2016 Community Health Needs Assessment Report

Staunton, Waynesboro & Augusta County, Virginia

Prepared for:

Augusta Health

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Professional Research Consultants, Inc.

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Augusta Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Augusta Health by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

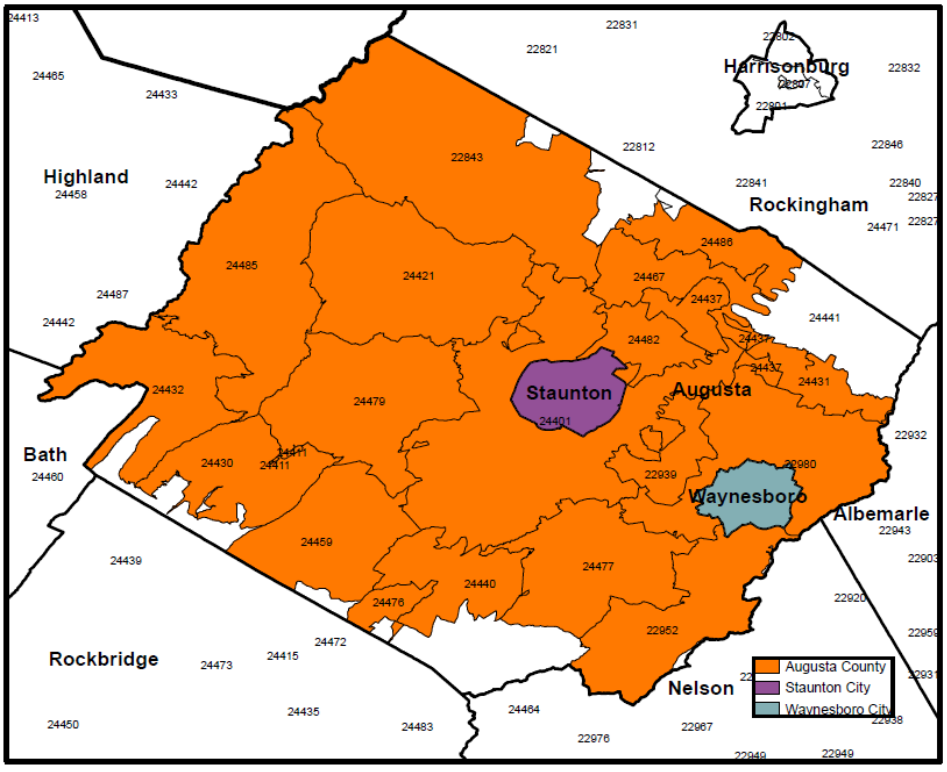
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Augusta Health and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Area" in this report) is defined as each of the residential ZIP Codes comprising Staunton City, Waynesboro City, and Augusta County in Virginia. This community definition, illustrated in the following map, was determined based on the ZIP Codes of residence of Augusta Health patients (approximately 80% of admissions originate from these areas).



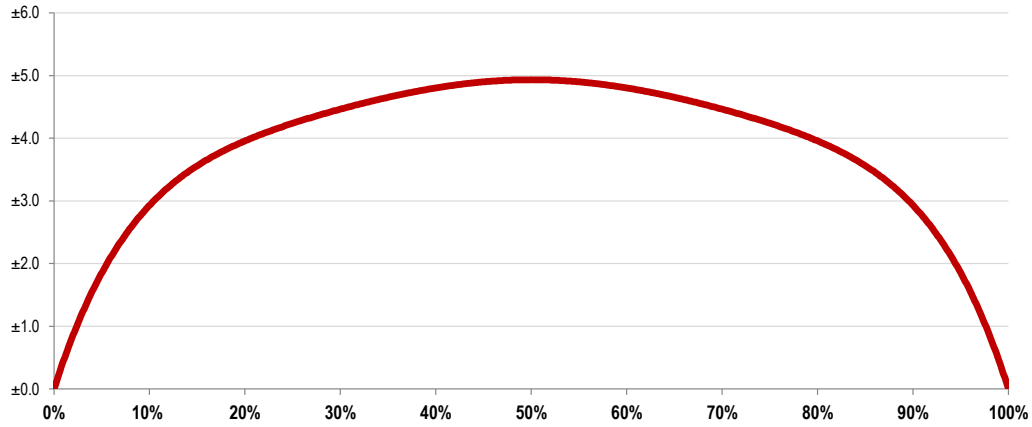
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Total Area, including 100 in Staunton City, 100 in Waynesboro City, and 200 in Augusta County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

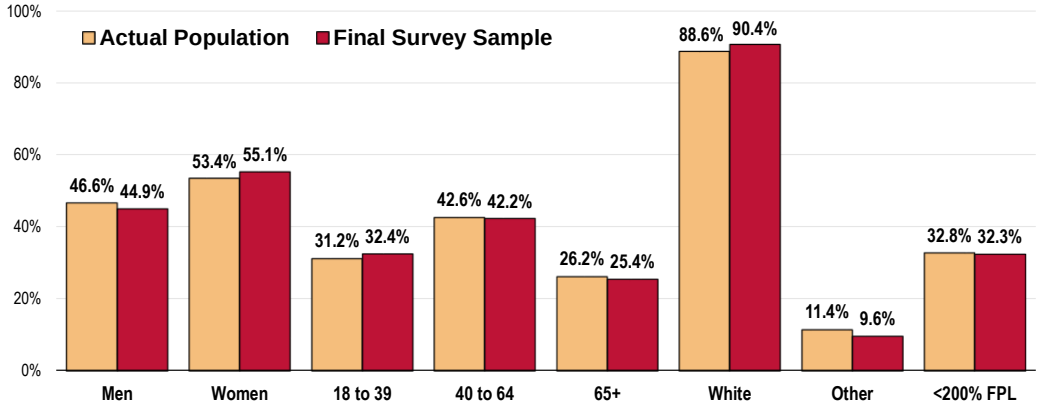
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed

(poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(Total Area, 2016)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2015 guidelines place the poverty threshold for a family of four at $24,250 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Augusta Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 206 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation

Key Informant Type	Number Invited	Number Participating
Business Leader	30	14
Community Leader	33	27
Educator	22	17
Government Representative	29	17
Media Health Representative	10	5
Other Health Provider	58	46
Physician	51	24
Public Health Representative	14	10
Social Services Provider	53	46

Final participation included representatives of the organizations outlined below.

- Adult Services/Adult Protective Services
- Augusta Behavioral Health
- Augusta Care Partners
- Augusta County
- Augusta County Government
- Augusta County Health Department
- Augusta County Parks and Recreation Department
- Augusta County Public School District

- Augusta County Sheriff's Office
- Augusta Free Press
- Augusta Health
- Augusta Health Augusta Medical Group
- Augusta Health Cancer Program
- Augusta Health Community Committee Member
- Augusta Health Home Health
- Augusta Health Medical Center
- Augusta Health Prescription Services
- Augusta Regional Clinic
- Blue Ridge Community College
- Blue Ridge Court Services
- Blue Ridge Legal Services
- Blue Ridge Oral and Maxillofacial Surgery
- Boys and Girls Club of Waynesboro, Staunton and Augusta
- Cancer Patient and Family Advisory Council
- Carilion Clinic - Waynesboro
- CASA for Children
- Central Shenandoah Valley Office on Youth
- Chaplain Volunteers
- City of Staunton
- City of Waynesboro
- City of Waynesboro Economic Development
- Community Action Partnership of SAW
- Community Foundation of the Central Blue Ridge
- Covenant Presbyterian Church
- Daikin Applied
- Daily Living Center Adult Day Health Care
- Ebenezer Baptist Church
- EyeOne
- Fishersville and St. Paul's United Methodist Churches
- Franklin, Denney, Ward and Dryer PLC
- Girl Scouts of Virginia Skyline Council
- Mary Baldwin College
- MDGI Medical Director
- Medcor
- Mental Health America of Augusta
- Middle River Regional Jail
- Mount Carmel Presbyterian Church
- Murphy Deming College of Health Sciences
- News Virginian
- NIBCO
- Orthopedic Associates, Ltd
- Project GROWS
- Shenandoah Valley Social Services
- St. John the Evangelist Catholic Church
- State Economic Development
- Staunton City Schools
- Staunton Parks and Recreation
- Staunton Senior Center
- Staunton-Augusta Health Department
- Telecom Company
- Temple House of Israel
- The News Leader
- United Way of Greater Augusta
- Valley Hope Counseling Center
- Valley Mission, Inc.
- Valley Program for Aging Services

- Virginia School for the Deaf and the Blind
- Virginia Department of Health
- Virginia Department of Veterans Services
- Virginia Organizing
- Volunteers
- Waynesboro City Public Schools
- Waynesboro Mennonite Church
- Waynesboro Police Department
- Waynesboro Women's Health
- Waynesboro YMCA
- Waynesboro/Augusta Health Department
- Western State Hospital
- Wilson Workforce and Rehabilitation Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

> *African-American, Asian, Chinese, deaf/blind patients, disabled, Eastern European, English language learners, Filipino, first generation students, grandparents raising grandchildren, Hispanic, Kurdish, Middle Eastern, multi-racial, Muslim, non-birth parent legal guardians, non-English speaking, recently incarcerated, Russian, single parents, teen parents, uneducated, Vietnamese*

Medically underserved populations represented:

> *Addicts, children, children with disabilities, CMMS, diabetics, disabled, dual eligible, elderly, family caregivers, high-deductible insurance, HIV/AIDS patients, homeless, hypertension, individuals with intellectual/developmental disabilities, immigrants, those lack of transportation, LGBT, low income, Medicare/Medicaid, mentally ill, no medical home, non-English speaking, obese, osteoporosis, substance abusers, TANF recipients, teen parents, teens/young adults, undocumented, unemployed, uninsured/underinsured, veterans, young adults, Parents with young children*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Virginia Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2015)	
Part V Section B Line 3a *A definition of the community served by the hospital facility*	9
Part V Section B Line 3b *Demographics of the community*	45
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	248
Part V Section B Line 3d *How data was obtained*	9
Part V Section B Line 3e *The significant health needs of the community*	18
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	19
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	12
Part V Section B Line 3i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	16

Summary of Findings

Significant Health Needs of the Community

The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Lack of Transportation • Primary Care Physician Ratio
Cancer	• Cancer Deaths ○ Including Lung, Female Breast, and Colorectal Cancer Deaths • Lung and Prostate Cancer Incidence • Cervical Cancer Screening
Chronic Kidney Disease	• Kidney Disease Deaths • Kidney Disease Prevalence
Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes	• *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Heart Disease & Stroke	• High Blood Pressure Prevalence • High Blood Cholesterol Management
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths • Firearm Prevalence ○ Including in Homes With Children
Mental Health	• Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Overweight & Obesity [Children] • Meeting Physical Activity Guidelines • *Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.*
Oral Health	• Dental Insurance Coverage
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths

—continued on next page—

Areas of Opportunity Identified Through This Assessment (continued)	
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Environmental Tobacco Smoke Exposure at Home ○ Including Among Nonsmokers • Use of Cigars

In addition to the regional areas of opportunity presented above, several measures emerged as issues more uniquely associated with one of the independent cities or with the county. These are outlined below.

Additional Areas of Opportunity for the City of Waynesboro

Access to Healthcare Services

- Cost of Doctor Visits
- Stretching Prescriptions

Cancer

- Female Breast Cancer Incidence
- Colorectal Cancer Incidence
- Cancer Prevalence (Skin & Other)

Heart Disease & Stroke

- Heart Disease Deaths
- Heart Disease Prevalence
- Blood Pressure Screening
- Overall Cardiovascular Risk

Infant Health & Family Planning

- Teen Births
- Infant Mortality

Nutrition, Physical Activity & Weight

- Adult Obesity Prevalence
- Low Food Access

Potentially Disabling Conditions

- Activity Limitations
- Hearing Loss
- Falls

Respiratory Disease

- COPD Prevalence
- Asthma Prevalence

Tobacco Use

- Cigarette Smoking

Additional Areas of Opportunity for the City of Staunton

Cancer

- Colorectal Cancer Incidence

Diabetes

- Diabetes Deaths

Heart Disease & Stroke

- Heart Disease Deaths
- Stroke Deaths

Potentially Disabling Conditions

- Prevalence of Arthritis

Substance Abuse

- Personal Impact of Substance Abuse

Additional Areas of Opportunity for Augusta County

Nutrition, Physical Activity & Weight

- Low Food Access
- Overweights Trying to Lose
- Access to Fitness/Recreation

Prioritization of Health Needs

On June 16, 2016, Augusta Health convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?

- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

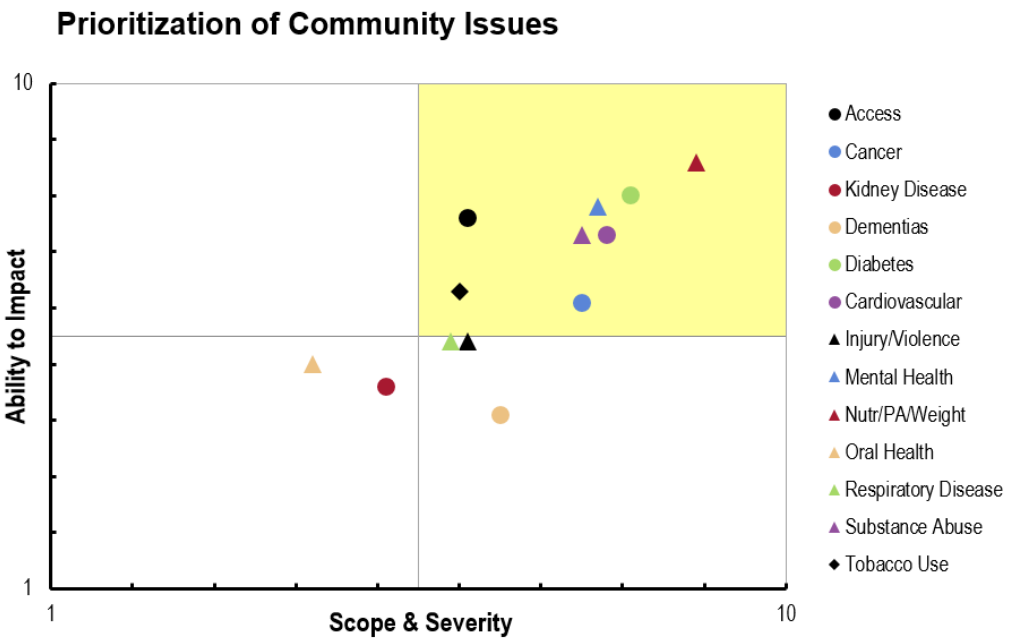
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Nutrition, Physical Activity & Weight**
2. **Diabetes**
3. **Mental Health**
4. **Heart Disease & Stroke**
5. **Substance Abuse**
6. **Access to Healthcare Services**
7. **Cancer**
8. **Tobacco**
9. **Injury & Violence**
10. **Respiratory Diseases**
11. **Dementia, Including Alzheimer's Disease**
12. **Chronic Kidney Disease**
13. **Oral Health**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Augusta Health's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the county and independent cities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

In the following charts, Total Area results are shown in the larger, blue column.

The green columns [to the left of the Total Area column] provide comparisons among the county and independent cities, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Total Area column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Total Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	0.3	0.0	0.4	0.3	2.9	4.7	
Population in Poverty (Percent)	18.2	20.8	9.3	13.2	11.5	15.6	
Population Below 200% FPL (Percent)	38.3	40.4	28.7	32.8	27.0	34.5	
Children Below 200% FPL (Percent)	52.4	55.4	38.6	44.6	34.0	44.2	
No High School Diploma (Age 25+, Percent)	14.8	15.4	14.3	14.6	12.1	13.7	
Unemployment Rate (Age 16+, Percent)	4.6	4.8	4.3	4.5	4.5	5.4	
% Lived w/Friend/Relative Due to Housing Emergency	8.7	4.4	3.9	5.0			
% Homeless in the Past 2 Years	0.0	0.0	0.0	0.0			
% Worry/Stress Over Rent/Mortgage in Past Year	20.9	32.4	27.1	26.7		31.6	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Overall Health	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	13.1	34.4	16.5	18.9	16.9	18.3	
% Activity Limitations	27.2	35.3	22.4	25.6	18.6	20.0	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Access to Health Services	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance				11.2	15.8	10.1	0.0
% [Insured 18-64] Have Coverage Through ACA				11.4		10.8	
% Difficulty Accessing Healthcare in Past Year (Composite)	30.7	34.9	39.4	36.9		35.0	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.3	3.4	10.9	9.9		14.4	
% Cost Prevented Getting Prescription in Past Year	11.2	11.0	5.5	7.6		9.5	
% Cost Prevented Physician Visit in Past Year	4.6	24.2	4.8	8.1		11.5	

Access to Health Services (continued)	Each Sub-Area vs. Others			Total Area	Total Area vs. Benchmarks		
	Staunton City	Waynesboro City	Augusta County		vs. VA	vs. US	vs. HP2020
% Difficulty Getting Appointment in Past Year	8.8	14.0	16.4	14.4		15.4	
% Difficulty Finding Physician in Past Year	2.6	3.6	3.6	3.4		8.7	
% Transportation Hindered Dr Visit in Past Year	3.5	4.1	13.0	9.6		5.0	
% Language/Culture Prevented Care in Past Year	0.0	0.5	0.1	0.1		1.7	
% Skipped Prescription Doses to Save Costs	8.2	25.9	8.5	11.4		10.2	
% Difficulty Getting Child's Healthcare in Past Year				2.3		3.9	
% Have Completed Advance Directive Documents	50.0	51.3	40.1	44.0		33.7	
% Low Health Literacy	26.9	29.7	11.6	17.8		23.3	
Primary Care Doctors per 100,000	62.7	90.0	39.4	53.1	74.4	74.5	
% [Age 18+] Have a Specific Source of Ongoing Care	83.1	70.4	77.9	77.7		74.0	95.0
% [Age 18-64] Have a Specific Source of Ongoing Care				74.9		73.1	89.4

Access to Health Services (continued)	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% [Age 65+] Have a Specific Source of Ongoing Care	91.3	86.4	83.7	85.7		76.8	100.0
% Have Had Routine Checkup in Past Year	77.1	77.6	80.8	79.5	73.4	70.5	
% Child Has Had Checkup in Past Year				87.2		89.3	
% Two or More ER Visits in Past Year	4.2	4.7	4.3	4.3		8.5	
% Rate Local Healthcare "Fair/Poor"	5.9	6.3	7.7	7.1		14.2	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Arthritis, Osteoporosis & Chronic Back Conditions	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	43.7	25.5	29.2	31.1		32.0	
% [50+] Osteoporosis	12.5	7.8	6.6	8.0		8.7	5.3
% Sciatica/Chronic Back Pain	24.6	26.7	16.1	19.6		19.4	
% Caregiver to a Friend/Family Member	21.0	28.5	17.4	20.0		20.9	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Cancer	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	180.2	198.1	168.7	175.7	162.8	163.6	161.4
Lung Cancer (Age-Adjusted Death Rate)				49.2	43.8	43.4	45.5
Prostate Cancer (Age-Adjusted Death Rate)				16.1	19.8	19.2	21.8
Female Breast Cancer (Age-Adjusted Death Rate)				23.6	21.7	20.9	20.7

Cancer (continued)	Each Sub-Area vs. Others			Total Area	Total Area vs. Benchmarks		
	Staunton City	Waynesboro City	Augusta County		vs. VA	vs. US	vs. HP2020
Colorectal Cancer (Age-Adjusted Death Rate)				15.4	14.1	14.6	14.5
Prostate Cancer Incidence per 100,000	171.5	195.0	124.8	145.1	126.3	131.7	
Female Breast Cancer Incidence per 100,000	137.4	157.5	111.7	125.1	124.6	123.0	
Lung Cancer Incidence per 100,000	89.3	83.5	58.8	69.6	63.6	63.7	
Colorectal Cancer Incidence per 100,000	55.8	50.1	35.4	42.6	38.3	41.9	
% Skin Cancer	5.7	25.9	6.8	9.9	5.5	7.7	
% Cancer (Other Than Skin)	12.7	17.4	4.4	8.3	6.3	7.7	
% [Women 50-74] Mammogram in Past 2 Years				75.0	80.0	80.3	81.1
% [Women 21-65] Pap Smear in Past 3 Years				67.6	85.2	84.8	93.0
% [Age 50+] Sigmoid/Colonoscopy Ever	82.4	72.8	78.1	77.6	72.0	75.6	
% [Age 50+] Blood Stool Test in Past 2 Years	26.1	38.8	22.6	27.5	12.2	31.8	

Cancer (continued)	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [Age 50-75] Colorectal Cancer Screening	80.3	82.3	74.5	77.2	69.1	74.5	70.5
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Chronic Kidney Disease	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	23.6		15.1	17.9	18.0	13.2	
% Kidney Disease	4.5	12.7	6.3	7.0	2.5	3.6	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	34.4	25.5	26.5	28.4	20.6	24.2	
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	15.3	17.1	7.6	11.2		12.8	
% Family Member Has Been Diagnosed w/Alzheimer's/Dementia	21.1	34.2	28.7	28.2			

Diabetes	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	23.8		16.9	18.1	18.5	21.1	20.5
% Diabetes/High Blood Sugar	12.1	21.5	12.4	13.9	9.7	14.5	
% Borderline/Pre-Diabetes	4.5	6.3	5.9	5.7		5.7	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	60.4	53.9	55.8	56.4		55.1	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Family Planning	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19)	35.6	58.3	30.6	36.2	29.5	36.6	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Hearing & Other Sensory or Communication Disorders	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% Deafness/Trouble Hearing	6.6	24.1	10.0	11.7		8.6	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Heart Disease & Stroke	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	191.9	209.5	150.7	168.4	157.3	169.1	156.9
Stroke (Age-Adjusted Death Rate)	45.5	30.8	33.6	35.7	38.8	36.5	34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.3	17.4	3.2	6.7		6.9	
% Stroke	2.6	6.0	2.3	3.0	2.8	2.6	
% Blood Pressure Checked in Past 2 Years	99.0	86.7	95.4	94.6		93.6	92.6
% Told Have High Blood Pressure (Ever)	46.5	47.6	40.1	42.7	32.5	36.5	26.9
% [HBP] Taking Action to Control High Blood Pressure				97.3		92.5	

Heart Disease & Stroke (continued)	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% Cholesterol Checked in Past 5 Years	92.0	85.9	92.8	91.4	80.2	87.4	82.1
% Told Have High Cholesterol (Ever)	33.7	35.7	36.8	36.0		33.5	13.5
% [HBC] Taking Action to Control High Blood Cholesterol				74.9		84.2	
% 1+ Cardiovascular Risk Factor	88.2	92.3	81.7	84.8		83.0	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

HIV	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
HIV Prevalence per 100,000	260.8	162.2	100.7	143.1	309.5	340.4	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Immunization & Infectious Diseases	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	48.8	71.6	58.5	60.2	62.5	58.9	70.0
% [High-Risk 18-64] Flu Vaccine in Past Year				46.6		48.0	70.0
% [Age 65+] Pneumonia Vaccine Ever	82.6	84.6	76.2	79.6	70.7	76.3	90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever				41.1		38.7	60.0
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Injury & Violence Prevention	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	42.0	51.0	47.6	47.2	35.4	39.7	36.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)				15.7	9.1	10.6	12.4
% [Age 45+] Fell in the Past Year	30.7	46.4	26.9	32.1		28.2	
[65+] Falls (Age-Adjusted Death Rate)				46.4	59.6	57.2	

Injury & Violence Prevention (continued)	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
Firearm-Related Deaths (Age-Adjusted Death Rate)				15.4	10.2	10.4	9.3
% Firearm in Home	41.3	38.3	70.6	59.4		33.8	
% [Homes With Children] Firearm in Home				57.7		31.0	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded				16.5		20.4	
Homicide (Age-Adjusted Death Rate)				3.6	4.1	5.2	5.5
Violent Crime per 100,000	167.1	111.3	332.2	161.8	201.1	395.5	
% Perceive Neighborhood as “Slightly/Not At All Safe”	3.8	15.8	4.4	6.1		15.3	
% Victim of Violent Crime in Past 5 Years	0.0	0.2	0.4	0.3		2.3	
% Victim of Domestic Violence (Ever)	10.4	12.5	8.6	9.7		15.1	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Maternal, Infant & Child Health	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
Low Birthweight Births (Percent)	6.7	7.4	7.4	7.3	8.3	8.2	7.8
Infant Death Rate	5.7	8.4	5.1	6.0	7.1	6.5	6.0
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Mental Health & Mental Disorders	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% "Fair/Poor" Mental Health	10.2	25.5	3.6	8.7		15.5	
% Diagnosed Depression	23.3	22.3	10.1	14.9		17.9	
% Symptoms of Chronic Depression (2+ Years)	29.5	27.6	17.6	21.8		29.9	
Suicide (Age-Adjusted Death Rate)				18.9	12.7	12.7	10.2
% Taking Rx/Receiving Mental Health Trtmt	33.1	20.3	7.7	14.9		13.6	
% Unable to Get Mental Health Svcs in Past Yr	1.3	6.4	1.8	2.5		4.4	

Mental Health & Mental Disorders (continued)	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% [Those With Diagnosed Depression] Seeking Help				83.4		91.7	
% Typical Day Is "Extremely/Very" Stressful	5.9	18.0	10.0	10.5		11.7	
% Average <7 Hours of Sleep per Night	31.7	49.6	31.6	34.7		39.5	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	51.0	31.4	37.5	39.2		27.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	13.8	31.3	17.5	19.1		21.9	
Population With Low Food Access (Percent)	1.3	6.9	8.0	6.5	4.1	6.3	
% 7+ Sugar-Sweetened Drinks in Past Week	31.4	38.1	36.1	35.5		30.2	

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others			Total Area	Total Area vs. Benchmarks		
	Staunton City	Waynesboro City	Augusta County		vs. VA	vs. US	vs. HP2020
% Healthy Weight (BMI 18.5-24.9)	34.2	28.1	31.3	31.3		32.9	33.9
% Overweight (BMI 25+)	60.2	71.9	59.6	61.9	69.8	65.2	
% Obese (BMI 30+)	23.0	46.9	31.2	32.4	33.5	33.4	30.5
% Medical Advice on Weight in Past Year	19.9	24.6	18.7	19.9		20.4	
% [Overweights] Counseled About Weight in Past Year	31.2	32.5	24.8	27.7		27.1	
% [Obese Adults] Counseled About Weight in Past Year				34.2		40.8	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	51.1	60.8	46.1	50.2		57.0	
% Child [Age 5-17] Healthy Weight				40.7		67.2	
% Children [Age 5-17] Overweight (85th Percentile)				58.0		24.2	
% Children [Age 5-17] Obese (95th Percentile)				37.8		9.5	14.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% No Leisure-Time Physical Activity	16.6	27.7	31.3	27.8	13.5	27.9	32.6
% Meeting Physical Activity Guidelines	24.2	14.2	13.3	15.6	22.6	23.6	20.1
Recreation/Fitness Facilities per 100,000	16.8	19.0	4.1	9.3	11.4	9.7	
% Child [Age 2-17] Physically Active 1+ Hours per Day				66.8		47.9	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Oral Health	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	66.3	75.2	69.5	69.9	69.3	67.2	49.0
% Child [Age 2-17] Dental Visit in Past Year				88.0		90.7	49.0
% Have Dental Insurance	45.2	45.7	54.5	51.1		66.5	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Respiratory Diseases	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
CLRD (Age-Adjusted Death Rate)	54.7	46.0	41.6	44.9	36.5	41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.0	24.8	12.0	15.9	16.6	15.1	
% COPD (Lung Disease)	14.2	22.7	6.6	10.9	6.4	9.5	
% [Adult] Currently Has Asthma	11.7	24.0	4.2	9.1	8.6	9.5	
% [Child 0-17] Currently Has Asthma				9.3		6.5	

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


better


similar


worse

Sexually Transmitted Diseases	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	92.6	70.4	21.8	44.7	85.0	107.5	
Chlamydia Incidence per 100,000	399.7	445.8	194.4	280.7	431.8	456.7	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year				0.0		10.3	
% [Unmarried 18-64] Using Condoms				59.6		44.5	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Substance Abuse	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	23.0		13.4	16.4	8.9	10.2	8.2
% Current Drinker	45.5	47.3	33.9	38.5	51.7	59.7	
% Excessive Drinker	18.8	18.4	3.6	9.2		22.2	25.4
% Drinking & Driving in Past Month	0.0	0.0	0.0	0.0		4.1	

Substance Abuse (continued)	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
Drug-Induced Deaths (Age-Adjusted Death Rate)				16.6	10.6	14.6	11.3
% Illicit Drug Use in Past Month	1.4	0.0	0.3	0.5		3.0	7.1
% Ever Sought Help for Alcohol or Drug Problem	3.1	4.9	10.4	8.0		4.1	
% Life Negatively Affected by Substance Abuse	42.9	27.2	36.5	36.2		32.2	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Tobacco Use	Each Sub-Area vs. Others: Staunton City	Each Sub-Area vs. Others: Waynesboro City	Each Sub-Area vs. Others: Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	Total Area vs. Benchmarks: vs. US	Total Area vs. Benchmarks: vs. HP2020
% Current Smoker	14.9	23.4	16.2	17.2	19.5	14.0	12.0
% Someone Smokes at Home	18.2	17.5	16.8	17.2		10.2	
% [Nonsmokers] Someone Smokes in the Home	7.8	15.0	6.1	7.8		3.9	
% [Household With Children] Someone Smokes in the Home				6.5		10.2	

Tobacco Use (continued)	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% [Smokers] Received Advice to Quit Smoking				73.3		76.0	
% Smoke Cigars	2.1	10.3	11.8	9.6		3.6	0.2
% Use Smokeless Tobacco	2.6	0.7	4.0	3.2	3.9	3.0	0.3
% Currently Use Electronic Cigarettes	0.5	0.0	0.4	0.3		3.8	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Vision	Each Sub-Area vs. Others: Staunton City	Waynesboro City	Augusta County	Total Area	Total Area vs. Benchmarks: vs. VA	vs. US	vs. HP2020
% Blindness/Trouble Seeing	4.3	9.9	2.0	3.8	4.4	7.3	
% Eye Exam in Past 2 Years	60.8	57.9	70.0	66.1		59.3	
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The combined area of Staunton, Waynesboro, and Augusta County, the focus of this Community Health Needs Assessment, encompasses 1,002.02 square miles and houses a total population of 119,016 residents, according to latest census estimates.

Total Population
(Estimated Population, 2010-2014)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Staunton City	24,132	19.97	1,208.41
Waynesboro City	21,177	15.03	1,408.98
Augusta County	73,707	967.02	76.22
Total Area	**119,016**	**1,002.02**	**118.78**
Virginia	8,185,131	39,491.82	207.26
United States	317,746,048	3,535,356.15	89.88

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Population Change 2000-2010

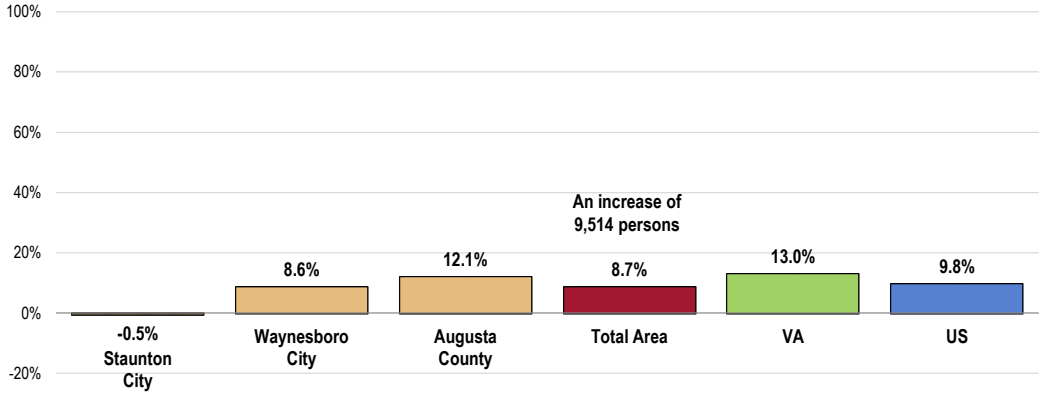
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the Total Area population increased by 9,514 persons, or 8.7%.

- A lesser proportional increase than seen across both the state and the national overall.
- Note also the decrease in population in Staunton.

Change in Total Population

(Percentage Change Between 2000 and 2010)

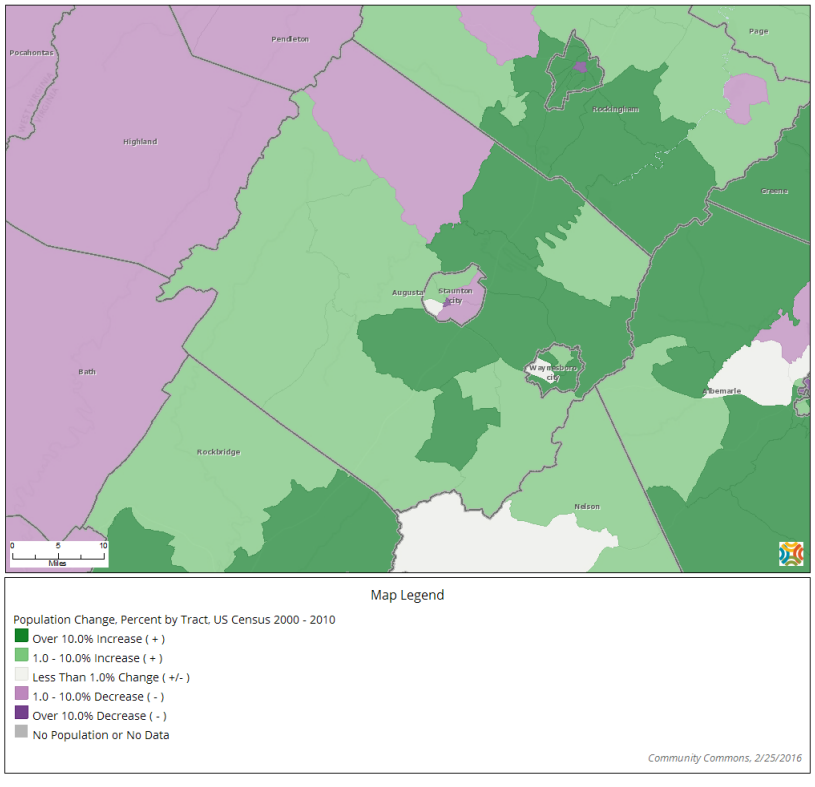


Sources:
- Retrieved April 2016 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides an illustration of the change in population between 2000 and 2010.

Population Change, Percent by Tract, US Census 2000-2010



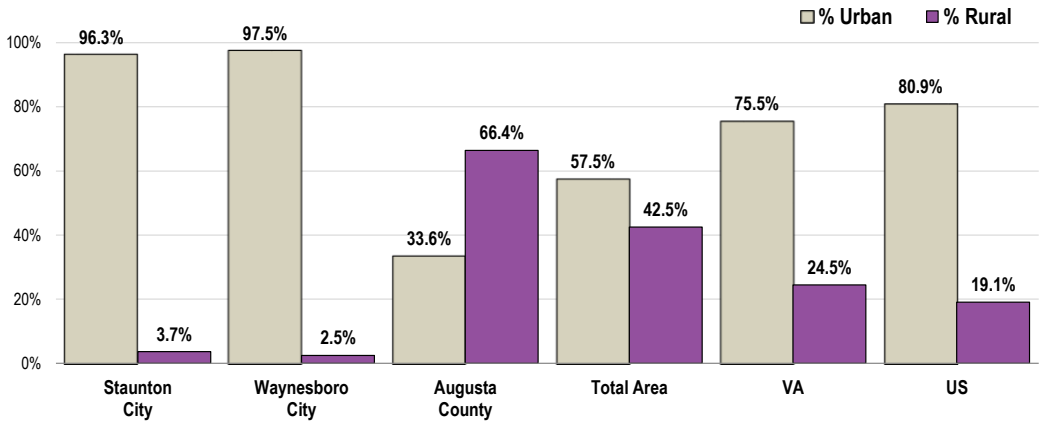
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

While Augusta County is predominantly rural, the cities of Staunton and Waynesboro are nearly entirely urban (96% and higher).

- Note that at least 75% of the state and national populations live in urban areas.

Urban and Rural Population
(2010)

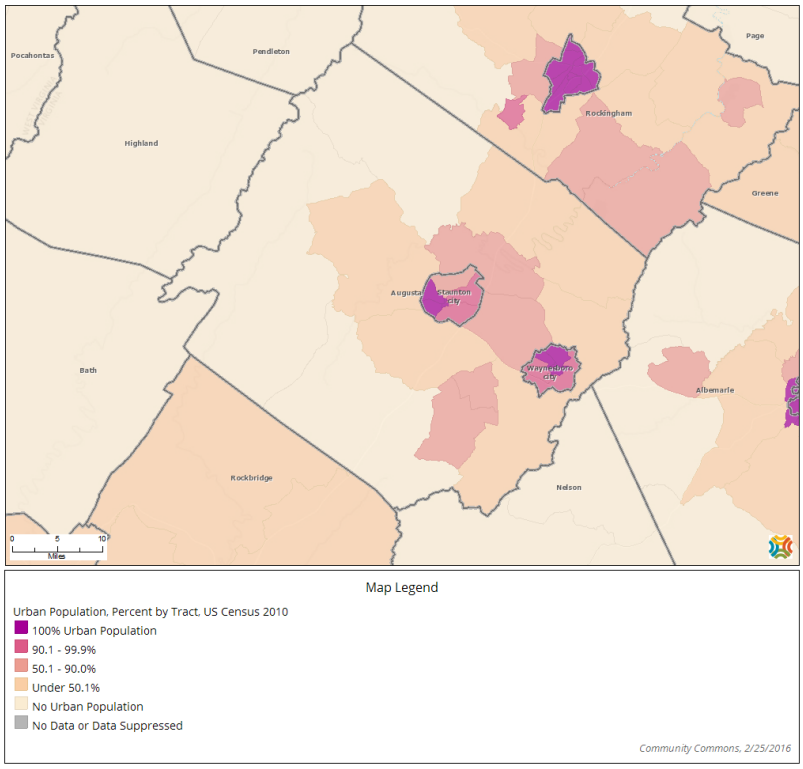


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Total Area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



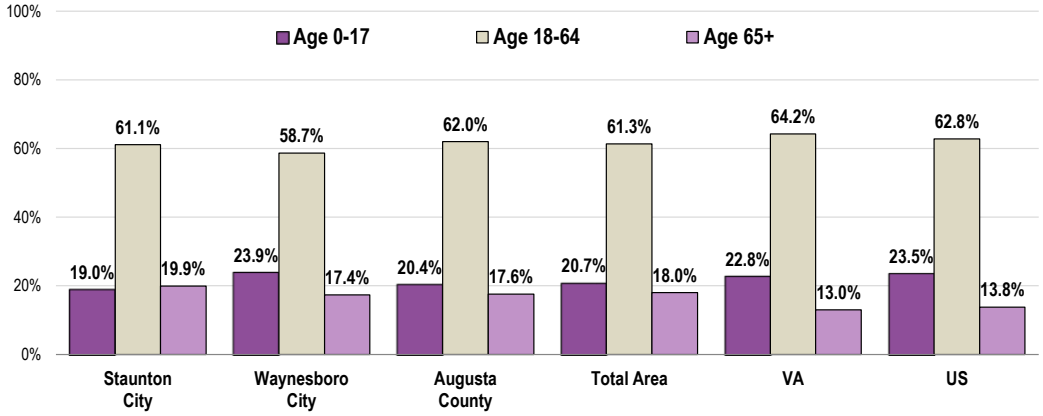
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Area, 20.7% of the population are infants, children or adolescents (age 0-17); another 61.3% are age 18 to 64, while 18.0% are age 65 and older.

- The percentage of older adults (65+) is much higher than the state and US figures.

Total Population by Age Groups, Percent
(2010-2014)

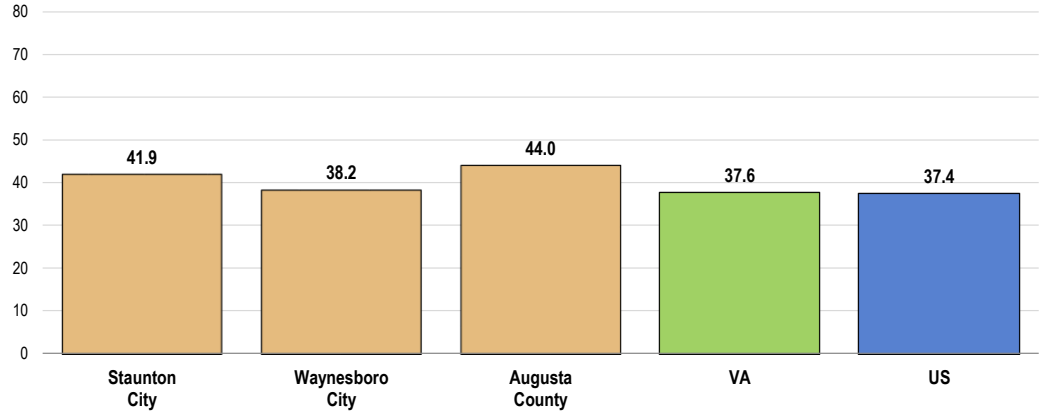


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Median Age

The Total Area is "older" than the state and the nation in that the median age is higher.

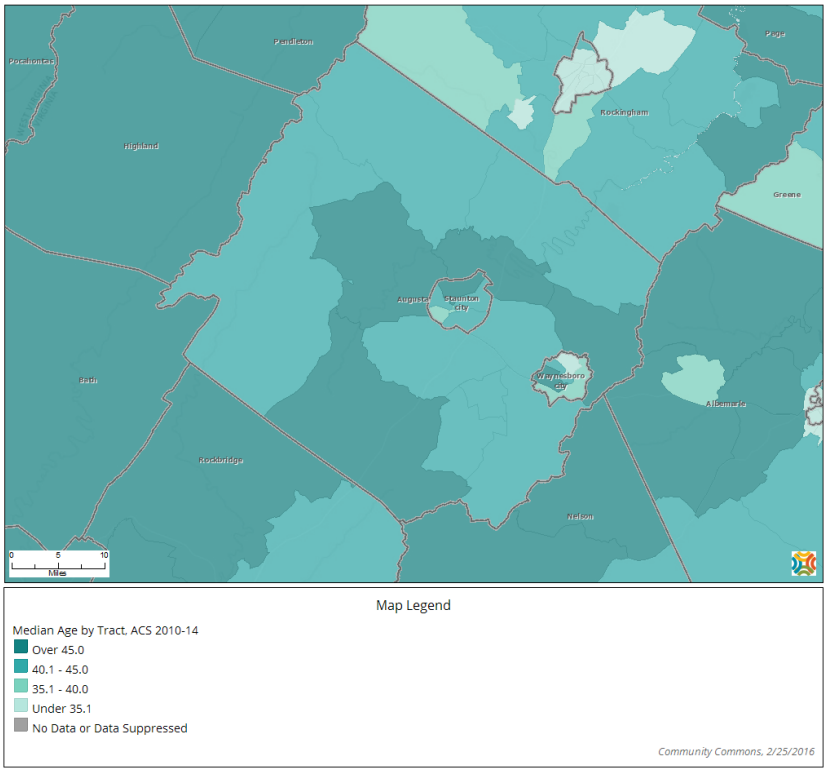
Median Age
(2010-2014)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in the Total Area, segmented by census tract.

Median Age, by Tract, ACS 2010-2014



Race & Ethnicity

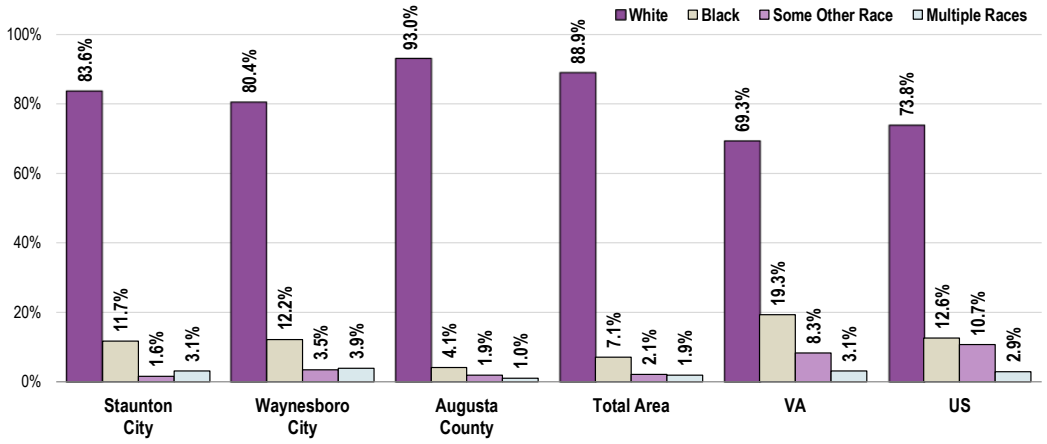
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 88.9% of residents of the Total Area are White and 7.1% are Black.

- The area has a much less racially diverse population than that across Virginia and the US overall.
- The cities of Staunton and Waynesboro are somewhat more diverse than Augusta County.

Total Population by Race Alone, Percent

(2010-2014)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

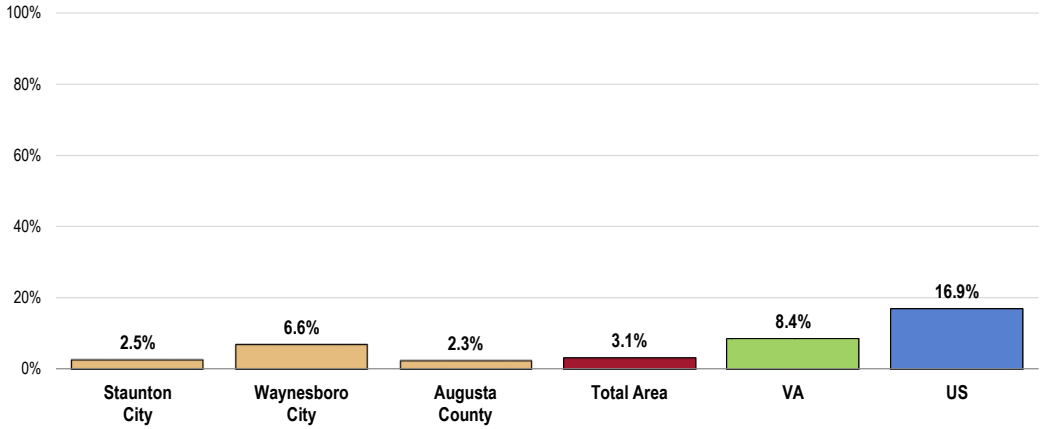
Ethnicity

A total of 3.1% of Total Area residents are Hispanic or Latino.

- Well below state and nationwide percentages.
- The proportion is largest in Waynesboro, according to recent 5-year estimates.

Hispanic Population

(2010-2014)

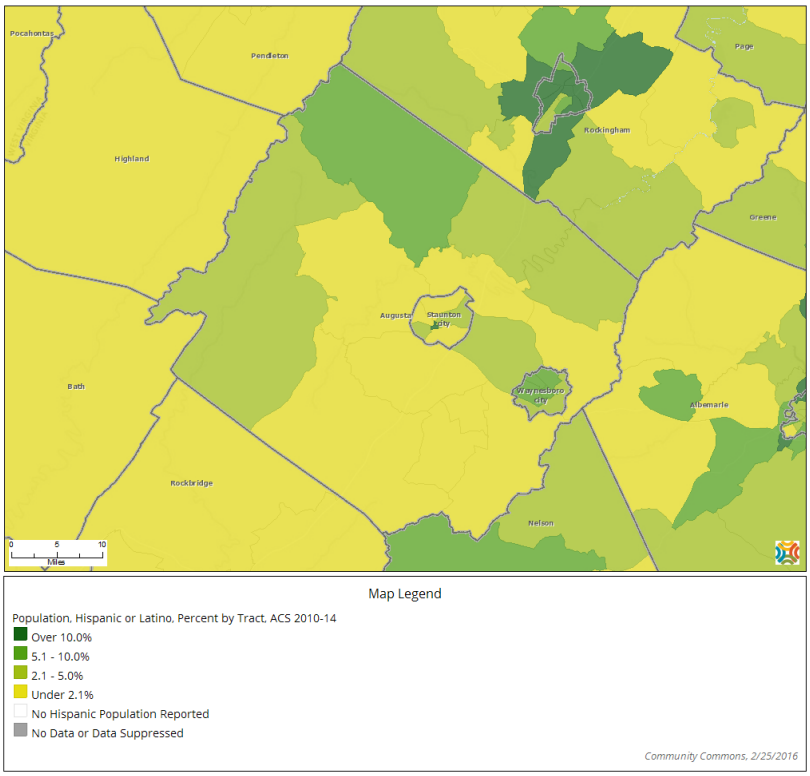


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- Note the higher concentration in the northern part of Augusta County as well.

Population Hispanic or Latino, Percent by Tract, ACS 2010-2014

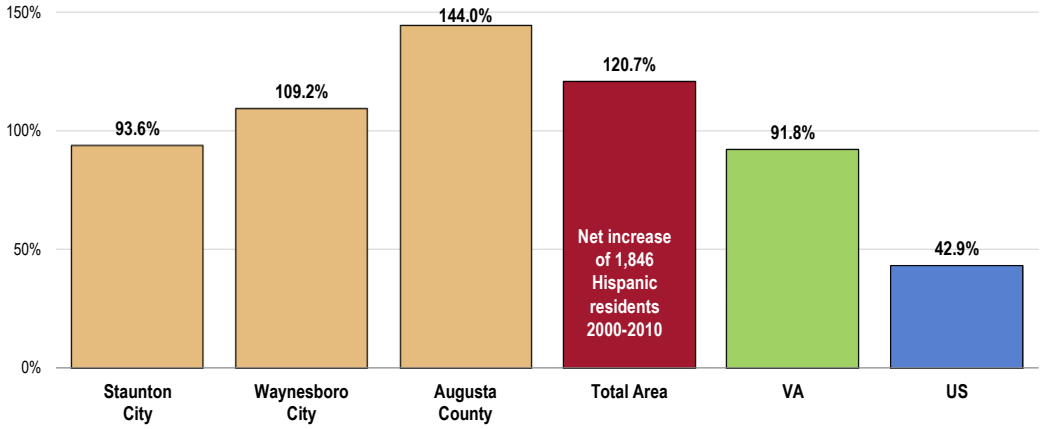


Between 2000 and 2010, the Hispanic population in the Total Area increased by 1,846 people, or 120.7%.

- Much higher (in terms of percentage growth) than found statewide and nationally.
- The proportional increase was largest in Augusta County.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

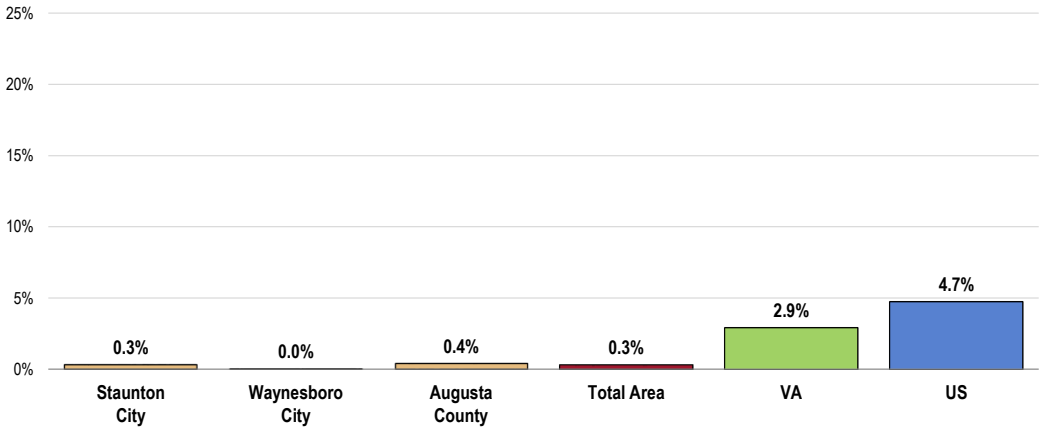
Linguistic Isolation

Less than one percent of the Total Area population age 5 and older (0.3%) live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Well below the state and national proportions.

Linguistically Isolated Population

(2010-2014)

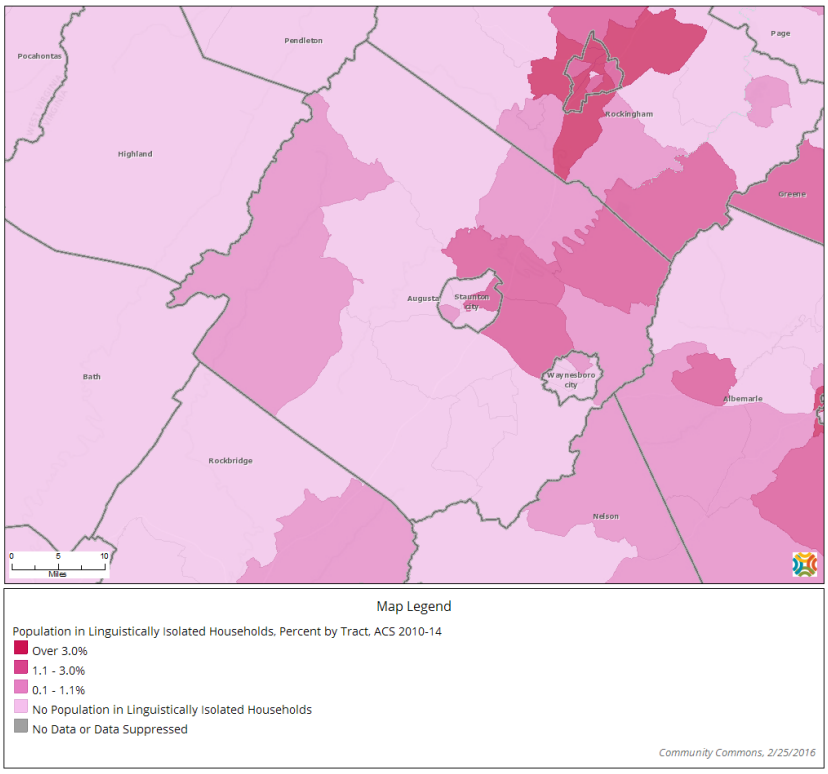


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in the Total Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2010-2014



Map Legend

Population in Linguistically Isolated Households. Percent by Tract. ACS 2010-14

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Community Commons, 2/25/2016

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

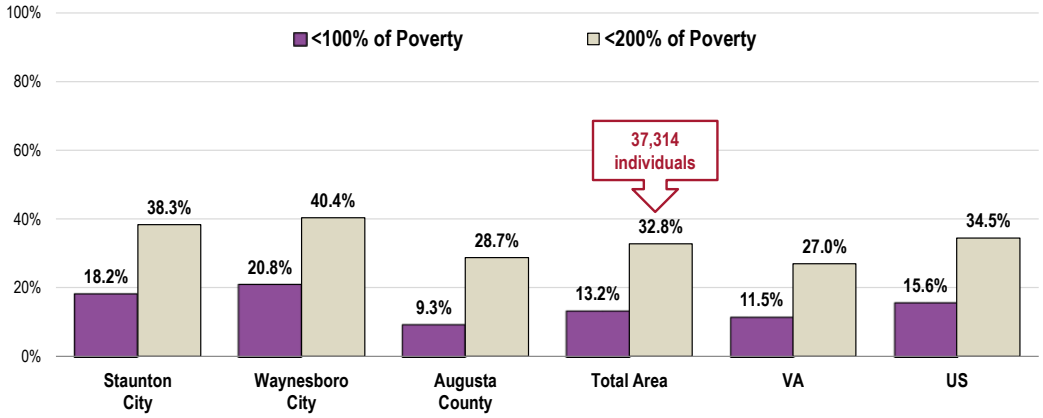
The latest census estimate shows 13.2% of Total Area population living below the federal poverty level.

In all, 32.8% of Total Area residents (an estimated 37,314 individuals) live below 200% of the federal poverty level.

- Higher than the proportion reported statewide.
- Lower than that found nationally.
- The proportion of poverty is highest in Waynesboro.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2010-2014)

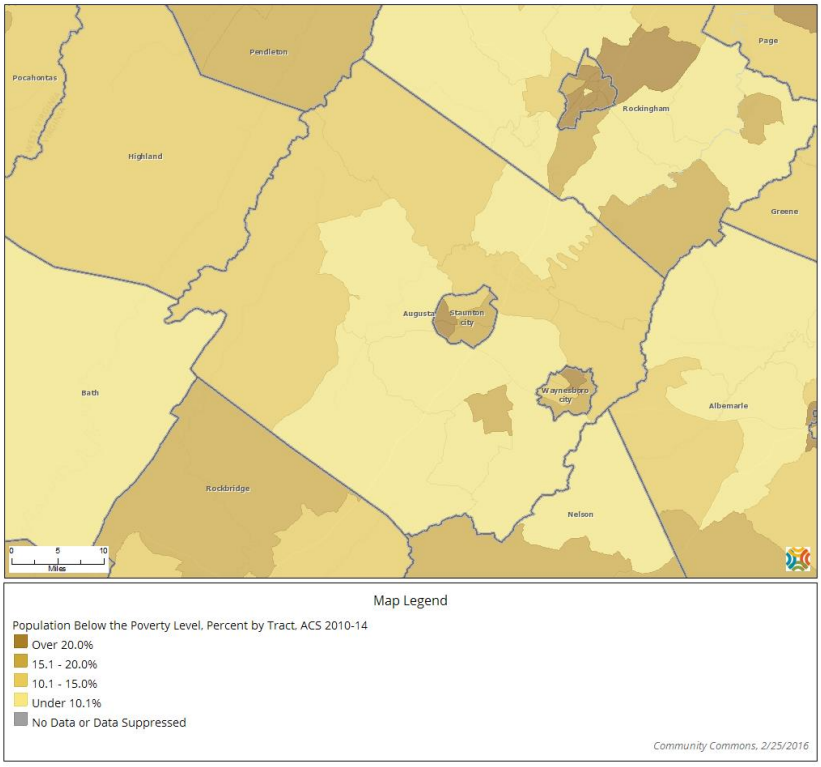


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

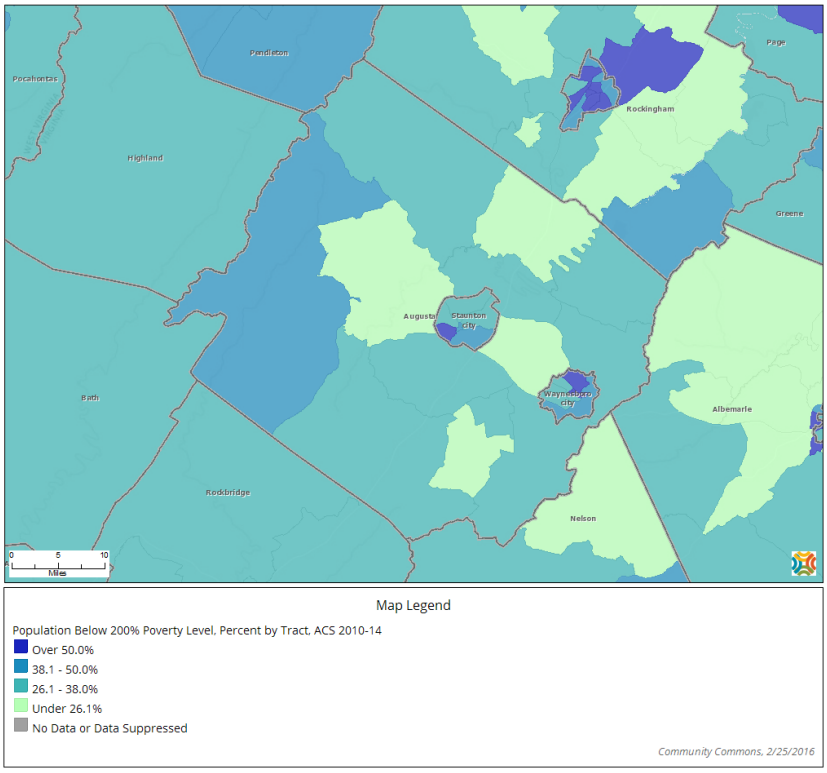
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the pockets of poverty in the following Total Area maps.

Population Below the Poverty Level, Percent by Tract, ACS 2010-2014



Population Below 200% of Poverty, Percent by Tract, ACS 2010-2014



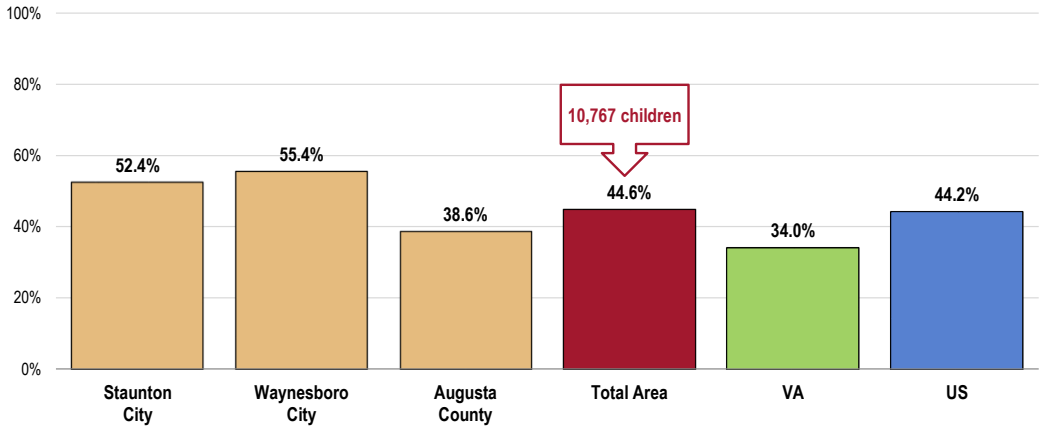
Children in Low-Income Households

Additionally, 44.6% of Total Area children age 0-17 (representing an estimated 10,767 children) live below the 200% poverty threshold.

- Above the proportion found statewide.
- Nearly identical to the proportion found nationally.
- Much lower in Augusta County than in the cities of Staunton and Waynesboro.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)

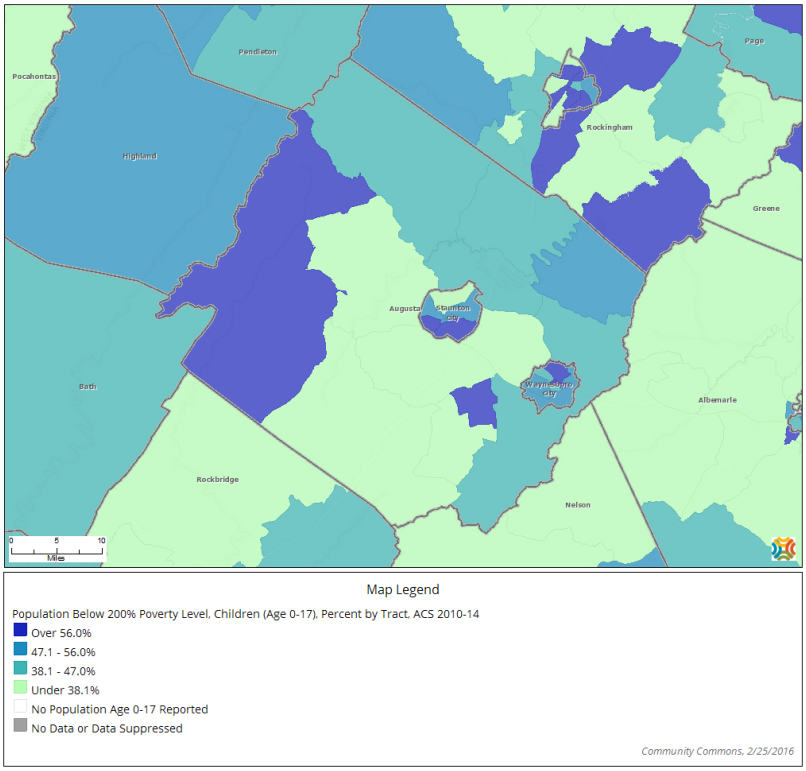


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the higher concentrations of children in lower-income households depicted in the following map.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014



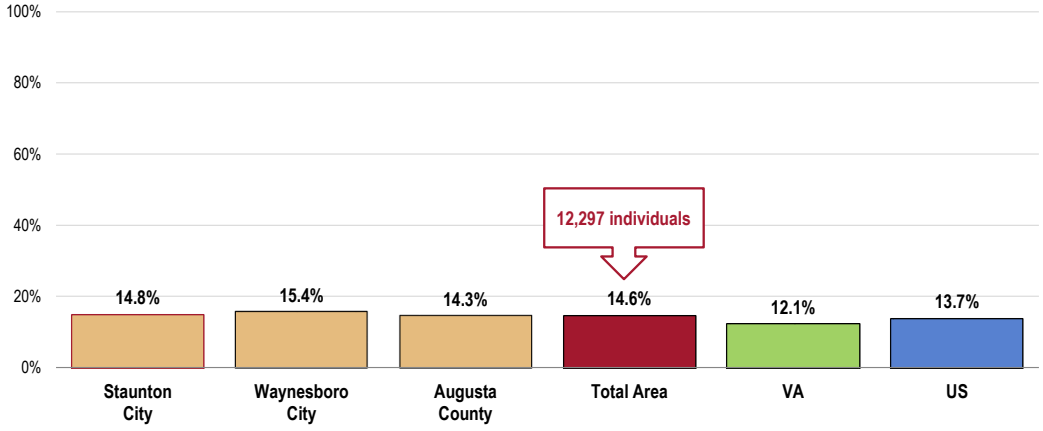
Education

Among the Total Area population age 25 and older, an estimated 14.6% (over 12,000 people) do not have a high school education.

- Higher than the state and national percentages.
- Similar by area.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)

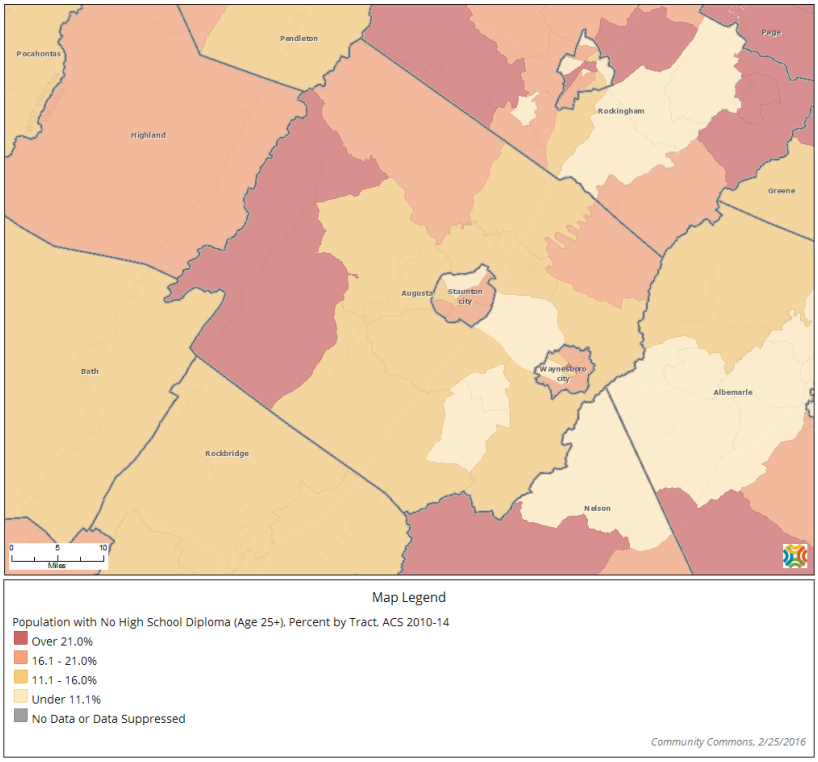


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in western Augusta County.

Population With No High School Diploma, Percent by Tract, ACS 2010-2014



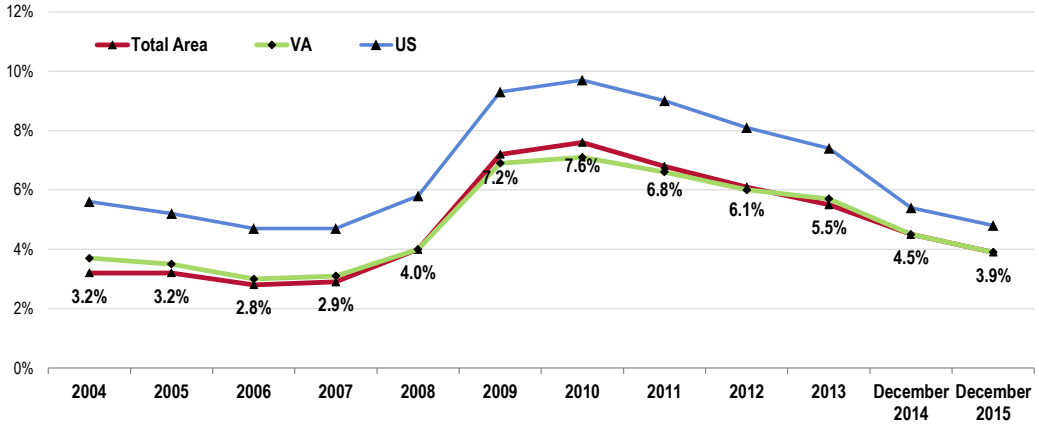
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of December 2015 was 3.9%.

- Identical to the statewide unemployment rate.
- Lower than the national unemployment rate.
- TREND: Unemployment for the Total Area has decreased since 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (26.7%) do, reporting that they were "sometimes," "usually" or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

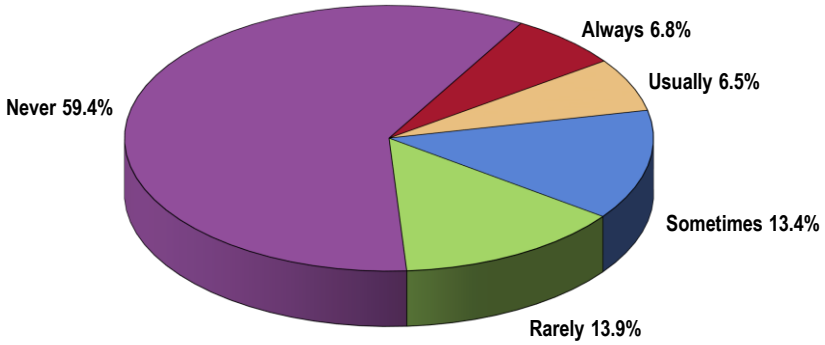
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Total Area, 2016)



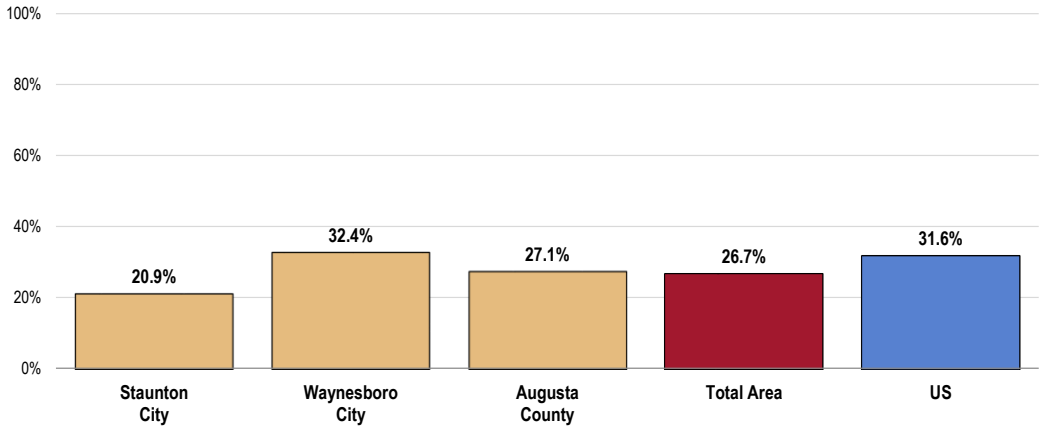
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

Notes:
- Asked of all respondents.

- Compared to the US prevalence, the Total Area proportion of adults who worried about paying for rent or mortgage in the past year is similar.
- Statistically similar by area as well.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

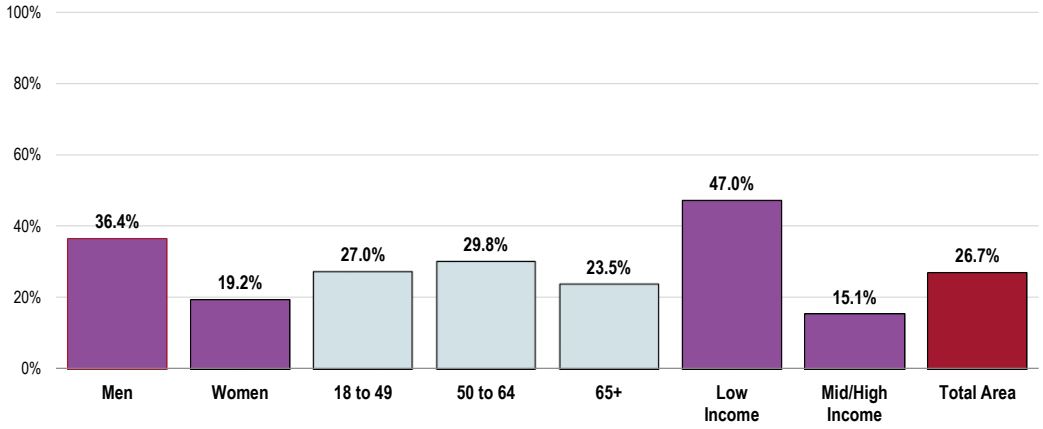
Notes:
- Asked of all respondents.

- Adults more likely to report housing insecurity include men and especially residents living at lower incomes.
- Differences by age, as illustrated in the following chart, are not statistically significant.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Total Area, 2016)

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, and income (based on poverty status).



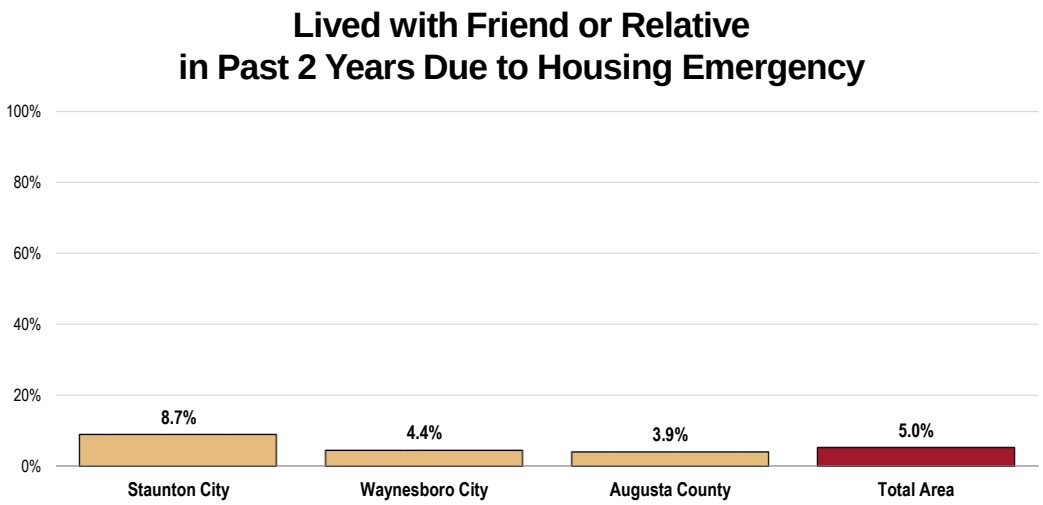
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 81]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Homelessness

A total of 5.0% of Total Area survey respondents report that they lived with a friend or relative at some point in the past 2 years due to a housing emergency.

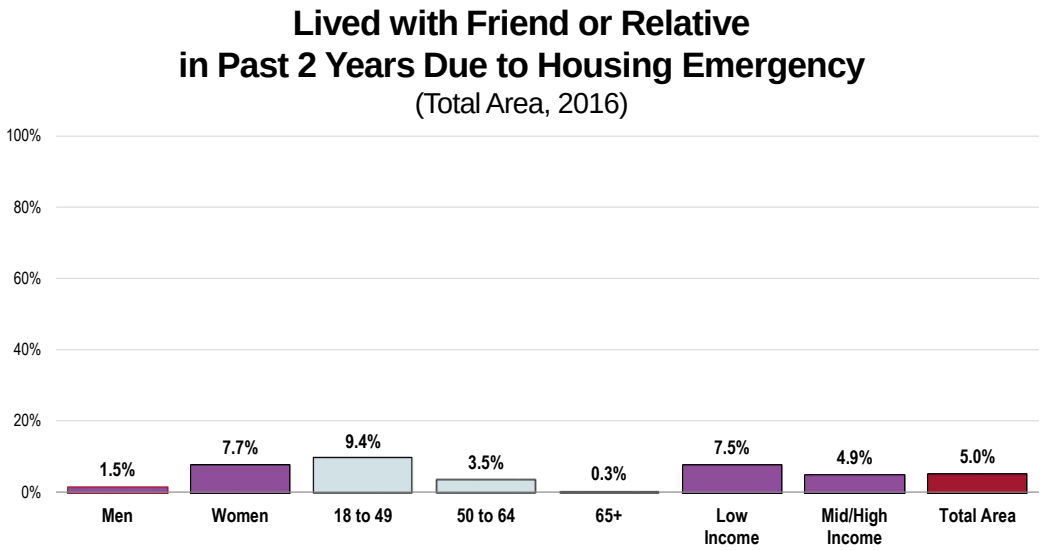
- The proportion is statistically similar by area.



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

These adults are more likely to report living with friends or relatives in the past 2 years:

- Women.
- Younger adults (negative correlation with age).

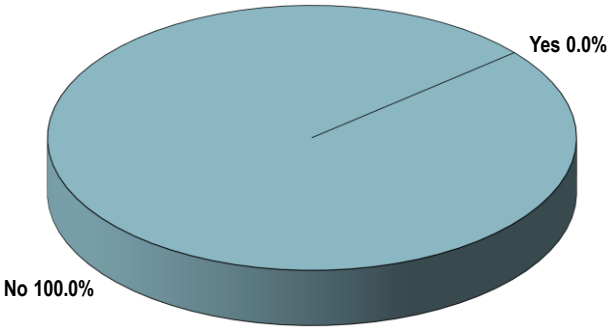


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

No Total Area survey respondents report being homeless at any time in the past 2 years.

Homeless at Some Point in the Past 2 Years

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

Notes:
- Asked of all respondents.
- Includes living on the street, in a car, or in a temporary shelter at some point in the past 2 years.

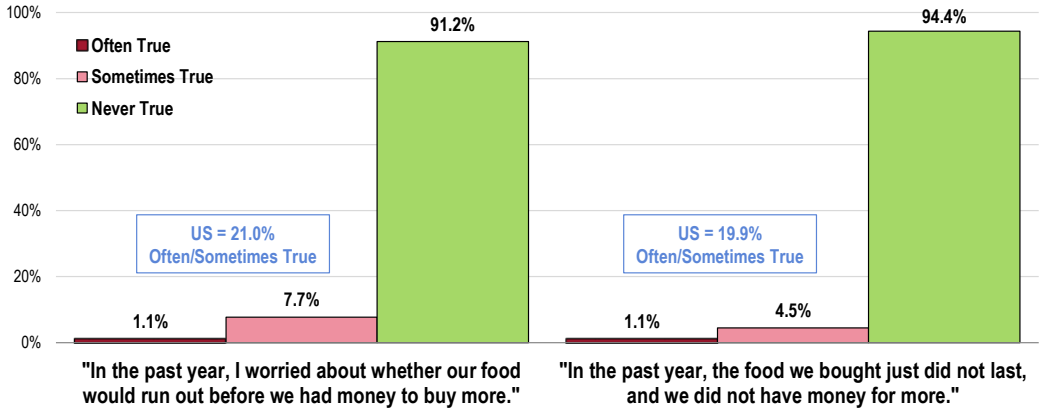
Food Insecurity

In the past year, 8.8% of Total Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 5.6% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity

(Total Area, 2016)



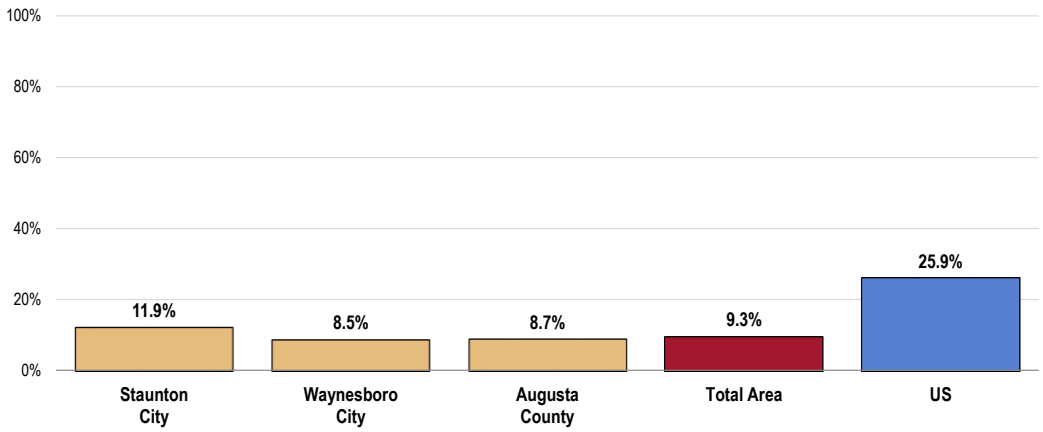
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Overall, 9.3% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Well below the US prevalence.
- Similar by area.

Food Insecurity



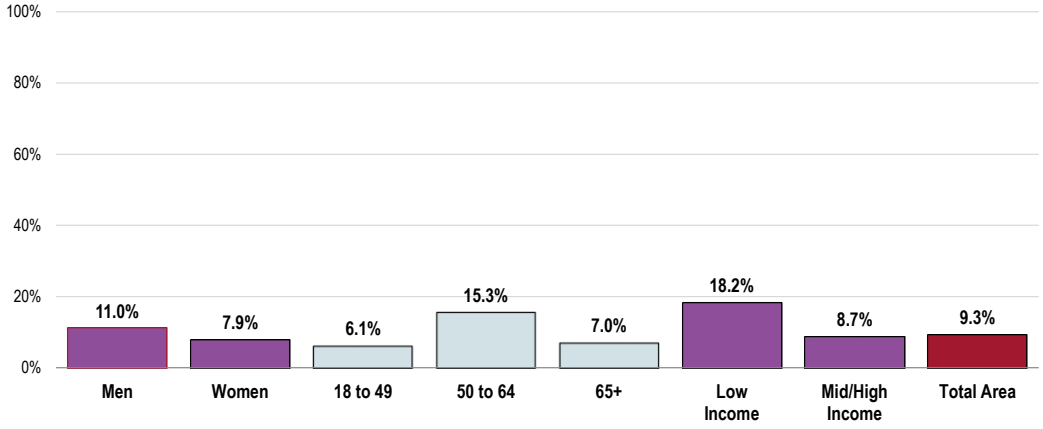
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Adults more likely affected by food insecurity include:

- Those age 50 to 64.
- Residents living at lower incomes.

Food Insecurity
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

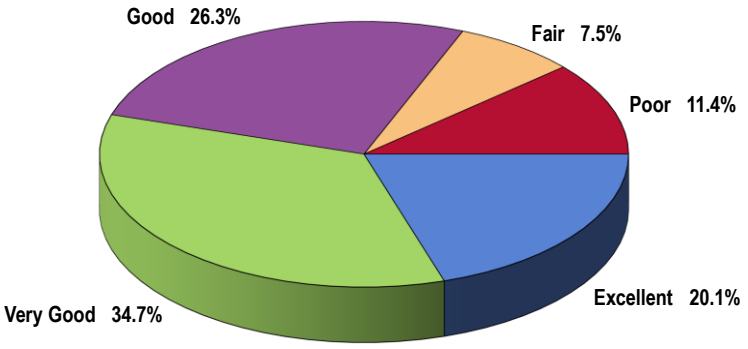
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair or poor?"

A total of 54.8% of Total Area adults rate their overall health as "excellent" or "very good."

- Another 26.3% gave "good" ratings of their overall health.

Self-Reported Health Status
(Total Area, 2016)

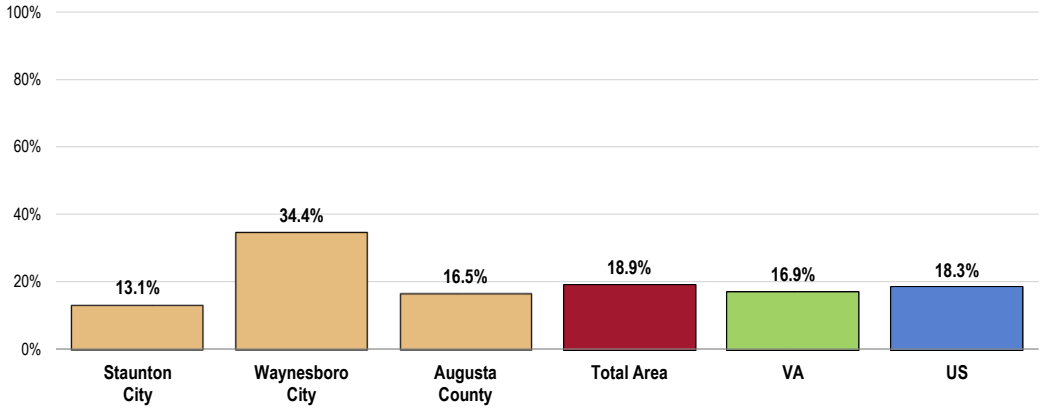


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 18.9% of Total Area adults believe that their overall health is "fair" or "poor."

- Statistically comparable to statewide and national findings.
- Unfavorably high in Waynesboro.

Experience "Fair" or "Poor" Overall Health



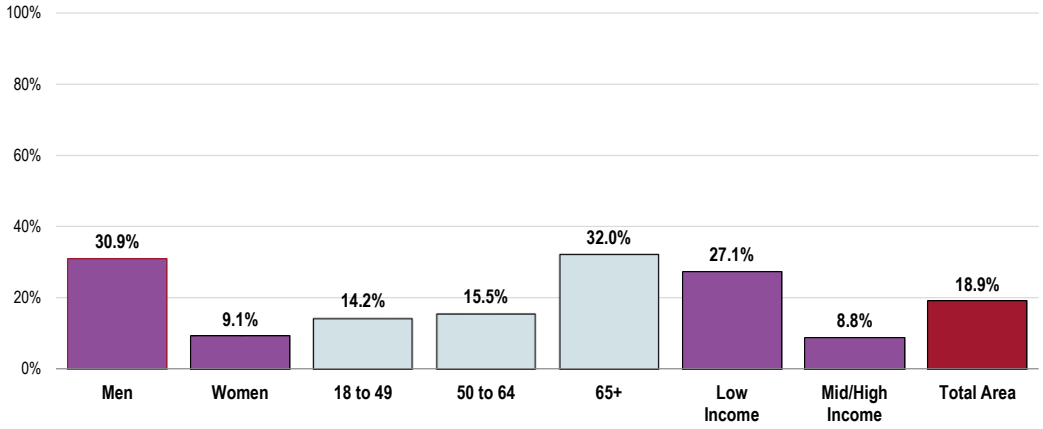
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Men.
- Seniors (age 65+).
- Residents living at lower incomes.

Experience “Fair” or “Poor” Overall Health

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

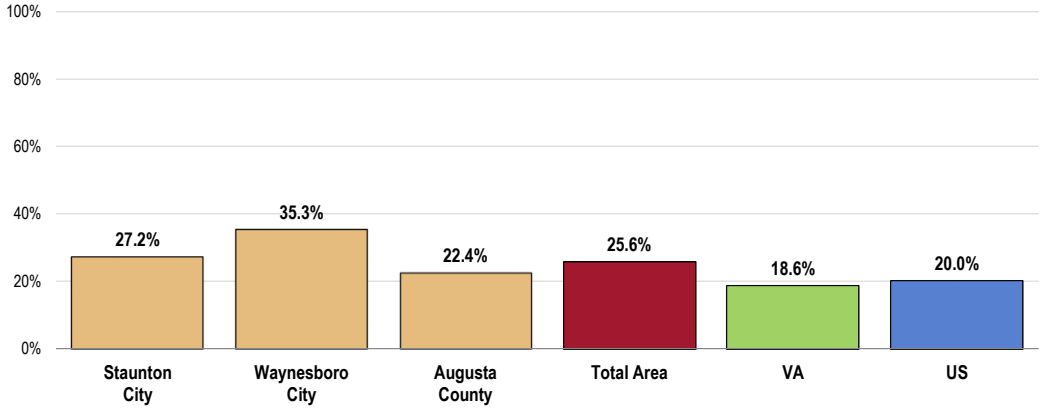
- Healthy People 2020 (www.healthypeople.gov)

A total of 25.6% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide and nationally.
- Unfavorably high in Waynesboro.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

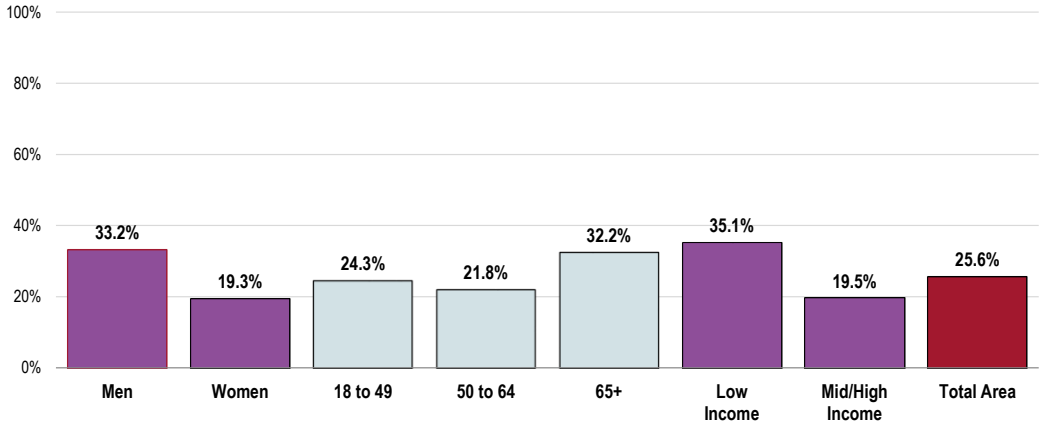
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Men.
- Adults age 65 and older.
- Those in households at the lower income level.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

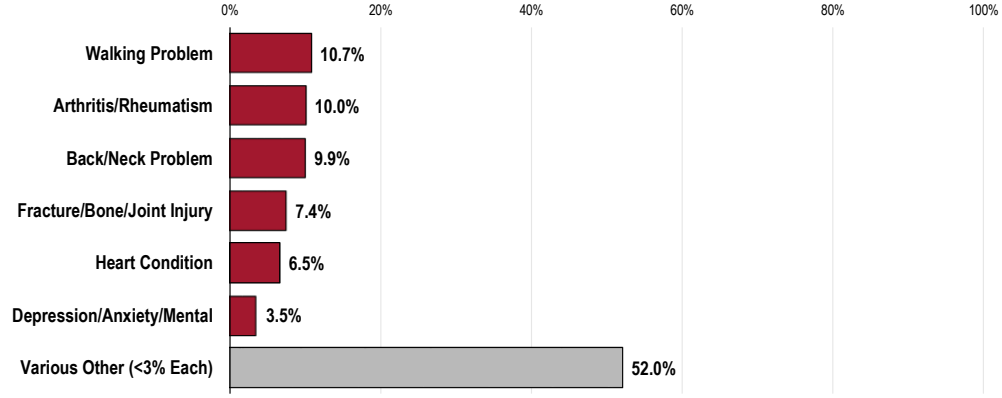
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, fractures or bone/joint injuries, arthritis/ rheumatism, or difficulty walking.

Other limitations noted with some frequency include heart conditions and those related to mental health (depression, anxiety).

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
Notes: • Asked of those respondents reporting activity limitations.

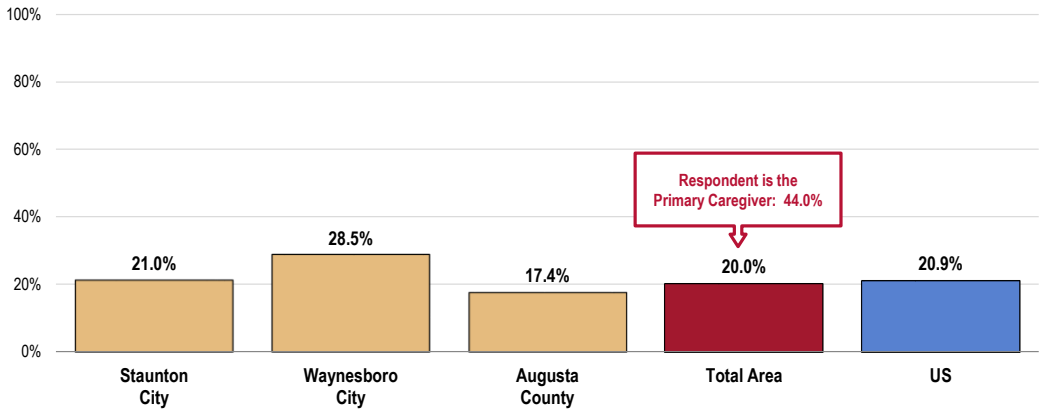
Caregiving

One in five Total Area adults (20.0%) currently provides care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Similar to the national finding.
- Highest among the Waynesboro population.

Of these adults, 44.0% are the ***primary*** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



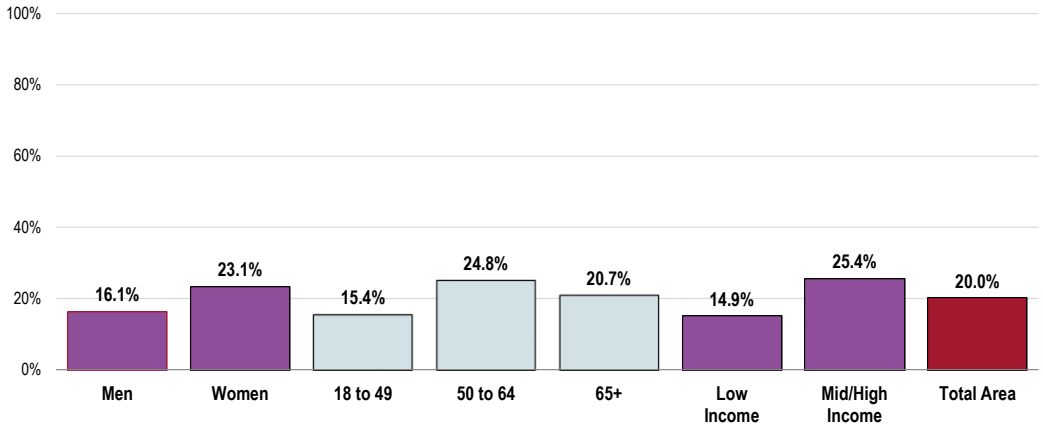
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The prevalence of caregivers in the community is notably higher among residents in the higher income breakout.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

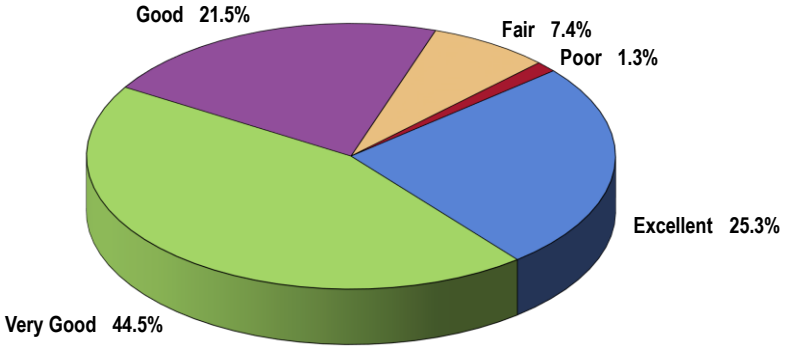
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 69.8% of Total Area adults rate their overall mental health as "excellent" or "very good."

- Another 21.5% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Total Area, 2016)

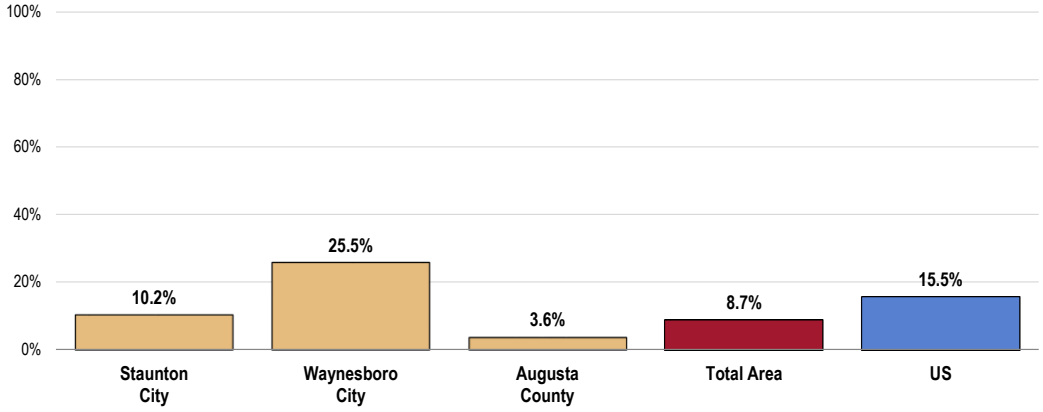


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents.

A total of 8.7% of Total Area adults, however, believe that their overall mental health is "fair" or "poor."

- More favorable than the "fair/poor" response reported nationally.
- Unfavorably high in Waynesboro; lowest in Augusta County.

Experience "Fair" or "Poor" Mental Health

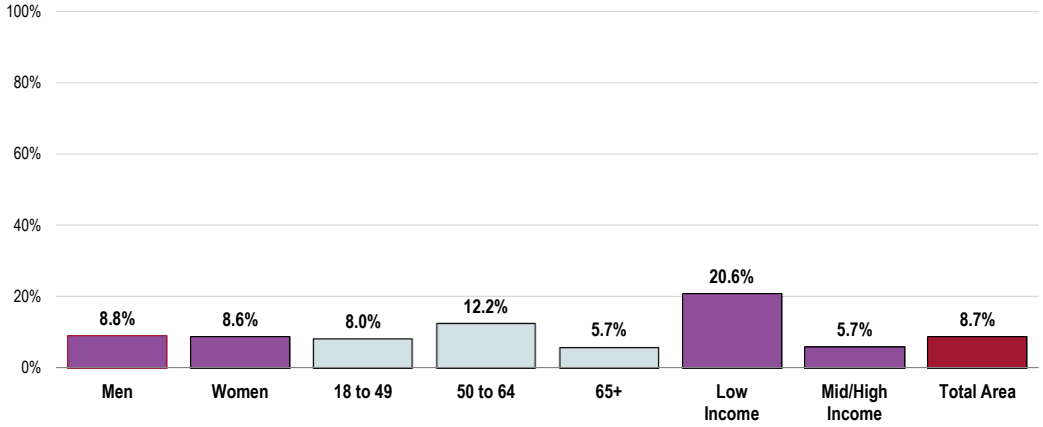


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Adults age 50 to 64 and especially lower-income residents are more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

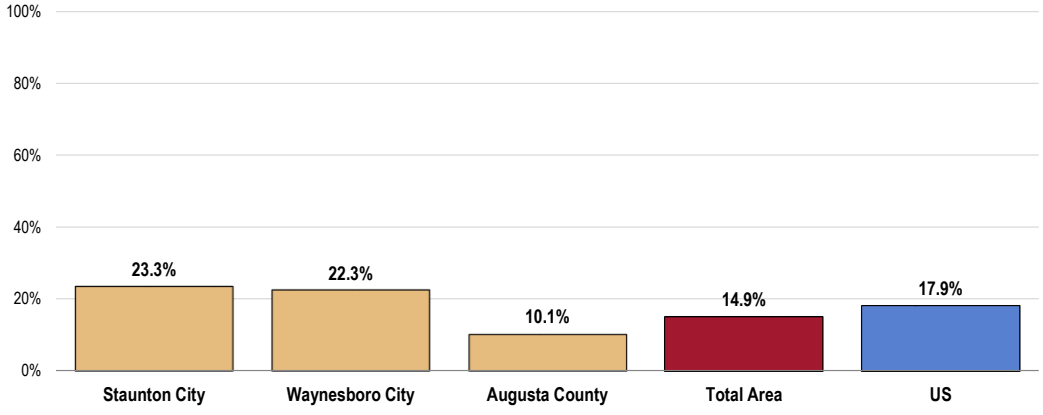
Depression

Diagnosed Depression

A total of 14.9% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Favorably low in Augusta County.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

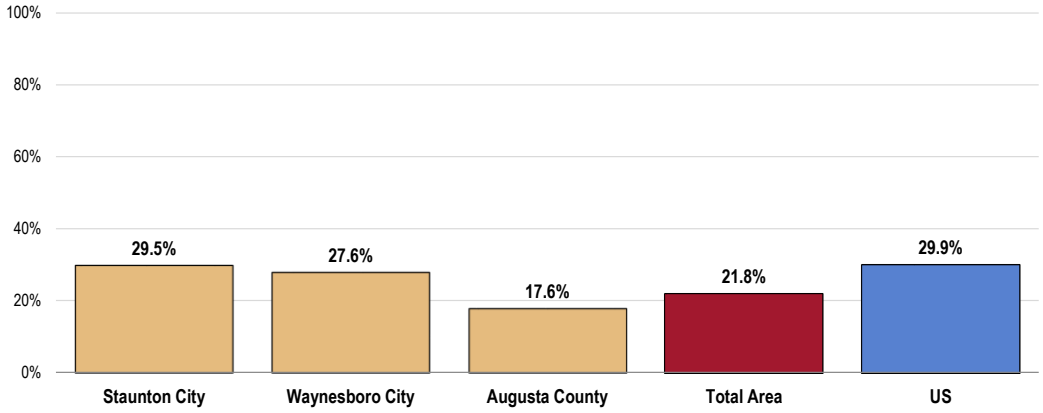
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 21.8% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- Lowest in Augusta County.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

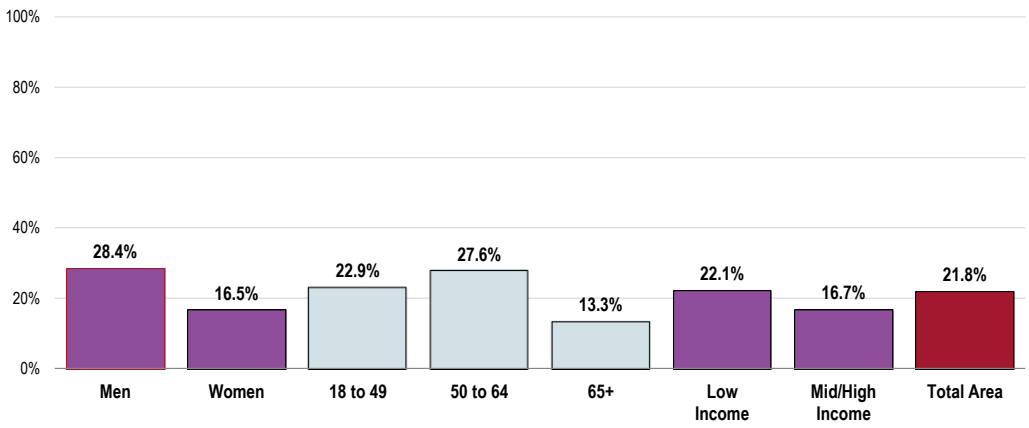
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Men.
- Adults under age 65.

Have Experienced Symptoms of Chronic Depression

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Half of Total Area adults consider their typical day to be "not very stressful" (33.9%) or "not at all stressful" (15.9%).

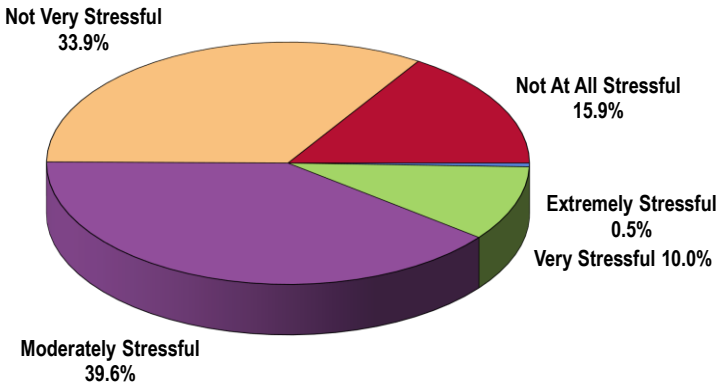
RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 39.6% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

(Total Area, 2016)



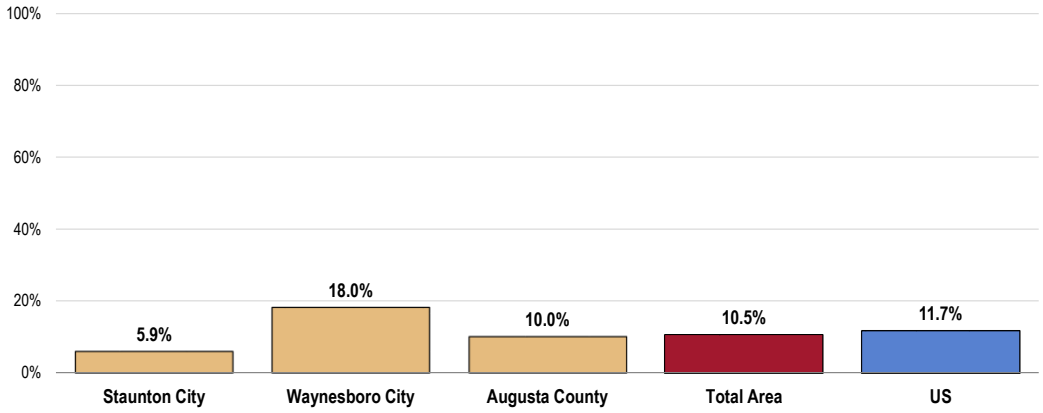
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:
- Asked of all respondents.

In contrast, 10.5% of Total Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Unfavorably high in Waynesboro.

Perceive Most Days As "Extremely" or "Very" Stressful

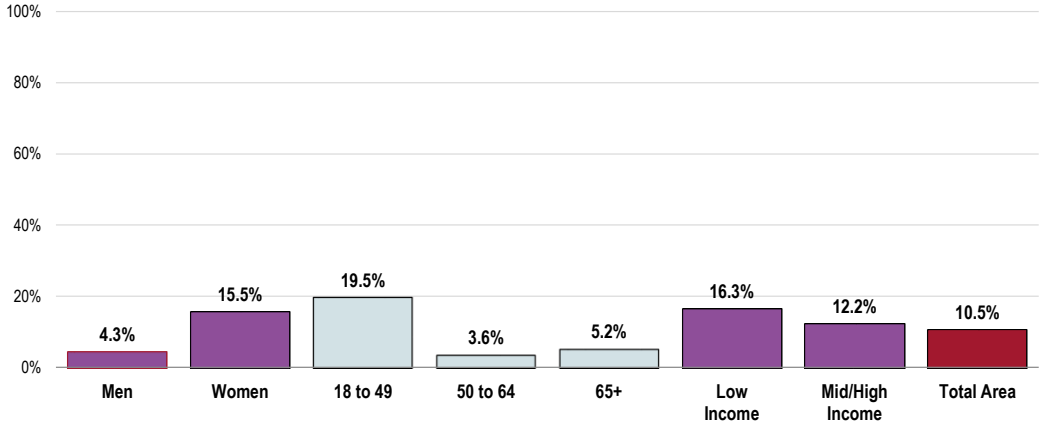


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among women and adults under 50.

Perceive Most Days as "Extremely" or "Very" Stressful

(Total Area, 2016)



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

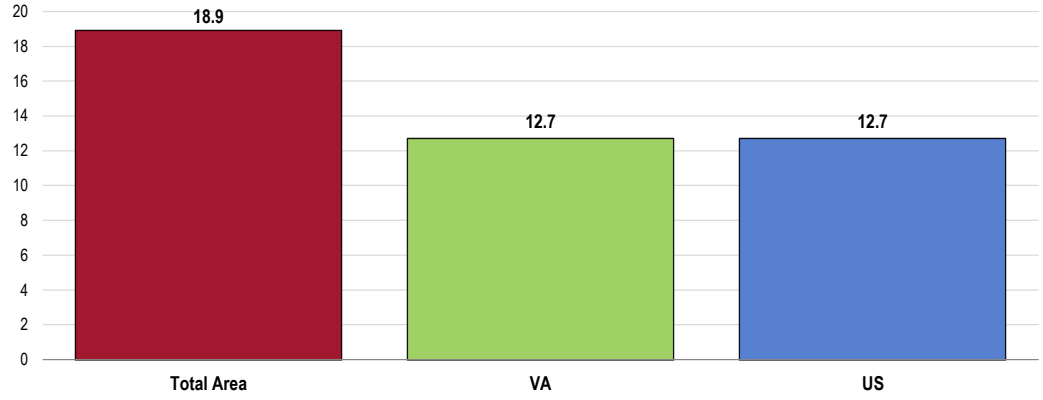
Between 2012 and 2014, there was an annual average age-adjusted suicide rate of 18.9 deaths per 100,000 population in the Total Area.

- Much higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

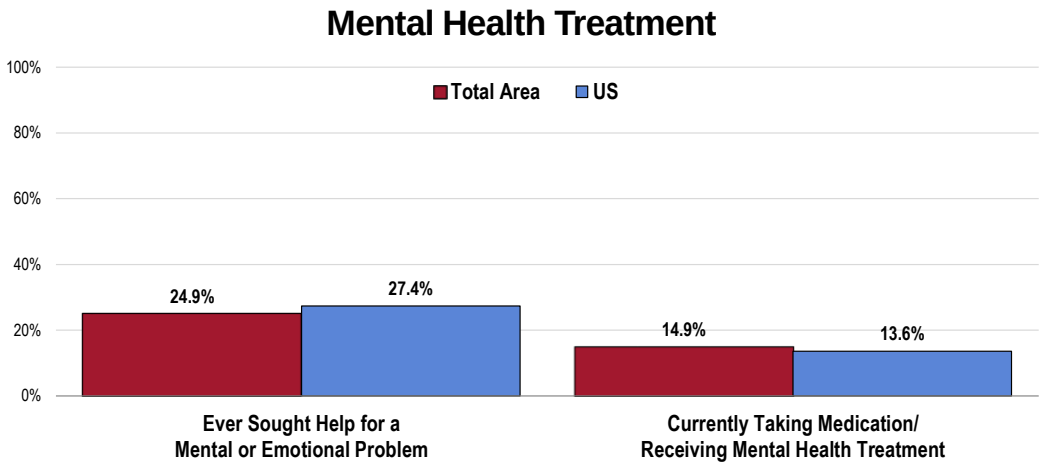
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

A total of 24.9% of Total Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 14.9% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Both percentages are comparable to national findings.



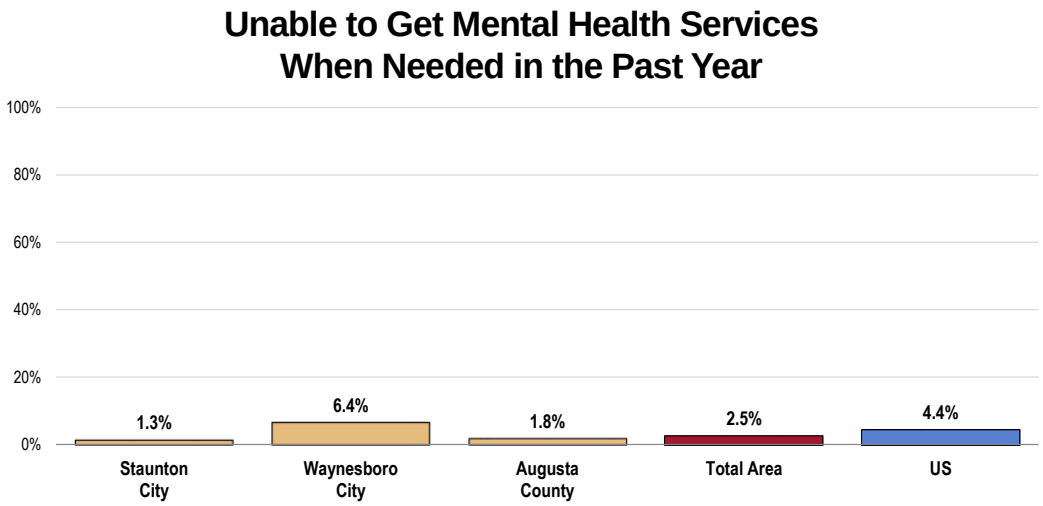
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 2.5% of Total Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.
- Statistically similar by area.

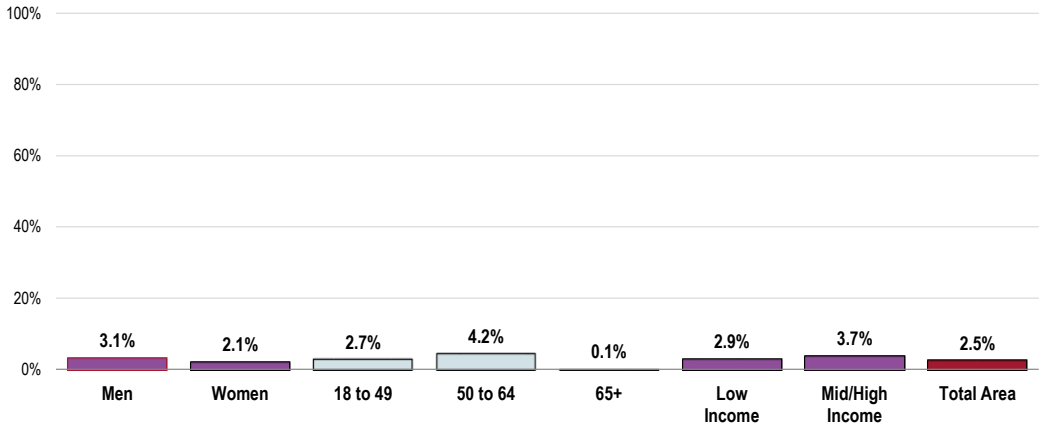


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note that access difficulty is statistically more prevalent among adults age 50 to 64.

Unable to Get Mental Health Services When Needed in the Past Year
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

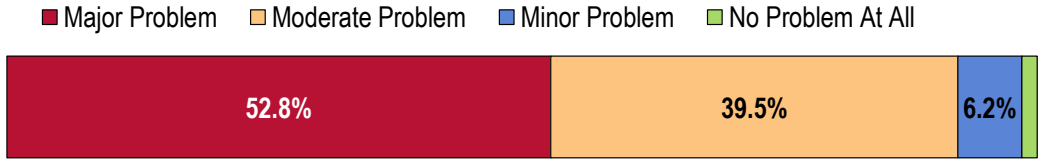
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among the 8 respondents citing difficulties accessing mental health services in the past year, 3 mentioned **cost of services** or an **insurance issue** as the reason; 2 mentioned that the needed **services were not available**.

Key Informant Input: Mental Health

More than half of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

Lack of treatment options. Folks not knowing where to go for treatment. – Community Leader (Waynesboro)

Access to care and using Emergency Department as primary care provider. – Social Services Provider (Augusta County)

Access to quality care, access to long-term care, recognition that mental health concerns are treatable, stigma associated with mental health, lack of adequate and accessible options for treatment for children and adolescents, lack of understanding. – Educator (Staunton)

Lack of access to quality mental health services, continuing stigma about mental illness, lack of funding and resources. – Government Representative (Staunton)

Lack of housing and activities for the mentally ill. Local CSB lacks funding from state and local government and staff to adequately provide services to the population of Augusta County. – Other Health Provider (Augusta County)

Resources and funding. Not enough clinicians, and counseling is expensive. – Public Health Representative (Total Area)

Extremely limited resources and availability of beds in behavioral health facilities. – Other Health Provider (Augusta County)

Access to care. VCSB is helpful but immediate access to patients and family, especially to the prescribing doctor, is difficult. – Physician (Total Area)

Facilities to treat these patients. There is legislation to get people treatment for mental health, but none for transportation to the facilities. This allows for them to have to sit and wait to be treated. – Other Health Provider (Total Area)

Access and ongoing follow-up care. – Educator (Total Area)

There is a lack of resources. Often inpatient clinics have a very hard time getting outpatient services set up because of availability of clinicians. – Other Health Provider (Augusta County)

Lack of inpatient beds, limited follow-up, and the inherent challenges of the diseases. – Physician (Total Area)

Access to care. – Physician (Augusta County)

Access to services. – Social Services Provider (Total Area)

Access to care. – Physician (Augusta County)

Lack of resources for mental health patients. – Physician (Total Area)

Access to services, the cycle of serious mentally ill getting the help needed, maintaining in community with support as needed, then decompensating and starting over again. Lack of psychiatrists in community, private, AH Crossroads and CSB. – Social Services Provider (Total Area)

Services are hard to access. CSB is incapable of providing services to everyone who needs them. – Social Services Provider (Total Area)

One, not enough services, community and emergency; two, literally no services for children and teens. Maybe counseling available once every three or four weeks, which is useless. Three, no coordination of services. – Social Services Provider (Total Area)

Access to care, lack of knowledgeable resources, affordability/insurance, transportation. – Other Health Provider (Total Area)

Access to services, transportation, housing, etc. We offer a lot of services within the community for mental health, however they tend to be disjointed and do not operate smoothly together, particularly around transitions in-between agencies. – Social Services Provider (Total Area)

Mental health treatment has been difficult to find. There are few who specialize in this area. – Community Leader (Augusta County)

Lack of sufficient resources and recognition of the issue. – Community Leader (Augusta County)

Lack of coordinated services, lack of inpatient facilities, stigma against mental disease. – Other Health Provider (Total Area)

They are ending up at MRRJ, which is not where they belong. – Media Health Representative (Total

Area)

Physician practices and Emergency Room sees a large number of patients with mental health issues and no payer source. Difficult to find treatment for patients with no payer source. – Other Health Provider (Total Area)

Not enough resources. High copays with private providers, lack of accessibility. Not enough services for youth and their families with MH issues. – Social Services Provider (Total Area)

There are just not enough facilities and support for those in need of mental health counseling, treatment and inpatient as well as rehab and addiction centers. – Other Health Provider (Total Area)

Heavy caseloads at CSB and lack of ability to accept patients immediately locally because of funding and beds. Also, when dealing with family members with mental health there is a general lack of knowledge about where to turn to begin with. – Social Services Provider (Total Area)

Treatment, affordability, case management. – Public Health Representative (Total Area)

Finding a place for treatment, we don't have enough doctors and facilities in our county, patients sometimes have to go to other areas (Williamsburg or Richmond) for treatment. – Social Services Provider (Total Area)

Access to services, considerable difficulty getting prompt appointments. – Other Health Provider (Total Area)

Access to care 24/7. Bed locations for inpatient care. – Public Health Representative (Augusta County)

Access to care seems to be a big issue despite having Western State Hospital and the Commonwealth Center here. Many area hospitals no longer provide inpatient psychiatric services. In terms of counseling, I am only aware of one group, Valley Hope. – Other Health Provider (Total Area)

Lots of those left "in between" in Staunton. – Educator (Staunton)

Access. – Physician (Total Area)

Access to mental health services beyond counseling, medical practitioners that accept those with limited to minimal income and economic resources. Access to mental health services for youth. Stigma in the community about mental health. – Social Services Provider (Total Area)

Knowing when and where to go for care. – Community Leader (Total Area)

Access to treatment in both the inpatient and outpatient setting. – Other Health Provider (Augusta County)

Access and reaching out for help despite the stigma. – Social Services Provider (Total Area)

Access. – Other Health Provider (Total Area)

I just don't see a lot of services being offered, and information about what is available is lacking. – Media Health Representative (Total Area)

Voluntary Mental Health Admissions to Crossroads or other facilities. Perception is that if a person is under an Emergency Custody Order (ECO) when they enter the psychiatric assessment site at Augusta Health ED, they are promptly screened by Valley Co. – Government Representative (Waynesboro)

Access to general therapy and care, to start with. This locality still doesn't have a detox center nor a crisis stabilization center. Crossroads is for primary MH diagnoses, they are bogged down and Augusta Health frowns at medical detox. – Social Services Provider (Total Area)

Hard to access system, not enough resources, beds, pediatric treatment is out of area. – Other Health Provider (Total Area)

Access to care, affordable providers, plus the number of providers. There seems to be more and more people every day with diagnosis or just trying to cope. – Other Health Provider (Total Area)

Accessing mental health services, knowing about what services are actually available, paying for services, especially if you have commercial insurance, and fighting the stigma associated with mental health issues. – Social Services Provider (Total Area)

Accessing services in a timely fashion to address the situation and/or crisis they may be experiencing. – Social Services Provider (Total Area)

Access to urgent psychiatric care and continued management. – Community Leader (Total Area)

Access to therapy is limited, but access to medications is easy. Psychiatry does not connect to therapy. – Social Services Provider (Total Area)

Affordable Care/Services

Access to affordable providers. – Other Health Provider (Augusta County)

Access to affordable counseling services. – Social Services Provider (Total Area)

Affordability to see a Psychiatrist. Some do not take Medicare or Medicaid. Therefore, the secondary insurance does not pick up. Medical doctors do not have enough psychiatric training to prescribe psych meds. More psychiatrists are needed. – Social Services Provider (Total Area)

Financial concerns and accessing necessary services related to care. – Other Health Provider (Augusta County)

Availability of low/no-cost mental health care. Maybe a good number of therapists/psychiatrists, but not enough who are affordable. I know of only Valley Community Service Board and Augusta Behavioral Health that are anywhere near affordable. – Social Services Provider (Staunton)

Access to immediate care for those who are unable to pay for private practice (wait list for VCSB), stigma associated with illness and lack of knowledge related to what should be addressed/what should not. Some insurance plans have very high deductibles. – Social Services Provider (Total Area)

The lack of access to affordable quality care. – Educator (Total Area)

Ability to pay and stigma of needing help, ability to recognize. – Community Leader (Staunton)

Access to affordable treatment. Lack of available psychiatrists. – Social Services Provider (Total Area)

Insufficient resources for people that are unable to pay for services. Insufficient capacity to hospitalize those with emergency needs. – Business Leader (Total Area)

Not having a job or financial security to look for counseling or medication. Affordable, safe housing. – Community Leader (Total Area)

Access to programs providing medication assistance and psychiatric consultation services for those requiring full assistance has historically been quite limited with up to six-month waits. Some progress has been made more recently. – Physician (Augusta County)

Access to care, cost. – Physician (Augusta County)

Prevalence/Incidence

Presence of Western State in community results in increased number of residents who present with problems upon release. – Community Leader (Total Area)

A big issue, not just local. From personal family experiences, the laws for evaluation and commitment are very frustrating. One suffering from significant mental health issues has to either hurt themselves or hurt others before anyone will help. – Social Services Provider (Waynesboro)

Mental health issues continue to be a problem in families, schools and workplaces in Augusta County. This is evidenced by our suicide rates and the number of people who are unemployable due to mental conditions. – Media Health Representative (Total Area)

High rate of chronic diseases and relationship to depression, high link between DM and depression. – Other Health Provider (Total Area)

I work in the Staunton City School Division. On a daily basis I see kids who are suffering from depression, anxiety and other mental illness that may or may not be diagnosed. Seems to be a limited number of mental health providers to help these kids. – Educator (Staunton)

State facility in area leading to chronic disease in community. – Other Health Provider (Augusta County)

In many of the classes I facilitate, I also see mental health diagnoses, especially depression and anxiety. Sometimes undiagnosed. The challenges of managing a chronic disease, physically, and then add mental health disease, very hard to do. Stigma. – Other Health Provider (Total Area)

High occurrences. – Community Leader (Augusta County)

Access to Providers

A huge problem. The hospital has a floor to assist those with mental illness, but there is one doctor that see the patients. There is no real choice of providers and they are warehoused. My family is currently dealing with mental health. – Government Representative (Augusta County)

Access to providers, especially for our self-pay population. Access for children and teens to mental health providers in our community since limited physicians see children in our region. Limited counselors in our area accept Medicaid. – Other Health Provider (Total Area)

Trained professional and available inpatient beds. – Other Health Provider (Total Area)

A lack of expert providers. Primary care providers become the default psychiatrists for any number of mental health issues. – Physician (Waynesboro)

Access and affordability of psychologists, medications. – Community Leader (Total Area)

Access to mental health providers and medications. – Other Health Provider (Total Area)

Denial/Stigma

Recognition that their illness is indeed one of mental health, being willing to see someone about their illness, cost of accessing care, and voluntarily getting care. – Government Representative (Total Area)

The most significant challenges for those with mental health issues are 1) the stigma with which they are often viewed and the treatment resulting, and 2) difficulty of accessing and gaining appropriate care and treatment, particularly in a timely way. – Community Leader (Total Area)

Cultural stigma with regard to mental health and treatment. Disparate services that do not work together. Lack of behavioral health services in primary care setting. Lack of quality inpatient resources. – Other Health Provider (Waynesboro)

Understanding when to seek care, fearing the stigma of being labeled, hard to see themselves as needing the help. – Social Services Provider (Augusta County)

Stigma and recognition of it as a health condition similar to other medical specialties. – Social Services Provider (Total Area)

Substance Abuse

Drug abuse in the community contributes to a lot of mental health issues in the community. Also, lack of education. – Business Leader (Total Area)

We have a massive drug abuse problem in this County, which typically leads to mental health issues. There is no help for drug addiction other than prescribing more and more pills that are often used abusively or sold to contribute to habits. – Government Representative (Augusta County)

Chronic treatment of mental health conditions juxtaposed against substance abuse epidemic. – Other Health Provider (Total Area)

Diagnosis/Treatment

Treating patients as outpatients but not following up and managing them to ensure they are following their treatment plan, as well as use of illegal drugs. – Other Health Provider (Augusta County)

Mental health often goes undiagnosed or people stop treatment because they cannot afford it. – Social Services Provider (Total Area)

Lack of diagnosis and the stigma associated with this disease. – Community Leader (Staunton)

Health Education

There is a lack of awareness of the importance of mental health and the issues become cyclical and impact entire families because it has not been properly diagnosed and treated. – Educator (Waynesboro)

Homelessness

Many homeless people seen on the streets of Staunton seem to be suffering with mental health issues. I work with many low-income families who have adults suffering from depression. Treatment seems like a difficult thing to find or even be aware of. – Social Services Provider (Total Area)

Impact on Families/Caregivers

Caregivers are at a loss to know how to deal with persons who are "independent" but living with destructive behavior; drug and alcohol abuse, relationships with opposite sex, etc. Persons are protected by laws. – Community Leader (Waynesboro)

Death, Disease & Chronic Conditions

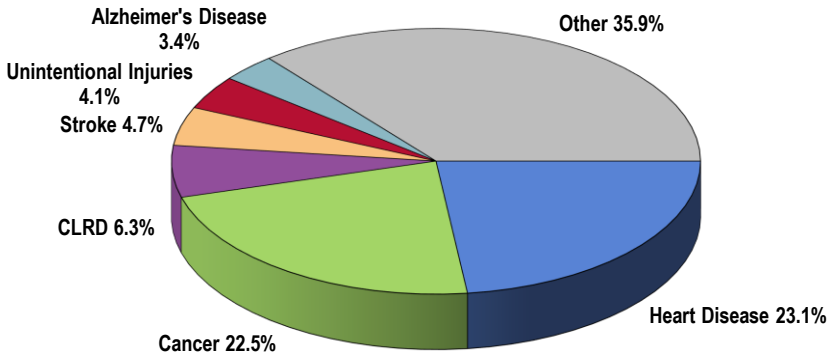
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in the Total Area in 2014.

Leading Causes of Death
(Total Area, 2014)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Virginia and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2012-2014 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2012-2014 Deaths per 100,000 Population)

	Total Area	Virginia	US	HP2020
Malignant Neoplasms (Cancers)	175.7	162.8	163.6	161.4
Diseases of the Heart	168.4	157.3	169.1	156.9*
Unintentional Injuries	47.2	35.4	39.7	36.4
Fall-Related Deaths (65+)	46.4	59.6	57.2	47.0
Chronic Lower Respiratory Disease (CLRD)	44.9	36.5	41.4	n/a
Cerebrovascular Disease (Stroke)	35.7	38.8	36.5	34.8
Alzheimer's Disease	28.4	20.6	24.2	n/a
Intentional Self-Harm (Suicide)	18.9	12.7	12.7	10.2
Diabetes Mellitus	18.1	18.5	21.1	20.5*
Kidney Diseases	17.9	18.0	13.2	n/a
Drug-Induced	16.6	10.6	14.6	11.3
Cirrhosis/Liver Disease	16.4	8.9	10.2	8.2
Pneumonia/Influenza	15.9	16.6	15.1	n/a
Motor Vehicle Deaths	15.7	9.1	10.6	12.4
Firearm-Related	15.4	10.2	10.4	9.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

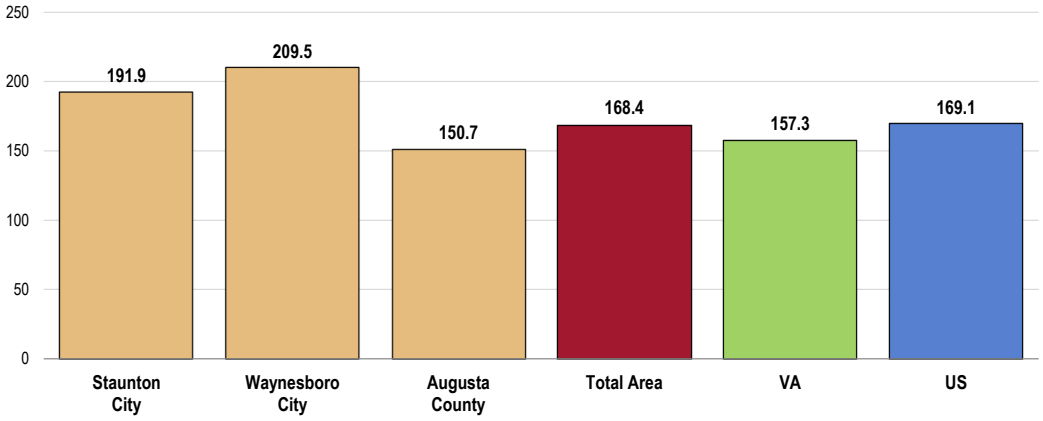
Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 168.4 deaths per 100,000 population in the Total Area.

- Worse than the statewide rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Highest in Waynesboro; lowest in Augusta County.

Heart Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

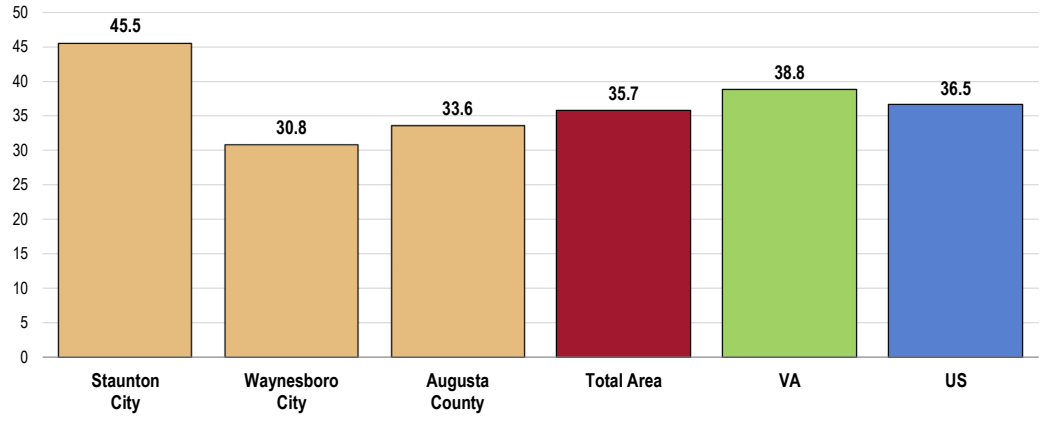
Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 35.7 deaths per 100,000 population in the Total Area.

- More favorable than the Virginia rate.
- Comparable to the US rate.
- Similar to the Healthy People 2020 target of 34.8 or lower.
- Unfavorably high in Staunton.

Stroke: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

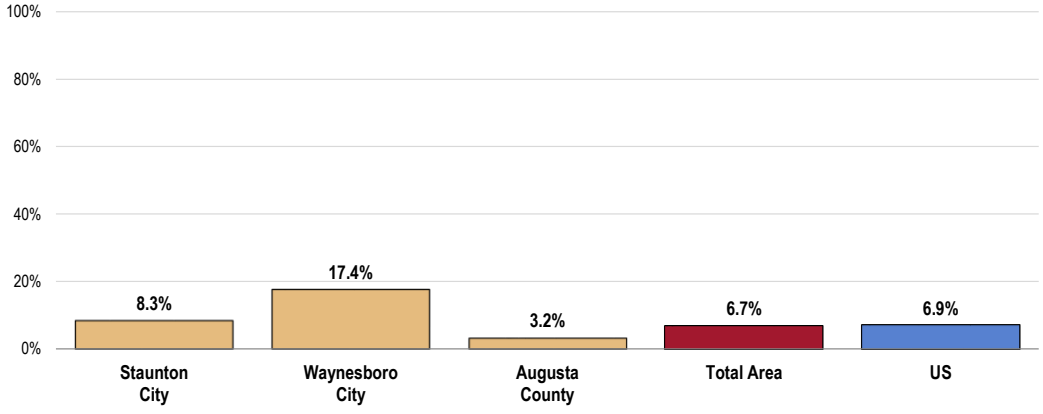
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Unfavorably high in Waynesboro.

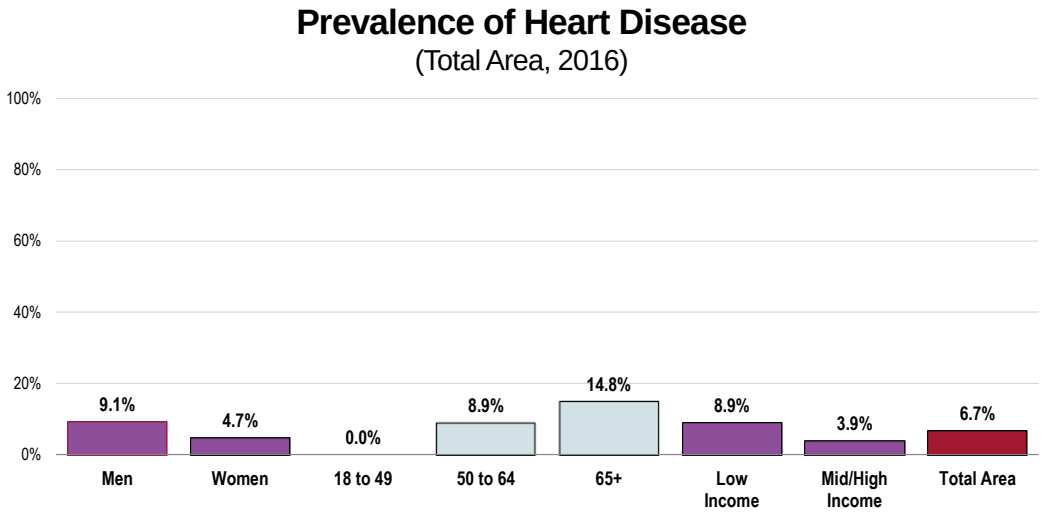
Prevalence of Heart Disease



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

- Note the positive correlation between age and chronic heart disease among Total Area survey respondents.



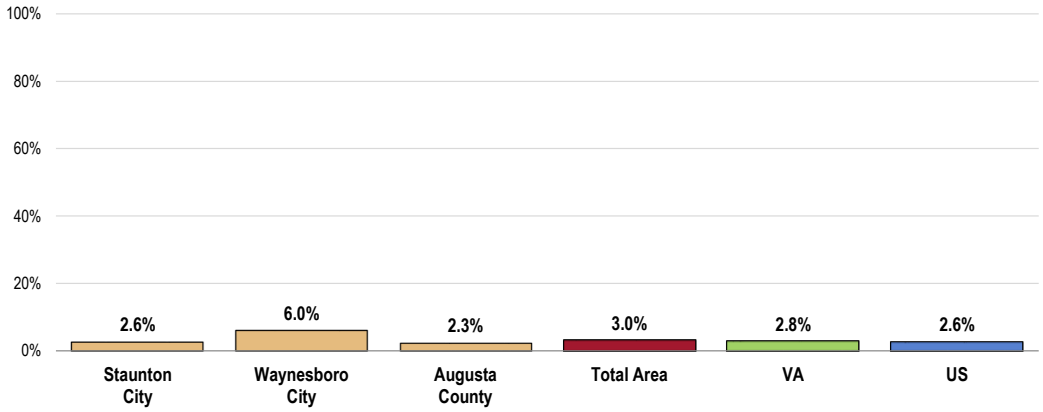
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Statistically comparable findings by area.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 35]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

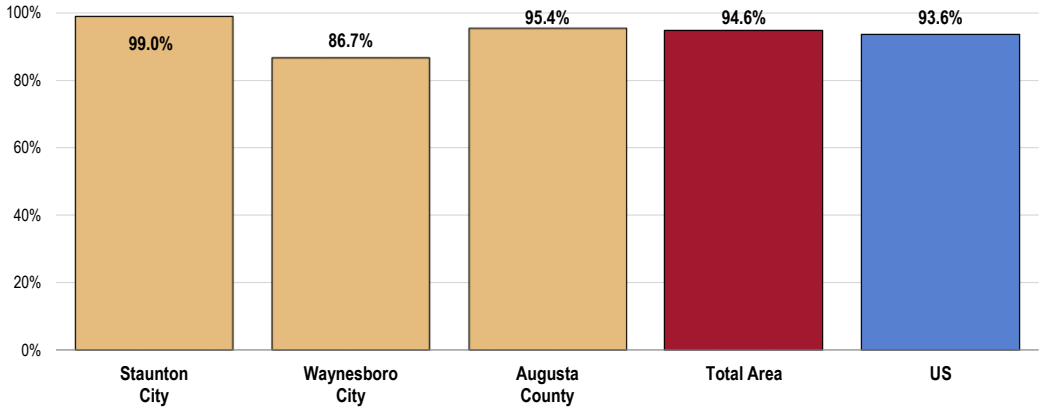
Blood Pressure Testing

A total of 94.6% of Total Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- Lower in Waynesboro.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

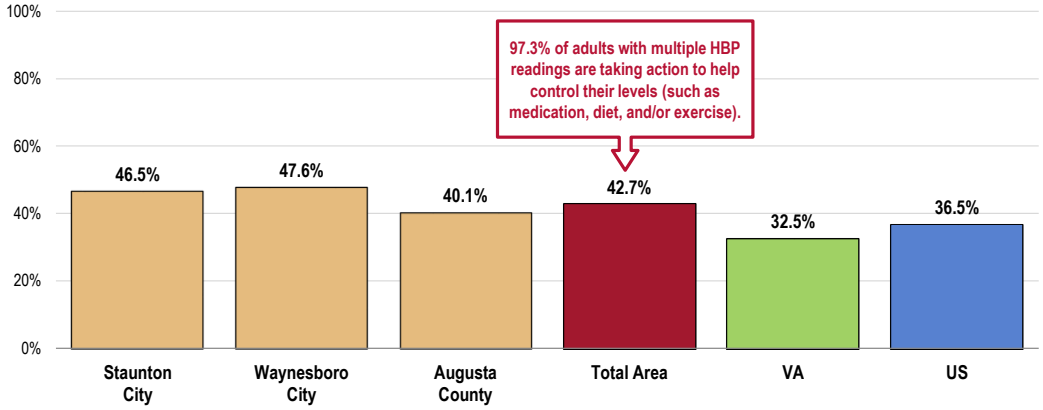
A total of 42.7% of Total Area adults have been told at some point that their blood pressure was high.

- Less favorable than the Virginia and US percentages.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

- Comparable findings by area.
- Among adults with multiple high blood pressure readings, 97.3% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 43, 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

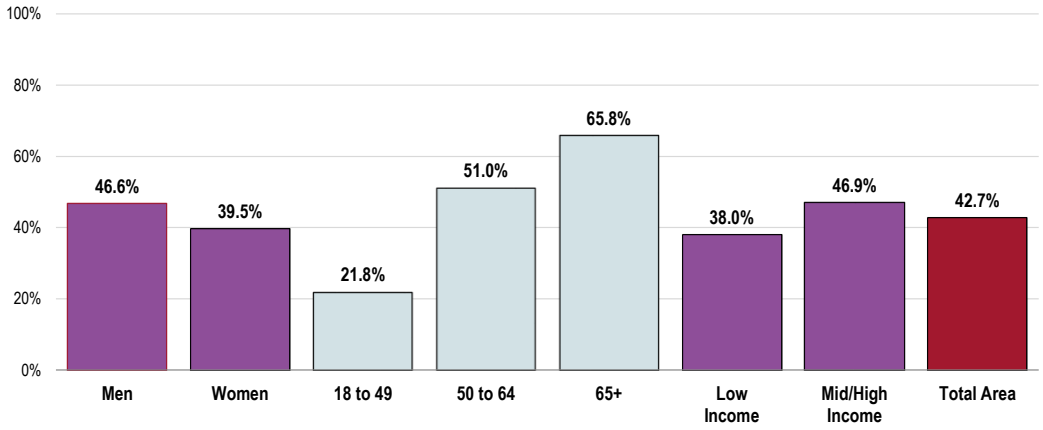
Notes:
- Asked of all respondents.

- Hypertension diagnoses are higher among adults age 50 and older, and especially those age 65+ (positive correlation with age).

Prevalence of High Blood Pressure

(Total Area, 2016)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

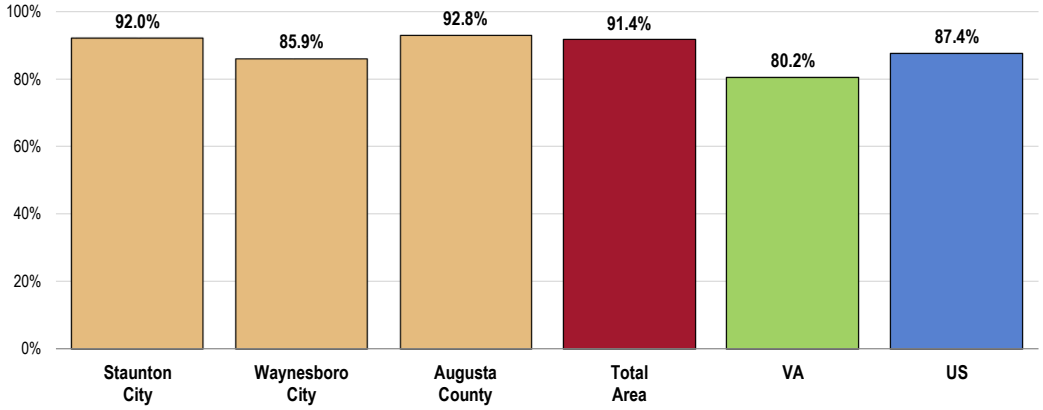
Blood Cholesterol Testing

A total of 91.4% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Comparable findings by area.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

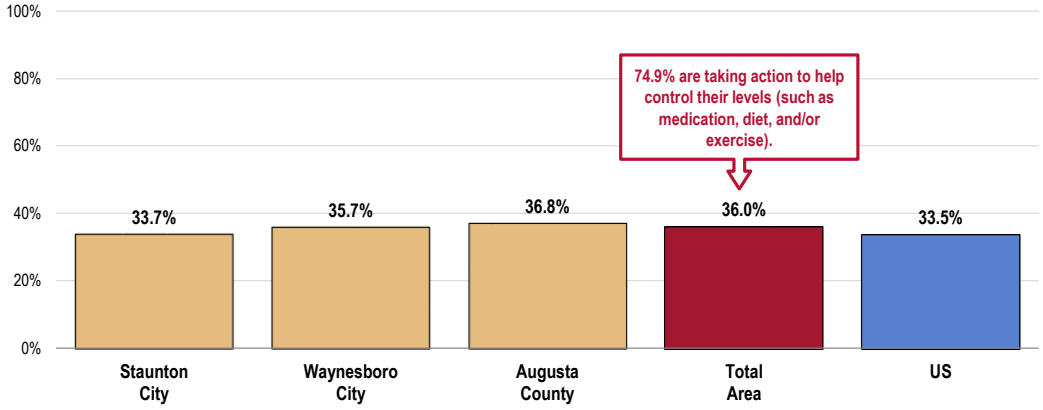
Prevalence of High Blood Cholesterol

A total of 36.0% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- Similar percentages by area.
- Among adults with high blood cholesterol readings, 74.9% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 148]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

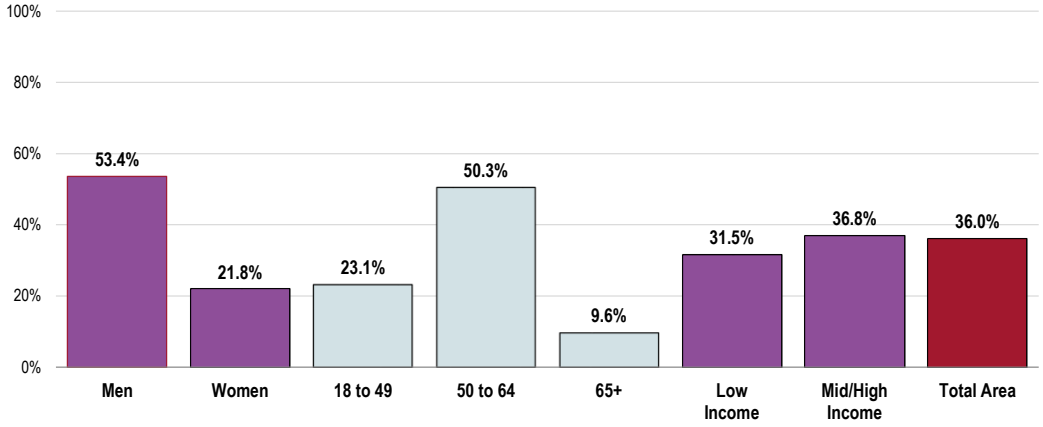
These adults are more likely to have been diagnosed with high cholesterol levels:

- Men.
- Adults age 50 to 64.

Prevalence of High Blood Cholesterol

(Total Area, 2016)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

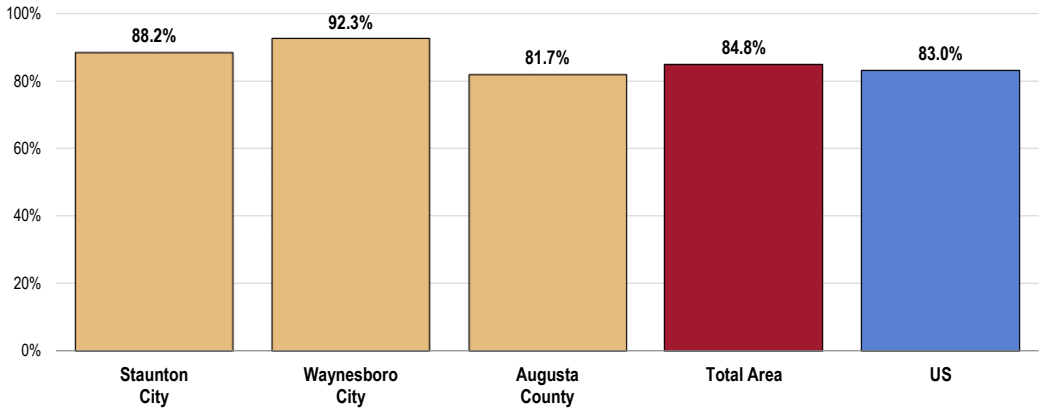
Total Cardiovascular Risk

RELATED ISSUE:
See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the **Modifiable Health Risk** section of this report.

A total of 84.8% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings.
- Notably high in Waynesboro.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

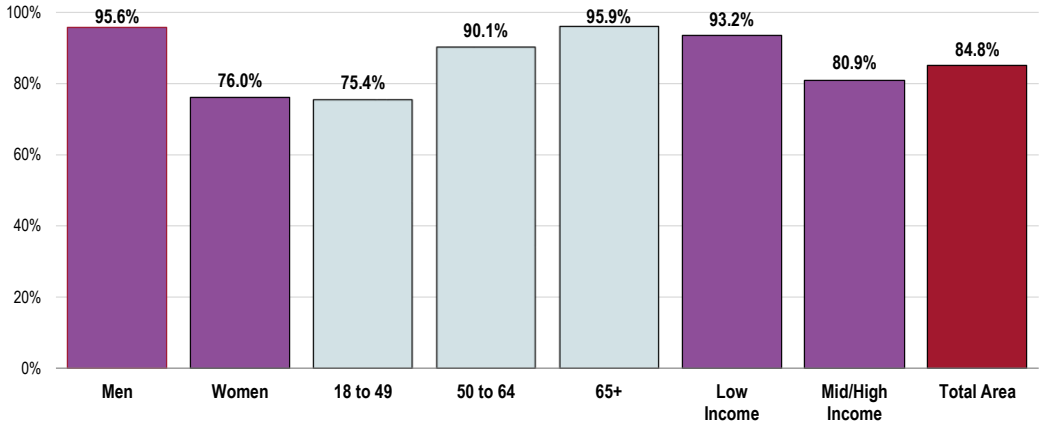
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 50 and older, and especially seniors.
- Low-income residents.

Present One or More Cardiovascular Risks or Behaviors

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

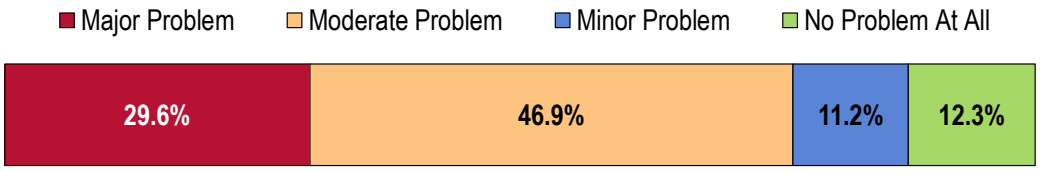
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

I have several family members, friends, and professional acquaintances who have been affected by heart disease or stroke, and I see a number of clients at Lifetime Fitness in the medical RX program who have had these challenges. – Social Services Provider (Total Area)

This is a significant factor in the community I serve. Cardiac/coronary issues are fairly common. Stroke is less so, but it is often more debilitating and has a greater impact when there is residual damage. – Community Leader (Total Area)

Continues to be rampant. Related to smoking, inactivity, poor eating habits. – Educator (Staunton)

Incidence of heart and vascular disease, hypertension is significant. – Other Health Provider (Total Area)

Number of community members suffering with contributing factors is high (ex. high blood pressure). – Other Health Provider (Total Area)

High rate of CVD in the area, high incidence of DM for which heart disease is a co-morbidity. – Other Health Provider (Total Area)

High prevalence and impact on population's health. – Physician (Augusta County)

I worked in the cardiac catheterization lab and we saw a large portion of this community having coronary artery disease, lack of knowledge about the disease. Many untreated diabetic patients, obese and with issues of substance abuse, including alcohol. – Other Health Provider (Total Area)

We still have a fair number diagnosed although care is readily available. So preventive care is a need. – Other Health Provider (Total Area)

Statically seem to have a large number of patients with diagnosis cardiac, heart disease or stroke in our region. – Other Health Provider (Total Area)

Either you have heart, cancer or dementia in this area. – Social Services Provider (Total Area)

My opinion may be biased since I used to be the staff dietitian who covered our cardiac/ pulmonary unit and our outpatient cardiac rehabilitation program, based on that experience as well as my dealings with various community programs I have worked with. – Other Health Provider (Total Area)

Clinic patients and chart reviews reveal the majority of our patients (except for children) have HTN, CAD, elevated cholesterol, history of MI. – Public Health Representative (Total Area)

Aging Population

As our population ages, incidents of heart disease and stroke will continue to rise. Many individuals do not recognize the early warning signs of either. – Government Representative (Total Area)

Because of the high incidence of an older population and the higher rate of people who are overweight or obese, there is a higher degree of cardiovascular problems. – Community Leader (Waynesboro)

It seems as if it would be because our population is aging and has a low income (regionally) and a lack of education (regionally) beyond high school. Also the general tendency towards obesity would indicate a lack of appropriate interventions. – Social Services Provider (Total Area)

Aging population and poor diet contribute to increased incidence of these diseases. – Educator (Total Area)

Age of population, lack of knowledge about prevention. – Social Services Provider (Total Area)

With aging population and increased obesity, more folks are at risk for heart disease and stroke. – Community Leader (Total Area)

Due to age of population. – Other Health Provider (Augusta County)

Lifestyle

It goes hand-in-hand with lifestyle choices that lead to diabetes and chronic kidney disease, as well. – Other Health Provider (Augusta County)

Unhealthy lifestyles. – Educator (Total Area)

Lifestyle choices people make. Affordability to care. – Public Health Representative (Total Area)

Again, these issues typically revolve around lifestyle. Take everything I said about diabetes and paste it into this category as well. In addition to diet, lifestyle, and culture, our regional community is not one that promotes a fully active lifestyle. – Social Services Provider (Total Area)

Personal responsibility for lifestyle choices of diet, exercise, and treatment options. – Social Services Provider (Total Area)

Diet, lack of exercise, lack of education, family history. – Other Health Provider (Total Area)

The diet, obesity, lack of exercise and smoking in the community lend themselves to higher levels of heart disease and strokes. – Other Health Provider (Total Area)

Lack of physical activity and high fat diet. – Other Health Provider (Augusta County)

Diet and exercise, referral to specialist. – Public Health Representative (Augusta County)

The overall health of our community is deteriorating due to poor diet and exercise. Even with education some are not motivated or do not have the necessary resources. – Community Leader (Staunton)

Again, poor eating habits and lack of proper exercise. – Community Leader (Augusta County)

Poor nutrition, poor living habits, low earning capacity, so must work multiple jobs, mental health issues. – Social Services Provider (Total Area)

High rate of obesity, poor diet, lack of education regarding healthy lifestyle. – Physician (Augusta County)

Obesity, poor nutrition and lack of exercise. – Other Health Provider (Total Area)

Leading Cause of Death

One of the top three causes of death in the area. Elderly population and population that is not focused on healthy lifestyles and behaviors. – Other Health Provider (Total Area)

Still a number one or number two killer in our area. A lot of this is preventable. – Public Health Representative (Total Area)

Heart disease continues to be among the top killers in America and strokes send people to long-term care in a flash. – Media Health Representative (Total Area)

Highest cause of death in our community, strong correlation to obesity, smoking, and lack of exercise. – Community Leader (Waynesboro)

Heart disease and stroke are the number one killer in both men and women in America and our community is the middle of what is referred to as the "Stroke Belt" where a higher percentage of people experience atrial fibrillation and stroke. – Other Health Provider (Total Area)

High mortality and morbidity associated with these conditions. – Physician (Total Area)

Obesity

Obesity, smoking tobacco, poor diet, medications that affect metabolism. – Social Services Provider (Total Area)

Again, being overweight is a large contributor. Calls for service throughout Augusta County are often linked to these two diseases. – Government Representative (Augusta County)

Overweight and out-of-shape community. – Business Leader (Total Area)

Access to Care/Services

Access to care. – Physician (Augusta County)

Cardiovascular and GUI services, unstable practices, limited access, no continuity. – Physician (Augusta County)

Comorbidities

Obesity, hypertension, diabetes and lack of exercise all contribute to heart disease. Providers and prevention specialists need to work in collaboration to provide a coordinated continuum of care. – Other Health Provider (Waynesboro)

Diabetes. – Other Health Provider (Total Area)

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

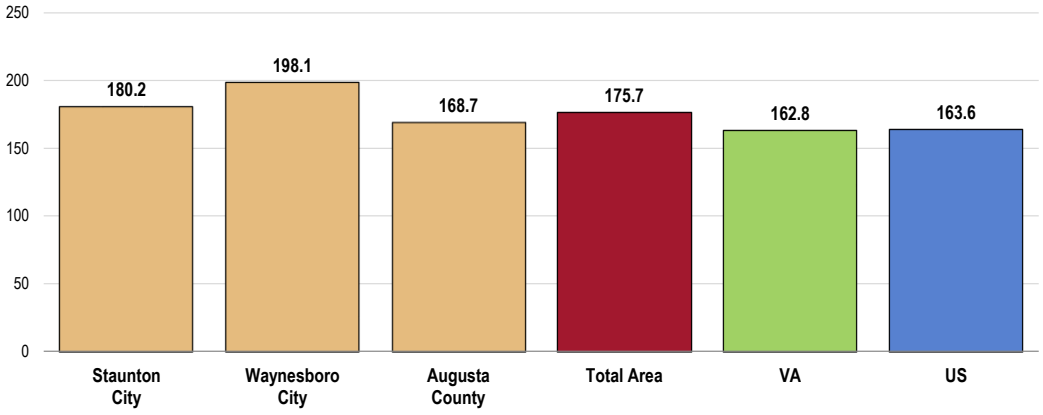
Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 175.7 deaths per 100,000 population in the Total Area.

- Worse than the statewide and national rates.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Particularly high in Waynesboro.

Cancer: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Total Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2012-2014 annual average age-adjusted death rates):

- The Total Area **lung, female breast, and colorectal cancer** death rates are worse than the state and US rates.
- In contrast, the Total Area **prostate cancer** death rate is lower than both the state and national rates.

Note that while the prostate cancer death rate detailed in the following chart satisfies the related Healthy People 2020 target, the remaining cancers fail to satisfy their 2020 goals.

Age-Adjusted Cancer Death Rates by Site

(2012-2014 Annual Average Deaths per 100,000 Population)

	Total Area	Virginia	US	HP2020
ALL CANCERS	175.7	162.8	163.6	161.4
Lung Cancer	49.2	43.8	43.4	45.5
Prostate Cancer	16.1	19.8	19.2	21.8
Female Breast Cancer	23.6	21.7	20.9	20.7
Colorectal Cancer	15.4	14.1	14.6	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

These 2008-2012 Total Area annual average age-adjusted cancer incidence rates are worse than US rates:

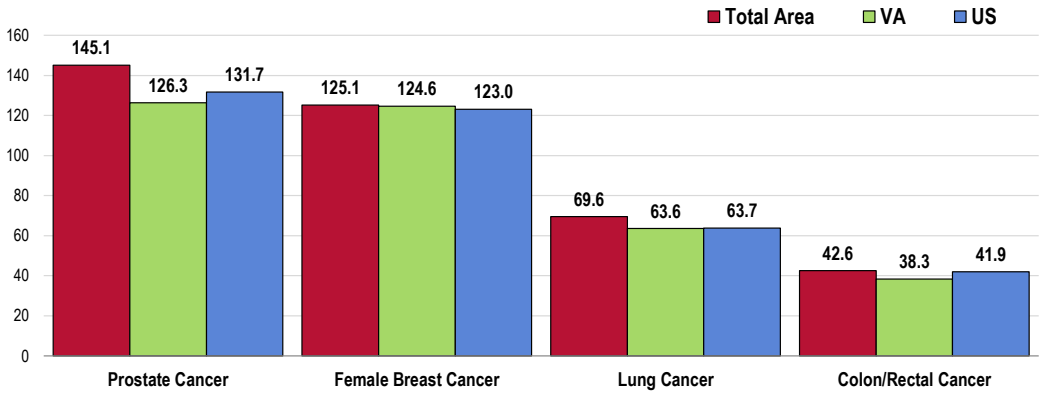
- Prostate cancer.
- Lung cancer.

These Total Area cancer incidence rates are worse than state rates for the same years:

- Prostate cancer.
- Lung cancer.
- Colorectal cancer.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)



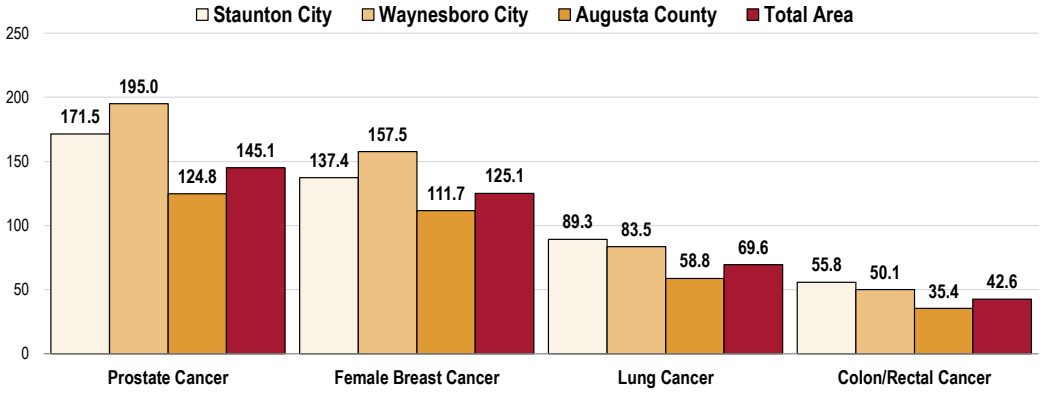
Sources:
- State Cancer Profiles.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- Note the particularly high incidence of prostate and female breast cancer in Waynesboro.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)



Sources:
- State Cancer Profiles.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

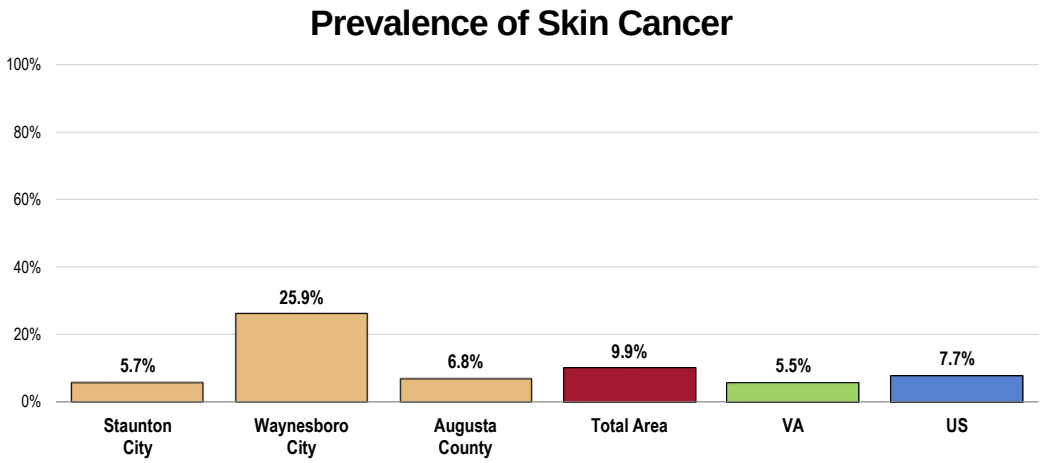
Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 9.9% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Higher than what is found statewide.
- Statistically similar to the national average.
- Particularly high in Waynesboro.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

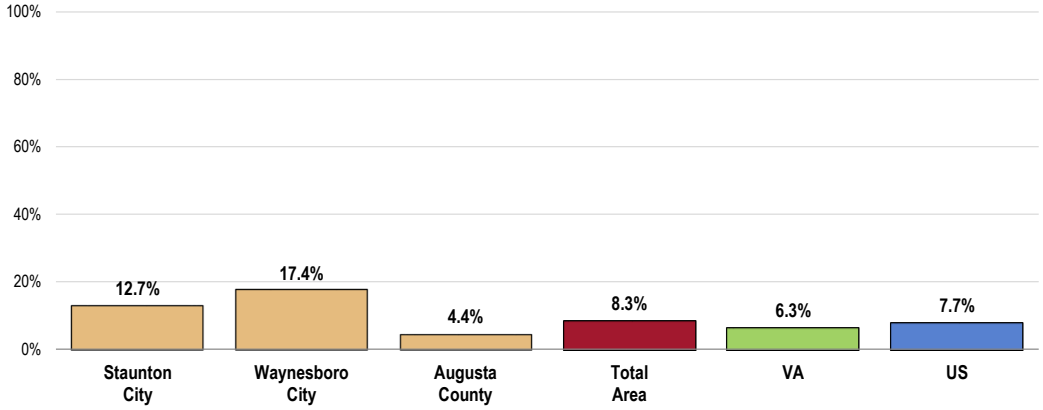
Notes:
- Asked of all respondents.

Other Cancer

A total of 8.3% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Particularly high in Waynesboro.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

RELATED ISSUE:
See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

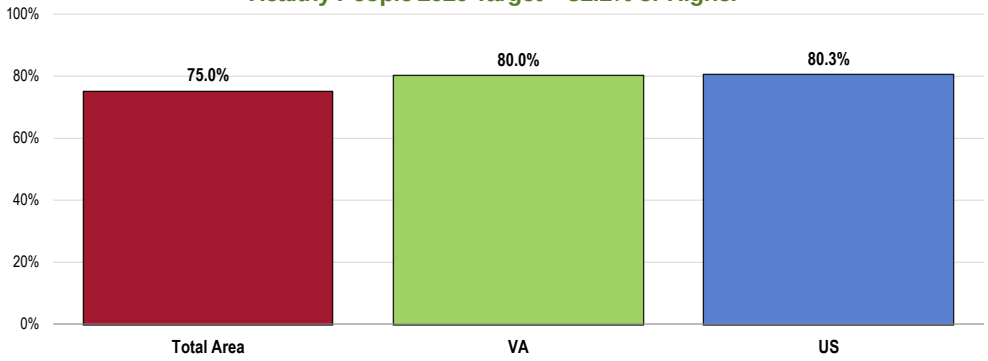
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Mammography

Among women age 50-74, 75.0% have had a mammogram within the past 2 years.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

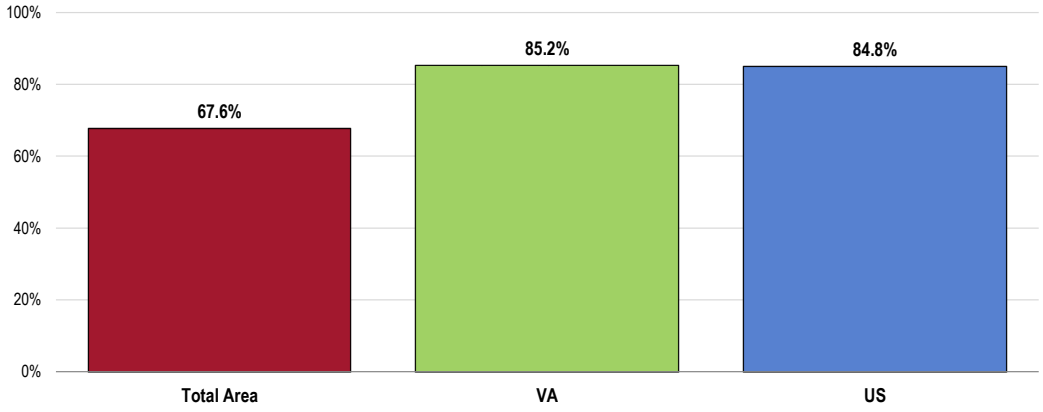
Among Total Area women age 21 to 65, 67.6% have had a Pap smear within the past 3 years.

- Well below state and national findings.
- Far from satisfying the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

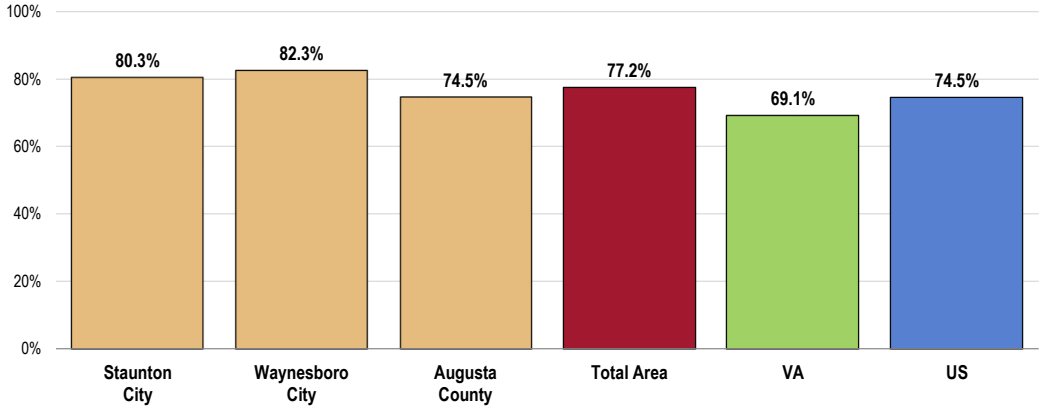
Among adults age 50-75, 77.2% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- More favorable than the state prevalence.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by area.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

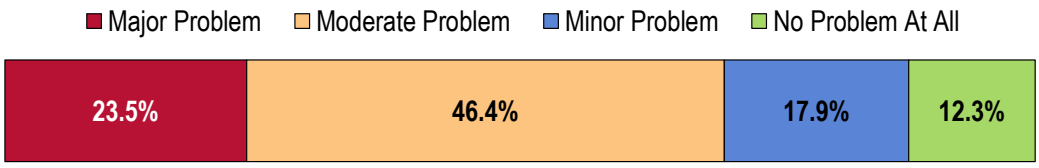
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

The largest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *In my 10 years serving my church, incidents of cancer seem to be on the rise, especially childhood cancers. There have been a handful of really rare cases or hard-to-diagnose. There is great need for whole family support, as well. – Community Leader (Waynesboro)*
>
> *I don't know anyone who has not been affected by cancer. My father died of colon cancer at 60, and*

my mother-in-law had breast cancer in her 80's. – Social Services Provider (Total Area)

There seems to be a higher incidence of cancer in our community, perhaps due to the historical presence of unregulated industry. – Business Leader (Total Area)

Three children have died within the past few years in the Stuarts Draft area from cancer. – Media Health Representative (Total Area)

I believe we have a higher incidence of cancer in our community compared to state averages. In addition, we have a higher elderly population, which can also impact cancer rates. – Other Health Provider (Total Area)

High rate per population of cancer, high cost to family and friends of cancer victim. – Community Leader (Waynesboro)

For our region's population we have a Cancer Center within the hospital; I see this as a positive of living in this community, but am interested in the rates of cancer locally that support this center (I assume the rates must be fairly high). – Social Services Provider (Total Area)

It seems like incidents of residents being diagnosed with cancer are increasing exponentially. – Government Representative (Total Area)

In the past several months there have been two young girls die from cancer in the Stuarts Draft Elementary School population. – Public Health Representative (Total Area)

I don't think it's a more major problem than similar areas of the country. It is on most people's mind, though, because it is the "scare" disease of our time. – Community Leader (Augusta County)

I'm aware of too many people with cancer of one type or another. Services are scattered and sometimes poor. – Social Services Provider (Total Area)

Cancer is a major problem in all communities. – Social Services Provider (Total Area)

It seems that every third acquaintance is experiencing a family member with cancer. Local hospital even built a separate Cancer Center in collaboration with Duke University as a resource. – Social Services Provider (Waynesboro)

I see the number of patients the cancer center sees as well as the bedded units. Both practices stay busy in the area. – Other Health Provider (Augusta County)

Cancer is a prominent diagnosis in our community. Care for the patient with cancer requires caring for the patient and family. It is costly for the patient and emotionally and physically draining on patient and family. Requires coordination of care. – Other Health Provider (Total Area)

Cancer treatment is complicated and consume a lot of resources, financial, social, mental, and so forth. – Physician (Total Area)

In the small place I work, there are many current diagnoses. – Educator (Staunton)

Lot of family and friends have or know someone that is suffering from some type of cancer. – Business Leader (Augusta County)

Significant numbers of folks affected. – Community Leader (Total Area)

So many people have cancer of all types and live a good life. My grandmother died of cancer of the bladder almost 21 years ago and never smoked or drank. – Social Services Provider (Total Area)

It seems we have a higher than average instance of cancer in this community. The treatment options stink, and the percentage of survivors is not encouraging. This is a problem larger than us, but we need to find a cure in the next decade. – Media Health Representative (Total Area)

Several individuals in our organization battle with cancer and/or have lost their battle with cancer. – Educator (Augusta County)

Currently, I am aware of three people receiving treatment for cancer. I am aware of several others who have either received treatment or who have passed away from their cancer. – Educator (Staunton)

High incidence of condition. – Community Leader (Augusta County)

There is a lot of cancer occurring. – Physician (Total Area)

The number of patients diagnosed and treated. – Other Health Provider (Total Area)

Many cases. – Business Leader (Total Area)

Impact on Families/Caregivers

It affects the entire family and/or group of friends. Affects financial, job stability, has transportation needs. And follow up for years after. Oncologists' waiting rooms are busier and busier. Years ago, people might not have wanted to go to the doctor. – Community Leader (Total Area)

The number of families coping with cancer. – Community Leader (Augusta County)

> *This affects so many families in our area, and it seems that many find out that they are affected when the disease has progressed. Getting people to test early is a problem. Local services are available, but I'm not sure about the success rate. – Government Representative (Augusta County)*

Aging Population

> *Region is demographically older. Cancer incidence increases with age. Also cancer diagnostics and treatment is expensive with shift to high deductible plan or out of pocket expense is a burden for majority of patients. – Other Health Provider (Total Area)*

Health Education

> *Lack of education and avoidance of possible cancer symptoms. Fear of unknown cost and access to cancer care. – Public Health Representative (Augusta County)*

Lack of Industrial Regulations

> *Lack of industrial regulations- such as OSHA, EPA, DEQ- for workers who are over the age of 50, and lack of people taking advantage of preventative medical care or having access to it. – Business Leader (Total Area)*

Leading Cause of Death

> *Second leading cause of death in the nation but number one for some of our areas. Vast majority of cases could be preventable: lung, colon and breast cancers. – Public Health Representative (Total Area)*

Nutrition

> *This is a rural community, and people butcher and eat too much red meat that is cured and also using hardwood to cure meats and also some cook with wood stoves. Stomach cancer has been prevalent. – Other Health Provider (Augusta County)*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

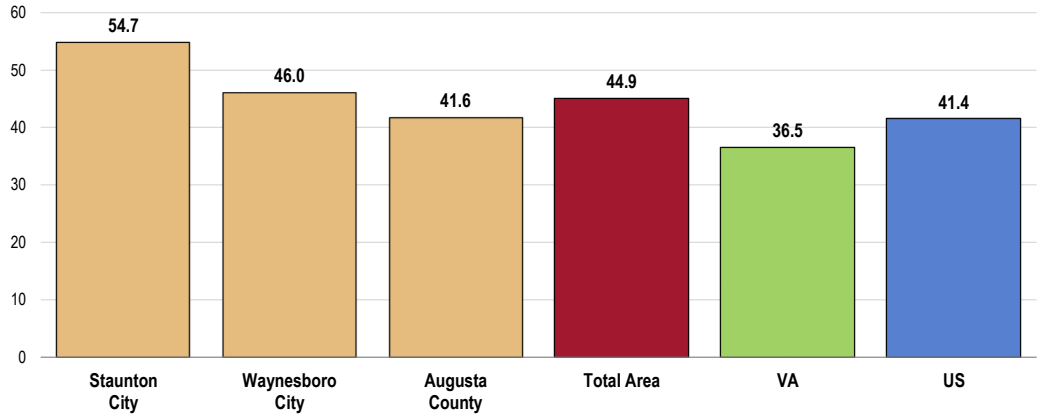
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 44.9 deaths per 100,000 population in the Total Area.

- Higher than the state and national rates.
- Unfavorably high in Staunton.

CLRD: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

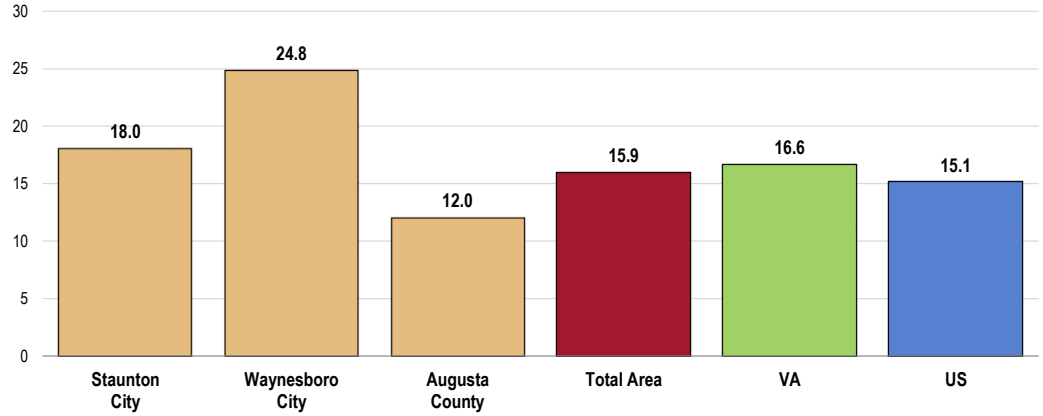
Between 2012 and 2014, Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 15.9 deaths per 100,000 population.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

- Comparable to the state rate.
- Higher than the US rate.
- Notably high in Waynesboro.

Pneumonia/Influenza: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma

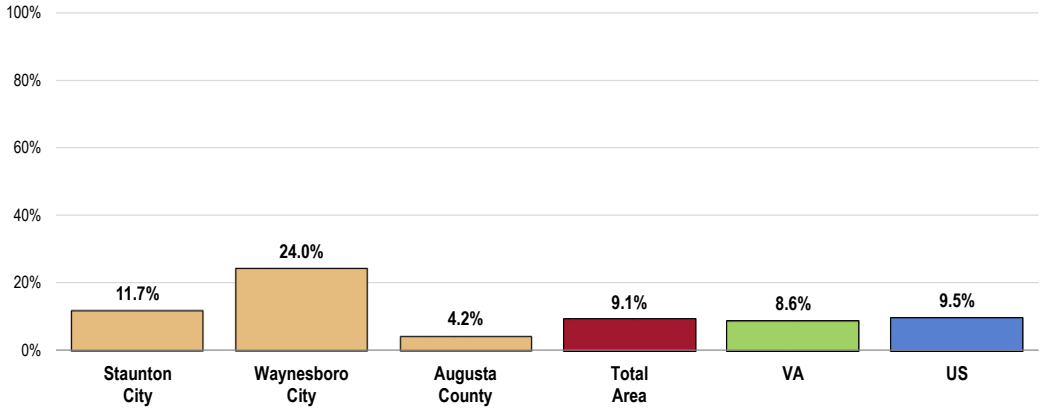
Adults

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 9.1% of Total Area adults currently suffer from asthma.

- Similar to the statewide and US prevalence.
- Unfavorably high in Waynesboro.

Adult Asthma: Current Prevalence

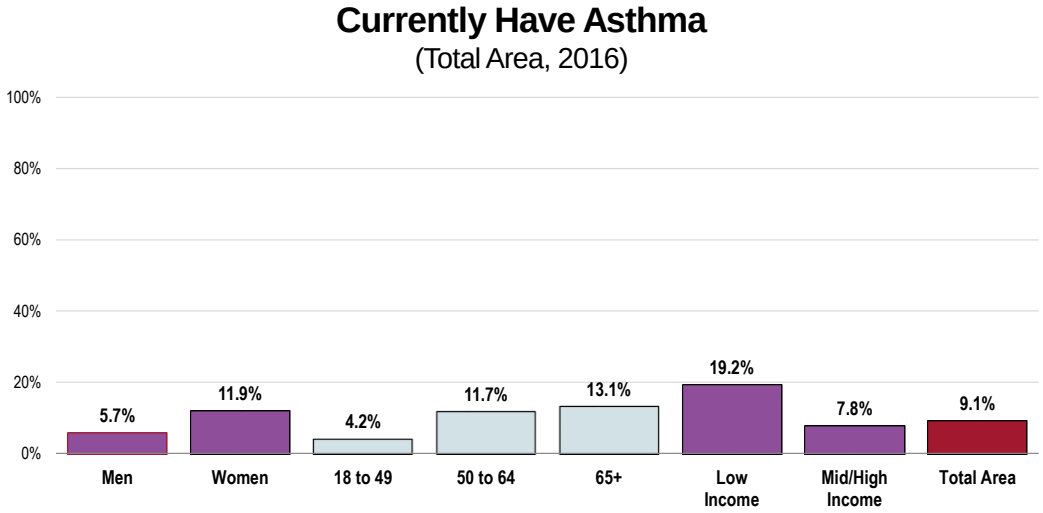


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Older adults (positive correlation with age).
- Low-income residents especially.

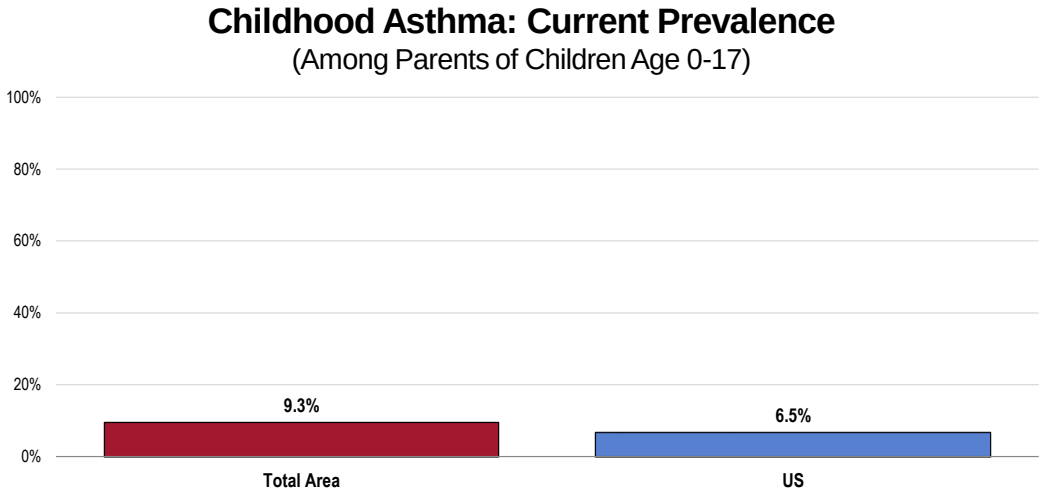


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Total Area children under age 18, 9.3% currently have asthma.

- Comparable to the US prevalence among children.



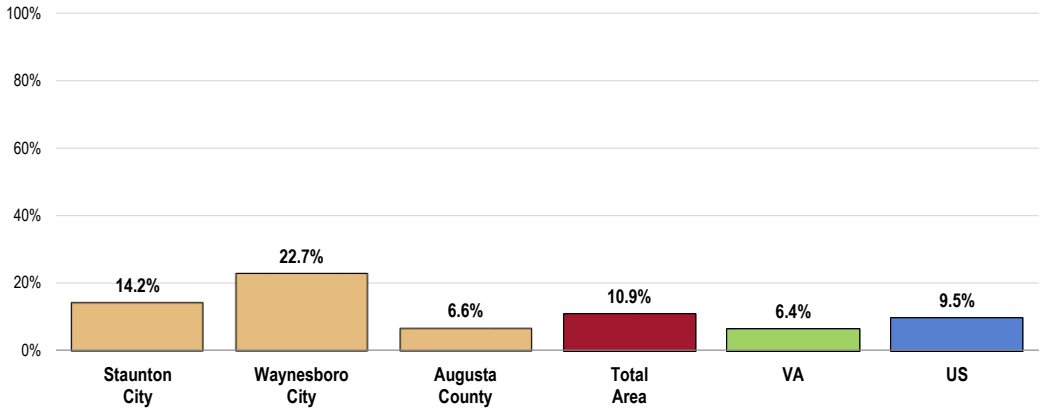
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 10.9% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state prevalence.
- Similar to the national prevalence.
- Highest in Waynesboro.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

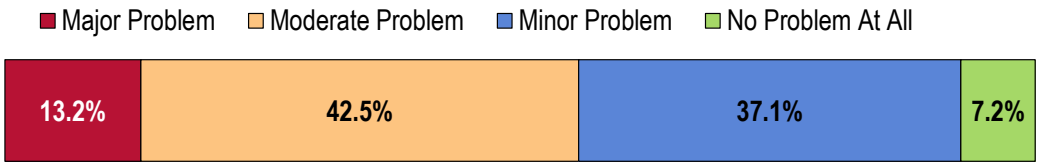
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

As our population ages, incidents of respiratory disease will continue to rise. – Government Representative (Total Area)

Aged population and lifestyle choices (smoking). – Social Services Provider (Total Area)

We see many older people who suffer from asthma, COPD and other respiratory diseases. As these diseases progress, people's lives become more restricted as their energy and ability to move about decreases and they require more assistance. – Social Services Provider (Total Area)

Age and smoking. – Other Health Provider (Augusta County)

Elderly population, smoking, high incidence of COPD. – Other Health Provider (Total Area)

Tobacco Use

Smoking in our population is large, which has led to a respiratory disease. Also asbestos exposure and VA population. – Other Health Provider (Total Area)

Smoking is prevalent, and many folks have COPD. – Physician (Total Area)

Smoking and secondhand smoke. Rural area for pollen. – Other Health Provider (Augusta County)

Tobacco abuse. – Other Health Provider (Augusta County)

Smoking is a major factor in the region. Also, lack of regulations in plants and factories before 1970 requiring mandatory respirators for certain activities. – Business Leader (Total Area)

Prevalence/Incidence

Incidence of asthma, COPD in area. – Other Health Provider (Total Area)

In public PFT screenings, a high number of people are found to have issues. When referred, it seems to be a bit hard to schedule the formal/diagnostic PFT (takes weeks to get in) in order to then be seen by the pulmonologist. – Other Health Provider (Total Area)

A family member has COPD. – Community Leader (Augusta County)

COPD is a common disease seen in home health population and it has a higher-than-average hospitalization rate. – Social Services Provider (Augusta County)

Environmental Contributors

Pollen, smoking, asthma, the plants/factories, and not taking proper precautions. – Other Health Provider (Total Area)

Environmental population and natural allergens. – Other Health Provider (Total Area)

Lifestyle

Overweight is an issue here, and smoking. Tobacco use, as well as meth use, is a contributing factor. – Government Representative (Augusta County)

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

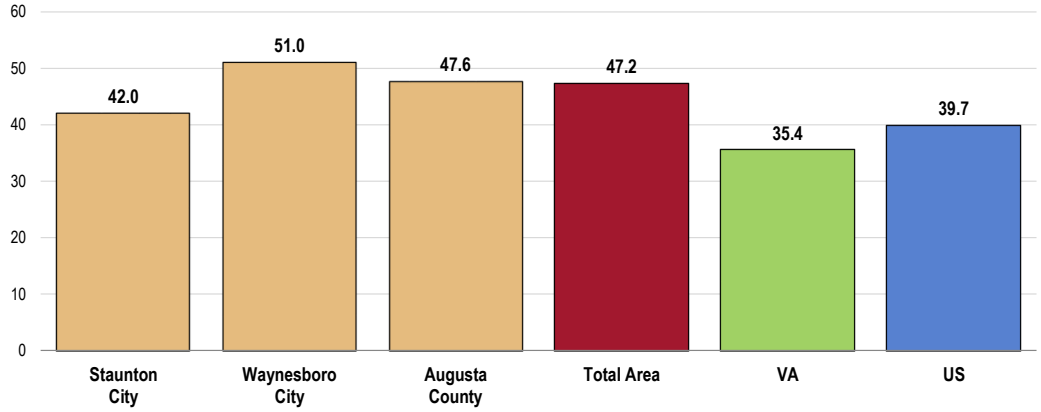
Between 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 47.2 deaths per 100,000 population in the Total Area.

- Less favorable than the Virginia and US rates.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- Highest in Waynesboro.

Unintentional Injuries: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

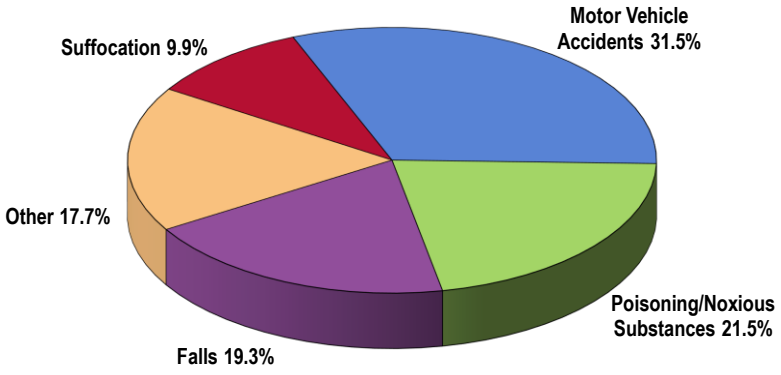
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), falls, and suffocation accounted for most accidental deaths in the Total Area between 2012 and 2014.

Leading Causes of Accidental Death

(Total Area, 2012-2014)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for drug-induced deaths (both intentional and unintentional overdoses), motor vehicle crashes, and falls (among adults age 65 and older).

These Total Area annual average age-adjusted mortality rates are worse than US rates for:

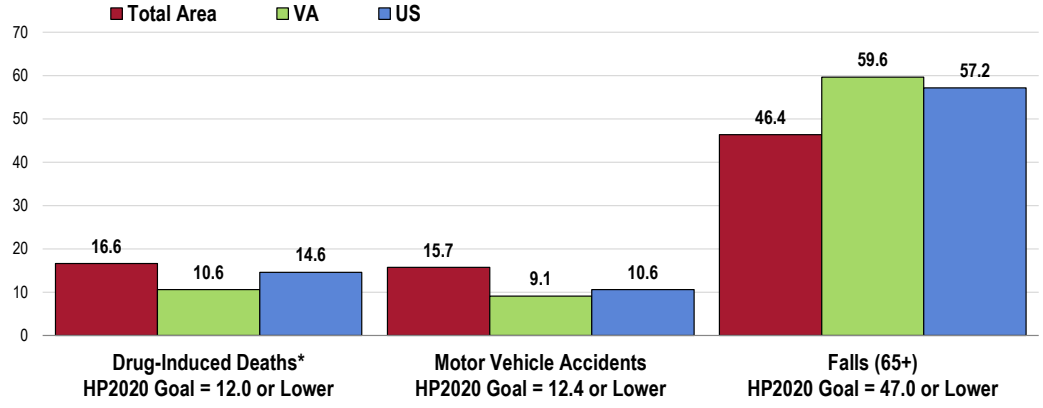
- Drug-related deaths.
- Motor vehicle accidents.

Total Area mortality rates are worse than state rates for:

- Drug-related deaths.
- Motor vehicle accidents.

Select Injury Death Rates

(By Cause of Death; Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Drug-induced deaths include both intentional and unintentional drug overdoses.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … in 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

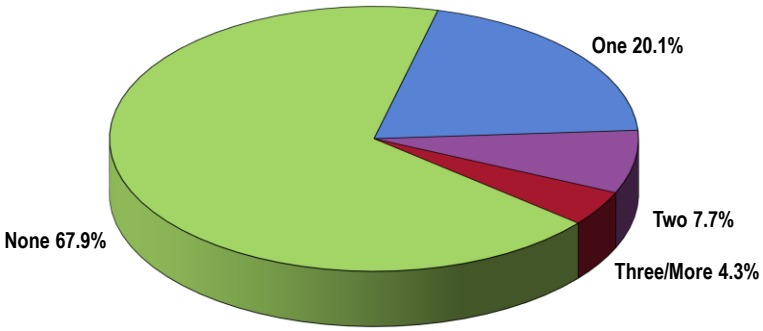
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Area adults age 45 and older, 32.1% fell at least once in the past year, including 4.3% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Total Area, 2016)



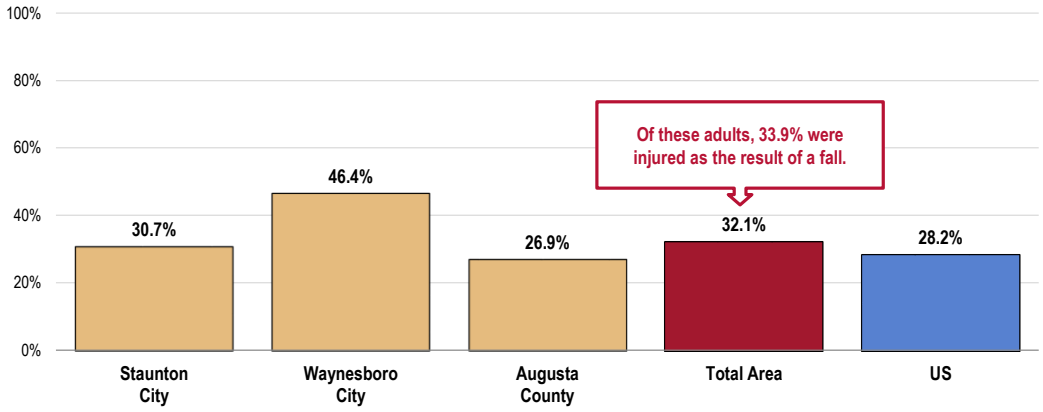
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- The prevalence is highest in Waynesboro.

Among those who fell in the past year, 33.9% were injured as a result of the fall.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)



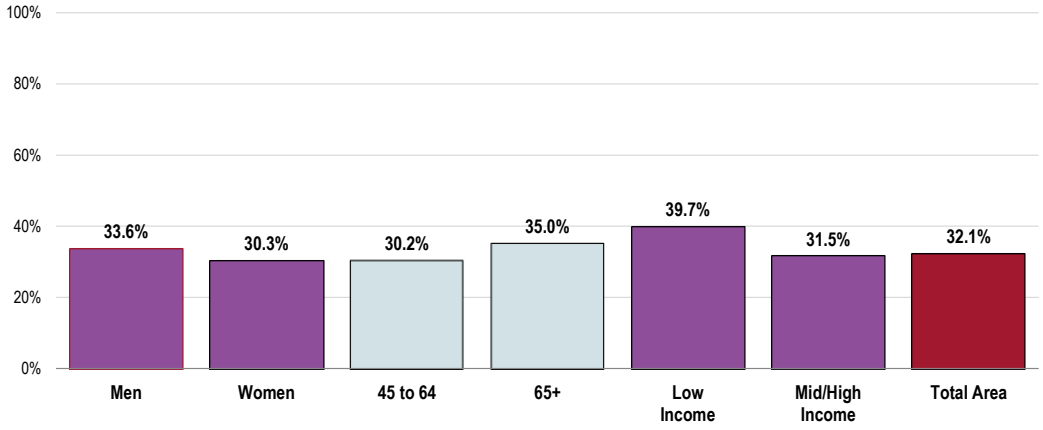
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 125-126]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents age 45 and older.

The prevalence of falls is statistically similar by demographic characteristics.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older; Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

Notes:
- Asked of those respondents age 45 and older.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

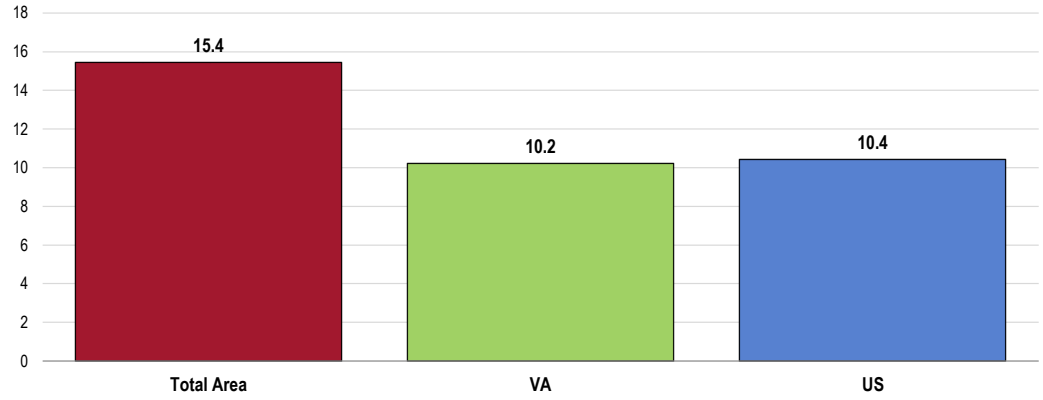
Between 2012 and 2014, there was an annual average age-adjusted rate of 15.4 deaths per 100,000 population due to firearms in the Total Area.

- Higher than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

Survey respondents were further asked about the presence of weapons in the home:

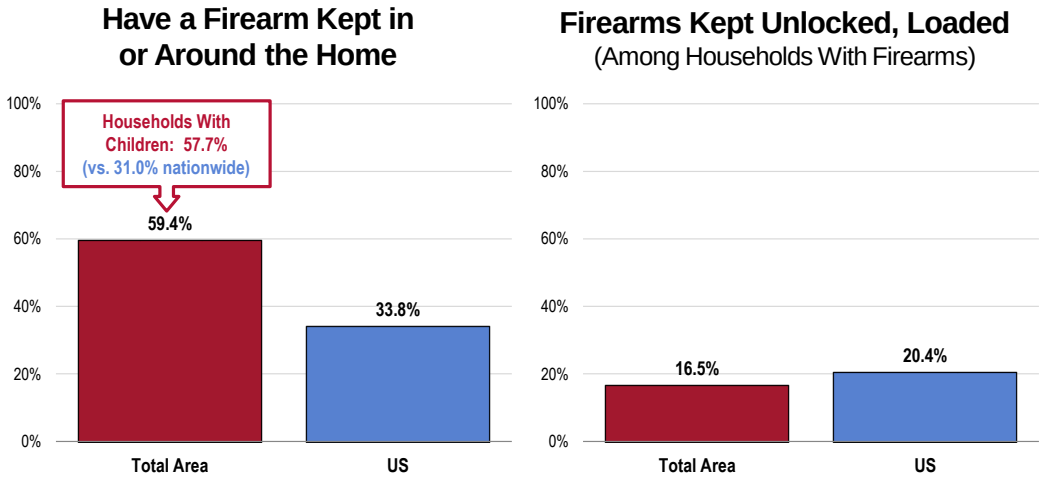
"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

Overall, 6 in 10 Total Area adults (59.4%) have a firearm kept in or around their home.

- Much higher than the national prevalence.
- Among Total Area households with children, 57.7% have a firearm kept in or around the house (much higher than that reported nationally).

Among Total Area households with firearms, 16.5% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

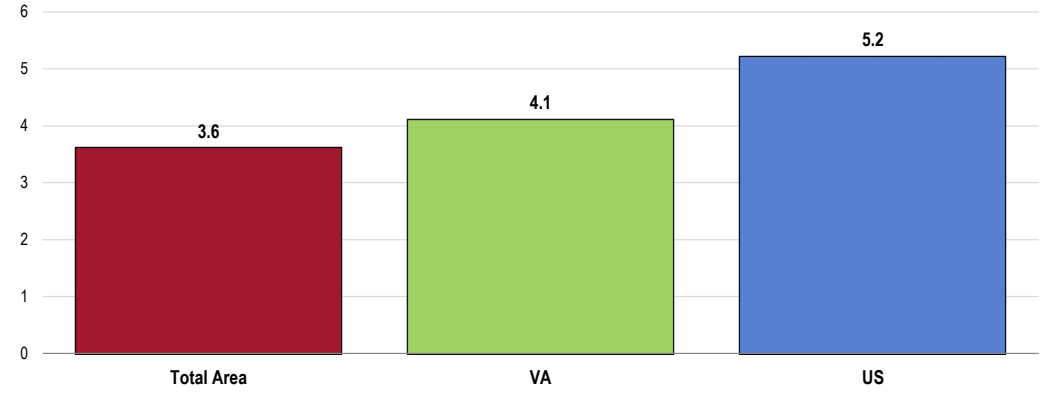
Age-Adjusted Homicide Deaths

Between 2012 and 2014, there was an annual average age-adjusted homicide rate of 3.6 deaths per 100,000 population in the Total Area.

- More favorable than the rate found statewide and across the US.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

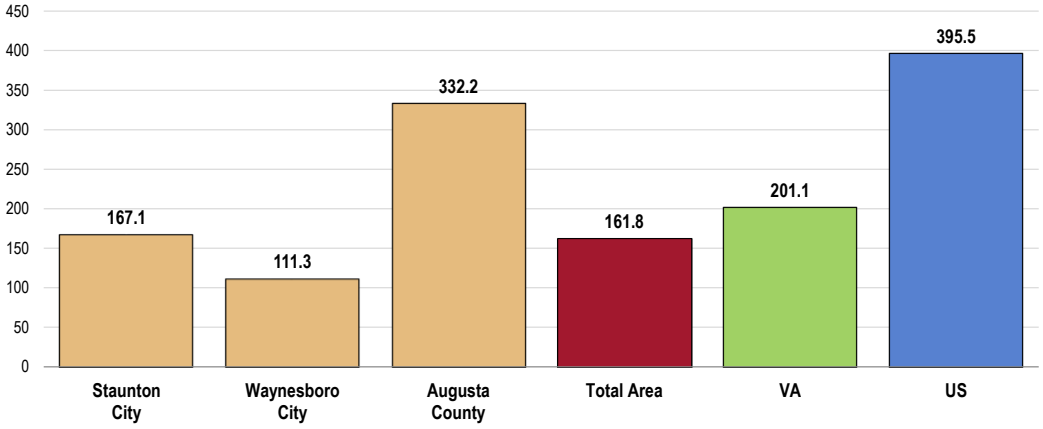
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 161.8 violent crimes per 100,000 population in the Total Area.

- Well below the state and US rates for the same time period.
- Unfavorably high in Augusta County.

Violent Crime
(Rate per 100,000 Population, 2010-2012)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

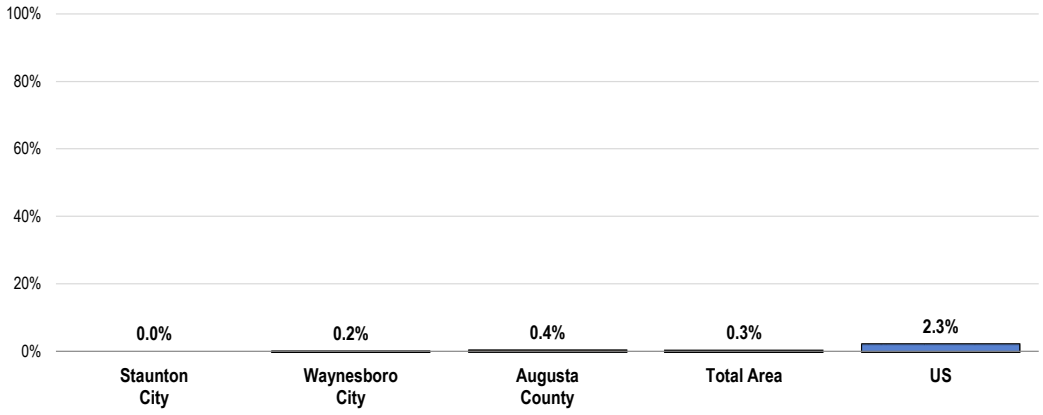
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

Less than one percent of surveyed Total Area adults (0.3%) acknowledge being the victim of a violent crime in the area in the past five years.

- More favorable than national findings.
- Similar by area.

Victim of a Violent Crime in the Past Five Years



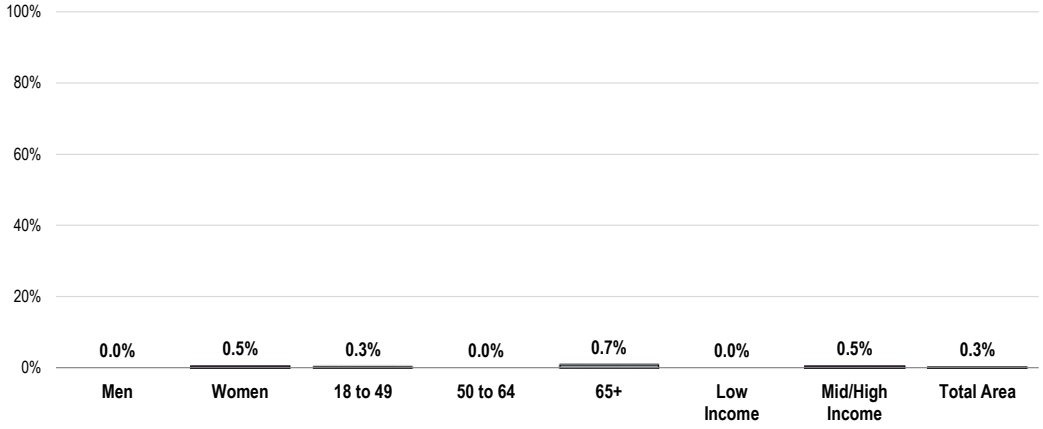
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence do not vary significantly by demographic characteristic.

Victim of a Violent Crime in the Past Five Years

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

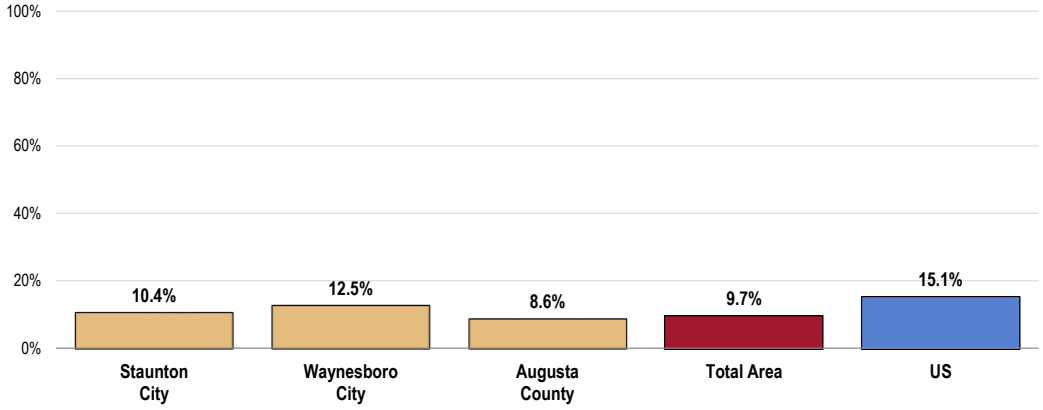
A total of 9.7% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Statistically similar by area.

Respondents were told:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

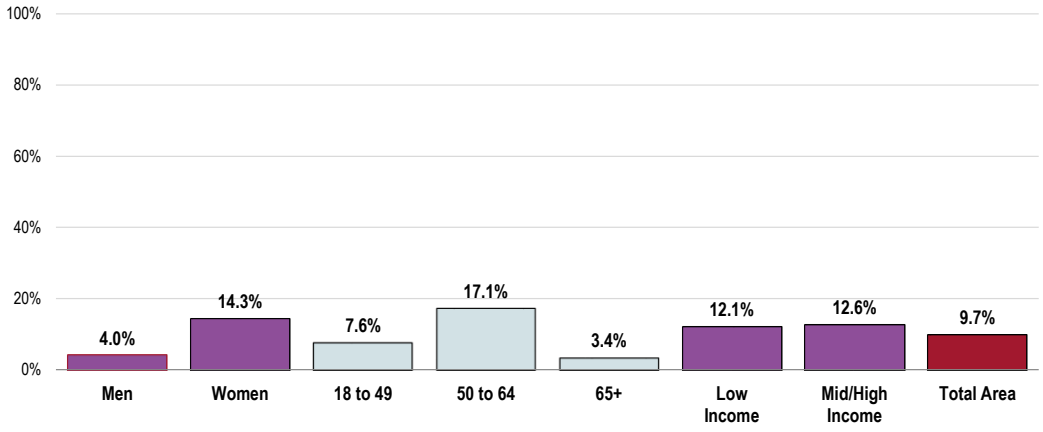
Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Adults between the ages of 50 and 64.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Total Area, 2016)



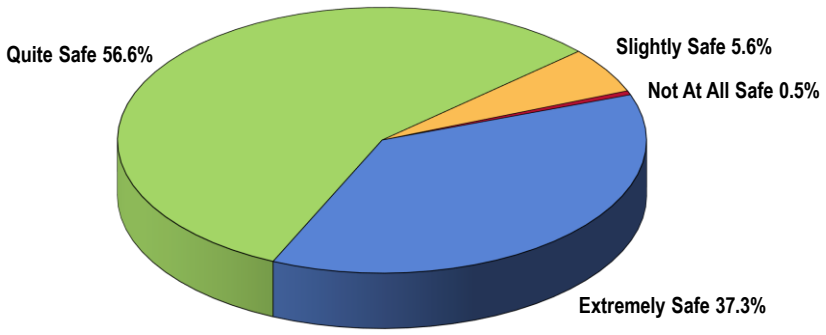
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most Total Area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 6.1% considering it "not at all safe" or only "slightly safe."

Perceived Safety of Own Neighborhood
(Total Area, 2016)

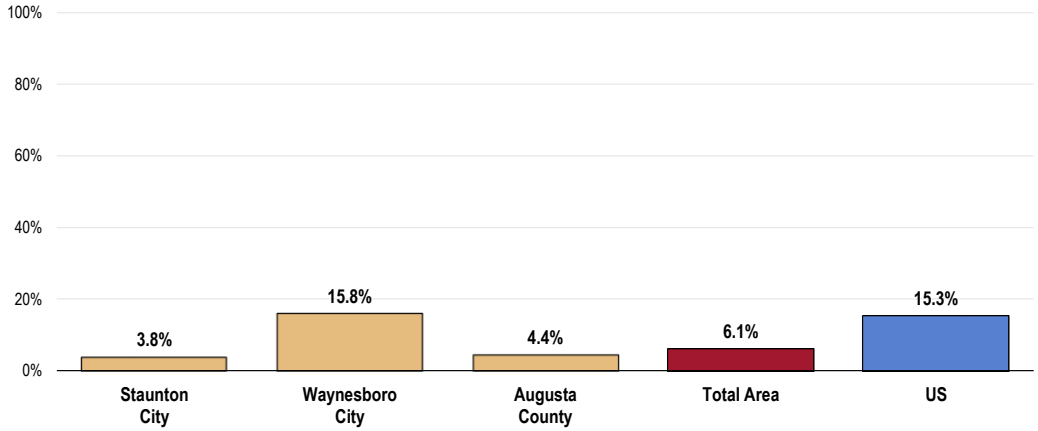


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Compared with the US prevalence, local adults are much less likely to consider their neighborhood to be "slightly" or "not at all" safe.
- The perception is unfavorably high, however, is notably higher in Waynesboro.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe



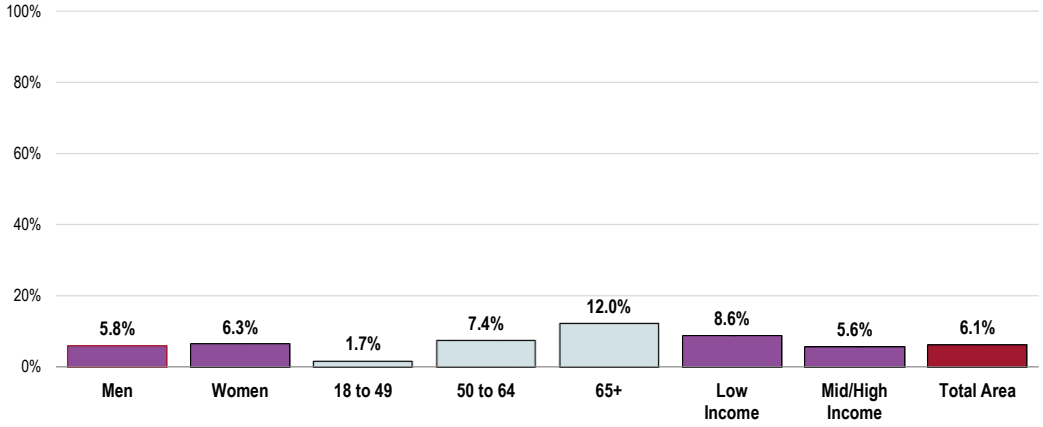
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the positive correlation between age and reports of unsafe neighborhoods in the Total Area.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe

(Total Area, 2016)



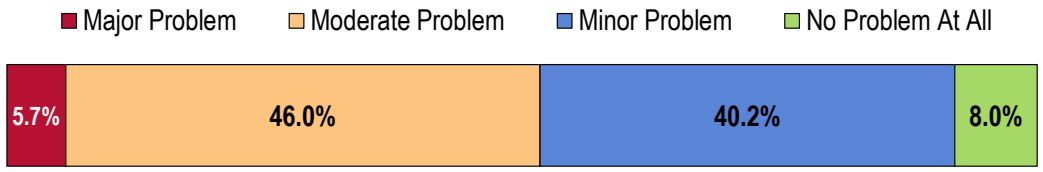
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *Injury and violence is a problem in some areas of our community. – Social Services Provider (Total Area)*
>
> *Many issues in our Emergency Department with violence and mental health. Noted gang activity in our area. – Other Health Provider (Total Area)*
>
> *Nothing like being in the middle of the highest meth use area in Virginia. Gangs are also present and contribute to violence in our area. Child abuse, elder abuse, domestic abuse, substance abuse. All result in harm to one's self or family, etc. – Community Leader (Total Area)*

Domestic Violence

> *The arrest records and service calls for domestics/fights is very high and on the rise by the day. – Government Representative (Augusta County)*
>
> *Families that have issues with domestic violence do not seem to feel supported or aware of options to seek help. – Social Services Provider (Total Area)*

Gang Violence

> *More gang-related activity and illegal drug use. – Social Services Provider (Augusta County)*

Mental Health & Substance Abuse

> *Poor mental health treatment, drugs. – Other Health Provider (Total Area)*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

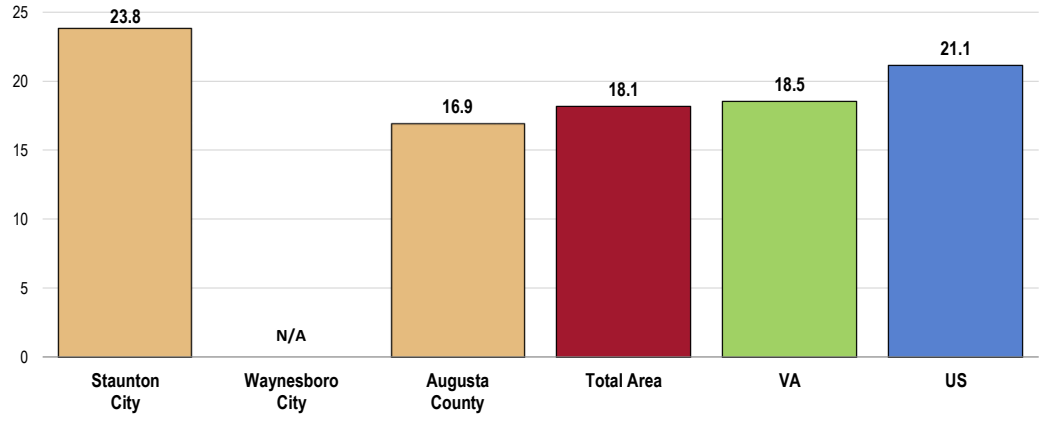
Between 2012 and 2014, there was an annual average age-adjusted diabetes mortality rate of 18.1 deaths per 100,000 population in the Total Area.

- Comparable to that found statewide.
- More favorable than the US prevalence.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Higher in Staunton than in Augusta County (*Waynesboro counts were too low for reliable analysis*).

Diabetes: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

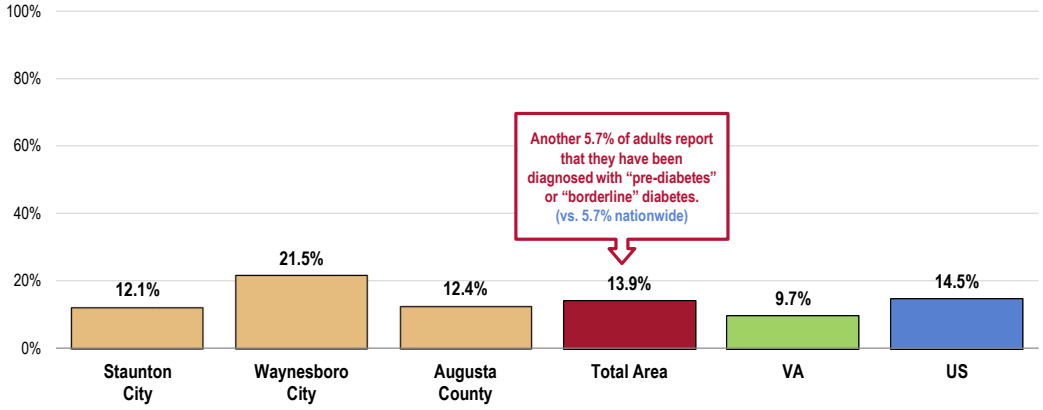
A total of 13.9% of Total Area adults report having been diagnosed with diabetes.

- Higher than the statewide proportion.
- Similar to the national proportion.
- Unfavorably high in Waynesboro.

In addition to the prevalence of diagnosed diabetes referenced above, another 5.7% of Total Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Identical to the US prevalence.
- Similar findings by area (not shown).

Prevalence of Diabetes



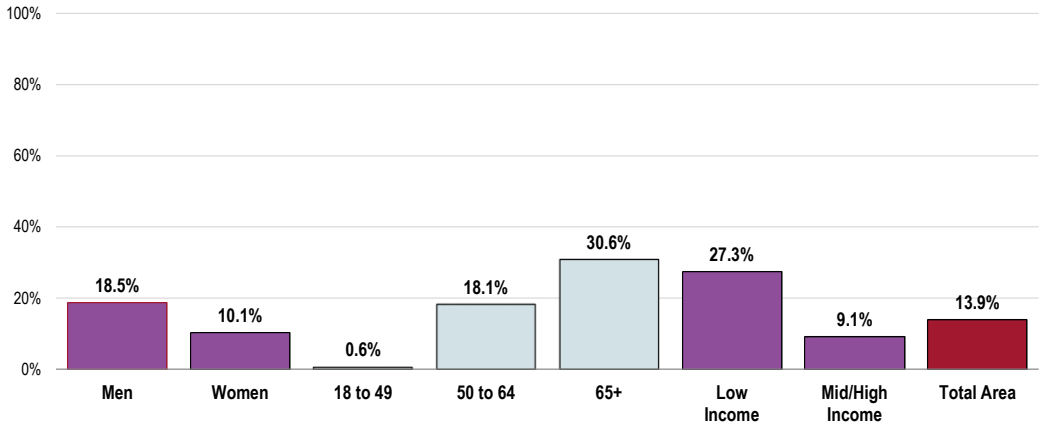
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Asked of all respondents.

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Men.
- Older adults (note the strong positive correlation between diabetes and age, with 30.6% of seniors with diabetes).
- Low-income residents.

Prevalence of Diabetes
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

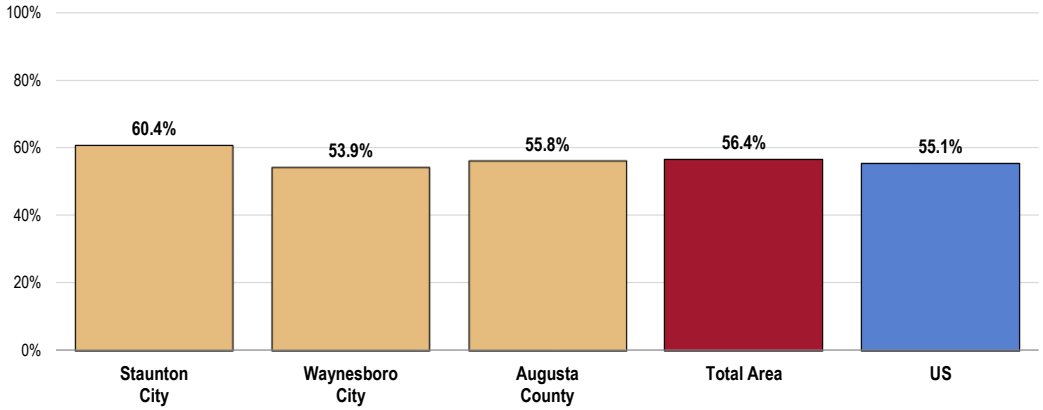
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 56.4% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by area.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

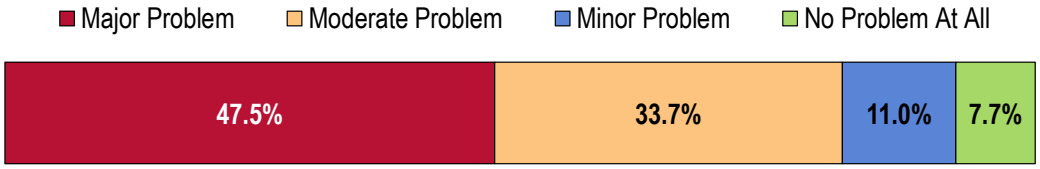


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Nearly half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Health Education

This continues to be an education issue. The disease appears to be mostly controllable and technology is getting better, but kids need to know the consequences of poor nutrition and a sedentary lifestyle. – Media Health Representative (Total Area)

Education. Many people are unaware of the complications and are not willing to follow doctor recommendations. Ongoing, consistent care is necessary. – Community Leader (Staunton)

More education is needed, as these people don't realize all the long-term effects of poor diabetes management. – Educator (Staunton)

Preventative education/care and being able to afford medication once diagnosed. – Social Services Provider (Total Area)

Access to diabetic education for chronic disease management. – Other Health Provider (Total Area)

Education about diet and exercise. It seems there are sufficient resources for this; however, the appropriate diabetes patients do not avail themselves of the resources. – Business Leader (Total Area)

Education and motivation to change current eating habits. – Other Health Provider (Total Area)

There are several reasons: 1. Need for free education about disease management, 2. Inability to afford various supplies, e.g. strips, meds, 3. Many people with pre-diabetes who are not aware and if they are aware, no coverage for prevention, 4. Limited access. – Other Health Provider (Total Area)

Getting clear, understandable information on the ways to properly manage it. Seems to be a lack of quality nutrition counseling and while exercise is certainly recommended by health professionals, it doesn't seem "expected." – Social Services Provider (Total Area)

People who are diagnosed with diabetes or pre-diabetes have no real way to have ongoing support. Where do they go? The primary care doctor, endocrinologists, outpatient dietitians, the community outreach dietitian, the fitness center dietitian? – Other Health Provider (Total Area)

Nutritional counseling, access to care, cost of testing strips. – Other Health Provider (Total Area)

Learning the tools necessary to deal with food and weight issues. – Social Services Provider (Total Area)

Ongoing education and support. – Other Health Provider (Total Area)

Knowledge of diet and exercise needs. Primary care physicians often do not refer clients to specialists. – Public Health Representative (Augusta County)

Understanding the nature of the disorder and eating properly and exercising properly. – Media Health Representative (Total Area)

Understanding their disease and ways to prevent complications, accessing credible information, accessing meds. – Other Health Provider (Total Area)

Patients' lack of knowledge of how to manage their disease process, which includes how to obtain testing supplies, access to primary care and endocrinologist, which includes available appointments when needed and transportation to the appointment. – Other Health Provider (Total Area)

Understanding the cause and how to reduce risk; understanding the impact of diabetes on ability to care for children. A secondary problem is the learned behavior that then creates obesity in children resulting in diabetes, poor grades and isolation. – Social Services Provider (Total Area)

Diabetes education/management. – Educator (Total Area)

Education about disease. – Other Health Provider (Total Area)

Understanding of the disease. – Social Services Provider (Total Area)

Disease Management

Diabetes patients have difficulty self-managing their condition. There are many resources, but they are disjointed and disparate, making it difficult for the patient to understand and access. – Other Health Provider (Waynesboro)

Lack of desire to make nutrition and physical activity changes and instead relying on medications to manage their chronic condition. – Other Health Provider (Augusta County)

Need for more health information to manage and control diabetes. – Other Health Provider (Total Area)

Finding good information about diabetes, controlling the condition, coping with the "new normal" regarding their health and learning to take their condition seriously are all challenges for people (especially those who are newly-diagnosed) with diabetes. – Social Services Provider (Total Area)

Patient compliance with MD recommendations regarding diet and medications that prevents long-term complications. – Physician (Total Area)

Lack of self-responsibility for caring for one's own health in choosing diet, exercise, and making lifestyle choices. – Social Services Provider (Total Area)

Untimely follow-up with their providers and adjustments of medications leading to complications. Preventative diabetic foot care. – Physician (Augusta County)

Compliance with treatment plan. – Other Health Provider (Total Area)

I think many do not follow-through with regular consistent treatment as recommended by their doctor, which leads to other issues. I'm not aware of support groups for patients, but the issue would be participation. Support groups could help. – Social Services Provider (Total Area)

Following-up with prescribed care and meds. – Community Leader (Total Area)

Self-accountability to follow their diabetic plan of care. – Social Services Provider (Augusta County)

Lack of motivation to control and/or knowledge about eating healthily, the impact of exercise on their condition, maintaining proper weight, diabetes complications. – Physician (Augusta County)

Compliance to the needed behaviors to control diabetes. Some of that is related to lack of knowledge. Some want to change, but don't know how to change. Social environment is very difficult for change. – Other Health Provider (Total Area)

Nutrition

Eating habits, access to ongoing programs to support diabetics. Free and easily accessible health centers with free exercise classes and trainers. – Social Services Provider (Total Area)

Healthy living, diet, access to care, compliance with doctor's plan. – Other Health Provider (Total Area)

Conscious ability to stick to diabetic diet, too much emphasis on "fast food joints" due to the ease of preparation and cost to prepare more nutritious meals. Medical staff not setting the model with excessive weight of aides, nurses, and some physicians. – Social Services Provider (Waynesboro)

Keeping on a diet that is good for diabetes. – Social Services Provider (Total Area)

Healthy eating, appropriate physical activity, access to ongoing medical treatment/medication. – Social Services Provider (Total Area)

Poor eating habits and lack of exercise. – Community Leader (Augusta County)

Nutrition education, cost of care. – Physician (Augusta County)

Obesity

Weight-related diabetes, type II. – Other Health Provider (Augusta County)

Weight control. Finances for supplies and even healthier foods, which cost more. Lack of follow up with providers. – Other Health Provider (Augusta County)

Weight loss. – Social Services Provider (Total Area)

Many are overweight, which causes diabetes. I think this a problem nationwide and most definitely for our community. – Government Representative (Augusta County)

Many of population are obese and at risk for diabetes or already are diabetic. Challenges are good food choices, lack of knowledge of proper food choices (very confusing and deceptive food packaging/information). Better food costs more than sugary items. – Social Services Provider (Total Area)

Obesity, desire to change behavior habits to control weight, and the access to affordable medicine. – Community Leader (Total Area)

Obesity in our area, with a special concern of the increasing number of millennials that are overweight. – Community Leader (Augusta County)

Many more people are overweight and on various medications for multiple health problems. It just seems to get worse each year. The sedentary lifestyle is more and more the norm these days. – Community Leader (Waynesboro)

Meds and weight control. – Community Leader (Augusta County)

Affordable Care/Services

Cost, frequency of doctor's visits and other health issues that accompany a diagnosis of diabetes. – Government Representative (Total Area)

Medication cost is high, diet control is difficult, disease progresses overtime, no resources specifically targeting weight loss. – Physician (Augusta County)

Affordability of medications and supplies, especially insulin and strips for glucose monitors. Also, many people are making poor nutritional choices and not exercising, possibly due to lack of

understanding and motivation. – Other Health Provider (Total Area)

Lack of financial resources to obtain medications, lack of knowledge of how to access available resources. Some people just lack the desire to help themselves. – Other Health Provider (Total Area)

Cost of glucose strips can be costly even with insurance. Virginia Medicaid does not cover adult diabetic strips, unless you have gestational diabetes and/or are pregnant. Optima Medicaid HMO contracts with Liberty for meters/supplies, but the process can be long. – Other Health Provider (Augusta County)

Coverage of medications, especially the newer pharmacologic treatment options, healthy food choices for lower income families, weight management, addressing other lifestyle choices such as exercise or overall activity, tobacco cessation, again cost. – Physician (Augusta County)

Cost barriers to maintaining proper diet and physical fitness. Education concerning the same. Lack of support and motivation to break cycles within families. – Social Services Provider (Total Area)

Ability to pay, and diagnosis. – Community Leader (Staunton)

Affordability of healthy food and/or time to prepare it. – Social Services Provider (Total Area)

Access to Care/Services

Access to care and proper diet and watching weight and lack of exercise. Most of this is a personal responsibility on the part of the community, and there is little that health care can do to motivate folks. – Physician (Total Area)

Juvenile onset diabetes is not a specialty here. Families must travel to get Pediatric Endocrinologists. – Public Health Representative (Total Area)

Access to care. Unable to afford medication for treatment. – Public Health Representative (Total Area)

Primary care follow up. – Other Health Provider (Total Area)

Access to medication; information and education. Access to physicians. – Physician (Augusta County)

Access to care, cost/insurance as well as limited physician resources, and wait time for an appointment is several months. – Other Health Provider (Total Area)

Access to accurate health and wellness information, adolescent education about physical health and effective management of diabetes, access to healthy, affordable food choices. – Educator (Staunton)

There is a shortage of pediatric endocrinologists. – Educator (Total Area)

Prevalence/Incidence

Increasing levels of diabetes across age spectrum. Diabetes also exacerbates other conditions. – Community Leader (Total Area)

Diabetes happening at younger ages, and there's a lack of prevention. – Social Services Provider (Total Area)

Type one and type two in children. – Other Health Provider (Total Area)

I see a high incidence of people developing type 2 diabetes. There is a need for improved education regarding diet and exercise even among children. – Community Leader (Waynesboro)

I am aware that we have an increasing number of adults and children who are being diagnosed with diabetes. – Government Representative (Staunton)

High incidence of disease. – Community Leader (Augusta County)

Lifestyle

Type 2 diabetes in particular revolves around lifestyle and cultural norms. Programs like Project GROWS are great, because they're reaching out to the youth to expose them to a healthy lifestyle/food at an early age. – Social Services Provider (Total Area)

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

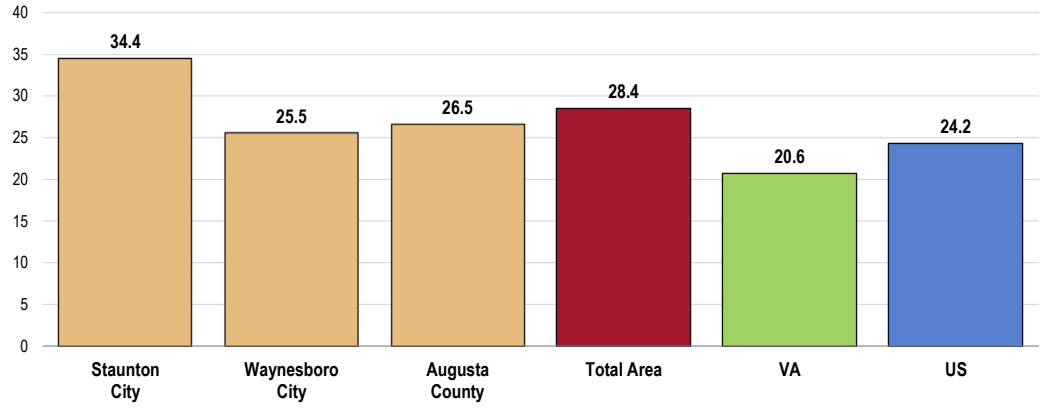
Age-Adjusted Alzheimer's Disease Deaths

Between 2012 and 2014, there was an annual average age-adjusted Alzheimer's disease mortality rate of 28.4 deaths per 100,000 population in the Total Area.

- Less favorable than the statewide and US rates.
- Notably higher in Staunton.

Alzheimer's Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

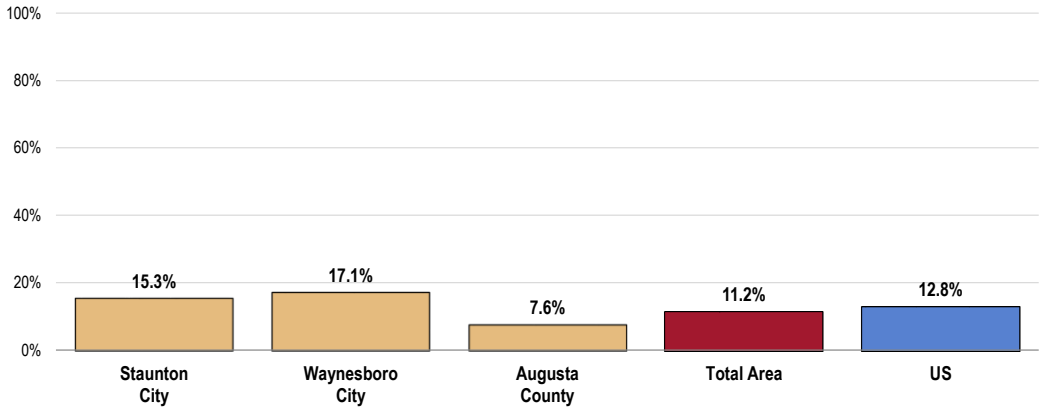
Progressive Confusion/Memory Loss

A total of 11.2% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- Favorably low in Augusta County.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older)



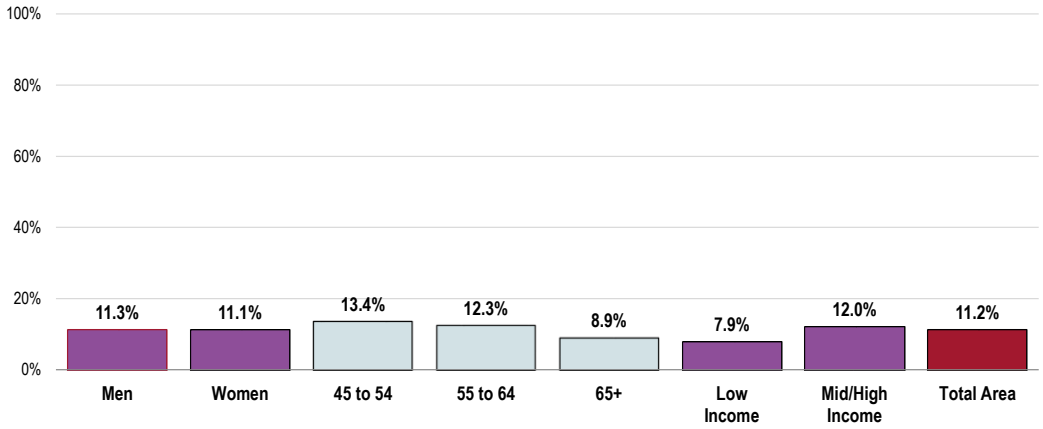
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents age 45 and older.

- The prevalence does not vary significantly by basic demographics.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older; Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes:
- Asked of those respondents age 45 and older.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

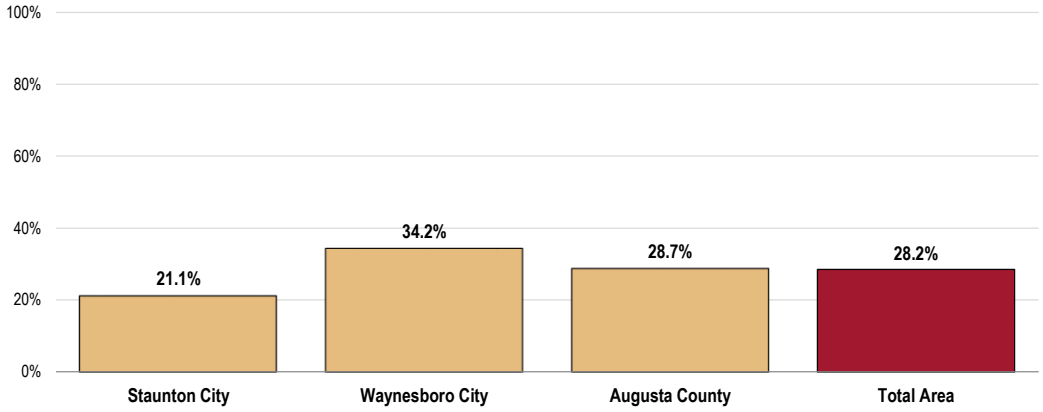
Diagnoses of Dementia/Alzheimer's Disease

A total of 28.2% of survey respondents indicate that a family member has been diagnosed with Alzheimer's disease or dementia.

- Statistically similar by area.

Family Member Has Been Diagnosed with Alzheimer's/Dementia

(Total Area, 2016)

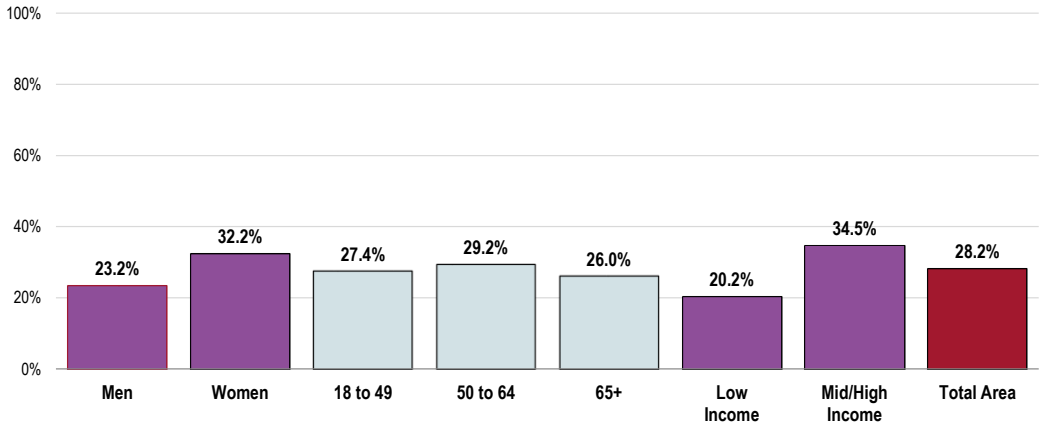


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.

- Adults in the higher income breakout are more likely to report that a family member has been diagnosed with Alzheimer's disease or dementia.

Family Member Has Been Diagnosed with Alzheimer's/Dementia

(Total Area, 2016)



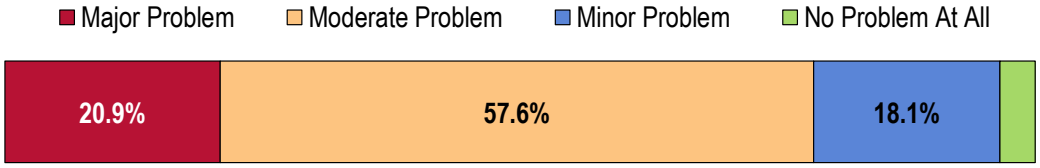
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

I know several families who are challenged currently trying to cope with relatives who have this disease. With the population continuing to age, I suspect this will increase. – Educator (Total Area)

Alzheimer's disease and dementia are on the rise and are creating a tremendous burden on family members, who are becoming direct care givers, and creating a financial burden to the healthcare system. – Other Health Provider (Total Area)

This area has had a much higher rate of deaths due to Alzheimer's than VA and the nation. There needs to be a real focus on early identification and treatment. – Public Health Representative (Total Area)

I see a lot of different phases of dementia in the members of the senior center (probably a pretty good cross-section of the population). – Social Services Provider (Total Area)

So many older people have dementia or Alzheimer's. – Social Services Provider (Total Area)

I've known several families who have experienced the illness or cared for a family member with the illness. Other than the care provided by hospitals and nursing homes, families are sometimes on their own. As a pastor, I could use some help assisting. – Community Leader (Waynesboro)

I see more employees/volunteers, etc. caring for family members with this diagnosis. – Other Health Provider (Total Area)

I volunteer with Alzheimer's Association and license memory care units and see the need every day: the need for educating hospital personnel, doctors in general, and the community as a whole- especially caregivers- as to resources. – Social Services Provider (Total Area)

I have contact with many of the local long-term care facilities. Most of them have a special unit for "Memory Care" residents, and they are full. We see families in the community trying to hold off placing family members in a facility, who struggle. – Public Health Representative (Total Area)

Almost all nursing home residents have some type of dementia or Alzheimer's. – Business Leader (Augusta County)

The growing business of dementia care organizations. – Educator (Staunton)

Rising incidences of condition. – Community Leader (Augusta County)

Often undetected until late stages. Concerned family and potential family caregivers don't know how or when to step in. There's no clear path for treatment and knowledge of support resources. Abuse of patient by family caregivers, due to lack of training. – Social Services Provider (Total Area)

Aging Population

We live in an aging community, and this is always an issue with a predominantly elderly community. – Social Services Provider (Total Area)

Society as a whole is living longer and family members aren't taking care of their loved ones. The funding for social services, first responders and community outreaches is not there to address this problem. Baby boomers are starting to get up in age. – Government Representative (Augusta County)

As residents in our community age, dementia and Alzheimer's will continue to be an increasing diagnosis. – Government Representative (Total Area)

Aging population with limited access to necessary resources. – Physician (Augusta County)

We have a large elder population and a lack of caregivers to provide support for families dealing with issue. – Social Services Provider (Total Area)

Living a long time doesn't always mean living well. The onset of Alzheimer's and dementia puts a terrible strain on families and caregivers. – Media Health Representative (Total Area)

People are living longer, and there are more cognitive issues as a consequence. There are not adequate facilities in the area for specialized dementia care. – Social Services Provider (Total Area)

An aging population. – Community Leader (Augusta County)

Access to Care/Services

For a while now in trying to access recourses for dementia, very little is available for support group, direction to proceed for current and future services/needs. All resources have been 'across the mountain.' Neurologists are here. – Other Health Provider (Total Area)

Very limited Memory Care Centers, no Alzheimer's support groups in the evenings. Primary care physicians need to be trained in prescribing medications for Alzheimer's and other dementias. No gerontologists in the immediate area. – Social Services Provider (Total Area)

I don't think that there are enough services to address the problems and to assist those affected. – Government Representative (Augusta County)

Need more homebound patient physician services. – Physician (Total Area)

Limited access to specialists. – Physician (Augusta County)

1. Lack of safe housing and 24/7 care for individuals with dementia/Alzheimer's unable to care for selves or subject to wondering and/or assaultive behavior, which often leads to inappropriate involuntary mental health detention. 2. Private funding. – Government Representative (Waynesboro)

Impact on Families/Caregivers

I see an increase in the numbers of families affected and those living with these conditions. They drastically affect both the person with the diagnosis and all those around them. There is some assistance, but the ongoing, relentless, continual impact. – Community Leader (Total Area)

Dementia and Alzheimer's patients living at home require 24-hour caregiver support. No Medicare coverage for this type of custodial care. Medicaid support is minimal. The elderly taking care of elderly is commonly seen in the home environment as well. – Social Services Provider (Augusta County)

Dementia/Alzheimer's affects the entire family. With medical advances that help people live longer, combined with the aging of the boomers, the number of people with dementia will soar. Family caregivers often experience decline in their own health. – Social Services Provider (Total Area)

Affordable Care/Services

Ability to pay, and facilities. – Community Leader (Staunton)

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

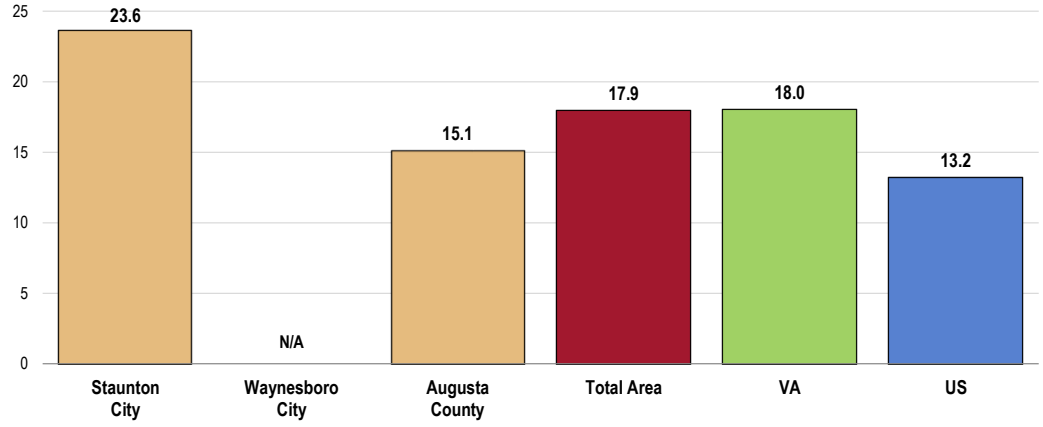
Age-Adjusted Kidney Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 17.9 deaths per 100,000 population in the Total Area.

- Comparable to the rate found statewide.
- Less favorable than the national rate.
- Much higher in Staunton than in Augusta County.

Kidney Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)



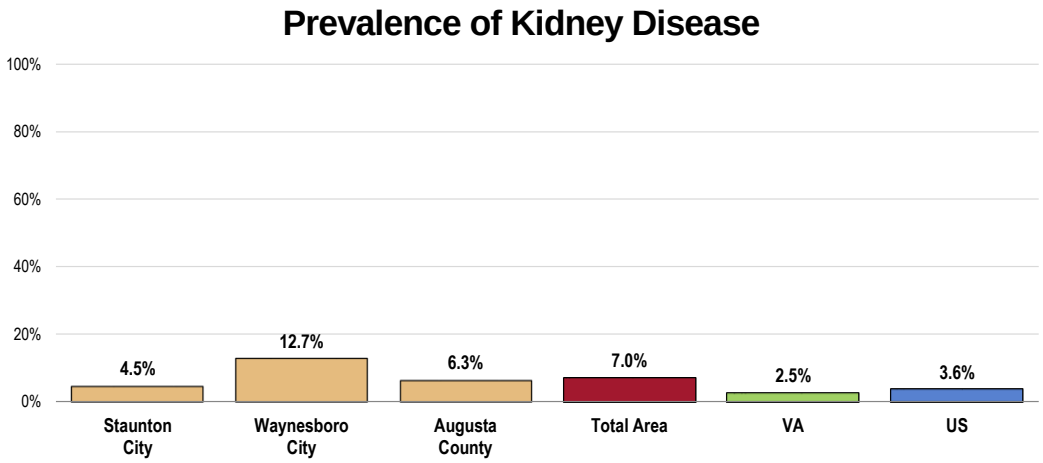
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 7.0% of Total Area adults report having been diagnosed with kidney disease.

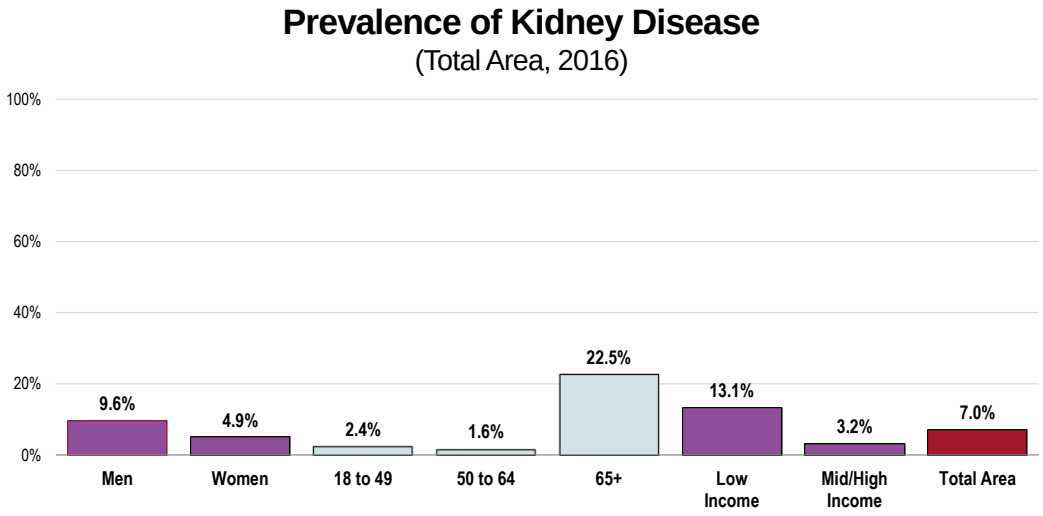
- Worse than the state and national proportions.
- Statistically similar by area.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- A higher prevalence of kidney disease is reported among seniors and low-income residents.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

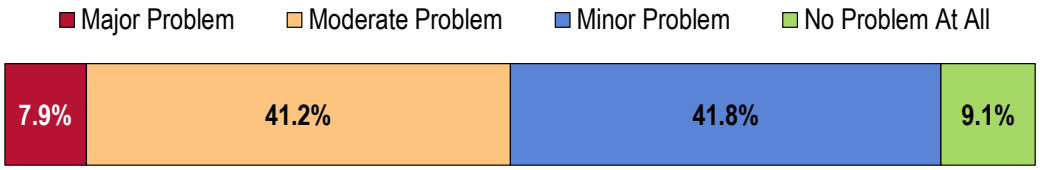
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey similarly characterized *Chronic Kidney Disease* as either a "moderate problem" or a "minor problem" in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

Increasing number of renal patients. – Community Leader (Augusta County)

Local dialysis centers have increased shifts just to keep up with volume. – Public Health Representative (Total Area)

We have 2 outpatient dialysis facilities in our area, which operate 6 days per week. Many patients have a diagnosis of various levels of CKD and are followed by the nephrologist in our area. These patients have this diagnosis in conjunction with others. – Other Health Provider (Total Area)

Comorbidities

Diabetes is a huge issue, and there's a need for lots of education and training to stem the tide of obesity, diabetes, etc. – Media Health Representative (Total Area)

Diabetes and hypertension are very prevalent in this area. – Other Health Provider (Augusta County)

Possibly related to the high number of cases of DM in the area. – Other Health Provider (Total Area)

Obesity and high blood pressure issues are prevalent. – Community Leader (Total Area)

Diabetes is prevalent in the area and not well-controlled, which will lead to CKD. – Other Health Provider (Augusta County)

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

More than 3 in 10 Total Area adults age 50 and older (31.1%) report suffering from arthritis or rheumatism.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

- Similar to that found nationwide.

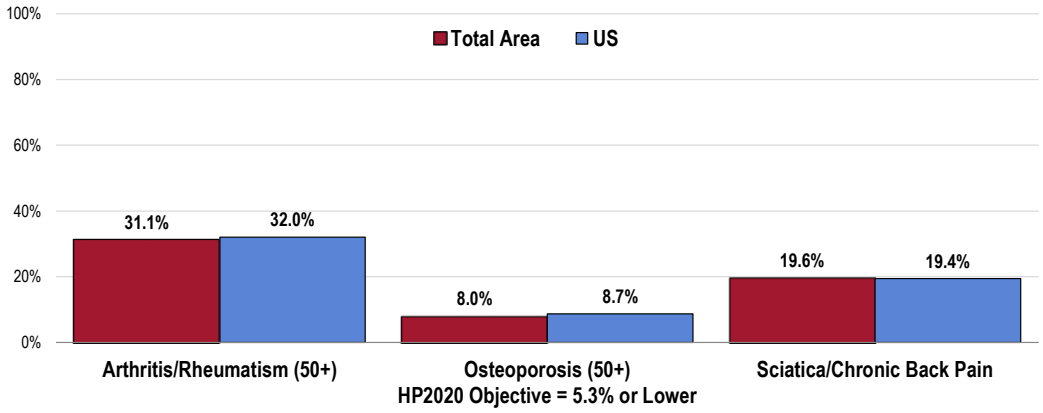
A total of 8.0% of Total Area adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Similar to the Healthy People 2020 target of 5.3% or lower.

A total of 19.6% of Total Area adults (18 and older) suffer from chronic back pain or sciatica.

- Nearly identical to that found nationwide.

Prevalence of Potentially Disabling Conditions



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

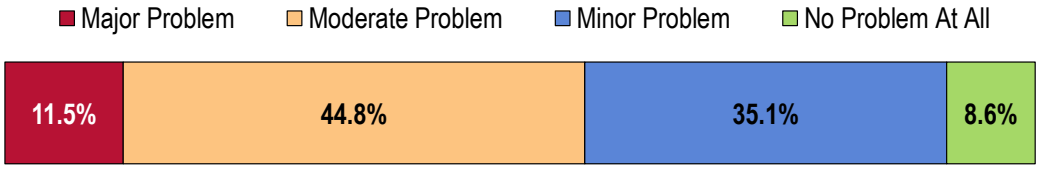
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *I've had one joint replacement and am having another. Every time I take the "joint class," there are at least 30 people in attendance. Also, we live in a farming/factory/blue collar community, and these conditions come with the territory. – Social Services Provider (Total Area)*
>
> *Volume of sufferers. – Community Leader (Augusta County)*

At the senior center where I work, a lot of people deal with this. – Social Services Provider (Total Area)

So many people have arthritis. I already have it, and I'm not even 60. – Social Services Provider (Total Area)

I see the number of patients that come in for elective joint replacements and hip fractures at the hospital. I also see many people in the community with obvious deformities that show the presence of these diseases. – Other Health Provider (Augusta County)

Back problems is one of the highest injuries we have in an occupational work environment. Also if you ask any elderly person; they all say they have arthritis. – Business Leader (Augusta County)

Back problems seem to be very common; likely, weight management problems may be a contributing factor to this. – Other Health Provider (Total Area)

Aging Population

Experiences with the older population suggest significant arthritis and back issues. Waynesboro seems to have a large population of retired residents. – Social Services Provider (Waynesboro)

Due to the elderly population in this area. – Other Health Provider (Augusta County)

Age of population, lack of exercise, lack of knowledge of prevention. – Social Services Provider (Total Area)

We have an aging population. Also, back issues are common among adults, geriatrics. – Social Services Provider (Total Area)

All are common problems seen in ambulatory medicine and together are particularly important as our population ages. Contribute to reduced mobility, functional decline, and fractures, which result in hospitalization and poorer quality of life. Prevention. – Physician (Augusta County)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

RELATED ISSUE:

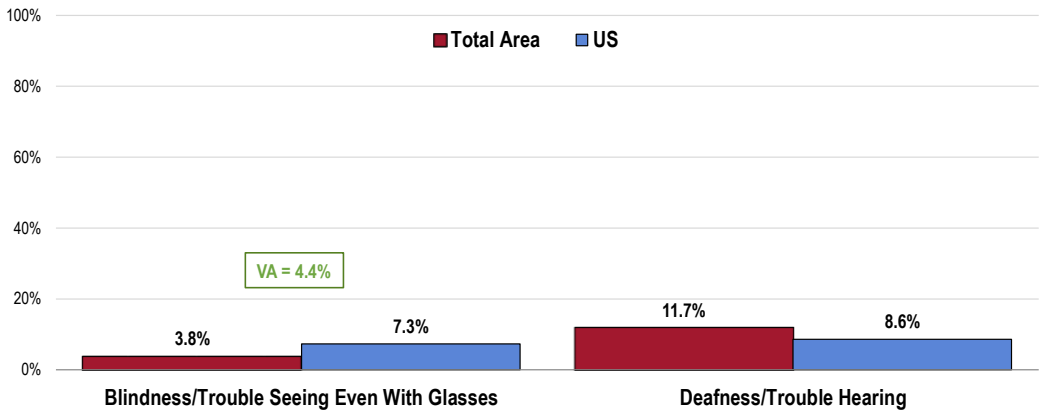
See also *Vision Care* in the **Access to Health Services** section of this report.

Vision and Hearing Trouble

A total of 3.8% of Total Area adults are blind or have trouble seeing even when wearing corrective lenses, and 11.7% are deaf or have trouble hearing.

- The prevalence of local blindness/trouble seeing is comparable to the state figure and well below the US prevalence.
- Compared with the US prevalence for deafness/trouble hearing, the Total Area reported comparable results. Note, however, that Waynesboro, has a particularly high deaf population.)

Prevalence of Blindness/Deafness



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Reflects the total sample of respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

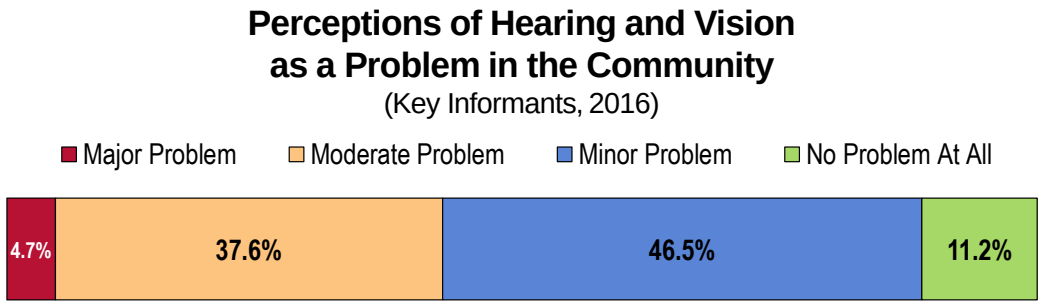
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

A plurality of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

> *Advanced age of those in the community, and lack of funds to get vision and hearing checked and to purchase glasses and/or hearing devices to improve the problem. – Other Health Provider (Augusta County)*
>
> *My organization serves those 60 and older, and the vast majority of those we serve have Medicare insurance coverage. Medicare does not cover hearing or vision conditions except in the case of injury*

> *or illness. – Social Services Provider (Total Area)*

Prevalence/Incidence

> *Working at the senior center, I see a lot of members who have hearing and vision problems. – Social Services Provider (Total Area)*
>
> *Cataract surgery is commonplace in the area and we have VSDB in the area. – Other Health Provider (Augusta County)*

Lack of Early Detection in Schools

> *Children used to receive a hearing and vision screening at school and early detection, and treatment options were available. That option is no longer available, and doctor visits, eyeglasses and hearing aids are all very expensive items. – Social Services Provider (Total Area)*

Health Education

> *People do not realize what healthy vision and hearing is. They assume with age comes deterioration and it is "too expensive" to deal with these issues. – Social Services Provider (Total Area)*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Total Area seniors, 60.2% received a flu shot (or FluMist®) within the past year.

- Statistically comparable to the Virginia and US findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Favorably high in Waynesboro.

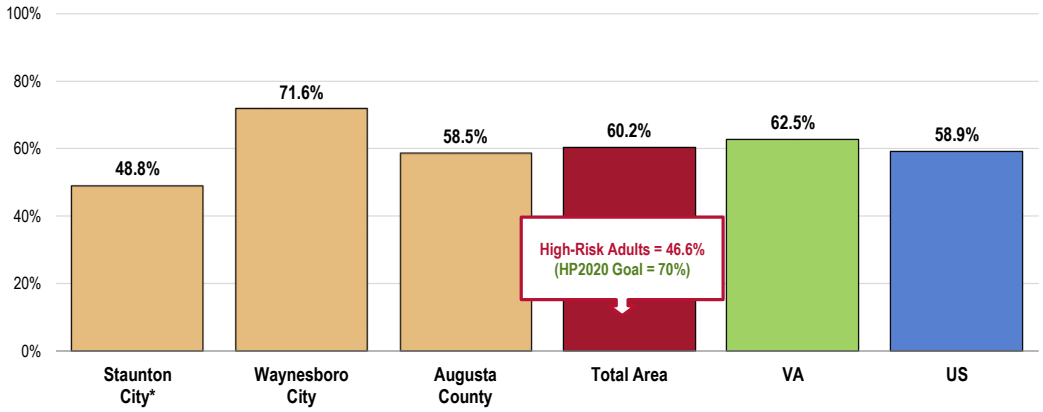
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 46.6% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older; *note the small sample size for Staunton City (<50 respondents).
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among Total Area adults age 65 and older, 79.6% have received a pneumonia vaccination at some point in their lives.

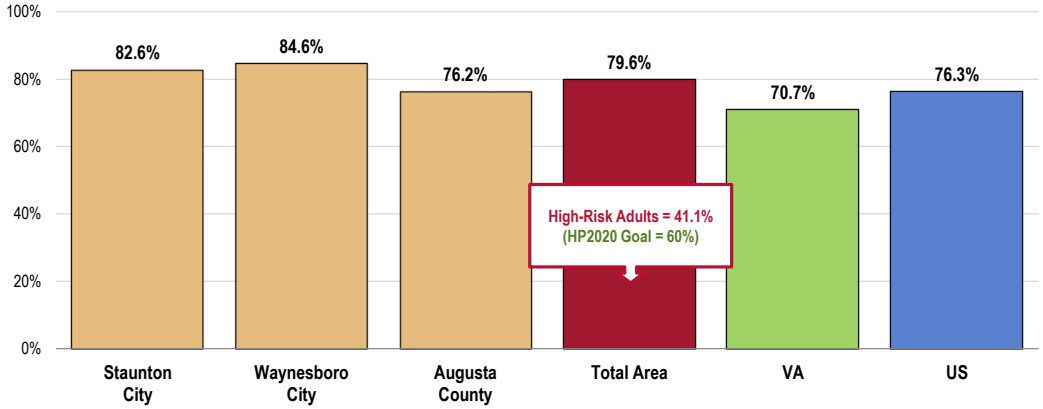
- Higher than the Virginia finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by area.

A total of 41.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older; *note the small sample size in Staunton City (<50 respondents).
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

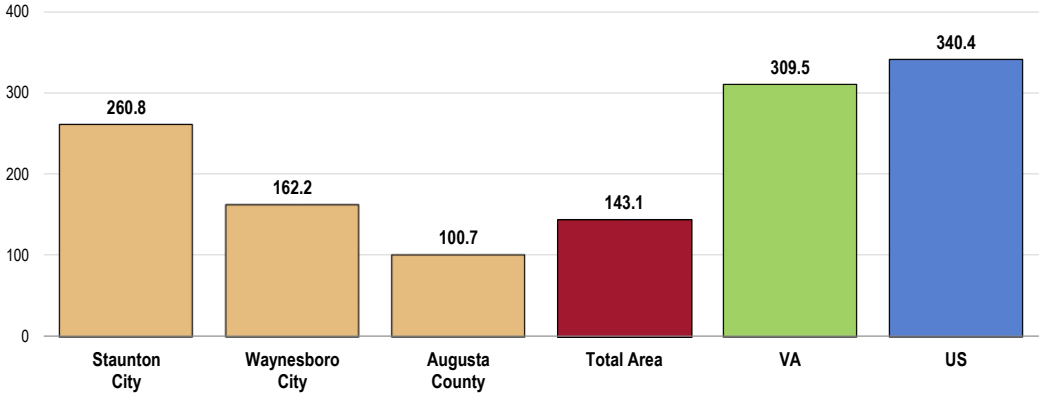
- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2010, there was a prevalence of 143.1 HIV cases per 100,000 Total Area population.

- Well below the state and US figures.
- Highest in Staunton.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)

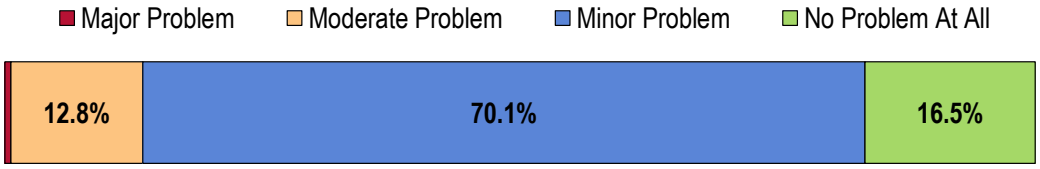


Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved April 2016 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

A majority of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among the one person rating this issue as a "major problem," the reason was:

Denial/Stigma

> *Denial and lack of education. – Social Services Provider (Total Area)*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the Total Area was 280.7 cases per 100,000 population.

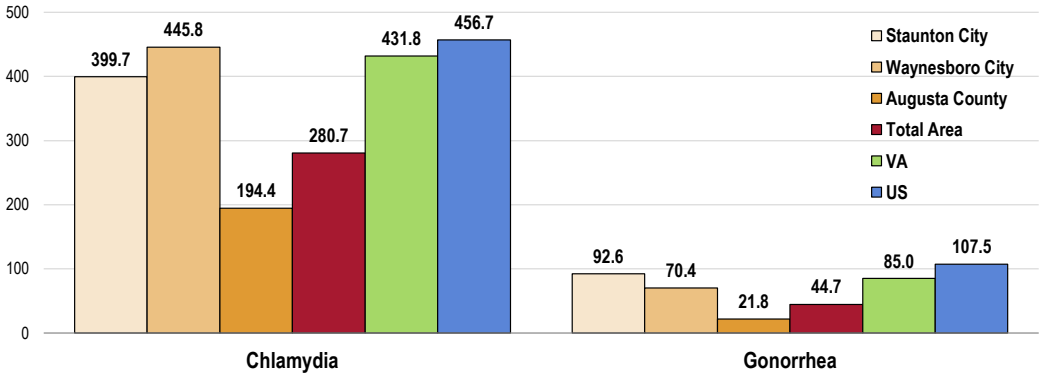
- Notably lower than the Virginia and US incidence rates.
- Highest in Waynesboro and Staunton.

The Total Area gonorrhea incidence rate in 2012 was 44.7 cases per 100,000 population.

- Notably lower than the state and national incidence rates.
- Highest in Waynesboro and Staunton.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Safe Sexual Practices

Among unmarried Total Area adults under the age of 65, the majority cites having one (30.3%) or no (62.5%) sexual partners in the past 12 months. No respondents reported three or more sexual partners in the past year.

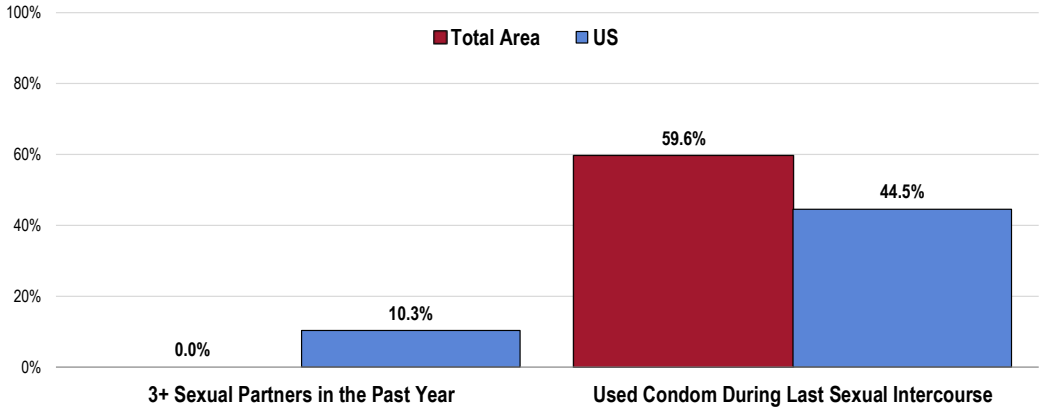
- Well below that reported nationally.

A total of 59.6% of unmarried Total Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.

Sexual Risk

(Unmarried Adults Age 18-64)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 97-98]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

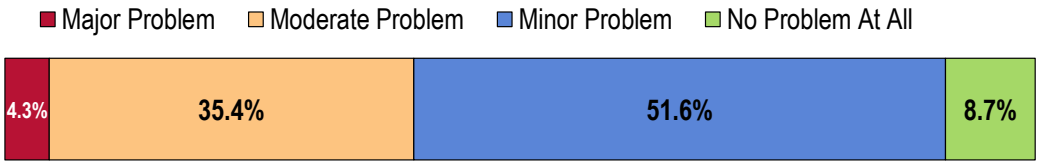
Notes:
- Reflects unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

Just over half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

> *Most reported diseases for our area are still STIs. Continues to be a major burden of disease with potentially serious health implications for women. – Public Health Representative (Total Area)*
>
> *I am aware of the unsafe sexual practices that occur within the high school setting. I also know from data that the reportable diseases are high as of late. – Educator (Staunton)*
>
> *School nurses have reported an astounding increase in STDs in high school. That should be a big concern to all. I think, culturally, there is a bit of resistance here to even wanting to admit it's an issue. – Other Health Provider (Total Area)*
>
> *We have data on the increase in STDs in our area. The incidence of chlamydia, GC, syphilis, and HIV are increasing annually. – Public Health Representative (Total Area)*
>
> *The rates are very high. – Social Services Provider (Total Area)*

Health Education

> *The youth are not fully educated on the subject, which can put them and their partners in danger. – Business Leader (Augusta County)*

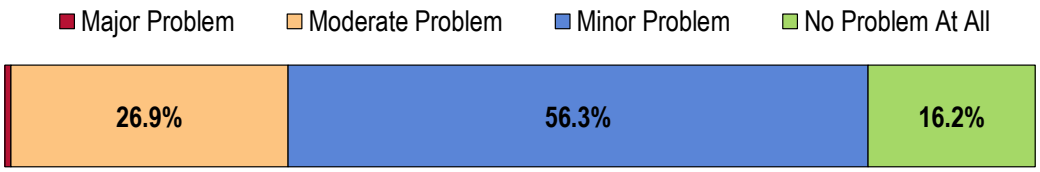
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A majority of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among the one person rating this issue as a "major problem," the reason was:

Immunization Rates

> *Our immunization rates remain low for the Medicare population, both for influenza and pneumococcal vaccine. – Physician (Augusta County)*

Births

Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

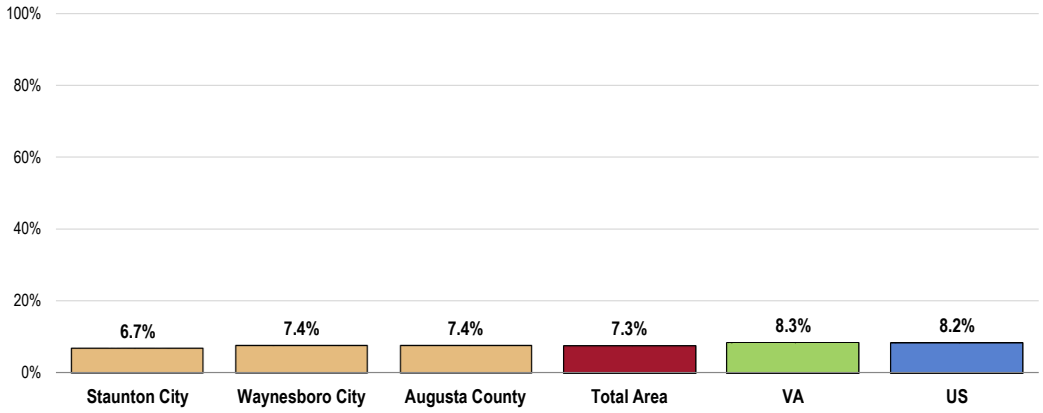
A total of 7.3% of 2006-2012 Total Area births were low-weight.

- Better than the Virginia and US proportions.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Favorably lower in Staunton.

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- Retrieved April 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2006 and 2010, there was an annual average of 6.0 infant deaths per 1,000 live births.

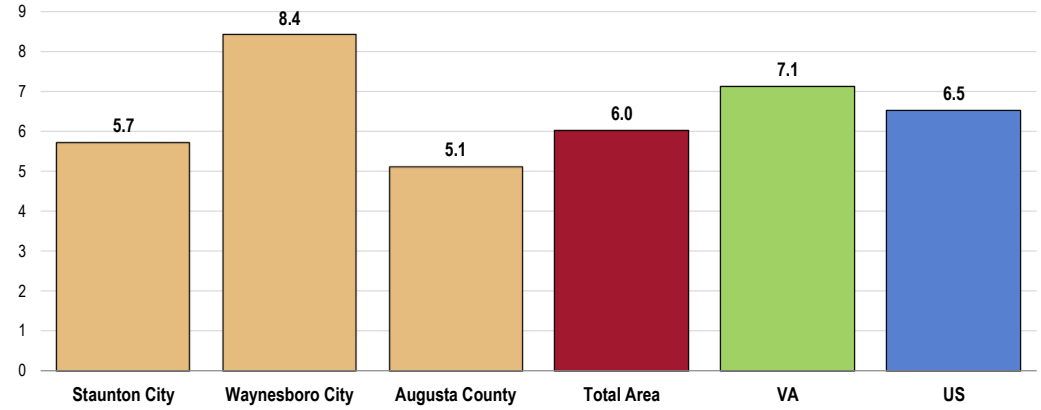
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

- More favorable than the state and national rates.
- Identical to the Healthy People 2020 target of 6.0 per 1,000 live births.
- Particularly high in Waynesboro.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10. Accessed using CDC WONDER.
- Retrieved April 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

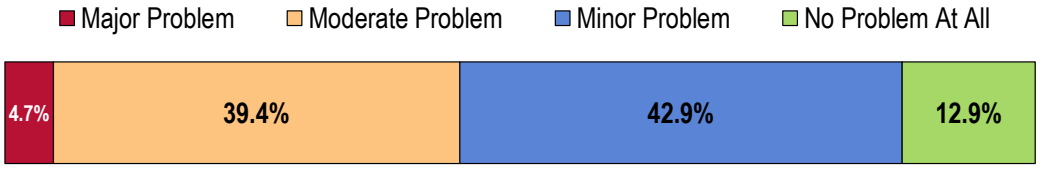
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

The largest share of key informants taking part in an online survey characterized *Infant & Child Health* as a "minor problem" in the community, followed closely by the percentage of adults giving "moderate problem" reports.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Care/Services

> *Infant and child health is a priority for every region. Ensuring the wellbeing of our youth helps make our community stronger in the long run. – Government Representative (Total Area)*
>
> *Pediatric care. Low income families who don't care. – Business Leader (Total Area)*

Affordable Care/Services

> *Ability to pay. – Community Leader (Staunton)*
>
> *I think that certain children do not receive necessary health care because of lack of access to affordable care and parental non-motivation. – Social Services Provider (Total Area)*

Health Education

> *Ignorance among mothers who are raising children. – Physician (Total Area)*

Obesity

> *Increasing rates of childhood obesity. – Other Health Provider (Total Area)*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

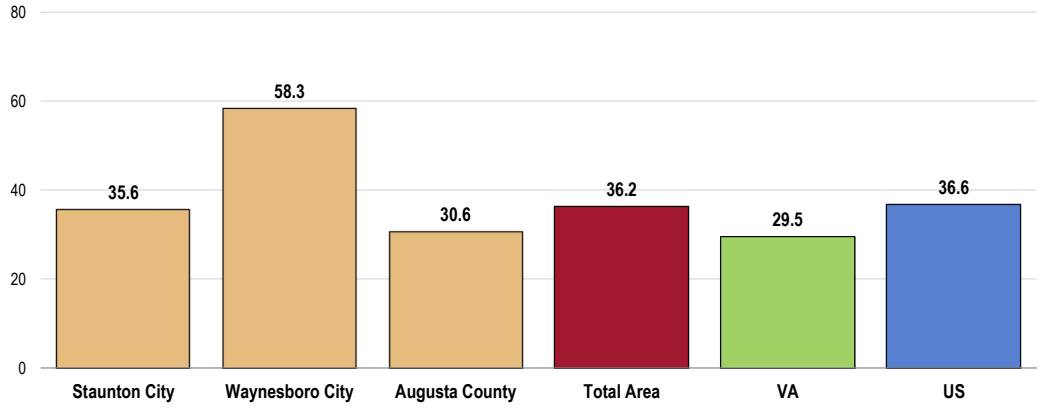
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 36.2 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Virginia proportion.
- Comparable to the national proportion.
- Unfavorably high in Waynesboro.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



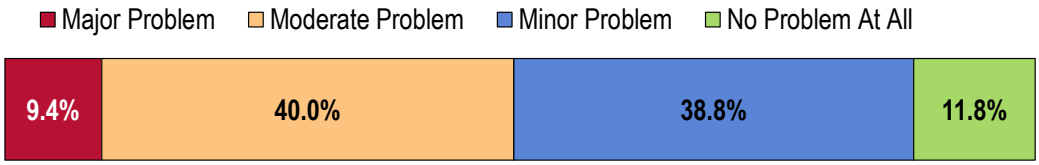
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Teen Pregnancy

I work with the school nurses, and teen pregnancy is an issue for all of them. One district has seven pregnant seniors in a single school. We also see STD clients. They are not using protection or birth control methods. – Public Health Representative (Total Area)

Higher-than-average teen pregnancies. – Business Leader (Total Area)

In the past, the teen pregnancy rate in this area was one of the highest in Virginia. While the rate might be lower now, it continues to be an issue. – Community Leader (Total Area)

The teen pregnancy rate in our regional area is greater than state average. – Other Health Provider (Total Area)

Teenage pregnancy rate has not declined. The mind set of teenagers is that it is ok to have a baby in middle school or high school. – Other Health Provider (Augusta County)

The teen pregnancy rate exceeding the state and national average in Waynesboro. Teens need more guidance regarding the significant emotional, financial, educational and social consequences that are associated with early parenting. – Educator (Waynesboro)

High rate of teenaged pregnancies in the area. – Other Health Provider (Total Area)

Teenage pregnancy continues to be an issue in the community. Underlying problems of sexual activity and self-worth. "If I have a child, someone will love me." Related concerns of access to prenatal health care, infant and child health care, drop outs. – Government Representative (Augusta County)

Teen pregnancy. – Other Health Provider (Waynesboro)

Access to Care/Services

There are several organizations within the region that address this issue, but there is not one local to where I live. – Government Representative (Augusta County)

Aside from OB/GYN offices and the health department, there are services lacking, and information is scarce. Teen pregnancy rates are higher than the state average. – Social Services Provider (Total Area)

Maternal health in general, and follow-up for those who need health care services after Medicaid is dropped for women who were pregnant. – Public Health Representative (Total Area)

Affordable Care/Services

> *High cost of birth control and having access to education with younger adults. – Social Services Provider (Total Area)*

> *Ability to pay and religious pressure not to seek help. – Community Leader (Staunton)*

Cultural Beliefs

> *Cultural beliefs. – Social Services Provider (Total Area)*

Contraception

> *Lack of motivation to use or lack of availability of affordable or free contraception. – Physician (Augusta County)*

Early Childhood Education

> *Primarily in the area of early childhood education. There's a waiting list for Public Pre-K and I see the difference in my child's kindergarten classroom when kids have not had preschool. – Media Health Representative (Total Area)*

Health Education

> *Family planning is an issue in every community! Education and resources for helping individuals and families plan for the appropriate timing of a family will continue to be an important component of healthcare in our region indefinitely. – Government Representative (Total Area)*

Single Parents

> *Lots of unmarried young with children. – Educator (Staunton)*

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

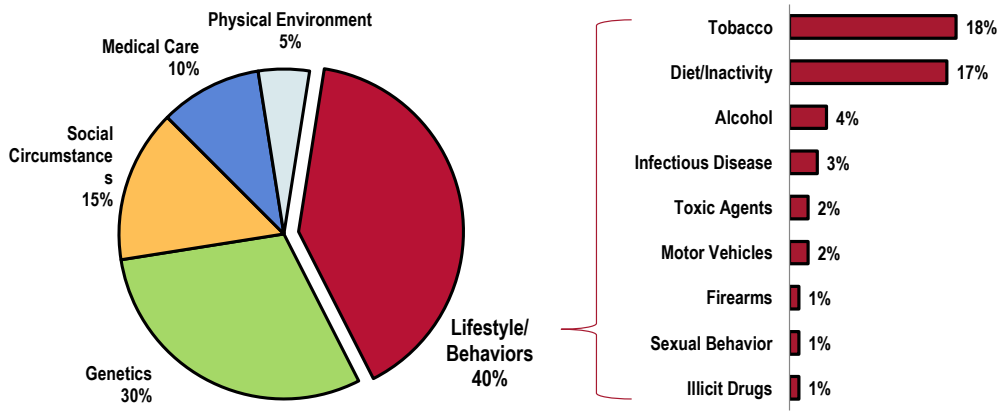
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

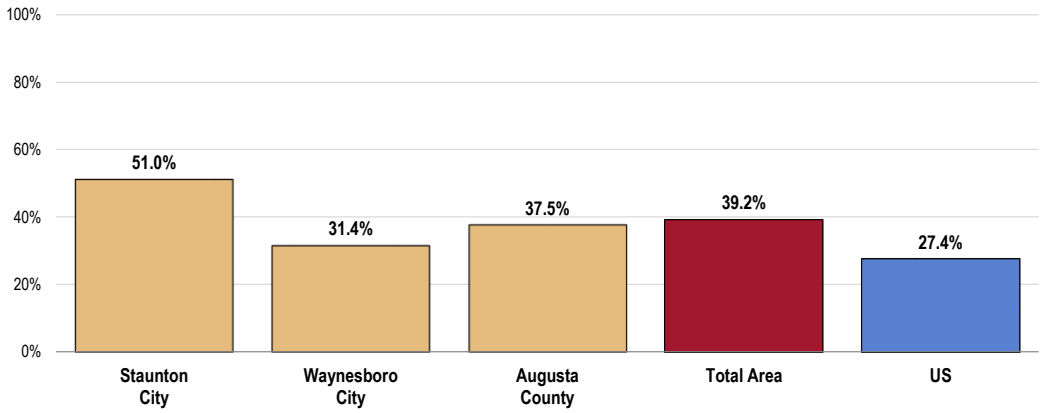
Daily Recommendation of Fruits/Vegetables

A total of 39.2% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- More favorable than national findings.
- Highest among Staunton residents.

Consume Five or More Servings of Fruits/Vegetables Per Day

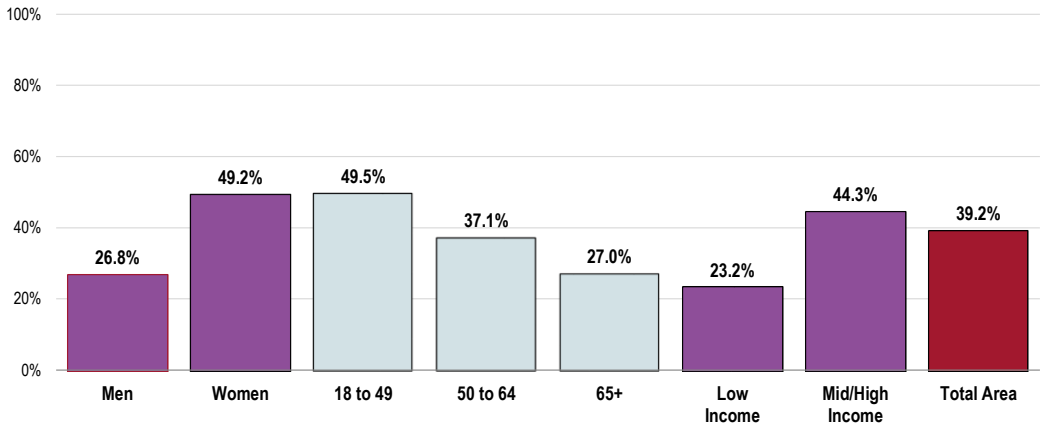


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are low-income adults.
- Note also the negative correlation with age.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

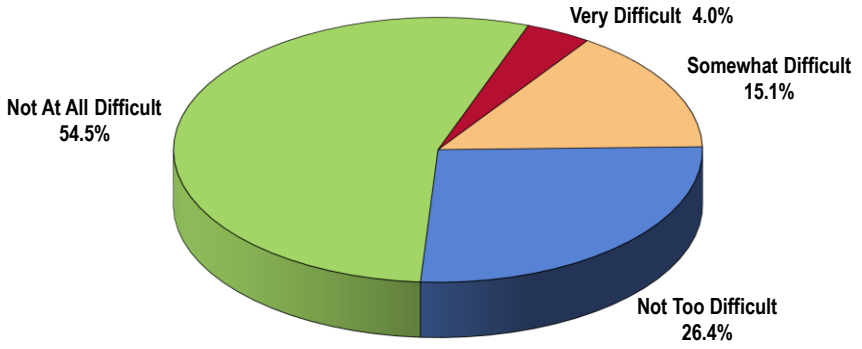
While most report little or no difficulty, 19.1% of Total Area adults find it "very" or "somewhat" difficult to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

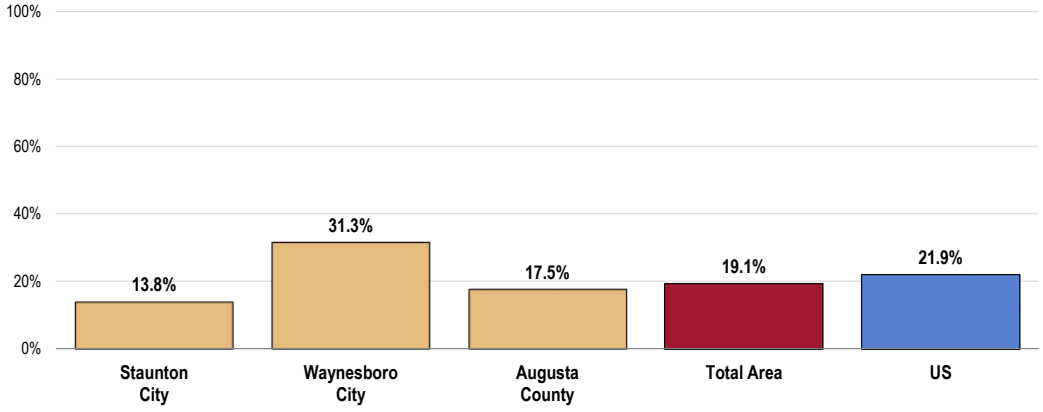
(Total Area, 2016)



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.

- Similar to the national findings.
- Unfavorably high in Waynesboro.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

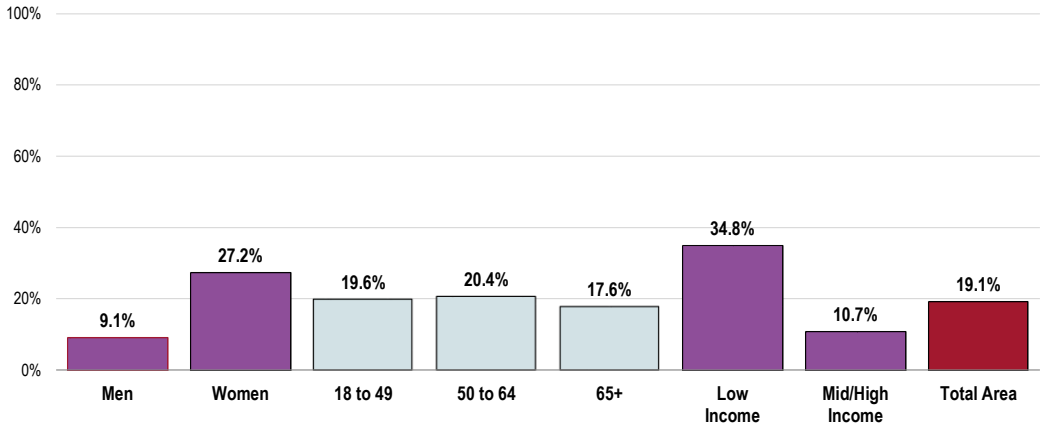


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents (especially).

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

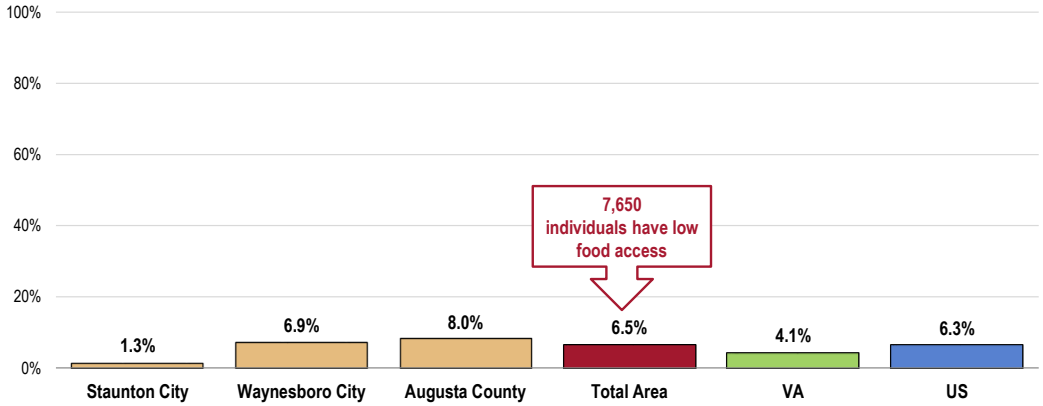
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 6.5% of the Total Area population (representing over 7,600 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Comparable to national findings.
- Favorably low in Staunton.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

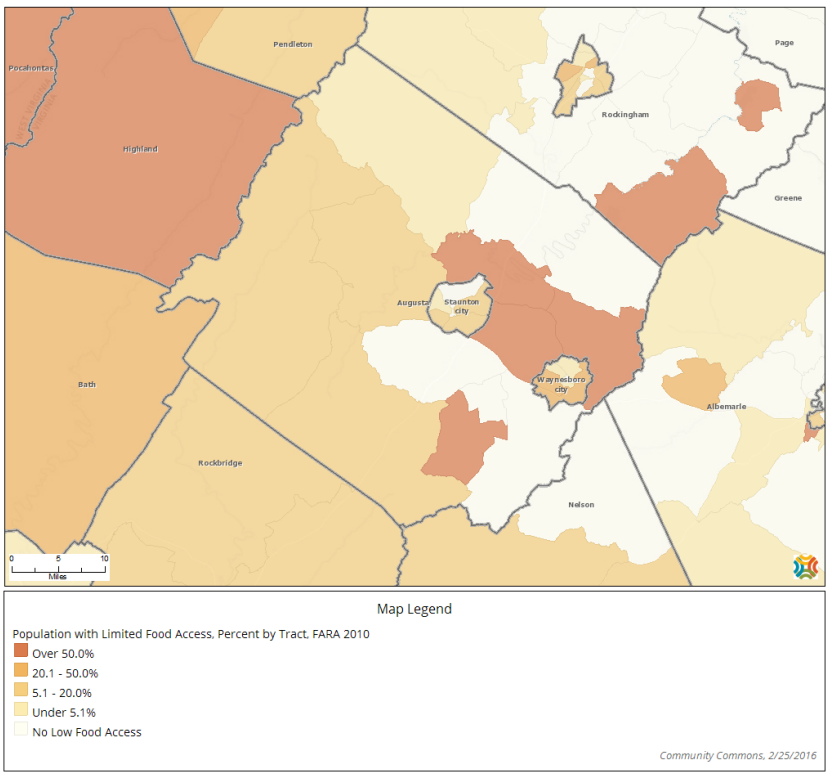


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract.

Population With Limited Food Access, Percent by Tract, FARA 2010

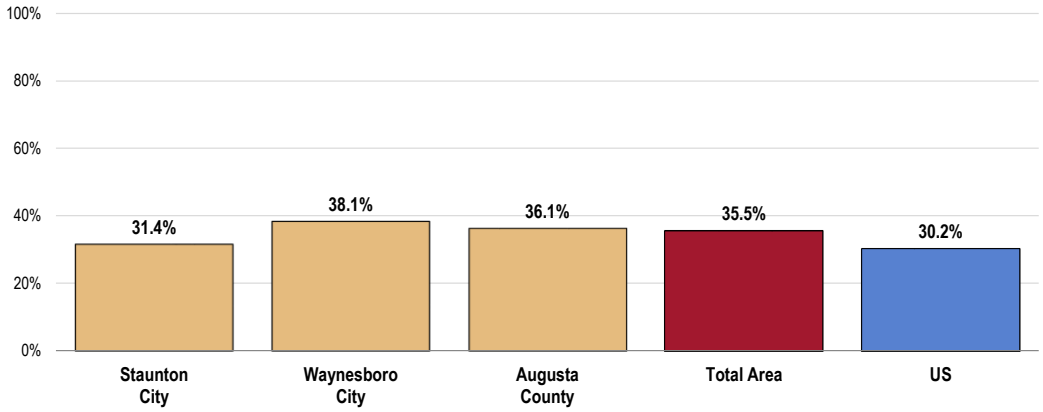


Sugar-Sweetened Beverages

A total of 35.5% of Total Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Comparable to national findings.
- Comparable by area.

Had 7+ Sugar-Sweetened Beverages in the Past Week

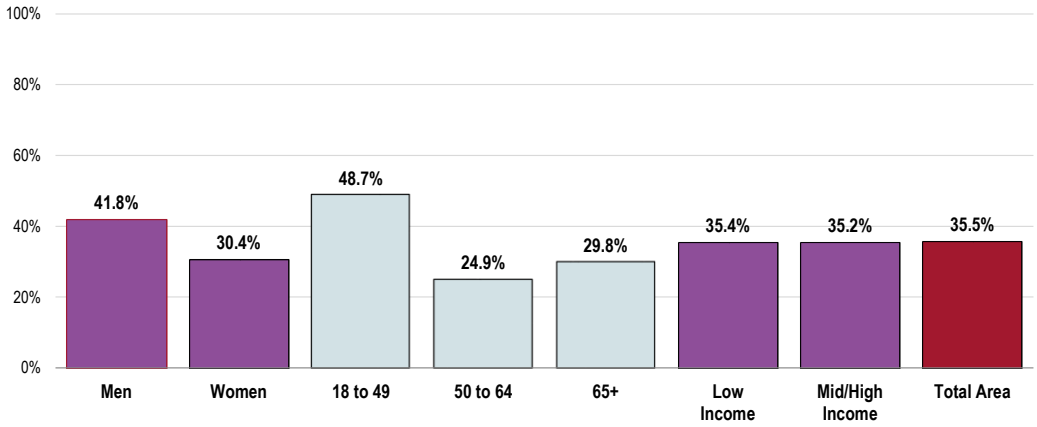


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Those more likely to consume this level of sugar-sweetened beverages include:

- Men.
- Adults under age 50.

Had 7+ Sugar-Sweetened Beverages in the Past Week
(Metro Area, 2015)



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with defined poverty status up to incomes just above the FPL, earning up to twice the poverty threshold;"Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

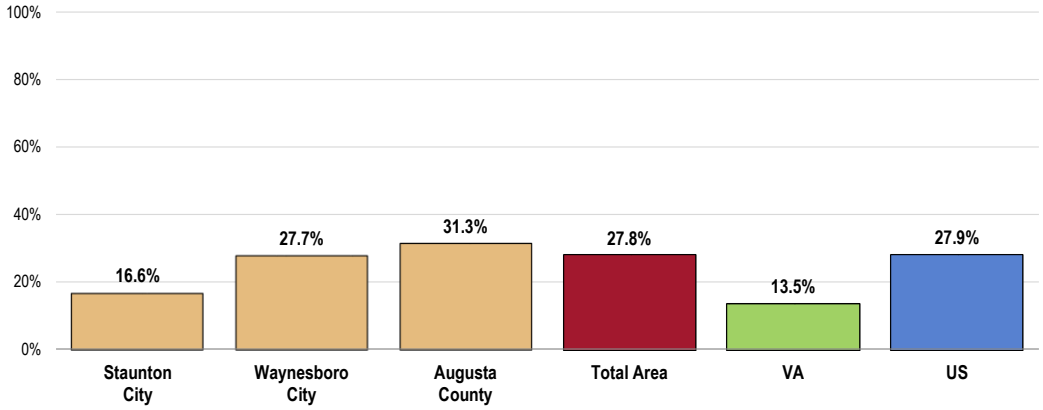
A total of 27.8% of Total Area adults report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Nearly identical to national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Unfavorably high in Augusta County; lowest in Staunton.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

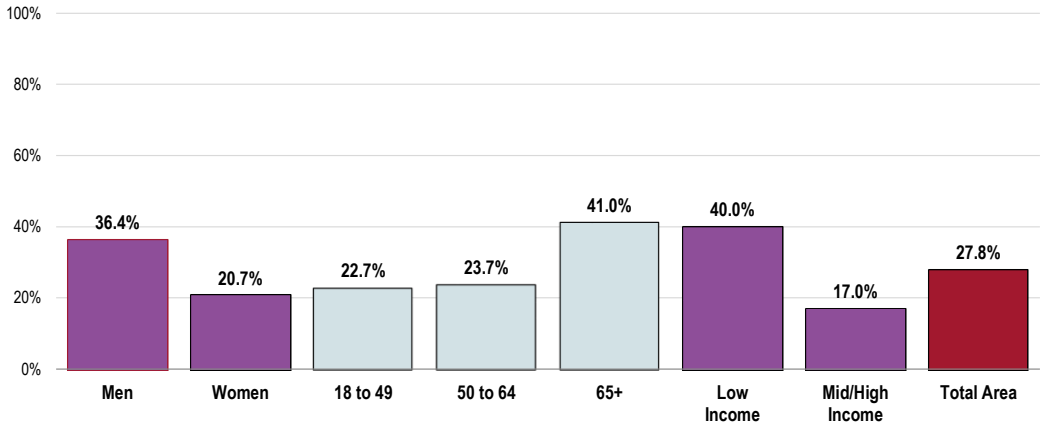
Lack of leisure-time physical activity in the area is higher among:

- Men.
- Adults age 65 and older.
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Total Area, 2016)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

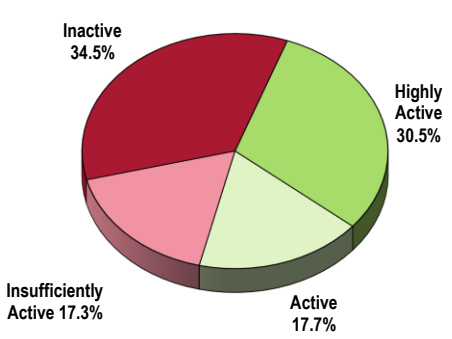
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

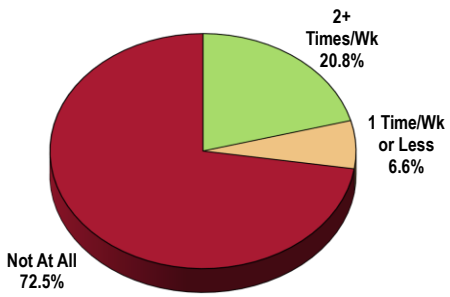
Based on reported physical activity intensity, frequency and duration over the past month, 51.8% of Total Area adults are found to be "insufficiently active" or "inactive."

A total of 72.5% of Total Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities
(Total Area, 2016)



Aerobic Activity



Strengthening Activity

Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

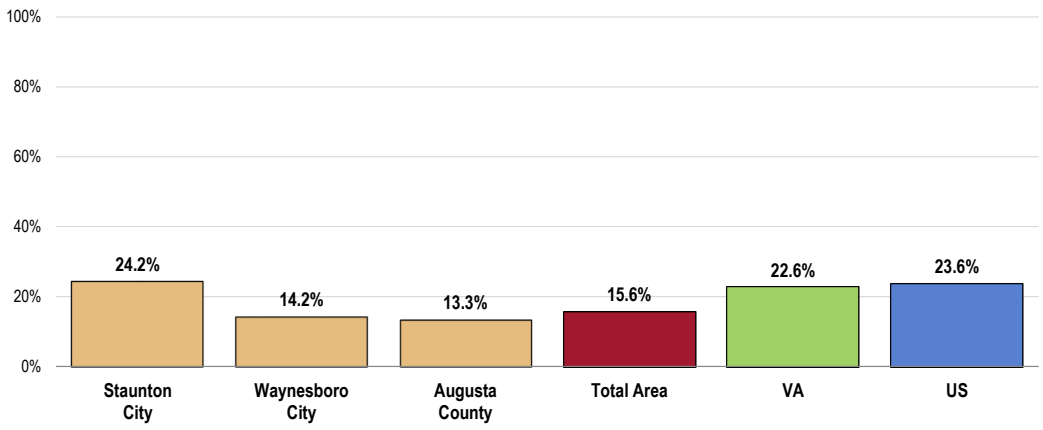
Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 15.6% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- Less favorable than state and national findings.
- Fails to satisfy the Healthy People 2020 target (20.1% or higher).
- Favorably higher in Staunton.

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

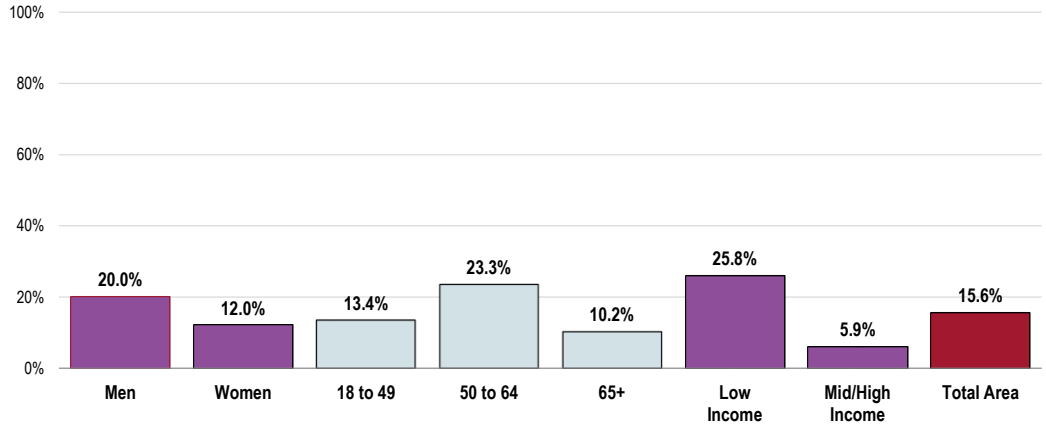
Those more likely to meet physical activity requirements include:

- Residents age 50 to 64.
- Low-income adults.

Meets Physical Activity Recommendations

(Total Area, 2016)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-4]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

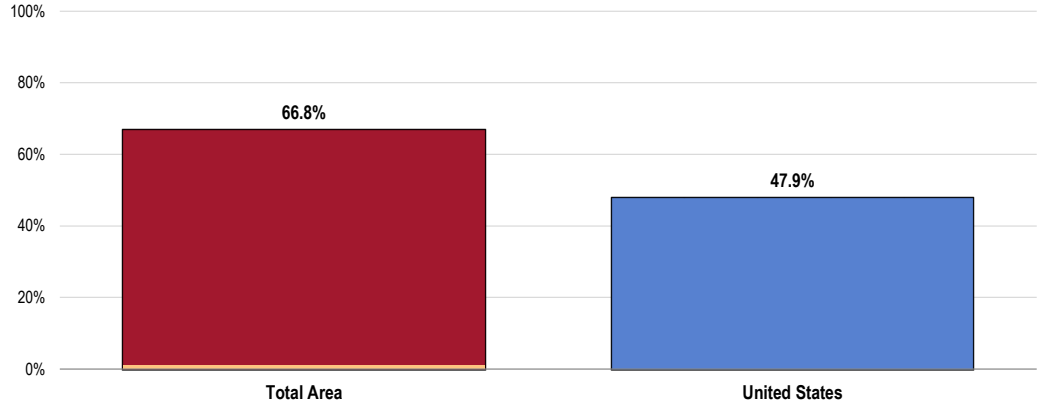
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 66.8% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2013, there were 9.3 recreation/fitness facilities for every 100,000 population in the Total Area.

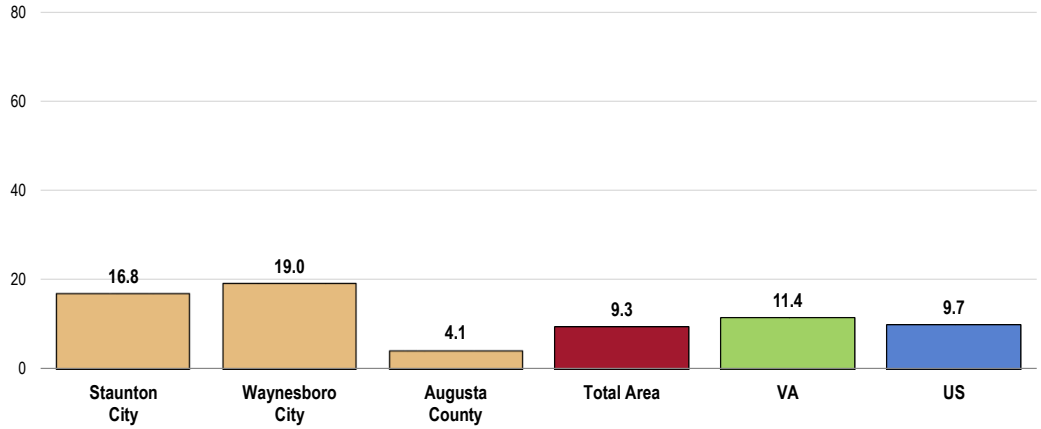
- Below what is found statewide.
- Similar to the national rate.
- Unfavorably low in Augusta County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



Sources:
- US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

More than 6 in 10 Total Area adults (61.9%) are overweight.

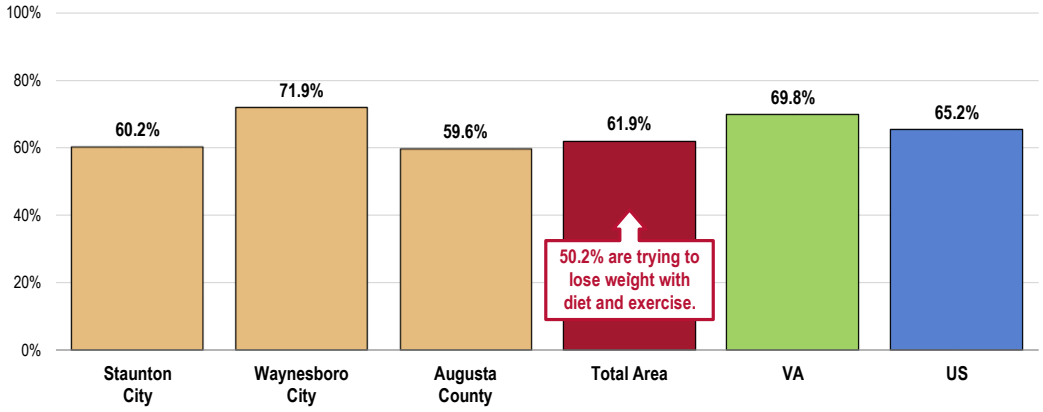
Here, "overweight" includes those respondents with a BMI value ≥25.

- More favorable than the Virginia prevalence.
- Comparable to the US overweight prevalence.
- Unfavorably high in Waynesboro.

Note that 50.2% of overweight adults are currently trying to lose weight using both diet and exercise.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 32.4% of Total Area adults are obese.

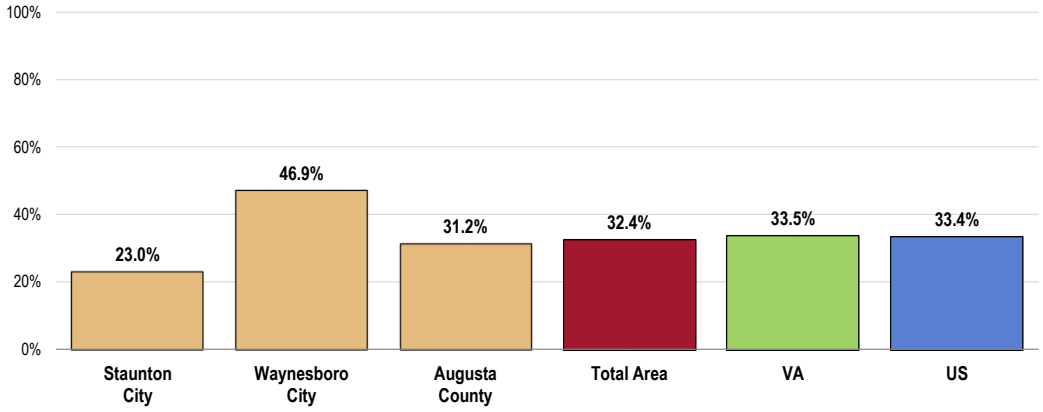
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to state and US findings.
- Similar to the Healthy People 2020 target (30.5% or lower).
- Least favorable in Waynesboro.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

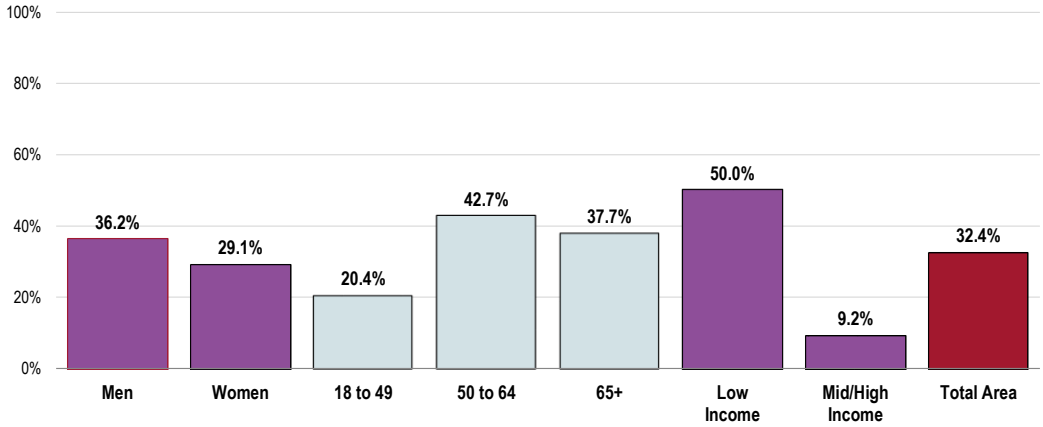
Obesity is notably more prevalent among:

- Adults age 50 and older.
- Respondents with lower incomes.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2016)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

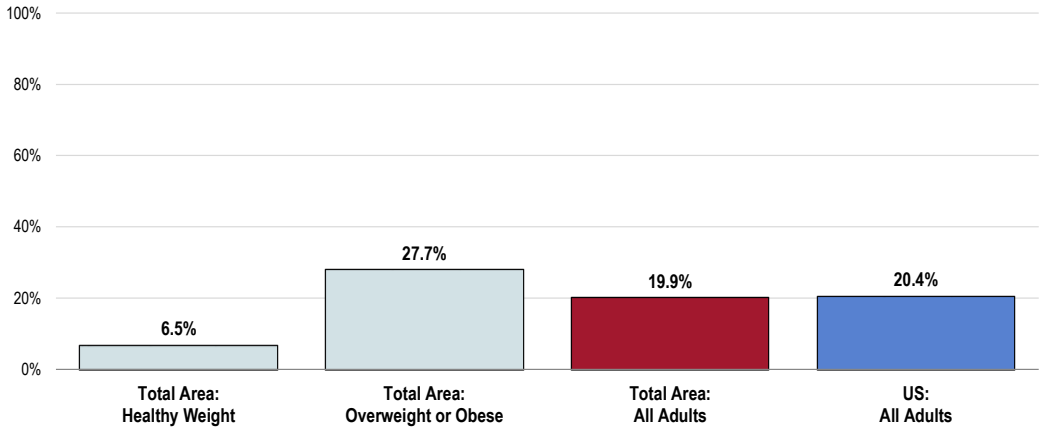
Health Advice

A total of 19.9% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 27.7% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while most have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 115]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Relationship of Overweight With Other Health Issues

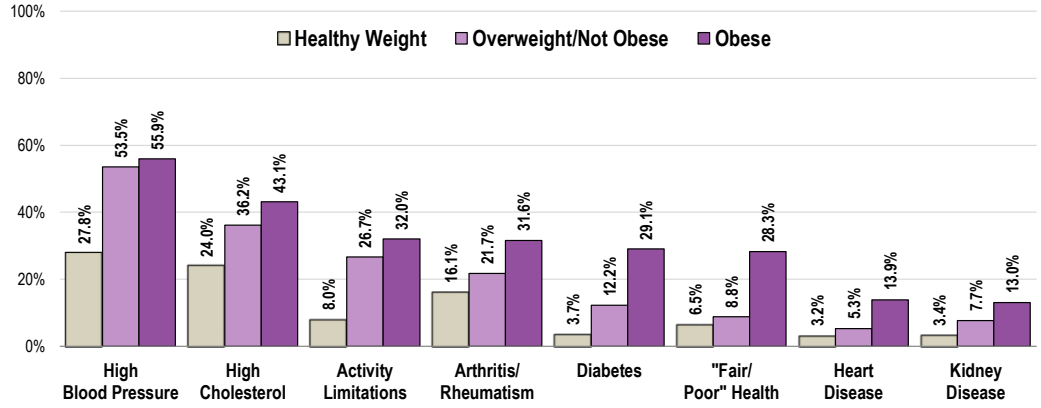
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High blood pressure.
- High cholesterol.
- Activity limitations.
- Arthritis/rheumatism.
- Diabetes.
- “Fair” or “poor” physical health.
- Heart disease.
- Kidney disease.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 27, 32, 128, 146, 147, 148, 158]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

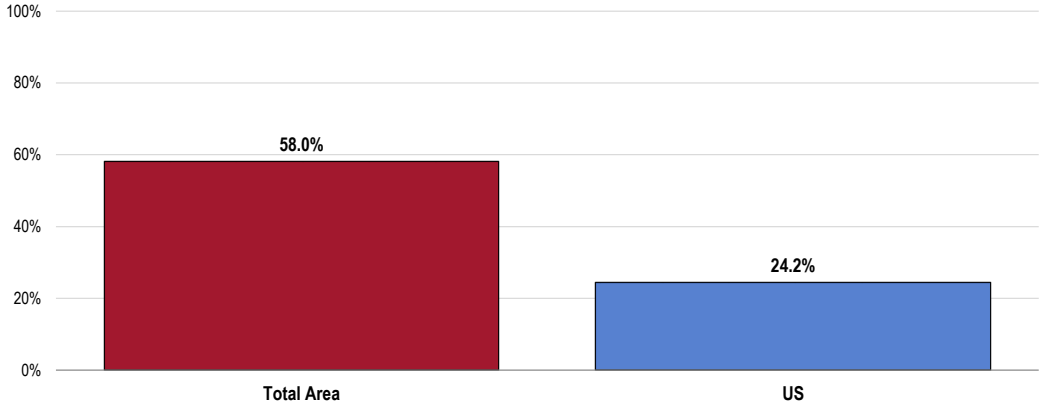
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 58.0% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Much worse than found nationally.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

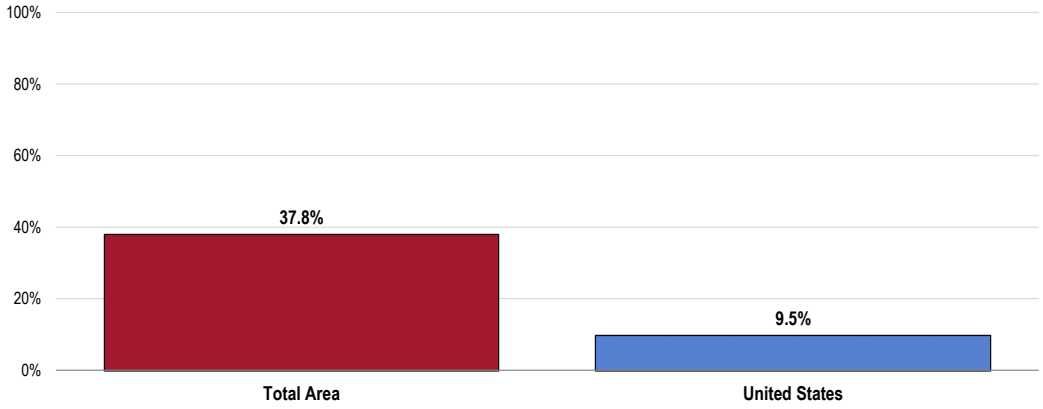
Further, 37.8% of area children age 5 to 17 are obese (≥95th percentile).

- Much worse than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

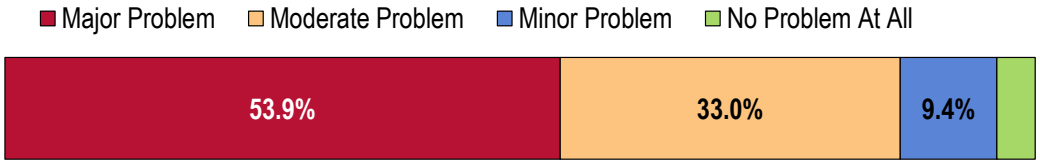
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Obesity

Too many overweight people. Too many fast food restaurants. A culture that doesn't seem to place a high value on physical activity. – Community Leader (Waynesboro)

Obesity and lack of physical activity in general. – Other Health Provider (Augusta County)

Many patients have health problems related to their obesity (HTN, DM, osteoarthritis, OSA). People don't know what foods to avoid or how much exercise to get. – Physician (Total Area)

There is a lot of obesity in our community. For me, arthritis limits my physical activity, and even though I am not elderly, I think that this is a huge factor for the elderly becoming fit. For nutrition, our community has a lot of food insecurities. – Social Services Provider (Total Area)

I see many children and adults who are very overweight- if not morbidly obese. My daily interaction with our children opens my eyes to their poor diets, lack of exercise and tolerance of physical activity. – Educator (Staunton)

Perhaps more health-related "sticks and bricks facilities" such as a Weight Watchers site and yoga studios, and fewer fast food restaurants. – Other Health Provider (Augusta County)

Obesity, related to poor nutritional habits and increased cost of healthy eating. – Other Health Provider (Augusta County)

Overweight seems to be an accepted condition in our society. – Community Leader (Augusta County)

We have a larger percentage of overweight/obesity in our area, especially amongst children. I see nutrition as the greatest challenge. Many people rely on processed, high-calorie foods and have limited exposure to fruits and vegetables. – Other Health Provider (Total Area)

Excessive weight is an issue in this community. Physical activity and overall fitness is lacking. – Government Representative (Augusta County)

Large number of obese patients who do not seek help for this disorder that leads them to diabetes and CV disease. – Other Health Provider (Total Area)

Not specific to this community, but Americans are as a whole are obese. People eat too much and don't move enough. – Media Health Representative (Total Area)

Many more people are visibly dealing with weight challenges, compounded by poor nutrition habits and minimal physical exercise. Motivation is larger challenge. There are programs available, facilities are available, but people need help with motivation. – Community Leader (Waynesboro)

I see a lot of overweight children, which sets them up to struggle with weight in adulthood. – Media Health Representative (Total Area)

Obesity and comorbidities related to nutrition, physical activity and weight. Insurances not covering for weight loss and counseling. Socio/economic status. – Other Health Provider (Total Area)

Obesity is prevalent. – Physician (Total Area)

Obesity. – Physician (Augusta County)

Access to Healthy Food

Lack of motivation or knowledge about healthy food options. Affordability to choose healthy food options is also an issue. – Physician (Augusta County)

Access to affordable foods that are healthy i.e. fresh vegetables and fruit, education about how to prepare foods, wanting to take a pill instead of changing behavior patterns, time to cook/exercise to control illness. – Community Leader (Total Area)

For the elderly/shut-in and the mobility-challenged, it is access to healthy and affordable food without excessive markups. For the low income, it is a problem of access to places that carry appropriate food at prices that are affordable. – Community Leader (Total Area)

Healthy food costs more than junk food. This is a farming community. Many people are accustomed to frequent red meat consumption. Schools do not promote PE like they once did. – Public Health Representative (Total Area)

Limited access to reasonable cheap good food. Poor education in schools, few good healthy restaurant choices. – Physician (Augusta County)

Affordability of buying health food. Food banks are limited in amount of food available to them. Meals on Wheels address the disabled and elderly but not diabetes and renal disease. Affordability to join gyms for exercise and lack of sidewalks. – Other Health Provider (Augusta County)

Lack of access to healthy, affordable fresh food, individual and family stressors, lack of access (monetary/transportation) to events like Little League, the Y, etc. Lack of sidewalks in Staunton negatively impact people's ability to walk safely, unsafe. – Educator (Staunton)

Easy access to cheaper unhealthy food options. Fast food with supersized sugary drinks. Getting patients to exercise. – Physician (Total Area)

Many of our families are still struggling financially and so must choose between buying nutritious food and paying bills. The habit of cooking at home and the skills to do so seem to be disappearing from many households. – Government Representative (Staunton)

Many don't have financial resources and knowledge to make better food choices. Society as a whole is too sedentary, watching TV or playing video games, Facebook, etc., despite being in the Shenandoah Valley where there is much to do. Hiking, walking. – Social Services Provider (Total Area)

Community access for more persons to affordable healthy food options and more community involvement to create safe places for individuals to participate in exercise/physical activity programs. – Other Health Provider (Total Area)

Access to healthy local food and education for how to prepare it, SOL school focus does not allow for adequate physical activity time, youth and adults do not move throughout the day. – Social Services Provider (Total Area)

Access to affordable nutritious food. Access to affordable fitness programs. Personal responsibility of the consumer. – Social Services Provider (Total Area)

Healthy meal access for children when schools are not in session. – Educator (Staunton)

Children going to school hungry. – Social Services Provider (Augusta County)

Food insecurity. – Social Services Provider (Augusta County)

Health Education

Although the knowledge of the link between heart disease and diet is well-known, people tend to be addicted to poor diets. – Educator (Total Area)

Programs for kids are lacking in education about proper food choices and physical activity. Access to health food in schools is also an issue. – Social Services Provider (Total Area)

Limited to no resources about health and healthy eating. – Business Leader (Augusta County)

There are not the same education and employment opportunities to the deaf population as there are to the hearing population. Large percentage rely on SSDI as their primary income. This affects their ability to buy fresh, healthier foods. – Social Services Provider (Total Area)

Teaching people how to live healthier lives and change behaviors. Availability of fresh vegetables and healthy options. – Other Health Provider (Total Area)

Education/program access. – Other Health Provider (Total Area)

Education starts at a young age and needs to be reinforced in the homes; it's the whole culture here: poor diet, lack of activity, lack of health awareness at a very young age. – Physician (Augusta County)

Education about the need to address it. – Social Services Provider (Total Area)

Lack of knowledge and lack of participation. – Social Services Provider (Total Area)

Education about nutrition, physical activity and weight. – Community Leader (Total Area)

Lack of education and ability to pay. – Community Leader (Staunton)

Lack of emphasis on healthy eating, exercise, and cost of fresh foods for low income- If they know how to fix it! Weight issues. – Social Services Provider (Waynesboro)

Lack of education. – Other Health Provider (Total Area)

Citizens know very little about proper nutrition. – Physician (Total Area)

Lifestyles

Somehow we need to get a "buy in" from obese parents who pass this poor nutrition and lack of exercise problems on to their children. – Community Leader (Augusta County)

Bad habits, poor education. – Physician (Augusta County)

Lifestyles that are conducive to fast food eating and lack of motivation for physical activity and weight control. Social acceptance of obesity. – Other Health Provider (Total Area)

Just like with chronic diseases, behavior change is hard. At work, at church, people are trying to make changes, but others continue to bombard them with unhealthy foods. Hard to stick with a health plan. Time and money makes a big difference. – Other Health Provider (Total Area)

Lifestyle choices leading to unhealthy diets and lack of motivation and commitment to be physical/exercise. Constraints on time leading people to not use facilities or amenities that are more than 10 minutes away, even exercising. – Government Representative (Augusta County)

The abnormally high public/federal funding of school breakfasts/lunches would lead you to believe that there is a huge nutrition issue in our region. Overweight, inactive children and the high correlation to becoming an adult diabetic is alarming. – Community Leader (Total Area)

Poor dietary habits, insufficient physical activity and high incidence of obesity. It's getting worse despite increasing awareness. Ready availability of sugary drinks and junk food (even in our hospital cafeteria) makes it a hard tide to reverse. – Physician (Total Area)

Issues arise in elementary schools and carry on throughout the population. Increased obesity leads to increased related health issues. – Community Leader (Total Area)

Lifestyle choices. – Social Services Provider (Total Area)

Unhealthy lifestyles. – Educator (Total Area)

Nutrition

We actually have food deserts here, locations in which grocery stores are not accessible on foot or are more than a certain number of miles away (not sure how many qualify). Healthy food is more expensive than not-healthy food. – Social Services Provider (Total Area)

Several challenges related to nutrition, physical activity and weight in Staunton. While opportunities to eat nutritiously and to be active are more accessible in our community than other more rural areas, there are embedded cultural/social stigmas. – Educator (Staunton)

School lunches are processed. There is little access to fresh foods for families who rely on USDA supported feeding programs. In addition, most of the families we work with do not even question the terrible nutrition present in most processed food. – Social Services Provider (Total Area)

Lack of knowledge about proper nutrition. Costs of maintaining a proper diet. Conversely, ready access to relatively inexpensive food and drink that contributes to obesity and diabetes. Lack of guidance and support for maintaining physical health. – Social Services Provider (Total Area)

Society as a whole is challenged for proper nutrition, obesity and physical activity. This includes children, adults and elderly on limited income. – Other Health Provider (Total Area)

Time constraints (work, school, family, etc.), cost of healthy eating habits vs. junk, and self-motivation. – Government Representative (Total Area)

We have access to good and bad food, we need to change people's mindset about the choices they make. However, we have to be aware of the relative costs in terms of both acquisition of food as well

as time/difficulty of preparation with fresh vs prepared. – Physician (Waynesboro)

Poor food choices or lack of funds to purchase healthier foods, lack of exercise. – Other Health Provider (Augusta County)

Too many fast food and poor nutrition choices available, too much sitting leisure activities (TV, computer, video games). – Other Health Provider (Total Area)

Physical Activity

Lots of physician inactivity, in spite of what is actually a fair number of facilities. Perhaps it's a need for programming. In general, poor eating habits. Lots of reliance on fast food/prepared foods. High percentage of people with low activity. – Other Health Provider (Total Area)

Making it available so it is easy and fun to do and folks readily participate on a regular basis. – Other Health Provider (Total Area)

Community as a whole does not meet the recommended minimum guidelines for physical activity. Lack of ability to afford/lack of knowledge of healthier food options. – Other Health Provider (Total Area)

Many people live a sedentary lifestyle. Just look at the number of people, without physical injuries, riding the little carts to shop and get around in area stores. As a society, we seem to have lost all control on maintaining proper diet and activity. – Media Health Representative (Total Area)

This community is relatively sedentary and does not take care of themselves. High rates of obesity, knowledge deficit about eating fast food and people with a lower socioeconomic background not having or choosing to eat healthy food, high obesity rate. – Other Health Provider (Total Area)

Lack of physical activity and access to nutritious food. – Government Representative (Staunton)

Lack of physical activity, which results in obesity. – Government Representative (Staunton)

Increasing exercise and access to restaurants that serve healthier food is important. – Government Representative (Waynesboro)

Lack of physical activity for those of all ages, high incidence of overweight/obesity in community. – Other Health Provider (Total Area)

Social Norms/Culture

A culture of convenience and instant satisfaction. It's easier to eat poorly than to seek or prepare nutritionally-balanced meals. Also, some people cannot afford better quality foods. Lack of enough organized community efforts to get people involved. – Other Health Provider (Total Area)

The culture in our region just doesn't seem to have a positive perspective of healthy eating, fresh foods, or home-prepared meals. The vast majority of individuals in our area spend little or no time in physically active pursuits and are overweight. – Social Services Provider (Total Area)

This is a mixture of personal accountability, cultural background, and community norms. We are a society of convenience, and I think folks tend to opt for fast food for this exact reason. There's also the myth that fast food is cheaper (maybe up front). – Social Services Provider (Total Area)

People do not care about exercising or eating healthy. It's the "I know I need to but I don't" mentality. – Business Leader (Total Area)

There is no incentive to change. Who pays health costs for personal neglect? – Community Leader (Waynesboro)

Lack of personal responsibility. – Physician (Total Area)

Access to Care/Services

Lack of resources for poor and underserved. Lack of engagement for minority populations and poor, cost of eating healthy and engaging in fitness activities. – Other Health Provider (Waynesboro)

Augusta Health Nutrition Services, limited eligibility for non-diabetics, coverage for obesity without other diagnoses is lacking, also medical assistance or self-pay is problematic. – Physician (Augusta County)

Need programs that meet them where they are. – Educator (Staunton)

Access to nutritionist. Economic issues. Lack of workplace education and incentives. – Community Leader (Total Area)

Due to the large number of families/homes that are in poverty or economic crisis, health and nutrition suffer. Easy food choices, which are not always the healthy choice, are made and are readily available (fast food chains). Individuals may not know. – Educator (Staunton)

Prevalence/Incidence

National trends. – Other Health Provider (Augusta County)

National problem not unique to Augusta County. – Other Health Provider (Total Area)

Co-Occurrences

Depression, poor adult role models. – Social Services Provider (Total Area)

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

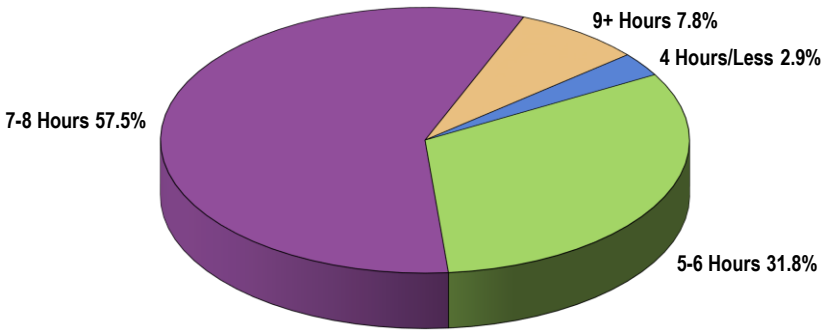
- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

Asked how many hours of sleep they average per night, 57.5% of survey respondents said between 7 and 8 hours, and 7.8% get 9+ hours of sleep per night.

- On the other hand, 34.7% of local adults sleep **fewer than 7 hours** per night (including 2.9% who report sleeping 4 hours or less on an average night).

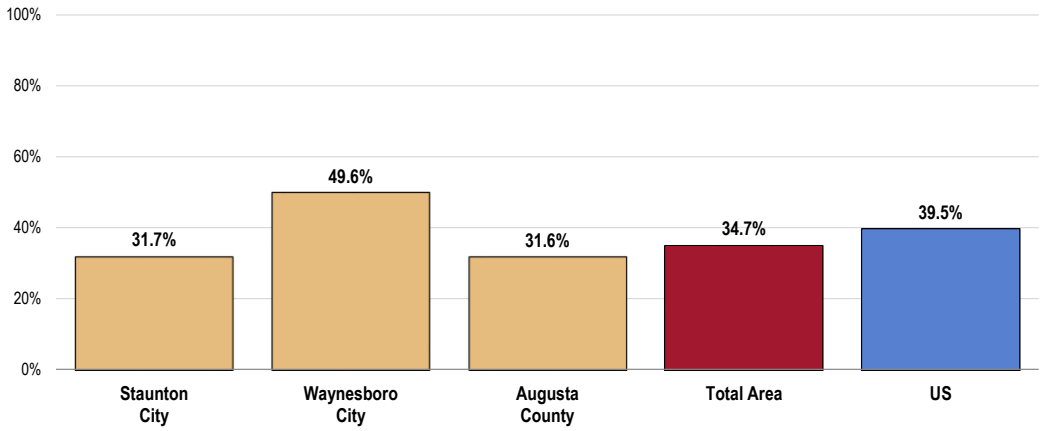
Average Hours of Sleep Per Night
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: • Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is similar to the national figure.
- Unfavorably high in Waynesboro.

Generally Sleep Less Than Seven Hours Per Night

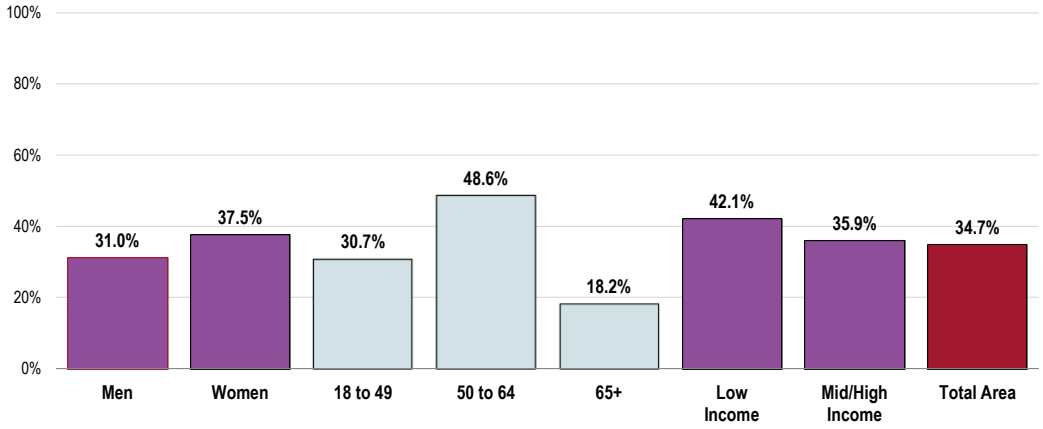


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults age 50 to 64 are more likely to sleep fewer than 7 hours on an average night.

Generally Sleep Less Than Seven Hours Per Night
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

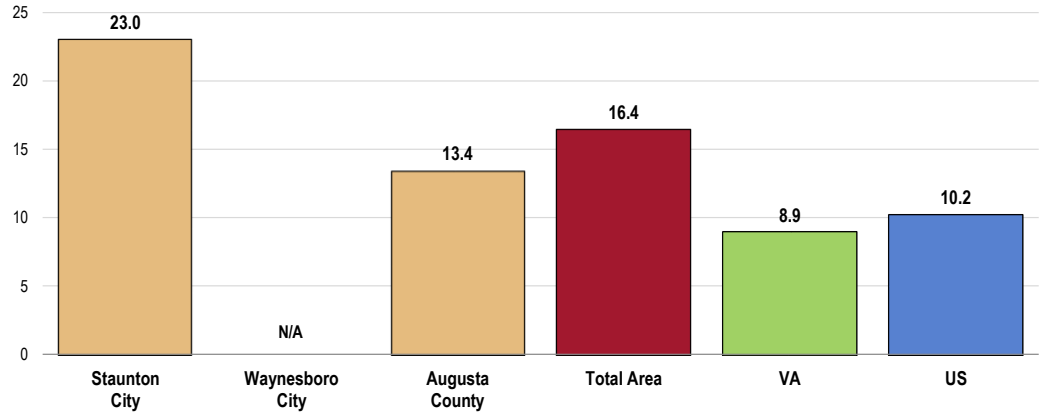
Between 2012 and 2014, Total Area reported was an annual average age-adjusted cirrhosis/liver disease mortality rate of 16.4 deaths per 100,000 population.

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Notably higher in Staunton than in Augusta County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

A total of 9.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Favorably low in Augusta County.

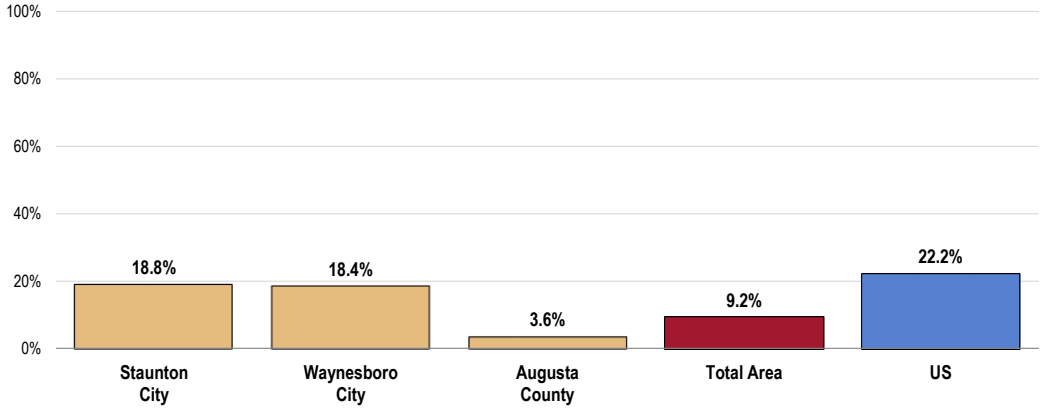
"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also *Stress* in the **Mental Health** section of this report.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

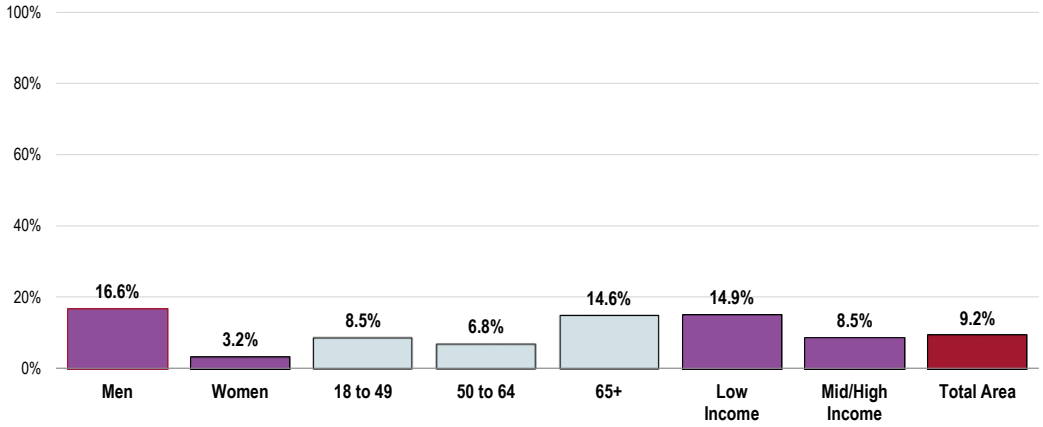
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men and seniors.

Excessive Drinkers

(Total Area, 2016)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

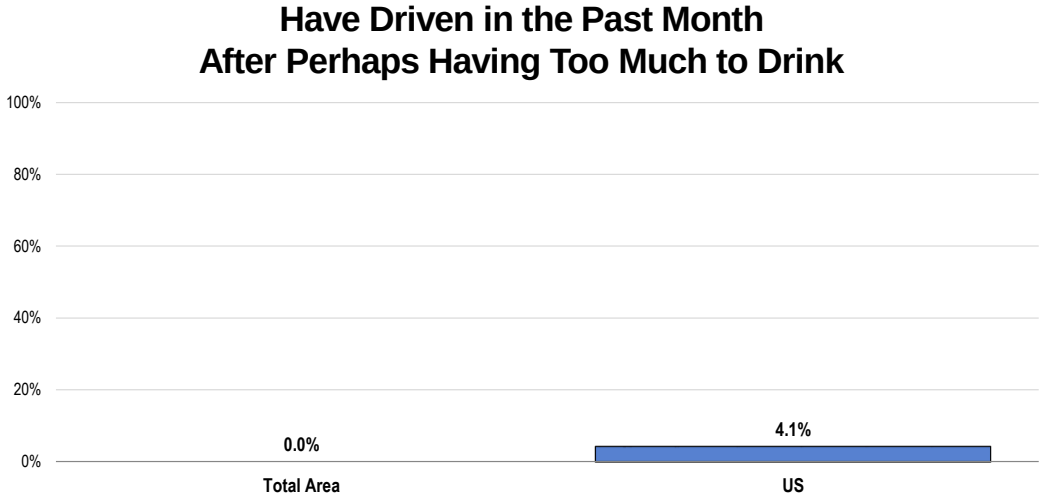
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving

Among Total Area survey respondents, none acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- The US prevalence is 4.1%.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

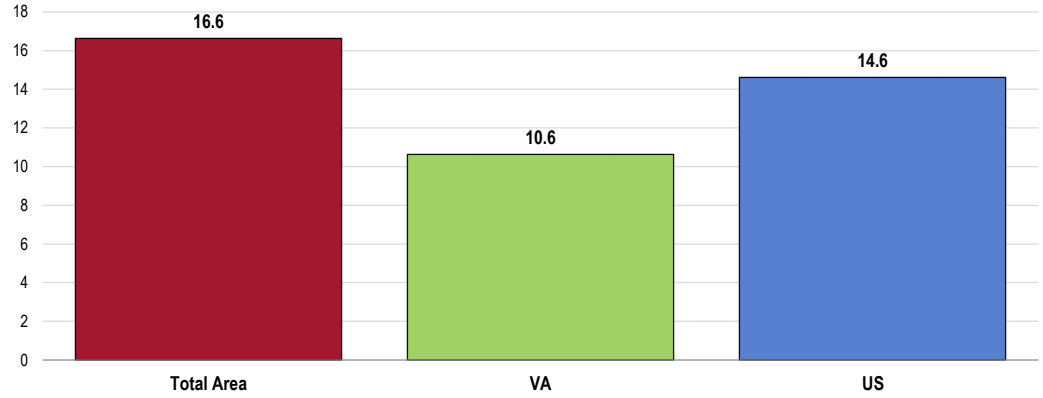
Between 2012 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 16.6 deaths per 100,000 population in the Total Area.

- Worse than state and US rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- City/county-specific rates are not available.

Drug-Induced Deaths: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2016.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

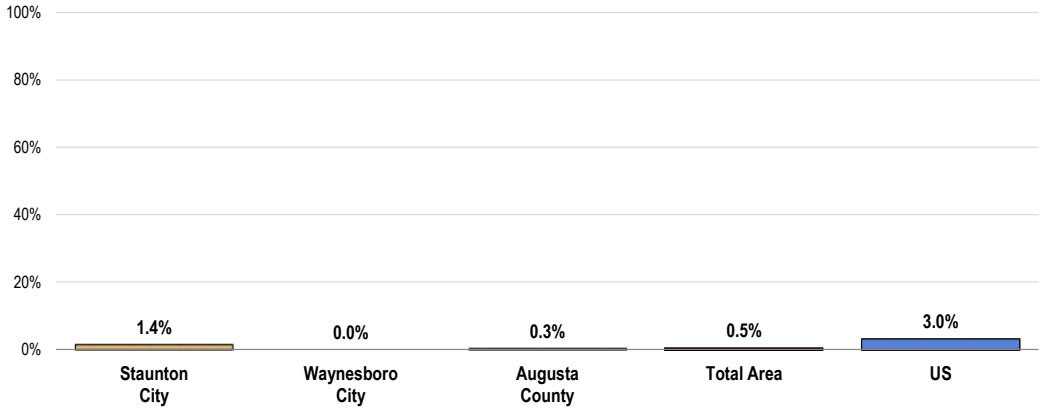
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 0.5% of Total Area adults acknowledge using an illicit drug in the past month.

- More favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Statistically comparable findings by area.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

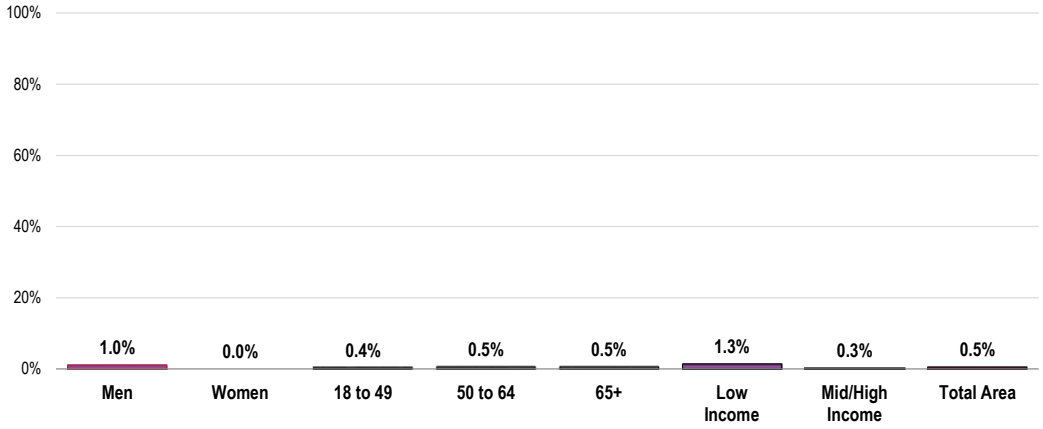
Notes:
- Asked of all respondents.

- Illicit drug use does not vary significantly by Total Area demographic characteristics.

Illicit Drug Use in the Past Month

(Total Area, 2016)

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

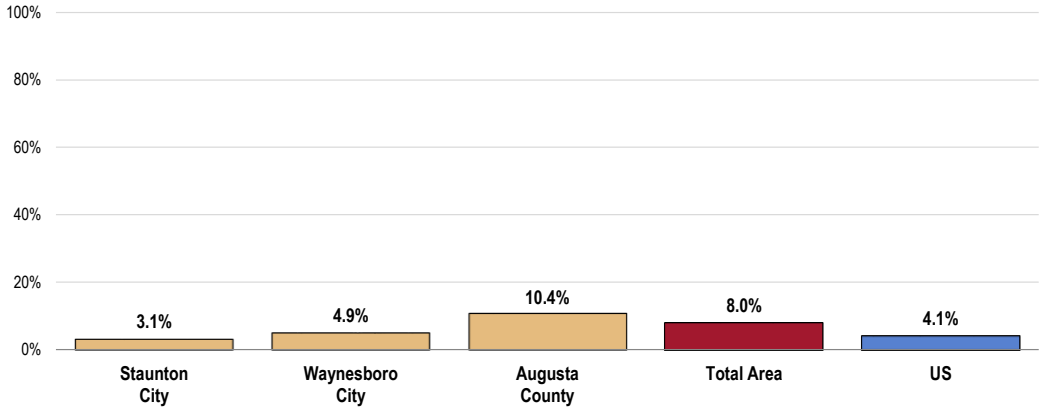
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 8.0% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than national findings.
- Particularly high in Augusta County.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

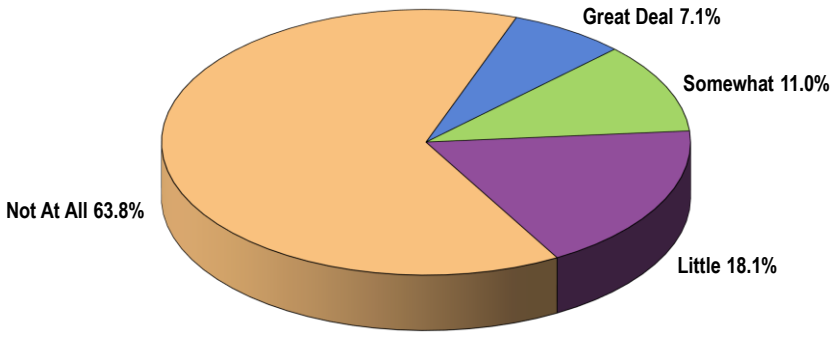
Personal Impact of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own substance abuse or that of someone else).

In all, most respondents have not been negatively affected (63.8% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Total Area, 2016)

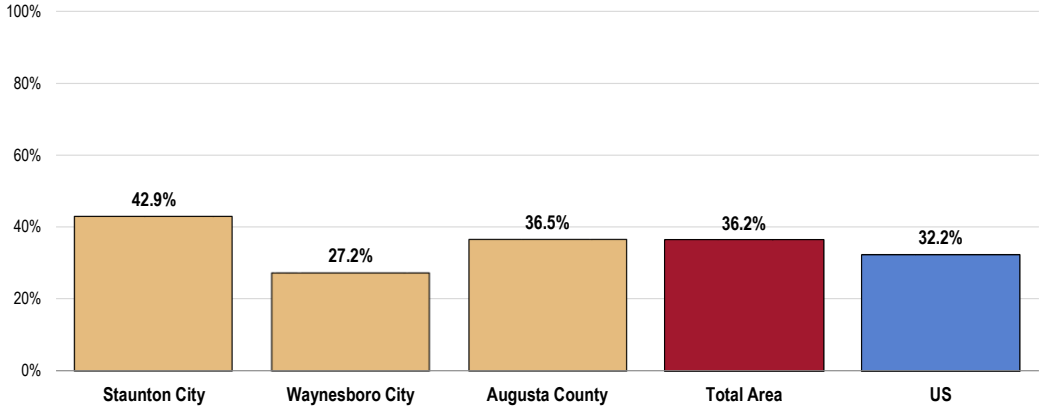


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.

In contrast, 36.2% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 7.1% who responded "a great deal."

- Similar to the US figure.
- Lowest in Waynesboro.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



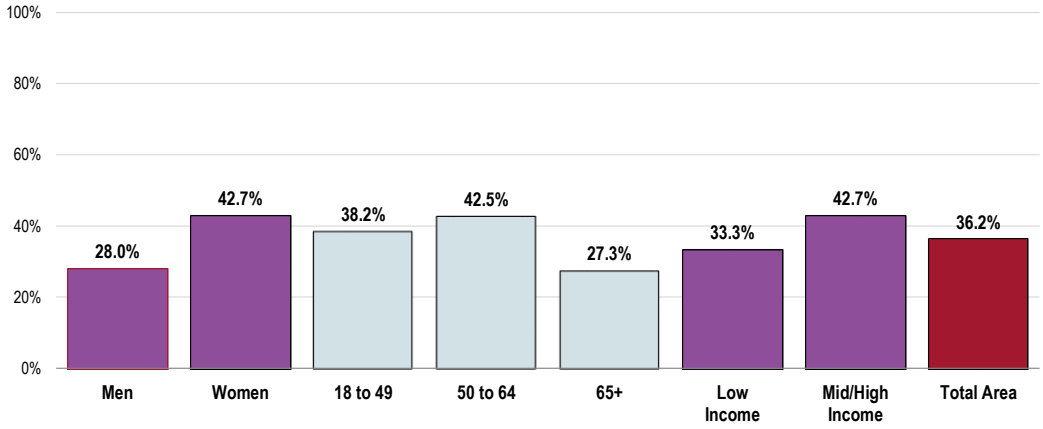
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Women.
- Adults under age 65.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Total Area, 2016)



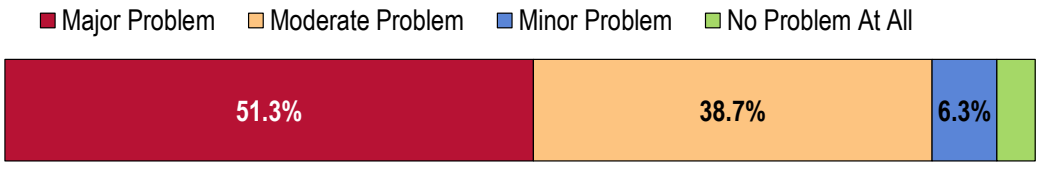
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: • Asked of all respondents.
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

Over half of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Denial/Stigma

One, low motivation to be in recovery from addiction. Two, lack of local detox/crisis facility. – Other Health Provider (Total Area)

Recognition that they have an addiction and willingness to try to end the addiction. Cost of treatment. Treatment often disrupts their ability to go to school, work, etc., even though the addiction has typically already disrupted these anyway. – Government Representative (Total Area)

They may not want to, same answer as 'why people smoke.' – Other Health Provider (Augusta County)

Desiring help, willingness to recognize need for help, certainty they can "stop whenever they want." – Social Services Provider (Augusta County)

Lack of desire to change their behavior, their environment, depression. – Other Health Provider (Total Area)

Acknowledgement of needing help and embarrassment. – Other Health Provider (Augusta County)

Stigma, funding and transportation. – Social Services Provider (Total Area)

Lack of agreement that they have a problem. There are many places to go. Another concern could be the cost to pay for treatment, since many insurances no longer cover this type of treatment. – Business Leader (Total Area)

Denial, stigma, wait lists, lack of qualified providers in the area. – Educator (Staunton)

Fear, lack of knowledge about what is entailed in treating substance abuse. – Other Health Provider (Total Area)

Realizing need for intervention. – Public Health Representative (Total Area)

Cultural stigma for those who are in need of treatment. Lack of resources for poor and underserved. – Other Health Provider (Waynesboro)

Stigma, no insurance or perception that it is a must to access when not always necessary, lack of insight or lack of desire to quit, denial that one has an addiction, family denial, no local detox. – Social Services Provider (Total Area)

Their lack of desire to seek help, accept assistance, and follow-up with their treatment plan. – Other Health Provider (Augusta County)

Motivation and intellect to change, a lack of any religious affiliation or faith, legal follow-up when someone has been convicted and ordered into rehab. – Social Services Provider (Waynesboro)

Most people with substance abuse eventually recognize they are in trouble, but it is difficult to serve them promptly when it is time to intervene. – Physician (Waynesboro)

Who is saying they need treatment? If it is court-ordered or forced through some other means, this presents significant barriers. Also the variety of programs available can be a factor. Funding options are limited for some. – Social Services Provider (Total Area)

Stigma, embarrassment, denial there is a problem. – Social Services Provider (Total Area)

There appears to be no desire to take responsibility for any aspect of their life. Portions of the community accept substance abuse as a way of life, then the children suffer because they don't get what they need. – Educator (Waynesboro)

Stigma, convenient programs, cost and access. – Social Services Provider (Total Area)

Their desire. – Community Leader (Staunton)

Don't feel there is a need for it. Addicted and have trouble trying to quit it. Friends/social groups do it, so they feel they need to fit in. – Business Leader (Augusta County)

Access to Care/Services

Not a lot of options in this area unless you end up in jail. – Social Services Provider (Total Area)

Access to programs and lack of knowledge about programs in the area. As well as overpopulated treatment centers. – Other Health Provider (Total Area)

This is the single most important issue in our society, not just Augusta County. It is so large and so entangled with being linked to the legal system- due to illegal substances- that addicts who want to stop are afraid of legal repercussions. – Social Services Provider (Total Area)

Inpatient facilities are a far distance from our area. – Other Health Provider (Augusta County)

One, not enough services. Two, general attitude in area related to this. Three, preventive education. – Social Services Provider (Total Area)

No local detox! Our local community is overwhelmed with addictions of every description and for every substance known. Heroin is growing in popularity yet we have very few options for detox of these individuals. What we do have usually involves a wait. – Government Representative (Waynesboro)

Lack of facilities and motivation. – Physician (Total Area)

Access to care and too easy to acquire cheap and easily available street drugs. – Other Health Provider (Total Area)

No inpatient detox facility in area and minimal outpatient services to address this need. – Other Health Provider (Augusta County)

The availability of immediate access to intensive outpatient or inpatient services. Often, there are waiting lists or the costs are prohibitive. – Social Services Provider (Total Area)

Inpatient treatment facilities limited to inpatient acute psych facilities in our area who only provide medical detox if needed. No inpatient SA detox available with the closing of New Hope Detox. Patients who lack health insurance are limited to VCSB. – Other Health Provider (Total Area)

Immediate access when patients hit rock bottom. Difficulty in patients without insurance. Lack of detox facilities. – Physician (Total Area)

There are no available inpatient treatment facilities available for people with substance abuse issues in our community. The closest are Roanoke and Culpeper, and there are always lengthy wait-lists. – Social Services Provider (Total Area)

Lack of knowledge on available resources. – Educator (Total Area)

Overpopulated programs with staff who are spread thin, transportation to and from treatment and to other services, cost associated with treatment and indirect costs associated with being in treatment, lack of local detox facilities, stigma associated. – Social Services Provider (Total Area)

I'm not sure how available it is. – Media Health Representative (Total Area)

Affordable Care/Services

It's expensive and generally uncovered by insurance providers. – Other Health Provider (Total Area)

I think the greatest barriers for accessing substance abuse treatment include the financial costs of credible treatment programs, the stigma associated with seeking treatment and most often when substance abuse has reached the critical limit. – Educator (Staunton)

Access to affordable treatment. Lack of inpatient or detox programs. – Social Services Provider (Total Area)

Most people with substance abuse are uninsured. – Physician (Augusta County)

Cost, individual embarrassment and time off from work and the desire to quit. – Community Leader (Total Area)

Lack of insurance coverage and families who aren't educated on substance abuse treatment services available in our community. – Other Health Provider (Total Area)

Affordability. – Other Health Provider (Augusta County)

Lack of insurance and lack of local substance abuse treatment programs, especially inpatient stays for longer than three days. Also lack of a detox facility and then to get treatments. Boxwood in Northern Virginia closest for this area. The motivation. – Other Health Provider (Augusta County)

Financial constraints, no motivation or lack of interest, finding the resources available in the first place! I'm not sure access is always the problem, but the enduring change and sustainability seems to be lacking. – Educator (Staunton)

Affordability and access. – Community Leader (Total Area)

Payment resources. Addiction medicine providers require payment up front, and many of those afflicted with this condition are unable to access any care. – Physician (Augusta County)

Lack of personal funds or lack of insurance coverage to pay for rehab/treatment services. – Other Health Provider (Augusta County)

Cost to patient and time of day availability. – Community Leader (Total Area)

In my experience, persons who are addicted cannot afford the price of quality recovery care. Their resources have gone toward the addiction, so they then are left on their own. Treatment centers are expensive, but inaccessible to persons who need it. – Community Leader (Waynesboro)

Finances. – Public Health Representative (Total Area)

Prevalence/Incidence

Our community is like most others in the country. The fight against abuse has not been successful. – Community Leader (Staunton)

The heroin epidemic that's sweeping the country reveals the need for effective, comprehensive, accessible, affordable substance abuse treatment. – Social Services Provider (Total Area)

It's evident by reading the newspapers, talking to local professionals, and knowing what's seen in the ED. – Other Health Provider (Total Area)

Substance abusers are prevalent. – Community Leader (Augusta County)

Felony charges and admitting they have a problem. – Business Leader (Total Area)

Access to Drugs

Easy access to illegal drugs and alcohol. Until they are in crisis, they don't seek help. – Social Services Provider (Augusta County)

Issues in our community with recreational drug use. – Other Health Provider (Total Area)

Greatest barrier is the easy accessibility to drugs. – Community Leader (Total Area)

Significant issues related to substance abuse throughout the community, including manufacture and sale, with resulting negative impact on communities, increased violence, mental health issues, etc. – Community Leader (Total Area)

Access to Providers

Not enough doctors and facilities in our community. – Social Services Provider (Total Area)

Not enough providers, causing wait lists. No local detox or long term SA inpatient facility. Not sufficient local funding; if you are going to send people outside the area, at least provide more funding. – Social Services Provider (Total Area)

Not enough providers, especially for teens, cost, perception of families that there isn't a problem. – Social Services Provider (Total Area)

Addiction

Addition and education. – Community Leader (Staunton)

Substance abuse seems to be primarily viewed within the community as a moral failing as opposed to a derivative of straight-out addition and/or poverty, lower education, or other socio-economic factors. The community seldom discusses the problem. – Government Representative (Waynesboro)

Addictive behavior, itself, timely availability of services when needed, financial ability to access services, disconnects between individual's cultural/social world and care program routines, transportation/location of services, communication/education. – Other Health Provider (Total Area)

Health Education

Understanding the options available and the confidentiality of treatment. – Media Health Representative (Total Area)

Ignorance, lack of motivation. – Physician (Total Area)

Lack of understanding about the disease and the need for treatment until lives are ruined. Drugs bring violence and injury on numerous levels. – Social Services Provider (Augusta County)

Education of availability of treatment, desire to change, education. – Other Health Provider (Total Area)

Impact on Families/Caregivers

Families and loved ones have nowhere to turn to get help. Funding keeps getting cut, and there are not a lot of resources out there. The ones that are do not keep patients long enough to help them and no follow up programs or supervision is done. – Government Representative (Augusta County)

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, methamphetamines/other amphetamines, prescription medications, and heroin/other opioids as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	35.3%	14.3%	19.5%	58
Methamphetamines or Other Amphetamines	24.7%	19.0%	18.3%	52
Prescription Medications	18.8%	23.8%	18.3%	51
Heroin or Other Opioids	12.9%	20.2%	23.2%	47
Marijuana	1.2%	7.1%	11.0%	16
Cocaine or Crack	3.5%	8.3%	3.7%	13
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	2.4%	2.4%	4.9%	8
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	3.6%	1.2%	4
Over-The-Counter Medications	1.2%	1.2%	0.0%	2

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

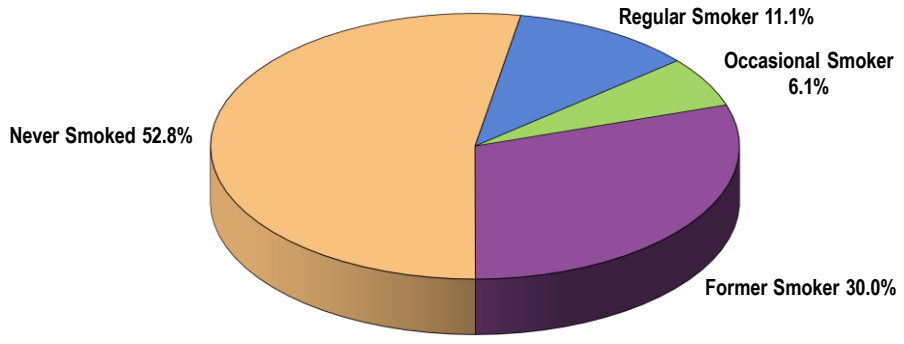
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.2% of Total Area adults currently smoke cigarettes, either regularly (11.1% every day) or occasionally (6.1% on some days).

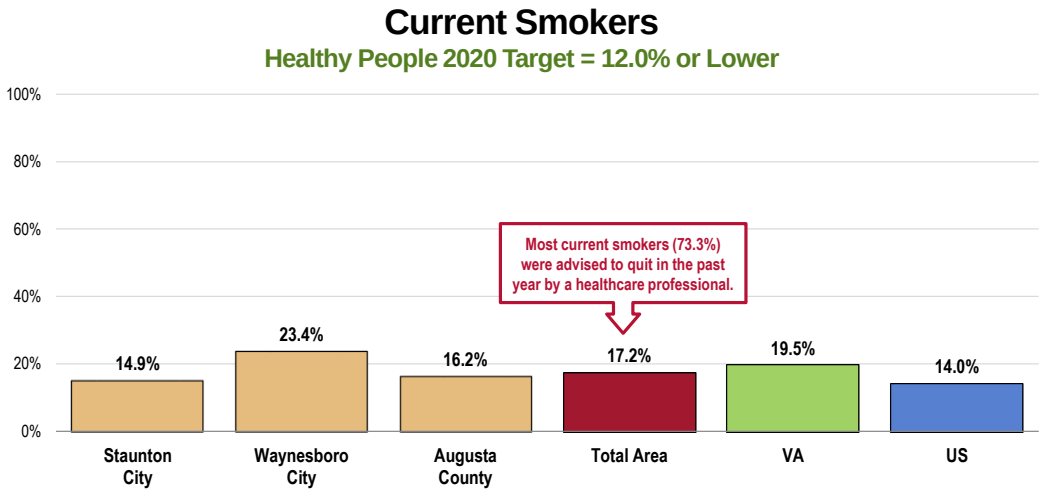
Cigarette Smoking Prevalence
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
Notes: • Asked of all respondents.

- Similar to statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Statistically similar findings by area.

Most (73.3%) were advised to quit in the past year by a healthcare professional.

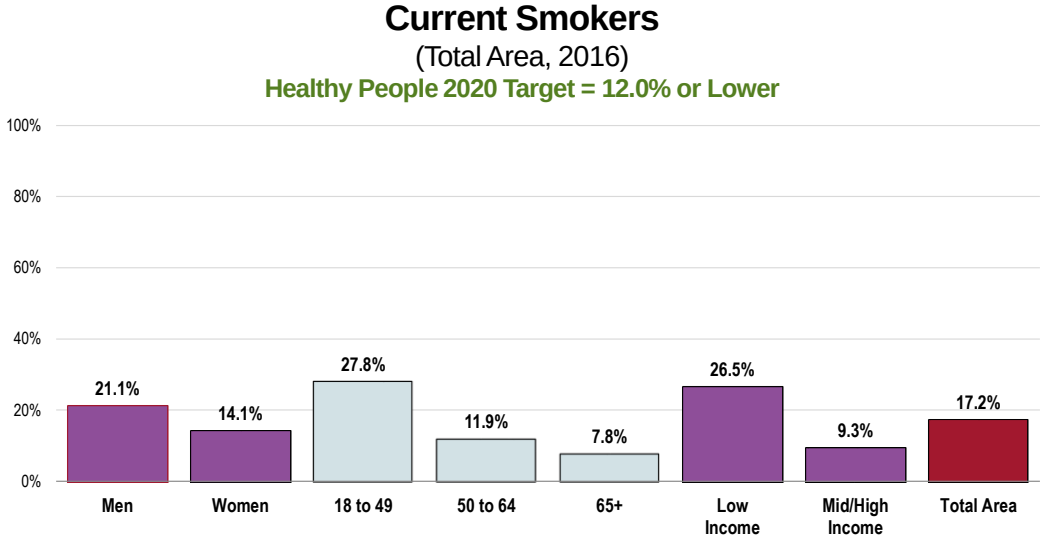


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 57, 181]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Cigarette smoking is more prevalent among:

- Adults under age 50 (negative correlation with age).
- Lower-income residents.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

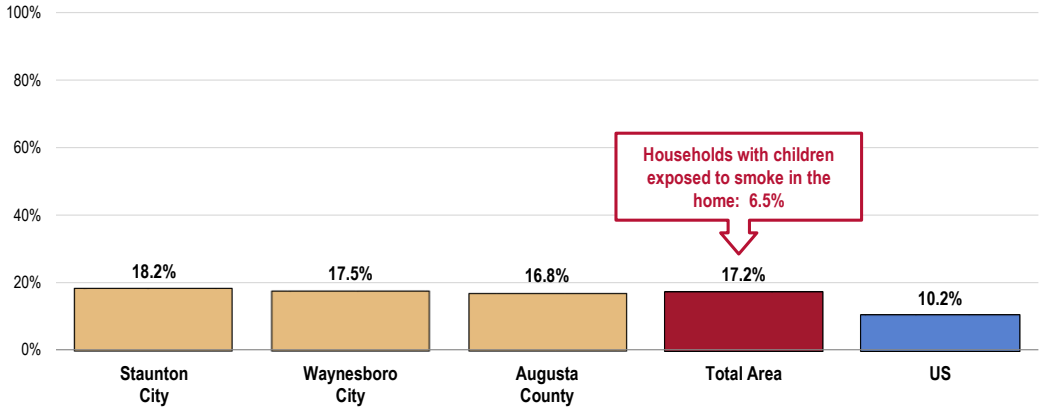
Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 17.2% of Total Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Higher than national findings.
- Comparable findings by area.
- Note that 6.5% of Total Area children are exposed to cigarette smoke at home, similar to what is found nationally (not shown).

Member of Household Smokes at Home



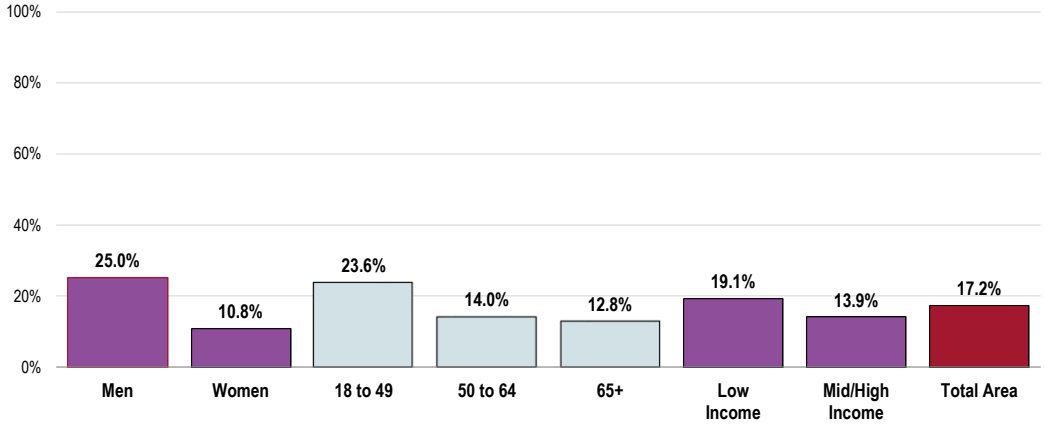
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 58, 184]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among men and adults under age 50.

Member of Household Smokes At Home

(Total Area, 2016)



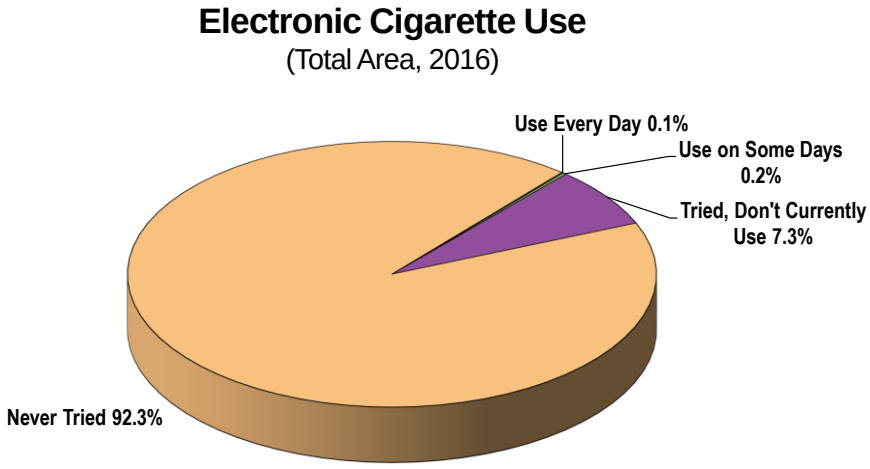
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Electronic Cigarettes

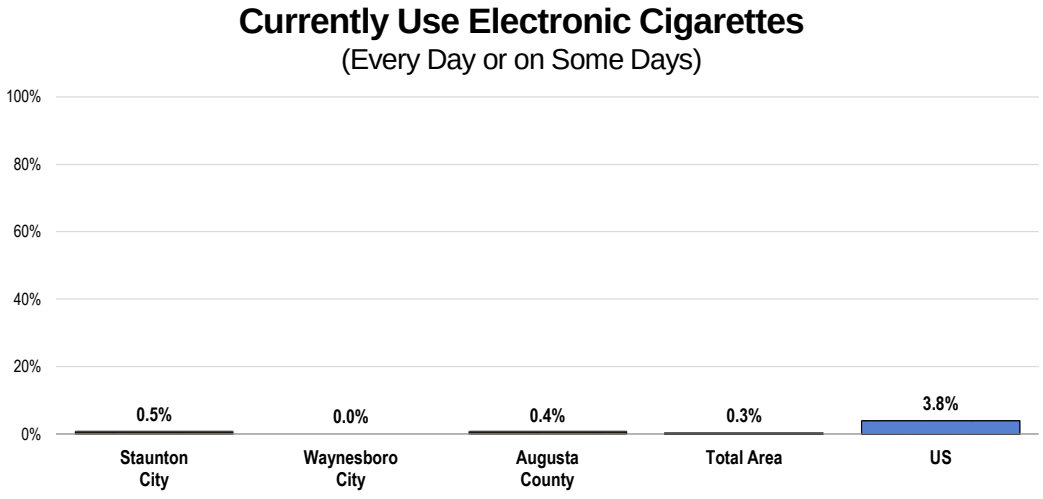
Just 0.3% of Total Area adults currently use electronic cigarettes ("e-cigarettes"), either regularly (0.1% every day) or occasionally (0.2% on some days).



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]

Notes:
- Asked of all respondents.

- Well below national findings.
- Comparable findings by area.



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Cigars & Smokeless Tobacco

A total of 9.6% of Total Area adults use cigars every day or on some days.

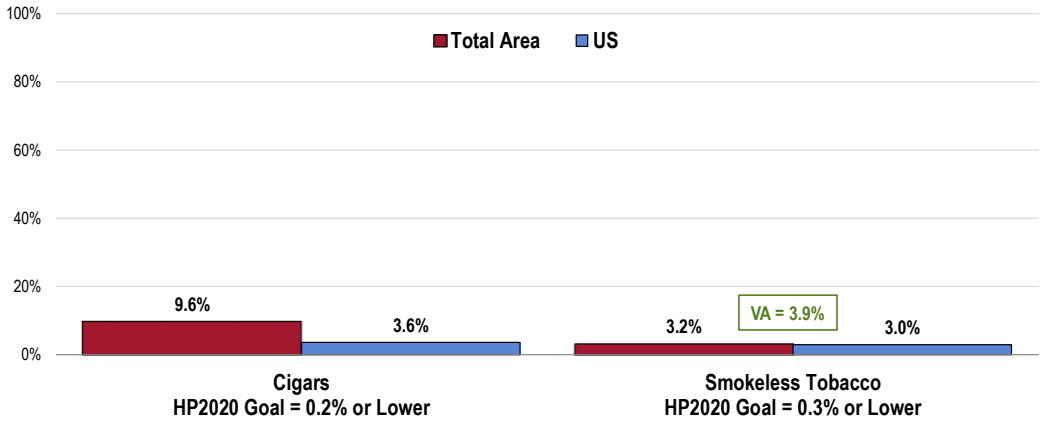
- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 3.2% of Total Area adults use some type of smokeless tobacco every day or on some days.

- Comparable to the state and national percentages.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Other Tobacco Use



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

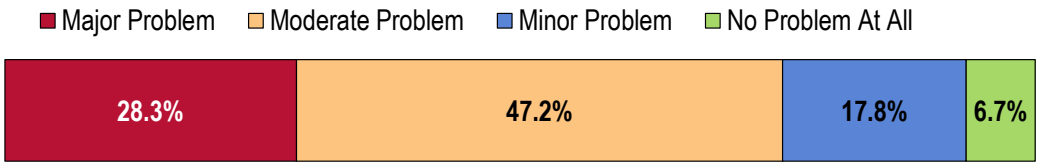
Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

There are more teenagers and young adults smoking. – Social Services Provider (Augusta County)

County health rankings information, plus walking through the hospital parking lot and seeing all those smoking in their cars because they can't smoke in the hospital. – Other Health Provider (Total Area)

I see more people smoking cigarettes/e-cigarettes in this area than in any other area where I have lived. It was dramatically different from my previous community, and I have told many people since moving here. There seems to be no/minimal stigma. – Educator (Staunton)

Smoking is expensive, and I think that's actually helped cut down on some kids starting, but I see cigarette butts everywhere. Not just physical effects, but environmental. Cars aren't made with ashtrays anymore (a good thing), but smokers just toss them. – Social Services Provider (Total Area)

Increase in trafficking to teens and young adults. – Public Health Representative (Augusta County)

Tobacco use tends to be prevalent in our community, especially among the lower income, lower socioeconomic groups. Tobacco use and vaping among teenagers is also common. – Educator (Staunton)

High incidence of tobacco use compared to other areas of state. – Physician (Augusta County)

I believe that we have a higher percentage of tobacco users than the national average. – Government Representative (Staunton)

Chart reviews and the number of times smoking or use of tobacco products is confirmed. – Public Health Representative (Total Area)

Large number of patients that smoke in our community. – Other Health Provider (Total Area)

I see numerous people smoking in public and in their cars, in higher numbers than when I travel outside of the "valley." Of particular note are the high number of young teen smokers as well as the morbidly obese. – Other Health Provider (Augusta County)

Based solely on personal observation, our community does not appear to have a decline in the percentage of our population that uses tobacco daily. There also appears to be a growing interest in electronic/vapor smoking devices. – Social Services Provider (Total Area)

Seems to be a high percent of people with chronic disease also smoking. – Other Health Provider (Total Area)

Common in this area and associated with significant health issues. – Physician (Total Area)

Prevalence of smoking population. – Community Leader (Augusta County)

Too many smokers. – Physician (Total Area)

Young persons who use tobacco are at much greater risk for many serious health conditions, COPD, cancer, heart disease, etc. – Other Health Provider (Total Area)

Too many people smoke and therefore create health hazards for themselves unnecessarily. – Social Services Provider (Total Area)

Cultural Acceptance

Generational acceptance. – Social Services Provider (Total Area)

Virginia is historically a tobacco state. Tobacco continues to be heavily promoted in convenience stores, particularly where food deserts exist with lots of foot traffic. Also with the semi-new vape trend, including all of the colors and flavors. – Social Services Provider (Total Area)

As in every community, tobacco use starts early. – Community Leader (Staunton)

This community starts out at a young age using tobacco. This is a rural community. – Government Representative (Augusta County)

Culture of community. – Physician (Total Area)

Social acceptance of tobacco use in our community for both smokeless and smoke tobacco. – Other Health Provider (Total Area)

Part of the country and readily available and advertised. Lack of education, rednecks. – Business Leader (Total Area)

Culturally accepted practice. – Social Services Provider (Total Area)

Addiction

The intrinsic quality of addictiveness in tobacco is very powerful and difficult to overcome, once established. – Physician (Waynesboro)

Addiction to tobacco. – Community Leader (Staunton)

Long-term addiction, lack of education, lack of desire to stop smoking. – Other Health Provider (Augusta County)

A sense of 'hopelessness' about finances, home life, etc. People feel that they 'can't seem to get ahead.' Sometimes this is the only thing that brings them pleasure. – Other Health Provider (Augusta County)

Comorbidities

Because of working with heart and diabetic patients that I see having significant histories of tobacco use. People in this community start smoking in high school or before and tend to have very lengthy pack per year smoking rates. – Other Health Provider (Total Area)

Even though smoking is proven to be linked to cancer, I feel that we have an inordinate amount of smokers in our region. Also, we have a lot of residents who have issues with substance abuse and these habits go hand in hand. – Social Services Provider (Total Area)

Many patients have history or currently smoke, which has led to pulmonary, heart disease or complications of other diseases, such as diabetes, which has increased the cost of health care. – Other Health Provider (Total Area)

End of life issues are complicated when the person has been a smoker. The cost of health care increases exponentially for tobacco users. The quality of life declines exponentially for those who use tobacco. – Community Leader (Waynesboro)

Health Education

Lack of education. – Other Health Provider (Total Area)

People are poorly educated about this and the cost of tobacco is too cheap. – Other Health Provider (Total Area)

Access to Care/Services

Access is too easy. – Social Services Provider (Total Area)

Lifestyles

Unhealthy lifestyles. – Educator (Total Area)

Access to Health Services

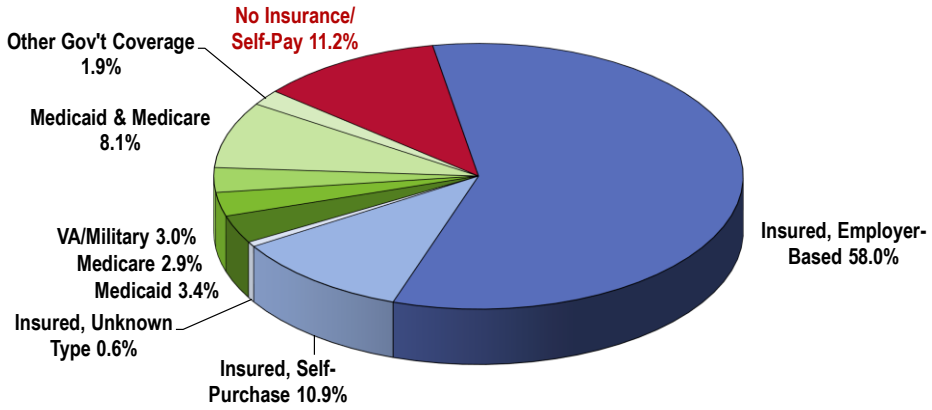
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 69.5% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.2% report having no insurance coverage for healthcare expenses.

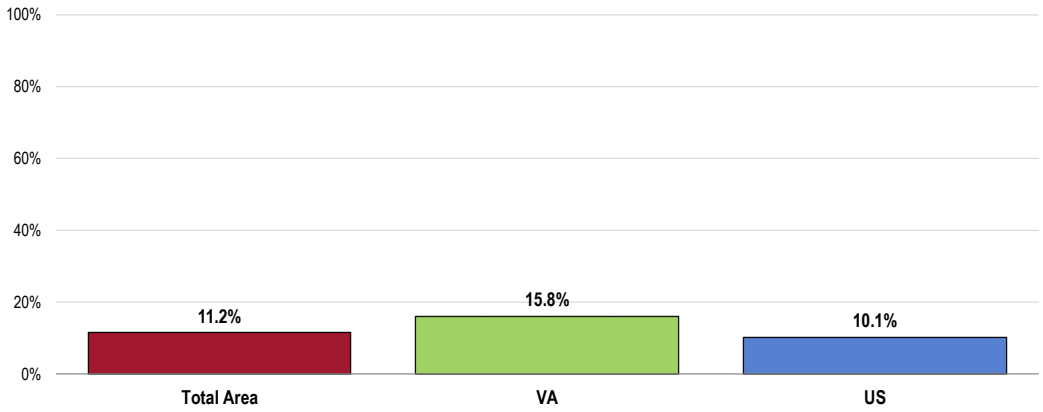
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Below the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

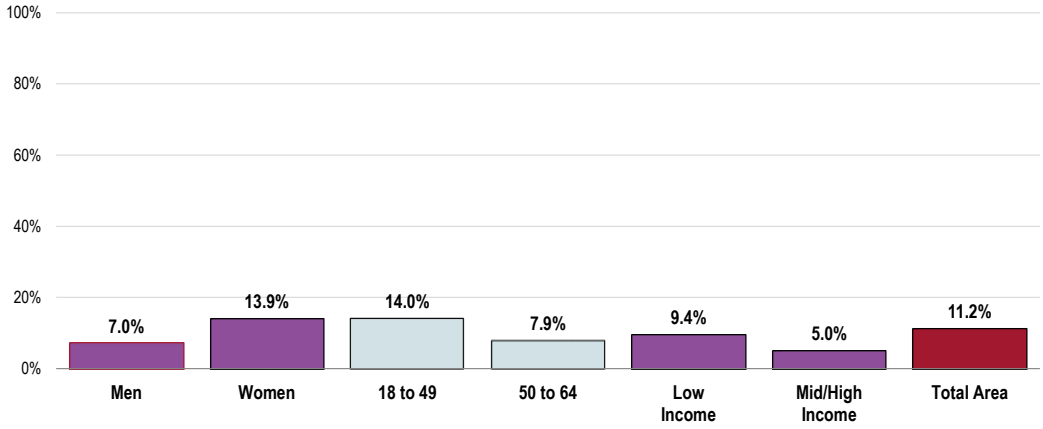
The following population segments are more likely to be without healthcare insurance coverage:

- Women.
- Adults under age 50.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Total Area, 2016)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

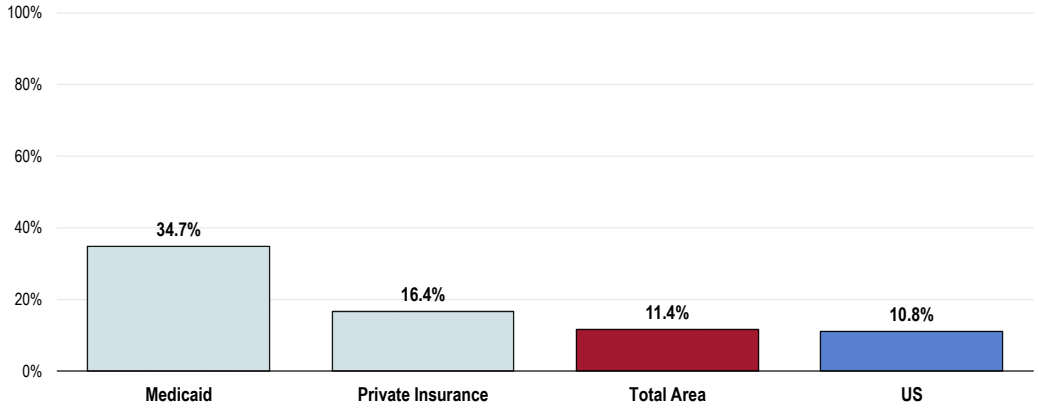
Notes:
- Asked of all respondents under the age of 65.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 11.4% of residents under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- Comparable to the US prevalence.
- Note the 34.7% of affirmative responses among adults with Medicaid, compared with privately insured individuals (16.4%).

Insurance Was Secured Under the Affordable Care Act/"Obamacare"

(Among Those With Private Insurance or Medicaid, By Type of Coverage)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under 65 with private insurance or Medicaid.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

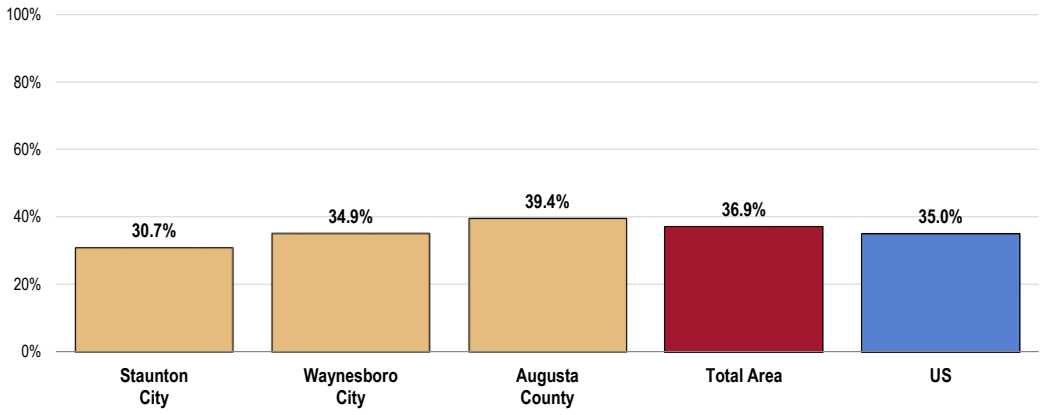
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 36.9% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.
- Statistically similar by area.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



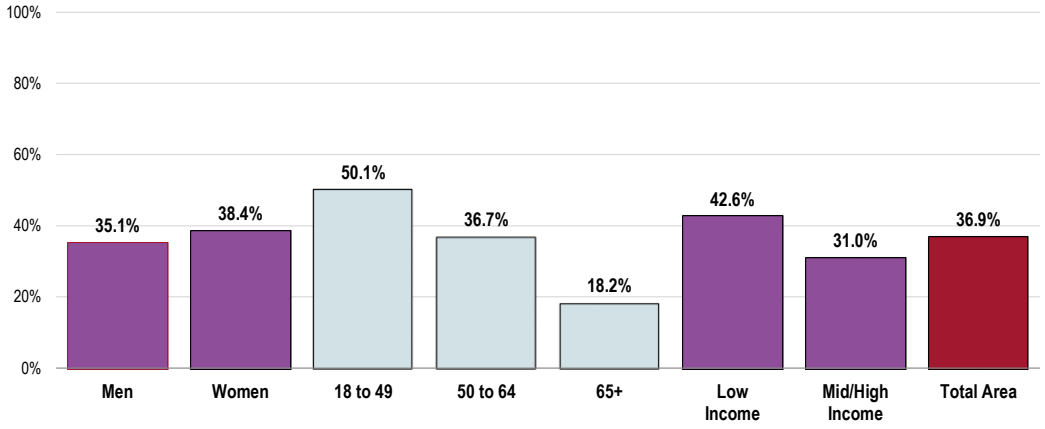
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Note the negative correlation with age among Total Area survey respondents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

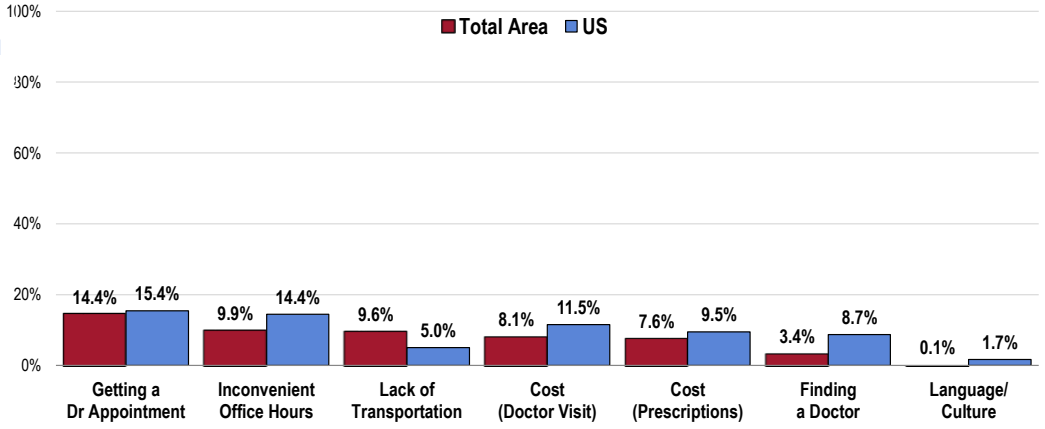
Of the tested barriers, getting a doctor's appointment impacted the greatest share of Total Area adults (14.4% say that difficulty obtaining an appointment with a physician prevented their medical care in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of Total Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of transportation (Total Area residents fared worse).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

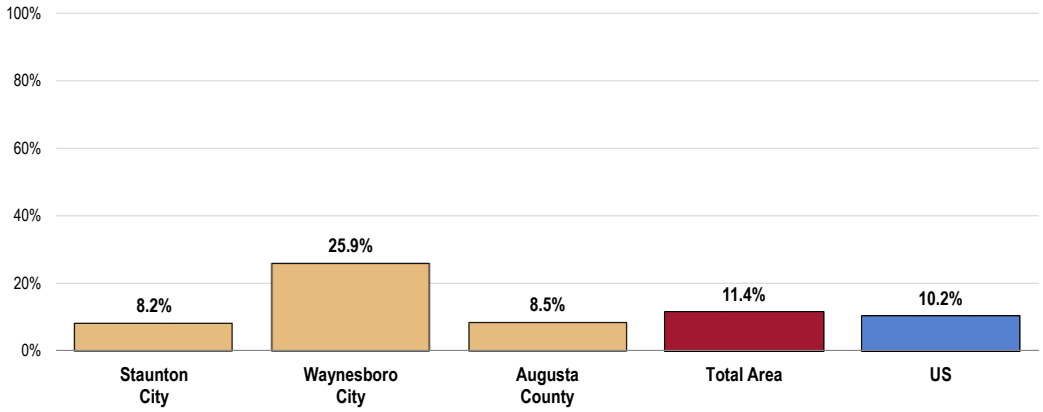
Notes:
- Asked of all respondents.

Prescriptions

Among all Total Area adults, 11.4% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- Unfavorably high in Waynesboro.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



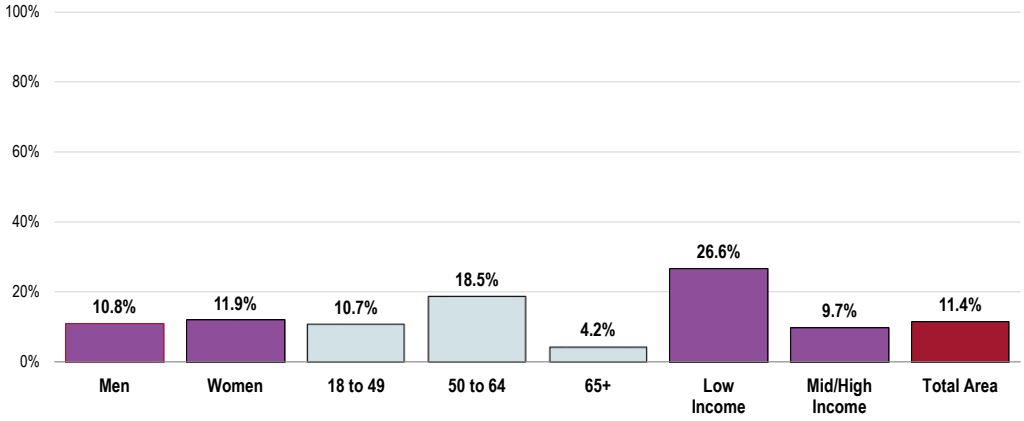
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults age 50 to 64 and especially respondents with lower incomes are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

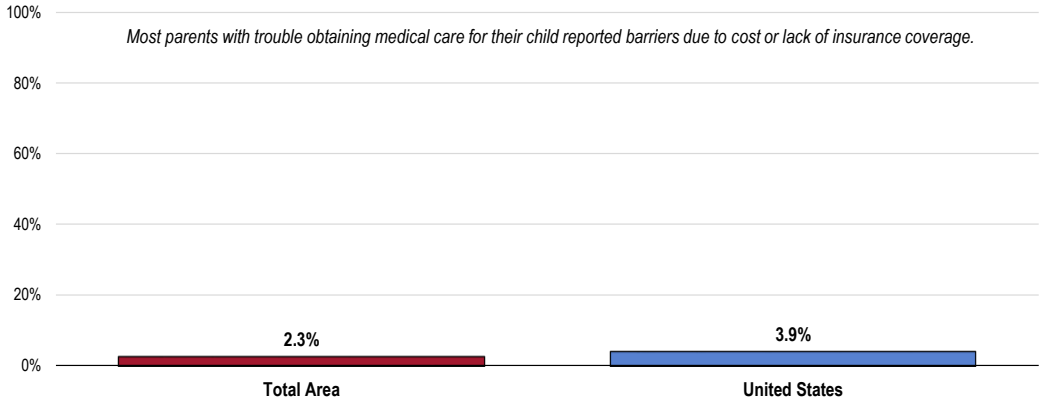
A total of 2.3% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 136-137]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

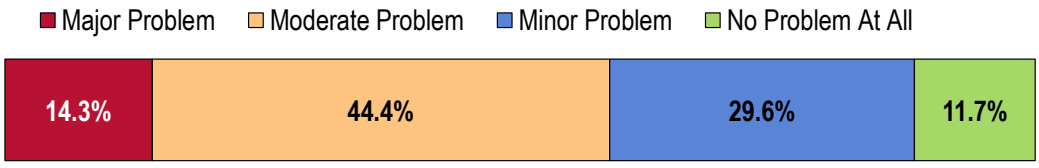
Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Transportation

Transportation is the largest challenge for older people. Other significant challenges include finding a doctor that will accept Medicare, getting an appointment with a doctor within a reasonable time, affording medications, and vision/hearing. – Social Services Provider (Total Area)

Transportation, financial and/or having insurance, finding time outside of work hours. Language barrier, not knowing there are translators available. – Community Leader (Total Area)

Transportation and lack of services prevents people from accessing health care services and keeping appointments. Missing PCP appointments because of lack of transportation can result in that person getting discharged from that practice. – Other Health Provider (Augusta County)

Transportation, information about what physicians are available, etc. Biggest issue I feel is establishing a medical home. Even though I'm a professional with health insurance, every time I attempt to establish a medical home, my doctor moves. – Social Services Provider (Total Area)

Transportation, lack of knowledge regarding benefits of health care services. – Other Health Provider (Total Area)

One, transportation for elderly. Two, financial. Three, service awareness. – Social Services Provider (Total Area)

Affordable transportation to and from doctor appointments, diagnostic testing and treatment. Many patients too sick or test/treatment just had does not allow driving themselves. Many patients do not have family or friends available to drive them. – Other Health Provider (Total Area)

Transportation, or lack of it, is a major health issue. Without affordable, responsive transportation assets, many older people are unable to keep medical appointments, especially those for therapy and follow-up care, are unable to shop on their own. – Social Services Provider (Total Area)

Location of clinics in low-income areas. The 'free' clinic is in Fishersville near the hospital, not near the low-income neighborhoods in either county. Getting there can be an issue. Also, the availability of physician appointments. – Other Health Provider (Total Area)

Affordable Care/Services

Affordability/insurance issues. Getting there, transportation issues for people in outlying areas of the county, people that services at UVA or Martha Jefferson cannot get there. – Social Services Provider (Total Area)

Senior citizen access to care, ability to pay for physician services and meds. – Community Leader (Augusta County)

Financial. – Physician (Total Area)

Ability to pay. GA's refusal of Medicaid extension and desire to repeal COPN. – Community Leader (Staunton)

Low wage jobs. Many residents do not have insurance. They make too much to qualify for Medicaid and not enough to get on the exchange and thus have no insurance, much less dental coverage. Additionally many exchange plans have very high deductibles. – Social Services Provider (Total Area)

Affordability of health care and medication. – Physician (Augusta County)

Access to health care is limited due to cost. High cost is a function of lack of competition. – Physician (Total Area)

I think the biggest challenge is accessing certain services such as affordable mental and dental health care. Lack of access is a huge problem in our region for these two specialties. Simply not enough providers who care for the underserved population. – Social Services Provider (Total Area)

Health Education

The publicity and knowledge of healthcare programs is very lacking. Local hospitals need to do a better job of relaying services to the community. – Business Leader (Total Area)

Lack of communication and/or education about existing services, affordability, insufficient number of primary care providers (physicians) in our area. – Educator (Total Area)

Teen health education is sorely lacking. Teens are taking their parents' prescription medications, acquiring sexually transmitted diseases and committing suicide. We need more services for teens.

The Office on Youth provides a number of services. – Social Services Provider (Total Area)

Health programs in public schools. – Community Leader (Total Area)

This isn't a specific health issue, rather a population whose health is affected by our services. The youth in our community are an area of concern for many, yet little is known about their health behaviors. – Social Services Provider (Total Area)

Many people I work with do not care for themselves because they do not know how to separate from others around them who do not support them or are unhealthy themselves and do not wish to change. This is a big issue for my population. The psychology. – Educator (Augusta County)

Insurance Issues

Insurance inadequate or no insurance, transportation to needed services (especially to UVA). – Government Representative (Staunton)

Lack of health insurance, high deductibles, coverage gap in Medicare patients, transportation for rural areas, gas money. – Physician (Augusta County)

We continue to have a challenge with people not having health insurance. This year the rates of insurances with Obama Care have increased. This is a surprise to many and again, not affordable. One population is those that have applied for disability. – Other Health Provider (Total Area)

Uninsured and those with high deductible plans not having access to regular or preventative care. – Social Services Provider (Total Area)

The Virginia General Assembly's refusal to expand Medicaid has left thousands of poor Virginians without a safety net and without access to affordable insurance. Charity care/financial assistance is not being provided to many of our clients. – Social Services Provider (Total Area)

Access to Primary Care Providers

Having enough primary care physicians in the area. Having available appointments for sick care. Office hours for patients who work (after 5, Saturday). Transportation options for patient in rural areas to MD appointments. – Other Health Provider (Total Area)

Lack of a cohesive primary care network. – Physician (Waynesboro)

Lack of primary care physicians and poor care coordination between providers. – Other Health Provider (Total Area)

As always, access to primary care, especially in our rural areas where obesity and diabetes is rampant. – Community Leader (Augusta County)

We do not have enough primary care providers to serve the needs of the community. Currently the typical physician is carrying a patient panel of close to 3,000 patients, typically half of whom are over 65, and this is really too many to serve. – Physician (Waynesboro)

Integrated Information

Integrated Information and referral system to connect the health care system with human service system. An interconnected system would implement proactive wrap around services that would enforce preventative rather that reactive health intervention. – Social Services Provider (Total Area)

Lack of integration of hospital and outpatient electronic medical records. – Physician (Augusta County)

Need for a more local, informed, central clearinghouse or resource for helping patients/sufferers/clients know the answers to how, who, when or where to turn for help. We have tried 211 and various agency and navigational websites. – Social Services Provider (Waynesboro)

Awareness and connectivity of services so they can be fully utilized and incorporate what the community sees as most important is key. What online or other communication and resources are preferred and available? Focus on real community engagement. – Physician (Augusta County)

Lack of Providers/Services

Augusta Health ER needs more staffing to get people in and out quicker. Not putting people in the observation room so their insurance doesn't pay. Trying to make people who need skilled care go to nursing homes when there are beds in skilled care. – Social Services Provider (Total Area)

The medically home bound patient population is large in this area and under-served. These patients cannot get into an office and need to be cared for in the home with high quality physician level services just like everyone else. – Physician (Total Area)

Home health agencies that provide in home care do not have staff to provide for the onslaught of cases. – Social Services Provider (Total Area)

Aging Population

> *Aging. While aging is natural and individuals are fortunate if they live long lives, the aging population is growing and not enough health professionals understand the inter-relatedness of a multitude of health problems and growing older. – Social Services Provider (Staunton)*

Education

> *Low educational attainment, I feel this is an issue as education level is often related to one's health status. For example, more education equals better job, equals better insurance coverage and better self-care. – Other Health Provider (Total Area)*

Language Barriers

> *Communication barriers for the local deaf community is a great challenge to accessing healthcare services. Having a qualified sign language interpreter during healthcare services is essential for ensuring full communication and understanding. – Social Services Provider (Total Area)*

Parenting

> *In my position as a school nurse, I see a lot of children whose basic needs are not being met by their parents/guardians for various reasons. Some parents were or are addicts and neglect their children; some are impoverished and can't afford basic things. – Educator (Staunton)*

Prescription Drugs

> *Abuse of or dependence on prescription drugs. – Physician (Augusta County)*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, dental care, and substance abuse treatment as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	39.1%	54.5%	0.0%	21
Dental Care	17.4%	13.6%	27.3%	13
Substance Abuse Treatment	8.7%	4.5%	27.3%	9
Primary Care	13.0%	13.6%	0.0%	6
Chronic Disease Care	13.0%	4.5%	9.1%	6
Specialty Care	4.3%	0.0%	13.6%	4
Elder Care	0.0%	4.5%	9.1%	3
Pain Management	0.0%	4.5%	4.5%	2
Prenatal Care	4.3%	0.0%	0.0%	1
Access to Care for the Poor	0.0%	0.0%	4.5%	1
Dementia Care	0.0%	0.0%	4.5%	1

Health Literacy

Understanding Health Information

Written & Spoken Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information **written** in a way that is easy for you to understand?

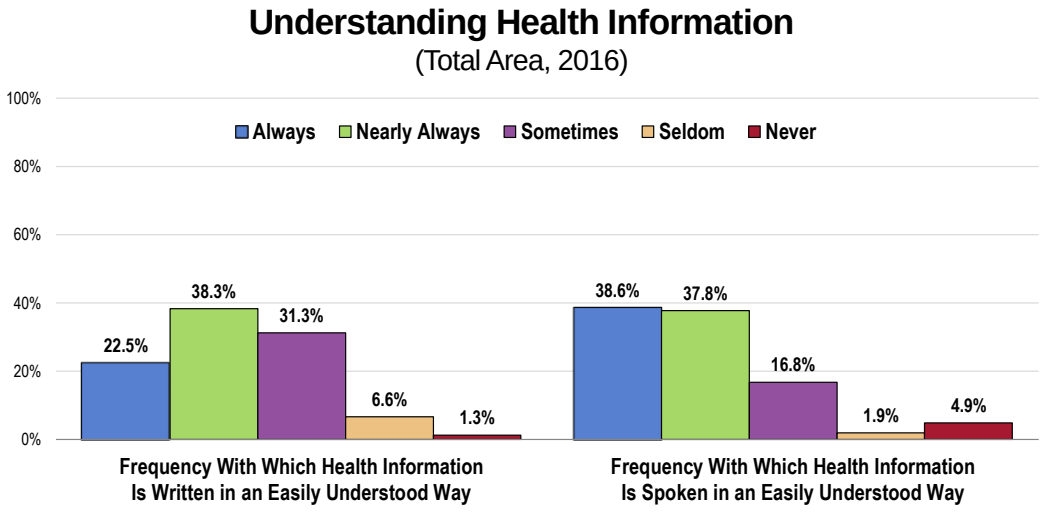
How often is health information **spoken** in a way that is easy for you to understand?"

When asked about the frequency with which health information is written in an easily understood way, 60.8% of Total Area adults said "always" or "nearly always."

- On the other hand, 39.2% of Total Area adults consider **written** health information to be difficult to understand, including 1.3% who gave "never" reports.

When asked about spoken health information, 76.4% stated that this is "always" or "nearly always" easy for them to understand.

- On the other hand, 23.6% of Total Area adults consider **spoken** health information to be difficult to understand, including 4.9% who gave "never" reports.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]
Notes: • Asked of all respondents.

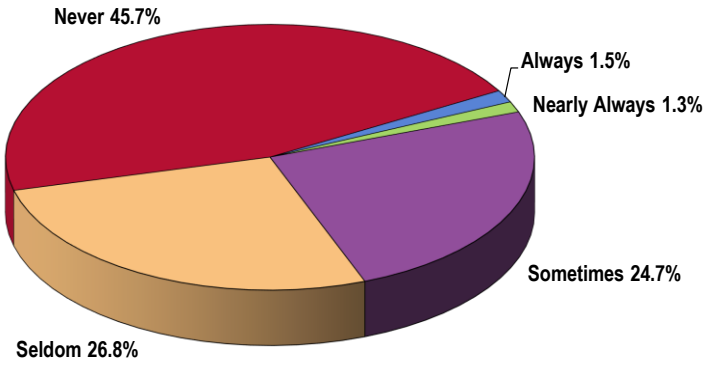
Help Reading Health Information

A total of 72.5% of Total Area adults report "seldom" or "never" needing help reading health information.

- Another 24.7% of community adults "sometimes" need someone to help them read health information.
- Note that 2.8% of residents "always" or "nearly always" need help reading health information.

Frequency of Needing Someone to Help Read Health Information

(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: • Asked of all respondents.

Completing Health Forms

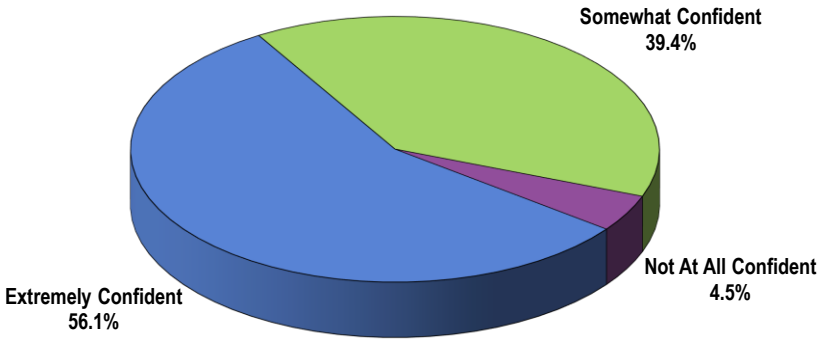
Asked to describe their confidence in filling out health forms, most survey respondents are "extremely confident" (56.1%).

Examples of health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

- Another 39.4% of community adults are "somewhat confident" in their own ability to fill out health forms.
- However, 4.5% of respondents gave "not at all confident" ratings.

Self-Perceived Confidence in Ability to Fill Out Health Forms

(Total Area, 2016)



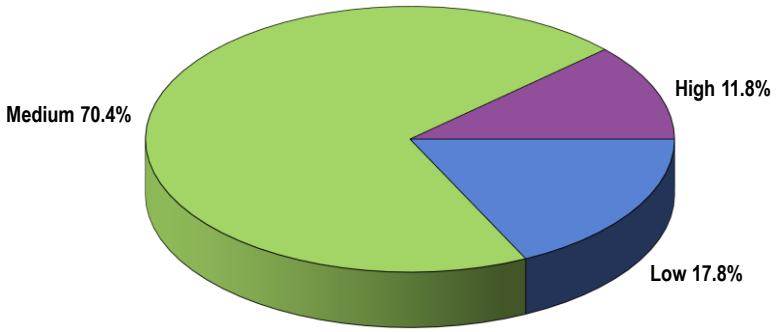
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: • Asked of all respondents.
• In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Population With Low Health Literacy

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/ nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Among Total Area survey respondents, 11.8% are considered to be of high health literacy, while 70.4% have medium health literacy, and the remaining 17.8% are considered to be of low health literacy.

Level of Health Literacy
(Total Area, 2016)

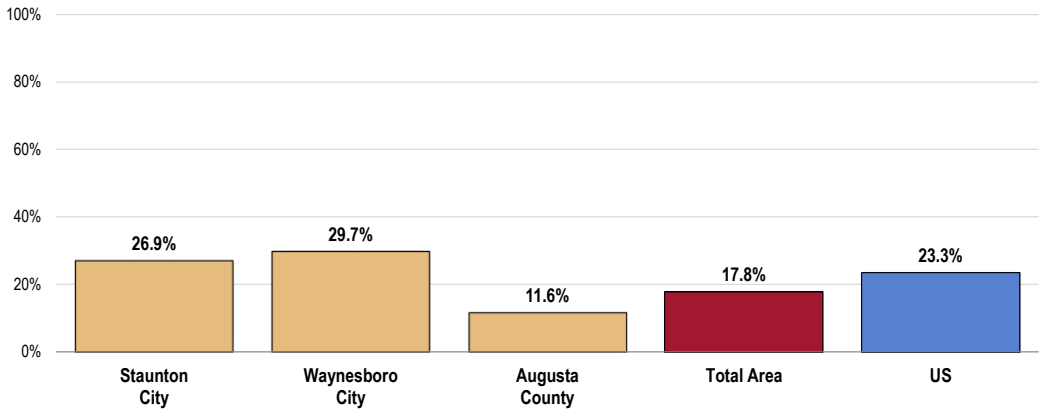


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- The prevalence of Total Area adults with low levels of health literacy is more favorable than the national average.
- Favorably lower in Augusta County.

Low Health Literacy

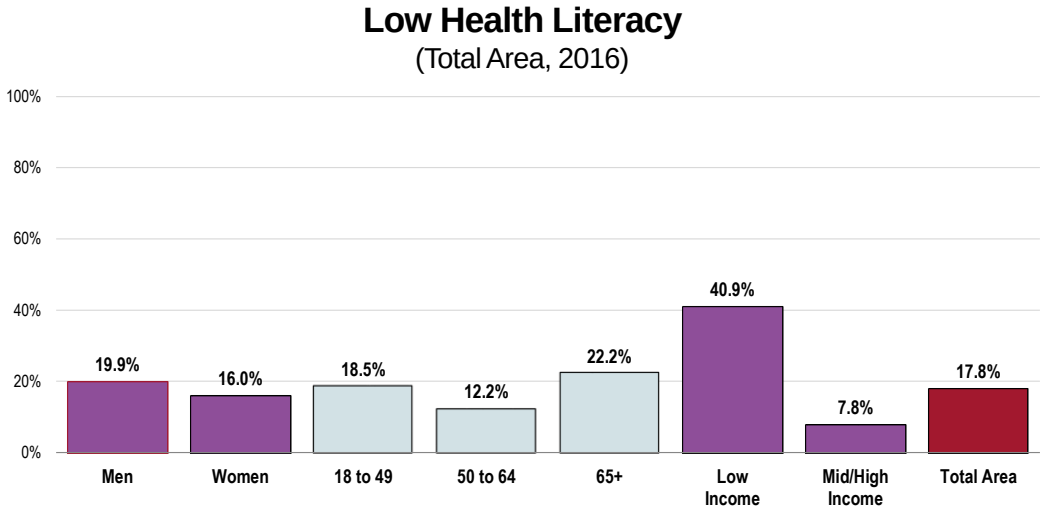


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low health literacy levels:

- Adults age 65 and older.
- Low-income residents (especially).



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

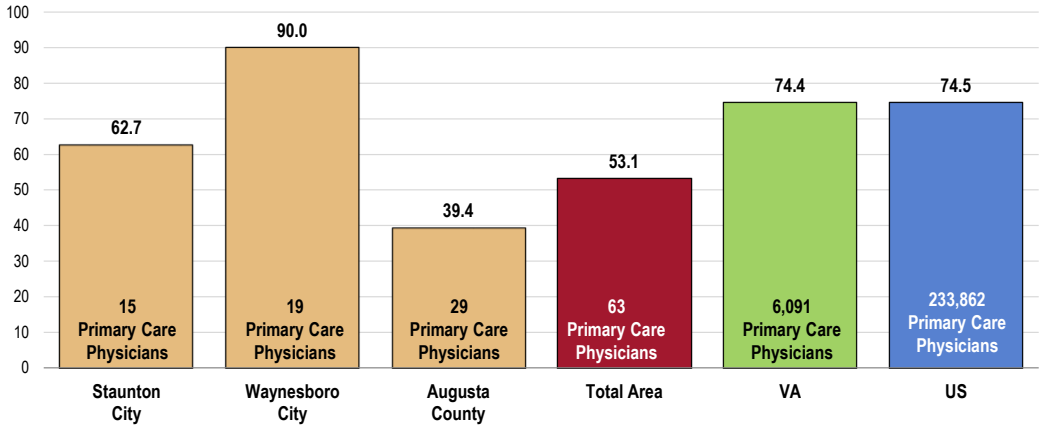
Access to Primary Care

In Total Area in 2012, there were 63 primary care physicians, translating to a rate of 53.1 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide and nationally.
- Highest in Waynesboro.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.
- Retrieved April 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 77.7% of Total Area adults were determined to have a specific source of ongoing medical care.

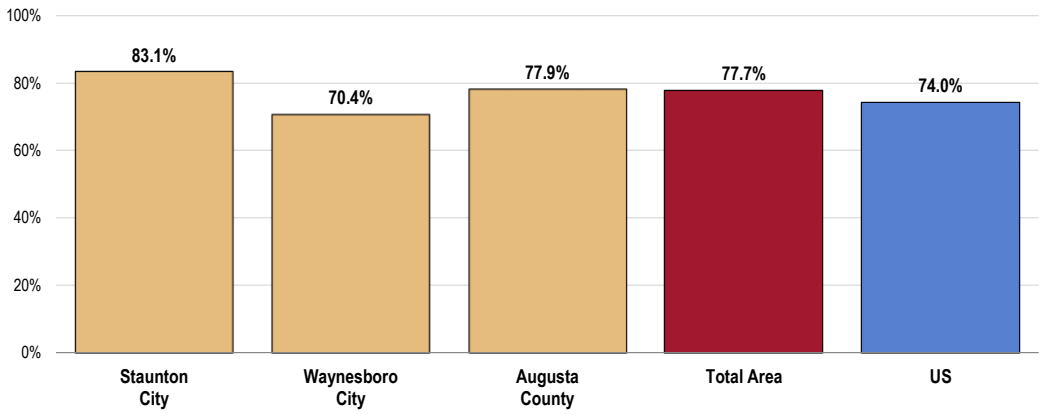
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Statistically similar by area.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

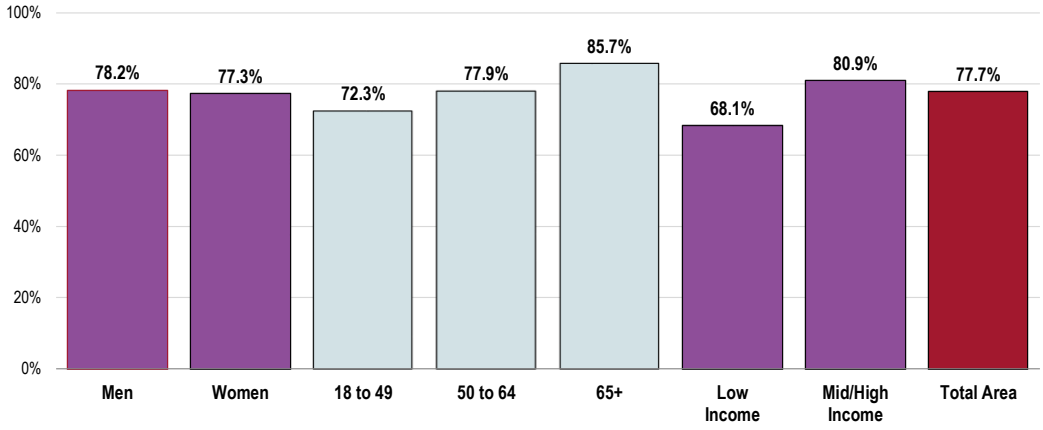
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Younger adults (positive correlation with age).
- Lower-income adults.

Have a Specific Source of Ongoing Medical Care

(Total Area, 2016)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

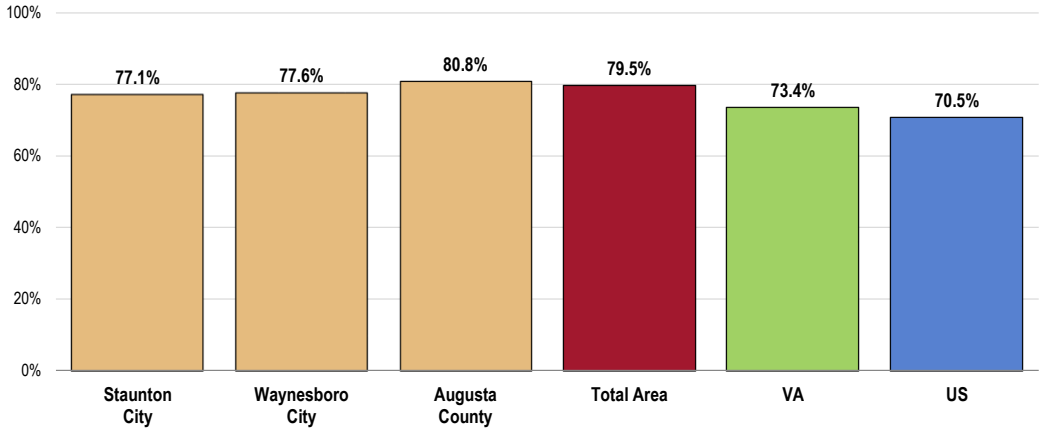
Utilization of Primary Care Services

Adults

A total of 8 in 10 Total Area adults (79.5%) visited a physician for a routine checkup in the past year.

- Higher than state and US findings.
- Comparable by area.

Have Visited a Physician for a Checkup in the Past Year



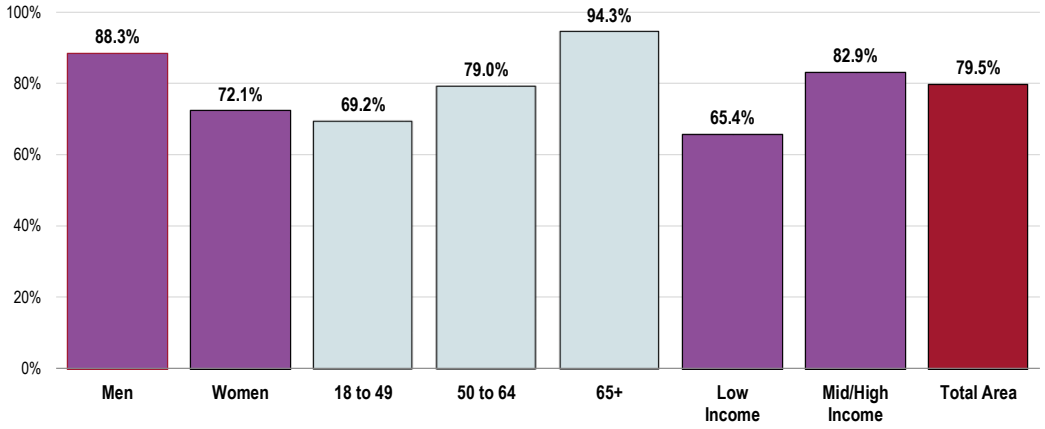
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Women and low-income residents are less likely to have received routine care in the past year (note also the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

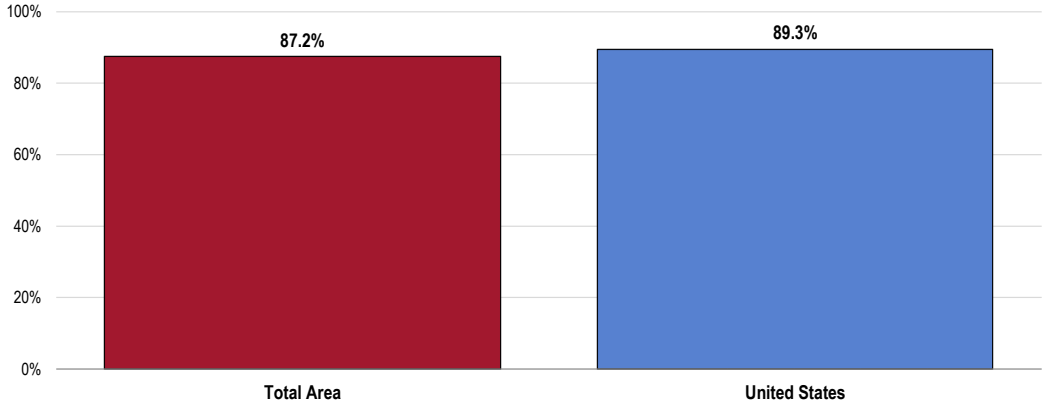
Children

Among surveyed parents, 87.2% report that their child has had a routine checkup in the past year.

- Similar to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

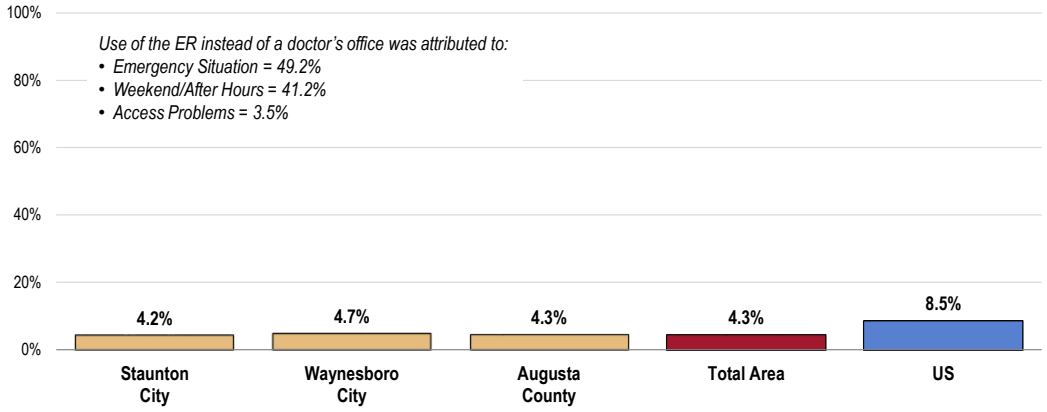
A total of 4.3% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Much lower than national findings.
- Similar findings by area.

Of those using a hospital ER, 49.2% say this was due to an **emergency or life-threatening situation**, while 41.2% indicated that the visit was during **after-hours or on the weekend**. A total of 3.5% cited **difficulties accessing primary care** for various reasons.

- Adults age 65 and older are more likely to have used an ER for their medical care more than once in the past year (positive correlation with age).

Have Used a Hospital Emergency Room More Than Once in the Past Year

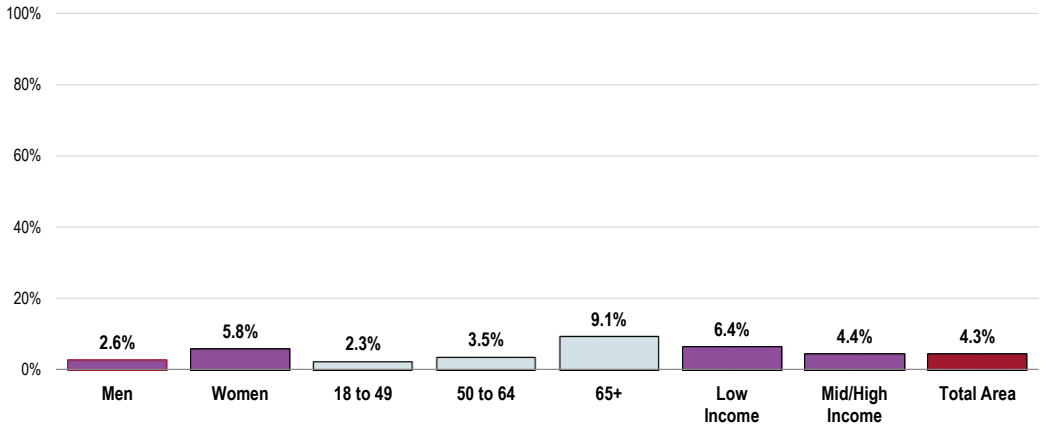


Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Advance Directives

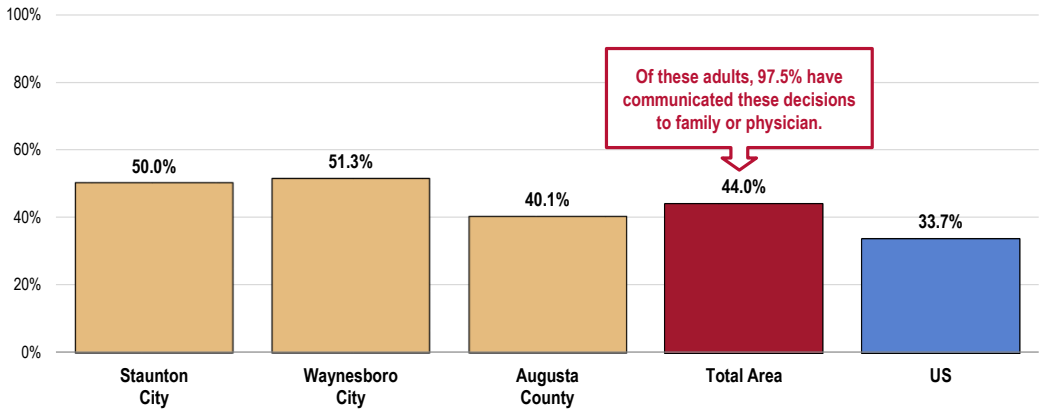
A total of 44.0% of Total Area adults have completed Advance Directive documents.

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

- The prevalence is higher than the US figure.
- Lower in Augusta County.
- Of those local adults who have completed Advance Directive documents, 97.5% have communicated these decisions to family and/or a physician.

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

Have Completed Advance Directive Documents



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

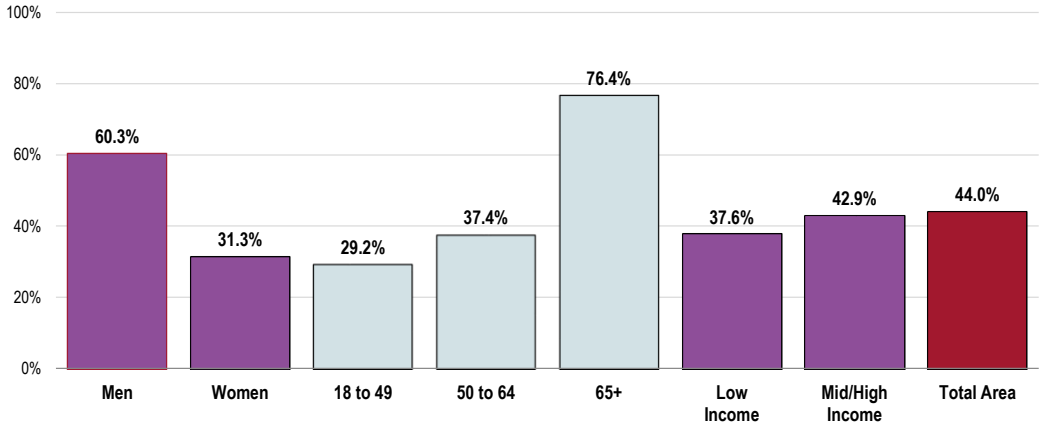
Notes:
- Asked of those respondents age 45 and older.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

These survey respondents are <u>less likely</u> to have filled out Advance Directive documents:

- Women.
- Adults under 65 (positive correlation with age).

Have Completed Advance Directive Documents

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]

Notes:
- Asked of those respondents age 45 and older.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

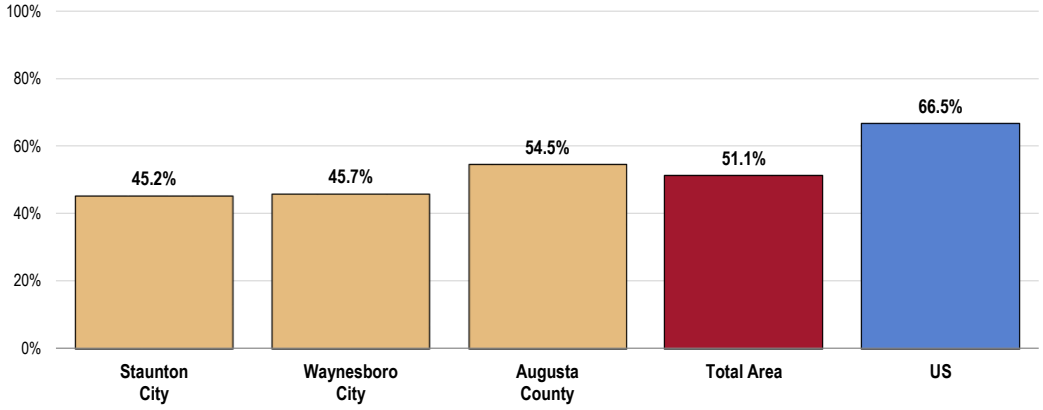
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Just over half of Total Area adults (51.1%) have dental insurance that covers all or part of their dental care costs.

- Lower than the national finding.
- Comparable findings by area.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

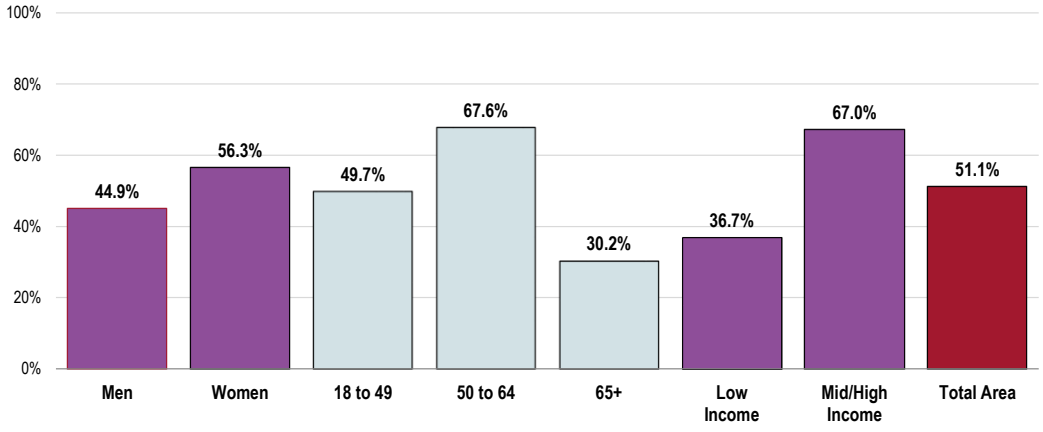
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Women.
- Seniors.
- Those in lower-income households.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

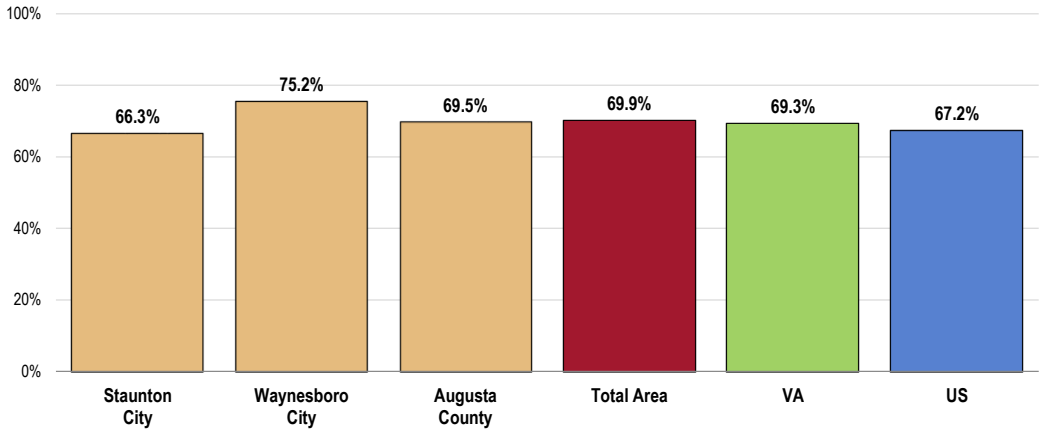
Adults

A total of 69.9% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Comparable findings by area.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 Virginia data.

Notes:
- Asked of all respondents.

These adults are less likely to report a recent dental visit:

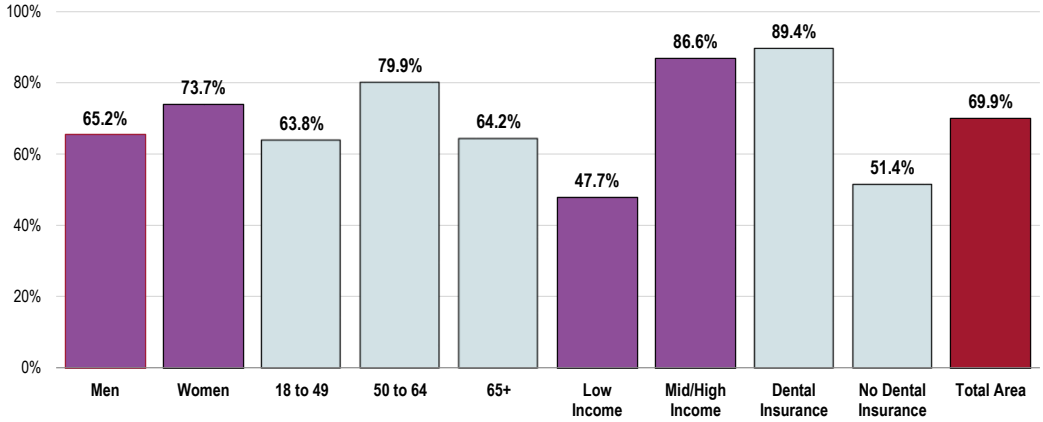
- Men.
- Adults under 50 and those age 65+.
- Lower-income residents (especially).

As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2016)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

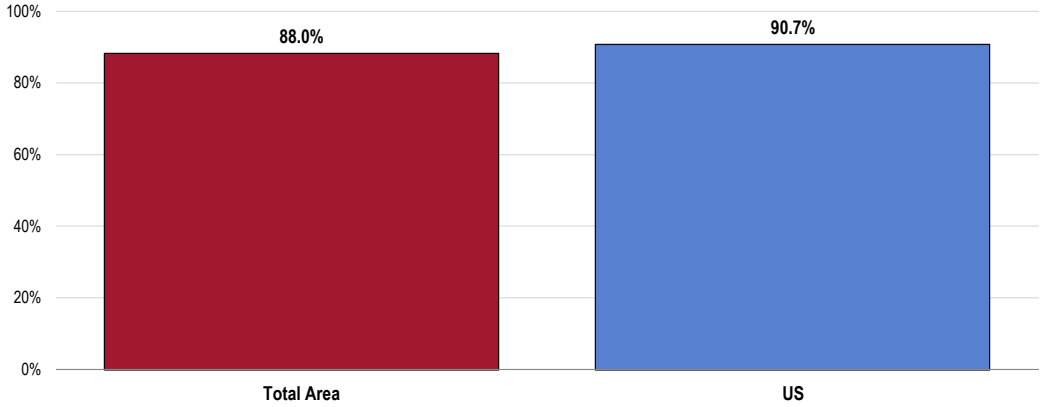
A total of 88.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



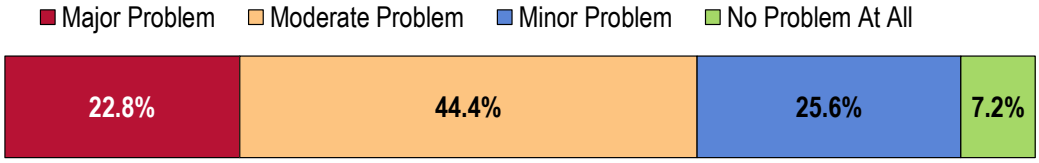
Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

It is incredibly difficult to find affordable dental care for adults, especially those who do not have health insurance. Dental care for children is much more readily available and affordable. – Social Services Provider (Total Area)

Costs money to see dentist, often an out-of-pocket expense. – Other Health Provider (Augusta County)

Insurance doesn't cover dental care, especially for low income or indigent. – Government Representative (Waynesboro)

Dental healthcare is viewed as an extra expense and not important. When employers offer dental insurance to their employees they do not stress it or vision care like they do primary or preventative care. – Business Leader (Total Area)

Cost of dentist. – Social Services Provider (Total Area)

No access for poor and uninsured to dental services. No dentists for many Medicaid clients. Public health closed dental services. – Public Health Representative (Augusta County)

Again, limited resources for those with medical assistance or self-pay/inability to pay. If not able to be seen at free clinic, VCU School of Dentistry is an option but transportation to Richmond can limit access. – Physician (Augusta County)

Cost. The people with the worst dentition and dental care typically cannot afford to see a dentist. – Physician (Waynesboro)

Access for people with low incomes. Lack of dental health insurance. – Physician (Augusta County)

Especially for individuals with intellectual disabilities who do not have a funding source to pay for this service, in particular those who may need some form of sedation to successfully be treated. – Social Services Provider (Total Area)

Elderly adults who cannot afford dental care. – Social Services Provider (Augusta County)

Access to dentists for uninsured. – Physician (Total Area)

Ability to pay and education. – Community Leader (Staunton)

People who do not have dental insurance and/or are low income do not have the resources to get dental care. – Government Representative (Staunton)

Cost of care and lack of insurance coverage, along with poor oral hygiene. – Physician (Augusta

County)

Demand versus availability of services for those of limited income. One clinic to meet the significant need. – Social Services Provider (Total Area)

Insurance Issues

Lack of dental care for those who do not have dental insurance. – Physician (Total Area)

Lack of dental insurance for lower income, older adults on fixed incomes. For example, those needing dentures, extractions, oral surgery. – Other Health Provider (Total Area)

Medicare beneficiaries do not receive benefits covering oral health or dental care, except in cases of illness or injury to the mouth. The result is that many older people have poor oral and dental health, due to financial barriers. – Social Services Provider (Total Area)

Medicaid doesn't cover this care, does it? That's the main reason, I suppose. – Social Services Provider (Total Area)

Dentists do not take Medicaid, use of meth rots teeth. – Social Services Provider (Total Area)

Few to no providers accept Medicare. – Physician (Waynesboro)

The self-pay and Medicare population unable to go to private dentist, dentists do not accept Medicaid because reimbursement is so bad. Unable to afford dental insurance and their max is low. Regional dental clinic has waiting list and the cost as well. – Other Health Provider (Augusta County)

A large percentage do not have dental insurance. Many are lower-income and cannot afford out-of-pocket costs. The local free clinic has strict rules for who qualifies for services, which leaves many without dental care. – Social Services Provider (Total Area)

I am not sure how many low/reduced cost or Medicaid dentists are in the region. I think it is the free clinic, and that is it. I also have heard clients will have all of their teeth pulled, as it is cheaper to do that than to go back for repeated visits. – Social Services Provider (Total Area)

Many people do not have dental insurance, and there is limited access to free or low-cost dental care for these patients. Also, much of the community seems to be poorly educated about oral hygiene, as well as significant problems with chewing tobacco. – Other Health Provider (Total Area)

Health Education

We have many children in our community that never see a dentist. This is largely due to the parents not realizing that having cavities and tooth decay can hurt a child's development and success in school. The same can be said for adults. – Social Services Provider (Total Area)

Lack of understanding about importance of early and regular preventive care and treatment. Lack of access to affordable dental providers. – Social Services Provider (Total Area)

Poor dentition noted, especially among those with DM. – Other Health Provider (Total Area)

Access to Care/Services

Access is limited. – Social Services Provider (Total Area)

Lack of dental care available, especially for adults, combined with smoking, sodas, sweets, drug use, and no fluoride is not a good combination. – Public Health Representative (Augusta County)

Busy dental program through the Health Department. – Public Health Representative (Total Area)

Access to Providers

Finding providers, cost, lifestyle choices. – Public Health Representative (Total Area)

Drug Abuse

The drug abuse problem and addiction, decay teeth, causing health and dental care issues. – Government Representative (Augusta County)

Vision Care

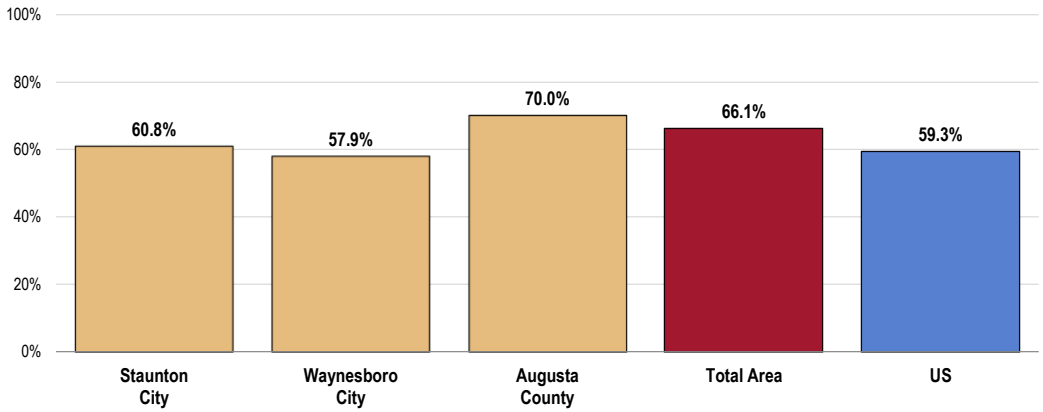
RELATED ISSUE:

See also Vision & Hearing in the **Death, Disease & Chronic Conditions** section of this report.

A total of 66.1% of Total Area residents had an eye exam in the past two years during which their pupils were dilated.

- More favorable than national findings.
- Highest in Augusta County.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

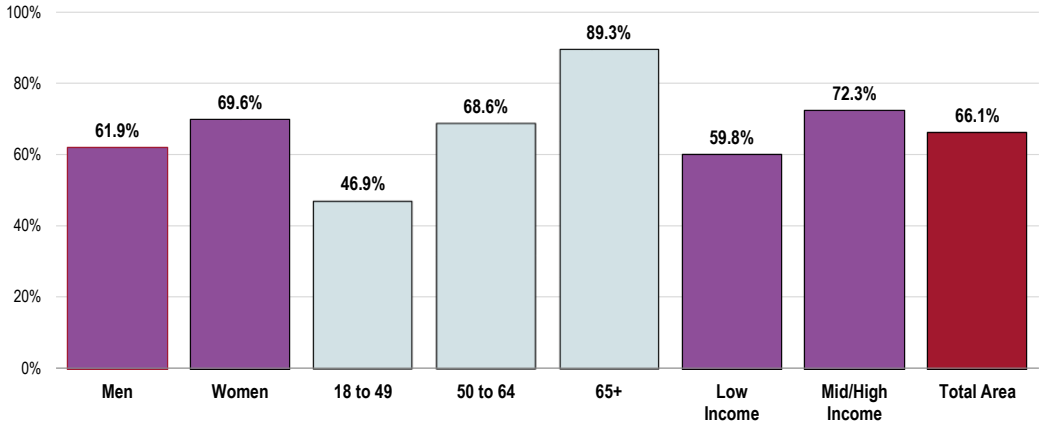
Notes:
- Asked of all respondents.

Recent vision care in the Total Area is more often reported among:

- Residents with higher incomes.
- Note also the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Professional Research Consultants, Inc.

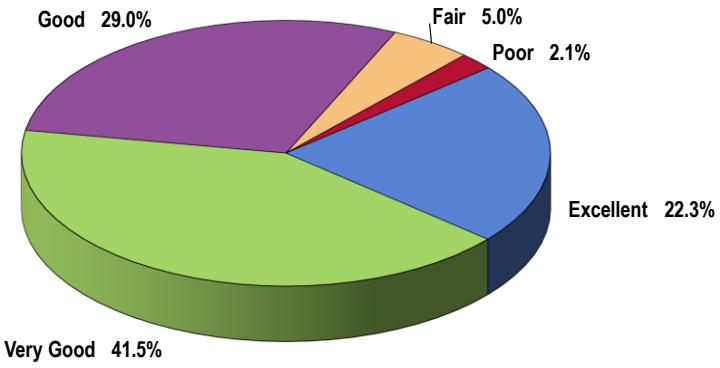
Perceptions of Local Healthcare Services

More than 6 in 10 Total Area adults (63.8%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 29.0% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Total Area, 2016)

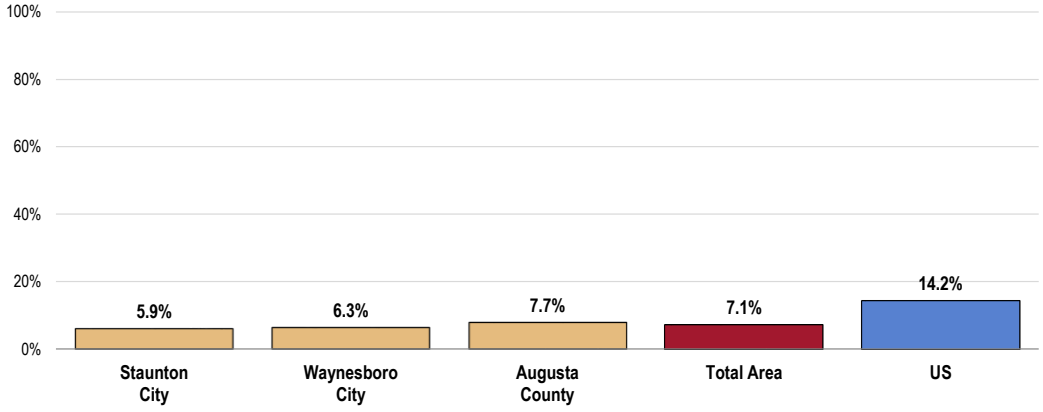


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 7.1% of residents characterize local healthcare services as "fair" or "poor."

- Much better than found nationally.
- Similar findings by area.

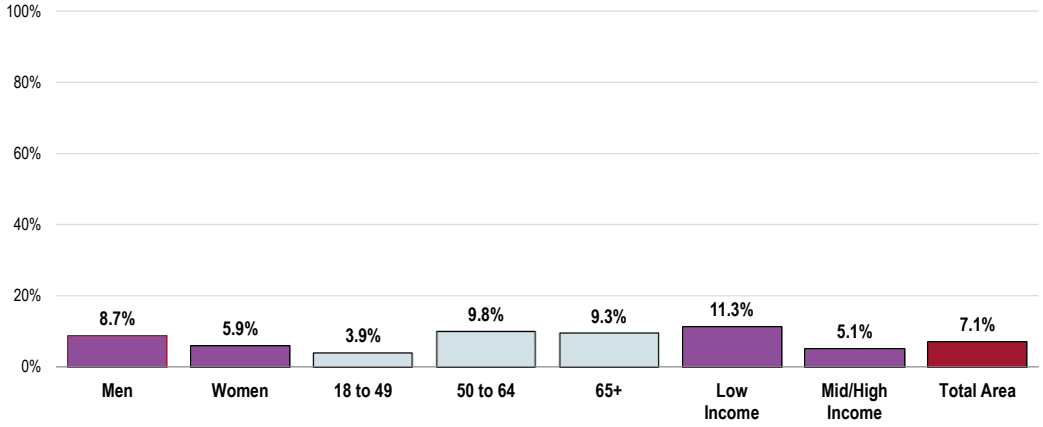
Perceive Local Healthcare Services as "Fair/Poor"



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The prevalence of low ratings does not vary significantly by demographic characteristics.

Perceive Local Healthcare Services as "Fair/Poor"
(Total Area, 2016)



Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- *ACO (Augusta Care Partners)*
- *Adult Day Care*
- *Augusta Medical Group (AMG)*
- *Augusta Health Free Clinic*
- *Augusta Health*
- *Augusta Health Cancer Center*
- *Augusta Health Community Outreach*
- *Augusta Health Financial Assistance Program*
- *Augusta Health Hospital*
- *Augusta Health Lifetime Fitness*
- *Augusta Health Regional Dental Clinic*
- *Augusta Regional Clinic*
- *Blue Ridge Legal Services*
- *Brite Transit System*
- *Case Management*
- *Coordinated Area Transit (CATS)*
- *Churches*
- *Civic Access*
- *Computer-Based Video Remote Interpreting*
- *Department of Social Services*
- *Doctor's Offices*
- *Free Clinic*
- *GACAAA Tires*
- *Health Care Navigators*
- *Health Department*
- *Home Health Agency*
- *Hospitals*
- *Lions Club*
- *Medicaid*
- *Pharmaceutical Assistance Program for Medications*
- *Regional Bus*
- *Salvation Army*
- *Translators*
- *Trolleys*
- *United Way*
- *Urgent Care Center*
- *VA Department for the Deaf and Hard of Hearing*
- *Valley Community Services Board*
- *Valley Hope Counseling Center*
- *Valley Program for the Aging (VPAS)*
- *Virginia Health Department*
- *Walmart*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Alternative Treatment Options*
- *Arthritis Foundation*
- *Augusta Health Infusion Services*
- *Augusta Health*
- *Augusta Health Joint Center*
- *Augusta Health Lifetime Fitness*
- *Augusta Health Spine Clinic*
- *Augusta Health Workplace Wellness*
- *Barrenridge Physical Therapy*
- *Chronic Disease Self-Management Classes*
- *Doctor's Offices*
- *Fitness Centers/Gyms*
- *National Arthritis Foundation*
- *National Osteoporosis Foundation*
- *Nutritional Services*
- *Orthopedic Associates*
- *Physical Therapy*
- *SAIL Fitness*
- *UVA*
- *YMCA*
- *Zero Balancing*

Cancer

- *American Cancer Society*
- *Augusta Health Free Clinic*
- *Augusta Health*
- *Augusta Health and Physician Community*

- *Augusta Health Cancer Center*
- *Augusta Health Hope Clinic*
- *Augusta Health Hospice*
- *Augusta Health Hospital*
- *Bricks for Leukemia*
- *Cancer Center*
- *Cancer RX Program*
- *Churches*
- *Community Outreach*
- *Doctor's Offices*
- *Duke Medical Center*
- *Free Screenings*
- *Health Department*
- *Hospice*
- *Lung Cancer Screening*
- *Mammograms*
- *Online Resources*
- *Prostate Screenings*
- *Reach to Recovery for Breast Cancer and Navigator*
- *Relay for Life*
- *Sentara Rockingham Memorial Hospital*
- *Skin Cancer Screenings*
- *UVA*
- *UVA Hope Cancer Center*
- *Virginia Health Department*
- *Waynesboro TED Van*
- *Women's Health Center*

Chronic Kidney Disease

- *American Kidney Foundation*
- *Augusta Health Free Clinic*
- *Augusta Care Partners*
- *Augusta Health*
- *Augusta Health Diabetes*
- *Augusta Health Hospital*
- *Augusta Health Kidney Care*
- *Community Wellness*
- *DaVita Dialysis*
- *Doctor's Offices*
- *Home Health Agency*
- *Infusion Center*
- *National Kidney Foundation*
- *UVA*

Dementias, Incl. Alzheimer’s Disease

- *Adult Day Care*
- *Alzheimer's Association*
- *Alzheimer's Foundation*
- *Area Agency on Aging*
- *Assisted Living Facility*
- *Augusta County Sheriff's Office*
- *Augusta Health*
- *Augusta Health and Physician Community*
- *Augusta Health Crossroads*
- *Augusta Health Geriatrics*
- *Augusta Health Medical House Call Program*
- *Augusta Health Nursing Home*
- *Bridgewater HC*
- *BrightView at Baldwin Park*
- *Brookdale Assisted Living*
- *Chronic Disease Self-Management Classes*
- *Community Groups*
- *Daily Living Center*
- *Department of Social Services*
- *Doctor's Offices*
- *Home Health Agency*
- *Law Enforcement*
- *Legacy*
- *Long-Term Care Facilities*
- *Medicaid*
- *Memory Care Units*
- *National Organization for Alzheimer's Support*
- *Nursing Home with a Secured Unit*
- *Nursing Homes*
- *Palliative Care*
- *Private Pay*
- *Respite Care*
- *Safe Return*
- *Senior Care*
- *Senior Center*
- *Shenandoah Nursing Home*
- *Summit Square*
- *Support Groups*
- *UVA*
- *Valley Community Services Board*
- *Valley Program for the Aging (VPAS)*
- *Veterans Administration*
- *Virginia Health Department*
- *Western State Hospital*

Diabetes

- *ACO (Augusta Care Partners)*
- *American Diabetes Association*
- *Augusta Medical Group (AMG)*
- *Augusta Health*
- *Augusta Health Chronic Disease Management*
- *Augusta Health Community Outreach*
- *Augusta Health Diabetes*
- *Augusta Health Endocrinology*
- *Augusta Health Financial Assistance Program*
- *Augusta Health Free Clinic*
- *Augusta Health Hospital*
- *Augusta Health Lifetime Fitness*
- *Augusta Health Medical Home Clinic*
- *Augusta Health Nutrition*
- *Augusta Regional Clinic*
- *Blue Ridge Area Food Bank*
- *Boys and Girls Club*
- *Case Management*
- *Central Shenandoah Health District*
- *Chronic Disease Self-Management Classes*
- *Community Outreach*
- *Community Wellness*
- *Department of Social Services*
- *Diabetes Education*
- *Diabetes Support Groups*
- *Doctor's Offices*
- *Endocrinology Clinic*
- *Farmer's Market*
- *Fitness Centers/Gyms*
- *Free Clinic*
- *Health Department*
- *Home Health Agency*
- *Home Instead Senior Care*
- *Hospitals*
- *Insurance*
- *Lifetime Fitness*
- *Lions Club*
- *Nutritional Services*
- *Parks and Recreation*
- *Pharmacy*
- *Physical Education*
- *Project GROWS*
- *Public Health*
- *School System*
- *Shenandoah Valley Social Services*
- *SNAP*
- *Support Groups*
- *United Way*
- *UVA*
- *Valley Program for the Aging*
- *VPAS*
- *Walmart*
- *Weight Watchers*
- *YMCA*

Family Planning

- *Augusta Health*
- *Augusta Regional Clinic*
- *Churches*
- *Comfort Care Women's Health*
- *Department of Social Services*
- *Doctor's Offices*
- *Family Life Education*
- *Free Clinic*
- *Health Department*
- *Health Department – Teen Clinic*
- *Mentors for New Mothers*
- *New Directions*
- *Office on Youth*
- *Parenting Classes*
- *Planned Parenthood*
- *Public Health*
- *School System*
- *Waynesboro City Public Schools*
- *Women's Clinic*

Hearing & Vision

- *Augusta Eye*
- *Augusta Health*
- *Augusta Health and Physician Community*
- *Deaf and Hard of Hearing Program*
- *Department for the Visually Handicapped*
- *Department of Social Services*
- *Doctor's Offices*
- *Free Clinic*
- *Hearing Aid Center*
- *Hearing Center*
- *Hospitals*
- *Lions Club*
- *School System*
- *Staunton Library*
- *Virginia School for the Deaf and Blind*

Heart Disease & Stroke

American Heart Association
Augusta Health Free Clinic
Augusta Care Partners
Augusta Health
Augusta Health Chronic Disease Management
Augusta Health Community Outreach
Augusta Health Heart and Vascular Center
Augusta Health Hospital
Augusta Health Lifetime Fitness
Augusta Health Stroke Team
Augusta Health Wellness
Big Squeeze BP Monitoring System
Blue Ridge Cardiology
Cardiac Rehab
Community Outreach
Doctor's Offices
EMS Council of Shenandoah
EMS Systems
Fitness Centers/Gyms
Free Clinic
Free Screenings
Health Care Community
Health Department
Home Health Agency
Hospitals
Medical Weight Management
Nursing Homes
Nutritional Services
Office on Youth
Parks and Recreation
Physical Therapy
Public Health
Resources through the Work Place
School System
Sentara Rockingham Memorial Hospital
Stroke Care
United Way
Urgent Care Center
UVA
Valley Community Services Board
Valley Program for the Aging
Virginia Health Department
Visiting Nurses
Vocational Learning
Woodrow Wilson Rehabilitation Center
YMCA

Immunization & Infectious Diseases

Community Outreach
Health Department
Pharmacy

Infant & Child Health

Augusta Health
Augusta Regional Clinic
Doctor's Offices
Fitness Centers/Gyms
Health Department
Nutritional Services
School System

Injury & Violence

ACO (Augusta Care Partners)
Augusta Medical Group (AMG)
Augusta County Domestic Violence Program
Augusta County Sheriff's Office
Augusta Health
Churches
Department of Social Services
Health Department
Law Enforcement
New Directions
Office on Youth
School System
Valley Community Services Board
Valley Mission

Mental Health

Adolescent Facility
APA
Augusta Health
Augusta Health Behavioral Health
Augusta Health Crossroads
Augusta Health Hospital
Augusta Health Medical Home Clinic
Augusta Health Mental Health
Augusta Regional Clinic
Behavioral Health Providers
Cancer Center
Commonwealth Center for Children and Adolescents
Community Services Board
Comprehensive Behavioral Health

Department of Social Services
Doctor's Offices
Family and Friends
Free Clinic
Health Department
Home Health Agency
Hospitals
Housing
Human Resources
Insurance
Mental Health America of Augusta
Mental Health Association
Mental Health Providers
NAMHI
National Alliance on Mental Illness
Office on Youth
Outpatient Treatment
PACT Team
Public Health
Salvation Army
School System
Sentara Rockingham Memorial Hospital
Staunton Senior Center
Support Groups
The Clubhouse
UVA
Valley Clinical Services
Valley Community Services Board
Valley Health Board of Medicine
Valley Hope Counseling Center
Valley Mental Health
Valley Mission
Valley Pastoral Counseling
Valley Preservation
Vase
Veterans Administration
Western State Hospital
Woodrow Wilson Rehabilitation Center

Nutrition, Physical Activity & Weight

After School Programs
Alleghany Mountain Institute
Augusta Health Free Clinic
Augusta County School System
Augusta Health
Augusta Health Community Outreach
Augusta Health Diabetes
Augusta Health Go Girls Community Program
Augusta Health Heart and Vascular Center
Augusta Health Lifetime Fitness
Augusta Health Nutrition
Augusta Health Step it Up Program
Augusta Health Wellness
Augusta Health Workplace Wellness
Bariatric Services
Bike Clubs
Blue Ridge Area Food Bank
Boys and Girls Club
Churches
City Government
Community Health
Community Outreach
Company Wellness Events
CrossFit
Diabetes Education
Doctor's Offices
Educational Opportunities
Farmer's Market
Fitness Centers/Gyms
Food Bank
Food Policy Council
Free Clinic
Google
Greenway Trail System
Head of Heels Gymnastics for Kids
Health Department
Health Fair
Library
Meals on Wheels
Medical Weight Management
Nutritional Services
Parks and Recreation
Personal Responsibility
Project GROWS
Public Health
Rockfish Gap Outfitters
Safe Routes to School Programs
School System
SNAP
Sports Leagues
The Store
UVA
VA Tech Extension Services
Virginia Health Department
Volunteer Farm
Valley Program for the Aging

- *Weight Watchers*
- *WIC*
- *YMCA*

Oral Health

- *Augusta Health Free Clinic*
- *Augusta Health*
- *Augusta Health Hospital*
- *Augusta Health Regional Dental Clinic*
- *Augusta Regional Clinic*
- *Dental Schools*
- *Doctor's Offices*
- *FQHC*
- *Free Clinic*
- *Health Department*
- *Hospitals*
- *Oral Health Initiative*
- *Regional Dental Clinic*
- *Richmond Dental Clinic*
- *School System*
- *UVA*
- *WIC*

Respiratory Diseases

- *Augusta Health*
- *Augusta Health Pulmonology*
- *Augusta Health Smoking Cessation Classes*
- *Augusta Health Workplace Wellness*
- *Cancer Center*
- *Care Home Medical*
- *Chronic Disease Self-Management Classes*
- *Doctor's Offices*
- *Health Department*
- *Online Resources*
- *Pulmonology*
- *Smoking Cessation Classes*

Sexually Transmitted Diseases

- *Augusta Health*
- *Chamber of Commerce*
- *Doctor's Offices*
- *Health Care Community*
- *Health Department*
- *Health Department – Teen Clinic*
- *Hospitals*
- *Office on Youth*
- *Outpatient Treatment*
- *School System*
- *Virginia Health Department*

Substance Abuse

- *911*
- *AA/NA*
- *Alcohol Safety Action Program (ASAP)*
- *Augusta County Sheriff's Office*
- *Augusta Health*
- *Augusta Health and Physician Community*
- *Augusta Health Behavioral Health*
- *Augusta Health Community Outreach*
- *Augusta Health Crossroads*
- *Augusta Health Hospital*
- *Augusta Health Mental Health*
- *Augusta Health Recovery Choice*
- *Behavioral Health Providers*
- *Blue Ridge Court Services*
- *Celebrate Recovery*
- *Churches*
- *Community Services Board*
- *Comprehensive Behavioral Health*
- *Doctor's Offices*
- *Educational Opportunities*
- *Family Preservation Services*
- *Federal FMLA Laws*
- *Free Clinic*
- *GAP*
- *Home Health Agency*
- *Hospitals*
- *Law Enforcement*
- *Mental Health Providers*
- *Methadone and Suboxone Clinics*
- *Office on Youth*
- *Outpatient Treatment*
- *Public Health*
- *School System*
- *Sentara Rockingham Memorial Hospital*
- *Shenandoah Valley Social Services*
- *State Facilities*
- *Substance Abuse Counselors*
- *Valley Community Services Board*
- *Valley Hope Counseling Center*
- *Valley Pastoral Counseling*
- *Valley Program for the Aging (VPAS)*
- *YMCA*

Tobacco Use

Addiction Support Groups
American Lung Association
Augusta Health Free Clinic
Augusta Health
Augusta Health Community Outreach
Augusta Health Gift Program
Augusta Health Lifetime Fitness
Augusta Health Smoking Cessation Classes
Augusta Health Wellness
Augusta Health Workplace Wellness
Doctor's Offices
Employee Assistance Programs
Free Clinic
Health Department
Hospitals
Insurance
Office on Youth
Personal Responsibility
Pharmacy
Quit Now
SADD Clubs
School System
Smoking Bans
Smoking Cessation Classes
Support Groups
Urgent Care Center
Virginia Health Department

Appendix

Professional Research Consultants, Inc.

Evaluation of Past Activities

Connecting Our Community to Healthy Lives

Implementation in Action: 2015 Community Outreach Plan

Following the adopting of the 2013 Community Health Needs Assessment—*Igniting a Sense of Health*—and the corresponding Implementation Plan by the Augusta Health Board of Directors in 2013, Community Wellness and Public Relations developed a Community Benefit Program to coordinate and develop the specific initiatives and programs to accomplish and implement over a three-year period beginning in 2014.

As we begin 2015, the newly renamed and integrated Community Outreach Department has aligned staff to address the priority needs identified in the Community Health Needs Assessment in a strategic and focused direction. Responsibility for addressing needs within priority areas were assigned to specific staff, with the goal of collaborating with appropriate Augusta Health staff and community partners. New initiatives and revised programs were developed through research of best practices in the area of Community Benefits.

Areas of responsibility for Priority Health Needs areas are:

- Chronic Disease Management—Diabetes: Kara Meeks, MS, RD, CDE
- Chronic Disease Management—Obesity: Kara Meeks, MS, RD, CDE
- Chronic Disease Management—Cancer: Krystal Diehl, MEd, CHES
- Chronic Disease Management—Heart: Krystal Diehl, MEd, CHES
- Health Behaviors/Community Education: Dana Breeding, RN, BSN, BS, CTTS
- Access and Affordability: Dana Breeding, RN, BSN, BS, CTTS
- *Behavioral Health: Lisa Schwenk, BS, MBA
- *Socioeconomic Factors: Lisa Schwenk, BS, MBA

*Priority addressed primarily through grant process

Action Plans detailing the strategies, programs and initiatives addressing each of these priority health needs are included in this document. Additionally, the Community Outreach section on the Augusta Health website contains information on the programs and initiatives, any forms needed by the community to access the programs, and an event calendar. Plans to add ‘community success stories’ are in process.

SUMMARY OF IMPLEMENTATION IMPACT GOALS

2013 Approved Implementation Plan

Chronic Disease Management—Diabetes

- Reduce the proportion of persons with diabetes with an A1c value greater than 9 percent. (Healthy People 2020 Goal D-5.1)

Chronic Disease Management—Obesity

- Increase the proportion of worksites that offer nutrition or weight management classes or counseling. (Healthy People 2020 Goal NWS-7)
- Reduce the proportion of children and adolescents age 2 to 19 years who are considered obese.(Healthy People 202 Goal NWS-10.4)

Chronic Disease Management—Cancer

- Increase the mental and physical health-related quality of life of cancer survivors. (Healthy People 2020 Goal C-14)
- Increase the proportion of adults who participate in a cancer screening program based on the most recent guidelines. (Healthy People 2020 Goal C-16)

Chronic Disease Management—Heart Disease

- Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high. (Healthy People 2020 Goal HDS-4)
- Reduce hospitalizations of older adults with heart failure as the principal diagnosis. (Healthy People 202 HDS-24)

Health Behaviors and Community Health Education

- Increase the number of community-based organizations (including health departments, nongovernmental organizations and state agencies) provided population-based primary prevention services and chronic disease programs. (Healthy People 2020 Goal ECBP-10.7)

Access and Affordability—Access to Primary Care Providers

- Increase the number of practicing primary care providers. (Healthy People 2020 Goal AHS-4.1)
- Access and Affordability—Overuse of Emergency Department
- Reduce number of level 5 (non-urgent) emergency department visits. (Healthy People 2020 Goal AHS 9.6)

B**ehavioral Health—Integration of Mental Health and Primary Care**

- Increase the proportion of primary care physicians who screen adults 19 years and older for depression during office visits. (Healthy People 2020 Goal MHMD 11.1)

Socioeconomic Factors—Low Educational Attainment

- Proportion of population completing high school. (Tracking only).
- Proportion of 25-44 year olds with some post-secondary education. (Tracking only). (Healthy People 2020 Goal SDOH-2)

SUMMARY OF PROGRAMS AND INTIATIVES

Community Outreach 2015

New Initiatives, 2015:

- Faith Community Nursing
- Community CPR

New Initiatives, 2014 (Phase 2)

- SPARK abc
- Go Girls
- Big Squeeze
- Referral Tool

Revisions, 2015

- Grant/Community Contribution Process
- Chronic Disease Management—Coordination and Focus

On-going Programs, 2015:

Augusta Health Outreach Programs:

- Chronic Disease Management Classes—classes in diabetes, pre-diabetes, heart failure and chronic disease management provided for free by Community Outreach; the GIFT smoking and tobacco cessation program has a small fee.
- Lunch and Learns—a series of 12 lunch and learn seminars—one each month—that educate the public (primarily seniors) on health related topics; chronic diseases and health education needs identified in the Community Health Needs Assessment are emphasized.
- *Caring for You* and *Living Healthy* articles—bimonthly educational articles in the News Leader and News Virginian; chronic diseases and health education needs identified in the Community Health Needs Assessment are emphasized.
- Event Calendars—monthly calendar published in *News Leader* and *News Virginian* to provide community with details on all support groups, screening events, health education programs and special health events at Augusta Health
- Fitness Programs at Lifetime Fitness—free or reduced-cost fitness programs to meet the needs of specific populations and addressing the needs identified in the Community Health Needs Assessments, and include Fitness Rx, Cancer Rx and

Silver Sneakers.

- Support Groups—chronic disease specific support groups to address the needs of those chronic diseases identified in the Community Health Needs Assessment and include these groups: Diabetes Type 1, Diabetes Type 2, Celiac Sprue (gluten free), Lean on Me (cancer caregivers), Friends Listening to Friends (cancer patients), Fortitude (late stage cancer patients), Continuing Survivor (cancer patients who have completed treatment), Diversions (Ostomy), Parkinson's Disease and Stroke Club.
- Screening Events—annual events for the public held at Augusta Health that include the annual Skin Cancer and Prostate Cancer screenings, Heart Health Fair and Lung Cancer and Colorectal Cancer Screenings under development.
- Seminars and Symposium—as the need arises, seminars or symposiums on current topics of interest and concern are presented to the public; examples are Bath Salts and Health Exchanges.
- Speakers' Bureau—provision of health experts who provide information on health topics to community groups
- Youth Programs—an established roster of programs to engage youth in health careers at Augusta Health—ACES Middle School Camp, Teen Volunteers, Mentorships (coordinated through the school districts) and Medical Explorers; staff also participate in several Career Days at community schools.
- Bridge Fund—financial aid to cover expenses, 'bridge the gaps' where needed, for cancer patients in the Augusta Health Cancer Program.
- Community Health Forum—a bimonthly meeting of all health and human services agencies in Staunton, Waynesboro and Augusta County to exchange information, share resources and unify programs addressing the health needs of the community.

Augusta Health Clinical Programs:

- Medical Home—a clinic that takes a proactive approach to care for highly complex patients (those with multiple chronic conditions) who have no insurance; the approach is evidence-based and includes weekly clinical car4e conferences, outcomes bundles, wellness initiatives and a team approach that includes the patient.
- Home Health Telemedicine—in home devices that functions as an educator and liaison with health professionals regarding doctor's orders, medications and vital signs.
- Cancer Program Navigators—provided without charge to cancer patients, navigators guide the patient and families through the entire course of cancer treatment from diagnosis to recovery—coordinating care and connecting the patient and families to the resources they need.

SUMMARY OF PROGRAMS AND INTIATIVES

Community Outreach 2016

Major Initiatives:

- Faith Community Nursing
- Community Health Forum Restructuring
- Community Walking Program/Walk with a Doc
- Community Health Needs Assessment

Secondary Initiatives:

- SPARK/School Program
- Go Girls
- Tobacco Cessation Programs
- Community CPR/BP Programs

Supported Programs:

Augusta Health Outreach Programs:

- Chronic Disease Management Classes—classes in diabetes, pre-diabetes, heart failure and chronic disease management provided for free by Community Outreach; some programs are coordinated by outside agencies such as VPAS.
- Lunch and Learns—a series of 12 lunch and learn seminars—one each month—that educate the public (primarily seniors) on health related topics; chronic diseases and health education needs identified in the Community Health Needs Assessment are emphasized.
- *Caring for You* and *Living Healthy* articles—bimonthly educational articles in the News Leader and News Virginian; chronic diseases and health education needs identified in the Community Health Needs Assessment are emphasized.
- Cancer Committee—Community Outreach programs related to cancer prevention and detection.
- Heart & Cardiac Care Committee—(in development) Community Outreach programs related to prevention and detection of cardiac conditions.
- Diabetes Outreach—Interdisciplinary internal committee focused on coordinating services, programs and community outreach related to diabetes and diabetic patients and families.
- Cancer Patient & Family Advisory Group—Committee comprised of cancer patients and family to provide input into cancer care at Augusta Health.
- Event Calendars—monthly calendar published in the *News Virginian* to provide community with details on all support groups, screening events, health education programs and special health events at Augusta Health.
- Fitness Programs at Lifetime Fitness—free or reduced-cost fitness programs to meet the needs of specific populations and addressing the needs identified in the

Community Health Needs Assessments, and include Fitness Rx, Cancer Rx and Silver Sneakers.

- Support Groups—chronic disease specific support groups to address the needs of those chronic diseases identified in the Community Health Needs Assessment and include these groups: Diabetes Type 1, Diabetes Type 2, Celiac Sprue (gluten free), Friends Listening to Friends (cancer patients), Continuing Survivor (cancer patients who have completed treatment), Diversions (Ostomy), Parkinson's Disease and Stroke Club.
- Screening Events—annual events for the public held at Augusta Health that include the annual Skin Cancer and Prostate Cancer screenings, Heart Health Fair.
- Seminars and Symposium—as the need arises, seminars or symposiums on current topics of interest and concern are presented to the public; examples are Bath Salts and Health Exchanges.
- Speakers' Bureau—provision of health experts who provide information on health topics to community groups.
- Community Events—provision of staff and experts at health and wellness events throughout the community, sponsored by other agencies.
- Youth Programs—an established roster of programs to engage youth in health careers at Augusta Health—ACES Middle School Camp, Teen Volunteers, Mentorships (coordinated through the school districts) and Medical Explorers; staff also participate in several Career Days at community schools.
- Bridge Fund—financial aid to cover expenses, 'bridge the gaps' where needed, for cancer patients in the Augusta Health Cancer Program.
- Grant/Community Contribution Process—contributions to other organizations for programs and initiatives that address needs and priorities identified in the CHNA and support Augusta Health's mission.

Augusta Health Clinical Programs:

- Medical Home—a clinic that takes a proactive approach to care for highly complex patients (those with multiple chronic conditions) who have no insurance; the approach is evidence-based and includes weekly clinical care conferences, outcomes bundles, wellness initiatives and a team approach that includes the patient.
- Home Health Telemedicine—in home devices that functions as an educator and liaison with health professionals regarding doctor's orders, medications and vital signs.
- Cancer Program Navigators—provided without charge to cancer patients, navigators guide the patient and families through the entire course of cancer treatment from diagnosis to recovery—coordinating care and connecting the patient and families to the resources they need.