers for Disease Control and Prevention.

### Exhibit 26A: Leading Causes of Death by Virginia County/City, 2019

Rates per 100,000	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Clarke, VA	Frederick, VA	Winchester City	VA	National
<b>Total Deaths All Ages</b>									
<b>Total Deaths Rate<sup>9</sup></b>									
Malignant Neoplasms (Cancer) Rate	189.27	155.28	181.78	202.84	179.88	182.9	200.78	<b>152.4</b>	<b>152.4</b>
Diseases of Heart Rate	234.6	168.29	172.44	201.34	181.82	157.9	197.94	<b>149.08</b>	<b>161.52</b>
Cerebrovascular Diseases Rate	51.61	41.09	44.31	54.77	49.75	37.62	46.38	<b>38.34</b>	<b>36.96</b>
Chronic Lower Respiratory Diseases Rate	37.77	27.56	39.99	53.67	46	43.93	50.57	<b>35.83</b>	<b>38.18</b>
Unintentional Injury Rate	46.56	52.78	44.46	51.41	44.2	43.87	47.82	<b>43.81</b>	<b>49.29</b>
Alzheimer's Disease Rate	28.13	18.62	22.12	39.08	35.04	26.41	30.62	<b>26.91</b>	<b>29.85</b>
Diabetes Mellitus Rate	20.38	14.36	20.36	22.14	16.13	15.5	21.34	<b>22.8</b>	<b>21.59</b>
Nephritis and Nephrosis Rate	18.34	10.22	16.69	19.73	23.09	14.19	22.23	<b>16.45</b>	<b>12.71</b>
Influenza and Pneumonia Rate	17.7	19.11	23.22	17.82	13.14	16.52	20.81	<b>10.96</b>	<b>12.32</b>
Suicide Rate	18.62	17.9	15.72	19.24	16.47	14.17	15.94	<b>12.82</b>	<b>13.94</b>
Chronic Liver Disease Rate	12.83	5.55	7.79	11.05	8.31	9.2	12.66	<b>10.05</b>	<b>11.34</b>
Primary Hypertension & Renal Disease Rate	4.32	4.53	4.92	7.52	4.97	5.12	8.32	<b>8.06</b>	<b>8.91</b>

Source: Virginia Department of Health, 2019 Retrieved from: <https://www.vdh.virginia.gov/healthstats/stats.htm>. Rates are per 100,000 population.

According to VDH, Warren County compared unfavorably to the national average on nine indicators, and City of Winchester with eight.

Mortality due to malignant neoplasms (cancer), chronic lower respiratory disease, influenza/pneumonia, and suicide rates were greater than the state average for six of the seven counties (**Exhibit 26A**).

Key	
Rates unreliable due to small sample size sample	~
Ranging from better than National up to 10% worse than National	
10-49% worse than National	
50-74% worse than National	
> 75% worse than National	

<sup>9</sup> The ratio of total deaths to total population in a specified community or area over a specified period of time. The death rate is often expressed as the number of deaths per 1,000 of the population per year.

### Exhibit 26B: Leading Causes of Death by West Virginia County/City, 2019

Rates per 100,000	Berkeley, WV	Grant, WV	Jefferson, WV	Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV	National
<b>Total Deaths All Ages</b>									
<b>Total Deaths Rate</b>									
Malignant Neoplasms (Cancer) Rate	204.22	150.64	194.87	198.52	166.62	205.06	196.86	<b>174.98</b>	<b>152.4</b>
Diseases of Heart Rate	213.07	224.46	214.47	201.91	233.18	200.79	237.44	<b>197.39</b>	<b>161.52</b>
Cerebrovascular Diseases Rate	48.12	38.25	47.95	38.73	51.79	39.63	46.13	<b>40.25</b>	<b>36.96</b>
Chronic Lower Respiratory Diseases Rate	55.32	48.99	48.88	50.96	48.32	45.99	52.67	<b>61.97</b>	<b>38.18</b>
Unintentional Injury Rate	68.56	53.61	55.89	79.29	59.62	71.66	47.24	<b>96.91</b>	<b>49.29</b>
Alzheimer's Disease Rate	26.82	14.43	29.16	17.58	20.5	38.79	23.25	<b>32.29</b>	<b>29.85</b>
Diabetes Mellitus Rate	29.27	15.31	27.26	35.63	28.47	26.81	31.01	<b>36.21</b>	<b>21.59</b>
Nephritis and Nephrosis Rate	17.59	17.96	15.69	18.14	18.23	22.12	18.38	<b>16.22</b>	<b>12.71</b>
Influenza and Pneumonia Rate	19.92	14.54	15.15	14.36	25.45	19.16	16.88	<b>16.07</b>	<b>12.32</b>
Suicide Rate	15.81	16.3	12.06	15.23	17.01	19.08	17.44	<b>18.49</b>	<b>13.94</b>
Chronic Liver Disease Rate	11.43	8.65	10.91	12.24	10.51	10.67	12.08	<b>16.89</b>	<b>11.34</b>
Primary Hypertension & Renal Disease Rate	8.76	4.09	7.03	10.11	7.67	5.74	13.45	<b>11.97</b>	<b>8.91</b>

Source: West Virginia World Life Expectancy, 2019

According to West Virginia World Life Expectancy, Mineral and Morgan counties compared unfavorably to the national level on nine indicators reporting 10 – 49 percent worse than the national average.

Mortality due to cancer, heart disease, chronic lower respiratory diseases, nephritis and nephrosis, influenza and pneumonia, and suicide rates were greater than West Virginia and national averages. **(Exhibit 26B).**

Key	
Rates unreliable due to small sample size sample	~
Ranging from better than National up to 10% worse than National	
10-49% worse than National	
50-74% worse than National	
> 75% worse than National	

**Exhibit 27: Motor Vehicle Injury-Related Mortality and Suicide Rates by County, 2020**

2020					
County/City	Crashes	Fatalities	Injuries	Death Rate Per 1,000 Drivers <sup>10</sup>	Suicide Rate <sup>11</sup>
<b>PSA</b>					
Clarke County, VA	228	3	78	0.28	19
Frederick County, VA	1,055	14	363	0.22	87
Hampshire County, WV	~	~	~	0.79	21
Hardy County, WV	~	~	~	0.60	14
Morgan County, WV	~	~	~	0.72	27
Page County, VA	220	3	130	0.19	24
Rappahannock County, VA	156	2	52	0.32	~
Shenandoah County, VA	577	11	169	0.37	43
Warren County, VA	520	1	266	0.04	46
Winchester City, VA	436	0	137	0	18
<b>SSA</b>					
Berkeley County, WV	~	~	~	0.69	112
Grant County, WV	~	~	~	0.54	~
Jefferson County, WV	~	~	~	0.56	41
Mineral County, WV	~	~	~	0.47	32
<b>VA<sup>12</sup></b>	<b>105,600</b>	<b>847</b>	<b>52,668</b>	<b>0.14</b>	<b>13</b>
<b>WV</b>	~	~	~	<b>0.97</b>	<b>19</b>
<b>National</b>	~	~	~	<b>0.49</b>	<b>14</b>

Source: Virginia Department of Transportation, 2020, and World Life Expectancy, 2020.

Berkeley, Frederick, Hampshire, Jefferson, Mineral, Morgan, Shenandoah, and Warren counties reported unintentional-injury related mortality at a higher rate than the Virginia, West Virginia and national averages for that cohort. The overall populations of Virginia counties reported higher rates of mortality related to suicide than commonwealth averages (**Exhibit 27**).

<sup>10</sup> Virginia data retrieved from [https://www.dmv.virginia.gov/safety/crash\\_data/crash\\_facts/crash\\_facts\\_17.pdf](https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf)

West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

<sup>11</sup> West Virginia data retrieved from: <https://www.worldlifeexpectancy.com/usa/west-virginia-accidents>

<sup>12</sup> Virginia and West Virginia averages were retrieved from: [https://www.dmv.virginia.gov/safety/crash\\_data/crash\\_facts/crash\\_facts\\_17.pdf](https://www.dmv.virginia.gov/safety/crash_data/crash_facts/crash_facts_17.pdf)

### Exhibit 28A: Cancer Mortality Rates by County, 2020

Cancer Mortality Rates by County, 2020 Data									
	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Clarke, VA	Frederick, VA	Winchester City, VA	VA	National
<b>All Cancers</b>	<b>185.1</b>	<b>135.9</b>	<b>170.8</b>	<b>185.8</b>	<b>143.9</b>	<b>157.9</b>	<b>165.5</b>	<b>152.4</b>	<b>152.4</b>
Colorectal	24.1	~	15.9	17.5	~	14.7	12.7	13.4	13.4
Lung and Bronchus	51.4	28.7	44.1	51.1	32.9	38.1	43.7	37.1	36.7
Breast	19.8	~	28.4	19.4	~	26.6	25.3	20.9	19.9
Prostate	~	~	21.0	36.2	~	19.0	24.3	19.7	18.9

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Death Rates Table](#), Rates are per 100,000 population, 2020.

Key – Rates higher than both VA & National Averages	
Colorectal	~
Lung and Bronchus	
Breast	
Prostate	
Rates unreliable due to small sample size	~

Clarke, Frederick, Page, Warren, and Winchester City residents experienced cancer mortality rates higher than the commonwealth and national averages for lung and bronchus, Breast cancer rates were highest in Frederick and Shenandoah counties, and Winchester City. Prostate cancer was reported higher than both the commonwealth and national averages in Shenandoah and Warren counties, and Winchester City (**Exhibit 28A**).

### Exhibit 28B: Cancer Mortality Rates by County, 2020

Cancer Mortality Rates by County, 2020 Data									
	Berkeley, WV	Grant, WV	Hampshire, WV	Hardy, WV	Jefferson, WV	Morgan, WV	Mineral, WV	WV	National
<b>All Cancers</b>	<b>186.6</b>	<b>139.8</b>	<b>188</b>	<b>148.5</b>	<b>181.7</b>	<b>193.7</b>	<b>183.6</b>	<b>180.2</b>	<b>152.4</b>
Colorectal	17.9	~	18.2	~	16.8	20.3	15.8	17.0	13.4
Lung and Bronchus	52.9	30.9	57.6	31.2	48.9	65.3	44.5	51.6	36.7
Breast	23.3	~	~	~	28	~	27.4	21.6	19.9
Prostate	18.8	~	~	~	22.6	~	24.1	16.8	18.9

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Death Rates Table](#), Rates are per 100,000 population, 2020..

Key – Rates higher than both WV & National Averages	
Colorectal	~
Lung and Bronchus	
Breast	
Prostate	
Rates unreliable due to small sample size	~

Berkeley, Hampshire, and Morgan County residents experienced cancer mortality rates higher than the West Virginia and national averages for colorectal cancer. Berkeley, Hampshire, and Morgan counties reported Cancer Mortality rates higher than both West Virginia and national averages for lung and bronchus. Berkeley, Jefferson, and Mineral counties showed the highest rates for breast cancer in the WMC community (**Exhibit 28B**).



### Exhibit 29A: Cancer Incident Rates by County, VA 2018

Cancer Incidence Rates by County, 2018 Data									
	Clarke, VA	Frederick, VA	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Winchester City	VA	National
<b>All Cancers</b>	<b>398.8</b>	<b>400.6</b>	<b>450.7</b>	<b>393.6</b>	<b>454.1</b>	<b>435</b>	<b>407.4</b>	<b>439.2</b>	<b>487.4</b>
Colorectal	40.5	38.1	45.8	44.5	43.8	38.2	36.9	35	38
Lung and Bronchus	46.4	58.4	70.7	45.2	61.9	75.1	69.3	54.8	57.3
Breast	103.8	121.8	112.8	100.5	125.9	121.8	136.2	126.4	126.8
Prostate	87.6	68.6	56.8	117.9	79.4	85.6	77.8	98	106.2

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Incidence Rates Table](#), Rates are per 100,000 population, 2022.

Key	
Rates unreliable due to small sample size	~
Rates higher than both VA and National averages	

Six of the seven counties reported colorectal cancer rates higher than both the commonwealth and national averages. Frederick, Page, Shenandoah, Warren, and City of Winchester have higher incidence rates than both the commonwealth and national averages for lung and bronchus cancer. Prostate cancer incidence rates higher than the commonwealth and national averages were reported for Rappahannock County (**Exhibit 29A**).

### Exhibit 29B: Cancer Incident Rates by County, WV 2018

Cancer Incidence Rates by County, 2018 Data									
	Berkeley, WV	Grant, WV	Hampshire, WV	Hardy, WV	Jefferson, WV	Morgan, WV	Mineral, WV	WV	National
<b>All Cancers</b>	<b>478.8</b>	<b>399.7</b>	<b>450.5</b>	<b>381.1</b>	<b>453.3</b>	<b>423.9</b>	<b>449.7</b>	<b>483.5</b>	<b>487.4</b>
Colorectal	47.1	41.5	49.3	48.1	38.4	46.1	38.3	46.1	38
Lung and Bronchus	79	48.8	81.2	52.3	67.8	87.2	61.5	79	57.3
Breast	125.3	91.7	103.1	82.4	129.8	84.1	101.5	118.7	126.8
Prostate	102.4	69	63.9	73.3	105.9	70.5	94.5	94.3	106.2

Source: State Cancer Profiles retrieved from: [State Cancer Profiles > Incidence Rates Table](#), Rates are per 100,000 population, 2022.

Key	
Rates unreliable due to small sample size	~
Rates higher than both WV and National averages	

Berkeley, Hampshire, and Hardy County residents experienced cancer incident rates higher than the West Virginia and national averages for colorectal cancer. Jefferson County also reported high incidence rates for breast cancer. Lung and bronchus have been reported in two of the seven counties to be higher than the West Virginia and national averages (**Exhibit 29B**).

**Exhibit 30: Communicable Disease by County and Health District, 2020**

Communicable Diseases by County, Virginia and West Virginia 2020		
County/Region	Chlamydia	Gonorrhea
<b>PSA</b>		
Clarke County, VA	157.3	41
Frederick County, VA	245.2	41.4
Hampshire County, WV	30	5
Hardy County, WV	26	1
Morgan County, WV	19	2
Page County, VA	234.3	58.6
Rappahannock County, VA	122.1	40.7
Shenandoah County, VA	272.8	29.8
Warren County, VA	338.3	67.2
Winchester city, VA	498.6	92.6
<b>SSA</b>		
Berkeley County, WV	356	134
Grant County, WV	12	0
Jefferson County, WV	190	46
Mineral County, WV	53	7
<b>Lord Fairfax Health District</b>	289.1	51.3
<b>Rappahannock/Rapidan Health District</b>	245.7	47.9
<b>Virginia</b>	469.4	175.1
<b>West Virginia (2019)</b>	310.6	98.1
<b>National (2019)</b>	552.8	188.4

Source: Virginia Department of Health, 2020. Rates are per 100,000 population

Key	
Rates unreliable due to small sample size	~
Ranging from better than State average up to 10%	
11-49% worse than State average	
50-74% worse than State average	
> 75% worse than State average	

The Lord Fairfax and Rappahannock / Rapidan Health Districts reported much lower chlamydia and gonorrhea rates than the Virginia average. Winchester City reported much higher Chlamydia rates than other counties within WMC’s community (**Exhibit 30**).

### Exhibit 31: Maternal and Child Health Indicators by County/City and State, 2020

Indicator, 2020	Clarke, VA	Frederick, VA	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Winchester City, VA	VA	National
Low birth weight infants	7.1	8.2	11.7	8.5	8.7	7.1	7.1	8.3	8.24
Very low birth weight infants	0.8	1.3	2.2	2.1	2.3	1.1	1.40	1.4	1.34
Teen pregnancy rate 10-19**	6.7	8.9	10.7	6.0	15.4	7.2	15.1	13.1	16.7
No prenatal care in first trimester	2.5	4.8	7.6	1.9	3.3	4.9	6.8	4.2	~
Infant mortality rate	~	3.1	4.3	~	3.9	2.2	5.7	5.57	5.8

Sources: Virginia Department of Health, 2020, and retrieved from: [Statistical Reports and Tables \(virginia.gov\)](https://www.vdh.virginia.gov/statistics-reports-and-tables)\*\*Rates per 1,000 live births.

Key	
Rates unreliable due to small sample size	~
Ranging from better than VA up to 10% worse than VA	
11-49% worse than VA	
50-74% worse than VA	
> 75% worse than VA	

Page County reported rates of no prenatal care in the first trimester more than 50 percent higher than the Virginia average. Teen pregnancy rates for 10-19 year old population were 75 percent or higher than the commonwealth average of 13.1 percent for Winchester City. Infant mortality rates were higher than the commonwealth average in Winchester City compared to the other counties within WMC’s community (**Exhibit 31**).

## 10. Behavioral Risk Factor Surveillance System

Data collected by the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) is based on a telephone survey that gathers data on various health indicators, risk behaviors, healthcare access, and preventive health measures. Data is collected for the entire U.S. Analysis of BRFSS data can identify localized health issues and trends, and enable county, state (or Commonwealth), or nation-wide comparisons.

**Exhibit 32A** compares various BRFSS indicators for all seven Virginia counties, with Virginia and United States averages for comparison. Indicators are shaded if an area's value was more than ten percent higher than the Virginia average. Data for Clarke and Page counties and Winchester City were not included in this analysis due to small sample sizes. Data for Rappahannock County was unavailable. **Exhibit 32B** compares BRFSS indicators to state and U.S. averages for the community's West Virginia counties. Data for Grant County was unavailable.

**Exhibit 32A: BRFSS Indicators and Variation from the Commonwealth of Virginia,\* 2020**

Indicator 2020		Clarke, VA	Frederick, VA	Page, VA	Rappahannock, VA	Shenandoah, VA	Warren, VA	Winchester City, VA	VA
Health Behaviors	Excessive drinkers <sup>13</sup>	17.0%	19.0%	16.0%	16.4%	17.7%	19.6%	17.0%	17.4%
	Current smoker	15.0%	14.0%	17.0%	14.0%	16.4%	17.2%	18.0%	15.3%
	No physical activity in past 30 days	21.0%	19.0%	26.8%	24.5%	27.1%	27.3%	22.0%	21.6%
Access	Rate of primary care providers (PCP) per 100,000	49.0	43.0	33.8	27.1	44.0	53.6	26.9	76.4
	Do not have health care coverage under 65	10.3%	10.1%	13.5%	13.7%	11.6%	10.3%	14.5%	9.9%
	Overweight or obese	26.9%	29.7%	27.6%	30.0%	30.7%	27.7%	29.6%	28.8%
Health Conditions	Told have diabetes <sup>14</sup>	9.0%	8.3%	9.2%	9.3%	9.4%	12.2%	8.5%	9.6%
	Poor mental health > number of days/month <sup>15</sup>	3.6%	3.4%	3.7%	3.4%	3.7%	3.6%	3.8%	3.5%
Mental Health	Poor physical health > number of days/month <sup>16</sup>	3.0%	3.3%	3.6%	3.2%	3.4%	3.3%	3.8%	3.5%
Overall Health	Reported poor or fair health	14.1%	12.2%	15.2%	12.9%	15.2%	14.6%	18.0%	15.9%

Source: CDC BRFSS, 2020

All seven counties within WMC’s community reported high percentages of residents who don’t have health insurance under age 65. Clarke Frederick, Rappahannock, Shenandoah, and Winchester City reported percentages higher than the commonwealth’s average for being overweight or obese. Winchester City reported poor or fair health condition higher than the Virginia average (**Exhibit 32A**).

<sup>13</sup> \*\*Adult men having more than two drinks per day; adult women having more than one drink per day.

<sup>14</sup> Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Virginia, 2015

<sup>15</sup> Average number of reported mentally unhealthy days per month among adults 18 years and over

<sup>16</sup> Average number of reported physically unhealthy days per month among adults 18 years of age and over

**Exhibit 32B: BRFSS Indicators and Variation from the State of West Virginia, 2020**

Indicator 2020		Berkeley, WV	Grant, WV	Jefferson, WV	Hampshire, WV	Hardy, WV	Morgan, WV	Mineral, WV	WV
<b>Health Behaviors</b>	Binge drinkers <sup>17</sup>	~	~	~	9.9%	DSU	10.1%	7.2%	<b>9.3%</b>
	Excessive drinkers <sup>18</sup>	13.4%	11.4%	15.6%	11.4%	11.4%	12.0%	12.5%	<b>11.8%</b>
	Current smoker	22.7%	21.2%	18.8%	21.6%	20.4%	20.4%	22.2%	<b>24.8%</b>
	No physical activity in past 30 days	27.6%	29.9%	25.3%	36.1%	29.4%	25.3%	26.0%	<b>27.8%</b>
<b>Access</b>	Unable to visit doctor due to cost	~	~	~	~	~	~	~	<b>14.8%</b>
	Rate of primary care providers (PCP) per 100,000	45	51	53	21	22	51	33	<b>79</b>
	Do not have health care coverage under 65	6.4%	6.6%	6.1%	8.7%	8.0%	7.4%	6.0%	<b>6.5%</b>
	Overweight or obese	35.0%	37.3%	38.4%	38.0%	36.5%	38.4%	33.9%	<b>36.3%</b>
<b>Health Conditions</b>	Told have diabetes <sup>19</sup>	10.5%	14.5%	8.8%	11.4%	10.9%	12.5%	12.3%	<b>12.7%</b>
	Poor mental health > number of days/month <sup>20</sup>	5.2%	5.1%	4.5%	5.1%	4.9%	4.9%	4.9%	<b>5.2%</b>
<b>Mental Health</b>	Poor physical health > number of days/month <sup>21</sup>	4.9%	5.2%	4.4%	4.9%	4.8%	5.0%	5.2%	<b>5.2%</b>
<b>Overall Health</b>	Social-emotional support lacking: Adults (percent)	~	~	~	14.9%	23.8%	21.2%	15.6%	<b>19.1%</b>
	Reported poor or fair health	22.1%	22.2%	18.2%	21.8%	20.6%	19.7%	22.6%	<b>24.1%</b>

Source: CDC BRFSS, 2020

In Berkeley, Jefferson, Morgan and Mineral counties, the percentage of people who reported being excessive drinkers or heavy drinkers was higher than the West Virginia average. Grant, Hampshire, Hardy, and Morgan counties had four or more indicators that

<sup>17</sup> \*Adult males having five or more drinks on one occasion; adult females having four or more drinks on one occasion.

<sup>18</sup> \*\*Adult men having more than two drinks per day; adult women having more than one drink per day.

<sup>19</sup> Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Virginia, 2015

<sup>20</sup> Average number of reported mentally unhealthy days per month among adults 18 years and over

<sup>21</sup> Average number of reported physically unhealthy days per month among adults 18 years of age and over

were worse than the West Virginia average. The obesity indicator was higher in five of the seven West Virginia counties compared to the state average (**Exhibit 32B**).



## Ambulatory Care Sensitive Conditions

This section examines the frequency of discharges for Ambulatory Care Sensitive Conditions (ACSCs, frequently referred to as Prevention Quality Indicators or PQIs) throughout WMC's community.

ACSC are eighteen health “conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”<sup>22</sup> As such, rates of hospitalization for these conditions can “provide insight into the quality of the health care system outside of the hospital,” including the accessibility and utilization of primary care, preventive care and health education. Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

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<sup>22</sup> Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, accessed online at <http://archive.ahrq.gov/data/hcup/factbk5/factbk5d.htm> on June 28, 2013.

## 11. County/City-Level Analysis

Exhibit 33: WMC Discharges for ACSC by County/City and Payer<sup>23</sup>, 2021

County/Service Area	Blue cross	Medicaid	Medicare	Other	Commercial	Self
<b>PSA</b>	<b>8.8%</b>	<b>15.4%</b>	<b>60.8%</b>	<b>2.1%</b>	<b>12.0%</b>	<b>0.8%</b>
Clarke, VA	6.7%	9.7%	68.9%	1.8%	12.4%	0.5%
Frederick, VA	10.1%	13.1%	61.0%	2.1%	12.9%	0.8%
Hampshire, WV	6.4%	16.1%	62.5%	1.8%	12.3%	1.0%
Hardy, WV	8.2%	10.0%	65.3%	3.2%	13.2%	0.3%
Morgan, WV	6.1%	19.8%	59.6%	2.8%	11.2%	0.6%
Page, VA	9.1%	11.5%	64.5%	2.0%	12.5%	0.3%
Rappahannock, VA	13.6%	18.2%	45.5%	0.0%	22.7%	0.0%
Shenandoah, VA	11.2%	12.6%	61.4%	1.8%	12.4%	0.6%
Warren, VA	9.1%	19.7%	56.4%	1.4%	12.1%	1.2%
Winchester, VA	7.2%	22.8%	56.8%	2.7%	9.2%	1.2%
<b>SSA</b>	<b>11.4%</b>	<b>12.3%</b>	<b>57.2%</b>	<b>3.0%</b>	<b>15.2%</b>	<b>0.9%</b>
Berkley, WV	12.1%	12.0%	56.4%	3.3%	15.3%	0.9%
Grant, WV	10.7%	19.0%	59.5%	2.4%	8.3%	0.0%
Jefferson, WV	9.4%	11.7%	58.0%	2.5%	17.0%	1.4%
Mineral, WV	11.3%	13.2%	66.0%	0.0%	9.4%	0.0%
<b>Total PSA and SSA</b>	<b>9.2%</b>	<b>15.0%</b>	<b>60.3%</b>	<b>2.3%</b>	<b>12.5%</b>	<b>0.9%</b>
Other Counties	15.0%	14.2%	47.3%	5.2%	15.6%	2.8%
<b>Total</b>	<b>9.4%</b>	<b>14.9%</b>	<b>59.7%</b>	<b>2.4%</b>	<b>12.6%</b>	<b>1.0%</b>

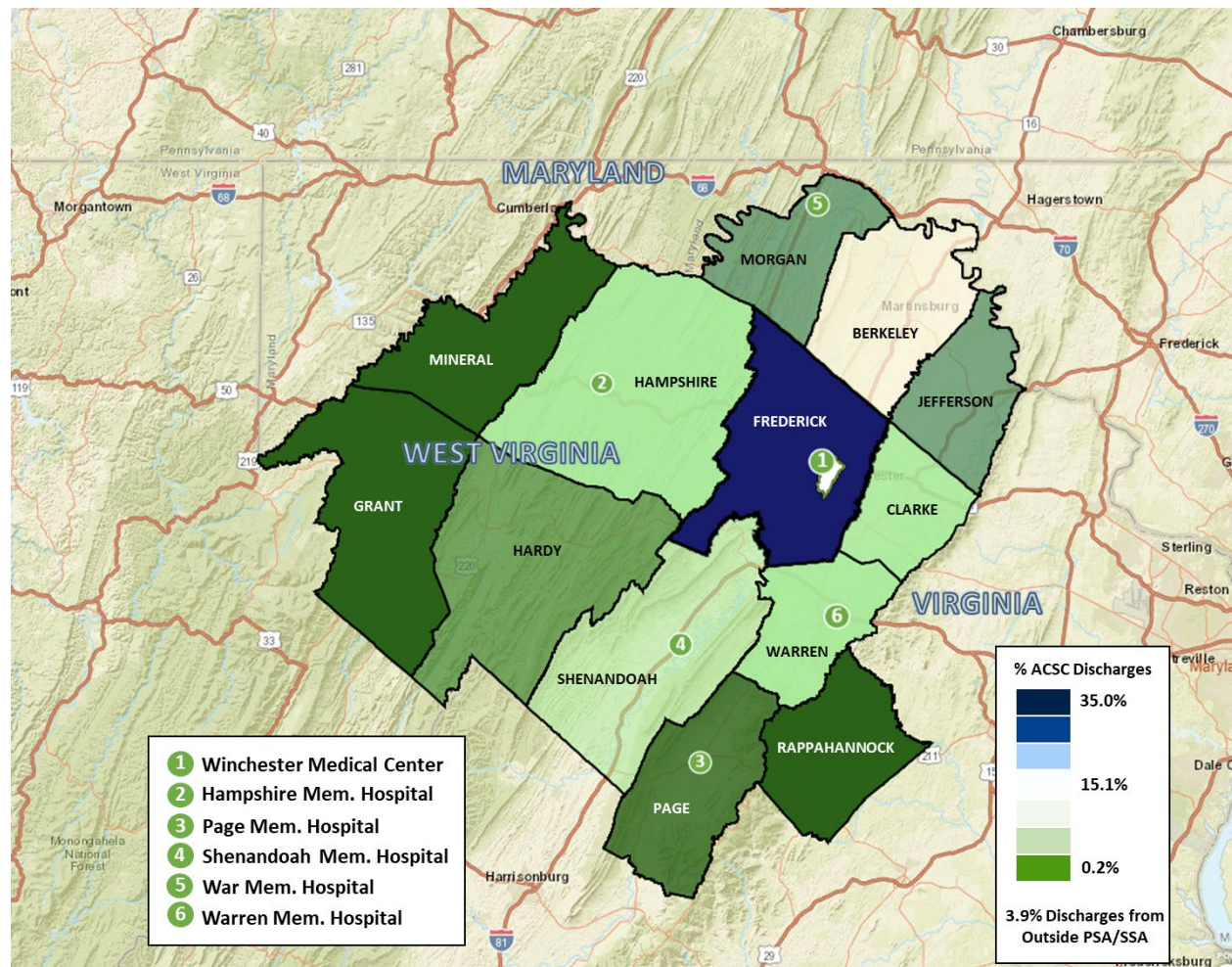
Source: Winchester Medical Center, 2021 Inpatient Data

Medicare patients had the highest proportion of discharges for ACSCs. Warren County and Winchester City in Virginia, and Grant and Morgan counties in West Virginia, had the highest percentage of Medicaid discharges for ACSCs (**Exhibit 33**).

<sup>23</sup> Discharges from all Valley Health System hospitals.

## 12. County-Level Analysis

Exhibit 34A: Discharges<sup>24</sup> for ACSC by County/City, 2021

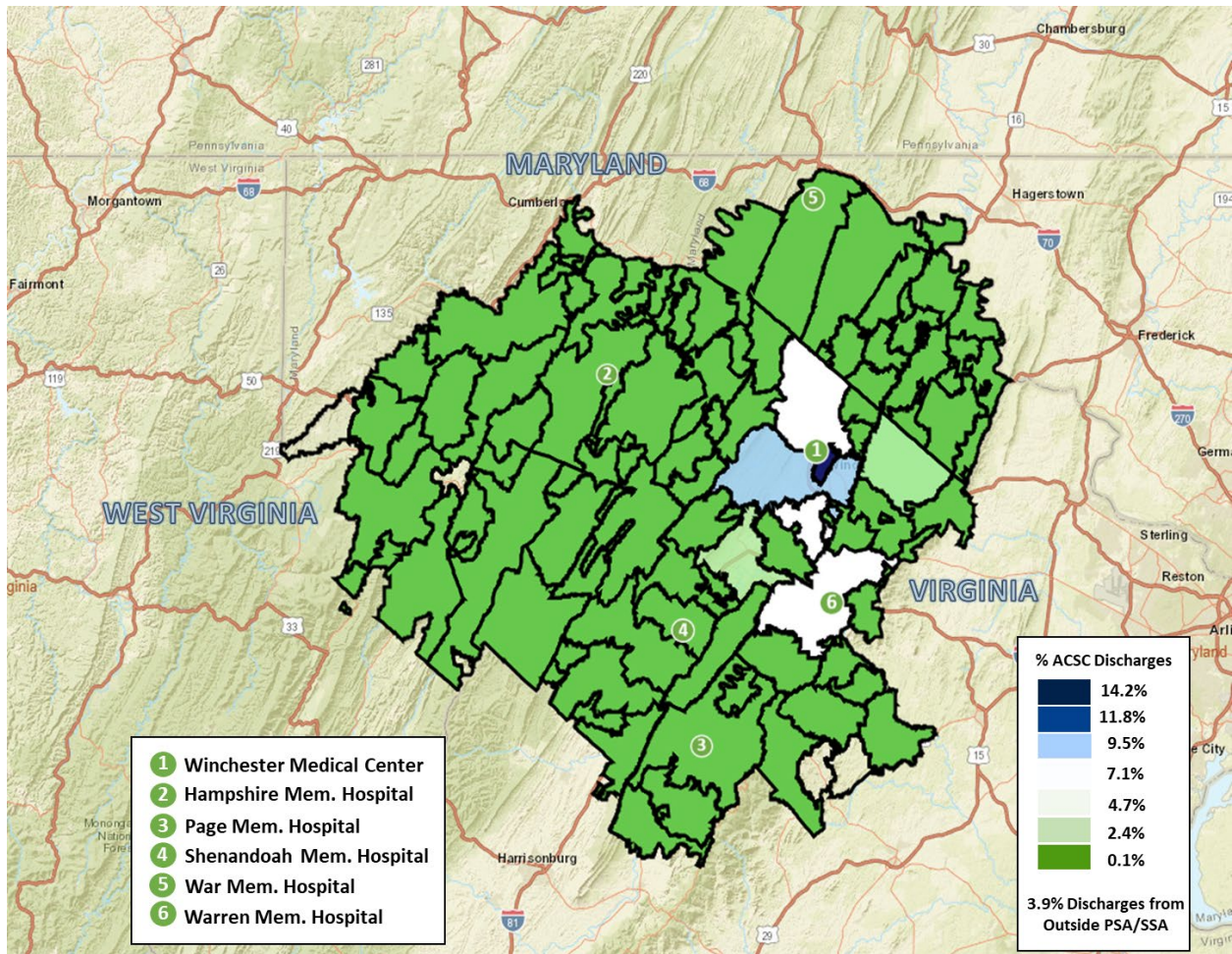


Source: Winchester Medical Center, 2021 Inpatient Data

The highest percentage of ACSC discharges were from Frederick County and Winchester City (Exhibit 34A).

<sup>24</sup> Discharges are from all Valley Health hospitals.

**Exhibit 34B: Discharges<sup>25</sup> for ACSC by County/City and Zip, 2021**



Source: Winchester Medical Center, 2021 Inpatient Data

The highest percentage of ACSC discharges within the WMC community were from zip codes: 22601 in Winchester City (Winchester, VA, 15.4%), 22602 in Frederick County (Winchester, VA, 11.3%), 22603 in Frederick County (Winchester, VA, 9.8%), 22655 in Frederick County (Stephens City, VA, 7.3%) (**Exhibit 34**).

<sup>25</sup> Discharges are from all Valley Health hospitals.

### 13. Hospital-Level Analysis

**Exhibit 35: ACSC Inpatient (IP) Discharges by Hospital, 2021**

IP ACSC Discharges by Hospital 2021			
Entity Name	Total IP ASCS Discharges	Total IP Discharges	Percentage of IP ACSC Discharges to Total IP Discharges
Hampshire Memorial Hospital	272	401	67.8%
Page Memorial Hospital	486	664	73.2%
Shenandoah Memorial Hospital	1,087	1,283	84.7%
War Memorial Hospital	254	423	60.0%
Warren Memorial Hospital	1,736	1,755	98.9%
Winchester Medical Center	14,036	23,991	58.5%
<b>Total</b>	<b>17,871</b>	<b>28,517</b>	<b>62.7%</b>

Source: Winchester Medical Center, 2021 Inpatient Data

Winchester Medical Center had the lowest percent of ACSC discharges of all hospitals in Valley Health System. Warren Memorial Hospital had the highest percent of ACSC discharges for 2021 (**Exhibit 35**).

### Exhibit 36: Discharges for ACSC by Condition and Age, Winchester Medical Center, 2021

Discharges for ACSC by Condition and age for WMC, 2021					
Condition	0 to 17	18 to 39	40 to 64	65 +	Total
Heart failure	-	9	114	348	471
Pneumonia	7	27	135	487	656
Asthma	7	3	19	25	54
Urinary tract infection	4	3	36	296	339
Diabetes	1	80	218	201	500
Dehydration	1	1	15	55	72
Hypertension	-	3	8	26	37
Angina	-	-	1	1	2
Appendix	1	6	5	1	13
<b>Total</b>	<b>21</b>	<b>132</b>	<b>551</b>	<b>1,440</b>	<b>2,144</b>
<b>Percent Total</b>	<b>0.98%</b>	<b>6.2%</b>	<b>25.7%</b>	<b>67.2%</b>	<b>100.0%</b>

Source: Winchester Medical Center, 2021 Inpatient Data

Patients aged 65 years and over had the highest percentage of discharges for ACSC conditions. The top four ACSC conditions at WMC were: pneumonia, heart failure, diabetes, and urinary tract infections in adults 65 and older, and pneumonia and diabetes in patients' ages ranging from 40 to 64 years old (**Exhibit 36**).

# Community Need Index™ and Food Deserts

## 14. 2021 Dignity Health Community Need Index™

### 2021 Community Need Index

Dignity Health, a California-based hospital system, developed and has made available for public use a *Community Need Index*™ (CNI) that measures barriers to health care access by county/city and ZIP code.<sup>26</sup>

### Methodology

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2021 source data. The barrier scores are listed below along with the individual 2021 statistics analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and IBM Watson Health™:

1. Income Barrier
  - Percentage of households below poverty line, with head of household age 65 or more
  - Percentage of families with children under 18 below poverty line
  - Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
  - Percentage of population that is minority (including Hispanic ethnicity)
  - Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
  - Percentage of population over 25 without a high school diploma
4. Insurance Barrier
  - Percentage of population in the labor force aged 16 or more, without employment
  - Percentage of population without health insurance
5. Housing Barrier
  - Percentage of households renting their home.

The CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. **Exhibit 37** presents the *Community Need Index*™ (CNI) score of ZIP codes in the community by each county in the Winchester Medical Center Campus community, weighted by the CNI score and population of each.

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<sup>26</sup> Accessed online at <http://cni.chw-interactive.org/> on July 11, 2022.

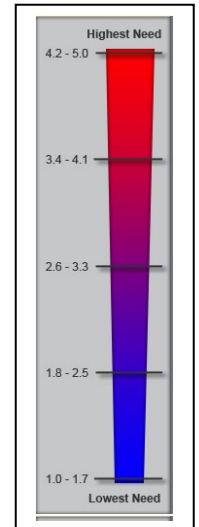
**Exhibit 37: Community Need Index™ Score by County and ZIP Code, 2021**

SERVICE AREA	COUNTY	CITY/TOWN NAME	ZIP	CNI SCORE
Primary	Winchester, VA	Winchester	22601	3.6
Primary	Shenandoah, VA	New Market	22844	3.6
Primary	Page, VA	Stanley	22851	3.8
Primary	Shenandoah, VA	Woodstock	22664	4
Primary	Shenandoah, VA	Mount Jackson	22842	3.2
Primary	Page, VA	Luray	22835	3.8
Primary	Hampshire, WV	Romney	26757	3.6
Primary	Page, VA	Rileyville	22650	2.8
Primary	Clarke, VA	Berryville	22611	3
Primary	Warren, VA	Front Royal	22630	3.4
Primary	Page, VA	Shenandoah	22849	3.4
Primary	Hardy, WV	Moorefield	26836	3.2
Primary	Clarke, VA	Paris	20130	3
Primary	Clarke, VA	White Post	22663	2.8
Primary	Shenandoah, VA	Quicksburg	22847	3.2
Primary	Shenandoah, VA	Edinburg	22824	2.8
Primary	Rappahannock, VA	Sperryville	22740	3.2
Primary	Rappahannock, VA	Washington	22747	3.6
Primary	Hampshire, WV	Shanks	26761	3
Primary	Frederick, VA	Winchester	22603	2.2
Primary	Shenandoah, VA	Strasburg	22657	3.2
Primary	Rappahannock, VA	Huntly	22640	3.2
Primary	Rappahannock, VA	Chester Gap	22623	3.2
Primary	Hardy, WV	Fisher	26818	3
Primary	Morgan, WV	Paw	25434	2.8
Primary	Hampshire, WV	Rio	26755	2.8
Primary	Clarke, VA	Bluemont	20135	2.6
Primary	Clarke, VA	Boyce	22620	2.6
Primary	Warren, VA	Bentonville	22610	2.8
Primary	Rappahannock, VA	Woodville	22749	2.8
Primary	Rappahannock, VA	Castleton	22716	2.6
Primary	Morgan, WV	Berkeley Springs	25411	2
Primary	Hardy, WV	Lost City	26810	2.4
Primary	Hampshire, WV	Augusta	26704	2.6
Primary	Frederick, VA	Winchester	22602	2.4
Primary	Shenandoah, VA	Lebanon Church	22641	2.4



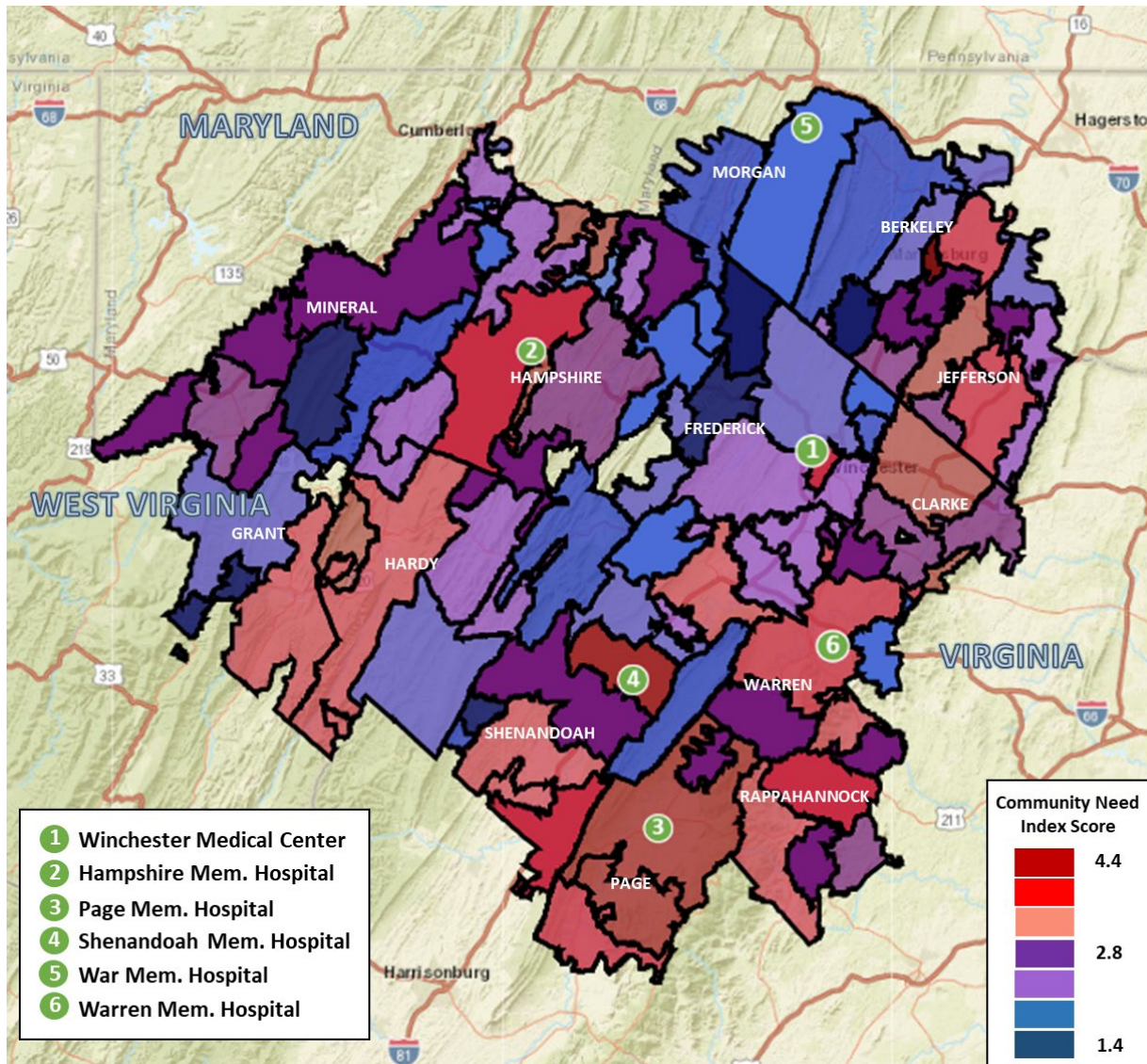
Primary	Rappahannock, VA	Flint Hill	22627	2.8
Primary	Hardy, WV	Old Fields	26845	2.4
Primary	Hardy, WV	Milam	26838	3.2
Primary	Hampshire, WV	Levels	25431	3
Primary	Hardy, WV	Baker	26801	2.4
Primary	Frederick, VA	Stephens City	22655	2.4
Primary	Frederick, VA	Clear Brook	22624	2
Primary	Frederick, VA	Stephenson	22656	1.8
Primary	Frederick, VA	Gore	22637	1.6
Primary	Frederick, VA	Middletown	22645	2.4
Primary	Warren, VA	Linden	22642	2
Primary	Shenandoah, VA	Maurertown	22644	2.2
Primary	Shenandoah, VA	Basye	22810	1.6
Primary	Hardy, WV	Mathias	26812	2.2
Primary	Morgan, WV	Great Cacapon	25422	1.8
Primary	Hardy, WV	Wardensville	26851	1.8
Primary	Hampshire, WV	Springfield	26763	2.4
Primary	Hampshire, WV	Purgitsville	26852	2.4
Primary	Hampshire, WV	Green Spring	26722	3
Primary	Hampshire, WV	Capon Bridge	26711	2
Primary	Hampshire, WV	Slanesville	25444	2.4
Primary	Shenandoah, VA	Toms Brook	22660	2.4
Primary	Hampshire, WV	High View	26808	2.2
Primary	Frederick, VA	Cross Junction	22625	1.4
Primary	Warren, VA	Middletown	22649	2.2
Primary	Shenandoah, VA	Fort Valley	22652	1.8
Primary	Shenandoah, VA	Star Tannery	22654	2
Primary	Shenandoah, VA	Orkney Springs	22845	1.8
Primary	Hampshire, WV	Bloomery	26817	2
Secondary	Mineral, WV	Piedmont	26750	3.8
Secondary	Berkeley, WV	Martinsburg	25401	4.4
Secondary	Mineral, WV	Keyser	26726	2.8
Secondary	Jefferson, WV	Charles Town	25414	3.4
Secondary	Jefferson, WV	Ranson	25438	3.4
Secondary	Mineral, WV	Elk Garden	26717	2.8
Secondary	Berkeley, WV	Martinsburg	25404	3.4
Secondary	Grant, WV	Petersburg	26847	3.2
Secondary	Jefferson, WV	Summit Point	25446	2.6

Secondary	Jefferson, WV	Kearneysville	25430	3
Secondary	Jefferson, WV	Millville	25432	2.2
Secondary	Berkeley, WV	Falling Waters	25419	2.2
Secondary	Mineral, WV	Wiley Ford	26767	2.2
Secondary	Jefferson, WV	Shenandoah Junction	25442	2.8
Secondary	Berkeley, WV	Bunker Hill	25413	2.6
Secondary	Berkeley, WV	Inwood	25428	2.8
Secondary	Grant, WV	Gormaniana	26720	2.8
Secondary	Mineral, WV	Ridgeley	26753	2.4
Secondary	Jefferson, WV	Shepherdstown	25443	2.2
Secondary	Jefferson, WV	Harpers Ferry	25425	2.4
Secondary	Berkeley, WV	Martinsburg	25403	2.2
Secondary	Berkeley, WV	Martinsburg	25405	2.8
Secondary	Berkeley, WV	Glengary	25421	2.4
Secondary	Berkeley, WV	Hedgesville	25427	1.8
Secondary	Grant, WV	Mount Storm	26739	2.6
Secondary	Mineral, WV	Burlington	26710	1.6
Secondary	Mineral, WV	Fort Ashby	26719	2
Secondary	Grant, WV	Maysville	26833	2.2
Secondary	Grant, WV	Cabins	26855	1.6
Secondary	Mineral, WV	New Creek	26743	1.6
Secondary	Berkeley, WV	Gerrardstown	25420	1.4



Source: Dignity Health Community Health Index, 2021

**Exhibit 38: Community Need Index™ Score by County and ZIP Code, 2021**



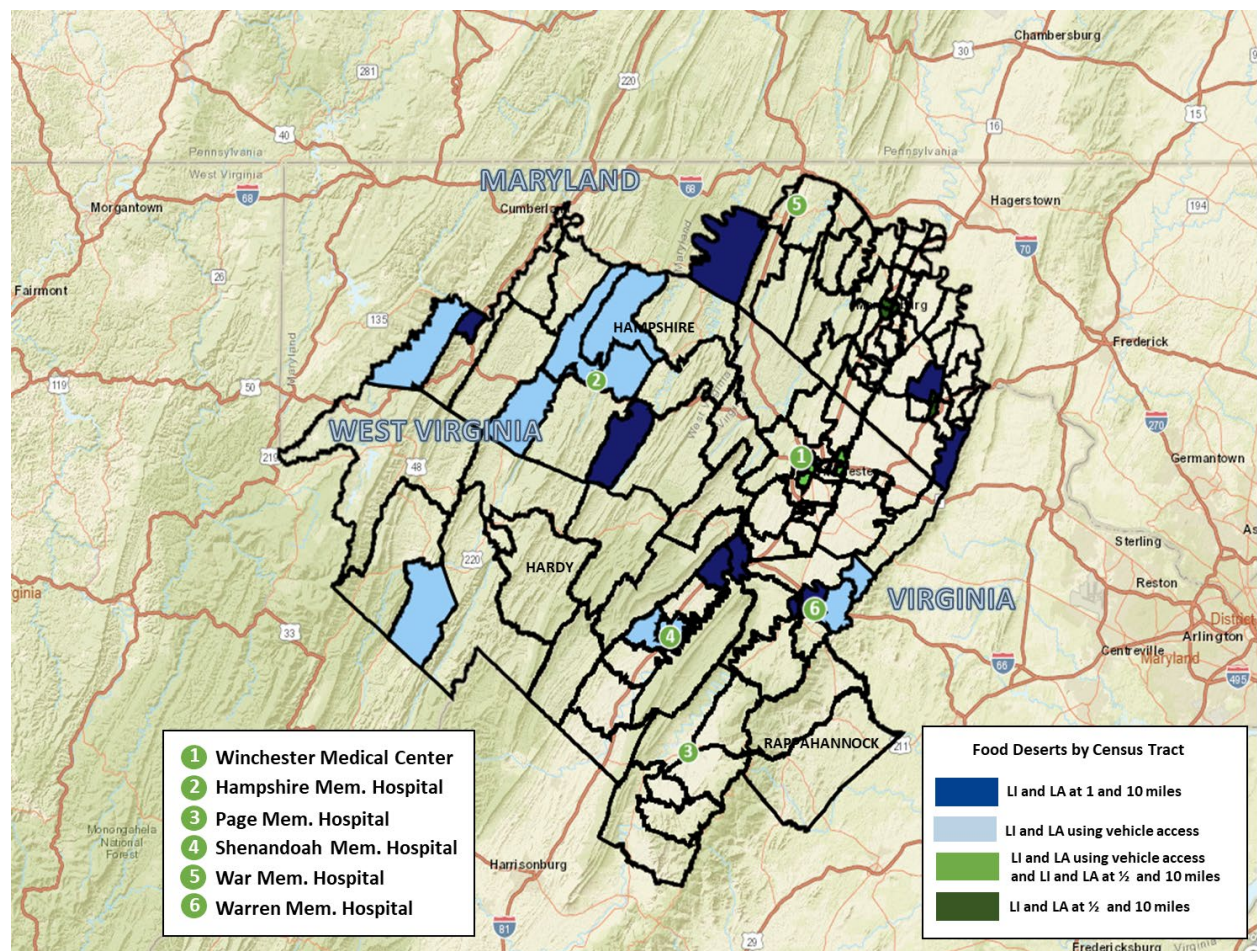
Source: Dignity Health Community Health Index, 2021

ZIP codes 26750, (Piedmont, Mineral County), 22601 (Winchester City), and 25401 (Martinsburg, Berkeley County), scored in the “Highest Need” category (ranges from 4.2 – 5.0). Areas of middle to high need are located in substantial parts of Clarke, Page, Shenandoah, Warren, Berkeley, Hampshire, Hardy, and Mineral counties (**Exhibit 38**).

## 15. Food Deserts (Lack of Access to Nutritious and Affordable Food)

The U.S. Department of Agriculture’s Economic Research Service estimates the number of people in each census tract that live in a “food desert,” defined as low-income areas more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these food deserts. **Exhibit 39** illustrates the location of food deserts in the WMC community.

**Exhibit 39: Food Deserts by Census Tract for WMC Community, 2022**



Source: ESRI 2021, Created by Planning and Business Development

WMC’s community contains 26 census tracts identified as food deserts. These are located in and around Shenandoah and Warren counties, and Winchester City in Virginia, and Berkeley, Hampshire, Hardy, Jefferson, Mineral, and Morgan counties in West Virginia. There are two census tracts designated as food deserts within Winchester City, VA (**Exhibit 39**).

## Overview of the Health and Social Services Landscape

This section identifies geographic areas and populations in the community that may face barriers accessing care due to medical underservice or a shortage of health professionals.

The section then summarizes various assets and resources available to improve and maintain the health of the community.

### 16. Medically Underserved Areas, Communities, and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration (HRSA) based on an “Index of Medical Underservice (IMU).” The IMU calculation is a composite of the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population age 65 or over. Areas with a score of 62 or less are considered “medically underserved”.<sup>27</sup>

**Medically Underserved Area (MUA)** – counties, a group of counties or civil divisions, or a group of urban census tracts in which residents have a shortage of personal health services.

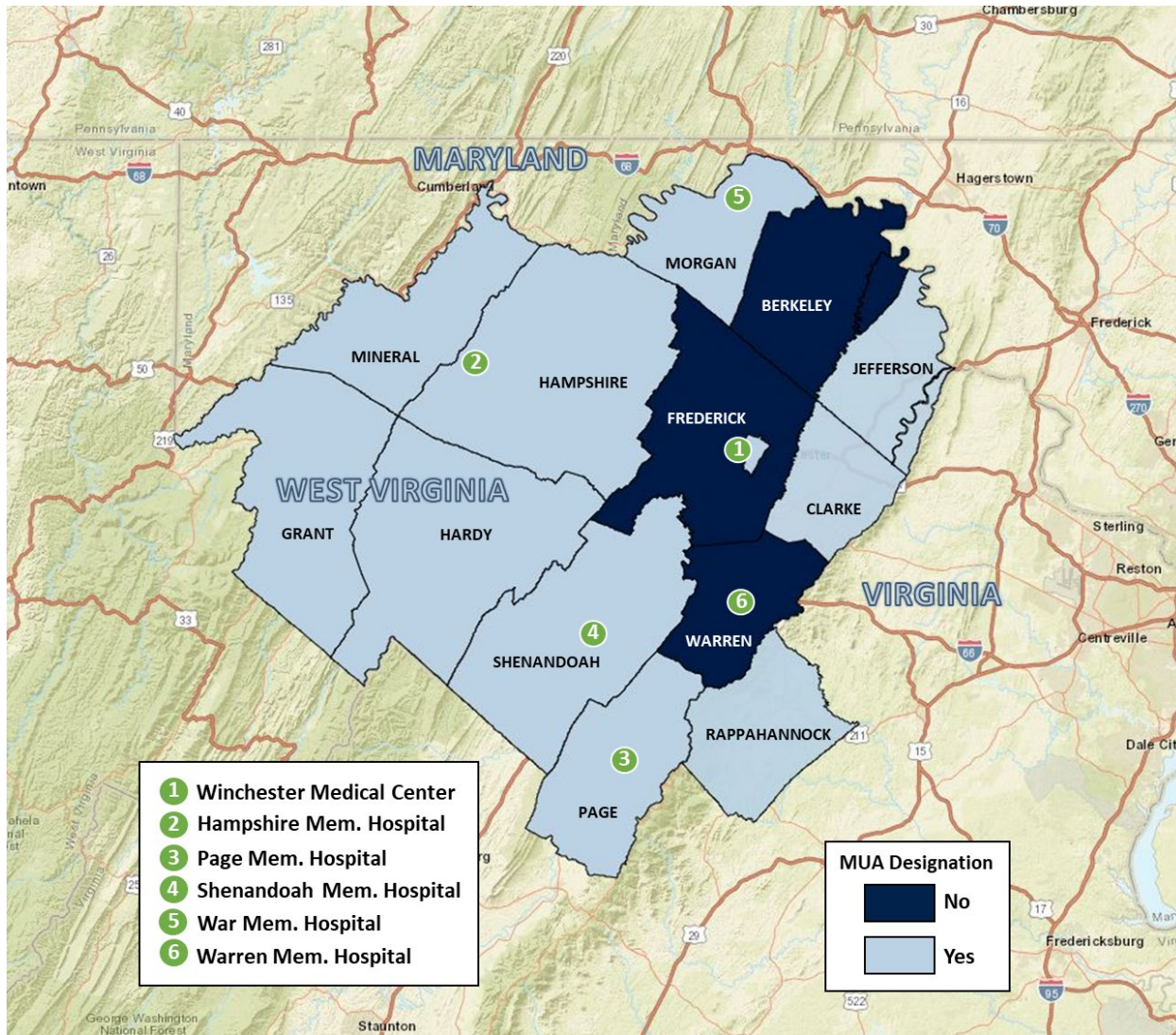
**Medically Underserved Community (MUC)** – a geographic location or population of individuals eligible for designation by the federal government as a Health Professional Shortage Area, Medically Underserved Area, Medically Underserved Population, or Governor’s Certified Shortage Area for Rural Health Clinic purposes. As an umbrella term, MUC also includes populations such as homeless individuals, migrant or seasonal workers, and residents of public housing.

**Medically Underserved Populations (MUPs)** – federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services.

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<sup>27</sup> U.S. Health Resources and Services Administration. (n.d.) *Guidelines for Medically Underserved Area and Population Designation*. Retrieved 2012, from <http://bhpr.hrsa.gov/shortage/muaps/index.html>.

**Exhibit 40: Medically Underserved Areas and Populations (MUA & MUP) VA, 2022**



Source: ESRI 2021, Created by Planning and Business Development

**Exhibit 40** shows areas designated by HRSA as medically underserved for mental, dental, and primary care professionals. Eleven of the fourteen counties are classified as a MUA within WMC’s community.

**Exhibit 40A: Medically Underserved Areas and Populations and Health Professional Shortage Areas (VA), 2022<sup>28</sup>**

Service Area	MUA/P Source ID	Designation Type	Index of Medical Underservice Score	State	Status
CLARKE SERVICE AREA	03582	Medically Underserved Area	48	VA	Designated
Low Income - Page County	07807	Medically Underserved Population	57	VA	Designated
Low Income - Winchester Area	07791	Medically Underserved Population	59.3	VA	Designated
Rappahannock County	1513066686	Medically Underserved Area	55	VA	Designated
Shenandoah County-MUA	1515871728	Medically Underserved Area	59.9	VA	Designated

Source: Data by Geography (hrsa.gov), 8/9/2022

**Exhibit 40B Medically Underserved Areas and Populations and Health Professional Shortage Areas (WV), 2022<sup>29</sup>**

Service Area	MUA/P Source ID	Designation Type	Index of Medical Underservice Score	State	Status
Grant District	03755	Medically Underserved Area	53.8	WV	Designated
Hampshire County	03710	Medically Underserved Area	61.6	WV	Designated
HARDY SERVICE AREA	03711	Medically Underserved Area	49.9	WV	Designated
Jefferson Service Area	03714	Medically Underserved Area	47.4	WV	Designated
Low Inc - Hancock County	07563	Medically Underserved Area – Governor’s Exception	71	WV	Designated
Low Income - Mineral County	07954	Medically Underserved Population	63.6	WV	Designated
Low Income - Morgan County	07907	Medically Underserved Population	60.7	WV	Designated
West Augusta Service Area	07523	Medically Underserved Area	55.7	WV	Designated

Source: Data by Geography (hrsa.gov), 8/9/2022

<sup>28</sup> HRSA, May 2022, Retrieved from: <https://bhw.hrsa.gov/shortage-designation/muap>

<sup>29</sup> HRSA, May 2022, Retrieved from: <https://bhw.hrsa.gov/shortage-designation/muap>

## Health Profession Shortage Area

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

*HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”<sup>30</sup>*

Areas and populations in the WMC community are designated as HPSAs (**Exhibit 42A-44A**). Page, Mineral, and Morgan counties are designated as primary medical care, dental, and mental health HPSAs, while Berkeley, Grant and Shenandoah counties are designated as mental health and dental HPSAs. Hardy, Hampshire, Jefferson, and Rappahannock counties are designated as mental health HPSAs and Winchester City and Warren County are designated as dental HPSAs. **Exhibits 44B-44B** shows Health Professional Shortage Areas (HPSA) designations that indicate health care provider shortages in primary care, dental health, or mental health.

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<sup>30</sup> U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>  
Winchester Medical Center  
Community Health Needs Assessment



**Exhibit 42A-: Health Professional Shortage Area (HPSA) VA– Primary Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Primary Care	1513747790	Geographic HPSA	Virginia	Page County, VA   Shenandoah County, VA	1.345	10	Designated	Rural
	<b>Component State Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Virginia	Page	Single County	51139	Rural			
	Virginia	Shenandoah	Single County	51171	Rural			
Primary Care	1512682381	Geographic HPSA	Virginia	Rappahannock County, VA	0.925	11	Designated	Rural
	<b>Component State Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Virginia	Rappahannock	Single County	51157	Rural			
Primary Care	1513851309	Geographic HPSA	Virginia	Warren County, VA	1.145	7	Designated	Rural
	<b>Component State Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Virginia	Warren	Single County	51187	Rural			

Source: [Map Tool](#) | [HRSA Data Warehouse](#)

**Exhibit 42B: Health Profession Shortage Area (HPSA) WV– Primary Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Primary Care	1549995469	Federally Qualified Health Center	West Virginia	Berkeley County, WV		17	Designated	Non-Rural
	<b>Site Name</b>		<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>		<b>County</b>	<b>Rural Status</b>
	SCH Behavioral Health		Charles Town	WV	25414-5719		Jefferson	Non-Rural
	SCH Healthy Smiles Dental		Martinsburg	WV	25404-3800		Berkeley	Non-Rural
	SCH Martinsburg		Martinsburg	WV	25401-2890		Berkeley	Non-Rural
	SCH Migrant Outreach		Winchester	VA	22601-4929		Winchester City	Non-Rural
	SCH Mobile		Martinsburg	WV	25401-2890		Berkeley	Non-Rural
	SCH Ryan White Administration Support		Martinsburg	WV	25404-3800		Berkeley	Non-Rural
	SCH Winchester		Winchester	VA	22601-3054		Winchester City	Non-Rural
	Shenandoah Community Health Behavioral Health Berkeley Springs		Berkeley Springs	WV	25411-7457		Morgan	Rural
	Shenandoah Community Health Burke St Elementary		Martinsburg	WV	25401-2732		Berkeley	Non-Rural
	Shenandoah Community Health Martinsburg North Middle School		Martinsburg	WV	25404-4910		Berkeley	Non-Rural
	Shenandoah Community Health Tuscarora Elementary		Martinsburg	WV	25401-8811		Berkeley	Non-Rural

Source: [Map Tool](#) | [HRSA Data Warehouse](#)

**Exhibit 43A: Health Profession Shortage Area (HPSA) VA – Dental Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Dental Health	6516732774	Geographic HPSA	Virginia	Shenandoah County, VA	3.78	10	Designated	Rural
	<b>Component State Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Virginia	Shenandoah	Single County	51171	Rural			
Dental Health	6519794066	Geographic HPSA	Virginia	Warren County, VA	1.745	7	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Warren	Single County	51187	Rural			
Dental Health	6515699950	Low Income Population HPSA	Virginia	Winchester City, VA	0.091	9	Designated	Non-Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Winchester city	Single County	51840	Non-Rural			
Dental Health	6512839521	Low Income Population HPSA	Virginia	Page County, VA	1.193	16	Designated	Rural
	Component State Name	Component Name	Component Type	Component GEOID	Component Rural Status			
	Virginia	Page	Single County	51139	Rural			

Source: [Map Tool | HRSA Data Warehouse](#)

**Exhibit 43B: Health Profession Shortage Area (HPSA) WV – Dental Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Dental Health	6549995441	Federally Qualified Health Center	West Virginia	Berkeley County, WV		26	Designated	Non-Rural
	<b>Site Name</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>	<b>Rural Status</b>		
	SCH Behavioral Health	Charles Town	WV	25414-5719	Jefferson	Non-Rural		
	SCH Healthy Smiles Dental	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Martinsburg	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Migrant Outreach	Winchester	VA	22601-4929	Winchester City	Non-Rural		
	SCH Mobile	Martinsburg	WV	25401-2890	Berkeley	Non-Rural		
	SCH Ryan White Administration Support	Martinsburg	WV	25404-3800	Berkeley	Non-Rural		
	SCH Winchester	Winchester	VA	22601-3054	Winchester City	Non-Rural		
	Shenandoah Community Health Behavioral Health Berkeley Springs	Berkeley Springs	WV	25411-7457	Morgan	Rural		
	Shenandoah Community Health Burke St Elementary	Martinsburg	WV	25401-2732	Berkeley	Non-Rural		
	Shenandoah Community Health Martinsburg North Middle School	Martinsburg	WV	25404-4910	Berkeley	Non-Rural		
	Shenandoah Community Health Tuscarora Elementary	Martinsburg	WV	25401-8811	Berkeley	Non-Rural		

**Exhibit 44A: Health Profession Shortage Area (HPSA) VA – Mental Health Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status
Mental Health	7511969222	Low Income Population HPSA	Virginia	Clarke County, VA   Frederick County, VA   Page County, VA   Shenandoah County, VA   Warren County, VA   Winchester City, VA	3.37	16	Designated	Partially Rural
	<b>Component State Name</b>	<b>Component Name</b>	<b>Component Type</b>	<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Virginia	Clarke	Single County	51043	Rural			
	Virginia	Frederick	Single County	51069	Non-Rural			
	Virginia	Page	Single County	51139	Rural			
	Virginia	Shenandoah	Single County	51171	Rural			
	Virginia	Warren	Single County	51187	Rural			
	Virginia	Winchester city	Single County	51840	Non-Rural			

Source: [Map Tool](#) | [HRSA Data Warehouse](#)

**Exhibit 44B: Health Profession Shortage Area (HPSA) WV – Mental Health Care, 2022**

Discipline	HPSA ID	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7549995417	Federally Qualified Health Center	West Virginia	Berkeley County, WV		17	Designated	Non-Rural	01/13/2004	09/12/2021
	<b>Site Name</b>	<b>Site City</b>	<b>Site State</b>	<b>Site ZIP Code</b>	<b>County</b>	<b>Rural Status</b>				
	SCH Behavioral Health	Charles Town	WV	25414-5719	Jefferson	Non-Rural				
	SCH Healthy Smiles Dental	Martinsburg	WV	25404-3800	Berkeley	Non-Rural				
	SCH Martinsburg	Martinsburg	WV	25401-2890	Berkeley	Non-Rural				
	SCH Migrant Outreach	Winchester	VA	22601-4929	Winchester City	Non-Rural				
	SCH Mobile	Martinsburg	WV	25401-2890	Berkeley	Non-Rural				
	SCH Ryan White Administration Support	Martinsburg	WV	25404-3800	Berkeley	Non-Rural				
	SCH Winchester	Winchester	VA	22601-3054	Winchester City	Non-Rural				
	Shenandoah Community Health Behavioral Health Berkeley Springs	Berkeley Springs	WV	25411-7457	Morgan	Rural				
	Shenandoah Community Health Burke St Elementary	Martinsburg	WV	25401-2732	Berkeley	Non-Rural				
	Shenandoah Community Health Martinsburg North Middle School	Martinsburg	WV	25404-4910	Berkeley	Non-Rural				
	Shenandoah Community Health Tuscarora Elementary	Martinsburg	WV	25401-8811	Berkeley	Non-Rural				

Source: Map Tool | HRSA Data Warehouse

## Other Facilities and Resources

### 17. Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary care, mental health, and dental services for lower-income populations. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. FQHCs throughout the state can be found at: <https://www.findahealthcenter.hrsa.gov>.

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Health centers are defined as: a community-based and patient-direct organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the nation’s most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation’s veterans

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**Exhibit 45: Federally Qualified Health Centers, 2022**

Federally Qualified Health Centers					
Health Center Name	Address	City	State	County	ZIP Code
SCH Migrant Outreach	867 Fairmont Ave	Winchester	VA	Winchester City	22601-4929
SCH Winchester	1330 Amherst St	Winchester	VA	Winchester City	22601-3054
E.A. Hawse Health Center Capon Bridge Elementary School	99 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
E.A. Hawse Health Center Capon Bridge Middle School	75 Capon School St	Capon Bridge	WV	Hampshire County	26711-9059
SCH Behavioral Health	44 Trifecta Pl	Charles Town	WV	Jefferson County	25414-5719
Shenandoah Community Health Burke St Elementary	422 W Burke St	Martinsburg	WV	Berkeley County	25401-2732
Shenandoah Community Health Tuscarora Elementary	2000 Tavern Rd	Martinsburg	WV	Berkeley County	25401-8811
SCH Mobile	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
SCH Martinsburg	99 Tavern Rd	Martinsburg	WV	Berkeley County	25401-2890
Shenandoah Community Health Martinsburg North Middle School	250 East Rd	Martinsburg	WV	Berkeley County	25404-4910
SCH Healthy Smiles Dental	58 Warm Springs Ave	Martinsburg	WV	Berkeley County	25404-3800
E.A. Hawse Health Center, Inc. Wardensville	325 E Main St	Wardensville	WV	Hardy County	26851
Mountaineer Community Health Center, Inc.	783 Winchester St	Paw Paw	WV	Morgan County	25434-3258

Source: Health and Human Services Administration, 2022, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>



**Exhibit 45: Federally Qualified Health Centers, 2022 (continued)**

Federally Qualified Health Centers					
Health Center Name	Address	City	State	County	ZIP Code
Tri-State Community Health Center - Berkeley Springs	261 Berkmore PI STE 1A	Berkeley Springs	WV	Morgan County	25411-6247
Hampshire High School	157 Trojan Way	Romney	WV	Hampshire County	26757-6317
Romney Middle School	296 Calvert Dr	Romney	WV	Hampshire County	26757-6320
E.A. Hawse Health Center, Inc. Romney	22347 Northwestern Pike	Romney	WV	Hampshire County	26757-6343
E. A. HAWSE HEALTH CENTER INC.	17978 State Road 55	Baker	WV	Hardy County	26801-8626
Shenandoah Community Health Behavioral Health Berkeley Springs	106 Sand Mine Rd STE 7	Berkeley Springs	WV	Morgan County	25411-7457
East Hardy High School	259 Cougar Dr	Baker	WV	Hardy County	26801
EAST HARDY EARLY MIDDLE SCHOOL	238 Cougar Dr	Baker	WV	Hardy County	26801
Loudoun Community Health Center dba HealthWorks for Northern Virginia	163 Fort Evans Rd NE	Leesburg	VA	Loudoun County	20176-4420
Romney Elementary School	45 School St	Romney	WV	Hampshire County	26757-1520
Loudoun County Department of Mental Health, Substance Abuse and Developmental Services	21641 Ridgetop Cir STE 105	Sterling	VA	Loudoun County	20166-6597
Moorefield Intermediate School	345 Caledonia Heights Rd	Moorefield	WV	Hardy County	26836-8455
Moorefield Middle School	303 Caledonia Heights Rd	Moorefield	WV	Hardy County	26836-8455

Source: Health and Human Services Administration, 2022, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>

**Exhibit 45: Federally Qualified Health Centers, 2022 (continued)**

Federally Qualified Health Centers					
Health Center Name	Address	City	State	County	ZIP Code
E.A. HAWSE HEALTH CENTER, INC.	106 Harold K Michaels Dr	Mathias	WV	Hardy County	26812-8142
Potomac Valley Family Medicine	8 Lee St	Moorefield	WV	Hardy County	26836-1091
MOOREFIELD HIGH SCHOOL	401 N Main St	Moorefield	WV	Hardy County	26836-1014
MOOREFIELD ELEMENTARY SCHOOL	400 N Main St	Moorefield	WV	Hardy County	26836-1015
E.A. Hawse Health Center, Inc. Moorefield	422 S Main St	Moorefield	WV	Hardy County	26836-1238
Petersburg Elementary School	333 Rig St	Petersburg	WV	Grant County	26847-1644
Petersburg High School	207 Viking Dr	Petersburg	WV	Grant County	26847-1674
Grove Street Health Center	111 S Grove St STE 1	Petersburg	WV	Grant County	26847-1805
MT. STORM HEALTH CENTER	14311 George Washington Hwy	Mount Storm	WV	Grant County	26739
HCHC Park View	1491 Virginia Ave	Harrisonburg	VA	Harrisonburg City	22802-2433
HCHC Stone Port	1380 Little Sorrell Dr STE 100	Harrisonburg	VA	Harrisonburg City	22801-7372

Source: Health and Human Services Administration, 2022, retrieved from <https://findahealthcenter.hrsa.gov/?zip=&radius=5&incrementalsearch=true>

There are currently thirty-three designated FQHC sites operating in the WMC community (**Exhibit 42**).

## 18. Local Clinics and Health Departments

In addition to the FQHCs, there are other clinics in the area that serve lower-income individuals. These include Sinclair Health Clinic (Winchester, VA), the St. Luke Community Clinic (Front Royal, VA), Shenandoah Community Health Clinic (Woodstock, VA), Page Free Clinic (Luray, VA), and the Good Samaritan Free Clinic of Martinsburg, WV (Martinsburg, WV).

In addition to these resources, The Lord Fairfax Health Department (services Clarke, Frederick, Page, Shenandoah, and Warren counties and Winchester City), Berkeley County Health Department, Grant Health Department, Jefferson County Health Department, Hampshire County Health Department, Hardy County Health Department, Mineral County Health Department, and Morgan County Health Department, also provide an array of services at locations throughout the region.

## 19. Hospitals

**Exhibit 46** presents information on hospitals facilities that operate in the community. WMC’s community contains four acute care hospitals and seven critical access hospitals.

**Exhibit 46: List of Hospitals in the WMC Community**

County/City	Hospital Name	Number of Beds	City	Zip Code
<b>PSA</b>				
Hampshire, WV	Hampshire Memorial Hospital	25	Romney	26757
Morgan, WV	War Memorial Hospital	25	Berkeley Springs	25411
Page, VA	Page Memorial Hospital	25	Luray	22835
Shenandoah, VA	Shenandoah Memorial Hospital	25	Woodstock	22664
Warren, VA	Warren Memorial Hospital	36	Front Royal	22630
<b>Winchester, VA</b>	<b>Winchester Medical Center</b>	<b>465</b>	<b>Winchester</b>	<b>22601</b>
<b>SSA</b>				
Berkeley, WV	Berkeley Medical Center	170	Martinsburg	25401
	Martinsburg VA Medical Center	90	Martinsburg	25401
Grant, WV	Grant Memorial Hospital	25	Petersburg	26847
Jefferson, WV	Jefferson Medical Center	25	Charlestown	25414
Mineral, WV	Potomac Valley Hospital	25	Keyser	26726

Source: Virginia Health Information, 2022, and for WV, American Hospital Directory, 2022.

## 20. Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is found to be present.

In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

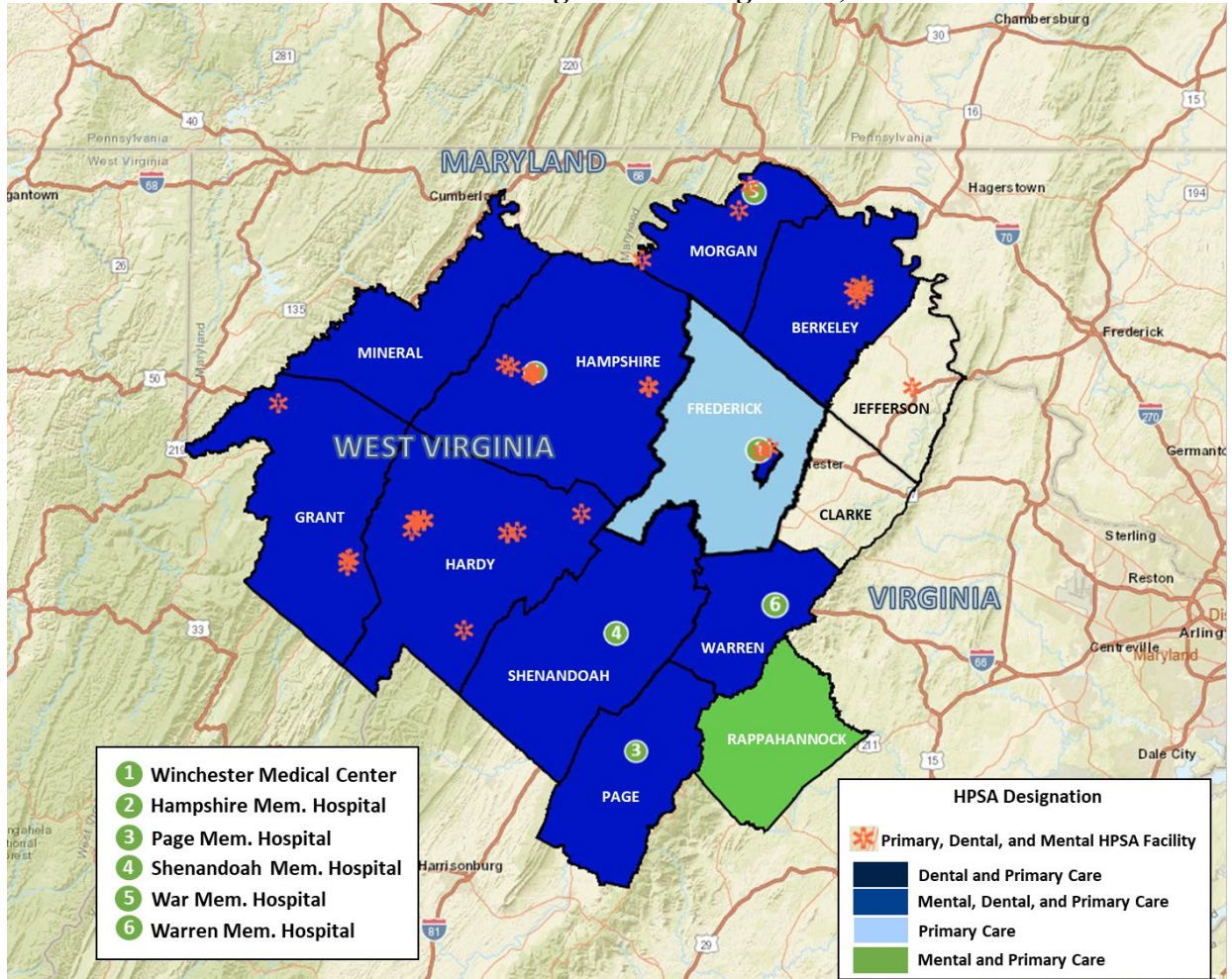
*HPSAs can be: “(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility.”<sup>31</sup>*

Areas and populations in the WMC community are designated as HPSAs (**Exhibit 47A**). Page, Mineral, and Morgan counties are designated as primary medical care, dental, and mental health HPSAs, while Berkeley, Grant and Shenandoah counties are designated as mental health and dental HPSAs. Hardy, Hampshire, Jefferson, and Rappahannock counties are designated as mental health HPSAs and Winchester City and Warren County are designated as dental HPSAs. Parts of Hampshire and Hardy counties also are considered dental HPSAs.

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<sup>31</sup> U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2019, from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html>

**Exhibit 47A: Health Professional Shortage Areas Designation, 2021**



Source: ESRI 2021, Created by Planning and Business Development

**Exhibit 47A** shows Health Professional Shortage Areas (HPSA) designations that indicate healthcare provider shortages in primary care, dental health, or mental health.

**Exhibit 47B: HPSA Shortage Areas in the WMC Community, 2021**

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Rural Status
Dental Health	Warren County	High Needs Geographic HPSA	4	10/26/2017	Partially Rural
Primary Care	Warren County	Geographic HPSA	4	12/20/1984	Partially Rural
Mental Health	Shenandoah/Page Counties	High Needs Geographic HPSA	11	04/02/2013	Rural
Primary Care	Shenandoah/Page Counties	Geographic HPSA	9	03/20/2017	Rural
Dental Health	Shenandoah	Geographic HPSA	4	12/20/1984	Rural
Dental Health	Page County	Geographic HPSA	15	09/10/2001	Rural
Primary Care	Frederick County/Winchester City	Other Population HPSA	16	07/18/2018	Non-Rural
Dental Health	Low Income-Winchester City	Low Income Population HPSA	10	05/22/2012	Non-Rural
Primary Care	E.A. Hawse Health Center	FQHC	11	10/26/2002	Rural
Dental Health	E.A. Hawse Health Center	FQHC	18	10/26/2002	Rural
Mental Health	E.A. Hawse Health Center	FQHC	14	10/26/2002	Rural
Primary Care	Elk Garden Clinic	Rural Health Clinic	0	11/12/2003	Rural
Primary Care	Grant County	Geographic HPSA	12	03/21/2017	Rural
Primary Care	Hampshire County	Geographic HPSA	9	02/24/2014	Partially Rural
Dental Health	Hampshire County	Low Income Population HPSA	20	04/13/2017	Partially Rural
Dental Health	Hampshire Memorial Hospital	Rural Health Clinic	0	01/05/2007	Rural
Primary Care	Harpers Ferry Family Medicine	Rural Health Clinic	0	09/30/2009	Non-Rural
Primary Care	Low Income-Berkeley County	Low Income Population HPSA	13	11/09/2016	Non-Rural
Dental Health	Low Income-Berkeley County	Low Income Population HPSA	11	11/14/2013	Non-Rural
Primary Care	Low Income-Hardy County	Low Income Population HPSA	18	2/23/2017	Rural
Primary Care	Low Income-Mineral County	Low Income Population HPSA	17	01/19/2010	Partially Rural
Mental Health	Low Income-Mineral County	Geographic HPSA	8	03/30/2017	Partially Rural

Discipline	HPSA Name	Designation Type	HPSA Score	Designation Date	Rural Status
Dental Health	Low Income-Morgan County	Low Income Population HPSA	16	02/27/2013	Rural
Mental Health	Low Income-Petersburg	Low Income Population HPSA	17	07/21/2011	Partially Rural
Dental Health	Low Income-Grant County	Low Income Population HPSA	17	04/24/2012	Rural
Dental Health	Low Income-Hardy County	Low Income Population HPSA	18	03/28/2017	Rural
Primary Care	Low Income-Morgan County	Low Income Population HPSA	16	05/08/2012	Rural
Mental Health	Morgan County	Geographic HPSA	14	07/28/2017	Rural
Primary Care	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	09/30/2005	Rural
Dental Health	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	04/30/2007	Rural
Mental Health	Mountaineer Community Health Center, Inc.	Federally Qualified Health Center	0	04/30/2007	Rural
Primary Care	Shenandoah Valley Medical Center	Federally Qualified Health Center	14	05/23/2003	Non-Rural
Dental Health	Shenandoah Valley Medical Center	Federally Qualified Health Center	9	01/13/2004	Non-Rural
Mental Health	Shenandoah Valley Medical Center	Federally Qualified Health Center	17	01/13/2004	Non-Rural

Source: Health Professional Shortage Areas (HPSA), Retrieved from: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

There are seven healthcare facilities in the WMC community, all in West Virginia, that are designated as HPSA facilities (**Exhibit 47B**).

**Exhibit 48: Health Professionals Rates per 100,000 Population by County/City, 2022**

Winchester Medical Center County	Primary Care Physicians		Dentists		Mental Health Providers	
	Number Primary Care Providers	Rate per 100,000 population	Number of Dental Providers	Rate per 100,000 population	Number of Mental Health Providers	Rate per 100,000 population
<b>PSA</b>						
Clarke	5	34	5	34	9	62
Frederick	43	48	12	13	57	63
Hampshire	6	26	8	34	16	69
Hardy	2	15	5	37	11	81
Morgan	9	50	5	28	13	73
Page	8	33	4	17	10	43
Rappahannock	3	41	3	41	8	110
Shenandoah	18	41	15	34	24	55
Warren	24	60	12	30	41	101
Winchester	71	253	55	199	206	744
<b>SSA</b>						
Berkeley	53	44	60	49	221	181
Grant	7	61	6	52	8	70
Jefferson	30	52	19	33	56	97
Mineral	8	30	10	37	22	82
<b>Virginia</b>	<b>6514</b>	<b>76</b>	<b>6169</b>	<b>72</b>	<b>17743</b>	<b>207</b>
<b>West Virginia</b>	<b>1411</b>	<b>79</b>	<b>1026</b>	<b>57</b>	<b>2663</b>	<b>149</b>

Source: Data provided by County Health Rankings, 2022.

Primary care, dental and mental health provider availability is below the Virginia and West Virginia averages in all areas except Winchester City. In Winchester City, mental health provider availability is above the Virginia and West Virginia averages (**Exhibit 48**).



## 21. Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by Winchester Medical Center. 2-1-1 Virginia and 2-1-1 West Virginia maintain large databases to help refer individuals in need to health and human services in Virginia and West Virginia. For Virginia, this is a service of the Virginia of Social Services provided in partnership with the Council of Community Services, The Planning Council, the United Way of Central Virginia, and the United Way of Greater Richmond & Petersburg and can be found at <https://211virginia.org/consumer/>. In West Virginia, the program is a collaborative project of the United Ways of West Virginia and can be found at <http://www.wv211.org/what-we-do>.

The other organizations accessible through 2-1-1 Virginia, and 2-1-1 West Virginia provide the following types of services and resources:

- Alzheimer’s assistance
- Basic human needs (food banks, shelters, rent or utility assistance)
- Child care referral centers
- Child development
- Consumer counseling
- Crisis intervention
- Disability services
- Domestic violence programs
- Education
- Energy assistance
- English as a second language classes
- Family counseling
- Financial assistance
- HIV/AIDS programs
- Home health care
- Homeless services
- Legal assistance
- Maternal and child health care
- Mentorship opportunities
- Parenting programs
- Physical and mental resources
- Senior services
- Support for children, youth and families (examples: after school programs, tutoring, mentorship programs, family resource centers)
- Substance abuse
- Suicide prevention
- Transportation
- Volunteer opportunities
- Work initiatives (examples: educational and vocational training programs)

The United Way of Northern Shenandoah Valley publishes “The Community Services Directory.” The directory is a 190-page resource book made possible by volunteer assistance through Northern Virginia Daily and produced as a community service by RR Donnelley. The directory is available for download at <https://www.unitedwaynsv.org/community-service-directory-download>.

**Community organizations that provide services to residents with disabilities:**

- Access Independence
- ADAPT (Adult Day Activities Program Team)
- Adult Care Center of the Northern Shenandoah Valley, Inc.
- Blue Ridge Center for Therapeutic Horsemanship
- Blue Ridge Educational Center
- Blue Ridge Opportunities
- Brain Injury Association of Virginia
- Deaf and Hard of Hearing Services Center, Inc.
- disAbility Law Center of Virginia
- Disabled American Veterans
- F.R.E.E. Foundation of Northern Shenandoah Valley
- Horizon Goodwill Industries
- Grafton Integrated Health Network
- Home Health Services - Valley Health
- Infant & Toddler Connection of Shenandoah Valley (ITC-SV)
- Literacy Volunteers - Winchester Area
- Lutheran Family Services
- Northwestern Community Services Board
- Northwestern Regional Educational Programs (NREP)
- NW Works, Inc.
- Shenandoah County Search, Inc.
- Shenandoah Valley Community Residences, Inc.
- SHEN-PACO Industries, Inc.
- The Arc of Northern Shenandoah Valley
- The Arc of Warren, Inc.
- Timber Ridge School
- Virginia Autism Resource Center
- Virginia Department for Aging and Rehabilitative Services
- Virginia Relay Center

**Community organizations that provide services for domestic violence:**

- Blue Ridge Legal Services
- Choices, Council on Domestic Violence for Page Co., Inc.
- Response, Inc.
- The Laurel Center
- Virginia Lawyer Referral Service
- Winchester Victim Witness Program

**Community organizations that provide services for employment:**

- Blue Ridge Opportunities
- Disabled American Veterans
- Horizon Goodwill Industries
- NW Works, Inc.
- Senior Community Service Employment Program (SCSEP)
- SHEN-PACO Industries, Inc.
- Virginia Career Works, Shenandoah Valley Region
- Virginia Department for Aging and Rehabilitative Services
- Virginia Employment Commission

**Community organizations that provide services for financial assistance:**

- Blue Ridge Housing Network, Inc.
- C-CAP - Winchester
- Centralized Housing Intake
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Disabled American Veterans
- Division of Child Support Enforcement
- Faithworks, Inc.
- FISH of Clarke County, Inc.
- Front Royal/Warren County C-CAP
- Highland Food Pantry
- Lord Fairfax Area Food Bank
- Page One of Page County, Inc.
- Shenandoah Alliance for Shelter
- The Arc of Northern Shenandoah Valley
- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network

**Community organizations that provide services for food:**

- Bright Futures Frederick/Winchester
- C-CAP – Winchester
- Community Food Pantry in Great Cacapon
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- FISH of Clarke County, Inc.
- Front Royal/Warren County C-CAP
- Highland Food Pantry
- House of Hope
- Lord Fairfax Area Food Bank
- MCIEC Food Pantry (Morgan County)
- Morgan County Interfaith Emergency Care
- Page One of Page County, Inc.
- Shenandoah Area Agency on Aging
- Starting Points of Morgan County – Meal Time Community Kitchen
- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network
- Winchester Rescue Mission

**Community organizations that provide services for health resource:**

- AIDS Response Effort, Inc.
- Alzheimer's Association
- American Cancer Society
- American Lung Association
- American Red Cross of the Shenandoah Valley
- Berkeley County Meals on Wheels
- Blue Ridge Hospice
- Blue Ridge Poison Center
- Brain Injury Association of Virginia
- Dental Clinic of NSV
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Diabetes Management Program Valley Health
- Sinclair Health Clinic
- F.R.E.E. Foundation of Northern Shenandoah Valley

- Faith in Action
- Good Samaritan Free Clinic
- Home Health Services - Valley Health
- Lions Clubs Eyeglasses Program of Winchester/Frederick County
- Lord Fairfax Health District (Health Departments)
- Page County Free Clinic
- Shenandoah Community Health Clinic
- Shenandoah Valley Compassionate Care Pharmacy
- Special Love, Inc. - Camp Fantastic
- St. Luke Community Clinic
- Valley Health System
- Virginia Relay Center

**Community organizations that provide housing & shelter services:**

- AIDS Response Effort, Inc.
- American Red Cross of the Shenandoah Valley
- Arise of Page County
- Bethany House (Martinsburg, WV)
- Blue Ridge Habitat for Humanity
- Blue Ridge Housing Network, Inc.
- Centralized Housing Intake
- Choices, Council on Domestic Violence for Page Co., Inc.
- Council on Alcoholism - Lord Fairfax House
- Faithworks, Inc.
- Family Promise of Shenandoah County
- Grace House
- Habitat for Humanity of Page County
- Habitat for Humanity of Warren County
- Henry & William Evans Home for Children
- House of Hope
- Keyser Housing Authority
- Martinsburg Housing Authority
- Martinsburg Union Rescue Mission
- Mission Serve Group
- New Eve Maternity Home
- Northwestern Community Services Board
- People Incorporated of Virginia
- Phoenix Project
- Piedmont Housing Authority
- Response, Inc.
- Shenandoah Alliance for Shelter
- Shenandoah County Search, Inc.
- Shenandoah Valley Community Residences, Inc.
- SHEN-PACO Industries, Inc.
- The Laurel Center

- The Salvation Army - Front Royal/Warren County
- The Salvation Army - Winchester
- Valley Assistance Network
- Valley Light Foundation
- Virginia Department of Veterans Services
- Volunteers of America Chesapeake
- Winchester Area Temporary Thermal Shelter (WATTS)
- Winchester Rescue Mission

**Community organizations that provide pregnancy and parenting resources:**

- A Small Hand
- AbbaCare Inc.
- Community Prenatal Access
- Division of Child Support Enforcement
- Front Royal Pregnancy Center
- Healthy Families Northern Shenandoah Valley
- Healthy Families Page and Shenandoah Counties
- Lord Fairfax Health District (Health Departments)
- New Eve Maternity Home
- reSolutions, Inc.
- Shenandoah County Pregnancy Center
- The Life Center of Page Valley
- The Red Wagon Ministry
- Virginia Autism Resource Center

**Community organizations that provide senior services:**

- AARP Tax-Aide Volunteer Income Tax Assistance
- Adult Care Center of the Northern Shenandoah Valley, Inc.
- Alzheimer's Association
- Blue Ridge Hospice
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Faith in Action
- Godfrey Miller Historic Home and Fellowship Center
- Senior Community Service Employment Program (SCSEP)
- Shenandoah Area Agency on Aging
- The Red Wagon Ministry
- Virginia Department for Aging and Rehabilitative Services

**Community organizations that provide substance abuse services:**

- Alcoholics Anonymous
- Bridging the Gaps
- Council on Alcoholism - Lord Fairfax House
- Edgehill, A Recovery Retreat Center
- Grace House
- Narcotics Anonymous
- Northwestern Community Services Board
- Northern Shenandoah Valley Substance Abuse Coalition
- Strength in Peers
- The Warren Coalition

**Community organizations that provide veterans services:**

- Community Veterans Engagement Board
- Disabled American Veterans
- Virginia Department of Veterans Services
- Virginia Employment Commission

**Community organizations that provide youth development services:**

- Blue Ridge Center for Therapeutic Horsemanship
- Blue Ridge Educational Center
- Boy Scouts of America - Shenandoah Area Council
- Bright Futures Frederick/Winchester
- CFW - Child Foster Care
- Child Safe Center
- Department of Social Services-Clarke County
- Department of Social Services-Frederick County
- Department of Social Services-Shenandoah County
- Department of Social Services-Page County
- Department of Social Services-Warren County
- Department of Social Services-Winchester
- Families Reaching Out Group (Froggy's Closet)
- Girl Scout Council of the Nation's Capital
- Grafton Integrated Health Network
- Henry & William Evans Home for Children
- Heritage Child Development Center
- I'm Just Me Movement
- Infant & Toddler Connection of Shenandoah Valley (ITC-SV)
- Lutheran Family Services
- Moms in Motion
- Northwestern Community Services Board
- Shenandoah Valley Discovery Museum
- Skyline Community Action Partnership - Headstart
- Special Love, Inc. - Camp Fantastic
- The Kids Club of Northern Shenandoah Valley
- The Reading Road Show - Gus Bus
- Timber Ridge School

- Virginia Cooperative Extension
- Youth Development Center, Inc.

### **United Way of the Eastern Panhandle Partner Agencies**

The partner agency list is available at <https://www.uwayep.org/partner-agencies>.

- American Red Cross
- BE-Hive, A Family Inspiration Place, Inc.
- Berkeley County BackPack Program
- Berkeley Senior Services
- BlackCat Music Cooperative
- Boys & Girls Club of the Eastern Panhandle
- CASA of the Eastern Panhandle
- Catholic Charities West Virginia, Inc.
- CCAP/Loaves & Fishes
- CenterPointe Church
- Children First Child Development Center
- Children's Home Society of WV
- Church Without Walls Ministries, Inc.
- Community Alternatives to Violence
- Community Networks, Inc.
- Destiny Baptist Church
- EVAK K9 Search and Rescue Team, Inc.
- Faith Community Coalition for the Homeless
- For Love of Children (The Outdoor Education Center)
- Girl Scouts Nation's Capital
- Good Samaritan Free Clinic
- Good Shepherd Interfaith Volunteer Caregivers, Inc.
- Horses with Hearts
- Junior Mentoring Programs (JUMP)
- Leetown Science Center
- Martinsburg Renew, Inc.
- Meals on Wheels of Berkeley County
- Meals on Wheels of Jefferson County
- Morgan County Partnership
- Morgan County Starting Points
- Norborne Preschool & Day Care Center, Inc.
- Panhandle Home Health, Inc.
- Partnership for Affordable Housing
- Potomac Valley Audubon Society
- PurposeFULL Paws
- Shepherdstown Day Care
- Spring Mills High School
- Wildwood Middle School
- WV Coalition to End Homelessness



## 22. Food Pantries and Soup Kitchens

### Exhibit 49A: Food Pantries and Soup Kitchens in the WMC Community, 2022

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Clarke County	Address/Phone	Hours
FISH of Clarke County	36 E Main St., Berryville (540) 955-1823	Wednesdays & Saturdays 9 a.m. - 12 noon
Women of Duncan Memorial	210 E. Main St., Berryville (540) 955-3700	3rd Friday of the Month (2nd Friday in December) Call first *Must receive Medicaid or SNAP
Christ Episcopal Church	843 Bishop Mead Rd., Millwood (540) 837-1112	1st Friday at 1 p.m. - Seniors Only 1st Saturday 9-11 a.m.
Frederick County		
Stephens City United Methodist Church	5291 Main Street Stephens City, VA 22655 (540) 869-2348	Tuesdays Noon – 3:00 p.m. 1 <sup>st</sup> and 3 <sup>rd</sup> Tuesdays every month 6:30 p.m. – 8 p.m.
Greenway Sprit and Word	1275 Tasker Road Stephens City, VA (540) 868-9110	3 <sup>rd</sup> Wednesday every month 9:30 a.m. – 11 a.m. 1 <sup>st</sup> Mondays 6 p.m. – 8 p.m.
Salvation Army Winchester	300 Fort Collier Road Winchester, VA 22601 (540) 662-4777	Monday and Friday daily meals Noon – 5 p.m.
Page County		
Page One of Page County	42 W. Main Street Luray, VA 22835 (540) 743-4357	Monday and Tuesday 9 a.m. – 11:30 a.m.
Manor Memorial United Methodist	9320 Congress Street New Market, VA 22844 (540) 740-8959	3 <sup>rd</sup> Thursdays of the month 11 a.m. – 5:30 p.m.
Shenandoah County		
Bread of Life Food Pantry United Methodist Church	156 W. Washington St., Strasburg, VA 22664 (540) 459-4144	3 <sup>rd</sup> Tuesday and Thursdays of the month 1 p.m. – 4 p.m.
Compassion Cupboard	533 Burgess Street Strasburg, VA 22657 (540) 465-82393	3 <sup>rd</sup> Tuesday of every month 10:00 a.m. – 4:00 p.m.
Warren County		
CCap Front Royal	117 Luray Avenue Front Royal, VA 22630 (540) 635-1235	Monday – Fridays 9 a.m. – 12 noon

**Exhibit 49A: Food Pantries and Soup Kitchens in the WMC Community, 2022 (continued)**

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Dynamic Life	1600 John Marshall Highway Front Royal, VA 22630 (540) 636-9595	Thursdays 3 p.m. – 4 p.m.
Front Royal Church of Christ	140 West 15 <sup>th</sup> Street Front Royal, VA 22630 (540) 635-2613	1 <sup>st</sup> Tuesday of every month 1 p.m. – 3 p.m.
Salvation Army Front Royal	357 Cloud Street Front Royal, VA 22630 (540) 635-4020	Monday through Thursday 9 a.m. – 12:30 p.m. 3 <sup>rd</sup> Wednesdays every month 1 p.m. – 3 p.m.
Compassion House aka The Rock	1602 Strasburg Road, Strasburg, VA 22630 (540) 325-4372	Mondays 9:30 a.m. – 1:30 p.m.
<b>Winchester City</b>	<b>Address</b>	<b>Hours</b>
Food Bank	1802 Roberts Street Winchester, VA 22601 (540) 665-0770	
Braddock St. United Methodist Church	3 South Braddock Street Winchester, VA 22601 (540) 667-3366	Monday – Fridays 2 p.m. – 3 p.m.
CCap Winchester	112 South Kent Street Winchester, VA 22601 (540) 662-4318	Monday – Thursdays 9:30 a.m. – 3 p.m.
Celebration Fellowship	16 North Braddock Street Winchester, VA 22601 (540) 662-4473	Pantry Service Hours 1 <sup>st</sup> and 3 <sup>rd</sup> Saturdays 9 a.m. - noon
Centenary United Church	202 S. Cameron Street (540) 662-9067	Lunch on 2 <sup>nd</sup> and 4 <sup>th</sup> Fridays Meal 9 a.m. – 1 p.m. Pantry 1 p.m. – 2 p.m.
Church of Christ Mountain View	4661 Middle Road Winchester, VA 22602 (540) 869-2244	Wednesdays 6 p.m. – 7 p.m. and emergency food boxes
Highland Memorial Presbyterian Church	446 Highland Avenue Winchester, VA 22601 (540) 662-0809	Tuesdays 9 a.m.-11:45 a.m.
Jubilee Soup Kitchen at First Presbyterian Church	116 South Loudoun Street Winchester, VA 22601 (540) 662-3824	Saturdays 11:30 a.m. – 12:30 p.m.
Knights of Columbus	519 S. Cameron Street Winchester, VA 22601 (540) 662-5545	Wednesdays 4:00 p.m. – 6:00 p.m.

**Exhibit 49A: Food Pantries and Soup Kitchens in the WMC Community, 2022 (continued)**

Virginia Soup Kitchens, Food, Pantries, Food Banks		
Olive Food Pantry at Victory Church	2870 Middle Road Winchester, VA 22601 (540) 667-9400	Wednesdays 1 p.m. – 2:30 p.m.
St. Paul's on the Hill	1527 Senseny Road Winchester, VA 22602 (540) 667-8110	1 <sup>st</sup> Sunday every month 1p.m. – 3 p.m.
Winchester Rescue Mission	435 N. Cameron Street (540) 667-5379	Breakfast at 6 a.m. daily, Dinner at 5 p.m. daily

Source: [Virginia Soup Kitchens, Food, Pantries, Food Banks \(homelesshelterdirectory.org\)](http://homelesshelterdirectory.org)

## Exhibit 49B: Food Pantries and Soup Kitchens in the WMC Community, 2022

West Virginia Food Pantries		
Berkeley County	Address/Phone	Hours
Church Without Walls	Martinsburg, WV (304) 260-9509	Tuesdays 10 a.m. – 1 p.m. 3 <sup>rd</sup> Saturday 10 a.m. – 1 p.m.
Eastern Panhandle Information and Referral Center	433 Mid Atlantic Parkway Martinsburg, WV 25404	Mondays – Fridays 9 a.m. – 4 p.m.
Loaves and Fishes	Martinsburg, WV (304) 267-2810	Call for hours
Martinsburg Work 4 WV Center	Martinsburg, WV 25403 (304) 267-0030	Mondays – Thursdays 8:30 a.m. – 5 p.m. Fridays 9 a.m. – 5 p.m.
One-Stop	Martinsburg, WV 25401 (304) 263-25401	Daily 9 a.m. – 1 p.m.
Salvation Army	Martinsburg, WV 25401 (304) 267-4612 (serves Berkeley, Jefferson, and Morgan Counties)	Mondays – Fridays 9 a.m. – 12 noon 1 p.m. – 3 p.m.
Snyder's Bible Chapel	Hedgesville, WV 25427 (304) 676-2786	3 <sup>rd</sup> Tuesdays 9 a.m. – 12 noon
Mineral County	Address/Phone	Hours
Christ UMC	4th and Race St. Cumberland, MD 21502	Monday – Friday 8 a.m. – 4 p.m.
Faith In Action, Inc.	71 James Street Keyser, WV 26726 (304) 788-5331	Monday – Friday 8 a.m. – 5 p.m.
Morgan County	Address/Phone	Hours
Morgan County Emergency Assistance Team	Berkley Springs, WV 25411 (304) 258-2487	Tuesdays and Fridays 9 a.m. – 3 p.m.
Saint Vincent De Paul Society	Berkeley Springs, WV 25411 (304) 258-1311	Call for available hours

Source: Homeless Shelter Director, Helping The Needy of America, 2022, Retrieved from [West Virginia Soup Kitchens, Food, Pantries, Food Banks \(homelesshelterdirectory.org\)](https://www.homelesshelterdirectory.org/)

## Findings of Other Recent Community Health Needs Assessments

Valley Health System also considered the findings of other needs assessments published since 2019. Fourteen such assessments conducted in the WMC area are referenced here, with highlights and summary points below.

### **23. Homelessness and Medical Vulnerability - Point-in-Time Survey – 2019 (data from 2018 & 2019)**

The statewide 1,000 homes for 1,000 Virginians initiative is led by the Virginia Coalition to End Homelessness, to survey/assess the 1,000 most vulnerable Virginians experiencing homelessness who cycle between streets, emergency shelters, hospital emergency rooms, jails, and prisons. There are eight campaigns representing thirteen counties and over 30 jurisdictions across the commonwealth. The initiative conducts a Point-in-Time survey that is administered on one night to count the unsheltered homeless persons within the community. The survey is conducted during the last ten days in January. The cities of Harrisonburg, and Winchester, Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren counties are included within the Harrisonburg data collection campaign for 2019. The survey was conducted on January 23, 2019.

Of the thirteen communities across the commonwealth participating in the 1,000 Homes for 1,000 Virginians initiative, twelve have conducted Registry Weeks to collect information on vulnerability. A Vulnerability Index is used to calculate the survey results.

Key findings from the 2019 Point in Time Survey relevant to this CHNA:

- In 2019, 146 individuals experiencing homelessness for Winchester/Frederick County were identified and surveyed; 19 of those surveyed were identified as unsheltered homeless adults & children. There was an increase of 48 individuals compared to 2018 at 98.
- In 2019, 23 individuals experiencing homelessness for Front Royal/Warren County were identified and surveyed; 17 individuals experiencing homelessness for Woodstock/Shenandoah County were identified and surveyed; 24 individuals experiencing homelessness for Luray/Page County were identified and surveyed.
- In 2019, there were a total of 111 adults in shelters/transitional beds, 16 were homeless children in shelters, and 19 were unsheltered homeless adults. Compared to 2018, there were 89 adults in shelters/transitional beds, 6 were homeless children in shelters, and 6 were unsheltered homeless adults.
- In comparison from 2018 to 2019 there was a 49% increase in homeless individuals who participated in the Point-in-Time survey.

- Through the coordination with Valley Assistance Network (VAN) in Winchester and area homeless assistance service providers, the Point-in-Time survey reflects 24 sheltered persons in hotels paid for by local government, churches, and not profit agencies. This contributed to an additional 24 shelter beds to the housing inventory for 2019. Without this emergency shelter effort in place, the unsheltered persons in Winchester would likely be higher according to the survey results.
- In the Winchester Public Schools for 2018, there were 208 students who were homeless compared to Frederick County Public Schools 210 students.
- In 2019, there were 16 veterans, and 11 individuals who were unaccompanied youth population between the ages of 18-24.

## **24. United Way of the Northern Shenandoah Valley Community Needs Update: 2020-2023**

The United Way completed a community health needs assessment in April 2020. The assessment includes demographic and social trends in order to update priorities and target contributed funds to the needs that matter the most to the people within the community. Community Impact priorities are used as a tool for planning and as a guide for fund distribution. The United Way has worked with many community partners to focus on mental health issues, update population data and assess their progress, as an organization, in dealing with education, income and health conditions.

Key findings relevant to this CHNA for education include:

- Frederick County will have the highest expected population change at almost 12%. Frederick County is listed as one of the Top 20 Fastest growing localities in Virginia.
- The 40-64 age demographic is the largest age group of the region. The 65+ population appears to be the fastest growing age demographic in the region.
- Frederick County had the largest growth in senior population from 2010 to 2018. All jurisdictions with the exception of Page County had increases in population from 2010 to 2018. Shenandoah County has the highest percentage of seniors 65+ of all the jurisdictions, followed closely by Frederick County and Page County.
- The race/ethnicity projections show that the region's white/Caucasian demographic will remain the predominant demographic in the area.
- The Hispanic/Latino population is on track to have the highest percentage increase over time. From 2020 to 2040 it's predicted that the Hispanic/Latino population will increase by 165%. From 2020-2040 the Non-Hispanic population will see a 3.4% increase versus the Hispanic population which will see a 165% increase.

- Page County is classified as a childcare desert. It's estimated that there are 14,138 children under the age of 5 in our communities and only an estimated 6,923 childcare spots available for them. The average cost of infant childcare is \$14,063 per year (an increase of \$3,605 from 2016, 34.4% increase), or \$1,172 per month (an increase of \$300 from 2016); childcare for a 4 year old costs \$10,867 per year (an increase of \$2,910 from 2016, 36.5% increase), or \$663 per month (an increase of \$243). 11.1% of Virginians can afford infant care (this is down 24.5% from 2016 when 35.6% of Virginians could afford infant care).
- The percentage of children living in poverty decreased across all geographies when compared to 2015 percentages. Page County and the City of Winchester still had higher percentages of childhood poverty than the commonwealth average of Virginia which is 14%.
- All jurisdictions saw an increase in children enrolled in Free/Reduced Lunch Programs when comparing 2016-2017 data to 2018-2019 data.
- 85% of children in single-headed, female households are considered below the ALICE® threshold or in poverty compared to 70% in single-headed, male households and 27% with two parents in the household.
- Children living below 200% of the poverty level are economically disadvantaged and live in families that struggle to meet basic needs such as, food, housing, utilities, childcare and transportation. Two out of every five children in the Northern Shenandoah Valley classify as economically disadvantaged.
- One out of every 10 people in the City of Winchester say they speak English “less than very well.” Approximately 37.6% of the Hispanic population in the City of Winchester does not speak English. Clarke County shows a higher percentage (40.5%) of the Asian population that do not speak English.
- All jurisdictions (with the exception of Winchester City) had higher on-time graduation rates than the Virginia average of 91.6%.
- Economically disadvantaged students saw a much lower on-time graduation rate than students in all the jurisdictions. For the jurisdictions that provided data, English learners had even lower on-time graduation rates, with the lowest on-time graduation rates seen by students in the homeless population. All jurisdictions saw a decrease in postsecondary participation.
- Page County has the highest percentage of high school students who do not receive a diploma. Frederick County and Clarke County have the smallest percentage of high school students who do not receive a diploma. Page, Shenandoah, Warren and Winchester City all had percentages higher than the US and Virginia averages.

- Each jurisdiction, with the exception of Page County, saw a decrease in poverty status. Four jurisdictions (Clarke, Frederick, Shenandoah and Warren) had poverty levels less than the U.S. and Virginia averages.
- Although poverty rates are going down and more people are working, it's interesting to note that the very slight increase or even decline in the median income may be a signal that workers aren't necessarily making more money and could be falling within the ALICE® population.
- The average weekly wage across all private industry sectors in the Shenandoah Valley Workforce Development Area was \$869 (up from \$773 in 2016), which represents a 12% increase.
- In Virginia, 57% of jobs pay less than \$20 per hour, with about half of those paying between \$10 and \$15 per hour. Those residents with the least education are more likely to have earnings below the ALICE Threshold.
- Men in Virginia earn at least 42% more than women across all educational levels, and as much as 65% more for those with a graduate or professional degree.
- SNAP benefit participation increased in Page, Shenandoah and Warren counties, but decreased in Clarke, Frederick and Winchester as compared to 2015 data.
- In Clarke County, almost half of all households receiving SNAP have one or more people in the house that are 60 years and over. In Clarke County, 40.2% of households who are receiving SNAP reported having two or more people in the household working in the past 12 months.
- In Frederick, Shenandoah and Warren counties, and Winchester, the percent of food insecure residents above 185% of poverty actually increased between 2014 and 2017. Food insecure people in the 130% to 185% of poverty category increased in Clarke, Page, Shenandoah and Winchester.
- There are census tracts that are identified as food deserts in Frederick County, Shenandoah County, Warren County and the City of Winchester.
- Nearly every U.S. county lacks an adequate supply of housing (HUD, 2018). As a result, 71% of extremely low-income renters are severely housing cost-burdened, spending more than half of their limited incomes on housing costs, which forces them to cut back on other basic necessities like adequate food, health care and transportation, and also puts them at risk of housing instability.
- Page, Shenandoah and Warren counties had the highest eviction rates of all the localities.
- Western Virginia Point-in-Time Count Results – Full Region (Cities of Winchester, Harrisonburg, Counties of Clarke, Frederick, Page, Rockingham, Shenandoah and Warren), show a 13% increase in the number of homeless individuals.



## 25. United Way Alice Project Update, 2020

ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the Federal Poverty Level (FPL), but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

- The average ALICE Household Survival Budget in Virginia was \$29,580 for a single adult, \$31,752 for a single senior, and \$78,528 for a family of four in 2018 — significantly more than the Federal Poverty Level of \$12,140 for a single adult and \$25,100 for a family of four.
- The cost of living is increasing for ALICE households. From 2007 to 2018, the cost of household essentials (housing, child care, food, transportation, health care, and technology) increased faster than the cost of other goods and services. The ALICE Essentials Index, a new tool that measures change over time in the cost of essentials, increased by an average of 3.4% annually nationwide over the past decade, while the official rate of inflation was 1.8%.
- Worker vulnerability is increasing, while wages stagnate in ALICE jobs. By 2018, a near-record-low number of people were reported to be unemployed. However, that low unemployment concealed three trends that expose ALICE workers to greater risk: growth in the number of low-wage jobs, minimal increases in wages, and more fluctuations in job hours, schedules, and benefits that make it harder to budget and plan. These trends were clear in 2018: A high number of Virginia workers — 47% — were paid by the hour, and 53% of the state’s jobs paid less than \$20 per hour.
- ALICE households have increased over time as a result of rising costs and stagnant wages. There are almost three times as many ALICE households as there are households in poverty. The FPL, with its minimal and uniform national estimate of the cost of living, far underestimates the number of households that cannot afford to live and work in the modern economy. In Virginia, the percentage of households that were ALICE rose from 20% in 2007 to 29% in 2018. By contrast, those in poverty remained at around 10% throughout the period.

In 2020, the ALICE report showed the following updated statistics for WMC’s community:

- Clarke County reported 41 percent of their total households (5,639) were considered at the ALICE or poverty levels.
- Frederick County reported 36 percent of their total households (30,973) were either ALICE or poverty levels.
- Page County reported 48 percent of their total households (9,338) were either ALICE or poverty levels.
- Rappahannock County reported 35 percent of their total households (2,976) were either ALICE or poverty levels.

- Shenandoah County reported 40 percent of their total households (17,315) were either ALICE or poverty levels.
- Warren County reported 33 percent of their total (14,379) were either ALICE or poverty levels.
- Winchester City reported 54 percent of their total households (10,554) were either ALICE or poverty levels.

## **26. United Way COVID-19 IMPACT SURVEY, 2020**

From October 19 to November 7, 2020, over 2,000 people living in the Shenandoah Valley region of Virginia responded to a survey about how their households have been impacted by the COVID-19 pandemic since March 1, 2020. The region includes Clarke, Frederick, Page, Rockingham, Shenandoah, and Warren counties, and the cities of Harrisonburg and Winchester. The survey was conducted by the United Ways of Front Royal-Warren County, Harrisonburg, and Rockingham County, and Northern Shenandoah Valley, with local collaborators including Blue Ridge Community College and Lord Fairfax Community College (now Laurel Ridge Community College), and in partnership with United For ALICE, a center of innovation, research, and action around financial hardship.

- Of the 2,415 people who opened the survey link, 1,843 submitted valid surveys (all surveys taken by people who live outside of the region were excluded). Respondents are broken down by demographic groups below. Demographic questions were asked about the respondent themselves, although for other questions they were asked to respond on behalf of their household.
- Respondents below the ALICE Threshold were significantly more likely than respondents above the ALICE Threshold to say they were concerned about child care (54% vs. 45%), paying housing costs (54% vs. 13%), providing enough food for the household (45% vs. 7%), paying off debts (38% vs. 18%), reduction of hours/wages (35% vs. 20%), non-COVID-19 medical issues (30% vs. 22%), or loss of job(s) (28% vs. 15%).
- Respondents below the ALICE Threshold were significantly more likely than respondents above the ALICE Threshold to say their biggest concern was paying housing costs (26% vs. 4%), having enough food for the household (6% vs. 1%), or paying off debt (5% vs. 2%).
- Respondents in rural areas were significantly more likely than respondents in urban areas to say that their biggest concern was providing enough food for the household, although these percentages were relatively small (4% vs. 2%).
- Respondents below the ALICE Threshold were significantly more likely than respondents above the ALICE Threshold to say someone in their household lost a job during the pandemic (23% vs. 7%), was temporarily laid off (18% vs. 10%), or changed jobs (14% vs. 9%). They were also significantly more likely to say someone in their household had income from unemployment insurance or another government program

(9% vs. 2%), and significantly less likely to say someone in their household had income from investments (4% vs. 19%). And although both groups had a high percentage of respondents with household income from one or more jobs, households below the ALICE Threshold were significantly less likely to report having this type of income (83% vs. 90%).

- For workers in both hourly-paid and salary jobs, respondents in rural areas were significantly more likely to report that one or more household members were continuing to work on-site, and respondents in urban areas were significantly more likely to report that one or more household members were working remotely. Among salaried workers, respondents in urban areas were significantly more likely to report that one or more household members lost health insurance, although the numbers were small for both urban and rural groups (2% vs. 1%).

## **27. People Incorporated, 2020 Community Needs Assessment**

People Incorporated's Northern Shenandoah Valley region includes the counties of Clarke, Frederick, Page, Shenandoah, and Warren. While geographically close, these counties differ in population, rurality, and diversity.

Key findings relevant to this CHNA include:

- **Affordable Housing** – As housing costs continue to rise in the Washington DC metro area, families are beginning to relocate to the NSV region, placing greater demands on the housing market. Every stakeholder group surveyed overwhelmingly identified housing as the single greatest need in their community. Focus group participants noted that existing affordable housing is low quality.
- **Substance Abuse and Mental Health Services** – As rates of overdose and drug abuse increase, NSV stakeholders are concerned with the availability and cost of mental health and substance abuse services for residents. The region has the fewest mental health providers per resident of any of People Incorporated's regions at 1,816 residents per provider. Current services are overwhelmed, and issues like a minimal transportation system make it difficult for those in need to access treatment.
- **Living Wage Jobs** – Partners, staff, and community members all identified more and better paying jobs as a great need in the region. A living wage for a family of four in the region would be \$16.77 for two, full-time adults. The retail and food service jobs occupied by many low-income persons do not pay near this wage. Manufacturing remains the largest industry in the NSV with 20% of total employment.
- Since 2010, Frederick, Shenandoah, and Warren counties have seen growth. On the other hand, the more rural counties of Page and Clarke have maintained their small populations<sup>32</sup>.
- All of the Northern Shenandoah Valley localities are predominantly white, with Clarke having the most racial diversity and Page the least. Similarly, each region has a different

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<sup>32</sup> People Incorporated. (2020). Population Trend by County FY 2020

ethnic makeup. Frederick has the largest proportion of Hispanic residents, and Page has the least.

- The age distribution also shows a different demographic in each county. Frederick County is the youngest with a median age of 40.6 years, while Clarke is the oldest at 46.6 years. Shenandoah and Page are more evenly distributed across age groups, but all counties in the Northern Shenandoah Valley have a significant population of baby boomers, much like the Northern Piedmont and Southwest Virginia regions of the People Inc. service area.
- Low-income persons often remain stuck in low-wage positions and need to work multiple jobs to make ends meet for their families. The table below displays the average “living wage” needed to pay for necessities in each county. A living wage is based on the income needed to afford minimum basic needs including food, childcare, health insurance, housing, transportation, and other necessities without budgeting for things that many Americans enjoy like entertainment, meals at restaurants, or vacation.
- Over 19,500 people in the Northern Shenandoah Valley region are living in poverty, with about 5,700 of them children.
- Eleven percent of community survey respondents in the NSV said they did not have reliable transportation. Reliable transportation is crucial to maintaining stable employment, but also effects the ability to attend regular medical appointments.
- Thirty-three percent of survey respondents in the NSV region affirmed that they had chosen between paying for housing and paying for other basic needs in the past year. When housing costs are too high, families must make the difficult choice of which needs are most important and what needs won’t be met that month.
- Low-income individuals also move residences at a higher rate than their higher income counterparts. In the Northern Shenandoah Valley, like most of the People Incorporated service area, individuals living below the federal poverty level are almost twice as likely to have moved in the past year as those living above the FPL.
- While the point-in-time count does capture a portion of households who do not have permanent housing, it misses individuals and families that might be staying with friends until they can afford a deposit on their place or those who are living in week to week hotel rooms. Fourteen percent of NP respondents to the community member survey had shared housing with another household to avoid being homeless in the past year.

## **28. Winchester Social Services Virginia, 2021**

The Winchester Department of Social Services completed their “Winchester Department of Social Services FY21 Annual Report”<sup>33</sup> to discuss the community’s priorities and performance.

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<sup>33</sup> Frederick Department of Social Services. (2021). Winchester Department of Social Services FY 2021

The department uses its own secondary data as well as other publicly available data, including the U.S. Census.

Key findings relevant to this CHNA include:

- Supplemental Nutrition Assistance Program (SNAP) – Supplements the food budgets of low-income households to help assure needy person a nutritionally adequate diet. Eligibility is determined by financial need and household size. The number of applications for the Supplemental Nutrition Assistance Program (SNAP) program decreased slightly from 2020 to 2021. Applications received in 2020 for SNAP benefits was 1,695 compared to 1,571 in 2021. The number of recipients increased from 4,649 in 2020 to 4,801 in 2021. Total issued SNAP benefits for 2021 as \$7.7 million.
- Temporary Assistance to Need Families (TANF) – Provides time-limited financial assistance and employment-related services to enable families with children to become self-supporting and promotes economic independence through participation in the VA Initiative for Employment and work (VIEW) program. There was an increase from 2020 to 2021. Applications received in 2020 for TANF benefits was 254 compared to 277 in 2021. Total 2021 funding issued to families was \$286,000.
- Child Care Services – Provides funding to enhance the quality affordability, and supply of child care available to families. Child care programs are child-centered, family-focused services that support the family goals and economic self-sufficiency and child development by providing substitute parental protection, guidance, and early childhood education. Child care assistance decreased from 2020 to 2021 from \$439,938 to \$379,128.
- Applications for energy assistance, including fuel assistance, crisis assistance, and cooling assistance, increased from \$191,286 in 2020 to \$204,527 in 2021.

## 29. Frederick County Social Services Virginia, 2021

The Frederick Department of Social Services completed their “Frederick Department of Social Services FY21 Annual Report”<sup>34</sup> to discuss the community’s priorities and performance. The department uses its own secondary data as well as other publicly available data, including the U.S. Census.

Key findings relevant to this CHNA include:

- The number of applications for Medicaid, SNAP and TANF benefits for Frederick County families increased from 16,654 in 2020 to 17,869 in 2021.
- The money issued for SNAP benefits increased from \$7,420,731 in 2020 to \$11,934,496 in 2021. While SNAP applications were up slightly from SFY 2020, the amount of money issued per household increased markedly from the previous year. This was because each recipient received the maximum allotment available as every effort was made to ensure food security across the commonwealth.

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<sup>34</sup> Frederick Department of Social Services. (2021). Winchester Department of Social Services FY 2021

- Frederick County Department of Social Services continued to serve more residents than in previous years, increasing from 16,654 in SFY 2020 to 17,869 in SFY 2021. Nearly \$134 million dollars in benefits and services were provided to residents of Frederick County during this period. Of this total amount, only 4% was local money – the rest were federal and state dollars.

### **30. Blue Ridge Habitat for Humanity, Community Impact Report, 2020-2021**

The Blue Ridge Habitat for Humanity (BRHFH) completed a “2020-2021 Community Impact Report”<sup>35</sup> BRHFH’s goal is to increase capacity to serve more individuals in the region, and significantly impact the housing deficit in the communities they serve. BRHFH’s service area has expanded to include Clarke, Frederick, Shenandoah counties, and Winchester City.

Key findings relevant to this CHNA include:

- Our impact, 25 jobs supported in the Shenandoah Valley (Clarke, Frederick, Shenandoah, and Winchester City), creating \$1,573,346 in wages to the local economy.
- For every dollar invested by Habitat for Humanity, \$1.70 is injected into the economy.

### **31. West Virginia Statewide Housing Needs Assessment, 2019**

The West Virginia Housing Development Fund engaged Vogt Santer Insights to conduct a statewide housing needs assessment:<sup>36</sup> The assessment provides a comprehensive housing assessment that focuses on the current and anticipated housing need in each of the 55 counties. A detailed analysis of each county has been conducted to include demographic trends, economic and housing market performance, household income projections and anticipated market demand with the focus on affordable housing.

Because it presents some of the same housing concerns as this CHNA, many of its findings are comparable. Items of particular note include:

- The three counties with highest quality housing stock are, in descending order, Jefferson, Putnam and Berkeley counties. A Housing Conditions Model was created to estimate the housing conditions in each county and, where appropriate, census tracts. The model utilizes data from the American Community Survey (ACS) and includes the following factors: 1) presence of incomplete plumbing, 2) age of unit, 3) median housing value, and 4) poverty levels. The output of the model is a numerical score used to classify jurisdictions’ housing conditions into four categories – Lowest, Lower, Higher and Highest Quality. Classifications are based on the median score throughout the State.

<sup>35</sup> Habitat for Humanity. (2021). *2021 Community Impact Report*, Retrieved 2022 from: [Impact : Who We Are : Blue Ridge Habitat for Humanity](#)

<sup>36</sup> West Virginia Community Action Partnership. (2019). “*Statewide Housing Needs Assessment*,” Retrieved, 2022 from: [Statewide Housing Needs Assessment | WVHDF](#)

- Jefferson County has one of the highest projected growth rates among rental household families under age 55, and showed a high growth rate among seniors (age 55 and older).
- Berkeley, Grant, Jefferson, and Hampshire counties had the highest projected growth among senior (age 55 and older) renter households with incomes between 41 percent and 60 percent over Area Median Household Income (AMHI) in the next five years. Hampshire County also showed the lowest projected growth among families under age 55 for rental households.
- Even with affordable housing, lower income groups are much more likely to be cost burdened, that is, they spend over 30% of income on housing costs.
- For renters, there is a need for more affordable housing in the rental market, primarily for households with incomes in the 0-30% AMI (Area Median Income) income tier. Across the state, the Unmet Need ranges from 48% to 80% among renter households with incomes between 0-30% AMI. This means that within this income tier, 48% to 80% of households do not have affordable and available housing across all counties
- For homeowners, there is significant need for affordable housing within the sales market in all income tiers. Among owner households with incomes between 0-30% AMI, the Unmet Need ranges from 42% to 85% across all counties.
- Among households with income between 0-80% AMI, eleven counties – Cabell, Hancock, Harrison, Jackson, Kanawha, Marion, **Mineral**, Preston, Raleigh, Wayne and Wood – go from having either minimal need or a surplus in 2019 to ranking in the top third for units of unmet need in 2024.
- Nine counties – Calhoun, Gilmer, **Grant**, **Hardy**, Pendleton, Pleasants, Tucker, Webster and Wirt – rank in the lowest third for all years for all income tiers including changes in units of unmet need. In some instances, there is a surplus.
- Among households with incomes between 0-30% AMI, there are declines in the units of unmet need between 2019 and 2024 for **Grant**, **Hardy**, Pendleton and Pocahontas Counties.
- According to the ACS, almost a quarter (23.4%) of West Virginia households rent their homes compared to the entire United States where the rate is 36.2%. Over 33% of households in Cabell, **Hampshire**, **Mineral**, and Monongalia are renters. Monongalia has the highest rental rate in the State where 42.3% of households rent their homes.
- According to ACS data, one-half (50.2%) of West Virginia households contain at least one person who is aged 55 years or older – of these households, 83.4% are homeowners. Families with children account for 23.9% of households while 66.8% of households in this group are homeowners. Elderly households comprise a large share of renters in **Hampshire**, Nicholas, and Ritchie Counties, representing 40% or more of the renters in these counties.

### **32. Berkeley Medical Center and Jefferson Memorial Hospital's 2019-Community Health Needs Assessment**

- Substance use and abuse (including alcohol, tobacco, and vaping) – This topic is of very high importance according to the survey data from the community, the available secondary data pertinent to the area, and discussions with community stakeholders. Within existing community relationships are already many potential partners and much structure is already in place. Hospital leadership's initial thoughts include efforts to get more MAT-trained providers in place, support for the potential Quick Response Team being developed in Jefferson County, and the importance of work to reduce stigma and use of negative terminology surrounding addiction (this is already somewhat underway in regards to trainings at both hospitals' EDs, as well as L&D and NICU units at each). In light of all of the above, this topic was identified as high priority for strategy development.
- Obesity and chronic disease (including cancer) – Among the top health concerns revealed in all of the data were obesity, associated chronic diseases like diabetes and heart problems, and cancers. These concerns were supported elsewhere in the data by an expressed lack of recreation spaces for all ages, and community concern about poor eating choices and perceived lack of access to fresh food or healthy choices during busy times. Thinking about potential strategies, hospital leadership recognizes that BMC and JMC have many related partners and efforts underway and existing programming in place to help aid in the prevention of obesity and chronic disease. The team sees much opportunity to address these issues as a whole and has included this category in their priority items.
- Mental health - Lastly, community concern about mental health was very evident in the survey data and discussion - this includes resident struggles with mental health, access to treatment options, and stigma surrounding these issues. Hospital leadership discussed recent hospital efforts to address this issue: a total of four psychiatrists, a new clinic in Ranson, recent surveying of all physicians regarding burnout, and more. Also discussed were some initial strategy ideas and pressing needs: child and adolescent services to address existing school-based issues, initiatives addressing patients via MyChart, a need for addressing stigma and for addressing increasing suicide rates in the area. Pressing need and capacity to address these issues in various settings lead the hospital leadership team to prioritize this as one of the top three issues for strategy development.



### **33. Grant Memorial Hospital's 2019-Community Health Needs Assessment (Including Grant, Hardy, and Northern Pendleton Counties, West Virginia)**

Provisions in the Affordable Care Act (ACA) of 2010 require tax-exempt (non-profit) hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Plan at least every three years. The regulations for the CHNA include defining the hospital's service area and compiling demographics and analysis of health indicators; taking into account input from the community, including public health professionals; identifying resources; and prioritizing community health needs. The 2019 Grant Memorial Hospital (GMH) CHNA incorporates the requirements described above and identifies the following prioritized needs:

- **Cancer** - Both primary and secondary datasets reflect that cancer is a pervasive health concern in the hospital's catchment area, and the GMH leadership team is in full agreement. They see the hospital as having a high ability to impact health outcomes in this area, and with the support of further data can develop implementation strategies surrounding the types of cancer that are of greatest concern.
- **Substance use/abuse** - This topic is of the greatest concern across most demographics and geographic areas surveyed, and hospital leadership is in agreement that it is one of the key health areas that needs to be addressed through provision of community benefit. Though importance is high, the leadership team knows that their ability to impact health outcomes will at least partly rely on community partnerships. Moving forward, the team will work to plan collaborative strategies to address this health topic, assisting efforts already underway wherever possible.
- **Obesity/co-morbid issues** - Also of heightened community concern is a broad category of obesity and related issues like diabetes and heart disease. These concerns are reinforced by perceptions of poor dietary choices and lack of exercise among residents. The leadership team sees this as a complex problem, pieces of which can be addressed 10 via community partnerships to create strategies that will address this issue. Though it is a multi-faceted issue, the team quickly tossed around initial ideas of things like support for walking/running events and farmer's markets.

## PRIMARY DATA ASSESSMENT

Community input (primary data) was gathered through the design and administration of a community health survey and through key informant interviews. This section summarizes findings from the process.

### Community Survey Findings

The community health survey questionnaire was completed by 1,853 residents from the Winchester Medical Center community, 71 of these surveys were from the Hispanic population.

WMC's survey of community health consisted of questions about a range of health status and access issues, as well as respondent demographic characteristics. The survey was made available from November 2021 – April 2022 on Valley Health's website and was widely publicized at the Community Wellness Festival, Laurel Ridge Community College, at the Mexican Consulate event on the Our Health, Inc. campus.

It was also available via e-mail distribution lists, computer kiosks throughout the region, partner organizations, mass mailing, newsletters, social media, and websites. The questionnaire was available in English and Spanish, and paper copies were available on request.

### 34. Respondent Characteristics

**Exhibit 50A: Survey Respondents by County/City, 2022**

County/City	Number of Respondents	Percent of Respondents
<b>PSA</b>	<b>1506</b>	<b>83.1%</b>
Clarke, VA	45	2.5%
Frederick, VA	361	19.9%
Hampshire, WV	104	5.7%
Hardy, WV	13	0.7%
Morgan, WV	68	3.8%
Page, VA	63	3.5%
Rappahannock, VA	218	12.0%
Shenandoah, VA	120	6.6%
Warren, VA	133	7.3%
Winchester City, VA	381	21.0%
<b>SSA</b>	<b>299</b>	<b>16.5%</b>
Berkeley, WV	133	7.3%
Grant, WV	8	0.4%
Jefferson, WV	143	7.9%
Mineral, WV	15	0.8%
<b>Totals:</b>	<b>1805</b>	<b>99.6%</b>
Outside of Market Region	8	0.4%
<b>Grand Total</b>	<b>1813</b>	<b>100.0%</b>

Source: Valley Health Community Survey, 2022.

Winchester/Frederick County had the highest percentage of respondents. Residents from the PSA accounted for 83.1 percent of respondents, a decrease from 2019 at 85.6 percent.

### Exhibit 50B: Spanish Survey Respondents by County/City, 2022

County/City	Number of Respondents	Percent of
<b>PSA</b>	<b>37</b>	<b>92.5%</b>
Frederick, VA	14	35.0%
Page, VA	1	2.5%
Shenandoah, VA	2	5.0%
Winchester City, VA	20	50.0%
<b>SSA</b>	<b>3</b>	<b>7.5%</b>
Berkeley, WV	1	2.5%
Jefferson, WV	2	5.0%
<b>Totals:</b>	<b>40</b>	<b>100.0%</b>

Source: Valley Health Community Survey, 2022.

The total number of Spanish surveys received was 40 (**Exhibit 50B**).

### Exhibit 51A: Characteristics of Survey Respondents, 2022

English Survey	Number of Respondents	Percent of Respondents
<b>Ethnicity</b>		
Hispanic/Latino	31	1.7%
Not Hispanic/Latino	1773	97.8%
No Response	9	0.5%
<b>Race</b>		0.0%
White	1561	86.1%
Black or African American	93	5.1%
Asian	18	1.0%
Two or more races	46	2.5%
American Indian/Alaskan Native	5	0.3%
Native Hawaiian or Other Pacific Islander	1	0.1%
No Response	110	6.1%
<b>Language</b>		
English	1770	97.6%
Spanish	25	1.4%
Bulgarian	1	0.1%
Creole	1	0.1%
Cantonese	1	0.1%
Tagalog/Philipino	1	0.1%
German	3	0.2%
Hindi/Punjabi	1	0.1%
French	1	0.1%
Mandarin	1	0.1%
Tsalagi	1	0.1%
Urdu	1	0.1%
Other	2	0.1%
No Response	4	0.2%
<b>Sex</b>		
Male	362	20.0%
Female	1451	80.0%

Source: Valley Health Community Survey, 2022.

**Exhibit 51A: Characteristics of Survey Respondents, 2022 (continued)**

English Survey	Number of Respondents	Percent of Respondents
<b>Annual Household Income</b>		
\$15,000 - \$24,999	110	6.1%
\$25,000 - \$34,999	126	6.9%
\$35,000 - \$49,999	227	12.5%
\$50,000 - \$74,999	336	18.5%
\$75,000 - \$99,999	263	14.5%
Less than \$15,000	92	5.1%
Over \$100,000	659	36.3%
<b>Education</b>		0.0%
College degree or higher	1095	60.4%
Did not complete high school	54	3.0%
High school diploma or GED	264	14.6%
Some college	363	20.0%
Other	33	1.8%
<b>Marital Status</b>		0.0%
Co-habiting	76	4.2%
Divorced	176	9.7%
Married	1208	66.6%
Not married/single	213	11.7%
Widowed	140	7.7%

Source: Valley Health Community Survey, 2022.

### Exhibit 51B: Characteristics of Survey Respondents (Spanish), 2022

Spanish Survey	Number of Respondents	Percent of Respondents
<b>Ethnicity</b>		
Hispanic/Latino	39	97.5%
Not Hispanic/Latino	1	2.5%
No Response	0	0.0%
<b>Language</b>		
English	36	90.0%
Spanish	2	5.0%
Both English and Spanish	2	5.0%
<b>Sex</b>		
Female	32	80.0%
Male	8	20.0%
<b>Annual Household Income</b>		
		0.0%
\$15,000 - \$24,999	10	25.0%
\$25,000 - \$34,999	4	10.0%
\$35,000 - \$49,999	7	17.5%
\$50,000 - \$74,999	8	20.0%
\$75,000 - \$99,999	3	7.5%
Less than \$15,000	1	2.5%
Over \$100,000	7	17.5%
<b>Age Category</b>		
15-24	3	7.5%
25-34	10	25.0%
35-44	17	42.5%
45-54	8	20.0%
55-64	2	5.0%
<b>Education</b>		
		0.0%
College degree or higher	7	17.5%
Did not complete high school	10	25.0%
High school diploma or GED	14	35.0%
Some college	8	20.0%
Other	1	2.5%
<b>Marital Status</b>		
		0.0%
Co-habiting	3	7.5%
Divorced	2	5.0%
Married	26	65.0%
Not married/single	9	22.5%

Source: Valley Health Community Survey, 2022.

### 35. Access Issues

**Exhibit 52: Locations Where Respondents Received Routine Healthcare, (Question #7)**

Response	Response Count	Spanish Survey Response Count
Traditional medical office (MD, APN, PA)	1670	20
Urgent care facility or store-based walk-in clinic	40	2
Free or low-cost clinic or health center	14	12
Local Health Department clinic	8	2
Provider of alternative medicine	25	0
Hospital emergency room	11	0
No routine medical care received	28	4
Other (please specify)	17	0

Source: Valley Health Community Survey, 2022.

Survey question #7 asked about access to care and where patients choose to go for routine care. A majority of the English survey respondents stated that they went to a traditional medical office for routine care. A majority of Hispanic respondents reported that they went to a traditional medical office or a free or low-cost clinic or health center for routine care (**Exhibit 52**).

**Exhibit 53A: Respondent Ability to Receive Needed Care, by Type of Care (English)**

Response	Always	N/A	Never	Rarely	Sometimes	(blank)
Basic medical care	2001	7	13	42	267	
Dental care	1955	6	13	37	264	22
Mental health care	1866	6	13	38	260	11
Medical specialty care (cardiology, neurology, etc.)	1928	6	13	41	262	20
Medicine and medical supplies	1941	6	13	41	263	22
Pregnancy care	1855	6	13	40	257	17
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	1949	6	13	41	263	25

Source: Valley Health Community Survey, 2022.

**Exhibit 53A** suggests that most English survey respondents indicated that they “always” had the ability to access needed care. Basic medical, dental care, mental health, access to proper medicines, routine screenings, and pregnancy care were identified for WMC’s community.



**Exhibit 53B: Respondent Ability to Receive Needed Care, by Type of Care (Spanish)**

Response	Always	Never	Rarely	Sometimes	(blank)
Basic medical care	17	2	4	17	0
Dental care	13	2	10	15	0
Mental health care	5	14	10	3	8
Medical specialty care (cardiology, neurology, etc.)	8	17	6	4	5
Medicine and medical supplies	15	4	9	11	1
Pregnancy care	10	7	5	8	10
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	14	8	5	12	1

Source: Valley Health Community Survey, 2022.

**Exhibit 53B** suggests that most Spanish survey respondents indicated that they “sometimes” had the ability to access needed care.” This included basic medical care, dental care and routine screenings.

**Exhibit 54A: Access Barriers to Receiving Needed Care, by Service Type (English)**

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient hours	Lack of medical providers	Lack of transportation	Language barrier	Other
Basic medical care	90	26	17	17	10	4	17
Dental care	81	17	15	13	8	3	15
Mental health care	80	19	16	15	8	3	14
Medical specialty care	79	18	16	15	7	3	13
Medicine and medical supplies	80	17	15	15	8	4	14
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	77	16	16	14	7	3	15

Source: Valley Health Community Survey, 2022.

Basic medical care, dental care, mental health care, and access to proper medicines were the most frequently identified services.

**Exhibit 54A** summarizes reasons why respondents have been unable to access these services. Cost and lack of insurance were the most frequently identified access barriers. [Respondents also identified they were unable to get appointments, hours were not convenient for basic medical care]. Among those choosing “other,” most responses cited either cost or a lack of need for services as the reason they did not access care.

**Exhibit 54B: Access Barriers to Receiving Needed Care, by Service Type (Spanish)**

Response	Can't afford it / too expensive	Can't get appointment	Inconvenient Hours	No Insurance	Language barrier	Other
Basic medical care	6	3	0	13	1	2
Dental care	14	3	0	7	2	1
Mental health care	6	6	0	8	1	3
Medical specialty care	10	3	0	8	1	0
Medicine and medical supplies	6	3	0	11	1	1
Prenatal Care	3	8	1	8	1	2
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	4	3	0	12	1	1

Source: Valley Health Community Survey, 2022.

**Exhibit 54B** summarizes reasons why respondents have been unable to access these services. Cost of insurance and lack of insurance were the most frequently identified access barriers for Spanish survey respondents.

**Exhibit 55: English and Spanish Survey Respondents**

**Question #10: How do you pay for healthcare?**

Response	Response Percent	Response Count	Spanish Survey Percent	Spanish Survey Response Count
Cash (no insurance)	7.4%	135	2.5%	1
Charity care	0.2%	3	55.0%	22
Medicaid	5.6%	102	10.0%	4
Medicare	10.8%	196	0.0%	0
Other (please specify)	1.5%	27	0.0%	0
Private health insurance (for example: Anthem, Blue Cross, HMO)	72.9%	1322	32.5%	13
Veterans' Administration	1.5%	28	0.0%	0
<b>Answered Questions</b>		<b>1813</b>		<b>40</b>

Source: Valley Health Community Survey, 2022.

**Exhibit 55** shows that 72.9 percent of English survey respondents have private health insurance coverage and 10.8 percent have Medicare coverage. Those without health insurance were much more likely to use free or low-cost clinics and health centers or hospital emergency rooms for routine healthcare. The Spanish surveys indicated that 55 percent of that respondent population used free or low cost health clinics for their healthcare, that 32.5 percent had private insurance.

### 36. Health Issues

#### Exhibit 56A: English Survey Respondents

**Question #1: Which of the following do you believe are the three most important factors for a healthy community?**

Issue	Count	Percent Responded
Safe place to raise children	2157	36.8%
Jobs and stable economy	1972	33.7%
Healthy behaviors and lifestyles	454	7.8%
Healthy race relations	328	5.6%
Clean environment	201	3.4%
Affordable housing	183	3.1%
Parks/recreation facilities	175	3.0%
Low level of child abuse	134	2.3%
Religious/spiritual values	115	2.0%
Low crime/safe neighborhoods	79	1.3%
Low adult death/disease rates	27	0.5%
Arts and cultural events	18	0.3%
Strong family life	10	0.2%
Access to health care (e.g., family doctor)	3	0.1%
Excellent schools	2	0.03%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. Over 70 percent of respondents indicated a safe place to raise children, and jobs and a stable economy were among the most important factors for a healthy community. Healthy behaviors and lifestyles, affordable housing, and clean environment were identified by over 19 percent of respondents as among the most important factors (**Exhibit 56A**).

**Exhibit 56B: Spanish Survey Respondents**

**Question #1: Which of the following do you believe are the three most important factors for a healthy community?**

Issue	Count	Percent Responded
Jobs and stable economy	18	18.8%
Safe place to raise children	14	14.6%
Access to health care (e.g., family doctor)	14	14.6%
Low crime/safe neighborhoods	11	11.5%
Excellent schools	8	8.3%
Healthy behaviors and lifestyles	8	8.3%
Strong family life	5	5.2%
Clean environment	4	4.2%
Religious/spiritual values	4	4.2%
Parks/recreation facilities	4	4.2%
Affordable housing	3	3.1%
Healthy race relations	2	2.1%
Low adult death/disease rates	1	1.0%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. The top five responses are highlighted in yellow. Over 18 percent of responses indicated that jobs and a stable economy, a safe place to raise children, access to care, and low crime/safe neighborhoods were among the most important factors for a healthy community. (**Exhibit 56B**).

## Exhibit 57A English Survey Respondents

**Question#2: Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)?**

Issue	Count	Percent Responded
Substance Abuse	2441	13.9%
Mental health (depression, bipolar, autism)	2337	13.3%
Being overweight	2228	12.7%
Low income/financial issues	1789	10.2%
Affordable housing	1341	7.7%
Access to healthy food	901	5.1%
Cancer	737	4.2%
Diabetes	669	3.8%
Heart disease	645	3.7%
Homelessness	622	3.6%
Not enough exercise	602	3.4%
Poor dietary choices	505	2.9%
Tobacco use/smoking	455	2.6%
High blood pressure	435	2.5%
Dental health	367	2.1%
Childhood obesity	337	1.9%
Vaping/juuling	219	1.3%
Alzheimer's or dementia	194	1.1%
Suicide	192	1.1%
Respiratory/lung disease	137	0.8%
Motor vehicle crash injuries	110	0.6%
Asthma	54	0.3%
Stroke	50	0.3%
Poor air quality	40	0.2%
Sexually transmitted diseases (STDs)	37	0.2%
COVID-19 Pandemic	31	0.2%
Domestic violence	26	0.1%
Teenage pregnancy	15	0.1%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. Over 40 percent of respondents indicated mental health, substance abuse, and being overweight were among the most significant health problems in the community. Low income/financial issues, affordable housing, cancer and diabetes were identified by over 31 percent of respondents as among the most significant health problems (**Exhibit 57A**).

## Exhibit 57B Spanish Survey Respondents

**Question#2: Which of the following do you believe are the three most significant health problems in our community? (Those problems which have the greatest impact on overall community health)?**

Issue	Count	Percent Responded
Being overweight	10	9.5%
Diabetes	10	9.5%
Poor dietary choices	9	8.6%
Mental health (depression, bipolar, autism)	9	8.6%
Cancer	8	7.6%
Low income/financial issues	7	6.7%
Childhood obesity	6	5.7%
Dental health	6	5.7%
Substance Abuse	6	5.7%
Teen Pregnancy	5	4.8%
Tobacco use/smoking	5	4.8%
Not enough exercise	4	3.8%
Heart disease	4	3.8%
Respiratory/lung disease	4	3.8%
Access to healthy food	3	2.9%
High blood pressure	2	1.9%
Asthma	2	1.9%
Sexually transmitted diseases (STDs)	2	1.9%
Vaping/juuling	1	1.0%
Motor vehicle crash injuries	1	1.0%
Affordable housing	1	1.0%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. The top five responses are highlighted in yellow. Over 40 percent of Spanish survey respondents indicated being overweight, having diabetes, poor dietary choices, mental health, and cancer were the most significant health problems in the community. Low income/financial issues, childhood obesity, dental health, substance abuse, teen pregnancy, and tobacco use/smoking were identified by over 33 percent of respondents as among the most significant health problems (**Exhibit 57B**).



### 37. Health Behaviors

#### Exhibit 58A: English Survey Respondents

**Question# 3: Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health).**

Issue	Count	Percent Responded
Drug abuse	4225	25.9%
Alcohol abuse	2411	14.8%
Poor eating habits	2023	12.4%
Not getting recommended vaccines	1742	10.7%
Tobacco use/smoking	1438	8.8%
Lack of exercise	1236	7.6%
Racism or other form of bigotry	1046	6.4%
Dropping out of school	504	3.1%
Vaping/juuling	502	3.1%
Not using seat belts/child safety seats	426	2.6%
Not using birth control	400	2.5%
Unsafe sex	345	2.1%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. The top five responses are highlighted in yellow. Over 25 percent of respondents indicated being drug abuse was the most risky health behaviors in the community and increase from 15 percent in 2019. When asked to identify the top risky health behaviors in the community, English survey respondents most often indicted alcohol abuse, poor eating habits, not getting recommended vaccines, tobacco use and smoking, lack of exercise, and racism or other form of bigotry were also identified by respondents (**Exhibit 57A**).

### Exhibit 57B Spanish Survey Respondents

**Question #3: Which of the following do you believe are the three most frequent risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health).**

Issue	Count	Percent Responded
Drug abuse	16	27.6%
Alcohol abuse	12	20.7%
Racism or other form of bigotry	8	13.8%
Tobacco use/smoking	5	8.6%
Not using seat belts/child safety seats	5	8.6%
Dropping out of school	3	5.2%
Not getting recommended vaccines	2	3.4%
Unsafe sex	2	3.4%
Not using birth control	2	3.4%
Vaping/juuling	2	3.4%
Poor eating habits	1	1.7%

Source: Valley Health Community Survey, 2022.

Respondents were asked to choose only three items that they thought were the most important factors for a healthy community. The top five responses are highlighted in yellow. The top risky health behaviors in the Spanish community indicated by the survey respondents are: drug abuse, alcohol abuse, racism or other form of bigotry, tobacco use and smoking. These are followed by not using seat belts or child safety seats (**Exhibit 57B**).

## Summary of Key Stakeholder Interview Findings, 2022

Valley Health System and Our Health, Inc. conducted both face-to-face informant interviews and group interviews during the months of March and April 2022. The interviews were designed to obtain input on health needs from persons who represent the broad interests of the community served by WMC, including those with special knowledge of or expertise in public health.

Sixty-three individual and group interviews were conducted, including: persons with special knowledge of or expertise in public health; health and other public departments or agencies with data or information relevant to the health needs of the community; and leaders, representatives and members of medically underserved, low-income, and minority populations, and of populations with chronic disease needs; and representatives of the education and business communities. An annotated list of individuals providing community input is included the following section of this report.

Interviews were conducted using a structured questionnaire. Informants were asked to discuss community health issues and encouraged to think broadly about the social, behavioral and other determinants of health. Interviewees were asked about issues related to health status, health care access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewee perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. The items in each list are presented in order of stated importance, although the differences in some cases are relatively minor.

The following issues were identified by external informants as those of greatest concern to the community health in the WMC community, and are presented in alphabetical order.

### Health Status Issues

- 1. Drug and substance abuse:** Substance abuse was the most frequently mentioned health status issue, and was portrayed as both growing and serious throughout the region. Heroin was mentioned most often; however, alcohol, marijuana, and methamphetamine use were also mentioned. Interviewees reported that women who use illicit drugs and compromise the health of babies is of significant importance.
- 2. Mental and behavioral health:** Mental and behavioral health was the second frequently mentioned health issue in the community. Interviewees reported that the community's mental health needs have risen while mental health service capacity has not. They described a wide range of mental health issues including bullying among youth, autism spectrum symptoms and diagnoses, depression among senior citizens, adult and family stress and coping difficulties, lack of affordable outpatient mental health professionals, and a lack of local inpatient treatment facilities. Interviewees also noted frequent dual diagnoses of mental health problems and substance abuse.

3. **Chronic Illness (i.e. Cholesterol, Diabetes, and Hypertension):** Diabetes was the most frequently mentioned chronic disease in the interviews, and was often paired with discussion about obesity and overweight. This was true for all ages, but these health issues were noted to be rising among children and youth. Commenting on related contributing factors, interview participants mentioned nutrition and diet, low physical activity and exercise levels, and food insecurity and hunger. Access to healthy foods was mentioned as a barrier, including that some do not have money to purchase fresh produce. There was widespread recognition of the toll a chronic illness has on health, its impact on the health care system, and the importance of not only treatment but also behavioral change in addressing the chronic disease.
4. **Smoking and tobacco:** Smoking and tobacco use was frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant, long-lasting health issue that has not become notably worse since the launch of electronic cigarettes (e-cigarettes).

### **Factors Contributing to Health Status and Access to Care**

In addition to discussing health status issues and health conditions in the community, interview participants addressed the factors or conditions they believe most contribute to poor health status. Responses were similar to the 2019 Community Health Needs Assessment reports. An alphabetical list of the major contributing factors raised, some of them inter-related, are below:

1. **Access to health care (physicians/specialists):** Interview participants cited a wide range of difficulties regarding access to care, including availability of providers (physicians/specialists), cost and affordability of care, significant transportation barriers for low-income and elderly populations, and language or cultural barriers for some members of the community. Some interviewees mentioned that there are community residents that do not seek medical care due to their immigration status in the country.
2. **Affordable Housing/Assisted Living:** Interview participants frequently mentioned the need for affordable housing across the WMC community and assisted home care for senior citizens. Some interview participants highlighted the particular health risks experienced by older residents in the community. Seniors have lower incomes, transportation barriers, advanced chronic diseases, and social isolation that can negatively impact health status.
3. **Dental care.** A community resident's ability to receive proper dental care was a concern for many of those interviewed. Some community residents are traveling to West Virginia to receive services. Interviewees believed that a lack of dental insurance and affordability were the main causes for residents leaving the community for services.

- 4. Education/Awareness:** Several interviewees mentioned that education and awareness about services were barriers to care. Factors linked generally to educational attainment and specifically to health education were noted by interview participants as impeding both the ability to effectively seek and manage health care, and to adopt and practice healthy behaviors. Many noted that the community is not aware of services available to them, and that finding services is not easily managed. It was also mentioned that those coming out of prison have limited access to resources.
- 5. Financial insecurities and poverty:** It was frequently stated that issues related to income and financial resources limit access to care, contribute to poor diet and nutrition, and create stresses that negatively impact health.
- 6. Homelessness:** Homelessness is a risk factor for poor health, and creates stress and challenges to maintaining one's health and seeking or obtaining needed health care. Homelessness was frequently mentioned among the interviewees, and also noted that in order to have housing, basic needs would need to be met such as employment, food, and shelter.
- 7. Lack of physical activity and exercise:** Among health behaviors that contribute to or inhibit good health, a lack of physical activity and exercise was mentioned as a concern for all age groups. Interview participants recognized that reasons for limited activity and strategies to increase activity differ across the life span.
- 8. Primary care.** Interviewees mentioned that primary care services can be difficult to access in the community, especially for underserved communities. This concern was magnified by a belief that many community residents used the emergency room as a primary care provider. Cost of care, lack of insurance, and navigating through the health care system were cited as causes of not accessing care.
- 9. Poor nutrition and diet:** Among healthy behaviors, dietary habits and nutrition were mentioned most frequently as major factors in obesity, diabetes, heart disease and related conditions, and chronic diseases. Interview participants mentioned these were due to a lack of access to affordable healthy foods for lower income families. It was mentioned some residents do not have a stable food source.
- 10. Smoking and tobacco:** Smoking and tobacco use was frequently mentioned in the context of concerns about drug and substance abuse. Smoking was viewed as a significant issue, although average smoking rates have declined, the long-lasting health effect has now become notably worse since the launch of electronic cigarettes (e-cigarettes).
- 11. Specialty care providers.** Interviewees mentioned a lack of specialty care services in the community, especially for children needing cancer or mental health services
- 12. Transportation:** Several interviewees identified the lack of transportation options in the community as a problem. In some rural locations, the lack of transportation options was seen as a major barrier for residents to receive proper health care. This problem was identified as a particular need among low-income and elderly residents.

**13. Unhealthy lifestyles:** Many interviewees identified unhealthy lifestyle behaviors around nutrition and lack of activity as concerns. Diabetes, heart disease, and obesity were mentioned often across the WMC community.

## Summary of Low-Income Stakeholder Interview Findings, 2022

A new data point for 2022, Valley Health System conducted in-person interviews at local food banks during the months of March - April 2022. The interviews were designed to obtain input on health needs from persons who represent lower-income families served by WMC.

There were four counties (Frederick, Shenandoah, Warren, and Winchester City) represented in this data collection. Interviews were conducted using a structured format with five questions. Interviewees were asked about issues related to health status, healthcare access and services, chronic health conditions, populations with special needs, and health disparities.

The frequency with which specific issues were mentioned and interviewee perceptions of the severity (how serious or significant) and scope (how widespread) of each concern were assessed. The following health status issues and contributing factors were reported to be of greatest concern. The items in each list are presented in order of stated importance, although the differences in some cases are relatively minor.

The following issues were identified by external informants as those of greatest concern to the community health in the WMC community which differ from the key stakeholder interviewee responses, and are presented in alphabetical order.

## Exhibit 58 Low-Income Stakeholder Interview Findings, 2022

**Question #1: Which of the following do you believe are the three most important factors for a healthy community?**

Issue	Count	Percent Responded
Affordable housing	43	14.19%
Access to health care (e.g., family doctor)	30	9.90%
Jobs and stable economy	28	9.24%
Clean environment	28	9.24%
Healthy behaviors and lifestyles	27	8.91%
Safe place to raise children	26	8.58%
Low crime/safe neighborhoods	21	6.93%
Excellent schools	17	5.61%
Religious/spiritual values	17	5.61%
Healthy race relations	12	3.96%
Strong family life	11	3.63%
Parks/recreation facilities	9	2.97%
Low infant death rate	6	1.98%
Arts and cultural events	3	0.99%
Low level of child abuse	1	0.33%
Other	24	7.92%

Source: Valley Health Low-Income Stakeholder Interviews, 2022.

Families were asked to choose only three items that they thought were the most important factors for a healthy community. The top five responses are highlighted in yellow. Over 51 percent of responses indicated that affordable housing, access to healthcare, jobs and a stable economy, clean environment, and healthy behaviors and lifestyle were among the most important factors for a healthy community. (**Exhibit 58**).



## Exhibit 59 Low-Income Stakeholder Interview Findings, 2022

### Question #2: What are the biggest health factors for you and your family?

Issue	Count	Percent Responded
Diabetes, COPD, chronic diseases	16	23.19%
Heart disease, stroke	14	20.29%
Cancer (lung, black lung)	5	7.25%
Affordable healthcare, establishing PCP	4	5.80%
Access to specialty care	3	4.35%
Mental health disabilities, depression	3	4.35%
Senior services, aging	3	4.35%
Getting appointments scheduled	2	2.90%
Affordable housing	2	2.90%
Cholesterol depression	2	2.90%
Aches and pain	2	2.90%
Back pain	2	2.90%
Cost for prescriptions	2	2.90%
COVID-19 exposure	2	2.90%
Access to care, therapy services	2	2.90%
Repeat health issues, UTIs, diabetes	1	1.45%
Acid reflux	1	1.45%
Complex migraine strokes, internal health	1	1.45%
Quality of food	1	1.45%
Orthopedic issues	1	1.45%
Stress	1	1.45%

Source: Valley Health Low-Income Stakeholder Interviews, 2022.

Families were asked “What are the biggest health issues for you and your family.” The top five items are highlighted in yellow. Over 43 percent of responses indicated that diabetes, COPD, chronic diseases, heart disease, and stroke were the biggest health issues for families. (**Exhibit 59**).

## Exhibit 60 Low-Income Stakeholder Interview Findings, 2022

### Question #3: What presents the biggest risk to you and your family's health?

Issue	Count	Percent Responded
Access to affordable healthcare, scheduling appointments	12	21.43%
Costs, insurance	8	14.29%
Chronic Diseases, COPD	5	8.93%
Affordable prescriptions, costs of healthcare	4	7.14%
COVID-19 pandemic	4	7.14%
Affordable housing	3	5.36%
Cancer, skin cancer	2	3.57%
Community influences	2	3.57%
Transportation	2	3.57%
Genetics	2	3.57%
Racial hatred, treated differently due to living conditions	2	3.57%
Aging	1	1.79%
Alcohol	1	1.79%
Better quality of food	1	1.79%
Overweight	1	1.79%
Food Access	1	1.79%
Sexual identity understanding	1	1.79%
Smoking	1	1.79%
Stress	1	1.79%
Toxic exposure	1	1.79%
UTIs	1	1.79%
Stress	1	1.45%

Source: Valley Health Low-Income Stakeholder Interviews, 2022.

Families were asked “What presents the biggest risk to you and your family's health.” The top two mentioned items are highlighted in yellow. Over 21 percent of responses indicated that access to affordable healthcare, and wait times for scheduling appointments were the biggest health risks for families. (**Exhibit 60**).

## Individuals Providing Community Input

The CHNA took into account input from many people who represent the broad interests of the community served by the hospital. This was done via interviews with over 200+ individuals and six “community response sessions” that included 20 participants. These 200+ stakeholders included public health experts; individuals from health departments or other agencies; leaders or representatives of medically underserved, low-income, and minority populations; and other individuals representing the broad interests of the community (**Exhibits 61-65**).

### 38. Public Health Experts

Individuals interviewed with special knowledge of, or expertise in, public health, some of whom also participated in a community response session, include those in **Exhibit 61**:

**Exhibit 61: Public Health Experts**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Leea Shirley	Public Health Nurse Supervisor	Virginia Department of Health Lord Fairfax Health District	Expertise in the public health needs of Lord Fairfax Health district residents	Interview
Dr. Terrence Reidy	Health Officer	Jefferson County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Eileen Johnson	Staff	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Response
Tamitha Wilkins	Local Health Administrator	Hampshire County Health Department	Expertise in the public health needs of Hampshire County residents	Interview
Sandria Glascock	Local Health Administrator	Grant County Health Department	Expertise in the public health needs of Hampshire County residents	Interview

### 39. Health or Other Departments or Agencies

Several interviewees were from departments or agencies with current data or other information relevant to the health needs of the community (**Exhibit 62**). This list excludes the public health experts identified in **Exhibit 61**, who also meet this criterion.

**Exhibit 62: Individuals from Health or Other Departments or Agencies**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Amanda Palmer	Acting Executive Director	Shenandoah County Free Clinic	Special knowledge regarding health needs of indigent population in community	Interview
Andrea Cosans	Executive Director	CCAP	Special knowledge of socioeconomic needs of the community to include housing	Both
April McClain-Clower	Director	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Allena Kovak	Director of Nursing	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Bartley Hoffman	Director, Surgical Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of the Shenandoah County populations in the community	Response Session
Brandon Jennings	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of the indigent populations in the community	Interview
Brenda Atkins	Manager	Warren Memorial Hospital	Special knowledge regarding health needs of the Warren County	Response
Bonnie Zampino	Center Manager	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Candi Middleton	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Interview
Chris Guynn	Operations Manager	Valley Medical Transport	Special knowledge of patient transport and needs for Hampshire, Mineral, Grant, and Morgan Counties	Interview
Christina Parsons	Director Emergency Department	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Courtney Miller	Wellness Services	Valley Health	Special knowledge regarding nutrition and wellness	Both
Dannette Keeler	Rehab	Page Memorial Hospital	Special knowledge of patient rehabilitation	Response

**Exhibit 62: Individuals from Health or Other Departments or Agencies (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Dawn Clark	Associate Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Dawn Devine	Executive Director	Shenandoah Valley Discovery Museum	Special knowledge in child development and learning	Interview
Doug Anderson	Retired Veteran	Health and Human Services Collaborative	Special knowledge regarding health needs of indigent populations in the community for Berkeley and Jefferson Counties	Both
Dr. Cyril Barch	Retired Physician	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Frederick County	Both
Dr. David Blount	Warren County Resident	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Warren County	Interview
Dr. David Kliever	Vice President Medical Affairs	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview
Dr. Jeff Feit	VP, Population Health, Valley Health, Chief Operating Officer, Valley Physician Enterprises	Valley Health	Population Health	Interview
Dr. Robert Meltvedt	VP, Medical Affairs, Warren Memorial Hospital	Warren Memorial Hospital	Warren County	Interview
Dr. William Major	Physician	Retired	Winchester, Frederick County	Interview
Elesia VanBuren	Director of Mental Health	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration and community needs	Interview
Emily Burner				Response
Glendora Rockwell	340B Analyst	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
George Donovan, Jr.	Adult & Dislocated Worker Career Coach	Shenandoah Workforce Development Board	Special knowledge regarding workforce development	Interview
Heather Sigel	Vice President, War Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both

**Exhibit 62: Individuals from Health or Other Departments or Agencies (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Jackie Blaylock	Patient Access Manager	Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Page County	Interview
James Stewart	CEO	Grafton	Special knowledge regarding patients with mental health issues	Interview
Jeff Stern	Director of Community Engagement	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Response
Jennifer Allen	Development and Data Coordinator	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jennifer Hall	Senior Director of Community Investment	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Jessica Watson	Director CDRC & WRC	Winchester Medical Center Chronic Disease Resource Center	Special knowledge regarding health needs of indigent patients	Interview
Karen Newell	Executive Director	Good Samaritan Free Clinic	Special knowledge regarding health needs of the indigent populations in the community for Berkeley County	Interview
Katie Vance	Executive Director	AIDS Response Effort	Special knowledge regarding health needs of community population	Response
Katrina McClure	Executive Director	Sinclair Health Clinic	Special knowledge regarding health needs of indigent patients	Both
Kaycee Childress	President, CEO	United Way of Northern Shenandoah Valley	Special knowledge of socioeconomic needs of the community to include housing	Both
Kent Houchins	COO Community Based Services	Grafton	Special knowledge regarding patients with mental health issues	Interview
Kim Ack	Case Manager	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Interview
Kyla Sine	Director Rehab Services	Shenandoah Memorial Hospital	Special knowledge regarding health needs of patients in Shenandoah County	Response
LaDawn See	Performance Improvement Specialist	Hampshire Memorial Hospital	Special knowledge regarding health needs of population in community for Hampshire, Hardy, and Mineral	Interview

**Exhibit 62: Individuals from Health or Other Departments or Agencies (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Lauren Sterling	Community	Telemon Organization Housing Coalition	Special knowledge of socioeconomic needs of the community to include housing	Interview
Linda Gibson	Assistant Director	Frederick County Dept. of Social Services	Special knowledge regarding health needs of indigent patients	Response
Margaret Cogswell	President	Hospice of the Panhandle	Special knowledge of home care in the Eastern Panhandle	Interview
Mark Nantz	President and Chief Executive Officer	Valley Health	Special knowledge of health needs of populations	Interview
Maria Lorenson	Development Director	Hospice of the Panhandle	Special knowledge end-of-life care	Interview
Mary Presley	Physical Therapy	Warren Memorial Hospital	Warren County	Interview
Mary Sas	VP Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Both
Megan Parsons	Nursing Supervisor	Hampshire Memorial Hospital	Special knowledge regarding health needs of indigent populations in the community for Hampshire, Hardy, and Mineral Counties	Interview
Nancy Rose	Community	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Response
Natalie Cline	Marketing and Events Assistant	Berkeley County Chamber	Berkeley County	Interview
Nicole Foster	President	Front Royal Chamber of Commerce	Warren County	Interview
Philip Graybeal	Chief Financial Officer	Chief Financial Officer at Page Memorial Hospital	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Portia Brown	Director of Quality and Regulatory Affairs	Page Memorial Hospital	Special knowledge regarding health needs of the Page County populations	Both
Randy Jacobs	Director of Administration	Shenandoah Community Health Center	Special knowledge regarding health needs of the Berkeley, and Jefferson County populations	Response
Sandy Lewis	HIM Supervisor	Hampshire / War Memorial Hospitals	Special knowledge regarding health needs of the Hampshire and Page County populations	Interview

**Exhibit 62: Individuals from Health or Other Departments or Agencies (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Samantha Barber	Director of Community Engagement	People, Inc.	Special knowledge of socioeconomic needs of the community to include housing	Interview
Scott Zeiter	Business Development	Grafton	Special knowledge regarding patients with mental health issues	Interview
Shane Hinkle	Case Manager	Hampshire Memorial Hospital	Special knowledge regarding health needs of the Hampshire County populations	Both
Shawn Carrico	Director of Finance	Valley Health	Special knowledge regarding health needs of indigent populations in the community.	Interview
Grady (Skip) Philips	SVP, Valley Health Acute Care Hospitals, President, Winchester Medical Center	Valley Health System	Special knowledge regarding health needs of indigent populations in the community	Interview
Stacy Shultz	Clinical Staff	War Memorial Hospital	Special knowledge regarding health needs of indigent patients	Both
Tammy Gasper	VP, Shenandoah Memorial Hospital; Southern Region Medical Staff Services & Clinical Program Development	Shenandoah Memorial Hospital	Shenandoah County	Both
Tana Jones	Captain of Support Services	Northwestern Regional Adult Detention Center	Special knowledge of adult incarceration	Interview
Tara Broschart		Horizon Goodwill	Special knowledge of socioeconomic needs of the community to include housing	Interview
Tom Kluge	VHS SVP Critical Access Hospitals and President War Memorial Hospital, Hampshire Memorial Hospital	Valley Health	Special knowledge regarding health needs of indigent populations in the community for Hampshire and Morgan Counties.	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of indigent patients	Both
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview
Travis Clark	VP, Operations, Valley Health Southern Region	Valley Health	Special knowledge regarding health needs of Page, Shenandoah, and Warren County populations	Both
Trina Cox	Director	Hampshire Wellness	Special knowledge regarding wellness services	Both



**Exhibit 62: Individuals from Health or Other Departments or Agencies (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vanessa Lane	COO Information Systems	Grafton	Special knowledge regarding patients with mental health issues	Interview
Vicki Culbreth	Development Coordinator	Winchester Rescue Mission	Special knowledge of socioeconomic needs of the community to include housing	Interview
Vickie Davies	Executive Director	St. Luke's Community Clinic	Special knowledge regarding health needs of Warren County populations	Interview

## 40. Community Leaders and Representatives

The following individuals were interviewed because they are leaders or representatives of medically underserved, low-income, and/or minority populations (**Exhibit 63**). This list excludes the public health experts identified in **Exhibit 61**.

### Exhibit 63: Community Leaders and Representatives

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Allen Sibert	TOVRC	Winchester City Sheriff's Office	Law Enforcement	Interview
Allison	Community Representative	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Alton Echos	Community Resident	Housing Coalition	Special knowledge of housing needs of the community	Interview
Amanda Behan	Lieutenant	Winchester Police Department	Law Enforcement	Interview
Benjamin Dolewski	Medical Practice Manager	Page Rural Health Center	Special knowledge regarding health needs of the indigent populations in the community	Both
Beth Ogle	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Bill Dudley	Foundation Chair	PMH Foundation	Community	Response
Blake Curtis	Sr. Vice President	First Bank	Financial Industry	Interview
Brandon Thomas	Executive Director	Winchester Rescue Mission	Special knowledge regarding health needs of the homeless populations in the community	Response
Brandon Truman	Education and PI Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Bernadine Dykes	Associate Dean & Professor of Management	Shenandoah University School of Business	Special knowledge of Higher Education	Interview
Carolyn Knowles	Operations Manager	Valley Medical Transport	Special knowledge in patient transportation	Interview
Carter Knapp	Community	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Cathy Weaver	Member, Community Advisory Committee	Community	Page County Community	Interview
Chief James Bonzano	Fire and Rescue Chief	Warren County Fire and Rescue	Special knowledge in safety and rescue	Interview
Christa Shifflett	Executive Director	Warren County Coalition	Warren County	Response Session
Cynthia Schneider	CEO	Top of Virginia Regional Chamber	Special knowledge of socioeconomic needs of the community to include housing	Interview

**Exhibit 63: Community Leaders and Representatives (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Daniel Comer	Lead Coordinator of Student Safety	Berkeley County Public Schools	Education & school safety	Interviews
Danielle Cullers	Dept. of Veterans Services	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
DeAnna Cheatham	Director	Warren County Social Services	Warren County	Interview
Delores Gehr	Director of Patient Care Services – CNO	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Diane Kerns	Chair, Community Advisory Committee	Community	Winchester Community	Interview
Diane Pence	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Dick Masincup	Foundation Member	PMH Foundation	Community	Response
Dominick Halse	Executive Director/Manager	NAMI-Winchester	Special knowledge of mental health services	Interview
Dr. David T. Sovine	Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Jim Angelo	Assistant Superintendent	Frederick County Public Schools	Special knowledge in education	Interview
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Dr. Donna Michel	Internal Medicine	Winchester Medical Center	Walk with the Doc Winchester and Frederick County	Interview
Dr. Jason Van Heukelum	Superintendent	Winchester City Schools	Special knowledge in education	Interview
Dr. Len Burdick	Music Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Dr. Mark Johnston	Superintendent	Shenandoah County Public Schools	Special knowledge in education	Interview
Dr. Peter Chickovich	President	Blue Ridge Technical College	Special knowledge in higher education	Interview
Dr. Shannon Grimsley	Superintendent	Rappahannock County Public Schools	Special knowledge in education	Interview
Dr. Wendy Gonzalez	Superintendent	Page County Public Schools	Special knowledge in education	Interview
Erich May	Superintendent	Morgan County Public Schools	Special knowledge in education	Interview
Erin Kalbach	Fitness Manager	Valley Health	Special knowledge in fitness	Response

**Exhibit 63: Community Leaders and Representatives (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Ethel Showman	Member, Community Advisory Committee	Community	Shenandoah County community	Interview
Gwen Borders-Walker	Community	Winchester Area NAACP	Special knowledge of socioeconomic needs of the community to include housing	Interview
Faith Power	Executive Director	The Laurel Center	Special knowledge of domestic and sexual violence Clarke, Frederick, Warren	Interview
Harry Smith	Sr. Market President	United Bank	Special knowledge of financial services	Interview
Heidi David-Young	Shenandoah Valley Lutheran Ministries	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Jason Aikens	Manager	Aikens Group	Property Management Winchester, Frederick, Clarke and Warren	Interview
Jennifer Coello	VP, Operations and Administrator, Warren Memorial Hospital	Valley Health System	Special knowledge regarding health needs of indigent populations in the communities of Page, Shenandoah, and Warren Counties	Interview
Jeanie Alexander	Vice President of Human Resources	Shockey Companies	General Contracting and real-estate Management Company – Winchester, Frederick	Interview
Jenna Barsotti	Recovery Program Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Jennifer Rydholm	Executive Director of Human Resources	Frederick County Public Schools	Special knowledge in education	Interview
Karen Whetzel	Community	Community Advisory Committee	Shenandoah County	Both
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Jim Belson	Plant Manager	Axalta Coating Systems	Warren County	Interview
JoAnne Winschel	Social Worker	Shenandoah Memorial Hospital	Special knowledge regarding health needs of indigent population in community	Interview
Johnny Craig	Executive Director	TEENS, Inc.	Special knowledge of Adolescents	Interview

**Exhibit 63: Community Leaders and Representatives (continued)**

<b>Name</b>	<b>Title</b>	<b>Affiliation or Organization</b>	<b>Special Knowledge/Expertise or Nature of Leadership Role</b>	<b>Interview or Response Session</b>
John Piper	Chief of Police	Winchester Police Department	Law Enforcement	Interview
John Van Wyck	Director of Student Services & Federal Programs	Page County Public Schools	Special knowledge in education	Interview
Judy Frans		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Caspersen	Just Because, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Karen Poff	Executive Director	Virginia Tech Extension	Special knowledge in education	Interview
Katie Furneisen	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Keith Cross	Lead Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Keith Nixon	Officer/Drug Court	Winchester Police Department	Law Enforcement, Drug Court	Interview
Kelly Rice	Deputy Chief	Winchester Police Department	Law Enforcement	Interview
Kerry L. "Kahle" Magalis, II	Chief of Police	Front Royal	Law Enforcement	Interview
Kim Blosser	President	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Kim Herbstritt	Executive Director	Blue Ridge Habitat for Humanity	Special knowledge for housing needs	Both
L. Gregory Drescher	Superintendent	Warren County Public Schools	Special knowledge in education	Interview
Lana Westfall		Congresswoman Wexton's Office	Special knowledge of housing needs of the community	Interview
Lauren Cummings	Executive Director	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lauren McCauley	Therapist/Case Manager	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Lori Cockrell	Councilman	The Town of Front Royal Virginia	Warren County	Response
Lynn McKee	Response, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Manuel Ferradas	Seniors First - Shenandoah Area on Aging	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview

**Exhibit 63: Community Leaders and Representatives (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Major General Henry M. Hobgood, USAG, Ret.	Community	VH Corporate Board	Warren County	Both
Maria Bowman	Director Health Initiatives	Blue Ridge Food Bank	Special knowledge of socioeconomic needs of populations	Interview
Margaret Goodyear	Community	Tuesday's Table	St. Luke's Community Clinic	Interview
Marla Boulter	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Megan Bly	Shenandoah Alliance for Shelter	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Melissa Miller	Human Society of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Michael Funk	Shenandoah Community Foundation	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Mike Ackerman	Sergeant/ CRT	Winchester Police Department	Law Enforcement	Interview
Nancy Craun	Community	Encore Elite Partners	Expertise in food insecurity	Interview
Paul Cleveland		Winchester Police Department	Law Enforcement	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Patty Fadeley	Blue Ridge Hospice	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Penny Porter	CEO	United Way of Eastern Panhandle	Special knowledge of socioeconomic needs of the community for Berkeley, Jefferson and Morgan counties	Interview
Pete Duncanson	Children's Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Robyn Miller	Executive Director	WATTS	Special knowledge of the homeless population	Interview
Sabrina Shirkey		Response, Inc.	Special knowledge of socioeconomic needs of the community	Interview
Sarah Huff	Youth Pastor	Victory Church	Special knowledge of socioeconomic needs of the community	Interview
Scott Arthur	Commercial Marketing Executive	Atlantic Union Bank	Special knowledge of financial services	Interview

**Exhibit 63: Community Leaders and Representatives (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Scott Carlson		SV Workforce Development	Special knowledge of socioeconomic needs of the community	Interview
Scott Mallery	Executive Director	Aging & Family Services	Special knowledge regarding senior populations	Interview
Sharon Baroncelli	President/CEO	Shenandoah County Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sharen Gromling	Executive Director	Our Health, Inc.	Special knowledge regarding health needs of the indigent populations in the community.	Both
Sharon Hetland	Director Adult Education	Laurel Ridge Community College	Special knowledge regarding higher education	Interview
Sheila Orndorff	Shenandoah County Chamber of Commerce	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sherry Arey	Family Promise of Shenandoah County	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Sonia M. Conrad	LPN Office Intake Specialist	Home Health	Special knowledge regarding home health care	Interview
Stephanie George	Manager	Navy Federal	Special knowledge regarding wellness clinics	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Stephen Slaughter	President and Owner	Frederick Block, Brick & Stone	Frederick County	Interview
Steven Hicks	Town Official	Town of Front Royal Virginia	Warren County	Response
Sue Perkins		Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Susan Brooks	Sr. Vice President	Navy Federal	Financial Institution	Interview
Tracey Fitzsimmons	President	Shenandoah University	Special knowledge of higher education	Interview
Tiffany Cadoree	Drug Court Coordinator	NSV Substance Abuse Coalition	Special knowledge regarding substance abuse need in community	Both
Thomas Powell	Caroline Furnace Lutheran Camp and Retreat Center, Inc.	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tom Fowl	CFLC	Shenandoah Chamber of Commerce	Special knowledge of socioeconomic needs of the community	Interview
Tina Combs	President and Chief Executive Officer	Berkeley County Chamber	Berkeley County	Interview
Tracy Mitchell	Valley Health Director	Wellness Services	Special knowledge regarding wellness services	Interview

**Exhibit 63: Community Leaders and Representatives (continued)**

Name	Title	Affiliation or Organization	Special Knowledge/Expertise or Nature of Leadership Role	Interview or Response Session
Vern Bock	Assistant Superintendent for Administration	Frederick County Public Schools	Special knowledge in education	Interview
Patty Camery	Executive Director	Frederick County Public Schools	Special knowledge in education	Interview
Steve Edwards	Director of Policy and Communication	Frederick County Public Schools	Special knowledge in education	Interview
Victoria Johnson	Marketing Liaison	Home Health	Special knowledge regarding home health care	Interview
Walter Mabe	BOS Shenandoah District	County of Warren	Warren County	Response



## 41. Persons Representing the Broad Interests of the Community

### Exhibit 64: Other Interviewees Representing the Broad Interests of the Community

Name	Title	Affiliation or Organization	Interview or Response Session
Cheryl Hamilton	CEO & President	Blue Ridge Hospice	Interview
Sue Valentine	Executive Director	Dementia Matters	Both
Ellie Wilson	Executive Director	Dementia Matters	Response
Kelly Story	Associate Director	Family Promise of Shenandoah County	Interview
Sherry Arey	Executive Director	Family Promise of Shenandoah County	Interview
Robin Cardillo	Director	Foundation of the State Arboretum	Interview
Robert Shickle	Community Resident	Frederick County	Interview
Sara Schoonover-Martin	Executive Director	Healthy Families	Interview
Maddie Shah	JMU Student	Healthy Families – Page	Interview
Mandy Duley	Supervisor	Healthy Families – Page	Interview
Mikaela Jones	JMU Student	Healthy Families – Page	Interview
Yvonne Frazier	Program Manager	Healthy Families	Interview
Mercedes de la Cruz	Staff	Hospice of the Panhandle	Response
Andy Gail	Executive Director	Literacy Volunteers	Response
Mary Falu	Administrative Secretary	Our Health	Interview
Sharen Gromling	Executive Director	Our Health	Interview
Carla Taylor	PT Grant Writer	Our Health	Interview
Diane Shipe	Board Member	Our Health	Interview
Sue Killian	Board Member	Our Health	Response
Abby Zimmerman	Manager	Valley Assistance Network	Interview
Paul Rush	Manager, VAN South – Woodstock	Valley Assistance Network	Interview
Traci Toth	Executive Director	Wheels for Wellness	Both
Ann Lamanna	Board Member	Wheels for Wellness	Response
Robert Fitz	Community Resident	Westminster Canterbury	Interview
Bruce Jackson	Community Resident	Westminster Canterbury	Interview
Kay Jones	Community Resident	Westminster Canterbury	Interview
Buddy Lloyd	Community Resident	Westminster Canterbury	Interview
Lynn Marthinuss	Community Resident	Westminster Canterbury	Interview
Katherine Perry	Community Resident	Westminster Canterbury	Interview
Cathie Russell	Community Resident	Westminster Canterbury	Interview
Jane Sweeney	Community Resident	Westminster Canterbury	Interview
Sylvia Wilson	Community Resident	Westminster Canterbury	Interview
William Young	Community Resident	Westminster Canterbury	Interview
Niki Wilson	Foundation and Marketing Director	Westminster Canterbury	Interview

**Exhibit 65: Top of Virginia Regional Chamber CLP Representatives, 2022**

Name	Affiliation or Organization	Interview or Response Session
Marcus Adhikusuma	Integrity Home Mortgage	Response Session
Sandra Bosley	Preservation of Historic Winchester	Response Session
Tiffany Cadoree	Amazon	Response Session
Oscar Cerrito-Mendoza	Aids Response Effort, Inc.	Response Session
Vicki Culbreth	Winchester Rescue Mission	Response Session
Michael Daddario	Frederick County Public Schools	Response Session
Jill Edlich	Ravenwood Foundation	Response Session
Kylie Feiring	Bowman Library	Response Session
Jasmine Frye	Valley Health & WMC	Response Session
Rebecca Gibson	Shenandoah University	Response Session
Rebecca Horton	Ingenium BCS, Inc.	Response Session
Will Lawrence	Edward Jones Investments	Response Session
Christina Lawson	Rappahannock Electric Cooperative	Response Session
Kelly Menk	Valley Health	Response Session
Amanda Neff	Integrus Holdings - Fortessa	Response Session
Jonathan Reimer	F&M Bank	Response Session
Ben Savory	Repeatable DJ	Response Session
Nancy Sawle	Navy Federal Credit Union WOC	Response Session
Kevin Sheppard	Valley Health & WMC	Response Session
Sara Sims Valentine	Winchester Medical Center Foundation	Response Session
Carly Stoliker	NW Works, Inc.	Response Session
Christy Taggart	Wells Fargo Bank – Old Town Winc	Response Session
Seth Thatcher	Commissioner of Revenue – Frederick County	Response Session
Janet Tully	H.N. Funkhouser & Co / Handy Mart	Response Session

# Appendix A – Community Interviews and Survey

## 42. Area Community Health Survey (English and Spanish)



### 2022 Community Health Survey

Please take a few minutes to complete the survey below. The purpose of the survey is to get your opinions about community health needs in Valley Health System's service area. The survey results and other information will be used to identify the most pressing concerns that can be addressed through community action. If you have previously completed the 2022 Community Health Survey, please disregard this request.

Remember, your opinion is important! If you have any questions, please contact us at the address provided at the end of the survey. Thank you for sharing your opinions.

- Which of the following do you believe are **the three most important factors** for a healthy community? (Those factors which most improve the quality of life in a community.) Please check only three:
  - Safe place to raise children
  - Jobs and stable economy
  - Clean environment
  - Affordable housing
  - Low crime/safe neighborhoods
  - Excellent schools
  - Healthy race relations
  - Parks/recreation facilities
  - Arts and cultural events
  - Religious/spiritual values
  - Strong family life
  - Access to health care (e.g., family doctor)
  - Low level of child abuse
  - Healthy behaviors and lifestyles
  - Low adult death/disease rates
  - Low infant death rate
  - Other: \_\_\_\_\_
- Which of the following do you believe are **the three most significant health problems** in our community? (Those problems which have the greatest impact on overall community health) Please check only three:
  - Access to healthy food
  - Asthma
  - Alzheimer's or dementia
  - Affordable housing
  - Being overweight
  - Cancer
  - Childhood obesity
  - Dental health
  - Diabetes
  - Domestic violence
  - Heart disease
  - High blood pressure
  - Homelessness
  - Low income/financial issues
  - Mental health (depression, bipolar, autism)
  - Motor vehicle crash injuries
  - Not enough exercise
  - Poor air quality
  - Poor dietary choices
  - Respiratory/lung disease
  - Sexually transmitted diseases (STDs)
  - Stroke
  - Substance abuse
  - Suicide
  - Teenage pregnancy
  - Tobacco use/smoking
  - Vaping/juuling
  - Other: \_\_\_\_\_
- Which of the following do you believe are **the three most frequent risky behaviors** in our community? (Those behaviors which have the greatest impact on overall community health) Please check only three:
  - Alcohol abuse
  - Dropping out of school
  - Drug abuse
  - Lack of exercise
  - Poor eating habits
  - Not getting recommended vaccines
  - Racism or other form of bigotry
  - Tobacco use/smoking
  - Vaping/juuling
  - Not using birth control
  - Unsafe sex
  - Not using seat belts/child safety seats
  - Other: \_\_\_\_\_
- How would you rate our community as a healthy community?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
- How would you rate your own personal health?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor

6. When do you see a medical doctor or nurse?

- Routinely for annual exam, check-up, and/or preventative care
- When I and/or a family member is ill/injured/sick/not feeling well
- Regular visits directed by a medical professional for the care of chronic disease (diabetes, high blood pressure, asthma, etc.)
- Rarely
- Never

7. Where or with whom do you and your family receive routine medical care? Please select all that apply.

- Traditional medical office (MD, APN, PA)
- Urgent care facility or store-based walk-in clinic
- Free or low-cost clinic or health center
- Local Health Department clinic
- Provider of alternative medicine
- Hospital emergency room
- No routine medical care received
- Other: \_\_\_\_\_

8. Are you and all of your family members able to get needed care?

	Always	Sometimes	Rarely	Never	N/A
Basic medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialty care (cardiology, neurology, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine and medical supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine screenings (mammograms, laboratory testing, age/gender appropriate screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If you did not answer "Always" to any item in question 8, why? Please check all that apply.

	Insurance	No appointment	Can't afford it too expensive	Inconvenient hours	Lack of transportation	Lack of trust in medical providers	Language barrier	Other	N/A
Basic medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicine and medical supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "Other," please specify: \_\_\_\_\_

10. How do you pay for your health care? Please check all that apply.

- Cash (no insurance)
- Private health insurance (for example: Anthem Blue Cross, HMO)
- Medicare
- Medicaid
- Veterans Administration
- Charity care
- Other: \_\_\_\_\_

11. How many days a week do you ...

	0	1	2	3	4	5	6	7
Exercise for 30 or more minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat five or more servings of fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat whole-grain breads, cereals or noodles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink more than two alcoholic drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke one or more cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape or juul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Demographic Questions: Your responses will be kept confidential and will not be shared.

12. City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

13. Age:

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

14. Sex:  Female  Male

15. Ethnic group you most identify with:

- White
- Black or African American
- Hispanic or Latino
- Asian
- Two or more races
- Other: \_\_\_\_\_

16. Marital Status

- Married
- Co-habiting
- Not married/Single
- Divorced
- Widowed

17. Education

- Did not complete high school
- Highest grade level completed: \_\_\_\_\_
- High school diploma or GED
- Some college
- College degree or higher
- Other

18. What is your primary source for healthcare information? Check all that apply.

- Primary care provider
- Newspaper
- Television
- Facebook/Instagram
- News Websites
- Other: \_\_\_\_\_
- Healthcare Websites
- \_\_\_\_\_

19. Household income

- Less than \$15,000
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- Over \$100,000

20. Employment Status

- Full time
- Part time (one job)
- Part time (2 or more jobs)
- Student
- Retired
- Unemployed
- Other: \_\_\_\_\_

21. What language do you usually speak at home?

- English
- Spanish
- Other: \_\_\_\_\_

22. How many children under 18 live in your household? \_\_\_\_

23. How many times a week do your children engage in physical activity (sports, outdoor play, etc.)

- Every day (7 days a week)
- 5-6 days a week
- 3-4 days a week
- 1-2 days a week
- Less than 1 day a week

24. Where/how did you receive this survey? Check one.

- Church
- Community meeting
- Retail store/shopping mall
- Mail
- Newspaper
- Personal contact
- Social media (Facebook)
- Workplace
- Other: \_\_\_\_\_

Thank you for your responses. Please return completed surveys to the address below by February 28, 2022. If you would like more information about this community project, please contact us at 540-536-2504.

Mary Welch-Flores, Business Development Manager  
Valley Health System  
220 Campus Blvd, Suite 402  
Winchester, VA 22601

Tómese unos minutos para completar la encuesta a continuación. El propósito de la encuesta, es conocer sus opiniones sobre las necesidades de salud de la comunidad en el área de servicio de Valley Health System. Los resultados de la encuesta y otra información se utilizarán para identificar las inquietudes más inmediatas que se pueden abordar a través de la acción comunitaria. Si ya completó la encuesta de salud comunitaria de 2022, ignore esta solicitud.

Recuerde, su opinión es importante! Si tiene alguna pregunta, comuníquese con nosotros a la dirección que se proporciona al final de la encuesta. Gracias por compartir sus opiniones.

1. ¿Cuáles de los siguientes son los tres factores más importantes para una comunidad saludable?

(Los factores que mejoran la calidad de vida en una comunidad). Marque solo tres:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Un lugar seguro para criar niños                 | <input type="radio"/> Relaciones raciales saludables  | <input type="radio"/> Bajo nivel de maltrato infantil                    |
| <input type="radio"/> Trabajos y una economía estable                  | <input type="radio"/> Parques e instalaciones recreativas                                   | <input type="radio"/> Comportamientos y estilo de vida saludables        |
| <input type="radio"/> Ambiente limpio                                  | <input type="radio"/> Eventos de arte y culturales  | <input type="radio"/> Tasa de mortalidad baja en adultos/ y enfermedades |
| <input type="radio"/> Vivienda asequible                               | <input type="radio"/> Valores religiosos Valores y espirituales                             | <input type="radio"/> Baja tasa de mortalidad infantil                   |
| <input type="radio"/> Baja delincuencia / seguridad en los vecindarios | <input type="radio"/> Lazos familiares fuertes  | <input type="radio"/> Otros: _____                                       |
| <input type="radio"/> Excelentes escuelas                              | <input type="radio"/> Acceso a asistencia médica (por ejemplo, médico de familia, clínica.) |  |

2. ¿Cuáles de los siguientes son los tres problemas de salud más importantes en nuestra comunidad?

(Aquellos problemas que tienen el mayor impacto en la salud general de la comunidad.) Por favor marque solo tres:

- |   |  |  |
|---|--|--|
| <input type="radio"/> Acceso a alimentos saludables | <input type="radio"/> Enfermedades cardíacas                         | <input type="radio"/> Enfermedades respiratorias/Pulmones      |
| <input type="radio"/> Asma                          | <input type="radio"/> Presión alta                                   | <input type="radio"/> Enfermedades de transmisión sexual (ETS) |
| <input type="radio"/> Alzheimer o demencia          | <input type="radio"/> Falta de vivienda                              | <input type="radio"/> Derrame cerebral                         |
| <input type="radio"/> Vivienda asequible            | <input type="radio"/> Ingresos bajos/problemas financieros           | <input type="radio"/> Abuso de sustancias                      |
| <input type="radio"/> Exceso peso                   | <input type="radio"/> Salud mental (depresión, autismo, bipolaridad) | <input type="radio"/> Suicidio                                 |
| <input type="radio"/> Cáncer                        | <input type="radio"/> Accidentes automovilísticos                    | <input type="radio"/> Embarazos de Adolescentes                |
| <input type="radio"/> Obesidad infantil             | <input type="radio"/> No suficiente ejercicio                        | <input type="radio"/> Tabaco/fumar                             |
| <input type="radio"/> Salud Dental                  | <input type="radio"/> Calidad deficiente del aire                    | <input type="radio"/> Usa cigarrillos electrónicos o Juul      |
| <input type="radio"/> Diabetes                      | <input type="radio"/> Hábitos de alimentación poco saludables        | <input type="radio"/> Otros: _____                             |
| <input type="radio"/> Violencia Doméstica           |  |  |

3. ¿Cuáles de los siguientes son los tres comportamientos de riesgo más frecuentes en nuestra comunidad? (Aquellos conductas que tienen el mayor impacto en la salud general de la comunidad) Marque solo tres:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Abuso de alcohol       | <input type="radio"/> Falta de vacunas para prevenir enfermedades | <input type="radio"/> No usar control de la natalidad                                   |
| <input type="radio"/> Abandono de la escuela | <input type="radio"/> Racismo/otra forma de intolerancia          | <input type="radio"/> Sexo sin protección   |
| <input type="radio"/> Drogadicción           | <input type="radio"/> Uso de Tabaco/Fumar                         | <input type="radio"/> No usar el cinturón de seguridad/asientos de seguridad para niños |
| <input type="radio"/> Falta de ejercicio     | <input type="radio"/> Usar cigarrillos electrónicos o Juul        | <input type="radio"/> Otros: _____  |

4. ¿Cómo calificaría a nuestra comunidad, como una comunidad saludable?

- Excelente     Muy buena     Buena     Razonable     Mala

5. ¿Cómo calificaría su propia salud personal?

- Excelente     Muy buena     Buena     Razonable     Mala

6. ¿Cuándo usted visita a un médico o enfermera?

- Rutinariamente para exámenes anuales, chequeos y / o cuidados preventivos
- Cuando alguien de mi familia o Yo, está enfermo, herido, o no se siente bien.
- Visitas regulares dirigidas por un profesional médico para el cuidado de enfermedades crónicas (diabetes, presión arterial alta, asma, etc.)
- Raramente
- Nunca

7. ¿Dónde o con quién recibe atención médica de rutina usted y su familia? Por favor seleccione todas las respuestas válidas.

- |  |   |
|--|---|
| <input type="radio"/> Oficina de un doctor                                 | <input type="radio"/> Proveedor de medicina alternativa.      |
| <input type="radio"/> Centro de atención de urgencias o clínica sin citas. | <input type="radio"/> Sala de Emergencia del Hospital         |
| <input type="radio"/> Clínica o centro de salud gratuito o de bajo costo.  | <input type="radio"/> No se recibe atención médica de rutina. |
| <input type="radio"/> Departamento de salud local                          | <input type="radio"/> Otros: _____                            |

8. ¿Usted y todos los miembros de su familia, pueden obtener la atención necesaria?

	Siempre	Aveces	Raramente	Nunca	N/D
Cuidado médico básico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado médico especial(cardiólogo, neurólogo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicina y suplementos médicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de rutina (mamografías, pruebas de laboratorio, exámenes adecuados para la edad y el género)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Si no respondió "Siempre" a alguna de la pregunta 8, ¿por qué? Por favor marque todos los que apliquen.	No seguro	No puede obtener una cita	Muy caro o lo puedo pagar	Inconvenientes	Horas	Falta de Transporte	Falta de confianza en los médicos.	Falta de Lenguaje	Barrera de Lenguaje	Otros	N/D
Atención médica básica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado de la salud mental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Especialidad médica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicina y suministros médicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cuidado prenatal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exámenes de rutina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Si usted respondió otros, especifique: \_\_\_\_\_

10. ¿Cómo paga por su atención médica? Por favor marque todos los que apliquen.
- Efectivo (sin seguro médico)
  - Seguro Médico privado (por ejemplo: Anthem Blue Cross, HMO)
  - Medicare
  - Medicaid
  - Administración de Veteranos
  - Cuidado caritativo
  - Otros: \_\_\_\_\_
11. Cuántos días a la semana hace ...
- |  | 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Hacer ejercicio por 30 minutos o más             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comer cinco o más porciones de frutas y verduras | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Comer pan integrales, cereales o fideos          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Beber dos o más bebidas alcohólicas              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fuma uno o más cigarrillos                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Usa cigarrillos electrónicos o juul              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Preguntas demográficas generales: Sus respuestas se mantendrán confidenciales y no se compartirán.**

12. Ciudad/pueblo \_\_\_\_\_ Código postal: \_\_\_\_\_
13. Edad:
- 15-24       55-64
  - 25-34       65-74
  - 35-44       75+
  - 45-54
14. Sexo:  Femenino  Masculino
15. Grupo étnico con el que se identifica más:
- Blanco
  - Negro o africano Americano
  - Hispano o Latino
  - Asiático
  - De dos o más razas
  - Otro \_\_\_\_\_
16. Estado civil:
- Casado       Soltero/no casado
  - Co-habido       Divorciado
  - Viudo
17. Educación:
- No complete la secundaria
  - Nivel que terminó: \_\_\_\_\_
  - Diploma de Bachillerato o GED
  - Some college
  - College degree or higher
  - Otro: \_\_\_\_\_
18. ¿Cuál es su fuente principal de información médica? Marque todo lo que corresponda:
- Proveedor de atención primaria
  - Televisión
  - Sitios web de noticias
  - Sitios web de atención médica
  - Periódico
  - Facebook/Instagram
  - Otro: \_\_\_\_\_
19. Ingreso Familiar
- Menos de \$15,000
  - \$15,000 - \$24,999
  - \$25,000 - \$34,999
  - \$35,000 - \$49,999
  - \$50,000 - \$74,999
  - \$75,000 - \$99,999
  - Más de \$100,000
20. Estatus de Empleo:
- Tiempo completo
  - Media jornada(Un trabajo)
  - Media jornada (más de un trabajo)
  - Jubilado
  - Estudiante
  - Desempleado
  - Otro: \_\_\_\_\_
21. ¿Qué idioma habla en casa?
- Inglés
  - Español
  - Otro: \_\_\_\_\_
22. ¿Cuántos niños menores de 18 años viven en su vivienda? \_\_\_\_\_
23. ¿Cuántas veces por semana sus niños participan en actividades físicas (deportes, juegos a aire libre, etc.)?
- Todos los días (7 días a la semana)
  - 5-6 días a la semana
  - 3-4 días a la semana
  - 1-2 días a la semana
  - Menos de 1 día a la semana
24. ¿Dónde o cómo recibió esta encuesta?
- Iglesia
  - Junta Comunitaria
  - Tienda de comestibles o centro comercial
  - Correo
  - Periódico
  - Contacto Personal
  - Medios de comunicación social (Facebook)
  - Trabajo
  - Otro: \_\_\_\_\_

Gracias por sus respuestas. Por favor, devuelva las encuestas completadas a la dirección a continuación antes del 28 de Febrero 2022. Si desea obtener más información sobre este proyecto comunitario, comuníquese con nosotros a 540-536-2504.

Mary Welch-Flores, Gerente de Desarrollo de Negocios  
 Valley Health System  
 220 Campus Boulevard, Suite 402, Winchester, VA 22601

## 43. Target Population Interview Questions

# Valley Health System Community Health Needs Assessment (CHNA) Interview Questions

Interviewee Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Date and Location Held: \_\_\_\_\_

Is Interviewee a Public Health Expert (Y/N)?: \_\_\_\_\_

Interviewer will begin the interview with:

- brief background on Valley Health’s CHNA process and how results will be used;
- individual responses will be aggregated and will be kept confidential;
- how interviewees will be identified in the report; and
- the interview is strictly voluntary, and by agreeing to proceed interviewee is indicating consent.

### Questions:

1. **Organizational Mission/Issues, Area and Population (if relevant).** If Interviewee is employed/affiliated with an organization: what is your organization’s mission/what are its services; geographical area (town or county) or population group (uninsured, racial/ethnic minority, congregation) served? If yes, please elaborate.
2. In your opinion, what are the **biggest issues or concerns** facing the people served by your organization (or populations about which you have particular knowledge)? The biggest issues or concerns in your community?  
(If necessary: What are the **biggest health-related issues or concerns**?)
3. Over the past couple years, have these issues been **improving, staying the same or getting worse**? Why? How do you know? Please provide an example.
4. **Where** and for what **population groups** in the community are each of these issues most pronounced? (City/Town, County, road corridor, hospital service area, ...)



5. Please discuss the kinds of issues that people served by your organization (or population groups about which you have particular knowledge) encounter when attempting to **access health or social services** for themselves and/or their families.
  - **Where** (in what locations/areas) are these problems most pronounced?
  - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
6. Do residents leave the local community to **access** certain services? If so, which residents and for what? What services are not readily accessible locally? Why do residents need to travel for care? Where do they go for care?
7. Please discuss the principal **factors that are contributing to (driving) poor health status** among people served by your organization (or population groups about which you have particular knowledge).
  - **Where** (in what locations/areas) are these problems most pronounced?
  - For **what population groups** are these problems most pronounced (low-income, minorities, uninsured, and people with chronic disease)?
8. What organizations (including coalitions and informal groups) are working to address these health care access and health status problems? What community assets could play a role in addressing these needs?
9. What specific initiative(s) would you recommend be implemented to address the most pressing access or health status problems in the community (or for population groups about which you have particular knowledge)?

## 44. Low-Income Population Interview Questions



### 2022 Community Health Low-Income Interview

The purpose of the interview is to get your opinions about the need within your community. The interview results and other information will be used to identify the most pressing concerns that can be addressed through community action. Remember, your opinion is important! Thank you for sharing your opinions.

What do you believe are the three most important factors for a healthy community?

- |  |   |  |
|--|---|--|
| <input type="radio"/> Safe place to raise children | <input type="radio"/> Healthy race relations                      | <input type="radio"/> Healthy behaviors and lifestyles |
| <input type="radio"/> Jobs and stable economy      | <input type="radio"/> Parks/recreation facilities                 | <input type="radio"/> Low adult death/disease rates    |
| <input type="radio"/> Clean environment            | <input type="radio"/> Arts and cultural events                    | <input type="radio"/> Low infant death rate            |
| <input type="radio"/> Affordable housing           | <input type="radio"/> Strong family life                          | <input type="radio"/> Other:                           |
| <input type="radio"/> Low crime/safe neighborhoods | <input type="radio"/> Access to health care (e.g., family doctor) |  |
| <input type="radio"/> Excellent schools            | <input type="radio"/> Low level of child abuse                    |  |

What are the biggest health issues for you and your family?

What presents the biggest risk to you and your family's health?

What are some things that you think could be changed within your community to make it healthier?

Does your household income fall above or below 50k?

Zip Code:

If you would like more information about this community project, please contact us at 540-536-2504.

**Mary Welch-Flores, Business Development Manager**

Valley Health System

220 Campus Blvd, Suite 402

Winchester, VA 22601

## Appendix B – Actions Taken Since The Previous CHNA (2019)

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This appendix discusses community health improvement actions taken by Valley Health since its last CHNA hospital reports were published in 2019, and based on the subsequently developed Implementation Strategies. The information is included in the 2019 CHNA reports to response to final IRC 501® regulations, published by IRS in December 2014.

### Priority Strategic Initiatives

#### **Prioritized Health Need #1: Behavioral and Health Status Factors**

##### *Physical Activity, Obesity and Chronic Disease*

The hospital intends to address physical activity, obesity and chronic disease by taking the following actions:

- Implement an education initiative to expand and improve the utilization and capacity of the Diabetes Management Program [DMP]. The DMP is a fully compliant, robust diabetes management program, which has been recognized by the American Diabetes Association since 1993. The DMP provides quality education, support and resources through both individual and group sessions
- Explore possible partnerships with local parks and recreation departments and schools for youth programs around school menus, healthy, positive choices, and exercise with a focus on elementary through high school students. These are natural partnerships as parks departments and schools focus on making living spaces more desirable, improving health and fitness levels, improving quality of life, and providing safe, healthy options for youth. Bringing programs to these locations minimizes potential barriers to participation and can bring the expertise of health professionals to the locations where youth already gather.
- Launch and expand palliative care community based programs to include partnerships with faith-based communities and parish nursing programs. Palliative care is specialized care for people living with a serious illness. The focus is on relief from symptoms and stress of a serious illness. The goal of palliative care is to improve quality of life for both the patient and the family.
- Explore opportunities to further our efforts in chronic disease management to include community gardens, healthy lifestyles, and health education in faith settings and with community groups where there are existing gatherings. Faith organizations have a long history of independently and collaboratively hosting health promotion programs in areas such as health education, screening for and management of high blood pressure and diabetes, weight loss, smoking cessation, and cancer prevention and awareness. By increasing collaboration between health professionals and faith groups, it may be possible to impact a broader community. Since faith organizations and churches are familiar community-based institutions, they frequently succeed when outside health professionals alone cannot.
- Launch a business “challenge” to other corporate organizations as a catalyst to get large groups of people moving, exercising and eating healthy. A business or workplace challenge is an activity that will engage people, helping them to become happier, healthier and more energetic at work. The purpose of challenge is to encourage healthier lifestyle behaviors in a supportive, positive climate of fun and camaraderie that will help people adopt or maintain a healthy way of living. The net result can be friendly competition among area employers and an engaged and productive workforce.



## **Prioritized Health Need #2: Access to Primary, Preventive and Specialty Care**

### *Primary, Specialty, Dental Care and Home Health*

The hospital intends to address access to primary, specialty and dental health care by taking the following actions:

- Expand the presence and awareness of the local Federally Qualified Health Center [FQHC]. FQHCs are community-based health care providers that receive funds from the Health Resources and Services Administration Health Center Program to provide primary care services in underserved areas. They provide comprehensive primary and preventive care, including mental health and substance abuse services to persons of all ages, regardless of their ability to pay or insurance coverage status. The FQHCs must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.
- Identify and study barriers to access – particularly around transportation networks. Transportation is one of the social and economic factors that influence people’s health and the health of a community. Because transportation touches many aspects of a person’s life, adequate and reliable transportation can affect a person’s access to health care services and may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes.
- Expand presence of community health workers to meet broader needs in high-risk areas. The roles and activities of community health workers (CHWs) are tailored to meet the unique needs of the communities they serve. CHWs create connections between vulnerable populations and healthcare systems and facilitate system navigation. They also provide culturally appropriate health education on topics related to chronic disease prevention, physical activity and nutrition. CHWs promote access to services, support care delivery, and promote advocacy.
- Partner with community agencies for education surrounding resources not known to everyone. Stakeholders from across our region continue to search for better ways to communicate more efficiently and effectively, share information in a secure way and ultimately find a better way to work together to make service delivery more efficient and known to our clients and communities. To that end, Valley Health will invest in and partner in the development of a coordinated referral network for a cutting-edge technology infrastructure that will connect those most in need with available community resources.
- Host a dental day and provide dental support in schools. Many Americans do not visit a dentist, even though many suffer from some form of gum disease and tooth decay. Often adults show up in emergency rooms with dental pain for many conditions that could have been prevented. By making preventive care and basic treatment accessible in our community, consequences can be profound for children and adults.
- Expand the availability of specialty clinics and services through physician recruitment for targeted specialties and advanced practice clinicians.
- Explore collaboration among regional entities on how to best use telehealth – for both collaboration between primary care physicians and specialists as well as services between patients and their physicians. Telehealth can assist healthcare systems and providers by expanding access to and improve the quality of rural healthcare. Using telehealth to deliver and assist with the delivery of healthcare services can reduce or minimize challenges and burdens patients encounter such as traveling for specialty care. Telehealth can also improve monitoring,

timeliness, and communications within the healthcare system. Telehealth uses technology to assist with clinical healthcare services provided at a distance, which can also include providing education and peer meetings.

- Launch a marketing initiative, including the creation of a website that will contain personal testimonials from individuals with various chronic conditions. The website will connect people with healthcare solutions and provide expert information from Valley Health physicians and advanced practice clinicians. Through social media, patients can join virtual communities, participate in research, receive support, set goals, and track personal progress. Physicians can also use social media to promote patient healthcare education through tweets, blog posts, recorded videos, and in disease-specific discussion forums. Social media can be beneficial for patients with chronic diseases or for patients who have personal health-related goals, such as weight management. Patients can also use social media to connect with others affected by similar conditions. These groups actively engage in peer-to-peer support. When used wisely and prudently, social media sites and platforms offer the potential to promote individual and public health.

### **Prioritized Health Need #3: Mental Health and Substance Abuse**

#### *Smoking, Alcohol, and Drug Abuse and Mental Health Services*

The hospital intends to address mental and behavioral health by taking the following actions:

- Explore more robust telehealth consultation services for mental health and substance abuse. Telehealth is emerging as an important element of the healthcare access solution. Telehealth holds the promise to impact some of the most challenging problems of our current healthcare system: access to care, cost effective delivery, and distribution of limited providers. Telehealth can change the current paradigm of care and allow for improved access and health outcomes in a cost efficient manner. Remote patients can more easily obtain clinical services and patients diagnosed and treated earlier in their illness often have improved outcomes and less costly treatments. Home monitoring programs can reduce high cost hospital visits and empower patients to play an active role in their health care.
- Launch anti-vaping initiative in partnership with area schools, at broad reaching community events, and in the medical community. Because adolescence is a critical period of growth and development, exposure to nicotine may have lasting, adverse consequences on brain development with the symptoms of serious nicotine addiction occurring sometimes only weeks or even just days after youth begin experimenting with tobacco. Today, e-cigarettes are the most popular tobacco product among youth and the FDA believes youth use of e-cigarettes is reaching epidemic proportions. In response to these alarming statistics, Winchester Medical Center will launch a youth anti-vaping initiative to share facts about tobacco products with young people. The goal of the initiative is to prevent under-age use of nicotine related products through education, awareness and peer education.
- Evaluate possibility of acute treatment facility for adolescents with community partners. An acute treatment facility would address the needs of adolescents who may be struggling with mental health issues, problematic behaviors, or substance use with an underlying mental health diagnosis or trauma. A comprehensive, evidenced-based treatment program within a secure environment would encourage residents' growth by teaching problem solving and relationship building skills. A multi-disciplinary team would help residents learn alternative methods for coping with increasing internally modulated behaviors which are functional and adaptive.

- Increase awareness and possible advocacy regarding taxes on cigarettes and sugary drinks. Winchester Medical Center would
- Take a proactive, principled, leadership role in pursuing what is best for patient health and high-value health care. We will look to support and promote innovative initiatives that reduce the consumption of tobacco products and sugary drinks. Increasing tobacco taxes is an effective way to reduce tobacco use, not only for low-income individuals, but also for youth. The relationship between smoking rates and cigarette taxes follows the property of elasticity; the greater the amount of the tax increase, the fewer cigarettes that are bought and consumed. This is especially prevalent among teenagers; this rate is also true among minorities and low-income population smokers. A sugary drink tax or soda tax is a tax or surcharge designed to reduce consumption of drinks with added sugar. Drinks covered under a soda tax often include carbonated soft drinks, sports drinks and energy drinks—some of the largest contributors of sugar in the American diet. The tax is aimed to discourage unhealthy diets and offset the growing economic costs of obesity and diabetes.
- Launch Healthy 100 Campaign. The Healthy 100 Campaign would be focused around the question, “What do you want to feel like when you are 100 years old?” The campaign will have a prevention-based focus on healthy lifestyles, good nutrition, and the importance of exercise. It will include the use of Valley Health’s media outlets, including Facebook posts and online videos with Valley Health clinicians. Free community wellness festivals, promoting the campaign, will be held in each of the Valley Health communities.
- Support Concern Hotline texting and telephonic crisis assistance. Concern Hotline is a free 24/7/365 anonymous information and referral, crisis intervention, and suicide prevention hotline serving the northern Shenandoah Valley of Virginia.
- Explore possibility of a detox and crisis stabilization unit. Using an interdisciplinary treatment team, a crisis stabilization unit can provide treatment to individuals in crisis that may include psychiatric evaluation and medication management, nursing, case management, peer recovery, and clinical services. The goal of a crisis stabilization unit is to assist individuals in mental health crisis to avoid hospitalization through an intense treatment program and to continue forward in their journey of recovery. Short-term recovery based services using evidence-based treatment modalities and integrated resources are provided. Individuals would be assisted with withdrawal from all substances, including nicotine, as part of mental health treatment delivery including relapse prevention.
- Enhance Screening, Brief Intervention, and Referral to Treatment [SBIRT] to include adolescents. SBIRT is a local, confidential, evidence based approach to connect at risk patients with community resources. The SBIRT team screens patients for substance use disorders, provides a brief intervention and referral to services as necessary, and provides follow-up with the patient. It is a model for intervening at all stages of substance use disorders from identifying the needs of the patient to connecting them to treatment.
- Focus on an initiative for care of caregivers particularly around mental health and chronic disease management workers. It is critical to understand and address systemic and individual factors that lead to burnout and its consequences among clinicians and caregivers. If not addressed, consequences can cascade for the overall healthcare system [staff turnover, emotional exhaustion, a decrease in job satisfaction] and can result in negative outcomes for the patient. Focusing on the

well-being and resilience of caregivers will have a compounding effect, not only because of improved productivity and quality of care, but also because of the diffusion of coping strategies from caregiver to patient



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