2019 Community Health Needs Assessment Report

Staunton, Waynesboro & Augusta County, Virginia

Prepared for:

Augusta HEALTH

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2016, 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 that historically have 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 PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments 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 trending and 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 and is similar to the previous survey used in the region, allowing for data trending.

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, Waynesboro, and Augusta County in Virginia. This community definition, illustrated in the following map, represents the hospital's primary service area and includes those ZIP Codes from which 79% of the hospital's admissions are derived.
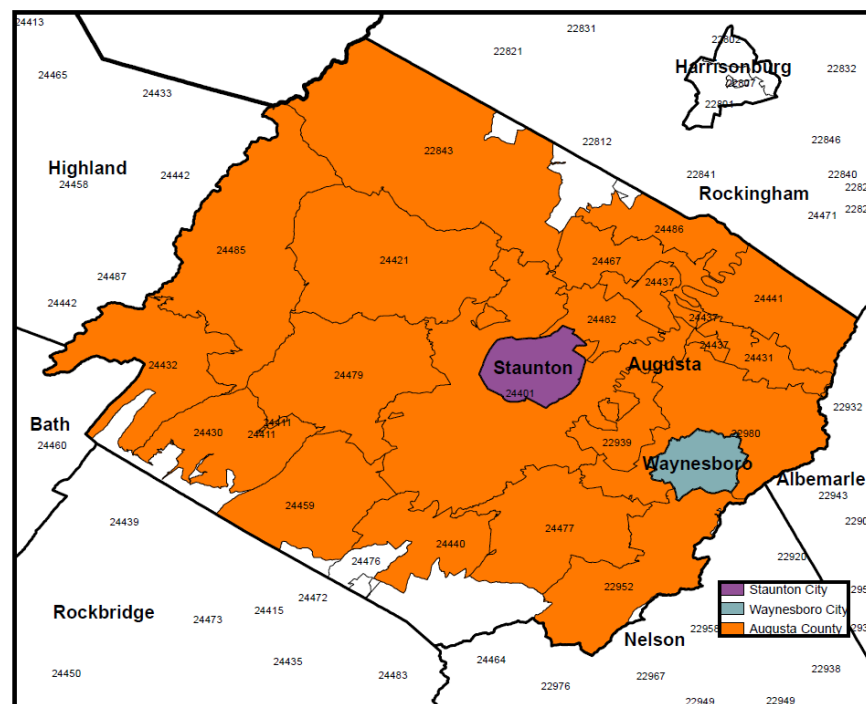
Sample Approach & Design

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 mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone) as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 601 individuals age 18 and older in the Total Area, including 151 in Staunton, 150 in Waynesboro, and 300 in surrounding Augusta County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 601 respondents is ±4.0% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 601 Respondents at the 95 Percent Level of Confidence
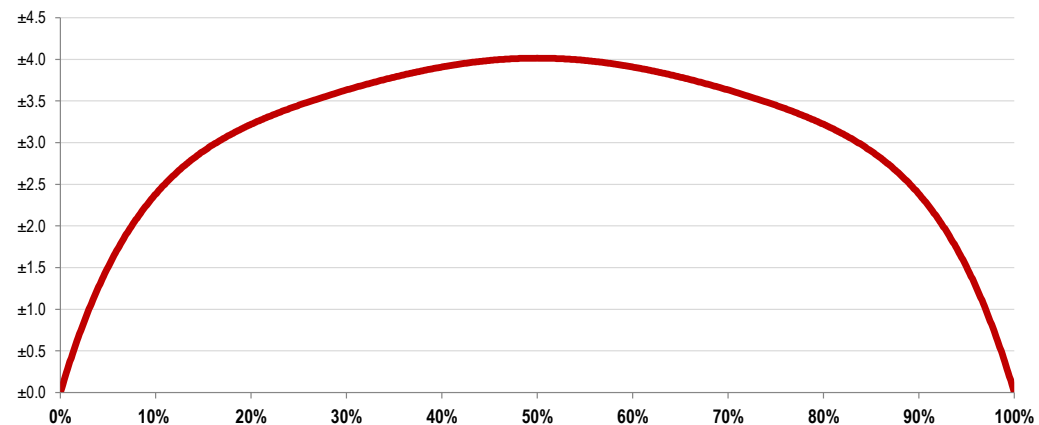
Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 601 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% (10%± 2.4%) 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 46.0% and 54.0% (50% ± 4.0%) 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. 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

sex, 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, 2019)

	Actual Population	Final Survey Sample
Men	48.3%	48.3%
Women	51.7%	51.7%
18 to 39	32.5%	32.3%
40 to 64	44.5%	44.7%
65+	23.0%	23.0%
White (Non-Hisp)	88.6%	88.6%
Other (Non-Hisp)	9.0%	9.0%
Hispanic	2.4%	2.4%
<200% FPL	32.2%	32.3%

Other races include:
Black	3.9%
Multiple/Other	2.7%
Asian	1.5%
American Native	1.0%
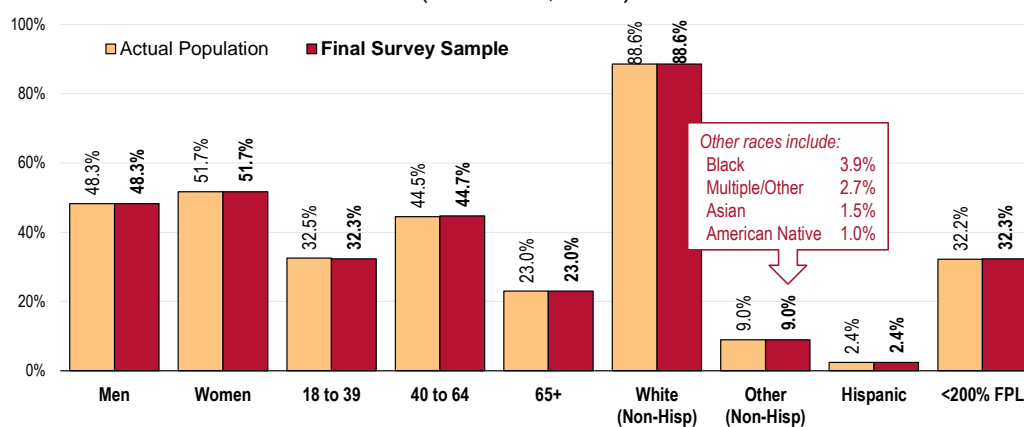
Sources: • US Census Bureau, 2011-2015 American Community Survey.
             • 2019 PRC Community Health Survey, PRC, Inc.
Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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 2019 guidelines place the poverty threshold for a family of four at $25,750 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 (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) 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 also was 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, 134 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	18
Public Health Representatives	3
Other Health Providers	49
Social Services Providers	25
Other Community Leaders	39

Final participation included representatives of the organizations outlined below.

- Augusta Health
- ARROW Project
- Augusta Care Partners
- Augusta County Public Schools
- Augusta County Sheriff's Office
- Augusta Emergency Physicians
- Augusta Health Center for Cancer and Blood Disorders
- Augusta Health Occupational Health
- Augusta Medical Group
- Blue Ridge Area Food Bank
- Blue Ridge Community College
- Blue Ridge Legal Services, Inc.
- Bridge Christian Church
- Central Shenandoah Planning District Commission
- Central Shenandoah Valley Office on Youth
- Community Foundation of the Central Blue Ridge
- County of Augusta
- Elk Hill
- EyeOne
- Greater Augusta Wellness Partnership
- Health Department
- Lyndhurst United Methodist Church

- Middle River Regional Jail
- Murphy Deming College of Health Sciences
- Shenandoah Valley Orthopedics and Sports Medicine
- Staunton Schools
- United Way of Greater Augusta
- Valley Community Services Board

- Valley Family and Elder Care
- Valley Hope Counseling Center
- Valley Mission, Inc.
- Valley Program for Aging Services
- Virginia Organizing
- Waynesboro Public Schools
- Waynesboro Police Department

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

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 better be 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 regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

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 for the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- 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
- 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

Trending

A similar survey was administered in the Total Area in 2016 by PRC on behalf of Augusta Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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 the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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 medical conditions that are not specifically addressed.

Public Comment

Augusta Health made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. Following the publication of the prior assessment, Augusta Health received a small number of comments from the public, and these were taken into consideration in developing this assessment. Augusta Health will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

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 Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	8
Part V Section B Line 3b *Demographics of the community*	42
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*	221
Part V Section B Line 3d *How data was obtained*	8
Part V Section B Line 3e *The significant health needs of the community*	16
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*	18
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	228

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. 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. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

In addition to the regional areas of opportunity presented for the Total Area, several measures emerged as issues more uniquely associated with one of the independent cities or with the county.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	**Total Area:**
	• Barriers to Access
	  ○ Cost of Prescriptions
	  ○ Cost of Physician Visits
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Routine Medical Care (Adults)
	• Emergency Room Utilization
	• Ratings of Local Healthcare

Cancer	**Total Area:** • Leading Cause of Death **Staunton and Waynesboro:** • Cancer Deaths • Lung Cancer Incidence • Colorectal Cancer Incidence **Staunton:** • Prostate Cancer Incidence
Diabetes	**Total Area:** • Diabetes Deaths • Diabetes Prevalence • Key Informants: Diabetes ranked as a top concern.

Areas of Opportunity (continued)	
Heart Disease & Stroke	**Total Area:** • Leading Cause of Death • High Blood Pressure Management • Blood Cholesterol Screening **Staunton and Waynesboro:** • Heart Disease Deaths • Stroke Deaths **Waynesboro:** • Cardiovascular Risk Factors
Housing	**Total Area:** • Housing Displacement • Incidence of Homelessness **Staunton:** • Unsafe/Unhealthy Conditions
Injury & Violence	**Total Area:** • Violent Crime Experience • Domestic Violence Experience **Waynesboro:** • Unintentional Injury Deaths
Kidney Disease	**Total Area:** • Kidney Disease Deaths • Kidney Disease Prevalence
Mental Health	**Total Area:** • "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Suicide Deaths • Receiving Treatment for Mental Health • Difficulty Obtaining Mental Health Services • Key Informants: Mental health ranked as a top concern. **Augusta County and Waynesboro:** • Mental Health Provider Ratio
Nutrition, Physical Activity & Weight	**Total Area:** • Fruit/Vegetable Consumption • Food Insecurity • Overweight & Obesity [Adults] • Children's Physical Activity • Key Informants: Nutrition, physical activity, and weight ranked as a top concern. **Augusta County:** • Low Food Access • Access to Physical Activity • Built Environment (Heavy Traffic and Missing/Poor Streetlights) **Waynesboro:** • Sugar-Sweetened Beverages

Areas of Opportunity (continued)	
Potentially Disabling Conditions	**Total Area:** • Arthritis/Rheumatism Prevalence [Age 50+] • Multiple Chronic Conditions • Alzheimer's Disease Deaths
Respiratory Diseases	**Total Area:** • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [Age 65+]
Sexual Health	**Waynesboro:** • Teen Birth Rate
Substance Abuse	**Total Area:** • Cirrhosis/Liver Disease Deaths • Excessive Drinking • Drinking & Driving • Illicit Drug Use • Sought Help for Alcohol/Drug Issues • Key Informants: Substance abuse ranked as a top concern.
Tobacco Use	**Total Area:** • Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On June 25, 2019, Augusta Health convened a group of 76 community stakeholders (representing a cross-section of community-based agencies and organizations) and internal team members 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. 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. **Mental Health**
3. **Diabetes**
4. **Heart Disease & Stroke**
5. **Substance Abuse**
6. **Access to Healthcare**
7. **Tobacco Use**
8. **Sexual Health**
9. **Housing**
10. **Cancer**
11. **Potentially Disabling Conditions**
12. **Respiratory Diseases**
13. **Injury & Violence**
14. **Kidney Disease**

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 quadrant represent health needs rated as most severe, with the greatest ability to impact.
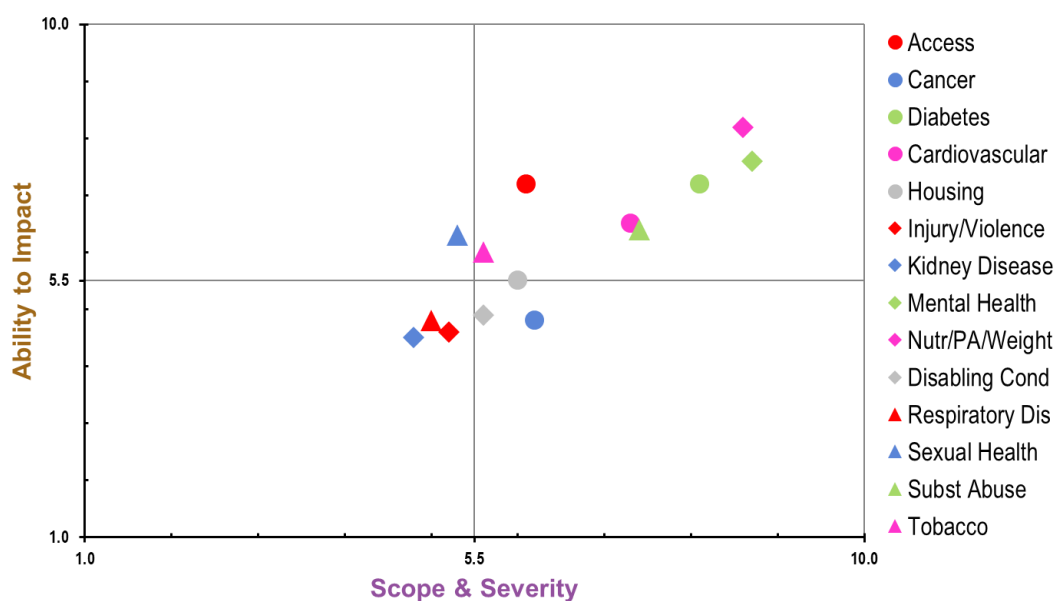
Hospital Implementation Strategy

Augusta Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual communities, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

■ 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 trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. 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	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	☀ 0.2	🌧 1.6	☁ 0.5	0.6	☀ 2.8	☀ 4.4		
Population in Poverty (Percent)	☁ 13.3	🌧 17.4	☀ 8.8	11.3	☁ 11.2	☀ 14.6		
Children in Poverty (Percent)	☁ 19.0	🌧 23.6	☀ 11.9	15.5	☁ 14.9	☀ 20.3		
% Could Not Cover a $400 Emergency Expense	☁ 21.7	☁ 24.1	☁ 20.1	21.3				
No High School Diploma (Age 25+, Percent)	☀ 10.4	☁ 13.1	☁ 14.2	12.8	☁ 11.0	☁ 12.7		
% Graduated From HS On Time (Within 4 Years)				92.6	☁ 91.6			
% High School Dropout Rate				3.9	☀ 5.5			
Unemployment Rate (Age 16+, Percent)	☁ 3.0	☁ 3.2	☁ 2.7	2.9	☁ 3.1	☀ 4.0		☁ 2.8
% Worry/Stress Over Rent/Mortgage in Past Year	☁ 27.6	☁ 27.6	☁ 25.3	26.3		☁ 30.8		☁ 26.7
% Spend More Than 30% of Income on Housing	☁ 31.4	☁ 33.0	☁ 38.3	35.6				

Social Determinants (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			TREND
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	
% Housing Emergency in Past 2 Years	☁ 8.7	☁ 6.8	☁ 10.6	9.4				🌧 5.0
% Homeless in the Past 2 Years	☁ 1.5	☁ 1.9	☁ 1.7	1.7				🌧 0.0
% Unsafe/Unhealthy Housing Conditions	🌧 16.2	☁ 8.6	☀ 7.8	9.9				
% Low Health Literacy	☁ 21.8	☀ 13.0	☁ 19.3	18.6		☀ 23.3		☁ 17.8

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☀ better	☁ similar	🌧 worse

Overall Health	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			TREND
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	☁ 17.4	☁ 22.6	☁ 14.5	16.8	☁ 16.4	☁ 18.1		☁ 18.9

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

Access to Health Services	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	☁ 5.1	☁ 10.5	☁ 8.3	8.0	☀ 13.2	☀ 13.7	🌧 0.0	☁ 11.4
% Difficulty Accessing Healthcare in Past Year (Composite)	☁ 43.2	☁ 33.4	☁ 41.4	40.2		☁ 43.2		☁ 36.9
% Difficulty Finding Physician in Past Year	☁ 11.2	☁ 7.2	☁ 12.1	10.9		☁ 13.4		🌧 3.4
% Difficulty Getting Appointment in Past Year	☁ 15.7	☁ 13.3	☁ 17.6	16.3		☁ 17.5		☁ 14.4
% Cost Prevented Physician Visit in Past Year	🌧 20.5	☁ 12.9	☁ 13.4	15.0	☁ 13.5	☁ 15.4		🌧 8.1
% Transportation Hindered Dr Visit in Past Year	☁ 4.4	☁ 4.3	☁ 8.2	6.5		☁ 8.3		☁ 9.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	☁ 13.7	☁ 10.9	☁ 12.5	12.5		☁ 12.5		☁ 9.9
% Language/Culture Prevented Care in Past Year	☁ 0.5	☁ 0.0	☁ 0.0	0.1		☀ 1.2		☁ 0.1
% Cost Prevented Getting Prescription in Past Year	☁ 13.9	☁ 12.2	☁ 11.1	12.0		☁ 14.9		🌧 7.6
% Skipped Prescription Doses to Save Costs	☁ 15.9	☁ 10.1	☁ 10.1	11.5		☀ 15.3		☁ 11.4
% Difficulty Getting Child's Healthcare in Past Year				1.2		☀ 5.6		☁ 2.3

Access to Health Services (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			TREND
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	
Primary Care Doctors per 100,000	☁ 65.2	☀ 103.0	🌧 48.7	61.8	🌧 86.0	🌧 87.8		
% Have a Specific Source of Ongoing Care	☁ 79.6	☁ 70.8	☁ 77.9	76.9		☁ 74.1	🌧 95.0	☁ 77.7
% Have Had Routine Checkup in Past Year	☁ 70.1	☁ 75.2	☁ 70.6	71.4	☁ 73.3	☁ 68.3		🌧 79.5
% Child Has Had Checkup in Past Year				87.7		☁ 87.1		☁ 87.2
% Two or More ER Visits in Past Year	☁ 12.4	☁ 15.1	☁ 8.9	11.0		☁ 9.3		🌧 4.3
% Rate Local Healthcare "Fair/Poor"	☁ 8.3	☁ 15.6	☁ 12.2	11.9		☀ 16.2		🌧 7.1

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☀	☁	🌧
better	similar	worse

Cancer	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			TREND
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	☁ 197.9	☁ 199.0	☀ 142.3	162.5	☁ 156.1	☁ 155.6	☁ 161.4	☁ 174.6
Lung Cancer (Age-Adjusted Death Rate)				39.7	☁ 38.8	☁ 38.5	☁ 45.5	
Prostate Cancer (Age-Adjusted Death Rate)				18.7	☁ 19.6	☁ 18.9	☀ 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)				18.5	☀ 21.4	☁ 20.1	☁ 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)				14.4	☁ 13.9	☁ 13.9	☁ 14.5	
Female Breast Cancer Incidence Rate	☁ 127.6	☁ 137.1	☁ 128.4	129.7	☁ 127.9	☁ 124.7		
Prostate Cancer Incidence Rate	☁ 137.0	☁ 125.0	☁ 113.4	119.6	☁ 102.8	☁ 109.0		
Lung Cancer Incidence Rate	☁ 73.6	☁ 71.2	☀ 61.1	65.4	☁ 58.9	☁ 60.2		
Colorectal Cancer Incidence Rate	☁ 47.5	☁ 47.6	☀ 40.1	42.9	⛈ 36.0	☁ 39.2		
% Cancer (Other Than Skin)	☁ 10.6	☁ 5.8	☁ 9.0	8.7	☁ 6.9	☁ 7.1		☁ 8.3
% Skin Cancer	☁ 9.1	☁ 8.3	☁ 7.5	8.0	☁ 6.1	☁ 8.5		☁ 9.9

Cancer (continued)

Cancer (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years				79.0	(similar) 80.4	(similar) 77.0	(similar) 81.1	(similar) 75.0
% [Women 21-65] Pap Smear in Past 3 Years	(similar) 70.5	(similar) 78.9	(similar) 75.6	75.2	(worse) 81.6	(similar) 73.5	(worse) 93.0	(similar) 67.6
% [Age 50-75] Colorectal Cancer Screening	(similar) 75.1	(better) 86.0	(similar) 75.6	77.5	(better) 70.3	(similar) 76.4	(better) 70.5	(similar) 77.2

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Legend: (sun) better (cloud) similar (rain) worse

Diabetes

Diabetes	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	(similar) 32.0	(similar) 31.7	(better) 22.2	25.5	(worse) 21.2	(worse) 21.3	(worse) 20.5	(worse) 16.3
% Diabetes/High Blood Sugar	(similar) 20.2	(similar) 16.7	(similar) 14.8	16.5	(worse) 10.5	(similar) 13.3		13.9
% Borderline/Pre-Diabetes	(similar) 7.1	(worse) 13.8	(better) 5.2	7.4		(similar) 9.5		5.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	(similar) 49.6	(similar) 53.0	(similar) 51.6	51.4		(similar) 50.0		56.4
% [Those with Diabetes] Taking Action to Control Diabetes				87.7				

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Legend: (sun) better (cloud) similar (rain) worse

Heart Disease & Stroke	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	☁ 221.9	☁ 201.7	☀ 141.4	**169.0**	☁ 153.1	☁ 166.3	☁ 156.9	☁ 170.7
Stroke (Age-Adjusted Death Rate)	☁ 50.4	☁ 45.3	☀ 29.9	**36.7**	☁ 37.9	☁ 37.5	☁ 34.8	☁ 40.5
% Heart Disease (Heart Attack, Angina, Coronary Disease)	☁ 8.2	☁ 10.8	☁ 7.4	**8.3**		☁ 8.0		☁ 6.7
% Stroke	☁ 2.2	☁ 3.5	☁ 3.6	**3.3**	☁ 3.0	☁ 4.7		☁ 3.0
% Blood Pressure Checked in Past 2 Years	☁ 96.6	☁ 94.8	☁ 95.1	**95.4**		☀ 90.4	☀ 92.6	☁ 94.6
% Told Have High Blood Pressure (Ever)	☁ 41.4	☁ 42.8	☁ 35.8	**38.5**	⛈ 32.4	☁ 37.0	⛈ 26.9	☁ 42.7
% [HBP] Taking Action to Control High Blood Pressure	☁ 92.0	☁ 91.1	☁ 92.9	**92.2**		☁ 93.8		⛈ 97.3
% Cholesterol Checked in Past 5 Years	☁ 89.8	☁ 86.3	☁ 86.6	**87.3**	☁ 87.0	☁ 85.1	☀ 82.1	⛈ 91.4
% Told Have High Cholesterol (Ever)	☁ 29.8	☁ 32.8	☁ 31.2	**31.2**		☀ 36.2	⛈ 13.5	☁ 36.0
% [HBC] Taking Action to Control High Blood Cholesterol	☁ 87.9	☁ 84.6	☁ 87.0	**86.7**		☁ 87.3		☀ 74.9
% 1+ Cardiovascular Risk Factor	☁ 81.8	⛈ 93.5	☁ 86.7	**87.0**		☁ 87.2		☁ 84.8

Infant Health & Family Planning	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Low Birthweight Births (Percent)	☁ 6.7	☁ 7.4	☁ 7.4	7.3	☁ 8.3	☁ 8.2	☁ 7.8	☁ 7.3
Infant Death Rate				2.5	☀ 5.9	☀ 5.8	☀ 6.0	☀ 6.2
Births to Adolescents Age 15 to 19 (Rate per 1,000)	☁ 35.6	🌧 58.3	☀ 30.6	36.2	🌧 29.5	☁ 36.6		☁ 41.4

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☀ better	☁ similar	🌧 worse

Injury & Violence	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	☁ 46.8	🌧 55.1	☁ 41.4	44.8	☁ 42.0	☁ 46.7	🌧 36.4	☁ 43.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)				13.1	🌧 9.3	☁ 11.4	☁ 12.4	
[65+] Falls (Age-Adjusted Death Rate)				71.8	☁ 65.0	☁ 62.1	🌧 47.0	
% [Age 45+] Fell in the Past Year	☁ 30.7	☁ 39.0	☁ 34.2	34.3		☁ 31.6		☁ 32.1
Homicide (Age-Adjusted Death Rate)				3.5	☀ 4.6	☀ 5.6	☀ 5.5	

Injury & Violence (continued)

	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County	Total Area	vs. VA	vs. US	vs. HP2020	TREND
Violent Crime Rate	☁ 170.9	🌧 234.2	☀ 132.3	**158.3**	☀ 195.9	☀ 379.7		
% Victim of Violent Crime in Past 5 Years	☁ 3.0	☁ 2.7	☁ 2.1	**2.5**		☁ 3.7		🌧 0.3
% Victim of Domestic Violence (Ever)	☁ 21.8	☁ 20.8	☀ 14.7	**17.6**		☁ 14.2		🌧 9.7
% Perceive Neighborhood as "Slightly/Not At All Safe"	☁ 7.0	🌧 15.6	☁ 7.6	**9.1**		☀ 15.6		☁ 6.1

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☀	☁	🌧
better	similar	worse

Kidney Disease

	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County	Total Area	vs. VA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	☁ 24.1	☁ 23.9	☀ 14.4	**18.0**	☁ 16.5	🌧 13.2		☁ 18.5
% Kidney Disease	☁ 7.2	☁ 6.0	☁ 5.6	**6.1**	🌧 2.7	🌧 3.8		☁ 7.0

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☀	☁	🌧
better	similar	worse

Mental Health	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	25.7	18.5	14.1	17.7		13.0		8.7
% Diagnosed Depression	31.4	32.0	26.2	28.6	19.0	21.6		14.9
% Symptoms of Chronic Depression (2+ Years)	42.6	40.4	32.0	36.2		31.4		21.8
% Typical Day Is "Extremely/Very" Stressful	17.0	13.0	12.0	13.4		13.4		10.5
% Average <7 Hours of Sleep per Night	33.5	36.5	33.3	34.0		36.7		34.7
Suicide (Age-Adjusted Death Rate)				18.6	13.1	13.6	10.2	14.9
Mental Health Providers per 100,000	591.2	125.4	58.6	177.9	160.2	202.8		
% Taking Rx/Receiving Mental Health Trtmt	28.1	30.1	21.8	25.0		13.9		14.9
% Have Ever Sought Help for Mental Health	53.3	44.0	36.0	41.7		30.8		24.9
% [Those With Diagnosed Depression] Seeking Help				92.4		87.1		83.4
% Unable to Get Mental Health Svcs in Past Yr	7.6	4.0	4.6	5.2		6.8		2.5

Mental Health (continued)

Mental Health (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Child [Age 5-17] Experiences "Fair/Poor" Mental Health				5.8		similar 5.8		
% Child [Age 5-17] Needed Mental Health Services in the Past Year				14.1		similar 14.8		

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better ☀ | similar ☁ | worse ⛈

Nutrition, Physical Activity & Weight

Nutrition, Physical Activity & Weight	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Food Insecure	worse 28.6	similar 23.3	better 18.3	21.8		better 27.9		worse 9.3
% 5+ Servings of Fruits/Vegetables per Day	similar 24.8	similar 26.4	similar 31.5	28.9		similar 33.5		worse 39.2
% Child [Age 2-17] Eats 5+ Fruits/Vegetables per Day				50.8		better 34.9		
% "Very/Somewhat" Difficult to Buy Fresh Produce	similar 24.3	similar 16.9	similar 21.4	21.2		similar 22.1		similar 19.1
% 7+ Sugar-Sweetened Drinks in Past Week	similar 29.0	worse 42.8	similar 32.0	33.5		similar 29.0		similar 35.5
Population With Low Food Access (Percent)	better 1.8	similar 15.7	worse 29.4	21.4	similar 20.4	similar 22.4		
% No Leisure-Time Physical Activity	similar 29.7	similar 29.4	similar 29.3	29.4	similar 26.0	similar 26.2	similar 32.6	similar 27.8

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Meeting Physical Activity Guidelines	20.8	18.9	20.8	20.4	21.8	22.8	20.1	15.6
% Use a Local Park or Recreation Center at Least Weekly	36.9	26.9	29.0	30.4				
% Use a Local Paved Road or Trail for Exercise at Least Weekly	26.7	23.7	26.5	26.0				
Recreation/Fitness Facilities per 100,000	16.8	23.8	6.8	11.8	12.9	11.0		
% Neighborhood Lacks Trails/Trails Are in Poor Condition	15.2	14.1	18.7	16.9				
% Neighborhood Lacks Sidewalks	29.1	24.1	33.0	30.3				
% Neighborhood Has Heavy Traffic	13.2	14.8	27.7	21.7				
% Neighborhood Lacks Streetlights/Streetlights Don't Work	17.2	20.8	29.7	25.0				
% Neighborhood Crime Prevents Physical Activity	5.7	8.7	4.3	5.5				
% Child [Age 2-17] Physically Active 1+ Hours per Day				46.5		50.5		66.8
% Healthy Weight (BMI 18.5-24.9)	30.2	16.8	26.7	25.5	32.0	30.3	33.9	31.3

	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
Nutrition, Physical Activity & Weight (continued)	Staunton	Waynesboro	Augusta County	Total Area	vs. VA	vs. US	vs. HP2020	TREND
% Overweight (BMI 25+)	similar 69.2	worse 81.7	similar 71.9	73.3	worse 66.3	worse 67.8		worse 61.9
% Obese (BMI 30+)	similar 45.6	similar 44.3	better 34.2	39.0	worse 30.1	worse 32.8	worse 30.5	worse 32.4
% [Overweights] Trying to Lose Weight	similar 63.2	similar 59.2	similar 63.6	62.5		similar 61.3		
% Medical Advice on Weight in Past Year	similar 28.5	similar 24.0	similar 24.2	25.2		similar 24.2		better 19.9
% [Overweights] Counseled About Weight in Past Year	similar 31.5	similar 25.0	similar 29.9	29.1		similar 29.0		similar 27.7
% Children [Age 5-17] Healthy Weight				54.2		similar 58.4		similar 40.7
% Children [Age 5-17] Overweight (85th Percentile)				40.8		similar 33.0		better 58.0
% Children [Age 5-17] Obese (95th Percentile)				25.7		similar 20.4	worse 14.5	similar 37.8

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better	similar	worse
☀	☁	🌧

Oral Health

	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Have Dental Insurance	☁ 60.7	☁ 63.6	☁ 64.3	63.3		☁ 59.9		☀ 51.1
% [Age 18+] Dental Visit in Past Year	☁ 67.9	☁ 64.0	☁ 67.8	67.0	☁ 70.5	☀ 59.7	☀ 49.0	☁ 69.9
% Child [Age 2-17] Dental Visit in Past Year				84.0		☁ 87.0	☀ 49.0	☁ 88.0
					☀ better	☁ similar	🌧 worse	

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Potentially Disabling Conditions

	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Activity Limitations	☁ 26.8	☁ 24.7	☁ 23.9	24.7	🌧 17.5	☁ 25.0		☁ 25.6
% [50+] Arthritis/Rheumatism	☁ 42.4	☁ 43.2	☁ 45.3	44.2		☁ 38.3		🌧 31.1
% [50+] Osteoporosis	☁ 14.3	☁ 14.2	☁ 10.8	12.3		☁ 9.4	🌧 5.3	☁ 8.0
% Sciatica/Chronic Back Pain	☁ 26.0	☁ 23.2	☁ 21.7	23.0		☁ 22.9		☁ 19.6
% Eye Exam in Past 2 Years	☁ 66.5	☁ 56.5	☁ 63.2	62.6		☀ 55.3		☁ 66.1

Disparity Among Subareas

Total Area vs. Benchmarks

Potentially Disabling Conditions (continued)	Staunton	Waynesboro	Augusta County	Total Area	vs. VA	vs. US	vs. HP2020	TREND
% 3+ Chronic Conditions	⛈️ 58.3	☁️ 47.2	☀️ 44.8	48.5		⛈️ 41.4		
Alzheimer's Disease (Age-Adjusted Death Rate)	⛈️ 56.7	☁️ 37.7	☁️ 33.1	39.4	⛈️ 26.7	⛈️ 30.2		☁️ 42.2
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	☁️ 8.7	☁️ 11.9	☁️ 9.6	9.8		☁️ 11.2		☁️ 11.2
% Family Member Diagnosed with Alzheimer's/Dementia	☁️ 32.4	☁️ 31.6	☁️ 30.9	31.4				☁️ 28.2
% Caregiver to a Friend/Family Member	☁️ 26.2	☁️ 21.3	☁️ 18.7	21.0		☁️ 20.8		☁️ 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

Disparity Among Subareas

Total Area vs. Benchmarks

Respiratory Diseases	Staunton	Waynesboro	Augusta County	Total Area	vs. VA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	☁️ 57.9	☁️ 60.9	☀️ 42.1	48.2	⛈️ 35.5	☁️ 41.0		☁️ 42.0
Pneumonia/Influenza (Age-Adjusted Death Rate)				13.5	☁️ 13.8	☁️ 14.3		☀️ 17.8

Respiratory Diseases (continued)	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% [Adult] Currently Has Asthma	☁ 13.4	☁ 14.3	☁ 10.2	11.8	⛈ 8.9	☁ 11.8		☁ 9.1
% [Child 0-17] Currently Has Asthma				7.4		☁ 9.3		☁ 9.3
% COPD (Lung Disease)	☁ 13.4	☁ 12.7	☁ 10.6	11.7	⛈ 6.8	⛈ 8.6		☁ 10.9
% [Age 65+] Flu Vaccine in Past Year				62.1	☁ 63.8	⛈ 76.8	⛈ 70.0	☁ 60.2
% [Age 65+] Pneumonia Vaccine Ever				80.3	☁ 77.1	☁ 82.7	⛈ 90.0	☁ 79.6
					☀ better	☁ similar	⛈ worse	

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.

Sexual Health	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate	☁ 339.9	☁ 344.3	☀ 179.0	241.2	☀ 473.2	☀ 497.3		
Gonorrhea Incidence Rate	☁ 36.9	⛈ 51.2	☀ 6.7	20.8	☀ 132.2	☀ 145.8		
HIV Prevalence Rate	☁ 204.3	☁ 207.3	☀ 82.3	128.7	☀ 307.7	☀ 362.3		

Substance Abuse	Disparity Among Subareas			Total Area	Total Area vs. Benchmarks			TREND
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)				**12.0**	☀ 13.9	☀ 16.7	☁ 11.3	☁ 13.6
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	🌧 26.5		☀ 8.6	**14.9**	🌧 9.5	🌧 10.8	🌧 8.2	🌧 8.5
% Current Drinker	☁ 46.0	☁ 49.4	☁ 50.6	**49.2**		☀ 55.0		🌧 38.5
% Excessive Drinker	☁ 10.6	☁ 18.3	☁ 14.3	**14.2**		☀ 22.5	☀ 25.4	🌧 9.2
% Drinking & Driving in Past Month	☀ 0.0	☁ 2.4	☁ 0.4	**0.8**	☀ 2.7	☀ 5.2		🌧 0.0
% Illicit Drug Use in Past Month	☁ 3.9	☀ 1.1	☁ 3.6	**3.1**		☁ 2.5	☀ 7.1	🌧 0.5
% Have Used Opiates/Opioids in the Past Year	☁ 18.5	☁ 17.5	☁ 17.5	**17.7**				
% Ever Sought Help for Alcohol or Drug Problem	🌧 1.7	☁ 6.3	☁ 5.0	**4.5**		☁ 3.4		🌧 8.0
% Personally Impacted by Substance Abuse	☁ 39.6	☁ 41.7	☁ 36.4	**38.2**		☁ 37.3		☁ 36.2

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 | Disparity Among Subareas | | | Total Area | Total Area vs. Benchmarks | | | |
	Staunton	Waynesboro	Augusta County		vs. VA	vs. US	vs. HP2020	TREND
% Current Smoker	☁ 17.6	☁ 16.4	☁ 13.1	14.8	☁ 16.4	☁ 16.3	☁ 12.0	☁ 17.2
% Someone Smokes at Home	☁ 14.9	☁ 13.1	☁ 10.7	12.2		☁ 10.7		☀ 17.2
% [Nonsmokers] Someone Smokes in the Home	☁ 6.8	☁ 7.5	☁ 4.5	5.6		☁ 4.0		☁ 7.8
% [Household With Children] Someone Smokes in the Home				8.1		☁ 7.2		☁ 6.5
% [Smokers] Have Quit Smoking 1+ Days in Past Year				25.7		☁ 34.7	🌧 80.0	
% [Smokers] Received Advice to Quit Smoking				67.7		☁ 58.0		☁ 73.3
% Currently Use Vaping Products	☁ 5.2	☁ 9.1	☁ 6.1	6.5	☁ 4.9	🌧 3.8		🌧 0.3
% Use Smokeless Tobacco	☁ 6.1	☁ 4.5	☀ 2.1	3.5		☁ 4.4	🌧 0.2	☁ 3.2

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

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

Health Topic	Major Problem	Moderate Problem
Mental Health	65.6%	28.7%
Diabetes	62.8%	25.7%
Nutrition, Physical Activity, and Weight	61.0%	27.1%
Substance Abuse	59.2%	30.8%
Heart Disease and Stroke	40.5%	43.2%
Tobacco Use	36.5%	42.6%
Cancer	24.5%	54.7%
Oral Health/Dental Care	22.6%	41.5%
Dementia/Alzheimer's Disease	16.0%	53.8%
Respiratory Diseases	15.8%	45.5%
Access to Health Care Services	14.0%	49.6%
Family Planning	13.9%	33.7%
Infant and Child Health	10.5%	39.0%
Arthritis/Osteoporosis/Back Conditions	7.8%	47.1%
Injury and Violence	4.6%	38.0%
Chronic Kidney Disease	3.9%	47.1%
Immunization and Infectious Diseases	3.9%	30.4%
Sexually Transmitted Diseases	3.1%	37.8%
Hearing and Vision Conditions	2.9%	32.7%
HIV/AIDS	12.0%	

Legend: ■ Major Problem ■ Moderate Problem □ Minor Problem ■ No Problem At All

Community Description

Population Characteristics

Total Population

The Total Area (Staunton, Waynesboro, and surrounding Augusta County), the focus of this Community Health Needs Assessment, encompasses 1,001.80 square miles and houses a total population of 120,283 residents, according to latest census estimates.

Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Staunton City	24,273	19.92	1,218.49
Waynesboro City	21,620	14.95	1,446.01
Augusta County	74,390	966.92	76.93
Total Area	120,283	1,001.80	120.07
Virginia	8,365,952	39,480.59	211.9
United States	321,004,407	3,532,315.66	90.88

Sources: ● US Census Bureau American Community Survey 5-year estimates.
　　　　● Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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 population of the Total Area increased by 9,514 persons, or 8.7%.

- **BENCHMARK**: Below the US population increase.
- **DISPARITY**: The population increase is higher in Augusta County; note, on the other hand, the decrease in population reported for Staunton.

Change in Total Population
(Percentage Change Between 2000 and 2010)
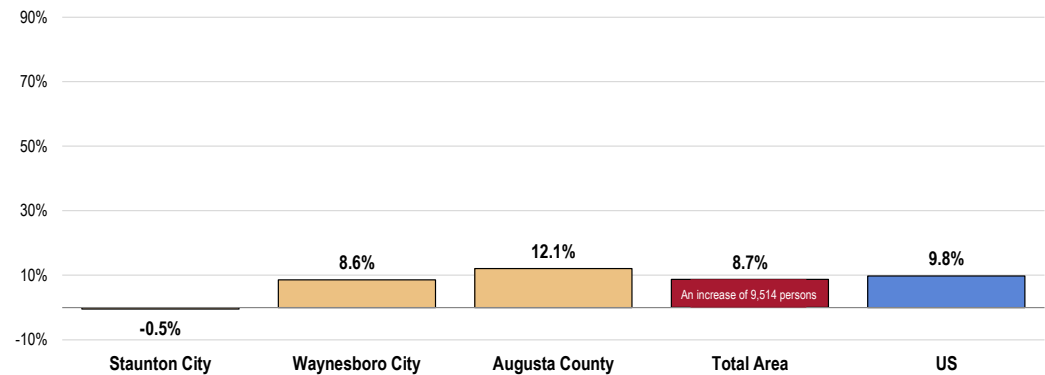
Sources: ● US Census Bureau Decennial Census (2000-2010).
● Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.
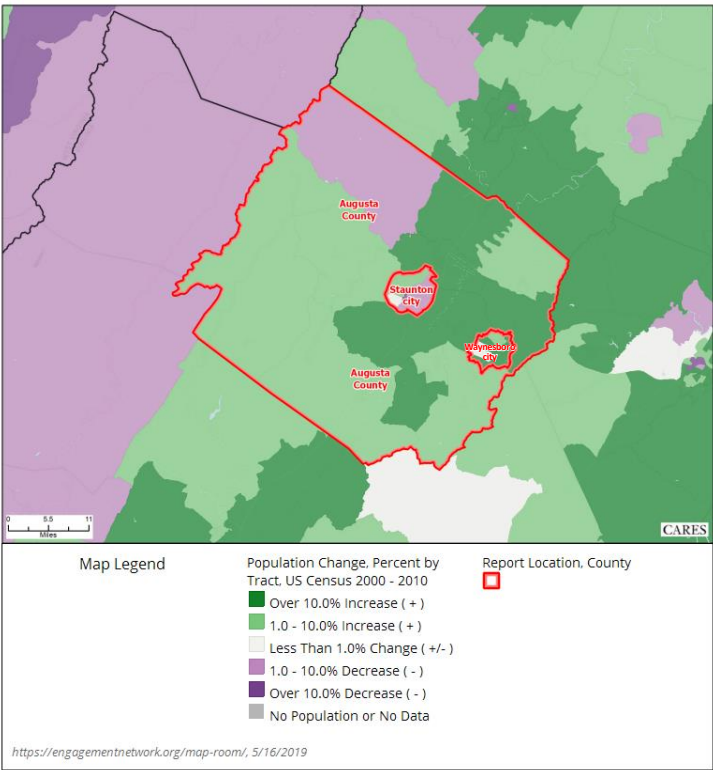
Urban/Rural Population

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.

Over half of residents in the Total Area are living in areas designated as urban.

- **BENCHMARK**: Across Virginia and the US, residents are much more likely to live in areas designated as urban.
- **DISPARITY**: While Staunton and Waynesboro are predominantly urban, Augusta County is only 33.6% urban, with two in three residents living in areas designated as rural.

Urban and Rural Population
(2010)
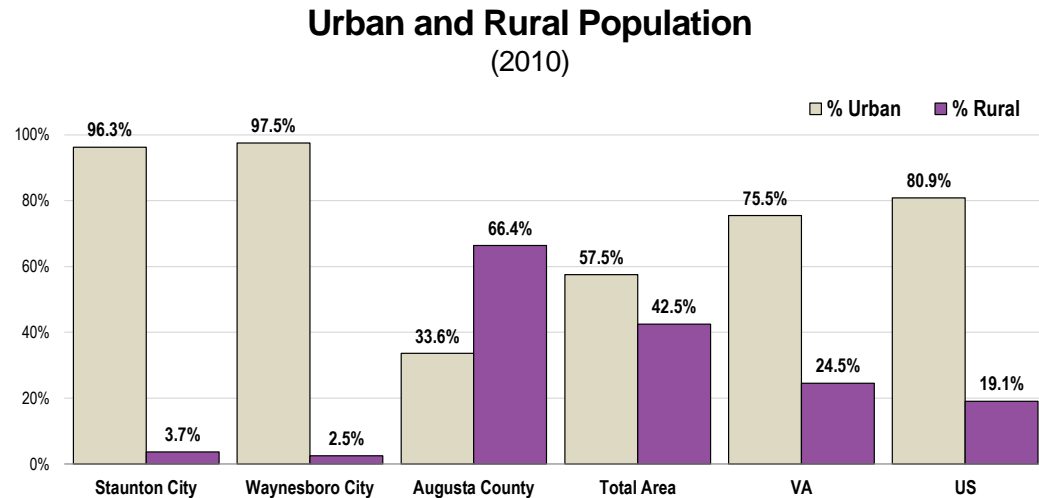
Sources:
- US Census Bureau Decennial Census.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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.

Map Legend

Urban Population, Percent by Tract, US Census 2010
Report Location, County

100% Urban Population
90.1 - 99.9%
50.1 - 90.0%
Under 50.1%
No Urban Population
No Data or Data Suppressed

https://engagementnetwork.org/map-room/, 5/16/2019
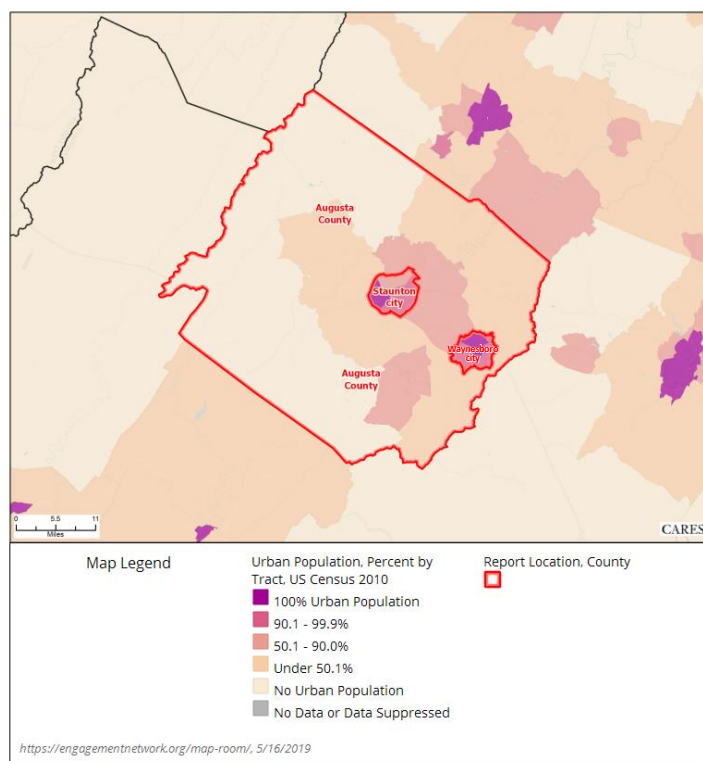
Age

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

In the Total Area, 20.2% of the population are children age 0-17; another 60.5% are age 18 to 64, while 19.3% are age 65 and older.

- **BENCHMARK**: The Total Area population of seniors (age 65+) is higher than the state and national percentages.
- **DISPARITY**: Viewed by community, Waynesboro houses the largest percentage of residents under age 65.

Total Population by Age Groups, Percent
(2013-2017)
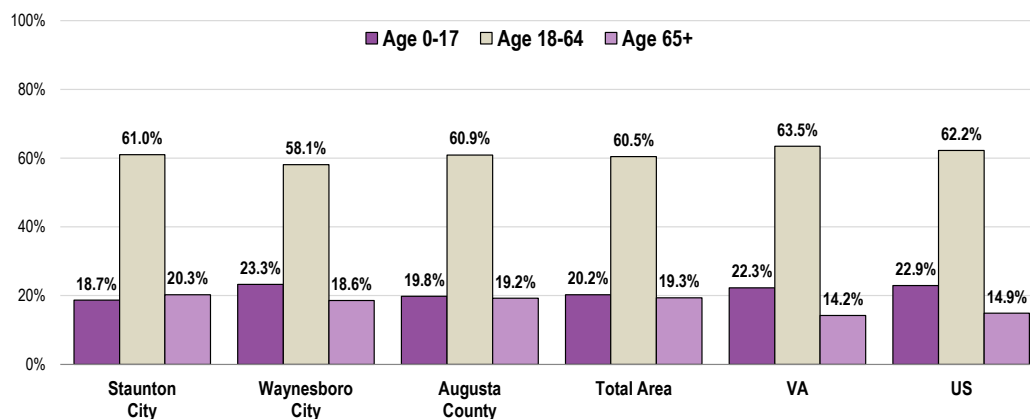
■ Age 0-17   □ Age 18-64   ■ Age 65+

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
Age 0-17	18.7%	23.3%	19.8%	20.2%	22.3%	22.9%
Age 18-64	61.0%	58.1%	60.9%	60.5%	63.5%	62.2%
Age 65+	20.3%	18.6%	19.2%	19.3%	14.2%	14.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

Median Age

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

Median Age
(2013-2017)
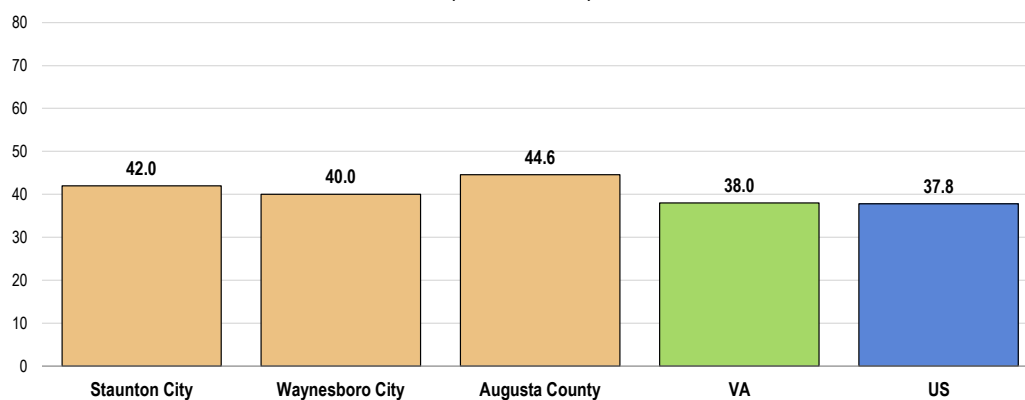
Staunton City	Waynesboro City	Augusta County	VA	US
42.0	40.0	44.6	38.0	37.8

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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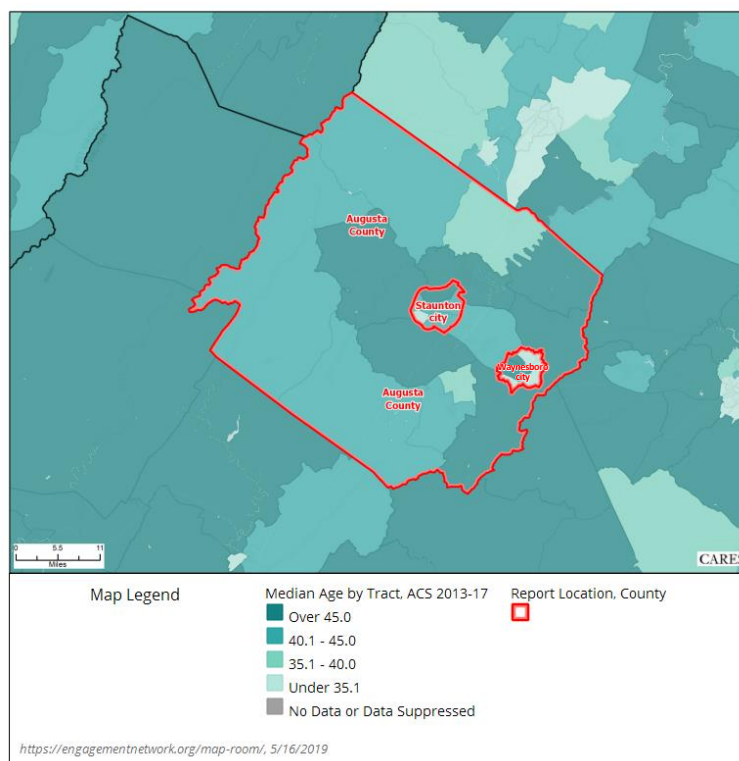
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 89.1% of residents in the Total Area are White and 7.2% are Black.

- **BENCHMARK**: This racial distribution is much less diverse than that reported statewide and nationally.
- **DISPARITY**: Staunton and Waynesboro are much more racially diverse than is Augusta County.

Total Population by Race Alone, Percent
(2013-2017)
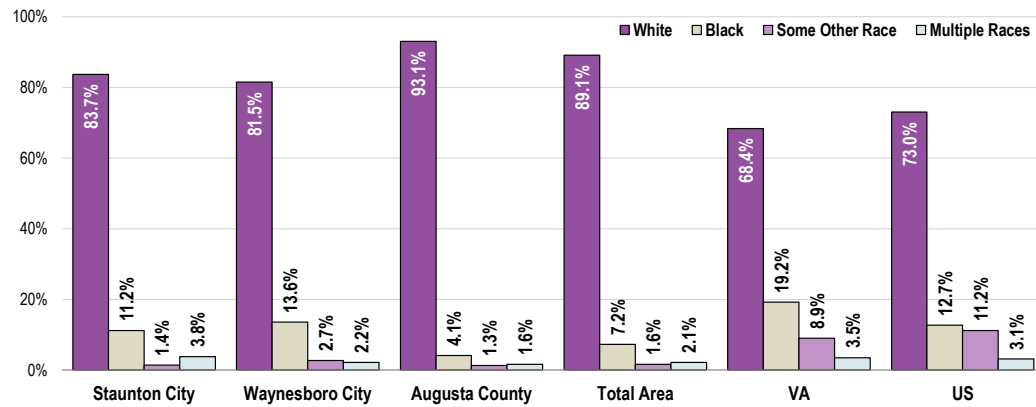
Legend: ■ White ▫ Black ▪ Some Other Race ▫ Multiple Races

Location	White	Black	Some Other Race	Multiple Races
Staunton City	83.7%	11.2%	1.4%	3.8%
Waynesboro City	81.5%	13.6%	2.7%	2.2%
Augusta County	93.1%	4.1%	1.3%	1.6%
Total Area	89.1%	7.2%	1.6%	2.1%
VA	68.4%	19.2%	8.9%	3.5%
US	73.0%	12.7%	11.2%	3.1%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

Ethnicity

A total of 3.4% of Total Area residents are Hispanic or Latino.

- **BENCHMARK**: This percentage is well below the Virginia and US percentages.
- **DISPARITY**: The local Hispanic/Latino population is higher in Waynesboro.

Hispanic Population
(2013-2017)
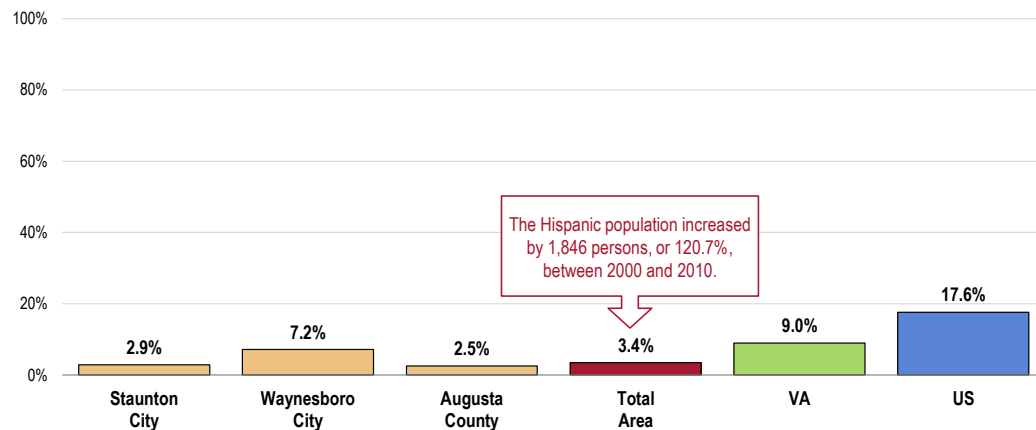
The Hispanic population increased by 1,846 persons, or 120.7%, between 2000 and 2010.

Location	Percent
Staunton City	2.9%
Waynesboro City	7.2%
Augusta County	2.5%
Total Area	3.4%
VA	9.0%
US	17.6%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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.

Linguistic Isolation

Less than one percent (0.6%) of the Total Area population age 5 and older lives in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

- **BENCHMARK**: This proportion is well below that reported statewide and nationally.
- **DISPARITY**: Viewed by community, the prevalence is higher in Waynesboro.

Linguistically Isolated Population
(2013-2017)
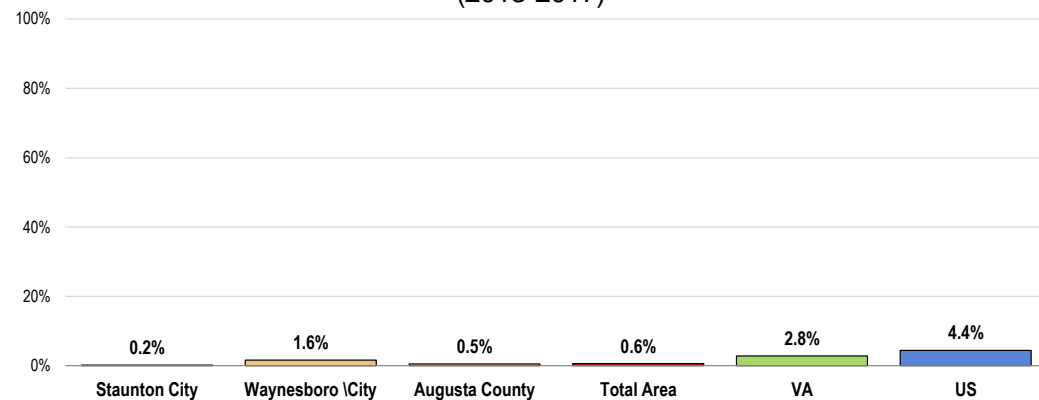
Staunton City	Waynesboro \City	Augusta County	Total Area	VA	US
0.2%	1.6%	0.5%	0.6%	2.8%	4.4%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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."

Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2013-17

Report Location, County

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

https://engagementnetwork.org/map-room/, 5/16/2019
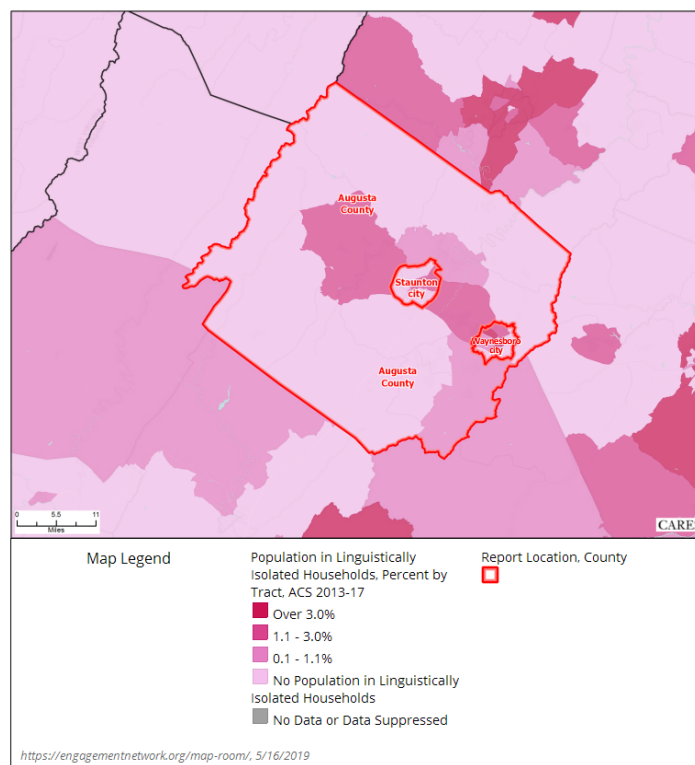
Social Determinants of Health

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)

Income

Poverty

The latest census estimate shows 11.3% of the Total Area total population living below the federal poverty level.

- **BENCHMARK**: Below the US percentage.
- **DISPARITY**: Unfavorably high in Waynesboro.

Among just children (ages 0 to 17), this percentage in the Total Area is 15.5% (representing an estimated 3,680 children).

- **BENCHMARK**: Below the US percentage.
- **DISPARITY**: Unfavorably high in Waynesboro.
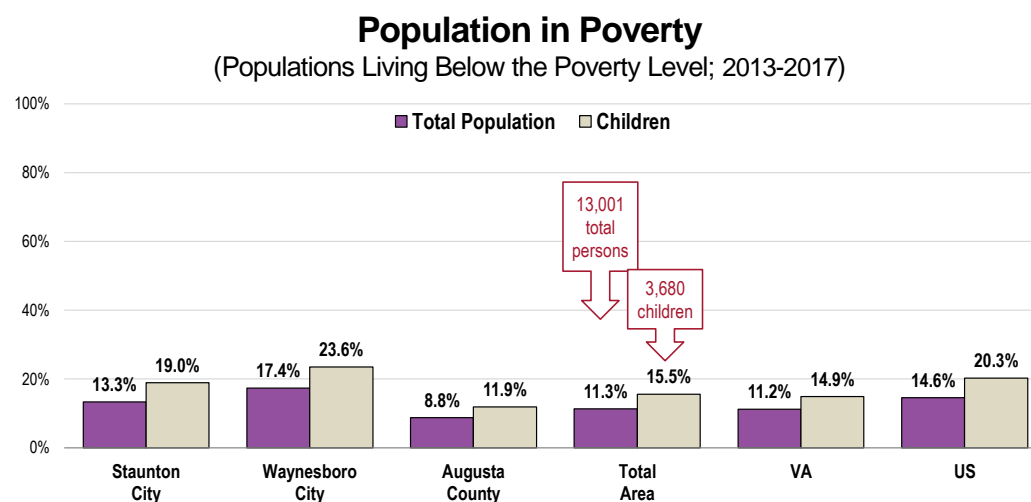
Population in Poverty
(Populations Living Below the Poverty Level; 2013-2017)

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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.

The following maps highlight concentrations of persons living below the federal poverty level.

Map Legend

Population Below the Poverty Level,
Percent by Tract, ACS 2013-17

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/16/2019

Map Legend

Population Below the Poverty Level,
Children (Age 0-17), Percent by
Tract, ACS 2013-17

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/16/2019

Financial Resilience

A total of 21.3% of respondents do not believe that they could cover an unexpected expense of $400 without going into debt (by paying with cash, or from a checking or savings account, or paying with a credit card that would be paid in full the following month).

- **DISPARITY**: The prevalence is higher among young adults (correlates with age) and is especially high in low-income residents.

Could Not Cover a $400 Emergency Expense
(Total Area, 2019)
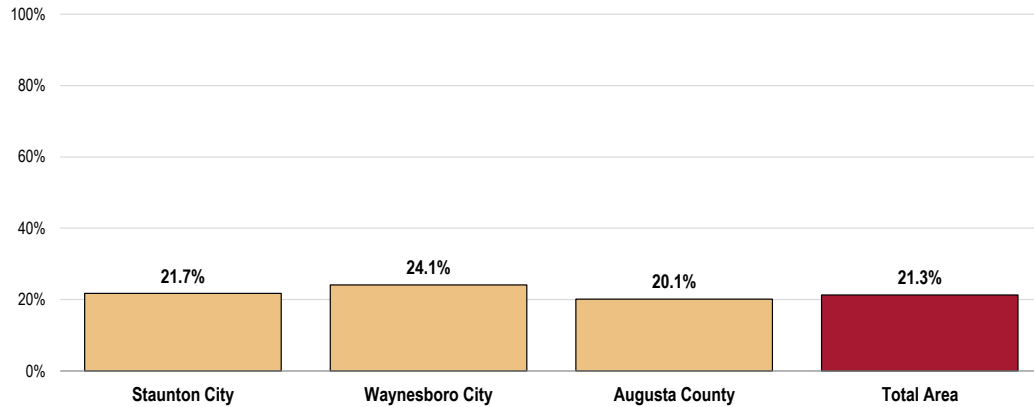
Bar chart showing:
- Staunton City: 21.7%
- Waynesboro City: 24.1%
- Augusta County: 20.1%
- Total Area: 21.3%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
   ● In this case, paying for an emergency expense could include paying with cash, paying with a checking or savings account, or paying with a credit card that would be paid in full the following month.

Could Not Cover a $400 Emergency Expense
(Total Area, 2019)
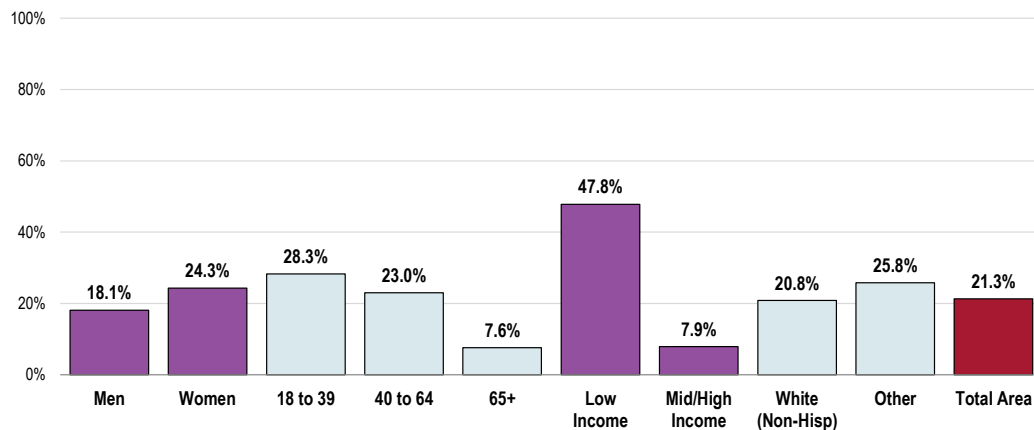
Bar chart showing:
- Men: 18.1%
- Women: 24.3%
- 18 to 39: 28.3%
- 40 to 64: 23.0%
- 65+: 7.6%
- Low Income: 47.8%
- Mid/High Income: 7.9%
- White (Non-Hisp): 20.8%
- Other: 25.8%
- Total Area: 21.3%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
   ● In this case, paying for an emergency expense could include paying with cash, paying with a checking or savings account, or paying with a credit card that would be paid in full the following month.
   ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Education

Among the Total Area population age 25 and older, an estimated 12.8% (nearly 11,000 people) do not have a high school education.

- **DISPARITY**: Favorably lower in Staunton.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)
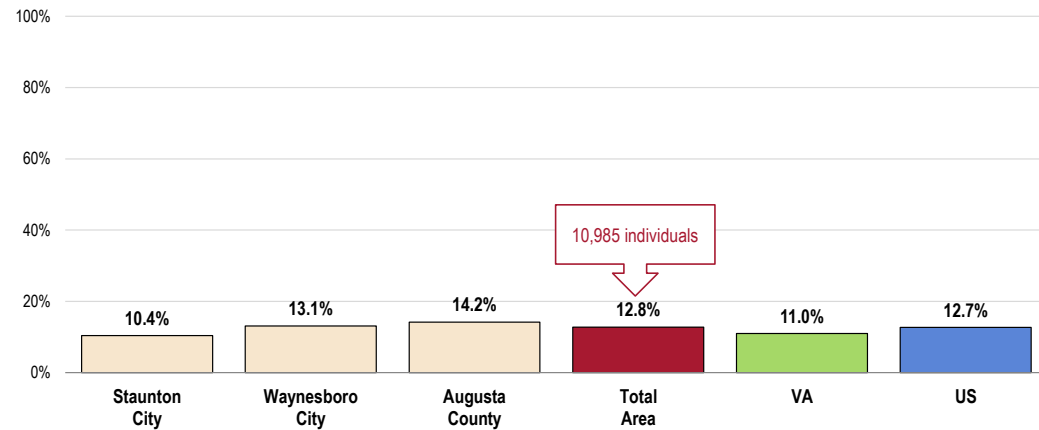
	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
	10.4%	13.1%	14.2%	12.8% (10,985 individuals)	11.0%	12.7%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

Map Legend — Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2013-17

Report Location, County

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

https://engagementnetwork.org/map-room/, 5/16/2019
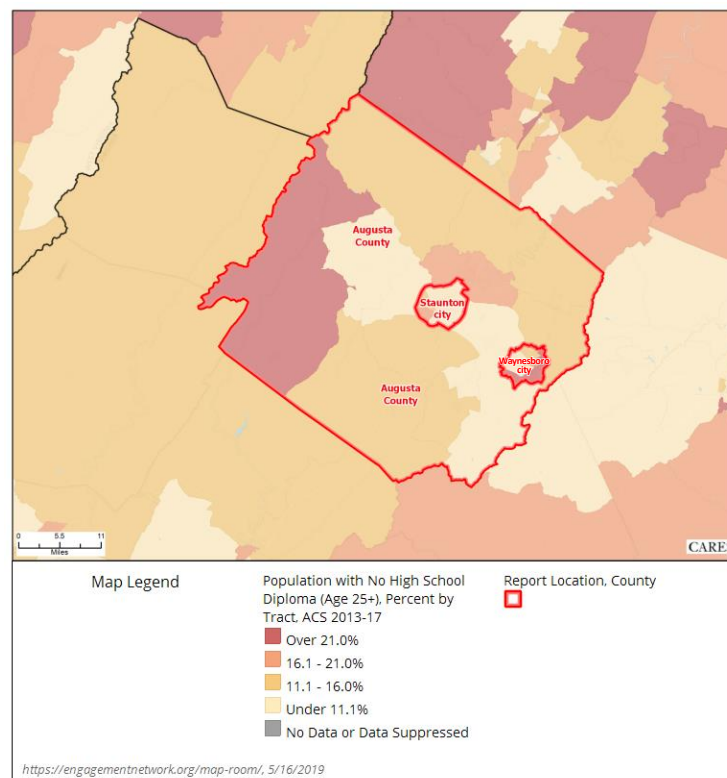
The Total Area exhibits similar graduation and dropout rates to the state overall.

High School Graduation Rates
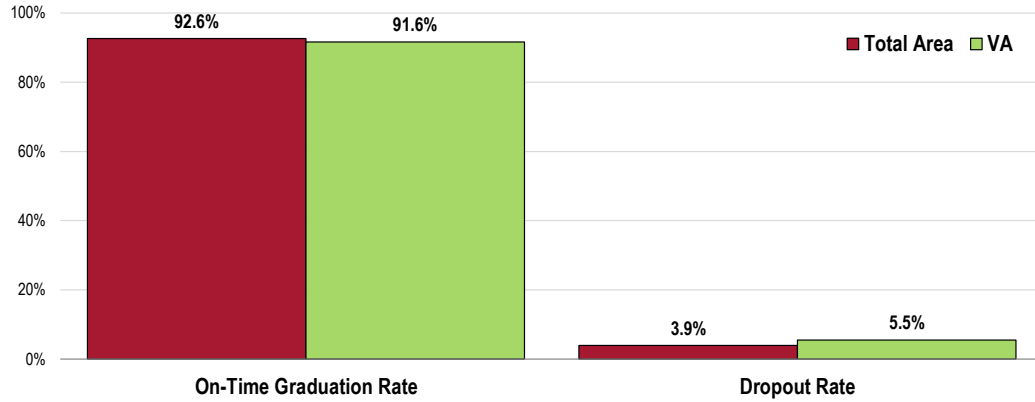
Sources:
- State-Level Cohort Report; Class of 2018. Generated 1/31/19.
- http://www.doe.virginia.gov/statistics_reports/graduation_completion/cohort_reports/index.shtml

Notes:
- The Virginia On-Time Graduation Rate expresses the percentage of students in a cohort who earned a Board of Education-approved diploma within four years of entering high school for the first time. Percentages are based on longitudinal student-level data and account for student mobility and retention and promotion patterns.

Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of August 2018 was 2.9%.

- **BENCHMARK**: Below the national unemployment rate.

Unemployment Rate
(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)
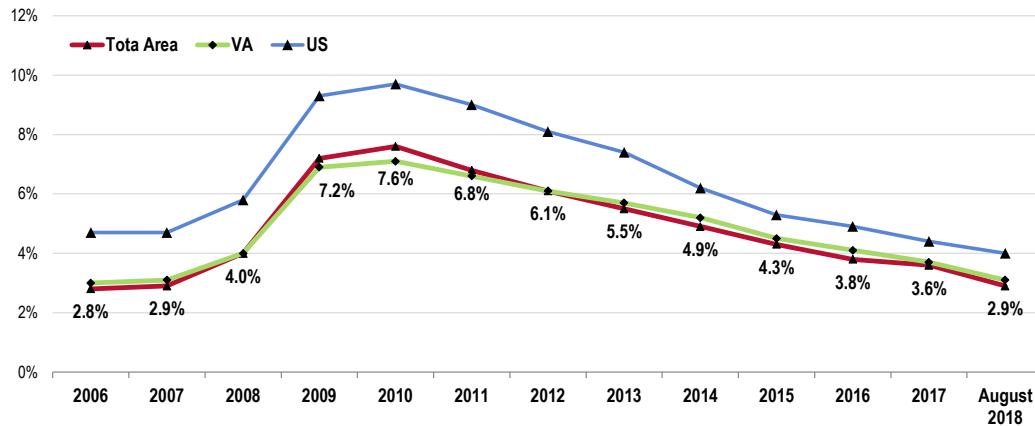
Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year
(Total Area, 2019)

- Always 5.6%
- Usually 5.0%
- Sometimes 15.8%
- Rarely 18.6%
- Never 55.1%
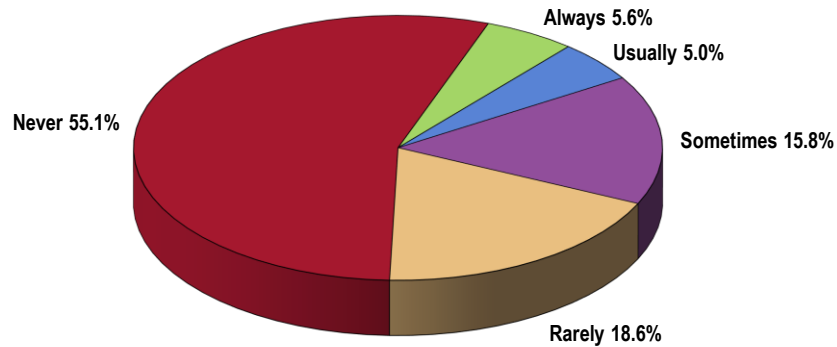
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: ● Asked of all respondents.

However, a considerable share (26.3%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

- **DISPARITY**: Correlates with age and is higher in the low-income population.

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

					Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
27.6%	27.6%	25.3%	26.3%	30.8%	26.7%	26.3%
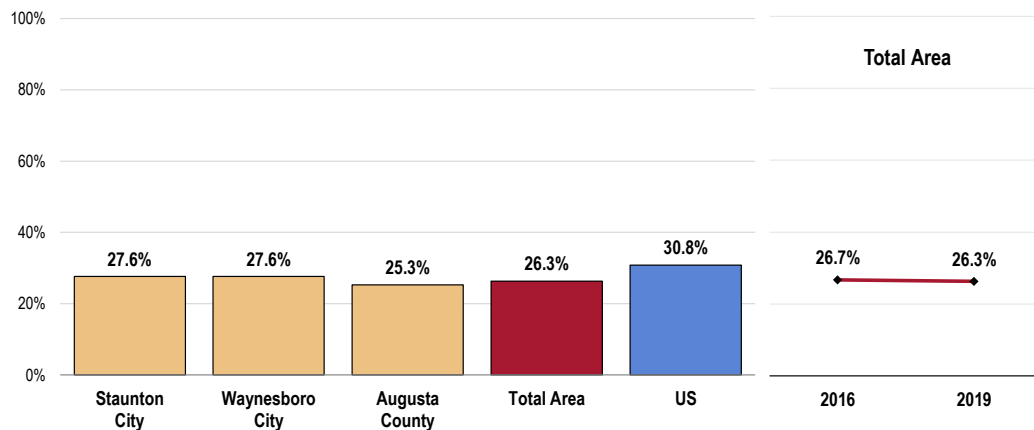
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Total Area, 2019)

Men	23.4%
Women	29.1%
18 to 39	39.2%
40 to 64	25.6%
65+	9.9%
Low Income	48.7%
Mid/High Income	18.0%
White (Non-Hisp)	25.5%
Other	33.3%
Total Area	26.3%
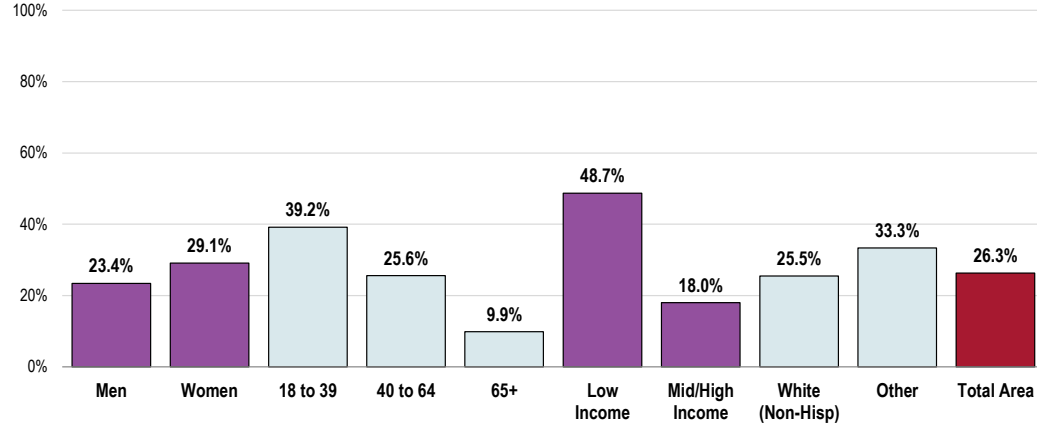
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

Housing Burden

In fact, 35.6% of survey respondents are spending more than thirty percent of their monthly household income on housing (mortgage or rent).

● **DISPARITY**: Higher among adults under 65 and those in low-income households.

Currently Spend 30% or More of Monthly Income on Housing
(Total Area, 2019)

Staunton City	31.4%
Waynesboro City	33.0%
Augusta County	38.3%
Total Area	35.6%
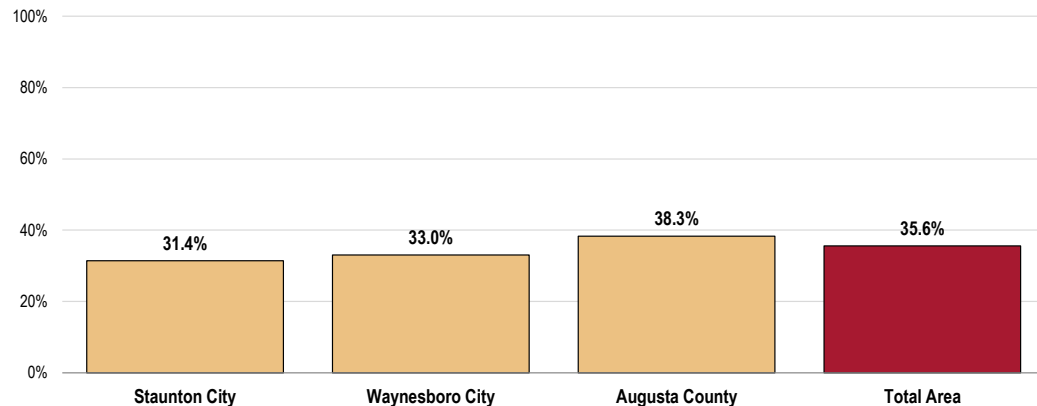
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.

Currently Spend 30% or More of Monthly Income on Housing
(Total Area, 2019)
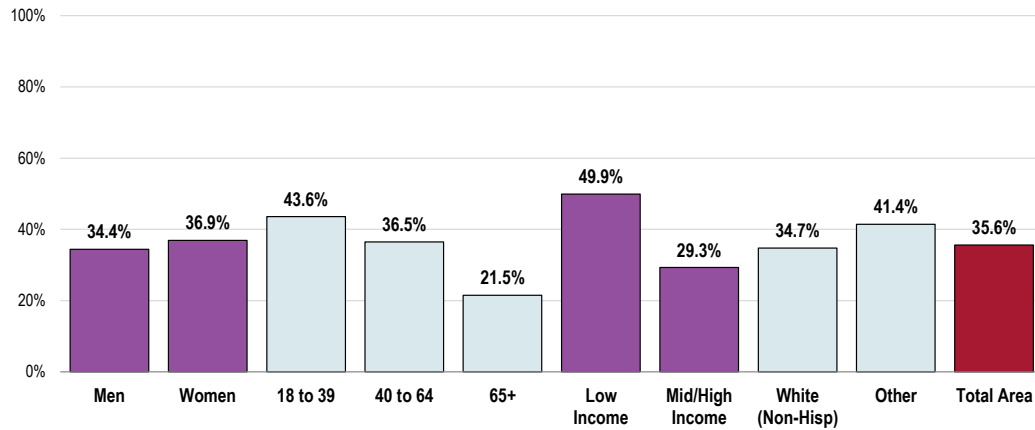
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

Housing Displacement

In the past two years, 9.4% of survey respondents lived with a friend or relative due to a housing emergency.

- **TREND**: The prevalence has increased significantly since 2016.
- **DISPARITY**: Higher proportions among men, young adults, and low-income residents.

Lived with Friend or Relative
in Past 2 Years Due to Housing Emergency
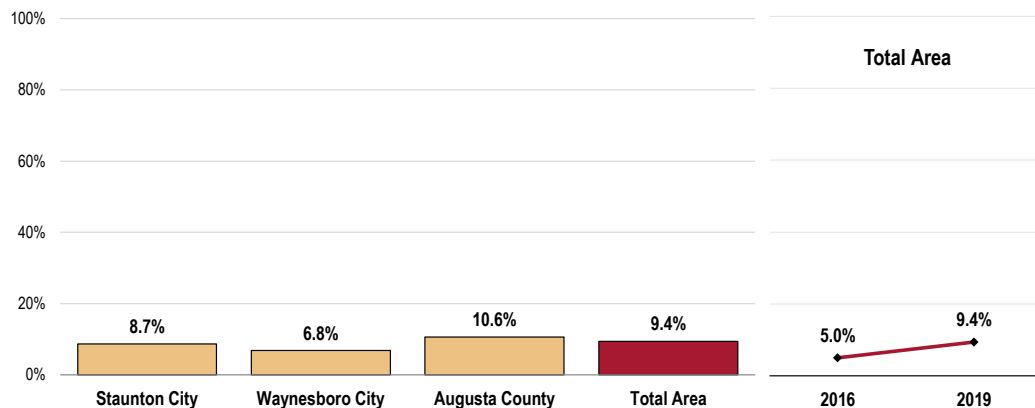
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.

Lived with Friend or Relative
in Past 2 Years Due to Housing Emergency
(Total Area, 2019)
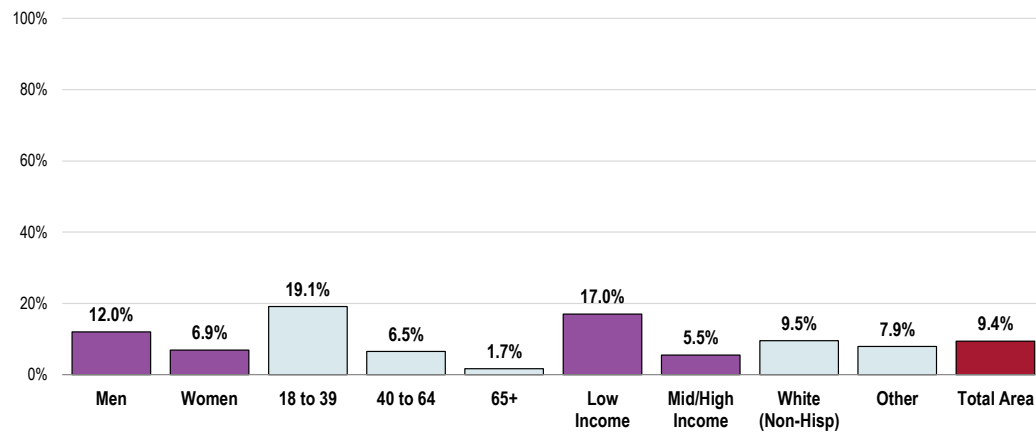
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.
  ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  ● Income categories reflect respondent's household income 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

Further, 1.7% of Total Area adults were homeless at some point in the past two years.

  ● **TREND**: Marks a statistically significant increase over time.

Homeless At Some Point in the Past 2 Years
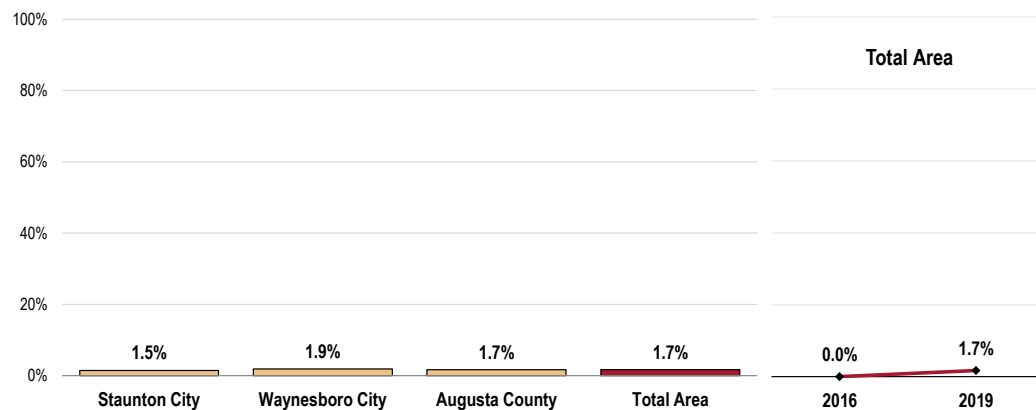
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.

Unsafe/Unhealthy Conditions

In the past year, 9.9% of survey respondents had ongoing problems with leaks, rodents, insects, mold, or other housing conditions that made living there unhealthy or unsafe.

- **DISPARITY**: Unfavorably high in Staunton.

Ongoing Problems with Leaks, Rodents, Insects, Mold, or Other Unsafe/Unhealthy Housing Conditions in the Past Year

Staunton City	Waynesboro City	Augusta County	Total Area
16.2%	8.6%	7.8%	9.9%
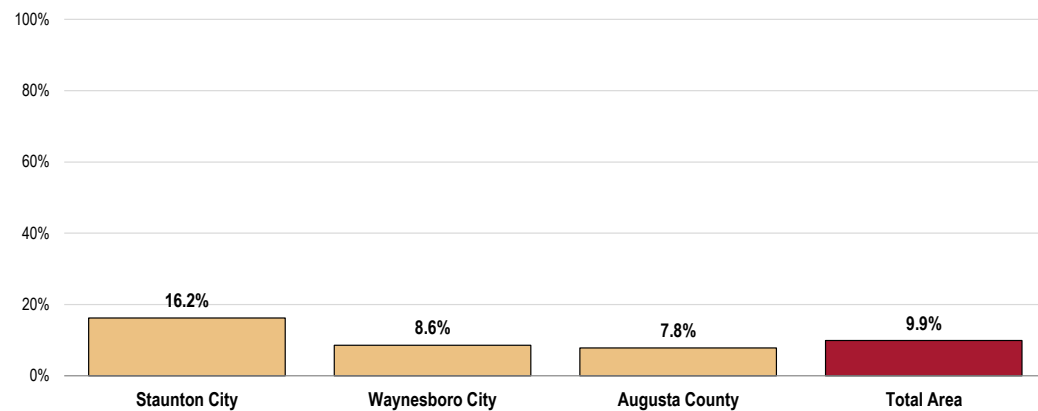
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.

Transportation

While most residents own their own vehicle, 9.4% do not and must rely on walking, public transportation, or rides from someone else.

Primary Means of Transportation
(Total Area, 2019)

Other 1.2%
Walking 0.9%
Public Transportation 1.2%
Someone Else Drives 6.0%
Own Vehicle 90.6%
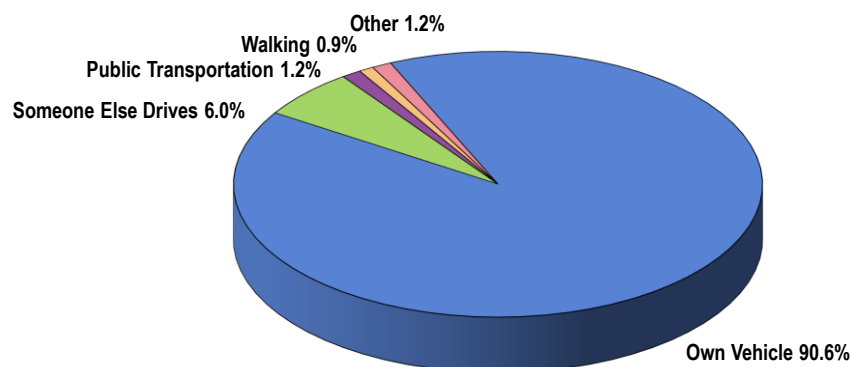
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ● Asked of all respondents.

Food Access

Low Food Access

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 21.4% of the Total Area population (representing over 25,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

- **DISPARITY**: Ranges significantly by community, as shown below.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

25,403 individuals have low food access

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
1.8%	15.7%	29.4%	21.4%	20.4%	22.4%
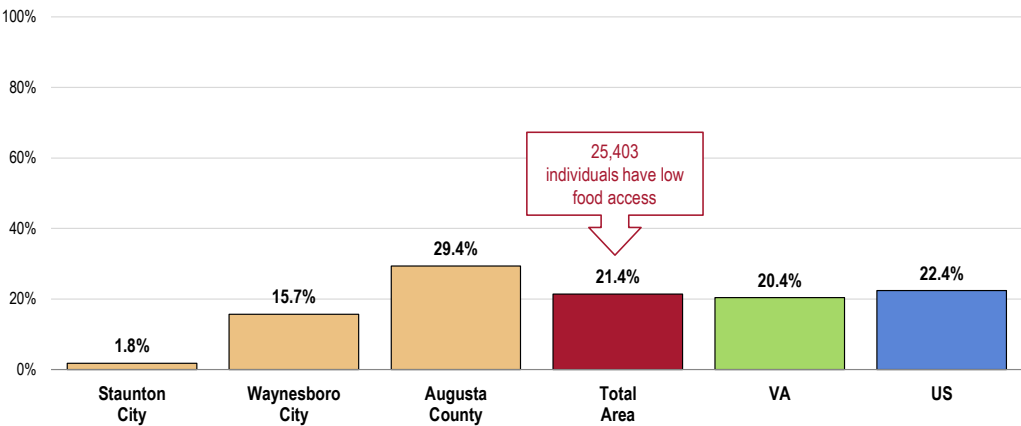
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Map Legend

Population with Limited Food Access, Percent by Tract, FARA 2015
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Report Location, County

https://engagementnetwork.org/map-room/, 5/16/2019
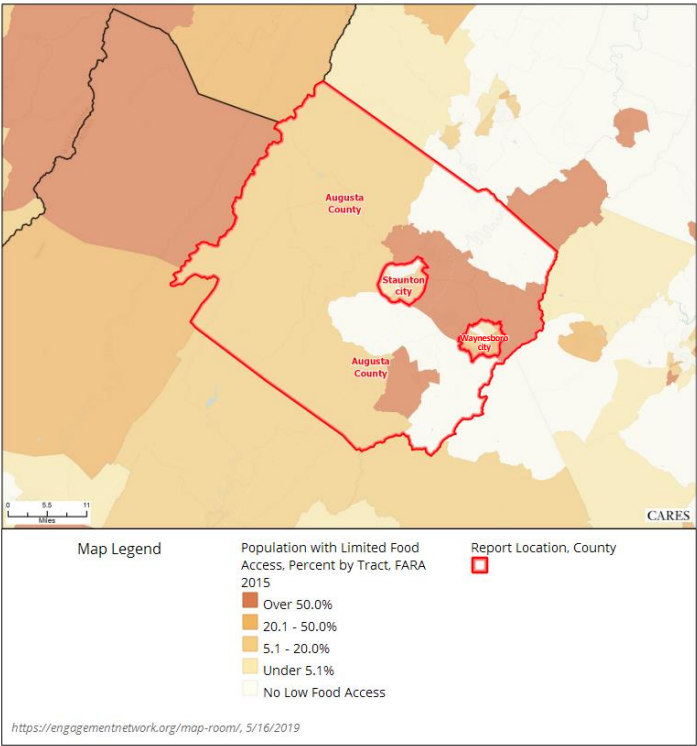
Difficulty Accessing Fresh Produce

Most Total Area adults report little or no difficulty buying fresh produce at a price they can afford.

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, 2019)

Very Difficult **4.8%**

Somewhat Difficult **16.4%**

Not At All Difficult **52.7%**

Not Too Difficult **26.2%**
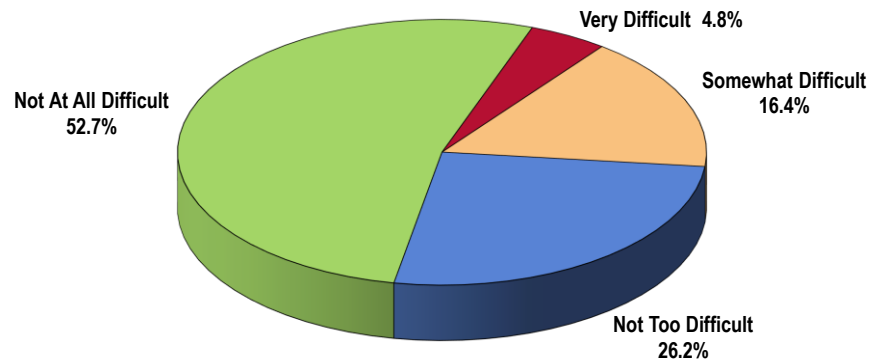
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
Notes: ● Asked of all respondents.

However, 21.2% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

- **DISPARITY**: Statistically higher among women, young adults, and especially low-income residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
	24.3%	16.9%	21.4%	21.2%	22.1%	19.1%	21.2%
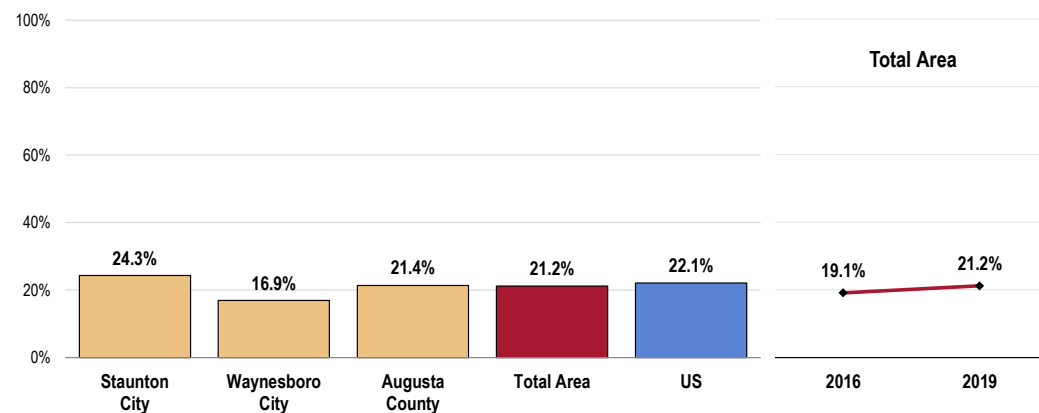
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Area, 2019)
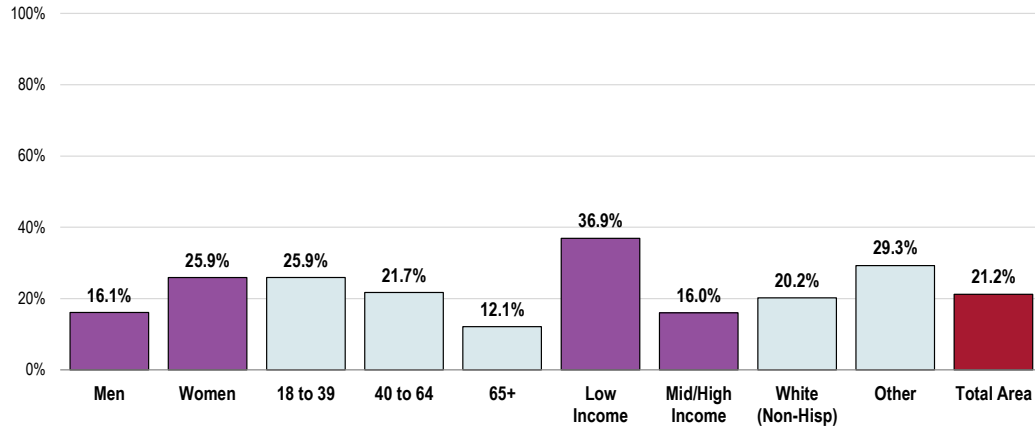
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

Food Insecurity

Overall, 21.8% 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.

Surveyed adults were asked:

"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

● *I worried about whether our food would run out before we got money to buy more.*

● *The food that we bought just did not last, and we did not have money to get more."*

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

- **TREND**: Marks a statistically significant <u>increase</u> since 2016.
- **BENCHMARK**: Below the US prevalence.
- **DISPARITY**: Unfavorably high in Staunton. Higher among women, young adults, and especially low-income residents (over 50%).

Food Insecurity
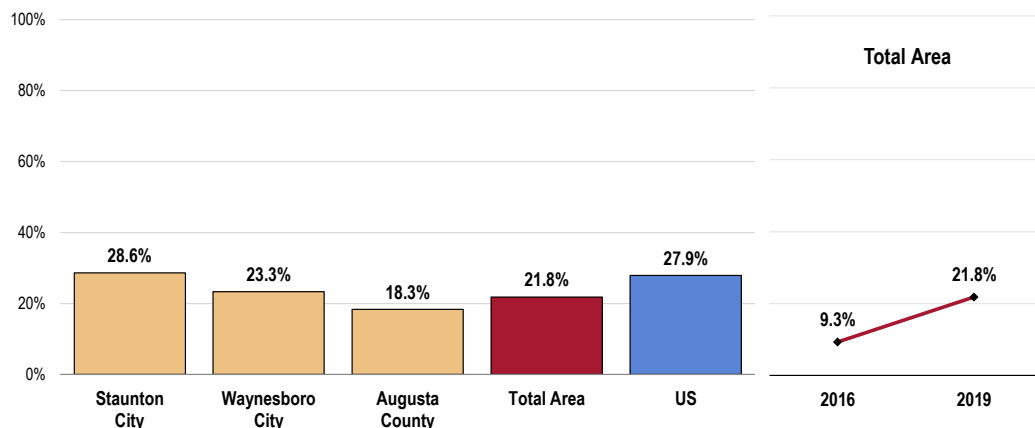
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
● 2017 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
16.4%	26.8%	34.1%	19.5%	8.6%	51.7%	8.7%	20.9%	30.0%	21.8%
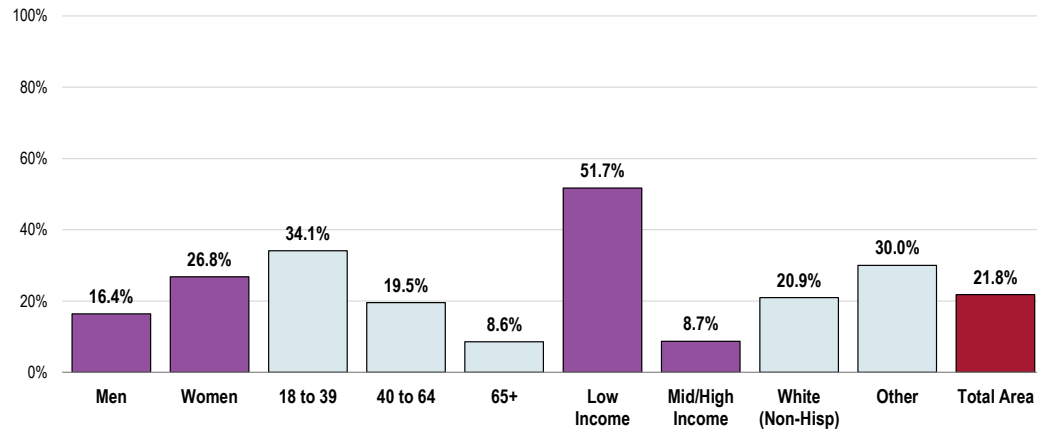
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

Health Literacy

Most surveyed adults in the Total Area are found to have a moderate level of 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.

Level of Health Literacy
(Total Area, 2019)
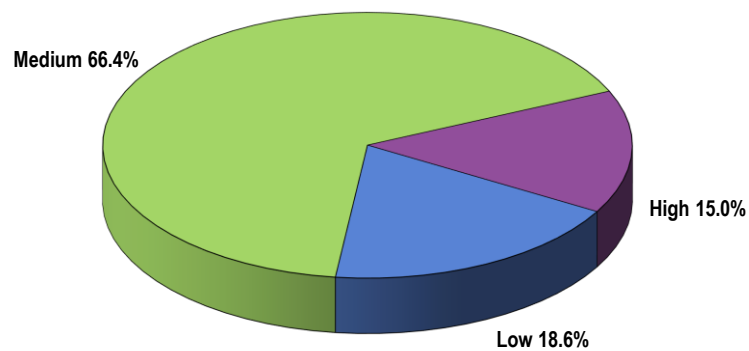
Medium 66.4%
High 15.0%
Low 18.6%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
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.

A total of 18.6% are determined to have low health literacy.

- **BENCHMARK**: Lower than the US prevalence.
- **DISPARITY**: Especially high in the low-income population sample.

Low Health Literacy
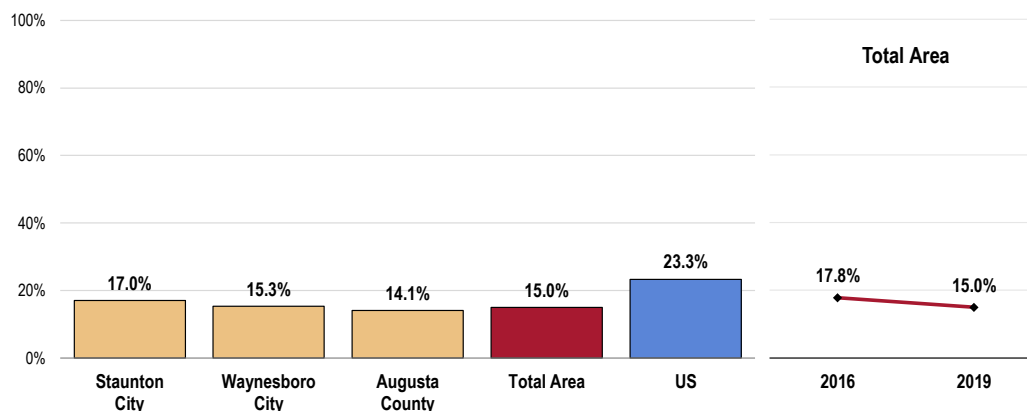
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
　　　　　● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy
(Total Area, 2019)
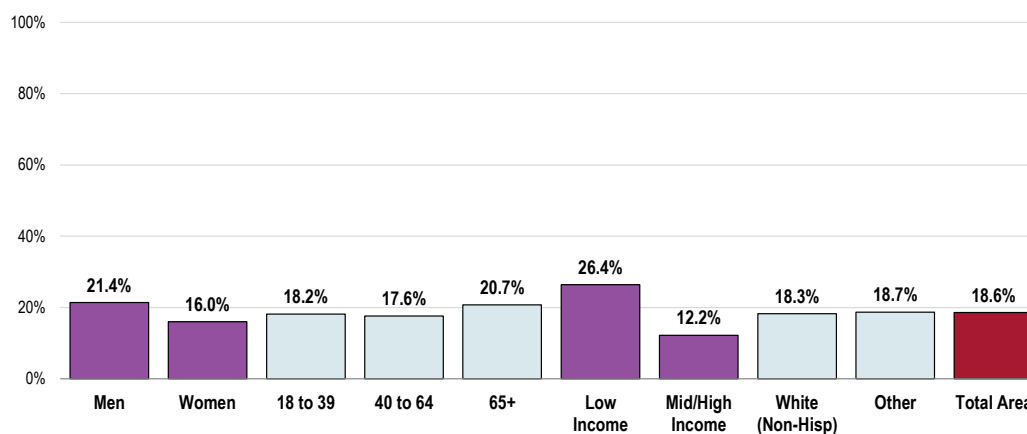
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
Notes: ● Asked of all respondents.
　　　　● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　　● Income categories reflect respondent's household 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.

General Health Status

Overall 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?"

Most Total Area residents rate their overall health favorably (responding "excellent," "very good," or "good").
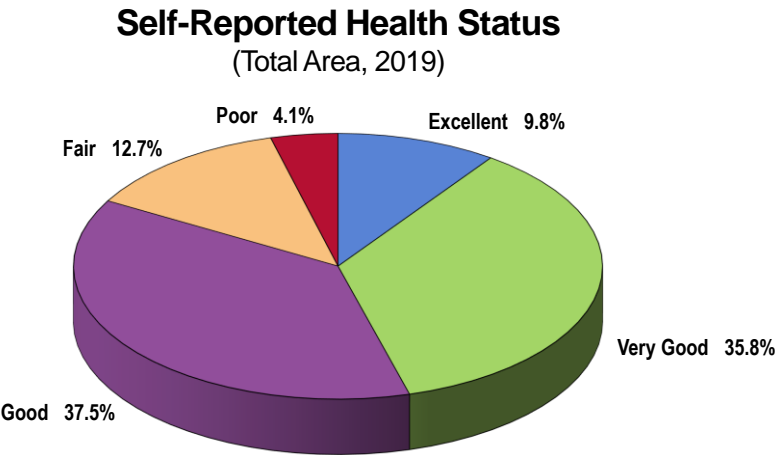
Self-Reported Health Status
(Total Area, 2019)

- Poor 4.1%
- Fair 12.7%
- Excellent 9.8%
- Very Good 35.8%
- Good 37.5%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 16.8% of Total Area adults believe that their overall health is "fair" or "poor."

- **DISPARITY**: Higher with age and especially high in low-income residents.

Experience "Fair" or "Poor" Overall Health

						Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
17.4%	22.6%	14.5%	16.8%	16.3%	18.1%	18.9%	16.8%
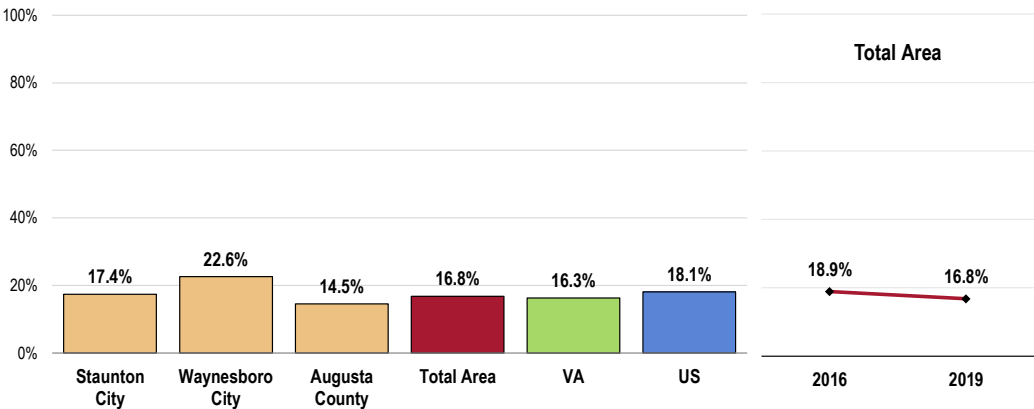
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Total Area, 2019)
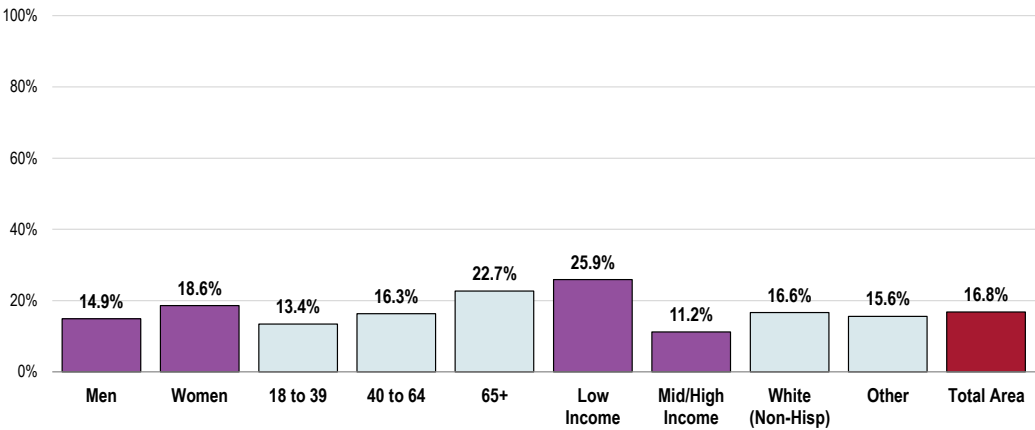
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
	14.9%	18.6%	13.4%	16.3%	22.7%	25.9%	11.2%	16.6%	15.6%	16.8%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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, and 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)

Mental Health Status

Adults

Most Total Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

"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?"

Self-Reported Mental Health Status
(Total Area, 2019)

Poor 3.4%
Fair 14.3%
Excellent 22.4%
Very Good 35.6%
Good 24.2%
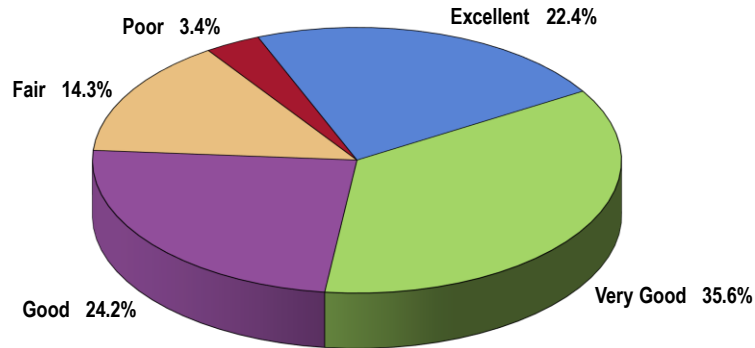
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: ● Asked of all respondents.

However, 17.7% believe that their overall mental health is "fair" or "poor."

- **TREND**: The percentage has <u>doubled</u> since 2016.
- **BENCHMARK**: Higher than the US prevalence.
- **DISPARITY**: Particularly high in Staunton.

Experience "Fair" or "Poor" Mental Health

Total Area

					2016	2019
Staunton City 25.7%	Waynesboro City 18.5%	Augusta County 14.1%	Total Area 17.7%	US 13.0%	8.7%	17.7%
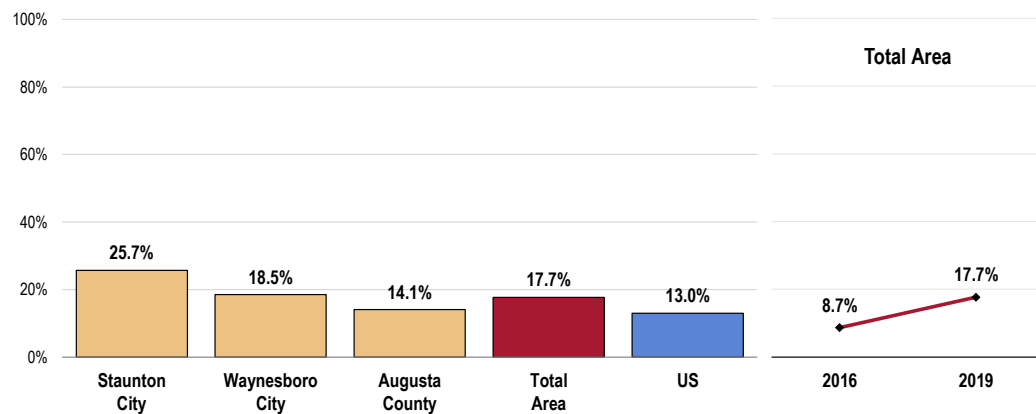
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
            ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Children

Among respondents with children age 5 to 17, 5.8% report that their child's mental health is "fair" or "poor."

Child's Mental Health Status
(Total Area Parents of Children 5-17)

■ Total Area ■ US

	Excellent	Very Good	Good	Fair	Poor
Total Area	51.7%	29.6%	12.9%	4.1%	1.7%
US	42.2%	27.1%	20.4%	7.5%	2.8%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 325]
● 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with a child age 5-17 at home.

In the past year, 14.1% of Total Area children age 5-17 needed some type of mental health service.

Child Needed Mental Health Services in the Past Year
(Parents of Children Age 5-17)

Total Area	US
14.1%	13.6%
Boys 16.4%	
Girls 11.1%	
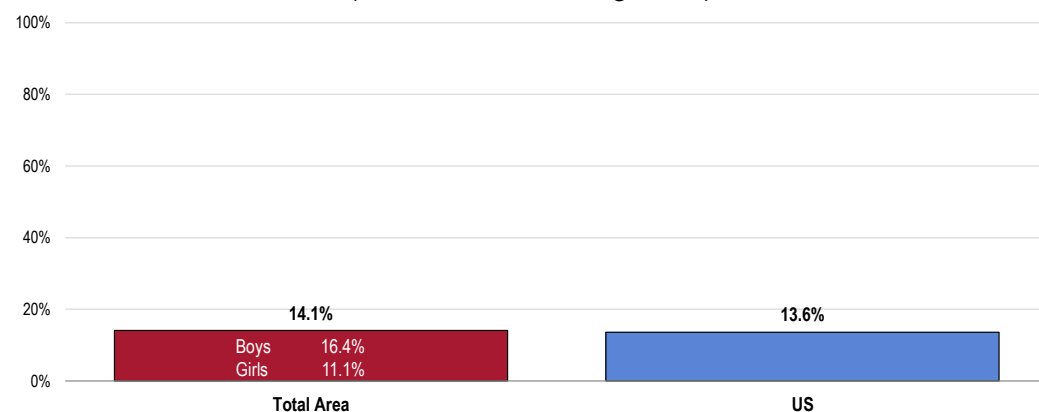
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 326]
● 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5 through 17.

Depression

Diagnosed Depression

A total of 28.6% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **TREND**: Nearly doubling in prevalence since the 2016 survey.
- **BENCHMARK**: Higher than the state and US percentages.

Have Been Diagnosed With a Depressive Disorder
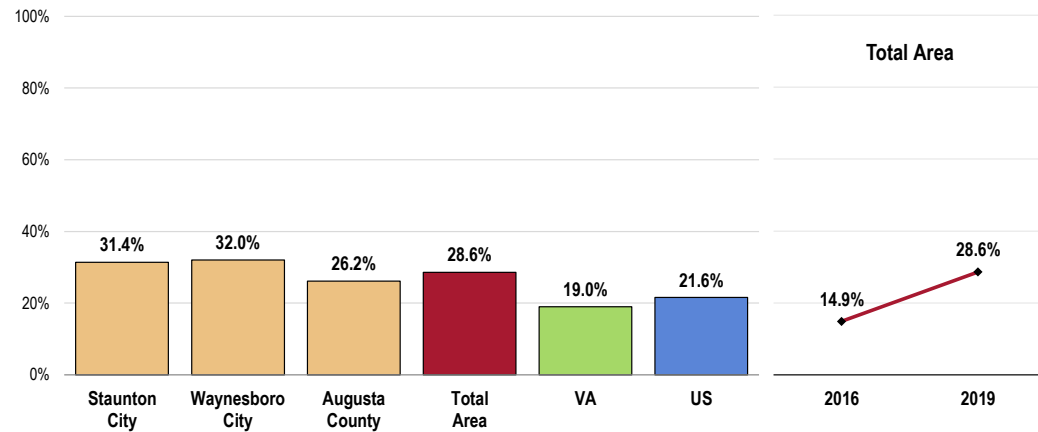
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

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

Symptoms of Chronic Depression

A total of 36.2% 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).

- **TREND**: Marks a statistically significant increase since 2016.
- **BENCHMARK**: Worse than the US prevalence.
- **DISPARITY**: Favorably lower in Augusta County. Higher prevalence among women, young adults, and especially low-income respondents.

Have Experienced Symptoms of Chronic Depression

					Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
42.6%	40.4%	32.0%	36.2%	31.4%	21.8%	36.2%
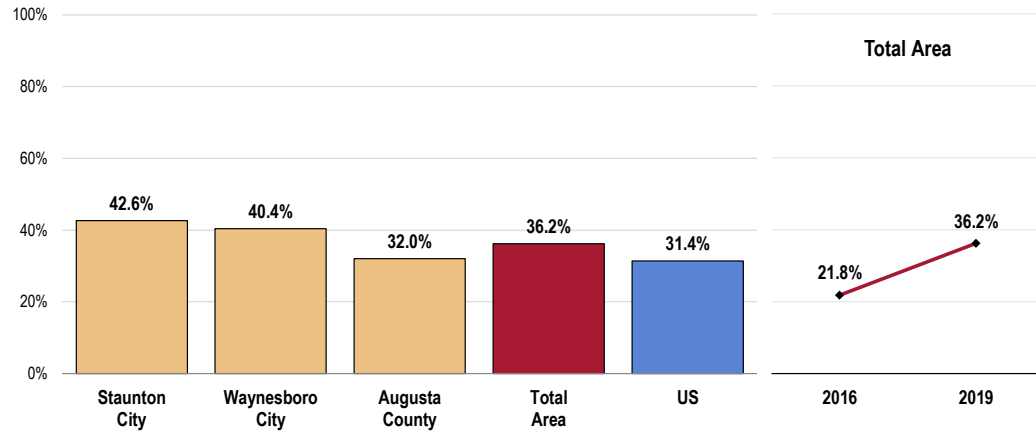
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
30.2%	41.7%	42.9%	35.8%	27.6%	51.4%	28.4%	35.6%	40.9%	36.2%
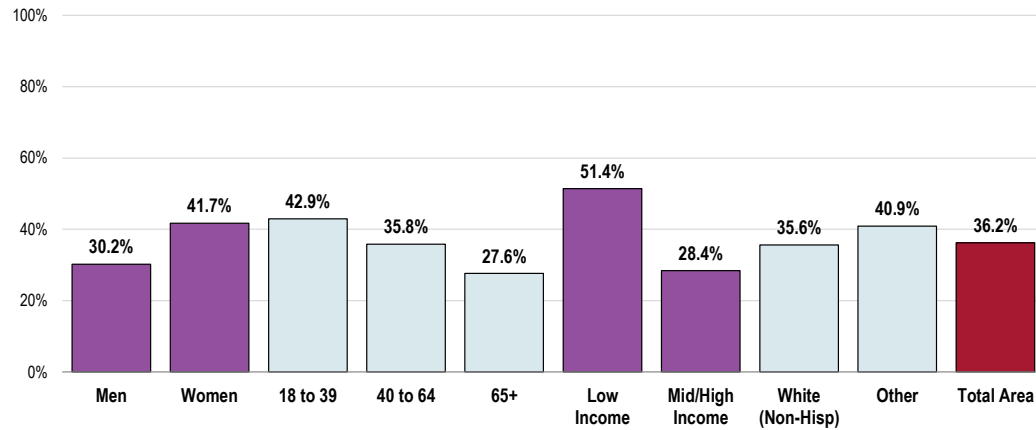
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Total Area, 2019)

- Not At All Stressful 14.8%
- Extremely Stressful 3.7%
- Very Stressful 9.7%
- Not Very Stressful 27.5%
- Moderately Stressful 44.3%
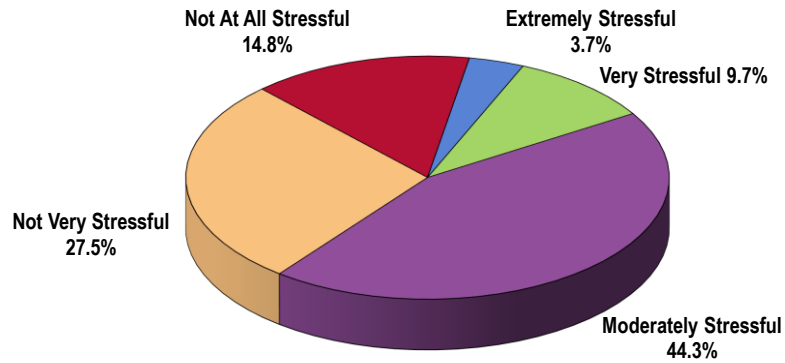
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: ● Asked of all respondents.

In contrast, 13.4% of Total Area adults feel that most days for them are "very" or "extremely" stressful.

- **DISPARITY**: Higher among women and adults under age 65.

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

					Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
17.0%	13.0%	12.0%	13.4%	13.4%	10.5%	13.4%
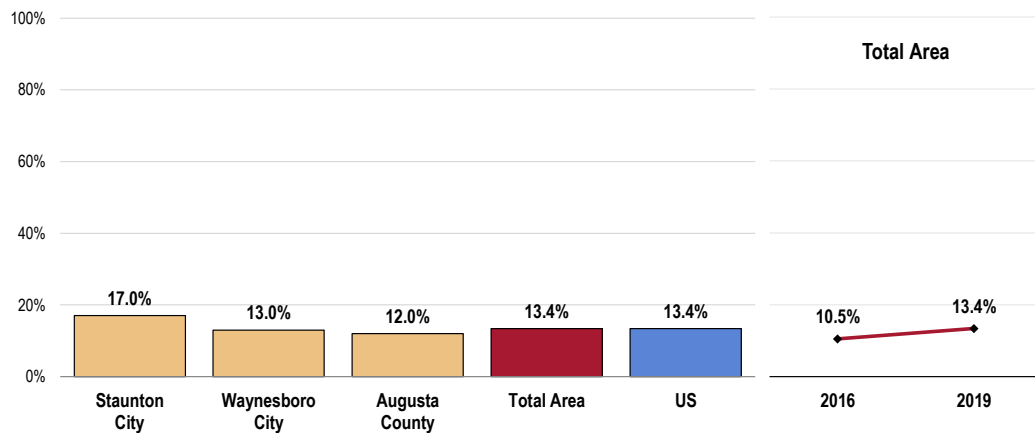
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Area, 2019)

Suicide

Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 18.6 deaths per 100,000 population in the Total Area (data by city is unavailable)**.**

- **TREND**: Increasing over time (more notably than state and US trends).
- **BENCHMARK**: The rate is much higher than state and national rates.

Suicide: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	14.9	16.5	15.8	18.7	18.9	20.3	18.6	18.6
VA	11.7	12.0	12.3	12.6	12.7	12.7	12.9	13.1
US	12.6	12.9	12.4	12.6	12.7	13.0	13.3	13.6

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 2019.
● 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

Mental Health Providers

In the Total Area in 2017, there were 177.9 mental health providers for every 100,000 population.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

- **DISPARITY**: The ratio is quite high in Staunton but rather low elsewhere in the Total Area.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2017)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
591.2	125.4	58.6	177.9 (217 Mental Health Providers)	160.2	202.8
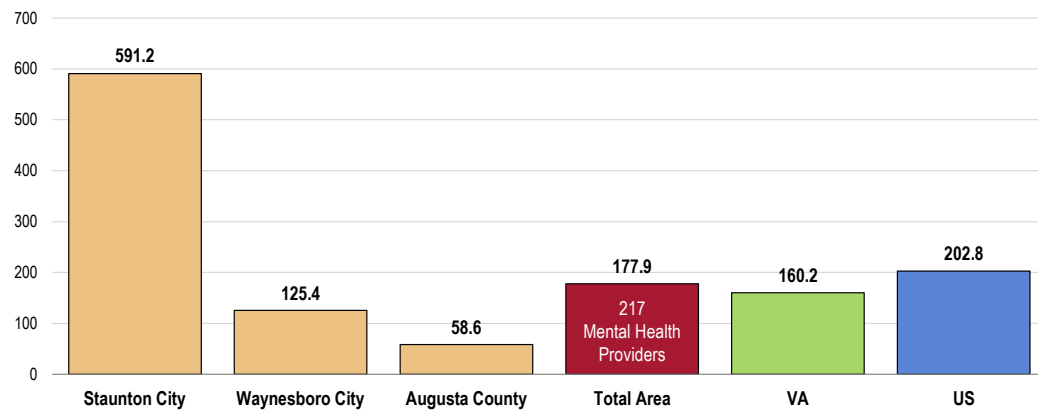
Sources: ● University of Wisconsin Population Health Institute, County Health Rankings.
● Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 25.0% of survey respondents are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- **TREND**: Marks a statistically significant <u>increase</u> over time.
- **BENCHMARK**: Higher than the US prevalence.
- **DISPARITY**: Lower in Augusta County.

Currently Receiving Mental Health Treatment

Note that 41.7% of Total Area adults have ever sought help for a mental or emotional problem.

					Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
28.1%	30.1%	21.8%	25.0%	13.9%	14.9%	25.0%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 5.2% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

- **TREND**: Marks a statistically significant <u>increase</u> over time.
- **DISPARITY**: Higher among women, young adults, and low-income residents.

Unable to Get Mental Health Services
When Needed in the Past Year

Total Area

Among the small sample of those reporting difficulties, cost and lack of transportation were predominant reasons given.

Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
7.6%	4.0%	4.6%	5.2%	6.8%	2.5%	5.2%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 105, 106]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services
When Needed in the Past Year
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
3.2%	7.0%	10.7%	3.1%	1.8%	9.9%	2.2%	4.7%	7.7%	5.2%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 105]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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: Mental Health

Nearly two in three 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, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 65.6% | 28.7% | 4.9% |

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

Top Concerns

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

Access to Care/Services

Access to inpatient and outpatient services. Emergency resources. Short-term and long-term facilities for both acute and chronic diagnoses. Acute patients requiring hospitalization are often sent hours away from home to receive treatment because of lack on available beds in our community. – Other Health Provider (Total Area)

Limited inpatient behavioral health options. Once people are discharged there are not enough resources for follow up care. Laws are not strong enough to protect these people of those that they hurt. – Other Health Provider (Total Area)

Access to care across the continuum. – Other Health Provider (Total Area)

1) Getting in to see a Psychiatrist quickly when in crisis. This has improved with NPs, Pas, etc. But it can still take days when in crisis. 2) Access to affordable medications. Many clients can't afford meds and they will take the life-sustaining meds first (blood pressure, asthma, etc.). 3) PCP not knowing about resources in the community. We offer an IOP using DBT. We get referrals from Harrisonburg, Lexington, and Charlottesville because they do not offer this amazing kind of treatment in their communities. We tend to stay full or close to full and we frequently have a waiting list. If the local doctors knew what was available, we could start a second program in a heartbeat. The need is clearly there. – Other Health Provider (Total Area)

Lack of resources and services, especially for those with co-morbid diagnosis, as well as stigma around seeking treatment. – Other Health Provider (Total Area)

Access to transportation resources that don't pose a physical hardship on the individual. – Social Services Provider (Augusta County)

Transportation. Resources. – Other Health Provider (Augusta County)

Transportation. Enough case management and support services for the population. Easy access to psychiatrists. Easy access to medications. Need for more residential services. – Other Health Provider (Total Area)

Access to alternate levels of care between inpatient and outpatient. – Other Health Provider (Total Area)

Extremely limited access to mental health clinicians; they sometimes have to wait up to six month to see a psychiatrist at Valley CSB. Limited access to outpatient and inpatient intensive services. – Other Health Provider (Total Area)

Resources, cost, stigma, no integrated programs, no holistic treatment programs, difficult to get pre-authorizations for medicines. – Other Health Provider (Total Area)

Access to providers and much-needed medication. – Other Health Provider (Augusta County)

Lack of resources for adolescents. – Other Health Provider (Total Area)

Access to services are still a real issue. Outpatient appointments are full so it takes weeks to see someone. There are limited care providers, especially those who specialize in children. There is still a stigma associated with mental health issues that either deters people from seeking help or makes their struggle that much harder. – Other Health Provider (Augusta County)

No detox programs locally. – Other Health Provider (Augusta County)

There are not sufficient providers to handle all the needs for our area. Valley Service Community Board has limited providers with huge client lists, and people have to travel to other communities to see private providers. This need is especially critical for children and teens. – Community Leader (Total Area)

Lack of insurance, lack of providers. – Social Services Provider (Augusta County)

Lack of outpatient programs. Need for immediate access. Need for a crisis stabilization unit. – Physician (Total Area)

Availability of primary psychiatric providers seems to be limited in this community for the need. – Physician (Total Area)

Lack of providers and facilities. – Other Health Provider (Total Area)

Lack of intermediate care facilities that would assist and monitor individuals with mental health issues and avoid hospitalizations. – Other Health Provider (Augusta County)

Access to long-term outpatient treatment. Access to medications. – Other Health Provider (Augusta County)

There is not adequate access to mental health services for minors. There are not enough providers and transportation barriers to get to the current providers. – Community Leader (Waynesboro)

Getting the services they need before reaching the "point of crisis" where law enforcement gets involved. – Community Leader (Waynesboro)

Accessibility, qualified providers, inadequate beds for acute inpatient issues, inadequate mental health training for first responders, etc. – Community Leader (Total Area)

Getting access to mental healthcare. – Community Leader (Waynesboro)

Access to treatment/facilities. Many times these patients will be in the emergency room for over a day awaiting placement. – Other Health Provider (Total Area)

Little to no community support, very few psych physicians, lack of insurance to cover medical care. – Public Health Representative (Total Area)

Not enough services, not enough psychologists, especially for children. Community-perceived stigma. – Social Services Provider (Total Area)

Access to services. – Social Services Provider (Staunton)

Access to community-based services and psychiatrist/psychologist. – Other Health Provider (Total Area)

Access to care and medicine. – Social Services Provider (Augusta County)

Low access to counseling and psychiatric care. Cost of medications, lack of extended outpatient treatment options. – Other Health Provider (Total Area)

Underserved; little access but mainly little funding from the state to address the problem. – Physician (Augusta County)

One of the biggest challenges is lack of inpatient and outpatient therapy. – Physician (Total Area)

Access to care, knowledge of and availability of resources. – Physician (Total Area)

Affordable Care/Services

Access to affordable, immediate mental health help is an issue. Valley Hope Counseling is the only organization providing counseling services on a sliding fee scale, and they are limited in their services. – Social Services Provider (Total Area)

Access and the ability for patients to pay for needed resources. – Other Health Provider (Total Area)

Access to affordable, timely, and consistent mental health services. Better screening for mental health conditions and training for the community around trauma informed care. – Social Services Provider (Total Area)

Cost of care, especially for those without insurance or other coverage; stigma surrounding acknowledgement by individuals that they have mental health issues; denial by individuals that they have a problem; counseling resource availability. – Community Leader (Total Area)

People with mental health issues often cannot afford treatment, or if they receive public assistance, must wait as long as up to three months to receive treatment. – Social Services Provider (Total Area)

Not enough resources, especially for the lower-income residents. Not enough psychiatrists. Not enough counselors for children. – Social Services Provider (Total Area)

Mental health issues are on the rise. – Community Leader (Augusta County)

Contributing Factors

This combines with substance abuse in many cases. Access to outpatient and inpatient programs for prompt and ongoing treatment is vital for attaining and maintaining stability in this patient population. – Physician (Total Area)

Access to services for substance abuse and mental health issues is one side of the coin. The other side of the coin is patient responsibility of showing up for appointments and treatments. I've heard the no-show rate on appointments is very high and that it can't really be attributed to transportation issues. When the crisis is immediate, help is sought. When follow-up care is advised and scheduled, the patient no longer feels in crisis so does not show up. Not sure what you do about that. – Other Health Provider (Total Area)

The codes of Virginia are creating major problems within the community when attempting to address the mental health issues. Our emergency department within the hospital is being used as a warehouse. Law enforcement and hospital staff are sitting with patients for long periods of time and the General Assembly is attempting to increase the bed search times. The mental healthcare providers are releasing clients much quicker than in the past and the suicide rate is increasing in the area. – Community Leader (Augusta County)

As other communities the mental health population comes with many factors, not just their mental health illness. Included is often substance abuse and lack of resources—whether financial or family/friends—to help. – Other Health Provider (Augusta County)

Access for Uninsured/Underinsured

Inadequate resources for those patients uninsured. Inadequate drug rehabilitation programs for uninsured with delays after hospital discharge getting help. – Physician (Augusta County)

Individuals that do not have insurance are not able to access comprehensive services due to lack of affordable self-pay options. Most insurances have criteria for mental health services that at times prevent people in need from accessing services (i.e., a child without previous history of mental health services cannot access certain types of services under specific insurances). Poor experiences— individuals are typically referred for mental health services once issues have occurred, such as losing a child, substance use, or criminal/domestic court. Individuals have negative perceptions about mental health that prevent them from actively seeking supportive services. Lack of collaborative services, both interdisciplinary (meaning working across multiple aspects of an individual's comprehensive health) as well as lack of referrals within the field of mental health (i.e., if this agency can't provide a service, are they working to find another agency that could?). – Community Leader (Total Area)

Denial/Stigma

Stigma preventing them from accessing the help they deserve. – Social Services Provider (Total Area)

Diagnosis, continuity of treatment, family impact. – Community Leader (Staunton)

People with mental health issues can have problems keeping a job or just doing daily living activities, which can lead to financial challenges. Many people with mental health issues may also face drug or alcohol addiction. There is often a negative stigma associated with people dealing with mental health issues in my community, so many of those people may be scared to seek help. There are also not many resources or providers available in the community for these issues. – Other Health Provider (Augusta County)

Incidence/Prevalence

Mental health is huge in our society right now, which plays into overall health. Mental health can be a driving engine into some overall health changes that desperately need to be addressed. – Other Health Provider (Augusta County)

Lots of patients with depression and anxiety. Western State Hospital is nearby. – Physician (Total Area)

Vulnerable Populations

> *Mental health services are rarely delivered in a linguistically and culturally sensitive and responsive manner to the members of the deaf community (including hearing spouses, children, and other family members). Many factors affect the utilization of mental health services in this population: historic distrust of hearing authority figures; inaccessible communication; not having a common language or understanding of terms and experiences related to mental illness and disorder; higher rates of unreported or unacknowledged abuse, neglect, exploitation, submission, depression, anxiety, etc; imbalance of power and dynamics between provider, interpreter, and patient (paternalism); limited access to anonymous services due to small, rural community; provider viewing patient through a deficit lens (medical model) rather than through a human lens (cultural minority model); cost barriers due to providers not accepting public or private insurance. – Social Services Provider (Total Area)*

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for over 40 percent of all deaths in the Total Area in 2017.

Leading Causes of Death
(Total Area, 2017)
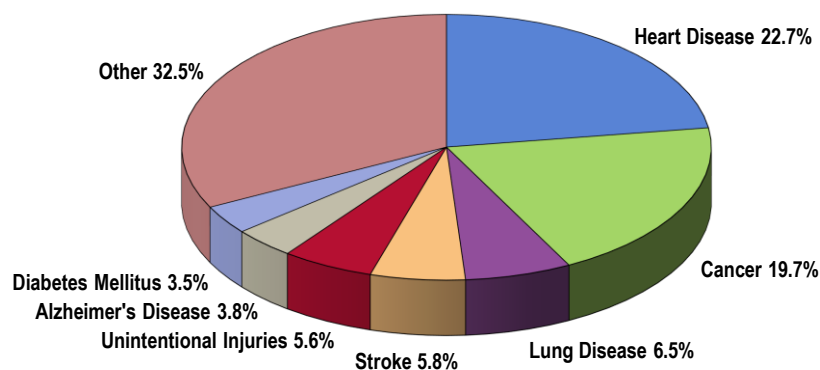
- Heart Disease 22.7%
- Cancer 19.7%
- Lung Disease 6.5%
- Stroke 5.8%
- Unintentional Injuries 5.6%
- Alzheimer's Disease 3.8%
- Diabetes Mellitus 3.5%
- Other 32.5%

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 2019.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

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 objectives.

The following chart outlines 2015-2017 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

(2015-2017 Deaths per 100,000 Population)

	Total Area	VA	US	HP2020
Diseases of the Heart	169.0	153.1	166.3	156.9*
Malignant Neoplasms (Cancers)	162.5	156.1	155.6	161.4
Fall-Related Deaths (65+)	71.8	65.0	62.1	47.0
Chronic Lower Respiratory Disease (CLRD)	48.2	35.5	41.0	n/a
Unintentional Injuries	44.8	42.0	46.7	36.4
Alzheimer's Disease	39.4	26.7	30.2	n/a
Cerebrovascular Disease (Stroke)	36.7	37.9	37.5	34.8
Diabetes Mellitus	25.5	21.2	21.3	20.5*
Intentional Self-Harm (Suicide)	18.6	13.1	13.6	10.2
Kidney Diseases	18.0	16.5	13.2	n/a
Cirrhosis/Liver Disease	14.9	9.5	10.8	8.2
Pneumonia/Influenza	13.5	13.8	14.3	n/a
Motor Vehicle Deaths	13.1	9.3	11.4	12.4
Firearm-Related	12.5	11.6	11.6	9.3
Drug-Induced	12.0	13.9	16.7	11.3
Homicide (2008-2017)	3.5	4.6	5.6	5.5

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 2019.
- 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 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 169.0 deaths per 100,000 population in the Total Area.

- **DISPARITY**: The rate is higher in the independent cities.

Heart Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 156.9 or Lower (Adjusted)

	Value
Staunton City	221.9
Waynesboro City	201.7
Augusta County	141.4
Total Area	169.0
VA	153.1
US	166.3

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 2019.
- 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.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 156.9 or Lower (Adjusted)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	170.7	168.8	169.1	166.5	168.4	168.4	173.4	169.0
VA	173.7	167.6	163.1	159.3	157.3	155.8	153.7	153.1
US	202.4	195.2	173.4	170.3	169.1	168.4	167.0	166.3

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 2019.
- 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 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 36.7 deaths per 100,000 population in the Total Area.

- **DISPARITY**: The rate is higher in the independent cities.

Stroke: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 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 2019.
- 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.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 or Lower

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	40.5	43.3	41.5	37.6	35.8	38.7	40.8	36.7
VA	43.0	42.1	41.5	40.3	38.8	37.9	37.7	37.9
US	44.3	42.5	37.6	36.7	36.5	36.8	37.1	37.5

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 2019.
- 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 8.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **DISPARITY**: Higher with age in the Total Area.

Prevalence of Heart Disease

	18 to 39	1.4%
	40 to 64	7.5%
	65+	19.3%

Staunton City	Waynesboro City	Augusta County	Total Area	US
8.2%	10.8%	7.4%	8.3%	8.0%

Total Area

2016	2019
6.7%	8.3%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes diagnoses of heart attack, angina, or coronary heart disease.
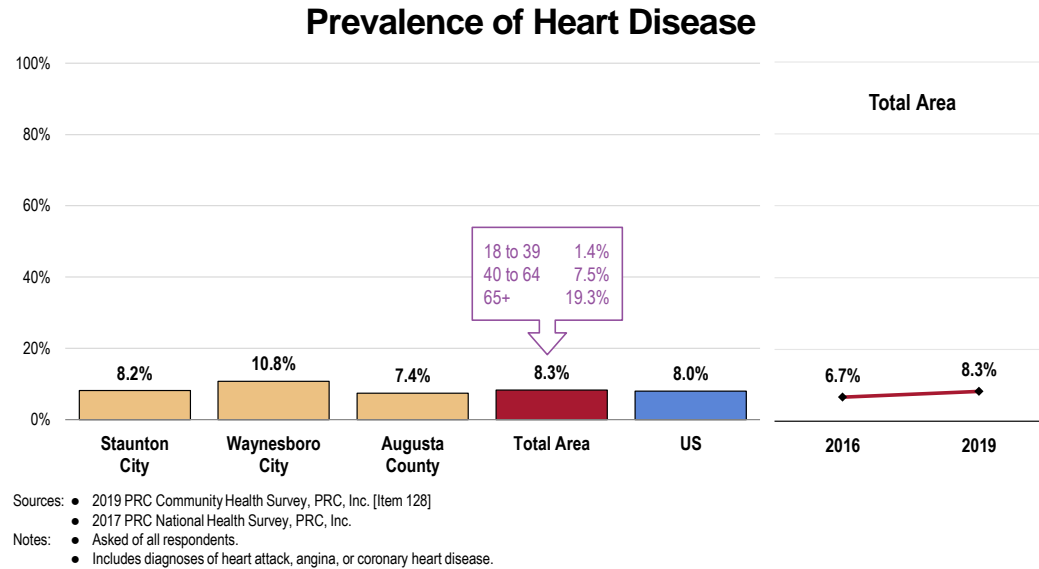
Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **DISPARITY**: Correlates with age among survey respondents.

Prevalence of Stroke

						18 to 39	0.0%
2.2%	3.5%	3.6%	3.3%	3.0%	4.7%	40 to 64	4.6%
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	65+	4.9%

Total Area: 2016 — 3.0%, 2019 — 3.3%
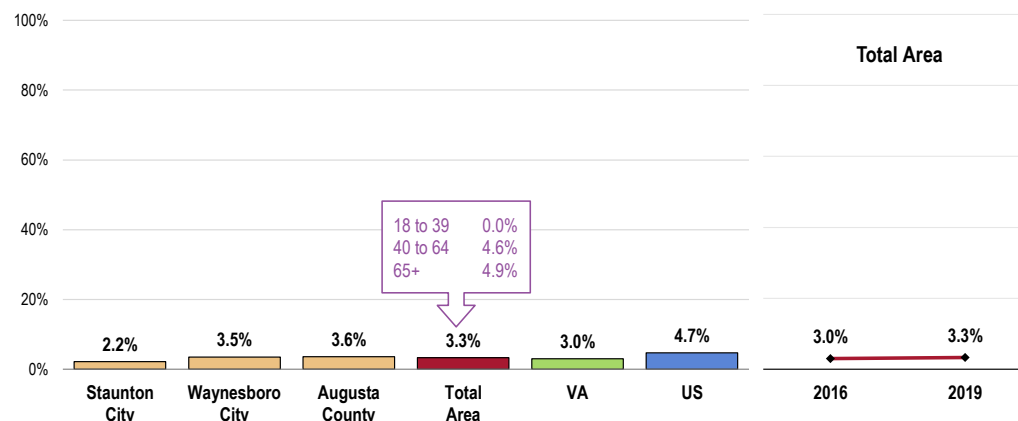
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.
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)

Blood Pressure & Cholesterol

A total of 38.5% of Total Area adults have been told at some point that their blood pressure was high.

- **BENCHMARK**: Higher than the state prevalence and fails to satisfy the Healthy People 2020 objective.

A total of 31.2% of adults have been told by a health professional that their cholesterol level was high.

- **BENCHMARK**: Lower than the US prevalence but far from meeting the Healthy People 2020 goal.

Prevalence of
High Blood Pressure
Healthy People 2020 = 26.9% or Lower

Note that 92.2% of these adults are taking action (medication, diet, exercise) in order to control their condition.

Total Area	VA	US
38.5%	32.4%	37.0%
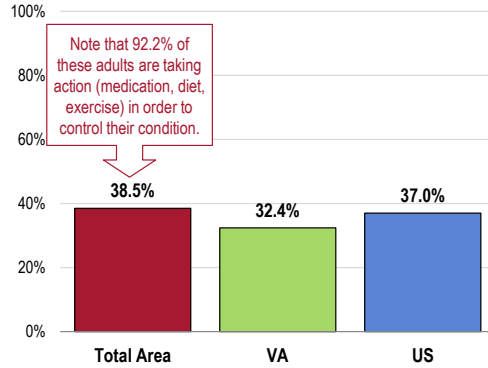
Prevalence of
High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower

Note that 86.7% of these adults are taking action (medication, diet, exercise) in order to control their condition.

Total Area	US
31.2%	36.2%
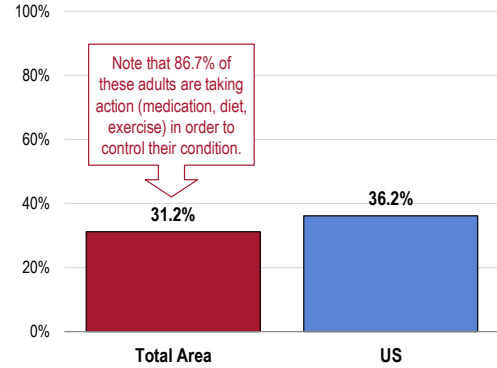
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]
Notes: ● Asked of all respondents.

Prevalence of
High Blood Pressure
(Total Area)
Healthy People 2020 = 26.9% or Lower

2016	2019
42.7%	38.5%
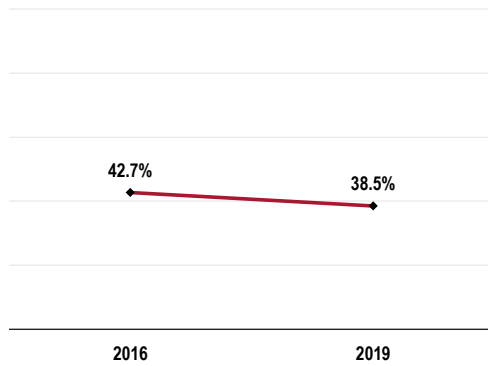
Prevalence of
High Blood Cholesterol
(Total Area)
Healthy People 2020 = 13.5% or Lower

2016	2019
36.0%	31.2%
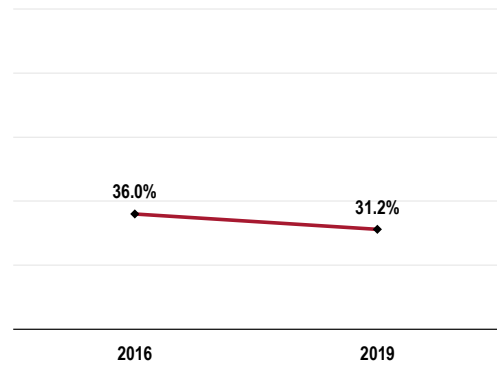
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

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

RELATED ISSUE:
See also *Nutrition, Physical Activity, Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 87.0% 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.

- **BENCHMARK**: Unfavorably high in Waynesboro.
- **DISPARITY**: Correlates with age among Total Area respondents.

Present One or More Cardiovascular Risks or Behaviors

Staunton City: 81.8%
Waynesboro City: 93.5%
Augusta County: 86.7%
Total Area: 87.0%
US: 87.2%

Total Area
2016: 84.8%
2019: 87.0%
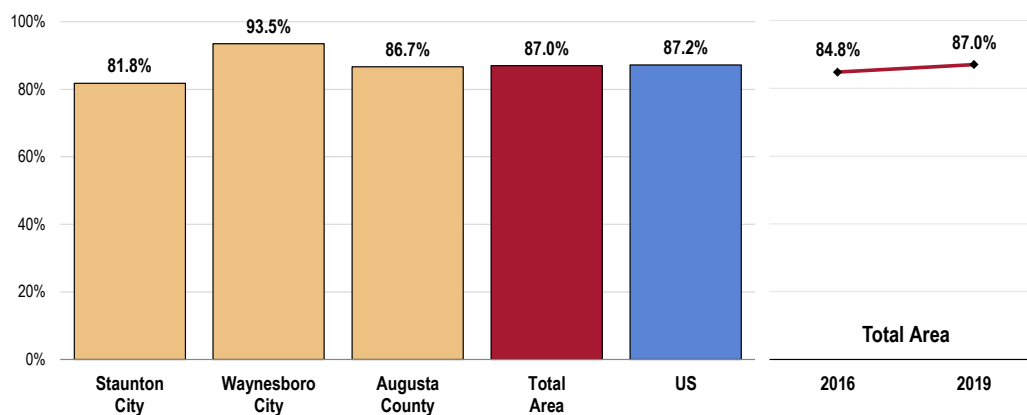
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors
(Total Area, 2019)

Men: 86.8%
Women: 87.1%
18 to 39: 78.3%
40 to 64: 90.7%
65+: 92.3%
Low Income: 89.6%
Mid/High Income: 85.4%
White (Non-Hisp): 87.6%
Other: 82.8%
Total Area: 87.0%
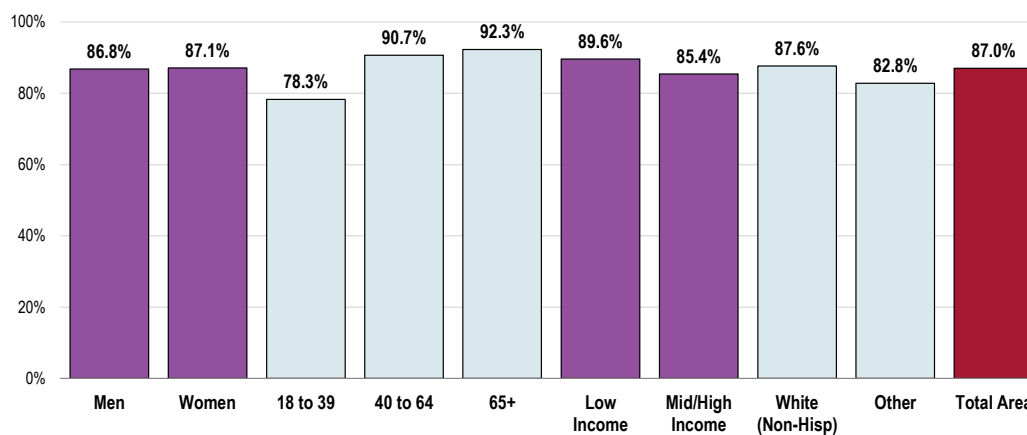
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]

Notes:
- Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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: 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, followed closely by**
"major problem" responses.

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

40.5%	43.2%	9.9%	6.3%

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

Top Concerns

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

Contributing Factors

> *Poor diets, smoking, drug use, sedentary lifestyle. – Public Health Representative (Total Area)*

> *I feel that heart disease and stroke are major problems in any community. Many people in my community do not eat healthily, don't get regular exercise, and are overweight, which lead to these chronic health issues. – Other Health Provider (Augusta County)*

> *Poor diet due to reduced access to healthier food options, reduced access to exercise facilities, and the risks of not exercising. Smoking is also a problem in this community. – Other Health Provider (Total Area)*

> *Amount of time it takes to get to services, when heart attack and stroke is occurring. Limited access to nutritious foods, presence of food deserts, high incidence of smoking, and limited ability and desire to exercise. – Social Services Provider (Total Area)*

> *Heart disease and stroke are major issues in all of America; it is no different here. Fast food restaurants are always packed here, and a large percentage of people in Waynesboro are overweight. Both of these things would point to heart disease and stroke. – Community Leader (Waynesboro)*

> *Poor diet, obesity, hypertension, stress, areas with poor economy, lack of education, and lack of compliance. – Other Health Provider (Total Area)*

> *Obesity, poor diets, smoking, and stress are causing this disease to increase. – Community Leader (Augusta County)*

> *Prevalence of morbid obesity in our managed populations. Lack of access to/knowledge about healthy diet. Sedentary lifestyle; lack of medical home for management. – Other Health Provider (Total Area)*

> *Heart disease seems to be a growing concern, coupled with lack of exercise and health maintenance. – Other Health Provider (Augusta County)*

> *Population age, tobacco abuse, and obesity. – Physician (Total Area)*

> *Inactivity and obesity. – Community Leader (Augusta County)*

> *Unhealthy diets, smoking tobacco, and sedentary lifestyles lead to obesity and place our citizens at higher risk for heart disease and stroke. – Social Services Provider (Total Area)*

Incidence/Prevalence

The number of patients coming into the ED or Augusta Health with chest pain, hypertension, cardiac events is increasing. – Other Health Provider (Total Area)

High incidence, life threatening, high cost. – Other Health Provider (Total Area)

I've worked with the STEMI program for years. We see a lot of patients with multi-vessel disease that have lacked education, having resources. – Other Health Provider (Augusta County)

Admissions to ED and hospital for heart disease and stroke. – Other Health Provider (Total Area)

Dense population of coronary artery disease and stroke population. "Call 911" education needed for cardiovascular and stroke symptoms. – Other Health Provider (Augusta County)

Our community has much heart disease and stroke compared to other communities where I have lived. It could be lifestyle-related—I've also noticed a higher incidence of smoking in this community. Weight, nutrition, and physical activity levels all play a part. – Other Health Provider (Total Area)

It's the number-one cause of death and disability in our region. – Public Health Representative (Total Area)

Rate of occurrence. – Social Services Provider (Augusta County)

In past presentations I have attended locally, the issue of heart disease and stroke have been listed as major issues. – Social Services Provider (Total Area)

I am aware of patients with heart disease and stroke. – Other Health Provider (Augusta County)

I think these are major problems in most communities: diabetes, hypertension, and obesity are prevalent and major risk factors for heart attack and stroke. – Physician (Total Area)

Aging Population

Numerous heart attacks and strokes in persons over 60, limited access to appropriate nutrition (based on income levels), and rural area access issues. High level of nicotine use contributes to this, as does diet. Persons are not motivated to change health behaviors, especially when they are costly to their pockets. – Other Health Provider (Total Area)

Significant over-65 population. – Other Health Provider (Total Area)

Obesity

Obesity is a major problem; coronary artery disease. – Physician (Total Area)

Childhood obesity showed up on the last CHNA and is still a major issue. Many of our kids are not getting sufficient exercise and are eating too many empty calories to burn off with their current movement. – Community Leader (Total Area)

Co-Occurrences

Considering heart disease and stroke are repercussions of poorly maintained diabetes, cholesterol, and family history to name a few, many people in the service area are at risk or have suffered from heart disease. While this is a scary disease, there are things individuals can do to reduce their heart disease risk. There is limited education in our service area about what these things may look like. – Other Health Provider (Augusta County)

Much like diabetes, I feel that heart disease and stroke are brought about by chronic conditions that are, for whatever reason, not well managed by clients in our community. – Social Services Provider (Total Area)

Awareness/Prevention

Lack of preventive measures as well as complications associated with diabetes. – Other Health Provider (Total Area)

Insufficient primary and secondary prevention. – 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 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 162.5 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Higher in the independent cities.

Cancer: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 161.4 or Lower

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
197.9	199.0	142.3	162.5	156.1	155.6

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 2019.
- 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: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 161.4 or Lower

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	174.6	175.7	173.8	181.3	175.7	175.5	172.1	162.5
VA	175.9	173.1	169.4	165.9	162.8	161.0	159.0	156.1
US	180.3	177.0	168.6	165.4	163.6	161.0	158.5	155.6

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 2019.
● 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 sexes).

● **BENCHMARKS**: Note that 2015-2017 annual average age-adjusted cancer death rates for the Total Area were similar to or lower than state and US rates for the same time period.

Age-Adjusted Cancer Death Rates by Site
(2015-2017 Annual Average Deaths per 100,000 Population)

	Total Area	VA	US	HP2020
ALL CANCERS	162.5	156.1	155.6	161.4
Lung Cancer	39.7	38.8	38.5	45.5
Prostate Cancer	18.7	19.6	18.9	21.8
Female Breast Cancer	18.5	21.4	20.1	20.7
Colorectal Cancer	14.4	13.9	13.9	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 2019.
● 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. 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.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

- **BENCHMARK**: Based on 2011-2015 annual average incidence rates by site, note the unfavorable comparison between the Total Area and Virginia for colorectal cancer incidence.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)

Legend: Staunton City, Waynesboro City, Augusta County, Total Area, VA, US

Female Breast Cancer: 127.6, 137.1, 128.4, 129.7, 127.9, 124.7

Prostate Cancer: 137.0, 125.0, 113.4, 119.6, 102.8, 109

Lung Cancer: 73.6, 71.2, 61.1, 65.4, 58.9, 60.2

Colon/Rectal Cancer: 47.5, 47.6, 40.1, 42.9, 36, 39.2
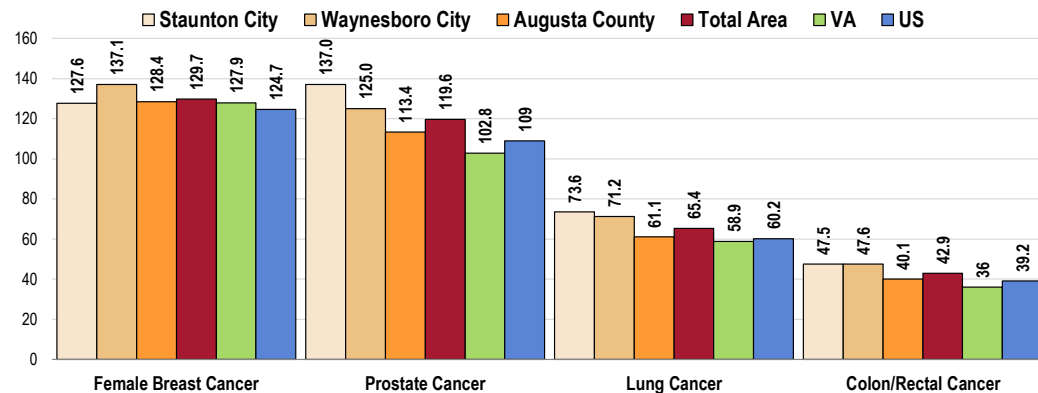
Sources:
- State Cancer Profiles.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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 8.0% of surveyed Total Area adults report having been diagnosed with skin cancer.

Prevalence of Skin Cancer

							Total Area	

Staunton City: 9.1%
Waynesboro City: 8.3%
Augusta County: 7.5%
Total Area: 8.0%
VA: 6.1%
US: 8.5%

Total Area — 2016: 9.9%, 2019: 8.0%
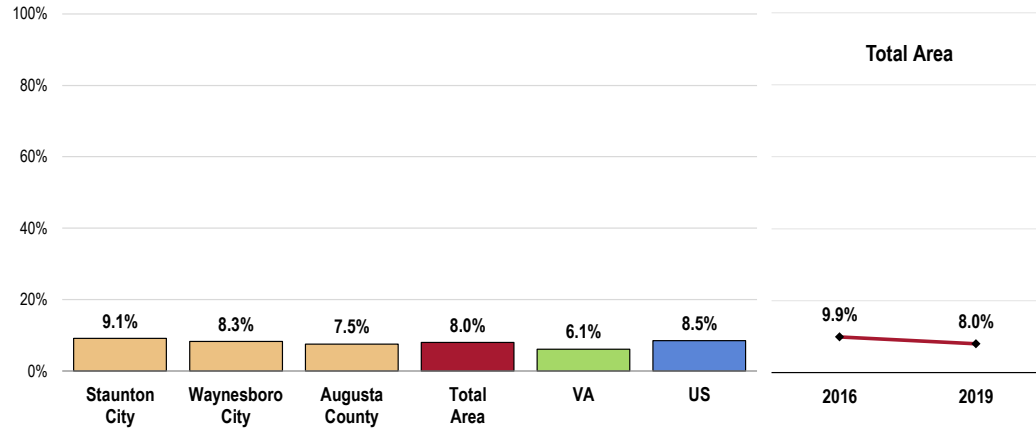
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Other Cancers

A total of 8.7% of survey respondents have been diagnosed with some type of (non-skin) cancer.

Prevalence of Cancer (Other Than Skin Cancer)

Staunton City: 10.6%
Waynesboro City: 5.8%
Augusta County: 9.0%
Total Area: 8.7%
VA: 6.9%
US: 7.1%

Total Area — 2016: 8.3%, 2019: 8.7%
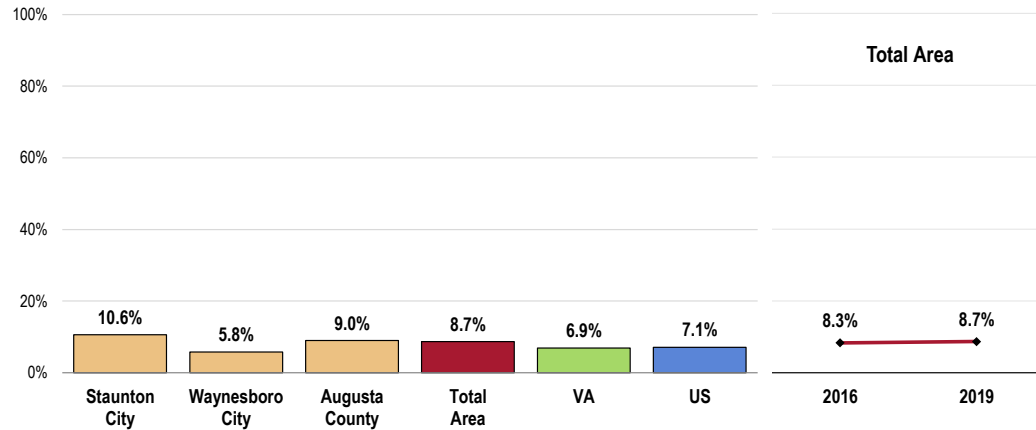
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● 2017 PRC National Health Survey, PRC, 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

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

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— 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.

Among women age 50-74, 79.0% have had a mammogram within the past 2 years.

Among Total Area women age 21 to 65, 75.2% have had a Pap smear within the past 3 years.

- **BENCHMARK**: The Total Area prevalence is lower than the Virginia prevalence and fails to satisfy the related Healthy People 2020 objective.

"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 all adults age 50-75, 77.5% have had appropriate colorectal cancer screening.

- **BENCHMARK**: Higher than the statewide prevalence and satisfies the Healthy People 2020 objective.
- **DISPARITY**: Favorably high in Waynesboro (not shown).

Cancer Screenings

Mammogram in Past Two Years
(Women Age 50-74)
Healthy People 2020 = 81.1% or Higher
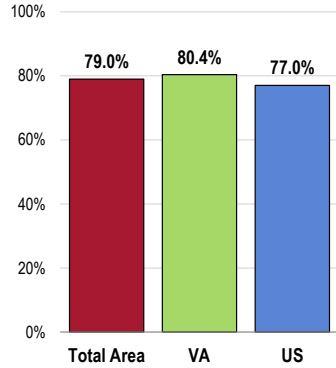
	Total Area	VA	US
	79.0%	80.4%	77.0%

Pap Smear in Past Three Years
(Women Age 21-65)
Healthy People 2020 = 93.0% or Higher

	Total Area	VA	US
	75.2%	81.6%	73.5%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2020 = 70.5% or Higher

	Total Area	VA	US
	77.5%	70.3%	76.4%
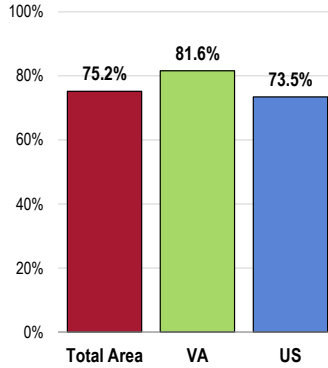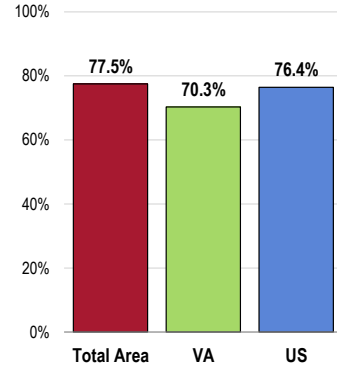
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: Total Area Trends

Mammogram in Past Two Years
(Women Age 50-74)
Healthy People 2020 = 81.1% or Higher
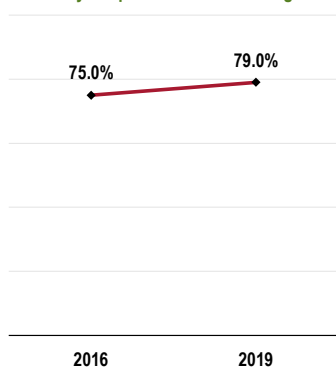
2016	2019
75.0%	79.0%

Pap Smear in Past Three Years
(Women Age 21-65)
Healthy People 2020 = 93.0% or Higher

2016	2019
67.6%	75.2%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2020 = 70.5% or Higher

2016	2019
77.2%	77.5%
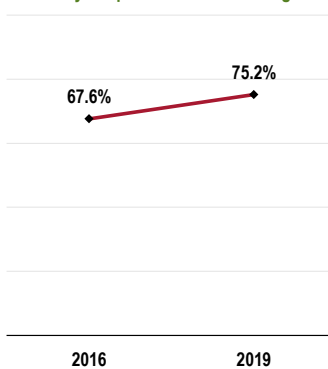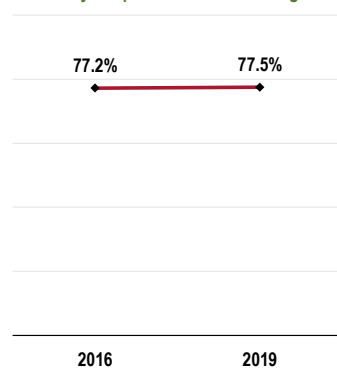
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Over half 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, 2019)

■ Major Problem　　■ Moderate Problem　　■ Minor Problem　　□ No Problem At All

24.5%	54.7%	15.1%	5.7%
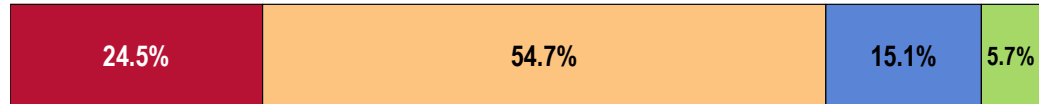
Sources:　● PRC Online Key Informant Survey, PRC, Inc.
Notes:　● Asked of all respondents.

Top Concerns

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

Incidence/Prevalence

> *So many of the patients that come to Augusta Health have or have had cancer as well as their family members. People waiting to have cancer screenings done because they don't have a PCP or just don't go to the doctor. – Other Health Provider (Augusta County)*

> *It seems that the rate of people diagnosed with cancer is rising. – Community Leader (Augusta County)*

> *I am aware of many patients and their families who are affected by a cancer diagnosis. – Other Health Provider (Augusta County)*

> *I have known many people in my community who have been diagnosed with cancer, and many of those people have been children. – Other Health Provider (Augusta County)*

> *Continues to be second leading cause of death in region. – Public Health Representative (Total Area)*

> *Mortality rates. Rate of occurrence. – Social Services Provider (Augusta County)*

> *A very common diagnosis. It is treated well so we have many patients who are survivors or living with their cancers and need ongoing care. – Physician (Total Area)*

> *It is a national issue. More and more people are living longer and as a result as being diagnosed with cancer. In addition, when people go through cancer treatment the family needs resources to cope with the emotional and financial toll it takes on them. – Other Health Provider (Total Area)*

> *You hear of several newly diagnosed people frequently. I believe this is caused by the chemicals we eat in our meats, on our vegetables, and use in our household products lead to this high rate of diagnoses. – Other Health Provider (Total Area)*

> *I feel that cancer is a major problem across our nation, state, and county. Cancer rates are higher in the valley. I personally feel that obesity is a major contributing factor. The cost of cancer treatment is astronomical and families often are bankrupt from the associated cost. – Community Leader (Augusta County)*

> *There seems to be a disproportionately high rate of cancer in our community. Perhaps it is because of our aging population, but it is concerning. – Social Services Provider (Total Area)*

In regular contact with the cancer center and know that the patient population is regularly increasing. Screening is of utmost importance to find cancer in its earliest stages, when it is most treatable. So cancer as a problem in my mind doesn't just mean treating of the disease, but also screening, prevention, and early detection of cancer. There is so much Augusta Health's Cancer Center can provide and so many in need. Cancer, especially its early detection and prevention, should always be at or near the top of everyone's list of community health needs. – Other Health Provider (Total Area)

Contributing Factors

High cost, loss of productivity, emotional distress, high incidence, life threatening, curable if found in time. – Other Health Provider (Total Area)

Cancer has been a major issue due to the DuPont plant being in Waynesboro for many years. There were a lot of chemicals released from this plant. Also there are a lot of factory workers in this community. – Community Leader (Waynesboro)

Cancer is so prevalent and early detection saves lives. There are many uninsured and uniformed members of the community that don't have regular check-ups or routine screening for cancer, which leads to advanced stages once detected. – Social Services Provider (Total Area)

Access to Care/Services

Lack of healthcare resources to address the issue across socioeconomic status. – Social Services Provider (Total Area)

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)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 48.2 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Higher than the state death rate.
- **DISPARITY**: Higher in Staunton and Waynesboro.

CLRD: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
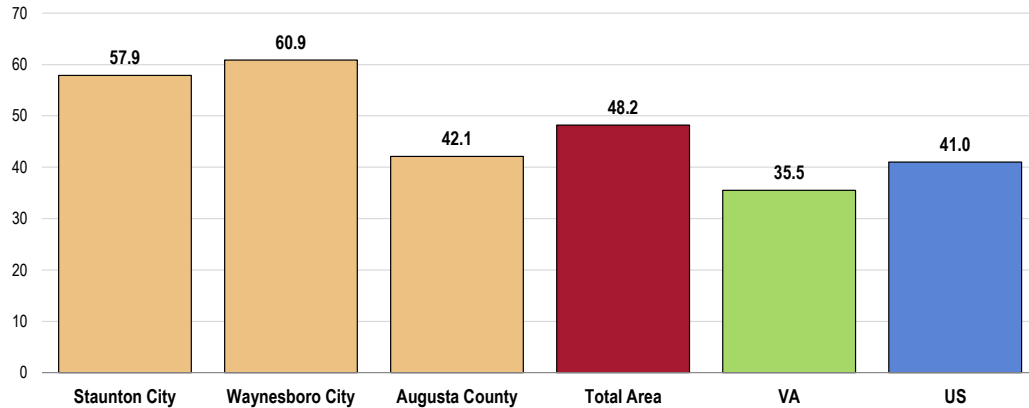
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
57.9	60.9	42.1	48.2	35.5	41.0

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 2019.

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.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	42.0	41.9	41.9	42.8	44.9	49.0	50.5	48.2
VA	39.4	38.8	37.9	37.6	36.5	36.6	35.7	35.5
US	47.4	46.4	41.7	41.7	41.4	41.4	40.9	41.0

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 2019.

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 2015 and 2017, the Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 13.5 deaths per 100,000 population.

- **TREND**: Though leveling off in recent years, the death rate has decreased over time in the Total Area.

Pneumonia/Influenza: Age-Adjusted Mortality
(2015-2017 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 2019.
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.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	17.8	20.2	20.8	18.6	15.9	13.7	14.9	13.5
VA	16.6	16.5	16.3	16.8	16.6	16.6	15.2	13.8
US	17.1	16.1	14.6	14.9	15.1	15.4	14.6	14.3

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 2019.
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.

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)

Among Total Area adults age 65 and older, 62.1% received a <u>flu shot</u> within the past year.

- **BENCHMARK**: Lower than the US prevalence and failing to meet the Healthy People goal for 2020.

Among Total Area adults age 65 and older, 80.3% have received a <u>pneumonia vaccination</u> at some point in their lives.

- **BENCHMARK**: Fails to reach the related Healthy People 2020 objective.

Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)
Healthy People 2020 = 70.0% or Higher

Total Area 62.1%, VA 63.8%, US 76.8%
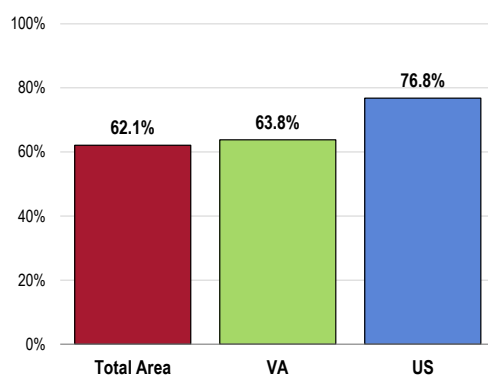
Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)
Healthy People 2020 = 90.0% or Higher

Total Area 80.3%, VA 77.1%, US 82.7%
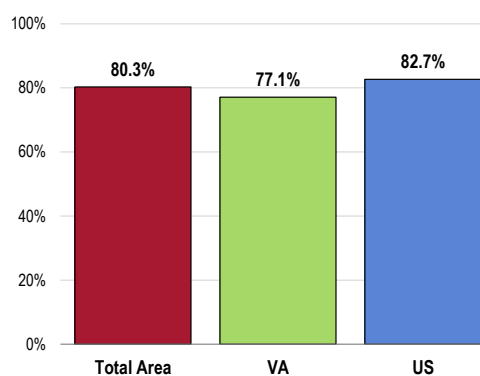
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.
- 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.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 11.8% of Total Area adults currently suffer from asthma.

- **BENCHMARK**: The prevalence is higher than the statewide percentage.

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

.

Prevalence of Asthma

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
	13.4%	14.3%	10.2%	11.8%	8.9%	11.8%	9.1%	11.8%

Total Area
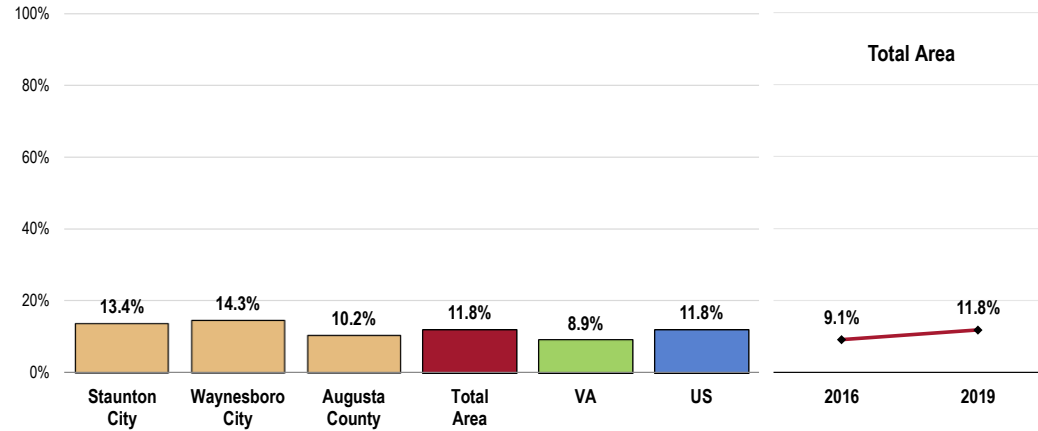
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

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

Prevalence of Asthma
(Total Area, 2019)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
	10.0%	13.4%	9.9%	13.4%	11.0%	11.9%	12.4%	11.4%	14.9%	11.8%
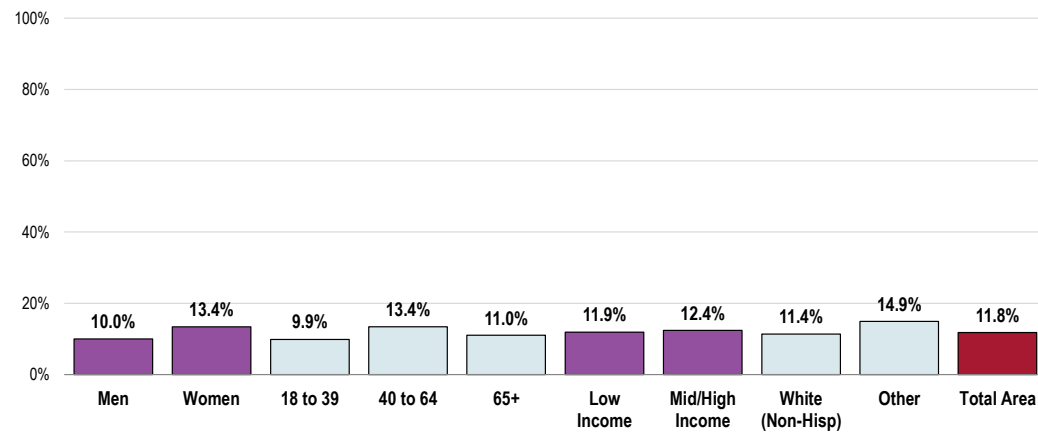
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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, 7.4% currently have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)
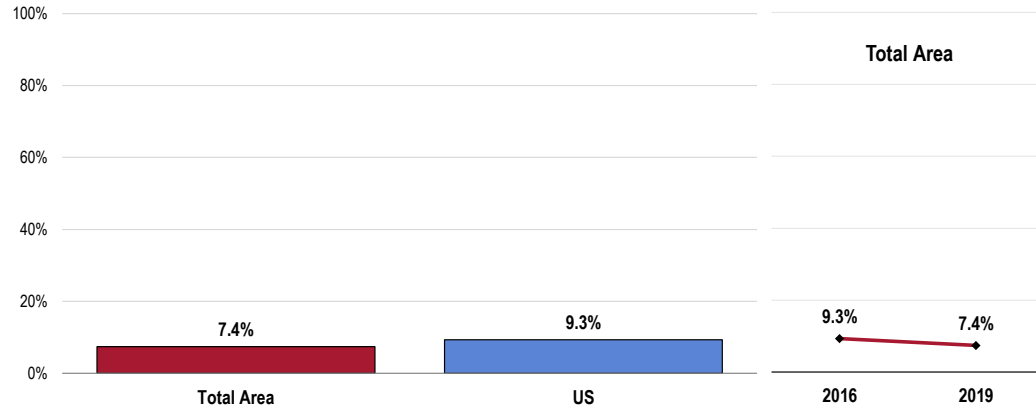
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
          ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
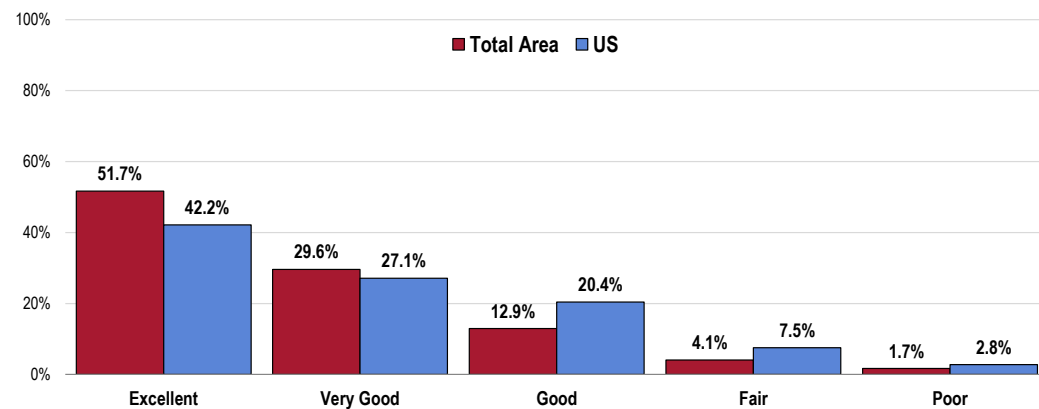   ● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 11.7% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

● **BENCHMARK**: Worse than the state and national figures.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)
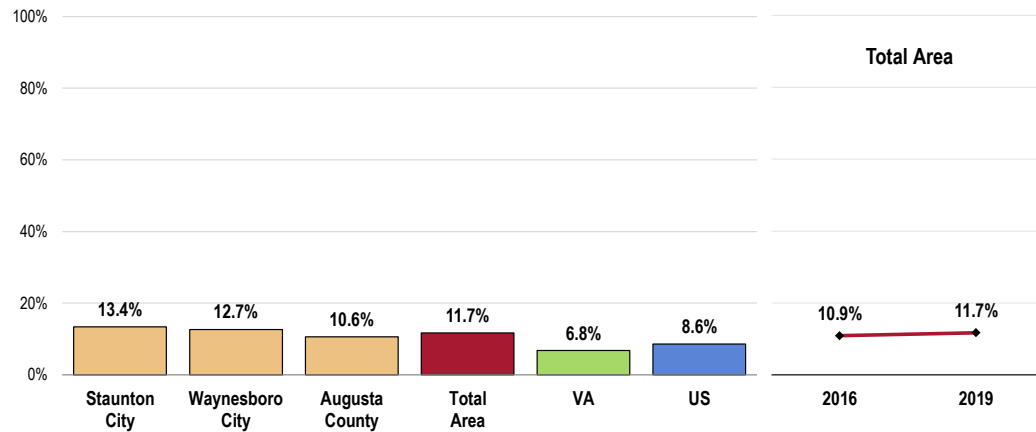
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
          ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
          ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
          ● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
          ● 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, 2019)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

15.8%	45.5%	32.7%	5.9%

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

Top Concerns

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

Contributing Factors

> *Cigarette and other vaping products. – Social Services Provider (Total Area)*

> *Tobacco abuse and chronic lung disease. environmental exposure to pollutants that compromise lung function in a farming community. – Physician (Total Area)*

> *High population of smokers and patients with chronic obstructive pulmonary disease. – Other Health Provider (Total Area)*

Access to Care/Services

> *My husband needed to be scheduled for a pulmonary function test. The wait for an appointment was not days or weeks, but months. So there are either many with the condition or not enough resources to handle the demand (or a combination of both). Either way, when people can't be seen for a diagnostic test for months, that's a pretty major problem. – Other Health Provider (Total Area)*

> *Lack of money to pay for respiratory medications. – Community Leader (Waynesboro)*

Incidence/Prevalence

> *Large group with advanced COPD who are oxygen-dependent. – Physician (Augusta County)*

> *I see patients in the pharmacy with respiratory issues. – Other Health Provider (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 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 44.8 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 goal.
- **DISPARITY**: Unfavorably high in Waynesboro.

Unintentional Injuries: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower

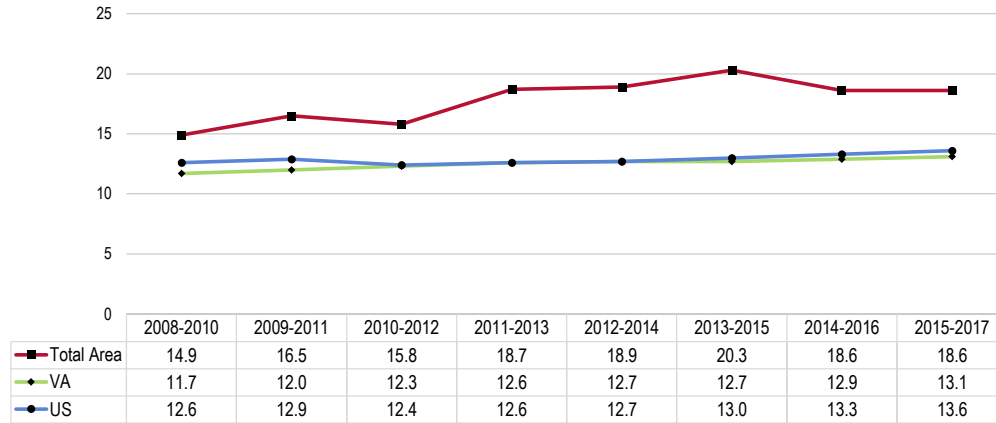| Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
46.8	55.1	41.4	44.8	42.0	46.7

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 2019.
- 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.

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	43.3	37.9	42.1	46.5	47.2	43.6	39.4	44.8
VA	33.7	33.1	33.5	34.6	35.4	37.1	39.6	42.0
US	42.3	42.2	38.7	39.2	39.7	41.0	43.7	46.7

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 2019.
- 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 Unintentional Injury Deaths

Falls, motor vehicle crashes, and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the Total Area between 2015 and 2017.

Leading Causes of Unintentional Injury Deaths
(Total Area, 2015-2017)
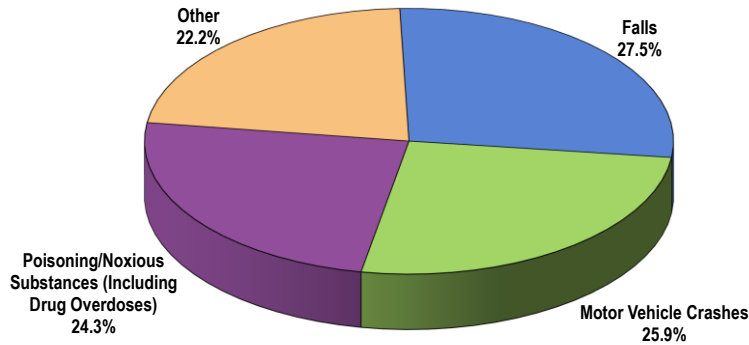
Other
22.2%

Falls
27.5%

Poisoning/Noxious Substances (Including Drug Overdoses)
24.3%

Motor Vehicle Crashes
25.9%

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 2019.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

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, most have not fallen in the past year.

Number of Falls in Past 12 Months
(Adults Age 45 and Older; Total Area, 2019)

Three/More 8.5%
Two 7.0%
One 18.8%
None 65.7%
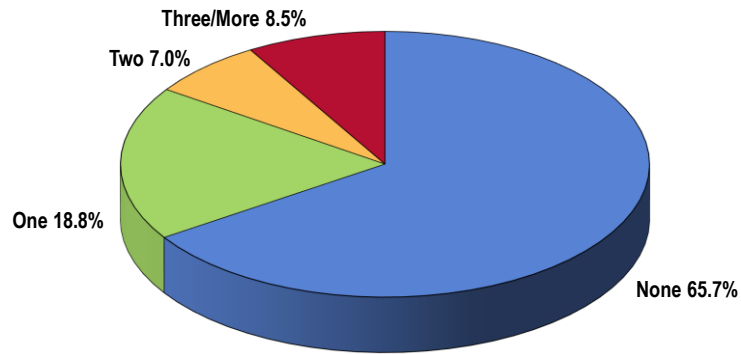
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents age 45+.

However, 34.3% have experienced a fall at least once in the past year.

Fell One or More Times in the Past Year
(Adults Age 45 and Older)

Total Area

45 to 64 33.2%
65+   36.0%

Staunton City 30.7%
Waynesboro City 39.0%
Augusta County 34.2%
Total Area 34.3%
Among these adults, 40.1% were injured as the result of a fall.
US 31.6%
2016 32.1%
2019 34.3%
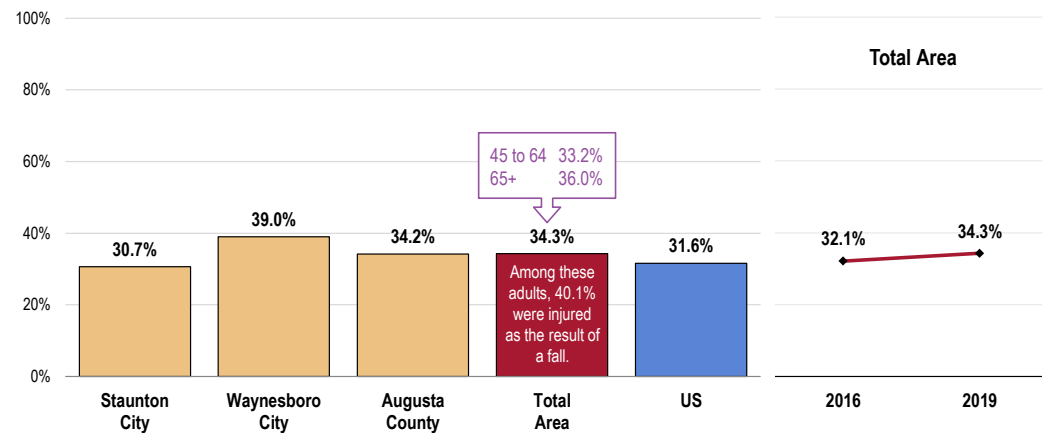
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 107-108]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of those respondents age 45 and older.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2015 and 2017, there was an annual average age-adjusted homicide rate of 3.5 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Below the state and US rates and satisfying the Healthy People 2020 goal.

Homicide: Age-Adjusted Mortality
(2008-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 5.5 or Lower
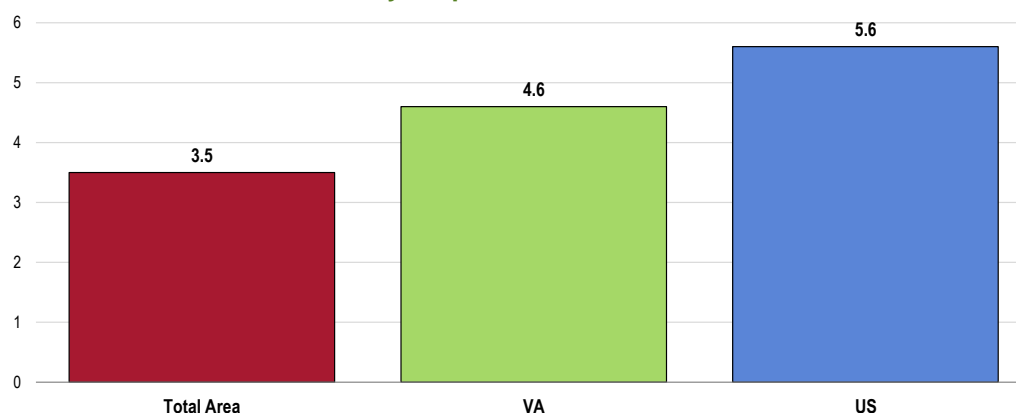
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [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

Between 2012 and 2014, there were a reported 158.3 violent crimes per 100,000 population in the Total Area.

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.

- **BENCHMARK**: Below the state and especially the national rate.
- **DISPARITY**: Unfavorably high in Waynesboro.

Violent Crime
(Rate per 100,000 Population, 2012-2014)
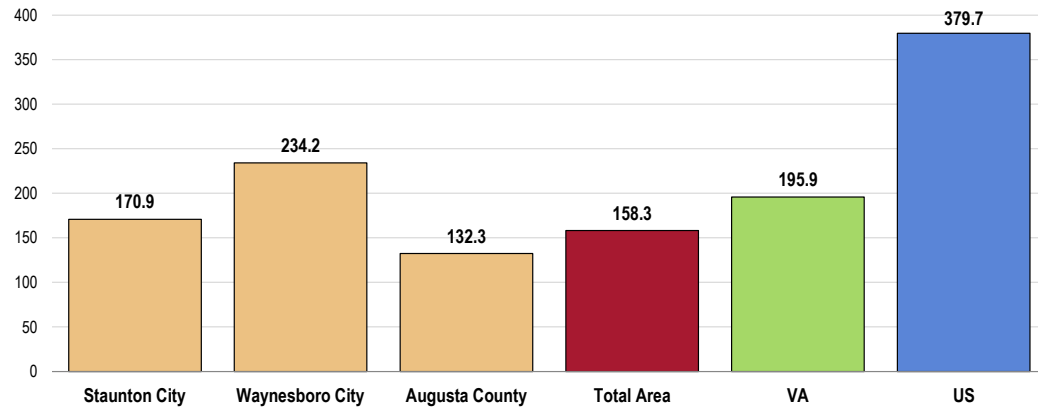
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

A total of 2.5% of surveyed Total Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- **TREND**: Marks a statistically significant <u>increase</u> over time.

Victim of a Violent Crime in the Past Five Years
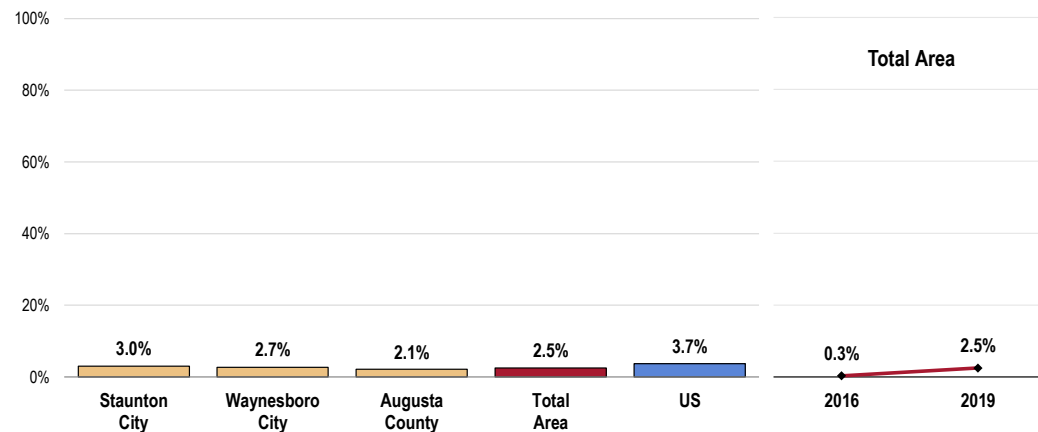
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Area, 2019)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
	1.9%	3.0%	3.6%	2.2%	1.4%	4.6%	1.5%	2.6%	1.7%	2.5%
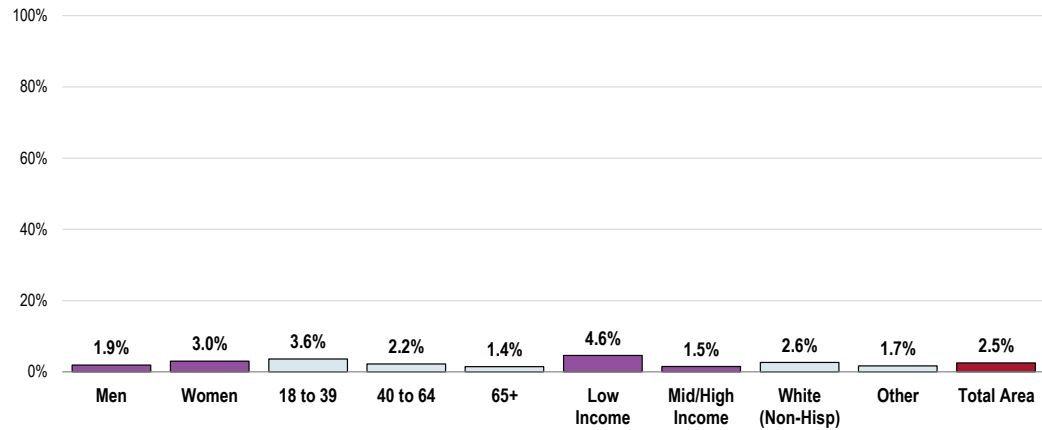
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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 17.6% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- **TREND**: Denotes a statistically significant <u>increase</u> over time.
- **DISPARITY**: The prevalence is higher in the cities.

Respondents were read:

"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

	Staunton City	Waynesboro City	Augusta County	Total Area	US	Total Area 2016	Total Area 2019
	21.8%	20.8%	14.7%	17.6%	14.2%	9.7%	17.6%
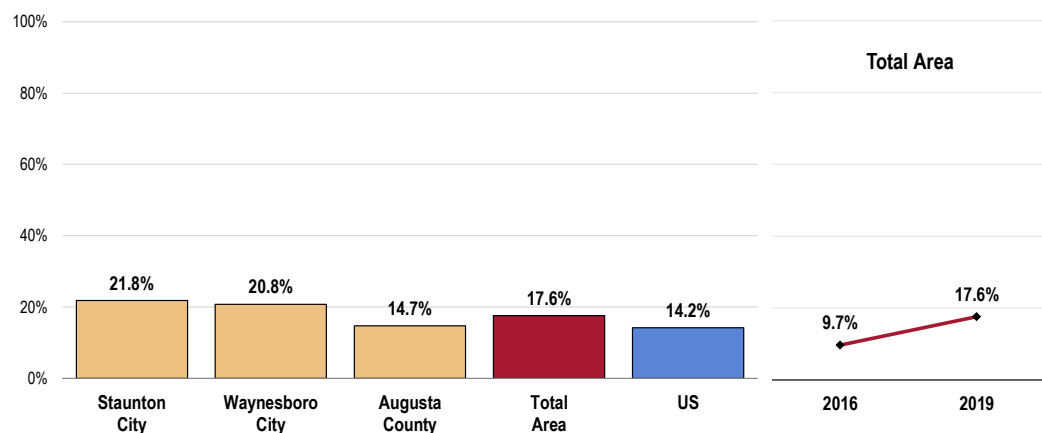
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceived Neighborhood Safety

While most Total Area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 9.1% consider it only "slightly safe" or "not at all safe."

Perceived Safety of Own Neighborhood
(Total Area, 2019)

Not At All Safe 1.1%

Slightly Safe 8.0%

Extremely Safe 36.9%

Quite Safe 54.0%
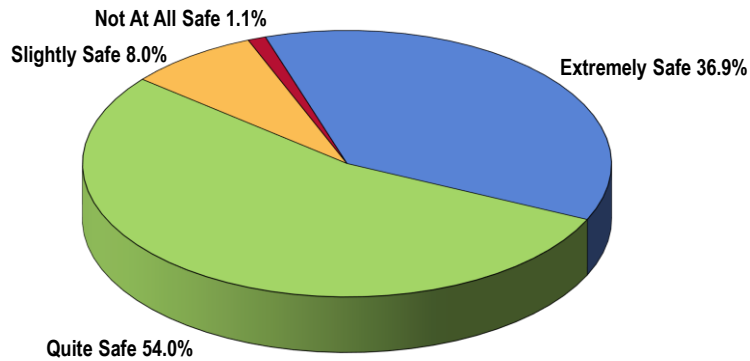
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

- **BENCHMARK**: Below the US prevalence.
- **DISPARITY**: Unfavorably high in Waynesboro. Correlates with age and is especially high among low-income residents.

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

	Staunton City	Waynesboro City	Augusta County	Total Area	US	Total Area 2016	2019
	7.0%	15.6%	7.6%	9.1%	15.6%	6.1%	9.1%
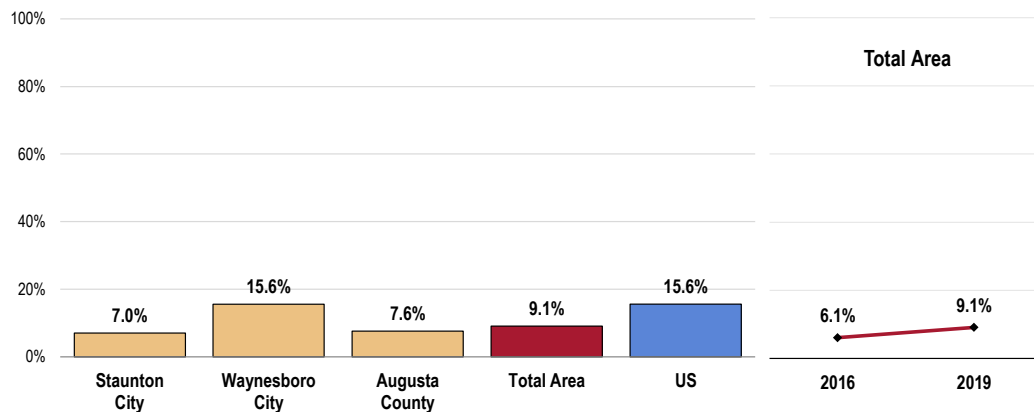
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 302]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe
(Total Area, 2019)
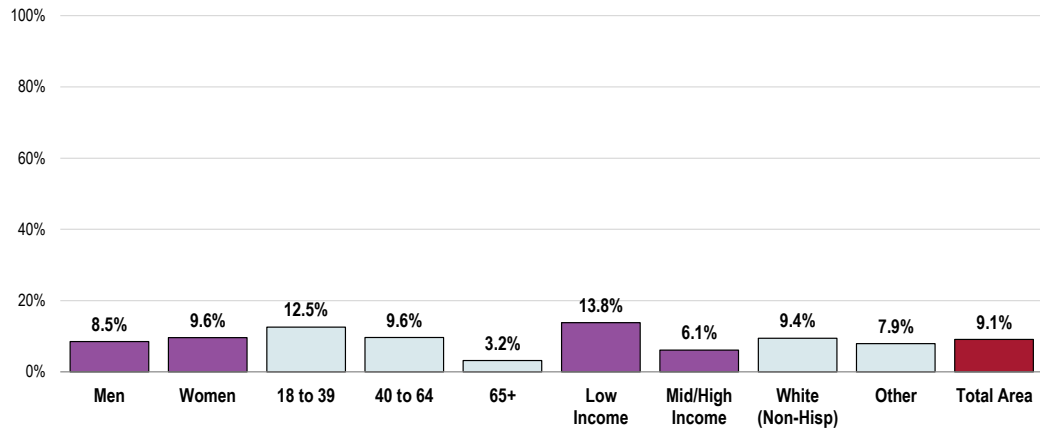
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
%	8.5%	9.6%	12.5%	9.6%	3.2%	13.8%	6.1%	9.4%	7.9%	9.1%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.
   ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 "minor problem" in the community.

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2019)
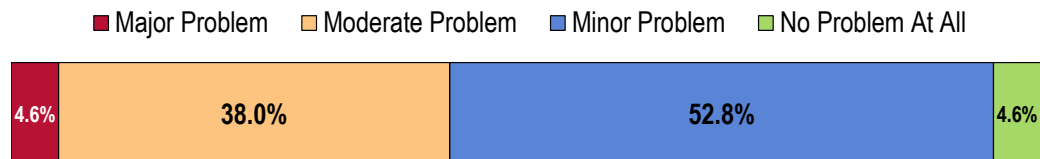
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
4.6%	38.0%	52.8%	4.6%

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

Top Concerns

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

Incidence/Prevalence

> *Spend a day in the emergency department. – Other Health Provider (Total Area)*

> *Not so much at the local level, but I feel that violence in our country is on the rise. Violence has taken over the news cycle in many areas of the US. I feel that we as a society have become numb to this rise. Mental health issues and access to early intervention programs is a likely contributing factor. Violence to individuals and mass events has become too often the norm. – Community Leader (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 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 25.5 deaths per 100,000 population in the Total Area.

- **TREND**: Note the steady increase in diabetes mortality in recent years in the Total Area.
- **BENCHMARK**: Above the state and US death rates and fails to satisfy the Healthy People 2020 objective.
- **DISPARITY**: Particularly high in the independent cities.

Diabetes: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 20.5 or Lower (Adjusted)

Location	Rate
Staunton City	32.0
Waynesboro City	31.7
Augusta County	22.2
Total Area	25.5
VA	21.2
US	21.3

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 2019.
- 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.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 20.5 or Lower (Adjusted)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	16.3	16.6	16.5	16.7	18.1	21.1	22.8	25.5
VA	19.4	19.3	19.0	18.8	18.5	19.6	20.7	21.2
US	22.6	22.3	21.1	21.2	21.1	21.1	21.1	21.3

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 2019.
- 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 16.5% of Total Area adults report having been diagnosed with diabetes.

- **BENCHMARK**: Worse than the state prevalence.
- **DISPARITY**: Higher with age and among residents in low-income households.

Prevalence of Diabetes

Another 7.4% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Of adults with diabetes, 87.7% are taking action such as taking medication, changing diet, or exercising.

Total Area

Staunton City	20.2%
Waynesboro City	16.7%
Augusta County	14.8%
Total Area	16.5%
VA	10.5%
US	13.3%
2016	13.9%
2019	16.5%
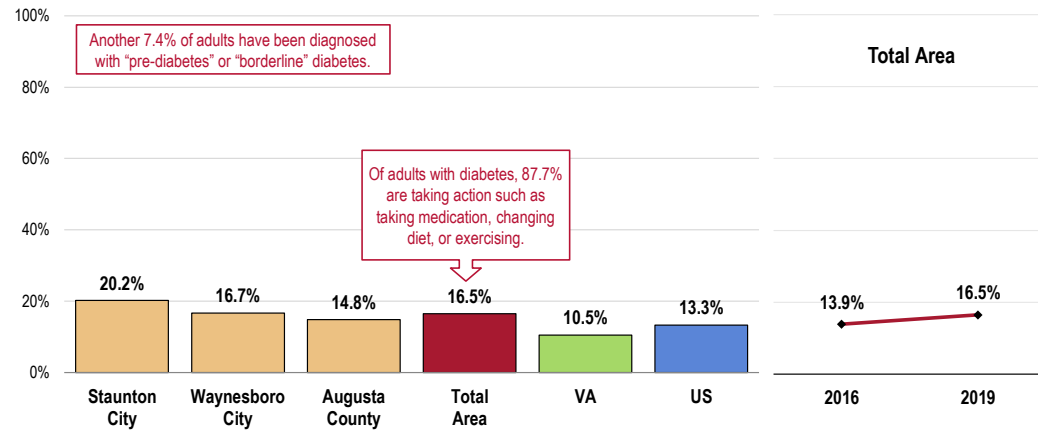
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 140, 301]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(Total Area, 2019)

Note that among adults who have not been diagnosed with diabetes, 51.4% report having had their blood sugar level tested within the past three years.

Men	18.4%
Women	14.7%
18 to 39	3.9%
40 to 64	18.5%
65+	30.0%
Low Income	22.0%
Mid/High Income	13.3%
White (Non-Hisp)	16.9%
Other	12.2%
Total Area	16.5%
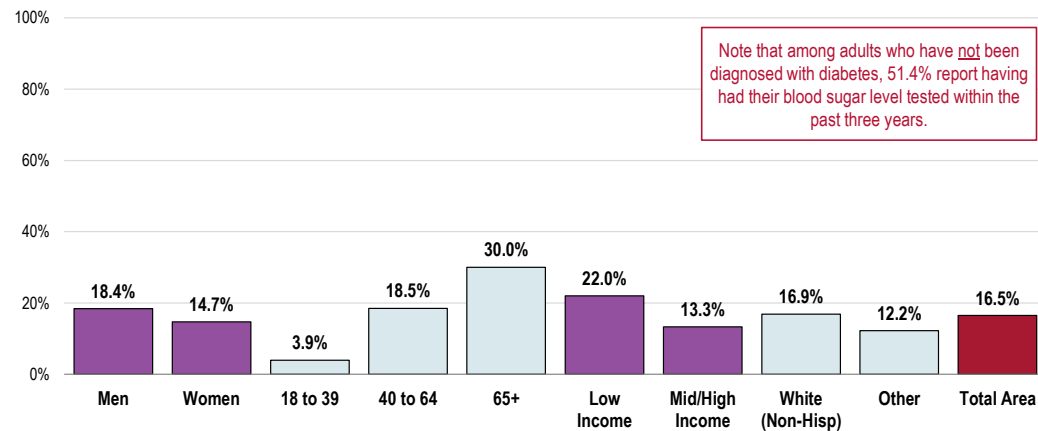
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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).

Key Informant Input: Diabetes

A high percentage 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, 2019)

■ Major Problem　□ Moderate Problem　■ Minor Problem　□ No Problem At All

62.8%	25.7%	7.1%	4.4%

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

Top Concerns

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

Awareness/Education

> *Education resources to teach people how to manage their disease, proper nutrition, available resources for supplies, etc. Available resources to get supplies to check blood glucoses and medications and administration supplies. Resources to assist with costs of monitoring devices and supplies. Diabetes often remains uncontrolled because of lack of education and high cost of supplies for folks on limited income. Folks of lower economic stature are more at risk for developing diabetes. – Other Health Provider (Total Area)*

> *Individuals do not recognize or acknowledge their unhealthy eating and lifestyle habits that lead to diabetes until an adverse health-related condition arises. Then they get a diabetes diagnosis when the disease is fairly far along and requires significant lifestyle changes to manage. – Community Leader (Total Area)*

> *Lack of understanding of cause of type 2 diabetes. Lack of understanding of how impactful lifestyle choices are in making improvements in type 2 diabetes. Cost of medications. – Other Health Provider (Total Area)*

> *Lack of awareness of preventive behaviors and ability and ability to self-manage. – Other Health Provider (Total Area)*

> *Diabetes awareness and solutions. – Other Health Provider (Augusta County)*

> *Learning the proper diet to eat and sticking to it. – Community Leader (Augusta County)*

> *Learning to eat a healthy diet. We have far too much sugar and carbs in our American diet. Junk food and as a result, many are overweight and, if not diabetic, they are prediabetic and have no awareness. Access to primary care is lacking for many, which would help to detect insulin resistance. Having affordable and accessible gyms/workout facilities for all, not just the affluent. More community events promoting wellness and prevention would be helpful. Targeting the young to develop healthy habits using tactics to draw in the kids and families—fun days/activities NOT fattening foods. – Social Services Provider (Total Area)*

> *Education and healthy food choices. – Other Health Provider (Total Area)*

> *Lack of knowledge about the disease process and how it can be managed. Referrals to exercise programming are not consistent. Medicine as a whole pushes medication as a treatment instead of a more holistic approach. – Other Health Provider (Total Area)*

> *Lack of knowledge and/or support services, cost of fresh produce, transportation. – Community Leader (Total Area)*

Lack of understanding of proper diet and little or no support in maintaining diet. Limited access to foods appropriate for a diabetic diet, due to transportation, low income, lack of grocery stores in more rural parts of our community. – Public Health Representative (Total Area)

Lifestyle

Lifestyle management, affordability of insulin and supplies. – Public Health Representative (Total Area)

Self-management. – Other Health Provider (Total Area)

Ongoing commitment to achieving healthier lifestyle. Cost of diabetes equipment/supplies/medications. – Social Services Provider (Augusta County)

Not a strong community focus on healthy activities, including diet and exercise. – Other Health Provider (Augusta County)

Weight management and inactivity. – Community Leader (Augusta County)

Prevention. Management of the disease and required lifestyle changes. – Social Services Provider (Augusta County)

Making proper nutrition and lifestyle choices to reduce risks and live well with the disease. – Social Services Provider (Total Area)

Lifestyle modification, cost of medications. – Physician (Total Area)

Obesity and nutrition. – Physician (Total Area)

Compliance and following a treatment plan, as well as participating in programs that are available to improve their outcome. – Other Health Provider (Total Area)

Access to Medications/Supplies

Cost of insulin, understanding diabetes and following advice, self-care, keeping appointments. – Other Health Provider (Total Area)

Affordability of supplies and medications, low health literacy/understanding of the disease and how to manage it. Sedentary lifestyle and lack of good diet/exercise. No medical home for disease management. – Other Health Provider (Total Area)

Insulin and other medications are unaffordable. Access to information and education. Testing supplies are either limited or unaffordable. – Other Health Provider (Augusta County)

Cost of supplies, compliance with medication, diet. – Other Health Provider (Total Area)

Affording medications and supplies, obtaining and maintaining a healthy weight, dealing with the consequences of long-term diabetes, neuropathy, heart disease, kidney disease. – Other Health Provider (Augusta County)

Access to medications is one. We have improved nutritional programs with a Farm-to-Table program at Augusta, but there may be obstacles to people being able to use it easily. – Physician (Total Area)

High cost of drugs. – Community Leader (Augusta County)

The biggest challenge is the affordability of medication to treat diabetes. – Social Services Provider (Total Area)

Affording their insulin. – Community Leader (Waynesboro)

Access to Healthy Food

Access to healthy food, knowledge in regards to preparing and choosing healthy food, "if it isn't broken don't fix it" mentality, lack of education around how to prevent/how to take care of diabetes. – Other Health Provider (Augusta County)

Access to affordable, healthy food and opportunities for exercise to manage the disease. A lack of education on the disease and how it can affect children. – Social Services Provider (Total Area)

Access to low cost healthy food options. – Other Health Provider (Total Area)

Accessibility of nutritious foods; presence of food deserts particularly in southern and western Augusta County. Access to affordable medication and medication and dietary compliance. – Social Services Provider (Total Area)

The biggest challenges for people with diabetes include: not having access to healthy foods, not knowing what resources are available to help them, and not being able to afford healthy foods. – Other Health Provider (Augusta County)

Too much fast food, lack of healthy diet choices. – Social Services Provider (Augusta County)

Eating healthy is expensive, exercise can be expensive too. – Community Leader (Augusta County)

Disease Management

Having the skill set to self-manage their disease. – Other Health Provider (Total Area)

Collectively, being diagnosed as prediabetic and what to do with that information to prevent/delay onset of diabetes. Individually, compliance with what should be done for those who already are diagnosed with diabetes. – Other Health Provider (Total Area)

Chronic management and patient compliance. Poor nutrition of youth and insufficient primary prevention. – Other Health Provider (Total Area)

Timely increase in diabetic medications in those with uncontrolled diabetes mellitus. Ongoing education opportunities on a community level. – Physician (Augusta County)

I feel that people with chronic conditions such as diabetes are often not working consistently to manage their care, nutrition, and lifestyle factors. – Social Services Provider (Total Area)

Access to Care/Services

Access to care, access/affordability of medications, education about disease. – Physician (Total Area)

Biggest challenge to people in our community is access to primary care and secondary care for diabetes. – Physician (Total Area)

We need to have a more comprehensive approach that better assesses patients who are contemplating change vs. patients who are customers for change. There are different approaches for contemplators and customers, and mixing the groups is ineffective. – Other Health Provider (Total Area)

Incidence/Prevalence

Diabetes is growing in our population. – Community Leader (Waynesboro)

In recent years, diabetes diagnosis has grown quite a lot. Medication needed for treatment is unaffordable for a lot of families. – Community Leader (Waynesboro)

Kidney Disease

About 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 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 18.0 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Well above the US death rate.
- **DISPARITY**: Higher in Staunton and Waynesboro.

Kidney Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
24.1	23.9	14.4	18.0	16.5	13.2

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 2019.

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.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	18.5	16.3	16.0	16.4	17.9	19.4	16.7	18.0
VA	20.1	19.1	18.7	17.9	18.0	17.2	16.8	16.5
US	17.8	17.2	13.8	13.1	13.2	13.3	13.2	13.2

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 2019.

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 6.1% of Total Area adults report having been diagnosed with kidney disease.

- **BENCHMARK**: Well above the state and US percentages.
- **DISPARITY**: Correlates with age among Total Area respondents.

Prevalence of Kidney Disease

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US		2016	2019
	7.2%	6.0%	5.6%	6.1%	2.7%	3.8%		7.0%	6.1%
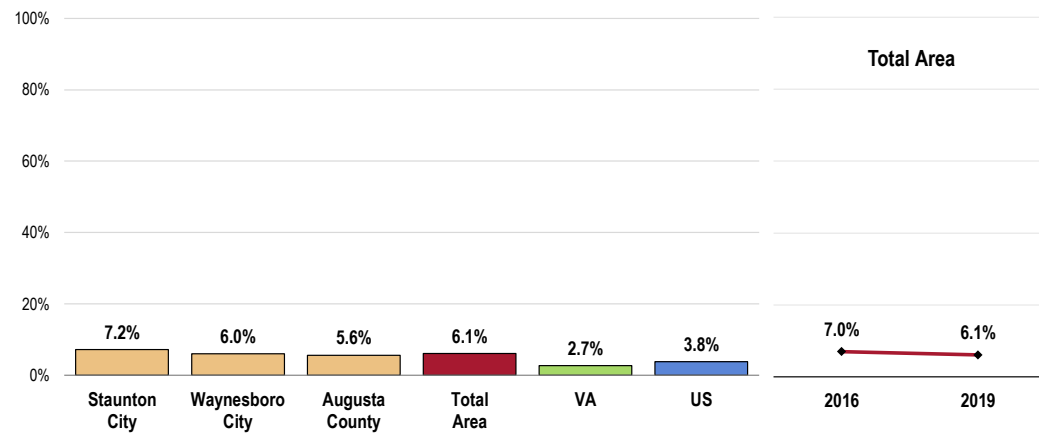
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.

Notes: ● Asked of all respondents.

Prevalence of Kidney Disease
(Total Area, 2019)

Category	Percentage
Men	8.2%
Women	4.1%
18 to 39	0.8%
40 to 64	6.2%
65+	12.3%
Low Income	3.3%
Mid/High Income	5.3%
White (Non-Hisp)	6.0%
Other	6.7%
Total Area	6.1%

Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community, followed closely by "minor problem" responses.

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2019)
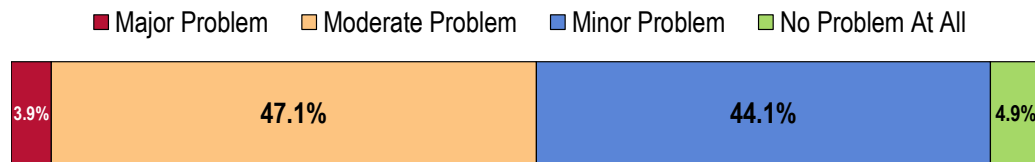
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
3.9%	47.1%	44.1%	4.9%

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

Top Concerns

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

Aging Population

> *We have a relatively high population of older, sedentary individuals, which leads to diabetes, which leads to a greater incidence of chronic kidney disease. – Physician (Total Area)*

Incidence/Prevalence

> *I manage diabetes and see a lot of patients with chronic kidney disease and on dialysis. – Physician (Total Area)*

Potentially Disabling Conditions

Multiple Chronic Conditions

Among Total Area survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Total Area, 2019)
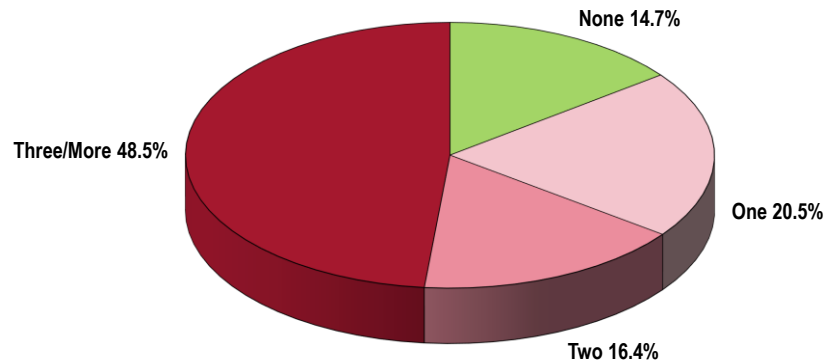
None 14.7%
Three/More 48.5%
One 20.5%
Two 16.4%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
Notes: ● Asked of all respondents.
             ● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 48.5% of Total Area adults report having three or more chronic conditions

- **BENCHMARK**: Worse than the US prevalence.
- **DISPARITY**: Unfavorably high in Staunton. Higher with age and more often reported among adults in low-income households.

Currently Have Three or More Chronic Conditions

	Staunton City	Waynesboro City	Augusta County	Total Area	US
	58.3%	47.2%	44.8%	48.5%	41.4%
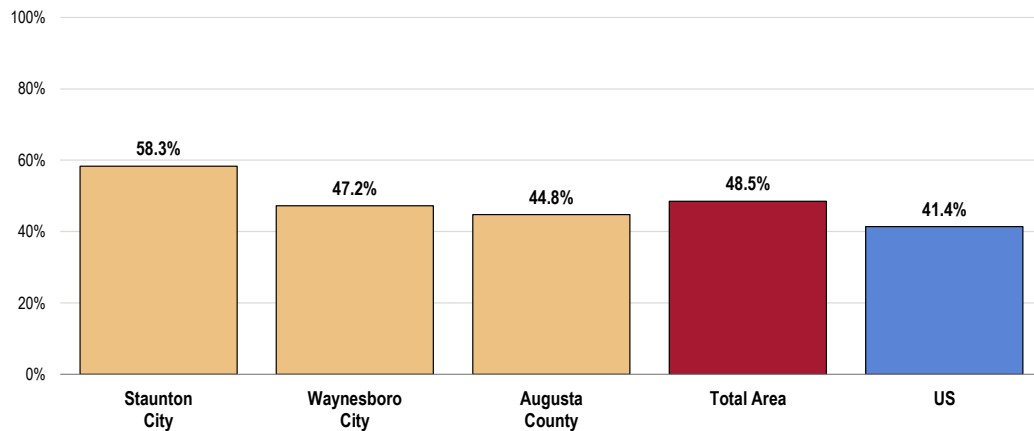
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
             ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
             ● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Total Area, 2019)
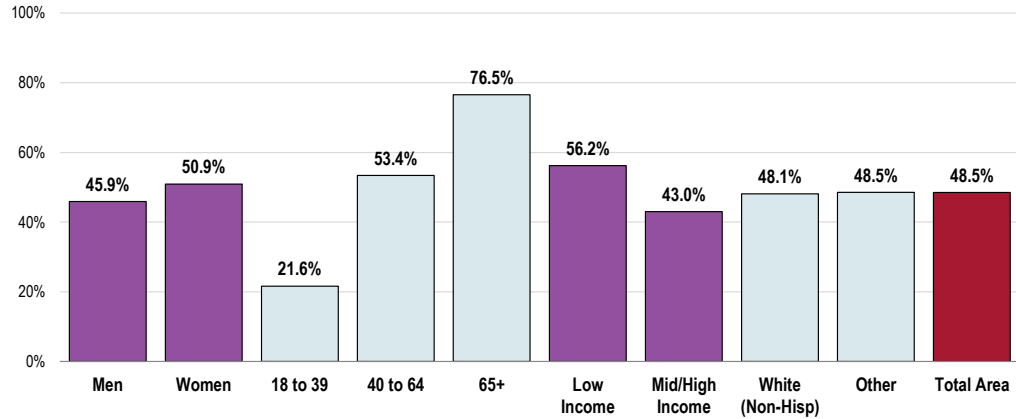
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.
● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

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 24.7% of Total Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **BENCHMARK**: Higher than the Virginia prevalence.
- **DISPARITY**: Higher among adults age 40+ and more often reported among low-income adults.

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

Most common conditions:
- Back/neck problems
- Difficulty walking
- Arthritis
- Mental health
- Bone/joint injury
- Heart condition

|						Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
26.8%	24.7%	23.9%	24.7%	17.5%	25.0%	25.6%	24.7%
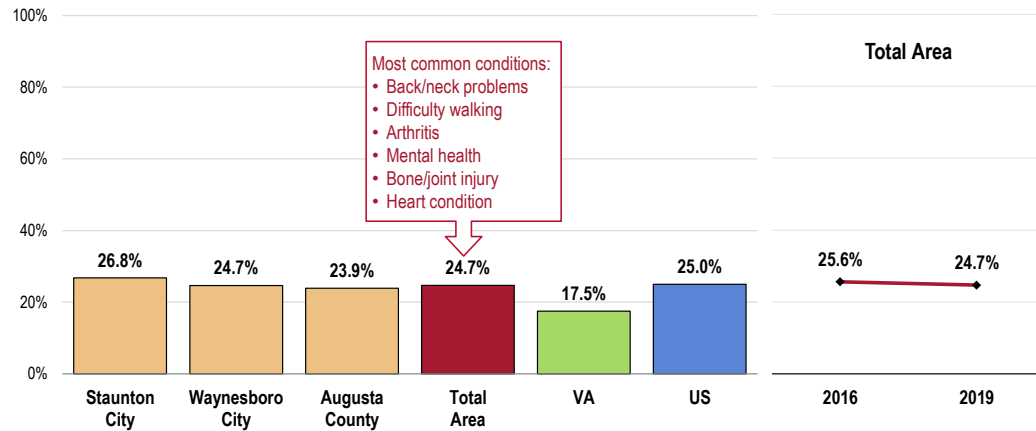
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
23.0%	26.3%	12.3%	31.4%	28.1%	29.5%	21.0%	24.2%	26.7%	24.7%
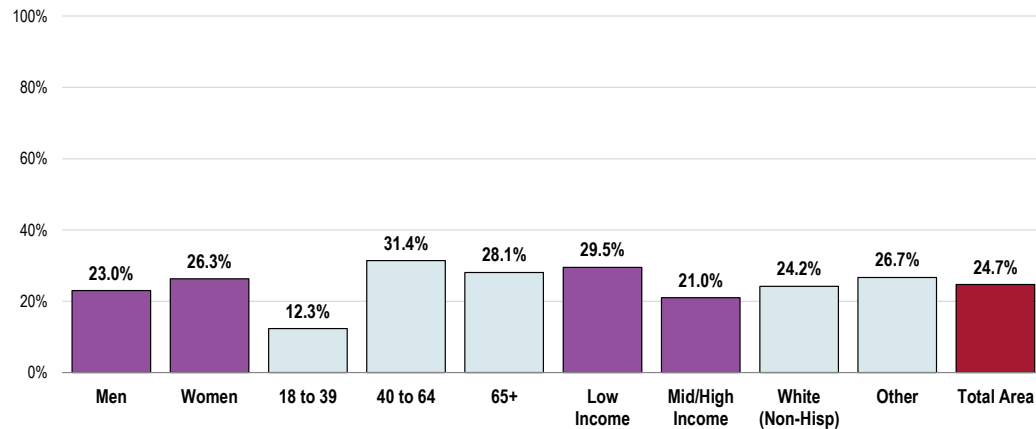
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Arthritis, Osteoporosis & Chronic Back 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)

A total of 44.2% of Total Area adults age 50 and older report suffering from arthritis or rheumatism.

- **TREND**: Marks a statistically significant <u>increase</u> over time (not shown).

A total of 12.3% of Total Area adults age 50 and older have osteoporosis.

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 objective.

A total of 23.0% of Total Area adults (18 and older) suffer from chronic back pain or sciatica.

Prevalence of Potentially Disabling Conditions

Chart legend: Staunton City, Waynesboro City, Augusta County, Total Area, US

Arthritis/Rheumatism (50+)
- Staunton City: 42.4%
- Waynesboro City: 43.2%
- Augusta County: 45.3%
- Total Area: 44.2%
- US: 38.3%

Osteoporosis (50+)
HP2020 Objective = 5.3% or Lower
- Staunton City: 14.3%
- Waynesboro City: 14.2%
- Augusta County: 10.8%
- Total Area: 12.3%
- US: 9.4%

Sciatica/Chronic Back Pain (18+)
- Staunton City: 26.0%
- Waynesboro City: 23.2%
- Augusta County: 21.7%
- Total Area: 23.0%
- US: 22.9%
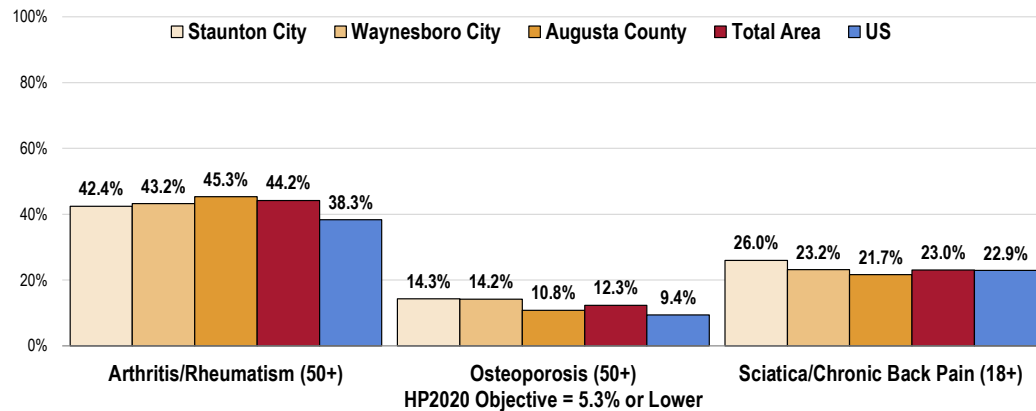
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

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

A plurality 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, 2019)
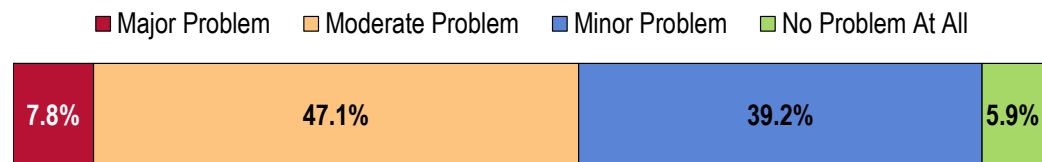
Chart legend: Major Problem, Moderate Problem, Minor Problem, No Problem At All

- Major Problem: 7.8%
- Moderate Problem: 47.1%
- Minor Problem: 39.2%
- No Problem At All: 5.9%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Providers

Limited availability of doctors specifically for these conditions and it takes months to get an appointment. – Community Leader (Augusta County)

There are numerous ED visits and pain management visits. – Other Health Provider (Total Area)

Availability of rheumatology services is limited and a problem in our community. – Physician (Total Area)

Rheumatology practice is small. – Physician (Total Area)

Aging Population

> *Average age in the community and the lifestyle of residents predisposes them to these conditions. – Physician (Total Area)*

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)
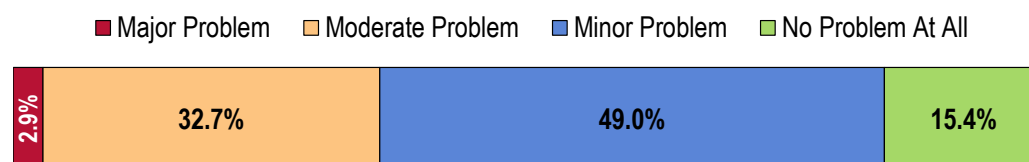
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

2.9%	32.7%	49.0%	15.4%

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

Top Concerns

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

Incidence/Prevalence

> *The category includes such a wide range of issues that it affects many people. With hearing in particular, this is often age-related, and Medicare has limited coverage for this. Both sets of conditions can isolate a person and make engagement in life difficult. – Social Services Provider (Total Area)*

> *Hearing and vision impairment are issues for the majority of citizens. Corrective measures are extremely costly and often a burden to families. – Community Leader (Augusta County)*

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 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 39.4 deaths per 100,000 population in the Total Area.
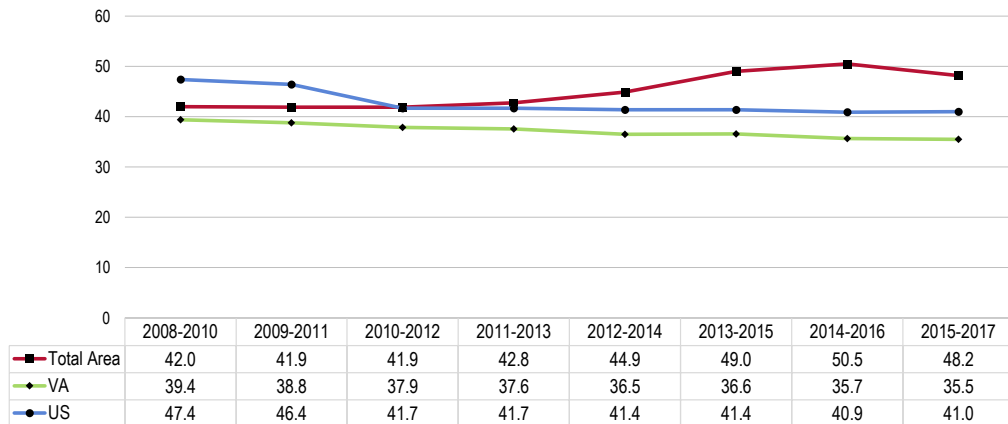
- **BENCHMARK**: Worse than the state and US death rates.
- **DISPARITY**: Highest in Staunton.

Alzheimer's Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
56.7	37.7	33.1	39.4	26.7	30.2

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 2019.

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.

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	42.2	39.5	37.0	31.3	28.5	28.2	32.1	39.4
VA	24.2	23.7	22.9	21.3	20.6	22.0	24.4	26.7
US	27.4	26.7	24.2	23.7	24.2	26.1	28.4	30.2

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 2019.

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 9.8% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

Experienced Increasing Confusion/Memory Loss in Past Year
(Adults Age 45 and Older)
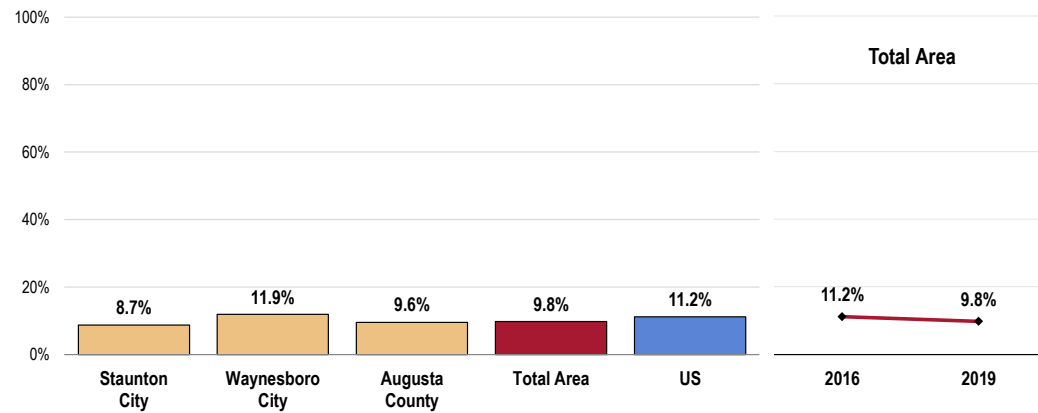
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 323]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of those respondents age 45 and older.

Experienced Increasing Confusion/Memory Loss in Past Year
(Adults Age 45 and Older; Total Area, 2019)
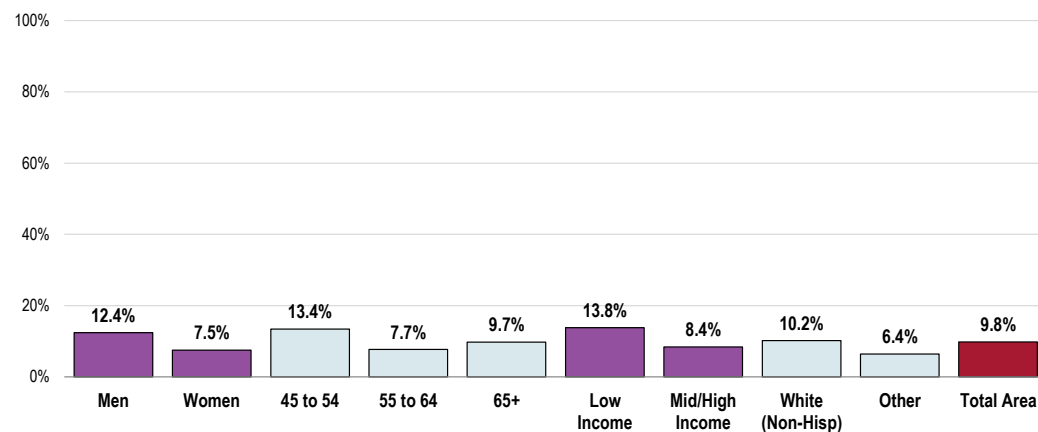
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: ● Asked of those respondents age 45 and older.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's 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.

Diagnoses of Alzheimer's Disease/Dementia

Of the total sample of survey respondents, 31.4% indicate that a member of their family has been diagnosed with Alzheimer's disease or dementia.

Family Member Has Been Diagnosed with Alzheimer's/Dementia
(Total Area, 2019)
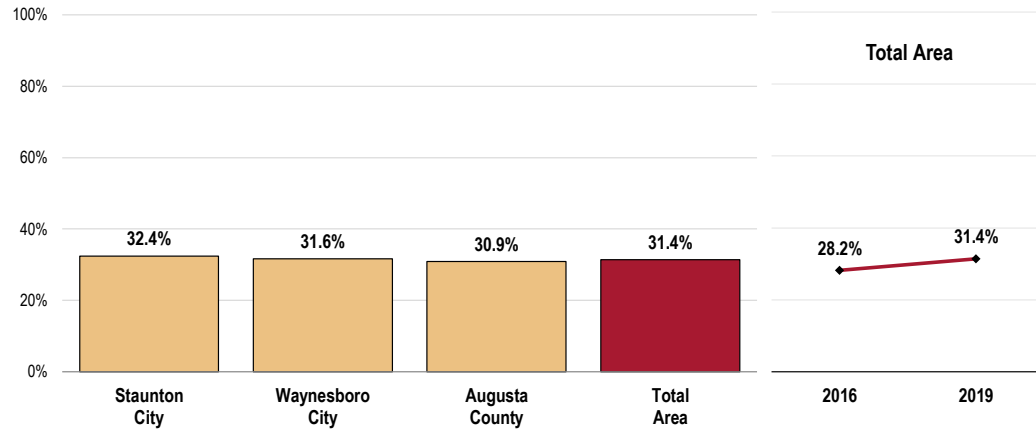
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: ● Asked of all respondents.

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, 2019)
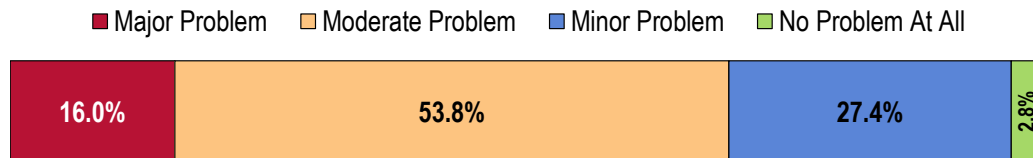
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

16.0%	53.8%	27.4%	2.8%

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

Top Concerns

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

Aging Population

> *The percentage of people over age 60 in our area exceeds state average; therefore … more people with dementia. Limited gerontologists and limited community understanding of how to help those with dementia and their caregivers. – Social Services Provider (Total Area)*

> *Baby boomers are a large part of the population that is reaching retirement age, many of whom have memory issues. There is insufficient support for those with dementia nor support for their caregivers. More education is needed. – Social Services Provider (Total Area)*

> *We have an aging community with a high penetration for cognitive dysfunction. This puts a strain on caregivers/family. We are seeing an explosion in assisted living facilities. Paying for these is a burden on patients and families. Staffing them adequately may be a problem as well. – Physician (Total Area)*

> *Because we have a relatively older population, dementia is more of a problem. – Physician (Total Area)*

Incidence/Prevalence

> *Seems there is an increase in people diagnosed with this disease. – Community Leader (Augusta County)*

> *This seems to be an epidemic with our elderly. Where are services? How to access them? Clear directions to set services? Who is eligible? – Other Health Provider (Augusta County)*

> *Growing problem in Augusta County. No cure. Loved ones have an increasingly difficult time caring for family members with this disease. – Community Leader (Augusta County)*

Access to Care/Services

> *Considering socioeconomic diversity, there are few to little resources available to support the patient and caregiver. The long-term capacity for caring for people with dementia/Alzheimer's is inadequate. – Social Services Provider (Total Area)*

> *Besides the fact that there are no really good treatments right now, families need a lot of help in dealing with the person ailing with Alzheimer's. – Community Leader (Total Area)*

Lack of Providers

> *Lack of board-certified geriatricians. – Community Leader (Augusta County)*

Caregiving

A total of 21.0% of Total Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

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

The top health issues affecting those receiving their care include:
- Old age/frailty
- Dementia/cognitive impairment
- Heart disease
- Mental illness
- Developmental delays

	Staunton City	Waynesboro City	Augusta County	Total Area	US	Total Area 2016	Total Area 2019
	26.2%	21.3%	18.7%	21.0%	20.8%	20.0%	21.0%
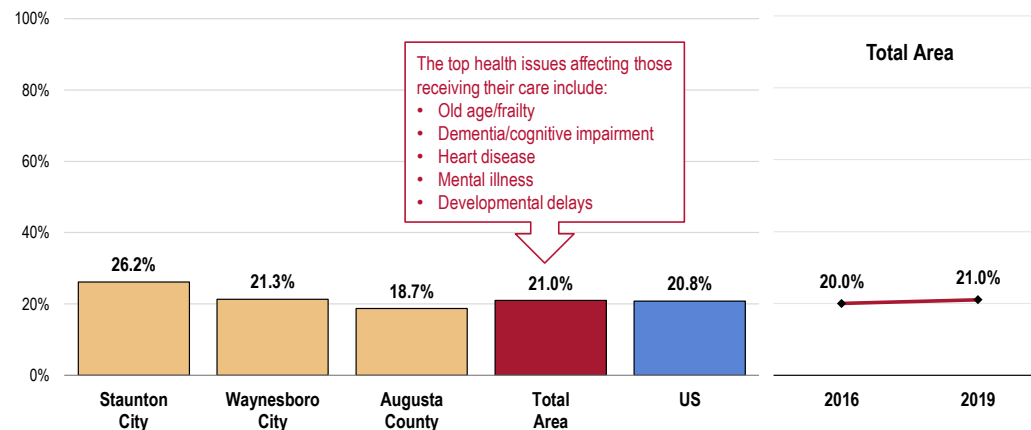
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often 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, 2019)

■ Major Problem   ▢ Moderate Problem   ▣ Minor Problem   ▢ No Problem At All

3.9%	30.4%	56.9%	8.8%

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

Top Concerns

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

Awareness/Education

> *While immunizations are a heavily debated topic, there are many individuals within our service area that are not aware of when they last had an immunization or whether they have had it at all. With the rise of previously eliminated diseases (i.e., measles), it will be increasingly important for hospitals to ensure that their community can combat such diseases to those that are willing to take the vaccination.*
> *– Other Health Provider (Augusta County)*

Early Diagnosis/Prevention

> *Many parents are not having children immunized as recommended and we are seeing diseases such as measles, whooping cough, mumps, etc. – Other Health Provider (Total Area)*

Births

Birth Outcomes & Risks

Low-Weight Births

A total of 7.3% of 2006-2012 Total Area births were low-weight.

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.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 = 7.8% or Lower
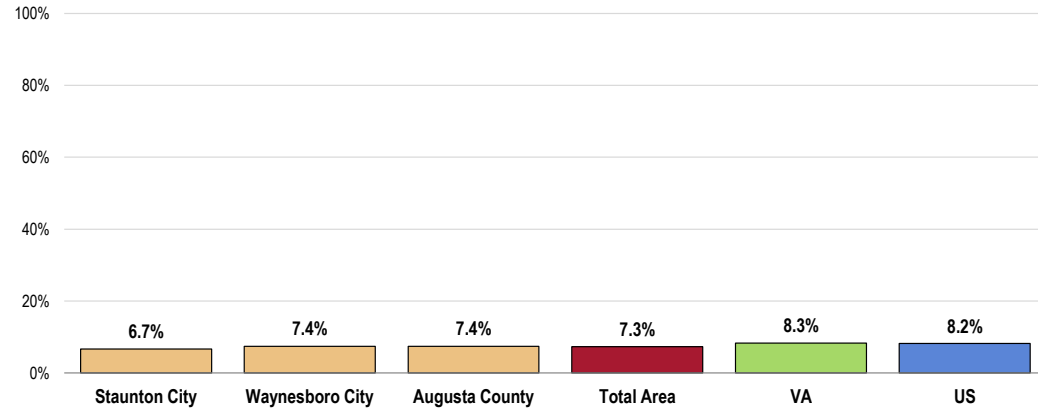
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
6.7%	7.4%	7.4%	7.3%	8.3%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2019.
- 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.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 = 7.8% or Lower
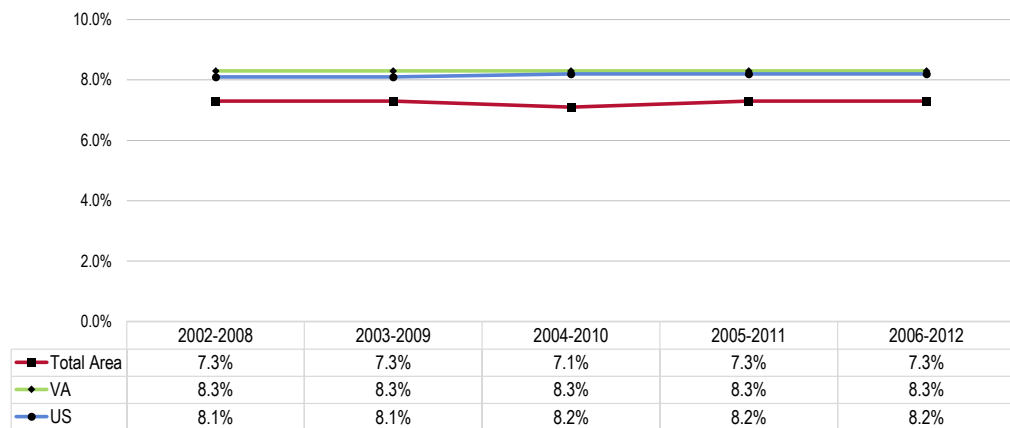
	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Total Area	7.3%	7.3%	7.1%	7.3%	7.3%
VA	8.3%	8.3%	8.3%	8.3%	8.3%
US	8.1%	8.1%	8.2%	8.2%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2019.
- 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

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2015 and 2017, there was an annual average of 2.5 infant deaths per 1,000 live births in the Total Area.

- **TREND**: Though fluctuating, the infant death rate has decreased over time.
- **BENCHMARK**: Well below the state and US infant death rates and satisfying the Healthy People objective for 2020.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, BRTHYRS)
Healthy People 2020 = 6.0 or Lower
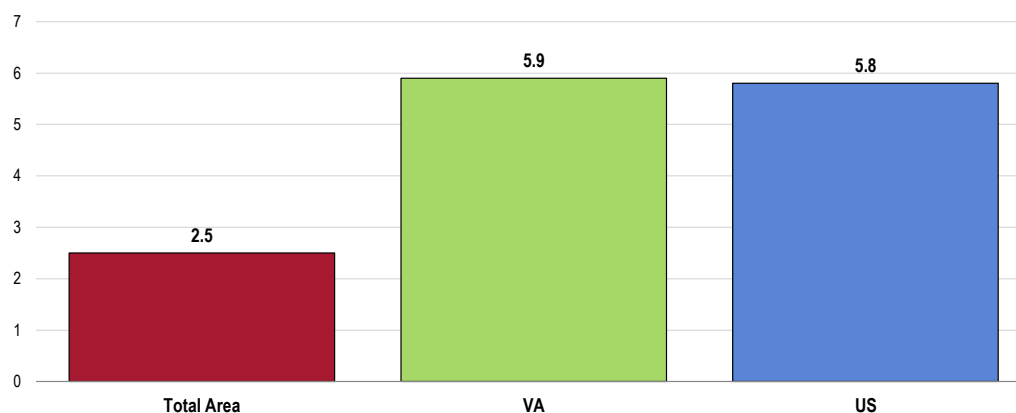
Total Area	VA	US
2.5	5.9	5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2019.
- 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.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 = 6.0 or Lower
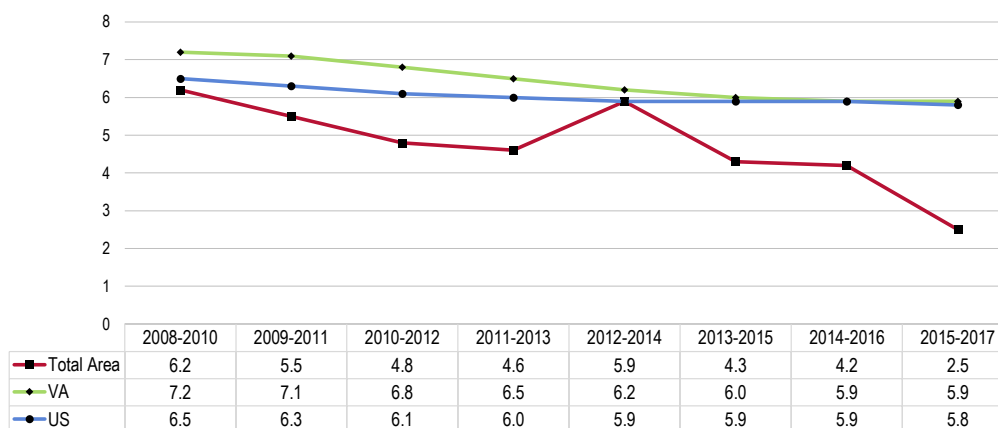
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	6.2	5.5	4.8	4.6	5.9	4.3	4.2	2.5
VA	7.2	7.1	6.8	6.5	6.2	6.0	5.9	5.9
US	6.5	6.3	6.1	6.0	5.9	5.9	5.9	5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2019.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a "moderate problem" or a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2019)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

10.5%	39.0%	41.0%	9.5%

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

Top Concerns

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

Awareness/Education

> *I believe we need some basic child health education starting at preschool of our school systems. Not just blanket eye and hearing exams but serious evaluations of children needing special needs. – Other Health Provider (Augusta County)*

> *Many young mothers are not receiving prenatal care. Mothers using drugs, alcohol, and tobacco products (including e-cigs) while pregnant. Difficulty getting to postnatal and infant appointments. Not enough use of baby care program with the health department. No in-home program for young first-time parents. Hospital and doctors do not offer infant care classes in the community. – Social Services Provider (Total Area)*

Access to Care/Services

> *Augusta Health is the only hospital within a broad service area. There are no outpatient pediatric services available through this health system. As the health department goes further and further away from providing care to local pediatric patients, there will be a growing need for pediatric health education and preventive services. – Other Health Provider (Augusta County)*

Contributing Factors

> *Poverty is high in this area, which is frequently tied to poor infant and child health. Lack of education on resources available to assist these frequently young parents. – Other Health Provider (Total Area)*

Family Planning

Births to Adolescent Mothers

About Adolescent 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 were 36.2 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Area.

- **BENCHMARK**: Above the state rate.
- **DISPARITY**: Much higher in Waynesboro.
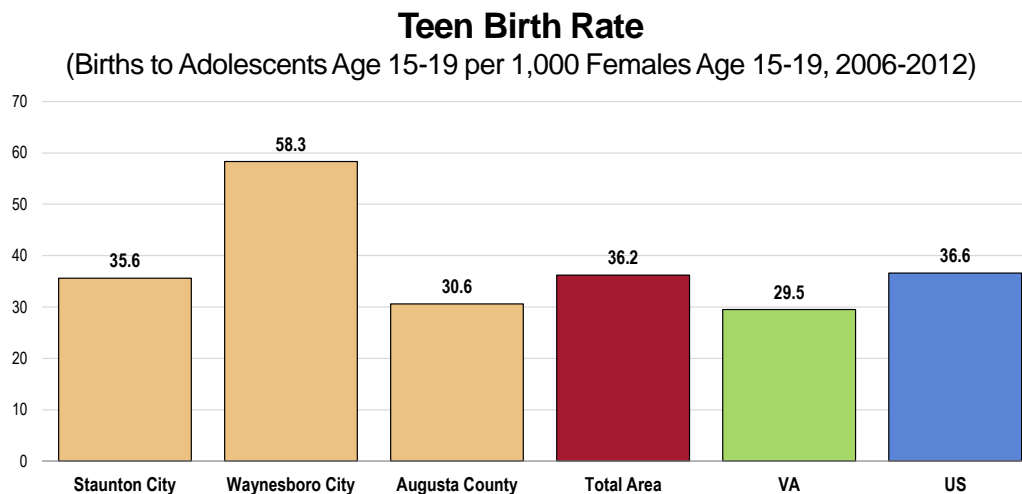
Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2006-2012)

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
Value	35.6	58.3	30.6	36.2	29.5	36.6

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved 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.

Teen Birth Rate Trends
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19)
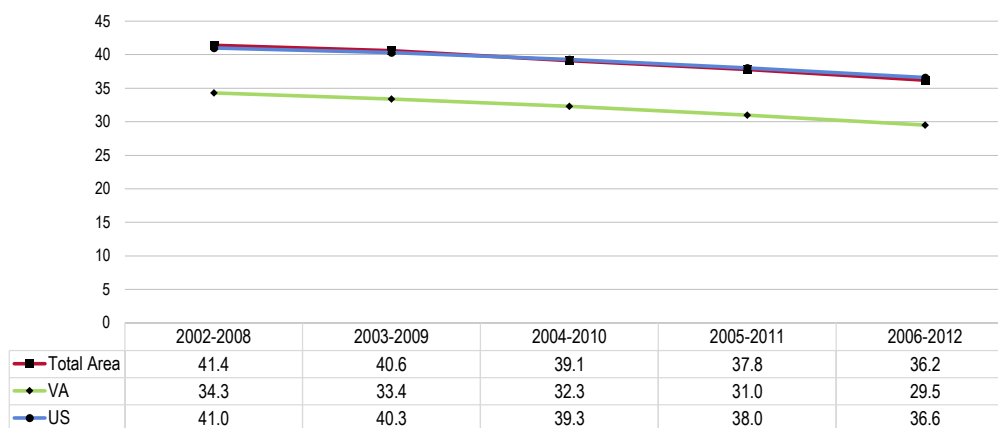
	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Total Area	41.4	40.6	39.1	37.8	36.2
VA	34.3	33.4	32.3	31.0	29.5
US	41.0	40.3	39.3	38.0	36.6

Sources:
● Centers for Disease Control and Prevention, National Vital Statistics System.
● Retrieved 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 "minor problem" in the community.

Perceptions of Family Planning
as a Problem in the Community
(Key Informants, 2019)
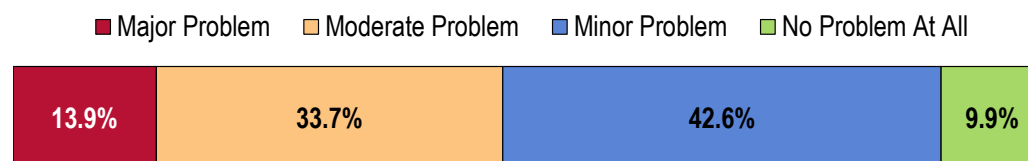
■ Major Problem   ▫ Moderate Problem   ■ Minor Problem   ▫ No Problem At All

13.9%	33.7%	42.6%	9.9%

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

Top Concerns

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

Contributing Factors

> *Women are having children at a young age outside of a committed relationship and without support from family. There is lack of education about this issue and a stigma surrounding getting help. – Other Health Provider (Total Area)*

> *People who already experience difficulty financially providing for their children continue to have children. It is quite concerning. – Social Services Provider (Total Area)*

> *Abuse, financial issues, and substance abuse cause major problems for families throughout Augusta. – Community Leader (Augusta County)*

Awareness/Education

Not enough education about contraception and STIs and not adequate access to the health department's services. – Social Services Provider (Total Area)

I believe this needs to addressed very emphatically in the high schools. Having a baby is not a financial option. – Other Health Provider (Augusta County)

Teenage Pregnancy

Teen pregnancy rates exceed state average. – Other Health Provider (Total Area)

Young population with unexpected pregnancies or inadequate partner support. – Physician (Augusta County)

Access to Care/Services

To my knowledge there is only one organization currently, out of Harrisonburg but also serving that Staunton/Augusta/Waynesboro region, that is specifically dedicated to family planning services. However, for individual served under my current organization as well as individuals whom I've worked with in previous community-based settings are reporting lack of supportive services often lends to occurrences of families entering the social services, child protective services, and foster-care services. – Community Leader (Total Area)

Modifiable Health Risks

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

Adults

A total of 28.9% 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.

RELATED ISSUE:
See also *Food Access* in the **Social Determinants of Health** section of this report.

- **TREND**: Marks a statistically significant decrease since 2016.
- **DISPARITY**: Statistically lower among Total Area men.

Consume Five or More Servings of Fruits/Vegetables Per Day

Total Area

						2016	2019
Staunton City	Waynesboro City	Augusta County	Total Area	US			
24.8%	26.4%	31.5%	28.9%	33.5%		39.2%	28.9%
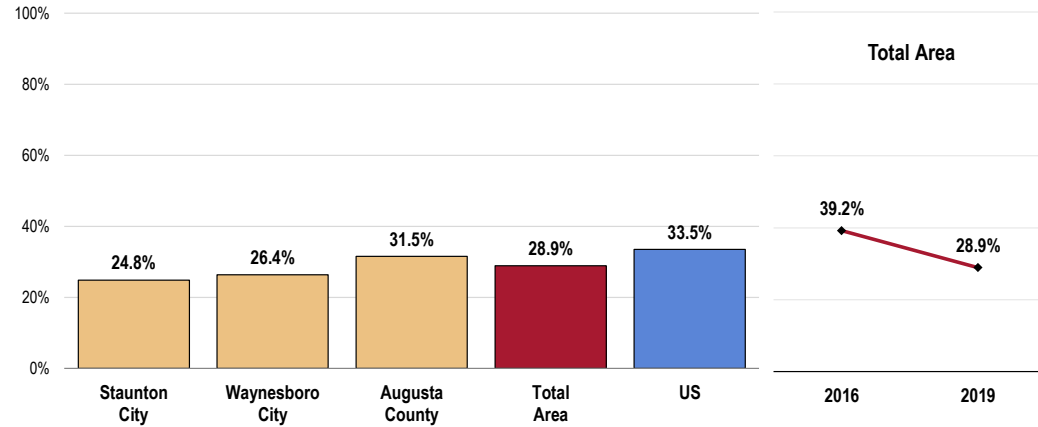
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
22.9%	34.6%	29.9%	27.1%	30.9%	24.4%	31.5%	29.3%	28.6%	28.9%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Children

Half (50.8%) of respondents with children age 2-17 report that their child eats five or more servings of fruits and/or vegetables per day.

- **BENCHMARK**: Well above the US figure.

Child Eats 5+ Fruits/Vegetables per Day
(Parents of Children Age 2-17)
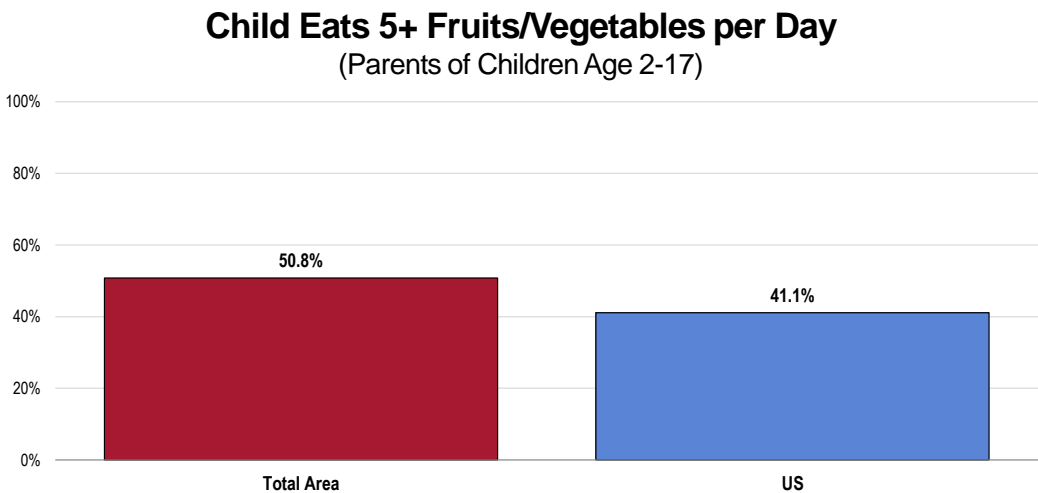
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 330]
        ● 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2 through 17.

Sugar-Sweetened Beverages

A total of 33.5% of Total Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- **DISPARITY**: Unfavorably high in Waynesboro. Higher among men and young adults.

Had Seven or More
Sugar-Sweetened Beverages in the Past Week

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	US		2016	2019
	29.0%	42.8%	32.0%	33.5%	29.0%		35.5%	33.5%

Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 329]
● 2017 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.

Had Seven or More
Sugar-Sweetened Beverages in the Past Week
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
40.4%	27.3%	42.0%	30.4%	26.8%	36.0%	31.0%	34.0%	33.3%	33.5%
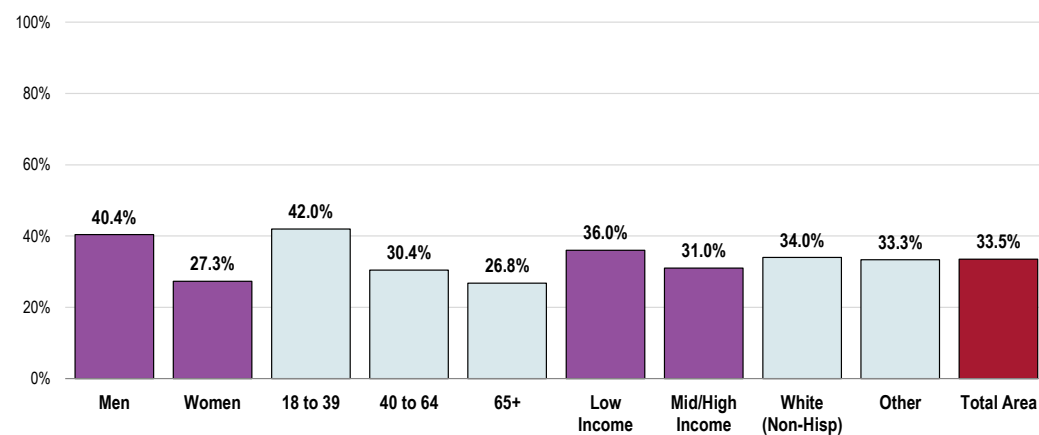
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 329]
Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

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, 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 29.4% of Total Area adults report no leisure-time physical activity in the past month.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 = 32.6% or Lower

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US		2016	2019
	29.7%	29.4%	29.3%	29.4%	26.0%	26.2%		27.8%	29.4%
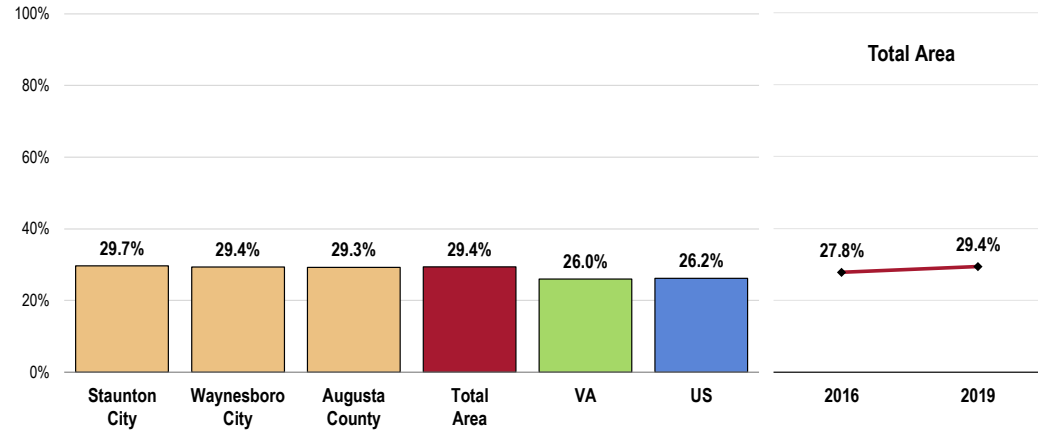
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, 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.

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.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 20.4% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **DISPARITY**: Correlates with age and is much higher among adults in the mid- to high-income range.

Meets Physical Activity Recommendations
Healthy People 2020 = 20.1% or Higher

Total Area

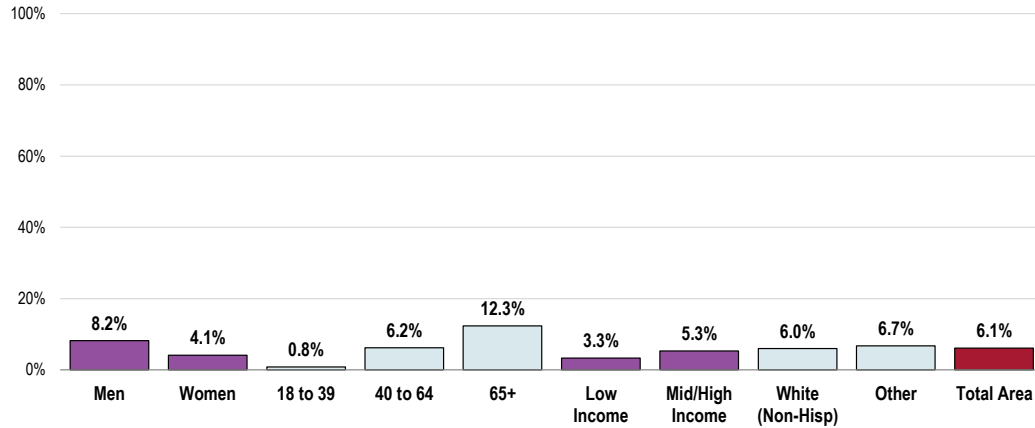| Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
20.8%	18.9%	20.8%	20.4%	21.8%	22.8%	15.6%	20.4%
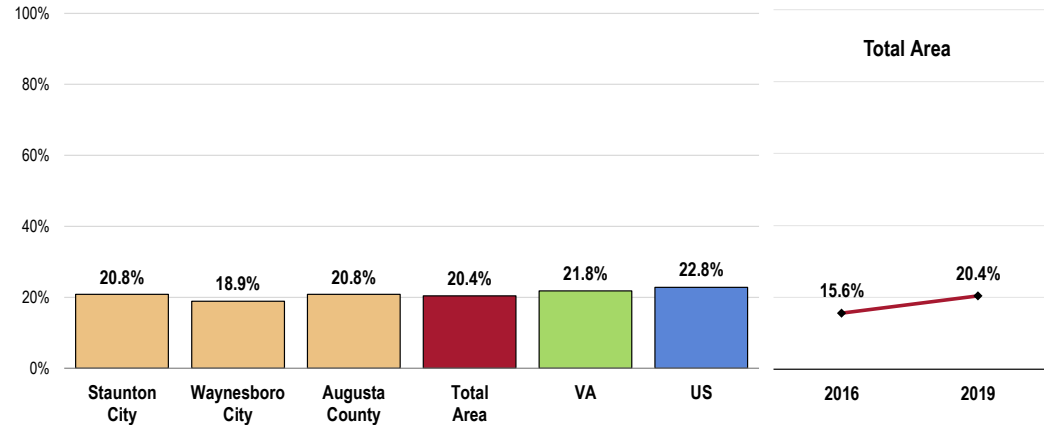
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

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.

Meets Physical Activity Recommendations
(Total Area, 2019)
Healthy People 2020 = 20.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
23.6%	17.3%	27.0%	19.0%	14.8%	11.6%	26.6%	19.3%	29.3%	20.4%
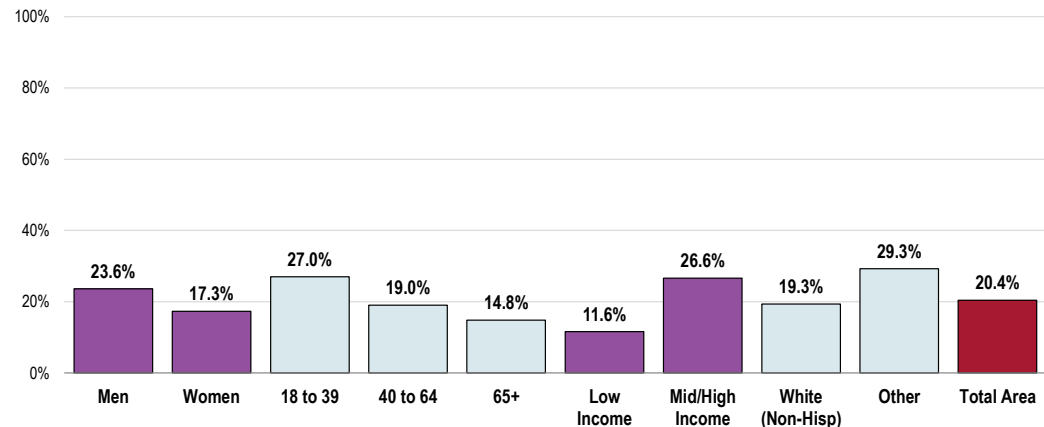
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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, 46.5% 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).

- **TREND**: Marks a statistically significant <u>decrease</u> over time.

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

Total Area: 46.5%
Boys 43.5%
Girls 50.2%

US: 50.5%

Total Area
2016: 66.8%
2019: 46.5%
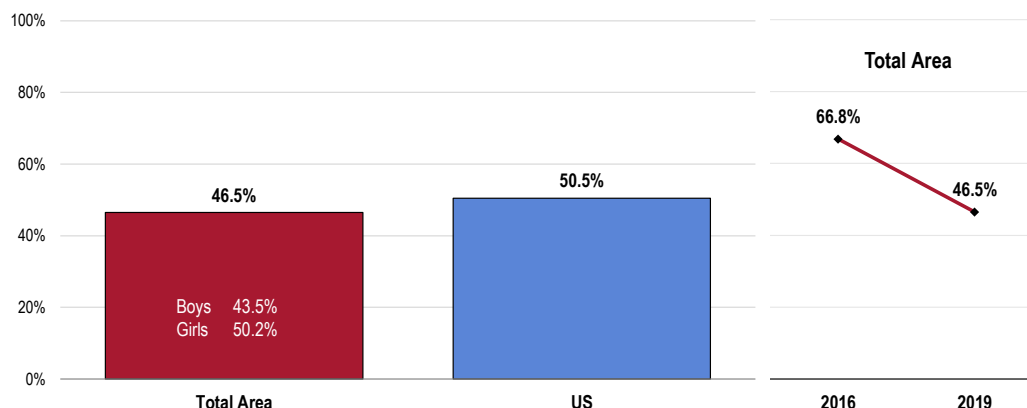
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

Availability of Facilities

In 2016, there were 11.8 recreation/fitness facilities for every 100,000 population in the Total Area.

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.

- **DISPARITY**: The proportion is lowest in Augusta County.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
16.8	23.8	6.8	11.8	12.9	11.0
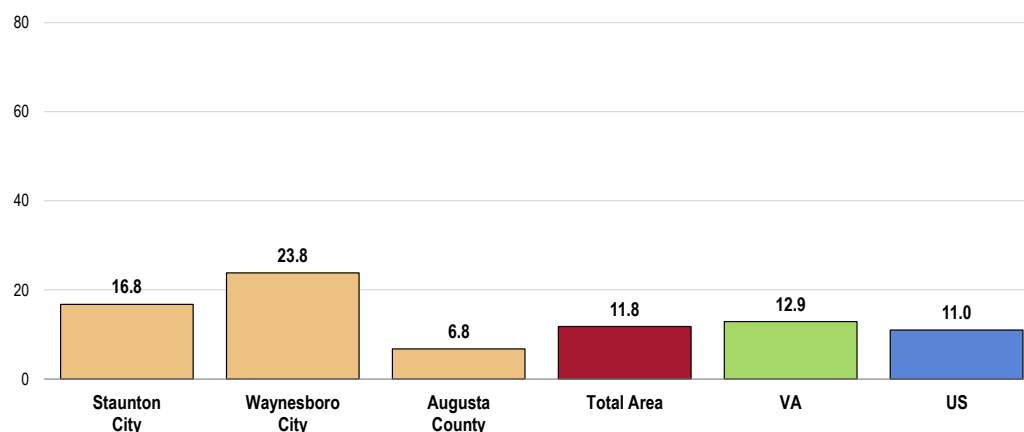
Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

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.

Neighborhood Attributes

Considerable shares of residents report living in neighborhoods lacking sidewalks (30.3%) or streetlights (25.0%). Another 21.7% experience what they consider heavy traffic in their neighborhoods.

Less commonly reported are a lack of trails (16.9%) or high crime (5.5%).

Here, respondents were asked about a series of conditions that can act as barriers to physical activity in the neighborhood.

- **DISPARITY**: Respondents in Augusta County were statistically more likely to report heavy traffic and lack of streetlights.

Potential Barriers to Physical Activity
(Total Area, 2019)

☐ Staunton City ☐ Waynesboro City ☐ Augusta County ■ Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area
Lack of Sidewalks/Sidewalks in Poor Condition	29.1%	24.1%	33.0%	30.3%
Lack of Streetlights/ Streetlights That Don't Work	17.2%	20.8%	29.7%	25.0%
Heavy Traffic	13.2%	14.8%	27.7%	21.7%
Lack of Trails/Trails in Poor Condition	15.2%	14.1%	18.7%	16.9%
Crime	5.7%	8.7%	4.3%	5.5%
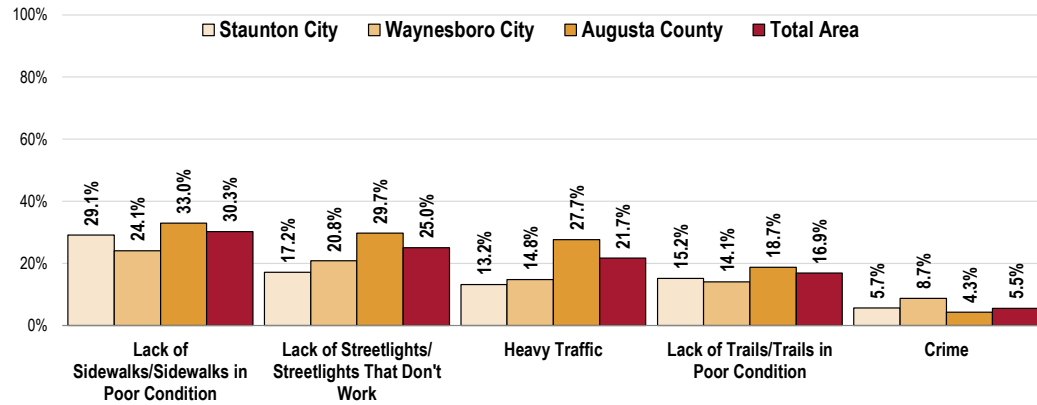
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 317-321]
Notes: ● Asked of all respondents.

Use of Parks and Recreation Centers

A total of 30.4% of survey respondents use a local park or recreation center at least weekly.

- **DISPARITY**: Use of local parks and recreation centers is highest among young adults.

Use a Local Park or Recreation Center at Least Weekly
(Total Area, 2019)

Staunton City	Waynesboro City	Augusta County	Total Area
36.9%	26.9%	29.0%	30.4%

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

Use a Local Park or Recreation Center at Least Weekly
(Total Area, 2019)

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.
　　　 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Use of Roads and Trails

Among Total Area adults, 26.0% use a local paved road or trail for exercise at least weekly.

● **DISPARITY**: The prevalence is lowest among adults in low-income households.

Use a Local Paved Road or Trail for Exercise at Least Weekly

Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.

Use a Local Paved Road or Trail for Exercise at Least Weekly
(Total Area, 2019)
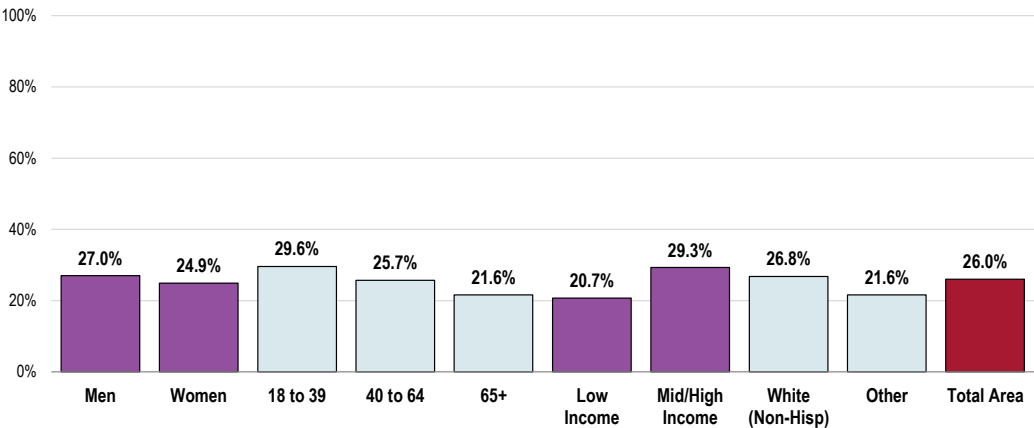
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: ● Asked of all respondents.
               ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
               ● Income categories reflect 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.

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

A total of 73.3% of Total Area adults are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- **TREND**: Marks a statistically significant <u>increase</u> over time.
- **BENCHMARK**: Worse than state and US percentages.
- **DISPARITY**: Particularly high in Waynesboro.

Prevalence of Total Overweight (Overweight and Obese)

Note: 62.5% of overweight adults are trying to lose weight.
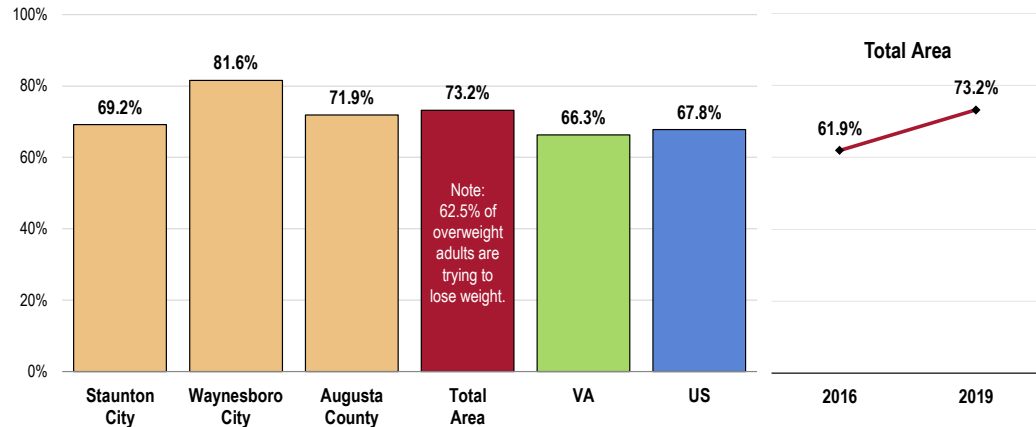
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
   ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
   ● 2017 PRC National Health Survey, PRC, Inc.

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.

Note that 29.1% of overweight adults have been given advice about their weight by a health professional in the past year (while most have not).

The overweight prevalence above includes 39.0% of Total Area adults who are <u>obese</u>.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- **TREND**: Denotes a statistically significant <u>increase</u> since 2016.
- **BENCHMARK**: Worse than Virginia and US figures and failing to meet the 2020 goal.
- **DISPARITY**: Particularly high in Staunton and Waynesboro.

Prevalence of Obesity
Healthy People 2020 = 30.5% or Lower

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
	45.6%	44.3%	34.2%	39.0%	30.1%	32.8%

Total Area: 2016 = 32.4%, 2019 = 39.0%
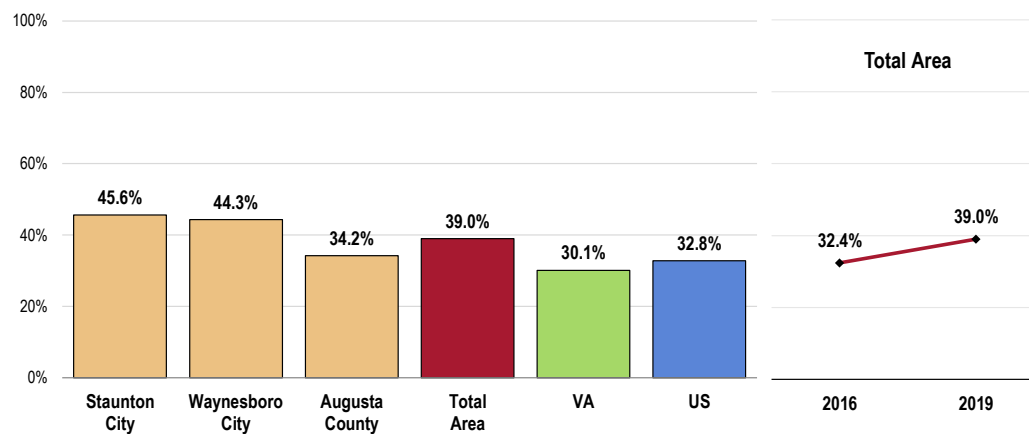
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● 2017 PRC National Health Survey, PRC, Inc.
● 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.
● 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.

Prevalence of Obesity
(Total Area, 2019)
Healthy People 2020 = 30.5% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
35.1%	42.9%	36.7%	41.5%	37.4%	47.2%	38.3%	38.3%	43.0%	39.0%
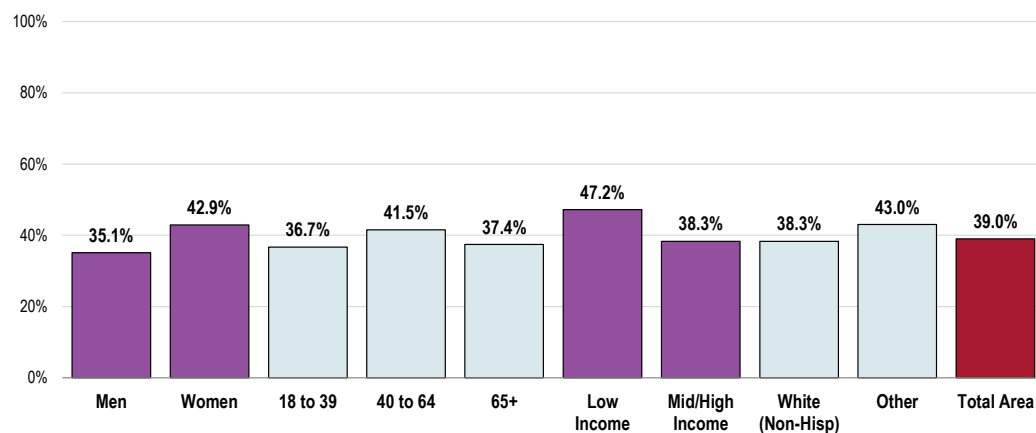
Sources:
● 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
● Based on reported heights and weights, asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Total Area, 2019)

Legend: ☐ Among Healthy Weight ☐ Among Overweight/Not Obese ■ Among Obese

High Blood Pressure: 25.8% / 35.8% / 49.8%
Child Is Obese: 14.8% / 17.9% / 37.0%
Arthritis/Rheumatism: 20.7% / 23.3% / 33.1%
Diabetes: 9.7% / 15.8% / 21.8%
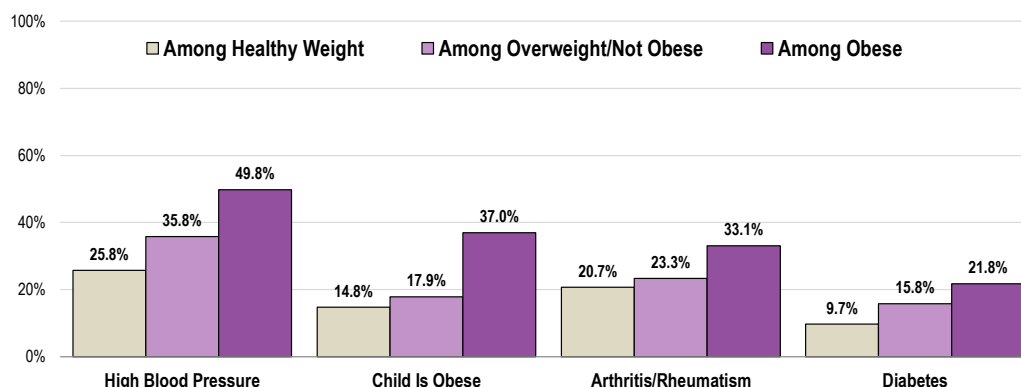
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: ● Based on reported heights and weights, asked of all respondents.

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, 40.8% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- **TREND**: Denotes a statistically significant <u>decrease</u> since 2016.

Prevalence of Overweight in Children
(Parents of Children Age 5-17)
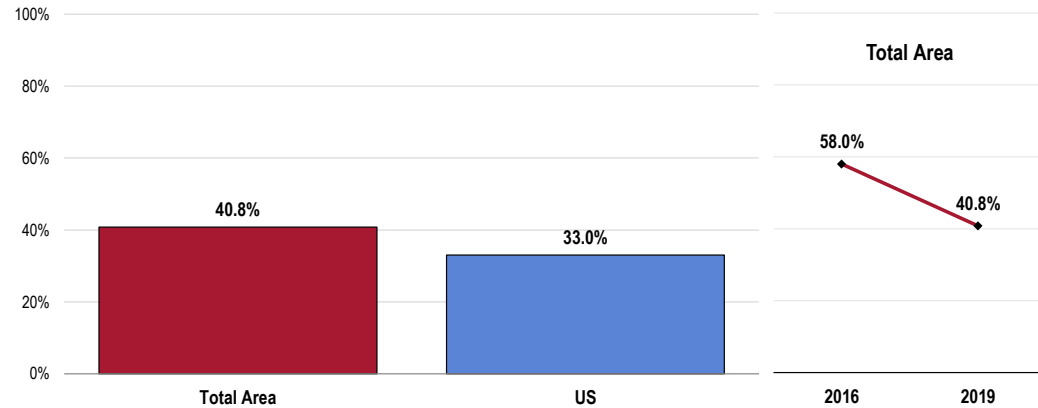
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 192]
- 2017 PRC National Health Survey, PRC, Inc.

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.

The childhood overweight prevalence above includes 25.7% of area children age 5 to 17 who are obese (≥95th percentile).

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 objective.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 = 14.5% or Lower
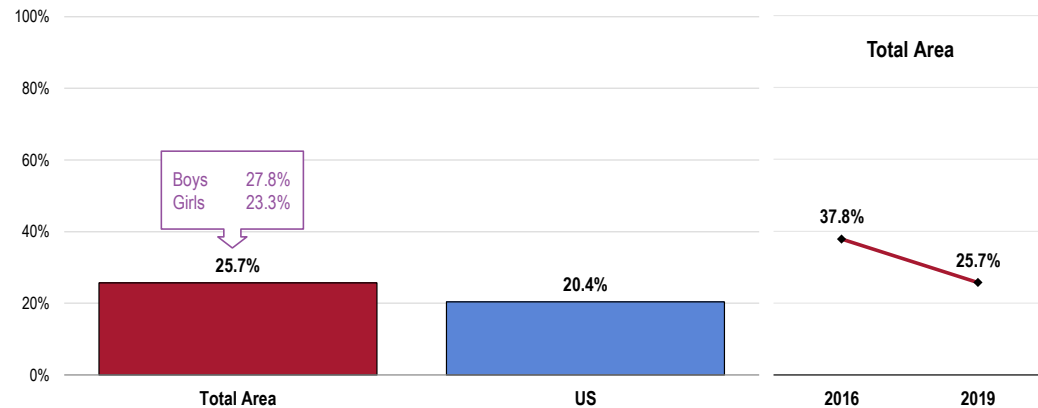
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

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

Key informants taking part in an online survey most often 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, 2019)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

61.0%	27.1%	11.9%

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

Top Concerns

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

Awareness/Education

Lack of nutritional education. Lack of access to nutritious food. – Physician (Total Area)

Lack of education resources, poverty, poor parental accountability. – Other Health Provider (Total Area)

Education about healthy lifestyle, nutrition, diet, exercise; access to healthy foods. – Other Health Provider (Total Area)

Education and access to affordable healthy food and exercise programs/options. I think there are programs available, but people are not educated enough to want to pursue or even know they need it. – Physician (Total Area)

Lack of education about healthy eating and physical activity and lack of access to healthy foods or physical activity programs. – Other Health Provider (Total Area)

Lack of a multidisciplinary program that actually works to help people with weight loss and dietary education in a culture that has access to unhealthy foods. – Physician (Total Area)

Lack of education and support on metabolic syndrome and the effectiveness of diet, activity, and weight loss to manage and reverse the syndrome, which would reduce risk for multiple diseases. – Other Health Provider (Total Area)

Nutrition, physical activity and weight are three things that are big components of top preventable diseases. While people know they should eat better and exercise, individuals feel they know little about what they can do to improve their health. – Other Health Provider (Augusta County)

Education, cost, high prevalence of obesity, socio-economic, access to healthy choices. – Other Health Provider (Total Area)

It is still about helping people to make good choices; restriction could be knowledge deficit or financial but also it could be because people are so busy. Professional people who are working hard, transporting kids from place to place and having to eat "on the run," or not having the time to prepare good meals. – Other Health Provider (Augusta County)

Like most of the United States, people have not realized that good nutrition, being active, and maintaining a healthy weight are not only good for right now but have positive benefits in the future. And that lack of those things greatly increases their chances of poor health outcomes much later. – Social Services Provider (Total Area)

Teaching our children the need to eat healthily and get plenty of physical activity. – Social Services Provider (Total Area)

Lack of education about healthy choices, local foods, affordable foods, especially for lower income folks. Access to lower-cost activities and recreation centers that promote wellness. – Social Services Provider (Total Area)

Inadequate knowledge re: healthy food choices; difficulty breaking the cycle of making poor food choices in families; plethora of fast food restaurants. – Community Leader (Total Area)

Overweight/Obesity Prevalence

High rate of obesity and overweight population. Need preventive service and education for parents of young children. Children need more physical activity. – Other Health Provider (Total Area)

Obesity, lack of physical activity. – Community Leader (Waynesboro)

Large adult population with morbid obesity and growing pediatric population that is overweight or obese. – Physician (Augusta County)

Obesity. – Other Health Provider (Total Area)

Obesity is what I see to be our biggest nutritional challenge in this area. – Other Health Provider (Total Area)

We have a high rate of obesity and obesity-related diseases. – Physician (Total Area)

Obesity is an issue for the entire United States. – Community Leader (Augusta County)

It has been documented that there is an obesity problem throughout the area. Cost of memberships, classes, and transportation are prohibitive to many individuals taking advantage of programs that exist. – Social Services Provider (Total Area)

I see many people who are overweight and not exercising regularly. – Other Health Provider (Augusta County)

Lifestyle

Personal accountability. The resources and literature are available but some people just won't take the time to take care of themselves. – Community Leader (Waynesboro)

Lack of motivation, people think being overweight will have no consequences. – Community Leader (Augusta County)

It's just really hard to eat right, exercise, and maintain weight. I wouldn't even term them 'excuses.' I personally know lots of people who, between jobs and families and other responsibilities, really do have difficulty making time to exercise. It's more than just personal responsibility, too. They actually need a spouse or a friend to step in and say, "I can watch the kids three hours a week so you can go to fitness class (or a walk or whatever)." I also think many would be surprised to learn they are overweight or obese. If you don't realize you are overweight, you have no motivation to lose. – Other Health Provider (Total Area)

Dietary habits, limits to exercise/gym access. High cost of healthy diet. – Physician (Total Area)

Long-standing family dietary habits differ widely along socio-economic levels. Healthier options at the store are cost-prohibitive for many residents, and few affordable healthy options exist for dining out. Likewise, organized physical activity (gym memberships, school sports) can also be cost-prohibitive. Combined with what appears to be a high rate of tobacco use, the expense of which is prioritized over healthier options, compounds the issue. – Social Services Provider (Total Area)

Substance abuse, obesity, types of food consumed and contents of most commonly available foods in our society. – Physician (Augusta County)

Poor nutrition intake and results obesity. – Other Health Provider (Augusta County)

Apathy. – Public Health Representative (Total Area)

Making lasting behavioral changes, in these areas, is the greatest challenge for people in this community. – Physician (Total Area)

Changing unhealthy lifestyle. – Social Services Provider (Augusta County)

Lower income people typically eat more fast food, increasing weight, risk of diabetes, stroke, heart disease etc. – Other Health Provider (Augusta County)

Getting people to adopt a healthy lifestyle and make responsible decisions in regards to weight, diet, smoking, substance abuse. – Physician (Augusta County)

Access to Healthy Food

This is a huge issue facing many people in my community. Many people do not have access to and/or cannot afford healthy foods. Not having certain infrastructure prevents people from being physically active. For example, this is a rural community so many people cannot walk to and from work daily. Many people struggle with these issues, which then lead to other chronic health issues such as diabetes. – Other Health Provider (Augusta County)

Reduced access to healthier food options for those that can't afford it. Lack of knowledge on benefits to good diet and exercise. – Other Health Provider (Total Area)

There is a broad lack of access to affordable, nutritious, fresh food, and produce. Wages are stagnant. Higher paying jobs require people to commute farther distances. Limited free time and other demands can lead to less physical activity. Cost of living affects what people can give their money and attention. Unaddressed mental and physical health issues can contribute to lack of exercise, chronic disease, and lack of attention to healthy diet. Living in a large geographical area like Augusta County, reliable transportation is a must to access parks, outdoor recreation areas, trails, and fitness centers. We need to have more options for walkable cities and towns, connections between trails and parks, expand access to farmers markets, food pantries, and banks, increase the quality of food available, get local employers to commit to paying a living wage, increase community education and outreach, and engage with diverse community leaders to increase adoption of healthy behaviors. – Social Services Provider (Total Area)

I feel that access to affordable organic food and even education about the benefits of eating such food is missing. – Social Services Provider (Total Area)

Exercise and cost of eating healthy. – Community Leader (Augusta County)

Money. Nutritious food is expensive, Access to help with physical activity is expensive. My clients who are very involved with doctors tend to get free access if needed to Lifetime Fitness or YMCA. Those who avoid doctors because of costs as less likely to get access. It is just harder. – Other Health Provider (Total Area)

Poor access to nutritious foods, particularly in southern and western Augusta, where there are food deserts. Limited desire, knowledge, money or motivation to make proper dietary changes. Limited access to exercise facilities (i.e., location, cost) or limited desire/motivation to make changes. – Social Services Provider (Total Area)

Insufficient Physical Activity

People are too sedentary, lots of obesity becoming normative. – Social Services Provider (Augusta County)

Sedentary lifestyles, lack of adequate safe walking and biking paths, availability of cheap fast food. – Community Leader (Total Area)

Lack of physical infrastructure to make it possible to lead a more active lifestyle. A totally car-centric development partner. – Social Services Provider (Total Area)

Time for physical activity. Understanding the basics of proper nutrition. Mixed messages about healthy eating, which causes confusion. Access to affordable healthy options for low income individuals/family. – Other Health Provider (Augusta County)

Disease Management

Overall compliance of the patients. – Other Health 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

A total of 34.0% of Total Area adults reporting getting an average of less than seven hours of sleep per night.

Average Hours of Sleep Per Night
(Total Area, 2019)

9+ Hours 10.7%
4 Hours/Less 4.8%
5-6 Hours 29.2%
7-8 Hours 55.5%
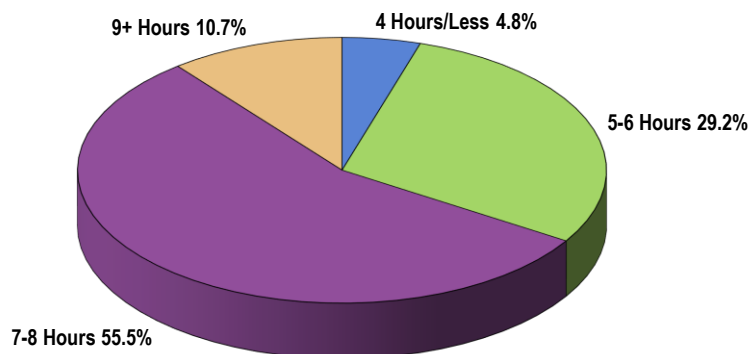
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.

- **DISPARITY**: Lack of sleep is more notable among adults under 65, those in low-income households, and communities of color.
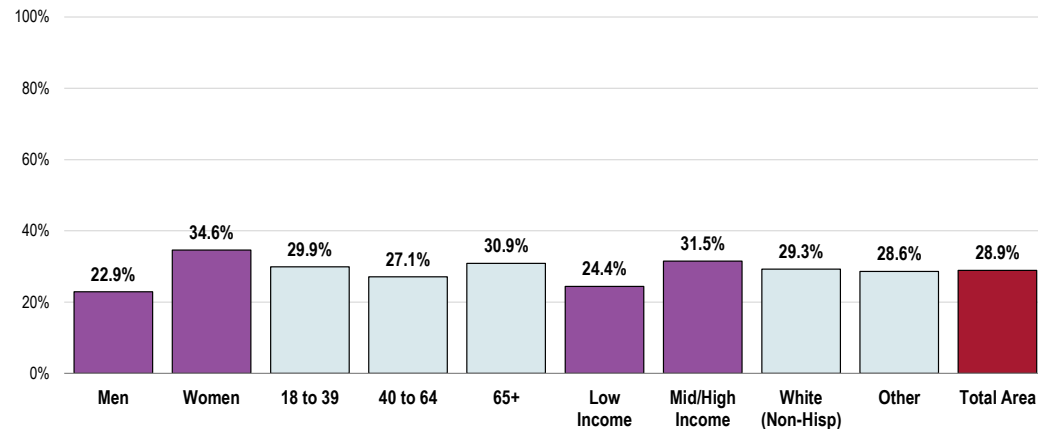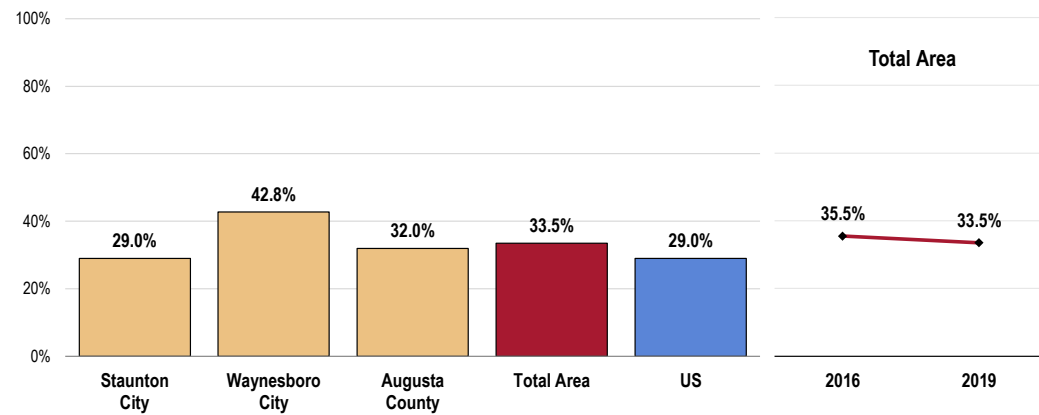
Generally Sleep Less Than Seven Hours Per Night
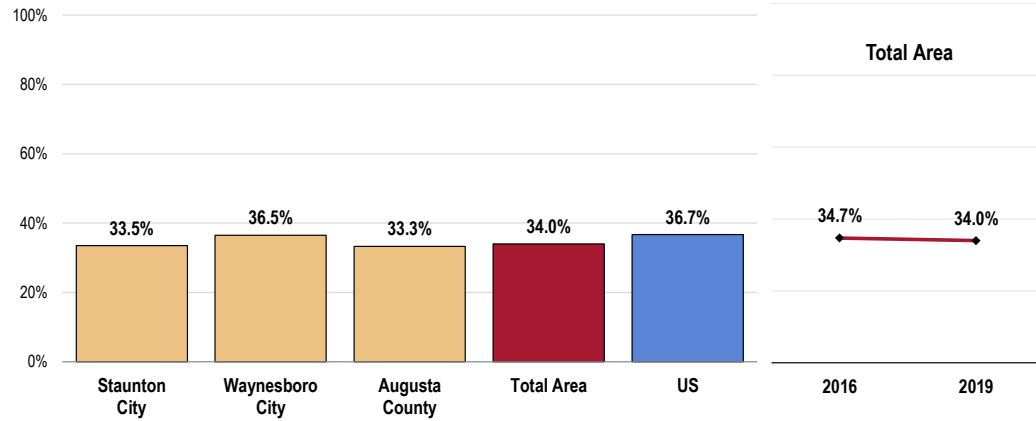
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 173]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Generally Sleep Less Than Seven Hours Per Night
(Total Area, 2019)
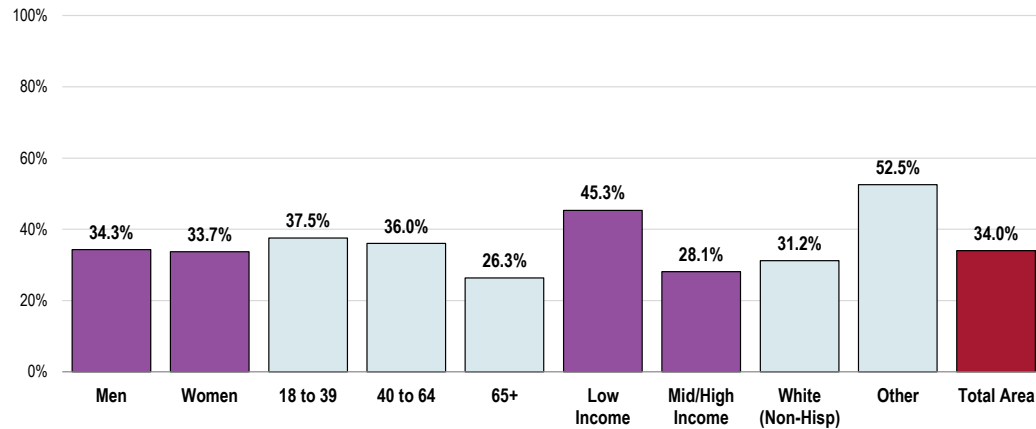
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 173]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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 2015 and 2017, the Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 14.9 deaths per 100,000 population.

- **TREND**: The Total Area death rate has increased considerably over the past decade, though declining somewhat in recent years.
- **BENCHMARK**: Well above the state and national death rates and failing to meet the Healthy People 2020 goal.
- **DISPARITY**: Cirrhosis death rate is particularly high in Staunton.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 8.2 or Lower

Bar chart values:
- Staunton City: 26.5
- Waynesboro City: N/A
- Augusta County: 8.6
- Total Area: 14.9
- VA: 9.5
- US: 10.8

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 2019.
- 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.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 8.2 or Lower

	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	5.0	5.0	8.5	10.2	10.5	12.4	16.4	20.0	18.6	14.9
VA	10.0	10.0	7.7	7.9	8.4	8.7	8.9	9.1	9.2	9.5
US	9.0	9.1	9.3	9.6	9.7	10.0	10.2	10.5	10.6	10.8

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 2019.
- 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 14.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **TREND**: Marks a statistically significant <u>increase</u> over time.
- **BENCHMARK**: Below the US prevalence and satisfies the 2020 goal.
- **DISPARITY**: More often reported among men and young adults in the Total Area.

"**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.

Excessive Drinkers
Healthy People 2020 = 25.4% or Lower

Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
10.6%	18.3%	14.3%	14.2%	22.5%	9.2%	14.2%
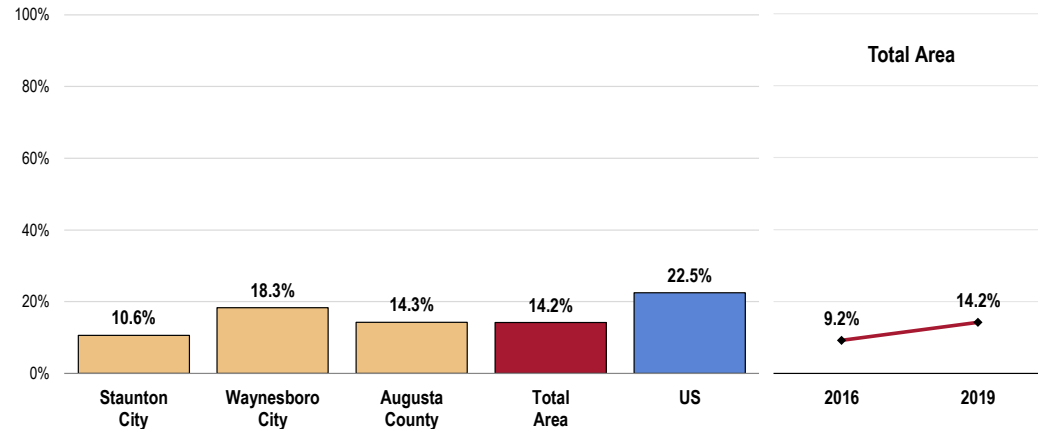
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

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) <u>OR</u> 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 Drinkers
(Total Area, 2019)
Healthy People 2020 = 25.4% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
19.7%	9.2%	19.8%	12.9%	9.2%	11.3%	17.0%	14.6%	11.1%	14.2%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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) <u>OR</u> 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

A total of 0.8% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- **TREND**: Denotes a small but statistically significant <u>increase</u> since 2016.
- **BENCHMARK**: Well below the Virginia and US figures.
- **DISPARITY**: Note the zero response in Staunton.

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.

**Have Driven in the Past Month
After Perhaps Having Too Much to Drink**

						Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
0.0%	2.4%	0.4%	0.8%	2.7%	5.2%	0.0%	0.8%
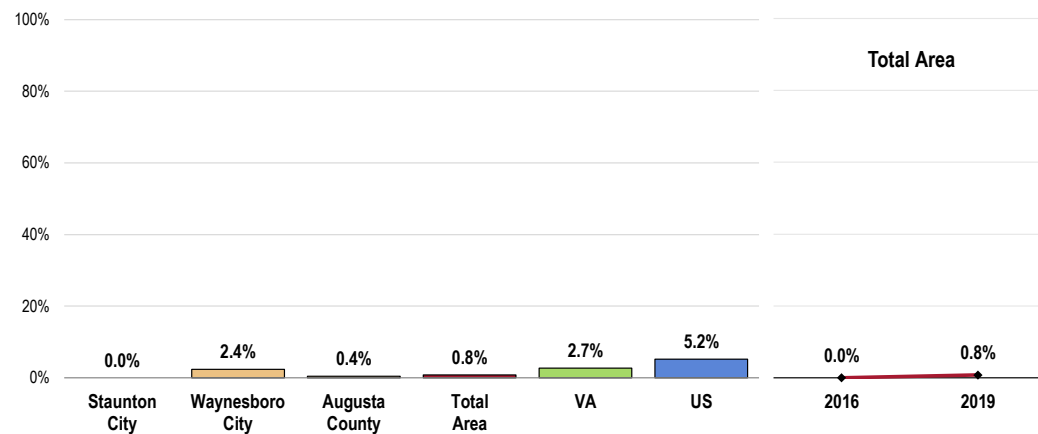
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 12.0 deaths per 100,000 population in the Total Area.

- **BENCHMARK**: Below the state and national rates.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2015-2017 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 11.3 or Lower

Total Area	VA	US
12.0	13.9	16.7

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 2019.
- 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.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 11.3 or Lower

	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Total Area	13.6	12.2	11.1	11.4	11.0	9.1	8.9	12.0
VA	6.3	6.5	6.6	7.6	8.1	9.4	11.6	13.9
US	9.6	10.1	10.3	10.8	11.3	12.4	14.3	16.7

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 2019.
- UD 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

A total of 3.1% of Total Area adults acknowledge using an illicit drug in the past month.

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.

- **TREND**: Denotes a statistically significant increase since 2016.
- **BENCHMARK**: Easily satisfies the Healthy People 2020 objective.
- **DISPARITY**: Lowest in Waynesboro. Higher among men and young adults.

Illicit Drug Use in the Past Month
Healthy People 2020 = 7.1% or Lower

Total Area

Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
3.9%	1.1%	3.6%	3.1%	2.5%	0.5%	3.1%
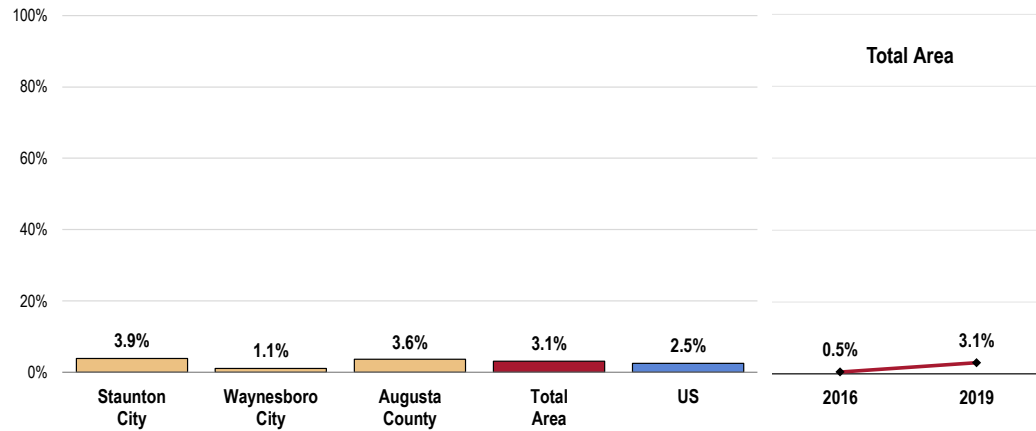
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Area, 2019)
Healthy People 2020 = 7.1% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
5.3%	1.0%	6.2%	2.5%	0.5%	3.7%	3.0%	2.6%	7.6%	3.1%
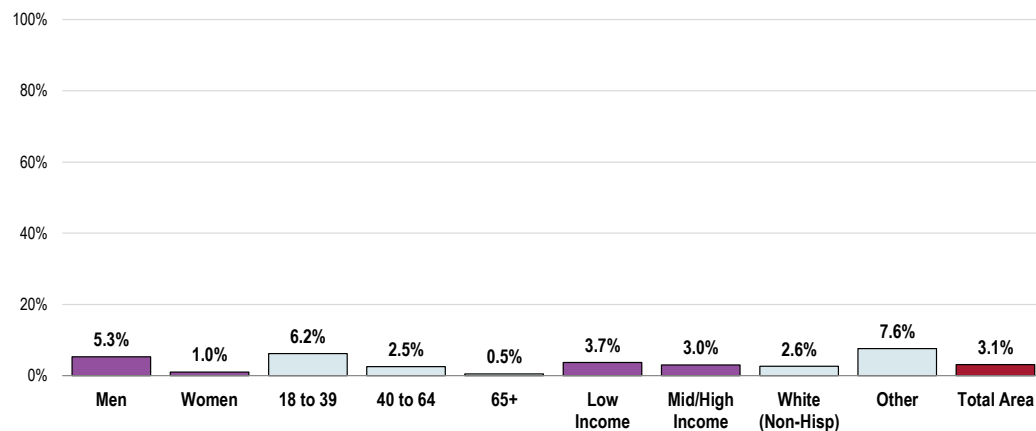
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Opioids/Opiates

A total of 17.7% of survey respondents report using an opiate or opioid in the past year (whether prescribed or not).

- **DISPARITY**: Higher among adults age 40 to 64.

Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

Opiate/Opioid Use in the Past Year

	Staunton City	Waynesboro City	Augusta County	Total Area
	18.5%	17.5%	17.5%	17.7%
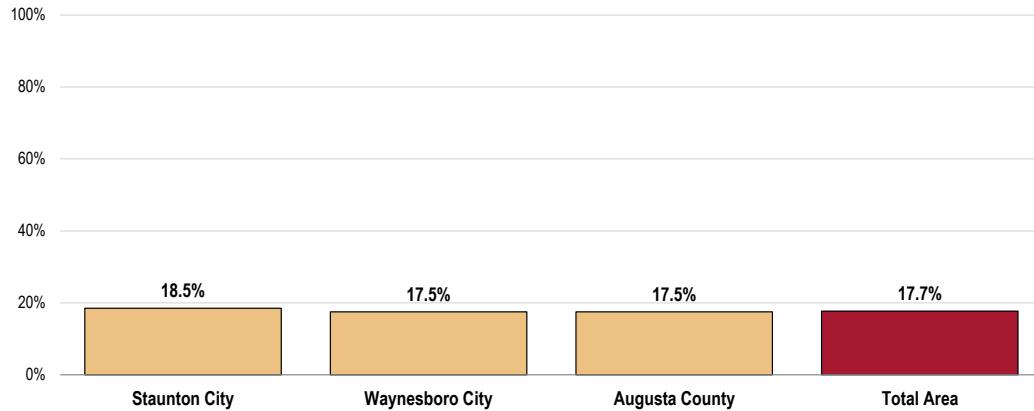
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.

Opiate/Opioid Use in the Past Year
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
16.7%	18.7%	15.0%	22.4%	12.9%	20.3%	16.1%	17.7%	14.8%	17.7%
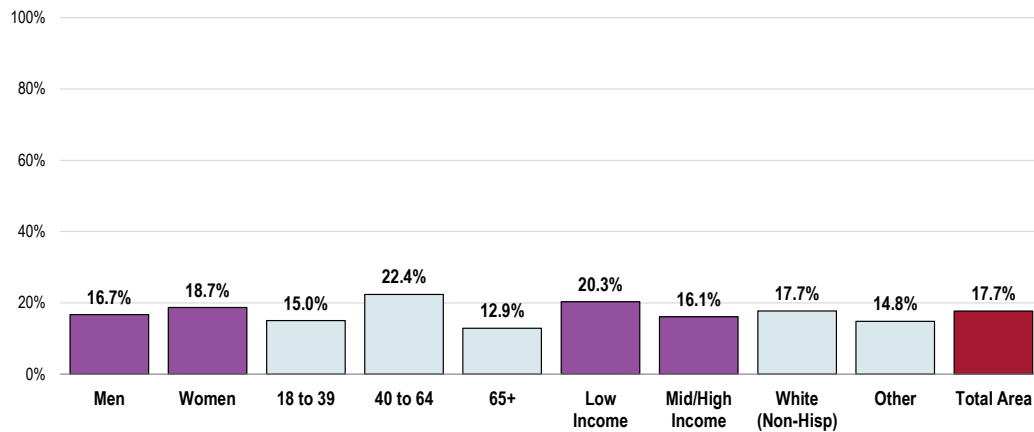
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
● Income 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 4.5% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- **TREND**: Denotes a statistically significant <u>decrease</u> over time.
- **DISPARITY**: Lowest in Staunton.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

	Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
	1.7%	6.3%	5.0%	4.5%	3.4%	8.0%	4.5%
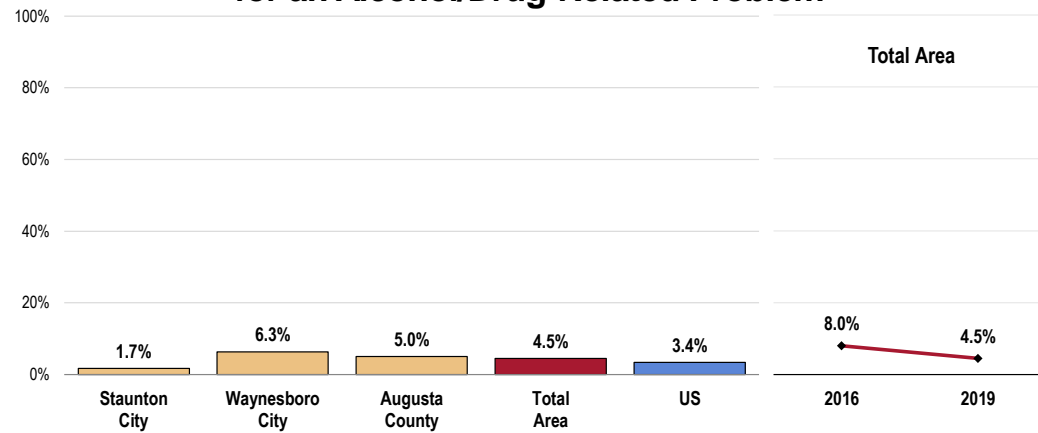
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact from Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Total Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Total Area, 2019)

Great Deal 11.2%

Somewhat 12.0%

Little 15.0%

Not At All 61.8%
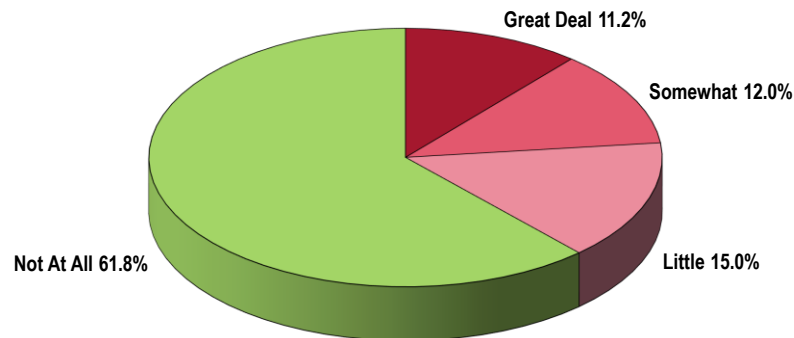
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 61]
Notes: ● Asked of all respondents.

However, 38.2% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

- **DISPARITY**: Correlates significantly with age and income. It is also significantly higher among non-Hispanic White residents in the Total Area.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

					Total Area	
Staunton City 39.6%	Waynesboro City 41.7%	Augusta County 36.4%	Total Area 38.2%	US 37.3%	2016 36.2%	2019 38.2%
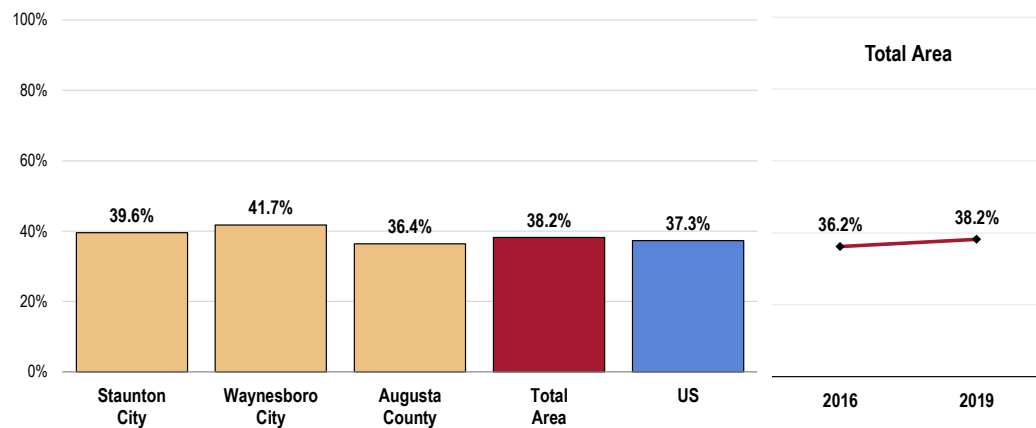
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Total Area, 2019)
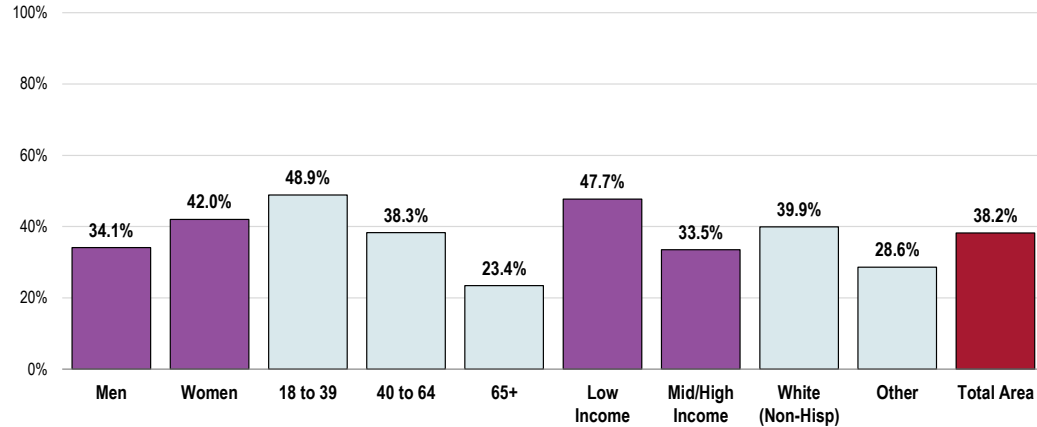
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
Notes: ● Asked of all respondents.
           ● Includes response of "a great deal," "somewhat," and "a little."
           ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

The greatest share 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, 2019)
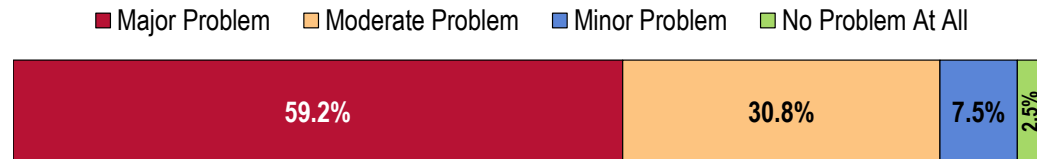
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

Access to Treatment/Services

> *Very limited services, no inpatient detox that means guidelines for long-term success rates in the area. Limited number of psychiatrists and counselors and they cannot meet the demand. Stigma related to substance abuse; people hide it and do not seek treatment. – Other Health Provider (Total Area)*

> *Lack of drug treatment facilities. – Other Health Provider (Total Area)*

Lack of residential care for the current poly-substance and opioid users who are taking up too many psych beds. Thus far, inadequate prescribers of MAT, although this may improve with a $850,000 grant for Valley Service Community Board. – Other Health Provider (Total Area)

Lack of treatment and rehabilitation services. Need more intervention before social problems emerge. – Other Health Provider (Total Area)

There is only one comprehensive outpatient treatment facility in our region. There are no inpatient rehabilitation centers in our region that are substance abuse specific, i.e., detox, rehab, and community transition services. And there is only one provider in our region that specifically treats opioid addiction. – Community Leader (Total Area)

I think it's similar to mental health. On the one hand, there is a need for more programs to meet the needs of a variety of patients in a variety of circumstances. On the other hand, the patients themselves are very crisis oriented. When in crisis, they seek help (whether in the ED or at another provider). But once the crisis is past and it's time to show up for treatment, they don't because it's no longer a crisis. The no-show rate is high. It's not a transportation issue—the no-show rate is high among those with transportation, too. – Other Health Provider (Total Area)

Lack of immediate resources for folks requesting to come off drugs/ethos. Lack of long-term treatment options. – Physician (Total Area)

Limited support and clinical services to aid in treating the tobacco addiction. – Other Health Provider (Total Area)

Counseling. – Other Health Provider (Augusta County)

There are no local inpatient resources for treatment. Patients and families have to travel long distances to obtain rehabilitation services. – Other Health Provider (Total Area)

Access to transportation to get to substance abuse treatment. Staunton/Augusta County does not offer any formal substance abuse treatment for adolescents that I am aware of. – Social Services Provider (Augusta County)

Transportation to and from appointments and the lack of community-based support. Meeting people where they are, assessing home life, assessing family dynamics. – Public Health Representative (Total Area)

Limited treatment centers, substance abuse leads to crime and other issues. It would be great if we could prevent substance abuse in the first place. Maybe by increasing mental health access and having early intervention, there would be less substance abuse. – Other Health Provider (Augusta County)

There are not enough resources available, such as treatment facilities and providers. Seems like many people who have a substance abuse issue may not want to seek help. – Other Health Provider (Augusta County)

No substance abuse treatment center in area, must have insurance. – Other Health Provider (Augusta County)

Access to outpatient treatment programs. Expense of medications used for treatment. – Other Health Provider (Augusta County)

Lack of local detox center or outpatient services for working adults, increased drug trafficking in area. – Community Leader (Total Area)

Lack of access to substance abuse resources and services and stigma around seeking treatment. – Other Health Provider (Total Area)

Lack of resources and counselors. No inpatient program. – Social Services Provider (Total Area)

Currently there is not a detox clinic or detox services in our area. – Social Services Provider (Total Area)

There are limited treatment facilities both inpatient and outpatient. – Physician (Total Area)

Barrier is not knowing what treatment options are available or how to access them. – Physician (Total Area)

Denial/Stigma

Denial by users of the problem; stigma attached to admitting there is a problem; lack of resources or knowledge of available resources. – Community Leader (Total Area)

Stigma, fear, and the need for more licensed providers, waivered providers for suboxone, cost of treatment, lack of insurance, private or Medicaid. No local detox, no local residential treatment. – Social Services Provider (Total Area)

Stigma connected with those with substance abuse. – Physician (Augusta County)

People refusing, actual treatment centers, the cost of treatment centers. – Community Leader (Waynesboro)

Lack of understanding of addiction and recovery. The stigma that exists about addiction is still alive and well. It is better than it was 40 years ago, but it is still common. I encountered this two times today already and I'm on my lunch break. If more people understood that recovery is possible, they would approach people from that perspective. Addiction is hard because most addicts still have a part of them that desires the feeling that they got from their drug of choice. They also have a part of self that desires to be drug free. Statistically most addicts come to any kind of treatment because someone else thinks they need to quit. They may agree but not be fully on board. We need to meet all patients where they are and design programs that have integrity and understanding about goals. In the language of Solution Focused Therapy, we need to treat visitors with kindness and graciousness and hope that they will become customers for recovery. We can do this without being enablers. – Other Health Provider (Total Area)

Desire, motivation, cost of treatment, accessibility to needed treatment, and transportation to treatment are all barriers. – Social Services Provider (Total Area)

Incidence/Prevalence

Abundance of use. Limited resources in rural settings. – Social Services Provider (Staunton)

Increasing opioid addiction is rising at alarming rates. – Other Health Provider (Augusta County)

Reoccurrence of problem. – Community Leader (Augusta County)

Youth substance abuse, which is primarily alcohol by minors, but is increasingly following national trends concerning the use of much more deadly drugs. – Social Services Provider (Total Area)

Substance abuse in our area is an epidemic problem. Narcotics and illegal substances are impacting hospitals, mental healthcare, first responders, corrections, jails, families and the entire community. – Community Leader (Augusta County)

Cost

Not enough providers, especially for low-income residents. Lack of inpatient treatment options. – Social Services Provider (Total Area)

Not enough facilities are available at all, especially for non-/underinsured. – Social Services Provider (Total Area)

Cost can be a barrier if the person does not have insurance. Having a local facility that can accommodate our growing need for services. Our current system is vastly overwhelmed. – Community Leader (Waynesboro)

Very few resources for the uninsured including detox, suboxone clinics, specialists in addiction, compassion and prioritizing treatment. – Other Health Provider (Total Area)

Lack of affordable drug rehabilitation programs. Inpatients are told to call Valley Community Service Board when discharged from hospital; however, no liaison to help bridge people over to the services they need. – Physician (Augusta County)

Costs and self-efficacy. – Community Leader (Staunton)

Contributing Factors

I have found that many with mental health issues choose to self-medicate with a variety of substances, and the abuse looks different in every case. At many Healthcare for the Homeless clinics, residents are self-medicating with controlled substances, alcohol, or illegal drugs. I find this to be common in many social circles and among all social classes. – Other Health Provider (Augusta County)

Opioid use. Doctors prescribing too many pain medications prior to seeking holistic alternatives. – Other Health Provider (Total Area)

Prevention more than treatment. – Social Services Provider (Augusta County)

Easy access, drug trafficking, insufficient primary prevention. – Other Health Provider (Total Area)

Lack of insurance, lack of sufficient providers, stigma, lack of knowledge of resources. – Social Services Provider (Augusta County)

Awareness/Education

Members of the community are probably not aware of the resources available and where to find them. – Community Leader (Waynesboro)

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **methamphetamine/ other amphetamines** as the most problematic substance abused in the community, followed by **alcohol**, **heroin/other opioids,** and **prescription medications**.

Problematic Substances as Identified by Key Informants			
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Methamphetamines or Other Amphetamines	45.9%	23.3%	13.6%	**50**
Alcohol	31.1%	16.7%	22.0%	**42**
Heroin or Other Opioids	14.8%	23.3%	18.6%	**34**
Prescription Medications	6.6%	28.3%	16.9%	**31**
Marijuana	0.0%	3.3%	18.6%	**13**
Cocaine or Crack	0.0%	3.3%	3.4%	**4**
Over-The-Counter Medications	1.6%	1.7%	3.4%	**4**
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	3.4%	**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 14.8% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Area, 2019)

Regular Smoker 12.2%

Occasional Smoker 2.6%

Former Smoker 28.6%

Never Smoked 56.6%
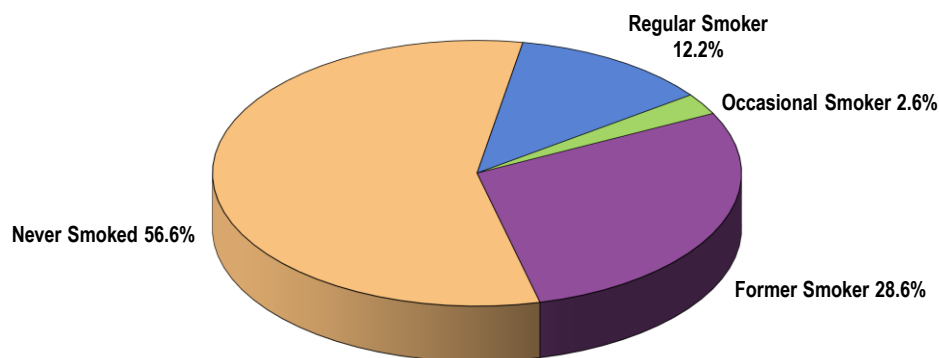
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Total Area.

- **DISPARITY**: Smoking is more prevalent among adults under 65 and low-income residents.

Current Smokers
Healthy People 2020 = 12.0% or Lower

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US		2016	2019
	17.6%	16.4%	13.1%	14.8%	16.4%	16.3%		17.2%	14.8%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.
- 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).

Current Smokers
(Total Area, 2019)
Healthy People 2020 = 12.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
15.7%	14.0%	15.6%	17.4%	8.9%	22.9%	10.8%	14.5%	17.1%	14.8%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- 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.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

Among all surveyed households in the Total Area, 12.2% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

- **TREND**: Marks a statistically significant <u>decrease</u> since 2016.

Member of Household Smokes at Home

Total Area

5.6% among households with children

8.1% among nonsmokers

Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
14.9%	13.1%	10.7%	12.2%	10.7%	17.2%	12.2%
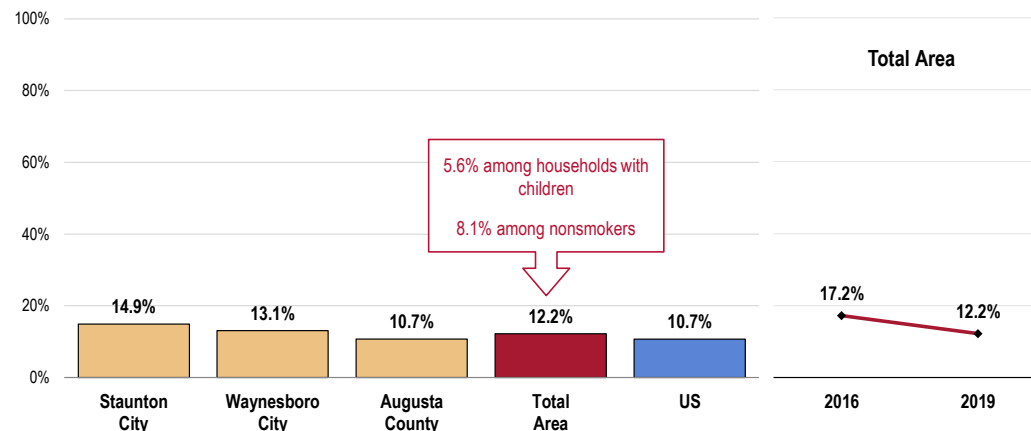
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
　　　　 ● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　 ● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

One-fourth of regular smokers (25.7%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **BENCHMARK**: Far from satisfying the 2020 goal.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Everyday Smokers)
Healthy People 2020 = 80.0% or Higher

Most current smokers (67.7%) were advised to quit in the past year by a healthcare professional.

Total Area: 25.7%
US: 34.7%
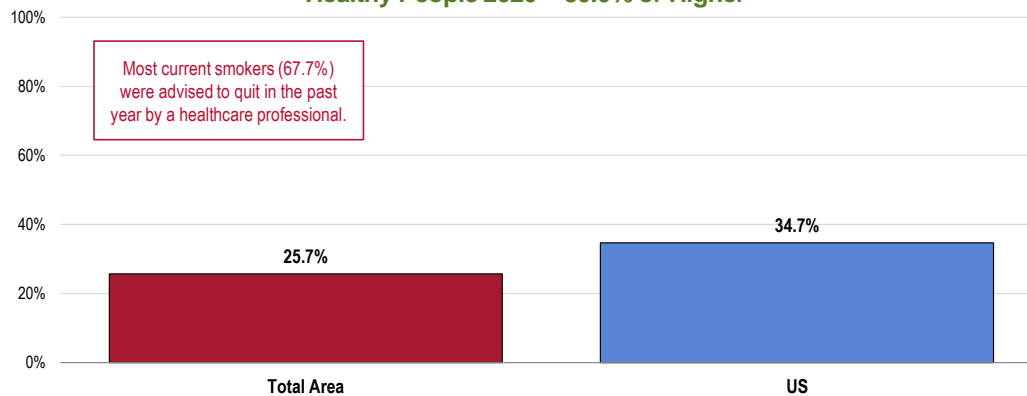
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 304-305]
- 2017 PRC National Health Survey, PRC, Inc.
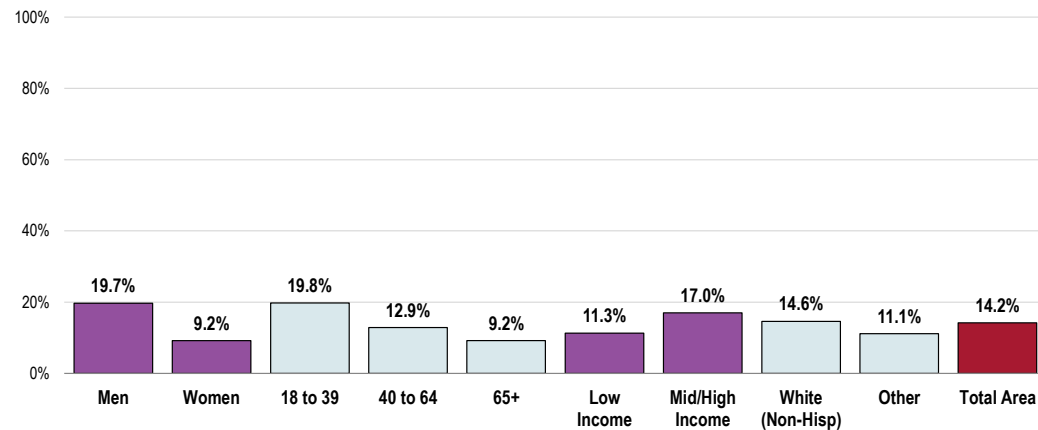- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Total Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Total Area, 2019)

Use Every Day 2.5%

Use on Some Days 4.0%

Tried, Don't Currently Use 16.9%

Never Tried 76.6%
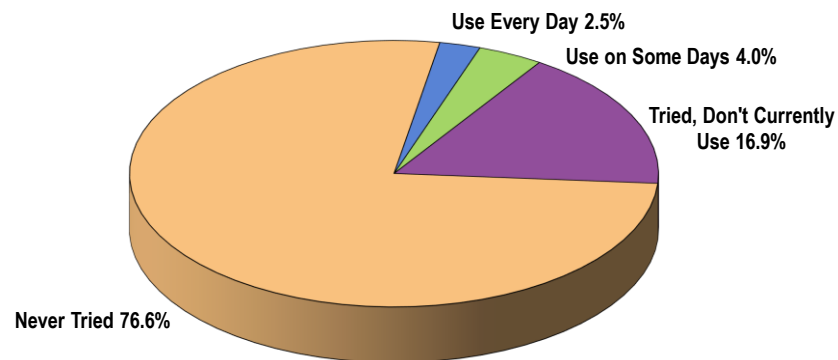
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 163]
Notes: ● Asked of all respondents.

However, 6.5% currently use vaping products either regularly (every day) or occasionally (on some days).

- **TREND**: Marks a significant <u>increase</u> since 2016.
- **BENCHMARK**: Worse than the US prevalence.
- **DISPARITY**: Notably high in the young adult population.

Currently Use Vaping Products
(Every Day or on Some Days)

Total Area

							2016	2019
Staunton City	Waynesboro City	Augusta County	Total Area	VA	US			
5.2%	9.1%	6.1%	6.5%	4.9%	3.8%		0.3%	6.5%
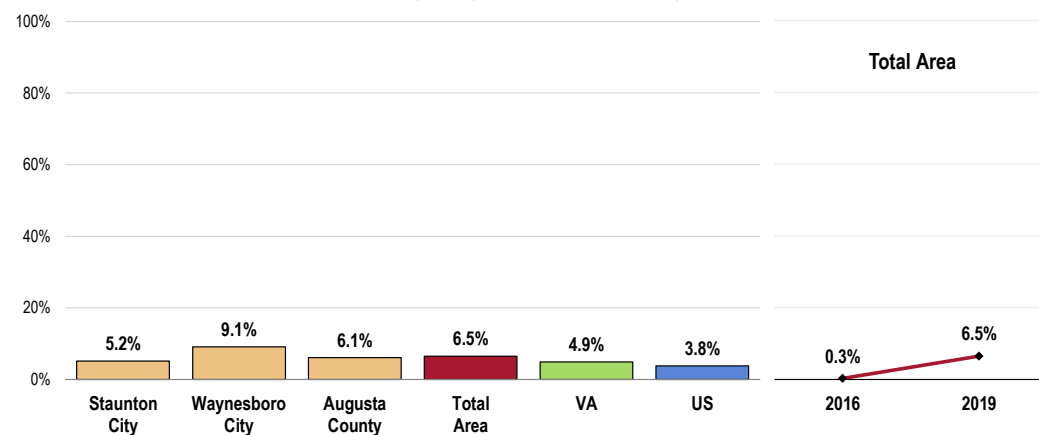
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
● 2017 PRC National Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
8.1%	5.0%	15.0%	2.9%	1.9%	6.9%	6.2%	6.6%	6.5%	6.5%
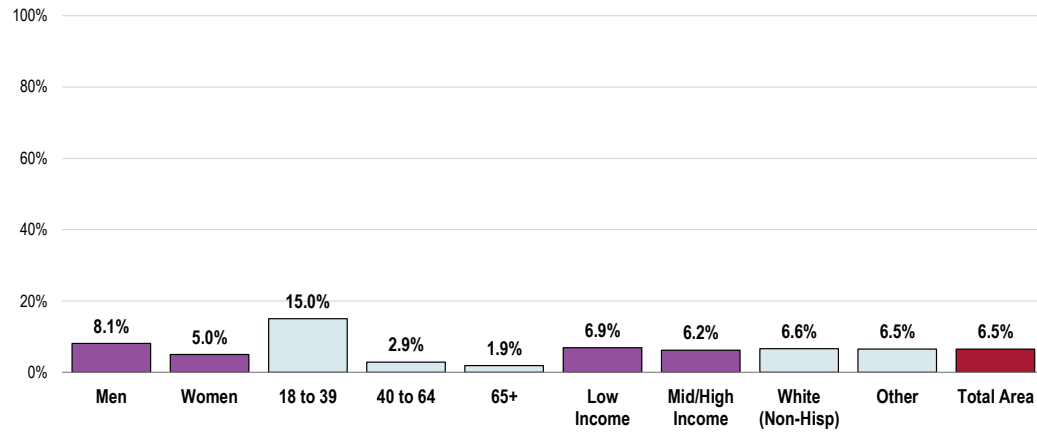
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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 occasional users (those who smoke e-cigarettes every day or on some days).

Smokeless Tobacco

A total of 3.5% of Total Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 goal.
- **DISPARITY**: Lower in Augusta County.

Currently Use Smokeless Tobacco
(Total Area, 2019)
Healthy People Goal = 0.2% or Lower

Total Area

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US	2016	2019
6.0%	4.5%	2.0%	3.5%	4.9%	4.4%	3.2%	3.5%
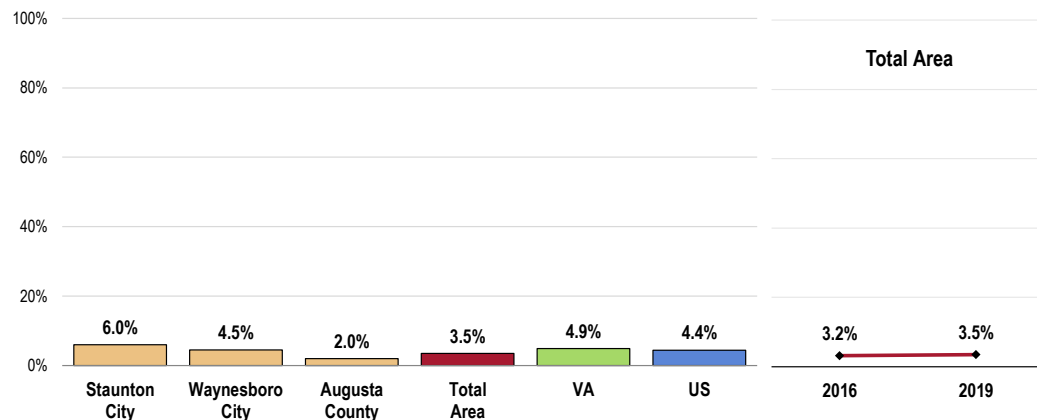
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 303]
● 2017 PRC National Health Survey, PRC, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]
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, though over one-third of key informants gave "major problem" evaluations of the issue.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

36.5%	42.6%	16.5%	4.3%

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

Top Concerns

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

Incidence/Prevalence

> *Seriously, just walk around. Smokers have been pushed 'outdoors' by most businesses, so smokers are visible on the streets. Plus, the smell remains with them, so you can detect smokers without even seeing them smoke. I run into at least ten a day. – Other Health Provider (Total Area)*

> *The evidence is all around, that tobacco use is quite common for our area. – Social Services Provider (Augusta County)*

> *Smoking still too prevalent. Now including smokeless/vaping and snuff. – Social Services Provider (Augusta County)*

> *Despite information indicating the adverse health impact, there seems to be a disproportionate number of smokers in our community as opposed to neighboring communities. Perhaps I think this because of the population with whom I work. I have no hard data. – Social Services Provider (Total Area)*

> *Rising use of vapor. – Community Leader (Augusta County)*

> *Rural area with much tobacco use. – Community Leader (Augusta County)*

> *The number of smokers, vapors, etc., visible in the community; tobacco use connection with cancer and other pulmonary and respiratory disease processes. – Community Leader (Total Area)*

> *Teen vaping is out of control. – Social Services Provider (Total Area)*

> *I am aware of people using tobacco products. – Other Health Provider (Augusta County)*

> *High prevalence of smokers per capita. – Other Health Provider (Augusta County)*

> *Lots of people smoke. – Physician (Total Area)*

> *Continued tobacco abuse, co-morbidities associated with long-term tobacco abuse. – Physician (Total Area)*

> *Does not appear to be decreasing in community. – Physician (Augusta County)*

> *I see many people buying tobacco products and using them. – Other Health Provider (Augusta County)*

> *There is increased addiction due to location in the tobacco belt. – Other Health Provider (Total Area)*

Co-Occurrences

> *Tobacco causes all kinds of health-related issues. – Community Leader (Augusta County)*

> *I work with cancer patients and a huge majority smoke or are previous smokers. – Other Health Provider (Augusta County)*

Because the amount of patients coming in with stroke or heart attack that smoke. This includes the vapers. – Other Health Provider (Augusta County)

Observed and number of patients with chronic obstructive pulmonary disease. – Other Health Provider (Total Area)

Contributing Factors

This issue is far more prevalent with lower-income residents. Although an increasing number of businesses are smoke-free zones, there is no concentrated community effort to provide education that could reduce tobacco use. – Social Services Provider (Total Area)

Tobacco use poses great health risks to both smokers and nonsmokers and as well, adds to annual healthcare costs. Studies show that smoking decreases as education and income increases, so the most vulnerable population is at greater risk for the negative consequences related to tobacco use. – Community Leader (Staunton)

Smoking not only has a negative impact on health of the smoker but also creates financial burden for the smoker and their family. Often these families are disadvantaged and this additional burden creates more stress on the family and an unhealthy environment for others besides the smoker. – Other Health Provider (Total Area)

The South; low-income housing areas. – Community Leader (Waynesboro)

Awareness/Education

Lack of programs or knowledge of resources. Vaping not a healthy alternative. – Other Health Provider (Augusta County)

Education for youth. – Social Services Provider (Staunton)

Lifestyle

Not enough desire to change. – Social Services Provider (Total Area)

It is a cultural norm. – Public Health Representative (Total Area)

Sexual Health

HIV

About Human Immunodeficiency Virus (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 2015, there was a prevalence of 128.7 HIV cases per 100,000 population in the Total Area.

- **BENCHMARK**: Well below the Virginia and US prevalence rates.
- **DISPARITY**: Higher in Staunton and Waynesboro. Viewed by race, the prevalence is dramatically higher in the area's Black population.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2015)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
204.3	207.3	82.3	128.7	307.7	362.3

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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.

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2015)

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
74.2	803.4	128.7

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.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

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community (none consider it to be a "major problem").

Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2019)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

12.0%	72.0%	16.0%
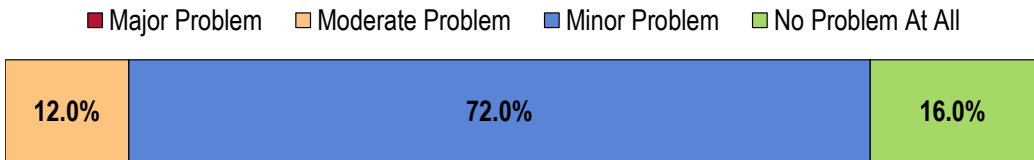
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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 2016, the chlamydia incidence rate in the Total Area was 241.2 cases per 100,000 population.

The Total Area gonorrhea incidence rate in 2016 was 20.8 cases per 100,000 population.

- **BENCHMARK**: Both rates are well below state and US incidence rates.
- **DISPARITY**: Both rates are lowest in Augusta County.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2016)
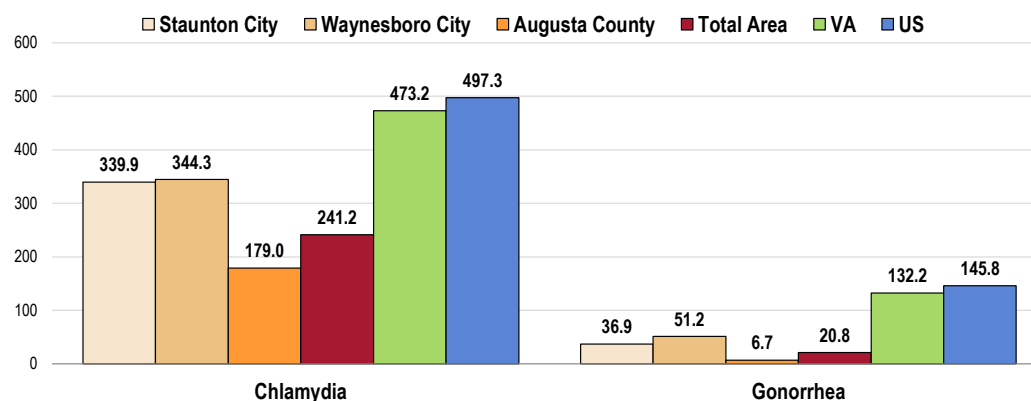
□ Staunton City ☐ Waynesboro City ☐ Augusta County ■ Total Area ■ VA ■ US

Chlamydia:
- 339.9
- 344.3
- 179.0
- 241.2
- 473.2
- 497.3

Gonorrhea:
- 36.9
- 51.2
- 6.7
- 20.8
- 132.2
- 145.8

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
          ● Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

A plurality 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, 2019)
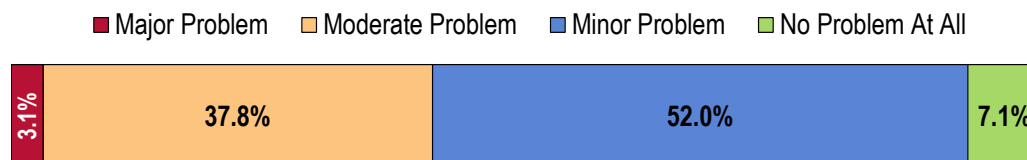
■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ■ No Problem At All

| 3.1% | 37.8% | 52.0% | 7.1% |

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

Top Concerns

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

Incidence/Prevalence

> *A growing rate of sexually transmitted infections in being seen in both the community and nationally. Part of the reason that it is growing is inadequate screening and treatment of vulnerable populations. – Physician (Augusta County)*

> *We are statistically high for many sexually transmitted infections and diseases. Not enough education or testing being done. – Social Services Provider (Total Area)*

Denial/Stigma

> *STIs are heavily stigmatized; private providers do not routinely test or normalize testing; lack of knowledge in the community that anyone who is sexually active should be tested. – Public Health Representative (Total Area)*

Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 62.7% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 29.3% 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.

Healthcare Insurance Coverage
(Adults Age 18-64; Total Area, 2019)

Other Gov't Coverage 1.4%
Medicaid & Medicare 1.6%
VA/Military 4.6%
Medicare 9.9%
Medicaid 11.8%
Insured, Unknown Type 0.5%
Insured, Self-Purchase 5.8%
No Insurance/Self-Pay 8.0%
Insured, Employer-Based 56.4%
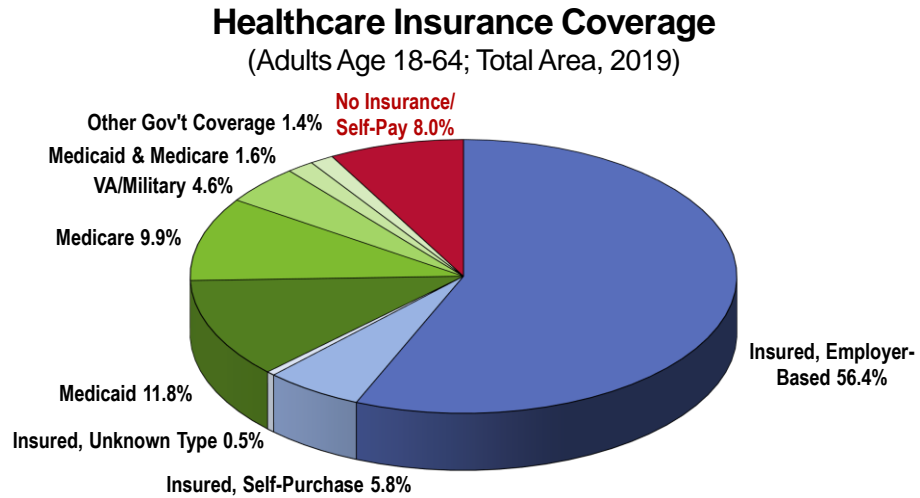
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 8.0% 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).

- **BENCHMARK**: Well below the state and US percentages (the Healthy People 2020 objective is universal healthcare).
- **DISPARITY**: Higher in the non-Hispanic White population.

Lack of Healthcare Insurance Coverage
(Adults Age 18-64)
Healthy People 2020 = 0.0% (Universal Coverage)

Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	VA	US		2016	2019
	5.1%	10.5%	8.3%	8.0%	13.2%	13.7%		11.2%	8.0%
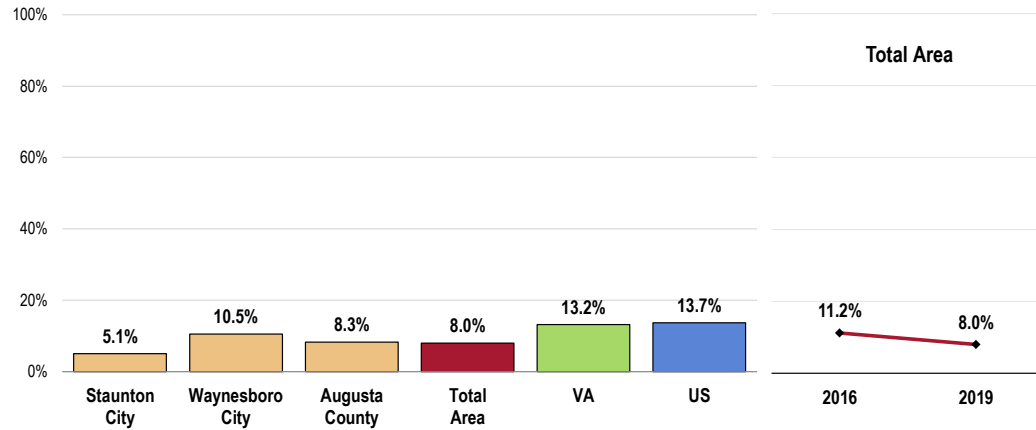
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
　　　　 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Virginia data.
　　　　 ● 2017 PRC National Health Survey, PRC, 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.

Lack of Healthcare Insurance Coverage
(Adults Age 18-64; Total Area, 2019)
Healthy People 2020 = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
8.0%	8.1%	9.5%	7.0%	10.6%	7.1%	8.8%	3.4%	8.0%
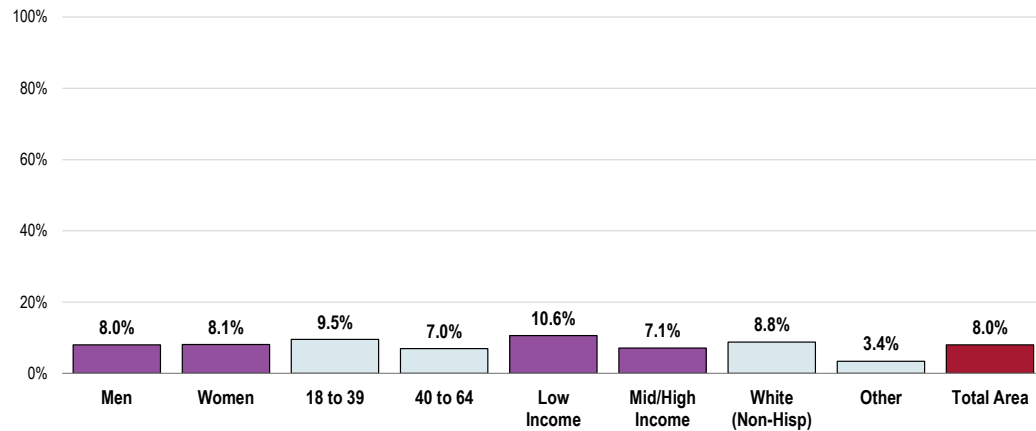
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
　　　　 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.
　　　　 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

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

A total of 40.2% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- **DISPARITY**: Correlates with age, income, and race in the Total Area.

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. It is based on reports of the barriers outlined in the following section.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

	Staunton City	Waynesboro City	Augusta County	Total Area	US
	43.2%	33.4%	41.4%	40.2%	43.2%

Total Area

2016	2019
36.9%	40.2%
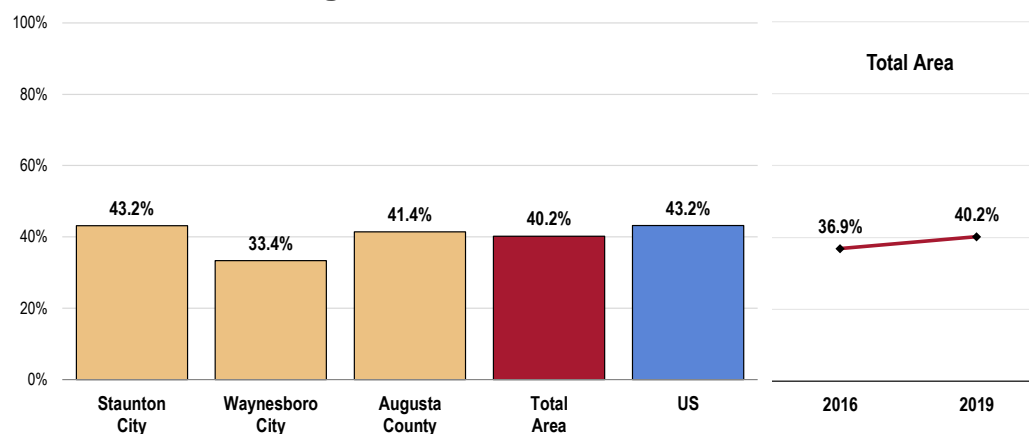
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Total Area, 2019)

Bar chart values:
- Men: 37.1%
- Women: 43.0%
- 18 to 39: 49.9%
- 40 to 64: 40.6%
- 65+: 26.1%
- Low Income: 45.7%
- Mid/High Income: 36.0%
- White (Non-Hisp): 38.8%
- Other: 51.7%
- Total Area: 40.2%

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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.

Barriers to Healthcare Access

Of the tested barriers, appointment availability and cost of a physician visit impacted the greatest shares of Total Area adults.

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.

- **TREND**: Since 2016, note the significant <u>increases</u> in the barriers of **cost** (prescriptions as well as doctor visits) and **finding a physician**.
- **BENCHMARK**: The Total Area prevalence is below the US figure for language barriers.
- **DISPARITY**: Cost of physician visits are notably higher among Staunton respondents.

Barriers to Access Have
Prevented Medical Care in the Past Year

Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
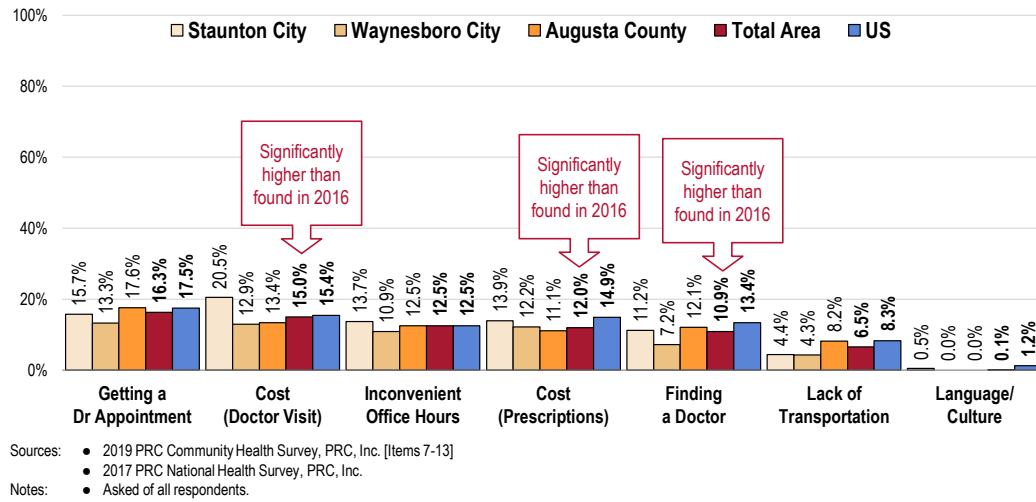
Note also that 11.5% of Total Area adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Accessing Healthcare for Children

A total of 1.2% 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.

- **BENCHMARK**: Well below the national percentage.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)
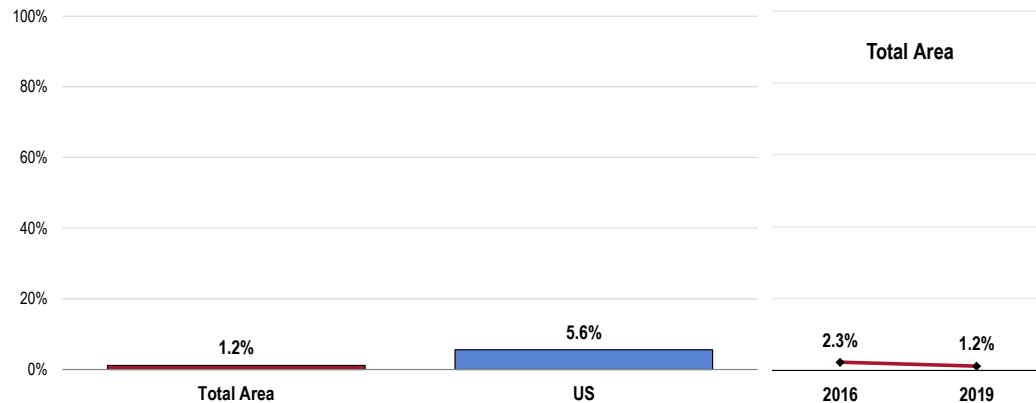
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Approximately half of key informants taking part in an online survey 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, 2019)
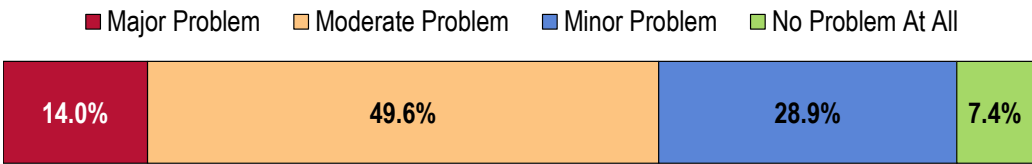
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

14.0%	49.6%	28.9%	7.4%

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

Top Concerns

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

Lack of Providers

> *Probably the biggest issue is the physician shortage, where there are not enough physicians and specialists available to see patients in a timely outpatient fashion. Increasing utilization of advanced practice providers has helped to some extent but does not replace the need for physicians/specialists. Another area, or the lack of available resources in the community to help with patient/family issues. Specifically, there are some resources in community organizations to help with conditions like dementia/Alzheimer's, to provide family counseling, access to extended care etc., but they are not very well known and/or do not have many resources to offer. Another area would be the lack of community health management, where patients—particularly elderly—may have multiple medications, be seeing many physicians, and need some type of coordination of all these services to prevent confusion etc. – Community Leader (Total Area)*

> *Lack of PCPs. Lack of mental health counseling/substance abuse/detox. Many are poor without access to insurance or means to pay for services needed. – Physician (Total Area)*

> *Neurology has a long and unreasonable wait time. – Physician (Total Area)*

> *Preventive care. – Community Leader (Total Area)*

> *The biggest challenges I see are that there are not enough PCPs in the area and the turnover rate of providers is high, both of which leads to unsatisfied patients who then seek out either no healthcare or other means. Transportation is also a limiting factor, especially for our elderly population. There are a few resources in the area, but many people do not have the money for a taxi, live in areas that public transportation do not readily serve, or need assistance with ambulation, etc., that services do not accommodate. BRITE does allow accommodations for patients with disabilities but does not provide door-to-door service. – Other Health Provider (Total Area)*

Transportation

> *I feel that transportation for indigent clients is a prohibiting factor concerning access to healthcare services. I also feel that whether or not physicians accept Medicaid or have a sliding scale is also an issue. Further, clients often do not understand the resources available to them, and because they do not keep appointments, they are lacking regarding established medical homes. – Social Services Provider (Total Area)*

> *Transportation from rural markets or traveling a distance for healthcare. – Social Services Provider (Total Area)*

> *Rural area, transportation issues, health insurance, high cost/deductibles, lack of health insurance. Difficulty getting to appointments due to working shift work. – Physician (Total Area)*

> *Transportation is an issue within Augusta County, even with BRITE. Affordability is another problem. Many people do not have health insurance. – Other Health Provider (Total Area)*

> *Transportation, adequate number of providers, lack of health insurance or high deductibles. – Community Leader (Total Area)*

Access to Care/Services

> *Even with Medicaid now available to individuals, there are still those who do not qualify for help with medical treatment. And, there are those in the region who do not understand the importance of preventive healthcare until a health crisis occurs. Furthermore, wait times to get an appointment with some providers are often long. – Community Leader (Total Area)*

> *Lack of insurance. – Social Services Provider (Augusta County)*

> *Poverty and lack of access to medical care as a result. – Physician (Total Area)*

> *Inadequate access to healthcare services for the uninsured and the underinsured, especially in regard to substance abuse and mental health services. – Other Health Provider (Total Area)*

> *Our local hospital has not provided ambulatory surgical services and ambulatory radiology services to decrease costs and increase accessibility. – Physician (Total Area)*

> *After-hours care is lacking. – Community Leader (Augusta County)*

Contributing Factors

> *Lack of insurance. Cost of medications. Lack of understanding of need for routine care and follow-up. – Other Health Provider (Total Area)*

Lack of insurance coverage, or comprehensive coverage that has specific allowances needed to meet all the needs of a particular community member. Lack of education about how, where, when to access services that are available to a particular community member. Lack of preventive and intermediate services. Lack of collaborative/integrative services that meet the comprehensive needs of a particular community member of their family. Lack of transportation to access services. Lack of qualified staff across the spectrum of healthcare services. – Community Leader (Total Area)

Sign Language Barriers

Specific to the deaf community, no census count is done to accurately measure the population whose primary language is American Sign Language (ASL). Deaf community members are a linguistic and cultural minority and face significant barriers to healthcare, much like the African-American community, Latinx, and limited-English–proficiency population. They often interact with doctors and other care providers not of their own culture. Those who are deaf are usually born to hearing parents who do not learn sign language, and communication of family health history can be limited or nonexistent. Health information in ASL, for prevention, care, and treatment, is hard to find or limited in scope. Accurate, effective communication between patient and provider with a qualified professional ASL interpreter is key to promoting good health, as is regular continuing education and training on how to work with an interpreter, cultural sensitivity, and understanding provider obligations under the ADA. – Social Services Provider (Total Area)

LGBTQ Services

There are no resources for patients who wish to transition, are in the middle of transitioning, or who have already transitioned and need follow up care. I don't know of any physicians who prescribe hormones or are willing to manage the care of a transitioning client. To expand on that, I don't believe we have adequate resources for the LGBTQ population as a whole. I have to refer clients to Charlottesville (or farther) for even counseling services. Most clients end up going without appropriate care because they don't have the resources to travel. This leads to more depression, mental health issues, suicide, substance use, etc.... – Public Health Representative (Total Area)

Awareness/Education

Knowledge of how to access services and what specific services are needed in their particular situation. – Other Health Provider (Total Area)

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified behavioral health and substance abuse treatment as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Behavioral Health	27.8%	41.2%	12.5%	**14**
Substance Abuse Treatment	22.2%	23.5%	18.8%	**11**
Chronic Disease Care	16.7%	5.9%	6.3%	**5**
Primary Care	11.1%	11.8%	0.0%	**4**
Dental Care	11.1%	0.0%	12.5%	**4**
Specialty Care	5.6%	0.0%	25.0%	**5**
Pain Management	5.6%	0.0%	6.3%	**2**
Elder Care	0.0%	11.8%	6.3%	**3**
Palliative Care	0.0%	5.9%	0.0%	**1**
Preventive Care	0.0%	0.0%	6.3%	**1**
Neurology	0.0%	0.0%	6.3%	**1**

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 2014, there were 74 primary care physicians in the Total Area, translating to a rate of 61.8 primary care physicians per 100,000 population.

- **BENCHMARK**: Lower than the state and US proportions.
- **DISPARITY**: Note the higher ratio in Waynesboro.
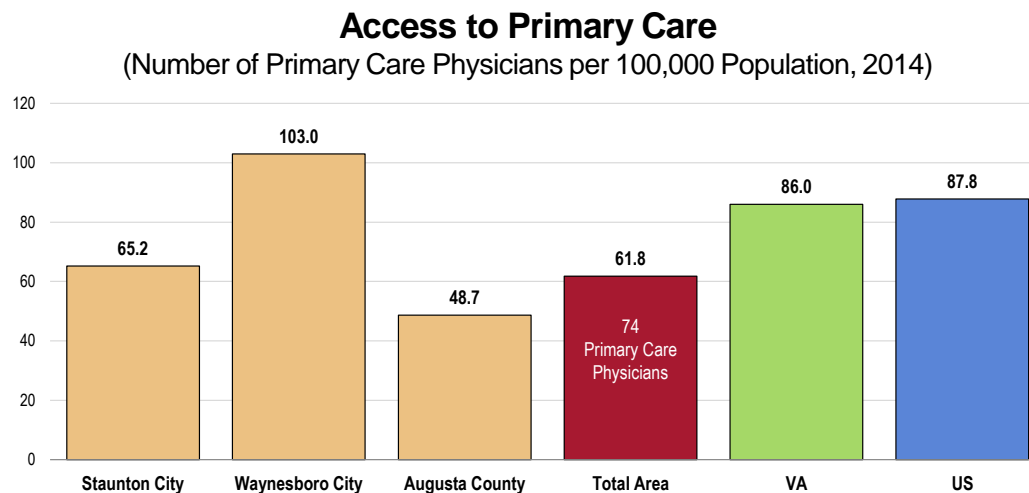
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)

Staunton City	Waynesboro City	Augusta County	Total Area	VA	US
65.2	103.0	48.7	61.8 (74 Primary Care Physicians)	86.0	87.8

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. 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 76.9% of Total Area adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK**: Fails to meet the Healthy People 2020 objective.

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.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 = 95.0% or Higher

	Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
	79.6%	70.8%	77.9%	76.9%	74.1%	77.7%	76.9%

Total Area
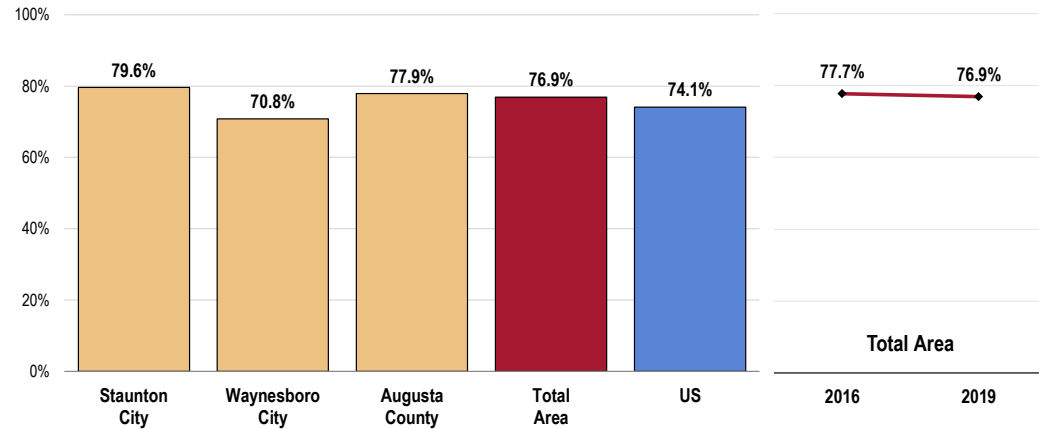
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

Adults

The majority of Total Area adults (71.4%) visited a physician for a routine checkup in the past year.

- **TREND**: Denotes a statistically significant <u>decrease</u> since 2016.
- **DISPARITY**: The prevalence correlates with age among survey respondents.

Have Visited a Physician for a Checkup in the Past Year

Bar chart showing percentages:
- Staunton City: 70.1%
- Waynesboro City: 75.2%
- Augusta County: 70.6%
- Total Area: 71.4%
- VA: 74.7%
- US: 68.3%

Total Area (trend line):
- 2016: 79.5%
- 2019: 71.4%
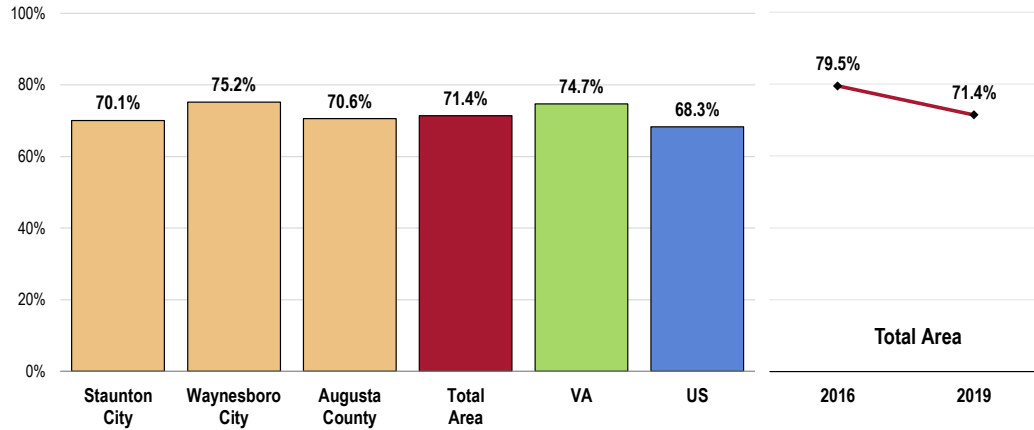
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2019)

Bar chart showing percentages:
- Men: 69.5%
- Women: 73.2%
- 18 to 39: 53.9%
- 40 to 64: 74.0%
- 65+: 90.6%
- Low Income: 72.7%
- Mid/High Income: 68.5%
- White (Non-Hisp): 72.0%
- Other: 64.4%
- Total Area: 71.4%
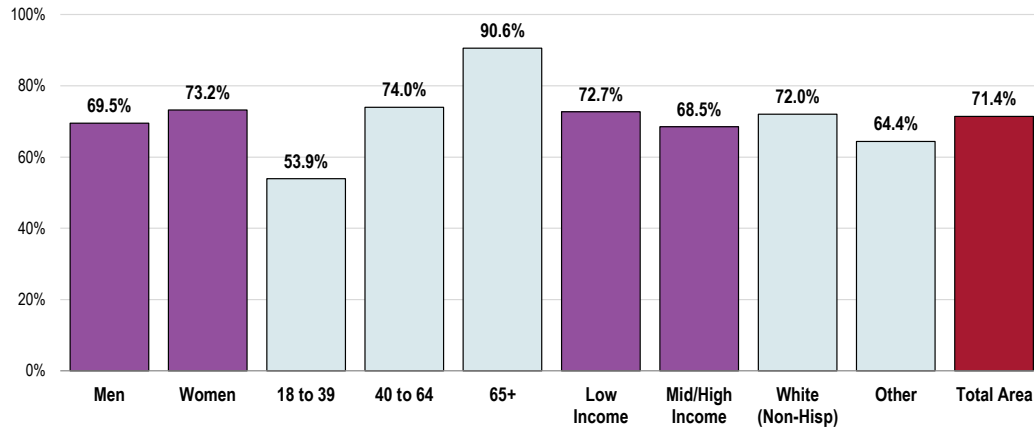
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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, 87.7% report that their child has had a routine checkup in the past year.
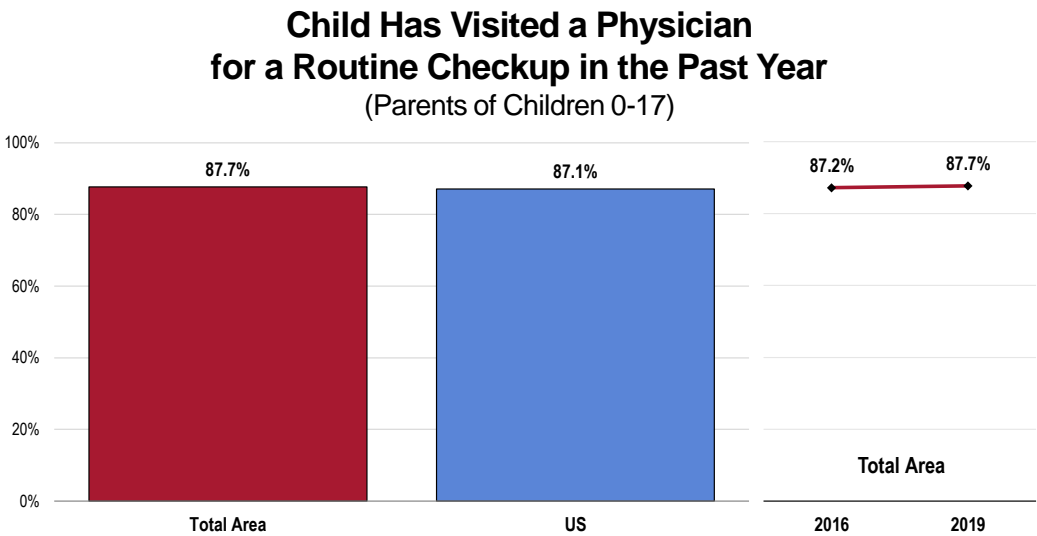
Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

Emergency Room Utilization

A total of 11.0% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- **TREND**: More than twice the 2016 survey response.
- **DISPARITY**: Higher among low-income residents and communities of color.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 61.6%
- Weekend/After Hours = 27.9%
- Access Problems = 5.9%

					Total Area	
Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
12.4%	15.1%	8.9%	11.0%	9.3%	4.3%	11.0%
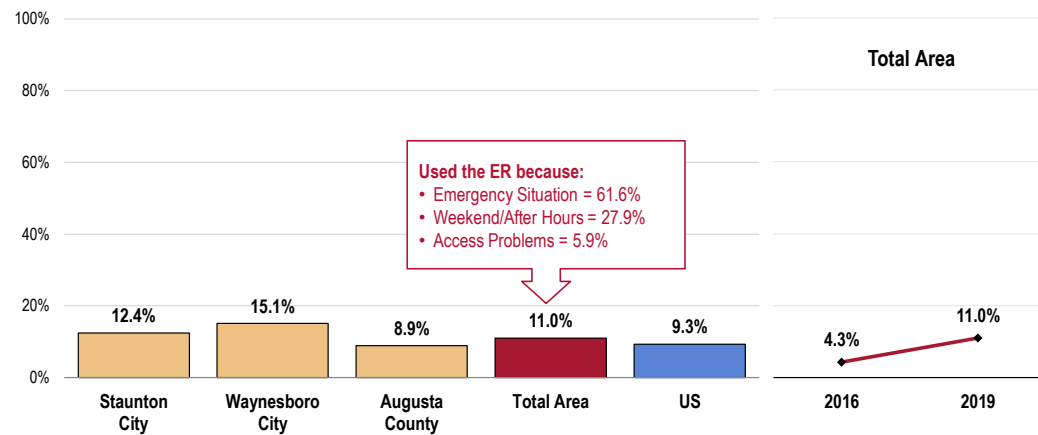
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 22-23]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
10.3%	11.7%	9.8%	9.8%	14.5%	16.3%	8.6%	9.1%	22.6%	11.0%
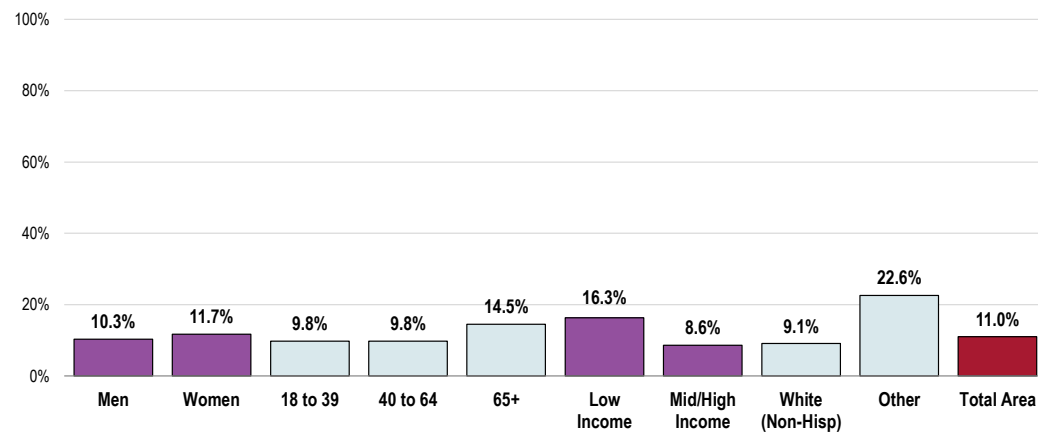
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income 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.

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

Nearly two in three Total Area adults (63.3%) have dental insurance that covers all or part of their dental care costs.

- **TREND**: Denotes a statistically significant increase since 2016.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs

Total Area

Staunton City: 60.7%
Waynesboro City: 63.6%
Augusta County: 64.3%
Total Area: 63.3%
US: 59.9%

2016: 51.1%
2019: 63.3%
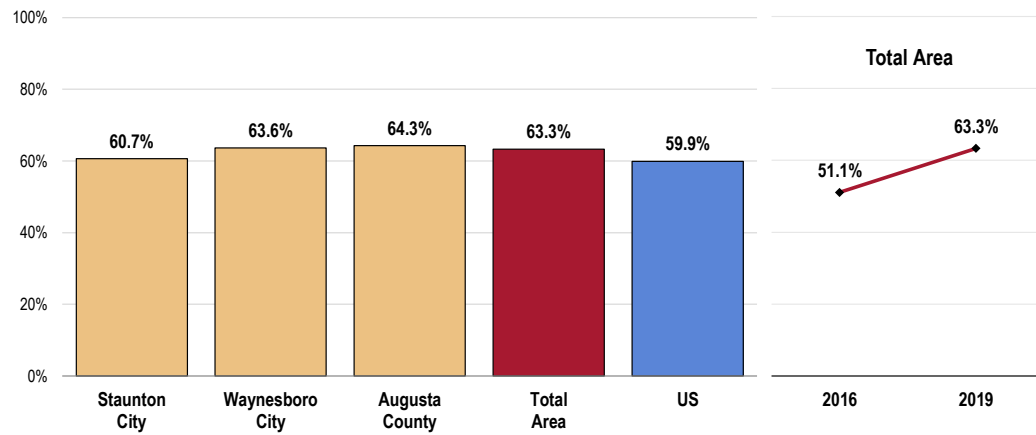
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Dental Care

Adults

A total of 67.0% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK**: Above the US prevalence and easily satisfying the 2020 goal.
- **DISPARITY**: Recent dental care is lowest among young adults, those in low-income households, and residents without dental insurance.

Have Visited a Dentist or
Dental Clinic Within the Past Year
Healthy People 2020 = 49.0% or Higher

Total Area

Staunton City: 67.9%
Waynesboro City: 64.0%
Augusta County: 67.8%
Total Area: 67.0%
VA: 70.5%
US: 59.7%

2016: 69.9%
2019: 67.0%
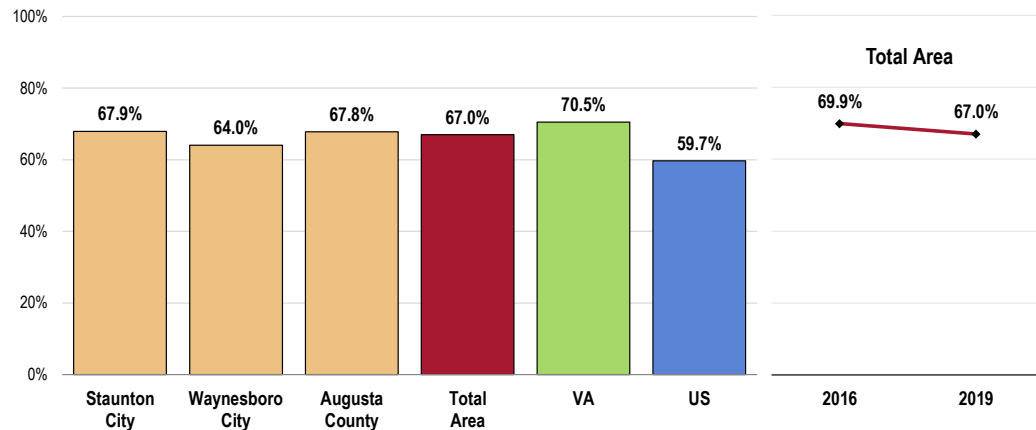
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Virginia data.
● 2017 PRC National Health Survey, PRC, 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.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Total Area, 2019)
Healthy People 2020 = 49.0% or Higher

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Dental Insurance	No Dental Insurance	Total Area
	69.4%	64.9%	59.0%	67.4%	77.5%	47.2%	76.4%	67.2%	63.1%	76.3%	53.7%	67.0%
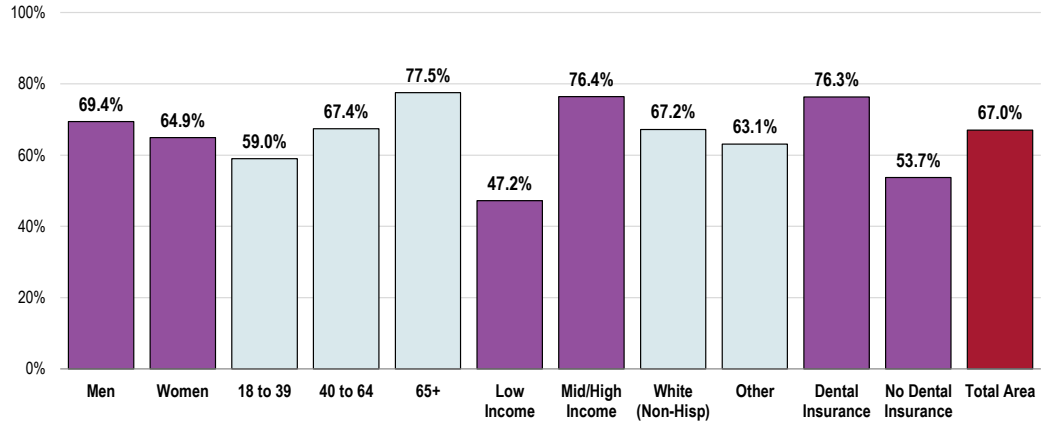
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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 84.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK**: Easily satisfies the 2020 goal.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2020 = 49.0% or Higher

Total Area	US	2016	2019
84.0%	87.0%	88.0%	84.0%

Total Area
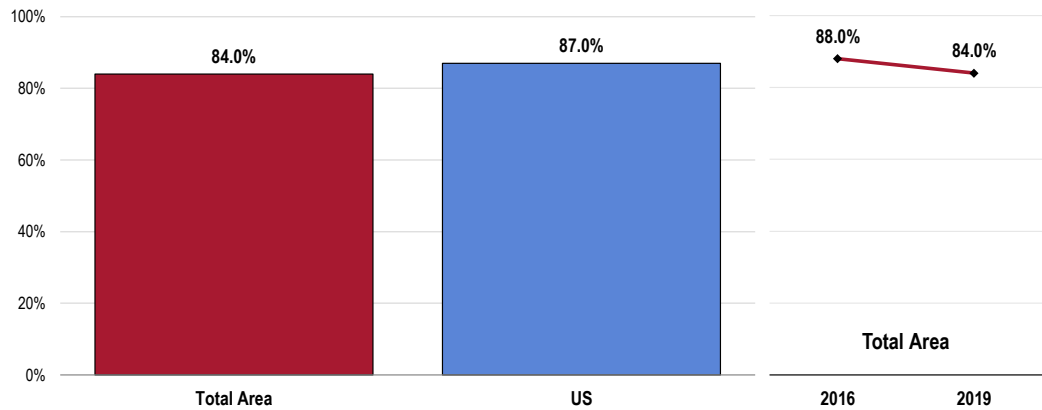
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
● 2017 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 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, 2019)

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

22.6%	41.5%	29.2%	6.6%
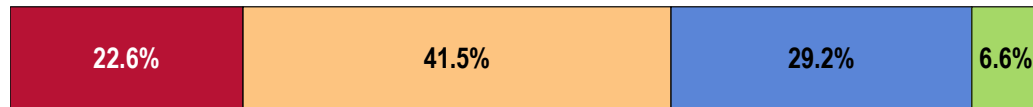
Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

Affordable Care/Services

Access to care is almost nonexistent among those who can't afford it. – Physician (Augusta County)

Many patients I see cannot afford dental insurance and have not seen dentist in years. Very few affordable options for this population. – Physician (Augusta County)

Patients with low/no income and Medicare do not have dental insurance benefits. – Other Health Provider (Total Area)

Expense, employers not including dental coverage in health package. Augusta Regional clinic has a long waiting list for uninsured, along with strict requirements. – Other Health Provider (Augusta County)

Access to affordable care is a challenge. – Community Leader (Waynesboro)

Lack of affordable dental care resources; lack of understanding related to connection between physical health and dental health; lack of appropriate role models in the home environment. – Community Leader (Total Area)

Access for Uninsured/Underinsured

Many folks do not have dental insurance or the money to pay for routine dental care. Some do not practice good oral hygiene. – Social Services Provider (Total Area)

Lack of dental health insurance and/or high deductibles, accessibility, transportation. – Community Leader (Total Area)

I see a great number of people with severe dental problems in my practice, and they do not have insurance or access to dental care. – Physician (Total Area)

Not enough dental care providers. Not enough resources for folks without insurance. – Social Services Provider (Total Area)

There seems to be very little in the way of payment options for adults without dental insurance who have financial difficulties. – Social Services Provider (Total Area)

For uninsured patients the only option is ARC which has extensive wait lists. For an acute dental need, the ED can offer pain medications, but there is no immediate option for treatment. – Public Health Representative (Total Area)

Awareness/Education

Unawareness of the oral/systemic disease correlation. – Other Health Provider (Augusta County)

Lack of dental insurance. Lack of resources for those without dental insurance. – Other Health Provider (Augusta County)

Vision Care

A total of 62.6% of Total Area residents had an eye exam in the past two years during which their pupils were dilated.

- **BENCHMARK**: Above the US prevalence.
- **DISPARITY**: Correlates with gender, age, and income among survey respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Total Area

					2016	2019
Staunton City 66.5%	Waynesboro City 56.5%	Augusta County 63.2%	Total Area 62.6%	US 55.3%	66.1%	62.6%
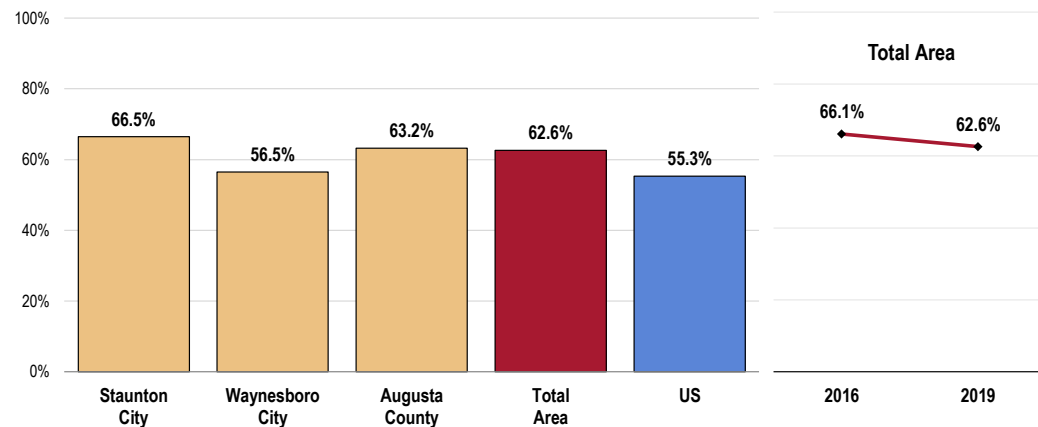
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Total Area, 2019)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White (Non-Hisp)	Other	Total Area
56.7%	68.0%	42.9%	64.9%	84.8%	47.7%	67.5%	62.4%	59.5%	62.6%
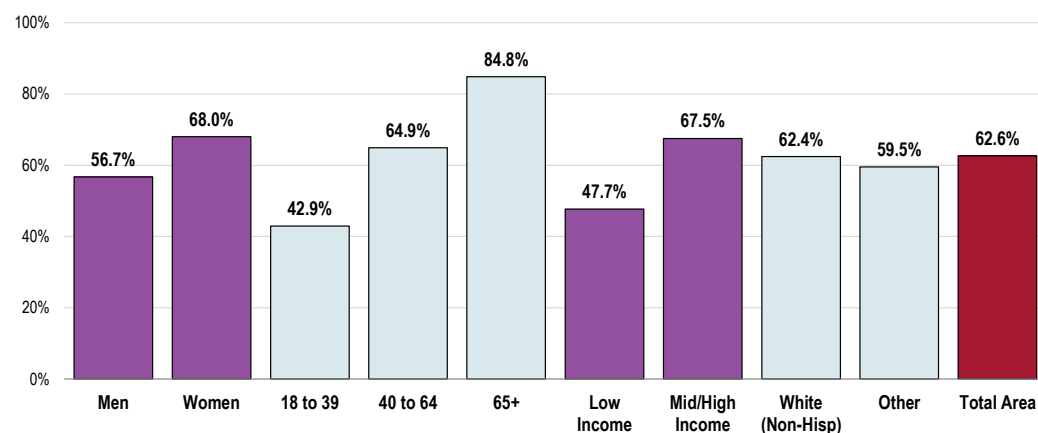
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White 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

Perceptions of Local Healthcare Services

Most Total Area adults rate the overall healthcare services available in their community as "excellent" or "very good."

Rating of Overall Healthcare
Services Available in the Community
(Total Area, 2019)

Poor 3.2%
Fair 8.7%
Excellent 20.9%
Good 28.0%
Very Good 39.1%

However, 11.9% of residents characterize local healthcare services as "fair" or "poor."

- **TREND**: Marks a statistically significant <u>increase</u> over time.
- **BENCHMARK**: Better than the US prevalence of unfavorable ratings.
- **DISPARITY**: Young adults, low-income residents, communities of color, and people who report experiencing some type of access difficulty in the past year are more critical of local healthcare.

Perceive Local Healthcare Services as "Fair/Poor"
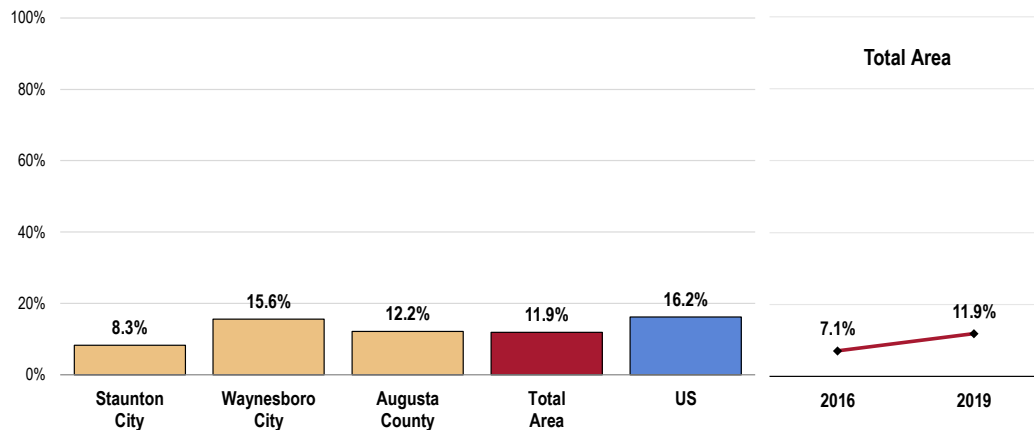
Total Area

	Staunton City	Waynesboro City	Augusta County	Total Area	US	2016	2019
	8.3%	15.6%	12.2%	11.9%	16.2%	7.1%	11.9%

Perceive Local Healthcare Services as "Fair/Poor"
(Total Area, 2019)
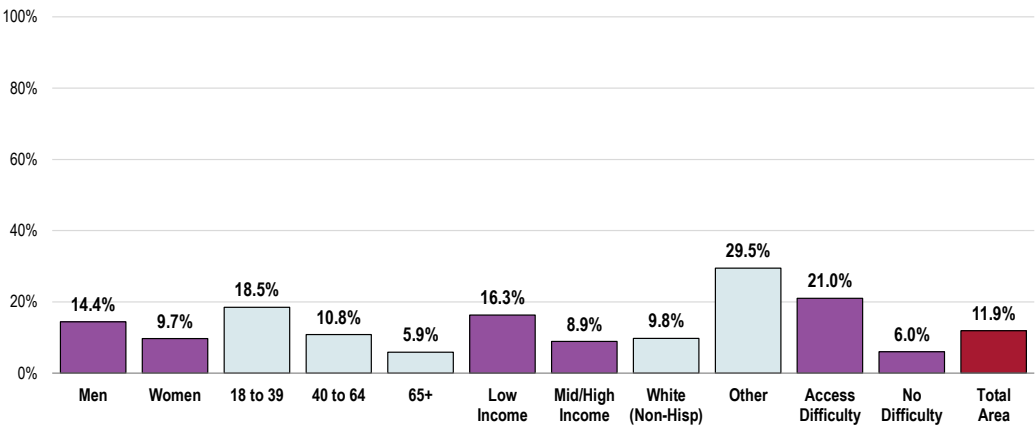
Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.
   ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
   ● Income categories reflect respondent's household income 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.

Healthcare Resources & Facilities

Federally Qualified Health Centers (FQHCs)

As of December 2018, there were no Federally Qualified Health Centers (FQHCs) within the Total Area.
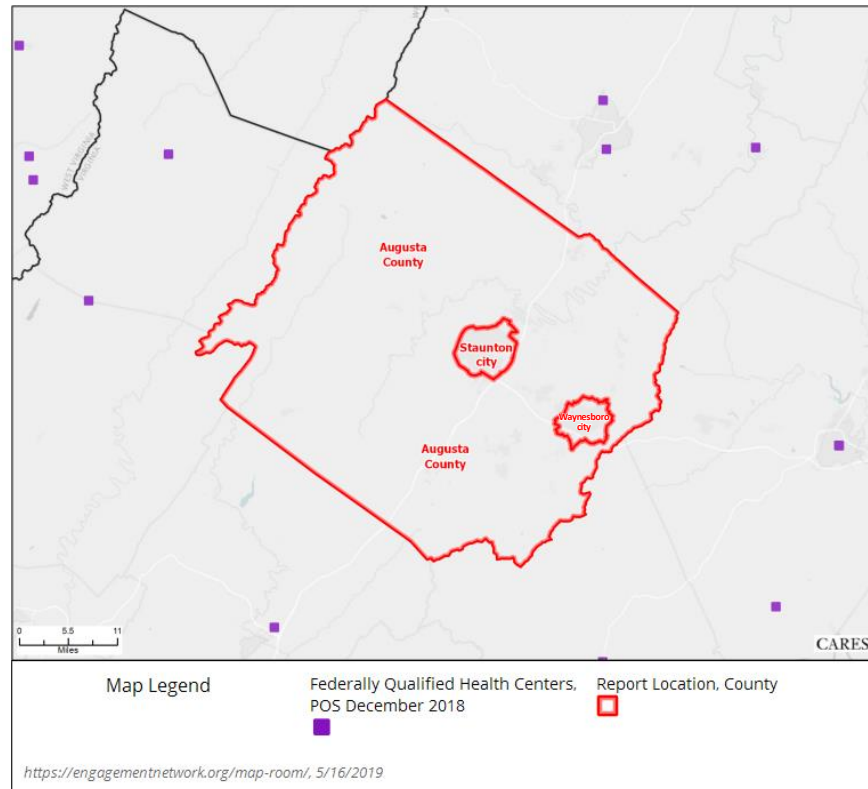
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *American Cancer Society*
- *ARROW Project*
- *Augusta Care*
- *Augusta Health*
- *Augusta Health Crossroads*
- *Augusta Health Financial Assistance*
- *Augusta Medical Group*
- *Augusta Regional Clinic*
- *Augusta Regional Dental Clinic*
- *Augusta Regional Free Clinic*
- *Blue Ridge Parkinson's Association*
- *BRITE*
- *Case Management Resources*
- *Civic Access*
- *Community Services Board*
- *Deaf Health Community and Quality of Life Center*
- *Greater Augusta Wellness Partnership*
- *Health Department*
- *Hospitals*
- *Medicaid Expansion*
- *Medication Assistance*
- *Mental Health America of Augusta*
- *National Center for Deaf Health Research*
- *Office on Aging*
- *Resource Clinicians/Outpatient Behavioral Health*
- *Shenandoah Valley Department of Social Services*
- *Social Services*
- *St. Catherine University Catie Center*
- *Staunton–Augusta Health Department*
- *UVA Financial Assistance*
- *VA Premier Transportation Service*
- *Valley Community Health*
- *Valley Community Services Board*
- *Valley Program for Aging Services*
- *Virginia Department for the Deaf and Hard of Hearing*

Arthritis/Osteoporosis/Back Conditions

- *Augusta Health*
- *Augusta Health Lifetime Fitness Center*
- *Augusta Health Pain Management*
- *Augusta Health Physical Therapy*
- *Doctor's Offices*
- *Hospitals*
- *Physical Therapy*
- *University of Virginia (UVA)*

Cancer

- *American Cancer Association*
- *Augusta Health*
- *Augusta Health Cancer Center*
- *Augusta Regional Clinic*
- *Breast Cancer Navigator*
- *Cancer Bridge Fund*
- *Cancer Screening Programs*
- *Churches*
- *Doctor's Offices*
- *Duke*
- *Educational Programs*
- *Fitness Centers/Gyms*
- *Hope Cancer Center*
- *Hope–UVA*
- *Hospitals*
- *Legacy Hospice*
- *RMH Cancer Center*
- *Support Groups*
- *The Cancer Patient and Family Advisory Council*
- *The MaDee Project*
- *University of Virginia Medical Center*

Chronic Kidney Disease

- *DaVita Dialysis*
- *Dialysis Unit*
- *Doctor's Offices*
- *Harrisonburg Nephrology*
- *Hospitals*
- *University of Virginia Nephrology*

UVA Nephrology

Dementia/Alzheimer's Disease

Adult Daycare
Alzheimer's Association
Alzheimer's Support Groups
Area Agency on Aging
Augusta Health Crossroads
Augusta Health Neurology
Awareness Walks/Runs
Baldwin Park's Brightview
Daily Living Center
Department for Aging and Rehabilitative Services
Doctor's Offices
King's Daughters
Mental Health Services
Nursing Homes
UVA Memory Disorders Clinic

Diabetes

American Diabetes Association
Augusta Health
Augusta Health AMI Farm
Augusta Health Diabetes Management
Augusta Health Endocrinology
Augusta Health Family Practices/Clinics
Augusta Health Food Farmacy
Augusta Health Hospital
Augusta Health Lifetime Fitness Center
Augusta Health Medication Assistance Program
Augusta Health Nutrition Services
Augusta Health RX/EX
Augusta Medical Group
Augusta Regional Clinic
Augusta Regional Free Clinic
Augusta Regional Health Center
Bariatric Surgery
BeatDiabetes
Blue Ridge Healthy U
Boys and Girls Clubs
CDC
Diabetes Education
Doctor's Offices
Educational/Prevention Programs
Farmer's Markets
Farming/Diabetes Program
Farms
Fitness Centers/Gyms

Food Bank
Get Fresh Program
Health Department
Hospitals
Lion's Club
MBU/MDCHS
Medical Home Clinic
Medication Assistance
Medications
Nutrition Services
Online Resources
Project Grows
School System
Social Services
Support Groups
University of Virginia Medical Center
UVA
Valley Community Services Board
Valley Program for Aging Services
Virginia Department of Health
Wound Clinic

Family Planning

Augusta County Sheriff's Office
Augusta Health
Augusta Health Women's Center
Child Protective Services
Comfort Care Women's Health
Doctor's Offices
Health Department
Healthy Families and Hand in Hand
Infant and Toddler Connection
Office on Youth
Parenting Classes
School System
Social Services
Staunton–Augusta/Waynesboro–Augusta Health Depts

Hearing and Vision Problems

Corrective Surgery
Department for the Blind and Vision Impaired
Doctor's Offices
Glasses/Hearing Aids
Virginia School for the Deaf and Blind

Heart Disease and Stroke

Augusta Care Partners
Augusta Health

Augusta Health Diabetes Management
Augusta Health Family Practices/Clinics
Augusta Health Food Farmacy
Augusta Health Heart and Vascular Center
Augusta Health Hospital
Augusta Health Lifetime Fitness Center
Augusta Health Medication Assistance Program
Augusta Health Nutrition Services
Augusta Health Outpatient Pharmacy
Augusta Health Stroke Center
Augusta Health Wellness Center
Augusta Medical Group
Augusta Regional Free Clinic
Cardiac Rehab
Central Shenandoah EMS Council
Colleges
Coumadin Clinic
CPR Classes
CV Rehab Center
Doctor's Offices
Faith Community Nurses
Fire and Rescue
Fitness Centers/Gyms
Food Bank
Health Department
Heart Failure Clinic
Heart Health Fair
Hospitals
Law Enforcement
Medical Home Clinic
New Technology for Heart Disease
Nutrition Services
Parks and Recreation
RMH
School System
Smoking Cessation Programs
STEMI Program
Stroke Prevention Program
University of Virginia Medical Center
UVA
UVA Cardiology
Valley Community Services Board

Immunization/Infectious Disease

Augusta Regional Free Clinic
Doctor's Offices
Healthcare for the Homeless
Health Department

Pharmacies

Infant and Child Health

Augusta Pediatrics
Churches
Doctor's Offices
School System

Mental Health Issues

AA/NA
ACSO
Adolescent State Commonwealth Facility
ARROW Project
Associated Mental Health Professionals
Augusta Health
Augusta Health Behavioral Health
Augusta Health Crossroads
Augusta Health Inpatient Psychiatric Unit
Augusta Health Medication Assistance Program
Augusta Health Outpatient Pharmacy
Augusta Health Resource Clinicians
Augusta Psychological Associates
Augusta Regional Clinic
BRITE
Colleges
Community Services Board
Compass Counseling
Crozet Aligned Clinical and Educational Services
Deaf YES: Center for Deaf Empowerment and Recovery
Doctor's Offices
Elk Hill Counseling
Free Clinic
Greater Augusta Wellness Partnership
Health Department
Hospitals
Intercept
Law Enforcement
Mental Health America of Augusta
Mental Health Services
NAMI
PLCs
Residential Services
School System
Shenandoah Clubhouse
Specialized Day Programs
Support Groups
United Way

UVA
Valley Community Health
Valley Community Services Board
Valley Hope Counseling Center
Valley Pastoral Counseling Center
Virginia Commonwealth Center

Nutrition, Physical Activity, and Weight

Allegheny Mountain Institute
AMI Garden
Anytime Fitness
Augusta County Extension Office
Augusta Health
Augusta Health AMI Farm
Augusta Health Community Outreach
Augusta Health Diabetes Management
Augusta Health Endocrinology
Augusta Health Food Farmacy
Augusta Health Lifetime Fitness Center
Augusta Health Nutrition Services
Augusta Health Obesity Clinic
Augusta Health RX/EX
Augusta Health Wellness Center
Awareness Walks/Runs
Blue Ridge Area Food Bank
Boys and Girls Clubs
Central Shenandoah Planning District Commission
Churches
Colleges
Crossfit
Diabetes Education
Doctor's Offices
Educational Programs
Faith Community Nurses
Farmer's Markets
Farms
Fitness Centers/Gyms
Food Bank
Get Fit Program
Get Fresh Program
Girls on the Run
Greater Augusta Wellness Partnership
Health Department
Local Healthcare
Metabolic Clinic
Nutrition Services
Parks and Recreation
Planet Fitness
Planning Departments

PowerHouse Gym
Project Grows
School System
Shenandoah National Park
Support Groups
VDOT
Virginia Cooperative Extension
Virginia Department of Health
Walk to School Week
Weight Watchers

Oral Health/Dental Care

ARC
Augusta Regional Clinic
Augusta Regional Dental Clinic
Augusta Regional Free Clinic
Dentist's Offices
Free Clinic

Respiratory Diseases

American Lung Association
Augusta Health
Augusta Health Medication Assistance Program
Augusta Health Palliative Care
Augusta Health Pulmonary Department
Augusta Health Respiratory Therapy
Augusta Health Tobacco Cessation Program
Augusta Medical Group
Augusta Regional Clinic
Cancer Screening Programs
DME Stores
Doctor's Offices

Sexually Transmitted Diseases

Doctor's Offices
Office on Youth
School System

Substance Abuse

12-Step Programs
AA/NA
American Substance Abuse Professionals
Augusta Health
Augusta Health Behavioral Health
Augusta Health Crossroads
Augusta Health Hospital
Augusta Health OBHS
Augusta Health Outpatient Pharmacy

Augusta Health Recovery Choice

BRITE

Celebrate Recovery

Colleges

Community Services Board

Doctor's Offices

Drug Take Back Programs

Drug Task Force

Fire and Rescue

Health Department

Hospitals

Law Enforcement

Office on Youth

Outpatient Detox Programs

School System

Sheriff

Social Services

State and Local Legislators

Staunton Treatment Center

Substance Abuse Counselors

Teen Challenge

Valley Alcohol Safety Action Program

Valley Community Resources

Valley Community Services Board

Valley Hope Counseling Center

Virginia Department of Health

Tobacco Use

Augusta Health

Augusta Health GIFT

Augusta Health Tobacco Cessation Program

Augusta Medical Group

Doctor's Offices

Educational Programs

Heart Health Fair

Office on Youth

Quit Now

School System

Smoking Cessation Programs

Stop Smoking Apps

Appendix

Evaluation of Past Activities

Nutrition and Physical Activity		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
The LIFE Employee Wellness program will engage 40% of employees through the wellness portal and self-paced team activities	Number and percentage of existing employees who completed both wellness survey and Biometric Screening **2017=638/35%** **2018=2,168/29.5%** Number and percentage of participating employees who meet or improved 3/5 outcomes from annual Biometric Screening **2018=415/19.1%**	Augusta Health will continue to support and expand the Employee Wellness program.
Reduce the number of employees with prediabetes by expanding the Employee Wellness Program to include integration of the Diabetes Prevention Program for employees with or at-risk for prediabetes.	Session attendance during months 1-6 Session (i.e. number and percentage of participants who complete all sessions of the program) **2017=22/90%** **2018=8/60%** Weight loss achieved at six months **2017=61 pounds** **2018=60 pounds** Average minutes of physical activity per week **2018=228**	Augusta Health will continue to offer the Diabetes Prevention Program to employees and community members with or at-risk for prediabetes.
Increase participants' perception of functional activity and quality of life through medical fitness classes held twice a week with certified staff in a small group setting (RxEX program).	Number and percentage of participants completing the RxEX Program **2017=328/83%** **2018=242/83%** Improvement in SF-36 QOL Measure (average pre/post delta) **2017=60 (pre)/74 (post)** **2018=58 (pre)/71 (post)** Number and percentage of participants who intend to continue exercising **2017=100%** **2018=100%**	Augusta Health will continue its medical fitness programming.

Nutrition and Physical Activity (continued)		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Increase the number of eligible memberships offered through Silver Sneakers at the Augusta Health Fitness Center.	Number and percentage increase in # of participants **2017=7% increase** **2018=4% increase**	Augusta Health will continue to educate on the benefits of physical fitness and encourage those eligible for Silver Sneakers to exercise as part of their wellness program.
Reduce barriers to physical activity of residents with limited financial resources and medical diagnosis by providing reduced/no-cost Augusta Health Fitness Center memberships in order to increase participants' perception of functional activity and quality of life (Fit4Life program).	Number and percentage of Fit4Life participants to average 8 visits/month during 6 month-program **2017=16/20%** **2018=42/33%** Increase in Individual Functional Activity on Rating Scale (average pre/post delta) **2018=48% increase**	Augusta Health will continue to offer the Fit4Life program.
Provide employee wellness programming to local businesses.	Feasibility study to determine potential for collaboration and comprehensive outreach strategy completed in 2018 as part the Community Health Plan.	Augusta Health will continue employee wellness programming as part of the Community Health Plan.
Create a nutrition awareness program within all Augusta Health cafes, the cafeteria and in vending machines.	Number and percentage of healthier vending machine food options in the Fitness Center **2017=9/22%** Number and percentage of healthier vending machine drink options **2017=20/44%** Healthier vending options piloted in Cafeteria and Emergency Department in 2019. Mindful Meals program launched in the Cafeteria in April 2019.	Augusta Health will continue to expand the nutrition awareness program in the cafeteria.

Nutrition and Physical Activity (continued)

STRATEGY	OUTCOMES	ADDITIONAL INFORMATION
Continue community walking and biking initiatives to increase physical activity among participants.	Number and percentage of participants increasing steps through Walk with a Doc program **2017=1,420/61%** Number of people participating **2017=1,420 (Walk with a Doc and Walk to School Week)** **2018=974 (Walk to School Week only; 6% decrease)** Number of steps **2017=8,775,098 (Walk with a Doc and Walk to School Week)** **2018=1,704,500 (Walk to School Week only; 9% decrease)** Walk-Bike Summit held on April 26, 2019.	Augusta Health will continue to expand its walking and biking initiatives in the community.
Work with community partners to provide Community Supported Agriculture (CSA) farm shares to those with low food access.	Number of pounds of local food distributed to individuals through CSA farm share **2017=299.31** **2018=525** Number and percentage of individuals receiving farm share who eat five or more servings of fruit and/or vegetables per day **2017=28% (post)** **2018=29% (post)**	Increased food access will be addressed through the AMI Farm at Augusta Health project.
Work with community partners to launch Farm to Hospital project which will increase food access and provide healthy lifestyle and nutrition education workshops.	AMI Farm at Augusta Health project launched on January 1, 2018. Number of pounds of produce from the farm used by Augusta Health food system **2018=8,538.57 pounds** Number of education classes held **2018=79** Number of participants who attended nutrition education classes **2018=913**	The AMI Farm at Augusta Health will continue and expand in a phased approach over the next ten years.

Nutrition and Physical Activity (continued)		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Offer a Food Farmacy produce prescription program.	Number and percentage of participants who completed the program **2018=16 out of 20/80%** Number of pounds of produce given to program participants **2018=3,719.9 pounds** Number and percentage of participants who saw a decrease in A1C **2018=13/81%** Number and percentage of participants with increased confidence in diabetes self-management **2018=15/94%**	The Food Farmacy program will continue and patient referral criteria will be expanded to impact a greater number of community members.

Diabetes		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Increase access to and participation in outpatient Diabetes Self-Management Education (DSME).	Positive changes in at least 2 of the AADE-7 Behavioral Goals **2017=81% of patients** **2018=72% of patients** For patients completing diabetes education (Boot Camp), look at number of 30-day readmission rates **2017=Zero 30-day readmissions** **2018=1 patient/Less than 1% readmissions**	Augusta Health will continue the DSME program and investigate expansion opportunities with Workplace Wellness.
Research and develop new diabetes education materials and/or methods of delivery (e.g. web or videos).	Number and percentage of patients with diabetes or inpatients who have a new diagnosis or starting insulin who are receiving either the 1-page diabetes basics handout or the workbook (output) **2017=106 (inpatient), 30 (outpatient)** **2018=97/100%** Number of website visits to the Augusta Health Outpatient Diabetes website **2018=622**	Augusta Health will continue to improve the use of consistent diabetes education materials in both inpatient and outpatient settings.
Improve access to inpatient diabetes education support by determining need for expanding services.	2019 Initiative	
Initiate CDC Diabetes Prevention Program(s) (DPP) for persons with or at-risk-for prediabetes.	Average percent weight loss **2017=5.3%** **2018=7%** Average minutes of physical activity per week **2017=134** **2018=197** If DPP determined successful, number of master trainers who completed training by December 2018 **2018=8 Master Trainers completed training**	Augusta Health will continue to offer the Diabetes Prevention Program to employees and community members with or at-risk for prediabetes, as well as investigate expansion opportunities with Workplace Wellness.

Diabetes (continued)		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Explore and expand referral patterns from hospitalists, emergency department, and case management to improve coordination of comprehensive diabetes care (linkages to other providers across the continuum).	Increases in the number and percentage of patients who are seen by provider or diabetes education within 4 weeks of discharge **2018=58/62%** Total number of contacts through automated EMR campaign **2018=968** Number and percentage of campaign recipients who also attended an appointment with outpatient diabetic education **2018=32/3.3%**	
Work with the local school districts to develop a collaborative youth-centered, hands-on nutrition education program in order to proactively reduce the incidence of prediabetes and diabetes among children.	Number of students participating in classroom education **2018=58** Number of tastings and number of participants **2018=324 students** Number of family events and number of participants who attend and receive free food **2018=47** Number and percentage with increased consumption of fruits and vegetables **2018=90%**	Augusta Health will expand the program to additional schools and/or grade levels.
Offer chronic disease and diabetes education classes at the Augusta Health Faith Community Nursing sites, including the Diabetes Prevention Program, Diabetes Self-Management Program, and Chronic Disease Self-Management Program.	Number of participants **2018=13** Number and percentage with positive changes in at least 2 of the AADE-7 Behavioral Goals **2018=4/31%**	

Diabetes (continued)		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Partner with BeatDiabetes, a mobile health program, to help catalyze behavioral change and improve glycemic control in patients with Type 2 diabetes through: -frequent text message engagement -financial incentives	Number and percentage of eligible employees participating in the program (through "How did you hear about us?" sign-up question) or provider referral **2018=20/8.7% (20/230)** Average decreased (or maintained) A1C levels among participants (pre, every 3 months, post) **2018=1.1 decrease** Improved A1C levels by 1 point or more among participants. **2018=75%** Average decrease (or maintained) in BMI among participants **2018=8.9 point decrease**	Augusta Health will continue to partner with BeatDiabetes though the Food Farmacy and Diabetes Prevention Programs.
Hold annual Diabetes and Nutrition Educational Seminar.	Number of attendees **2017=48** **2018=62** Percentage of participants diagnosed with diabetes or prediabetes **2017=80%** **2018=74%** Number and percentage of participants who will improve diabetes or pre-diabetes self-care behaviors due to event **2017=20/80%** **2018=32/89%** Number and percentage of participants who gained knowledge by attending event **2017=18/72%** **2018=34/94%** Number and percentage of participants who will seek new or additional treatment as a result of the event **2017=21/84%** **2018=29/81%**	Augusta Health will continue to hold an annual Diabetes and Nutrition Education Seminar.

Diabetes (continued)		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Promote primary care utilization and chronic care management including diabetes among the homeless population by providing health education, diabetic risk assessments and referrals though a healthcare for the homeless program.	Number of participants **2018=57** Number and percentage of participants screened **2018=70 screenings total, including:** **-blood pressure: 42/73.7%** **-mental health: 6/8.8%** Number and percentage of participants screened who are high/positive **2018=** **-blood pressure: 38/54.3%** **-mental health: 4/66.7%** Number and percentage of participants who receive an immunization **2018=** **-Flu: 27/47.3%** **-Hepatitis A: 26/45.6%** **-Tdap: 21/36.8%**	Augusta Health will continue its healthcare for the homeless program.

Mental Health		
STRATEGY	**OUTCOMES**	**ADDITIONAL INFORMATION**
Increase the proportion of primary care physicians who screen adult patients in the Accountable Care Organization for depression during office visits.	Percentage of patients receiving screening (goal is 70%) **2017=70.64%** **2018=86.4%** Number and percentage of primary care practices performing screening **2017=100%** **2018=100%** Number and percentage of patients who had a 'positive' depression screening result who received a follow-up treatment plan of care (Note: Only for ACO patients sampled for CMS in Athena) **2018=228; 69%**	Augusta Health will continue to conduct depression screenings during office events and track the number of patients who screen positive who receive a follow-up treatment plan of care.
Improve access to mental health services by defining: The transportation issues and constraints that influence compliance with appointments and care plans.	Number and percentage of no-shows due to lack of transportation **2017=93/7% (June-December only)** Number of community partners identified that can provide transportation **2017=12**	Transportation was not identified as a primary barrier to mental health treatment.
Improve access to mental health services by defining: Options for increasing psychiatry providers in community settings.	Number and percentage of patients who come to ED presenting mental health symptoms, regardless of admittance status (includes number and percentage of referrals to inpatient behavioral health, transfers and admits) **2017=2,301/3.95%**	Access was not identified as a primary barrier to mental health treatment.
Work with community partners to determine the need for and feasibility of: Warm Line Service	Feasibility Study completed in December 2018.	A Warm Line Service was determined unfeasible at this time.
Work with community partners to determine the need for and feasibility of: Crisis Stabilization and Social Detox Unit	Feasibility Study completed in July 2018.	Augusta Health will develop a business plan to determine if a Crisis Stabilization and Social Detox Unit can be operationalized with a sustainable business model.